First Year Cleveland: Engagement and Public Policy Roadmap

Developed by Advocacy & Communication Solutions, LLC

June 25, 2018
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FIRST YEAR CLEVELAND: A SNAPSHOT

Vision
Every baby born in Cuyahoga County will celebrate a first birthday.

Mission
First Year Cleveland’s mission is to mobilize the community through partnerships and a unified strategy to reduce infant deaths including racial disparities.

Goals and Strategies
First Year Cleveland is tasked with leading a new framework that is laser focused on data-driven priorities that align and coordinate systems to decrease the rate of Infant Mortality—particularly African-American babies. In order to achieve its vision and mission, First Year Cleveland will focus on four priorities and five areas of measurable action from 2018 – 2020.

Priorities
Have a Collective Impact
Address Racial Disparities
Reduce Extreme Prematurity
Eliminate Sleep-Related Infant Deaths

Areas of Measurable Action
Establish Shared Measurement Practices
Support Coordinated Activities
Build Public Will
Advance Public Policy
Secure Funding

Within this roadmap ...

Priorities are FYC’s long-term goals related to the top contributors to Infant Mortality.

The Roadmap is FYC’s three-year Engagement and Public Policy Plan.

The Agenda outlines 13 engagement and policy recommendations within four broad key categories of what needs to be accomplished: Public Engagement, System Financing, Social Determinants of Health; and Maternal and Child Health and Well-Being.

Six Strategies define the ways in which FYC will approach its work.

Tactics are the tangible, definable tasks that will happen over the coming weeks, months and years to accomplish the Strategies outlined in the Roadmap, which strives to accomplish the Priorities outlined by FYC.

FIRST YEAR CLEVELAND ENGAGEMENT AND PUBLIC POLICY ROADMAP
EXECUTIVE SUMMARY

BACKGROUND
First Year Cleveland’s (FYC) mission is to mobilize the community through partnerships and a unified strategy to reduce infant deaths. First Year Cleveland fulfills its vision and mission by creating a common understanding of the problem and by leading the development and coordination of strategies to solve it. During the next three years, leaders from the City of Cleveland and Cuyahoga County will work closely with parents, expectant parents, neighborhood residents, service providers including front line caregivers, health systems, civic and government organizations, philanthropy, and faith-based groups all focused on making a collective impact and
systems changes to reduce the Infant Mortality Rate (IMR) in Cuyahoga County from 10.6 to under 6 deaths per 1,000 live births by 2020.

Many stakeholders have committed time and resources to launch this effort. Under the leadership of Executive Director Bernadette Kerrigan and an Executive Committee, FYC has identified 11 Action Team areas that will work toward the organization’s priorities of Addressing Racial Disparities, Reducing Extreme Prematurity and Eliminating Sleep-Related Deaths and Having a Collective Impact.

To support FYC’s collective action work and the 11 Action Teams, FYC created the Engagement and Public Policy Committee, which is tasked with building public will by authentically engaging all community stakeholders to take action on a unified strategy to activate policy change. (Action Teams are outlined in Appendix C.)

In partnership with FYC and the Engagement and Public Policy Committee Co-Chairs Natoya Walker Minor and Marcia Egbert – and with the valuable input of nearly 200 stakeholders – Advocacy & Communication Solutions, LLC (ACS) has developed the organization’s inaugural Engagement and Public Policy Plan, which follows.
KEY DATA POINTS: Infant Mortality in Cuyahoga County
Several key data points have informed FYC’s Strategic Priority Areas and the ACS engagement and policy recommendations. These include:

- **Prematurity:** 69 infants died due to premature births, accounting for 54% of all infant deaths.
- **Sleep-Related Deaths:** There were 21 sleep-related infant deaths, the second-highest number in the last six years. Data captured over the last decade show that 68% of the babies slept in an unsafe sleep location, even when a crib or bassinet was available.
- **Racial Disparities:** Black babies died at nearly three times the rate of white babies – currently 14.5 per 1,000 live births.
- **Birth Defects:** There were 22 birth defect infant deaths in 2016, compared to 21 birth defects infant deaths in 2015.
- **Cuyahoga County’s Infant Mortality Rate** is higher than state and national rates. The county rate of 8.7 per 1,000 live births in 2016 was higher than the state of Ohio’s rate of 7.4 and much higher than the U.S. rate of 5.9.

**IMR data provided by First Year Cleveland, the Cuyahoga County Board of Health’s 2017 Infant Mortality Statistics and the Ohio Department of Health 2016 Infant Mortality Report.**

**Preliminary 2017-18 data continues to show a high disparity in infant losses among black and white families. According to the Cuyahoga County Board of Health, racial disparities - the external factors affecting the health and well-being of mothers and children - have grown threefold since 2016. If those disparities did not exist, and the likelihood of a black child dying prematurely was equal to that of a white child, 165 black babies would have survived.**

ACS METHODOLOGY
As part of a broad research effort to better understand the engagement and public policy landscape in Cuyahoga County – and to inform the agenda for the Engagement and Public Policy Committee – ACS engaged various First Year Cleveland stakeholders through multiple
communication touchpoints. Between March 1 and April 30, 2018, nearly 200 stakeholders provided critical input and feedback, all of which was considered as ACS built this Roadmap.

**ENGAGEMENT AND PUBLIC POLICY AGENDA**

Based on ACS expertise, local and national research, and qualitative research with local and state leaders in Infant Mortality, ACS recommends 13 Engagement and Public Policy Agenda items for FYC. These agenda items fall within **four categories**:

1. **Public Engagement** – Further Engage the Public Sector Around Social Determinants of Health (SDOH); Activate FYC Stakeholders to Advocate and Educate; and Develop a Community of Residents Prepared and Motivated to Use Civic Engagement.

2. **System Financing** – Expand Medicaid Reimbursement Options and Increase Reimbursement Rates to Include Services that Reduce Infant Mortality; Identify New or Existing Billing Codes and Episodes that Will Cover Services Shown to Reduce Infant Mortality; Increase Funding from Federal or State Resources; and Require the Inclusion of a Social Determinant of Health within Medicaid and Managed Care Organization Contract Agreements.

3. **Social Determinants of Health** – Increase Access to Transportation; Explore or Promote Paid Family and Medical Leave; Improve the Quality of Affordable Housing; and Support Ohio Criminal Justice Reform Efforts Through Passage of The Safe and Healthy Communities Ballot Initiative.


The Engagement and Public Policy Agenda, along with supporting data and rationale, are outlined in the Roadmap.

**ENGAGEMENT AND PUBLIC POLICY STRATEGIES**

To execute the Engagement and Public Policy Agenda, ACS has outlined three Engagement and Public Policy goals and six strategies. Each directly relates to FYC’s overarching priorities of Having a Collective Impact, Addressing Racial Disparities, Reducing Extreme Prematurity and Eliminating Sleep-Related Infant Deaths.

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<th>Goals</th>
<th>Strategy</th>
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<td>1. Build and Develop FYC Infrastructure to Support Engagement and Public Policy in the Community.</td>
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<td>2. Communicate with and Engage Local Policy Makers About FYC Activities, to Move the Public Policy Agenda.</td>
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<td>4. Lead Local and State Advocacy Efforts to Reduce Infant Mortality.</td>
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<td>3. Increase Civic Engagement and Understanding of Its Impact on Infant Mortality in Cuyahoga County</td>
<td>6. Develop a Community of Residents Prepared and Motivated to Use Civic Engagement to Address FYC Goals.</td>
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Detailed tactics – the methods by which FYC will accomplish these goals – are outlined in the Roadmap.

**TIMELINE AND EVALUATION**
A three-year timeline is included. ACS recommends a phased approach to implementation. The first three months will include establishing a foundation that will allow the Engagement and Public Policy Plan to be successful. This includes hiring staff, developing or affirming committee structures and members, developing processes, and training FYC advocates. Once this infrastructure is in place, FYC will move more fully into implementation.

Additionally, each strategy corresponds to detailed benchmarks that FYC will use to evaluate the outcome of the Engagement and Public Policy Roadmap. The detailed benchmarks serve as guideposts to measure progress on implementation.

**STAFFING AND COMMITTEE STRUCTURE**
To implement the Engagement and Public Policy Roadmap for the next three years, ACS recommends initially hiring one full-time staff person who will staff lead local engagement and policy efforts under direction of the Co-Chairs, coordinate FYC stakeholder advocacy, and staff the Engagement and Public Policy Committee. Other recommended duties are outlined in this section. ACS also recommends FYC use consultants to support state and federal advocacy, including topic-specific expertise. This section also includes ACS’ recommendations for the structure and role of the Engagement and Public Policy Committee to support implementation.

**APPENDICES**
The appendices include a detailed summary of ACS research, which was the building block of this Roadmap (Appendix A). Other supporting materials include an overview of FYC funding, an overview of the Action Team priorities and additional data points on Infant Mortality.
BACKGROUND AND PURPOSE
The purpose of First Year Cleveland’s Engagement and Public Policy Committee is to mobilize the community to ensure every child reaches their first birthday. FYC engaged Advocacy & Communication Solutions, LLC (ACS) to develop the Committee’s Agenda and three-year Roadmap, which outlines the goals, strategies, tactics, staffing and evaluation needed for FYC to achieve its goals. The proposed 2018 - 2020 Engagement Public Policy Agenda focuses on advancing FYC’s priorities to: Address Racial Disparities, Reduce Extreme Prematurity, Eliminate Sleep-Related Deaths and have a Collective Impact. The Roadmap outlines how to do this through activating stakeholders on an Engagement and Public Policy Agenda, and advocating for federal, state and local policy changes. The Agenda and Roadmap included were developed based on feedback from FYC leadership and the Engagement and Public Policy Committee Co-Chairs, as well as members of the Community Action Council and Action Teams.

FYC STRUCTURE: KEY PLAYERS

Executive Committee comprises 16 committee members of system leaders from both public and private sectors and two At-Large Community Action Council members. This body is responsible for fund development, strategy oversight, advance shared responsibility and accountability to change systems to improve maternal and infant health.

Community Action Council is the large body of community stakeholders who have expressed an interest in Infant Mortality issues and have agreed to contribute in some way to the success of the strategic plan.

Action Teams are the 11 teams charged with one particular area of focus under FYC’s four priorities: Have a Collective Impact, Address Racial Disparities, Reduce Extreme Prematurity, and Eliminate Sleep-Related Deaths. Each Action Team is led by a subject matter expert or experts and focuses on specific areas including Centering Pregnancy, Tobacco 21 and Safe Sleep. These are outlined in Appendix C. The work of the Action Teams is done through a Collective Impact approach.

Engagement and Public Policy Committee are the people who will be responsible for guiding the Engagement and Public Policy agenda.

GLOSSARY OF TERMS

- ACS – Advocacy & Communication Solutions
- CMSD – Cleveland Metropolitan School District
- CMHA – Cuyahoga Metropolitan Housing Authority
- FYC – First Year Cleveland
- HB – House Bill
- HPIO – Health Policy Institute of Ohio
- IMR – Infant Mortality Rate
- LARC – Long Acting Reversible Contraception
- MCO – Managed Care Organization
- NYS – New York State
- OAHP – Ohio Association of Health Plans
METHODOLOGY AND RESEARCH OVERVIEW
As part of a broad research effort to better understand the engagement and public policy landscape in Cuyahoga County and to inform the Engagement and Public Policy Agenda, ACS engaged various First Year Cleveland stakeholders through multiple communication touchpoints. Between March 1 and April 30, 2018, nearly 200 stakeholders provided critical input and feedback, all of which was considered as ACS built this Roadmap. This summary includes key findings based on three months of ACS’ research.

