

→ AN INVITATION FOR

# Alignment

←

# Key VALUES

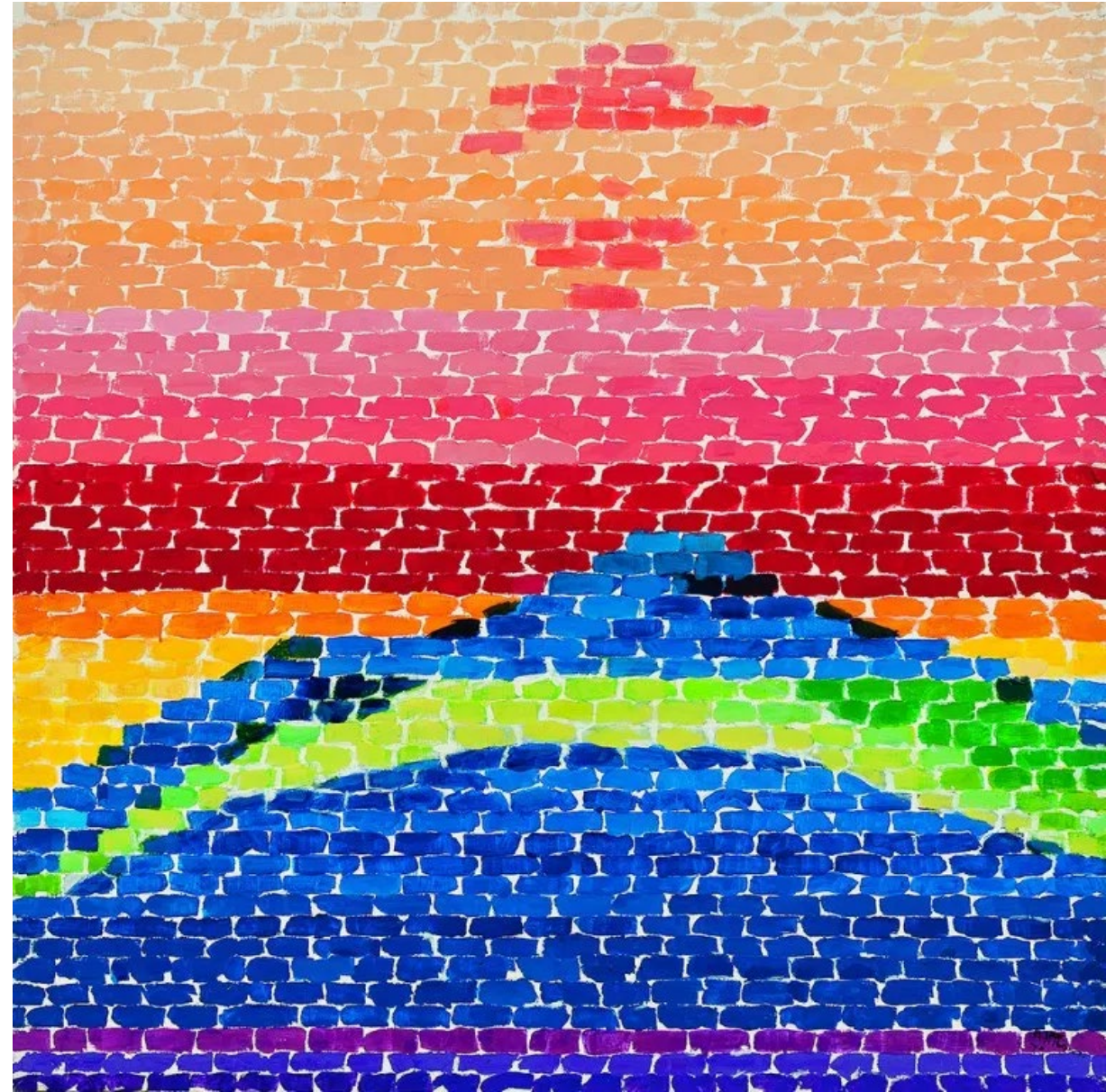
AMCHP's reproductive, perinatal, and infant health efforts are guided by the following:

- All efforts to improve health during this sensitive period must center racism as the primary oppression that exacerbates all other oppressions – and face it together
- We hope to be assets in anti-racism and to the Black and Brown scholars, providers, healers, nurturers, creatives and community-based and community-rooted organizations who hold the solutions for justice today and have held the solutions through history.
- Our role is to support our members in co-creating with communities and being led by community-rooted solutions in all areas (e.g., transformations in funding, policy, care, data, and other systems)

# Grounding EXPERIENCE

On March 12-13, 2020 AMCHP convened a national meeting of thought leaders and partners with a role in preterm birth prevention.

