AMCHP ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS | UNC GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

SYSTEM ACTOR:

Federal Agencies

This document describes actions from the Birth Equity Action Map that that federal agencies can take to advance birth equity, as well as potential partners and the barriers to change each action addresses. We define federal agencies as government entities at the national level responsible for overseeing, regulating, and facilitating various aspects of public health and social services. Their actions include setting and enforcing standards, conducting research, distributing funds, formulating policy, and coordinating nationwide health and social service initiatives. **Click here to explore these federal agency actions in the interactive Birth Equity Action Map.**

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Activate birth equity champions to influence policy[3,4,5]	Identify, inform, and activate champions who can influence legislators to direct funds where they need to go to support birth equity. Specifically, this might look like: ▪ Providing leadership and communication training to health department staff, community members, health care providers, doulas, and community health workers to advocate for equitable policies at the local/state level ▪ Using targeted messaging to transform mental models among policy and decision-makers ▪ Creating and supporting dedicated spaces to bring community voices and experiences to policymakers and legislative staff	Community-based organization, National non-profits, Private funders, State and local health agencies	Mental Model: Belief among decision makers that it is not critical to invest in workforce, anti-racism, or service gaps Mental Model: Persistent implicit bias among providers and lack of empathy towards pregnant people of color and others with systematically marginalized identities
Address biases system-wide and advance cultural humility[1,3]	Enhance commitment, create accountability for, and support the practice of cultural humility and awareness/ improvement of workforce biases. Specifically, this might look like: ▪ Provide health care staff and providers with education on cultural humility and birth equity to grow their empathy and understanding of the need for equitable, trauma-informed, culturally competent care. ▪ Recognize and raise awareness of learning and action opportunities available (i.e., the Racial Equity Institute) to organizations. ▪ Inform and activate leadership champions to communicate the need for cultural humility to providers and health care staff, including stories from people with lived experience	National non-profits, Private funders, State and local health agencies, Health systems, Hospitals, Academic institution, Birth equity advocates	Mental Model: Belief among decision makers that it is not critical to invest in workforce, anti-racism, or service gaps

