

# Healthy Recommendations



## *Purpose of these recommendations:*

Children from birth through age 8, mothers, and birthing people are healthy and thrive in environments that support their health and well-being.

*Click on the recommendation below to see the strategies to implement the recommendation; why this recommendation is important to our community; and the action plans for each strategy.*

<p><b><u>Recommendation 16</u></b></p>	<p>Create and implement approaches to culturally affirming, anti-racist maternal and child healthcare.</p>
<p><b><u>Recommendation 17</u></b></p>	<p>Ensure families have access to convenient, affordable, preventive and responsive maternal and child healthcare.</p>

## Recommendation 16: Create and Implement Approaches to Culturally Affirming, Anti-Racist Maternal and Child Healthcare

### The Strategies to Implement This Recommendation

**STRATEGY 16.1:** Engage maternal and child healthcare facilities in quality improvement efforts to address racial and ethnic disparities in care and patient education.

**STRATEGY 16.2:** Improve training for providers to provide culturally competent and inclusive maternal and child healthcare and health education.

**STRATEGY 16.3:** Report data on maternal and infant outcomes by race and ethnicity in a timely manner. Support review of the causes behind every maternal and infant death.

### Why this Recommendation is Important to Our Community

#### Overview

Black women and birthing people and Black babies experience significant disparities in morbidity and mortality that are persistent and in some cases are expanding.<sup>i</sup> Racism is the clear primary cause of the weathering that Black women and birthing people experience and that puts them and their babies at risk for negative health outcomes.<sup>ii</sup> Black women and birthing people with all incomes and education levels continue to report that they receive disparate treatment in medical settings.<sup>iii</sup> Solutions that create accountability for health care systems and providers and that create healthcare settings that are affirming of Black women and birthing people and their babies are needed.

#### Community Voices

"Anti-racism training for doctors and resident students dealing with Medicaid patients." - Durham parent

"I didn't trust my pediatrician and was scared to switch providers because they had my daughter's whole history since birth and she has developmental delays." - Durham parent

#### Voices of the Durham ECAP Action Planning Team Who Worked on this Recommendation

"This action planning team is essential because the voices of the people impacted by this plan need to be centered and lifted into strategies and solutions that will best benefit them and their community. There are various cultural dynamics within the Black and Brown community, and women and birthing people across all socioeconomic backgrounds have different needs. A

cookie-cutter approach will not work even within each of these communities. Providers, health systems, and agencies to meet the needs of society are ignoring Black women. Women within Black and Brown communities are more likely to return to work earlier than other groups after having a baby to support their families financially. The weathering effect that takes on their bodies before pregnancy, prenatal, and postpartum rapidly speeds up aging or increases high-risk complications due to societal stressors. We can close the gaps that many women and birthing people within these communities fall into by doing this work intentionally.”

- Anti-Racist Healthcare Action Planning Team

## The Action Plans

<p><b>STRATEGY 16.1:</b> Engage maternal and child healthcare facilities in quality improvement efforts to address racial and ethnic disparities in care and patient education.</p>	
<p><i>Mothers, birthing people and families of young children in Durham too often encounter culturally incompetent perinatal and pediatric medical care. This strategy seeks to improve care by creating a culture of accountability and improvement based on the patients’ experiences—particularly Black patients and other populations with disparate health outcomes. Birthing people and parents of young children who have had negative experiences feel they are not being heard and want to improve outcomes for future patients.</i></p>	
<p><b>SHORT-TERM ACTION STEPS (1-2 years)</b></p>	<p><b>LONG-TERM ACTION STEPS (2+ years)</b></p>
<ul style="list-style-type: none"> <li>● Proactively survey mothers and birthing people and parents of young children about experiences with birth and well-child visits soon afterwards and gather qualitative information to share publicly as reviews.</li> <li>● Ensure mothers and birthing people who share their stories have access to counseling and support as they relive what may have been traumatizing experiences by investing in organizations like MAAME, H.E.A.R.T.S., and others.</li> </ul>	<ul style="list-style-type: none"> <li>● In partnership with community health organizations, establish a process whereby institutions need to respond to the key themes that emerge from patient feedback about their experiences.</li> <li>● Ensure providers are held accountable for negative patient experiences and the process to do so is communicated transparently to the broader community.</li> </ul>
<p><b>MEASURING PROGRESS</b></p>	
<ul style="list-style-type: none"> <li>● Major hospital systems in Durham will be utilizing feedback from community reviews to inform quality improvement efforts</li> <li>● Experiences with maternal and child healthcare will be improving</li> </ul>	
<p><b>BUILDING OFF EXISTING WORK</b></p>	

