

Ohio Collaborative to Prevent Infant Mortality:

Quarterly meeting, 09/18/2015



OCPIM Co-Chairs:
Lisa Amlung Holloway MBA
Arthur R. James MD, FACOG



Ohio Collaborative to Prevent Infant Mortality

Agenda:

0800-0900: Breakfast and Registration

0900-0920: Welcome and Introduction Lisa Holloway and Arthur James

0920-0945: Ohio's Black:White Infant Mortality Disparity & Why SDOH are Important (ARJ)

0945-1030: **Dr. Iton: A New Public Health Practice Targeting the Root Causes of Health Inequity**

1030-1045: BREAK

1045-1200: Let's Talk Ohio – Dialogue with Dr. Iton

1200-1230: LUNCH

OCPIM Business:

1230-1300: Announcements

1300-1330: Ohio's Infant Mortality Reduction Plan

1330-1430: Action Group Briefings

1430-1500: Take Away from the Day: Lisa Holloway

Infant Mortality:

Definition: The death of any live born baby prior to his/her first birthday.

“The most sensitive index we possess of social welfare”

Julia Lathrop, Children’s Bureau, 1913



Infant Mortality is:

Multi-factorial. Rates reflect a **society's commitment** to the provision of:

1. High quality health care
2. *Adequate food and good nutrition
3. *Safe and stable housing
4. *A healthy psychological and physical environment
5. *Sufficient income to prevent impoverishment

“As such, our ability to **prevent** infant deaths and to **address long-standing disparities** in infant mortality rates between population groups is a **barometer** of our society's **commitment** to the health and well-being of all women, children and families.”

2011-2013 USA Infant Mortality Rates, by State and by Race, from Worse to Best:

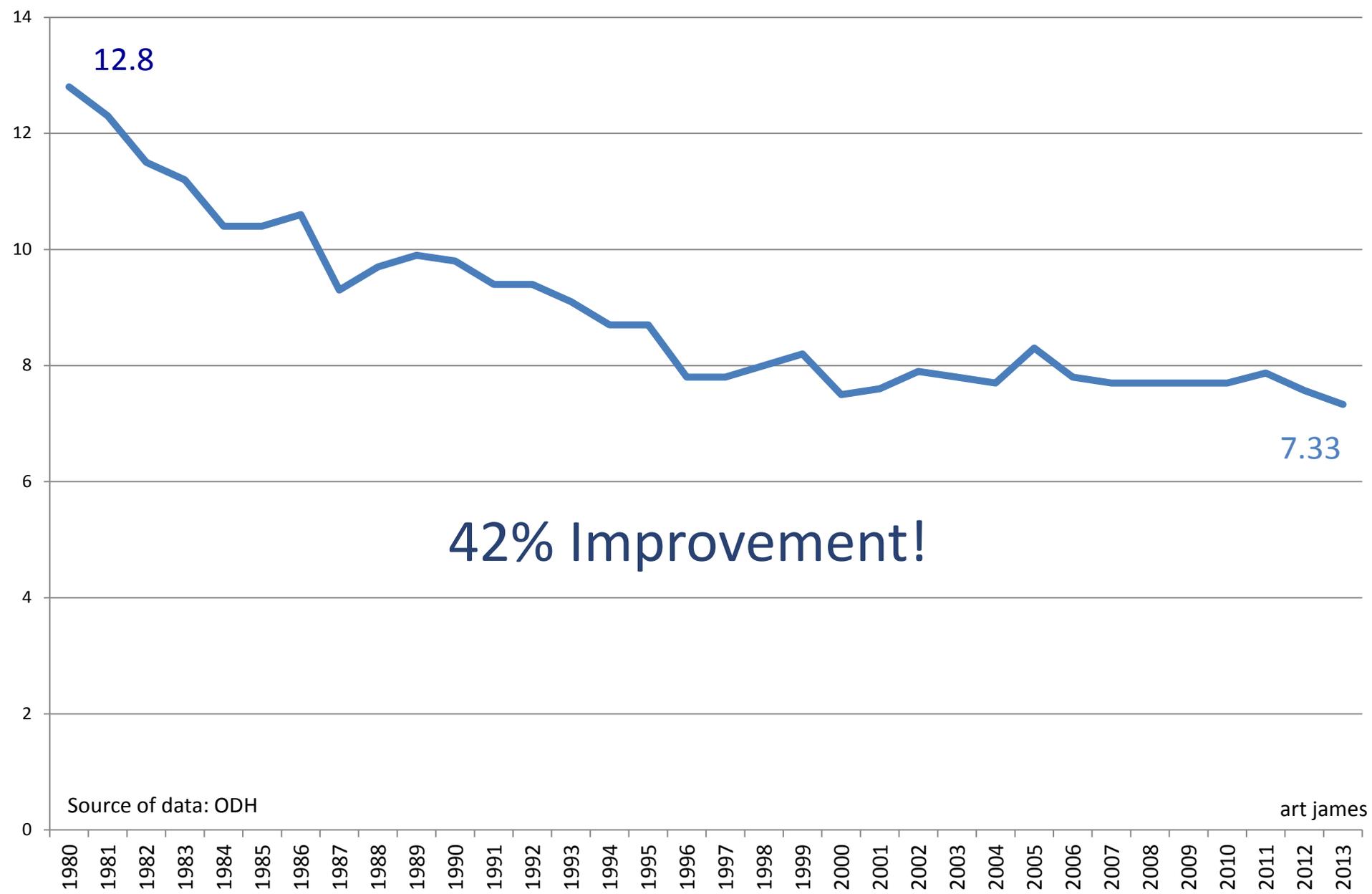
	Overall:		White:		Black:		Hispanic:
USA	6.01		5.06		11.25		5.09
MS	9.25	WV	6.99	KS	14.18	RI	7.22
AL	8.57	AL	6.92	^WI	14	PN	6.99
LA	8.35	ME	6.77	^OH	13.57	OH	6.92
DE	7.64	MS	6.76	^MI	13.13	KS	6.84
OH	7.6	AR	6.7	^IL	12.93	KY	6.75
AR	7.41	OK	6.51	AL	12.9	ID	6.68
SC	7.23	IN	6.46	UT	12.89	OK	6.54
NC	7.2	KY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

