



**Ohio Collaborative**  
to Prevent Infant Mortality

March 17, 2015 Meeting  
Ohio Infant Mortality Reduction Plan Update

Turning up the  
**V**olume on  
Infant Mortality  
*Step Up to Catch Up!*

# Background

## Ohio Infant Mortality Task Force

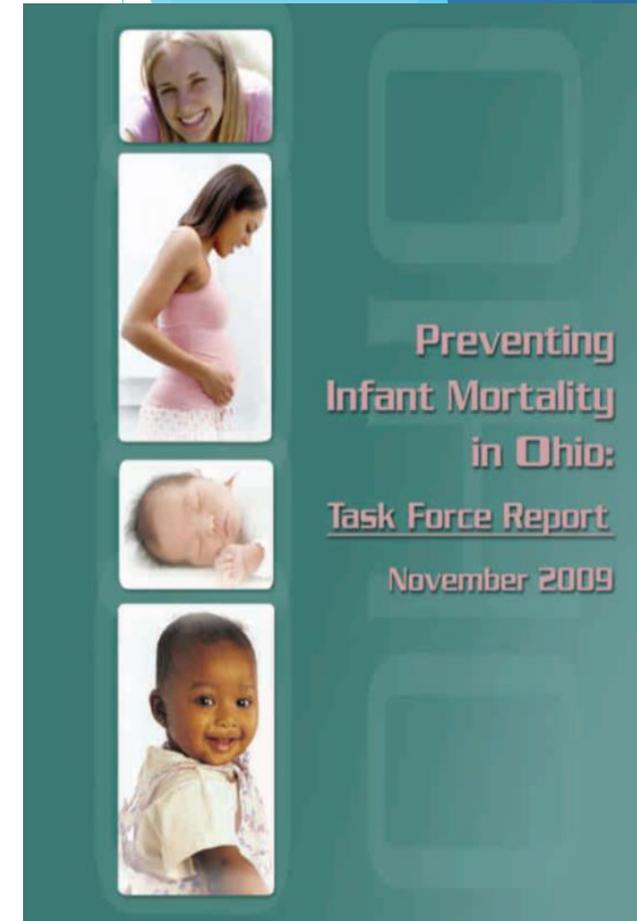
**Recommendation I:** Provide comprehensive reproductive health services and service coordination for all women and children before, during and after pregnancy.

**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.



# Background

## Ohio Infant Mortality Task Force (continued)

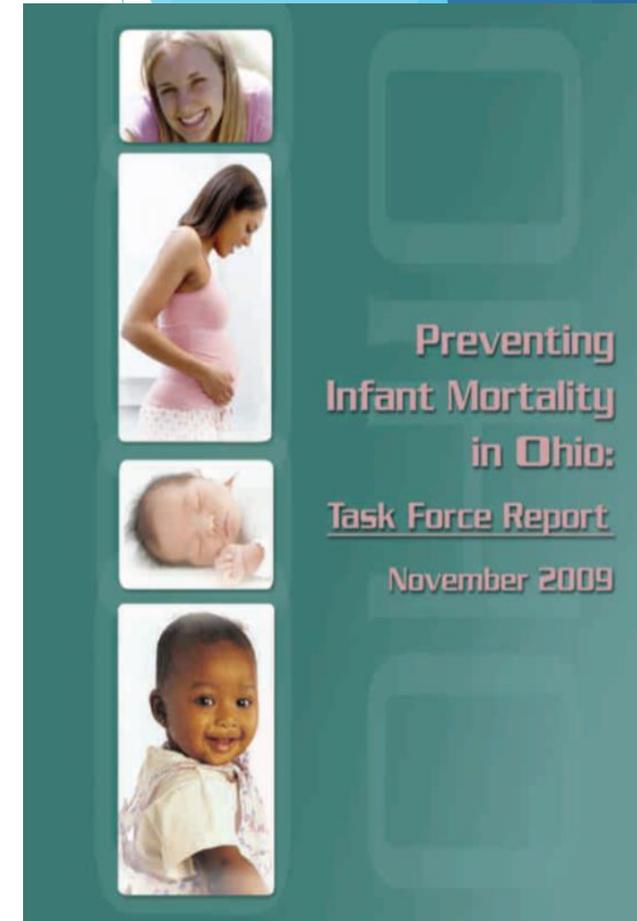
**Recommendation VI:** Expand quality improvement initiatives to make measurable improvements in maternal and child health outcomes.