Research and touchpoints included:

• Bi-weekly calls with two FYC staff members – Executive Director Bernadette Kerrigan and Erica Chambers, Senior Director of Health Equity – and Committee Co-Chairs Natoya Walker Minor of Mayor Frank Jackson’s Office and Marcia Egbert of The George Gund Foundation.
• Meeting with 80 Community Action Council Members.
• Electronic survey of 20 Action Team Co-Chairs.
• Phone interviews with 15 Infant Mortality subject matter experts, including Executive Committee members, city and county community leaders and heads of other Infant Mortality initiatives in Ohio and nationwide.
• Informal poll of Big Cities Health Coalition members.
• Focus Group with 8 leaders of the Ohio Equity Institute.
• Engagement and Public Policy Roundtable with 50 Action Council Members.
• Data review from Case Western Reserve University, Cuyahoga County Board of Health, Invest in Children, Ohio Department of Medicaid and Ohio Department of Health.
• Policy scan to understand current law on issues ranging from sex education to Medicaid billing options, as well as policy proposals from numerous organizations including groundWork™ and Health Policy Institute of Ohio (HPIO).

Several key themes emerged from ACS’ research, including the following:

**General**
• There is a lack of common understanding among families, lawmakers and local governments of the issues surrounding Infant Mortality and the city’s high rates of infant death among black babies. There is a lack of urgency and unified direction required to take the necessary steps to prevent these deaths.
• Societal racism and social determinants have a significant negative impact on maternal and infant deaths; how racism and social determinants such as housing, employment, education and transportation impact our infants dying must be commonly understood.

**About the Health Policy Institute of Ohio**
In 2017, Senate Bill 332 enacted recommendations from the 2016 Ohio Commission on Infant Mortality report. This law required the Legislative Service Commission (LSC) to contract with a nonprofit organization to issue a report regarding the social drivers of Infant Mortality. LSC contracted with the Health Policy Institute of Ohio (HPIO) to do so.

With guidance from 100+ Ohio stakeholders, HPIO’s report looks beyond medical care to explore factors in the social, economic and physical environments that affect the health of children and families – the Social Determinants of Health (SDOH). Additionally, the report:

- Assesses the extent to which current housing, transportation, education and employment policies and programs meet the needs of Ohioans most at risk for Infant Mortality.
- Identifies lessons learned from other states that have successfully reduced Infant Mortality, including recommendations for addressing these SDOHs.
- Offers specific, actionable and evidence-informed policy options that state and local policymakers can employ to address unmet needs and inequities.

The report estimates that of the modifiable factors impacting overall health, 20% are attributed to clinical care (i.e., healthcare quality and access); 50% are related to social determinants such as housing, transportation, education and employment; and 30% to health-related behaviors. This report was a crucial building block of research and recommendations compiled by ACS. For more information on the HPIO report on a New Approach to Reduce Infant Mortality and Achieve Equity, visit www.healthpolicyohio.org.
and there must be the will and urgency to collectively act within a long-term plan. This is a marathon and not a sprint. It took five decades to get our community to this health crisis and we do not have 50 decades to fix it – so they can become key elements of long-term planning and solutions.

Public Policy

- The Health Policy Institute of Ohio (HPIO) policy priorities are a good place to begin. The broad categories that cover Education, Employment, Housing and Transportation are closely intertwined.
- Efforts to advance public policy should focus on local and state efforts in the short term.
- Commonly discussed policy areas included:
  - Improving Medicaid and insurance reimbursements for initiatives such as CenteringPregnancy, Long-Acting Reversible Contraception (LARC) and Home Visitation.
  - Establishing a long-term funding model to support Infant Mortality prevention before the grant funding ends in 2019.
  - Enforcing and expanding Tobacco 21 mandates.
  - Expanding the availability and delivery of Reproductive Health and Justice, including sex education and research-based pregnancy prevention education.
  - Improving graduation rates in underserved communities for high-risk students.
  - Addressing housing quality issues.
  - Working with Columbus, Cincinnati, Dayton and Akron’s Infant Mortality coalitions to work on state and federal policy with one voice.

Engagement

- Many organizations in the city and county are already doing great work to combat Infant Mortality. FYC needs to determine when to support these efforts and when to lead them.
- FYC should play a role in coordinating the various advocacy efforts related to Infant Mortality that already exist in the city and county.
- Working with grassroots, community and faith-based organizations is crucial to the success of the Engagement and Public Policy Committee’s goals.
- A successful engagement strategy needs to come from listening to parents who have lost a child, and from listening to expectant parents to understand their lifetime experiences and how these experiences impact maternal and infant deaths.

Detailed research findings can be found in Appendix A.
ENGAGEMENT AND PUBLIC POLICY AGENDA

Based on ACS expertise, local and national research, and qualitative research with local and state leaders in the Infant Mortality and related fields, ACS recommends 13 Engagement and Public Policy Agenda items for FYC. Each agenda item moves the needle on FYC’s overarching priorities in at least one regard: Encouraging Collective Impact, Addressing Racial Disparities, Reducing Extreme Prematurity, or Eliminating Sleep-Related Infant Deaths. The Engagement and Public Policy Agenda highlights the issues that FYC has the greatest potential to impact, thus contributing to a reduction in Infant Mortality during the first three years of implementation.

There is an urgency and priority for FYC to address African-American infant deaths, because black babies are dying at a rate of six times more than white babies in the community, even when the mothers are medically compliant, well educated, and employed without housing or transportation issues. As a result, the Engagement and Public Policy Agenda cuts across all segments of Cuyahoga County’s population. For example, agenda items specifically related to Medicaid and affordable housing will have a greater impact on low-income families. Other agenda items such as lending FYC support to efforts related to Tobacco 21 and Paid Medical and Family Leave, cut across socio-economic status to decrease Infant Mortality. Replete throughout our work is an acknowledgement that we can’t hope to help babies without understanding the physical, social, and emotional connection to the mother. Therefore, it is inherent in our work that to reduce Infant Mortality, we must address both Maternal and Child Health.

Some agenda items require action at the local and/or state levels, in partnership with other organizations when possible. In addition, there may be a joint public policy agenda with other Infant Mortality initiatives in Ohio related to a federal policy priority (to be determined). Conversations with statewide counterparts will occur on a regular basis to determine the feasibility of such an effort.

The recommended Engagement and Public Policy Agenda items for FYC fall within four categories:

1. **Public Engagement** (3) – Further Engage the Public Sector Around the Impact Employment, Housing, Education and Transportation have on Maternal and Infant Health Outcomes; Activate FYC Stakeholders to Advocate and Educate; Develop a Community of Residents Prepared and Motivated to Use Civic Engagement to Advance FYC Goals.

2. **System Financing** (4) – The community has $8.2 million worth of grants from the Ohio Department of Medicaid (ODM) that are demonstrating effective results in reducing infant deaths. With these grants ceasing on June 30, 2019, FYC needs long-term funding solutions: Expand Medicaid Reimbursement Options and Increase Reimbursement Rates to Include Services that Seek to Reduce Infant Mortality; Identify New or Existing Billing

   Collective Impact is a core element of FYC’s work. In order to reduce infant deaths, FYC has been charged to establish shared measurement practices, support coordinated services, build public will, advance public policy and secure funding for the community’s collective activities, including Collective Impact and FYC’s 11 Action Teams. The Engagement and Public Policy Plan leads two key activities: building public will and advancing public policy. It will drive a common understanding of infant deaths in Cuyahoga County, as well as engage stakeholders to take action on a unified strategy for public policy change.
Codes and Episodes that Will Cover Services that Will Reduce Infant Mortality; Increase Funding from Federal or State Resources, or Any Other Funding Source for Services; Require the Inclusion of Employment, Education, Housing and Transportation for Medicaid Expectant Parents (49% of all births) within Medicaid and Managed Care Organization Contract Agreements.

3. **Social Determinants of Health (4)** – Increase Access to Transportation; Explore or Promote Paid Family and Medical Leave; Improve the Quality of Affordable Housing; Support Ohio Criminal Justice Reform Efforts Through Passage of The Safe and Healthy Communities Ballot Initiative.

4. **Maternal and Child Health and Well-Being (2)** Support Enforcement and Expansion of Tobacco 21; Support Reproductive Health and Justice Education.

