



**WELCOME**



**MIKE DEWINE**  
GOVERNOR OF OHIO

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# Eliminating Disparities in Infant Mortality Task Force

## June 15, 2021

1. Welcome & Overview of Meeting.....Kristi Burre, Co-Chair (3:15-3:20)
2. Family Voice & Tailoring Recommendations Activity.....Sherri Killins Stewart (3:20-3:40)
3. State Infrastructure.....Jamie Carmichael, Co-Chair (3:40-3:50)
  - Inter-agency Equity Workgroup
  - State Team
4. Recommendations-Lessons Learned.....Dyane Gogan Turner (3:50-4:20)
  - OCPIM 2015-2020 Strategic Plan.....Lisa Holloway and Dr. Art James
  - Ohio Commission on Minority Health.....Angela Dawson
  - Ohio Commission on Infant Mortality.....Shannon Jones and Charleta B. Tavares
  - Health Policy Institute of Ohio-SDOH.....Amy Rohling McGee
5. Recommendation Development/Breakouts.....Sherri Killins Stewart (4:20-4:55)
6. Report-Outs.....Sherri Killins Stewart (4:55-5:10)
7. Next Steps.....Kristi Burre (5:10-5:15)



## March

- First Meeting
- Schedule local sessions

## May-June

- Task Force meetings
- Draft recommendations

## August

- Share draft recommendations with local communities
- Last meeting of Task Force
- Finalize recommendations

## April- Mid May

- Family listening sessions
- 30 held between 5/1 and 5/15

## July

- Partner surveys
- Review draft recommendations

# Family Voice



# Tailoring Services and Recommendations



# Tailoring for specific priority populations?

**POLL - Within your department or organizations, do you tailor specific services to a population based on the following?**

- **Personal Characteristics** (Age, gender, language spoken, disability, number of children marital status, immigration status, etc.)
- **Family Status** (single parent, multi-generational, two parents, etc.)
- **Socioeconomic Status** (employment status occupation, income; education, wealth status, etc.)
- **Geography/Community** (rural, urban, neighborhood, zip code housing status, type of housing, proximity to grocery store daycare, etc.)
- **Pre-existing Health conditions** (high blood pressure, low birth rate, etc.)
- **Proximity to resources?** (grocery, hospital, doctors, transportation, etc.)



# Small Group Discussions

## *Tailoring for specific priority populations?*

Task Force Members will be placed into small groups to discuss with one another your responses to the poll.



# State Infrastructure





# The Goal: Eliminating Health Disparity

Improving health outcomes for all Ohio residents

# Strategies



Establish an Office of Health Equity



Establish a Health Equity Clinical Advisory Board to improve quality of clinical care



Establish the Health Equity Interagency Workgroup to move towards health in all policies



Improve data collection & analytical capabilities across agencies



Improve communication with communities and stakeholders



Engage, educate, empower and activate private and non-health partners



Change the culture of state government through diversity and inclusion efforts

# Eliminating Disparities State Team

## Purpose

- To implement recommendations from the Infant Mortality Task Force
- To provide regular updates on progress being made on the implementation of recommendations
- To discuss possible collaboration and cross-agency opportunities
- To develop and share best practices for including families and communities in the planning and design of interventions
- To review infant mortality data regularly to track progress
- To advise Governor's Office of Children's Initiatives on policy and funding priorities



# Overview of Past Efforts





Turning up the  
**Volume on**  
Infant Mortality  
*Step Up to Catch Up!*

2014

2015

**Ohio Commission on Minority Health**



*Medical Expert Panel:*  
**White Paper**  
**Achieving Equity and Eliminating Infant Mortality Disparities**  
**within Racial and Ethnic Populations:**  
**From Data to Action**

Release Date: September 18, 2015

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Medical Expert Panel White Paper Series      Volume 1 – Infant Mortality



**OHIO COMMISSION ON INFANT MORTALITY**

Committee Report, Recommendations, and Data Inventory  
March 2016

2016

2017



A new approach  
to reduce infant mortality  
and achieve equity

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Policy recommendations to improve  
housing, transportation, education  
and employment



Prepared by the Health Policy Institute of Ohio  
for the Ohio Legislative Service Commission  
Dec. 1, 2017

# OCPIM OH Infant Mortality Reduction Plan 2015-2020

Dr. Arthur James and Lisa Amlung Holloway (March of Dimes), OCPIM Co-chairs 2010 - 2018

OCPIM: a diverse group (400+) of public health officials, policy makers, researchers, health advocates, health care providers, and other stakeholders.

OCPIM was formed in 2010 as a recommendation of the 2009 IM Task Force to address Ohio's lack of progress in reducing infant mortality and birth-outcome disparities.