**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.  
**COMPLETED...with the formation of OCPIM**



# Ohio Collaborative to Prevent Infant Mortality 2015

## Ohio Infant Mortality Reduction Plan (OIMRP) Overview:

- Describes the Infant Mortality problem in Ohio and lists the leading causes
- Highlights the Major Risk Factors e.g., social determinants of health, racial inequities, poverty
- Talks about the role of OCPIM: leading the charge to reduce Infant Mortality statewide
- Provides information on the Economic Impact of Infant Mortality

# Ohio Collaborative to Prevent Infant Mortality (2015)

## Ohio Infant Mortality Reduction Plan (OIMRP) Overview (continued):

- Outlines key structures and their importance in addressing infant mortality e.g., life course, collective impact, socio-ecological model
- Gives perspectives on what is being done at the national, state and local level to address infant mortality in Ohio
- Gives a Call to Action
  - Strategic Focus Areas
  - 2020 Goals for Ohio
- Ends with a plan for Communicating and Monitoring the Plan

# Ohio Collaborative to Prevent Infant Mortality (2015)



Does this sound like the right information to include in the plan?  
What's missing?

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# Ohio Collaborative to Prevent Infant Mortality (2015)

## Collective Impact

OCPIIM is engaged in a collective impact process to address Infant Mortality, collective impact:

- ❑ Brings people together in a structured way, to achieve change.
- ❑ Starts with a common agenda to collectively define the problem.
- ❑ Creates a shared vision to solve the problem.
- ❑ Establishes shared measurements, and an agreement to track the progress in the same way, which allows for continuous improvement.

# Ohio Collaborative to Prevent Infant Mortality (2015)

## Collective Impact (continued)

- ❑ Fosters mutually reinforcing activities in a coordinated effort.
- ❑ Encourages continuous communication that builds trust and relationships among all participants.
- ❑ Requires a strong backbone organization dedicated to orchestrating the work of the group.

**OCPIM is the organization dedicated to leading efforts to address infant mortality in Ohio.**

**The Ohio Department of Health (ODH) serves as the backbone agency for OCPIM.**

# Ohio Collaborative to Prevent Infant Mortality (2015)

## Ohio's Goal:

- ❑ There are approximately 140,000 births each year in Ohio, 104,000 are white.
- ❑ This group has more influence on the overall infant mortality rate than any other population.
- ❑ Given this fact, Ohio is striving to accomplish the SACIM goal of **4.5** white deaths per 1,000 live births by **2020**.

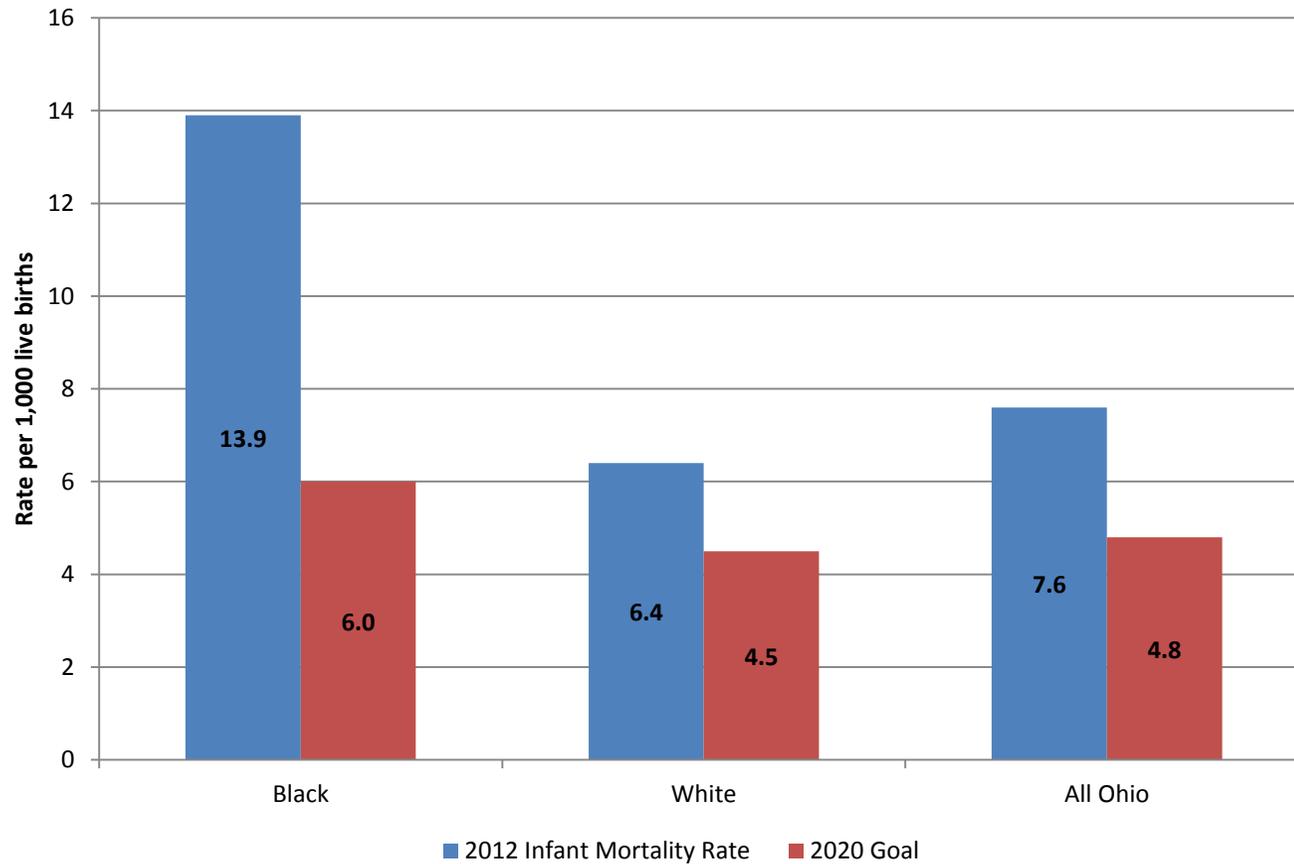
# Ohio Collaborative to Prevent Infant Mortality (2015)

