ENGAGING THE POWER OF TITLE V FOR
EQUITY IN PRETERM BIRTH PREVENTION

Supporting Contextualized Resilience as a Buffer to Structural Violence and a Bridge to Healthier Birth Outcomes

This issue brief is part of a four-part series that explores the unique power of the Title V Maternal and Child Health (MCH) Services Block Grant to support anti-racist strategies and intentionally address the roots of racial injustice in maternal and infant health, including the prevention of preterm birth. Each issue brief describes how MCH programs can disrupt structural and institutional racism and shift power toward the expertise of people who birth, communities, and the organizations a community trusts to implement solutions. The series was produced with the support of the Pritzker Children's Initiative.

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ISSUE BRIEF

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In this issue brief, the authors introduce a new framework that state and territory MCH programs can use in their journey to create equitable systems in reproductive, perinatal, and maternal health while combating structural violence. A team with the University of California, San Francisco (UCSF) Preterm Birth Initiative (PTBi) developed a conceptual resilience model to better understand the strength-based, dynamic resilience enacted in the everyday lives of women of color, specifically Black, Hispanic, and Latina women, in relation to creating resilient healthy birth outcomes across many aspects of their lives and communities.[1] The authors' framework is built upon the research and ongoing community collaborations at the PTBi at UCSF. This work centers women who self-identified as either Black, Hispanic, or Latina and who are pregnant or recently gave birth; thus, they are the focus of the framework. The resilience research that informed this framework included expansive literature reviews that also incorporated foundational works by and about Black, Latina, Indigenous, and Native American communities, in addition to other relevant works on resilience across transdisciplinary fields. The majority of researched works did not address all birthing people. For this reason, the framework addresses women specifically and does not include trans/gender-nonconforming pregnant and birthing people. This is an important omission that urgently needs to be corrected in future research because the impact of discrimination and numerous barriers that trans/gender-nonconforming birthing people experience undoubtedly intersect with structural violence experienced by Black, Hispanic, and Latina women.[2]

A pre-condition to using this framework is emancipatory community engagement. This is a process of partnering with members of communities affected by structural inequities to actively shape the questions being asked and the process to answer the questions, from design to dissemination. It focuses less on the individual and more on transforming the structures and institutions driving inequities. The process of co-designing and co-owning with community is used by the UCSF PTBi to ensure their efforts are ethical, respectful, and effective.[3] Co-developing with Black, Hispanic, and Latina women in order to improve birth outcomes and reduce preterm births involves engaging in continual reflective action and reevaluation around their self-defined needs and strengths.[4] A real seat at a table built by community, with public health, health care, and other professionals that are informed about their own racial bias and understand the contextualized risk of structural violence, will allow participants to harness their own resilient practices to collaborate in reducing adverse birth outcomes. To improve birth outcomes, we must use an intersectional lens to understand the many ecological contexts in which toxic stress impacts Black, Hispanic, and Latina women and how these stressors are buffered by women's resilience. The issue brief explores numerous layers of resilience and how resilience is operationalized in the lives of women and birthing people, and strategies MCH programs can consider, led by the communities they serve, to support resilience in these various contexts. Doing so allows us to move towards engaged and collaborative reproductive justice and better birth outcomes.

The Role of Structural Violence in Producing Preterm Birth and Adverse Birth Outcomes

