When the Data Sing...

Data You Can Use | May 30, 2018
Do not be daunted by the enormity of the world’s grief.
Do justly, now.
Love mercy, now.
Walk humbly, now.
You are not obligated to complete the work, but neither are you free to abandon it.

— the Talmud
Powers of 3
Why Is Milwaukee So Bad For Black People?
1. Education
2. Incarceration
3. Segregation
4. Policing
5. Lack of Economic Mobility

“Urgency of Now.”
Solving Obesity?
"We’re hoping you’ll lead us on a journey of transformation without requiring any real changes."

Mind set.
Knowledge set.
Skill set.
Determinants of Health and Health Inequities

Absence of Social Cohesion/Belonging Lead to ACEs and Diseases of Disconnection and despair
SEE AND SEIZE “Bright Spots”

1. Disaggregate Social Determinant Data
2. Find the Bright Spots (Positive Deviance)
3. Link to Action Invoking the Population
4. Resources
Reggie Moore
18 mins · 🌺
Give people their flowers while they can still smell them. Shout out to a living legend in the heart of the city.

Lilliann Paine
8 mins · 👩‍❤️‍👨
Honored to Represent the Zilber School as Board of Visitors Member featured in this pic is the revered Dean Dr. Ron Perez #platformparty

FOX6 NEWS MILWAUKEE
‘Never dreamed of all this:’ Milwaukee renames street to hon...

FOX6 NEWS MILWAUKEE
Breaking down barriers: Heal the Hood block party unites commun...
Leadership, through the effective use of data.

CityMatCH.org

“Data Use Institute”
CityMatCH’s “Data Use Triangle”

Data – Research

What we know...

Community

Strategies, Programs, Services

What we do.

Policy - Political Will

What we get others to do!
Dissatisfaction (D) = CHANGE IS NEEDED
Vision (V) = IMAGINE BETTER FUTURE
First Steps (F) = WORTHWHILE ACTIONS NOW

Resistance (R) = natural and must be overcome

\[ D \times V \times F > R \]

*Each of the elements must be present. If any of the elements = zero, resistance will not be overcome.
POWER TO CHANGE CHECKLIST

✓ Clearly defined and understandable?
✓ Of enough priority to engage other essential community partners?
✓ Amenable to change?
✓ Doable in the short term (some progress in the next 6-9 months)?
✓ Have baseline data that are available/accessible, reliable and timely?
✓ Have known solutions that can begin to yield measurable change?
✓ Have defined, measurable results?
Too many, too small, too soon…
Internal White House memo outlined options for responding to federal climate studies: 'ignore,' review or 'highlight uncertainty'

White House officials last year weighed whether to simply “ignore” climate studies produced by federal agencies or to instead develop “a coherent, fact-based message about climate science,” according to a memo obtained by The Washington Post.
Ah, you don't care
DATA = spark D’s for CHANGE

Vision (V) = IMAGINE BETTER FUTURE

First Steps (F) = WORTHWHILE ACTIONS NOW

Resistance (R) = natural and must be overcome

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Toward Equity: Eliminating Disparities
USA White and Black IMR: 1980-2011

Persistent disparity – >30 year lag...

White: 10.9

Black: 11.42
The causes of infant mortality are deeply rooted

**TOGETHER**

We can strengthen father involvement, reduce poverty and expand health care access to reduce infant mortality.

Learn more at [www.LIHFmilw.org](http://www.LIHFmilw.org)

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**WORKING TOGETHER:** Aurora Health Care, Black Health Coalition, Medical College of Wisconsin, Milwaukee Fatherhood Initiative, United Way of Greater Milwaukee, University of Wisconsin - Milwaukee, Planning Council, Women's Fund of Greater Milwaukee, Milwaukee Health Department, Zilber Family Foundation, YWCA and Greater Milwaukee Committee.
“Bright Spot”

Infant Mortality (2015) in Omaha (Douglas County), NE

Carol Gilbert, CityMatCH, David Busse, Douglas County Health Department
Infant Mortality Rate Trends, Douglas County
3-Year Rolling Averages

Deaths per 1,000 Live Births

<table>
<thead>
<tr>
<th>Year</th>
<th>White, not Hispanic</th>
<th>Black, not Hispanic</th>
<th>Ratio Black/White</th>
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<tbody>
<tr>
<td>2005-2007</td>
<td>5.7</td>
<td>14.5</td>
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<td>2006-2008</td>
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<td>2007-2009</td>
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<td>15.7</td>
<td>0.30</td>
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<td>2008-2010</td>
<td>3.7</td>
<td>15.1</td>
<td>0.25</td>
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<td>2009-2011</td>
<td>4.4</td>
<td>13.1</td>
<td>0.31</td>
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<tr>
<td>2010-2012</td>
<td>4.1</td>
<td>12.0</td>
<td>0.29</td>
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<tr>
<td>2011-2013</td>
<td>4.9</td>
<td>10.0</td>
<td>0.25</td>
</tr>
<tr>
<td>2012-2014</td>
<td>4.9</td>
<td>8.7</td>
<td>0.21</td>
</tr>
</tbody>
</table>

*2014 data is provisional
Decided to try PPOR* – 6 Stages
*PERINATAL PERIODS OF RISK APPROACH

1. Assure **Community** and Analytic **Readiness**
2. Conduct **Analytic** Phases of **PPOR**
3. **Develop** Strategic Actions for Targeted Prevention
4. Strengthen Existing and/or **Launch** New Prevention Initiatives
5. **Monitor** and Evaluate Approach
6. **Sustain** Stakeholder Investment and **Political Will**

Welcomed Communities as Full Partners

- There is no substitute for lived experience, which can help us understand
  - Underlying problems and their causes
  - What solutions will work best

- Make the data clear, comprehensible, compelling to most. Get READY to use the data.
PPOR DATA: Why include fetal deaths?

