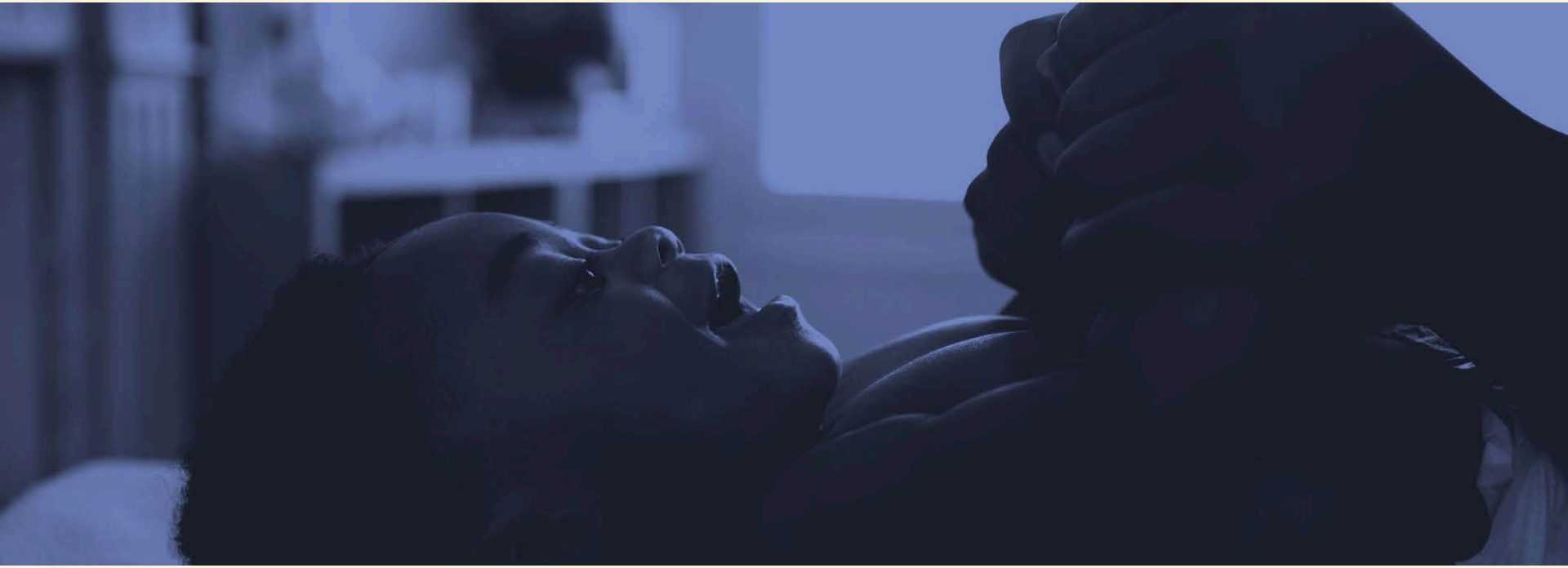
NATIONAL BIRTH EQUITY COLLABORATIVE



Maternal and Infant Mortality Crisis in the US

National Reproductive Health Conference

Joia Crear-Perry MD, Founder/President

Disclosure

- Nothing to disclose

Mission

To reduce Black maternal and infant mortality through research, family centered collaboration and advocacy.

Goal

Reducing black infant mortality rates by 50% in the next 10 years.

NATIONAL BIRTH EQUITY COLLABORATIVE

Our vision is that every Black infant will celebrate a healthy first birthday with their families.

Learning Objectives

- Define Birth Equity through a human rights and reproductive justice lens
- Examine the role of racism in social determinants of health inequities
- Discuss grasstops strategies for incorporating equity into existing systems
- Identify grassroot opportunities to influence health equity

birth equity *(noun)*:

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.

Joia Crear-Perry, MD
National Birth Equity Collaborative

Health Equity

A fair, just *distribution* of the social resources and social opportunities needed to achieve well-being.

- Seeks out what is unfair in order to reverse or avoid it
- Aspires to apply justice in serving women and families
- Recognizes the impact of social resources on the care and behavior of women and families
- Identifies and facilitates social opportunities for women and families to readily/easily attain well-being

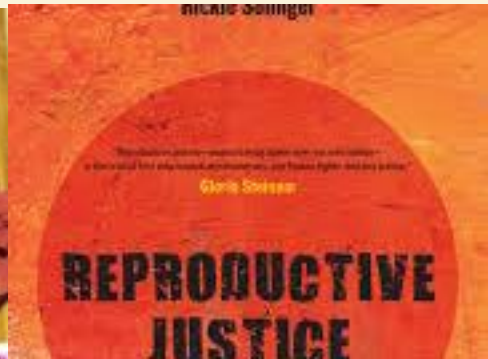
Reproductive Justice

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

-Loretta Ross

We must…

- Analyze power systems
- Address intersecting oppressions
- Center the most marginalized
- Join together across issues and identities



Human Rights – The Global Standard

Article 2.

Everyone is entitled to all the rights and freedoms set forth in this Declaration, **without distinction of any kind**, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 3.

Everyone has the right to life, liberty and security of person

Article 25.

(1) Everyone has the right to **a standard of living adequate for the health and well-being of himself and of his family**, including food, clothing, housing and medical care and necessary social services

(2) Motherhood and childhood are **entitled** to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.

U.S. Sanctioned for Black Maternal Mortality

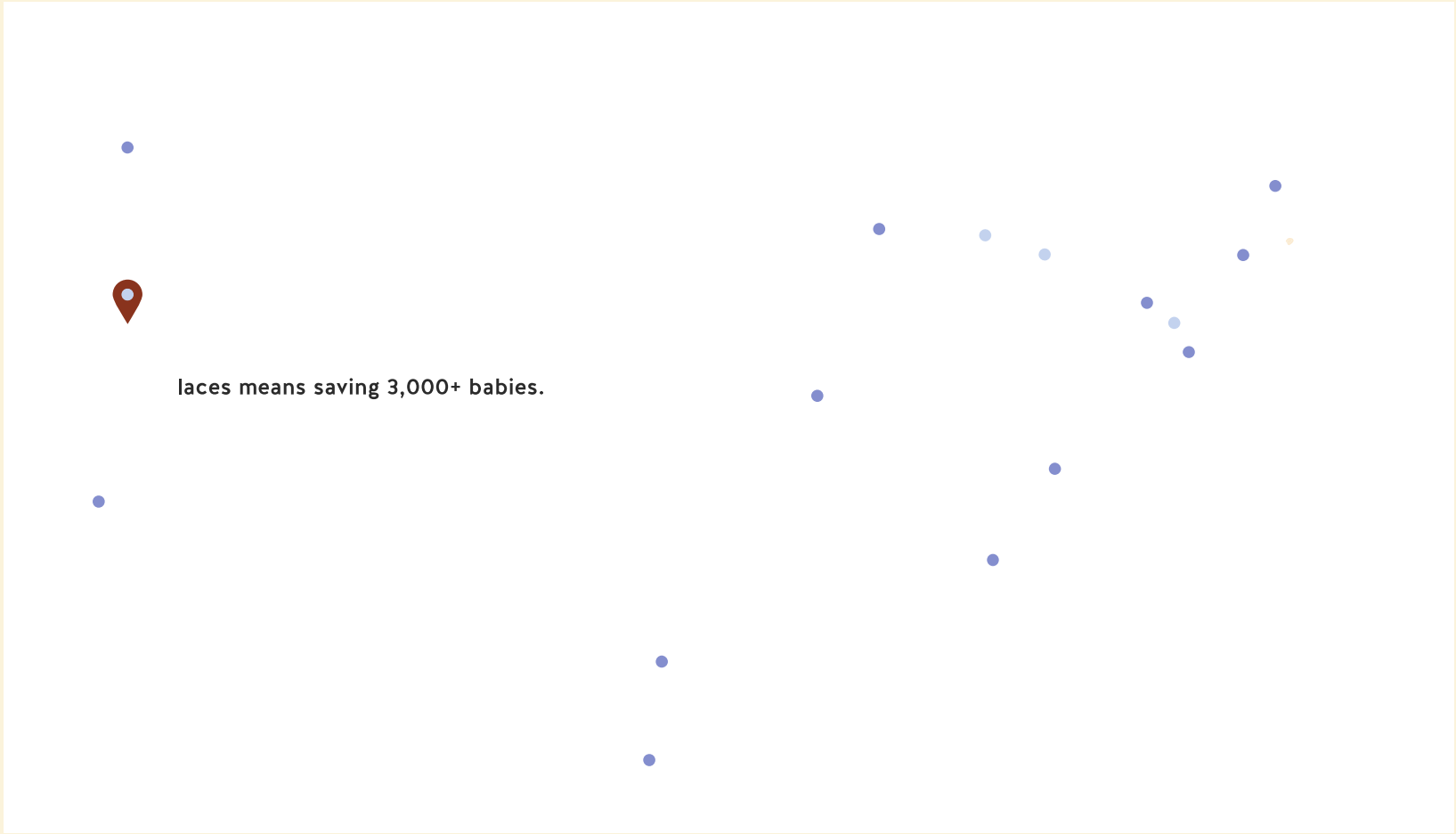
- Black women have knowledge and solutions that will improve maternal health, rights, and justice
- Platforms are needed to support and amplify the work that Black women are already doing
- To address that gap, BMM must establish an independent identity and cultivate a “deep bench” of Black women leaders

Geneva, Switzerland

SOCIAL DETERMINANTS OF HEALTH INEQUITIES

Campaign for Black Babies

As the primary thrust of NBEC's goal, the Campaign involves innovative research, parent-centered collaboration, and advocacy to effectively reduce Black infant mortality in the cities with the highest burden of Black infant death.



Campaign for Black Babies
National Report

May 2017

"Look at the Whole Me": A Mixed-Methods Examination of Black Infant Mortality in the US through Women's Lived Experiences and Community Context

Maeve E. Wallace [1,2,*], Carmen Green [2], Lisa Richardson [2,3], Katherine Theall [1,2] and Joia Crear-Perry [2]

1 Mary Amelia Women's Community Health Education Center, Department of Global Community Health and Behavioral Sciences, Tulane University School of Public Health and Tropical Medicine, 1440 Canal St., Suite 2210, New Orleans, LA 70112, USA; ktheall@tulane.edu
2 National Birth Equity Collaborative, 4747 Earhart Blvd, Suite I, New Orleans, LA 70125, USA; carmen.nbec@gmail.com (C.G.); lrichrds@gmail.com (L.R.); drjoia.nbec@gmail.com (J.C.-P.)
3 Institute of Women and Ethnic Studies, 935 Gravier St., Suite 1140, New Orleans, LA 70112, USA
* Correspondence: mwallace@tulane.edu; Tel.: +1-504-988-7305

