

# **Ohio Collaborative to Prevent Infant Mortality**

## **Bureau of Maternal, Child and Family Health**

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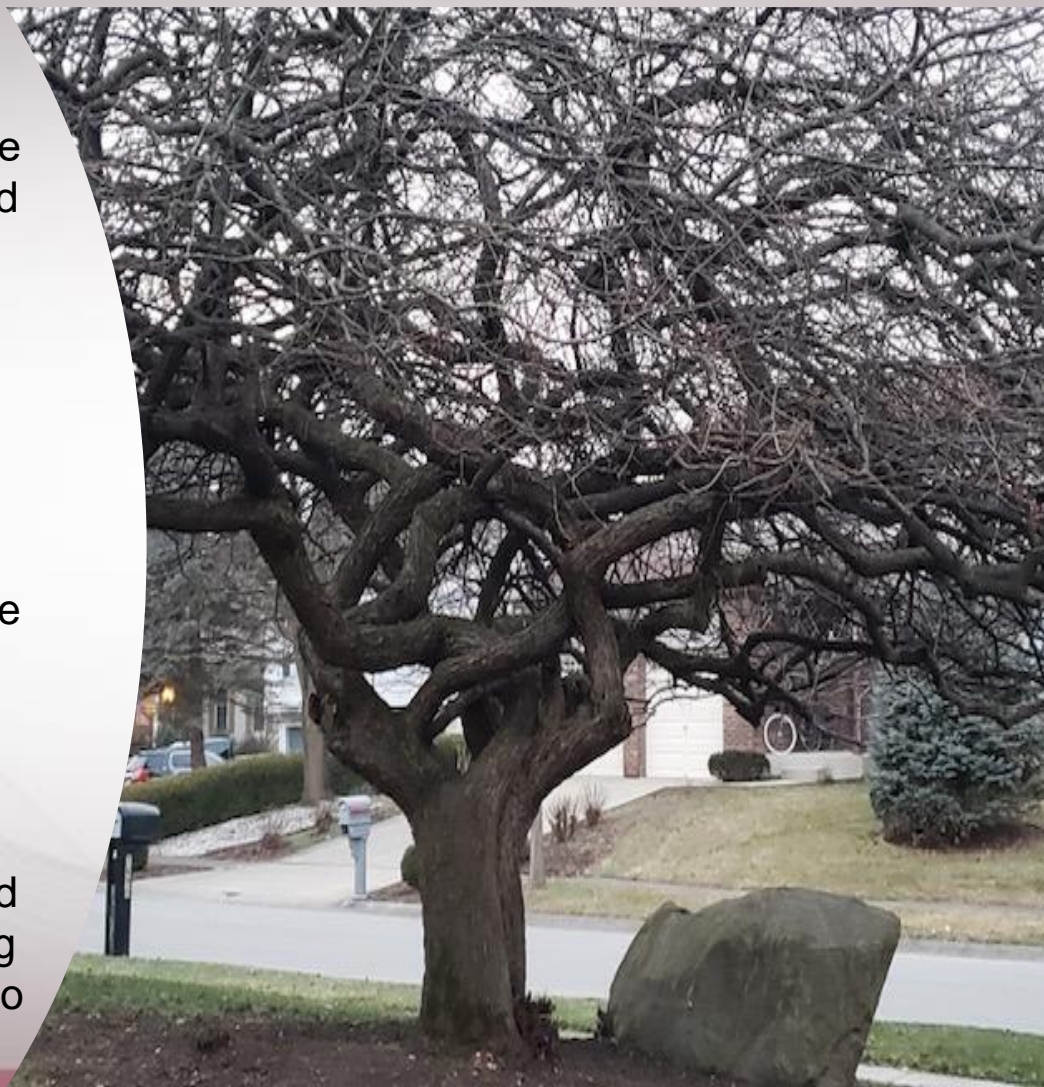
## We are all connected!

The State Health Assessment/Title V Needs Assessments comprise the “trunk” and ensure there is a strong foundation for identifying and addressing priority MCH issues.

All our bureau programs, regardless of funding, make up the interconnected branches. Many branches connect to each other, but ALL of them connect to the trunk.

With true inter-connectiveness like these branches, there are no silos. We can leverage shared goals and take collective action to improve health outcomes, and most importantly, eliminate health disparities.

Title V gives us the opportunity to share our great work and encourage many partners and stakeholders to be involved in action planning and implementation – making our branches so full!



# Title V MCH

- Title V Maternal and Child Health Block Grant (MCH BG) is one of the largest federal block grant programs.
- Promotes and improves health of all of nation's mothers and children, including children with special healthcare needs.
- \$22 million in funding to Ohio and \$67 million in state match and maintenance of effort.
- Beyond acting as funding source for staff and programs, also provides framework for identifying maternal and child health needs, selecting priorities, developing a state Action Plan, engaging partners, and measuring progress toward improving outcomes.

