INFANT MORTALITY TASK FORCE
Meeting Notes - March 6, 2009

Expectations (Dr. Alvin D. Jackson and Thomas Breitenbach, Co-Chairs)
The expectation of the Infant Mortality Task Force (IMTF) is to develop recommendations to reduce the rate of infant deaths and disparities in Ohio. The infant mortality rate in Ohio has not changed substantially for the past decade. The Ohio Department of Health (ODH) is committed to working with members and stakeholders to develop a plan to apply, coordinate and focus resources toward this effort.

Ice Breaker - Task force members, working in small groups, provided some insight into IMTF aspirations. Responses to: "If our task force does *nothing else* we *have* to _____." included:

- Improve communication across systems and people
- Come up with a measurable outcome we can reach by September
- Provide early access to prenatal care by identifying the barriers to access and identifying social determinants (race, housing, jobs, economic status, insurance, etc.)
- Raise public awareness
- Move from awareness to action
- Address disparities in preterm birth

Infant Mortality and Disparities - What Can We Learn From the Data? (Elizabeth Conrey, ODH)
Ohio is ranked eighth in the United States for infant mortality, according to 2005 data. The leading causes of infant mortality are congenital anomalies and prematurity/low birth weight. Southeast Ohio and more-populated cities are the areas of highest risk for infant mortality. No significant decreases in white or black infant deaths have been reported in the past few years. The greatest opportunity to decrease Ohio's infant mortality rate is to improve health over the entire spectrum of care. Overall, the data indicate Ohio is far from reaching the goals outlined in Healthy People 2010.

Perinatal Periods of Risk (PPOR)
This model provides a new perspective and way of understanding the underlying issues of feto-infant mortality. Ohio PPOR data show the Maternal Health and Prematurity group has the most potential for improvement. PPOR has helped define the population at greatest risk for poor health and birth outcomes in Ohio. This population is black women of all ages and teens (15-17 years of age) of all races and ethnicities. Further information on PPOR can be found at the CityMatCH Web site: http://www.citymatch.org/ppor_index.php.

The infant mortality rate is defined as the number of deaths of children under 1 year of age, per 1,000 live births. Infant mortality rates in Ohio have remained relatively stable between 1996 and 2007. The rate rose for both whites and blacks in 2005, but decreased slightly in 2006 and 2007.

The neonatal mortality rate is defined as the number of deaths of children under 28 days of age per 1,000 live births. The neonatal mortality rate in Ohio has remained stable between 1996 and 2007. This rate, similar to the infant mortality rate, rose for both whites and blacks in 2005, but decreased in 2006 and 2007.

The postneonatal mortality rate is defined as the number of deaths of children that occur between 28 days and 365 days after birth per 1,000 live births. The postneonatal mortality rate in Ohio has remained stable between 1996 and 2007. This rate, similar to the infant and neonatal mortality rates, rose for both whites and blacks in 2005, but decreased in 2006 and 2007.

Mapping Infant Mortality

ODH identified the need to investigate infant mortality through mapping. An interactive mapping tool allows local and state health officials to map infant mortality by county or census block and also by race, ethnicity, age of death and other factors such as community poverty level. The mapping tool, Ohio Public Health Analysis Network (OPHAN), will also map populations at risk; plan, target and monitor interventions; analyze spatial and temporal trends; and assess the allocation of perinatal health resources. This mapping tool will be available to government entities in mid- to late March. The mapping of infant mortality shows only the resident address listed on the infant's birth certificate. More information on OPHAN is available by contacting Elizabeth Conrey at elizabethj.conrey@odh.ohio.gov.

There was a robust discussion of resuscitation as it relates to number of weeks of gestation and how those weeks relate to body weight. In discussion, a compelling question regarding the decline in US rate of improvement of infant mortality was raised. Preliminary response during discussion is that other nations have improved the rate of progress, while the US has not. This question might warrant additional consideration.

Infant Mortality and Disparities - What is Being Done?

Historical efforts to address infant mortality include legislative changes and the development of new programs. Examples include the adoption of Regional Perinatal Centers by ODH, Ohio Infant Mortality Reduction Initiative, Child Fatality Review Board, Federal Healthy Start programs and the Birth Outcomes Improvement Initiative.

Current Efforts: Birth Defects-Congenital Anomalies (Anna Starr, ODH)

Preterm births and birth defects are the leading causes of infant mortality. These factors are intertwined and occur on average for 4,500 to 6,000 babies per year. Many of the causes of preterm births and birth defects are unknown; however, due to legislation and partnerships, this is changing. The Centers for Disease Control and Prevention currently provides funds to ODH to provide a system of surveillance and monitoring of birth defects in Ohio. It is through this system that hospitals report defects of children from birth to age 5 on a monthly basis to ODH. By law, all hospitals must report defects online to ODH and ODH performs data analysis and provides referral sources to parents of these children.

Current Efforts: Ohio Perinatal Quality Collaborative (Drs. Jay Iams and Edward Donovan)

This collaborative is a statewide initiative with simultaneous focus to improve outcomes for preterm infants before and after delivery. The collaborative was formed in 2007 after being selected by the federal Center for Medicare and Medicaid Services (CMS) to establish infrastructure and demonstrate results. There is state and federal oversight with the program. The collaborative is comprised of content experts, change experts and data management experts who share experiences and solutions to bring about change through measurable outcomes and statistical improvement. Data are provided on a monthly basis by ODH Vital Statistics. The rapid data turnaround is needed to improve the quality of care for patients.

