## Advancing Equity for Birthing Families:

Building a Community-Led Coalition to Improve Social Support During Pregnancy and the Transition to Parenthood

## Public Town Hall

September 28, 2022

This project was financially supported by grant G2019-0034 from **The Boston Foundation**.







## Session Outline

- Welcome & Overview
- Maternal Health Scope & Overview
- Panel Discussion
- Reflections & Insights
- Closing Remarks

## **The Boston Foundation**

## Danubia Camargos Silva

## **Featured Speakers**



#### Renee Boynton-Jarrett

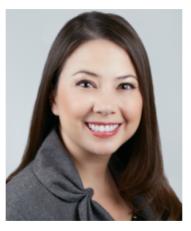
Vital Village Networks



### **Dolores Cox** Community Champion

Rose Molina

Ariadne Labs



#### She-Tara Smith

The Birth Co.



# ARIADNE LABS

#### **BRIGHAM HEALTH**



BRIGHAM AND WOMEN'S HOSPITAL



We are a joint center for health systems innovation at Brigham & Women's Hospital and the Harvard T.H. Chan School of Public Health



### Community-Based Social Support for Birthing Families

Less known about community-based programming for social determinants of health in Greater Boston, which we know lead to ~80% of poor health outcomes



### **Project Overview**



## Most Common Gaps in Social Support Services

<u>el</u>	Housing	<ul> <li>50% experienced excess demand for service</li> <li>100% experienced challenges in connecting clients to service</li> </ul>
	Childcare	<ul> <li>80% experienced excess demand for service</li> <li>80% experienced challenges in connecting clients to service</li> </ul>
	Support for pregnancy and infant loss	<ul> <li>60% experienced excess demand for service</li> <li>70% experienced challenges in connecting clients to service</li> </ul>

West R, DiMeo A, Langer A, Shah N, Molina RL. Addressing Racial/Ethnic Inequities in Maternal Health Through Community-Based Social Support Services: A Mixed Methods Study. Matern Child Health J. 2022 Apr;26(4):708-718. doi: 10.1007/s10995-021-03363-5. Epub 2022 Jan 4. PMID: 34982340; PMCID: PMC8724658.

## Top Challenges to Accessing Social Support Services



"...Things like *redlining* where families of color were *disenfranchised* from being able to access the property ladder and thus *accumulate that sort of wealth* that many white families have always had access to..."

"It can be really, really challenging to find supports for those families that are *mixed status*. They're *filtered out of a lot of supports*."



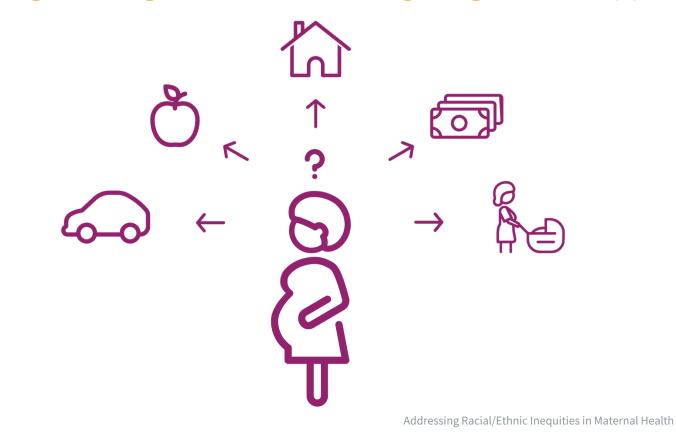
"I think identifying the *providers who look like you*, and who have an *understanding of you*, or are coming from a perspective of *cultural competency* is a big thing..."



