IMTF Learning Opportunity

July 19, 2021

- ## Welcome & Purpose
  - Jamie Carmichael, Co-Chair
- ## Ohio Department of Education
  - Alexandra Nardo & Lyndsay Havey
- ## Ohio Department of Health
  - Dyane Gogan Turner, Andrea Arendt & Allie Stevens
- ## Ohio Department of Jobs & Family Services
  - Kara Bertke-Wente
- ## Ohio Department of Medicaid
  - Dr. Mary Applegate, Alisha Brown & Mylynda Drake
- ## Wrap-up
  - Jamie Carmichael, Co-Chair

Ohio GOVERNOR'S CHILDREN'S INITIATIVE

Promoting Educational Equity for Students and Families

Ohio Department of Education · July 2021

#EachChildOurFuture

Ohio | Department of Education

Alexandra Nardo, *Family and Children Community Administrator***, Office of Whole Child Supports**

Lyndsay Havey, *Education Program Specialist—Urban Support Team***, Office for Exceptional Children**
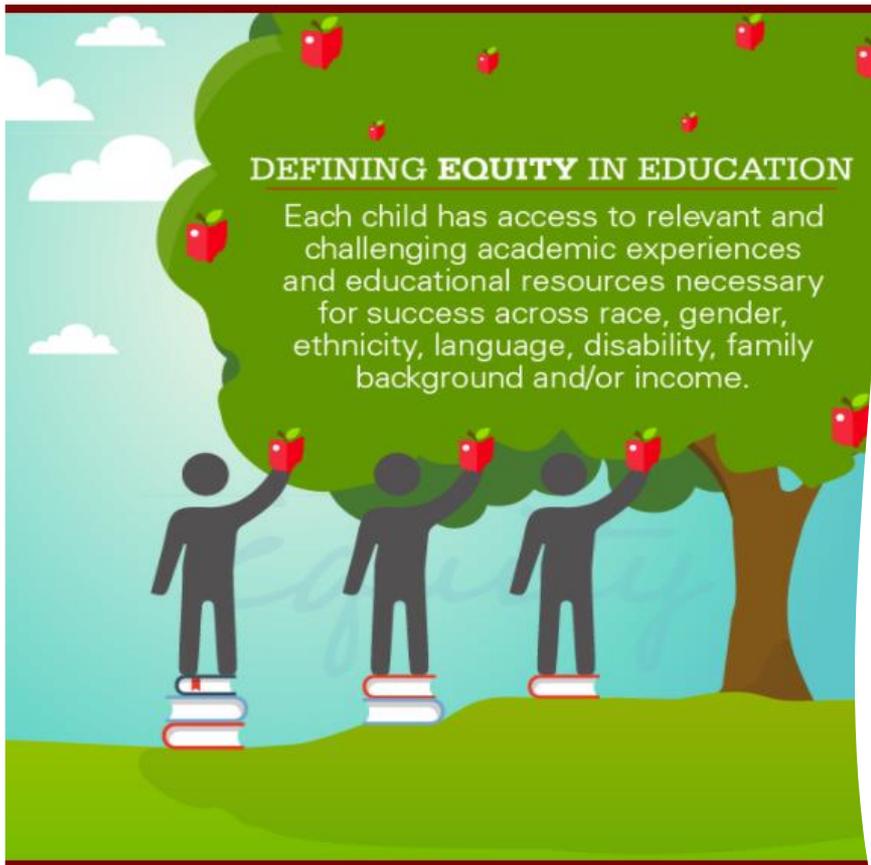
Equity in Education

Disproportionality Data

Systems of Support

Family Engagement

Conclusion

DEFINING **EQUITY** IN EDUCATION

Each child has access to relevant and challenging academic experiences and educational resources necessary for success across race, gender, ethnicity, language, disability, family background and/or income.

Each Child, Our Future

Identifying the Problem

"Embedded within the persistent disparities and inequities in infant deaths is a history of unequal social, economic, and environmental conditions. By understanding what's happened in the past, individuals and organizations can better understand what is causing today's disparities and identify solutions that move towards an equitable future."

2019 Infant Mortality Annual Report, Ohio Department of Health, pg. 4
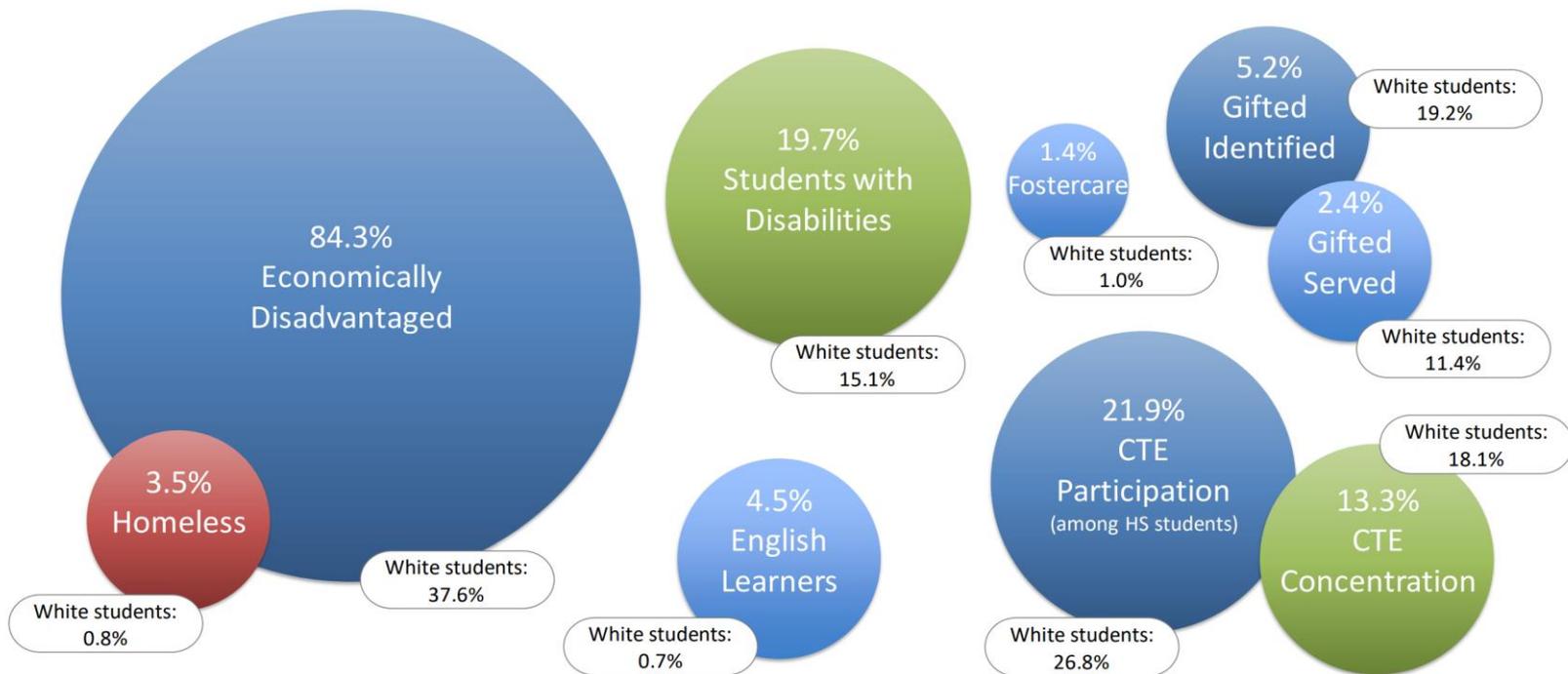
Community Context

Ohio's Black youth and their families often face disproportionate challenges.

- *Poverty:* Black children are 3 times as likely as white children to be experiencing poverty. (39%)

- *School readiness:* Black children are 2 times as likely as white children to enter kindergarten at the lowest KRA level, i.e., "Emerging." (34%)
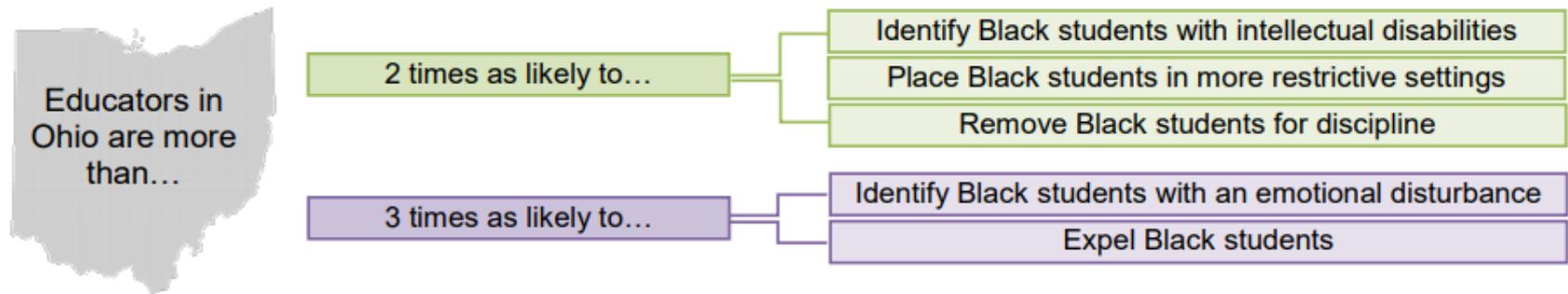
Community Context

- *Court involvement:* Black children represent 16% of all Ohio youth but 56% of incarcerated youth.

- *Health outcomes:* Health inequities are punctuated by Ohio's persistently high infant mortality rate for Black mothers. (13.9 per 1,000 live births)

- *Housing stability:* Ohio's Black/white racial gap for homeownership is 37 percentage points—9 points larger than the national gap.

Comparison of Ohio's Black Students

84.3% Economically Disadvantaged — White students: 37.6%

3.5% Homeless — White students: 0.8%

19.7% Students with Disabilities — White students: 15.1%

4.5% English Learners — White students: 0.7%

1.4% Fostercare — White students: 1.0%

5.2% Gifted Identified — White students: 19.2%

2.4% Gifted Served — White students: 11.4%

21.9% CTE Participation (among HS students) — White students: 26.8%

13.3% CTE Concentration — White students: 18.1%

Disproportionality in Special Education

DID YOU KNOW?

Educators in Ohio are more than…

2 times as likely to…
- Identify Black students with intellectual disabilities
- Place Black students in more restrictive settings
- Remove Black students for discipline

3 times as likely to…
- Identify Black students with an emotional disturbance
- Expel Black students

Equity Initiatives and Supports

Ohio's Whole Child Framework

Task Force on Best Academic Practice Models for Black Students

Family and Community Engagement

Parent Mentors

Ohio | Department of Education

Ohio's Whole Child Framework
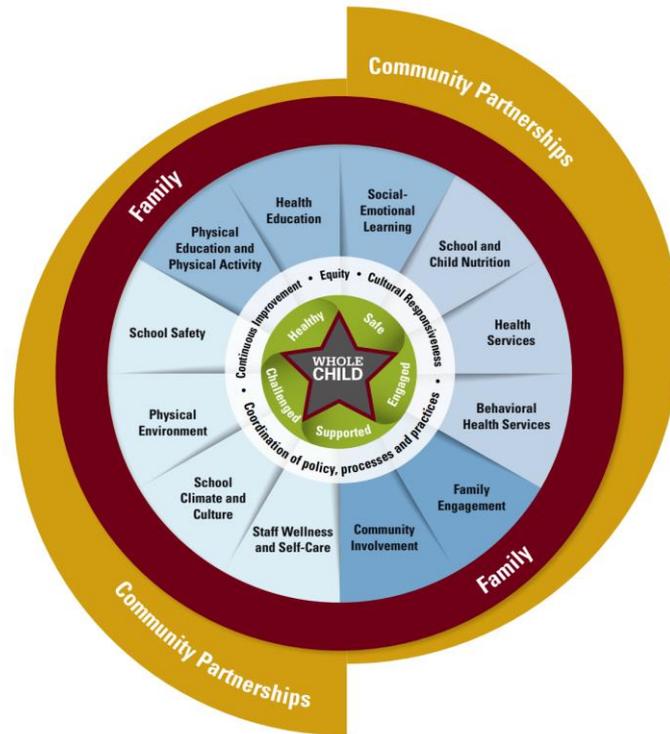
Task Force on Best Academic Practice Models for Black Students

- State Board of Education Resolution to Condemn Racism and to Advance Equity and Opportunity for Black Students, Indigenous Students and Students of Color

- Task Force Created and consists of a diverse group of education, family and community stakeholders

- Purpose is to understand and address barriers and promote best practice models

Family and Community Engagement

Ohio Statewide Family Engagement Center

Urban League of Greater Cleveland – Family Engagement Toolkit

Family and Community Partnership Liaisons

Ohio | Department of Education

Students with Disabilities in Ohio

"All Ohio citizens must be dedicated to making substantial improvements for students with disabilities and fulfilling the promise of equal access, equal opportunity and comparable outcomes by providing an educational experience that challenges, prepares and empowers each child in Ohio."

