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# OUR **WORK**

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**For correspondence, please contact:**
BLACK Wellness & Prosperity Center
1133 S Street | Fresno. CA 93721
Shantay R. Davies-Balch, MBA, CLE, Doula
President & CEO
Email: Shantay@Black-Enterprises.com
Website: https://www.blackwpc.org

# TABLE OF CONTENTS

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## INTRODUCTION


About Us ..... 1
How We Build Systems Transformation ..... 2
Strategic Plan ..... 3
Theory of Change ..... 4
Operational Guidance for Power-Sharing ..... 5


## ADVOCACY


BLACK Mothers' and Women's Perspectives ..... 9
Doula Perspectives ..... 13
"This is My Body, I Live Here." ..... 19
BLACK Maternal Health Circles ..... 23
BLACK Birthing Bill of Rights ..... 24


## RESEARCH


BLACK Fatherhood Legacy - Co-design Report ..... 26
BLACK Fatherhood Legacy - Final Report ..... 30
Antenatal CommuNity Engagement to reduce Maternal Inequities from Anemia in Pregnancy (ANEMIA) ..... 37


## INFRASTRUCTURE & CAPACITY BUILDING


BLACK Doula Network ..... 39
You Deserve a Doula ..... 40
Provider Training on Doulas ..... 41
BLACK Doula Consortium ..... 42
Facilitators Guide: Safe Sleep ..... 43


## STRATEGIC ECOSYSTEMS


Building Spaces ..... 47

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## BELONGING. LOVE. AFFINITY. COMMUNITY. KINSHIP.

Equal opportunity is one of our country's most cherished ideals, and no single factor influences whole-life success as strongly as a healthy birth and early childhood.

Yet today, Fresno's **African American women and babies disproportionately experience preterm birth** — 14.9% compared to 8.4% for white women — and Black babies are over 3 times more likely to die during their first year of life.

## BLACK WELLNESS & PROSPERITY CENTER (BWPC)

**BLACK Wellness & Prosperity Center (BWPC)** is a research-driven social enterprise founded to make policies and programs more equitable and effective. BWPC is a translator for policymakers, scientists, and practitioners that puts academic research to work to serve Black women. Simultaneously, BWPC turns intelligence from the community into original research to inform and scale up sustainable infrastructure solutions.

An indispensable design cycle partner, BWPC contributes and helps test ideas, understanding that validation from the served community is always critical to the development of successful programs, projects, products, and services.

**Our mission is to be a catalyst to improve well-being and prosperity in the Black community** with sustained efforts to improve Black Maternal and Child Health outcomes, and effectively unite and elevate the Black voice, and build sustainable infrastructure to strengthen Black capacity.

*"BLACK Wellness & Prosperity Center is the first Black Maternal Child Health CBO in Fresno County established to unapologetically serve the unmet needs of African American women and babies."*

Shantay R. Davies-Balch
**President & CEO**

# HOW WE BUILD SYSTEMS TRANSFORMATION

COVID-19 & AFRICAN AMERICAN COALITION

**Shantay Davies-Balch**
President & CEO
Founding Director, African American Coalition

## OUR VISIONARY

**BWPC invested over 300 hours to convene coalition partners,** design and develop the coalition structure, and negotiate contracts to secure anchor CARES Act funding through Fresno County and City of Fresno. Special acknowledgement to Fresno Economic Opportunity Commission, the coalition's backbone and fiscal sponsor to ensure the coalition will exist beyond BWPC's leadership.

**The coalition is built on the foundational vision of Black-centered public health.** In pursuit of that vision, the work of the coalition is dynamic and opportunistic. Recognizing that public health outcomes can intersect with factors such as economic stability, family stability, and racial justice, the coalition may operate in adjacent fields where opportunities arise, from year to year, to contribute to improving health outcomes in the Black community.

## AFRICAN AMERICAN COALITION PARTNERS

- **Fresno Economic Opportunity Commission** (FEOC) Fiscal agent and administrative backbone support
- **Dr. Venise Curry**
- **Cultural Brokers, Inc.**
- **African American Clergy Task Force**
- **Fresno Metro Black Chamber of Commerce Foundation**
- **West Fresno Family Resource Center**
- **Take a Stand Committee**

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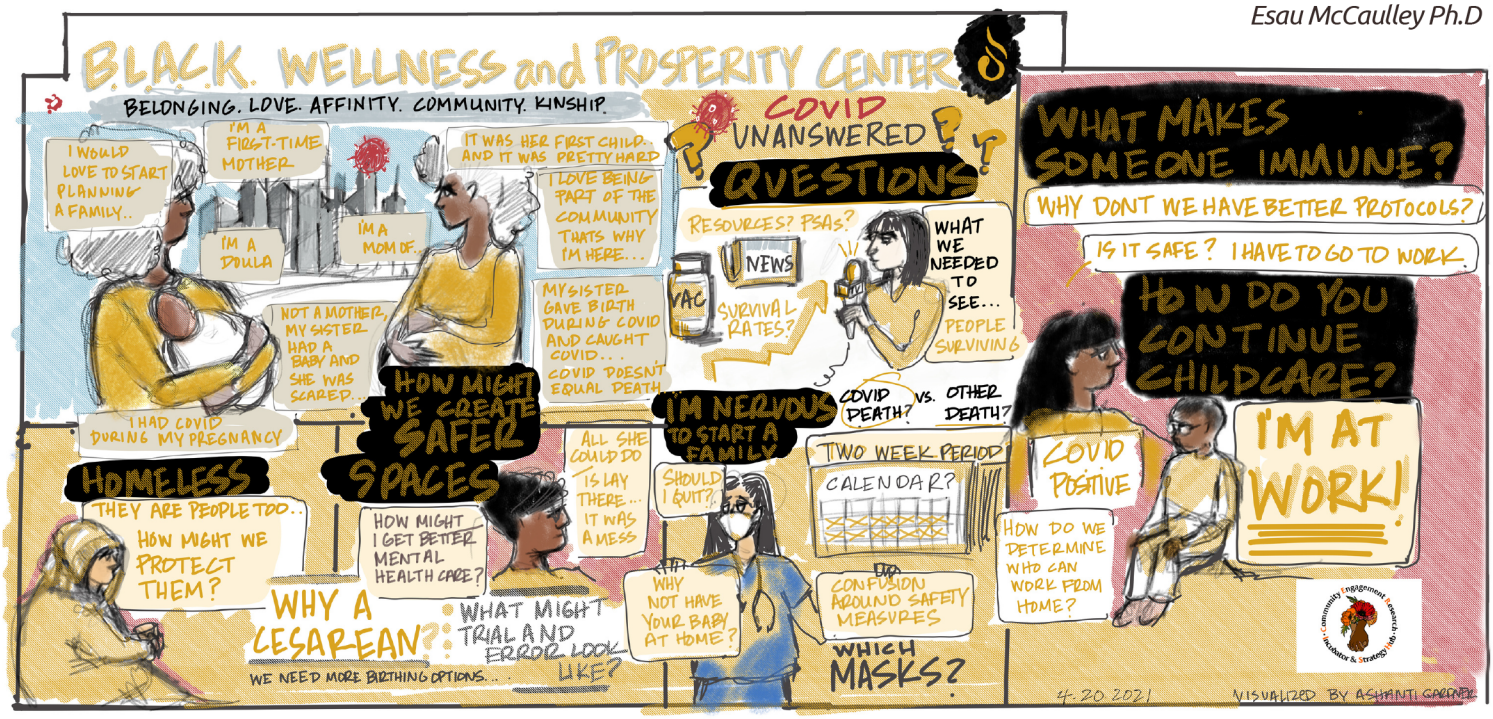
# STRATEGIC PLAN

**BELONGING.**
**LOVE.**
**AFFINITY.**
**COMMUNITY.**
**KINSHIP.**

## THE PROBLEM

Data collected on Black/AA individuals show the inequities Black/AA people experience. Rarely, this data is used to inform programs and policies to solve these inequities. Black Wellness & Prosperity Center exists to promote evidence-to-impact opportunities for decision-makers by taking research and turning it into critical insights for policy and programs. BWPC identifies high-impact, cost-effective, culturally congruent approaches and promotes their scale-up and adoption into policies.

*Systemic racism is a shorthand for a whole mass of actual injustices experienced every day by the multitude of black and brown people. We are not talking about an abstract concept but the experiences of real persons backed up by a mountain of data.*
*Esau McCaulley Ph.D*




## THE SOLUTION

Black Wellness & Prosperity Center exists to build evidence-to-impact opportunities to improve health and prosperity outcomes for Black/AA women, individuals, and communities.

## HOW WE DO THIS:

**Evidence**. We take data and turn it into critical insights for policy and programs. Turning data into actionable evidence requires unlocking the narratives from the data about lived experiences of Black/AA individuals that are often overlooked in research. BWPC specializes in the analysis of research and data to uncover root causes, systemic patterns, and critical levers for solutions. BWPC identifies pressing problems faced by Black/AA people, formulates key research questions, and discovers innovative solutions to understand which interventions work, which do not, and why.

**Impact Opportunities.** BWPC promotes the adoption and scale-up of effective solutions. BWPC leverages its understanding of the local context, deep connections with decision-makers, and knowledge of the forums where decisions are taken or influenced to expand opportunities for culturally congruent policies and programs that benefit Black/AA communities. BWPC provides technical expertise and support to communities of practice, scaling partners, and policymakers to maximize success and impact. BWPC also improves outcomes from upstream investments by providing cross-sector navigation.

**Shared Strategically.** BWPC shares evidence strategically to build evidence-informed decision-making cultures with a variety of stakeholders. BWPC convenes a number of coalitions and collaborative networks where evidence can be shared strategically to impact programs and policies.

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# THEORY OF CHANGE

## INPUTS

Power Sharing: BWPC works in partnership with Black women leading solutions.

Expertise · Knowledge · Community Partners · Money · Network

## IMPACT: IMPROVED WELL-BEING & PROSPERITY IN FRESNO'S BLACK COMMUNITY

### LONGER-TERM OUTCOMES

**SYSTEMIC CHANGE**
Systems Accountability: Greater systems accountability for the adverse outcomes experienced by Black women.

**INSTITUTIONAL CHANGE**
Decision-Maker Accountability: Challenge individuals in power who have designed systems of inequity or act as gatekeepers for these institutions.

**ENVIRONMENTAL CHANGE**
Prioritizing Investment: Increased investments in disinvested neighborhoods that impact Black people.

