MATERNAL AND INFANT HEALTH
SHIP In-Person Workshop packet, HPIO 9/29/16

Priority topic definition
Maternal and infant health includes infant and maternal mortality, birth outcomes and related risk factors impacting preconception, pregnancy and infancy such as teen pregnancy, unintended births, women’s physical and mental health, and reproductive and sexual health – as well as paternal health and involvement and related family and community contexts.

Overall goal
All Ohio babies are born healthy, live in healthy families and thrive in their first year of life.

SHIP priority topic outcomes

<table>
<thead>
<tr>
<th>Mortality</th>
<th>Desired outcome (source)</th>
<th>Directly related to PCMH quality measure</th>
<th>Healthy People 2020 Objective Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Reduce the rate of all infant deaths (ODH Vital Statistics)</td>
<td></td>
<td>MICH-1.3</td>
</tr>
<tr>
<td>Birth outcomes</td>
<td>2. Reduce preterm births (ODH Vital Statistics)</td>
<td></td>
<td>MICH-9.1&lt;br&gt;MICH-9.4</td>
</tr>
<tr>
<td></td>
<td>a. Total preterm births (&lt;37 weeks)</td>
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<td></td>
<td>b. Very preterm births (&lt; 32 weeks)</td>
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<tr>
<td></td>
<td>3. Reduce low birth weight (LBW) &lt;2,500 grams (ODH Vital Statistics)</td>
<td>x</td>
<td>MICH-8.1</td>
</tr>
</tbody>
</table>

Contributing outcomes to be addressed in the SHIP:
- Reduce inter-pregnancy intervals of < 18 months (increase birth spacing) (ODH Vital Statistics)
- Reduce tobacco use, including smoking during pregnancy and secondhand smoke exposure outcomes (specific metrics TBD)

See last page for outcomes diagram.
Evidence inventory

Sources
The strategies listed here have been systematically reviewed by the following national organizations and found to be effective in reaching desired outcomes within this SHIP priority area.

<table>
<thead>
<tr>
<th>Systematic review or evidence registry</th>
<th>Recommendation level(s) included in this inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HI-5 (Health Impact in 5 Years):</strong> U.S. Centers for Disease Control and Prevention (CDC) <em>(includes cost considerations)</em></td>
<td>• Recommended</td>
</tr>
<tr>
<td><strong>6/18 (Accelerating Evidence into Action):</strong> CDC <em>(includes cost considerations)</em></td>
<td>• Recommended</td>
</tr>
<tr>
<td><strong>The Guide to Community Preventive Services (Community Guide or CG):</strong> Systematic reviews from CDC</td>
<td>• Recommended</td>
</tr>
<tr>
<td><strong>What Works for Health (WWFH):</strong> Evidence registry from County Health Rankings and Roadmaps, a project of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation</td>
<td>• Scientifically supported  • Some evidence</td>
</tr>
<tr>
<td><strong>U.S. Preventive Services Task Force Recommendations (USPSTF):</strong> Systematic reviews from the Agency for Healthcare Research and Quality</td>
<td>• Grade A (recommended; high certainty of benefit)  • Grade B (recommended; moderate certainty of benefit)</td>
</tr>
<tr>
<td><strong>Agency on Healthcare Research and Quality (AHRQ) Innovations Exchange:</strong> Evidence registry <em>(this inventory only includes AHRQ interventions recommended by work team members, rather than a comprehensive review of the AHRQ database)</em></td>
<td>• Strong  • Moderate</td>
</tr>
</tbody>
</table>

Additional recommendations from the Ohio Department of Health (ODH)

Relevant state plans
- Ohio 2015-2016 State Health Improvement Plan Addendum
- Ohio Infant Mortality Reduction Plan
- Ohio Injury Prevention Partnership, Child Injury Action Group Strategic Plan
- Ohio Commission on Infant Mortality Committee Report, Recommendations, and Data Inventory
- Ohio Department of Health Maternal and Child Health (MCH) Priority Action Group Overview

