

# **Investing in Black-led and Black-serving Community- Based Maternal Health Organizations to Address Maternal Mortality in Philadelphia**

**2023**

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# Background

The steady increase in maternal mortality rates in the United States over the last few decades signifies a serious maternal health crisis (Petersen et al., 2019). In an effort to address this critical issue, Maternal Mortality Review Committees (MMRC) were developed to improve surveillance of maternal mortality statistics (Berg, 2012). Historically, maternal mortality surveillance used birth and death statistics to understand maternal mortality disparities. However, this method of surveillance often lacked crucial details and context (Mehta et al., 2020). MMRCs utilize various methods to document data including medical records, social service records, family member interviews, and discuss deaths with multidisciplinary members (Mehta et al., 2020). The collection of this data allows for a more comprehensive understanding of pregnancy-associated and pregnancy-related deaths, especially in historically disenfranchised populations.



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# Philadelphia MMRC

The city of Philadelphia exhibits a pregnancy-related death rate above the national average. While 22,000 birthing individuals give birth in Philadelphia annually, every year an average of four to five pregnancy-related deaths occur within the city (Mehta et al., 2020). Furthermore, Black mothers and birthing people in Philadelphia are four times more likely to die of pregnancy-related causes than their white counterparts (Mehta et al., 2020). To address the racial disparity in maternal mortality, Philadelphia created a county level MMRC in 2010. As the first place to create its own county-level MMRC, the Philadelphia MMRC brought together multidisciplinary stakeholders such as representatives from labor and delivery hospitals, members from various city agencies as well as non-governmental organizations to provide evidence-based recommendations based on the data collected (Mehta et al., 2020). The Philadelphia MMRC focuses specifically on pregnancy-associated deaths within the city and has been vital in identifying gaps in the health care system as well as where community resources could benefit from renewed investment.

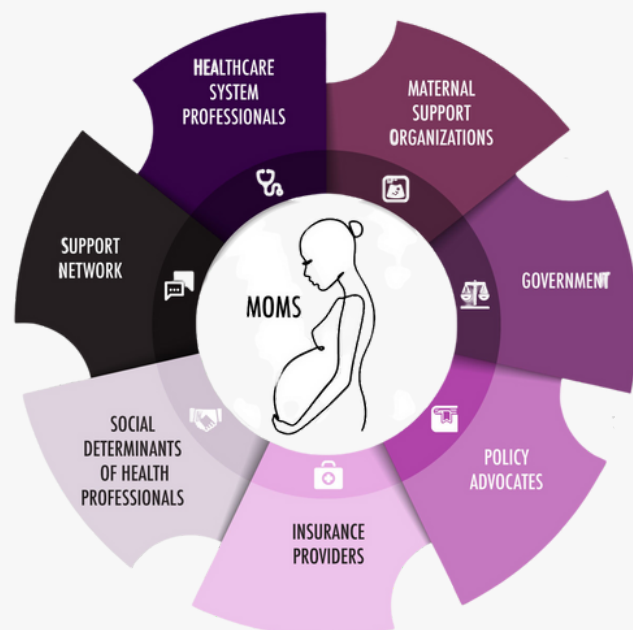
Annually, the MMRC published findings concludes with a section of extensive, evidence-based recommendations to improve maternal health outcomes. The section on recommendations is developed in response to each case after the comprehensive review process is finished. Philadelphia's MMRC considers the racial health inequities within pregnancy-related deaths, and also recognizes that they are largely driven by the social and structural determinants of health such as systemic racism, lack of access to safe and adequate housing, transportation, and social support (Crear-Perry et al., 2021; Howell, 2018). To address these issues, the Philadelphia Department of Public Health, Division of Maternal, Child, and Family Health formed a coordinated action team to carry out recommendations of the MMRC.

# ORGANIZED VOICES FOR ACTION

The OVA (Organized Voices for Action) is a multidisciplinary group of stakeholders composed of birthing people, governmental agencies, health care system professionals, insurance providers, maternal support organizations, policy advocates, social determinants of health professionals, and support networks. The goal of The OVA is to implement and support innovative citywide interventions that specifically address the leading contributors to maternal mortality in Philadelphia, as identified by the Philadelphia MMRC. The OVA builds upon existing collaboratives focused on target areas, infuses funding into pilot projects with the potential to improve maternal health, and works across sectors to integrate community voices and solutions into policies and programs.

