WELCOME

Ohio
GOVERNOR'S
CHILDREN'S INITIATIVE

MIKE DeWINE
GOVERNOR OF OHIO

childrensinitiatives.ohio.gov

# Welcome
## to the
## Eliminating Disparities in Infant Mortality Task Force

Task Force & State Support Team Members:
Please be sure your names can be seen on the screen
Use the "raise hand" feature under the reactions section when you're ready
to speak

Guests: Please type your name, organization and email address in the chat

All participants will be muted by the host

# Welcome & Opening Remarks



## Governor Mike DeWine

# Eliminating Disparities Agenda

- Welcome & Purpose
- Expectations & Introductions
- Debrief of Interviews
- Small Group Discussions
    "What's Killing America's Black Infants"
- Overview of Tasks and Timelines
    - Including Community Voice
    - Task Force Member Tools
- Next Steps

# Purpose

- To provide Governor DeWine with actionable recommendations on how to eliminate the racial disparity in the infant mortality rate
- Create a road map that guides Ohio to meet the Healthy People 2030 goals for ALL babies (5.0 per 1,000 births)
- Engage Black women, families and communities throughout the process to ensure that recommendations are grounded in reality

# Expectations for this Process

- Create a process for transparent and authentic conversations
- Focus recommendations on what Black women, families and communities want and need
- Refresh and review previous ideas that haven't been started or fully implemented to determine applicability today
- Bring community and families into the recommendation development process early and often
- Allow ALL members to contribute and participate
- Assume positive intent
- Be clear about meeting schedule participant expectations and assignments (if applicable)
- Build towards consensus

# Introductions

Jonathan Webb
AMCHP

Kierra Barnett
Kirwan Institute

Susan Hibbard
Build Initiative

Sherri Killins Stewart
Build Initiative

Facilitators

# Introductions

- Roll call

- When you hear your name, please provide:
  - Name
  - Organization
  - 1 thing you want people to know about why this work is important to YOU

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# Task Force Member Interviews

# Survey Overview

- Wanted to create an opportunity to hear from everyone before beginning this process
- Interviews were completed using a common set of questions
- All task force members were interviewed or offered an interview prior to today's meeting
  - 27 out of 28 members were interviewed; all will be completed this week
  - 8 of 8 State Support Team members were interviewed
- Input from the interviews shaped the agency for today's time together

# Maternal & Infant Health Successes

- Listening to moms
- Community feasts
- Evidence based and informed interventions-centering, home visiting, housing pilots, community health workers
- Dedicated funding
- Safe sleep education and awareness
- AIM bundles (hypertension and hemorrhage management)
- OEI (original CityMatCH structure)
- Mobile prenatal clinics
- Creating community for Black women
- Black women-led community advisory boards
- Narrative change

# Maternal & Infant Health Successes

# Historical and Current Root Causes of Black Infant Mortality

- Structural Racism
- Black and Brown moms in the communities placed at risk by a history of disinvestment
- Stress of being perceived as an enemy, less than, perception of big a drain on society causes pre-term labor.
- Chronic/toxic stress
- Lack of empathy and understanding
- Belief that this is an economic problem
- Belief that the disparities that exist occur as a consequence of group level flaws of people of color.
- Shame; judgement (ex. unmarried, multiple children)
- Individualist mentality, get yourself to the top alone
- SDOH- Lack of affordable housing, healthy and fresh foods and reliable and convenient transportation

Causes of Black Infant Mortality

# Obstacles for Current and Past Recommendations

- Funding; flexibility of funding
- Lack of political will (legislative)
- Administrative/State staff created barriers
- Lack of understanding that supporting Black families improves life for everyone
- Lack of clarity of who "owned" the implementation of the recommendations
- Lack of ownership
- Sustainability of efforts
- Scalability/Replication
- Flexibility/tailoring of recommendations—not one size fits all
- Too many recommendations; loss of focus/collective impact
- Interventions to help Black and Brown Moms placed most at risk of losing their child's life or their own must be cross agency, cross sector and cross discipline to succeed

# Obstacles

"Psychological safety."

"Too many cooks in the kitchen."

"We must be solutions-based rather than keep trying to name the problem. The data is clear we know the problem. No we must identify the solutions, implement and sustain momentum."

