

Joint Medicaid Oversight Committee





CORE FUNDERS



Evidence-informed policy



Modifiable factors that impact health







Contributing factors



Access to care



Healthcare system



Public health and prevention



Social and economic environment



Physical environment

Value factors



Population health



Healthcare spending

Health value rank





Ohio's greatest challenges infant mortality



Infant mortality in Ohio

Number of infant deaths per 1,000 births, by race and ethnicity



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*At the time this data was pulled (2.6.2023), the 2021 data year was marked as partial and may be incomplete. **Source:** Health Policy Institute of Ohio, "Social Drivers of Infant Mortality: Recommendations for Action and Accountability in Ohio." Data from Ohio Department of Health, Public Health Information Warehouse, Birth Resident and Mortality datasets

Infant mortality

Pre-term birth

Birth defects

Low birth weight

Child accidents and injuries

Infant mortality

Pre-term birth

Birth defects

Low birth weight

Short birth spacing

Tobacco use and exposure

transportation

Poverty

Lack of

Racism

Substance use disorder

Intimate partner violence

Residential segregation

Mass incarceration

Unemployment/low wages

Child accidents and injuries

Chronic health conditions

Violence

Lack of access to healthy food Lack of physical activity

Lack of access to care

Homelessness and housing insecurity

Air and water pollution

Income inequality Harn Toxic stress

Harmful working conditions

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The social drivers of infant mortality 5 years later



Senate Bill 332



A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve housing, transportation, education and employment



Prepared by the Health Policy Institute of Ohio for the Ohio Legislative Service Commission

Dec.1,2017

From the report

Key findings



- Improvement is possible
- Pregnancy is not the only period of time that matters for infant health
- Access to high quality health care is necessary, but not sufficient
- Racism, discrimination, violence & toxic stress are barriers to improvement

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Social Drivers of Infant Mortality

Recommendations for Action and Accountability in Ohio

Why is action

needed? For many years, policymakers and community leaders across Ohio have worked to reduce high rates of infant mortality. Decisionmakers have explored this issue through multiple advisory committees, collaborative efforts, investments, legislation and other policy changes.' For example, the Ohio General Assembly passed Senate Bill 322 in 2017, which adopted recommendations from the Ohio Commission on Infant Mortality's 2016 report and required the creation of the 2017 Social Drivers of Infant Mortality (SDOIM) report: A New Approach to Reduce Infant Mortality and Achieve Equity.



1. Changes beyond health care are needed to ensure that every baby thrives. While healthcare innovations are necessary, improvements to broader community conditions are needed to decrease widening gaps and reinvigorate Ohio's stalled progress on infant mortality. 2. Leaders across sectors must work together for meaningful changes. Public and private partners from the health. housing, transportation, education and employment sectors have many opportunities to change policies and invest in effective solutions to eliminate disparities. 3. Progress on past recommendations has been mixed. Policymakers can build upon the bipartisan cooperation, sustained investment and local collaboration that contributed to action on evidence-based recommendations, and more can be done to engage community members and hold leaders accountable for enacting specific changes to support families.

Building on and prioritizing recommendations to reduce infant mortality



A New Approach to Reduce Infant Mortality and Achieve Equity (2017) Specific recommendations to improve housing, transportation, education and employment. Developed by the Health Policy Institute of Ohio (HPIO) for the Ohio Legislative Service Commission.



Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force (2022) General recommendations to improve health care, education, economic stability, neighborhood and built environment and social and community context. Coordinated by the Ohio Department of Health.

This policy brief builds upon these recommendations by prioritizing specific and actionable steps leaders can take to create change in five areas: Housing, transportation, education, employment and racism.



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Policy goals and recommendations



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What is the relationship between **housing** and maternal and child health?

Housing factors

- Affordability
- Quality
- Stability
- Equitable housing practices and renter protections
- Safe and highopportunity neighborhoods

Intermediate outcomes

- Improved access to stable employment, education, health care and food
- Decreased toxic and persistent stress
- Reduced exposure to lead, pests and intimate partner violence

Long-term outcomes

- Healthy mothers and babies
- Improved birth outcomes
- Health equity

Decreased inequities

Decreased disparities

Prioritized policy goals: Housing

Goal 1: Increase availability of rental assistance

Goal 2: Reduce structural barriers to affordable housing

Goal 3: Increase affordable housing supply

Goal 1: Increase availability of rental assistance

Increase funding for programs that assist pregnant women and families, including those with extremely low incomes, with maintaining their current housing or affording new housing

State recommendations

- 1.1. Rapid re-housing and rental assistance
- 1.2. Financial incentives for prioritizing pregnant women
- 1.3. Medicaid waiver for tenancy support

What is the relationship between **transportation** and maternal and child health?

