Addressing Racial Inequities & Social Determinants of Health to Promote Infant and Maternal Wellbeing
March 1, 2021
Welcome!

Opening comments from our caucus co-chair,
Senator Stephanie Kunze
Jessica M. Roach & Dorian L. Wingard,
Chief Executive Officers & Partners,
Restoring Our Own Through Transformation (ROOTT)
RESTORING OUR OWN THROUGH TRANSFORMATION

The Role of BCBO’s & The Impact of COVID-19

JESSICA M. ROACH, MPH
Chief Executive Officer & Partner

DORIAN L. WINGARD, MPA
Chief Operations Officer & Partner
Restoring Our Own Through Transformation (ROOTT) is a collective of concerned Black families, community members, advocates & interdisciplinary professionals dedicated to decreasing Black maternal & infant mortality in Ohio.

ROOTT's mission is to comprehensively restore our collective well-being through collaboration, resource allocation, research & re-empowerment, in order to meet the needs of Black parents & families.
ROOTT IMPACT STATEMENT

ROOTT provides direct services, public policy advocacy & education, in alliance with local & national stakeholders.

ROOTT goes beyond surface level risk factors regarding marginalized Black mothers, fathers, infants, & communities to address root causes of these of health inequities.

ROOTT addresses Structural/Institutional Determinants of Health including by targeting the racism that creates & sustains the Social Determinants of Health.

ROOTT collaboratively builds quality relationships with families, caregivers, professionals & paraprofessionals aligned with our mission.
SENIOR LEADERSHIP TEAM

Jessica M. Roach, MPH
CEO & Partner

Dorian L. Wingard, MPA
COO & Partner

DANIELLE H. JACKSON, BA
Intake Coordinator/PSD

DESTINY BENSON
Clinical Coordinator/PSD

LAUREL GOURRIER, M.ED
HV Coordinator/PSD
SNAPSHOT OF COLLABORATIVE PARTNERS
SNAPSHOT OF COLLABORATIVE PARTNERS
SNAPSHOT OF COLLABORATIVE PARTNERS

OHIO VOICE
Without addressing, disrupting, and dismantling the structural and institutional determinants, we will not be able to address social determinants.
Disease is a social and political category imposed on people within an enormously repressive social and economic capitalist system, one that forces disease and death on the world’s people" 

- Vicente Navarro, MD. Faculty Director, Johns Hopkins Bloomberg School of Public Health
WEBSITE OF CAUSATION
SOCIAL DETERMINANTS

- Food Stability
- Education
- Income
- Safety
- Neighborhood Demographics
- Rates of Incarceration
- Access to Care
- Housing

SHEPPARD- TOWNER ACT-1921

• Created Federal Aid for Maternal Child Health.
• Promulgated rules & regulations for training & licensure.
• These schools were largely inaccessible to Black women due to cost or segregation.
• Traditional immigrant & Black Midwives were illegal.
WEB OF CAUSATION
STRUCTURAL and SOCIAL DETERMINANTS: IMPACT ON HEALTH

Theoretical framework courtesy of ROOTT, 2016. retrieved from www.roottrj.org
ROOTT: A COMMUNITY BASED ORGANIZATION

Full Spectrum Perinatal Support Doulas (Training & Certification)
Healthcare Provider Training & Continuing Education
CBO Consultation
SMEs & Policy Advocacy (Federal/State/Local)
Public Health Research (Independent & Institutional)
Social Injustice, Health Equity & Anti-Black Racism Activism
ROOTT FS-PERINATAL SUPPORT DOULAS

- Full Spectrum Perinatal Support
- Breastfeeding Education & Lactation Support (CLC)
- Health Information & Equity Advocate
- Family-centered Informed Decision Support
- Home Visiting Program Provider
“At some point, we must acknowledge and address how the foundation of Obstetrics and Gynecology as we know it in the U.S., was built from the stolen knowledge and traditions of Black and Indigenous Women...and used against us through means of rape, sexual assault, pedophilia, eugenics, and genocide. Reproductive Justice is the definition by which we say, WE are taking this back.”

Jessica M. Roach, MPH

"Race neutral solutions are impotent in the address of intentional, race-specific racism. Consequently, true health equity will certainly change the lives of the oppressed and the oppressor, in ways that may lead to the deconstruction of American inhumanity."

DL Wingard, MPA
2017
Established as a NP w/ 501(c)3 designation
ROOTT Advisory Council formed
Became kindred partner of BMMA
Inaugural Core PSD training class

2018
ROOTT's first family supported birth
ROOTT's first national publication
ROOTT established central office
ROOTT's first major grant
ROOTT's first external training of CHWs

2019
ROOTT initiated its HV Program via ODH contract
ROOTT's appointment to several national boards & taskforces
ROOTT expanded national training activity (UCSF, Kaiser Permanente, etc.)
ROOTT increased family client base exponentially
ROOTT awarded funding via ODM, GOFBI
ROOTT awarded MERCK Safer Childbirth Cities grant
PROTOCOL
• All client family engagements are virtual.
• All staff equipped pandemic training & PPE.
• SLT case reviews occur 3x/weekly.
• Assisted home-birth support is being provided.
• Client families are being provided w/basic resources & home monitoring equipment.
• Virtual labor & delivery support is being provided.

