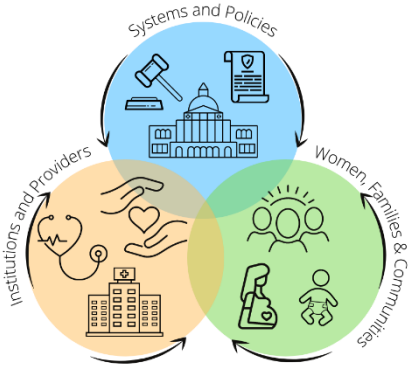
Birth Equity Assessment Foreword
Maternal Infant Health Initiatives
St. Joseph County Department of Health



In 2016, the St. Joseph County Department of Health (SJCDoH) Fetal Infant Mortality Review began reviewing stories of stillbirth and infant loss in St Joseph County. By 2018, we completed enough cases and analyzed enough data to make recommendations for how to improve maternal and infant health and decrease fetal and infant mortality in our community. The 2018 FIMR Annual report, presented in 2019, included information about community action in these areas:

- Improve women's health before and between pregnancies.
- Encourage use of the Count the Kicks app to facilitate fetal movement counts and reduce stillbirth.
- The "Stay Close, Sleep Apart," safe sleep campaign.
- Address the factors that contribute to racial disparities in infant mortality, including structural racism and implicit bias.
- Home visits to support mothers during pregnancy to help women and families increase their opportunities, overcome obstacles, and navigate the insurance and health care systems.
- Improve reproductive health education for adolescents.
- Examine effective policies utilized by the states with the lowest infant mortality rates.

Several work groups were formed to implement community action for these recommendations. Including the Birth Equity & Justice SJC work group established in January 2020 to develop a framework and goals for their work informed by the March of Dimes Guiding Principles to Achieve Birth Equity in Preterm Birth and the National Birth Equity Collaborative and included:

- Connect with women and communities directly to begin a conversation about disparities in birth outcomes.
- Acknowledge that the significant disparity isn't normal and should not be accepted.
- Disparities are not a result of personal failure.
- Seek relationships to build trust in communities so women are more likely to accept support (in the form that works for them) from community agencies that can help reduce stress and offer support throughout pregnancy, childbirth, and postpartum.
- Educate clinical providers and the wider community of the impact of implicit bias and institutional racism on practice and on the life course of patients.
- Facilitate the adoption of best practices to offer respectful, kind, culturally appropriate care.

We adopted the goal of achieving birth equity, which means, **"the assurance of the conditions for optimal births for all people with a willingness to address racial and socioeconomic inequities in a sustained effort**," because efforts to address racial and socioeconomic inequities will result in improvements to systems, policies, and standards of care that benefit all birthing families.

Using grants from the Community Foundation of St. Joseph County and Indiana Minority Health Coalition, we entered an agreement with the National Birth Equity Collaborative to conduct a series of interviews, surveys, and focus groups with community partners and the SJCDoH in 2020. The ongoing challenges of the COVID-19 pandemic including the focus on the vaccine rollout in 2021 for the SJCDoH and our community partners capacity to participate in the assessment, postponed most of the project activities until later in 2022 and early 2023. In the meantime, the Birth Equity & Justice SJC work group made progress on raising awareness about the existence of inequities in pregnancy and birth outcomes through online webinars, luncheons, the April 2022 Achieving Birth Equity Conference, and meetings with elected officials about the impact that protections for pregnant women in the workplace and extending Medicaid postpartum coverage to one year could make for families in St. Joseph County.
Upon receiving the completed Birth Equity Assessment report in April of 2023, the coordinator of Maternal Infant Health Initiatives and Director of HOPE (Health, Outreach, Promotion, & Education) reviewed the content and scheduled a meeting with community partners and the Birth Equity & Justice work group to consider the recommendations and to discuss next steps and priorities for our organizations. Future meetings will include identified goals and plans for implementation.

For Maternal Infant Health Initiatives, the first priority is to request the funds donated by businesses and organizations across St. Joseph County and the State of Indiana be restored to complete the "Sharing Pregnancy & Birth Story Café" community conversation project started in the fall of 2022. This project, long delayed by COVID-19 and interrupted when funding was not renewed by the County Council, invites women to share their stories and participate in creating the solutions and strategies to improve maternal and infant health and well-being in our community. Forty-two women already shared their stories, and our intent is to continue this project. The initial themes and recommendations from the Cafes can be found at the end of this report, in Appendix A.

If you would like more information about creating optimal birth outcomes or creating a community of respectful pregnancy and maternity care, please contact Maternal Infant Health Initiatives at rmeleski@sjcindiana.com.

NATIONAL BIRTH EQUITY COLLABORATIVE

Birth Equity Assessment

Gap Analysis Report

St. Joseph County Department of Health

April 2023

National Birth Equity Collaborative
Birth Equity Assessment Gap Analysis Report
St. Joseph County Department of Health
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The National Birth Equity Collaborative

The National Birth Equity Collaborative (NBEC) is a Black women-led advocacy organization that creates transnational solutions that optimize Black maternal, infant, sexual, and reproductive well-being. We shift systems and culture through training, research, technical assistance, policy, advocacy, and community-centered collaboration. Our vision is for all Black mothers and babies to thrive. We operate within the reproductive justice, racial equity, and human rights frameworks to improve health for all. Birth Equity is the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.

Several assessment tools utilized in this assessment were adapted from the Local Health Department Organizational Self-Assessment Toolkit developed by Bay Area Regional Health Inequities Initiatives (BARHII) health equity assessment process and modified for application to concepts central to birth equity and support for improved maternal and infant health outcomes.[6]

Executive Summary

Through its Maternal Infant Health Initiatives program, Indiana's St. Joseph County Department of Health (SJCDoH MIHI) works with birthing families, communities, maternal and child health professionals, community leaders, and elected officials to make improvements to maternal and infant health in St. Joseph County. Over the past several years, the SJCDoH MIHI has been working to address maternal and infant health disparities in the county utilizing birth equity as a framework. Birth equity, coined by Dr. Joia Crear-Perry, is defined as the assurance of conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.

In 2021 SJCDoH MIHI, as a part of its equity work, sought the expertise of the National Birth Equity Collaborative to conduct a Birth Equity Assessment (BEA). The BEA is a multi-step assessment protocol designed to create a baseline understanding of where health institutions are in their equity journey and identify steps that they can take to further address health inequities. At the completion of the BEA process, institutions are provided with an equity gap analysis report that should inform future health equity priorities and programming. This report serves as the equity gap analysis report resulting from SJCDoH MIHI's Birth Equity Assessment.

The BEA utilized a number of methods to assess SJCDoH MIHI's current placement on the equity journey and steps that the Department of Health could take to continue furthering its equity goals. These methods included online surveys, in-depth interviews, focus groups with various stakeholders, and a document and data review. The BEA is designed to be an iterative process where each data collection point is informed by the collection point preceding it. Based on the data captured, it is clear that the MIHI program is committed to working towards equitable health outcomes and access to quality care for all community members in the county. To enhance the impact of current programming, SJCDoH MIHI should continue existing equity efforts while directing concerted efforts toward the perceived lack of connection amongst community partners and health stakeholders in the area.

Given the challenging and increasingly conservative political climate, coupled with funding restrictions for equity work, the Department of Health must devise creative strategies to involve and support the community in its efforts. Additionally, leveraging its influence as the Department of Health, SJCDoH MIHI should support health system partners to enhance their capacity for equity, eliminate bias in care, foster better relationships with communities experiencing the most harm, improve access to resources and support, and increase healthcare quality and accessibility. Finally, SJCDoH MIHI should sustain its efforts to impact the legislative agenda and develop novel ways to finance and maintain its equity-related initiatives.

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Introduction

The Centers for Disease Control and Prevention reports that the United States maternal mortality rate in 2021 was 32.9 deaths per 100,000 live births.[1] When disaggregated by race, data shows that the rate for Black women was 69.9 deaths per 100,00 live births, 2.6 times the rate for non-Hispanic White women (26.6 deaths per 100,000 live births).[1] In 2022, Indiana's maternal mortality rate was 44 deaths per 100,000 live births.[2] This rate is the third highest among reporting states in the U.S.[2] According to the Indiana University Public Policy Institute, in 2020, the maternal mortality rate for Black women in Indiana is 208 deaths per 100,000 live births. The maternal mortality rate for White women in Indiana is 108 deaths per 100,000 live births.

According to the St. Joseph County Department of Health, the infant mortality rate (IMR) in the county fluctuates from year to year due to the county's small population size.[3] In 2020, St. Joseph County experienced its lowest IMR since 2011 with 5.9 infant deaths per 1,000 live births. Despite this success, racial disparities exist.[3] For Black infants, the IMR was 8.6 infant deaths per 1,000 live births while the IMR for White infants was 3.8 infant deaths per 1,000 live births.[3]

The pregnancy-related care that a birthing person does or does not receive, can result in birth risk factors that contribute to infant mortality.[4] It is vital to understand how investment and prioritization of maternal health can reduce the prevalence of maternal mortality and morbidity while also indirectly reducing infant mortality.

Background

The St. Joseph County Department of Health (SJCDoH MIHI) has an overall mission to promote physical and mental health and facilitate the prevention of disease, injury, and disability for all St. Joseph County residents. It has a vision for healthy people in a healthy St. Joseph County. The Department conducts its maternal health work through its Maternal Infant Health Initiatives (MIHI). Throughout this report, the SJCDoH MIHI is also referred to as "The Department." The SJCDoH MIHI Maternal Infant Health Initiatives are comprised of the Fetal Infant Mortality Review (FIMR) Program, Community Action Workgroups, and a number of community partnerships and programs delivered by the Maternal and Infant Health Initiatives Coordinator. (See Figure A)

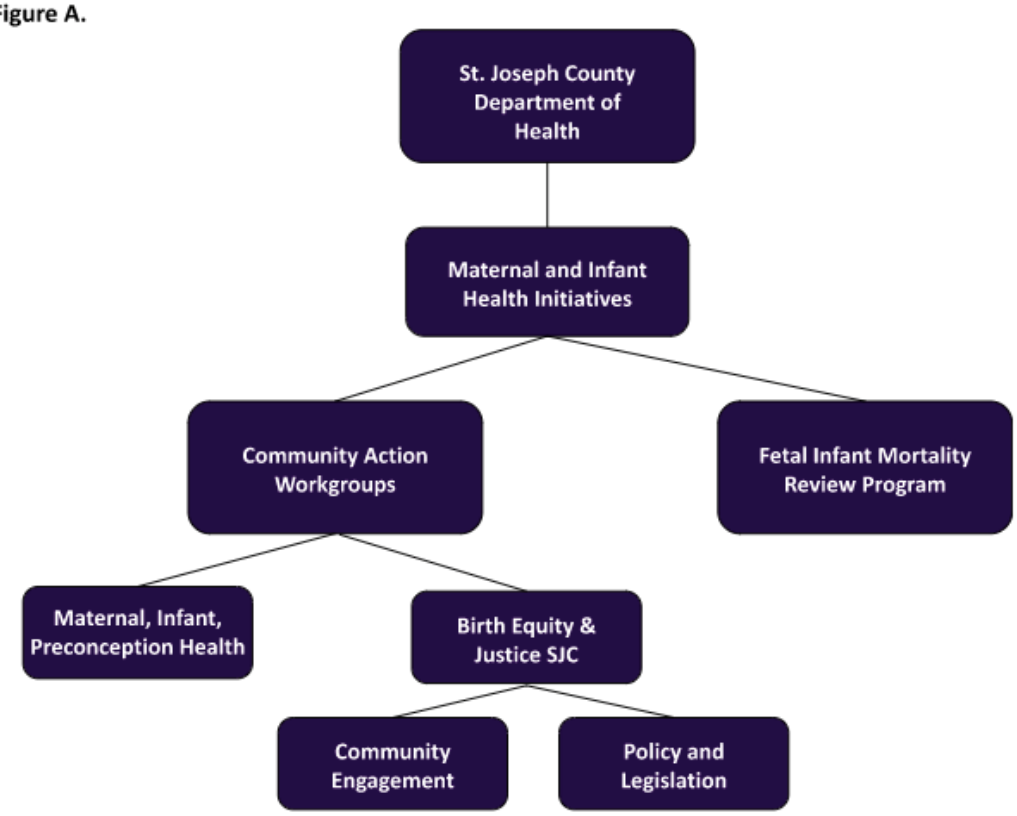
Background (cont.)

