



A new approach to reduce infant mortality and achieve equity: HPIO Webinar

**Amy Bush Stevens , Zach Reat and Hailey Akah
April 10, 2018**

Please type questions in the question box



The screenshot displays a GoToWebinar interface with two main sections: 'Audio' and 'Questions/Chat'.
The 'Audio' section includes a telephone icon, radio buttons for 'Computer audio' and 'Phone call' (which is selected), and connection details: 'You are connected at +1 (631) 992-3221' and 'Access Code: 805-944-993'. It also shows 'Talking: Reem Aly and Amy Bush Stevens'.
The 'Questions/Chat' section contains a message: 'Thank you for joining us! The HPIO webinar will begin shortly.' followed by a message from 'Nick Wiselogel (to All - Entire Audience):' at '2:01 PM: We will beginning the webinar shortly'. Below the chat is a text input field and a 'Send' button.
At the bottom, the webinar title '2017 Health Value Dashboard webinar' and ID '774-626-963' are shown, along with a recording indicator 'This session is being recorded.' and the GoToWebinar logo.



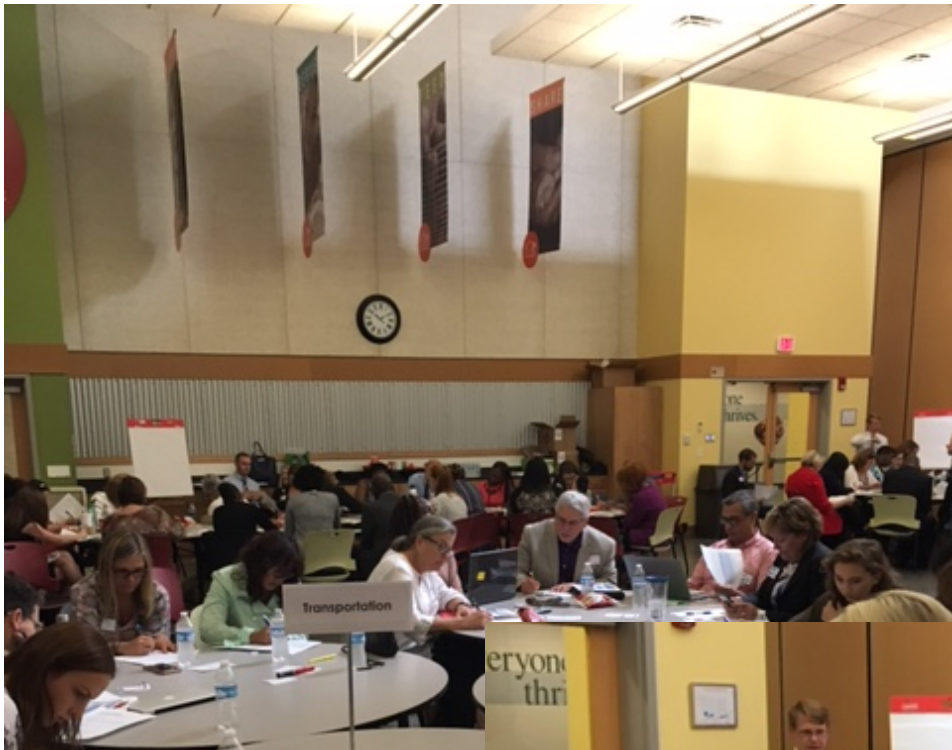
A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve
housing, transportation, education
and employment



Prepared by the Health Policy Institute of Ohio
for the Ohio Legislative Service Commission

Dec. 1, 2017



Who can use this report?

State

Private

**Health/Public
health**

Local

Public

**Sector beyond
health**
(workforce development,
housing, etc.)

Policy change starting points

Recommendation examples



Bus system improvements



Occupational licensing reform (SB 129)



Inclusionary zoning

Today

- **Why is this important?**
- **Background and purpose**
- **Key findings**
- **Recommendations**
- **Next steps**

Improvement is possible.

Infant mortality

An iceberg floating in the ocean. The tip of the iceberg is above the water surface, while the much larger base is submerged. The sky is blue with scattered white clouds. The water is a deep blue, and the submerged part of the iceberg is a lighter, translucent blue.

Pre-term birth

Birth defects

Low birth weight

Child accidents and injuries

Infant mortality

Pre-term birth

Birth defects

Short birth spacing

Smoking and
secondhand
smoke
exposure

Poverty

Income inequality

Unemployment

Racism

Low birth weight

Child accidents and injuries

Substance use disorders

Intimate partner violence

Residential segregation

Mass incarceration

Toxic stress

Chronic health problems

Poor nutrition

Lack of physical activity

Lack of access to care

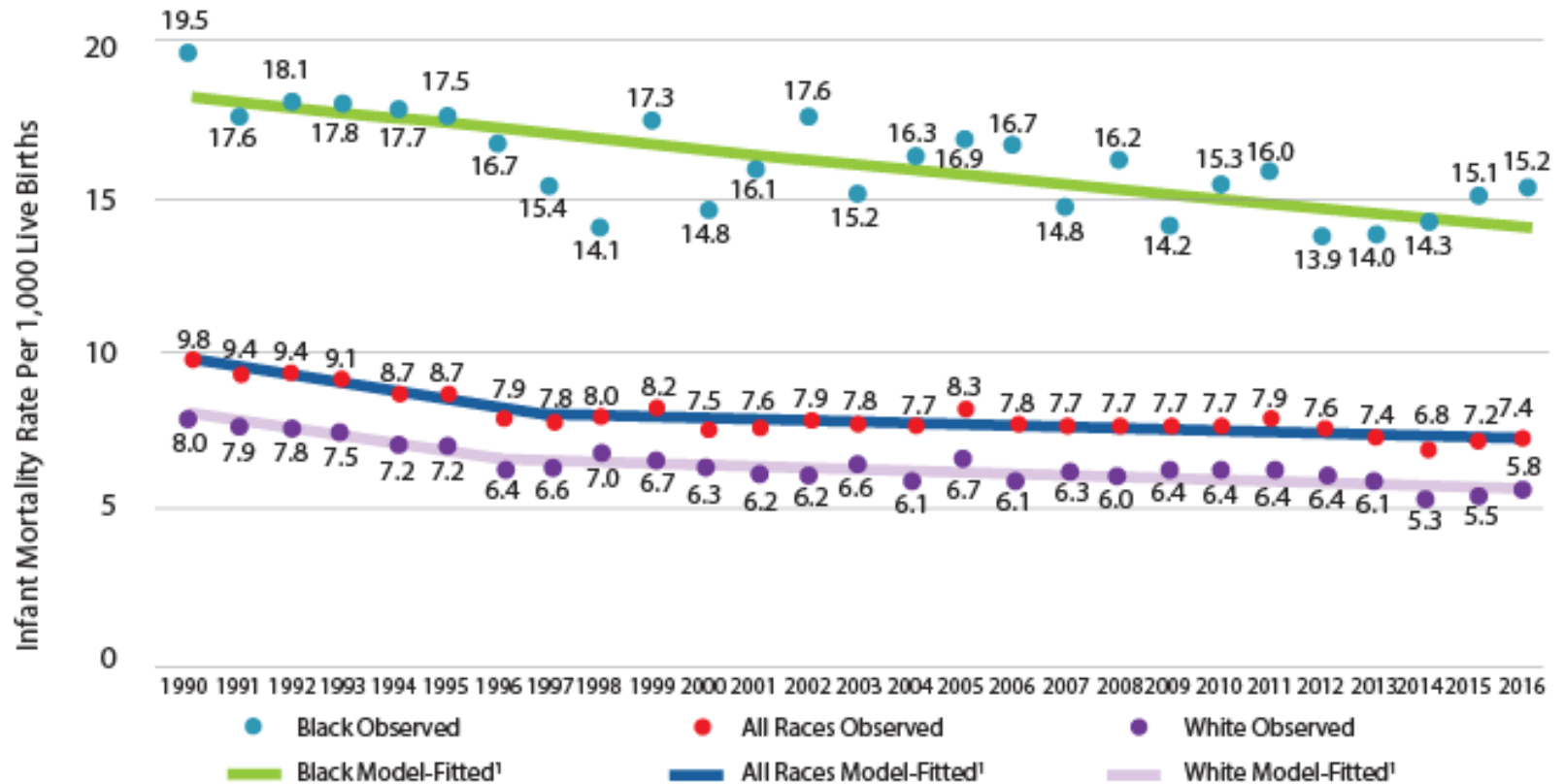
Homelessness and
housing instability

Air and water pollution

Harmful
working
conditions

Violence

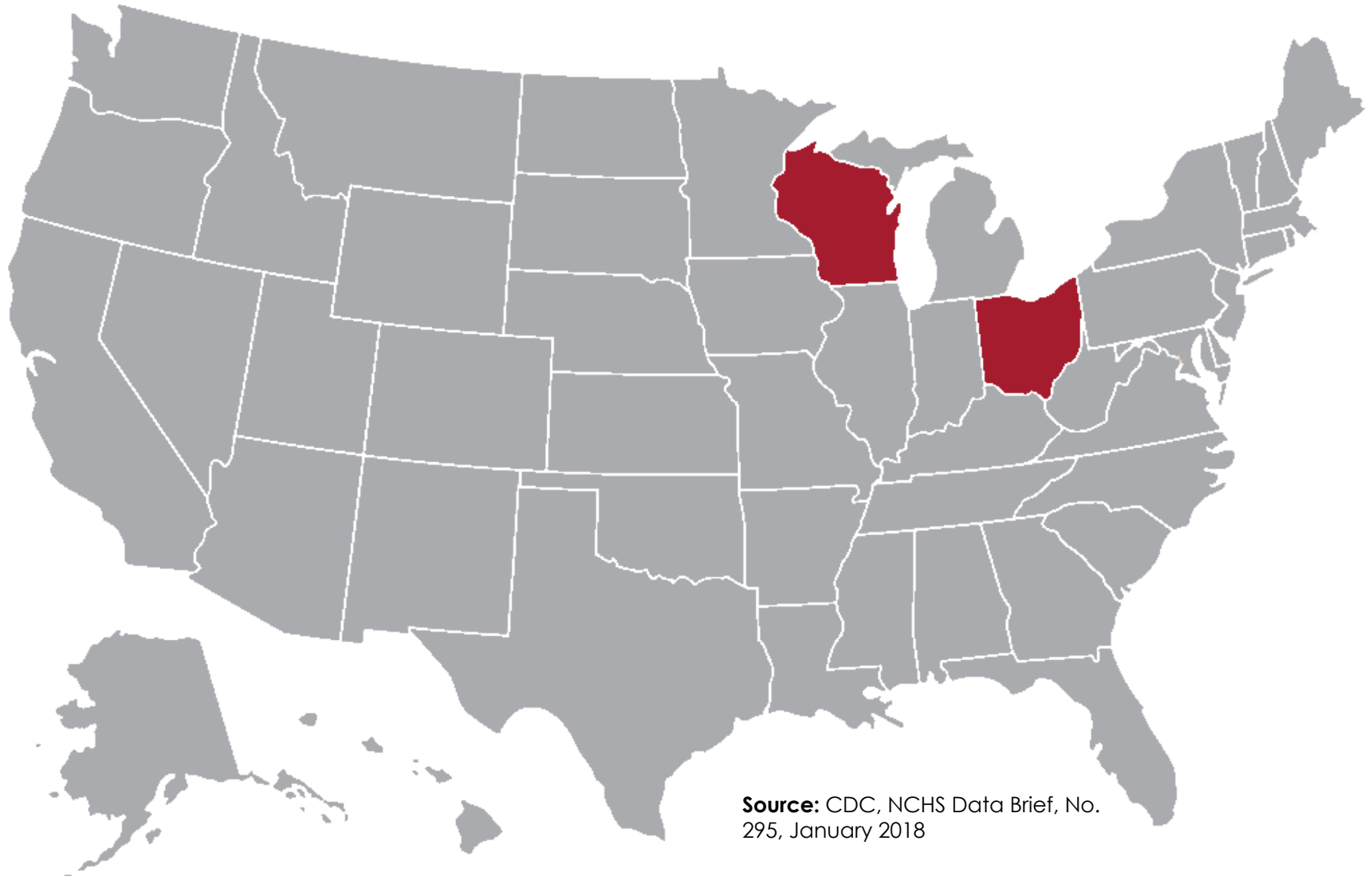
Trends in Ohio infant mortality rates, by race (1990-2016)



