



First Year Cleveland Action Team 1 Report: Addressing Bias within Health Care Systems

Virtual Annual Report to the Community-2020
Last in a Series

September 23, 2020; 12:00 – 1:00 p.m.

**First Year
Cleveland**

 **Better Health**
Partnership
Collaborating for a healthy community

Welcome!

Donald Ford, MD

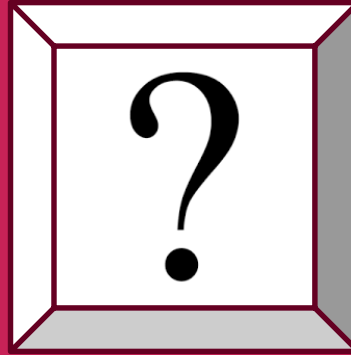
Chief Medical Officer

Better Health Partnership

Before we begin...

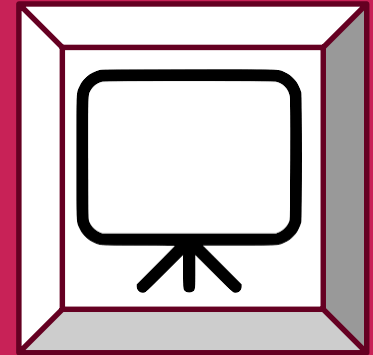


Everyone will be muted.



Submit your questions via the "Chat" window.

We will do Q & A at the end.



Presentations will be posted on our website.



Working together
since 2007....

to collectively
improve health
and reduce health
disparities



**First Year
Cleveland**

 **Better Health**
Partnership

Vision

Northeast Ohio is one of the healthiest places to live and best places to do business



Mission

We bring health care providers, social services, and other sectors together, to share best practices and accelerate data-informed improvements in equitable population and community health.

Better Health Partnership's Population Health Improvement Priorities *"Twinkle to Wrinkle"*

**Infant &
Maternal Health
(2018 - present)**

Extreme Prematurity

**Children's
Health
(2016 - present)**

Obesity, Asthma

Mental/Behavioral
Lead Exposure

**Adult Health
(2007 - present)**

Hypertension
Diabetes
Colorectal Cancer
Screening

COVID Testing and
Prevention



Pathways HUB integrates with all to address SDOH/improve outcomes



Prioritized Findings from First Year Cleveland's Action Team #1 Report: Addressing Bias within Health Care Systems

First Year Cleveland Action Team 1 Overview

Katrice D. Cain, MA

Racial Disparities & Health Equity Program Director
First Year Cleveland

FYC Racial Disparities Priority Area

“Infant mortality is a community mirror, reflecting our collective capacity to promote and protect the health and well-being of our very youngest and most vulnerable.”

(City Lights, 9:2, p1)

First Year Cleveland's Mobilization Strategy to Reduce Infant Deaths and Racial Disparities



**First Year
Cleveland**

By the end of 2020, our community will reduce Cuyahoga County's IMR from 10.5 in 2015 to 6.0 IMR

Cuyahoga County & Cleveland Data

Black-White Racial Inequity in Infant Mortality

USA (2017)	2x
Ohio (2017)	3x
Cuyahoga County*	4.4x
Cleveland*	7x

(*Preliminary 2019 data)

FYC Racial Disparities Priority Area

By the end of 2020, Reduce current baseline of African American to Caucasian infant death disparity rate of 6.7 to 3.35

- **Execute bias and structural racism plan of action.**
- Give a voice to the families who have experienced the pregnancy and infant loss (i.e., miscarriage, stillbirth, and infant death).
- Gain a better understanding the roles race and maternal stress plays in infant deaths.

First Year Cleveland's Action Team 1

1. Understand inequities in care among Black, Latina, and white women navigating the healthcare system who receive pre-natal, birth care, and post-natal care at UH, MH, & CCF
2. Develop a 12-month workplace bias campaign to increase awareness of impact of biases on maternal and child health outcomes
3. Develop a workplace bias intervention targeting Obstetrics and Gynecology departments

Cleveland City Council Declares Racism as a Public Health Crisis



First Year Cleveland Action Team #1: Findings, Recommendations and Patient Stories

Margaret Larkins-Pettigrew, MD, MeD, MPPM
*Director Edgar B. Jackson, Jr. Chair, Head of Community Impact,
Equity, Diversity and Inclusion Office
Professor of Obstetrics & Gynecology
University Hospitals Cleveland Medical Centers*

Focus Groups & Individual Interviews

- Conducted seven focus groups with Black, Latina, and white women receiving pre-natal, birth care and post-natal care at University Hospitals, The MetroHealth System, and Cleveland Clinic.
- Thirty-nine participants total participants.
- Additional individual and small group interviews were conducted with twenty participants.

Patient Journey Map

Baseline

Before their pregnancies, women of color recounted experiences with the healthcare system as unfavorable. They articulated this as microaggression, such as; dismissive staff, insensitive nonverbal cues (i.e., negative facial expressiveness, lack of eye contact, tone of voice, pauses in direction, and speech rate).

Pregnancy

There was little understanding of the process by which many women of color make health care decisions. Women in our focus groups relied on direction and advice from their community and family elders.

Childbirth

Women described negative interactions in many instances when communicating with their health care teams. Participants reported feeling "invisible" at times during their delivery and that they were unheard when they or their family raised health concerns about themselves or the baby.

