OUR MISSION

MARCH OF DIMES LEADS THE FIGHT FOR THE HEALTH OF ALL MOMS AND BABIES.
A BOLD VISION FOR MOMS AND BABIES

HEALTHY MOMS.
End Preventable Maternal Morbidity and Mortality

STRONG BABIES.
End Preventable Prematurity and Infant Mortality

End the Health Equity Gap

MARCH OF DIMES
Preterm is less than 37 weeks gestation based on obstetric estimate. Source: National Center for Health Statistics, 2018 final natality data.
The preterm birth rate increased in 2018, for the fourth year in a row.

30 states have worse rates

7 “F” grades in 2019 Report Cards, up from 4 in 2018 Report Cards
2019 MARCH OF DIMES REPORT CARD

Ohio Maternal and Infant Health: Context and Actions

SELECTED SOCIAL DETERMINANTS OF HEALTH

Ohio's maternal and infant health outcomes are negatively impacted by several social determinants, including:

- Economic Security
- Education
- Employment
- Health Coverage
- Social Support

Average Cost of a Preterm Birth

A preterm birth can cost up to $50,000 per baby, with the majority of these costs associated with initial hospitalization and subsequent medical follow-up. These costs can be a significant burden on families, particularly for those with limited financial resources.

$21.96 Million

Maternal and Child Health Block Grant

This grant provides essential funding for a range of maternal and child health services, including prenatal care, child health, maternal health, and breastfeeding support. It aims to improve health outcomes for mothers and their children across the United States.

$26 Thousand

Adopted

Medicaid Expansion

This policy expansion provides health coverage to an estimated 2.5 million adults in Ohio who were previously uninsured. It not only improves access to care but also reduces the financial burden of healthcare costs for these individuals.

Other Recommended State Actions

- Comprehensive Medicaid Coverage
- Maternal Mortality Review Committees
- Prevention and Early Intervention Programs

Ohio Preterm Birth Rates by Counties and City

Preterm Birth Rate

Counties:
- Parke: 12.9%
- Westmoreland: 10.3%
- Whitley: 9.5%
- Webster: 9.1%
- Fayette: 8.7%
- Lawrence: 7.6%
- Hardin: 5.0%
- Licking: 5.2%
- Pike: 5.0%
- Perry: 4.9%
- Portage: 4.6%
- Richland: 4.5%
- Ross: 4.5%

City:
- Columbus: 10.0%

Ohio Preterm Birth Rate: 10.3%

Grade for national preterm birth rate

Grade C (10.0)

Note: Data for preterm birth rates are from the CDC's National Vital Statistics System and represent births to women age 15-44 years. Rates are age-adjusted to the 2000 US Census population.

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### Preterm Birth Rates by Counties and City

**County** | **Grade** | **Preterm Birth Rate** | **Change from Last Year**
--- | --- | --- | ---
Cuyahoga | F | 12.2% | Worsened
Franklin | D+ | 10.5% | Improved
Hamilton | D | 11.1% | Worsened
Lucas | F | 11.6% | Worsened
Montgomery | F | 11.7% | Worsened
Summit | B- | 9.2% | Improved

**City** | **Grade** | **Preterm Birth Rate** | **Change from Last Year**
--- | --- | --- | ---
Columbus | D | 10.9% | Improved

**Grade and Range**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range 1</th>
<th>Range 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>7.8 - 8.1</td>
<td></td>
</tr>
<tr>
<td>B+</td>
<td>8.2 - 8.5</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>8.6 - 8.9</td>
<td>9.0 - 9.2</td>
</tr>
<tr>
<td>B-</td>
<td>9.3 - 9.6</td>
<td>9.7 - 10.0</td>
</tr>
<tr>
<td>C+</td>
<td>10.1 - 10.3</td>
<td>10.4 - 10.7</td>
</tr>
<tr>
<td>C</td>
<td>10.6 - 11.1</td>
<td>11.2 - 11.4</td>
</tr>
<tr>
<td>D</td>
<td>11.5 or greater</td>
<td></td>
</tr>
</tbody>
</table>
Preterm is less than 37 weeks of pregnancy.

