health policy institute of ohio

March 2023

Social Drivers of Infant Mortality

Recommendations for Action and Accountability in Ohio

Why is action needed?

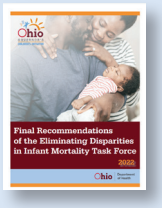
For many years, policymakers and community leaders across Ohio have worked to reduce high rates of infant mortality. Decisionmakers have explored this issue through multiple advisory committees, collaborative efforts, investments, legislation and other policy changes.[1] For example, the Ohio General 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**.

3 Key findings for policymakers

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

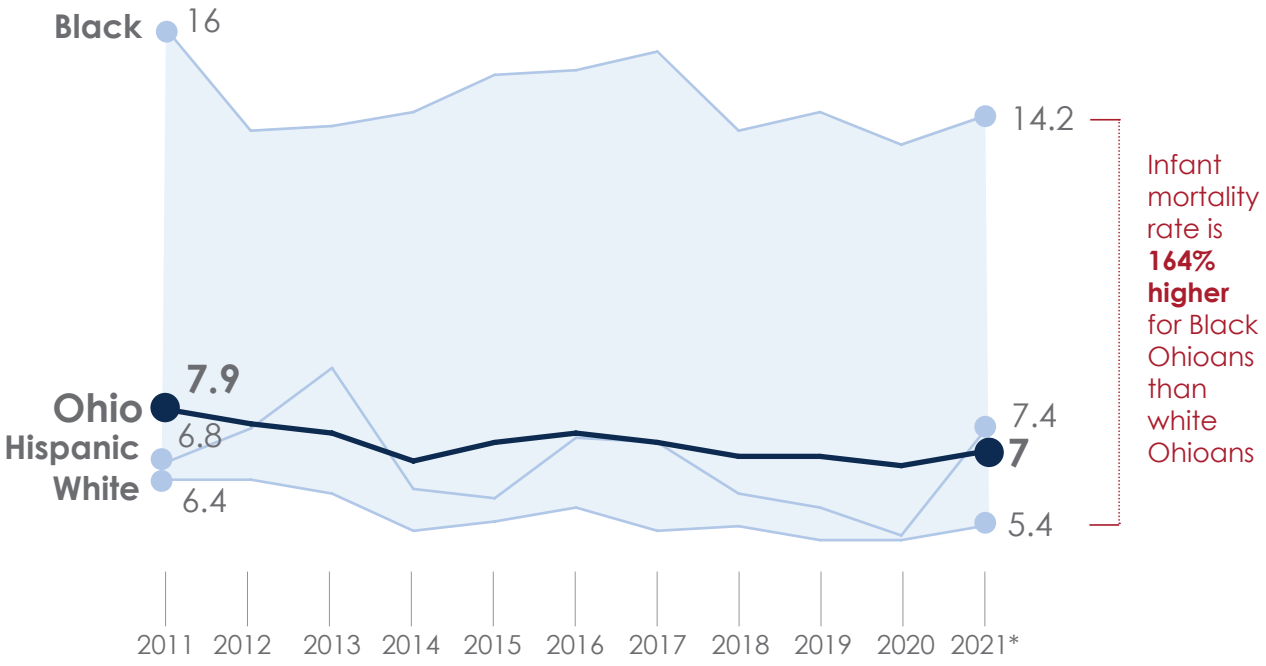
A New Approach to Reduce Infant Mortality and Achieve Equity (2017)
Specific recommendations to improve housing, transportation, education and employment. Developed by the Health Policy Institute of Ohio (HPIO) for the Ohio Legislative Service Commission.



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.

Figure 1. **Infant mortality in Ohio, 2011 - 2021***
Number of infant deaths per 1,000 births, by race and ethnicity



*At the time this data was pulled (2/6/2023), the 2021 data year was marked as partial and may be incomplete.
Source: Ohio Department of Health, Public Health Information Warehouse, Birth Resident and Mortality datasets

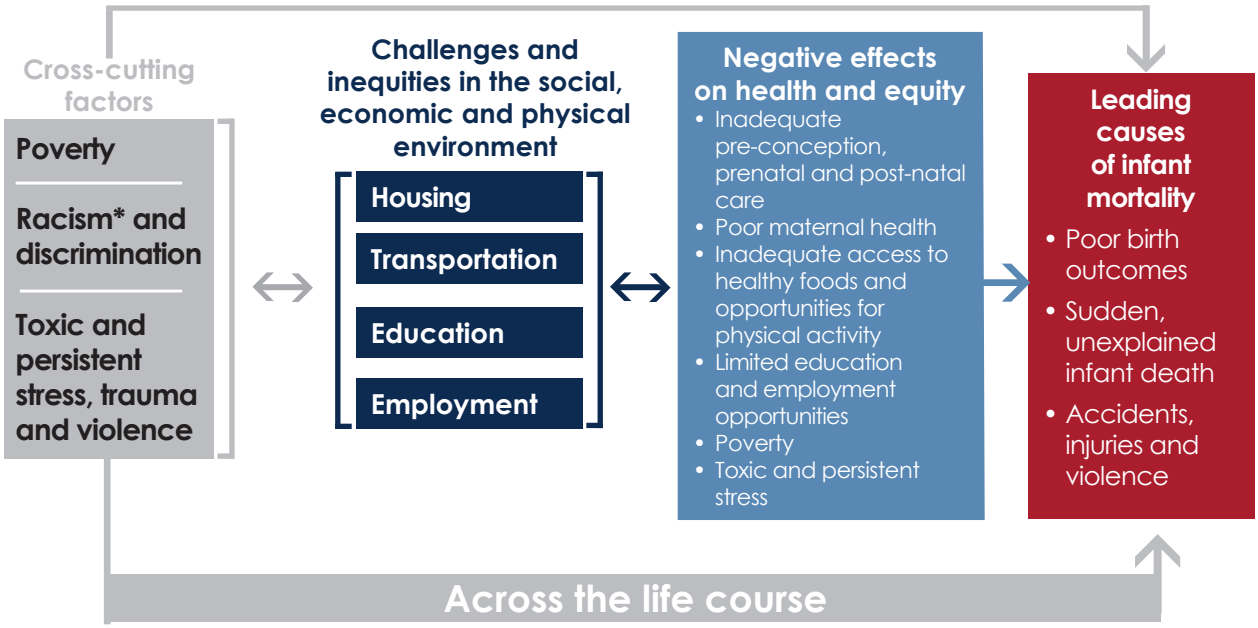
Despite the efforts of many in both the public and private sectors, progress since 2011 has been minimal and uneven, and Ohio's infant mortality rate remains higher than most other states.[2]

While data in figure 1 indicate that there was a 9% decline in the overall infant mortality rate in the past decade, gaps in outcomes between white and Black Ohioans have widened. In 2021, the Black infant mortality rate was 164% higher for Black Ohioans than white Ohioans. These racial disparities in infant mortality persist even when taking parental income and education into account.[3] Rather, the evidence is clear that racism is a primary driver of racial disparities in infant mortality.[4]

Infant mortality prevention efforts have largely focused on public health and healthcare interventions for pregnant women, such as safe-sleep education and prenatal care access. While these efforts have likely contributed to the overall reduction in infant mortality, healthcare services alone are not enough to close gaps in birth outcomes in Ohio. Improvements in factors beyond access to care are needed to reinvigorate Ohio's stalled progress on infant mortality reduction.

