

BARRIER TO CHANGE:

→ **Resistance to collaboration across sectors.**

This document describes actions from the [Birth Equity Action Map](#) that can shift mental models that perpetuate resistance to collaboration across sectors, which was identified as a barrier to change using the [Iceberg Model of Systems Thinking](#). Click [here](#) to view these actions in the interactive Birth Equity Action Map.



ACTION



DESCRIPTION



RESPONSIBLE SYSTEM ACTORS

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Build local coalitions ^{1,3,4}	Build local coalitions to expand collective capacity to advance birth equity. Specifically, this might look like: <ul style="list-style-type: none"> • Sharing resources and strategies among organizations for collective impact • Investing in the development of cultural humility and empathy among coalition members • Changing the traditional hierarchies to share power with community organizations, members, and patient representatives 	State and local health agencies, Community-based organizations, Health systems, Hospitals, Birth equity advocates, Legislators
Create communication & coordination standards across sectors ³	Create communication and coordination standards (e.g., shared vocabulary and data, warm handoff protocols, etc.) and support healthy collaboration across sectors.	State and local health agencies, Community-based organizations, Health systems, Hospitals
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: <ul style="list-style-type: none"> • 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 	Federal agencies, Private funders

ACTION	DESCRIPTION	RESPONSIBLE SYSTEM ACTORS
Implement and strengthen team-based care approaches^{3,4}	Implement and strengthen team-based care approaches in order to provide cohesive, collaborative care to birthing people and their families. This should include OBGYNs, doulas, midwives, mental health professionals, pediatricians, community health workers, community nurses, home visitors, etc.	Health systems, Hospitals, Payers, Professional medical associations
Invest in building grantee capacity³	Invest in building capacity among current and potential grantees. Specifically, this might look like: <ul style="list-style-type: none"> ▪ 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 	State and local health agencies, Federal agencies, Private funders
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.	State and local health agencies, Community-based organizations, National non-profits, Federal agencies, Private funders, Health systems, Hospitals, Legislators
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: <ul style="list-style-type: none"> ▪ Information technology infrastructure and support ▪ Data collection and management resources ▪ Financial, legal, and governance resources ▪ Emergency preparedness and response resources 	Community-based organizations, National non-profits, Private funders, Health systems, Birth equity advocates

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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

