

# IMPROVING SOCIAL SUPPORT FOR EQUITABLE MATERNAL HEALTH

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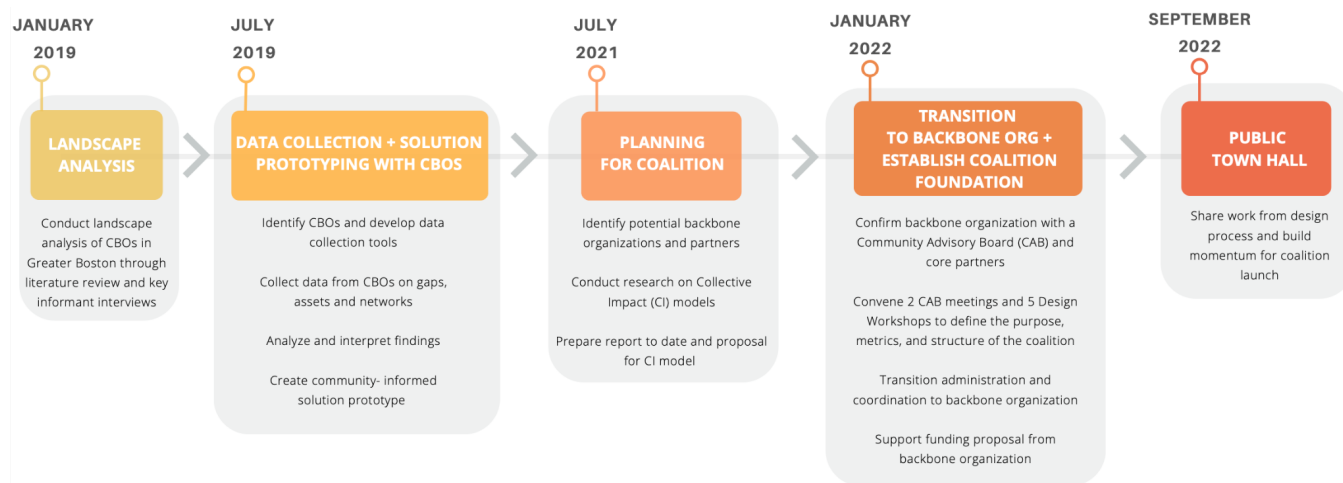
## BACKGROUND

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

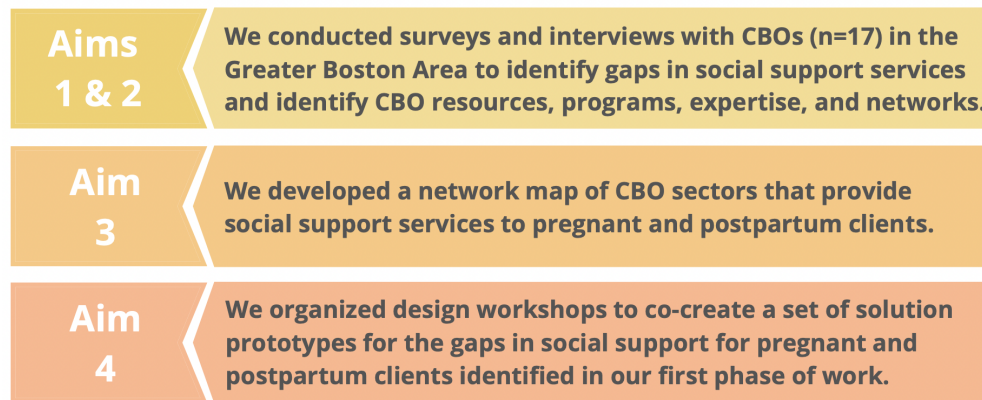
Our project aims from July 2019-June 2021 were to:

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**



## SURVEY & INTERVIEW METHODS & FINDINGS<sup>1</sup>

Our survey respondents represented CBOs from the following sectors:

- |                       |                         |                           |
|-----------------------|-------------------------|---------------------------|
| > Health Care (4)     | > Care Coordination (3) | > Public Health (1)       |
| > Mental Health (3)   | > Doula Care (2)        | > Housing (1)             |
| > Early Childhood (3) | > Education (2)         | > Public Interest Law (1) |