Researchers estimate that, of the modifiable factors that affect overall health, 20% are attributed to clinical care (such as healthcare access and quality) and 30% to health-related behaviors (such as smoking and healthy eating). The remaining 50% are attributed to community conditions, such as housing, transportation, education and employment.[5] Figure 2 displays the relationships between upstream factors, such as racism and housing instability, and the leading causes of infant mortality. The communities we live in affect our health, and public policy can support our communities and our ability to reach our full potential.

Figure 2. **Summary of relationships between social drivers of health and infant mortality**



* Structural, institutional, interpersonal and internalized racism
Source: HPIO, 2017, A New Approach to Reduce Infant Mortality and Achieve Equity

This brief provides guidance to policymakers and other stakeholders on how to improve community conditions and achieve birth equity through:

- Twelve prioritized policy goals and a menu of specific recommendations
- Steps for acting on the policy recommendations
- An update on implementation progress on the 2017 SDOIM report recommendations, including opportunities to continue progress and overcome barriers in 2023 and beyond

Action guides and other materials posted on the **HPIO website** provide leaders and community members with concrete tools to implement the recommendations and increase accountability for effective policy change.

Action guides and other materials are available at

bit.ly/SDOIMaction

How to use the recommendations

Public and private partners at the state and local levels can use the recommendations in this report as a menu of options for advocacy and action (see figure 3), using the following steps:

1 Engage and explore

- Engage community partners, including Black Ohioans, to review the policy goals and recommendations
- Discuss the relevance of the policy goals and recommendations for your community, organization and sector
- Use the Housing, Transportation, Education, Employment and Racism **Action Guides** to learn more about the policy environment related to each of the goals and recommendations
- Review data related to the policy goals

2 Prioritize

- Select one or two topics that are most important to your community or constituents
- Within each topic, select one or two policy goals, using criteria such as equity impact, political feasibility, alignment with existing initiatives, or other factors
- Within each policy goal, select one or two specific recommendations, using the criteria listed above (see the **Recommendations Worksheet** for a template)

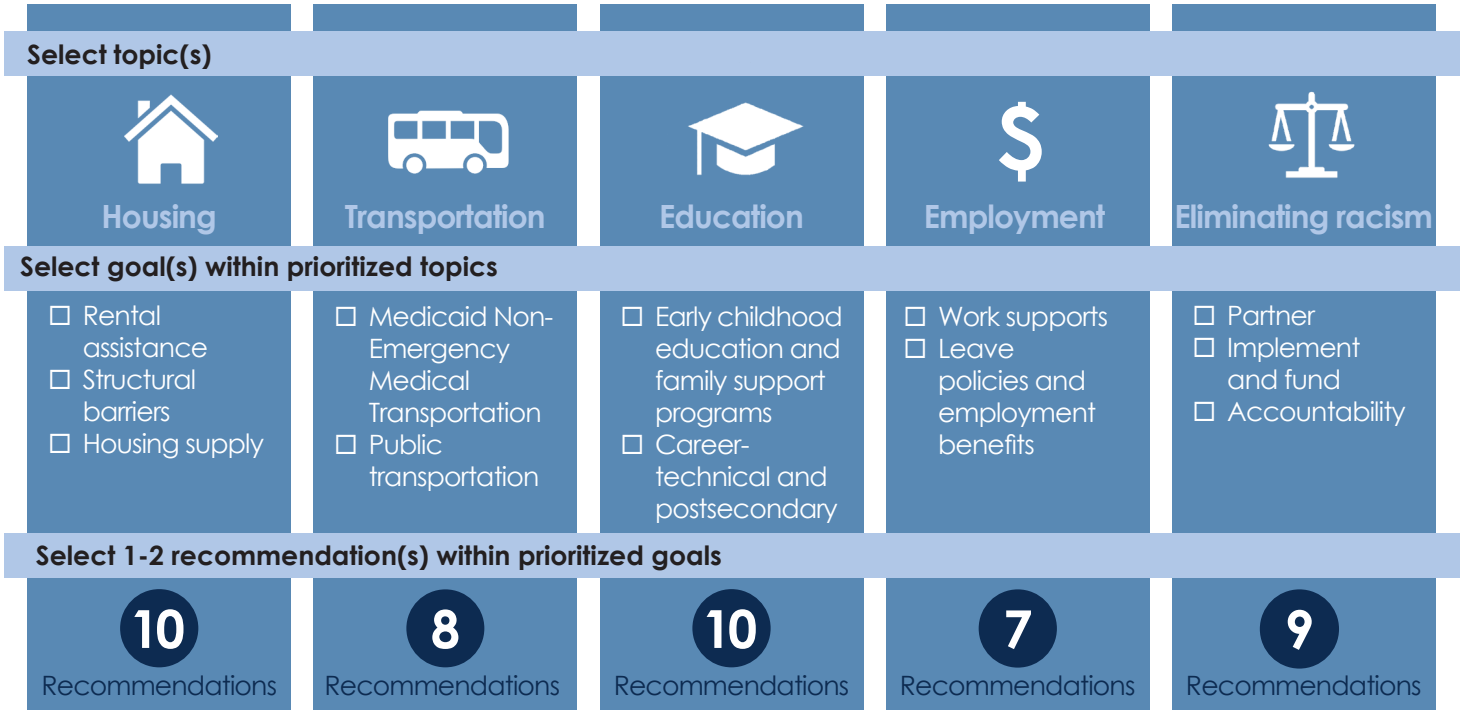
3 Advocate

- Identify partners with a common interest in advancing the prioritized recommendations. Join or build a coalition
- Develop and implement an advocacy plan designed to achieve the prioritized recommendations. See the **Advocacy Worksheet** for additional guidance.
- Develop and implement a plan to build coalitions with cross-sector partners and community members. See the **Coalition-Building Worksheet** for additional guidance.

4 Monitor implementation

- Monitor and document any policy changes, including implementation of the recommendations or lack of progress
- Hold decisionmakers accountable for effective implementation and transparent reporting of outcomes
- Communicate on a regular basis with stakeholders about implementation status and outcomes
- Continue to engage community partners, including Black Ohioans, to discuss implementation success stories and challenges

