



**Ohio Eliminating Disparities in Infant Mortality Task Force  
Draft Recommendations  
Sept. 29, 2021**

**TABLE OF CONTENTS**

<b>DOMAIN</b>	<b>PAGES</b>
Health Care Access & Quality	Pages 2 - 6
Education Access & Quality	Pages 7 - 12
Economic Stability	Pages 12 - 15
Neighborhood & Built Environment	Pages 16 - 20
Social and Community Context	Pages 21 - 25

## HEALTHCARE ACCESS & QUALITY

DRAFT RECOMMENDATION	COMMUNITY INPUT	TASK FORCE INPUT	REVISED RECOMMENDATION
<p>1. <b>Create a tool developed and driven by Black patients that measures the healthcare experiences important to them, and establishes accessible information for Black patients to choose where to access quality care.</b></p>	<p>More apps and resources for parents to access information on the go and empower them to do their own research.</p> <p>Family participants said developing a system to report Black patients' experiences with doctors and healthcare is very important.</p> <p>Recommendation sounds too general and more information is needed to understand. What is the outcome and purpose so that we are not just collecting data.</p> <p>Communities with lived experiences need to be involved in developing any resources, questionnaires, and tools.</p> <p>How will the safety of the information be safeguarded so it doesn't have a negative impact on future visits – even with other providers?</p> <p>Are providers going to be listed as reputable on managed care platforms? Will these providers have a visual presence on platforms to be found easily?</p> <p>It is difficult to find providers when on Medicaid. A tool would help.</p>	<p><b>Ideas to Improve Recommendation (5 members)</b></p> <ul style="list-style-type: none"> <li>• Create a tool developed and driven by Black patients that measures the healthcare experiences important to them, and establishes accessible information for Black patients to choose where to access equitable quality care.</li> <li>• Recommend that gender neutral language be used to foster inclusiveness, such as pregnant persons.</li> <li>• While it is recognized that the greatest inequities occur in the 11 OEI focused counties, I would suggest that this recommendation not be limited to those but encompass the entire state of Ohio.</li> <li>• I would recommend including input from more than just patients. As written, the recommendation does not explicitly include input from others (e.g., health care providers). I don't think there should be a comma after "care experiences."</li> <li>• We must ensure a specific tool is written that can be tailored to Black mothers</li> </ul>	<p><b>Revised Recommendation:</b> <i>Develop a 21st century accountability tool (web-based, mobile, user-centric) designed by Black patients that measures their healthcare experiences while facilitating access to quality care.</i></p> <p><b>Concepts for Action:</b> <i>Ensure the tool has built-in accountability measures to protect personal information. The tool should be well advertised and establish accessible information for Black patients to choose where to access quality care, based on a robust set of criteria. The tool should facilitate accountability of providers for non-biased care.</i></p> <p><b>Implementation Considerations:</b></p> <ul style="list-style-type: none"> <li>• Does the tool need a relational component to make it effective, such as navigators?</li> <li>• Can the tool be simultaneously an educational resource as it helps increase access and measure</li> </ul>

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	<p>“The part that sticks out to me is the patient-driven part of the portal because that can really increase the access to even be able to find a physician. I know being on Medicaid, it is so hard to find a dentist or something specific like that that’s in your network.”</p> <p>Two participants chose the first recommendation to be the most helpful. The tool is the first step and then the choices come after.</p> <p>Increasing access and tools to health insurance doesn’t always result in families actually accessing insurance. It’s complex to figure out. Creating a tool or navigator would help.</p> <p>Terminology is often confusing and not helpful, which limits a family’s ability to participate in health insurance.</p> <p>A lot of the providers are white, so creating a tool will be better.</p> <p>A lot of providers are given based off location or male/female. Families may not know to look for private providers outside of their network that may do pro bono work.</p> <p>Having a list of providers that are culturally conscious that are in the community.</p>	<p>with proper access and availability to them. We must also ensure we keep confidentiality and privacy paramount so Black women do not fear completing the survey because they will be identified by their providers.</p> <ul style="list-style-type: none"> <li>• This recommendation, while specific to Medicaid and Title V, should be implemented by all systems/payors serving African/Black women. The disparities for African/Black women cross and are within all economic strata.</li> </ul> <p><b>Missing Concepts</b></p> <ul style="list-style-type: none"> <li>• Please include the need to address structural racism as a means to reduce stress and address trauma.</li> <li>• Policy changes to incentivize rather than discourage provision of healthcare services (including holistic health services) for Black women and families.</li> <li>• Healthcare professionals from top to bottom need to have annual implicit bias and cultural competency training.</li> <li>• I continue to think that, in order to implement these recommendations, the responsible party should be called out: is it ODH, the GA, healthcare systems?</li> </ul>	<p>satisfaction (e.g., helping with healthcare terminology)?</p> <p><b>Participant quotes:</b></p> <p>“We don’t know what we don’t understand. We ignore it.”</p> <p>“Using terminology that we don’t understand.”</p> <p>“What if it was called the Black Star rating to be able to find a provider?”</p> <p>“There aren’t a lot of medical professionals that look like me.”</p> <p>“I know you can report doctors but maybe somewhere (tip line) you can report good/bad experiences and not just reported but also investigated and conclusions of said investigation. This will let people know where safe care is throughout the county.”</p>

