



Improving community conditions
to reduce infant mortality

A call for action

August 17, 2023



VISION

Ohio is a model of health, well-being and economic vitality

MISSION

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.



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Improving community conditions
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August 17, 2023

Agenda

- **A closer look** at the drivers of infant mortality and recommendations for action
- **Addressing** the social drivers of infant mortality through Medicaid
- **Perspectives from past state legislators:** Decreasing racial disparities and reducing Ohio's infant mortality rate
- **Panel discussion:** Prioritized policy goals for healthier communities
- **Small groups:** Implementing state and local recommendations to reduce infant mortality

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President

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Senior Policy Analyst

Health Policy Institute of Ohio



Social Drivers of Infant Mortality

Recommendations for Action and Accountability in Ohio

Ohio's greatest challenges

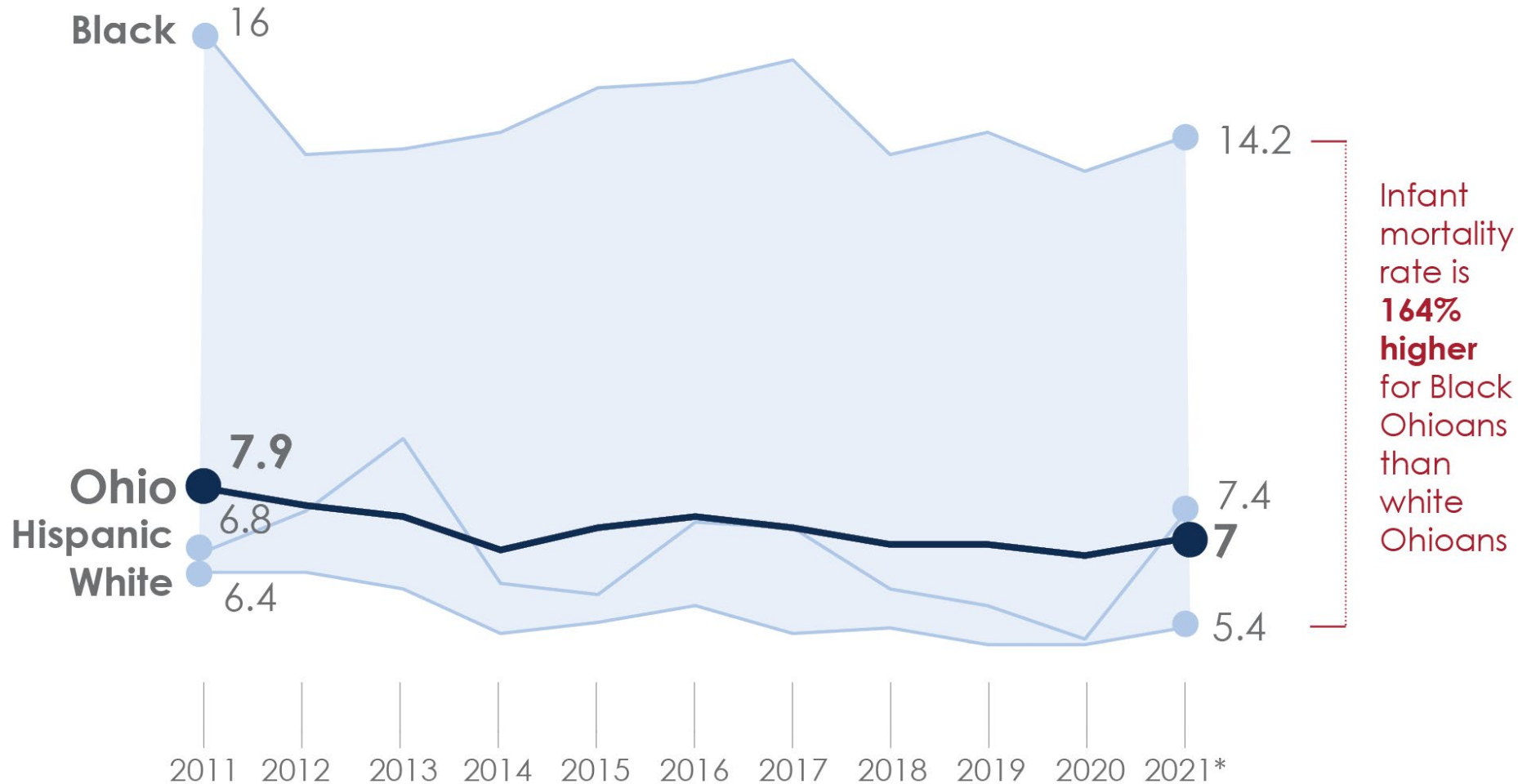
infant mortality



Infant mortality in Ohio

2011-2021*

Number of infant deaths per 1,000 births, by race and ethnicity



*At the time this data was pulled (2.6.2023), the 2021 data year was marked as partial and may be incomplete.
Source: Health Policy Institute of Ohio, "Social Drivers of Infant Mortality: Recommendations for Action and Accountability in Ohio." Data from Ohio Department of Health, Public Health Information Warehouse, Birth Resident and Mortality datasets



