



community health
acceleration partnership

Rethinking philanthropy to support
community-driven care

Title V Maternal and Child Health
(MCH) Federal-State Partnership
Meeting

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PUBLIC /PRIVATE PARTNERSHIPS

Session Title: Public/private partnerships to create optimal birth outcomes

- How funders can support Title V Directors in their efforts to optimize birth outcomes.
- Share how funders in NJ have formed The New Jersey Birth Equity Funders Alliance (NJBEFA) in support of the First Lady of NJ Tammy Murphy's Nurture NJ Strategic Plan.
- The Community Health Acceleration Partnership is garnering lessons learned in NJ to seed funder collaboratives in other interested States through the national strategy called The State of Birth Equity.

Objective

Title V Directors discover practical ways to partner with philanthropic organizations to promote optimal birth outcomes through partnerships with Community Rooted and Led Organizations

MATERNAL HEALTH OUTCOMES

THE CHALLENGE: A US MATERNAL HEALTH CRISIS

The **US has the worst rates of maternal mortality** among developed countries, and the gap between rates in the U.S. and other high-income countries is widening

Maternal mortality rates have skyrocketed to **33 deaths** per 100,000 live births (from 24 in 2020). Severe maternal morbidity affects approximately **50,000 to 60,000** women each year, and the numbers are increasing

Black and American Indian and Alaskan Native mothers are **two to three times more likely to die from childbirth** than white mothers, even when holding economic and education levels constant

However, the majority (84%) of pregnancy-related deaths in the US are preventable.
The maternal health crisis is a solvable problem

Birth Equity is defined as the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort. - National Birth Equity Collaborative

WHY THESE CHALLENGES PERSIST: A SYSTEMIC ENTRENCHMENT

While these are certainly not comprehensive, reasons for entrenched poor outcomes include:

- 1 Lack of investment in Community Solutions**

Most federal, state, and private funding is allocated to hospital systems and large nonprofits, neglecting community-based solutions and often failing to reach the people and places where it is most needed
- 2 Bias in Healthcare System**

Women of color in the US healthcare system frequently encounter discriminatory treatment and implicit bias, contributing to significant disparities in health outcomes and quality of care
- 3 Limited Access to Care**

Nearly 6 million birthing people live in areas with no or limited access to care according to March of Dimes Maternity Care Desert Report (2023)
- 4 Under-resourcing of Birth Workforce**

Investment in a diverse workforce, including doulas, midwives, and other perinatal health professionals, is lacking; barriers to training, licensing, reimbursements, and fair payments further impede progress

FOCUSING ON STATE-LEVEL ECOSYSTEMS

While the federal government has a major role in improving maternal health outcomes and addressing disparities, many of the levers to make change reside at the state level

State-level efforts can support coordination across the health and social service systems to



Increase access to quality birthing services



Prioritize racial equity



Expand Medicaid reimbursement policies



Bolster community-rooted actors who advocate for and provide services to birthing people

THE IMPORTANCE OF STATE MCH TITLE V DIRECTORS

FEDERAL FUNDS ADMINISTERED BY STATE TITLE V DIRECTORS

States receive significant discretionary funding for maternal and child health (FY23) . . .

- Title V: \$875 million
- MIECHV: \$500 million
- Healthy Start: \$145 million

Total: \$1.53 billion

. . . but these investments are dwarfed by Medicaid

- \$100 billion (17% of total) on care for children (KFF, 2019)
- Nearly 20 million women of child-bearing age are covered by Medicaid (KFF 2019)
- Medicaid is the largest single payer of pregnancy-related services, financing 42% of all U.S. births.
- 75% of pregnant women covered by Medicaid started prenatal care in the first trimester; nearly 66% received adequate prenatal care throughout their pregnancy (MACPAC)

NEW PROPOSED GUIDANCE FOR TITLE V PROGRAMS : AN OPPORTUNITY FOR CHANGE

HRSA will soon release updated guidance for Title V programs and their Five-Year Action Plans

Greater emphasis on health equity

- States have the option to identify and set annual targets for priority populations
- Introduces concepts from the Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs to advance the vision that CSHCN enjoy a full life and thrive in systems that support families and their needs while ensuring dignity, autonomy, and active participation in communities

Updates on national performance measures

- Updates to reflect salient and emergent priorities at the state and national levels, categorized by one of three types: clinical health systems; health behaviors; and social determinants of health.
- Two universal national performance measures—Postpartum Visit and Medical Home—were selected for their focus on access and quality of essential primary and preventive care for mothers and children, including children with special health care needs

STATE LEVEL DRIVERS OF ENTRENCHED POOR OUTCOMES

- What do you see as the reasons for the poor outcomes in your state?
- What has been working in your state to improve Maternal and infant health outcomes?
- What gets in your way?