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**

Ohio Total Infant Mortality Rate: 1980-2013



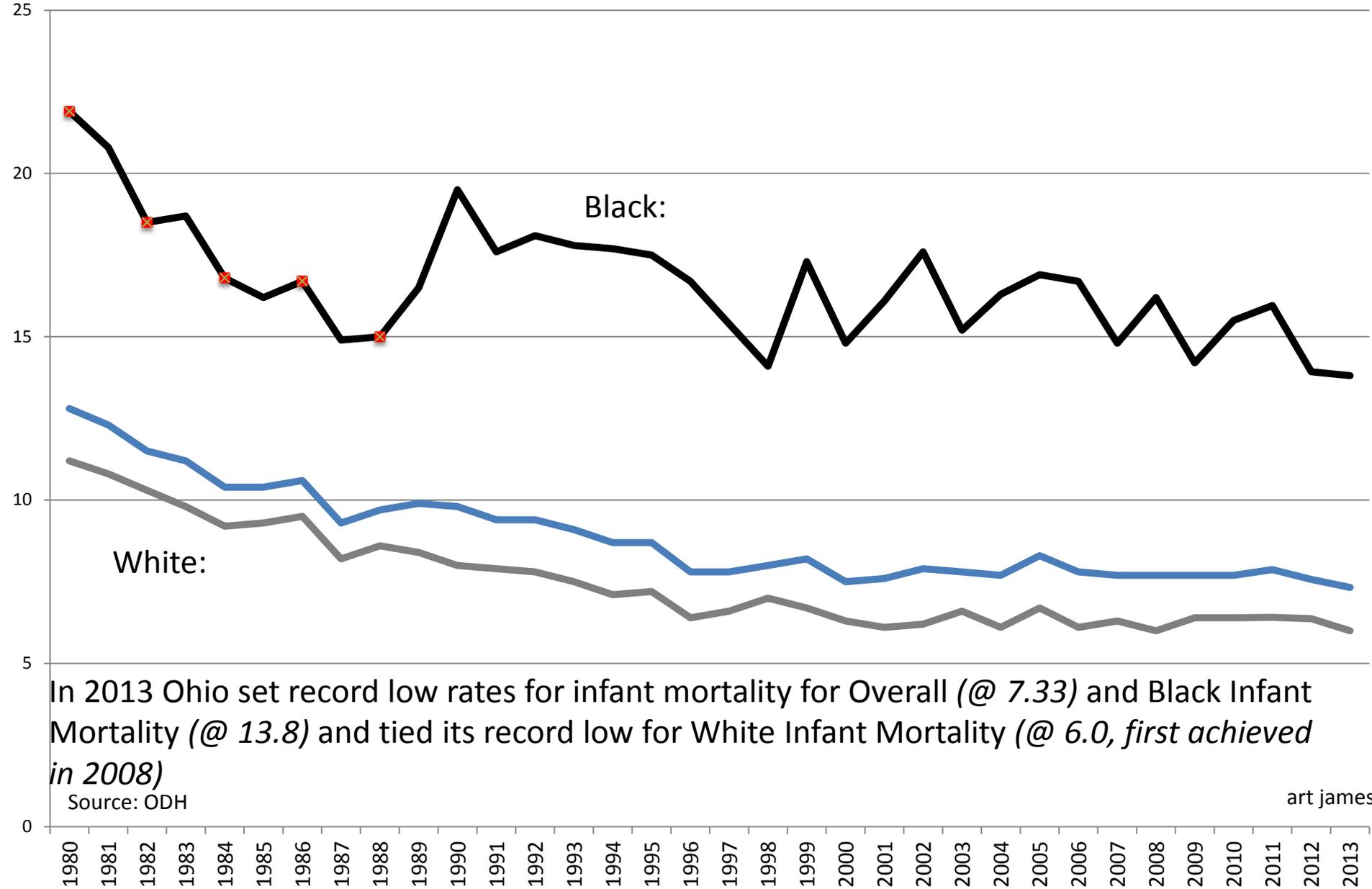
Source of data: ODH

art james

Ohio's Black to White Racial Disparity in Infant Mortality:

1. Black infant deaths more than 2x that of Whites
2. Infant deaths in reference to Healthy People Goals
3. Time-lag of the “inequity” between black and white infant deaths

Ohio IMR: 1980-2013 (total, white, "non-white/black")

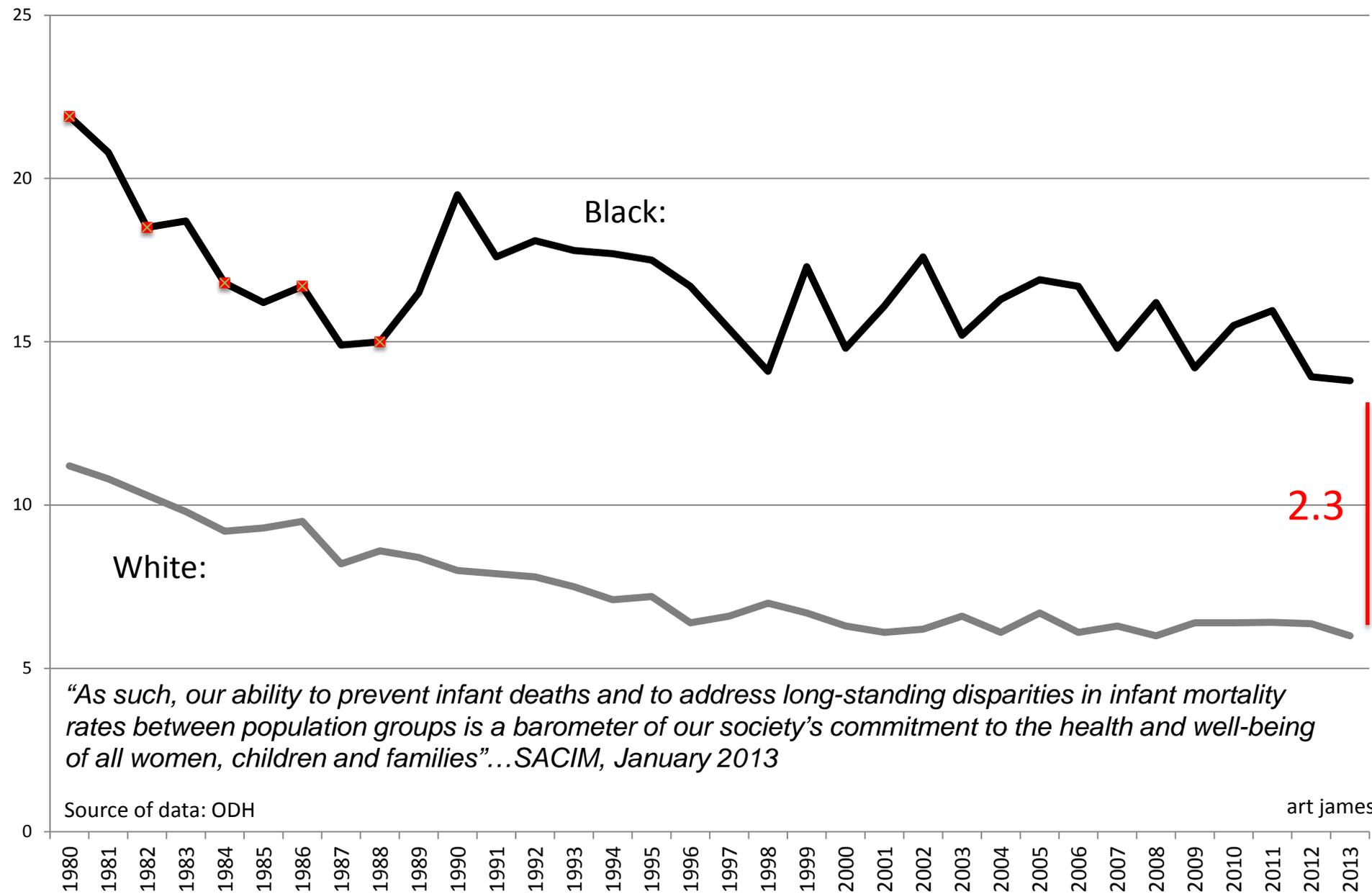


In 2013 Ohio set record low rates for infant mortality for Overall (@ 7.33) and Black Infant Mortality (@ 13.8) and tied its record low for White Infant Mortality (@ 6.0, first achieved in 2008)

Source: ODH

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Ohio IMR: 1980-2013 (white, "non-white/black")



"As such, our ability to prevent infant deaths and to address long-standing disparities in infant mortality rates between population groups is a barometer of our society's commitment to the health and well-being of all women, children and families"...SACIM, January 2013

Source of data: ODH

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Healthy People:

1990

2000

2010

2020



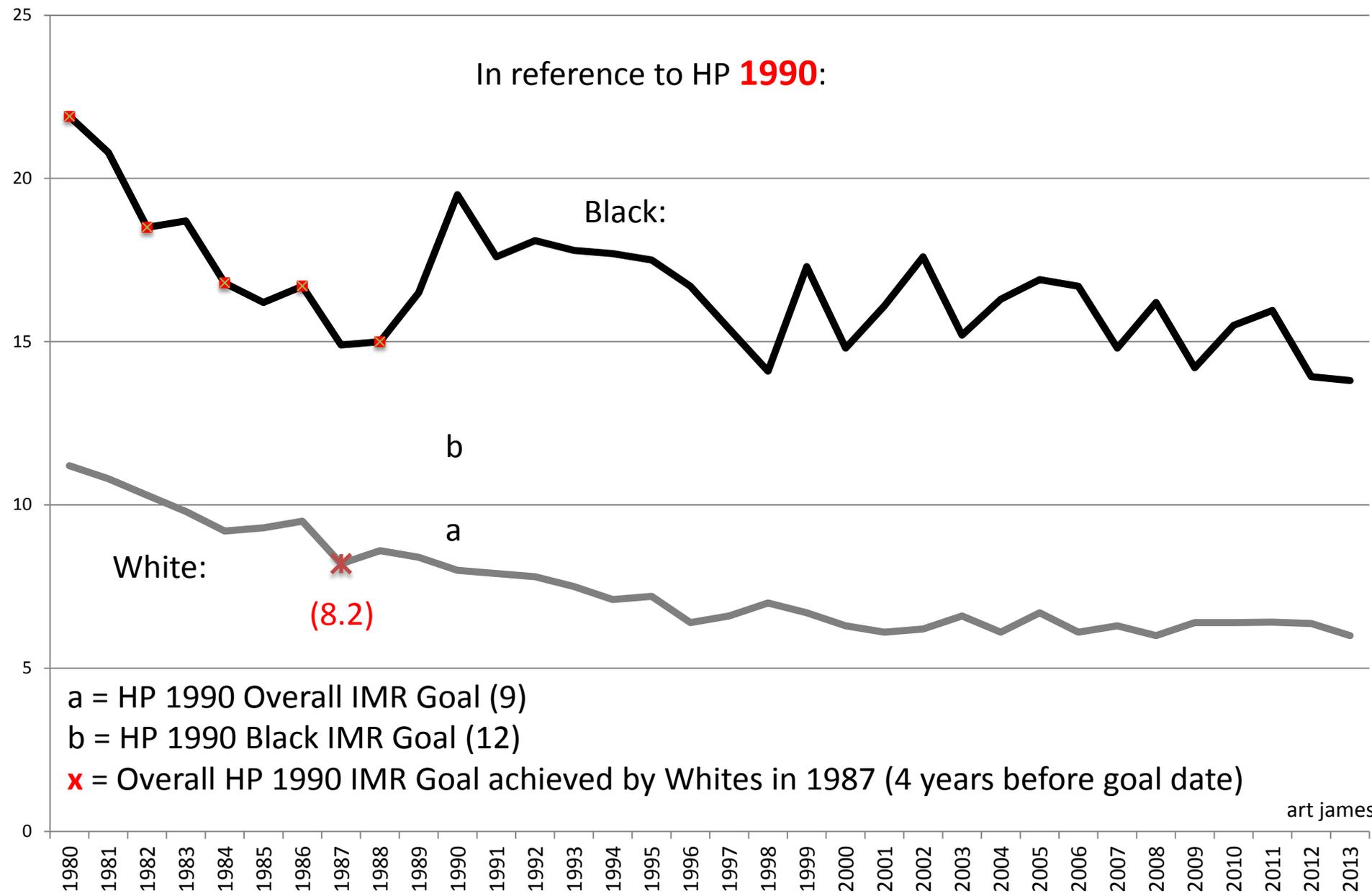
Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3+ decades, Healthy People has established benchmarks and monitored progress over time in order to:

- ***Encourage collaborations*** across communities and sectors.
- ***Empower individuals*** toward making informed health decisions.
- ***Measure the impact*** of prevention activities.

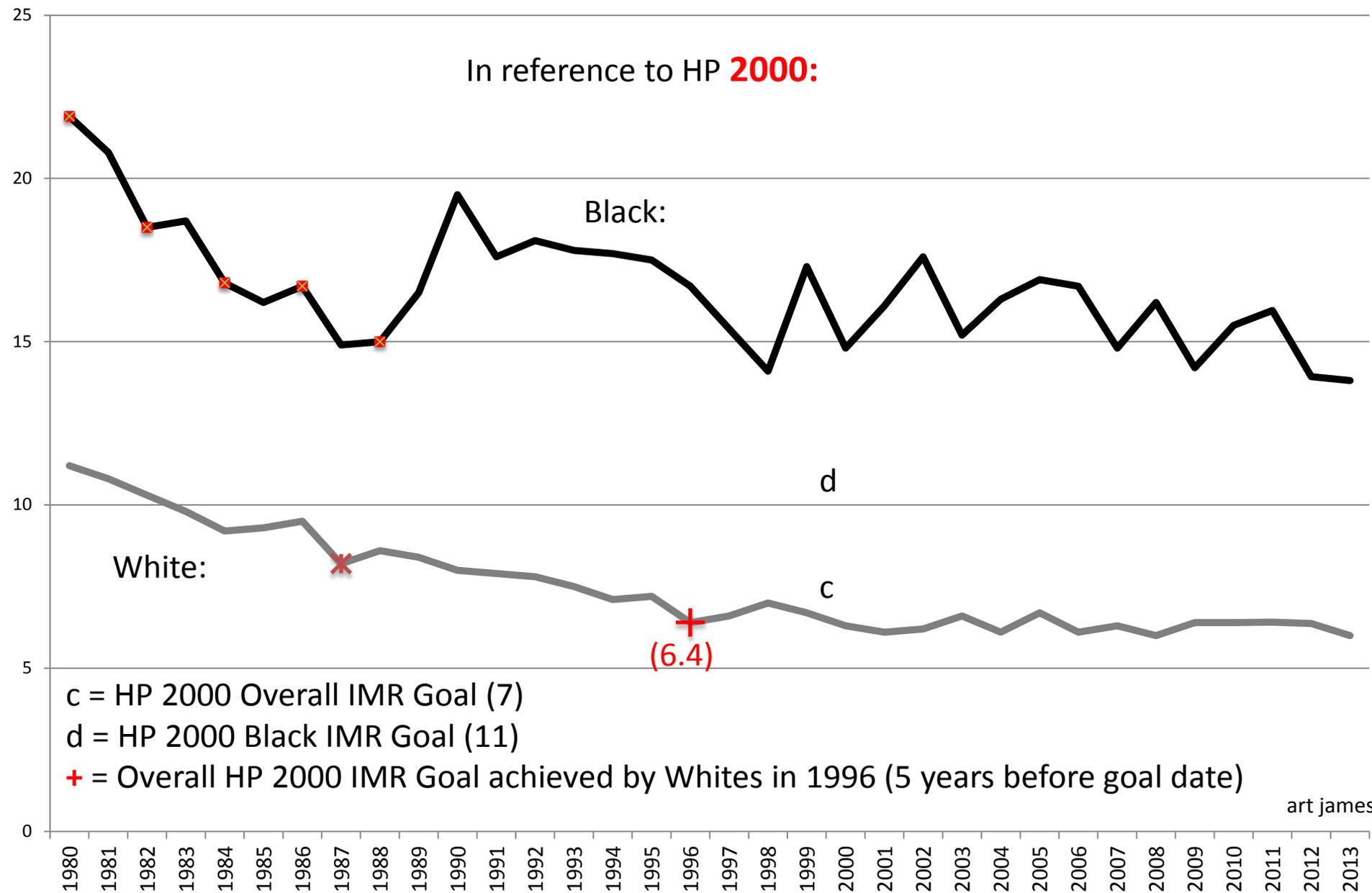
Overarching Goals for Healthy People 2020:

- Attain ***high-quality, longer lives*** free of preventable disease, disability, injury, and premature death.
- **Achieve *health equity, eliminate disparities, and improve the health of all groups.***
- ***Create social and physical environments that promote good health for all***
- Promote ***quality of life, healthy development, and healthy behaviors*** across all life stages.

