



BIRTH JUSTICE COLLABORATIVE

Initiative Summary of Work to Date: April 2023

“We Know Who the Coalition is.....

The Coalition is Us”



Context

The Birth Justice Collaborative (BJC), was initially convened by four Black and American Indian led organizations—Liberty Northside Healing Space, Minnesota Indian Women’s Resource Center, Native American Community Clinic, and the University of Minnesota Robert J. Jones Urban Research and Outreach-Engagement Center (UROC)—and a coordinating organization, Collective Action Lab.

The BJC contracted with Hennepin County to engage American Indian and Black¹ community members to identify strategies that advance maternal health and birth justice.² The term birth justice encompasses any policy, practice, mindset, behavior, or ceremony found in community, institutional, spiritual, family, and/or other construct that positively impacts maternal health and well-being from pre-conception through post-partum, reduces exposure to adverse experiences, and/or fosters trauma healing.

The BJC employed a unique, inclusive, and asset-based process to surface strategies that reflect the future that American Indian and Black people wish to live into through re-connection with cultural strengths and wisdom, while simultaneously addressing harms of past and current structural racism. The process included three principal phases that centered community wisdom, knowledge, and leadership:



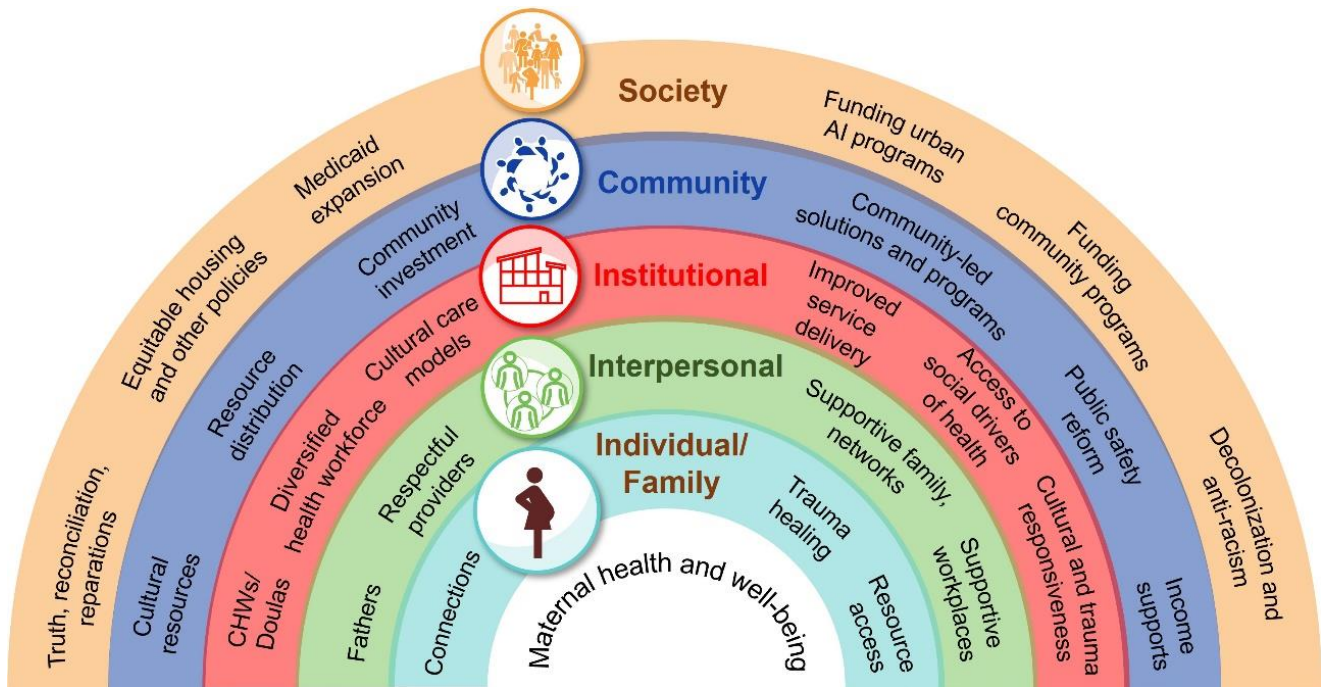
¹ Black community members include US born descendants of slavery, US born, and non-US born Black people.