**SOCIAL CHANGE**
Normalizing Blackness: Greater recognition and acknowledgement of the existence and sanctioning of biases against blackness in society.

## MEDIUM TERM OUTCOMES

- Decreased experiences/perception of racism by Black women during pregnancy and birth
- Economic mobility/decreased poverty. Increased household wealth-building assets
- Local and Statewide policies in support of person centered maternity care.
- Increased rates of breastfeeding; Increased rates of birth-spacing; Decrease in infant mortality.

## SHORT TERM OUTCOMES

- More research to improve programs and policies.
- Black women trained and educated.
- Mothers have basic needs met.
- Healthy moms and healthy babies.
- Black women provided culturally congruent care
- Black women receive doula and health training.
- More income generated.
- Community power-building.

## ACTIVITIES

**RESEARCH**
Take data and turn it into critical insights for policy and programs. Identify pressing problems faced by Black women, formulate key research questions and discover innovative solutions to understand which interventions work, which do not, and why.

**ADVOCACY**
Advocate for culturally congruent system improvements across the life course.

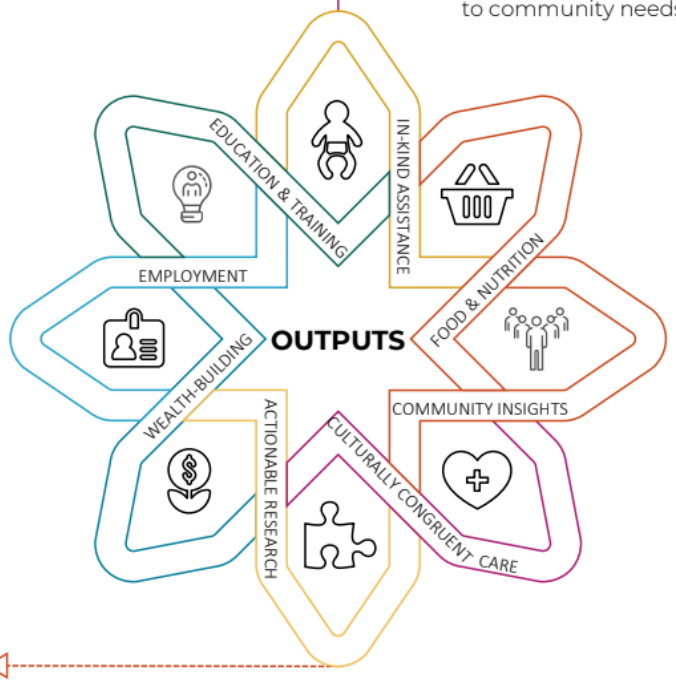
**STRATEGIC ECOSYSTEMS**
Build evidence-informed decision-making cultures with stakeholders.

Convene coalitions, stakeholders, and collaborative networks where evidence is shared strategically to impact programs and policies.

**INFRASTRUCTURE & CAPACITY BUILDING**
Influence and expand opportunities for culturally congruent policies and programs.

Provide technical assistance to design, develop and implement infrastructure solutions in response to community needs.

## OUTPUTS



**OBJECTIVE OF THE GUIDANCE**
This practical guidance is designed to build **Belonging, Love, Affinity, Community**, and **Kinship** and to share power with Black Girls, Women, Birthing Persons, and Mothers in all decisions, resources, services, policies, and programs that affect them. This guidance is to ensure that power is shared responsibly by taking account of, giving account to, and being held to account by the people most impacted.

## SUGGESTED CITATION

Davies-Balch, S. Operational Guidance for Power-Sharing with Black Girls, Women, Birthing Persons, and Mothers. BLACK Wellness & Prosperity Center. 9/08/2021.

The Operational Guidance for Power-Sharing with Black Girls, Women, Birthing Persons, and Mothers was reviewed by the BLACK Wellness & Prosperity Center (BWPC) Advisory Council.



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Email: Shantay@Black-Enterprises.com
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### OBJECTIVE OF THE GUIDANCE

This practical guidance is designed to build **Belonging, Love, Affinity, Community**, and **Kinship** and to share power with Black Girls, Women, Birthing Persons, and Mothers in all decisions, resources, services, policies, and programs that affect them. This guidance is to ensure that power is shared responsibly by taking account of, giving account to, and being held to account by the people most impacted.

### TAKING ACCOUNT

**Prioritize** opportunities for the voices of Black girls, women, birthing persons, and mothers to be heard and shape decision-making at all phases.

### GIVING ACCOUNT

Provide information to the community throughout the process, outlining what plans and commitments are, how and why decisions were made, and what the process is/was.

### BEING HELD TO ACCOUNT

Provide Black girls, women, birthing persons, and mothers access to meaningfully evaluate the quality of their care, determine the effectiveness of care in addressing their needs, offer solutions to improve their care, and expect that their solutions will be adopted.

**All of these dimensions should be informed by a vulnerability and age analysis—because people's visibility, voice, opportunities, and constraints are very much affected by their experiences and age.**

## PRINCIPLES OF ENGAGEMENT

### 1. CENTER BLACK VOICES

Generate meaningful and relevant results and outcomes for Black girls, women, birthing persons and mothers—in accordance with their **specific needs, priorities**, and **preferences.**

### 2. RESPECT THEIR RIGHTS

Work in ways to **protect, facilitate**, and **enable** Black girls, women, birthing persons, and mothers to exercise their rights, including the right to high quality care, equitable access to services and resources, and **respect** their right to share their views and opinions about services, policies, and/or decisions that affect them.

### 3. BUILD TRUST

Build relationships of trust based on mutual respect, transparency, power-sharing, and two-way communication.

### 4. END-TO-END PARTICIPATION

End-to-end participation requires both integrating Black perspectives into the **content** of policies, services, and programs, and **representation** of Black people in the decision-making process.

***BLACK Wellness & Prosperity Center (BWPC) is a research driven social enterprise founded to make equitable policies and programs more effective.***

***We are a catalyst to lift the well-being and prosperity in the Black community.***

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**IMPLEMENTATION GUIDANCE**
BWPC developed this implementation strategy for engaging Black girls, women, birthing persons, and mothers—understanding that participation from the served community is always critical to the design of successful programs, projects, products, and services.

## MINIMUM STANDARDS CHECKLIST

- **Black girls, women, birthing persons, and mothers have been consulted** and engaged in the needs assessment, intervention priorities, selection criteria and design of activities and/or other data reflecting their views and perspectives.
- **There are strategies and approaches to promote participation, facilitate trust**, and two-way communication and transparency throughout the initiative, project, decision process, or activity.
- **There is a plan to mitigate barriers and bottlenecks faced by Black people** exercising their right to information and respectful care and services.
- People are **provided with accessible and understandable key information** on 1) objectives and activities, 2) their rights and entitlements and 3) how to participate in and share in decisions that affect them.
- There are **accountability measures to mitigate anti-Black racism** at the individual and organizational level, and training and capacity-building for those who serve Black people.
- **Systems are developed and/or coordinated to ensure programs, care** and **services** are culturally concordant and respond respectfully and holistically to diverse needs and priorities.

**These minimum standards are developed with the recognition & acknowledgement of the existence and sanctioning of biases against Blackness in society. Great intentionality must be developed to counteract these biases.**

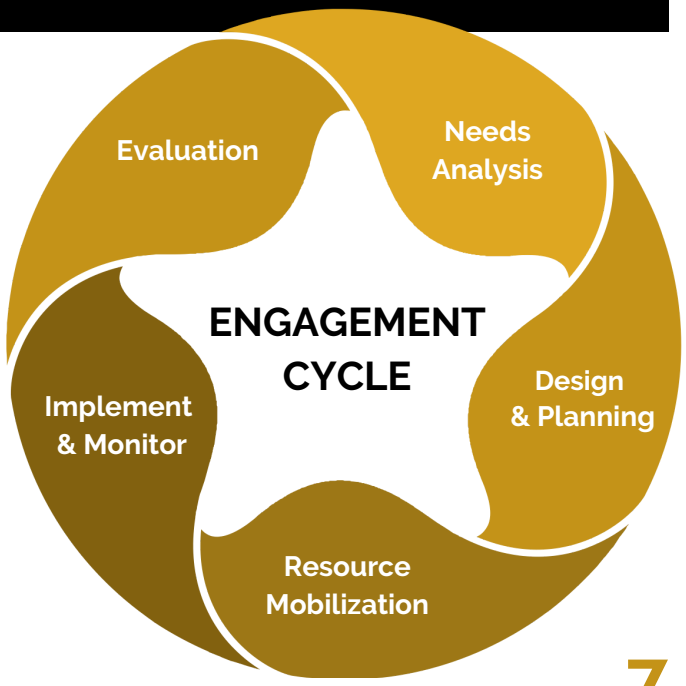
## OPERATIONAL CONSIDERATIONS

**1. A budget is allocated** to compensate participation of Black girls, women, birthing persons, and mothers as ***experts for what they need.***

**2. There are resources dedicated to building capacity** for Black-led community partners, representatives, and leaders.

**3. There is a plan to hire, invest in**, procure from, and/or work with Black-owned businesses.

**4. Existing knowledge, capacities, and investments** are respected in the planning and allocation of resources.



# ADVOCACY

# BLACK MOTHERS' AND WOMEN'S PERSPECTIVES

2021 November

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## EXECUTIVE SUMMARY

Person-centered care starts with viewing health care through the lens of patients. Listening to the lived experiences and voices of Black girls, women, mothers, and birthing persons* can facilitate shared understanding and a development of a respectful care plan.

These experiences, good and bad can help provide valuable information to the healthcare community to help guide improvements in the experiences of Black women.

**When a woman's voice is amplified, it can also encourage others to speak up and advocate for their needs.**

To exact change in the way Black women experience healthcare, it is essential for all care providers to invest in developing cultural intelligence, practice delivering culturally respectful care, and adopt flexible care models.

Most importantly, all care providers must own implicit biases, prioritize accountability to patients, respect the lived experiences of patients, and acknowledge women as experts on their bodies.