The MIHI is focused broadly on community action built around three key areas that will lead to a reduction in infant mortality and the elimination of racial, ethnic, and socioeconomic disparities in infant and maternal health.

These areas include:

- Systems, Policy, and Legislation
- Healthcare Institutions and Maternal Child Health Professionals
- Women, Infants, Fathers, Families, and Community

Figure A.



Informed by data gathered by the FIMR program, the MIHI seeks to demonstrate the need to improve birthing people's health before, during, and between pregnancies in St. Joseph County. The program seeks to do this by collaborating with non-partisan groups supporting maternal health legislation and developing strategies to change access to and quality of the Social and Structural Determinants of Health. This Birth Equity Assessment is a part of the MIHI overall plan to achieve the Healthy People 2030 goal of an infant mortality rate of five or less and to decrease gaps in care during the first trimester of pregnancy for all birthing people in St. Joseph County.[5]

Methods

The National Birth Equity Collaborative grounded our assessment design and methodology in the Culture of Birth Equity framework (CBE). The CBE framework draws on several theories including intersectionality, reproductive justice, critical race theory, and holistic maternity care to identify the characteristics of a Culture of Birth Equity in practice. The five domains of the CBE framework are: Strengthening the Quality of and Integration of Health Services, Fostering Cross-Sectoral & Community Collaboration, Physical Environment to Cultivate Birth Equity, Practitioner Knowledge, Skills, and Practice, and Systemic Commitment to Birth Equity.

NBEC operationalized the Culture of Birth Equity in each stage of the assessment process. (Figure B.) Results from each stage of the BEA were used to build upon the next phase of the assessment.

Figure B.

The **Pre-Assessment**, **Collaborative Partner Survey**, and **Staff Survey** were conducted via an online survey platform. A descriptive statistical analysis was conducted using respondent data from the Collaborative Partner Survey.

Leadership Interviews and **Community Focus Groups** were conducted via Zoom and also analyzed using a thematic analysis.

To conduct the **Document and Data Review**, NBEC staff utilized a rubric created by the National Birth Equity Collaborative based on the CBE to assess each document provided by the SJCDoH MIHI. Documents were rated against three standards: “Promotes Birth Equity”, “Is Neutral or Does Not Mention Birth Equity”, and “Undermines Birth Equity.”

For more information about the methods employed at each step of the BEA, please see the "Methods" section of each phase below.

Pre-Assessment

Methods

NBEC staff conducted the pre-assessment via an online survey platform. It was used to determine St. Joseph County Health Department's: 1) overall mission, vision, and strategic plan of the SJCDoH MIHI, 2) the patient and client population served, and 3) SJCDoH MIHI's existing strategies for birth equity work. The FIMR Coordinator responded to the survey on behalf of the leadership for Maternal Infant Health Initiatives and the core health equity team at the Department. The data collected from the survey helped NBEC staff assess SJCDoH MIHI's readiness for birth equity work and refine the scope of the assessment focus areas.

Results

The findings from the pre-assessment served as the foundation for the next steps in the assessment. After completing the pre-assessment survey, NBEC staff met with SJCDoH MIHI leadership and the core equity group to discuss the results. The survey reviewed readiness for increased birth equity work in five (5) key areas:

1. Overall mission, vision, and strategic plan for the SJCDoH MIHI
2. Type of interaction with the SJCDoH MIHI patient and client population served
3. Negative maternal/perinatal health outcomes disproportionately impacting the population
4. Social Determinants of Health impacting population served
5. Addressing barriers to improving access to quality care for Black and birthing people

Summary

The Pre-Assessment Survey showed that the SJCDoH MIHI is working to achieve birth equity for St. Joseph County residents. The current strategic plan recognizes multiple Social Determinants of Health, including racism, as factors impacting maternal and infant health conditions. The SJCDoH MIHI also seeks to create more data-driven goals and expand its work to improve the community's access to reproductive health services. The MIHI and FIMR programs engage directly with communities by interviewing birthing families who have experienced infant loss and other community engagement activities. The SJCDoH MIHI's community engagement programming builds awareness and increases community action around prematurity, sudden unexpected infant death, and labor & delivery complications. Health insurance, lack of paid sick time or paid leave, health system complexities, knowledge of in-network providers, and difficulties scheduling appointments were all identified as Structural Determinants of Health impacting the community.

Pre-Assessment (cont.)

Summary (cont.)
Through the use of grant funding, the SJCDoH MIHI place CHWs at the Women's Care Clinic to increase provide insurance navigation and other support to families in need. In order to reduce the presence of bias and structural racism in care, information has been shared with stakeholders and the community through virtual webinars. The survey also identified that the SJCDoH MIHI has been able to secure funding partnerships to support birth equity initiatives.

While the SJCDoH MIHI has had several successes, the Department has faced challenges in reaching the broader community, birthing people and families. Additionally, the core equity team anticipated staff capacity and funding to pose a challenge to taking on more explicit birth equity work. The survey also noted that the pandemic caused delays in the FIMR Community Action Workgroups' development of solutions to improve resources and services for local families.

Collaborative Partner Survey

Methods

The Collaborative Partner Survey was delivered via an online survey platform. Survey respondents included leadership of SJCDoH MIHI Maternal Child Health and Infant Health partner organizations. The survey was developed internally with adaptations from the Local Health Department Organizational Self-Assessment Toolkit developed by The Bay Area Regional Health Inequities Initiative.[6] The aims of the survey were to:

1. Assess Collaborative Partners' capacity to address community access to and quality of Social Determinants of Health
2. Identify the extent of Collaborative Partners' efforts toward health equity
3. Identify Collaborative Partners' perspectives on their interactions with the SJCDoH MIHI
4. Assess the relationship between Collaborative Partners and the SJCDoH MIHI
5. Identify areas for improvement of the SJCDoH MIHI from the perspective of its partners

A descriptive statistical analysis was conducted using respondent data from the Collaborative Partner Survey.

Collaborative Partner Survey (cont.)

Results

The Collaborative Partner Survey identified Collaborative Partners' perspectives on their interactions with SJCDoH MIHI, their organization's status with addressing social determinants of health, and their shared mission and vision with the SJCDoH MIHI. Eighteen (18) entry- and mid-level staff from 12 collaborative partner agencies responded. The respondents included fire departments, doula services, childcare and early education organizations, and hospital representatives. Results are broken into two sections: Collaborative Partners' Relationship with the SJCDoH MIHI and the Collaborative Partners' View of Their Own Organizations.

Collaborative Partners' Relationship with SJCDoH MIHI

The following information is focused on collaborative partner organizations' relationship with the SJCDoH MIHI including how well they believe the SJCDoH MIHI is addressing access to and quality of Social Determinants of Health, centering community needs, and birth equity.

- **"Networking and Sharing Ideas" was the most reported (13/18 respondents)** response when asked about the relationship between their organization and the SJCDoH MIHI.

- A majority of collaborative partners (64%) think that the **SJCDoH MIHI should be more involved in addressing Social Determinants of Health, Racism, and inequities among communities**.

- Most collaborative partners (89%) agreed that the **SJCDoH MIHI team staff they have interacted with are knowledgeable about community resources and strengths**.

100%

of collaborative partners **agreed that SJCDoH MIHI advocates for the community** and **demonstrates a commitment to birth equity.**

Collaborative Partner Survey (cont.)

Collaborative Partners' View of Their Own Organizations

The following information focuses on respondents' views of their own organizations' organizational commitment to birth equity.

- **Barriers to improved community partnerships**:
  - Resistance to change, lack of interest, and buy-in among stakeholders
  - Lack of funding to support programming
  - Lack of accountability
  - Time & workforce constraints
  - Lack of access to community resources

- **Challenges to making strides for birth equity**:
  - Buy-in/belief in the need for specific equity programming
  - Time and competing priorities
  - Willingness to make birth equity a priority
  - Organizational change management

Figure C.

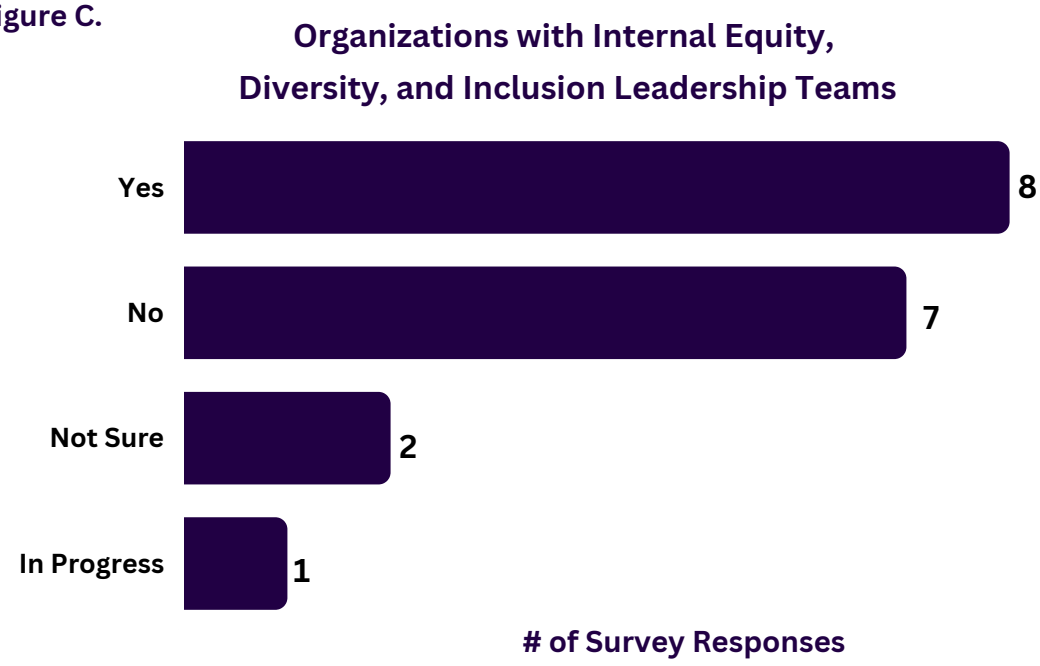


Figure C. Some (7/18) survey respondents specified that their collaborative partner organization had not identified an internal equity team. Two respondents were unsure of the status of their organization's equity-related leadership.