Current Efforts: Community Health Workers (Dr. Sarah Redding)
The Community Health Workers program provides certified, grant-funded community health care workers in communities. These workers provide a cultural link to community resources through family-centered services and provide resources such as WIC and Help Me Grow to families. There are three training facilities in Ohio; one in Mansfield and two in Cincinnati. The Ohio Community Health Workers Association connects participants to resources and provides follow-up to assure positive pregnancy and infant health outcomes.

Current Efforts: Community Hub (Dr. Sarah Redding, Jan Ruma)
As an addition to the Community Health Workers, a concept called community hub is being implemented in Toledo. The philosophy guiding this effort is to work with all agencies to provide services in a collective manor.

Current Efforts: Action Learning Collaborative (Carolyn Slack)
The Action Learning Collaborative is funded through the W.K. Kellogg Foundation. Funding is provided to six entities to eliminate racial inequalities contributing to the infant mortality rate in urban areas. The Ohio project over the next six to nine months is charged with developing and nurturing a team to assure effectiveness through racism training, developing community marketing presentations for engaging health care providers in anti-racism work, developing tools to learn from health care consumers about experiences regarding racism in health care settings and sharing findings with providers.

Current Efforts: Infant Mortality Reduction (Dr. Edward Donovan)
The Infant Mortality Reduction program provides a triple-aim approach by measuring population health, experience of care and cost per capita.

Current Efforts: Ohio Better Birth Outcomes (Dr. Jay Iams)
The program seeks to reduce preterm births by providing interventions to women with previous pregnancy problems, those who have had preterm births in the past, and those who live in high-risk geographical areas. Interventions include progesterone, home visits, and fast-tracking women who have just delivered to receive contraception. This program is supported by the Ohio Business Round Table and housed in Nationwide Children's Hospital in Columbus. Dr. Patricia Temple Gabbe of Nationwide Children's Hospital and Carolyn Slack of Columbus Public Health are also involved.

Current Efforts: ODH Request for Proposals (Chip Allen, ODH)
ODH provides more than $500 million in grants to local agencies throughout the state. In each grant application, new language includes information regarding health disparities and health equities. Applicants will soon be required to complete this information prior to receiving funding for programs.

Infant Mortality and Disparities - How Can We Address the Charge/Challenge?

- Provide a unified report to governmental entities to promote change and raise awareness.
- Develop a proactive communication plan to formalize strategies.
- Utilize a Web-based case management system to connect patients to care.
- Develop strategic partnerships with managed care plans to meet performance measures for infant mortality. Currently, a woman does not sign up with Medicaid until the second or third trimester.
- Establish trust with each patient for effective programs and outcomes.

Task Force Time Line

- The deadline to submit preliminary recommendations to the governor's office is June 30, 2009.
- The final report with recommendations to address infant mortality and disparities will be presented to the governor on Sept. 1, 2009.
- Task Force members and committee members will convene in April to create a plan that identifies key priorities and preliminary recommendations.
- Task force members and committee members will convene again in May and June to make final edits to the preliminary recommendations based on committee input and stakeholder feedback.
- ODH is committed to this task force and will provide members with the necessary resources to develop the final report. All information will be posted online or e-mailed and will be available to all members.

Committee Session Outcomes

- Although the PPOR were originally used to organize the committees, the groups looking at newborn and infant care were combined. In part this decision was made because the newborn group was small, but in addition determining the difference (age break) between the two groups was difficult.
- The final committees formed are Maternal Health and Prematurity, Maternal Care and Newborn/Infant Care. Infant has been defined as up to age 1 year (less than but not equal to 1 year of age).
- All groups identified chairs or co-chairs and additional resources/team members needed. The Newborn/Infant Care committee has co-chairs for behavioral and clinical factors.
- Each group has a strategy for approaching its work in April. Some will make use of logic models, strength/weakness assessments. Others have lists of issues in general order.

Next Steps and Issues for Follow-up

- ODH will post task force meeting notes, including Elizabeth Conrey's slides, on the Web at: http://www.odh.ohio.gov/odhPrograms/cfhs/imtf/presentations.aspx.
- ODH will e-mail committee meeting notes to all task force members.
- ODH will investigate other states for insights on strategies to address disparities.
- ODH will provide a link to the article regarding inequities in the level of health care provided based on race suggested by Chip Allen. The link is http://www.iom.edu/?id=16740.
- There is interest among federal legislators from Ohio regarding the infant mortality issue. The group suggested the IMTF might need to develop:
    - A unified report
    - Talking points
    - A communication strategy
- Increased partnership with managed care plans was raised as a cross-cutting need.
- ODH will provide a reference for the disparities video from Harvard that Dr. Jackson mentioned in his closing remarks. The link is http://www.developingchild.harvard.edu/content/national_symposium.html ODH will follow up on resources, people and data identified by the committees.

The next meeting is scheduled for Monday, 9:15 a.m. to 3 p.m., April 6, 2009, at the Ohio Center for Occupational Safety and Health (OCOSH) in Pickerington, Ohio.