The first recommendation of the MMRC's 2020 report is to "Address root causes of health inequity in the health care system, citing investment in women of color-led Community-Based Organizations (CBOs) as one of the core strategies (Mehta et al., 2020)." Community-Based Organizations (CBOs) have been key in advancing maternal health equity and reducing health disparities (Hernandez-Cancio et al., 2018; Zephyrin et al., 2021).

Thus, The OVA formed the Community Investment implementation team to address this recommendation. The Community Investment implementation team illustrates the MMRC's commitment to identifying solutions from an upstream approach. Solutions to society's problems can be found within the expertise of the people most impacted. This foundational idea is paramount within the guiding principles of the implementation team.



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# MISSION

To invest in community-based organizations led by women of color

*"They actually asked 'What do you guys need? What can we help you with? How can we connect you with our connections? How can we leverage our resources to support you and your mission?'*

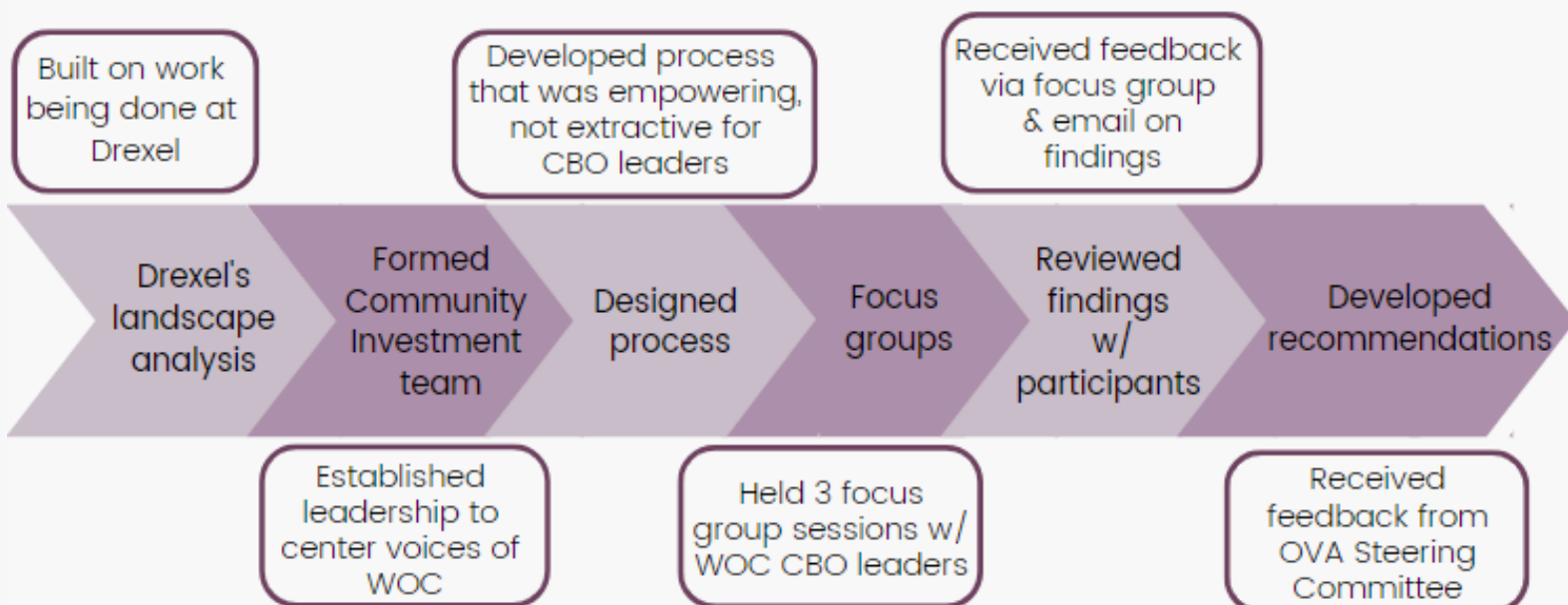
*I think that is a prime example of what an investor for the community should look like.*

