

A Community Approach to Addressing Inequities in Infant Mortality

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A Community Approach to Addressing Inequalities in Infant Mortality-Part 1

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Infant Mortality is a Wicked Problem

- Tame: a problem you can solve
- VS.
- Wicked (malignant/risky/tricky/aggressive): a problem you can work at
- Wicked problems:
 - Lack a common definition
 - Require continuous (endless) attention
 - No single solution (bad/better/best)
 - Difficult to validate solutions

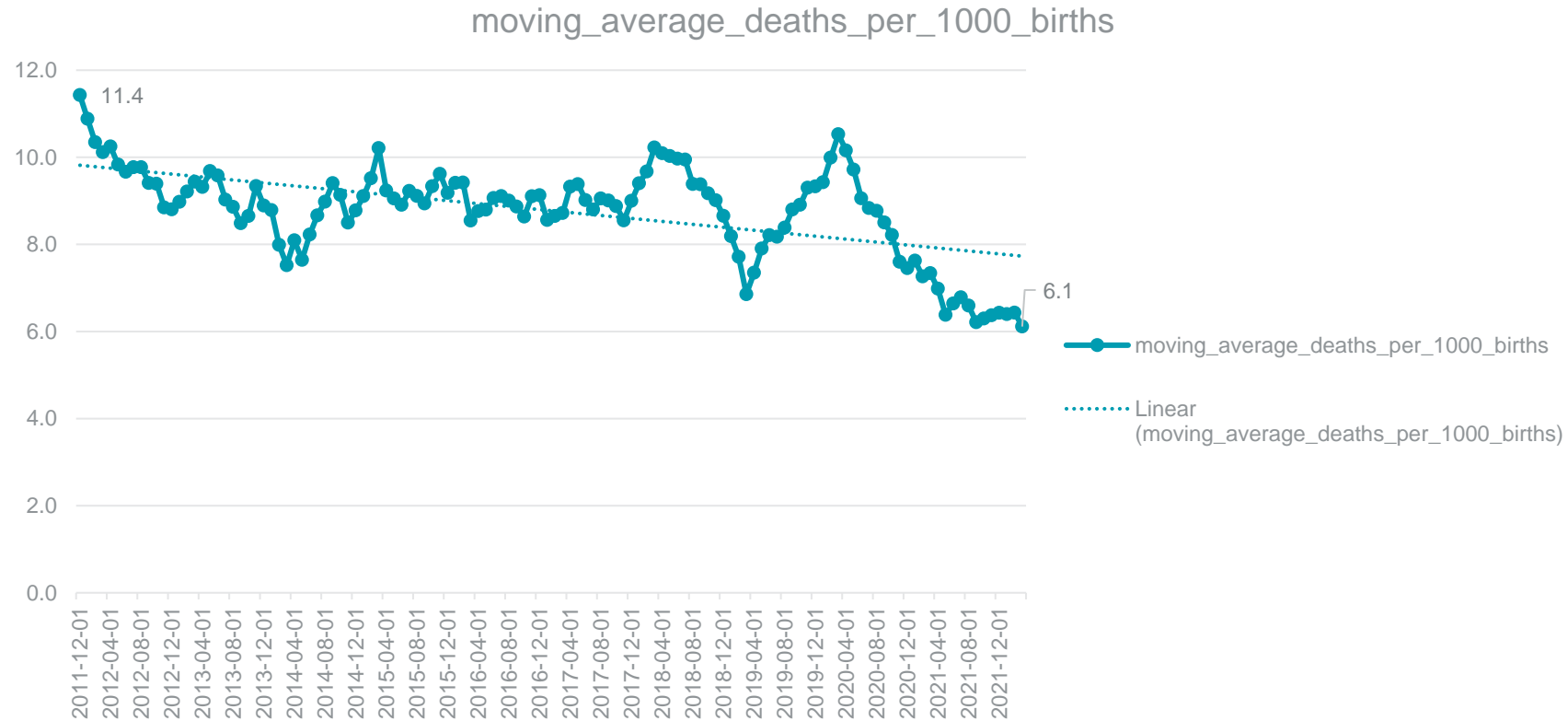
Infant Mortality is a Wicked Problem

- Controlled trial and error is risky/impossible
- The value of previous knowledge is limited
- Are characterized by a more desired future state
- Those who attempt to solve wicked problems are open to criticism if they are “wrong”

