Community-Based Organization’s Solutions to Improve Birth Equity in New Jersey

Presentation for the New Jersey Public Health Institute
“Whatever the question, the answer is in the community”

- Kimberly Seals Allers
Introduction to the New Jersey Birth Equity Funders Alliance (NJBEFA)

The Alliance comes together in a spirit of collective commitment and action, leveraging our individual strengths, learning and unlearning ways in which philanthropy can be an authentic partner, to support families, communities, the public sector, and community-based organizations in the goal of achieving full birth equity in New Jersey.

Guiding Principles

Focus on racial equity
Collaborating, Learning and Co-Design
Community and CBO-First Approach
Mutual Accountability

Vision
Reduce maternal mortality in New Jersey and eliminate racial disparities in birth outcomes

Mission
Support community-based solutions and BIPOC-led organizations to lead efforts to address maternal mortality and birth equity in New Jersey, serving as a model for the wider field
NJBEFA’s Community Advisory Committee

- Staying true to the guiding principle, the NJBEFA has constituted a Community Advisory Committee (CAC) to guide and work in tandem with the funders to direct funding in New Jersey.

- The inaugural CAC comprises 7 members, including a Mompreneur and Paid Family Leave Expert, Doula Trainer, Practicing Community Full Spectrum Doula, Non-Profit Founder, Certified Lactation Consultant, Nurse-Family Partnership Expert— all birthing people with lived experience.

- As CBOs and community leaders have been integral in the creation of the Alliance’s overall strategy, the CAC aims to continue this community-informed approach for its grantmaking with a $500K fund.

- In 2022, the CAC disbursed a total of $172,500 across 7 rapid response grants and 11 RFP-led postpartum-focused grants.
Why Did We Focus on Community Based Organizations (CBOs)?

CBOs wield tremendous influence within communities and have demonstrated passion and perseverance, building momentum, sometimes with minimal external support and resources.

**CBOs play multiple roles in creating birth equity in New Jersey**

<table>
<thead>
<tr>
<th>Service Delivery and Innovation</th>
<th>Awareness and Advocacy</th>
<th>Connecting and Strengthening Systems</th>
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<tbody>
<tr>
<td>• Piloting programs that connect social services and healthcare providers to increase cohesiveness among service providers and communities</td>
<td>• Amplifying the voices of BIPOC birthing people and their needs</td>
<td>• Creating multilingual tools to help families learn to navigate the health care systems</td>
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<td>• Offering travel voucher programs with transportation services</td>
<td>• Highlighting critical policy and system gaps and advocating for improvements</td>
<td>• Using a participatory approach to gather data directly from and with BIPOC birthing people</td>
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<td>• Creating awareness within communities on available resources for maternal and infant health</td>
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New Jersey CBO Landscape Research

• Acknowledgments
• Approach Taken / Methodology
• Key Objectives
Background and Acknowledgements

**Background** - The Alliance wanted to help fill the knowledge gap in information about maternal health CBOs, community leaders and their biggest needs in the state of New Jersey.

**Research Partner** - We selected Amaka Consulting and Evaluation Services, a woman-owned consulting firm founded by Dr. Ndidiamaka Amutah-Onukagha, to lead this landscaping research.

**Acknowledgments**: We are incredibly thankful to the CBO leaders, community leaders, and members of the Community Advisory Committee who took the time to share their insights with the project team.
Research Methodology

The analysis involved a mixed methods approach, including both quantitative and qualitative data collection and analyses. Survey and interview instruments were developed by West et al. and adapted for the purposes of this analysis.

**Short Survey**
- 97 Respondents

**Long Survey**
- Organization Focused- 9 Respondents
- Individual Focused- 18 Respondents

**Interviews**
- 25 Respondents

124 Total Participants in the study

90 Birth Equity Community Based Organizations* identified

22 BIPOC individuals filled in the short survey

18 BIPOC-led organizations filled in the short survey

*Organizations identified include doula agencies, social service agencies, community health centers, supportive housing organizations, and advocacy groups.
Survey Respondents Profile

Professional Sector of Survey Respondents
(N = 124)

- Doula Care
- Care Coordination
- Social Work
- Advocacy
- Childcare
- Direct Services
- Mental Health
- Physical Therapy
- Healthcare
- Local Public Health Orgs

Respondent Location by County
(N = 124)

- Bergen County
- Camden County
- Cumberland County
- Mercer County
- Hudson County
- Union County
- Essex County
- Somerset County
- Marris County
- Local Public Health Orgs
Research Findings
“It's massive. I mean, there's absolutely no question that there's racism in almost everything we encounter... You know, we mentioned all things being equal, outcomes being different... there's no question about it, as it affects people's housing, it affects people's incomes, it affects people's diets, it affects everything in life. And until we figure out a way to address that, these problems will persist. Because it goes beyond socioeconomic; it does go down to the race level. It plays a big factor.”

“...At the top, America has now undone midwifery, which was a practice inherent to the Granny midwives of the South. And they [healthcare] basically sold back our own knowledge to us. They've made systems within reproductive care very unsafe and [have been] hostile to homebirth midwives, certified professional midwives.”

