



Ohio

# INFANT MORTALITY SUMMIT 2018

*Saving Babies Together,  
Meeting the Equity Challenge*



December 11-12, 2018  
Cincinnati, Ohio



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Dear 2018 Infant Mortality Summit Participants,

On behalf of the Ohio Collaborative to Prevent Infant Mortality and the Ohio Department of Health, welcome to the fourth biennial Ohio Infant Mortality Summit! We are here today because we care about Ohio's babies and while we have seen progress over the last several years, working together we know we can continue to make a positive impact. Since the last Summit, the Ohio Collaborative to Prevent Infant Mortality continues to grow. Our members and partners are working together to create change in our communities. We are excited about the momentum we have gained.

Our theme this year is *Saving Babies Together, Meeting the Equity Challenge*. Addressing Ohio's challenge in working to ensure equity for all infants, we recognize the importance of addressing the impact of African American infant deaths. In working to achieve Ohio's Healthy People 2020 objective of an infant mortality rate of 6.0 per 1,000 live births, we must tackle our current rate of 7.4., and place a great emphasis on the ratio of African American to white infant deaths.

Hats off to the vision that created this collaborative. We have seen progress over the last eight years, but we know there is much more to do. This year we must commit to powerful initiatives and stronger collaboration to improve the health and lives of the babies in our state. Collectively, we worked to fill this conference with inspiring speakers, knowledgeable panelists, and presentations from professionals representing both community and institutions who are committed to serving families.

Helping every child get a healthy start and effectively combatting infant mortality takes strong efforts from many different corners. Thank you for caring enough to collaborate with us on Ohio's work for healthy women, healthy pregnancies, healthy babies, and healthy families. You may be a new recruit, or you may be a veteran in this battle; prepare for the challenge and together we can achieve victory. Saving babies and meeting the equity challenge in Ohio starts with you.

Onward,  
 James M. Greenberg, MD.  
 Director, Division of Neonatology,  
 Cincinnati Children's Hospital Medical Center,  
 Co-founder, Cradle Cincinnati,  
 Co-Chair, Ohio Collaborative to Prevent Infant Mortality

Stacy Scott, Ph.D., MPA  
 Executive Director, Baby 1st Network  
 Founder, Global Infant Safe Sleep (GISS) Center,  
 Co-Chair, Ohio Collaborative to Prevent Infant Mortality

Map of the Duke Energy Convention Center of Cincinnati



## Program at a Glance

### Tuesday, December 11, 2018

- 2:00 - 5:00 **Registration Open**, Pre-Function/Registration Space
- 2:00 – 5:00 **Exhibits and Posters Open**, Grand Ballroom A
- 3:00 - 4:45 **Eliminating Disparities in Breastfeeding and Infant Mortality by Achieving Health Equity**, Grand Ballroom B  
Camara Jones, MD, MPH, PhD, Senior Fellow at Satcher Health Leadership Institute and the Cardiovascular Research Institute, Morehouse School of Medicine, Past President, American Public Health Association
- 4:45 - 5:00 **Welcome**, Grand Ballroom B  
Stacy Scott, PhD, MPA and James Greenberg, MD, Ohio Collaborative to Prevent Infant Mortality Co-Chairs
- 5:30 - 7:00 **Kickoff Reception and Ohio Equity Institute Recommitment Ceremony**  
The National Underground Railroad Freedom Center, 50 Freedom Way, Cincinnati, OH

### Wednesday, December 12, 2018

- 7:00 - 5:30 **Registration Open**, Pre-Function Space
- 7:00 - 5:30 **Exhibits and Posters Open**, Grand Ballroom A
- 8:00 - 8:40 **Welcome**, Grand Ballroom B  
Lance Himes, Director, Ohio Department of Health  
Melba Moore, Cincinnati Health Commissioner  
Todd Portune, Hamilton County Commissioner, Summit Honorary Co-Chair  
Sandra Oxley, Chief, Maternal, Child and Family Health, Ohio Department of Health
- 8:40 - 9:15 **The State of Infant Mortality in Ohio**  
Stacy Scott, PhD, and James Greenberg, MD, Ohio Collaborative to Prevent Infant Mortality Co-Chairs
- 9:15 - 10:00 **Advancing Health Equity through Social Justice**  
Michael Lu, MD, MPH, MPP, MS, Senior Associate Dean for Academic, Student, and Faculty Affairs, George Washington University, former Director of the Maternal and Child Health Bureau, U.S. Department of Health and Human Services.

- 10:00 - 10:30 **Break**  
Please visit our posters and exhibits on display throughout Grand Ballroom A
- 10:30 - 11:45 **The Gardener's Tale**, Grand Ballroom B  
Camara Jones, MD, MPH, PhD  
Introduction by UnitedHealth Group
- 11:45 - 12:45 **Lunch**  
For information on Convention Center Food offerings visit <http://www.duke-energycenter.com/concessions>
- 12:45 - 2:00 **Breakout Session 1**, Ballrooms and West Meeting Rooms. See Page 12 for more information
- 2:15 - 3:30 **Breakout Session 2**, Ballrooms and West Meeting Rooms. See Page 17 for more information
- 3:40 - 4:15 **Insights to Outcomes: The Role Data Analytics Can Play in Reducing Infant Mortality**, Grand Ballroom B  
Sandra Oxley, Bureau Chief, Maternal Child and Family Health, and Charlie Hack, Anika Vinze and Erin Drucker, Accenture, Inc.
- 4:30 - 4:45 **Closing Remarks**  
Stacy Scott, PhD, and James Greenberg, MD, Ohio Collaborative to Prevent Infant Mortality Co-Chairs

## Conference Hosts



**Lisa Amlung Holloway, MBA, Ohio Mission Director – Maternal-Child Health and Government Affairs, March of Dimes, Ohio Collaborative to Prevent Infant Mortality Past Chair**

Lisa Amlung Holloway has been with the March of Dimes since 1998, initially hired as Director of Program Services for the Greater Cincinnati/Northern Kentucky Division. In 2010, she became the Director of Program Services and Government Affairs for the Ohio Chapter of the March of Dimes. In her current role as Mission Director, Lisa oversees all program activities in Ohio including the management of the community grants program, professional education, strategic mission investment planning and implementation and collaborates on defining advocacy priorities and implementing strategies to advance them. Lisa also represents the March of Dimes on many local, regional and

statewide initiatives including the Ohio Collaborative to Prevent Infant Mortality, Hamilton County FIMR (Fetal and Infant Mortality Review) and Perinatal Community Action Team, OPQC (Ohio Perinatal Quality Collaborative), the Ohio Equity Institute and others. Lisa has a BS in Nuclear Medicine Technology from the University of Cincinnati and an MBA from Xavier University.



**James Greenberg, MD, Director, Division of Neonatology, Cincinnati Children's Hospital Medical Center, Co-Founder Cradle Cincinnati, Ohio Collaborative to Prevent Infant Mortality Chair**

Dr. Greenberg joined Cincinnati Children's Hospital Medical Center (CCHMC) in 1991 and was appointed as Director of the Division of Neonatology in 2003. Today, the division houses more than 60 faculty and staff neonatologists, 15 post-doctoral Neonatal-Perinatal Medicine fellows, and a research program supported by more than \$10 million in annual extramural funding. The CCHMC academic neonatology program is among the largest in the U.S. with more than 23,000 patients served each year. In 2009, Dr. Greenberg was appointed Associate Director of the

CCHMC Perinatal Institute and has served as its Executive Co-Director since 2011. In 2013 Dr. Greenberg co-founded Cradle Cincinnati, a collective impact collaborative focused on the elimination of infant mortality in Hamilton County. In 2018, Dr. Greenberg was appointed Co-Chair of the Ohio Collaborative for the Prevention of Infant Mortality, sponsored by the Ohio Department of Health. Since 2016 Dr. Greenberg has also served as Lead Physician Executive for the CCHMC Critical Care Building Expansion Project. His special interests include the epidemiology of preterm birth, community health, neonatal chronic lung disease, and patient safety in the NICU. He has authored more than 90 peer-reviewed articles, editorials and book chapters. Dr. Greenberg earned his MD from the University of Illinois College of Medicine and completed his fellowship in Immunology and Neonatology at the University of Minnesota Hospital and Clinic. During the late 1980's, Dr. Greenberg was a visiting scientist with the Medical Research Council Laboratory of Molecular Biology, Division of Protein and Nucleic Acid Chemistry in Cambridge, England.



