



News Release

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Number of Ohio Infant Deaths Rise in 2015; **State Surging New Resources to Support Local Initiatives**

Promising practices identified that help save babies' lives

COLUMBUS – The number of infant deaths in Ohio increased from 955 in 2014 to 1,005 in 2015, according to new data released by the Ohio Department of Health (ODH). The release of the 2015 data comes as the state surges millions of new dollars into local communities to support ongoing initiatives to improve birth outcomes and reduce racial and ethnic disparities in infant mortality. This new funding builds upon nearly \$41.3 million that Ohio has invested over the past five years in state and local initiatives that help address infant mortality.

“Infant mortality in Ohio is trending downward over time, and Ohio’s infant mortality rates improved faster than the national rates during the past five years. Still, these numbers show that we still have a lot of work to do to save babies lives, especially African-American babies,” said ODH Director Rick Hodges. “That is why the state is providing substantial funding to support local initiatives targeting neighborhoods at risk for poor birth outcomes, and it is why we are encouraging communities to pursue identified promising practices in reducing infant mortality.”

The three leading causes of infant deaths in Ohio are prematurity/pre-term births, sleep-related deaths and birth defects. Infant mortality is defined nationwide as the death of a live-born baby before his or her first birthday. An infant mortality rate is calculated as the number of such deaths per 1,000 live births. Ohio’s goal is to reach the national objective of a 6.0 infant mortality rate or lower in every race and ethnicity group.

Ohio’s overall (all races) infant mortality rate rose from 6.8 infant deaths per 1,000 live births in 2014 to 7.2 in 2015. The white infant mortality rate increased from 5.3 to 5.5, and the black infant mortality rate increased from 14.3 to 15.1, with black babies dying at nearly three times the rate as white babies.

Surging New Resources to Support Local Initiatives in High-Risk Communities

In the last state budget, Ohio allocated \$26.8 million through the Ohio Medicaid program to support community-driven proposals to combat infant mortality at the local level. In June 2016, the Ohio Department of Medicaid announced that the funding would support 46 local projects in nine Ohio metropolitan areas that accounted for close to two-thirds of all infant deaths, and 90 percent of black infant deaths, in Ohio in 2015. These communities are Butler Co., Cleveland/Cuyahoga Co., Columbus/Franklin Co., Cincinnati/Hamilton Co., Toledo/Lucas Co., Youngstown/Mahoning Co., Dayton/Montgomery Co., Canton/Stark Co., and Akron/Summit Co.

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Together with its five contracted managed care plans, Ohio Medicaid engaged local leaders in these communities to identify innovative projects that will connect women and infants to quality health care and care management. Information about these projects is available in the Ohio Department of Medicaid's funding [announcements](#).

Continuing Funding to Support Ongoing Local Initiatives in High-Risk Communities

During the next year, the state will provide continuing funding to support ongoing local infant mortality initiatives through a combination of general revenue dollars and federal grants.

- \$5.8 million for 27 Ohio counties at risk for poor birth or childhood developmental outcomes to expand local voluntary, evidence-based home visiting services to women during pregnancy, and to parents with young children.
- \$2.6 million for 14 Ohio counties with the highest infant mortality rates for African-American babies to promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development.
- \$2.5 million to support infant mortality initiatives of local Ohio Equity Institute teams.

Identified Promising Practices in Reducing Infant Mortality

In 2015, Franklin and Stark counties shared declines in the number of infant deaths, including black infant deaths. Community infant mortality coalitions and Ohio Equity Institute teams in both counties are pursuing some promising practices that every Ohio community can adopt to help more babies reach their first birthdays. Examples include:

- **Infant Safe Sleep Practices** – CelebrateOne, a community coalition to address infant mortality in the Columbus area, and the Columbus/Franklin County Ohio Equity Institute team promote safe sleep practices for infants through public education, and provide free cribs to eligible families through a “Cribs for Kids” program. The team and its “Cribs for Kids” program are state funded. The Canton/Stark County Ohio Equity Institute team is focused on the promotion, policy development and adoption of safe sleep practices by hospitals, childcare and early education providers.
- **“Centering Pregnancy” Model of Care** – The Canton/Stark County Ohio Equity Institute team and its “Centering Pregnancy” program partnered with similar programs at local hospitals to promote awareness and access to the evidence-based “Centering Pregnancy” healthcare delivery model which integrates maternal health assessment, education and support. In Columbus, a federally qualified health center, PrimaryOne Health, operates a state-funded “Centering Pregnancy” program.
- **Community Connectors Program** – The Columbus/Franklin County Ohio Equity Institute team launched the South Side Community Connectors initiative to train community members to educate and support families in neighborhoods at risk for poor birth outcomes by connecting them to care. The team is funded by ODH.

A complete list of identified best practices to reduce infant mortality is available [here](#) which is posted on a new state enterprise infant mortality website containing other tools, resources and information at www.PreventInfantMortality.ohio.gov. The complete 2015 Ohio Infant Mortality Report, including data by county; a list of new 2016-17 initiatives to address infant mortality, and a summary of initiatives over the past five years is available [here](#).

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