Additional information
- Collaborative Improvement and Innovation Network to Reduce Infant Mortality, Social determinants of health learning network, Recommended strategies
- Teen Pregnancy Prevention Evidence-Based Programs Database
- Forging a comprehensive initiative to improve birth outcomes and reduce infant mortality
• Cochrane Database of Systematic Reviews
• Community Health Advisor (estimated impacts of tobacco prevention strategies)
• America’s Health Rankings 2016 Health of Women and Children Report
**Table 1. Health equity**

<table>
<thead>
<tr>
<th>Outcome area</th>
<th>Strategy/Intervention</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>1. Early childhood education (ECE)*</td>
<td>CG: “When provided to low-income or racial and ethnic minority communities, (center-based) ECE programs are likely to reduce educational achievement gaps, improve the health of these student populations, and promote health equity.”</td>
</tr>
<tr>
<td></td>
<td>2. Full-day kindergarten programs*</td>
<td>CG: “Full-day kindergarten programs improve the health prospects of low-income and racial and ethnic minority children, based on strong evidence that full-day programs substantially improve reading and mathematics achievement—determinants of long-term academic and health-related outcomes.”</td>
</tr>
<tr>
<td></td>
<td>3. High school completion programs*</td>
<td>CG: “Because academic achievement is linked with long-term health, and because high school completion programs are commonly implemented in racial and ethnic minority or low-income communities, these programs are likely to improve health equity.”</td>
</tr>
<tr>
<td></td>
<td>4. Out-of-school-time academic programs: Reading-focused, math-focused and general</td>
<td>CG: “Because academic achievement is linked with long-term health, and because out-of-school-time academic programs are commonly implemented in racial and ethnic minority or low-income communities, these programs are likely to improve health equity.”</td>
</tr>
<tr>
<td></td>
<td>5. School-based health centers*</td>
<td>CG: “If targeted to low-income communities, SBHCs are likely to reduce educational gaps and advance health equity.”</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>See below for additional strategies likely to reduce health disparities.</td>
</tr>
</tbody>
</table>

* Bold= strategies are included in Hi-5 or 6/18 (both include cost considerations)
* = programs and policies likely to reduce disparities, based on review by What Works for Health
### Table 2. Social determinants of health (including the social, economic and physical environment)

<table>
<thead>
<tr>
<th>Outcome area</th>
<th>Strategy/Intervention</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| Employment and poverty | **Earned income tax credits**<sup>*</sup> (increase take-up of existing credits, extend state credit, etc.) | Hi-5:  
- Reduced Infant mortality  
- Reduced low birth weight  
- Health improvements for infants  
- Improved maternal mental health  
- Improved maternal physical health  
- Reduced poverty  
- Increased income |
| Secondhand smoke exposure and tobacco-free environments | **Comprehensive smoke-free policies** [strategy within Hi-5 “tobacco control”] (including maintenance and enforcement of existing workplace policy) | Hi-5  
- Decreased secondhand smoke exposure  

*See other sections for additional tobacco strategies. The focus here is on the physical environment- exposure to secondhand smoke.* |
| | 3. Comprehensive tobacco control programs  
(Coordinated strategy that combines educational, clinical, regulatory, economic and social approaches) | CG  
- Reduced secondhand smoke exposure  

*See other sections for additional tobacco strategies. The focus here is on the physical environment- exposure to secondhand smoke.* |
| Youth development/Teen pregnancy | 4. School-based health clinics with reproductive health services<sup>*</sup> | WWFH:  
- Reduced low birthweight births  
- Improved student attendance  
- Increased high school graduation |
| | 5. Service learning programs: pregnancy and STIs<sup>*</sup> | WWFH:  
- Reduced teen pregnancy  
- Reduced risky sexual behavior |
| Child maltreatment | 6. Early childhood education  
See also:  
- CG: Center-based early childhood education  
- WWFH: Preschool education programs, Universal pre-kindergarten<sup>*</sup>, and HighScope Perry Preschool approach<sup>*</sup>  
- Early Childhood Mental Health Consultation for children in center-based early childhood education (ODH) | Hi-5:  
- Decreased child maltreatment  
- Improved emotional development  
- Increased self-regulation  
- Improved cognitive development  
- Healthy weight  
- Decreased teen birth rates  
- Improved academic achievement  
- Decreased crime rates  
- Improved infant mental health |
| | 7. Early childhood home visiting programs—to prevent child maltreatment<sup>*</sup>  
See also: WWFH: Early childhood home visiting programs<sup>*</sup> | CG:  
- Reduced child maltreatment |

