THREADS OF HOPE:

Community Voices Stitching Together Solutions for Healthier Beginnings

JANUARY 2025

Groundwork OHIO

Thank you to CareSource and the Ohio Association of Health Plans for supporting this report.

CareSource

Ohio Association of Health Plans

Section 1

Introduction

The Fabric of Change

A MESSAGE FROM CARESOURCE

CareSource, is steadfast in our commitment to addressing the critical crisis of infant and maternal mortality that continues to impact families across Ohio, particularly in Dayton-Montgomery County, where our headquarters are located. As a managed care organization serving Ohioans, we recognize the profound opportunity—and responsibility—to drive meaningful change in maternal and infant health outcomes. The Dayton region's troubling, and worsening, high rates of infant mortality are a stark reminder of the urgency and the mandate for all of us to address this issue head-on and we must act now. We are proud of this initiative; and we know that it is a crucial step forward in giving a strong voice to the women and babies most affected by our actions.

At CareSource, we don't see ourselves merely as a payor; we are community leaders and conveners. Our mission calls us to unite stakeholders—healthcare providers, policymakers, community organizations, and the families we serve—because solving this crisis demands collective, coordinated action. Recognizing the disproportionate impact on Black women and families, we've partnered with Groundwork Ohio to ensure the voices of those most affected are at the center of the conversation.

Through initiatives like community leader interviews and family listening sessions, we're committed to understanding the lived experiences of families across Dayton and Ohio. These insights are essential to developing solutions that address systemic and structural barriers to care, while ensuring they are meaningful, equitable, and sustainable for communities at both the local and national levels.

We firmly believe that true progress requires amplifying community voices, fostering collaboration, and driving innovative approaches. Our work with Groundwork Ohio is a testament to our commitment to co-creating solutions that address the immediate needs of mothers and infants while also laying the foundation for a more equitable healthcare system. By extending this commitment beyond Ohio, we strive to influence policies and practices that create lasting impact for families nationwide.

By aligning our resources, amplifying community voices, and taking bold, decisive action, we are determined to ensure every mother and child has the opportunity to thrive. Our goal is clear: to eliminate maternal and infant health disparities once and for all. Together, we will create stronger, healthier communities in Dayton, Ohio, and in every single community where we are privileged to work.

SINCERELY,

Deirdra Yocum

Vice President,
Market Operations
CareSource Ohio

Leadership Letter from Groundwork Ohio

DEAR FRIENDS AND PARTNERS,

As we confront Ohio's persistent infant mortality crisis, this report serves as both a reflection of our progress and a call to action. Rooted in the voices of families, caregivers, and communities across the state, and specifically in Montgomery County Ohio, it captures the lived experiences and systemic barriers that shape maternal and infant health outcomes. Through their stories, we find not only the challenges but also the hope, resilience, and solutions needed to move forward.

This report is more than data and analysis; it is a testament to the power of collaboration and the urgency of equity-driven action. By addressing root causes like racism, economic instability, and fragmented systems, we can reimagine a future where every baby celebrates their first birthday and every family has the resources to thrive. The insights within these pages challenge us to act boldly and unite across sectors to drive meaningful, sustainable change.

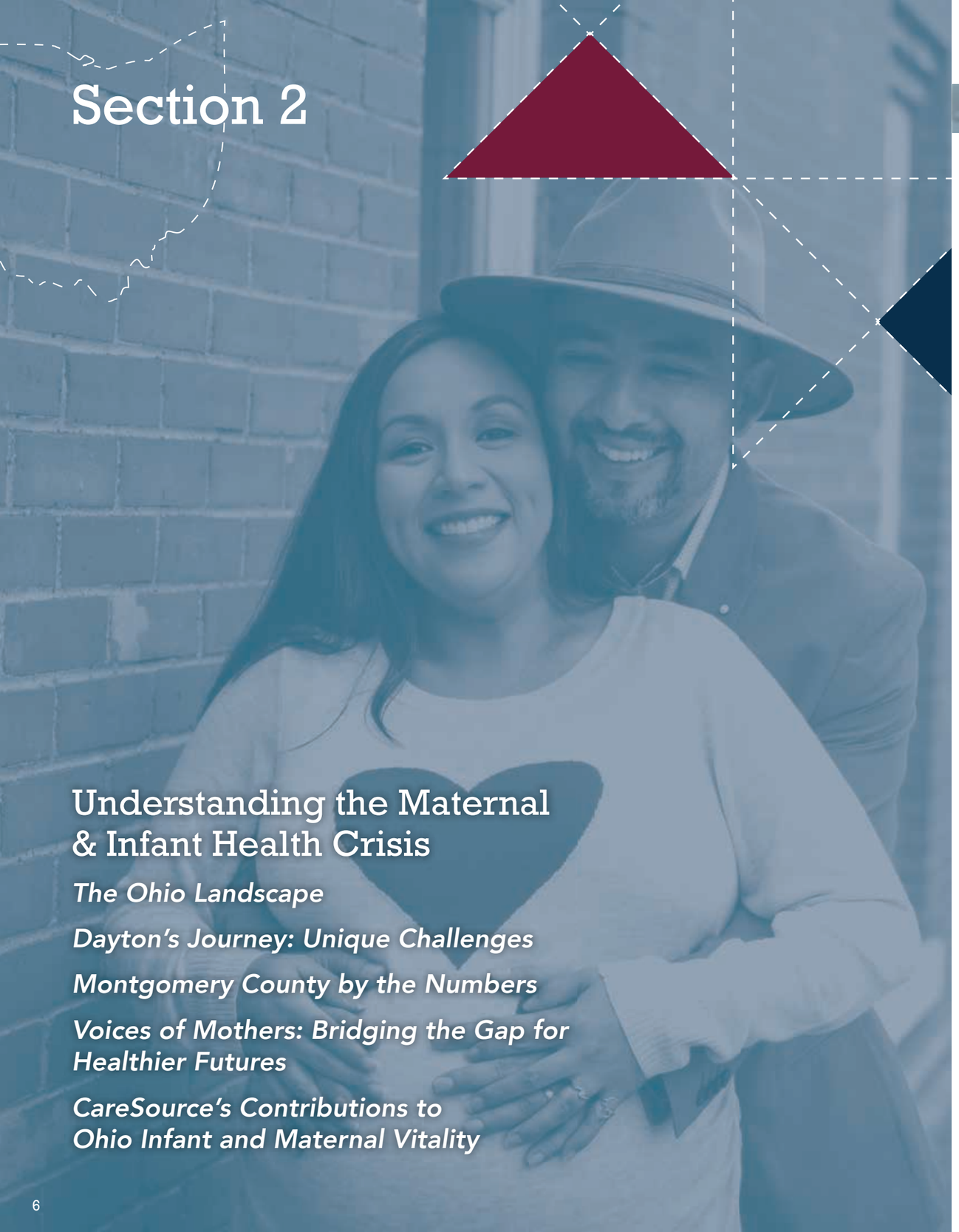
This report builds upon the deep community engagement we did during our Listening Tour Roadshow, a critical part of our policy agenda setting process that is Driving Change for Ohio's youngest children. The report also builds upon our September 2024 release of Infant Mortality in Ohio, a 10-year look back at the impact of policy changes and opportunities for the future.

Thank you to CareSource for their commitment to the needs of moms and babies across the state and your trust in us as listeners and advocates for moms and babies, especially in their own backyard of Dayton, Ohio. And thank you to the broad table of stakeholders that are coming together to solve Ohio's infant and maternal mortality crises. Together, we can make healthier beginnings a reality for all.

SINCERELY,

Lynanne Gutierrez

President & CEO
Groundwork Ohio



Section 2

Understanding the Maternal & Infant Health Crisis

The Ohio Landscape

Over the past decade, Ohio has made significant strides in addressing its alarmingly high infant mortality rate (IMR), but the journey has been marked by persistent challenges and disparities. The Groundwork Ohio report released in September 2024, "Infant Mortality in Ohio: A 10-Year Look at the Impact of Policy Changes and Opportunities for the Future," explores this critical issue, highlighting trends, policy responses, and areas where intensified efforts are needed to achieve health equity for all Ohioans.

In 2012, Ohio's IMR was 7.6 deaths per 1,000 live births, ranking the state 45th in the nation—a call to action for policymakers and advocates alike. While there has been notable improvement in the overall rate by 2022, the gap between Black and white infant mortality has grown even wider. Black infants in Ohio continue to die at more than twice the rate of their white counterparts, a devastating disparity that underscores systemic inequities in healthcare access and outcomes.

The report sheds light on critical contributors to infant mortality, including high rates of low birth weight and prematurity among babies born to Medicaid eligible families. As of 2022, Ohio's rate of low-birth-weight infants remained at 11.4%, placing it among the bottom ten states nationally. Premature birth rates have also worsened since 2019, prompting the March of Dimes to give Ohio a concerning "D+" on its 2024 report card.[1] These indicators emphasize the need for focused, long-term solutions to address the root causes of these poor outcomes.

In response to this crisis, Ohio enacted several legislative and community-based interventions aimed at improving maternal and infant health. One pivotal moment came with the establishment of the Ohio Commission on Infant Mortality and the passage of Senate Bill 332. This landmark legislation introduced measures to enhance transparency, accountability, and equity in healthcare delivery for vulnerable mothers and infants. Additionally, grassroots and state-led initiatives have been critical in engaging local communities to address systemic barriers and improve access to care.

Despite these efforts, the persistence of racial disparities highlights the urgent need for more targeted interventions. The report identifies the importance of data-driven leadership at both state and local levels to guide effective policy and programmatic responses. Consistent leadership and sustained commitment are essential to advancing solutions that address the interconnected factors of poverty, healthcare inequity, and structural racism that contribute to Ohio's infant mortality crisis.

While Ohio has made strides in addressing infant mortality over the past decade, the persistence of racial disparities and high rates of low birth weight and prematurity indicate that more targeted, effective interventions are needed. The report calls for renewed commitment and accountability from all stakeholders to improve outcomes for Ohio's mothers and infants.

	PRETERM BIRTH	INFANT MORTALITY	MATERNAL MORTALITY
MEASURE	10.7%	7.1 deaths per 1K births	27.1 deaths per 100K births
RANK	32nd of 52	43rd of 52	22nd of 40
DIRECTION FROM PRIOR YEAR	Improved	Worsened	Worsened

Source: *Ohio Department of Health & Ohio Department of Children & Youth (2025). A Report on Pregnancy-Related Deaths in Ohio, 2020.*

Dayton's Journey: Unique Challenges

Yet, the barriers moms and babies face in Dayton often reflect a deeper legacy of inequities tied to economic, social, and healthcare disparities. To understand the solutions needed, we must consider the specific needs and experiences of Dayton families, whose voices underscore both their resilience and the urgency of the challenges they encounter.

Dayton, Ohio, has a deep and complex history that reflects broader national trends in health inequities, particularly in infant and maternal health. These inequities are rooted in systemic racism, economic disparities, and uneven access to quality healthcare—factors that have disproportionately impacted Black women and children for generations.

In the mid-20th century, Dayton experienced significant economic and social shifts. As the city's manufacturing sector thrived, opportunities for upward mobility remained unevenly distributed, with Black communities often relegated to low-paying jobs and segregated neighborhoods. Redlining practices and discriminatory housing policies concentrated poverty and limited access to healthcare resources in predominantly Black areas.

The closure of maternity wards and hospitals in these underserved neighborhoods during urban renewal efforts further exacerbated health disparities. For decades, Black women in Dayton have faced higher barriers to prenatal care, increasing the risk of adverse outcomes for both mothers and infants. These barriers are compounded by implicit bias within the healthcare system, leading to delays in care and lower-quality treatment.

Today, these historical injustices are evident in stark health disparities. Montgomery County, where Dayton is located, consistently reports some of the highest rates of infant mortality in Ohio, with Black infants dying at nearly twice the rate of their white counterparts. Similarly, Black mothers in Dayton face significantly higher rates of maternal morbidity and mortality.

Social determinants of health, such as access to nutritious food, stable housing, and safe environments remain unevenly distributed. Racism, both structural and interpersonal, continues to erode trust in the healthcare system. Efforts to address these disparities must confront not only the present-day inequities but also their historical origins.

Acknowledging Dayton's history is a crucial step in dismantling these inequities. Community-driven solutions, such as culturally competent care models and the expansion of programs like home visiting services, are vital. Collaborative efforts between healthcare providers, policymakers, and organizations such as CareSource have begun to show promise in addressing the root causes of these disparities. However, sustained investment and accountability are essential to creating a future where all mothers and infants in Dayton can thrive.

By addressing the legacies of discrimination and centering the voices of those most affected, Dayton has the opportunity to transform its approach to maternal and infant health, weaving equity into the fabric of its healthcare system.

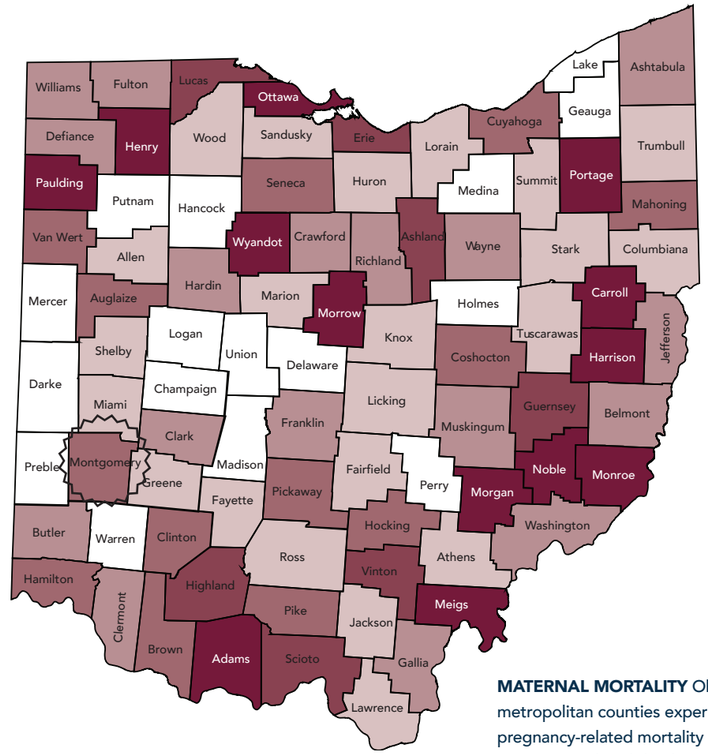
Montgomery County by the Numbers

OHIO FIVE-YEAR INFANT MORTALITY RATE BY COUNTY (2018 – 2002)

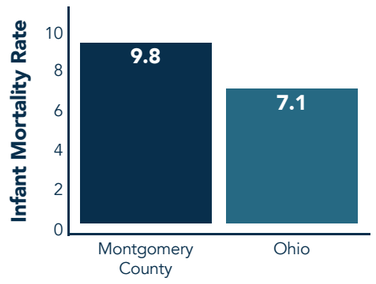
Infant Mortality Rate per 1,000 Live Births

- 3.1 – 5.2
- 5.3 – 6.5
- 6.6 – 7.6
- 7.7 – 8.6
- 8.7 – 16.1
- Data Suppressed*

Source: 2022 Infant Mortality Annual Report, Ohio Department of Children and Youth



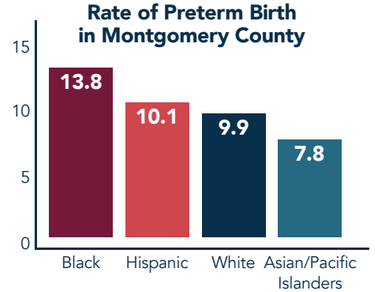
INFANT MORTALITY In 2023, Public Health - Dayton & Montgomery County (PHDMC) reports that the county's infant mortality rate in 2023 was approximately 9.8, higher than the state rate of 7.1. That reflects the number of infant deaths per 1,000 live births.



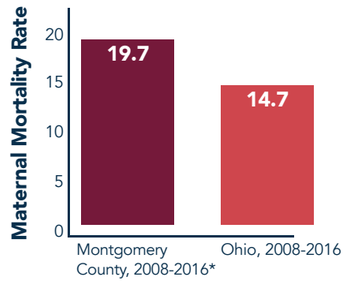
PRETERM BIRTH Preterm birth is defined as a live birth before 37 completed weeks gestation. In 2023, 1 in 9 babies (11.7% of live births) was born preterm in Montgomery, earning the county an F on the most recent March of Dimes report card, reporting a worsening trend.[2] The rate of preterm birth in Montgomery is highest for Black infants (13.8%), followed by Hispanics (10.1%), Whites (9.9%) and Asian/Pacific Islanders (7.8%).[3] Chronic disease increases the likelihood of preterm birth. The percent of Montgomery County women of reproductive age with one or more chronic condition is in the highest quartile of the state.

1 in 9 babies (11.7% of live births) was born preterm in Montgomery

Rate of Preterm Birth in Montgomery County



MATERNAL MORTALITY Ohio's eleven metropolitan counties experienced a pregnancy-related mortality ratio of 27.7 pregnancy-related deaths per 100,000 live births between 2017-2020.[4] Between 2008-2016, Montgomery county had the highest ratio of pregnancy-related deaths in the state at 19.7 deaths per 100,000 live births* compared to the state at 14.7.[5]



Ratios based on fewer than 20 deaths should be interpreted with caution.

