cradle cincinnati

Because We Love Her

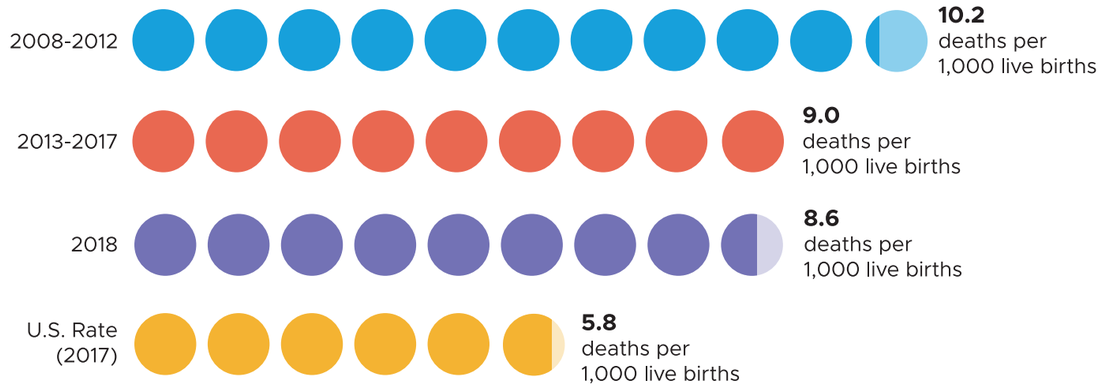
Fighting for Racial Equity in Maternal and Infant Health

2019

Hope + Action Produce Change.

In Hamilton County, our infant mortality rate has been worse than the U.S. average for far too long. Babies who are born alive, but die (for any reason) before their first birthday, contribute to a community's infant mortality rate.

Infant Mortality Rate, Hamilton County*

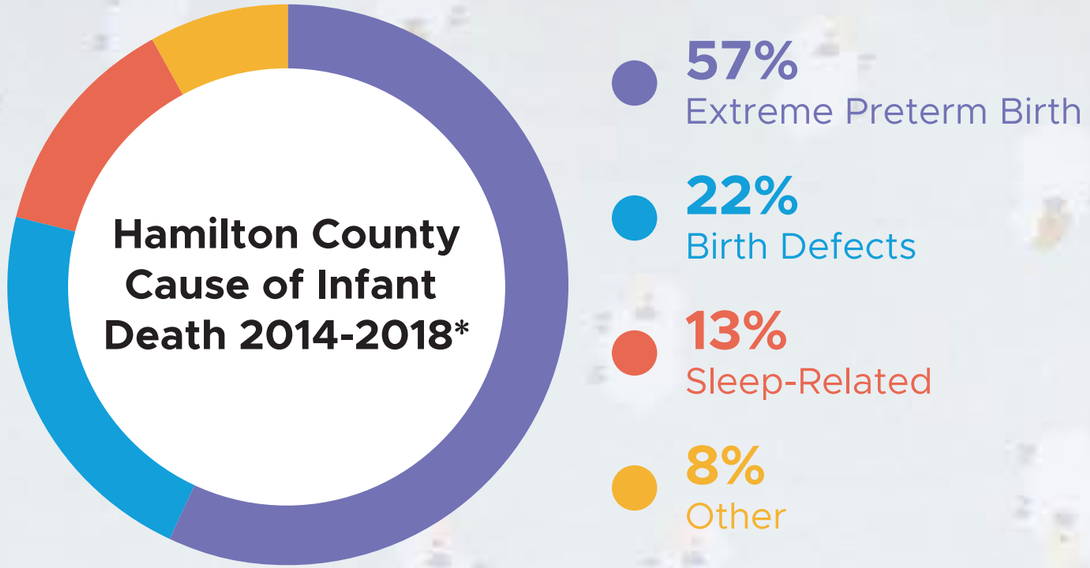


In 2018, fewer babies died than ever before in Hamilton County history.

