

## WHAT CAN BE DONE?

### *Eliminating Racial Disparities*

Eliminating racial disparities in infant mortality will require a focus on reducing low- and very low-birth weight infants through strategies aimed at improving the quality of prenatal care, pre-conception and inter-conception health and identifying underlying medical conditions.<sup>10</sup>

### *Education in Safe Sleep Practices*

Suffocation is the leading cause of injury-related death for babies before their first birthday. Each week, there are more than 3 Ohio infant deaths that are sleep related. The safest sleep for a baby is alone, on their back, in a crib.<sup>11</sup>

### *Education in Progesterone Treatment*

The Ohio Department of Health encourages wider use of progesterone treatment to help prevent premature births. Several studies have shown that supplemental progesterone in the second and third trimesters can reduce the incidence of pre-term birth in some women. Progesterone helps to prevent births before the 32nd week of pregnancy, when they are most likely to result in death or long-term disability of the baby.<sup>11</sup>

### *Quitting Smoking*

Smoking cigarettes before and during pregnancy has been identified as one of the most significant factors contributing to poor pregnancy outcomes including miscarriage, premature delivery, stillbirth and low birth weight.<sup>11</sup>



References: **1** Ohio Department of Health Turn Up the Volume on Infant Mortality Quick Facts Sheet; **2** Commonwealth Fund 2009 State Scorecard on Health System Performance; **3** SCPH, Office of Epidemiology and Biostatistics Infant Mortality Brief, June 2013; **4** 2010 and 2011 U.S. Census for Summit County and the State of Ohio; **5** American Fact Finder U.S. Census 2010 Demographic Profile Data; **6** CFHS & RHWP Health Status Profile: Summit County Ohio Updated May 2013; **7** SCPH, Office of Epidemiology and Biostatistics Infant Mortality Brief, June 2013; **8** The National Center for Health Statistics; **9** Ohio Department of Health, Infant Mortality Rate – 2011 (c/w rates from 2010); **10** Ohio Department of Health, Ohio Infant Mortality Reduction Initiative (OIMRI) Last Updated 8/20/2012; **11** Ohio Department of Health Priority: Preventing Infant Mortality fact sheet.

## LOCAL INFANT MORTALITY REDUCTION RESOURCES

- Summit County Public Health Office of Minority Health  
[dwillis@schd.org](mailto:dwillis@schd.org)
- SCPH Child and Family Health Services  
[sblair@schd.org](mailto:sblair@schd.org)
- SCPH City Match - The Institute for Equity in Birth Outcomes  
[citymch@unmc.edu](mailto:citymch@unmc.edu)
- Ohio Infant Mortality Reduction Program, Ohio Dept of Health  
614-466-3543
- National Partnership for Action to End Health Disparities  
[dwillis@schd.org](mailto:dwillis@schd.org)
- Centers for Disease Control and Prevention  
800-CDC-INFO

## QUIT SMOKING RESOURCES

- Ohio Tobacco Quit Line  
800-QUIT-NOW
- Ohio Tobacco Collaborative  
614-466-2144
- Summit County Tobacco Prevention Coalition
- Nicotine Anonymous (Summit County)  
[www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)
- Akron General Quit Smoking Classes (Summit County)  
330-344-2462
- Summa Lung Health Program (Summit County)  
330-929-LUNG



## ABOUT THE LOCAL OFFICE OF MINORITY HEALTH

Summit County Public Health Office of Minority Health (SCPHOMH) seeks to promote health and the prevention of disease among members of minority groups. The local office of minority health is committed to the reduction and ultimate elimination of health disparities in Summit County and surrounding communities. Similar to other local offices of minority health, SCPHOMH focuses on four core competencies that guide the work of the local office of minority health which include:

- Monitoring and reporting the health status of populations
- Informing, educating and empowering people
- Mobilizing community partnerships and action
- Facilitating the development of policies and plans to support minority health efforts.



