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## Resolution No. 21 – 2023

**Introduced by:** OSMA Medical Student Section

**Subject:** Utilizing Principles of Collective Impact to Address Pregnancy-Related Mortality in Ohio

**Referred to:** Resolutions Committee No. 2

**WHEREAS**, Data from Maternal Mortality Review Committees in 36 U.S. States for 2017-2019 showed that over 80% of pregnancy related deaths were due to preventable causes<sup>1</sup>; and

**WHEREAS**, data from Maternal Mortality Review Committees in 36 U.S. States for 2017-2019 showed that causes of pregnancy related death varied by race and ethnicity, as the leading causes were cardiac and coronary related in non-Hispanic Black patients, mental health related in non-Black Hispanic and White populations, and related to hemorrhage in Asian populations<sup>1</sup>; and

**WHEREAS**, data shows that the high infant mortality in the United States when compared to similar countries is likely due to disproportionately worse outcomes for those with lower socioeconomic status<sup>2</sup>; and

**WHEREAS**, the CDC reported that in 2020, Ohio had the 10th highest infant mortality rate in the United States at 6.5 infant deaths per 1,000 live births<sup>3</sup>; and

**WHEREAS**, between 2008 and 2016, Black women in Ohio were 2.5 times more likely to experience pregnancy-related mortality than white women and Black infants mortality rate was reported to be almost 3 times as high as White infants<sup>3-4</sup>; and

**WHEREAS**, in 2022, 97,000 women in Ohio were impacted by reduced access to pregnancy-related care, which was the highest reduction in access to care of any state in the US and presumed to be due to maternity care deserts<sup>5</sup>; and

**WHEREAS**, Collective Impact describes a more effective approach to social change which opposes the typical approach in which nonprofits compete for grant funding and operate independently within the system, and emphasizes a model in which community leaders from multiple sectors (corporate, government, schools, nonprofits, healthcare) work together with the 5 core principles of “common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations” to reach a common goal<sup>8</sup>; and

**WHEREAS**, Cradle Cincinnati was formed in 2013 to reduce Hamilton County's infant mortality rate<sup>6-7</sup>; and

**WHEREAS**, the Hamilton County Social Determinants of Health (SDOH) team, which was formed in collaboration with Cradle Cincinnati utilizing the Collective Impact model, consists of healthcare professionals, nonprofit agency leaders, a school board members, an Ohio state legislator, and a city councilmember chief<sup>8</sup>; and

**WHEREAS**, the Hamilton County SDOH has been incredibly successful in implementing data informed policies to improve pregnancy related outcomes, including policy that allows pregnant women to be prioritized in the waiting list for housing vouchers, hiring a full time coordinator to specifically address racism, creating the Health Equity Leadership Program, and adopting policy on Paid Family Leave<sup>8</sup>; and

**WHEREAS**, Hamilton County Ohio Equity Institute Annual Report (2021) reports that recruitment of pregnant women for connection to community health workers occurred predominantly (45%) via presenting to the University of Cincinnati health system for care which implicates the importance of healthcare system recruitment for community health programs<sup>8</sup>; and NOW THEREFORE

**BE IT RESOLVED**, That our OSMA supports Legislation and government action that works to foster research and/or directly affect maternal mortality rates in the state of Ohio; and be it further resolved

**RESOLVED**, That our OSMA utilize principles of Collective Impact through collaboration with Ohio Pregnancy Associated Mortality Review and Ohio Council to Advance Maternal Health to address pregnancy related morbidity and mortality in Ohio.; and be it further

**RESOLVED**, That our OSMA collaborate with healthcare facilities and other relevant stakeholders to support the development of resources to train healthcare providers in identification and referral of patients for participation in community health pregnancy-related morbidity and mortality programs.

Fiscal Note:               \$ (Sponsor)  
                                     \$ 25,000 (Staff)

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