

Birth Equity Funders' Summit

2022 Report



Foreword

“Birth Equity is the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.”

- Dr. Joia Crear Perry

The work to ensure healthy and safe births builds upon the efforts of generations of women and community leaders who have championed and advocated for improved birth outcomes for birthing people. In 2015, Dr. Joia Adele Crear-Perry defined the term ‘birth equity’ as the critical need and right that all people have to a healthy, safe, and joyful birthing experience, providing common language for the various stakeholders involved in this issue, allowing them to work towards a shared goal. While public and private funders have put notable resources towards addressing the issue of racial disparities in birth outcomes for decades, and overall, some birth outcomes have improved, the racial disparities remain poor. The majority of maternal deaths are preventable, yet in the United States rates of maternal mortality continue to increase. Even in states where we have seen reductions, disparities between populations have stagnated or grown worse. On average, Black women are three times more likely and Native women more than twice as likely to die from a pregnancy-related cause than white women.

In October 2022, a group of private funders came together to organize a Birth Equity Funders’ Summit (“the Summit”) as a first step towards strengthening our commitment to the issue and activating a frank discussion on how funders can better support the work being led by the field. We recognize that the field of funders today is siloed, funding levels are insufficient, leaders have inequitable access to funders, and there is general distrust between funders and grantees rooted in historical and current/ongoing harmful structures. The intent of the Summit was to provide space for funders and field leaders to elevate areas that require more resources, reflect on funder processes and practices, and identify opportunities for greater field alignment and collaboration. It was important to us that we centered the racial, gender, and power inequities that underlie maternal health disparities and draw attention to the organizational structures and practices of philanthropic organizations that uphold these disparities.

This first Summit was an opportunity to bring together a diverse set of funders that represent the state and national levels, public and private dollars,

and an expansive set of related issues ranging from maternal and child health, reproductive health and justice, and early relational health, as well as funders in adjacent areas such as physical environment (transport and housing), physical and mental health, socio-economic determinants of health, and payers and hospital system influencers. Our hope is that more funders will continue to see birth equity as deeply relevant to their work and join our collective commitment to support the work of the field, and that those already funding in this area will strengthen their commitments.

We see this as a critical moment for public and private funders to step back and reassess what is being funded, how funding is flowing, and what needs to change in order to see real progress in birth equity across the U.S. In particular, we aim to improve the way philanthropic dollars can improve outcomes and reduce disparities.

We know that in order to see change and ensure funders are working in service of those leading the work, it will take more than one conversation. We hope the Summit is just the start of an ongoing action-oriented effort to reimagine collaboration among funders and between funders and field leaders. As the Planning Committee, we know there are always areas that can be improved and we are committed to making future Summits more inclusive and equitable, for example by ensuring that the next iteration has a deep focus on multiple underrepresented populations (Latinx, Black, Indigenous, LGBTQ+, people with disabilities, and Rural) and there are more opportunities to co-design the agenda with community leaders.

This report captures themes and practical recommendations for funders in support of achieving birth equity across the U.S. We thank you for taking the time to read it and welcome your partnership and collaboration moving forward.

- *Birth Equity Funders’ Summit Planning Committee 2022*



¹ Most recent estimate is 84%.

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>



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Acknowledgments

The Birth Equity Funders' Summit Planning Committee would like to acknowledge and extend deep gratitude to the leaders of the birth equity field at large that have been deep in this work for decades. We thank them all for the time they took from their lives and work to contribute to the design and implementation of this conversation among funders. We would like to also acknowledge and express gratitude for:

- The indigenous people of Atlanta, Georgia, particularly the Muscogee Tribe, who lived, worked, and stewarded the land where the conference was held.
- The members of the birthing workforce, community leaders, researchers, and advocates and champions in birth equity, reproductive justice, racial justice, and maternal mental health who work every-day to protect, support, and advocate for all birthing people and families. Without them, we would not have made the progress thus far and without them we cannot make further progress.
- The existing definitions by thought leaders around birth equity and birth justice that grounded our conversations in the mission (e.g. Groundswell Fund, National Birth Equity Collaborative, Sistersong).
- Those who volunteered their time with interviews and agenda reviews to ensure we had a targeted and substantive conversation that would yield actionable next steps.
- The subject matter experts who attended the Summit and engaged with funders to ensure that the topics were community-led and challenged the current thinking around how funders should engage.
- The Health Resources and Services Administration (HRSA)-Maternal and Child Health Bureau (MCHB) delegation at the Summit for their constructive and active participation throughout the Mom and Baby Action Network (M-BAN) Summit and the Summit.
- March of Dimes (MoD) and the M-BAN team (especially Dr. Jordana Frost and Kasey Rivas) for their partnership and collaboration throughout the preparation process.
- Grantmakers in Health (GIH) who played an important role in engaging funders throughout their network in the conversation and supporting the communications and administration processes.
- Boldly Go for their superb facilitation support.
- And lastly, all the funder participants (in-person and virtual) for their willingness and openness to challenge current ways of thinking and find opportunities for collaboration to drive change.



² [Mom and Baby Action Network \(MBAN\) Summit](#) is March of Dimes' flagship event bringing together diverse experts and stakeholders to address inequities in maternal and infant health. It was held in October 2022 in Atlanta, GA.



Approach

The Summit's core values were inclusivity, intersectionality, active listening, radical honesty, and humility. It aimed to center racial equity in approach and content.

The Summit agenda design and facilitation was led by Afton Bloom in partnership with the Planning Committee. **The Planning Committee was made up of birth equity funders that are committed to learning (and unlearning) current practices, approaches, and ways of working in order to drive improved outcomes and experiences for all birthing people and their families, with a focus on birthing people of color.**

The main responsibilities of the Planning Committee included agenda design, operational planning, and budget governance. The agenda development process and Summit planning kicked off in May 2022 and involved weekly meetings made up of the Planning Committee and Afton Bloom. **The Planning Committee and Afton Bloom sourced and actively designed the agenda with iterative input from community leaders and practitioners over a five-month period.** As part of the agenda design process, Afton Bloom conducted over 20 interviews and multiple focus groups with funders and field leaders to confirm topics, align on key messages, and discuss potential action steps for funders coming out of the Summit.