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	<p>Concerned about how families would be able to find the information to access this tool.</p>		
<p><b>2. Increase access and choice within the 11 counties with high Black infant mortality rates, to quality, unbiased healthcare for Black women, fathers and communities.</b></p>	<p>Missing from the recommendations: paying doulas and midwives for their services.</p> <p>A family participant said healthcare access was the first hurdle she had to overcome. Now, she says bias is the next hurdle she is facing.</p> <p>Increase access to doulas and birth workers — would also improve experiences.</p> <p>Families face difficulties in accessing resources because they do not know where to go.</p> <p>Two participants chose the second recommendation to be the most helpful. They think the first recommendation pushes the burden back onto the population.</p> <p>One participant said that very rarely do you see doctors stepping up to provide the same quality healthcare to Black families as they are to white families even though they have listened to their stories and asked for their opinions.</p> <p>Recommendations need to include and call out cultural competency.</p>	<p><b>Ideas to Improve Recommendation (4 members)</b></p> <ul style="list-style-type: none"> <li>• Increase access and choice within the 11 counties, with high Black infant mortality rates, to quality, <i>equitable</i>, non-biased healthcare for Black women, fathers and communities.</li> <li>• Provide targeted funding to increase access and choice.</li> <li>• While it is recognized that the greatest inequities occur in the 11 OEI focused counties, I would suggest that this recommendation not be limited to those but encompass the entire state of Ohio.</li> <li>• Increase access and choice within the 11 counties and others with high African/Black infant mortality rates. ... Increase African/Black practitioners to serve the patient population.</li> </ul> <p><b>Missing Concepts</b></p> <ul style="list-style-type: none"> <li>• Support workforce development "pipelines" for education and training of healthcare providers of color.</li> <li>• I think programs need to target younger minds to recruit African American</li> </ul>	<p><b>Revised Recommendation:</b> <i>Increase access, affordability, and choice within the 11 counties with high Black infant mortality rates to patient-centered, culturally competent, unbiased healthcare for Black women, fathers, and families to optimize their health outcomes.</i></p> <p><b>Concepts for Action:</b> <i>Encourage collaboration, information sharing, and cultural competency training in the 11 counties among providers to develop the capacity of each county to provide more patient-centered care. Build the capacity within each county for larger numbers of Black providers to increase choice. Ensure integration with Recommendation #1.</i></p> <p><b>Implementation Considerations:</b></p> <ul style="list-style-type: none"> <li>• Do we need to discuss specifics about how we increase access such as: <ul style="list-style-type: none"> <li>○ Social improvements, e.g., transportation.</li> <li>○ Cultural improvements, e.g. language barriers.</li> </ul> </li> </ul>

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	<p>A family participant shared a story of how she wanted a doula for her four pregnancies but was told she “couldn’t afford her.”</p> <p>A family participant shared her story of giving birth and, after delivery, was immediately handed papers about enrolling in WIC. She was insulted by it because there was never any conversation about her family’s economic situation, and a woman in the room next to her who was white and delivered shortly before her was not given the same information on WIC. Felt like it was assumed that because of her race, she needed public benefits. “That was very offensive to me.”</p> <p>Family participants discussed how they feel Black women are pushed into getting c-sections or induced labor, even against the mother’s wishes.</p> <p>One participant found the second recommendation the least helpful — increase access.</p> <p>One participant said that the second recommendation should highlight single fathers who are having issues accessing quality care.</p> <p>Would like to see more about mental health access and care in the healthcare access and quality recommendations.</p> <p>A family participant shared her experience with how the type of insurance you carry makes a difference in the quality of</p>	<p>providers into medicine. Mentorship programs that introduce Black students (maybe like the one that UH has — the Health Scholars) to medicine, midwifery care, mental health care! I think it's a really hard career path to navigate if you have no one to look up to, ask for help. And, I think scholarships for schools specific to those interested in primary care in an urban setting need to be developed. Medical students may choose higher paying specialties than primary care/peds/ob/gyn to pay off their loans more readily.</p> <ul style="list-style-type: none"> <li>• Again, I would increase the number of African/Black practitioners within the healthcare systems. Also, to improve quality, increase the number of culturally appropriate practitioners to serve African/Black women, infants, children and men.</li> </ul>	<ul style="list-style-type: none"> <li>○ Geographic improvements, e.g., proximity to care.</li> <li>○ Economic improvements, e.g., payment models.</li> <li>● Does increased access mean paying for services such as doulas?</li> <li>● Should medical providers have implicit bias training mandated?</li> <li>● How is accountability enforced when implicit bias by physicians affects patients’ healthcare?</li> <li>● Does quality need a definition?</li> </ul> <p><b>Participant quotes:</b></p> <p>“People likely have to take what they are given, but if you increase access and they have a choice, it makes them feel more empowered and more likely to open up.</p> <p>“When I had my baby, I wanted to know that somebody cared. I think the choice and access is very important.”</p> <p>“I don’t know if a non-biased healthcare system would ever exist and I don’t know if there’s enough black doctors that will meet the needs of their community for PCPs or OBGYN or pediatric doctor. So I’m struggling a little bit with number 2.”</p>

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	<p>care you receive. When she was receiving Medicaid, she felt like she wasn't treated as well and her concerns during pregnancy were ignored. When she had employer-provided insurance, she was treated much better.</p> <p>One participant said that she believed the most important recommendation was getting help in finding the medical information and that the information needs broken down to make it easier to understand for families. Families need literature that breaks down medical terms and conditions.</p>		

**EDUCATION ACCESS & QUALITY**

DRAFT RECOMMENDATION	COMMUNITY INPUT	TASK FORCE INPUT	REVISED RECOMMENDATION
<p>1. <b>Increase access and remove barriers to comprehensive health education, inclusive of reproductive health, within the school systems and communities that have the largest proportion of Black student enrollment and rates of teen pregnancy.</b></p>	<p>It would be beneficial for families to have more access to specialized courses on different health conditions.</p> <p>Reproductive health education is valuable in schools.</p> <p>Schools have a family advocate and this seems to be useful. How would this person impact maternal health.</p> <p>Recommendation number one had concerns from one participant who was for education, but expressed long-standing history concerns for black and brown bodies. They cited forced forms of contraception and forced adoptions. The participant was concerned about how this would be carried out so that it doesn't negatively impact black and brown people.</p>	<p><b>Ideas to Improve Recommendation (5 members)</b></p> <ul style="list-style-type: none"> <li>• Increase access and remove barriers to equitable, comprehensive, culturally and linguistically appropriate reproductive health education within the school districts that have the largest proportion of Black student enrollment and rates of teen pregnancy.</li> <li>• I do not think it should say especially females.</li> <li>• The description for the first recommendation in this section is thorough, amazing, and gives hope. I have some concerns about when you get to the language of the recommendation itself. Does it sound stigmatizing? Is it so vague that during implementation its interpretation by others could cause us to lose all of the empowering actions in the description? If the descriptions are going to be paired with the recommendations at all times, I have no issues but if not, this one in particular does leave room for some concern.</li> <li>• The language should be broader than reproductive health and should include adolescent health, goal setting, and family planning.</li> <li>• I would change to "Increase access and remove barriers to comprehensive</li> </ul>	<p><b>Revised Recommendation:</b> <i>Increase access within the school systems and communities that have the largest proportion of Black student enrollment and rates of teen pregnancy to comprehensive and high-quality health education programs that include sexual and reproductive health information.</i></p> <p><b>Concepts for Action:</b> <i>Partner with school districts to support the development of such programs. Increase comfort levels for discussing sexuality and reproductive health topics within communities. Provide unrestricted access to confidential care.</i></p> <p><b>Implementation Considerations:</b></p> <ul style="list-style-type: none"> <li>• How do we ensure access to confidential care?</li> <li>• How do we increase comfort levels within communities to have critical discussions about sexuality and reproductive health?</li> <li>• How do we ensure that programs developed are able to offer a broad and accurate understanding of these topics?</li> <li>• What is the role of policy makers and advocates in implementation of this recommendation?</li> </ul>