- Existing platforms that collate patient reviews (e.g. [lrth](#))
- [NYC](#) launched a 4-point plan to reduce maternal deaths and complications from childbirth among women of color. The plan included funding bias training and training hospital obstetric units on the top causes of pregnancy-related deaths for women of color: postpartum hemorrhage and blood clots.
- National coalition-building efforts, including [Black Mamas Matter Alliance](#), [National Birth Equity Collaborative](#), and [SisterSong](#)

**POTENTIAL PARTNERS**

- Durham County, birthing facilities, MAAME, H.E.A.R.T.S., Family Connects Durham, Duke patient advocates, Born in Durham Healthy for Life, [lrth](#)
- Language access: World Relief Durham, El Centro, El Futuro, Triangle Area Parenting Support (TAPS)

**STRATEGY 16.2:** Improve training for providers to provide culturally competent and inclusive maternal and child healthcare and health education.

*Parents shared negative experiences they have had with providers while accessing both maternal and child healthcare. Improved training and accountability is needed to ensure patients are provided with quality care.*

**SHORT-TERM ACTION STEPS (1-2 years)**

- Provide external racial equity training for medical providers who serve mothers, birthing people and young children in Durham.
- Conduct an analysis to see if there are enough front-line healthcare providers (pediatricians, OBs, midwives, doulas) who identify with families' lived experiences.

**LONG-TERM ACTION STEPS (2+ years)**

- Improve the experience of parents whose children are seen by residents and medical students by ensuring there is a feedback loop to improve medical training and provide culturally competent care (for example, a lead provider does a follow-up via email with the patient afterwards to ensure all their questions were answered during the appointment).
- Invest in community-rooted organizations<sup>1</sup> that support access to non-RN IBCLCs (International Board of Lactation Consultant Examiners) for mothers and birthing people.

<sup>1</sup> As defined by [Communities in Partnership](#), "Formal and informal groups that are owned, run, and operated by the people that live and work within their own communities. These organizations are not only run by the most impacted within the community context but they are directly accountable to their neighbors and members. They can operate as a non-profit, for-profit, faith community or other organized formal or informal community group. The main identifier is that the board, staff, and mission and vision were created and owned by those living within the community they are focusing their work on or have been directly impacted by the area or context in which they serve." (Source: Camryn Smith, edited by Niasha Frey, MPH)

	<ul style="list-style-type: none"> <li>● Identify community-rooted efforts that institutions like Duke can invest in to benefit the public health of its patient populations.</li> </ul>
<b>MEASURING PROGRESS</b>	
<ul style="list-style-type: none"> <li>● Experiences with maternal and child healthcare among Black and Brown patients will be improving</li> <li>● Black and Brown mothers, birthing people and children will have access to culturally-affirming providers and health supports</li> </ul>	
<b>BUILDING OFF EXISTING WORK</b>	
<ul style="list-style-type: none"> <li>● Maternal health racial equity trainings in Durham</li> <li>● Ongoing advocacy to improve access to non-RN IBCLCs (non-registered nurses as International Board of Lactation Consultant Examiners)</li> </ul>	
<b>POTENTIAL PARTNERS</b>	
<ul style="list-style-type: none"> <li>● Breastfeed Durham, MAAME, Equity Before Birth, H.E.A.R.T.S., Durham County, OB/GYN and pediatric practices across Durham, Organizing Against Racism - Racial Equity Institute's Groundwater training, The Endayo Company - Wellspring training, Born in Durham Healthy for Life (BIDHFL)</li> <li>● Language access: World Relief Durham, El Centro, El Futuro, Triangle Area Parenting Support (TAPS), Refugee Community Partnership, Church World Service</li> </ul>	

