

SYSTEM ACTOR:

→ **State and Local Health Agencies**

This document describes actions from the [Birth Equity Action Map](#) that state and local health agencies can take to advance birth equity, as well as potential partners and the barriers to change each action addresses. We define state and local health agencies as governmental agencies at the municipal, local, and state levels tasked with overseeing, managing, and implementing public health programs and policies within their respective jurisdictions. This includes local and state health departments as well as specific agencies, such as Title V maternal and child health programs, social service agencies, and more. **Click [here](#) to explore these state and local health 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, Federal agencies, Private funders</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, Federal agencies, Private funders, 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>



ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
<p>Advance policies to support families' basic needs^{1,2,3,4}</p>	<p>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:</p> <ul style="list-style-type: none"> ▪ 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 	<p>Federal agencies, Health systems, Birth equity advocates, Legislators</p>	<p>System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports</p>

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
<p>Assess organization's current conditions and activities⁴</p>	<p>Assess organization's current conditions and activities informed by data. Results of the assessment should identify gaps and be actionable. Specifically, this can include:</p> <ul style="list-style-type: none"> • Latest maternal and infant health access, outcomes, quality, and experience data, stratified by self-identified race, ethnicity, limited English proficiency, disability, sexual orientation and gender identity, and type of coverage, with historical trends if available (CMO and/or Quality Improvement (QI) team). • Inventory and assessment of clinical maternity and reproductive healthcare services (preconception, pregnancy, childbirth, and postpartum practices) through the lens of whole person care (CMO and/or QI team). • Inventory and assessment of the intercultural competence of leaders and organization (CMO and/or QI team). • Inventory and assessment of the capacity to support the mental health and social needs of diverse childbearing women and people (CMO and/or QI team). • Assessment of the current capability to effectively and respectfully serve specific groups of people who wish to become pregnant, are currently pregnant, or recently gave birth (QI team, CMO, COO). These groups include: People from communities experiencing historical and ongoing racism. Immigrants, including those without legal status. People with limited English proficiency. People with disabilities. People with varied sexual orientations and transgender and gender-nonconforming people. • Survey of current and potential birthing people about their expectations for and recommended improvements of maternity-related services, co-designed with service users (QI, patient experience, community health team). • Hospital assessment of facility readiness to support breastfeeding using CDC's mPINC 10 Steps Assessment Tool 	<p>Community-based organizations, Health systems, Hospitals</p>	<p>System Structure: Hospital performance and readmission rates do not typically disaggregate data by race or center assessment of respectful care or other structural measures</p>
<p>Build local coalitions^{1,3,4}</p>	<p>Build local coalitions to expand collective capacity to advance birth equity. Specifically, this might look like:</p> <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 	<p>Community-based organizations, Health systems, Hospitals, Birth equity advocates, Legislators</p>	<p>Mental Model: Resistance to collaboration across sectors</p>
<p>Create communication & coordination standards across sectors³</p>	<p>Create communication and coordination standards (e.g., shared vocabulary and data, warm handoff protocols, etc) and support healthy collaboration across sectors.</p>	<p>Community-based organizations, Health systems, Hospitals</p>	<p>Mental Model: Resistance to collaboration across sectors</p>

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Develop and support an organizational growth culture³	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, 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.	National non-profits, 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 information³	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: <ul style="list-style-type: none"> • 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 	Community-based organizations, National non-profits, 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}	<p>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:</p> <ul style="list-style-type: none"> • 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 	Community-based organizations, National non-profits, 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}	<p>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.</p>	Community-based organizations, National non-profits, Health systems, Hospitals	<p>System Structure: Funding systems perpetuate lack of accountability for funded programs to achieve results and/or meaningfully engage the impacted community</p> <p>Mental Model: The focus on individual care, rather than in the family/community context</p> <p>Mental Model: Belief among decision makers that it is not critical to invest in workforce, anti-racism, or service gaps</p>

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
<p>Expand maternal mental and behavioral health care^{1,3}</p>	<p>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:</p> <ul style="list-style-type: none"> • 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 	<p>Community-based organizations, Federal agencies, Private funders, Health systems, Payers, Legislators</p>	<p>System Structure: Health insurance and payment systems create and maintain inequitable access to health care and holistic perinatal care</p> <p>Mental Model: The devaluing of women and childbirth and intense focus on the newborn</p> <p>Mental Model: Lack of appreciation for interconnected nature of maternal health, behavioral health, and health insurance policies</p>