Collaborative Partner Survey (cont.)

Summary
Collaborative partner organizations have a positive view of SJCDoH MIHI's commitment to birth equity, community advocacy efforts, and knowledge of community resources and strengths (Figure 3, Figure 4, Figure 5). The majority (64%) of participants agree that the SJCDoH MIHI should be more involved in addressing the social determinants of health, including addressing racism and inequities among communities (Figure 2). Seven (7) out of 18 collaborative partner organizations had not developed DEI or equity workgroup teams at the time of the survey. Collaborative partners face several barriers to achieving birth equity and improving partnerships, including lack of buy-in, deprioritization of birth equity, lack of funding, lack of accountability, and other challenges.

Staff Survey

Methods

The Staff Survey was administered anonymously via an online survey platform. The survey was designed to assess organizational characteristics that guide policies and practices impacting Black mothers, birthing people, and those most impacted by systemic racism and bias in the healthcare system. The survey was developed internally with adaptations from the Local Health Department Organizational Self-Assessment Toolkit developed by The Bay Area Regional Health Inequities Initiative, the Transforming Organizational Culture Assessment Tool (TOCA) developed by Maggie Potapchuk of MP Associates, and the Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations — An Organizational Reflection Toolkit developed by the National Center on Domestic Violence, Trauma, and Mental Health.[678] NBEC staff collected data from primarily entry-level and mid-level staff (registered nurses, managers, administrative staff, etc.) within collaborative partner organizations. The staff survey analysis identifies the collective strengths and areas for improvement of collaborative partners. These factors can be used by the SJCDoH MIHI to identify areas for collaboration and potential technical assistance for partners.

Each respondent answered questions corresponding to each domain of the Culture of Birth Equity, "Strongly Agree" indicated a high organizational commitment to a component of birth equity, and "Strongly Disagree" indicated a low organizational commitment to a component of birth equity. Responses to each question were assigned a number (Strongly Disagree – 1, Somewhat Disagree – 2, Somewhat Agree – 3, Strongly Agree – 4). For each domain of the CBE, responses corresponding to that domain were averaged to determine the final rating. The highest score an organization can receive in each domain is a 4.0, indicating a high organizational commitment to birth equity in that domain. The lowest an organization can receive in each domain is a 1.0, indicating the lowest organizational commitment to birth equity in that category.

Staff Survey (cont.)

Results

The following results list strengths and areas for improvement for collaborative partner organizations collectively. Eighteen (18) leadership representatives from 12 collaborative partner organizations responded. Culture of Birth Equity domains are listed below in order from the highest organizational commitment to birth equity to the lowest: Strengthening the Quality of and Integration of Health Services, Fostering Cross-Sectoral & Community Collaboration, Physical Environment to Cultivate Birth Equity, Practitioner Knowledge, Skills, and Practice, and Systemic Commitment to Birth Equity.

Figure D.

Figure D. According to respondents, Strengthening the Quality of and Integration of Health Services (3.4) is the greatest collective strength of collaborative partners, while Systemic Commitment to Birth Equity (2.4) is the domain in need of the most collective improvement.

STRENGTHENING QUALITY OF AND INTEGRATION OF HEALTH SERVICES (3.4/4.0)

This CBE domain incorporates quality of care, patient experiences, respectful maternity care, and trauma-informed care.

Collective Strengths	Collective Areas for Improvement
• The organization maintains and frequently refers to a tangible set of quality-of-care standards • Staff consistently make efforts to have quality interactions with patients by making eye contact, using reflexive listening, and including questions about their life and well-being.	• Staff adapt their communication strategies according to the context and needs of the patient rather than their perception of how a patient "should" be communicating • Staff provides information on how trauma may impact clients and discuss elements of care that may be challenging to survivors.

Staff Survey (cont.)

FOSTERING CROSS-SECTORAL & COMMUNITY COLLABORATION (3.1/4.0)

This CBE domain incorporates quality of partnerships, supports local birth equity engagement with the community, policies that support collaboration, paraprofessional support/collaboration, data transparency to communities, institutional support for innovations in birth equity, and funding.

Collective Strengths	Collective Areas for Improvement
• The organization maintains strong, equitable partnerships with community-based organizations and practitioners that support a continuum of care for birthing people • The organization has practices that support the referral to community-based birth professionals such as doulas, lactation consultants, pelvic floor therapists, etc.	• The organization recognizes and addresses unequal power dynamics in partnerships with community-based organizations and directly impacted populations • The organization works with the community to develop and maintain innovative programming that addresses structural determinants of health for patients/clients such as transportation support, telehealth accessibility, etc.

PHYSICAL ENVIRONMENT TO CULTIVATE BIRTH EQUITY (2.9/4.0)

This CBE domain is interested in the physical manifestations of birth equity.

Collective Strengths	Collective Areas for Improvement
• The organization has considered noise and privacy triggers, the number of visible exits, and other emotional and physical safety concerns. • The design of physical spaces allows for responsiveness to patient needs and priorities, informed consent, patient/family confidentiality, shared-decision making, and interprofessional collaboration.	• Messages and or images of hope, comfort, inspiration, or positivity from the perspectives of diverse and inclusive birthing persons, families, communities, and birth workforce, on display in high-traffic areas. • The organization provides physical spaces for birthing clients to care for themselves, which may include a quiet soothing area, a space for art, and outdoor or other private spaces.

Staff Survey (cont.)

PRACTITIONER KNOWLEDGE, SKILLS, AND PRACTICE (2.7/4.0)

Practitioner Knowledge, Skills, and Practice refers to the application of Reproductive Justice amongst institution staff. This includes clinician training, knowledge, attitudes, behaviors, and skills.

Collective Strengths	Collective Areas for Improvement
• Staff demonstrates an inclination to treat all clients with dignity and respect. This includes concern with clients' experiences with reproductive injustice, disability, violence and related trauma, substance use, and mental health challenges. • Staff has developed relationship-building skills to communicate interculturally, with dignity, and respect within and across social categories and identities.	• Staff demonstrate a commitment to anti-oppression work and an awareness of power and privilege across their work • Staff have bystander anti-racism skills to speak out against interpersonal or institutional/systemic racism.

SYSTEMIC COMMITMENT TO BIRTH EQUITY (2.4/4.0)

This CBE domain refers to the ways that institutions demonstrate their commitment to birth equity through policy, engagement with anti-racism, tangible support for staff education and support, and acknowledgment of and addressing the role of racism in access to and quality of Social Determinants of Health.

Collective Strengths	Collective Areas for Improvement
• The organization clearly articulates a vision for the structural components required to achieve racial justice and birth equity. • Managers and senior leadership understand how to be inclusive leaders	• The organization demonstrates a commitment to hiring staff at each level who have lived experiences matching the client population. • The organization centers and prioritizes the voices of Black birthing people in the implementation of strategic plans, policies, initiatives, and programming to advance birth equity

Staff Survey (cont.)

Summary
Collaborative partners are succeeding at Strengthening the Quality and Integration of Health Services, Fostering Cross-Sectoral & Community Collaboration, and Physical Environment to Cultivate Birth Equity. The areas where collaborative partners need more support are Practitioner Knowledge, Skills, and Practice and Systemic Commitment to Birth Equity.

Leadership Interviews

Methods

Two trained NBEC staff conducted semi-structured individual interviews with four (4) leaders within the St. Joseph County Health Department. The leaders selected for interviewing held positions that interacted with the maternal and birth equity programming and activities conducted by the SJCDoH MIHI. Each interview was conducted via Zoom and consisted of one NBEC staff member and one representative of the SJCDoH. The interviews were audio and video recorded and audio files were transcribed verbatim for analysis. Interview questions explored the role of the Department as a maternal health stakeholder, birth equity efforts implemented by the Department, and successes and challenges related to the Department's equity activities. Thematic analysis using an inductive approach was used to draw themes directly from the data. A data matrix was used to analyze the data and organize the resulting themes.

Results

Key themes resulting from the Leadership Interviews include: **Equity-Centered Programming, Activities, and Advocacy; the Conservative Political Climate; and a Lack of Collaboration Amongst Stakeholders**. The data also produced several subthemes which are categorized under their corresponding main theme.

- **Impactful, Equity-Centered Programming, Activities, and Advocacy**
  - **SJCDoH MIHI** received a grant to hire two community health workers (CHWs) to be stationed at the Women's Care Center to provide insurance navigation and support with navigating maternal health services. Beyond their role as healthcare navigators, the CHWs also work to support their clients with other challenges such as housing insecurity, miscarriage prevention, etc. The SJCDoH MIHI has also implemented Health Cafes as a forum for community members to share their experiences and perspectives.

Leadership Interviews (cont.)

- **Impactful, Equity-Centered Programming, Activities, and Advocacy (cont.)**
  - This allows the Department to better understand the unique healthcare needs and challenges faced by the community and to develop organizational priorities that align with the needs of its residents. The SJCDoH MIHI created a solution for people who are in their first trimester to confirm their pregnancies via local emergency room departments. By utilizing the Department of Health's relationships with healthcare providers and hospitals, SJCDoH MIHI was able to facilitate a process to connect birthing people to the hospital system's prenatal care coordination from the emergency room.

> *"The Safety Pin Grant that allowed us to hire two community health workers…And they work with the Women's Care Center, and so they're able to provide, um, insurance navigation and OB navigation…The community health worker's job is to help them with all barriers that might impact their lives."* – Participant #1
>
> *"…really what we are looking to gather with the health cafés is that primary perspective on what supports, what needs, what gaps, um, are identified? And then really working through those to say "okay, what can a Department of Health really work on? Can we affect Medicaid policy?" And yeah, we can. That's a state-driven ran program. We most certainly can make [an] impact there…"* – Participant #2
>
> *"…let's connect them with one of our community health workers, let's have a phone number that…These women in the ER could just call, somebody answers it no matter what, and then we set them up for a time to connect and then a time to get them into OBGYN care…" – Participant #2*

- **Conservative Political Climate Impacts Health**
  - Members of the SJCDoH leadership identified state policies and legislation as a challenge. They also pointed to the overturning of Roe v. Wade, as a challenge. They described the local political climate as "toxic and intense" pointing to a recent shift from a supportive political party to an unsupportive political party on the County Council. Finally, they noted that key health leadership will also change as a result of recent majority to a Republican majority on the county council. Finally, they noted that key health leadership will also change as a result of recent elections.

> *"…state policies and legislation are a big one. Um, we cannot pretend that the overturning of Roe v. Wade does not impact the lives of many, um, pregnant and birthing individuals, um, or those who might become pregnant…" – Participant #1*
>
> *"…political environment is toxic and intense…" – Participant #4*

Leadership Interviews (cont.)

