



## Infant Mortality Reduction Plan 2015-2020



Turning up the  
**Volume on**  
Infant Mortality  
*Step Up to Catch Up!*

# Ohio ranks 45th nationally in infant mortality, near bottom for deaths of black babies

[http://www.cleveland.com/healthfit/index.ssf/2015/08/ohio\\_ranks\\_45th\\_nationally\\_on.html](http://www.cleveland.com/healthfit/index.ssf/2015/08/ohio_ranks_45th_nationally_on.html)

By [Brie Zeltner, The Plain Dealer](#) The Plain Dealer

CLEVELAND, Ohio — The number of babies in Ohio who die before their first birthday remains dismally high. The state ranks 45<sup>th</sup> in infant mortality overall and has one of the highest rates of infant death for black mothers in the country. That's according to the [most recent statistics](#) released today by the U.S. Department of Health and Human Services.

The numbers tell a troubling tale of loss and race-based health disparity for women and babies in Ohio and large swaths of the rest of the country. The data from the National Center for Health Statistics, gathered from linked birth and death certificates, show:

- Infant mortality nationwide in 2013 was at 5.96 deaths per 1,000 live births, about the same as the previous year and a 13 percent drop since 2005. Ohio's rate of 7.33 is 21 percent above the national average.
- Nationally, 11.1 black infants died per 1,000 live births in 2013, compared to 5.96 deaths for white babies that year. That's 2.2 times higher a rate for black babies than white babies.
- In Ohio, the disparity mirrored the national average: infant deaths among black babies was more than twice as high as white babies from 2011 to 2013.
- Ohio's rate of black infant mortality (13.57) was second highest nationally for the 39 states where a rate could be calculated. Only Wisconsin (14) and Kansas (14.18) fared worse.
- In New Jersey, black babies were 3.2 times more likely to die than white babies in their first year, the worst record for the disparity in the country among the 39 states where this ratio could be calculated.
- In no state or territory in the nation was infant mortality equal among black and white babies. The closest state was Kentucky, with the lowest ratio of 1.5.

# 2011-2013 USA INFANT MORTALITY RATES, BY STATE AND BY RACE, FROM WORSE TO BEST:

	<b>Overall:</b>		<b>White:</b>		<b>Black:</b>		<b>Hispanic:</b>
USA	6.01		5.06		11.25		5.09
MS	9.25	WV	6.99	KS	14.18	RI	7.22
AL	8.57	AL	6.92	^WI	14	PN	6.99
LA	8.35	ME	6.77	<b>^OH</b>	<b>13.57</b>	<b>OH</b>	<b>6.92</b>
DE	7.64	MS	6.76	^MI	13.13	KS	6.84
<b>OH</b>	<b>7.6</b>	AR	6.7	^IL	12.93	KY	6.75
AR	7.41	OK	6.51	AL	12.9	ID	6.68
SC	7.23	IN	6.46	UT	12.89	OK	6.54
NC	7.2	KY	6.4	^IN	12.87	MS	6.35
IN	7.19	<b>OH</b>	<b>6.31</b>	DE	12.82	AR	6.15
OK	7.17	LA	6.15	PN	12.66	IN	6.09
TN	7.16	TN	6.09	NC	12.57	MO	6.08
<b>*MA</b>	<b>4.21</b>	<b>*NJ</b>	<b>3.20</b>	<b>*MA</b>	<b>6.90</b>	<b>*IA</b>	<b>2.65</b>

**Note that Ohio is the only State ranked in the worst 10 in all four categories.**

*^Also note 5 of the 6 States that make up Perinatal Region V are amongst the worst for black IMR*

**\*Best Rates in Green**

# HOUSE CONCURRENT RESOLUTION #12:

## “TO DECLARE OHIO’S RATE OF INFANT MORTALITY A PUBLIC HEALTH CRISIS AND URGE COMPREHENSIVE PRETERM BIRTH RISK SCREENING FOR ALL PREGNANT WOMEN IN OHIO”

(131st General Assembly)  
(Amended House Concurrent Resolution Number 12)

### A CONCURRENT RESOLUTION

To declare Ohio's rate of infant mortality a public health crisis and urge comprehensive preterm birth risk screening for all pregnant women in Ohio.