**Bold**= strategies are included in Hi-5 or 6/18 (both include cost considerations)  
<sup>*</sup>= programs and policies likely to reduce disparities, based on review by What Works for Health
<table>
<thead>
<tr>
<th>Trauma, toxic stress, racism and violence</th>
<th>8. <strong>School-based violence prevention programs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hi-5 examples:</strong> Life Skills Training, Good Behavior Game, and Promoting Alternative Thinking Strategies (PATHS)</td>
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<tr>
<td>Additional program examples found effective by CG, WWFH, NREPP, OJJDP: PeaceBuilders and Seattle Social Development Project violence prevention programs; Olweus and KiVa bullying prevention programs; Fourth R, Safe Dates and Steps to Respect dating violence prevention programs</td>
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<tr>
<td><strong>Hi-5</strong></td>
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<tr>
<td>• Reduced violent behavior</td>
<td></td>
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<tr>
<td>• Reduced delinquency</td>
<td></td>
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<tr>
<td>• Reduced alcohol and substance abuse</td>
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<tr>
<td>• Improved academic performance</td>
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<tr>
<td>9. <strong>Trauma informed approaches to community building</strong></td>
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<tr>
<td>WWFH:</td>
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<tr>
<td>• Improved health outcomes</td>
<td></td>
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<tr>
<td>• Increased social connectedness</td>
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<tr>
<td>10. <strong>Advocacy for victims of intimate partner violence</strong></td>
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<tr>
<td>WWFH:</td>
<td></td>
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<tr>
<td>• Reduced intimate partner violence</td>
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<tr>
<td>• Improved quality of life</td>
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<tr>
<td>11. <strong>Cure Violence model</strong> (formerly known as CeaseFire)</td>
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<tr>
<td>WWFH</td>
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<tr>
<td>• Reduced homicide</td>
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<td>• Reduced gun violence</td>
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<td>12. <strong>Treatment Foster Care Oregon</strong></td>
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<tr>
<td>WWFH</td>
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<tr>
<td>• Reduced recidivism</td>
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<tr>
<td>• Reduced violence</td>
<td></td>
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<tr>
<td>• Reduced delinquent behavior</td>
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<tr>
<td>• Reduced teen pregnancy</td>
<td></td>
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<tr>
<td>• Increased academic achievement</td>
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<table>
<thead>
<tr>
<th>Additional employment and poverty strategies (less direct impact on birth outcomes)</th>
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<tbody>
<tr>
<td>13. <strong>Child care subsidies</strong></td>
</tr>
<tr>
<td>WWFH:</td>
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<tr>
<td>• Increased employment</td>
</tr>
<tr>
<td>• Increased earnings</td>
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<tr>
<td>14. <strong>Living wage laws</strong></td>
</tr>
<tr>
<td>WWFH:</td>
</tr>
<tr>
<td>• Increased earnings</td>
</tr>
<tr>
<td>• Reduced poverty</td>
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<tr>
<td>15. <strong>Transitional jobs</strong></td>
</tr>
<tr>
<td>WWFH:</td>
</tr>
<tr>
<td>• Increased employment</td>
</tr>
<tr>
<td>• Increased earnings</td>
</tr>
<tr>
<td>16. <strong>Unemployment insurance</strong></td>
</tr>
<tr>
<td>WWFH:</td>
</tr>
<tr>
<td>• Increased financial stability</td>
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<tr>
<td>• Improved well-being</td>
</tr>
</tbody>
</table>