Parent Mentors

Parent of a child with a disability

Support families through the IEP process

Connect families, the district, and community

Ohio | Department of Education

Ohio Parent Mentor Projects

Benefits of Parent Mentors

Parent Mentor Impact

Historical Data Comparison of Parent Mentor contacts with families

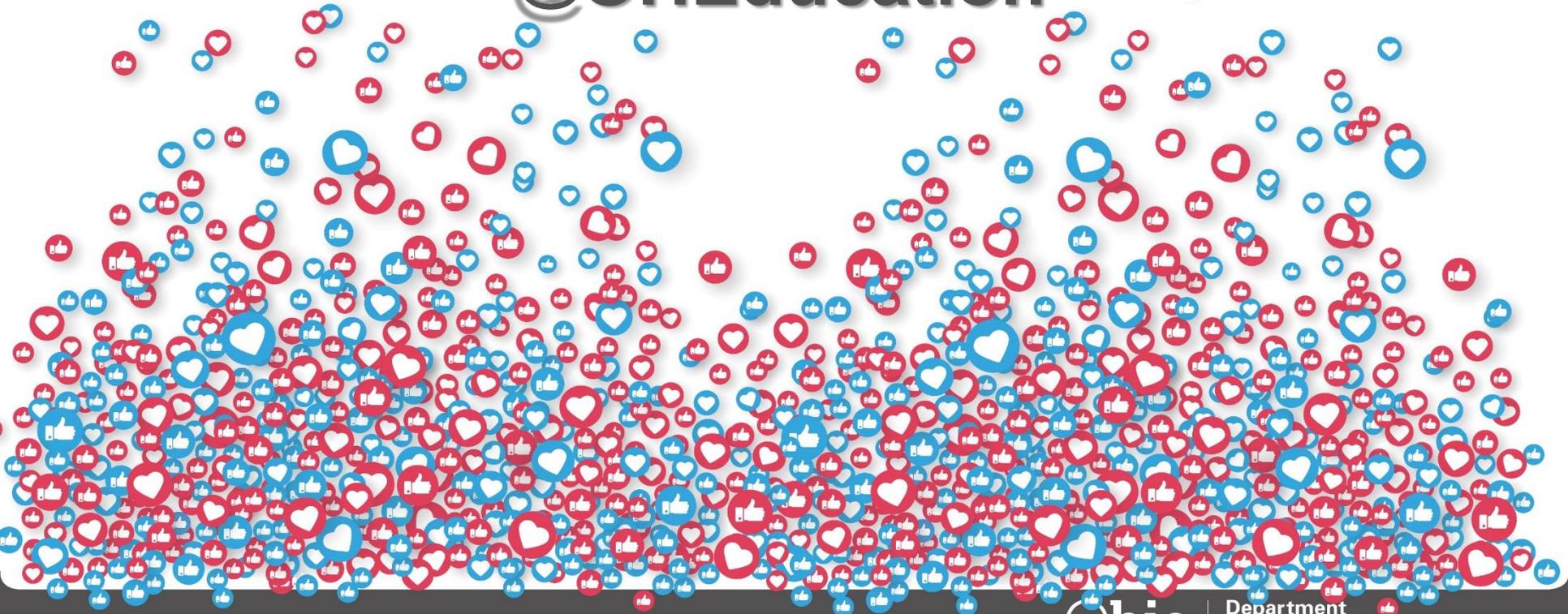| Year	Contacts
2000	22,998
2005	33,798
2010	58,619
2015	73,259
2016	50,400
2017	47,208
2018	77,929
2019	89,443
2020	50,650
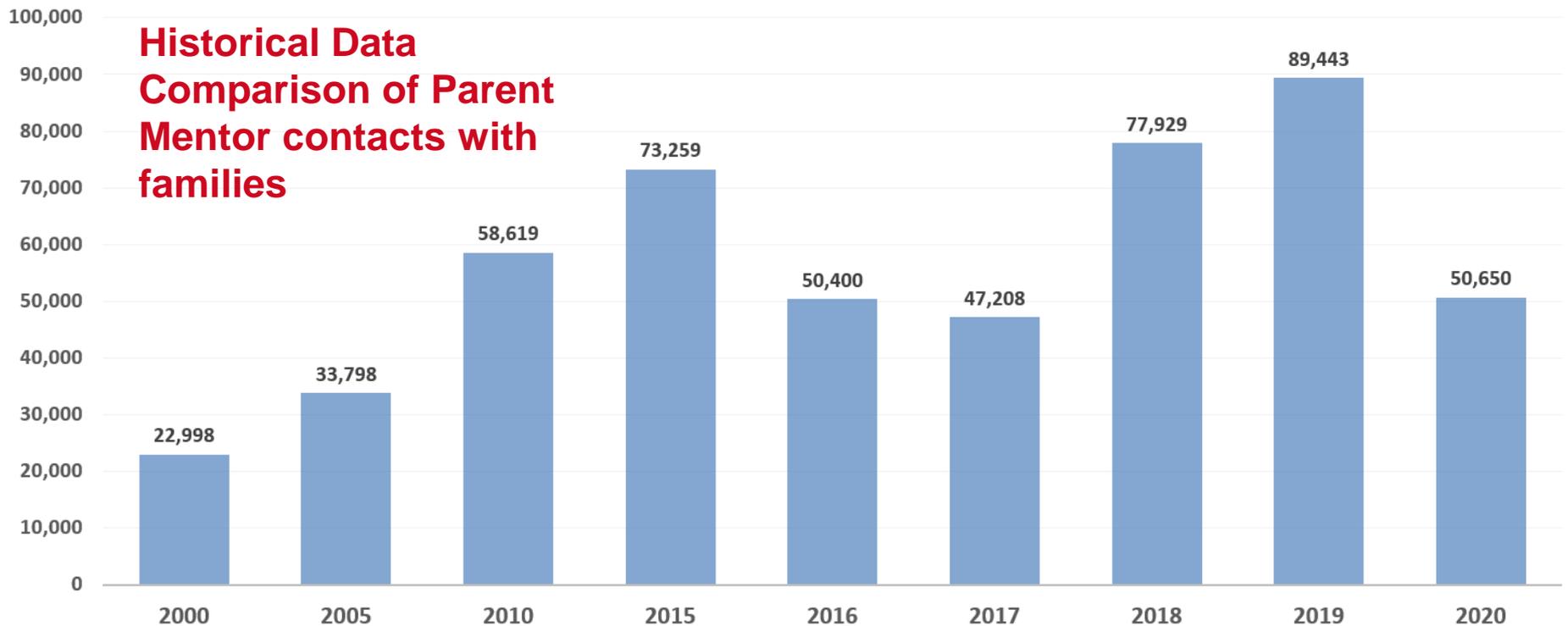
Commitment to Equity

Ohio's strategic plan for education, Each Child, Our Future states Ohio's greatest education challenge remains equity in educational achievement for each child.

@OHEducation

Share your learning community with us!
#MyOhioClassroom

Celebrate educators!
#OhioLovesTeachers

Ohio | Department of Education

Ohio Department of Health Bureau of Maternal, Child & Family Health

Dyane Gogan Turner
Chief
Ohio Department of Health
Bureau of Maternal, Child and Family Health
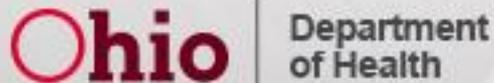
Ohio | Department of Health

Preliminary 2020 Infant Mortality Data

Andrea Arendt

Epidemiology Supervisor

Ohio Department of Health

Bureau of Maternal, Child and Family Health

Eliminating Disparities Learning Session
July 19, 2021

Ohio Infant Mortality Rate by Race (2011 - 2020*)
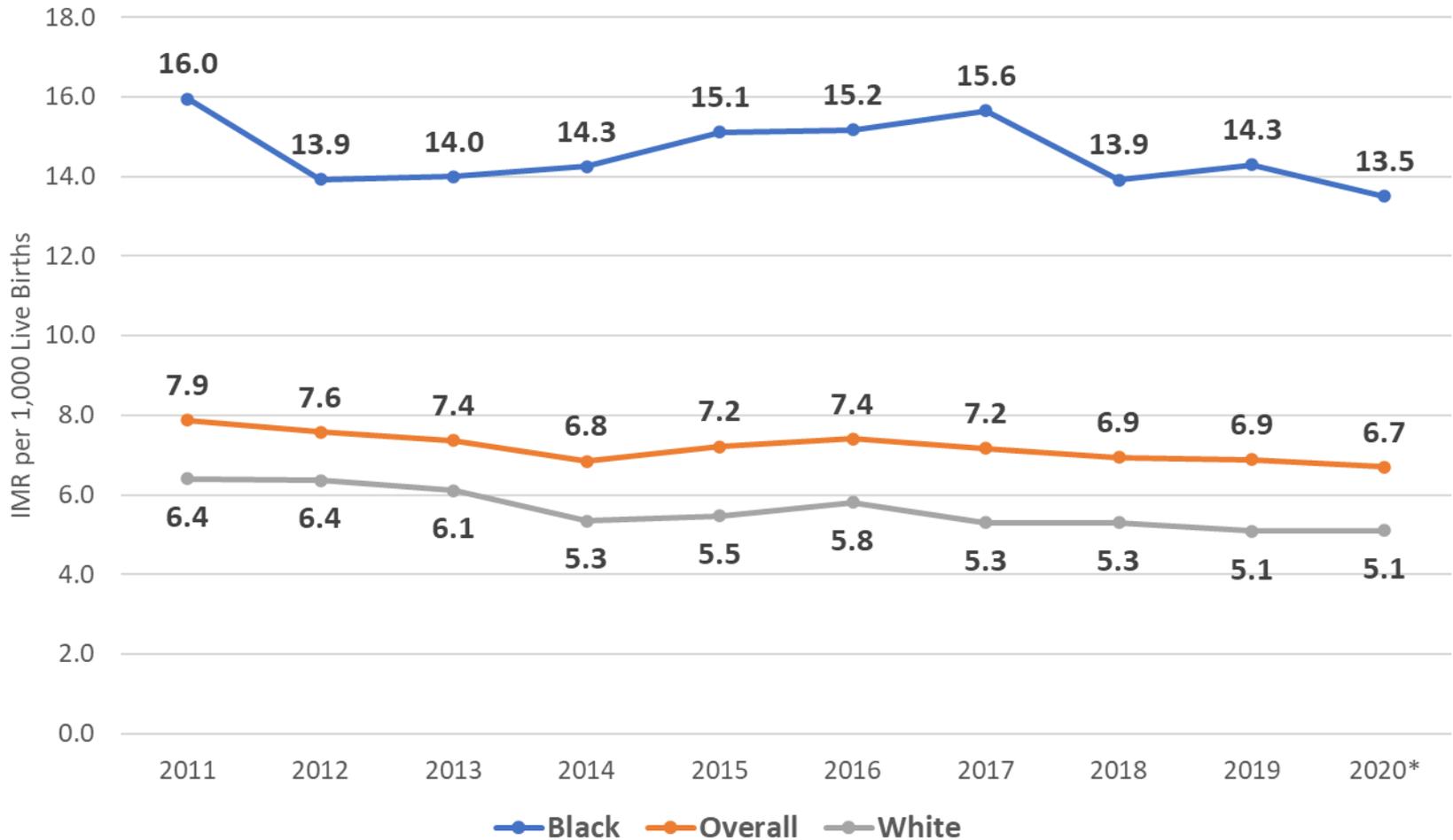
*Preliminary data, current as of 7/7/2021

Ohio Infant Mortality Rate by Ethnicity (2011 - 2020*)

Ohio Infant Mortality Rates (IMR) by Year, 2016-2020

	2016			2017			2018			2019			2020*		
	Death Count	Birth Count	IMR	Death Count	Birth Count	IMR	Death Count	Birth Count	IMR	Death Count	Birth Count	IMR	Death Count	Birth Count	IMR
All Races	1023	138199	7.4	982	136895	7.2	938	135226	6.9	929	134564	6.9	862	129310	6.7
White	609	104958	5.8	550	103709	5.3	553	102570	5.4	518	101021	5.1	493	96955	5.1
Black/AA	369	24316	15.2	384	24542	15.6	339	24359	13.9	356	24971	14.3	324	24052	13.5

*Preliminary data, current as of 7/7/2021
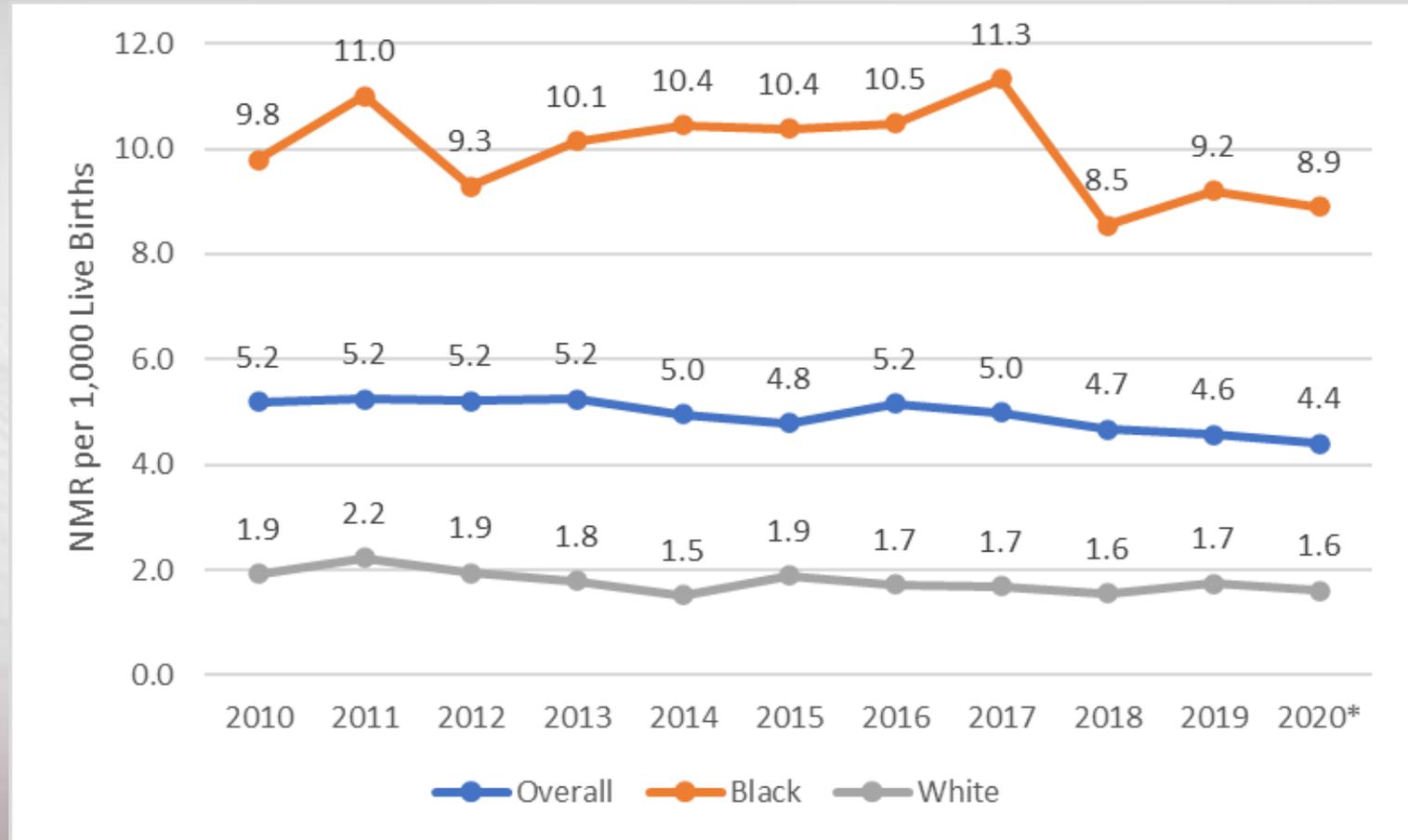
Ohio | Department of Health

