



Infant Mortality Reduction 2021 State Operating Budget Requests *March 2021*

More infants in Ohio can survive to celebrate their first birthday by increasing several key services, including but not limited to, home visitation, group pre-natal care (Centering Pregnancy), smoking cessation, and safe and leadfree housing, in addition to increasing the understanding of how race and structural racism impacts a community's infant mortality rate. Central to increasing maternal and infant vitality is awareness of and commitment to the elimination of racial inequities, especially for Black babies, who are still nearly 3 times more likely to die than white infants. In addition to specific anti-racism recommendations below, our collective commitment to the elimination of inequities is an overarching priority and inherent in all budget and policy recommendations.

Each of these proven approaches is a part of the suggested budget requests below.

- 1. Continue supporting Ohio's Infant Mortality Collaboratives throughout the state at existing funding levels.** Ohio continues to struggle with high infant mortality rates, and existing funding streams support the work of a variety of partners, including Federally Qualified Health Centers and community health and birth workers who support pregnant people before, during, and after pregnancy. Without continued funding supports like group prenatal care, infant loss support groups, and preventative health and wellness services may face closure.
- 2. Expand efforts to eliminate inequities especially through required antiracism training, health care provider evaluation and accountability measures, and implicit bias and cultural sensitivity training for individuals working in health care.** Health disparities adversely affect people of color and continue to plague our health care systems. There are a multitude of methods the state can strengthen to reduce disparities, including encouraging more people of color to enter medical professional careers and training all health care workers to be aware of their implicit biases. Increasing the number of professionals that are people of color, especially Black women, is critical to increasing positive health outcomes among Black and brown pregnant people and babies. One [study](#) found that when Black newborns are cared for by Black physicians, infant mortality disparities between white and Black babies are cut in half. By requiring anti-racism and implicit bias training, and promoting and incentivizing career pathways in health care for people of color, the state could significantly improve health outcomes.
- 3. Ensure every pregnant person has the equipment and technology needed to safely access health care services.** While the long-term effect of the COVID-19 pandemic on pregnant people and infants is still unknown, there is increasing evidence that access to medical care through virtual visits (phone or video) has been beneficial for moms and babies. However, the lack of reliable and accessible internet in both hardware and connectivity has left some areas of the state far behind their peers. Testimonies from Ohio-

based service providers show that many pregnant people are relying on cell phones and cell data for virtual health visits, which is less reliable than a high-speed internet connection. The state should make ensuring access to reliable and high-speed connectivity a high priority and continue to align Medicaid rules and policies to allow for ongoing virtual health services.

Infant Mortality in Ohio

Unfortunately, according to the Ohio Department of Health annual report released in 2019, preterm birth remains the leading cause of infant death in Ohio, highlighting the need for continued investment aimed at saving our youngest, most vulnerable Ohioans.

Early births (before 37-weeks' gestation) are more common among Black women. While the statewide data remains deeply concerning, local interventions are beginning to show positive shifts. For example, in Cuyahoga County, there were 157 fewer Black babies born preterm last year compared to 2019.

According to the Ohio Department of Health, Ohio's overall infant mortality rate remained consistent from 2018 to 2019, at 6.9 deaths per 1,000 live births. While the statewide infant mortality rate looks the same on the surface, a deeper analysis shows that in 2019 the number of white infants who died in their first year of life was the lowest it has been in a decade. And although during the past five years there has been a reduction of infant mortality among Black babies in Cleveland (and among other collaboratives mentioned in this document), Black babies are three times more likely to die than white babies. Ohio still has work to do, but infant mortality collaboratives throughout the state are demonstrating that evidence-based approaches and concentrated investment that have started to save lives and close the racial gap. It is our hope that the hard work and data-proven results from organizations across Ohio will ultimately lead to increased attention and continued funding at the state level.

In 2019, the number of white infants who died was the lowest it had been in 10 years, at 518 deaths. Still, 356 Black babies died in 2019—an increase from 2018. Although the infant mortality rate statewide is 6.9 deaths, the rate among Black babies remains 14.3 deaths per 1,000 live births. The rate has increased from 13.9 in 2018. Despite progress from even higher rates in 2015, 2016, and 2017, Black infants are still nearly 3 times more likely to die than white infants. The national infant mortality rate in 2018 was 5.7 deaths per 1,000 live births, ranking Ohio in the bottom ten states.

First Year Cleveland (2015-2020)

- 30.64 % decrease in the infant mortality rate (10.51 to 7.29 per 1,000 live births)
- 41% decrease in premature infant deaths
- 28% decrease in premature births
- 157 fewer Cuyahoga County Black babies born preterm in 2020 compared to 2019
- 78 fewer Black babies born at less than 32 weeks' gestation in 2020 compared to 2019
- 24.99% decrease in the Black infant mortality rates (currently 13.84 per 1,000 live births)

Cradle Cincinnati (2013-2020)

- 15% decrease point reduction of the infant mortality rate (10.24 to 8.98 per 1,000 live births)
- 23% decrease point reduction of the infant mortality rate among African American babies
- After implementing our *Start Strong* initiative in Avondale (a predominantly African American, high poverty neighborhood in Cincinnati) there were zero extreme pre-term births in the neighborhood; before the program there had been 19 extreme preterm births between 2009 – 2014
- 18% decrease in preterm birth in Hamilton County since Cradle's inception
- 50% decrease in preterm births among African American babies
- 25% decrease in sleep-related deaths
- 19% fewer smokers in the County since Cradle began its smoking cessation initiatives
- Next five-year strategic plan includes deep implicit bias training for providers and staff

Akron (2016-2018)

- 9% decrease point reduction of the infant mortality rate (7.55 to 6.90 per 1,000 live births)
- 30% decrease point reduction of the infant mortality rate (18.71 to 13.07 per 1,000 live births) of the Black infant mortality rate
- 14.5% decrease in preterm births
- 24.4% decrease in black preterm births
- 14.7% decrease in white preterm births
- 18.7% decrease in smoking during 2nd and/or 3rd trimester

Columbus (2011-2018)

- 23% decrease point reduction of the infant mortality rate (9.6 to 7.5 deaths per 1,000 live births)
- 35% decrease point reduction of the infant mortality rate among non-Hispanic Whites (7.5 to 4.9 deaths per 1,000 live births)
- 28% decrease point reduction of infant mortality rate among non-Hispanic Blacks (17.1 to 12.3 deaths per 1,000 live births)
- 5% decrease in the number of premature births
- 6% decrease in the percent of births that are premature
- 15% decrease in the number of very premature births
- 16% decrease in the percent of births that are very premature

Butler County (2014-2019)

- 23.9% decrease point reduction of the infant mortality rate (8.8 deaths per 1,000 to 6.7 per 1,000)
- 32.6% increase point reduction of the infant mortality rate among non-Hispanic Whites (8.9 to 6.0 deaths per 1,000 live births)
- 46.4% decrease point reduction of infant mortality rate among non-Hispanic Blacks (22.2 to 11.9 deaths per 1,000 live births) from 2015-2019
- 60% decrease point reduction of infant mortality rate among Hispanics (11.5 to 4.6 deaths per 1,000 live births)
- 7.5% decrease in the number of premature births (454 to 420 preterm births)
- .3% increase in the percent of births that are premature
- .3% increase in preterm birth rates among white babies
- .9% decrease in preterm birth rates among Black babies
- 1% increase in preterm birth rates among Hispanic babies