Infant mortality

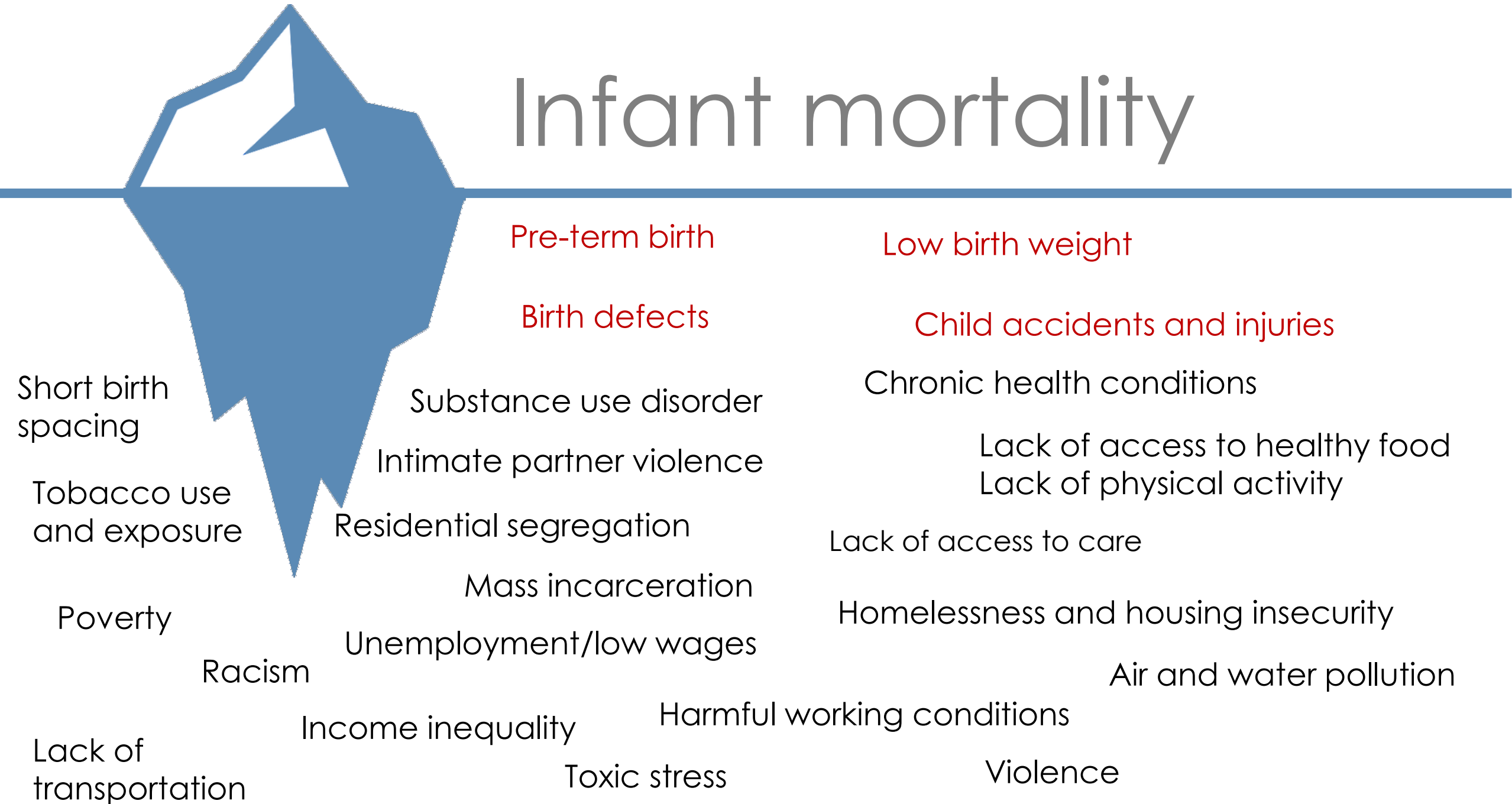
Pre-term birth

Low birth weight

Birth defects

Child accidents and injuries

Infant mortality





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



Social Drivers of Infant Mortality

Recommendations for Action and Accountability in Ohio

Why is action needed?