Figure 3. **Prioritize policy goals and recommendations**



Prioritized recommendations

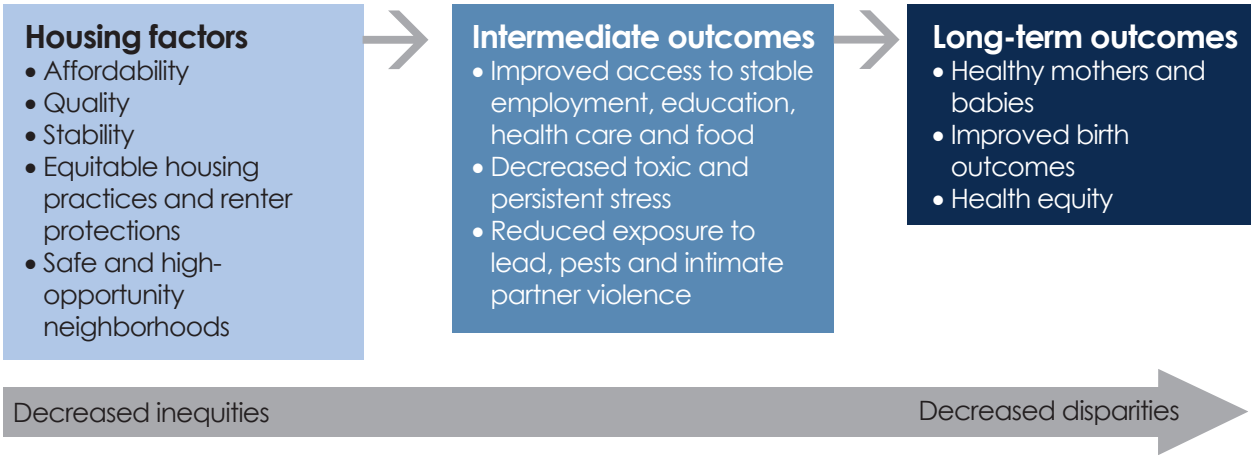
Released in 2017, **A New Approach to Reduce Infant Mortality and Achieve Equity** ("the 2017 SDOIM report") identified 127 policy recommendations in housing, transportation, education and employment to reduce infant mortality in Ohio. Of those original policy recommendations, the majority saw some progress towards implementation, but very few were fully implemented. Visit the implementation progress and barriers section on page 15 for more information.

To inspire more focused action on the most important factors that contribute to infant mortality, HPIO's **Social Drivers of Infant Mortality Advisory Group** distilled and prioritized that list down to 12 policy goals and 44 key recommendations. This includes 3 new policy goals focused on eliminating racism to decrease disparities in infant mortality.

Housing

Figure 4 illustrates the connections between housing factors and maternal and child health. See pages 22-25 of the **2017 report** for a summary of research on how housing affects infant mortality and equity.

Figure 4. **What is the relationship between housing and maternal and child health?**



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 obtaining new housing.

State recommendations

→ **1.1. Rapid re-housing and rental assistance funding.**
State policymakers can direct state agencies to increase funding from new and existing sources for rapid re-housing programs and other rental assistance programs for pregnant women and families with very young children. Unallocated American Rescue Plan Act (ARPA) funds could be used for this purpose.

→ **1.2. Financial incentives that prioritize pregnant women.**
State policymakers can instruct key state agencies to establish low-cost financial incentives that will help public housing authorities implement housing preferences for pregnant women and their families who are homeless or experiencing housing instability.

→ **1.3. Medicaid flexibility to cover housing supports.**
The Ohio Department of Medicaid (ODM) can leverage flexibility from the Centers for Medicare and Medicaid Services (CMS) through an 1115 waiver, "in lieu of services and settings" or other

mechanisms to cover housing supports for pregnant women with housing instability, including rental assistance. To identify eligible members and evaluate effectiveness of these supports, as well as other housing-related initiatives, ODM can ensure that the Health Risk Assessment (HRA) and the Pregnancy Risk Assessment Form (PRAF) include a standardized measure of housing instability.

Goal 2. Reduce structural barriers to affordable housing

Implement policies to protect renters from discrimination, particularly for families at highest risk of eviction and housing instability.

State recommendation

→ **2.1. Eviction expungement and other clean slate policies.**
The General Assembly can pass legislation to remove barriers to housing for renters with past evictions or criminal records. Specifically, they can pass legislation introduced in the 134th General Assembly (Senate Bill 158) which would allow for a court to expunge an eviction case upon the motion of a tenant, landlord or the court's own motion.

Local recommendations

→ **2.2. Renter protections.**
Local governments can implement policy changes that protect renters and reduce discrimination, such as increased funding for legal aid services and implementing "source of income" protections and Pay to Stay policies.

→ **2.3. Mitigation fund.**
Local policymakers can continue to increase access to private rental market housing for tenants with extremely low incomes by establishing funds or other incentives that can be used to mitigate perceived risks associated with renting to tenants with extremely or very low incomes and rental assistance recipients (such as lease compliance and general maintenance).

Goal 3. Increase affordable housing supply

Increase funding for affordable housing developments for very low-income and extremely low-income renters and homeowners in high-opportunity and low-poverty rate areas.

State recommendations

→ **3.1. Federal Low-Income Housing Tax Credit.**
The Governor and the Ohio General Assembly can revoke provisions from House Bill 45 (134th General Assembly), including a provision that allows low-income housing tax credit properties to be taxed at an inflated market value instead of actual rental income, and another provision that would prohibit the use of State Historic Preservation Tax Credits and Low-Income Housing Tax Credits on the same project.

→ **3.2. State Low-Income Housing Tax Credit.**
The state legislature can implement a state-level low-income housing tax credit for the development of affordable single-family and multi-family homes.

Local recommendations

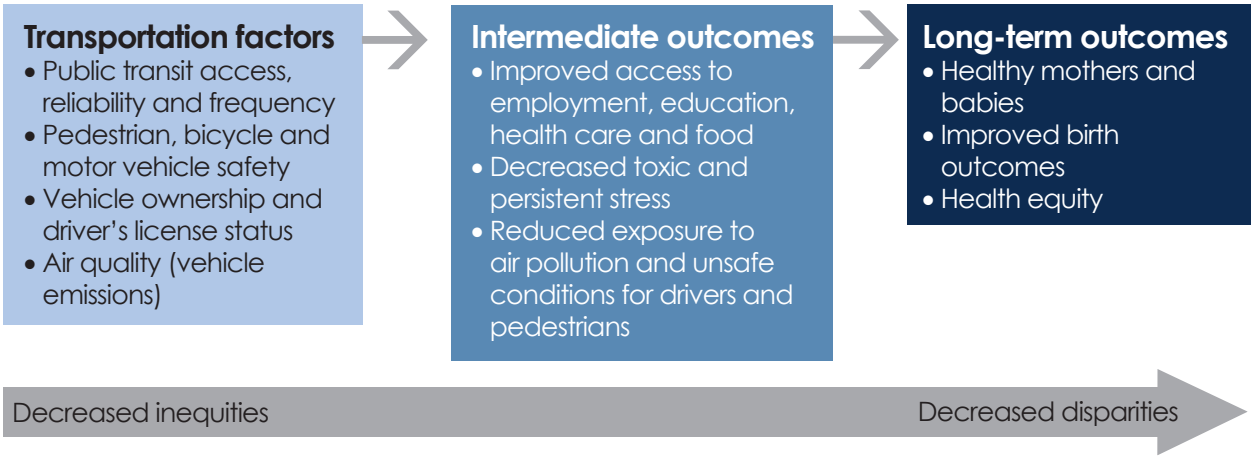
→ **3.3. Inclusionary zoning.**
Local policymakers can implement inclusionary zoning policies that require or incentivize developers to reserve a certain percentage of new units to be affordable for families below 80% Area Median Income. Local policymakers can also require that housing developers work with local public housing authorities to ensure that new housing developments will be eligible to accept rental assistance.