The Engagement and Public Policy graphic outlines 13 agenda items. During implementation of the Roadmap, there is flexibility for the agenda to adapt and evolve. This flexibility is represented in the graphic through a 14th icon called “Future Priorities.”
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<th>Public Engagement</th>
<th>Engagement and Public Policy Agenda</th>
<th>Why It Matters</th>
<th>What It Is</th>
<th>Data Showing It Moves the Needle</th>
<th>FYC Lead or Support?</th>
<th>Where It Appears in the Strategies</th>
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<tr>
<td>1. Further Engage the Public Sector Around How Employment, Education, Housing and Transportation Impact Issues Affecting Infant Mortality Issues</td>
<td>Clinical care only impacts maternal and child health by 20%; 80% of maternal and child health outcomes are impacted by social, economic, physical and environment factors. There is significant opportunity in the public sector at the city and county level to coordinate and collaborate to decrease infant deaths by investing in SDOH.</td>
<td>Collaborate with local, state and federal government departments – from Housing to Transportation and everything in between – to identify and achieve specific milestones related to Infant Mortality. Infant Mortality is not just something the health department can have a role in – every department can do something. Figure out what that role is and measure progress toward it. For example, city and county may be instrumental to change local public policy that will provide access to transportation, housing or healthcare. Support the efforts of Action Teams 5 and 8.</td>
<td>Researchers estimate that of the modifiable factors that impact overall health, 20% are attributed to clinical care (i.e., healthcare quality and access), and 30% to health-related behaviors, such as tobacco use or nutrition. The remaining 50% are attributed to the types of community conditions such as housing, transportation, education or employment.</td>
<td>Lead</td>
<td>Strategy Two.</td>
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<td>2. Activate FYC Stakeholders to Advocate and Educate on Infant Deaths</td>
<td>Provide the entire community through FYC Community Action Council and FYC Communication Committee with a data-informed common understanding of why our infant are dying and what actions can be taken to reduce those deaths. Consistent communication materials and coordinating their advocacy activities will allow FYC to leverage their knowledge and manpower.</td>
<td>Build the capacity of the FYC Community Action Council and Executive Committee to educate policy makers and community organizations to increase awareness of the issues surrounding Infant Mortality among key decision makers. Arm them with the tools they need to inform these audiences about the causes and risk factors, and create a platform for collaboration and solutions.</td>
<td>More than 300 stakeholders from 70 organizations are engaged in FYC's advocacy regarding Infant Mortality. This includes the Advisory Committee, the Community Action Council and the Action Teams.</td>
<td>Lead</td>
<td>Strategy One for building capacity of advocates.</td>
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<td>3. Develop a Community of Residents Prepared and Motivated to Use Civic Engagement</td>
<td>An active electorate elevates the discussion regarding Infant Mortality and the need to have</td>
<td>Engage, educate and mobilize impacted communities/stakeholders on the importance of their direct advocacy on specific FYC policy priorities and about the importance of voting. ACS recommends</td>
<td>In 2012, 26 million eligible voters of color did not vote in America, and, among eligible voters earning less than $50,000, 47 million did not</td>
<td>Support</td>
<td>Strategy Six.</td>
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<td>Engagement to Address FYC Goals</td>
<td>policy makers who understand the importance of these issues.</td>
<td>that FYC partner with Cleveland Votes to develop customized trainings for FYC stakeholders and for the residents in five priority communities. This may help spur collaboration among area nonprofits and may result in a Get Out the Vote campaign or candidate forums. Support the work of the Communication Committee and Action Team 10.</td>
<td>vote. In 2014, 44 million eligible voters of color did not vote, and 66 million eligible voters earning less than $50,000 did not vote.</td>
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<td><strong>4. Expand Medicaid Reimbursement Options and Increase Reimbursement Rates to Include Services that Seek to Reduce Infant Mortality</strong></td>
<td>When addressing the healthcare needs of populations (poor, women of color) that are most impacted by Infant Mortality in Greater Cleveland, the program likely to serve them is Ohio’s Medicaid system. Medicaid (and sister agencies) has the potential to be more creative in the way in which it provides access to and pays for services to low-income women, particularly women of color that seek to address the challenges connecting to reducing Infant Mortality. There is the potential to help institute a more comprehensive approach to supporting programs and services through Medicaid dollars. In addition, support for such preventative services will help Medicaid and sister agencies save dollars in the long term by avoiding costly intervention services.</td>
<td>System Financing includes four distinct public policy efforts. Together, this approach includes engagement and advocacy for a holistic strategy to elevate the importance of Infant Mortality and thread a comprehensive reimbursement strategy across all agencies and programs that are either directly or indirectly related to Infant Mortality, as well as to bolster overall funding levels. Currently, Ohio Medicaid has a patchwork approach to reimbursement for services/programs (i.e., home visiting, CenteringPregnancy, etc.) that seek to prevent or address Infant Mortality. This approach is based on a particular agency or tactical need in that agency. Engage several key audiences including but not limited to Ohio Department of Medicaid (ODM), Ohio Department of Health (ODH), Ohio Association of Health Plans (OAHP), and the Ohio General Assembly (OGA) to create a holistic approach to system financing that will bolster funding for services that address Infant Mortality and fill gaps in the system.</td>
<td>The Ohio Department of Medicaid has provided $8.4 million over three years to support and expand community programs working to address Infant Mortality: Home Visiting, CenteringPregnancy, Fatherhood Initiative and Faith-based Health Ambassador Program in Cuyahoga County. FYC must help to secure additional funding to maintain these programs. FYC also will work with others who are supporting these issues – convene and lobby together and share resources and expertise. So in this case, they will both lead and support.</td>
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<td>5. <strong>Identify New or Existing Billing Codes and Episodes that Will Cover Services that Will Reduce Infant Mortality.</strong></td>
<td>Data prove that evidenced-based services to address issues related to Infant Mortality help to reduce the rate of infant deaths. Additional direct funding to support those evidenced-based services will help to expedite that reduction.</td>
<td></td>
<td>Support</td>
<td>Strategies Three and Five.</td>
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<td>How it relates to FYC priorities:</td>
<td>Engage several key audiences including but not limited to Ohio Department of Medicaid (ODM), Ohio Department of Health (ODH), Ohio Association of Health Plans (OAHP), and the Ohio General Assembly (OGA), Office of Minority Health and Health Equity Department on state and local policy priorities.</td>
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<td>Collective Impact</td>
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<td>Racial Disparities</td>
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<td>Extreme Prematurity</td>
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<tr>
<td>Sleep-Related Infant Deaths</td>
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<th>6. <strong>Increase Funding from Federal Grants, State Resources, or Any Other Source for Services</strong></th>
<th>Data proves that evidenced-based services to address issues related to Infant Mortality helps to reduce the rate of infant deaths. Additional direct funding to support those evidenced-based services will help to expedite that reduction.</th>
<th>Advocate to maintain and increase funding or apply for grants to support access to programs and services including CenteringPregnancy, Home Visitation and Long-Acting Reversible Contraceptives. Additional funding will increase the number of interventions and impact the overall number of women served by these programs. Support the work of Action Teams 5, 6 and 7.</th>
<th></th>
<th>Lead</th>
<th>Strategy Four.</th>
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<td>How it relates to FYC priorities:</td>
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<td>Racial Disparities</td>
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<td>Extreme Prematurity</td>
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<td>Sleep-Related Infant Deaths</td>
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<p>| 7. <strong>Require the Inclusion of Employment, Education, Housing and Transportation (SDOH) Within Medicaid and Managed Care Organization Contract Agreements</strong> | The inclusion of SDOH can help to elevate the importance of and prioritize the use of programs and services that seek to address Infant Mortality. For example, although a new policy, New York State (NYS) Managed Care Organizations (MCO), of which there are seven, have successfully procured contracts in this vein during 2017. The specific SDOH that is chosen is up ODM does not require within its MCO contracts the inclusion of SDOH components. Although allowed by federal law, this is a voluntary component of MCO strategies to serve their Medicaid populations. Based on the emerging practice within New York State regarding the mandate requiring MCOs with state Medicaid contracts to use one SDOH within that contract, Ohio is presented with the following options: a. Mandate that MCOs with State Medicaid contract include at least one SDOH within the contract agreement including measurable outcomes. Instituting an SDOH can help to improve outcomes of healthcare services especially for populations that are considered high risk (living in poverty, isolated, certain conditions/diseases, etc.), and therefore save dollars for the state and providers. Select providers and healthcare organizations are developing strategies to collect and use patient-level SDOH information to better direct interventions. |  | Lead | Strategy Three. |
| How it relates to FYC priorities: |  |  |  |  |  |
| Collective Impact |  |  |  |  |  |
| Racial Disparities |  |  |  |  |  |
| Extreme Prematurity |  |  |  |  |  |
| Sleep-Related Infant Deaths |  |  |  |  |  |
| Support Social Determinants of Health | 8. Increase Access to Transportation | How it relates to FYC priorities: Collective Impact Racial Disparities Extreme Prematurity | Increasing access to affordable transportation would better connect low-income families to jobs, transportation, postsecondary education and social capital. It also directly helps pregnant women and families with infants make their doctor appointments and wellness visits. Twenty-two percent of black households in Ohio did not have a vehicle in 2014, compared to 8% of households overall. Compared to other states, Ohio’s metropolitan areas generally have less robust bus service and fewer walkable neighborhoods. Leveraging public-private partnerships and joining forces across sectors are critical for long-term impact. | Work with local government and private transportation providers (i.e., Uber, Lyft), as well as healthcare providers, to secure subsidies or discounts for pregnant women or new moms to improve access to affordable, reliable transportation. Work with Cradle Cincinnati and Celebrate One Columbus to achieve statewide policies. | Support the work of Action Teams 5 and 8. | According to the Ohio Department of Health, between 2007-2009, lack of access to transportation was cited as a barrier for more than 5% of mothers who did not receive prenatal care. | Lead | Strategy Two. |
| Support Social Determinants of Health | 9. Explore or Promote Paid Family and Medical Leave | Paid Family and Medical Leave policies allow for workers to continue earning a percentage of their paycheck if they want/need State Level: Support statewide coalitions and leverage FYC stakeholders and lobbyists to advocate for HB 550 and SB 281 that would provide paid or sick leave for workers. | Only 4% of low-wage workers nationally have access to Family and Medical Leave, limiting their ability to take time off for family or medical needs. | Support at a state level. | Strategies Four and Five. |</p>
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<th><strong>10. Improve the Quality of Affordable Housing</strong></th>
<th><strong>How it relates to FYC priorities:</strong></th>
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<th><strong>How it relates to FYC priorities:</strong></th>
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<td><strong>Collective Impact</strong></td>
<td><strong>Racial Disparities</strong></td>
<td><strong>Extreme Prematurity</strong></td>
<td><strong>Sleep-Related Infant Deaths</strong></td>
<td><strong>Collective Impact</strong></td>
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<td><strong>Racial Disparities</strong></td>
<td><strong>Extreme Prematurity</strong></td>
<td><strong>Sleep-Related Infant Deaths</strong></td>
<td><strong>to take time off to stay healthy during pregnancy; to care for and bond with a newborn, newly-adopted child or newly-placed foster child; or to address one’s own medical health condition.</strong></td>
<td><strong>Local Level:</strong> Explore local paid family and medical leave policy options and inventory organizations that already provide leave. Advocate for at least one municipality or organization to support leave policies each year.</td>
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<td><strong>Extreme Prematurity</strong></td>
<td><strong>Sleep-Related Infant Deaths</strong></td>
<td><strong>Local Level:</strong></td>
<td><strong>to consistently financially support themselves and their infants.</strong></td>
<td><strong>to consistently financially support themselves and their infants.</strong></td>
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<td><strong>Sleep-Related Infant Deaths</strong></td>
<td></td>
<td><strong>State Level:</strong> Increase state funding to the City of Cleveland for screening and remediation for housing quality issues including lead, mold and pests.</td>
<td><strong>Sixty-two percent of working people in Ohio do not benefit from the federal leave law because it does not cover them, or they cannot go without pay.</strong></td>
<td><strong>Lead on a local level.</strong></td>
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<td><strong>Local Level:</strong> Advocate for local governments to:</td>
<td><strong>Eighty-five percent of black moms and 62% of Latina moms are their households’ only providers. A majority of white mothers – 53% – are the sole earners.</strong></td>
<td><strong>Lead on a local level.</strong></td>
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<td>• Give preference to pregnant women or families with infants for quality housing.</td>
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<td><strong>Lead at a state level.</strong></td>
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<td>• Prioritize lead screening and remediation for the seven neighborhoods in Cleveland with the highest incidents of lead poisoning and that are priority FYC communities (Buckeye/Shaker; Buckeye/Woodall; Clark Fulton; Hough; Lee Harvard; Mt. Pleasant and Kinsman).</td>
<td><strong>Lead at a local level.</strong></td>
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<td>• Advocate for organizations who receive Choice Housing Vouchers to prioritize pregnant women.</td>
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<td><strong>Strategies Two and Four.</strong></td>
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<td>Support the work of Action Team 8.</td>
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<td><strong>11. Support Ohio Criminal Justice Reform Efforts</strong></td>
<td><strong>How it relates to FYC priorities:</strong></td>
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<td><strong>Collective Impact</strong></td>
<td><strong>Racial Disparities</strong></td>
<td><strong>Extreme Prematurity</strong></td>
<td><strong>Collective Impact</strong></td>
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<td><strong>Reducing incarceration rates helps to provide sustainability for families by bringing or keeping families together or increasing job prospects. Passage of the Neighborhood Safe and Healthy</strong></td>
<td><strong>Recruit FYC stakeholders to support criminal justice reform by advocating for the Neighborhood Safe and Healthy Communities ballot amendment, designed to increase public safety and decrease incarceration by ensuring that state prison spending focuses on violent and serious offenses. This proposed</strong></td>
<td><strong>Between 1990 and 2009, the number of incarcerated women increased 153% in the United States. Most women are incarcerated for nonviolent crimes, including drug and property offenses. On average,</strong></td>
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<td><strong>Support Strategy Five.</strong></td>
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<td><strong>State Level:</strong></td>
<td><strong>Support</strong></td>
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<tr>
<td>Maternal and Child Health and Well-Being</td>
<td>12. Support Enforcement and Expansion of Tobacco 21</td>
<td>Ohio is well above the national average in both high school and adult smoking. An estimated 259,000 children now under the age of 18 will eventually die prematurely due to smoking, with 7,100 children becoming daily smokers each year. The result is an annual healthcare cost of $5.64 billion that is</td>
<td>Work with the City of Cleveland to support existing efforts of Cuyahoga County to enforce and expand Tobacco 21 laws. Tobacco 21 is the statewide effort to pass ordinances to change the tobacco purchase age from 18 to 21. It has already been adopted in a dozen Ohio cities – including Akron, Cleveland and Columbus – and is being introduced in several more.</td>
<td>Support the work of Action Teams 9, 10 and 11.</td>
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<tr>
<td>Collective Impact</td>
<td>Racial Disparities</td>
<td>Communities proposed 2018 ballot amendment will have a significant impact on Ohio’s over-incarceration. Currently, 23% of state prison admissions are for probation violations, and 1/8 of inmates were convicted of drug possession. Early analysis estimates reduction of the prison population by 10,000, with a cost savings of $100 million each year. Savings would be used for treatment, rehabilitation and other local services. The women in the criminal justice system are among the most vulnerable in society. Pregnancies among incarcerated women are often unplanned and high-risk and are compromised by a lack of prenatal care, poor nutrition, domestic violence, mental illness, and drug and alcohol abuse.</td>
<td>constitutional amendment aims to reduce imprisonment for low-level, nonviolent drug and probation violation offenses; encourage participation in rehabilitation; and reallocate prison spending to diversion, drug treatment and victim services. The amendment will be put before Ohio voters in November 2018.</td>
<td>6%-10% of incarcerated women are pregnant, with the highest rates in local jails. Data on rates of pregnancy in juvenile facilities are limited, but indicate higher rates than in adult facilities.</td>
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directly caused by smoking, and another $5.88 billion in lost productivity.

