



# A new approach to reduce infant mortality and achieve equity:

## Presentation to Commission on Infant Mortality

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March 7, 2018



# 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



Community service in lieu of driver's license reinstatement fee (SB 160) and other changes to maintain driver's licenses



Occupational licensing reform (SB 129)



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

# Today

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

# Improvement is possible.

# Infant mortality

An iceberg floating in a blue ocean under a blue sky with white clouds. The visible tip of the iceberg is on the left, and the much larger, submerged part is on the right. The text 'Infant mortality' is written in red above the water line. Four other red text labels are placed around the submerged part of the iceberg: 'Pre-term birth' and 'Birth defects' on the left, and 'Low birth weight' and 'Child accidents and injuries' on the right.

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

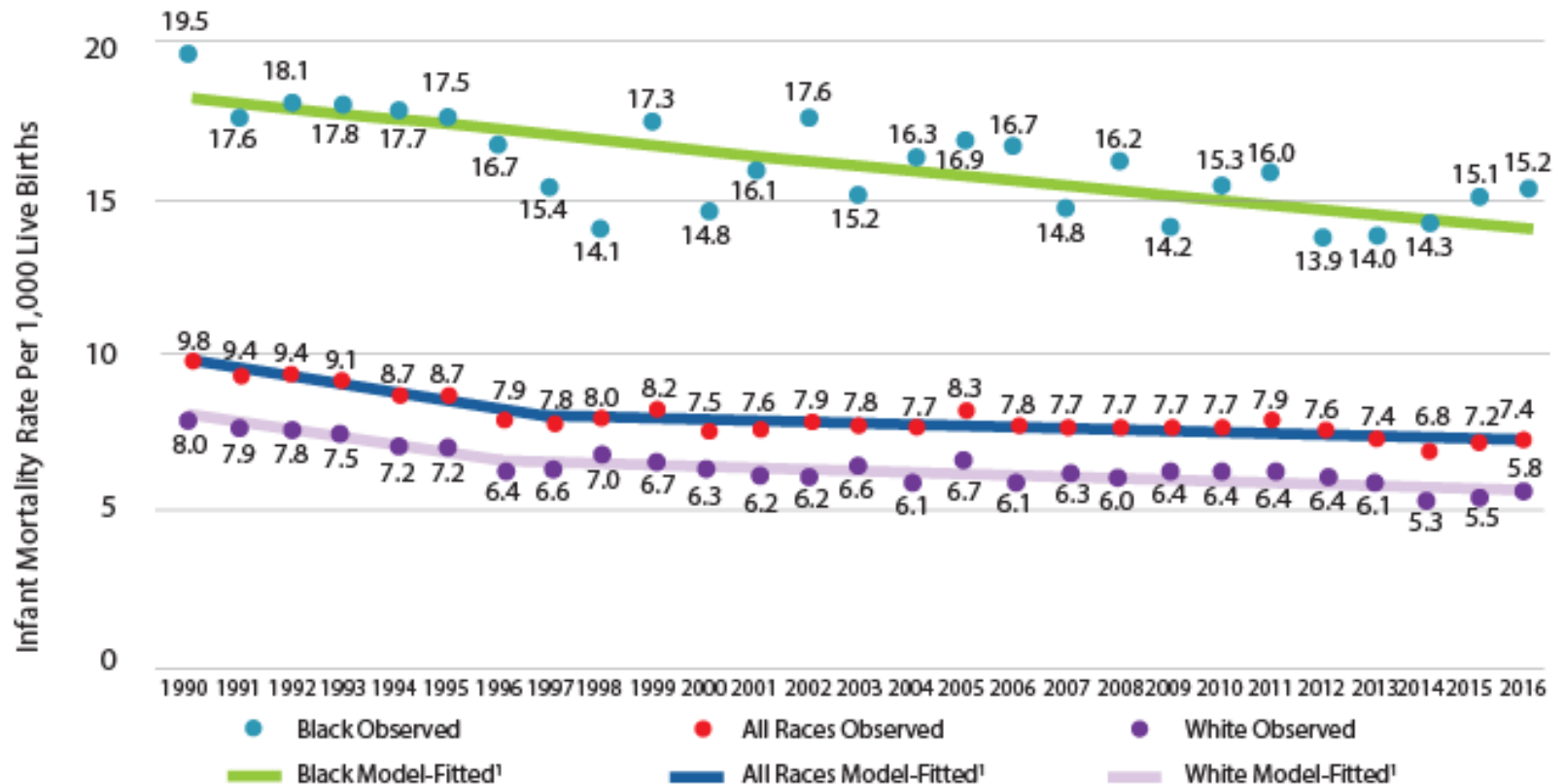
Homelessness and  
housing instability

Air and water pollution

Harmful  
working  
conditions

Violence

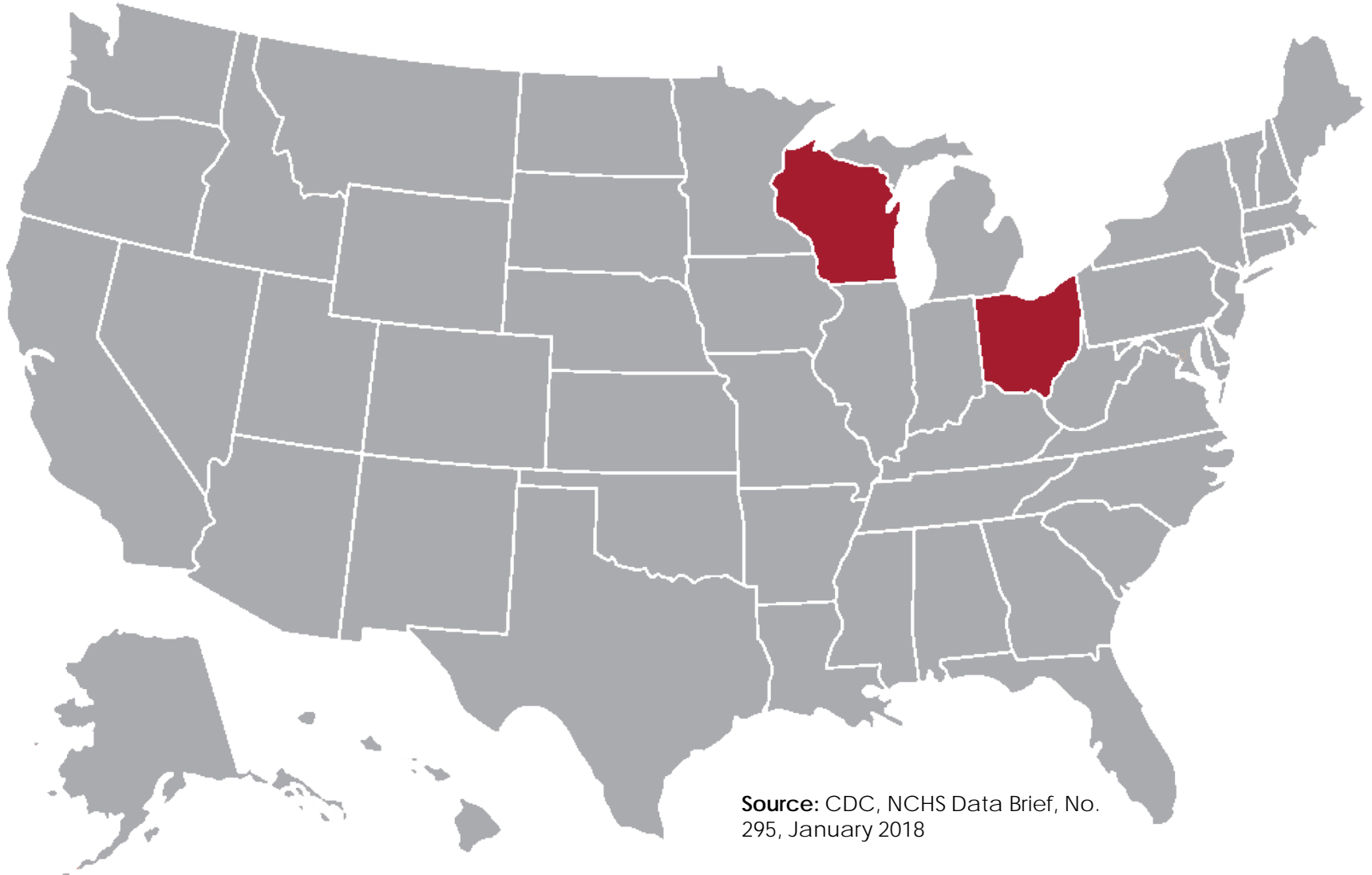
# Trends in Ohio infant mortality rates, by race (1990-2016)



