As part of Montgomery County’s ongoing community health improvement process, the Community Health Improvement Plan has identified three priority areas to improve health outcomes in Montgomery County. Those areas are Chronic Disease Prevention, Behavioral & Maternal Health and Birth Outcomes.

By creating the Montgomery County EveryOne Reach One Infant Mortality Task Force, we are committed to a coordinated, community-wide initiative, to bring together multiple stakeholders to reduce infant mortality. The task force efforts include: monitoring and collecting data, developing strategies to eliminate barriers to a positive birth outcome, and addressing the racial disparities in infant deaths.

The infant mortality rate in Montgomery County is currently one of the highest in the State of Ohio. There is also an alarming racial disparity in the rate of deaths, with Black babies dying at a rate of 2x that of White babies.

The infant mortality rate is also an indication of the overall health of the community since the underlying factors that contribute to poor birth outcomes can also contribute to poor health outcomes in the overall population. Some of those factors include: smoking, obesity, stress, access to health care, safe neighborhoods and food access.

It is our hope that as we improve the conditions that contribute to positive birth outcomes it will enhance the overall health and vitality of our community.

Everyone plays an important role in helping to ensure babies have the best possible chance at a healthy beginning to their lives. None of this can be accomplished by Montgomery County and Public Health alone. It will take commitment and effort from our entire community and both public and private partnerships to have a meaningful long lasting impact on the most vulnerable of our citizens.

We hope this report will inspire you to take action and become involved in making lasting and meaningful change that will help Montgomery County continue to become a healthy, safe and thriving community.

Sincerely,

Debbie Lieberman
Montgomery County Commissioner

Jeffrey A. Cooper, MS
Montgomery County Health Commissioner
In 2017, the EveryOne Reach One Infant Mortality Task Force was established to address infant mortality in Montgomery County. EveryOne Reach One utilizes a collective impact approach by organizing key community stakeholders and partners to collaborate on a shared vision of improving county birth outcomes.

Infant mortality and birth outcomes are key population health indicators that have lifelong implications for individuals. The structure is directed by a steering committee and a backbone support group which oversees branch strategies and activities. EveryOne Reach One emphasizes improving the social determinants of health among all residents to improve health outcomes, which is reflected in task force branch action plans. EveryOne Reach One aims to reduce infant mortality in Montgomery County to 6.0 deaths per 1,000 live births or fewer among all residents.
TASK FORCE STRUCTURE
OVER 100 PEOPLE PARTICIPATE IN EVERYONE REACH ONE

Steering Committee
A diverse spectrum of stakeholders, supports the overall vision and engages the community

Backbone Support
Guide vision and strategies
Approve and support aligned activities
Establish shared measurement practices
Build public support
Advance policy
Provide resources

Joint Information Center
Coordinate common messaging
Engage media coverage
Create public awareness
Provide guidance to member agencies

Data Branch
Coordinate collection of birth outcome and intervention initiatives data

Case Review Team & Community Action Team
Review and analyze the information collected in interviews and medical data abstractions

Social Determinants of Health
Racial and Ethnic Disparity
Address conditions in which people are born, grow, work and live to improve health outcomes

Finance Section
Work collaboratively to secure funding for interventions

Operations & Planning Section
Direct branch operations to focus on SDOH and health equity
Provide current operational status to Backbone Support

Prevention Branch
Reduce unintended pregnancy by providing education and resources on LARC methods and access to prenatal care

Fatherhood Coalition
Engage fathers to support mothers and their children

Education Branch
Foster educational success of all Montgomery County children from birth

Substance Misuse
Reduce number of mothers who smoke and increase screening for alcohol use in pregnant women

Community Engagement
Collaborate with community members affiliated by geographic area to implement the best place-based initiatives

Preterm and Low Birthweight
Decrease the percentage of preterm and low birthweight babies

Ohio Equity Institute (OEI)
Statewide initiative to improve birth outcomes and reduce racial disparities in infant mortality

Dayton & Montgomery County Infant Mortality Task Force
Birth Characteristics

In 2018, there were 6,470 Montgomery County resident births – a 4% decline from 6,754 in 2017. Most births are to White babies (62%). More than half of all births are to women 20 to 29 years of age (53%) and those who have at least some college experience (13+ years of education) (58%). Additionally, more than half (51%) of all women who gave birth were unmarried (data not shown).