- **Subtheme: Lack of Awareness on the Function of Structural Inequity**
  - It was also noted that there is a lack of support for understanding the role that systemic racism plays in health inequities amongst members of the governing bodies. This lack of support has posed a challenge to advancing certain programming and initiatives that seek to remedy issues that community members face as a result of racism and bias.

> *"We have a, um, a local and a state makeup that…does not support, um, the role that systemic racism has played in these inequities…they see it as a very individual thing, so sometimes just getting an initiative passed, or support for a program, um, or for funding, um, has been difficult…" – Participant #2*

- **Subtheme: Unsustainable Funding Structures**
  - A reliance on grant funding and a lack of resources is seen as a factor leading to inconsistency and a lack of sustainability in health equity-related programming.

> *"Grant funding doesn't allow for securing programming over time there's an innate problem with how this work is funded…grant by grant, year by year, or two year by two years means we are always going to be in a level of desperation to fulfill what we've started…we're fighting every day to find funding to continue programs like this at the state level…there's always gonna be a lack of consistency." – Participant #1*

- **Lack of Collaboration Amongst Stakeholders**
  - Leadership noted the lack of a coordinating entity among maternal health stakeholders in the area. This lack of coordination leads to competition, misinterpretations of maternal health-related data, and entities functioning independently, rather than stakeholders working towards common objectives.

> *"…There is no central nervous system to coordinate. So you just get these one-offs functioning relatively independently/competing with one another. And at the end of the day--not achieving the outcome that we're all hoping for. And this is where the Department of Health can play a very significant role in serving…" – Participant #3*
>
> *"…some of our community partners aren't talking to one another…" – Participant #2*

Leadership Interviews (cont.)

Summary

The Department of Health in St. Joseph County has been actively advocating and working towards equity through a variety of programming and activities, including but not limited to community outreach initiatives, education and training programs, and partnerships with local healthcare providers. The Department of Health has placed a particular focus on promoting the well-being of all mothers and birthing people in the county and is working to implement evidence-based strategies to address health disparities and ensure equitable access to healthcare services.

Efforts to address inequity in experiences, access, and health outcomes have been impeded by an increasingly conservative political climate and legislation at the county, state, and federal levels. For example, participants pointed to the Dobbs v. Jackson Women's Health Organization decision made by the United States Supreme Court in 2022 as well as developments in the St. Joseph County Council as examples of conservatism having an impact on community members' reproductive health. There is a belief among some policymakers that health outcomes are solely the result of personal failures, rather than recognizing the role of systemic barriers and Social Determinants of Health. Participants reported that the political climate poses additional challenges to funding and sustaining equity-related projects. Participants perceived that the SJCDoH MIHI faces an uphill battle in securing the necessary resources and support to continue their birth equity work.

Relatedly, participants identified the reliance on grant funding as a challenge for sustaining the Department's equity work as it often entails diverting time and resources towards seeking additional funds rather than allocating resources towards implementing and expanding equity initiatives.

Health Department leadership perceived a lack of collaboration and cooperation among various entities, including researchers, hospitals, and community-based organizations (CBOs) in addressing community issues. It was noted that these groups often work independently in their respective silos, resulting in duplicative efforts and possible limited impact.

Although the Department of Health has faced challenges, interview participants acknowledged a number of successes in the Department's equity work. For instance, the Department received grant funding to hire Community Health Workers as healthcare navigators and social service support, facilitated a connection process for birthing people and the emergency room prenatal care coordination, and has been conducting Health Cafes, which allow the Department to learn about the needs and challenges faced by the community.

Community Focus Groups

Methods

NBEC staff conducted two (2) fifty-minute focus groups via Zoom with seven (7) people identified by the staff of the SJCDoH MIHI. Focus group participants included representatives of community-based organizations (CBOs) in St. Joseph County and SJCDoH MIHI Community Health Workers (CHWs). The goal of the focus groups was to identify the community's perception of the birth equity climate and how the Department can use its role to influence and implement birth equity as a practice both internally and externally. The focus groups were audio and video recorded and audio files were transcribed verbatim for analysis. hematic analysis using an inductive approach was used to draw themes directly from the data. A data matrix was used to analyze the data and organize the resulting themes.

Results

Key themes resulting from the Community Focus Groups include: **Barriers to Effective Sources of Support for Pregnant Community Members**; **Lack of Hospital Consistency with Doula-Friendly Policies**, **Limited Financial Support for Birth Equity Work**, and **Role of the SJCDoH MIHI**. The data produced several subthemes, which have been categorized under their corresponding main theme.

- **Barriers to Effective Sources of Support for Pregnant Community Members**
  - The Department of Health's Health Equity, Epidemiology, and Data (HEED) Unit Community Health Workers (CHWs) help birthing people to navigate the healthcare system and access social supports such as food, clothing, mental health care, substance use care, insurance, postpartum care, etc. Participants reported that the rapport-building process establishes a unique trust between clients and CHWs. This trust allows CHWs to facilitate access to specific services and ensure quality service delivery.

> *"because we have that rapport with our clients, our clients are telling us more details, like, wanting to engage in the help a little bit more... having us where they have us honestly is like a front line..." Participant #1*
>
> *" I work with a lot of the Hispanic [people]...teach them what options are out there for them...insurance, um, healthcare, services, social needs...prenatal care, it's kind of...different...So I have to look into places that help them with discounts..." Participant #2*

Community Focus Groups (cont.)

- **Subtheme: Challenges with Securing Health and Social Services**
  - Participants describe their client's lack of access availability to housing support and culturally sensitive and safe services for pregnant and birthing people in the county despite the continued requests and needs. One participant recalled multiple families expressing their fears of reporting their experiences of having their rights violated in clinical spaces.

> *"housing is major, because there's nowhere to refer... it's very limited..." Participant #2*
>
> *"the poor are very underserved...it's very difficult to find a provider that is safe...by that I mean a provider that is culturally sensitive...many families that I have served in this county that have been violated, um, that their rights have been violated or that they have physically been violated in our county. And it goes un- it goes unreported because of fear. And, um, many families suffer a lot of trauma, birth trauma." Participant #3*

- **Lack of Hospital Consistency with Doula-Friendly Policies**
  - Participants described their challenges when seeking to work with and in hospitals. Some noted that they have difficulty accessing and supporting clients in certain hospitals. A participant also reported their collaboration with one hospital has had a negative impact on their ability to collaborate with the other local hospital.

> *"... Each hospital, um, system that I have, um, worked with or attempted to work with are what I would consider as not doula-friendly...it's hard to access or to support clients inside of certain hospital systems here." Participant #4*
>
> *"... the competition between the hospitals is such that if you are working on a program with one hospital and then you go to another to ask for something...if you choose to work with one system, you are blackballed from the other system and they don't wanna deal with you...the other hospital literally ignores me." Participant #3*

Community Focus Groups (cont.)

- **Subtheme: Lack of Hospital Cooperation for Home Births**
  - A participant noted challenges with integrating care between out-of-hospital births and the local hospital systems. They noted that hospitals cause challenges when seeking lab orders or ultrasounds. Emergency transfers from home births to hospitals were reported to lack a true intake process. Another participant described difficulty identifying culturally sensitive out-of-hospital providers for home births that were also financially accessible.

> *"hospitals are very, um, opposed out of hospital birth. And they're very judgmental…they really give you a hard time when you, like I'm, I'm allowed to by my license [to] order labs through the hospital if the person has, you know, insurance or anything, or ultrasound. But it is like pulling teeth to get an ultrasound order for a patient here… I think I faxed over the request eight times…" Participant #5*
>
> *"if I'm in a home birth and it's a true life-threatening emergency, we go to the closest [hospitall], call the hospital to give a report, but then even that can be a runaround…there's no consistency." Participant #5*
>
> *"…They're asking for out-of-hospital births. Um, but the struggle is being able to access a provider, um, and not only to either have their insurance cover it…" Participant #3*

- **Limited Financial Support for Birth Equity Work**
  - Limited availability of funding opportunities, according to the participants, has made it difficult for birth workers to provide access to their services sustainably.

> *"… we've made a lot of strides…we have so much further to go….we don't have adequate support to do that…doula support is not sustainable if you don't have funding, not just from, um, not just from grant funding, but private funding. We lack that here…" Participant #4*
>
> *"… any and all of the community-based programs and organization in this county that look for grants or that are based off of money from the state or anything like that are all in competition…there's always this undertow of blackballing…one local hospital, they get millions of dollars from the state in grants 'cause they are 501(c)(3)…the grant will state that they have to partner with another community organization. But instead of them working with doulas, community health workers, midwives, childbirth educators, they work with organizations that are offshoots of their own system." Participant #3*

Community Focus Groups (cont.)

- **Subtheme: Limited Funding Causing Competition**
  - Participants perceived that competition among key stakeholders is a result of limited financial resources.

> *"...there's kind of a Bloods and Crips situation...two major hospitals, and they are consistently, um, fighting for grant money-for financing for, programs and for notoriety...at the end of the day, it puts patients in a bad position because they're money based..." Participant #3*
>
> *"... I'm the only other Black doula working for an organization and, you know, um, I actually had one of the doulas reach out to me that, you know, no longer works there. And, you know, she shared with me that they, her organization told them, don't partner with us, don't talk to me...competing for the same funds...." Participant #4*
>
> *"because they're in competition and they wanna work in silos...The Health Department and everybody shows up but then, uh, the people, the Black birth workers, my colleague and I are the only ones that show up" Participant #4*

- **Role of the St. Joseph County Department of Health**
  - Participants praised the SJCDoH MIHI for their efforts to develop programming and events that decrease health inequities and poor health outcomes in St. Joseph County. Participants recognized the political challenges faced by the Department.

> *"...if the Health Department had not gotten involved in birth equity work, I don't know...we did the Birth Equity Conference last April...our health cafes, you know, calling in our, um, expectant parents or those who have just had babies...if the Health Department had not spearheaded a lotta those things, like, how would the community have known about the disparities?" Participant #4*
>
> *"I would say they are limited in what they can do and say because of the politics that is dominating healthcare...lots of things that they are attempting to do, but because of politics between the hospitals and legislators and the governor and lawmakers, their hands are tied in so many ways with what even they can say..." Participant #3*

  - **Subtheme: Opportunities for the Department**
    - Participants offered opportunities for the Department of Health to address health inequities.

Community Focus Groups (cont.)

- **Subtheme: Opportunities for the Department (cont.)**

> *"...they could build a doula program...to make doulas more accessible to those who need it most throughout the community." Participant #4*
>
> *"...connecting with our [non-profit organization] graduate program as far as directing parents, um, on continuing to have their child have well-child visits and get immunizations and what immunizations they need in order to get into school...up until that, that fifth year." Participant #7*
>
> *"...if the health department had maybe a hotline or a helpline-something where someone could call a number and say this is the issue I'm experiencing, what organization helps me with A, B, or C. "Um, if the health department could locate, identify, and manage grants specifically for midwives, birth centers, um, community, um, birth workers, that would be amazing." Participant #2*

Summary

Focus group participants reported that the SJCDoH MIHI has made strides in creating maternal health service connections for the community through its CHWs. Participants also noted that the Department has created educational opportunities to improve community awareness of health disparities. Despite this progress, participants reported that birthing and pregnant people are not receiving the level of support and resources that they need, particularly in recognizing the impact of social determinants of health such as housing and culturally appropriate healthcare.

