

Commission on Infant Mortality
State Programs that Address Infant Mortality

Surveillance and Review Programs								
Title	Description	Administering Agency	Timeline	Location	Funding Source(s)	Funding Distribution	Timeliness of Data	Process for Using Data
Fetal Infant Mortality Review (FIMR) <i>(R.C. 307.629 and 3701.703)</i>	FIMR teams, composed of local representatives from multiple agencies and disciplines, identify local infant mortality issues by reviewing fetal and infant deaths; from the reviews, the team develops recommendations and initiatives to reduce such deaths.	ODH	Since 2013, ODH has been providing technical assistance and support to the nine communities that make up the Ohio Institute for Equity in Birth Outcomes (OEI) cohort for the purpose of establishing FIMR programs in those communities. There were two local FIMR-like programs before 2013.	Currently, FIMR teams are in these nine communities that make up the OEI cohort: (1) Butler County, (2) Canton – Stark County, (3) Cincinnati, (4) Columbus, (5) Cuyahoga County – Cleveland, (6) Mahoning County – Youngstown, (7) Montgomery County – Dayton, (8) Summit County, and (9) Toledo – Lucas County.	Federal (Maternal and Child Health Block Grant). ODH indicated that funding is minimal; ODH supports this program through staff participation.	Funds are distributed to FIMR teams through Child and Family Health Services (CFHS) grants.	Subgrantees report on various topics and/or statistics twice a year – mid-year and annual reports. According to the Cincinnati-Hamilton County Fetal Infant Mortality Review Annual Report, in 2010, deaths that occurred between 07/2009 and 07/2010 were reviewed.	Data is used to identify local infant mortality issues and to help develop recommendations and initiatives to reduce deaths.
Pregnancy Associated Mortality Review (PAMR) <i>(Website: https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/Infant%20Mortality/PAMR%20Fact%20Sheet%2082815.pdf)</i>	The PAMR Committee, composed of experts representing multiple disciplines, reviews each death of a woman who was an Ohio resident and who died within one year of pregnancy for the purpose of determining whether the death was pregnancy-related.	ODH	Started in 2010; is ongoing	The Committee reviews deaths from all 88 counties.	Federal (Maternal and Child Health Block Grant). ODH indicated that funding is minimal; ODH supports this program through staff participation.	Funds are not distributed to local or other entities. The Committee uses funds to review 50-60 maternal deaths each year.	Data is reported annually. According to ODH's website, ODH obtains death certificates for all maternal deaths that occurred two years prior. For example, the first review in 2010 only looked at deaths that occurred in 2008.	Data is used to identify opportunities for reducing mortality and morbidity.

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Ohio Child Fatality Review (CFR) <i>(R.C. 307.621 et seq., and 3701.045; O.A.C. ch. 3701-67)</i> <i>(Website: https://www.odh.ohio.gov/odhprograms/cfhs/cfr/cfr1.aspx)</i>	Local CFR boards review the deaths of all children (individuals under 18). The program aims to promote cooperation, collaboration, and communication among all groups that serve families and children; maintains a database of child deaths for the purpose of understanding the causes and incidence of these deaths; recommends and develops plans for implementing local service and program changes; and advises ODH of data trends and patterns concerning child deaths.	ODH	Started in 2000; is ongoing. The CFR boards review deaths throughout the year and submit an annual report to ODH by 4/1 of each year.	Local CFR boards review deaths in all 88 counties.	Federal (funded at the state level by the Maternal and Child Health Block Grant); counties fund their own CFR activities.	Funds are not distributed by the state to local CFR boards; rather, counties fund their own CFR activities.	An annual report must be submitted on or before 9/30 of each year and must contain data from the previous calendar year.	The goal of the local review boards is to reduce the incidence of preventable child deaths. Data is used to understand the causes and incidence of those deaths, recommend and develop local service and program changes, and advise ODH.

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<p>Ohio Connections for Children with Special Needs (Ohio's birth defects information system)</p> <p><i>(R.C. 3705.30 et seq., O.A.C. ch. 3701-57)</i></p> <p><i>(Website: https://www.odh.ohio.gov/odhprograms/cmh/bdefects/birthdefects1.aspx)</i></p>	<p>A birth defects surveillance system that tracks, for statistical purposes, children ages 0-5 with birth defects; facilitates referrals to services for children with birth defects; and educates health professionals and the public about birth defects.</p>	<p>ODH</p>	<p>Created by law in 2000; in 2005, ODH received the first grant for the surveillance system from the U.S. Centers for Disease Control and Prevention (CDC); the current funding period ends 1/31/16, but ODH is planning to apply for another four years of funding.</p>	<p>N/A</p>	<p>Federal (funding is received through a cooperative agreement with the CDC); \$366,284 was distributed in state fiscal year (SFY) 2015.</p>	<p>N/A</p>	<p>A new data system was released in 9/2015. Over two-thirds of hospitals use the new system. Hospitals file reports quarterly and annually.</p>	<p>The system may be used for the following, among other things: to detect trends and epidemics in congenital anomalies, stillbirths, and abnormal conditions; to quantify morbidity and mortality; to stimulate epidemiological research; to identify risk factors; to facilitate intervention in and prevention of these anomalies; and to inform and educate the public.</p>

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<p>Ohio Pregnancy Risk Assessment Monitoring System (PRAMS)</p> <p>(Website: https://www.odh.ohio.gov/healthstats/pramshs/prams1.aspx)</p>	<p>A population-based survey designed to examine maternal behaviors and experiences before, during, and after a woman's pregnancy, as well as during the early infancy of her child.</p>	<p>ODH</p>	<p>Started in 1999; ODH did not apply in the new grant cycle to continue its participation. Instead, ODH will work with the Ohio Colleges of Medicine Government Resource Center (GRC) to do an Ohio-specific survey with some of the same questions as PRAMS. ODH anticipates that the new survey will begin 4/2016.</p>	<p>Mothers are randomly selected to participate in PRAMS.</p>	<p>Federal funds are available from the CDC for states and other entities choosing to participate (according to the CDC, 40 states and New York City participated in the program as of 3/20/15). \$126,041 was distributed to ODH in SFY 2015.</p>	<p>N/A</p>	<p>Ohio PRAMS Annual Data Summary for 2006-2010 was updated and available in 1/2012. ODH reported that because the data is delayed by several years, it cannot be customized and there have been challenges with getting mothers to respond.</p>	<p>Four objectives are to: (1) collect population-based data on topics related to pregnancy and early infancy, (2) conduct comprehensive analyses to better understand the relationships between behaviors, attitudes, and experiences during pregnancy, (3) translate results from analyses into information for planning and evaluating public health programs and policy, and (4) build capacity to collect, analyze, and translate data to address relevant public health issues.</p>

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Integrated Perinatal Health Information System (IPHIS) (Ohio's electronic birth registry) <i>(Website: https://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/datasystems/iphis.aspx)</i>	IPHIS is the state's electronic birth registry for the recording of all live births. IPHIS is accessible at all birthing facilities and local health departments for the data entry of births. IPHIS also facilitates the distribution of data to end user systems such as the Help Me Grow program.	ODH	Started 1/11/06; is ongoing	IPHIS is an Internet-based application that can be accessed throughout the state. It is currently available in all birthing facilities, as well as all local vital statistics offices.	Paid for by fees from the sale of certified copies of birth and death events.	N/A	Not specified	Birth data is entered in the ODH Data Warehouse and supplied to many individuals for public health surveillance purposes. Birth data is also used to inform programmatic decisions.