A list of the people involved in the planning process is included in the Appendix.



Introduction

The Summit brought together over 100 funders in person and 35 virtually to reflect on the role of philanthropy in reducing racial disparities in birth outcomes and identify opportunities to better collaborate and align in service of this goal.

Maternal morbidity and mortality, preterm birth, and infant mortality rates in the United States are among the worst in the developed world, with rates particularly high among Black and Indigenous people. To date, we've seen growing rates of disparities across the U.S., and these are expected to worsen with the reversal of *Roe v. Wade*. While significant public and private dollars have been committed to maternal and child health across the U.S., there have been limited gains and growing disparities. There is an urgent need for funders to examine the funding needs of clinical care systems, the community support continuum, and social drivers of poor outcomes – and the interaction of all three to provide culturally congruent experiences and improved outcomes for birthing people. It is critical to reconsider what is being funded, how it is being funded, and who is getting support.

The Birth Equity Funders Summit was hosted in partnership with the Mom and Baby Action Network's (M-BAN) 2022 Summit. M-BAN's Summit aimed to amplify best practices from practitioners focused on developing, implementing, and evaluating maternal and infant health programs, policy, and advocacy. The Summit attracted practitioners from CBOs, birth workers, government actors, corporate partners, students, and more. The rich agenda provided fertile ground for funders to learn about the vast quantity of important work taking place across the country and was a critical foundation for the discussion at the Birth Equity Funders Summit.

The M-BAN and March of Dimes teams provided valuable thought partnership, logistics support, and guidance to the Planning Committee team throughout the planning and agenda development process.

Mission and Key Objectives

The Summit's core objectives were to:

- Understand the historical context and past harms that contributed to the current state of birth outcomes for birthing people of color and their families;
- Learn from leaders in the field about best practices and opportunities for impact;
- Reflect on existing funder processes and practices that either inhibit or enable improved outcomes;
- Explore opportunities to improve outcomes through trust-based philanthropy, transparent philanthropic practice, and better field alignment;
- Foster collaboration and awareness of the existing funder landscape by bringing together funders that represent diverse geographies, issues, and size; and
- Design a set of action steps to improve funder practice in service of birthing people and the leaders that support them.

The Summit partnered with the M-BAN Summit to ensure it was connected to a forum that highlighted a diverse set of community leaders, community-based organizations, birth workers, and other field leaders. The intent of this partnership was to build the knowledge of funders and expose them to a broad array of work currently underway in the field in the same setting that would encourage them to begin shifting their practices.

³ According to the Trust-Based Philanthropy Project, "at its core, trust-based philanthropy is about redistributing power—systemically, organizationally, and interpersonally—in service of a healthier and more equitable nonprofit sector."

⁴ <https://www.nationalpartnership.org/momsandbabies/>



Snapshot of the Day

Day 1: October 25, 2022

Opening reception: Healthcare Georgia Foundation, GIH, and the National Birth Equity Collaborative (NBEC) kicked off the Summit at an opening reception. Healthcare Georgia Foundation grounded the conversation in the innovative work taking place across Georgia to address birth equity and the value of understanding the nuances needed for a regional or local approach. GIH emphasized that this is an urgent time for funders to be in community with one another in a more consistent and intentional manner. Finally, NBEC thoughtfully reminded Summit participants of the need to understand and recognize the work that Black, Brown, and Indigenous women and gender expansive people have led for decades, and that centering this work will be critical for funders and future impact.

Day 2: October 26, 2022

Keynote remarks: The day started with a keynote conversation between Jennie Joseph, founder and executive director of Commonsense Childbirth and Kimberly Seals Allers, creator of the Irth® app. They set the tone for the day by reminding funders that the birthing workforce, birth justice leaders, and Community Based Organizations (CBOs) are doing the heavy lifting while being severely underfunded. Further, innovation has long been the responsibility of CBOs and community workers but it can no longer be on the shoulders of the community alone. Jennie Joseph noted that funders must be innovative in their approach to ensure CBOs and community leaders can be free to focus on their work serving communities and save space for their own personal restoration and recovery.

Panel discussions: Next, we had three 45-minute panels focusing on trust-based philanthropy, intersectionality, and the connection between public and private dollars. These were followed by three breakout sessions on support for the workforce, building a shared policy agenda, and community-centered metrics. The key takeaways below focus on the messages and themes from those sessions.

Lunch session: During a lunch plenary, we had the opportunity to hear from Anna King, the Director of Training at Maternal Mental Health Now. This talk gave funders insight into the factors that impact perinatal mental health and its impact on birth equity.

Working groups: After lunch, the funders moved into self-selected working groups where they shifted their focus from field discussions to topical issues on which the field could benefit from greater collaboration. The working groups focused on support for the workforce, policy alignment, and community-centered metrics and tool development.

Day 3: October 27, 2022

Funder commitments: The final day included a two-hour breakfast where funders reflected on what they had learned and identified actionable recommendations to implement individually and collectively in the year to come. See the recommendations section below for more details.

“Please stop asking me to innovate. I have done all the innovating I can. It is time for you, the funders, to innovate. Innovate the way you fund.”

- Jennie Joseph

 **159 Registered Participants**

 **October 25th - 27th**

[DOWNLOAD AGENDA](#)



Key Takeaways

The panel discussions, keynote dialogues, and working group sessions focused on where and how funders can evolve practices and engage with one another to improve birth outcomes. Below are key areas of learning that emerged from the discussions.

