



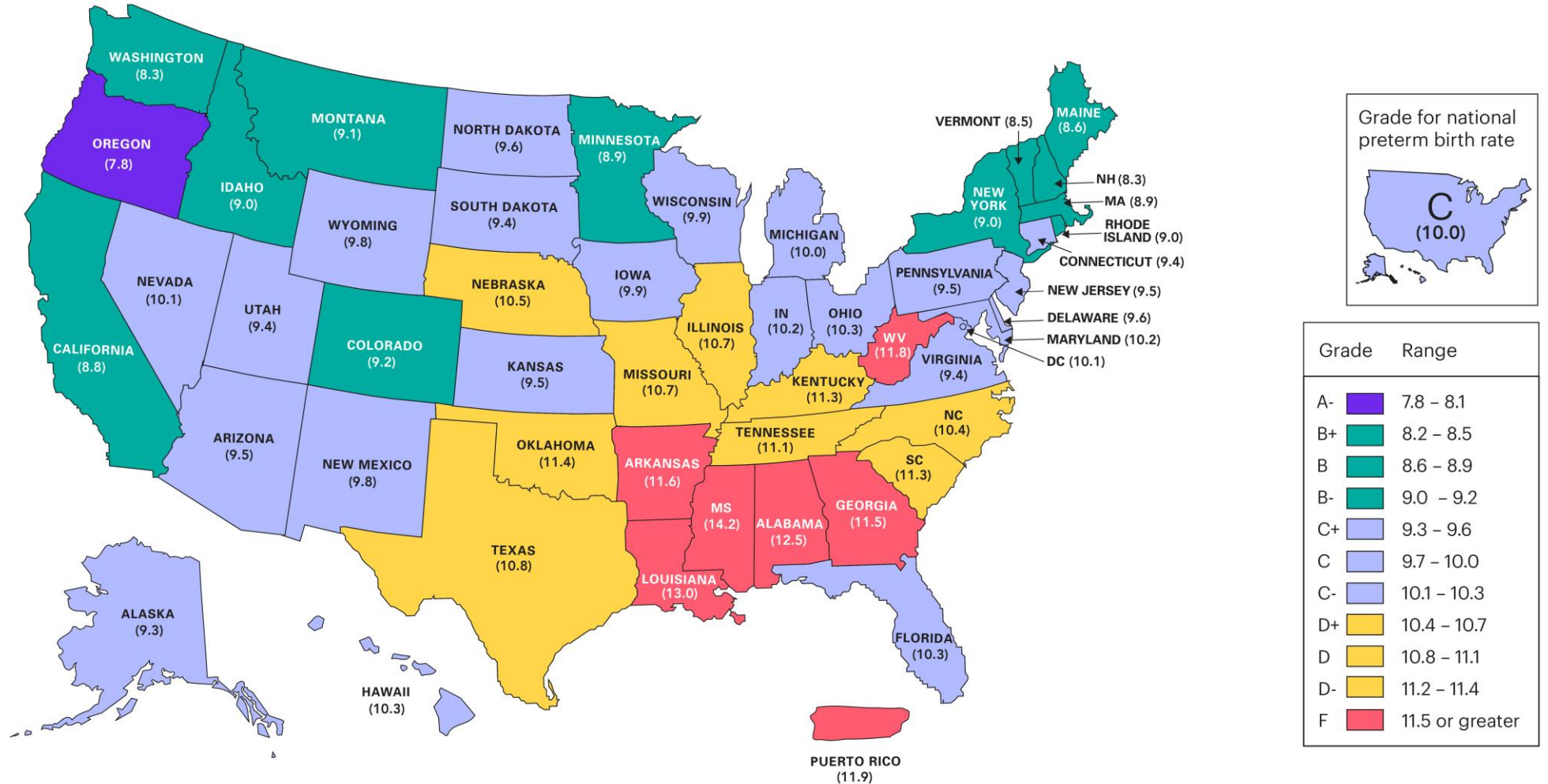
MARCH OF DIMES REPORT CARD AND PREMATURITY AWARENESS MONTH