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		<p>reproductive health education within the school districts especially, those that have the largest proportion of African/Black student enrollment and higher rates of teen pregnancy among all students”. (Young people learn from their peers and mimic their behavior).</p> <p><b>Missing Concepts</b></p> <ul style="list-style-type: none"> <li>The curriculum(a) needs to be developed by healthcare providers. Also, start talking about preventive health every year from early school age on.</li> </ul>	<ul style="list-style-type: none"> <li>How do we implement this recommendation with an equity focus?</li> </ul> <p><b>Participant quotes:</b>            “I’m not seeing the full connection.” “If I was pregnant or my teen daughter was pregnant how would this make a difference?”</p> <p>“It takes a community to raise a child, especially when it comes to valuing their health.”</p> <p>“It’s really hard if you’re not your own healthcare advocate” (in regard to getting additional health education and information).</p>
<p>2. <b>Create or enhance school policies that support whole family units (however defined by the family), empower family leadership, and the distribution of equitable resources to increase access to programming and supports for Black children, families and communities.</b></p>	<p>Biggest barrier to access college: lack of information, lack of awareness of financial support and scholarships.</p> <p>There’s a need to teach financial education and literacy.</p> <p>We should be taking to Black students about post-K-12 options earlier (not waiting until high school), sharing information on trade schools, college, etc.</p> <p>“Being a preschool teacher that is African American we do need that support. I feel that we connect with the students who are African American more and understand the things they are going through, which some who aren't of color don't understand.”</p>	<p><b>Ideas to Improve Recommendation (4 members)</b></p> <ul style="list-style-type: none"> <li>Create or enhance school policies that support whole family units (however defined by the family), <i>and</i> the distribution of culturally and linguistically equitable resources to increase access to programming and supports for Black children, families, and communities.</li> <li>I think it should be the equitable distribution of resources, not the distribution of equitable resources.</li> <li>Provide funding to increase connection to programming and remove barriers.</li> </ul>	<p><b>Revised Recommendation:</b>  <i>Develop school policies that increase access to programs, services, and supports for Black children, families, and communities that support whole family units (as defined by the family), elevate family leadership, capacity, and voice, and distribute resources more equitably.</i></p> <p><b>Concepts for Action:</b>  <i>Partner with school districts to develop family-centric approaches to learning and resources while allowing families opportunities for self-definition, empowerment, and leadership. Work</i></p>

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		<ul style="list-style-type: none"> <li>• I support the recommendation, but it doesn't appear to match embedding of training into licensure standards and/or schools.</li> <li>• Review licensure standards for professionals and school environments to embed requirements for enhanced understanding of implicit bias, cultural humility, and linguistic competence, trauma-informed and other appropriate topics for licensure and CEUs.</li> </ul>	<p><i>with school districts to identify policy and resource gaps.</i></p> <p><b>Implementation Considerations:</b></p> <ul style="list-style-type: none"> <li>• To what extent is school district partnership needed to implement this recommendation?</li> <li>• Use a framework such as the Smart Start Family Engagement &amp; Leadership Framework. <a href="https://www.smartstart.org/family-engagement-and-leadership/fel-framework/">(https://www.smartstart.org/family-engagement-and-leadership/fel-framework/)</a></li> </ul> <p><b>Participant quotes:</b></p> <p>“Descriptions are broad because we aren’t dealing with the how.”</p> <p>“A lot of people that are making these developments are people who have not been affected nor living in these areas. Those making these decisions are just going on educated guesstimates.”</p> <p>“Creating and generating new programs is all fine and good. ... [However], I think it would be a really good idea to take a look at some of the programs that are already in place and then look at ‘how can we make those programs stronger?’</p>