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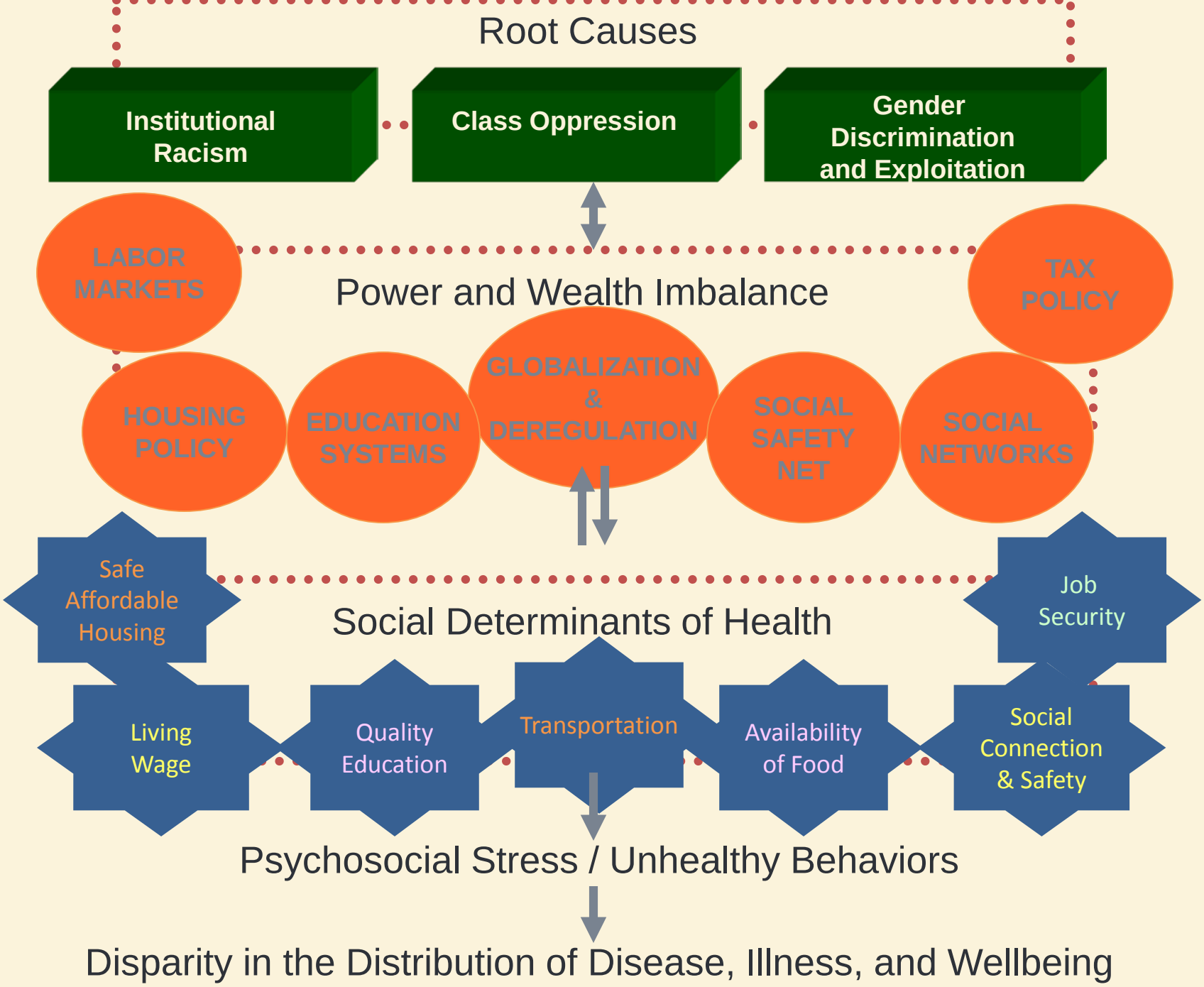


Adapted by MPHI from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice.*

Root Causes: In their own words

Racism

I remember the doctor not even looking at me. He was talking to me and he treated me, like I said, like a number. He said "How many times have you been pregnant?" and I'm like never. Then he had to turn around like "Oh". Yeah and he's looking like, "she's just another black girl in here and she needs health care and she probably had 4 or 5 children already." Its like NO! We are human.

-Chicago, IL

Classism

I had all of my records transferred back to my regular OB and she reviewed them for me and told me that I had signs of preeclampsia. Well, I mean, if they paid more attention instead of trying to push people through there, maybe they would have noticed. Maybe they would take necessary precautions for me to have a healthy baby.

-Memphis, TN

Ageism

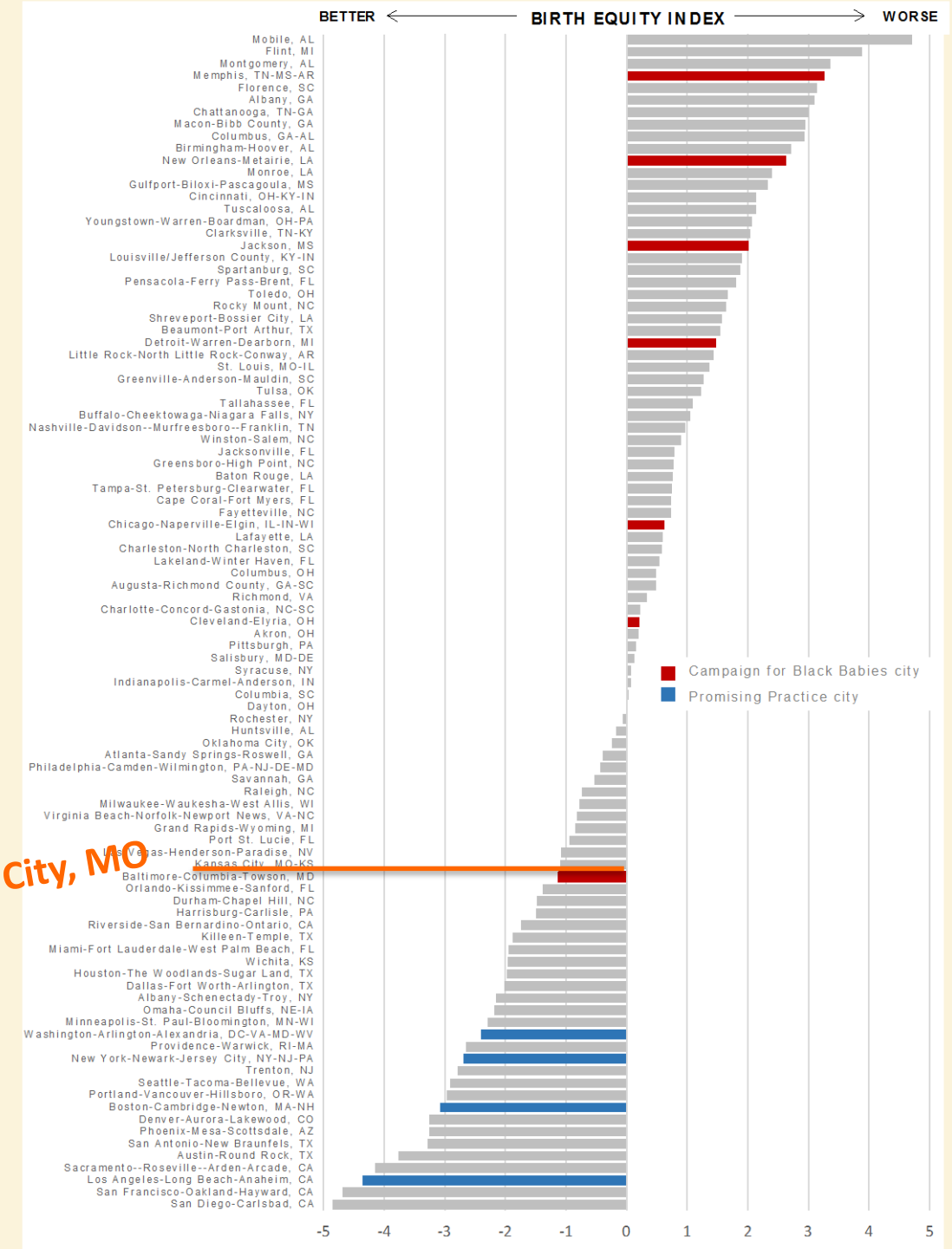
Talk to me directly, stop being... I hate that. Just talk to me…People look at me and ask about my mind set. I'm not stupid… Like, you're saying big words to me and I'm looking at you like this (makes face). You know I don't know what you are saying.

-Cleveland, OH

Birth Equity Index

Data tool to identify significant social determinants

- *A comprehensive set (50+) of social determinant indicators were selected to broadly define health and opportunities for better health within the social and physical environment of 20 US metro areas with some of the highest black infant mortality rates in the country. We identified those that were at least marginally associated with black infant mortality rates including:*
  - *prevalence of smoking and obesity among adult residents*
  - *number of poor physical and mental health days experienced by residents*
  - *percentage of residents with limited access to healthy foods*
  - *rates of homicide and jail admissions*
  - *air pollution*
  - *racial residential segregation (isolation)*
  - *rates of unemployment and low education among NH black residents*
  - *income inequality between black and white households*
- *We used data-reduction techniques to combine values of these indicators into an overall index of black infant mortality social determinants, with higher values representing worse health conditions.*



Kansas City, MO

Social determinants of IM

…in NBEC pilot cities

Black infant mortality rates are 8% lower for every $10,000 increase in the Black **median household income**.

The Black infant mortality rate increases by 6% in cities with Black **unemployment above the median**.

The Black infant mortality rate is 3% lower for every 1% increase in the proportion of Black residents with a **Bachelor's degree** or higher.

The Black infant mortality rate is 1% higher for every 1% increase in **racial residential segregation**.

Preterm Related Conditions

Babies born at 20-37 weeks gestation are at risk for preterm related health conditions

Clinical Risk Factors	Social Risk Factors
• Short cervix • Previous preterm birth • Short interval between pregnancies • History of certain types of surgery on the uterus or cervix • Pregnancy complications such as multiple pregnancy and vaginal bleeding • Low pre-pregnancy weight • Smoking during pregnancy • Substance use during pregnancy	• **Racial residential segregation (isolation)** • **Unemployment** • **Median household income** • **Lack of Paid Leave** • **Transportation access** • **Gender inequality in earnings.**

Congenital Malformations

Congenital malformations are birth defects or conditions present at birth. They can cause problems in overall health, how the body develops or how the body works. Most common congenital malformations underlying cause of death include congenital malformation of the heart and chromosomal abnormalities.

Clinical Risk Factors	Social Risk Factors
• Genetic or inherited causes including chromosomal defects, single gene defects, dominant or recessive inheritance • Environmental causes including a drug, alcohol, or maternal disease • Multifactorial birth defects caused by a combination of genes and environmental exposures.	• **Uninsured rates** • **Lack of Sexual Education** • **Food insecurity** • **Substance Abuse Treatment Options**

SIDS/SUIDS

The sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history. SUID category combines ICD–10 codes for SIDS, other ill-defined and unspecified causes of mortality, and accidental suffocation and strangulation in bed.

Clinical Risk Factors	Social Risk Factors
• Inadequate prenatal care • Intrauterine growth restriction • Short inter-pregnancy interval • Substance use • Viral respiratory infection • Genetic factors • Sleep environment	• **Housing Stability** • **Paid Leave** • **Domestic Violence Options**

Maternal Mortality

Maternal death due to complications of pregnancy and childbirth.

Clinical Risk Factors	Social Risk Factors

• Eclampsia
• Cardiac disease
• Acute renal failure
• Preconception BMI
• Chronic conditions
• Serious obstetric complications
  o Blood transfusion
  o Ventilation
  o Hysterectomy
  o Heart failure
	• **Chronic stressors like racism and poverty**
	• **Substance use disorder**
	• **Chronic disease**
	• **Social isolation and lack of support**
	• **Housing (adequacy, homelessness, safety etc.)**
	• **Air quality and environmental stresses**
	• **Food Insecurity**
	• **Access to quality, comprehensive health care services**
	• **Low educational attainment**
	• **Unemployment and rigid scheduling**

Addressing Root Causes is the Upstream Solution

Despite available research, opinion leaders, local change agents, and policy makers give little attention to inequities and their root causes. Typically focus on remedial options…

Social Structure

Power and Wealth Imbalance

Social Determinants of Health

Psychosocial Stress / Unhealthy Behaviors

Inequity in the Distribution of Disease, Illness, and Wellbeing

In his 1906 Atlanta University report, “The Health and Physique of the Negro American” W.E.B. Dubois wrote:

The high infantile mortality of Philadelphia today is not a Negro affair but an index of social condition… The white infants furnish two-thirds as many death as the Negro today...and only in the past sixteen years had it been lower than the Negro rate today. The matter of sickness is an indication of social and economic position... We might continue this argument almost indefinitely going to one conclusion that the Negro death rate and sickness are largely a matter of condition and not due to racial traits and tendencies.

RACISM AS A ROOT CAUSE OF HEALTH INEQUITIES

Understanding discrimination and racism as a SDOH

Racism affects health both directly (i.e., via chronic stress) and indirectly (i.e., via race-based discrimination across multiple systems which creates differential access to high-quality schools, safe neighborhoods, good jobs, and quality healthcare, in other words, by shaping SDOH.)

Anthropological Approaches Demonstrate

- Race is real, and it matters in society, but not how racists think it does.
- Race is not a genetic cluster nor a population.
- Race is not biology but racism has biological effects.
- Social constructs are real for those who hold them.

