



Health and human services

Infant mortality

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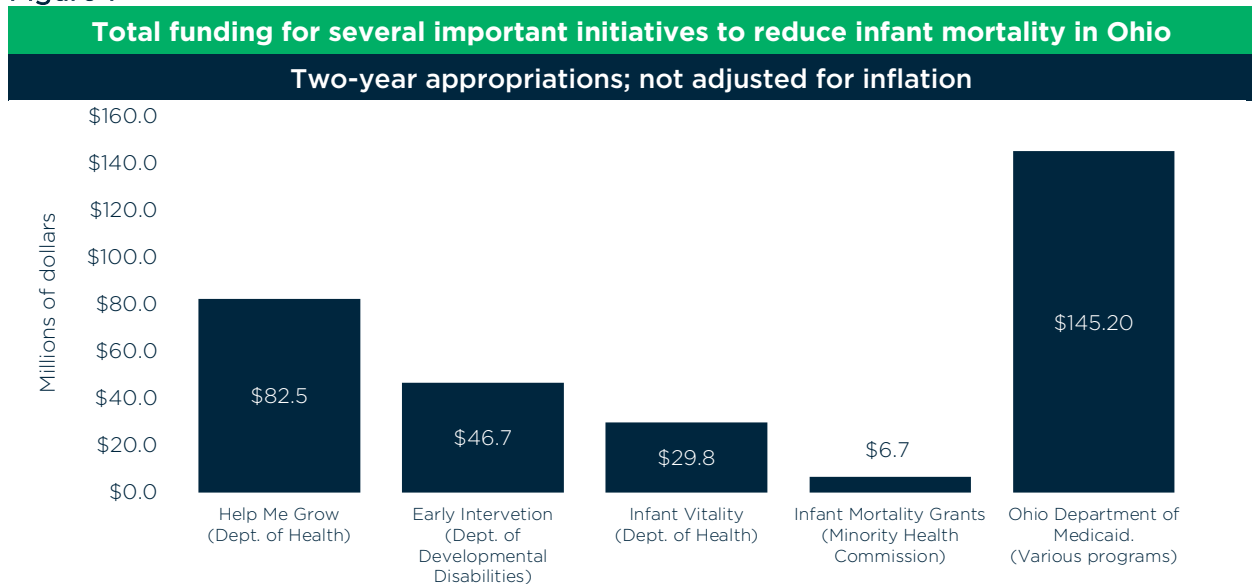
Policy Matters Ohio priority: *Ensure all babies and mothers survive and thrive*
Recommendation: *Fund Infant Mortality Health Grants at \$6 million a year; restore funding cut from Help Me Grow and Early Intervention programs and increase Ohio Department of Medicaid funding to mitigate infant and maternal mortality.*

Outcome: *Good progress; room to do better.*

Ohio is in among the worst states in number of Black babies that don't make it to their first birthday¹ and far too many Black mothers die from childbirth-related causes.²

Direct spending to prevent infant and maternal mortality of \$281.1 million in the 2022-23 budget reflects restoration of last year's budget cuts and freezes along with new increased funding. The figure below shows primary programs benefiting infant and maternal health.

Figure 1



Source: Policy Matters Ohio, based on Ohio Legislative Budget Office Budget in Detail and Spreadsheet of Medicaid initiatives in the 2022-23 budget as enacted (Copy of adjustments and policy change final info as passed SFY 2022-23 8-12 revision shared), provided by Brooke O'Neill, 8/30/2021.

¹ Infant Mortality Rate by Race/Ethnicity, Kaiser Family Foundation at <https://bit.ly/3lrvCyt>

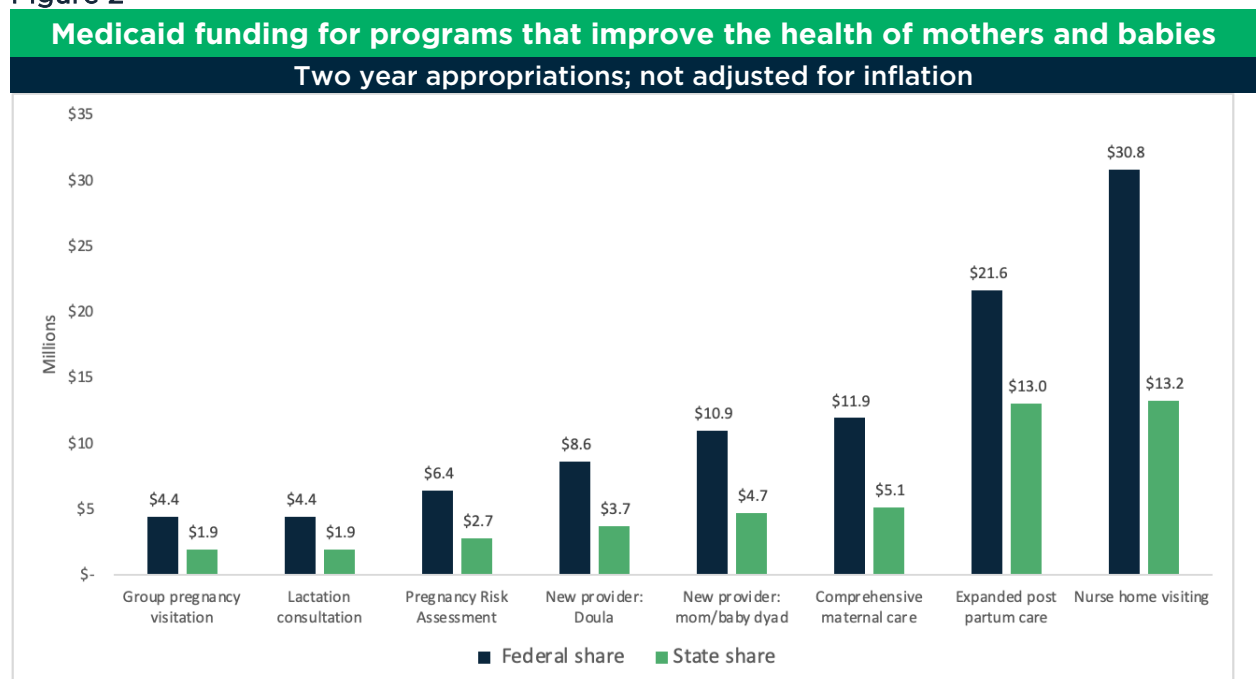
² Jarvis, Jade, "Advocates working to address high infant, maternal mortality rates in Ohio," News 5 Cleveland, May 8, 2021 at <https://bit.ly/3hxBhBH>

