



**Ohio Collaborative**  
to Prevent Infant Mortality

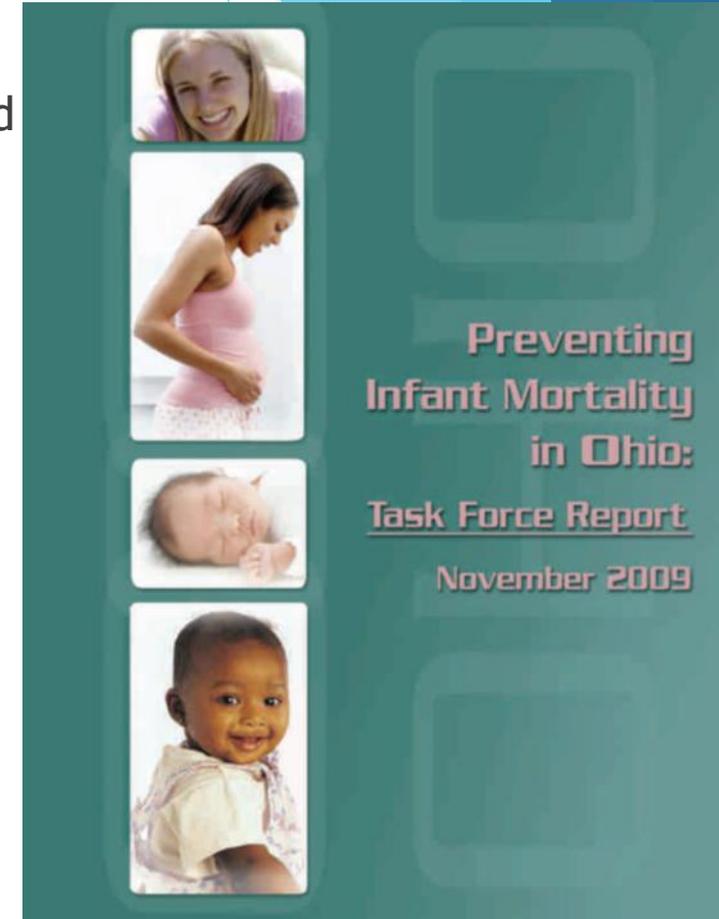
June 5, 2014 Meeting  
OCPIM Reorganization/Restructuring



# Background

## Ohio Infant Mortality Task Force

- ▶ Established by ODH in early 2009 at the request of the Governor's Office.
- ▶ **Purpose:** to take a fresh look at infant mortality and disparities in Ohio and make recommendations to address these challenges.
- ▶ More than a decade of stagnation in Ohio IM rate
  - ▶ Increase in prematurity
  - ▶ Growing disparities among populations
  - ▶ Promising new initiatives in IM reduction
  - ▶ Promising efforts in other states
  - ▶ Statewide desire to “do something
- ▶ **Process:** The task force submitted 10 preliminary recommendations to the Governor's Office in June, asked for public comment, then refined the recommendations into a report submitted in September 2009



# Task Force Recommendations

**Recommendation I:** Provide **comprehensive reproductive health services** and service coordination for all women and children before, during and after pregnancy.

**Recommendation II:** Eliminate health disparities and promote **health equity** to reduce infant mortality.

**Recommendation III:** Prioritize and align program investments based on **documented outcome and cost effectiveness**.

**Recommendation IV:** Implement health promotion and education to reduce **preterm birth**.

**Recommendation V:** Improve **data** collection and analysis to **inform** program and policy decisions.

**Recommendation VI:** Expand **quality improvement initiatives** to make measurable improvements in maternal and child health outcomes.

**Recommendation VII:** Address the effects of **racism** and the impact of racism on infant mortality.

**Recommendation VIII:** Increase **public awareness** on the effect of **preconception health** on birth outcomes.

**Recommendation IX:** Develop, recruit and train a diverse network of **culturally competent health professionals** statewide.

**Recommendation X:** Establish a **consortium** to implement and monitor the recommendations of the Ohio Infant Mortality Task Force.



# Ohio Collaborative to Prevent Infant Mortality (2010)

**Purpose:** To implement and monitor the recommendations & strategies put forth by the Ohio Infant Mortality Task Force in its 2009 report.