For many years, policymakers and community leaders across Ohio have worked to reduce high rates of infant mortality. Decisionmakers have explored this issue through multiple advisory committees, collaborative efforts, investments, legislation and other policy changes.¹ For example, the Ohio General Assembly passed Senate Bill 322 in 2017, which adopted recommendations from the Ohio Commission on Infant Mortality's 2016 report and required the creation of the 2017 Social Drivers of Infant Mortality (SDOIM) report: *A New Approach to Reduce Infant Mortality and Achieve Equity*.

3 Key findings for policymakers

- 1. Changes beyond health care are needed to ensure that every baby thrives.** While healthcare innovations are necessary, improvements to broader community conditions are needed to decrease widening gaps and reinvigorate Ohio's stalled progress on infant mortality.
- 2. Leaders across sectors must work together for meaningful changes.** Public and private partners from the health, housing, transportation, education and employment sectors have many opportunities to change policies and invest in effective solutions to eliminate disparities.
- 3. Progress on past recommendations has been mixed.** Policymakers can build upon the bipartisan cooperation, sustained investment and local collaboration that contributed to action on evidence-based recommendations, and more can be done to engage community members and hold leaders accountable for enacting specific changes to support families.

Building on and prioritizing recommendations to reduce infant mortality



A New Approach to Reduce Infant Mortality and Achieve Equity (2017)
Specific recommendations to improve housing, transportation, education and employment. Developed by the Health Policy Institute of Ohio (HPIO) for the Ohio Legislative Service Commission.



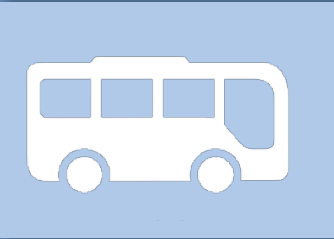
Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force (2022)
General recommendations to improve health care, education, economic stability, neighborhood and built environment and social and community context. Coordinated by the Ohio Department of Health.



This policy brief builds upon these recommendations by prioritizing specific and actionable steps leaders can take to create change in five areas: Housing, transportation, education, employment and racism.



housing



transportation



education



employment



racism

Policy goals and recommendations

Topics



Housing



Transportation



Education



Employment



Eliminating racism

Goals

- Rental assistance
- Structural barriers
- Housing supply

- Medicaid Non-Emergency Medical Transportation
- Public transportation

- Early childhood education and family support programs
- Career-technical and postsecondary