*What they should do leverage is their resources for the organizations that they're supporting."*

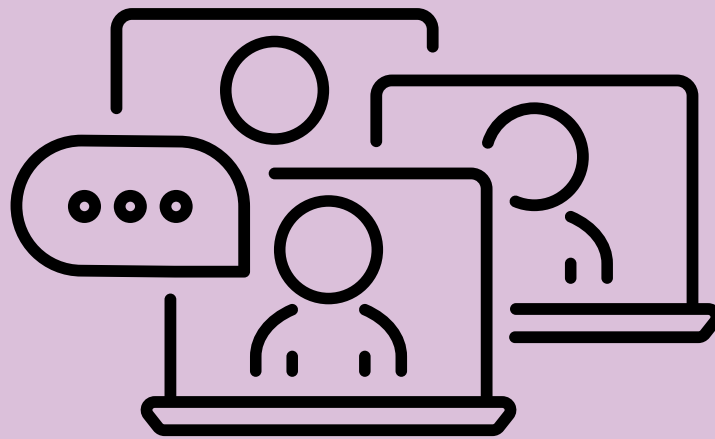
*-focus group participant*

# Design Process

Leadership was established to center the voices of Black women. Leaders of this team are Black women, one of whom is a leader of a community-based organization. Because women of color leading organizations serving Black and Brown birthing people face anti-Black bias, the same anti-Black bias that the birthing people they serve face (Emergent Pathways, 2019), our goal was to execute this work in a way that did not perpetuate the structures that marginalize and ultimately harm the health of CBO leaders and the birthing people they serve. The execution of our human-centered design processes also included enforcing equitable practices within the implementation team. Having leaders with lived experience helped to ensure we would recognize the structures and be able to guide the work using anti-racist practices. Thus, our implementation plan reflected an intentional design process that aimed to avoid being extractive while also avoiding overburdening Black-led CBOs with additional labor outside of the context of their business. The full implementation team process is represented below. This report discusses our findings and is organized in the following order: first we discuss the topics and themes that emerged from our focus groups, next we discuss recommendations developed from focus groups themes and next steps, and in the final section we describe our methods in detail.



# Focus Group Themes



01

## Barriers

Challenges faced by CBO leaders when trying to pursue or receive funding.

02

## Enablers

What has worked for CBOs and ways Black led organizations successfully experienced others investing in their work.

## Anti-Blackness

An overarching theme of anti-Blackness was present across all four main topics. Many of the experiences that participants shared were fraught with racial bias such as funding decision makers being all white, restrictive institutional policies that reinforced anti-Black stereotypes, and racist narratives.

03

## Solutions- Based Ideas

Emerging ideas for supporting CBOs.

04

## Equitable Investment

How funders can engage with CBO leaders in an equitable way without recreating harms that CBOs currently face.



# Barriers

Topic area one focused on what types of challenges CBO leaders faced when trying to pursue or receive funding. CBOs can be best suited to address the complex challenges and needs of communities experiencing health inequities. However, CBO leaders discussed facing several challenges when pursuing and/or receiving funding to support their work.

Participants reported funders and health care workers lacking an understanding of birth work as well as not taking it seriously. As one participant said,

***“A lot of people don’t see the work that we do as health and wellness based. We aren’t taken seriously. The work we do is going to directly affect the health and wellness of the community as a whole.”***

While birth work is not the only solution to address maternal mortality and morbidity, it should be acknowledged as an integral tool that can have direct and invaluable impact on birth outcomes. Leaders also consistently spoke about funders focusing on metrics that do not display the true impact of their work. For example, one participant stated that,

***“These investors want to see numbers. This is not something [where] I can give you a profit margin... I tried to do a business plan, like I was in a whole program... and they were like what do we do with you, because we don’t know how to counsel... you can’t even make a simple business plan because you have quarters of no growth.”***

An important element of how participants described this theme was that it was described as more of a shortcoming of the funders and the funding landscape, as described in the quote above, than as a shortcoming of the CBO leaders themselves with regards to capacity around business plan development.