HOW PHILATHORPY CAN BE YOUR PARTNER



PHILANTHROPY: A UNIQUE AND POWERFUL ROLE

Funders can leverage the role of philanthropy to make sustainable, systems-level change in improving maternal health outcomes for families across the country

Philanthropy can:



Provide trust-based flexible funds and invest in new practices



Serve as connective tissue between community and government



Support passage and implementation of equitable state policies that improve maternal outcomes



Pilot innovative, integrated care across the perinatal continuum



Build a stronger and more diverse birth workforce and thriving ecosystems of community-based organizations

PHILANTHROPIC CONTRIBUTIONS – ON A PRACTICAL NOTE

- Connections with CBOs Networks
- Convenings, including food, facilitation
- Subject Matter Experts/ Consultants
- RFP writing
- Grant writing
- Supplemental funding
- Pilot programs

OPPORTUNITY: STATE-LEVEL PHILANTHROPIC ACTION

There is a major opportunity to galvanize philanthropy at the state level to:

To ultimately shift power to community and improve outcomes.

**WHAT HAS BEEN YOUR PERCEPTION OF OR EXPERIENCE WITH
PHILANTHROPY AS A PARTNER?**

THE NEW JERSEY EXAMPLE

THE NJ BIRTH EQUITY IMPERATIVE

New Jersey's maternal mortality rate was previously the fourth highest in the country. Thanks to the collective efforts of community advocates, policymakers, the Murphy administration, and First Lady Tammy Murphy, the state's maternal mortality rate has improved and is now ranked 14th in the country.¹

But the reality is more dire for Black birthing people. Black women in the state are **6.6 times more likely to die from pregnancy-related complications than white women**

NJ MORTALITY / PREGNANCY-RELATED COMPLICATIONS



This is one of the **widest racial disparities in the nation**. These racial disparities stem from a history of discrimination against BIPOC that subjects them to poor social, economic, and built environments, all of which negatively impact health. This disadvantage accumulates and impacts mothers and children across generations.

These unacceptable statistics represent the real families who inspire our work.

As we continue our effort, we must treat this crisis as if every mother we lose is our mother, and every baby we lose is our baby.

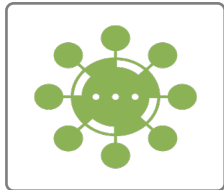


NURTURE NJ STRATEGIC PLAN

First Lady of New Jersey's office launched Nurture NJ to reduce maternal and infant mortality and ensure equitable care among women and children of all races and ethnicities in New Jersey



The state recognized the drivers of maternal health disparities and addressed them head-on in the **action plan**



The plan provides a **roadmap for multi-stakeholder engagement** and urges involvement across departments and sectors



The authors of the plan, led by Dr Vijaya Hogan (from North Carolina), have deep **expertise in birth equity** and developed a plan with the ability to implement top of mind



The New Jersey Birth Equity Alliance will support a **Nurture New Jersey Director Position** that is situated within state offices

ALLIANCE VISION AND INTENDED IMPACTS

Vision

Reduce maternal mortality in New Jersey and eliminate racial disparities in birth outcomes

Mission

Support community-based solutions and BIPOC-led organizations to lead efforts to address maternal mortality and birth equity in New Jersey, serving as a model for the wider field

Approach to change

Support BIPOC-led CBOs to deliver on and expand existing work by providing resources and connecting CBOs with systems and services. Address systemic racism by funding critical research and BIPOC-led organizations and leaders

Intended outcomes

Short-term: Increased availability of and access to CBO services targeting the needs of BIPOC birthing people

Long-term: Increased accountability in the system for birth outcomes and racial equity in outcomes

Intended impacts

Reduced racial disparities in birth outcomes in NJ and overall improvements in the state's rank for equitable birthing **Transformed health systems** and strengthened community assets

TRADITIONAL VS. TRUST-BASED PHILANTHROPY

Traditional	» Trust-based
Agenda-Driven	Participatory
'Disrupting' Government	Accompany Government
Project Support	General Operating Support
Investment in 'Innovation'	Investment in Capacity Development
Cautious about Advocacy	Promote Organizing
Grantees	Partners
Work autonomously	Work in Collaboration
Urgent Time Frames	Patient Philanthropy
Accountability	Trust-based