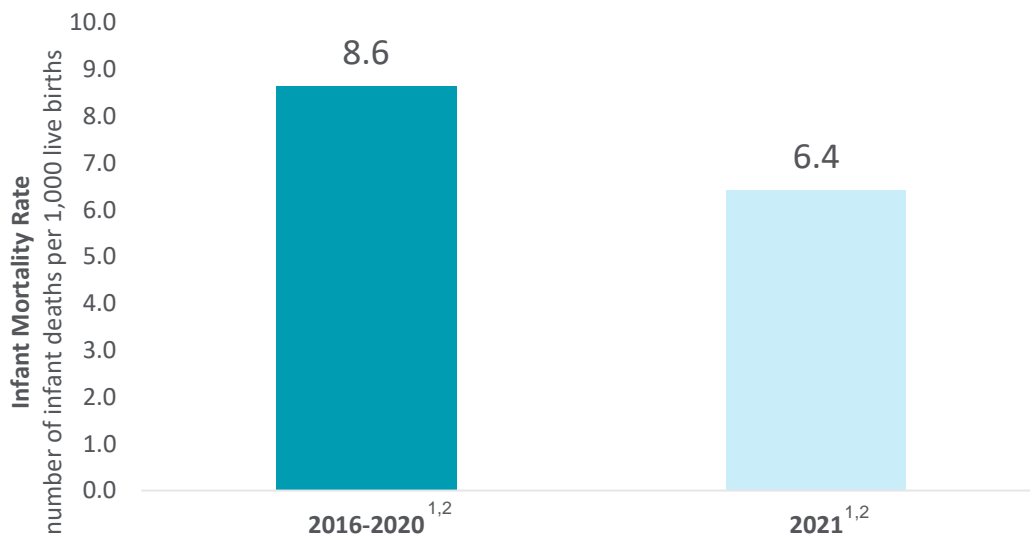
What is ?

- Co-Founded with Elizabeth Kelly, MD, MPH, Executive Vice Chair, Department of Obstetrics and Gynecology, UCCOM in 2013 as a collective impact collaborative to eliminate infant mortality in Hamilton County OH
- Response to excess infant mortality in metropolitan Cincinnati
- Housed within the Perinatal Institute at the Cincinnati Children's Research Foundation/Cincinnati Children's Hospital Medical Center

Where Are We Today? All Cause Infant Mortality Hamilton County Ohio 2011-2021



Infant Mortality Rate, Hamilton County, 2016-2021



Key Points:

- In 2021, 66 babies died in Hamilton County – 10 fewer than in 2020.
- With 10,266 live births, the 2021 Hamilton County infant mortality rate was 6.4 deaths per 1,000 live births.
- This is by far the lowest rate ever measured in Hamilton County since modern record keeping began in 1968.
- Hamilton County below the state (7.8)¹ and above the nation (5.6)³.

Sources:

- ¹ Ohio Department of Health (ODH) (2021)
- ² Hamilton County Fetal and Infant Mortality Review (FIMR)
- ³ National Vital Statistics Reports (CDC) (2019)

Questions

- What did you do?
- How did you do it?
- What are your interventions?
- We want to do this in (insert location/organization here).
Can you help us get started?

“Answers”

- Specifics are important
- But not necessarily relevant
- Context is key: “All politics is local”

But there are generalizable
concepts

1. Choose a Framework

- Infant Mortality is a wicked problem
- Collective Impact: a framework for wicked problems
 - Common agenda
 - Shared measurement
 - Mutually reinforcing activities
 - Continuous communication
 - Backbone organization
- Cradle Cincinnati June, 2013
- www.cradlecincinnati.org

StanfordSOCIAL
INNOVATIONReview
Informing and inspiring leaders of social change

Channeling Change: Making Collective Impact Work

An in-depth look at how organizations of all types, acting in diverse settings, are implementing a collective impact approach to solve large-scale social problems.