- Work supports
- Leave policies and employment benefits

- Partner
- Implement and fund
- Accountability

Recommendations

10

Recommendations

8

Recommendations

10

Recommendations

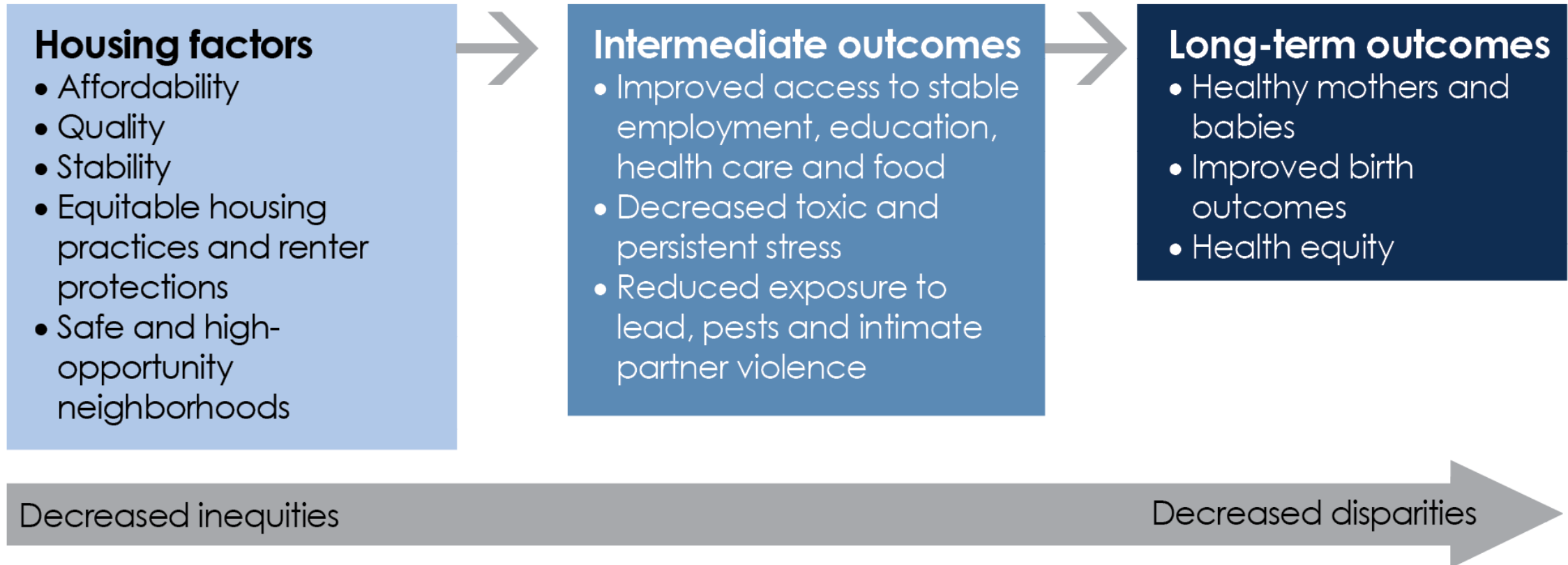
7

Recommendations

9

Recommendations

What is the relationship between **housing** and maternal and child health?





Prioritized policy goals: Housing

Goal 1: Increase availability of rental assistance

Goal 2: Reduce structural barriers to affordable housing

Goal 3: Increase affordable housing supply

What is the relationship between **transportation** and maternal and child health?

Transportation factors

- Public transit access, reliability and frequency
- Pedestrian, bicycle and motor vehicle safety
- Vehicle ownership and driver's license status
- Air quality (vehicle emissions)



Intermediate outcomes

- Improved access to employment, education, health care and food
- Decreased toxic and persistent stress
- Reduced exposure to air pollution and unsafe conditions for drivers and pedestrians



Long-term outcomes

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

Decreased inequities

Decreased disparities



Prioritized policy goals: Transportation

Goal 4: Improve Medicaid Non-Emergency Medical Transportation

Goal 5: Improve and expand local public transportation

What is the relationship between **education** and maternal and child health?





Prioritized policy goals: Education

Goal 6: Strengthen early childhood education and family support programs

Goal 7: Reduce barriers to career-technical education and other postsecondary education programs

What is the relationship between **employment** and maternal and child health?

Employment factors

- Wages
- Working conditions
- Employee benefits, including:
 - Affordable and comprehensive health insurance
 - Paid family leave

Intermediate outcomes

- Increased income and access to health care and healthy food
- Decreased toxic and persistent stress
- Increased breastfeeding

Long-term outcomes

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

Decreased inequities

Decreased disparities

\$ Prioritized policy goals: Employment

Goal 8: Increase access to work supports

Goal 9: Adopt more robust leave policies and employment benefits

What is the relationship between **racism** and maternal and child health?

Discrimination factors

Eliminate racism at all levels:

- Structural (across systems in society)
- Institutional (within institutions and organizations)
- Interpersonal (between individuals)
- Internalized (within individuals)



Intermediate outcomes

- Reduced exposure to trauma, violence and toxic stress
- Reduced poverty
- Increased access to quality education and employment
- Reduced residential segregation
- Increased access to quality health care



Long-term outcomes

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

Decreased inequities

Decreased disparities



Prioritized policy goals: Racism

Goal 10: Authentically partner with Black Ohioans and tailor policies and programs to meet their needs

Goal 11: Implement and fund policies and programs that promote justice and fairness

Goal 12: Increase accountability for eliminating disparities in birth outcomes

Topics



Housing



Transportation



Education



Employment



Eliminating racism

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- Partner
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Action Guides



health policy institute of ohio April 2023

Social drivers of infant mortality HOUSING ACTION GUIDE

Why is action needed?
Safe, stable, and affordable housing is vital for good health. There are several ways that housing affects overall health and well-being, including:

- Chronic overcrowding and/or poorly maintained housing can lead to maternal and infant health problems through exposure to hazards like lead and mold.
- High housing costs can contribute to financial instability, including increased risk of eviction and homelessness, and toxic stress.
- Residential segregation isolates some communities from needed resources, such as healthcare and employment opportunities, and can create conditions for increased chronic illness, trauma and community violence.

