



Legislative Service Commission social determinants of infant mortality

**Advisory Group Meeting #1
June 28, 2017**

**Welcome to the
webinar!
We will begin soon.**



Overview

- HPIO and Ohio University team
- Background and purpose
- Stakeholder engagement

Overview, cont.

- Timeline and deliverables
- Infant mortality disparities and trends
- Approach to social determinants of health and health equity
- Most-improved state research
- Literature review and environmental scan

Please type questions or comments in the question box





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OHIO
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**Voinovich School of
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Applied Research Professor

Stakeholder engagement

Steering Committee

(~ 10 participants)

**Social Determinants of Infant Mortality
Advisory Group**

(~100 participants)

Housing Subcommittee

(~ 12 participants)

Future meetings: Advisory Group

- **Aug. 17, 1:00-3:00 pm:** In-person meeting in Columbus
- **Sept. 14, 2:00-3:30 pm:** Conference call
- **Oct. 17, 9:00 am-12:00 pm:** In-person meeting in Columbus

Future meetings: Housing Subcommittee

- **Aug. 23, 2:00-3:30 pm:** In-person meeting in Columbus
- **Sept. 21, 10:00-11:00 am:** Conference call

Future meetings: Steering Committee

- **June 30, 10:30-11:30 am:**
Conference call
- **Aug. 9, 9:00-10:00 am:**
Conference call



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Health Policy Institute of Ohio > Social Determinants of Infant Mortality Advisory Group

Social Determinants of Infant Mortality Advisory Group

After a competitive selection process, the Legislative Service Commission (LSC) contracted with the Health Policy Institute of Ohio to study the social determinants of health and infant mortality. As a part of this project, HPIO is convening an advisory group that will contribute content expertise, provide feedback on preliminary findings and make recommendations for policy changes to improve the social, economic and physical environments that impact maternal and infant health.

The requirement for LSC to contract with a nonprofit entity to study and make recommendations related to the social determinants of infant mortality was included in **Senate Bill 332** (sponsored by Senators Jones and Tavares). SB 332 was enacted by the Ohio General Assembly in late 2016 and signed by Governor Kasich in early 2017.

HPIO will complete a report for this project by Dec. 1, 2017.

[Click here to see advisory group members](#)

Advisory group meetings

All meeting material will be posted as it becomes available

Questions about meeting logistics?

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OHIO COMMISSION ON INFANT MORTALITY

Committee Report, Recommendations, and Data Inventory
March 2016

Senate Bill 332



SB 332 requirements

1. Review of policies and programs: housing, transportation, education, employment
2. Identify opportunities to improve policies and programs
3. Study impact of state-funded rental assistance program
4. Evaluate best practices from other states

Stakeholder engagement

Steering Committee

(~ 10 participants)

**Social Determinants of Infant Mortality
Advisory Group**

(~100 participants)

Housing Subcommittee

(~ 12 participants)

Advisory Group: Sectors

As of 6/22/17

Advocacy (23)

Local health
department (19)

State agency (16)

Housing (17)

Provider/clinician
(14)

Hospital/health
system (14)

Researcher/
academic (12)

Social service
provider (10)

Community/
economic
development (12)

Health
plan/private
insurer/managed
care (6)

Grassroots/
consumer group
(5)

Transportation/
regional planning
(5)

Education/job
training (4)

Child care (4)

Employment
services/income
(2)

Business (2)

Advisory Group: Sectors

As of 6/22/17

Advocacy (23)	Local health department (19)	State agency (16)	Housing (17)
Provider/clinician (14)	Hospital/health system (14)	Researcher/academic (12)	Social service provider (10)
Community/economic development (12)	Health plan/private insurer/managed care (6)	Grassroots/consumer group (5)	Transportation/regional planning (5)
Education/job training (4)	Child care (4)	Employment services/income (2)	Business (2)

Advisory Group: Involvement with infant mortality initiatives As of 6/22/17

Local infant mortality collaborative/coalition

55

Ohio Collaborative to Prevention Infant Mortality (OCPIM)

46

Ohio Equity Institute

36

Pathways Community HUB

29

Ohio Infant Mortality Reduction Initiative (OIMRI)

13

The Collaborative Improvement and Innovation Network (COIIN) to Reduce Infant Mortality

13

Timeline and deliverables

Deliverable/activity	May	June	July	Aug	Sept	Oct	Nov	Dec
Recruit and convene stakeholder groups		6/28 AG meeting		8/17 AG meeting 8/23 HS meeting	9/14 AG meeting 9/21 HS meeting	10/17 AG meeting		
Most improved state research and <i>Dashboard</i> analysis								
Literature review and environmental scan: Housing, transportation, employment, education — including focus on rental assistance program								
Inventory of evidence-informed SDOH strategies								
Development and prioritization of recommendations								
Final report							Draft	Final report due Dec. 1

AG= Advisory Group

HS= Housing Subcommittee

Sources of information

Most improved state research

- ✓ State-level trend data analysis to identify most-improved states, including most improved for black infant mortality
- ✓ Literature review, document review and key-informant interviews to identify how other states improved

Literature review and environmental scan

- ✓ Summarize research literature
- ✓ Focus on housing, transportation, employment, education
- ✓ Describe existing programs and policies in Ohio

Health Value Dashboard data

- ✓ Analysis to identify strongest drivers of infant mortality from social, economic and physical environment

Stakeholder input

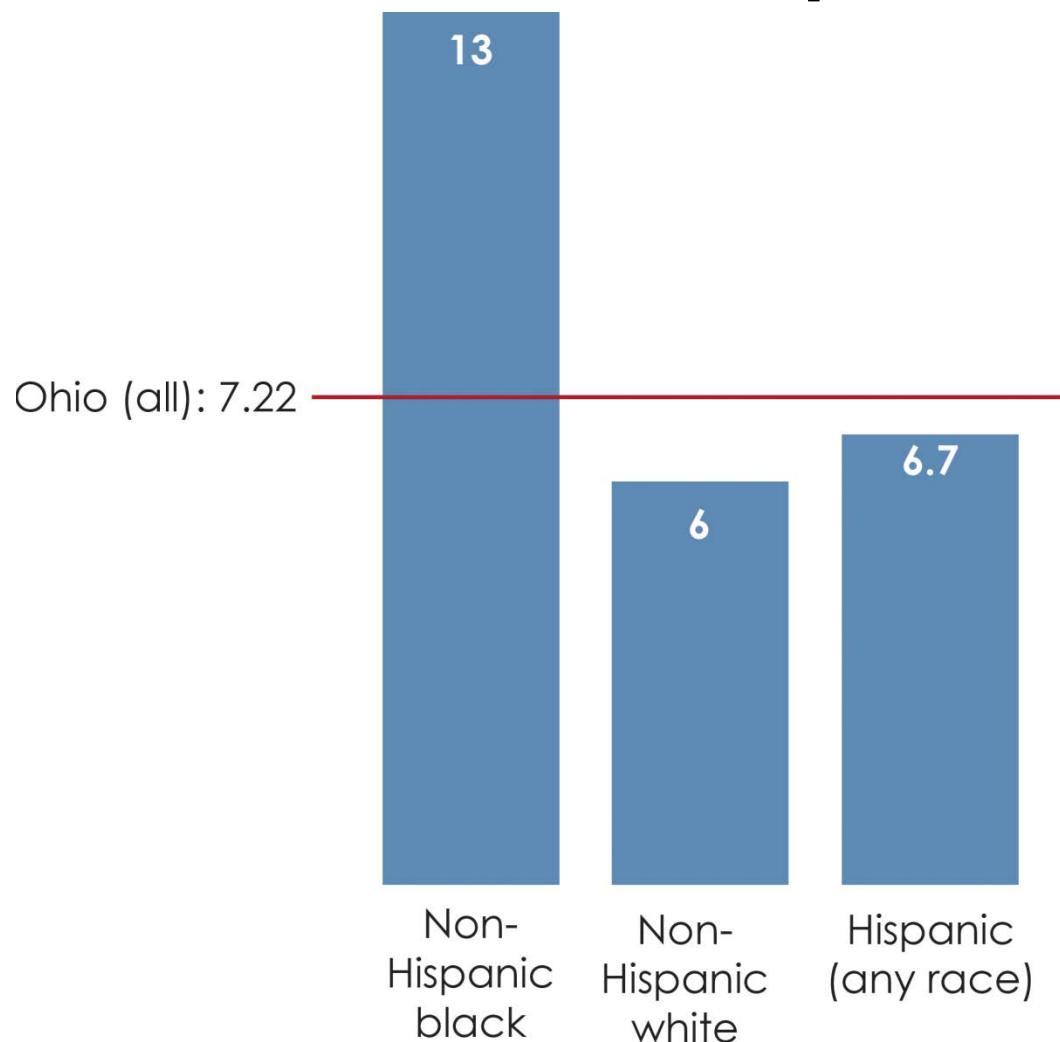
Inventory of evidence-informed SDOH strategies

- ✓ Systematic reviews, evidence registries and expert consensus reports
- ✓ Examples from other states

Why is this important?

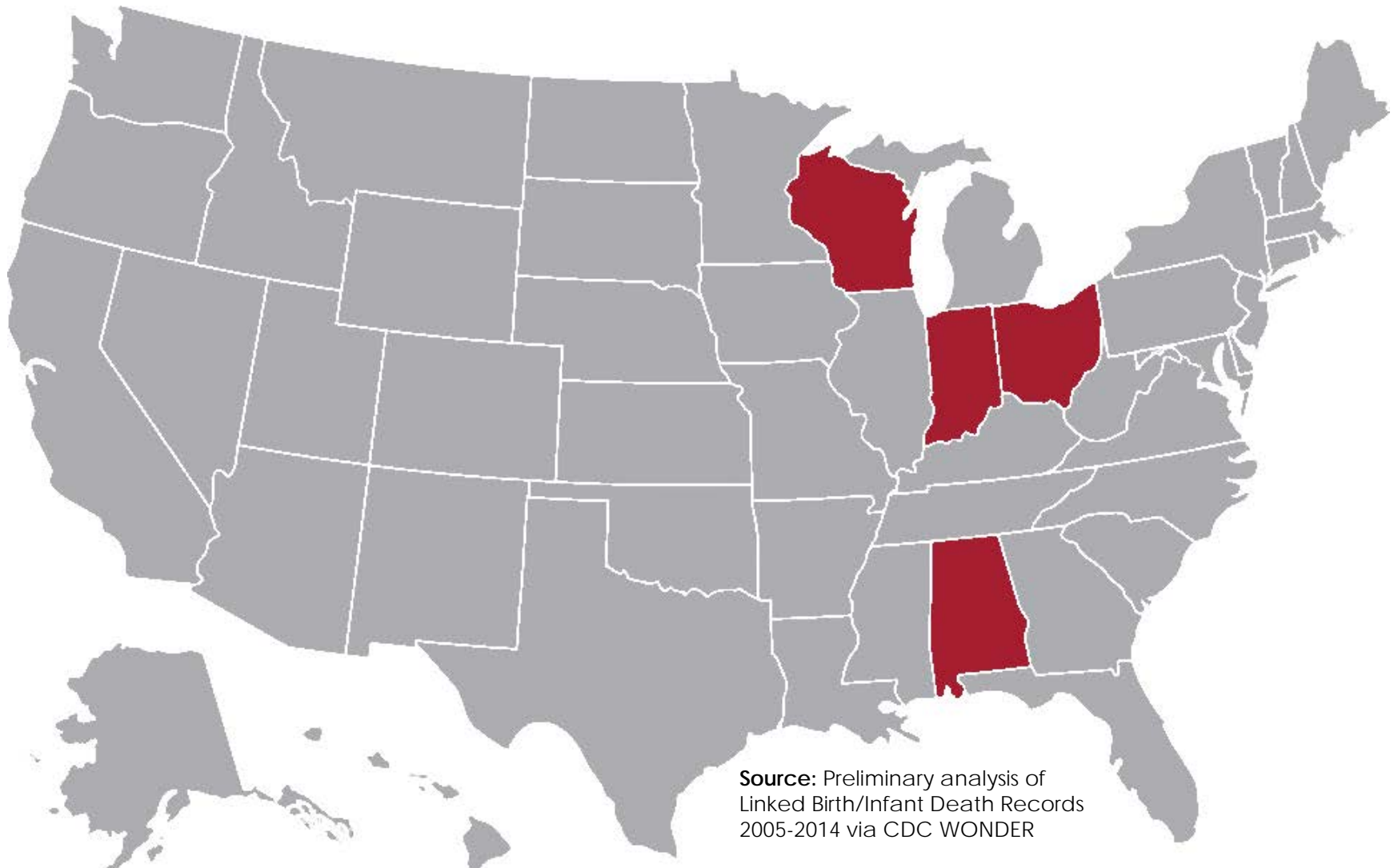
- Infant mortality disparities and trends
- Social determinants of health
- Health equity

Ohio infant mortality rate per 1,000 live births, by race/ethnicity, 2012-2014 (pooled)



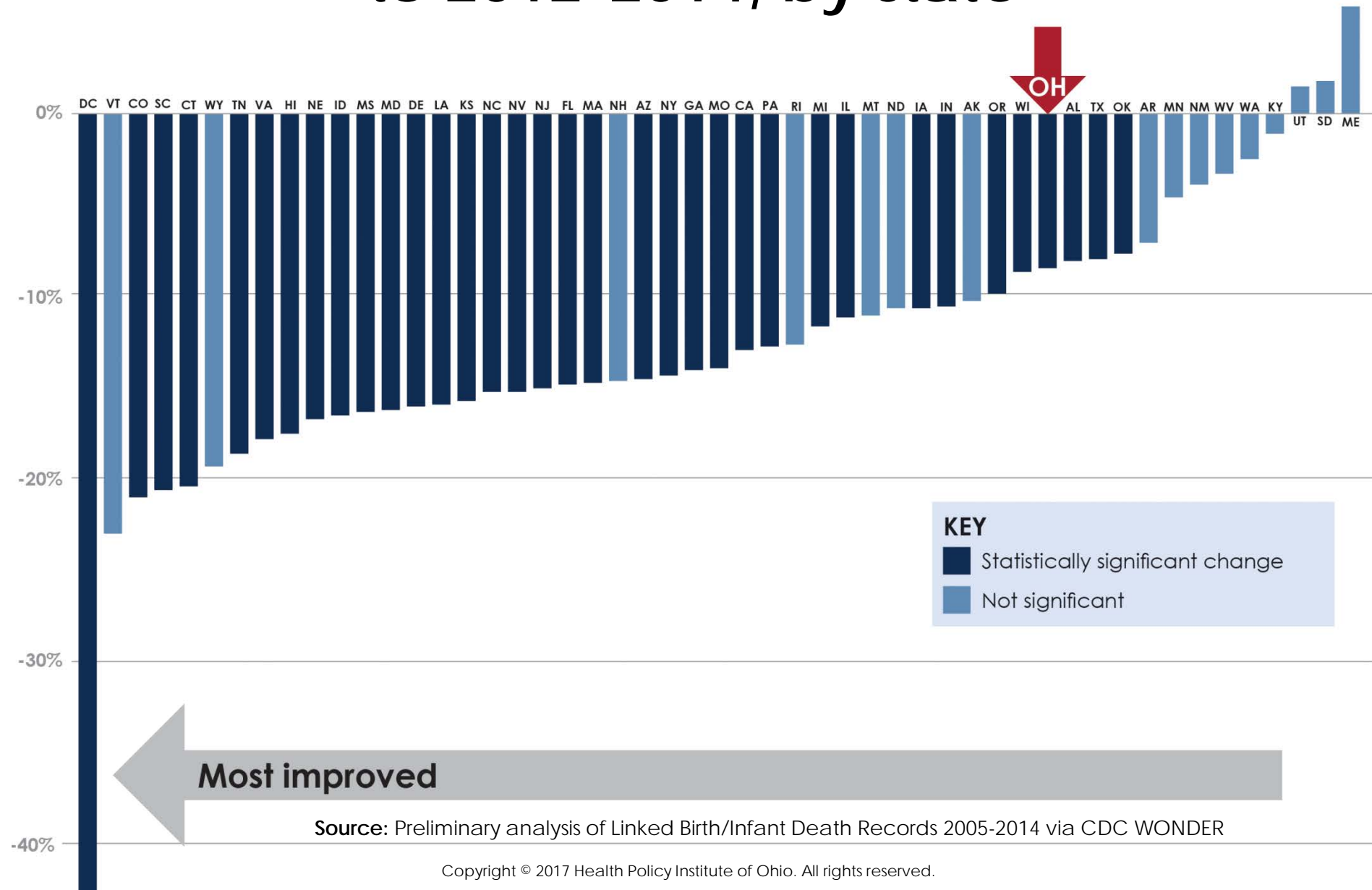
Source: Preliminary analysis of Linked Birth/Infant Death Records 2005-2014 via CDC WONDER

States with highest Non-Hispanic black infant mortality rate, 2012-2014 (pooled)

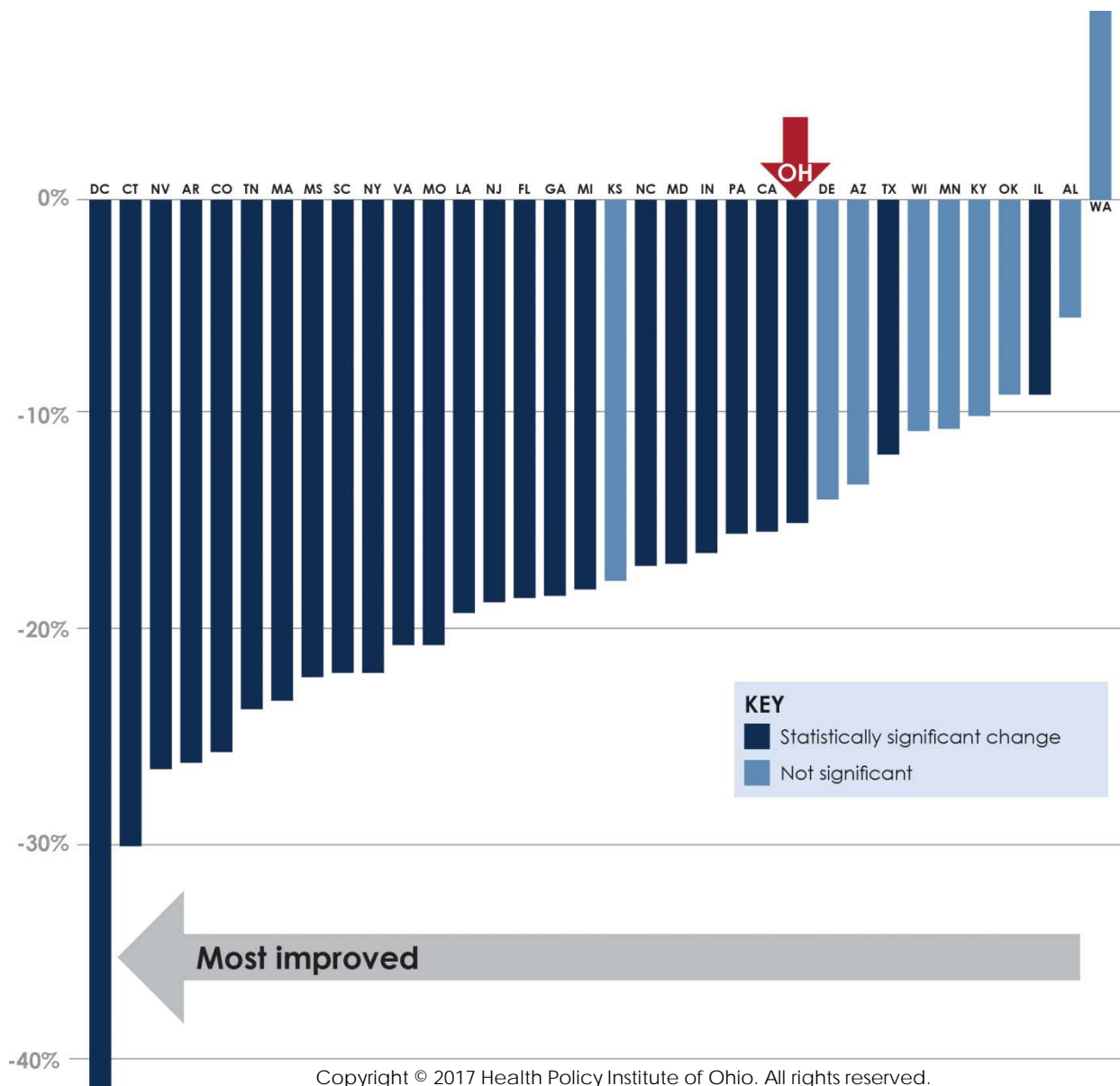


Source: Preliminary analysis of
Linked Birth/Infant Death Records
2005-2014 via CDC WONDER

Change in infant mortality rate, 2005-2007 to 2012-2014, by state

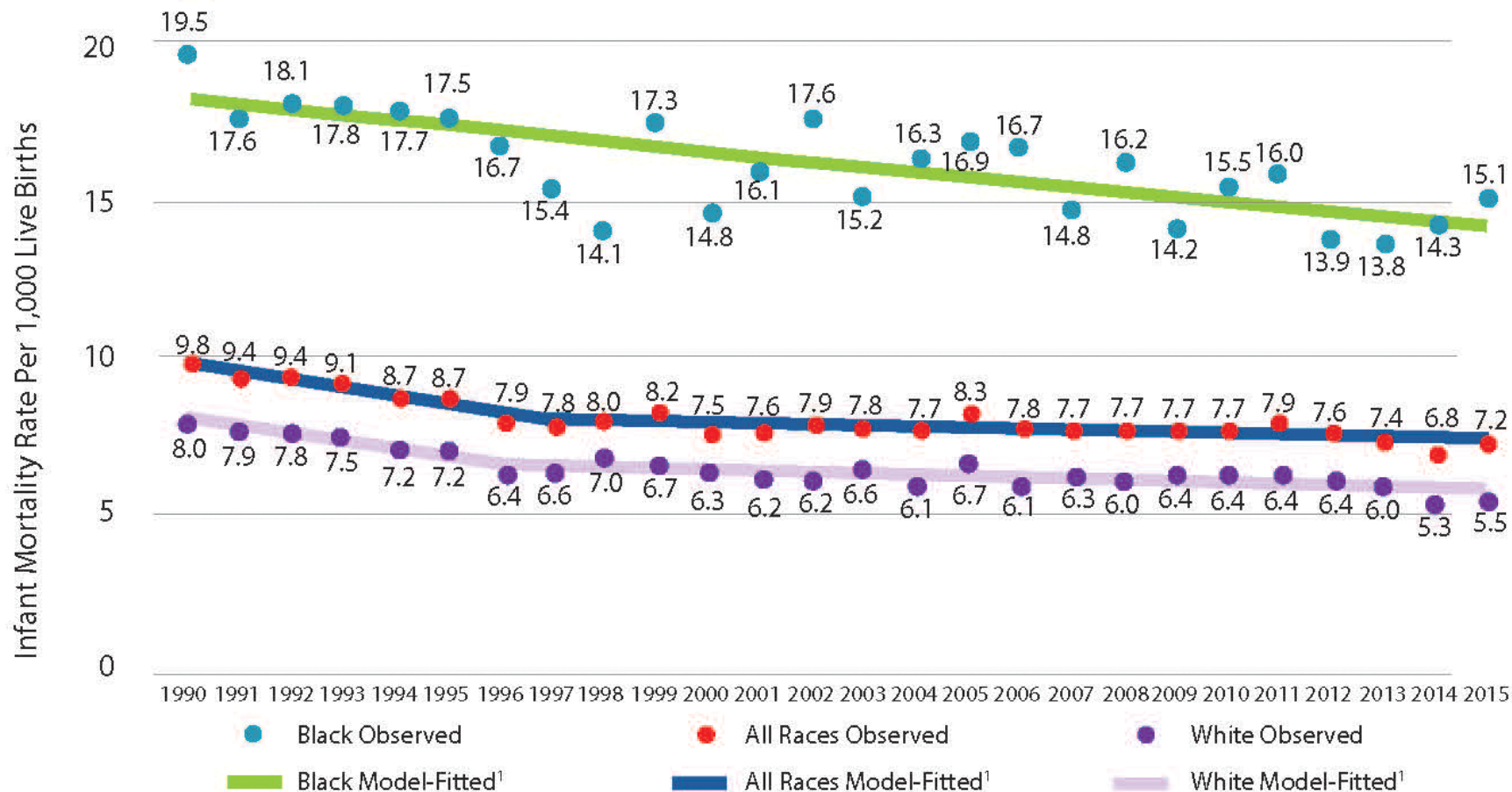


Change in Non-Hispanic Black infant mortality rate, 2005-2007 to 2012-2014, by state



Source:
Preliminary
analysis of Linked
Birth/Infant Death
Records 2005-
2014 via CDC
WONDER

Trends in Ohio infant mortality rates, by race (1990-2015)

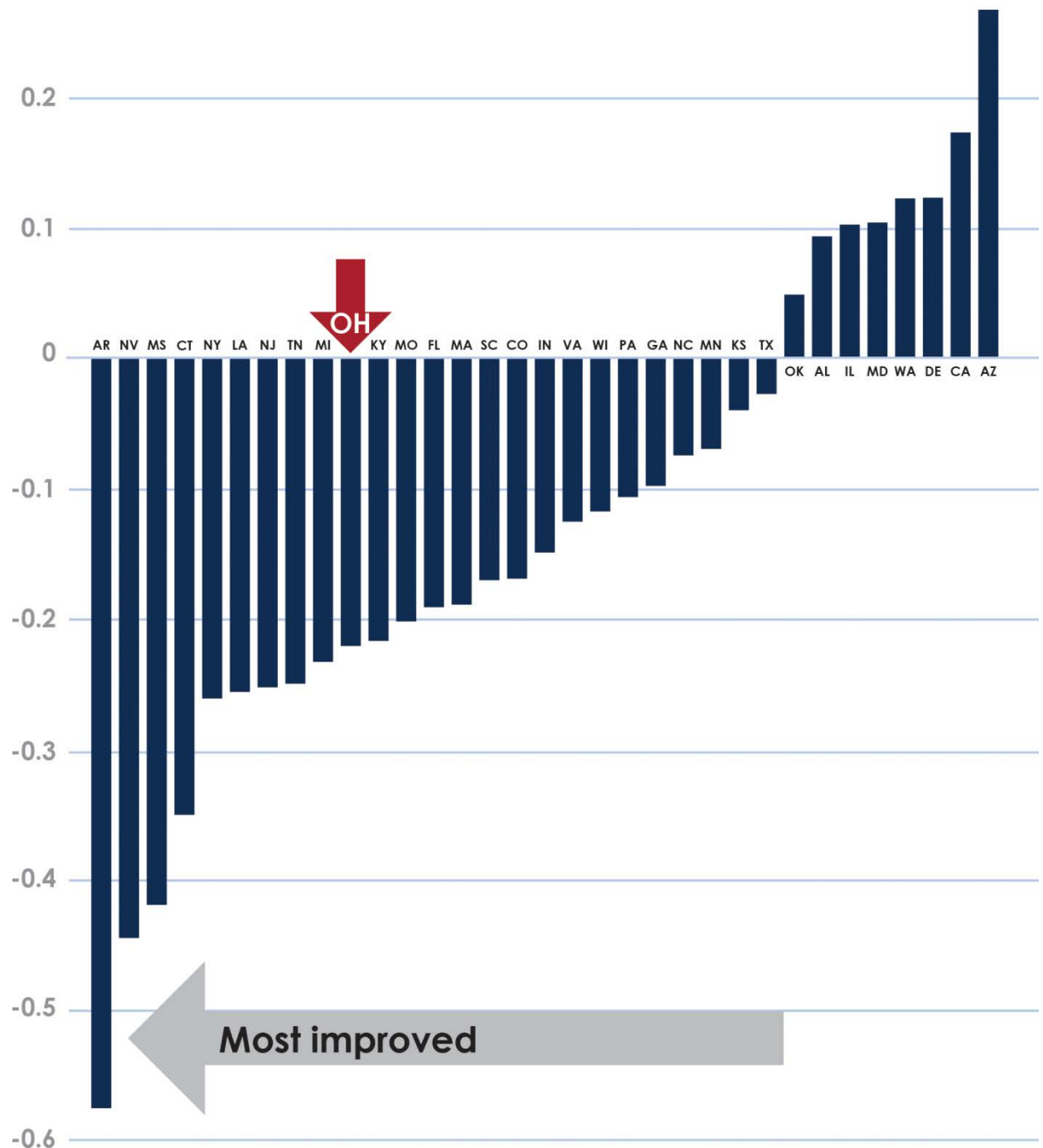


Source: Ohio Department Of Health, Bureau Of Vital Statistics.

¹"Model-Fitted" Definition – Joinpoint software models were used to test the statistical significance of changes in trends using a Monte Carlo permutation method. The same methods were used to assess All Races, Black and White Infant Mortality trends. In all cases, the best fitting line for the observed data is presented.

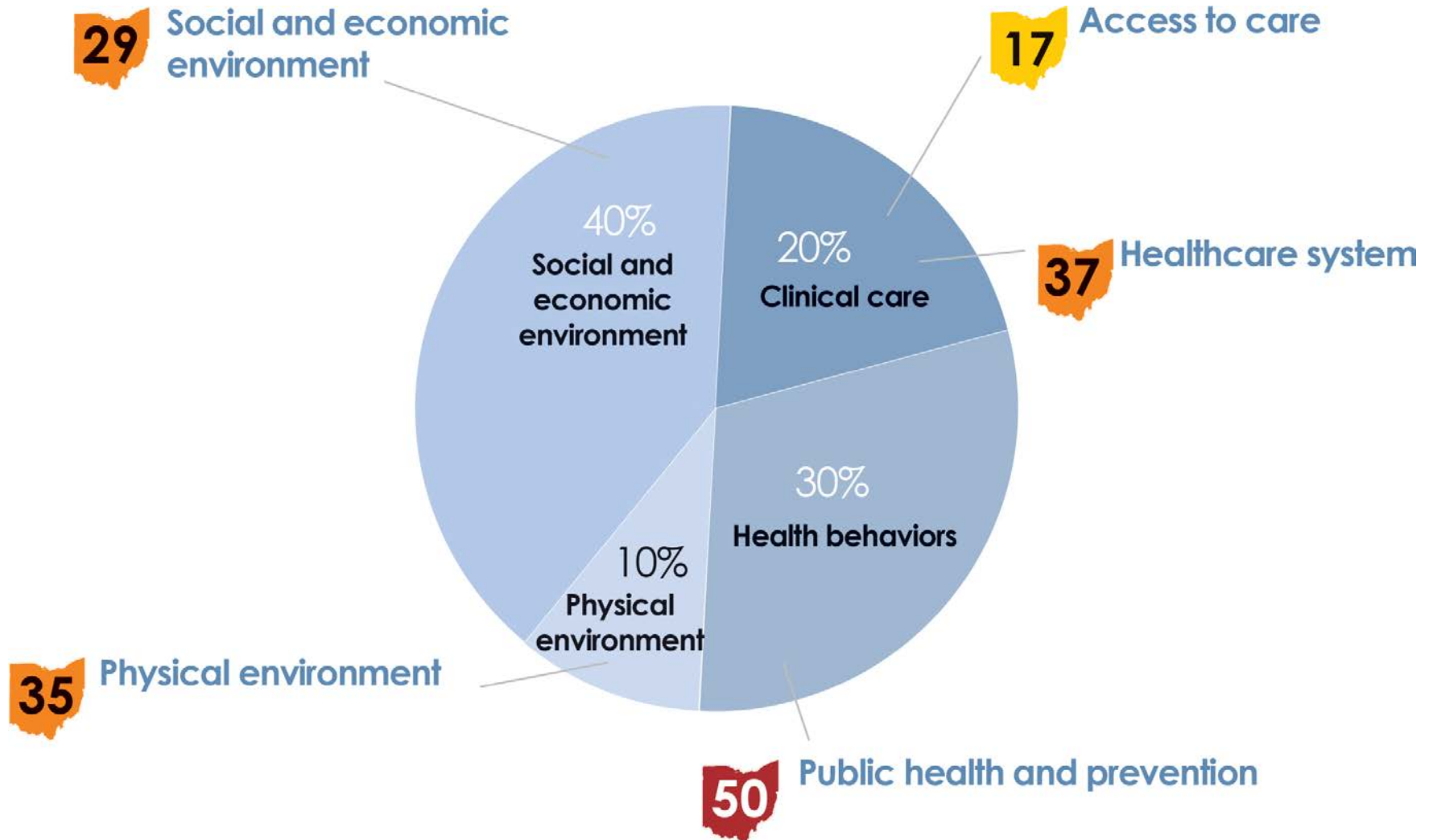
Change in Black-White disparity odds ratio for infant mortality, 2005-2007 to 2012-2014, by state

Source: Preliminary
analysis of Linked
Birth/Infant Death
Records 2005-2014 via
CDC WONDER

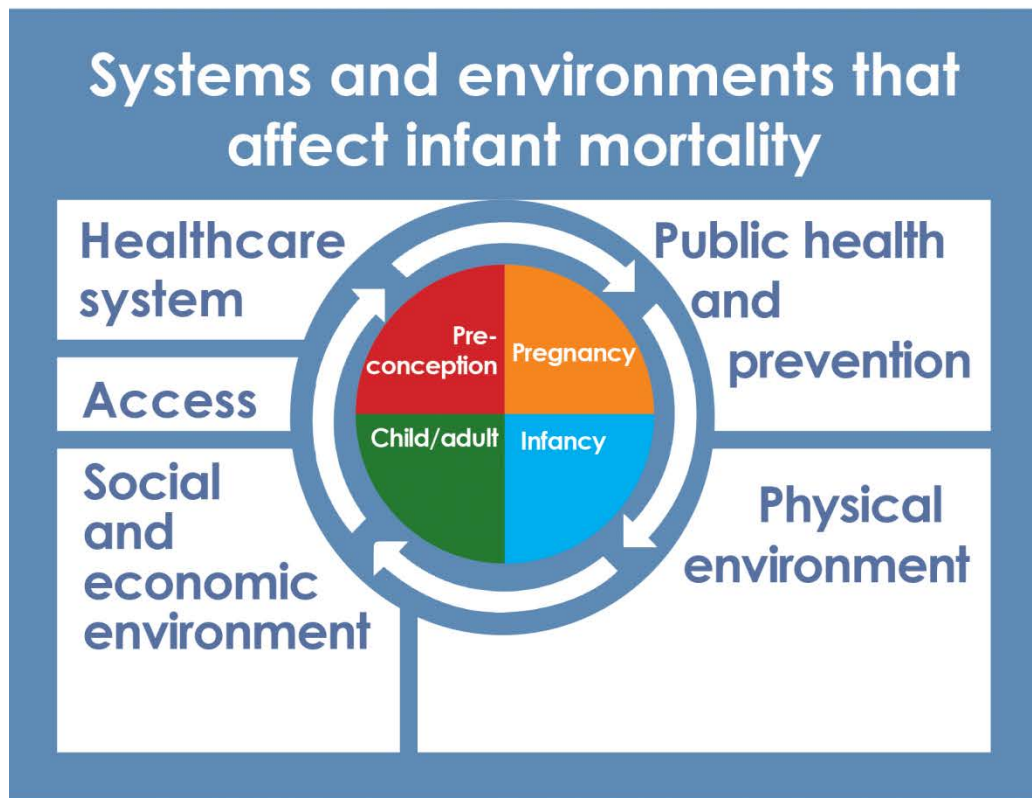


Factors that impact health

With Ohio's 2017 HPIO *Health Value Dashboard* rank







Leading causes of infant mortality

- Preterm birth
- Low birth weight
- Birth defects
- Sudden unexplained infant death (including Sudden Infant Death Syndrome and sleep-related deaths)
- Accidents and injuries (including abusive head trauma)
- Maternal complications of pregnancy

Infant mortality

- Neonatal mortality
- Postneonatal mortality

Goals

- Reduce infant mortality
- Reduce and eliminate disparities and achieve equity

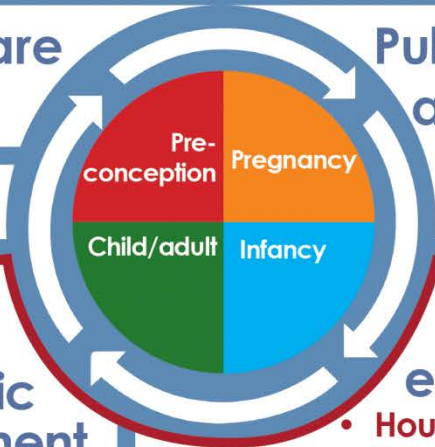
Systems and environments that affect infant mortality

Healthcare system

Access

Social and economic environment

- Employment
- Education



Public health and prevention

Physical environment

- Housing
- Transportation

Leading causes of infant mortality

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Infant mortality

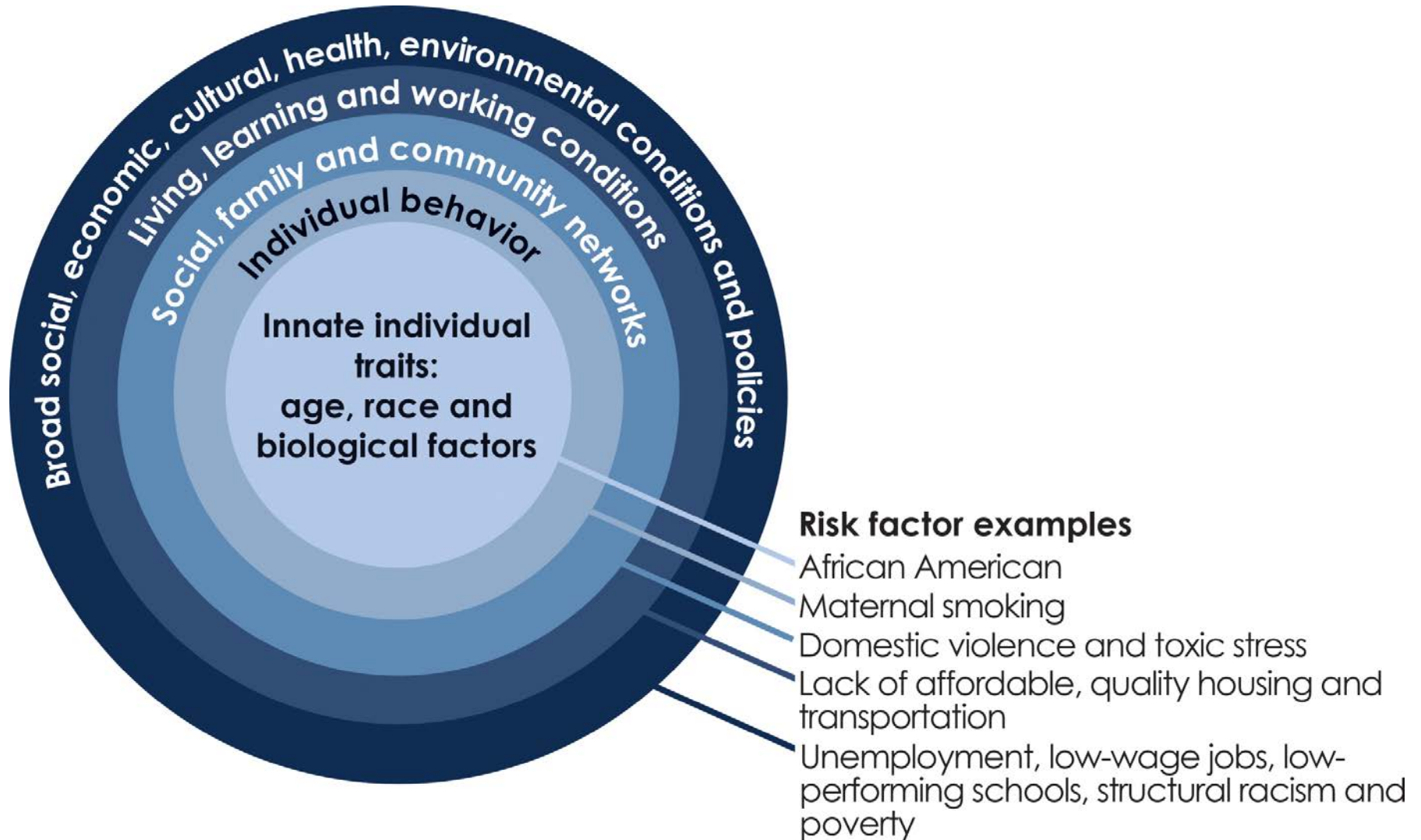
- Neonatal mortality
- Postneonatal mortality

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- Reduce and eliminate disparities and achieve equity

Social ecological model

Risk factors for infant mortality



“Health is about more than health care, and the same is true for health equity.”

-Steven H. Woolf
Health Affairs, June 2017

Health inequities, disparities and equity

Health inequities

Disparities in rates due to **differences in the distribution of social, economic, environmental or healthcare resources***



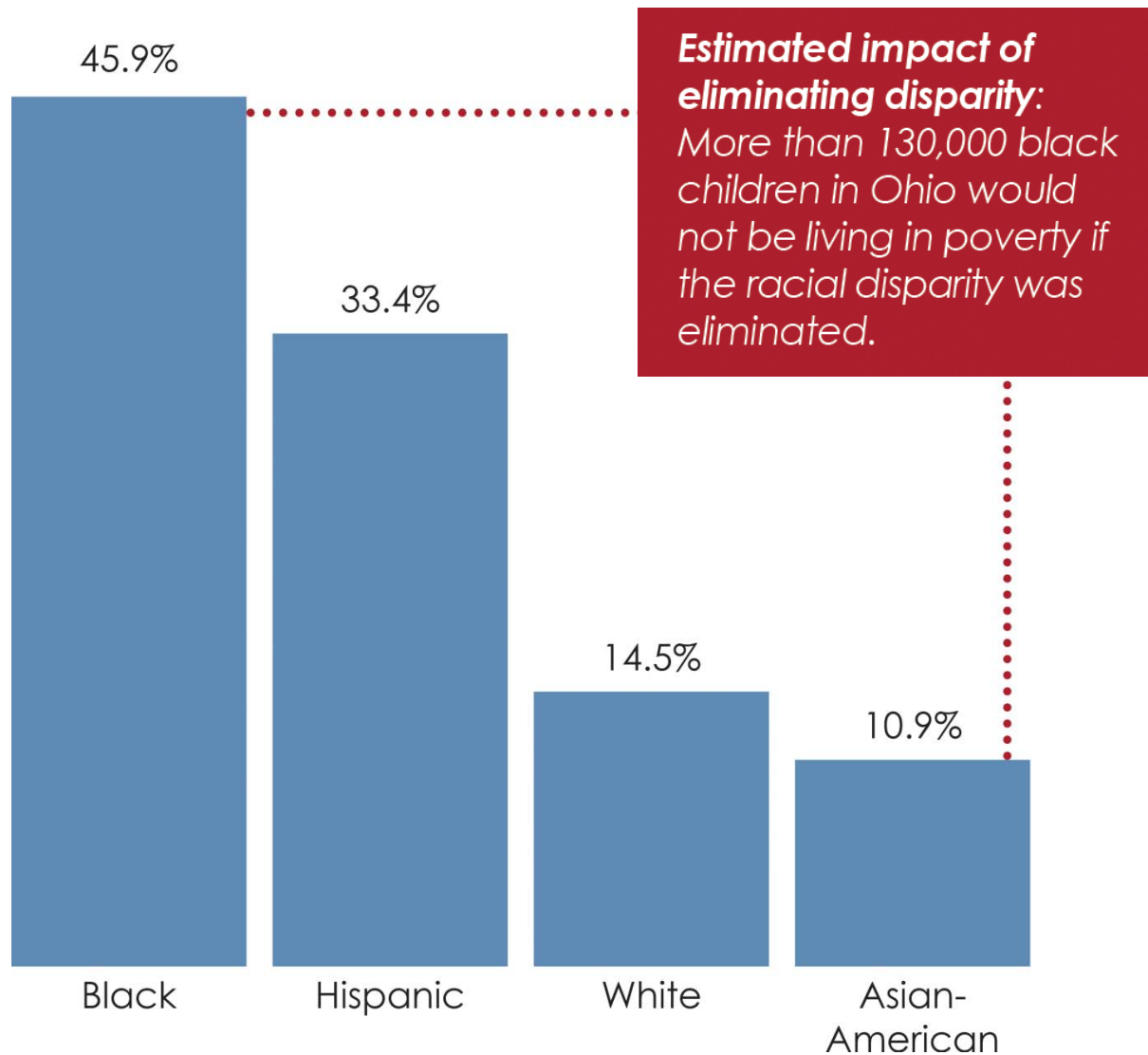
Health disparities

differences in health status among segments of the population such as by race or ethnicity, education, income or disability status

Health equity

*Working definition from the CDC Health Equity Working Group, October 2007

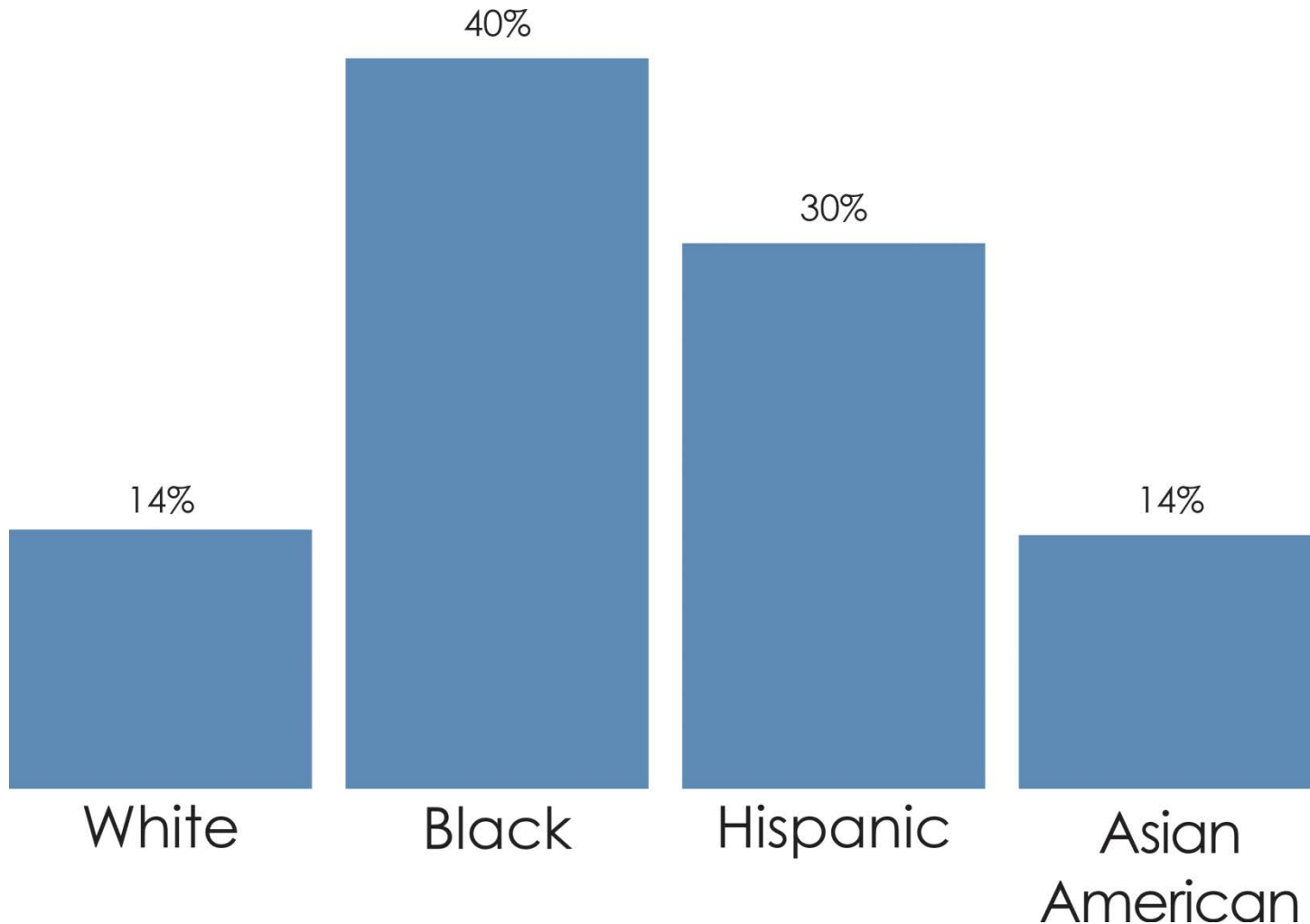
Ohio children living in poverty, by race and ethnicity



Source: National Survey of Children's Health and 2017 Health Value Dashboard analysis

High school graduation, by race/ethnicity, 2015

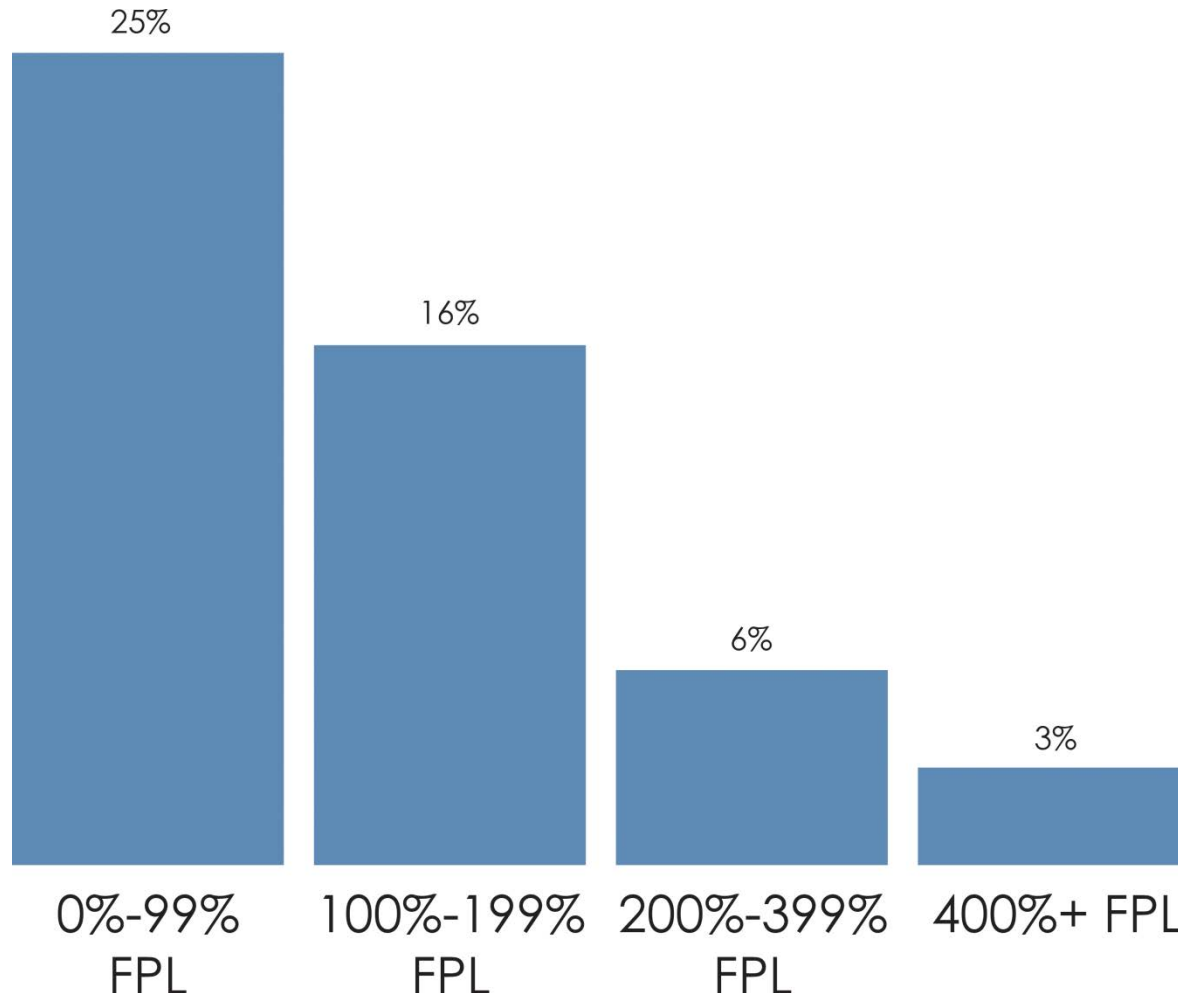
Percent of high school students who did not graduate within 4 years



Source: Institute of Education, Sciences, National Center for Education Statistics

Neighborhood safety, by income level, 2011-2012

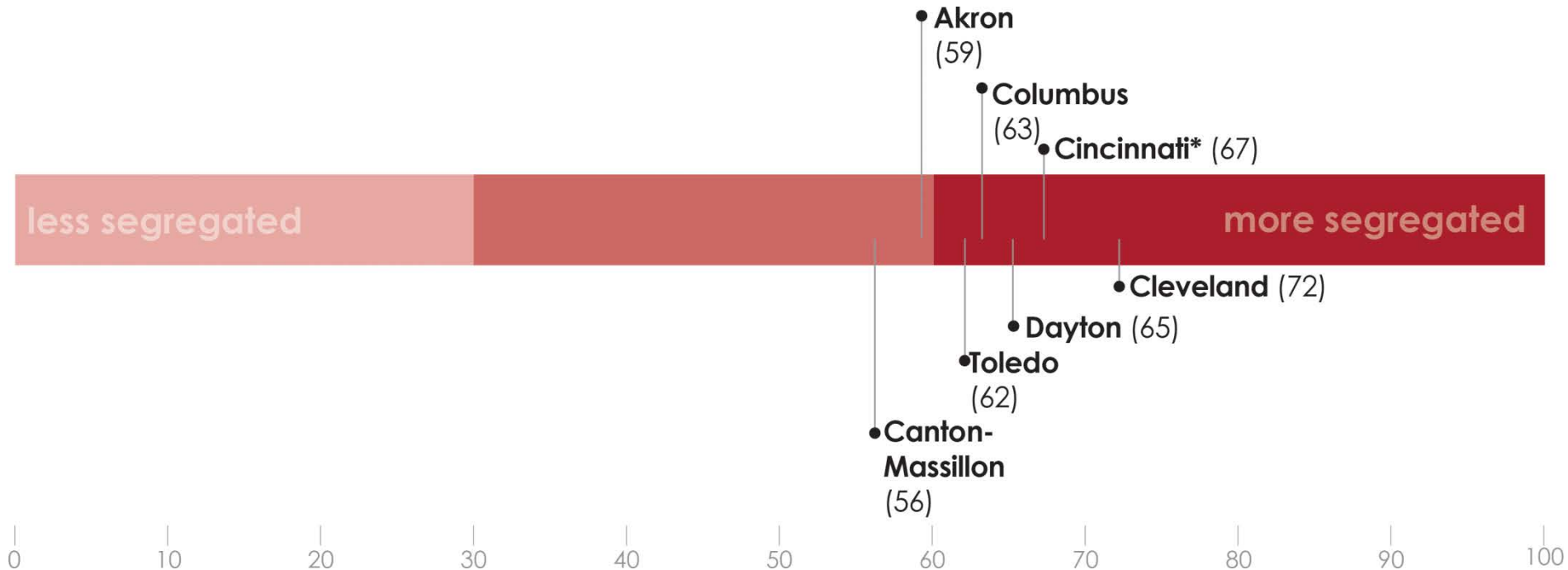
Percent of parents who report their children are living in an unsafe neighborhood



Source: National Survey of Children's Health

Residential segregation

Black/white dissimilarity index, 2010-2014



*Cincinnati dissimilarity index is calculated from Ohio census tracts only.

Source: American Community Survey, 5-Year Census Tract Estimates. Calculations by the Kirwan Institute for the Study of Race and Ethnicity

Equal opportunity?



Adapted from Saskatoon Health Region's Public Health Observatory

Equal opportunity



Social, economic and
physical environment

Adapted from Saskatoon Health Region's Public Health Observatory

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It's yours, file free & keep it
earned income tax credit

Cuyahoga EITC Coalition

MAKE **WORK**
PAY

Akron Summit Earned Income
TAX CREDIT
P R O G R A M

A Low-to-Moderate Income Tax Preparation Program

The advertisement features a collage of diverse, smiling families of various ethnicities and ages. In the background, there is a stack of US dollar bills, with a \$100 bill prominently visible. The text is overlaid on the collage, with "TAX CREDIT" in large, bold, red letters and "P R O G R A M" in blue, spaced-out letters below it. A blue banner at the bottom contains the text "A Low-to-Moderate Income Tax Preparation Program" in white.









Sources of information

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Stakeholder input

Inventory of evidence-informed SDOH strategies

- ✓ Systematic reviews, evidence registries and expert consensus reports
- ✓ Examples from other states

Most-improved states research

- 8 states
- Literature review
- Document review
- Key-informant interviews
- Lessons learned and potential opportunities for Ohio

Selection criteria

1. States with data available for Black infant mortality
(34 states including DC)

And at least one of the following:

Most improvement from 2005-07 to 2012-2014
(top 10).....

2. Overall
infant
mortality rate
reduction

Statistically
significant

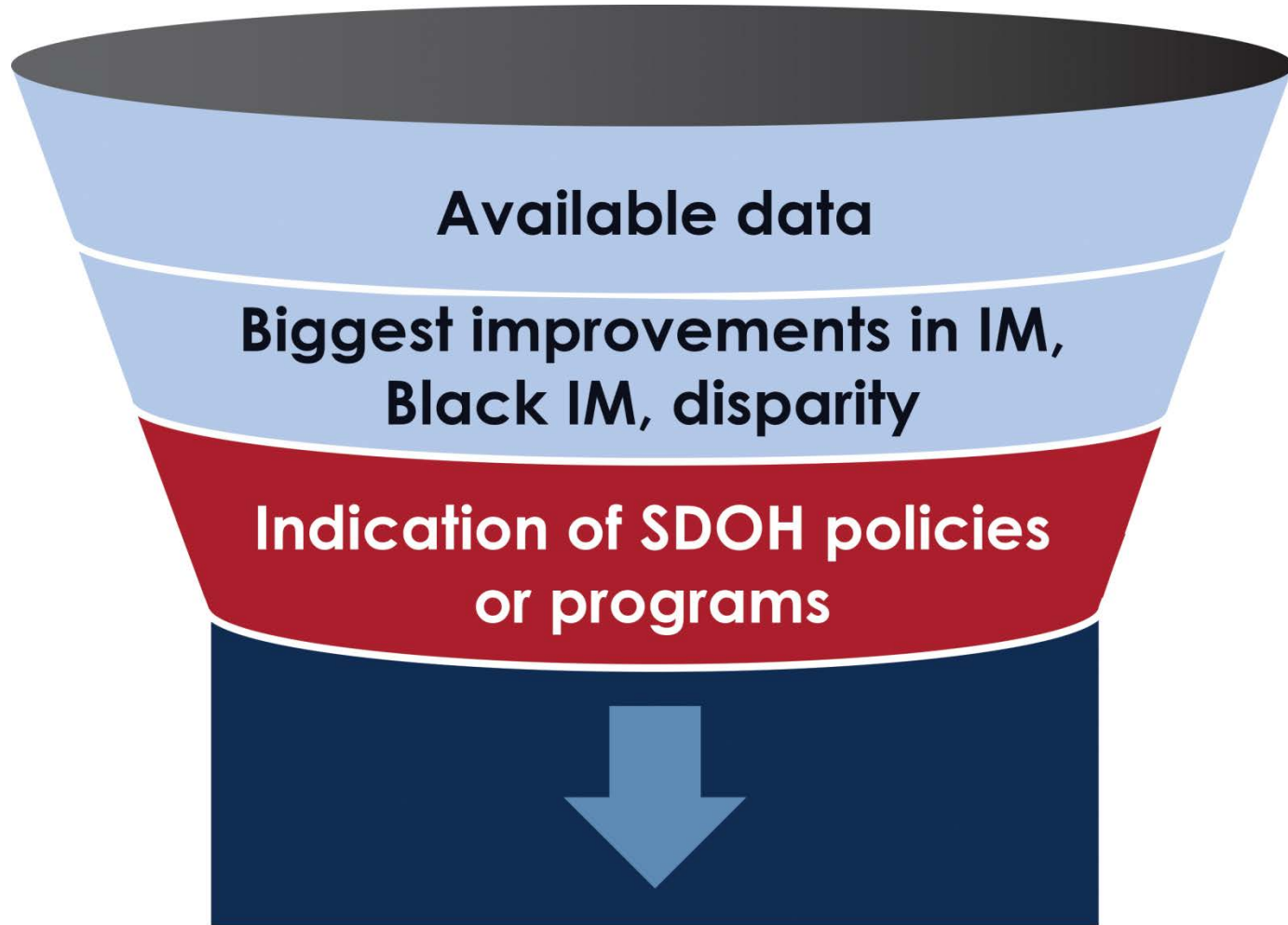
3. Non-Hispanic
Black infant
mortality rate
reduction

Statistically
significant

4. Black-White
disparity
reduction

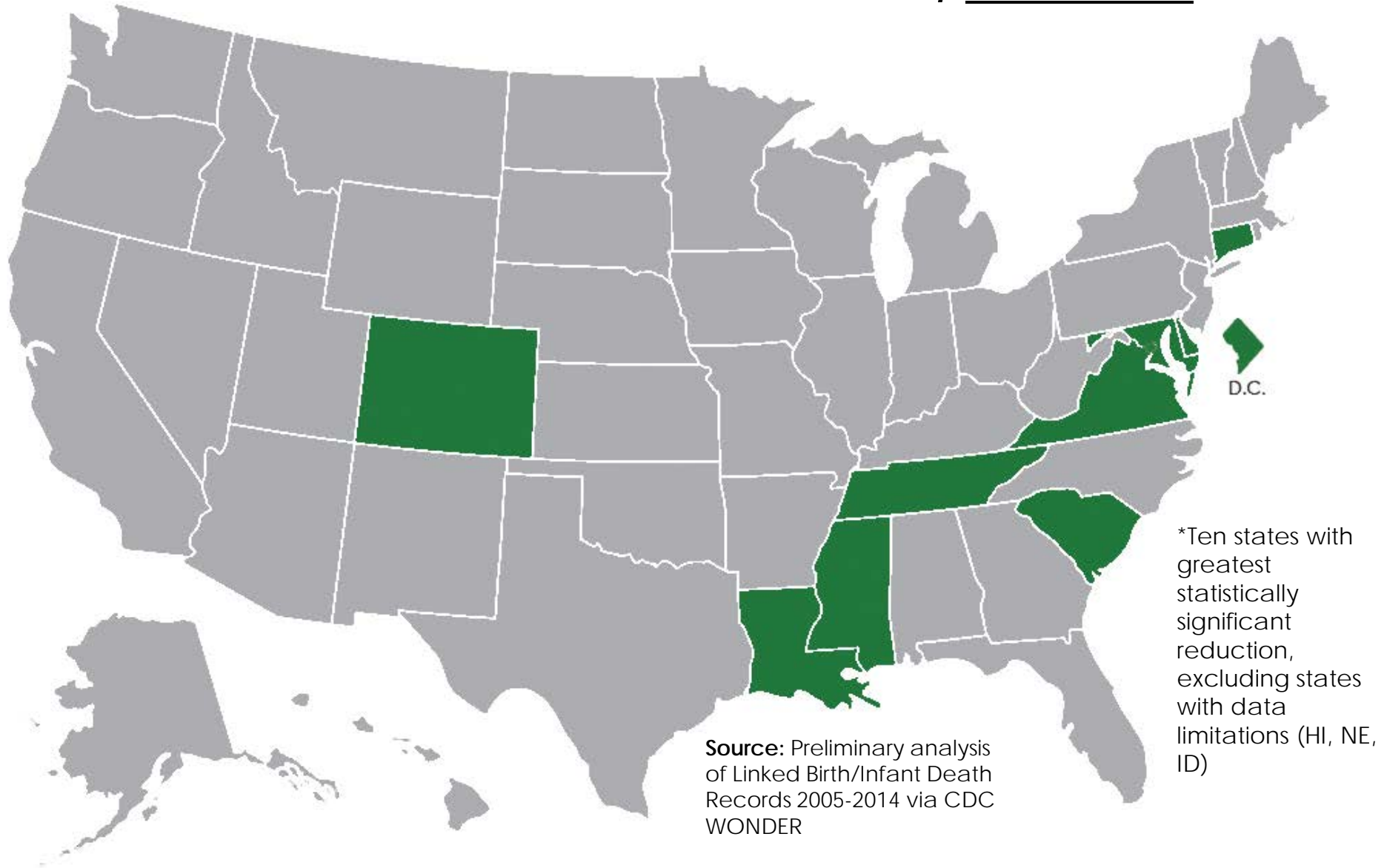
Among states with
significant reductions
for all groups

Selection criteria

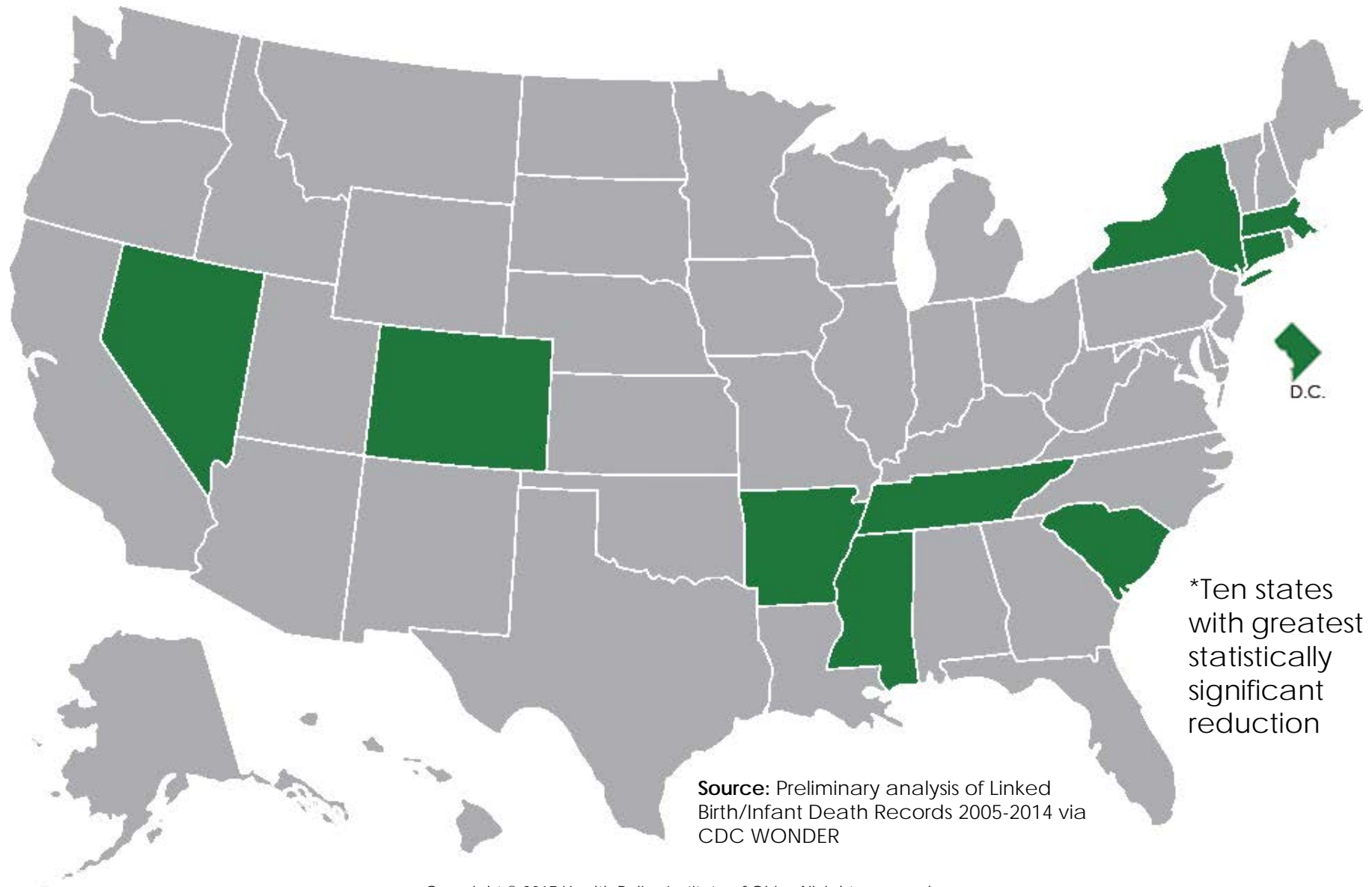


8 states for in-depth study

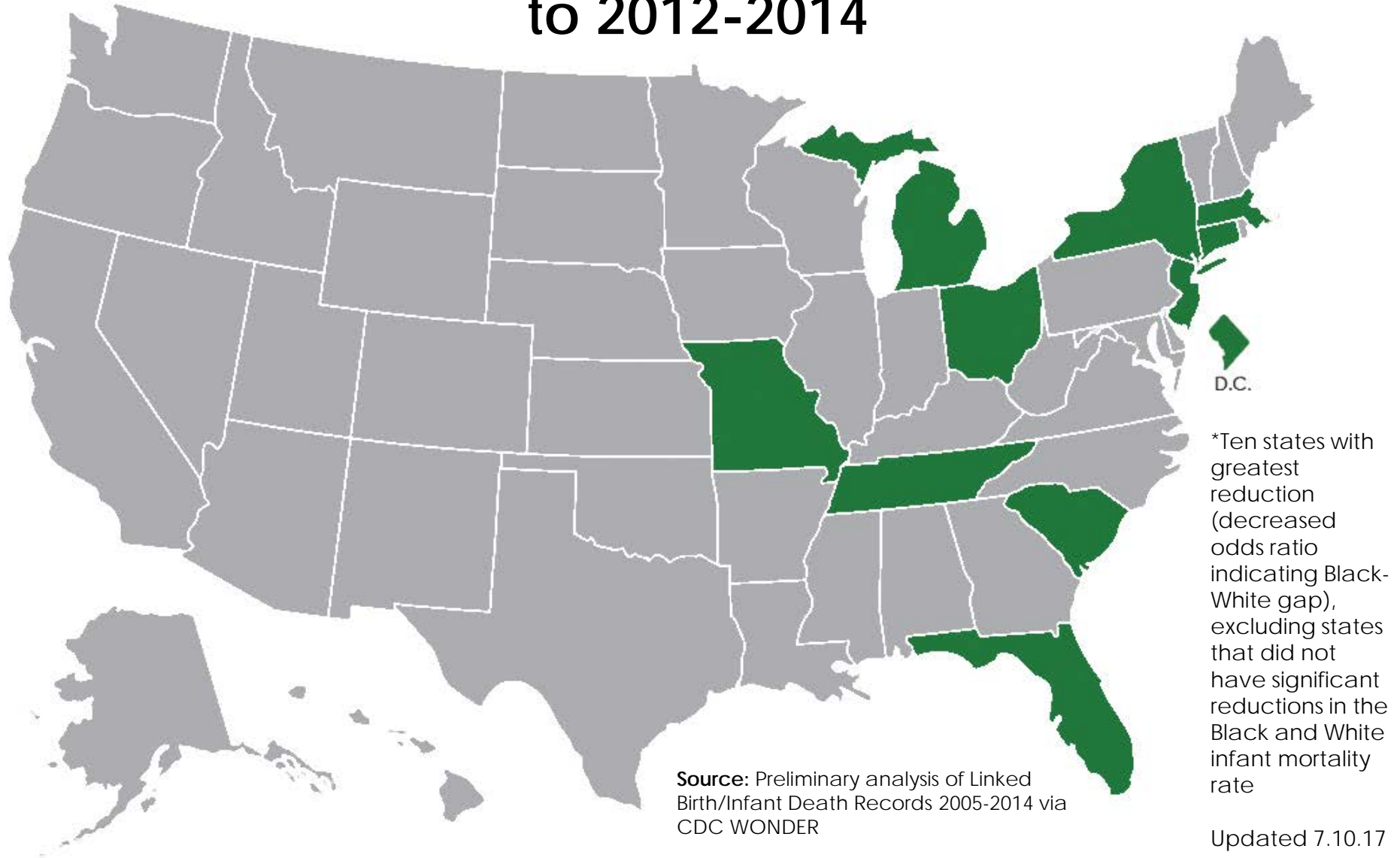
Most improved states*: Change in infant mortality rate 2005-2007 to 2012-2014, all races



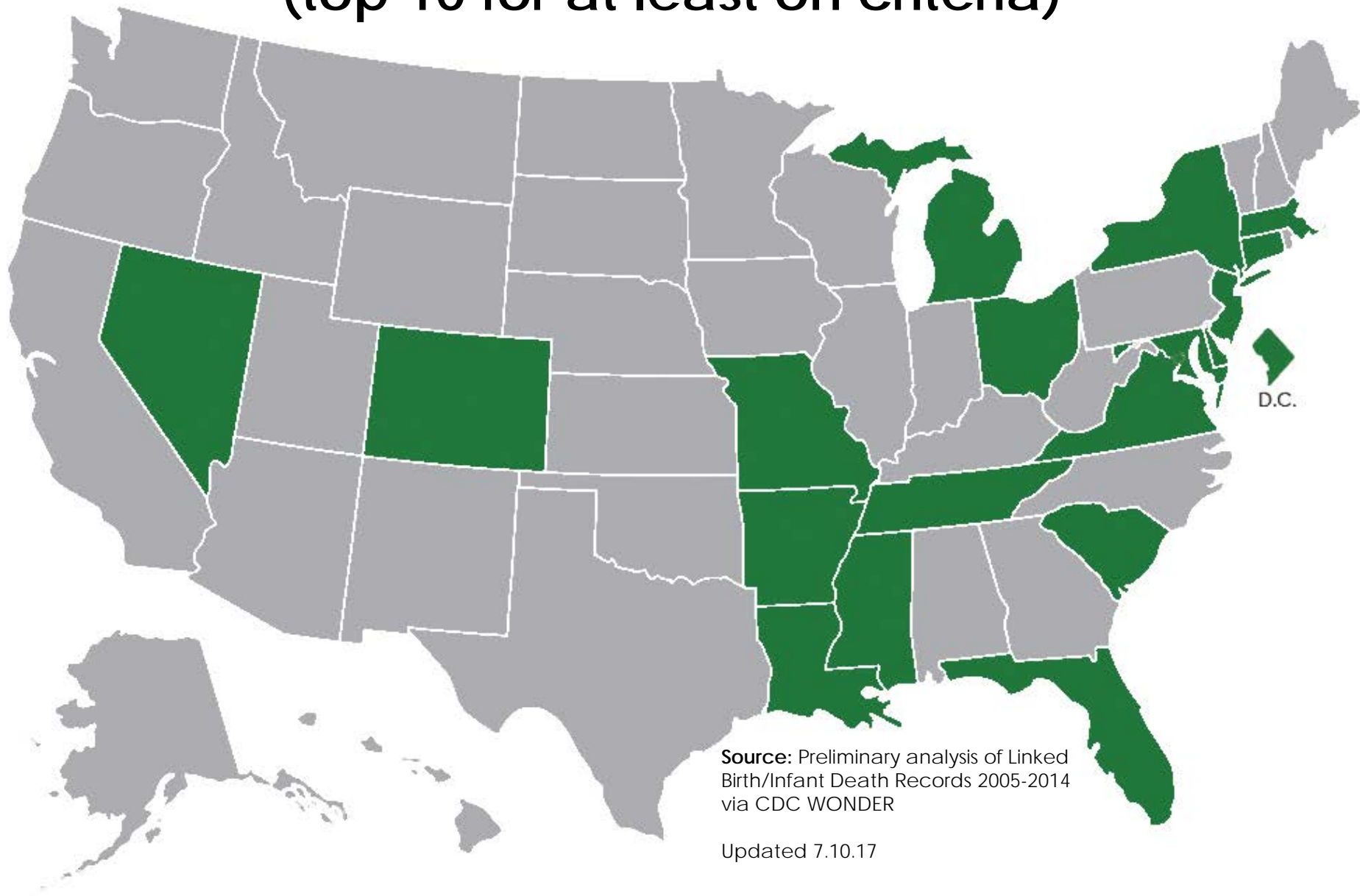
Most improved states*: Change in infant mortality rate 2005-2007 to 2012-2014, non-Hispanic Black



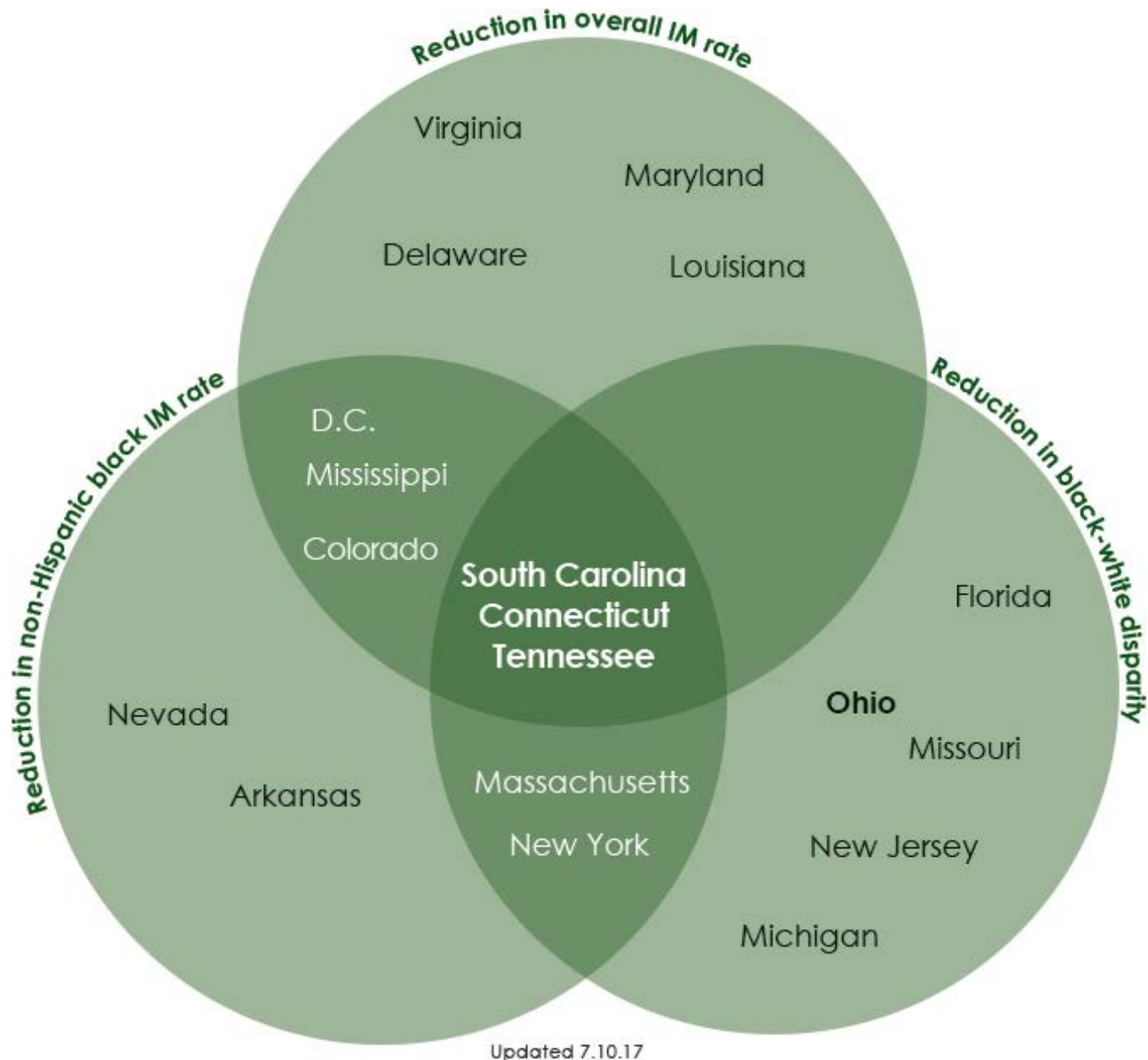
Most improved states*: Change in black-white disparity odds ratio for infant mortality, 2005-2007 to 2012-2014



19 states for consideration (top 10 for at least on criteria)



Top 10 states for each criteria



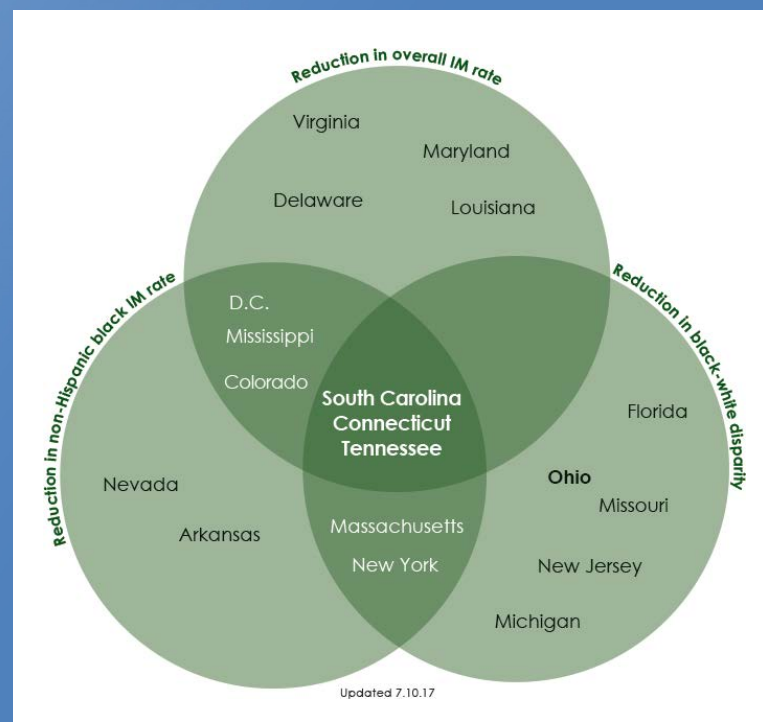
Type feedback in the
chatbox



or email astevens@hpio.net

Your input

- Contacts in any of these states
- Information about social determinants of health-related policies or programs implemented in these states



Literature review and environmental scan

SDOH and IM

Health
inequities and
IM

Housing

Transportation

Education

Employment

For each topic:

1. How does this affect infant mortality?
2. Scope of problem in Ohio
3. Policy landscape

Example: Housing infrastructure challenges and inequities

Affordability

- Lack of income for necessities
- Discrimination and predatory rental practices

Neighborhood conditions

- Low opportunity (education, jobs, etc.)
- High crime and violence
- Discrimination and residential segregation

Stability

- Difficulty maintaining housing
- Informal rental agreements
- Staying in abusive/violent living situations
- Homelessness

Quality

- Poor house maintenance or construction
- Overcrowding

Identified in report prepared by HPIO for the Ohio Commission on Minority Health, 2017

Type feedback in the
chatbox



or email zreat@hpio.net

Your input

- Contacts knowledgeable about the Ohio policy landscape for housing, transportation, education, employment
- Articles or reports we should be aware of for the literature review

Questions & Ideas

Contact

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Health Policy Institute of Ohio

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