And it is because of the tireless efforts of hundreds of individuals who continue to collectively seek positive transformation. It takes a village to raise a child. Our community has worked together to drive positive change to fight infant mortality.

Though we are hopeful because of the progress we are making, we continue to be motivated by the fact that the total number of deaths still far exceeds our ambition: to ensure **EVERY** baby born in Hamilton County lives to see his or her first birthday.

*Source: Hamilton County Fetal and Infant Mortality Review, CDC. 575 deaths and 56,166 births in 2008-2012; 487 deaths and 54,249 births in 2013-2017; and 92 deaths and 10,739 in 2018. 2018 data is preliminary.



Extreme Preterm Birth
Babies born before the start of a mother's third trimester are considered extremely preterm. Stress during pregnancy, implicit bias, unexpected pregnancy and smoking all contribute to preterm birth. Recent local improvement in infant mortality has been driven by a decrease in this type of death.

Sleep-Related
Babies who sleep alone, on their back and in a crib are the least likely to die from a sleep-related cause. In our community, sleeping with another person on an adult bed or couch is the leading cause of sleep-related infant deaths.

Birth Defects
In our community, the rate of infant deaths caused by birth defects closely follows the national average. Heart defects are the number one cause of birth defect-related infant deaths in Hamilton County.

Other
Includes homicides, infections, accidents and other causes.

*Source: Hamilton County Fetal and Infant Mortality Review

We have a Black infant death crisis in Hamilton County.

Black babies continue to die at an alarming rate. On average, Black babies die at **more than 3x** the rate of White babies.

Our community has failed Black mothers.

Hamilton County Infant Mortality Rate by Race and Ethnicity compared to National Rates*

We will not be successful in lowering the Hamilton County infant mortality rate without a broader fight for racial equity.

*Source: Hamilton County Fetal and Infant Mortality Review

What We Know to Be True.

Several false infant mortality myths are consistently believed and repeated. Here's the truth:

It's not the mom or dad's fault.

The death of a baby is almost never the fault of that child's parents. When something tragic happens, it is human nature to seek out ways for it to "never happen to me." Unfortunately, that often looks and feels like blame, even if it is not intended that way. Behaviors — even unhealthy ones — rarely fully explain an infant loss.

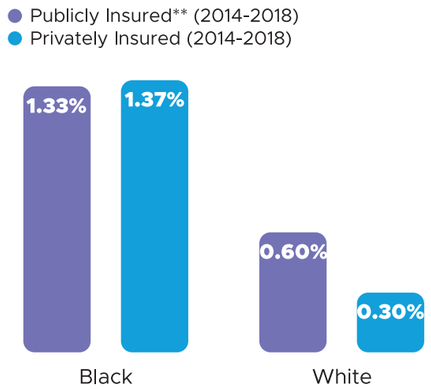
It's not genetics.

Where our ancestors come from can have an impact on our health, but scientists do not believe this is the driving factor of racial disparity in preterm birth. Racial disparities in infant deaths are not genetic. In fact, the very concept of race is not rooted in genetics. Race is a social invention; therefore, we must look to social solutions to solve issues of racial disparity.

It's not class.

Racial disparities in infant death are not explained by socio-economic class. A Black mom with private insurance is more likely to lose her child than a White mom with public insurance. And increased income does not protect Black women from poor outcomes.

Hamilton County Rates of Extreme Preterm Birth (<28 weeks) by Race and Insurance Status*