"White men need to see this problem economically for them to engage in change."

"Lack of funding, competing priorities and unspent funding."

"Shared policy making; Power is intoxicating."

"We spin our wheels on the minute details and what we're going to say. Wordsmithing. Political alignment."

"Reconciliation moment or accounting of actions of recommendations on the books, where are we with them and what have we done? Can't be more of the same generation of lists to sit on a shelf. Let's have an honest moment for why we're here and what happened."

"We look at interventions and just expect they will work for all populations."

"Sex education in lower grades could go a long way for teen pregnancy or unwanted pregnancy. The biggest barrier is the funding for these efforts."

"No robust state level discussion about race and racism."

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# Assets You Bring

- Hard work; ready to roll up sleeves
- Network of families and/or Black women
- Clinical expertise
- Commitment
- Passion
- Lived Experience
- Diverse stakeholders
- Experience: policy, IM efforts, community-led efforts, etc.
- Funding
- Access to national technical assistance

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# Assets

"We bring knowledge of communication skills we know how to listen to these women and provide support for their needs."

"We have gathered women, hundreds of women. If we're going to allow Black women to lead, we will be able to support. Can continue to center their voices easily, as well as pay women for participation."

"We bring the money and can recommend public-private philanthropy and partnerships."

"Medicaid Managed care plans want to help members have the best health outcomes. We walk alongside their members for the care they need."

"Ability to maneuver quickly with can leverage private dollars to make that happen."

"Network of caring and passionate leadership and staff."

"Partnerships and collaborations are very important. Trust is up as we have tackled COVID together. Trust increased with COVID."

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# What Support Do You Need?

- Clarity of Scope
- Meeting Schedule
- Transparency
- Honest and Safe Conversations
- Information on where it's working for Black families
- Understanding of how previous recommendations are informing current recommendations
- SMART aims and goal setting
- Focused outcomes that work for Black women

# What Support Do You Need?

"Important that we're also grounded in same thinking and call on Task Force for understanding on how far solutions need to go. Without same grounding, we won't be in alignment for us to all swim in same direction."

"Psychological Safety"

"Key is genuine transparency and genuine interest in achieving health equity. 3 pillars: value all people the same, commit resources on the basis of need, and acknowledge and mitigate historical contributions to the disparities."

"To be heard"

"…if the task force is very intentional for the people we need it for, it should have women in there who receive the services and not just the bureaucrats making these recommendations. The task force should be intentional in bringing people to the table who have received the services."

"Time on calendar, good preparation, homework being very clear upfront."

"Need to have outcomes that work for Black women…[the Task Force] must honor its word because the foundation of how women I work with trust me is based on my word."

"Center family voice in this process. Previous documents are grounded in experts but not authentic engagement with families."

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# How Do You Define Success for the Task Force?

- Actionable recommendations
- All voices were heard
- Community and family voice was brought into the process
- Clear statement on the economic benefit of "doing the right thing"
- State agencies on the same page with implementation
- Eliminating the racial disparity gap
- Outcomes, data driven
- Sustainable policy shifts
- Shift in how dollars are invested
- Reparations resources for Black women for birth outcomes-eliminate barriers

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# Success

# Small Group Discussions

# What's Killing America's Black Infants?

Source: The Nation
https://www.thenation.com/article/archive/whats-killing-americas-black-infants/

# Data

- Infant survival a **benchmark for society's overall health**.

- Each year in the US, more than 23,000 infants die before reaching first birthday.
  - **Black infants die at a rate that's more than twice as high as that of white infants**.
  - US lags in keeping babies alive after they've left the hospital, when they're between 1 month and 1 year old.

- Racial disparities are **most acute in major urban centers** in the US.
  - Among the **10** with the highest rates of infant death, 5 Rust Belt Cities:
    - Milwaukee, WI - #1
    - **Cleveland, OH**
    - Detroit, MI
    - Indianapolis, IN
    - **Columbus, OH**

# 1980s

- Health officials focused on **access to prenatal care** to reduce risk factors.
  - While more women received access to care, **the racial gap continued to widen**.
- Black women who received prenatal care starting in the first trimester were **still losing children at higher rates than white women** who never saw a doctor during their pregnancies.

