



**Preventing  
Infant Mortality  
in Ohio:  
Task Force Report**

**November 2009**

**Executive Summary**



*"Infant deaths are at the heart of our inadequate health care system. Why should any infant die because their mother had no health insurance before she became pregnant, had little access to treat anemia, depression, asthma, diabetes or hypertension, or to safely space her last pregnancy? Infant deaths are preventable if we realign our priorities and our financial incentives. Thank you for allowing me to be part of this process to help set Ohio on a path to better health for women and children."*

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**For the complete  
Ohio Infant Mortality Task Force Report  
and more information on infant mortality in  
Ohio, please visit:**

**<http://www.odh.ohio.gov/odhPrograms/cfhs/imtf/imtf.aspx>**

The infant mortality rate is an important measure of how well we care for our women and children and the overall health of our society. This rate is calculated as the number of all live-born infants per 1,000 who die within the first year of life. The United States, at a rate of 6.4<sup>1</sup>, has a higher infant mortality rate than 28 other developed nations<sup>1</sup>. Ohio's rate of 7.8 (2006)<sup>2</sup>, after steadily decreasing for years, has not substantially changed for more than a decade. The infant mortality rate in Ohio is the twelfth-highest in the country<sup>3</sup> and exceeds the national goal of 4.5 established by the federal Department of Health and Human Services in the Healthy People 2010 initiative. Preterm birth (before 37 weeks of gestation) is the leading cause of Ohio's infant mortality, chiefly because of the high rate of preterm birth in African Americans. There are marked disparities (differences) in birth outcomes when comparing different racial, ethnic and geographic subpopulations.

Recognizing this situation to be unacceptable, in early 2009, Gov. Ted Strickland asked the Ohio Department of Health (ODH) to establish the Ohio Infant Mortality Task Force to (1) take a fresh look at the reasons behind Ohio's overall infant mortality rate and increasing disparities among different populations; and (2) develop recommendations and strategies to prevent infant mortality and disparities.

A group of about 70 individuals made up the task force, co-chaired by Thomas G. Breitenbach, CEO of Premier Health Partners, Inc., and ODH Director Alvin D. Jackson, M.D. Membership represented a wide range of public and private health providers, businesses, government agencies, associations, faith-based organizations, advocacy groups and consumers from across the state. Participants brought knowledge, experience and a shared commitment to make positive changes resulting in better health for Ohio women, infants and families. The task force was launched March 6, 2009, and held four plenary meetings and many committee meetings and conference calls throughout the summer.

The task force, in examining information from many different sources, was confronted head-on with the disturbing fact that Ohio's basic ability to take care of its women and children and assure healthy, full-term deliveries and infant health/safety lags behind, and in some cases *far behind*, that of most other states and developed nations. To briefly illustrate:

- Ohio's African-American infants die at more than twice the rate of white infants.
- Ohio's death rate for white infants alone is two to three times that of all infants in some nations<sup>4</sup>.
- A shortage of women's health providers in many areas of the state results in long waits for prenatal care and long drives to primary care and delivery hospitals for many Ohio women.
- Many Ohio women have no reproductive health care coverage.
- Medical interventions known to be effective in preventing premature delivery are not being applied universally.
- Gaps exist in data that affect our ability to fully understand and impact infant mortality.
- Many Ohioans are unaware of the relationship between preventive health care for women, and successful pregnancies which produce healthy infants.

## What is the one thing we can do to reduce infant mortality and disparities right now?

Unfortunately, a single, simple answer doesn't exist. Successfully addressing a complex challenge requires a variety of approaches working together over time. Infant mortality is tied to health and medical care, but also to societal norms, food, shelter, employment and more. Some of these factors can be influenced by government and the public health establishment. Others require changes in personal health choices, the practice of medicine, business and even the way we think about one another. The important first steps are to take action based on what we know works and abandon nonproductive approaches, as well as to raise general awareness and change the public's perceptions about infant mortality.

The task force attempted to determine why these conditions exist and what can and should be done about them.

Ten recommendations and accompanying strategies to reduce infant mortality and disparities in Ohio were identified reflecting the following overarching themes:

- complete and coordinated health care throughout a woman's and child's life is essential to prevent infant mortality;
- disparities in infant mortality and their underlying causes including racism exist and need to be eliminated;
- evidence-based practice and data must be used to drive decisions; and
- public education about infant mortality and ways to decrease it are needed.

A key recommendation is to establish an ongoing consortium to assure effective implementation of task force recommendations and to evaluate progress in continued efforts to address infant mortality and disparities. This consortium is where the real work will begin.

### RECOMMENDATION I:

**Provide comprehensive reproductive health services and service coordination for all women and children before, during and after pregnancy.**

Many of the causes of infant mortality are best addressed prior to pregnancy. Comprehensive medical services and community-based interventions have been successful in improving health outcomes.

### RECOMMENDATION II:

**Eliminate health disparities and promote health equity to reduce infant mortality.**

Disparities in infant mortality are longstanding in Ohio and are reflective of the social determinants of health. These disparities can be geographic, economic, racial, and cultural.