*Ohio Vital Statistics
**Medicaid
***Source: CDC Wonder

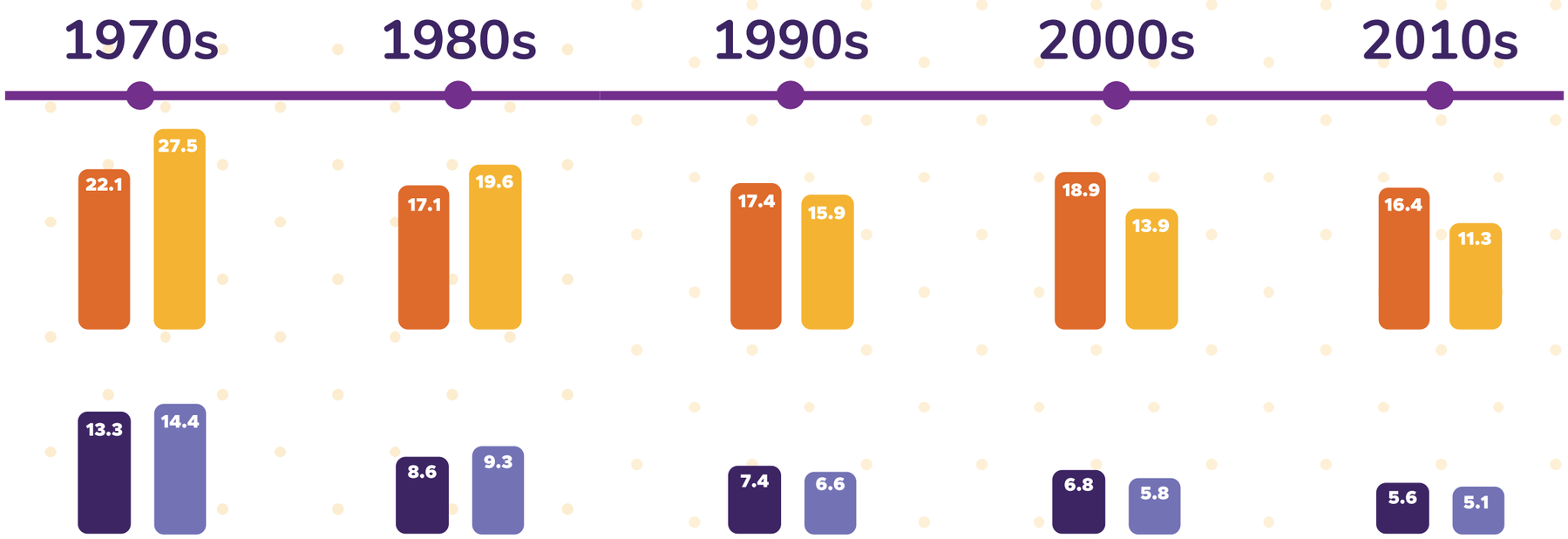
In the U.S., there are 261 counties with populations greater than 250,000; in **NONE** of these communities is the Black infant mortality rate as low as the White rate.***

Despite 50 years of medical progress, racial disparity in infant mortality has only gotten worse.

Although deaths have declined for everyone, the disparity between Black outcomes and White outcomes in Hamilton County has actually grown since 1969.

The Bottom Line:

A Black baby born in Hamilton County today has nearly the same chance of survival as a White baby born 50 years ago, despite 5 decades of technological advancements.



Black infant mortality

Black infant mortality in Hamilton County was actually better than the national average in the 70s and 80s. But recent improvements nationally have not been matched locally.

- Black, Hamilton County
- Black, U.S.

White infant mortality

Compare that to White rates which are not only much lower, but also have improved at a faster pace.

- White, Hamilton County
- White, U.S.

Racial Disparity in infant deaths (Hamilton County)

While deaths are declining for everyone, the gap locally and nationally is growing.

1970s	1980s	1990s	2000s	2010s
Black babies were **1.7x** more likely to die than White babies	Black babies were **2x** more likely to die than White babies	Black babies were **2.4x** more likely to die than White babies	Black babies were **2.8x** more likely to die than White babies	Black babies are **2.9x** more likely to die than White babies

Notable medical advances

1970s	1980s	1990s	2000s	2010s
Doctors who care for preterm infants are certified as neonatologists for the first time in 1975.	Certification for neonatal nurse practitioners begins in 1983.	Artificial surfactant therapy, developed during the 1980s and widely available by the early 1990s, led to significant improvements in infant health. In the 1990s, the American Academy of Pediatrics recommends that all infants sleep on their backs, followed by 30-40% reduction in incidence of sleep-related deaths.	In 2003, the March of Dimes launched its Prematurity Campaign to combat a recent national rise in preterm birth.	Today, babies born as young as 23 weeks gestation have the opportunity to survive in Neonatal Intensive Care Units.

