

HOWARD COUNTY LOCAL HEALTH IMPROVEMENT COALITION



November 21, 2019

Shanika Cooper, Delegate
Howard County Health Department

Rodney Oldham, Coordinator
Howard County Local Health Improvement Coalition

Tara Butler, Delegate
Howard County General Hospital

Howard County LHIC
Local Health Improvement Coalition

PURPOSE & AGENDA

GOALS: Identify relationship between birth outcomes and health care; discuss strategies for providing implicit bias training to providers; and review highlights of MDH's Diabetes Prevention Plan DRAFT.

AGENDA:


- Welcome & Introductions
- Member Announcements
- Birth Outcomes and Health Care
- Implicit Bias Training
- Diabetes Prevention Plan
- Next Steps for full work group and full work group meeting wrap-up

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RECAP OF LAST MEETING – AUGUST 27, 2019

- Program Updates
 - Will Dunmore, HCRP July Parks and Recreation Month Activities
 - Jessica Monaghan, Dancel Y in Ellicott City Open Door Program Update
 - Maria Carunungan, WIC Farmer's Market Redemption Update and Breastfeeding Month Programs
- Brief overview of the Baltimore Longitudinal Study on Aging
- Walk Maryland Day 2019
- Open Enrollment (Nov 1 – Dec 15)
- Dental Waiver Information
- HCHAS and Year Two Strategic Plan Outcomes


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IMPROVING BIRTH OUTCOMES IN HOWARD COUNTY

LHIC-Access to Care Work Group

Erin Anderson, RN, MS
November 21, 2019






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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




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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



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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



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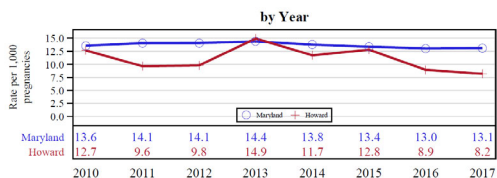


HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES

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.

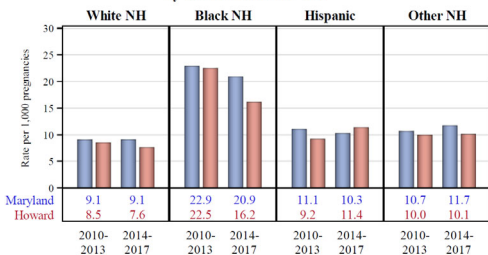


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HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES

by Maternal Race and Year



Source: Maryland Vital Statistics Administration Linked Infant Birth-Death Certificate File

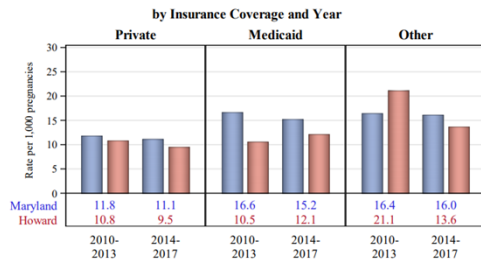
*Rates based on less than 5 events are suppressed. NH: non-Hispanic. Other NH includes American Indian and Asian or Pacific Islander.



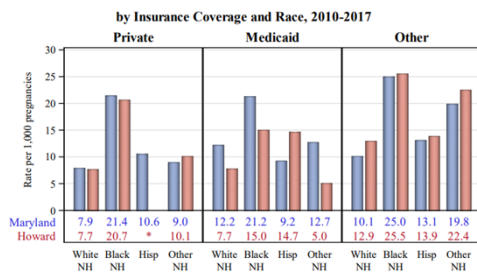
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HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES



HOWARD COUNTY DATA: FETAL/INFANT MORTALITY RATES



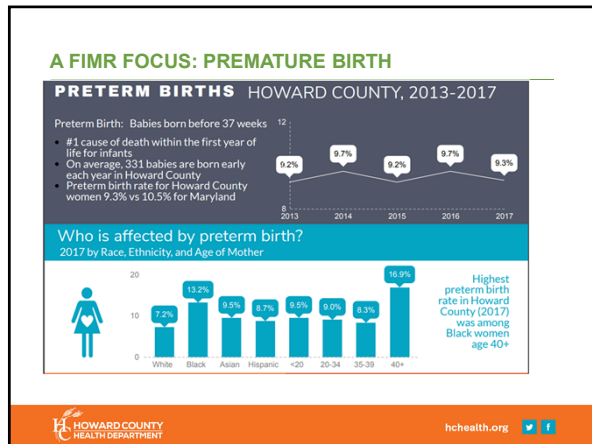
HOWARD COUNTY DATA: INFANT DEATH CAUSES

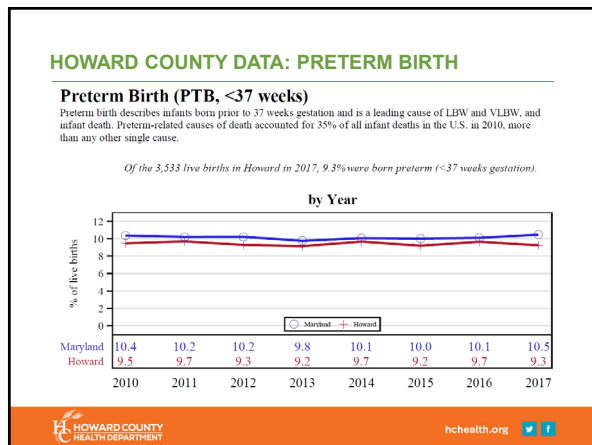
Preterm birth is the leading cause of infant death in Howard County followed by congenital abnormalities. One of every five infant deaths is caused by disorders relating to short gestation and low birth weight.