Another barrier leaders often face is difficulty accessing funding and other resources due to the lack of funds available for small grassroots nonprofit organizations. Both philanthropic organizations and private funders frequently invest in other well-established organizations with large budgets, often overlooking and in turn, excluding the needs of smaller CBOs. This systemically proliferates the marginalization of small birth workers, many of whom are an organization of one. One participant suggested,

***“Where are the foundations that support this mission, where are the grants, that can support [...] small grassroots nonprofit organizations that doesn't have to be in conjunction with a larger entity to even apply?”***

Investment in small CBOs and individual birth workers without the restrictions of a larger institution would allow for much desired and deserved autonomy.

# Enablers

Topic area two focused on what has worked for CBOs and what were the ways that people of color-led organizations successfully experienced others investing in their work.

While there were several barriers identified, participants did report instances of successful investment practices. The importance of networking was mentioned several times, affirming that word of mouth is a valid way of connecting with people and the community. As one participant stated,

***“That word-of-mouth networking, you know, from one birth worker, or someone who has a connection, that has been a really positive investment for me.”***

Participants specifically mentioned this as being important for the early stages of their development, but also balanced that with wanting to transform this small-scale funding into more sustainable and larger investment in capacity.

Capacity building and technical assistance are also imperative to ensuring the sustainability of CBOs. One participant recalled an experience with a funder who took the time to understand their needs and explored how to utilize their resources beyond funding to build capacity of the organization. As they stated,

***“They actually asked ‘what do you guys need? What can we help you with? How can we connect you with our connections? How can we leverage our resources to support you and your mission?’ And I think that is like a prime example of what an investor for the community should look like, what they should do leverage their resources for the organizations that they’re supporting.”***

“Lastly, collaboration among CBOs and birth workers was to the benefit of the communities they serve. Participants stated a need for opportunities to connect not only with one another but with partners who share a common interest who can help push past what they termed as toxic individuality and the atmosphere of competition. One participant described a successful collaboration with a local institution.

***“We definitely benefit from collaboration...we’ve come together, as we realize that functioning in those silos doesn’t work so when we came together to collaborate, then we were able to step out into the city and foster some of those different connections that we’ve made. One of them being Temple which is a major collaboration, where we got like funding for programming that we are working really, really hard behind the scenes to roll out and implement soon. I think collaboration can only happen when there’s genuinely a shared interest.”***

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# Solutions-based Ideas

This topic area included information on emerging ideas for supporting these organizations.

Another necessity identified was the need for education of funders and investors on the importance of this work, so they truly understand Black maternal health and the critical need for this work. As one participant stated,

***“However, a lot of the organizations and entities with the resources and capital and capacity to grant out to others are typically white men or white women who feel somewhat disconnected to the issues that we’re pushing forward...”***

As discussion around education continued, participants consistently emphasized the need for investing in education not only for funders but for both health care professionals and the community.

***“...Community education factor, like I was saying about, you know, doctors, and people alike, educated people, aren’t aware, don’t understand the burden.”***

One solutions-based issue that came up was the need for birth workers to earn a livable wage. However, existing funding for birth work often does not provide a livable wage, due to the way that it is structured and either the size or allowable expenses on such grants.

Funders can support birth workers and CBOs by viewing this work as an essential service and identifying means to reduce costs for CBOs. One solutions-based idea that a participant noted in this discussion was that,

***“If somehow the city could come up with a sticker that we could put on our cars so that we could park and not get tickets when somebody is about to push a baby out... if you just don’t charge me for things that would also be wonderful.”***