Structural violence is the normalized and embedded unequal access to power, control, resources, opportunities, and systems that result in harm, such as unequal quality of life and poor health outcomes.[5] It includes the various individualized and institutional levels of systematic racism, poverty, and sexism that is often referred to as both historical and currently ubiquitous. Our society normalizes structural violence. It is the expectation that experiences of racism and discrimination be internalized, and structural violence is legitimated through our use of marginalizing language and interactions within institutions and systems meant to serve. Structural violence systematically slowly kills by denying people's basic needs throughout the life course, from preconception on, and intergenerationally.[6] It also works with social institutions and accepted norms to shift the blame and focus onto the individual, making invisible the historical mechanism of structural violence.[7] Assumptions that if people just worked harder at their jobs, ate better food, chose better neighborhoods, had better attitudes, made better overall choices, then life would be better and privileges would be granted. These are opinions and illusions that allow structural violence to continue to wield a mostly unnoticed hammer and result in the majority of wealth and resources being tied to mostly White society. The "bootstrap" mentality and the "American dream" are both powerful means of hegemony (or how societal truths are shaped) through accepted assumptions that deny the history of racism and oppressions that built the United States.[8] Structural violence is usually delivered via what writer Ta-Nehisi Coates calls "elegant racism" – working through a mechanism like housing discrimination, which is "hard to detect, hard to prove, and hard to prosecute." It is the "weapon that mortally injures, but, does not bruise."[9] It directly intersects with reduced access to quality of life resources and poor health,[10] ultimately increasing adverse birth outcomes.

For pregnant and birthing Black and self-identified Hispanic and Latinx people, structural violence delivers continual toxic stress and disproportionately distributes socioeconomic risk factors that threaten healthy birth outcomes. Forms of obstetric violence while birthing, such as bullying, coercion, poor standards of care, discrimination, and intrusions on a birthing person's

personal autonomy are other examples of historical oppressions, stereotypes, and discrimination that normalize vital but unequal power relationships between healthcare providers and Black, Hispanic, and Latinx birthing people.[11,12] Black and Hispanic and Latinx people who birth embody exposure to structural violence and threats in the form of discrimination and racism as a higher allostatic load, or cumulative "wear and tear" on the body, which results in weathering, an increased susceptibility of disease, and poorer reproductive health outcomes.[13] Structural violence, and its delivery system of everyday discrimination and systematic racism, is the risk factor for adverse birth outcomes – not race, or being born Black, Brown, or Indigenous.

The resilience framework outlined in this issue brief highlights the continuous impact of structural violence while prioritizing the means in which Black, Hispanic, and Latinx birthing people resist it and create resilient healthy birth outcomes across many aspects of their lives and communities. Resilience is impacted by structural violence, historical context, and layers of privilege and oppression. The intersection of race, class, and gender roles greatly inform the historical legacy of colonial racism and sexism,[14] which directly influence how Black, Hispanic, and Latinx birthing people experience their lives and their pregnancies. Centering birthing people's strengths in the context of understanding how structural violence and historical oppressions impact everyday life and health is the work of reproductive justice.

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Resilience as a Lived Concept and Interaction

Resilience, in its many forms, is protective against toxic stressors and generates wellness and health. To better understand Black, Hispanic, and Latina women's birth outcomes in relationship to resilience, MCH programs must **center women** in the context of systematic structural violence and racism. Then, we can include the many varied forms of women's resilience along the socioecological continuum (from individual, familial, cultural, social, and structural levels).

- Resilience is a **strengths-based process** that is impacted by **structural violence** and includes how the intersection of **race, class, and gender** are shaped by institutional and social power differences.

- Resilience is created and lived along **dynamic socioecological regional, national, and political contexts**. Social determinants of wellness and community resilience are interlinked with an individual's culture, community, family, and extended kin.

- Resilience is also influenced by adaptation, **protective influences or mechanisms**, and various forms of **resistance**.

A team with the UCSF PTBi developed a conceptual resilience model to better understand the strength-based, dynamic resilience enacted in the everyday lives of women of color, specifically Black, Hispanic, and Latina women in relation to reducing adverse birth outcomes and improving healthy birth outcomes. While keeping the focus centered on Black, Hispanic, and Latina women within an ecologic context, the authors looked to understand how women enacted and created their resilience. Examples of women's resilience range from building shared resources in family and community, creating joy and attunement in movement and loving relationships, to taking control through advocating for civil rights or social justice issues in the legislative space. Furthermore, resilience centers women as both influential and influenced within these many varied contexts managed in everyday living. The resilience framework specifically attempts to understand how issues of power, the legacy of historical oppression, and structural vulnerabilities[15] can be embodied and affect women's lives. It explores how resilience can be built and resourced to buffer and protect against the toxic stressors of structural violence.

