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.
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

- **January 2019**: Landscape Analysis
- **July 2019**: Data Collection + Solution Prototype with CBOS
- **July 2021**: Planning for Coalition
- **January 2022**: Transition to Backbone Org + Establish Coalition Foundation
- **September 2022**: Public Town Hall
- **October 2022 Onward**: Coalition Launch
Most Common Gaps in Social Support Services

- **Housing**
  - 50% experienced excess demand for service
  - 100% experienced challenges in connecting clients to service

- **Childcare**
  - 80% experienced excess demand for service
  - 80% experienced challenges in connecting clients to service

- **Support for pregnancy and infant loss**
  - 60% experienced excess demand for service
  - 70% experienced challenges in connecting clients to service

Top Challenges to Accessing Social Support Services

**Structural and interpersonal racism in Greater Boston**

“...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.”

**Structural and interpersonal racism in CBOs**

“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...”

**Lack of coordination of services**

“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.”

Centering Birthing Families and Navigating Social Support
Centering Birthing Families and Navigating Social Support
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

<table>
<thead>
<tr>
<th>Strengths-based description of families</th>
<th>what are families asking for</th>
<th>because</th>
<th>hopes and dreams</th>
</tr>
</thead>
</table>

**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**
- If someone asks for help, don't give oranges
- Healthcare that understands, supports and trusts normal birth
- Birth and families are not a business
- Gain confidence in your intuition

**Educating/Foundation**
- Facilitate unlearning and healing generational myths
- Community based, quality comprehensive childbirth education
- Gain confidence in your intuition
- More midwives caring for families

**Voice/Navigation**
- Opportunities for bidirectional communication
- Open informational sessions
- Help families with issues throughout process
- Personalized community health worker or navigator

**Resources**
- App to help centerize information
- Virtual assistant
- Universal access
- Information hub for families

**Opportunity**
- Personalized community health worker or navigator
- Connect families to supports and follow up
- Train the trainer model
- Screening questions to help families navigate resources

**Support/Empowerment**
- More Doula trainings for more support
- Share opportunities to secure supports (Doula/Lactation Consultants/postpartum support groups)
- Having spaces for exercise during pregnancy

**Systems**
- Expand access to quality childcare with return to work
- Supporting relevant policy at state level
- A consistent hospital presence as an organization

**Lighten Load**
- Connect parents to tangible resources (diapers, formula)
- Better advertise services that are already available
- Share opportunities to secure supports (Doula/Lactation Consultants/postpartum support groups)
- Available networks for families
<table>
<thead>
<tr>
<th>Domain</th>
<th>SMART Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educating/Foundation</td>
<td>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 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.</td>
</tr>
<tr>
<td>Support/Empowerment</td>
<td>Create a career pathway as a doula to increase the number of doulas in the Greater Boston area and ensure that birthing families are provided with a doula that is a good fit for them.</td>
</tr>
<tr>
<td>Human Centered</td>
<td>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 improve what didn’t and amplify what did. Turn the “what did” into 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.</td>
</tr>
</tbody>
</table>
Design Team Reflections

Dolores Cox
She-Tara Smith
What might be missing or in need of more attention?

- 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
- How might we engage fathers? And other partners?
- Allowing birthing folks to be partners in their own healthcare choices.
- Emphasis on narrative
- 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.
- The coalition strategies don’t really align with housing and childcare needs identified in the assessment process
- Social, Economic and radicalized determinants of health
- Social, economic and racialized (not radicalized - thank you autocorrect) determinants of health and mental health
- grief support
Panel Discussion
Submit your questions by clicking on the Q&A icon at the bottom of your screen.
Taking Action Together
## Birth Equity Town Hall

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Positive Feedback</th>
<th>Neutral Feedback</th>
<th>Negative Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication - Language matters and Proactive listening moves us forward</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Respect and dignity in healthcare</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Stillbirth prevention. There has been movement on this in other states/the federal level, but (to my knowledge) nothing has happened in MA.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Centering the roles of midwives and doulas</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### What questions are being raised for you?  

<table>
<thead>
<tr>
<th>Question</th>
<th>Positive Feedback</th>
<th>Neutral Feedback</th>
<th>Negative Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will the coalition's specific priorities be in advancing birth equity?</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>What are the first concrete steps that will be taken?</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>How do we scale up community health center work to larger and more entrenched institutions like MGH?</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### What are some specific actions you might like to take place?  

<table>
<thead>
<tr>
<th>Action</th>
<th>Positive Feedback</th>
<th>Neutral Feedback</th>
<th>Negative Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing community voices and lessons learned so far with providers to sensitize providers to issues and help reflect on implicit biases.</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Birthing Equity Hotline: connecting mothers to providers and with information about breastfeeding, childcare, etc.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Raise the voices/concerns of birthing folks in MA to those in power and govt.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Positive Feedback</th>
<th>Neutral Feedback</th>
<th>Negative Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurements re: reduction of poor birth outcomes (Maternal mortality/morbidity, pregnancy loss, etc.)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Is the agency of birthing parents improving?</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Is maternal stress decreasing?</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Is social support for birthing parents increasing?</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>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 only through data.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
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
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

Fiona Almeida
Eimaan Anwar
Nora Bent
Joyce Clark
Jessie Colbert
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Jallicia Jolly

Jessie Laurore
Lilly Marcellin
Kristin McSwain
Jesca Philippe
Yaminah Romulus
She-Tara Smith
Morgan Taylor
Alexandra Valdez
Brandy Watts
Thank You