IMPACT (ADVERSE)
• Increased requests for home-birth (assisted/unassisted).
• Increases in erroneous health information.
• Increases in premature scheduled inductions.
• Increases in forced/coerced surgical births.
• Decreases in positive client family/PCP-Hospital experiences.
• Inconsistent policy promulgation & application.
• Adverse birth outcomes.
This is how we ROOTT!!

www.roottrj.org

ROOTT Origin Story
NPR Story Corp, 8-2019
Christin Farmer,
CEO & Founder,
Birthing Beautiful Communities
Reem Aly,
Vice President,
Health Policy Institute of Ohio (HPIO)
Infant mortality in Ohio

Taking action

February 18, 2021
Ohio’s rank on infant mortality

Note: 2018 data
Source: Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER)
Why is action needed?
For many years, Ohio’s infant mortality rate has been higher than most other states. Ohio’s policymakers and health leaders have acted on this issue through multiple advisory committees, collaborative efforts, investments, legislation and other policy changes. For example, the Ohio General Assembly passed Senate Bill 332 in 2017, which implemented recommendations from the Ohio Commission on Infant Mortality’s 2016 report.

These efforts contributed to a 10% decline in the overall infant mortality rate from 2009 to 2019. However, racial disparities in Ohio’s infant mortality rate have increased. In 2019, the Black infant mortality rate was nearly three times higher than the white rate.

In December 2020, Governor DeWine announced the creation of a new task force focused on eliminating racial disparities in infant mortality by 2030. The task force will host listening sessions in 11 counties, providing an opportunity for members to learn about promising programs, evaluation results and barriers to improving maternal and infant health for Black families.

![Figure 1. Infant mortality rate (per 1,000 births) by race, Ohio (2009-2019)](image)

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![Figure 1. Infant mortality rate (per 1,000 births) by race, Ohio (2009-2019)](image)
Infant mortality rate per 1,000 births, by race, Ohio (2009-2019)

Source: Ohio Department of Health
Racism is a primary driver of disparities

Primary drivers of inequity

- Racism*
  - Trauma
  - Exposure to violence
  - Toxic stress
  - Stigma

Policy and system inequities

- Healthcare and public health system
- Social and economic environment
- Physical environment

Disparities in health behaviors

- Disparities in health outcomes
- Disparities in overall health

Cumulative impact across the life course and generations

* Structural, institutional, interpersonal and internalized racism

Source: Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

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Access to healthcare is necessary, but not sufficient.

- **Clinical care** (Such as health care quality and access) - 20%
- **Health behaviors** (Such as physical activity and tobacco use) - 30%
- **Social, economic and physical environment** (Community conditions, such as economic stability, food insecurity, criminal justice, housing and transportation) - 50%

Underlying drivers of inequity
- Racism and other forms of discrimination (i.e., ableism, ageism, sexism, xenophobia, homophobia, etc.), trauma, exposure to violence, toxic stress, stigma

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  - Trauma
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  - Disparities in overall health
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Child poverty

Percent of people under age 18, in households with incomes below the federal poverty level 2015-2019

Source: U.S Census Bureau, 2019 American Community Survey 5-year estimates - Tables C27001A, B, D and I, B18130
Pregnancy is not the only period of time that matters.

Birth

Adverse childhood experiences

Pregnancy
What can Ohio do?

1. Dismantle racism and address its consequences
2. Improve health across the life course
3. Advance meaningful policy changes to improve community conditions
Contact

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HPIO core funders

- bi3
- CareSource Foundation
- The Cleveland Foundation
- The George Gund Foundation
- HealthPath Foundation of Ohio
- Interact for Health
- Mercy Health
- Mt. Sinai Health Care Foundation
- Nord Family Foundation
- North Canton Medical Foundation
- Saint Luke’s Foundation of Cleveland
- Sisters of Charity Foundation of Canton
- Sisters of Charity Foundation of Cleveland
Connect with us

Social

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linkedin.com/healthpolicyohio

Email

• HPIO mailing list (link on our homepage)
• Ohio Health Policy News (healthpolicynews.org)

www.hpio.net
Questions & Answers

Moderated by our caucus co-chair, Representative Allison Russo

For legislators and legislative staff, please feel free to unmute yourselves to ask questions or share feedback.

For all other participants, please use the chat feature.
Thank you for joining today’s webinar!

For more information on upcoming Ohio Legislative Children’s Caucus webinars and meetings, please contact Alison Paxson at apaxson@childrensdefense.org