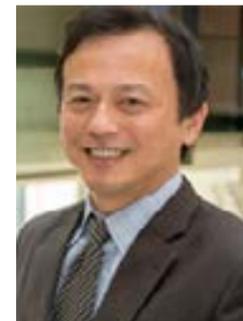
**Stacy Scott, PhD, founder of In Black Print Inc. and the Global Infant Safe Sleep (GISS) Center, Ohio Collaborative to Prevent Infant Mortality Chair**

Dr. Scott has designed and implemented programs impacting underserved communities in the areas of health disparities, prevention, and delivery of services for more than 30 years. She serves as a national health advocate and consultant – working to reduce infant mortality in the African American community and other disadvantaged groups. In 1997, Dr. Scott formed In Black Print Inc., a firm that specializes in community outreach and development. In Black Print operates on the premise that the community holds the key to eradicating disparities in health.

She served as a project manager for the Eunice Kennedy Shriver National Institute of Child Health and Human Development's "Reducing the Risk of Sudden Infant Death Syndrome (SIDS) in African American Communities" outreach, working with three national African American women's organizations on the planning and execution of three regional summits in Tuskegee, Alabama; Los Angeles, California; and Detroit, Michigan.

Dr. Scott also managed the Health Literacy Network in libraries throughout rural Mississippi. Dr. Scott is currently serving as the state of Ohio spokesperson for their "ABC of Safe Sleep" campaign website and is currently with the Baby 1st Network serving in the capacity of Program Manager and implementing a community-based mini grant program. In 2016, Dr. Scott established the Global Infant Safe Sleep (GISS) Center, an organization with a mission to empower the world's communities to achieve equity in infant survival. The GISS Center supports vulnerable and marginalized global communities in an effort to reduce Sudden Unexpected Infant Death (SUID). The center works with other community organizations to combat infant mortality. Dr. Scott is a member of the International Society for the Study and Prevention of Perinatal and Infant Death. She received her undergraduate degree from Spelman College, a master's degree in Public Administration at Bowling Green State University, and a doctoral degree in Urban Higher Education from Jackson State University.

## Plenary Speakers



**Michael Lu, MD, MPH, MPP, MS, Senior Associate Dean for Academic, Student, and Faculty Affairs, George Washington University (GWU)**

Dr. Lu joined GW in November 2017. As the Senior Associate Dean for Academic, Student, and Faculty Affairs, Dr. Lu provides leadership and vision for the school's educational mission, and coordinates services and supports to help all faculty and students succeed.

Prior to joining GWU, Dr. Lu was the Director of the Maternal and Child Health Bureau for the U.S. Department of Health and Human Services (HHS) from 2012 to 2017. He led a federal bureau with an annual budget of more than \$1.2 billion, and serves more than 57 million women, children, and families in the U.S. During his tenure, Dr. Lu transformed key federal programs in maternal and child health, launched major initiatives to reduce maternal, infant, and child mortality in the U.S., and was awarded the Herbert H. Humphrey Award for Service to America.

Dr. Lu joined the federal government from UCLA Schools of Medicine and Public Health, where he was professor of obstetrics, gynecology and public health. While at UCLA, Dr. Lu brought in more than \$50 million in research and training grants. He was best known for his research on racial-ethnic disparities in birth outcomes, and his leadership in developing, testing, and translating a unified theory on the origins of maternal and child health disparities based on the life course perspective. Dr. Lu co-directed the residency training program and medical student clerkship in ob-gyn, and training grants and a transdisciplinary center in public health, and received numerous awards for his teaching. He served on two Institute of Medicine committees and the CDC Select Panel on Preconception Care, and chaired the HHS Secretary's Advisory Committee on Infant Mortality. As an obstetrician, Dr. Lu has attended over a thousand births, and has been voted one of the Best Doctors in America since 2005.

Dr. Lu received his bachelor's degrees in political science and human biology from Stanford University, master's degrees in health and medical sciences and public health from UC Berkeley, medical degree from UC San Francisco, and residency training in obstetrics and gynecology from UC Irvine.



**Camara Jones, MD, MPH, PhD, Senior Fellow at Satcher Health Leadership Institute and the Cardiovascular Research Institute, Morehouse School of Medicine, Past President, American Public Health Association**

Dr. Jones is a Senior Fellow at the Satcher Health Leadership Institute and the Cardiovascular Research Institute, Morehouse School of Medicine, and a Past President of the American Public Health Association (2015-2016).

Dr. Jones is a family physician and epidemiologist whose work focuses on naming, measuring, and addressing the impacts of racism on the health and well-being of the nation. She seeks to broaden the national health debate to include not only universal access to high quality health care, but also attention to the social determinants of health (including poverty) and the social determinants of equity (including racism). Indeed, her allegories on "race" and racism illuminate topics that are otherwise difficult for many Americans to understand or discuss, and she aims through her work to catalyze a National Campaign Against Racism.

Dr. Jones was an Assistant Professor at the Harvard School of Public Health from 1994 to 2000, and a Medical Officer at the Centers for Disease Control and Prevention from 2000 to 2014. She currently serves on the Board of Directors of the DeKalb County Board of Health and the National Board of Public Health Examiners, and has completed service on the Executive Board of the American Public Health Association and the Board of Directors of the American College of Epidemiology, among other professional boards. Valued for her mentoring and teaching, she is currently an Adjunct Professor at the Rollins School of Public Health at Emory University and an Adjunct Associate Professor at the Morehouse School of Medicine

Dr. Jones earned her BA in Molecular Biology from Wellesley College, her MD from the Stanford University School of Medicine, and both her Master of Public Health and her PhD in Epidemiology from the Johns Hopkins School of Hygiene and Public Health. She also completed residency training in General Preventive Medicine at Johns Hopkins, and in Family Practice at the Residency Program in Social Medicine at Montefiore Medical Center.

## Plenary Sessions

### Advancing Health Equity through Social Justice

*Michael C. Lu, MD, MS, MPH*

The United States ranks near the bottom among developed nations on most standard measures of maternal and child health. Moreover, large racial-ethnic, socioeconomic and geographic disparities persist. In this session, the former director of the federal Maternal and Child Health Bureau will discuss the origins of maternal and child health disparities in the U.S. from a life-course perspective, and why achieving birth equity will require improving not only healthcare but more importantly social conditions in which children and families live across their life course.

**Session Objectives:**

- Describe the life course perspective and its two major components: early programming and cumulative weathering
- Discuss why advancing health equity requires addressing social determinants across the life course
- Discuss strategies for achieving health equity by advancing social justice

### Gardener's Tale

*Camara Jones, MD, MPH, PhD*

Dr. Jones will present the "Gardener's Tale" that was published in 2000 regarding a story of racism, dual reality and privilege. Discussion on health equity, interventions and barriers will be discussed to assist with participants understanding of how to get to optimal health.

**Session Objectives:**

- Advocate for policies, practices and decision making that address racism and health equity
- Define health equity according to Healthy People 2020
- Identify barriers to health equity

### Insights to Outcomes: The Role Data Analytics Can Play in Reducing Infant Mortality

*Sandra Oxley, Charlie Hack, Erin Drucker and Anika Venze*

The loss of a child is an emotionally devastating life experience for any parent or family. Despite 21st century healthcare, advanced technologies and prosperous economic status, Ohio still ranks below other states for African American infants, even some developing countries in Infant Mortality. To tackle this issue, the State of Ohio is working with Accenture to apply robust analytic technologies to better analyze large complex data sets and gain valuable insights across the entire health and human services spectrum. This session will discuss how this first-of-its-kind project provides a rich, 360-degree view of the population at risk by cataloguing information from 33 critical data sets from across multiple and traditionally siloed health, behavioral and social programs. Panelists will describe how this information provides leaders with actionable and operational intelligence to help them propose tailored and targeted interventions that will improve outcomes around the State.

**Session Objectives:**

- Attain fluency in some of the key analytical measures that need to be tracked and improved to reduce IMR
- Identify some of the expected and unexpected risk and protective factors of Infant Mortality and PTB
- Produce curiosity to dig deeper into the data and utilize the tools we have to improve birth outcomes around the State



## Breakout Sessions

All breakout sessions will be in Ballrooms and West meeting rooms. Signing up for a certain breakout during registration does not guarantee your seat, as this process was only used to assign appropriate spaces for presentations. Moderators will close the sessions when/if the room reaches capacity.

### Advice for Addressing Racism

Grand Ballroom B @ 12:45 pm

Camara Jones, MD, MPH, PhD

This session will be an opportunity to continue the conversation that begun in the Plenary Session about addressing racism with Dr. Jones. There will be opportunity for questions and answers.