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National Partnership for Action to End Health Disparities

# SUMMIT COUNTY PUBLIC HEALTH MINORITY HEALTH REPORT



# CALL TO ACTION

# INFANT MORTALITY

## WHY THE CONCERN ABOUT INFANT MORTALITY?

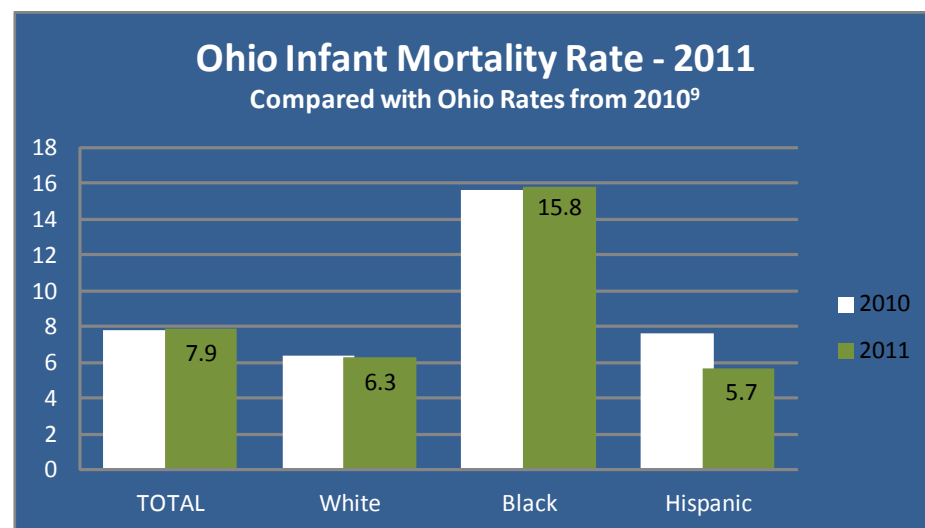
### In Ohio...

- About 3 babies die each day (about one baby every 8 hours).<sup>1</sup>
- While the rest of the nation as a whole has experienced a reduction in infant mortality of about 3% a year, Ohio's infant mortality rate has escalated.<sup>1</sup>
- Ohio's infant mortality rate is higher than most states and the U.S. rate. The U.S. rate is higher than nearly all other industrialized countries.<sup>1</sup>
- The Commonwealth Fund ranked Ohio 42nd out of 50 states for its infant mortality rate.<sup>2</sup>

### In Summit County...

- From 2000 - 2009, 484 infants born as Summit County residents died before their first birthday.<sup>3</sup>
- The 2000-2009 average infant mortality rates for Summit County were 7.2 per 1000. This was slightly lower than the 2000-2009 rates for Ohio (7.3 per 1000).<sup>3</sup>
- Both the Summit County and Ohio rates were higher than the *Healthy People 2010* objective of 4.5 per 1000.<sup>3</sup>

- As recently as 2011, the infant mortality rate for infants born to African-American mothers was more than double the rate of infants born to white mothers in Summit County.<sup>3</sup>

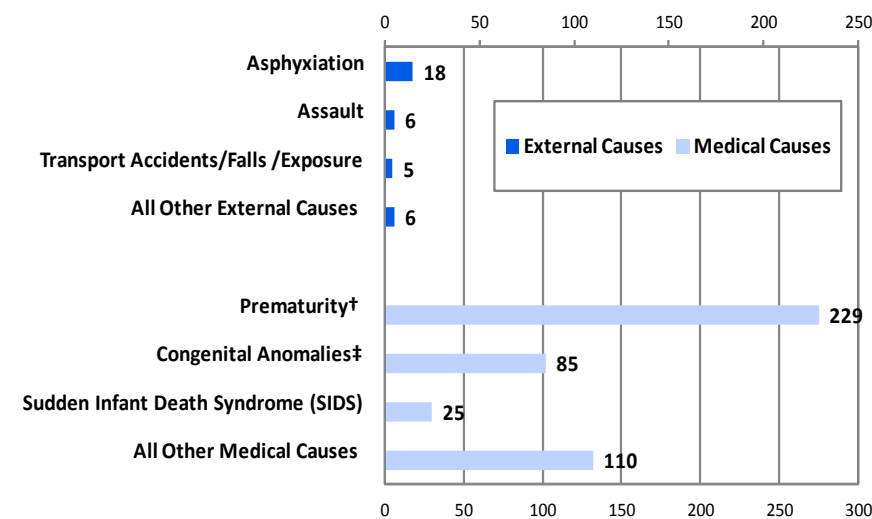


*In 2010, Ohio had the second highest rate of black infant mortality in the United States.<sup>8</sup>*