**Bold** = strategies are included in Hi-5 or 6/18 (both include cost considerations)  
* = programs and policies likely to reduce disparities, based on review by What Works for Health
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>
| **17. New Hope Project*** | WWFH:  
- Increased employment  
- Increased income  
- Increased earnings  
- Increased academic achievement |
| **18. Vocational training for adults*** | WWFH:  
- Increased earnings  
- Increased employment |
| **Housing access and stability (less direct impact on birth outcomes)** |   |   |
| **19. Service-enriched housing*** | WWFH:  
- Reduced homelessness  
- Increased housing stability  
- Reduced hospital utilization |
| **20. Community land trusts*** | WWFH:  
- Increased housing stability |
| **21. Housing rehabilitation loan and grant programs*** | WWFH:  
- Improved health outcomes  
- Improved mental health |
| **22. Housing First*** | WWFH:  
- Reduced homelessness  
- Reduced hospital utilization |
| **23. Low income housing tax credits*** | WWFH:  
- Increased access to affordable housing  
- Increased access to quality housing |
| **24. Inclusionary zoning*** | WWFH:  
- Increased access to affordable housing  
- Increased access to quality housing |
| **25. Rapid re-housing programs*** | WWFH:  
- Reduced homelessness  
- Improved access to social services |
| **Transportation access (less direct impact on birth outcomes)** |   |   |
| **26. Public transportation systems** | WWFH:  
- Increased access to public transit  
- Increased use of public transit |
| **Case management for pregnant women** | See case management strategies in the Healthcare system and access section. These programs include connections to services to address the above social determinants of health. |

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*= programs and policies likely to reduce disparities, based on review by What Works for Health
### Table 3. Public health system, prevention and health behaviors

<table>
<thead>
<tr>
<th>Outcome area</th>
<th>Strategy/Intervention</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preconception</td>
<td>1. Preconception education interventions</td>
<td>WWFH:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increased preconception planning</td>
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<tr>
<td></td>
<td></td>
<td>• Improved health-related knowledge</td>
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<tr>
<td></td>
<td></td>
<td>• Improved birth outcomes</td>
</tr>
<tr>
<td>Contraception access</td>
<td>See Healthcare System and Access section</td>
<td>See Healthcare System and Access section</td>
</tr>
</tbody>
</table>
| Teen pregnancy/unintended pregnancy/risky sexual behavior prevention | 2. Group-Based Comprehensive Risk Reduction Interventions for Adolescents<br>
See also: WWFH: Multi-component interventions—Pregnancy and STIs and Teen pregnancy prevention programs | CG:<br>• Reduced sexual activity and risky sexual activity<br>• Increased use of contraception and STI protection<br>• Reduced incidence of STIs |
|                                       | 3. Youth Development Behavioral Interventions Coordinated with Community Service to Reduce Sexual Risk Behaviors in Adolescents<br>
See also: WWFH: Service learning programs—Pregnancy and STIs | CG:<br>• Reduced sexual risk behaviors |
| Case management and other supports for pregnant women | 4. Intensive case management for pregnant and parenting teens* | WWFH:<br>• Reduced teenage pregnancy<br>• Reduced rapid repeat pregnancies |
|                                       | 5. Community health workers*                                                          | WWFH:<br>• Increased patient knowledge<br>• Increased access to care<br>• Increased healthy behaviors<br>• Increased preventive care |
|                                       | 6. Pathways Community HUB model                                                      | AHRQ:<br>• Enhanced access to care<br>• Reduced rate of low birth weight births |
|                                       | 7. Baltimore Healthy Start program                                                    | AHRQ:<br>• Enhanced access to services<br>• Lower incidence of infant mortality<br>• Fewer low-birth weight babies<br>• Cost savings |
| Tobacco prevention                    | 8. Mass-reach communications campaigns [strategy within Hi-5 “tobacco control”]        | Hi-5:<br>• Reduced tobacco use among adults and young people<br>• Increased cessation<br>• Increased quitline calls<br>• Decreased tobacco initiation |
|                                       | 9. Increase unit price for tobacco products* (e.g. increase cigarette/OTP tax) [strategy within Hi-5 “tobacco control”] | Hi-5:<br>• Reduced tobacco use among adults and young people<br>• Reduced tobacco initiation<br>• Increased cessation |

