

# During National Infant Mortality Awareness Month, Cincinnati's Story Shows Change Is Possible

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CINCINNATI, OH, UNITED STATES, September 23, 2025 /EINPresswire.com/ -- From poverty to housing to healthcare and beyond, communities around the country face a range of “wicked problems” that are made up of multiple complex and interdependent factors. September brings attention to one of the most heartbreaking: infant mortality. Across the U.S., too many babies don't live to see their first birthday (Source: <https://www.cdc.gov/maternal-infant-health/infant-mortality/index.html>). And the burden isn't shared equally—Black infants are more than twice as likely to die as white infants. When faced with issues like these, communities are often unsure of where to start—and may even assume that they can't make a difference.

In recognition of National Infant Mortality Awareness Month, Jill Haubner Miller, president and CEO of health-focused grantmaker bi3, encourages others to believe that change is doable. After all, less than 15 years ago, her community of Greater Cincinnati had one of the worst infant mortality rates in the nation—and it has since made historic strides in saving infant lives.

“In 2011, 10.8 out of every 1,000 babies born in the Greater Cincinnati area were dying in their first year of life, and Black babies were dying at three times the rate of white babies,” says Miller, coauthor along with Dr. Meredith C. Smith of the new book *Infant Mortality and Other Wicked Problems: A Community-Driven Approach to Creating Change* (bi3 Publishing, 2025, ISBN: 979-8-9922242-0-7, \$19.99). “By 2023, our county's infant mortality rate was on par with the national average (5.5 per 1,000 births), and for the first time, the Black infant mortality rate was in the single digits.”

How did Hamilton County achieve these results? Everything changed—one purposeful step at a time.

Healthcare providers, social service agencies, nonprofits, funders, and—most importantly—the community itself came together to rethink systems from the ground up. For the first time, stakeholders shared data, challenged assumptions, aligned goals, and co-created solutions with mothers and families most impacted.

“We estimate that over 220 babies (or eight classrooms of children) are alive today because of our county's collective efforts,” Miller notes. “This is proof that when communities unify around a shared agenda, they can move the needle on even the toughest challenges.”

In *Infant Mortality and Other Wicked Problems*, Miller and Smith tell Hamilton County's story and lay out a flexible framework that other communities can use to understand and address their own "wicked problems." Rather than a step-by-step prescription, the book provides adaptable, scalable practices focused on building trust, enabling access, and achieving sustainability.

Here, Miller shares ten key practices other communities can use to build their own processes, systems, and solutions—along with examples from Hamilton County.

Let data light the way. Collect as much detailed data as possible from reliable sources. Not only does accurate data help communities make the greatest impact, it can also be crucial in attracting attention, getting stakeholders on board, setting goals, measuring progress, and identifying new areas of opportunity.

"In Hamilton County, we always went to the data to inform decisions," Miller says. "In the beginning, data showed that preterm birth was the leading cause of infant death in our community, as well as which neighborhoods were most affected. Once a pilot program to address preterm birth was designed and implemented, data confirmed that it was successful and indicated where scale and spread would be most effective."

Don't make assumptions. It's surprisingly easy for guesswork and assumptions to sneak into the driver's seat. Before creating or implementing any initiative, ask those with lived experience what they are facing and how they would like to approach the problem. Listen with curiosity, empathy, and compassion.

"We knew that many mothers didn't seek prenatal care until their second or third trimesters," recalls Miller. "Stakeholders initially assumed this was due to a lack of appointments and prenatal education. But conversations with women revealed that in many neighborhoods, social barriers like transportation access, employment and income, childcare challenges, lack of safe housing, little consistency with providers, and stress all impacted women's ability to engage in prenatal care."

"Had we not pushed past assumptions and sought answers from women themselves, our strategy to reduce infant mortality would have addressed symptoms of the problem but not its root cause. Instead, we were able to give moms and babies the socioeconomic and logistical supports they needed most."

Create an engaging narrative to convey the community's challenges and goals. A compelling narrative helps to explain what the wicked problem is, why people should care about it, and how they can help. The most effective narratives tend to couch data within stories that connect to emotions and build empathy.