## KEY LEARNINGS

- **Black women do not feel listened to in healthcare settings** and feel that their input is devalued and dismissed in provider offices and hospital settings.
- Black women experience **adverse PREVENTABLE health issues.**
- Black women report experiencing **rudeness, objectification, and disrespect** of their bodies in healthcare environments.
- Black women report not being offered or receiving needed clinical interventions.
- Black women partially define "good" care as clear communication and prompt responses to concerns.
- Black women report that they observe differences in the way they are treated versus the way non-Black women are treated.
- Many Black women stated that their **providers disregarded their requests** for alternative care based on personal provider preference versus available clinical options.
- Black women feel validated and respected when their **requests were meaningfully considered** by medical professionals.
- **Black women feel the communication within the healthcare system is not effective or efficient,** causing undue stress and hardship from navigating between providers, hospitals, and insurance.

*In this report moving forward we used "Black women" but are inclusive of all Black girls, women, mothers, and birthing persons.

## OUR VOICES

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"**So I, was concerned, and** I asked if we could do an ultrasound. And she said:"- Oh no, well, I don't have a concern for you, it's not necessary ."- It was a lot of frustration. It was too late for me to switch doctors, but **I ended up getting her to get me the ultrasound. We did the ultrasound, and boom, there's a concern.** The baby was small and wasn't growing anymore."

"**It wasn't explained to me why vaginal birth couldn't have been done.** It was like: "- Oh, one baby is breech. "-You're getting a C-section!" - that's it. Everything else is my birth plan was out of the window. They did not explain anything else or provide alternative options."

"**No support, no communication.** I was going to doctors, I felt like every other day. **If it's, such a high-risk pregnancy, then why aren't you guys communicating to me what needs to be communicated?"**

"I think when the situation happened, **I felt embarrassed.** And now I'm just like, **if I were to remember the nurses' names I was supposed to be in the care of, I would actually sue them."**

"I would say **good care is a care that is supportive.** That is respectful. A care that listens to me."

"**I had a C-section, and I was in a lot of pain afterwards.** Whenever I complained about my pain to the nurses, they had called the doctor. (...) One of the nurses had got ahold to my doctor to see if they could give me something stronger. And she did that as soon as possible, Within the next hour or so she came and gave me something stronger. **So, the two nurses that I did have, they were very good."**

## HEALTHCARE RECOMMENDATIONS

**Recommendation 1:** Establish a safe space, such as community conversations to build **trust and mutual respect.**

**Recommendation 2:** Create opportunities for Black women to amplify their voice and for providers to listen and learn how to **share healthcare power** with Black women.

- **Recommendation 3:** Routinize and integrate learnings from community conversations with Black women into assessment and evaluation processes.
- **Recommendation 4:** Actively and regularly seek institutional and individual opportunities to understand, advocate for, and adopt policies and procedures that will transform the Black healthcare experience.

**ACKNOWLEDGEMENT: THANK YOU TO THE WOMEN WHO SHARED THEIR STORIES AND EXPERIENCES TO HELP US IMPROVE CARE FOR ALL WOMEN.**

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# DOULA PERSPECTIVES

## Community-based Doula Listening Session

(559) 478-5912
INFO@BLACK-ENTERPRISES.COM
WWW.BLACKWPC.ORG

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# EXECUTIVE **SUMMARY**

We believe that through the support doulas provide, we can improve the health outcomes of Black mothers and babies. To that end, we need to build an infrastructure that prioritizes the needs of two key stakeholders: pregnant persons and doulas. We started the inquiry with doulas.

This report provides insights into the realities, including observations and challenges of Black doulas who want to serve Black communities in the Central Valley, which in our definition covers the area between Bakersfield and Stockton.

**KEY INFORMATION WE LEARNED INCLUDE:**

- Not all currently available doula trainings – especially the more mainstream trainings – prepare doulas, especially Black doulas, to serve Black women.
- Building professional working relationships between doulas and hospital staff often involved challenges and controversies, and the task of fostering a positive collaboration mostly falls on doulas.
- Knowledge about the services and availability of local doulas is low in the community.
- Currently none of the participants can fully support themselves only by being a doula, despite their love for the profession and strong commitment to serve Black families.

Consequently, **to transform birth outcomes, doulas must: (1) be equipped with strategies and skills** to adequately serve the specific needs of Black birthing persons at all stages of the pregnancy experiences, (2) **be more integrated into the hospital's birth team and recognized** for their contributions, (3) and **be able to prosper** while practicing doula profession.

**As first steps of achieving the goal of building Fresno's culturally congruent/culturally affirming Doula Network consisting of about 300 locally trained doulas**, BWPC takes these lessons and incorporates them into the doula training curriculum and the infrastructure design.

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# QUOTES FROM THE **LISTENING SESSION:**

> **"It sounds like lots of us are struggling with the same thing – balancing supporting ourselves and our family and as well as doing this work. And it seems like we have to choose sometimes (...)."**

"**In the beginning, they will be very hesitant to who you are** – "- Oh you are doula, oh you are Black..."

---

"(...) **I do understand that there are people out there who can't afford it** [having a doula]. They need it but can't afford it. And this is something I have to work through, which is probably more of a challenge for me than it is for them."

---

"I automatically did not feel comfortable advocating for Black families in the hospital after taking **my training and I was able** to recognize that right away."

---

"Once we were done [with the training], I was like: **how I am gonna support Black women?**"

---

"(....) **I had a lot of doula questions of who I am, and why are you this room.** I just always say that I am here for the mom, I am the mom's advocate, and the mom previously hired me to be here."

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# PURPOSE

The purpose of this focus group session was to learn from Black and Indigenous doulas about their training experiences, the services they provide in the Central Valley, the economic prosperity of serving African American/Black women in the area, and the support that practicing Black doulas are currently lacking.

We intended to gather information specifically about what they found to be the most/least beneficial in their training(s), what their challenges are, how they manage their business, and how they seek development opportunities to inform our work regarding the development of the BLACK doula infrastructure. We wished to test ideas/gain validation for our previous assumptions, and gain new insights. Based on our mapping, we identified and invited 11 Black and Indigenous birth workers/doulas whose service area includes the Central Valley.

Some of these eleven doulas were already known by us, and others were identified through online doula directories and online sources. Five of the eleven invited individuals were able to attend the session. With three Black doulas who did not attend, we conducted individual discussions. Participants received a $25 gift card.

The group session lasted for approximately 2.5 hours. We used guided questions organized into three main groups – exploring motivation and training, workload and doula practices, and collaboration/work relations. The session was recorded.

KEY INFORMATION WE **LEARNED FROM BOTH INDIVIDUAL AND GROUP DISCUSSIONS INCLUDE:**

- Several participants mentioned that **their own birthing experience** was one of the main factors for them becoming doulas.

- **Not all the currently available doula trainings – especially the more mainstream trainings – prepare doulas**, especially Black doulas, to serve Black women.

- Participants talked about the importance of "meeting people where they are, not just physically and emotionally, but financially as well". On the one hand this means that **doulas need to be multi-skilled to serve various clients and at multiple points of their pregnancy experiences,** thus almost all of them became full spectrum/full circle doulas. On the other hand, because of the explicit desire to **support Black women and the realities of what their clients can afford**, it might also mean that prices at times require flexibility even if it is sometimes not profitable for the doulas.

- A couple of participants mentioned that the **level of recognition of the training was important** to them when they chose the program.

- **Those who had WOC/Black trainer talked about greater satisfaction** with their training.

- **Teaching doulas how to run their business is useful,** however, even if learned, it still takes lot of work.

- **When designing training content, participants talked about the importance of inclusiveness** – inclusiveness of race and ethnicity, and inclusiveness of gender identities. They also described doula work as a field that needs to encompass life-long education – what doulas need, must be pieced together, through self-study, taking several courses, and keeping up with the literature.

- Doulas typically offer wellness and care **services in combined packages.**

- **Doula work entails the risk of burnout**- aspects such as the stress of running the business and uncertainties around work schedule might contribute to this burnout.

- **Mentorship**, a doula community, a "doula alliance", a **local doula directory**, and coordinated promotional efforts in the community – **a sort of community referral system – are currently missing.**

- **Currently none of the participants can fully support themselves only by being a doula**. Doula work has been described as unpredictable. While the participants are passionate about being a doula and talked about making different adjustments to serve low-income Black women in need, they talked about the dilemma whether to choose a job that provides financial sustainability or to face financial insecurities as a full-time doula.

## VALIDATED **INSIGHTS**

Our understanding is that the following assumptions gained validation, and the following considerations would be amendable when devising recruitment and implementation strategies:

**Doula infrastructure could benefit from a strong partnership with hospitals** – permanent liaisons could help with building collaborations between doulas and clinician staff.

**Building a doula infrastructure to be interpreted broadly with a number of related doula-benefits/services**. Desirable benefits include: health care coverage; back-up-doula systems; support in running the business; outreach and promotional activities.

**Recognition of the training matters** – BWPC to consider certification or focus on the branding/reputation of our doula training.

**Professional development and professional networking** opportunities to become an integral part of the infrastructure.

**Training content/curriculum and the instructor must be mindful of the Black maternal health experience.** It is essential that topics such as preterm birth are thoroughly discussed. Cultural sensitivity should be foundational. Developing advocacy skills should be heavily built into the training.

**Our training needs to take a holistic approach** – inclusive of all stages and various outcomes of pregnancy experiences – this will provide not only a higher quality service for the client but also diversifies the services.

In order for the infrastructure to be sustainable in the Central Valley, the **minimum prices must range between $1,000 and $1,500** with a workload of 4-7 clients per month - depending on individual circumstances.

**Click the belly to join our interest list!**

- **www.blackwpc.org**
- **www.facebook.com/blackwpcfresno**

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*The BLACK Doula Network is supported by the Fresno County Superintendent of Schools (FCSS) and the Blue Meridian Partners, Inc.*


# " This is My Body, I Live Here. "

*- Nia Hodge, Public Health Advocate*

## Fresno's BLACK Birth Plan

*"They want to know who your spouse is, what they are like. They ask: " - What do you do for extracurricular activities? " They ask you about your sexual life. They ask you about everything, and for you to have so much information on me, but not to help me. It doesn't feel good. It feels like you're interrogating me. But for what reason? Are you going to use this information against me? Are you using it to help me?"*

*- Mother in Fresno who had an emergency C-section*

## Your patient – Black Birthing Persons:

We are mothers, women, and birthing persons with unique needs and experiences. We are valuable human beings, and our needs matter.

**This birth plan is based on a compilation of experiences**, lessons learned, and desires voiced by Black mothers and women in Fresno.

This plan is about standards and treating Black birthing persons with the dignity and respect they deserve, but have not traditionally received.