RACE

≠

ETHNIC GROUP

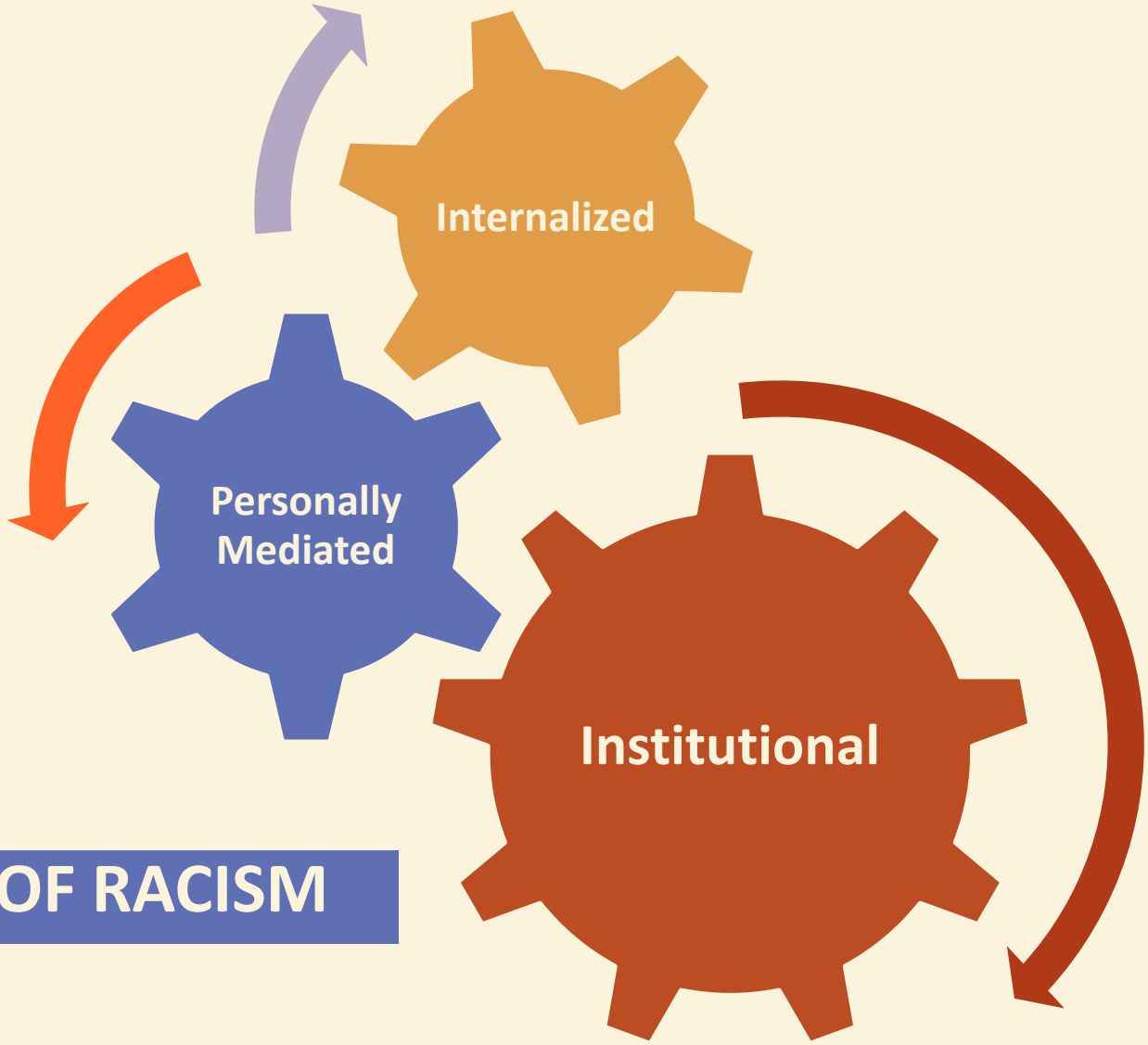
≠

POPULATION

≠

ANCESTRY

These are four different ways to describe, conceptualize and discuss human variation… and cannot be used interchangeably



LEVELS OF RACISM

Racism Effecting Black Maternal Health

- Black mothers who are college-educated fare worse than women of all other races who never finished high school.
- Obese women of all races do better than black women who are of normal weight.
- Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.
- African American women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal care.

Racial Equity Lens

- Inequities are often driven by race/ethnicity, income and language.
- Health care system alone isn't equipped to overcome these inequities, because it was built in an institutionally racist American society.

Racial Equity

- **Centers place, environment and social determinants**
- **Addresses intergenerational and cumulative effects of structural racism on health**
- **Addresses aggravated risk for specific local challenges**

BIAS, POWER AND CHOICE POINTS

Implicit Bias

Bias in Normal

- Beliefs and values are normative because they're linked to powerful social institutions, that we trust.
- Unconscious assumptions about an other skew our understanding, unintentionally affecting actions and judgments.

Reflexive Critical Thinking

Knowing how to question information, identifying and controlling for our personal biases.

- We think of ourselves as objective and fair
- Critical thinking is moot with sexist, racist, or anti-science views.
- When you don't know what information to trust, or devalue new ideas, research shows you don't take action.
- Some self-soothe with alternative facts.

Testing for Bias

Implicit Association Test (IAT)

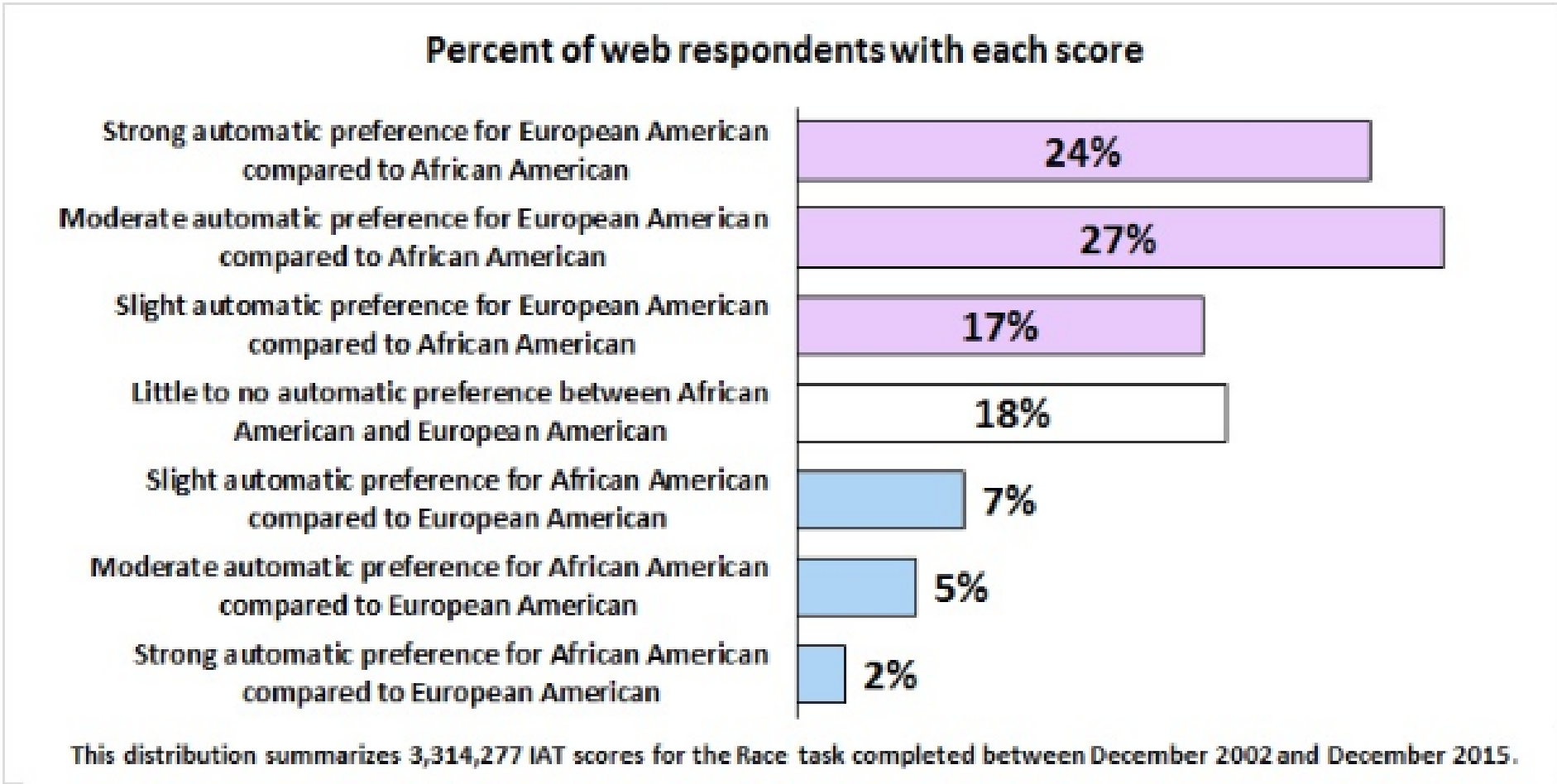
- Anthony Greenwald (1998)
- Tool measures quickness of responses as association to certain concepts

How it works

- Cognitive tasks
- Spontaneous stereotypic responses
- Detecting and understanding stereotypic responses

Patricia Devine and colleagues successfully used the IAT in "Long-term reduction in implicit race bias: A prejudice habit-breaking intervention"

IAT Results


Percent of web respondents with each score
Strong automatic preference for European American compared to African American
24%
Moderate automatic preference for European American compared to African American
27%
Slight automatic preference for European American compared to African American
17%
Little to no automatic preference between African American and European American
18%
Slight automatic preference for African American compared to European American
7%
Moderate automatic preference for African American compared to European American
5%
Strong automatic preference for African American compared to European American
2%
This distribution summarizes 3,314,277 IAT scores for the Race task completed between December 2002 and December 2015.

Decreasing Bias

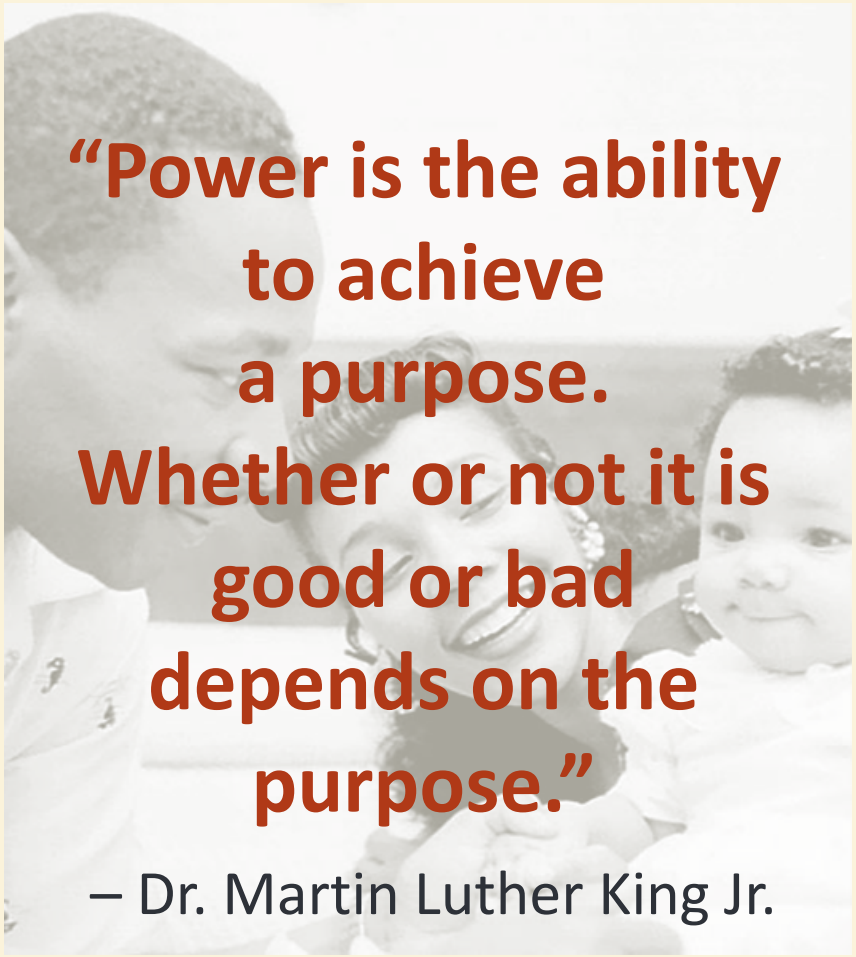
Results

- Participants were more concerned and aware of discrimination and their own personal bias

Strategies

- Stereotype replacement
- Thinking of counter-stereotypic examples
- Individualizing instead of generalizing
- Perspective taking/”Walking in their shoes”
- Increasing opportunities for bias

Dimensions of Power



1) **Worldview**

   Cultural beliefs, norms, traditions, histories, faith traditions and practices

2) **Agenda**

   Conscious and subconscious position on matters

3) **Decisions**

   Policies and laws

Source: Grassroots Policy Project

Power is Policy

“Racially discriminatory policies have usually sprung from economic, political, and cultural self-interests, self-interests that are constantly changing.”

