

Forum on Women and Girls

Infant Mortality Blind Spots: Challenges Facing Women, Families, Providers and the Community

**Sept. 14, 2017
American Red Cross, Akron**

1. HOUSING

Includes having a roof over their head, utilities, house safety (broken windows, poor wiring, etc.), safety within the home and neighborhood.

A. Key Stakeholders

- Mothers and Fathers
- Children
- Housing providers (city, state, national)
- Financial
- Agencies
 - AMHA
 - Neighborhood Development Agencies
 - East Akron Neighborhood Development Corporation (EANDC)
 - Hillwood Homes
 - Cascade Village
 - Channelwood
- Community
- Political Representatives
- Trained Staff – first line
- Habitat for Humanity
- Land Bank
- Rehab Housing
- Shelters
- Education
- Development Authority

B. Impact of Barriers

- Lack of agency collaboration
- Lack of knowledge of available housing
- No family support
- Point system to gain housing
 - More points for pregnant women
 - Only 1 bedroom allowed for pregnant women
- Federal regulations
- Lack of adequate staff
- Lack of financial investments
- Red tape/Road blocks
- Systemic penalties

C. Examples of Barriers

- Social Security Card for newborn
- Homelessness
- Home/Housing surfing
- Balance owed to AMHA
- Required certifications
- Slow processing of recertification documentation (it could be added to rent)
- Fear of job loss to go handle issues of personal nature
- Loss of income fear

D. What Makes it *EASY* for Women to Connect?

- Targeted programs
- Community Health Worker
- Expanded hours
- Education of resources

E. What Makes it *HARD* for Women to Connect?

- Work requirements
- Fear and isolation
- Mistrust
- Shame and despair
- Bias
- Disrespect

F. Examples of Successful Solutions

- More community health workers
 - Training and support for community health workers
 - Recognition of community health workers – value and impact
- Information sharing with agencies
- Agency collaboration – available resources
- Funding for resources/staff
- Expanded weekend/operational hours to fit multiple schedules

G. Proposed Systemic Solutions

- Voices heard by political representatives
- Education
 - Cultural competency training
- Regulations & policies on a grand scale
- Collaboration/knowledge sharing among agencies
- Marketing
- Engagement in political process

2. AWARENESS OF AVAILABLE RESOURCES

*Moms are **unaware** of programs, activities and baby goods available to them.*

A. Key Stakeholders

- Heads of non-profits who provide support
- Faith-based organizations
- Community centers
- ODJFS/Government supports
- First responders
- Trusted, safe, relational community spaces
- Women and their families
- Fathers
- Mentor groups (circles, bridges) with professional groups
- Fatherhood initiative
- 211 Info Line –social service help line
- Grandparents
- Voices of those who are affected
- Business community
- Community health workers
- Health care providers

B. Impact of Barriers

- Lack of awareness of 211 (free 24/7 line) by
 1. Moms
 2. Service agencies in data base
- Single access point
- No knowledge of bereavement support
- Literacy level of program materials
- Dissemination points not accessible
- Culturally related
- Mistrust/fear of negative consequences from being vulnerable
- Lack of coordination
- Financial
- Fear of negative consequences when being honest
- Policies established are based on federal law and institutional barriers
- Cultural barriers

C. Examples of Barriers

- We need a database of agencies that provide help
- Moms' reading levels may not match the levels of the program material(s)
- Social service offices not in locations that moms' travel to/know about; info not reaching relevant communities
- Make sure materials are culturally relevant and reflects voices from those affected
- Lack of coordination- agencies need to know exactly what they can do to help women connect
- Understanding more ways to work effectively together
- Fear of negative consequences in being honest with children services

D. What Makes it *EASY* for Women to Connect?

- Creating safe places
- Sense of community and relationships

E. What Makes it *HARD* for Women to Connect?

- Mistrust and fear of punishment from legal/social services
- Dissemination in places where women don't have access
- Institutional barriers/mindset
- Lack of relationships with women affected
- Data not well-known by community, stakeholders and leaders
- Pregnant women not always well-informed about prenatal care, etc.