² **Reproductive justice** (RJ) was originally defined in 1994 by [SisterSong](#), the largest national, multi-ethnic Reproductive Justice collective and includes the right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. **Birth justice** is a mandate that birthing rights and care options from pre-conception through post-partum recognize and address the history and life circumstances of oppressed groups.

Discovery and Learning

The discovery and learning process surfaced **Community Knowledge** and **Community Wisdom** to advance maternal health and birth justice.

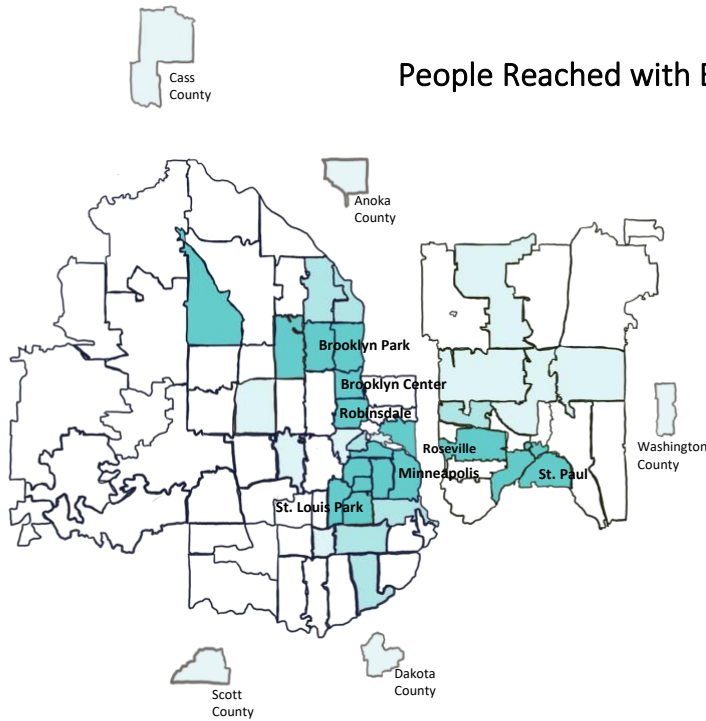
COMMUNITY KNOWLEDGE identified the root causes of current maternal health disparities for American Indian and Black people and effective responsive strategies outlined in literature. The strategies were aligned with a socio-ecological model to acknowledge that individual health and well-being is linked with past and future generations, strongly intertwined with societal policy and community environments, and highly affected during sensitive periods such as childhood. The full Community Knowledge Synthesis can be [found here](#) and is diagrammed below:



COMMUNITY WISDOM synthesized themes that 300 Black and American Indian community members identified to support maternal health/well-being and advance birth justice. Along with 1-1 and small groups, the BJC partners held three, large in-person convenings (American Indian, Black, and Intercultural) and two virtual convenings, each with two objectives:

- 1 **Convene as a means to an end.** Surface key strategy themes that community members believe will advance maternal health and birth justice for Black and American Indian people in Hennepin County.
- 2 **Convene as an end unto itself.** Offer participants culturally meaningful opportunities to connect, commune, heal, and inspire one another through shared stories and ideas, food, and ceremony.