**Executive/Steering Committee** directs the work of 5 workgroups organized around:

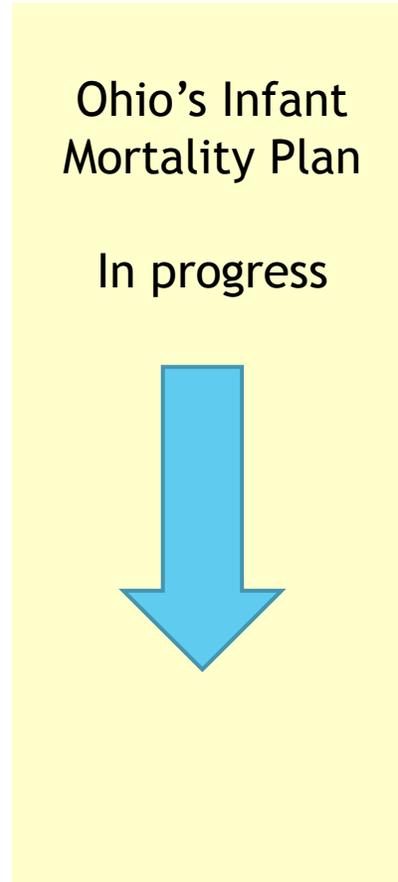
- ▶ Coordinated Health Care
- ▶ Disparities and Racism
- ▶ Data/Metrics/QI
- ▶ Education/Outreach
- ▶ Public Policy



# Reconsidering OCPIIM NOW

## PURPOSE

To develop recommendations relative to OCPIIM purpose and operational structure



# OCPIM Membership Survey

## General summary

- ▶ Open March 12 - March 25
- ▶ 40 responses
- ▶ Five questions + agency & involvement info
- ▶ Engagement with OCPIM
  - ▶ 46% for > 2 years
  - ▶ 23% for 1 - 2 years
  - ▶ 31% < 1 year
- ▶ Representation

Healthcare orgs (28%)

Health departments (18%)

Others combined (15%)

Government/public entities (26%)

Education/academic (13%)



# General take-aways

- ▶ There is momentum and political, organizational, and community will around preventing infant mortality
- ▶ Current leadership is a strength
- ▶ Some strengths are also areas for growth: inclusiveness, communication, meetings
- ▶ Direction is needed
- ▶ Suggests that timing is right for reassessing



# What is working well?

- ▶ Leadership, administration
- ▶ ODH support
- ▶ Dedicated, representative & engaged members
- ▶ Meeting content and format
- ▶ Workgroup structure
- ▶ Communication & education of membership
- ▶ Successful at creating awareness, influencing people, and hosting special events



# What could OCPIIM do more of or do differently?

- ▶ Formalize structure
- ▶ Provide direction to members & work groups
- ▶ Increase effectiveness & efficiency of meeting structure
- ▶ Expand membership & increase involvement of current members
- ▶ Select a focus - especially safe sleep or breastfeeding



# What are positive effects in (EXTERNAL) environment?

- ▶ Greater awareness in general
- ▶ Legislative attention
- ▶ Health care & payer activity
- ▶ Successes in other health related areas
- ▶ Leadership, current membership, and positive track record



# What are negative influences in (external) environment?

- ▶ Agency environments (leader changes, decreased focus)
- ▶ Awareness & communication
- ▶ Funding
- ▶ ACA uncertainty
- ▶ Business interests inconsistent with message
- ▶ Complex and/or competing health interests drawing attention from issue
- ▶ Internal issues: low focus, communication, overall support, turf



# Necessary characteristics for success

- ▶ Strong leaders
- ▶ Inclusive, open membership
- ▶ Plans, goals with measures & accountability
- ▶ Action-oriented organization & workgroups
- ▶ Communication & education



# Initial Recommendations from May 27<sup>th</sup> Meeting

- ▶ 16 participants (Managed-care, Medicaid, March of Dimes, ODH, OHA, OSU, Hospitals, Community Programs)
- ▶ Recommendations:
  - ▶ Maintain Current Formal Structure
    - ▶ Executive Steering Committee/ Workgroups/ ODH Support
    - ▶ Consider opportunities to make current structure more functional to meet needs
  - ▶ Better empower and support workgroups
  - ▶ Ensure Administrative support - need further discussion
  - ▶ Reconsider current “standing” workgroups/ consider new workgroups
- ▶ Need to consider leadership structure/ functionality



# Reconsidering Workgroups

## Recommendations from May 27<sup>th</sup> Meeting

- ▶ Maintain - Care coordination, Disparities and Racism, Outreach and Education
- ▶ Reconsider
  - Data Workgroup - integrate into other workgroups, executive committee inclusion, consider other possibilities
  - Policy Workgroup - executive committee function ?
- ▶ Consider additional workgroups
  - Fatherhood, OEI, Centering, FIMR, Infant Health (Breastfeeding, Safe Sleep), Social determinants of health, Infant Mortality Reduction Plan