**Purpose:** To serve as “one strategic guide for Ohio” to achieve reduction in the disparity of Black and white IM by addressing clinical, socio-economic and racial inequities that drive disparities in infant deaths. The plan was meant to be comprehensive and drive state-led and community-based action to increase access, opportunity, and resources in high-risk areas.

**Approach:** Set overall IM reduction goals: Overall 4.8, Black 6.0, White 4.5 (by 2020)

Considering the lifecourse perspective, the socio-ecological model and evidence-based or evidence informed practices, OCPIM identified seven strategic focus areas with specific goals and objectives. Collective impact framework drove plan implementation by workgroups aligned with focus areas with ODH as the backbone organization. Statewide engagement of OCPIM members and others including legislators and consumers as well as continuous communication was key to development of plan and early implementation. Opportunities to share plan successes, best practices, innovative ideas, challenges while building awareness occurred in biennial Summits convened OCPIM. OCPIM assumed responsibility for monitoring and reporting progress.

**Audience:** “...a reference for those interested in making a positive contribution to the effort to keep babies alive in the state and to reduce the racial disparity in infant mortality. OCPIM is calling on Ohio citizens, local communities, state/local, public/private agencies, and state leaders to work collaboratively to address Ohio's infant mortality crisis.”



# OCPIM OH Infant Mortality Reduction Plan 2015-2020

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OCPIM was formed in 2010 as a recommendation of the 2009 IM Task Force to address Ohio's lack of progress in reducing infant mortality and birth-outcome disparities.

## Key Learnings:

- Disparity elimination **MUST** be ultimately prioritized in goal setting, planning and implementation
- Ongoing leadership at all levels and resources are critical
- Infrastructure supported by need and opportunity is foundational to planning and implementation: OH Equity Institute, backbone organization, workgroup leadership, etc.
- Community level stakeholders must be engaged – hospitals and service providers, CBOs of all kinds, mothers/fathers, corporate leaders
- Political will and legislative/policymaker leadership drives funding, policy change
- **LONG-TERM, UNRELENTING COMMITMENT OF PUBLIC HEALTH AT STATE AND LOCAL LEVELS THAT TRANSCENDS LEADERSHIP CHANGE IS PARAMOUNT TO ANYTHING ELSE.**

## Major Accomplishments:

- Common Agenda, On-going communication and reporting, Leadership, collaboration and investment (strategic focus areas)
- Specific Projects (Spacing, Progesterone Toolkit, Summits, expert speakers and consultation, other)
- SB 332 (HPIO Report, Spacing, Data/Reporting, Progesterone, Housing, Community Health Workers, Cultural Competency, other)



# Ohio Commission on Infant Mortality

Released in March 2016

Senator Shannon Jones and Senator Charleta B. Tavares

- **Purpose:** Educate and engage legislators and other stakeholders on the need for policy solutions to **address** infant mortality.
- **Audience:** Legislators, Executive Branch Leaders, Stakeholders, Experts, Press, and General Public.
- **Key Learnings:** Complicated issue for which social determinants play a dominant role. Disaggregated data for accountability is essential. Woeful disaggregated data availability. State policy and investment can set the stage and provide a framework, but local communities must implement and take responsibility at the community-level.
- **Major Accomplishments:** Commission report resulted in Senate Bill 332.



# Ohio Commission on Minority Health

*Achieving Equity and Eliminating Infant Mortality Disparities within Racial and Ethnic Populations:  
From Data to Action (Released September 2015)*

## **Purpose:**

- The OCMH Medical Expert Panel's sole purpose is to offer timely insight and recommendations to eliminate disparities in poor birth outcomes and infant mortality within racial and ethnic populations.
- The Medical Expert panel acknowledged that infant mortality disparities emanate from the intersection of many social issues.
- These include, but are not limited to: poverty, structural racism, unequal economic opportunity, educational attainment, access to quality health care, access to contraception services, and ineffective policy coordination.
- Moreover, the political considerations surrounding this topic are extremely intense and multifaceted. The failure to acknowledge the political aspects of infant mortality would diminish the OCMHMEP's credibility to honestly and appropriately address the problem.



## Purpose:

- Medical Expert Panel was comprised of experts in public policy development, advanced clinical practice and management of state and local public health interventions.
- Panelists sustained a mindset grounded in health equity as opposed to reducing health disparities.
- Success will be reflected by the lowest infant mortality rate among minorities that mirror those of the referent group with the best birth outcomes and survival rates.



# Ohio Commission on Minority Health

*Achieving Equity and Eliminating Infant Mortality Disparities within Racial and Ethnic Populations:  
From Data to Action (Released September 2015)*

## **Key Learnings: Assuring a Health Equity Lens**

Comprehensively addressed six key focus areas to achieve health equity in infant survival and birth outcomes.