#### Session Objectives:

- Identify strategies to address racism and health equity

### Lessons Learned in Implementing Local Strategies Aimed at Addressing Social Determinants of Health

Junior Ballroom A @ 12:45 pm

Amy Rohling McGee, MSW, President, Health Policy Institute of Ohio, Ryan Adcock, MPA, Executive Director, Cradle Cincinnati, Christina Ratleff, MPH, Program Manager of Healthy Beginnings at Home, CelebrateOne, Kate Sommerfeld, MPA, President, Social Determinants of Health, ProMedica, and Natoya Walker Minor, MPA, Chief of Public Affairs, City of Cleveland

To advance health equity local partners must systematically address the social determinants of health (SDOH). The Health Policy Institute of Ohio (HPIO) will present an overview of their report, *A New Approach to Reduce Infant Mortality and Achieve Equity*. This presentation will be followed by a panel discussion featuring local entities who are strategically addressing infant mortality through policy change. Panelists will share best practices and lessons learned from developing local strategies and engaging partners. Hear from: Cradle Cincinnati Start Strong, a geographically focused initiative to redesign healthcare delivery in the Avondale community; CelebrateOne Healthy Beginnings at Home, a research program to help extremely low-income women find stable housing during their pregnancy; ProMedica's model of food insecurity screening for patients; and First Year Cleveland's Public Policy and Engagement leadership team.

#### Session Objectives:

- Discuss the impact of the social determinants of health on infant mortality
- Describe policy change efforts being implemented in Ohio to address infant mortality
- Apply at least one best practice to current projects addressing the social determinants of health

### Make Space – An Ohio Initiative to Use Pregnancy Spacing as a Means to Improve Birth Outcomes

Room 250 @ 12:45 pm

Brad Lucas MD, FACOG, MBA, Senior Medical Director, Buckeye Health Plan and Robyn Lutz, BSN, RN, Project Director/Clinical Manager, OhioHealth Community Partnerships

The association of optimal pregnancy spacing, and improved birth outcomes has moved from an observation to an educational point when counseling patients and clients about reproductive planning. We are comfortable with the idea of IUDs and Implants being the best choice in birth control for most women, and we can see the interplay these both

have in giving credibility to each other. Without improved outcomes with spacing there is less need for improved Long Acting Reversible Contraception (LARC) utilization. Without LARC use there is more difficulty in improving spacing. However, for Ohioans to fix our problems with infant mortality and disparities in Infant Mortality rates we need to move past the academic realization of this interplay. We need to take absent or quiet conversations of reproductive health and reproductive plans into the open. Pregnancy Spacing needs to be part our culture. This session is designed to introduce the concepts that will be captured in a "Make Space Playbook" that will assist providers, community health workers, social workers, and any other stakeholders who are helping women and men of reproductive age. We envision the session as an opportunity to introduce the concepts, create dialogue, and discover new thoughts that can help Ohioans work towards better spacing.

#### Session Objectives:

- Utilize birth spacing concepts in routine dialogue with patients and clients
- Differentiate stakeholder roles in improving pregnancy spacing
- Recognize barriers to LARC use from a system perspective

### March of Dimes Service Partner Training – Elevating Voices to Save Ohio's Babies Project

Room 251 @ 12:45 pm

Lisa Amlung Holloway, MBA, Ohio Mission Director – Maternal-Child Health and Government Affairs, March of Dimes, Ohio Collaborative to Prevent Infant Mortality Past Chair

This session is a training for members of service partner organizations who are partnering with the March of Dimes as part of the Elevating Voices to Save Ohio's Babies Project.

Ohio's babies die at a rate of 7.4 per 1,000 live births (2016) which is significantly higher than the national rate of 5.6 (2016). More alarming is the fact that there is great disparity in Ohio between white babies that die at a rate of 5.8 and black babies that die at a rate of 15.2 (2016). The leading cause of Ohio's high infant mortality is premature birth. Ohio's premature birth rate was 10.4% in 2016 which equates to a "D" on the 2017 Premature Birth Report Card. Also, in Ohio, the preterm birth rate among black women is 46% higher than the rate among all other women. We cannot expect to reduce infant mortality if we do not address premature birth specifically. The Elevating Voices to Save Ohio Babies project aims to bring together March of Dimes service partner members, volunteers, staff, partner experts and others to provide training, tools and on-going support so that together we can better convey messaging around infant mortality and premature birth prevention in communities, workplaces, places of worship, and other spheres of influence that we all have the opportunity to engage. The goal of the project is reduce infant mortality and preterm birth in Ohio with a specific focus on closing the disparity that exists in these outcomes for black babies.

#### Session Objectives:

- Explain the differences between infant mortality and preterm birth rates for blacks in Ohio as compared to other groups
- Articulate infant mortality and preterm birth awareness or prevention messages
- Determine a 2019 action plan for their respective service partner organizations

## Prenatal Interventions for Birth Defects: Fetal Surgery, Medical Therapies, and Specialized Delivery Options

Room 252 @ 12:45 pm

*Leandra Tolusso, LGC, Cincinnati Fetal Center, Beatrix Wong, LGC, Cincinnati, Fetal Center, Jody Petru, RN, Cincinnati Fetal Center, and Mel Mingos, RN, Cincinnati Fetal Center*

Birth defects are one of the leading causes of infant mortality. Early identification can improve the health outcomes of babies with serious birth defects through advances in fetal treatment options. In this session, we will discuss birth defects that have prenatal surgical interventions, medical therapies, and/or specialized delivery options available to reduce morbidity and mortality. Examples of birth defects to be discussed include congenital pulmonary airway malformations, congenital diaphragmatic hernia, and congenital anomalies of the kidney and urinary tract. We will discuss prenatal interventions available through both established clinical care and research protocols. A question and answer period with staff members of the Cincinnati Fetal Center will follow the lecture portion of this session. This session is intended for prenatal healthcare providers (e.g. physicians, nurses, genetic counselors, social workers) and community attendees interested in fetal treatment.

### Session Objectives:

- Explain the differences between infant mortality and preterm birth rates for blacks in Ohio as compared to other groups
- Articulate infant mortality and preterm birth awareness or prevention messages
- Determine a 2019 action plan for their respective service partner organizations

## Hot Topics in Safe Sleep

Junior Ballroom C @ 12:45 pm

*Lori Feldman-Winter, MD, MPH, Professor of Pediatrics, Cooper Medical School, Melinda Mahabee-Gittens, MD, MS, CTTS, Professor of Pediatrics, Cincinnati Children's Hospital Medical Center, and Gail Bagwell, DNP, APRN, CNS, Perinatal Outreach, Nationwide Children's Hospital*

Counseling parents about evidence-based, AAP-recommended infant safe sleep practices has become routine in many Ohio primary care offices and hospitals. However, there are many topics related to—and equally important as—safe sleep that may affect a caregiver's ability and willingness to adopt these practices. In this session, panelists will discuss the association between breastfeeding and safe sleep and how to implement these behaviors simultaneously. They will also be discussing the challenges and solutions in implementing safe sleep practices in infants with Neonatal Abstinence Syndrome (NAS), as well as those infants exposed to tobacco smoke. Suggestions for counseling families on the above topics will also be provided. If you are a physician, nurse, or other healthcare worker, you won't want to miss this panel presentation.

### Session Objectives:

- Recognize that infant sleep-related deaths have not declined, despite an increased awareness of the importance of implementing published safe sleep recommendations
- Discuss some of the associated practices and challenges that parents and caregivers may face in implementing these recommendations
- Identify solutions and ways to counsel families in order to increase the probability that they will utilize these practices at home

## Food for Life: The Importance of Nutrition and Physical Fitness

Rooms 260/261 @ 12:45 pm

*Dyane Gogan Turner, MPH, RD/LD, IBCLC, WIC Program, Ohio Department of Health, Ann Weidenbenner, MS, RDN, LD, Chronic Disease Prevention and Management Section, Ohio Department of Health and Breanne Haviland, MS, RD/LD, CLC, Early Childhood Health Program, Ohio Department of Health*

Access to nutritious foods and nutrition education as well as physical activity are important across the lifespan. Social determinants of health impact access. Data and evidence-based research support nutrition programs as critical public health measures to impact key health indicators including infant mortality. Attend the session to learn more about the Maternal and Child Health Ohio Healthy Programs, Creating Healthy Communities Program and Ohio WIC Program. This presentation will provide a brief synopsis of the WIC Program, services provided, and how WIC can partner with other agencies and partners in the community to encourage healthier lifestyle habits for the participants we serve. In addition, evidence-based strategies implemented in local communities to improve access to and affordability of healthy food, increase opportunities for physical activity and assure tobacco-free living where Ohioans live, work, and play will be shared. It will also include an overview of the Ohio Healthy Programs and the importance of implementing healthy eating and active living practices for 0 to 5 year old children.