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

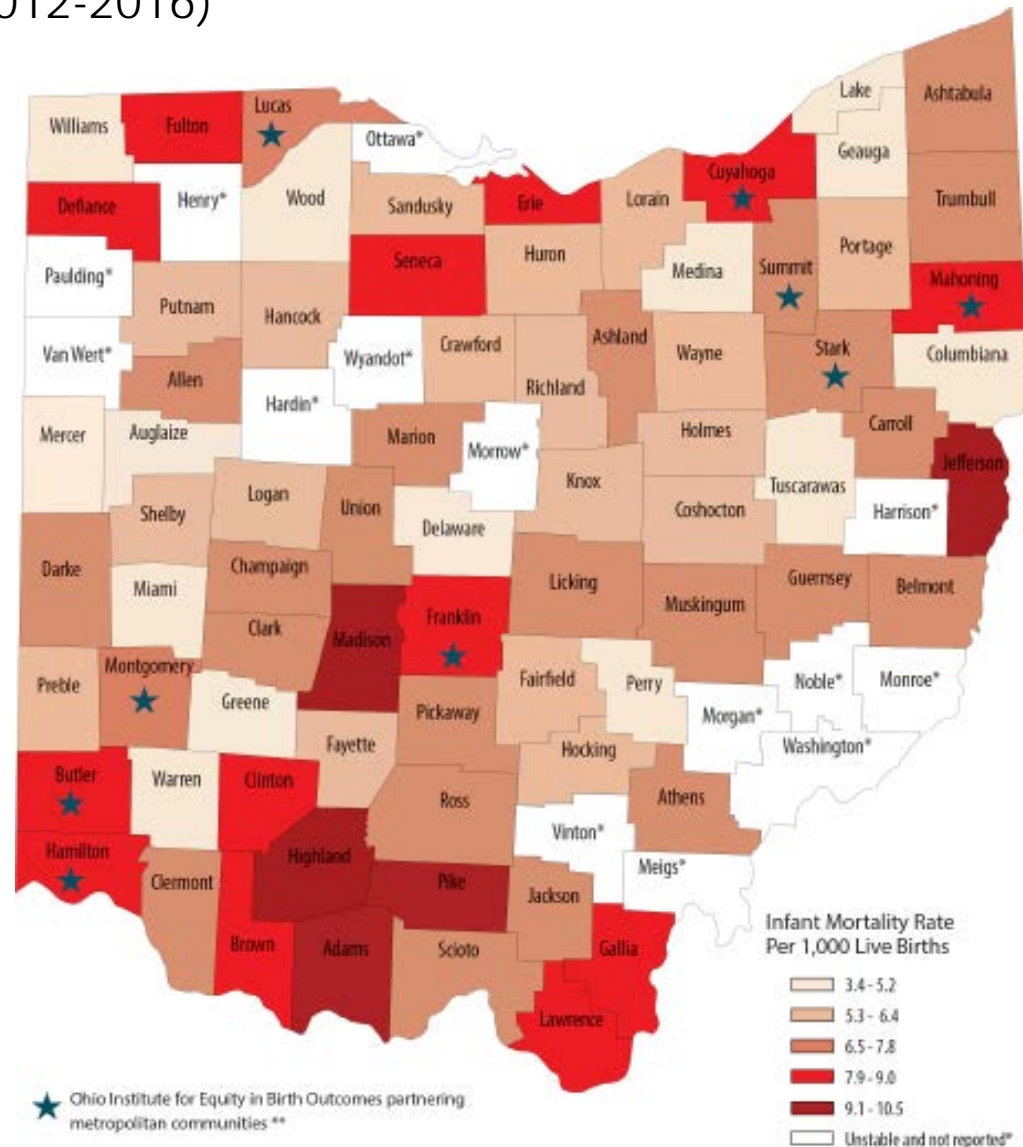
<sup>1</sup> "Model-Fitted" Definition – Joinpoint software models were used to test the statistical significance of changes in trends. For each group the best fitting trend lines are presented. A change in trend was observed for all races infant mortality in 1996 and for white mortality in 1997. No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