- Assuring access to uninterrupted insurance coverage;
- Building and sustaining capacity within communities and institutions to proactively overcome health inequities;
- Establishing and sustaining care coordination protocols to link women and families to comprehensive health and community services;
- The meaningful use of data to make informed decisions resulting in improved infant survival and birth outcomes, including public availability of provisional or preliminary data and the timeliness of final data;
- The development of a competent workforce to effectively address the multifaceted challenges of infant mortality;
- Directly addressing social determinants of health which are primary root causes of infant mortality and poor birth outcomes.



## Key Learnings: - Assuring a Health Equity Lens

These six identified strategies must be implemented based upon the appropriate scope to achieve health equity by identifying the level of impact: “upstream”, “midstream” and “downstream” interventions.

- Intentional aggressive goals – requires a new mindset which emphasize changing social conditions
- Requires a well-coordinated response over a period of years and resources that last beyond conventional budget cycles and the priorities of any one administration
- Requires unprecedented collaboration - acknowledges that no single institution has the capacity to solve this problem
- Must address structural racism – Acknowledge and dismantle in all of its forms and manifestations



## Key Learnings: - Assuring a Health Equity Lens

80+ recommendations at upstream, midstream and downstream levels to address:

- Access
- Capacity
- Care Coordination
- Data
- Workforce
- Social Determinants



# Ohio Commission on Minority Health

*Achieving Equity and Eliminating Infant Mortality Disparities within Racial and Ethnic Populations:  
From Data to Action (Released September 2015)*

## Audience:

- Policy makers
- Hospitals
- Providers
- Consumers/Families
- Clinics
- Agencies
- Community Volunteers
- Faith Community
- Businesses



# Ohio Commission on Minority Health

*Achieving Equity and Eliminating Infant Mortality Disparities within Racial and Ethnic Populations: From Data to Action* (Released September 2015)

## Major Accomplishments:

- Inclusion of some OCMH MEP recommendations in the Ohio Infant Mortality Commission Report (*some recommendations also included in SB 332*)

## Access

- *Expand entities that can perform presumptive eligibility*
- Track primary language within state systems
- Provide resources to increase access to interpreter services
- *Improve access to contraception services*

## Capacity

- *Promote use of Pathways Community Hub Model to reduce disparities*
- Provide resources to increase access to interpreter services
- *ODM - MCP contracting with Pathways HUB for certain Medicaid recipients*



## Major Accomplishments:

### Care Coordination

- *Ensure the integration and coordination of behavioral health, medical care, health education, smoking cessation programs, CDMP and peer support.*
- *Enact safeguards to prevent the interruption of prenatal care services during eligibility and redetermination.*
- *Ensure the Pathways Community Hub programs collaborate with entities and MCPs to ensure timely access to services.*
- *Ensure outreach services such as home visiting and community-based care coordination for high risk women.*



## Major Accomplishments:

### Data

- *Establish a statewide infant mortality dashboard that updates preliminary county-level data and statewide data quarterly and make available to the public*
- *Require the collection of data to include race, ethnicity and primary language within all state data systems and Medicaid managed care contracts*
- *Develop aggressive targets that don't function to perpetuate health disparities*
- *Identify and prioritize census geographies and incorporate small area analysis to identify disparate health and better focused interventions*



## Major Accomplishments:

### Workforce

- Ensure access to culturally competent services that address needs of high-risk women
- *Expand Ohio's managed care programs to ensure care coordination to all pregnant women and encourage certified CHW training for community members.*

### SDOH

- Provide preferential housing to displaced pregnant women
- Leverage existing resources to address social determinants of health
- Expansion of SDOH in assessments
- Ensure that interventions address the impact of SDOH on birth outcomes

### Birth Outcomes

- 5-year plan 2015-2020 – Overall IMR – Improved, Hispanic IMR achieved, White IMR – achieved, Black IMR – worst from 13.4 – 14.3