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Layers of a Contextualized Resilience Framework

The six layers of the framework represent:

Individual (capacity). Individual capacity represents resilience of the self. Traits such as self-esteem, mastery, self-regulation, positivity, and other coping skills can no doubt build resilience in many environments. However, centering resilience in an individual's personality or characteristics limits the ability to understand the influence of ecological and social environments and the ways individuals actively shift and negotiate resources as a process of resilience. The primary focus on individual traits and capacity is based on a Eurocentric, dominant culture and can fail to provide a deep understanding of how Black, Hispanic, and Latina women build strength and support in their lives. Resilience at the individual layer can be displayed with the ability to adapt, shape, and "shift and persist" or to "navigate and negotiate" as a process to create better health outcomes amid the context of these disparate conditions.

Familial, intimate, and friends (entitlement). Entitlement includes a sense of coherence, the belief that the world and one's existence in it, is logical and consistent. A sense of coherence includes (1) comprehensibility, the belief that the world is comprehensible and ordered; (2) manageability, the belief that one has the skill, ability, support/help, or resources to face challenges; and (3) meaningfulness, the belief that life is worthwhile and has purpose. In terms of understanding resilience for Black, Hispanic, and Latina women, an important fourth element has been added, the sense that one has the right to exist—which is not contested, denied, or ignored in the lived context of other layers in the contextual framework. This sense of entitlement is inherent in how we construct our value and right to exist vis-a-vis the world around us. Structural violence and racism deny and undermine that sense of the right to exist.

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Community and collective culture (resistance). Collective culture represents intersectional identities, the local environment, and the community "body," both historical and contemporary. Communities are complex systems, involving the social-cultural, physical, economic, and built environment and often contain intergenerational histories of trauma and structural violence. Collective and intergenerational community trauma and adverse life experiences leads to poor health for all members of the community, including birthing women. Resistance is defined as defying or opposing dominant individuals or institutions in a "context of differential power relationships." At times, it can involve "refusal," or rejecting unequal relationships to assert new ways in which power is configured. Resistance activates and embodies resilience in the community through challenging and possibly changing forms of structural violence.[16]

Structural and institutional (structural vulnerability and reformation). Structural vulnerability describes the economic forces, institutional mechanisms, as well as the local policies that influence the quality of life and health of community members. Black, Hispanic, and Latina women are disproportionately negatively impacted by structural forces, both institutionally, and through local policies that have not been created to serve women of color. Structural vulnerability describes an individual's or a group's condition of being at risk for negative health outcomes through their interactions with various structural institutions and environments in which they have little power, control, or influence. A **reformation** of structural policies and institutions can seek to correct the outcomes of structural vulnerability by building a more equitable and supportive society.

Policy (historical oppression and manifesting). This layer of the framework represents the policy, law, and historical legacy of racism and oppression. It highlights the established mechanisms of segregation that perpetuated inequities for communities of color and historically underrepresented groups. Historical oppression is a foundational framework that understands inequities via "historically situating social problems in their structural causes, rather than inappropriately locating problems solely within the populations

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who tend to disproportionately experience them."[17] This definition also includes the internalization of historical and contemporary oppressions, hierarchical power relationships, and an understanding of the intersectionality of racism, sexism, and colonial histories of U.S. policies. Understanding how structural violence is normalized within communities in both overt and silent ways helps us demonstrate how resilience is produced via joy, intimacy, and hope, even in spaces where the experience of collective community has been historically under-resourced and undervalued.

