



## The Ohio Commission on Minority Health

Quarterly Newsletter

January 2013

John Kasich, Governor  
Angela C. Dawson, Executive Director

### INFANT MORTALITY IN OHIO

Infant mortality is defined as the number of babies who die before their first birthday. The infant mortality rate is generally considered one of our most sensitive indicators for measuring the quality of our lives.

After steady improvement during the 1990s, from 2000-2011 the infant mortality rate for Ohio got worse by 5% while the National rate improved by 12%, resulting in a widening gap between our State and the Nation. Because of concern about this trend, in 2009 the Governor commissioned the formation of "the (Ohio) Infant Mortality Task Force to (1) take a fresh look at the reasons behind Ohio's overall infant mortality rate and increasing disparities among different populations; and (2) make both preliminary and long-term recommendations to reduce infant mortality and disparities" (<http://www.odh.ohio.gov/odhPrograms/cfhs/imtf/imtf.aspx>). During September of 2009, the Task Force made 10 recommendations to the State, three of which dealt specifically with addressing Ohio's racial disparity in birth outcomes. These three recommendations were:

- Eliminate Disparities/Promote Equity
- Address the effects of racism and the impact of racism on infant mortality
- Develop, recruit, and train a diverse network of culturally competent health professionals state-wide.

The Task Force made more recommendations aimed at addressing racial disparity in birth outcomes than it did for any of the other contributors to infant mortality.

To raise awareness about infant mortality, the Ohio Collaborative to Prevent Infant Mortality (OCPIM) prepared a press release to announce the State's 2010 infant mortality data to all citizens in the State. During April of 2012, this information was shared with 825 media

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### The Ohio Commission on Minority Health welcomes new Board Members

Dr. Arthur Ruebin James of Columbus joined the Commission in January 2013. Dr. James is currently Associate Professor of Obstetrics and Gynecology at the OSU Department of OB/GYN and Pediatrics at Nationwide Children's Hospital, Department of Pediatrics. He is also a Senior Policy Advisor for the Ohio Department of Health, Bureau of Family and Children's Services.

Dr. Deena J. Chisolm, Ph.D., of Columbus also joined the Commission in January 2013. Dr. Chisolm is an Associate Professor of Pediatrics and Public Health at the Ohio State University and a Principal Investigator in the Research Institute at Nationwide Children's Hospital. She also teaches in The Ohio State University College of Public Health's Master's of Public Health (MPH) and Master's of Health Administration (MHA) programs.

### Save The Date! Health Expo 2013

Thursday, March 28, 2013  
9:00 am - 1:00 pm

Vern Riffe Center  
77 S. High Street, 3rd Floor Lobby

For more Information go to: [www.mih.ohio.gov](http://www.mih.ohio.gov)  
or contact the Commission at: 614.466.4000

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outlets throughout the State of Ohio. Not one major media outlet carried the story and only one radio station reported the findings. The experience confirmed to OCPIIM that more needed to be done to raise awareness about this concern. With major support from the Ohio Commission for Minority Health, the March of Dimes, and the Ohio Department of Health (ODH), Ohio was able to host its first ever infant mortality summit, entitled "Turning up the Volume on Infant Mortality: Every Baby Matters." The Summit was held on 11/28/2012 and over 1,000 participants attended. During the Summit the 2011 data for Ohio was released for the first time.

During 2011 there were 1,088 infant deaths in Ohio, resulting in overall, white and black preliminary rates of 7.9, 6.3, and 15.8 respectively. These rates yield a black to white racial disparity of 2.5, meaning that the risk of death during the first year of life is 2.5 times higher for black babies in Ohio than it is for white babies. The comparable preliminary 2011 National infant mortality rates are 6.05, 5.05, and 11.42. Relative to the USA, these numbers indicate that all babies in Ohio are dying at unacceptably high rates. These rates also indicate that black babies in our State are dying at rates that are embarrassingly high. Ohio is currently one of the worst States for black infant mortality, ranked #45 during 2006-2008 and in danger of becoming the worst State in the Nation in this category.

Black infant mortality in Ohio is primarily a problem of our urban/metropolitan centers. For 2011, including only the counties recording a minimum of 200 black births; Cuyahoga, Franklin, Hamilton, Lucas, Montgomery, Summit, Allen, Butler, Lorain, Mahoning, Stark and Trumbull Counties accounted for 93% of both the black births and black infant deaths in Ohio.

The leading clinical causes of infant mortality include being born too soon and too small (premature birth), birth defects, and sudden unexplained infant deaths. In each of these categories blacks are at higher risk.

There are also many non-clinical contributors to infant mortality. Poverty, poor school performance, higher drop-out rates, unemployment, lack of private health insurance, residing in high-crime neighborhoods, unemployment, smoking/drinking/drug use, racism, etc. and each of these concerns also increase the risk of compromised birth outcomes. These non-clinical contributors have many clinical consequences, are rarely the main focus of infant

mortality reduction efforts and, are the primary reasons for the black/white racial disparity in birth outcomes.