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

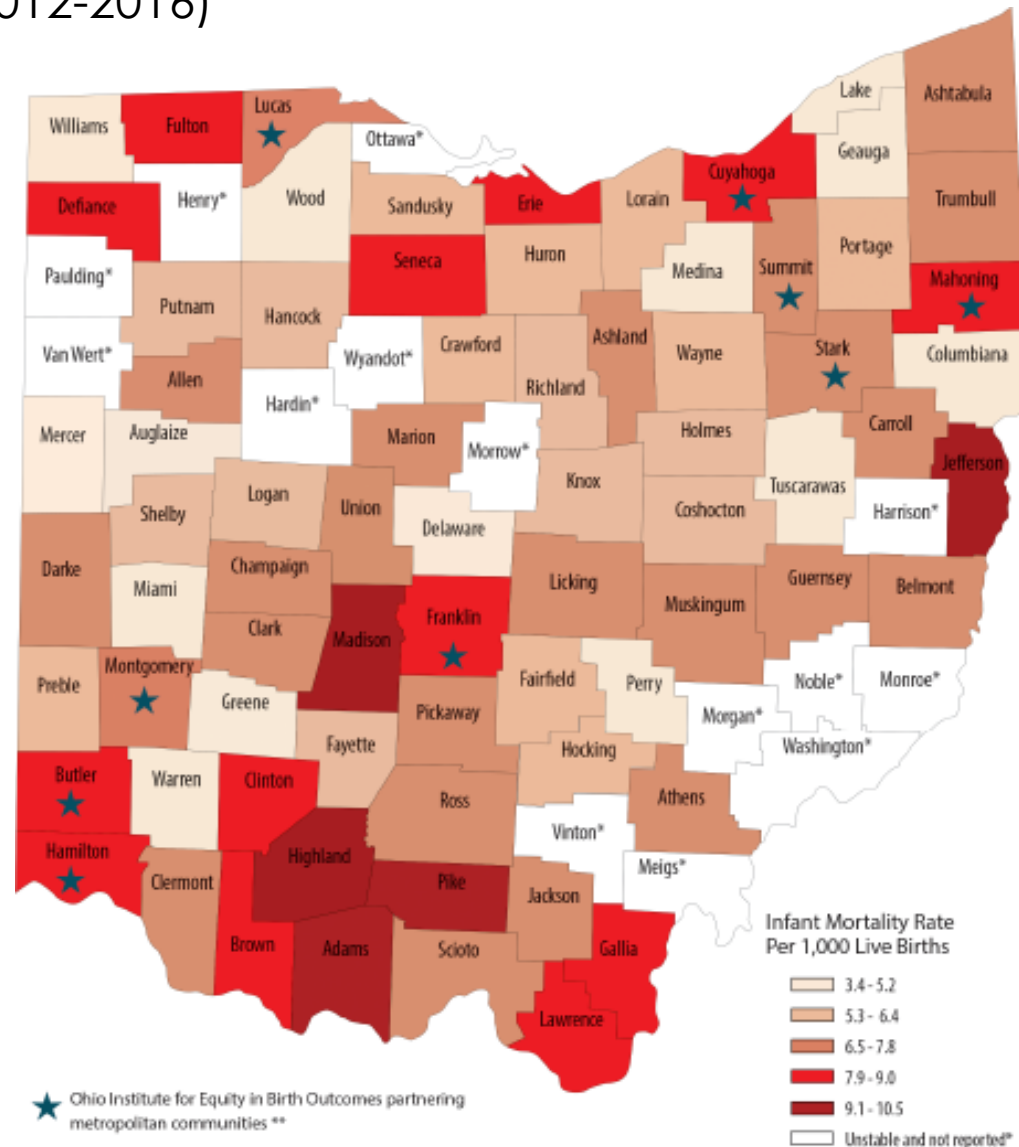
¹ "Model-Fitted" Definition – Joinpoint software models were used to test the statistical significance of changes in trends. For each group the best fitting trend lines are presented. A change in trend was observed for all races infant mortality in 1996 and for white mortality in 1997. No change in trend was detected for black infant mortality.

States with highest Non-Hispanic black infant mortality rate, 2013-2015 (pooled)

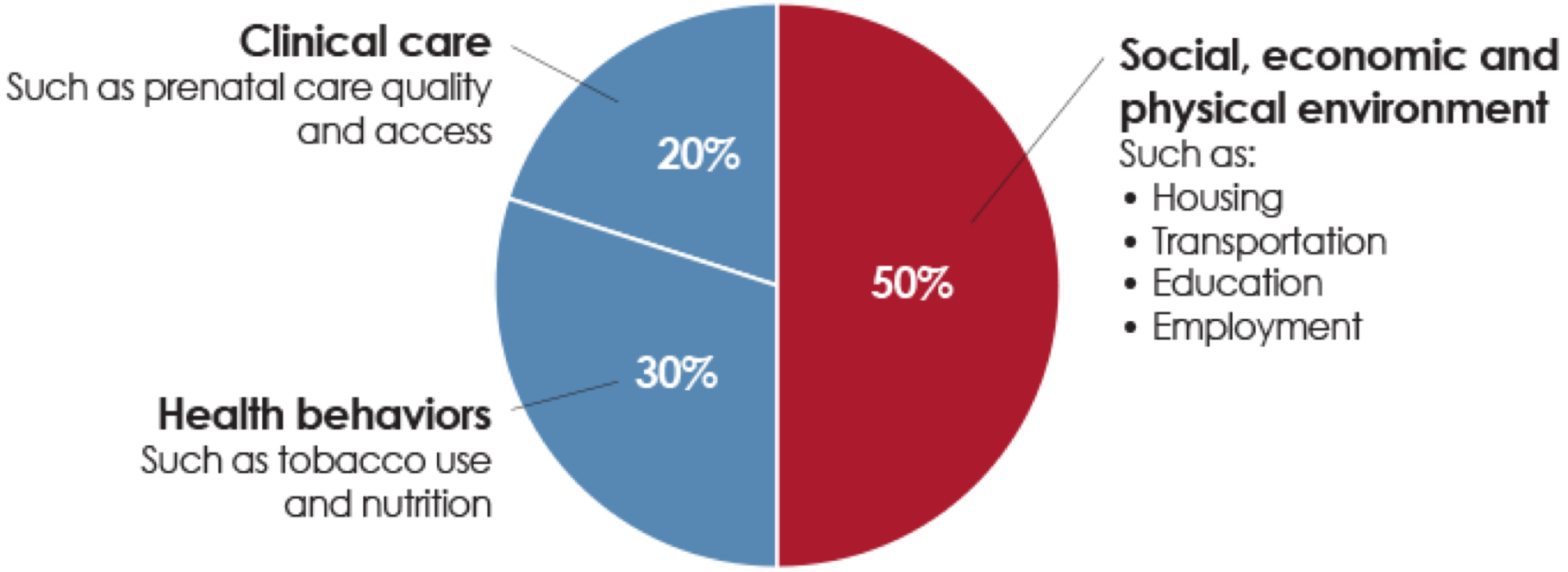


Source: CDC, NCHS Data Brief, No. 295, January 2018

Ohio infant mortality average five-year rate, by county (2012-2016)



Modifiable factors that influence health



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

Source: County Health Rankings and Roadmaps

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

Priority populations

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 for African Americans.



Background and purpose



OHIO COMMISSION ON INFANT MORTALITY

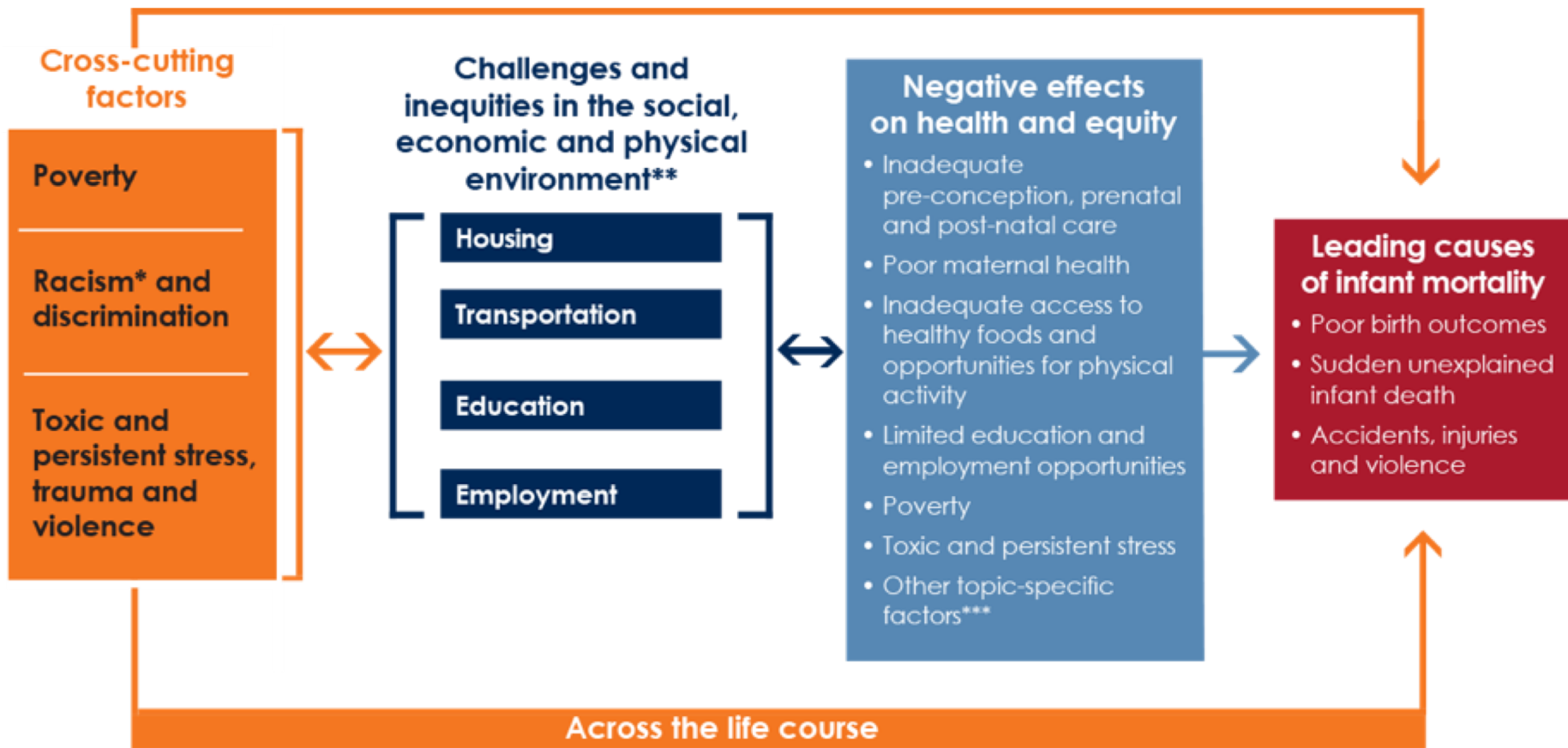
Committee Report, Recommendations, and Data Inventory
March 2016

