

Uplifting Community Expertise in Evidence for MCH

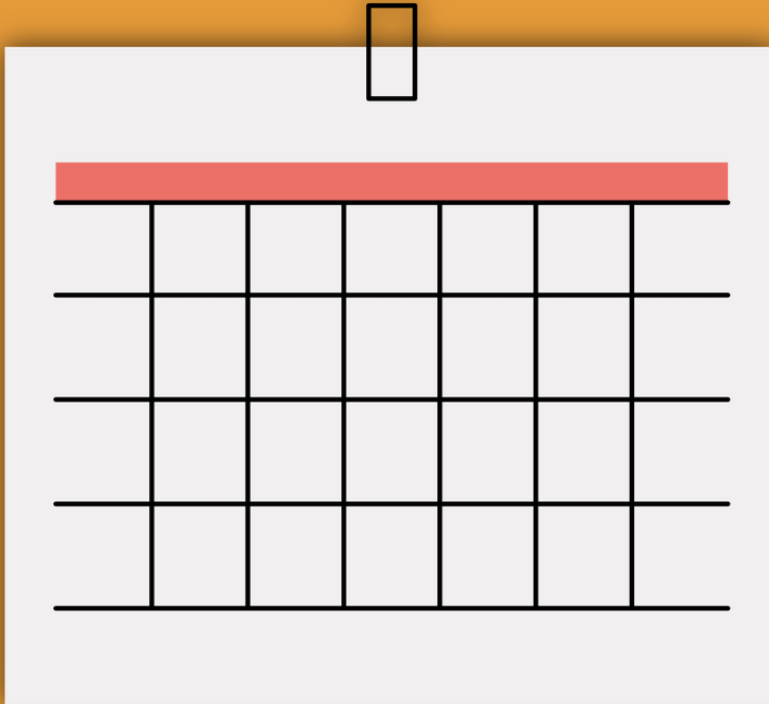




Learning Objectives

1. Unpack and expand participants' understanding of what is considered evidence in MCH
2. Understand how supporting and using community-defined evidence can center and prioritize peoples lived experience
3. Learn from each other to identify opportunities to support and strengthen community-defined evidence in participants' own states/jurisdictions

AGENDA



- 1 Introductions & Objectives
5 MINUTES
- 2 Unpacking "Evidence" in MCH
10 MINUTES
- 3 Community-Defined Evidence Overview
10 MINUTES
- 4 Group Discussion & Debrief
25 MINUTES
- 5 Wrap Up & Engagement Opportunities
10 MINUTES

Icebreaker: *That's Me!*



Fall is my favorite season

I buy all pumpkin related things I see in the grocery store

This is my first time in Washington, DC

I traveled over 10 miles to get here

This is my first Partnership Meeting

This is my first in-person Partnership Meeting

I have worked in the maternal and child health field for less than 5 years

- ...more 5 years
- ...more than 10 years
- ...more than 20 years

I know what community-defined evidence is and how to support it through my work

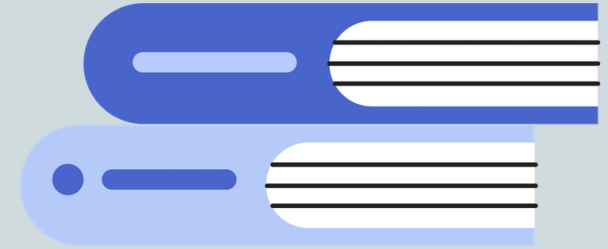
I have never heard of community-defined evidence but am excited to learn more!



EXPLORE

Unpacking Evidence in MCH

What Is Evidence?



What Is Evidence?

The variety of answers shows the many of mental models we hold in the MCH field regarding what is "evidence".

Implications of Evidence

What we consider evidence within the context of our work as public health professionals determines:

- What programs/solutions are funded
- What research is prioritized and conducted
- Whose voices are deemed credible and valuable



Implications of Evidence

Creates a ***cycle of exclusion*** for community-based organizations

- CBOs relegated to supplemental roles on proposals

Breaking this cycle requires shifting how the MCH field considers and values evidence



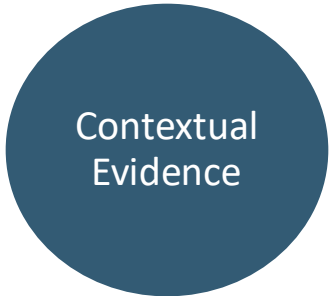
3 Main Types of Evidence



Research Evidence

Information that comes from scientific evaluation that helps determine if a program or strategy is achieving its intended outcomes.