BY FAY HANLEYBROWN, JOHN KANIA, & MARK KRAMER

What does a global effort to reduce malnutrition have in common with a program to reduce teenage substance abuse in a small rural Massachusetts county? Both have achieved significant progress toward their goals: the Global Alliance for Improved Nutrition (GAIN) has helped reduce nutritional deficiencies among 520 million poor people across the globe, while the Communities That Care Coalition of Franklin County and the North Quabbin (Communities That Care) has made equally impressive progress toward its much more local goals, reducing teenage binge drinking by 31 percent. Surprisingly, neither organization owes its impact to a new previously untested intervention, nor to scaling up a high-performing nonprofit organization. Despite their dramatic differences in focus and scope, both succeeded by using a collective impact approach.

In the winter 2011 issue of *Stanford Social Innovation Review* we introduced the concept of “collective impact” by describing several examples of highly structured collaborative efforts that had achieved substantial impact on a large-scale social problem, such as the Strive Partnership³ educational initiative in Cincinnati, the environmental cleanup of the Elizabeth River in Virginia, and the Shape Up Somerville campaign against childhood obesity in Somerville, Mass. All of these initiatives share the five key conditions that distinguish collective impact from other types of collaboration: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and the presence of a backbone organization. (See “The Five Conditions of Collective Impact” below.)

FAY HANLEYBROWN is a managing director of F2G, where she focuses on the financial and collaborative impact approach. Before joining F2G, she was a senior advisor at McKinsey & Co. and a senior consultant at the Center for Global Development in Hong Kong.

JOHN KANIA is a managing director at F2G, where he focuses on the financial and collaborative impact approach. Before joining F2G, he was a consultant at Bain & Company and a senior advisor at McKinsey & Co.

MARK KRAMER is the co-founder and managing director of F2G. He is also the co-founder and a senior advisor of the Center for Effective Philanthropy, and a senior fellow at Harvard University's John F. Kennedy School of Government.

tion. (See “The Five Conditions of Collective Impact” below.)

We hypothesized that these five conditions offered a more powerful and realistic paradigm for social progress than the prevailing model of isolated impact in which countless nonprofit, business, and government organizations each work to address social problems independently. The complex nature of most social problems belies the idea that any single program or organization, however well managed and funded, can singlehandedly create lasting large-scale change. (See “Isolated Impact vs. Collective Impact” on page 2.)

Response to that article was overwhelming. Hundreds of organizations and indi-

The Five Conditions of Collective Impact

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed-upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensure efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, ensure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

2. Define the Primary Outcome

- The single variable that you will use to judge success.
- Measurable
- Easily understood
- Matters to all stakeholders