# 1990s

- Some researchers suggested Black women were **genetically predisposed to poor birth outcomes**, and began to hunt for "preterm birth genes."
- Yet…
  - Studies have found that foreign-born Black women living in the US have birth outcomes almost identical to white American women's.
  - After evaluating 46 different factors, alone and in combination—including smoking, employment status, and education—the authors of one 1997 study could account for less than 10 percent of the variation in birth weight between Black and White babies.
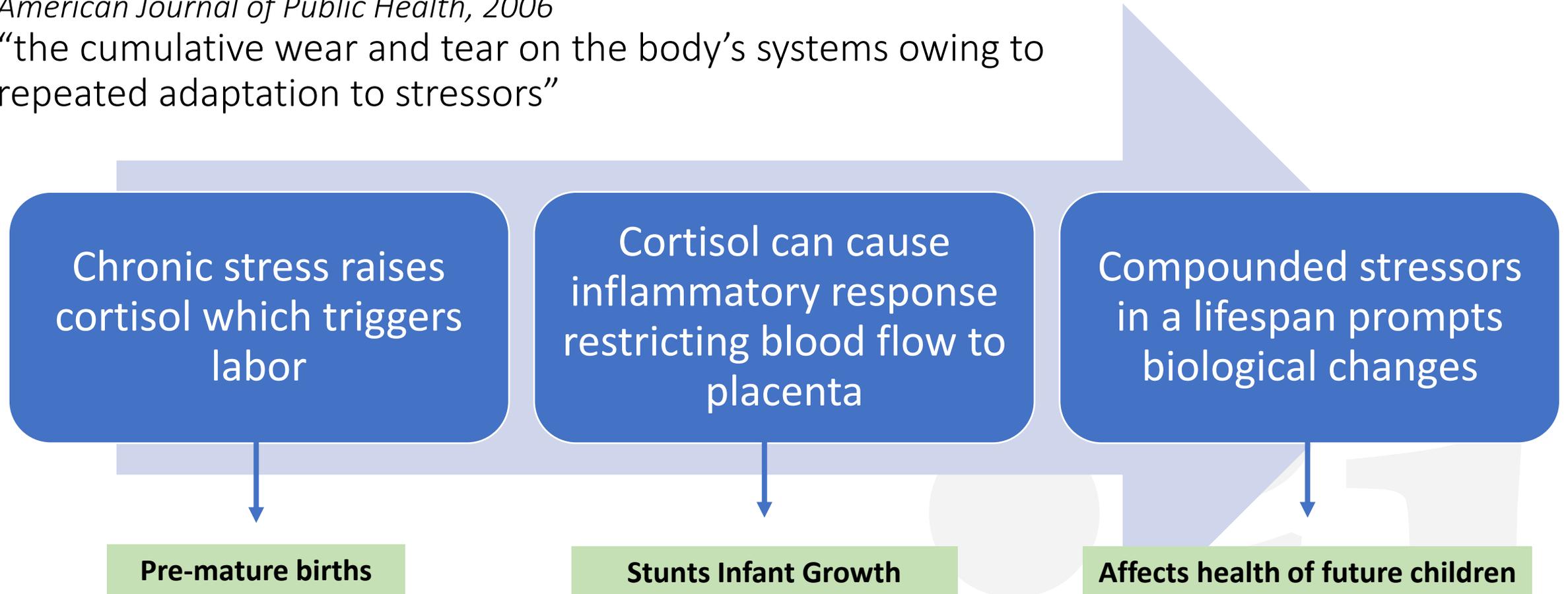
# Racial Discrimination, not Race, is Dominant Factor

- "What happens outside a woman's body—not just during the nine months of pregnancy—**can profoundly affect the biology within**."

- "Weathering" hypothesis, posits that **black Americans' health deteriorates more rapidly than other groups'** because they bear a heavier **allostatic load.**

- "These effects may be **felt particularly by Black women because of 'double jeopardy'** (gender *and* racial discrimination),"

- **Infant mortality is just one of many forms of disease that fall disproportionately on black Americans.** The list includes cervical cancer, asthma, diabetes, and cardiovascular disease.

