

CRADLE CINCINNATI STRATEGIC PLAN

For Infant Mortality Reduction in
Hamilton County, 2018-2023

EXECUTIVE SUMMARY



to read the complete plan, visit cradlecincinnati.org

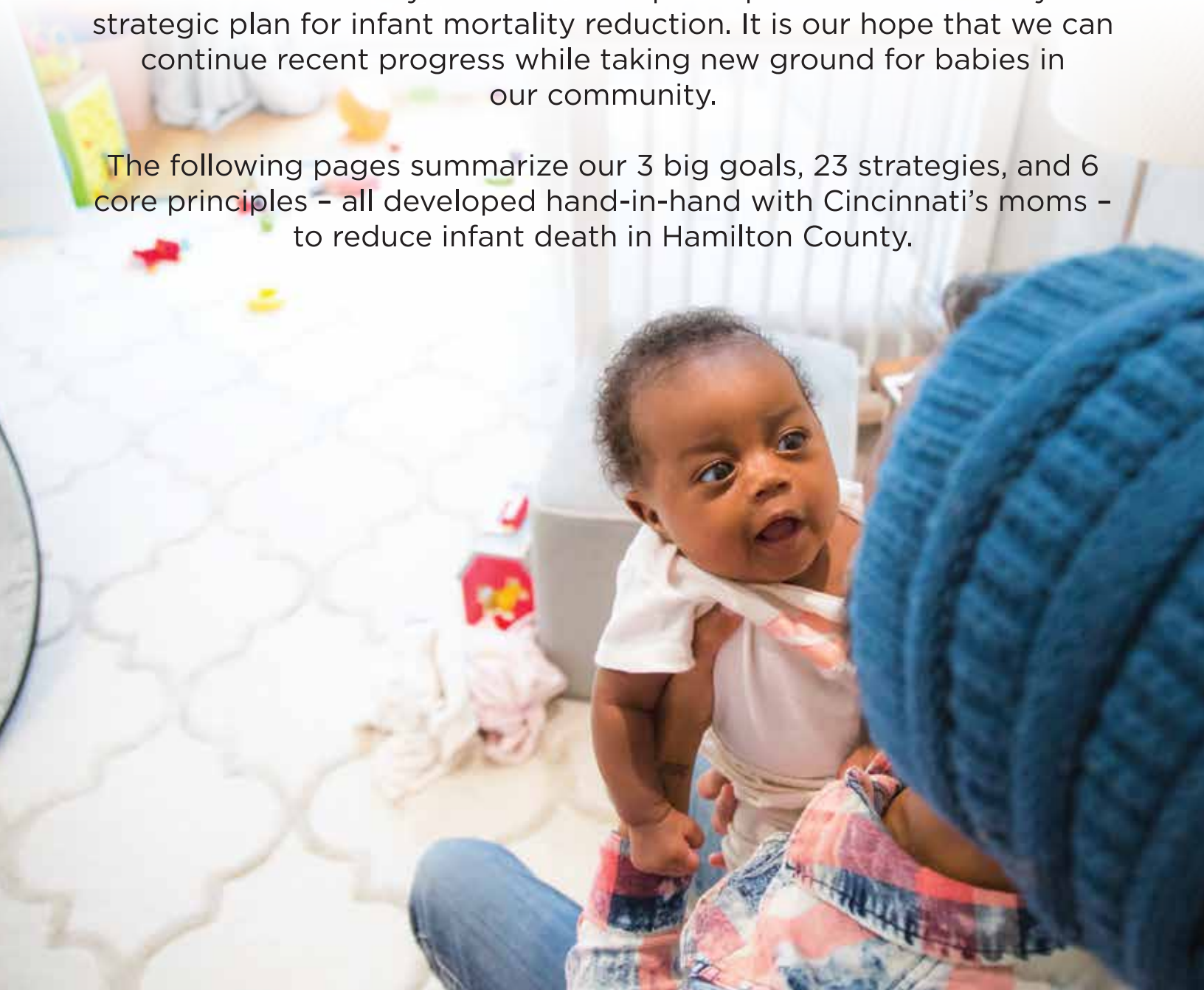
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Infant mortality is a key indicator for a community's health. In Hamilton County, far too many babies have died for far too long.

As recently as 2011, we had the second worst infant mortality rate in the entire country. Thanks to hundreds of partners working under the guidance of a 5-year strategic plan, we've seen significant progress. However, the pace of change is too slow and the problem of infant death continues to plague our community. For that reason, more than 450 Hamilton County residents have participated in this new 5-year strategic plan for infant mortality reduction. It is our hope that we can continue recent progress while taking new ground for babies in our community.

