



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 Charleta 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 2053 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.

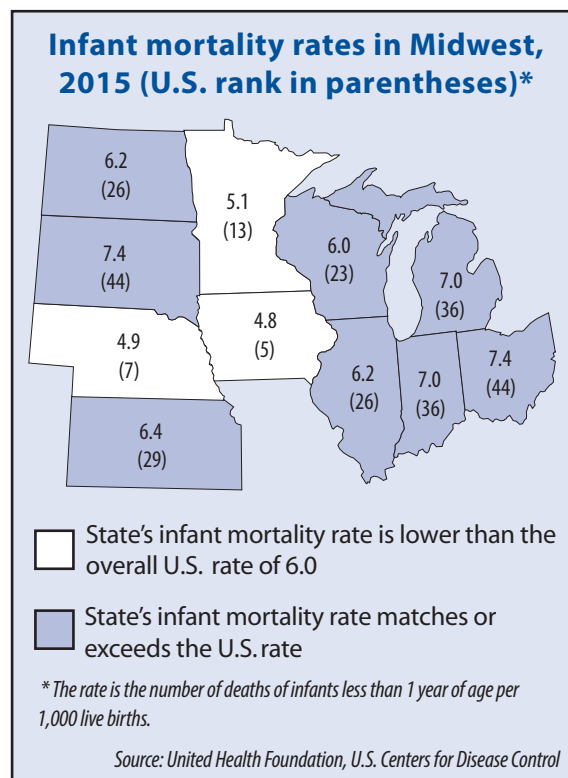
We worked to spread more information about sudden infant death syndrome, championed the "ABCs" of safe sleep, and highlighted the importance of safe spacing of pregnancies. But the legislature's most important accomplishment during this time was its establishment of the Ohio Commission on Infant Mortality.

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 me, included the majority of the report's recommendations. Signed into law in early 2017, the bill is the most comprehensive legislation on infant mortality ever to come out of the Ohio General Assembly and is one of the most sweeping bills on infant mortality in the entire country. Our goal was to take Ohio in a new direction, to lay a solid foundation upon which we could build a new future.

The first priority was paying programs for their outcomes: We would fund a program only if it could



prove with data that its methods actually reduced infant mortality for the population being served.

According to the Health Policy Institute of Ohio, Ohio spends more money on health care than 39 other states, yet ranks 47th in the value it gets in return. Despite the fact that we spend billions of dollars each year, we are getting worse health outcomes for every conceivable measure, including infant mortality.

We realized that simply throwing more money at the issue would not improve our outcomes. Ohio already has some of the best health care facilities in the country, including six world-renowned children's hospitals. If we spend so much and have such great health care facilities, why is it that our infant mortality rate is so poor?

During the commission's deliberations, we quickly learned that only 20 percent of health outcomes are clinical; the other 80 percent fall under the social determinants of health, such as race, income, education or housing. Therefore, one of the main components of SB 332 was establishing the Pathways Community Hub model throughout Ohio.

Pathways uses health workers who are from the community, who are trusted and who have a rapport with their clients. They, in turn, connect at-risk individuals to physical health, behavioral health, social and employment services. Pregnant women will now be able to access critical services to help deal with the issues they face outside the clinical realm.

SB 332 also addresses preterm births, the biggest factor in infant mortality (they account for 47 percent of infant deaths). Preterm births are also incredibly expensive for the state, since approximately half of all deliveries in Ohio are paid for by Medicaid.

It costs Medicaid \$50,000 for each preterm delivery, as opposed to \$5,000 for a full-term birth. It also costs Medicaid \$32,000 in medical bills during a preterm baby's first year of life, compared with only \$3,200 in additional medical care for a full-term baby in his or her first year of life.

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

Lack 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. ★

Charleta 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

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