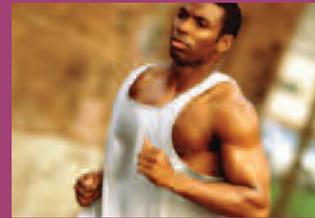


Healthy People



OUTCOME TEAM ROSTER

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VISION

Everyone makes choices—for themselves or for those entrusted to their care—which promote better health. Everyone gets the information and support they need to avoid preventable health problems. Both physical and mental wellness are valued. Everyone has access to an adequate level of healthcare, including prenatal care, from birth through death.

HEALTHY PEOPLE OUTCOME TEAM REPORT

The Healthy People Outcome Team continues to advance efforts in Montgomery County that promote comprehensive wellness for all residents. In 2008, the Outcome Team was co-championed by Health Commissioner Jim Gross and by Dr. Gary LeRoy, Associate Dean of Student Affairs at Wright State University Boonshoft School of Medicine. This report highlights the progress and accomplishments of the Low Birth Weight Registry and the Childhood Obesity Prevention Initiative. The work of the Healthcare Safety Net Task Force, appointed by the Montgomery County Board of County Commissioners in response to a recommendation of the Team through the FCFC, is in a companion report starting on page 8.

LOW BIRTH WEIGHT REGISTRY

A low birth weight (LBW) baby is defined as a baby with a birth weight of less than 2,500 grams (5 lbs. 8 oz.). LBW is of public health importance because of the strong relationship between birth weight and infant mortality and morbidity. In Montgomery County in 2006, LBW and short gestation were the leading causes of infant mortality, representing 22.2% of all infant deaths and 33.4% of all black infant deaths. Infant mortality has declined over the past decade; however, the incidence of LBW infants continues to increase. In 2006, the percentage of LBW babies in Montgomery County increased from 8.7% of births in 2005 to 8.9% (Ohio Department of Health). LBW babies are at increased risk of serious health problems, including developmental disabilities, mental retardation, cerebral palsy, vision and hearing loss, and increased incidence of illness.

Go to page 15
for in-depth
data analysis.



According to Morbidity and Mortality Weekly Report (1984), “the proportion of infants born with low birth weights (LBW) closely reflects the health status of the communities into which they are born.” To respond to this community issue, the Family and Children First Council approved funding to support the collaborative efforts of the Greater Dayton Area Hospital Association and Help Me Grow/Brighter Futures in creating a Low Birth Weight Registry in 2007.



The Low Birth Weight Registry collects data on low birth weight infants born in Montgomery County that are not captured on the birth certificate in order to analyze risk factors that contribute to LBW. The Registry provides individually identified data sets, new data elements, improved self-reported data, and an at-birth collection to enhance validity of the data. Currently, data are being collected from births at Miami Valley Hospital and Good Samaritan Hospital.

Upon obtaining informed consent from the mother, a research nurse conducts a prospective medical record review on data elements identified for study. Interviews are based on PRAMS questions

(Pregnancy Risk Assessment Monitoring System used by the Centers for Disease Control and Prevention)—a population-based survey that asks about maternal behaviors and experiences before, during, and after a woman's pregnancy and during the early infancy of her child. Data are also collected from the birth certificates and medical records, and compared with data in the Ohio Department of Health's Data Warehouse. A database has been developed to compile the following data elements related to LBW, including: alcohol and other drug use, assisted reproductive technology, urinary tract infections (UTI), sexually transmitted infections (STI), smoking status of mother, mother's mental condition, drugs for medical condition, mother's nutritional status, family history of LBW and preterm births, feto-infant deaths, and dental care.

Preliminary data are now available from the first year of data collection, in which a total of 463 interviews of LBW mothers were completed. The following statistics were identified as potential contributing factors:

- ✦ 62% were unmarried
- ✦ 67% of pregnancies were unintended
- ✦ 60% were Medicaid eligible
- ✦ 29% smoked continuously during their pregnancy
- ✦ Another 15% smoked during part of their pregnancy
- ✦ 16% drank alcohol during their pregnancy

- ✦ Another 14% used drugs during their pregnancy
- ✦ 52% had a sexually transmitted infection or a urinary tract infection during their pregnancy
- ✦ 66% had no preconception vitamin use
- ✦ 17% had inadequate (none, late, or poor) prenatal care
- ✦ 6% did not have enough to eat during their pregnancy

In 2007-2008, the work of the LBW Registry began to identify and understand the modifiable factors linked to this condition. In 2009, the Low Birth Weight Registry will add a control group to the study and expand services to include births at Southview Hospital and Kettering Medical Center. In addition, preventative measures and effective interventions to decrease the incidence of babies born at LBW will be recommended.

COUNTY-WIDE CHILDHOOD OBESITY PREVENTION INITIATIVE

In 2008, the Healthy People Outcome Team, in collaboration with Public Health-Dayton & Montgomery County (PHDMC), initiated a

Go to page 15 for in-depth data analysis.



community-wide healthy lifestyle strategy to address childhood overweight and obesity. The Montgomery County Human Services Levy Council is providing a one-time funding allocation to PHDMC for this initiative. PHDMC

contracted with Worldways Social Marketing to design a unified, county-wide initiative to address childhood obesity and promote healthy lifestyles for children and families.

The timeline for this multi-year initiative is divided into three phases. Phase I of the campaign was designed to answer the question: “How do we reach the greatest number of children in the shortest period of time with the most efficient and sustainable use of resources to combat childhood overweight and obesity and promote healthier lifestyles?” Phase I included the following activities:

- ✦ one-on-one interviews with community leaders representing a diverse cross-section of disciplines such as schools, child care centers, primary care providers, community organizations, policymakers, and businesses;
- ✦ community discussion/focus group meetings in three Montgomery County communities (East Dayton, West Dayton, City of Kettering);
- ✦ development of a report with recommendations for implementation, including the proper balance of policy, practice, and behavior-change initiatives; and
- ✦ development and testing of a prospective marketing and

media strategy, including a campaign name, logo, and creative concepts.

Phase II of the initiative will begin in January 2009 and will include community partner recruitment and development of campaign activities and materials.

Phase III consists of implementation and ongoing evaluation. A tentative campaign launch date is set for mid-2009.

The proposed framework for implementation includes a headquarters/hub, community partners, community messengers, families, sector champions, and influencers and funders (Figure 1). PHDMC, Montgomery County Board of County Commissioners, CareSource, Wright State University Center for Healthy Communities, and Children's Medical Center will serve as the initial hub partners. The purpose of the hub is to foster visibility, consistency, collaboration, and sound practice among all local public health system partners. Specific roles and responsibilities for community partners/messengers, families, sector champions, and influencers/funders are currently being defined.



Figure 1. Healthy Lifestyles Framework for Montgomery County

To raise awareness and motivate action, the creative theme/logo for this initiative is Get Up Montgomery County (Figure 2). The initial target audiences are children and their families.



Figure 2. Healthy Lifestyles Initiative Logo

The headquarters/hub partners are currently developing milestones and an overall timeline for implementation, and are researching an appropriate evaluation framework to measure outcomes. Outcome categories will include structural and institutional (policies), environmental, cognitive and social (awareness and societal attitude), behavioral (dietary and physical activity), and population-level health. Expected population-level health outcomes include lower Body Mass Index values, a decrease in the prevalence of overweight and obesity, and a decrease in obesity-related diseases.