# Allostatic Load damages the biological systems necessary for a healthy pregnancy and birth

*American Journal of Public Health, 2006*
"the cumulative wear and tear on the body's systems owing to repeated adaptation to stressors"

| Chronic stress raises cortisol which triggers labor | Cortisol can cause inflammatory response restricting blood flow to placenta | Compounded stressors in a lifespan prompts biological changes |
|---|---|---|
| **Pre-mature births** | **Stunts Infant Growth** | **Affects health of future children** |

# Segregation & Poverty Increase IM Disparities

- **Living in poorer neighborhoods** increases likelihood for low-birth-weight infants regardless of socioeconomic status
- More **segregated cities with increased socio-economic disparities** have greater black/white infant-mortality disparities
  - Redlining in 1920s-1960s relegated Black renters and homeowners to geographic areas; this persists today
  - Economic blows between 1961-2001 in Milwaukee led to loss of 69% of manufacturing jobs
  - 2007 Housing crisis
  - Women living in other poor, segregated neighborhoods face a particularly brutal slate of risk factors and stressors—e.g. having to move during pregnancy
  - 30% of the people evicted in Milwaukee each year are women living in black neighborhoods, though they make up less than 10 percent of the city's population.
  - Black male incarceration leaves more women to parent alone; criminal records increase difficulty finding employment

# Higher Stress Burden Linked to Racial Discrimination

Dr. Camara Phyllis Jones, American Public Health Association

- Discrimination affects health outcomes:
  - **Personally Mediated Discrimination**– e.g., Black women who report being treated differently than white patients have been found more likely to have low-birth-weight babies
  - **Institutional Discrimination** - unequal treatment has been baked into our social, economic, and political systems… apparent in the disparities in:
    - Criminal-justice system
    - Education
    - Predatory lending practices that target African Americans
    - Siting of polluting industrial facilities near communities of color

*Infant-mortality gap can't be closed without addressing broader inequities in employment, education, health care, criminal justice, and the built environment—in other words, without ending racial discrimination altogether.*

# Activity

- Spend 15 minutes discussing the following questions regarding the article, "What's Killing America's Black Infants"?

  - How did it inform your thinking about racial inequities?

  - What issues did it raise for you about the importance of the voices and perspectives of those you are trying to serve?

  - Does it identify opportunities for more equitable policies?

- You will be in group of 5-6 people; guests will remain in large meeting and are welcome to discuss the article

# IdeaBoardz

- Virtual post-it note tool
- Can be accessed with the weblink we put in the chat

**To use:**
- Open link in weblink

- Click green + sign to add a Post-It Note

- Type directly into blank Post-It Note

- Post-It Note will save and populate onto everyone's screen



**Discussion Questions:**
1. How did it inform your thinking about racial inequities?
2. What issues did it raise for you about the importance of the voices and perspectives of those you are trying to serve?
3. Does it identify opportunities for more equitable policies?

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# Tasks and Timelines

# Community Voice

- 30+ family listening sessions will be held in 11 counties

- Applications will be solicited for local organizations, working with Black women and families
  - Up to 10 women/families
  - Resources available for host organization
  - Funding for families to participate
  - Discussion guide will be provided

- 11 partner listening sessions will be held in 11 counties
  - Up to 25 participants
  - Black-led organizations and businesses
  - Service providers (CHWs, clinicians, housing, food, etc.)
  - Churches, social groups, funders

# Tools

- ODH will host on our website with information about the Task Force
  - Members
  - Meeting schedule, agendas and notes
  - Resource document
  - Share Your Story/Share Your Idea or Recommendation

- ODH will be managing a TEAMS folder to share additional resources to expand learning throughout the process

- Keep in mind, these will be public meetings and communication regarding activities, may be subject to public records requests

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# Next Steps

# Next Steps

- Share information about the opportunity to host a local family listening session with your networks
- Once the local sessions are scheduled, plan to "attend" a family session and a partner session
- Mark your calendars for the following dates (appointments to follow):
  - Tuesday, May 18      3:30-5:00
  - Tuesday, June 15     3:30-5:00
  - Tuesday, July 27      3:30-5:00
  - Tuesday, August 17   3:30-5:00
- Utilize the TEAMS site for resources to further understand the latest happening around the country
- Send content to share to Alicia Leatherman (ODH) to get uploaded to TEAMS site

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