Voices of Mothers: Bridging the Gap for Healthier Futures

After engaging with thousands of women across the state and conducting nearly 100 interviews in Dayton and Montgomery County, we recognize that all mothers share the same aspirations for their children: they want healthy babies with bright futures. Yet, significant disparities persist, highlighting the urgent need for equitable solutions.

"For me, it's like the small moments that bring me the most joy."

"My three-year old, she just amazes me every day. It's every day she's learning new phrases and new words and…it's just great to see. I love every moment of it."

"Just being able to see my son hit his milestones on time and not having to worry about that, knowing that he's on track. And being able to get support from his doctor knowing that, okay, like maybe his speech isn't [the same as other kids], but I don't have to compare him to other kids"

"One of my biggest joys that I've experienced is watching the three of my children interact together."

"I just love watching them grow. And just their personalities. It's truly just a blessing being a mom. "

"Having the support of family, my doula, midwife, and, last but not least, my husband, who helped me along the way to make sure that I was comfortable throughout the whole time. And that, yeah, I ***can*** carry the baby to term."

"Seeing the milestones, and then also building that interaction, that social and emotional connection with your child. And just learning what their personality or their character…like what it's turning into. Seeing like parts of you, and also parts of the father, and then your child just being their own entity…and just being in their own identity."

"The greatest joy to me may be the first day I picked him up… I can't really describe it, except when I looked at him. And he looked [at me]. We locked eyes, and …I knew he was forever. I knew I would fight and do whatever I had to for this kid. And I would give him my best every day, all day. And I've never felt a bond or instant connection like that… still brings me to tears… because when you wanted motherhood for so long and it didn't happen the way you thought it would happen…and to look at this child and know he was everything that I'd ever prayed for was just amazing."

"The first time they say mommy. That brought me joy."

"So, and then I think in my pregnancy, a joy that I've experienced is like connecting with women who are mothers or have mothered."

"[When I was pregnant}, we enjoyed my son kicking a lot. Sometimes we thought that he was responding to what we were saying."

"I was really excited when I found out that I was pregnant with my first…I was kind of getting to the point where I didn't think it was going to happen. So, it was really exciting for me to find out."

"The love that I get from my kids… I know it's unconditional. Just them walking up [and saying], 'mom, I love you' just randomly, that puts a lot of joy into my heart…the love that I get from my kids is just…it's…I can't even find the words to put it into you know…but I love them little kids and I know they love me."

"My first baby was stillborn. So, my joy was just hearing my baby cry when they were born."

"My son, he…did not start talking until he was almost 3. So a real big joy was…hearing him say…the animal sounds."

CareSource's Contributions to Ohio Infant & Maternal Vitality

CareSource has long been a trailblazer in Medicaid managed care in Ohio, standing as the largest plan in the state with a history of innovation and deep community ties. Since 1989, CareSource has remained steadfast in its mission to serve its members with a focus on health outcomes and reinvestment. Unlike profit-driven organizations, CareSource channels investments back into the community, a responsibility it holds as both a privilege and a duty.

Local and state communities look to CareSource to solve problems. The organization's DNA is rooted in serving those most in need, with maternal and infant health taking a priority position. CareSource invests heavily in this area, funding programs that address critical issues like low birth weight, safe sleep, and breastfeeding support. From doula pilots to mobile maternity clinics, CareSource collaborates with community partners to ensure pregnant women and new mothers have the resources they need to thrive. These efforts are backed by a robust provider network—the largest in Ohio—where value-based relationships encourage innovation and accountability for outcomes.

Collaboration is central to CareSource's approach. Partnerships with community-based organizations ensure that interventions are both impactful and locally informed. Additionally, these partnerships focus on equity and inclusion, addressing disparities in health outcomes while fostering trust within the communities they serve. In 2022 and 2023 alone, CareSource invested more than $36 million towards maternal, infant and childhood health initiatives to include SDOH across Ohio. CareSource's work extends far beyond traditional healthcare. These investments support innovative approaches by those on the frontlines of the crisis as well as scaling maternal and infant health solutions in local communities.

Beyond healthcare, CareSource tackles the broader social determinants of health (SDOH) that shape well-being. By funding initiatives like mobile health units, food-as-medicine programs, and $35 million in housing investments over the past five years, the organization supports families in navigating the challenges of everyday life. Its JobConnect program helps families move toward stability through employment, financial literacy, and community referrals, demonstrating CareSource's commitment to creating long-term, systemic change.

By addressing the legacies of discrimination and centering the voices of those most affected, Dayton has the opportunity to transform its approach to maternal and infant health, weaving equity into the fabric of its healthcare system.

- Parenting education and support
- Crisis housing
- Community events
- Federally Qualified Health Clinics
- Doula support and education
- Mama Certified
- Connection to community resources
- Access to healthy foods
- Access to infant materials
- Social work
- Transportation
- Postpartum support groups
- Tobacco cessation
- Healthy Beginnings at Home
- Mobile health initiatives
- Nurse navigators
- Preconception, pregnancy, postpartum and newborn interventions
- Support for moms recovering from substance use disorders
- Parenting Circles
- Mental health support
- Childbirth education
- Breastfeeding education
- Donor breast milk

While CareSource remains deeply committed to addressing Ohio's infant mortality crisis through innovative programs and strategic investments, this is a challenge no single organization can solve alone. As community-based organizations play a critical role, so too do hospitals in shaping outcomes, and their active engagement is essential to making meaningful progress. Payment structures, such as value-based reimbursements and incentives tied to quality metrics, are in some instances already in place to support collaborative solutions, yet many opportunities remain untapped. CareSource partners with hospitals and health systems to fully leverage these tools, align shared goals, and deepen a shared commitment to implementing evidence-based practices that improve outcomes.

Looking ahead, CareSource strategically positions itself as a driving force in Ohio's healthcare ecosystem. By championing equity, fostering innovations, and building trust, the organization aligns its initiatives with key populations, health priorities, and collective impact objectives. Through targeted investments in data-driven insights and human-centered solutions, CareSource is addressing immediate challenges while strategically shaping the foundations for sustainable, healthier communities.

"So, it's just about being all in the community and connecting again with the resources from CareSource. You know they have a lot. I don't know if people know about their rewards. [It's] not just care. But there's incentives… encouraging families…getting them more involved in their healthcare and their children."

"CareSource is more active in the community, but we need those major players, [hospitals], to do their part to provide resources to rebuild the community."

"I would say I've had CareSource 90% of my life. And I am a big fan and I agree that when you have systems like Help Me Grow and other stuff in place that kind of fills in a lot of gaps of things that people may not even know are available. And that's part of my favorite part of my job is being like, oh, you need help with this. Let me get you some resources."

"[I gave birth about 8 weeks ago] and I get care through CareSource and it's been a different experience than it was with my [first] daughter, who is two. They had a lot of different things that they implemented…they had Mom's Meals where they bring meals to your home. I've been able to get signed up with Help Me Grow, a program where I have a nurse that comes out and we discuss things. She goes and finds different resources for me that I need."

"The dollars we get from CareSource are often the only way we can support [unique initiatives for] pregnant women [whether or not they are CareSource members]."

"Finding out those resources like CareSource. I love that because I use those rewards every time he goes to the doctor. All of that helps me pay for other over-the-counter medications and things like that. So, it's wonderful. I think it's tapping into all that."

Section 3

Patterns of Care

Ohio Statewide Survey of Birth Experiences

- Evaluation of Pregnancy Healthcare Experience
- Health During Pregnancy
- Timing and Complications of Baby's Birth
- Factors Assumed to have had Negative Influence on the Quality of Care From Physicians, Nurses and Hospital Staff
- Source of Support During Delivery
- Provider Checked Emotional Well-Being at Postpartum Visit
- Out-of-Pocket Money on Perinatal Care
- Source of Support for Information on Parenting

Ohio Statewide Survey on Birth Experiences

Groundwork Ohio is committed to amplifying the voices of families. The Ohio Family Voices Project reflects that commitment. This initiative—a collaboration between Groundwork Ohio and RAPID Survey Project based at the Stanford Center on Early Childhood—surveys families with children under the age of six across Ohio. The goal of this project is to provide actionable insights to inform policies and programs that support Ohio's youngest children and their families.

The set of analyses on Ohio data in this section of the report is based on responses collected from 2,797 caregivers between the dates of September 3 and September 24, 2024. These caregivers represent a range of voices. 18.4% are Black/African American, 9% are Latinx and 13.1% live below the federal poverty line. There were 139 residents (5%) of the total sample who are Montgomery County residents.

All respondents have at least one child under 6, and in this most recent survey, we also asked if respondents had a baby since September 2018 or are currently pregnant. 86.8% had at least one baby since 2018 and 6.5% of respondents were currently pregnant.

WHEN SELECTING YOUR OB-GYN, WHAT FACTORS DID YOU CONSIDER?

Respondents were asked to rank the following considerations:

- I do not have an OB-GYN
- Provider covered by insurance plan
- Reviews/recommendations from family/friends
- Location
- Provider qualifications/experience
- Provider's hospital affiliation
- Provider's communication style
- Provider's race and/or ethnicity
- Provider's gender
- Provider's hours
- Appointment availability
- Not listed

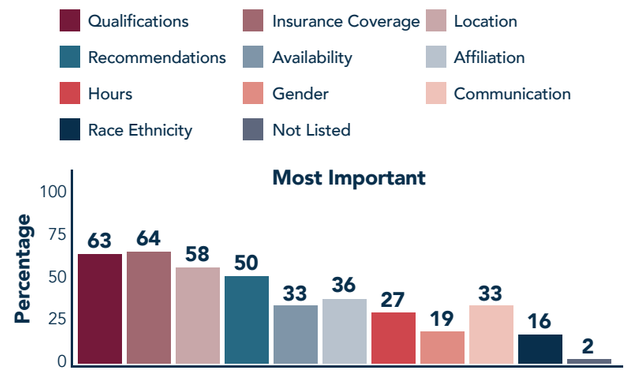
The top three factors for considering OB-GYN and child's primary care provider were:

1.) provider covered by insurance plan and;

2.) provider's qualifications/experience;

3.) location of provider.

FACTORS FOR CONSIDERING OB-GYN, OVERALL(N=1,860)



For respondents living under 200% of the federal poverty level, insurance coverage became a more important consideration than for higher income families, whereas higher income families prioritized provider qualifications above insurance coverage.

These top findings were true for respondents regardless of race, however, respondents of color (Black, Latinx and "Other Race") were more likely to value the considerations of provider's communication style and provider's race and/or ethnicity than their white peers and the overall sample.

Evaluation of Pregnancy Healthcare Experience

Respondents were asked about the following three statements:

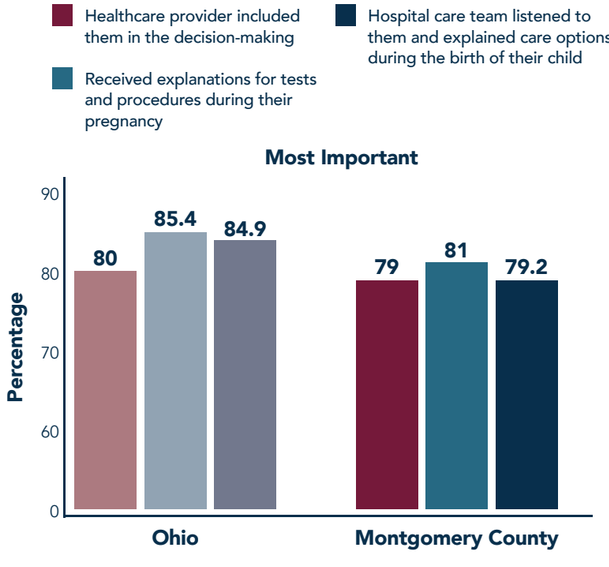
- *I felt that my health care provider explained my care options and included me in the decision-making process during my pregnancy.*
- *During my pregnancy, my healthcare provider explained any tests and procedures to me.*
- *During the birth of my child, my hospital care team listened to me and explained my care options and any tests and procedures to me.*

More than 80% of the participants reported that they either agree or strongly agree that their healthcare provider included them in the decision-making process during their pregnancy (85.4%), they received explanations for tests and procedures during their pregnancy (84.1%), and the hospital care team listened to them and explained care options during the birth of their child (84.9%).

While there was variation among racial/ethnic groups, respondents of color were typically less likely to report that they agree or strongly agree with these statements than their white peers. A more pronounced disparity in agreement with these statements was between families below or above 300% of the federal poverty level with lower-income families more likely to agree they had a positive experience.

A smaller percentage of Montgomery County residents agreed or strongly agreed that their healthcare provider included them in the decision-making process during their pregnancy (79%), they received explanations for tests and procedures during their pregnancy (81%), and the hospital care team listened to them and explained care options during the birth of their child (79.2%) than the statewide sample.

FACTORS FOR CONSIDERING OB-GYN, OVERALL (N=1,860)



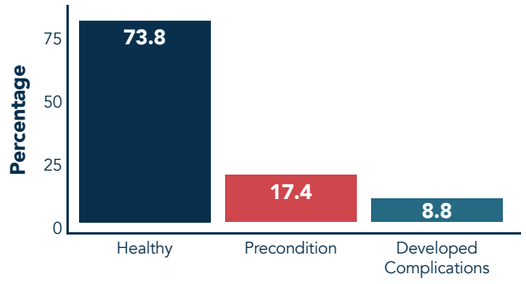
Health During Pregnancy

Respondents were asked to describe their health during pregnancy, choosing among the following:

- *Healthy, no complications.*
- *I had at least one pre-existing condition (i.e. diabetes, high blood pressure, depression, heart disease) during pregnancy.*
- *I developed complications during pregnancy.*

Overall, respondents reported that 73.8% were healthy with no complications, 17.4% had at least one pre-existing condition, and 8.8% developed complications during pregnancy.

HEALTH DURING PREGNANCY, OVERALL (N=2,181)



There was little variance in the responses based on race/ethnicity but there was variance in responses from the overall sample versus those living in poverty who reported lower incidence of having a healthy pregnancy with no complications and a higher incidence of pre-existing conditions and developing complications during pregnancy.

The most pronounced difference in reporting of health during pregnancy was those parents of children with disabilities who reported that 49.2% were healthy with no complications, 31% had at least one pre-existing condition, and 19.8% developed complications during pregnancy.

Montgomery County residents were less likely to report they were healthy (68.2%) and more likely to have pre-existing conditions (23.4%) than non-Montgomery residents.

Timing and Complications of Baby's Birth

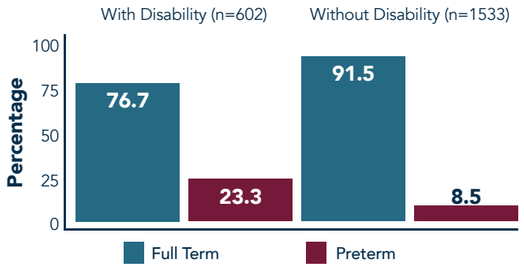
Respondents chose one of the following responses:

- *My baby was born full term (at least 37 weeks of pregnancy completed).*
- *My baby was preterm (before 37 weeks of pregnancy completed).*

87% reported a full-term birth and 12.6% reported their baby being born preterm. Montgomery County residents reported 15.2% of babies born preterm versus 12.5% for non-Montgomery County residents.

Respondents who are parents/caregivers of a child with a disability reported a much higher incidence of preterm births.

TIME OF THE BABY'S BIRTH, BY CHILD DISABILITY STATUS



Respondents caring for children with a disability also reported more often that baby had health complications at birth (38.2% versus 6.7% without a disability).

Factors Assumed to have had Negative Influence on the Quality of Care From Physicians, Nurses & Hospital Staff

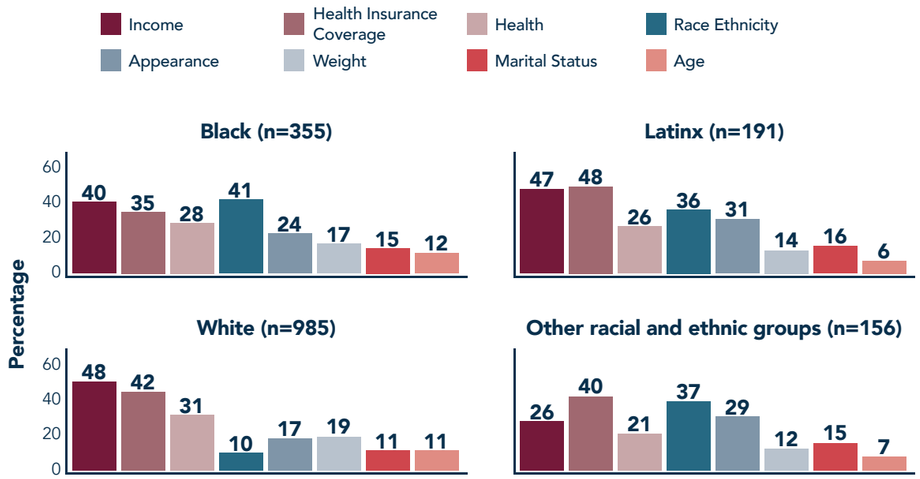
Respondents were asked if they believed any of the following factors negatively affected the care they received:

- *My income*
- *My health insurance coverage*
- *My health*
- *My race and/or ethnicity*
- *My marital status*
- *My appearance*
- *My weight*
- *My age*

Among the many factors assumed to have had negative influence on the quality of care from physicians, nurses, and the hospital staff, the top three for all respondents were income (43.9%; 40%; 40%), health insurance coverage (41.1%; 38.4%; 35.2%), respondent's own health (28.9%; 26.1%; 27.6%) and race/ethnicity (21.6%; 22.8%; 23%). (Figures 7.1, 8.1, 9.1)

Black respondents reported race/ethnicity as the top factor negatively impacting their care from physicians (41%), nurses (41%), hospital staff (39%).