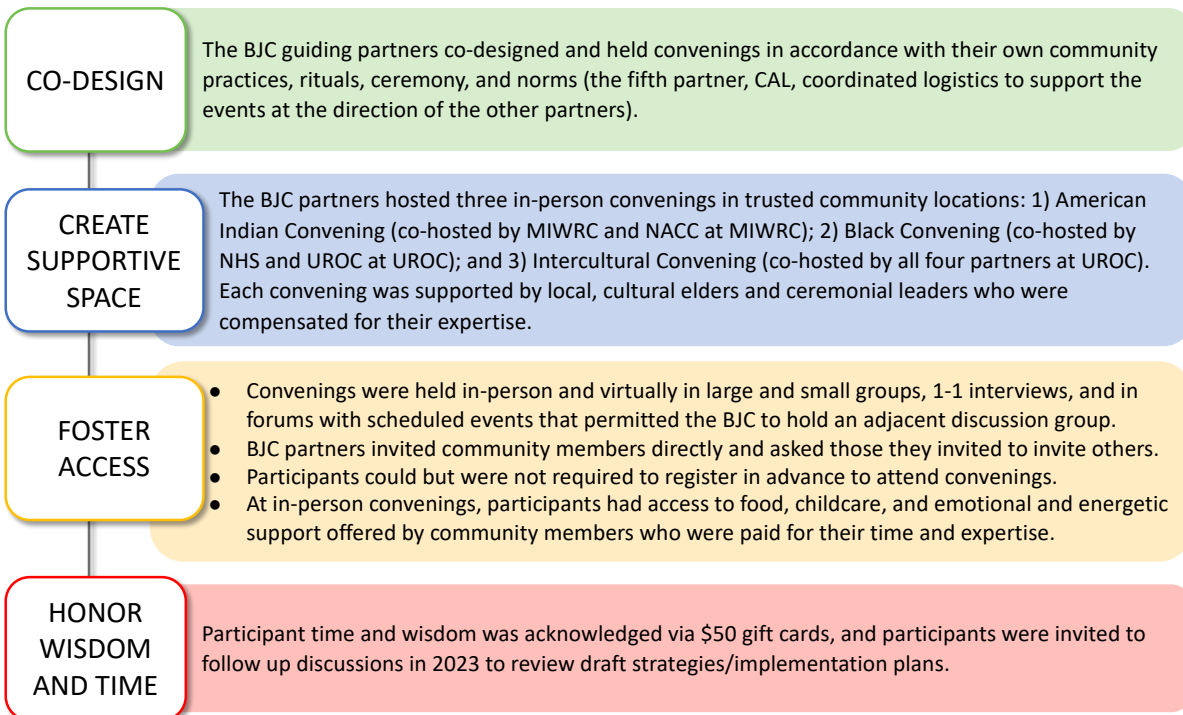
The cumulative convenings reached **300 people** in the region as mapped below.