OCPIM

November 7, 2019

2019 MARCH OF DIMES REPORT CARD

PRETERM BIRTH RATES AND GRADES BY STATE



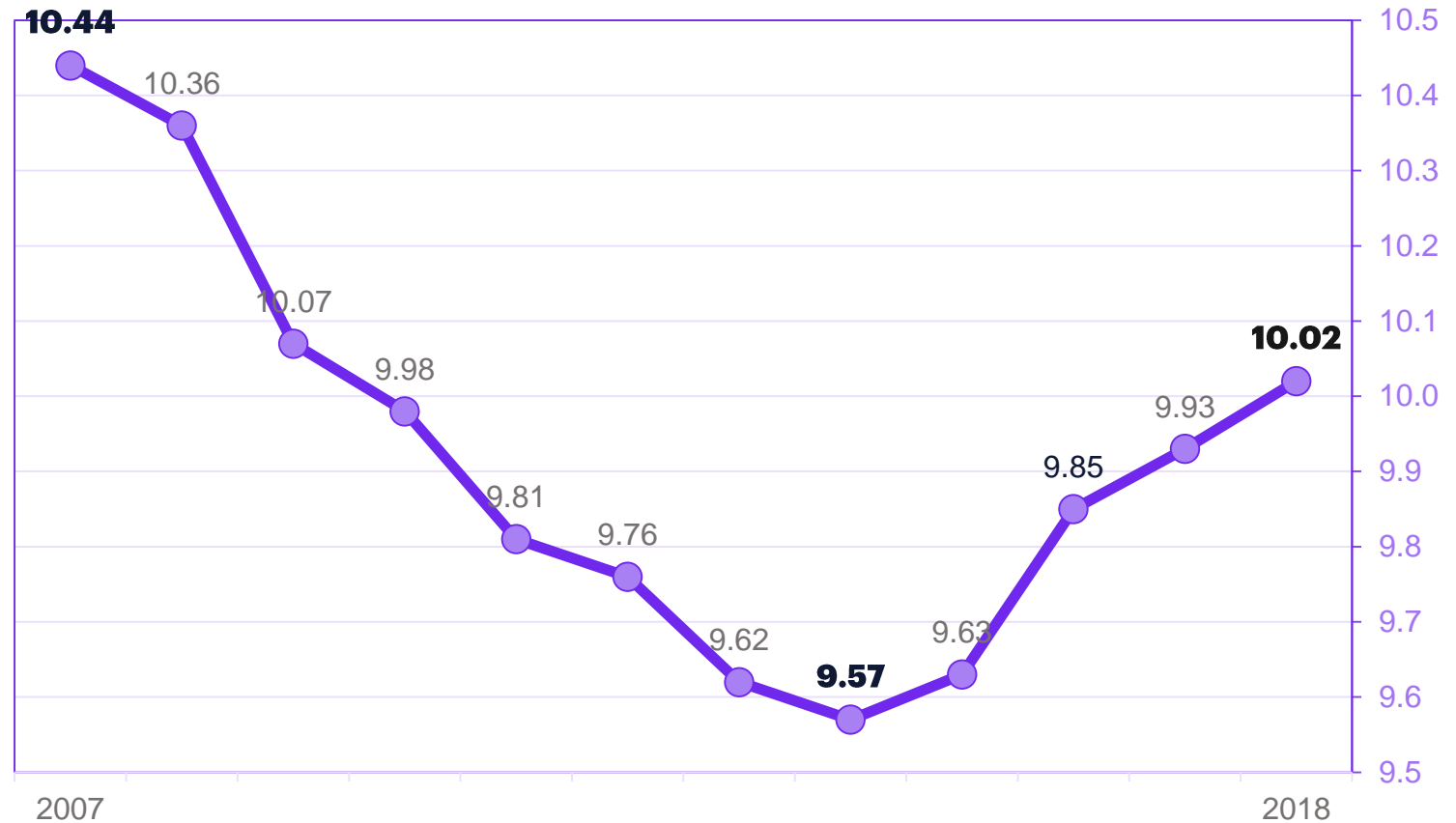
Preterm is less than 37 weeks gestation based on obstetric estimate.
Source: National Center for Health Statistics, 2018 final natality data.

TREND AND IMPLICATIONS

The preterm birth rate increased in 2018, for the fourth year in a row.

30 states have worse rates

7 “F” grades in 2019 Report Cards, up from 4 in 2018 Report Cards



Preterm birth rate, United States, 2007-2018

2019 MARCH OF DIMES REPORT CARD

HEALTHY
MOMS.
STRONG
BABIES.



2019 MARCH OF DIMES REPORT CARD

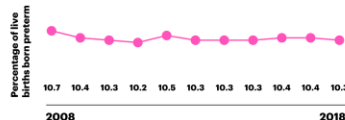
This year, in addition to monitoring progress on key indicators, Report Cards include selected state actions to improve maternal and infant health. Premature birth and its complications are the largest contributors to infant death in the U.S., and preterm birth rates have been increasing for four years. Prematurity grades are assigned by comparing the 2018 preterm birth rate to March of Dimes' goal of 8.1 percent by 2020. While it's not yet possible to assign grades for maternal health indicators given the available data, it's clear that rates of maternal death and morbidity are unacceptably high. Maternal health complications, and the social determinants of health, affect the health and survival of both mom and baby. Highlighted on the second page are selected actions available to states to help improve maternal and infant health.

OHIO

PREMATURITY GRADE

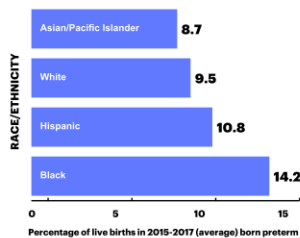
C-

PRETERM
BIRTH RATE
10.3%



PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.



In Ohio, the preterm birth rate among black women is 49% higher than the rate among all other women.

DISPARITY RATIO:
1.33
CHANGE FROM BASELINE:
No Improvement

PRETERM BIRTH RATES BY COUNTIES AND CITY

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Cuyahoga	F	12.2%	Worsened
Franklin	D+	10.5%	Improved
Hamilton	D	11.1%	Worsened
Lucas	F	11.6%	Worsened
Montgomery	F	11.7%	Worsened
Summit	B-	9.2%	Improved

CITY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Columbus	D	10.9%	Improved

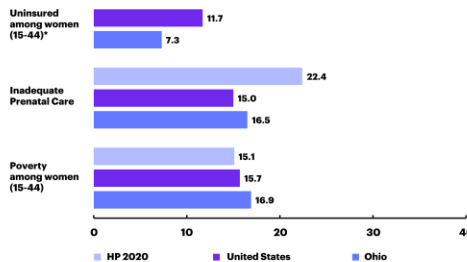
MORE INFORMATION | MARCHOFDIMES.ORG/REPORTCARD

For details on data sources and calculations, see Technical Notes. For more information on how we are working to reduce premature birth, visit www.marchofdimes.org.
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OHIO MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

SELECTED SOCIAL DETERMINANTS OF HEALTH

Our unequal society has negative consequences for health. Factors such as these are linked to adverse maternal and infant health outcomes overall. Many other structural factors and inequities influence the health of mothers and babies, especially for Black, American Indian and Alaska Native women. For example, income, health insurance status and prenatal care access are traditionally considered protective factors, but if they are held constant, racial and ethnic disparities persist. March of Dimes is collaborating with others to confront social and structural determinants of health, while identifying solutions that help alleviate the negative impacts of such inequities.



*The Healthy People 2020 goal is for all women (15-44) to be insured.

\$62
THOUSAND

AVERAGE COST OF A PRETERM BIRTH

The estimated societal cost per preterm birth includes medical care for premature children, maternal delivery costs, early intervention services, special education services and lost productivity. State estimates reflect 2016 adjustments to underlying national estimates developed in 2005 (see technical notes for additional details). Adjustments per state include birth and infant mortality rate and incidence by gestational age, service bundle composition and costs and cost inflation.

