

BIRTH JUSTICE COLLABORATIVE

Initiative Summary of Work to Date: April 2023

"We Know Who the Coalition is......



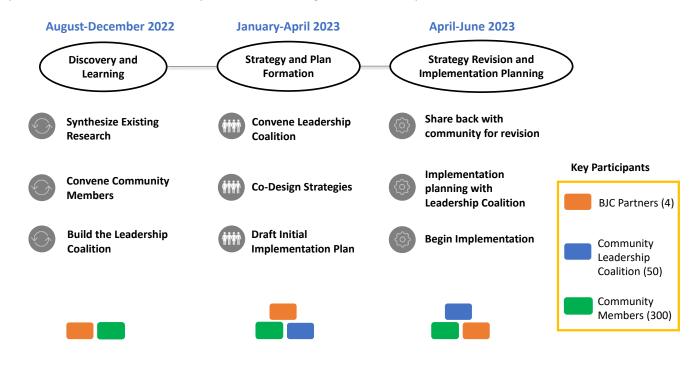
The Coalition is Us"

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:



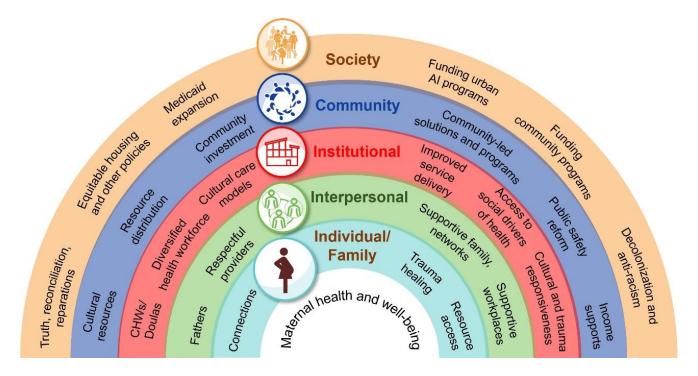
¹ Black community members include US born descendants of slavery, US born, and non-US born Black people.

² **Reproductive justice** (RJ) was originally defined in 1994 by <u>SisterSong</u>, 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 <u>found here</u> and is diagrammed below:



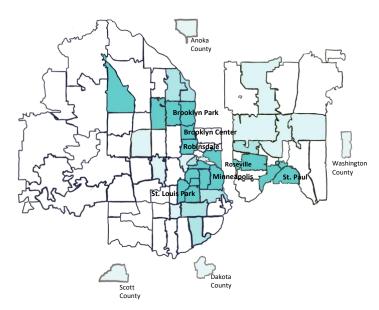
COMMUNITY WISDOM synthesized themes that 300 Black and American Indian community members identified to support maternal health/well-being and advance birth justice. Along with 1-1 and small groups, the BJC partners held three, large in-person convenings (American Indian, Black, and Intercultural) and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

- **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.
- **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:

CO-DESIGN

The BJC guiding partners co-designed and held convenings in accordance with their own community practices, rituals, ceremony, and norms (the fifth partner, CAL, coordinated logistics to support the events at the direction of the other partners).

CREATE SUPPORTIVE SPACE The BJC partners hosted three in-person convenings in trusted community locations: 1) American Indian Convening (co-hosted by MIWRC and NACC at MIWRC); 2) Black Convening (co-hosted by NHS and UROC at UROC); and 3) Intercultural Convening (co-hosted by all four partners at UROC). Each convening was supported by local, cultural elders and ceremonial leaders who were compensated for their expertise.

FOSTER ACCESS

- Convenings were held in-person and virtually in large and small groups, 1-1 interviews, and in forums with scheduled events that permitted the BJC to hold an adjacent discussion group.
- BJC partners invited community members directly and asked those they invited to invite others.
- Participants could but were not required to register in advance to attend convenings.
- At in-person convenings, participants had access to food, childcare, and emotional and energetic support offered by community members who were paid for their time and expertise.

HONOR WISDOM AND TIME

Participant time and wisdom was acknowledged via \$50 gift cards, and participants were invited to follow up discussions in 2023 to review draft strategies/implementation plans.

The **COMMUNITY WISDOM** that surfaced is organized below using the same Socio-Ecological framework referenced earlier. The full Community Wisdom report can be <u>found here</u>.