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| 10. **Comprehensive smoke-free policies** [strategy within Hi-5 “tobacco control”] (including maintenance and enforcement of existing workplace policy) | Hi-5
- Decreased secondhand smoke exposure
- Decreased tobacco use
- Decreased tobacco consumption
- Decreased cardiovascular events
- Decreased asthma morbidity |
|---|---|
| 11. Tobacco marketing restrictions | WWFH
- Reduced tobacco use |
| 12. Comprehensive tobacco control programs (Coordinated strategy that combines educational, clinical, regulatory, economic and social approaches) | CG
- Reduced tobacco use
- Reduced secondhand smoke exposure |
| 13. Restricting minors’ access to tobacco products: Community mobilization to reduce youth access—With additional interventions | CG
- Reduced youth tobacco use |
| Tobacco access restrictions for minors | WWFH
- Reduced youth smoking
- Reduced illegal sales to youth |
| 14. Community education to reduce secondhand smoke exposure in the home | WWFH
- Reduced secondhand smoke exposure |
| **Tobacco cessation** | See Healthcare System and Access section |
| **Breastfeeding** | See case management strategies in the Healthcare system and access section. |
| 15. Breastfeeding promotion programs* | WWFH:
- Increased breastfeeding rates |
| **Case management for pregnant women** | See Healthcare System and Access section. |

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*= programs and policies likely to reduce disparities, based on review by What Works for Health
### Table 4. Healthcare system and access

<table>
<thead>
<tr>
<th>Outcome area (general)</th>
<th>Strategy/Intervention</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to care</td>
<td>1. Maintain current Medicaid eligibility standards</td>
<td>• Increased access to care</td>
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<tr>
<td></td>
<td>2. Health insurance enrollment outreach and support*</td>
<td>WWFH • Increased health insurance coverage</td>
</tr>
<tr>
<td></td>
<td>3. Medical homes (also referred to as Patient-centered Medical Homes)*</td>
<td>WWFH • Improved quality of care • Increased access to care</td>
</tr>
<tr>
<td></td>
<td>4. Higher education financial incentives for health professionals serving underserved areas*</td>
<td>WWFH • Increased availability of health professionals in underserved areas</td>
</tr>
<tr>
<td></td>
<td>5. Telemedicine*</td>
<td>WWFH • Increased access to care</td>
</tr>
<tr>
<td></td>
<td>6. Federally qualified health centers (FQHCs) *</td>
<td>WWFH • Increased access to health care • Improved health outcomes</td>
</tr>
<tr>
<td></td>
<td>7. Community health workers*</td>
<td>WWFH • Increased patient knowledge • Increased access to care</td>
</tr>
<tr>
<td></td>
<td>8. Rural training in medical education*</td>
<td>WWFH • Increased availability of physicians in underserved areas • Increased access to care</td>
</tr>
<tr>
<td>Quality of care</td>
<td>9. Nurse practitioner scope of practice*</td>
<td>WWFH • Improved quality of care • Increased patient satisfaction</td>
</tr>
<tr>
<td>(general)</td>
<td>10. Value-based purchasing</td>
<td>WWFH • Improved quality of care</td>
</tr>
<tr>
<td></td>
<td>11. Chronic disease management programs</td>
<td>WWFH • Improved quality of life • Improved health outcomes • Improved mental health • Reduced hospital utilization</td>
</tr>
<tr>
<td></td>
<td>12. Chronic disease self-management programs</td>
<td>WWFH • Improved health outcomes</td>
</tr>
<tr>
<td></td>
<td>13. Electronic health information exchange</td>
<td>WWFH • Improved quality of care</td>
</tr>
<tr>
<td></td>
<td>14. Patient shared decision making</td>
<td>WWFH • Improved patient knowledge • Improved patient decision making</td>
</tr>
<tr>
<td></td>
<td>15. Public reporting of health care quality performance*</td>
<td>WWFH • Improved quality of care</td>
</tr>
<tr>
<td></td>
<td>16. Quality improvement practice coaches for primary care</td>
<td>WWFH • Increased practice of evidence-based medicine • Increased quality improvement activities</td>
</tr>
</tbody>
</table>