\$21.96
MILLION

MATERNAL AND CHILD HEALTH BLOCK GRANT

The Maternal and Child Health (MCH) Block Grant is one source of federal support for states to improve the health of moms and children. States have some flexibility in allocating funds, which can be used to increase access to quality health care for pregnant women. State MCH block grant amounts provide an example of the limited amount of available funds in comparison to the costs of prematurity and other complications.

ADOPTED

MEDICAID EXPANSION

Medicaid expansion to cover individuals up to 138% of the federal poverty level can play an essential role in improving maternal and infant health. A growing number of studies indicate that Medicaid expansion has reduced the rate of women of childbearing age who are uninsured, improved health outcomes and helped to reduce disparities, including lower rates of premature birth and low birthweight for Black infants in expansion states.

OTHER RECOMMENDED STATE ACTIONS

March of Dimes recommends **key policy actions** to improve maternal and infant health in all states. Future Report Cards will assess these actions at the state level.

- **COMPREHENSIVE MEDICAID COVERAGE EXTENSION FOR ALL WOMEN TO AT LEAST ONE YEAR POSTPARTUM** In too many states, Medicaid maternity coverage ends 60 days after giving birth, ending access to care at a time when risks of maternal complications and death persist.
- **GROUP PRENATAL CARE ENHANCED REIMBURSEMENT** Group prenatal care has shown significant benefits to maternal health, increases healthy behaviors and reduces adverse birth outcomes. Increased benefits were seen in Black women who participated in group prenatal care. Enhanced reimbursement models, including delivery and outcomes-based incentives, can encourage providers to offer it.
- **MATERNAL MORTALITY REVIEW COMMITTEES** Establishment, funding and reporting of state data to CDC through Maternal Mortality Review Committees is essential to understanding and addressing the causes of maternal death.

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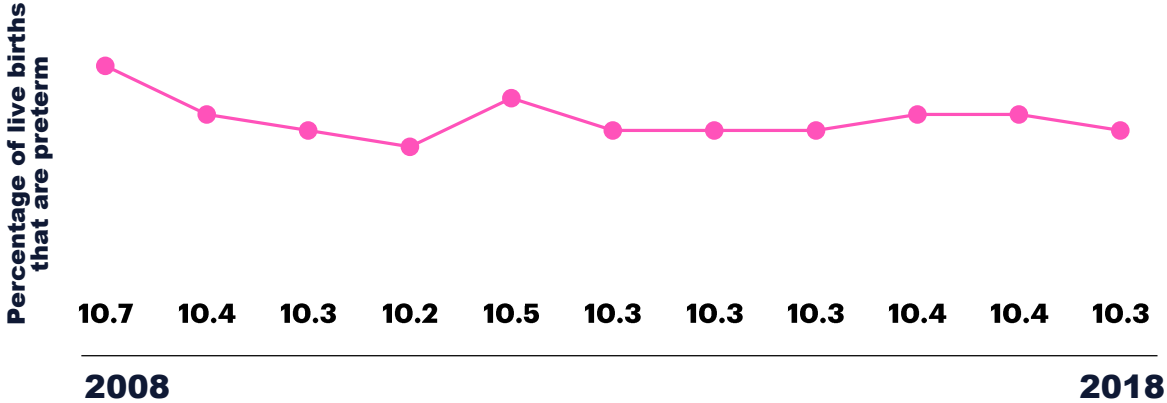
OHIO

