A plan to save young lives
Ohio, which has among the nation’s highest rates of infant mortality, adopts a sweeping new law to address the problem

by Ohio Senate Assistant Minority Leader Charletha B. Tavares

The Ohio Department of Health defines infant mortality as the death of a live-born baby before his or her first birthday. (The infant mortality rate is the number of first-year deaths per 1,000 live births.)

Upon closer inspection, however, it is easy to see that the infant mortality rate is an important indicator of the overall health of a community. If the infant mortality rate is high, it is plausible that other populations and communities are facing other health challenges as well. After all, if we cannot ensure that a child lives past the age of 1, how can we possibly guarantee the health and safety of anyone?

In 2013, Ohio recognized it had a crisis on its hands. Our overall infant mortality rate was one of the worst in the nation, and the mortality rate for African American babies was the worst in the nation.

Ohio was the most dangerous place in the United States to be born black.

‘Dangerous place to be born black’
The state’s infant mortality rate for African American babies is so bad that, at current rates of change, it is estimated that it would take until 2035 before the African American infant mortality rate equals that of Ohio’s Caucasian babies in 2013 — which itself is still above the national average.

The Ohio General Assembly realized that this sort of inequity could not be allowed and decided to take steps to combat the state’s abhorrent infant mortality rate.

We worked to spread more information about sudden infant death syndrome, championed the ‘ABCs’ of safe sleep, and highlighted the importance of safe spacing of pregnancies. But the legislature’s most important accomplishment during this time was its establishment of the Ohio Commission on Infant Mortality.

The commission, tasked with producing effective recommendations that could be implemented by the General Assembly, was made up of legislators, health care executive administrators, hospital professionals, health experts and other members of the community.

Over several months, the commission studied all facets and factors that contribute to Ohio’s high infant mortality rate, then released a report in March 2016 containing its recommendations.

SB 332, introduced by Sen. Shannon Jones and sponsored by Ohio Senate Assistant Minority Leader Charletha B. Tavares, resigned at the end of the 2016 session.

In addition, we have streamlined the process for pregnant women to receive progesterone, a hormone in the body that helps maintain pregnancy and is one of the most effective ways of lowering preterm births.

Cultural issues often impact health

ACK of proper cultural-competency training is a barrier that prevents racial and ethnic minorities from receiving adequate health care. This issue has always been a passion of mine, and Sen. Jones was quick to realize the importance of delivering health care to Ohioans in a manner that is culturally and linguistically appropriate.

While SB 332 does not go as far as recommended, we still were able to have health professional boards consider the problems of race- and gender-based disparities in health care treatment decisions and to list the continuing-education courses that are available for license and certificate holders.

SB 332 makes many more changes in how we approach infant mortality, and I could not be prouder of Ohio’s General Assembly for its willingness to take on such a complex issue.

We still, however, have such a long way to go. According to data for 2015, the infant mortality rate for all races rose from 6.8 percent to 7.2 percent, while the rate for African Americans jumped from 14.3 percent to 15.1 percent.

Unfortunately, we recently lost one of our strongest legislative advocates on this issue. Sen. Jones has left the legislature to continue her extraordinary career in public service at the county level. While she will be missed, her unyielding dedication to Ohio babies has left an indelible mark on her colleagues.

Ohio did not attain one of the worst infant mortality rankings in the nation overnight, and it may take several years before we reach our goals. Both Sen. Jones and I believe that SB 332 will be an integral part of getting us to a place where we can proudly say that Ohio is a great place for all babies to be born, and I will continue to work with my colleagues on both sides of the aisle to keep us focused on this critical issue.

Charletha B. Tavares, a Democrat from Columbus, currently serves as the assistant minority leader in the Ohio Senate.

Shannon Jones, who served with Sen. Tavares on the Senate’s Health & Human Services Committee and co-sponsored SB 332, resigned at the end of the 2016 session.

Submissions welcome
This page is designed to be a forum for legislators and constitutional officers. The opinions expressed on this page do not reflect those of The Council of State Governments or the Midwestern Legislative Conference.

Responsives to any First Person article are welcome, as are pieces written on other topics. For more information, contact Tim Anderson at 630.925.1922 or tanderson@csg.org.