→ **3.4. Funding for affordable housing development.**
Local policymakers can provide funding for the construction and maintenance of affordable housing by leveraging federal dollars for affordable housing and homelessness programs, utilizing bond packages to fund affordable housing (such as Columbus' 2022 Issue 7) or providing low interest loans for upgrades and repairs that allow families to affordably update and maintain their homes.

Transportation

Figure 5 illustrates the connections between transportation factors and maternal and child health. See pages 50-52 of the **2017 report** for a summary of research on how transportation affects infant mortality and equity.

Figure 5. **What is the relationship between transportation and maternal and child health?**



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.**
  The Ohio Department of Medicaid (ODM) can carefully monitor quarterly Transportation Performance Reports submitted by managed care organizations, incentivize performance improvement and enforce compliance with NEMT requirements in provider agreements.
- **4.2. Medicaid transparency.**
  ODM can publicly report data on managed care plan NEMT performance trends to inform decision making by Medicaid members.
- **4.3. Managed care plan quality improvement.**
  Medicaid managed care plans can improve the timeliness, responsiveness and customer service of NEMT provided by vendors, including reduced wait times and improved scheduling processes. Plans can also monitor vendor capacity to ensure that enough drivers are available for all service areas.

Goal 5. Improve and expand local public transportation

Strengthen Ohio's public transportation infrastructure through increased investment and expanded transit services in communities most at risk for poor family health outcomes.

State recommendations

- **5.1. Transit funding allocation.**
  State policymakers can increase funding for public transportation in future biennial transportation budgets.
- **5.2. Transit revenue source.**
  State legislators can increase funding for local public transportation with existing revenue sources by allowing gas tax and vehicle-related fee revenue to be used for transit systems through revision of ORC 5501.05. (ORC 5501.05 currently prohibits use of fuel or vehicle-related fees or taxes for non-highway purposes.)

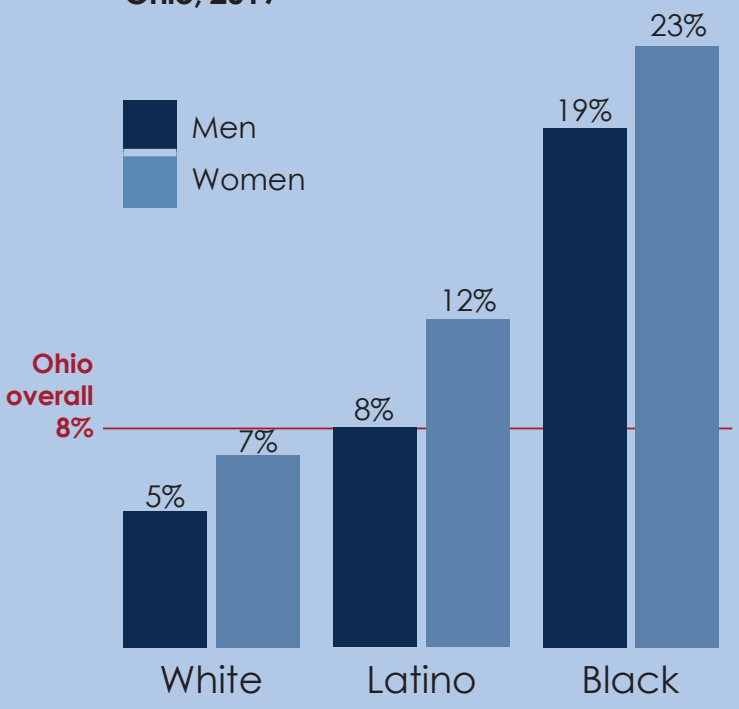
Local recommendations

- **5.3. Transit service improvements.**
  Local transit agencies and regional planning authorities can strengthen public transportation services by adding or expanding routes, including Bus Rapid Transit (BRT), prioritizing frequent and affordable service to better connect low-income communities to jobs, healthcare providers, grocery stores and other critical resources.
- **5.4. Discounted transit passes.**
  Local transit agencies can implement and evaluate income assistance programs that provide discounted transit passes to customers with low incomes.
- **5.5. Community engagement in transportation planning.**
  Transit authorities and regional planning organizations can prioritize community engagement of pregnant women, families and people of childbearing age to inform decisions about transit services and improvements to the built environment. Maternal and child health partners can actively engage in local transportation planning efforts, ensuring direct participation of communities most affected by infant mortality.

Transportation access

In many Ohio communities, getting to healthcare appointments, the grocery store or jobs is difficult without a car. Black women are more likely than other groups to live in a household without a vehicle, as displayed in figure 6. Access to high-quality public transportation and rides to healthcare appointments for Medicaid enrollees (known as Non-Emergency Medical Transportation) are therefore important for connecting families most at risk of infant mortality with critical resources.

Figure 6. **Percent of households without a vehicle by race/ethnicity and gender, Ohio, 2019**



Source: National Equity Atlas

Education

Figure 7 illustrates the connections between education factors and maternal and child health. See pages 70-73 of the **2017 report** for a summary of research on how education affects infant mortality and equity.

Figure 7. **What is the relationship between education and maternal and child health?**

Goal 6. Strengthen early childhood education and family support programs

Increase the number of children participating in high-quality early childhood education and provide support to families with young children.

State and local recommendations

→ **6.1. Home visiting funding.**
State and local policymakers can increase access and funding for evidence-based home visiting programs.

→ **6.2. Father engagement program funding.**
State and local policymakers can increase access and funding for evidence-based father engagement programs.

→ **6.3. Early childhood education quality.**
State and local policymakers can increase funding and other resources for early childhood care and education programs that have not yet achieved a high-quality Step Up To Quality (SUTQ) rating.

State Recommendations

→ **6.4. Supports for early childhood care and education professionals.**
State policymakers can take steps to increase wages, such as implementing a wage schedule, facilitate career advancement and offer other workforce supports for frontline early learning professionals. (See specific recommendations from the **Joint Study Committee on Ohio's Publicly Funded Child Care and Step Up to Quality Program final report**).

→ **6.5. Supports for early childhood education startups.**
State policymakers can provide grants or other resources for new childcare providers to cover the cost of starting an early childhood education center or business, especially in areas of the state that are childcare deserts or that have a large number of children receiving publicly funded child care.

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

Increase funding and flexibility for career-technical education (CTE) and postsecondary education programs to expand access for secondary school students and older students returning to school, focusing on the needs of economically disadvantaged and Black students.

State and local recommendations

→ **7.1. Career-technical education funding.**
State and local policymakers can explore new funding models for CTE and increase funding to allow for expansion.

→ **7.2. CTE program and participation supports.**
With incentives and flexibility from the state government, local school districts can expand existing CTE programs through integration and collaboration with other districts, postsecondary institutions, businesses and community organizations. School districts can also provide year-round enrollment in CTE programs and increase non-traditional scheduling opportunities outside of the normal 8 a.m. to 3 p.m., late August to late May schedule that many schools follow.

State recommendations

→ **7.3. Supports for CTE instructors.**
State policymakers can provide flexibility and incentives for local districts to implement innovative approaches to increase the number of high-quality CTE educators.

