

Birth Justice Collaborative

An Overview and Learnings



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Your Presenters

Corenia Smith

Director
Birth Justice Collaborative

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With a background in nursing and a passion for reproductive justice, Corenia Smith skillfully operates at the intersection of policy, politics and health equity. Her professional experience is deeply rooted in collaboration, and she embraces the spirit of grassroots power-building. She's dedicated to combining knowledge in social, clinical and political determinants of health to build and co-create healthier communities where everyone can thrive.



Shashana Craft

White Earth Ojibwe
Director of Programs

scraft@diw-mn.org

Shashana came to Division of Indian Work in November 2021. She has a Nursing Degree from Breckenridge School of Nursing/IYY-Tech Earth City. She began working in the Strong Families program and Ninde Doula program, and was promoted to Director of Programs. Shashana is an Indigenous Doula, Indigenous Lactation Counselor and a certified Perinatal Educator.



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Learning Objectives

1. **Enhancing Maternal & Child Health Outcomes:** Explore how embedding culturally centered, community-driven solutions can significantly improve maternal and child health outcomes in underserved communities.
2. **Fostering Cross-Cultural Alliances:** Gain practical tools and insights to promote community-led collective action, including strategies for building strategic alliances across cultures and collaborating with government entities and healthcare systems to sustain impactful maternal health initiatives.
3. **Integrating Cultural Wisdom in Healthcare:** Identify the transformative role of cultural strength and ancestral wisdom in healthcare practices, recognizing these elements as essential to fostering health pregnancies, births, and postpartum experiences in diverse communities.

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CORENIA SMITH

Director for BJC. Licensed Practical Nurse. Reproductive Justice Advocate.

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ORIGINS

300 Community Members:
Community Wisdom and
Knowledge

Community Feedback
and Refinement

50 LEADERSHIP COALITION
MEMBERS: 30 Community
Members and 20 systems &
government reps

5 Strategies with 1st
Priority Actions

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WHO WE ARE

The Birth Justice Collaborative (BJC) is
an African American and American
Indian-led coalition

