HEALTHY AGING WORK GROUP MEETING

November 19, 2019

Andrea Raid, Delegate
Howard County Health Department

Christopher Moore, Delegate
Howard County Community Resource and Service

Seojin Kim, Coordinator
Local Health Improvement Coalition

HOWARD COUNTY HEALTH DEPARTMENT
Promote. Preserve. Protect.

Howard County LHIC
Local Health Improvement Coalition

PURPOSE & AGENDA

GOALS: Discuss the Age Friendly Howard County initiative; identify relationship between birth outcomes and healthy aging; and, discuss strategies for providing implicit bias training to health care and other service providers.

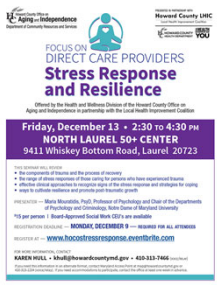
AGENDA:

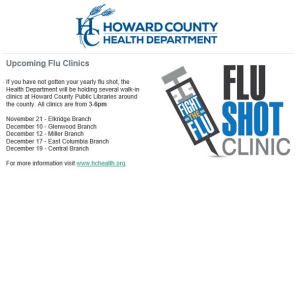
- Welcome & Introductions
- Member Announcements
- Age Friendly Howard County Initiative
- Birth Outcomes and Healthy Aging
- Implicit Bias and other action items
- Next Steps for full work group and full work group meeting wrap-up

RECAP OF LAST MEETING – AUGUST 27

- **Previous Announcements**
  - 2019 Walk Maryland Day
  - Master Aging
  - Walk to End Alzheimer's
  - Others
- **Presentation Dancel Y in Ellicott City Aging Initiatives**
- **HCHAS and Year Two Strategic Plan Outcomes**
- **Discussion**

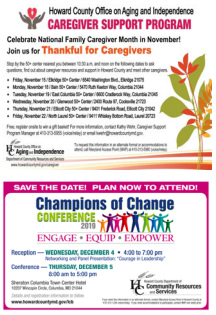
ANNOUCEMENTS





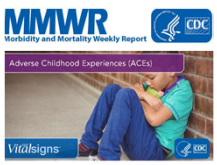
Promote. Preserve. Protect. www.hclhic.org @hclhic

ANNOUCEMENTS



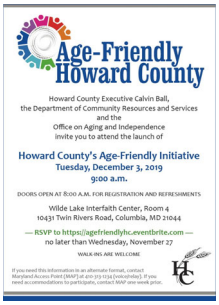
Promote. Preserve. Protect. www.hclhic.org @hclhic

ANNOUCEMENTS



Promote. Preserve. Protect. www.hclhic.org @hclhic

TERRI HANSEN – AGE FRIENDLY HOWARD COUNTY



THE HEALTH DEPARTMENT AND YOU

IMPROVING BIRTH OUTCOMES IN HOWARD COUNTY

LHIC-Healthy Aging Work Group

Erin Anderson, RN, MS
November 19, 2019

HOWARD COUNTY HEALTH DEPARTMENT
Promote. Preserve. Protect.
hchealth.org

OBJECTIVES

During the presentation we will:

- Review recent Howard County data trends for fetal death, infant death, and premature birth through 2017
- Review key findings from the Fall 2018 focus groups
- Discuss current FIMR initiatives

2018 PRELIMINARY DATA

The remainder of the presentation will focus on data through 2017, however, the 2018 Infant Mortality Report was released at the end of October and the preliminary data is not moving in the right direction in Howard County

Howard County	2017	2018
Infant Mortality rate (All Races)	5.4	6.7
Non-Hispanic White	**	4.1
Non-Hispanic Black	8.7	14.5
Maryland	**2017**	**2018**
Infant Mortality rate (All Races)	6.5	6.1
Non-Hispanic White	4.0	4.1
Non-Hispanic Black	11.2	10.2

HOWARD COUNTY DATA: BIRTH STATISTICS

Birth Demographics, Howard County, 2017

Race / Ethnicity	Howard County Total Births	Howard County % of Births	Maryland % of Births
White Non-Hispanic	1,446	40.9%	42.4%
Black Non-Hispanic	804	22.8%	32.2%
Asian Non-Hispanic	875	24.8%	7.7%
Hispanic	381	10.8%	17.1%
Total Births	**3,533**	**100%**	**N = 71,589**