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<th>13. Support Comprehensive, Age and Culturally Appropriate Reproductive Health and Justice Education</th>
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<td>In 2005, Cleveland Metropolitan School District (CMSD) implemented the Responsible Sexual Behavior initiative, a comprehensive sexuality education provided to students in K–12. The program is taught by trained CMSD teachers and external facilitators over several sessions throughout the year, utilizing age-appropriate curriculum. The program has demonstrated positive results and has broad parental approval and could be used as a model in other school districts. In addition to sex education and pregnancy prevention, this curriculum includes social skills, life planning, job training, etc.</td>
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<td>Support existing efforts for mandating and expanding reproductive health and justice curriculum, including sex education, in community-based settings and all Cuyahoga County school districts through partnership with allies like the Collaborative for Comprehensive School Age Health.</td>
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<td>Between 1991 and 2010, teen births cost Ohio taxpayers $9.8 billion. In Ohio, infants born to teen mothers aged 15-17 and 18-19 have a mortality rate of 13.5 and 10.5 per 1,000 live births.</td>
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<td>Support</td>
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<td>Strategy Five.</td>
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ENGAGEMENT AND PUBLIC POLICY STRATEGIES AND TACTICS

**Detailed Logic Model**

The following logic model details the elements of the EFPP Roadmap and its intended impact.

### Engage and Public Policy Agenda

<table>
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<th>Public Engagement</th>
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<tr>
<td>1. Further engage the public sector around social determinants of health on infant mortality.</td>
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<tr>
<td>2. Actively support collaboration on infant mortality issues.</td>
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**IMPACT**

- More residents in high infant mortality rate zip codes exercise their right to vote.  
- There is more public awareness about issues that contribute to infant mortality.

To achieve the agenda FYC must:

### Goals

1. Prepare FYC to Lead, Support and Convene Stakeholders Around the Public Policy Agenda
2. Strategically Engage FYC in Local and State Public Policy Advocacy Efforts to Reduce Infant Mortality
3. Increase Civic Engagement and Understanding of its Impact on Infant Mortality in Cuyahoga County

### Strategies

1. Build and Develop Infrastructure to Support Public Policy and Engagement in the Community
2. Communicate with and Engage Local Political Leaders About FYC Activities and to Move the Public Policy Agenda
3. Engage and Build Public Sector Champions at the State Level to Meet Public Policy Objectives
4. Local and State Advocacy Efforts to Reduce Infant Mortality
5. Support Organizations that are Actively Advocating on Issues Related to Reducing Infant Mortality
6. Develop a Community of Residents Prepared and Motivated to Use Civic Engagement to Address FYC Goals

### System Financing

1. Expand reimbursement options and increase reimbursement rates.
2. Identify Medicaideligible codes and select services that will cover services.
3. Increase state and federal funding.
4. Include Social Determinants of Health in Medicaid and managed care contracts.

**IMPACT**

- More pregnant women or new moms have access to reliable transportation, which means they make fewer doctor appointments and check-ups.
- Fewer pregnant women or new moms live in places with lead, mold or pests.
- Families do not have to choose between work and staying at home with a sick child.
- Fewer pregnant women and new moms live in isolation.

### Support Social Determinants of Health

1. Increase access to transportation.
2. Improve quality of affordable housing.
3. Endorsa or promote family and medical leave.

**IMPACT**

- Fewer pregnant women or new moms smoke.
- More young people receive information to better plan or prevent pregnancy.

### Maternal and Child Health and Well-Being


**IMPACT**

- Accomplishing the agenda leads to the accomplishment of FYC priorities.

### FYC Priorities

1. Collective Impact
2. Racial Disparities
3. Extreme Prematurity
4. Sleep-Related Deaths

### FYC Outcomes

1. Establish shared measurement practices.
2. Secure funding.
3. Advance public policy.
4. Support coordinated activities.

To execute the Engagement and Public Policy Agenda as outlined, ACS recommends three Engagement and Public Policy goals and six strategies to guide the work. When implemented successfully, each Engagement and Public Policy strategy will result in a series of outcomes, which relate directly to FYC’s overall measurable outcomes. In addition, like the recommended Engagement and Public Policy Agenda, all recommended strategies relate directly to accomplishing FYC’s overarching priorities of Addressing Racial Disparities, Reducing Extreme Prematurity, Eliminating Sleep-Related Deaths, and Encouraging the Collective Impact of FYC’s efforts.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategy</th>
<th>Engagement and Public Policy Outcomes</th>
<th>FYC Measurable Outcomes</th>
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</thead>
</table>
| 1. Prepare FYC to Lead, Support and Convene Stakeholders Around the Public Policy Agenda | 1. Build and Develop Infrastructure to Support Engagement and Public Policy in the Community. | 1. FYC has the infrastructure and advocacy capacity to act on the engagement and public policy agenda.  
2. FYC Action Council and Executive Committee have the tools and knowledge to support advocacy activities.
3. There is an “advocacy core” – a group of individuals that FYC can call upon to testify, meet with | Support Coordinated Activities  
Advance Public Policy  
Build Public Will |
<table>
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<tr>
<th><strong>ENGAGEMENT AND PUBLIC POLICY STRATEGIES AND TACTICS</strong>¹</th>
<th><strong>2. Communicate with and Engage Local Policy Makers About FYC Activities and to Move the Public Policy Agenda.</strong></th>
<th>4. All local government departments work toward decreasing Infant Mortality by finding solutions that address Social Determinants of Health.</th>
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<td></td>
<td>• Support Coordinated Activities</td>
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<td>• Advance Public Policy</td>
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<td>• Build Public Will</td>
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<tr>
<td><strong>2. Strategically Engage FYC in Local and State Public Policy Advocacy Efforts to Reduce Infant Mortality</strong></td>
<td>3. Engage and Build Public Sector Champions at the State Level to Meet Public Policy Objectives.</td>
<td>5. The next governor of Ohio, local and state elected officials, and key state administrators actively support FYC-related goals.</td>
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<td>• Advance Public Policy</td>
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<td>• Support Coordinated Activities</td>
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<td>• Secure Funding</td>
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<td>4. Lead Local and State Advocacy Efforts to Reduce Infant Mortality.</td>
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<td>6. Agency leaders have heard consistently from the public on Infant Mortality issues.</td>
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<td>7. The Public Policy agenda items are accomplished.</td>
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<td></td>
<td>• Establish Shared Measurement Practices</td>
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<td>• Secure Funding</td>
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<td>• Advance Public Policy</td>
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<td>• Support Coordinated Activities</td>
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<td>5. Support Organizations that are Actively Advocating on Issues Related to Reducing Infant Mortality.</td>
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<td></td>
<td>• Secure Funding</td>
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<td>• Advance Public Policy</td>
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<td>• Support Coordinated Activities</td>
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<td>3. Increase Civic Engagement and Understanding of Its Impact on Infant Mortality in Cuyahoga County</td>
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<td>6. Develop a Community of Residents Prepared and Motivated to Use Civic Engagement to Address FYC Goals.</td>
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<td>8. One person from each high-risk community takes the lead on civic engagement activities around Infant Mortality issues.</td>
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<td>• Build Public Will</td>
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<td>• Support Coordinated Activities</td>
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</table>

The objective or goal is the ultimate destination you want to reach. The strategy is the vehicle/mode of transportation you will take to get there. The tactics are turn-by-turn directions that will move you along the way. At times you will walk, or drive, or take an airplane or train, or ride a bike, bus, or hot air balloon, but the path/direction – and the ultimate destination – will stay the same.

¹ The tactics are aligned with the timeline and the order in which they will be addressed.
STRATEGY ONE: Build and Develop Infrastructure to Support Engagement and Public Policy in the Community

TACTICS

1. Hire staff (See the staffing section for additional detail – to be managed by FYC staff and Engagement and Public Policy Committee).
2. Establish the Engagement and Public Policy Committee (FYC staff).
   - Establish a communication feedback loop between the Engagement and Public Policy Committee, the Action Teams and the Community Action Council. Action Teams may have a need that may be considered for the Engagement and Public Policy Agenda. The Engagement and Public Policy Committee will need to leverage Action Team members for advocacy activities.
     - Add engagement and public policy on the charter required by each Action Team.
     - Ask each FYC Action Team to outline engagement and public policy activities required for them to succeed in their work.
     - Establish a process for Action Teams to ask the Engagement and Public Policy Committee for advocacy support (i.e., letters of support, media advocacy, etc.) or create additional Engagement and Public Policy Agenda items in the future.
   - Establish an advocacy and engagement stakeholder list that can be activated when needed and establish a process for activation (FYC staff).
   - Establish a process for modifying the Engagement and Public Policy Agenda. The agenda is a living document that includes the items projected to have the most impact on Infant Mortality for the next three years. These may change in six months or in two years. ACS recommends that the Engagement and Public Policy Committee reevaluate the agenda and the subsequent strategies and tactics in December 2018, July 2019, July 2020 and July 2021 (FYC staff and Engagement and Public Policy Committee).
3. Develop a strategy to better connect with nonprofit leaders in Health and Human Services and with larger medical professional lobbying organizations to join/support the FYC Engagement and Public Policy efforts (*FYC staff and Committee*).

4. Engage and/or coordinate with other Ohio-based Infant Mortality initiatives (*FYC staff and Committee*).
   - Determine if there can be a shared state public policy agenda (i.e., transportation, system financing, paid leave).
   - Determine if there is one federal priority that can be jointly worked on by FYC and other Ohio Infant Mortality initiatives.

5. Understand the landscape of FYC’s external champions and find a coordinated way to connect and communicate with those groups to support Engagement and Public Policy efforts (*FYC staff and Committee*).

6. Develop a detailed workplan to guide the daily and weekly activity to implement the Engagement and Public Policy strategies (*FYC staff*).

7. Determine state budget asks and associated rationale (*FYC staff and Committee*).

8. Identify and build capacity of FYC and Community Action Council and other stakeholders to be advocates (*FYC staff and Committee*).
   - Recruit FYC stakeholders to be advocates.
   - Connect stakeholders to existing policy/advocacy trainings.
     - Cleveland Votes.
     - Racial Equity Institute (REI).
     - Neighborhood Leadership Institute.
     - Human Services Advocates Network.
   - Work with FYC’s communication team to address needs for toolkits and materials targeted at policy makers, community organizations, etc.
   - Build the tools necessary for successful and appropriate advocacy – website content for stakeholders, survey capabilities, professional development, etc.
   - Activate trained stakeholders to advocate on public policy agenda items at the local, state and federal levels.

9. Ask FYC organizations that have lobbyists to prioritize FYC’s policy initiatives included in the Engagement and Public Policy agenda. Examples of those organizations include the following (*FYC staff and Committee*):
   - Cuyahoga Metropolitan Housing Authority (CMHA).
   - Office of Minority Health.
   - Ohio Hospital Association.
   - Greater Cleveland Hospital Association.
   - The Center for Health Affairs.
   - Ohio Children’s Hospital Association.
   - Center for Community Solutions.
   - Ohio Perinatal Quality Collaborative.