- All aspects of meeting planning and implementation was **co-created with birth equity thought leaders** from Mamatoto Village, HealthConnect one, the UCSF Preterm Birth Initiative, and Commonsense Childbirth
- The group aligned to a single, overarching vision: **Every parent and baby has the optimal conditions, support, and agency to arrive at full-term, ready to thrive every time.**



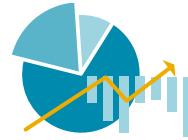
Alma Thomas, *Apollo 12 "Splashdown"*, 1970

# Identified 5 STRATEGIES

These five strategies in the power of state/territory MCH programs to uproot racism in perinatal health guide the work of the AMCHP Women's and Infant Health team, in collaboration with team leaders from across the organization and thought leaders and partners external to the organization:



1. Restructure [MCH program] funding requirements to support community-based organization and interdisciplinary perinatal providers with an anti-racist, equity-centered, reproductive justice framework



2. Ensure perinatal and social determinants data are inclusive, relevant, and accessible to all stakeholders



3. Invest in comprehensive perinatal data systems for states and community-based organizations



4. Cover the costs of necessary supports to prevent preterm birth (clinical and non-clinical – the comprehensive perinatal workforce) with public and private funds (governmental and health insurance)



5. Standardize the accountability of health systems to the patient experience

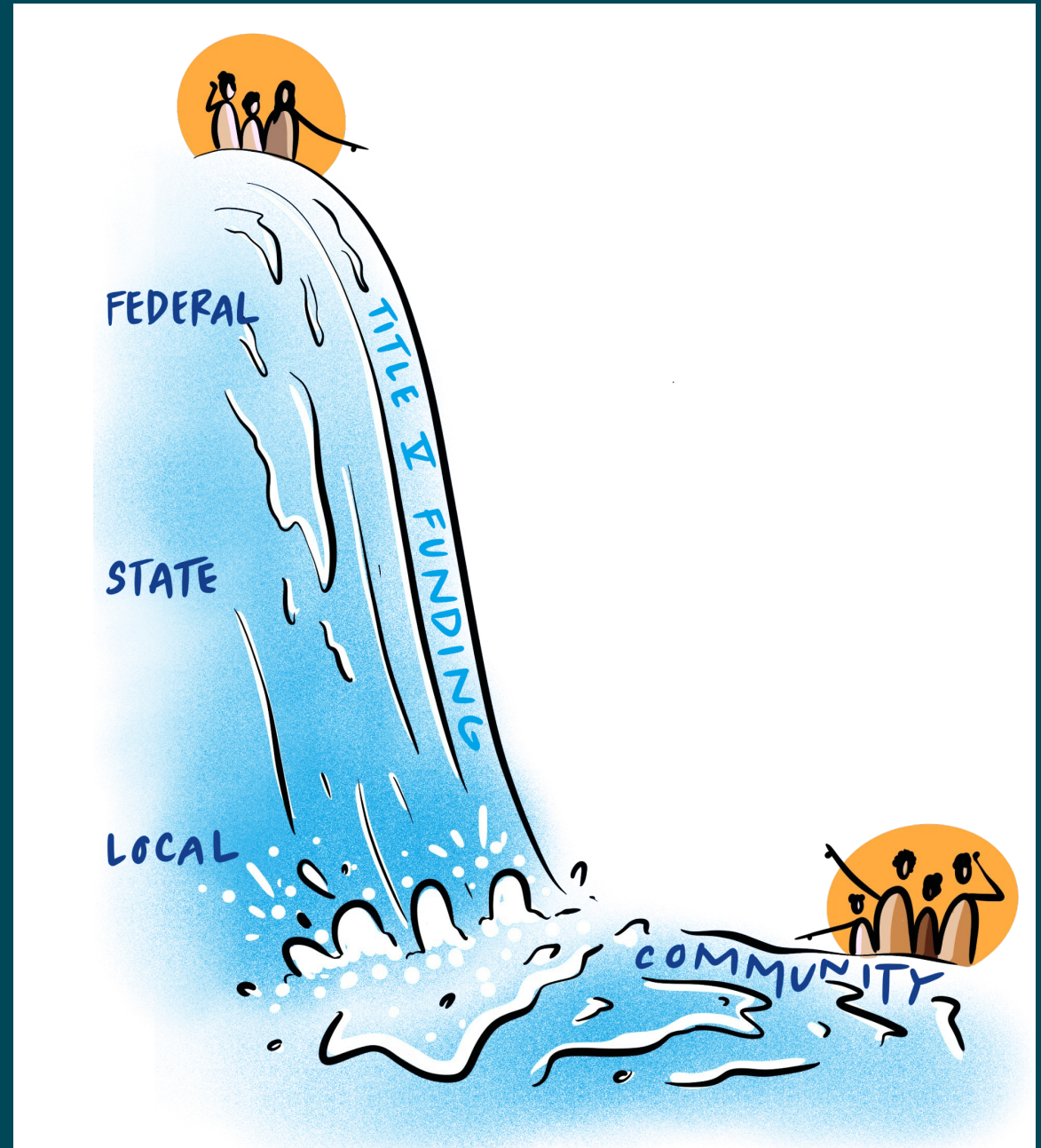
## What does this LOOK LIKE?