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

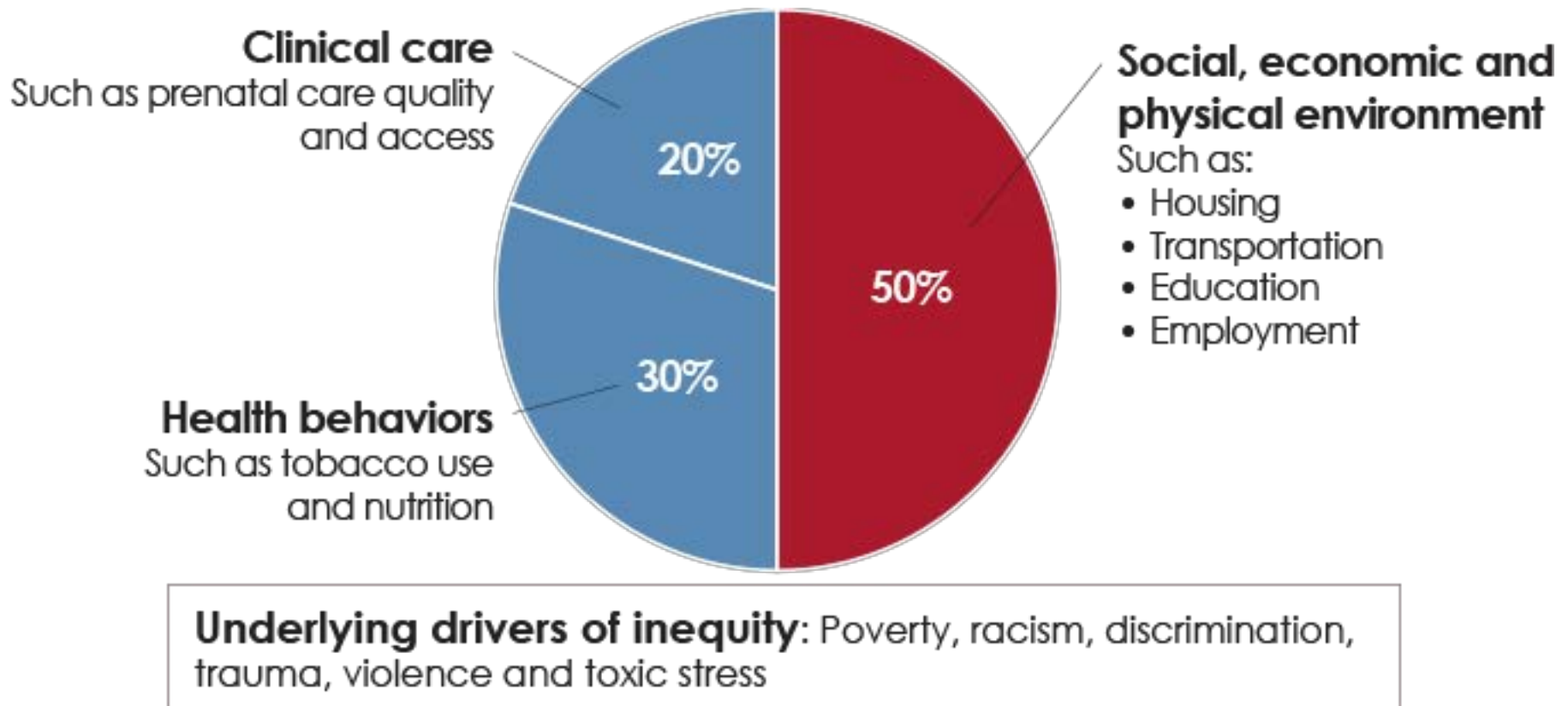


Source: CDC, NCHS Data Brief, No. 295, January 2018

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



# Modifiable factors that influence health

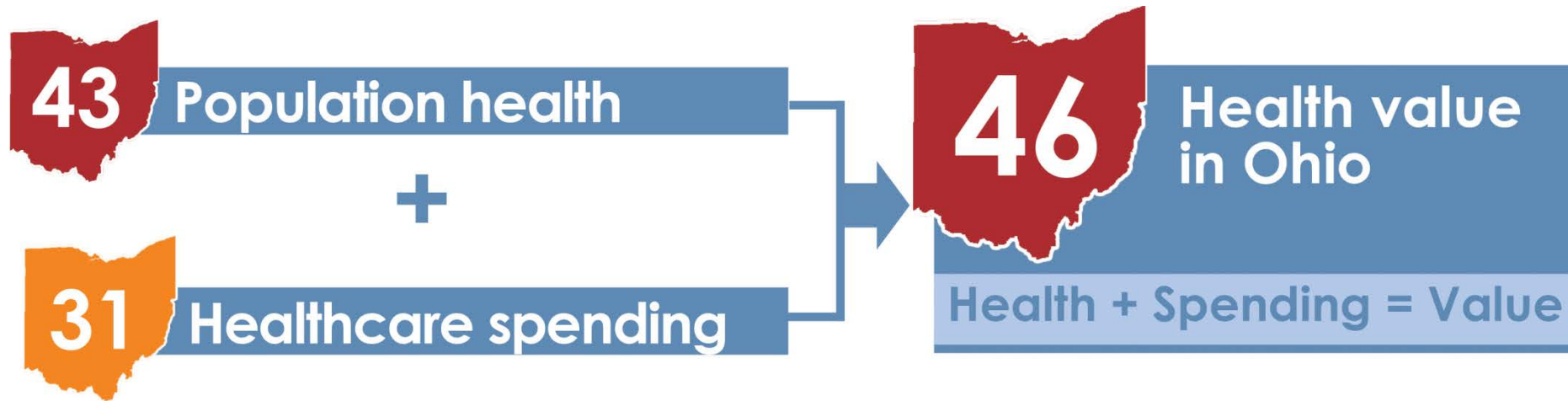


Source: County Health Rankings and Roadmaps

# Health equity is critical to health value.



# 2017 Health Value Dashboard: Ohio's rank



# 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

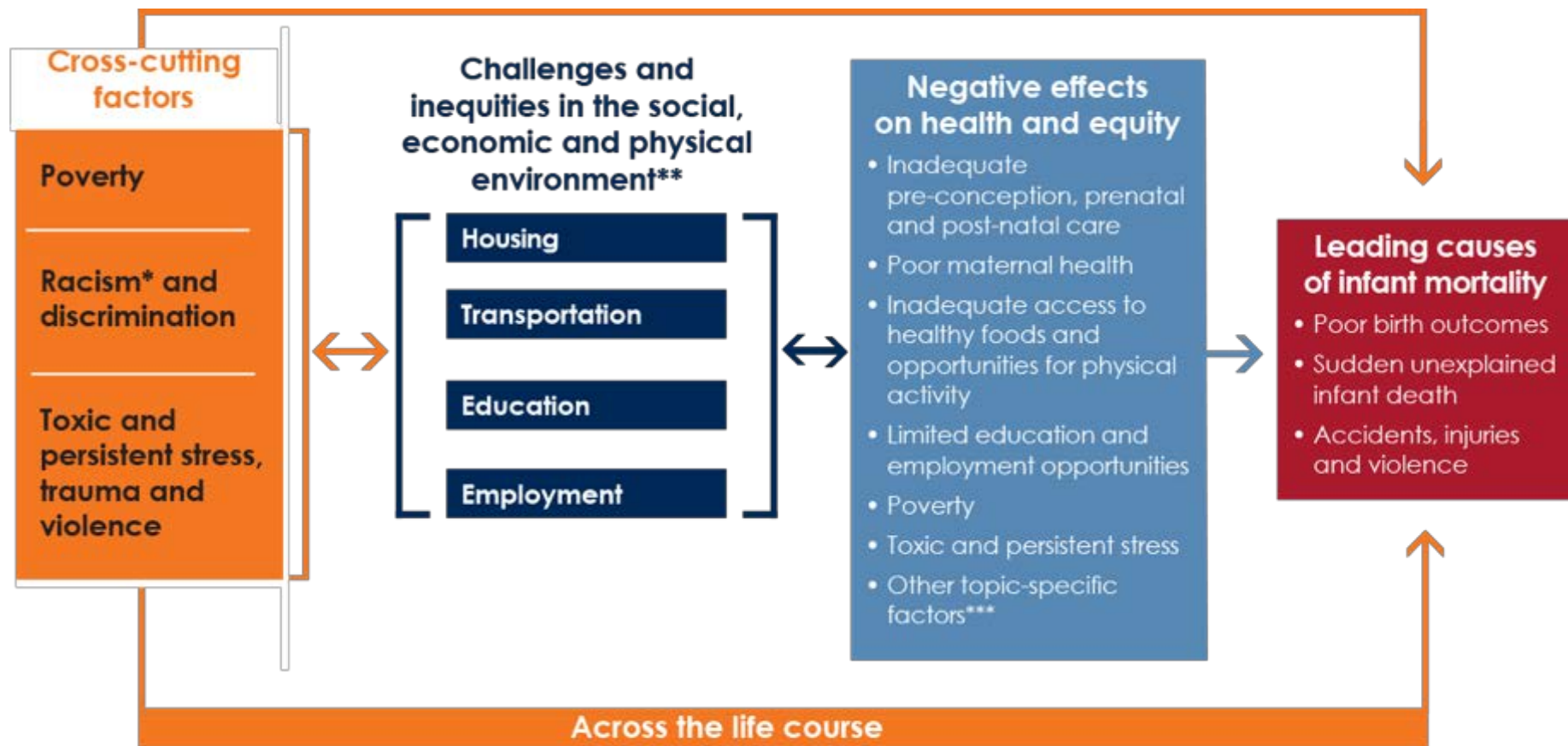
Committee Report, Recommendations, and Data Inventory  
March 2016

# 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



# A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve housing, transportation, education and employment

## Executive summary

### Purpose and methods

Signed into law in January 2017, Senate Bill 332 enacted most of the recommendations from the 2016 Ohio Commission on Infant Mortality report. The new law required the Legislative Service Commission (LSC) to contract with a nonprofit organization to issue a report regarding the social drivers of infant mortality, and LSC contracted with the Health Policy Institute of Ohio (HPIO) to do so.