1. Funders need to cultivate trust with CBOs, center the communities they serve, and own their role in innovation.

As Jennie Joseph said during her keynote, trust between funders and grantees is strained and some funders have earned a clear level of distrust with their grantees. Funders need to start by revisiting and repairing relationships and building a process of trust-building with grantees and other members of the field that are leading the work. Without trust, funders overlook innovations, under-resource effective solutions, and drive burnout among those leading gains and progress to date.

If funders and grantees are to be in true partnership with one another there needs to be a mutual investment in building the trust. As Aza Nedhari of Mamatoto Village noted, “partnership is value and mission-aligned, open, and responsive. It requires trust and creating space. Collaboration does not require trust and is more transactional.” CBO leaders and birth workers have done powerful work to move this movement forward and need to be seen as the experts with mutual power in funding decisions.

Additionally, funders must reimagine what they mean by “innovation”. Funders require CBOs to innovate but forget that they themselves have to revisit practices and approaches to funding to foster different results. They must also recognize that innovation means stepping outside their comfort zone to consider evolving and community-driven solutions. Funder innovations may include: shifting their administrative practices; reducing the burden of both applications and reporting;

providing more flexible funding; extending the funding horizon to allow for more time to see results; providing funding that flows to different sizes and types of organizations so that it actually gets to those doing the innovation; and providing funding that contributes to the sustainability of the organization's employees.

“There is no thing as a single-issue struggle because we do not live single-issue lives.”

- Audre Lorde

2. Funders need to work across issue areas to address the intersectional lives of the families they aim to support.

The Summit panels highlighted that the philanthropic field has traditionally operated in silos. The intention of bringing funders together was to understand the current set of funders focused on birth equity and related issues and provide a space for them to explore and make the connections that help to align the field and fill gaps. Two approaches include:

Taking an intersectional lens to funding practices: Groundswell Fund, RWJF, and Ms. Foundation shared that their journeys to becoming more intersectional started by listening to grantees and letting them define the range of issues that they work on related to birth equity.

Building partnerships between funders working across issues: Collaborative funding mechanisms would allow funders with different yet complementary mandates to approach birth equity intersectionally and



co-fund organizations that address the multi-faceted lives of the people they aim to support. By working together and leveraging their collective voice, funders can also play a more direct role in advocating for policy change at the state and national levels. Funders can bring awareness to important legislation across issues by sending letters, drafting language relevant to legislation, and hosting gatherings. Some funders need to gain comfort designing and implementing strategies that cover multiple intersecting issues which will require new metrics, internal expertise, and approaches to designing their portfolios and grantmaking processes.

3. Funders need to see themselves as part of the ecosystem and make long-term and dedicated investments in community-led solutions.

Much of the philanthropic funding available is inconsistent, unreliable, and short-term, reducing the effectiveness of the dollars already going toward the issue because birth equity needs consistent and long-term commitment for improvements to be made. CBO leaders noted that funders have a responsibility to be thoughtful about how they invest, the time commitment of their investment, and the implications of when and how they exit the field to ensure that funding is sustained and/or outcomes are reached. They are also encouraged to create systems of accountability (and feedback loops with grantees) to address and unlearn biases that impact funding decisions.

4. Reducing disparities in birth outcomes requires national, regional, state, and local funders to cover a broad set of geographies and issues.

Funders operating at various levels – national, regional, state, and local – have distinct roles and abilities to influence change in communities and systems. National funders can identify cross-cutting issues, influence federal policy, fund consolidation of disparate datasets, and

fund national NGOs, whereas state-based funders can be more deeply involved in contextualized community work, influence local policy, and partner with the state to build local birth equity champions. Both are needed for progress but currently there are limited opportunities for funders to connect and work together within and across geographic regions, leading to gaps in funding and missed opportunities for collective action.

There is currently limited awareness of what is happening within and across states and across national funders. Inequitable power dynamics also exist between and among funders. For example, larger funders with recognizable name brands often hold more sway and influence in funder collaboratives and as thought leaders. However, local- and state-level funders are critical to the solution given their proximity to communities, ability to influence state-level policy, and understanding of the relevant proximal issues affecting outcomes. This Summit was a starting place for connection across geographies and funding levels, and the recommendations section includes concrete opportunities to build on this initial connection.



5. Private funders need to collaborate more closely with public funders to influence the focus on equity, expand the ecosystem of actors receiving funding, and elevate the voices of communities.

Public funders have the unique ability to issue large, long-term grants, influence policy and systems, and drive a national agenda. However, they also have limitations. For example, the MCHB within HRSA is the largest federal funder of maternal child health and birth equity efforts in the U.S. but is limited to funding areas aligned with congressional intent in the budget Congress passes, and cannot fund advocacy. While MCHB's annual budget is approximately \$2.4B, many programs are not funded at high enough levels to reach the whole eligible population. For example, the home visiting program has received about \$400M annually since FY 2013, and has only been able to serve about 15% of eligible families at that funding level. Philanthropic funders can be important partners to the federal government in identifying ways to improve the impact of the current dollars and elevate new and different areas to fund to see reductions in disparities.

Private philanthropy can also support the government to evolve its own practices by sharing feedback from grantees on cumbersome administrative and reporting requirements, funding platforms for community and government leaders to come together for collaborative sharing.

Andrea Palmer with the Pritzker Children's Initiative highlighted that private philanthropy can leverage its smaller flexible dollars to pilot and test new approaches, support community-informed research and data collection, disperse emergency funds to respond to acute crises, and build the capacity of CBOs to scale and sustain operations. The government can then take up and scale successful programs, shift processes to make funding inclusive of more diverse CBOs, and develop regular mechanisms for integrating community feedback into funding priorities and processes.

6. Funders need to support and fund community-led narrative shifts about the birthing workforce and the communities of color it supports.