## While providing care please be mindful:

- I might be showing signs and symptoms of high-risk pregnancy and preterm labor.
- I am not just another case.
- Not all birthing experiences will be the same. A previously used technique may not work for me.
- Disrespectful and suboptimal care can traumatize me and affect me throughout my life course.
- I need your help to prevent complications, including preterm birth.
- "Angry Black Woman" is a negative stereotype. Sometimes it is hard for Black women to advocate for themselves, as it is not received well when we do. Please consider that if I elevate my voice, it may be because I fear that otherwise I will not be heard.
- It means a lot to me to be treated with good care, dignity, and respect.
- I want to be heard and respected, especially when I say something is not right with my body.
- My body belongs to me, it is not a medical teaching tool, nor is it a domain for trial and errors.
- I might choose to decorate my body and express who I am in a way that may be new to you. Do not allow this to interfere with the quality of care I receive.

## My delivery is planned as:

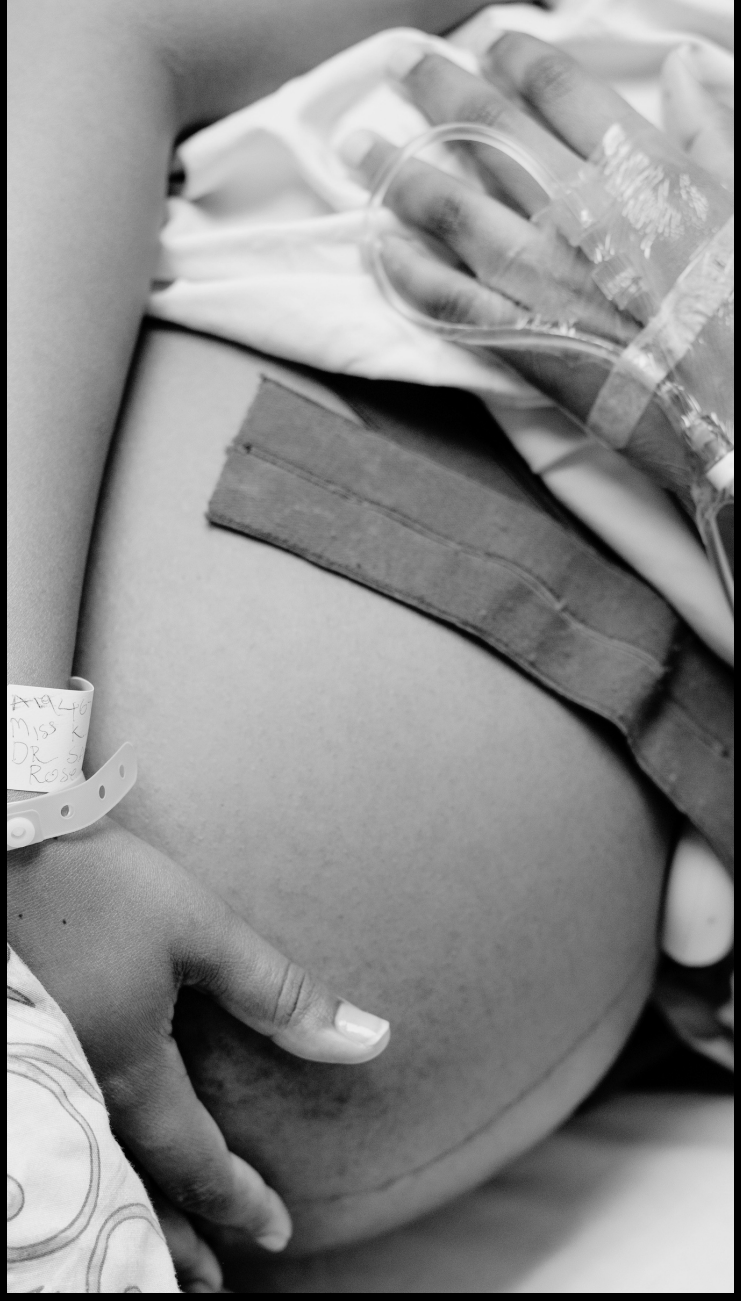
- Vaginal delivery. No C-SECTION, unless medically necessary.

## I would like to have multiple supports present before AND/OR during labor:

- Educate and explain pregnancy standard procedures.
- Share information about the benefits of delaying cutting the umbilical cord and if cord banking is right for us.
- Allow me to shower with a support person to ensure my safety.
- Inform me if something is not going well.
- Allow my support persons to look after me and be my voice before and during labor, so I can feel comfortable.

## During labor and postpartum, I would like:

- Equipment in room to properly work.
- Communication between staff and providers, and with us.
- As few interruptions as possible when sleeping.
- As few vaginal exams as possible.
- Assistance with non-medical pain relief based on my preference (use of birthing ball, back massager, and showers when desired).
- Introduce me to other providers on your team.
- To eat and drink as approved by my doctor as soon as possible.
- If I or someone from my support team has a concern, check on my well-being.



## I would like to spend the first stage of labor:

- Freedom of movement - no bed-restriction during labor, unless there is a medical reason.
- Continuous fetal movement monitoring.
- Anyone who enters my room should introduce themselves and explain their role.
- If you are a resident, please ask my permission to have my birth be a part of your learning journey.


## I am not interested in:

- Unneeded wired monitors.
- Any internal monitors except what is medically necessary.
- Insertion of an IV based on "routine procedures" if it is not medically necessary.
- Receiving medical interventions and medical pain relief without explanation on the harms it may cause to me or my baby.
- Wearing a hospital gown. Allow me to use my own gown if I choose to.

## Birth pushing:

- Follow the urge to push.
- Coached pushing - that way I do not tear from pushing too early.
- Allow me to push in a position that is safe and comfortable to me.
- Please do not tell me how to breathe. Offer suggestions.

## Moment of birth:

- Delay wiping the baby off after delivery.
- I would like skin to skin immediately after birth.

## Feeding:

- I prefer my baby to be breastfed. I would like immediate help in postpartum from a lactation counselor. If my baby cannot latch on immediately, support me with hand expression and/or a breastpump and show me how to use it.
- Support me to keep breastfeeding even if the baby is in NICU.
- Do not delay in prescribing human breastmilk for my baby.
- If needed, order human breastmilk from the milk bank for my baby.
- Check up on feeding concerns when brought to attention.

## Postpartum unit:

- Adequate accommodation for support persons so they can be comfortable.
- Be mindful of my time and needs. Discuss and individualize discharge plans. Inform me of changes as soon as possible.

The birth plan was developed under the leadership of **Amya Brooks**. This birth plan was informed by her birth experience and the real experiences of other mothers in the community. Reviewed by the BWPC Community Advisory Council January 2022.

# My Birth Plan

**While providing care please be mindful that:**

**My delivery is planned as:**

**I would like to have multiple supports present before AND/OR during labor:**

**During labor and postpartum, I would like:**

**I would like to spend the first stage of labor:**

Hospital name:

**I am not interested in:**

**Birth pushing:**

**Moment of birth:**

**Feeding:**

**Postpartum unit:**

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# BLACK MATERNAL HEALTH CIRCLES

**Listening session eligibility criteria:**

- Black women (18-42 years old) who are currently pregnant or were pregnant in the past 3 years
- Live in Kern or San Bernardino Counties

Data on Black individuals in California show that there is a persistent Black maternal and infant health crisis. Every year we lose Black women and babies to **preventable deaths** at disproportionately higher rates compared to white women. The outcome that Black women six times are more likely to die from pregnancy and birth complications cannot be attributed to age, or social or economic status. Statewide, Black babies also die more than twice the rates of their counterparts.

These strong disparities in birth outcomes are direct results of systems inequalities, among which **(1)** access to high quality health care facilities, **(2)** discrimination, and **(3)** implicit bias being the most significant.

## Solution

The Black Maternal Health Circles is a year-long coordinated effort between Blue Shield of California (BSC) and BLACK Wellness & Prosperity Center (BWPC) to develop solutions to address these health inequalities. Between November 2021 and April 2022, we will be conducting topic-specific listening sessions with a minimum of 45 Black women with pregnancy experience residing in **Central and Southern California** to better understand what it means to be a Black birthing person in the region.

We will gather qualitative information about interactions with healthcare providers, health plan experiences, and the participants' knowledge of available BSC resources and experience with those materials. Through the sessions, not only do we wish to gain patient perspectives, but we also aim to create a space where Black women will be listened to and validated to advocate for themselves and their health in health care settings.

## Impact

In the last five months of this effort, we will elevate the Black voice to improve maternal and infant outcomes. Based on the shared learnings, we will **build** conversation with providers and health plans about making access to healthcare not only equitable, but culturally aware of the unique needs and issues Black birthing persons experience in these shared spaces.

**APPLY HERE:**

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blue california

**BLACK Wellness & Prosperity Center Supports the Black Birthing Bill of Rights**
Developed by the National Association to Advance Black Birth

## Black Birthing Bill of Rights

At NAABB we believe that all Black women and persons are entitled to equitable, comprehensive, and quality pre - and postpartum care in order to achieve their full birthing potential and thrive during the childbearing years. The Black Birthing Bill of Rights serves as a resource for individuals to become knowledgeable of their rights as a Black person in need of maternal care. It also serves as guidance to engage hospitals, health providers, government health agencies and others to change/improve their ethic, policies, and delivery approach to serving Black women and persons throughout the birthing process

**1.** I have the right to be listened to and heard.

**2.** I have the right to have my humanity recognized and acknowledged.

**3.** I have the right to be respected and to receive respectful care.

**4.** I have the right to be believed and acknowledged that my experiences are valid.

**5.** I have the right to be informed of all available options for pain relief.

**6.** I have the right to choose how I want to nourish my child and to have my choice be supported.

**7.** I have the right to early postpartum visits and individualized postpartum care.

**8.** I have the right to restorative justice and mediation to address obstetric violence, neglect, or other injustices.

**9.** I have the right to choose the family and friends that are present during my pregnancy, birth and postpartum care.

**10.** I have the right to receive accurate information that will allow me to give informed consent or refusal.

# RESEARCH

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# BLACK FATHERHOOD LEGACY

## STUDY TITLE:

An evaluation of a doula-informed pilot workshop to strengthen paternal involvement during pregnancy among Black fathers in Fresno, CA

## STUDY DESCRIPTION

The purpose of this study is to evaluate an adapted fatherhood program to enhance paternal involvement during pregnancy in Fresno, CA. Fresno County has some of the largest racial/ethnic disparities in preterm birth, particularly in the Black community.