Community focus group participants also perceived a lack of collaboration between hospitals and community birth workers. They identified the need for additional financial support to sustain the community's access to their services. One participant suggested the Health Department serve as a grant manager for St. Joseph County midwives and doulas and utilize their authority to advocate for community birth workers when interacting with hospital systems.

Focus group participants also reported that local hospitals lack consistency in their adoption of doula-friendly policies. Participants noted that the lack of consistency in doula policies pose a challenge to community doula programs to properly serve clients. Limited financial resources were described as the cause for siloed approaches among local doula organizations. Respondents reported that this climate decreases the ability for significant systemic change.

Document and Data Review

Methods

NBEC staff reviewed documents provided by the St. Joseph County Department of Health across eleven (11) categories to identify areas of strength and opportunities for improvement in the department's efforts to achieve birth and health equity. Internal documents reviewed included: strategic plans, equity reports, grant applications and funding requests, budget reports, human resource documents, internal reports, partnership MOU (memorandum of understanding), Fetal and Infant Mortality Review (FIMR) documents, Maternal Mortality Review Committee Reports, organizational charts, and state and local policy documents.

A rubric, based on the tenets of the Culture of Birth Equity, was created to assess the documents against three standards: "Promotes Birth Equity", "Is Neutral or Does Not Mention Birth Equity", and "Undermines Birth Equity". "Promotes Birth Equity" indicates that the documents reviewed demonstrate the promotion of Birth Equity. "Is Neutral of Does Not Mention Birth Equity" indicates neither the promotion or lack thereof of Birth Equity in the documents reviewed. Finally, "Undermines Birth Equity" indicates that the documents reviewed contain elements that compromise the Department's efforts toward achieving Birth Equity as defined by the NBEC.

Results

Each document category is listed below, along with its rating. The rubric can be located in the Appendix.

Promotes Equity

- **Strategic Plan:** The Department has prioritized pursuing health and birth equity initiatives by seeking to address racism and the Social Determinants of Health.
- **Equity Report:** The Department identified the need to implement health and birth equity interventions at multiple levels in order to work towards equity for all members of St. Joseph County.
- **Grant Funding:** Grant funding proposed for Maternal and Infant Health sought to address the gaps in care and improve community engagement.
- **Budget Allocations:** Documents reviewed demonstrate a financial commitment to birth equity-related programming and initiatives

Document and Data Review (cont.)

Results (cont.):

Is Neutral on or Does Not Mention Equity

- **Partnership MOUs:** MOU documents that necessitated or detailed relationships between the SJCDoH MIHI and community-based organizations in the county were not provided.

- **Training Material for Staff:** Training documents for SJCDoH MIHI staff were not provided.

- **Internal Reports/External Reports:** The Department provided a number of official records on the current and historical activities of the whole Department, including but not limited to birth equity.

- **Organizational Chart:** The organizational chart did not include salary, racial, or gender information about the staff to determine if equity has been achieved among members of the staff.

- **Policy Proposals:** Several documents provided failed to acknowledge the ways that structural racism and bias impacted the significance and urgency of the policies proposed to state legislatures.

Undermines Equity

- **HR Policies and Practices of the SJCDoH MIHI:** Documents assessed revealed outdated lactation and family leave policies for employees of SJCDoH MIHI.

- **Collective Mortality Data:** The documents (PRAMS/FIMR/MMRC) reviewed pointed to numerous evidence-informed strategies to recognize and address Social and Structural Determinants of Health and their impact on birth and health outcomes. However, there was no record of the maternal mortality rate in St. Joseph County in the documents provided. Data transparency is a foundational step to achieving equity and improving maternal and infant health outcomes.

Document and Data Review (cont.)

Summary

The document and data review further clarified some of the Department's activities and areas for growth. The SJCDoH MIHI has demonstrated its commitment to community involvement and taking community feedback and perspectives into consideration when developing its policies and programs. Additionally, the Department acknowledges the significance of social determinants of health and the need to make quality healthcare services more accessible to all residents. The Department should consider evaluating and improving its parental leave and lactation policies to ensure that they are inclusive, equitable, evidence-based, and accommodating for all staff members.

Additionally, continuing to model the establishment of formal and accountable partnerships with community-based organizations and stakeholders could be beneficial for advancing health equity and improving health outcomes in the community. However, the Department's MIHI, Health FIMR, and Health National Birth Equity funding were raised through state and local organizational grant awards and foundations, separate from the SJCDoH budget.

Finally, the document review indicated that the Department might benefit from taking steps to ensure that its staff is representative of the populations it serves. While the Community Health Worker job description made it evident that the health department was dedicated to hiring community health workers with diverse backgrounds, highlighting the importance of representation, it is equally crucial for the department's leadership and staff to reflect the needs and diversity of the community they serve to support the optimal community health outcomes. This would involve examining the racial makeup of the staff and exploring ways to increase diversity and inclusivity within the department. By addressing these areas for improvement, the department can enhance its ability to achieve its goals and promote health equity in the community.

Discussion

The SJCDoH MIHI, as a part of its birth equity work, sought the expertise of the National Birth Equity Collaborative to conduct a Birth Equity Assessment that would create a baseline understanding of where the Department is in its equity journey and to identify steps that the Department can take to further address health inequities. Through an iterative process, NBEC collected data through online surveys, in-depth interviews, focus groups with various stakeholders, and an internal document and data review. This thorough design was selected in order to offer a comprehensive picture of the work that the Department is doing and areas for improvement.

At the outset of the BEA, it became evident that the Department had been working to make birth equity a systemic priority. SJCDoH MIHI had done so by creating an infrastructure for its birth equity-related work to operate through working groups, community partnerships, Health Cafes, CHWs, and other initiatives. These investments are important because, without this infrastructure and stakeholder engagement, equity work can be difficult to sustain. At the completion of the Pre-Assessment, in partnership with the SJCDoH MIHI, NBEC concluded that there was a need to recruit more community-based input for the next step in the BEA, the Collaborative Partner Survey. The SJCDoH MIHI and NBEC staff hosted a Kick-Off Call with SJCDoH MIHI partners with intentions to increase partner involvement, gather additional feedback, and provide details on the next steps for the assessment process.

Data resulting from the Collaborative Partner Survey indicated that a majority (64%) of the respondents agreed that the SJCDoH MIHI should be more involved in addressing the Social Determinants of Health. This was a theme that emerged from a number of steps during the Assessment indicating that the Department and its staff should continue to consider how to influence other maternal, infant, and birth equity stakeholders in St. Joseph County. There is an opportunity for the Department to offer more guidance and deepen its community relationships for the purpose of strengthening systemic commitments to birth equity and addressing gaps in financial resources among partners. Opportunities such as anti-racism training, recognizing power dynamics in healthcare, and accountability for health systems are areas that the SJCDoH MIHI can explore in collaboration with its partners.

Discussion (cont.)

When speaking to members of leadership within the SJCDoH MIHI, the role of the political landscape in the Department of Health's equity efforts was revealed. Events such as the Dobbs v. Jackson Women's Health Organization decision made by the U.S. Supreme Court and changes in the St. Joseph County Council were cited as challenges to the Department's current and future equity work. Particularly, the County Council's role in approving funding for certain efforts carried out by the Department was seen as a threat to the Department's continued equity work. The Health Department must continue to seek out and work with partners that share their values of health equity for all in St. Joseph County. In doing so, these relationships and their resulting efforts will build the community power necessary to address the challenges caused by the county council and other political entities that may not be currently aligning with the Health Department's vision.

Relatedly, the Health Department's role as a facilitator of stakeholder relationships will become increasingly vital. If a conservative climate makes securing funding for equity work more difficult, it may cause potential collaborators to retreat further into their respective siloes. Funding equity work with limited public and private funding has also been cited as a challenge. Relying solely on grant funding places the sustainability of equity projects and progress in jeopardy, as grant funding is not always guaranteed and can be discontinued or reduced unexpectedly. This can lead to a loss of momentum in addressing health inequities, making it difficult to achieve lasting change in the community. Throughout history, marginalized communities have demonstrated greater resilience when they collaborate and share resources, rather than when they are pitted against each other in competition. The Health Department can play a pivotal role here and should do so intentionally.

The Birth Equity Assessment's last data collection phase involved an internal document and data review. Analysis of the resulting data suggests that the Department should prioritize measures that ensure its workforce composition reflects the racial and gender demographics of the community the Department serves. Additionally, as leaders in promoting health and birth equity, the Department should work to update its official lactation and family leave policies to evidence-based standards. Finally, the SJCDoH MIHI should also ensure transparency in reporting maternal mortality data for the purpose of monitoring trends over time.

Discussion (cont.)

Although the Department of Health faces important challenges, participants across the BEA acknowledged a number of successes in the Department's equity work. For instance, the Department received grant funding to hire Community Health Workers as healthcare navigators and social service support, facilitated a process for connecting first-trimester emergency room patients to prenatal care, and has been conducting Health Cafes, which allow the Department to learn about the needs and challenges faced by the community. These initiatives should continue and securing long-term funding for them should be a high priority of the SJCDoH MIHI.

The subsequent recommendations are a product of NBEC's Birth Equity Assessment of the St. Joseph County Department of Health's Maternal Infant Health Initiatives. Recommendations have been organized in accordance with their corresponding Culture of Birth Equity domain.

Recommendations

Systemic Commitment to Birth Equity

Continue to **support individuals at SJCDoH MIHI who are working towards maternal health equity,** while also ensuring that equity work is not solely reliant on one person.

Utilize media to raise community and potential stakeholder awareness on how to improve maternal health outcomes and experiences.

Conduct an internal analysis of the staff makeup of the SJCDoH MIHI the analysis should look at race, gender, salary, and other related factors in order to assess for equity.

Encourage representation within the SJCDoH MIHI without tokenism by providing safe and inclusive workplace environments and employment pipelines programs.

Publicize maternal mortality and morbidity data, disaggregated by race in St. Joseph County to allow for better monitoring and evaluation of maternal and infant health outcomes.

Explore sustainable sources of financial support for community-based maternal healthcare workers such as midwives, doulas, lactation professionals, etc.

Recommendations (cont.)

Practitioner Knowledge, Skills, and Practice

Convene interdisciplinary working groups that **provide policy guidance to hospitals on best practices for anti-racist and equitable care**.

Create opportunities to **train practitioners on how to provide respectful maternity care** to all people.

Fostering Cross-Sectoral & Community Collaboration

Consider mechanisms and processes that encourage collaboration between maternal health equity stakeholders.

Work with new collaborative partners to **improve access to and quality of the Social Determinants of Maternal Health** in the community while **centering community voices.**

Continue engaging stakeholders working in transportation, mental health, housing, etc. to **address broader social determinants of health that contribute to maternal health disparities.**

Involve community members in data collection to increase community buy-in and ensure that initiatives are tailored to community needs and perspectives.