Prepared by HPIO, with guidance from over 100 Ohio stakeholders, the purposes of this report are to:

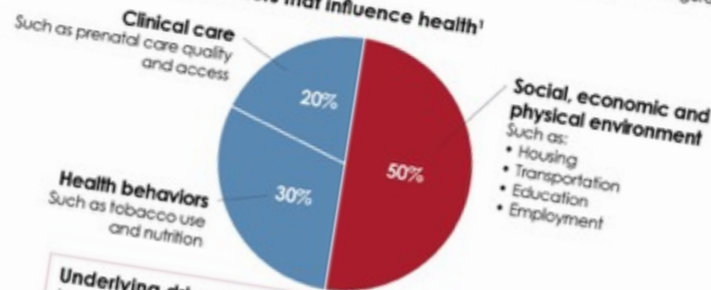
- Describe the many ways that factors beyond medical care affect the health of infants and their families, focusing on housing, transportation, education and employment
- Assess the extent to which current housing, transportation, education and employment policies and programs meet the needs of Ohioans most at risk for infant mortality

- Identify lessons learned from other states that have successfully reduced overall and black infant mortality rates, including innovative ideas to address the social determinants of health
- Offer specific, actionable and evidence-informed policy options that state and local policymakers can employ to address unmet needs and inequities

### Social determinants of health

This report looks beyond medical care to explore factors in the social, economic and physical environment that affect infant mortality. These factors are commonly referred to as the "social determinants of health." Researchers estimate that of the modifiable factors that impact overall health, 20 percent are attributed to clinical care (e.g., healthcare quality and access) and 30 percent to health-related behaviors. The remaining 50 percent are attributed to the types of community conditions highlighted in figure ES 1.1.

