



Aligning on Equitable and Community- Informed Metrics: Transform Funding, Iterate Improvement, and Understand Impact

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Today's Conversation

- Grounding
- Share Lessons Learned: Moving Forward and Aligning
- Explore pathways for Aligning Community Driven Rooted metrics with an Equity focus
- Q/A

What is Your Why?

What is Your
North Star?



Moving Forward

- Reset: build solid ground for TRUST
- Redefine Collaboration and Partnership
- Acknowledge Intersectionality
- Broaden Inclusion and Belonging
- Align funding and equity
- Avoid/end program dissection

Moving Forward (cont.)

- Respect Innovation
- Promote Balance and Due diligence
- Not all \$ are good \$
- Be transformative and not transactional
- Measure What Matters...
- Language Matters...
- Listening is Vital...



Selected Racial Disparities in Maternal Morbidity and Mortality

Medical, Obstetrical

- Cerebral Vascular Accident
- Gestational diabetes
- Embolism
- Hemorrhage
- Hypertension
- Involuntary sterilization
- Pre-eclampsia
- Pre-term delivery
- Toxemia
- Uterine Infection

Mental Health

- Anxiety
- Depression
- Police violence
- Racist micro and macro-aggressions
- Social Isolation
- Substance Use
- Suicide
- Trauma

Underlying causes of 1,018 Pregnancy-Related deaths: Overall and by race-ethnicity, Maternal Mortality Review Committees in 36 US States, 2017-19

CDC, Trost et al. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html#table1>

Table 4. Underlying causes of pregnancy-related deaths*, overall and by race-ethnicity¹, data from Maternal Mortality Review Committees in 36 US states, 2017-2019.¹

Condition	Non-Hispanic													
	Total		Hispanic		AIAN		Asian		Black		NHOPI		White	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Mental health conditions ²	224	22.7	34	24.1	2	–	1	3.1	21	7.0	0	–	159	34.8
Hemorrhage ³	135	13.7	30	21.3	2	–	10	31.3	33	10.9	1	–	53	11.6
Cardiac and coronary conditions ⁴	126	12.8	15	10.6	1	–	7	21.9	48	15.9	0	–	49	10.7
Infection	91	9.2	15	10.6	1	–	0	0.0	23	7.6	0	–	49	10.7
Embolism-thrombotic	86	8.7	9	6.4	0	–	2	6.3	36	11.9	0	–	34	7.4
Cardiomyopathy	84	8.5	5	3.6	0	–	2	6.3	42	13.9	0	–	33	7.2
Hypertensive disorders of pregnancy	64	6.5	7	5.0	0	–	1	3.1	30	9.9	1	–	22	4.8
Amniotic fluid embolism	37	3.8	6	4.3	1	–	7	21.9	10	3.3	2	–	9	2.0
Injury ⁵	35	3.6	5	3.6	1	–	1	3.1	15	5.0	0	–	10	2.2
Cerebrovascular accident	25	2.5	2	1.4	0	–	0	0.0	10	3.3	0	–	13	2.8
Cancer	19	1.9	3	2.1	0	–	1	3.1	7	2.3	0	–	7	1.5
Metabolic/endocrine conditions	12	1.2	2	1.4	0	–	0	0.0	6	2.0	0	–	3	0.7
Pulmonary conditions	12	1.2	1	0.7	0	–	0	0.0	4	1.3	1	–	5	1.1



Prevention and Health/Mental Health Promotion beyond the walls of Clinics and Hospitals

- Community designed, driven, and rooted programs advance racial and economic equity and achieving equitable outcomes at scale.
- **Current evidence requirements often exclude frequently under-resourced, over-burdened programs**



Prevention and Health/Mental Health Promotion beyond the walls of Clinics and Hospitals

Members of under-resourced, over-burdened communities have **deep** knowledge of and **wide respect from their communities**. Their programs and services are

- informed by their local contexts, cultures, priorities, and self-determined aspirations.
- created and driven by community-based workforce members (community health workers, doulas, peer supports, peers and others with lived experience).
- promote maternal health by improving health care providers/institutions and maternal mental health through a wide range of mechanisms that promote social connections, mutual support, and community collective efficacy.

Theory of Change Mechanisms and Constructs

- Community connectedness, and cultural and social capital;
- Continuity of cultural identities and cultural and racial pride and joy;
- Self and community re-enfranchisement, advocacy, and mobilization;
- Information or education provision;
- Provision of concrete, material resources;
- Connections to community resources, social capital and connectivity.

Theory of Change Mechanisms and Constructs

- Problem reframing, mindset shifting;
- Story listening/storytelling;
- Emotional and relational supports - affirmation, encouragement, validation;
- Mutually supportive relationships providing both relational connection and opportunities to reciprocate;
- Spiritual connection and healing.



What Evidence? Why? By, For, About Whom?

- Resources
- Time
- Scaling Results
- Ethics and Culture
- Culture-bound Constructs
- Scientific Reductionism
- The Evaluation Tail Wagging the Program Dog
- Community Disempowerment



What Evidence? Why? By, For, About Whom?

We need new approaches to promoting and assessing intervention efficacy that overcome such limitations, and that center the strengths and wisdoms of community members and those with lived experience, to transform systems that perpetuate maternal and infant health inequities.



Enabling Condition Examples...

- Data management systems and capacity building for data collection and analysis
- Financial management infrastructure and personnel
- Salary and ongoing professional development support, including leadership and program staff development
- Operating support to enable attention to and application of findings
- Technical assistance to establish and maintain learning organization culture and practices



Enabling Condition Examples (cont'd)...



- Funding for independent legal counsel (e.g., acquiring and maintaining nonprofit status when desired and feasible, intellectual property agreements with funders, data management, confidentiality and other HIPAA requirements, negotiations and agreements with contractors, employee contracts and relations)
- Supportive integrative payment models
- Enabling funder policies and governmental regulations and legislation
- Business models such as cooperatives that support community ownership of problem definition and solving, as well as of data and other resources
- Redefined relationships with funding organizations.

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Q. & A.