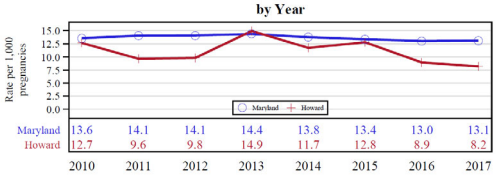
HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES

Fetal-Infant Mortality Rates

Fetal-infant mortality rates (FIMR) represent the number of fetal (older than 20 weeks gestation) or infant deaths (younger than 365 days old) per 1,000 pregnancies in that year. NOTE: Source is linked infant birth and death certificate records which exclude records not linked due to certificate errors or migration and results in lower FIMRs than those in Maryland VSA reports.

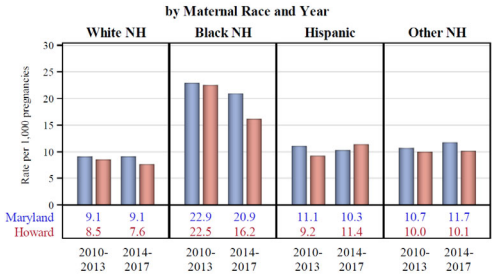
Of the 3,545 pregnancies in Howard in 2017 there were 8.2 fetal or infant deaths for every 1,000 pregnancies.

by Year



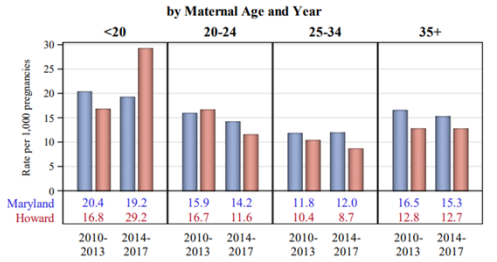
	2010	2011	2012	2013	2014	2015	2016	2017
Maryland	13.6	14.1	14.1	14.4	13.8	13.4	13.0	13.1
Howard	12.7	9.6	9.8	14.9	11.7	12.8	8.9	8.2

HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES

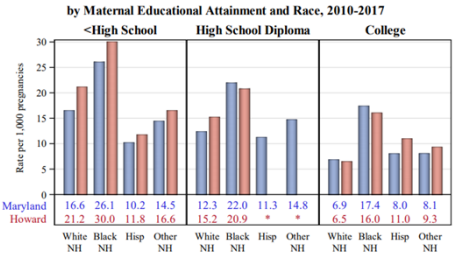


Source: Maryland Vital Statistics Administration Linked Infant Birth-Death Certificate File
*Rates based on less than 5 events are suppressed. NH: non-Hispanic. Other NH includes American Indian and Asian or Pacific Islander.

HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES



HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES



Source: Maryland Vital Statistics Administration Linked Infant Birth-Death Certificate File
*Rates based on less than 5 events are suppressed. NH: non-Hispanic. Other NH includes American Indian and Asian or Pacific Islander.

HOWARD COUNTY DATA: INFANT DEATH CAUSES

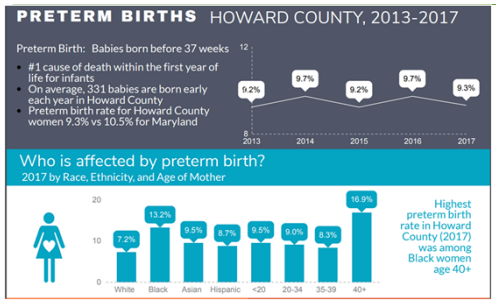
Preterm birth is the leading cause of infant death in Howard County followed by congenital abnormalities. One of every five infant deaths is caused by disorders relating to short gestation and low birth weight.

Leading Causes of Infant Death, Howard County, 2013-2017

Cause of Death	ICD-10 Codes	Rank
Preterm Birth	P07	1
Congenital Abnormalities	Q00-Q99	2
Pregnancy Complications	P01	3
SIDS	P95	4
Respiratory Distress	P22	5
Sepsis	A41,P36	5
Accidents	V01-X59,Y85-Y86	6
Pulmonary Hemorrhage	P26	6
Chorioamnionitis	P02.7	6

Source: Maryland Vital Statistics Administration

A FIMR FOCUS: PREMATURE BIRTH



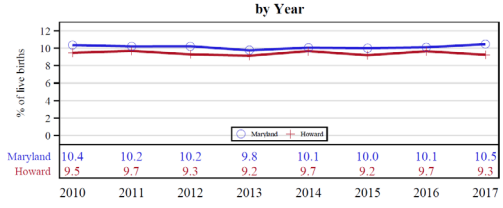
HOWARD COUNTY DATA: PRETERM BIRTH

Preterm Birth (PTB, <37 weeks)

Preterm birth describes infants born prior to 37 weeks gestation and is a leading cause of LBW and VLBW, and infant death. Preterm-related causes of death accounted for 35% of all infant deaths in the U.S. in 2010, more than any other single cause.