- Politicians seek political self-interest.
- Capitalists seek increased profit margins.
- Cultural professionals seek professional advancement.

— Ibram X. Kendi, Stamped from the Beginning: The Definitive History of Racist Ideas in America

Choice Points

Power of any level, expressed through our biases (conscious or unconscious), can lead to racial discrimination

Power + Bias = Discrimination

Choice-Point

Critically assess the ultimate goal, personal biases and power dynamics when making decisions.

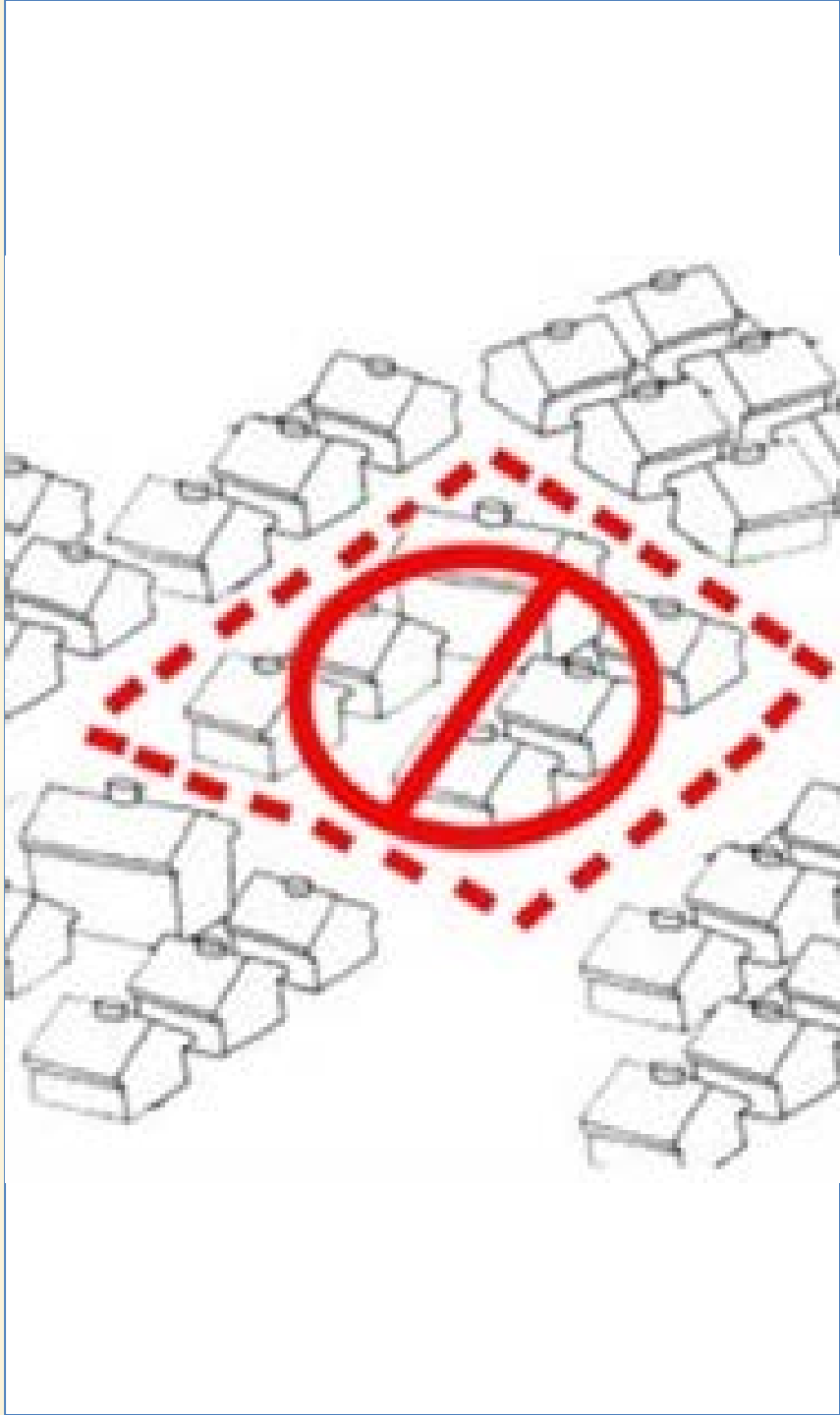
Choice Influencers

- Personal experience
- Professional position
- Administrative input
- Community input
- Timeline
- Goal
- Rearing, learned patterns
- Past trauma, PTSD
- Societal norms
- Stereotypes

Redlining: 1934-1968

Redlining is the practice of arbitrarily denying or limiting financial services to specific neighborhoods, generally because its residents are people of color or are poor.

Banks used the concept to deny loans to homeowners and would-be homeowners who lived in these neighborhoods. This in turn resulted in neighborhood economic decline and the withholding of services or their provision at an exceptionally high cost.



Race The House We Live In

NATIONWIDE DATA TRENDS

The effects of whiteness on the health of whites in the USA

Jennifer Malat, Sarah Mayorga-Gallo, David R. Williams

Combining the "concept of whiteness"- a system that socially, economically and ideologically benefits European descendants- with other research to determine the social factors that influence whites' health.

Whiteness and health:

- Societal conditions
- Individual social characteristics and experiences
- Psychosocial responses

The effects of whiteness on the health of whites in the USA

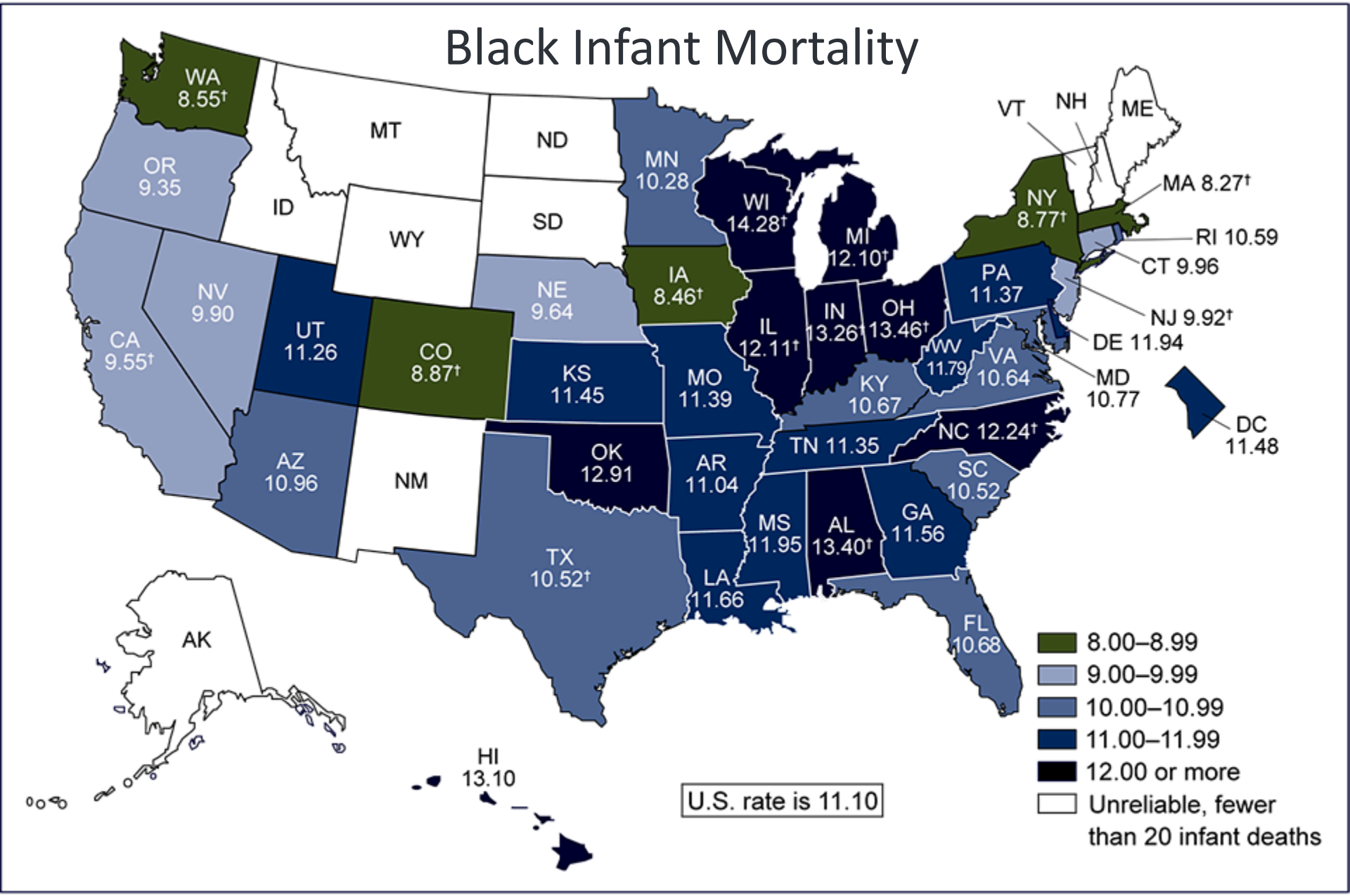
Positive Health Consequences

- "Positive illusions" and beliefs of American meritocracy promote self-enhancement and extend longevity
- Psychological benefits from economic and social policies that favor dominant culture

Negative Health Consequences

- Perceptions of white victimhood are common
  - 57-62% of white Americans believe that life has changed for the worse since the 1950s
  - 50-60% believe that discrimination against whites is as big of a problem as discrimination against blacks in the USA
- Unmet expectations for success cause high levels of psychological distress
- Lack of redemption narratives and coping mechanisms

Figure 3. Infant mortality rates for infants of non-Hispanic black women, by state: United States, 2013–2015

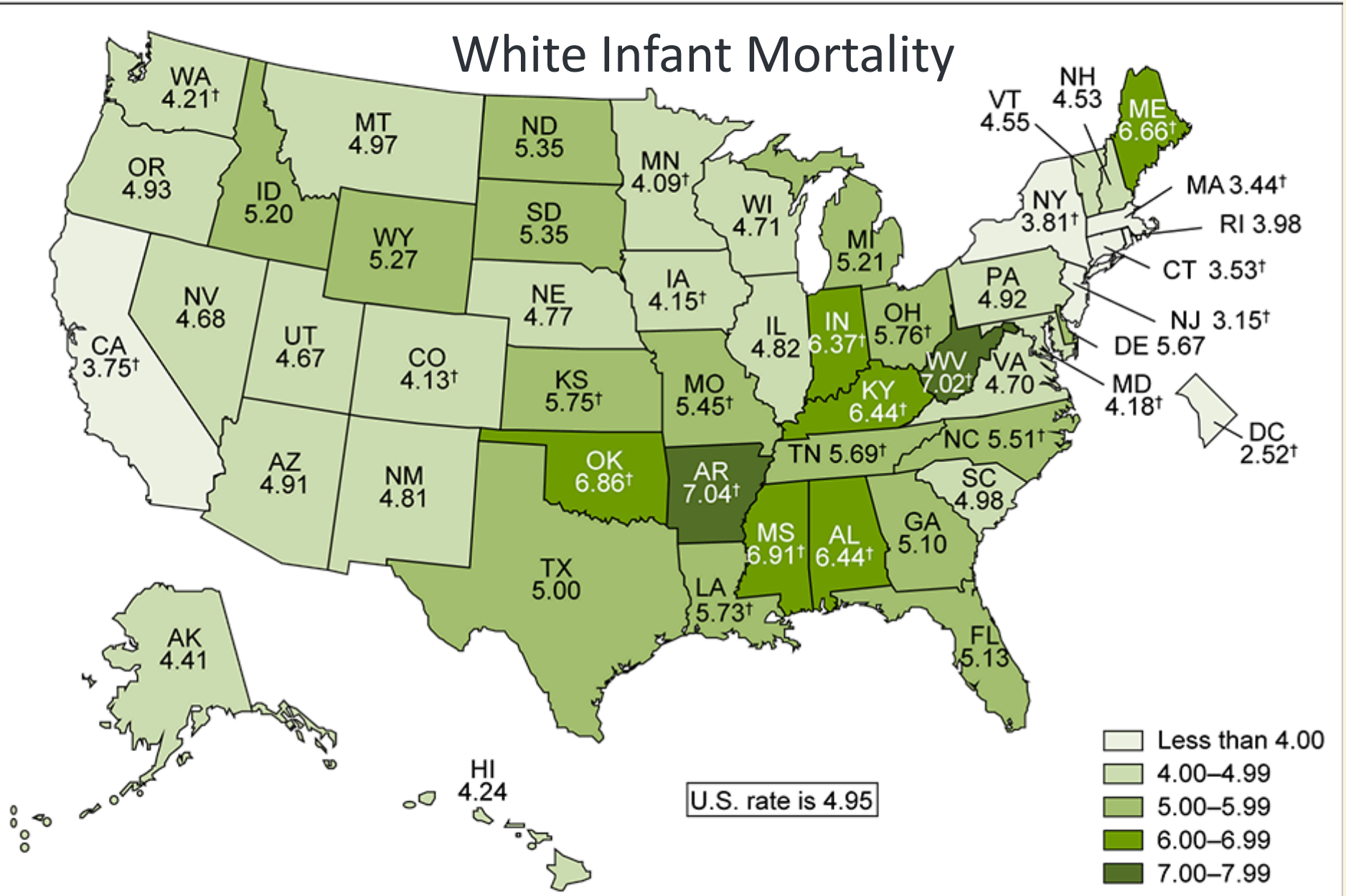


† Significantly different from the U.S. rate.