**STRATEGY TWO: Communicate with and Engage Local Policy Makers about FYC Activities to Move the Public Policy Agenda**
TACTICS:

1. Expand engagement with the Cleveland City Council and Mayor’s office (*FYC staff and FYC Executive Committee*).
2. Expand engagement with the Cuyahoga County Council and County Executive (*FYC staff and FYC Executive Committee*).
3. Conduct conversations and build or expand upon partnerships with all local government departments about Infant Mortality and FYC. Provide recommendations on what they can do (*FYC staff and Committee*).
   - Develop recommendations for each county and city public health department.
   - Encourage all local government departments to integrate Social Determinants of Health to address Infant Mortality.
     - This may come about through conversations with the Mayor or County Executive, or through conversations with individual departments (*final approach will be determined by the Committee*).
   - Work with local government and transportation providers (i.e., Uber, Lyft) to secure subsidies or discounts for pregnant women or new moms to improve access to affordable, reliable transportation.
   - Work with Other Ohio-based Infant Mortality Initiatives (including Cincinnati, Columbus, Akron and Dayton) to enact statewide policy.
   - Determine feasibility of local government and/or organizations who receive housing choice vouchers to give preference to pregnant women or families with infants for quality, stable housing.
   - Assess usage of Ohio Finance Housing Agency grant for programs and services in new housing developments.

STRATEGY THREE: Engage and Build Public Sector Champions at the State Level to Meet Public Policy Objectives

TACTICS

1. Engage gubernatorial candidates to encourage them to lead or actively support FYC-related goals, educate them about Infant Mortality and build them as champions (*FYC staff, Engagement and Public Policy Committee and Consultant*).
   - Meet with gubernatorial candidates or arrange a site visit to ask for their leadership and support for FYC-related goals.
• Send gubernatorial candidate materials about FYC and Infant Mortality.
• Engage with other candidates – beyond gubernatorial – as opportunities arise.
• Offer FYC as a resource on policy issues related to Infant Mortality.

2. Engage several key audiences including, but not limited to: Ohio Department of Medicaid (ODM), Ohio Department of Health, the Ohio General Assembly, Office of Minority Health and the Health Equity Department on state and local policy agenda items (FYC staff and Consultant).

3. Engage Managed Care Organizations and the Director’s Office, Ohio Department of Health (ODH) in conversations to lay the groundwork for inclusion of Social Determinants of Health (FYC staff and Consultant) in all polices, grant, and contracts.
   • Determine next steps to change managed care contracts (i.e., mandate such as New York or on their own). Next steps may include:
     • Engage ODH to determine viability of one or both SDOH inclusion strategies in either their engagement with Ohio Association of Health Plans (OAHP) or directly with ODM.
     • Convene NYC leaders, ODM and ODH to discuss the strategies used and partnerships required to include SDOH in NYC managed care contracts.
     • Based on ODH conversation, engage OAHP with the rationale behind the inclusion.
     • Engage ODM to determine viability of one or both SDOH inclusion strategies.

4. Create a coordinated approach for informing and influencing legislators and cultivating legislative champions (FYC staff and Consultant).

STRATEGY FOUR: Lead Local and State Advocacy Efforts to Reduce Infant Mortality

TACTICS

1. Advocate for increased state funding for local health departments and entities that screen for and remediate housing quality issues including lead, mold and pests, prioritizing Buckeye/Shaker; Buckeye/Woodall; Clark Fulton; Hough; Lee Harvard; Mt. Pleasant and Kinsman – the neighborhoods that are both the highest incidents of lead poisoning and that are priority FYC communities (FYC staff and Engagement and Public Policy Committee).
   • Develop data and rationale for increased state dollars.
   • Ask the City of Cleveland to prioritize the seven neighborhoods with the highest incidents of lead poisoning and that are priority FYC communities.
   • Ask the Coroner to review lead levels in infant deaths to determine the level of priority of this approach.
   • Ensure that organizations that receive housing choice vouchers give preference to pregnant women.
   • Engage state public policy makers to increase funding for the City of Cleveland through one-on-one meetings, phone calls and/or letters.
   • Leverage FYC advocates and FYC lobbyists to support state funding for local health departments for lead, mold and pest remediation.
2. Identify and secure one source of funding beyond Medicaid (each year) to support key components of reducing Infant Mortality (i.e., Home Visitation) (FYC staff and Consultant). Steps may include:
   • Determine rationale and develop data to support requests from individual entities.
     o **City of Cleveland**: Secure Community Development Block Grant dollars to support community outreach strategies and services in high-risk zip codes.
     o **Cuyahoga County**: Seek Temporary Assistance for Needy Families dollars to support community outreach strategies and services in high-risk zip codes.
     o **State of Ohio**: Secure support from ODH’s General Revenue Fund to support community outreach strategies and services in high-risk zip codes.
     o **Federal Grants**: Work with community partners and/or engage a development/grants specialist to identify and apply for federal funding.
     o **Philanthropic**: Identify 3-5 philanthropic entities that have aligned priorities.
   • After compiling data, identify and secure one source of funding each year.

3. Understand paid family and medical leave options for Cuyahoga County (FYC staff and Committee).
   • Research what other municipalities have done to expand paid family and medical leave.
   • Conduct an inventory of existing leave policies in municipalities and local organizations.

4. Identify and advocate for one municipality or organization to offer paid family and medical leave in Cuyahoga County each year (FYC staff and Committee).
   • Leverage FYC advocates and FYC lobbyists.

**STRATEGY FIVE: Support Organizations that are Actively Advocating on Issues Related to Reducing Infant Mortality and the Related FYC Goals.**

**TACTICS**

1. Engage and connect to existing efforts related to criminal justice reform (FYC staff and Engagement and Public Policy Committee).
   o Recruit FYC stakeholders to be criminal justice ambassadors as part of through passage of The Safe and Healthy Communities Ballot Initiative.
   o Connect FYC stakeholders to criminal justice trainings.

2. Support/lead organizations doing advocacy on issues related to system financing, including Medicaid (FYC staff, Committee and Consultant).
   o Identify who is doing what advocacy related to system financing.
   o Conduct outreach to organizations to identify how best to support them.
   o Work with Cradle Cincinnati and Celebrate One Columbus to determine next steps around addressing billing codes or expanding Ohio’s Medicaid reimbursement options and/or rates. This is to be determined by the Engagement and Public Policy Committee and subsequent workplan. This may require the assistance of a Medicaid financing expert consultant.
     ▪ To expand Medicaid reimbursement options and/or rates, next steps may include:
       - Define where there are gaps and what Infant Mortality services should be included as a reimbursable program or service.
- Determine costs related to those defined services, preferred reimbursement rates, the difference between cost and reimbursement rate, and related rationale.
- Engage Ohio Department of Health (ODH) and Ohio Department of Medicaid (ODM) to determine viability of including this within Ohio’s Medicaid State Plan.

**Next steps may include the following for identifying current (and/or previously unknown or non-existent) billing codes or episodes that help cover costs for services/programs that seek to prevent or address Infant Mortality:**
- Engage State Centering Pregnancy leadership to determine specific codes used by the national office.
- Ask ODH and ODM to outline known and allowable codes to support Infant Mortality or related programs/services.
- Cross check Centering Pregnancy codes with existing Ohio-based codes.
- Determine which Infant Mortality prevention programs in Greater Cleveland can bill Medicaid directly.
- Determine costs related to those defined services, preferred reimbursement rates and the difference between cost and reimbursement rate.
- Engage ODH and ODM to determine viability of including this within Ohio’s Medicaid State Plan.

3. Leverage FYC advocates and lobbyists to support statewide coalitions in their advocacy for statewide paid family and medical leave (*FYC staff and Consultant*), in partnership with Cradle Cincinnati and Celebrate One Columbus.

4. Support existing efforts to expand Reproductive Health and Justice curriculum in schools and in community-based settings by participating in local collaboratives such as the Collaborative for Comprehensive School Age Health (*FYC staff*).

5. Support the existing efforts of Action Team 11 to enforce and expand Tobacco 21 laws (*FYC staff*).

**STRATEGY SIX: Develop a Community of Residents Prepared and Motivated to Use Civic Engagement to Address FYC Goals**

**TACTICS**

1. Engage Cleveland Votes\(^2\) to develop a customized training for FYC stakeholders to conduct civic engagement activities in and/or in partnership nonprofits across Cuyahoga County (*FYC staff*).

2. Engage Cleveland Votes to develop a customized training for residents in Buckeye/Shaker; Buckeye/Woodall; Clark Fulton; Hough; Lee Harvard; Mt. Pleasant and Kinsman – the neighborhoods that are both the highest incidents of lead poisoning and are priority FYC communities – to engage them in why they need to be a part of the democratic process, register them to vote and support their ongoing civic engagement (*FYC staff*).

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\(^2\) Cleveland Votes, an arm of Cleveland Neighborhood Progress, is part of a national network of nonprofit organizations charged with educating and mobilizing citizens toward civic advocacy and understanding how these issues impact their lives.
3. Evaluate if residents from other Cuyahoga County neighborhoods should be trained and engaged by Cleveland Votes (FYC staff and Engagement and Public Policy Committee).
4. Work with the 11 FYC Action Team co-chairs to understand how increased civic engagement can enhance their work (FYC staff and Committee).
5. Determine next steps for levering FYC stakeholder advocate participation in civic engagement activities such as voter registration, candidate forums, rallies, etc. (FYC staff and Committee).
6. Identify additional civic engagement leaders to cultivate and motivate a leadership pipeline (FYC staff).
**TIMELINE**

ACS has included a recommended timeline to implement the outlined strategies and tactics during a three-year period. ACS recommends a phased approach to implementation. The first three months will include setting the foundation that will allow the Engagement and Public Policy Plan to be successful. This includes hiring staff, developing processes and training FYC advocates. Once this infrastructure is in place, FYC will move more fully into implementation. Some of the Engagement and Public Policy Agenda items are low-hanging fruit that should be taken advantage of in the first six months. ACS also recommends building momentum with 1-2 public policy activities that are time-sensitive. Some agenda items require long-term strategies and need to begin within the first year of implementation to see results by the end of three years. All agenda items are critical to implement, but ACS recommends some are prioritized for implementation in years two or three.

A detailed three-year timeline, broken out by the six strategies previously outlined, follows. Please note: in the timeline, tactics are listed in the order with which they will begin.
### STRATEGY FOUR: Lead Local and State Advocacy Efforts to Reduce Infant Mortality

#### HOUSING
- Develop data and rationale for increased state dollars to remediate housing quality issues (lead, mold, pests) in priority zip codes
- Ask the City of Cleveland to prioritize the seven neighborhoods with the highest incidents of lead poisoning and that are priority PYC communities
- Ask the coroner to review lead levels in infant deaths to determine the level of priority of this approach
- Ensure that organizations that receive housing choice vouchers give preference to pregnant women
- Engage state public policy makers to increase funding for housing quality
- Leverage PYC advocates and lobbyists to support state funding for local health departments for lead, mold, and pest remediation

#### MEDICAID
- Determine rationale and develop data to support funding requests beyond Medicaid
- Identify and secure one source of funding beyond Medicaid (each year) to support key components of reducing Infant Mortality

#### PAID FAMILY AND MEDICAL LEAVE
- Understand paid family and medical leave options for Cuyahoga County
- Identify and advocate for one municipality or organization to offer paid family and medical leave in Cuyahoga County each year
### STRATEGY FOUR: Lead Local and State Advocacy Efforts to Reduce Infant Mortality

#### HOUSING
- Develop data and rationale for increased state dollars to remediate housing quality issues (lead, mold, pests) in priority zip codes
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- Ensure that organizations that receive housing choice vouchers give preference to pregnant women
- Engage state public policy makers to increase funding for housing quality
- Leverage FYC advocates and lobbyists to support state funding for local health departments for lead, mold, and pest remediation

#### MEDICAID
- Determine rationale and develop data to support funding requests beyond Medicaid
- Identify and secure one source of funding beyond Medicaid (each year) to support key components of reducing infant mortality

#### PAID FAMILY AND MEDICAL LEAVE
- Understand paid family and medical leave options for Cuyahoga County
- Identify and advocate for one municipality or organization to offer paid family and medical leave in Cuyahoga County each year
### TACTICS

#### STRATEGY FIVE: Support Organizations that are Actively Advocating on Issues Related to Reducing Infant Mortality and the Related FYC Goals