# Ohio Title V MCH Guiding Principles

- Alignment with the State Health Improvement Plan (SHIP).
- Beyond managing MCH BG Action Plan and reporting requirements, using framework to engage in partnerships to improve outcomes for MCH populations.
- Focus on equity.
- LifeCourse approach.
- Engaging families and communities in work.
- Using:
  - Public Health 3.0.
  - Collective Impact.
  - Results Based Accountability.

## What shapes our health and well-being?

Many factors, including these  
**3 SHIP priority factors\*:**

### Community conditions

- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

### Health behaviors

- Tobacco/nicotine use
- Nutrition
- Physical activity

### Access to care

- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental health care



## How will we know if health is improving in Ohio?

The SHIP is designed to track and improve these  
**3 SHIP priority health outcomes:**

### Mental health and addiction

- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

### Chronic disease

- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)

### Maternal and infant health

- Preterm births
- Infant mortality
- Maternal morbidity



### All Ohioans achieve their full health potential

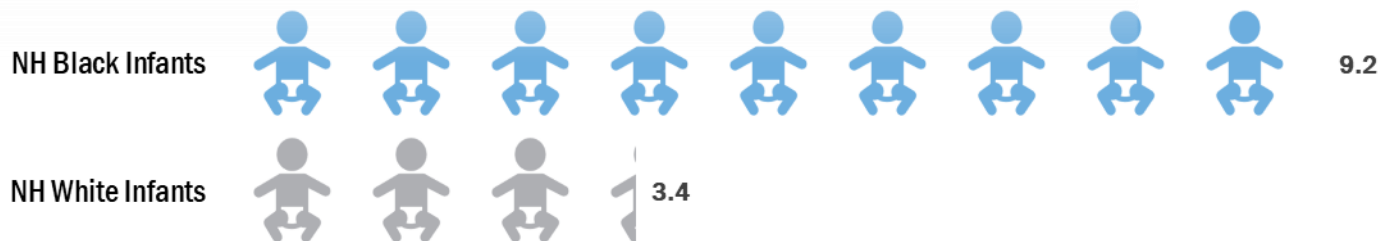
- Improved health status
- Reduced premature death



# There is a Black Infant and Maternal Mortality Crisis in Ohio.

Non-Hispanic Black infants are almost 3 times more likely to die than non-Hispanic white infants.\*

Rate per 1,000 live births



Non-Hispanic Black women are almost 3 times more likely to die than non-Hispanic white women from pregnancy-related causes.\*\*

Rate per 100,000 live births



\*Infant mortality rates from 2019.

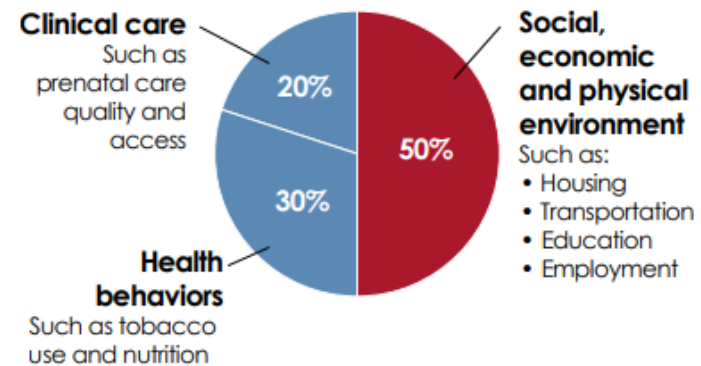
\*\*Pregnancy-related mortality rates from 2008-2016.

# Why is this happening?

Access to healthcare is necessary, but not sufficient. Improvements to factors beyond medical care are needed to achieve infant mortality reduction goals.

- Researchers estimate that of the modifiable factors that impact overall health, 20% are attributed to clinical care (e.g., healthcare access and quality) and 30% to health-related behaviors. The remaining 50% are attributed to the types of community conditions highlighted in the pie chart.
- During the past few decades, Ohio's efforts to reduce infant mortality have focused primarily on medical care and interventions for pregnant women. These strategies focus on some — but not all — of the underlying causes of infant death, and may not be enough to improve maternal and child health in a widespread way.

## Modifiable factors that influence health<sup>2</sup>



**Underlying drivers of inequity:** Poverty, racism, discrimination, trauma, violence and toxic stress

Citation: A new approach to reduce infant mortality and achieve equity: Policy recommendations to improve housing, transportation, education and employment. Prepared by the Health Policy Institute of Ohio for the Ohio Legislative Service Commission Dec. 1, 2017.