<p><b>3. Increase connection to and remove barriers for families to access quality early childhood resources in Black communities within the 11 counties, with high rates of Black infant deaths.</b></p>	<p>Early education incentives would make a big difference for families, help set the foundation early.</p> <p>One participant says that recommendations three and four are the most important to them because there are so many barriers for people to access transportation.</p> <p>Participant identified this recommendation as the most helpful.</p> <p>One participant on disability said the center will not accept their child because they do not work and are on disability.</p>	<p><b>Ideas to Improve Recommendation (4 members)</b></p> <ul style="list-style-type: none"> <li>• Increase connection to and remove barriers for families to access <i>equitable</i>, quality early childhood resources in Black communities within the 11 counties with high rates of Black infant deaths.</li> <li>• While it is recognized that the greatest inequities occur in the 11 OEI focused counties, I would suggest that this recommendation not be limited to those but encompass the entire state of Ohio.</li> <li>• There should be a way to also increase the number of quality care resources in those communities in addition to providing access for families. There should be equitable financial resources distributed to current early childhood programs that need help.</li> </ul>	<p><b>Revised Recommendation:</b> <i>Ensure access to high quality affordable early childhood resources in Black communities within the 11 counties with high rates of Black infant deaths by identifying and removing barriers to access and through dissemination of information about availability of care.</i></p> <p><b>Concepts for Action:</b> <i>Increase connections for families to available programs through better advertising and promotion of program availability. Identify and remove barriers to access and affordability within the 11 counties with high rates of Black infant deaths by increasing child care capacity in those counties.</i></p> <p><b>Implementation Considerations:</b></p> <ul style="list-style-type: none"> <li>• It would be useful to first identify the barriers that need to be removed and clearly articulate them.</li> <li>• Affordability and capacity of childcare within a given region is often an issue so increasing access often has to be coupled with a strategy to build community capacity.</li> </ul> <p><b>Participant quotes:</b> “Everybody is raising the child – not just for the mother.” “Creating and generating new programs is all fine and good. ... [However], I think it would be a really good idea to take a look at some of the</p>
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DRAFT RECOMMENDATION	COMMUNITY INPUT	TASK FORCE INPUT	REVISED RECOMMENDATION
			<p>programs that are already in place and then look at ‘how can we make those programs stronger?’”</p>
<p><b>4. Invest in and support the development of a Black and culturally competent early care and education and educational (K-12) workforce that reflects the children, students, and families in the 11 counties with high rates of Black infant deaths.</b></p>	<p>Family participant said recommendations 1 and 4 (in education access and quality) jumped out the most to her (re: what would help her family and community).</p> <p>Family participant said 4<sup>th</sup> recommendation stood out to her most (investing in culturally competent education). Implicit bias training is also important.</p> <p>Cultural competency and increasing the Black educator workforce is very important to participants, especially in the early education space. This is a top priority to all participants, as they said it was the most important recommendation.</p> <p>Current education workforce does not always reflect the children they serve.</p> <p>Participant expressed that many of these recommendations already exist but aren't promoted. I.e., Black-owned and operated childcare centers exist, but they aren't promoted at the same level of white-owned businesses.</p> <p>Missing: Would like to see a pipeline for Black and brown students to go into education industry.</p>	<p><b><i>Ideas to Improve Recommendation (3 members)</i></b></p> <ul style="list-style-type: none"> <li>• While it is recognized that the greatest inequities occur in the 11 OEI focused counties, I would suggest that this recommendation not be limited to those but encompass the entire state of Ohio.</li> <li>• This recommendation is critical for learning and development of all African/Black children regardless of whether they are in the targeted 11 counties.</li> <li>• We should also consider increasing the financial salaries of early childhood educators. Not only is there a need for incentive, it would also back the importance we put behind the people who are providing our children with integral social and emotional learning at critical ages.</li> </ul> <p><b><i>Missing Concepts</i></b></p> <p>Incentivize African/Black individuals changing or going into early education, especially African/Black men.</p>	<p><b><i>Revised Recommendation:</i></b> <i>Invest in workforce development of early care and education and K-12 teachers in the 11 counties with high rates of Black infant deaths to increase the number of Black and culturally competent educators.</i></p> <p><b><i>Concepts for Action:</i></b> <i>Work with local community colleges to outreach to Black educators and increase compensation to attract teachers to the industry.</i></p> <p><b><i>Implementation Considerations:</i></b></p> <ul style="list-style-type: none"> <li>• Do we need a policy/advocacy strategy to support living wage policies and pay parity for early care and education teachers?</li> <li>• How do we define “investment” in the context of this recommendation?</li> </ul> <p><b><i>Participant quotes:</i></b> “I would love to be able to see a pipeline for education for those who want higher education to have that pipeline of Black and brown students who want to go into education.”</p>

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	<p>The participants agreed that recommendations three and four seemed to be the most helpful.</p> <p>Most helpful to families: Invest in and support the development of a Black early care and education and educational (K-12) workforce that reflects the children, students, and families in the counties with high rates of Black infant deaths.</p>		<p>“Being a preschool teacher that is African American we do need that support. I feel that we connect with the students who are African American more and understand the things they are going through, which some who aren't of color don't understand.”</p>

**ECONOMIC STABILITY**

DRAFT RECOMMENDATION	COMMUNITY INPUT	TASK FORCE INPUT	REVISED RECOMMENDATION
<p><b>1. Work with Black businesses, community members, and community-based organizations to strengthen safety net policies and increase skill development and opportunities to obtain employment.</b></p>	<p>It would be valuable if individuals were made aware of opportunities where people can take existing skills into jobs that they can grow in and provide for their families with.</p> <p>Black businesses cannot get in the door compared with non-black businesses and because of this, they are less likely to offer higher-paying jobs and more likely to struggle.</p> <p>Black businesses are not included at the decision-making table.</p>	<p><b><i>Ideas to Improve Recommendation (4 members)</i></b></p> <ul style="list-style-type: none"> <li>• Examine policies related to the inequitable access to and distribution of resources. Work with Black businesses, community members, and community-based organizations to allocate safety net policies and provide (and communicate) resources to support job creation based on needs of under resourced communities.</li> <li>• Why just Black businesses? Could say business community, with special focus on Black-owned, not just "Black."</li> </ul>	<p><b><i>Revised Recommendation:</i></b> <i>Work with Black businesses, community leaders, and the private and social sectors to strengthen safety net policies and increase skill development and job training so community members have access to high wage employment and greater opportunities.</i></p> <p><b><i>Concepts for Action:</i></b> Promote skills development, identify systemic barriers that hinder Black entrepreneurs' efforts to ideate and start and sustain local businesses.</p>