Narrative change was a cross-cutting topic throughout the sessions. Kimberly Seals Allers, founder of the Irth® app, encouraged the room of funders to remember that the stories told about Black and Brown mothers matter and that experiences run the gamut of troubling to joyous. Josh Nesbit of Widespread Care also highlighted that the workforce needs support not development. The language used about birthing families and the workforce matters and needs attention.

Some shifts discussed include:

- The language around what is meant by developing a workforce that is already competent but in need of additional financial investment to reach more families;
- The structures, policies, and programs to support them well and appropriately;
- Moving the stories of birthing people of color from a primary focuses on trauma to a more balanced approach that focus on strength and joy as well;
- The dialogue around expanding the workforce from being an option outside of mainstream medicine to a necessary alternative for birthing families;
- The dialogue around the importance of mainstream medicine to one that is inclusive of an expansive birthing workforce.



7. Funders can make a deeper impact on expanding the birthing workforce, shifting policy, and improving measurement by working together.

As noted above, the Summit included three concurrent working groups focused on areas where greater alignment among funders is needed: (1) expanding and supporting the birthing workforce; (2) developing alignment around policy priorities; and (3) centering the community in data, measurement, and learning. These sessions were intended to be generative and elevate areas for collective action by funders. A summary of these discussions is outlined below.

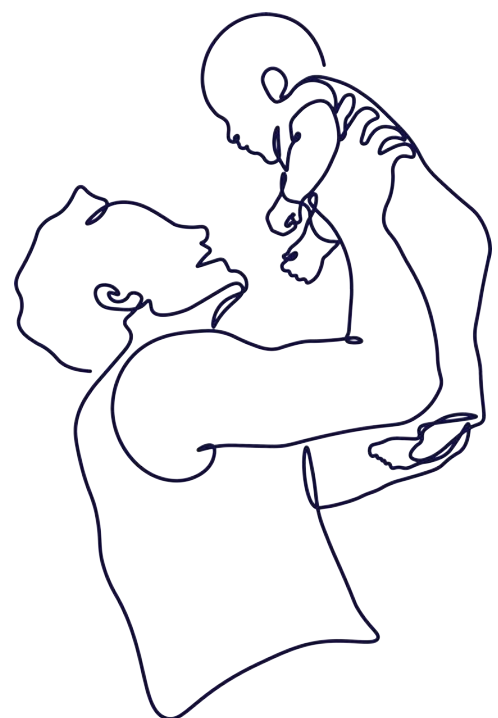
Workforce: The birthing workforce is capable yet underfunded and undervalued, and as a result there is insufficient capacity to meet the needs of birthing people, especially birthing people of color. Funders have an opportunity to improve support by considering the profession, payment, and people of the birthing workforce.

- 1. Profession:** The optimal birthing workforce is expansive (Douglas, Certified Professional Midwives, Nurse Midwives, community health workers, lactation consultants, nurses, pelvic floor therapists, mental health professionals, pediatricians, obstetricians, and postpartum counselors, to name a few) and requires alignment across funders to ensure that it is substantially supported to maximize its impact on birth equity. It is important to remember that the workforce already has the skills to support families; what is needed is more resources to support and expand it. Ways that funders discussed doing that included more access to training, training stipends, mentorship, and more.

- 2. Payment:** Policy alignment is needed to afford the birthing workforce a living wage. Private funders can use their collective voice as well as fund advocates directly to support Medicaid expansion to cover the services of an expanded workforce. Private funders can also play an important role in funding the implementation of Medicaid expansion and finding ways to reduce administrative burdens. Even with Medicaid expansion, there is still a need for liveable wage salaries for doulas, midwives, lactation consultants, and more. Philanthropic dollars can help support capacity building for members of the birthing workforce to set up small businesses that can generate alternate revenue streams.

- 3. People:** Funders have an opportunity to align and develop strategies that support the wellbeing of birthing workforce professionals and invest in their restoration and healing. Birth workers carry the emotional weight and traumas of the families that they support. More awareness and support for the mental health and wellbeing of birth workers would improve their ability to serve families while supporting their own lives.

⁵ The Bipartisan Budget Act of 2018 set appropriations for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program at \$400 million for each fiscal year 2017 through 2022. See 42 U.S.C. 711, Section 511.



Supportive Policies: Effective and supportive policies are a vital factor in how the field will achieve equitable outcomes for all families. By aligning on policy priorities and how they intersect at the state and federal levels, funders can play an important advocacy role that is key to advancing progress towards birth equity. Funders must also involve themselves in dismantling racist and gender-biased policies for progress to be made.

- 1. Funders working in a cohesive fashion with community leaders can yield powerful outcomes.** Federal- and state-level policy advancements require consistent and cohesive plans. The Black Maternal Health Momnibus Act and the Maternal CARE Act are examples of successful approaches to policy and how investment from funders can help promote the research and advocacy needed to move the agenda. Both speak to necessary and nuanced needs to better care for Black and Brown birthing families.
- 2. Dismantling racist and gender-biased policies:** President and CEO of the National WIC Association, Jamila Taylor, shared that the stress of racism and gender oppression undermines the health and wellbeing of Black and Brown women. Funders need to ground their solutions in a social justice framework that intentionally designs solutions to address power imbalances.
- 3. Additional funder alignment is needed:** There continue to be areas where funders can align on policy to advance maternal health. Some examples include postpartum Medicaid coverage, community-based perinatal health worker reimbursement, access to midwifery models of care and paid parental leave, and anti-racism training for healthcare providers.