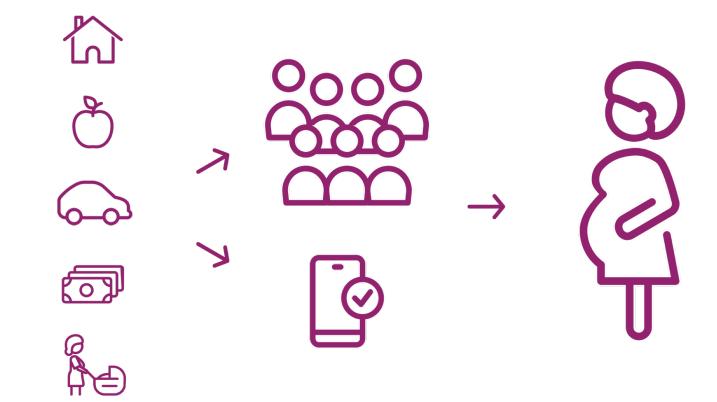
"I'm sure there are programs that exist all over Boston that I'm **unaware** of that I could potentially share with some of these clients. **I only know what I know**."

West R, DiMeo A, Langer A, Shah N, Molina RL. Addressing Racial/Ethnic Inequities in Maternal Health Through Community-Based Social Support Services: A Mixed Methods Study. Matern Child Health J. 2022 Apr;26(4):708-718. doi: 10.1007/s10995-021-03363-5. Epub 2022 Jan 4. PMID: 34982340; PMCID: PMC8724658.

### Centering Birthing Families and Navigating Social Support



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Design Lab Outline

Session 1	Painting a picture of who the coalition will serve
Session 2	Considering how a coalition of maternal health partners can uniquely ensure equity for birthing families
Session 3	Naming priorities for the first year of the coalition's work
Session 4	Exploring how we might measure the impact of our collective work
Session 5	Outlining a structure for principles and practices of how the coalition might function together
Town Hall	Gathering community reactions to what has been developed

#### **IDENTIFY USER, NEEDS, HOPES + DREAMS**

Participants crafted 'User, Need, Insight' statements to align on the focus of the coalition and the end user - their needs, hopes, and dreams.

Ex: "Thriving families need a way to feel empowered because they need the opportunity to be experts in determining their own care."

#### **ESTABLISH DOMAINS + OBJECTIVES**

Participants then decided upon coalition objectives, later grouped into broader domains, and aligned on 3 domains for the coalition to focus on first:

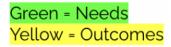
- 1. Educating/Foundation
- 2. Support/ Empowerment
- 3. Human Centered

#### **CREATE SMART GOALS**

Participants crafted 3 goals - one for each domain - that are Specific, Measurable, Attainable, Realistic, and Timely.

Goals centered on improving birthing families preparedness to bring children into the world through education (classes + materials), and increased access to doulas.

## "User...Need...Insight" Statements



[Strengths-based description of families] need a way to [what are families asking for] because [hopes and dreams].

#### Group 1

- Middle-aged women need a way to ensure that their unborn children are healthy because they want grandchildren one day
- Birthing families (biological, adoption, surrogate) need a way to understanding the information, options, and support for expanding their families (adoption, infertility treatments) because they hope for peaceful transitions
- Teen moms need a **trusting support network** because they need to **navigate** life with additional mental, physical support due to taboo/**stigma**/societal disapproval

#### Group 2

- Thriving families need a way to feel empowered because they need the opportunity to be experts in determining their own care.
- Advocates need resources for child care because their children need access to high quality education and development opportunities.
- Families need the confidence to make decisions for their family so that they are successful in whatever they define as success for themselves/their family.
- Families need **providers to listen** so that people feel safe coming to the hospital

## The maternal health coalition helps ensure an equitable and just experience as families plan, prepare for and welcome children into their lives.

