

## Regional Infant Mortality Strategy Achieves Life Saving Success

Infant mortality is a key measure of a nation's health, reflecting socioeconomic conditions, maternal health, public health practices, and access to high-quality medical care, among other factors. Disappointingly, the infant mortality rate in the United States remains higher than the rates in most other developed countries, according to the U.S. Department of Health & Human Services. For Black babies nationwide, the figures are even more grave: the rate of infant death is nearly double the rate for white and Asian children.

### The Challenge:

The situation in Cuyahoga County, Ohio, mirrors what's happening nationally. For more than five decades, the county has had one of the highest infant death rates in the country. In 2015, the county was the second worst of 88 counties in Ohio. And among the 100 US cities with the highest number of preterm births, the City of Cleveland's premature birth rate was the worst. The reality of the situation was stark:

- ▶ Black moms accounted for 38% of pregnancies in Cuyahoga County, but Black babies account for 78% of infant deaths
- ▶ Premature births accounted for 54% of all infant deaths
- ▶ 65% of sleep-related infant deaths were babies who slept in an unsafe sleep location even when a crib or bassinet was available

### Cuyahoga County Child Deaths



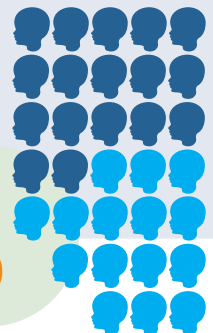
### Racial Disparities

Black babies died at nearly **three times** the rate of white babies.



### Prematurity

Premature births accounted for **54%** of all infant deaths.



### Sleep-Related Infant Deaths

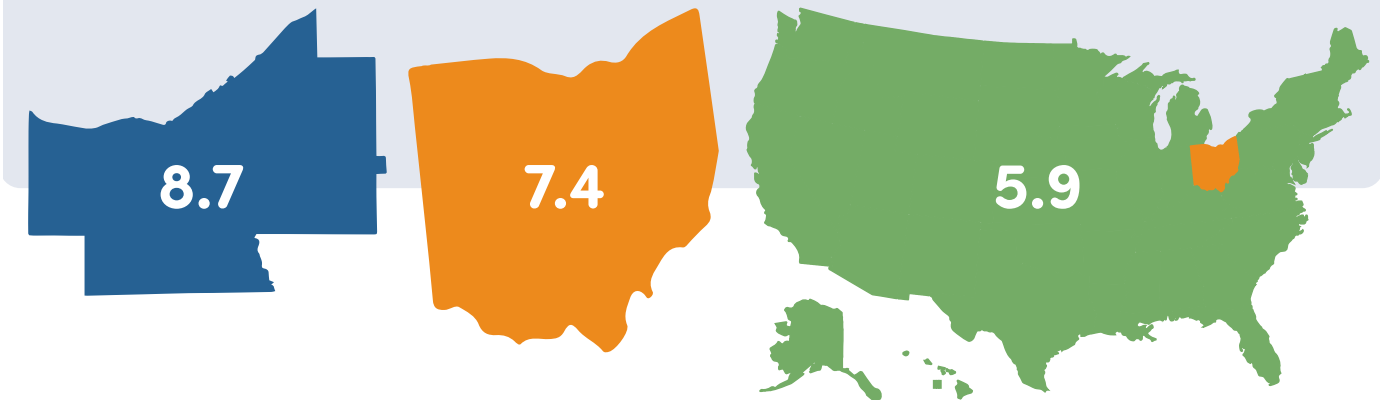
**65%** of the babies who died slept in an unsafe sleep location, even when a crib or bassinet was available.



First Year Cleveland formed to mobilize the community through partnerships and a unified strategy to reduce infant deaths, particularly among Black and brown babies, reduce extreme prematurity, and eliminate sleep-related infant deaths. It is a regional collaborative based in dedicated to helping all babies celebrate their first birthdays.

## Infant Mortality Rates per 1,000 Live Births

Cuyahoga County's Infant Mortality rate is higher than state and national rates.



To help meet its goals, First Year Cleveland prioritized five key areas from 2018-2020:

- ▶ Establish Shared Measurement Practices
- ▶ Support Coordinated Activities
- ▶ Build Public Will
- ▶ Advance Public Policy
- ▶ Secure Funding

Armed with these areas of measurable action, FYC Board and staff leadership, rallied health systems, parents, expectant parents, neighborhood residents, civic and government organizations, philanthropy, frontline caregivers, and faith-based groups to work together and coordinate in an ongoing effort to create systems change to reduce the Infant Mortality Rate. The ultimate goal: by 2020 to reduce the Infant Mortality Rate from 10.6 to under 6 deaths per 1,000.

To help reach that goal, FYC engaged Advocacy & Communication Solutions, LLC (ACS) to build First Year Cleveland's inaugural Engagement and Public Policy Roadmap in 2018 to help meet its mission. The lessons learned from this work are applicable in communities around the country that seek to make systems change to reduce Infant Mortality.

