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## The Ohio Commission on Minority Health

December 2015

John Kasich,  
Governor

Gregory L. Hall, MD, Chairman

Angela C. Dawson, Executive Director

### A Word from the Chairman



Gregory L. Hall, MD  
Chairman, Ohio Commission on Minority Health

#### **Medical Expert Panel: Achieving Equity and Eliminating Infant Mortality Disparities within Racial and Ethnic Populations: From Data to Action**

#### **Volume 1 – Infant Mortality**

#### **Medical Expert Panel Overview**

Since 1987, the Ohio Commission on Minority Health (OCMH) has been at the forefront of addressing health disparities and health inequities in Ohio. The persistent nature of health inequities, the effect of social determinants and new opportunities for systemic change requires expertise to address old challenges and maximize new opportunities. In 2014, the OCMH established the Medical Expert Panel (*OCMHMEP*) as one of its strategies to overcome health disparities and achieve health equity in Ohio.

The *OCMHMEP* functions under the OCMH's Communication Committee and is comprised of experts with extensive experience in addressing inequitable health outcomes of minority populations based on policy formulation, modification of clinical practices and enhancement of public health interventions. The *OCMHMEP* is designed to think "outside the box" and to challenge conventional practices and policies. Often health improvement strategies are well intentioned but consistently fail to meet thresholds necessary to overcome disparities.

## A Word from the Chairman, Continued

Over a nine (9) week period, the OCMHEP deliberates on a particular health issue which culminates into a set of practical recommendations that if implemented can effectively address disparities. This particular panel was assembled to address Ohio's tremendous challenge of infant mortality disparities, which are among the worst in the United States.

Infant mortality is the death of any live-born baby prior to his or her first birthday. The infant mortality rate (IMR) is a public health indicator of a complex societal problem. Numerous frameworks have been used to help understand the primary determinants of infant mortality in a given society and to identify interventions to address this problem. The root social causes of infant mortality are persistent poverty, pervasive, and subtle racism, and the chronic stresses and other psychological and environmental barriers associated with these socio-economical conditions.

This document provides unique insights of practitioners and policy makers who are on the front lines of addressing infant mortality disparities in Ohio. The recommendations go beyond the use of advanced medical technologies which can result in a live birth but whose influence does not prevent a baby from dying before their first birthday. These recommendations call for an integrated approach that includes, but is not limited to, access to quality health care; policy formulation which address social determinants; program integration; strategic use of data; and a thorough understanding of dynamic political processes which influence health outcomes (US Department of Health and Human Services Office on Minority Health, 2011). These recommendations are also grounded in health equity concepts and make a clear distinction between those intervention levels which are "upstream" "midstream" and "downstream." To put these recommendations into further context we have identified the following categories: capacity, access to care, care coordination, data, and workforce to ensure that they are actionable.



## Dr. Lolita McDavid Chair, Medical Expert Panel Series on Infant Mortality



I appreciated the opportunity to lead the Ohio Commission on Minority Health's Medical Expert Panel Series on Infant Mortality.

My career has focused on child health and wellbeing. I was Head of the Division of General Pediatrics at Metro Health Medical Center, the largest public hospital in the state. I then was responsible for founding the Children's Defense Fund's first county-wide project. Since coming to Rainbow Babies and Children's Hospital, we have founded the organization that is now Voices for Ohio's Children, designed a program at the request of our county commissioners to help children who witness violence and planned and implemented a program designating our hospital as a "No Hitting Zone", which has been replicated by over 80 hospitals across the country. I have served as the Chair of Public Policy and Advocacy of the Academic Pediatric Association, on three national advisory committees of the Robert Wood Johnson Foundation, and the Committee on Federal Government Affairs of the American Academy of Pediatrics.

This document summarizes the findings of the Ohio Commission on Minority Health's Medical Expert Panel (OCMHMEP). The OCMHMEP's sole purpose is to offer insight and recommendations to eliminate disparities in poor birth outcomes and infant mortality. Infant mortality is defined as the death of any live-born baby prior to his or her first birthday. National and state public health data reveal that Black/African-American babies die 2 times the rate of White/Caucasian babies. Ohio infant mortality disparities are among the worst in the nation.