“...In rural settings, if you're going to think that you're going to look for a physician or a practitioner that looks like you, that's not going to happen”

“.... Gynecology itself [was] tested on bodies of [Black] women, so you definitely have to have us at the table, too”

— CBO Insights Survey Respondents
Individual’s Access to Services

Clinical and social determinants of health services for birthing people have gaps that are worsened for people of color

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<tr>
<th>Most common services provided</th>
<th>Health education and family programs</th>
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<tbody>
<tr>
<td>Least commonly provided services</td>
<td>Disability services, clinical testing, financial services, and legal services</td>
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<tr>
<td>Services in high demand</td>
<td>Housing, transportation, and language assistance</td>
</tr>
<tr>
<td>Underutilized services</td>
<td>Disability services, mental health services, and emotional support services</td>
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</table>

Addressing these challenges requires significant coordination between agencies and community-based organizations to ensure that clients are able to access the services they need.
Reasons for Inaccessibility to Services

Challenges Birthing People Face in Assessing Social Support Services

1. **Language Barriers** 14.8%
2. **Outside of our catchment area** 11.1%
3. **Do not provide the service** 22.2%
4. **Limited capacity to take on new clients** 14.8%
5. **Do not accept health insurance** 3.7%
6. **Waitlist** 3.7%
7. **Inability to pay** 14.8%
8. **Other** 3.7%

Why do these challenges exist?

1. **Lack of trust in new organizations** coming into long-standing communities who may have had a history of being historically harmed by such relationships
2. **Citizenship status** of the large and varied immigrant communities served by organizations throughout NJ.
3. **Scarcity mindset** - There is not enough funding available or funding is time limited.
4. **Simply not enough workforce** available to attend to everything day-to-day needs of the community
5. **Clients are not able to afford** any percentage of out-of-pocket costs, even if organizations are interested in exploring cost-sharing

Source: ACES' CBO Landscape Report
Challenges Faced by CBOs and Independent Service Providers in NJ

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<th>Fundraising</th>
<th>Organizations face multiple barriers to fundraising such as</th>
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<td>Staff / Leader Wellbeing</td>
<td>Organizations prioritized support for addressing leadership burnout and increased staffing funding.</td>
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<td>Technical Assistance</td>
<td>There is a need for communications and marketing resources among 501 c3s to forge partnerships and continue their important work</td>
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<tr>
<td>Data Reporting and Systems Use</td>
<td>Lack of time or skills to gather data or produce measurable metrics</td>
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<td>Limited know-how or capacity to navigate the process of pursuing 501(c)3 status</td>
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<td>Bureaucratic processes, such as the volume of paperwork, and a lack of assistance in filling out the required paperwork</td>
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<td>Partnerships</td>
<td>CBOs expressed high interest but limited avenues for partnerships with health providers, health systems and hospitals, government programs (Medicaid, WIC)</td>
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<td>Visibility</td>
<td>Infant loss and pregnancy loss organizations, doula organizations, and organizations focusing on BIPOC individuals are the least visible birth equity actors in New Jersey.</td>
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Recommendations: Themes to Focus On

- **Workforce Development and Support**
  - Examples include providing training on equitable hiring practices and offering free or subsidized mental health services for birth equity workers.

- **Funding Landscape Analysis**
  - To address these issues, conducting a landscape analysis specific to available funding, characterizing existing funding according to key factors, and setting up meetings with existing funders to eliminate barriers can be effective.

- **Professional Development and Capacity Building**
  - Providing professional development opportunities that address competencies desired by organizations and individuals (such as social media marketing, grant writing etc.) in birth equity work.

- **Collaboration and Connectivity**
  - Examples include increasing connectivity between birth equity workers and organizations and resources, a convening to support partnerships, “boots on the ground” marketing, and a centralized database of birth equity workers and resources.

- **Public Awareness and Communication**
  - Establishing a diverse communications workgroup to increase awareness of Nurture New Jersey and engage communities most affected by birth inequities in planning and implementation.
  - This workgroup should prioritize transparency and accountability to promote trust and collaboration and establish a continual feedback loop between the state and the workforce.
Questions/Reflections?

Let’s have a conversation.
Thank you for attending!

We would love to continue to be in touch!

- **Website:** [https://birthequityalliance.com/](https://birthequityalliance.com/)
- **Email:** Cecile@njbefa.org
- **Upcoming Event:** Council of New Jersey Grantmakers (CNJG) 2023 CONFERENCE FOR THE SOCIAL SECTOR: DOING GOOD BETTER, May 23
Appendix
Key Definitions

For the purposes of this analysis, a **Community Based Organization (CBO)** is defined as one that is driven by community residents in all aspects of its existence. This means that the organization has one or more of the following characteristics:

- The majority of the governing body and staff consists of local residents
- The main operating offices are in the community being served
- Priority issue areas are identified and defined by residents
- Solutions to address priority issues are developed with residents
- Program design, implementation, and evaluation components have residents intimately involved, and/or in leadership positions

**People of color** were defined as individuals who identify as Black or African American, Asian/Pacific Islander, Native American, Hispanic or Latinx. **BIPOC** refers to Black and Indigenous People of Color.