Support advocacy initiatives that **strengthen access to out-of-hospital midwifery care.**

Work to **equitably create more collaborative relationships between out-of-hospital midwives and hospitals.**

Facilitate the **creation of more efficient referral processes between maternal health stakeholders**.

Encourage collaborative partners to initiate their own internal equity assessments and work collaboratively with partners to address their equity gaps.

Recommendations (cont.)

Strengthening Quality of and Integration of Health Services

Collaborate with the community to **explore hospital accountability in implement health equity, reducing maternal mortality rates, working towards equitable care.**

Physical Environment to Cultivate Birth Equity

Continue to **work with stakeholders to ensure that physical spaces and access to them are made equitable for birthing people and their families.**

Limitations

Participants in the Birth Equity Assessment, namely those who contributed to the Collaborative Partner Survey, Staff Survey, Leadership Interviews, and Community Focus Groups, were selected intentionally by the staff of the SJCDoH MIHI based on their participation levels and engagement with previous equity-related activities in St. Joseph County. Organizations that did not participate may have alternative views, however, due to their lack of participation in previous equity efforts, they were not selected to participate in this assessment process. In turn, results for each phase of the assessment may have been influenced by selection bias. It is unlikely that this bias reduced the validity of the project as respondents who participated provided substantial critical information about the state of the SJCDoH MIHI's efforts towards birth equity.

Finally, the majority of the Staff Survey and Collaborative Partner Survey respondents represented hospitals rather than community-based organizations. As a result, the findings skew towards the perspectives of health systems, which may not reflect the views of other collaborative partners. Further research on community-based organization perspectives of Social Determinants of Health and SJCDoH MIHI's birth equity efforts may be instructive. Additionally, due to budgetary limitations, no incentives were provided for survey participation. Future equity work should consider offering incentives to encourage participation.

Conclusion

The Department of Health in St. Joseph County has been actively advocating and working toward equity through a number of programs, partnerships, and activities. Through its Maternal Infant Health Initiatives, the Department has placed a particular focus on promoting the well-being of all mothers and birthing people in St. Joseph County. Utilizing data gathered from the community and the Department's Fetal Infant Mortality Review Program, it has worked to implement evidence-based strategies that help the county achieve birth equity.

The SJCDoH MIHI has been successful in many areas such as increasing equity-focused staff and securing some funding for equity work. For example, the Department has implemented an impactful community health worker program with an unexpected collaborator, which has supported a number of community members in need with social service support and healthcare insurance navigation. Using its relationships and influence, to make first-trimester prenatal care more efficient and accessible, the Department facilitated a process by which birthing people can be connected to hospital system's prenatal care coordination program from the ER. The Department has also made progress toward building community relationships through its Health Cafe initiative and has made attempts to influence state policy. Community members that participated in the Birth Equity Assessment process recognized the Health Department's efforts to make birth equity a priority of maternal health stakeholders in St. Joseph County. These projects and initiatives are important, have made an impact, and should continue.

While the SJCDoH MIHI has had several successes, the Department also faces various challenges. These include capacity, a lack of support for equity among political bodies at all levels, unsustainable funding structures, and a lack of financial resources for equity work. These are important challenges that must be overcome in order to sustain and advance its work. Given its position as a non-partisan institution with a mission to support all people in St. Joseph County, the Health Department must create innovative strategies to garner the necessary political and financial support to continue implementing evidence-based strategies that address health disparities, educate the community, and promote equitable access to healthcare services.

Conclusion (cont.)

The challenges faced by the Health Department have been demonstrated to also impact its partners. For example, issues such as a lack of resources, siloed approaches to equity work, and a lack of commitment to equity were named by community members as important barriers to achieving equity. The Health Department is in the position to work with maternal health stakeholders in the area to address silos, create a shared language and goals, and create a system for managing information and financial resources among stakeholders in the county. It should use its positionality to continue collaborating with its partners to do this work. Partners of the Health Department demonstrated a desire for it to play a more active role in the county and among maternal health stakeholders.

Areas for improvement within the Health Department include publishing maternal mortality data for St. Joseph County that is disaggregated by race. The Health Department has made significant strides in demonstrating its concern for eliminating infant mortality, however, if birth equity is to be achieved, data transparency on the health outcomes of birthing people should be a top priority. Additionally, as a leader in maternal and infant health, the Health Department has an opportunity to influence evidence-based parental leave and lactation policies for employers. The process of working to address these policies internally can serve as a model for other employers in the county and beyond. Finally, the Community Health Worker program's impact has been detailed on numerous occasions in this report. It is clear that the Health Department understood the importance of hiring and retaining CHWs with shared backgrounds and lived experiences as the communities they were being hired to serve. This is a success. The Health Department should build on this success by undergoing a process that ensures that this level of commitment to representation and inclusion is present throughout the Health Department, including in positions of leadership.

Based on the work of the Department through its FIMR program, it is clear that many of the poor infant and maternal health outcomes and the racial disparities that manifest within them are preventable. Over the last several years, the Health Department has laid a foundation for continuing its equity work by increasing its staff, hiring Community Health Workers, and engaging with stakeholders. The Department should continue its work with a focus on building community power, expanding practitioner and systemic capacity for equity, and demonstrating the need for systemic commitments to birth equity with all maternal and infant health stakeholders in St. Joseph County.

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www.birthequity.org

Birth Equity Health Cafés: **Themes & Lessons**

October 2022 to February 2023

Health Café Locations

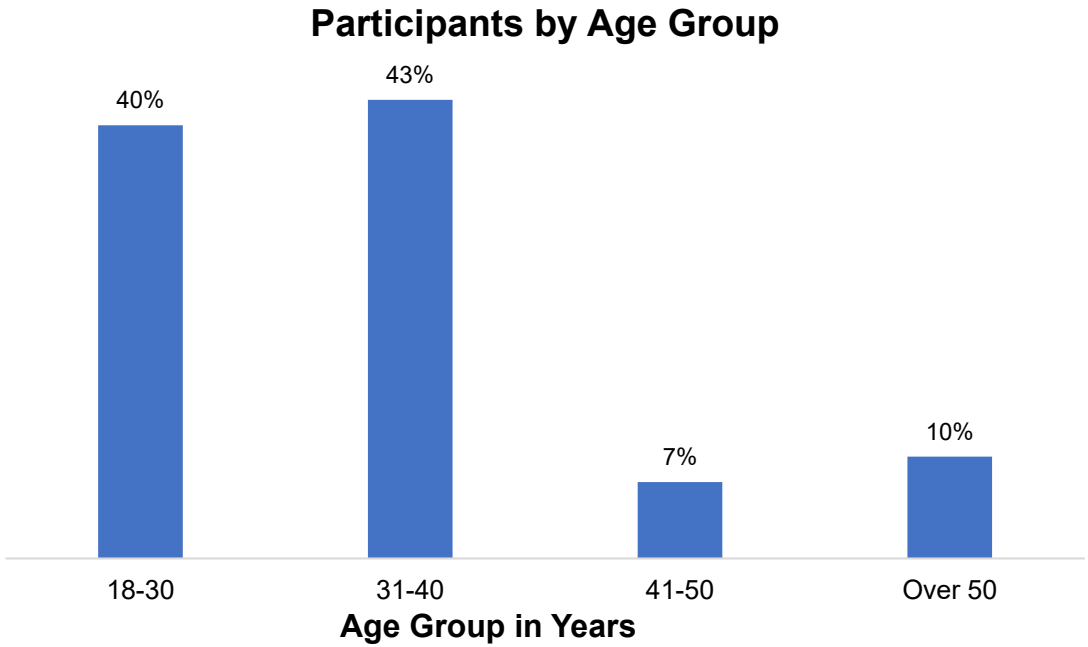
- Charles Black Community Center
- Mishawaka-Penn-Harris Public Library
- Virginia-Tutt Library S-Bend
- Zoom
- Two Women Care Centers

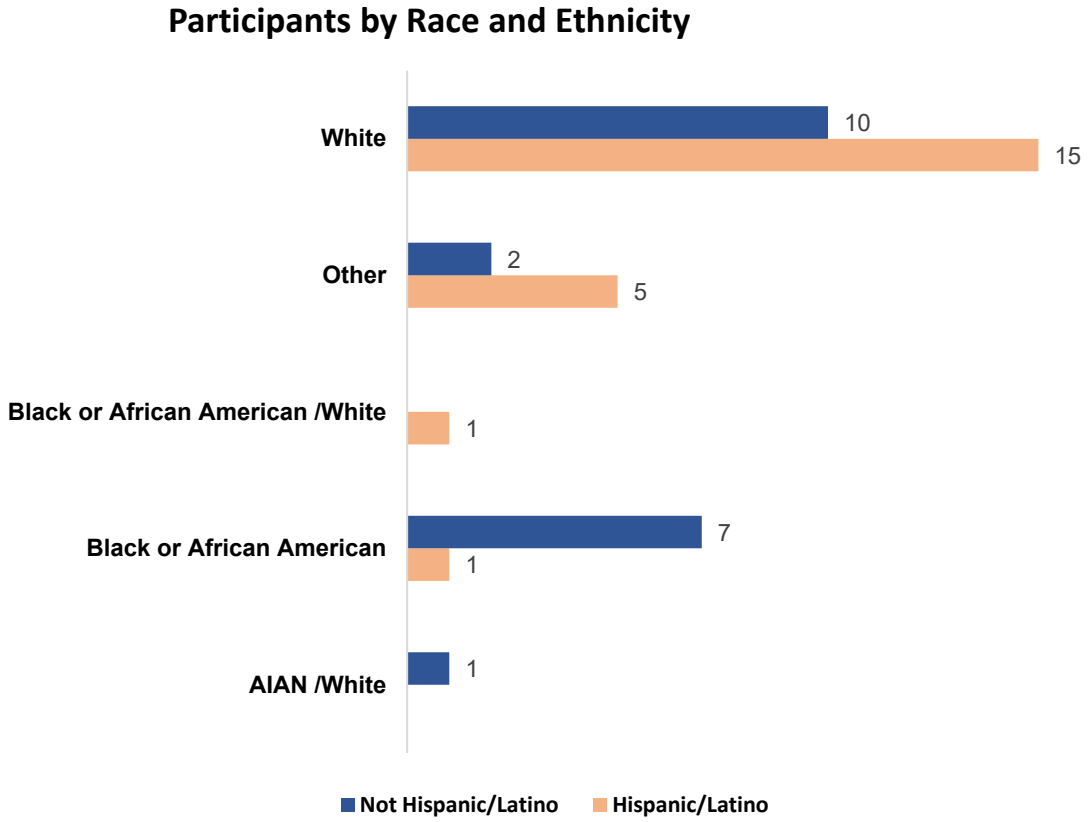
ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

Questions

- What is it like to **work** when you're pregnant?
- What was your experience with **prenatal** & **labor/delivery** providers?
- What was **postpartum care** like for you?
- What was your **living situation** like when you were pregnant or a new parent?
- Did you experience any **barriers** in getting to **appointments** while you were pregnant or a new parent?
- How can we make things **easier** when you're expecting a baby in our community?

