Ohio Collaborative to Prevent Infant Mortality

Member Organizations

Akron Children's Hospital
Association of Women's Health, Obstetric and Neonatal Nurses
Athens County Children Services
Buckeye Community Health Plan
CareSource
Caring for 2 Columbus
Children's Medical Center of Dayton
Cincinnati Children's Hospital Medical Center
Cleveland Department of Public Health
Columbus Neighborhood Health Center
Columbus Public Health
Community Health Partners Hospital, Lorain
Council on Healthy Mothers and Babies
Cuyahoga County Board of Health
Euro OB/GYN, Inc., Canton
Every Child Succeeds
Hamilton County Help Me Grow
Healthy Beginnings, Inc.
Holmes County Department of Health
Hospital Council of Northwest Ohio
March of Dimes, Ohio Chapter
Mercy College, Toledo
Mercy St. Vincent Family Care Center, Toledo
MetroHealth Medical Center, Cleveland
Miami Valley Hospital, Dayton
Molina Health Care of Ohio
Nationwide Children's Hospital, Columbus
Nurse-Family Partnership
Ohio Association of Health Plans
Ohio Chapter, American Academy of Pediatrics
Ohio Commission on Fatherhood
Ohio Department of Alcohol & Drug Addiction Services
Ohio Department of Health
Ohio Department of Job and Family Services
Ohio Department of Mental Health
Ohio Perinatal Quality Collaborative
Ohio Section, American Congress of Obstetricians and Gynecologists
The Ohio State University Medical Center
Premature Infant Health Network of Ohio
Rainbow Babies and Children's Hospital
Sandusky County Health Department
Service Employees International Union (SEIU)
Summa Health System Akron, Ohio
Toledo Hospital
TriHealth, Cincinnati
Union Institute and University, Cincinnati
UnitedHealthcare Community Plan of Ohio
University Hospital, Cincinnati
University Hospitals McDonald Women's Hospital, Cleveland
Voices for Ohio's Children
Women and Infant Vitality Network of Hamilton County
Wright State University
Youngstown Office on Minority Health

The Ohio Collaborative to Prevent Infant Mortality is a diverse group of public health officials, policy makers, researchers, health advocates, health care providers, and other stakeholders. Its mission is to prevent infant mortality and improve the health of women of childbearing age and infants throughout Ohio by:

- Promoting effective health care for all women before and during their childbearing years;
- Employing evidence-based approaches to the reduction of infant mortality, and
- Educating Ohioans about having and raising healthy babies.

The collaborative was formed as the successor to the Ohio Infant Mortality Task Force, which issued a report in late 2009. This report, which provided a detailed update on infant mortality and disparities in Ohio, outlined current prevention efforts, listed 10 recommendations along with rationale and strategies to address Ohio's lack of progress in reducing infant mortality and birth-outcome disparities. These recommendations, listed on the reverse side, provide the starting point for the collaborative, which is organized into five topic-focused workgroups.

THE COST OF BABIES BORN TOO SOON / TOO SMALL

- **Prematurity, also called preterm birth, is the #1 killer of newborns and a leading cause of death in the first year.**
- **Prematurity is major risk factor for illness and disability.**
- **Prematurity Costs Ohio $1 billion a year.**
- **Direct health care costs to employers for premature babies during the first year of life average $46,004.**

In Ohio, African American women with five or more years of college are more likely to have a premature delivery than poor Caucasian women with only a high-school education or less.

Coordinated Health Care: This emerged as a major theme of the task force report, which recognized that complete and coordinated health care throughout a woman's and child's life is essential to prevent infant mortality.

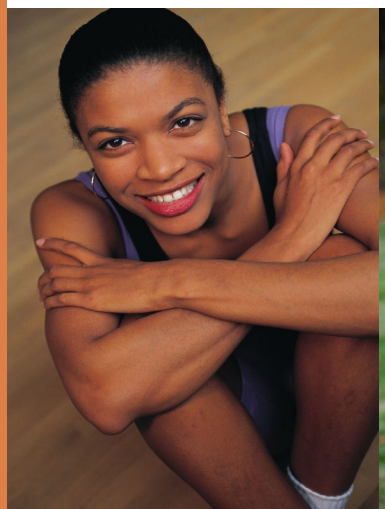
Disparities and Racism: The report identified disparities (differences) in infant mortality among different population groups and their underlying causes, including racism, as a major component of Ohio's infant mortality challenge.

Data/Metrics/Quality Improvement: The task force reported that evidence-based practice and data must be used to drive decisions and actions that will effectively address infant mortality and disparities.

Education/Outreach: The report described the need for public education about infant mortality, ways to decrease it, and advocated for investment in culturally competent social marketing strategies to produce better birth outcomes.

Public Policy: Local, regional, and statewide policies are major determinants of how Ohio brings its resources to bear in addressing infant mortality and disparities.

An **executive/steering committee** guides and oversees the activities of the workgroups and represents the collaborative to the public. The Ohio Department of Health provides support for the collaborative and is represented on all workgroups and the executive/steering committee. The collaborative can be contacted at OCPIM@odh.ohio.gov.



RECOMMENDATIONS TO PREVENT INFANT MORTALITY

OHIO FACTS

- **1,068 Ohio infants died in 2010.**
- **Ohio's infant mortality (IM) rate exceeds both the national rate of 6.14 per 1,000 live births and the Healthy People 2010 (national public heath goal) of 4.5.**
- **Disparities (differences) between whites and African Americans are growing: the 2010 IM rate for whites is 6.4 and for African Americans it is 15.5.**
- **Ohio's overall IM rate of 7.7 has not substantially changed in more than a decade.**
- **The Medicaid program, serving our lowest-income citizens, pays for 40% of Ohio's births and bears a heavy cost burden of poor birth outcomes.**

The infant mortality (death) rate: an important measure of how well we care for our women and children and the overall health of our society. This rate is calculated as the number of live-born infants per thousand who die within their first year of life. The United States has one of the highest rates among developed nations, and Ohio's infant mortality rate exceeds that of the nation.

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 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 (OIMTF).

CALL TO ACTION: IF YOU ARE A COMMUNITY-BASED ORGANIZATION

- Provide culturally sensitive information to clients and the community on a variety of topics affecting women's and babies' health such as obesity/nutrition, alcohol/tobacco/drug use, physical activity, breastfeeding, and infant sleeping positions.
- Provide cultural diversity training for staff.
- Develop partnerships with other organizations to address the health needs of women and children in the community.
- Offer evidence-based services that reduce the risk for infant mortality/pre-term births such as community health workers or home visiting programs.

"Infant deaths are at the heart of our inadequate health care system. Why should any infant die because their mother had no health insurance before she became pregnant, had little access to treat anemia, depression, asthma, diabetes, or hypertension, or to safely space her last pregnancy? Infant deaths are preventable, if we realign our priorities and our financial incentives."

-Patricia Temple Gabbe, MD, MPH

Collaborative Member

March 2012