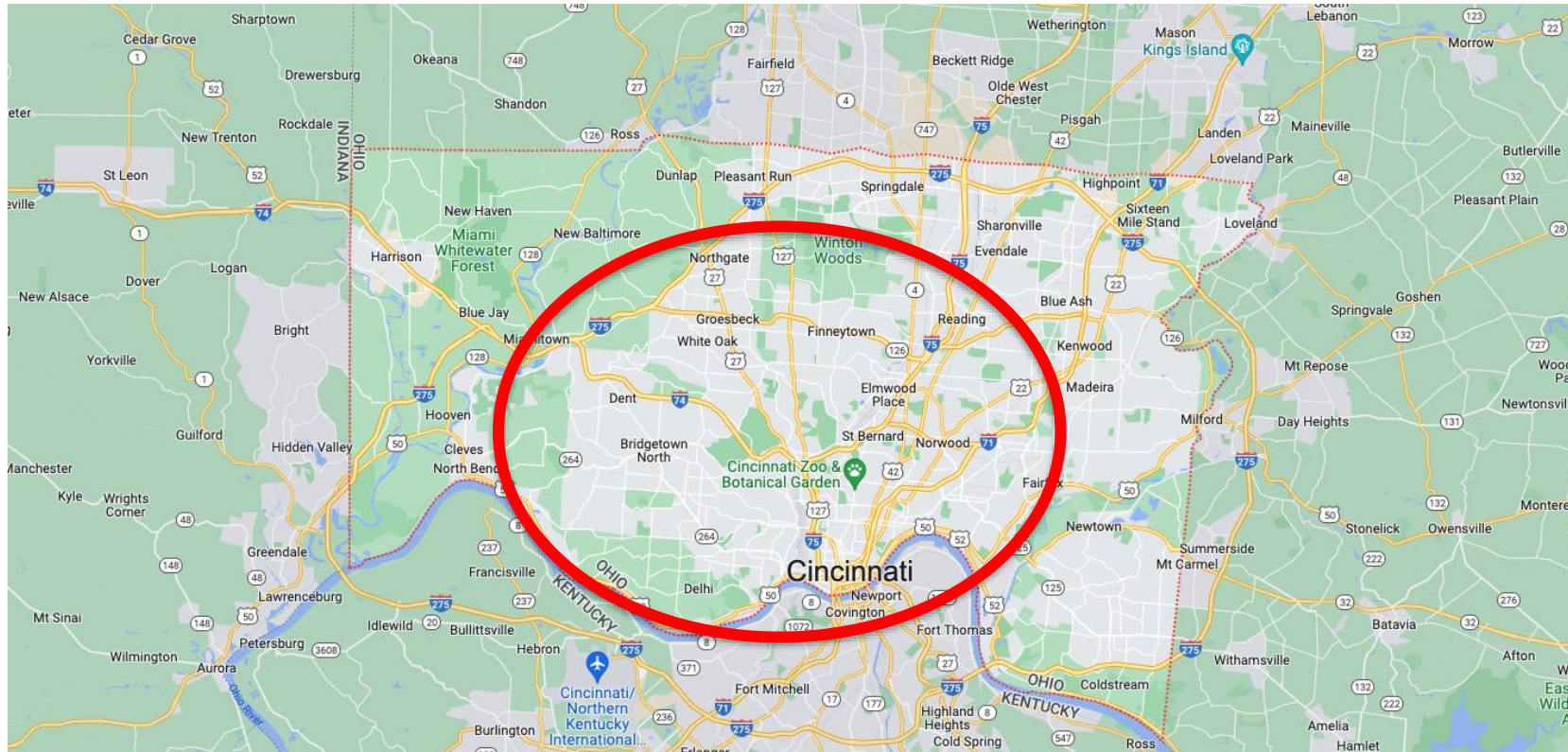
Infant Mortality!

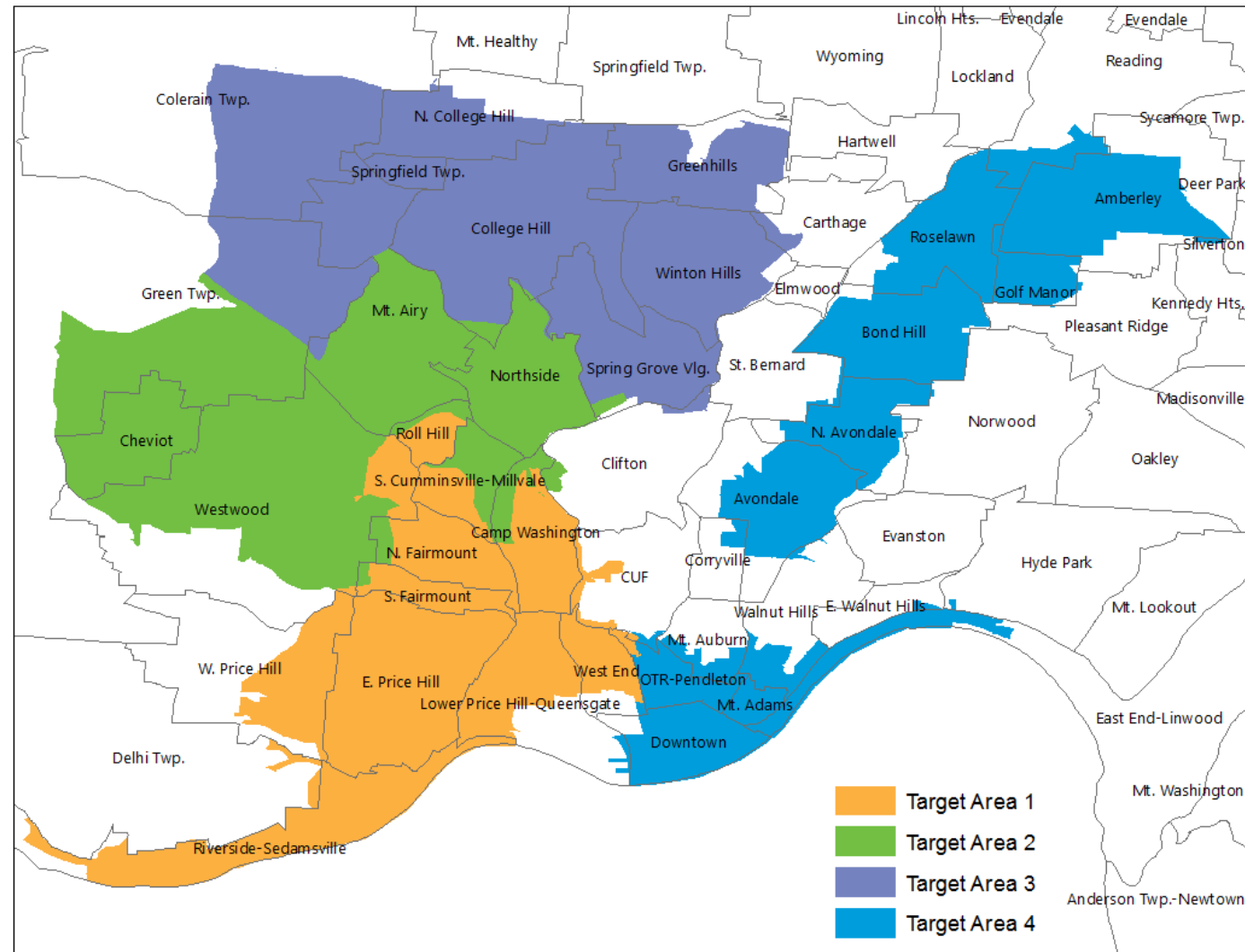
- **Among standard public health metrics, infant mortality is considered the “canary in the coal mine” as a measure of overall community well-being.**
- Deaths per 1,000 live births in a specific geographic location
- “Live birth” in Ohio includes any baby who is born and either: has a pulse OR takes a breath OR shows movement of voluntary muscles at any gestational age
- Counted until first birthday
- Counted at Mom’s home address