Lawmakers boosted funding for the ‘Help Me Grow’ program in the Ohio Department of Health by \$20.3 million (32.6%) compared to the prior two-year budget and increased eligibility for home visiting services to families earning no more than 200% of the federal poverty level. The ‘Help Me Grow’ program funds home visiting services by nurses and social workers to help families with babies and very young children. This helps reduce infant mortality, a dire problem in Ohio, particularly among Black families. The 2020 home visiting program assessment report of the Ohio Department of Health found about a third (34.3%) of the 84,035 families in need of program services received them, about half through programs funded by the state and half through local, federal, or philanthropic funding.

Help Me Grow, as well as a companion program in the Department of Developmental Disabilities, “Early Intervention” – were reduced by \$3.3 million in direct cuts to 2020 appropriations³ and further eroded during the long spending freeze, which lasted well into FY 2021. The 2022-23 budget backfills for these losses and provides an increase over enacted appropriations in the prior budget. Other significant investments included:

- Lawmakers increased the ‘Infant Vitality’ Program, which supports initiatives to reduce infant mortality, by \$16.6 million, an increase of 125.6%
- They restored funding cut in the 2020-21 budget for the Ohio Minority Health Commission’s infant mortality grants, and increased funding by \$2.6 million to \$6.7 million over the biennium.
- The most important boost came from increased direction of Medicaid funds. The increase in state and federal Medicaid funds for infant and maternal health is shown in Figure 2, below, by program.

Figure 2



Policy Matters Ohio, based on Spreadsheet of Medicaid initiatives in the 2022-23 budget as enacted (Copy of adjustments and policy change final info as passed SFY 2022-23 8-12 revision shared), provided by Brooke O’Neill 8/30/2021.

³ Patton, Wendy, Cuts, Costs and CARES Act funds, Policy Matters Ohio, August 6, 2020 at <https://bit.ly/3D3ra0h>

The graph highlights that Medicaid funds pregnancy consultation groups and home visits; officials expanded services to help mothers breast feed and has directed staff to improve providers' use of the Pregnancy Risk Assessment forms, to collect data on maternal mortality. The agency is providing some funding of doula services. One of the largest new investments is the expansion of Medicaid coverage to all women whose childbirth was covered by Medicaid up to a full 12 months postpartum, instead of 60 days.

Context

Ohio's rate of infant mortality among Black infants rose to 14.3 deaths per 1,000 births in 2019, as the white infant mortality rate fell to 5.1. The disparity in outcomes is caused by many factors, known broadly as social determinants of health: discrimination in employment and unequal funding of schools, curtailing opportunity; segregated communities with a lack of safe, decent and affordable housing, a lack of access to healthy nutritious food including fresh produce and a lack of health care.

The expansion of Medicaid to low-income working people helps with access to health care, and this has a bearing on infant mortality. People enrolled in the "Mothers in Medicaid" program overall experienced 8.67 deaths per 1,000 live births in 2019. The rate among Black women in the program was 13.2 in that year; for Black women who were not enrolled in Medicaid, it was almost 19 per 1,000 live births⁴ – higher than in Sri Lanka, Albania and the Gaza Strip.⁵ Clearly, this points to the urgency of getting women enrolled in Medicaid and establishing programs to keep them enrolled – and to intensify state investment to improve the health and lives of Black women and infants.

Ohio is in poor shape in terms of maternal mortality as well. The state ranks in the middle of the pack, but that's not a good place to be in a nation with a bad track record.⁶ In 2018, overall maternal mortality in Ohio was 14.1 deaths per 100,000, up from 9.8 deaths per 100,000 in the years 2003-2007.⁷

Nationally, Black and Indigenous women are two to three times more likely to die from pregnancy-related causes than white women. Between 2008 and 2016 in Ohio, there were 29.5 maternal deaths per 100,000 Black mothers, but 11.5 per 100,000 among white mothers.⁸ Reasons for the disparity are complex but include a lack of access to, and poor quality of, health care for women of lower incomes. The Medicaid expansion was critical in addressing this issue; protecting it must be a priority.

⁴ Report on pregnant women, infants and children, SFY 2020, Ohio Department of Medicaid, July 19, 2021 at <https://bit.ly/3hvZqbV>

⁵ Infant mortality of countries, Infoplease world health at <https://bit.ly/3tBBicM>

⁶ Brown Introduces Legislative Package To Expand Access To Nutrition Program As He Works To Combat Maternal, Infant Mortality at <https://bit.ly/3nuqThQ>

⁷ March of Dimes Peristats at <https://bit.ly/3k8Rmzt>

⁸ "Racial Disparities in Pregnancy-Related Deaths in Ohio 2008-2016," Ohio Department of Health at <https://bit.ly/2XjrGXR>