F. Examples of Successful Solutions

- Training that translates into action
 - Training from leadership down to all others
- Voice matters!
 - Messenger matters
 - Message received differently based on race of speaker

G. Proposed Systemic Solutions

- Cultural sensitivity training – staff and executive staff
- Data/awareness in more meaningful widespread ways – sound bites, community, etc.
- Better dissemination
- Places – where
- How – written, oral, etc.
- More mentors and allies to help bridge cultural disconnects
- Collaboration of those with core competencies
- Leveraging way to bridge with affected women from those who need services with those with similar life experiences
- ODJFS – database to connect
- Agencies engaging more women of color to help
 - Facilitators of same race, better representation to reflect those we are trying to reach
 - Consider practices that will overcome distrust by diversifying groups of those who will help
 - Need policies to encourage and be implemented
- FMLA – allow protected (2) days for prenatal care

3. TRANSPORTATION

Transportation to and from maternity and infant health services is unavailable or prohibitively difficult.

Library Centered Services:

1. Info (hrs)
2. Wifi (hrs)
3. Center transportation service - information and availability at the library
4. OB clinics
5. Infant vaccines?

A. Key Stakeholders

- Bus system
- Managed care companies
- Healthcare providers
- Moms/unborn babies
- Taxies/Uber/Lyft
- Family
- Dept. of Transportation
- Funders

B. Impact of Barriers

- People
- Cost
- Unaware of resources
- Time constraints
- Process
- Safety
- **Geographic service areas**
- Parking fees
- Car maintenance
- Funding structures (i.e. transportation expenses not included)
- Family schedules

C. Examples of Barriers

- Transportation – lack of access to service (untimely)
- Non-emergency
- Medical transportation
- Transportation services not large enough to accommodate a family
- Car seats
- Challenging to transport larger families
- Weather
- Process
 - Making prior arrangements
 - Need to have a plan
 - Must be organized
 - Challenges

(continued on next page)

- First mile – last mile
- Can't make stops when using some transportation services
- Unbanked
- Lack of resources
 - Exact change needed
 - Cell phone

D. What Makes it *EASY* for Women to Connect?

- Zipcar, Share-a-Ride
- Community Health Worker
- Family support
- Technology – smart phone apps
- Automated service
- Flexibility
- Same day schedule
- Talking with a nurse
- Bus passes
- Gas cards

E. What Makes it *HARD* for Women to Connect?

- Fear of judgment
- Lack of money
- Cell phones not available (WiFi)
- No access to lap top
- Restrictive rules
- Bad experiences with transportation will prevent planning
- Lack of trust of S.P.
- Lack of experience
- Language barrier
 - Immigrant population
- Caring adult/mom/trusted co-worker
- Understanding importance of routine check ups
- Lack of knowledge
- Alcohol/drugs

F. Examples of Successful Solutions

- Lyft program for seniors as a model to help pregnant women or women with children
- Managed care plans (Medicaid) provide transportation
- SCAT – a weekday origin-to-destination shared ride service through Akron Metro
- Community Health Workers
 - Social worker in S.C. provide clients transportation to appointments
- Health clinics in shelters

G. Proposed Systemic Solutions

- Little free libraries for moms
- School based clinics for young moms
- Info line specifically for moms
- Publications of all resources
- Buses/Uber with car seats
- Mobile health care
- Moms helping moms – keep information and share
- Financial
- Employment
- Pop up unit
- Tele medicine

4. EMPLOYMENT

Impact on employment situation of getting services for pregnancy and well-baby care.

A. Key Stakeholders

- Women and families
- Legal system
- Employers
- Co-workers
- Childcare providers
- Child and family services
- Medicaid system
- Department of labor laws
- Access (social service agencies, etc.)