## Ohio's Goal:

- ❑ Ohio's ultimate goal is to **ELIMINATE** disparities in infant mortality.
- ❑ In order to move toward equity in infant mortality, OCPIIM Steering Committee recommends establishing a goal of **6.0** black infant deaths per 1,000 live births by **2020**.
- ❑ A goal of 6.0 will reduce the relative disparity between black and white infant mortality from **2.2 to 1.3**.
- ❑ Using Vital Statistics 2012 data the following 2020 infant mortality rate goal's are recommended for Ohio:
  - **A white IMR of 4.5 per 1,000 live births**
  - **A black IMR of 6.0 per 1,000 live births**
  - **An overall IMR of 4.8 per 1,000 live births**

# Ohio Collaborative to Prevent Infant Mortality (2015)

Ohio Infant Mortality, By Race and Overall, 2012 and 2020 Goal



Source: Vital Statistics, Ohio Department of Health

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Comments, Questions, Feedback about the 2020 Goals?



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# Ohio Collaborative to Prevent Infant Mortality (2015)

## Ohio Infant Mortality Reduction Plan 7 Strategic Focus Areas

1. Improving Health Equity and the Social Determinants of Health
2. Promoting Optimal Women's Health Before, During and After Pregnancy
3. Preventing Premature/Preterm Births
4. Preventing Birth Defects
5. Promoting Optimal Infant Health
6. Reduce Smoking Before, During and After Pregnancy
7. Promoting Fatherhood Involvement in Maternal and Child Health



# Ohio Collaborative to Prevent Infant Mortality (2015)

## Ohio Infant Mortality Reduction Plan 7 Strategic Focus Areas

1. Improving Health Equity and the Social Determinants of Health



2. Promoting Optimal Women's Health Before, During and After Pregnancy



3. Preventing Premature/Preterm Births

4. Preventing Birth Defects



# Ohio Collaborative to Prevent Infant Mortality Task Force (2015)

## Ohio Infant Mortality Reduction Plan 7 Strategic Focus Areas (continued)

5. Promoting Optimal Infant Health
6. Reduce Smoking Before, During and After Pregnancy



7. Promoting Fatherhood Involvement in Maternal and Child Health



# Ohio Collaborative to Prevent Infant Mortality (2015)

## 1. Improving Health Equity and the Social Determinants of Health



- a. Develop and support strategic partnerships among public, nonprofit, and private entities that address the social determinants of health, especially in the areas of educational attainment, employment, poverty, income, healthcare, racism and safety.
- b. Increase diversity and competency of the healthcare and allied health workforce through recruitment, retention and training of individuals from racial and ethnic minority groups and culturally diverse communities.



# Ohio Collaborative to Prevent Infant Mortality (2015)

## 1. Improving Health Equity and the Social Determinants of Health (continued)



- d. Ensure the availability and use of a wide array of data sources (e.g., healthcare, demographic, economic, market research) to enhance data-driven decision-making for policy and program development to achieve health equity in birth outcomes.
- e. Build capacity at all levels of decision-making to include local community members for community-based solutions to eliminate disparities in infant mortality.
- f. Improve funding and resource allocation to build and sustain partnerships, community based initiatives, programs and services in local communities that function to achieve health equity.