<table>
<thead>
<tr>
<th>TACTICS</th>
<th>2018 FYC FISCAL YEAR</th>
<th>2019 FYC FISCAL YEAR</th>
<th>2020 FYC FISCAL YEAR</th>
<th>2021 FYC FISCAL YEAR</th>
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<tbody>
<tr>
<td>Engage and connect to existing efforts related to criminal justice reform and the Safe and Healthy Communities Initiative</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
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<tr>
<td>Identify who is doing what advocacy related to system financing</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
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<tr>
<td>Conduct outreach to organizations to identify how best to support them</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
</tr>
<tr>
<td>With Cradle Cincinnati and Celebrate One, determine next steps around addressing billing codes or expanding Medicaid reimbursement options and/or rates</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
</tr>
<tr>
<td>Leverage FYC advocates and lobbyists to support statewide coalitions in their advocacy for statewide paid family medical leave</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
</tr>
<tr>
<td>Support existing efforts to expand Reproductive Health and Justice curriculum in schools and in community-based settings by participating in local collaboratives</td>
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<td>aug</td>
<td>sept</td>
<td>oct</td>
</tr>
<tr>
<td>Support the existing efforts of Action Team 11 to enforce and expand Tobacco 21 laws</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
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#### STRATEGY SIX: Develop a Community of Residents Prepared and Motivated to Use Civic Engagement to Address FYC Goals

<table>
<thead>
<tr>
<th>TACTICS</th>
<th>2018 FYC FISCAL YEAR</th>
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<th>2021 FYC FISCAL YEAR</th>
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<tbody>
<tr>
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<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
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<tr>
<td>Engage Cleveland Vets to develop a customized training for residents in select neighborhoods</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
</tr>
<tr>
<td>Evaluate if residents from other Cuyahoga County neighborhoods should be trained and engaged by Cleveland Vets</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
</tr>
<tr>
<td>Work with Action Team Co-Chairs to understand how increased civic engagement can enhance their work</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
</tr>
<tr>
<td>Determine next steps for leveraging FYC stakeholder advocate participation in civic engagement activities</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
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<tr>
<td>Identify additional civic engagement leaders to cultivate and motivate a leadership pipeline</td>
<td>jul</td>
<td>aug</td>
<td>sept</td>
<td>oct</td>
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EVALUATION

To measure progress of FYC’s Engagement and Public Policy strategies, ACS recommends a series of short- and long-term project benchmarks, listed in the following chart. Additionally, ACS recommends that FYC utilize advocacy evaluation tools such as those available through the Alliance for Justice (AFJ).

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Short-term Project Benchmarks</th>
<th>Long-term Project Benchmarks</th>
<th>Measurement</th>
</tr>
</thead>
</table>
| 1. Build and Develop Infrastructure to Support Engagement and Public Policy in the Community | - FYC hires staff to lead the Engagement and Public Policy Committee efforts.  
- FYC Engagement and Public Policy Committee develops an annual workplan for advancing each agenda item.  
- FYC staff and Engagement and Public Policy Committee Co-Chairs identify and articulate the mission and agenda of the Engagement and Policy Committee.  
- FYC staff or representative meets with Infant Mortality collaboratives in Cincinnati, Columbus, Dayton and Akron on a quarterly basis.  
- FYC has a long-term Engagement and Public Policy Agenda and a process for updating the agenda.  
- FYC Marketing and Communication Department and staff develop tools and establishes a plan to activate stakeholders to advocate on key policy issues, including website content, collateral materials and survey capabilities.  
- FYC staff identifies trainings by other organizations to assist with engagement. | - FYC shares resources and has a shared agenda with other Infant Mortality initiatives (Columbus, Cincinnati, Dayton and Akron).  
- FYC Engagement and Public Policy Committee understands the landscape and regularly communicates with other organizations working toward the same goals.  
- FYC Action Teams have intentional conversations on a regular basis and a plan to advance FYC Engagement and Public Policy Agenda.  
- FYC staff shares advocacy resources and tools with various stakeholder audiences on a regular basis.  
- FYC stakeholders (Executive Committee, Action Council, Action Teams) receive advocacy training.  
- FYC staff and the Committee Co-Chairs monitor changes in the city and county environment and adapt strategies as needed.  
- FYC Engagement and Public Policy Committee monitors changes in the city and county environment and adapts strategies as needed. | ACS recommends using AFJ’s advocacy capacity building assessment tool in July 2018 as a baseline measurement, and then using the tool to assess progress each year (July 2019, July 2020 and July 2021). |
| 2: Communicate with and Engage Local Policy Makers to Move the Needle on the Public Policy Agenda | Committee identifies opportunities to utilize FYC stakeholders as advocates and leverage organizational resources (i.e., lobbyists) at the state and local level.  
- The FYC Engagement and Public Policy Committee shares information about its agenda and progress with stakeholders, partners, and policy makers to secure support, on a quarterly basis.  
- FYC staff and stakeholders meet with City and County leadership on a quarterly basis.  
- FYC Engagement and Public Policy Committee Co-Chairs, staff and other stakeholders regularly meet with local elected officials, department leaders, other decision makers and their staff. | Local government departments include SDOH in their own plans and priorities.  
- Local government departments include SDOH in their own plans and priorities.  
- Presence of the Social Determinants of Health in the plans and priorities of all City and County departments. |
|---|---|---|
| 3. Engage and Build Public Sector Champions at the State Level to Meet Public Policy Objectives | FYC staff sends materials to gubernatorial candidates (and other candidates as appropriate).  
- FYC staff and stakeholders meet with candidates.  
- FYC staff and Engagement and Public Policy Committee Co-Chairs communicate regularly with advocates.  
- FYC staff works with local stakeholders and Infant Mortality leaders in Cincinnati, Akron, | FYC staff determines the viability of one or both SDOH inclusion strategies in either their engagement with OAHP or directly with ODM.  
- FYC has a coordinated approach for informing and influencing legislators and cultivating legislative champions.  
- Number of and frequency in which advocates engage elected officials.  
- Commitment of policy makers and elected officials to |
<table>
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<tr>
<th>4. Lead Local and State Advocacy Efforts to Reduce Infant Mortality</th>
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<tbody>
<tr>
<td>Dayton and Columbus to influence decision/policy makers.</td>
</tr>
<tr>
<td>• FYC staff or representative holds regular meetings or calls with departments (including ODH, OAHP, Office of Minority Health) to spread awareness of policy goals.</td>
</tr>
<tr>
<td>• FYC staff and stakeholders regularly meet with legislators and their staff.</td>
</tr>
<tr>
<td>• FYC staff identifies and monitors proposed legislation and the potential impact on its strategic goals and agenda.</td>
</tr>
<tr>
<td>• There is at least one legislative champion for Infant Mortality.</td>
</tr>
<tr>
<td>• There is at least one champion within the state administration for Infant Mortality.</td>
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</table>

| • FYC staff gathers data to support advocacy rationales for the public policy agenda. |
| • FYC Marketing and Communication Department develops rationale and materials for advocacy. |
| • FYC staff works with City and County departments to prioritize high-risk zip codes. |
| • FYC staff and Committee Co-Chairs meet with organizations who receive Housing Choice vouchers to discuss prioritization for pregnant women. |
| • FYC staff conducts an inventory of what other municipalities and other local governments have done to expand Paid Family and Medical Leave. |
| • FYC staff and Engagement and Public Policy Committee Co-Chairs communicate regularly with advocates. |
| • FYC staff and stakeholder advocates meet with state public policy makers to increase funding for the City of Cleveland Health Department through one-on-one meetings, phone calls and/or letters. |
| • FYC Engagement and Public Policy Committee identifies and pursues at least one new source of non-Medicaid funding to support key Infant Mortality risk factors each year beginning in 2019. |
| • FYC stakeholder advocates and lobbyists send letters of support for and meet with elected officials and department heads to increase state funding for local health departments for lead, mold and pest remediation. |
| • New funding leveraged for Infant Mortality. |
| • Number of people engaged in advocacy activities. |
| • Frequency of engagements with policymakers. |

| • FYC staff and stakeholders support Infant Mortality issues. |
### 5. Support Organizations that are Actively Advocating on Issues Related to Reducing Infant Mortality

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>FYC stakeholder advocates are trained and participate in advocating for passage of The Safe and Healthy Communities Ballot Initiative.</td>
</tr>
<tr>
<td>FYC Engagement and Public Policy Committee understand existing paid Family and Medical Leave policies and develop a strategy for improvement by the end of 2018.</td>
</tr>
<tr>
<td>FYC staff and the Engagement and Public Policy Committee understand the system financing landscape and determine next steps.</td>
</tr>
<tr>
<td>FYC staff works with local stakeholders and Infant Mortality leaders in Cincinnati, Akron, Dayton and Columbus to influence decision/policy makers.</td>
</tr>
<tr>
<td>FYC stakeholder advocates are leveraged to write letters and meet with decision makers regarding state Paid Family and Medical Leave legislation.</td>
</tr>
<tr>
<td>FYC staff, Engagement and Public Policy Committee and the Executive Committee support the work of Action Teams to expand community and school-based Reproductive Health and Justice programs.</td>
</tr>
<tr>
<td>FYC staff, Engagement and Public Policy Committee and the Executive Committee support the work of Action Teams to Enforce / Expand Tobacco 21.</td>
</tr>
<tr>
<td>Number of people engaged in advocacy activities to support the agenda.</td>
</tr>
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</table>

### 6. Develop a Community of Residents Prepared and Motivated to Use Civic Engagement to Address FYC Goals

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>Cleveland Votes develops customized training for FYC stakeholders and Cuyahoga County residents.</td>
</tr>
<tr>
<td>FYC stakeholders participate in trainings.</td>
</tr>
<tr>
<td>FYC stakeholders and Cuyahoga County residents participate in events that increase civic engagement, such as candidate forums and voter education efforts.</td>
</tr>
<tr>
<td>FYC stakeholders conduct civic engagement activities.</td>
</tr>
<tr>
<td>Use AFJ’s Power Check tool to measure empowerment of the community.</td>
</tr>
<tr>
<td>Number of people engaged.</td>
</tr>
</tbody>
</table>
- Number of key leaders, types of people engaged.
- Number of civic engagement events.
- Conduct 3-4 focus groups in high-risk communities to measure awareness about Infant Mortality issues and civic engagement.
STAFFING AND COMMITTEE STRUCTURE
ACS recommends the following staffing structure to support the implementation of the Engagement and Public Policy Roadmap:

- Hire one staff person. This person’s primary role would be to:
  - Develop a detailed workplan based on the Roadmap.
  - Participate in coalition meetings related to topics where FYC is in a policy or engagement support role.
  - Staff FYC advocates in their activities related to the Roadmap, including surveys and advocacy tools.
  - Develop feedback loops for the Action Teams, Community Action Council and the Engagement and Public Policy Committee.
  - Coordinate advocacy activities for FYC stakeholders.
  - Develop the evaluation tracking vehicle and regularly track outcomes of the Engagement and Public Policy plan.
  - Design and implement focus groups to assess results of engagement.
  - Staff the FYC Engagement and Public Policy Committee, including the development of agendas, notes and coordination of activities.
  - Lead local advocacy efforts.
  - Build key local, state and federal partnerships to advance the work of the Roadmap.
  - Work with other Infant Mortality initiatives on a shared advocacy agenda.
  - Support state and federal advocacy efforts.
  - Work with the communication team to develop engagement and public policy materials as necessary.
  - Build the tools and platforms necessary for successful and appropriate advocacy – website content for stakeholders, resources and advocacy tools.
  - Be knowledgeable about the Engagement and Public Policy priority areas.
  - Coordinate FYC stakeholder outreach (for recruitment, to share information, etc.).
  - Understand the local and state policy landscape.

- Use consultants to support state and federal advocacy.
- Assess staffing needs in the middle of Year Two for Year Three.