Community-centered metrics: Greater collaboration between funders can support alignment on the metrics used to determine impact and the tools used to evaluate progress. This is an expansive topic that can support field alignment, accountability among systems for outcomes, and greater transparency across sectors and actors. Two areas where funder alignment could improve outcomes include:

- 1. Increased accountability for providers:** Carol Sakala from [National Partnership for Women & Families](#) shared important guidance on improvements needed in measurement within the maternity care system. The [National Quality Forum](#) (NQF)'s nationally-endorsed maternity measurement portfolio is small and limited, and none of the measures are specified to be disaggregated by race and ethnicity, language, and the like. Gaps in currently endorsed maternity care measures include person-reported measures of respect and mistreatment in maternity care, person-reported measures of experience of maternal-newborn care, person-reported composite measures of outcomes of maternal care, and anxiety and depression during and after pregnancy. Outside of efforts to expand NQF's measures, there are important tools being developed to provide birthing people with the ability to share feedback and build accountability for providers. These include NBEC's [Respectful Maternity Care](#) efforts, Kimberly Seals Allers' [Irth@ app](#), Black Mamas Matter Alliance (BMMA)'s [Research Reimagined report](#) and tools developed by [The Birth Place Lab](#), among others.
- 2. Expanded use of community-led metrics, data collection, and analysis:** There is a need for greater input and collaboration with the community in aligning on key metrics and the approach to data collection and analysis. Josh Sparrow and Eurnestine Brown of Brazelton Touchpoints Center (BTC) shared that members of under-resourced,



overburdened communities have deep knowledge, effective solutions, and wide respect from their communities, yet current evidence requirements often exclude these voices and programs. They made the case that new approaches are needed that center the strengths and wisdoms of community members and those with lived experience. As a next step, BTC proposes to design and lead a participatory consensus process to co-create guidance on a broader range of means and measures for fostering and evaluating the efficacy of community-driven and rooted programs intended to reduce racial inequities in maternal morbidity and mortality. BMMA has also done leading work to create a community-centered approach to measuring impact aligned with their approach to [holistic care](#).

Within the topic of centering the community in metrics, funders need to understand what tools exist and see community-developed tools as viable and credible approaches to data collection. Philanthropic dollars can increase widespread adoption of these tools for new geographies and encourage greater accountability for providers. They can also fund support for tools that the community can use to help increase accountability of providers (e.g. NBEC tool; Irth® app).

Deep Dive Working Group Discussion Summary

These key takeaways provided action-oriented learning for funders. Our mission was to share insights from experts in the field to help funders understand the importance of their role and where their energy would be best placed. As we noted earlier, this is a launching place. The hope is that we will continue to engage with funders intentionally and build from our time together for consistent and intentional change in funder practices. As a result of the time together, we have developed recommendations on practical actions funders can take to move from learning to doing following the Summit.



Practical Action Recommendations for Funders

The final day focused on specific recommendations and areas of immediate action for funders. Funders for Birth Justice and Equity (FBJE) will be holding space for funders to come together after hearing these recommendations to learn how to effectively fund the birth equity and justice movement. FBJE provides education, frameworks for change, resources, peer support, and collective funding opportunities needed to fund the field at a level that will get to systemic and transformative change.

Key recommendations are included below:

1. Build toward more equitable funder-grantee relationships:

The historical power dynamic between funders and grantees requires proactive efforts among funders to change their internal processes and external approaches to engaging with grantees and other community stakeholders. Concrete recommendations from community leaders and other grantees that funders agreed to act on within the next year include:

- a. Providing multi-year, flexible, general operating support
- b. Thinking innovatively about rapid response grants to address gaps in funding or unanticipated crises among birthing people within communities (e.g., formula shortage)
- c. Reassessing national- and regional-level infrastructure to enable small and hyper-local CBOs to gain access to grants and networks (e.g. utilizing intermediaries to process grants)
- d. Investing in a diverse set of organizations – small, mid-sized, and large, and both those with the aspiration to scale or to remain the same size – and especially BIPOC-led organizations, to create a thriving ecosystem of CBOs that meets the needs of all birthing people (e.g. capacity building support)
- e. Stepping up to incorporate under-funded organizations working in advocacy, organizing, and policy work for systemic change

- f. Further investing in capacity building, technical assistance, and the wellness and restoration of CBO leaders and organization staff to sustain the current critical work underway
- g. Setting up or joining collaborative funding mechanisms focused on birth equity to reduce barriers for CBOs to access philanthropic funding, encourage more funders to fund birth equity, and create new more equitable decision-making approaches for distributing grants. This also reduces the burden on grantees to identify and report to multiple donors.
- h. Recognizing that CBOs may face reputational risks when associating with funders that do not have consistently practice-aligned values.

2. Enact internal organizational shifts that support equitable outcomes:

Funders can work within their own organizations to shift systems, processes, and perspectives to create conditions that facilitate the work of grantees:

- a. Intersectional and community-led:
 - i. Building intersectional strategies and programs
 - ii. Establishing community advisory committees and design councils that allow for community leaders to be in power-aligning relationships with funders where they co-design their strategies and pay them for their time.



- b. Sufficient funding
 - i. Permitting up to 30% funding for indirect costs
 - ii. Designing longer grant cycles of 3-5 years or up to 10 years when possible
 - iii. Dedicating more resources to addressing the disparities in outcomes
- c. Supportive administrative practices
 - i. Diversifying the type of organizations that can be funded beyond 501c3s (e.g. LLCs, individuals)
 - ii. Simplifying applications and implementing a “common application” to reduce burden on grantees
 - iii. Streamlining reporting requirements to focus on areas that are most valuable to learning about the programs organizations are leading
- d. Socialization:
 - i. Communicating regularly, authentically, and transparently with grantees and prospective partners
 - ii. Ensuring that board members are informed of and aligned with the values of the field in order to be strong spokespersons for the field amongst their peers. Funders can bring board members along to get to the point where the whole organization is acting as a trust-based funder

3. Improve the connections between money and solutions:

More efforts are needed to increase awareness of funding opportunities and ensure organizations receive consistent updates/information regarding open grant opportunities as well as the support to pursue funding. Oftentimes organizations, especially smaller CBOs, are not aware of what funding streams are available and the burden is on them to seek it out. This is problematic and connects to a broader organizational capacity issue. Smaller CBOs do not always have funding for dedicated development staff other than the Executive Director who is carrying a host of other responsibilities. Furthermore, funders are increasingly keen to identify and enable new voices, grassroots organizations, and fresh ideas. The pipeline of known organizations is limited and there is a wave of smaller CBOs with brave missions emerging in the

field. Hence, the need for connections and a simple way to access opportunities is beneficial for all stakeholders.