BJC Guiding Partners



Division of Indian Work



Liberty Northside Healing Space



Cultural Wellness Center



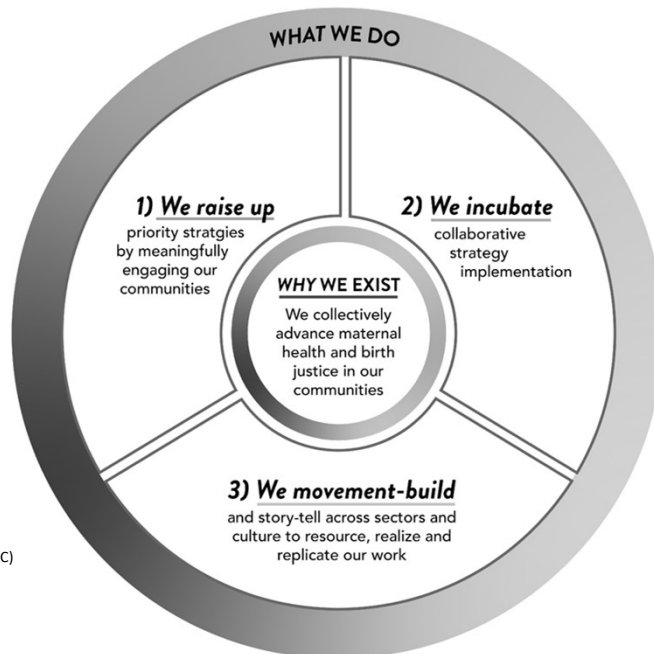
Native American Community Clinic



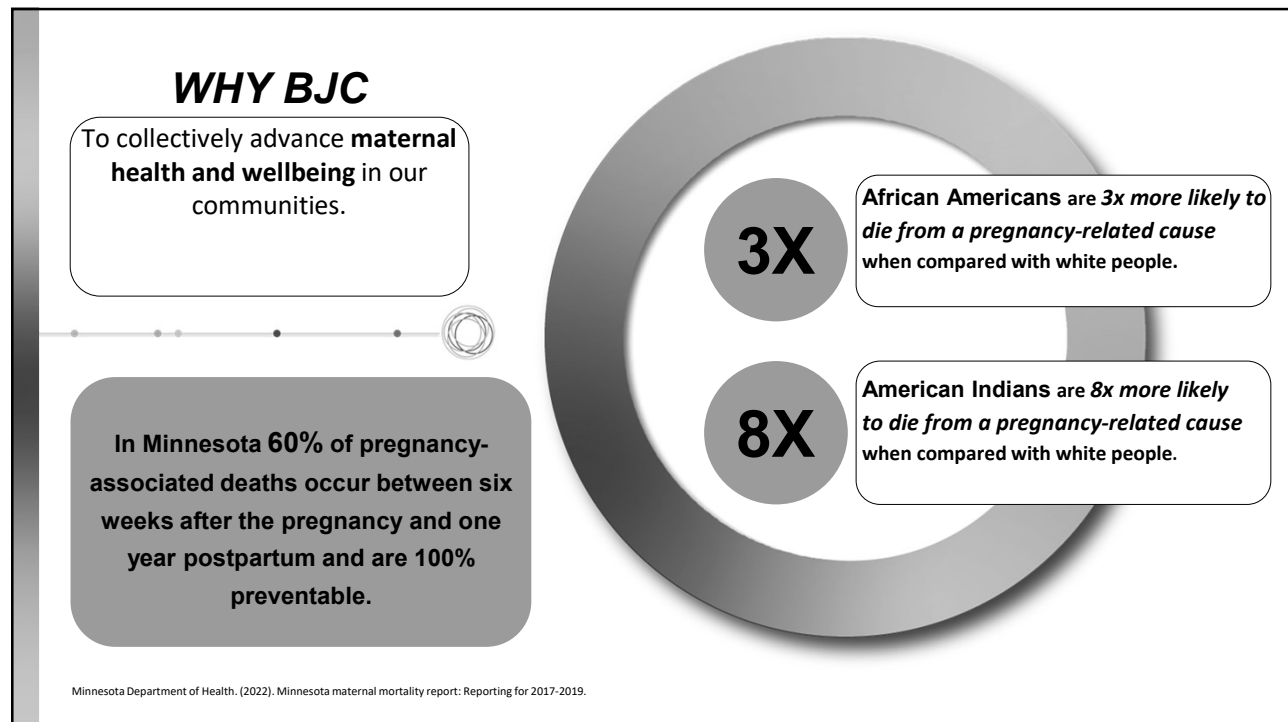
MN Indian Women's Resource
Center



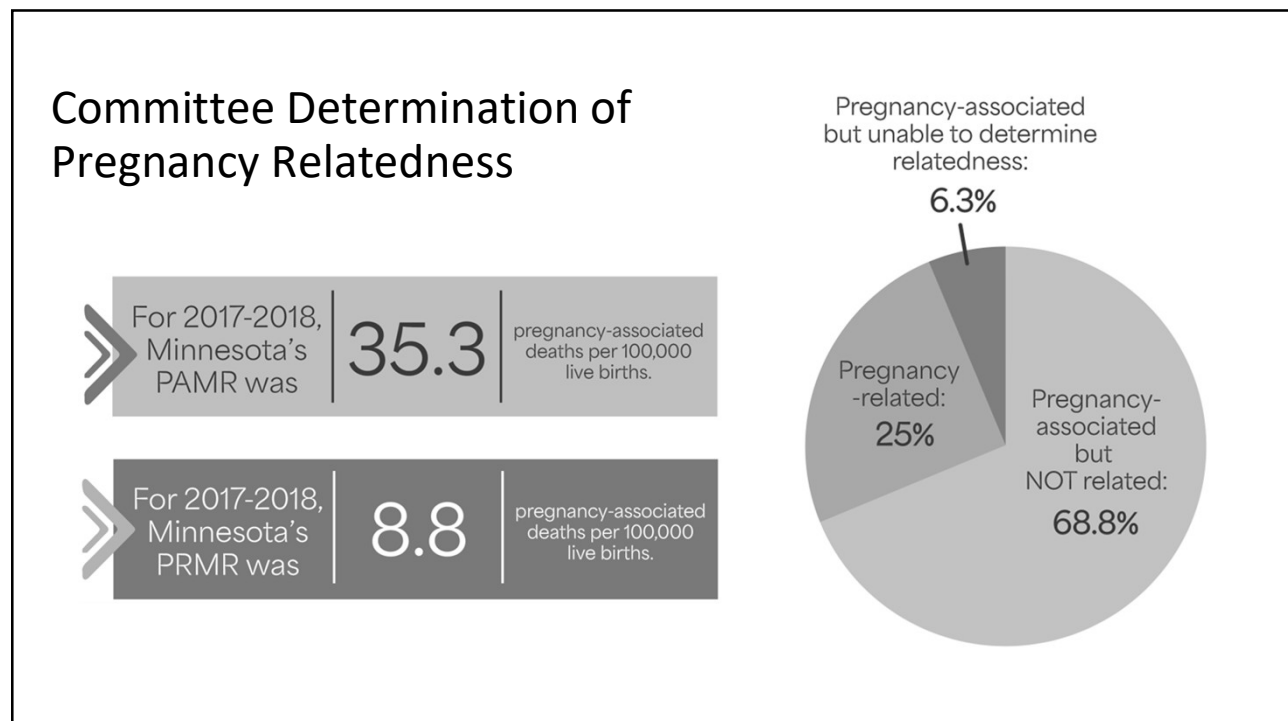
Robert J. Jones Urban Research and
Outreach-Engagement Center (UROC)