B. Impact of Barriers

- Not able to take leave
- Job not protected – could lose job, not promoted, difficulty getting a job
- Stress from underemployment or unemployment
- Difficult to cope
- Could lose childcare – no childcare for employment
- Difficulty going to doctor appointments if the employer is not family friendly
- Stress about childcare

C. Examples of Barriers

- Availability of childcare for evening/weekend
- Employer “cultural competency”
- Lack of lactation rooms – lack of support for breastfeeding
- Early meetings
- May lose childcare if making too much income
- Companies who aren’t family friendly
- Difficulty getting criminal record expunged

(continued on next page)

- Stigma against women on public assistance that makes it more difficult – longer wait
- Not able to access health services
- Concern around application childcare services
- Employers not willing to hire people with felony charges
- Not training to get a job
- Lack of access to services
- Limited clothing for work
- Policies and procedures that make women ineligible for services
- Perceptions of individuals providing employment
- Mental and emotional health caused by stress
- Lack of services for the uneducated employees (former felons)

D. What Makes it *EASY* for Women to Connect?

- Centralized location of services
- Company has unorganized mentorship/advocate programs
- Employee assistance/ombudsman

E. What Makes it *HARD* for Women to Connect?

- Some employers don't know how to handle potential employees with felony charges
 - Employers are scared/un informed and are unable to balance their concerns with assurances of remediation
- Judges bound by mandatory guidelines
- Policies that are cumbersome
- Lack of support from other women/female co-workers
- Limited financial resources
- Constraints of smaller companies

F. Examples of Successful Solutions

- Collaborating to purchase a car for mother
- Job fairs
- Accessibility
- Have social service agencies in one central location
- Build communities around services
- Social service agencies who provide clothing for women
- Agencies that support job/employability skills
- Companies that promote work & life balance
- Companies that encourage health
- Cultural competency triggers (mental health, etc.)
- Having employers and employees, including millennials, to see each other's point-of-view

G. Proposed Systemic Solutions

- Train organizations to be sensitive to needs of women and families (policies)
- Help organizations understand benefits to organizations that develop supportive policies
- Promote and develop health and wellness programs in the workplace that eliminate barriers
- Onsite childcare
- Change mindsets of employers (work from home, tie to incentives)
- Employee Assistance Programs
- Educate about expungement clinics
- Enhance education about resources
- Centralize messengers to communicate resource information
- Navigating existing resource policies

5. HEALTHCARE SYSTEM

*Moms distrust service providers (including case workers, doctors, nurses, social workers, and hospitals).
Limited availability and quality of service providers.*

A. Key Stakeholders

- Moms, families, patients
- OB's, doctors (primary care)
- Insurance companies
 - Medicaid
- Hospital Administration
- Nursing
- Pediatricians
- Social Workers and Case Managers
- Policy makers (internal and external)

B. Impact of Barriers

- Early intervention not accessed/No prenatal care
- Do I have insurance? Or not?
- Decisions to continue with care
- Health literacy (provider and mom)
- No availability to service
- Not accepting help
- Shutdown
- Provide false info
- Not knowing what services are out there
- Doctors focus on computers vs. serving patient (low quality of service)

C. Examples of Barriers

- Access to Medicaid/Insurance
- Eligibility requirements (income)
- Communication/understanding
- No transportation

(continued on next page)

- Mistrust
- Lack of providers that are available in the morning
- Cultural differences
- Associating social workers with children's services
- Complexity of system
- Duplication/fragmentation of organizations and services
- Professional training
- Clinical training
- Doctors knowing resources

D. What Makes it *EASY* for Women to Connect?

- Centering Programs
- Community Health Workers
- Regionalized Care – providers go to patient community
- Community clinics

E. What Makes it *HARD* for Women to Connect?

- Using resources from within to grow providers, nurses in this community
- Need more collaboration between universities and hospitals
- Not enough notice to get transportation to doctors/other appointments
- Insurances not communicating available services

F. Examples of Successful Solutions

- BIZ and Uber
- Health Workers come to your house
- Health Leads - a University Hospitals program
- Use of advanced practice nurses

G. Proposed Systemic Solutions

- Community Counsel
- Hub triage
- Alliances with local colleges to start students of color on a supported path
- Community clinic
- One stop in zip code
- Coordinated care
- 211 –subset for linkage like homeless

6. PERSONAL HEALTH

Stress due to home life, work, bad relationships; drugs and alcohol; personal safety; self care or lack thereof.