3. Define the Geography

- High incidence
- Reliable and sustainable measurement
- Minimal contamination
- Hamilton County OH
 - 10,200 live births/year
 - 2007: 120 infant deaths
 - Two major public health department jurisdictions

Some Compromises

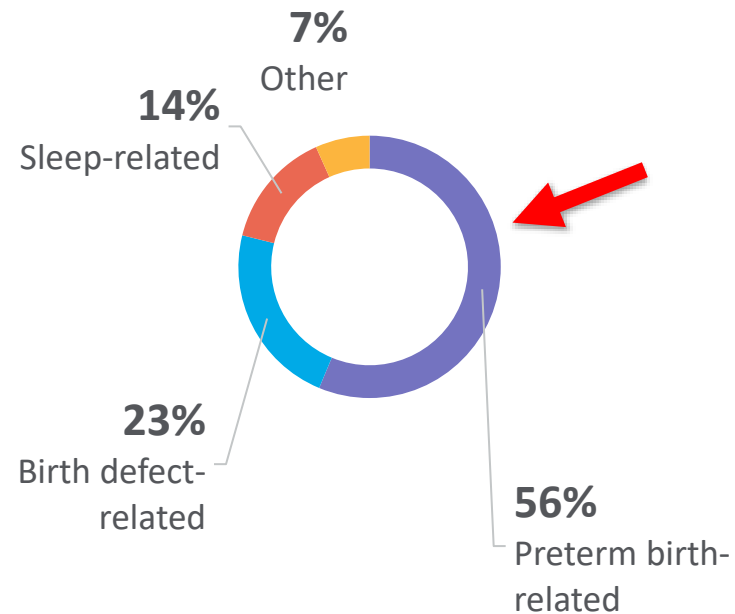




4. Data, Data, Data

- Sources
- Access
- Trust
- ODH
- Hamilton County
- City of Cincinnati
- Maternity centers

**Causes of Infant Death
Hamilton County 2015-2019**



Sources: Hamilton County FIMR, Hamilton County Public Health,
City of Cincinnati Health Department

5. Translate Theory Into Action

- Theory (preterm birth):

SES
Stress
Racism
Social Determinants
Health Behaviors
Geography
Nutrition



- Infection
- Inflammation
- Genetics
- Health Status



- Uterine contractions
- Dilation of cervix/LUS
- ROM

Preterm Birth

Term Birth

A. Strategy

- Is it effective?
 - Published evidence/Plausibility
 - Learning from others
- Will it matter?
- Is it feasible?
 - Cost
 - Time
- Is it measurable?

