



Black Maternal Health Initiative

PLANNING COLLABORATIVE

.....

October 2023



The Fund for Women & Girls

TOGETHER WE THRIVE

Our Goal

Every parent — and every child — in Fairfield County should have access to the support and services they need to lead healthy lives.

But that is not the case today. Our community experiences stark Black maternal health disparities. Black women are three times more likely to die from pregnancy-related causes than their white peers. Low birth-weight rates for Black babies are twice that of white babies. The infant mortality rate for Black babies is three times that of white babies.

The Black Maternal Health Initiative Planning Collaborative came together to proactively address these inequities.

The following summary documents seven months of Collaborative convenings and identifies three strategies that can help our community address inequitable Black maternal health outcomes to create a better future for all families in Fairfield County.

The Fund for Women & Girls (FWG) at Fairfield County's Community Foundation brought together practitioners, policy experts, and academics to answer the following questions:

1. What factors contribute to Black maternal health disparities in Fairfield County?
2. Which of those factors can this collaborative effectively address?
3. What is the desired outcome?
4. What strategies will be employed to achieve the desired outcome?

While these four questions guided discussions, the full breadth of the topic required a more in-depth analysis that is explored within the Recommended Approach included in this report.

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Participants

BRIDGEPORT PROSPERS

Katerina Vlahos, Acting Executive Director
Jayson-Ann Johnson, Manager of Early Childhood Initiatives
Gwen Brantley, STEM Ecosystem

LOGAN CONSULTING

Allison Logan, Owner, consultant for Center for Impact

DOULAS4CT/EARTH'S NATURAL TOUCH

Cynthia Hayes, Doula and Consultant

HEALTH EQUITY SOLUTIONS

Karen Siegel, Director of Policy (former)
Samantha Lew, Manager of Policy & Advocacy (former)

MARCH OF DIMES

Alison Tyliszczak, Director of Maternal Initiatives (former)

NORWALK COMMUNITY HEALTH CENTER

Djana Harp, MD, Chief Medical Officer

OPTIMUS HEALTH

Katherine Golar, MD, Chief Medical Officer

PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND

Amanda Skinner, President & CEO
Gretchen Raffa, VP of Public Policy, Advocacy, and Organizing

UConn Health

Linda Barry, MD, Interim Director of UConn Health Disparities Institute,
Associate Professor of Surgery, & Interim Associate Dean of the Office of
Multicultural and Community Affairs

Presenters

The collaborative invited presenters to a meeting on March 15, 2023 to provide deeper perspective on certain areas of interest.

CHW ASSOCIATION OF CT

Millie Seguinot, President

BRIDGEPORT PROSPERS

Gwen Brantley, STEM Ecosystem

NUVANCE HEALTH

Dr. Ildilko Rabinowitz,
Assistant Vice President Health Equity,
Diversity & Inclusion

Our Process

The Collaborative determined that a topic this complex and nuanced required a unique approach. To that end, the process illustrated below was developed to research and strategize.

Participants with knowledge of local strategies, resources, or efforts were invited to share resources and information with the full group before each meeting.



BUCKETS KEY

Buckets of focus emerge:

- * **Bucket 1:** Systemic Hospital Interventions.
- † **Bucket 2:** Black Healthcare Worker Collaboration & Workforce Development.
- ‡ **Bucket 3:** Policy and Education Outreach.



Summary of Planning Sessions

SESSION 1 | NOVEMBER 2, 2022

- Introductory meeting of participants.
- Participants agreed to a broad transformative vision for Black maternal health outcomes in Fairfield County.
- Participants were sent a post-survey session that centered on the following question:
 - *What do you know and what are you able to do right now?*

SESSION 2 | DECEMBER 14, 2022

- Shared survey responses of *What do you know and what are you able to do right now?*
- Buckets of focus emerge:
 - Bucket 1: Systemic Hospital Interventions.
 - Bucket 2: Black Healthcare Worker Collaboration & Workforce Development.
 - Bucket 3: Policy and Education Outreach.
- Devise an approach to explore four core questions through the lens of these three buckets.
- Session followed by surveys on each bucket and the potential to share resources.