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Fund efforts to grow and strengthen the workforce^{1,3,5}	<p>Dedicate funding to building a diverse birthing workforce. Specifically, this might look like:</p> <ul style="list-style-type: none"> • 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.)&nbsp; • Funding to strengthen the existing workforce to support providers in becoming birth equity champions 	Federal agencies, Private funders	<p>System Structure: Lack of support for diverse birthing workforce</p> <p>System Structure: Lack of widely used and funded community doula and midwifery model of care</p>
Generate and disseminate evidence-based approaches³	<p>Generate and disseminate evidence-based approaches to advance birth equity, including community-generated best practices. Specifically, this might look like:</p> <ul style="list-style-type: none"> • 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) 	National non-profits, 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}	<p>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:</p> <ul style="list-style-type: none"> • 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. 	Community-based organizations, National non-profits, Federal agencies, 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
Implement collaborative knowledge sharing tools to support families^{3,4}	Implement and disseminate approaches (e.g., collaborative knowledge sharing tools, websites, platforms like Unite Us) to efficiently provide up-to-date information about resources and wrap-around services that can support families.	Community-based organizations, Hospitals, Health systems	<p>Mental Model: The focus on individual care, rather than in the family/community context</p> <p>System Structure: Extent to which federal and state governments prioritize maternal and infant health equity</p>

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
<p>Improve care for people in the justice- and immigration-system¹</p>	<p>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:</p> <ul style="list-style-type: none"> • 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 	<p>Federal agencies, Health systems, Professional medical associations, Legislators</p>	<p>System Structure: Criminalization of abortion care and non-hospital based birthing options</p> <p>Mental Model: Persistent implicit bias among providers and lack of empathy towards pregnant people with systematically marginalized identities</p> <p>Mental Model: Resistance to embracing a transformative mindset</p>
<p>Invest in building grantee capacity³</p>	<p>Invest in building capacity among current and potential grantees. Specifically, this might look like:</p> <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 	<p>Federal agencies, Private funders</p>	<p>System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress</p> <p>System Structure: Funding systems perpetuate lack of accountability for funded programs to achieve results and/or meaningfully engage the impacted community</p> <p>Mental Model: Resistance to collaboration across sectors</p>

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Listen to and fund community-driven initiatives³	<p>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:</p> <ul style="list-style-type: none"> 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 	Federal agencies, Private funders	<p>System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress</p> <p>System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports</p> <p>Mental Model: Belief among decision makers that it is not critical to invest in workforce, anti-racism, or service gaps</p>
Make rapid response grants available^{1,3}	<p>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.)</p>	Federal agencies, Private funders	<p>System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports</p>
Promote cross-sector dialogue^{1,3,4}	<p>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.</p>	Community-based organizations, National non-profits, Federal agencies, Private funders, Health systems, Hospitals, Legislators	<p>Mental Model: Resistance to public health, anti-racism, women's rights, and disability justice efforts</p> <p>Mental Model: Resistance to collaboration across sectors</p>
Promote disaggregated data collection and sharing^{3,4}	<p>Enhance and financially support comprehensive, disaggregated data collection and transparent sharing from health systems in order to accurately understand and track inequities and allocate funding.</p>	Health systems, Hospitals, Payers	<p>System Structure: Hospital performance data lacks disaggregation and structural measures</p>
Reduce barriers for communities to access funding³	<p>Reduce barriers for communities to access funding, including reducing collaboration and reporting requirements. Specifically, this might look like:</p> <ul style="list-style-type: none"> 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 	Federal agencies, Private funders	<p>System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress</p>

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Reimagine and invest in housing programs¹	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, Federal agencies, Private funders, Payers, Legislators	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports
Simplify funding criteria to diversify grantees³	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"> ▪ 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 	Federal agencies, Private funders	System Structure: Siloed, restricted, short-term funding cycles and philanthropic redlining limit progress
Support community engagement and staff retention^{1,3,4}	Cultivate and implement strategies to support the wellness and restoration of staff and create accessible, inclusive environments that welcome family and community engagement in program and policy design.	Community-based organizations, Health systems, Hospitals	Mental Model: Resistance to public health, anti-racism, women's rights, and disability justice efforts Mental Model: The focus on individual care, rather than in the family/community context
Support patients in understanding and using insurance³	Those providing and accepting insurance need to strive to make information about insurance and coverage policies as transparent, accessible, and up-to-date as possible, and support community-level initiatives working to help patients obtain all supports they are eligible for (e.g., insurance, social services, etc.)	Health systems, Hospitals, Payers	System Structure: Health insurance and payment systems create and maintain inequitable access to health care and holistic perinatal care
Translate data into action with communities³	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