PREMATURITY
GRADE

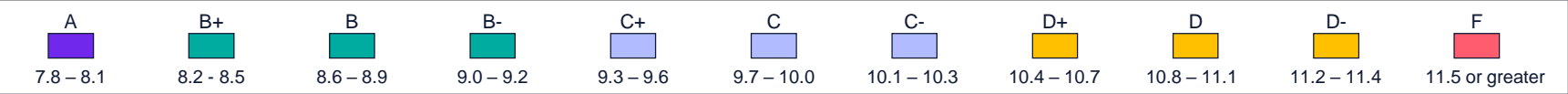
C-

PRETERM
BIRTH RATE

10.3%

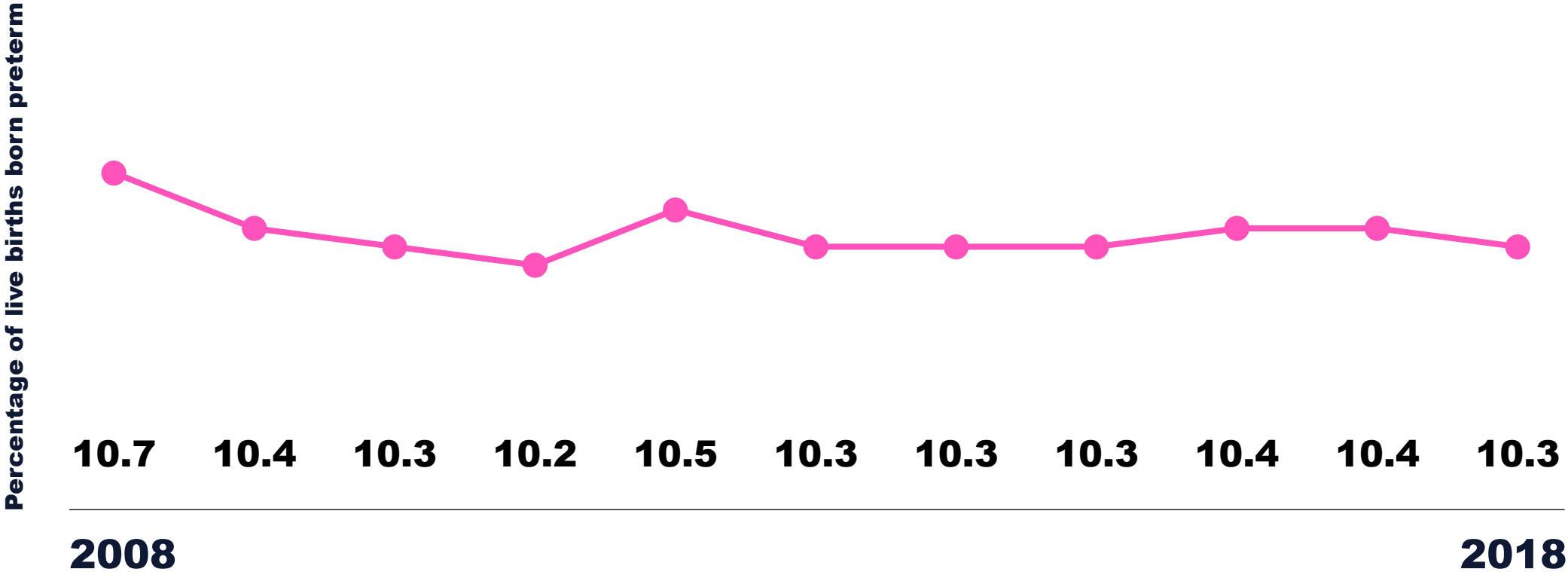


Grade and Range



2019 MARCH OF DIMES REPORT CARD

PRETERM BIRTH TREND IN OHIO, 2008-2018



2019 MARCH OF DIMES REPORT CARD

PRETERM BIRTH RATES BY COUNTIES AND CITY

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE FROM LAST YEAR
Cuyahoga	F	12.2%	Worsened
Franklin	D+	10.5%	Improved
Hamilton	D	11.1%	Worsened
Lucas	F	11.6%	Worsened
Montgomery	F	11.7%	Worsened
Summit	B-	9.2%	Improved

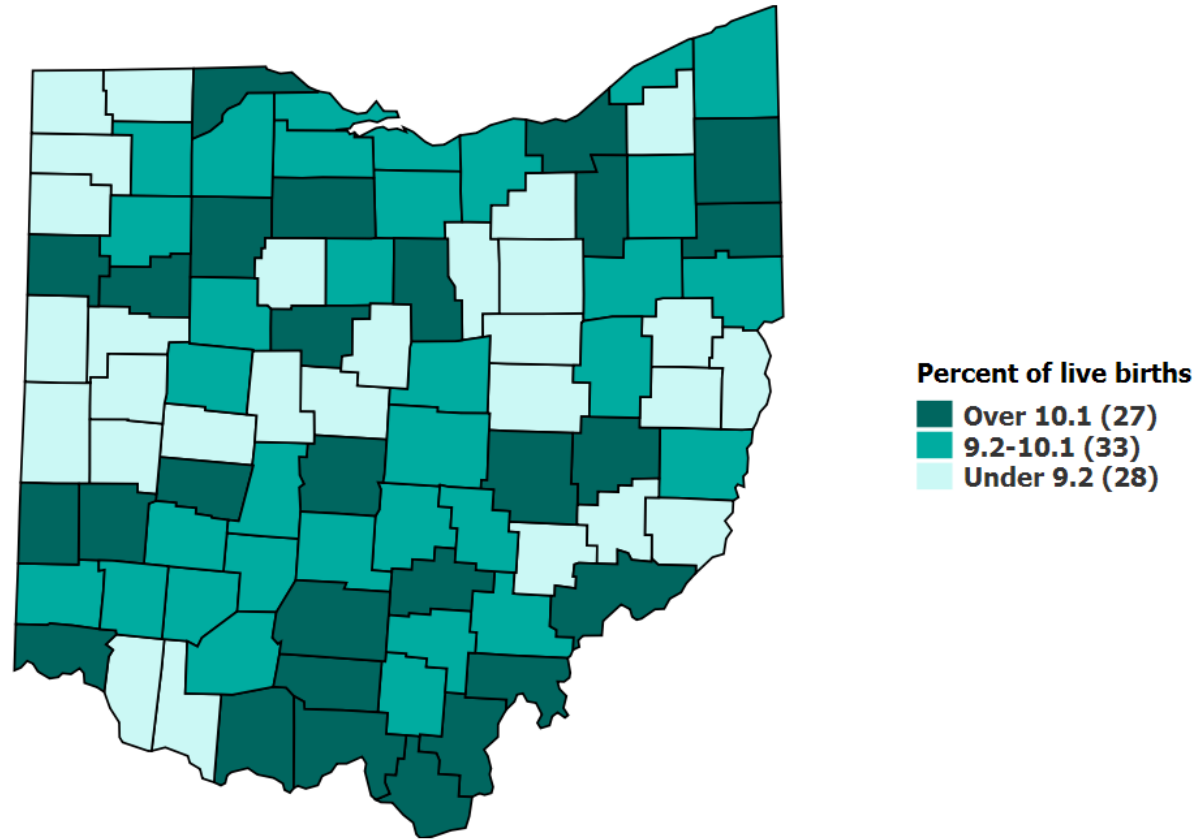
CITY	GRADE	PRETERM BIRTH RATE	CHANGE FROM LAST YEAR
Columbus	D	10.9%	Improved

Grade and Range

A	B+	B	B-	C+	C	C-	D+	D	D-	F
7.8 – 8.1	8.2 - 8.5	8.6 – 8.9	9.0 – 9.2	9.3 – 9.6	9.7 – 10.0	10.1 – 10.3	10.4 – 10.7	10.8 – 11.1	11.2 – 11.4	11.5 or greater