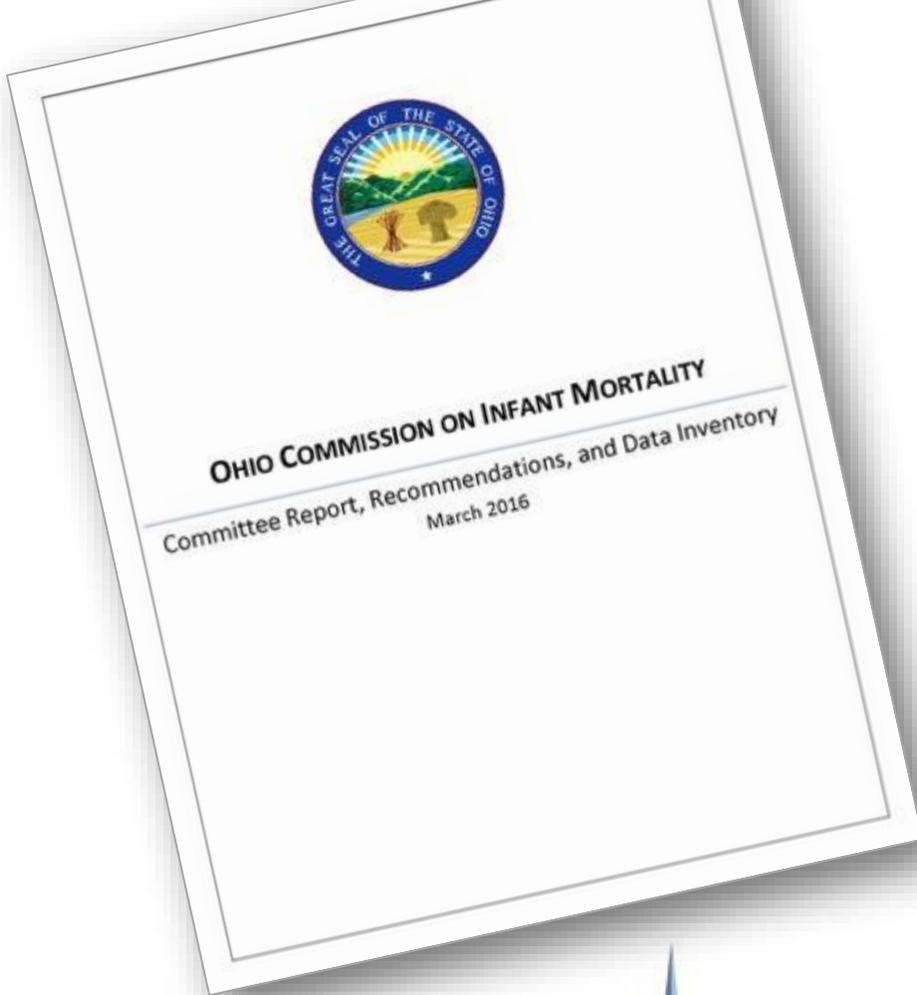


# Vision

To improve the health and well-being of all Ohioans.

# Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.



# Senate Bill 332



# Purpose

- Review of policies and programs: **housing, transportation, education, employment**
- Identify opportunities to improve policies and programs
- Study impact of state-funded rental assistance program
- Evaluate best practices from other states
- Make policy recommendations





# A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve  
housing, transportation, education  
and employment



Prepared by the Health Policy Institute of Ohio  
for the Ohio Legislative Service Commission  
Dec. 1, 2017

# Key learnings (of the report)



- Improvement is possible
- Pregnancy is not the only period of time that matters for infant health
- Access to high quality health care is necessary, but not sufficient
- Racism, discrimination, violence & toxic stress are barriers to improvement

# Key learnings (post-report)



- Publishing a report is a **starting place**
- Developing an **action plan** is necessary to move forward and engage policymakers
- **Strategizing and prioritizing** is key to motivating implementation
- **Monitoring progress and evaluating impact** is pivotal for achieving outcomes and allocating resources effectively

# Major accomplishments

- Provided **concrete, specific ways** to address social determinants of infant mortality
- Some **local level coalitions** have used the recommendations to guide policy agendas
- **Progress has been made** on some recommendations (for example EITC, occupational licensing reform, funding for rental assistance and public transportation)



# Recommendation Development/ Small Groups



# Small Group Discussion Instructions

1. Task Force members will go into to preassigned groups by topic area (Healthy People 2030), with a State Team Member/National Partner serving as Facilitators(s).
2. Select a notetaker and a reporter.
3. Capture your notes and thoughts on the IdeaBoardz (each group has one).



# Small Group Discussion Questions

1. What is a root cause or barrier which needs remediation to eliminate Black infant mortality?
2. What role does the state play?
  - regulation
  - administrative policy and/or practice
  - funding
  - technical assistance
  - influence/lead by example
3. What are the criteria or characteristics of recommendations which will be actionable for the state to benefit Black mothers, fathers and communities?



# Report-Outs



## Next Steps

- Local Partner Feedback
  - Please distribute and broadly share upcoming surveys
- Early July Learning Opportunity
- Survey Monkey to provide reflections on today's meeting:  
[URL:https://www.surveymonkey.com/r/IMTFJune15](https://www.surveymonkey.com/r/IMTFJune15)
- Next Meeting: July 27  
3:15-5:15