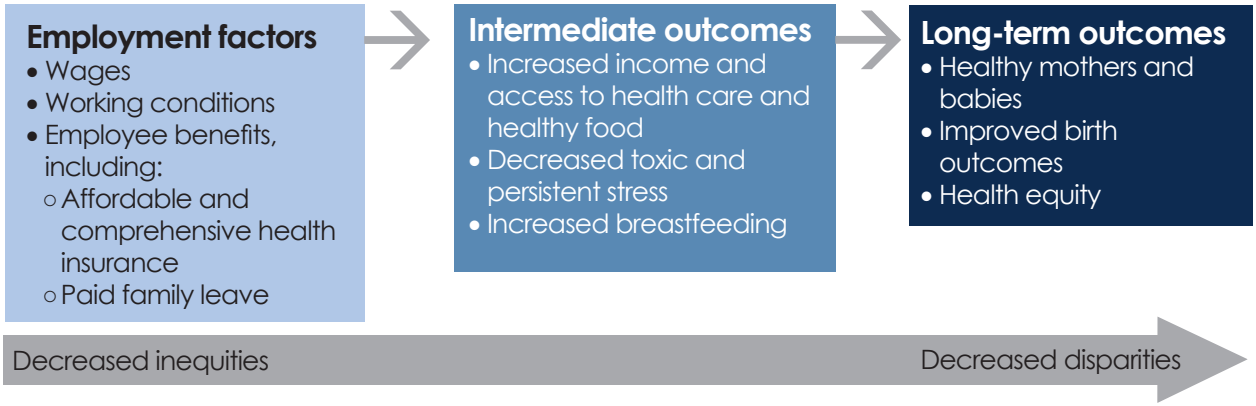
→ **7.4. Postsecondary education incentives.**
State policymakers can increase opportunities for Ohioans to obtain quality postsecondary credentials by raising appropriations for the Ohio College Opportunity Grant.

→ **7.5. Postsecondary financial aid for older students returning to school.**
State policymakers can re-evaluate state-funded, needs-based financial aid programs to ensure that older students returning to school have access equal to that of students just finishing high school.

$ Employment

Figure 8 illustrates the connections between employment factors and maternal and child health. See pages 98-101 of the **2017 report** for a summary of research on how employment affects infant mortality and equity.

Figure 8. **What is the relationship between employment and maternal and child health?**



Goal 8. Increase access to work supports

Structure public and private benefits to help families with young children advance in their careers and reach self-sufficiency.

State recommendations

→ **8.1. Childcare subsidies.**
State policymakers can increase initial eligibility for childcare subsidies (i.e., publicly funded child care) to 200% of the federal poverty level (FPL), providing access to child care for more families with low- and moderate-incomes (as displayed in figure 9).

→ **8.2. Benefits phase-outs.**
State policymakers can review eligibility levels for government programs to remove disincentives to job attainment and wage increases ("benefit cliffs"). Eligibility levels for benefits programs should be structured to support families on their journey to self-sufficiency.

→ **8.3. Employer-sponsored childcare supports.**
State policymakers can incentivize employers to provide childcare subsidies to their employees in order to remove barriers to employment for parents, particularly those with part-time and/or low-wage jobs.

Goal 9. Adopt more robust leave policies and employment benefits

Cultivate public and private workplaces that provide flexibility and support for pregnant women and families with young children.

State and local recommendations

→ **9.1. Flexible workplace benefits.**
State and local policymakers can offer low-cost incentives, such as awarding extra points during contracting processes, to employers who offer benefits including paid family leave, sick leave and work schedule predictability and/or flexibility.

→ **9.2. Paid family leave.**
State and local policymakers can expand paid family leave benefits to 12 weeks or more and eliminate or mitigate the impact of waiting periods to access paid leave for public employees.

→ **9.3. Living wage standard.**
State and local policymakers can increase the minimum wage paid to public employees to a self-sufficient wage[6], creating an example for private-sector employers to follow.

→ **9.4. Breastfeeding supports.**
State and local policymakers can prohibit employers, primarily those offering part-time, classified and/or low-wage work, from discriminating against employees who breastfeed and require supports, such as paid breaks to express milk.

Poverty and child care

The federal poverty level (FPL), issued by the U.S. Department of Health and Human Services each year, is an income guideline based on family size that determines eligibility for various federal and state benefits programs. For example, for 2023 in Ohio, families earning up to 142% of the FPL ($42,600 annually for a family of four) are eligible for childcare subsidies. By increasing that limit to 200%, families of four earning up to $60,000 would be eligible.

The average annual price of center-based child care for an infant and a four-year-old was $18,084 in Ohio in 2021, meaning that child care would cost a third of the annual income of a family of four at 200% of the FPL.[7]

Figure 9. **2023 federal poverty level (FPL)**

Income eligibility for publicly funded childcare in Ohio

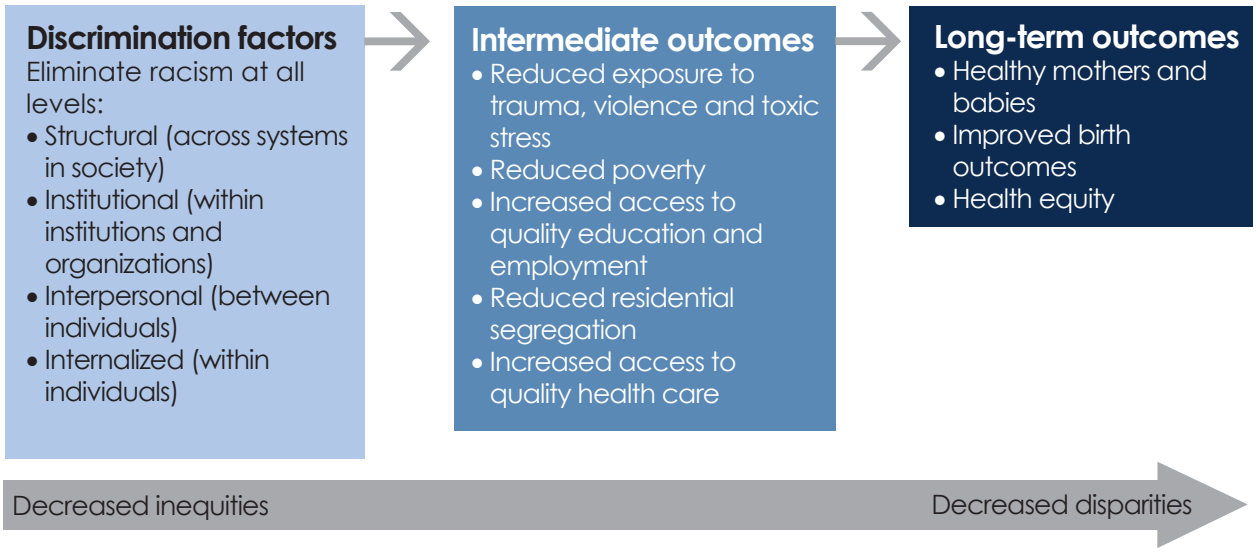
Household size	100%	142%	200%
1	$14,580	$20,704	$29,160
2	$19,720	$28,002	$39,440
3	$24,860	$35,301	$49,720
4	$30,000	$42,600	$60,000

Note: Refers to federal poverty levels for the 48 contiguous states and the District of Columbia (D.C.)
Source: Office of the Assistant Secretary for Planning and Evaluation. Additional analysis by the Health Policy Institute of Ohio.