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
5. Make policy recommendations



* Structural, institutional, interpersonal and internalized racism
 ** Topics specified for study by SB 332
 *** See figures 4.1, 5.1, 6.1 and 7.1 in the full report for details

Policy goals and recommendations

- Housing
- Transportation
- Education
- Employment



Long-term outcomes

- Healthy mothers and babies
- Improved birth outcomes
- Health equity

Across the life course



Key findings

Key findings

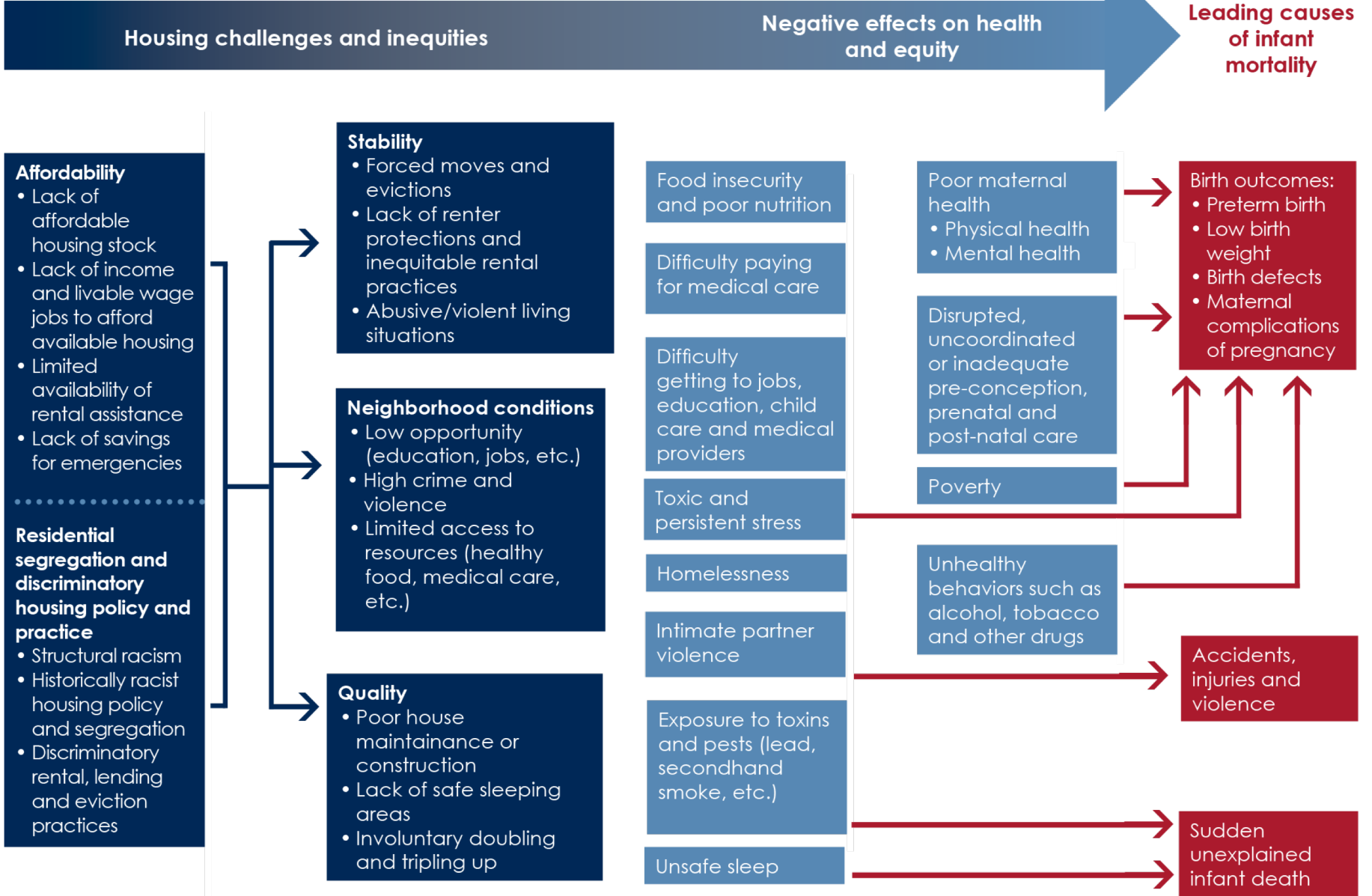
1. Troubling trends
2. Troubling disparities
3. Access to care is necessary, but not sufficient
4. Community conditions are challenging for risk groups
5. Policymakers have many options

Recommendation themes

- **Prioritize housing and employment**
- Connect the disconnected
- Ensure all children have the opportunity to thrive
- **Acknowledge and address the roles of racism, discrimination, violence and toxic stress**
- Innovate, leverage public-private partnerships and join forces across sectors
- Coordinate, collaborate, monitor and evaluate
- **Balance short-term fixes with longer-term change**