Figure 1. Relationship between housing and infant mortality

Source: HPIC's new approach to social drivers of infant mortality and achieve equity. Policy recommendations to improve housing, transportation, education and employment (2023).

health policy institute of ohio April 2023

Social drivers of infant mortality EDUCATION ACTION GUIDE

Why is action needed?
Education is vital for good health. Overall, women with higher educational attainment experience lower rates of infant mortality, although the Black-white disparity persists at all education levels. Education affects overall health and well-being in several ways:

- Lack of a sufficient education makes it more difficult to find employment that offers benefits, including paid leave, and pay enough to support healthy children and basic needs, such as healthy food, medical care, and stable housing in a safe neighborhood.
- Education can increase a person's understanding of how to effectively navigate and engage in the healthcare system and make informed decisions about health.
- Stronger social connections and community involvement are more common among people with higher educational attainment and are typically associated with greater levels of social support and other protective health factors.

Figure 1. Relationship between education and infant mortality

Source: HPIC's new approach to social drivers of infant mortality and achieve equity. Policy recommendations to improve housing, transportation, education and employment (2023).

health policy institute of ohio June 2023

Social drivers of infant mortality TRANSPORTATION ACTION GUIDE

Why is action needed?
Safe, accessible and affordable transportation is vital for health and well-being. Transportation affects health and overall well-being in several ways:

- Transportation impacts access to care, health behaviors and health outcomes through the ability to get to health care, jobs, school, child care, social services, grocery stores, parks, libraries and other destinations.
- Walking, biking and public transit are transportation modes that increase physical activity. More walkable communities with parks and playgrounds promote social connectedness, land use and zoning patterns affect pedestrian safety, motor vehicle crashes and active transportation.
- Vehicle emissions are a major source of air pollution. Air pollution has been linked to several negative health outcomes including asthma, heart disease and lung cancer.

Figure 1. Relationship between transportation and infant mortality

Source: HPIC's new approach to social drivers of infant mortality and achieve equity. Policy recommendations to improve housing, transportation, education and employment (2023).

health policy institute of ohio June 2023

Social drivers of infant mortality EMPLOYMENT ACTION GUIDE

Why is action needed?
Employment that pays a self-sustaining wage and offers health insurance and other benefits can pave the way for good health and positive birth outcomes. Conversely, unemployment during pregnancy is associated with lower birth weight and higher rates of infant mortality. Employment is connected to overall health and well-being in several ways:

- Income generated from employment enables access to healthy food, safe housing, healthcare services and other resources that promote health. Higher income is also associated with better mental health.
- Working conditions, including the physical environment, the type of work performed, the level of stability and control employees have to complete their work, and discrimination in the workplace can cause work-related stress and affect health. Work that is physically strenuous may improve health through increased physical activity but can also put workers at increased risk of illness, injury and/or disability, particularly for people with other medical conditions.
- Workplace policies and employment benefits, including health insurance coverage, paid time off, predictable scheduling and breastfeeding support, can influence the health of employees and their family members.

Figure 1. Relationship between employment and infant mortality

Source: HPIC's new approach to social drivers of infant mortality and achieve equity. Policy recommendations to improve housing, transportation, education and employment (2023).