Figure ES 1.1. **Modifiable factors that influence health<sup>1</sup>**



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

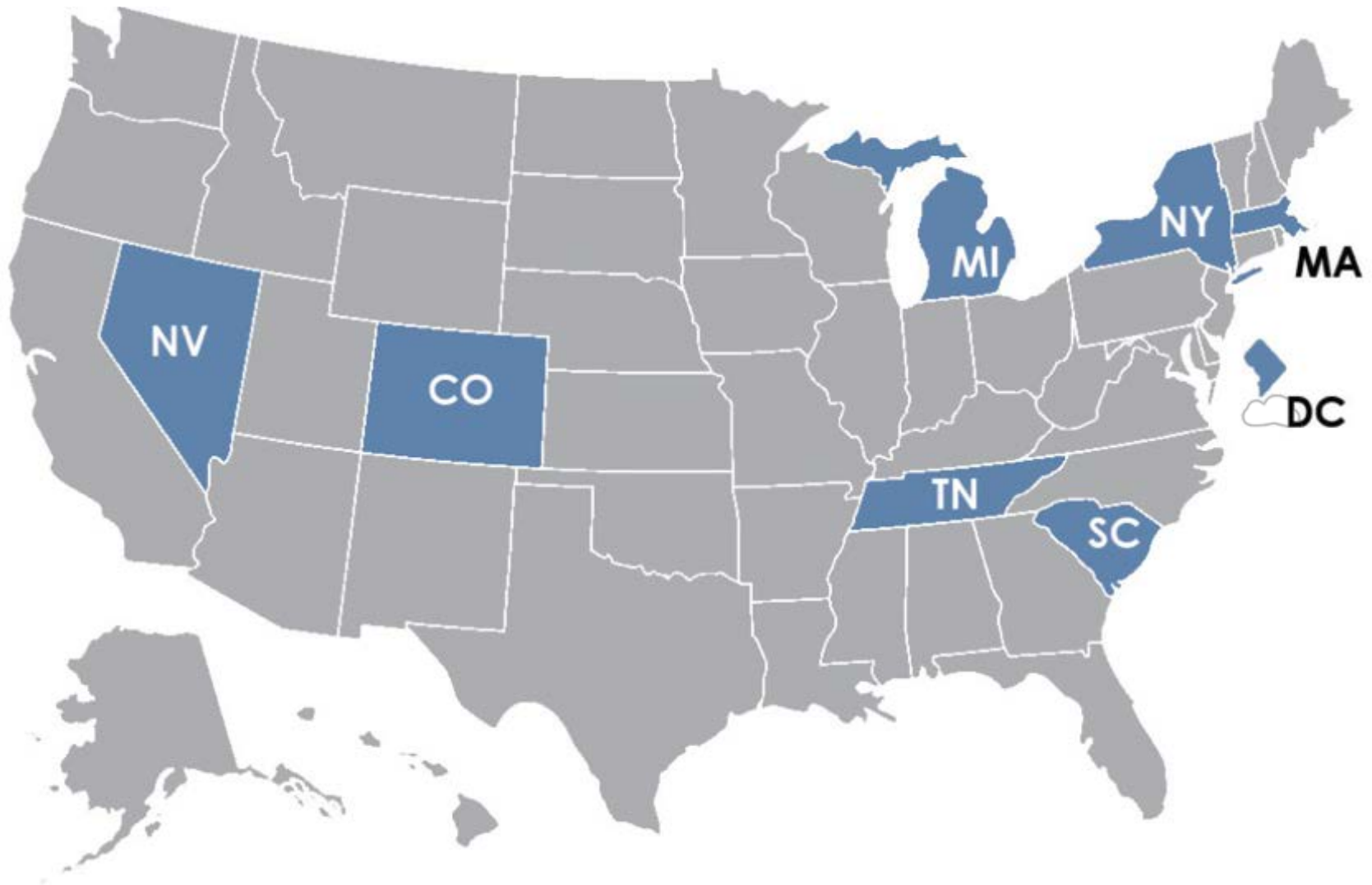
# Key findings

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

# Key themes for improving community conditions

- 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

# 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)



ALL SECTIONS



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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

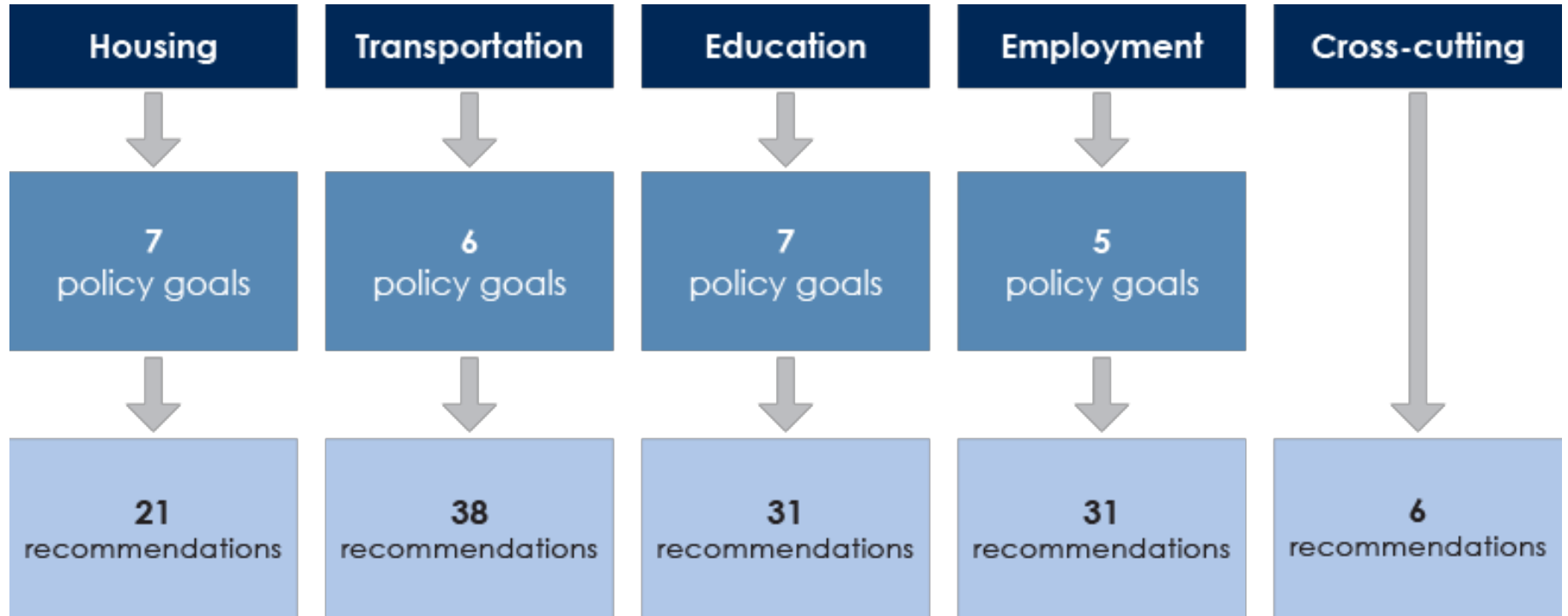
Gov. Nikki Haley will tackle rural South Carolina's historically high infant mortality rate by sending nurses into the homes of thousands more first-time, low-income mothers.