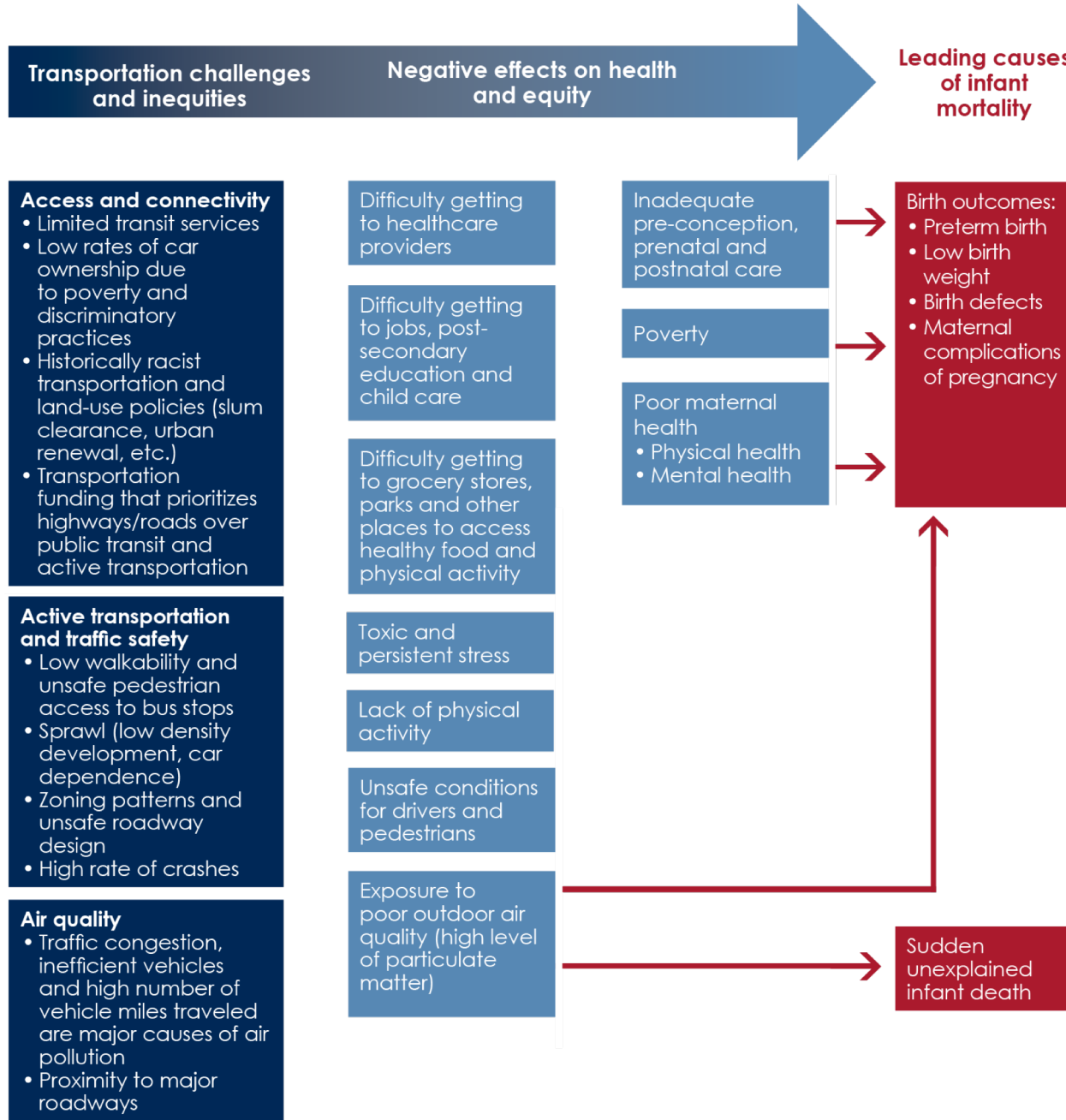


Relationship between housing and infant mortality



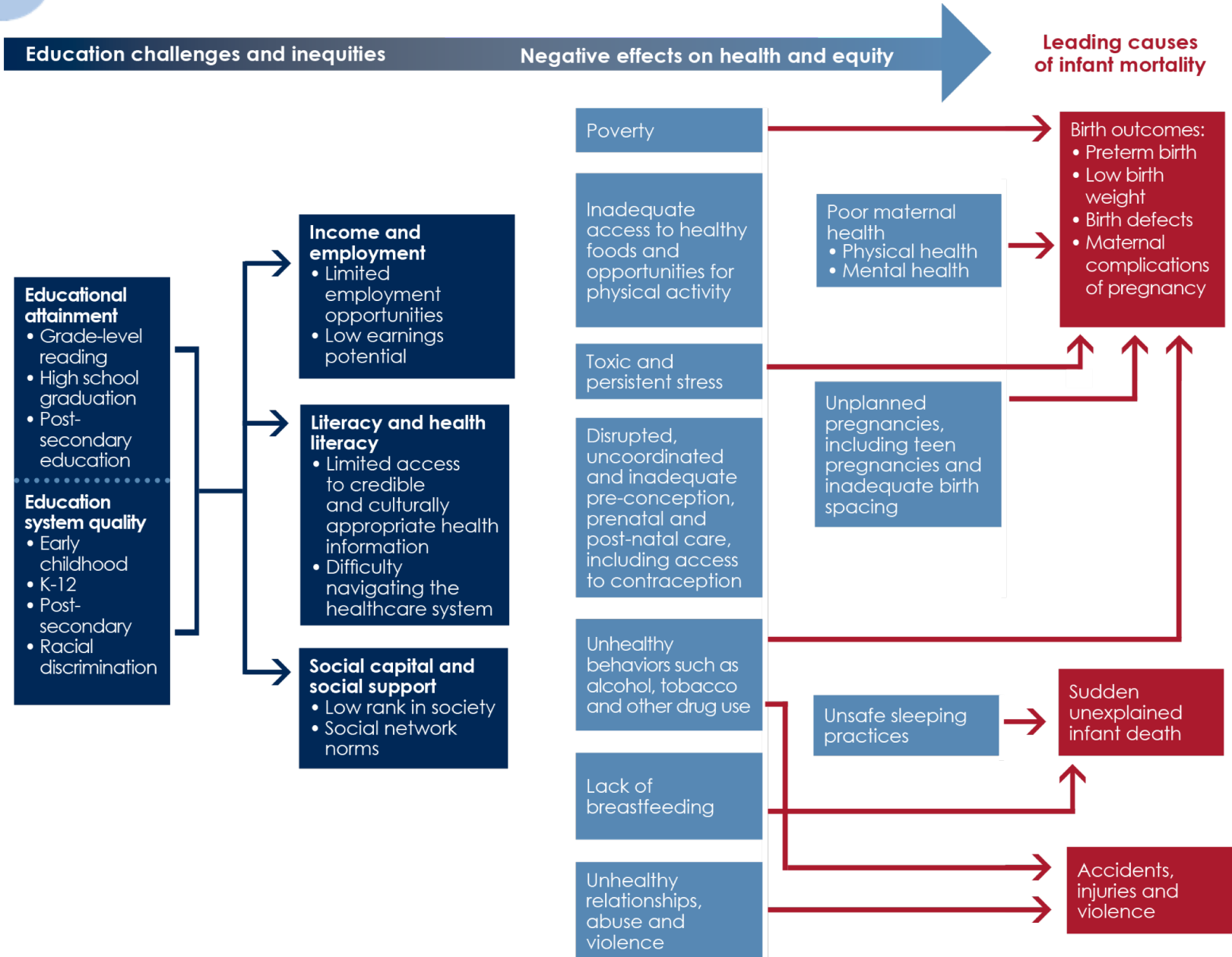


Relationship between Transportation and infant mortality



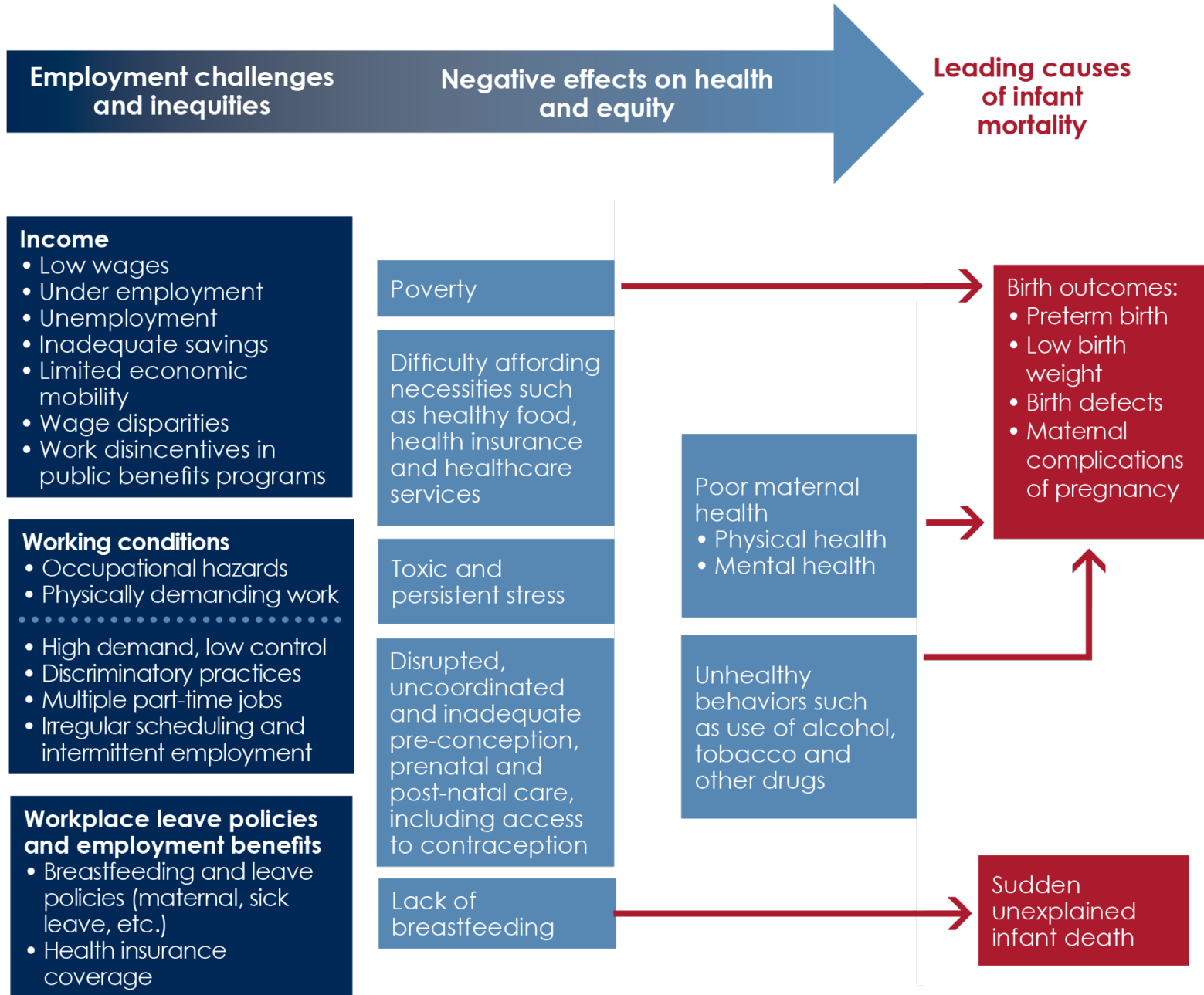


Relationship between education and infant mortality

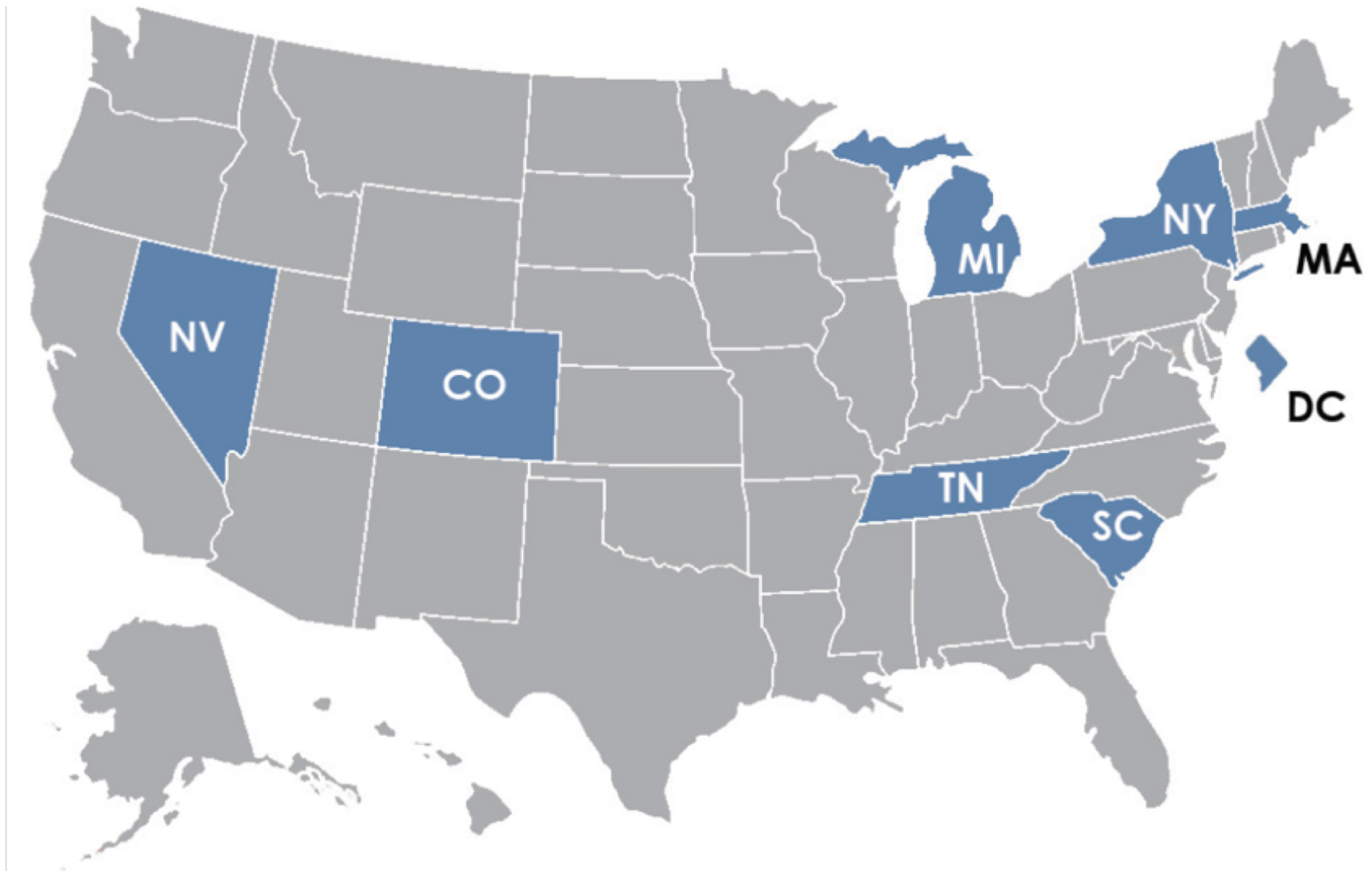




Relationship between employment and infant mortality



Case study states



Most frequently mentioned drivers of improvement

- Home visiting (Nurse-Family Partnership or other models)
- Safe sleep campaigns and programs
- Centering Pregnancy (or other group prenatal care models)
- Medicaid policy changes (including coverage expansions in 2014 or earlier and reimbursement changes)
- Policies and education to reduce early elective deliveries and C-sections
- Tobacco prevention policies and/or smoking cessation programs

Case study examples



New York



South Carolina

Selected examples of New York State tax credits for families

**Earned Income
Tax Credit**
(EITC)

Child Tax Credit
(Known as Empire State
Child Credit")

**Child and
Dependent Care
Tax Credit**
(CDCTC)



Breaking

Remnants of Irma pound Charleston with tropical force winds, spawning squalls and stinging rain

Haley expands effort to save infants Nurse-Family Partnership helping poor moms in rural S.C. to get another \$30M



Lauren Sausser Doug Pardue Feb 15, 2016 (0)



Sydia Alexander, with her then-9-week-old baby Siyana, meets with registered nurse Tammy Richardson. Nurse-Family Partnership sends professionals into the homes of low-income, first-time mothers. The program has been shown to reduce infant mortality and improve the family's health.

