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

SYSTEM ACTOR:

National Non-Profits

This document describes actions from the Birth Equity Action Map that national non-profits can take to advance birth equity, as well as potential partners and the barriers to change each action addresses. We define national non-profits as non-governmental organizations that operate at the country-wide level and are dedicated to promoting and improving health outcomes without the primary objective of making a profit. Relying on philanthropy, grants, and other non-commercial revenue streams, these entities often focus on advocacy, education, research, and technical assistance. **Click here to explore these national non-profit 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	Federal agencies, Community-based organizations, 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	State and local health agencies, Federal agencies, Private funders, 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

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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.	Federal agencies, 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.	State and local health agencies, Federal agencies, Private funders, 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, Federal agencies, 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
Disseminate health education and birth rights information[3]	Develop and disseminate culturally relevant health education resources, including on birth choices and rights, acknowledging current system flaws, and suggested strategies for resiliency while pursuing community-driven systems change. Specifically, this might look like: ▪ Disseminating birth rights information to families and communities ▪ Assuring providers are knowledgeable on and held accountable to state-level and facility-level policies regarding patient rights	State and local health agencies, Community-based organizations, Health systems, Hospitals, Birth equity advocates	System Structure: Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice Mental Model: The devaluing of women and childbirth and intense focus on the newborn

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Elevate community voices for policy change[1,3,4]	Elevate and value diverse community voices in both governmental and organizational policy change efforts. Apply Black feminist praxes and Indigenous knowledge to policy and program development, implementation, and analysis at every level of government. Specifically, this might look like: ▪ Assess current relationships, initiatives, and reputation regarding community engagement ▪ Seeking out, disseminating, and supporting insights shared from community members' lived experience including to inform on disaster and public health emergency response ▪ Dedicate staff hours to building and maintaining relationships with the community ▪ Actively inviting and integrating diverse and underrepresented perspectives in collaborative and policymaking spaces ▪ Creating and supporting dedicated spaces to bring community voices and experiences to policymakers and legislative staff ▪ Developing a patient- and community-led governing and decision-making board at a health system or hospital ▪ Provide opportunities for staff to learn from community leaders ▪ Join community leaders in community settings, for example, serving on community boards or attending community-led health events ▪ Require proportionate community representation – based on race and ethnicity, ability, and sexual orientation and gender identity in the service area population – on advisory committees and other governance bodies with meaningful decision-making roles	State and local health agencies, Community-based organizations, Health systems, Hospitals	Mental Model: The focus on individual care, rather than in the family/community context
Engage and compensate people with lived experience[2,3,4]	Recognize and create a structure for compensating the invaluable insights gathered from people with lived experience. Specifically, this might look like developing a mechanism to pay people with lived experience for serving on advisory boards or revising job descriptions to recognize lived experience as relevant job experience.	State and local health agencies, Community-based organizations, Health systems, Hospitals	System Structure: Funding systems perpetuate lack of accountability for funded programs to achieve results and/or meaningfully engage the impacted community Mental Model: The focus on individual care, rather than in the family/community context 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
Generate and disseminate evidence-based approaches[3]	Generate and disseminate evidence-based approaches to advance birth equity, including community-generated best practices. Specifically, this might look like: ▪ Create accessible forums to share evidence-based, community-generated approaches ▪ Support connections between funders and community-generated best practices and innovators ▪ Provide training and support (e.g., technical assistance, micro-grants to support staff time, etc.) to community-based organizations on documentation, scale-up, and dissemination of evidence-based approaches (as desired)	State and local health agencies, Community-based organizations, Academic institutions, Professional medical associations	Mental Model: Practice and research focus on the problem and not the solution
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, Federal agencies, Community-based organizations, 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
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.	Federal agencies, Community-based organizations, 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
Provide cultural humility education to policymakers[3]	Provider policymakers and legislative staff with education on cultural humility and birth equity to grow their empathy and understanding of the need for equitable policies and inform their policy action.	Community-based organizations	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

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Reform hospital accountability benchmarks[1,3,5]	Reform hospital accountability benchmarks to incentivize care delivery that is free from bias and medical error, based in equity, accounts for different provider types, and is patient-centered. This should also include incentivizing, measuring, and reporting on the frequency and quality of human milk feeding initiation and support in hospital obstetric units and scaling up measures like the Patient Reported Experience Measure of Obstetric Racism© (also called The PREM-OB Scale™ Suite) to increase hospital capacity for transformation.	Health systems, Payers	System Structure: Hospital performance data lacks disaggregation and structural measures
Share resources to maximize impact[1,3,4]	Actors with institutional power can share non-financial institutional assets with other community partners. Specifically, this can look like in-kind donations of goods and services and pro bono support with professional services such as: ▪ Information technology infrastructure and support ▪ Data collection and management resources ▪ Financial, legal, and governance resources ▪ Emergency preparedness and response resources	Community-based organizations, Private funders, Health systems, Birth equity advocates	Mental Model: Resistance to collaboration across sectors
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	Federal agencies, Private funders	System Structure: Extent to which federal and state governments prioritize maternal and infant health equity
Translate data into action with communities[3]	Lead efforts to translate data into action with communities (e.g., using methods like Results Based Accountability, supporting learning communities, providing technical assistance to community organizations, etc.).	National non-profits	System Structure: Funding systems perpetuate lack of accountability for funded programs to achieve results and/or meaningfully engage the impacted community

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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