PRETERM BIRTH

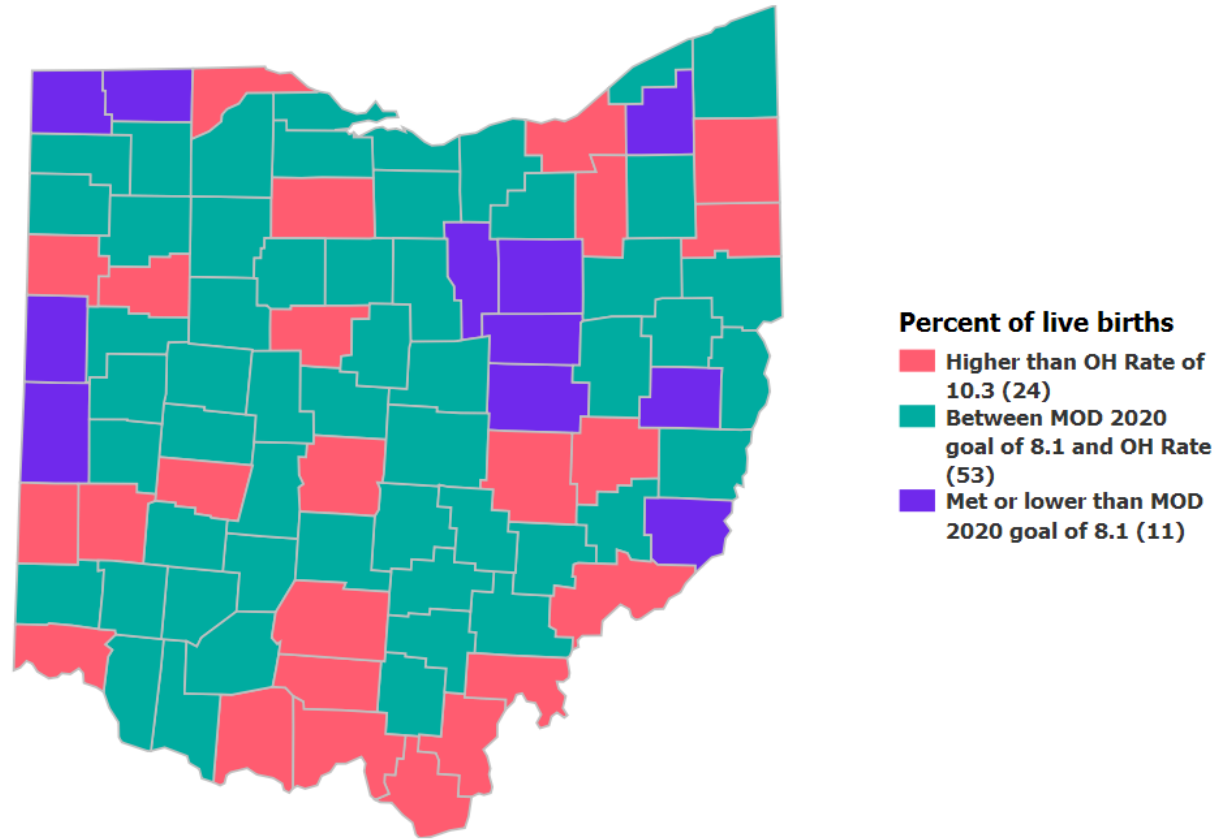
OHIO, 2014-2017 AVERAGE



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PRETERM BIRTH

OHIO, 2014-2017 AVERAGE

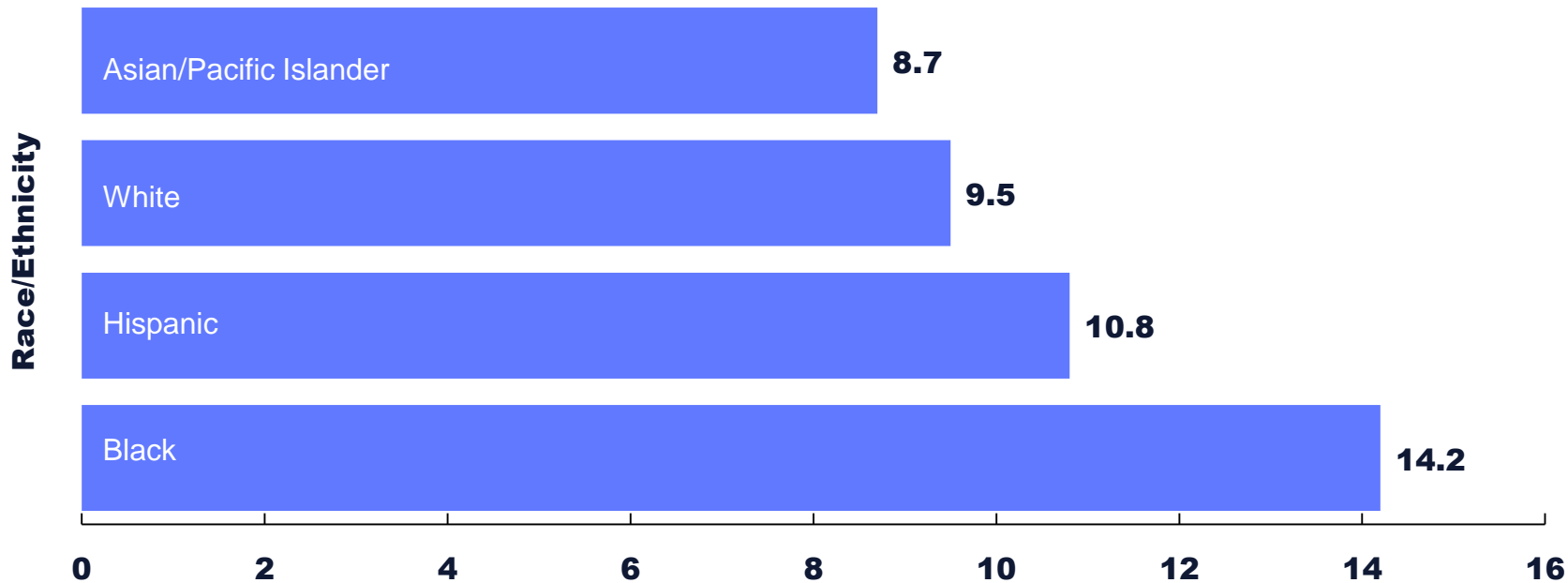


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2019 MARCH OF DIMES REPORT CARD