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*= programs and policies likely to reduce disparities, based on review by What Works for Health
| **Culturally competent care (general)** | 17. Cultural competence training for health care professionals* | WWFH  
- Increased cultural understanding and skills |
| **Contraception and reproductive health** | 18. Culturally adapted health care* | WWFH  
- Improved health outcomes  
- Improved health-related knowledge  
- Improved chronic disease management |
| | 19. Reimburse providers for full range of contraceptive services [strategy within 6/18 “Prevention unintended pregnancy” intervention] | 6/18:  
- Reduced unintended pregnancy |
| | 20. Reimburse for immediate postpartum insertion of LARC by unbundling payment [strategy within 6/18 “Prevention unintended pregnancy” intervention] | 6/18:  
- Reduced unintended pregnancy  
- Decrease rates of rapid repeat pregnancies (short inter-pregnancy intervals) |
| | 21. Remove administrative and logistical barriers to LARCs [strategy within 6/18 “Prevention unintended pregnancy” intervention] | 6/18:  
- Reduced unintended pregnancy |
| | 22. Mobile reproductive health clinics* | WWFH:  
- Improved prenatal care |
| | 23. School-based health clinics with reproductive health services* | WWFH:  
- Reduced low birthweight births  
- Improved student attendance  
- Increased high school graduation |
| **Teen pregnancy** | 24. Comprehensive clinic-based programs for pregnant and parenting teens* | WWFH:  
- Reduced teenage pregnancy  
- Reduced rapid repeat pregnancies (short inter-pregnancy intervals) |
| **Prenatal care support and case management** | 25. CenteringPregnancy* | WWFH:  
- Improved prenatal care  
- Improved birth outcomes |
| | 26. Community health workers* | WWFH:  
- Increased patient knowledge  
- Increased access to care  
- Increased healthy behaviors  
- Increased preventive care |
| | 27. Pathways Community HUB model | AHRQ:  
- Enhanced access to care  
- Reduced rate of low birth weight babies |
| **Tobacco cessation** | 28. Access to and use of cessation services [strategy within 6/18 “tobacco control”] Includes:  
- Expand access to individual, group and Quitline counseling  
- Remove barriers to covered cessation | 6/18:  
- Increased cessation  
- Reduced tobacco use  
- Decreased cardiovascular events |

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*= programs and policies likely to reduce disparities, based on review by What Works for Health
| 29. Quitline (and related) interventions* | CG  
|  | • Increased cessation  
|  | • Reduced secondhand smoke exposure  
| Mobile phone-based cessation interventions | CG  
|  | • Increased cessation  
|  | • Reduced secondhand smoke exposure  
| Internet-based cessation interventions* | WWFH  
|  | • Increased quit rates  
| 30. Healthcare provider reminder systems for tobacco cessation | WWFH  
|  | • Increased quit rates  
| 31. Cessation counseling and medication in healthcare setting (including the 5 As) | USPSTF  
|  | • Increased quit rates  
| 32. Education or brief counseling to prevent initiation of tobacco use among school-aged children and adolescents in healthcare setting | USPSTF  
|  | • Prevention of smoking initiation in children and adolescents  
| 33. Reducing out-of-pocket costs for evidence-based cessation treatments* | CG  
|  | • Reduced tobacco use  
|  | • Reduced secondhand smoke exposure  
| 34. Incentives and competitions to increase smoking cessation among workers—When combined with additional interventions | CG  
|  | • Reduced tobacco use  
|  | • Reduced secondhand smoke exposure  
| Breastfeeding | 35. Breastfeeding: Counseling for all women | USPSTF:  
|  | • Increased initiation, duration, and exclusivity of breastfeeding  
| Screenings and clinical preventive services | 36. Asymptomatic Bacteriuria in Adults: Screening for pregnant women at 12 to 16 weeks’ gestation | USPSTF:  
|  | • Reduced incidence of symptomatic maternal urinary tract infections  
|  | • Reduced low birthweight  
| 37. Gestational Diabetes Mellitus, Screening for asymptomatic pregnant women, after 24 weeks of gestation | USPSTF:  
|  | • Reduced risk of preeclampsia, fetal macrosomia, and shoulder dystocia  
| 38. Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia for pregnant women who are at high risk for preeclampsia | USPSTF:  
|  | • Reduced risk for preeclampsia, preterm birth, and IUGR in women at increased risk for preeclampsia  
| 39. Hepatitis B in Pregnant Women: Screening | USPSTF:  
|  | • Reduced perinatal transmission of HBV and the subsequent development of chronic HBV infection  
| 40. Chlamydia and Gonorrhea: Screening | USPSTF:  

