

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
<p>Activate birth equity champions to influence policy^{3,4,5}</p>	<p>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:</p> <ul style="list-style-type: none"> • 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 	<p>Community-based organization, National non-profits, Private funders, State and local health agencies</p>	<p>Mental Model: Belief among decision makers that it is not critical to invest in workforce, anti-racism, or service gaps</p> <p>Mental Model: Persistent implicit bias among providers and lack of empathy towards pregnant people of color and others with systematically marginalized identities</p>
<p>Address biases system-wide and advance cultural humility^{1,3}</p>	<p>Enhance commitment, create accountability for, and support the practice of cultural humility and awareness/ improvement of workforce biases. Specifically, this might look like:</p> <ul style="list-style-type: none"> • 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 	<p>National non-profits, Private funders, State and local health agencies, Health systems, Hospitals, Academic institution, Birth equity advocates</p>	<p>Mental Model: Belief among decision makers that it is not critical to invest in workforce, anti-racism, or service gaps</p>