PRETERM BIRTH RATE BY RACE AND ETHNICITY

Percentage of live births in 2015-2017 (average) born preterm

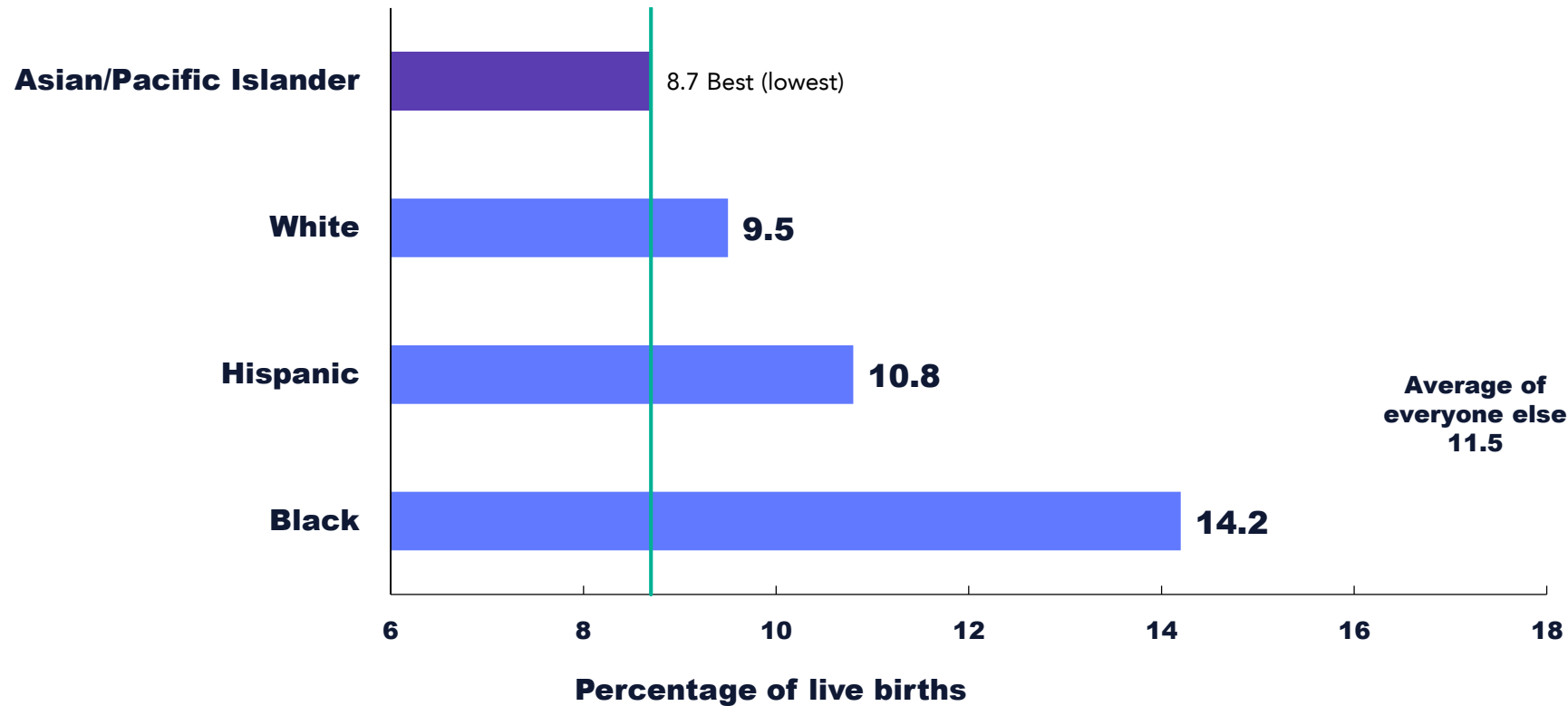


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Disparity ratio

1.33

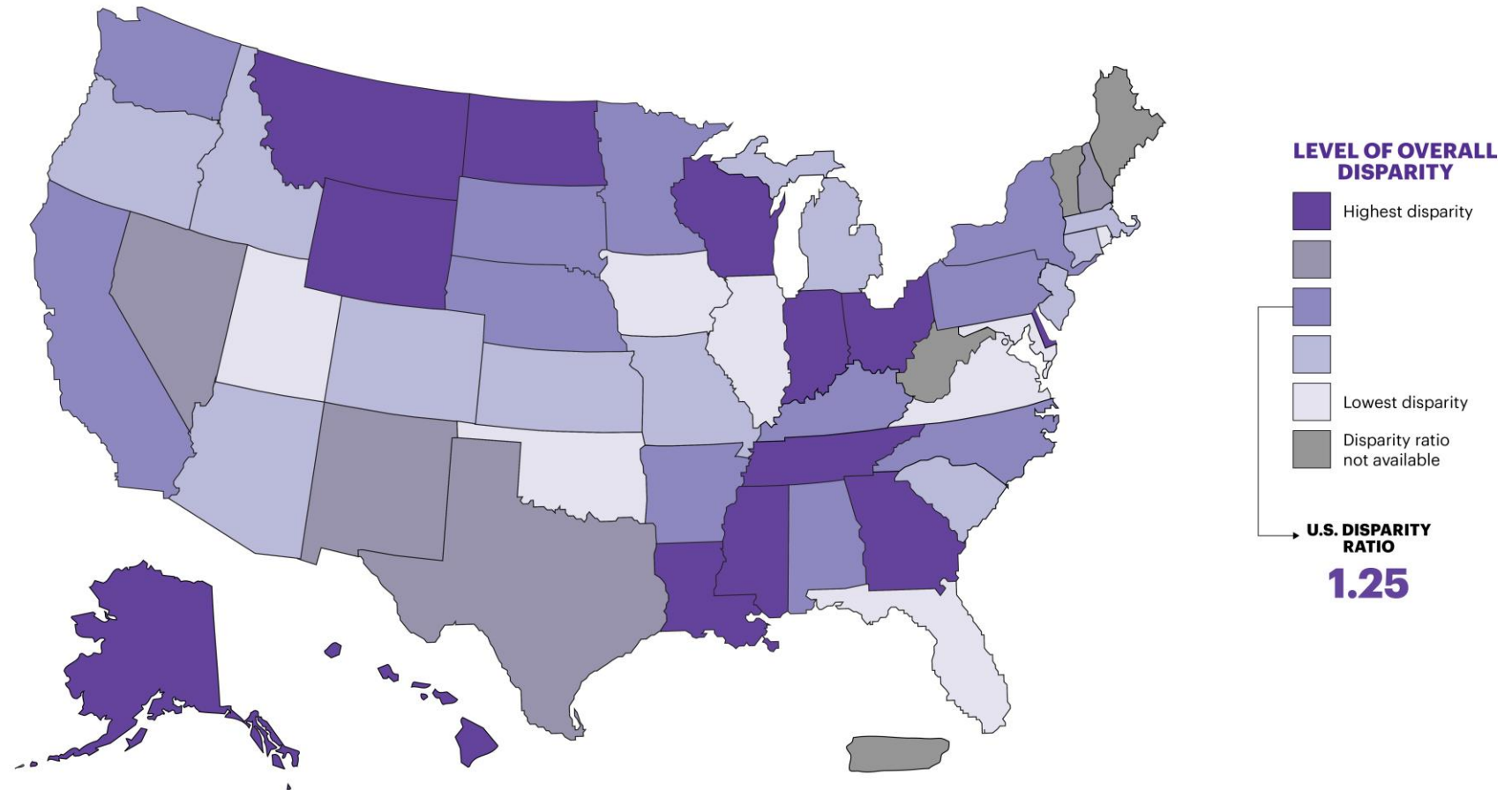
Change from
baseline

**No
Improvement**

2019 MARCH OF DIMES REPORT CARD

RACE & ETHNICITY DISPARITY BY STATE

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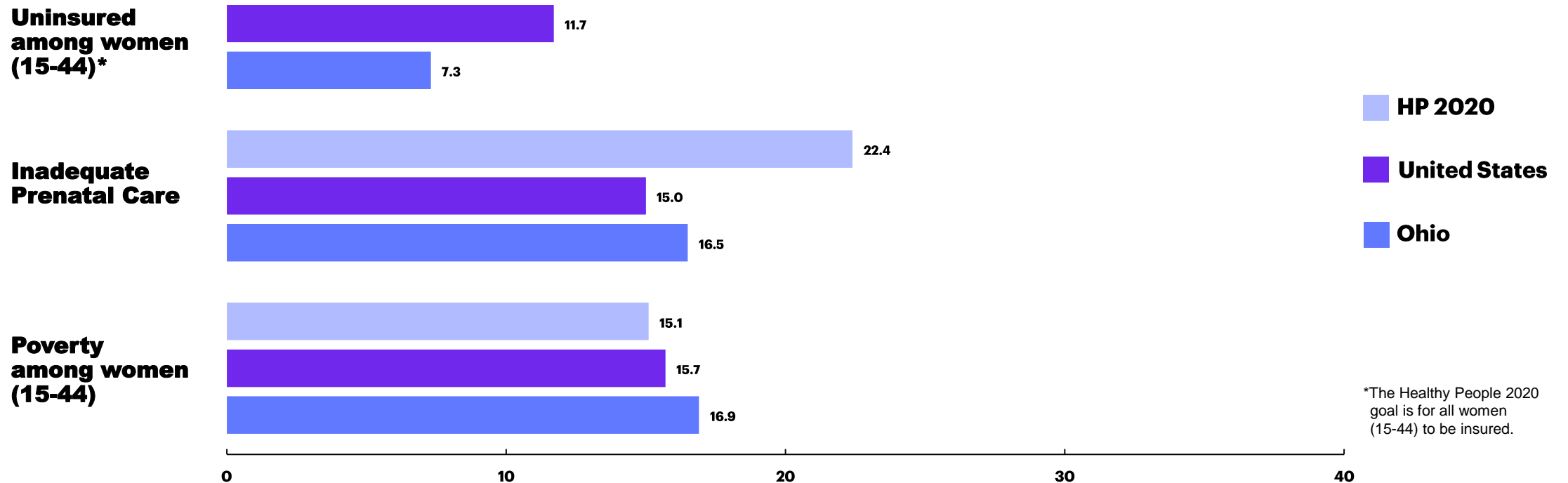
Gestational age is based on obstetric estimate.
Race categories include only women of non-Hispanic ethnicity.
Source: National Center for Health Statistics, 2015-2017 natality data

2019 MARCH OF DIMES REPORT CARD

MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

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Source: IPUMS-USA, University of Minnesota, ipums.org. American Community Survey. US Census Bureau; IPUMS-CPS, University of Minnesota, ipums.org. Current Population Survey. US Census Bureau; National Center for Health Statistics, 2017 final natality data.

