Infant Mortality:

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

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“Infant mortality is a community mirror, reflecting our collective capacity to promote and protect the health and well-being of our very youngest and most vulnerable.”

(from Cit y Li ght s, 9:2, p1)
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.”

Ohio Infant Mortality Data:

**OHIO Total IMR: 1980-2015**

44% IMPROVEMENT!

SOURCE: ODH
Black to White Racial Disparity in Infant Mortality:

1. **Disparity Ratio**: Black infant deaths more than 2x that of Whites

2. **Survival Time-lag**: between black and white infants

3. **Healthy People**: Infant deaths in reference to Healthy People Goals

Source: ODH

Survival Time Lag:
We have to go as far back as 1975 to find a White IMR comparable to our 2015 Black IMR. This suggests a 40-year survival time lag, meaning that unless we change this pattern, Black babies in Ohio have to wait until the year 2055 to experience the same opportunity to survive the first year of life as White babies did in 2015. We think this is unfair, unjust and we know that we can do better.
Erasing the Gap(s):

To ELIMINATE the Disparity:
1. Improve the BIMR at a faster pace than we improve the WIMR
2. Accomplish #1 without compromising the rate of improving the WIMR

What’s new?

Recent Declines in Infant Mortality in the United States, 2005–2011

Abstract:

Recent Declines in Infant Mortality in the United States, 2005-2011

• Following a plateau, from 2000 through 2005, the US IMR declined 12% from 2005-2011.
  • Declines in the neonatal and post neonatal mortality rates were similar
  • From 2005-2011 IMR declined
    • 16% for Black women
    • 12% for White women
    • 9% for Hispanic women
  • IMR declined for 4 of the 5 leading causes of infant death from 2005-2011.
“Healthy People” History:

- 1990-Healthy People
- 2000-Healthy People
- 2010-Healthy People
- 2020-Healthy People


Source: ODH

- \( \text{Overall IMR Goal of 9} \)
- \( \text{Black IMR Goal of 12} \)
Ohio achieved/exceeded the HP-Overall IMR Goal of “9” for White babies in 1987, 3 years in advance of the goal date.


Source: ODH

- \( \text{Overall IMR Goal of 7} \)
- \( \text{Black IMR Goal of 11} \)
Ohio achieved/exceeded the HP-Overall IMR Goal of “7” for White babies in 1996, 4 years in advance of the goal date.
**Healthy People 2010:**

- **2 Overarching Goals**
  - Increase the quality and years of healthy life
  - Eliminate health disparities
- **Only one IMR Goal (4.5) for the entire population**
- **28 Focus Areas**
  - Maternal Child Health
- **467 specific objectives**
  - Infant Mortality: goal of 4.5 deaths/1,000 live births
  - For the first time… one goal for all races

**Ohio White & Black IMR: 1980-2015**

- HP 2010 Goal IMR Goal of 4.5
- Ohio, like most States, did not achieve the HP 2010 Goal

**Healthy People 2020**

- A society in which all people live long, healthy lives

**Overarching Goals**

- Almost healthy. Long lives free of preventable diseases, disability, injury, and premature death
- More with control, utilize prevention, and improve the health of all groups
- Overcome inequities and ensure everyone in every community has good health for all
- Promote policy of healthy development, healthy behaviors across all ages


So, Ohio has achieved HP IMR goals for White babies in advance of the goal dates for 3 of the 4 Healthy People periods.


But…Ohio has NEVER accomplished any HP IMR Goal for Black babies

“State” Matters...
### 2011-2013 USA Infant Mortality Rates, by State and by Race, from Worse to Best:

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<th>Hispanic</th>
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*Best Rates in Green*

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### Does Your Zip Code Matter More Than Your Genetic Code?

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Place Matters…

Housing and Infant Mortality:

“The social determinants approach holds promise for reducing persistent health disparities, defined as health differences that are closely linked with social, economic, and environmental disadvantage… [In Healthy People 2020]. Addressing the broader social determinants of health held the promise of complementing the traditional efforts of the health care and public health sectors with new cross-cutting efforts involving many diverse sectors of society… The broader social determinants approach also reinvigorates efforts to tackle complex health disparities in a way that engages people in all sectors and communities to become advocates for change.”