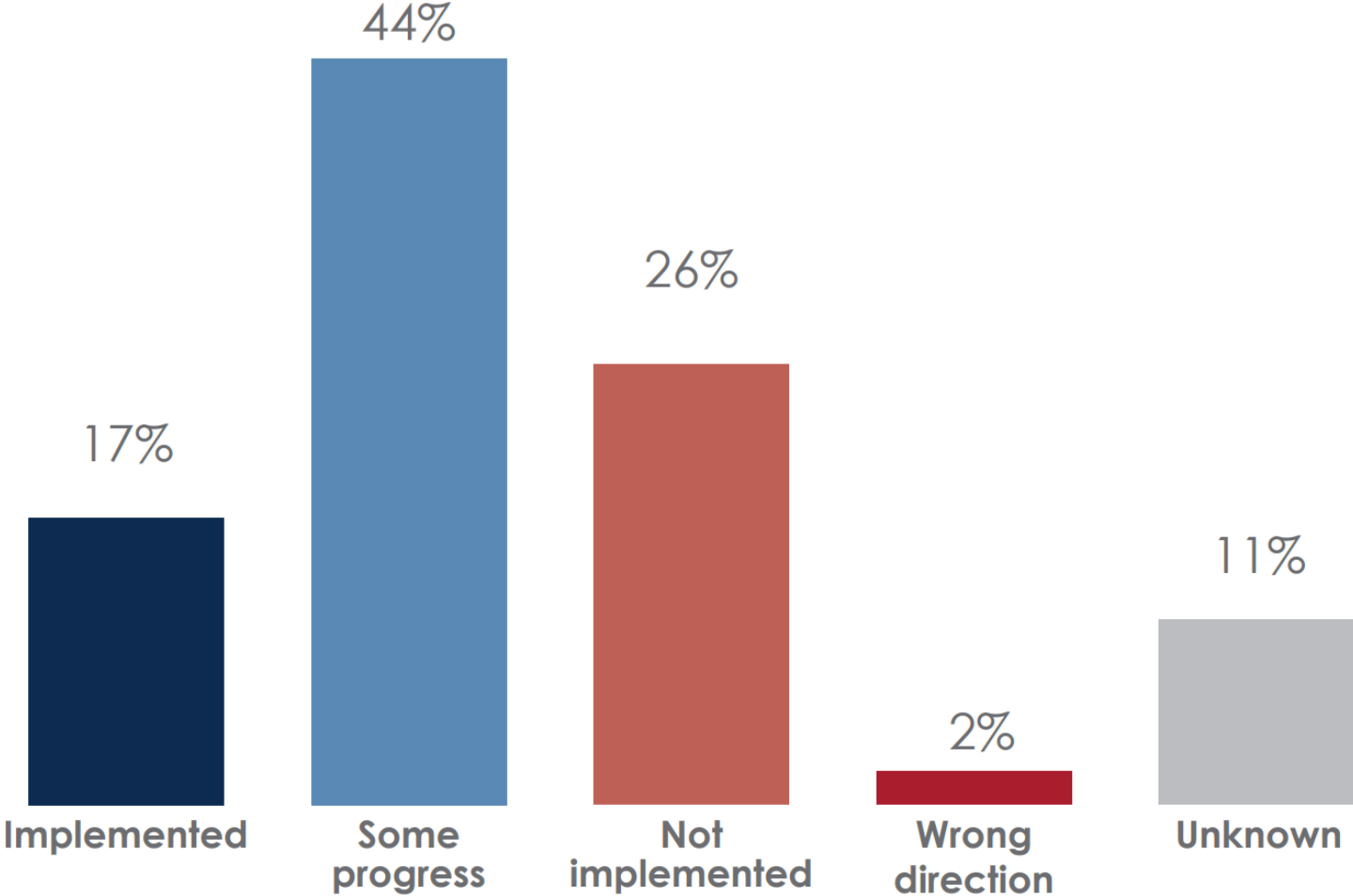
RACISM ACTION GUIDE

Coming soon



Overall implementation status

Percent of all 2017 recommendations implemented



Policy goals and recommendations

Topics



Housing



Transportation



Education



Employment



Eliminating racism

Goals

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- Accountability

Recommendations

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Recommendations

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Recommendations

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Recommendations

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Recommendations

Questions?