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Advance policies to support families' basic needs[1,2,3,4]	Educate/advocate for and advance policies at the state and federal level to protect and provide for basic human needs such as food, shelter, and childcare. Apply Black feminist praxes and Indigenous knowledge to policy and program development, implementation, and analysis at every level of government. Specifically, advance policies including: ▪ Raising the minimum wage ▪ Federal laws for paid family leave, paid sick leave ▪ Increasing EBT/WIC allocation and benefit period ▪ Increasing the supply of affordable housing ▪ Enacting progressive policies to support families basic needs at the state and local level ▪ Enacting the Black Maternal Health Momnibus Act. Center and defer to Black-led and centered, community-based organizations in implementing and evaluating Momnibus policies and programs. ▪ Offering evening and weekend appointments. ▪ Offering telehealth visits, in-home visits, mobile clinics, and other options for expanding access to care. ▪ Co-locating laboratory, imaging, mental and behavioral health, and other services to facilitate one-stop prenatal and postpartum visits. ▪ Ensuring the accessibility of exam rooms and other service areas. ▪ Making translators available and ensure signage and websites are available in priority languages. ▪ Removing work requirements ▪ Expanding Child Tax Credit ▪ Ensuring affordable and accessible childcare ▪ Targeting resources to families living in climate-affected areas	State and local health agencies, Health systems, Birth equity advocates, Legislators	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports
Assess and improve funding policies[3]	Assess and improve funding policies (e.g., grant length, unrestricted fundinglevels) to support grantee diversity and ability to strengthen systems over time. Specifically, this might look like: ▪ Providing multi-year, flexible, general operating support (including overhead, rent, etc.) ▪ Permitting a higher percentage of funding for indirect costs ▪ Ensuring grantees have enough time to demonstrate success when working on long-term systems change initiatives ▪ Support for sustainability planning, including exploring innovative funding models (i.e., cooperative models for community-based organizations)	Private funders	System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Collaborate across federal agencies to maximize impact[3]	Federal agencies have the power to collaborate with each other to ensure that all agencies are aligned on priorities and metrics pertaining to MCH to reduce duplicative efforts. Federal agencies can also ensure that equity is central in the grant application processes, that these processes are streamlined, and implement trust-based funding principles to support grantee flexibility and impact.	N/A	System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress System Structure: Extent to which federal and state governments prioritize maternal and infant health equity
Communicate value of public health and equity work[3,5]	Influential thought leaders and organizations should develop social media, mass communication content, and other strategies (e.g. conversations that can influence mental models), to encourage adaptive and transformative mindsets that support public health and equity. This is particularly aimed at politicians and community/ organizational leaders.	National non-profits, Private funders	Mental Model: Resistance to public health, anti-racism, women's rights, and disability justice efforts
Develop and support an organizational growth culture[3]	Grow and support organizational commitment and capacity for adaptive leadership, including a growth and transformative mindset. This includes building organizational cultures that support a true commitment to psychological safety to unleash the potential for meaningful improvement, courageous creativity, human connection, and grace towards oneself and each other; mandatory/strongly encouraged paid time off; and instilling and welcoming a deep commitment to speaking truth to power, while also recognizing that strategic decisions need to inevitably play a role when navigating different settings, spaces, and audiences.	National non-profits, Private funders, State and local health agencies, Health systems, Hospitals, Birth equity advocates, Academic institutions	Mental Model: Resistance to embracing a transformative mindset
Develop messaging that creates buy-in and empathy[1,3,5]	Develop messaging (eg. social media, mass communications, organization-level) that humanizes and grows empathy for the birthing experience while also sharing evidence for different methods of giving birth and different provider types. Specifically, this might look like developing and testing targeted messaging to create buy-in across groups for equity strategies (including respectful maternity care) or disseminating information on the benefits of different provider types (e.g., midwifery). This should include attention to the political climate and intentionality regarding compelling language use.	State and local health agencies, National non-profits, Professional medical associations	Mental Model: The belief that pregnancy is an illness, rather than a celebration or ceremony Mental Model: Resistance to including doulas and midwives in care teams

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Ensure funder alignment, peer learning, and collective impact[3]	Ensure alignment, peer learning, and collective impact among funders over time. Specifically, this might look like: ▪ Aligning the funder ecosystem to foster peer learning, build greater transparency, remove redundancies and advocate for policy change, workforce development, and aligning grantee requirements and impact measures (e.g., join national and intersectional funder networks) ▪ Forming a regional, state, or local coalition of like-minded, mission-driven organizations/ individuals committed to birth equity to influence policy, connect to communities, and pool resources (e.g., New Jersey Birth Equity Funders Alliance) ▪ Joining and contributing to a State Exchange focused on shared learning and identifying opportunities for collective action across state-level funding efforts ▪ Creating a common application form and evaluation process ▪ Engaging with federal and state funders and officials to collaborate and share learnings/priorities and influence the direction of future funding flows	Private funders	Mental Model: Resistance to collaboration across sectors
Expand innovative care models[1,4]	Health systems should develop and evaluate innovative care delivery models to expand and improve options for birthing parents and families. Specifically, this can include: ▪ Midwifery-led prenatal care ▪ Group prenatal care options ▪ Telehealth and home monitoring programs. ▪ Establishing Medicaid demonstration projects to test payment models for maternity care ▪ Assessing the impact and opportunity for developing birth centers within the Federally Qualified Health Center model.	Health systems, Hospitals, Academic institutions, Payers	System Structure: Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice System Structure: Health insurance and payment systems create and maintain inequitable access to health care and holistic perinatal care Mental Model: Practice and research focus on the problem and not the solution