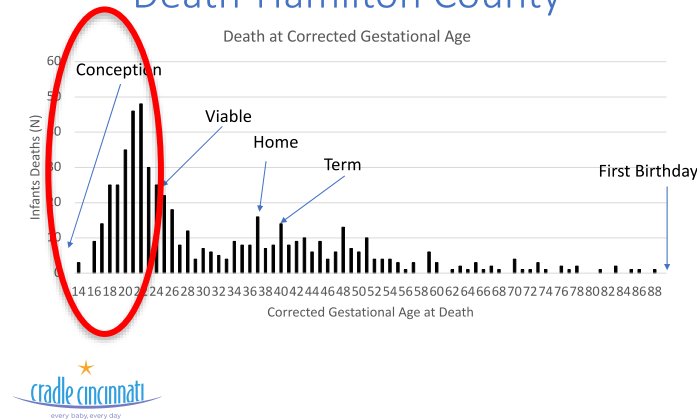
B. Tactics

- The “3 S’s”
 - Smoking
 - Spacing
 - Sleep
- Smoking
- Spacing
- Sleep
- Equity

6. Avoid Well-Intended Distractions

- Impact on IMR:
 - Parent support/Home visiting
 - Poverty
 - Education
 - Housing
 - Breast feeding

Post “Conceptional” Age at Time of Infant Death-Hamilton County



7.

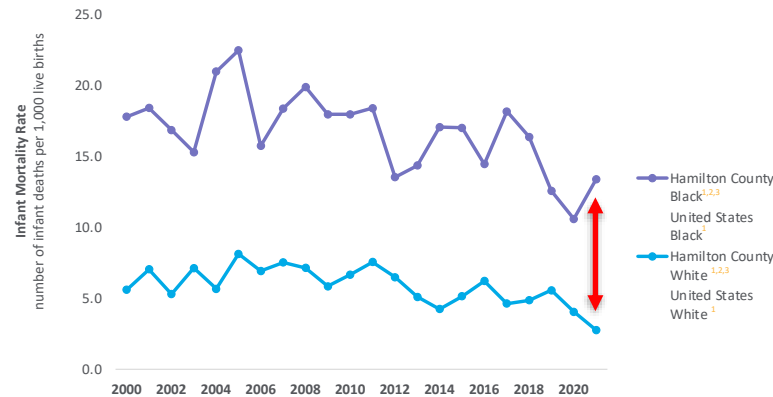
Health Care \neq Public Health



Health Care & Public Health

8. Learn Along the Way-This is Important!

Racial Disparity in Infant Mortality, Hamilton County and United States, 2000-2021



Key Point:

- The racial disparity in infant mortality continues in Hamilton County.

Notes:

- Black = non-Hispanic Black as defined by mother
- White = non-Hispanic White as defined by mother
- 2020-2021 United States infant mortality by race data not yet released.

Sources:

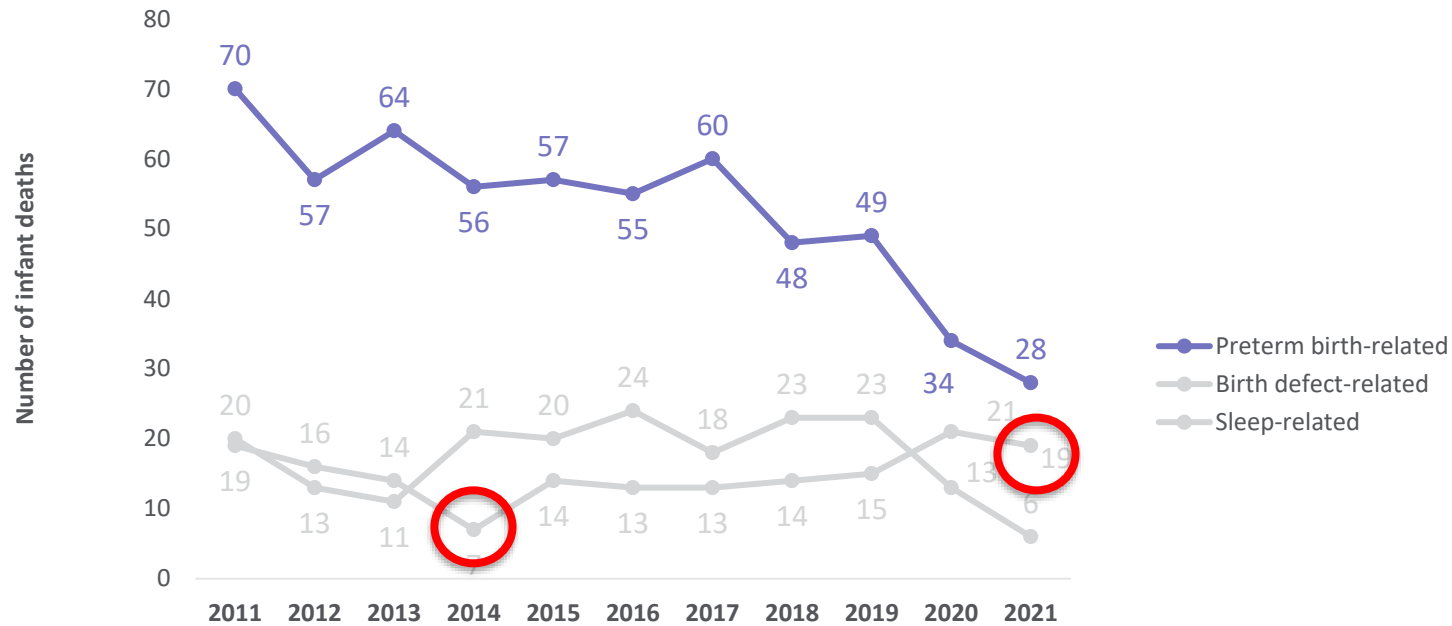
- Centers for Disease Control and Prevention (CDC)
- Ohio Department of Health (ODH)
- Hamilton County Fetal and Infant Mortality Review (FIMR)

Disparity

cradlecincinnati.org

23

Learning Along the Way...



A Few Final Thoughts

- This is not easy work (IM is a wicked problem)
- Focus
- Persistence
- Systems thinking
- Equity
- RACISM



Equity

Strategy 4

It is racism. Not race.



Equity Strategy



Use your data to understand what race or ethnicity is most affected



Listen. Engage.
Include

- In the community
- In the organization



Build what you see & hear
for interventions and for
system level change

How we get it done? Centering on Black women,
listening and providing community.

Equity Outcomes

- A badging system to provide mothers with a way to follow the equity in progress at all hospital systems in Hamilton County
 - Infant care
 - Mother care
 - Staff care
 - Community care



Shared power changes outcomes.





A collective approach to ending infant mortality

Cradle Cincinnati is a network of community members and organizations working across sectors to measurably improve Hamilton County, Ohio's infant mortality rate and eliminate racial inequities in the health of moms and babies. We bring together services and systems to help moms and, in turn, save babies' lives. Rooted in the collective impact model, our

health and civic partners include community maternity hospital systems, public health departments, social service agencies, and families. We believe there is power in working with many partners and aligning multiple efforts to a common goal: keeping every infant in Hamilton County alive.



Cradle Cincinnati Connections is an initiative that provides moms with the immediate help and support they need to care for themselves and their infants.

Cradle Connections comprises a professional group of community health workers, nutritionists, educators, and advisors helping women find and connect with neighborhood services before, during, and after pregnancy. The vital support they provide is as varied as each mom's needs and could include getting the new baby a crib, helping mom schedule and get to and from doctors' appointments, and securing housing.



The **Cradle Cincinnati Learning Collaborative** is a network of healthcare professionals representing hospitals, community health centers, home health agencies, and social support systems. Its goal is to transform prenatal care for women and their families through quality improvement practices.



The **Cradle Cincinnati Policy Committee** comprises community members and local leaders who identify and advocate for local and statewide policy changes that make pregnancy less stressful and healthy living easier.