Hegemonic discourse (embodiment and transformation). This layer of the framework includes Hegemonic discourse (or the story of the ruling class) and the rejection of oppressive ideological representations, stereotypical norms, and a process of healing by means of developing critical consciousness and resistance around previously naturalized power inequities.[18] The re-acquisition of history becomes a means of remaking the self. Resilience can be cultivated by rejecting norms based on stereotypical representations, and this results in ongoing healing and
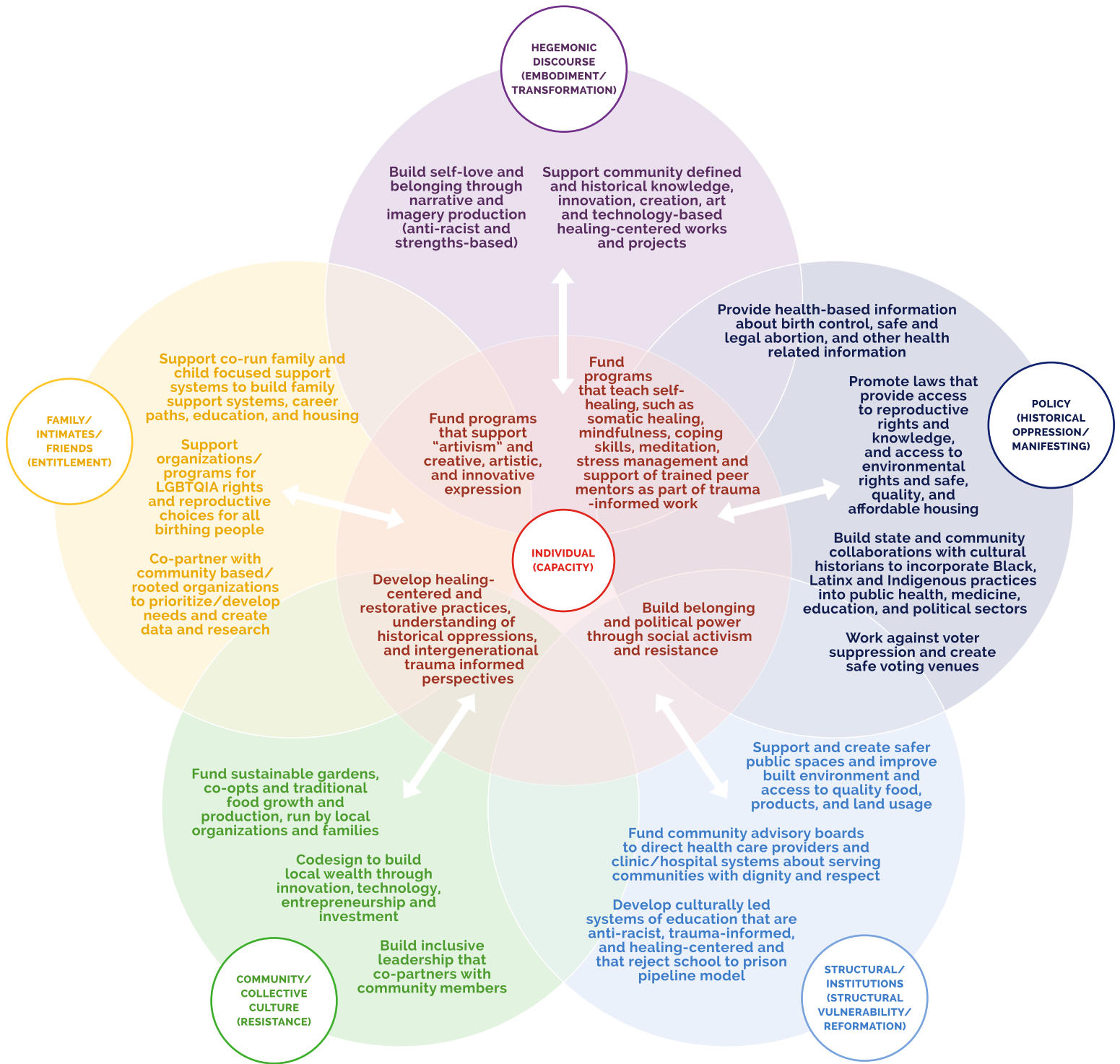
transformation. Resilience can be anti-racist and anti-colonial. Embodiment represents this layer of the framework and exists in all overlapping layers. Embodiment represents how stressors, inequities, and symbolic and/or literal insults are held, housed, and experienced in the self.[19] It is an important concept and highlights how both trauma and resilience can affect the health and well-being of Black, Hispanic, and Latina women, influencing reproductive health and pregnancy outcomes in numerous ways. More specifically, it is crucial to understand how hegemonic discourse shapes and influences the reproductive rights and health of women of color.