**RECOMMENDATION III:**

**Prioritize and align program investments based on documented outcome and cost effectiveness.**

Widespread use of evidence-based practices, data analysis, evaluation, and statewide implementation should lead to a reduction in infant mortality. Use of limited resources should be prioritized based on proven effectiveness.

**RECOMMENDATION IV:**

**Implement health promotion and education to reduce preterm birth.**

Preterm birth is the No. 1 cause of infant mortality and can be reduced through education and interventions to reduce risk factors.

**RECOMMENDATION V:**

**Improve data collection and analysis to inform program and policy decisions.**

Quality data collection, analysis and interpretation are critical to the success of infant mortality reduction initiatives. Developing and sharing accessible data products are essential to making sound program and policy decisions.

**RECOMMENDATION VI:**

**Expand quality improvement initiatives to make measurable improvements in maternal and child health outcomes.**

Systematically applying quality of care improvement strategies to infant mortality reduction initiatives can play a pivotal role in improving birth outcomes.

**RECOMMENDATION VII:**

**Address the effects of racism and the impact of racism on infant mortality.**

Racial disparities in poor birth outcomes are well recognized yet remain poorly explained. Exploring the potential effects of racism on health will enable the development of appropriate interventions.

When addressing infant mortality or any public health issue, the question of money arises. How much does it cost to fix the problem? How can we afford to fix it? Conversely, how much will infant mortality cost if we don't fix it? There are no quick and easy answers. We can begin by examining prematurity (baby born before 37 weeks of gestation), the leading cause of infant death in Ohio:

- 19,438 babies (13% of live births) were born prematurely in Ohio in 2007.
- Nationally, the average hospital cost for premature babies is \$49,033 vs. \$4,551 for a full-term, healthy baby.
- Applying those figures to Ohio, premature babies in 2007 cost its citizens nearly \$1 billion. This does not include the costs associated with maternal hospitalizations or long-term health problems and disabilities.
- Medicaid, a joint federal-state program funded with tax dollars, pays for 40% of all births in Ohio.
- Low birth weight babies born to women on Medicaid account for over 50% of all Medicaid birth expenditures while representing only about 10% of all Medicaid births.
- Prematurity affects 10% of babies covered by employer health plans.
- Prematurity increases health care costs to employees by more than 300%.
- Prematurity costs companies thousands of dollars in absenteeism and lost productivity.

More information is needed to accurately assess the impact of a decreased infant mortality rate on these costs. When the cost of inaction is considered, preventive care to women before and during the child-bearing years begins to look like a bargain.

(Data from Ohio Department of Health, March of Dimes, and Ohio Department of Job and Family Services)



## RECOMMENDATION VIII:

### **Increase public awareness on the effect of preconception health on birth outcomes.**

Many causes of poor birth outcomes may successfully be addressed prior to pregnancy. Investment in culturally competent social marketing and education strategies may lead to improved outcomes.

## RECOMMENDATION IX:

### **Develop, recruit and train a diverse network of culturally competent health professionals statewide.**

Health professionals from many disciplines should reflect the racial, ethnic, and cultural makeup of Ohio's population.

## RECOMMENDATION X:

### **Establish a consortium to implement and monitor the recommendations of the Ohio Infant Mortality Task Force (OIMTF).**

Addressing the issue of infant mortality requires effective oversight. The charge of the consortium will be to implement and monitor the recommendations set forth by OIMTF.

Successfully addressing the challenges of infant mortality and disparities requires committed individuals working together. Local actions can begin now! See page 7, Preventing Infant Mortality in Ohio: A Call to Action.

#### **References**

1. 2004, National Center for Health Statistics
2. 2007, Ohio Department of Health Vital Statistics
3. Heron MP, Hoyert DL, Murphy SL, Xu JQ, Kochanek KD, Tejada-Vera B. Deaths: final Data for 2006. National vital statistics Reports; vol 57 no 14. Hyattsville, MD: National Center for Health Statistics. 2009.
4. CIA World Factbook <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>

## Preventing Infant Mortality in Ohio: A Call to Action

Ten recommendations and accompanying strategies to prevent infant mortality in Ohio have been laid out in this report. Successfully addressing the challenges of infant mortality and disparities requires committed individuals working together. Local actions in your practice, your agency, your hospital, your community, your church or workplace, among your friends and family, can and should begin now. Following is a list of just a few ways you can implement the task force recommendations and strategies and help reduce infant mortality and disparities in Ohio.

### What Can You Do NOW?

*"A small group of thoughtful people could change the world. Indeed, it's the only thing that ever has." Margaret Mead*

#### ***If you are a hospital***

- Provide culturally sensitive information to staff and patients on a variety of topics that affect a woman's health and her baby's health such as obesity/nutrition, alcohol/tobacco/drug use, physical activity, breastfeeding and infant sleeping positions.
- Support and initiate collaborative quality improvement efforts in areas that affect prenatal and infant care in the hospital setting.
- Provide cultural diversity training for staff.
- Develop partnerships with community and government organizations to address the health needs of women of childbearing age in the community.
- Promote the use of telemedicine to ensure access to medical specialists.