Buy Now

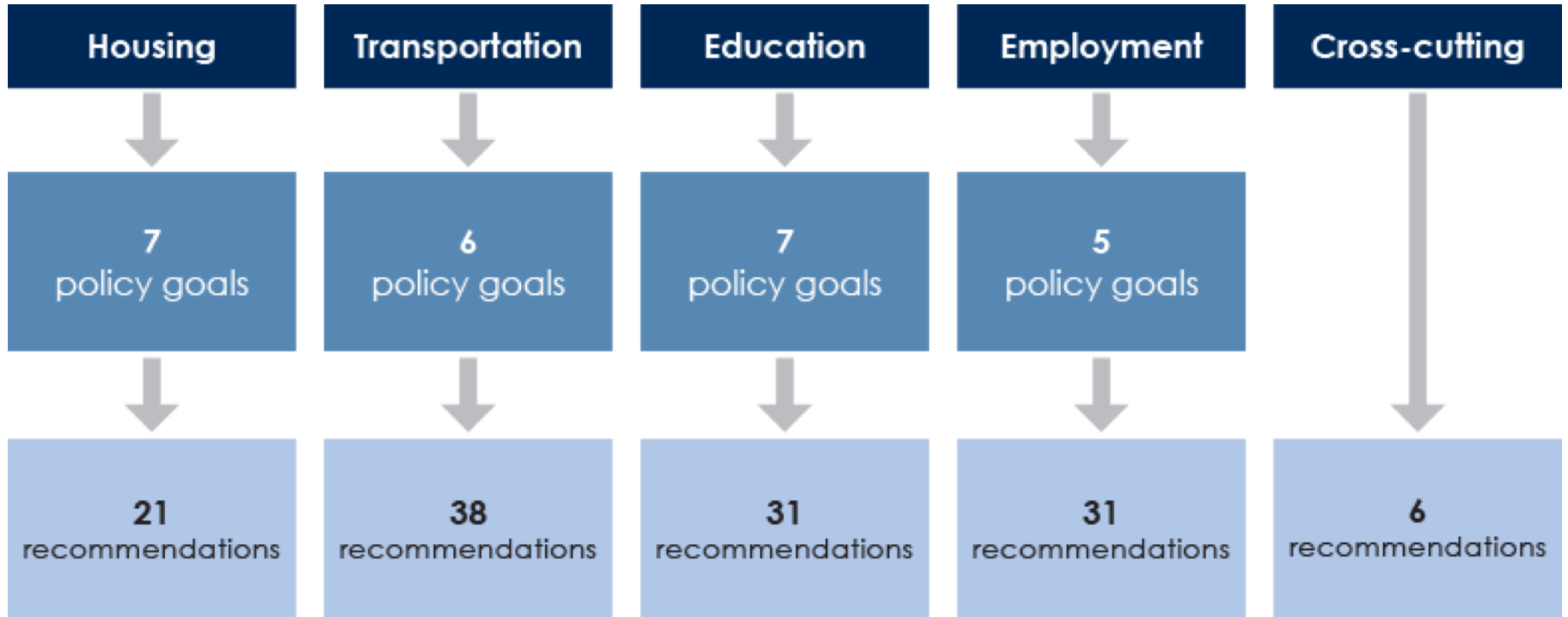
Gov. Nikki Haley will tackle rural South Carolina's historically high infant mortality rate by sending nurses into the homes of thousands more first-time, low-income mothers.



In a press conference Tuesday at the Statehouse, Haley announced a \$30 million expansion of Nurse-Family Partnership, a program that has demonstrated success in several rural South Carolina counties and in other states across the nation.



Recommendations





Housing policy goals

Policy goals

Policies and programs designed to improve:

- Housing affordability
- Housing stability
- Neighborhood conditions
- Housing quality
- Equitable access to housing

Prioritizing communities most at risk for infant mortality

Intermediate outcomes

Increased:

- Supply of rental assistance and affordable housing
- Access to good jobs, postsecondary education and child care
- Safe sleep conditions
- Access to pre-conception, prenatal and postnatal care
- Food security and nutrition

Decreased:

- Discriminatory housing policies and practices
- Homelessness
- Poverty
- Toxic and persistent stress
- Exposure to domestic violence
- Exposure to toxins and other hazards

Long-term outcomes

- Healthy mothers and babies
- Improved birth outcomes
- Health equity



Recommendation examples: Housing

Recommendation 2.1. Delay criminal background checks and other changes to help families get rental housing

Recommendation 3.2. Inclusionary zoning

Recommendation 6.1. Rapid access to legal representation, landlord-tenant mediation, etc. to prevent evictions



Transportation policy goals

Policy goals

Policies and programs designed to improve:

- Medicaid Non-Emergency Medical Transportation
- Public transportation
- Pedestrian safety
- Air quality
- Equitable access to transportation

Prioritizing communities most at risk for infant mortality

Intermediate outcomes

Increased:

- Access to pre-conception, prenatal and postnatal care
- Access to jobs, post-secondary education and child care
- Access to healthy food and improved nutrition
- Physical activity

Decreased:

- Discriminatory transportation policies and practices
- Poverty
- Toxic and persistent stress
- Exposure to air pollution

Long-term outcomes

- Healthy mothers and babies
- Improved birth outcomes
- Health equity



Recommendation examples: Transportation

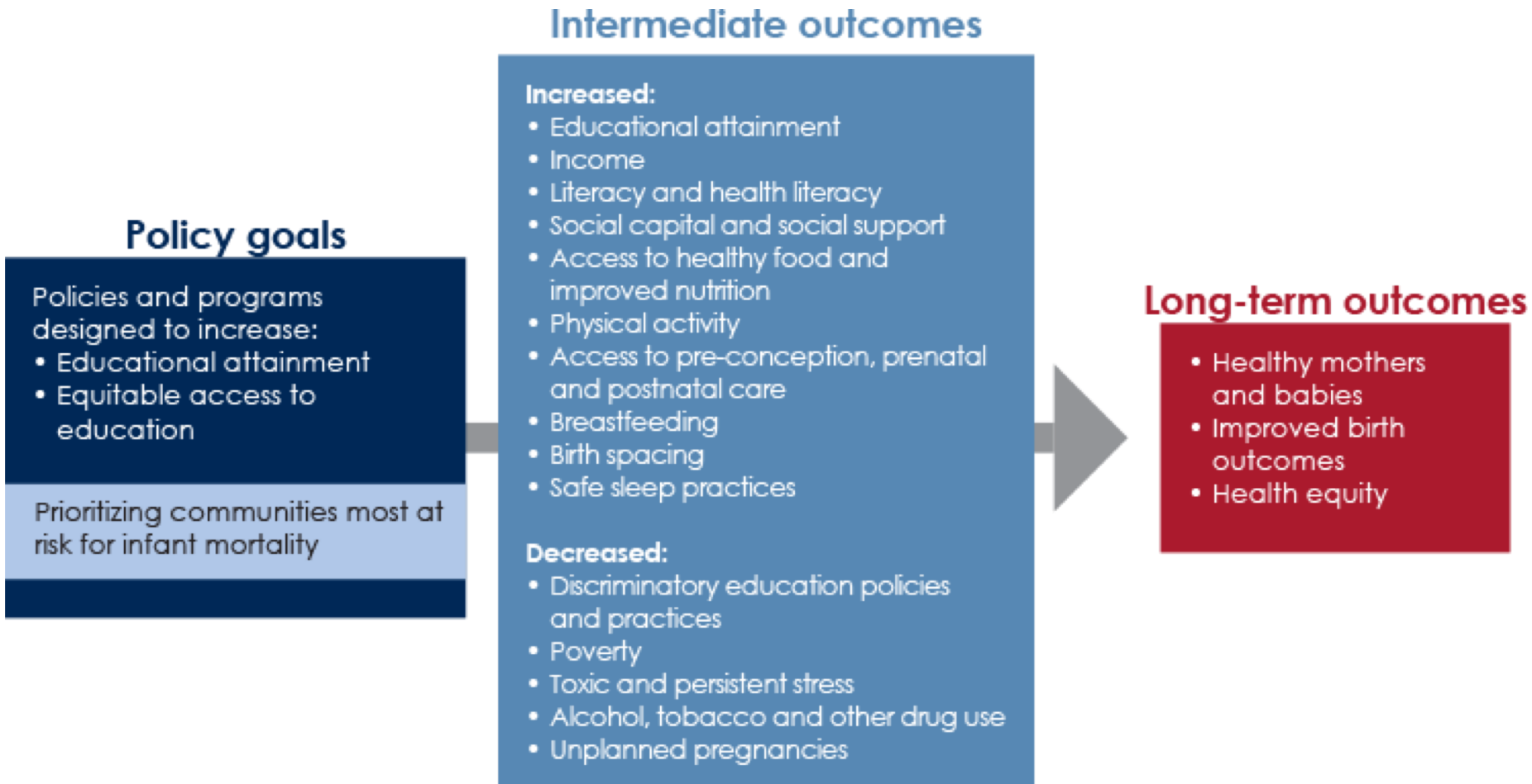
Recommendation 1.4. Monitor and enforce managed care plan compliance with Non-Emergency Medical Transportation (NEMT) requirements

Recommendation 2.3. Bus system improvements

Recommendation 5.1. Community service in lieu of driver's license reinstatement fee (SB 160)



Education policy goals





Recommendation examples: Education

Recommendation 1.2. Increase number of children served by high-quality early childhood education

Recommendation 3.1. Increase capacity for secondary and postsecondary career-technical education (vocational training)

Recommendation 3.2. Increase participation of high school students in career-technical education, such as by allowing students attend Ohio Technical Centers through College Credit Plus



Employment policy goals

Policy goals

Policies and programs designed to increase:

- Employment and income
- Access to work supports

And improve:

- Working conditions
- Leave policies and employment benefits
- Equitable access to employment

Prioritizing communities most at risk for infant mortality

Intermediate outcomes

Increased:

- Income and economic mobility
- Access to health insurance coverage
- Access to healthy food and improved nutrition
- Breastfeeding

Decreased:

- Discriminatory employment policies and practices
- Poverty
- Toxic and persistent stress

Long-term outcomes

- Healthy mothers and babies
- Improved birth outcomes
- Health equity



Recommendation examples: Employment

Recommendation 1.1. Expand Earned Income Tax Credit (EITC)

Recommendation 2.1. Occupational licensing reform (SB 129; HB 583)

Recommendation 5.2. Consider employer's record with Ohio Civil Rights Commission (OCRC) when determining tax incentives and assess fees on employers with regular complaints to OCRC

Recommendation examples:

Cross-cutting

Recommendation 2. Increase local-level leadership and advocacy to address the social determinants of health

Recommendation 5. Coordinate, collaborate and evaluate, including data to track disparities and inequities



Next steps

Next steps for HPIO

- Commission on Infant Mortality
- Ohio Collaborative to Prevent Infant Mortality
- Memos to legislative committees
- One-on-one meetings with legislators
- Today's webinar!