Poor Birth Outcomes

A poor birth outcome is when a baby is born premature (gestation less than 37 weeks) or of low birth weight (LBW) (less than 2,500g or 5.5lbs). In 2018, there were 6,470 Montgomery County resident births. Of those, 697 (10.8%) were preterm births (PTB) and 558 (8.6%) were low birth weight births. Although the percentage of PTB and LBW births declined from 2017 to 2018, both remain higher than the Healthy People 2020 goals of 9.4% or less and 7.8% or less respectively.

Birth Characteristics by Race, 2018

<table>
<thead>
<tr>
<th></th>
<th>Black</th>
<th>White</th>
<th>All Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 20yrs</td>
<td>155 (8%)</td>
<td>208 (5%)</td>
<td>378 (6%)</td>
</tr>
<tr>
<td>20 to 29yrs</td>
<td>1,192 (63%)</td>
<td>2,214 (53%)</td>
<td>3,573 (53%)</td>
</tr>
<tr>
<td>30 to 39yrs</td>
<td>526 (28%)</td>
<td>1,667 (40%)</td>
<td>2,402 (36%)</td>
</tr>
<tr>
<td>40yrs or More</td>
<td>24 (1%)</td>
<td>86 (2%)</td>
<td>116 (2%)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than HS</td>
<td>318 (17%)</td>
<td>369 (9%)</td>
<td>765 (12%)</td>
</tr>
<tr>
<td>HS Degree/GED</td>
<td>774 (41%)</td>
<td>1,091 (26%)</td>
<td>1,943 (30%)</td>
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<tr>
<td>More than HS</td>
<td>805 (42%)</td>
<td>2,715 (65%)</td>
<td>3,760 (58%)</td>
</tr>
</tbody>
</table>

Disparities in Outcomes

A racial disparity in poor birth outcomes persists in Montgomery County. Black women are more likely to have a PTB or LBW baby compared to White women. Only 29% of all births are to Black women, but Black babies account for 37% of all PTBs and 41% of all LBW births.

Risk Factors for Poor Birth Outcomes

A woman’s health prior to and during pregnancy can significantly impact the health of her baby. The top 3 risk factors impacting Montgomery County PTB and LBW births are:

- Chronic High Blood Pressure (Before or During Pregnancy)
- Smoking During Pregnancy
- Gestational Diabetes
In 2018, forty-four (44) Montgomery County babies died before their first birthday; a decline from 53 in 2017. As a result, the county’s infant mortality rate (IMR) declined from 7.8 deaths per 1,000 live births to 6.8. Although Montgomery County’s IMR is slightly lower than the state rate of 6.9, it remains higher than the Healthy People 2020 goal of 6.0 deaths per 1,000 live births or fewer.

Since 2014, the overall and White IMR increased (by 11% and 45% respectively). Although the Black IMR decreased, a racial disparity persists with Black babies dying at a rate nearly two times higher than White babies.

### Infant Mortality by Gestational Age and Birth Weight

- **37+ weeks**: 39.5%
- **36 to 32 weeks**: 18.6%
- **31 to 29 weeks**: 2.3%
- **<28 weeks**: 39.5%

- **2,500g+**: 30.8%
- **2,499 to 1,500g**: 22.7%
- **1,499 to 1,000g**: 9.1%
- **<1,000g**: 36.4%

The tiniest babies account for the majority of infant deaths. These babies are born extremely preterm (less than 28 weeks gestation) (40%) or of extremely low birth weight (less than 1,000g) (36%).

### Infant Cause of Death

Most babies die because they are born too early and too small.

Prematurity and related conditions continue to be the leading cause of infant death in Montgomery County, followed by congenital anomalies and external/accidental injuries.

### Infant Mortality Rate, Montgomery County, 2014-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>12.8</td>
<td>6.1</td>
<td>3.8*</td>
</tr>
<tr>
<td>2015</td>
<td>14.0</td>
<td>7.5</td>
<td>6.8</td>
</tr>
<tr>
<td>2016</td>
<td>12.6</td>
<td>4.5</td>
<td>5.0</td>
</tr>
<tr>
<td>2017</td>
<td>16.9</td>
<td>7.8</td>
<td>6.8</td>
</tr>
<tr>
<td>2018</td>
<td>10.5</td>
<td>6.8</td>
<td>5.5</td>
</tr>
</tbody>
</table>

*Rates based on fewer than 20 infant deaths should be interpreted with caution.