NOTES: Rates ranged from 8.27 to 14.28 per 1,000 live births. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db295_table.pdf.

SOURCE: NCHS, National Vital Statistics System.

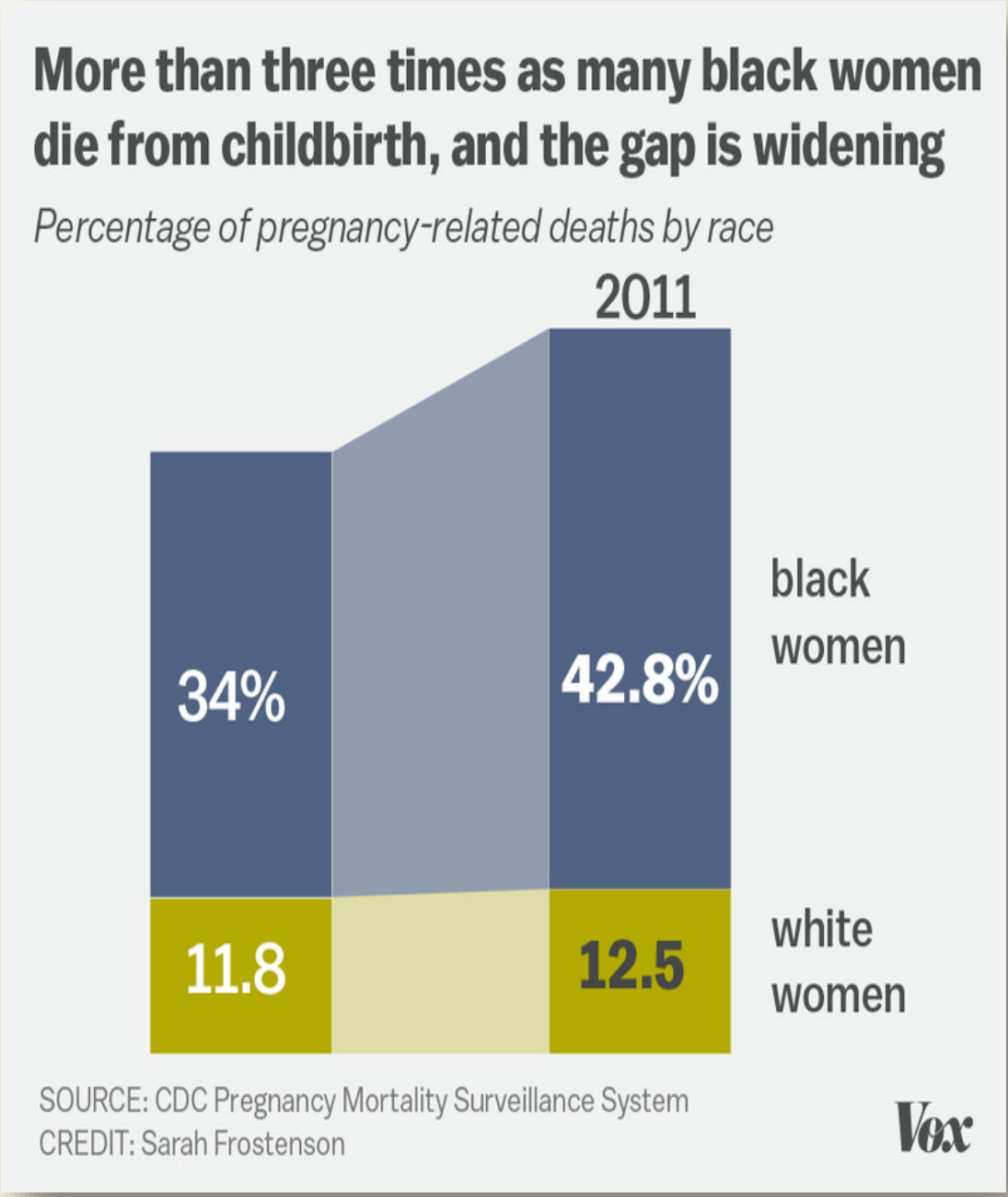
Figure 2. Infant mortality rates for infants of non-Hispanic white women, by state: United States, 2013–2015



Significantly different from the U.S. rate.
NOTES: Rates ranged from 2.52 to 7.04 per 1,000 live births. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db295_table.pdf.
SOURCE: NCHS, National Vital Statistics System.

Maternal mortality rates in the U.S. have been rising since the 1990s

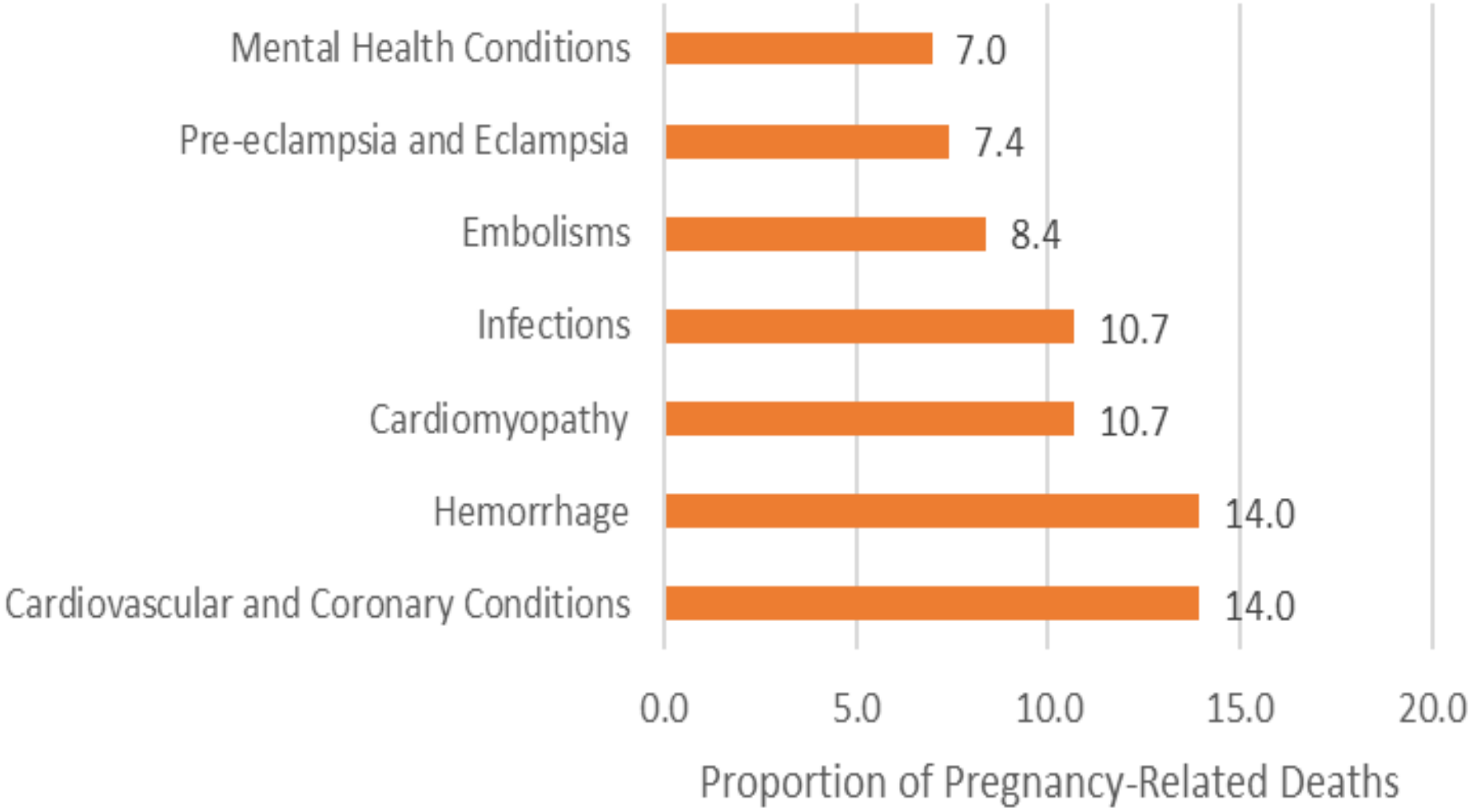
- The disparity in maternal mortality between black and white women continues to widen



Source(s):

- World Health Organization (WHO), UNICEF, UNFPA, The World Bank, & UN Population Division, Trends in Maternal Mortality: 1990 to 2013, 43 (2014), available at http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf?ua=1
- Severe Maternal Morbidity in the United States. Centers for Disease Control and Prevention, 2016.
- Differences in Maternal Mortality among Black and White Women -- United States, 1990.
- Centers for Disease Control and Prevention, 1995. MMWR Morb Mortal Wkly Rep. 1995 Jan 13;44(1):6-7, 13-4.
- Trends in Maternal Mortality: 1990 to 2015. World Health Organization (WHO), 2015.