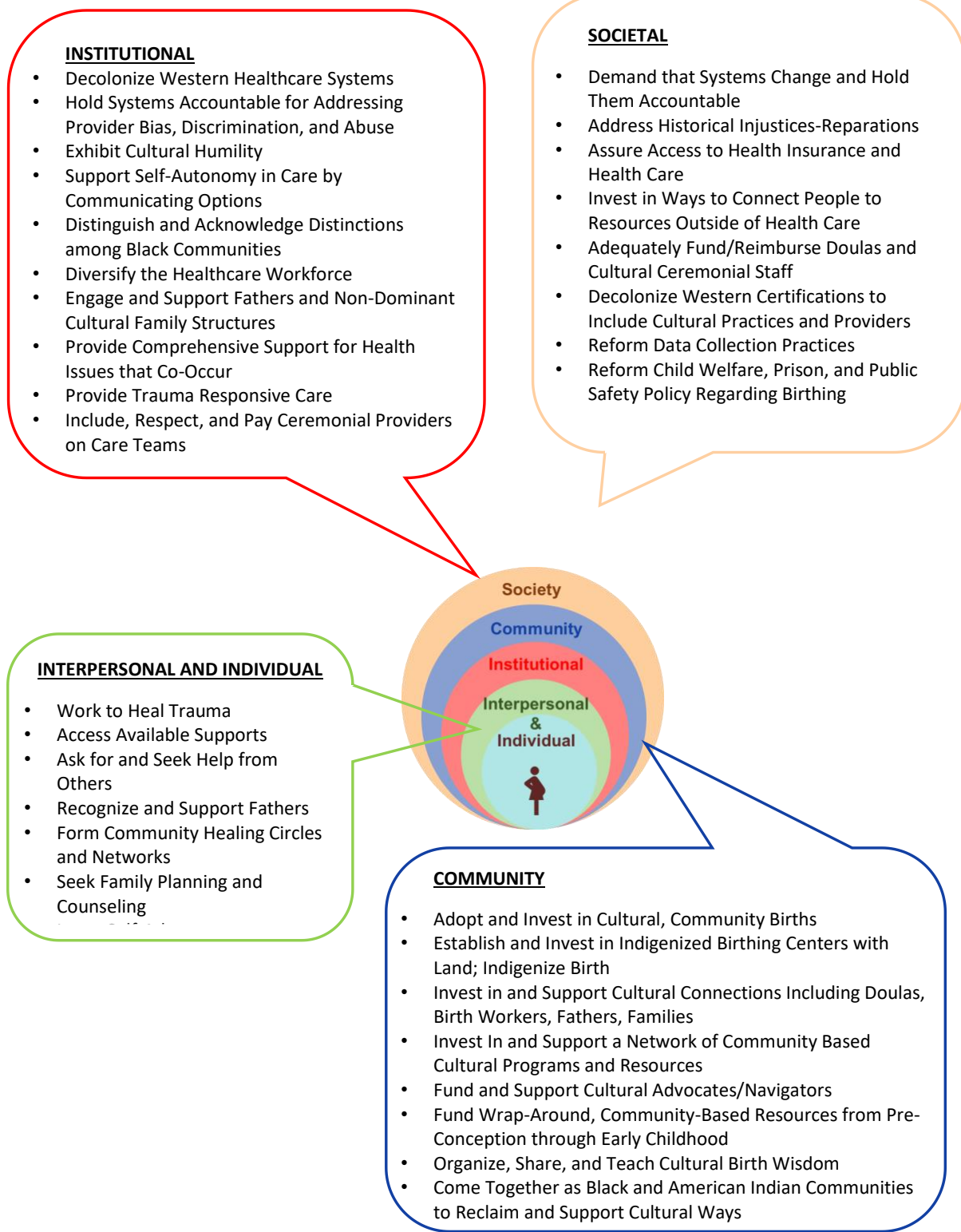
People Reached with BJC Convenings (*cumulative*)

Total	Engagement	Counties (# of people reached)
244	Most	31 counties (3 or more)
28	More	14 counties (at least two)
28	Some	28 counties (one person)

The guiding principles for community engagement included:



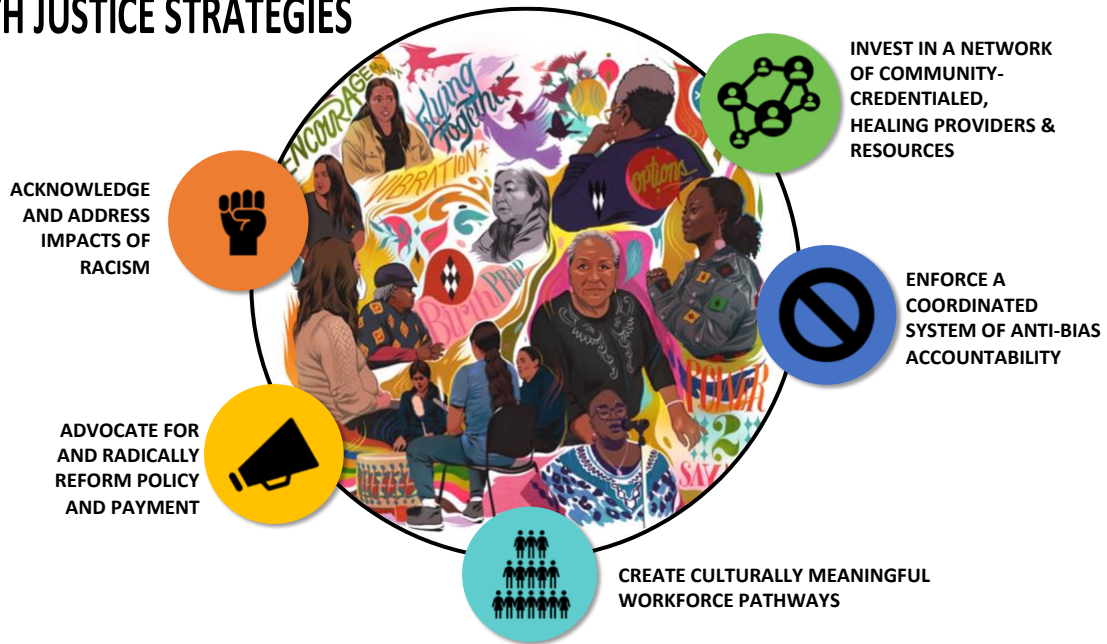
The **COMMUNITY WISDOM** that surfaced is organized below using the same Socio-Ecological framework referenced earlier. The full Community Wisdom report can be [found here](#).