Within the interacting ecological layers as a backdrop, the authors identified resilience as a strength-based process, practice, and symbolic action or belief that women use as a means of claiming sovereignty over themselves (see Figure 1). Women's use of resilient factors exists across all contextual levels, from individual, family, community, structural, political, and historical. Black, Hispanic, and Latina women's resilience serves to protect and buffer against the toxic effects of structural violence and normalized racism.

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Figure 1. Layers of the Final Contextual Resilience Framework & Examples of Strategies

HEGEMONIC DISCOURSE (EMBODIMENT/ TRANSFORMATION)

Build self-love and belonging through narrative and imagery production (anti-racist and strengths-based)

Support community defined and historical knowledge, innovation, creation, art and technology-based healing-centered works and projects

Provide health-based information about birth control, safe and legal abortion, and other health related information

FAMILY/ INTIMATES/ FRIENDS (ENTITLEMENT)

Support co-run family and child focused support systems to build family support systems, career paths, education, and housing

Support organizations/ programs for LGBTQIA rights and reproductive choices for all birthing people

Co-partner with community based/ rooted organizations to prioritize/develop needs and create data and research

Fund programs that support "artivism" and creative, artistic, and innovative expression

Fund programs that teach self-healing, such as somatic healing, mindfulness, coping skills, meditation, stress management and support of trained peer mentors as part of trauma-informed work

POLICY (HISTORICAL OPPRESSION/ MANIFESTING)

Promote laws that provide access to reproductive rights and knowledge, and access to environmental rights and safe, quality, and affordable housing

INDIVIDUAL (CAPACITY)

Develop healing-centered and restorative practices, understanding of historical oppressions, and intergenerational trauma informed perspectives

Build belonging and political power through social activism and resistance

Build state and community collaborations with cultural historians to incorporate Black, Latinx and Indigenous practices into public health, medicine, education, and political sectors

Work against voter suppression and create safe voting venues

Fund sustainable gardens, co-opts and traditional food growth and production, run by local organizations and families

Codesign to build local wealth through innovation, technology, entrepreneurship and investment

Build inclusive leadership that co-partners with community members

Support and create safer public spaces and improve built environment and access to quality food, products, and land usage

Fund community advisory boards to direct health care providers and clinic/hospital systems about serving communities with dignity and respect

Develop culturally led systems of education that are anti-racist, trauma-informed, and healing-centered and that reject school to prison pipeline model

COMMUNITY/ COLLECTIVE CULTURE (RESISTANCE)

STRUCTURAL/ INSTITUTIONS (STRUCTURAL VULNERABILITY/ REFORMATION)

Note: Arrows represent that "individual" resilience is found and interactive within all layers of the overlapping framework.

Strategies for Increasing and Supporting Resilience

MCH programs and their partners can operationalize this framework and accelerate their path to equitable improvements in birth outcomes through specific, integrated strategies that support resilience and restore power among communities and women of color. Set out below are a few examples of such strategies. While the strategies below are meant to inspire action, the ultimate identification and prioritization of efforts must come through efforts co-designed with communities experiencing these various levels of structural violence.

Individual: Capacity

- Invest internally in becoming a trauma-informed system that is anchored in understanding historical inequities and structural violence as a form of trauma and injustice. Commit to anti-racist and reflective work as part of the training. Provide funding to community organizations and local health departments to support training and providing trauma-informed care and support to patients and clients.

- Fund programs that teach practices that are culturally relevant, and community driven/determined, such as mindfulness skills, somatic healing, self-love and kindness, coping skills, and stress management as part of trauma-informed work.

- Fund programs that offer "artivists" and creative/artistic expression, dance, writing, painting, video/film, and technological creativity.