QUALITY OF CARE FROM PHYSICIAN, BY RACE/ETHNICITY

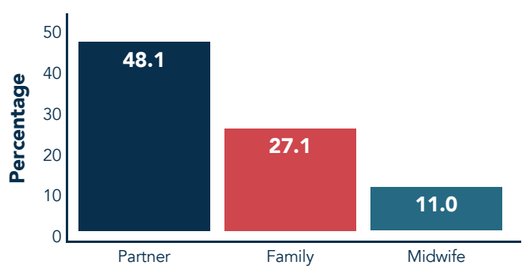


Source of Support During Delivery

Respondents were asked, aside from the hospital care team, did you have anyone to support you during delivery and were given the following choices:

- *Partner*
- *Family member*
- *Midwife*
- *Doula*
- *Friend*
- *No one*
- *Not listed (please specify)*
- *Not applicable*

The top three sources of support during delivery were partner (48.1%), family (27.1%), and midwife (11%).

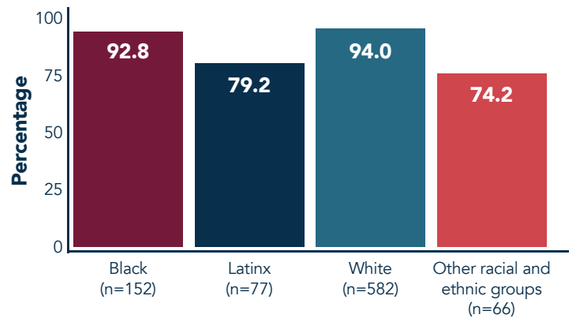


Provider Checked Emotional Well-Being at Postpartum Visit

Respondents were asked whether their provider asked them about their emotional well-being and mental health at their postpartum visit and were asked to respond yes or no.

The following is respondents who answered "yes" by race/ethnicity:

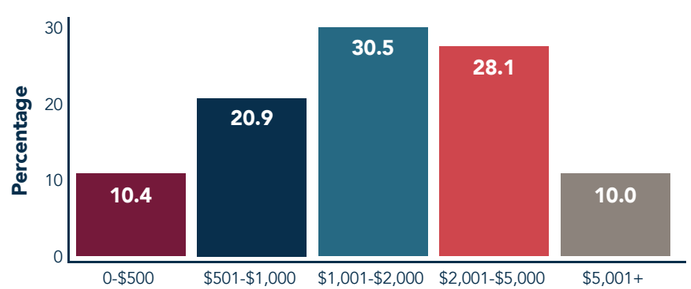
PROVIDER CHECKED EMOTIONAL WELL-BEING AT POSTPARTUM VISIT, BY RACE-ETHNICITY



Out-Of-Pocket Money on Perinatal Care

Respondents were asked: During your most recent pregnancy, approximately how much did you spend out-of-pocket on perinatal care (including prenatal visits, delivery, and postnatal care)?

OUT-OF-POCKET MONEY ON PERINATAL CARE, OVERALL (N=2,135)



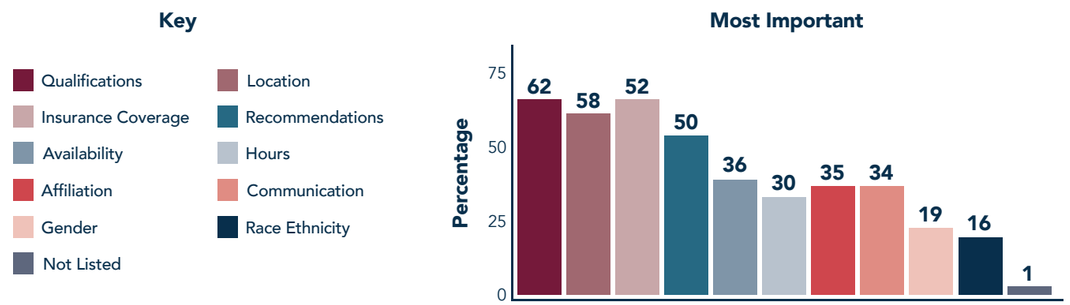
Source of Support for Information on Parenting

Respondents were asked whether they have received support or information on birth and/or child development from the following sources:

- *Help Me Grow*
- *Group pregnancy care (ex. Centering pregnancy/Moms2B)*
- *Pathways Community HUB/Community health worker*
- *Childbirth education provided by community or hospital*
- *Triple P*
- *Early intervention Home Visiting*
- *None of the above*
- *Not listed*

The top three sources for receiving support or information on parenting were community or hospital's childbirth education (39.3%), early intervention home visiting (34.4%), and group pregnancy care (33.1%). Over 80% of the respondents who received support or information from any of these sources reported that they agree or strongly agree that they were helpful.

FACTORS FOR CONSIDERING CHILD'S CARE PROVIDER/ PEDIATRICIAN, OVERALL (N=1,905)



Section 4

Listening to the Experts

Family & Community Voices Share their Experiences

- Adult Education
- Breastfeeding
- Child Care
- Children's Physical and Behavioral Healthcare
- Collaboration is Key
- Dayton's Diverse & Growing Communities
- Doulas
- Economic Instability
- Elevating Family Voices
- Empowering Neighborhoods
- Food Security
- Healthcare Access
- Housing
- Integration
- Listen to Mothers
- Literacy, Education & Health Advocacy
- Mental & Behavioral Health
- Midwives
- Neighborhood Safety
- Racism as a Root Cause
- Shared Data
- Teen Pregnancy
- Transportation

The research process was conducted in two phases to amplify community voices in addressing the infant mortality crisis in Montgomery County.

Phase 1: Community Leader Interviews

We conducted 20 structured interviews with leaders across diverse sectors using a shared protocol. The goal was to identify community assets and barriers in responding to the crisis. These interviews provided insights into systemic challenges and opportunities for collaboration. Interviews engaged leaders from the following organizations among others:

- Brigid's Path
- Brunner Literacy Center
- Dayton Children's Hospital
- East End Community Services (Westcare)
- Five Rivers Health Center
- Greater Dayton Area Hospital Association
- Help Me Grow Brighter Futures
- Kettering Health
- Miami Valley Child Development Center
- Omega Community Development Corporation
- Pathways HUB
- Preschool Promise, Dayton-Montgomery County
- Premier Health
- Public Health-Dayton Montgomery County
- University of Dayton
- Wright State University

Phase 2: Community Listening Sessions

Building on Phase 1, we partnered with community leaders to organize eight listening sessions—both in-person and virtual—focused on women and mothers in the community, with particular attention to Black women and mothers of children under age six. A standardized protocol was used, and participants provided consent to share quotes, themes, and aggregate demographic data. Personal identities were protected, ensuring a safe and inclusive space for open dialogue.

These combined methodologies offered a comprehensive understanding of the lived experiences and systemic factors influencing maternal and infant health disparities.

Special thanks to Brunner Literacy Center, CareSource, Dayton Children's Hospital, Dayton Foundation, HUES Women's Health Advocacy Institute, Miami Valley Child Development Center, Preschool Promise, and Groundwork Ohio stakeholders for engaging 86 community members.

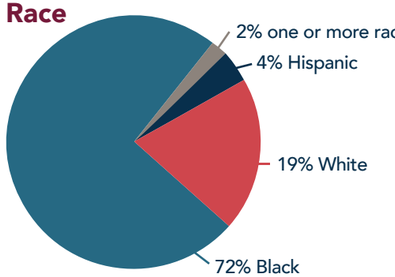
86
Community Members

Gender

Gender: Participants included...

...parent or caregiver.

Race

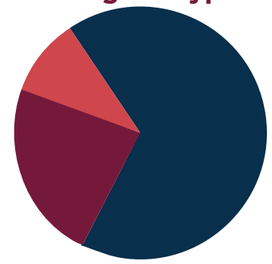


Targeted Zip Codes

34% of participants lived in target zip codes with high rates of infant mortality

(45402, 45405, 45406,45414, 45415, 45416, 45417, and 45426).

Caregiver Type



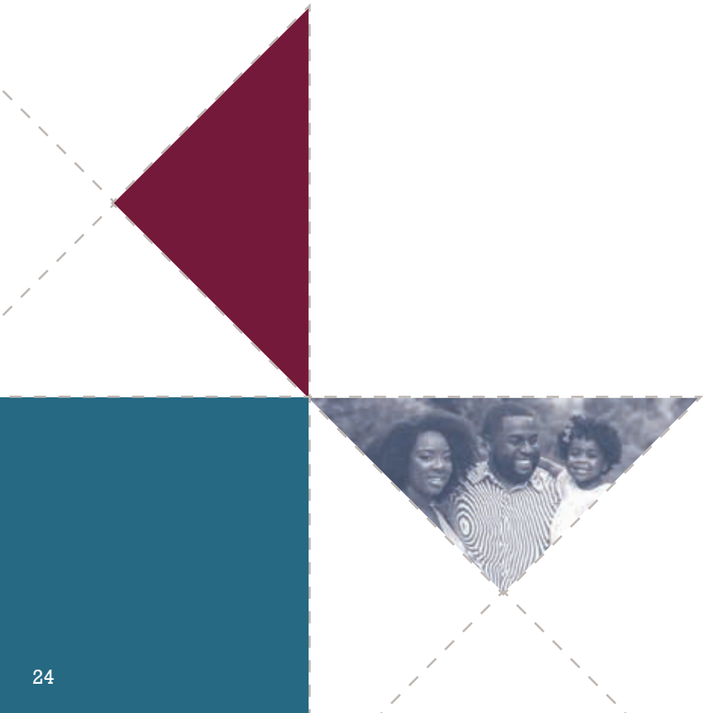
- 10% currently pregnant
- 67% had children age 5 or under
- 23% had children older than age 5 or were non-parental caregivers including grandparents and maternal and young child health professionals

Adult Education

Parents highlighted a wide range of educational resources and programs that have been instrumental in supporting their growth as learners and caregivers. Many expressed gratitude for hospital-based initiatives, public libraries, and community programs that offered both practical and educational support. Programs like Help Me Grow and resources provided by public libraries were frequently cited as lifelines, offering guidance on parenting, milestones, and self-improvement for both parents and their children. Job centers also played a crucial role, connecting parents with certifications, financial assistance, and job training programs.

Several parents turned to community colleges, such as Sinclair, to advance their education while balancing family responsibilities. Many appreciated the availability of online learning platforms, which allowed them to pursue education flexibly. Additionally, community organizations like Moms 2 Be and MVCDC provided not only educational opportunities but also vital resources like diapers, baby supplies, and home visits.

Despite the availability of these resources, parents highlighted significant challenges. The cost of higher education remains a major barrier, particularly for advanced degrees. A lack of culturally tailored resources and a heavy reliance on informal family networks underscores systemic gaps in the educational support available. Trust in child care programs was another recurring concern, with some parents preferring family-based care due to safety and reliability issues so they could complete additional education. While grateful for the support they received, many parents pointed to the need for greater accessibility, awareness, and inclusivity in education and workforce training programs.



"Help Me Grow… that was a very good resource for us. The public library has a lot of events… I'm an online learner, so I look for virtual options at home, for myself and my son."

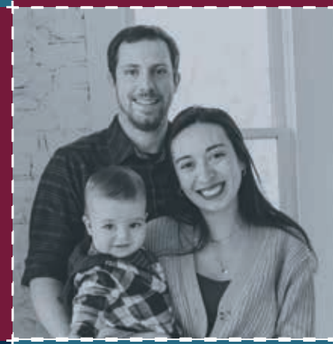
"Montgomery County Job and Family Services provides many resources for adult learning. Publicly funded child care has been a lifesaver to afford child care and reduce copayments."

"Omega CDC… they have a lot of information. They help you with your resume and locating child care.

"Moms 2 Be is a fun program that I'm involved in… they do meetings on Tuesdays and Thursdays. They also do a little bit like some diapers and wipes every week, and they do educational stuff."

"I would recommend any new mom or…while you're pregnant up until I think it's 28 weeks or maybe a little sooner than that [to] Help Me Grow. My oldest daughter just graduated out of that last month. But my Help Me Grow nurse; she helped us tremendously. I had her all the way through my first pregnancy, like I said, up until two years and all the resources she gave us…my mom was active in my life, but, you know, it had been so long since she had me, so to have somebody there to give me everything that I needed throughout my entire pregnancy was, it just was amazing. I wish I knew about it sooner. And I always, if I find out about somebody who's newly pregnant, I try to put them on to it because…it was a great resource to have."

"The Metro Library has a lot of opportunities for families to take the kids to learn. And they have stuff for adults, like how to use the internet and stuff like that."



"I wouldn't recommend school. It's really expensive, but I tried to do that."

"I think a lot of people in our community for early childhood education and adult education really rely on the job center, like they go to the job center to figure out where to go to gain access to afford it. And to receive other resources."

Breastfeeding

Breastfeeding is recognized as vital for the health of both mothers and babies, significantly impacting infant mortality and development. Efforts in Dayton, led by birthing hospitals and organizations like Dayton Children's, have improved lactation support systems, encouraging more mothers to initiate and sustain breastfeeding. Hospital systems have shifted toward more compassionate and inclusive approaches, addressing past criticisms of overly judgmental tactics.

Community support initiatives such as Mommies First and Moms2Be provide additional resources, although better outreach is needed to increase awareness and participation. A recent formula crisis underscored the importance of breastfeeding, prompting stronger encouragement from the medical community. Efforts are also being made to develop a public-facing breastfeeding communication dashboard to further engage and support mothers.

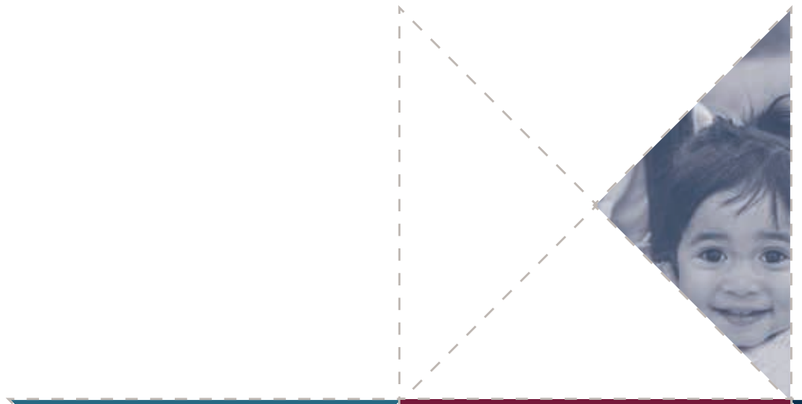
One challenge discussed is the policy surrounding substance use and breastfeeding. Past practices of testing and barring mothers from breastfeeding based on substance use history have shifted toward a less punitive "don't ask, don't tell" approach, reflecting the complexity of balancing medical judgment with inclusivity.

"People were being impatient with me after birth, nurses and staff trying to rush me with breastfeeding and not checking on my needs and current state. My lactation specialist wasn't even in the room for 5 minutes."

"[The HUES Center] helped me with lactation when I was breastfeeding. I had questions. Their lactation consultant, she never shied me away. If I ever had a question about anything, like she let me reach out to her whenever. And it just was great having that person there."

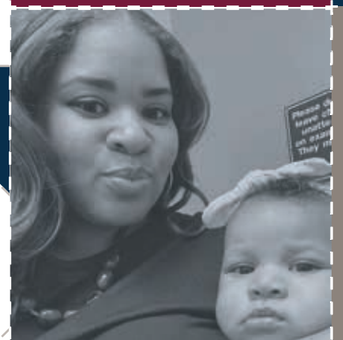
"I had an unplanned emergency c-section and so everything was like going wrong. But like the moment that she latched onto my breast, like when I was in recovery, was like a, you know, it like snapped me back into the moment and was like, okay, like I know I didn't get to do everything, but it just made me, like, feel all the feels. And I was like, you know, she did it. She latched on. No problems, breastfed for like 30 minutes. And I was so excited because she was like, just, it was amazing. That was like one of my first joys related to childbirth."

"More moms start and stick with breastfeeding. That is a huge impact on infant mortality and development. This has improved. Hospital systems have gotten better in doing that."



"I have the state insurance so you can talk to your OB, and they can write you like a prescription to get a breast pump. So, you can get a breast pump for free."