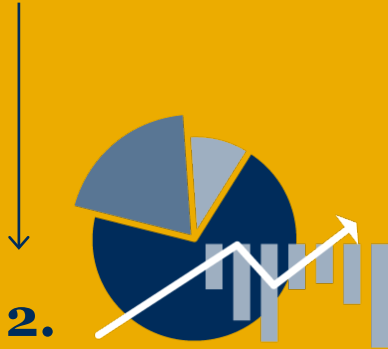
1.



Restructure [MCH program] funding requirements to support community-based organization and interdisciplinary perinatal providers with an anti-racist, equity-centered, reproductive justice framework



## What does this LOOK LIKE?



2.

Ensure perinatal and social determinants data are inclusive, relevant, and accessible to all stakeholders

*“State and territory MCH programs must **embrace a community-engaged and collaborative model** of asking questions, collecting and analyzing data, and disseminating answers to make a meaningful, sustained impact in improving the health of the women, children, families, and communities they serve. Efforts to engage communities in data efforts, including through the Title V Needs Assessment, **is a conscious choice** for MCH programs, and it is also resource intensive. However, making this investment ensures that programs are informed by analyses and also are effective and grounded in the strengths and needs of the people they are intended to serve. Moreover, the methods explored in this issue brief emphasize **partnering and sharing power at levels of decision-making; this process in turn affirms the rights of communities that have been historically disenfranchised to determine and give power to their own futures.**”*

*- Dr. Cheryl Clark and Alexis Cobbins*

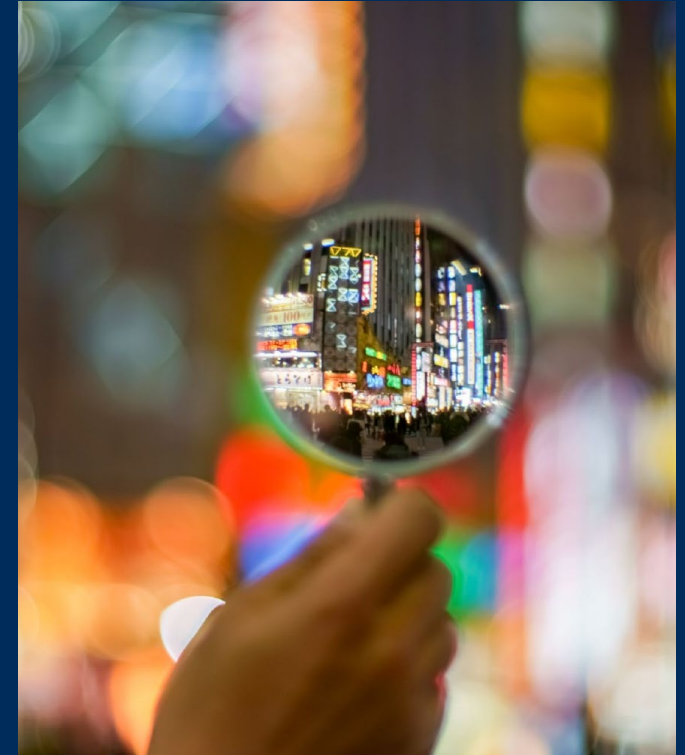
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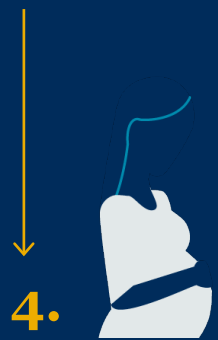
3.