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Key Understandings

Pregnancy Related:

- postpartum hemorrhage
- cardiomyopathy
- embolisms
- hypertensive disorders
- infection

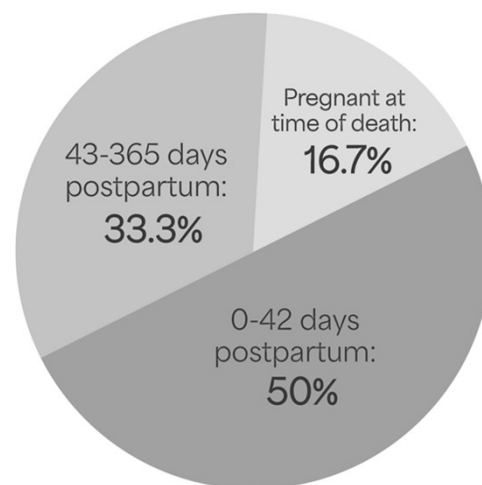
Pregnancy Associated (not related):

- substance use disorder (SUD)
- suicide
- homicide
- accidental deaths
- cancers not related to hormones of pregnancy
- motor vehicle accidents

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Pregnancy Status at Time of Pregnancy-Related Death

- 12 pregnancy-related deaths (1 in 4 reviewed deaths)
- 50% occurred 0-42 days postpartum
- 100% were deemed preventable by the committee.



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BJC Strategies and 2024-2025 Priority Initiatives

***Note:** our work derives from initial and ongoing input from **300+ community members** and a **50-member, cross-sector leadership coalition**

- **Postpartum Support Pilot** re: Cultural Home Visiting and Resources
 - Acknowledge and address impacts of racism
 - Advocate for a shared policy and payment reform agenda
- **Administrative Advocacy Agenda** re: Payment and Reimbursement Reform
- **Legislative Agenda** re: American Indian Birthing Center and HomePlace Planning
- Creating and Distributing a Minnesota-specific **Birthing Bill of Rights**
 - Support a coordinated system of anti-bias accountability
 - Invest in a network of trusted cultural providers & resources
 - Support culturally meaningful workforce pathways
- **African American HomePlace**
- **American Indian Birthing Center**
- **Doula Awareness, Access and Support**
- **Cultural Provider Councils**
- **Cultural Provider Business Supports**



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BJC Postpartum Pilot

April 2024 - August 2025



Pilot Parameters

- Participants range from 6 mos. pregnant - 3 mos. postpartum
- Home Visiting: Weekly through 3 mos. Bi-Weekly through 6 mos. Monthly through 15 mos.
- Monthly financial resources



Home visitation brings support to birthing parents and their families.

"Sierra has been someone I can talk to when I have questions - she gets it. She educates us on what different cultures do after a baby is born and validates when I'm concerned. Being able to stay in our home while we get support eases so much anxiety."

BJC Postpartum Pilot mother



Monthly stipend throughout program participation.

"Leading up to (my baby's) birth, we didn't have income while I was looking for work and (baby's father) was in school. We didn't have answers, until this program. Now, my financial burden is lightened! It's allowing me to stay home with her during these first months and be intentional about plans and how to care for her."

BJC Postpartum Pilot mother



Education

Caregivers acquire the knowledge and skills needed to support their children's optimal physical, cognitive, social-emotional, language, and self-help development.

"This should be available for all Dads, too. This is my second child, so I'm learning a lot through the program."

