

BARRIER TO CHANGE: Practice and research focus on the problem and not the solution

This document describes actions from the <u>Birth Equity Action Map</u> that can shift mental models related to the persistent focus of practice and research on the problem rather than solutions, which was identified as a barrier to change using the <u>Iceberg Model of Systems Thinking</u>. Click <u>here</u> to view these actions in the interactive Birth Equity Action Map.

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ACTION	DESCRIPTION	RESPONSIBLE SYSTEM ACTORS
Expand innovative care models ^{1,4}	 Health systems should develop and evaluate innovative care delivery models to expand and improve options for birthing parents and families. Specifically, this can include: Midwifery-led prenatal care Group prenatal care options Telehealth and home monitoring programs. Establishing Medicaid demonstration projects to test payment models for maternity care Assessing the impact and opportunity for developing birth centers within the Federally Qualified Health Center model. 	Federal agencies, Health systems, Hospitals, Academic institutions, Payers
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, National non- profits, Community-based organizations, Academic institutions, Professional medical associations
Implement trust- based philanthropic practices ³	 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: Communicating regularly, authentically, and transparently with grantees and partners Ensuring the whole organization, including board members, are aligned with trust-based philanthropic principles Hold space for listening to grantees, accepting discomfort, and recognizing that respectful conflict is necessary 	Federal agencies, Private funders

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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

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- Merck for Mothers
- Minnesota Indian Women's Resource Center
- National Healthy Start Association
- · National Institute of 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