Neonatal Mortality Rates by Race

Ohio | Department of Health

Neonatal Mortality Rates by Ethnicity

Ohio | Department of Health
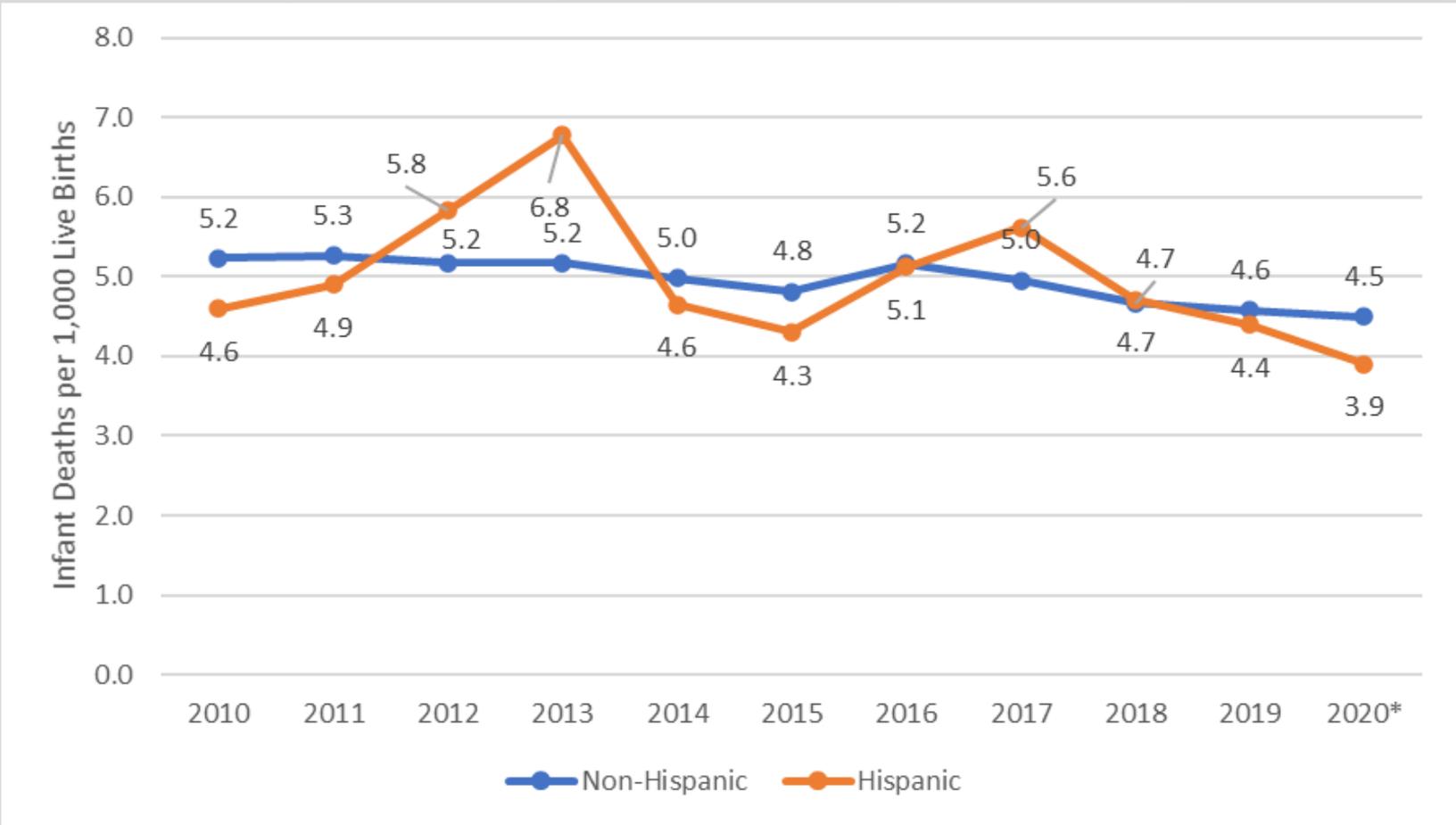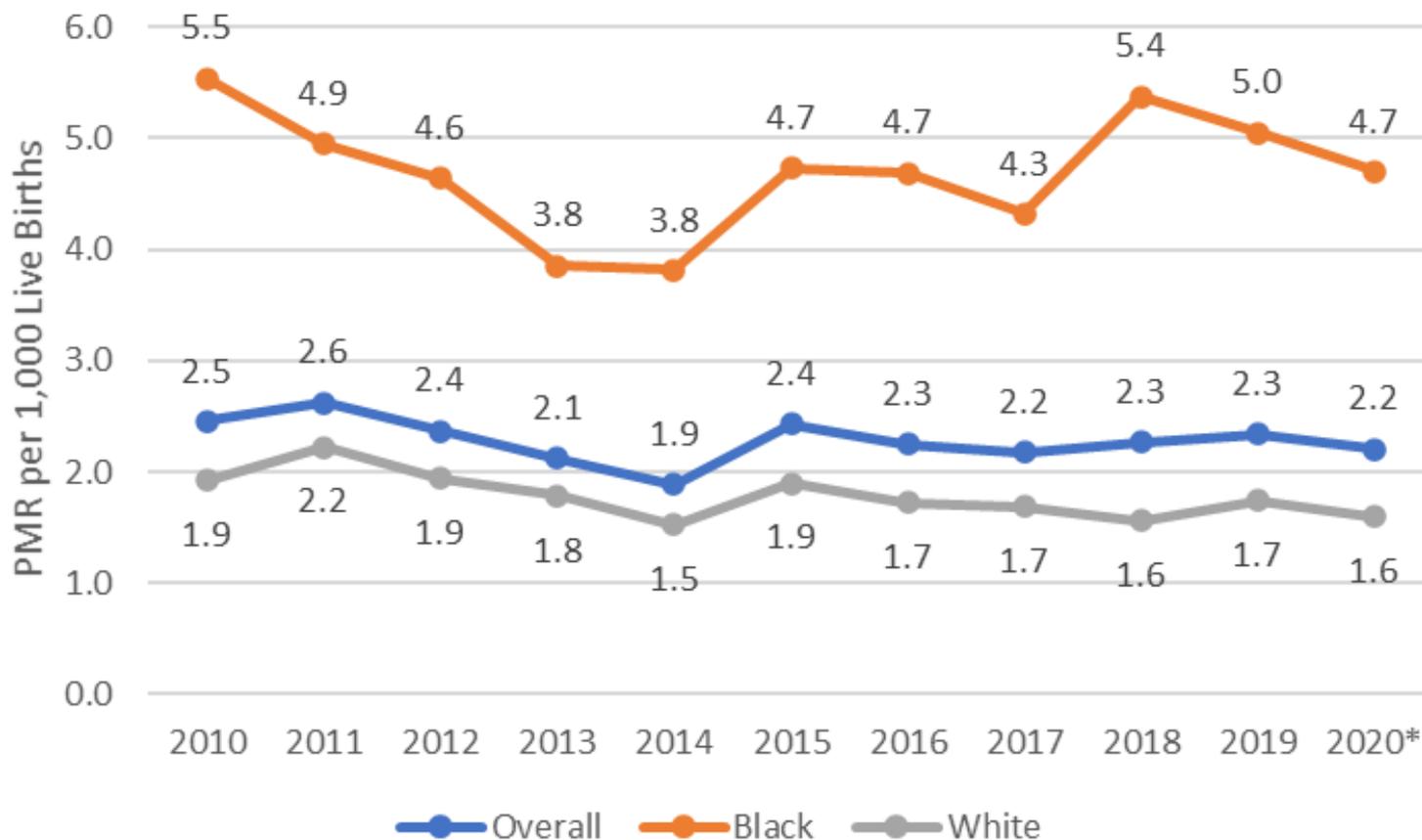
Postneonatal Mortality Rates by Race

Postneonatal Mortality Rates by Ethnicity
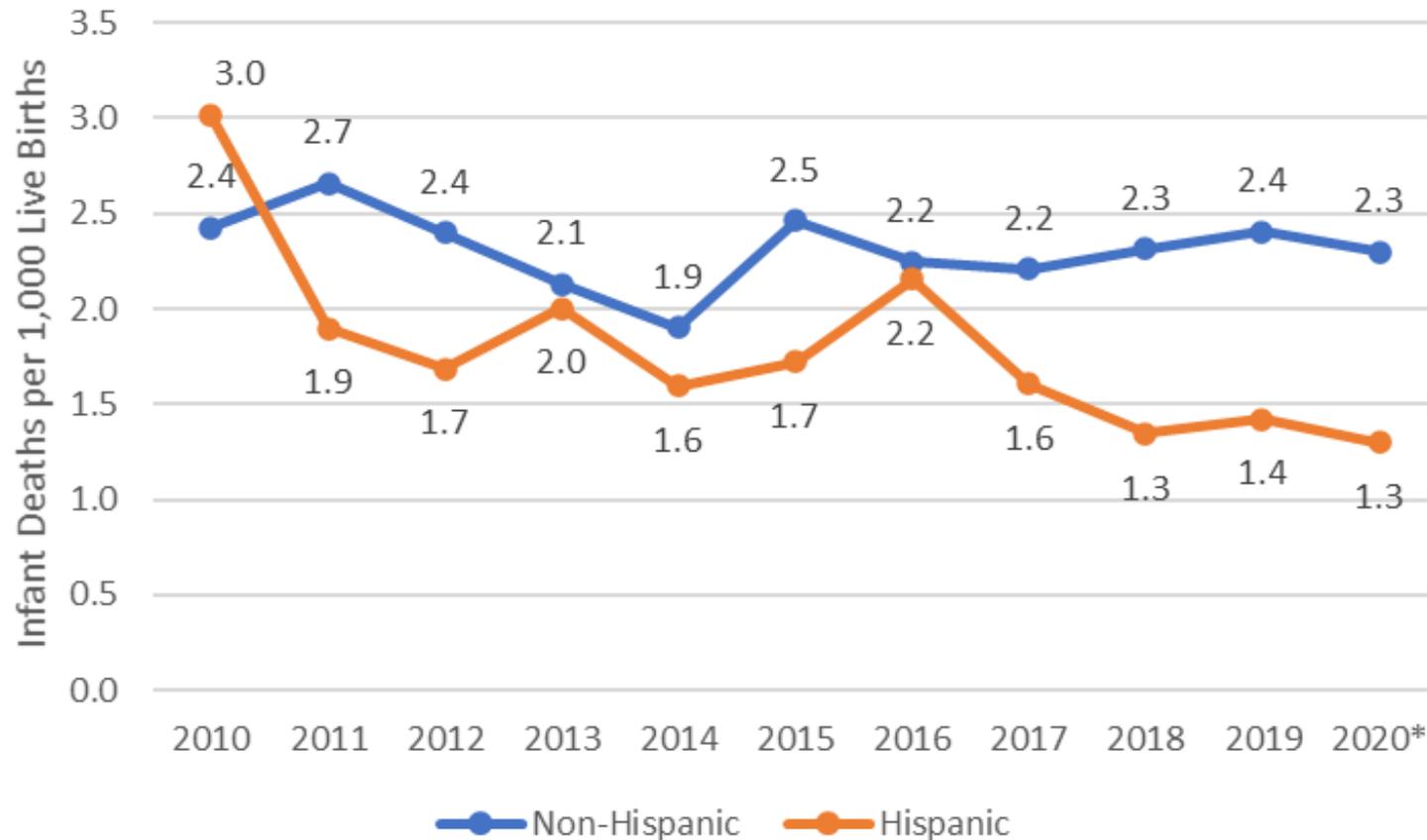
Causes of Death, Ohio, 2020*
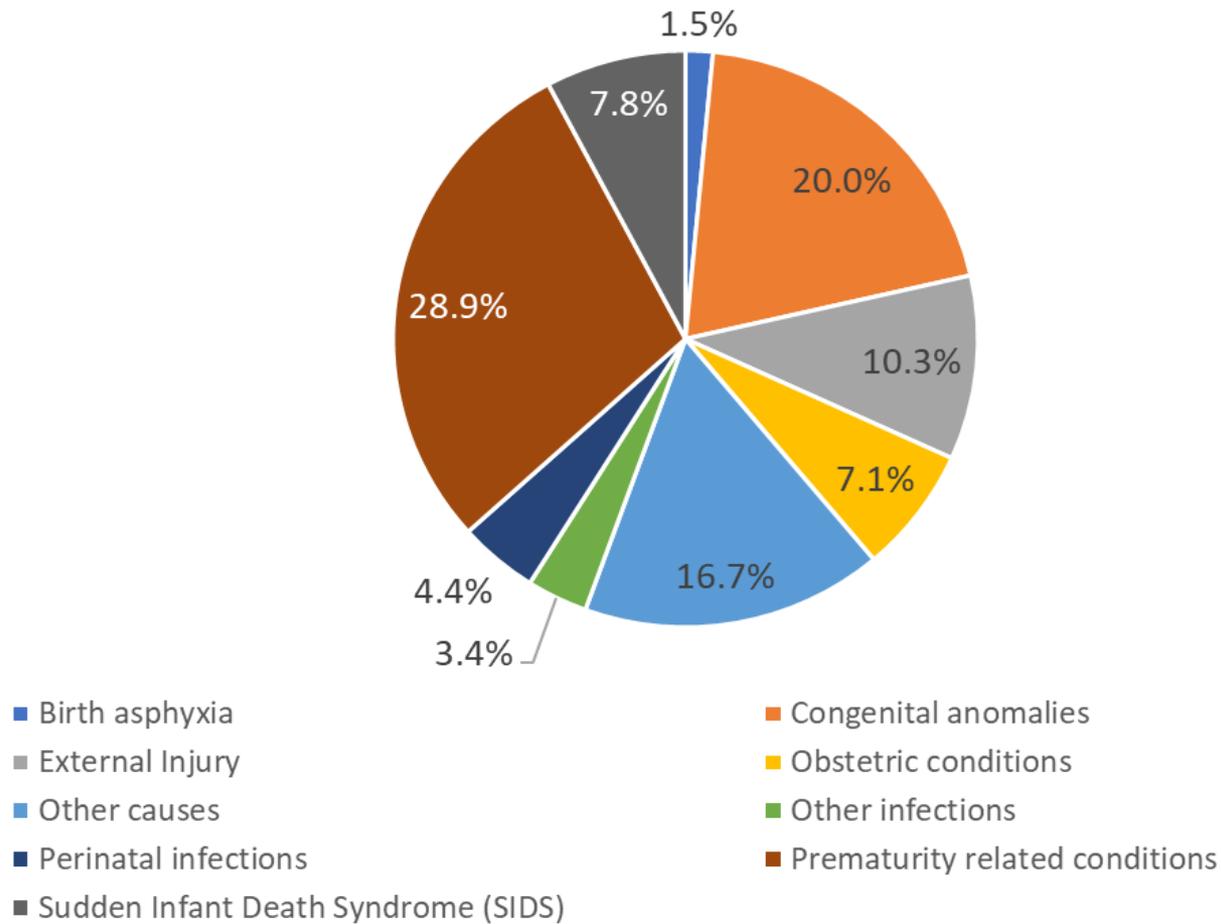
*Preliminary data, current as of 7/7/2021