#### ***If you are a local health department***

- Provide culturally sensitive information to residents on a variety of topics that affect a woman's health and her baby's health such as obesity/nutrition, alcohol/tobacco/drug use, physical activity, breastfeeding and infant sleeping positions.
- Provide cultural diversity training for staff.
- Develop partnerships with community organizations to address the health needs of women of childbearing age in the community.
- Provide health screenings/tests and referral information to residents.
- Increase public utilization of resources such as the Ohio Benefit Bank to assist women and children with obtaining health care services.

***If you are a  
community-based  
organization***

- Provide culturally sensitive information to constituents on a variety of topics that affect a woman's health and her baby's health such as obesity/nutrition, alcohol/tobacco/drug use, physical activity, breastfeeding and infant sleeping positions.
- Provide cultural diversity training for staff.
- Develop partnerships with other organizations to address the health needs of women of childbearing age in the community.
- Offer evidence-based services that reduce the risk for infant mortality/pre-term births such as community health workers or home visiting programs.

***If you are a  
professional organization***

- Provide culturally sensitive information to members on a variety of topics that affect a woman's health and her baby's health such as obesity/nutrition, alcohol/tobacco/drug use, physical activity, breastfeeding and infant sleeping positions.
- Support and initiate collaborative quality improvement efforts in areas that affect prenatal and infant care in the health care setting.
- Provide cultural diversity training for members.
- Develop partnerships with state and local organizations to collaborate on broad issues affecting the health of women of childbearing age and infants.

***If you are an  
employer***

- Provide culturally sensitive information to employees on a variety of topics that affect a woman's health and her baby's health such as obesity/nutrition, alcohol/tobacco/drug use, physical activity, breastfeeding and infant sleeping positions.
- Provide cultural diversity training for staff.
- Provide quality health insurance benefits to employees including preventive health, medical, prescription medications, dental and mental health services.
- Support employees by providing maternity leave, leave for medical appointments and a sensitive environment for breastfeeding mothers in the workplace.
- Support programs that promote the important role of fathers in pregnancy and parenting.

***If you are a  
school/university***

- Provide culturally sensitive information to faculty and students on a variety of topics that affect a woman's health and her baby's health such as obesity/nutrition, alcohol/tobacco/drug use, physical activity, breastfeeding and infant sleeping positions.
- Promote curricula to help young students understand reproductive health and the consequences of their lifestyle choices on their health and the health of their future children.
- Promote curricula on the important role of fathers in pregnancy and parenting.
- Provide opportunities for students to learn about careers in health care fields.
- Develop partnerships with other organizations to address the health needs of women and children in the community.

***If you are a  
faith-based organization***

- Provide culturally sensitive information to members on a variety of topics that affect a woman's health and her baby's health such as obesity/nutrition, alcohol/tobacco/drug use, physical activity, breastfeeding and infant sleeping positions.
- Develop partnerships with other organizations to address the health needs of women and children in the community.
- Offer space for meetings or health fairs.
- Encourage members to volunteer with their local hospital, health department or other community services agencies.
- Support programs that promote the important role of fathers in pregnancy and parenting.

***If you are a  
physician***

- Provide culturally sensitive information to patients and staff on a variety of topics that affect a woman's health and her baby's health such as obesity/nutrition, alcohol/tobacco/drug use, physical activity, breastfeeding and infant sleeping positions.
- Maximize opportunities to discuss preconception health with patients and their families.
- Educate yourself and your staff about resources and referral agencies available in your community to refer patients for mental health services, smoking cessation, substance abuse treatment, Medicaid, WIC, food pantries, lactation support, child care, etc.
- If you are a women's health provider – encourage women to schedule appointments for preconception counseling and early prenatal care.
- Encourage men and women to develop a reproductive health plan.

***If you are a  
legislator***

- Make your constituents aware of the need for improved preconception health and the impact on infant mortality.
- Support or sponsor legislation that improves the health of women and infants.
- Adequately fund statewide surveillance systems related to infant mortality and increase the state's infrastructure to collect, monitor, analyze and utilize data for policy and strategy development.
- Ensure that women and children in Ohio have access to quality health care to improve health outcomes.
- Support the implementation of recommendations of the Ohio Anti-Poverty Task Force.
- Support programs that promote the important role of fathers in pregnancy and parenting.

***If you are an  
Ohioan***

- Make sure you/your partner are as healthy as possible before becoming pregnant.
- Encourage friends and family members who are of childbearing age to be as healthy as possible before becoming pregnant.
- Volunteer and support your local hospital, health department, faith community or community services agencies.
- Support your friends and family members who recently had a baby by encouraging safe sleeping positions, breastfeeding and helping them get to follow-up appointments.

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We wish to acknowledge and thank the following individuals and organizations for their generous donation of time and energy to make life better for Ohio's women, infants and families.

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