

To,
Cleveland Clinic CEO

PROPOSAL: New service to address an aspect of CHNA on regular basis, at The Langston Hughes Center, Cleveland Clinic Community Health, and Education Center

Overview of the new service:

1. Type of Service:

Service focused on pregnant women of the area, especially towards expecting teenage mothers, and mothers from Black and Hispanic community. Here, we work with the target population by providing them with healthcare literacy, upliftment, and support to reduce infant mortality rates.

The service is spread out over three different areas:

- Imparting knowledge regarding the infant mortality and its risk factors/causation to the target population.
- Upliftment of the underserved population and those with poor access to healthcare by organizing donation drives that fund the healthcare needs of the target population.
- Addressing health inequity and racial disparities by providing mental, economic, and socio-cultural support.

2. Methodology behind service delivery:

- The clinic will conduct regular classes that cover all aspects of pregnancy, starting from the stage of conception to the final delivery and care of the newborn. It will also focus on educating them about infant mortality and steps to prevent it. An incentive to attend such classes, could be a free checkup post class or an offer to assign their case to a social worker who can help them in other aspects as well.
- The clinic can organize quarterly donation drives, such as Health Marathon, Blood donation drives, etc. that ultimately use the funds obtained to assist the target population in their pregnancy related expenditure or for the well-being of the pregnant women.
- Linguistically isolated pregnant women, as well as teenage mothers who do not seek health care due to the barrier against provider, institution or even the societal norms, can be counselled and represented on a more significant scale. The service can be provided by social worker in various aspects:

- Find at risk target population and give them better access to healthcare as well as necessities to maintain good health.
- Provide with food and supplies in the early stages of pregnancy.
- Improve life opportunities by providing them with support required to get job and provide for the child.
- Connecting young people from groups that have been disproportionately affected by these services that include teens involved in the child welfare and juvenile justice system.

3. Fitting into the current structure:

Currently the clinic has a nurse practitioner, social worker, registered dietician, and medical students. These resources can work together to implement the above plan. Nurse practitioner can help with the regular lectures and briefing. Medical students can work along with them and provide the incentivized checkup that was guaranteed, and dieticians can offer diet plan based on the socio-economic condition of the women. Social workers can pitch in here as well and help counsel the pregnant women. Apart from that, they can help organize donation drives.

Service correlation with CHNA

1. Motivation behind the service:

These are the few key notes mentioned in the 2019 community Health Needs Assessment (CHNA) Report, which led to the proposal above service:

- Firstly, a high infant mortality is reported, with an emphasis on how, racial disparity is clearly visible in the fact that Black infants are affected way more. This is why we are more oriented towards the Black and Hispanic mothers.

“Main Campus’s 2019 CHNA identified that the infant mortality rate in Cuyahoga County was well above the Ohio and U.S. averages. Infant mortality rates at the local, state, and national levels have been particularly high for Black infants. Addressing the causes of infant mortality and decreasing infant mortality rates were selected as priority strategies”.

- It also draws attention towards the other social determinants of health as well as the linguistic barrier. Therefore, we focus on the upliftment and support:

“Poverty has substantial implications for health, including the ability for households to access health services, afford basic needs, and benefit from prevention initiatives. Problems with housing, educational achievement, and access to workforce training opportunities also contribute to poor health.”

“Cuyahoga, Geauga, Lake, and Lorain counties also had above average proportions of the population that are linguistically isolated.”

- It is also mentioned that main causes behind the Infant Mortality are related to low birth weights, preterm births, and teen pregnancies. Hence the focus on teenage expecting mothers.

“Teen birth rate per 1,000 female population in Cuyahoga County, ages 15-19: 30.3

APPENDIX B – LOCAL NEIGHBORHOODS COMMUNITY SECONDARY DATA ASSESSMENT

Exhibit 31: Maternal and Child Health Indicators, 2014-2018 (Light Grey Shading Denotes Indicators Worse than Ohio Average)

Indicator	Cuyahoga County	Ohio
Low Birth Weight Percent	8.5%	7.2%
Very Low Birth Weight Percent	2.2%	1.6%
Births to Unmarried Mothers	51.7%	43.2%
Preterm Births Percent	9.5%	8.7%
Very Preterm Births Percent	2.5%	1.8%

Source: Ohio Department of Health, 2018.

2. Background:

The new service is addressing both the causes of infant mortality as well as the methods of reduction infant mortality rate.

According to medical evidence these are the common causes associated with racial disparities, teenage pregnancies and infant mortality:

“Multiple factors contribute to these disparities, such as variation in quality healthcare, underlying chronic conditions, structural racism, and implicit bias. Social determinants of health prevent many people from racial and ethnic minority groups from having fair opportunities for economic, physical, and emotional health.” (CDC, 2021)

“The increased risks of neonatal and post-neonatal mortality among young teenagers may be related to biological immaturity. The increase in risk of neonatal mortality is largely explained by increased rates of very preterm birth.”

By education, upliftment, and support, we directly impact the root cause behind infant mortality. Proper nutrition, regular access to healthcare, mental and socio-cultural support, awareness regarding infant mortality risk factors will positively affect the racially excluded and teen mothers. This in turn will result in fewer preterm babies, low birth weight babies as well as infant deaths and hence reduce the infant mortality rate.

3. Timeline of Service Efficacy:

There are long term and short-term impacts that will be unravel over time. Short term impacts such as regular visits by the target population, social work towards uplifting the SDOH elements will be seen over a period of two-three months. Whereas long term impact on reducing the overall infant mortality rate will be seen almost around the 18 month mark where one cohort of target population would have completed their pregnancy and an year into childbirth bringing up an infant, that is when the outcomes can be assessed.

Staffing needs and their role in new services:

I would suggest addition of three new staff members, (role, how they fit in, activities performed):

1. A Diversity, Equity and Inclusion(DEI) official who can represent the linguistically isolated and reduce the racial disparity. Acts as an advocate to address the grievances of the racially and linguistically excluded and help them in acquiring resources for a healthy pregnancy and post birth health needs.
2. Perinatal Youth Social Worker that responds to psychosocial issues that emerge during the period from pre-pregnancy through an infant's first year of life. They can work with the already employed social worker on a case-by-case basis with a specialty in teenage pregnancies.
3. Coordinator between Clinic and Juvenile and Child welfare system: They can work with at risk population of teenagers and educated them and provided them with resources by working with providers and healthcare workers to make as many resources available as possible from the clinic.

Coherence between staff & service on existing services:

Social worker and DEI official can also work on the existing services focused on the drug poisoning initiatives as well as initiatives in aspect to socio economic concerns. The new staff and service though

specialize in their fields still have the knowledge regarding the basic community needs since their root background is related to that. Hence, they can help with ongoing services.

References:

1. Community Health Needs Assessment. (n.d.).

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2. CDC. (2021, April 12). Working Together to Reduce Black Maternal Mortality | Health Equity Features | CDC. [Www.cdc.gov. https://www.cdc.gov/healthequity/features/maternal-mortality/index.html](https://www.cdc.gov/healthequity/features/maternal-mortality/index.html)

3. Olausson, P. O., Cnattingius, S., & Haglund, B. (1999). Teenage pregnancies and risk of late fetal death and infant mortality. *BJOG: An International Journal of Obstetrics and Gynaecology*, 106(2), 116–121. <https://doi.org/10.1111/j.1471-0528.1999.tb08210.x>