## WHY ARE BABIES DYING?

### Leading Causes of Infant Death, Summit County, 2000-2009<sup>7</sup>

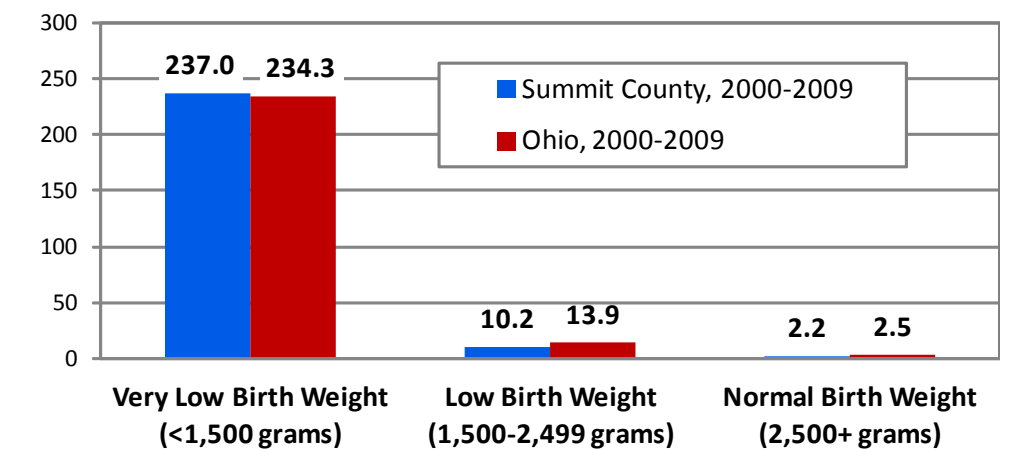


\* Defined as the underlying cause of death documented on the death certificate

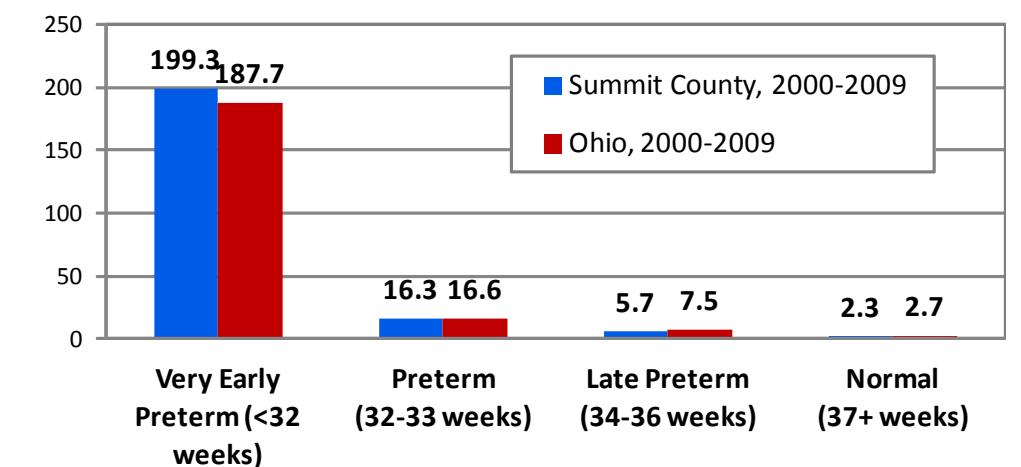
† As defined by NCHS; ‡ Includes congenital malformations, deformations and chromosomal abnormalities

- Of the total number of infant deaths from 2000-2009, the vast majority (**93%**) were due to **medical causes**.
- Of the 449 deaths due to medical causes, more than half (**51%**) had causes of death associated with **prematurity** (as defined by the National Center for Health Statistics).
- Of the 35 infant deaths due to external causes, more than half (**51%**) were due to **asphyxiation** which includes **unsafe sleep practices**.
- From 2000-2009, **72%** of infant deaths were considered **neonatal** deaths (less than 28 days of age).

### Infant Mortality Rates per 1,000 Live Births by Birth Weight<sup>7</sup>



### Infant Mortality Rates per 1,000 Live Births by Gestational Age at Birth<sup>7</sup>



***Low birth weight** (less than 2,500 grams) and **prematurity** (less than 37 weeks) are the leading risk factors for infant mortality.<sup>7</sup>*