*CDC Wonder and Hamilton County Fetal and Infant Mortality Review. National data available through 2016, local data available through 2018.

Race Dramatically Impacts the American Experience.

What Is Race?

Many of us believe race is biological, but it's not. Race was created to establish a hierarchy to categorize people based on the color of their skin. **Still today, this thinking has shaped the narrative of superiority and inferiority in terms of skin color.**

Creating a classification built on race laid the foundation for American society, workplaces, systems and institutions, continuing to negatively affect the everyday Black experience. This reveals itself through disparities in infant deaths.

Skin Color Denies Access.

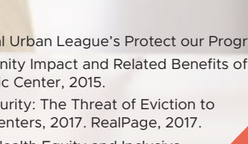
"Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks – which is what we call "race" – that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."

-Camara Jones, MD, MPH, PhD

Income, Housing and Education Impact Our Health. And It's Not a Level Playing Field.

WEALTH GAP:

2017 Unemployment in Hamilton County*



Average Income in Hamilton County*

16% of Black workers who earn less than $15,000 per year rely on public transit, compared to 4% of White workers in the same income bracket. A recent study confirmed about 75,000 jobs in Cincinnati are unreachable by public transit.**

HOUSING: Cincinnati has one of the 10 highest eviction rates in the country. Black families with children, regardless of income, are the most likely to face eviction. Rents in Cincinnati are rising at a faster pace than any other major metropolitan area in the Midwest.***

EDUCATION: More of Hamilton County's youth are getting high school diplomas, but racial gaps remain. Despite some progress since 2000, Black youth were more than twice as likely as White youth to be without a high school diploma and not in pursuit of one in 2014.****

*The National Urban League's Protect our Progress report

**The Community Impact and Related Benefits of Metro; UC Economic Center, 2015.

***Rental Insecurity: The Threat of Eviction to America's Renters, 2017. RealPage, 2017.

****Advancing Health Equity and Inclusive Growth in Cincinnati

Equality is giving everyone the same size pair of shoes. **Equity** is giving everyone a pair of shoes that fit. Historically, our society has done neither.

More Black Babies Die From Unsafe Sleep in Hamilton County Than White Babies.

Access to Cribs and Pack 'n Plays Can Help.

Of the 2018 sleep-related infant deaths, the vast majority slept with another person on an adult bed or couch. Babies must sleep alone – the best place for all babies to sleep is in a crib or Pack 'n Play without bumpers, blankets or toys.

66% of all sleep-related infant deaths in the past five years happened to Black families

If you, or someone you know, needs a crib in Hamilton County call 211 for help.

There's Hope.

Despite systemic challenges, Black women have undeniable strength.

"Our strategy now is to focus squarely and unapologetically on Black women."

-Dr. Meredith Shockley-Smith, Director of Community Strategies for Cradle Cincinnati

The *#BecauseWeLoveHer* campaign invites Cincinnatians to share why they love Black women. Join us and be inspired.

I love Black women because they are the epitome — powerful, spiritual, dedicated, loyal and most of all Queens! I love Black women because they taught me how to embrace and love myself exactly how I was made. When I think about Black women, I imagine royalty running through my veins!

#BecauseWeLoveHer

Black women walk with boldness and purpose. They speak in an elevated voice, not because they are angry Black women, but because they are women whose voices need to be heard.

#BecauseWeLoveHer

Black women are the mother of ALL civilizations, the epitome of compassion, resilience and beauty. We are strong. We are powerful. We are beautiful. We can do anything. I love Black women because I AM A BLACK WOMAN..."Let me adjust my Crown!"