How local communities can use the recommendations

Topic

Which topic(s) have the most unmet need for infant mortality priority populations in your community?

Policy goals

Select small number of goals within relevant topic(s)

Specific policy recommendations

- State
- Local

- *Select relevant state-level recommendations and partner with others to advocate for them*
- *Select relevant local-level recommendations and partner with others to enact and implement*

How to prioritize manageable set of goals and recommendations

A

One topic in-depth

Select one topic (housing, transportation, education or employment)

- Select 2-3 policy goals within that topic
- Select 1-2 recommendations within each goals

B

Multiple topics

Select 2-4 topics (housing, transportation, education or employment)

- Select 1 policy goal within that topic
- Select 1-2 recommendations within each goals

Prioritization criteria examples

1. Relevance to priority populations
2. Alignment with other initiatives and opportunities given current landscape and momentum
3. Short-term political feasibility (2 years)
4. Cost and available revenue sources

federal



state



local



federal



state



local



Ways to get the word out and motivate action: State level

- Meet with your legislators one-on-one to discuss recommendations (Ohio senator and representative)
- Invite your legislators to an event
- Gather and disseminate real-life stories

132nd General Assembly

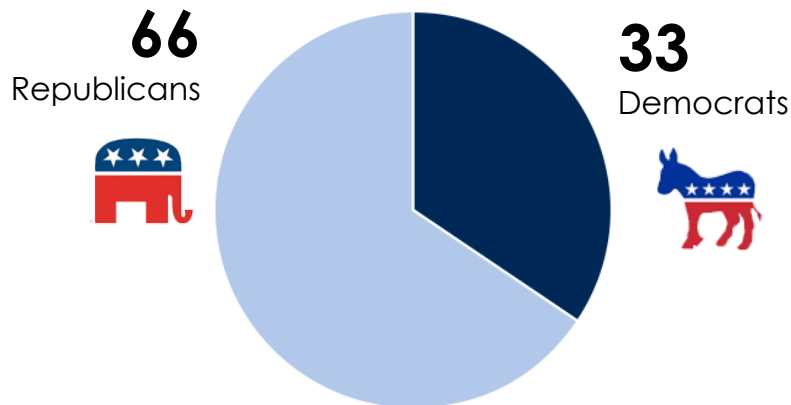
House



Rep. Cliff Rosenberger
Speaker



Rep. Fred Strahorn
Minority Leader



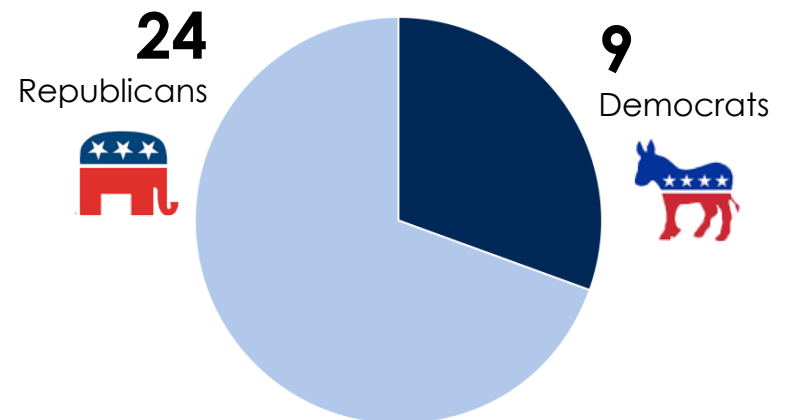
Senate



Sen. Larry Obhof
Senate President



Sen. Kenny Yuko
Minority Leader



Polycymaking basics

<https://osupublichealth.catalog.instructure.com>

federal



state



local



Ways to get the word out and motivate action: Local level

- Reach out to local housing, transportation, education and employment organizations to find common interests
- Meet with local policymakers one-on-one to discuss recommendations (city council members and county commissioners)
- Write an op-ed or letter to the editor in your local newspaper
- Incorporate recommendations into RFPs or grant proposals
- Gather and disseminate real-life stories

Local housing partners

- Metropolitan Housing Authorities
- Local Continuums of Care (i.e. Community Shelter Board)
- Local municipalities (counties, cities)
- Legal Aid

Local transportation partners

- Metropolitan Planning Organizations (i.e. MORPC)
- Transit agencies (i.e. GCRTA)
- Local municipalities (counties, cities)
- Legal Aid

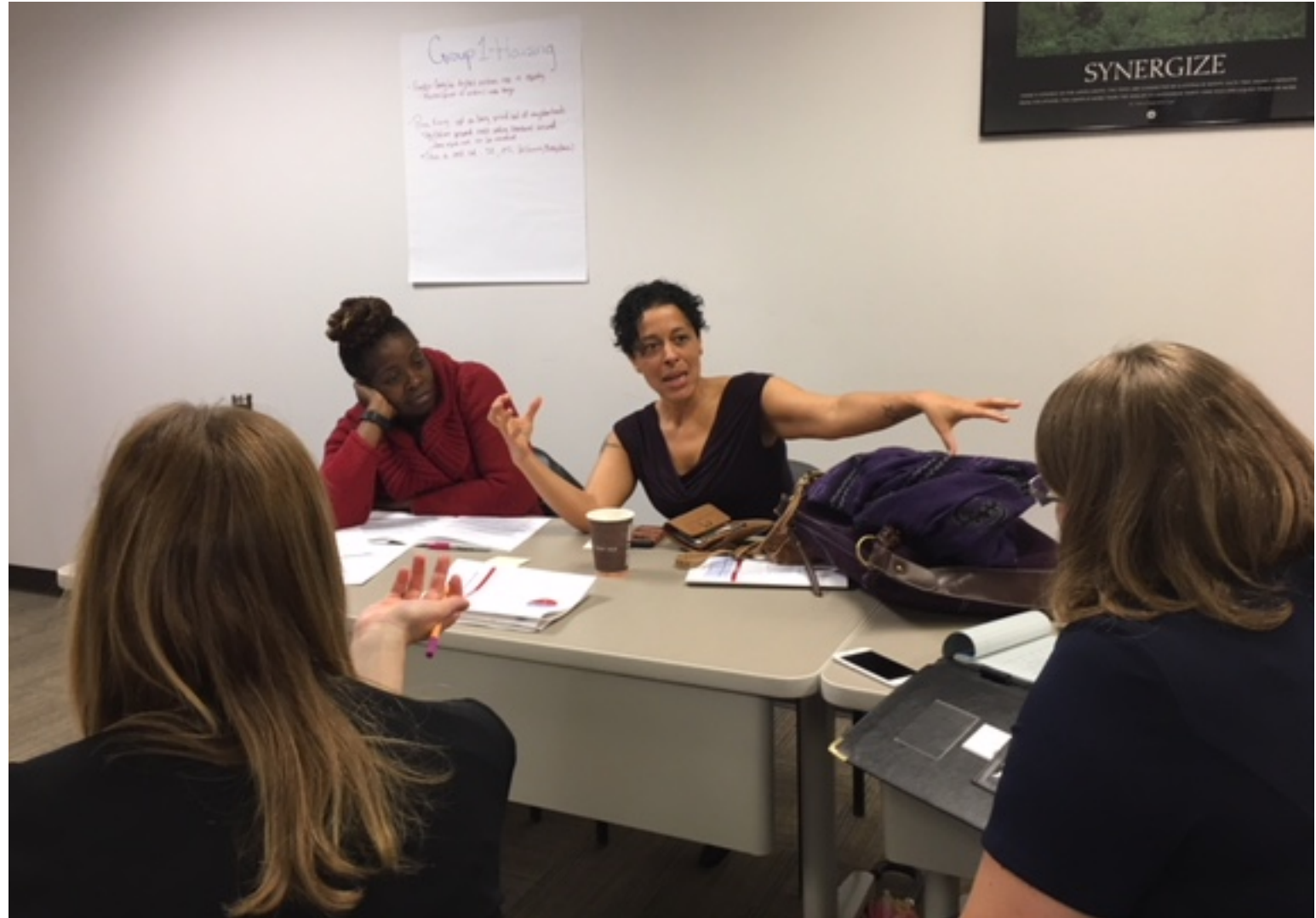
Local education partners

- Local boards of education
- School district leadership (i.e. superintendent, principal)
- College/university leadership (i.e. board of trustees, president, provost)
- Career-technical planning districts
- Ohio Educational Service Center Association
- Local municipalities (counties, cities)
- Legal Aid

Local employment partners

- Workforce development boards
- OhioMeansJobs centers
- Local municipalities (counties, cities)
- Legal Aid

CelebrateOne Policy Committee



Eliminate Preventable Infant Sleep Related Deaths

- Safe Sleep-Behavior Change
- Safe Sleep Parent Support
- Aggressive Crib distribution & education via ambassador program

Reduce the Number of Premature Births

- Home Visiting Improvement and Expansion
- Smoking Cessation Expansion
- Teen Life Plan Dissemination and Training

Connect the Disconnected

- Community Connector (CHW) Sustainability for 2018-2020
 - Pregnancy Support
 - Connectivity to reliable social supports

Social Determinants of Health – Pilots to Scale

- Housing – Healthy Beginning at Home/Care Homes expansion
- Transportation – SMRT City PDSA in Linden
- Education – Linden HS graduation rate; Reproductive health curriculum

Share Useful Data - Broadly

- CelebrateOne quarterly reports and newsletters
- Policy Committee to advocate change

Improvement is possible.

Please type questions in the question box



The screenshot displays a GoToWebinar interface with the following elements:

- Audio Panel:** Includes a telephone icon, radio buttons for "Computer audio" and "Phone call" (selected), connection details (+1 (631) 992-3221, Access Code: 805-944-993), and a "Talking" indicator for Reem Aly and Amy Bush Stevens.
- Questions/Chat Panel:** Contains a message: "Thank you for joining us! The HPIO webinar will begin shortly." A message from Nick Wiselogel (to All - Entire Audience) at 2:01 PM says: "We will beginning the webinar shortly". Below this is a text input field and a "Send" button.
- Webinar Details:** Shows "2017 Health Value Dashboard webinar" with ID 774-626-963 and a recording indicator.
- GoToWebinar Logo:** Located at the bottom of the interface.