4. Align the funder ecosystem to foster peer learning, build greater transparency, and remove redundancies:

The following areas were prioritized by funders during the final session at the Summit:

- a. Joining national and intersectional funder networks (FBJE, Funders for Reproductive Equity, Funders For Maternal Mental Health) to gain exposure to organizations outside of existing networks, learn about best practices from other funders, and work on the areas that require greater collaboration among funders including workforce, policy change, and metrics and measurement.
- b. Forming a regional, state, or local coalition of like-minded, mission-driven organizations/ individuals committed to birth equity to influence policy, connect to communities, and pool resources (e.g., [New Jersey Birth Equity Funders Alliance](#))
- c. Joining and contributing to a State Exchange focused on shared learning and identifying opportunities for collective action across state-level funding efforts
- d. Creating a common application form and evaluation process
- e. Engaging with federal and state funders and officials to collaborate and share learnings/priorities and influence the direction of future funding flows
- f. Creating working groups that focus on support for the workforce, policy development, and metrics alignment



5. Center the intangibles that build trust and connection:

- a. Centering racial equity: Centering racial equity will have direct impact on the solutions we aim to achieve in birth equity. Focusing on how racial equity impacts the birthing experience and centering the wellbeing, rights, needs, and experiences of Black and Brown people will address the birth outcomes for their families and ultimately improve outcomes for all families.
- b. Prioritizing rest and restoration: Healing for any community and even more so for birthing families supports their wellbeing and overall ability to champion the work of birth equity.
- c. Acknowledging the history and power dynamics between philanthropy and community leaders: Reflect internally and with community leaders on how philanthropy has historically held back progress and marginalized communities instead of lifting up and supporting community-led work.
- d. Holding space for listening: Spending time with local community organizations in your vicinity/grantee pool to witness the work first-hand and co-create an agenda for engagement. This will further enhance private philanthropy's collective understanding of how siloed programming harms outcomes for birth equity and our communities overall. This can also take the form of a 'learning hub'; however, it should not be an extractive experience for community partners.
- e. Accepting that change and trust requires discomfort: More internal reflection can be done to accept that change and the development of trust is difficult and will require an intentional commitment by funders to ensure that their teams have a long runway to continuously grapple with their discomfort for true transformation.
- f. Recognizing that respectful conflict is a necessary aspect of movement building: Conflict and discomfort go hand in hand but how it is handled is what makes the difference. Spending time in honest and open dialogue will support the understanding that teams that work through conflict can achieve their missions with more clarity.



Way Forward

The Summit served as a unique opportunity for funders in birth equity to jumpstart a dialogue focused on surfacing ways they can proactively support improved birth outcomes and reduced disparities. FBJE will serve as the backbone and organizing mechanism for the Summit and other emerging efforts focused on funder alignment going forward. Emerging from the Summit, the Planning Committee and participants have committed to the following:

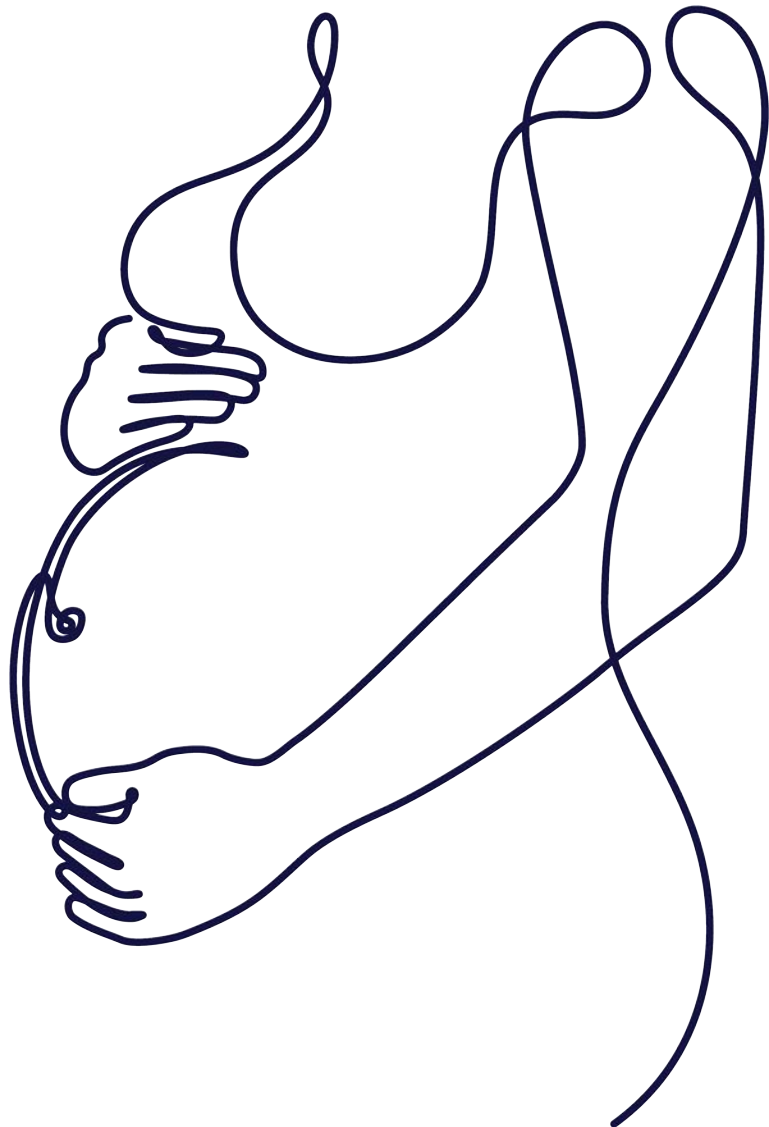
- **Birth Equity Funders' Summit:** The Planning Committee and FBJE have agreed to host a second Birth Equity Funders' Summit in Q2 2024. The intent is to provide time for planning, co-creation, and engagement with field leaders to design the agenda and advance the practices of funders in the interim.
- **Ecosystem-led clarity on top priority for funding:** It was important to talk about the how and processes in this phase. As a next step, it will be helpful to focus on where funding flows (eg. advocacy, research, support for the workforce).
- **Regular funder meetings and engagement:** Members of the Planning Committee commit to attend and actively engage in existing convenings and summits focused on birth equity (e.g. BMMA). Funders for Birth Justice and Equity will host regular learning sessions and engagement. For more information contact FBJE Strategic Advisor Betsy McNamara at bmcnamara@fullcirclenh.com.
- **Funder landscape:** There is limited understanding of the current set of funders and level of funding going toward birth equity. FBJE has contracted Afton Bloom to conduct a philanthropic funder landscape to better understand gaps and areas for greater alignment. If interested in participating in or learning more about the landscape, please contact Sumati Joshi at sumati@aftonbloom.com.
- **Field advisory committee:** FBJE will set up a field advisory committee in 2023 that will work in partnership with the Planning Committee to design the next Summit and inform other national-level efforts among funders. This committee aims to include a diverse set of experiences and perspectives to ensure that future funder gatherings are informed by and address the topics of most relevance to those leading the work. For more information visit www.fundersforbirthjusticeandequity.org
- **State-based funder alliances:** Birth Equity Catalyst Project (funded by Community Health Acceleration Partnership and Pritzker Children's Initiative) will continue to provide catalytic funding to help states explore the viability of setting up state- and regional-level funder collaboratives on birth equity. Based on the New Jersey model, they have already begun exploratory work in Washington State, Oregon, Ohio, and Nebraska, among others, and will take on new states in 2023. If interested, please contact Lindsay Broyhill at lindsay@boldlygophilanthropy.com.
- **State Exchange:** The Birth Equity Catalyst Project, in partnership with FBJE, is exploring the need for a platform that facilitates regular, practical, and timely connection points among state-level funders to share learnings across regions, as well as effective ways of supporting state policy change and funding CBOs, among other areas of common interest. If interested, please contact Alexandra Geertz at alexandra@aftonbloom.com.
- **Public-private funder collaboration:** A select set of private funders have committed to holding a series of regular touchpoints with MCHB to build synergies, complementary programming, and open dialogue for improvement. The National Governors Association, in partnership with First Lady of New Jersey Tammy Murphy, is currently focused on creating a roadmap for improving maternal health outcomes by working with a set of private funders and governors to identify practical pathways to creating change at the state level.
- **Individual organizational shifts:** Commitment to initiate shifts in philanthropic practices as per the recommendations of this report as well as internal organizational shifts such as hiring program officers with lived experiences and from the communities they serve.



This set of recommendations is not exhaustive but aims to capture actionable opportunities to improve funder engagement in the near term.

The Planning Committee is open to ideas, feedback, and suggestions for the next edition of the Summit and interim programming with the objective of pushing this work forward. Please do not hesitate to reach out to Betsy McNamara, FBJE Strategic Advisor at bmcnamara@fullcirclenh.com if there are additional areas that funders should be prioritizing in 2023.

⁶ [New Jersey Birth Equity Funders' Alliance](#) is a funders' collaborative based in the state of New Jersey committed to improving birth equity outcomes by centering those closest to the problems– the community. The Alliance was formed as direct result of the the First Lady's call for action in the statewide maternal action plan called Nurture New Jersey.