## Aligning Infant Mortality Task Force Recommendations With the OH-CAMH Strategic Plan

### Infant Mortality Task Force

- Convened by GOCI and ODH OHO.
- Supported by BMCFH.
- State team will implement IMTF recommendations.
- Recommendations to be finalized in the fall.

### OH-CAMH

- Convened by ODH to meet grant deliverables and PAMR recommendations.
- Supported by BMCFH.
- Member implementation teams will implement plan strategies and activities.
- Plan currently under review by ODH.

# Eliminating Disparities in Infant Mortality Task Force

- To provide Governor DeWine with actionable recommendations on how to eliminate the racial disparity in the infant mortality rate.
- To create a road map that guides Ohio to meet the Healthy People 2030 goals for ALL babies (5.0 per 1,000 births).
- To engage Black women, families, and communities throughout the process to ensure that recommendations are grounded in reality.
- <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/eliminating-racial-disparities/welcome-to>



# Timeline

## March

- First Meeting.
- Schedule local sessions.

## May-July

- Task Force meetings.
- Draft ideas/Recommendations.

## August

- Share draft recommendations with local communities.
- Refine recommendations.

## October

- Complete recommendations.
- Draft final report.
- Start approval process.
- Begin implementation planning.

## April-Mid-May

- Family listening sessions.
- 30 held between May 1 and May 15.

## July

- Refine draft recommendations.
- Partner survey.

## September

- Last meeting of Task Force.
- Finalize feedback from Task Force members.



# OH-CAMH Timeline

## June 29 OH-CAMH Meeting:

- The assimilated draft plan was shared with OH-CAMH at the June meeting and after the meeting we continued to solicit feedback regarding the draft plan via email.

Sept. 28

## OH-CAMH Meeting:

- Overview of implementation teams.
- Implementation Process Technical Assistance Presentation.

Dec. 31

Each implementation team submits stage-based checklist with relevant documents.

January  
2022

February  
2022

June

July

August

September

October

November

December

Aug. 27 Lead/Co-  
Lead Meeting

## Between October 2021 and December 2021:

- Implementation team leads convene teams, set up regular meeting schedule, and begin working toward completing the exploration phase of the implementation process using the Stage-based Implementation Checklist as a guide.

## February OH-CAMH Meeting:

- Implementation Teams report back to OH-CAMH membership on progress and plan for implementation over the next year.
- Installation phase should begin by January 2022.

# Data to Action: Ohio Council to Advance Maternal Health (OH-CAMH)

## DRAFT OH-CAMH Strategic Plan



Department  
of Health

Eliminating Racial Disparities in  
Infant Mortality Task Force

Strategy 1: Implement provider education and accountability.

Strategy 2: Redesign and prioritize funding for community-based organizations.

Strategy 3: Diversify the racial and ethnic and professional makeup of the perinatal workforce.

Strategy 4: Expand access to post-partum health insurance coverage.

Strategy 5: Institutionalize evidence-based quality improvement interventions to improve maternal safety.

Strategy 6: Improve data collection and quality measures to further examine the maternal health crisis and inform solutions.

Strategy 7: Increase provision of appropriate health services for domestic violence, intimate partner violence, and human trafficking survivors by promoting organizational shifts in culture that support a trauma-informed approach to clinical and public health services.

Strategy 8: Invest in maternal mental and behavioral health services.

Strategy 9: Invest in services for maternal substance use and mental health disorders.

Strategy 10: Increase multidisciplinary communication and collaboration between clinical care providers, community-based organizations, and public health service organizations.

Strategy 11: Improve access to health education for pregnant and parenting individuals to improve health outcomes.



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# OH-CAMH and IMTF Membership

**There are currently 179 individuals across 83 unique organizations in OH-CAMH.**

- 19 (23%) of the 83 organizations in OH-CAMH are also part of the Infant Mortality Task Force (IMTF). A list of these 19 organizations can be found below. The following slide shows the individuals from those 19 organizations that are in OH-CAMH.

1. American College of Obstetricians and Gynecologists-Ohio Section
2. Cradle Cincinnati
3. Ohio Commission on Fatherhood
4. Ohio Perinatal Quality Collaborative/Baby's First Network
5. CelebrateOne - City of Columbus
6. Ohio Department of Job and Family Services
7. Ohio Department of Medicaid
8. Ohio Department of Education
9. Ohio Association of Community Health Centers
10. Ohio Collaborative to Prevent Infant Mortality
11. March of Dimes Ohio
12. Stark County
13. Children's Initiatives Office of Governor Mike DeWine
14. Ohio Department of Health
15. Ohio Commission on Minority Health
16. GroundWork Ohio
17. Ohio Department of Mental Health and Addiction Services
18. Ohio Department of Developmental Disabilities
19. Ohio Association of Health Plans