<p><b>STRATEGY 16.3:</b> Report data on maternal and infant outcomes by race and ethnicity in a timely manner. Support review of the causes behind every maternal and infant death.</p>	
<p><i>It's important for this data to be public. We can improve our own health outcomes if we can know what the cause is. The community needs transparency in order to build trust.</i></p>	
<p><b>SHORT-TERM ACTION STEPS (1-2 years)</b></p>	<p><b>LONG-TERM ACTION STEPS (2+ years)</b></p>
<ul style="list-style-type: none"> <li>● Gather data on maternal and infant health outcomes across birthing facilities in Durham County in a consistent way and report this data publicly.</li> <li>● Understand the process at birthing facilities to review causes behind every maternal and infant death and advocate that these results be communicated transparently with the community in a timely manner (identify how long this time period is).</li> </ul>	

**MEASURING PROGRESS**

- Maternal and infant mortality will be reduced
- Transparency about causes behind poor health outcomes will increase
- Accountability with health systems for maternal and infant deaths that could have been prevented will increase

**BUILDING OFF EXISTING WORK**

- [North Carolina's Maternal Mortality Review Committee](#) established by NC Gen Stat § [130A-33.60](#) (2015)
- New York City, Philadelphia, and D.C. have local maternal and infant mortality [review committees](#)
- Merck for Mothers [Maternal Mortality Review Information Application](#) offers a platform for data analysis for maternal mortality review committees

**POTENTIAL PARTNERS**

- Durham County, birthing facilities across Durham, Born in Durham Healthy for Life, North Carolina Department of Health and Human Services, North Carolina's Maternal Mortality Review Committee, [Perinatal Quality Collaborative of NC](#)

## Recommendation 17: Ensure Families Have Access to Convenient, Affordable, Preventive and Responsive Maternal and Child Healthcare

### The Strategies to Implement This Recommendation

**STRATEGY 17.1:** Expand access to relational prenatal and postpartum supports, including birth and postpartum doulas, group prenatal care, and prenatal and postpartum support groups.

**STRATEGY 17.2:** Providers/medical systems should build intentional relationships with community-based organizations, to offer community resources to better serve their patients' needs.

**STRATEGY 17.3:** Educate families about healthy pregnancies, births, and childhoods in culturally competent and equitable ways. Ensure that education is developed and provided in ways that meet the needs of the community.

### Why this Recommendation is Important to Our Community

#### Overview

Pregnancy, childbirth, the postpartum period, and the early years offer critical opportunities to wrap families and their young children in support. Regular access to healthcare is critical to both prevention and intervention efforts related to health and to the social determinants of health. There are a number of barriers, including transportation, time off, insurance, cost, and lack of trust, that get in the way of families accessing the prenatal, postpartum, and well-child care that is necessary to keeping physical and mental health and development on track.

#### Community Voices

"Health has been a struggle for us. We couldn't go to the doctor because we didn't have insurance. Without insurance, the fees were just too high." - Durham parent

"Need more support in the postpartum period up to first year checking on moms and their babies." - Durham parent

#### Voices of the Durham ECAP Action Planning Team Who Worked on this Recommendation

"We value equity and diversity in healthcare and funding. We believe the burden should be on the system to meet people's needs, rather than putting the responsibility on individuals to meet the system's needs. We value the dignity and agency of mothers, birthing people and parents. We want to uplift and emphasize the amount of work being done in Durham currently

by community organizations, often on a volunteer basis.”