Post Care

Women shared that after they had their babies that staff were perfunctory or even at times neglectful regarding them and their situations. They felt like the staff were focused on getting them out of the hospital and lacked a presence of care for them. We contrast these stories with stories from the white focus groups where there were many stories of staff going out of their way to demonstrate caring and professional concern.


1st Year Complete


Women of color shared how the healthcare professionals lack of contextual understanding and the on-going toxic stress from racism made their healthcare and their baby's care difficult to achieve with a level of equity to others.

Inequity Adjusted Baseline

The experiences women have faced on their health care journeys become processed and integrated into their overall self-perception, their perception of the external medical community and even of society more generally.

Workplace Anti-Bias Poster Campaign





INFANT MORTALITY AWARENESS JOURNEYS

"I SEE YOU...DON'T YOU SEE ME?"


The number of black infants who do not see their first birthday is six times that of white infants.

Are your biases impacting patient care?





Coming in 2020, educational sessions for providers discussing the impact of unconscious bias on patient care in Cuyahoga county's high infant mortality rate.


Let's work harder to save all of our babies and mothers.

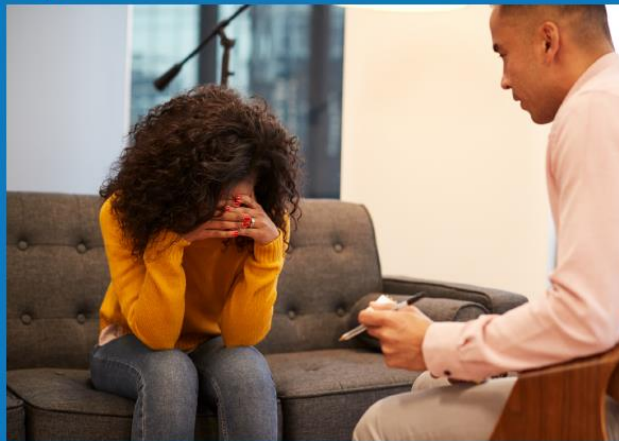
Scan here to view a video for an important message



A collaboration between:







INFANT MORTALITY AWARENESS JOURNEYS

"WHY DOES IT FEEL LIKE NOBODY LISTENS TO ME?"


The number of black infants who do not see their first birthday is six times that of white infants.

Are your biases impacting patient care?





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A collaboration between:



Patient Voices: “When it comes to delivering babies, the color of my skin shouldn’t matter...but it does”



Patient Video

Cook Ross Unconscious Bias Training

- Received one of the only system wide anti-racism infant mortality grants from Ohio Department of Medicaid.
- Certified twenty-eight local trainers throughout multiple systems
- Over 300 department leaders, human resource departments, Centering Pregnancy staff members, OB/GYN providers, and other clinicians participated in this training

New Bias Training Opportunity

- Received March of Dimes Health Equity Grant
 - Breaking Through Bias in Maternity Care Course (e-learning, in-person, and Zoom)
 - Community Baby Shower
 - Patient Education
 - Training Institute

Health System Response

Donald Ford, MD

Akram Boutros, MD
President and CEO, The MetroHealth System
Co-Chair, FYC Executive Committee



CEO Video:
A Call to Action

Health System Response

Margarita Diaz, MSN, RN

Director, Inclusion, Diversity, and Health Equity

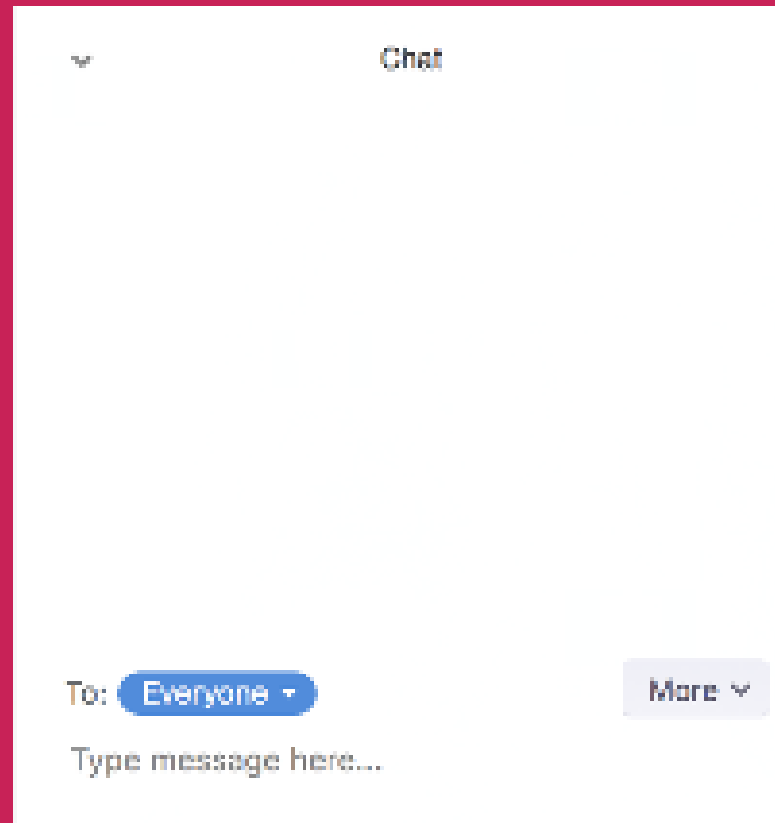
The MetroHealth System

Le Joyce Naylor

Executive Director, Diversity and Inclusion

Cleveland Clinic

Questions?
Please submit through chat function





Thank You!



www.betterhealthpartnership.org