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	<p>Increasing access to skills training identified as recommendation that would have a positive impact on Black families.</p> <p>Putting in schools what it is to build wealth and why it is important – financial literacy.</p> <p>Mental health needs to be improved within the community, and it's hard to focus on economic stability without mental health.</p> <p>What we see are people working in gas stations, fast food, low paying jobs.</p> <p>There are not a lot of professional jobs for people of color even in the trades.</p> <p>Two participants agreed with the benefit cliff issue.</p>	<ul style="list-style-type: none"> <li>Invest in and work with Black businesses.</li> <li>I would include higher education institutions in creating flexible programming and "CLIMB" programs to encourage African/Black women and men to pursue advanced education, training, and career development.</li> </ul> <p><b>Missing Concepts</b></p> <ul style="list-style-type: none"> <li>Information shared by participants during community listening sessions included a focus on budgeting and financial management as part of primary and secondary educational curriculums to foster individual competency in this area in preparation for adulthood.</li> <li>Supplier and employer diversity must be incorporated into all aspects of economic growth through incentives for the private sector.</li> </ul>	<p><b>Implementation Considerations:</b></p> <ul style="list-style-type: none"> <li>Entrepreneurship and business ownership — particularly of community-based businesses — are crucial ways to develop community wealth, for both business owners and the people they employ.</li> <li>Can programs be developed that promote entrepreneurship?</li> <li>Can local anchor institutions take the lead on collaborating with the public and private sector?</li> </ul> <p><b>Participant quotes:</b></p> <p>"I don't see a lot of us [in the Black community] having financial literacy courses and that's the biggest hindrance right there."</p> <p>"A lot of times, we are in survival mode."</p> <p>"It's not necessarily the [Black] businesses we need to work with, we need to work with people of other influences because they're the ones who are hiring."</p>

DRAFT RECOMMENDATION	COMMUNITY INPUT	TASK FORCE INPUT	REVISED RECOMMENDATION
			<p>“It’s all about the way you connect and how we can help our businesses thrive in our communities.”</p>
<p><b>2. Work with Black businesses, community members, and community and faith-based organizations to identify policies and practices limiting generational wealth building, and identify adjustments or new resources that support generational wealth building for Black families, growth of Black-owned businesses, and equitable access to capital.</b></p>	<p>Redlining and difficulty building credit are real challenges and barriers to Black communities and families.</p> <p>The need for financial literacy/financial education for Black students and families is crucial.</p> <p>Access to financial information across the Black community (students, parents, seniors) is important.</p> <p>Understanding of finances/financial literacy is crucial to building wealth – there’s a lack of understanding of business and finances in the community.</p> <p>Recommendation for financial literacy and education to be a part of formal education since most children are in school.</p>	<p><b><i>Ideas to Improve Recommendations (2 members)</i></b></p> <ul style="list-style-type: none"> <li>• Work with Black businesses, community members, and community-based organizations to identify systemic policies and practices limiting generational wealth building and identify equitable adjustments or new resources that support generational wealth building for Black families, growth of Black-owned businesses, and equitable access to capital.</li> <li>• I would include language that limits the use of credit scores for housing, employment, credit cards and other unregulated uses that were not intended that strip wealth and employment opportunities to increase incomes.</li> </ul> <p><b><i>Missing Concepts</i></b></p> <ul style="list-style-type: none"> <li>• It might be helpful to provide the link between income and wealth building and health and specifically infant mortality. The broadness of this task force is that it looks at root causes but that’s not spelled out in the descriptions.</li> </ul>	<p><b><i>Revised Recommendation:</i></b> <i>Close the Black-white wealth gap by increasing access to knowledge and capital, ensuring that laws, policies, and practices are designed to produce equitable opportunities and outcomes, and removing institutional barriers for Black-owned businesses.</i></p> <p><b><i>Concepts for Action:</i></b></p> <ul style="list-style-type: none"> <li>• Evaluate current business ecosystems to identify systemic barriers and rebuild them to be equitable and more supportive for Black businessowners.</li> <li>• Rebuild trust in institutions and ecosystems that have felt exclusionary to Black businesses and entrepreneurs.</li> <li>• Review procurement practices, especially at anchor institutions and large organizations, and evolve to be more inclusive of Black-owned businesses.</li> </ul> <p><b><i>Implementation Considerations:</i></b></p> <ul style="list-style-type: none"> <li>• Insufficient access to capital, knowledge, and support leaves many would-be Black entrepreneurs and businessowners less</li> </ul>

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			<p>economically mobile and limits the potential to grow wealth for Black families and communities.</p> <ul style="list-style-type: none"> <li>● Interventions to tackle these barriers will require public-, private-, and social-sector stakeholders to evaluate current business ecosystems.</li> <li>● This work requires instituting policies that create more equitable outcomes in addition to assuring equitable access to capital.</li> <li>● The private and social sectors should help Black-owned businesses build capabilities and facilitate knowledge sharing.</li> </ul> <p><b>Participant quotes:</b></p> <p>“We need a plan to be put into action – we need a plan to implement the changes (rather than just say ‘we need to build wealth and capital’).“</p> <p>“It’s very difficult for us to make mistakes and then get out from under that. So just preventing that, having some guidance, having some mentorship.”</p> <p>“People are stuck in a cycle of poverty and it’s really hard for them to get out of it.”</p>

**NEIGHBORHOOD & BUILT ENVIRONMENT**

DRAFT RECOMMENDATION	COMMUNITY INPUT	TASK FORCE INPUT	REVISED RECOMMENDATION
<p><b>1. Create and enforce housing programs, policies, and practices that respond to the expressed needs of marginalized communities, with an intentional focus on Black women, fathers, and families, to increase and sustain access to safe, healthy, affordable high-quality housing within the 11 counties with high rates of Black infant deaths.</b></p>	<p>Access to affordable safe housing is a big barrier.</p> <p>Yes, it would help to have more single-family homes available that are high quality and affordable, like programs to help achieve home ownership.</p> <p>Having someone to talk to who has experience in home buying, for example, would be very helpful to Black families building wealth and becoming homeowners.</p> <p>Not sure how to address red-lining — places in the community where housing is good and isolating minorities to places that are not as good.</p> <p>Most important/helpful: affordable housing is needed in the Reynoldsburg area. Need more mental health supports in Franklin County.</p> <p>Local sponsor: Should focus on the maintenance and repair of existing housing. Families experience issues with property taxes and the ways things are appraised.</p> <p>Local sponsor suggested that enforcing housing policies also needs material improvement</p>	<p><b><i>Ideas to Improve Recommendations (1 member)</i></b></p> <ul style="list-style-type: none"> <li>Examine systemic policies and practices to rectify them and create and enforce housing programs, and policies that respond to the expressed needs of marginalized communities, with an intentional focus on Black women, fathers, and families, to increase and sustain access to high-quality housing within the 11 counties with high rates of Black infant deaths.</li> </ul> <p><b><i>Missing Concept</i></b></p> <ul style="list-style-type: none"> <li>Families are not just "Black" or "white" can we add the words ethnically diverse Black families?</li> </ul>	<p><b><i>Revised Recommendation:</i></b> Create and enforce housing programs, policies, and practices that increase access to safe, healthy, affordable high-quality housing while improving existing housing conditions in the 11 counties with high rates of Black infant deaths.</p> <p><b><i>Concepts for Action:</i></b> <i>Start work immediately with policymakers to strengthen fair housing policies and empower local governments and nonprofits to enforce Fair Housing Policy.</i></p> <p><b><i>Implementation Considerations:</i></b></p> <ul style="list-style-type: none"> <li>Do we need a recommendation specific to transportation needs of families, e.g., to and from medical appointments?</li> <li>How can we catch and stop systematic discrimination and make local jurisdictions once again responsible for planning to achieve fair housing?</li> <li>What sources of capital are used to prevent or remediate housing policy violations?</li> </ul>