"Distill your narrative into a simple, repeatable core message, like, 'Too many babies are dying

before their first birthdays,” advises Miller. “Once you’ve hooked people’s attention, you can go into more detail about what’s causing the problem and how it’s affecting real people. Pay special attention to connecting each audience to the WIIFM (or What’s In It For Me). For instance, a parent might be motivated by the desire to help other families, a healthcare leader by the opportunity to improve clinical outcomes, and local government by the opportunity to save taxpayer dollars through reducing costly preterm births.”

Imitate what has worked before. Whether a community is tackling infant mortality or another wicked problem, it can network with other communities, organizations, and experts who have dealt with similar issues. Find out what challenges they encountered, benchmark what they have done, and borrow or adapt any best practices that make sense for your community.

“My coauthor, Meredith, and I have each attended numerous conferences and professional events on infant mortality, health equity, reproductive justice, funding strategies, and more,” shares Miller. “Some of the relationships we’ve formed have provided us with valuable sounding boards and sources of advice that have saved us time and resources.”

Implement new strategies on a controlled scale. It may be tempting to implement sweeping, large-scale change in your community, but it’s wise to begin with a pilot program that allows you to test, learn, adapt, and try again more readily. After developing a data-supported solution, a community will be in a strong position to spread and scale it—though even at this stage, it might be necessary to adapt the approach to each new population, organization, or neighborhood.

“There are several competitive healthcare systems in Hamilton County,” says Miller. “However, several hospitals and nonprofits came together in unprecedented collaboration to create a model placing the needs of mothers at the center while connecting them with social supports. The pilot program was called StartStrong, and it was rolled out in a neighborhood with a particularly high preterm birth rate. After three years, StartStrong achieved statistically significant results. It was then spread and scaled to new neighborhoods—a process that is ongoing to this day.”

Bring others into the movement. Especially when starting to spread and scale various initiatives, it’s important to begin engaging additional community members and organizations. People are the building blocks of any movement. The more participation you attract, the more power, reach, influence, and longevity the initiative will have. While movement-building isn’t an exact recipe consider initially focusing on identifying and connecting with individuals who can amplify and champion the work in diverse groups and organizations throughout the community: funders, businesses, nonprofits, neighborhoods, and more.

“Champions can spread your message, make introductions, and open doors, but don’t forget to engage community members themselves—especially those who are most impacted by the problem,” says Miller. “One Hamilton County community group holds consistent meetings at the same time and place so that it’s easy for pregnant women and moms to get involved. They also

provide plenty of easy ways for people to plug in—often this is as simple as asking them to share a social media post.”

Listen to those who are closest to the problem—and make them leaders in the work. The people who are most impacted by the wicked problem that is being addressed understand better than anyone what barriers they’re facing and what supports are most needed. It also produces more enthusiastic community buy-in when people are involved in designing their own solutions. Communities should center the voices of those with lived experience at every stage and support them as they identify the changes they would most like to see.

“In 2018, Hamilton County’s Black babies were dying at three times the rate of white babies,” Miller recalls. “When Black women expressed that they lacked a community of support, my coauthor, Meredith, launched Queens Village, a group where Black women can be seen, heard, supported, and celebrated. Members of Queens Village also work to change systems that have historically contributed to preterm birth and infant mortality. In 2019—Queens Village’s first year—Black infant mortality in Hamilton County decreased by 24 percent, compared to the five years prior.”

Co-design replicable solutions. For solutions to have long-term impact, it’s not enough for them to be based on a great idea or to be helmed by a community leader. Best practices, tactics, and processes must be formalized in a program that will ensure consistency and that is replicable across neighborhoods or organizations, while still remaining flexible and adaptable.

“Mama Certified, an initiative created by the women of Queens Village, is a perfect example,” shares Miller. “Black women wanted more transparency regarding how they and their babies would be treated by local birthing hospitals. In partnership with Cincinnati healthcare systems, they created a universal structure to evaluate maternal equity efforts so that Black parents-to-be can make informed decisions about where to seek care. To become ‘Mama Certified,’ hospitals must receive the same training, take the same actions, be evaluated by the same metrics, and more. The Mama Certified brand is now well-respected in our community because families know they can trust the data it publishes and the hospitals it endorses.”

Advocate for policy change. One of Miller’s mantras is, “We can’t program our way out of wicked problems.” While co-designed initiatives and programs can help house, feed, clothe, educate, and care for people, communities must also address policy barriers that stand in the way of long-term change. Policy changes at the local, state, or even federal levels can ensure more equitable, widespread, and sustained access to resources and services, as well as sustained funding.