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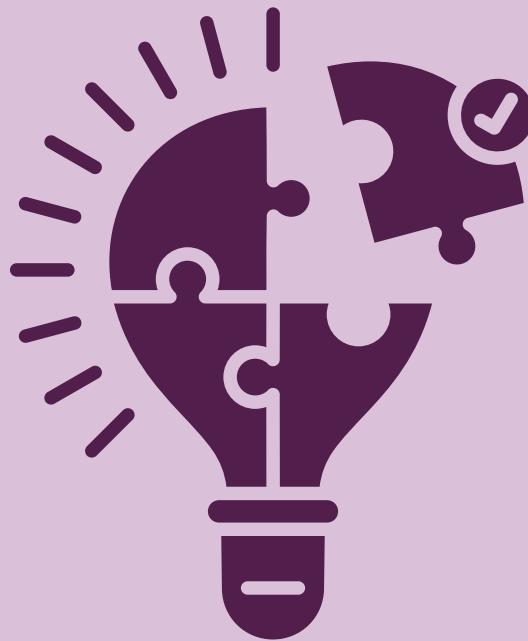
# Solutions-based Ideas

Investing in policy changes that respond to needs expressed by the community-based organization leaders (not perceived needs) is an important area of investment. In addition to solutions-based ideas, areas of support also came up within this topic. Participants discussed that access to professional development would be one way that investment could support them. One participant stated,

***“Being able to obtain funding for my staff to get professional development, but also making up the deficit in revenue that I lose from the staff not working on those days...just like having that balance and the knowledge as to how to do so.”***

In addition to support in the form of professional development, access to space was mentioned as a source of investment. Because rental space in Philadelphia is expensive and the types of services that birth workers provided did not always lend themselves to a consistent need of a physical space, participants mentioned having access to affordable and accessible space for rent or even space shares as a way of supporting them. As one participant stated, she wanted

***“To have access to space that I don’t necessarily have to pay for with like my money that I would like to designate towards the folks that I’m working with.”***



# Equitable Investment

Finally, the fourth topic area focused on how funders can engage with CBO leaders in an equitable way without recreating harms that CBOs currently face.

Participants expressed the need for investing in current programs and services instead of creating new ones, which often happens with traditional funding practices.

***“There’s already these organizations out here. And it’s like, we keep reinventing the wheel rather than continually investing in programs that are already there.”***

Participants wanted to see investment in the programs that are already part of the community rather than putting money and then people’s energy into creating new services.

Participants talked about the need to build trust.

***“Establishing a sense of trust with whoever you are investing in, or whatever the cause, or whatever entity you’re investing in, is like the trust component.”***

They noted how often the approach is that those seeking funding need to establish that they are trustworthy, but it not usually mutual. They wanted funders to understand that community-based leaders carry mistrust based on past extractive experiences and to address this, funders needed to undertake the

additional labor, such as coming to the community and taking time to engage with the community, to build trust to truly collaborate with CBOs.

Another theme that came out within the topic of equitable investment is the need for long-term investment. Participants shared the expectation they have encountered of quick change and short-term investing. They expressed the need for consistent investment over a significant period of time so the community-based organization can truly build capacity.

***“Let’s be practical about what actually needs to happen, because in many cases, you’re talking about deep rooted shifts in mentality, which take time.”***



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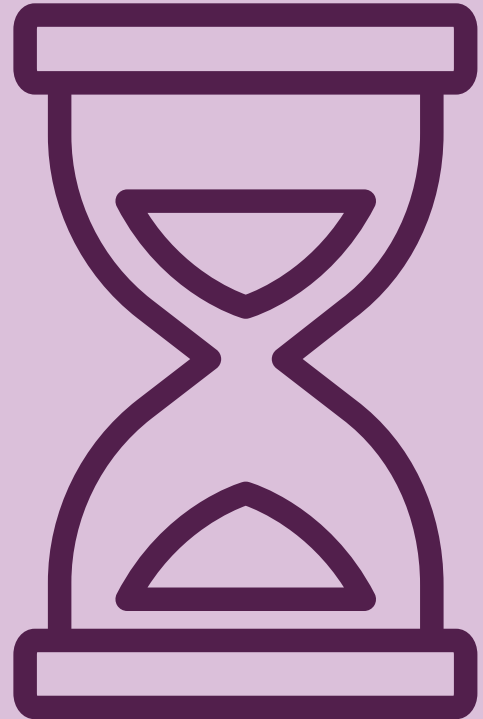
# Timeliness

Embedded within every theme is the issue of timeliness emerged

***"The state of maternal care in the U.S. is in crisis. We need to make sure we stress the sense of urgency in the change that needs to happen."***

CBOs expressed concerned about efforts being led by the government not fully embodying this urgency.