The following domains and corresponding objectives were identified by design workshop participants:

Human Centered	Educating/ Foundation	Voice/ Navigation	Resources	Opportunity		Support/ Empowerment		Systems		Lighten Load
If someone asks for applies, don't give oranges	Facilitate unlearning and healing generational myths	Opportunities for bidirectional communication	App to help centralize information	Personalized community health worker or navigator		More Doula trainings for more support		Expand access to quality childcare with return to work		Connect parents to tangible resources (diapers, formula)
Healthcare that understands, supports and trusts normal birth	Community based, quality comprehensive childbirth education	Open informational sessions	Virtual assistant	Connect families to supports and follow up		Share opportunities to secure supports (Doulas/Lactation Consultants/postpart um support groups)	Ì	Supporting relevant policy at state level		Better advertise services that are already available
birth and families are not a business	Gain confidence in your intuition	Help families with issues throughout process	Universal access	Train the trainer model		Having spaces for exercise during pregnancy	Î	A consistent hospital presence as an organization		Share opportunities to secure supports (Doulas/Lactation Consultants/postpart um support groups)
Gain confidence in your intuition	intentional conversation around preconception health in spaces frequented by young people.	Personalized community health worker or navigator	Information hub for families	Screening questions to help families navigate resources		A doula for every person who wants one	1	organization		Available networks for families
More midwives caring for families		Increase communication between services that already exist	Supports and resources are available for all who need them			Coordinating services				
		Identify gaps in services + fill them								
		Facilitate deeper relationships between organizations			Т	he ToP Consensus Workshop Method	0 20	116 Institute of Cultural Affairs in the L	J.S.A.	

## **SMART** Goals

<u>S</u>	Domain	SMART Goal
SPECIFIC:	Educating/Foundation	Within 1-2 years, the coalition will improve birthing families' feeling of being prepared for/informed about childbirth (understanding of what is normal in childbirth and what potential risks/complications may occur) in 3 community health centers in Roxbury, Dorchester, and Mattapan by establishing and
<u>M</u> <u>Measurable:</u>		implementing pregnancy (including pregnancy loss) and childbirth education classes (including postpartum depression/anxiety) to at least 50% of their birthing population who identify as people of color after 28 weeks.
	Support/Empowerment	Create a career pathway as a doula to increase the number of doulas in the
<u>A</u> Achievable:		Greater Boston area and ensure that birthing families are provided with a doula that is a good fit for them.
P	Human Centered	Reach out to people who have experienced birth and gauge what, in relation to their connections with social supports, worked, what didn't and how to
Realistic:		improve what didn't and amplify what did. Turn the "what did" into
<u>T</u> <u>Timely:</u>		educational materials to help women, their families, and their caregivers, the awareness of what they should expect in birth so they can advocate for themselves and not be left with substandard care. Pilot this information dissemination at CHCs, hospitals, and prenatal clinics.

## **Design Team Reflections**

## Dolores Cox She-Tara Smith

## Reflections and Reactions



## What might be missing or in need of more attention?

🞽 Mentimeter

Mentimeter

How to maximize the many resources that do already exist, and not duplicate

how can we engage fathers, brothers and uncles to participate in the coalition, their stories are missing, I believe they can help heal the traumas Engaging partners and other family members

**Birthing plans** 

#### birthing rights

Strategies for hospitals/perinatal caregivers to raise their awareness of racial bias and discrimination and then to provide interventions for improving acceptance and inclusion.

## What might be missing or in need of more attention?

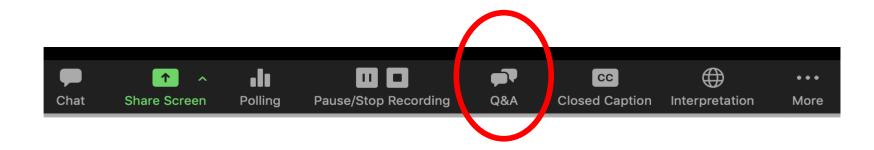
Birthing plan that is your choice	Emphasis on narrative	The coalition strategies don't really align with housing and childcare needs identified in the assessment process
How might we engage fathers? And other partners?	Stillbirth prevention - 24,000 babies are stillborn annually in the U.S. 65 babies a day! That's a school bus full of children or three kindergarten classes, every single day. It must stop.	Social, Economic and radicalized determinants of health
All success is table to a failled to be a success random set to the size success in a sublement		
Allowing birthing folks to be partners in their own healthcare choices.	grief support	Social, economic and racialized (not radicalized - thank you autocorrect) determinants of health and mental health