INSTITUTIONAL

- Decolonize Western Healthcare Systems
- Hold Systems Accountable for Addressing Provider Bias, Discrimination, and Abuse
- Exhibit Cultural Humility
- Support Self-Autonomy in Care by Communicating Options
- Distinguish and Acknowledge Distinctions among Black Communities
- · Diversify the Healthcare Workforce
- Engage and Support Fathers and Non-Dominant Cultural Family Structures
- Provide Comprehensive Support for Health Issues that Co-Occur
- Provide Trauma Responsive Care
- Include, Respect, and Pay Ceremonial Providers on Care Teams

SOCIETAL

- Demand that Systems Change and Hold Them Accountable
- Address Historical Injustices-Reparations
- Assure Access to Health Insurance and Health Care
- Invest in Ways to Connect People to Resources Outside of Health Care
- Adequately Fund/Reimburse Doulas and Cultural Ceremonial Staff
- Decolonize Western Certifications to Include Cultural Practices and Providers
- Reform Data Collection Practices
- Reform Child Welfare, Prison, and Public Safety Policy Regarding Birthing

INTERPERSONAL AND INDIVIDUAL

- Work to Heal Trauma
- Access Available Supports
- Ask for and Seek Help from Others
- Recognize and Support Fathers
- Form Community Healing Circles and Networks
- Seek Family Planning and Counseling



COMMUNITY

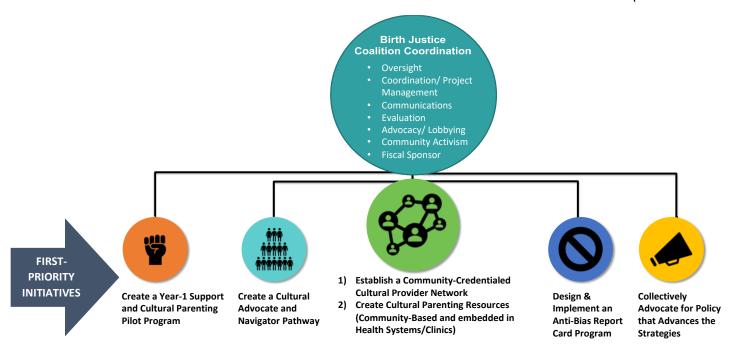
- Adopt and Invest in Cultural, Community Births
- Establish and Invest in Indigenized Birthing Centers with Land; Indigenize Birth
- Invest in and Support Cultural Connections Including Doulas, Birth Workers, Fathers, Families
- Invest In and Support a Network of Community Based Cultural Programs and Resources
- Fund and Support Cultural Advocates/Navigators
- Fund Wrap-Around, Community-Based Resources from Pre-Conception through Early Childhood
- Organize, Share, and Teach Cultural Birth Wisdom
- Come Together as Black and American Indian Communities to Reclaim and Support Cultural Ways

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.

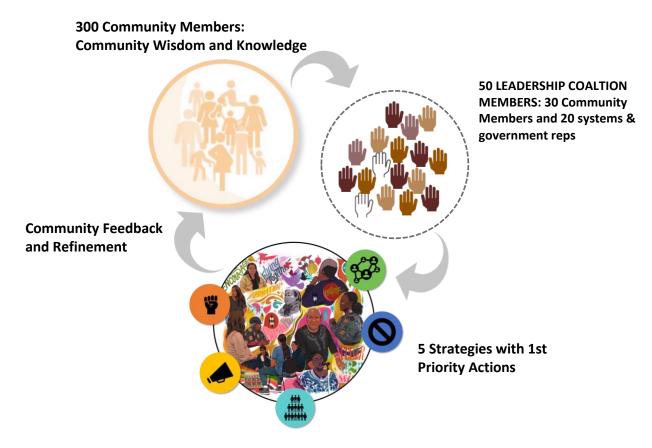


The Leadership Coalition also co-created **FIRST-PRIORITY IMPLEMENTATION INITIATIVES** for each strategy area and outlined **OVERARCHING COORDINATION** that will be needed to advance the work. These are pictured below.



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, <u>corenia@collectiveactionlab.com</u>

ATTACHMENT: IMPLEMENTATION ACTIONS FOR EACH PRIORITY INITIATIVE

PRIORITY INITIATIVE

KEY ELEMENTS



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

- 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 communitycredentialed 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



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

- 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



Fund a pilot that designs and delivers a 4th trimester thru 1st year support and cultural parenting program

- 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 communityendorsed/trusted/credentialed network, eligible to use billing codes for addressing the impacts of racism

PRIORITY INITIATIVE

KEY ELEMENTS



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

- 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



Design and implement a consistent, multi-faceted anti-bias program inside systems; and maintain accountability through a publicly-reported anti-bias report card

Identify and fund a collaborative work group composed of community and system organizations to design a multi-faceted antibias training and accountability system that includes:

- Cultural training designed and delivered by communitycredentialed 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



Fund infrastructure to support and coordinate a shared advocacy agenda that advances priority and other birth justice initiatives

- 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. Jaton 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