BJC Postpartum Pilot father



Resources

Culturally-aligned resources are shared with participants

Healing Services/Ceremony
CSA Pre-packed Meals
Healthcare Navigation
Financial Management Coaching
Referrals



Supplies

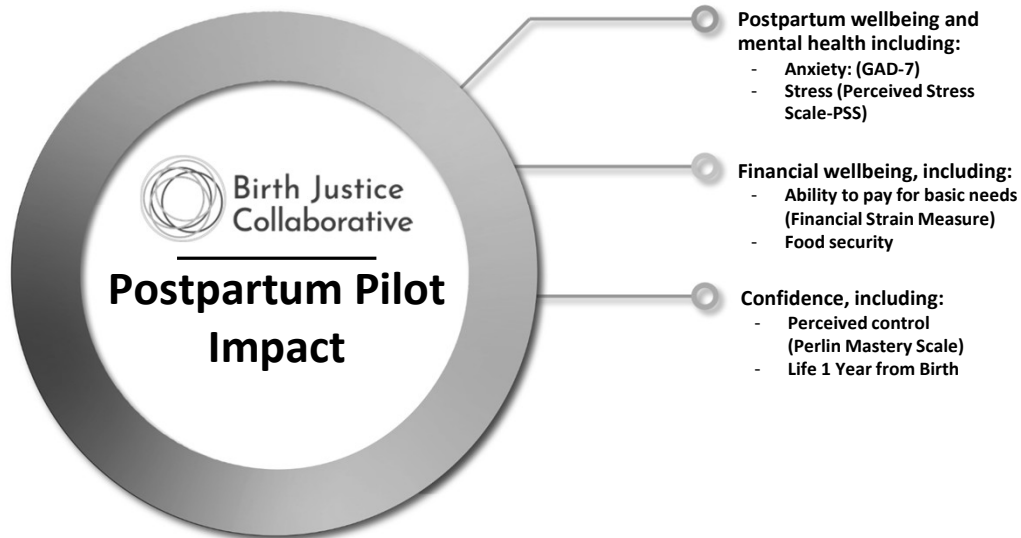
Welcome Basket

Diapers and wipes delivered during each home visit
Child development items on-lend



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Through a combination of focus groups and validated scale measures, the evaluation will gauge the pilot's impact on:



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Approach

Initially 42 Pilot and 30 comparison group participants were recruited through an informal network of African American and American Indian doulas. The pilot group members receive both home visiting and cash supports. Of the 30 comparison group members, 15 receive home visiting but no cash; and 15 receive neither home visiting or cash). By the interim report the pilot group consisted of 36 participants and 26 comparison group members.

Participants complete a total of three questionnaires at program launch (April 2024); 7-8 months (October /November 2024); and 12-13 months (March/April 2025)

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Combined Support Impact

Overall, families participating in the focus groups reported overwhelmingly positive feedback regarding the PPS pilot program. Participants detailed many support needs they had, and the various ways this program was able to meet them. Parenthood is challenging and various forms of support give parents the foundation to be able to thrive. Parents expressed immense gratitude for the home visitor program and cash resources, as the combined supports better families' mental health, wellbeing, knowledge and overall confidence.

Especially with my breastfeeding. Um, was able to get a lot of support and um, kind of like just stopped questioning myself and trying to just keep trying. And that wall from my, just reassuring me that, you know, it's not, it's not open until the time and even if its gone, but there's still a chance for you to get it back.

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Mental Health Support

Home visitors played a vital role in supporting the mental health of participants and their partners. Across focus groups, families viewed their home visitors as someone who was more than just a member of the pregnancy care team. This was because of the intimate relationship built between home visitors and participants. Several factors contributed to the strong relationship including:

- Long home visits (as compared to typical prenatal appointment times)
- Ability to easily get in touch with the home visitor
- In-depth lessons covering several aspects of newborn development, postpartum and parenting

"I was really, really frightened, um, of every little thing that was going on in the hospital world. Every time something beeped or anything she felt pain I was really nervous. But the doctors and her doula really helped me calm down and talked me through everything. And her doula or her home visitor always made me feel better and calm because she reassured me that everything was gonna be okay."

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The People that don't really know what postpartum is, it's difficult to kind of be like Hey, I'm dealing with this, or I'm very emotional today. And they're just like, oh, you'll be okay. And especially as like a Black woman, they're like, oh, just be strong or just pray about it.

A lot of times people will just go like, we'll just com get the baby. Oh. Oh, don't, please don't gimme. Exactly. Then I have to be the person or the mom to be like, no. And then they're like, oh, when you said you needed a break, and it's like, I do, but not that kind. That would be a great support if people understood that.

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Home Visiting Support & Confidence in Parenting

Participants and their partners felt supported on their parenting journey when they received information on what to expect. It should be noted that the way the information was provided in person is also important. Simply delivering information is not enough. For example giving participants the same information in a book wouldn't have had the same effect as in-person lessons. The relationship between home visitors and participants and the length and frequency of home visits helped everyone feel supported. Additionally, the constant availability of home visitors to participants and partners and their expertise on topics such as breastfeeding and the postpartum period were crucial in supporting mental health and overall confidence in parenting.