Many Maternal Child Health leaders now advocate a lifecourse perspective to improve birth outcomes. (Lu/Halfon, 2001, Maternal and Child Health Journal Vol. 7, #1). Such an approach challenges us to improve the life circumstances in communities at risk by adopting a "social determinants of health" (sdoh) perspectives to improve infant mortality. The SDOH are the conditions in which people are born, grow, live, work, and age. The World Health Organization (WHO) established the Commission on SDOH in 2005 and in 2008 this commission published its final report that contained three overarching recommendations:

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money, and resources
3. Measure and understand the problem and assess the impact of action

Subsequently, Sir Michael Marmot published "Fair Society, Healthy Lives" (2010), better known as the Marmot Review, which looked at the differences in health and well-being between social groups and describes how the social gradient in health inequalities is reflected in the social gradient observed in educational attainment, employment, income, quality of neighborhood and so on. Central to the Marmot Review is the recognition that disadvantage starts before birth and accumulates throughout life.

Adopting a Lifecourse/SDOH approach is currently a core component of what is being recommended to the Ohio Department of Health for the long-term improvement in birth outcomes in our State and a major component of our strategy to eliminate disparities not only in infant mortality, but also in many other clinical and non-clinical parameters.

Funding available for  
Demonstration and  
Lupus Grants  
online at:  
[www.mih.ohio.gov](http://www.mih.ohio.gov)

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Probably the most successful and well-known example of this approach is the Northern Manhattan Perinatal Partnership (NMPP) based in Harlem, New York. Serving a population that is 85% African American, the NMPP has accomplished an 85% improvement in infant mortality between 1990-2008. The Kellogg Foundation has recently funded a multi-site national project to emulate the NMPP by establishing “Best Baby Zones “ (BBZ) in four cities (Cincinnati, Ohio; Milwaukee, Wisconsin; Alameda, California; and New Orleans, Louisiana). This “zonal” approach incorporates the Lifecourse/SDOH perspective.

We are challenging all of us to get more involved in efforts to improve infant mortality in our State. All of us have something to contribute to this effort. For individual patients the challenge is to do the following:

- Plan your pregnancy
  - Use birth control if you are sexually involved and do not intend to conceive. African Americans have the highest rates of unwanted/unintended pregnancies in the United States. Unwanted/unintended pregnancies are associated with a higher incidence of compromised birth outcomes.
    - As of 2012 the State of Ohio offers a family planning waiver that provides coverage for birth control services to most Ohio citizens without health insurance. Please take advantage of this service.
  - If you are planning to conceive,
    - Arrange a preconception visit with your physician. Use this opportunity to get up-to-date on your immunizations, make certain that you are in tip-top “clinical shape” for pregnancy.
    - Eat healthy
    - Avoid risky behaviors (smoking, alcohol, drug use, etc.)
    - Begin taking a multivitamin that includes folic acid. Folic Acid decreases the risk of spina bifida, cleft lip, and cleft palate.
    - Control any chronic medical conditions before you conceive. Let your doctor know that you are considering pregnancy so she/he can decide if you need to be switched to medications less risky to pregnancy.
- Once you conceive
  - Initiate prenatal care as soon as possible.
  - Decrease Stress.
  - Keep up with all of your prenatal visits.
  - Be aware of the signs and symptoms associated with preterm labor (contractions, bleeding, pelvic pressure, and increase in discharge) and see your clinician if any of them occurs.
- Once you give birth:
  - Breast feed.
  - Establish a safe-sleeping environment for your baby.
    - Back-to-Sleep (place your baby on his/her back to sleep).
    - Do not place your baby to sleep on a sleep surface designed for adults.
    - Do not sleep with your baby.
    - Prohibit smoking in your baby’s environment.
  - Schedule regular newborn clinical visits.
  - Resume contraceptive use and plan to space pregnancies at least two years apart.

Ohio babies are dying at unacceptably high rates. They need us. We can do better. Every Baby Matters. Our goal is to achieve the Healthy People 2020 goal of an infant mortality rate of no more than 6 by the year 2020.

Arthur R. James MD, FACOG  
Co-Director, Ohio Collaborative to Prevent Infant Mortality

## *Board Members*

Gregory L. Hall, MD, Chair, Cleveland  
State Senator Edna Brown, Vice Chair, Toledo  
Cora Munoz, PhD, RN, Secretary, Worthington

Michael Colbert, Director, Ohio Department of Job & Family Services  
Deena Chisolm, PhD, Columbus  
Orman Hall, Director, Ohio Department of Alcohol & Drug Addiction Services  
Arthur James, MD, FAGOC, Columbus  
John C. Jones, Toledo  
Mark Law, MD, Newark  
John Martin, Director, Ohio Department of Developmental Disabilities  
Charles Modlin, MD, Cleveland  
State Representative, Ross McGregor  
State Senator Scott Oelslager  
Tracy Plouck, Director, Ohio Department of Mental Health  
Keisha T. Robinson, DrPH, MPH, Youngstown  
Bhagwan Satiani, MD, MBA, FACS, FACHE, Columbus  
Michael Sawyer, Acting Superintendent, Ohio Department of Education  
State Representative Roland Winburn  
Theodore Wymyslo, MD, Director, Ohio Department of Health

## *Department Designees*

Johnnie "Chip" Allen, Ohio Department of Health  
Barbara Boone, Ohio Department of Education  
Jamoya Cox, BA, Ohio Department of Mental Health  
Tamara Hairston, Ohio Department of Developmental Disabilities  
Mary L. Miller, MSA, Ohio Department of Alcohol & Drug Addiction Services  
Carol E. Ware, Ohio Department of Job & Family Services