### Session Objectives

- Explain at least one benefit of the WIC Program
- List one way to partner with the Ohio WIC Program
- Give an example of a policy change as a result of the Ohio Healthy Programs
- Describe evidence-based strategies implemented in local communities to improve access to and affordability of healthy food, increase opportunities for physical activity and assure tobacco-free living where Ohioans live, work, and play

## Promoting Smoking Cessation Support throughout Pregnancy and Beyond

Room 262 @ 12:45 pm

*Jennifer Berndsen, LSW, Senior Specialist in Project Management, Every Child Succeeds, Kristie Becket, RN, Columbus Public Health and Kimberly Wren, Tobacco Treatment Specialist, Moms Quit for Two Program, Friendly Inn Settlement*

Smoking during pregnancy impacts prematurity and sleep related death rates. Pregnancy is a critical time for a woman to stop smoking to optimize her baby's health. There are successful smoking cessation models throughout the state that work closely with pregnant women to support their desire to quit. Come learn about the models that are being implemented and the rates of success.

### Session Objectives

- Identify potential consequences of maternal smoking on infant health
- Discuss program designs that are seeing a reduction in prenatal smoking rates

### **FameFathers Fatherhood – Male Community Health Workers Home Visiting Model**

Junior Ballroom B @ 12:45 pm

*Eugene Norris, Pastor, Charisma Community Connection and Tarik West, ME, FameFathers*

This session will address the benefit of having certified male community health worker and the balance and value they bring as it relates to infant mortality and health inequities. The outcome is that fathers are more engaged prenatally, at birth and beyond.

#### **Session Objectives**

- Identify strategies for recruiting male CHW's
- Define the role of male CHWs
- Champion the positive reality vs. negative perception of young fathers' engagement in the health and lives of their children

### **The New Ohio Medicaid Pregnancy Risk Assessment Form: NurtureOhio's PRAF 2.0**

Junior Ballroom D @ 12:45 pm

*Alisha Brown, MPH, Medicaid Health Services Administrator, Ohio Department of Medicaid, Melissa Nance, MA, MPH, Chief of Quality Improvement Unit, Ohio Department of Medicaid, and Jay Iams, MD, Emeritus Professor of Obstetrics & Gynecology, The Ohio State University*

The Ohio Department of Medicaid and the Ohio Perinatal Quality Collaborative have partnered to introduce statewide use of Ohio's web-based Pregnancy Risk Assessment Form 2.0 (PRAF 2.0), NurtureOhio. PRAF 2.0 is a universal online form that replaced the 30-year-old form (ODM 03535) for Notification of Pregnancy in 2017. The universal PRAF2.0 will be used by all Managed Care Plans, clinical providers, County Job and Family Services and home health agencies to enable rapid uniform communication to ensure that Medicaid-insured women receive the coordinated care needed to achieve optimal birth outcomes. PRAF 2.0 simultaneously notifies the chosen Managed Care Plan and the Medicaid eligibility system of the individual's pregnancy which decreases the risk of Medicaid insurance cancellation and facilitates prompt home health referrals and prescriptions. PRAF2.0 is accessed online by providers and staff who have MITS access through the NurtureOhio website. PRAF2.0 data will enable practices to track and support optimal care for women with high priority needs, e.g., prior preterm birth, diabetes, smoking, drug and alcohol use, transportation issues, and mental health. Completion of the PRAF2.0 is reimbursed by managed care and traditional Medicaid.

#### **Session Objectives**

- Explain the Nurture Ohio PRAF 2.0
- Teach others to use the PRAF 2.0
- Discuss a plan to implement PRAF 2.0 into current practice

### **Engaging and Empowering Expectant and New Fathers**

Room 263 @ 12:45 pm

*Cynthia Ward, LISW, Community Health Worker, OhioHealth Wellness on Wheels Primary Care Program, Calvin Collins, Facilitator, OhioHealth Boot Camp for Dads, and Rodney Harman, Facilitator, OhioHealth Boot Camp for Dads*

Boot Camp for New Dads (BCND) is a crash course for "dads-to-be" and "new dads" to prepare them for the adventure of their lives with "Real World" advice from real dads. This breakout session will offer selected topics from the BCND curriculum that will help hospitals learn how to empower and engage expectant and new fathers on how to best support expectant mothers as well as keeping their infants safe and supported during the first year of life. Additionally, the session will help dads in the audience better prepare for their new and important roles as expectant or new fathers.

#### **Session Objectives**

- Discuss ways medical providers and hospital leadership can support a fatherhood program
- Identify father recruitment strategies for the hospital-based program
- List three safety measures fathers should always practice with their baby
- Recall the ABCs of Safe Sleep

### **The Community Voice: An Open Forum to Talk about How to Really Stop our Babies from Dying**

Room 264 @ 12:45 pm

*Meredith Shockley-Smith, PhD*

The session will center the voices of the members of the communities we serve. It will provide an open forum to put the jargon of infant mortality on the shelf and get real about how we can really stop our babies from dying. We will get beyond talking about what we know and hear from people who have experienced the death of an infant in their lives or in the lives of their loved ones. Then, we begin a conversation about what solutions might get us to better outcomes.

#### **Session Objectives**

- Discuss personal reflections of women who have experienced the death of their infant or a family member's baby
- Identify causes of infant mortality

### **Utilizing Preconception Health Education and Life Plans to Reduce Infant Mortality**

Room 252 @ 2:15 pm

*Tracey Jackson, MST, Genetic Health Educator, Dayton Children's Hospital and Beverly Blosser, MS, LGC, Genetic Counselor, Dayton Children's Hospital*

Birth defects are one of the leading causes of infant mortality. While birth defects can occur at any time, many form during the first eight weeks of pregnancy, often before a woman knows she is pregnant. In this session, we will provide a general overview of the development of the embryo during those first eight weeks and examine various causes of birth defects, including those associated with certain lifestyle and environmental factors. One of the best ways to reduce the likelihood of a birth defect is to promote preconception health education and life plans with our youth and anyone of child-bearing age.

#### **Session Objectives**

- Recognize how the human embryo transforms as it develops during the first eight weeks
- Identify various causes of birth defects, including underlying genetic causes and those associated with certain lifestyle and environmental factors
- Discuss the value of integrating preconception health education and life plan concepts into the work of organizations that work with youth and other individuals of reproductive age

### **Progesterone Messaging Toolkit: Addressing Barriers to Women Getting Progesterone**

Room 260/261 @ 2:15 pm

*Karen F. Hughes, MPH, Program Advisor, Ohio Perinatal Quality Collaborative, Sara Frantz, Clinical Outcomes Manager, OhioHealth Grant Medical Center, and Emily DeFranco, DO, Maternal Fetal Medicine, University of Cincinnati Hospital*

Ohio Collaborative to Prevent Infant Mortality Action Group 3 designed a Messaging Toolkit to spur demand for progesterone among women at risk for preterm birth. The Toolkit is intended for use by Community Health Workers, Home Visitors, Community Connectors, WIC staff, all of whom are Credible Messengers, to assist them in explaining the benefits of progesterone to women at risk of another preterm birth. The toolkit includes social media messages, materials,

videos and a list of resources and images. The Breakout will begin with a brief overview of the relation of premature birth to infant mortality, emphasizing the communities most seriously affected, and the potential for progesterone to reduce the risk of the early preterm births that cause so many infant deaths. Two brief videos will then be shown. The first features a physician in a prenatal clinic who explains causes of infant mortality and the role of progesterone to prevent premature birth. The second shows 3 scenarios in which common questions about the use of progesterone are explained. The initial speaker will use power point slides. The videos will be accessed via the Internet to the Toolkit website.

