IMPROVING SOCIAL SUPPORT FOR EQUITABLE MATERNAL HEALTH

Rose Molina, MD, MPH, Amanda DiMeo, MSc, Jonathan Wolinsky, MPP, Ana Langer MD

BACKGROUND

Racial/ethnic inequities in maternal health persist in which Black and Native individuals experience worse outcomes when compared with white individuals, even after adjusting for socioeconomic factors. **Gaps in social support during pregnancy and the first year after childbirth contribute to these inequities in maternal health.** Community-based organizations (CBOs) and allied health care and public health organizations address critical gaps in social support but may not be adequately equipped to optimize outcomes.

Funded by The Boston Foundation, this project launched in 2019 and is a partnership with The Boston Foundation, Harvard T.H. Chan School of Public Health's Women and Health Initiative, and Ariadne Labs (*Figure 1*).

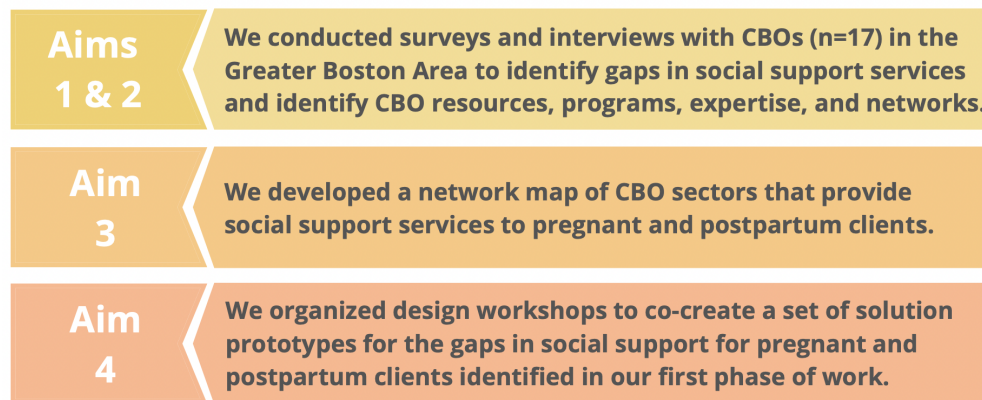**Figure 1. Timeline of Boston Foundation Grants**

AIMS

Our project aims from July 2019-June 2021 were to:

1. Identify gaps in social support services among CBOs for clients of color during pregnancy through one year after childbirth;
2. Identify CBO assets, resources, programs, and expertise;
3. Identify relationships among CBOs in the Greater Boston Area; and
4. Create a solution prototype to address the gaps in social support services.

We accomplished the four aims through data collection and analysis (*Figure 2*).

Figure 2. How We Achieved the Four Aims through a Mixed Methods Study and Design Workshops

Aims 1 & 2	We conducted surveys and interviews with CBOs (n=17) in the Greater Boston Area to identify gaps in social support services and identify CBO resources, programs, expertise, and networks.
Aim 3	We developed a network map of CBO sectors that provide social support services to pregnant and postpartum clients.
Aim 4	We organized design workshops to co-create a set of solution prototypes for the gaps in social support for pregnant and postpartum clients identified in our first phase of work.

SURVEY & INTERVIEW METHODS & FINDINGS[1]

Our survey respondents represented CBOs from the following sectors:

> Health Care (4)
> Mental Health (3)
> Early Childhood (3)

