

First Year Cleveland

First Year Cleveland Infant Mortality Reduction
2019 State Operating Budget Requests
House Health & Human Service Finance Subcommittee
April 11, 2019

Chairman Romanchuk, Ranking Member West, and members of the HHS Finance Subcommittee, my name is Terry Allan, MPH. I am the Health Commissioner for the Cuyahoga County Board of Health and also a board member at First Year Cleveland. I'm here today to speak on behalf of First Year Cleveland, the region's infant mortality prevention coalition, whose mission is to mobilize the community through partnerships and a unified strategy to reduce infant deaths including racial disparities.

For more than 50 years, infants in the Greater Cleveland area have been dying at a rate similar to many third-world countries. This is simply unacceptable and First Year Cleveland is committed to improving birth outcomes for our moms and babies. Many considered these poor birth outcomes to be an unsolvable problem, and leaders representing every sector of the community came together in early 2016 and established First Year Cleveland to develop an effective, comprehensive and sustainable approach to solving infant mortality in our area.

Our collective commitment became a community movement dedicated to ensuring that every baby born in Cuyahoga County will celebrate their first birthday. Our 11 community-wide action teams are actively working to address the challenges that contribute to infant mortality. We focus on addressing long standing racial disparities, decreasing extreme prematurity and eliminating sleep-related deaths — proven strategies aimed to reduce (and sustain a low number of) infant deaths for decades to come. Early efforts have been encouraging — demonstrating success that has further galvanized our partnership — but much more needs to be done to keep our babies alive and healthy so they can reach their first birthday. Our vision is to reach the national goal set by the CDC for infant mortality by 2020.

During the State Operating Budget process, First Year Cleveland has joined forces with Columbus Celebrate One, Cradle Cincinnati, Full Term Akron, Children's Defense Fund of Ohio, and the Ohio Association of Community Health Centers on a collective state-operating budget ask.

In that vein, I am here today for two reasons – first, to show you that based on our data, our programs are having success in reducing disparities and bringing down infant mortality rates. Second, that our continued success will rely on maintaining and increasing support from the state for the work that each collaborative is engaged in each and every day. Fifty years of high infant mortality rates can't be fixed overnight. We know infant deaths can be prevented and reduced by providing several key evidence based services, including but not limited to, home visitation, group pre-natal care (Centering Pregnancy), smoking cessation, safe and lead free housing. We also need to learn more about how the toxic effects of racism and social inequities impact a community's infant mortality rate to meet an American ideal; that everyone should have a fair shot at a healthy life.

Data for each of the four infant mortality reduction efforts mentioned above are included at the end of my testimony and reflects forward momentum including overall reduction of infant mortality. These are positive trends and more must be done and we're committed to solidify and expand our gains. According to the Ohio Department of Health report released at the end of 2018, preterm birth is still the leading cause of infant death across Ohio. Early births (before 37-weeks gestation) are more common among black women, and to date, interventions to decrease early births have yet to show statewide results; we must work harder to address this disparity.

While Ohio's infant mortality rate fell in 2017, with 42 fewer infant deaths overall than the previous year, it's only the second time since the state started recording these statistics in the 1930's that fewer than 1,000 Ohio babies died (the first time was in 2014). The improvement was mostly among white babies and led to an overall rate of 7.2 infant deaths per 1,000 live births.

If we look at the infant mortality rate for white babies, Ohio is now 5.3, which is better than the national Healthy People 2020 goal of 6. The news, however, is not all positive. For black babies the rate is now three times as high, at 15.6, widening the racial gap between the two. When it comes to infant mortality, we all still have work to do in Ohio.

The success of regional efforts in Greater Cleveland, Columbus, Akron and Cincinnati reflect our collective momentum across the state by using proven models and practices that have and can continue to bend the curve on the racial disparity and Ohio's overall infant mortality rate. We believe these data provide strong justification for subsequent budget requests.

As I mentioned above, there are a variety of proven approaches to combat infant mortality, and the suggested budget requests below represent our recommendations on how to invest wisely in our mothers and infants.

