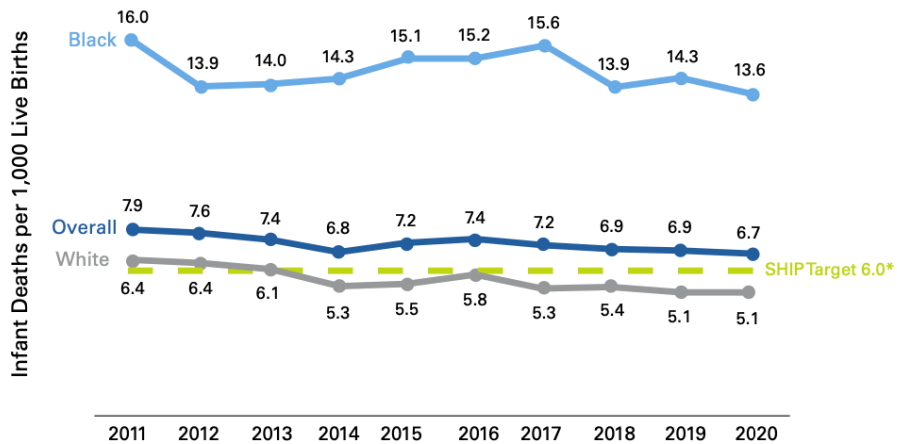




FINAL RECOMMENDATIONS OF THE ELIMINATING DISPARITIES IN INFANT MORTALITY TASK FORCE



Figure 1: Infant Mortality Rate (per 1,000 live births) by Race, Ohio (2011 – 2020)



In 2020, 864 infants died in Ohio. For every 1,000 babies born, nearly seven died before reaching their first birthday. While this statistic alone calls for a team to help reduce and eliminate infant mortality, the racial disparity in infant deaths is

even more alarming. ***Black infants in Ohio are nearly three times more likely to die than non-Hispanic white infants. Disparities in health outcomes among Black families persist across all socioeconomic levels.***

The causes of infant mortality go beyond maternal health factors.

Social determinants of health, racism and conditions within our communities, such as lack of affordable housing, lack of resources, limited access to health care, transportation and workforce and the lack of opportunities for optimal wellness and health inequity contribute to this alarming statistic.

To address the Black infant mortality rate disparity, Governor Mike DeWine established the *Ohio Eliminating Racial Disparities in Infant Mortality Task Force*.

Its charge was to develop actionable recommendations on how to reduce the racial disparity in Ohio's infant mortality rate, to create a road map that guides Ohio to meet the federal Healthy People 2030 Goals for ALL babies and to engage Black women, families, and communities throughout the process to ensure the recommendations are grounded in reality.



Social Determinants

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, and quality-of-life outcomes and risks.

- Healthcare Access and Quality.
- Education Access and Quality.
- Economic Stability.
- Neighborhood and Built Environment.
- Social and Community Context.

RECOMMENDATIONS FROM THE TASK FORCE: 2023 AND BEYOND

The task force proposed five recommendations modeled after the Healthy People 2030 Social Determinants of Health (SDOH) Framework. Those recommendations address healthcare access and quality, education access and quality, economic stability, neighborhood-built environment, and social and community context.



Below, we highlight out several recommendations that address healthcare for pregnant and postpartum mothers.

Helping people get the care they need is critical to the process. Improving healthcare access and quality includes:

- Developing a 21st-century tool designed by Black patients that measures their experiences accessing and receiving healthcare and insurance coverage and generates actionable information about providers' quality of care
- Increasing access, affordability, and choice of patient-centered, culturally competent, unbiased healthcare for Black patients, fathers and families to optimize their health outcomes
- Increasing access and removing barriers to equitable, cultural, and linguistically appropriate comprehensive health education

Many people face challenges they cannot control, like unsafe neighborhoods, discrimination, or inability to afford the things that they need. This can be addressed by:

- Increasing programming and economic support for expectant and parenting Black fathers
- Increasing availability and access to culturally competent mental health prevention, screening, and intervention services for Black families

You can access the [full report here](#) on the Ohio Department of Health website.



Several members of the Task Force comment on the recommendations:

“We must not only recognize the unique circumstances and social conditions that affect overall pregnancy health, but we must factor in how these circumstances and social conditions affect every decision we make as we move toward equitable birth outcomes throughout Ohio.”

Stacy Scott, PhD, MPA, Executive Director, Baby 1st Network and Co-Lead, Ohio Collaborative to Prevent Infant Mortality

“Co-creating tangible recommendations that are now being actualized is a giant step toward equity. It is essential to listen to those who are most impacted. The next and equally important step is implementing what was shared. I am looking forward to continued progress.”

Meredith Shockley-Smith, Executive Director, Cradle Cincinnati

“The recommendations we worked on take a holistic approach to addressing the many issues contributing to racial disparities in perinatal outcomes. There is certainly a lot to be done, but we think this is a good start”.

David N. Dhanraj MD, MBA, CPE, FACOG, Chair and Associate Professor, Department of Obstetrics and Gynecology, Boonshoft School of Medicine, Wright State University

**CMS ENDING PANDEMIC’S CONTINUOUS ENROLLMENT PROVISION MARCH 31;
PLEASE SUBMIT PREGNANCY RISK ASSESSMENT FORM FOR THOSE ON
MEDICAID**



During the pandemic, the Centers for Medicare and Medicaid Services allowed continuous enrollment in Medicaid for pregnant individuals. Please note: on March 31, 2023, the continuous enrollment provision will expire and terminations begin on April 1, 2023. **Submitting a Pregnancy Risk Assessment Form will help ensure that a pregnant individual will remain enrolled in Medicaid through pregnancy and delivery, and during the postpartum period.**

ODM LAUNCHES COMPREHENSIVE MATERNAL CARE PROGRAM

The Ohio Department of Medicaid (ODM) launched its new Comprehensive Maternal Care program January 1, 2023. This voluntary program gives medical practices funding, tools and a framework to improve their population health infrastructure for their pregnant and postpartum patients. This program will be implemented by 84 medical practices currently serving around 14,000 of Ohio's pregnant and postpartum mothers with Medicaid coverage. For more information, please visit ODM's **Maternal and Infant Support website**.



Thank you for your ongoing collaboration. We are looking forward to our work together in 2023.



Ohio Perinatal Quality Collaborative | www.opqc.net