Connect with us



Visit

www.hprio.net



Subscribe to

- HPIO mailing list (link on our homepage)
- Ohio Health Policy News (healthpolicynews.org)



Follow us

- Twitter: [@HealthPolicyOH](https://twitter.com/HealthPolicyOH)
- Facebook: facebook.com/healthpolicyOH

Contact

Amy Bush Stevens, MSW, MPH
astevens@hpio.net

Zach Reat, MPA
zreat@hpio.net

Hailey Akah, JD, MA
hakah@hpio.net

Additional content

4. Provide policy recommendations

Evidence-
based
policy or
program



Specific
policy
lever



**Policy
recommendation**

Stakeholder engagement

Steering Committee
(~ 10 participants)

**Social Determinants of Infant Mortality
Advisory Group**
(~100 participants)

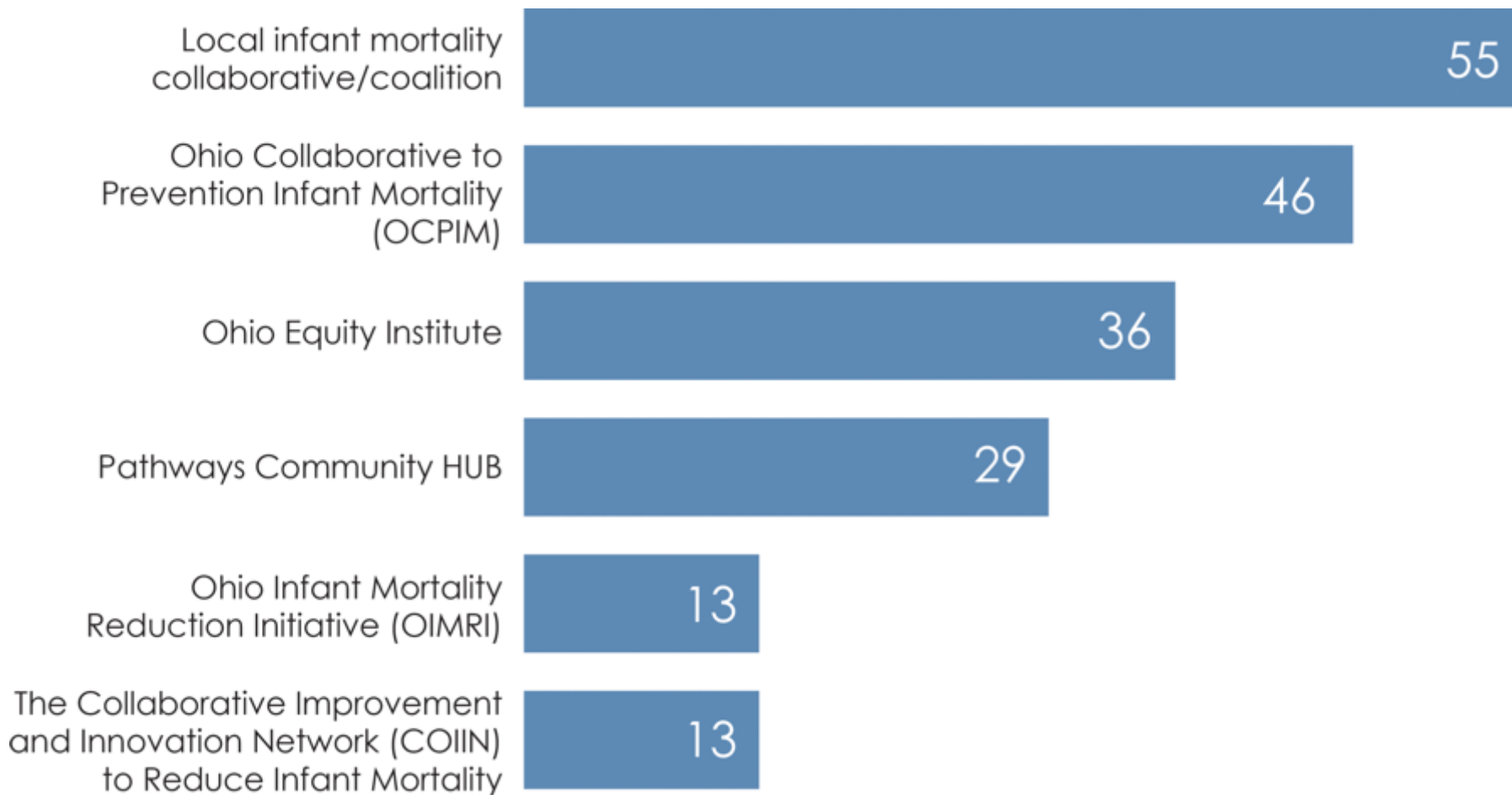
Housing Subcommittee
(~ 12 participants)

Advisory Group Sectors

Advocacy	Local health department	State agency	Health plan/private insurer/managed care
Provider/clinician	Hospital/health system	Research/academic	Grassroots/consumer group
Community/economic development	Housing	Social service provider	Transportation/regional planning
Education/job training	Child care	Employment services/income	Business

Red indicates social determinant of health sector

Advisory Group: Involvement with infant mortality initiatives





Meetings:

- **Advisory Group: 4**
- **Housing Subcommittee: 2**
- **Steering Committee: 3**



Policy recommendations informed by...

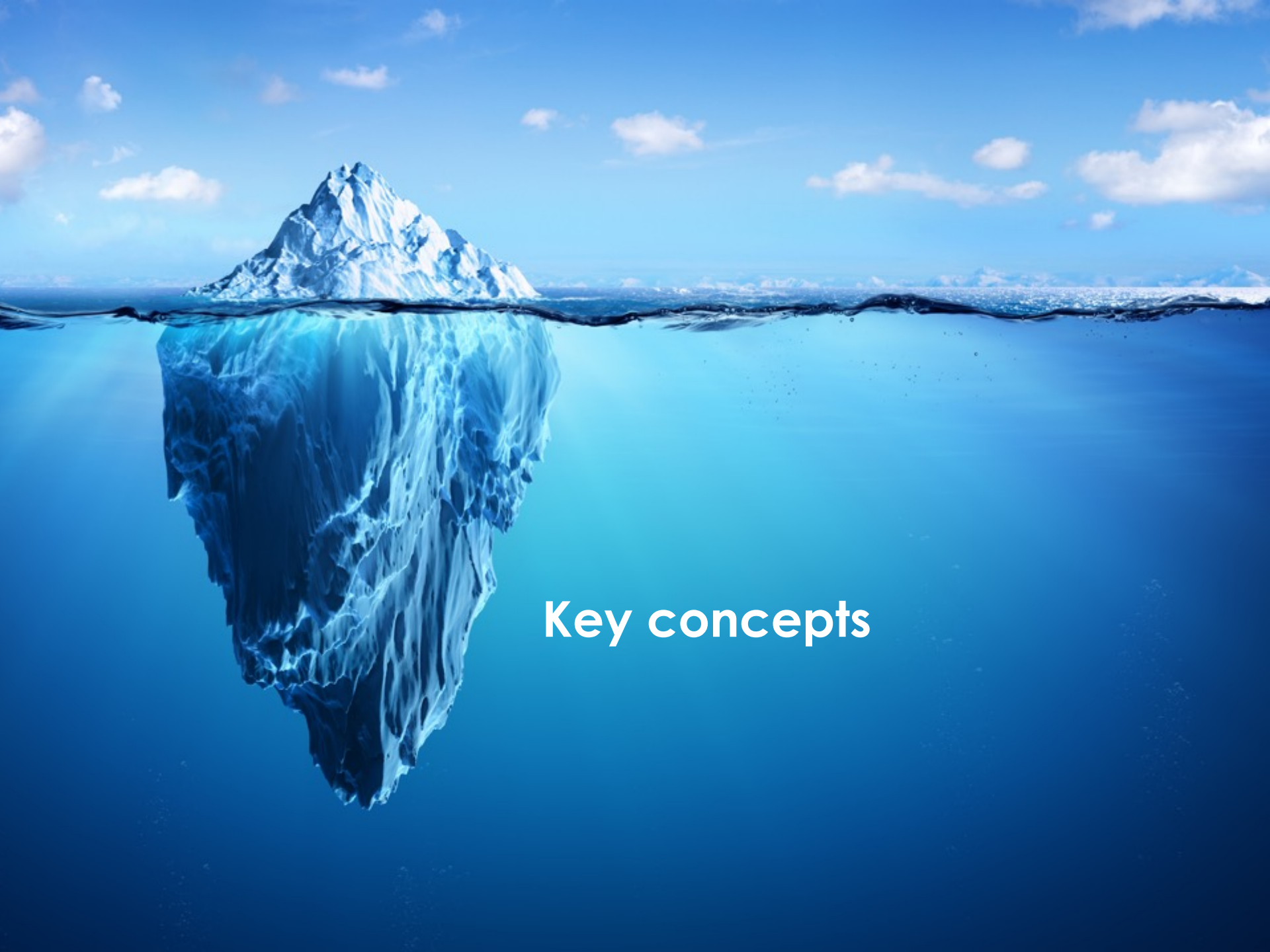
**Inventory of evidence-
based policies and
programs**

(from evidence registries
and systematic review)