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	<p>(capital) of conditions (not just enforcement) – needs to be both/and. Provided example of families who didn't qualify for a city grant program because they did not have homeowner's insurance (in a neighborhood that was targeted for infant vitality efforts). Actual needs of community were not being addressed because families did not have the support/info they needed to obtain homeowner's insurance in order to be eligible for grants to repair/improve housing.</p>		<p><b>Participant quotes:</b> "Just because there are programs, doesn't mean moms who need help have access due to eligibility criteria."</p>
<p><b>2. Increase access to sufficient, quality, nutritious foods within Black communities by developing, expanding, or funding business development and creating alternative healthy food distribution and community gardens, in response to the transportation, shopping and buying patterns of Black women, families, and communities.</b></p>	<p>Access to healthy foods is a real barrier for many communities. Families in many cases must go to another town to access healthy foods. This can be a barrier to those who lack reliable transportation.</p> <p>Transportation access is the most important (recommendation 2).</p> <p>Not many corner stores in smaller communities.</p> <p>Both family participants said having access to fresh food/produce is more important than transportation.</p>	<p><b>Ideas to Improve Recommendation (2 members)</b></p> <ul style="list-style-type: none"> <li>• Increase access to sufficient, quality, nutritious foods within Black communities by incentivizing, creating policies to support the development, expansion, and/or the funding of food business development; co-ops and creating alternative healthy food distribution methods in response to the shopping and buying patterns of Black women, families, and communities.</li> <li>• Examine and target the elimination of food deserts through increased access to sufficient, quality, nutritious foods within Black communities by developing, expanding, or funding business development; increase the development of high-quality affordable grocery</li> </ul>	<p><b>Revised Recommendation:</b> Increase access to sufficient, quality, nutritious foods by incentivizing grocery stores and supermarkets and by partnering with the community to create alternative healthy food distribution programs, community gardens, farmers markets, and other policies and interventions in response to the transportation, shopping, and buying patterns of Black women, families, and communities.</p> <p><b>Concepts for Action:</b> Local policymakers should be looking at the quality of infrastructure in the 11 counties to see if it could better support businesses and funding city-wide programs to encourage healthier eating.</p>

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	<p>Having access to quality, fresh food is part of the equation: It should be easily accessible and not take a lot of time to find and bring home.</p> <p>One participant said that increased access and food distribution on the second recommendation spoke to her. They also said that they have issues with transportation and a letter from landlord asking her to move next month.</p> <p>Number 2 is most helpful as not many neighborhoods have access to healthy food and only have access to small corner stores.</p> <p>Transportation is a barrier to find healthy food and grocery stores.</p> <p>One local sponsor shared that she drives to state lines to receive quality, fresh, and AFFORDABLE fruits and vegetables. Acknowledged that many families can't do that. Having access to community farms would benefit families and neighborhoods. Kids would be healthier.</p> <p>Missing:</p> <ul style="list-style-type: none"> <li>• Education around healthy foods should be included.</li> </ul>	<p>establishments and create alternative healthy food distribution methods in response to the shopping and buying patterns of Black women, families, and communities.</p> <p><b>Missing Concepts</b></p> <ul style="list-style-type: none"> <li>• I'm not sure we can address the cost of nutritious food, but it's more than access to.</li> <li>• Access to nutritious food must be accompanied by the education, training, and expertise to prepare that food.</li> </ul>	<p><b>Implementation Considerations:</b></p> <ul style="list-style-type: none"> <li>• Do we need a recommendation specific to transportation needs of families, e.g., to and from medical appointments?</li> <li>• Black and Latino neighborhoods have fewer large supermarkets and more small grocery stores than their white counterparts.</li> <li>• Should nutrition education be included as part of the action plan to support this recommendation?</li> </ul> <p><b>Participant quotes:</b></p> <p>"Having transportation to go to places is nice, but the ability to [access fresh food] is something I want for everybody. Because just having the option changes to much. That's the drop that creates the ripple in the pond."</p> <p>"Time is everything. I would rather have [fresh food] accessible to me than for me to have to drive or for me to have to wait on a bus or wait on some type of benefits to be able to get what it is I need to eat every day."</p> <p>"How do I cook healthy food? Like what do I do with this? I went to the store and got some basil</p>