Eliminating racism

Racism has both direct and indirect effects on health. Racism occurs not only between individual people but is also perpetuated by institutions and systems in society.[8] Figure 10 illustrates the policy and systems connections between racism and maternal and child health. For a summary of research on how racism impacts health more generally, see **Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity**.

Figure 10. **What is the relationship between racism and maternal and child health?**



Goal 10. Authentically partner with Black Ohioans and tailor policies and programs to meet their needs

Establish trust with members of Black communities and Black-led organizations across the state, share power and decision-making authority, and customize policies and programs to ensure they achieve equity.

State and local recommendations

→ **10.1. Trust building.**
Policymakers and community organizations can establish relationships with members of Black communities and include them as partners when assessing needs, creating community plans and identifying solutions to improve community conditions and advance equitable birth outcomes.

→ **10.2. Cultural competency and skill development.**
Policymakers and community organizations can regularly engage in professional development to increase knowledge on topics such as implicit bias, historical injustices and the impacts of trauma to improve cultural competency and humility, increase determination for dismantling racial inequities and build capacity to advance equity in community conditions and birth outcomes.

→ **10.3. Safe and accessible community meetings.**
Policymakers and community organizations can resolve any barriers to engagement for Black Ohioans by partnering with trusted organizations when planning and hosting community meetings, ensuring that meetings are hosted in spaces that are convenient, accessible and safe, compensation is provided and resources for meals, child care, transportation and other needs are available.

Goal 11. Implement and fund policies and programs that promote justice and fairness

Implement evidence-informed policies and programs to achieve equity, including recommendations listed in this report, and contribute resources to dismantle racism and increase opportunities for healthy births.

State and local recommendations

- **11.1. Plan implementation.**
  State policymakers can continue to implement and fund evidence-informed policies in existing plans designed to achieve equity in community conditions and birth outcomes, including the **Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force** (2022), the **Ohio's Executive Response: A Plan of Action to Advance Equity** (2020) and the **2020-2022 State Health Improvement Plan**.
- **11.2. Impact assessment.**
  The Ohio General Assembly, including the Legislative Services Commission, and local policymakers can be required to assess proposed policies before they are enacted, using tools such as **Racial Equity Impact Assessments** and **Health Impact Reviews**, to ensure that policy changes do not create barriers to health for Black Ohioans.
- **11.3. Funding for initiatives to eliminate structural racism.**
  State policymakers and philanthropic funders can dedicate financial support to initiatives identified in partnership with the community that are focused on advancing opportunities for Black Ohioans, achieving long-lasting impact and creating institutional change for racial justice.

Goal 12. Increase accountability for eliminating disparities in birth outcomes

As policies and programs to advance birth equity are implemented, ensure that these policies are evaluated, progress is reported and decisionmakers are held accountable for improvement.

State and local recommendations

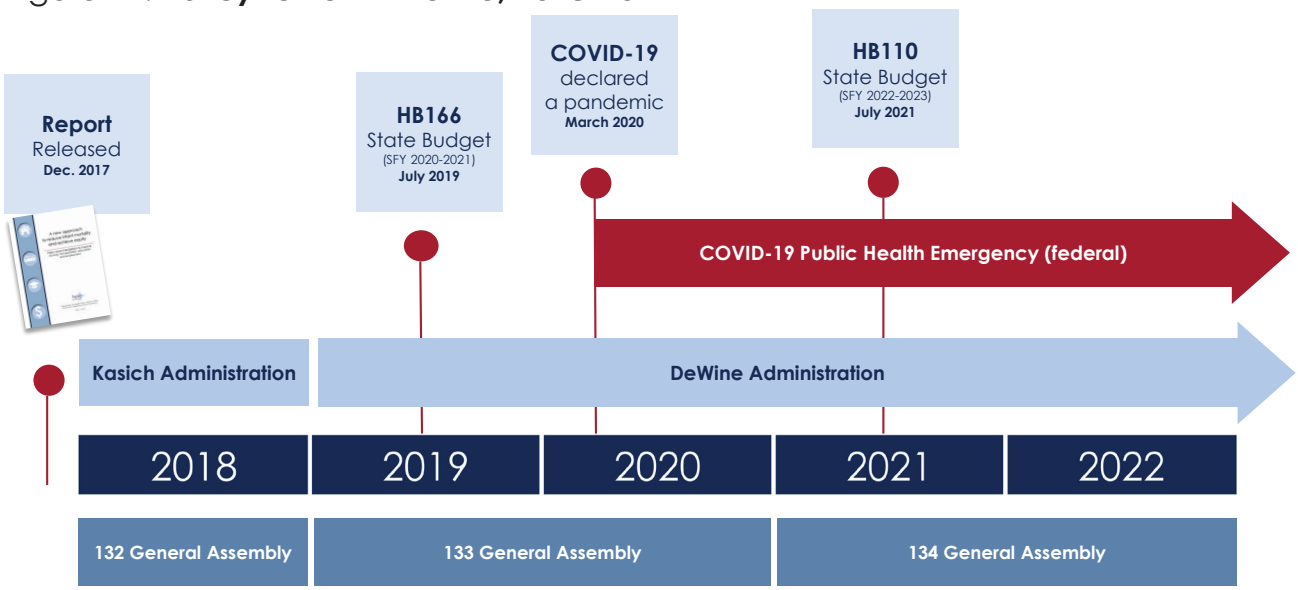
- **12.1. State plan progress reports.**
  State policymakers can release public reports, at least annually, on progress made toward implementing the **Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force** (2022), the **Ohio's Executive Response: A Plan of Action to Advance Equity** (2020) and the **2020-2022 State Health Improvement Plan**, including information on which action steps have been fully implemented, where some progress has been made and where no action has yet been taken.
- **12.2. Local implementation progress reports.**
  Local health departments; hospitals; alcohol, drug, and mental health boards; family and children first councils; and other community partners can release public reports, at least annually, on progress made toward implementing community plans that include policies and programs for improving community conditions and achieving birth equity (i.e., **community health improvement plans**, **mental health and addiction community plans**, **hospital implementation strategies**, etc.)
- **12.3. Evaluation.**
  State and local policymakers can create specific, measurable and achievable goals related to birth equity and community conditions, such as the objectives and equitable targets set in the **2020-2022 State Health Improvement Plan.** Progress toward those goals, including whether racial gaps are closing, should be monitored and publicly reported on at least an annual basis, including data disaggregated by race and other characteristics.

For more information on the drivers of racial disparities in infant mortality, see HPIO fact sheet **Taking Action: Eliminating Racial Disparities in Infant Mortality**

Implementation progress and barriers

To make progress on equitable birth outcomes, policymakers and community leaders need to know what improvements have already been made and where barriers persist. Based on a review of legislation, state agency programming and other policy work that occurred between 2018 and 2022 (see figure 11), HPIO reviewed each recommendation from the 2017 SDOIM report to identify whether or not progress had been made.