#BecauseWeLoveHer

I love the strength of Black women which keeps me motivated to beat all odds. No matter the barriers, we still kick down every door slammed in our faces. I love the essence of the Black woman: our boldness, spirit, colors and eccentricity. We are supernovas and no one can dim our light!

#BecauseWeLoveHer

QUEENS VILLAGE

Powering Cradle Cincinnati

Queens Village is a supportive community of powerful Black women who come together to relax, repower and take care of each other. In Queens Village, emotions are raw, honesty is celebrated and love abounds.

We're inviting you to be part of the change. Many Queens Village members serve on a parent advisory board, informing and designing the work of Cradle Cincinnati.

Learn more at cradlecincinnati.org/queensvillage

Change Is Possible.

We believe in a Cincinnati that can do big things. Here are several places to start.

Community Health Workers
Teams of Community Health Workers support women in our community during pregnancy. These knowledgeable professionals serve as guides — helping pregnant mothers navigate available health and social services. Often, the presence of a Community Health Worker as an advocate for a family reduces implicit bias in healthcare settings.

Radical Empathy
Racism is when we treat people according to racial stereotypes. We all should treat people as individuals worth knowing and caring about. So, this year we are connecting diverse groups for facilitated conversations that help people truly hear each other's stories.

Policy Level Change
Many inequities are hardwired into society's systems. Our partners are working to advocate for significant changes at the local and state levels to help families.

Neighborhood by Neighborhood Change
The communities of Avondale, Roll Holl and Price Hill are examples of neighborhoods with recent and dramatic declines in extreme preterm birth. Working together as Cradle Cincinnati Connections, our partners are now spreading this place-based change to 12 neighborhoods.

Group Prenatal Care
In group prenatal care, eight to 12 women at similar stages in their pregnancies are grouped together for prenatal care. Group prenatal care has been shown to improve birth outcomes, particularly among Black women. In this setting, women are able to form important social connections with their peers. The model is currently being launched at the Cincinnati Health Department and expanded at Christ Hospital, TriHealth and UC Health.

Reducing Implicit Bias in Prenatal Care
If racism is part of the problem, we need to have the bravery to confront it directly as a community. This year, leaders from the largest maternity systems in Hamilton County are joining us on a learning journey. Ten trainings, led by Avant Consulting Group, are planned.

To read our full plan, please visit cradlecincinnati.org

Know someone who is pregnant or parenting and could use support? **Call 211 to connect them to help.**

Supporting Data

Green = better compared to 2013-2017. **Red** = worse compared to 2013-2017. All numbers are percentages unless otherwise indicated. To read definitions of each indicator, download our data dictionary at cradlecincinnati.org.

WOMEN'S HEALTH

	Hamilton County 2018	Hamilton County 2013-2017	Ohio 2013-2017	White, non-Hispanic 2018	Black, non-Hispanic 2018	Hispanic 2018	Asian 2018
Pre-pregnancy Body Mass Index (among women who had live births)							
Underweight (BMI < 18.5)	3.6	3.5	3.9	3.1	4.1	2.2	7.6
Obese (BMI ≥ 30)	26.5	25.6	26.5	22.4	36.4	21.4	12.3
Sexually Transmitted Infection (among women who had live births)							
Syphilis	0.5	0.8	0.2	0.2	1.3	0.1	0.0
Gonorrhea	1.5	1.3	0.6	0.5	3.5	0.3	0.2
Chlamydia	4.3	4.9	3.1	1.7	8.8	4.5	1.2
Unintentional Pregnancy (among women who had live births)	40.7 (2016)	44.1 (2013)	40.0* (2016)	31.5 (2016)	76.8 (2016)	-	-
Short Spaced Pregnancy (among non-first time moms who had live births)							
<6 month Interpregnancy Interval	5.8	6.1	6.1	4.1	8.9	4.6	1.4
<12 month Interpregnancy Interval	17.9	18.3	18.8	17.1	20.6	15.8	8.8
<18 month Interpregnancy Interval	33.9	33.2	33.7	36.4	32.8	27.0	22.3
Stress (among all women)							
Reported a high level of stress during the past month	23.2 (2017)	-	-	24.4 (2017)	20.3 (2017)	-	-
Substance Abuse Rates (among all women)							
Smoking	19.4 (2017)	25.6 (2013)	-	20.5 (2017)	20.0 (2017)	-	-