## **Panel Discussion**

## Q&A

 Submit your questions by clicking on the Q&A icon at the bottom of your screen



## Taking Action Together



#### Birth Equity Town Hall

What questions are being raised for you? 😳

What will the coalition's specific priorities be in advancing birth equity?	What are the first concrete steps that will be taken?	How do we scale up community health center work to larger and more entrenched institutions like MGH?
+ 1	+ O	+ 0

#### What are you hearing or feeling as the most urgent priority? 🛟

Communication - Language matters and Proactive listening moves us forward + 0	Respect and dignity in healthcare	Stillbirth prevention. There has been movement on this in other states/the federal level, but (to my knowledge) nothing has happened in MA.
Centering the roles of midwives and doulas		
What are so	ome specific actions you mig	ht like to take place? 😯
Sharing community voices and lessons learned so far with providers to sensitize providers to issues and help reflect on implicit biases.	Birthing Equity Hotline: connecting mothers to providers and with information about breastfeeding, childcare, etc. + 0	Raise the voices/concerns of birthing folks in MA to those in power and govt.

#### How will we know we've been successful? 🛟

Measurements re: reduction of poor birth outcomes (Maternal mortality/morbidity, pregnancy loss, etc.)	Is the agency of birthing parents improving?	Is maternal stress decreasing?
+ 1	+1	+1
Is social support for birthing parents increasing?	This will be a long-term project and narrative as well as hard data will be important. Instances of racism and disrespect in healthcare are not shared well + 0 only through data.	

## **Questions for Action**

Respond in "Ideaboardz"

- What are you hearing or feeling as the most urgent priority? Where are you hoping to see change happen now?
- What questions are being raised for you?
- What are some specific actions you might like to see take place?
- How will we know we've been successful?

# What comes next?



## Share the Coalition Design Report

ENHANCING EQUITABLE MATERNAL HEALTH IN GREATER BOSTON

FRAMEWORK OF COALITION PRINCIPLES





Sign up to Stay in Touch!

When you sign up for our mailing list, you'll receive updates via email about ways to be involved with the coalition to support birth equity in Greater Boston.

First Name

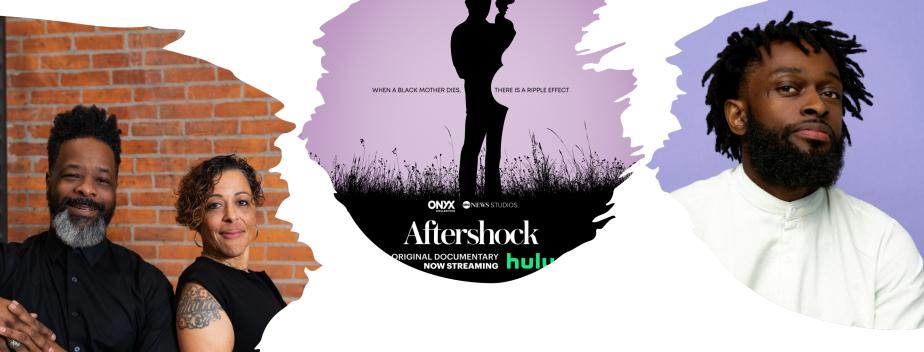
Last Name

Organization

Focus/Area

Join our contact list to be involved with advancing the coalition and informed of next steps

https://lp.constantcontactpages.com/su/7EZVd1D/birthequity



Join our National Community Leadership Summit October 18th and 19th featuring Omari Maynard Jessica Roach

Dorian Wingard

## Special Thank You to Our Design Team

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