

SYSTEM ACTOR:

→ Academic Institutions

This document describes actions from the [Birth Equity Action Map](#) that academic institutions can take to advance birth equity, as well as potential partners and the barriers to change each action addresses. We define academic institutions as universities, colleges, and training institutes that focus on education, training, and research related to health disciplines. These institutions play a pivotal role in shaping the knowledge, skills, and competencies of health care professionals while driving innovations and advancements in the medical and public health sectors. Click [here](#) to explore these academic institution actions in the interactive Birth Equity Action Map.



ACTION

DESCRIPTION

POTENTIAL PARTNERS

BARRIER(S) TO CHANGE BEING ADDRESSED

**Address biases system-wide and advance cultural humility<sup>1,3</sup>**

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

National non-profits, Federal agencies, Private funders, Hospitals, Health systems, Birth equity advocates, 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

**Develop and support an organizational growth culture<sup>3</sup>**

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, State and local health agencies, Hospitals, Birth equity advocates, Health systems

Mental Model: Resistance to embracing a transformative mindset



ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
<b>Expand innovative care models<sup>1,4</sup></b>	<p>Health systems should develop and evaluate innovative care delivery models to expand and improve options for birthing parents and families. Specifically, this can include:</p> <ul style="list-style-type: none"> <li>• Midwifery-led prenatal care</li> <li>• Group prenatal care options</li> <li>• Telehealth and home monitoring programs.</li> <li>• Establishing Medicaid demonstration projects to test payment models for maternity care</li> <li>• Assessing the impact and opportunity for developing birth centers within the Federally Qualified Health Center model.</li> </ul>	Federal agencies, Hospitals, Health systems, Payers	<p>System Structure: Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice</p> <p>Mental Model: Practice and research focus on the problem and not the solution</p>
<b>Generate and disseminate evidence-based approaches<sup>3</sup></b>	<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"> <li>• Create accessible forums to share evidence-based, community-generated approaches</li> <li>• Support connections between funders and community-generated best practices and innovators</li> <li>• 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)</li> </ul>	State and local health agencies, National non-profits, Community-based organizations, Professional medical associations	Mental Model: Practice and research focus on the problem and not the solution
<b>Grow public awareness of factors impacting birth equity<sup>3,4</sup></b>	<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"> <li>• Partnering with local media to raise awareness and create urgency around areas of needed systems change</li> <li>• Focusing on informing and influencing youth mental models in partnership with schools, youth-led organizations, etc.</li> </ul>	Community-based organizations, National non-profits, Federal agencies, State and local health agencies, Birth equity advocates, Health systems, Professional medical associations	Mental Model: Lack of appreciation for interconnected nature of maternal health, behavioral health, and health insurance policies

## 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