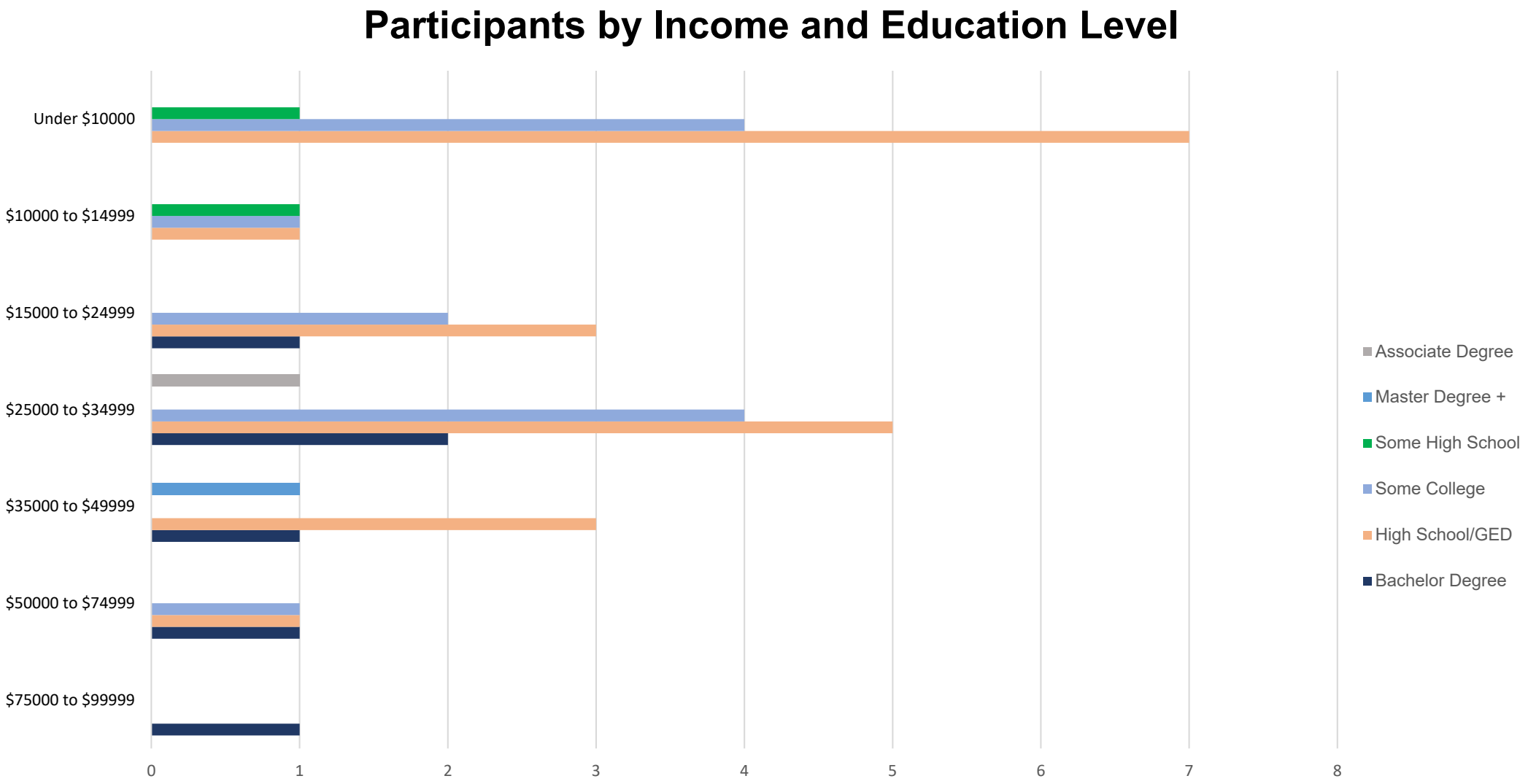
Demographics



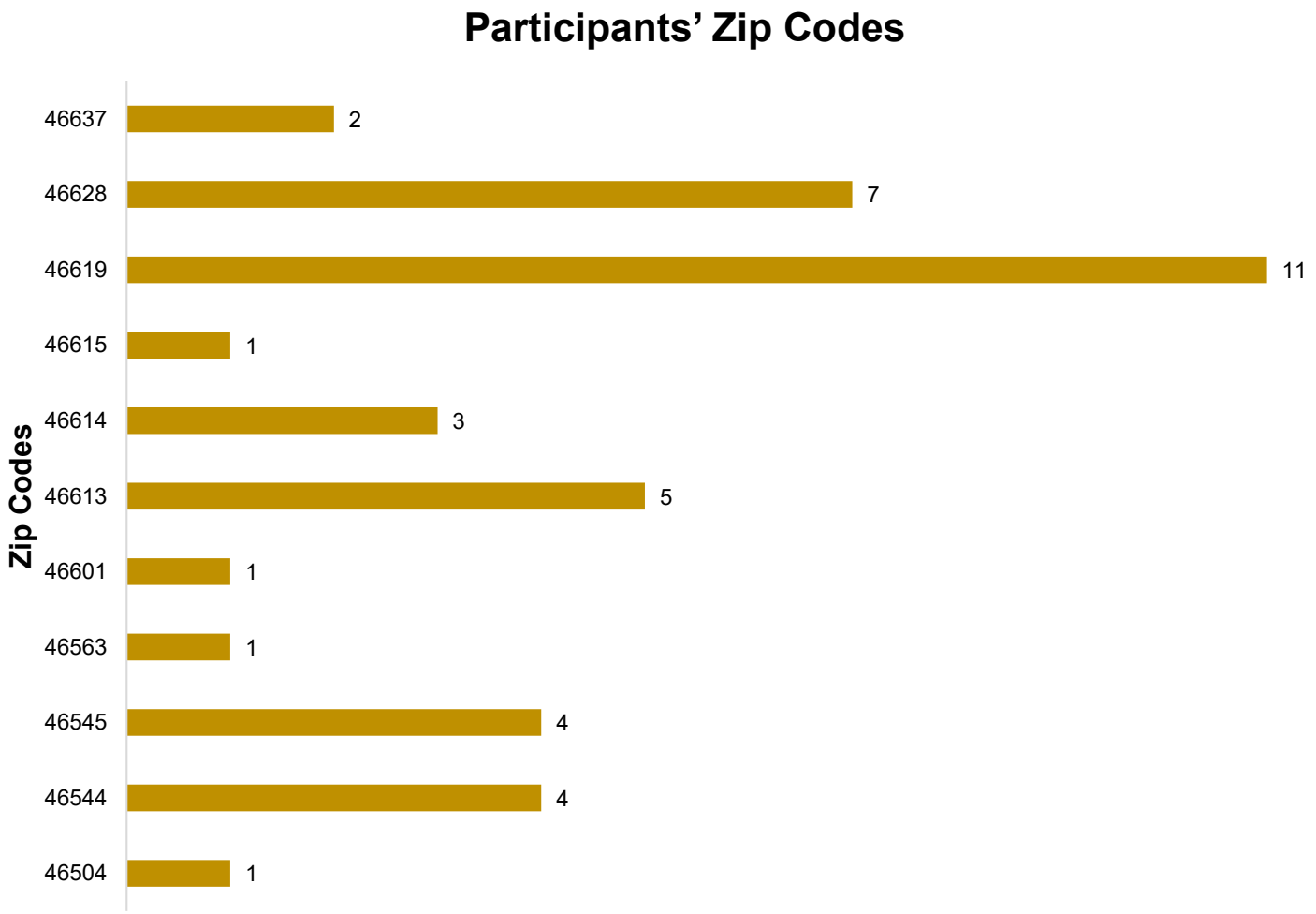


Number of participants since October is 42

Demographics

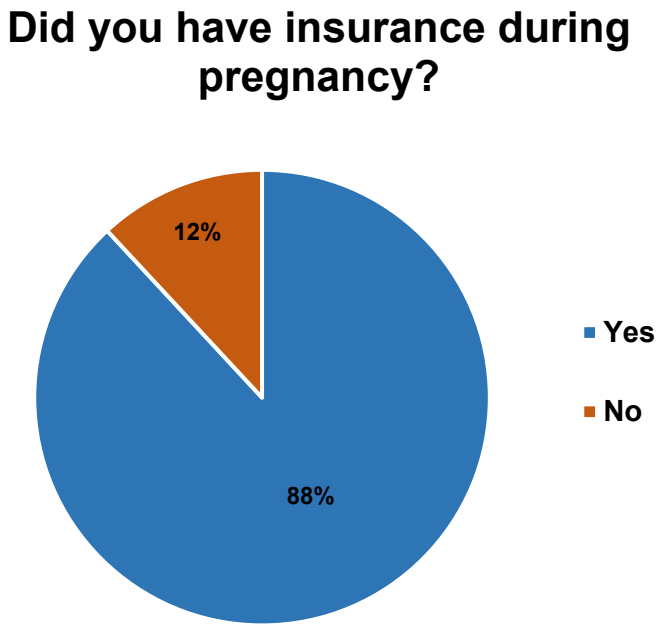


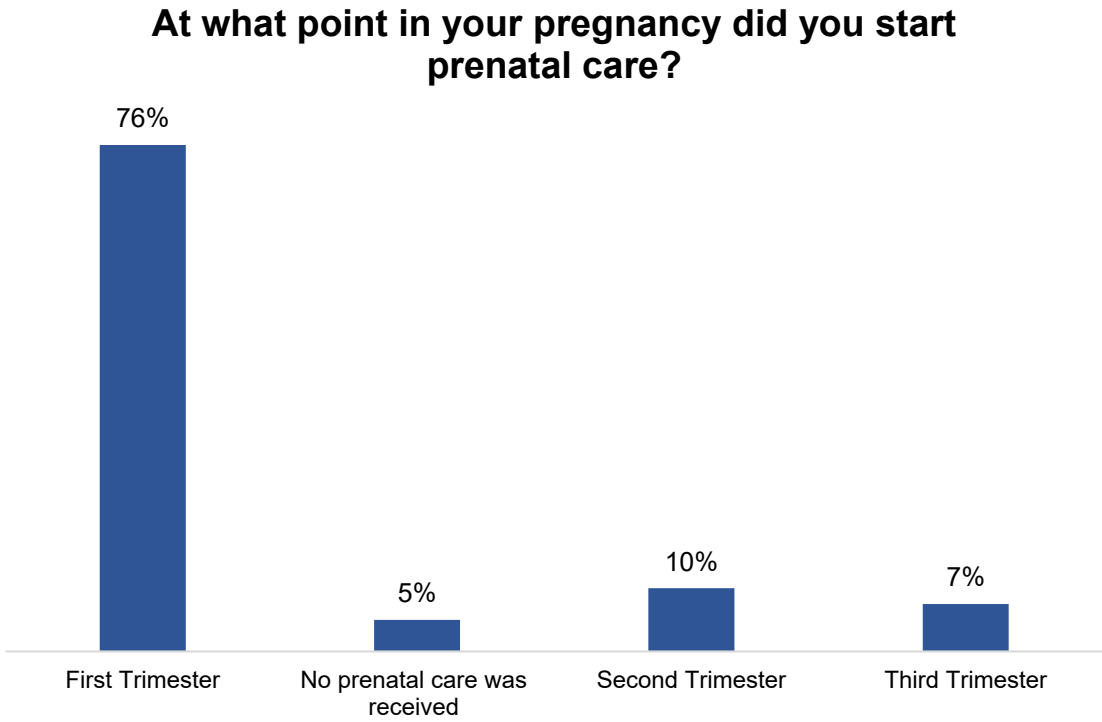
Demographics



Item	Percentage
Primary language	76% English 24% Spanish
Household size	26% had 3 people 24% had 5 people 17% had 4 people 11% had 2 people

