

The logo of the Ohio Department of Health is a large, light blue circular emblem. It features a central white silhouette of the state of Ohio. The words "OHIO DEPARTMENT OF HEALTH" are written in a light blue, sans-serif font around the top inner edge of the circle. At the bottom inner edge, the motto "To protect and improve the health of all Ohioans" is written in a light blue, cursive font. The logo is semi-transparent, allowing the text of the document to be seen through it.

**Ohio Department of Health (ODH)
Division of Family and Community Health Services (DFCHS)
Bureau of Child and Family Health Services (BCFHS)
Child and Family Health Services Program (CFHS)
Program Standards
2014**

Ohio Institute for Equity in Birth Outcomes Standards

Table of Contents

Overview	3
Ohio Equity Institute Cohort	3
Goals	4
Technical Assistance and Training Support	5
Eligibility/Justification	5
Assurances	5
Funding for OEI Component	5
OEI Application Fee	6
FIMR Implementation	6
OEI Downstream and/or Upstream Implementation	6
OEI Value Propositions	7
National Dissemination	8
Appendix A: Fetal Infant Mortality Review Program Information	9

Overview

"According to data from the NCHS, in 2010 Ohio delivered the 7th largest number of babies within the Country. Yet, our white, overall and black infant mortality rates ranked Ohio #38, #47, and #49, respectively. At the same time the City of Cleveland was tied with Detroit for the highest infant mortality rates in the 50 largest cities in the nation. Columbus, Ohio was #15 on this list. Despite having several Children's Hospitals nationally ranked within the top 50, wonderful training programs in Pediatrics as well as in Obstetrics and Gynecology, and having several large and highly regarded medical centers, we have not kept pace with the rest of the nation in successfully escorting our youngest and most vulnerable through the first year of life. Ohio must do better," said Arthur R. James, MD, Senior Policy Advisor, Ohio Department of Health

The Ohio Department of Health and CityMatCH are partnering with nine (9) Ohio communities to improve overall birth outcomes and reduce the racial and ethnic disparities in infant mortality. Ohio ranks near the bottom of U.S. states in overall infant mortality rates and especially in African-American infant mortality rates.

CityMatCH is a national organization that supports urban maternal and child health efforts at the local level. It is their mission to "strengthen public health leaders and organizations to promote equity and improve the health of urban women, families and communities." Ohio is utilizing the model provided by the national Institute for Equity in Birth Outcomes to build a similar program in our state.

The Ohio Institute for Equity in Birth Outcomes (Ohio Equity Institute or OEI) is an initiative designed by CityMatCH to strengthen the scientific focus and evidence base for realizing equity in birth outcomes. The Institute is a data-driven, high-visibility movement by nine urban Ohio communities. This effort marks the first time that CityMatCH will work in so many cities in a single state at the same time. The hope is for Ohio to become a template for other states also wishing to make measurable reductions in birth outcome inequities.

During a three-year span (July 1, 2013 – June 30, 2016) these communities will participate and receive training to support them as they select, implement, and evaluate equity-focused projects.

Ohio Equity Institute Cohort

- Butler County
- Canton – Stark County
- Cincinnati – Hamilton County
- Columbus
- Cleveland – Cuyahoga County
- Youngstown – Mahoning County
- Dayton – Montgomery County
- Summit County
- Toledo - Lucas County

Goals

The challenge is to assess local capacity, examine local data, design and implement an equity project, and demonstrate the evidence base for local interventions that reduce inequities in birth outcomes. Ohio Equity Institute teams will work together and with experts in the fields of public health, epidemiology, birth outcomes, health inequities, and evaluation to accomplish **two main tasks:**

1. Complete the Equity Institute Curriculum with its 5 Major Topics

- Race, Racism, and Inequities in Birth Outcomes in the U.S.
- Epidemiology of Birth Outcomes and Racial Disparities
- Evidence-Based Interventions for Vulnerable Populations
- Leadership
- Evaluation

2. Consider, Design and Implement Local Equity Projects

Through the combination of strategies shown to improve birth outcome disparities (ex. 17P, birth spacing, safe sleep, etc.), and data-driven decisions specific to the target populations in each community, teams will engage in two local equity projects aimed at reducing the disparity in birth outcomes. One project will employ downstream strategies and one project will employ upstream strategies.