#### Session Objectives

- Recognize the importance of premature birth as a cause of infant mortality
- Explain the use of progesterone to reduce the risk of the early preterm births
- Identify women who might benefit from progesterone supplementation

### The Most Interesting Things I've Heard in Newborn Medicine

Room 264 @ 2:15 pm

*Amanda Poorman, MSN, CNM, Certified Nurse Midwife, Knox Medical Center and Jennifer McAllister, MD, IBCLC, Assistant Professor of Pediatrics, Cincinnati Children's Hospital Medical Center*

One of the primary roles of a healthcare provider who cares for newborns is to counsel parents and families about appropriate practices regarding the care of their newborns. Vaccinations, infant feeding schedules, safe sleep practices, needed medical therapies and appointments—all are equally important areas worthy of anticipatory guidance. However—what happens when parents have alternative ideas? How should we best be counseling these families and caregivers? In this panel presentation, our experts will be discussing the “most interesting”, or alternative topics we have encountered in the newborn nursery or pediatrician’s office. Issues such as early vaccine refusal, placental encapsulation, lotus births, and Vitamin K refusal will be discussed, and suggestions for counseling families on the above subjects will also be provided. If you are a physician, nurse, or anyone else who cares for a newborn, you won’t want to miss this panel presentation.

#### Session Objectives

- Discuss some of the more well-known alternative practices about which parents inquire or prefer in the newborn period
- Understand the data, or absence of data, behind these questioned practices, as well as the reasoning behind these parental requests
- Identify solutions and ways to counsel families in order to increase the probability that they will choose evidence-based appropriate care practices for their newborns

### Happy Dads, Healthy Babies: Development of an Infant Vitality Toolkit for Men & Fathers

Junior Ballroom D @ 2:15 pm

*Amanda Zabala, MPH, Maternal & Child Health Epidemiologist, Columbus Public Health*

In recent years, there has been a growing focus on men and fathers as integral components to Maternal and Child Health promotion; yet educational materials and resources specifically relevant to the male audience have not been organized in a way that makes them readily available. To support the education of men and fathers in infant mortality risk reduction, representatives from the Ohio Commission on Fatherhood, CelebrateOne, Columbus Public Health, the Columbus Urban League, and Action for Children developed an Infant Vitality Toolkit containing male-focused resources on a variety of topics to support infant wellness. Topics include men’s role in prenatal care, delivery, and breastfeeding; paternity and parenting time establishment; financial education and independence; substance use cessation; and ways to support other fathers. Also recognizing that a healthy baby transcends the period of pregnancy, topics including healthy relationships,

life planning, and goal setting are included to endorse men’s preconception health education. In this session, presenters will showcase the Infant Vitality Toolkit and demonstrate how the materials within may be used in men’s groups, fatherhood programs, or for anyone working with or on behalf of fathers in Ohio.

#### Session Objectives

- Explain the significance of fatherhood involvement in Maternal & Child Health
- Describe the need to collocate father-focused resources for infant vitality promotion
- Utilize Infant Vitality Toolkit materials for fatherhood-related work

### Empowering Parents with Community Resources

Junior Ballroom C @ 2:15 pm

*Tanikka Price, Esq., Community Connector Corp Manager, CelebrateOne and Jessica Saunders, MPA, Director, Office of Community Health and Engagement Programs, Dayton Children's Hospital*

Bringing home a newborn baby can bring about a mix of emotions, including happiness, hopefulness, and, in some cases, nervousness and fear. Some parents worry about their abilities to care for their newborns, how to provide needed food and supplies for their growing families, or even how to know what is “normal”. This panel presentation will focus on resources available to parents and families in three different regions in Ohio. Social workers, community health workers, and others will learn about best practices in family-centered care and how to replicate them, how to prepare parents for the “normal newborn period” and associated behaviors, and how to utilize local resources throughout Ohio.

#### Session Objectives

- Identify community programs and resources that caregivers can utilize in the care of their newborn infants
- Discuss the role that community programs can play in the prevention and reduction of infant mortality
- Apply best practices in normal newborn development and family-centered care

### Helping Moms Manage Hypertension to Lessen Infant Mortality

Room 250 @ 2:15 pm

*Patrica Gabbe, MD, MPH, Clinical Professor of Pediatrics, Obstetrics and Gynecology, The Ohio State University and Founder and Director, Moms2B and Amy Burkett, MD, Obstetric Laborist, Cleveland Clinic Foundation*

Preeclampsia and hypertension often require early delivery of the infant. This leads to a premature birth—and a significant risk for an infant death. Preeclampsia and gestational hypertension may also indicate a risk for later life cardiovascular disease. Both the US Preventive Services Task Force and the American College of Obstetricians and Gynecologists recommend low dose aspirin to delay the onset or prevent preeclampsia. “Low dose aspirin (81mg/day) prophylaxis is recommended in women at high risk of preeclampsia and should be initiated between 12 weeks and 28 weeks of gestation (optimally before 16 weeks) and continued daily until delivery.” ACOG committee opinion Obstetrics and Gynecology Vol 132, July 2018. This session is intended for all audiences. Dr. Patricia Gabbe will moderate the session and Dr. Amy Burkett, a leading obstetrician, will present and discuss with the audience the following: What are the indications for aspirin prophylaxis to prevent preeclampsia? What are moderate risk factors for preeclampsia? Are two or more moderate risk factors an indicator for aspirin prophylaxis? What are the risks of low dose aspirin during pregnancy? Are there fetal complications? Are maternal short term and long term outcomes improved with low dose aspirin? When is low dose aspirin not recommended?

#### Session Objectives

- Consider low dose aspirin prophylaxis for women at risk for preeclampsia

## Maternal Substance Abuse, Birth Outcomes, and Infant Mortality

Room 262 @ 2:15 pm

*Surendra Bir Adhikari, PhD, Mental Health Administrator and PI-Health Equity, Ohio Department of Mental Health and Addiction Services and Scott Wexelblatt, MD, Regional Medical Director for Newborn Services, Cincinnati Children's Hospital Medical Center*

Maternal exposure to tobacco, alcohol and illicit drug use are associated with adverse birth outcomes or conditions including but not limited to pre-term birth, low birth weight, respiratory problems, sudden infant death syndrome (SIDS), cognitive/behavioral health issues as related to Fetal Alcohol Spectrum Disorders (FASD), and Neonatal Abstinence Syndrome (NAS). Maternal substance use can result in infants being diagnosed with opioid withdrawal symptoms. The session will begin with a highlight of some relevant and disparate data as available on diverse race/ethnicities and special populations and groups to frame the discussion and then importantly highlight some of the successfully pursued statewide programs, especially the Ohio Perinatal Quality Collaborative outcomes on Neonatal Abstinence Syndrome. Lastly, the session will share select policy implications.

### Session Objectives

- Recognize the impact of maternal substance use on negative birth outcomes including pre-term birth, low birth weight, and infants diagnosed with opioid withdrawal symptoms
- Identify current best practice for treating infants with NAS, including pharmacological and non-pharmacological treatment
- Synthesize key policy implications from the statewide Ohio Perinatal Quality Collaborative methodology to improve treatment of infants with NAS

## Healthy Relationships and Co-Parenting: What Does That Even Mean?

Junior Ballroom A @ 2:15 pm

*David Fluellen, Founder and CEO, Turnkey Development Institute and Raquel Fuentes, Community Connector Corps Assistant Manager, CelebrateOne, City of Columbus*

Establishing a healthy relationship and co-parenting is not an easy charge, especially if you're completely new to the concept or you're living in high stress condition. A good co-parenting management system is vital to the health and wellbeing of any co-parenting family. In working to reduce infant mortality our target audience are families whose social determinants of health needs are not being met. Understanding how these factors contribute to a person's current state of health we see the need to provide support and realistic examples to demonstrate help to reduce conflict and decrease the risk of infant mortality or psychological damage to the children involved. As we engage both mom and dad we want to be intentional in supporting dads as we've come to learn most supports are geared to meeting mom's needs. Through the work of Dads2B and its partnership with CelebrateOne we will share how healthy co-parenting management is vital, because in the end, it is the welfare of the children that matters the most.

### Session Objectives

- List social support connection opportunities for dads that improve involvement in their child's life
- Discuss strategies to ensure all children will have the opportunity to thrive through the support of both parents
- Establish awareness to the importance of the role of fathers in reducing infant mortality

## Using Evidence-Based Home Visiting to Address Infant Mortality: Approaches from the State and Local Perspectives

Room 263 @ 2:15 pm

*Jye L. Breckenridge, MSW, LISW-S, Administrator of the Early Childhood Home Visiting Program, Ohio Department of Health and Margaret Clark, MPA*

In response to research confirming that the early years of childhood affect learning, behavior and health for a lifetime, many states have turned to evidence-based home visiting to improve birth outcomes. Learn how the Ohio Department of Health has implemented a risk-based approach to providing evidence-based home visiting in communities at higher risk for infant mortality. Hear first-hand how Local Implementing Agencies have successfully used the Healthy Families America and Nurse Family Partnership Models to address infant mortality.