> Care Coordination (3)
> Doula Care (2)
> Education (2)
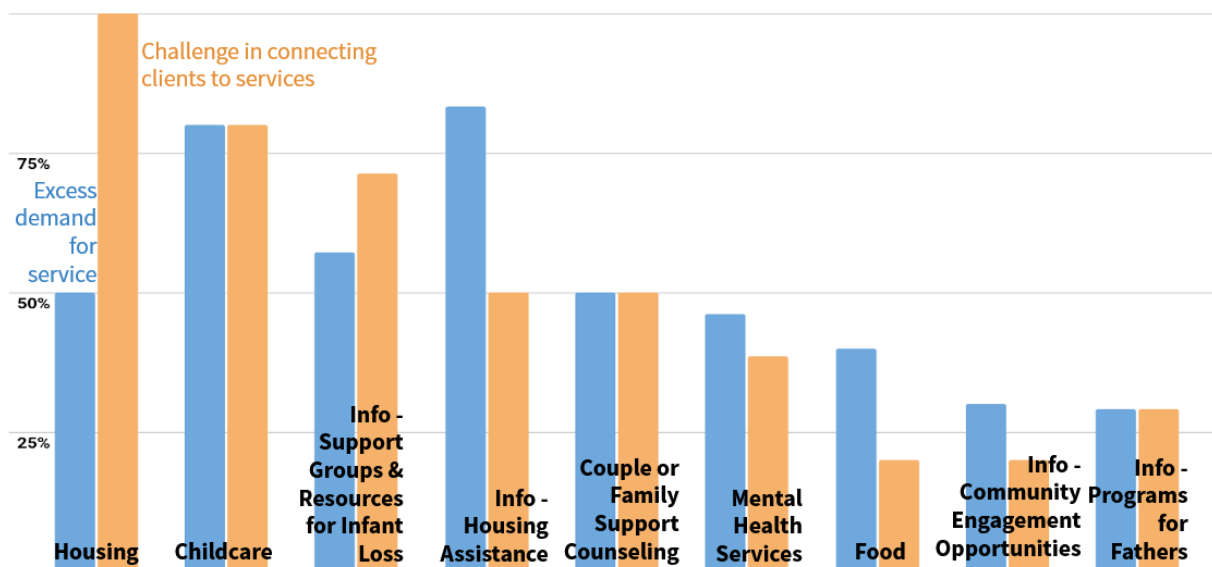
> Public Health (1)
> Housing (1)
> Public Interest Law (1)

Our interview respondents represented CBOs from the following sectors:

> Health Care (4)
> Public Health (3)

> Mental Health (3)
> Material Assistance (1)

> Doula Care (1)
> Public Interest Law (1)

Respondents identified **housing**, **childcare** and **support groups** and resources for pregnancy and infant loss as the top gaps in social support services *(Figure 3)*. We conducted a network analysis to understand referral pathways and connections between CBOs *(Figure 4)*. We found that the health care and mental health sectors were most connected to CBOs in the network. Interview participants identified structural and interpersonal racism in Greater Boston and CBOs as well as lack of coordination of CBOs as top challenges to providing social support services for clients of color *(Figure 5)*. The COVID-19 pandemic exacerbated these challenges due to increased demand for services and shifting scopes of work among CBOs. We presented these findings at a networking reception of over 140 participants, including participants from the study and other CBO members, researchers, and policymakers in October 2020.
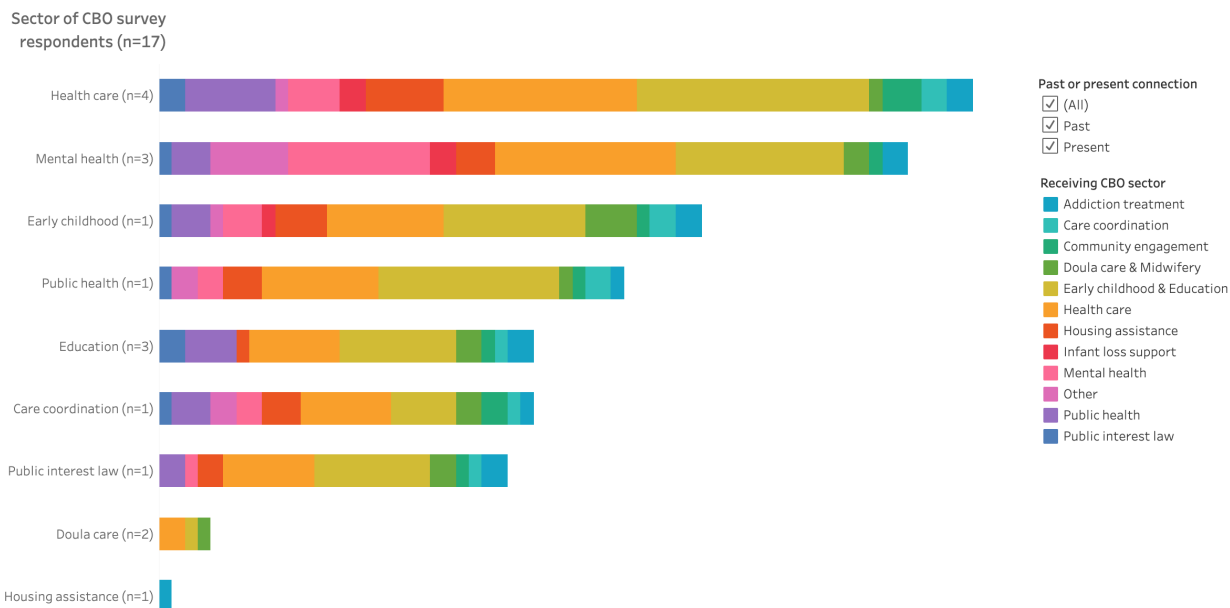
---

[1] West R, DiMeo A, Langer A, Shah N, Molina RL. Addressing Racial/Ethnic Inequities in Maternal Health Through Community-Based Social Support Services: A Mixed Methods Study. Matern Child Health J. 2022 Jan 4:1–11. doi: 10.1007/s10995-021-03363-5. Epub ahead of print. PMID: 34982340; PMCID: PMC8724658.

