

**BARRIER TO CHANGE:**

→ **Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress and the ability for community organizations and pilot projects to make the deep and sustainable structural change needed.**

This document describes actions from the [Birth Equity Action Map](#) that can help to shift current funding structures, 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**

ACTION	DESCRIPTION	RESPONSIBLE SYSTEM ACTORS
<b>Assess and improve funding policies<sup>3</sup></b>	Assess and improve funding policies (e.g., grant length, unrestricted funding levels) to support grantee diversity and ability to strengthen systems over time Specifically, this might look like: <ul style="list-style-type: none"> <li>• Providing multi-year, flexible, general operating support (including overhead, rent, etc.)</li> <li>• Permitting a higher percentage of funding for indirect costs</li> <li>• Ensuring grantees have enough time to demonstrate success when working on long-term systems change initiatives</li> <li>• Support for sustainability planning, including exploring innovative funding models (i.e., cooperative models for community-based organizations)</li> </ul>	Federal agencies, Private funders
<b>Collaborate across federal agencies to maximize impact<sup>3</sup></b>	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.	Federal Agencies
<b>Implement trust-based philanthropic practices<sup>3</sup></b>	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: <ul style="list-style-type: none"> <li>• Communicating regularly, authentically, and transparently with grantees and partners</li> <li>• Ensuring the whole organization, including board members, are aligned with trust-based philanthropic principles</li> <li>• Hold space for listening to grantees, accepting discomfort, and recognizing that respectful conflict is necessary</li> </ul>	Federal agencies, Private funders



ACTION	DESCRIPTION	RESPONSIBLE SYSTEM ACTORS
<b>Invest in building grantee capacity<sup>3</sup></b>	Invest in building capacity among current and potential grantees. Specifically, this might look like: <ul style="list-style-type: none"> <li>▪ Providing technical assistance (e.g., webinars, workshops, grant-writing support) to aid diverse organizations in applying for funding</li> <li>▪ 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.)</li> <li>▪ Develop grantee learning networks to share emerging insights and support/incentivize cross-organizational strategies to strengthen the birth equity ecosystem</li> </ul>	State and local health agencies, Private funders, Federal Agencies
<b>Listen to and fund community-driven initiatives<sup>3</sup></b>	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: <ul style="list-style-type: none"> <li>▪ 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.).</li> <li>▪ Expanding possible grantees through networking and inviting community-led organizations that may have been historically overlooked or underrepresented to the table</li> </ul>	State and local health agencies, Private funders, Federal Agencies
<b>Reduce barriers for communities to access funding<sup>3</sup></b>	Reduce barriers for communities to access funding, including reducing collaboration and reporting requirements Specifically, this might look like: <ul style="list-style-type: none"> <li>▪ Developing a “common application” to reduce burden on grantees</li> <li>▪ Ensure organizations receive consistent updates and information regarding open grant opportunities</li> <li>▪ Streamline and co-develop reporting requirements with grantees</li> <li>▪ Assess collaboration requirements for current and potential grantees to support authentic (rather than mandated) collaboration</li> <li>▪ Compensate community-based organizations directly to work with Title V</li> </ul>	State and local health agencies, Private funders, Federal Agencies
<b>Simplify funding criteria to diversify grantees<sup>3</sup></b>	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: <ul style="list-style-type: none"> <li>▪ Assess grant review criteria to ensure diverse community-based organizations can apply and receive funding</li> <li>▪ Simplify funding opportunities to make them more accessible for small organizations</li> </ul>	State and local health agencies, Private funders, Federal Agencies

## Funding & Acknowledgements

The Birth Equity Action Map was developed by the Association of Maternal and Child Health Programs (AMCHP), UNC Gillings School of Global Public Health, and Vijaya K Hogan Consulting LLC with funding from the Pritzker Children's Initiative.

## 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