A premature baby is one who is born too early, before 37 weeks gestation. Prematurity can cause long-term health problems and is the leading cause of infant deaths in Montgomery County.

Although the percentage of preterm births has remained relatively stable over the past five years, Montgomery County continues to fall short of reaching the Healthy People 2020 goal of 9.4% or less.

Risk Factors
A woman’s health prior to and during pregnancy can affect the health of her pregnancy and her baby. In Montgomery County, the top three risk factors impacting preterm births are:

- Chronic High Blood Pressure (Before or During Pregnancy)
- Gestational Diabetes
- Smoking Cigarettes During Pregnancy
A low birth weight baby is one who is born too small, less than 2,500g or 5.8lbs. Being of low birth weight can cause serious health problems. Some babies may have trouble eating, gaining weight, and fighting off infections while others may have life-long health problems.

Although the percentage of low birth weight births has slightly declined over the past five years, Montgomery County continues to fall short of reaching the Healthy People 2020 goal of 7.8% or less.

Risk Factors
A woman’s health prior to and during pregnancy can impact the health of her pregnancy and her baby. In Montgomery County, the top three risk factors impacting low birth weight births are:

- Chronic High Blood Pressure (Before or During Pregnancy)
- Smoking Cigarettes During Pregnancy
- Diagnosis of an STD or Hepatitis

Disparities
In Montgomery County, there are significant racial/ethnic and socioeconomic disparities among women who have low birth weight births.

Women at a higher risk of having a baby born too small are:

- Black/African American
- Unmarried
- Less Educated (High School Degree or Less)
- Medicaid Recipients

All data collected and analyzed were derived from the Ohio Department of Health, Bureau of Vital Statistics Birth files (2014-2018). All analyses, interpretations, and conclusions were developed by the Department of Epidemiology at Public Health - Dayton & Montgomery County. For more information: Epi@phdmc.org
OHIO FUNDED TEN PROJECTS TO COMBAT INFANT MORTALITY

The Ohio Department of Medicaid provided funding of $3,610,000 to help reduce the number of babies who die before their first birthday. The grant includes investments in four key areas; Community Health Workers, Home Visiting, CenteringPregnancy® and Community Based Interventions. These initiatives involve innovative projects that will connect women and infants to quality health care and care management.

Through EveryOne Reach One, Ohio Medicaid awarded funding to support the following projects in 2020-2021:

**Community Health Workers**

**Public Health - Dayton & Montgomery County’s Neighborhood Navigators**
Neighborhood Navigators will facilitate access to services and act as liaisons between health and social services and the community to reduce disparities and birth outcomes. During this grant period, the Neighborhood Navigators will identify and engage over 400 at-risk women within priority areas outlined in Montgomery County’s Community Health Improvement Plan. (45402, 45405, 45406, 45414, 45415, 45417, and 45426).

**Public Health - Dayton & Montgomery County’s Every Parent Matters:**
Every Parent Matters is a home visiting program that encourages fathers’ participation by offering separate home visits as well as joint home visits with the mothers; assigning home visitors (male Community Health Workers) who best fit the father’s needs; and tailoring the content of activities to be hands-on and specific to the father’s needs.

**Five Rivers Health Centers:**
Community Health Workers/Doulas will provide a one-on-one partnership with African-American women to help them through their pregnancy, be a resource after they deliver, and help to empower them to achieve their goals for themselves and their children.

**Catholic Social Services of Miami Valley:**
The Family Wellness Community Health Worker Project at Catholic Social Services of the Miami Valley team will work collaboratively with partner agencies to identify gaps in services and create stronger links to identify pregnant women earlier in pregnancy, provide information on available prenatal health care, encourage scheduled appointments with prenatal providers in the first trimester, engage African American women in prenatal and postnatal home visits and supports, and increase the availability of resources to reduce the barriers created by the social determinants of health.

**Home Visiting**

**Help Me Grow Brighter Futures:**
Help Me Grow Brighter Futures (HMGBF) will continue the implementation of the Nurse Family Partnership (NFP) and the Healthy Families America (HFA) home visiting programs in Montgomery County as a collaboration. Home visits will continue to include evidenced based NFP and HFA curriculums.

**Wesley Community Center:**
The Wesley Community Center Infant Mortality Program will utilize a Community Health Worker program model to provide new and expectant African American women with information, support, and referrals to community resources and services, promote good maternal and child health, home safety, food security, and positive parenting.
CenteringPregnancy®

*Five Rivers Health Centers:*
With the development of CenteringPregnancy® group prenatal care, pregnant women are now able to receive prenatal care in groups as well as attend childbirth education classes.