"The community has more support than they think they do... but I'm not sure those always reach the ears of the community to drive up participation."



"One of my joys as a mom to young children is I have been breastfeeding my now 18-month-old since he was a baby. We exclusively breastfed. And I'm kind of in the weaning process, but that is a huge joy of mine to have been able to nurse him for as long as I have."

Child Care

Access to quality child care remains a critical challenge for families, especially those with children under five. While initiatives like Preschool Promise have improved early education in places like Dayton, many communities still lack access to such programs, leaving families without essential resources to support healthy child development.

Changing societal dynamics have further strained informal caregiving networks, as younger grandmothers and extended family members are now more likely to be in the workforce. A pediatrician observed, "Our patient population has changed—there are fewer grandmas available because they are working now," increasing reliance on formal child care systems.

Despite progress in preschool access, significant barriers persist. Families face obstacles such as transportation, housing instability, and language barriers, while providers struggle with limited resources, long waitlists, and the need to prioritize survival over innovation. Affordability remains a key issue, with high costs forcing many families to rely on home-based care or family members.

Programs like Wright State's child care assistance, Title 20, and WIC offer valuable support, and resources such as local libraries and Preschool Promise are celebrated for bridging educational gaps. However, the child care workforce requires greater investment in compensation and professional development to ensure sustainability and quality of services.

Ultimately, affordable, accessible, and high-quality child care is essential to meet the diverse needs of families while fostering strong developmental outcomes for young children.

"Child care is so expensive. We need more public investment so parents aren't paying more than they can afford, and providers aren't overburdened."

"At the same daycare, they do provide therapy that my son needed for speech. So he was able to get education and therapy services all in one building—a one-stop shop for everything you need."

"I'm thankful my fiancé goes to work and pays the bills, but I still have to reach out."

"My kids also, all three of them, have went to Miami Valley CDC as well. I really enjoy their program, their philosophy, [and] being able to be on the parent council as well. Getting to see, you know, behind the scenes and getting to be a voice for the parents is also very encouraging. They also offer financial literacy classes, they've offered parent engagement classes, like just teaching you what they do in the classroom."

"When I moved back to Dayton, I found a daycare, but even with an employee discount, it was going to be $1,100 per month. I was blessed to find a home daycare provider."

"And I was nervous because I was a stay-at-home mom for a while…but I wanted to go back to work. [I was] nervous. You hear horror stories…and, you know, school shootings and everything is just so much of this world is so on the negative… I had to really soul search of [whether] they cared [about] my daughter, you know."

"I honestly would have to say, it would not be within my community. I have to go outside my community for quality care and school or GED classes."

"And so for me personally, because I didn't have a grandma, I don't have like a mom...or I do, but she's doesn't babysit kids. So because I don't have that in my family, I utilize that center and I have my toddler currently there. And my other two children went there as well. And I just want to highlight it. It's a very great center. ..And I feel like it just has aw really good program. You can trust it when your kids go there. It is not perfect, but I feel like in terms of what I have been looking for, it's been able to provide that for my three kids."

"Preschool Promise is the truth. They offer so many free activities and resources for kids and parents."

"The library has a lot of great resources."

"My son thrives better in a home care facility where we know the provider personally. It's more personal than a center with tons of kids."

"Miami Valley CDC has been really resourceful. They provide diapers, meals, and parent volunteer opportunities. The waiting time was long, but it's worth it."

"We can only support babies and moms if we have the willing workforce and able to do this work—and by able, I mean they must be compensated for the hard work they do."

"In this state no one should have to risk trying to be a good parent and provide their child care with having to lose their job. And there are resources out there. But all these resources are sometimes so, income driven, and the rate is low. I'm like, so basically, I need to almost starve to get help. In this state there are crucial milestones that kids are missing. And it's not because the parents aren't in tune. It's because they're also busy working. And you need that extra help."

"The bus can only pick up and drop off from one address. It would've been helpful if they could pick up from the sitter's address and drop off at home."

"And [the reimbursement rate for family child care providers] is very, very low and there's plenty of providers that'll go above and beyond..., myself being one of them just to help out families when we're struggling ourselves. Just based on the income, because if you average out…$300 a week for an infant, that's only $60 a day, but you might have that infant eight to 12 hours, that's really no money."

"I will say that child care and being a working mom trying to work is so hard. It's so expensive and it, oh my gosh it is so expensive. And if you do not qualify for Title 20, you might as well kiss your kids going to daycare and you getting to work out the window because you're just working to be able to pay off daycare. Yeah, her daycare was really expensive. It's really expensive."

"I'm willing to spend more for peace of mind at a higher-end daycare because I don't have family to help with child care."

Children's Physical & Behavioral Healthcare

Children's healthcare is facing significant barriers rooted in systemic issues that limit access, equity, and quality. A critical challenge is the reluctance of private practices and community doctors to accept Medicaid patients due to insufficient reimbursement rates. Dental care presents another urgent issue, as the capacity of community dentists has been maxed out. Despite efforts like the Cleveland dental clinic's outreach in Dayton, referrals are increasingly denied, further limiting access for families relying on Medicaid.

The crisis extends beyond physical health. Social workers are difficult to access, leaving pediatricians without adequate support for connecting families to services. The demand for mental health care has surged as more parents recognize their children's needs, yet the shortage of accessible providers, particularly those who accept Medicaid, has created wait times of nine months or more. This strain is felt acutely by communities of color, where families are increasingly open to seeking mental and behavioral health care but lack access to culturally competent providers.

Systemic barriers compound these issues. The Medicaid expansion during the pandemic demonstrated the program's potential to connect underserved populations to care, but many of these gains risk being undone without sustained investment. Tools like the PEARLS screener, designed to identify adverse childhood experiences, remain underutilized due to a lack of resources and capacity to respond to identified needs. Additionally, there is a significant gap in training for trauma-informed care and evidence-based therapies like CBT, which limits providers' ability to address the lasting impacts of toxic stress on children.

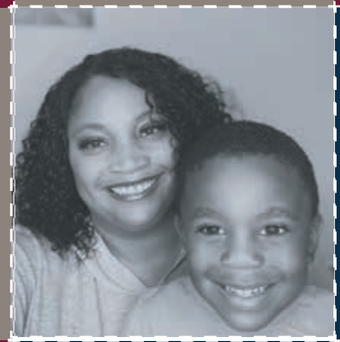
Families, especially single parents, face significant barriers in accessing the resources they need to support their children's behavioral, emotional, and physical health. Many parents must forgo stable employment to manage their children's needs, relying on flexible or alternative income sources to make ends meet. Overstretched community resources and long waitlists—sometimes exceeding a year—delay access to essential therapies like mental health and occupational support, leaving children and families without timely care. Programs that provide tailored interventions, such as classroom simulations for emotional and social development, are seen as effective solutions but are not widely available. Addressing these gaps requires expanding access to timely care, creating more localized resource hubs, and empowering families with both professional support and practical skills.

These challenges highlight the urgent need for policy reforms, increased funding, and innovative solutions to improve healthcare access and equity for children. Without action, the most vulnerable populations will continue to face insurmountable barriers to the care they need.

"There is such a difficulty to get in [for mental health services] given the increased need. My population has higher than the state average people of color, and they are more willing to seek help now, but without enough providers who look like them, it's disheartening."

"We need our state legislature to increase Medicaid reimbursement to increase the number of providers willing to accept it. We're not valuing the needs of our children by failing to increase that."

"One of the problems that a lot of families are running into is the fact that all of these resources, they're overstretched…waiting periods are up to a year."



"I couldn't work because I would always have to get a call to come pick [my son] up…so I had to not go to work for like two years."

"My little one, my five-year-old, went to Samaritan Behavioral in the YCATS program…it really kind of helped him transition to be ready for preschool."

"All of these [behavioral health] resources, they're overstretched…we need people to come into the community and possibly offer additional resources for families."

"Only one of my kids has a dentist, the rest of my kids are hard to find dental for."

Collaboration is Key

Collaboration is a critical element in addressing maternal and infant health challenges, requiring strong, genuine, and consistent relationships among community stakeholders. Many voices stress that leveraging collective expertise and building intentional partnerships can achieve greater impact than working in isolation. The sentiment that "together is better" resonates widely, emphasizing the importance of unity in tackling these complex issues. Promising initiatives, such as Thrive by 5 and the Health Equity Activation Think Tank (HEAP), serve as examples of what effective collaboration can achieve, though these efforts remain in their early stages.

However, building effective collaboration is not without its challenges. A history of limited engagement among key players has created a backdrop of distrust and fragmentation that hinders progress. Many community groups continue to operate in silos, resulting in inefficiencies and a lack of unified strategies. Furthermore, the inclusion of diverse voices is essential to fostering trust, yet past experiences of exclusion and unresolved tensions have created barriers to cooperation, making the work of collaboration more difficult.

The need for systemic change is clear. Addressing maternal and infant mortality requires moving beyond surface-level programmatic efforts toward systemic, prolonged, and innovative solutions. Health disparities rooted in entrenched inequities within healthcare, governmental, educational, and economic systems demand bold reimagining and restructuring. Significant policy shifts, better resource allocation, and inclusive decision-making are necessary to create meaningful, sustainable change.

Opportunities for progress do exist, particularly in acknowledging past challenges and working to rebuild trust. Transparency about past failures and a commitment to inclusivity can help open the door for stronger relationships and shared efforts. By inviting diverse perspectives and ensuring that all voices are heard, communities can foster better ideas and outcomes. Encouragingly, there is growing recognition that siloed work is ineffective, leading to an increased commitment to collaborative efforts. While the progress is promising, it requires sustained momentum to ensure lasting impact.

Despite these opportunities, emotional and structural barriers remain significant. Burnout and frustration are common among stakeholders who have dedicated years to these efforts without seeing tangible results. Even as collaboration improves, many still perceive the process as fragmented and awkward, highlighting the need for more cohesive and unified approaches to this critical issue.

"Together is better, and in collaboration with others we can reach families better than if we were to try to do it alone."

"Over the past 2-3 years, I have seen an increase in collaboration because the work being done in silos hasn't been working."

"It still feels very fragmented and sometimes not collaborative at all—it often feels awkward."

"I think my hope is that when we come to the table and share some of our stories more transparently about the changes we've put in place, it helps open the door for new relationships."

"We are just dysfunctional right now... all of us are doing piecemeal [work], myself included."

"This is going to have to be systemic, prolonged, and innovative in its approach--it's going to really take shaking some things up."

"The more we can include all the players that need to be part of this, the better it will be."

"Health systems have too long participated in the disparities that exist... the only way to address this is through systemic change."

Dayton's Diverse & Growing Communities

Dayton is undergoing rapid demographic change, becoming a more racially and ethnically diverse community. While the city has a reputation for being welcoming, its systems and resources are struggling to meet the needs of a growing immigrant and refugee population. Refugees and immigrants, many arriving through Catholic Social Services, face unique challenges, particularly in accessing culturally competent healthcare, behavioral health support, and resources tailored to their needs.

Language barriers and the lack of diverse, culturally sensitive staff further hinder efforts to provide adequate care. Refugee families often experience culture shock, with differences in parenting practices and unfamiliarity with available resources adding complexity. These challenges are particularly acute in East Dayton, where the Latino community is growing rapidly, yet remains underserved by existing programs and services. The need for culturally and linguistically appropriate support is more urgent than ever.

"It's hard to be welcoming when our systems are not set up or resourced for this change, and these communities are in desperate need of support."

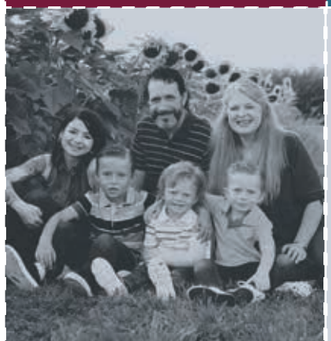
"People need nursing staff that look like them—staff who speak their language or understand their cultural needs."

"We work with a ton of immigrants and refugees. English is not their primary language, and we do not have the materials or translation services needed to provide care."

"The level of behavioral health issues is crazy. They've been separated from their families, are worried about everything, and there is nothing for them."

"Very few programs target East Dayton where the Latino population is growing rapidly."

"We need culturally sensitive messaging to communicate the importance of maternal health in ways that resonate with someone from Rwanda or Ukraine."



"They're kind of out there on their own."

Doulas

The integration of doulas into medical systems has both challenges and potential, requiring collaboration, trust-building, and education on all sides. While doulas provide valuable emotional and physical support that improves outcomes, they cannot replace high-quality clinical care. Historically, the acceptance of doulas in certain medical specialties has been limited. To ensure successful integration, efforts should be intentional and collaborative rather than reactive or confrontational.

There are misconceptions and fears on both sides. Healthcare professionals may question the qualifications of some doulas, given the stark contrast in training hours compared to medical staff like nurses. This can lead to boundary issues, with some doulas presenting themselves as more knowledgeable than the healthcare team, creating unnecessary friction.

However, the benefits of doula care are supported by research, especially in improving birth outcomes. Medicaid reimbursement for doula services presents a significant opportunity to make this support accessible to families, addressing cost as a major barrier. A thoughtful approach to measuring the impact of doulas, along with clear communication and collaboration, will be essential to fostering integration. Ultimately, successful partnerships will require trust, mutual respect, and shared goals to improve maternal and infant health.

"Then you also have to hope that the doulas that are in the area or the doulas that are willing to serve that area is actually willing to come into that area. Because as a doula, that's stressful as well. Having, you know, I live in an area that I oftentimes don't feel safe in. But I do feel like there's other areas that I really don't feel safe in. And I have to sacrifice when I choose to support those women and go to those spaces."

"We have research that doulas improve outcomes."

"Yeah, I had to get with it because I'm a nurse and I've been a nurse for 39 years. And I've been behind the nurse's station, and I know the comments that are made. And I've had the racist comments made to me and it's like, oh, well, you're having a problem because you're offended by it. And so, it was really something I just had to speak on because what it is, is that we have a certain role and we feel that nobody should come in that space and tell us what could or should be done. And nobody's ever been there to advocate for the mother. And people don't understand that that's what doulas do. We're not trying to deliver the baby. We're trying to keep the mother's voice heard. That's all. We don't have a really good health care system here where there's access…and it's pretty bad here in Dayton. I'm not from Dayton. I'm from Cleveland. I moved here and it was like, oh, my God. I've crossed the Mason-Dixon line. I've never been reminded so often that my skin is Black, never in my life. And so that was a real shocker for me."

"I would like to start by saying by [it helps to get] more access to doulas in the community and I see a lot of moms who just need extra help…having those moms being able to accept that help [with] insurance is going to be a big plus for them because you know, the state that we're in…it becomes very hard trying to choose a doula for my needs or food for my family."

"Doulas do not solve every problem. In 2013-2017 we thought if we just get progesterone, we wouldn't lose their baby. Then we found out that isn't a panacea."

"We know we need to measure [the impact of doulas] but we aren't looking at a data-driven approach. We need to make that more transparent."

"I had a client who we were in labor with her for like two days, but she accomplished her goal of having a [vaginal delivery] and it was long and it was rough and it was tiring, but the joy… like when she pushed that baby out, she was so excited. And so happy that she did it. And that was like, it was just that we all were crying, sobbing, literally like we did it, we made it. But it was a really good moment. Everybody, you could just feel the energy in the room. It was so joyful."

"One of the biggest opportunities is Medicaid reimbursement of doulas so that families can access it. There is a lack of awareness and cost is a big barrier."

"Well, for me, for my third pregnancy, a joy that I experienced was during my third trimester, I was able to get a massage. And also, I had a postpartum doula and I think that changed my entire experience."

"As a doula, it's going to be helpful in a lot of ways, that's why our program focuses primarily on financial sustainability for the doulas and teaching about business and how to manage with marketing and branding. And we've chosen women to be part of the doula certification and the education that we are getting by supplementing with Central State University and the Dayton Foundation helping."

"In this birthing space, [the nurse said], well, doulas, they advocate too much kind of emphasizing that maybe we are stepping in their lane or giving them a hard way to go or a hard time. And they know best… And maybe they've had people who stepped over the line, but that doesn't mean like everybody else… well, you know, but what is the line? Who's to say what the line is?...Maybe there have been people who have gone outside their scope of work and that might have happened, but just as we try to, just as they say for us, like give everybody a chance when you're coming in like a new provider, like give them the opportunity to show up in the manner that they do—do the same for us…everybody isn't the same. You may have had a bad experience with someone, but that doesn't mean that you're going to have that experience with one of us."

"When I found out I was pregnant, I got a doula. She got me through everything I needed. I originally wanted to do a home birth, and I had a clear plan of everything I needed to do."

"[A joy in my] work was guiding a mom of three to a natural birth. She didn't think that was possible. So the mom trusted [me] and we came out on top."

"Traditionally doulas haven't had a good acceptance rate in my specialty. How do we make this a natural integration? I want to model it first. It's going to take some work."

"…the financial sustainability for the doulas who are doing the work is just as important to be able to pass on that hope to the women who are receiving the care. I think that that's going to be a game changer in self-esteem, self-worth."