### Session Objectives

- Discuss Ohio's statewide risk-based approach to evidence-based home visiting
- Differentiate between evidence-based home visiting and other services that visit the home environment
- Contrast the approaches of Nurse Family Partnership and Healthy Families America in high-risk urban communities

## Regional Efforts to Reduce Prematurity: Successes and Struggles

Junior Ballroom B @ 2:15 pm

*Ryan Adcock, MPA, Executive Director, Cradle Cincinnati, Bernadette Kerrigan, BSW, MA, Executive Director, First Year Cleveland, Erika Clark Jones, Executive Director, CelebrateOne, City of Columbus, Terra Williams, Director for the Office of Health Promotion, Public Health Dayton & Montgomery County, and Celeste Smith, Community and Minority Health Supervisor, Toledo-Lucas County Health Department*

There are multiple ongoing regional projects in Ohio to address reducing preterm birth. This session will bring representatives from 5 regions together, asking each to share a brief description of a project that has been successful and another that has not fulfilled expectations. Each regional project will identify key steps that enabled success and others that were barriers to progress.

### Session Objectives

- Compare approaches to reduce preterm birth
- Identify project barriers
- Consider the application of successful methods in other local environments

## Practical Strategies to Combat Breastfeeding Disparities in Ohio

Room 251 @ 2:15 pm

*Tara S. Williams, MD, FAAP, FABM, Breastfeeding Coordinator, Ohio American Academy of Pediatrics and Julie Ware, MD, FAAP, FABM, Breastfeeding Coordinator, Ohio American Academy of Pediatrics and Cincinnati Children's Hospital Center for Breastfeeding Medicine*

This workshop will incorporate large group discussion and small group breakout sessions to share effective ways to combat breastfeeding disparities among Ohio's African American mothers. Participants will gain an overview of the current state of breastfeeding disparities in Ohio, as well as current strategies being used in Ohio as well as other states to address these disparities. Participants will have the opportunity to share strategies they may also be using on the local level. Participants will brainstorm to identify barriers that contribute to breastfeeding disparities and then break into small groups to brainstorm potential solutions. The small groups will come back together to share in a large group discussion.

### Session Objectives

- Describe the current state of breastfeeding disparities in Ohio
- Identify current barriers to meeting breastfeeding goals for Ohio's African American moms
- Implement at least one strategy on the local level to help overcome these barriers

## Poster Presentations

Posters will be displayed in **Grand Ballroom A**. Each poster board is numbered to help with locating.

**Nurse-Family Partnership: A Force for Good, Catherine McWherter, RN, Lori Compton, RN, Rachel Langley, RN, Location #1**

Nurse-Family Partnership empowers first-time moms to transform their lives and create better futures for themselves and their babies. Over more than four decades, research consistently has proven that Nurse-Family Partnership succeeds at its most important goals: keeping children healthy and safe, and improving the lives of moms and babies. Nurse-Family Partnership works by having specially trained nurses regularly visit vulnerable, first-time moms-to-be, starting early in the pregnancy, and continuing through the child's second birthday.

**Healthy Start Initiative - Eliminating Disparities in Perinatal Health Program: A Preliminary Examination of Our First Year, Rose Maxwell, PhD, Gina McFarlane-El, Pam Hume, RNC, Location #2**

This poster presents preliminary results of the first year of the Healthy Start Initiative Eliminating Disparities in Perinatal Health Program at Five Rivers Health Centers in Dayton, OH. Initial results show that African American and Caucasian women participating in this program have similar participation in prenatal care and similar pregnancy outcomes, suggesting a reduction in access to care disparities in these women.

**Public Health and Law Enforcement Infant Mortality Collaboration to Assess Parent-Law Enforcement Interaction Prior to Infant Birth: Dayton, Ohio 2013-2015, Sylvia Ellison, Ashley Seybold, Kyle Wallace, Location #3**

Public health and law enforcement are collaborating to investigate possible intervention points with law enforcement, as well as opportunities to support expectant parents in navigating the social determinants of health. To inform a possible intervention, this research project examined the amount and type of police interactions that parents experiencing infant death have had in the year prior to the birth of the infant. Information on birth outcomes and demographics was also analyzed.

**Multi-Faceted Aspects of Addiction in Pregnancy, a Case Series, Marilyn Kindig, D.O., Sarah Royle, Rose Maxwell, PhD, Location #4**

How best to treat pregnant women with addiction for the best outcome. Implications for Practice: Our MAT clinic uses nursing, addiction physician and OBGYN to keep babies safe and decrease the risk of preterm labor during pregnancy and reassuring the client of delivery planning and post contraception.

**Improving Mother's Milk at Discharge in Very Low Birthweight Infants: A Regional Quality Improvement Project, Lisa Marie Pivoszkin, Laura Ward, Amy Nathan, Location #5**

Our project assembled a collaborative multidisciplinary team across five regional NICUs to improve the provision of mother's milk at discharge. Focusing on timely interventions and care practices promoting adequate maternal milk supply, we measured percent of VLBW infants receiving colostrum for mouth care within 36 hours, mother's milk as the first feeding, and enteral volume as mother's milk on day 21. We believe using colostrum as mouth care emphasizes its significance as a medication.

**Understanding the Role of Hope in Overcoming Barriers to Prenatal Care, G. Theodore Talbot, MD, Rose A. Maxwell, PhD, Autumn Fredrick, Location #6**

This poster presents preliminary results of an ongoing survey study of postpartum patients in which we examine the role of hope and barriers to receiving prenatal care.

**Ohio Public Health Association's Health and Equity in All Policies (HEiAP) Initiative, Rosemary Chaudry, Natalie DiPietro Mager, Carla Hicks, Robert Jennings, David Maywhoor, Location #7**

The Ohio Public Health Association created a Health and Equity in All Policies Committee to address poor health outcomes and social inequities in Ohio. Their work has resulted in S.B. 302 ("Health and Equity in All Policies Initiative and the Health and Equity Interagency Team") which has potential to impact social determinants of health in Ohio and promote equity in birth outcomes. Details of S.B. 302 and lessons-learned through this advocacy process will be shared.

**Senate Bill 332 Implementation: Update on Pharmacist Preparedness, Natalie DiPietro Mager, Location #8**

Ohio S.B. 332 ("Implement infant mortality recommendations") made significant reforms at improving Ohio's infant mortality rates, including increasing pharmacists' scope of practice by allowing them to administer specified drugs related to preterm birth risk (hydroxyprogesterone caproate) and contraception (medroxyprogesterone acetate). This poster will provide an update regarding Ohio pharmacist preparedness to deliver these services including training activities across the state and will answer frequently asked questions regarding this expanded access to injectable drug administrators.

**Lower First Year of Life Costs for Babies through Health Plan and Community Hub Partnership, Brad Lucas, MD, MBA, FACOG, Amber Detty, MA, CHDA, Location #9**

Does health plan investment in reduction of non-clinical barriers lead to healthcare savings? We looked at our costs for partnerships with Community Hubs and our costs for babies delivered by pregnant members getting their services. When compared to a cohort we saw PMPM savings across all risk levels for the baby's first year of life.

**Investigating Gaps in Breastfeeding Support in Outpatient Practice, Julie Ware, Camille Graham, Yingying Xu, Location #10**

Breastfeeding continuation depends on early identification of problems, especially at the AAP recommended 3-5 day visit. Preliminary data indicate a gap in care at the 3-5 day visit, with many newborns from underserved populations having a delayed first visit, which may contribute to early breastfeeding cessation. We sought to understand current practices and identify barriers to the 3-5 day visit by responses to a standardized questionnaire.

**Avondale Moms Empowered to Nurse – AMEN!, Julie Ware, Dominique Love, Shelly Leatherwood, Location #11**

The Avondale Moms Empowered to Nurse (AMEN) project was developed to increase breastfeeding initiation and duration rates in a low income, largely African American community with extremely low breastfeeding rates with a peer-to-peer support group. Neighborhood breastfeeding moms were trained with modified WIC peer counseling materials. Support groups were launched in May of 2017 at the church with provision of childcare, transportation, refreshments and incentives. The project outcomes, successes, and challenges will be described.

**Eliminating Racial Disparities in Breastfeeding and Infant Mortality A Qualitative Analysis of Conference Proceedings, Francoise Knox-Kazimierczuk, Laurie Nommsen-Rivers, Natashia Conner, Location #12**

To address disparities in breastfeeding and infant mortality, a multi-disciplinary team hosted a Conference to Eliminate Racial Disparities in Breastfeeding and Infant Mortality. Moderated discussions between the audience, parents and providers identified barriers and opportunities toward eliminating disparities. Three main themes emerged: (a) Cultural Competence, (b) Racial Concordance, and (c) Support Networks. Findings from this analysis will be used to develop interventions to address the low rates of breastfeeding for African American mothers.