The following pages summarize our 3 big goals, 23 strategies, and 6 core principles – all developed hand-in-hand with Cincinnati's moms – to reduce infant death in Hamilton County.



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GOAL 1: Reduce the number of babies born before the end of the second trimester by 33% by 2023, bringing us to the national average.

1A

Replicate one neighborhood's success at eliminating extreme preterm birth.

- Spread the "Start Strong" project that brought extreme preterm birth down to 0 in Avondale to more neighborhoods, starting in Winton Hills and North College Hill. Strategies will need to be uniquely designed for each neighborhood.

1B

Address implicit bias, starting in prenatal care settings.

- Go on a community journey to better recognize and understand our unconscious bias.
- Include equity initiatives in our efforts to improve prenatal care in Cincinnati.
- Train our community in best-practice self-advocacy tools to empower us all in medical settings.

1C

Mitigate stress during pregnancy through social support.

- Expand the "Centering Pregnancy" model of care in Cincinnati.
- Collaboratively improve the efficiency, timeliness, connectedness and capacity of Community Health Worker and Home Visitation programs.
- Work with families to co-create "stress toolkits" and asset-based programs that help women cope with stress during pregnancy.
- Build new partnerships with organizations that influence housing, education, transportation and jobs in Cincinnati and provide support in these areas for moms.

1D

Increase the % of pregnancies that are expected and have healthy timing.

- Work with teens to develop authentic and accurate sex education media designed to be shared widely via podcast, YouTube or other media
- Spread the use of reproductive life plans that help families set goals and decide how and when having children aligns with those goals.
- Increase the availability, awareness and use of LARCs.
- Develop a standardized transition appointment from pediatric care to gynecologic care for girls.

1E

Decrease the % of women smoking during the second and third trimester of their pregnancies.

- Incorporate use of "5As" interviewing in all prenatal care sites.
- Support local and state "Tobacco 21" legislation.
- Develop neighborhood-based campaigns that promote non-smoking while providing outlets to address stress.
- Use technology-based solutions to help women quit.

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GOAL 2: Eliminate sleep-related infant deaths in Hamilton County by 2023.

2A

Increase awareness of the American Academy of Pediatrics safe sleep recommendations

- Create marketing campaigns for dads, grandparents and other caregivers to complement those designed for moms.
- Engage trusted and influential community members
- Continually partner with health care providers on safe sleep.

2B

Address barriers to safe sleep practices

- Expand access to free and affordable cribs.
- Address sleep deprivation as a barrier to safe sleep.
- Debunk safe sleep myths and address cultural norms that promote unsafe sleep.

Goal 3: Promote what we know about reducing birth defects and lead the way on new scientific discovery to better understand congenital anomalies.



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How we'll get there. Our core principles for change.

Together. No single program or organization can solve a complex social problem like infant mortality by itself. Our only hope is through extensive partnership. Our society has a long history of developing isolated programmatic solutions for enormous problems like homelessness, poverty or infant mortality. Those programs are often necessary pieces of the puzzle, but aren't enough to create change by themselves. To improve these important measures beyond what has been previously possible, we must embrace a model of "collective impact" that includes widespread and intentional collaboration with the community, a focused community-wide agenda and an obsession with data that informs every decision and allows us to measure our shared impact.

Equitably. We know that black mothers, regardless of socioeconomic status, are anywhere from 2-4 times more likely to experience infant loss. This is unacceptable. We are strongly compelled to focus our energy where there is the biggest opportunity for impact and have made reducing this racial inequity a primary goal. To that end, black women of child-bearing age are considered both the key audience and core partners for each element of this plan.

Co-creating solutions with families. This plan will only be a success if we can find ways to deeply involve members of affected communities in its implementation. Affected communities include families who have experienced infant loss or preterm birth, but also those who live, work and play in the neighborhoods that have the highest infant mortality rates. We want to become the best in the nation at co-creating solutions hand-in-hand with families.

Improving systems. Individual behavior change can be powerful. However, to see larger change in our community's health, we must also improve the many stretched systems that prevent people from being as healthy as they can be. This includes continuing key partnerships to improve prenatal care and social service support during pregnancy. But, we must also forge new partnerships outside of healthcare and advocate for policy change that will lead to healthier pregnancies.

Constantly communicating. Infant mortality is complex. So are its solutions. To be successful, we must find simple ways to communicate so that ideas can spread and change can seem doable.

Growing our knowledge. We don't yet know everything we need to know to save every life that is lost in Hamilton County. With more knowledge and a better understanding of the factors that influence infant death and those families most affected, we can create better and more targeted strategies and interventions to reduce infant mortality. We believe this knowledge will be most powerful when it is learned side-by-side with families.

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