"…it feels like there's nothing that can be done about the other conditions that would reduce stress, that would give you a chance to carry a baby full term…that would give you a chance to not have a low birth weight…we're just going in this vicious cycle…living under constant stress makes you even need a doula more than if you were in a safe, wonderful environment where you felt welcome when people saw you in the hospital that looked like you and they were so happy to see you [and giving providers the benefit of the doubt regardless of their behavior instead of assuming] they have some nefarious intent. I don't know how people make it. I really don't. I don't know how any baby makes it to one year old."

Economic Instability

Economic stability remains one of the most significant barriers to health equity and quality of life in vulnerable communities. Socioeconomic status profoundly impacts access to care and overall well-being. Factors like transportation, housing, and food insecurity create cascading issues. For instance, a mother with a health card might miss appointments due to lack of transportation, leading to dismissal from a practice, leaving her child without immunizations, and ineligible for child care—a cycle that perpetuates instability.

Poverty remains entrenched in places like Dayton, where a staggering 30% of the population was born into poverty and, in many cases, never escapes it. Despite public health programs, this systemic issue has shown little improvement over the years. A critical challenge lies in the financial struggles faced by women. Many hover at the edge of public assistance, forced to make difficult decisions between pursuing new employment opportunities or relying on assistance to support their families.

The pressures of poverty and income insecurity are compounded by stress and social isolation, which was identified as the number one social determinant of health (SDOH) in 2019. Employment barriers, such as lack of proper documentation, further exacerbate the issue. In addition, a lack of trust in banks within these communities limits financial inclusion and stability.

"And it's just they always say, oh, well, people don't want to work. No, it's people like us who do want to work, who are looking for additional jobs, who are wanting to better themselves and further their education you know, get their degree because like for me like again, I'll be done with my degree in December. And it's like, I have to pay out of pocket. So it's just like right now, I've come to realize that, okay, God, whatever I can't control I can't dwell on it. Like I just had to make a decision of taking my youngest out of daycare for a couple weeks until I can catch up on payment. Because even if you do get some type of assistance, it's still expensive."

"For me, I'll say, honestly, sometimes there's moments where I feel stable [and] some months I feel where I'm just getting by. Honestly, I just do the best I can with using all the resources that I can get. I'm really big on that. I'm always into looking into things that I can qualify for [to support] my family, anything that I know that'll be beneficial for my family."

"I'm currently in a high-risk pregnancy right now so I have had to take a lot of time off work and I've had multiple doctor's appointments a week and taking that time off work cuts into my paycheck. I don't get paid, so I am really struggling in that sense because when I go on maternity leave, I'm worried and I'm terrified because I don't get paid."

"I've been looking for jobs that are in my field and it's like, okay, I'm not trying to complain, God, but you're asking me for a bachelor's degree, but you're wanting to pay me $16 an hour. That's impossible. That's barely getting you the bare minimum. And again, not trying to be ungrateful, but just being realistic…these jobs are not paying anything these days. You can make more working at City Barbecue. I think they pay like $19 an hour to put some barbecue sauce on meat. Which is crazy because I work in the medical field, so $16 for a bachelor's degree is crazy."

"I'm a single mom and it's extremely hard. I'm just getting by at this point going paycheck to paycheck."

"If they made a little more money, perhaps they wouldn't have all these issues going on."

"Yeah, it's just on everyone. It's hard. My husband, he works, thank God he has a great job. But even then, it's like I have to work for us to even just maintain what we want."

"People talk about stress, you know, the stressors of not being able to care for your family or having to be on that border where you're just making enough."

"I'm just going to be honest. I don't really like to go deal with the job center because … the experience and the lack of resources sometimes that they try to provide you with. It's just not beneficial for our families in the community."

"I was so excited to work my second pregnancy. I didn't work my first one because I was at a high-risk pregnancy… but I wanted to so bad because I didn't want to be sitting down at home. I didn't want to be not working, so I work at Goodwill and they only paid $11 an hour and I worked from morning to afternoon every day and it was exhausting seeing my paycheck every time, like, how did they expect me to get by?"

"I am a single parent, and I honestly sometimes look back and I'm just, I am thankful and I still remain humble because it's like. God, I don't know how I did this, but I did it. Like, I don't know how I, you know, made this amount of money last until payday, you know and it's just like right now for me…I am just, I'm trying to stay afloat.

"That's really the only way that I feel like we're surviving is just kind of scratching people's backs so they can scratch ours, honestly. My heart goes out to anybody single right now and holding down kids, especially in this economy. I don't feel like any jobs that I know of in most people's lives are livable wages. Everybody that I know either has multiple jobs or a job and a side hustle. And with that, they're still only staying afloat, like you're constantly chasing so that you can have a life outside of just paying bills. I don't know anybody that is completely ahead. And if they are, they're not happy."

"It's just a day-by-day thing and it's not the hardest thing to get jobs, but [it is to find] good jobs…today's world is out of whack."

"You're having to decide on are you gonna take a new job or you gonna continue to be on, you know, public assistance to support your family."

"How I came to like learn resources is I'm always a person who asks questions. I'm really a big advocate for myself and for my kids. And yes, the Help Me Grow program is very, very awesome. That's where I started with my nine-year-old and, you know, she went through the program with the speech and occupational therapy and was able to provide me with the resources that we needed at the time. Because we just really had moved back to Ohio. So other than that, I personally like to have one-on-one resources."

"Worrying about food and your other children and your medication. And now you have this excessive doctor bill, that will certainly weigh heavily on you know, where can that be eliminated and again, we have these companies who could help but they're not being offered or they're not being offered since we are women of color, they're not being offered to us."

"The agencies that you are asking for assistance [from], it's kind of like sometimes when you have these encounters with certain individuals…it's like demeaning, like [they] talk down to you. But then it's like when you present yourself [with confidence or not what they believe the stereotype of people who need help is], in a different way, they're not expecting that. And that's a stigma that I cannot stand. And I really wish it would change because you don't know anybody's story. Like at this point in time, we're all one paycheck away from something."

"I definitely was struggling for the first few years of my son's life, but now I'm at this point where I'm trying to get stable."

Elevating Family Voices

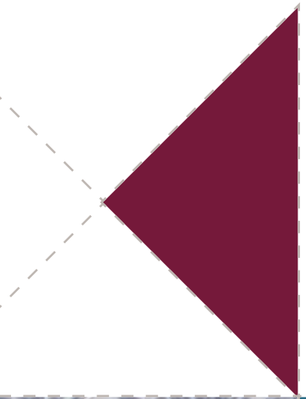
Community-based initiatives in maternal and infant health reveal the transformative power of centering family voices and tailoring interventions to meet their expressed needs. Traditional public health approaches, often top-down, are giving way to participatory strategies that honor lived experiences. By listening to families, healthcare and social services can develop comprehensive supports addressing housing, food insecurity, legal aid, domestic violence, and job support, with measurable improvements in infant mortality and preterm birth rates.

One successful model surrounded families with a team—nurse case managers and community health workers—who connected them to resources beyond healthcare. Such approaches redefine care by situating healthcare as one of many interconnected supports. Trust-building activities like community fairs, shared meals, and listening sessions foster mutual understanding between families and providers.

These strategies not only enhance outcomes but also deepen trust in the healthcare system.

The importance of family voice extends to shaping program goals and defining success. By prioritizing direct conversations over assumptions or secondary data, organizations ensure their efforts resonate with the community's lived realities. Yet, barriers remain—such as resistance from institutions to directly address negative patient experiences—highlighting the ongoing work needed to dismantle racial barriers and foster genuine dialogue.

Incentives and engagement tools enhance participation, but true progress hinges on honoring the insights and autonomy of the people served. As one leader notes, "With good intentions, we think we know what's best. Hearing and learning from the voices of those we aim to help is hugely important."



"That isn't what they want…we had this idea going in and found it wasn't what they wanted. Because of parent input, our work looks very different."

"We met people in their homes, saw the mattress on the floor, and addressed these things specifically. After a few years, outcomes for that neighborhood improved to the baseline of the city."

"I think for me, it's important for me as an adult in this world to keep advocating for kids. And that means reaching out to parents on a local level. Which is why I try to stay involved in so many organizations in my local community because it starts there and hearing the needs of other families and parents and being able to then use my voice to help amplify what's going on in the community, and getting that done."

"Healthcare is one of the spokes and not the central thing…we surrounded the patient with people who could connect them to all the different supports they needed."

"I'm glad that you have a voice. Some people don't know that they even can advocate for themselves…I didn't. You know I didn't have that…you remember people that treat you well, but the resident that delivered my baby she was awful. She was very short with me, and dismissive. And it was like what you would call an attending that came. You know I had torn when I delivered my baby, and it was the attending that made it okay. And it was really the way that he treated me. But even then, you know, I didn't know anything about, you know, using my voice…I was young and I just didn't know. We, we try to advocate, we try to teach and teach our young mothers and our families how to advocate. You know your body better than anybody. You know your voice, you have rights. And so to advocate, because… we've lost a lot because…providers…are not listening to mothers…shar[e] and encourage[e] other people and other families to use their voices. Because you do matter. We do matter."

"Families need to know we're accessible. Hearing their voices and honoring their experiences is hugely important."

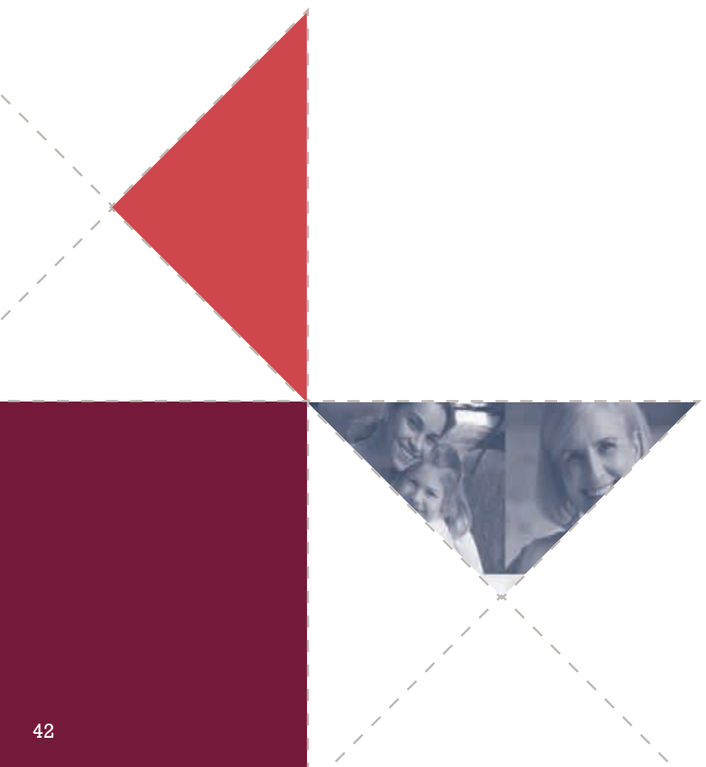
"Families need to know we're accessible. Hearing their voices and honoring their experiences is hugely important."

"Why not have a meeting with some of the women who had a bad experience in the hospital and just sit down to talk to them about it?… They chose not to do it."

Empowering Neighborhoods

Addressing social determinants of health requires a community-centered approach, with Community Health Workers (CHWs) playing a pivotal role in guiding families through barriers to well-being. The vision of having CHWs in every neighborhood reflects the immense potential of such workers in helping families, particularly mothers, recognize and navigate systemic obstacles. Despite the significant number of CHWs currently in place, the demand far exceeds supply, creating an ongoing need for expansion. However, the emotional and mental toll of the work often leads to burnout, underscoring the importance of sustained support for these vital professionals.

The Greater Dayton Area Hospital Association (GDAHA) has taken proactive steps to address these challenges through the launch of the Pathways HUB, a collaborative effort aimed at coordinating care and connecting resources. The HUB's establishment marked a critical step forward, filling a gap when public health systems lacked the capacity.



"Could every neighborhood have community workers and how they could help that mom see the obstacles?"

"I'm a community health worker, so I work with families. Working with the families and…encouraging them and educating them on how to interact with their children, and the importance of.. meeting their milestones, and being, you know, involved. Regardless of whatever their situations are…it's rewarding."

"We have a lot of CHWs. We don't have enough for the [need]."

"They experience burnout a lot because they have to deal with so much mentally taxing work and emotional components."

Food Security

Food insecurity remains a significant social determinant of health (SDOH) impacting maternal and child well-being. While organizations like CareSource are making strides with programs such as postpartum meal deliveries, challenges persist in ensuring equitable access to nutritious food. In Dayton's west side, limited access to walkable grocery stores and the historical environmental impact of toxic material dumping exacerbates health disparities. Trusted programs like WIC remain underutilized, and public health workforce turnover compounds these issues. Advocates emphasize that nutrition is foundational to health, especially for vulnerable populations such as infants, mothers, and children. Collaborative efforts like distributing weekend "go bags" through the Children's Hunger Alliance highlight small but vital interventions.

"I mean, it is hard, but I feel like WIC helps a lot because it helps with the baby milk, the cereal, the yogurt. I feel like that helps a lot."

"I've been keeping my family pretty well, you know, and stable but honestly, food is so expensive.

"In the zip codes we serve there are only two grocery stores, and most people don't live in walking distance of the grocery stores."

"The biggest opportunity under SDOH is nutritional. Neonatologists are nutritionists because we have to get little babies to grow as they would in the womb. We know how important this is in the overall health of a person."

"Like, especially if you're a single mom, it does get kind of tight. "… talk to other moms or anybody really…about your problems, I promise you somebody might have some type of connection to something because that's how I found [a] majority of like my pantries…God makes a way and you know, food gets on the table.

"And thank God for like WIC and…Help Me Grow… stuff that gives us these resources, because to be honest, I do use my WIC card faithfully, like we love fruits and veggies in my household. I'm thankful that I'm able to go and have that there you know that's something that I don't have to worry about … if you're not on WIC or if you can qualify for food stamps, [go get it]. Forget prideful, like you need that. Go ahead and take advantage of those opportunities and give yourself and your babies what you need right now."

"Paying for groceries out of pocket was like a major transition that was extremely, and still is extremely overwhelming. I'm just barely getting by…and I do use local pantries whenever I can. And most of the time those are helpful, but sometimes even that has not [met my need]."

Healthcare Access

The closure of Good Samaritan Hospital in Dayton has left a deep scar on the community, sparking ongoing discussions about trust, access, and equity in healthcare. Residents, healthcare professionals, and community advocates alike highlight the cascading impact of the hospital's closure, particularly on maternal health and primary care access, while reflecting on systemic inequities and the role of major healthcare players.

Residents now face significant barriers, such as a lack of nearby facilities, limited transportation, and fewer healthcare professionals, particularly those specializing in maternal health. Even with some services absorbed by other facilities, the sense of loss and frustration remains palpable.

Community members stress the need for healthcare systems to rebuild trust and engage meaningfully with affected neighborhoods. While some acknowledge the financial rationale behind the closure, the decision continues to symbolize inequities for many, particularly in communities already grappling with systemic racism. They call for all of the hospital networks to invest in rebuilding resources and partnerships to address these longstanding disparities.

Healthcare professionals point out the need for both prenatal care access and broader community investment. The loss of Black obstetricians and other maternal health providers in recent years has exacerbated the problem. Some argue that while tangible impacts like travel distances for care have increased, perceptions of inequity and neglect carry equal weight and demand attention. The overarching theme is clear: without proactive, community-centered solutions, the health of Dayton's most vulnerable populations will remain at risk.

The lived experiences of individuals navigating adult health care reflect both the strengths and gaps in the current system. Community-based care facilities often serve as vital one-stop resources, providing comprehensive services regardless of patients' ability to pay. However, many individuals still face significant challenges, including lack of proximity to quality care, difficulty finding providers who accept specific insurance plans, and inadequate follow-up to address holistic needs like housing, mental health, and food security.

Structural barriers, such as hospital closures, limited insurance networks, and bureaucratic inefficiencies, exacerbate these struggles. For parents and caregivers, these obstacles are compounded by the desire to provide timely, high-quality care for their children and themselves, often hindered by systemic inequities. Despite efforts to make health care accessible, the journey to adequate care is frequently marked by delays, confusion, and unmet needs. These stories underscore the urgent need for streamlined systems, equitable resources, and policy reforms that prioritize both physical and mental well-being.

"I went to a hospital and me, and another lady came in for an emergency at the same time and there was one bed left - the lady asked behind the desk what insurance each of us had. 'CareSource go deliver in emergency [room] and Anthem go to labor and delivery."

"People have to travel more and outside of the area for prenatal care. When that maternity birthing location left, so did those who had their office in the professional building."

"Our two hospital networks could continue to do a better job of being more out in the community."

"So that was one of those moments where I felt like, you really don't even care. I'm just here. I'm just a number [to you] and [you] don't care."

"I will say that I personally have had some personal and professional experiences where insurance did change how treatment was. Like…my best friend and I, we both were pregnant with our first child at the same time. We both delivered at the same hospital. We had different insurances. We both had c-sections. And I was like, 'oh my God, girl, you need to go there'. Like they were amazing. They treated me like a queen. We had the best time and then she had a baby like three weeks or a month later and she was like, 'it was terrible'. Like they didn't do this, they didn't do that. I'm like, what? Like they were picking me up like doing all of this and they didn't do that for her. And, you know, she had a different type of insurance than I did because of her income status."

