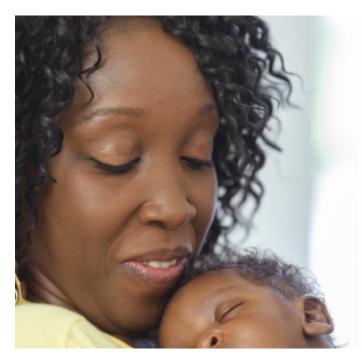
Empowering moms helps babies be healthier



really good ways to help pregnant women and new moms have healthy pregnancies and healthy babies. The problem is, we're not reaching nearly enough of them.

Marie Curry

by Marie Curry, Managing Attorney

Infant mortality has been an ongoing public health crisis in the United States for over 100 years, and we have made great strides since we started tracking the data in 1915.

Ohio, however, continues to lag behind. We currently sit in the bottom quartile country-wide, at a rate of 6.9 infant deaths per 1,000 births -- the national average from more than 20 years ago. And racial divides make this tragedy harder on minority families, with outcomes that are 2.8 times worse for Black and Brown families than for their white counterparts.

Four years ago, the Ohio Department of Medicaid (ODM) identified the worst counties in the state and presented them with this challenge: come up with real solutions to help moms and babies (especially Black and Brown moms and babies) be healthy and make it to their first birthday. In exchange, ODM offered grants to fund evidence-based programs to support these moms.

We at Community Legal Aid serve three of the nine counties ODM identified, and we partner with local health departments and other agencies in all three of these counties on what we call "infant vitality." This means serving expectant and new mothers and fathers in a variety of ways -- from making sure they have access to the healthcare they need, to providing support to ensure their basic needs (like safe, stable housing) are met.

Since that time, we -- Legal Aid, with our infant vitality collaborators -- have identified really good ways to help pregnant women and new moms have healthy pregnancies and healthy babies. We've also seen policy changes that extend this help to more women and for longer time periods, including the recent budget item that extends Medicaid coverage for moms through the whole first year of their baby's life. All of this supports better birth and postpartum health outcomes for both mom and baby.

The problem is, the programs we're offering aren't reaching nearly enough people.

There are a whole host of reasons that explain why this is: we're not getting the word out in the right ways; there's a lack of trust stemming from generations of systematic disenfranchisement; or, people may just be tired of someone else being in their business all the time.

But what it comes down to is one simple premise -- we need to remember to treat the women we're trying to serve as individual people, with unique life experiences, personal and professional goals, and pride.

Oftentimes, how we support these women and their babies is designed from our own perspectives. Our intake systems gather the information we need, and we are often impersonal and overly business-like about the information we ask for before we tell them whether we are willing or able to help them. We assume, because we have subject matter expertise, that we are the best people to relay information to these moms, when in reality, they don't know us from anyone else.

We can get so focused on the system that we forget about the people the system is meant to serve.

One clear solution in my mind is the messenger. Because we're talking about people, where the information comes from is critical.

If you hear things from a mother figure, an aunt, a sister, partner, or friend, you are more likely to give it credence. Not just because you trust them -- it's about more than just trust. It's about shared life experiences. When someone suggests to you that they have a solution to a problem you're facing, it helps if you believe that person knows and understands something about your situation.

We've helped a lot of women in the past four years. What if every one of them went out and told one other woman about their experience and encouraged them to reach out? We should be empowering each person we help to be ambassadors for the cause. That would be true impact.

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