**Universal Substance Use Disorder Screening with Effective Patient Follow Up, Jennifer Ayala RN, Rebecca Starck MD, Trina Pagano MD, Location: #13**

In an effort to address SUD and impact on neonatal outcome we have developed screening tools in the EMR to assist with a goal of 100% screen rate in order to identify those patients currently suffering from SUD. Screening sets up a novel way to track and care for patients with substance use disorder and their infants. Collaboration with addiction treatment specialists is better managed and with a goal to transition to more pregnant women to MAT and reduce the burden of NAS.

**The Impact of Modeling Safe Sleep in the Hospital on Infant Mortality, Tina DiFiore, Susan Dunlap, Jeff Schwersenski, Location #14**

This poster describes the impact that a quality improvement project has on safe sleep in the hospital. We will also present the results of our impact on infant deaths in the community

**Addressing Barriers to Transportation for Women at Risk for Infant Mortality in Mahoning County through the MY Baby's 1st Transportation Program, Sophia Iqbal, Michelle Edison, Patricia Sweeney, Location #15**

The MY Baby's 1st Transportation Program provides on-demand transportation for women engaged in infant mortality initiatives in Mahoning County, like the HUB and Centering Pregnancy. Unlike traditional transportation through insurance, participants were able to use this service for social service appointments in order to access other needed resources like grocery stores, job interviews, and legal aid. Participants were also allowed to bring children and an adult caregiver to appointments to provide support and assistance.

**The Ohio Perinatal Quality Collaborative: An Overview of Three Projects using Quality Improvement Science to Implement Evidence-Based Practices aimed at Reducing Preterm Births and Improving Birth Outcomes across Ohio, Jay Iams, Bianca R. Williams, Location #16**

An overview of three projects initiated by the Ohio Perinatal Quality Collaborative that use quality improvement science to implement evidence-based practices aimed at reducing infant mortality and improving birth outcomes across Ohio.

**Addressing Opioid Use Disorder: An Overview of Two Population-Based Projects Aimed at Optimizing the Care of Infants with NAS as well as Improving Care and Outcomes for the Mother-Infant Dyad by Supporting Maternity Care Providers in the Care of Pregnant Women with OUD, Michael Marcotte, Susan Ford, MSN, Bianca R. Williams, Location #17**

Addressing Opioid Use Disorder: An overview of two population-based projects aimed at optimizing the care of infants with NAS as well as improving care and outcomes for the mother-infant dyad by supporting maternity care providers in the care of pregnant women with OUD.

**Community Care Coordination: Working to Improve Birth Outcomes, Ella Thomas, M.ED, Sarah Mills, MPA, Location #18**

In 2017 a total of 417 clients were served by community care coordinators in the SW Ohio Hub in the Maternal & Child Program. Community Health Workers (CHW) provide the support, advocacy, and education with and on behalf of the client. By addressing the social determinants of health and providing support to the client during her pregnancy, the CHW works to improve birth outcomes and address the health disparities in our community.

**Cradle Cincinnati Connections: Making Every Connection Count, Lindsey Cencula, Patrice Pennington, Location #19**

Cradle Cincinnati Connections is a support not only to families, but to the service providers in the community. Our program provides families and organizations with health education and screenings, case conferencing, access to supplies, and will arrange connections for patients to other support agencies. This wrap-around service model promotes better health outcomes and thriving communities.

**Safe Sleep Pilot Program: Impact of Education in Day Care Centers Located in Mahoning County "Hot Spots", Diane Lockett MSN, RNC-NIC, Elena M. Rossi, MD, MMM, FAAP, Location #20**

In 2016, two to three infants died in unsafe sleep environments each week in Ohio. Funded by the Child Injury Action Group of the Ohio Injury Prevention Partnership, Akron Children's Mahoning Valley Safe Sleep Pilot Program assessed and identified safe sleep knowledge and practice gaps in licensed day care centers in "hot spot" locations. Insights gained from pre-knowledge assessments and site audits guided the educational focus during 3 visits to participating centers.

**Reproductive Life Planning & Pregnancy Spacing in Hamilton County, Adrienne King, MPA, Amy Clasgens, BSN, RN, Jessica Seeberger, MPH, Lindsey Cencula, Alexis Amsterdam, MPH, Ryan Adcock, MPA, James Greenberg, MD, Farrah Jacquez, PhD, Elizabeth Enlow, MD, MS, Location #21**

Poster will display the Reproductive Life Booklets being used in Hamilton County to help men and woman with goal setting, pregnancy spacing, and optimal health before planned pregnancies. It will also display survey data on attitudes toward birth control and pregnancy spacing lead by Cradle Connections and Dr. Enlow (CCHMC physician/researcher) with NICU families in Cincinnati Children's, Good Samaritan, and University Hospital.

**Past-Present-Future: Promoting Optimal Women's Health to Fight Infant Mortality Using Population Health Management, Brittany Hopkins, Erin L. Brigham, MPH, Ronata Robinson, MPH. Location #22**

As a leading Medicaid managed care organization, CareSource understands the power of optimizing women's health as a means to decrease infant mortality. Using a new Population Health Management model, CareSource has shifted from a traditional managed care focus of high cost/high risk medical to a data driven holistic population approach to help identify social, medical, and behavioral barriers to women's health.

**Project THRIVE: Reducing Disparities in Infant Mortality in Stark County, Ohio with Community Health Workers and the Pathways Community HUB Model, Peter Leahy, PhD, Lynn Falletta, PhD, Stephanie Abbruzzese, MPH, Location #23**

Stark County THRIVE utilizes trained certified Community Health Workers to identify, educate and coordinate care for pregnant women, especially African-American, in high-risk Stark County neighborhoods. The Care Coordination System and Pathways Community HUB model used in Stark County THRIVE for risk identification and service referral is explained. Demographic and risk characteristics of women served since fall 2016 are presented, along with initial outcome results from a Kent State University evaluation comparing Stark County THRIVE and non-THRIVE birth outcomes in the same census tracts.

**Effectiveness of Postpartum Outreach Calls on Postpartum Outcomes, Erica Twersky, Amber Detty, Hagy Wegener, and Betty Testa, Location #24**

Infants are most vulnerable during the postpartum period, which has been referred to as the "fourth trimester". Buckeye Health Plan recognized that postpartum members would benefit from personalized telephonic outreach to address their needs and assist them in scheduling their postpartum visit. Calls made by a Healthcheck staff member LPN from August 2016 through July 2018 were analyzed to assess postpartum rates between members successfully reached, compared to the general population.

**Maternal Smoking: Implementing the 5A's, Dorian Mundy, MPH, CHES, Location #25**

Using quality improvement methods to increase the use of the 5A's during prenatal care, ultimately to prevent preterm birth, a leading contributor to infant mortality.

**We Want All Babies to “Liv”, Yordanos Gebru, Location: #26**

The poster will be presenting the MOMS Helpline mission and objectives and how the helpline is optimizing the services the program offers. This includes service overview, communication avenues, data findings, partnerships and community outreach successes. This is intended to show attendees the progress the helpline has made in hopes that attendees will learn what they can do in their communities.

**Reducing the Risk of Sudden Unexpected Infant Death (SUID) and other Sleep-Related Causes of Infant Death in the City of Cincinnati, Anthony J. Nixon, Jr., MPH, Tamiaka Gray, MINCM, Jennifer Mooney, PhD, MS Location: #27**

Cincinnati Health Department serves as a partner and distributor with Cribs for Kids® and the Ohio Department of Health. Located in the Avondale neighborhood, the Cincinnati Health Department promotes the “ABCs of safe sleep” – that a baby should sleep alone, on its back, and in a crib. The City of Cincinnati is addressing the problem through educating parents and caregivers on the importance of practicing safe sleep environment for babies, ultimately promoting optimal infant health.

**Improved Birth Outcomes Through Health Plan and Community Hub Partnership, Brad Lucas, MD, Amber Detty, Location #28**

Buckeye Health Plan conducted a retrospective cohort study of 3702 deliveries in the footprint of our busiest Community Hub. This was to determine if Medicaid health plan clinical program activity combined with community based care coordination can improve birth outcomes. Our data shows that Community Hub activity combined with Medicaid health plan clinical program/care management activity improves birth outcomes in high risk pregnancies compared to high risk pregnancies that are not exposed to this intervention.

