Performance Measure 2: Percent of low birth weight black births among all live black births.

Last Year's Accomplishments

The target for calendar year 2007 was 13.3. Based on final data for 2006, the actual percent of low birth weight black births was 14.2. Data for 2007 are not available. Ohio did not meet its target.

A. Assure that all DFCHS funded programs interacting with women of childbearing age focus on populations at greatest risk.

Refer to National Performance Measure #18 (A)

B. Continue to refine RFPs and provide technical assistance to DFCHS funded program and Medicaid providers to ensure the target population is served.

Child and Family Health Services grantees were provided training on best practices in the state on conducting outreach to black women at high-risk of delivering a low birth weight baby. ODH provides support to the Ohio Community Health Workers Association, which provides ongoing support and technical assistance to programs designed, in part, to reduce the percent of low birth weight black births among all live black births. The Florida State University Partners for a Healthy Baby training was proved to Ohio Infant Mortality Reduction Initiative community health workers and Child and Family Health Services program perinatal staff who work on the area to improve birth outcomes in an at-risk population through care coordination.

C. Implement and evaluate a Division-wide Birth Outcomes Improvement Initiative (BOII).

In an effort to design and deliver BOII health education messages, interventions and clinical service protocols, focus groups were conducted by the OSU College of Nursing to assess the knowledge and attitudes of women and providers toward preconception and interconception interventions. Three focus groups were held with non-physician health care providers and interviews were conducted with physicians in three regions of the state. Nine focus groups were conducted with African American women aged 19-24. Six focus groups were conducted with women aged 19-24 who reside in an Appalachian county. A total of 73 women were in these focus groups. Recommendations were provided and are being considered by ODH. Pre/Interconception Protocols are being developed pending results form focus groups. In an effort to design a preconception intervention, data on OIMRI programs have been analyzed, programs have been mapped and the larger topics have been placed a logic model for ongoing discussion. The Help Me Grow (HMG) Postpartum Depression Pilot finalized the pilot with seven counties. The EPDS (Edinburgh Postnatal Depression Scale) was administered on 569 eligible mothers. 14.6% screened positive for maternal depression and of those women, 65% were referred for mental health services. In an ongoing effort to implement the 5A's smoking cessation intervention in four identified high risk counties and to provide the highest standard of care in tobacco screening to pregnant women, a pilot was complete in the four pilot counties in WIC and HMG programs. Results are being used to inform a statewide

dissemination effort. Ohio Partners for Birth Defects Prevention (OPBDP) provided five trainings to nearly 100 participants around the state targeting women's health providers on preventable birth defects. The trainings are based on the document Birth Defects: Strategies and Prevention Handbook, developed by OPBDP.

Plans have been initiated for a Women's Wellness Symposium on pre and interconception care.