Exposure to stress has emerged as one modifiable risk factor for preterm birth, and some research indicates that social support, specifically from a partner, can protect from the deleterious effects of stress by providing additional coping strategies that buffer against the experience of stressful life events.

While recommendations for paternal involvement resources exist, to our knowledge, few have been implemented and tested among Black men in Fresno.

We aim to create a blueprint for harnessing community wisdom through co-design as a strategy to embed the legacy of Black fatherhood in resources that address paternal involvement during pregnancy.

Using a co-design process, we will engage the experiences of Black/African American fathers in Fresno to inform adaptations of an existing fatherhood curriculum—24/7 Dad AM.

After potential strategies are identified, we will pilot and evaluate the adapted program among 8 – 12 Black expecting or new fathers.

## METHODS

**A total of four fathers who self-identified as Black/African American and lived in Fresno, CA were invited to participate in two 2-hour virtual co-design sessions. Three of the four fathers were able to attend both sessions, and all participants received gift cards for meal delivery as compensation.**

**Session one**

Session 1 focused sharing fatherhood experiences, exploring the legacy of Black fatherhood in one's own community, and rating and providing feedback on all curriculum topics.

**Session two**

Session 2 focused on father's perceptions, needs, and experiences around pregnancy. Both sessions were guided by a set of 5-6 questions to begin conversations.

All participants were asked to reflect on the topics from the vantage point of a Black man living in Fresno, CA. Each session was facilitated by a Black father who also resided in Fresno, CA, and three study team members were in attendance to support facilitation.

Each session was recorded for review by the study team. The recommendations from participants were organized in two themes: content and delivery method.

# FINDINGS

Overall, participants were eager to share their experiences as fathers. Many participants were also able to point to how the legacies of Black fatherhood shaped their own fathering experiences.

All participants rated every curriculum topic as "Very important" (scale: (1) not important – (5) very important).

## SPECIFIC RECOMMENDATIONS RELATED TO CURRICULUM CONTENT INCLUDED

- **Mental health topics should be discussed in the context of structural racism and external factors (e.g. quality of mental health facilities, stigma, cultural norms, etc.) that shape men's willingness to ask for help and seek care.**
- **Session topics on discipline should recognize that there are cultural aspects in the Black community that differ from the norms everywhere else. One participant shared, "we tend to infuse our experience and what we feel to be ideal may influence this topic."**
- **Discussions of the "ideal father" should encompass a process for developing a shared definition of "non-negotiables" or core traits that men feel are essential.**
- **During session 2, participants unanimously agreed that the biggest challenge fathers face during pregnancy is access to information, and they desired to receive as much information as possible. They also saw potential value in bringing in experts for pregnancy-related and fatherhood topics.**

Related to content delivery, all participants shared our desire to uplift and celebrate Black fatherhood and not problematize it. Participants were eager for a space where Black men could share with other Black men. One participant even shared that this co-design session was one of few times in Fresno that he was able to gather with other Black men to talk about these issues.

Another participant stressed the importance of these types of resources being rooted in personal connection and trusted relationships. Thus, facilitators and staff need to be ready to interact on a personal level.

# PROPOSED ADAPTATIONS

After reviewing and prioritizing the co-design feedback, the study team decided to include the following adaptations for the pilot fatherhood program.

- Black fathers in Fresno as facilitator and co-facilitator
- Racial concordance among program participants
- To uplift and celebrate Black fatherhood include short video segments of Fresno-based Black fathers sharing positive memories with their fathers, and for pregnancy-related session include a video of a Fresno-based couple.
- Invite experts for information and Q+A sessions on specific topics (doula, social workers, mental health specialists, etc.)
- Re-order some topics to be discussed later in the program once trust among the group is established.

**This research pilot is funded by the California Preterm Birth Initiative**

California Preterm Birth Initiative

**Black Fatherhood Legacy**

[Fah-th-er] noun
1. Providing love, compassion, and support. 24 Hours a day, 7 days a week, 365 days a year

## FATHERHOOD CLASS FOR AFRICAN-AMERICAN DADS

Tuesdays May 18 - August 3, 2021

For more information contact:
Lynell Taylor at (559) 281-8755

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## ON-GOING STUDY RECRUITMENT

The aim of this pilot study is to increase fatherhood support during pregnancy. If you are a new or recent African-American/Black father (18+ years) you are eligible to participate.

Learn more and get connected at the url link or QR code:

**https://bit.ly/3wWYZxs**

# BLACK FATHERHOOD **LEGACY**

An evaluation of a doula-informed pilot workshop to strengthen paternal involvement during pregnancy among Black fathers in Fresno, CA

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# BACKGROUND



Increasing paternal involvement is an important opportunity to improve social support during pregnancy, especially for Black women/women of color. Studies have shown that supportive relationships between fathers and pregnant women can increase prenatal care utilization, reduce smoking, alcohol use, and pregnancy anxiety, or even improve breastfeeding outcomes and mitigate the impact of depressive symptoms on preterm birth risk among African Americans.[3-7] Men living in Fresno, CA, have a strong desire to provide comfort and security, to give support and be a foundation for their partners, and play a role as supporter and nurturer. [9] However, these men also expressed several unmet informational needs and a desire for additional support services, particularly when making decisions during pregnancy and delivery with their partners.[9] In addition, from other findings, we learned that there is a need for tailored guidance that is relevant to the lived experiences of these men. Findings mirror others that indicated men experience challenges with barriers in the healthcare system and prenatal care settings that inhibit their involvement. [10–13]

There are several evidence-based programs to improve paternal involvement. Despite these findings and recommendations from the Commission on Paternal Involvement in Pregnancy Outcomes and guidance on how to engage fathers, very few interventions have emerged to address barriers to paternal involvement during pregnancy in Fresno, CA, especially among Black fathers.[11] Our pilot program addresses this gap by developing and evaluating a doula-informed fatherhood workshop that incorporates doula support strategies during the perinatal period into an existing evidence-based fatherhood curriculum to emphasize the importance of paternal involvement beginning at conception. We focus specifically on doula strategies to enhance a fatherhood curriculum because doula support services provide emotional, physical, and educational support to birthing people before, during, and after pregnancy.

**From our 2019 needs assessments with 15 Black/AA fathers from Fresno about their role during pregnancy and receptivity to support programs to build capacity to engage in the pregnancy process, we learned that:**

- Before training men about being supportive during pregnancy, men need to understand the power of a father's involvement in their children's lives from conception.
- Many fathers do not have the skill sets to be effective fathers because of their own experiences.
- Aspects of doula training may be helpful for men to gain knowledge of the pregnancy process and support their partners during pregnancy.
- Some struggled to see the relevance of increased knowledge of the birthing process to fatherhood.
- Some reflected on poor experiences with birthing classes and stressed the importance of structural factors (lack of father-figures).

Coupled with evidence that suggests men in Fresno have a strong desire to be a support system for their partners during pregnancy, addressing barriers to fatherhood and framing support of pregnant persons as father involvement from conception is a critical need among Black fathers in Fresno.

These insights informed our decision to co-design the workshops with fathers in Fresno to ensure that the framing of the workshop and the workshop content is relevant and connects the importance of partner support during pregnancy to the health outcomes of birthing persons and their infants.

# OUR APPROACH

The purpose of this exploratory study is to assess the acceptability of an evidence-based fatherhood workshop, adapted to incorporate support strategies during pregnancy and postpartum for new and expectant Black fathers. We employed a mixed-methods approach to test whether the adapted workshop improved fathering knowledge, skills, self-efficacy, and knowledge of support strategies after participating in a 12-week virtual fatherhood workshop (Black Fatherhood Legacy - BFL). Upon completion of the workshop, participants were invited to focus groups discussing the acceptability of the workshop content, format, delivery, and relevance to the target population.

We used pre- and post-surveys to assess whether and how the workshop impacted Black men's fathering knowledge, skills, self-efficacy, and awareness of support strategies during pregnancy.

Fathers or expectant fathers who identified as Black/African American and were available on a weekday between 5pm and 8pm were invited to participate.

## MEASURES

1. Survey
   a. **National Fatherhood Initiative ® - 24/7 Dad® AM - 24/7 DAD® A.M./P.M Fathering Skills Survey , a multiple choice survey about parenting knowledge and skills**
   b. **Subscale from the Parenting Sense of Competence Scale (PSOC) (Gibaud-Wallston & Wandersman, 1978) about self-efficacy**
   c. **A single item to measure awareness of support strategies for moms during pregnancy and postpartum**

2. Focus group discussion
   a. **Workshop elements**
   b. **BFL content and materials**
   c. **Format and delivery (e.g., length of sessions, the timing of sessions, the structure, title of workshop)**
   d. **Facilitation**
   e. **Specific adaptations (e.g., experts, affinity group approach)**
   f. **Suggestions for improvement**
   g. **Relevance to AA Fathers**
   h. **Personal experiences /utilization of skills and strategies**

## PREPARATION

### WORKSHOP CO-DESIGN PROCESS

We engaged the experiences of Black fathers in Fresno to drive adaptations of the fatherhood curriculum and workshop format. Three of the four fathers were able to attend both sessions.

**During these co-design sessions we:**

1. Prioritized the most pertinent curriculum content
2. Discussed relevant pregnancy support strategies that can be incorporated into the curriculum
3. Gathered feedback on a structure and format that would be most accessible to Black men in Fresno, CA.

**Session Structure Feedback**

Feedback from the co-design sessions resulted in a set of adaptations that we incorporated into the program. The adaptations included:

- Black fathers in Fresno as facilitator and co-facilitator
- Racial concordance among program participants
- To uplift and celebrate Black fatherhood: a name reflecting positive views of Black fathers; short video segments of Fresno-based Black fathers sharing positive memories with their fathers; for pregnancy-related sessions include a video of a Fresno-based couple
- Invited experts for information and Q+A sessions on specific topics (pregnancy, mental health, discipline, communication, etc.)
- Re-order some topics to be discussed later in the program once trust among the group is established

Additionally, recommendations related to specific curriculum topics included:

- Mental health topics should be discussed in the context of structural racism and external factors (e.g., quality of mental health facilities, stigma, cultural norms, etc.) that shape men's willingness to ask for help and seek care
- Session topics on discipline should recognize cultural aspects in the Black community that may differ from norms in other communities
- Discussions on the "ideal father" should encompass a process for developing a shared definition of "non-negotiables" or core traits that men feel are essential

**Adapted BFL workshop.**
We delivered a 12-week pilot workshop that met virtually once per week for 2 to 2.5 hours. Participants received compensation for family meals during all sessions via meal delivery gift cards.