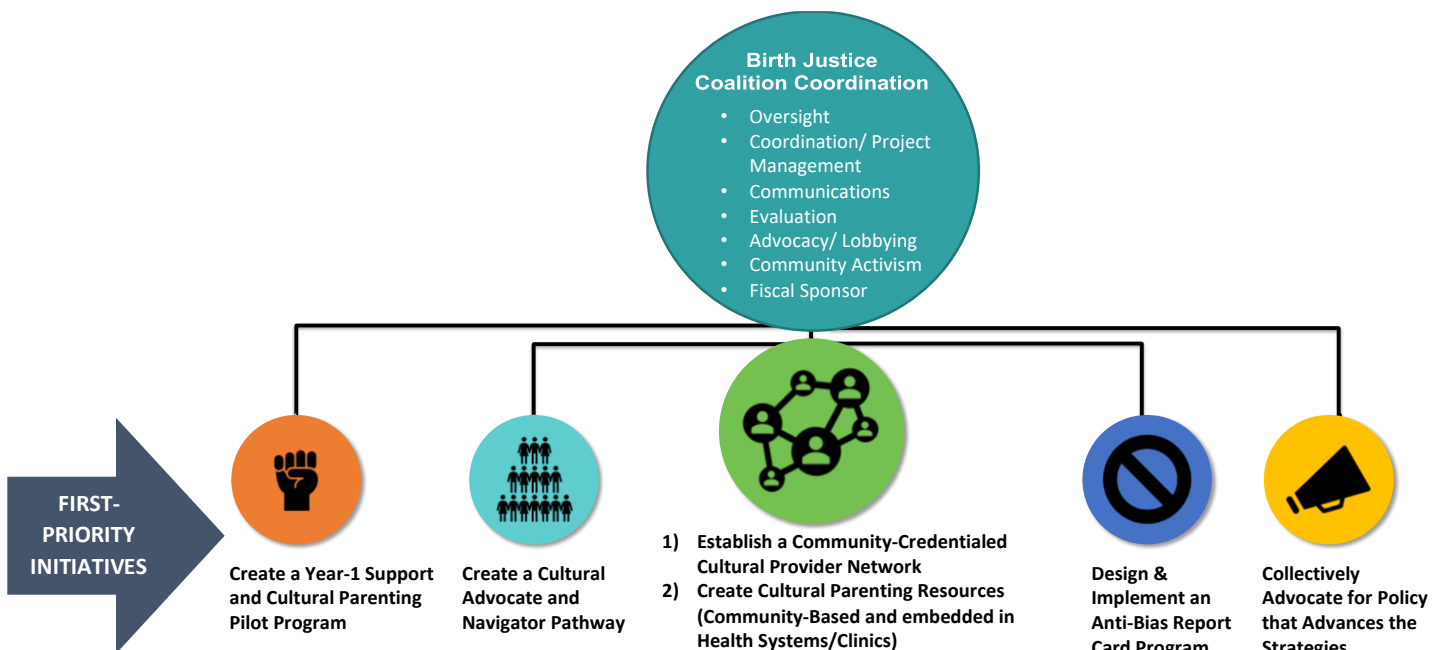
Strategy Formation

The strategy formation phase engaged 30 people who had attended the community convenings –along with 20 additional individuals representing health systems, payers, and government—to form a **LEADERSHIP COALITION**. The objective of the Leadership Coalition was to use the community knowledge and wisdom to co-design actionable strategies, some of which could be funded by Hennepin County. Over three meetings the Leadership Coalition outlined five organizing strategies shown below.