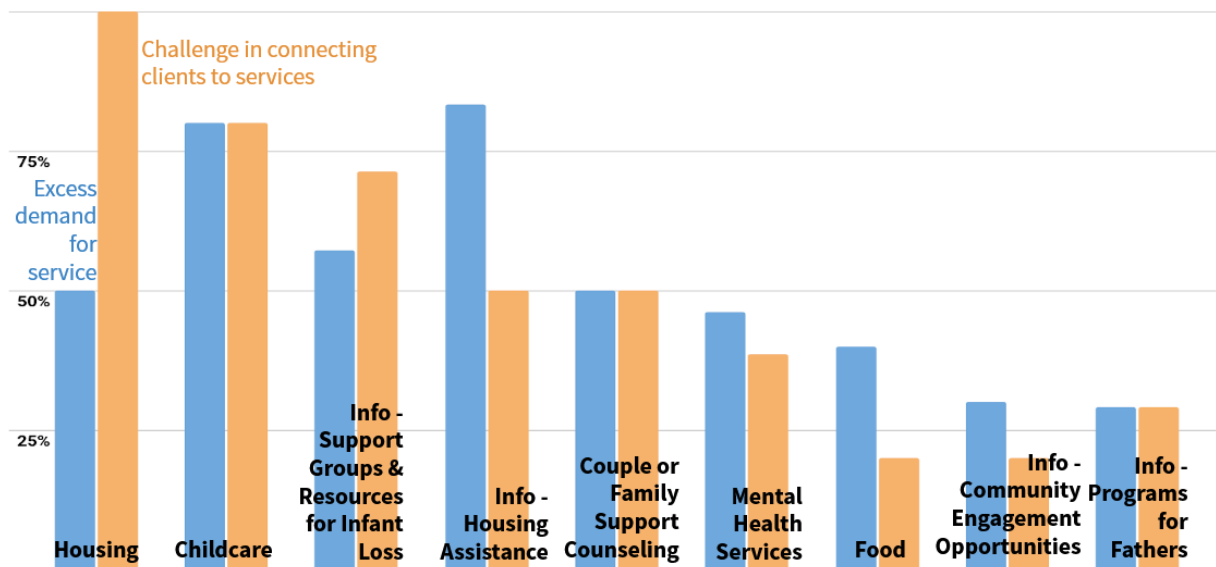
Our interview respondents represented CBOs from the following sectors:

- |                     |                           |                           |
|---------------------|---------------------------|---------------------------|
| > Health Care (4)   | > Mental Health (3)       | > Doula Care (1)          |
| > Public Health (3) | > Material Assistance (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.

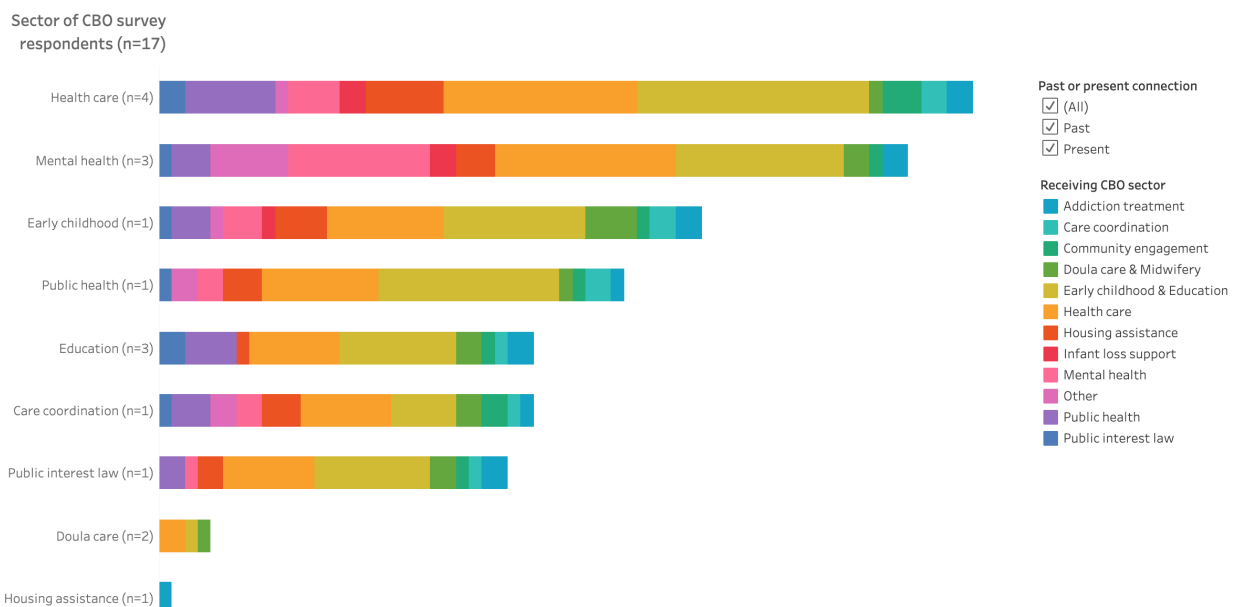
<sup>1</sup> West R, DiMeo A, Langer A, Shah N, Molina RL. Addressing Racial/Ethnic Inequities in Maternal Health Through Community-Based Social Support Services: A Mixed Methods Study. *Matern Child Health J*. 2022 Jan 4:1–11. doi: 10.1007/s10995-021-03363-5. Epub ahead of print. PMID: 34982340; PMCID: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