**Table 1. Workshop Discussion Topics**

- Session 1: Family History
- Session 2: What Does It Mean to Be a (Black) Man?
- Session 3: The Father's Role
- Session 4: Getting Involved
- Session 5: Communication
- Session 6: Mental/Emotional Health Focus (Guest Expert)
- Session 7: Discipline (Guest Expert)
- Session 8: Children's Growth (Guest Expert)
- Session 9: Showing and Handling Feelings
- Session 10: Dads and Work
- Session 11: Working with Mom and Co-Parenting
- Session 12:  National Fatherhood Initiative ® -My 24: 7 Dad Checklist®

# FINDINGS

**We found that parenting knowledge and parenting self-efficacy increased among the participants by the end of the workshops.**

Overall, acceptability of the workshop and the adaptations were favorable among participants. One interesting theme that emerged was related to the overall impact of a racially concordant workshop for Black fathers in Fresno. Several of the focus group participants expressed that the workshop itself represents something beyond fatherhood and parenting skills. It holds space for Black fathers to explore the intersections of race in their experiences as men and fathers,

It is a space for building social capital through network building and relationships, and it ultimately combats the societal stigmas around Black fatherhood.

Some fathers reflected on how some of the discussions during the workshop transitioned to discussions with their partners. Others reflected on how few spaces there are for Black men to share and receive guidance on their experiences as Black men. This made many participants feel that the workshop would be an important asset to other Black fathers in Fresno.

## PARTICIPANT PERSPECTIVES:

"If I'm struggling with something as a Black Father, I'm not going to come to somebody that's NOT a Black father. I mean, yes, they may be able to get some advice on parenting. When it comes to tying my color into it, no disrespect, but I'm not going to go that way."

"But man, bringing in the special guests for particular things, we have questions for like birthing, consultants, dealing with children, how to help our wives when pregnant, you know, I felt like that was extremely useful."

"I like the name. And I love everything with Black-owned. Because for the simple fact, yes, normalize us. We know we are Black and we know we are fathers and all that but it's, it's letting everybody else know that! Man, we, we, we got this. You know, we are Black fathers. Black fathers are out here. I think it empowers us even more. So I wear my shirt [Black Fatherhood Legacy shirt] proud."

"I can't really say if there isn't anything I didn't like, or like the least. Because all information is good information. Because it was the first one, it can only be uphill from here. So, you really can't necessarily say areas of improvement, because it was just the first one. Of course, as far as more individuals are in attendance, with more individuals, you have more different background. Then you have individuals that are much older than me, such as X years old, I can learn from them. Having individuals that are younger than me, Y or Z years old, and they go to be taught. So, it is pretty much like a ladder, just pass on wisdom up and down."

"I think this workshop reaches beyond what it's intended for. In the sense that like, so a lot of us in the group even said, we never even did this. There is no platform for Black fathers to just talk about being Black fathers, you know. And, even just in that, there's, there's a whole another lane, other than just equipping young Black, fathers or, or guys about to beef up. It goes beyond that."

## FINDINGS CONTINUED

- Workshop name: Some expressed hesitations with the workshop name Black Fatherhood Legacy. Although most liked the name, others expressed concern that the name may single out Black fatherhood instead of normalizing it as any other parenting experience. Considerations for keeping or changing the name should come from an open discussion with men from the community.

- Virtual, shorter workshop lengths options: several of the participants work many jobs, are working students, or are in single parent households where regular attendance may be difficult or less convenient. Providing virtual options may help alleviate these barriers.

- Group heterogeneity: Participants in this study reflected on the value of having other participants from diverse backgrounds in the group, particularly as it relates to age and prior parenting experiences. However, currently National Fatherhood Initiative ® - 24/7 Dad AM/PM® curricula are for either first time fathers or seasoned fathers which poses challenges for an intergenerational mix of participants.

- Racial concordance: racial concordance among participants and workshop facilitators is not a new concept in fatherhood programming, however, at the time of our pilot, it was not offered in Fresno, CA. Future implementation should consider offering an option for Black fathers to join racially concordant workshops should they choose. Additionally, there is a clear need to create opportunities for Black men and fathers to build community and network—adding these spaces in creative ways could enhance any fatherhood program.

- Invited experts: Given that families of color, and in particular Black families face challenges with equitable access to information, or culturally informed resources, bringing experts to them at every opportunity is a critical component.

## NEXT STEPS / RECOMMENDATIONS

The next steps of this pilot could be to expand the number of participants and sessions in order to gain more insights. With the ongoing global pandemic, we are prepared to pilot additional strategies for delivering the workshop (i.e. virtual sessions and meal delivery). Another next step may be offering more workshops with various session times to accommodate more participants.

*Footnote: The National Fatherhood Initiative® 24/7 DAD ®A.M. curriculum consists of 12 group-based sessions covering family history, what it means to be a man, showing and handling feelings, men's health, communication, the father's role, and co-parenting. For more information, visit: https://www.fatherhood.org.

BWPC expressed special thanks to Lynell Taylor, Dwayne Wilson community champions & facilitators, and Dr. Bridgette Blebu researcher, and our participants for helping develop this work.
For referencing this work and more information about the research and manuscript, contact : info@black-enterprises.com.

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# ABOUT

BLACK Wellness & Prosperity Center is a catalyst to improve well-being and prosperity in the Black community with sustained efforts to improve Black Maternal and Child Health outcomes, and effectively unite and elevate the Black voice, and build sustainable infrastructure to strengthen Black capacity.

Headquartered in Fresno, CA BLACK Wellness & Prosperity Center serves families throughout California. For more information visit - www.blackwpc.org

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UCSF California Preterm Birth Initiative

**THANK YOU FOR THE SUPPORT**
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# Community Engagement to Develop a **Patient Centered Approach to Anemia in Pregnancy**

**CLICK HERE TO LEARN MORE**

## BACKGROUND

Although a preventable problem, **Black, Indigenous, and Hispanic/Latinx communities disproportionately experience higher rates of Iron Deficiency Anemia in pregnancy.** It is a significant risk factor that impacts the health outcomes of mothers and babies and if untreated, anemia can result in several life-threatening situations, such as preterm birth.

### AIM 1

Establish the **Anemia Community Leadership Group (ACLG)** comprised of seven Black, Indigenous, and Hispanic/Latinx birthing persons, and six representatives of institutional stakeholders that serve the target populations such as the Black Infant Health Program (BIHP) and the Special Supplemental Nutrition Program for  Women, Infants, and Children (WIC).

The ACLG is a **non-hierarchical leadership group** that prioritizes the voices of birthing persons with lived experience to create consensus for approaches that will identify patient-informed perspectives and approaches to prevent and treat anemia.

### AIM 2

Identify **patient-informed perspectives** for existing barriers in treatment of anemia during pregnancy. Conduct stakeholder **listening sessions** to inform educational outreach on patient-centered treatment protocols. Stakeholders include patients, leaders of community-based organizations that work with mothers to manage anemia, healthcare providers, health educators, and other birth workers.

**Antenatal CommuNity Engagement to reduce Maternal Inequities from Anemia in Pregnancy (ANEMIA)**

### OBJECTIVE

The overall goal is to **understand and identify barriers to effective and equitable care** of prenatal anemia, key messages about anemia, and treatments that resonate with Black, Indigenous, and Hispanic/Latinx birthing communities.

## RESULTS

Through leveraging the unique insights of the ACLG Members and organizing listening sessions with women who experienced anemia during pregnancy, we will **gain a better understanding** of barriers to seeking and following up with treatment and we will learn more about what makes educational materials and treatment protocols effective and culturally responsive.

## IMPACT

This project **creates a roadmap for community insights**. Trust-building, and buy-in from key stakeholders, where there is none, to address anemia in California using hospital/healthcare systems, patients, and community-based partnerships. The multi-site scope of the project will also allow for cross testing the acceptance of messaging and patient designed tools and approaches in other geographies with the same and different birthing populations.

These insights will enable us to devise new **solutions** that are **culturally affirming and resonate with Black, Indigenous, and Hispanic/Latinx communities**, thereby improving Maternal Child Health outcomes in these birthing communities .

Stanford MEDICINE Obstetrics and Gynecology

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# INFRASTRUCTURE & CAPACITY BUILDING

# BLACK DOULA NETWORK

## THE PROBLEM - INEQUITY

Fresno is facing a Black Maternal and Child health and a healthcare infrastructure crisis.

Black women in Fresno experience preterm birth at a rate of **67.5% higher than white women**. Black women are six times more likely to die from a preventable pregnancy related cause compared to white women. **Black babies die at more than three times the rate of white babies.**

**"The doctor did not come up with a plan. That resulted in 7 days of life support, baby being delivered in an emergency room via C-section, without anesthesia, and the baby going to Valley Children's Hospital, and ultimately in 7 and 10 days later baby passing away as well."**

Mother in Fresno, who lost both her daughter and grandchild from preventable pregnancy complications.

Black women in Fresno are more likely to live in unfinished neighborhoods and experience higher rates of comorbidities. Increased access to doulas may result in positive birthing experiences, more full-term pregnancies, and healthier babies.

## THE MOMENTUM/IMPETUS

Recently passed California legislation (SB 65 Momnibus), has the potential to be a game-changer in transforming birth outcomes of Black communities, as it provides reimbursement of doula services for Medi-Cal patients. Nevertheless, viewing its potential through the lens of Fresno's Black birthing community, the promises of SB 65 can only be maximized, if the prerequisites, namely, a culturally concordant doula workforce, an equitable, doula/patient informed high-quality doula training, and a supportive infrastructure also exist.

## OUR SOLUTION
## THE BLACK DOULA NETWORK

**The BLACK Doula Network (BDN) is a social enterprise** designed to address the doula provider deficit, build the missing backbone infrastructure needed to support and sustain doulas, and provide birthing persons with access to healthcare services demonstrated to decrease health disparities.

**The BLACK Doula Network is a multi-faceted approach**, which includes development of a culturally respectful, high-quality, doula and patient-informed training curriculum, a plan to integrate trained doulas into the hospital and healthcare system to ensure continuity of care, and an administrative backbone network, that will function similar to an Independent Provider Association (IPA), ensuring that doulas have the legal and administrative support they need and birthing persons have access to high-quality full spectrum support. As a flagship initiative for race equity, the Network will lead to system changes and serve as a model for measurable outcomes and effective public policies.

