

Mothers' health matters:

Investment in women's health care will reduce infant mortality

By Wendy Patton

Ohio ranks 47th among the 50 states and the District of Columbia in our infant mortality rate, deaths of children less than a year old per 1,000 live births. This rate is used to measure the health and well-being of a nation.

In 2011 Ohio's infant mortality rate was 7.9 deaths per 1,000 live births, higher than the national rate of 6 per 1,000. Cleveland was dubbed the 'infant mortality capital' of the United States, with infant mortality rates far higher than many developing countries in city neighborhoods. Rural Ohio is afflicted as well: Several counties have infant mortality rates higher than in Mississippi – or Serbia. The infant mortality rate is twice as high in the black community in Ohio.

Lawmakers have their work cut out for them. Their top priority should be eliminating third-world health conditions in a first-world state. One of the most powerful tools they have is Medicaid, which insures poor and low-income working women, and provides expanded care for key women's health issues like pregnancy, family planning and breast and cervical cancer.

Instead, the Kasich budget for the next two years proposes cuts to health care for low-income women. The House version of the budget would make it harder for low-income woman to access and maintain health care through Medicaid.

The Senate can correct the course and move Ohio toward a better standard of living as measured by a dropping infant mortality rate. Ohio's Senate must reverse budget cuts in women's health care and eliminate changes in the Medicaid program that would act as barriers to care. Senators should retain the Medicaid reforms of recent years that allow more women to see a doctor and invest what is needed to help every baby born in Ohio live to her or his first birthday.

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*Policy Matters Ohio is a nonprofit, nonpartisan state policy research institute
with offices in Cleveland and Columbus*

Key findings

An Ohio House committee declares high infant mortality rate a crisis. Yet the House budget creates new barriers in Medicaid and reduces eligibility for women's health services. Bad moves include:

- Requires premium payment on top of co-pays
- Creates lock-out periods for missed payments or paperwork
- Drops eligibility ceiling for pregnant women.
- Reduces eligibility for family planning services
- Reduces eligibility for breast and cervical cancer treatment.