1. High need community Infant Mortality Support: We recommend \$35 million in additional funding over the biennium in GRF funding, Federal Family First Act funds or incentive dollars 'held back' from managed care organizations to support the Greater Cleveland, Columbus, Akron, and Cincinnati high-need communities. These resources would support evidenced based practices, evidence informed practices, promising models and community driven practices to reduce infant mortality and augment related support services, including but not limited to, home visitation, group pre-natal care (Centering Pregnancy), behavioral health support, smoking cessation, housing supports, doulas, midwives, perinatal birth workers and cultural competency training related to delivering infant mortality reduction initiatives. These programs would be accountable by benchmarking against annual outcome targets.

2. Medicaid: An additional \$10 million in GRF funding or Federal Family First Act funds (State match required for draw down starting in Federal Fiscal year 2021) over the biennium, to increase the Ohio Department of Medicaid's ability to support evidenced based practices, evidence informed practices, promising models and community driven practices that will reduce infant mortality, including but not limited to, home visitation, group pre-natal care (Centering Pregnancy), behavioral health support, smoking cessation, housing supports, doulas, midwives, perinatal birth workers and cultural competency training related to delivering infant mortality reduction initiatives.

3. Safe and Affordable Housing: The infant mortality collaboratives in Cleveland, Columbus, Akron, and Cincinnati recognize that a specific threat comes from a child's potential and actual exposure to lead. As a result, these collaboratives endorse a focus on primary prevention strategies to prevent infants' initial exposure to lead as called for by the Ohio Lead-Free Kids Coalition and Ohio's Children Budget (<https://ohiochildrensbudget.org>) recommendations related to lead.

4. Early Intervention for Infants: For infants known to have exposure to toxic substances like lead or alcohol, early intervention is crucial to reversing the potential short- and long-term physical and behavioral damage arising from exposure. The infant mortality collaboratives strongly support the recent state policy change allowing automatic eligibility for early intervention services to children exposed to toxic substances—including lead exposure and children born with neonatal abstinence syndrome—without having to wait for a demonstration of a developmental delay. Sufficient funding must follow this critically important policy change. The infant mortality collaboratives seek support for the significant increase of 24.7 million proposed in the Governor’s budget for early intervention services through the Dept. of Developmental Disabilities (DODD).

Thank you for your time and attention today on this important matter, I would be happy to answer any questions.

Individual Collaborative Data

First Year Cleveland (2015-2018)

- 22% decrease point reduction of the infant mortality rate (10.51 to 8.17 per 1,000 live births)
- 18% decrease in premature infant deaths
- 28% decrease in premature births
- 162 fewer Cuyahoga County black babies born preterm in 2018 than 2017
- 70 fewer black babies born < 32 weeks in 2018
- 2018 Cuyahoga County black infant mortality rate is lowest in the past five years

Cradle Cincinnati (2013-2018)

- 15% decrease point reduction of the infant mortality rate (10.24 to 8.98 per 1,000 live births)
- After implementing our Start Strong initiative in Avondale (a predominantly African American, high poverty neighborhood in Cincinnati) there have been zero extreme pre-term births in the neighborhood; before the program there had been 19 extreme preterm births between 2009 – 2014
- 17% decrease in preterm birth in Hamilton County since Cradle’s inception
- 25% decrease in sleep-related deaths
- 19% fewer smokers in the County since Cradle began its smoking cessation initiatives.
- Next five-year strategic plan includes deep implicit bias training for providers and staff

Akron (2016-2018)

- 9% decrease point reduction of the infant mortality rate (7.55 to 6.90 per 1,000 live births)
- 30% decrease point reduction of the infant mortality rate (18.71 to 13.07 per 1,000 live births) of the black infant mortality rate
- 14.5% decrease in preterm births

- 24.4% decrease in black preterm births
- 14.7% decrease in white preterm births
- 18.7% decrease in smoking during 2nd and/or 3rd trimester

Columbus (2011-2018)

- 23% decrease point reduction of the infant mortality rate (9.6 to 7.5 deaths per 1,000 live births)
- 35% decrease point reduction of the infant mortality rate among non-Hispanic Whites (7.5 to 4.9 deaths per 1,000 live births)
- 28% decrease point reduction of infant mortality rate among non-Hispanic Blacks (17.1 to 12.3 deaths per 1,000 live births)
- 5% decrease in the number of premature births
- 6% decrease in the percentage of births that are premature
- 15% decrease in the number of very premature births
- 16% decrease in the percent of births that are very premature