Figure 4. Leading Underlying Causes of Pregnancy-Related Deaths



GRASSTOPS STRATEGIES FOR EQUITABLE HEALTH SYSTEMS

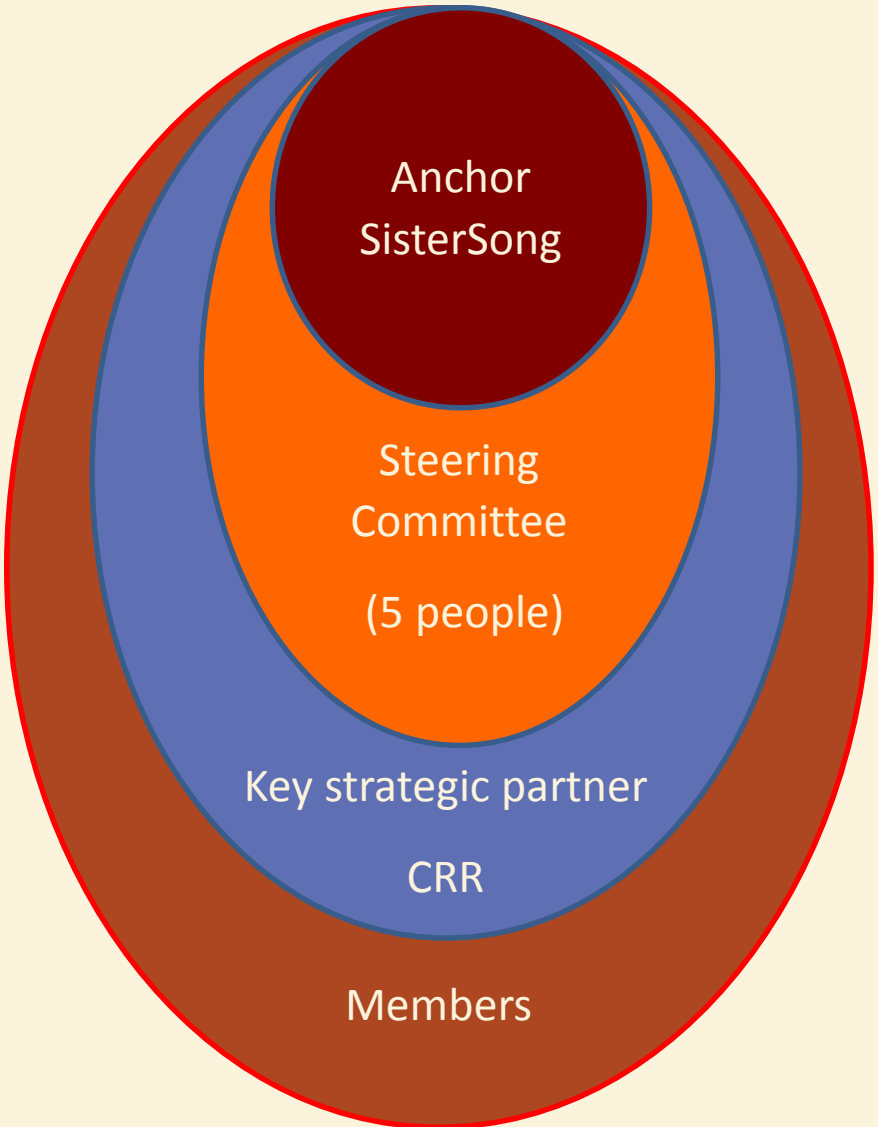
Strategic Examples

- Support pay reform for holistic maternal care teams in state Medicaid and private insurance structure
- Create/improve maternal mortality review committees with explicit racial equity focus
- Call for internal equity workgroups or commission assistance in ongoing racial equity development

Crosscutting Theme: **COLLABORATION**

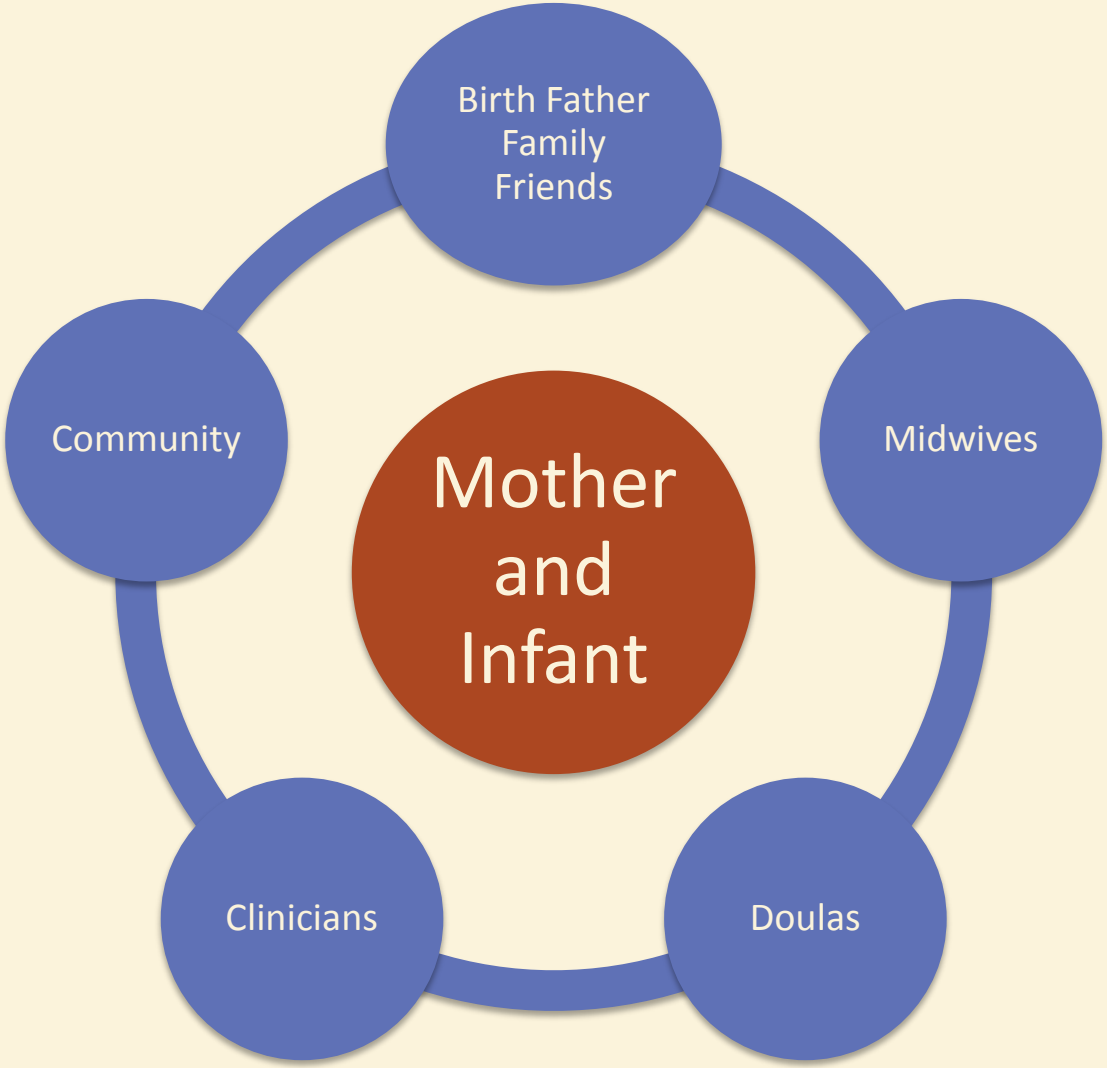
Black Mamas Matter

Black Mamas Matter is a Black women-led cross-sectoral alliance. We center Black mamas to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice.



Setting the Standard for Holistic Care of and for Black Women

Maternity Care Team



- Provides holistic care and improved outcome for the mother and her family
- Mitigates negative experiences in the hospital setting
- Health system coordination and building continuum of care
- **Overall health cost savings**

Barriers to Holistic Care

State/Institutional

- Bureaucratic hurdles in four states that reimburse
- Limited state health and innovation funding
- Absence of implementation policies or processes
- Lack of national coordinating body
- Limited availability of methodologically sound local data and research
- For CMS rule change to apply, states must pass a law to amend their state Medicaid plan, which may require a state credentialing body and other provisions.

Community/Individual

- Availability of doula services
- Local/regional training opportunities
- Affordability of services
- Exposure to/acceptability of doula services in community

Developments in Payment Reform

2012- An Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid/CHIP at the Centers for Medicare and Medicaid Services (CMS) recommended providing doula coverage

2013- CMS Preventive Services Rule (42CFR §440.130(c)) allow reimbursement for preventive services by non-licensed providers "...that have been recommended by a physician or other licensed medical provider..."

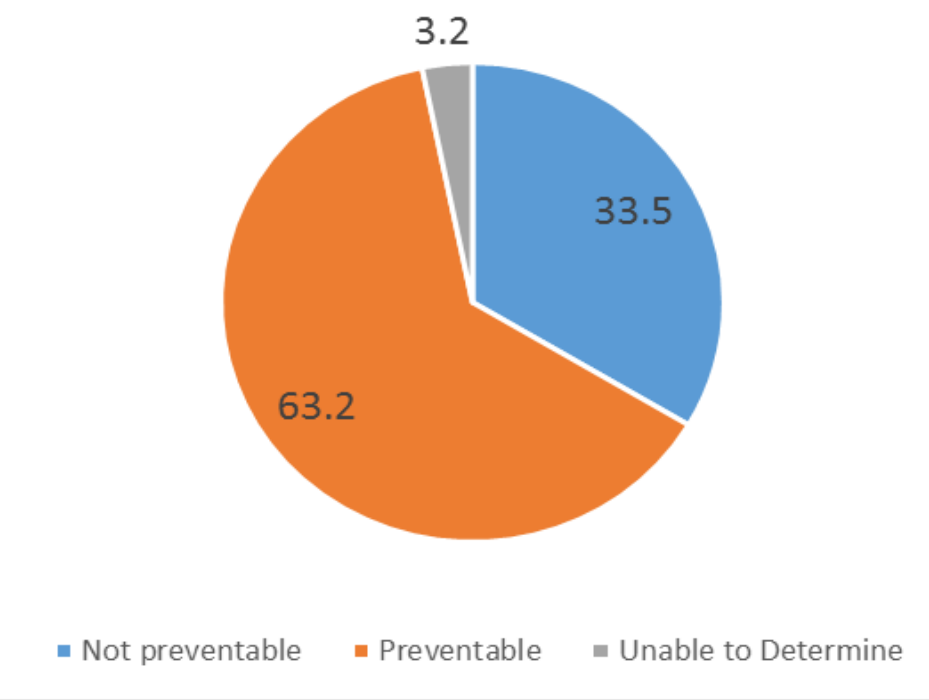
CDC and other organizations provide resources and technical support for states to implement rule change.

Delivery System Reform Incentive Payment (DSRIP) initiatives are a category of ACA 1115 waiver that allow states to innovate with payment reform to reduce Medicaid costs.

Maternal Mortality Review

Critical Role of MMRCs

1. Preventability
2. Contributing factors
3. Recommendations for improvement
4. Measure of impact



6 Key Review Questions

- Was the death pregnancy-related?
- What was the underlying cause of death?
- **Was the death preventable?**
- **What were the factors that contributed to the death?**
- **What are the recommendations and actions that address those contributing factors?**
- **What is the anticipated impact of those actions if implemented?**

MMRC: A Tool for Equity and Justice

State- and local-level MMRCs could become the gold standard for understanding why preventable maternal deaths continue to occur.

"Patient factors …are often dependent on providers and systems of care."

Contributing factors to maternal mortality

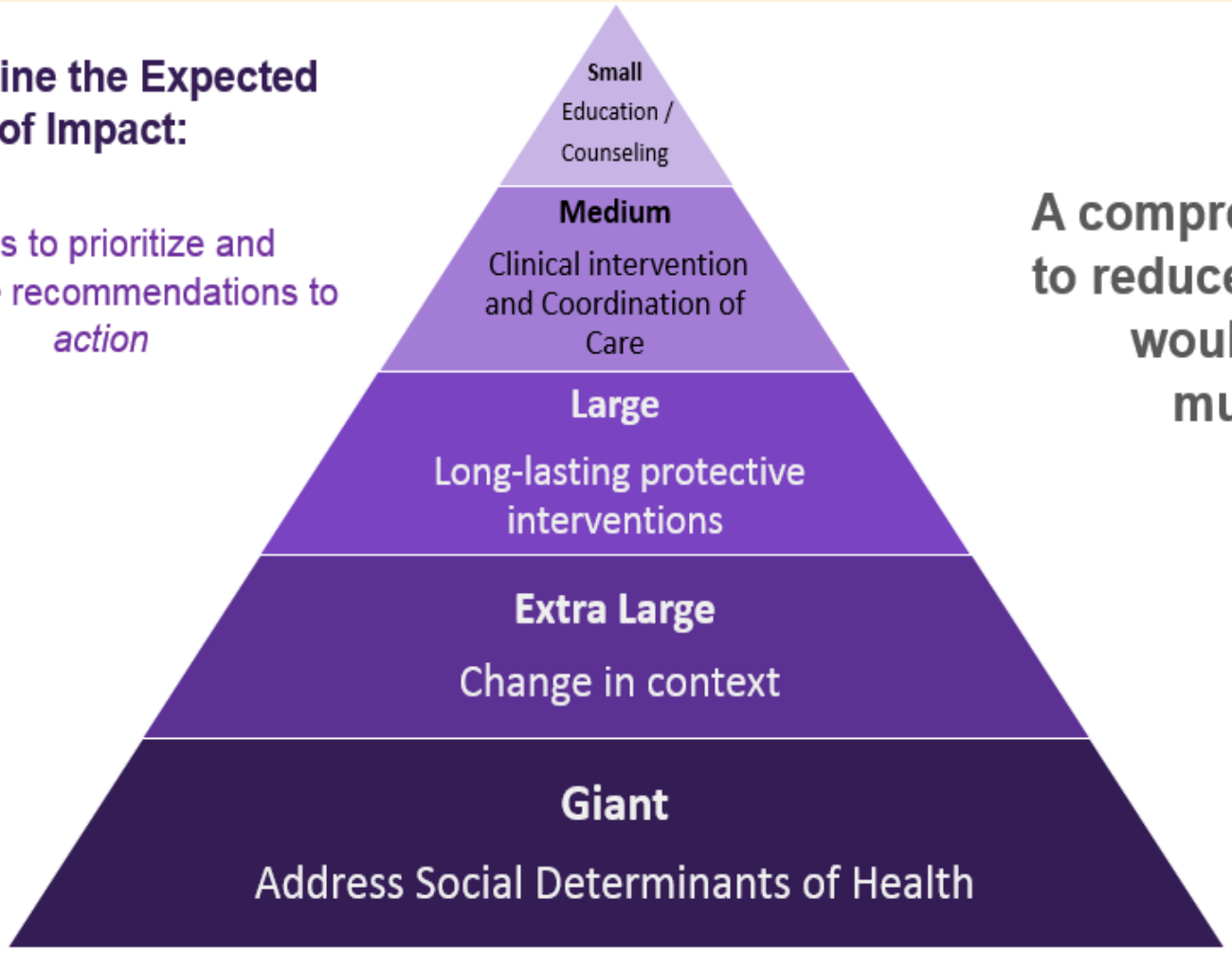
- Patient/family factors (e.g., lack of knowledge on warning signs and need to seek care)
- Provider (e.g., misdiagnosis and ineffective treatments)
- Systems of care factors (e.g., lack of coordination between providers).