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 and  
next steps





# Housing policy goals





## Recommendation examples: Housing

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

**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

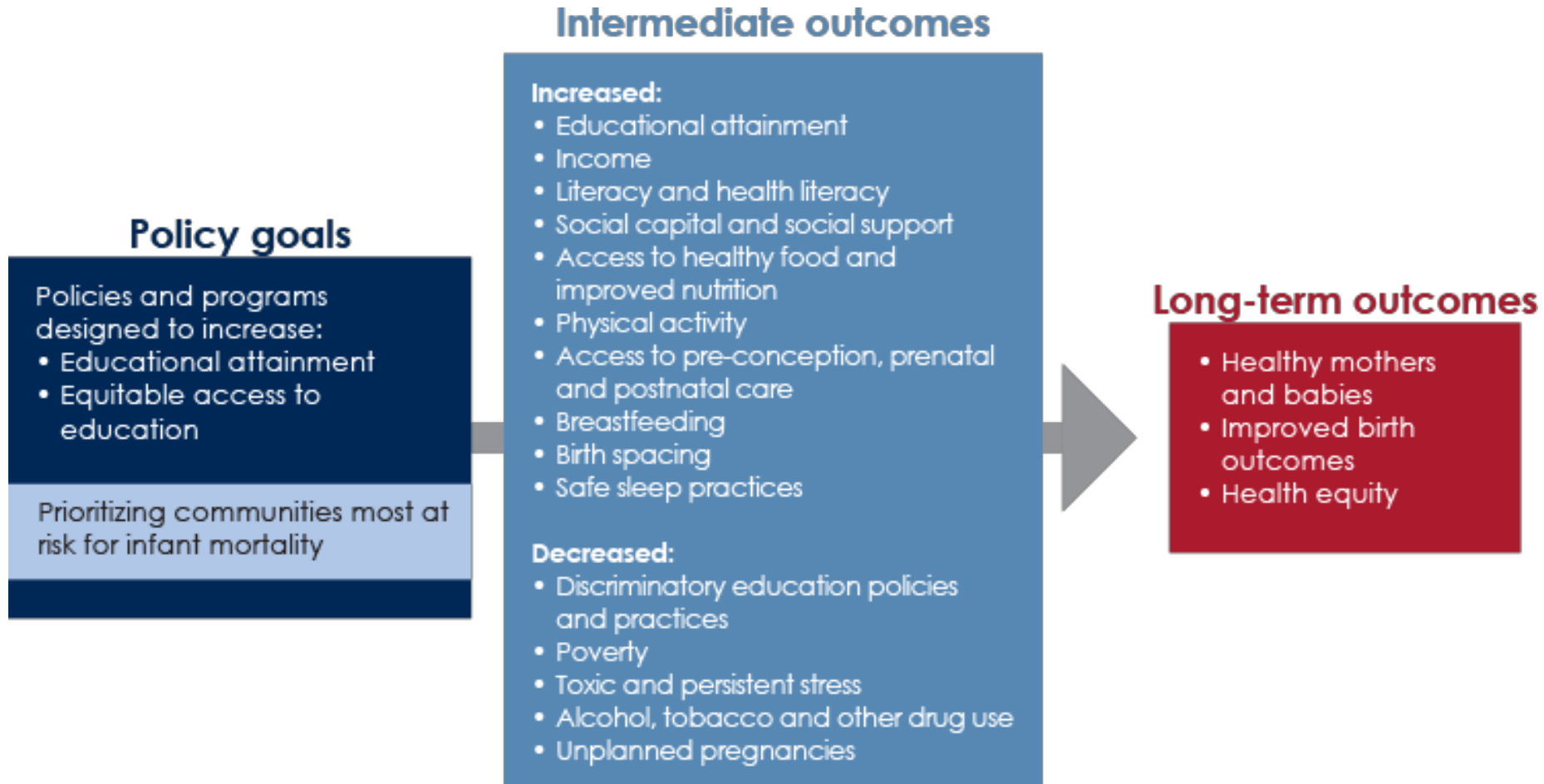
**Recommendation 1.4.** Monitor and enforce managed care plan compliance with Non-Emergency Medical Transportation (NEMT) requirements

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

**Recommendation 5.2.** Authorize courts to allow people with suspended licenses to continue driving to work and healthcare appointments



# 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)

**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 1.** Monitor and evaluate implementation of the recommendations in this report

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

# Key themes for improving community conditions

- 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

# 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

# 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*

# Next steps

- OCPIM SDOH workgroup
- ODH COIIN SDOH workgroup
- Examples from Columbus and Akron

# Ways to get the word out and motivate action

- Support or introduce legislation that aligns with recommendations
- Reach out to colleagues with interest in improving housing, transportation, education and employment to find common interests
- Encourage state agencies to incorporate recommendations into RFPs for state-funded programs
- Gather and disseminate real-life stories from your district
- Write an op ed or letter to the editor in your local newspaper

# Improvement is possible.

# Contact

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# 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

# 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

# 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

# Policy recommendation development

Evidence-based  
policy or  
program



Specific  
policy  
lever



**Policy  
recommendation**