

**Southside Families & Babies Meeting**  
**Community Team**  
**Meeting Notes, 11/19/2013**

Core Team Present: Nancie Bechtel, CPH; Anne Trinh, CPH; Robin Taylor, ODH; Alex Meyer, NCH; Sue Wolfe, Community Development for all People; Tiffani Scales, CPH

Guest presenter: Andrea Hauser, CPH & Franklin County Child Fatality Review

Community Team Members: There were 44 people present that represented organizations and residents of Columbus' South Side. A sign-in sheet is on file and available upon request.

I. Welcome & Introductions

- a. Nancie called the meeting to order at 6:00 pm.
  - i. She recapped previous meeting agendas of this Community Team and the purpose of gathering.
  - ii. She briefly reviewed the "harvest" collected at the October meeting and how the harvest information will be used.
- b. Introductions were made around the room by all meeting attendees.

II. Alex Meyer presented via PowerPoint on the *Causes & Risk Factors for Infant Mortality: Life Course Perspective & Social Determinants of Health*.

- a. The presentation included what infant mortality "is;" how it is a measure of a community's health and social condition; data on leading causes of infant mortality; and how infant mortality needs a broad based approach because it's not just a medical, prenatal, or women's issue.
- b. Q&A followed.
  - i. A community member wanted to know how the environment and manufacturing plants on the South Side effect air quality and infant mortality.
  - ii. A community member wanted to know whether the purpose of this meeting is to raise awareness because there are so many factors to address related to infant mortality and it all seems overwhelming. Nancie answered that while this meeting is to inform the public of the issue, the ultimate goal is to narrow our focus and take action. Nancie further explained the purpose of this initiative and that the group will eventually choose targeted intervention strategies that will be enacted and measured. Robin Taylor explained how "where we live, learn, work, and play" affects health and that the Ohio Equity Institute (OEI) is working to make sure everyone has access and equitable conditions.

- III. Anne Trinh and Robyn Taylor presented via PowerPoint on *Using a Standard Model to Determine Intervention Strategies: the Perinatal Periods of Risk (PPOR)*.
- a. The presentation included a review of the PPOR model concepts; classifications and data groupings of the PPOR; and how communities use the PPOR to reduce infant mortality.
  - b. Franklin County and South Side infant mortality data was shared using the PPOR model in comparison to a reference group; data groupings (maternal health/prematurity, maternal care, newborn care, or infant health) for targeted intervention were suggested based on documented need.
  - c. Q & A followed.
    - i. A community member asked about demographics of 43206 and 43207 compared to the reference groups. Group discussion began about wanting information on teen rates, grandmothers, and cancer on the Southside.
    - ii. A community member asked when to have discussion regarding “A” (abortion) and “C” (contraception). Nancie explained that abortion (“A”) data are babies who in general have never taken a breath whereas infant mortality refers to babies who were born, took at least one breath, and passed away before they turned a year old. The PPOR data presented tonight and this initiative do not include abortions. She explained that contraception can be a strategy in maternal health. Nancie went on to explain upstream and downstream strategies and how the Community Team will eventually choose one of each: a community focus on contraception may be a chosen strategy if selected by the Committee.
    - iii. A community member stated that we need to consider poverty as the main factor in infant mortality. He also discussed the mental health of parents. Nancie agreed that poverty is a major issue and may be the focus for a strategy. She briefly gives an example of a national diaper bank project and how giving a woman just 50 diapers a month could help her enroll her child in childcare which would allow her to work, or pursue education, with a long-term impact on her and her family’s socioeconomic status. Mental health may also be a factor in infant mortality. The Community Team may decide based on data whether the strategies selected should focus on poverty and/or mental health.
- IV. Local Infant Death Data
- a. Andrea Hauser presented via PowerPoint on the *Franklin County Child Fatality Review (CFR)* process. CFR data on child deaths in Franklin County was shared. Child deaths are the result of “natural causes” (prematurity, congenital anomalies, etc.) and external non-natural causes (homicide, suicides, motor vehicle crashes, fire, drowning, etc.). The largest number of CFR cases are infants less than one year of age, and the majority of these are sleep-related infant deaths. Demographics and risk factors of not sleeping in a crib and co-sleeping with an adult were shared.
  - b. Q&A followed.
    - i. A community member asked if all the organizations listed on PowerPoint presentation come to the CFR review sessions.

- ii. In response to a question, Nancie further explains sleep-related deaths.
- iii. A community member mentions factors related to infant sleep-related deaths and co-sleeping, including those related to breastfeeding.

V. Update on Citywide Infant Mortality Initiative

- a. Nancie discussed the new Columbus Infant Mortality Task Force being coordinated by Councilman Andy Ginther, Columbus Public Health and Nationwide Children's Hospital. The recent press release was included in today's meeting packet. This South Side infant mortality initiative is a pilot for the larger city initiative.
- b. The citywide task force will look to learn from the work of the Ohio Equity Institute and this South Side infant mortality initiative as it evolves.

VI. Next Steps

- a. Meeting minutes, the PowerPoint presentations from today, and contact information will be available online at the initiative's website at CPH at [http://publichealth.columbus.gov/Ohio\\_Equity\\_Institute.aspx](http://publichealth.columbus.gov/Ohio_Equity_Institute.aspx).
- b. The next meeting will engage Community Team members in a discussion of PPOR focus areas and potential strategies.

VII. Open Forum: Q&A ensued by Community Team members.

- a. A community member asked whether we are we going to have the ability to address the psychological factors. Nancie answered that if the group decides that psychological factors should be our strategy then, yes.
- b. A community member wanted to give more information on poverty. He shared that that people need to knock on doors because poverty is a real problem. Sue Wolfe thanked him for his unique perspective and acknowledged his insight on educating the men who influence younger men and women.
- c. Robin Taylor discussed infant mortality and how it relates to institutionalized racism. She further discussed the disparity between black and white birth outcomes.
- d. A community member stated that it's not insurance that is the problem because the women have a health card at Job & Family Services but are not using it. Another community member stated that parents are not considering their baby a priority when they have so many other competing social issues. They must change their ideas and make baby a priority.
- e. Community member stated that we must change the thinking because drugs, prostitution, and young age warp how many women feel about their babies.
- f. A community member stated that people are worried about basic needs like housing and food, and until those are addressed, other priorities such as properly parenting children will not emerge.

VIII. Next Meeting

- a. Discussion ensued regarding a date and location for the next Community Team meeting.

**By consensus, the next meeting will be the third Tuesday in January, January 21<sup>st</sup>, from 6-8 pm, at Barack Recreation Center.**

IX. Adjournment

- a. The meeting was adjourned at 8:08 pm.

Minutes submitted by  
Tiffani Scales, MPH, CHES  
Columbus Public Health