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Expand maternal mental and behavioral health care[1,3]	Expand culturally competent maternal mental and behavioral health care to support families impacted by substance use disorders and mental illness. Specifically, this might look like: ▪ Address and strengthen systems for people with mental health challenges and/or substance use disorders, recognizing the unique needs of each and that care only partially overlaps ▪ Invest in community-based programs that provide mental and behavioral health treatment and support to birthing people with maternal mental health conditions or substance use disorder, including: group prenatal and postpartum care models; collaborative maternity care models; initiatives to address stigma and raise awareness about warning signs for maternal mental and behavioral health conditions; programs at freestanding birth centers; suicide prevention programs; and harm reduction services. ▪ Fill gaps in mental and behavioral health care provision by providing postpartum services and mental health care training and support to fathers, partners, and family members, incorporating screenings for postpartum depression into baby well-visits, and other methods. ▪ Increase access to maternal mental health services by increasing the number of mental health providers participating in Medicaid and other public and private insurance programs, increasing reimbursement rates, and covering nontraditional, alternative behavioral health therapies such as meditation or art therapy. ▪ Ensure and destigmatize access to medications for opioid use disorder (MOUD) for pregnant and postpartum people ▪ Expand access to peer support services for pregnant and postpartum people with substance use disorders ▪ Enact policies to increase access to harm reduction services, including syringe exchange services and naloxone distribution ▪ Implement targeted provider training that addresses stereotyping, implicit bias, social determinants of health, and shared decision making for pregnant and parenting people with mental health and substance use challenges ▪ Assess and change state policies to ensure birthing people are offered non-punitive, evidence-based support for substance use disorders, rather than approaches that punish or criminalize people for seeking treatment ▪ Implement the Perinatal Mental Health Conditions and Care for Pregnant and Postpartum People with Substance Use Disorder AIM Patient Safety Bundles	Community-based organizations, Private funders, State and local health agencies, Health systems, Payers, Legislators	System Structure: Health insurance and payment systems create and maintain inequitable access to health care and holistic perinatal care Mental Model: The devaluing of women and childbirth and intense focus on the newborn Mental Model: Lack of appreciation for interconnected nature of maternal health, behavioral health, and health insurance policies

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Fund efforts to grow and strengthen the workforce[1,3,5]	Dedicate funding to building a diverse birthing workforce. Specifically, this might look like: ▪ Funding to grow the birth equity workforce (e.g., midwives, doulas, etc.) ▪ Funding for state-level advocacy to improve and expand access to midwives and doulas (e.g., Medicaid coverage, licensing policies, scope of practice, etc.) ▪ Funding to strengthen the existing workforce to support providers in becoming birth equity champions	Private funders, State and local health agencies	System Structure: Lack of support for diverse birthing workforce System Structure: Lack of widely used and funded community doula and midwifery model of care
Grow public awareness of factors impacting birth equity[3,4]	Influential thought leaders and organizations should develop social media, mass communication content, and other strategies to grow public and cross-system (eg. among all other relevant organizations and providers) appreciation of the interconnected nature of maternal health, behavioral health, and health insurance policies along with their joint influence on birth equity. Specifically, this might include: ▪ Partnering with local media to raise awareness and create urgency around areas of needed systems change ▪ Focusing on informing and influencing youth mental models in partnership with schools, youth-led organizations, etc.	State and local health agencies, Community-based organizations, National non-profits, Health systems, Birth equity advocates, Academic institutions, Professional medical associations	Mental Model: Lack of appreciation for interconnected nature of maternal health, behavioral health, and health insurance policies
Holistically support the existing birthing provider workforce[1,3,5]	Holistically support the existing birthing provider workforce to protect from burnout and attrition. Specifically, this might look like: ▪ Offer stipends to practicing clinicians of color to serve as mentors to nursing and midwifery students ▪ Offer holistic workplace pregnancy accommodations ▪ Research and support implementation of innovative approaches to end violence and harassment against providers, patients, and staff that do not involve policing ▪ Ensure living wage, workforce development opportunities, access to affordable, quality childcare, access to mental health and healing-centered services, access to retirement accounts, affordable housing, etc.	Community-based organizations, Private funders, Health systems	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Implement trust-based philanthropic practices[3]	Implement trust-based philanthropic practices that seek to shift power dynamics between funders and grantees and support grantees in co-developing priorities, impact measures, and feedback mechanisms. Specifically, this might look like: ▪ Communicating regularly, authentically, and transparently with grantees and partners ▪ Ensuring the whole organization, including board members, are aligned with trust-based philanthropic principles ▪ Hold space for listening to grantees, accepting discomfort, and recognizing that respectful conflict is necessary	Private funders	System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress Mental Model: Resistance to public health, anti-racism, women's rights, and disability justice efforts Mental Model: Practice and research focus on the problem and not the solution
Improve care for people in the justice- and immigration-system[1]	Advocate, build coalitions, and pass policies at the federal, state, and local level to ensure the delivery of equitable, trauma-informed, patient-centered care for justice- and immigration-system involved individuals and families. Specifically, this might look like: ▪ Establish federal guidelines for trauma-informed care in correctional and detention facilities ▪ Guarantee access to respectful, comprehensive, and quality maternal, sexual, behavioral, and reproductive healthcare, including abortion care, in correctional and detention facilities and hold staff accountable for denial of care, sexual and gender-based violence, and other human rights abuses ▪ Establish provider exchange service programs to increase access to perinatal health workers like doulas, counseling, reentry assistance, and maternal-infant bonding opportunities ▪ Mandate access to menstruation products and contraception ▪ Eliminate the use of protective restraints for pregnant incarcerated persons ▪ Explore alternative placement and secure housing options for incarcerated persons during the perinatal period ▪ Establish correctional policies that support family video conferencing, parenting resources, family visitation, and overnight visiting	State and local health agencies, Health systems, Professional medical associations, Legislators	System Structure: Criminalization of abortion care and non-hospital based birthing options Mental Model: Persistent implicit bias among providers and lack of empathy towards pregnant people with systematically marginalized identities Mental Model: Resistance to embracing a transformative mindset