Ohio | Department of Health
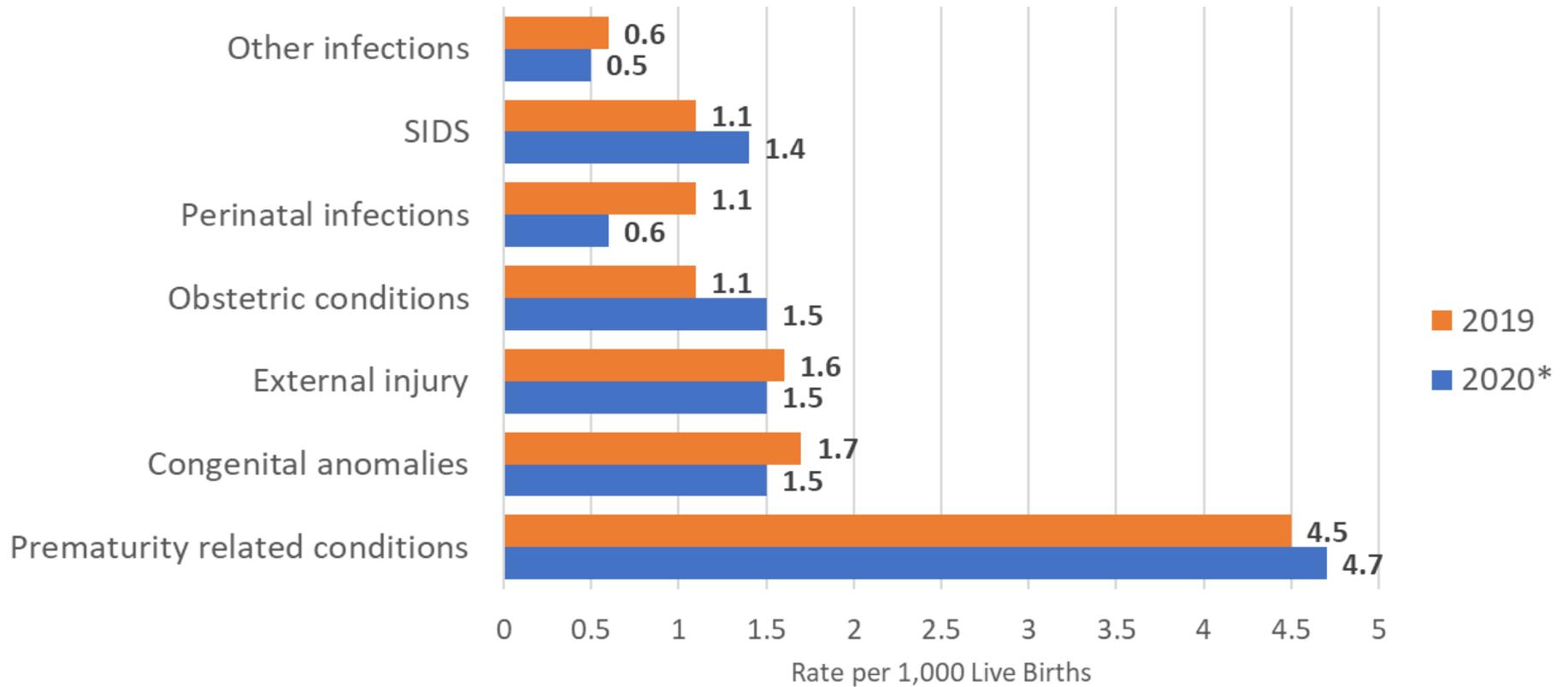
Key Takeaways from 2020 Data

- Ohio's overall IMR in 2020 is slightly down from 2019 (6.7 per 1,000 live births vs. 6.9).

- The Black IMR went down in 2020 (13.5 per 1,000 live births vs. in 14.3).

- The Black IMR is still more than 2.5 times higher then the white IMR.

- The largest decrease in number of Black infant deaths was due to perinatal infections.

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Ohio Council to Advance Maternal Health (OH-CAMH) Strategic Plan

Allie Stevens

Program Consultant

Ohio Department of Health

Bureau of Maternal, Child and Family Health

Ohio | Department of Health

Ohio Council to Advance Maternal Health (OH-CAMH)

Purpose of OH-CAMH:

The Purpose of OH-CAMH is to:

- Identify and fill gaps in addressing maternal health, both statewide and in local communities.
- Facilitate conversations among various stakeholders across the field, both in clinical and public health settings.
- Build on work already being done in Ohio.
- Collaborate to identify new areas to implement strategies and activities for addressing maternal health needs in Ohio.

(From OH-CAMH Charter co-created with membership during November 2020 Meeting)

OH-CAMH Membership Organizations n=84

Pie chart segments:
- Advocacy 2%
- Clinical 24%
- Local Community Services 13%
- Local Public Health 24%
- Patient/Family
- Planning Partners 4%
- State of Ohio Agencies 12%
- Statewide Services 14%

Ohio — Ohio Council to Advance Maternal Health
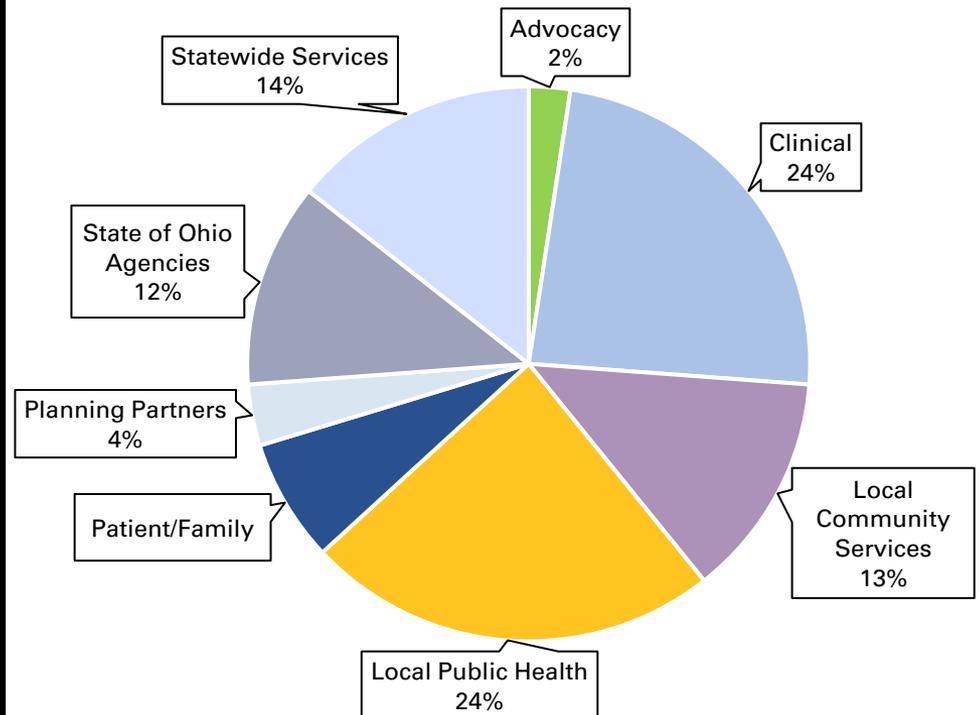
Ohio Council to Advance Maternal Health (OH-CAMH)
Strategic Planning Process

June to August 2020

OH-CAMH Needs Assessment
- OH-CAMH survey
  - Over 350 current maternal health initiatives in Ohio were reported

- ~55 one-on-one stakeholder meetings with OH-CAMH members
  - Possibilities
  - Challenges
  - Roles in OH-CAMH
  - Purpose of OH-CAMH
  - Needed support

August 2020 to February 2021

Documented OH-CAMH Needs Assessment alignment with:
- Title V MCH Block Grant priorities
- 2020-2022 State Health Improvement Plan (SHIP priorities)
- 2008-2016 Pregnancy-Associated Mortality Review (PAMR) Report
- HRSA Action Plan

February to June 2021

OH-CAMH Strategic Plan Workgroup
- 34 volunteers from OH-CAMH

- Met regularly via Microsoft Teams

- Discussed OH-CAMH Needs Assessment findings

- Prioritized strategy areas
  - 13 strategy areas
    - 11 complete
    - 2 incomplete
  - 2 levels of influence: Systems and Community Levels

- Used Mentimeter.com for engagement

Ohio Council to Advance Maternal Health (OH-CAMH)
Draft Strategic Plan

OH-CAMH Strategies

Strategy 1: Implement provider education and accountability.

Strategy 2: Re-design and prioritize funding for community-based organizations.

Strategy 3: Diversify the racial and ethnic and professional makeup of the perinatal workforce.

Strategy 4: Expand access to post-partum health insurance coverage.

Strategy 5: Institutionalize evidence-based quality improvement interventions to improve maternal safety.

Strategy 6: Improve data collection and quality measures to further examine the maternal health crisis and inform solutions.

Strategy 7: Increase provision of appropriate health services for domestic violence, intimate partner violence, and human trafficking survivors by promoting organizational shifts in culture that support a trauma-informed approach to clinical and public health services.

Strategy 8: Invest in maternal mental and behavioral health services.

Strategy 9: Invest in services for maternal substance use and mental health disorders.

Strategy 10: Increase multidisciplinary communication and collaboration between clinical care providers, community-based organizations, and public health service organizations.

Strategy 11: Improve access to health education for pregnant and parenting individuals to improve health outcomes.

Ohio Council to Advance Maternal Health (OH-CAMH)
Strategic Plan Implementation

What are Implementation Teams?

1. Implementation teams will be smaller subgroups of general OH-CAMH membership that will work together to implement the OH-CAMH strategic plan.

2. Every OH-CAMH Implementation team will (taken directly from the OH-CAMH Charter):
   - **Provide content expertise** to activities applicable to implementation team's topic.
   - **Develop new and/or leverage existing initiatives** for the special needs, wants, barriers, and desires of the target populations relevant to team's topic area.
   - **Assess who is represented in each implementation team** and recruit to achieve representative and equitable membership.
     - Have impacted patient voices, black women, and/or women of other disparate or minority populations at the table.
   - **Complete an Implementation Team Planning Document** (template to come).
     - Provide team roster and identify responsibilities for each member.
     - Timeline for activities and time commitment of members, including frequency of meetings schedule.
     - Goals and measures for success.
     - Funding and sustainability and available resources.
   - **Conduct team meetings** in between overall OH-CAMH meetings and take minutes.
   - **Keep overall OH-CAMH membership informed** about implementation team initiatives and updates by providing timely, consistent communication.

If you are interested in learning more about OH-CAMH and/or joining an implementation team, please reach out to Allie Stevens (Allison.Stevens@odh.ohio.gov or Reena Oza-Frank (Reena.Oza-Frank@odh.ohio.gov)

Ohio | Ohio Council to Advance Maternal Health

Bureau of Maternal, Child & Family Health

Dyane Gogan Turner

Chief

Ohio Department of Health

Bureau of Maternal, Child and Family Health

ODJFS
Children Services
Race Equity

July 19, 2021

Children Services

- **Human Centered Design:** an approach to problem solving that develops solutions by involving the human perspective in all steps of the problem-solving process.

- **Report:**

HOW **RACISM** IN THE **OHIO CHILD SERVICES SYSTEM** IMPACTS THE LIVES OF **INDIVIDUALS INVOLVED**

A 2020 ChiByDesign Project

Ohio | Department of Job and Family Services

Children Services

THEMES

As a result of this research, we came across several themes and associated insights that highlight disparities and racism within Ohio's children services system. Ethnographic research revealed that:

1 **Black voices and experiences are not valued.** Black interviewees told us that they were consistently ignored when expressing concerns about their care or their needs for assistance.

3 **Young people feel they have no voice or choice in the process of foster care.** Young people's voices do not figure into decisions that are made about their care. This is especially true for youth of color.

5 **Lack of race-equity standards for fostering exposes Black and mixed-race youth to racist foster experiences.** Black children shared traumatic, racist experiences with foster parents and families, which shows anti-racist requirements are not present.

2 **Disparities between kinship care and foster care reveal systematic differences in how families of color are supported to care for children.** We heard from interviewees about the reduced supports for kinship families, which tend to be Black, compared to the supports provided to foster families that tend to be white.

4 **Foster parents are ill-equipped to fully support their foster children.** Foster parents did not feel well-trained to raise children in their care. This was especially true for parents in transracial foster arrangements.

6 **Gaps in support for youth navigating transition from foster care into positive adulthood.** Young people and systems employees shared how few children are positively prepared for adulthood after a lifetime in care. This is especially significant for Black children, since they are likely to be in the children services system longer and are more likely to emancipate from the system than their white peers.

Ohio | Department of Job and Family Services

Children Services

Phase 2 of the work includes focus on:

- **Entry into the system** – understanding racial dynamics that lead to disproportionate entry into the children service system

- **Experience in the system** – understanding the disparities in services and experiences based on racial dynamics

ODJFS
Benefit Bridge

July 19, 2021

Human Centered Design

EMPATHIZE · DEFINE · IDEATE · PROTOTYPE · TEST

Ohio | Department of Job and Family Services
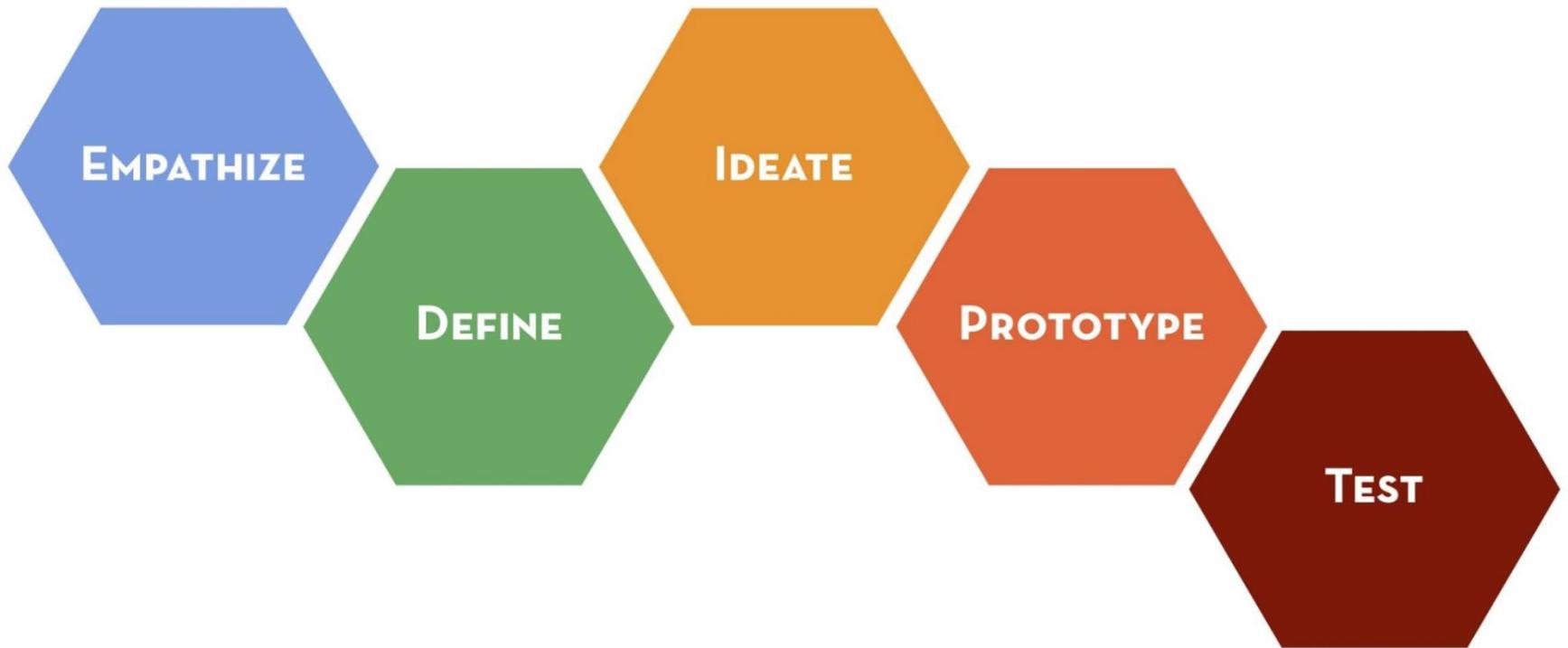
Benefit Bridge Pilot Overview

- The pilot counties vary in demographics, geographic location and existing identified supports.