*Be it resolved by the House of Representatives of the State of Ohio (The Senate concurring):*

WHEREAS, Ohio is ranked among the worst in the nation in infant mortality (47th), with the loss in 2012 alone of 1,047 Ohio babies before their first birthdays; and

WHEREAS, The leading cause of infant mortality is preterm birth. In Ohio, the preterm birth rate for 2013 was 12.1% (the same rate as for 2012 and 2011) and about half of all pregnancy-related costs are driven by preterm births, largely because of expensive care of infants in neonatal intensive care units (NICUs). Among babies born before 32 weeks gestation, 89% are admitted to NICUs at an average cost of \$280,000; and

WHEREAS, Socioeconomics, education, geography, and other factors contribute to health access barriers for many Ohio women and a lack of prenatal care increases the risk of preterm birth and infant mortality; and

WHEREAS, Medicaid pays for over 52% of Ohio's pregnancies (in 2013, 70,479 pregnancies). In Ohio, NICU babies account for only 0.2% of the Medicaid population but consume 15% of total Medicaid spending; and

WHEREAS, Cervical length is the best predictor of preterm birth risk. Women with a prematurely short cervix mid pregnancy are at 10 times the risk of an early delivery, which can have tragic consequences; and

WHEREAS, Two technologies that accurately measure the cervix are available: transvaginal ultrasound and use of a cervicometer. Using these technologies, cervical length screening could be performed in any prenatal care setting for pregnant women in Ohio and treatment provided to prevent preterm births and infant deaths; and

WHEREAS, The Society for Maternal-Fetal Medicine and the American College of Obstetricians and Gynecologists have published clinical practice guidelines recommending vaginal progesterone treatment to prevent preterm birth in women pregnant with one baby and a mid-pregnancy short cervical length. In this high risk population, treatment cuts the rates of preterm birth and infant mortality nearly in half while reducing NICU admissions by 25%; and

WHEREAS, Economic analyses of universal cervical length screening and vaginal progesterone treatment prove that this preterm birth prevention strategy is cost-saving. The drug used in this treatment is available in generic form; a full course of treatment costs less than \$400. Adoption of this strategy across Ohio could result in savings over \$27 million annually, with over \$10 million of that total in Medicaid savings; and

WHEREAS, The Ohio Collaborative to Prevent Infant Mortality of the Ohio Department of Health, the Ohio Perinatal Quality Collaborative, and many other state and local organizations have been working diligently to raise awareness and promote the adoption of best practices, including appropriate use of progesterone to prevent preterm birth. Among the top priorities of the Ohio Department of Medicaid is more timely identification of high risk expectant mothers to provide enhanced services, such as ensuring "progesterone without barriers" for Ohio pregnant women; and

WHEREAS, The good health and well-being of Ohio's expectant mothers and their babies will be

Am. H. C. R. No. 12

131st General Assembly

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enhanced by education on the importance of cervical length measurement as an evidence-based, cost-saving prenatal risk screening test. Beneficiaries of such education should include health care professionals, women and families, Medicaid and private health insurers, government officials, elected officials, and all others who share the mission of reducing preterm birth and infant mortality; now therefore be it

RESOLVED, That we, the members of the 131st General Assembly of the State of Ohio, support and encourage improved education and outreach concerning prenatal care, cervical length measurement, and progesterone treatment; and be it further

RESOLVED, That we, the members of the 131st General Assembly of the State of Ohio, declare Ohio's rate of infant mortality a public health crisis that deserves significant and immediate action by all stakeholders to ensure equitable access to comprehensive preterm birth risk screening for all pregnant women, including cervical length screening; and be it further

RESOLVED, That the Clerk of the House of Representatives transmit duly authenticated copies of this resolution to the Governor of Ohio and the news media of Ohio.

  
\_\_\_\_\_  
Speaker \_\_\_\_\_ of the House of Representatives.

  
\_\_\_\_\_  
President \_\_\_\_\_ of the Senate.