COMMUNITY HEALTH

Housing							
Renters	41.9 (2017)	42.3 (2012-2016)	33.9 (2012-2016)	-	-	-	-
Vacancy Rate	9.6 (2017)	11.1 (2012-2016)	10.6 (2012-2016)	-	-	-	-
Reported difficulty paying rent before pregnancy (among women who had live births)	10.8 (2016)	-	14.2* (2016)	8.7 (2016)	23.8* (2016)	-	-
Reported housing as fair and poor	13.2 (2017)	13.9 (2013)	-	10.5 (2017)	20.9 (2017)	-	-
Neighborhood Conditions							
Reported lacking the ability to purchase healthy foods in current neighborhood	16.0 (2016)	14.0 (2013)	-	10.1 (2016)	31.0 (2016)	-	-
Reported always or often feeling unsafe in their neighborhood (among women who had live births)	3.2 (2016)	2.7 (2013)	2.9 (2016)	2.1* (2016)	8.0* (2016)	-	-
Transportation (among all adults)							
Reported no vehicle availability in household	11.7 (2017)	12.4 (2012-2016)	8.4 (2012-2016)	-	-	-	-

Supporting Data

Green = better compared to 2013-2017. **Red** = worse compared to 2013-2017. All numbers are percentages unless otherwise indicated. To read definitions of each indicator, download our data dictionary at cradlecincinnati.org.

PREGNANCY HEALTH

	Hamilton County 2018	Hamilton County 2013-2017	Ohio 2013-2017	White, non-Hispanic 2018	Black, non-Hispanic 2018	Hispanic 2018	Asian 2018
Preterm Birth Rate							
<37 Weeks	10.5	10.8	10.3	8.7	14.2	9.1	7.4
<28 Weeks	0.9	1.0	0.8	0.6	1.6	0.4	0.2
<23 Weeks	0.3	0.3	0.2	0.1	0.6	0.0	0.0
Prenatal Care (among women who had live births)							
Accessed Care in the 1st Trimester	68.6	67.6	65.8	73.2	64.0	56.7	64.4
Accessed Care in the 3rd Trimester	3.7	4.3	4.7	2.8	4.5	6.9	3.9
No Prenatal Care	2.2	3.8	1.6	1.6	3.4	1.1	0.9
Maternal Cigarette Smoking (during 2nd or 3rd trimester)	8.2	9.6	13.1	10.4	6.7	1.6	0.2
Drug Exposure During Pregnancy (among women who had live births)							
Drug Exposure During Pregnancy	9.5	7.3	-	-	-	-	-
Opioid Exposure During Pregnancy	3.7	3.3	-	-	-	-	-
Previous Preterm Birth (among women with previous births)	8.0	7.8	5.5	5.9	12.3	6.8	4.4
Chronic Illness During Pregnancy (among women who had live births)							
Gestational Diabetes	9.7	8.8	7.2	9.0	9.3	11.2	18.2
Hypertension	15.2	14.6	10.5	13.3	21.1	7.3	6.5
Stillbirth rate	7.1/1,000	7.3/1,000	6.3/1,000	-	-	-	-
Stress							
Reported life being very stressful during pregnancy (among all women)	17.2 (2017)	-	-	17.1 (2017)	19.9 (2017)	-	-
Reported having someone to talk to about problems during pregnancy (among women who had live births)	88.7* (2016)	-	88.7* (2016)	94.5* (2016)	77.3* (2016)	-	-
Reported living with father of baby during pregnancy (among women who had live births)	88.0* (2016)	-	88.3* (2016)	94.7* (2016)	62.2* (2016)	-	-
Maternal Mortality (Pregnancy-related mortality)	.11/1000 (Ohio 2014)	-	.17/1000 (US 2013)	-	-	-	-