- The pilot counties are:

Allen	Licking
Fairfield	Stark
Meigs	Hamilton

Ohio | Department of Job and Family Services

Funding

- Benefit Bridge will receive $18 million for the 2022 fiscal year and another $18 million for the 2023 fiscal year.

- Each Year:
  - $15 million in TANF
  - $3 million in GRF.

Questions?

Eliminating Racial Disparities in Infant Mortality Task Force – Learning Session

July 19, 2021

Mary Applegate, MD, Medical Director
Mylynda Drake, MPH, Alternative Payment Model Administrator
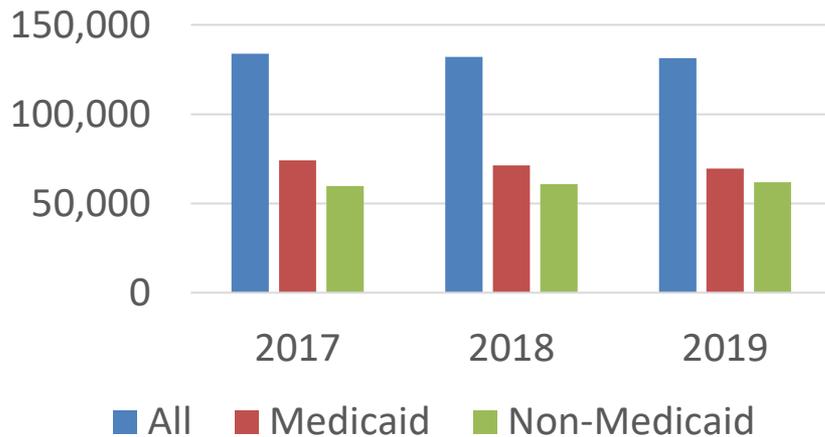Marisa Weisel, MPH, Deputy Director of Strategic Initiatives

MISP@medicaid.ohio.gov

Key Medicaid Data

Ohio Births by Payer, CY 2017 – CY 2019
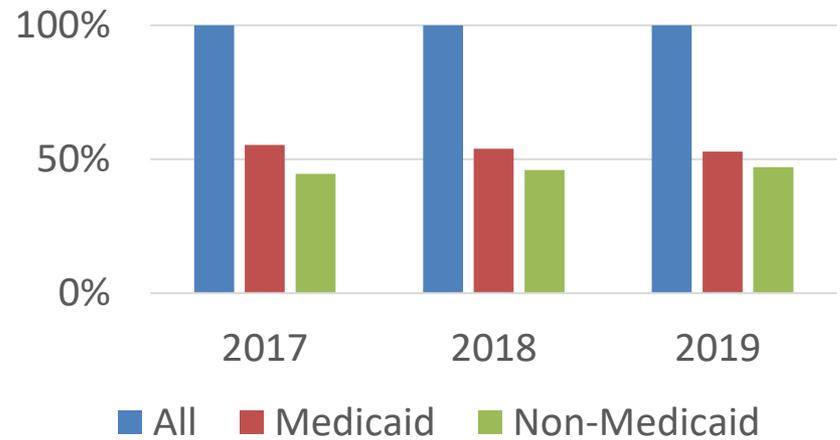
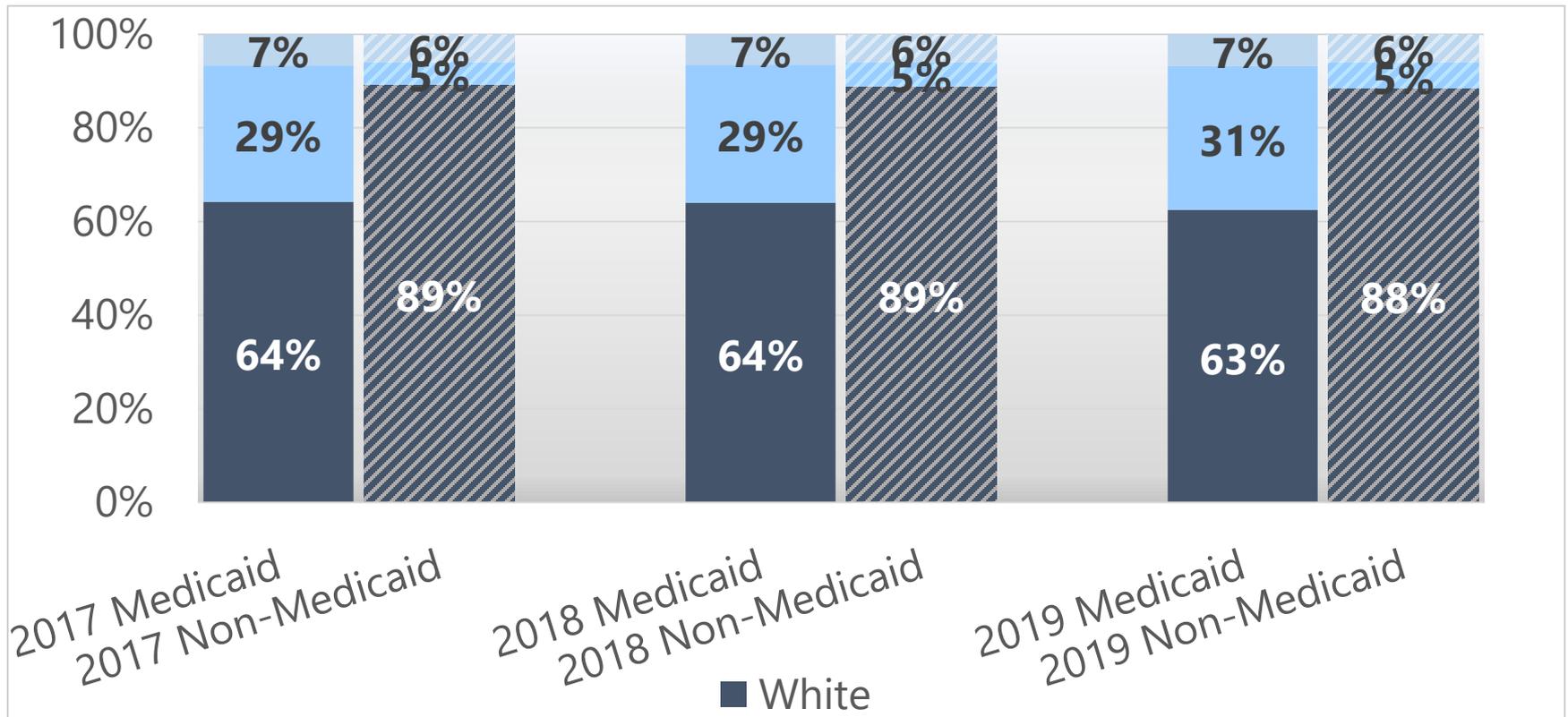|	# of Births (N)			% of Total Births		
	2017	**2018**	**2019**	**2017**	**2018**	**2019**
All	133,892	132,136	131,423	100%	100%	100%
Medicaid	74,174	71,344	69,532	55.40%	53.99%	52.91%
Non-Medicaid	59,718	60,792	61,891	44.60%	46.01%	47.09%

of Births (N)

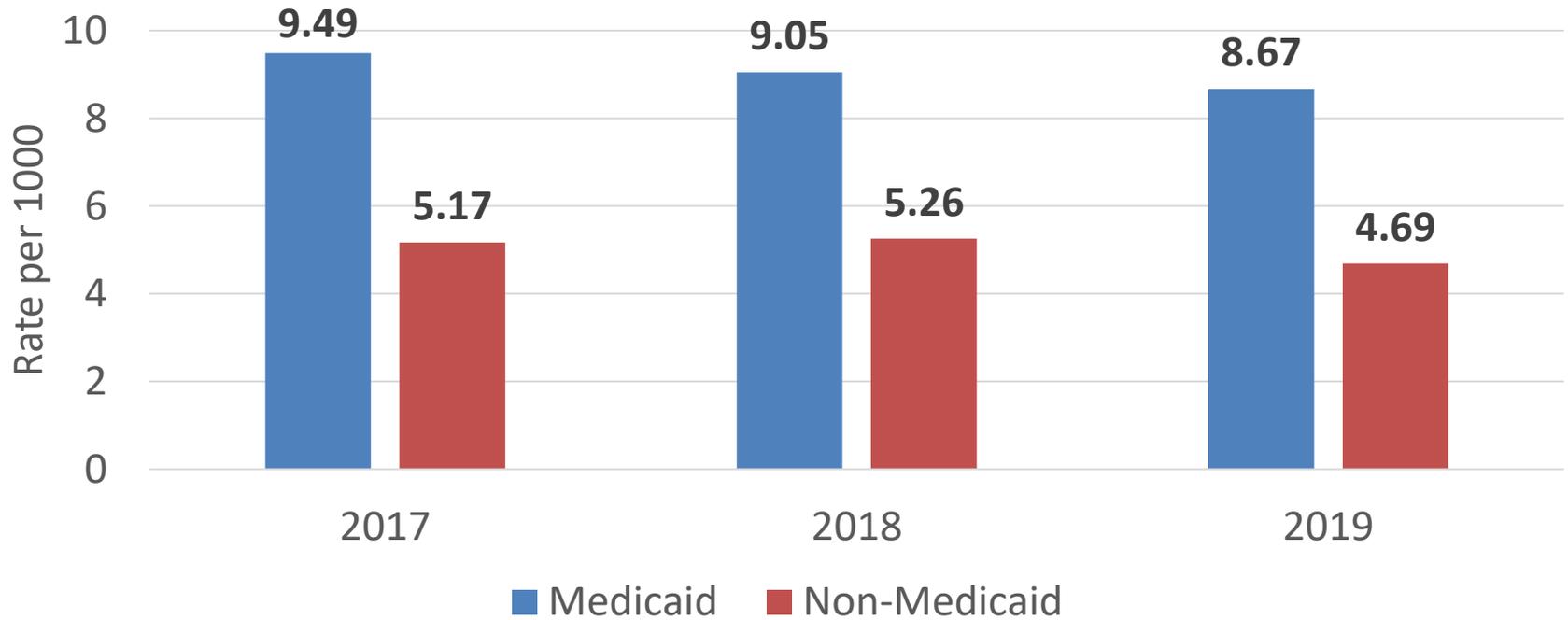## % of Total Births

Ohio Births by Maternal Race, CY 2017 - 2019

Ohio Medicaid Infant Mortality Rates (per 1000) by Medicaid Status, CYs 2017 - 2019

Medicaid Ohio Infant Mortality Rates by Race, and Ethnicity, CYs 2017 – 2019
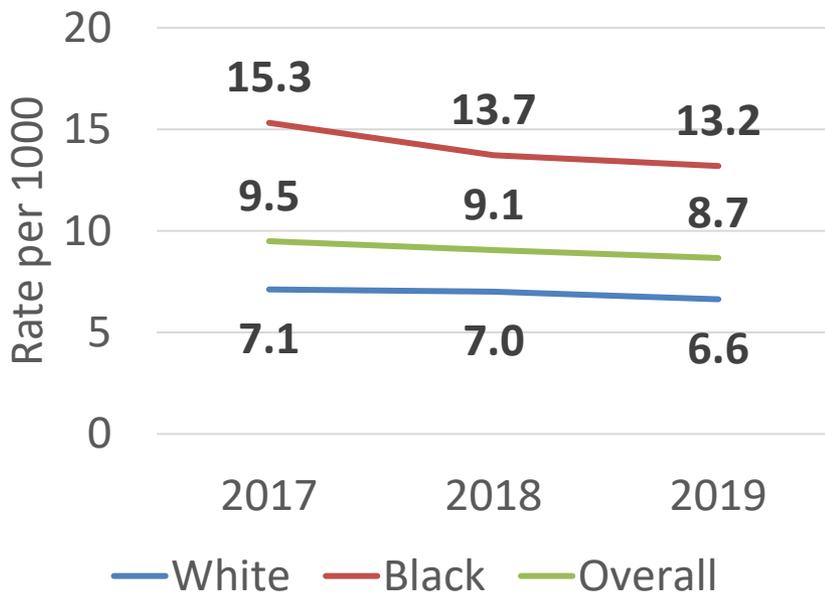
Non-Medicaid Ohio Infant Mortality Rates by Race, and Ethnicity, CYs 2017 – 2019
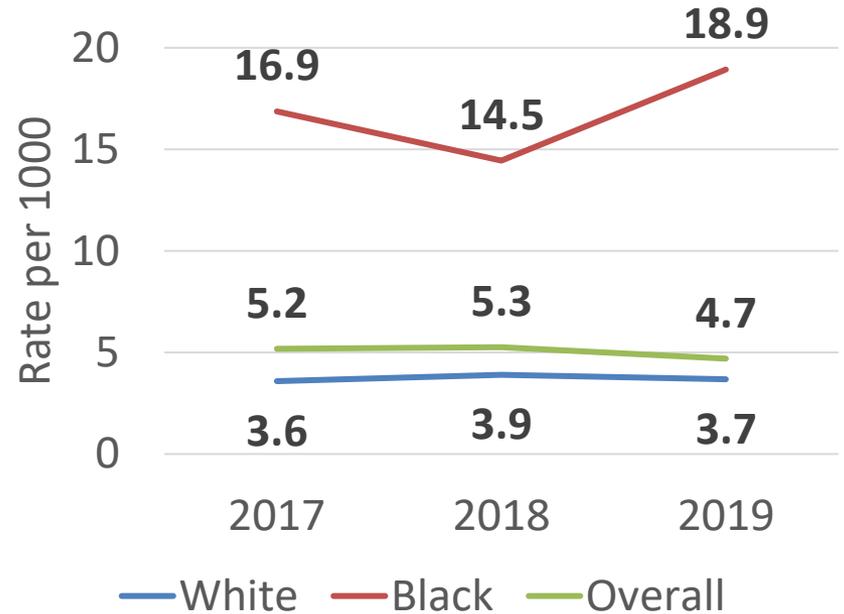
Preterm Birth Rate, by Insurance Type

20%
15%
10%
5%
0%

12.3% **12.3%** **12.7%**
8.0% **7.7%** **7.9%**

2017 2018 2019

— Medicaid — Non-Medicaid
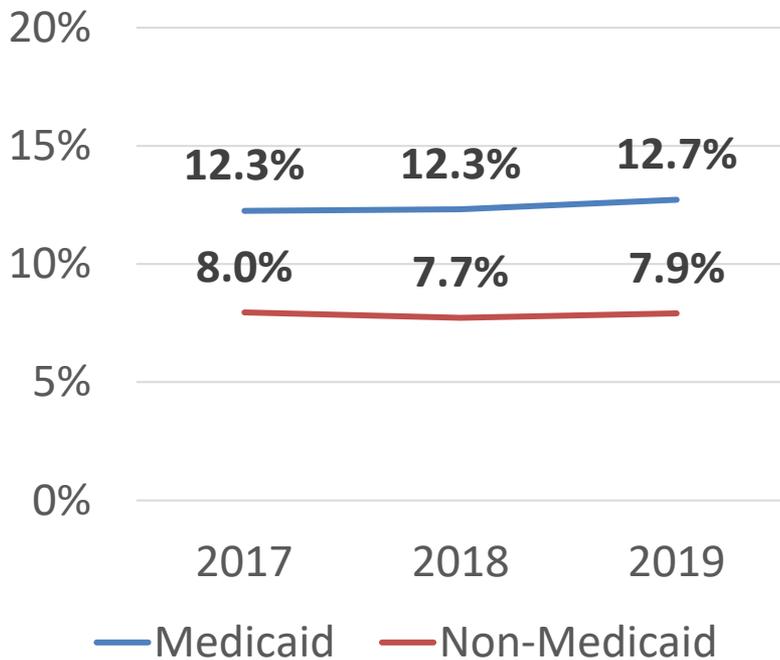
Women with Medicaid, Preterm Birth Rate, by Race