***"A government entity...moves slow slow slow, so will that slow down any of the progress and/or initiation of some of the things that these organizations, we're trying to do well."***



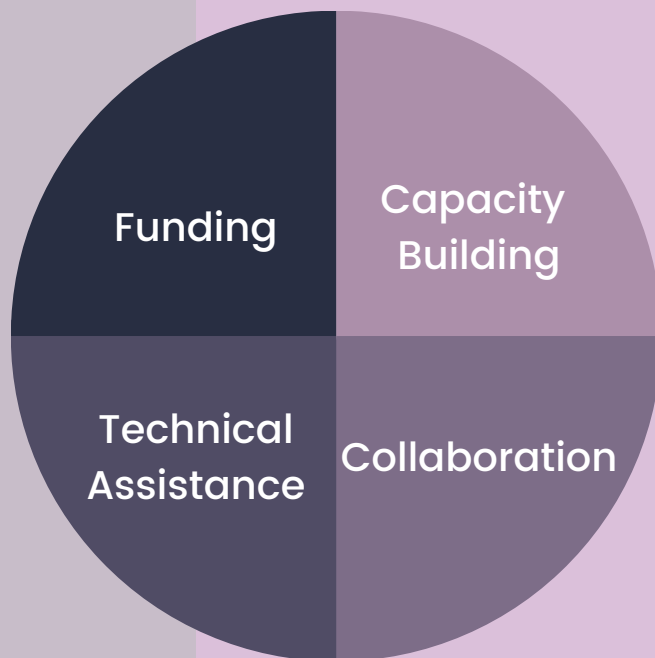
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# Recommendations

The insight provided by Black CBO leaders about the nature of equitable investment described above laid the foundation for the implementation team to create the following recommendations. First and foremost, CBO leaders described the need for education by potential funders in the areas of Black Maternal Health to ensure that funders understand the services that these organizations provide, the context in which they work, and the history of anti-Black racism that has created substantial barriers to investment that CBOs have experienced.

Funders should prioritize gaining a deeper understanding of the needs of CBOs and exploring how to leverage their resources to holistically build the capacity of these organizations. In particular, the Community Investment implementation team identified the following four preliminary recommendations for next steps.

All imperative to ensuring  
the sustainability  
of CBOs



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# 1

*Develop a toolkit for funders on equitable investment with examples of what successful investment entails.*

This recommendation can specifically address themes discussed in the equitable investment topic area as well as some themes brought up in the solutions-based ideas and support topic area. Integral to the development of this toolkit is a set of deliverables that would be informed by experiences of Black CBO leaders, and would offset some of the burden of having to repeatedly educate funders on what is needed to engage in an equitable funding relationship, especially around the maternal health work that these organizations provide.

# 2

*Host a Black Maternal Health Teach-in Series for funders and investors.*

This recommendation builds on Recommendation 1 and further addresses the issue of anti-Black bias that organizations experienced across all themes as well as the need for better education on what Black birth work looks like and needs as discussed in the barriers topic area. In particular, this recommendation builds on ongoing work where the OVA has been in collaboration with [New Voices for Reproductive Justice](#), to provide a teach-in series on reproductive justice and birth advocacy to educate those new to the advocacy space. Similar to Recommendation 1, the team anticipated this recommendation would also offset the burden of CBOs in needing to spend some of their capacity to engage in educational activities outside of the purview of their regular service delivery activities.



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# 3

## *Create a CBO speaker's bureau and slide deck.*

This recommendation was proposed to address the educational theme that emerged within the barriers section and was revisited in the equitable investment topic. It would include recruiting CBO leaders to host discussions, either synchronous or asynchronous through video recording, discussing the themes and topics outlined in this report as well as a slide deck to disseminate these findings. In addition to addressing these topic areas, the team also discussed this recommendation as being able to address the collaboration and silo-breaking need discussed within the enablers topic area.