Community Based Intervention

*Five Rivers Health Centers:*
Five Rivers Health Centers will be training Community Health Workers to be doulas. A doula is a professional trained in childbirth who provides emotional, physical, and educational support to a mother who is expecting, is experiencing labor, or has recently given birth. The doula's purpose is to help women have a safe, memorable, and empowering birthing experience.

*Miami Valley Organizing Collaborative:*
Community Hope Project (CHP) is a program in which faith-based organizations will use their influence to improve the community’s health. The goal is to establish health ministries that would include infant mortality reduction as a primary focus. Congregants will be recruited to participate in a Peer Health Leadership training program to become Health Ambassadors.

*Wesley Community Center:*
The Wesley Community Center will provide a neighborhood African American women-led peer support group for mental health. Wesley Community Center will partner with schools of Professional Psychology and Medicine at local colleges and universities.
INFANT MORTALITY CONFERENCE

The EveryOne Reach One Dayton & Montgomery County Infant Mortality Task Force hosted its Third Annual Infant Mortality Conference themed, “Their Story is Our Story.”

The first event was the conference reception on Thursday, September 26, 2019 at the Dayton Club, Patterson Ball Room. The second event was the conference on Friday, September 27, 2019 at Sinclair Community College, Building 12. The third event was the block party on Saturday, September 28, 2019, Boys & Girls Club of Dayton.

These events would not be possible without our sponsors and support from the community and the EveryOne Reach One Task Force. A special thanks to the planning committee and volunteers for making these events successful.

Over 300 people in attended from over 7 counties. Counties reached by the conference include: Montgomery, Greene, Franklin, Butler, Clark, Warren, Miami and others.

The conference served to remind the community of the stories of the families and infants that are impacted by infant and maternal mortality. The event focused on education and awareness of the social determinants of health and how this affects infant mortality rates. Presenters focused on best practice prevention and intervention efforts that participants can use in working with families to reduce the risk of infant mortality.

The conference correspondingly served to motivate participants while engaging in collective action to reduce infant mortality at the community and grassroots level.
At the age of 33, I had an unplanned pregnancy. I initially wasn’t excited about it because I had a daughter that was 16 and another that was 13, so I thought I was done having kids. I was terrified as to what my family would think, how my children would feel, and what my friends would think.

About six weeks into my pregnancy, I was on the phone with one of my girlfriends, and I told her something didn’t feel right. I knew something was going on, so I went to get an ultrasound, and sure enough, I was pregnant with another daughter.

The fact that I am diabetic classified my pregnancy as high-risk. When I was right at 23 weeks along, my water broke while I was getting ready for work. Since I was so early in my pregnancy, my baby wasn’t considered viable, so, I was encouraged to have an abortion. I chose not to because I felt like if she was going to fight for survival, I was going to fight with her.

The morning after a long day at work, I woke up at 5:00 am to go to the bathroom. I realized I had been bleeding, so I drove straight to the hospital. The doctors told me that I lost a lot of blood, but the baby still had a heartbeat. I was given a steroid shot, and they planned to admit me later that week. I went home and was watching television. When I got up to use the bathroom and felt a body part when I wiped myself. I initially thought it was my imagination, but it wasn’t. I called the hospital to tell them what was going on, and they instructed me to come back to the hospital right away. I was prepped for an emergency C-section, but Kennedy, my baby, wasn’t having that. I remember them telling me to push because they needed to deliver her as soon as possible. I never heard her cry.

Even at this point, I still didn’t think that I would be leaving the hospital without a child. Kennedy was born at 24 weeks with a head full of hair. She weighed 1 pound, 7 ½ ounces. She was technically alive for close to two days. I was by her side the whole time.

The hardest thing afterward was that my kids wanted to know what happened, and it was hard for me to tell them that they had lost their little sister. We had a gravesite funeral, but the casket was so small. It’s just not something that you’re prepared to deal with. This was all right before Thanksgiving, which used to be one of my favorite holidays. I buried my daughter two days before Thanksgiving and it will never be the same.