Invest in comprehensive perinatal data systems for states and community-based organizations

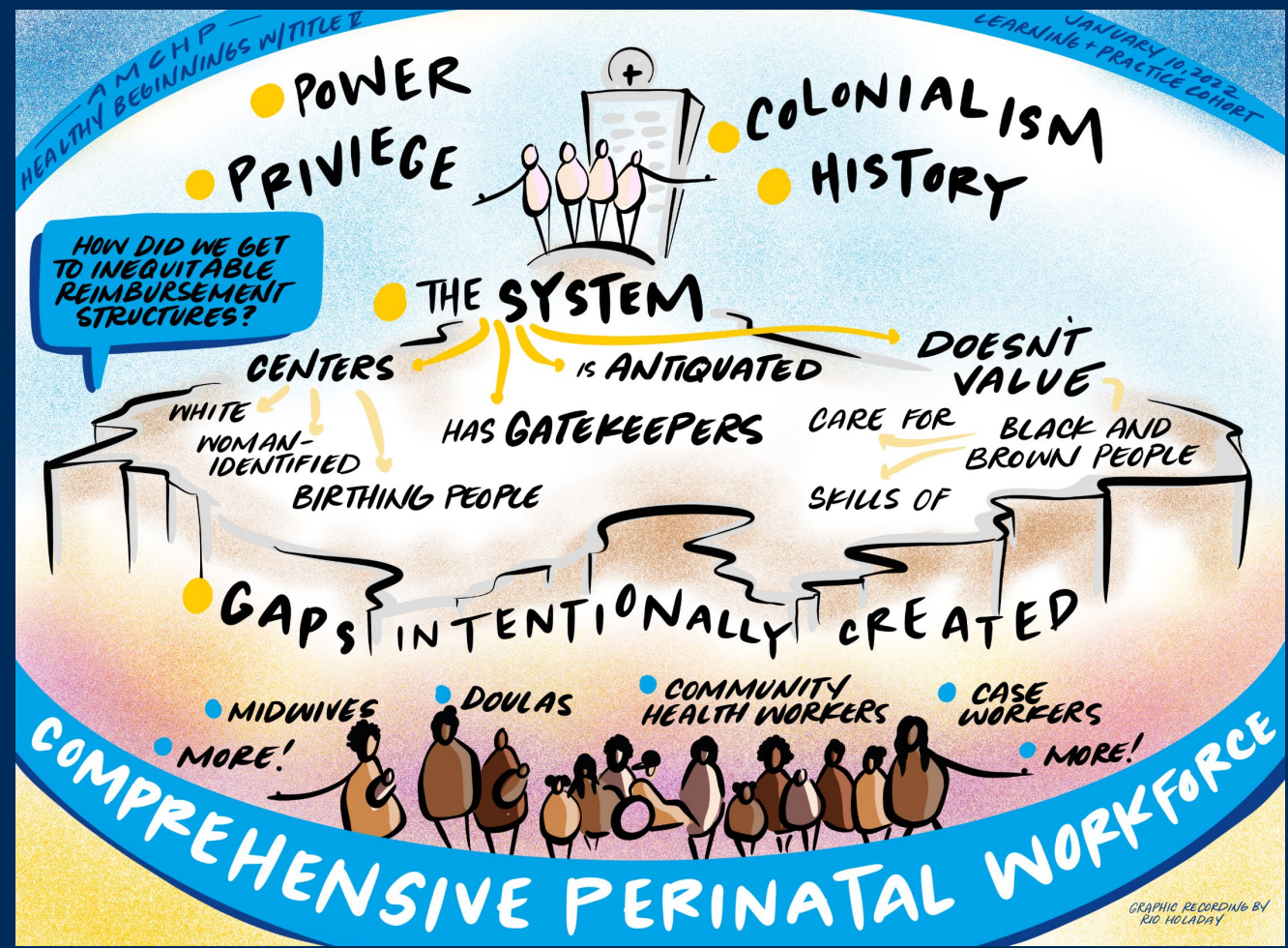


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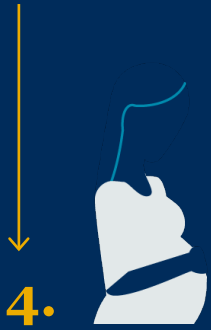
4.

Cover the costs of necessary supports to prevent preterm birth (clinical and non-clinical – the comprehensive perinatal workforce) with public and private funds (governmental and health insurance)





## What does this LOOK LIKE?



4.

Cover the costs of necessary supports to prevent preterm birth (clinical and non-clinical – the comprehensive perinatal workforce) with public and private funds (governmental and health insurance)

**Much of the care and support that community-rooted organizations provide is uncompensated. Why don't our systems compensate for this care?**

*Many community-rooted organizations are run by people knee deep in the work. Many of us have full time jobs on top of our community work. We don't have time to find the sources of money, let alone meet the requirements to apply for it. Also, money equals power. If the medical community wants to maintain a culture of care that drives patients and their dollars to their facility, they will use their financial resources to accomplish that.*

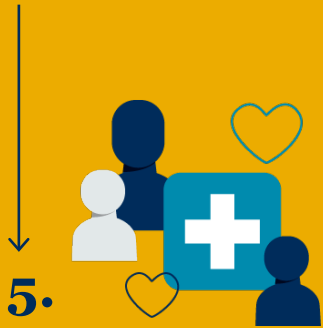
**What does uncompensated care mean for organizational sustainability?**

*Simple, it's not sustainable. Many community advocates burnout because the demands of their full-time job and family take all their energy. If the community work were compensated, the energy spent making a living would be used for the community work. This is ideal. Hard to achieve but ideal.*

**What does uncompensated care tell you about how our public health and health care systems value the health of the people you serve?**

**THEY DON'T VALUE IT.**

# What does this LOOK LIKE?



5.

