

Section 5

Foundations for Success

Stitching Solutions for Healthier Beginnings

Listen to Black Women
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Listen to Black Women

The voices and lived experiences of Black women are essential to understanding and addressing the racial disparities in infant mortality. For far too long, systemic inequities in healthcare, compounded by racism and implicit bias, have silenced or dismissed their perspectives. Yet, Black women possess unparalleled insights into the challenges they face and the solutions needed to overcome them. By actively listening to Black women, we can ensure that the strategies to address infant mortality are both effective and equitable.

Understanding the Lived Reality

Black women face unique barriers in accessing quality care, ranging from provider bias to systemic underinvestment in their communities. These challenges directly contribute to disproportionately high rates of maternal and infant mortality. Listening to Black women provides critical insights into these systemic failures, enabling healthcare providers, policymakers, and advocates to design interventions that address root causes rather than symptoms.

Respecting Expertise Born of Experience

The lived experience of Black women is a form of expertise that cannot be replicated by data or research alone. These women understand the nuances of navigating a healthcare system that often marginalizes them, and their experiences highlight gaps that need to be addressed. By listening to and elevating their voices, we respect their expertise and center solutions on their needs.

Building Trust and Accountability

Decades of medical mistrust rooted in historical and ongoing injustices make it imperative to rebuild trust between Black women and the healthcare system. Listening with intent demonstrates respect and accountability, helping to repair relationships and create a system that Black women can trust and rely on. This trust is vital for improving maternal and infant health outcomes.

Designing Culturally Relevant Solutions

Culturally relevant and community-centered solutions are key to reducing racial disparities in infant mortality. By listening to Black women, we can co-create programs, policies, and interventions that reflect their values, preferences, and traditions. For example, initiatives such as doula programs led by Black women and community-based breastfeeding support groups have been shown to improve outcomes.

Listening to Black women is a step toward dismantling the systemic racism that drives health inequities. Their voices challenge the status quo and call for accountability from institutions that perpetuate disparities. By centering Black women in conversations about maternal and infant health, we can ensure that equity and justice are at the forefront of our efforts.

Black women have been sounding the alarm about the infant mortality crisis for decades. It is time to listen—to not only hear their stories but also to act on their wisdom. Only by doing so can we hope to create a healthcare system that values all mothers and babies equally.

Address Structural Barriers

Reducing infant mortality requires dismantling the structural barriers that perpetuate health inequities. These barriers—rooted in systemic racism, poverty, and inequitable access to resources—disproportionately affect marginalized communities, particularly Black mothers and babies. To create meaningful change, we must address these foundational obstacles with intentionality and urgency.

Economic Stability and Social Determinants of Health

Economic disparities and inadequate access to housing, nutritious food, quality child care, and transportation significantly impact maternal and infant health. Policies that ensure a living wage, expand affordable housing, increase access to quality child care and provide consistent access to healthy food options are critical for creating conditions where families can thrive.

Access to High-Quality Healthcare

Structural barriers such as provider shortages, and implicit bias in healthcare delivery prevent many

mothers from receiving adequate care. Expanding and strengthening provider networks, increasing culturally competent providers, and ensuring coverage for doula and midwifery services are essential steps toward equitable healthcare access.

Racial Equity and Systemic Accountability

Systemic racism embedded in healthcare and social systems exacerbates disparities in maternal and infant outcomes. Addressing this requires systemic accountability, including anti-racism training for providers, diversifying the healthcare workforce, and establishing oversight mechanisms to ensure equitable treatment and outcomes.

By addressing structural barriers with comprehensive, equity-driven strategies, we can create a future where all mothers and babies—regardless of race or socioeconomic status—have the opportunity to thrive.

Hospitals, Providers, and Managed Care Plans Play a Critical Role in Systemic Change

Building Trust and Embrace Shared Accountability

Hospitals, healthcare providers, and managed care plans are pivotal in Ohio's system-wide response to the infant mortality crisis. These institutions not only deliver direct care but also influence the broader health ecosystem that shapes maternal and infant health outcomes. By fostering trust among consumers and partners and embracing shared accountability, these stakeholders can collectively drive measurable change.

Delivering Equitable and Culturally Competent Care

Hospitals and providers are on the front lines of care, where trust is built through culturally competent and patient-centered practices. Addressing disparities and ensuring equitable treatment for all mothers and infants, regardless of race or socioeconomic status, strengthens confidence in the system and significantly reduces preventable infant deaths. When patients and communities feel heard and valued, trust becomes a foundation for improved outcomes.

Leveraging Data and Accountability

Hospitals and managed care plans can lead the charge by using data to identify disparities, inform interventions, and track progress in reducing infant mortality. Transparent reporting builds trust with both consumers and partners, ensuring efforts remain focused, effective, and continuously improved. Shared accountability across the system reinforces that no single entity bears the burden alone, and that everyone has a role in achieving sustainable change.

Collaboration and Care Coordination

Managed care plans are uniquely positioned to bridge gaps in care by coordinating services across sectors. From connecting families to housing and nutrition resources to supporting access to doulas and home visiting programs, these efforts address the social determinants of health that heavily influence outcomes. By fostering trust through seamless care coordination, they encourage a shared sense of responsibility and engagement among all stakeholders.

Innovating Through Community Partnerships

Partnering with local organizations and community leaders enables institutions to tailor solutions to the unique needs of Ohio's diverse populations. These collaborations are built on mutual trust and respect, ensuring resources are allocated effectively to programs that prioritize prevention and holistic family support. Shared accountability strengthens these partnerships, making it clear that everyone has a stake in creating healthier beginnings.

