

Ohio Hospital Association:
Action Steps to Improve
Ohio's Infant Mortality Rate



Stacey Conrad

Director, Foundation for Healthy Communities

OHA exists to collaborate with member hospitals and health systems to ensure a healthy Ohio.

Strategic Initiatives:

- Advocacy
- Economic Sustainability
- **Patient Safety & Healthcare Quality**

Statewide Quality Priorities

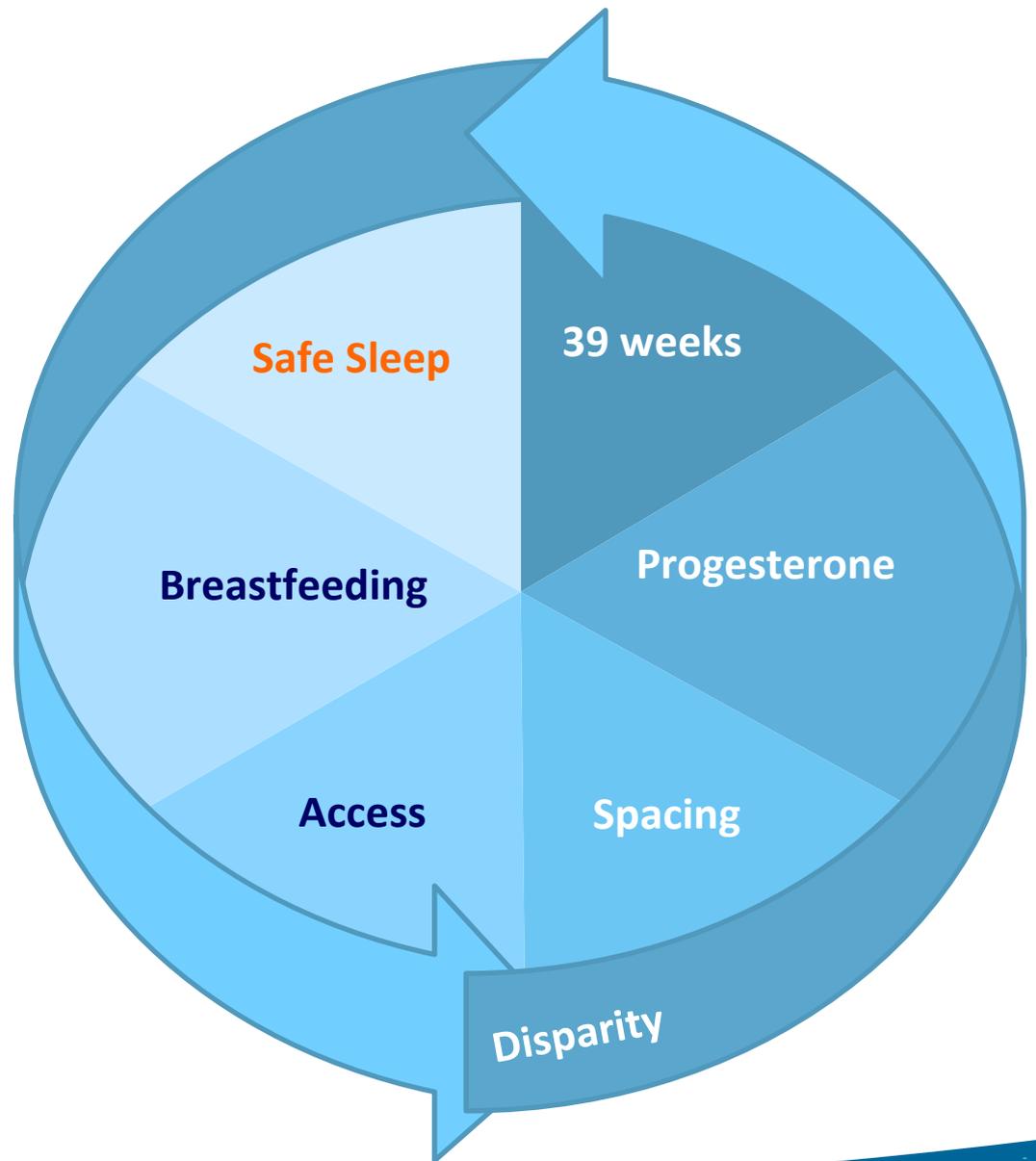
- Reducing Harm
- Enhancing Patient Experience
- Reducing Readmissions
- **Eliminating Infant Mortality**