# 4

## *Provide ongoing support for CBO leaders through connections with funders and technical assistance.*

This recommendation was developed to address the specific themes of capacity building and technical assistance, support metric development and reporting, facilitating trust building, and creating avenues for long-term investment. While falling much more within the capacity building area of need rather than the funder education and dissemination areas that the previous three recommendations cover, the Implementation Team recognized that this recommendation would benefit the most from co-development with CBOs in an ongoing way that would not be extractive of their labor but would support connection and collaboration with organizations and resources who align with the areas of assistance need.

# Recommendations

As part of the recommendation setting process, the implementation team presented these to focus group participants to ensure that they both addressed the concerns raised by participants and did not unintentionally create situations that disproportionately relied on the unpaid labor of Black individuals. Participants supported the recommendations but noted that key to implementation of these recommendations would be a continued co-developed process that does not extract or overburden the labor of CBOs. To that extent, the continued role of the OVA and the Division of Maternal, Child, and Family Health at the Philadelphia Department of Public Health should be to provide coordination and project management of implementation of these recommendations with leadership and guidance from a team of community-based organizational leaders. This will allow these recommendations to be implemented in a more equitable and sustainable way.

The creation of the Community Investment implementation team and the findings presented in this report illustrate a timely opportunity for funders to intentionally invest. Even in the absence of pandemic-era federal funding, investors with a true interest in turning the tide of maternal mortality must center birth workers and the communities they serve in their processes.

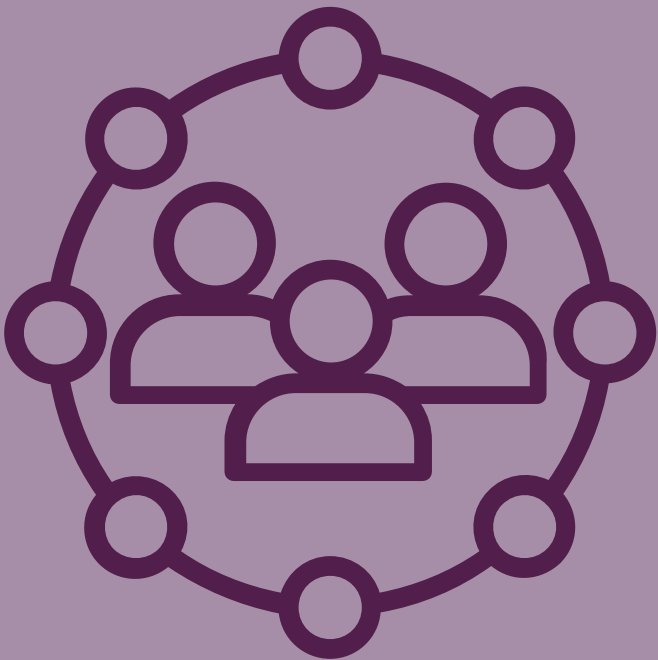


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# Participants

Participants were recruited from Black-led and Black-serving organizations in Philadelphia identified in an initial landscape analysis conducted by Drexel University.

- Twenty Black-led and Black-serving organizations were identified and of those twenty, twelve participated in focus group discussions.
- Participants included birth workers (doulas, midwives, childbirth educators, lactation counselors) and one perinatal mental health therapist.
- All participants received compensation for participation in focus groups.



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# METHODS

## **DEVELOPED FACILITATION GUIDE**

Semi-structured focus groups were conducted using a facilitation guide developed by the implementation team. The facilitation guide included a series of open-ended questions designed to better understand how Black-led community-based organizations providing services and resources to Black birthing people define investment and to identify the facilitators and barriers that they face in obtaining and maintaining these investments.