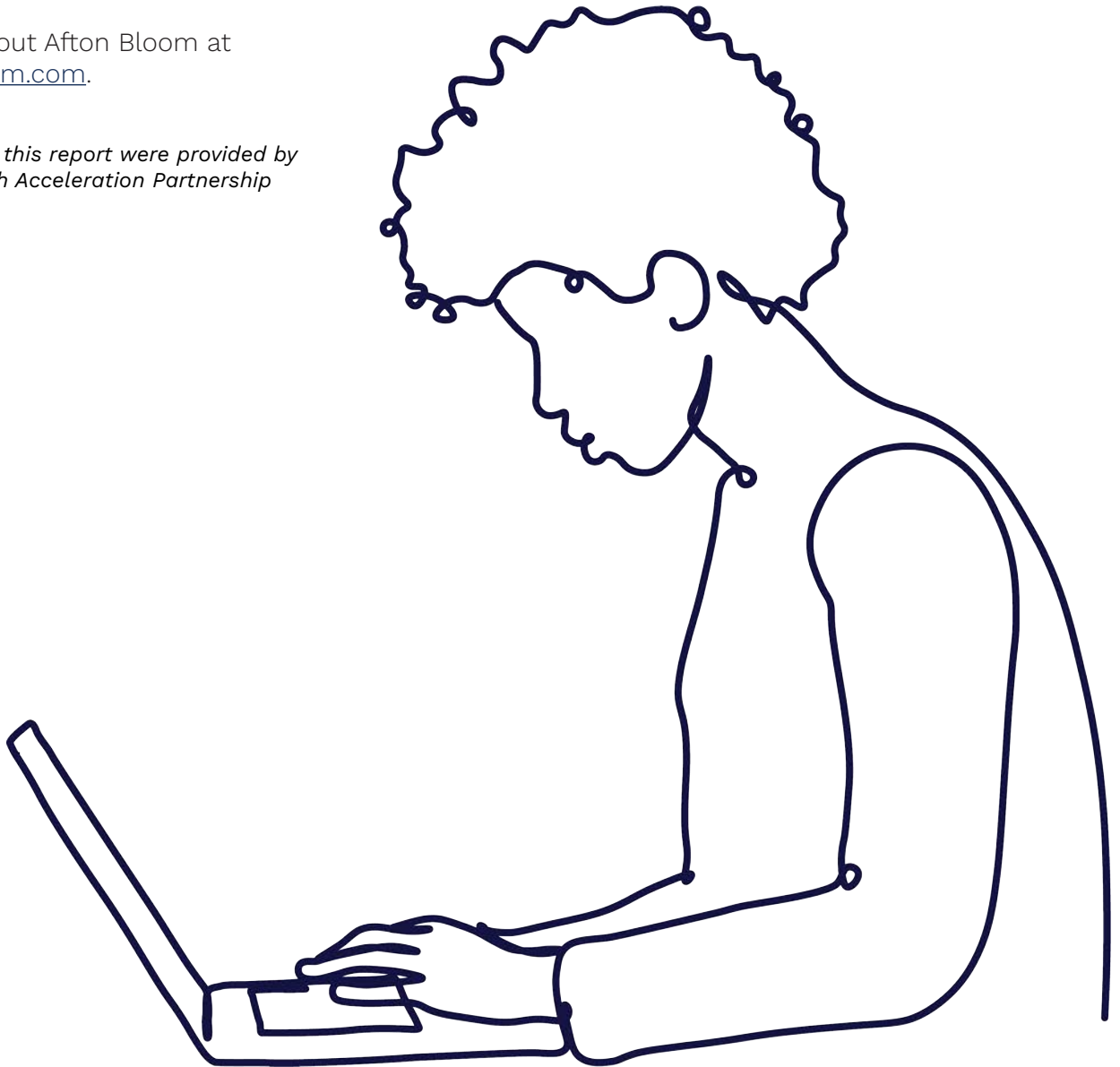


About the Authors

This report was written by Alexandra Geertz, Danielle Lovell Jones, and Sumati Joshi of Afton Bloom. Afton Bloom is a woman-owned strategic advisory group that helps purpose-driven organizations go beyond good intentions to create real, equitable change. Afton Bloom has deep experience in research and analysis, stakeholder engagement and facilitation, impact measurement, and strategy development for social sector organizations. We want to see real progress towards gender and racial equity in our lifetimes. To get there, we seek out clients who are aligned to our values and are critical to progress on the core issues that affect peoples' lives—including economic opportunity, reproductive justice, and health equity.

Learn more about Afton Bloom at www.aftonbloom.com.

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Appendix

Planning Committee 2022

bi3	Kiana Trabue
Community Health Acceleration Partnership	Raquel Mazon Jeffers and Wendy McWeeny
Funders for Birth Justice and Equity (formerly Midwifery Funders Group)	Betsy McNamara
Grantmakers In Health	Eric Stockton and Monique Jackson
Ms. Foundation for Women	Sona Smith
Mom and Baby Action Network	Dr Jordana Frost and Kasey Rivas
Pritzker Children's Initiative	Andrea Palmer
W.K. Kellogg Foundation	Monica Beltran and Theresa G Watson

Speakers and Subject Matter Experts 2022 Summit

Funders' Welcome and Evening Reception	Kristy Klein Davis, Healthcare Georgia Foundation Cara V. James, Grantmakers In Health Inas Madhi, National Birth Equity Collaborative
Welcome and Introductions	Monica Beltran, W.K. Kellogg Foundation Naa Amissah Hammond, Groundswell Fund
Keynote Discussion: Setting the Stage for Action	Jennie Joseph, Commonsense Children Inc. Kimberly Seals Allers, The IRTH App (Narrative Nation)



Building Trust for Greater Equity for Birthing Families

Aza Nedhari, Mamatoto Village Inc.
Meredith Shockley-Smith, Cradle Cincinnati
Melissa Thomasson, bi3
Kiana Trabue, bi3
Moderator: Danielle Lovell Jones, Afton Bloom

The Role of Federal Funders in Birth Equity

Michael Warren, Maternal and Child Health Bureau, U.S. Department of Health and Human Services' Health Resources and Services Administration
Moderator: Andrea Palmer, Pritzker Family Foundation's Children's Initiative

Exploring the Intersectionality of Birth Equity

Aasha Jackson, SisterSong
Naa Amissah Hammond, Groundswell Fund
Monique Shaw, Robert Wood Johnson Foundation
Sona Smith, Ms. Foundation for Women
Moderator: Danielle Lovell Jones, Afton Bloom

Lunch Remarks

Anna King, Maternal Mental Health NOW
Raquel Mazon Jeffers, Community Health Acceleration Partnership

Investing in the Power of the Birth Workforce

Angela Doyinsola Aina, Black Mamas Matter Alliance
Zainab Sulaiman, HealthConnect One
Josh Nesbit, Widespread Care
Moderator: Danielle Lovell Jones, Afton Bloom

Aligning on Equitable and Community-Informed Metrics

Eurnestine Brown, Brazelton Touchpoints Center
Carol Sakala, National Partnership for Women & Families
Joshua Sparrow, Brazelton Touchpoints Center
Moderators: Alexandra Geertz, Afton Bloom and Lindsay Broyhill, Boldly Go Philanthropy

Role of Philanthropy in Addressing Challenges in Policy and Advocacy

Nan Strauss, Every Mother Counts
Jamila Taylor, The Century Foundation
Moderators: Sumati Joshi, Afton Bloom and Kyle Peterson, Boldly Go Philanthropy

Workshop Report-Out

Alexandra Geertz, Afton Bloom

Closing Note

Alexandra Geertz, Afton Bloom

Commitment Breakfast: Pathways and Approaches

Wendy McWeeny, Community Health Acceleration Partnership
Alexandra Geertz, Afton Bloom
Betsy McNamara, Funders for Birth Justice and Equity