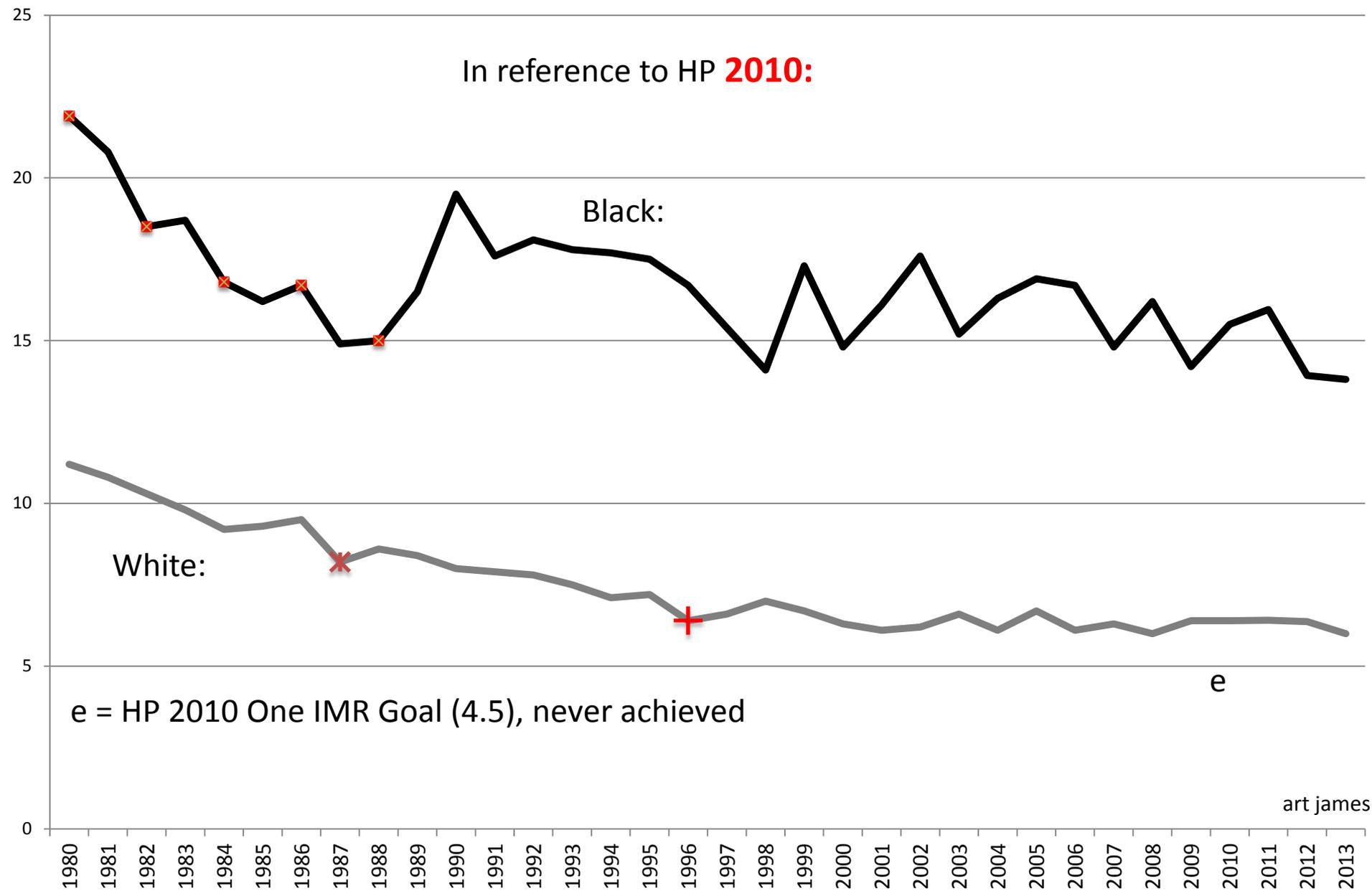
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In reference to HP **2020:**

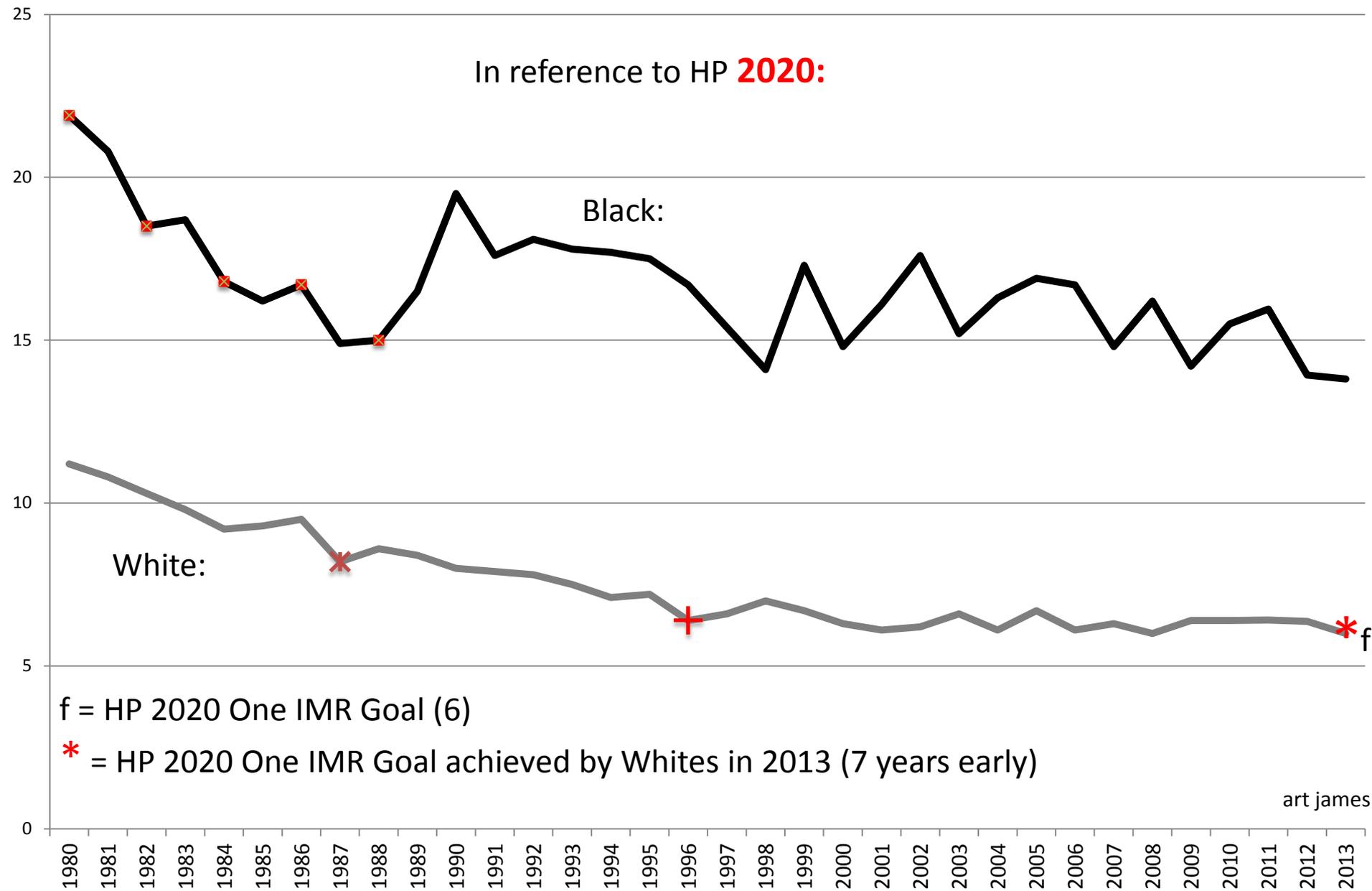
Black:

White:

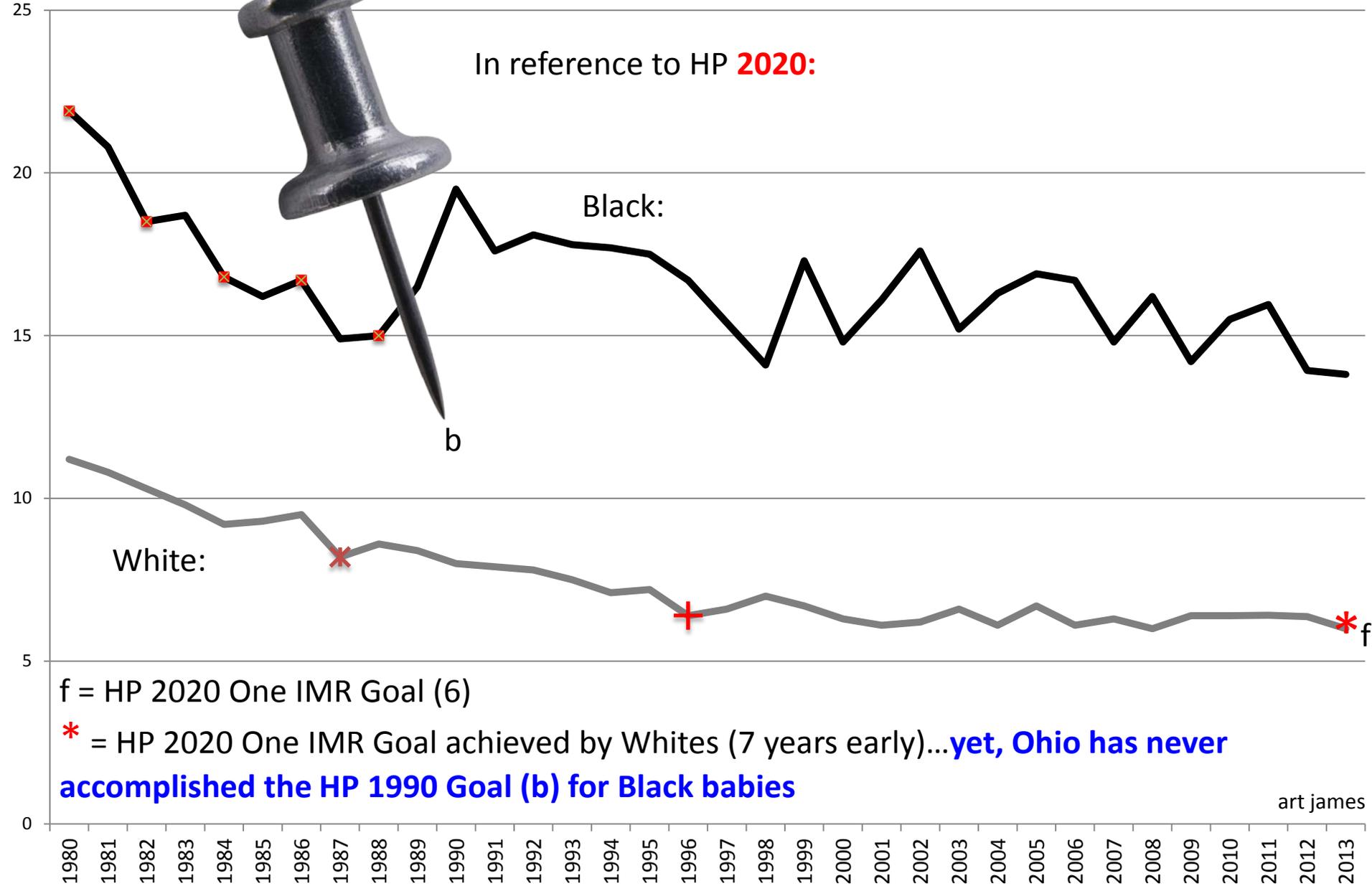
f = HP 2020 One IMR Goal (6)

* = HP 2020 One IMR Goal achieved by Whites in 2013 (7 years early)

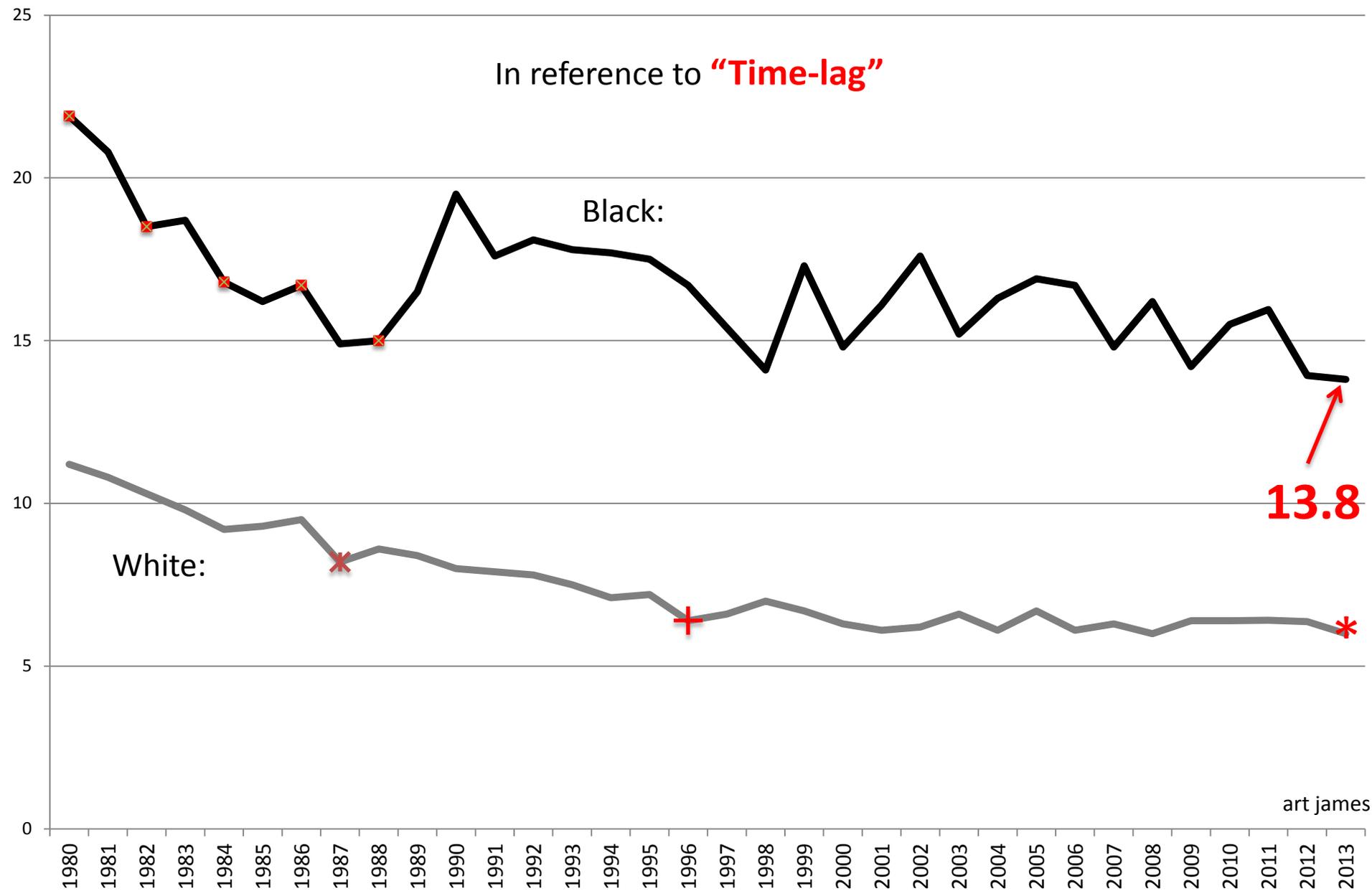
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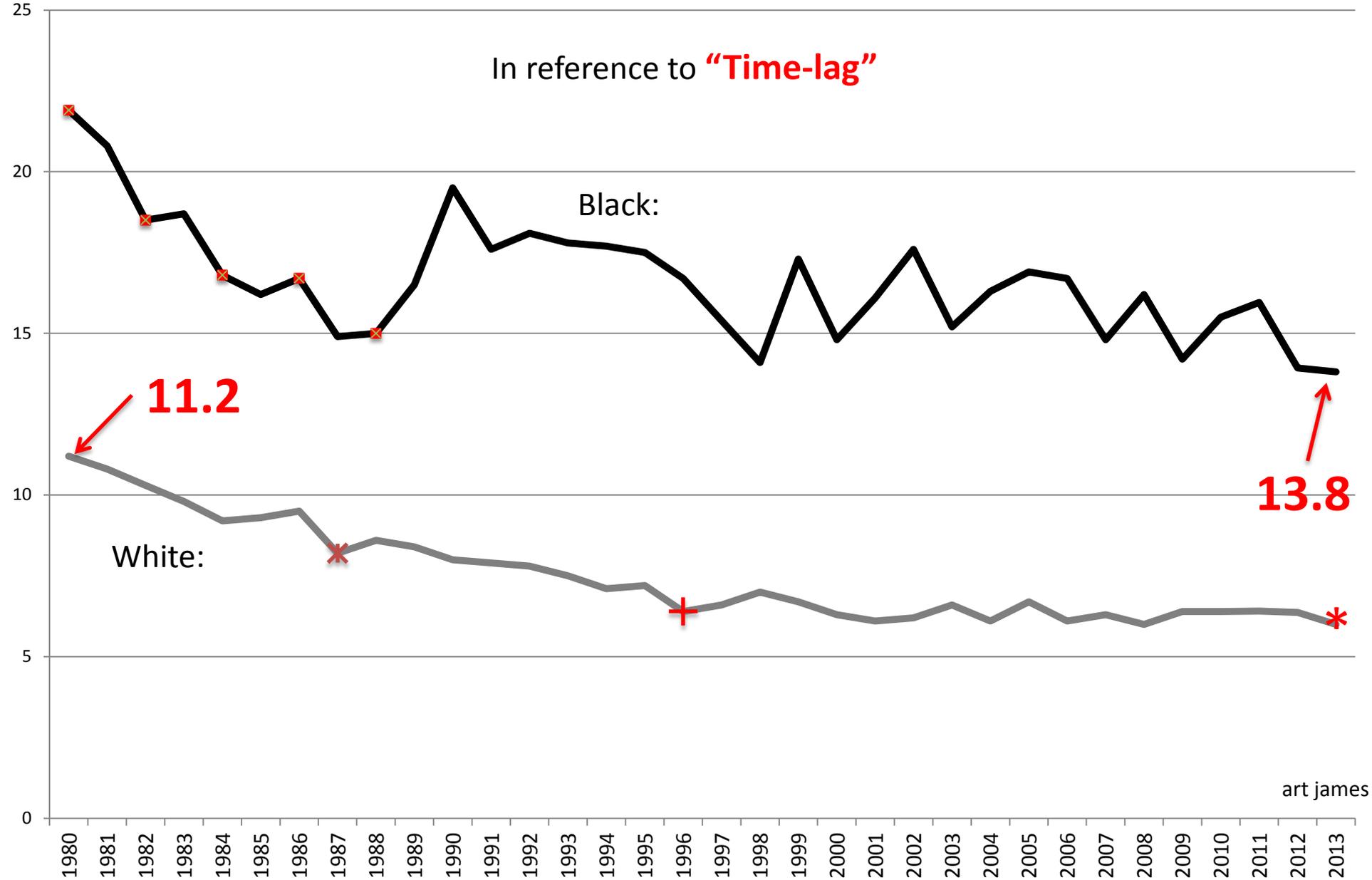
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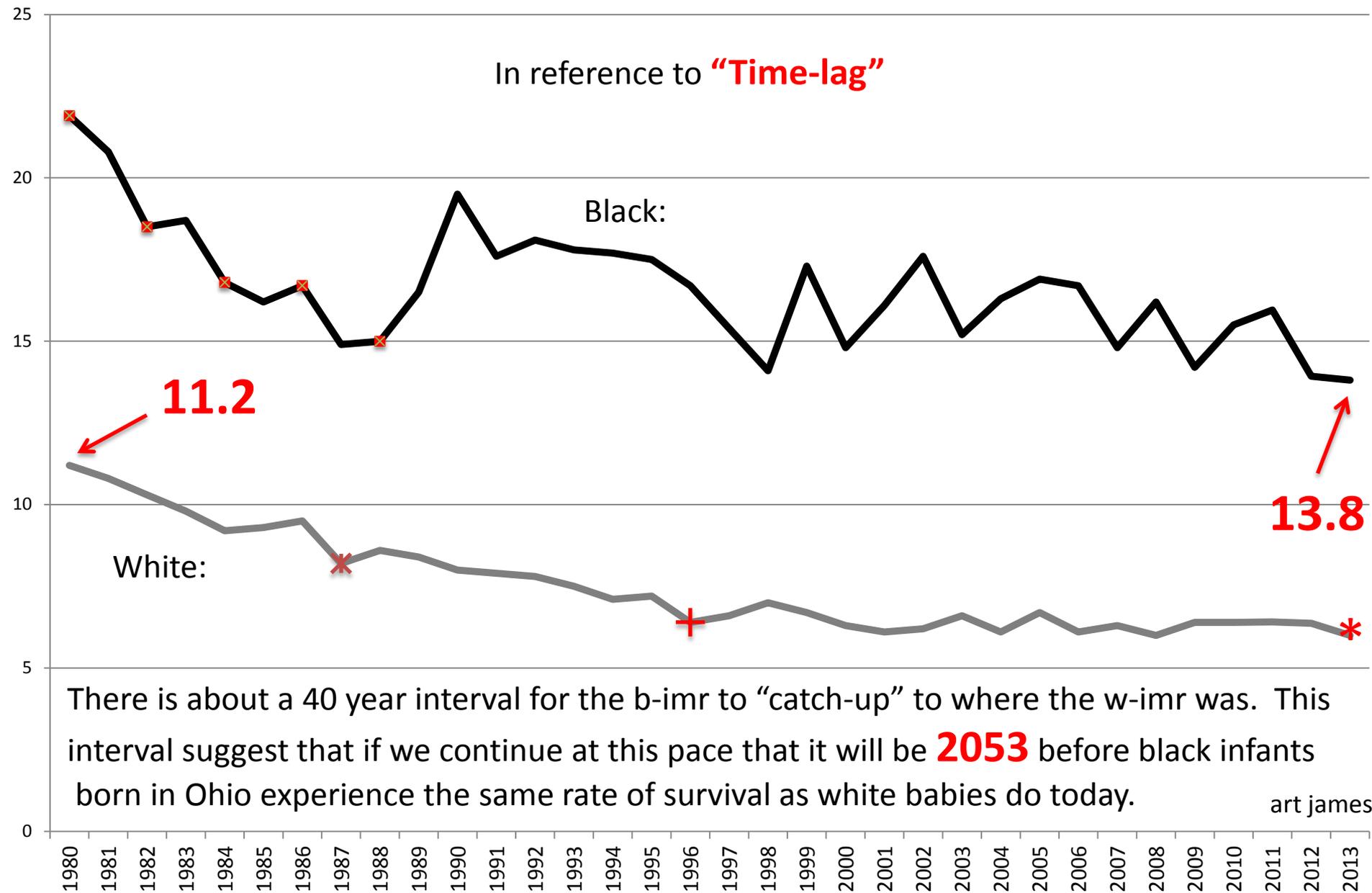
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What causes health inequities?

The social determinants of health are mostly responsible for health inequities

- the unfair and avoidable differences in health status seen within and between countries.

The structural roots of health inequities lie within education, taxation, labor and housing markets, urban planning, government regulation, health care systems...

- all of which are powerful determinants of health, and ones over which individuals have little or no direct personal control but can only be altered through social and economic policies and political processes.”



..a moral obligation, a matter of social justice.”

“In poor countries people die unnecessarily. In rich countries, too, the higher death rate of those in less fortunate social positions is (also) unnecessary...”

Our profession seeks not only to understand but also to improve things. Some doctors (and public health professionals) feel queasy about the prospect of social action to improve health, which smacks of social engineering. Yet, a physician faced with a suffering patient has an obligation to make things better. If she sees 100 patients the obligation extends to all of them. **And if a society is making people sick?** We have a duty to do what we can to improve the public health and to reduce health inequalities in social groups where these are avoidable and hence inequitable or unfair. **This duty is a moral obligation, a matter of social justice.”**

World Health Commission on the Social Determinants of Health (2008)

“[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”



Infant Mortality:

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

Placental or cord anomalies

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Disparities

Social Determinants of Health/Lifecourse

Disparities in Birth Outcomes:

Social Determinants of Health:

Medical Problems:



Weathering

Racism

Housing

Incarceration rates

Fatherless households

Neighborhoods

Unemployment

Hopelessness

Policies

Stress

Poverty

No Insurance

“Medical baggage”

Limited Access to Care

Smoking

Substance Use

Under-Education

Lower graduation rates

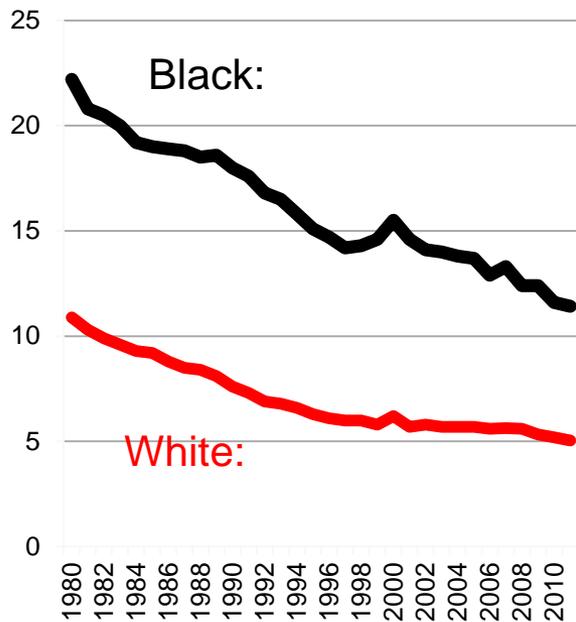
Family Support

Poor Working Conditions

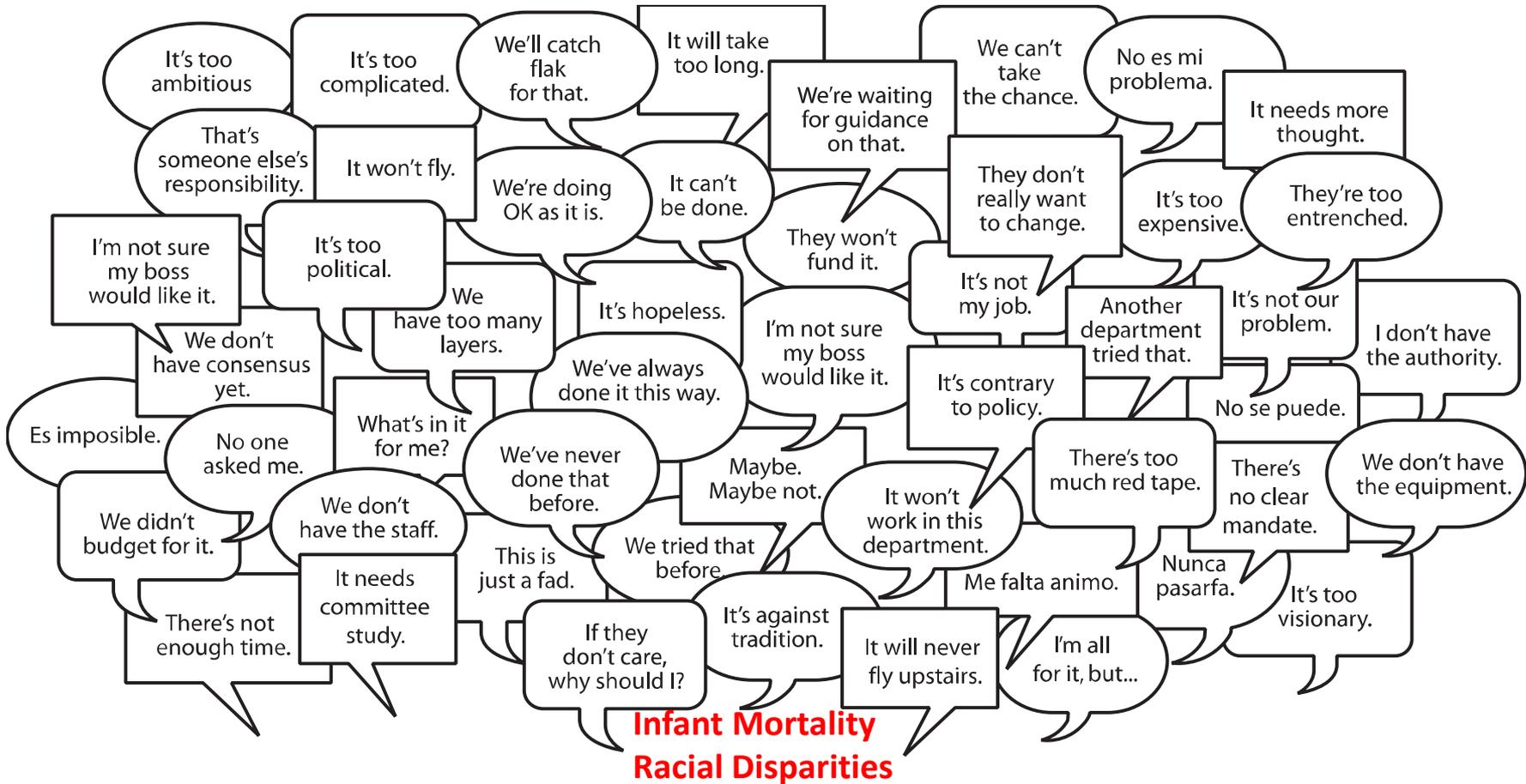
Teen Births

Nutrition

However, events like Hurricane Katrina, circumstances like USA incarceration rates, police killings of black males, & the persistent racial disparity in birth outcomes remind America that not all of us benefit from this Declaration equally...

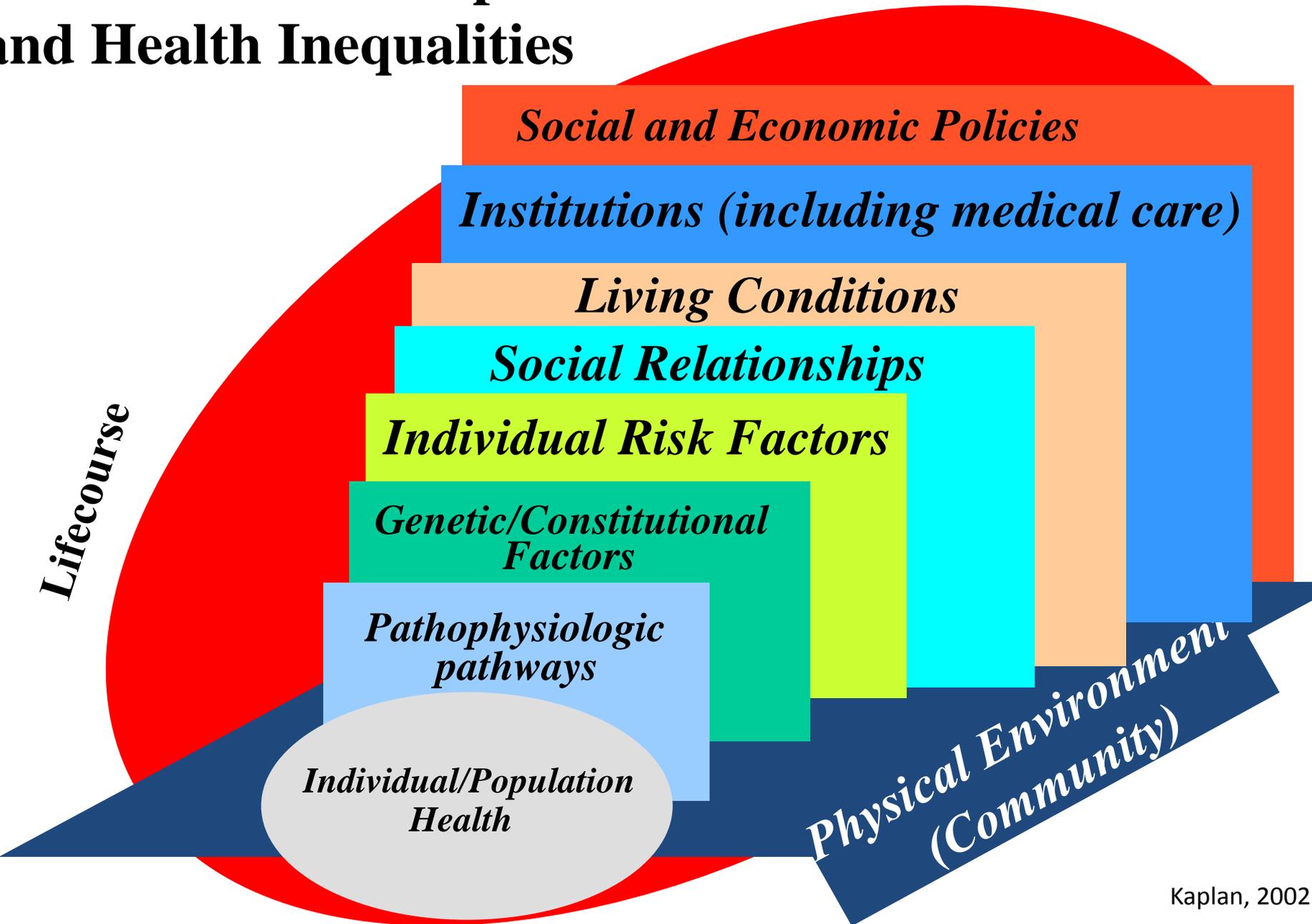


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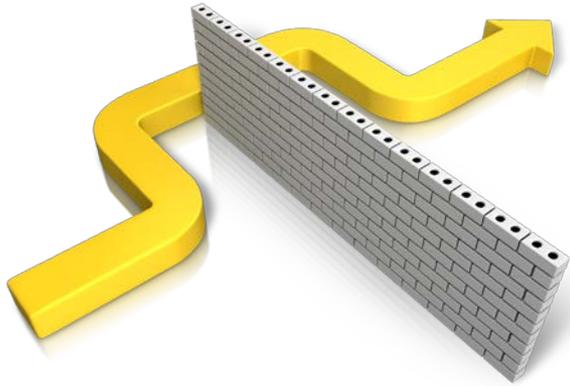


We continue to find all kinds of excuses to avoid eliminating racial disparities...But, we must muster the courage to go through this door.

Determinants of Population Health and Health Inequalities



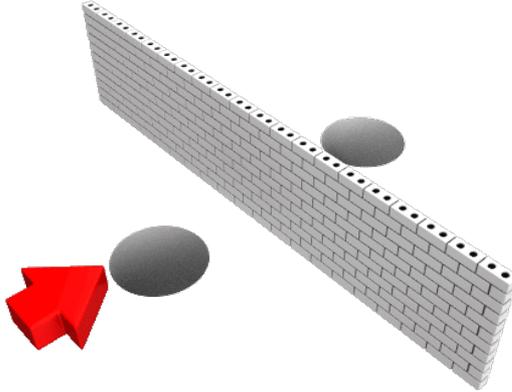
Many (most) of our Policy Prescriptions and Programmatic Interventions: try to help families “circumvent” obstacles...



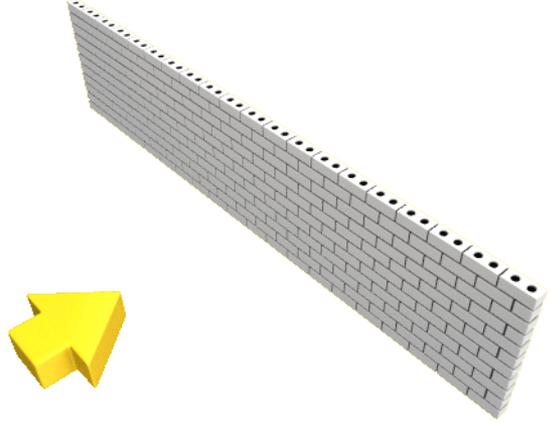
Most of these programs help



In some cases, they make a huge difference

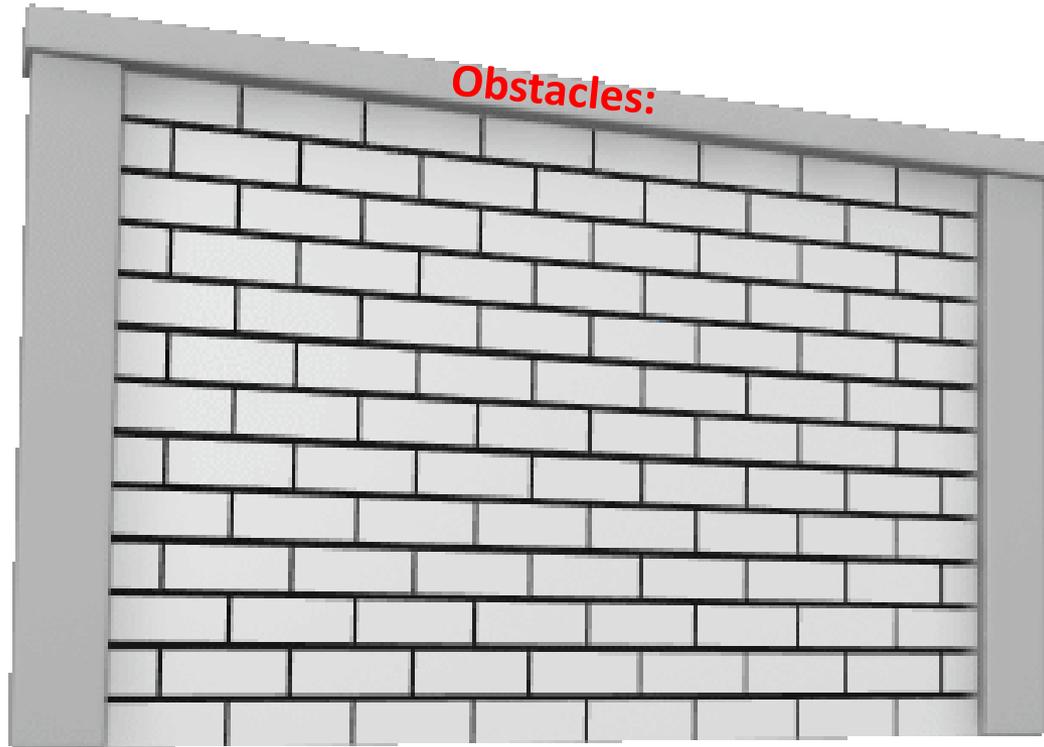


BUT...most programs represent temporary solutions. Once pregnancy ends, we return families to the same circumstances that required help in the first place...and the cycle repeats itself pregnancy after pregnancy AND generation after generation.



A Social Determinants approach:

challenges us to “eliminate the obstacles”



We are often asked...which Social Determinants to improve?



This is happening on our watch...do we have the will and the courage to act...and to act NOW?

“We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there is such a thing as being too late. **Procrastination is still the thief of time.** Life often leaves us standing bare, naked, and dejected with a lost opportunity. The tide in the affairs of men does not remain at flood -- it ebbs. We may cry out desperately for time to pause in her passage, but time is adamant to every plea and rushes on. Over the bleached bones and jumbled residues of numerous civilizations are written the pathetic words, "Too late." **There is an invisible book of life that faithfully records our vigilance or our neglect.** Omar Khayyam is right: "The moving finger writes, and having writ moves on.”

Dr. Martin Luther King, Jr.

What will this “book of life” record about our efforts to eliminate these disparities?