Examples: Systematic reviews, peer-reviewed journal articles



Contextual Evidence

Information about whether a program or strategy “fits” the social, political, and environmental context in which it will be implemented.

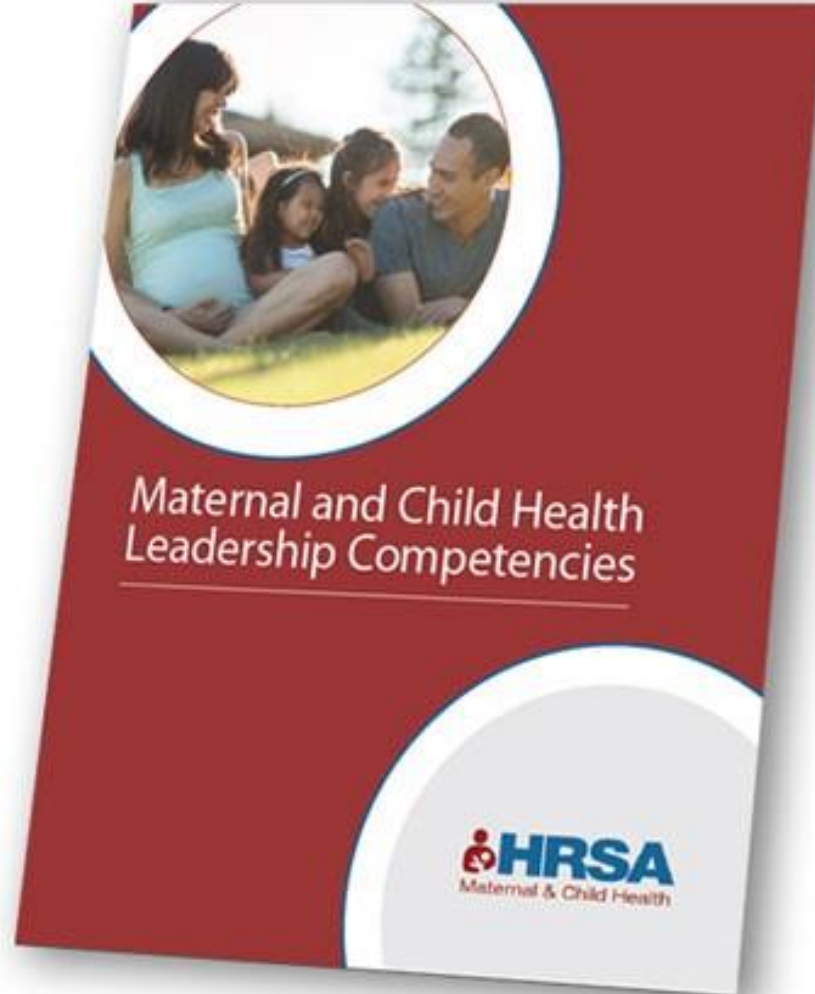
Examples: Information collected from focus groups, practices/policies in AMCHP’s Innovation Hub



Experiential Evidence

The collective experience and expertise of those who have practiced in or lived in a particular setting and includes the knowledge of subject matter experts.