SESSION 3 | FEBRUARY 1, 2023

- Strategize and share around Bucket 1.
- Primary ideas and questions:
 - Quality training with accountability. *How is data collected?*
 - *What is the incentive for hospitals to shift?*
 - *How might there be more intimate conversations with medical professionals?*

SESSION 4 | MARCH 1, 2023

- Strategize and share around Bucket 2.
- Primary ideas and questions:
 - This issue requires an ongoing cross-sector collaboration. This initiative can help bolster ongoing efforts.
 - There is a difficulty in hiring frontline workers.
 - *How do we acknowledge the burnout of frontline workers? Is part of this work enhancing care for the care teams?*

SESSION 5 | MARCH 15, 2023

- Presentations by:
 - CHW Association of CT, Millie Seguinot, President
 - *What are CHWs, what do they need, and how can they participate in this work?*
 - Bridgeport Prospers, Gwen Brantley, STEM Ecosystem
 - *What is happening with youth to prepare them for these careers? How might this impact the work by this initiative?*
 - Nuvance Health, Dr. Ildilko Rabinowitz, Assistant Vice President Health Equity, Diversity & Inclusion
 - *How does Nuvance approach health equity in workforce development and data collection?*

SESSION 6 | APRIL 12, 2023

- Strategize and share around Bucket 3.
- Final strategies begin to surface, breakout groups dig deeper into each of the emerging ideas.
- Session followed by the Final Approach and a survey for feedback and for top three priorities.

SESSION 7 | MAY 10, 2023

- Discussion and decision on top three priorities for the Maternal Health Initiative.

SESSION 8 | MAY 24, 2023

- Participant offerings on Final Approach.
- Development of indicators of success.



Final Approach Devised by Participants

People survive birth and have joyful, thriving lives post pregnancy through the benefit of direct support.

We believe this is made possible through systemic community-based interventions.

- Clear collaboration and career paths for Black birth workers to support joyful births and thriving lives.

We believe this is made possible through Black healthcare worker collaboration & workforce development.

- Disruption in systemic racism and its harm to Black birthing people, led by impacted Black birthing people.

We believe this is made possible through policy and educational outreach.

The following are interconnected strategies to move us toward these possibilities

(dotted lines denote interconnected strategies. "if this → then this is possible")

STRATEGY 1:

Strengthening the workforce

Funding to hire more grassroots organizers

Funding for Doulas4CT formalization and capacity building

Funding to hire more doulas* and CHWs**

STRATEGY 2:

Hospital and policy organizing

Organizing with legislature to discuss needs in obstetrics and midwifery

Organizing with hospitals around privacy

Funding certification for doulas

STRATEGY 3:

Accountability

Pilot accountability measures with a hospital

UNDERLYING TACTIC 1:

Supporting care

Assist in implementation of doulas in hospitals

Group prenatal care (possibly supported by CHWs and Doulas)

UNDERLYING TACTIC 2:

Supporting connection

Community events to explore community-centered solutions

Reoccurring networking events for healthcare workers

Prenatal health education (enrollment supported by doulas, CHWs, and organizers)

Definitions:

***doula**: a person trained to provide advice, information, emotional support, and physical comfort to a mother before, during, and just after childbirth.

****CHW**: community health worker..

Scope of Initial Implementation

After discussion, the Collective prioritized the following three strategies as FWG moves forward with the Initiative.



STRATEGY 1: **Strengthening the Local Birthing Workforce**

- Providing support for families to hire more doulas.
- Providing support for policy organizations to hire community organizers with a specific maternal health scope. These organizers would advocate for hospital policy changes, assist in legislative changes, and connect families to educational opportunities.



STRATEGY 2: **Hospital and Policy Organizing**

- A larger force of organizers and doulas will be able to advocate for hospital policy changes, assist in legislative changes, and connect families to educational opportunities.
- This may also include financial certification support for doulas; however, such action is dependent on the speed of state implementation.



STRATEGY 3: **Research and Accountability**

- Doulas serving as data collectors to help track the experiences of families at hospitals.
- Funding for the purchase of health assessment tools that center Mother's Choice within the hospital system.
- Using this data to further the work of Strategy 2 with clear analysis of local systems.

UNDERLYING TACTICS:

Supporting Care and Supporting Connection

Leverage the convening power of FWG to help collaboration and break down silos contributing to these efforts. This iterative approach can also serve to continue to connect families to the resources they need to have the best opportunity for a joyful birth.



What Success Looks Like

SUCCESS FOR STRATEGY 1: **Strengthening the Workforce**

- More Black and Brown doulas in the workforce working with families

SUCCESS FOR STRATEGY 2: **Hospital and Policy Organizing**

- Black doula-friendly hospitals and healthcare centers
 - Presence of a doula policy
 - Measurement by doula and family reporting
- More organizers available to specifically work with doulas and CHWs
- Continued statewide-policy advocacy supporting holistic birth teams
- A decrease in C-sections
- A decrease in preterm births
- A decrease in low-birth weight babies
- An increase in breastfeeding parents

SUCCESS FOR STRATEGY 3: **Research and Accountability**

- Increase capturing of first-hand data from families
- Improvement in local health centers as tracked by birthing person- centered evaluation tools
- Creation of more health center/hospital community boards with clear community voice at the table and ability to contribute to impact

Facilitator Note: Considering the broad scope of the problem and potential challenges in acquiring data, best-practice approach may be co-creating success metrics with awardees using the information on this page as a guide for overall success.

Current Implementation Partners





Fairfield County's Community Foundation
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