I would say it's [healthcare experience was] a lot more positive than it has been before. Um, I felt more heard, um, and if i couldn't speak up she [home visitor] would for me. Um, and it was just positive I guess. Um, it was, they weren't gonna try to like give me her [home visitor] because I had an open CPS case. Mm-Hmm <affirmative> and she helped me with that as well. So a lot of different than my other ones [births].

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I can text her (home visitor) or call her anytime if I needed anything. Um, she's really, really nice. Um, but I really, um, she, um, would help me with like the depression part and whatnot as well.

So my last kid is 16, so, uh, just a refresh on things. Um, I don't know, just, yeah, just by being there, having any questions or most of the sessions were aimed at the right things at the right time, like feeding, teething, stuff like that. It's a lot helpful. So yeah, pretty much just knowledge on things.

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Mental Health Support

Cash resources have been critical for pilot participants to cover necessities and ease financial stress. Cash was used for basic needs, including baby supplies, groceries, housing costs, utilities, and savings. For one family the cash resource provided some relief while completing trade school, especially during a time when the family was facing added financial stress. Another participant shared with us what would have been a financially tight situation had it not been for the financial help of the program. This participant moved and described to us how she was able to more easily pay for her rent and security deposit. Because of this she was able to spread her income across other necessities. An unexpected benefit of the program was the impact on participant banking skills. Participants were offered various forms of payment and most ultimately gravitated towards and really appreciated a direct deposit option. Some participants made some banking changes to be able to be paid more easily and generally expanded their banking options and knowledge.

".... it's helped. Um, I've mainly been using it for, um, rent and other excessive things, um, since moving...I need to save money from my first paycheck to make rent. Um, I can use that money to spread out for whatever she (baby) needs or whatever other needs."

"The financial part was actually...because she had gotten a depression so bad...knowing that that support was (there was) easier on the mind for her. So it helped her come back."

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Whole-Family Support

The program has been beneficial not just for the birthing parent but for the whole family. Fathers mentioned how helpful the program had been.

“And me being a new dad and learning how to do it, I’m learning everything as a I go, so I’m scared every day.”

“It is so great that they offer the partner to come along with this journey. I love that, um, that it’s not just strictly for the mothers or strictly for the dads.”

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Control

| Comparison Group AI 13 Respondents (16 invited) | Comparison Group AA 16 Respondents (20 invited) |
|--|---|
| %8 under 20 years of age | %6 under 20 years of age |
| 83% | 94% |
| 8% | 0% |
| 40% (5) were still expecting at baseline | 40% (6) were still expecting at baseline |
| 46% (6) annual income of \$40k or less (15% \$10k or less) | 69% (11) annual income of \$40k or less (25% \$20k or less) |
| Did not ask about bank account in surveys – received Target gift cards | Did no ask about bank account in surveys – received Tarter gift cards |

Like the pilot participants, baseline comparison groups participants were all between third trimester of pregnancy and up to three months postpartum in April 2024. Participants in both groups were recruited in the same way as the Pilot members through the home visiting organizations’ informal doula networks. DIW (identified 16 women) and CWC (identified 20 women).

Comparison group participants who completed the survey received an emailed \$250 Target gift card within two days of survey completion.

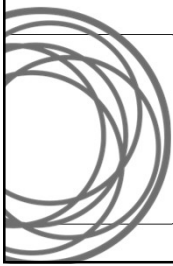
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Knowledge

Another major theme was the desire to seek out knowledge as a form of support. Across both focus groups it was repeated that external folks, including extended family and friends, frequently did not have the baseline knowledge necessary to be supportive in the ways desired.

Overall, participants reported feeling empowered, an increase in confidence and ease of anxieties. Pilot participants shared feeling more vocal and able to advocate for themselves as a result of the knowledge acquired.

Most notably, participants and partners were able to bring their cultural traditions into the birth/caregiving process. The ability to practice cultural traditions was credited to home visitors' support, advocacy, and respect with the ability to make informed decisions that aligned with their values, because home visitors recognized the importance of culture.



The following sections were reported as the most helpful components of the Family Spirit lessons:

- Breastfeeding
- Child development stages; ex. rolling over
- Child psychology
- Oral Hygiene

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Overall, families have reported overwhelmingly positive feedback regarding this program. Participants

detailed many support needs they had, and the various ways this program was able to meet them.

Parenthood is challenging and various forms of support give parents the foundation to be able to thrive.

Parents expressed immense gratitude for the home visitor program and cash supplement, as the combined approach supports better families' mental health, wellbeing, knowledge and overall confidence.