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






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

**Figure 4. Referral and Collaboration Networks among CBO Respondents**



**Figure 5. Top Challenges to Accessing Social Support Services**

	Structural & interpersonal racism in the Greater Boston Area	<p>Examples of structural racism included policies and practices in the criminal legal system, immigration system, and Department of Child &amp; 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.</p> <p><i>"...Things like <b>redlining</b> 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..."</i></p>
	Structural & interpersonal racism within CBOs	<p>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.</p> <p><i>"I think identifying the <b>providers who look like you</b>, and who have an <b>understanding of you</b>, or are coming from a perspective of <b>cultural competency</b> is a big thing..."</i></p>
	Lack of coordination of services	<p>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.</p> <p><i>"I'm sure there are programs that exist all over Boston that I'm <b>unaware</b> of that I could potentially share with some of these clients. I only know what I know."</i></p>

## DESIGN WORKSHOP FINDINGS<sup>2</sup>

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)              | > Mental Health (2)     | > Doula Care (1) |
| > Public Interest or Legal (3) | > Early Childhood (1)   | > Education (1)  |
| > Public Health (2)            | > Care Coordination (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

<sup>2</sup> 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**

 <p>Structural &amp; interpersonal racism in the Greater Boston Area</p>	<p><b>Solutions</b></p> <ul style="list-style-type: none"> <li>Support alternative birthing options for pregnant and birthing people when representation does not exist in the healthcare system</li> <li>Advocate for policies to enhance coverage for social support providers (doulas, outpatient breastfeeding support)</li> <li>Hold doula trainings and workshops specific to birthing people who identify as Black, Indigenous, and People of Color (BIPOC)</li> <li>Incorporate anti-racism and microaggression training into the healthcare system</li> </ul>
	<p><b>Facilitators</b></p> <ul style="list-style-type: none"> <li>Acknowledge history and lived experiences of birthing people of color</li> <li>Strengthen informal support networks; Invite culture change that is accountable in practice</li> </ul>
	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>Historically restrictive policies in birth center/birth worker accreditation</li> <li>Lack of anti-racist curricula at all professional levels</li> </ul>
 <p>Structural &amp; interpersonal racism within CBOs</p>	<p><b>Solutions</b></p> <ul style="list-style-type: none"> <li>Provide payments to community members for participating in programming</li> <li>Create a deliberate strategic plan to address equity</li> <li>Offer professional development for BIPOC staff</li> <li>Implement recruitment and hiring practices to ensure and support a diverse workforce</li> </ul>
	<p><b>Facilitators</b></p> <ul style="list-style-type: none"> <li>Make a plan within the organization that is intentional and measurable, available to the whole organization</li> </ul>
	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>Language is not always accessible for all</li> </ul>
 <p>Lack of coordination of services</p>	<p><b>Solutions</b></p> <ul style="list-style-type: none"> <li>Centralized, coordinated or collaborative intake systems for social support needs</li> <li>Coalition that includes community members and birthing people to ensure social support services are prioritized during pregnancy and postpartum</li> <li>City-wide shared data (e.g. website) about available social support services and eligibility criteria</li> <li>Health navigators at the city level to help individuals navigate social support referrals</li> </ul>
	<p><b>Facilitators</b></p> <ul style="list-style-type: none"> <li>Build-up existing networks of services that already exist</li> <li>Obtain necessary human and financial resources to sustain intake systems</li> </ul>
	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>Staffing all necessary roles</li> <li>Identify backbone organization to lead coalition</li> </ul>