Adopted June 30, 2015

# IS OHIO'S RESPONSE APPROPRIATE FOR A CRISIS?

To Save our babies we need to respond with:

**ALL THE PURPOSE AT OUR COMMAND AND MOUNT  
PROGRAMS AND INTERVENTIONS ON A SCALE EQUAL TO  
THE DIMENSION OF THE PROBLEM!!!**

**There is a “mis-match” or “disconnect” between our responsibility and our performance:**

**Ohio ranks #7 for the number of births by a State each year. This places us amongst National leaders...and should help define our responsibility for keeping our babies alive.**



**Yet...we rank amongst the worst in the Nation for Overall, White, Black, and Hispanic infant mortality.**

# Infant Mortality Reduction is not a sprint, it is a “Relay-Marathon” ... and it takes the entire Village

## Policy Public Health



Systems  
Regulations  
State Agencies  
Family Planning  
Health Departments  
Justice/Injustice  
EQUITY/inequity  
Inclusion/Marginalization  
Federal/State/Local

## Clinical Community:



PCMH  
Access  
Insurance  
Quality Care  
Preconception  
Inter-conception  
One Key Question  
Family Planning  
Culturally Sensitive  
Language barriers

Business  
Schools  
Transportation  
Jobs/employment  
Housing  
Local Government  
Public Safety  
Racism  
Green Space  
Etc.

## Pediatric Obstetrical



Hospitals  
Clinics  
Nurses  
Doctors  
WIC  
NICUs  
Breastfeeding  
Safe Sleep  
LBW/Preterm

## Neighborhood

Church  
Food security  
Safety  
Support Network  
Crime  
Drugs  
Abandoned Houses  
Day Care  
Gangs

## Mother & Family

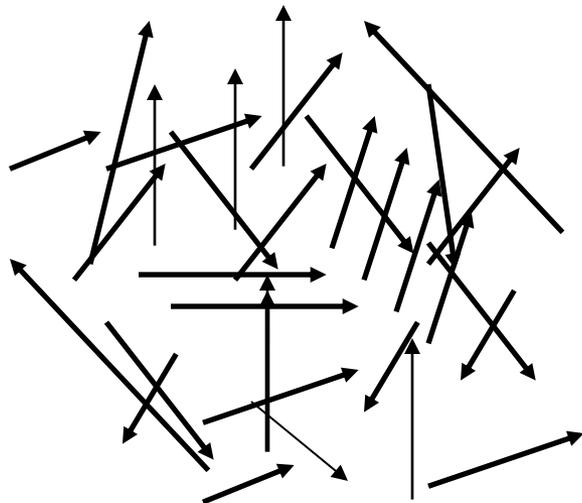


Father involvement  
Married  
Single parenthood  
IPV  
Poverty  
Diet  
Age  
Health  
Capacity of parents  
to care for  
themselves &  
their children

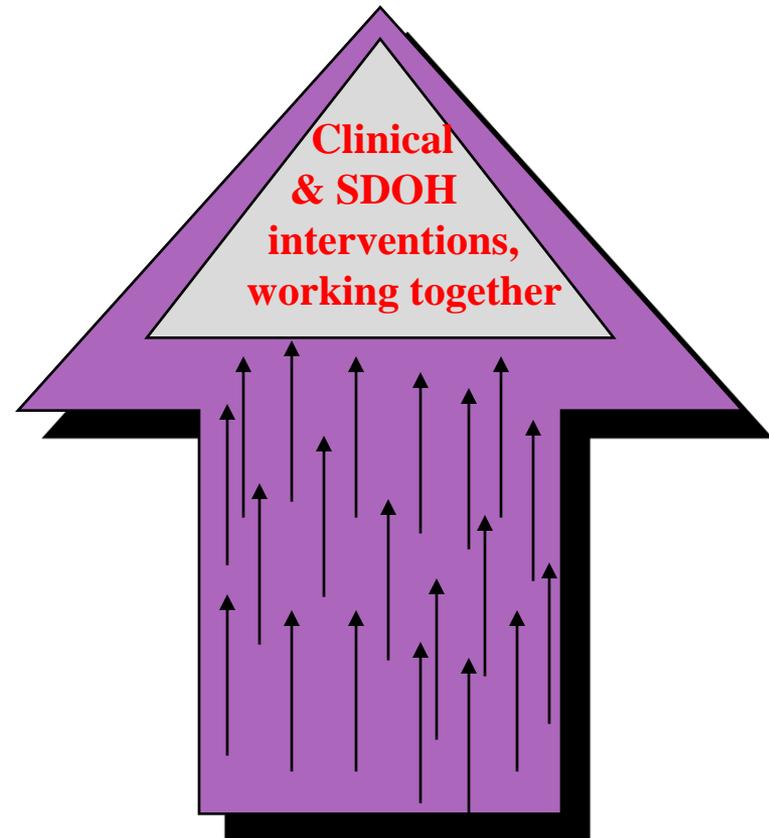
# Goal: align strategic MCH goals and efforts, medical and social,...across all of Ohio:

## Non-Aligned Effort

Random Acts of  
intervention &  
innovation



## ALIGNED EFFORT STRATEGIC GOALS



# We Have to Work Together:



# It will take Local Community Ownership:



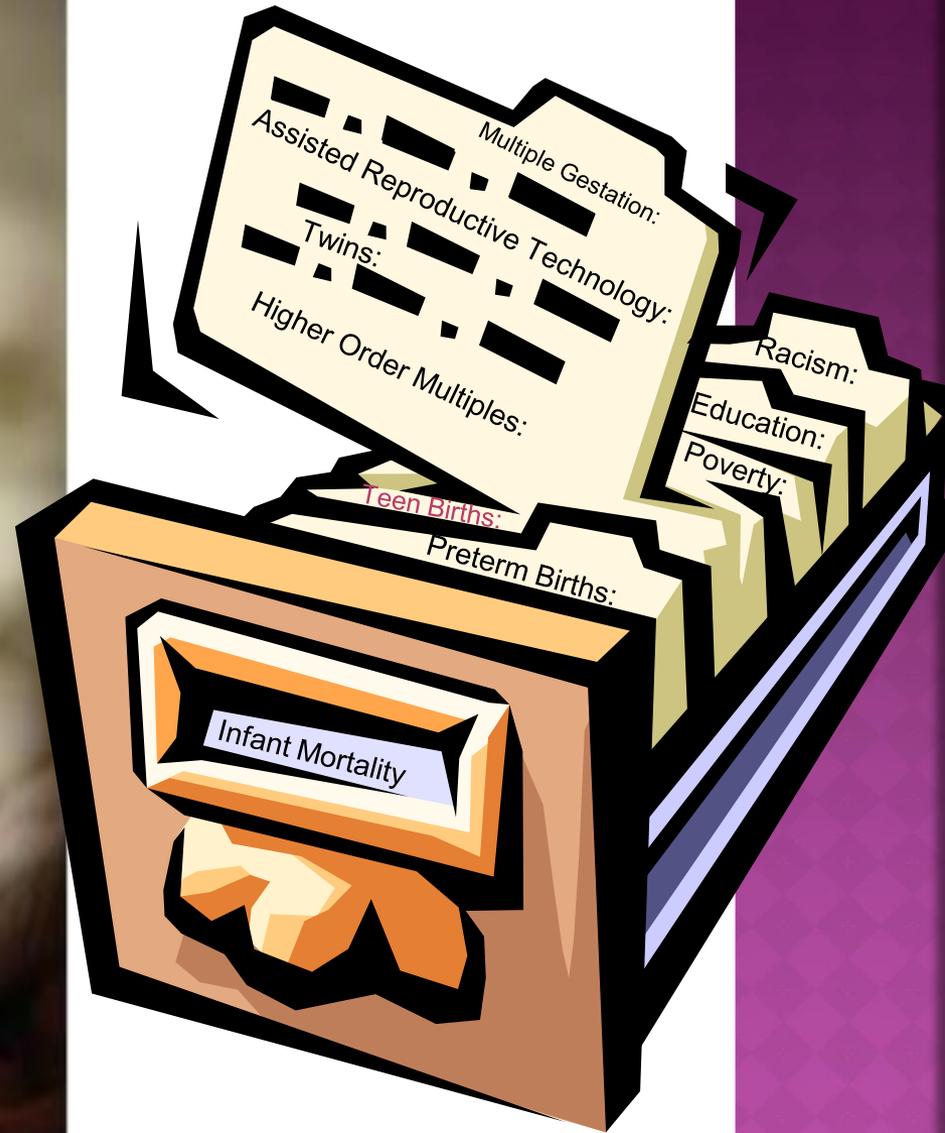
Most Ohio Communities have not gotten started in their efforts to improve infant mortality.

Some are still planning or are on the verge of initiating intervention projects.

A few have begun very robust improvement efforts.