ARIADNE LABS   HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH WOMEN AND HEALTH INITIATIVE

Figure 3. Gaps in Social Support Services for Pregnant and Postpartum Clients

Challenge in connecting clients to services

Excess demand for service

75%

50%

25%

Info - Support Groups & Resources for Infant Loss

Info - Housing Assistance

Couple or Family Support Counseling

Mental Health Services

Info - Community Engagement Opportunities

Info - Programs for Fathers

Housing Childcare Food

Note: The graph shows percentages of CBOs that provide the service.

Figure 4. Referral and Collaboration Networks among CBO Respondents

Sector of CBO survey respondents (n=17)

Health care (n=4)
Mental health (n=3)
Early childhood (n=1)
Public health (n=1)
Education (n=3)
Care coordination (n=1)
Public interest law (n=1)
Doula care (n=2)
Housing assistance (n=1)

Past or present connection
☑ (All)
☑ Past
☑ Present

Receiving CBO sector
■ Addiction treatment
■ Care coordination
■ Community engagement
■ Doula care & Midwifery
■ Early childhood & Education
■ Health care
■ Housing assistance
■ Infant loss support
■ Mental health
■ Other
■ Public health
■ Public interest law

ARIADNE LABS

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH
WOMEN AND HEALTH INITIATIVE

Figure 5. Top Challenges to Accessing Social Support Services

| | Structural & interpersonal racism in the Greater Boston Area | Examples of structural racism included policies and practices in the criminal legal system, immigration system, and Department of Child & Family Services, as well as the legacy of redlining. Interpersonal racism examples included clients' experiences with healthcare providers, employee experiences within their CBOs, and internalized/anticipated racism by their clients. |

> *"…Things like **redlining** where families of color were disenfranchised from being able to access the property ladder and thus accumulate that sort of wealth that many white families have always had access to…"*

| | Structural & interpersonal racism within CBOs | There is a need for more CBO staff of color and staff who speak multiple languages to support the referral process for clients with diverse identities and lived experiences. |

> *"I think identifying the **providers who look like you**, and who have an **understanding of you**, or are coming from a perspective of **cultural competency** is a big thing…"*

| | Lack of coordination of services | CBO employees expressed a desire for increased awareness and collaborations among organizations in their own networks, improved resource collaboration and data sharing, and better integration of social support services with clinical services. |

> *"I'm sure there are programs that exist all over Boston that I'm **unaware** of that I could potentially share with some of these clients. I only know what I know."*

DESIGN WORKSHOP FINDINGS[2]

In Fall 2020, we hosted three design workshops to co-create a set of solutions for the gaps identified in our first phase of work. We followed Stanford University's Hasso Plattner Institute of Design and IDEO's framework for design thinking, bringing together a diverse group of healthcare organizations and CBOs through a structured brainstorming process. Fifteen unique organizations participated representing the following sectors:

> Health Care (3)
> Public Interest or Legal (3)
> Public Health (2)

> Mental Health (2)
> Early Childhood (1)
> Care Coordination (1)

> Doula Care (1)
> Education (1)
> Housing (1)

We organized our design workshops around the following goals:

1. leverage findings from interviews and surveys of CBOs and allied organizations to focus on high-impact opportunities for solution prototyping;
2. provide multiple opportunities for input from a variety of organizations; and
3. assess the usefulness of potential solutions with CBOs and allied organizations.

Ultimately, we aimed to enhance co-production and ownership of the solution prototype to address the top challenges for social support for people of color through the design workshops. We discussed key considerations in Greater Boston, including: Boston's history with racism, high rates of healthcare coverage in Massachusetts, regional

---

[2] Molina, R, DiMeo A, Graham L, Galvin G, Shah N, Langer A. Racial/Ethnic Inequities in Pregnancy-Related Social Support: Design Workshops With Community-Based Organizations in Greater Boston. J Public Health Manag Pract. 2022 Jan-Feb 28:p. doi: 10.1097/PHH.0000000000001438

inequality, and variations in local governance across Greater Boston. We identified facilitators and barriers relevant to the solutions and their potential impact in Greater Boston *(Figure 6)*.