A Unified Path Forward

By fostering a system of trust, collaboration, and shared accountability, Ohio's hospitals, providers, and managed care plans can create a healthcare system that ensures healthier beginnings for every family. The commitment of all stakeholders—consumers, healthcare providers, and community partners alike—is critical to turning the tide on infant mortality. Together, every stakeholder can ensure that no matter their role, they are part of the solution.

Fund the Future

The urgency of Ohio's maternal and infant health crisis demands bold investment and flexible funding to drive meaningful change. Advocates underscore that while innovative programs exist, they are hamstrung by insufficient resources and a systemic failure to treat the crisis with the urgency it deserves. As one stakeholder emphasized, "We need more funding for infant, toddler, and maternal care. And a change in paradigm. We don't think of these things as a crisis. We are missing the sense of urgency around it."

The crisis is multifaceted, rooted in systemic barriers such as limited access to housing, family supports, and adequately funded clinical care systems. Flexible funding tailored to women's needs is also essential. Programs must adapt to the diverse realities families face, addressing not just healthcare but the social determinants of health that profoundly shape outcomes. "Money must also be flexible to the needs of women," emphasized one expert. Without this adaptability, even the most promising interventions risk falling short.

"Funding is a huge barrier to totally leveraging the work," another stakeholder highlighted, stressing that a lack of resources undermines the sustainability of progress. To empower communities and create healthier beginnings for Ohio's mothers and babies, a paradigm shift is required—one that prioritizes immediate, comprehensive action and sustained investment in solutions.

Ohio stands at a crossroads: either meet this moment with the resources it demands or risk leaving vulnerable families behind. The call to action is clear. Now is the time to fund the future.

Groundwork Ohio has an existing [policy agenda](#) to address maternal and infant health in Ohio. The following policy agenda is derived from themes and actions elevated by family voices in Montgomery County that complement our comprehensive agenda. The agenda should be implemented while being disciplined to the four "foundations of success" identified above: listen to black women, address structural barriers, hold health systems accountable, and fund the future.



Policy Recommendations to Address Maternal & Infant Health in Ohio

1. Expand Access to Comprehensive Healthcare

- **Ensure Equitable Access to Prenatal and Postpartum Care**, with a focus on culturally competent and trauma-informed approaches.
- **Invest in Behavioral and Mental Health Services**, including non-separation treatment programs for mothers and babies.
- **Support Integrated Healthcare Models**, such as centralized hubs for physical, behavioral, and dental care.
- **Increase Medicaid Reimbursement Rates** to attract and retain providers willing to serve Medicaid patients (including pediatric and OB).

2. Address Social Determinants of Health

- **Expand Affordable Housing Initiatives**, such as Healthy Beginnings at Home, to provide stable environments for families.
- **Improve Transportation Infrastructure** with reliable, accessible options for medical appointments, child care, and grocery access.
- **Strengthen Food Security Programs**, including WIC and community-based initiatives like postpartum meal deliveries.

3. Improve Child Care Accessibility and Workforce Support

- **Increase Public Investments in Child Care** to reduce costs for families and support providers with fair compensation.
- **Expand High-Quality Early Childhood Education Programs**, such as Preschool Promise, across underserved areas.
- **Establish Workplace Flexibility** policies to support working parents, including on-site child care and paid leave options.

4. Support Education and Economic Stability

- **Provide Free or Low-Cost Education Pathways** for parents, including community college programs and job training.
- **Develop Workforce Development Programs** targeting industries with livable wages and benefits for families.
- **Promote Financial Literacy and Stability** through community-based workshops and accessible banking services.

5. Enhance Maternal and Infant Health Equity

- **Address Racism as a Root Cause** by embedding anti-racism training in healthcare, policy, and education systems.
- **Expand Diversity in Healthcare Workforce**, prioritizing recruitment and retention of providers from underrepresented backgrounds.
- **Implement Equity-Focused Health Metrics** to evaluate and address disparities in maternal and infant outcomes.

6. Strengthen Community-Based Collaboration

- **Scale Programs Using Community Health Workers (CHWs)** to provide neighborhood-level support and advocacy.

- **Foster Multi-Sector Collaboration** among hospitals, policymakers, and community organizations with shared accountability frameworks.
- **Leverage Data-Sharing Platforms** for integrated, real-time insights into health outcomes and resource gaps.

7. Elevate Family Voices in Policy and Practice

- **Engage Families in Decision-Making** through listening sessions and participatory governance models.
- **Adopt Patient-Centric Care Standards**, such as “Mama Certified” hospital initiatives that prioritize patient advocacy and satisfaction.
- **Support Tailored Interventions** that respect cultural, linguistic, and lived experiences of diverse communities.

8. Promote Safe and Supportive Neighborhoods

- **Invest in Community Safety Initiatives** to reduce violence and increase safe spaces for children.
- **Enhance Local Infrastructure**, including internet access, recreational centers, and public spaces for family engagement.
- **Provide Wraparound Services** for families, including legal aid, domestic violence support, and resource navigation.

9. Address Systemic Fragmentation

- **Centralize Intake and Service Coordination** across healthcare, housing, child care, and education systems.
- **Create Neutral Convening Bodies** to align efforts, reduce duplication, and address systemic inefficiencies.
- **Support Trauma-Informed Systems of Care** that integrate services and minimize navigation burdens for families.