BIRTH JUSTICE STRATEGIES

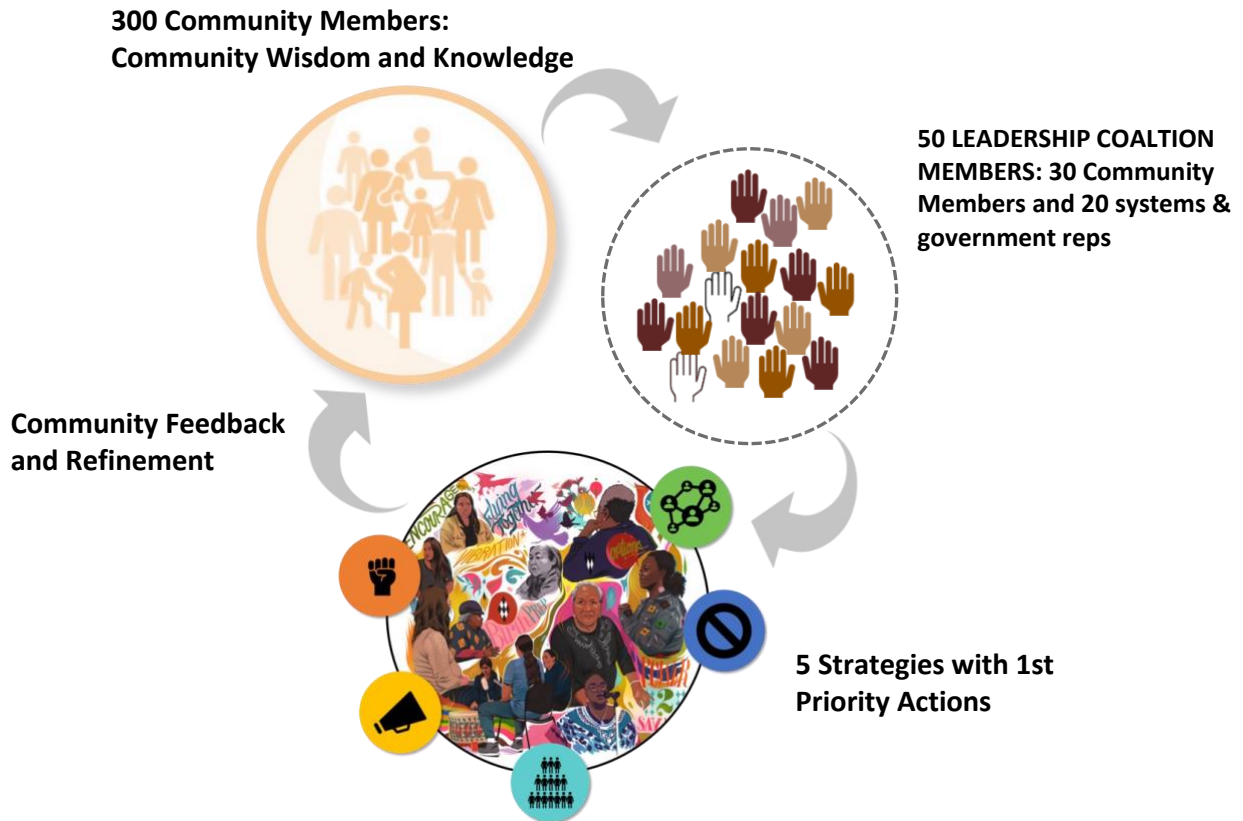


The Leadership Coalition also co-created **FIRST-PRIORITY IMPLEMENTATION INITIATIVES** for each strategy area and outlined **OVERARCHING COORDINATION** that will be needed to advance the work. These are pictured below.



Strategy Revision and Implementation

In April the BJC will virtually reconvene community members who attended the convenings (and any others who would like to attend) to provide feedback on the strategies and implementation plans. Once the plans are revised to reflect community feedback, the Leadership Coalition will establish an oversight body (likely the Leadership Coalition or a subset thereof), create a coordination body (providing project management, shared advocacy, communications, etc), and organize the strategy teams which will begin work on the first priority initiatives.









