



Senate Medicaid Committee
Infant Mortality Panel
Richard Hodges, Director, Ohio Department of Health
May 19, 2015

Chairman Burke and Members of the Committee,

Thank you for the opportunity to participate on this panel to discuss Executive Budget proposals to reduce infant mortality in Ohio.

Over the last four years, an unprecedented package of reforms and new GRF sources have targeted infant mortality, addressing the primary causes that account for 95 percent of infant deaths: premature birth, birth defects, and sleep-related deaths.

Still, we must do more to save babies' lives.

The FY 16-17 Executive Budget includes continued GRF funding in the amount of \$7.88 million to ODH for the following initiatives:

- Support the development of protocols for provider practices related to the use of progesterone, a hormone supplement used to reduce the incidence of preterm birth. Prematurity, or preterm birth, is the leading cause of infant deaths, accounting for 47 percent of them;
- Continued GRF funding also would support a targeted campaign to educate parents, caregivers, and healthcare providers on safe sleep practices since about 15 percent of infant deaths are sleep-related;
- Continued GRF funding also would help connect women of reproductive age to the tools, training, and assistance needed to quit smoking through their prenatal care providers. Smoking cigarettes during pregnancy has been identified as contributing to poor birth outcomes including about 10 percent of all infant deaths;

In addition, the Ohio Department of Health (ODH) is requesting to redirect an additional \$1 million per year to help increase the state's epidemiology capacity within the state and local health departments in order to provide better access, collection, and statistical analysis regarding infant mortality data to ensure that our programs are targeting hotspots and disparities.

ODH plays a vital collaborative role with Medicaid as they work to wrap coverage around women to address the clinical factors relating to infant mortality. ODH will continue to identify at-risk populations and geographic areas, work to address the social determinants impacting infant mortality, and ensure that our strategies are implemented in an evidence-based manner.