Examples: National guidelines or standards, Title V Block Grant needs assessment

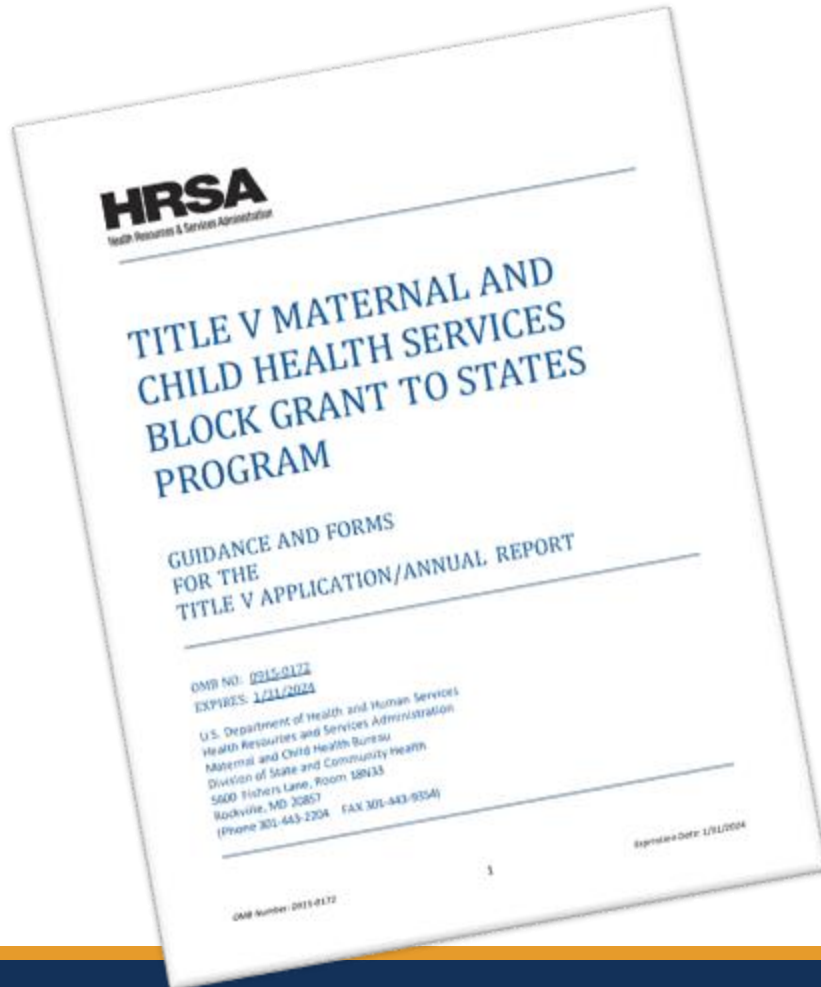


MCH Leadership Competencies 4.5

"MCH leaders will demonstrate a working knowledge of...core MCH values with a special focus on:

- Evidence-informed practice (**inclusive of research, contextual, and experiential evidence** that can drive decision-making at all levels)
- Understand the use of **community generated evidence** and how it can complement other forms of evidence"

Evidence and Title V



How is evidence critical to Title V?

The Block Grant has evidence generation, identification, assessment, and justification built into its structure – developing measures, creating a state action plan, etc.

What is Title V's role in relation to evidence?

- Evidence generator
- Connector between research evidence and community-based evidence



EXPLORE

Using an Equity Lens to Look at MCH Evidence

Critically Examining the MCH Evidence Base

“The vast majority of evidence-based practices were not designed for or appropriately standardized on populations of color” (Martinez et al., 2010)



Important to remember:

- Evidence in public health is inherently culturally rooted
- Historical exclusion of evidence that speaks to the fit of an approach for a specific community

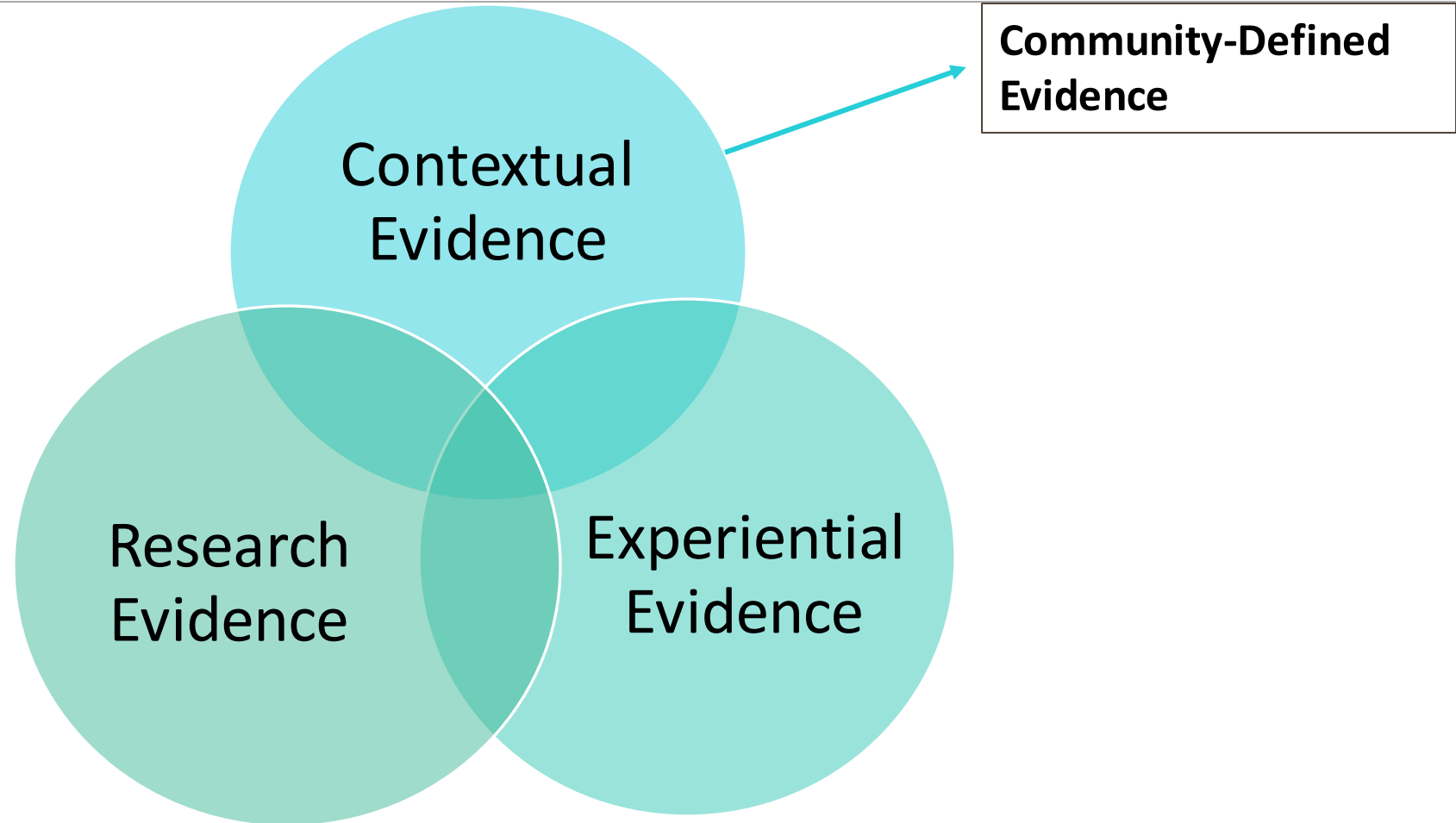
Critically Examining the MCH Evidence Base