INFANT HEALTH

	Hamilton County 2018	Hamilton County 2013-2017	Ohio 2013-2017	White, non-Hispanic 2018	Black, non-Hispanic 2018	Hispanic 2018	Asian 2018
Breastfeeding Rates (upon hospital discharge)	75.7	69.7	73.0	79.8	65.7	84.1	87.3
Postpartum Depression (among women who had live births)	6.3 (2017)	6.3 (2016)	-	-	-	-	-
Multiple Births (twins, triplets, etc.) (among women who had live births)	4.3	4.0	3.6	4.0	5.1	2.7	3.5
Birth Defect/Congenital Anomaly Rates	1.0	0.9	0.5	1.0	0.9	0.7	0.7
Birth Defect-Related Deaths (deaths per 1,000 live births)	2.0/1,000	1.8/1,000	1.2/1,000 (US 2012-2016)	-	-	-	-
Sleep-Related Infant Deaths (deaths per 1,000 live births)	1.4/1,000	1.1/1000	0.9/1,000 (US 2016)	-	-	-	-
Reported consistently placing infant on his or her back for sleep (among women who had live births)	89.2* (2017)	86.8 (2016)	-	-	-	-	-
Reported always placing a baby in crib for sleep (among women who had live births)	70.0*(2017)	70.5 (2016)	-	75.2*(2016)	56.7*(2016)	-	-
Reported receiving paid leave from employer after baby was born	38.9 (2016)	59.3 (2013)	35.0*(2016)	46.2*(2016)	22.3*(2016)	-	-

Sources: Ohio Department of Health, Office of Vital Statistics; Pregnancy Risk Assessment Monitoring System (PRAMS); American Community Survey; Greater Cincinnati Community Health Status Survey; Fetal Infant Mortality Review (FIMR) Program; Cincinnati Children's Hospital Medical Center Perinatal Institute, Centers for Disease Control and Prevention; Ohio Pregnancy Assessment Survey (OPAS); UC Infant Health Awareness Survey
*See Data Dictionary at cradlecincinnati.org for confidence intervals for these proportions