Addressing infant mortality disparities is very complex and at times controversial. Some regard these disparities as a failure of government and social institutions to create environments conducive to good health. Some believe the disparities are a failure of the healthcare system while others believe disparities reflect an inability of women and families to take personal responsibility for their health. The OCMHMEP considered a variety of perspectives and acknowledges that infant mortality disparities emanate from the intersection of many social issues. These include, but are not limited to: poverty, structural racism, unequal economic opportunity, educational attainment, access to quality health care, access to family planning services, and ineffective policy coordination. Moreover, the political considerations surrounding this topic are extremely intense and multifaceted. The failure to acknowledge the political aspects of infant mortality would diminish the OCMHMEP's credibility to honestly and appropriately address the problem.

OCMHMEP is comprised of experts in public policy development, advanced clinical practice and management of state and local public health interventions. Over a nine (9) week period, the OCMHEP deliberated on the root causes of infant mortality disparities and strategies to address this problem. Throughout the development of the white paper, panelist sustained a mindset grounded in health equity as opposed to reducing health disparities. This is a very important distinction which posits that long-time success will be reflected by the lowest infant mortality rate among minorities that mirror those of the referent group with the best birth outcomes and survival rates. This does not mean that the death of infants within the first year of life will be totally eliminated. Rather, that all babies in Ohio regardless of race, ethnicity or social-economic status will have the same chances of survival and optimal health.

The OCMHMEP identified six key focus areas that must be addressed in a comprehensive manner to achieve health equity in infant survival and birth outcomes. These include:

- Assuring access to uninterrupted insurance coverage;
- Building and sustaining capacity within communities and institutions to proactively overcome health inequities;
- Establishing and sustaining care coordination protocols to link women and families to comprehensive health and community services;
- The meaningful use of data to make informed decisions resulting in improved infant survival and birth outcomes, including public availability of provisional or preliminary data and the timeliness of final data;
- The development of a competent workforce to effectively address the multifaceted challenges of infant mortality;
- Directly addressing social determinants of health which are primary root causes of infant mortality and poor birth outcomes.

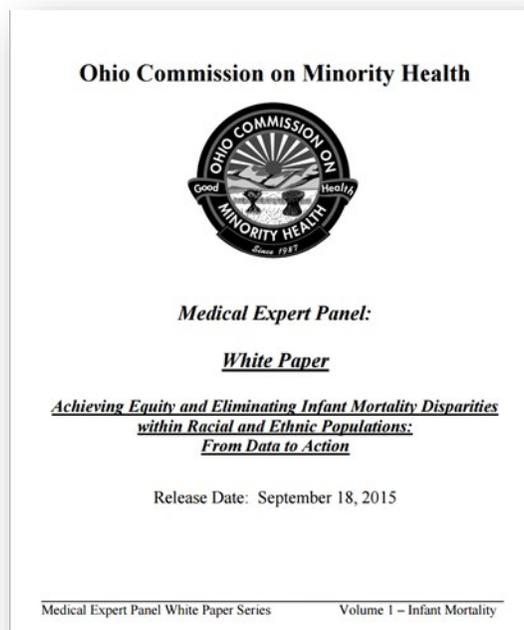
These six identified strategies must be implemented based upon the appropriate scope to achieve health equity. By scope we mean identifying the level of impact described as “upstream”, “midstream” and “downstream” interventions. Downstream interventions are those practices that influence health status by direct services. Midstream interventions are those that occur as the result of an organization’s sphere of influence. Upstream interventions involve policy approaches through laws, rules, and regulations. The strategies are not mutually exclusive to a particular scope and indeed function across a wide continuum.

The categories are further explained in the Medical Expert Panel Overview and will not be repeated here for the sake of brevity. However, as the reader reviews the entire document, there are four main points to keep in mind:

1. The goals established within this white paper are indeed aggressive. This was purposely done to avoid the tendency of supporting activities which function to reduce infant mortality disparities instead of pursuing interventions to achieve health equity. Achieving these goals requires a new mindset which emphasizes that changing social conditions is equally as important as improving healthcare services.
2. The challenge of infant mortality disparities and poor birth outcomes did not occur overnight. Therefore, substantial reductions in infant mortality disparities and poor birth outcomes will require a well-coordinated response over a period of years and resources that last beyond conventional budget cycles or priorities of any one administration.