## **KEY INFORMANT INTERVIEWS**

Informed by a brief literature review, some initial key informant interviews conducted by the OVA, and the lived experience representative on the implementation team in the form of one co-chair leading her own CBO, two co-chairs identifying as Black moms, and all co-chairs identifying as Black women, questions covered the following topic areas: definition of investment, types of non-monetary investment that CBOs are interested in, types of funding that CBOs receive/pursue, the role of collaboration in funding/investments, experiences with restrictions on funds, role of larger institutions in supporting or interfering with sustainable investment, and the role of power dynamics in investment.

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# METHODS

## CONDUCTED VIRTUAL FOCUS GROUPS

Focus groups were conducted via Zoom and both video and audio were recorded with consent from participants. Audio of recordings was transcribed verbatim. Three focus groups were conducted from March to April 2022. Focus groups lasted approximately 90 minutes and had a range of 4 to 5 participants. They were co-facilitated by a community member with lived experience and at least one member of the implementation team. A third team member took notes and a support team member from the OVA backbone served as technical support to address any issues that came up during the session. Focus groups started with a brief introduction to the goals of the project, the goals of the OVA in general, and the implementation team. Then, participants were guided through a semi-structured conversation based on the facilitation guide.

## PARTICIPANT FEEDBACK

Following thematic analysis of data, focus group participants were re-invited to review themes, descriptions, and quotes to ensure that their voices and intentions were not misrepresented. Given the history of extractive practices that do not honor the knowledge and labor of Black communities overall and Black women in particular, this was a critical step to ensure that the analysis did not unintentionally amplify vulnerability of CBOs and that quotes were used in ways that reflected the speaker's intention. Participants were given the option to review the written document asynchronously or provide feedback during a synchronous online presentation of the material facilitated by two members of the implementation team. Similar to focus groups, CBO leaders were compensated for their time and feedback.

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# REFERENCES

- Berg, C. J. (2012, February). From identification and review to action—maternal mortality review in the United States. In *Seminars in Perinatology* (Vol. 36, No. 1, pp. 7–13). WB Saunders.
- Bey, A., Brill, A., Porchia-Albert, C., Gradilla, M., & Strauss, N. (2019). Advancing birth justice: Community-based doula models as a standard of care for ending racial disparities. *Every Mother Counts*. <https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>
- Bohren, M., Hofmeyr, G., Sakala, C., Fukuzawa, R., & Cuthbert, A. (2017). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.CD003766.pub6>
- Crear-Perry, J., Correa-de-Araujo, R., Lewis Johnson, T., McLemore, M. R., Neilson, E., & Wallace, M. (2021). Social and Structural Determinants of Health Inequities in Maternal Health. *Journal of women's health* (2002), 30(2), 230–235. <https://doi.org/10.1089/jwh.2020.8882>
- Emergent Pathways. (2019). The Case for funding Black-led Social Change, Redlining by Another Name: What the Data Says to Move from Rhetoric to Action. <https://abfe.issuelab.org/resource/the-case-for-funding-black-led-social-change.html>
- Howell, E. A. (2018). Reducing disparities in severe maternal morbidity and mortality. *Clinical Obstetrics and Gynecology*, 61(2), 387–399. <https://doi.org/10.1097/GRF.0000000000000349>
- Mehta, A., Hoffman, R., Tew, S., & Huynh, M.-P. (2020). Improving Outcomes: Maternal Mortality in Philadelphia. Philadelphia, PA: Philadelphia Department of Public Health
- Hernandez-Cancio, S., Houshyar, S., & Walawender, M. (2018). *Community Health Workers: Key Partners in Improving Children's Health and Eliminating Inequities*. Washington, D.C.: Families USA. [https://www.orchwa.org/resources/Documents/HE\\_CHWs-and-Kids\\_Issue-Brief.pdf](https://www.orchwa.org/resources/Documents/HE_CHWs-and-Kids_Issue-Brief.pdf)
- Petersen EE, Davis NL, Goodman D, et al. (2019). Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *MMWR Morb Mortal Wkly*, 68, 762–765. <http://dx.doi.org/10.15585/mmwr.mm6835a3>
- Zephyrin L. et al. (Mar 2021) Community-Based Models to Improve Maternal Health Outcomes and Promote Health Equity. Commonwealth Fund. <https://doi.org/10.26099/6s6k-5330>

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