- Healthcare Access Action Planning Team

## The Action Plans

<p><b>STRATEGY 17.1:</b> Expand access to relational prenatal and postpartum supports, including birth and postpartum doulas, group prenatal care, and prenatal and postpartum support groups.</p>	
<p><i>This is important because research shows that these interventions improve birth outcomes.<sup>iv</sup> The work being done currently in Durham is grossly underfunded.</i></p>	
<p><b>SHORT-TERM ACTION STEPS (1-2 years)</b></p>	<p><b>LONG-TERM ACTION STEPS (2+ years)</b></p>
<ul style="list-style-type: none"> <li>● Encourage Durham to support legislation to fund, support, and/or increase access to equitable maternal &amp; child health services, especially doula care and postpartum mental health supports.</li> <li>● Encourage big, typically funded organizations (e.g., Health Department, Duke, Durham Public Schools, Center for Child and Family Health, Durham County Social Services) to apply for funding to directly support community based organizations and/or provide grant writing support so the CBOs can get funded directly (e.g., H.E.A.R.T.S., MAAME, Equity Before Birth).</li> <li>● Better align Durham’s multiple Maternal Child Health groups (Community Advisory Board, CAT, Born in Durham Healthy for Life) to share resources but shift leadership to community leaders with lived experience and make meetings more accessible to non-professionals. Work with community leaders to determine the best way to do this (i.e., power sharing, compensation, etc.).</li> <li>● Ensure prenatal and postpartum supports are included in the resource navigation action steps in Recommendation 3.</li> </ul>	
<p><b>MEASURING PROGRESS</b></p>	
<ul style="list-style-type: none"> <li>● Relational prenatal and postpartum support work will be better funded in Durham</li> <li>● Rates of postpartum depression and mood disorders will decrease</li> <li>● Birthworkers will earn a living wage</li> <li>● Community members will not be just sitting at the table, but are active in planning and execution of actions</li> <li>● MOUs that state the purpose and intent upfront with money attached for assisting birth work will be developed</li> </ul>	

<ul style="list-style-type: none"> <li>● Scholarships will be introduced to the community for more Black and Brown birth workers to be trained and to receive continued education</li> <li>● Staff capacity at organizations/groups will be increased</li> </ul>
<b>BUILDING OFF EXISTING WORK</b>
<ul style="list-style-type: none"> <li>● HealthySteps, MAAME, Centering Pregnancy at Lincoln and the Health Department, H.E.A.R.T.S.</li> <li>● A number of NC efforts to expand doula access, including the Department of Health and Human Services' Community-Health Worker-Doula Project and a University of North Carolina School of Medicine <a href="#">doula training pilot</a></li> <li>● <a href="#">Doula Medicaid project</a></li> <li>● NC Justice Center's <a href="#">advocacy around Medicaid expansion</a></li> <li>● MomsRising</li> </ul>
<b>POTENTIAL PARTNERS</b>
<ul style="list-style-type: none"> <li>● Senators and representatives (state and federal), Durham County Department of Public Health, Duke, Durham Public Schools, Center for Child and Family Health, Department of Social Services, MAAME, Equity Before Birth</li> </ul>

<p><b>STRATEGY 17.2:</b> Providers/medical systems should build intentional relationships with community-based organizations, to offer community resources to better serve their patients' needs.</p>	
<p><i>Focus on improving the system and its ability to reach and educate women, particularly pregnant women, and parents/guardians. Providers and other systems/institutions need to shift the narrative from people who don't "comply" to how can the system best meet people where they are with what they need. This requires funding work in community and across sectors in partnership with medical care.'</i></p>	
<b>SHORT-TERM ACTION STEPS (1-2 years)</b>	<b>LONG-TERM ACTION STEPS (2+ years)</b>
<ul style="list-style-type: none"> <li>● Prenatal and postpartum care providers and birthing hospitals should conduct inclusive needs assessments and ensure patients are connected to additional support as necessary.</li> <li>● Develop agreements between health systems and community-rooted organizations for the</li> </ul>	<ul style="list-style-type: none"> <li>● Integrate peer and community based organization support into perinatal care by increasing provider knowledge of options and ability to refer. Standardize the sharing of information about peer and CBO organizations even if a need is not identified.</li> <li>● Provide training for current and future providers to build a culture of consent, anti-racism, and inclusion in medical care. For example, Triangle</li> </ul>