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* = programs and policies likely to reduce disparities, based on review by What Works for Health
<table>
<thead>
<tr>
<th>sexually active women</th>
<th>• Reduced complications of chlamydial infection in women who are at increased risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>41. Syphilis Infection in Pregnancy: Screening USPSTF:</td>
<td>• Reduced proportion of infants with clinical manifestations of syphilis infection</td>
</tr>
</tbody>
</table>
| 42. HIV Infection: Screening for pregnant women USPSTF: | • Reduced mother-to-child transmission  
• Reduced risk for progression to AIDS, AIDS-related events, and death in individuals with immunologically advanced disease |
| 43. Interventions to Identify HIV-Positive People Through Partner Counseling and Referral Services* CG: | • Increased HIV testing  
• Increased identification of previously undiagnosed HIV-positive individuals |

**Additional strategies**

If there are any measurable outcomes or evidence-based strategies not listed in the evidence inventory that you would like to recommend for the SHIP, please bring evidence of effectiveness and available data sources for measuring outcomes to the workshop to share with the group and send relevant links to astevens@healthpolicyohio.org. We prefer to include evidence-based strategies in the SHIP. However, for areas where the evidence base is currently inadequate, we can consider evidence-informed or practice-based strategies.

**Bold**= strategies are included in Hi-5 or 6/18 (both include cost considerations)  
*= programs and policies likely to reduce disparities, based on review by What Works for Health
Overall goal: All Ohio babies are born healthy, live in healthy families and thrive in their first year of life.

**Social determinants of health** (relationship and community level)
- Racism and discrimination
- Trauma, toxic stress and violence
- Tobacco-free environments
- Food access and food security
- Active living environments and access to physical activity
- Education
- Employment and poverty
- Family and social support
- Housing
- Transportation
- Additional factors from the social and economic environment and physical environment identified by work team

**Risk and protective factors** (individual level)
- Inter-pregnancy interval <18 months (birth spacing)
- Unintended pregnancy
- Teen pregnancy
- Child maltreatment
- Safe sleep
- Breastfeeding
- Maternal tobacco use
- Secondhand smoke exposure
- Maternal drug and alcohol use
- Nutrition, including folic acid
- Physical activity
- Sexual behavior
- Contraception use

**Maternal health and clinical risk factors**
- Chronic disease among women of childbearing age
  - Diabetes
  - Gestational diabetes
  - Hypertension
  - Obesity
  - Underweight
- Mental health and addiction among women of childbearing age
  - Chronic stress
  - Depression, anxiety and other conditions
  - Post-partum depression
  - Substance use disorders
- Infectious disease
  - Chlamydia
  - HIV
  - Syphilis
  - Hepatitis B

**Poor birth outcomes and other causes of infant morbidity/mortality**
- Preterm birth (<32 and <37 weeks)
- Low birth weight
- Birth defects
- Injuries
- Neonatal Abstinence Syndrome

**Healthcare system and access, including:**
- Access to pre-conception, prenatal and post-natal care
- Access to contraception
- Quality of care, including cultural competence

**Mortality**
- Infant mortality
  - Sudden Unexpected Infant Death
  - Abusive head trauma
  - Other forms of perinatal, neonatal and post-neonatal mortality
- Maternal mortality

**Public health system, prevention and health behaviors**

**Equity**

Red font = SHIP priority outcome
▲ = Must be addressed in cross-cutting factors