

**GREATER COLUMBUS INFANT  
MORTALITY TASK FORCE  
FINAL REPORT AND  
IMPLEMENTATION PLAN**

THE CITY OF  
**COLUMBUS**  
CITY COUNCIL  
JUNE 2014





# EXECUTIVE SUMMARY

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Infant mortality rates are a globally accepted measure of a community's well-being. And, while Columbus is widely considered to be one of our nation's more prosperous, well-educated and progressive communities, we have one of the highest infant mortality rates in the country. Consider:

- Every week in Franklin County, two to three families experience the death of a baby before his or her first birthday.
- Franklin County's infant mortality rate for 2013 is as high as the national rate from the early 1990s.
- The infant mortality rate for black babies is two-and-a-half times that of white babies in Franklin County.

Not only are too many babies dying before they reach their first birthdays, too many – 13 percent of babies in Franklin County – are born too early. Disorders related to prematurity and low birth weights are the leading causes of infant deaths, but those same disorders can cause ongoing challenges for babies who survive.

This stark reality led to the formation of the Greater Columbus Infant Mortality Task Force. This Task Force was charged with developing a community plan to reduce infant mortality by 40 percent and cut the racial disparity gap in half.

Over the last six months, the Task Force members have extensively studied the evidence on what works and the experiences of other communities. They have considered how these practices and approaches can best be adapted to address the unique challenges – and build on the distinct strengths – of our own community. The Task Force also asked the community for its ideas about how we can turn the tide. Below are key findings from this process and an overview of the plan and recommendations.

## WHAT WE LEARNED

The leading causes of infant mortality are being born prematurely, congenital anomalies, sleep-related infant deaths and maternal complications of pregnancy. Racial disparities persist for all causes of infant deaths, especially those due to prematurity or sleep-related causes.

More broadly, however, we know that our infant mortality rates, and our persistent disparities, are largely affected by the unjust distribution of conditions that support health – the social determinants of health – which include factors such as adequate income; access to healthy foods, transportation, jobs, stable housing and quality schools; strong social networks; and access to health care. Families whose situations present barriers to these life-enhancing resources are at an increased risk of losing a child before his or her first birthday. We know that in our community, black families are disproportionately and negatively affected by high rates of poverty, unemployment and low educational attainment.

Addressing these disparities requires us to consider both place and race. Studies show that health outcomes are influenced by a "neighborhood effect," in which outcomes vary based on where an individual lives. For many in our community, the disadvantages of place are the result of a long history of racially biased policies and practices. A geographic analysis of infant mortality in Columbus identified eight "hot spots" – neighborhoods disproportionately affected by key social determinants, including poverty, food insecurity, cost-burdened households, safety and transportation barriers – that have infant mortality rates up to three times that of Franklin County overall. These neighborhoods comprise less than 10 percent of Franklin County births, but account for nearly 1 in 4 infant deaths and 1 in 3 non-white infant deaths in Franklin County.

## **ENGAGING THE COMMUNITY**

Infant mortality is not a problem that can be solved simply by analyzing the numbers or reading the research. Nor will a solution implemented successfully in one community always be right for another. That is why the Greater Columbus Infant Mortality Task Force pursued a robust community engagement effort to educate the community about the problem and to gain a better understanding of local obstacles and opportunities for change.

A key component of our community engagement was a series of facilitated workshops with key stakeholders, such as the Franklin County Community Health Coordination Infant Mortality Committee, home health care providers, educators, social service agencies, black faith leaders, neighborhood leaders from high-risk areas, and expectant and new mothers.

During the workshops, four major themes emerged:

1. Our community needs to continue improving health services and delivery for women and children.
2. Our community needs greater collaboration and coordination among agencies and providers.
3. Our community needs to address the issues that impact health beyond health care.
4. Our community needs to build and foster trust and meaningful engagement with neighborhood leaders.

While many positive things are occurring throughout Franklin County, the concerns and proposed solutions offered by stakeholders reinforce the research: Infant mortality is a multifaceted and difficult problem that has no one solution, but many. The Task Force recommendations reflect this input.

## **THE TASK FORCE'S RECOMMENDATIONS**

The Task Force recommendations take a life course approach. This recognizes that in order to have healthy babies, we must also have healthy families and communities that set a foundation for opportunity not only for this generation but also for future generations. Taking into consideration the role that racial disparities and social determinants play in our infant mortality crisis, many activities and resources will be targeted toward the highest risk families and neighborhoods. The eight recommendations and first year strategies of the Task Force are:

1. Improve social and economic conditions that drive disparities across our community and in the highest risk neighborhoods. This recommendation includes engaging and mobilizing neighborhood-level initiatives and aligning strategies and resources to improve social and economic conditions.
2. Improve women's health before pregnancy by increasing enrollment in private and public health insurance with a focus on preventive care, starting with adolescents.
3. Improve reproductive health by emphasizing reproductive health planning in prenatal/postpartum care and increase access to, and use of, long-acting reversible contraception.
4. Improve prenatal care services and supports by increasing women's early entry into prenatal care and by ensuring prenatal care access and capacity, especially for high-risk women.

5. Ensure the highest standard of quality for perinatal care by increasing access to progesterone, decreasing early elective deliveries and ensuring neonatal intensive care quality.
6. Reduce maternal and household smoking by helping women quit smoking while pregnant and after giving birth. This recommendation also includes a call for smoke-free policies in multiunit housing facilities.
7. Promote infant safe sleep through education and awareness, with an emphasis on safe sleep and breast-feeding during prenatal care, and access to cribs for low-income families.
8. Create a collective impact and accountability structure to support strategy implementation and goal attainment.

With each of the recommendations are specific, high-impact community and neighborhood-level strategies designed to “move the needle” on the key drivers of infant mortality in our community – prematurity, sleep-related infant deaths and racial disparities. The plan specifies priorities for the first year and designates a lead entity that will be accountable for coordinating implementation of each strategy.

This is an ambitious plan. There is no single agency or entity that can accomplish these goals alone. Instead, this work will require organizations – many of which have not traditionally worked together – to collaborate to address complex social, economic and health factors that drive infant mortality and disparities in our community.

The Task Force’s recommendations are based on successful collaborative efforts in other communities and are designed to ensure successful plan implementation, clear community oversight and, most importantly, accountability for results. Progress on plan implementation will be publicly reported through an annual Infant Mortality Report Card.