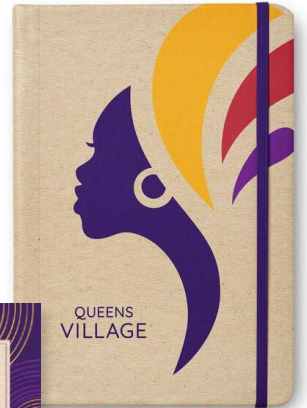


Queens Village is a supportive community of powerful Black women who come together to relax, repower, and take care of themselves and each other. To talk, listen, connect, relieve stress, and process trauma — all of which lower preterm birth, which is a major risk factor for infant mortality.

Kings Stand is a Queens Village brotherhood where Black fathers can grow and support each other in our work toward equity for Black women. This community group holds space for conversation, for fathers to have an outlet from everyday struggles and connect with other fathers who can relate.

How we get it done: Centering on Black women, listening and providing community.

Brand Extension: Equity



Developing Provider Pocket Cards

Safe Spaces For Black Women



With me and Queens Village on your side, we want to ensure that you have a safe, healthy pregnancy and birth with the support you deserve.

Queens Village provides safe spaces for Black women through:

- Monthly Village meetings
- Wellness Workshops: featuring yoga, mindfulness activities, healing circles, quit challenges, and more
- Neighborhood gatherings and community events
- Support for Dads



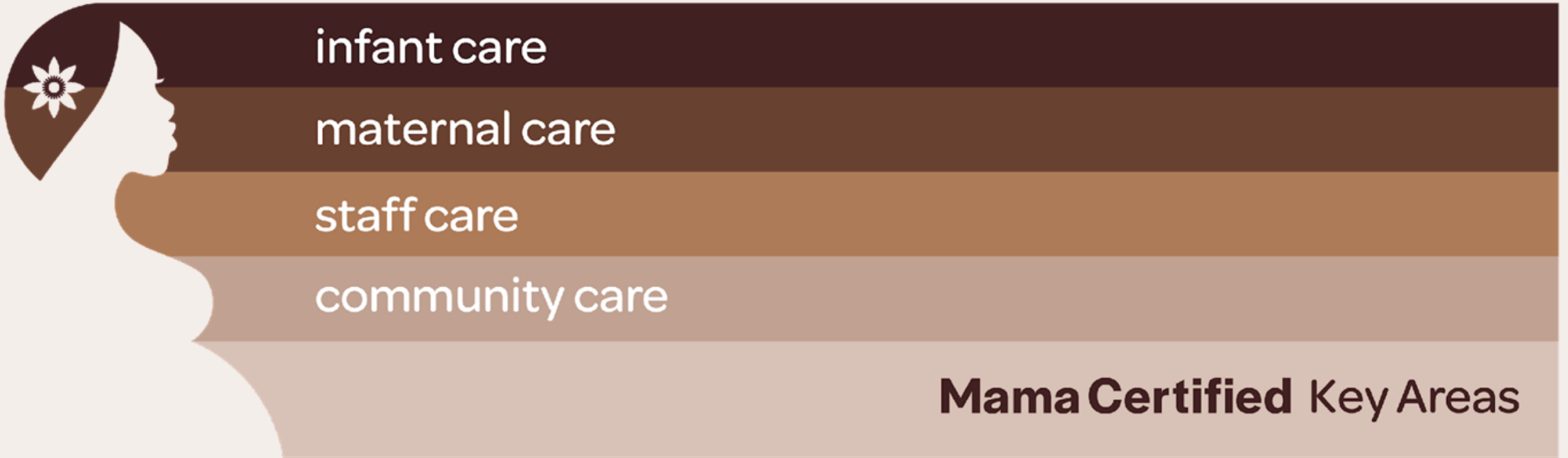
Mama Certified

Equity Centered Maternal Care

Powered By

bi3

A Philanthropic
Initiative to
Transform Health



Mama Certified

- A certification system to provide mothers with a way to assess and compare maternal equity in local hospital networks
- Badging categories:
 - infant care
 - mother care
 - staff care
 - community care
- Levels of progress: starting with a commitment level then an ongoing scale of metrics achieved



Accomplishments

HB 11 (expanded Group Prenatal Care)

Medicaid Coverage for a year postpartum

Pending Doula Legislation

8 weeks paid parental leave in Hamilton County (from 0 weeks)

Tobacco 21 Legislation at City of Cincinnati

Pregnant women as priority population at Cincinnati Metropolitan Housing Authority