20%
15%
10%
5%
0%

14.7% **14.1%** **14.3%**
11.4% **11.7%** **12.1%**

2017 2018 2019

— White — Black
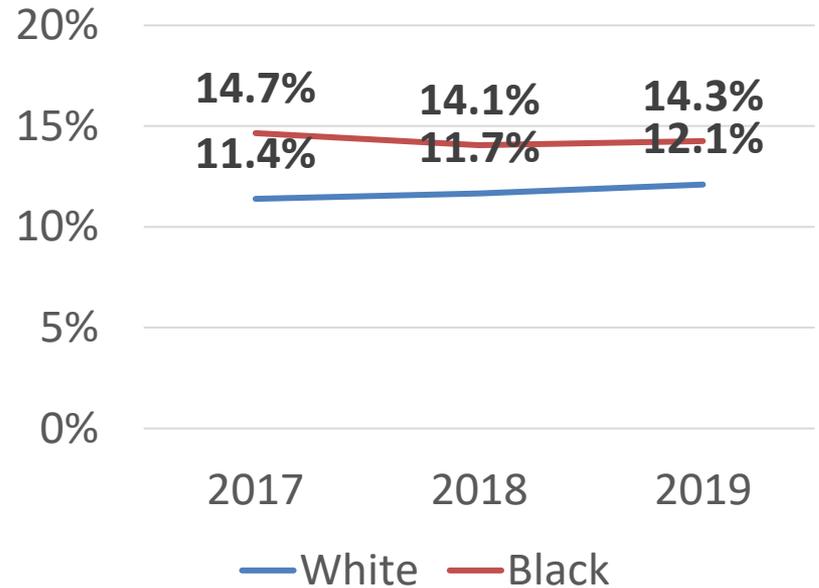
Smoking During Pregnancy, by Insurance Type

35%
30%
25%
20%
15%
10%
5%
0%

22.6%   21.8%   19.9%

2.7%   2.7%   2.6%

2017   2018   2019

— Medicaid   — Non-Medicaid
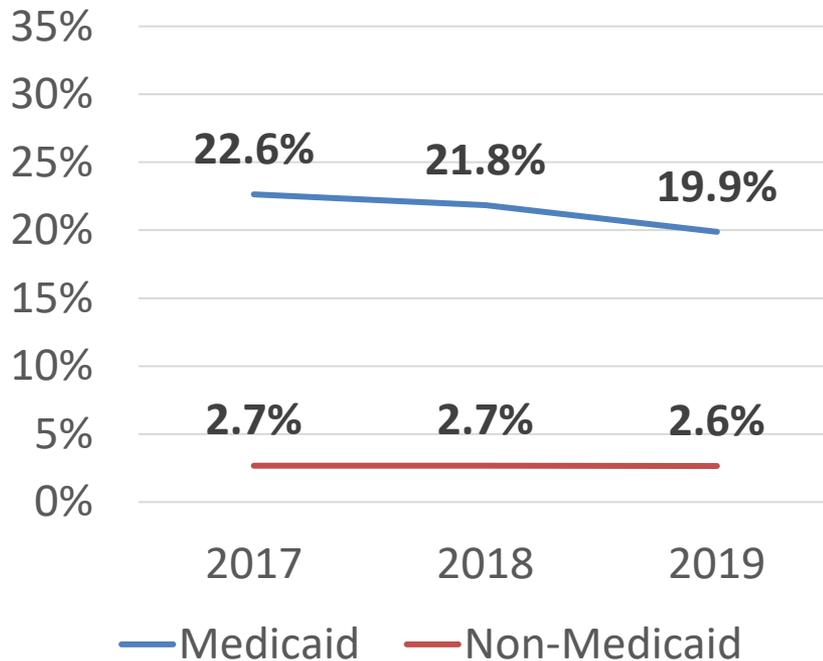
Women with Medicaid, Smoking During Pregnancy, by Race

35%
25%
15%
5%
-5%

29.3%   28.5%   26.2%

12.1%   11.3%   10.4%

2017   2018   2019

— White   — Black
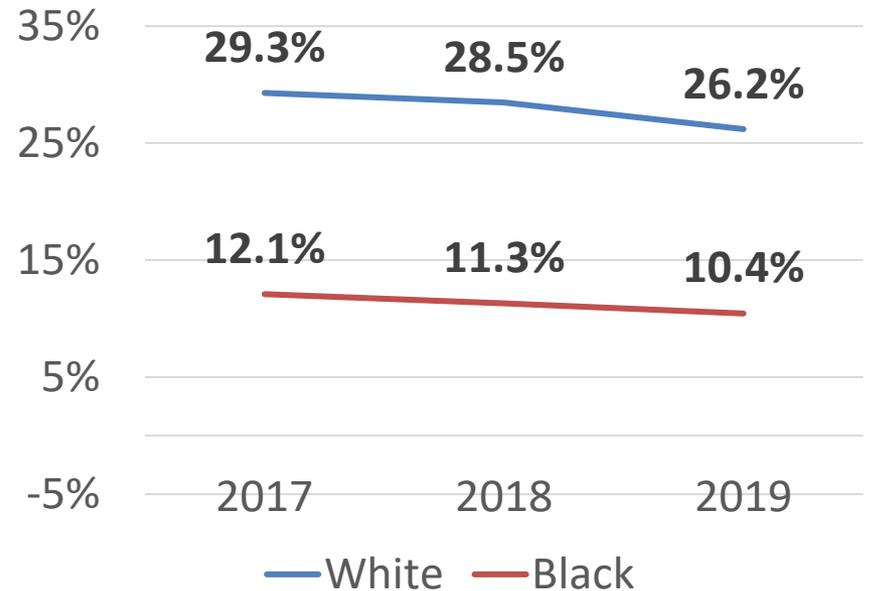
% Demonstrating Readiness Kindergarten Readiness Assessment

100%
80%
60%
40%
20%
0%

53% 53% 53%
28% 27% 27%

2017-2018 School Year
2018-2019 School Year
2019-2020 School Year

■ Medicaid ■ Not Medicaid
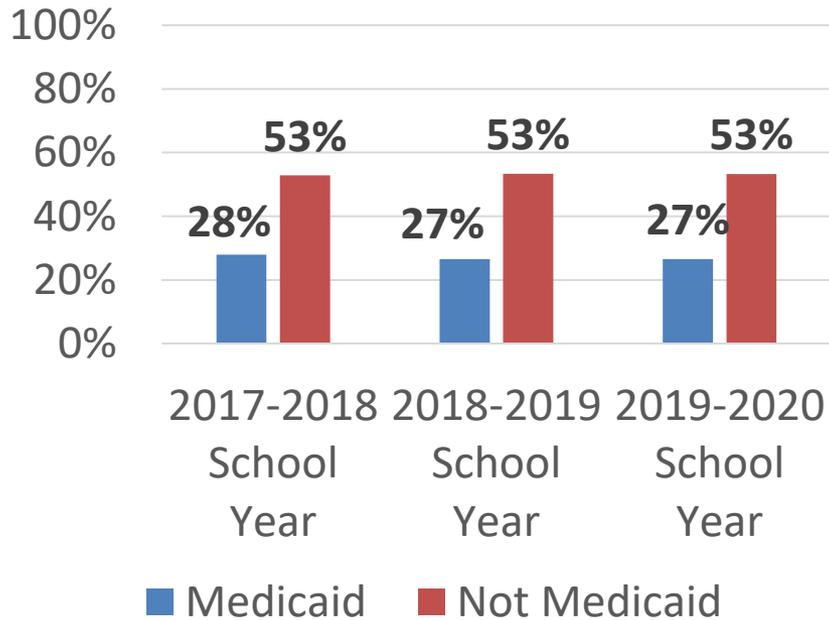
% 3rd graders proficient on English Language Arts state assessment*

100%
80%
60%
40%
20%
0%

72% 78%
48% 54%

2017-2018 School Year
2018-2019 School Year

■ Medicaid ■ Not Medicaid
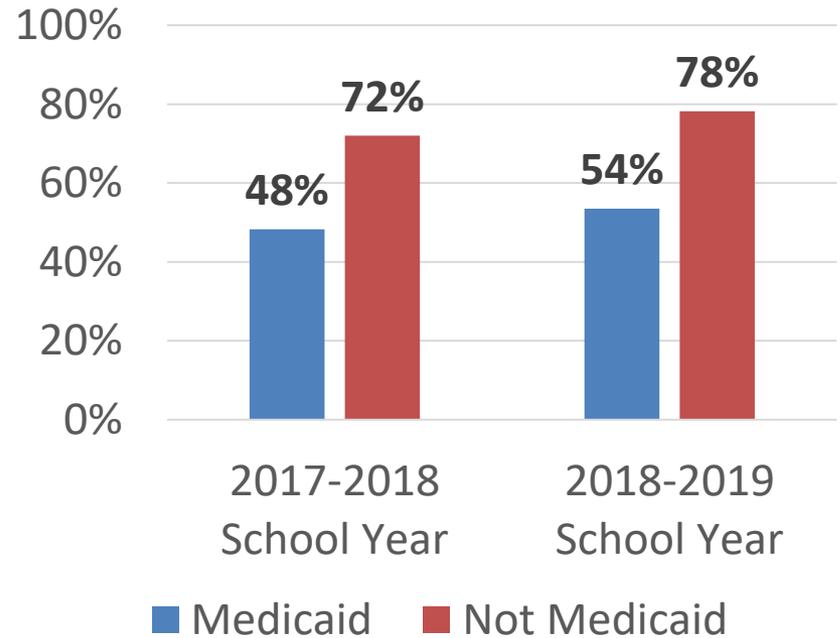
*School Years 2019-2020 data not available

% Chronic absenteeism rate

100%
80%
60%
40%
25%   28%
20%   20%
10%   11%   7%
0%
2017-2018 2018-2019 2019-2020
School Year School Year School Year
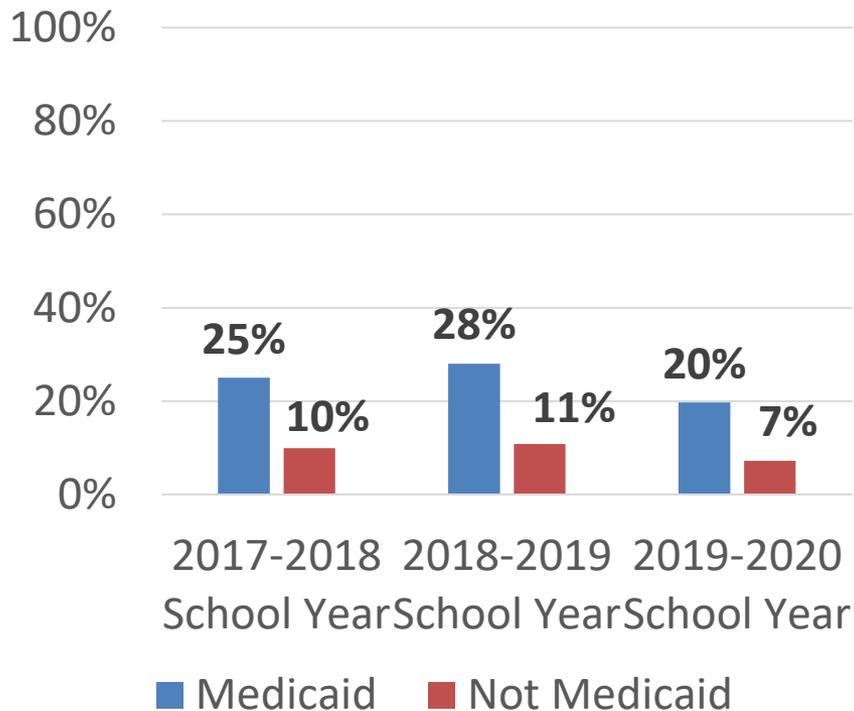
■ Medicaid ■ Not Medicaid

% Four-year on-time graduation rate (high school)*

100%   92%   92%
80% 73%   75%
60%
40%
20%
0%
2017-2018   2018-2019
School Year   School Year

■ Medicaid ■ Not Medicaid

*School Years 2019-2020 data not available
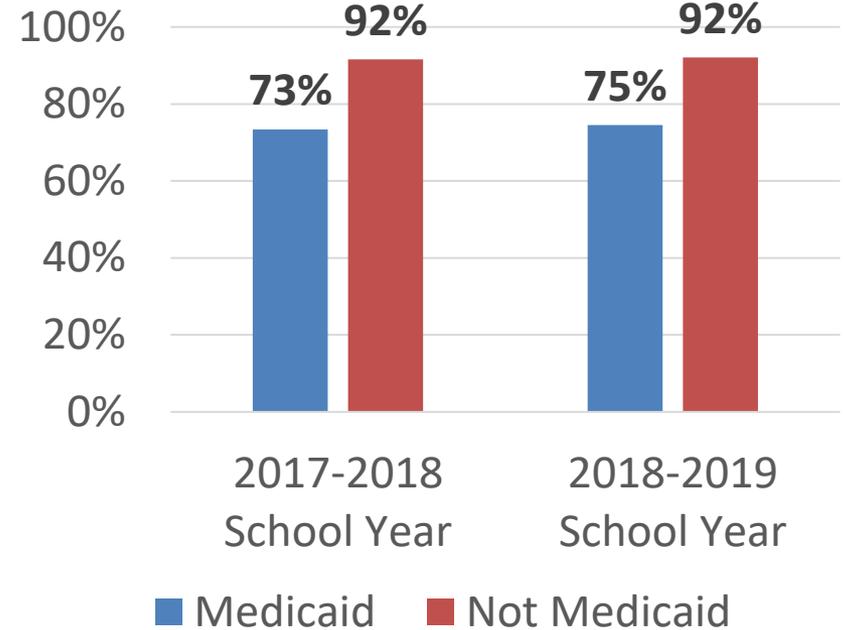
Interview of Ohio Moms on Medicaid (IMOM)

Senate Bill 332: Medicaid Barrier Assessment Requirements

- Start Date: April 2017
- Core Requirements: Medicaid must conduct periodic reviews to determine barriers to gaining full access to interventions intended to:
    - » Prevent prematurity
    - » Reduce tobacco use
    - » Promote optimal birth spacing
- Reporting: Identification of access barriers, policies contributing barriers, barrier mitigation, health metrics performance analysis
- Project Name: Interview of Moms on Medicaid (IMOM)