Standardize the accountability of health systems to the patient experience

The cover of a report titled "YOU CAN'T BUNDLE THIS". At the top, there are logos for "ANCIENT SOULS Doula", "Public Health Solutions", and "Northwell Health". The title "YOU CAN'T BUNDLE THIS" is prominently displayed in the center. Below the title, the authors are listed: Chanel Porchia-Albert, Poulette Brewster, Kaitlin Doyle, and Kristina Wint. At the bottom, there are logos for "AMCHP" (Association of Maternal &amp; Child Health Programs) and "ALLIANCE FOR INNOVATION ON MATERNAL HEALTH". The background features a blue geometric pattern on the right side.

The cover of a report titled "Title V &amp; Medicaid: Developing Health Equity-focused Inter-agency Agreements". The top half features silhouettes of a child running, a person pushing a stroller, a person walking with a child, and a person in a wheelchair. Below the silhouettes, the title is written in a large, bold font. Underneath the title, the author is identified as "Paige Falion, Senior Program Manager, Children &amp; Youth with Special Health Care Needs, AMCHP". At the bottom left, the date "April 2022" is noted. At the bottom right, there is an "AMCHP" logo. The background is white with a light blue border at the top.



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# Parting WORDS

What AMCHP knows in advancing racial equity in perinatal health has been through listening to and partnering with Black and Brown scholars, providers, healers, nurturers, creatives and community-based and community-rooted organizations.

Collaborating with MCH practitioners to transform their practice to center equity in process takes dedicated time and a brave space to practice and stumble



*“The answers are in the community”*

MAXINE REED VANCE

*“You have no answer that Black women don’t already possess”*

SCOTT, KA, BRAY, SRM, ASIODU, IV, MCLEMORE, MR.