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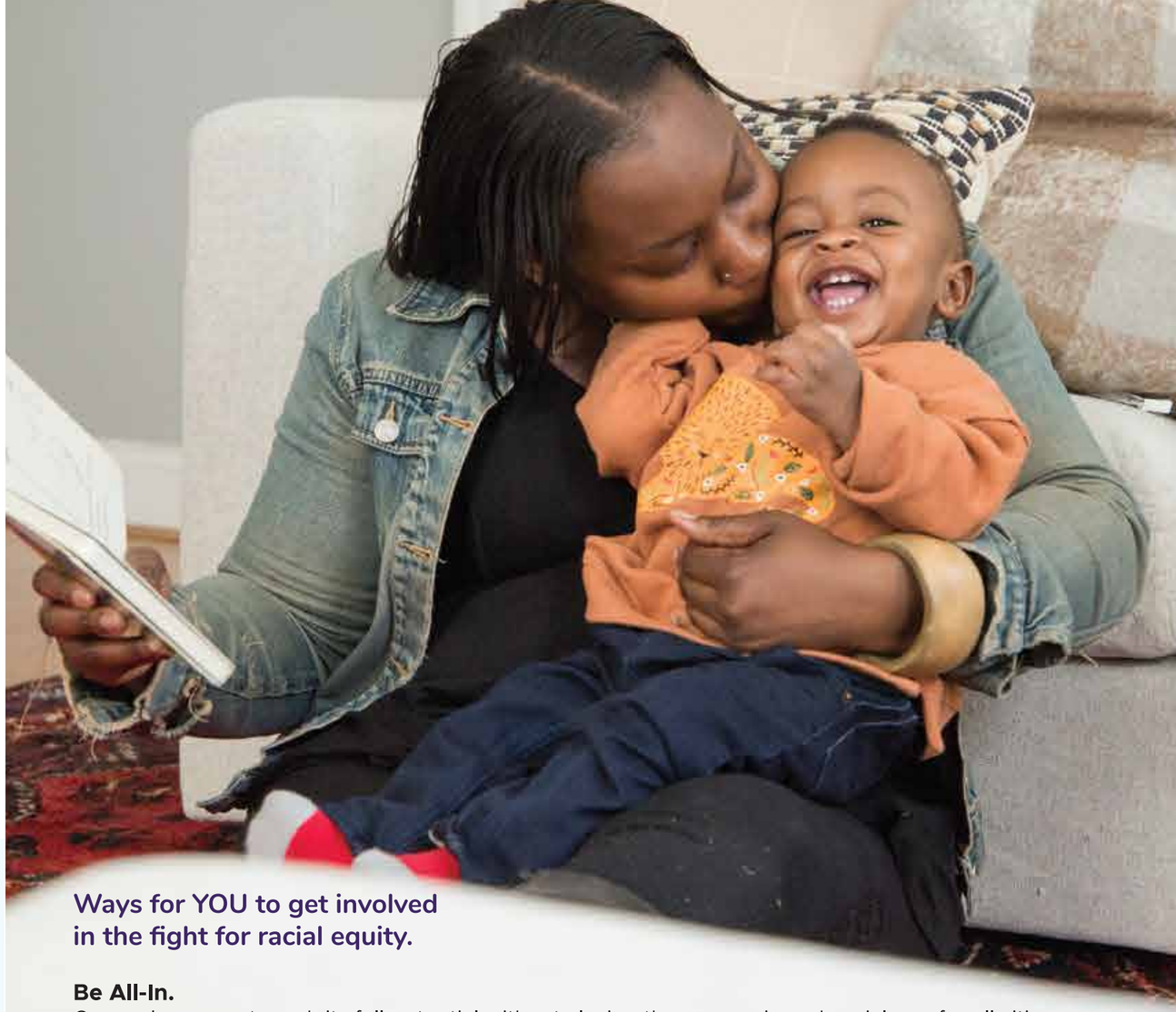

Ways for YOU to get involved in the fight for racial equity.

Be All-In.
Our region cannot reach its full potential without closing the economic and social gap for all citizens. Collaborative partners from around the region have joined forces as the All-In Cincinnati Coalition. All-In Cincinnati aims to deepen, amplify, and multiply local and regional efforts to build equitable, thriving neighborhoods. To find out more, email werisetogether@gcfdn.org.

Have Brave Conversations.
Prenatal care providers across our region are engaging in diversity and inclusion trainings throughout this year. But, we need this conversation to spread far beyond prenatal care. Start your own organization's journey at avantconsultinggroup.net

Find Your Crew.
Black women are gathering under the banner of Queens Village all across our city. Find out how to connect with a group near you at cradlecincinnati.org/queensvillage

Celebrate Our Strength.
Our community has challenges, but it also has immeasurable strengths. Join us in celebrating the strength of Cincinnati's Black women on social media with #BecauseWeLoveHer

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This report was developed by Cradle Cincinnati in partnership with Hamilton County Public Health

Contributors include:
Angelica Hardee, Dorian Mundy, Eric Hall, Eric Jackson, Jessica Seeberger, Jim Greenberg, Josselyn Okorodudu, Lisa Hong, Matthew Frazier, Meredith Shockley-Smith, Mike Moroski, Nicole Avant, Patrice Pennington, Ryan Adcock, Stephanie Napolitano, Stuart Taylor, Thomas Boeshart

Produced by:
Rachel Peters, Becca Russo, Tanea Jones