**Evaluation of Indiana 2014 Sudden Unexpected/Unexplained Infant Death Data, Kelly Cunningham, MPH, Gretchen Martin, MSW, Holly Wood, Location #29**

In an effort to identify cause/manner of death classification and data collection inconsistencies in Indiana, the Indiana Statewide Child Fatality Review (CFR) Committee reviewed case information for all 2014 SUIDs to identify trends and risk factors associated with infant death in Indiana. From this analysis, the Statewide CFR Committee made recommendations for infant safety, as well as improved SUID investigation and case review at the local level.

**Interdisciplinary Collaboration for Migrant Group Prenatal Care, Nicole M. Parish, Kathy Suarez, Kathleen Cruz, Location #30**

Showcase a unique approach to prenatal care of at-risk migrant women. Barriers, solutions and outcomes will be reviewed.

**UnitedHealthcare Community Plan of Ohio Health Disparities Pilot Projects, Corinn Taylor, PhD, Sarah Haag, Location #31**

The mission of UnitedHealthcare is to help people live healthier lives and help make the system work better for everyone. This poster presents preliminary results of two pilot projects that focused on targeted case management in Hamilton and Mahoning Counties. The Hamilton County Project focused on improving well-child care in the first year of life through telephonic case management. The Mahoning County project focused on prenatal/postpartum care visits as well as improving well child care specifically focusing on the infants’ first year of life through telephonic (RN) and field case management (CHW).

**Ohio First Steps: Improving Practices Supportive of Breastfeeding in Ohio Hospitals**

**Ryan C Everett, MPH, Bre Haviland, MS, RD, LD, CLC, Location #32**

The Ohio First Steps for Healthy Babies breastfeeding recognition program recognizes maternity centers in Ohio that have taken steps to promote, protect and support breastfeeding in their organizations. First Steps offers many opportunities for learning and networking to support the Ten Steps to Successful Breastfeeding, recognizing hospitals for implementing the Ten Steps, using a modified application form. A five-star program, First Steps awards a star for every two steps achieved.

**Increasing the Days Between Sleep-Related Deaths in Hamilton County, Ohio, Jessica Seeberger, MPH Ryan Adcock, MPA, Location #33**

Between 2014 and 2017, the Cincinnati community came together to implement more than two dozen aligned initiatives that promote safe sleep, including the introduction of a free crib program, the development of a safe sleep video with families sharing their personal stories of loss, and the co-creation of billboard campaigns with local families and radio campaigns with prominent black leaders. Deaths were tracked via a novel days-between chart that identified a statistically significant change in 2014.

**Improving Access to Same-Day LARC Insertion, Jo Taylor, APRN-BC, Location #34**

The Women’s Health & Wellness Center at Columbus Public Health focuses on improving access and decreasing barriers to contraception for women and adolescents, including LARC (long-acting reversible contraception) as part of a larger strategy to prevent unintended pregnancy and to support infant mortality reduction initiatives such as safe birth spacing. By using evidence based guidelines and interventions, the center achieved record high uptake of LARC usage and same-day LARC insertion rates.

**Maternal Opiate Addiction: Care, Collaboration & Community, Karen Frantz, Jocelyn Davis, Location #35**

Abuse of opiate drugs has been called a national public health crisis. The number of pregnant women addicted to opiates served by our system has increased 492% since 2011, compounding the already-urgent problem of high infant mortality and preterm labor rate in Ohio. Pregnancy complicated by addiction is a treatable condition. Our system developed the Maternal-fetal Opiate Medical Home (MOMH), a specialized, innovative, and highly coordinated care pathway for opiate addicted mothers.

**The Best Care for Underserved Moms in Pregnancy (BUMP), Karen Frantz, Jocelyn Davis, Location #36**

According to the Centers for Disease Control and Prevention, infant mortality is one of the most important measures of the overall health of a nation. The United States ranks THE WORST of all industrialized nations. Racial disparities are significant, where African American infants die at more than twice the rate of white infants. Our state (Ohio) is among the worst states in infant mortality, ranking 45th. Our service area includes two zip-codes designated as ‘hot spots’ for the highest infant mortality rates. The majority of infant deaths are amenable to prevention, occurring because the baby was born premature. Other regional contributing factors: the opiate/heroin epidemic, becoming an international relocation site for Nepali refugees, and low breastfeeding rates.

**A Population Health Response to Alleviate infant Mortality, Karen Frantz, Jocelyn Davis, Location #37**

PRAM was developed by a multidisciplinary team who leveraged our strong roots in population health and community outreach to target the main etiologies of infant mortality: prematurity, racial disparities and unsafe sleep practices, as well as two dominant and contributing factors in our population including opiate dependency and low breastfeeding rates.

**CenteringPregnancy at OhioHealth Family Medicine Grant, Loretta Raiford, BA, BSN, RN, CCF, Donna Beach, BSN, RN-BC, Location #38**

An overview of implementation, operations, and outcomes for an evidence-based model of group prenatal care within a geographic area at high risk for infant mortality due to preterm and low weight births.

**Promoting Preventive Visits to Improve the Health of Adolescents and Young Adults in Indiana, Dennine Smith, MPH; Fatma Yousif, BSHSM; Casey Kinderman, BSPH, Location #39**

In the Spring of 2017, Indiana was selected to participate in the Association of Maternal and Child Health Program's (AMCHP) Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH-COIN) to increase access to and quality of adolescent well visits in Indiana. The purpose of the AYAH-COIN was to improve access and utilization of preventive services, quality of preventive services, as well as state and systems level policies for young people.

**Neonatal Abstinence: Outcomes at Birth, Tamisha L. Samiec, Sara J. Paton, Location #40**

This study was designed to study demographic outcomes of infants affected by neonatal abstinence syndrome compared to a normal cohort of infants. Infant outcomes included breastfeeding, infant weight, gestational age, Apgar scores and length of stay. Maternal care, infections and comorbidities were also investigated.

**Full Circle: CenteringPregnancy Through Delivery, Carol Holmes, Sara McNicholas, Nicole Parish, Location #41**

In order to improve the infant mortality rate in Mahoning County, Mercy Health Youngstown has collaborated on several initiatives in our community. Mercy Health Youngstown initiated the CenteringPregnancy program as well as the Resource Mother's Program as the foundation for prenatal care and improving the health of our community. Through the collaboration with in the community other initiatives have been established to educate and reinforce safe sleep, promote breastfeeding and Progesterone therapy. CenteringPregnancy has proven to be the model that provides the best access to prenatal care.

**Contribution of Pre-viable Births to Racial Disparity in Infant Mortality Rates in the United States, MacKenzie Lee, Eric Hall, Emily DeFranco, Location #42**

Infant mortality rate in the US differs by race/ethnicity. This difference is very pronounced at the extremes of prematurity. One potential method of standardization of IMR at the national level would be to impose a minimum gestational age defining live birth at  $\geq 20$  weeks for infant mortality calculations. This study demonstrates that this approach may obscure the disproportional contribution of previable births to IMRs among the non-Hispanic Black population.

**Contribution of Previaible Infant Deaths to Infant Mortality Rates among US Census Regions, MacKenzie Lee, Eric Hall, Emily DeFranco, Location #43**

Infant mortality rate is high in the US compared to other countries. The definitions utilized to categorize and classify live births and infant mortality are not standardized between countries, and may vary across the US. Standardized infant mortality reporting defining live birth at  $\geq 20$  weeks results in more consistent IMRs among US regions and minimizes variability. The validity of regional and international comparisons could be strengthened through standardization of infant death reporting in the U.S.



The 4th Biennial Ohio Infant Mortality Summit is sponsored by the Ohio Department of Health and Ohio Collaborative to Prevent Infant Mortality, a broad-based, diverse group of parents/consumers, public health officials, policy makers, community members, 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. For more information or to join the Collaborative, visit our Website: <http://bit.ly/everybabymatters>.





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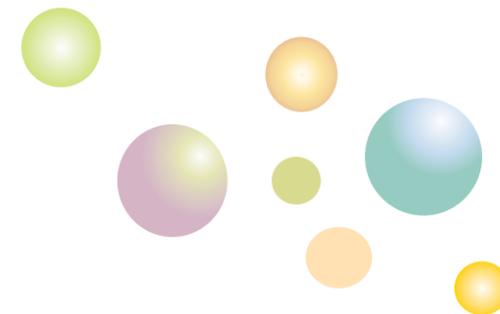
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