- **“Downstream” Project Planning, Implementation, and Evaluation Support**

CityMatCH will provide a data-driven review of available strategies for reducing birth outcome inequities. Technical assistance will help each community create a logic model, implementation plan, and evaluation protocols. CityMatCH has retained the University of Kansas’ Work Group for Community Health and Development – creators of the Community Toolbox – to provide expert evaluation support.

- **“Upstream” Project Planning and Implementation Support**

Birth outcome inequities exist due to unfair differences in the social determinants of health. Until we see equity in housing, education, economics, transportation and so on, health disparities will persist. These “upstream” issues tend to take longer, require broader coalitions, and have impacts that are difficult to quantify. Yet, they remain the ultimate solution. CityMatCH will assist each community in the planning and implementation of one major “upstream” initiative.

Technical Assistance & Training Support

Teams will receive technical assistance as they consider their capacity, and design and implement their project through face-to-face OEI trainings, monthly calls and webinars, online curriculum components, mentoring relationships with experts, and topical technical assistance. At the close of the three-year initiative, OEI will host an Ohio Equity Summit that will feature the teams' projects and outcomes along with other nationally known speakers. The national Maternal and Child Health community will be invited, and Ohio's successes will be displayed.

Eligibility/Justification

Only OEI Teams are eligible to apply for funding in this CFHS component. Those eligible are: Butler County; Canton – Stark County; Cincinnati – Hamilton County; Columbus; Cuyahoga County – Cleveland; Mahoning County – Youngstown; Montgomery County – Dayton; Summit County; Toledo - Lucas County.

The OEI *measure* and *strategies* are found on the CFHS Components Grid in the current RFP. The Components Grid is used to populate the *strategies* and *benchmarks* on the CFHS Program Plan. *Benchmarks* have been developed for all CFHS *measures* and are used to measure progress toward achieving CFHS goals. A CFHS agency must use only those *measures* identified by ODH in the most recent Request for Proposal and their corresponding *benchmarks* for each *strategy*. *Benchmarks* cannot be altered. However, additional *benchmarks* for specific activities should be included in the program plan.

Assurances

To be eligible to receive funding for the OEI component the applicant must review and sign CFHS Program Assurances for the Ohio Equity Institute Component.

Funding for OEI Component

OEI Teams are eligible to apply for the following strategies:

- Annual application fee for participation in OEI.
- Fetal Infant Mortality Review (FIMR) implementation.
- OEI interventions implementation (approved upstream and/or downstream)

OEI Application Fee

OEI teams are required to pay an annual application fee to CityMatCH for the OEI by July of each year. CFHS applicants are eligible to apply for the ODH portion of the OEI application fee (\$20,000). The remaining \$20,000 must come from local funding sources. Each participating entity must work directly with CityMatCH to make the application fee payment.

FIMR Implementation

OEI Component funds may be used to assist in implementing a local Fetal Infant Mortality Review (FIMR). This review system is a multi-disciplinary, multi-agency, community-based program that identifies local infant mortality issues through the review of fetal and infant deaths and develops recommendations and initiatives to reduce infant deaths.

The FIMR Process includes the following: identification of cases based on the infant mortality issues of the community; collection of appropriate records from medical, social service and other providers; maternal interview; abstraction of available records to produce a de-identified case summary; presentation of de-identified case summary to review team; development of data-driven recommendations; and implementation of recommendations to prevent future deaths. The classic FIMR includes two components: a case review team (CRT), which reviews case summaries and develops recommendations and a community action team (CAT), which reviews the recommendations presented by the Case Review Team and develops a plan to implement these interventions.

Key roles for local FIMR programs include coordinator, abstractor, and interviewer. These positions can be all one person, or three different, coordinated staff members. Most of the FIMR budget is spent on salaries for these positions.

More detail on FIMR is provided in Appendix: Fetal Infant Mortality Review Program Information.