Family/Intimates/Friends: Entitlement

- Partner with community-based organizations to understand community needs. Do not rely solely on population surveys and quantitative data sources to understand communities. Engage in this proximate process to understand how policies and actions contribute to the erosion of family social capital but can also be a part of rebuilding power.

- Support organizations and programs that protect trans rights, various gender expression, LGBTQIA rights, as well as reproductive choices for all birthing people.

- Fund community defined and co-run family- and child-focused support systems to reimagine and co-create support systems to holistically serve housing, food, childcare, and employment needs.

Community/Collective Culture: Resistance

- Partner with housing and urban development agencies at the state level to fight against the displacement of families of color due to gentrification.

- Provide funding to build sustainable gardens and traditional food growth and invest in local organizations to expand their ability to serve their communities with affordable, fresh, culturally relevant, and local food.

- Codesign and invest resources in communities to build local wealth and enhance economic access. Codesign and enact policies and protections that ensure long-time residents benefit from new investments in housing, healthy food access, or transit infrastructure. Support residents to express and identify their community through art and expression.

Structural/Institutional: Structural Vulnerability/Reformation

- Fund and convene community advisory boards that deliberate, inform, and hold accountable health care providers and health care systems for the experience of patient care, with a focus on dignity, respect, and autonomy for people of color, diversely-abled people, youth, and LGBTQIA people, prioritizing the needs of those living at the intersections of these marginalized identities.

- Require health care and public health leaders to engage in a community discernment process with community members on the implications of changes in the health care infrastructure in their communities, including rural hospital and/or obstetrics unit closures or the end of safety net services provided by local health departments; intervene on behalf of community needs being served.

- Train all MCH program staff on racial equity, implicit bias, and trauma-informed systems and hold space to name and face racism explicitly in the work environment.

Policy/Law: Historical Oppression/Subversion, Abolishing and Manifesting

- Fund community organizers in geographic areas most oppressed to support voter registration initiatives, and advocate for vote-by-mail as a universal option.

- Build partnerships with local cultural historians to understand the histories of the medical, public health, education, and other institutions in the state or territory and their role in oppressing cultural and traditional wisdom and practices of Indigenous and African American women.

- Actively advocate against laws that limit trained clinicians from providing contraception and safe and legal abortions.

Hegemonic Discourse/Media: Embodiment and Re-Acquisition/Transformation

- Conduct an audit of all imagery and narratives of the state/territory MCH program and the organizations and contractors it funds, both public facing/external and internal, to ensure a normalized representation for mothers and women. Imagery and narratives should include LGBTQIA and non-gender conforming/trans identifying parenting, reproductive health, and birthing practices/choices. If these images are not available to your agency, consider why they are not.

- Initiate a process of removing all language that characterizes women of color and communities of color as "vulnerable" or "at-risk" or uses similar language. Train staff on understanding how language can be pathologizing and biased and move towards viewing and addressing women/birthing people as whole and dynamic people with strengths.

- Intervene in the withholding of information and misinformation about contraception and safe and legal abortions and other critical health care services to patients (e.g., crisis pregnancy centers).

Next Steps: Resilience as Transformation in Public Health

Resilience should be understood as a strengths-based process that centers Black, Hispanic, and Latina women and birthing people. Resilient outcomes can ebb and flow over time and do not just "show up" as a positive outcome after a singular adverse event. Resilience is impacted by structural violence, historical context and layers of privilege and oppression, and already exists in the lives, families, and communities of women as protective. It buffers wellness, influencing factors that are regenerative. Black and Hispanic and Latinx women, birthing people, and their communities need to be co-owners and collaborators in the process of building innovative programs and supports to reduce adverse birth outcomes. Resilient practices that exist in community can be built upon and expanded through community engagement. This can result in creating powerful and socially just outcomes that reduce the impact of toxic stressors on the collective and individual body while producing more equitable health and birth outcomes. The ability to collectively identify and organize around known community strengths allows for resilience to become transformative.

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