**The BDN will advance racial justice and birth-and social-equity in Fresno**. Broader impact includes creating a sustainable and scalable solution beyond Fresno that demonstrates how to center race in health equity and improve health outcomes and patient experiences.

## 1-5 YEAR RESULTS

- **BLACK Doula Network Training** workforce development opportunities for Black women through partnering with Fresno City College
- **BLACK Doula Infrastructure** backbone support - Clearinghouse
- **Improved birth outcomes** for Black birthing persons and babies

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# YOU DESERVE A DOULA

What is Doula?

**A doula is a trained non-clinical birth professional** that provides individualized support to pregnant persons and their families during pregnancy, birth, and during the postpartum (after delivery) period.

**Doulas go through specialized training** to gain the knowledge and practical experience necessary to support you. Their undivided attention to you and your values make them a core member of your care team.

**Doulas are non-medical care providers and they do not replace medical staff such as OBs or nurses.**

## YOUR DOULA PLACES YOUR NEEDS AT THE CENTER OF YOUR CARE

**Doula support can make a significant difference in your pregnancy and birth experience! Women, especially Black women with culturally appropriate doula support:**

- Experience lower rates of unnecessary C-sections
- Deliver healthier newborns
- Experience lower rates of postpartum depression
- Are more likely to receive recommended postpartum care from their provider
- Experience lower rates of delivering preterm. Preterm birth is when a baby is born early--37 weeks or sooner. Babies born too early are more likely to die before their first birthday
- Initiate breastfeeding at higher rates and breastfeed their babies longer

**BLACK Doula Network**
BLACK Wellness & Prosperity Center's goal is to improve well-being and prosperity in the Black community by serving the unmet needs of Black mothers and babies. The BLACK Doula Network builds Fresno's missing doula infrastructure needed to support Fresno's Black birthing community, and those who would like to become doulas.

**DOULA with US!**
The Doula Training will be available at no-cost for Black women from Fresno –Learn more at our website here: www.blackwpc.org/black-doula-network

**COMMUNICATION ADVOCATE**
Doulas listen to you and advocate for your voice in health care settings. Doulas help you navigate questions, routine procedures, concerns and more to ensure that you and your provider will decide your care plan together.

**BIRTH PLAN**
You and your doula will work together to develop a birth plan centered around your needs and values and help you communicate your desires for your birthing experience to your provider.

**PAIN MANAGEMENT**
Doulas can help you manage labor and delivery pain through non-medical pain relief such as meditation, massage, and exercises.

**AFTER DELIVERY**
Your doula will be there to support you in caring for yourself and your newborn. Doulas help keep babies safe by educating on safe sleep practices, and supporting you with breastfeeding.

If needed, your doula can help identify special needs, such as postpartum depression symptoms.

Your doula can even help you coordinate your postpartum visit and help identify other community resources that may benefit your health and wellbeing, such as transportation or healthy food.

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# PROVIDER TRAINING ON DOULAS

Anthem BlueCross

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## BACKGROUND:

Data on the experiences of Black women in healthcare point to inequities that contribute to disparities in health outcomes. In our 2021 report, **Doula Perspectives: Community-based Listening Sessions, Central Valley,** Black doulas validated what we know from other sources:  doulas are not fully integrated into the hospitals, and trainings on doulas' scope of practice, could improve work relations between doulas and clinicians. Successful doula integration into the hospital's care model and recognition for their contributions in enhancing birth experiences, especially for Black women, can lead to decreasing birth inequities and improve retention rates among doulas.

## GOAL / MISSION:

Train 500 providers on doula's scope of practice to successfully integrate doulas in hospital birthing teams. Improve Black maternal birth experiences and outcomes by increased doula access, integration, and support in hospital settings.

## INTERVENTION:

In preparation for the Medi-Cal reimbursement shift to support doulas, BWPC helps prepare licensed providers for the integration of doulas into the payor and hospital sphere. Our clinically informed web-based training aims to identify physician concerns, including reimbursement processes and hesitations in integrating doulas into birth teams. The training will address the identified knowledge gaps and create a curriculum that improves overall understanding of the doula's profession, and their impact on improving health.

## APPROACH:

**Our approach is centered on three pillars:**

1) Tackle knowledge gaps as to what doulas are/are not

2) Build consensus to accept doulas as part of the solution to improve health equity, and

3) Emphasize person-centered care by elevating the voices of birthing persons, and ensuring that power-sharing with birthing persons is central to developing a care plan.

## METHODS:

- **Identify and engage physician and/or nurse champions**
- **Identify & implement scalable solution**
- **Explore physician knowledge and attitudes towards doulas**
- **Create training curriculum**

## IMPACT:

This exploratory Fresno based PDSA pilot will train physicians, nurses, and midwives at Fresno's high-volume birthing hospital, Community Regional Medical Center (CRMC). After completing the training, providers will have a more comprehensive understanding of doulas scope of work and benefits to maternal and infant health, thereby developing a more cohesive doula-clinician work relation. Having doulas integrated into birth teams will lead to more positive patient experiences, especially among Black birthing persons. Ultimately, BWPC will develop a scalable post-professional training method in the state of California. The year 1 pilot goal is to impact 350 birthing persons and their newborns.

# BLACK DOULA CONSORTIUM

**Adverse birth outcomes** - maternal mortality and morbidity rates and pregnancy-related health inequalities - are disproportionately experienced among Black Birthing Persons and Babies in California. Highlighting the systematic and root causes of this crisis, a stronger community-based infrastructure under the leadership of Black maternal health experts, and prioritizing unbiased, culturally congruent person centered care on public health agendas are key in addressing racial disparities. **Our goals include:**

## STRENGTHEN AND PROMOTE CALIFORNIA'S BLACK HEALTH EQUITY NETWORK:

Black Maternal and Infant Health experts and advocates have been tirelessly working to change the Black Maternal and Infant Health crisis.

Some partners produce high-quality research, others are direct service providers, and many others elevate this crisis to decision makers through advocacy and policy work. Our webinars directly engage Black Birthing Persons and Partners, bringing our voices together on a shared platform.

## TARGET KEY STAKEHOLDERS:

Finding alliances among systems leaders, government, elected officials, and clinical providers is central to this strategy. Our webinar-series is designed to offer rationale for stakeholders shaping the way our communities are cared for and build cross-sector support.

## LISTEN TO BLACK VOICES:

Black voices are part of defining the problem and finding solutions. Black advocates, doulas, individuals, and Mamas are our noted authorities on needs, solutions, and lived experiences.

The BLACK Doula Consortium will work to ensure Black voices directly inform policies, practices, and programs that serve Black Birthing Persons and Babies.

## INCREASE ACCESS TO INFORMATION AND RESOURCES:

We are working to create a statewide doula knowledge base, to include evidence, education, and resources. We invite our partners to co-build this knowledge base and once complete, promote it among their network and clients.

### WEBINAR TIMES:

Monthly: Last Tuesdays of each month between June and December

### EXAMPLE TOPICS:

- Community-based Doula Networks, SB 464, SB 65, Person-Centered Care, and Environmental Justice.
- Each webinar focuses on topics relevant for serving the unmet needs of Black Women, Mothers, Birthing Persons and Babies.

**See resources for doulas at our website here:**
www.blackwpc.org/doula-resources

**Follow the webinars:**
https://www.facebook.com/blackwpcfresno
https://www.facebook.com/RAACDSac

# FACILITATORS GUIDE: SLEEP SAFE

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**Community insights on how to create effective and honest conversations on safe sleep practices**

This brief includes input from BWPC Safe Sleep Informal Working Group. The working group had three meetings in the fall of 2021.

The working group members volunteered their time and experiences to contribute to formulating honest and effective messaging on safe infant sleep practices.

"Sudden unexpected infant death (SUID) is a term used to describe the sudden and unexpected death of a baby less than 1 year old in which the cause was not obvious before investigation.

These deaths often happen during sleep or in the baby's sleep area. Sudden unexpected infant deaths include sudden infant death syndrome (SIDS), accidental suffocation in a sleeping environment, and other deaths from unknown causes. " Source: CDC

**Assumptions that we accept, and need to balance their meanings when discussing SIDS/ Safe Sleep practices:**

- Science ultimately aims to improve health outcomes; **safe sleep studies are valid** and are there to improve infant mortality rates.
- Mothers know their baby. **Not every baby is the same.**
- SIDS-related anxiety in parents, **especially new parents** can be overwhelming.
- Mothers want their babies **to be safe**.
- Generational knowledge passed on from mothers, aunts to younger women in the family is respected, **even if those may or may not automatically be applicable** to newer generations.
- **Parenting is a personal** and an experimental learning process that never ends.

## Safe sleep expectations – What is the conflict:

Being well-informed about safe sleep practices and SIDS happens by chance and it is rather an informal learning process. **Depending on work/education background**, it is possible to be exposed to information on safe sleep practices, however, little information is given by providers on safe sleep practices or SIDS to parents prior to childbirth. Education from medical staff is usually provided after birth which mainly included handling out information brochures.

It seems that in this environment parents develop their sleeping arrangements/practices through observations, taking care of siblings, intuition or as they walk their parenthood journeys. The observations these mothers had from previous experiences watching younger siblings and family sometimes did not support the updated guidance on safe sleeping practices.. With certain protective measures and monitoring, mothers feel that practices that are not recommended could be made safe.

Additionally, consistently following safe sleep instructions is hard as it puts a burden on mothers immediately right after delivery.

Furthermore, the recommendations are not always feasible (sleep patterns of babies, sleep deprivation, resources, expectations toward mothers). **In turn, mothers are torn between what they should do and what they are able to do.** This knowledge increases the feeling of guilt and shame and can heighten senses of inadequacy.