2018 Recommendations

- Adopting maternal levels of care
- Improving policies regarding prevention initiatives
- Enforcing policies and procedures
- Improving policies related to patient management

Determine the Expected Levels of Impact:

Helps to prioritize and *translate* recommendations to *action*



Adapted from former CDC Director Tom Frieden's Health Impact Pyramid

A comprehensive strategy to reduce maternal deaths would incorporate multiple levels

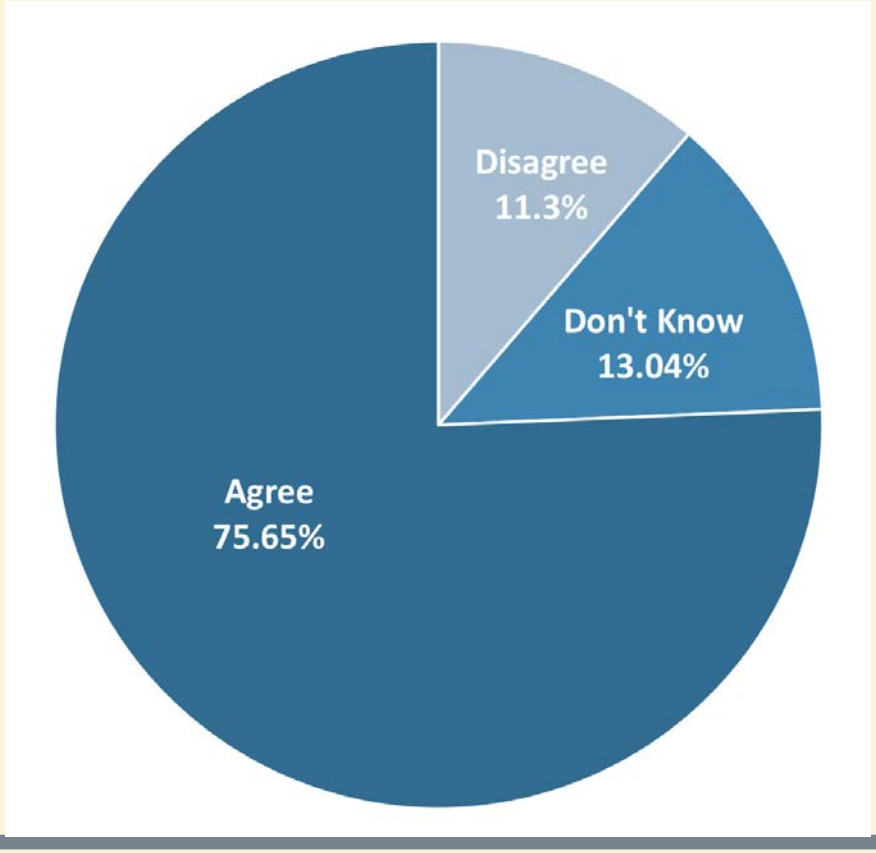
Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). *Report from maternal mortality review committees, 2018.* Retrieved from http://reviewtoaction.org/Report_from_MMRCs_2018

Health Equity Action Team

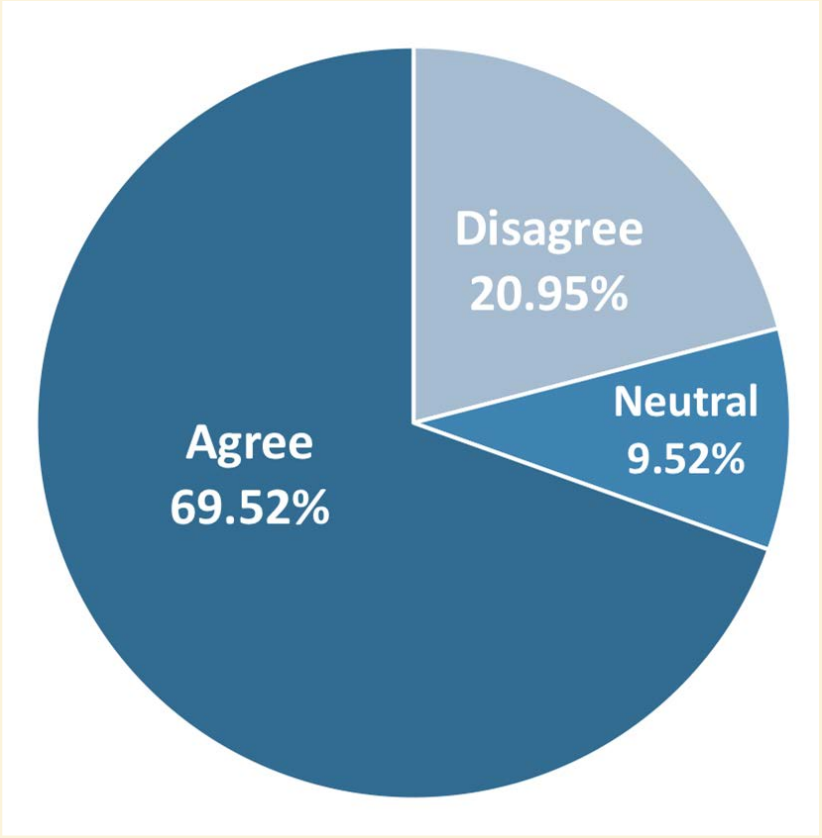
HEAT is a group of Louisiana Department of Health, Bureau of Family Health staff and community partners. Formed in 2016, the group's aim is to promote health equity throughout BFH.

BFH Staff believe racism contributes to health disparities.

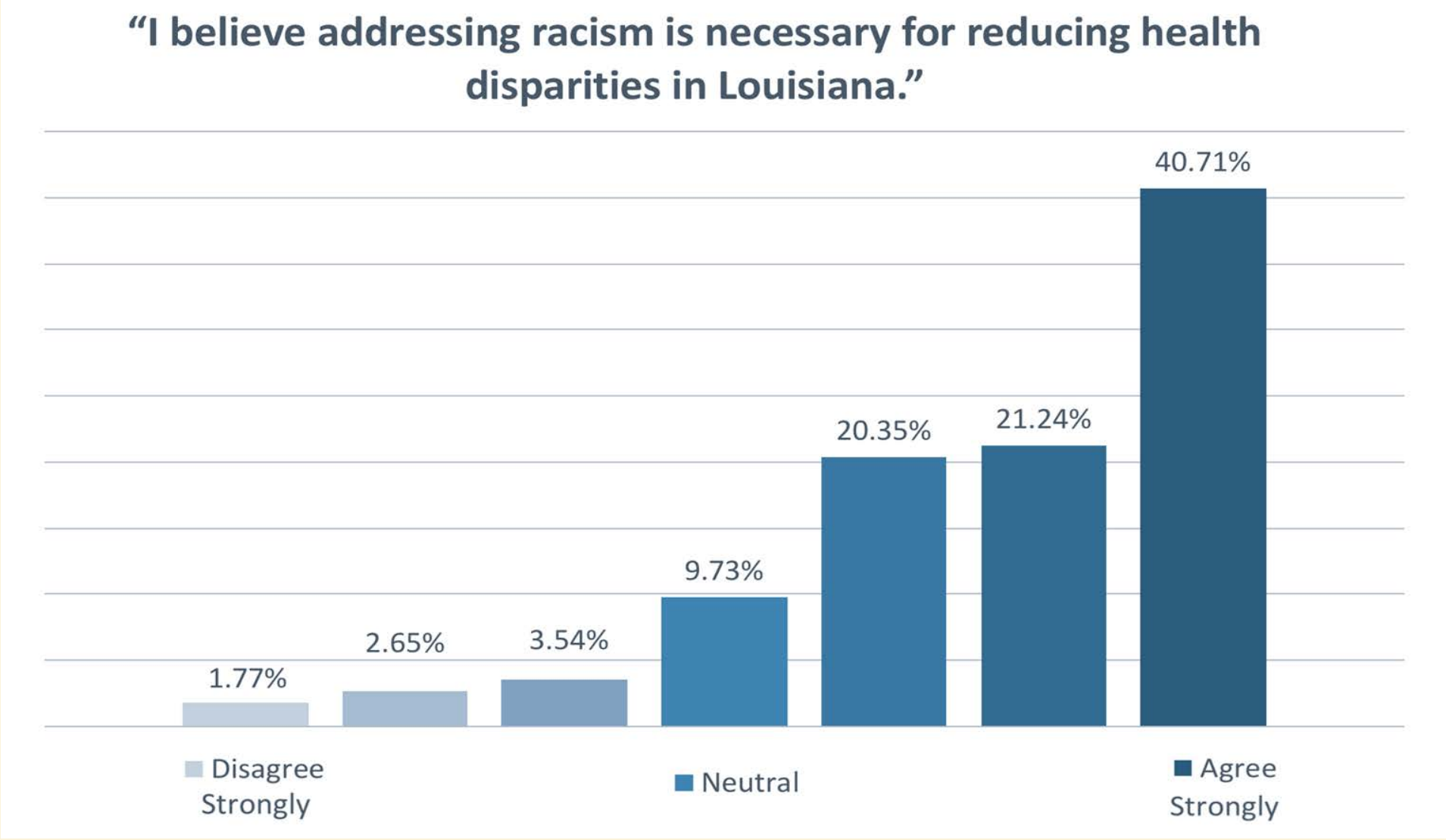
"My colleagues are aware of the health disparities by race that persist in Louisiana." (n=115)



"Racism is a cause of health disparities in Louisiana." (n=105)

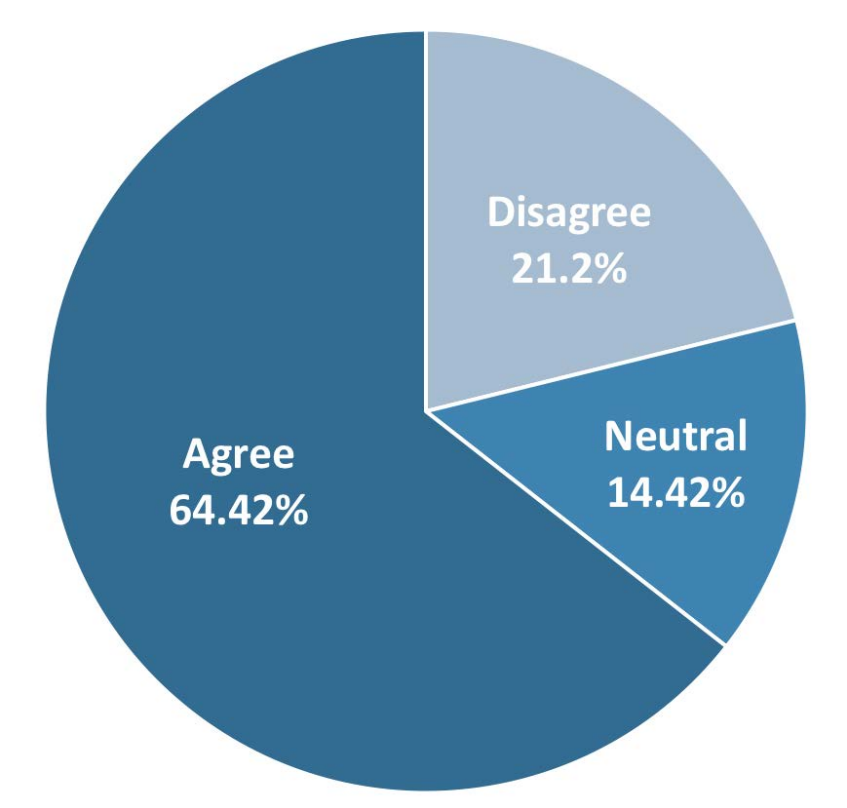


BFH Staff are committed to addressing racism to reduce health disparities



BFH Staff want more tools for engaging in conversations about racism.