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	<ul style="list-style-type: none"> <li>Community gardens but also teaching people how to grow at home, possibly providing farms to the food banks so they can provide fresh food as well.</li> <li>Recommendations do not address lack of food/food deserts.</li> </ul>		<p>leaves and I'm like trying to figure out how to do this."</p>
<p><b>3.Partner with local governments to plan and invest in economic development, including broadband strategies that are responsive to the living, housing, social networks, and transportation preferences of Black communities in the 11 counties and aligned with opportunities for safe, healthy, and affordable housing.</b></p>	<p>Local governments often provide funding to certain groups and these groups do not do what they were supposed to do based on the original intent of the funds. This results in continued disparities.</p> <p>One participant said that, while food resources are critical and needed, there seems to be no call to action on improving infrastructure and recreational options.</p> <p>Access to affordable activities for children like swimming pools and rec centers</p> <p>Having affordable internet is important.</p> <p>Least helpful: If lack of transportation is not addressed as part of a recommendation/plan. Transportation is key. Even if you develop housing, transportation is still key. Transportation gives people choices as to where they want to live and raise their families.</p>	<p><b>Ideas to Improve Recommendation (1 member)</b></p> <ul style="list-style-type: none"> <li>Partner with local governments to plan and invest in economic development strategies that are responsive to the living, housing, social networks, and transportation preferences of Black communities in the 11 counties and aligned with opportunities for quality housing to include assurance of infrastructure for broadband and community greenspace.</li> </ul> <p><b>Missing Concepts</b></p> <ul style="list-style-type: none"> <li>Require all housing developments using public funds to include green space, sidewalks, and other passive and active recreational opportunities, especially in multi-family developments and lower-income communities.</li> </ul>	<p><b>Revised Recommendation:</b> Partner with local governments to plan and invest in economic and infrastructure development that is responsive to the living, housing, social networks, and transportation needs of Black communities in the 11 counties and includes access to affordable broadband.</p> <p><b>Concepts for Action:</b> Align this with opportunities for safe, healthy, and affordable housing highlighted in recommendation 1.</p> <p><b>Implementation Considerations:</b></p> <ul style="list-style-type: none"> <li>Do we need a recommendation specific to transportation needs of families, e.g., to and from medical appointments?</li> <li>Broadband access must be affordable.</li> </ul> <p><b>Participant quotes:</b></p>

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			<p>“Everything that we talked about can also be tied to economic development and small entrepreneurship.”</p> <p>“We’ve been trying to get these things done in the community for years and it seems like more and more stuff is being taken out than being brought into the community ... for the African American children to enjoy ... you’re not giving them anything to look forward to ... they need structures out there to keep their minds elevated.”</p> <p>“I’m walking outside, but something might happen today. Create safe places.”</p> <p>“Having affordable internet is important. We do not have internet and trying to do everything on a phone is difficult. But computers are expensive however being disconnected from the internet helps keep me focused on real world so I don’t know how to feel.”</p> <p>“#2 could definitely be helpful to my family the internet access being affordable is super helpful as well.”</p>

**SOCIAL AND COMMUNITY CONTEXT**

DRAFT RECOMMENDATION	COMMUNITY INPUT	TASK FORCE INPUT	REVISED RECOMMENDATION
<p><b>1.Remove economic barriers and increase supports for Black fathers, including expecting fathers, by reviewing and tailoring policies.</b></p>	<p>Including fathers in the picture is important. More support is needed in this space.</p> <p>Most helpful: Identify priority policies to review and tailor where possible to support the whole family unit, with particular focus on fathers.</p> <p>Family participant: We need to look at the child support system. Instances of fathers being left out of the family, when he wants to be part of the family.</p> <p>Black fathers need to be re-elevated into policy and focus.</p> <p>Black children need a strong Black male in their lives.</p> <p>This is the only recommendation that talks about the role of Black fathers and this needs to be in every recommendation.</p>	<p><b><i>Ideas to Improve Recommendation (5 members)</i></b></p> <ul style="list-style-type: none"> <li>• Do we want to say "with particular focus on fathers?" I believe something like, "including the involvement of fathers" might better match the preceding content in Social and Community Context.</li> <li>• I don't know what this means: the state should identify? what kinds of policies? All state policies? It needs more specificity and it's about more than policies -- practices, resources, etc.</li> <li>• Similar to educational supports for the whole family unit, it will be important to alter our construct of how a whole family is defined under these policies to ensure support for fathers is taken into account.</li> <li>• I certainly will support it as written but feel like the emphasis on the fathers as opposed to the children is problematic. We want fathers to be engaged, of course. But what I would really want is a living arrangement that centers on the child, and removing the policy barriers that encourage living arrangements not in the best interest of the child in order to</li> </ul>	<p><b><i>Revised Recommendation:</i></b> Remove economic and policy barriers while increasing supports for Black fathers, including expecting fathers, to ensure Black fathers are able to fully participate in the health and well-being of their families.</p> <p><b><i>Concepts for Action:</i></b> Review and eradicate traditional and historic practices and policies that have systematically excluded fathers and contributed to social and health disparities among this population. Identify best methods, practices, and approaches to engage fathers.</p> <p><b><i>Implementation Considerations:</i></b></p> <ul style="list-style-type: none"> <li>• How do positive parenting behaviors fit in with this recommendation?</li> <li>• Media reports or depictions often misrepresent Black fathers as "absentee" dads who abandon their children by connecting non-marital births with parental involvement.</li> <li>• Exposure to repeated negative representations can make policy and</li> </ul>

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		<p>get support. This makes it seem that the focus is on what is in the best interest of the father. Where two cohabitating parents are in the best interest of the child, those families should not be penalized. But the emphasis is not on the father's needs ... it's on the child's.</p> <ul style="list-style-type: none"> <li>• It is the mother's health that impacts the baby's health. Not the father.</li> </ul> <p><b>Missing Concept</b> Again, I think this report should call out who is responsible for each recommendation. Otherwise, this could be just another in the line of reports that can sit on a shelf.</p>	<p>lawmakers unsympathetic to the plight of Black dads.</p> <p><b>Participant quotes:</b> "Fathers are more in the picture nowadays. So, I think we are heading in the right direction, but we need a little bit more to push us in the right direction. As far as if there is anything else that is needed to be added with fathers, I think mothers need the same support as well."  "[Black fathers] need to feel worthy that they are part of the family ... we need to do more for our Black fathers."  "Their opinion matters. And it's an opinion that we really don't hear very often because we don't go to them and ask them, or we don't have those dialogues and communication with our men."</p>
<p><b>2.Create culturally competent state standards to be used by state agencies and that require program and policy decisions to engage Black communities on decisions specific to programming in the 11 counties.</b></p>	<p>One family participant said recommendation 2 was least important, because it lacks specificity/no clear action plan.</p> <p>Don't see a recommendation to include safer or increased community input and that can't be standardized by any organization. You need organizations that are connected and engaged with the community to see that.</p>	<p><b>Ideas to Improve Recommendation (3 members)</b></p> <ul style="list-style-type: none"> <li>• Does this include all programming in the 11 counties? I worry about losing focus on the goal of Black infant deaths if the recommendation isn't a little more specific about which programming should be prioritized as a focus.</li> <li>• Create state standards that require program and policy decisions to engage Black communities to provide input and design</li> </ul>	<p><b>Revised Recommendation:</b> Require that state standards are culturally competent and designed with input and engagement with Black communities in the 11 counties with high rates of Black infant deaths.</p> <p><b>Concepts for Action:</b> Review current standards. Form advisory committees in the 11 counties made up of Black</p>