Of the 3,533 live births in Howard in 2017, 9.3% were born preterm (<37 weeks gestation).

by Year



	2010	2011	2012	2013	2014	2015	2016	2017
Maryland	10.4	10.2	10.2	9.8	10.1	10.0	10.1	10.5
Howard	9.5	9.7	9.3	9.2	9.7	9.2	9.7	9.3

A FIMR FOCUS: PRETERM BIRTH

Risk Factors for Preterm Birth, Howard County, 2017

When Risk Factor is Present, Preterm Birth Prevalence is Higher.

Risk Factor	Preterm (%)	Risk Factor	Preterm (%)
No Prenatal Care	15.0%	Gestational Diabetes	11.4%
Multiple Births (twins, triplets, etc.)	59.4%	Chronic Hypertension	28.1%
Advanced Maternal Age (≥40 years)	16.9%	Pregnancy Associated Hypertension	24.3%
Fertility Treatment (ART)	28.1%	Previous Preterm Birth	26.0%
Smoking During Pregnancy	15.1%	Three or more prior pregnancies	15.9%
Obesity (Pre-Pregnancy)	11.3%	Underweight (Pre-Pregnancy)	13.0%

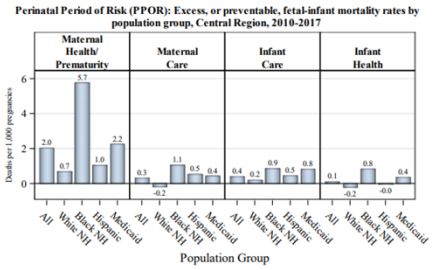
PERINATAL PERIODS OF RISK (PPOR)

- PPOR is a comprehensive approach to help communities use data to address infant mortality developed by CityMatCH between 2000-2004
- PPOR methods are based on the idea that the overall infant mortality rate in any population should be as low rate in the "best case" reference group. Higher rates are then considered "excess mortality" which is used as a measure of how many of these deaths are, theoretically, preventable
- For example, the 2014-2017 average F/I mortality rate for non-Hispanic white babies in Howard county was 7.6. In the same period, the average rate for non-Hispanic black babies was 16.2. Using the PPOR model, 8.6 (per 1000 pregnancies) of those deaths would be deemed "excess" or preventable.

PERINATAL PERIODS OF RISK (PPOR)

- The first phase uses local vital records data to identify periods of risk that contribute most to what would be termed the "preventable deaths". Each of these periods has its own risk factors and prevention techniques
  - **Maternal Health/Prematurity-** Chronic conditions, health behaviors, care between pregnancy, socio/economic factors, etc.
  - **Maternal Care-** Prenatal care, identification of high risk conditions and appropriate referrals, care during delivery, etc.
  - **Newborn/Infant Care-** Neonatal care, NICU involvement it required, pediatric surgery, etc.
  - **Infant Health-** Sleep related deaths, injuries, infections, etc.

PERINATAL PERIODS OR RISK- MARYLAND



WHAT DOES THIS MEAN?

- The most impact on F/I mortality can be made by focusing on improving factors related to the maternal health and prematurity period, especially for non-Hispanic black women
- Analysis for Maryland shows that factors contributing the most to racial disparities in pregnancy outcomes include differences in marriage status, education, insurance coverage, socioeconomic disadvantage, and social/community support available
- All of these factors affect a women from her own birth, along the lifespan, and through the birth of her own children

FOCUS GROUPS 2018: SUMMARY

- Howard County Health Department staff in collaboration with Johns Hopkins Center for Communication Programs to plan and implement focus groups on maternal/child health
- Twenty women between the ages 18-45 who were considering pregnancy, were currently pregnant, or had recently delivered, participated in one of three focus groups held between August 9, 2018 and October 4, 2018 in Howard County
- A focus group moderator guide was used to facilitate discussion on topics including preterm birth, safe sleep practices, and health messaging