3. No single institution has the capacity to solve this problem. Moreover, while substantial financial resources are needed, money alone will not solve this problem. Governmental agencies, community-based organizations, healthcare institutions, faith-based organizations and private industry must provide leadership within their spheres of influence to effect meaningful change. This requires unprecedented collaboration and the wisdom among partners to know when it is appropriate to lead and when is it appropriate to follow the leadership of others.
4. This white paper identifies specific policy initiatives to eliminate infant mortality disparities in a measurable way. Equally important, however, is the need to address difficult topics such as structural racism which directly impacts infant mortality disparities. This will require institutions, including government, to honestly acknowledge the existence of this problem and recruit subject-matter experts to dismantle structural racism in all of its forms and manifestations.

It has been my pleasure to serve as the Chair of this Medical Expert Panel White Paper and all the members of the Expert Panel appreciate this opportunity to present our paper. I would also like to thank the panel members for their diligent and thoughtful work.



Click [HERE](#) to access the Medical Expert Panel Series on Infant Mortality.

# Executive Director's Corner

December 2015

Dear Colleagues:



The Commission on Minority Health expresses sincere appreciation to the members of the Medical Expert Panel who participated in the development of this white paper, "Achieving Equity and Eliminating Infant Mortality Disparities within Racial and Ethnic Populations: From Data to Action."

The 16 medical expert panel members from across Ohio provided invaluable input, critical insights, thoughtful feedback, robust discussions and additional background information. We would like to give special thanks to each of them for sharing their time and expertise and guidance to this document.

The goal of this effort was to acknowledge that the vision required for health equity in birth outcomes cannot be characterized by a modest reduction of disparities among racial and ethnic minority communities. Rather, it is best characterized by the lowest infant mortality rate among minorities that is the same for the referent group with the best birth outcomes and survival rates.

In Ohio, we must resist any efforts to reinforce the 'status quo' approaches which have continually failed to achieve the Healthy People 1990, 2000, and 2010 goals for African-American infant mortality.

We are grateful for everyone's passion and commitment to address what is a public health crisis in Ohio and to develop recommendations designed to help Ohio's most vulnerable citizens.



The Ohio Commission on Minority Health wishes to thank all those who made first volume of the white paper series on achieving equity and eliminating disparities Possible.

## The Ohio Commission on Minority Health Infant Mortality Medical Expert Panel

<u>Expert's Name</u>	<u>MEP Expert's Affiliation/ Organization/ Practice</u>	<u>City/County</u>
<b>PANEL CHAIR:</b> Lolita M. McDavid, M.D, M.P.A, F.A.A.P	Rainbow Babies and Children's Hospital Professor of Pediatrics University Hospitals/Case Medical Center	Cleveland/Cuyahoga County
Gregory Hall, M.D. Chair Ohio Commission on Minority Health	Gregory L Hall MD Inc. Ohio Com- mission on Minority Health	Cleveland/Cuyahoga County
Cora Munoz, Ph.D., R.N. Vice Chair Ohio Commission on Minority Health	Professor Emeritus in Nursing De- partment Capital University Commission on Minority Health	Columbus/Franklin County
Johnnie (Chip) Allen, M.P.H	Ohio Department of Health	Columbus/Franklin County
Mary Applegate, M.D, F.A.A.P, F.A.C.P	Ohio Department of Medicaid	Columbus/Franklin County
Rodney E. Hill, M.D., F.A.C.O.G	Associates In Women's Health of The Mahoning Valley, Inc.	Youngstown/Mahoning County
Jay Iams, M.D.	Ohio State University	Columbus/Franklin County
Arthur James, M.D, F.A.C.O.G	Ohio State University Wexner Medical Cancer Nationwide Children's Hospital	Columbus/Franklin County
Gary LeRoy, M.D.	Wright State University Boonshoft School of Medicine Associate Dean of Student Affairs and Admissions Associate Professor Department of Family Medicine	Dayton/ Montgomery County
Noble Maseru, Ph.D., M.P.H	City of Cincinnati Health Depart- ment	Cincinnati/Hamilton County
Alphonsus Obayuwana, M.D.	Associate Chair, Dept. of Obstetrics & Gynecology; Mercy St. Vincent Medical Center	Toledo/Lucas County

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## The Ohio Commission on Minority Health Infant Mortality Medical Expert Panel, Continued