The Engagement and Public Policy Committee will operate in the following way:

- Meet monthly for one year, then meet quarterly.
- Comprise no more than 30 people. ACS recommends:
  - 50% of the participants are lobbyists from organizations affiliated with FYC or organizations that have/should have an interest in the work of FYC.
  - 25% of participants are active as individuals or their organizations are active in local, state or federal advocacy.
  - 25% of participants are active as individuals or their organizations are active in civic or community engagement.

- Approve the advocacy agenda and consider additional advocacy items as they evolve.
- Develop additional strategies and tactics to address the advocacy agenda as needs evolve.
• Share information with FYC Executive Committee and Community Action Council on a regular basis.
• Develop processes and feedback loops for FYC Action Teams to engage in advocacy activities.
• Analyze legislation changes and the impact on Infant Mortality.
• Understand implications of each election cycle.
• Oversee the evaluation of the Engagement and Public Policy Roadmap.

CONCLUSION
First Year Cleveland and its stakeholders have an opportunity – and a responsibility – to impact and improve the lives of families in Cuyahoga County. Engagement and Public Policy is a small part of FYC’s larger strategic mission, but through successful execution of the Engagement and Public Policy Agenda and the tactics outlined in this Roadmap, the organization will be on target to achieve its key priorities: Have a Collective Impact, Address Racial Disparities, Reduce Extreme Prematurity and Eliminate Sleep-Related Deaths by 2020 and beyond.
APPENDIX A
ACS SUMMARY OF RESEARCH

BACKGROUND

The purpose of First Year Cleveland’s Engagement and Public Policy Committee is to build public will by engaging stakeholders to act on FYC priorities and activate federal, state and local policy changes to reduce Infant Mortality. The Committee’s goal is to create and advance a 2018-2020 Engagement Plan and Public Policy Agenda that focuses on First Year Cleveland’s Priority Areas: Have a Collective Impact, Address Racial Disparities, Reduce Extreme Prematurity and Eliminate Sleep-Related Deaths.

KEY FINDINGS

First Year Cleveland turned to Advocacy & Communication Solutions, LLC (ACS) to develop the Committee’s agenda and strategies. As part of broad research to better understand the engagement and public policy landscape in Cuyahoga County – and inform the agenda for the Engagement and Public Policy Committee – ACS engaged nearly 200 First Year Cleveland stakeholders through multiple communication touchpoints from March 1, 2018 – April 30, 2018. Research included:

- Weekly calls with FYC Executive Director Bernadette Kerrigan and the Committee Co-Chairs – Natoya Walker Minor of Mayor Frank Jackson’s Office and Marcia Egbert of the George Gund Foundation.
- Public Policy Meeting with 80 Community Action Council Members.
- Electronic Survey of 20 Action Team Co-Chairs.
- Phone Interviews with 15 Infant Mortality subject matter experts, including Executive Committee members, city and county community leaders and heads of other Infant Mortality initiatives in Ohio and nationwide.
- Informal poll of Big Cities Health Coalition members.
- Focus Group with 8 leaders of the Ohio Equity Institute.
- Engagement and Public Policy Roundtable with 50 Community Action Council Members.
- Data review from Case Western Reserve University, Cuyahoga County Board of Health, Invest in Children, Ohio Department of Medicaid and Ohio Department of Health.
- Policy scan to understand current law on issues ranging from sex education to Medicaid billing options, as well as policy proposals from numerous organizations including groundWork™ and Health Policy Institute of Ohio (HPIO).

Several key themes emerged from ACS’ research, including the following:

General
- There is a lack of common understanding among families, lawmakers and local governments of the issues surrounding Infant Mortality and the city’s high rates of infant death among black babies. There is a lack of urgency and unified direction required to take the necessary steps to prevent these deaths.
- Societal racism and social determinants have a significant negative impact on maternal and infant deaths; how racism and social determinants such as housing, employment,
education and transportation impact our infants dying must be commonly understood and there must be the will and urgency to collectively act within a long-term plan. This is a marathon and not a sprint. It took five decades to get our community to this health crisis and we do not have 50 decades to fix it – so they can become key elements of long-term planning and solutions.

**Public Policy**
- The Health Policy Institute of Ohio (HPIO) policy priorities are a good place to begin. The broad categories that cover Education, Employment, Housing and Transportation are closely intertwined.
- Efforts to advance public policy should focus on local and state efforts in the short term.
- Commonly discussed policy areas included:
  - Improving Medicaid and insurance reimbursements for initiatives such as Centering Pregnancy, Long-Acting Reversible Contraception (LARC) and Home Visitation.
  - Establishing a long-term funding model to support Infant Mortality prevention before the grant funding ends in 2019.
  - Enforcing and expanding Tobacco 21 mandates.
  - Expanding the availability and delivery of Reproductive Health and Justice, including sex education and research-based pregnancy prevention education.
  - Improving graduation rates in underserved communities for high-risk students.
  - Addressing housing quality issues.
  - Working with Columbus, Cincinnati, Dayton and Akron’s Infant Mortality coalitions to work on state and federal policy with one voice.

**Engagement**
- Many organizations in the city and county are already doing great work to combat Infant Mortality. FYC needs to determine when to support these efforts and when to lead them.
- FYC should play a role in coordinating the various advocacy efforts related to Infant Mortality that already exist in the city and county.
- Working with grassroots, community and faith-based organizations is crucial to the success of the Engagement and Public Policy Committee’s goals.
- A successful engagement strategy needs to come from listening to parents who have lost a child, and from listening to expectant parents to understand their lifetime experiences and how these experiences impact maternal and infant deaths.

The next section details ACS’ findings from each of the research methods listed above.

**DETAILED RESEARCH FINDINGS**

**Phone Interviews**
ACS conducted a total of 15 phone interviews with key stakeholders from hospital systems, boards of health, faith-based organizations and grassroots organizations across Cleveland to understand their engagement and public policy priorities. In addition, ACS spoke with four people who lead Infant Mortality efforts in other cities (Akron, Cincinnati and Columbus, and Oakland, CA) to learn about their best practices and key learnings.
Interview participants included:

- Christin Farmer, Executive Director, Birthing Beautiful Communities
- Terry Allan, Health Commissioner, Cuyahoga County Board of Health
- Dr. Arthur James, Founder, Ohio Collaborative to Prevent Infant Mortality
- Merle Gordon, Director, Cleveland Department of Public Health
- Jean Polster, President and CEO, Neighborhood Family Practice
- Tamiyka Rose, Health Equity Ambassador, Akron Mayor’s Office
- Claudia Zaugg, Program Associate, Best Babies Zone
- Mike Moroski, Cradle Cincinnati
- Priyam Chokshi, Director of Community and Legislative Strategies, Celebrate One
- Jasmin Santana, Councilwoman, Cleveland City Council
- Dr. Carolyn and Reverend Jerome Hurst, Southeast Seventh Day Adventist Church
- Sandra Oxley, Chief of Maternal, Child and Family Health, Ohio Department of Health
- Celina Cunanan, Chief for Nurse-Midwifery, University Hospitals
- Kevin McDaniel, Executive Director, Neighborhood Leadership Institute
- Stan Miller, Pastor, Rust United Methodist Church

While conversations varied based on different areas of expertise, themes emerged – overall lack of awareness of the issues and risks surrounding Infant Mortality, and the effects of racial bias and social determinants on negative outcomes. Many people also discussed that decisions cannot be made from above – that it is crucial to engage the community and ask people what they need.

Many people said it is important to assess the work currently being done at the grassroots level within the city and county, as there are opportunities for First Year Cleveland to support them instead of building new programs from the ground up. Finally, when discussing policy, it was basically unanimous that policies should be addressed locally in the short term, while long-term goals are being established – and that the work of HPIO and their rich data sets should absolutely inform these policy recommendations.

Community Action Council Meeting
During a meeting of the Community Action Council on March 13, 2018, ACS conducted an exercise to gauge initial opinions on key Public Policy options to address FYC-related goals. Participants were broken into small groups to discuss policy priority areas recently outlined by the Health Policy Institute of Ohio: Employment, Education, Housing and Transportation. The groups were asked to list the policies they thought were the highest priority for First Year Cleveland. The top priorities, by category, were:

**Employment**
- Encourage employers to adopt living wage policies.
- Reduce unemployment and underemployment related to criminal convictions.
- Increase funding for childcare subsidies.

**Education**
• Strengthen early childhood education and family support programs – increase funding for early learning and create incentives for Step Up to Quality ratings.
• Increase high school graduation rates among high-risk students – improve/expand support services, early education intervention and trauma services.

Housing
• Increase Ohio Department of Health funding to remediate housing quality issues.
• Improve the quality of affordable housing – allow policymakers to purchase vacant/abandoned properties for redevelopment into affordable housing.

Transportation
• Increase access to Medicaid non-emergency medical transportation.
• Strengthen access to public transit.

Action Team Co-Chairs Survey
ACS conducted an email survey of FYC’s Action Team Co-Chairs from March 21 – 28, 2018. The goal of the survey was to understand their current thinking related to the Engagement and Public Policy Agenda that would affect the outcomes related to Infant Mortality. Although some of the Action Teams have not begun their work, it was important for ACS to leverage the knowledge and expertise of the Co-Chairs to inform the three-year engagement and public policy agenda.

Twelve of 20 Action Team co-chairs responded to the 11-question electronic survey. Questions focused on building public will, as well as identifying opportunities and barriers to engagement and public policy. Survey respondents included:
• Samantha Pierce, Community Activist
• Christin Farmer, Executive Director, Birthing Beautiful Communities
• Erica Chambers, First Year Cleveland
• Rita Horwitz, President and CEO, Better Health Partnership at MetroHealth
• Lisa Matthews, Project Director, MomsFirst
• Angela Newman-White, Grant Supervisor for Maternal and Child Health, Cuyahoga County Board of Health
• Melissa Federman, Director, The Center for Community Solutions
• Alison Tomazic, Centering and Midwifery Program Manager, Neighborhood Family Practice
• Karen Mintzer, Director, Bright Beginnings
• Rita Andolsen, Director of Communications, MetroHealth
• Sandi Hoch, Childbirth Educator, MetroHealth
• Terry Allan, Health Commissioner, Cuyahoga County Board of Health

Survey Findings

When asked about what **FYC should strive to accomplish in the next three years**, respondents prioritized the following:
1. Increase awareness of the problem of Infant Mortality and educate people about causes, risk factors, solutions and resources.
2. Establish a unified and strategic public policy approach with short- and long-term goals.
3. Develop a stakeholder/community engagement platform to build public will.
4. Integrate the work of the Action Teams with other organizations working in the Infant Mortality space.
5. Improve insurance and Medicaid reimbursements for services including Centering Pregnancy and Home Visitation.

Respondents said the **biggest barriers to building political or public will** are:
- Lack of awareness or information about the issues surrounding Infant Mortality, including Safe Sleep, and the racial biases and social determinants affecting African-American women.
- Political landscape (local, state and federal).
- Generating enough awareness to drive a measurable change in behavior.
- Difficulty in navigating existing resources, policies and insurance/Medicaid regulations.
- Lack of leadership in addressing issues like contraception and sex education.
- Addressing equity and the real Social Determinants of Health.

Suggestions for **overcoming these barriers** include:
- Collecting and analyzing the data and identifying potential best practices that have resulted in lower rates of extreme prematurity in clinical settings.
- Building the case for improving public/political will.
- Aligning the community around priorities and build a platform of engagement.