A. Key Stakeholders

- Maternal health support groups
(*continued on next page*)

- Wellness providers
 - YMCA
 - Local gyms
- Police department
- People with mental health concerns
- Domestic violence/rape crisis shelters/clergy
- People living in poverty
- Women themselves – particularly pregnant, black women
- Families of mothers affected by the crisis
- Girls under 18
- Children of families affected by drugs/overdose/addiction
- Public school system
- Hospitals and doctor offices
- Fathers
- All pregnant women in poverty
- Children services
- Residents and community members of 44320, 44306, 44307
- Court system
- Mental health service providers/Community Support Services/Portage Path Behavioral Health, etc.
- Universities
- Planned Parenthood
- Drug/alcohol professionals
- Prosecutor's office/Legal aid
- Libraries

B. Impact of Barriers

- Agencies not connected to people
- Systems issues
- Penalties – lack of control
- Not focused on self care due to basic need focus
- Access is limited if certain criteria are not met
- The “benefits cliff”
- No support groups
- Lack of consistent relationships
- Resources not community based
- Services don't meet needs

C. Examples of Barriers

- Current political climate
- Current racial climate
- Mistrust of service providers
- Personal responsibility
- Stigma regarding self-reliance
- Systems are not easy to navigate

(continued on next page)

- Lack of identification
- Lack of awareness
- Lack of paid leave or understanding of rights
- All other barriers impact personal health
- People don't understand issues

D. What Makes it *EASY* for Women to Connect?

- Utilize community health workers
- Earning livable wages
- Extended hours to access to support (ex: evenings and weekends)
- Communication with mothers/families to ensure understanding of policies
- Allowing for emergency situation/flexibility in administration of policies

E. What Makes it *HARD* for Women to Connect?

- Expand training to be more global vs. individual
- Resources limited for various reasons
- Organizational rules – housing, criminal records
- Lack of innovation – slow to respond
- Housing issues cause stress
- Lack of empathy
- Barriers created by training and education
- Experts not fully accessible
- Not earning livable wage
- Changing policies/rules that cause stress – reduce benefits
- Failed systems

F. Examples of Successful Solutions

- Community health workers
- AMHA changing from short term to annual evaluations
- Allow for dialogue
- SOS sister circles – doulas
- Employment group – mother/mentoring/role models

G. Proposed Systemic Solutions

- Organizations informing court system of community service options after hours
- Less focus on waste/fraud/abuse and more focus on graduated progressions/timeline opportunities
- More community forums/education
- Provide early intervention and education on coping mechanisms for affected groups
- Training professionals to think more globally vs. individually
- Expand compassion and empathy towards affected demographics
- Expand Planned Parenthood services
- Include funders and decision makers in training, education, and planning

7. INSURANCE

Mom's insurance may not cover the services she and her family need; mom may not have insurance; mom may lack knowledge/understanding of multiple insurance and provider options.

A. Key Stakeholders

- Employers
- Parents
 - One parent insured while the other is not
- Grandparents
- Guardians
- Healthcare providers
- Doctors
- Health facilities
- Public health system
- Insurance company
- Children
- Law/legal system

B. Impact of Barriers

- Undiagnosed medical issues
- Inability to leverage services
- Lack of needed medications
- Quality of life
- Lack of prenatal care

C. Examples of Barriers

- Knowledge/awareness of options
- Process of getting insurance
- Paperwork to get insurance
- Computer access, knowledge and skill
- Understanding insurance benefits
- Insurance changes – legislation
- Pre-existing conditions
- Knowledge of medical history
- Lack of insurance
- Lack of emergency services
- Prenatal care
- Continued care
- Lack of money for insurance
- Insurance costs rise after birth

D. What Makes it *EASY* for Women to Connect?

- Employment with benefits
- Affordable Care Act
- County services
- Women's clinics
- Libraries
- Community organizations/Non-profits

E. What Makes it *HARD* for Women to Connect?

- Transportation
 - Limited enrollment period
- Time
 - Time applications take to process
 - Follow-up
- Babysitter/childcare
- Qualification/eligibility to be insured
- Time required to work before becoming eligible
- Establish residency to qualify for Affordable Care Act

F. Examples of Successful Solutions

- Affordable Care Act
- Medicaid
- Online resources
- Neighborhood health clinics
- Non-profit services