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Invest in building grantee capacity[3]	Invest in building capacity among current and potential grantees. Specifically, this might look like: ▪ Providing technical assistance (e.g., webinars, workshops, grant-writing support) to aid diverse organizations in applying for funding ▪ Support the wellness and restoration of birth equity leaders and organizational staff to sustain the current critical work underway (e.g., support for spending funds on wellness activities, retreats, staff mental health, flexibility in reporting requirements, etc.) ▪ Develop grantee learning networks to share emerging insights and support/ incentivize cross-organizational strategies to strengthen the birth equity ecosystem	Private funders, State and local health agencies	System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress System Structure: Funding systems perpetuate lack of accountability for funded programs to achieve results and/or meaningfully engage the impacted community Mental Model: Resistance to collaboration across sectors
Listen to and fund community-driven initiatives[3]	Listen to the community and fund community-defined needs and initiatives (e.g., through authentic, community-driven needs assessments, participatory grantmaking mechanisms, etc.). Specifically, this might look like: ▪ Ensuring policies and incentives that support the centering of diverse community-led partners (e.g., representing different demographics and lived experiences, focus areas, organizational sizes, years of operation, etc.). ▪ Expanding possible grantees through networking and inviting community-led organizations that may have been historically overlooked or underrepresented to the table	Private funders, State and local health agencies	System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports Mental Model: Belief among decision makers that it is not critical to invest in workforce, anti-racism, or service gaps
Make rapid response grants available[1,3]	Make rapid response grants available (i.e., grants that are responsive to emergent needs) for grantees to provide support for unanticipated crises among birthing persons (e.g., formula shortage, climate change, etc.)	Community-based organizations, National non-profits, Private funders, State and local health agencies, Health systems, Hospitals, Legislators	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports
Promote cross-sector dialogue[1,3,4]	Promote high-level dialogues across sectors at the community, state, and national levels to discuss critical sector impacts on maternal health and through this grow buy-in and inform action to increase collective impact.	Community-based organizations, National non-profits, Private funders, State and local health agencies, Health systems, Hospitals, Legislators	Mental Model: Resistance to public health, anti-racism, women's rights, and disability justice efforts Mental Model: Resistance to collaboration across sectors