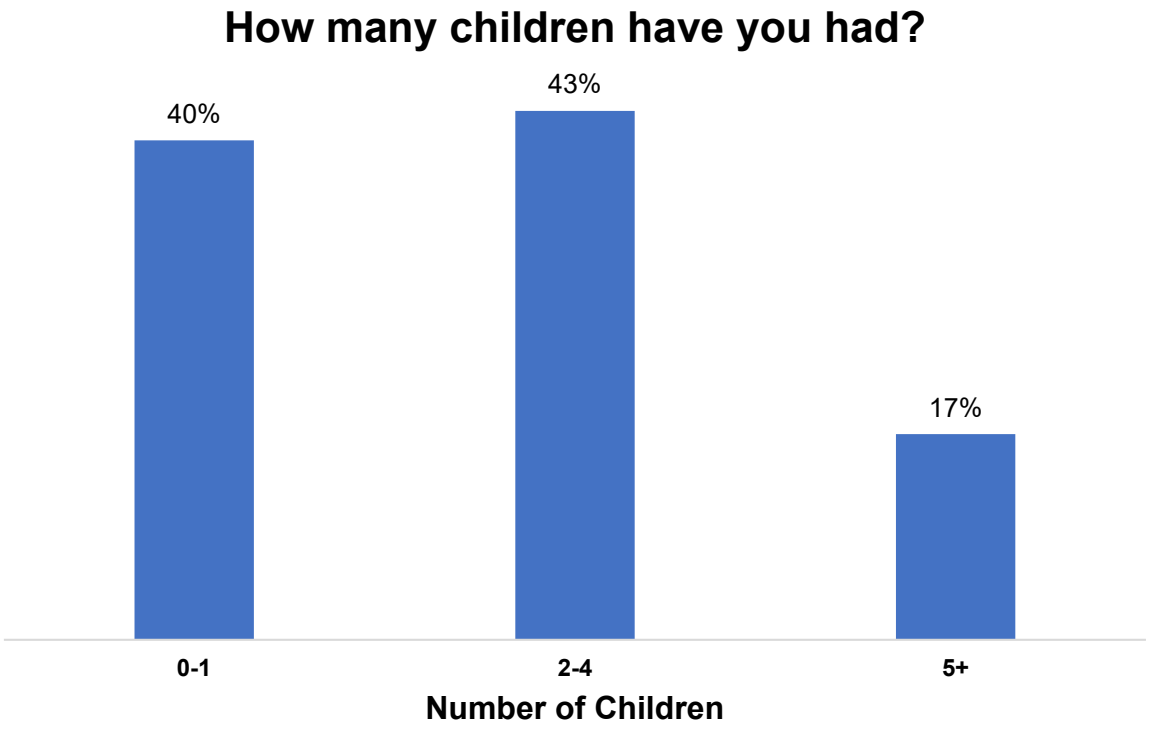
Demographics

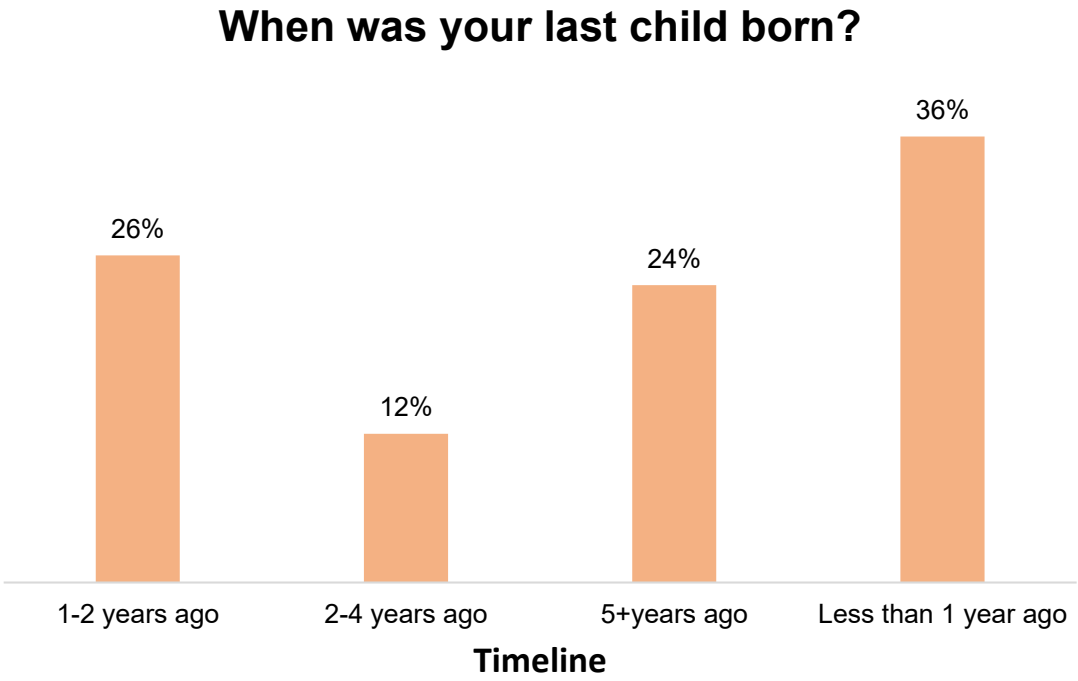




2% of the participants did not respond to this question

Demographics





2% of the participants did not respond to this question

Birth Equity Health Cafés: Themes & Lessons

Health Café Locations

- Charles Black Community Center
- Mishawaka-Penn-Harris Public Library
- Zoom

ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

Questions

- What is it like to **work** when you're pregnant?
- What was your **living situation** like when you were pregnant or a new parent?
- What was your experience with **prenatal** & **labor/delivery** providers?
- What was **postpartum care** like for you?
- Did you experience any **barriers** in getting to **appointments** while you were pregnant or a new parent?
- How can we make things **easier** when you're expecting a baby in our community?

Working During Pregnancy

Lack of policy

Workplaces do not have guidelines to support pregnant people

Physical demands

Many women reported difficulty with fatigue, physical strain

Supportive managers

Most women reported that their managers were supportive of their needs

Ability to provide for family

Many were grateful for their ability to work while pregnant

Working During Pregnancy

"When I had my first, **they didn't have a plan** for…women who were pregnant. So, I pretty much worked throughout my whole pregnancy."

"It was a **blessing** to be able to work."

"I happen to have an amazing employer...So, **they've been really supportive**. If I needed time off or if I had unexpected health concerns, they generally were **pretty protective of me** with different tasks that they gave me to do."

Challenges During Pregnancy

Establishing care with OB

Difficulty seeing OB as a new patient (no issues once established)

Lack of education

Lack of understanding about pregnancy & delivery process

Enrolling in Medicaid

Many experienced issues with staff at the Medicaid office

Lack of child care

Unable to bring children to prenatal appointments

Challenges During Pregnancy

“I had no prenatal care. So when I got to the hospital, they were like, ‘You're getting ready to deliver.’ And I was like, ‘**Deliver what?**’”

“It's interesting how doctors **just expect us to know as women…what our bodies are going to do**. Even if it's your first pregnancy and you're 30 years old, you should just know. Doesn't matter. **It's frustrating to me.”**

“It was so stressful to me because **the people who I was trying to go to for help were really rude to me**. And so that made it way [harder] to navigate.”

“I didn't expect **how much harder** a pregnancy would be to plan and schedule out and figure out **after you already have one kid**.”

Challenges with Delivery

Systems-Level

Changes to birth plan

Women's wishes sometimes not followed during delivery

Discharge process

Women felt rushed into being discharged from the hospital

Provider-Level

Provider availability

Regular OB unavailable; women uncomfortable with new provider

Ability to ask questions

Women felt unable to ask questions during delivery

Challenges with Delivery

"I felt like by the time I was delivered, my care changed. My clinical care changed. **I didn't get the options that me and my doctor talked about** at the hospital."

"They know what I want, but then you [alternate OB] come in, well, and because you're on call, I have to follow what you want because we're in the hospital and you're going to be like, '**No, we're going to do it this way**.'"

"**I felt rush[ed]** in a way, with the last two. Now they want to come as soon as you have the baby, they want to come and, 'Okay, I need you to sign this. Here's this, here's this. Do you want to breastfeed? Do you want to do this?'

I'm like, 'Well, wait a minute.' **Because, usually you do have these conversations with the doctor, right?**"

Postpartum Health Care Challenges

Lack of sufficient postpartum care

Some report that the 6 week follow-up was the only postpartum care they received

Time gap between giving birth & first follow-up

Most did not have their first follow-up appointment until 6 weeks after giving birth

Lack of information about postpartum health issues

Women did not know what to expect/look for (i.e. complications from C-section)

Positive: Supportive nurses in NICU

Postpartum Health Care Challenges

"[I] **learned more about postpartum care on TikTok** than I did from my doctor."

I feel like I should have probably gone in and been seen sooner…I had [a] C-section. **I felt like it was kind of weird to wait 6 weeks to see me having had a major surgery like that.**"

"What about the fact that they send us home with all this stuff for baby and then they forget about mom. **Mom just kind of gets forgotten about** because now there's this whole baby, **but mom has to be whole for baby to be taken care of.**"

Support After Giving Birth

Lack of awareness of existing resources

Women report not knowing about existing services to support new moms in the community

Lack of support from partner &/or family

Feelings of isolation, being overwhelmed after giving birth

Positive: No one reported housing issues

Support After Giving Birth

“If you don't know about those programs and if people aren't giving you those resources, how are you supposed to know? And so I guess my thing is **nobody's offering you those resources**.”

“I was a single parent, so it was just me. My mom took a week off, but she wasn't really there with me at night times. **So I was doing everything by myself. But it was hard**.”

Recommendations from Mothers

Enhanced prenatal care

Increase frequency & length of appointments

Enhanced postpartum care

Initiate more quickly, increase frequency

Parental paid leave policy

Current lack of policy is a significant issue for most women & their families

Educational programs

Need/desire for more information on pregnancy, delivery, & postpartum health

Recommendations from Mothers

Mental health check-in

Follow-up shortly after giving birth; mothers were willing to discuss if asked

Support group

Foster connections with other mothers in the community

Reducing stigma

Ensure that women do not feel shame when asking for help

Connection with existing resources

Need for increased awareness of available community resources

(Suggestion of a pregnancy expo)

Thank you!

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