“I know from experience that building relationships with lawmakers, lobbying for legislation, and navigating government processes can be daunting,” Miller acknowledges. “Our book outlines tips to help communities clarify their advocacy goals and put them into practice. A good starting point is to build strategic partnerships with other organizations that share the same goals and

that already have a successful advocacy record. You can learn from them, plug into their networks, and combine your resources for a greater impact.

“This is what bi3 did when we made one of our first forays into policy advocacy,” she shares. “We partnered with Groundwork Ohio, an established nonpartisan advocacy organization, as well as a former Ohio state senator, to successfully advocate that Ohio Medicaid coverage for pregnant women be extended from 60 days postpartum to one year postpartum. This directly impacts infant mortality because when new mothers don’t receive the care they need, their ability to care for their babies is also affected.”

Seek sustainable funding sources. Wicked problems usually take years, or even decades, to effectively address. To implement and support initiatives over the long term, communities will need to secure funding. In many cases, this will be a combination of private funding (e.g., from individuals, corporations, institutions, or foundations) and public funding (provided by government entities). Miller suggests that stakeholders begin by compiling as robust a potential donor database as possible.

“Conduct external prospect research by looking at various funders’ annual reports, websites, and donor lists to identify grantmakers whose priorities align with yours,” she suggests. “Ask colleagues, board members, and other contacts to introduce you to any funders in their networks who might be a good fit. Explore strategic partnerships with existing organizations. Familiarize yourself with federal and state grant programs. Above all, try to diversify your funding streams so that you are not relying on one source to sustain your initiative.”

“While we may never truly ‘solve’ wicked problems like infant mortality, we can make measurable, lifesaving progress,” concludes Miller. “It’s all about doing what you can, when you can, one step at a time, one partner at a time. It’s about challenging your assumptions and allowing yourself to undergo a mindshift. Above all, it’s about engaging with the people who are most affected, gaining their trust, and listening when they tell you what change should look like.

“Hamilton County’s experience proves that with commitment, tenacity, and creativity, change is possible. And during National Infant Mortality Awareness Month, it’s vital to remember that the lives of children depend on it.”

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About the Authors:

Jill Haubner Miller is a coauthor of *Infant Mortality and Other Wicked Problems: A Community-Driven Approach to Creating Change*. She is president and CEO of Bethesda Inc. and the bi3 Fund, a grantmaker in health. Jill is proud of the fact that over 220 babies are alive today due to the collaborative efforts bi3 has helped fund to reduce infant mortality in Hamilton County. She is passionate about leading the way to a day when every person has a fair and just opportunity to be as healthy as possible—when a person’s health can no longer be predicted by race,

ethnicity, ability, or zip code.

Jill is a national leader and sought-after speaker on health equity and the practice of trust-based philanthropy. Under Jill's leadership, bi3 has fueled efforts and fostered partnerships to help reduce infant mortality and spark new solutions to old problems. Jill lives in Cincinnati, Ohio, with her husband and two daughters.

Dr. Meredith C. Smith is a coauthor of *Infant Mortality and Other Wicked Problems: A Community-Driven Approach to Creating Change*. She is the executive director of Cradle Cincinnati, a network of partners working to improve Hamilton County, Ohio's infant mortality rate. She also serves as an assistant field professor at the University of Cincinnati College of Medicine. Dr. Smith has a relentless commitment to addressing health disparities, particularly among Black women and babies, and actively participates in Ohio's Eliminating Racial Disparities in Infant Mortality Task Force and the U.S. Department of Health and Human Services Task Force on Maternal Mental Health.

Dr. Smith also founded Queens Village, a safe space for Black mothers to support and be supported by their peers while working toward maternal and birth equity, which has grown to 12 chapters nationwide. Dr. Smith lives in Cincinnati, Ohio, and is the devoted mother to two brilliant Black women.

#### About the Book:

*Infant Mortality and Other Wicked Problems: A Community-Driven Approach to Creating Change* (bi3 Publishing, 2025, ISBN: 979-8-9922242-0-7, \$19.99) is available at Amazon and [tacklingwickedproblems.com](https://tacklingwickedproblems.com).

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