# PORTFOLIO APPROACH:



# INFANT MORTALITY REDUCTION PLAN

- Introduction
- Causes of Death
- Major Risk Factors
  - Social Determinants of Health
  - Prematurity/Preterm Birth
  - Birth Defects
  - Sleep-Related Deaths
  - Smoking
  - Care: before, during, after and between pregnancy
  - Poverty
  - Paternal inclusion
  - Policies
  - Systems
  - Practices

# INFANT MORTALITY REDUCTION PLAN

- ◉ Ohio's Challenge
- ◉ Addressing Infant Mortality in Ohio
- ◉ The Ohio Collaborative to Prevent Infant Mortality



# INFANT MORTALITY REDUCTION PLAN

- ◉ Economic Impact of Infant Mortality
- ◉ Life Course Perspective
- ◉ Collective Impact
- ◉ Socio-ecological Model



# INFANT MORTALITY REDUCTION PLAN

- ◉ Infant Mortality  
Public Policy
  - National level
  - State level



# INFANT MORTALITY REDUCTION PLAN

- ◉ Ohio Hospital Association
- ◉ Medicaid Managed Care Plans
- ◉ Perinatal Quality Improvement
- ◉ Local Efforts

# INFANT MORTALITY REDUCTION PLAN

- ◉ Ohio's Call to Action: Too Many Babies Are Dying!
- ◉ Keeping Babies Alive is a Number-One Priority in Ohio