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Liberty's HomePlace

Healing & Practical Supports for African American Birthing Families

The Need

- Black women are more than 50% more likely to have a pre-term birth.
- Black infants are 2.3x more likely to die within their first year of life.
- Black women are nearly twice as likely to have a low-birth weight baby compared to white mothers.
- 29-44% of U.S. born Black women experience postpartum depressive symptoms (PDS), yet few are properly identified and/or connected to mental care services.

African American mothers are almost **3x more likely** to experience maternal death than white mothers.

Our Vision

Our vision for Liberty's HomePlace is to bring forth our HomePlace ancestral way, through a holistic retreat center for birthing families in North Minneapolis at Liberty's Northside Healing Space.

This will be their HomePlace.

Historically, African American people believed that the construction of a HomePlace (the slave hut, the wooden shack) had a communal dimension that promoted healing. We could be affirmed in our bodies, minds, and hearts despite poverty and hardship. We could restore our wellbeing through connection and celebration.

WHAT WE WILL DO AT HomePlace

We will utilize learnings from lived experts to support systems change for equitable health outcomes for African Americans.

- 1. INCREASE FELT SENSE OF CONNECTION, HEALING, AND BELONGING**
 - Establish healing experiences that mitigate the impact of racism and trauma
 - Reduce stress and provide protective factors (ie. therapy, groups, cultural connection).
 - Monitor and support well-being.
- 2. PRACTICAL SUPPORT & KNOWLEDGE**
 - Culturally rooted approach to learning about early parenting and postpartum support.
 - Tailored support, such as transportation and access to essential supplies.
- 3. REDUCING IMPACTS OF ECONOMIC HARDSHIP**
 - Provide concrete economic supports in times of need.
 - Financial and economic counseling.
 - Support access to resource navigation and/or job support (housing, benefits).
- 4. PATHWAYS TO TRUSTED PROVIDERS**
 - Connect responsive providers to HomePlace participants.
 - Support education and capacity of medical providers and cultural birthworkers to work in tandem.

Liberty's HomePlace was developed in partnership with:

LIBERTY COMMUNITY CHURCH
NORTHSIDE HEALING SPACE

Birth Justice Collaborative

Selected Sources:

Minnesota Department of Health. (2021). Care during pregnancy and delivery. Retrieved September 19, 2022 from <https://www.health.state.mn.us/divs/communities/nten/carepregnandelivery2021.pdf>

James, K. F., Smith, R. E., Robinson, M. H., Tobin, C. S. T., Bulles, K. F., & Berklin, J. L. (2022). Factors Associated with Postpartum Maternal Functioning in Black Women: A Secondary Analysis. *Journal of Clinical Medicine*, 11(2), 447. <https://doi.org/10.3390/jcm11020447>

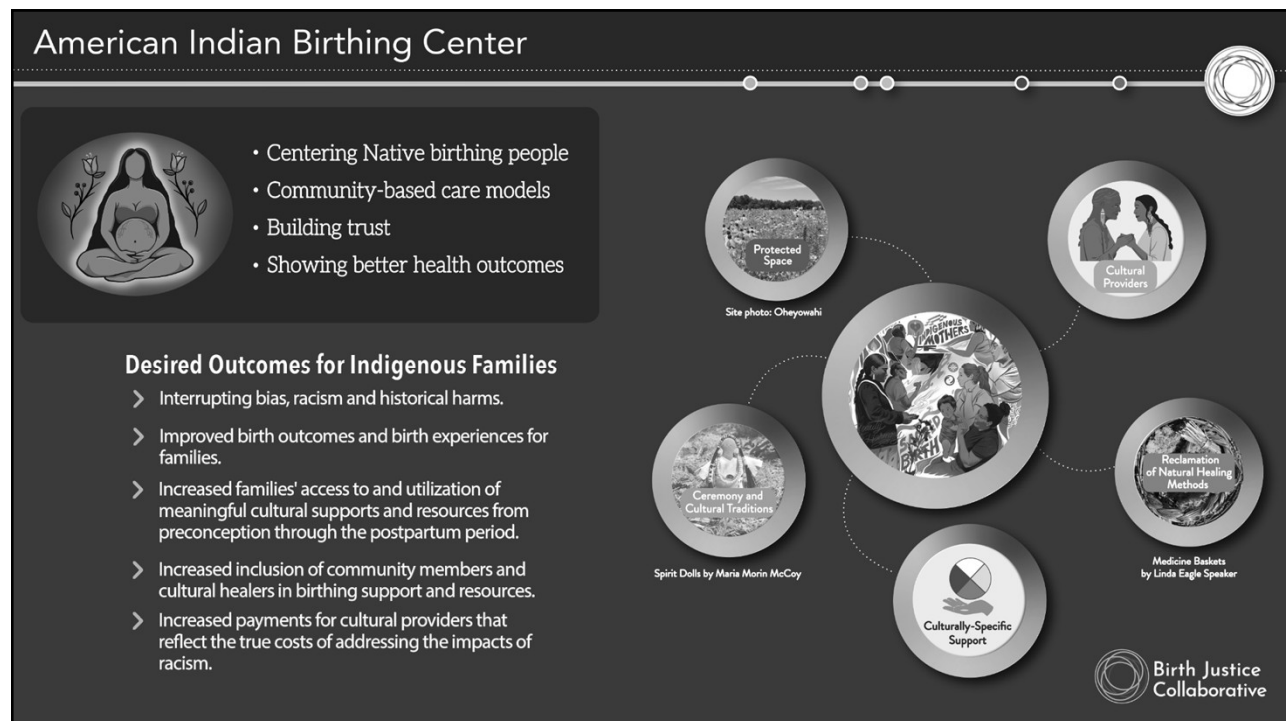
Economic Continuum: Our goal is to have a blend of economic experiences within the HomePlace community, including those in the lowest poverty levels, the "floating families" who make too much to receive services but not enough to get help, and more resourced families who still face the impacts of the chronic stress of being an African American birthing family.