ALLIANCE PROGRAMMING

We partner with a Community Advisory Committee, the Office of the First Lady, the Department of Health and Health Hubs to build strategies and execute programming

**NURTURE
NEW JERSEY
ACTION PLAN**

1

CBO Insights

2

CBO Technical Assistance

3

Community Advisory Fund

4

Executive on Loan

WHY DID WE FOCUS ON COMMUNITY-BASED ORGANIZATIONS (CBOs)

CBOs wield tremendous influence within communities and have demonstrated passion and perseverance, building momentum, sometimes with minimal external support and resources

CBOs play multiple roles in creating birth equity in New Jersey

Service Delivery and Innovation

- Piloting programs that connect social services and healthcare providers to increase cohesiveness among service providers and communities
- Offering travel voucher programs with transportation services

Awareness and Advocacy

- Amplifying the voices of BIPOC birthing people and their needs
- Highlighting critical policy and system gaps and advocating for improvements
- Creating awareness within communities on available resources for maternal and infant health

Connecting and Strengthening Systems

- Creating multilingual tools to help families learn to navigate the health care systems
- Using a participatory approach to gather data directly from and with BIPOC birthing people

Illustrative activities

CBO LANDSCAPE RESEARCH FINDINGS

1

Individuals' Access to Services

Service in High Demand: Housing, transportation and language assistance

ACTIONABLE USE OF FINDING: Connect birth equity actors with gov't agencies' efforts to advocate for maternal health carve in's and considerations, i.e. Medicaid 1115 Waiver

2

Perinatal Workforce Burnout

ACTIONABLE USE OF FINDING: In process of development of Perinatal Workforce Wellness Fund

3

Complex Applications and Criteria for Developing Organizations, Same organizations receiving funding.

ACTIONABLE USE OF FINDING: Simple application, mission driven, self-defined metrics criteria and targeting organizations that do not typically receive funding

2023 COMMUNITY ADVISORY COMMITTEE

Our 10-person Community Advisory Committee is comprised of community leaders and birth equity champions, several of whom are also birth workers. The CAC independently governs a fund launched with \$500,000



Jessica Andre
Community Doula & Breastfeeding
Counselor, Mercer County



Joel Austin
Founder, Daddy University Inc.



Natasha R. Chinn
OB/GYN, Brescia Migliaccio Women's Health



Christine Ivery
Project Manager, Jefferson Collaborative for
Health Equity



Fatimah Muhammad
Director of 340B Pharmaceutical Services
and Drug Reimbursement, Saint Peter's
University Hospital



Kashieka Phillips *(Returning member)*
Community Health Worker, New Destiny
Family Success Center



Erica Pulliam *(Returning member)*
Newark Site Manager, START



Cristina Romas
Co-Founder, Mammissi Birth Services



Tiffani Williams *(Returning member)*
Maternal Health Department Lead, Acenda
Integrated Health



Brittany Wright
Director of Maternal Programming, Perinatal
Health Equity Initiative

DIRECT SUPPORT: COMMUNITY ADVISED FUND

In 2022, the CAC issued 11 Postpartum Equity Support grants and 7 Rapid Response grants totaling \$172,500



8 individuals and 3 501c3 nonprofits serving families across New Jersey were awarded PPES grants

The CAC will increase 2022 Postpartum Equity Support Grantees' grant amount by \$5,000 minimum each by end of year

The CAC issued its latest RFP, Ecosystem of Wellness in Birth Equity, in August 2023

- 8 grantees will be awarded an unrestricted, 2-year grant of \$15,000, for a total of \$30,000
- Organizations and businesses with annual operating budgets of \$500,000 or less will be eligible for this opportunity

FEEDBACK FROM NJBEFA GRANTEES

“

My experience applying to the Equity in postpartum support grant was an amazing one. It was uplifting and encouraging; it made me believe in what I am doing and remain faithful in what I believe. To know that there are people out there who see my vision and support it is a blessing!

— Alexis Owusu, Nyame Ama Ltd.

”

“

My experience was one full of joy since as an LLC, grant funding is limited. The service is provided but with financial limitation or strain. I so far appreciated the camaraderie and accessibility of support in service provision and securing funds. The application process was user-friendly and concise.

— Chesha Hodge, The Balanced Diet LLC

”

“

My experience was great! Considering the intimidation felt applying to other grants I would just give up! I loved the video submission. I actually do better speaking as opposed to writing. That was a wonderful option.