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

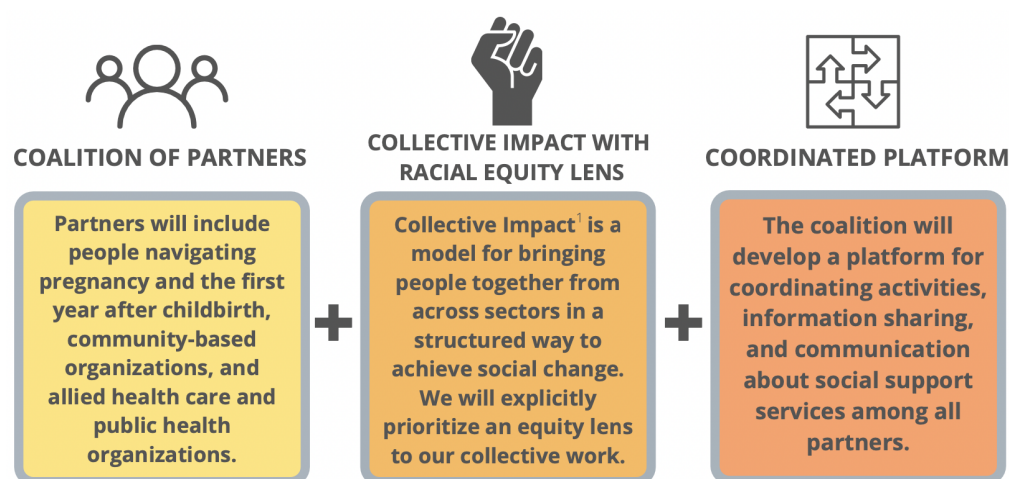
Participants acknowledged a need to strengthen resources and programs that exist, which can avoid duplication of services, fill gaps, and build community trust.

## 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*).

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 2021.

**Figure 7. Overview of Solution Prototype**



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
<b>1 Common Agenda</b>	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.
<b>2 Shared Measurement Systems</b>	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.
<b>3 Mutually Reinforcing Activities</b>	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.
<b>4 Continuous Communication</b>	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).
<b>5 Backbone Support Organization</b>	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.

## DEVELOPING THE FOUNDATION FOR A COMMUNITY-LED COALITION

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 from The Boston Foundation. Over the course of 9 months, we set out to achieve the following aims:

1. Co-design with community members the foundation of a cross-sector coalition focused on addressing gaps in social support during pregnancy and first year after childbirth, and
2. Build capacity with a backbone organization to launch a cross-sector coalition to enhance coordination of community-based social support services for people navigating pregnancy and the transition to parenthood, particularly in communities of color in Greater Boston.

We partnered with Vital Village Networks to co-create a community-driven Framework of Coalition Principles through a collaborative process in which multiple partners, including community members, were brought together to participate in two community advisory board meetings and five design workshops between March-June 2022. The purpose of these meetings and workshops was to co-develop the groundwork for a cross-sectoral coalition to improve health for people navigating pregnancy, childbirth, and transition to parenthood with a particular focus on communities of color in Greater Boston. In the design workshops, participants defined the initial purpose, metrics, and structure of the coalition as a guide to propel future work. Please see the [Framework of Coalition Principles](#) for further details.

## CONCLUSIONS & NEXT STEPS

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 racism and lack of coordination of comprehensive social support services for growing families. Community members and CBOs should be key partners in developing solutions to address social support needs during pregnancy and the transition to parenthood. We plan to hold a Public Town Hall hosted by The Boston Foundation in September 2022 to share our work to date and build momentum for the next phase of launching the community-driven coalition, supported by Vital Village Networks.