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"I feel so hopeful because I've received so much support from the staff at HomePlace and my doula through HomePlace. We've been provided with incredible support, including access to a therapist, financial advisor, doula, and other birth and family resources. HomePlace also provided financial support before, during, and after birth. We don't know if we would have been able to afford all the resources and support HomePlace has given us on our own."

- Homeplace Facilitator

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BJC Directly Supports Social Determinants of Health

| Physical Edvironment | Social | Food | Economic Stability | Education | Health Care System |
|---|---|---|--|--|--|
| Housing Domestic Safety Transportation Environmental Safety Proximity to Work, School, and Services | Social integration Support systems Community engagement Discrimination Family support knowledge | Hunger Infant nutrition Nourishment for breastfeeding parent Access to healthy options | Employment Income Expenses Debt Medical Bills Support | Literacy Language Early Childhood Vocational training Higher education | Health coverage Provider availability Provider linguistic and cultural competency Quality of Care |

Health Outcomes

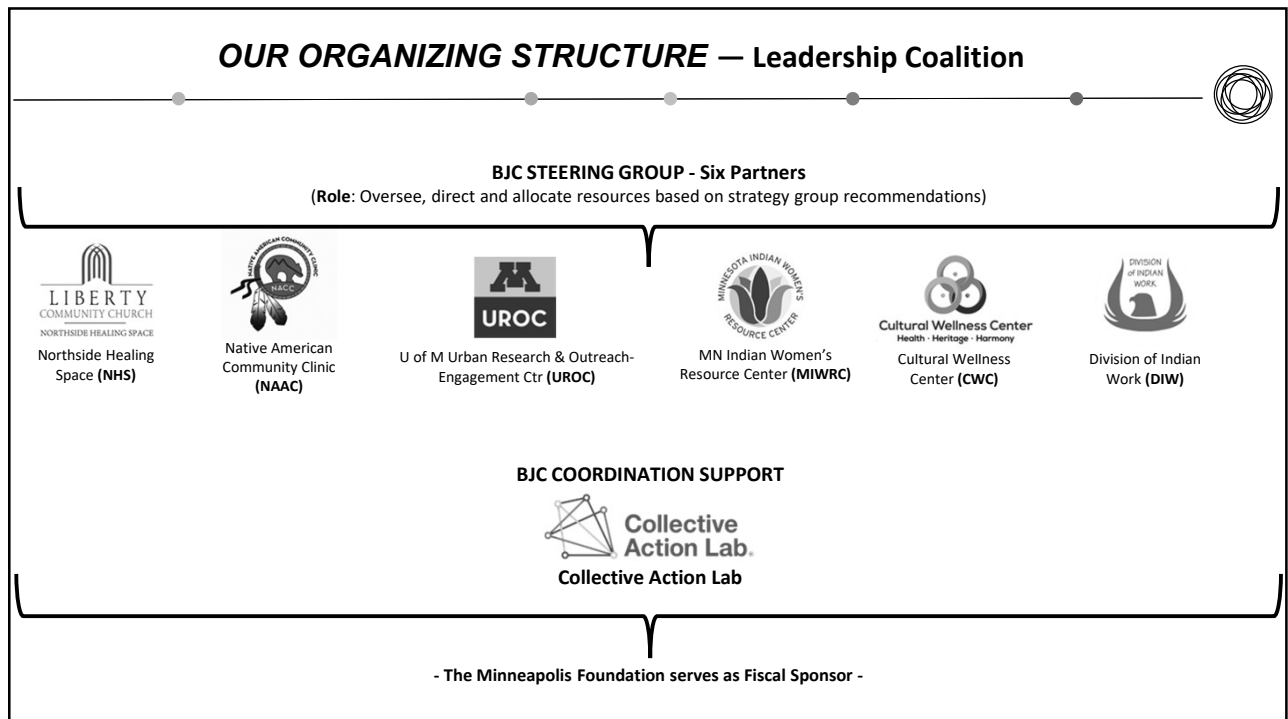
Healthcare Costs, Health Status, Individual & Family Health, and Morbidity