# What is our Goal?

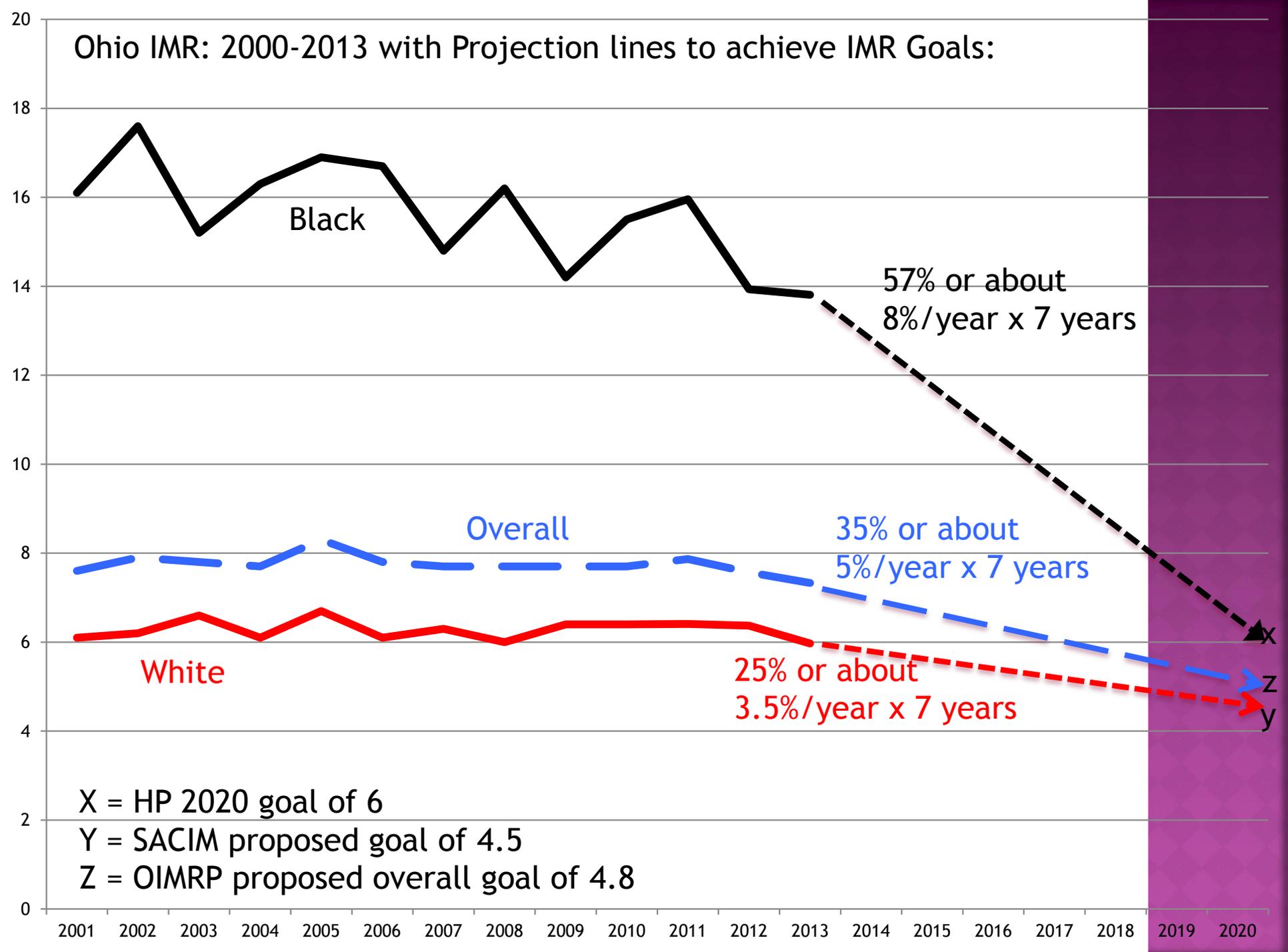


# INFANT MORTALITY REDUCTION PLAN

## Ohio's Overall Goal for Reducing Infant Mortality

Ohio's Infant Mortality Reduction Objectives for 2020	
4.5/1,000	For white infants
6.0/1,000	For black infants
4.8/1,000	Overall

# Ohio IMR: 2000-2013 with Projection lines to achieve IMR Goals:



# INFANT MORTALITY REDUCTION PLAN STRATEGIC FOCUS AREAS

## 1. Improving Health Equity, Addressing SDOH and Eliminating Racism



# INFANT MORTALITY REDUCTION PLAN STRATEGIC FOCUS AREAS

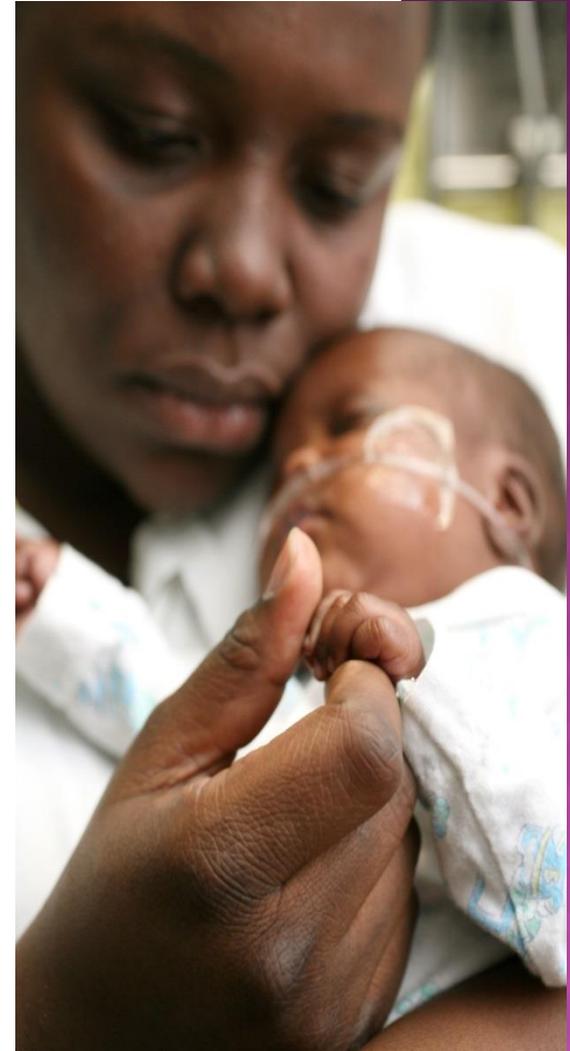
## 2. Promoting Optimal Women's Health Before, During and After Pregnancy



# INFANT MORTALITY REDUCTION PLAN

## STRATEGIC FOCUS AREAS

### 3. Preventing Premature Births



# INFANT MORTALITY REDUCTION PLAN STRATEGIC FOCUS AREAS

## 4. Preventing Birth Defects



# INFANT MORTALITY REDUCTION PLAN STRATEGIC FOCUS AREAS

## 5. Promoting Optimal Infant Health



# INFANT MORTALITY REDUCTION PLAN STRATEGIC FOCUS AREAS

## 6. Reducing Smoking Before, During and After Pregnancy



# INFANT MORTALITY REDUCTION PLAN STRATEGIC FOCUS AREAS

## 7. Promoting Fatherhood Involvement in Maternal and Child Health



# INFANT MORTALITY REDUCTION PLAN

- ◉ What You Can Do Now
- ◉ Communication and Reporting
- ◉ Using this Work Plan