<p>provision and funding of prenatal, childbirth, and postpartum support work.</p>	<p>Health Educational Consultants partnering with PA schools (grand rounds, PA school, medical schools). This also needs to include LGBTQ+ people and care.</p> <ul style="list-style-type: none"> <li>● Support institutional work to encourage and nurture a more diverse healthcare workforce.</li> </ul>
<p><b>MEASURING PROGRESS</b></p>	
<ul style="list-style-type: none"> <li>● Pregnant and postpartum people will be more safe, affirmed, and treated as whole human beings</li> <li>● There will be more diversity of new providers and increased patient feedback and provider evaluations (see <a href="#">The Association of Maternal &amp; Child Health Programs</a> for ideas)</li> </ul>	
<p><b>BUILDING OFF EXISTING WORK</b></p>	
<ul style="list-style-type: none"> <li>● Born in Durham Healthy for Life is a space where relationships between health institutions, their providers, and community-rooted organizations are being built</li> <li>● Duke's HealthySteps and Prenatal Community Navigators</li> <li>● NC InCK's service integration consultants</li> </ul>	
<p><b>POTENTIAL PARTNERS</b></p>	
<ul style="list-style-type: none"> <li>● Triangle Health Education Consultants, Duke, medical schools, grand rounds, Family Connects Durham, prenatal care providers, peer leaders and community based organizations supporting people in perinatal period</li> </ul>	

<p><b>STRATEGY 17.3:</b> Educate families about healthy pregnancies, births, and childhoods in culturally competent and equitable ways. Ensure that education is developed and provided in ways that meet the needs of the community.</p>	
<p><i>Information is power. It is critical to ensure that information shared with families is culturally competent and accessible to all regardless of language or reading level.</i></p>	
<p><b>SHORT-TERM ACTION STEPS (1-2 years)</b></p>	<p><b>LONG-TERM ACTION STEPS (2+ years)</b></p>
<ul style="list-style-type: none"> <li>● Form a community group (this could be a part of the alignment of the maternal/child health groups proposed in strategy 17.1) to assist with development and review of educational and other materials to help ensure that</li> </ul>	<ul style="list-style-type: none"> <li>● Provide healthcare providers and community organizations with culturally appropriate and relevant information to share with families.</li> </ul>

<p>they address the needs of the community in ways that will be best understood and acted upon.</p>	<ul style="list-style-type: none"> <li>● Ensure that health information is available in multiple languages and across multiple formats (e.g., written, video, etc.).</li> </ul>
<p><b>MEASURING PROGRESS</b></p>	
<ul style="list-style-type: none"> <li>● Families will have the information and knowledge they need to help ensure healthy pregnancies, births, and childhoods (note: This knowledge has to be coupled with access and other support, but the knowledge itself is important)</li> </ul>	
<p><b>BUILDING OFF EXISTING WORK</b></p>	
<ul style="list-style-type: none"> <li>● MAAME, H.E.A.R.T.S.</li> <li>● Centering Parenting model for group well-child care</li> </ul>	
<p><b>POTENTIAL PARTNERS</b></p>	
<ul style="list-style-type: none"> <li>● Durham Health Department Obstetrics Care Management and Centering Pregnancy, Duke Health, Family Connects, Lincoln Community Health Center, prenatal care providers, peer leaders and community based organizations supporting people in perinatal period and during early childhood</li> </ul>	

For questions about this report, please contact Bonnie Delaune at [bonnie.delaune@dci-nc.org](mailto:bonnie.delaune@dci-nc.org) or Cate Elander at [celander@dconc.gov](mailto:celander@dconc.gov).

## References

<sup>i</sup> North Carolina Department of Health and Human Services. State Center for Health Statistics. "2019 North Carolina Infant Mortality Report, Table 3b." (November 2020). Retrieved from: <https://schs.dph.ncdhs.gov/data/vital/ims/2019/table3b.html>.

<sup>ii</sup> Geronimus, A.T. "The weathering hypothesis and the health of African-American women and infants: evidence and speculations." *Ethnicity and Disease Journal*, 2(3):207-21. (Summer 1992). Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/1467758/>.

<sup>iii</sup> SisterSong, National Latina Institute for Reproductive Health, and Center for Reproductive Rights. "Racial and Gender Discrimination in U.S. Health Care: Shadow Report for the UN Committee on the Elimination of Racial Discrimination." (2014). Retrieved from: [https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/CERD\\_Shadow\\_US\\_6.30.14\\_Web.pdf](https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/CERD_Shadow_US_6.30.14_Web.pdf).

<sup>iv</sup> Thomas et al. "Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population." *Maternal and Child Health Journal*, 21(1):59-64. (December 2017). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5736765/>.

<sup>v</sup> Christopher et al. "Improving Birth Outcomes Requires Closing the Racial Gap." *American Journal of Public Health*, 104(1):10-12. (February 2014). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011118/>.