Birth Justice Collaborative

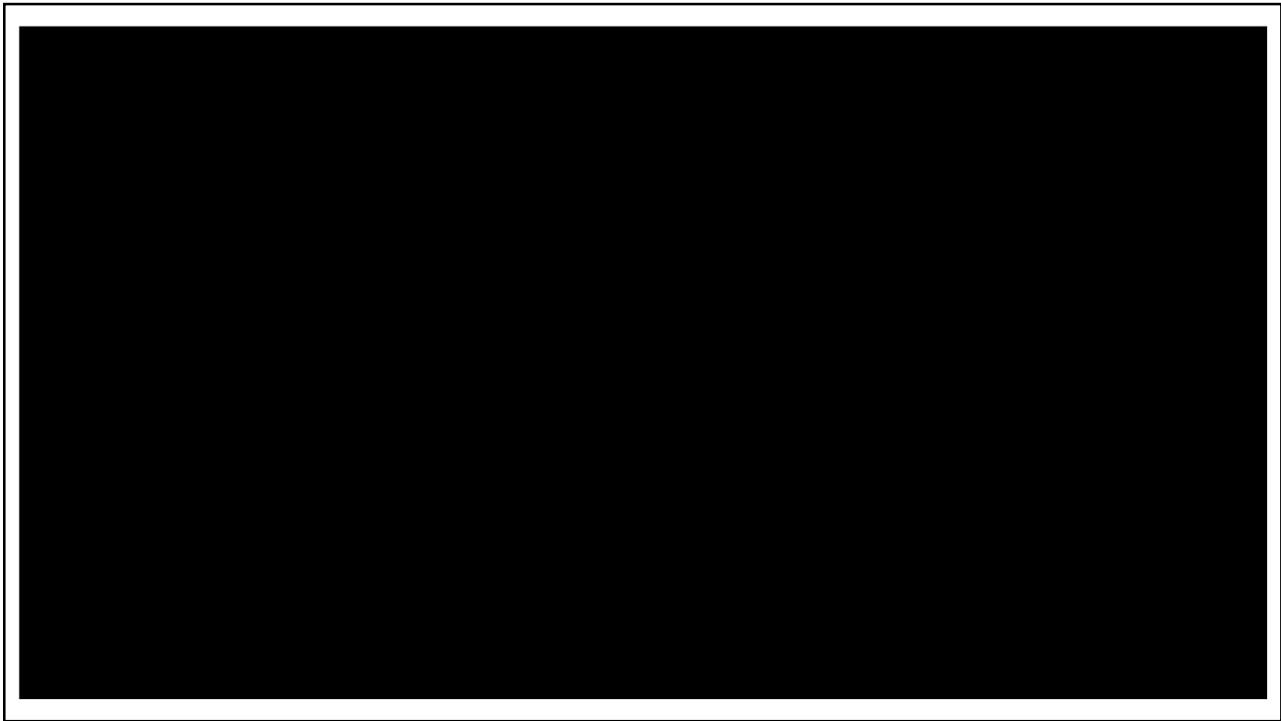
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What BJC is and is not*

| WHAT BJC IS | WHAT BJC IS NOT |
|--|--|
| A catalyzer and coordinator for community-driven, collaborative birth justice strategies | A direct service provider |
| An incubator for new models and policies until they find permanent homes | An organization that operationalizes and runs long-term programs |
| A community-led collaborative with a defined governance structure, coordination support, and fiscal sponsorship | A separate non-profit organization or legal entity |

*BJC recognizes it is part of a larger whole. Our priority is to align our expertise and lived experience to amplify, partner with, and enhance what already exists; we support new work only where there are gaps.

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For questions, please contact :

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Your contribution through the Minneapolis
 Foundation supports this transformative approach
 to birth justice:

