



A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve housing, transportation, education and employment

Snapshot

What is the problem?

Ohio's infant mortality rate increased in 2015 and again in 2016, and remains higher than most other states.

In the early 1990s, Ohio's overall infant mortality rate was slightly lower than the U.S. rate. Since then, however, improvements at the national level have outpaced improvements in Ohio.

Ohio has troubling infant mortality disparities by race and geography.

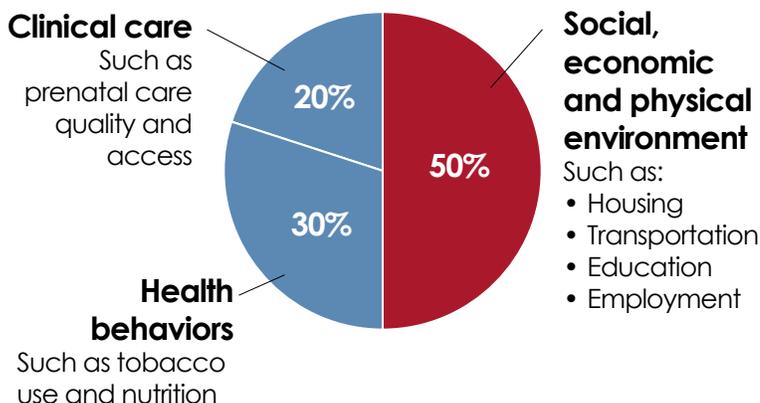
- In 2016, Ohio's non-Hispanic black infant mortality rate (15.2 per 1,000 live births) was almost three times as high as the white rate (5.8).
- There were only three states with higher non-Hispanic black infant mortality rates than Ohio, based on most-recent U.S. comparison data.¹
- Infant mortality rates are highest in Ohio's largest metropolitan areas and in some rural counties, particularly in Appalachian parts of the state.

Why is this happening?

Access to health care is necessary, but not sufficient. Improvements to factors beyond medical care are needed to achieve infant mortality reduction goals.

- Researchers estimate that of the modifiable factors that impact overall health, 20 percent are attributed to clinical care (e.g., healthcare access and quality) and 30 percent to health-related behaviors. The remaining 50 percent are attributed to the types of community conditions highlighted in the pie chart below.
- Over the past few decades, Ohio's efforts to reduce infant mortality have focused primarily on medical care and interventions for pregnant women. These strategies focus on some—but not all—of the underlying causes of infant death, and may not be enough to improve maternal and child health in a widespread way.

Modifiable factors that influence health²



Community conditions for low-income, African-American and rural families in Ohio are particularly challenging.

As an indicator of the overall health and wellbeing of a state, infant mortality rates reveal the cumulative impact of poverty, discrimination, racism and inequities in the social, economic and physical environment. For example:

- Median income for Ohioans has lagged behind the U.S. over the last 12 years, and many of Ohio's fastest-growing occupations pay wages below \$12 per hour.
- A national ranking of child wellbeing found that Ohio was the second worst state in the country for African-American children.
- Rural communities and small cities in Ohio have experienced more population decline, industry loss and worsening economic indicators than urban centers.

Underlying drivers of inequity: Poverty, racism, discrimination, trauma, violence and toxic stress

What can we do about it?

State and local policymakers have many options to address the community conditions and inequities that contribute to infant mortality.

- Improvement is possible. Other states have made faster progress than Ohio in reducing infant deaths, including black infant deaths.
- This report highlights lessons learned from other states, including examples of approaches to improving social and economic conditions.
- This report offers a total of 127 specific policy recommendations based upon stakeholder input and a review of the research evidence for what works to improve housing, transportation, education, employment and cross-cutting factors.

Going forward, Ohio's new approach to reducing infant mortality by improving community conditions should:

- **Prioritize housing and employment.** Housing and income are foundational, basic human needs.
- **Connect the disconnected.** Better connect low-income families to jobs, transportation, post-secondary education and social support.
- **Ensure all children have the opportunity to thrive.** Extend the reach of early childhood programs, decrease education disparities, prevent violence and support marriage.
- **Acknowledge and address the roles of racism, discrimination, violence and toxic stress.** Provide all Ohioans with the opportunity to be healthy by eliminating discriminatory policies and practices and helping families be resilient in the face of trauma and toxic stress.
- **Innovate, leverage public-private partnerships and join forces across sectors.** Innovative financing and collaboration between new partners are critical for long-term impact.
- **Coordinate, collaborate, monitor and evaluate.** Policymakers and state agencies have an important role to work together to develop, document, assess and continually improve infant mortality efforts.
- **Balance short-term fixes with longer-term change.** Address immediate needs, such as homelessness, but also pursue fundamental changes to the housing, transportation, education and employment sectors that ensure that all Ohio families can participate in the economy, build positive social relationships and attain optimal health.

Priority populations

This report focuses on babies born to the following groups of Ohioans most at risk for infant mortality:

- African-American/black Ohioans
- People with low levels of educational attainment
- People with low incomes
- Residents of infant mortality "hot spot" communities (mostly urban neighborhoods and rural counties with higher rates of infant death)

It is important to note that racism and inequities in the social, economic and physical environment drive the increased risk of infant mortality for African Americans.

About this study

Prepared by HPIO for the Legislative Service Commission, this report was a requirement of Senate Bill 332 and drew upon the following sources of information:

- Guidance from over 100 state and local-level Ohio stakeholders
- Existing quantitative data and research literature
- New state-level analysis of social, economic and physical environment metrics conducted by Ohio University researchers
- 23 key informant interviews with stakeholders from eight case study states

Notes

1. Pooled years 2012-2014. Linked birth/infant death records via CDC WONDER for the 34 states and Washington D.C. for which non-Hispanic black infant mortality rate data is available.
 2. Booske, Bridget C. et. al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute, 2010.
- All other sources are cited in the full report.

To read the full report and see other material related to the Social Determinants of Infant Mortality project, visit

<http://bit.ly/SDOIM>