Transportation factors

- Public transit access, reliability and frequency
- Pedestrian, bicycle and motor vehicle safety
- Vehicle ownership and driver's license status
- Air quality (vehicle emissions)

Intermediate outcomes

- Improved access to employment, education, health care and food
- Decreased toxic and persistent stress
- Reduced exposure to air pollution and unsafe conditions for drivers and pedestrians

Long-term outcomes

- Healthy mothers and babies
- Improved birth outcomes
- Health equity

Decreased disparities

Decreased inequities

Prioritized policy goals: Transportation

Goal 4: Improve Medicaid Non-Emergency Medical Transportation

Goal 5: Improve and expand local public transportation

Goal 4: Improve Medicaid Non-Emergency Medical Transportation

Monitor and continuously improve the performance of Non-Emergency Medical Transportation (NEMT) provided through Medicaid managed care plans, prioritizing timely services for pregnant women and parents of young children.

State recommendations

- 4.1. Medicaid oversight
- 4.2. Medicaid transparency
- 4.3. Managed care plan quality improvement

What is the relationship between **education** and maternal and child health?

Education factors

Education system quality (pre-K through postsecondary)

• Educational attainment

Intermediate outcomes

- Increased employment, income and access to health care and healthy food
- Increased health literacy
- Increased social capital and social support

Long-term outcomes

- Healthy mothers and babies
- Improved birth outcomes
- Health equity

Decreased inequities

Decreased disparities

Prioritized policy goals: Education

Goal 6: Strengthen early childhood education and family support programs

Goal 7: Reduce barriers to career-technical education and other postsecondary education programs

What is the relationship between **employment** and maternal and child health?

Employment factors

- Wages
- Working conditions
- Employee benefits, including:
 - Affordable and comprehensive health insurance
 - Paid family leave

Decreased inequities

Intermediate outcomes

- Increased income and access to health care and healthy food
- Decreased toxic and persistent stress
- Increased breastfeeding

Long-term outcomes

- Healthy mothers and babies
- Improved birth outcomes
- Health equity

Decreased disparities

Prioritized policy goals: Employment

Goal 8: Increase access to work supports

Goal 9: Adopt more robust leave policies and employment benefits

What is the relationship between **racism** and maternal and child health?

Discrimination factors

Eliminate racism at all levels:

- Structural (across systems in society)
- Institutional (within institutions and organizations)
- Interpersonal (between individuals)
- Internalized (within individuals)

Intermediate outcomes

- Reduced exposure to trauma, violence and toxic stress
- Reduced poverty
- Increased access to quality education and employment
- Reduced residential segregation
- Increased access to quality health care

Long-term outcomes

- Healthy mothers and babies
- Improved birth outcomes
- Health equity

Decreased disparities

Decreased inequities

Prioritized policy goals: Racism

Goal 10: Authentically partner with Black Ohioans and tailor policies and programs to meet their needs Goal 11: Implement and fund policies and programs that promote justice and fairness Goal 12: Increase accountability for eliminating disparities in birth outcomes

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Housing	Transportation	Education	Employment	Eliminating racism
Goals				
 Rental assistance Structural barriers Housing supply 	 Medicaid Non- Emergency Medical Transportation Public transportation 	 Early childhood education and family support programs Career- technical and postsecondary 	 Work supports Leave policies and employment benefits 	 Partner Implement and fund Accountability

Action Guides

April 2023

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April 2023

OUSING ACTION GUIDE

- Why is action needed? Safe, stable and affordable housing is vital for good health. There are several ways that housing attects overal health and well-being, including :
- Unsafe, overcrowdod and/or poorly main/ained housing can lead to matemat and infant health problems through exposure to hazards like lead and mold.
- High housing costs can contribute to financial instability, including increased risk of eviction and homelessness, and loxic stress
- Residential segregation isolates some communities from needed resources, such as healthcare and employment oppartunities, and can create conditions for increased chronic stress, frauma and community violence.

Figure 1. Relationship between housing and infant mortality

Leading causes Negative effects on health and of Infant Housing challenges and inequilies equity mortality



Source: IPID "A new approach to reduce infant motifully and achieve equity Policy recommendations to in prove housing, transportation, obtaction and employment" (2002)

Social drivers of infant mor	ACTION	GUIDE

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Why is action needed?