“Our confidence lies in American Indian and Black community members to identify and help realize the strategies that reflect the future we wish to live into through re-connection with cultural strengths and wisdom, while concurrently addressing structural racism and other barriers to maternal health and well-being.

- **The Birth Justice Collaborative Partners**

For more information about the Birth Justice Collaborative, please contact Corenia Smith,
corenia@collectiveactionlab.com

ATTACHMENT: IMPLEMENTATION ACTIONS FOR EACH PRIORITY INITIATIVE

PRIORITY INITIATIVE	KEY ELEMENTS
	<p>Establish a network of community-credentialed cultural providers and resources to support parents in community AND system settings with associated payment incentives + reimbursements for addressing impacts of racism</p> <ul style="list-style-type: none"> • Fund a cooperative infrastructure to establish and maintain a community-credentialed, cultural provider referral and support network that: 1) offers prenatal -1st year supportive resources in community and health systems settings; 2) supports shared learning and collaboration; 3) provides technical assistance to network members in billing, advocacy, and contracting; and 4) possibly contracts with systems and/or payers on behalf of network members • Establish a cooperative oversight council to articulate credentials/attributes of trusted cultural providers and resources in the network (including new role of certified cultural advocate/navigators –see Workforce Pathways) • Maintain the network of community-credentialed organizations for purposes of providing pre-natal-postpartum resources and support to American Indian and Black parents in community AND health systems • Require health systems to contract with or employ community-credentialed providers in dedicated cultural birthing spaces at family sustainable wage rate • Establish billing codes for community-credentialed cultural providers and resources that enable reimbursement (like we do currently for SDOHs) and a code for an incentive payment for addressing the impacts of racism
	<p>Require health systems to integrate cultural parenting clinic onsite in hospitals/clinics that offers access to cultural healers, continuing care and resources, and tools for self-advocacy</p> <ul style="list-style-type: none"> • Pilot and support cultural pre-postpartum service integration within hospitals and clinics using existing vacancies/vendor/tenant units that are dedicated to providing cultural services • Cultural services must be provided by community-credentialed providers and include referrals, birthing classes, ceremony, spiritual leaders/healers, use of tobacco, resources, treatment, peer support, cultural advocate support • Billing codes for cultural leaders/healers and resources that enable reimbursement (like we do currently for SDOHs) and a code for an incentive payment for addressing racism impacts • Supplement with web-based resources and in-home guidance and support post-discharge
	<p>Fund a pilot that designs and delivers a 4th trimester thru 1st year support and cultural parenting program</p> <ul style="list-style-type: none"> • Pilot and support promising or evidence-driven cultural home visiting model; including providing home visiting for families impacted by Substance Use Disorder • Provide financial support at an amount that would not impact other assistance (\$800-900) • Home visiting providers must be members of a community-endorsed/trusted/credentialed network, eligible to use billing codes for addressing the impacts of racism