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	<p>Needs to be included: Need to ensure people with lived experiences in the community are on the panel to ensure programs and funding are being used in the way they should be used based on what the community really needs.</p> <p>State standards, including cultural competency, are important.</p>	<p>specific to programming in the 11 counties, with high rates of Black infant deaths.</p> <ul style="list-style-type: none"> <li>• What do we mean by engage? This seems too easy to check the box.</li> </ul> <p><b>Missing Concepts</b></p> <ul style="list-style-type: none"> <li>• We should be inclusive of African residents who are many times treated as poorly or worse than their American born brothers and sisters of African descent. Especially, with language and civil war/genocide, rape and murder of loved ones in their home countries (Rwandan, Ethiopian, S. African, Somali etc.).</li> </ul>	<p>mothers, fathers, and community members to provide input into reformulating those standards.</p> <p><b>Implementation Considerations:</b></p> <ul style="list-style-type: none"> <li>• What is the current history of how standards were developed?</li> <li>• Who are the key partners needed to assess and revise the standards?</li> </ul> <p><b>Participant quotes:</b></p> <p>“To hear from the community, I think, would be a big help.”</p> <p>“When you talk about creating a state standard, who is going to evaluate that, who is going to be held accountable to how that looks?”</p>
<p><b>3. Provide more culturally competent mental health prevention, screening, and services within Black communities. Use trusted relationships to promote healing and wellness and to decrease stress, trauma, and stigma.</b></p>	<p>One parent participant expressed the difficulty of not knowing other Black parents of children with special needs (especially on the spectrum). Would appreciate knowing other parents in the same situation for support. It can be isolating, especially as a Black parent.</p> <p>There is a stigma for having a child with special needs. Also, there is a stigma for Black men in accessing mental health support.</p>	<p><b>Ideas to Improve Recommendation (4 members)</b></p> <ul style="list-style-type: none"> <li>• Provide more culturally and linguistically appropriate mental health prevention, screening, and services within Black communities to promote healing and wellness and to decrease stress and trauma, and create a workforce that reflects the children and families in the 11 counties with high rates of black infant deaths.</li> <li>• Provide more culturally appropriate mental health prevention, screening, and services</li> </ul>	<p><b>Revised Recommendation:</b></p> <p>Increase availability and access to culturally competent mental health prevention, screening, and intervention services within Black communities with high rates of Black infant deaths.</p> <p><b>Concepts for Action:</b></p> <p>Use trusted relationships to promote healing and wellness and to decrease stress, trauma, and stigma.</p>

DRAFT RECOMMENDATION	COMMUNITY INPUT	TASK FORCE INPUT	REVISED RECOMMENDATION
	<p>Removing the stigma and barriers in mental health would help families seek help and trust healthcare providers.</p> <p>The mental health access is a key component. Everyone needs some help. We need to change how we look at mental health and decrease the stigma. A lot of people are afraid to get help.</p> <p>All three recommendations are important to participants, but mental health seems to be a top priority among all participants.</p> <p>Most helpful: Last recommendation because marijuana is increasing mental health disparities.</p>	<p>within African/Black communities to promote healing and wellness and to decrease stress and trauma.</p> <ul style="list-style-type: none"> <li>• Increase the mental health workforce with trusted providers and outreach workers who look like the community.</li> <li>• The access should specifically include decreasing financial barriers associated with mental health. Often, services are limited in insurance coverage and self-pay or even pay scales can be challenging.</li> </ul> <p><b>Missing Concepts</b></p> <ul style="list-style-type: none"> <li>• Access to mental health services must be accompanied by appropriate financial incentives and structures for providers. Recommendation 14 should also say something about addressing the stigma around mental health within the Black community. If we don't address that stigma, it doesn't matter how many resources are placed in the neighborhoods, very few will use them.</li> <li>• Increase the mental health workforce with trusted providers and outreach workers who look like the community.</li> </ul>	<p><b>Implementation Considerations:</b></p> <ul style="list-style-type: none"> <li>• When the experience of Black communities continues to be characterized by trauma and violence more often than for their white counterparts, how does this reality impact the recommendation (e.g., trauma informed care)?</li> <li>• Black providers make up a very small portion of the behavioral health provider workforce.</li> <li>• How can we hold accountable policymakers and health systems to evolve better systems that eliminate inequities in mental health services?</li> </ul> <p><b>Participant quotes:</b></p> <p>“Our mental health is not appreciated or paid attention to.”</p> <p>“Even working in childcare, we never know what someone is going through mentally. That screening will help let us know how people are feeling nowadays and the struggle that people are going through. I think that’s why there’s a lot of violence and stuff because nobody has that support they need in the community.”</p>

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			<p>“Mental health – especially in the Black community – is swept under the rug. And I think that’s one of the biggest problems in the Black community right now. We’re all healing from stuff we never got a chance to heal from.”</p> <p>“A lot of [mental health] gets swept under the rug, especially with women and pregnancy. You never really know until you have a baby how stressful postpartum is. Mental health alone, to know you have someone to talk to, to vent to ... that would go a long, long way. ... You have to be in a good state of mind, especially having kids.”</p> <p>“I would like to see Black organizations who are already doing the work to lead this work, especially in the mental health arena.”</p>