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Reduce barriers for communities to access funding[3]	Reduce barriers for communities to access funding, including reducing collaboration and reporting requirements. Specifically, this might look like: ▪ Developing a "common application" to reduce burden on grantees ▪ Ensure organizations receive consistent updates and information regarding open grant opportunities ▪ Streamline and co-develop reporting requirements with grantees ▪ Assess collaboration requirements for current and potential grantees to support authentic (rather than mandated) collaboration ▪ Compensate community-based organizations directly to work with Title V	Private funders, State and local health agencies	System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress
Reimagine and invest in housing programs[1]	Invest in innovative programs and partnerships that facilitate Black women and birthing people's access to housing and financial resources, including through housing cooperatives, community land trusts, managed care organizations, Section 1115 waivers, guaranteed income programs, and other methods. Include multigenerational families, families with multiple dependents, and other non-traditional family structures in these innovations.	Community-based organizations, Private funders, State and local health agencies, Payers, Legislators	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports
Simplify funding criteria to diversify grantees[3]	Ensure diverse and hyper-local community-based organizations actively working on and well-positioned to advance birth equity have access to and are competitive for funding opportunities. Specifically, this might look like: ▪ Assess grant review criteria to ensure diverse community-based organizations can apply and receive funding ▪ Simplify funding opportunities to make them more accessible for small organizations	Private funders, State and local health agencies	System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress
Support cross-state peer learning[1,3]	Support peer learning across states over time. Specifically, this might look like: ▪ Offer targeted support to help state partners by providing best practices and evidence-based models. ▪ Process, synthesize, and disseminate best practices and emerging evidence. ▪ Bring states together to learn from each other what's working to advance birth equity in their contexts. ▪ Sharing implementation and engagement strategies across Perinatal Quality Collaboratives	National non-profits, Private funders	System Structure: Extent to which federal and state governments prioritize maternal and infant health equity

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Sources

Actions were synthesized from a two-part Systems Mapping to Advance Birth Equity workshop with 48 diverse actors representing federal, state, local, community, and family birth equity partners as well as the following recommended recent sources that have called for specific actions to advance birth equity.

1. Black Mamas Matter Alliance (2023). Black Mamas Matter: In Policy and Practice: A policy agenda for the Black maternal health, rights, and justice movement.
2. Institute for Medicaid Innovation (2023). Innovation in Perinatal and Child Health in Medicaid.
3. National Birth Equity Systems Mapping Workshop (2023). AMCHP Virtual Workshop, May and June 2023.
4. National Partnership for Women and Families (2023). Raising the Bar for Maternal Health Equity and Excellence.
5. New Jersey Health Care Quality Institute and The Burke Foundation (2022). Delivering Better Care: Midwifery Practice in New Jersey.

Participating Organizations (in the workshop or feedback sessions)

- Alliance for Early Success
- Birthing Cultural Rigor, LLC
- BirthMatters
- Black Mamas ATX
- CityMatCH
- Family Solutions: A Program of the SC Office of Rural Health
- Funders for Birth Justice and Equity
- Georgetown University Center for Children and Families
- Giving Austin Labor Support
- Greater Newark Health Care Coalition
- Hand to Hold
- Healthy Mothers, Healthy Babies Coalition of Georgia
- HRSA's Maternal and Child Health Bureau
- Institute for Women and Ethnic Studies
- Intermountain Health RMOMS Program
- Mama Sana Vibrant Woman
- Mamatoto Village
- March of Dimes
- Maternal Health Equity Collaborative
- Maternal Mental Health Leadership Alliance
- Merck for Mothers
- Minnesota Indian Women's Resource Center
- National Healthy Start Association
- National Institute for Children's Health Quality
- National Partnership for Women & Families
- Our Journ3i
- Philadelphia Department of Public Health
- Preeclampsia Foundation
- Rhode Island Department of Health
- Sedgwick County Health Department
- St. Joseph County Department of Health
- Starting Out Right
- The BEE Collective
- The Reilly Group
- Trenton Health Team
- The U.S. Department of Agriculture
- U.S. Department of Labor
- Utah Pacific Islander Health Coalition
- University of Washington's Parent-Child Assistance Program