PRIORITY INITIATIVE	KEY ELEMENTS
 <p>Fund the development, implementation, and evaluation of a community-grown, cultural-advocate program that will offer navigation, self-advocacy, and other support offered in both community and system settings for Black and American Indian parents</p>	<ul style="list-style-type: none"> • Identify and fund a collaborative group with expertise to design a cultural advocate certification/specialization, curriculum, and recruitment and training program and align them with the community-credentialed cultural provider network (see above) • Cultural advocacy certification encompasses providing culturally meaningful support, resource navigation, and self-advocacy mentoring (can be offered to parents/fathers and clinically trained people too) • Recruit and pay community members to undertake the training • Ensure sustainable family wages for this role, incentives for serving Black/Native people, and cover services via insurance • Cultural advocates can serve in both community and system settings and are part of the community-credentialed cultural provider network • Require that systems make cultural advocates available to parents while in the hospital and follow post-discharge
 <p>Design and implement a consistent, multi-faceted anti-bias program inside systems; and maintain accountability through a publicly-reported anti-bias report card</p>	<p>Identify and fund a collaborative work group composed of community and system organizations to design a multi-faceted anti-bias training and accountability system that includes:</p> <ul style="list-style-type: none"> • Cultural training designed and delivered by community-credentialed cultural provider referral and support network • Build on current tools such as Indigenous Health Tools; provide at 3, 6, 9, 12-month intervals for all staff, including leadership; • Client/patient, peer, and supervisor evaluation and feedback system (360%) • Articulate, establish a “Rights in Care” program, and educate community members on their Rights in Care • Provide cultural respect and awareness training using/building on existing tools; require training for licensure and maintaining licensure • Formally evaluate anti-bias outcomes—with financial consequences at institutional level; and warnings and write-ups at individual level • Publicly communicate provider and system-level metrics via Report Card designed by community members • Build on Pregnancy in Dignity Act to achieve these requirements and Report Card elements
 <p>Fund infrastructure to support and coordinate a shared advocacy agenda that advances priority and other birth justice initiatives</p>	<ul style="list-style-type: none"> • Collaborative development of shared policy and payment reform agenda • Engage community activism around the agenda • Garner support of policy makers, systems, government, and community around the agenda • Invest in communications to support agenda

ATTACHMENT: Leadership Coalition Membership

(39 members are Black, Native, or Mixed Race)

1. Ahkmiri Sekhr-Ra, Cultural Wellness Center
2. Alika Galloway, Liberty Northside Healing Space
3. Angela Watts, Consultant to Hennepin County/HHS
4. Ann Downey, Children's Minnesota
5. Ann Forester Page, MHealth Fairview
6. Antony Stately, Native American Community Clinic
7. Anwulika Okafor, Community Member
8. Ariel Robinson, Community Member
9. Ashley Johnson, Hennepin County Public Health-Family Health
10. Becca Fruncillo, Roots Community Birth Center
11. Bukata Hayes, BlueCross BlueShield MN
12. Carla Lucas, Director of Nursing at Hennepin County
13. Charles Dixon, Community Member
14. Cyreta Oduniyi, Northside Healing Space
15. Christine Smith, Penumbra Theater
16. Corenia Smith, Facilitator-Collective Action Lab
17. Dawn Laroque, Community Member
18. Dianne Haulcy, The Family Partnership
19. Diane Tran, MHealth Fairview
20. Hazel Tanner, Community Member
21. Erin Dixon, MIWRC
22. Ihotu Ali, Maternal Mortality Review Committee/Oshun Center
23. Iktomi Favel, MIWRC
24. Jamie Bachaus, Allina Health
25. Jatón White, Northside Achievement Zone (NAZ)
26. Jen Almanza, Maternal Mortality Review Committee/Midwife
27. Jessica Holm, Hennepin Health System
28. Keisha Mitchell, African American Babies Coalition
29. LaKisha Clark, 21st Century Academy
30. Laura France MD, MHealth Fairview
31. Laurelle Myhra, Mino Bimaadiziwin Wellness Clinic at Red Lake Nation
32. Lauren Gilchrist, Children's Minnesota
33. Lisa Skjefte, Minnesota Indian Women's Resource Center
34. Makeda Zulu, Robert J. Jones Urban Research and Outreach Center
35. Nick Metcalf, Community Member
36. Noya Woodrich, MDH Child and Family Health Division
37. Rachel Voigt, Roots Community Birth Center
38. Rainey Rock, Community Member
39. Ramona Kitto Stately, Community Member
40. Rebecca Polston, Roots Community Birth Center
41. Reva D'Nova, Community Member
42. Richard Wright, Indian Health Board
43. Roberta Jones, Hennepin County District Attorney's Office
44. Rosemond Owens, BlueCross BlueShield MN
45. Shukri Jumale, Children's Minnesota
46. Stephanie Graves, City of Minneapolis
47. Tawny Hale, MIWRC
48. Thia Bryan, HealthPartners
49. Tracy Pfiefer, Allina Health
50. Todd Stanhope, North Memorial Health
51. Vivian Anugwom, Allina Health