After I lost Kennedy, I saw a ladybug in my house in the middle of winter. That got my attention. I also remembered seeing a ladybug on Kennedy’s headstone. Every time I see a ladybug, I see it as a glimmer of hope and Kennedy’s way of reminding us of her.
I’m a father of five children; four boys and one girl. We lost our daughter Shiloh in 2016. I always heard about people losing their kids or babies, but I never thought that I would find myself in this situation. It’s one of those things where you don’t understand the depth or impact that the loss of a child can have on you until you experience it. My daughter was 21 days old when she passed, and it changed my life forever. It had an impact on my entire family and the only positive thing about it is that we all went through it together. My grandmother always told me “don’t be defined by your losses, be defined by the good things that happen to you and the positive things in your life.” I try to live by that motto.

The night before my Shiloh passed I was up late. She was irritable and my wife mentioned she hadn’t been feeling well. It was close to 2:00 am that Saturday morning before I was able to go to bed. I decided to lay down because I had errands to run with my other kids that day. About 5:00 am my wife told me she was going to go to the store to get some medicine for my daughter, so I got up and sat with Shiloh and she appeared to be doing fine. When my wife got back I tried laying back down to get some sleep. A few moments later my wife woke me up in a panic. I just remember her saying, “she’s not breathing, she’s not breathing!” I called 911 and tried doing CPR. It seemed like it took the EMTs forever to get there. My wife and oldest son went with my daughter and I stayed home with my younger sons and prayed that my daughter would be okay. I didn’t know what happened, I just knew that Shiloh wasn’t responsive and that we needed a miracle.

Going to the hospital was tough and being interrogated as if we had done something wrong was even tougher. I understood what they were trying to do, but it was incredibly difficult to go through while trying to process what was happening, being in shock and beginning our grieving process.

We had Shiloh cremated. Neither of us wanted our last memory of her to be in a casket. The last time I saw my daughter she was on the hospital bed and I wasn’t allowed to even touch her because they had to do an investigation. It was such an immense loss.

I’m trying to move forward, be thankful for the family that I have left and trying to figure out if there was a meaning behind losing her. There was nothing wrong with my Shiloh before she passed, so we were caught completely off guard. Every now and then I replay things in my mind and try to figure out if I missed any warning signs or if there’s anything that I could have done differently. I never felt guilty or blamed myself or anyone else, I just wish I could change things because I know the pain that Shiloh’s death had on my wife and our family.
My work centers around infant mortality. I did everything I was supposed to do to have a healthy pregnancy. My husband and I have two older kids and hadn’t planned on having another baby. We were pleasantly surprised when we found out I was expecting. It was two days before Christmas, so it was like a gift.

On January 14th, we nearly had a miscarriage. My pregnancy was considered high-risk, and my doctor suggested I not tell anyone. I hid my pregnancy for about five months before the doctor gave me the okay to share the news with my family and friends. When I reached 33 weeks, I had a stress test that included an ultrasound. Suddenly, the technician got up, left, and came back with the doctor. I knew something was wrong because there’s no reason a doctor would be performing an ultrasound. The doctor finally told me things weren’t looking good. This appointment was during my lunch break, so I needed to get my laptop to take care of some things at work. The doctor said, “No, you are done with work. Actually, we have just admitted you.”

Having a premature baby is one of the scariest things that I’ve ever had to deal with. I tried to deliver vaginally, and his heart stopped. Several doctors came rushing into the room, and everything happened so fast that I can’t really remember. I recall them wheeling me down to have an emergency C-section. He was born at 12:23 pm and weighed only 3 lbs. They had to work on my baby to get him breathing. Hearing him cry was the best sound that I could have heard.

My son had to be taken away, and when they brought him back, he had tons of tubes and wires on him, and I couldn’t really see him. That was tough because I could see and hold my other babies right away when they were born. That evening, I was wheeled down to see him. This experience was hard because I felt I had lost all control. My son and I were on completely different sides of the hospital.

He spent 20 days in the NICU. Luckily, we have a great support system of mothers and grandmothers. One thing that stands out to me is that during the entire 20 days that I was in the hospital, no one ever acknowledged my husband or checked in to see how he was doing. He reached a point where he was concerned that he was going to lose both the baby and me. But now he’s all hands-on and fully involved, and the two of them are pretty much best friends.

Now Evan is healthy, progressing as he should be, and doing just fine. This whole journey has led me to be an advocate for self-care. There have been times where I have been so focused on work, doing things within the church, and making sure the house was clean that I realized I was neglecting myself. I realize now that it’s important to take time to make sure that I am good. I try to slow other things down, and I’m more aware about being present.