"People in this office need more tools to engage in conversations about racism." (n=104)



"Sometimes when I'm in the field someone will ask me why black people are less healthy than white people. It would be good to have a training on how to answer questions accurately that are so complex." (BFH Staff Member)

HEAT Vision and Mission

- ***Vision***: True equity in our health programs, policies, and outcomes for all

- ***Mission***: To develop powerful partnerships and a capable workforce to address structural inequities, particularly racism, that lead to health disparities

HEAT's Commitments

- To foster thoughtful dialogue among staff members of all backgrounds, in order to heal divisions and strengthen capacity for engagement with difficult topics;

- To provide BFH staff with trainings that encourage self-reflection and awareness of the different levels at which racism operates and perpetuates health disparities; and

- To develop learning opportunities that are accessible to BFH staff in all roles in all regions.

HEAT Action Plan

5 Priority Areas :

1) Staff Development and Internal Processes
2) Community Engagement
3) Data Collection, Analysis and Dissemination
4) Internal and External Communications
5) Policy Response and Development

Additional Examples

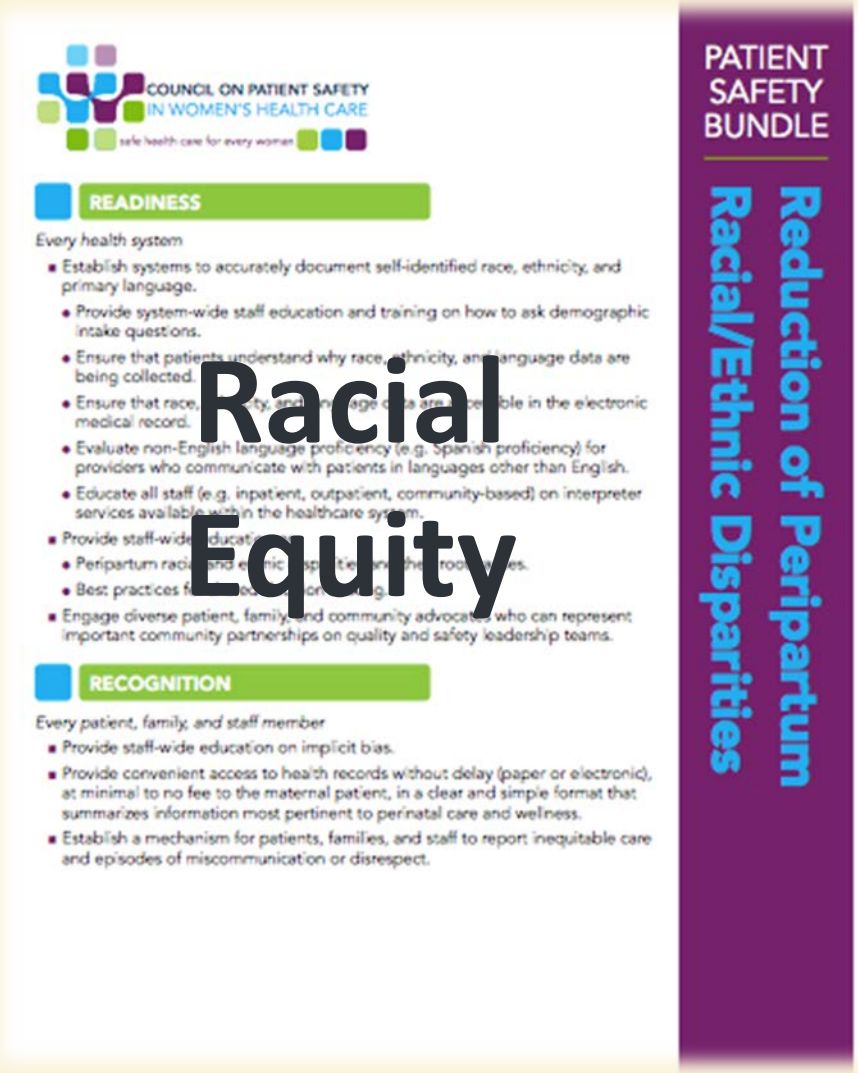
- Improve state perinatal quality collaborative with comprehensive data, disaggregated by race, geography and SES.
- **Standardize data collection with ACOG ICD-10 codes.**
- **Employ aspects of the AIM Patient Safety Bundles for racial disparities and obstetric hemorrhage.**
- Conduct better analysis on community voice and the stress response of racism.
- Accept Medicaid- without exception- in all area hospitals.
- Train and educate providers in reproductive justice.
- Conduct research on predisease pathways and connections between maternal and infant health.
- Prioritize community voice in policy change.
- Partner and collaborate with non-health sectors.

ICD-10 and Coding for SDHI

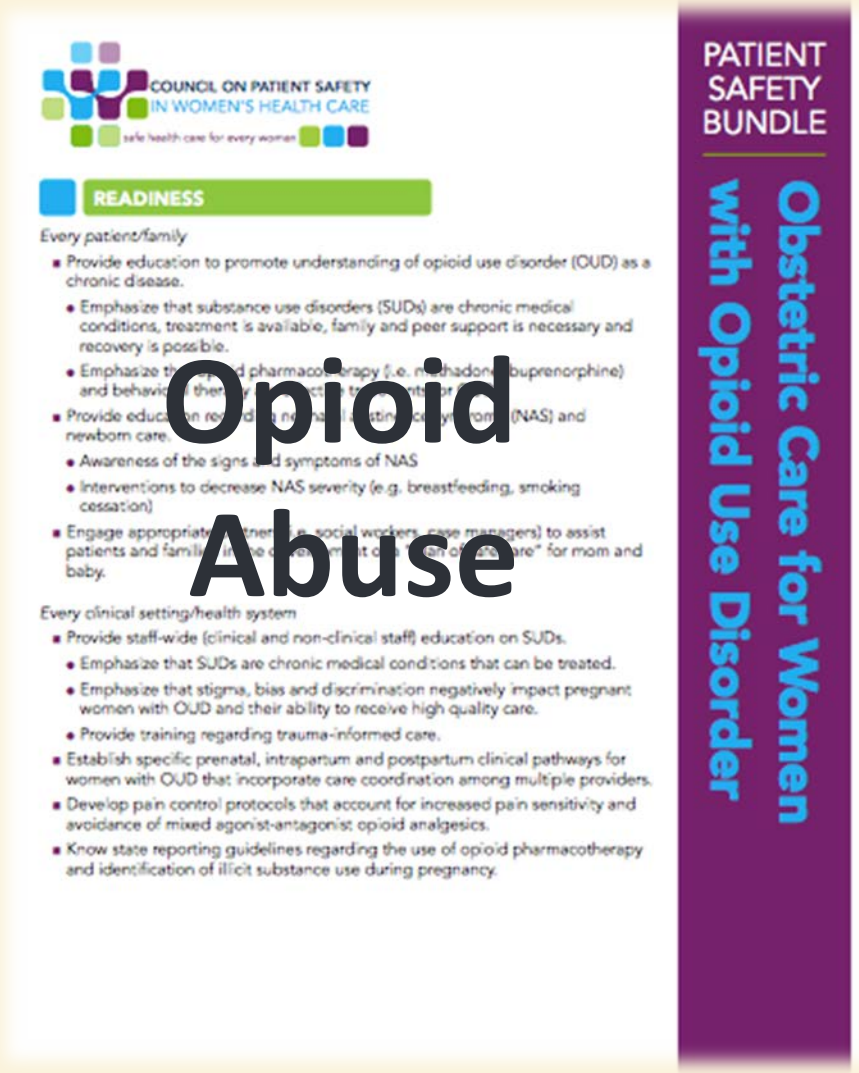
Make sure the data is easily accessible in the ERM

- Social History and Review of Systems in ERM is not standardized across local facilities
- Wording and empathy in assessments impact responses
- Leadership determines the ICD-10 data being monitored and reported
- Individual perceptions and priorities of leadership are expressed through data collection
- Collecting data creates accountability
- Changing ICD-10 could be easy or difficult depending on how strongly entrenched leadership beliefs are

ACOG- Council on Patient Safety in Women's Healthcare
AIM Patient Safety Bundles



Racial Equity



Opioid Abuse

GRASSROOTS OPPORTUNITIES FOR INFLUENCE

Opportunity Examples

- Always center the family experience for efficient use of resources and greatest impact
- Normalize storytelling as an advocacy tool
- Create/groom strategic partnerships for collective impact

Crosscutting Theme:

FAMILY AND COMMUNITY NEEDS, FIRST

Centering Family Experiences through Storytelling

Storytelling makes your issue come to life.

A good story told by the right person can connect with elected officials and constituents like no other method.

Identify your target audience.

Build a culture of storytelling.

Have everyone in your organization—from your Director to your interns— be on the look out for compelling stories.

Create a simple call to action.

What do you want viewers to do next? How can they get involved?

Story-based Challenges

- Medical staff underestimating pain symptoms, often undertreating African American patients
- Race or class fueled microaggressions
- Access to providers accepting Medicaid
- Transportation challenges
- Work scheduling
- Housing affordability, adequacy, safety

Community voices humanize issues of class, race and power. Without stories, a purely data-driven response can miss the mark.

Data + Stories  Action

- Move consumers of the story to action/advocacy by making an ask
- Program practices, internal policies and local municipal policy have significant influence
- Everyone has bias and power to leverage
- Assess capacity/readiness and address shortcomings (community leadership, partners, resources, knowledge)
- Maintain health and racial equity lens

Advocacy

Educate community partners on issues-based advocacy and storytelling to achieve what you cannot as a state agency.

Educate

Raise awareness

Gain support

Top political advocacy tools

- Phone calls and visits to legislative offices
- Contact through emails, newspaper op-eds, Letter to the editor
- Hard copy letters sent directly to lawmaker offices
- Accountability for lawmaker votes on high visibility issues

BMMA: Storytelling as Advocacy

We envision a world where Black mamas have the rights, respect and resources to thrive before, during and after pregnancy.

The Naked Truth: Death by Delivery

#BlackMaternalHealthWeek

Official Hashtags

#BlackMaternalHealthWeek

#MHW18

#BlackMamasMatter

Strategic Partnerships

Benefits of Collaboration

Greater funding

Increase opportunities for collective impact

Data and intel on local matters

Develop trusting relationships across sectors

- Universities/Academic Institutions
- Local/state advocacy organizations
- Local/municipal government
- Businesses frequented by target populations
- Racial and social justice organizations
- Local media outlets

Grassroot Examples

Preterm Related Conditions

- **Racial residential segregation (isolation)**- invite local housing department officials to join MIECHV panel/trainings on racial equity and housing
- **Transportation**- Community action team/network participants to testify at city council to improve city-wide transportation infrastructure in response to data and maternal experience (signage, bike lanes, crossing guards, bus schedules, etc.)

Congenital Malformations

- **Uninsured rates & prev. of STD/STIs**- Healthy Start EPIC to convene and educate partners on how to advocate for state and federal health care protections on behalf of affected families (op-ed, joint sign on letters, press conferences, etc.)

SIDS/SUIDS

- **Income/Employment**- Sponsor an educational workshop or letter writing event on connections between income equality and infant mortality during a regular Healthy Start meeting.

Maternal Mortality

- **Access to care**- AIM and Women's Preventive Service Alliance to join #BlackMaternalHealthWeek2019 with programming across all sites.


Segregationists
Assimilationists
Anti-Racists

Thank you

Joia Crear-Perry, MD
Founder President
drjoia@birthequity.org