"We've had two Black obstetricians and gynecologists stop doing obstetrics in the last 5-7 years, which diminished access as well."

"It doesn't matter if you can pay or are uninsured. We deal with a lot of refugee families and have a sliding fee scale."

"All I wanted was to check on my baby, but they said, 'Oh, it's okay, we hear a heartbeat.' It wasn't the same reassurance I got during my first pregnancy."

"We try to make it a one-stop for all healthcare needs—pediatrics, dental, vision, and OB care. No one's refused care, regardless of ability to pay."

"Not a lot of people take CareSource anymore. Closest person I can find is out in Greene County."

"I feel like it's about the time that you get there--depends on the person that you get that basically [sets] the mood of the labor."

"I actually, when I gave birth to my daughter…I had a water birth. And I thought I had an amazing experience. I thought everything about it was very very awesome like the nurses, they were on it for me. But there was an incident that happened as I was in there with my daughter that I didn't like… they were being rude and like really not tentative. And the doctors were like in and out a lot and not really trying to form a relationship and really tell you what's really going on or whatever the case. [There's] a lot of that going on."

"The agencies act like the money they're giving you is theirs, even when it's from the government. Someone asked me, 'Are you going to a food pantry?' I waited for two hours, and the food given didn't even cover one night's meal."

"The healthcare system has so much protocol. You go step by step, but resources aren't available locally."

"When they did get me health insurance, they gave me insurance that nobody even took. I didn't get proper health insurance until a couple of weeks before I gave birth."

"It's overwhelming to look at a list to find a doctor or dentist. I haven't picked out a primary care doctor—I only go when I need it."

"The agencies act like the money they're giving you is theirs, even when it's from the government. Someone asked me, 'Are you going to a food pantry?' I waited for two hours, and the food given didn't even cover one night's meal."

"They're okay, but I think a lot of these hospitals are overworked, they don't have enough staff. So it can be stressful on them and then they're kind of like, all right, on to the next patient. And it's just kind of like … a domino effect with everything and you sometimes might not get the best care. You're going to get some care, but it might not be the best care and they're just in and out the room to make their process go faster on their shifts. I don't think it's gotten any better… They're in and out the room. So you're really not building any rapport with the doctors still trying to get a comfortable type of bond."

"Every time I went to my appointment, they'd say, 'We can do this, but not an ultrasound,' because of my insurance."

Housing

There is a critical need for wraparound services to address social determinants of health, especially housing. A pervasive stigma—"they did it to themselves"—undermines the systemic challenges many face. Housing instability is exacerbated by an unyielding rental market, where minor disturbances can lead to eviction and loss of housing vouchers, perpetuating cycles of instability. This issue directly impacts patient well-being and, by extension, infant and child outcomes.

The role of initiatives like Healthy Beginnings at Home and community organizations such as COHHIO (Coalition on Homelessness and Housing in Ohio) is highlighted as crucial. Events like the Memorial Day tornadoes, which led to the loss of over 1,000 housing units, underscore the fragile nature of housing security in the region. Efforts like the Miami Valley Regional Planning Commission's long-term disaster recovery committee seek to address these challenges, but the problem persists.

Housing remains the dominant barrier to stability, followed by challenges in child care, transportation, and language access. From 2020 to 2022, stress was a defining issue; in 2023 and 2024, housing overtook it as the foremost concern. Despite its significance, housing is not owned by any single entity, leaving communities scrambling for solutions.

"We transitioned recently into our parents' home because of the way that the economy is. And literally like that is how we're staying afloat right now. I was a stay-at-home mom prior to this and in this economy, it's just not realistic. So, I went back to work part-time and we are just trying to get our footing."

"…sometimes it feels as if we've been able to get through…like we're off the ground and then you make one move and then you're… just one check away from being homeless and then that's crazy."

"We just need more resources for women who are seeking shelter while they're pregnant or with children. And not having all of these waiting timelines for them to be able to get that kind of support. Because it's stressful while you're pregnant and they don't need that. It's already stressful enough."

"My [grown] children and I…we're in three separate households, but almost like we're in one household. What they need, if I have it, they have it and vice versa. They'll come and raid my cabinets. I'll come and raid theirs. If a bill is due, you know, we're like, hey, what you got on it? We always talk about this village, and it takes a village, but yet we're living on the island by ourselves. It's time for us to stop being so hateful and mean with our family members who we don't like anymore because we all have those. I have them in my family…that's the only way that we can make it. We can always, a lot of times we want to say that we are, you know, we're doing good so that we can make others see how good we're doing when in fact it's just a facade that we're putting on in public. But for me and my children and my family, I'm looking now for a house that we can all reside in, a big enough house. I found one. But we'll have to see about how that is, but they can live with me forever."

"The rate of rental costs and fees right now are just not affordable…my niece is actually with child now and her oldest son, who is only four, is on the spectrum so it's been very hard for her [to find] affordable child care and maintain a job that can actually help her to afford her bills while she is expecting a new baby. It is actually giving her a lot of stress to where she is considering giving the baby up for adoption for her current child, to relieve some of that stress and that's been challenging and emotional choice that she's been dealing with, and I have been helping her."

"You know, housing is a big issue and barrier for folks. And then quality housing, low-income housing is a whole other ball game… a lot of families are dealing with… health issues from having mold in their homes."

"For me, I feel like I'm just getting by. In regards to housing, I recently found out that our apartment complex might be getting sold to a new owner. So therefore, like after my lease is up in February, I don't know if I'm still going to be able to live in this apartment or I need to find somewhere else."

"Our journey with housing has been rough. So I have been in a position where…I was just stretched, like I was working two jobs…taking care of the kids, getting them to and from school and you know, I just felt like I was just living and was just existing like…time was just moving past me. I was one of those people that didn't have much help, much resources, so I really had to look for those services elsewhere I lived in shelters, you know. I've gotten the housing vouchers to where, you know, I'm able to live a bit comfortably…I mean, but prior like…it took a while I was donating plasma weekly just to make ends meet just for that gas money, just for that grocery money."

"I also feel like I'm just getting by. I was homeless for two years. And just recently, the YWCA was able to get me and my children housing. But, you know, even with them helping us get housing, there was only so much they could help with. And they, you know, don't have proper funding, they don't have even the ability to take in people from out of domestic violence situations currently because they're at their capacity. So, I was sent over to the shelter off of Apple Street that is almost ran in a militant way. And transitioning out of that situation, there's not a lot of resources on like saving and learning how to properly uphold the home when you're on a fixed income. So, when I say I'm just getting by, I'm like barely getting by."

"We just need more resources for women who are seeking shelter while they're pregnant or with children. And not having all of these waiting timelines for them to be able to get that kind of support. Because it's stressful while you're pregnant and they don't need that. It's already stressful enough."

"…people can't just have one job nowadays. You have to have two or three or four just to get by, whether it's being an entrepreneur or selling something online. Like I know a lot of mothers, even myself, we have to have multiple incomes just to be able to support our household and our children. I know…one mom trying to get housing while she was pregnant. And there's just an extremely long waiting list for Section 8, you [maybe get put] someplace [but it's] not on a bus line or not where your family is or not where your daycare is. And it's just a long wait. So, she's [staying] with different family members."

"The housing problem isn't owned by anybody, but everyone is scrambling."

Integration

The current landscape of maternal and infant health is marked by siloed and fragmented systems, where programs and services operate in isolation, leading to inefficiencies and significant challenges for families attempting to navigate available resources. This lack of coordination is compounded by territorialism among providers, where competition often hinders progress rather than fostering collaboration.

For families, these systemic barriers create overwhelming complexity. Accessing and understanding resources is an arduous task, as programs are poorly communicated and often disconnected. Providers acknowledge that they have inadvertently placed the burden of navigation on families, rather than streamlining processes to make support more accessible and user-friendly.

However, the situation presents opportunities for better coordination. Aligning efforts among providers, sharing data, and adopting best practices across organizations could address these challenges. Collaborative models, such as centralized intake systems and integrated care approaches that combine home visiting, community health workers, and case managers, have the potential to transform outcomes by ensuring families receive the support they need in a cohesive and efficient manner.

Leadership and neutral facilitation are critical to achieving this coordination. Success depends on the presence of neutral entities that can unify competing stakeholders, such as hospitals, political leaders, and community organizations, around a shared mission and accountability framework. These leaders must adopt data-driven approaches to evaluate effectiveness, organize efforts, and allocate responsibilities based on the strengths of each entity.

Central to this work is meaningful community engagement. Listening to individuals with lived experiences and frontline providers is essential for designing solutions that address real needs. The planned relaunch of the Maternal Infant Health Task Force in Montgomery County can exemplify this approach, with listening sessions and community input shaping strategic plans to drive meaningful change.

Breaking down political and bureaucratic barriers is another essential step. Both small-scale organizational politics and broader systemic challenges impede progress, creating unnecessary friction. Overcoming these obstacles requires trust, open communication, and a shared commitment to achieving common goals that prioritize the well-being of mothers and babies.

Finally, the focus must remain on equity and accessibility. The maternal and infant health space is fractured, exposing disparities and missed opportunities for holistic care. Stakeholders emphasize the importance of addressing social determinants of health as part of an integrated approach to supporting families.

Together, these insights underscore a call to action for systemic reform. By prioritizing collaboration, clarity, and equity, the maternal and infant health landscape can move toward a more unified, accessible, and effective system that better serves families and communities.

"Services and programs are siloed. There are many programs and resources, and both community and programmatic leaders have blind spots in understanding whether there are requisite supports in the community."

"Everything is piecemeal, and it's frustrating. We should be better than this because we have an amazing array of human services, but we are blowing it."

"Families are running all over the place for different things, but they don't know what they qualify for. We have made it so difficult for that to happen."

"The burden is on us, it's on providers. If it's not the space we live in every day, we make it confusing. The messaging, the access, and collaboration among all of us as providers is key."

"And I just kind of think that, not trying to be negative, but there are a lot of resources out there. It's just that families don't know about the resources. And some of the places that you are leaning towards to provide you with that information because it's part of their job and it's part of their mission…it's like they're reluctant to share it."

"So many people try to do so many good things, but none of them are aligned or coordinated. Either the patient was not getting anything effective or people were throwing too many things at the patient, overwhelming them."

"To be honest…like there's resources out there but there's a lot of people just don't know about them. So I think that it's our job as people that do know about certain resources to let people know if you find out something like you know, get them on to some help, like let them know whether they accept it or not. Just go ahead and give them that information like … anytime I hear somebody say that they're expecting, I'm quick to tell them about Help Me Grow."

"Until we come together, I think we'll continue to have the same issues. Some groups may do well in one area, but without shared data and guidance, how can we truly improve as a community?"

"Until we come together, I think we'll continue to have the same issues. Some groups may do well in one area, but without shared data and guidance, how can we truly improve as a community?"

"A neutral operator is important. Someone needs to say, 'Let's take inventory of what's happening, identify what's not working, and assign roles based on strengths.' A data-driven approach is crucial."

"Bringing together this fractured system and brokering trusted relationships is important and should be a point of discussion among all interested parties."

"It's fractured. We can do a better job looking at the mom-and-baby dyad and addressing their needs holistically."

"A neutral operator is important. Someone needs to say, 'Let's take inventory of what's happening, identify what's not working, and assign roles based on strengths.' A data-driven approach is crucial."

"What made it hard is the fact that [each of] these programs are not all under one roof. They're not all by…the same organizations as well, so you just find yourself having to do a lot of intakes. And you know, you wanna be the first one there bright and early. And that just takes time filling out applications, waiting periods, having to get items…you know, important documents that are needed in order to get [care and benefits]."

Listen to Mothers

The maternal healthcare landscape is facing critical challenges that require systemic reform to prioritize patient voices, equity, and continuity of care. Trust between healthcare providers and mothers is fundamental, yet many women feel unheard and underserved, particularly in marginalized communities. Barriers such as inadequate access to prenatal care, the closure of maternity wards, and a lack of diverse healthcare providers exacerbate disparities.

Providers and clinicians must adopt a patient-centric approach that values cultural context, racial equity, and motivational interviewing to truly meet the needs of mothers. The absence of representation among healthcare professionals, particularly Black and Latina OBGYNs and nurses, has left many mothers feeling alienated and dismissed. Stories of racial discrimination further underscore the urgency for systemic change.

Innovative solutions, like the "dash system" for bedside discussions, and the concept of "Mama Certified" hospitals that are accountable to their communities, represent steps forward. However, continuity of care remains a significant gap, with high-risk women often falling through cracks in transitions between care settings.

A shift from volume-based to value-based care, the inclusion of social determinants of health in care models, and the establishment of birthing centers independent of hospitals could redefine maternal health outcomes. Coordination across community programs and agencies, coupled with structures for bidirectional communication, is essential for sustainable change.

"The voice of the patient and people hearing that voice is the biggest barrier I'm trying to overcome with people in my profession. Without hearing that, everybody's efforts are in vain."

"In my first pregnancy…I got a call right after my appointment telling me I had to give birth in a couple of days. Because they claimed my child was undersized, turned the wrong way and he came out perfectly fine, well in health, well-sized and they said the same thing about my second and I don't understand how they're so skilled and they know what they're doing, but they never properly know the size of your baby like they claim. They have you go in early to give birth to a perfectly healthy baby that was the opposite of how they said he was and it was stressful because I really needed the extra time during my pregnancy and to find out that I had to give birth in a couple of days was really upsetting for me. So, it was [an] unexpected turn. And I don't think they ever truly know what they're doing in healthcare."

"I feel like at my six-week checkup. I kind of wasn't like taken seriously or listened to and I was never checked up on again after that. So that was kind of, I wasn't expecting that."

"[My last] birth was not a fun experience---just when you aren't listened to or they try to rush you through and they want to drug you and do this and do that and you're like I just want to do it the old fashioned way, but all right…people don't want to listen to the parent for whatever reason, I will never understand."

"I'm not doing this again because the experience is bizarre. I did not want to go through those kind of traumatic experiences again for me, that's how I feel about it."

"[We need] secret shoppers…there are bad and good providers but there's really challenges just across the board, no matter where you go."

"Perception is reality. How do you create these Mama Certified hospitals to be accountable to community and patients, that have the credibility that they listen to the community?"

"[W]hen she was in labor she had to have a c-section and I was the voice in the room that had to advocate for her. She had already had a c-section previously before and the pain that she was enduring was a lot. And she was trying to explain this pain to the doctor….and he just really played it off like she…just couldn't be in pain and just really belittled her pain level…having her pain levels be ignored. And not having any kind of compassion and just being insensitive to the art of birthing is what I've had to deal with a lot in many hospitals throughout Ohio."

"A lot of people said they were discriminated against because of their race. They say, 'I just felt like I wasn't heard.'"

"There's just not enough [representation]. Like you can go to these two locations, and they're gonna have like one Black OBGYN or some nurses that are Black or Latina."

"Yes, I would add on that the Berry Center was one of the best like delivery places. They definitely didn't rush me or like make me feel like I was like I needed to hurry up because I know at some hospitals if you're in labor for like more than 10 hours, they're like, all right, c-section. And I was actually originally going there. But when I expressed like my natural approach she was like always kind of converting me back to a c-section."

"I had some concerns that I expressed to my doctor about leaking fluid. And then, when I expressed those concerns, they sent me to get my fluid checked. My fluids were low. And they still were trying to send me home. I had to advocate for my son and say, hey, like I don't feel comfortable going home. It was around like Thanksgiving, because my son is like a Thanksgiving baby. So I felt like I was kind of being brushed off because of the holidays. And I mean, this is all assumption on my end. But that is truly how I felt. I didn't feel heard. So they finally did. Allow me to stay. And when I had my son a doctor came in that next morning [and said] 'Mom, you did the right thing'. And him saying that was like confirmation. It was reassurance that my intuition, my mama gut was right. But I always think about what could have happened if I would have just allowed them to brush me off. So, I didn't really feel as supported as I would have liked."

"How do we hand off our high-risk women to facilitate continuity of care? A lot of people just fall through the cracks during that time."

"I'm a new mom…I didn't know what to do…don't keep telling me this is normal. And I'm telling you this, this is what's happening in my body and I'm concerned…there is such a breakdown when it comes to the medical professionals with a new mom who knows absolutely nothing. I'm looking to you as my resource or my source of education."

"With my second [child] at the birthing center at the Berry Center…the nurses are really nice. The girl that I spoke with, I was like, you know, I'm afraid to get an epidural. My first, I didn't have one. And she was like, you know, we're here to do whatever you want to do, but you have to have it before a certain point because you have to be able to sit still. And… it was really nice because she was like on my side the whole time she's like, you know, you won't be able to get up and they explained everything."

"I feel like they were very off with how my health was and [the baby's] health was and for someone supposed to be so experienced, they should know better. They should know better than us. We're moms. We're giving birth, but you're the one that's helping us through the process…I just feel like they should know better than us and they should be as correct as they can be, especially with the amount of appointments that you go to throughout your pregnancy."