March of Dimes
2020 Goal: 8.1 percent

For 2018, U.S. March of Dimes reported 10 cities with the greatest number of live births in 2017. Preterm birth rates (gestational age <37 weeks) are calculated by comparing the live birth rate in each city in the March of Dimes goal of 8.1 percent.
The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

Disparity ratio

1.33

Change from baseline

No Improvement

Preterm is less than 37 weeks gestation based on obstetric estimate.

Race categories include only women of non-Hispanic ethnicity.

Source: National Center for Health Statistics, final natality data 2015-2017

MARCHOFDIMES.ORG/REPORTCARD
The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It’s based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

Gestational age is based on obstetric estimate.
Race categories include only women of non-Hispanic ethnicity.
Source: National Center for Health Statistics, 2015-2017 natality data
2019 MARCH OF DIMES REPORT CARD
MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

SELECTED SOCIAL DETERMINANTS OF HEALTH

Our unequal society has negative consequences for health. Factors such as these are linked to adverse maternal and infant health outcomes overall. Many other structural factors and inequities influence the health of mothers and babies, especially for Black, American Indian and Alaska Native women. For example, income, health insurance status and prenatal care access are traditionally considered protective factors, but if they are held constant, racial and ethnic disparities persist. March of Dimes is collaborating with others to confront social and structural determinants of health, while identifying solutions that help alleviate the negative impacts of such inequities.

Uninsured among women (15-44)*

Inadequate Prenatal Care

Poverty among women (15-44)


*MARCHOFDIMES.ORG/REPORTCARD
## AVERAGE COST OF A PRETERM BIRTH

The estimated societal cost per preterm birth includes medical care for premature children, maternal delivery costs, early intervention services, special education services and lost productivity. State estimates reflect 2016 adjustments to underlying national estimates developed in 2005 (see technical notes for additional details). Adjustments per state include birth and infant mortality rate and incidence by gestational age, service bundle composition and costs and cost inflation.

### $62 THOUSAND

## MATERNAL AND CHILD HEALTH BLOCK GRANT

The Maternal and Child Health (MCH) Block Grant is one source of federal support for states to improve the health of moms and children. States have some flexibility in allocating funds, which can be used to increase access to quality health care for pregnant women. State MCH block grant amounts provide an example of the limited amount of available funds in comparison to the costs of prematurity and other complications.

### $21.96 MILLION

## MEDICAID EXPANSION

Medicaid expansion to cover individuals up to 138% of the federal poverty level can play an essential role in improving maternal and infant health. A growing number of studies indicate that Medicaid expansion has reduced the rate of women of childbearing age who are uninsured, improved health outcomes and helped to reduce disparities, including lower rates of premature birth and low birthweight for Black infants in expansion states.

### ADOPTED

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Comprehensive Medicaid Coverage Extension for All Women to at Least One Year Postpartum

In too many states, Medicaid maternity coverage ends 60 days after giving birth, ending access to care at a time when risks of maternal complications and death persist.

Group Prenatal Care Expansion and Enhanced Reimbursement

Group prenatal care has shown significant benefits to maternal health, increases healthy behaviors and reduces adverse birth outcomes. Increased benefits were seen in Black women who participated in group prenatal care. Enhanced reimbursement models, including delivery and outcomes-based incentives, can encourage providers to offer it.

Maternal Mortality Review Committees

Establishment, funding and reporting of state data to CDC through Maternal Mortality Review Committees is essential to understanding and addressing the causes of maternal death.