From Koh et al., 2011 based on Braveman et al., 2011; Braveman, Kumanyika, et al., 2010; Koh et al., 2010; Koh 2010; and Kumanyika & Morris, 2006.

Why a SDOH approach?
Infant Mortality Reduction is not a sprint, it is a “Relay-Marathon” … and it takes the entire Village

Stable Housing, especially for poor people.

In a 3/2017 periodical of the Coalition on Homelessness and Housing in Ohio (COHHIO), they stated:

“State law makers are currently working on SB 332, a much needed response to Ohio’s shameful high
IMR. COHHIO welcomed legislation’s recognition that housing insecurity contributes to
both IMRs – something advocates have long known, as evidenced in this WPA poster from the 1930s.”

COHHIO successfully advocated for
an amendment to authorize
Ohio Housing Finance Association
a 3-year pilot rental assistance program to low income
pregnant women and new mothers.
Senate Bill 332
In March 2016, the Ohio Commission on Infant Mortality issued a report to the Governor and leaders of the General Assembly. The report included several specific recommendations for state agencies and the legislature designed to reduce infant mortality, and acknowledged the critical importance of reducing racial disparities and addressing contributing factors inside and outside the healthcare system.

Most of the recommendations from the Commission’s report were enacted in 2017 through Senate Bill 332 (SB 332), co-sponsored by Senators Shannon Jones and Charleta B. Tavares. SB 332 required the Legislative Service Commission (LSC) to contract with a nonprofit organization to convene a stakeholder group and issue a report regarding the social drivers of infant mortality.

Priority populations
As described in part two of this HPIO report, infant mortality rates vary widely by race, ethnicity, education level, geography and other factors. In order to target resources to the areas of greatest need, this study focuses on babies born to the following groups of Ohioans most at risk for infant mortality and related risk factors:

- African American/black Ohioans
- People with low levels of educational attainment
- People with low income
- Residents of infant mortality hot spot communities

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.

Summary: How do social determinants contribute to infant mortality and disparities?
Infant mortality is the result of complex interactions between biological, behavioral, social, political and environmental factors. In some cases, research has identified direct causal links between social determinants of health and infant mortality. In other cases, the relationships are indirect or not well understood.

Infant mortality reduction requires a comprehensive approach that touches on many different public policy challenges. The research summarized above suggests that in order to make meaningful progress in reducing infant mortality and disparities, strategies should:

- Reach priority populations across the life course, with a focus on early childhood and “two generation” approaches that promote optimal health for children and their parents
- Prevent trauma and violence, build stress reduction and coping skills among vulnerable families and include trauma-informed services
- Specifically address the underlying causes of inequities, including poverty and racism

As specified in SB 332, this study focuses on four specific aspects of this complex picture: housing, transportation, education and employment.
Research has shown that “a woman who experiences housing instability or a shelter stay during her pregnancy, increases her risk of having a premature birth by 200%.”

Prematurity is the leading cause of infant deaths before age 1.

In 2016, our shelters saw over 160 pregnant women. In 2017 that number was nearly 300.

There is no more important time to ensure that someone has stable housing than when there is a baby on the way or in the first year of life. How do you get off to a good start when you, literally, don’t know where you are starting from?”

Mayor Andrew Ginther, 7/17/2018

Thank you
Ohio IMR: 1990-2013 by Race, 5-year aggregates (excluding Blacks)

Source: ODH

Ohio IMR: 1990-2013 by Race, 5-year aggregates

Source: ODH
Healthy People 2020 goal for Infant Mortality: 6/1000

**USA & Ohio IMR, 2000-2010:**

- Ohio's Overall IMR got 3% worse while USA Overall IMR improved by 11%.
- Gap in disparity between Ohio and the Nation increased.

**Trends in Overall Infant Mortality Rates among the 20 states with the highest rates in 2000 and the US, 2000-2011**

**Trends in Black Mortality Rates among 19 states with the highest estimates in 2000, and the US, 2000-2011**

Data Source: NCHS
For the past 26 years...

- In different neighborhoods
- Different demographics
- Different Races: Ghettoes, Barrios, Reservations
- Despite inadequate funding
- No matter how high risk the population
- No matter how under-resourced the community

HS has REPEATEDLY produced IMRs better than the national average...