IMOM Approach: a "Barriers Assessment"

Develop qualitative data to:

- Assess the barriers, needs and personal experiences of Ohio women during their interactions with the healthcare system during their prenatal period

- Understand real, personal experiences of women enrolled in the Ohio Medicaid program

- Assess barriers to prematurity prevention, tobacco cessation and birth spacing interventions

- Assess patient – provider trust

- Provide a patient-centered approach to addressing the needs of women of reproductive age in the Medicaid program

- Evaluate Medicaid programs, policies and interventions

Methodology

Qualitative Research

- 17 Focus groups with women covered by Ohio Medicaid across the state (15 – 44 years old)
- 12 Key Informant Interviews with representatives from Ohio Community Based Organizations (CBOs)

Analyzed:

- Semi-structed interviews and focus groups
- Conversational interviews and focus groups
- Demographic questionnaires

Senate Bill 332 Sec.5162.136 Assessments
Number of Focus Group Participants by County
July 2017 - June 2019

Participant Demographics

Race

Assessment I (N=45) Assessment II (N=13) Assessment III (N=49)

47% 35% 18% 100% 100%

■ White ■ Black ■ Multi-racial
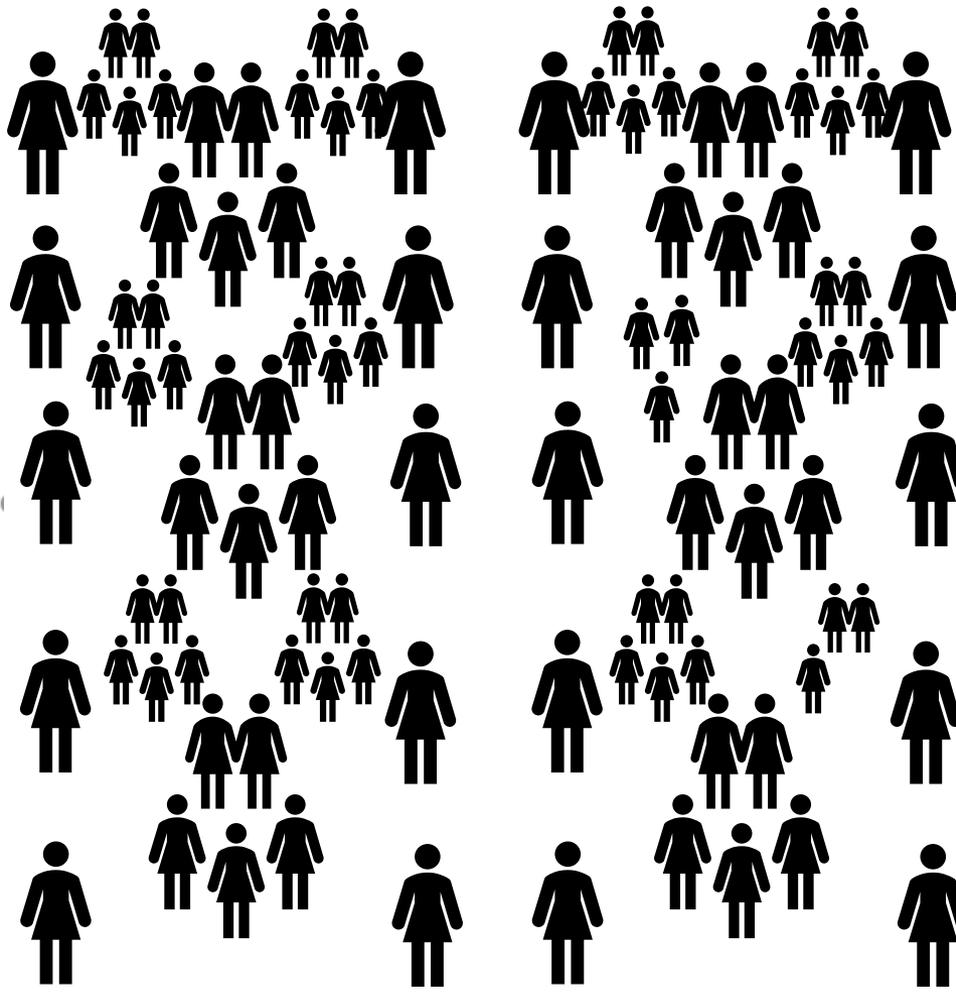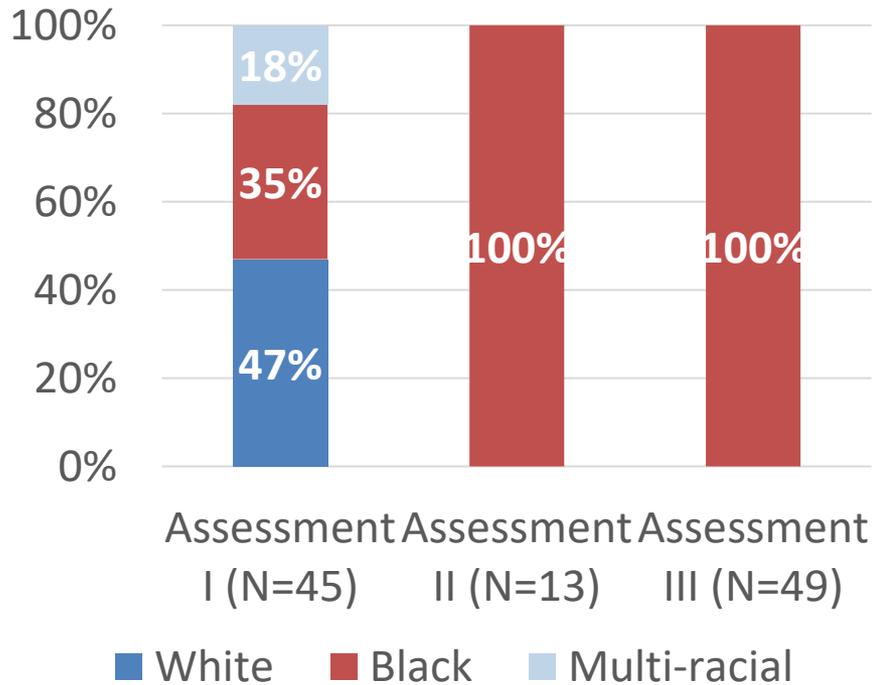
Parity - Number of children
(Assessment III)

18% 33% 28% 20%

■ 1 ■ 2 ■ 3 ■ 4+
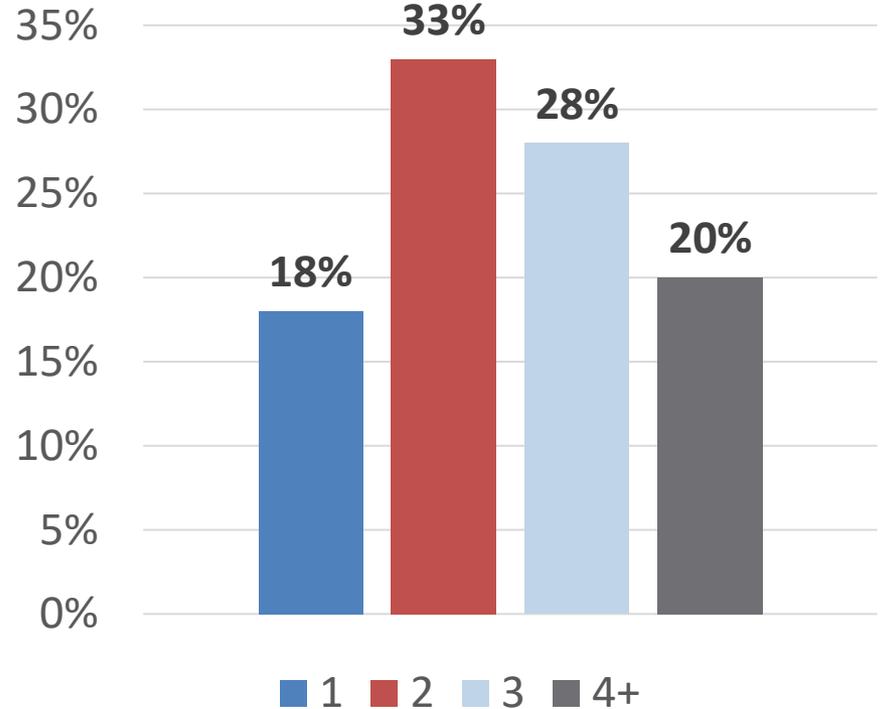
Participant Demographics, Assessment III

Education

- Less than high school: 5%
- High school diploma or equivalent: 32%
- Some college: 35%
- 28%

Employment Status

- Working full or part-time: 57%
- Unemployed: 43%
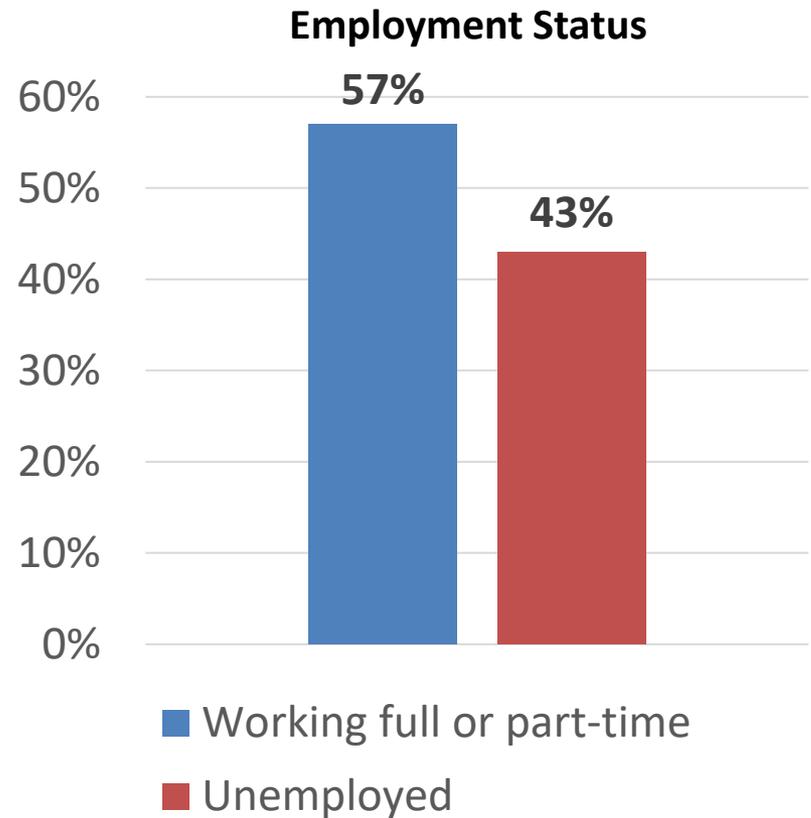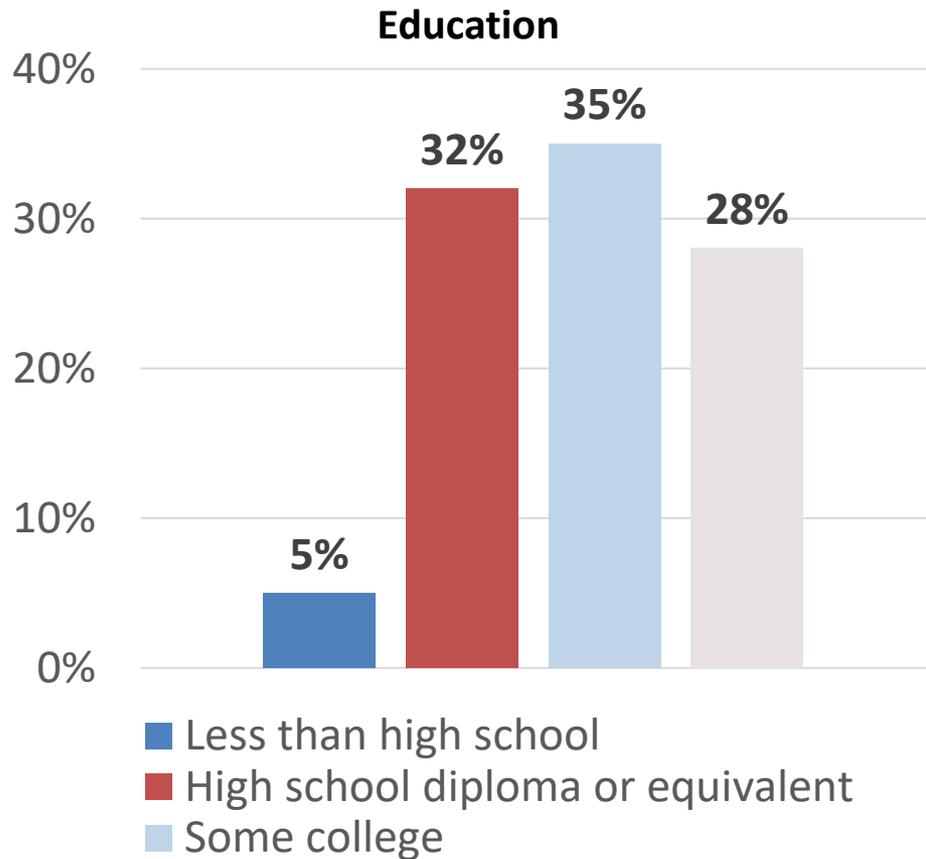
Participant Self-Identified Health Factors, Assessment III