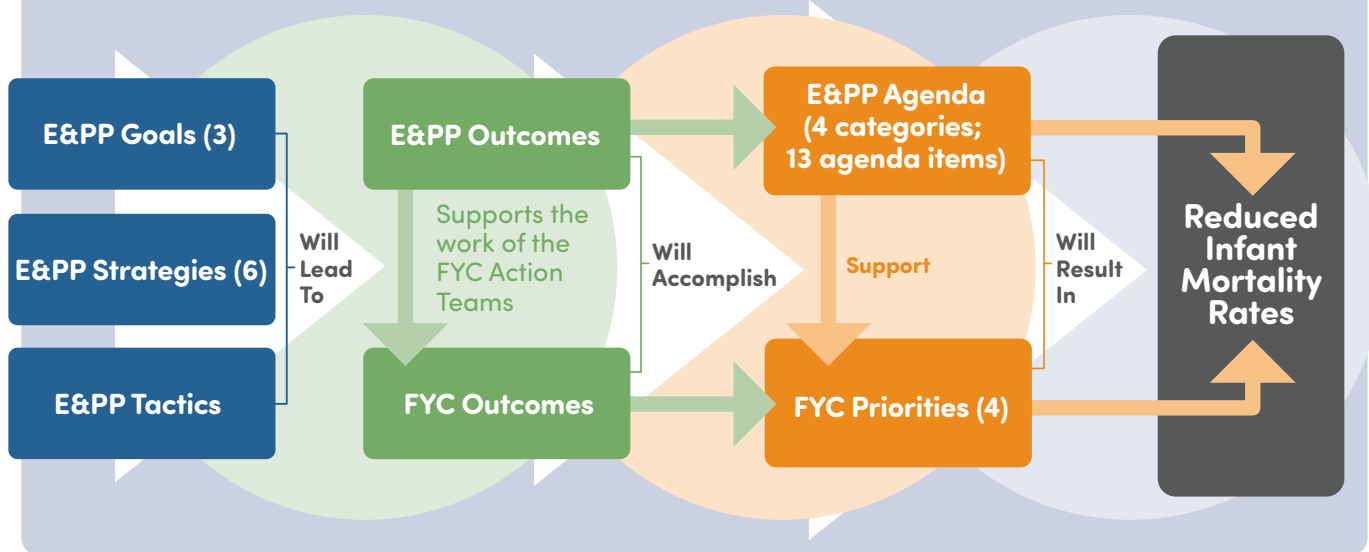
Building the Roadmap was an extensive process based on local and national research, qualitative research with local and state leaders in Infant Mortality, and ACS expertise in public policy, strategy development, facilitation, and the subject matter.

For 5 months, ACS engaged nearly 200 First Year Cleveland stakeholders through multiple communication touchpoints to seek critical input and feedback, all of which were considered as ACS built this Roadmap.

**“Group prenatal programs are proven to help improve the health of the mother and decrease infant mortality rates. This funding will allow programs across the state to reach more mothers so all babies in Ohio can celebrate their first birthdays,” said First Year Cleveland Executive Director Bernadette Kerrigan. “ACS never stopped advocating on the merits of the bill, and they engaged every member of the FYC Public Policy and Engagement committee to make sure it was on top of legislator’s minds.”**



## Engagement and Public Policy (E&PP) Roadmap



After synthesizing the research, ACS recommended a plan with 13 Engagement and Public Policy Agenda items. These agenda items fall within four categories:

1. Public Engagement—Further Engage the Public Sector Around Social Determinants of Health (SDOH); Activate FYC Stakeholders to Advocate and Educate; and Develop a Community of Residents Prepared and Motivated to Use Civic Engagement.
2. System Financing—Expand Medicaid Reimbursement Options and Increase Reimbursement Rates to Include Services that Reduce Infant Mortality; Identify New or Existing Billing Codes and Episodes that Will Cover Services Shown to Reduce Infant Mortality; Increase Funding from Federal or State Resources; and Require the Inclusion of a Social Determinant of Health within Medicaid and Managed Care Organization Contract Agreements.
3. Social Determinants of Health—Increase Access to Transportation; Explore or Promote Paid Family and Medical Leave; Improve the Quality of Affordable Housing; and Support Ohio Criminal Justice Reform Efforts Through Passage of The Safe and Healthy Communities Ballot Initiative.
4. Maternal and Child Health and Well-Being—Support Enforcement and Expansion of Tobacco 21 and Support Reproductive Health and Justice.

But a plan is only effective if there is proper preparation to implement it. ACS knew this foundation for the subsequent engagement and policy would be critical.

### Prepping for Action

#### 10 Actions that Led to Success

1. Creating the Engagement & Public Policy Committee. Participants included those who volunteered and those who were invited because of their experience or their role. More voices not fewer made the difference.
2. Prioritizing the focus and the ask made to legislators: what goes first, second, and why?

