OHIO DEPARTMENT OF HEALTH
246 North High Street
Columbus, Ohio 43215
614/466-3543
www.odh.ohio.gov
John R. Kasich/Governor
Richard Hodges/Director of Health

Mary Diorio, MD, MPH
Infant Mortality Commission Testimony
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Chair Jones and Chair Kunze,

Thank you for inviting the Ohio Department of Health (ODH) to discuss our collaborative efforts to increase the number of babies who live through their first birthday.

Governor Kasich established infant mortality as a priority early on in his 2011 State of the State address. In follow up, the Governor's Office of Health Transformation (OHT), working with Ohio Departments of Medicaid, Health, Mental Health & Addiction Services, and other human services agencies initiated an unprecedented package of reforms to save babies' lives.

The OHT white paper on reducing infant mortality has been provided to LSC as an inventory of existing programs across the human services agencies to improve birth outcomes. The white paper portrays the allocation of fiscal resources across the state enterprise dedicated to addressing infant mortality. This document was released during the SFY 16-17 budget process earlier this year, and the information is in the process of being updated.

ODH is one of the leaders in this Administration in tackling Ohio's poor infant mortality rate, and we are absolutely committed to this work. ODH administers programs directly and indirectly through subgrantees and contracts, and brings partners together to tackle this multi-faceted problem.

ODH is pursuing and supporting numerous infant mortality initiatives involving staff across multiple offices and bureaus. We have established an Infant Mortality Steering Committee composed of clinical staff and subject matter experts to align, manage, and coordinate the agency's efforts internally and externally with other state agencies and partners. We have established processes to ensure resources are targeted to communities with the highest burden. Under the leadership of Director Hodges, ODH has established a new administrative review process for grants and contracts which requires evidence-based strategies and measurable outcomes in every subgrant and contract.

We are addressing the three leading causes of infant deaths in Ohio: (1) preterm births, (2) birth defects, and (3) sleep-related deaths. Some risk factors, such as smoking, increase the risk of all three leading causes of infant death. I will highlight a just a few of the initiatives that we as a state enterprise along with partners are implementing to address these drivers of infant mortality.

Pre-Term Births: The Ohio Perinatal Quality Collaborative Progesterone Project is one initiative aiming to reduce the rate of premature births by increasing screening, identification, and treatment of pregnant women at risk for preterm birth who will benefit from progesterone. ODH works with Medicaid, managed care organizations, the Government Resource Center, and various provider sites regarding this clinical factor. ODH contributes funding and project management staff to ensure deliverables are being met.

ODH is actually working with partners and providers on a number of clinical programs. Examples of some of these clinical programs include programs aimed to decrease the occurrence of type 2 diabetes among Ohio women by increasing post-partum screening and education among providers and patients; programs to connect women through their prenatal care provider to assistance needed to quit smoking; programs to reduce non-medically indicated deliveries prior to 39 weeks gestation; programs to increase the use of progesterone among women at risk for delivering a baby prematurely; programs to assure that all infants born between 24 and 33 weeks gestation receive appropriate antenatal corticosteroid treatment; and programs to increase breastfeeding.

Sleep-Related Deaths: ODH is targeting sleep-related deaths through an awareness campaign including billboards and commercials regarding safe sleep practices, and ODH sponsored the Ohio Sudden Infant Death Network's Safe Sleep Community Forums around the state last year. Per SB 276, signed by Governor Kasich last year, safe sleep materials are distributed to providers, local health districts, child care facilities, public children's services agencies, and through the Help Me Grow Program. ODH also developed a model screening tool for hospitals to identify expectant and new parents without a safe sleep environment for their baby who can then be referred to resources to obtain cribs. We are certainly appreciative of Chair Jones's diligence in shepherding this bill through the legislative process.

Birth Defects: The third leading cause of infant deaths is birth defects. We know that folic acid is crucial to preventing neural tube defects (NTDs), which occur in 1 per 1,000 pregnancies. ODH developed an online self-study course for nurses called "Folic Acid in the Prevention of NTDs" to train nurses to encourage women to take folic acid supplements as we learned that only 32 percent of Ohio mothers took a multivitamin every day before becoming pregnant. In addition, heart defects account for 5 percent of all infant deaths in Ohio and 25 percent of infant deaths due to congenital malformations. In 2013, Governor Kasich signed SB 4 into law requiring all newborns in Ohio to be screened for Critical Congenital Heart Disease (CCHD).

The 2013 infant mortality data suggest these efforts are having a positive impact. The number of infant deaths in Ohio declined slightly from 1,047 in 2012 to 1,024 in 2013, and while the black infant mortality rate declined slightly, the racial disparity in infant deaths is unconscionable. I am attaching to my testimony the 2013 infant mortality data report, including a timeline of state initiatives.

We are raising awareness about infant mortality in Ohio. There were nearly 1,700 attendees at the second biannual statewide Infant Mortality Summit, almost double the attendance compared to two years prior. The news media are highlighting this issue. ODH launched a Safe Sleep public awareness campaign a couple of years ago which continues today. A couple of months ago, ODH launched a public awareness campaign about black infant mortality in hotspot areas. The campaign includes a range of media including radio spots and billboards. We are engaging local public health jurisdictions in this campaign.