1. Fetal deaths are important to families
2. There may be as many or more fetal deaths as there are infant deaths
3. Fetal deaths may provide us with even more information about infant mortality in the community

Standard infant mortality rates do not include fetal deaths. PPOR uses all of the available information to investigate infant mortality.
Look at fetal and infant deaths and rates through PPOR ‘Mapping’

Age at Death

- Fetal Death (>=24 weeks)
- Neonatal (0-27 days)
- Post-neonatal (28-364 days)

Birthweight

- 500-1499 g
- 1500+ g

Maternal Health/Prematurity

- Maternal Care
- Newborn Care
- Infant Health
First Perinatal Periods of Risk “Map”
Douglas County (Omaha), NE, All Races

Fetal-Infant Rate = 10.0

- 1999-2002: 4.1, 2.2, 1.7, 2.0
- 2003-2006: Fetal-Infant Rate = 2.0
- 2007-2010: Fetal-Infant Rate = 4.1
- 2011-2014: Fetal-Infant Rate = 2.2
Perinatal Periods of Risk (PPOR) Approach Helps Narrow the Choices of Action

Maternal Health/Prematurity
- Preconception Health
- Toxic Stress, Other Exposures
- Behaviors before pregnancy
- Mental Health

Maternal Care
- Prenatal Care Access and Quality
- High Risk Referral Obstetrical Care
- Quality of Caring, Doulas

Newborn Care
- Perinatal Management
- Neonatal Care
- Pediatric Surgery
- Home Visitation

Infant Health
- Sleep Position
- Smoking
- Injury Prevention
- Child Care Quality
GAPS: Comparing Different Subpopulations

White Fetal-Infant
Rate = 8.6

Black Fetal-Infant
Rate = 17.6

White non-Hispanic
2.0 1.9 1.6

Black non-Hispanic
2.4 2.4 4.0
PPOR also asks: *How many deaths might have been prevented?*

**Compare, using a Reference Group**

- If one population group already can have very low mortality, other groups can reach that goal.

- Instead of comparing racial/ethnic groups, we compare all groups to this agreed-upon reference group.

- **Community** helps decides who is compared to whom.
Calculating Excess Rates
(US 2000-2002 Reference Group)

<table>
<thead>
<tr>
<th>Urban Cty</th>
<th>Maternal Health/Prematurity</th>
<th>Maternal Care</th>
<th>Newborn Care</th>
<th>Infant Health</th>
<th>Fetal-Infant Mortality</th>
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<td>ALL</td>
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<td>2.1</td>
<td>1.9</td>
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<td>Excess Mortality Rates</td>
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<td>0.8</td>
<td>1.1</td>
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## Estimated *Excess Number of Deaths*

(US 2000-2002 Reference Group)

<table>
<thead>
<tr>
<th>Racial-Ethnic Groups</th>
<th>Maternal Health/ Prematurity</th>
<th>Maternal Care</th>
<th>Newborn Care</th>
<th>Infant Health</th>
<th>Fetal-Infant Mortality</th>
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</thead>
<tbody>
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<td>White, non-Hispanic</td>
<td>14</td>
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<td>13</td>
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<tr>
<td>Black, non-Hispanic</td>
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<td>3</td>
<td>4</td>
<td>10</td>
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<tr>
<td>Other Races</td>
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<td>2</td>
<td>1</td>
<td>6</td>
<td>18</td>
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<tr>
<td>All</td>
<td>46</td>
<td>13</td>
<td>18</td>
<td>26</td>
<td>103</td>
</tr>
</tbody>
</table>
Perinatal Periods of Risk (PPOR) Approach Helps Narrow the Choices of Action

- **Maternal Health/Prematurity**
  - Preconception Health
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  - Sleep Position
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  - Child Care Quality
Perinatal Periods of Risk “Maps” 1999-2014
Douglas County (Omaha), NE, All Races

Fetal-Infant Rate=10.0
1999-2002
4.1
2.2 1.7 2.0

Fetal-Infant Rate=8.2
2003-2006
3.4
1.8 1.2 1.8

Fetal-Infant Rate=8.3
2007-2010
3.7
2.2 1.2 1.2

Fetal-Infant Rate=6.3
2011-2014
2.4
1.3 1.0 1.5
Average **PPOR** Rates (Fetal+Infant Deaths)
Douglas County, NE 1995-2014*

*2014 data is provisional
3 more things...
2. University of California - Berkeley Masters in Divinity, 2000 Graduation Hood
3.
And the Bikini?

Persistent Fierce Optimism