Start Strong Minutes
December 1, 2025

Meeting Highlights and Action Plan

Topic/ Presenter	Key Points	Action Items *Including Responsible Party/Timeline if applicable*
Attendance	Helaina LeCaptain (CCCHD), Caroline Quelette (CCCHD) , Ashley Eaton (RHCHC), Anna Jean Sauter (CCCHD), Gina Burke (FHFC), Rani Masser (PRC), Robert McKinney (PRC), Lori Lambert (CCCHD), Jessica Jamez (FYI), Kris Tinklenberg, Nina Jackson (Humana), Krizia Melendez (Humana), Elise Brown (Mercy Birthing Center), Karen Gilbert (Mercy Birthing Center), Danielle Raines (HMG NFP), AnnMarie Schmersal (CCCHD)	
Meeting start and stop time	2:40pm, 4:15pm October minutes- motion to approve by Kris Tinklenberg, second, Gina Burke	
Mission and Vision	2:30-2:35 AnnMarie Schmersal reviewed Start Strong mission and vision statement.	
Introductions	2:35-2:45 Brief roundtable introductions, announcements and updates AnnMarie shared: the new subcommittee focused on teen parents met for the first time and is developing goals. Group included representatives from GRADS, YoungLives, Buckeye Community, REACH. Helaina shared she has taken a new role as maternal infant epidemiologist for Hamilton County, working closely with Cradle Cincinnati.	

CHA Overview Anna Jean Sauter	• Presented 2025 Community Health Assessment (CHA) and 2026–2028 Community Health Priorities.
	• CHIP domains for 2026–2028:
	  ○ Chronic Disease
	  ○ Mental Health
	  ○ Maternal & Infant Health
	  ○ Community Stability
	• Maternal health stats:
	  ○ 23% of Clark County moms receive inadequate prenatal care.
		See attached powerpoint

	- Black women receive less care than white women. - Infant mortality: 22% of infant deaths inferred to be sleep-related. - Youth mental health concerns: 42% of school-age youth feel they have no one to talk to. 36% report feeling sad or hopeless. - Barriers for Haitian families: - Long phone waits, unclear instructions. - Preference for WhatsApp and Facebook Messenger. - Suggestion: QR code linking to resources.	
Start Strong 2026-2028 proposed strategic plan updates	Steering Committee to present an overview of proposed updates to strategic plan for the new cycle. **DRAFT Overview of Start Strong Clark County Strategic Plan 2026–2028** **Mission:** *To reduce infant mortality by supporting and empowering families, addressing social determinants of health, and eliminating racial and ethnic disparities.* **Vision:** *Every baby born in Clark County is healthy at birth and thriving at one year.* **Our Goals** 1. **Reduce Infant Mortality:** Lower Clark County's infant mortality rate from **8.2** to **6.9** by 2026, aligning with Ohio's state average. 2. **Close the Gap:** Cut the Black-to-White infant mortality disparity in half by 2028. 3. **Focus Areas:** a. Increase community awareness and engagement b. Strengthen fatherhood involvement c. Reduce preterm births d. Eliminate sleep-related infant deaths e. Boost breastfeeding rates **Key Strategies** • **Community Engagement:** Build partnerships, expand outreach, and amplify voices through social media and local events. • **Health Equity:** Ensure culturally appropriate resources and implicit bias training for providers. • **Fatherhood Engagement:** Connect dads to resources, classes, and mentoring opportunities. • **Teen Pregnancy Support:** Provide education, trauma-informed programs, and access to prenatal care for adolescents, while promoting prevention strategies in schools. • **Safe Sleep:** Provide cribs and education to eliminate sleep-related infant deaths.	

	• **Preterm Birth Prevention:** Offer evidence-based care, reduce substance exposure, and address social determinants of health. • **Breastfeeding Support:** Create seamless care coordination and increase access to lactation resources.	

Group discussion	• **Maternal Health Goals for CHIP**
	  ○ Discussed what constitutes a realistic goal for maternal health.
	  ○ Question raised: Is increasing first-trimester care achievable given the shortage of providers?
	  ○ Consideration: Can PRC visits count as a first prenatal visit since they provide education and prenatal vitamins?
	  ○ Concern: How do hospitals track the number of prenatal visits when moms present for delivery? Elise shared they use whatever they find in the medical chart listed as first prenatal visit and that sometime is the visit to PRC.
	  ○ Suggested approach: Align goals with the State Health Improvement Plan (SHIP).
	• **Reducing Barriers for Immigrant and Non English-speaking families**
	  ○ Identified challenges: Long phone waits, unclear instructions, difficulty accessing services even with English-speaking assistance.
	  ○ Communication preferences: Many families prefer WhatsApp and Facebook Messenger. Cell phone service providers and cell phone numbers change frequently.
	  ○ Proposed solution: Use QR codes to link families directly to multiple resources via their phones.
	• **Feedback on Strategic Plan**
	  ○ Group felt the Start Strong plan should also include:
	  ▪ Community education
	  ▪ Awareness initiatives
	  ▪ Resource provision	