Augustus Parker, III, MD, F.A.C.O.G.		Columbus/Franklin County
Jan Ruma, M.Ed.	Hospital Council of Northwest Ohio	Toledo/Lucas County
Kim E. Simpson, M.D., F.A.A.P	Akron Children’s Hospital	Akron/Summit County
Jagadisharaje Urs, M.D., M.P.H.	Clinical Associate Professor, Nationwide Children’s Hospital/ The Ohio State University	Columbus/Franklin County
Judith Warren, M.P.H	Health Care Access Now	Cincinnati/Hamilton, Butler and Clermont Counties

### ASSIGNED COMMISSION STAFF:

Angela C. Dawson, MS, MRC  
Executive Director

Reina Sims, MSA  
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## Ohio Commission on Minority Health (OCMH) – Medical Expert White Paper Presented at Ohio Collaborative to Prevent Infant Mortality Quarterly Meeting



Dec. 1, 2015 Dr. McDavid addressed OCPIM Members as she presented the OCMH White Paper on Infant Mortality.

Dr. Lolita McDavid, Chair of the Ohio Commission on Minority Health Medical Expert Panel (OCMHMEP) on Infant Mortality presented the OCMHMEP White Paper on Infant Mortality – “Achieving Equity and Eliminating Infant Mortality Disparities within Racial and Ethnic Populations: From Data to Action at the December 1, 2015 Ohio Collaborative to Prevent Infant Mortality (OCPIM) meeting. This white paper can be obtained at: <http://mih.ohio.gov/Portals/0/Medical%20Expert%20Panel/IM%20White%20paper%20as%20of%20September%2021%208.26%20am%20sw.pdf>.

## March of Dimes Premature Birth Report Card Grades Cities, Counties; Focuses on Racial and Ethnic Disparities

US Earns A “C” on the 2015 Report Card

White Plains, New York | Thursday, November 05, 2015

Portland, Oregon has the best preterm birth rate of the top 100 cities with the most births nationwide, while Shreveport, Louisiana has the worst, according to the 2015 March of Dimes Premature Birth Report Card, which for the first time graded cities and counties around the nation and revealed persistent racial, ethnic and geographic disparities within states. Ohio was rated with a “C” in this recent report.

Please visit the March of Dimes <http://www.marchofdimes.org/materials/premature-birth-report-card-united-states.pdf> to download the report.

## Infant Mortality Pathways Community Hub – Replication/Expansion Funded

The Commission on Minority Health is pleased to announce its Round 1 selection of grantees for the Replication and Expansion of the Certified Pathways Community HUB Model to address infant mortality.

### Replication Grantees:

United Way of Central Ohio – Columbus

Mahoning Health District – Youngstown

### Expansion Grantees:

Hospital Council of Northwest Ohio - Toledo

Health Care Access Now – Cincinnati

The second and final round of applications are currently being considered and funding decisions will occur in January 2016.

# The Ohio Commission on Minority Health Board Members



Barreiro, Timothy J., DO, Chisolm, Deena J. PhD, Dungey, Cynthia, Director, (Designee: Jamie Carmichael), Hall, Gregory L., M.D. (Chair), Hicks, William, M.D., Hodges, Richard, Director, (Designee: Chip Allen ), Law, Mark Stephen, M.D., Ross, Richard A., Superintendent (Designee: Jill Jackson), The Honorable Barbara Sears, The Honorable Cecil Thomas, Martin, John, Director (Designee: Tamara Hairston), McCarthy, John, Director (Designee: Traci Bell-Thomas), Modlin, Charles, M.D., Munoz, Cora, PhD, RN (Secretary), Plouck, Tracy, Director (Designee: Jamoya Cox), Richey, Cherie, A., M.D. FACOG Satiani, Bhagwan, MD, and Commission Attorney General, Emily Pelphrey, Assistant Attorney General. Also pictured Executive Director Emeritus, Cheryl Boyce and the first Commission Chair, former Senator Ray Miller, State Representative Herschel Craig, and former Board Member and former State Representative, Roland Winburn.

Not pictured Dr. Cora Munoz, Dr. William Hicks, Director Richard Hodges, Director John Martin, Director John McCarthy, Director Tracy Plouck, Superintendent Richard Ross, State Representative Barbara Sears



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