"…[O]ne thing that's scary is just going to the hospital and then hearing like, okay, 'this might be wrong with the baby,'-- just all these different fears that are kind of thrown out there…I feel like they need to find a way to avoid that because [while] they still have to give you the information that they think may be right, [they need to help] women like go through that …and also too, I don't know if any of you guys like have felt like this, but … do you guys sometimes feel like…a test dummy?"

"And like, I've just been real adamant on not getting an epidural, just my choice. And they just kept like trying to force it so that kind of just like really blew me because I've let my doctor know my plans. This is my third kid now. I've had the same plans for each kid, and they were just really like, they just really wanted me to get the epidural and I didn't really appreciate that."

"I feel like at my six-week checkup. I kind of wasn't like taken seriously or listened to and I was never checked up on again after that. So that was kind of, I wasn't expecting that."

"And I told them I could still feel the left side when they went to do the c-section. And he told me that it was in my head, and it was just extra pressure. And I remember telling him over and over again, like, no, I can feel it. And it wasn't until my body went into shock that he was like, oh, she can actually feel this. And they put laughing gas on me, hurried up and got the surgery over with pulled my daughter out and knocked me out and put me to sleep. I remember after the surgery, everyone had met my baby in this hospital but me."

"And I feel like when I went into my birth I was uninformed…I just assumed that if I took care of myself, I ate well, stayed active, didn't do any drugs or alcohol or anything like that, like, you know, did all of the checklists. Like I did everything that I was supposed to do. I was high risk."

"I just felt really unheard. And for the first two pregnancies, because I felt so unheard, I was intimidated and it made me not want to speak up for myself even more because every time I tried to [share what] I desired for myself in my pregnancy, I was immediately shut down. And then even trying to have--I had a midwife that was working with me [during my] first pregnancy and, you know, they didn't want her in the room…they didn't want me to have a voice. And I felt it, you know, I was like really discouraged and didn't want [to] deal with the hospitals ever again with anything, let alone birthing. It just really made me feel like … my voice or my opinion, you know, was nothing because I didn't go and get this certificate or this degree to be a practitioner. I didn't have a voice, you know, and I didn't matter."

Literacy, Education & Health Advocacy

The intersection of literacy, education, and health literacy has a profound impact on maternal and infant health outcomes, particularly in communities like Dayton, where 1 in 5 adults reads at or below a third-grade level. This gap in foundational literacy creates challenges in understanding and navigating crucial aspects of pregnancy and postpartum care. Younger mothers, especially those who have not completed their education, often face compounded barriers, making it difficult to advocate for themselves or engage effectively with healthcare providers.

Education systems need to prioritize preparing students for functional success, not just awarding diplomas. Early interventions, such as teaching safe sex and family planning in middle schools, can help reduce unplanned pregnancies. The need for improved family planning education spans all demographics and includes topics like birth spacing, postpartum care, and navigating healthy relationships.

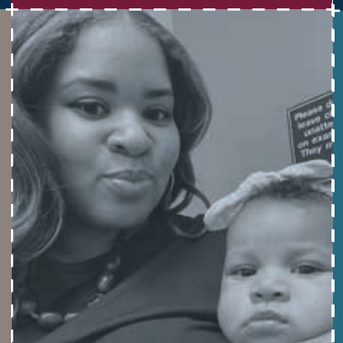
Refugee families, such as Rwandans in Dayton, face additional educational disparities based on the quality of schooling in different refugee camps. Combined with existing health challenges, this creates further obstacles to achieving health literacy and informed healthcare decision-making.

The rise of misinformation through social media and other channels compounds these issues, influencing community perceptions and expectations of care. Addressing this requires intentional efforts to close the gaps in functional health literacy through accessible, fact-based education and support systems.

"So I guess any feedback that I would give is just for the healthcare providers to…just not assume that we know certain things."

"There is a gap in functional health literacy. With social media, there is a lot of non-fact-checked information out there for our families. That really influences their perspective and their expectations for care."

"When you can't fully engage in [pregnancy and the birthing experience], it impacts your ability to advocate for yourself, ask the right questions, and read documents thrown at you during that experience."



Mental & Behavioral Health

Mental and behavioral health challenges are significant and pervasive, especially for pregnant and postpartum mothers, yet they remain under-discussed and under-addressed. Stress, social isolation, lack of access to culturally competent providers, and systemic barriers make it difficult for many mothers—particularly those in marginalized communities—to receive the support they desperately need.

Access to behavioral health services is severely limited, with glaring gaps such as the absence of Spanish-speaking providers and the scarcity of non-separation treatment programs for mothers and babies. Postpartum depression and maternal mental health disorders have dire consequences, even contributing to maternal mortality—the number one cause in the state.[6] Providers often feel unprepared to handle acute situations.

The intersection of mental health with issues like addiction, stress, and socioeconomic factors further complicates care. Mothers in crisis often juggle multiple stressors, from substance use to lack of stable employment, creating a cycle of instability that directly impacts their health and that of their children. As one contributor noted, "Our families live crisis to crisis," underscoring the need for long-term, sustainable solutions.

Social isolation and lack of community support exacerbate the problem. However, without adequate funding, culturally appropriate providers, and programs to bridge these gaps, progress remains limited.

Mothers navigating the healthcare system often encounter significant barriers, particularly concerning postpartum mental health challenges. A pervasive fear exists among these mothers that seeking help may lead to punitive actions, such as the involvement of Child Protective Services (CPS). This fear often results in mothers withholding or misrepresenting their struggles during medical screenings, hindering their access to necessary support.

The complexity of postpartum mental health extends beyond depression, encompassing conditions like postpartum rage. Mothers experiencing such intense emotions may avoid seeking professional help due to concerns about potential repercussions, including the temporary loss of custody of their children during investigations. This situation can create a vicious cycle, exacerbating mental health issues as mothers struggle to cope in isolation.

To address these challenges, it is crucial for healthcare providers to communicate with mothers in accessible, relatable language. The use of complex medical jargon can alienate mothers, leaving them feeling unsupported and misunderstood. Developing compassionate, holistic approaches that acknowledge and address the lived realities of postpartum mental health struggles is essential. By doing so, we can create systems that prioritize the well-being of both mothers and their children, breaking down the barriers that currently perpetuate fear and isolation.

"Stress is the number one killer. Their birth outcomes are better when they have a place to release this stress. Providing spaces to connect with each other and not be isolated is important for pregnant women."

"At 4 p.m. on a Friday afternoon, a suicidal mom is a problem in the emergency department or inpatient care if she wants to stay with her baby. There is no acute care treatment in our area."

"Psychosis is real…I didn't even know what it was. I didn't realize it until I started doing the work years ago…so now I feel that the healthcare system really, really, really [needs to] address postpartum psychosis so women can understand."

"If it's all you can do to get out of bed, you can't address anything else."

"I'm also in Brigid's Path, and when I got pregnant I was addicted to Fentanyl, and I got involved in Promise to Hope and got clean and went through some programs. And I got linked up with Five Rivers. I will say, like as an Addict, and especially being pregnant and having to detox…and feeling bad enough about [myself], I had the best experience possible…I ended up in the hospital for 6 weeks--3 weeks in the ICU and then I had preeclampsia and hypertension, so stayed in the hospital a lot. You know those doctors came to my bedside every day in and as hard as it was for me to be pregnant this time, you know I did have a healthy baby, and she's two and a half months old now. And I'm really grateful for the doctors that I had, and for some of these places around here."

"I feel like becoming a mom, I really [found] my solid foundation of like a village…it might not be family, might not be the blood people, but you find your people…it's just something about you settle down with a kid, you find your morals. You find your respect for people. You know the loyalty you want from friends. And so I feel that's something that's been enjoyable for me. So with my whole experience of [motherhood], the good and the bad, I just want to say that [it's] a stepping stone for me, from my years of not having kids to now. And I do like every little bit, even though I went through so much that was unpredictable, but I enjoy every little moment of my life and stuff, so…I wouldn't trade it for the world."

"A mom called me on a Saturday and said, 'I don't know how to [get my baby to stop crying]. I don't know what they want.' She was crying out for help but was afraid to call anyone because of the fear: 'If I call, they'll take my children away.'"

"Everything drives back to mental health. If it's all you can do to get out of bed, you can't address anything else."

"We need to speak real language so people understand and feel safe. Everyone doesn't know what the medical terms are."

"I lie on those questionnaires about postpartum because they're so quick to call CPS. Rather than understanding that your brain is chemically changing, they judge you as unsafe."

"…being stuck in a domestic violence relationship and not knowing where to go and being asked to be separate from your child in order to escape."

"Mental health, mental health, mental health. We have to come up with something for these moms and their mental health. It's why they don't go to appointments."

"When I had my second child, me and my mom got into a really bad argument. I would never put my hands on her, but she swore up and down I did. My postpartum rage was so bad, I blanked out. I couldn't go to the doctor for fear they'd take my child."

Midwives

Midwives play a crucial role in providing personalized, compassionate care that supports mothers through pregnancy, childbirth, and postpartum experiences. Many women describe their midwives as empathetic and attentive, creating intimate and empowering experiences that offer insight, advocacy, and comfort. From guiding families through pregnancies with detailed care and emotional support to standing by mothers during emergencies, midwives are champions for their patients' well-being. They ensure mothers feel heard, supported, and cared for, even advocating for specific needs, such as avoiding unnecessary interventions or addressing postpartum complications. However, the demand for culturally competent care, particularly from midwives who reflect the diversity of their patients, highlights a critical need for more representation within the field, as many women seek midwives who understand and share their experiences.

"My fourth pregnancy, I was able to have a midwife and I really appreciated it. Just the care that she gave me and the encouragement along the way…it really gave me a lot of closure and peace being able to have my family around in a more comfortable environment and that definitely gave me some comfort."

"I've always been with midwives and I feel like my experience was always much more intimate and way better…they gave me a lot of insight on the pregnancy and what to expect… and helping me get through pregnancy, postpartum, knowing all the things about blood."

"I can't say that I had a negative experience because I had a midwife, and…and she was very attentive to what I'm saying…like she told me step by step…she was just with me every single step of the way. And then even when I went to go into the hospital…I had his emergency c-section… she was right there with me in the operating room…just assur[ing] me that everything was fine. She advocated for me and our baby. And she said, well, she said, no formula and I will take the baby. So like I would say, the feedback would be to, you know, have people in place who are actually empathetic towards what a mother is experiencing and willing to advocate and go to bat for the mother, regardless of the situation. Even after I had him, I had postpartum preeclampsia, so she was there for me with that, advocated for me there too, and made sure that I got what I needed at that point. So, I think that's the biggest thing is having someone to advocate for you."

"In my experience, when I got to the hospital, it was great. They took care of me. They checked up on me all the time. For my OB, I went to the midwife specialist women's health specialist in Midwives of Dayton. And it was honestly like such a great experience."

"My midwife friend, who is the only Black birthing midwife here in Dayton--a lot of my mothers want her because she looks like them. But she works so much and she's so requested that she can't favor everybody."

Neighborhood Safety

The feedback reveals a complex interplay between safety, community stability, and resource access in the lives of caregivers and families. Many participants emphasized the growing instability in America's economy and its trickle-down effect on the availability of reliable resources. Caregivers have been forced to adapt by creating informal networks of support, such as resource pooling, bartering, and communal gatherings for shared meals. These community-driven solutions highlight resilience and ingenuity in the face of systemic inadequacies.

Relocation decisions are influenced by a mix of practical and cultural considerations. Some families moved to areas with more amenities, only to experience cultural isolation or a lack of diversity, leading to challenges such as homeschooling or grappling with identity-related issues in their children. Others chose neighborhoods where they felt a cultural connection and peace of mind, even at the cost of sacrificing access to high-quality schools, fresh food options, or commercial amenities.

Safety is a recurring theme, with varied experiences based on location. While some feel secure in tight-knit communities where neighbors look out for one another, others encounter safety concerns like car theft or sporadic violence nearby. Despite these challenges, there's a strong sentiment of pride and comfort in creating or living in spaces where families feel culturally affirmed and connected.

"We try to rely on each other more than we have to rely on the system because we know that it is not reliable at the moment."

"I feel kind of isolated sometimes. Yes, I have more amenities, but my daughter came home wanting yellow hair, and that was very eye-opening to me."

"…I don't even try to order food and have it be delivered in [my] neighborhood [even] if you don't have a car or you're almost out. If the only way to get it is to have some food delivered… they're not going to come."

"I intentionally live in Trotwood because I want to live where predominantly Black people live… I have peace of mind and know my neighbors."

"It's a balance—we sacrifice access to things like [food] or better schools to feel comfortable and welcomed in our community."

"I live on a peaceful street, but just a few streets over, it gets a little sketchy. Safety depends so much on where you are."

"We sacrifice a lot to be in a place where we feel seen and not looked at differently."

"My community has fewer kids, and we sacrifice some access, but I appreciate the peace of mind we have here."

"We left that night and were gone out of our house for months... I'm not going to stay anywhere where that happened so close to home and to my children."

"The lack of programs and safe spaces means kids have nowhere to go... What else are these children going to do besides get into trouble?"

"I live in an apartment complex. I don't let my kids play outside there."

"It's interfering with the childhood of the children... due to their environments."

"Having a newborn and living in an unsafe environment has definitely taken a toll on my life... shooting every night is definitely not how I want to bring her up."

"We lost Good Samaritan Hospital, a huge staple in our community... once Good Sam was gone, the quality of everything became really different."

"When I grew up, we could go to the library, we had centers, recreational centers... today, there's very little unity and nothing really in the neighborhoods for them to frequent."

"Construction by us makes it hard to get to and from... and they don't communicate about how long or when it will end."

"I moved from a predominantly white neighborhood... I gave up access, but I had peace of mind knowing I could trust my neighbors."

"One of the things that we have to think about is there is no internet because there is no internet where I live. I see on a couple of streets over from time to time, there is an internet bus that comes and parks. And I guess it kind of fuels the internet in the area I'm not really sure what that's about."

"If roads and sidewalks are closed, it affects people commuting by foot, and busing can become unreliable."

"We've gotten used to communicating with each other... the neighbors all around watch the space."

"We do have a nice amount of really good nosy neighbors that communicate if something's off."

Racism as a Root Cause

The pressing need to address maternal and infant health disparities calls for a bold acknowledgment of racism as a root cause and the systemic transformation necessary to confront it. Racism's pervasive impact on health outcomes is evident, with communities like Dayton grappling with historical segregation, structural inequities, and redlining. Stories of marginalized mothers reflect the tangible consequences of these systemic injustices, where many assert, "If I was a white mom, that wouldn't be happening."

Efforts to address disparities often fall short until the root causes are named and confronted directly. Communities like Cincinnati have shown progress by explicitly addressing racism, demonstrating that naming the issue leads to actionable solutions. However, these conversations remain challenging and uncomfortable for many.

From medical education to community care delivery, systemic change is necessary at every level. The barriers to equitable care begin early, with disparities in medical school admission, financial burdens disproportionately affecting doctors of color, and a generational wealth gap hindering progress. Evidence suggests that providers of color often offer more culturally attuned care, underscoring the need for diversity and inclusion within the healthcare workforce.

Programs like Mama Certified aim to promote cultural humility among healthcare professionals, urging them to acknowledge their blind spots and commit to learning from those they serve. Cultural humility is crucial to fostering trust and bridging the gaps created by systemic inequities.

Yet, systemic racism is deeply embedded, influencing housing, transportation, and other critical social determinants of health. Addressing implicit bias within clinical care is a significant opportunity to improve outcomes, as unrecognized biases can negatively affect patient experiences from the first interaction onward.

While some resources have been allocated to address these crises, policies must evolve to sustain long-term improvements. Combating racism not only addresses disparities but also ensures that health and vitality are priorities across all communities, benefiting marginalized populations and low-income families alike.

"We have to name racism as the root of the problem and be explicit in addressing it when responding to challenges and creating solutions."

"Dayton is really, really segregated because of redlining."

"We have to do a better job at educating other moms in spaces like this, and also asking questions when we are expecting and when we are making these birthing plans and looking to the people that have done this before, because I didn't really ask a whole lot of questions. […] I was healthy…I felt fine and I just did not know the dark, darker side to birthing. As a Black woman in America, I just did not. And now knowing that, I'm definitely going to educate my daughter, just to let her know, like, hey, we have this history in our family."

"He told me one thing, and he reported another. To an insurance company, and so that trust just went out the window. I felt like I was not being heard as a Black woman, and my pain was not being heard and taken seriously…so I did have to find a new physician and …now I'm driving 35 minutes."

"You're birthing a whole kid and that's their job to at least make you feel safe no matter what you look like, how you act. I mean, you're going to birth a whole baby out here, you know. So I feel like the least that they can do is, you know, be there for the women and be nicer."

"We tried multiple things and found we weren't making progress…we started to have to call [racism] out, and that allowed us to make progress."

"Cultural humility is the goal. To become culturally humble, recognize what you don't get and figure out how to get it."

"Mama Certified causes people to make some changes and to grow and become more culturally humble."

"Papers show providers of color hear their mothers more and provide better care."