Literature reviews

**Most-improved state
analysis**

**Suggestions and priorities
from Advisory Group**

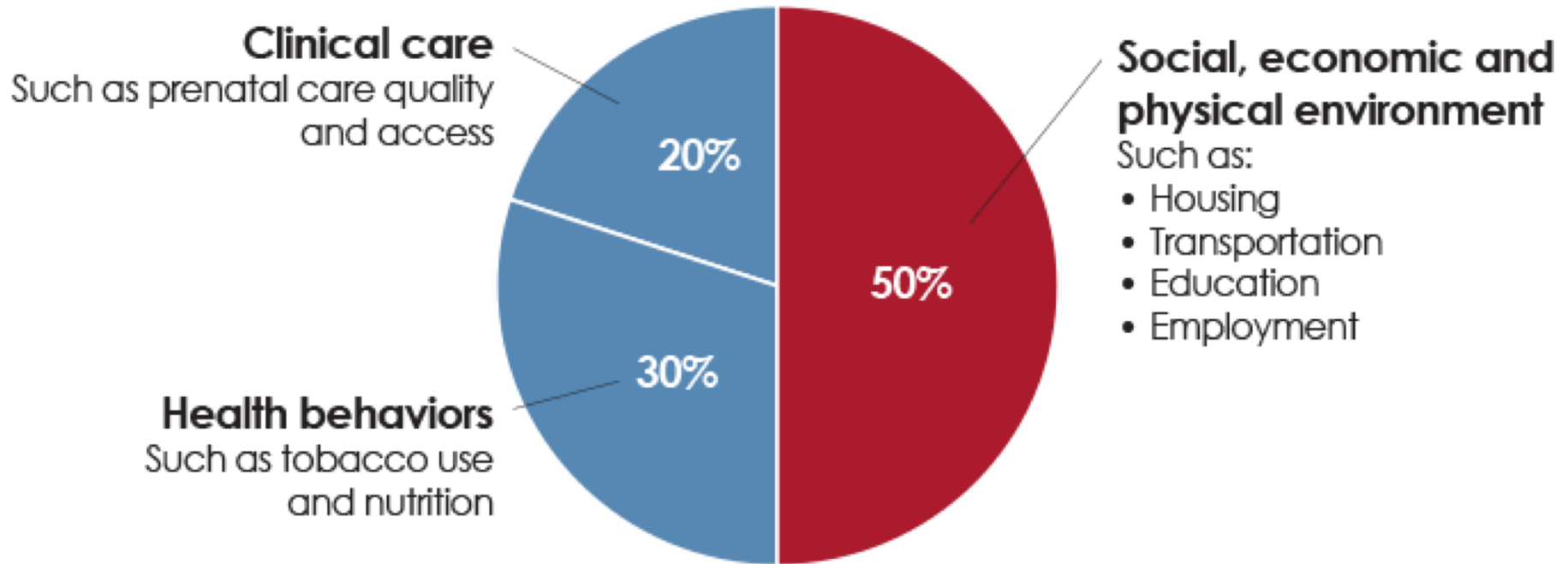


Key concepts

Key concepts

1. Beyond medical care
2. Health equity
3. Life course perspective
4. Social ecological model
5. Policy relevance

Modifiable factors that influence health



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

Source: County Health Rankings and Roadmaps

Health inequities, disparities and equity

Health inequities

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



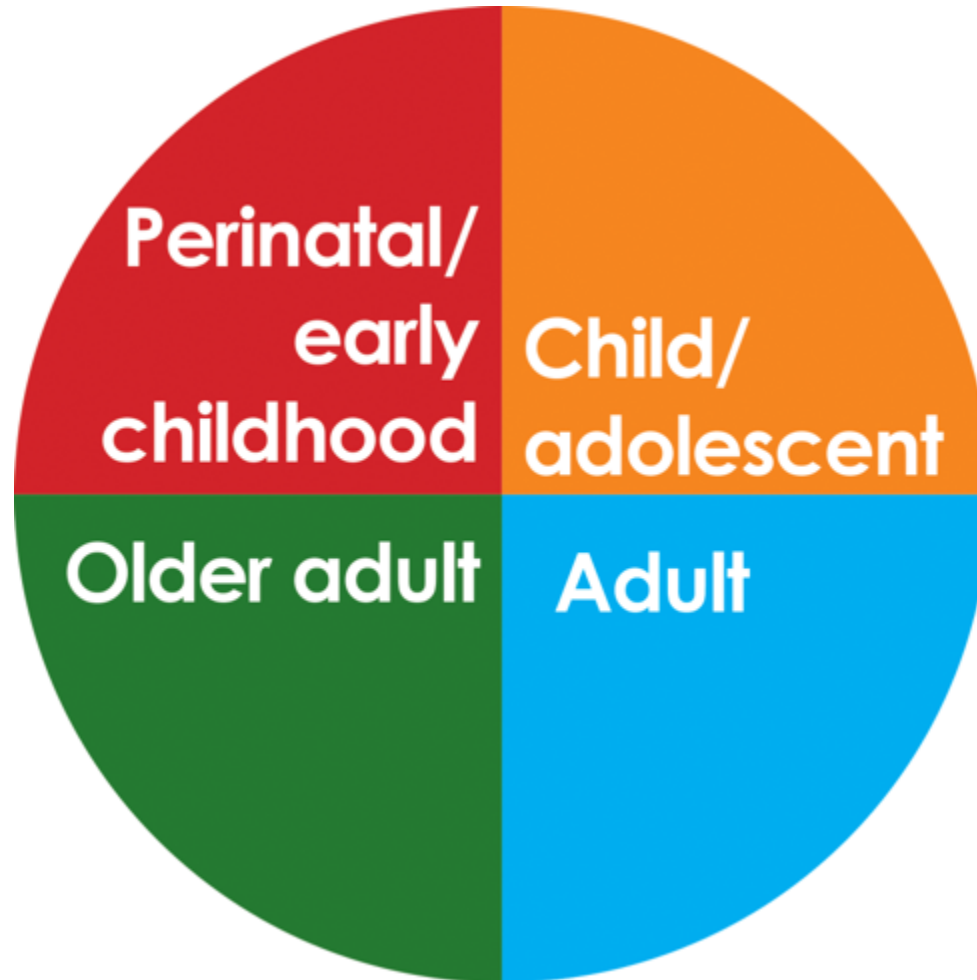
Health disparities

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

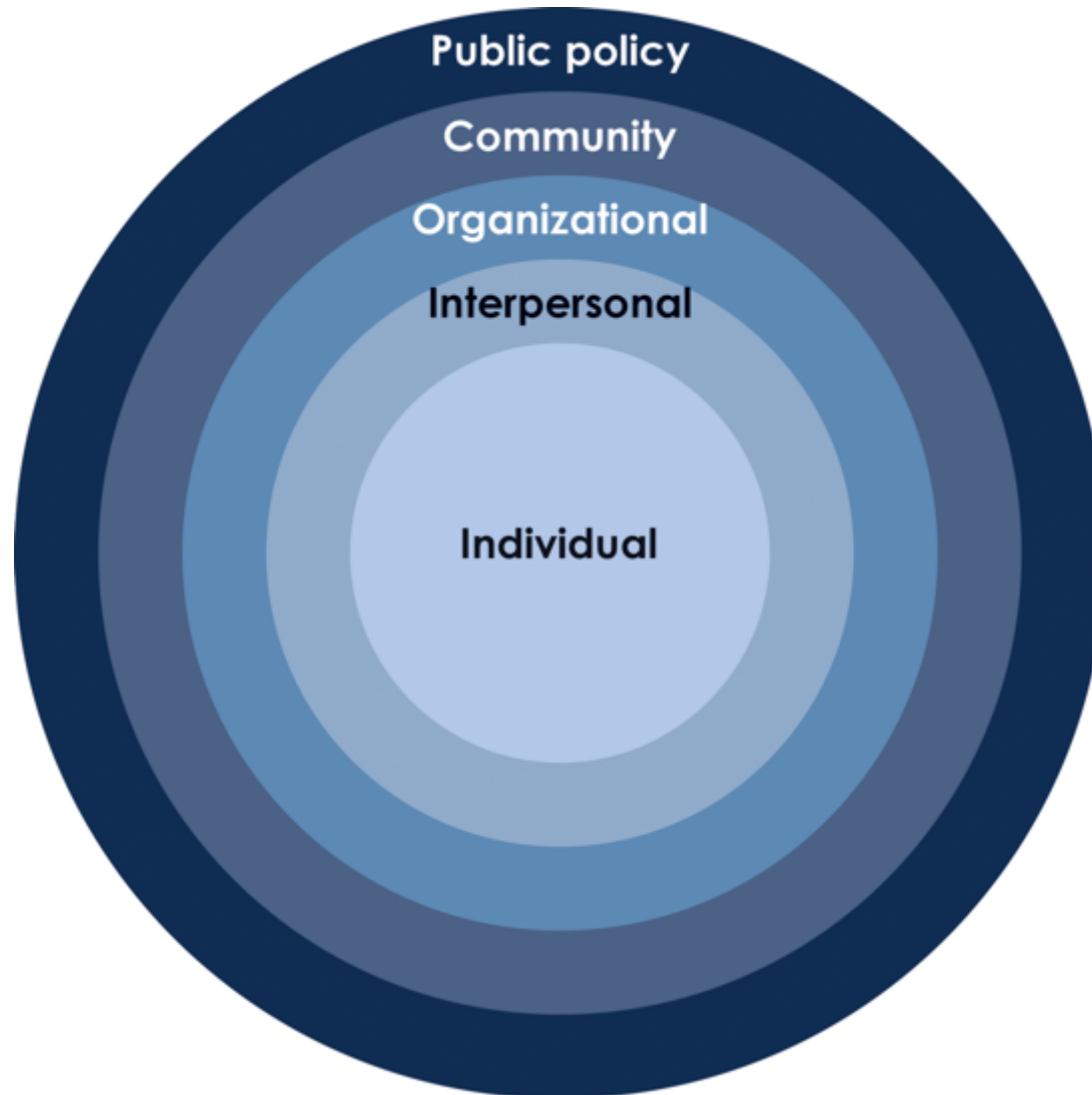
Health equity

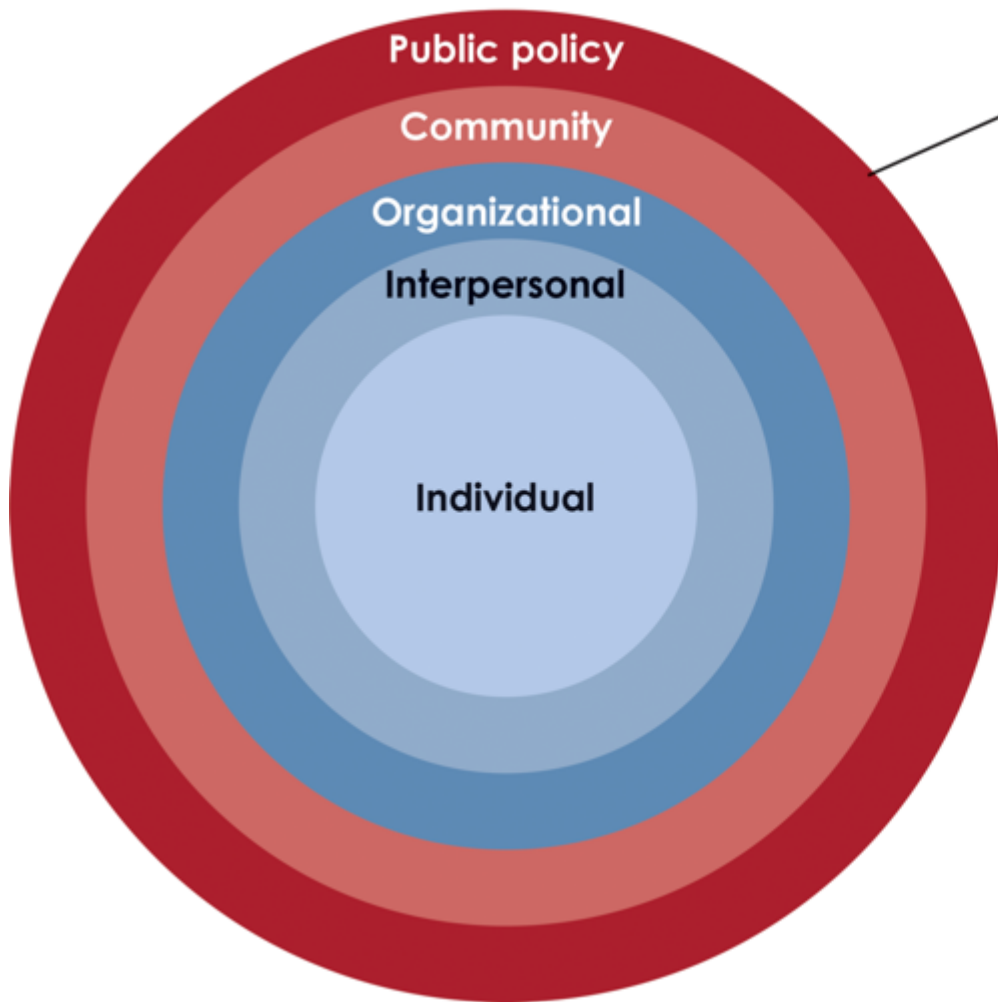
*Working definition from the CDC Health Equity Working Group, October 2007

Life course perspective



Social ecological model





**Focus on state-level
policy**

Relevance to state policymakers