## Factors impacting sleeping arrangements:

- **Having support system and** supportive partner to help mothers rest
- Having support system and **supportive partner to help making sure that the baby is sleeping** in their crib if mother and baby both fell asleep while in hand

- **Baby's sleep patterns:** Some babies are better sleepers than others
- Mother's **exhaustion**
- **Past experiences with raising babies** without incidents during sleep – customary practices
- **Unforeseen birth complication** such as preterm birth and C-section (not having resources (crib, bassinet) ready yet, pain, difficulties to walk/move)
- Mothers **feeling unsafe** leaving the baby in a crib
- **Number/age of children** in the family
- **Perceptions of better digestion** and sleep if baby is on their stomach
- **Advertisement and misleading marketing–devices** and products that are advertised for infants, however, they are not safe (soft surfaces)
- Safe sleep **education** (timing and source of information/delivery)

## What is helpful/less helpful while promoting safe sleep practices:

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### DO:

- Provide education and information **prior to birth and after birth** to both parents and caregivers
- Providers to **build safe sleep practices** education in pregnancy care
- **Start safe sleep discussion by providing a safe space where mothers can talk** about challenges and experiences
- Guidance on **how to filter information** and weight evidence
- Educational resources that are **short and feature experienced and credible voices**
- A narrative that **acknowledges that following safe sleep practices may be difficult but they are proven to be safe for babies**
- Develop **digestible, age-appropriate information for everyone**, not just medically trained individuals
- Understand how **mother-groups, blogs, internet are sources of information** sharing
- Use **culturally resonating and relevant images, settings, and models**
- Offer **alternatives and practical** arrangements for making sleep environments safer

### DO NOT:

- Deliver information in the **form of a simple flyers**
- Encourage **mother-shaming**
- Educational materials **not to feature idealistic image and privileged living situations** as lot of people's living conditions are not ideal

## When to support: From pregnancy to the first birthday of the baby.

"I have received parenting advice from family members **but mostly from peers (...).** I feel that some of the ways that they choose to parent, or some of the decisions, choices, they make or recommend, don't quite align with me and where I am. I do talk a lot to my peers, just kind of to hear that what they have to say, or what they do around certain topics, **like going on Facebook,** Black moms, things like that, Tiktok.."

**"With this baby, me and my husband have really tried** our best, and actually succeeded just as first week. But I say "TRY" because it's very hard. I want him in the bed with me. I feel like it's safer."

**"I was so blessed to have a mom that made sure that I took all the classes,** I read the books. I listened to my grandma and my aunties that all raised kids. We had to look up things in the dictionary. There was no Google for me to ask."

"In the male psyche, we are always trying to fix things, we don't know how to do anything else. I was like, OK SIDS, cool, we just do this and this and it all gets right. Well, it is not the case, and what do I do then? **There is nothing I can do to fix this. I didn't really know how to rest with that."**

"If you have the sleeping, **utensils to use, and then the knowledge, the background** and information given to us on how to use, how to put baby in that mode and use them, I think that would encourage a lot more mothers to practice safety, sleeping habits."

"What made me listen to the video was that the woman had like over **40 years of experience and working with different families, different, races, different ethnicities backgrounds.** She was talking about how intelligent infants are. And I was like: I'm going to try it. It doesn't hurt to try because nothing else is working and I need sleep."

"My experience in Fresno is that they give you the information **when your child is born, that versus giving it during the pregnancy** so you could plan accordingly."

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# STRATEGIC ECOSYSTEMS

# BUILDING SPACES

Data on the experiences of Black women point to **starkly unequal treatment**, leading to severe gaps in health and economic outcomes. Rising from generations of trauma, the Black community has developed singular resiliency. Their well-earned skepticism about systems intended to deliver wellness and prosperity defies generic solutions from outside the culture that are obvious root causes.

Culturally congruent approaches and leveraging the power of trust through shared experience are highly effective in reaching people and reversing inequities. Yet despite the evidence, it is rare to find programs built unapologetically around the needs of Black people to create a thorough sense of Belonging, Love, Affinity, Community, and Kinship.

**BLACK Wellness & Prosperity Center (BWPC)** is a research-driven social enterprise, founded to make equitable policies and programs more effective.

BWPC is a translator for policymakers, scientists, and practitioners that puts academic research to work serving Black women, while turning intelligence from the community into original research used to inform and scale up solutions. An indispensable design cycle partner, BWPC contributes ideas and helps to test interventions, understanding that validation from the served community.

## BWPC is proud to amplify Black voices in several stakeholder groups:

### Statewide Community Doula Research Steering Committee

Led under the leadership of **Cassondra Marshall Dr.PH, MPH at UC Berkeley's School of Social Welfare, this project's objective is to establish a collaborative of California** stakeholders to develop a research agenda for community doula care as an intervention to advance maternal and infant health equity.

**The long-term objective is to** inform patient-centered, equity-focused, community-informed research on the impact of community doula care. This work is funded through the Patient-Centered Outcomes Research Institute (PCORI) in collaboration with Sexual Health and Reproductive Equity Program (SHARE)

### Department of Healthcare Services (DHCS) Doula Stakeholder Group

The Department of Health Care Services (DHCS) is adding doula services to the list of preventive services covered under the Medi-Cal program starting January 1, 2023.

Doula services include personal support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience. This includes emotional and physical support, provided during pregnancy, labor, birth, and the postpartum period.

To facilitate the benefit, **DHCS has convened a group of statewide stakeholders** to help identify the federally required elements to submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS). Stakeholders are tasked with helping to determine:

- **Doula qualifications** to provide services, including any required education, training, experience, credentialing, and/or registration
- A description of covered services offered by doulas
- Any amount, duration, and scope limitation

## See Her Bloom

Led by a coalition of women of color to address stigma associated with Black women and their specific needs concerning substance use disorder, **this program is a project of the Center for Collaborative Planning.**

Development of See Her Bloom was funded by the California Department of Health Services' MAT Expansion Project. Web design provided by RALLY.

See Her Bloom works with over 15 community partners to execute this important work.

The mission is to **engage Black women in California experiencing substance use disorder** by providing culturally relevant resources and treatment options that empower their commitment to physical, spiritual and mental healing.

**See Her Bloom was launched to** ensure that Black women are a part of the treatment conversation and are treated with care to change the statistics.

**See Her Bloom!**
No longer will our sisters be ignored and alone.
No longer will our sisters be treated with stigma and shame.
No longer will our sisters' substance use disorder increase.


## CMQCC Executive Board

**The California Maternal Quality Care Collaborative ICMQCC)** is a multi-stakeholder organization committed to ending preventable morbidity, mortality, and racial disparities in California maternity care.

**CMQCC uses research, quality improvement toolkits, state-wide outreach collaboratives and its innovative Maternal Data Center to improve health outcomes for mothers and infants.**

Shantay Davies-Balch, CEO of BWPC, is a member of the executive board at CMQCC that ensures CMQCC continues to deliver value to stakeholders by providing guidance on our strategy and priorities and supporting CMQCC's mission of reducing preventable maternal morbidity, mortality and racial disparities in California maternity care.

## CMQCC Race Equity Committee

Birth and racial equity are centered in CMQCC's mission of ending preventable morbidity, mortality and racial disparities in maternity care, and our work will continue until the gap in maternal health outcomes is closed.

CMQCC has adopted the definition of birth equity put forward by Joia Adele Crear-Perry, MD, Founder and President of the National Birth Equity Collaborative:

**"The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort."**

Racism and social injustice perpetuate a violent cycle that includes inequities in maternal and infant health. The mission at CMQCC is to end preventable morbidity, mortality and racial disparities in maternity care, and our work will continue until the gap in maternal health outcomes is closed.

## Black Infant Health & Perinatal Equity Initiative Community Advisory Board

**The Perinatal Equity Initiative's goal is to improve birth outcomes and reduce mortality** for Black infants through interventions implemented at the county level. In 2018, the state Legislature passed the Budget Act of 2018 which included the establishment of the California Perinatal Equity Initiative (PEI) within the Department of Public Health. The PEI aims to address the causes of persistent inequality and identify best practices to eliminate disparities in infant mortality.

**Per legislation, Perinatal Equity Initiative (PEI) Local Health Jurisdictions (LHJs) are required to create and maintain a Community Advisory Board (CAB).**

**CABs act as an extension of the Black Infant Health (BIH) program and PEI,** assist with creation and implementation of a local public awareness campaign (PAC) around birth outcome inequities, and is also a voice of the community to ensure program interventions and activities are implemented in a culturally affirming manner. Board members bring awareness about the need for health equity where they live, work, play and pray.

**This diverse group of stakeholders represents** parents, physicians, doulas, public health professionals, early childhood professionals, and more.

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## Fresno GROWS Best Babies Zone

**Fresno GROWS is a community engaging initiative designed for reducing the death of black babies,** improving maternal and child health, and creating a vibrant healthy community for all ages in Southwest Fresno.

Their programs and services focuses on improving Maternal and Infant Health and Youth Development. **Shantay Davies-Balch i**s co-chair of the steering committee and is a Fresno native that is the current President and CEO of the first CBO in Fresno County established to address the specific Black Maternal Child Health Crisis.

## California Black Infant and Maternal Health Steering Committee

**The First 5 Center and UCSF's California Preterm Birth Initiative (PTBi-CA) work together to improve Black infant and maternal health outcomes.**

Partners research best practices from prenatal and infant health programs across the country for improving outcomes for Black families and will survey California's efforts to reduce infant mortality and morbidity. The initiative also work with researchers, advocates, practitioners, and other stakeholders to design a short- and long-term strategy to improve outcomes for California's Black families.

PTBi-CA is a nonprofit that uses research, community partnerships and education to create positive change for Black families.

**Fresno Department of Public Health PIE Coordinator:**
Gifty Kwofie, https://www.co.fresno.ca.us/departments/public-health/public-health-nursing

## First 5 Fresno County

First 5 Fresno County **recognizes the important window of development that happens in the first 5 years of life** and works to advocate and fund programs that fills gaps in the early childhood system of care in Fresno County. First 5 Fresno County is committed to ensuring all children ages 0 to 5 are born healthy and raised in nurturing homes and communities.

First 5 Fresno County is a public organization that was created in 1998 when California voters passed Proposition 10, known as "The Children and Families Act." Since its inception, **F5FC has invested more than $200 million in local programs that provide direct services to young children and their families.** These investments support high quality preventative health, early learning, and family support services that help give children the best possible start in life.

The First 5 Fresno County Commission is made up of seven commissioners and a staff that carries out the Commission's work. Commissioners are appointed by members of the Fresno County Board of Supervisors and include representatives from the Board of Supervisors, County departments, and individuals who have an expertise in serving children and families.

**Shantay Davies-Balch** is a commissioner for Frist 5 Fresno County.


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**No Black woman will die** from a preventable childbirth related death.

**No Black woman will deliver** a preventable premature birth.

**No Black baby will die** from a preventable cause.

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(559) 478-5912
INFO@BLACK-ENTERPRISES.COM
WWW.BLACKWPC.ORG