"They understood the fact that we had [an]other language we wanted to teach [our children]. We were like, you know what, we need to take this one step at a time. I was like, that works fine for me. It's not about introducing them to a second language. That can always happen at any moment in their lives."

"…when it comes to Black women…it's hard, like I had to switch OBs twice because no one would take me. I had an ectopic pregnancy a couple of years back and the doctors flat out pretty much told me they thought I was exaggerating my symptoms, and that it was a miscarriage, that they couldn't see anything on the ultrasound, that I was fine. They sent me home to die [and I] came back four days later, had emergency surgery and had interrnal bleeding. [If they had] taken me seriously 4 days prior… none of that would have happened."

"Unfortunately, you know, even though [you may be at a] world-class hospital … I'm just being very frank in this point… what you look like determines how you get treated in there. And that's just the bottom line. I hate that for us, I hate that for the community overall, because it is very discouraging, which is why I didn't have my third baby at a hospital at all, because I said, no, I had a baby at home. And I won't ever go back to the hospital to have a baby unless something is medically necessary to do so. Because it is so traumatic and stress-inducing getting in that environment and having to feel like you are fighting for a simple thing that like you should not have to fight for. Because they're still getting paid no matter if CareSource paid for it, you know, United or Blue Cross Blue Shield, you're still getting paid. Everybody's using insurance…so who cares what name is on the insurance? But why should that indicate the kind of care you get? I have no idea, but unfortunately for me and my clients and my experiences in my sphere, our quality of health care has been determined by our skin color…If you are here freedom fighting and you gotta, you know, you're stressed out during birth going against the system, which you have to, it's exhausting."

"Biggest opportunity on the clinical care side is [addressing] implicit bias. My unknowing impacts [patient] outcomes from the first visit all the way through."

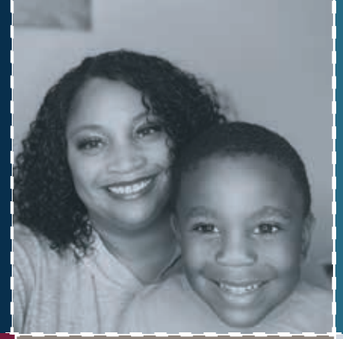
"So much of [this] is baked into the physical infrastructure of our community."

"We have been doing this work, and our numbers haven't changed. Biggest common denominator? Racism isn't going away."

"And the hospital took excellent care of me and my babies. They respected my wishes of not having my babies leave the room or go to the nursery. I feel like more needs to be said about especially hospitals in the suburban areas not wanting to listen to women of color or women that are minorities when they're telling them, hey this is what's wrong. This is what I'm going through. Help me. Be the doctor, be the nurse, do your job. It's not always about the money. Like, do your job."

And this is more so from a cultural standpoint of when you get physicians and things that are not culturally aware of things on all aspects. Me and my husband was pulled into the office one day down at [the hospital]. And the lady proceeds after a [whole day of testing]…to pass us a folder about having a child with Down Syndrome. And her whole diagnosis of that was because from the ultrasound It showed that my son had a small nose and a flattened head. And I let the lady run through her whole scenario. And then I said, well, now that the both of us are in front of you, meaning his mother and his father… Do you not see my little nose? And my big flat head? And is it possible that my son is just going to come out looking like me?"

"I definitely think that a lot of people forget that medicine is practiced. Like it's called a practice for a reason…and we are part of a long ongoing study. I think that there's not as much research and history where the African American bodies are concerned. Like if you look back in history and you just see that at one period, we weren't even considered human. And then when we were, we were essentially like lab rats…so there hasn't been a lot of extensive research done."



"…for Black women like me personally [with] multiple sclerosis, they wouldn't even take me seriously. I went completely numb on my left side when I was pregnant with my daughter. And, like the hospital, was just saying it was a pinched nerve, or…something like that. And it literally took my mom [who is a nurse not accepting that answer]. [I went to] three different hospitals in the same night before someone would even admit me or do the test. They didn't take my pain or anything that I was feeling seriously. And I was diagnosed with multiple sclerosis. So really, it's really hard for us to get any kind of serious doctor to take us seriously. And it's leading to the death of Black women and kids and individuals because we're not taken seriously, or because we're told they'll be strong."

"So we've definitely identified individual and then institutional racism that are driving the care…so you know how police have that body camera footage…I honestly think it should be required that…professionals have some kind of recording. They have to be recorded to hold them accountable because it gets to a point where it's just our word against theirs. "

"You have high hopes, hoping that one day we'll all be seen as equal, but every time we go through those doors. I feel like I'm going on an alien spaceship and I'm just here to be experimented on."

"Finally, a nurse of color came along, and she found me unconscious in the room with my baby on my breast. And all the blood that was supposed to go into my body had leaked onto the floor. The iron drip had leaked onto the floor and nothing got to my body because my vein ended up blowing and everything went everywhere. And that made me never want to go to this hospital again. I avoid that place like the plague."

"I would say that during my pregnancy, at age 30, it was a shock and humbled me and made me see how race and income really does make a difference in the way you are treated and cared for. [There is] lots of stigma around single Black moms. People carry that stigma or story already in their mind and [it] can show in the treatment [they receive]."

"Sometimes we just don't get heard like…regardless of where you go for care, there's a lot of them [that are discriminatory] and they have their own views and mindsets when it comes to certain individuals that come in. I think they need to put that aside…like we're in 2024, we're all the same. And it's impacting the care…like it shouldn't take us going to a different provider for us and our children to finally be heard. But by the time we are like it could be too late… we know our bodies, and we know our kids more than they do. I think they should take their patients more seriously like, there's things that there's only so much medical knowledge can get you. But if you're not the person, it's none of the books that you've read, none of the education you had can actually diagnose what's going on unless you actually listen to what that individual is telling you is going on with them, to put everything together."

"The person next to me, no matter class, race, ethnicity, education and that, we should be getting the same care. That is how we cut down maternal mortality… listening to the patients."

Shared Data

Data is a cornerstone of evaluating and improving outcomes, yet it remains fragmented and siloed across systems, creating significant barriers to comprehensive care and collaboration. For many stakeholders, data is the foundation of their work, as it provides evidence of success and guides decisions. However, there is a growing concern that an over-reliance on data risks neglecting the tangible, real-world issues impacting communities.

Post-COVID, the landscape of community programs and services has shifted, necessitating an updated environmental scan to identify which programs are operational, their service areas, and their capacities. This understanding is vital to adapt and respond effectively to emerging needs.

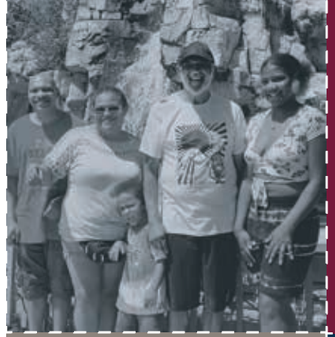
Historically, efforts like the Everyone Reach 1 Task Force have focused on process measures. While these metrics are crucial for understanding operational performance, the community now faces an opportunity to transition to success-based outcomes. Achieving this requires shared accountability and a unified data ecosystem that fosters collaboration among stakeholders.

Key areas of data focus include:

- Maternal and infant health outcomes, including prenatal care, birth locations, and substance exposure at birth.
- Maternal depression screenings and treatment follow-up.
- Disparities in healthcare capacity between children's hospitals and community doctors.
- Social determinants of health (SDOH), which remain challenging to capture accurately due to self-reported inconsistencies.
- Geographic-level data to understand disparities at the neighborhood or census tract level.

Despite existing data collection efforts, gaps persist in connecting information across systems. Hospitals lack visibility into community outcomes, such as maternal and infant mortality outside clinical settings. Shared platforms, like Azara, show promise but require broader adoption to realize their full potential.

Qualitative data also emerges as a critical yet undervalued tool for identifying community needs. Siloed data systems and nuanced Medicaid requirements complicate social work efforts, leaving gaps in knowledge and service delivery. While platforms like Unite Us aim to streamline referrals, community leaders stress the need to balance data-driven approaches with on-the-ground problem-solving to address urgent challenges.



"The opportunity we are in right now is to transition from process-oriented metrics to success-based outcomes."

"Qualitative data is super important when looking to identify these needs."

"Data is vitally important but often challenging and not shared across systems. But for us, it's all about the data."

"A shared data ecosystem is needed. The onus is on us to figure out how to get others to be a part of it."

Teen Pregnancy

Teen pregnancy in Montgomery County remains a concern, compounded by systemic barriers in education, healthcare, and social support systems. Schools are inadequately equipped to support teen mothers, with only a few high schools offering child care programs that enable young mothers to complete their education. This lack of support contributes to declining educational attainment and perpetuates cycles of poverty, leaving many young mothers without the resources they need to care for themselves and their children.

Healthcare systems also fall short in providing consistent, compassionate care. Teen mothers often lose continuity of care when transitioning from pediatricians to obstetricians, disrupting management of other health conditions such as asthma or mental health issues. The fragmented care model, where patients see different providers at each visit, prevents the development of trusting relationships. Time constraints and systemic pressures further hinder healthcare providers from offering the deeper engagement these patients need.

Additionally, many teen mothers experience diminished family and social support. With families increasingly spread out and older relatives working, traditional support systems like grandmothers and aunts are less available. The isolation that accompanies pregnancy for young mothers often leaves them relying solely on their families, which can be unhealthy and unsustainable.

"I would love it if there were more supports in place in schools for moms and babies. It doesn't have to ruin someone's life. Services need to be in place to support that journey."

"They don't perceive that they're being supported because every time I got to explain this with that or the other person, I don't develop a relationship that helps me feel supported."

"Especially for younger mother…just being a young mom, I was actually 19, and [I didn't have a voice]. To be honest, a lot of the language, I felt very ignorant, just didn't understand. So just to have someone there to advocate, to explain things, to dumb it down, to be honest so I can understand and be part of the conversation since it was my body."

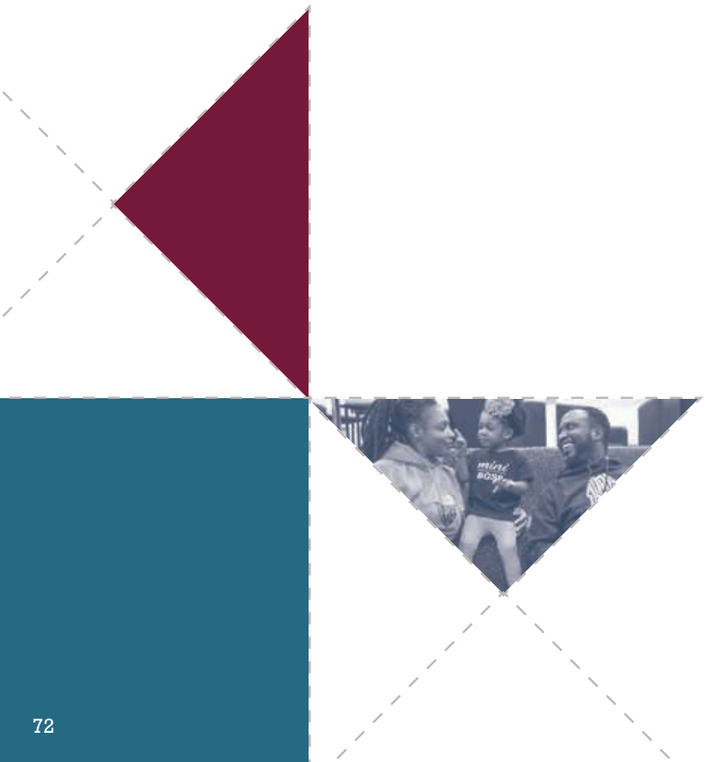
"But even though I was a teen parent, I had my eldest daughter when I was 15, I have been blessed to have never been in a situation where my basic needs or anything like that had been unmet. And so, and a lot of that was just because of the upbringing and things I was already taught and just how my family operated prior to me having my daughter, I kind of already knew what to do."

"But that OB, she was not my OB, I'm 15, so I hadn't gotten to where I had my own OBGYN. So she was the person that I got the day of having my daughter. And she was jabbing me literally like punching me in my uterus. But if had not spoke[n] up, my mother wouldn't have known that that was happening. And so I wanted to just share that for anybody that has teenage children who might be pregnant or any situation like that is to instill in them just like how we did when they were little--to speak up when something is wrong and say something to you because the lady was literally kind of punishing me because teenage pregnancy was on the rise at the time."

"I was really scared because I'm a teen mom. When my daughter was finally born, I was just excited and ready for her to be here. My pregnancy was really hard and I was sick the whole time. I was happy but nervous at the same time. Because I am a teen mom, and it was a lot that I knew came with being a mom so I was very nervous and overwhelmed just because of the simple fact it was unplanned and I just wasn't [ready]."

Transportation

Transportation challenges are a significant barrier for families in Montgomery County. While there are sometimes ride services to essential destinations such as medical appointments or grocery stores, accessing these services is fraught with obstacles, including difficulties in scheduling, language barriers, and logistical issues. Public transportation options exist but are often inefficient, with travel times of up to three hours for basic errands. Health professionals, such as staff nurses, are not equipped to focus on housing or transportation issues, leaving social workers to bridge the gap—often with incomplete information. This systemic issue underscores the pressing need for accessible, reliable, and efficient transportation solutions to support families and improve health outcomes.



"For me a joy…would be when they start walking. Just because I mean yes, it's a great milestone. But on the other side of that it just makes life easier. As a low income [mom], I don't always, I didn't always have a car. So getting around, transportation, and the strollers, and the baby on the strap on your chest, and then, you know, it becomes a lot, and people just don't have a lot of patience. And so that just made it difficult getting around so when they could walk…that was definitely a weight off my shoulders."

"My job did not offer maternity leave, so I had to pay for my own [and then I] had to get back to work. All the inflation is killing people's pockets, and I have to get creative in shopping so sometimes I shop at food banks or food pantries. You have to make yourself feel dignified with that decision. With no vehicle, the only resource I have [near me] is like the family Dollar Tree. It is hard to get around."

"Transportation is a huge barrier in Montgomery County. We have public transportation, but it can take someone up to 3 hours to get to a grocery store."

"…I can say with a lot of the families that we work with…if don't have a car of their own, the access to those services are very limited. A lot of them are not on the bus line. And a lot of a lot of them can't keep up the necessary appointments that are necessary for them to get the help for the kids, and even for themselves, like for postpartum and that kind of stuff. So, regardless of the opportunities there may be, they're really hard to access, because families have this additional barrier of transportation."

"[The] bus thing really resonates with me because we're pregnant now with our first biological kids, but we did foster at one point and the bus situation was like such a nightmare for DPS and literally the first day that the kids went to school, which was like in within a week of moving into our home and being in the neighborhood the bus dropped them off at like a random circle crying and terrified…it did not get better from there. So like, just really upsetting and, how do you deal with that if you're like working or, you know, and like you find out at the end of the day that there's no bus?

Section 5

Foundations for Success

Stitching Solutions for Healthier Beginnings

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.

Conclusion

Ohio's infant mortality crisis is a stark reflection of systemic challenges that disproportionately affect marginalized communities. This report highlights the urgent need for transformative change, rooted in equity, collaboration, and community-centered solutions. The voices of parents, caregivers, and community leaders echo a resounding plea for targeted policies and investments that address the social determinants of health, expand access to quality care, and dismantle the structural barriers that perpetuate disparities. Ensuring that every infant reaches their first birthday and thrives beyond requires us to prioritize the health, stability, and well-being of mothers, families, and communities.

We stand at a pivotal moment where incremental progress is no longer enough. Tackling infant mortality demands bold, unified action. The Ohio Department of Youth has set a bold goal of reducing Ohio's infant mortality rate to 4.4 per every 1,000 babies born. Policymakers, healthcare providers, and community stakeholders must work together to amplify family voices, invest in culturally competent care, and reimagine systems to center the needs of Ohio's most vulnerable populations to reach this goal. By addressing root causes like racism, economic instability, and fragmented care, we can create a future where all families have the opportunity to thrive.

As Groundwork Ohio leads statewide efforts to prioritize moms and babies in public policy and investment aligned with the findings of this report, Montgomery County efforts will continue and be reinvigorated. Montgomery County and the Greater Dayton Area Hospital Association (GDAHA) have relaunched the Maternal & Infant Health Task Force to improve maternal and infant health in the region. This initiative builds on past efforts, including the EveryOne Reach One Task Force, to address high infant mortality rates, disparities in birth outcomes, and social determinants of health. The relaunch includes a Steering Committee and a Leadership Council featuring diverse community representatives, including local leaders, nonprofits, healthcare providers, and residents with lived experiences. The initiative aims to foster collaboration, build trust, and develop innovative strategies to improve outcomes for mothers and infants, ensuring every baby has a healthy start in life.[7]

The path forward requires sustained commitment, innovative approaches, and accountability at every level. Let this report serve as a rallying cry for Ohio to embrace solutions that are inclusive, equitable, and informed by the lived experiences of those we serve. Together, we can ensure that healthier beginnings lead to brighter futures for every child, every family, and every community. The time to act is now.

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GroundworkOhio.org

175 S. 3rd St., Suite 420
Columbus, OH 43215

@GroundworkOhio