Figure 6. Solutions Identified for the Top Challenges to Accessing Social Support Services

Structural & interpersonal racism in the Greater Boston Area	**Solutions**	Support alternative birthing options for pregnant and birthing people when representation does not exist in the healthcare system Advocate for policies to enhance coverage for social support providers (doulas, outpatient breastfeeding support) Hold doula trainings and workshops specific to birthing people who identify as Black, Indegenous, and People of Color (BIPOC) Incorporate anti-racism and microaggression training into the healthcare system	
	Facilitators	Acknowledge history and lived experiences of birthing people of color Strengthen informal support networks; Invite culture change that is accountable in practice	
	Barriers	Historically restrictive policies in birth center/birth worker accreditation Lack of anti-racist curricula at all professional levels	
Structural & interpersonal racism within CBOs	**Solutions**	Provide payments to community members for participating in programming Create a deliberate strategic plan to address equity Offer professional development for BIPOC staff Implement recruitment and hiring practices to ensure and support a diverse workforce	
	Facilitators	Make a plan within the organization that is intentional and measurable, available to the whole organization	
	Barriers	Language is not always accessible for all	
Lack of coordination of services	**Solutions**	Centralized, coordinated or collaborative intake systems for social support needs Coalition that includes community members and birthing people to ensure social support services are prioritized during pregnancy and postpartum City-wide shared data (e.g. website) about available social support services and eligibility criteria Health navigators at the city level to help individuals navigate social support referrals	
	Facilitators	Build-up existing networks of services that already exist Obtain necessary human and financial resources to sustain intake systems	
	Barriers	Staffing all necessary roles Identify backbone organization to lead coalition	

ARIADNE LABS

HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH
WOMEN AND HEALTH INITIATIVE

We held a final, internal workshop to analyze and integrate the findings from the workshops. We included experts in design thinking and maternal health in Boston to encourage our team to think strategically about the best focus for designing a solution to support CBOs and allied organizations. Several themes arose in this session, including:

Co-location of multiple solutions

Participants explored the opportunity for several of the proposed solutions to complement each other. Specifically, a coordinated intake system that feeds into a health navigation program was an example of how this approach could improve coordination and create access points to referrals.

Shared ownership of social support services and eligibility criteria data

Ownership of data and privacy protections were brought up as important considerations. Many flagged that the data-owning organization would need to earn the trust of the community and have the capacity to report on the data.

Locus of decision-making about triage and referrals

Within intake systems, there exist different models that place the responsibility of connecting clients to services on the provider or the birthing person themselves. Participants discussed opportunities for technology to automate a process that makes referrals easier and more efficient.
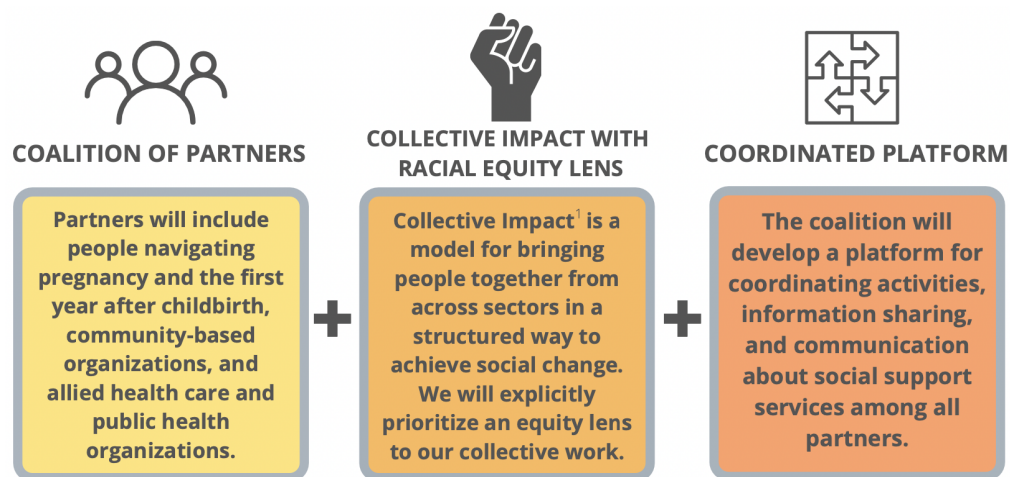
Strengthening and coordinating existing programs

Participants acknowledged a need to strengthen resources and programs that exist, which can avoid duplication of services, fill gaps, and build community trust.