OEI Downstream and/or Upstream Implementation

OEI Component funds may be combined with local funds to implement one or both of the interventions approved by CityMatCH/ODH. The budget may be spent on personnel, consultants and collaborators, equipment, travel, (including any plans for out-of-state travel), supplies and training costs. A detailed budget justification narrative must be submitted that describes how the categorical costs are derived.

OEI Value Propositions

Clear Compelling Data to Garner Support and Drive Practice

CityMatCH is a data-centric organization and believes data should drive public health practice. CityMatCH staff is partnering with Ohio data experts to develop a brief that will highlight local data across all 9 participating communities in the Ohio Equity Institute.

Maternal and Child Health Systems Review, Improvements and Additions

CityMatCH will assist each participating community in a review of their current MCH systems. This top-to-bottom review will be aimed at improving and augmenting capacity to make our shared goal of measurable reductions in birth outcome inequities possible in every participating community. CityMatCH will provide this assistance directly or through national experts.

“Downstream” Project Planning, Implementation, and Evaluation Support

Once MCH systems are fine-tuned, CityMatCH will provide a data-driven review of available strategies for reducing birth outcome inequities. CityMatCH staff has subdivided these strategies into two tiers based on the evidence of effectiveness. Detailed calculations regarding poor outcomes averted and cost savings will be provided for each strategy. Technical assistance will help each community create a logic model, implementation plan, and evaluation protocols. CityMatCH has retained the University of Kansas’ Work Group for Community Health and Development—creators of the Community Toolbox—to provide expert evaluation support.

“Upstream” Project Planning and Implementation Support

Birth outcome inequities exist due to unfair differences in the social determinants of health. Until we see equity in housing, education, economics, health care, vocation, transportation and so on, health disparities will persist. These “upstream” issues tend to take longer, require broader coalitions, and have impacts that are difficult to quantify. Yet, they remain the ultimate solution. CityMatCH will assist each community in the planning and implementation of one major “upstream” initiative.

National Dissemination

CityMatCH plans to work with each community to create “Project Launch Reports”. These reports will be published by CityMatCH as soon as each community is ready to implement their “downstream” project, and will highlight local data, detail the project itself, and outline the expected outcomes. These reports will then be disseminated nationally to our partners and distributed at conferences where CityMatCH is invited to speak. Additionally, at the close of the three-year initiative, we will host an Ohio Equity Summit that will feature the teams’ projects and outcomes along with other nationally known speakers. The national Maternal and Child Health community will be invited, and Ohio’s successes will be put on display.



Appendix A: Fetal Infant Mortality Review Program Information

Description of Fetal Infant Mortality Review (FIMR) Model and Process

Health throughout one's lifetime is influenced by the interplay of risk and protective factors, such as socioeconomic status, environmental exposures, health behaviors, stress, and nutrition. Deaths across the lifespan often have intertwined risk factors. Using this Life Course framework and building on the successful model of Child Fatality Review, ODH has initiated an additional review program to more fully understand the issues of infant mortality.

Fetal Infant Mortality Review (FIMR) is a multi-disciplinary, multi-agency, community based program that identifies local infant mortality issues through the review of fetal and infant deaths and develops recommendations and initiatives to reduce infant deaths.

The FIMR Process includes the following:

- Identification of cases based on the infant mortality issues of the community
- Collection of appropriate records from medical, social service and other providers
- Maternal interview
- Abstraction of available records to produce a de-identified case summary
- Presentation of de-identified case summary to review team
- Development of data-driven recommendations
- Implementation of recommendations to prevent future deaths

The classic FIMR includes two components: a case review team (CRT) and a community action team (CAT).