FOCUS GROUPS 2018: KEY FINDINGS

Healthy Pregnancy and Preterm Birth Risk

- Participants consistently identified that good prenatal care was an important part of having a healthy pregnancy
- Most participants consider being active an important part of pregnancy, but some expressed not being sure about limits to physical activity and others described barriers to physical activity
- Many participants identified stress management as an important component of a health pregnancy, but identified barriers (other children/family demands, jobs, the quantity of new information given to pregnant mothers)

FOCUS GROUPS 2018: KEY FINDINGS

Supporting Providers in Improving Quality of Care

- Doctors and doctor's offices were most often identified as key sources of trusted, credible information for pregnancy education and safe sleep education
- Prenatal visits were described as an important aspect of having a health pregnancy and lowering the risk of preterm birth
- Some women described the potential for improved interactions at providers' offices. For example, participants expressed undesirable interactions where providers made assumptions about socio-economic status and access to specific services based on appearance, race, or accent/language

CURRENT FIMR INITIATIVES

Implicit Bias Discussions

- The FIMR and Community Action Teams will be partnering with the Local Health Improvement Coalition to present a series of Implicit Bias discussions for our OB providers and other members of the community at large
  - In person speaker to attend a future OB Meeting to introduce the discussion (Goal: January)
  - Follow up lunch time webinar that will be recorded, archived, and made accessible to extend the reach to more staff, other social service providers, and the community at large (Goal: Early February)
    - The Health Department will be pursuing CME and Social Work CEU's for the webinar

QUESTIONS?

- Erin Anderson, FIMR/CAT Coordinator:
  - eanderson@howardcountymd.gov
  - 410-313-7538

Thank you!!!

IMPLICIT BIAS

"The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner."

- Cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance.

- Develop over the course of a lifetime through exposure to direct and indirect messages.

https://www.law.washington.edu/students/streetlaw/lessons/Crim/ImplicitBias.ppt

PROFESSIONALLY IMPLICIT BIAS IMPACTS:

- The judgments we form about individuals (patients, clients, co-workers), situations, and circumstances that are based on stereotypes
- Interpretation of behavior and use of practices and measures
- Effective interaction with individuals (patients, clients, co-workers) and others
- How these judgments impact our ability to effectively interact with individuals (patients, clients, co-workers), and others to facilitate positive outcomes for health and the development of a supportive environment

Adapted from: https://safesupportivelearning.ed.gov/sites/default/files/Standing%20Up%20to%20Implicit%20Bias%20-%20Final.pptx

IMPLICIT ASSOCIATION

Project Implicit was founded as a multi-university research collaboration in 1998 (University of Washington, Harvard University, University of Virginia).

- Website for Project Implicit: *http://www.projectimplicit.net/index.html*

The IAT measures implicit attitudes and beliefs that people are either unwilling or unable to report.

- Website to view IAT Tools: *https://implicit.harvard.edu/implicit/*

IMPLICIT ASSOCIATION

IMPLICIT BIAS TRAINING FOR BEHAVIORAL HEALTH PROVIDERS

- **Is implicit bias something your organization has engaged around? If so, how? If not, do you know why?**
- **What strategies would your organization support to address implicit bias?**
- **What actions/recommendations would this work group make for LHIC actions to address implicit bias among providers across all LHIC Priority Areas?**

HCDrugFree Empowering the Community

DRUG TAKE BACK DAY
SATURDAY, OCTOBER 26, 2019

Standing Together on ***National Drug Take Back Day!***

In 4 hours, at HC DrugFree's drive-thru collection site:

Record-Breaking Collection of Both Medication (1,262 lbs)

and Sharps (needles, syringes and EpiPens)

Promote. Preserve. Protect. www.hclhic.org @hclhic

YEAR-ROUND DISPOSAL PROMOTION STRATEGIES

Promote. Preserve. Protect. www.hclhic.org @hclhic

WRAP UP AND NEXT STEPS

FULL HCLHIC MEETING

01/30/20

8:30-10:30am

TBD

WORK GROUP MEETING

03/24/20

2:30-4:00pm

Howard County Office on Aging and Independence

Promote. Preserve. Protect. www.hclhic.org @hclhic