# Ohio Collaborative to Prevent Infant Mortality (2015)

2. Promoting optimal women's health before  
during and after pregnancy



- a. Increase access to quality health care among female adolescents and women.
- b. Increase the screening, identification, intervention and treatment of women at risk for mental health issues and domestic violence.
- c. Continue support in extending the Medicaid benefit to all below 138% of the Federal Poverty Level.

# Ohio Collaborative to Prevent Infant Mortality (2015)

## 2. Promoting optimal women's health before, during and after pregnancy (continued)



- d. Increase the proportion of pregnancies that are planned.
- e. Targeted, evidence-based prenatal and postpartum home visiting and care coordination programs for at-risk women that refocus to drive specific outcomes (e.g., post-partum visits, infant well checks and immunizations).
- f. Support policies, procedures and services to increase exclusive breastfeeding for all babies.

# Ohio Collaborative to Prevent Infant Mortality (2015)

## 3. Preventing premature/preterm births



- a. Increase the screening, identification, and treatment of pregnant women at risk for preterm birth.
- b. Increase providers and educators who emphasize preconception care.
- c. Increase providers who conduct comprehensive medical and psychosocial risk assessment throughout pregnancy.

# Ohio Collaborative to Prevent Infant Mortality (2015)

## 3. Preventing premature/preterm births (continued)



- d. Increase number of women and men who develop a reproductive life plan, including school health classes.
- e. Ensure appropriate management of chronic medical disorders before, during and after pregnancy by developing partnerships among private and public insurers, public health care agencies, community health centers and quality care improvement initiatives.

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## 4. Preventing birth defects



- a. Implement statewide newborn screening for critical congenital heart disease, monitor and reconcile screening data, track babies with failed screening results.
  
- b. Develop and release a new OCCSN (Ohio Connections for Children with Special Needs...or Birth Defects Registry) birth defects information system at ODH with improved capacity to collect timely and accurate data for research/epidemiologic use, e.g., prevalence rates for specific disorders; condition-specific mortality rates, de-duplicated data extract file for analytical use.

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## 4. Preventing birth defects (continued)



- d. Collaborate with public and private organization partners to develop a pilot project promoting the use of a Reproductive Life Plan tool by women's primary care providers.
- e. Collaborate with public partners to promote the 5A's of weight control (a brief intervention counseling method) for obese women of childbearing age in targeted geographic areas of the state.
- f. Collaborate with OCPIM partners to promote preconception/inter-conception health strategies among women of childbearing age.

# Ohio Collaborative to Prevent Infant Mortality (2015)

## 5. Promoting Optimal Infant Health



- a. Support policies, procedures and services to increase exclusive breastfeeding for all babies.
- b. Offer trainings and resources to prenatal care providers, pediatric health care providers and hospitals to promote current infant safe sleep recommendations to expectant parents or caregivers of infants.
- c. Offer training and resources to licensed child care centers and home visiting programs to promote current infant safe sleep recommendations to caregivers of infants.

# Ohio Collaborative to Prevent Infant Mortality (2015)

## 5. Promoting Optimal Infant Health (continued)



- d. Promote community engagement and ownership in promoting infant safe sleep and breastfeeding at the local level across Ohio.
- e. Promote immunizations.
- f. Offer training and resources to prevent violence against infants.
- g. Standardize the identification of SUID.

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- 6. Reduce smoking before, during and after pregnancy**
  - a. Increase public awareness of the risk of smoking and substance abuse and how to access cessation services.
  - b. Increase access to cessation services for families.
  - c. Address through the life course perspective by implementing education activities for adolescents.

# Ohio Collaborative to Prevent Infant Mortality (2015)

## 6. Reduce smoking before, during and after pregnancy

(continued)



- d. Implement policies that support prevention and cessation.
- e. Increase the workforce to assist families with evidence-based interventions to reduce smoking and substance abuse.
- f. Support systems-level infrastructure changes that support prevention and cessation.

# Ohio Collaborative to Prevent Infant Mortality (2015)

## 7. Promoting Fatherhood Involvement in Maternal and Child Health



- a. Promote the inclusion of culturally appropriate males as home visitors or community health providers in evidence based or promising practice programs for the purpose of engaging the at risk father.
- b. Create messaging and communications tailored around the father's importance before, during and after pregnancy.

# Ohio Collaborative to Prevent Infant Mortality (2015)

## 7. Promoting Fatherhood Involvement in Maternal and Child Health (continued)



- c. Develop and support conventional and non-conventional partnerships among public, nonprofit, and private entities to provide targeted, collaborative services that include the community to be served.
- d. Encourage every woman, man, and couple to develop a reproductive life plan.

# Ohio Collaborative to Prevent Infant Mortality (2015)

Your Turn to Provide Input Towards the Identified Strategies  
**BREAKOUT GROUP DISCUSSION AND FEEDBACK**



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