### STAKEHOLDER / COMMUNITY ENGAGEMENT

When asked **which stakeholder groups are most critical to engage** on action team priority issues, respondents said the following:

![Chart showing critical stakeholder groups]

Respondents named 25 organizations as **currently engaging stakeholders** around the Action Team priorities. These were:

1. Center for Community Solutions
2. City of Cleveland
3. Cuyahoga County
4. Cuyahoga County Board of Health
5. Faith-Based Organizations
6. Fatherhood Initiative
7. Federally Qualified Health Centers
8. FYC Centering Coalition
9. Greater Cleveland Congregation
10. Health Improvement Partnership
11. Health Policy Institute of Ohio
12. Home Visiting Programs
13. Hospitals
14. Invest in Children
15. Managed Care Organizations
16. March of Dimes
17. Neighborhood Family Practice
18. Neighborhood Progress
19. Ohio Department of Health
20. Ohio Equity Institute
21. Ohio Medicaid Coalition
22. Ohio Perinatal Quality Collaborative
23. Policy Bridge
24. Policy Matters
25. Universal Health Care Action Network
When asked what those organizations were doing to successfully to engage stakeholders, respondents said:

- Ensuring equitable approach to outreach and engagement.
- Identifying populations most impacted by the issues of concern to garner feedback.
- Convoying diverse groups, disseminating information, getting feedback and buy-in.
- Spreading the message about the ABCDs of safe sleep and safe sleep education.
- Increasing capacity of CenteringPregnancy programs, increasing awareness of 17P, promoting breastfeeding.
- Reaching out to grassroots agencies to increase awareness and increase collaboration to facilitate open communication with clients.
- Engaging the faith-based community.
- Providing resources to outreach programs to support linkages to strategies.
- Supporting policy, research and advocacy.
- Collecting data and assessing outcomes.

When asked about opportunities to leverage this existing work, suggestions included:

- Discussing HPIO priorities.
- Offering paid maternity leave.
- Partnering with the Ohio Perinatal Quality Collaborative to order educational materials.
- Focusing on issues that impact health inequities and racial disparities.

When asked about the biggest challenges* for First Year Cleveland related to engagement, respondents cited:

- Getting FYC’s message to the intended stakeholders and ultimately changing behavior for the long term (3).
- Separating FYC priorities from the goals and priorities of other organizations (2).
- Securing training and funding for educational materials, particularly around 17P, birth spacing and contraceptive counseling.
- Challenging conservative venues and associations to think outside the box.
- Developing data sharing agreements and creating open dialogue with hospital systems, Medicaid providers, insurance companies and social service programs.
- Looking for opportunities to improve processes of care.
- Supporting existing efforts to ensure potential stakeholders engage with FYC.
- Focusing on community collaboratives and encouraging benefits for employees.
- Improving reimbursements so providers are comfortable providing services.
- Being willing to approach the issue through a racial equity lens and make the policy changes necessary to change the trajectory.
- Assisting stakeholders in making the connections between upstream strategies and birth outcomes in relation to the Social Determinants of Health.
- Finding the appropriate level of engagement for the core community advisory group.

(*Note: numbers in parentheses represent how many people listed the issue)

PUBLIC POLICY
According to respondents, the most important **public policy issues to address within the next three years** are:

![Graph showing public policy issues]

According to respondents, the most important **long-term public policy issues to address** are:

![Graph showing long-term public policy issues]

When asked about the **biggest policy challenges* for First Year Cleveland**, respondents cited:
- Identifying and prioritizing a unified policy agenda that meets the goals of FYC (7).
- Competition with other city and county issues; segregation.
- Challenges with the current political climate (5).
- Lack of support from for-profit entities.
- Lack of empathy and public will.
- Lack of understanding among lawmakers of the issues surrounding Infant Mortality.
- Improvement of Medicaid and insurance reimbursements for value-added services (2).
- Addressing equity and the Social Determinants of Health.
- **HPIO Focus Areas – Tobacco 21, Housing Remediation, Medical Leave, Living Wages.**

(*Note: numbers in parentheses represent how many people listed the issue)

When asked of any **existing research** that will inform FYC’s Engagement and Public Policy plans, respondents cited the following:
• Health Policy Institute of Ohio (HPIO) Report.
• Policy link.
• Ohio Department of Health Market Research Data Sets,
• The research being done by Action Team 3 (to better understand the roles race and maternal stress play in deaths).
• None (6).

Big Cities Health Coalition Member Survey
FYC Executive Committee Member Merle Gordon facilitated an introduction to leaders in similarly-sized markets who sit on the Big Cities Health Coalition. To initiate a dialogue around the public policy issues affecting Infant Mortality in those markets, ACS asked:
• Are there any state or federal public policies that were added, amended or eliminated that really moved the needle on efforts to combat Infant Mortality in your community? If you had one recommendation on where to focus our Public Policy efforts (Employment, Education, Transportation, Housing, Medicaid reimbursements, tobacco purchase age, etc.) what would it be?
• Responses included:
  o Metro Health Nurse-Family Partnership.
  o Tobacco use, Medicaid coverage and access to prenatal care.
  o Housing insecurity.
  o Any policy that enables home visiting (Medicaid, MIECHV, local policies/funding, etc.) since it allows professionals to assess home safety and sleeping situations.
  o Reasonable accommodations for breastfeeding.
  o Public awareness and advertising campaigns surrounding safe sleep.
  o Provider trainings for safe sleep.
  o Health equity in all policies.
  o Reduce mother to child HIV/AIDS transmission.
  o Reduce STD infection rate among women of childbearing age.
  o Increase breastfeeding initiation and duration rates.
  o Increase health education for women and families.

Focus Group with Ohio Equity Institute Leadership
During an informal meeting, ACS asked the leaders of Ohio Equity Institute to select their top five Public Policy priorities for FYC. Eight people were in attendance; the results are as follows:
Community Action Council Engagement and Policy Roundtable

In late April, ACS, along with FYC leadership and the Committee Co-Chairs, engaged 50 Action Council Members in a roundtable discussion about FYC’s Engagement and Public Policy Agenda. Topics included:

- Improving Access to Affordable Housing.
- Managed Care Organizations and the Social Determinants of Health.
- Paid Family or Medical Leave.
- Medicaid.
- Civic Engagement.
- The Social Determinants of Health and the Public Sector.
- Educating Policy Makers.

Small groups were asked to delve into their assigned topic area, outlining the opportunities and barriers associated with each. The larger group then discussed each priority area as a whole, providing ACS with a comprehensive look at the issues which will have the most impact on FYC’s long-term plan and goals.

Feedback from this discussion was used to finalize list of FYC Engagement and Public Policy Agenda items, which are detailed in the Engagement and Public Policy Roadmap.

**CONCLUSION**

These research inputs were incredibly valuable in informing First Year Cleveland’s Engagement and Public Policy Agenda and three-year plan. Over the last eight weeks, nearly 200 stakeholders provided critical input and feedback, all of which were considered as ACS began the building blocks to establish this Roadmap.
# APPENDIX B

## First Year Cleveland Funding Breakdown

<table>
<thead>
<tr>
<th>AGENCY SUBCONTRACT</th>
<th>Program</th>
<th>Funding Source</th>
<th>CENTERING PREGNANCY</th>
<th>HOME VISITING</th>
<th>FATHERHOOD SERVICES</th>
<th>SAFE SLEEP</th>
<th>Total Funding to Date</th>
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APPENDIX C
FYC Action Team Mobility Grid

GOAL:
By 2028, our community will reduce Chagres County’s infant mortality rate to 10.5 to 6.0/10,000 by mobilizing the community through partnerships and a unified strategy centered on Addressing Extreme Prematurity and Eliminating Sleep-Related Deaths to reduce infant deaths and racial disparities.

FYC Action Team Mobility Grid

Develops an overall systems view on reducing infant deaths for collective impact and priority areas. Advances shared responsibility and accountability systems. Uses data to identify and prioritize efforts. Aligns work of individual agencies to FYC unified strategy. Secures funds for innovation and sustainability for collective impact and priority areas. Ambassadors to FYC collective action.

Builds public buy-in and authenticity engaging all community stakeholders to take action on a unified strategy and activate policy change.

Creates communications tools for different audiences on the public. Develops a common understanding of infant deaths and the action(s) to take to reduce infant deaths.

Action Team 1: Launch a system wide Roundtable to execute an awareness campaign and employee training campaign to address biases in the workplace that are negatively impacting maternal and child health outcomes. Includes leaders and Diversity and Inclusion Officers from health, education, employment, housing, and public safety.

$200,000 St-At-Able from FYC Operating Budget to Reduce Racial Disparities 2019

Action Team 2: Gain a further understanding from African American families that have experienced a loss. Reaches families that have experienced a loss of an infant and to the faith-based community. Our community is starting with urgency that there may be no racial disparities in infant deaths by 2015.

Salina Roberts, Cuyahoga County, Titus Carter, The Med Center Health System $ TBD

Angela Noël Barnett, Kent State University; and Christian Farmer, Birthing Beauties Communities. Funded: $102,000

Action Team 3: Lead research efforts to better understand the risk factors and maternal stress in infant deaths.

$250,000 St-At-Able from FYC Operating Budget to Address Extreme Prematurity 2019

Action Team 4: Collect data and launch Learning Circles with local health researchers and experts to identify and resolve issues contributing to infant deaths.

Action Team 5: Work with OOM, ODH, The Academy of Medicine, Ohio Perinatal Quality Collaborative and local Ohio Equity Institute to improve access to eligible 17-25 program moms by educating home visitation TTP and link, align and coordinate home visiting and faith-based programs with Jumpstart, prenatal care clinics and birth hospitals.

Action Team 6: Work with providers to increase public awareness of birth spacing guidelines and access to LARC.

Thea Mathews & Angela Neuman, Cleveland-Ohio Equity Institute. Funded by RAC

Melissa Fieldsman, Cuyahoga County Behavioral Health & Recovery Council.

Action Team 7: Increasing the number of expectant moms being served in a Centering Pregnancy Model.


Action Team 8: Address social determinants impacting infant deaths by serving over 4000 pregnant mothers annually in rural driven interventions that address housing insecurity, employment, education, nutritional needs, and early access to prenatal care and postpartum care.

$251,384 St-At-Able from FYC Operating Budget for Sleep-Related Deaths Prevention 2019

Action Team 9: Decrease 1st and 2nd hand smoking as newborns are not exposed to smoke after birth.

Action Team 10: More employee health screening program throughout the county. Hire parents and grandparents that have experienced a sleep related loss to drive the messaging campaign and lead training. Work in partnership with faith-based organizations.

Action Team 11: Promote the use of free State of Ohio Quit Line and Support Tobacco21, an effort to limit tobacco sales to persons ages 21 and above.

Terry Allen, Cuyahoga County Board of Health $ TBD

FYC Staff:
Bhavadeeta Kirtikar, Executive Director; bhavadeeta.kirtikar@asac.org + 216-386-6070
Erika Chambers, Health Equity; erika.chambers@asac.org + 216-386-9227
Amy Neumann, Communications; amy.neumann@asac.org + 216-386-9237

First Year Cleveland (FYC) mobilizes the community through partnerships and a unified strategy to reduce infant deaths and racial disparities in Cleveland and Cuyahoga County. FYC is supported by the Cuyahoga County Executive Agreement between Cleveland and Cuyahoga County Council. City of Cleveland Mayor Frank G. Jackson and Cleveland City Council.
APPENDIX D
ADDITIONAL DATA TO SUPPORT ENGAGEMENT AND PUBLIC POLICY PRIORITIES

Many sources of data – and input received directly from FYC and its stakeholders – have informed FYC’s Strategic Plan and Priorities. Key points include:

- Many organizations in the city and county are already doing great work to combat Infant Mortality, but not one program or group of programs are at scale.

- Two top evidence-based programs to reduce maternal and infant deaths are Home Visiting and CenteringPregnancy. Only 40% of all Medicaid expectant moms in Cuyahoga County receive Home Visiting; less than 5% are enrolled in Centering.

- Birth Doulas is an evidence-based practice in three states that are leading efforts in the reduction of death among African American moms and infants.

- FYC needs to lead and/or assist in ensuring Birth Doulas, Home Visiting and CenteringPregnancy programs are at scale, coordinated with other systems of care and have the financial sustainability to ensure high quality delivery of services.

- In addition, upstream efforts to ensure adults have birth planning tools in place to plan when they are ready to become expectant parents and programs such as birth spacing and LARC must get to scale.