Figure 11. **Policy review timeline, 2018-2022**



The implementation status of recommendations from the 2017 SDOIM report[9] is summarized below and described in detail in the **Implementation Progress Inventory**. Status is rated as one of the following:

- Implemented
- Some progress (initial progress made or partial or mixed implementation[10])
- Not implemented (no progress at all or not yet acted upon, such as legislation that was introduced but not passed)
- Wrong direction (policy implemented that is directly counter to the recommendation)
- Unknown (more information needed)

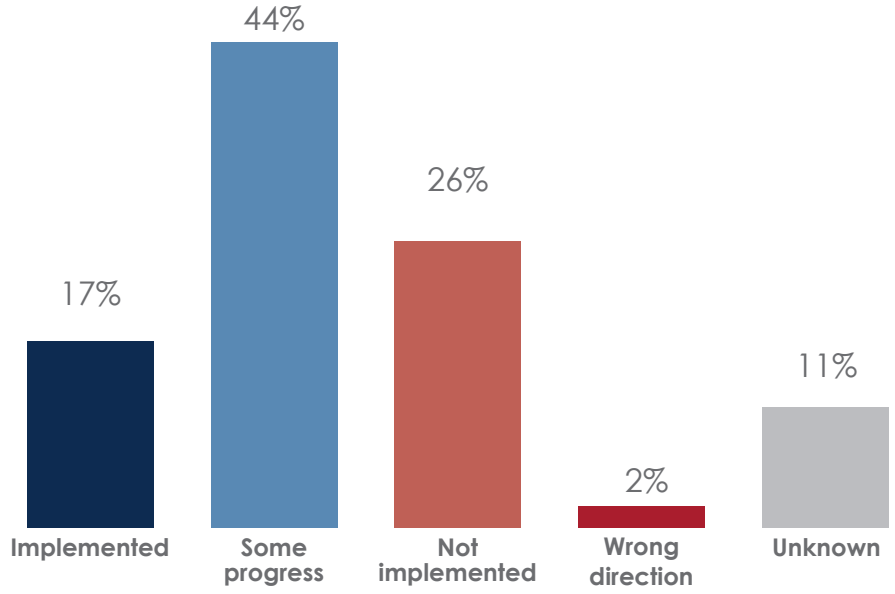
With input from the **Advisory Group**, HPIO conducted this review to inform development of recommendations for this report. The new recommendations focus on issues with partial or no progress over the past five years, as well as recommendations that align with lessons learned about factors that contributed to progress. This implementation tracking process is also an example of how to demonstrate accountability. It is a best practice for state and local leaders to track action on evidence-based recommendations to ensure that progress is being made.

Progress on 2017 recommendations

Overall, 17% of recommendations were implemented and 44% showed some progress (as displayed in figure 12). Implementation status varied across topics; 87% of the education recommendations were fully or partially implemented, while only 35% of employment recommendations were fully or partially implemented (as displayed in figure 13).

Figure 12. **Overall implementation status**

Percent of 2017 recommendations that have been implemented (N=167*)

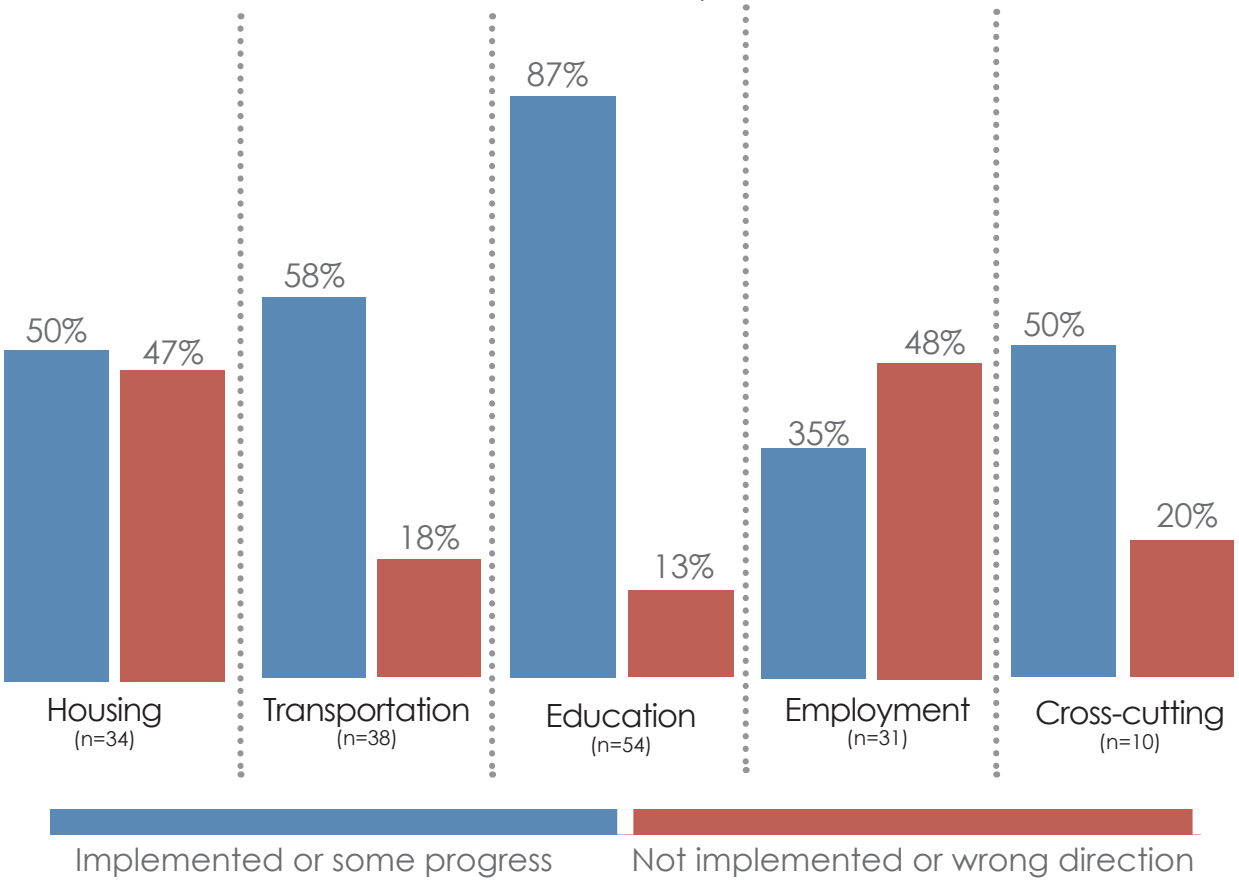


*There were 127 recommendations in the 2017 report. Some recommendations had sub-sections and were broken into separate recommendations for the purposes of this analysis.

Source: HPIO inventory of 2017 SDOIM recommendation implementation status

Figure 13. **Implementation status, by topic**

Percent of 2017 recommendations that have been implemented



Note: Percentages displayed on the bars do not total 100% because unknowns are included in the denominator but are not displayed in this figure.