- Case Review Team (CRT) – reviews case summaries and develops recommendations
 - Diversity and community involvement in the CRT is key
 - CRT members should have influence and commitment to improvement of services.
 - Members should be those who provide services for families as well as community advocates. Recommended professionals include: representatives from local health department, OB/GYN, social services, SIDS community, Medicaid, WIC, minority advocacy, child care providers, drug treatment centers, hospital administrators.
- Community Action Team (CAT) – reviews the recommendations presented by the Case Review Team and develops a plan to implement these interventions
 - It is recommended that an existing community group serve as the CAT, rather than creating a new team

- Examples of possible CAT teams: Healthy Mothers/Healthy Babies program, Prenatal/Perinatal Regional Consortium, Community Advisory Board, mayor's or county commissioner's blue ribbon panel on infant mortality
- The CAT coordinates their plan with the CRT and shares their interventions

Key roles for local FIMR programs include coordinator, abstractor, and interviewer. These positions can be all one person, or three different, coordinated staff members. Most of the FIMR budget is spent on salaries for these positions.

- Coordinator
 - Oversees the FIMR process including: selection of cases to review; monitoring case preparation; coordination of CRT and CAT teams, meetings and activities; preparation and summarization of data for local teams and ODH
- Abstractor
 - Requests medical/social services records, enters appropriate information (including maternal interview) into the database system and prepares case summary
- Interviewer
 - Tracks, contacts, and engages the mother of the infant who died; conducts interview; and provides information to abstractor

It is estimated that FIMR requires approximately 80 hours a month to prepare 5 cases for review and CRT meeting time and coordination. National FIMR estimates the cost to be about \$400-\$700/ per case.

FIMR is a community based program with responsibilities shared among a variety of organizations and agencies; it should not be solely "owned" by a local health department.

Interaction with Child Fatality Review (CFR)

Established by Ohio law in 2000, child fatality review is a process for the in-depth, multidisciplinary, multi-agency review of the circumstances and contributing factors of child deaths. The review process has resulted in a much richer understanding of how and why children die than can be learned from vital statistics data alone. On both the state and local levels, CFR findings are used to take action that can prevent other deaths and improve the health and safety of children.

Similarities of FIMR and CFR:

- Both are local systems, with local control and determination
- Both are public health focused
- Both are prevention focused
- Neither is a medical peer review system
- Neither is investigative or prosecutorial
- Neither is research

Differences between FIMR and CFR:

- CFR is mandated by the Ohio Revised Code; FIMR is not
- Two tiered team process – FIMR has CRT and CAT
- Number and type of cases reviewed – FIMRs usually review a relevant sample of cases, which includes fetal deaths. CFR in Ohio reviews all child deaths from birth through age 17
- Anonymity – FIMR is de-identified whereas CFR is confidential
- Family Participation – FIMR includes maternal interview
- Community Participation – FIMR includes lay community members on the Case Review Team
- Membership – FIMR teams usually include more OB/GYN, maternal-fetal medicine and neonatology representatives than CFR

Possible coordination between FIMR and CFR:

- Identify one or two members who are common to both teams (usually health department member)
- Hold a joint CFR and FIMR meeting annually to share findings and recommendations
- FIMR and CFR coordinators work together to identify cases for each program
- FIMR and CFR coordinators may share case information

Legal/Legislative Issues

- ODH is currently working with our legal and legislative affairs departments to draft legislation similar to the Ohio CFR law which will address: closed meetings; authority to request records from individuals, agencies and medical providers; immunity from civil liability as result of participation on the boards; and confidentiality for all documents.

Data System

- ODH has selected the national FIMR (NFIMR) database
- This will drive some of our forms, processes, and procedures
- The data system includes the following types of documents:
 - Records request forms that provide information on requests for medical/social service records
 - Case Log Form to keep track of cases
 - Data Abstraction Forms to enter information about the case from the records obtained and the maternal interview
 - Case Summary Form – de-identified and presented to the Case Review Team – based on the abstraction
 - Case Review Findings Form - summary of findings from the review team
 - Aggregated Case Findings Form – aggregate findings from the cases reviewed and presented to the CAT and ODH
 - Community Action Team Summary Form- Plan of interventions/action steps, timing for interventions, person/agency responsible for implementing the intervention, resources, and status of proposed intervention
- Data from the CRT and CAT teams will be submitted to ODH on a periodic basis
- State will share aggregate findings from all teams

The following chart is an example of how FIMR can coordinate with Child Fatality Review (CFR).

Coordinating Fetal-Infant Mortality and Child Death Review in a Community