3. Bringing together other Infant Mortality collaboratives to diversify the request.
4. Education of legislators on the complex issues that lead to high infant mortality rates.
5. Building the capacity of community members to be effective advocates through training and regular consultation.
6. Relationship building at the executive level with Governor and Executive agencies and staff.
7. Developing the right material that is clear and concise for policymakers and staff.
8. Gathering hard data and compelling stories to support data and make the case.
9. Finding non-traditional partners (or those not solely the infant mortality space) to put FYC issues on their advocacy agenda.
10. Connecting legislators with relevant infant mortality data for their districts.

### A Major Win

In June 2020, after more than a year of preparation and putting the public policy roadmap into place, the Ohio General Assembly passed House Bill 11 to fund \$5 million in group-based prenatal health services across Ohio.

The act requires the Ohio Department of Health (ODH) to establish a grant program to fund prenatal health care services to pregnant women on a group basis. It appropriates \$5 million for grants in Fiscal Year 2021. The program aims to increase the number of pregnant women who begin prenatal care early in their pregnancies and to reduce the number of infants born preterm.

Under the program, grants will be awarded to entities such as health care facilities and medical practices, including those operated by physicians, physician assistants, and advanced practice registered nurses, that can provide group-based prenatal care and services. Group programs integrate health assessments, education, and support in a unified program in which pregnant women at similar stages of pregnancy meet, learn baby care skills, and participate in group discussions. Funding is prioritized for communities with high preterm birth rates.

### Innovative Approach & Keys to Success

ACS utilized a full-scale grassroots advocacy approach to press for funding for group prenatal health services. These are half a dozen tactics that made a real difference.

1. Establishing and building upon relationships with members of the legislature. As ACS often tells its clients, do not be upset if you don't meet with the actual legislator; sometimes the staff make a better meeting. And that happened here. The people who carried this forward were the staff of members of leadership. They had the interest and the time to delve deep into a complex issue and that led to good policy and real funding.

**“In a city like Cleveland that has world-renowned health care systems and supportive services, it is shocking that we have such a high infant mortality rate. We really believe every baby born in Cuyahoga County should have had access to high-quality prenatal care and health services after birth. ACS believes this, too, and that’s why they were the perfect partner to advocate on a state level for this initiative,”**  
**said Marcia Egbert,**  
**Senior Program Officer,**  
**The George Gund**  
**Foundation.**

2. Engaging local stakeholders to support advocacy. This included the staff, volunteers, community groups, and a newly established Engagement & Public Policy Committee. By providing them with the tools (letters, talking points, etc.), the timing, and training each of these more than 300 partners were able to be effective advocates in their own right but also to reach out to colleagues or partners from other parts of the state to support them as advocates too.
3. Having a plan that was strategic and working it. Armed with research, ACS had a clear plan that everyone (from the Engagement and Public Policy committee to FYC stakeholders and other partners) could follow. Having the plan made it easy for the stakeholders' members to engage.
4. Leveraging other Infant Mortality collaboratives. ACS knew the chances of success would increase if it were made more than a "Cleveland issue." By engaging collaboratives statewide, ACS was to demonstrate the broad impact of state funding and garner more support from legislators who could see there would be a positive effect in their home districts.
5. Not giving up. In an election year it can be difficult to pass meaningful legislation. And a global pandemic didn't make things any easier. The squeaky wheel really can get the oil. ACS didn't take "no" or "maybe later" for an answer. Infant mortality wasn't trending downward just because it was an election year. ACS needed to educate policymakers and support partners in continuing to advocate it looked like there was little chance for the bill to move.
6. Site visits. ACS created a site visit tool for FYC committee members to conduct site visits with legislators so they can see group prenatal healthcare in action. This education spurred interested among legislators who brought the bill forward for committee meetings.

**“Studies show that mothers who participate in group prenatal programs are more likely to deliver full-term, healthier babies, yet many communities don’t have the resources to offer these programs. With the recent commitment from the state, we can make sure women in communities we serve have access to life-saving programs for their babies,” said Jean Polster, RN, MS, President and Chief Executive Officer, Neighborhood Family Practice. “ACS understands the impact of group maternal programs and threw their passion behind the legislation, which will help us achieve our mission of reducing infant mortality.”**

Every child in the nation deserves the chance to celebrate a first birthday, yet infant mortality exists across the nation—disproportionately affecting Black and brown babies. Public health officials have proven programs to help reduce infant mortality, but often these programs are underfunded. The First Year Cleveland effort demonstrates that having a clear public policy agenda, guided by research, backed by champions, and implemented with a detailed plan, translates into success for public health initiatives.

About First Year Cleveland: First Year Cleveland is housed at Case Western Reserve University School of Medicine, its fiscal agent, and receives in-kind support for its operations. Financial support is provided by Ohio Department of Medicaid, Ohio Department of Health, including Cleveland-Cuyahoga County Ohio Equity Institute; Cuyahoga County, County Executive Armond Budish and Cuyahoga County Council; the City of Cleveland, Cleveland Mayor Frank G. Jackson and Cleveland City Council; Sisters of Charity Foundation; the Mt. Sinai Health Care Foundation and the George Gund Foundation. FYC was established in December 2015 by community leaders who were alarmed by the number of babies dying in Cuyahoga County.