G. Proposed Systemic Solutions

- Increase awareness by employers of options/benefits
- Enrollment fairs/clinics
- Educational events in targeted neighborhoods
- Public education about insurance access
- Hotline
- Facility tours with information about how insurance and services connect
- Banking/Health loans
- Insurance trial periods
- Engage insurance companies with solutions
- Change insurance policies to cover part-time employees

<i>Category:</i>	<u>Housing</u>	<u>Awareness & Available Resources</u>	<u>Transportation</u>	<u>Employment</u>	<u>Healthcare System</u>	<u>Personal Health</u>	<u>Insurance</u>
Examples of Successful Solutions							
Community health workers with training, support, and recognition of for value & impact	x	x	x			x	
Information sharing with agencies	x						
Agency collaboration: available resources	x						
Funding for resource/staff	x						
Expanded weekend/operational hours to fit multiple schedules	x						
Voice matters - allow for dialogue		x				x	
Lyft program for seniors as a model			x				
Managed care to provide transportation			x				
SCAT			x				
Health Clinics in Shelters			x				
Collaborating to purchase a car for mothers			x	x			
Job Fairs				x			
Accessibility				x			
Have social service agencies together in one central location				x			
Build community around services				x			
Social service agencies who provide clothing for women				x			
Agencies that support job/employability skills				x			
Companies that promote work & life balance				x			
Companies that encourage health				x			
Cultural competency triggers (mental health, etc.)				x			
Having employers & employees, including millennials to see each other's sides				x			
BIZ and Uber			x		x		
Healthcare workers come to your house					x		
"Health Leads"- UH					x		
Use of advanced practice nurses					x		
AMHA changing from short term to annual evaluations						x	
SOS sister circles- doulas						x	
Employment group- mother/mentoring/role models						x	
Affordable Care Act							x
Medicaid							x
Online resources							x
Nonprofit services							x
Proposed Systemic Solutions							
Voices heard by political representatives	x						
Education including cultural competency training for staff & executive staff; Training helping professionals more globally vs. individually; Include funders and decision makers in training, education, and planning	x	x		x		x	
Regulations & policies on a grand scale; navigating existing resource policies	x			x			

Collaboration/knowledge sharing among agencies; collaboration of those with core competencies; agencies engaging more women of color to help (facilitators, practices to overcome distrust, policies to encourage)	x	x					
Enhance education about resources available; Marketing; Data/awareness in more meaningful widespread ways such as sound bites, community, etc.; publication of resources; centralize messengers to communicate resource information	x	x	x	x			
Engagement in political process	x						
Better dissemination [of information & resources]; where & how to access [information & resources]		x					
More mentors and allies to help bridge cultural disconnects		x					
Leveraging a way to bridge affected women who need services with those with similar life experiences		x					
ODJFS- database to connect		x					
FMLA- allow protected (2) days for prenatal		x					
Free libraries for moms			x				
School-based clinics for young [children]; onsite daycare [for moms]			x	x			
Mom info-line			x				
Buses/ubers with car seats			x				
Mobile health care			x				
Moms helping moms			x				
Financial [support]			x				
Employment			x				
Pop up unit			x				
Tele medicine			x				
Train organizations [and companies] to be sensitive to needs of women and families and understand benefits of developing supportive policies;				x			
Promote and develop health and wellness programs in the workplace				x			
Change mindsets of employers (work from home, tie to incentives)				x			
Education about expungement clinics				x			
Community Counsel					x		
Hub Triage					x		
Alliances with local colleges to start students of color on a supported path					x		
Community Clinic					x		
One stop in zip code					x		
Coordinated care					x		
211-subset for linkage like homeless					x		
Organizations informing court system of community service options after hours						x	
Less focus on waste/fraud/abuse and more focus on graduated progressions/timeline opportunities							x
More community forums/education							x

Provide early intervention and education on coping mechanisms for affected groups							x	
Expand compassion and empathy toward affected demographics							x	
Expand Planned Parenthood services							x	
Increased awareness by employers of options/benefits [offered to employees]								x
Enrollment fairs/clinics								x
Educational events in targeted neighborhoods								x
Public education about insurance access								x
Hotline								x
Facility tours with information about how insurance and services connect								x
Banking/health loans								x
Insurance trial periods								x
Engage insurance companies with solutions								x
Change policy - not require full-time or time limits								x