2019 MARCH OF DIMES REPORT CARD

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**\$62
THOUSAND**

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MILLION**

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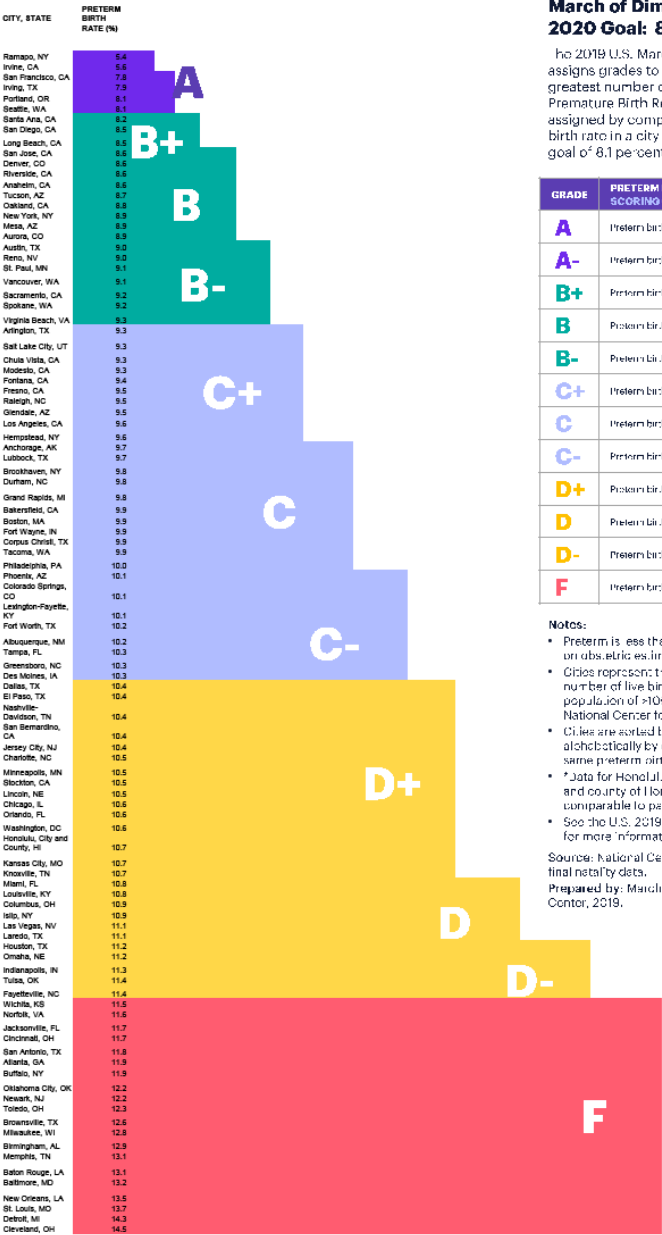
MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

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100 U.S. CITIES WITH THE GREATEST NUMBER OF BIRTHS 2017 PRETERM BIRTH RATES AND GRADES



March of Dimes 2020 Goal: 8.1 percent

The 2019 U.S. March of Dimes Report Card assigns grades to the 100 cities with the greatest number of live births in 2017. Premature Birth Report Card grades are assigned by comparing the 2017 preterm birth rate in a city to the March of Dimes goal of 8.1 percent by 2020.

GRADE	PRETERM BIRTH RATE RANGE SCORING CRITERIA
A	Preterm birth rate less than or equal to 7.7 percent
A-	Preterm birth rate of 7.8 percent to 8.1 percent
B+	Preterm birth rate of 8.2 percent to 8.5 percent
B	Preterm birth rate of 8.6 percent to 8.9 percent
B-	Preterm birth rate of 9.0 percent to 9.5 percent
C+	Preterm birth rate of 9.6 percent to 9.9 percent
C	Preterm birth rate of 10.0 percent to 10.3 percent
C-	Preterm birth rate of 10.4 percent to 10.7 percent
D+	Preterm birth rate of 10.8 percent to 11.1 percent
D	Preterm birth rate of 11.2 percent to 11.5 percent
D-	Preterm birth rate of 11.6 percent to 11.9 percent
F	Preterm birth rate greater than or equal to 12.0 percent

- Notes:**
- Preterm is less than 37 weeks gestation based on obstetric estimate of gestational age.
 - Cities represent those with the greatest number of live births out of all cities with a population of >100,000, as defined by the National Center for Health Statistics.
 - Cities are sorted by preterm birth rates and alphabetically by city name for cities with the same preterm birth rate.
 - * Data for Honolulu represent the combined city and county of Honolulu. Data are not comparable to past years.
 - See the U.S. 2019 March of Dimes Report Card for more information.

Source: National Center for Health Statistics, 2017 final natality data.
Prepared by: March of Dimes Perinatal Data Center, 2019.

CITY, STATE	PRETERM BIRTH RATE (%)
Ramapo, NY	5.4
Irvine, CA	5.6
San Francisco, CA	7.8
Irving, TX	7.9
Portland, OR	8.1
Seattle, WA	8.1
Santa Ana, CA	8.2
San Diego, CA	8.5
Long Beach, CA	8.5
San Jose, CA	8.6
Denver, CO	8.6
Riverside, CA	8.6
Anaheim, CA	8.6
Tucson, AZ	8.7
Oakland, CA	8.8
New York, NY	8.9
Mesa, AZ	8.9
Aurora, CO	8.9
Austin, TX	9.0
Reno, NV	9.0
St. Paul, MN	9.1
Vancouver, WA	9.1
Sacramento, CA	9.2
Spokane, WA	9.2
Virginia Beach, VA	9.3

Wichita, KS	11.5
Norfolk, VA	11.6
Jacksonville, FL	11.7
Cincinnati, OH	11.7
San Antonio, TX	11.8
Atlanta, GA	11.9
Buffalo, NY	11.9
Oklahoma City, OK	12.2
Newark, NJ	12.2
Toledo, OH	12.3
Brownsville, TX	12.6
Milwaukee, WI	12.8
Birmingham, AL	12.9
Memphis, TN	13.1
Baton Rouge, LA	13.1
Baltimore, MD	13.2
New Orleans, LA	13.5
St. Louis, MO	13.7
Detroit, MI	14.3
Cleveland, OH	14.5

WE MUST BREAK THROUGH

During the month of November — Prematurity Awareness Month — we aim to break through the noise and drive awareness around the issues facing moms and babies in our country...**#ItsNotFine.**

We must act. Join us.

A portrait of a woman with curly hair, looking directly at the camera. The image is overlaid with a semi-transparent purple filter.

THEY SAID MY BABY WOULD BE “FINE.”

JANE DOE, MICHIGAN



**THANK
YOU!**