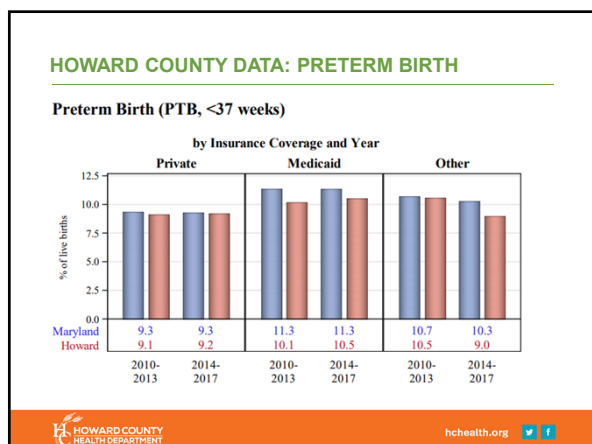
Leading Causes of Infant Death, Howard County, 2013-2017

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

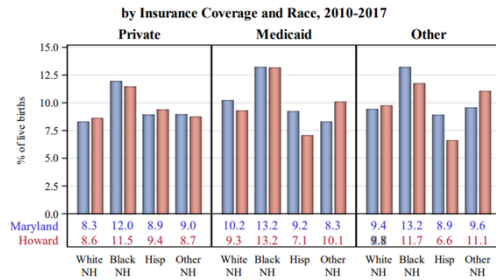
Source: Maryland Vital Statistics Administration







HOWARD COUNTY DATA: PRETERM BIRTH



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%

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 can be particularly stressful, especially given that many of the recommendations include things she should have been doing before getting pregnant



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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



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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






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QUESTIONS?

- Erin Anderson, FIMR/CAT Coordinator:
 - eranderson@howardcountymd.gov
 - 410-313-7543

Thank you!!!



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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>

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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.pdf>

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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.

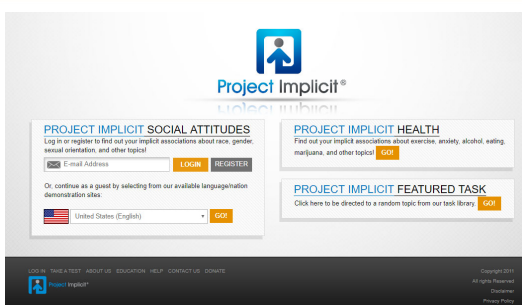
- Website to view IAT Tools:
<https://implicit.harvard.edu/implicit/>

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IMPLICIT ASSOCIATION



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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?

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Maryland Diabetes Plan DRAFT

https://phpa.health.maryland.gov/CCDPC/Pages/ccdpc_home.aspx

The Maryland Diabetes Action Plan (the Plan) presents action steps that organizations and partners can implement to prevent and manage diabetes in Maryland.

The Plan includes strategies and actions steps targeted to:

- People at a healthy weight, so they may prevent overweight and obesity;
- People who are overweight and obese, so they may achieve a healthy weight;
- People with prediabetes and gestational diabetes, so they may easily take part in prevention programs to halt disease progression; and,
- People with diabetes, so they may control their disease, get the proper medical care they need to manage their disease and enjoy their optimum health.

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Maryland Diabetes Plan DRAFT

https://phpa.health.maryland.gov/CCDPC/Pages/ccdpc_home.aspx

Diabetes Systems Thinking Model



⁶⁴ Kim, D., <https://thesystemthinker.com/introduction-to-systems-thinking>

Uses a systems change model approach, working upstream to people at a healthy weight, then progressing as the risk increases with people who are overweight and obese, followed by those with prediabetes or history of gestational diabetes, and finally includes steps to improve outcomes in those identified with diabetes and diabetes complications.

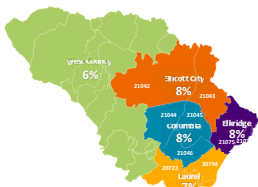
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Snapshot - Diabetes in Howard County

DIABETES: Survey respondents reporting having been told by a doctor, nurse, or other health professional that they have diabetes* [Overall: 8%]

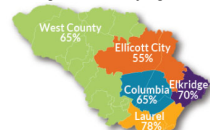


Data Source: Howard County Health Assessment Survey, 2018. *Excludes females told only during pregnancy.

HC Residents told they have DIABETES



Overweight and Obese by region



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