Connecting uninsured women to health care insurance is one of the most important interventions to address infant mortality. This Administration has extended healthcare benefits to more low-income Ohioans, providing additional low-income pregnant women with better access to medical care which is associated with better birth outcomes. And, Medicaid has simplified the eligibility and enrollment processes for pregnant women. ODH is supporting efforts to enroll women in Medicaid and the federal

exchange when we touch these at-risk lives. As one of their primary tasks, our safety net programs and their subgrantees have been instructed to assist Ohioans in enrolling in healthcare coverage.

And, we continue to help women navigate the various public assistance programs at the state level for women and children. Our state partners are generally serving the same population in these programs. For example, one of the core services of the Supplemental Nutrition Program for Women, Infants, and Children (WIC) is to make referrals to other public assistance programs. Referrals are made to Help Me Grow, Job and Family Services, resources to access immunizations and oral health services, Ohio Infant Mortality Reduction Initiatives, breast feeding support and more. In Federal Fiscal Year 2016, there have been 108,284 referrals made to other public assistance programs through the WIC Program. Through the Governor's Office of Health Transformation, these state agencies and other partners have built a strong sense of collaboration needed to touch women from every angle.

Still, we clearly still have a long way to go – particularly in addressing the disparity in infant mortality.

There are three key ways this Administration is pushing to achieve greater results for our investments and efforts to reduce infant mortality in Ohio:

- We are focusing resources where the need is greatest.
- We are encouraging greater local engagement and collaboration.
- We are requiring evidence-based strategies and measurable outcomes for the investments we make.

First, let me outline how we are focusing resources where the need is greatest.

ODH is partnering with CityMatCH, a national organization that supports urban maternal and child health initiatives at the local level, to launch the Ohio Institute for Equity in Birth Outcomes. The partnership includes nine Ohio metropolitan communities to improve overall birth outcomes and reduce the racial and ethnic disparities in infant mortality. The nine communities account for 95 percent of Ohio's black infant deaths, and 49 percent of its white infant deaths.

The Ohio Equity Institute teams are trained to conduct Fetal Infant Mortality Reviews, a multi-disciplinary, multi-agency, community-based process that identifies local infant mortality issues through the review of fetal and infant deaths and develops recommendations and initiatives to reduce them. Interventions were launched this summer to address highest risk populations in targeted areas, and data will be collected for evaluation.

The second way we are seeking greater results is by encouraging greater local engagement and collaboration.

Infant mortality is complex and requires all of us to work together. There are many clinical and non-clinical factors that contribute to infant deaths and like many issues, collaboration through traditional and non-traditional partners is critical. ODH engages with more than 100 members of the Ohio Collaborative to Prevent Infant Mortality, providing a forum for communication among a wide range of organizations.

As examples, membership includes faith-based organizations such as the Sisters of Charity Foundation of Cleveland and the City of Refuge Point of Impact, academic institutions, and traditional partners such as provider organizations, state entities, payers, children's organizations, and local public health. Academic institutions will receive up to $1 million per year under Governor Kasich's SFY 16-17 budget for higher education research on infant mortality reduction.

Non-governmental entities play an essential role in infant mortality reduction efforts. As an example, the Governor's Office of Health Transformation provided funding for ODH to select four community health centers earlier this year to pilot an evidence-based healthcare delivery model for pregnant women called "Centering Pregnancy" which integrates maternal care, education and support to improve birth and infant death outcomes in high-risk communities. The Ohio Association of Community Health Centers has designated prenatal care as a targeted priority for its 44 member centers for 2015

Cincinnati and Columbus are two models of local community engagement and collaboration that are working well. *Celebrate One* is coordinating local initiatives and partners in Columbus to take on the most significant factors that contribute to infant mortality in Columbus, and *Cradle Cincinnati* is engaging in similar efforts in southwest Ohio.

Rather than reach into a community and risk misunderstanding the issues that confront the women who live there, we know there are community leaders who understand the issues and can remove barriers for the women living there. As such, Medicaid has directed its managed care plans to use community health workers to assist with the outreach and identification of women to make sure they are connected to health care and other community supports.

The third way we are seeking greater results is by requiring evidence-based strategies and measurable outcomes in every subgrant and contract. Centering Pregnancy, mentioned above, is an evidence-based model with numerous deliverables. Health centers were provided startup funds and the rest of their reimbursement will be based on outcomes – whether participants entered prenatal care during their first trimester, whether they smoked during pregnancy, whether they are breastfeeding upon discharge, etc.

I would like to close with some comments about the timeliness of ODH's release of infant mortality data. The new ODH senior leadership team has been working on speeding up the release of all datasets that we report like infant mortality to better inform policy and programming decisions. We know we can do better, and we are. We are currently reviewing the 2014 infant mortality data and are on pace to release it by the end of the year, significantly sooner than past annual data releases.

Thank you again for allowing me the opportunity to testify today. Shancie Jenkins, Chief of the ODH Office of Health Improvement and Wellness, is here with me to answer any questions you may have.