Source: HPIO inventory of 2017 SDOIM recommendation implementation status

Progress toward housing, transportation, education and employment improvements in Ohio from 2018-2022 was driven by the following factors:

- **Funding.** New funding sources were allocated to support some recommendations, including one-time federal COVID-19 relief funds allocated to education and Volkswagen settlements funds allocated to decrease transportation-related air pollution
- **Gubernatorial leadership.** Governor DeWine, through his Office of Children's Initiatives and state agencies, has prioritized issues affecting families at risk for infant mortality, such as lead poisoning and home visiting
- **Bipartisan agreement.** Policymakers from both parties have worked together on areas of consensus, such as:
  - "Clean slate" legislation (driver's license suspension reform and legislation introduced on eviction expungement)
  - K-12 funding and career-technical education
- **Community innovation.** Local governments stepped in when state-level change was difficult, such as municipalities implementing renter protections or living wage policies for local government employees

Examples of progress

Implemented

- **Education.** At the beginning of his administration, Governor DeWine set a **goal** to triple the number of Ohio families served through evidence-based home visiting. Since that time, funding for the Help Me Grow home visiting program has increased substantially.
- **Transportation.** The Ohio Department of Transportation (ODOT) prioritized equity in the **2021 Walk. Bike. Ohio: Statewide Bike and Pedestrian Plan**. ODOT provides data and technical assistance to local communities to support equitable active transportation planning that prioritizes disadvantaged communities.

Some progress

- **Employment.** In 2019, **Ohio's state Earned Income Tax Credit (EITC)** was increased from 10% to 30% of the federal credit. In addition to this change, the 2017 SDOIM report recommended that the EITC be made refundable, which has not happened. (This additional change would help more Ohioans with very low incomes.)
- **Employment.** In 2021, the General Assembly increased the eligibility limit for **Ohio's publicly funded childcare subsidy** from 130% to 142% of the federal poverty level (FPL). The 2017 SDOIM report recommended increasing it to 200% FPL.
- **Housing.** At least 19 Ohio cities have passed **"source of income" protections** to prevent discrimination against renters with Housing Choice Vouchers (Section 8), veterans' benefits or other income sources.

Barriers

Overall, 26% of recommendations were not implemented, and 2% were going in the wrong direction (as displayed in figure 12), meaning that changes were made that evidence suggests may worsen infant health. Housing and employment recommendations were the least likely to be acted upon; almost half of these recommendations were not implemented or moving in the wrong direction (as displayed in figure 13). The political power of landlords and employers, relative to tenants and low-wage workers, may have been a barrier for implementing some of the recommendations in these sectors.[11]

Policy change is challenging and can take many years to achieve. Several factors contributed to lack of progress on the housing, transportation, education and employment recommendations in Ohio from 2018-2022, including:

- **Lack of sustained advocacy.** With turnover in the legislature and many special interests lobbying for their agendas, advocacy for the recommendations requires coordinated, strategic and committed action. Healthcare and public health organizations could have done more to advocate for policy changes that address upstream drivers of health and equity
- **Pandemic response.** Lack of "bandwidth" for state agencies and other policymakers to address these issues during the COVID-19 Pandemic Public Health Emergency
- **Limited state investment**. Limited state funding for housing and public transportation
- **Misaligned incentives.** The "wrong pocket" problem in which the entity that bears the cost of implementing a new policy or program does not receive the primary financial benefit
- **Bureaucratic complexity and silos.** Challenges different sectors and state agencies face when attempting to work together (such as different data systems, funding sources, federal and state requirements, etc.)
- **Barriers to local control.** State pre-emption laws that prohibit local municipalities from making certain policy changes (such as local minimum wages, fair scheduling, paid leave and rent stabilization)

Examples of no progress or wrong direction

Not implemented

- **Transportation.** State policymakers have not changed the law to allow **gas tax or vehicle-related fee revenue** to be used for transit systems, resulting in limited state funding for public transportation.
- **Employment.** State policymakers have not incentivized employers to provide child care subsidies to their employees, prioritizing workers in low-wage jobs.

Wrong direction

- **Housing.** The 134th General Assembly passed **HB 430** which blocked local governments from implementing rent control or rent stabilization policies under the Landlord and Tenant Law.
- **Education.** In 2021, the General Assembly included a provision in House Bill 110 designed to restrict comprehensive sexual education for K-12 students. This provision requires the Ohio Department of Education to conduct **audits of schools** regarding sexual education instruction and compliance with the requirement to teach students about venereal disease.

Looking forward

Ohio will face new challenges when pandemic-related federal relief funding ends. Some of these one-time funds were allocated to education, housing and transportation activities that align with recommendations in the 2017 SDOIM report, and progress on many of the goals could regress without sustained funding from other sources.

Past progress demonstrates that strong leadership, bipartisan cooperation, sustained investment, coordinated advocacy and local collaboration can move Ohio toward better health and equity. As partners act to implement the recommendations in this brief, it will be critical to document future progress and demonstrate accountability. Together, Ohioans can work to achieve measurable outcomes and make every community a safe and healthy place for babies and families.

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Notes

1. Examples of past efforts include: *Ohio Infant Mortality Reduction Plan*. The Ohio Collaborative to Prevent Infant Mortality, 2014; *2020-2022 State Health Improvement Plan.* Columbus, OH: Ohio Department of Health, 2021; *Ohio Commission on Infant Mortality: Committee Report, Recommendations, and Data Inventory*. Columbus, OH: the Ohio General Assembly, 2016; *Ohio Minority Health Strikeforce Blueprint.* Columbus, OH: Office of Ohio Governor Mike DeWine, 2020.
2. Health Policy Institute of Ohio. *2021 Health Value Dashboard*. April 2021.
3. HPIO analysis of data from CDC WONDER. Accessed Jan. 12, 2021. **https://wonder.cdc.gov/lbd-current.html**, as reported in Health Policy Institute of Ohio. "Taking action: Eliminating racial disparities in infant mortality," January 2021.
4. Health Policy Institute of Ohio. "Taking action: Eliminating racial disparities in infant morality," January 2021.
5. Booske, Bridget C. et al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health.* University of Wisconsin Public Health Institute, 2010
6. For a definitions of self-sufficient employment and adequate household income for families with children, see Health Policy Institute of Ohio. "**What works to increase self-sufficient employment**," August 2018.
7. *Price of Care: 2021 Child Care Affordability Analysis*. Child Care Aware of America, 2022 **https://www.childcareaware.org/catalyzing-growth-using-data-to-change-child-care/#ChildCareAffordability**
8. *Race Reporting Guide: A Race Forward media reference. Race Forward, 2015*. **https://www.raceforward.org/reporting-guide**
9. HPIO's review of state-level recommendations was comprehensive, while the local-level review was more limited. The implementation status of some local recommendations therefore remains unknown.
10. At the state level, "some progress" refers to progress made or partial or mixed implementation. At the local level, "some progress" refers to at least one local community implementing the recommendation. HPIO did not conduct a comprehensive review of all local municipalities in Ohio.
11. The General Assembly did not implement any recommendations from the 2017 report that would have required a change in practices by landlords (see housing goals 2 and 5) or recommendations that would have placed new requirements on employers (see employment goals 3-5). Advisory Group members and other subject matter experts cautioned that state-level change to policies affecting landlords or employers would be politically challenging to achieve.

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