— Alquadira Cox, YNot Events

”

FEEDBACK FROM NJBEFA GRANTEES

"It's opened my eyes to the grant making process. I've also learned to look deeper into the data when creating a grant. For example, some of the southern NJ counties have a huge need in the birth equity space but, when data is collected by county, their need isn't always accurately reflected. Being a part of the grant making process and seeing how data is used to inform the tailoring of grants including eligibility has fueled my need to continue to advocate for underrepresented counties."

— Tiffani D. Williams

"I wish there was a way that we could spread awareness to other physicians. In some ways it feels like there is an us and them subconscious philosophy. I feel like I am the exception to the rule as I am on "both sides" so to speak. I think having some of the outreach incorporate educating more physicians about the disparities in birth equity would achieve greater progress."

— Natasha R. Chinn MD FACOG

NARRATIVE CHANGE: IRTH APP

To ensure that the vision for change is driven by the voices and perspectives of community members, Alliance members identified narrative change as a new strategic priority

- NJBEFA awarded a \$100,000 grant to [Narrative Nation](#) to expand the [Irth App](#) to Essex County
- Founded by Kimberly Seals Allers, Narrative Nation champions the voices and expertise of community members to bring about systems change and provide holistic care to the perinatal workforce
- NJBEFA is connecting Narrative Nation with several Essex County organizations, including the Healthcare Foundation of New Jersey

PERINATAL WORKFORCE MUTUAL AID FUND

NJBEFA's landscape analysis of birth equity CBOs found that the perinatal workforce has been experiencing significant burnout. As a result, NJBEFA has decided to support the care and well-being of the perinatal workforce through mutual aid

- Taking inspiration from the Daymark Foundation's [Doula Fund](#), NJBEFA plans to seed \$50,000 to launch a Perinatal Workforce Mutual Aid Fund in 2024, governed and stewarded by perinatal workers
- Individual donors and private and corporate funders will be able to contribute to the fund, but the development of rules, priorities, and decision-making processes will be led by perinatal workers
- We are currently in the process of developing a Call for Expression of Interest to identify stewards, with a goal of selecting stewards by the end of November

UPLIFTING COMMUNITY VOICES

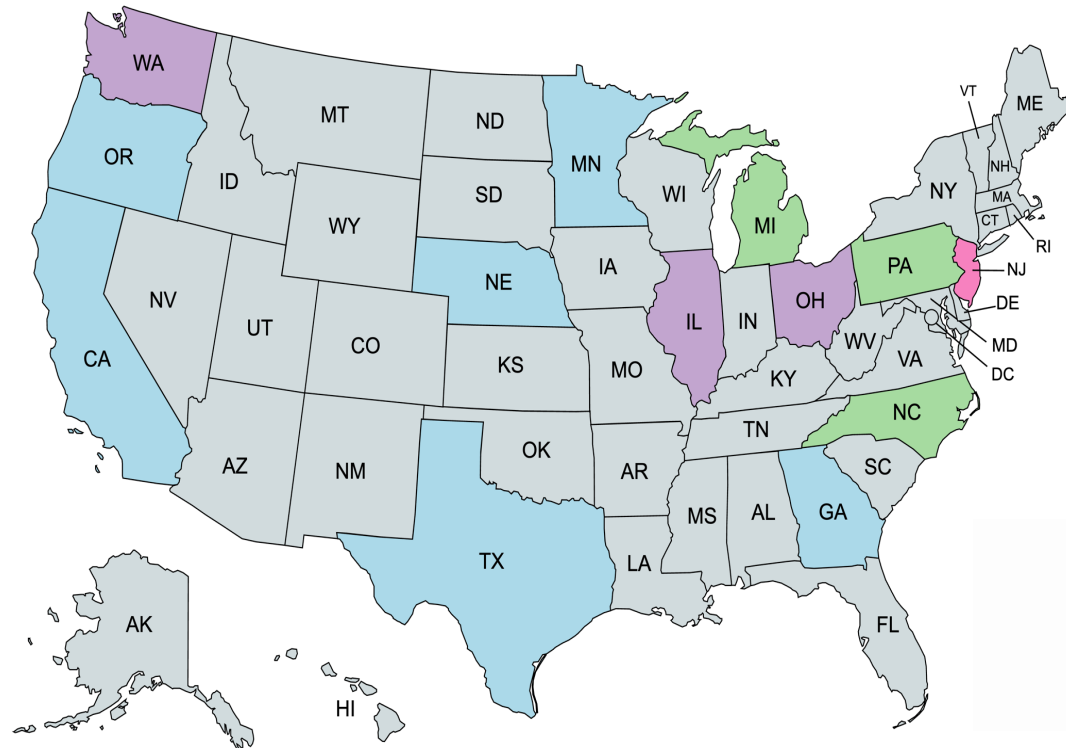
NJBEFA increased its efforts to bolster community voices in 2023, by:

- Hosted a workshop on Medicaid 1115 waiver training and advocacy opportunities. Following the workshop, participants signed up for stakeholder workgroups convened by State Medicaid Agency and co-authored a letter sharing Medicaid recommendations to improve maternal health outcomes

The State of Birth Equity (SOBE)

SOBE STATE EFFORTS: TWO YEARS OF RELATIONSHIP-BUILDING

We have spoken with more than 50 funders in 13 states, across political affiliations, of vastly different philanthropic and policy landscapes and community-based organization ecosystems:



Key

Exploring Research
and Opportunity

Funders Actively
Convening

Formal
Collaboration

Funders Convening
Independently

- Arkansas
- California
- Georgia
- Illinois
- Michigan
- Minnesota
- Nebraska
- New Jersey
- North Carolina
- Ohio
- Oregon
- Pennsylvania
- Texas
- Washington

SUCCESSES TO-DATE: A SNAPSHOT

Relationships happen at the pace of trust. We have seen positive change occur as a result of our in-state efforts to connect funders to each other and facilitate conversation and action; below are a few examples

New Jersey



We formalized a funder collaborative which has now committed over \$2.5 million; a community advisory committee stewards a \$500k grantmaking fund.

Washington



We are in the process of formalizing a WA funder collaborative and local funders have **collectively committed \$60K to support the BIPOC birth workforce**;

Illinois



We have engaged a group of funders in Illinois that want to **integrate perinatal health and reproductive justice philanthropy** and solicit feedback from community leaders to build a collective strategy.

Ohio



Convened a group of **14 funders across Cleveland, Cincinnati, and other areas, forming new cross-regional relationships**. Currently in the process of forming birth worker Mutual Aid Fund with select group of local funders.

UPCOMING OPPORTUNITY

The National Governors Association Center for Best Practice (NGA Center) Public Health Team has a national MCH initiative led by the 2022-2023 NGA Chair, New Jersey Governor Phil Murphy and First Lady Tammy Murphy

The initiative led to the development of a policy playbook for all Governors to use a resource to bolster their MCH policies and programs

The NGA Center will expand on the work done during the 2022-2023 Chair's Initiative to support Governors' health policy advisors in creating action plans and implementing components of the playbook in states and territories

The NGA Center will also partner with organizations engaged during the last year to provide high-quality, timely technical assistance to states and territories and hold several convenings to bring together MCH leaders from the government, academic institutions, communities, non-profits, membership organizations, industry, and clinical fields

Through this work, the NGA Center will foster connections with external stakeholders and support Governors to achieve their policy priorities to improve health outcomes for mothers, families, pregnant people, children, and adolescents

Your Thoughts and Questions

How would you envision working with Philanthropy?

Appendix

OTHER EXAMPLES OF NJ PHILANTHROPIC PARTNERSHIPS

Brazelton

Through participatory consensus partnerships with CRLOs, The Brazelton Touchpoints Center (BTC) is working to expand access to funding, infrastructure supports, and other resources by:

1. Creating a sampling of profiles of community-rooted and led programs working to reduce racial and economic health inequities,
2. Distilling throughlines to catalyze governmental and philanthropic funders' innovations for less burdensome and more effective methods to support the critical work unique to CRLOs
3. Engaging funders in building on these findings to transform grantmaking practices, requirements and standards

Alma

Model of care to address PMAD. Alma is an evidence-based, peer specialist program that provides support to new and expectant parents who are experiencing depression, anxiety, and stress. ALMA trains a team of peer mentors, moms who have experienced challenges with their own mental health in pregnancy or postpartum, who receive training to support other moms facing

MIECHV OPPORTUNITIES TO PARTNER WITH PHILANTHROPY

- In the FY23 omnibus, Congress authorized "non-federal funds" to count toward the state match; the accompanying report confirmed that these funds can come from private entity contributions, opening up opportunities for philanthropy to play a role
- HRSA has stated that they will be developing a definition and supporting TA materials to assist MIECHV awardees in identifying all possible forms of non-federal funds can be included in the state match amount
- That definition will be forthcoming, as the matching grants do not go into effect until FY 2024