Future Report Cards will assess these actions at the state level.
2019 MARCH OF DIMES REPORT CARD

OREGON

PREMATUREY A -
PRETERM BIRTH RATE 7.8%

PRETERM BIRTH RATE BY RACE AND ETHNICITY

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
<th>2018</th>
<th>2019</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>17.7</td>
<td>17.0</td>
<td>-0.7</td>
</tr>
<tr>
<td>Native Hawaiians</td>
<td>8.1</td>
<td>7.8</td>
<td>-0.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8.5</td>
<td>8.3</td>
<td>-0.2</td>
</tr>
<tr>
<td>Black</td>
<td>9.4</td>
<td>9.1</td>
<td>-0.3</td>
</tr>
<tr>
<td>American Indians/Alaska Native</td>
<td>10.3</td>
<td>10.1</td>
<td>-0.2</td>
</tr>
</tbody>
</table>

In Oregon, the preterm birth rate among American Indians/Alaska Natives was higher than the rate among all other races.

MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

SELECTED SOCIAL DETERMINANTS OF HEALTH

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010</th>
<th>2016</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Distribution (50-62%)</td>
<td>21.1</td>
<td>23.5</td>
<td>2.4</td>
</tr>
<tr>
<td>Education Distribution (40-50%)</td>
<td>50.6</td>
<td>56.6</td>
<td>6.0</td>
</tr>
<tr>
<td>Poverty Rate (50-60%)</td>
<td>15.6</td>
<td>11.8</td>
<td>-3.8</td>
</tr>
</tbody>
</table>

OREGON MATERNAL AND CHILD HEALTH BLOCK GRANT

The Maternal and Child Health Block Grant is one source of federal support for states to improve the health of women and children. States have used Block Grants to address needs such as enhancing access to quality health care for pregnant women. At 95% block grant funds are provided on a categorical basis to the states for purposes of maternal and child health care services.

ADOPTED

MEDIACID EXPANSION

Medicaid expansions in the states that are or were in the Affordable Care Act expansion have increased access to health care for many Americans. In Oregon, Medicaid expansion has helped reduce disparities, including lower rates of women’s health care and many other benefits.

OTHER RECOMMENDED STATE ACTIONS

Many of these recommendations require policies to improve maternal and child health in all states. Future Report Cards will assess these actions at the state level.

- COMPRESSIVE MEDICAID COVERAGE FOR ALL WOMEN TO AT LEAST ONE-YEAR POSTPARTUM
- Expand Medicaid eligibility during the first year postpartum to ensure women can access care during this critical period of maternal care and child health.

- MATERNAL MORTALITY REVIEW COMMITTEES
- Establish state- and local-level review committees for maternal mortality to ensure timely and comprehensive reviews of maternal deaths.
The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

**Disparity ratio**

1.18

**Change from baseline**

No Improvement

Preterm is less than 37 weeks gestation based on obstetric estimate.

Race categories include only women of non-Hispanic ethnicity.

Source: National Center for Health Statistics, final natality data 2015-2017
Our unequal society has negative consequences for health. Factors such as these are linked to adverse maternal and infant health outcomes overall. Many other structural factors and inequities influence the health of mothers and babies, especially for Black, American Indian and Alaska Native women. For example, income, health insurance status and prenatal care access are traditionally considered protective factors, but if they are held constant, racial and ethnic disparities persist. March of Dimes is collaborating with others to confront social and structural determinants of health, while identifying solutions that help alleviate the negative impacts of such inequities.

Selected Social Determinants of Health

- **Uninsured among women (15-44)**
  - HP 2020: 8.8
  - United States: 11.7
  - Oregon: 11.6

- **Inadequate Prenatal Care**
  - HP 2020: 22.4
  - United States: 15.0
  - Oregon: 11.6

- **Poverty among women (15-44)**
  - HP 2020: 14.0
  - United States: 15.1
  - Oregon: 15.7

*The Healthy People 2020 goal is for all women (15-44) to be insured.*

2019 MARCH OF DIMES REPORT CARD
HEALTHY MOMS. STRONG BABIES.
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We aim to break through the noise and drive awareness around the issues facing moms and babies in our country...#ItsNotFine.

We must act.

Join us.
THANK YOU!