Health Status

- 8% Excellent
- 22% Verry good
- 45% Good
- 20% Fair
- 4% Poor

Usual Source of Care

- 57% Doctor's office of health center
- 47% Hospital ER
- 12% Urgent care center
- 2%
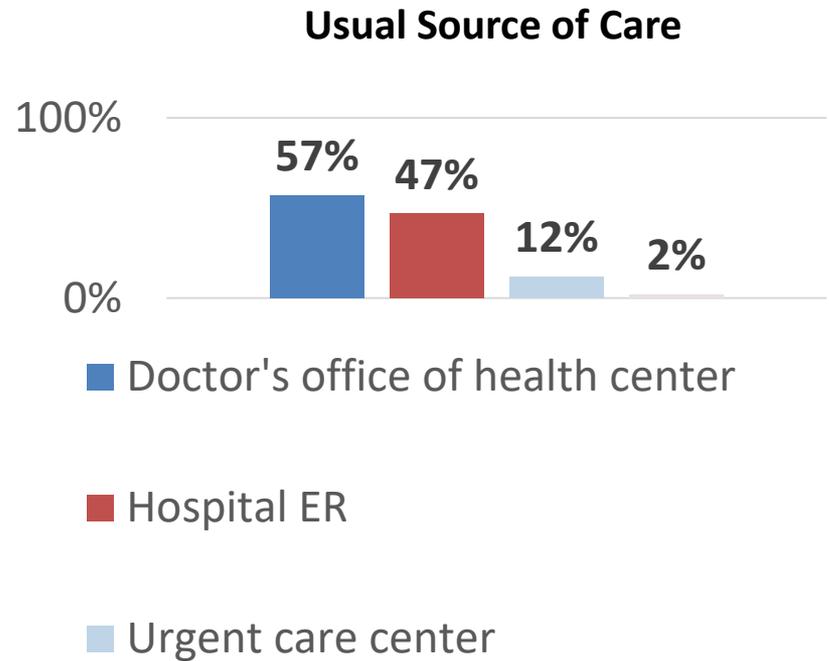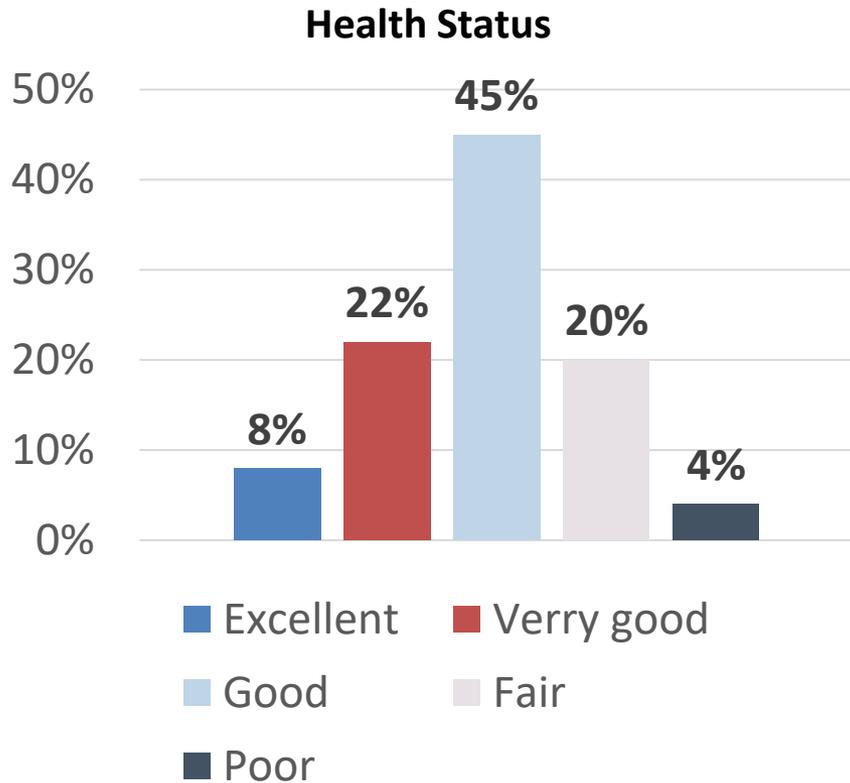
Participants indicating the level of stress & Isolation felt over the prior two weeks
Assessment III

Felt Stressed

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
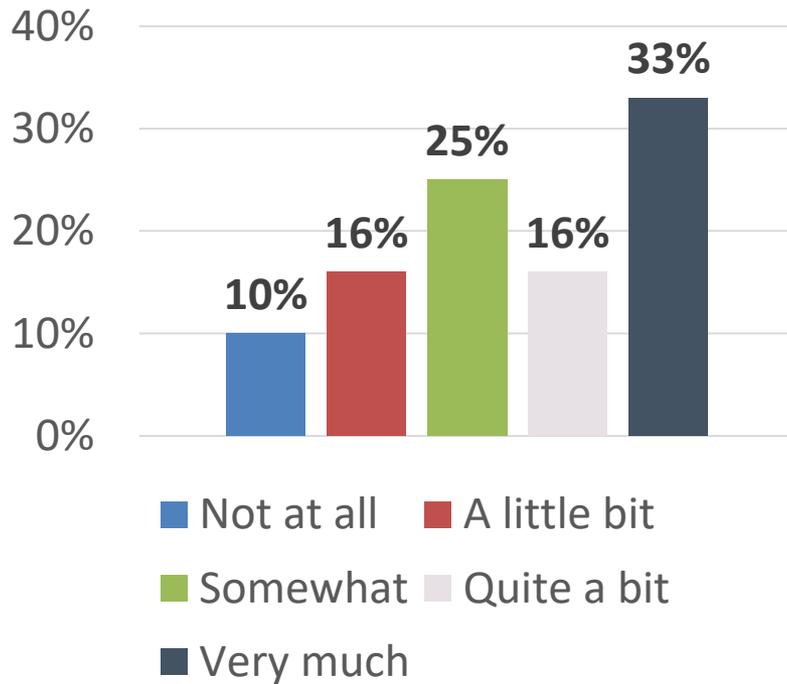
Felt Isolated from Others
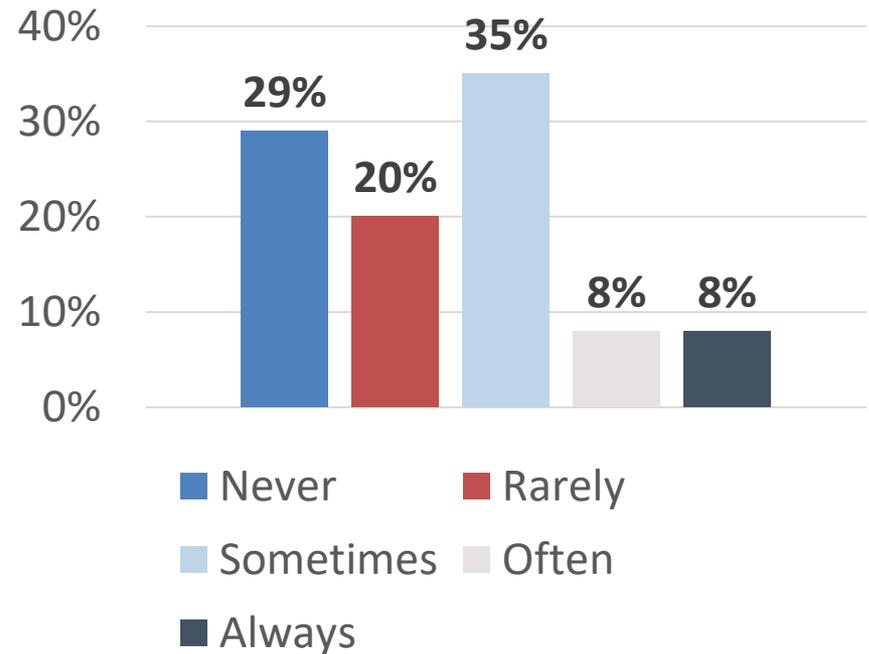
- Never
- Rarely
- Sometimes
- Often
- Always

What barriers prevent Medicaid women from accessing interventions intended to reduce prematurity?

What barriers prevent Medicaid women from accessing interventions intended to reduce prematurity?

Assessments I,II and III aligned findings centered around the <u>health system environment</u>:

» Lack of empathy

» Mistrust or lack of trust in the healthcare system

» Lack of effective communication from the provider

Assessment III findings included those listed above and additional themes related to the <u>participants' environment</u>:

» Lack of social support

» Lack of Medicaid coverage of less-traditional providers and services

» Lack of community resources

Prematurity Prevention – Participant Barriers:

Assessment I	Assessment II & III
• Lack of continuity of care and a relationship with a trusted provider	• Perceived Lack of Compassion/Provider Judgment based on race, age, socioeconomic status, number of children, father involvement and insurance status
• A perceived lack of healthcare provider clinical content	• Poor Communication by providers
• Lack of responsiveness to needs	• Lack of Responsiveness to needs
• Stress caused by concerns about the baby's health before and after the woman's pregnancy	• Stressors with having a healthy baby
	• Delay in prenatal care initiation – scheduling
	• Aversion to medication

Sub-Barriers to Prematurity Prevention

Perceived Lack of Compassion/Provider Judgment based on race, age, socioeconomic status, number of children, father involvement and insurance status

"Just be there for me; for my health and my baby's health. Don't be so judgmental and make me feel like I'm not a person…"

And,

"It could be that maybe we're rushing through things. Just because someone doesn't have the same type of insurance or they live in a different neighborhood than another patient…doesn't mean that we should discount that patient or cut their needs short. We need to provide the same type of quality care for everyone."

Tobacco Cessation– Participant Barriers:

Assessment I	Assessment II & III
• Lack of recognition and treatment of tobacco cessation as an addiction	• Lack of recognition and treatment of tobacco cessation as an addiction
• Lack of Alternative methods for coping with stress	• Lack of Support for Lifestyle Changes (Community Norms/Peer Support/Peer Experts)
• Lack of social and emotional support for women trying to quit	• Lack of easily accessible resources & ineffective formats
	• Lack of effective communication from provider
	• Everyday life experiences (stress)

Tobacco Cessation Barriers

Lack of recognition of tobacco use as an addiction and lack of options for tobacco cessation treatment

"Just cover the choice of medication that works best for each individual… Because it's part of an addiction…. if they're trying to stop heroin [referencing free Narcan available everywhere] …why not try to stop the cigarette smokers or the weed smokers [referencing the same way]? …prescribe medications to help those folks."

Optimal Birth Spacing – Participant Barriers:

Assessment I	Assessment II & III
• Negative experiences with or perceived negative side effects of contraceptives	• Negative experiences or perceived negative side effects of birth control
• Lack of continuity of care and a relationship with a trusted provider and general mistrust of the healthcare system	• Lack of Information and resources about contraceptive side effects/effective communication with provider
• Lack of education and information from trusted sources about the effectiveness and side effects of contraceptives and the value of birth spacing	• Religious and cultural beliefs

Barriers to Optimal Birth Spacing

Negative experiences or perceived negative side effects of birth control.

"…—I just think birth control itself needs to be revamped because there's so many horrible side effects. Whether it's the pill, the patch, Mirena, whatever it is, it's too much. And you're scared to take it, but I don't want to have any more kids."

"I chose Depo Provera and I didn't like it because I experienced hair loss, and I gained weight. I originally weighed 120 lbs., but after getting on Depo I hit 200 lbs. in three months. So, I stopped using it."

General mistrust in the health system and the perceptions of being judged

"There's actually a greater chance for African Americans to get pregnant on birth control. Contraceptives aren't tested on us for effectiveness."

"I don't trust too many doctors now, because I feel like you're not really concerned about me, you're concerned about what you have to say for Big Pharm and Big Almighty Dollar."

Recommendations

Recommendations from Assessments II & III

- Develop a model of care that focuses on care coordination and continuity of care throughout the prenatal period and up to one year postpartum.

- Invest in less traditional providers and services to support women and their infants.

- Continue to provide and encourage cultural competency and implicit bias training to Ohio clinicians.

- Leverage opportunities at local CDJFS agencies to provide real-time information about available resources.

- Develop a population health approach to maternal and infant health support services for pregnant women on Medicaid in partnership with contracted MCPs.

- Invest in obstetric programs and support services similar to comprehensive primary care (CPC).

- Improve communication for contracted MCPs to provide consistent and culturally relevant messaging to women of reproductive age about what to expect when pregnant. This may include leveraging mobile applications, and social media communication campaigns.

Medicaid's Framework for Improvements

Data Support

Consider the System
- Insurance Coverage
- Next generation of Managed Care
- County Department of Job & Family Services Support

Get everyone in the system
- Enrollment
- Outreach
- Retention – New HB 110 12-month postpartum coverage for all women

Identify risk
- Timely identification of priority populations (PRAF/ROP)
- Targeted efforts by geography
- Targeted by issue (e.g., transportation)

Provide Enhanced Services
- Coordinated; personalized care and multimodal communication
- Comprehensive Primary Care (CPC) & Maternity Care (CMC)
- Re-designed systems (Behavioral Health, Schools)

Maintain & Support life Course
- Community & non-traditional Health Workers (doulas, Lactation consultants
- Policy & payment for value in healthcare
- Quality Improvement & Community efforts to support population health management
- Cultural humility & Implicit bias training

Next Steps for IMOM

- Implementation of policy changes and evaluation of impact
- Leverage partnerships with managed care organizations, key state partners including organizations focused on equity and communities
- Implement quality improvement efforts focused on minority families
- Elicit continued feedback from minority women throughout their care experience
- Identify opportunities for improved healthcare experience
- Longitudinal mother and family experiences

Medicaid's Maternal and Infant Support Program

Ohio Medicaid's Maternal and Infant Support Program (MISP)

MISP is Ohio Medicaid's priority work to improve infant and maternal outcomes, with a strong focus on reducing racial disparities

✓ Based on listening to women served by Medicaid, learnings from recent community-based work

✓ Partnership across state agencies to promote and align use of best practices and funding

✓ Creation of new reimbursement options for evidence-based and evidence-informed interventions

✓ Continued support for community-driven interventions in counties with the greatest racial disparities in infant outcomes

MISP will respond to and align with Governor DeWine's **_Task Force_** *(and their forthcoming recommendations) that will create a statewide shared vision and strategy for reducing infant mortality rates and eliminating racial disparities by 2030*

Maternal Infant Support Program (MISP) Umbrella

Phase 1
- PRAF/ROP Reimbursement updates
- Infant Mortality grants to OEI communities

Phase 2
- Group Pregnancy Education services
- Lactation consulting and related services update
- Nurse Home Visiting Medicaid reimbursement

Phase 3
- Comprehensive Maternal Care (CMC) program
- Welcome home nurses and providers
- Extended eligibility for moms to 12 months postpartum

Phase 4
- Mom and Baby dyad providers and services
- Doula services

MISP Accomplishments to Date and Current Status

- PRAF/ROP reimbursement is live as of 7/1/21
  - » This is expected to increase the timeliness of women receiving prenatal services including WIC, progesterone, prenatal care, and home visiting
- Renewal of ODM's OEI Infant Mortality Grants will occur for CY22-23, work is currently ongoing with eligible partners
- 12 months postpartum eligibility for moms included in SFY 22-23 budget, tentative go-live 4/1/22
- Stakeholder feedback gathered on group pregnancy education, lactation services, and doula services in June 2021
- Nurse home visiting stakeholder meeting on 7/29/21
- Follow up stakeholder meetings for lactation services and group pregnancy education to review rule drafts set for August

Resources

- Data and reports discussed today can be found on [ODM's Reports and Research](#) site.
- Please visit the [ODM Maternal and Infant Support Program (MISP)](#) site to find information and resources about the program, a schedule of upcoming meetings, and to [subscribe to MISP communication](#).

Medicaid / Families & Individuals / Programs & Initiatives / Maternal and Infant Support

Maternal and Infant Support

The Ohio Department of Medicaid (ODM) is the largest maternity care payer in Ohio.

As Ohio's largest payer of births, one of the goals of the Ohio Department of Medicaid (ODM) is to reduce and eliminate racial disparities in maternal and infant outcomes and to reduce infant mortality. To that end, ODM is implementing a Maternal and Infant Support Program that will focus on providing services and strategies that are designed to advance these goals. Today, Ohio ranks near the bottom of the nation for its rate of infant mortality. Our state also faces significant racial disparities in neonatal outcomes, as supported by the most recent Ohio Department of Health statistics on maternal and infant births. ODM values health equity and is determined to address and eliminate health disparities. To successfully work towards this goal, ODM is committed to ensuring high-quality, person-centered care is delivered to our moms and babies to improve

Subscribe to MISP Communication
Maternal and Infant Support Program(MISP) Communication

- Send questions and comments to MISP@medicaid.ohio.gov

Thank you!!!

Wrap-Up