SOLUTION PROTOTYPE

Our proposed solution prototype is a coalition of partners using a Collective Impact model with a racial equity lens that can facilitate inclusive coordination between the health care delivery system and social service system in the Greater Boston Area *(Figure 7)*. In addition to coordinating social support services, the coalition will participate in advocacy efforts to advance policies addressing structural racism in Greater Boston and within their organizations. The shared goal of the partners is to build a coalition to address racial/ethnic inequities in social support services for people navigating pregnancy and first year after childbirth. The Collective Impact model aims to promote cross-sectoral engagement, accountability, and trust. We will achieve success by maintaining an explicit racial equity lens *(Figure 8)*.

Figure 7. Overview of Solution Prototype

COALITION OF PARTNERS

Partners will include people navigating pregnancy and the first year after childbirth, community-based organizations, and allied health care and public health organizations.

+

COLLECTIVE IMPACT WITH RACIAL EQUITY LENS

Collective Impact[1] is a model for bringing people together from across sectors in a structured way to achieve social change. We will explicitly prioritize an equity lens to our collective work.

+

COORDINATED PLATFORM

The coalition will develop a platform for coordinating activities, information sharing, and communication about social support services among all partners.

1. Kania, J., & Kramer, M. (2011). Collective Impact. Stanford Social Innovation Review, 9(1), 36–41.

Figure 8. Pillars of Collective Impact and Racial Equity Lens

Pillars of Collective Impact		Racial Equity Lens
1 **Common Agenda**	A shared vision for social change, including a shared understanding of the problem and joint approach to the actions that fulfill a solution.	Explicitly define equity within the CI model & a shared understanding of what it looks like.
2 **Shared Measurement Systems**	Agreement on how success will be measured & reported. A list of indicators on the community level and across organizations ensures alignment/accountability	Disaggregate data by race/ethnicity, gender, language, residential neighborhood, and other social factors.
3 **Mutually Reinforcing Activities**	Coordination of activities through a mutually reinforcing action plan. Each participant's efforts must fit into an overarching plan.	Tailor activities specifically to communities most impacted by inequities.
4 **Continuous Communication**	Regular meetings over time to build trust within the coalition. Successful CI models held monthly or biweekly in-person meetings among CEO-level leaders.	Commit to reversing inequities through communication practices (inclusivity) and accessibility (transportation, scheduling, language).
5 **Backbone Support Organization**	Specified organization with dedicated staff to coordinate facilitation, technology and communications, data collection and reporting, and handling logistical details.	An organization with existing trust with communities most impacted by inequities, representative staff, and leadership-building capacity.

ARIADNE LABS

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH WOMEN AND HEALTH INITIATIVE

CONCLUSIONS & NEXT STEPS

This study highlights the important work of CBOs in addressing social support needs for clients of color during pregnancy and the transition to parenthood. Persistent gaps described by CBOs in meeting their clients' needs include insufficient capacity to meet demand for housing, childcare, mental health, and support groups for miscarriage, stillbirth, and infant loss. Structural and interpersonal racism harms communities of color and contributes to the lack of provision of comprehensive social support services. We highlight the need for maternal health advocates, community members, health care providers, and social care organizers to come together and co-create solutions to address the gaps identified. CBOs should be key partners in developing solutions to address social support needs during pregnancy and the transition to parenthood.

In July 2021, we received a planning grant from TBF to further develop the solution prototype and engage with partners in the Collective Impact space. We conducted a review of the Collective Impact model to better understand the components of a successful Collective Impact initiative and the value and criteria of a backbone organization to lead the coalition. We conducted key informant interviews with the following Collective Impact initiatives: Boston Opportunity Agenda - Birth to 8 Collaborative, Healthy Chelsea, Cradle Cincinnati, and Shape Up Somerville. We also continued to meet with partners that we had engaged with throughout this project and had the opportunity to present oral testimony at the Racial Inequities in Maternal Health Commission's second public meeting and listening session in September of 2021.

In January 2022 we received funding for the final phase of this project, building on the initial investment that we received for the first three years. Over the course of 9 months, we will achieve the following aims:

1. Identify a committed backbone organization and coalition partners
2. Co-design the structure for the coalition in a Memorandum of Understanding
3. Support the backbone organization to draft a narrative for sustained funding

The overall goal of this transition phase is to co-develop a funding proposal with an identified backbone organization to launch the coalition.