Addressing the social drivers of infant mortality through Medicaid

Dr. Mary Applegate

Medical Director

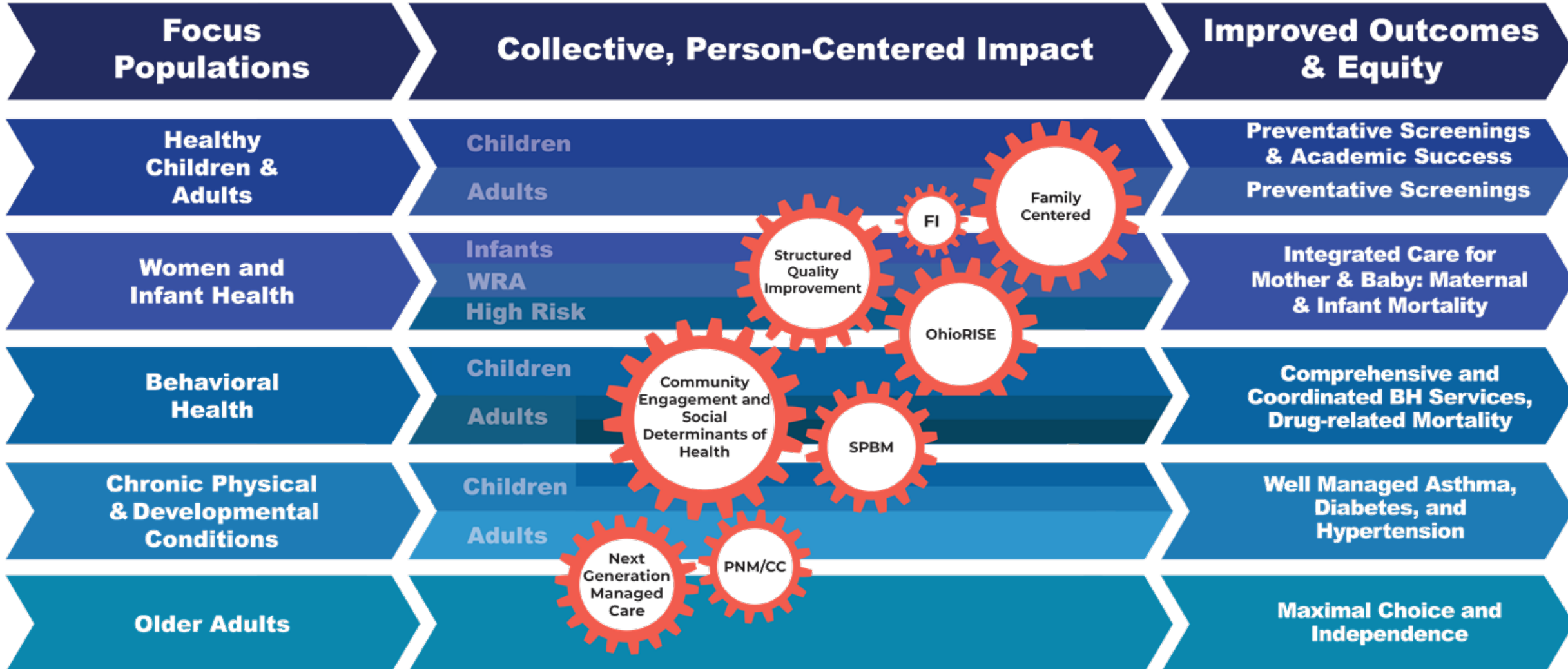
Ohio Department of Medicaid

Addressing Infant Mortality

Mary Applegate, MD, FFAP, FACP
Medical Director
Ohio Department of Medicaid
August 2023