Education is vital for good health. Overall, women with higher educational attainment experience lower rates of infant mortality." although the Black-white disparity persists at all education levels." Education affects overall health and well-being in several ways

 Lacking a sufficient education makes it more difficult to find employment that offers benefits, including paid leave, and pays enough to support healthy choices and basic needs, such as healthy food, medical care and stable housing in a safe neighborhood.

 Education can increase a person's understanding of how to effectively navigate and engage in the healthcare system and make informed decisions about health.

 Stronger social connections and community involvement are more common among people with higher educational attainment and are typically associated with greater evels of social support and other protective health factors?

Figure 1. Relationship between education and infant mortality



TRANSPORTATION ACTION GUIDE

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June 2023

Why is action needed?

Safe, accessible and affordable transportation is vital for health and well-being. Transportation affects health and overall well-being in several ways:

- Transportation impacts access to care, health behaviors and health outcomes through the ability to get to health care, jobs, school, child care, social services, grocery stores, parks, libraries and other destinations. Walking, biking and public transit are transportation modes that increase physical activity. More walkable
 communities with parks and playgrounds promote social connectedness. Land use and zoning patterns
- affect pedestrian safety, motor vehicle crashes and active transportation Center presentation of the major source of air pollution. Air pollution has been linked to several negative health outcomes including asthma, heart disease and lung cancer.¹

Transportation challenges and inequities	Negative effects on health and equity		Leading causes of infant mortality	
Access and connectivity Limited transit services Low rates of car ownership due 	Difficulty getting to healthcare providers	Inadequate pre- conception. prenatal and	 Birth outcomes: Preterm birth Low birth 	
to poverty and discriminatory practices • Historically racist transportation and land-use policies (slum clearance, urban renewal,	Difficulty getting to jobs, post-secondary education and child care	postnatal care Poverty	weight Birth defects Maternal complications of pregnancy	
etc.) • Transportation funding that prioritizes highways/roads over public transt and active transportation	Difficulty getting to grocery stores, parks and other places to access healthy food and physical activity	Poor maternal health • Physical health • Mental health	↑ ↑	
Active transportation and traffic safety • Low walkability and unsafe	Toxic and persistent stress			
pedestrian access to bus stops • Sprawl (low density development, car	Lack of physical activity			
dependence) • Zoning patterns and unsafe roadway design • High rate of crashes	Unsafe conditions for drivers and pedestrians			
Ar quality Traffic congestion, inefficient vehicles and high number of vehicle miles traveled are major causes of air polution • Proximity to major radways	Exposure to poor outdoor air quality (high level of particulate matter)		Sudden unexplained infant death	

\$ EMPLOYMENT ACTION GUIDE

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Why is action needed?

- Employment that pays a self-sustaining wage and offers health insurance and other benefits can pave the way for good health and positive birth outcomes. Conversely, unemployment during pregnancy is associated with lower bith weight and higher rates of infant mortality. Employment is connected to overall health and wel-being in several ways.⁴
- Income generated from employment enables access to healthy food, safe housing, healthcare services and other resources that promote health. Higher income is also associated with better mental health.
- Warking conditions, including the physical environment, the type of work performed, the level of flexibility and control employees have to complete their work, and discrimination in the workplace can cause work-related stress and affect health. Work that is physically strenuous may improve health through increased physical activity but can also put workers at increased risk of illness, injury and/or disability, particularly for people with other medical conditions.
- Workplace policies and employment benefits, including health insurance coverage, paid time off, predictable scheduling and breastfeeding support, can influence the health of employees and their family members.

Figure 1. Relationship between employment and infant mortality



Source: HPIO "A new approach to reduce infant martality and achieve equity: Policy recommendations to improve housing, transportation, education and employment" (2017)

Modifiable factors that influence health

Social, economic and physical environment (Community conditions, such as economic stability, food insecurity, housing and transportation)



Source: University of Wisconsin Population Health Institute

Relationships between social drivers of health and infant mortality



* Structural, institutional, interpersonal and internalized racism

Source: HPIO "A New Approach to Reduce Infant Mortality and Achieve Equity," (2017)



Overall implementation status

Percent of all 2017 recommendations implemented



Policy goals and recommendations



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QUESTIONS?



Mission

HPIO is an independent and nonpartisan organization. Our mission is to advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

Vision

Ohio is a model of health, well-being and economic vitality



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Prioritization criteria

- Evidence of effectiveness
- Relevance to infant mortality priority
 populations
- Potential size of impact on infant mortality rate and disparities
- Opportunities given the current policy landscape
- Political feasibility