Questioning the evidence-base is not new

- Examples of questioning evidence-based practice in other fields including mental health and child welfare
- Resistance to overmedicalization of birthing people of color



Three Main Types of Evidence





GOING DEEPER

Community- Defined Evidence

What is Community-Defined Evidence

Community-defined evidence (CDE) is a set of practices that communities have used and found to yield positive results as determined by **community consensus** over time. These practices may or may not have been measured empirically but have **reached a level of acceptance by the community**.



Why Does CDE Matter?

- Inherently **builds trust** with and centers the expertise of those living in and implementing programs within the community
- Leads to the development of programs that best **meet the specific needs, values, and context** of those participating in these programs
- Creates programs and processes that are rooted in **equitable practice**
- Can support the **sustainability** of the programs we create



Pushing Back on Culture of Urgency

Urgency in public health

- Focus on timelines and getting things done “now” over investing in relationships
- Limits participation to those who can meet accelerated timelines
- Justifies less inclusive or transparent planning and decision making
- Can diminish trust

Opportunity to push back on this when considering solutions



CDE is a Mindset Shift

- Requires us to recognize, honor, and trust the wisdom and power of those implementing programs/receiving services at the most local level
- Needs to be valued and supported at all levels of the MCH system, not just at the community level
- Requires us to slow down, be intentional, and sit with discomfort





SHARE Group Discussion

Discussion Questions



Individual

What is one-word you would use to describe your reaction to the presentation so far?

Small Group

Where are you already centering the perspectives, guidance, and insights of communities within your decision-making processes? How could you strengthen this?

Can you think of a situation where CDE was not valued or centered in a decision-making process? How could that situation have been different?

How can we give the communities the tools to document and share out the information they are collecting? How do we support them to capture this?

Full Group Brainstorm

What would a MCH system that invests in and values community-defined evidence look like?



EXPLORE

CDE Work at AMCHP

Community-Defined Evidence at AMCHP



**Shifting Power
in Practice e-
Learning
Module**



**Equitable
Evidence
Commentary
in MCHJ**



**Six
Considerations
Planning Tool**



**Conference
Workshop and
Skillsbuilder
Sessions**



**Partnerships
with Public
and Private
Funders**

Safer Childbirth Cities - Community Defined Evidence Project

Project funded by Merck for Mothers

Through December 2024

Ready the MCH field – public health, policy, and state and federal funding partners, to advance CDE and uplift community-rooted thought leaders in dismantling systemic inequities

Learn from CBOs what supports they will need to build their capacity to generate, document, and communicate CDE

Title V Engagement Opportunity!

AMCHP is looking to interview Title V leaders about how community-defined evidence is utilized in your jurisdiction



Questions?





Thank you.

Laura Powis

Lpowis@amchp.org

Noeli Vasquez

Nvasquez@amchp.org