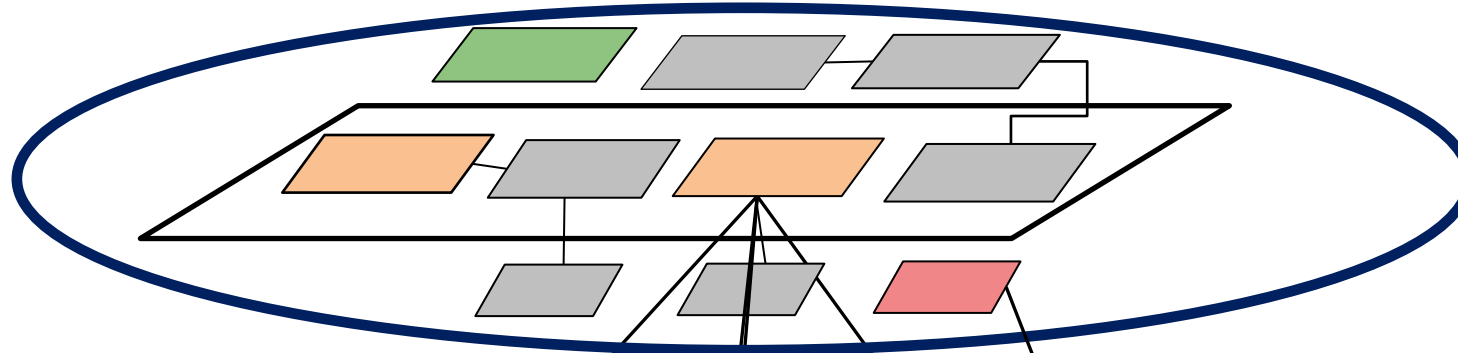


Ohio Medicaid's Population Health and Quality Strategy



Alignment to Improve Population Outcomes: Collective Impact

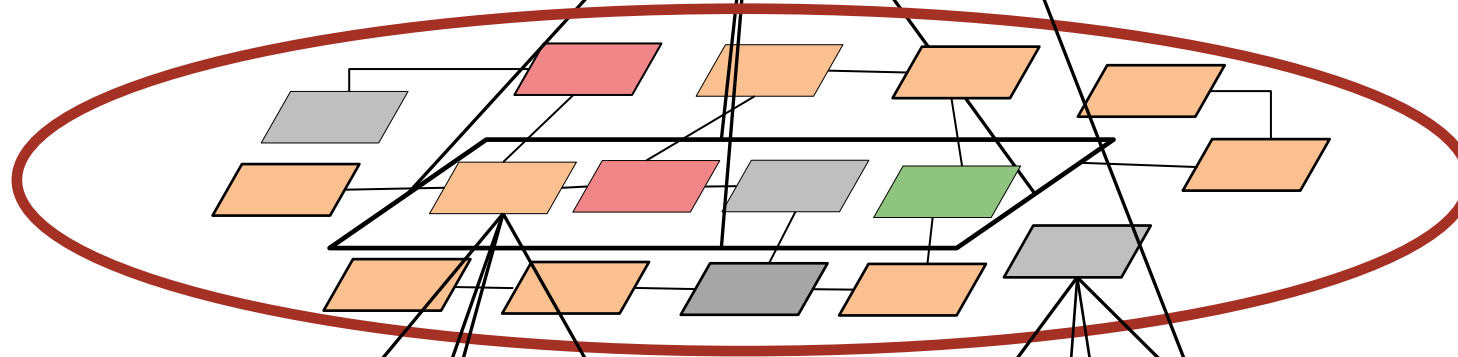
Macrosystem-
State and Federal



Role-
Set priorities;
Direct resources;
Regulation;
Financing



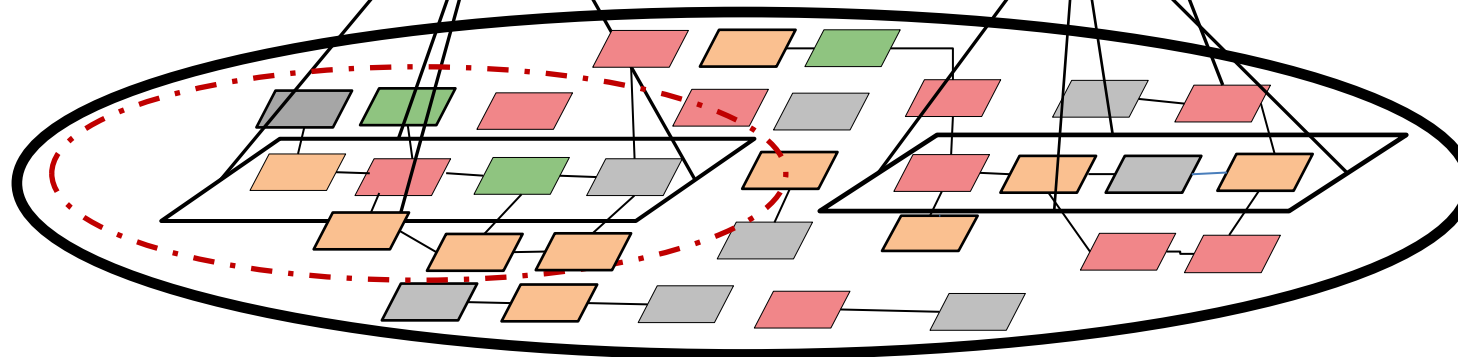
Mesosystem-
Managed Care
Entities, Large
Health Systems



Role-
Manage delivery of
evidence-based care
across systems



Microsystem-
Local (e.g.,
Community &
Providers)



Role-
Give health guidance,
Provide evidence-based
treatment & services,
community Supports

Maternal and Infant Support Program

SFY22-23 Implemented

- PRAF/ROP reimbursement updates (7/1/21)
- Group prenatal care and pregnancy education services (1/1/22)
- Lactation supports, including expanded reimbursement for breastfeeding supplies (1/1/22)
- Nurse home visiting services, based on Nurse Family Partnership model (1/1/22)
- 2 year infant mortality grants to OEI communities (7/1/22)
- Comprehensive Maternal Care program (1/1/23)
- 12 months postpartum eligibility (4/1/23)

SFY24-25 In process

- Updates to nurse home visiting reimbursement and rules
- Additional lactation consulting specialties
- Doula providers and services
- Mom/baby dyad (moms with substance use disorders and infants with neonatal abstinence syndrome)
- Family Connects home visiting
- Housing supports for pregnant women – building on Healthy Beginnings at Home Pilot
- Work toward age 0-3 Medicaid eligibility updates - driven by SFY 24-25 budget amendment

POLL QUESTIONS



Perspectives from past state legislators

Decreasing racial disparities and reducing Ohio's infant mortality rate

Shannon Jones

President and CEO

Groundwork Ohio

Charleta B. Tavares

Chief Executive Officer

PrimaryOne Health



Panel discussion

Prioritized policy goals for healthier communities

Ellen Gaietto

OEI Program Coordinator & Getting to 1 Coalition/CAN Coordinator
Toledo-Lucas County Health Department

Mary Ellen Knaebel

Director, Health Promotion and Education
Hamilton County Public Health

Angela Newman-White

Executive Director, First Year Cleveland
Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve
University

Danielle Tong

Executive Director
CelebrateOne

POLL QUESTIONS



Small group discussions

Taking Action

Implementing state and local recommendations to reduce infant mortality



Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host

POLL QUESTIONS



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