Infant Mortality: tactical focus areas

Goal: Reduce rate by 5%
per year through 2016

<6.0 by 2020



Safe Sleep



Safe sleep is
GOOD 4 BABY
An initiative of the Ohio Hospital Association



more 1st birthdays!

patient education

Hospital practices

Community outreach

in the Hospital

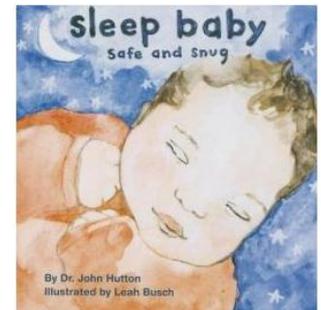


- Policy adoption, implementation and auditing
- Staff and physician buy-in and training
- Coordinated through Safe Sleep Champion and internal Safe Sleep Committee

at Home



- Patient counseling, education and acknowledgement
- Take-home kit for reinforcement



in the community



- Paid and earned media
- Community outreach
- Social media

keys to success

- Statewide partnerships & collaborations
- Consistent messaging
- Take advantage of momentum



thank you!

Stacey Conrad, Director
Foundation for Healthy Communities

Ohio Hospital Association

staceyc@ohanet.org

614-221-7614

www.ohanet.org



March 2014

Steps to Success: Improving Ohio's Infant Mortality Rate



Infant mortality is defined as the death of a baby before their first birthday. The infant mortality rate (IMR) is the number of babies who died in the first year of life, per 1,000 live births. This rate is considered an important indicator of the overall health of a society.¹

Most infant deaths occur when babies are born too small and too early (preterm births are those before 37 weeks gestation), born with a serious birth defect, victims of Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death Syndrome (SUIDS), affected by maternal complications of pregnancy, or victims of injuries (e.g., suffocation).² These top five leading causes of infant mortality together accounted for 83 percent of all infant deaths in Ohio in 2011.³ Some risk factors, such as smoking, may lead to more than one of the conditions in the list above. It is estimated that 23-34 percent of SIDS and 5-7 percent of preterm-related deaths are attributable to prenatal smoking in the nation.⁴

There are also many non-medical contributors to the death of babies, including poverty, lack of education, under-resourced neighborhoods, poor nutrition, and race.⁵ Ohio hospitals are ideal partners to help address the state's infant mortality rate and engage patients and the community with effective clinical and professional resources.

CONTENT

- Improvement Strategy pg. 2
- Proposed Action Steps pg. 3-5
 - Safe Sleep
 - Eliminating Elective Deliveries
 - Pregnastore for Moms
 - Eliminating Health Disparity
 - Safe Sourcing
 - Access to Prenatal Care
 - Breast Milk
- References pg. 6

Ohio's National Ranking (2010) *National Vital Statistics System, 2010

1) Alaska	3.75	19) Wisconsin	5.84	37) Rhode Island	7.07
2) New Hampshire	3.96	20) Montana	5.89	38) Michigan	7.13
3) Vermont	4.18	21) Colorado	5.91	39) Pennsylvania	7.25
4) Massachusetts	4.43	22) Arizona	5.97	40) West Virginia	7.28
5) Minnesota	4.49	23) Texas	6.13	41) Arkansas	7.32
6) Washington	4.50	24) Hawaii	6.16	42) South Carolina	7.37
7) California	4.74	25) Kansas	6.22	43) Oklahoma	7.59
8) New Jersey	4.81	26) Georgia	6.42	44) Louisiana	7.69
9) Idaho	4.83	27) Florida	6.54	45) Indiana	7.62
10) Utah	4.86	28) Missouri	6.61	46) Delaware	7.66
11) Iowa	4.88	29) Wyoming	6.75	47) Ohio	7.71
12) Oregon	4.94	30) Maryland	6.78	48) Tennessee	7.93
13) New York	5.09	31) Illinois	6.77	49) Alabama	8.71
14) Nebraska	5.25	32) Kentucky	6.79	50) Mississippi	8.81
15) Connecticut	5.29	33) Virginia	6.80	United States	6.18
16) Maine	5.40	34) North Dakota	6.81		
17) Nevada	4.89	35) South Dakota	6.81		