The Community Partner Role

Engage with individuals and organizations in the community to achieve maternal health equity

COMMUNITY PARTNER

H ealthcare provider institutions play essential roles as part of a broader ecosystem that affects the overall health of communities. There are significant opportunities to strengthen engagement, build trust, and increase support between healthcare institutions and their surrounding communities. Healthcare provider institutions are making growing commitments to health equity, including maternal health equity. In this context, it is important to acknowledge that communities of color have suffered well-documented, ongoing mistreatment, abuse, and discrimination at the hands of medical institutions. These issues loom large for reproductive and maternal health, given the history of forced sterilization,[1] abusive gynecological practices,[2] and longstanding patterns of racism and oppression in obstetric practice.[3] The resulting mistrust continues to hinder community health and well-being.

To raise the bar for maternal health equity, institutions must both provide exemplary clinical care and meaningfully engage with and support community residents and the organizations that serve them. This requires trusting relationships with communities. Community leaders and organizations are crucial, often under-resourced, assets that healthcare organizations should recognize and support via partnerships that value lived experiences, expertise, and community power. This engagement must prioritize communities disproportionately affected by the maternal health crisis, including communities of color, rural populations, LGBTQIA+ individuals, and people with disabilities.

Spotlight on Innovation

A Community Partnership to Support Childbearing Families

Who: HealthPartners and Everyday Miracles

Where: Minneapolis, MN

What: A healthcare system partnered with a community-based maternal health organization to expand access to culturally centered doula services

WHY: Even though Minnesota was one of the earliest states to cover doula services through Medicaid, disparities persist for birthing families of color, who experience higher rates of maternal mortality and morbidity.

Ensuring that birthing parents of color feel seen and heard during one of the most important moments in their lives is a critical first step to improve maternal health outcomes for all. Doulas who are Black, Indigenous, or other people of color (BIPOC) often bring a unique understanding of how a patient's cultural context and lived experiences may affect their health needs, communication patterns and beliefs, and therefore help mitigate health inequities.

GOAL: HealthPartners and Everyday Miracles sought to recruit, train, and help to certify more BIPOC doulas to better serve birthing families.

HOW: HealthPartners – a 65-year-old healthcare system owned by its members – has strategically located its hospitals in neighborhoods with the greatest need for healthcare access across Minnesota and Western Wisconsin, while also providing affordable health insurance.

Founded in 2003, Everyday Miracles provides a broad range of services to birthing families, including evidence-based education and wellness classes, compassionate and culturally informed support, and a nonjudgmental, caring community. Everyday Miracles clients have lower cesarean rates, higher breastfeeding initiation rates, and higher breastfeeding rates at six months postpartum than the national average.

When Minnesota passed doula legislation aimed at improving maternal healthcare equity in 2014, HealthPartners was already partnering with Everyday Miracles for non-doula supports, so it was a seamless transition to add doula services with the goal of increasing access to evidence-based prenatal supports regardless of age, race or socioeconomic status.

Beginning in 2015, HealthPartners and Everyday Miracles offered doula services during pregnancy and childbirth to any HealthPartners member with Medicaid or MinnesotaCare, a subsidized insurance program for Minnesotans with low-incomes. Covered services include six visits for childbirth education and support services, plus an additional birth support visit. An Everyday Miracles coordinator helps to match birthing people with a doula. At the start of the COVID-19 pandemic, HealthPartners approved payment for virtual visits to preserve members' access to needed support.

The partnership identified the need for a more effective payment system and equitable compensation for doulas. To this end, HealthPartners:

- Accelerated the timeline for paying claims.
- Increased the contracted payment rate for birth doulas beyond the state minimum.
- Made it easier for Everyday Miracles doulas to access information and support from HealthPartners by providing a dedicated point of contact.

These changes enhanced Everyday Miracles' ability to recruit and retain doulas. To achieve the clear health equity and outcomes benefits of doula support, more doulas were needed – especially those from BIPOC communities. Through the support of a grant from HealthPartners, Everyday Miracles worked to increase the supply of doulas.

RESULTS: In just two years, Everyday Miracles increased their number of certified BIPOC doulas from 40 percent of their roster at the start of 2020 to 70 percent in 2022.

The Takeaway

Intentional partnerships with community-based organizations must be based on a clear recognition of the needs of both partners – including the resources required. HealthPartners and Everyday Miracles demonstrate that healthcare providers, payers, and other organizations that want to effectively address maternal healthcare equity can do so by collaborating with local organizations and leaders who are closer to the needs and solutions required for all birthing people.

Actions that raise the bar for maternal health through community partnership

1. Achieving optimal maternal health in the communities most affected by the maternal health crisis requires healthcare institutions to partner with the communities they serve.

Community-level factors and the ongoing physiologic toll of racism and other structural inequities are some of the root causes of poor maternal and infant health.[4] Institutions should develop effective solutions with members of the community and the organizations that represent them. Inclusive engagement requires sustained rather than sporadic engagement with community members. Ongoing collaboration needs to include the full cycle from the identification of priorities, to the development and implementation of solutions, and their continuous evaluation and improvement.

To enable and support truly collaborative, equitable partnerships, institutions must create appropriate structures and allocate adequate resources. Solutions should be based on the expressed priorities of those most affected, and built on their knowledge, expertise, and skills. This requires changing the traditional hierarchies to share power with community organizations, members, and patient representatives. Community members should participate on an equal level in relevant governance boards and leadership and oversight committees, receive support that enables them to contribute fully, have opportunities to share their perspectives and recommendations, and contribute to decision-making. Community representation on governing and advisory boards should emphasize diversity, equity and inclusion (DEI) – by reflecting the broader community in which they are located and by ensuring that responsibility for representing a specific population or viewpoint does not rest with just one person, avoiding tokenism.

Community leaders and organizations are crucial assets that healthcare organizations should recognize and support.

2. Build trusting relationships with the community to improve maternal health.

Trusted relationships between healthcare institutions and the community are foundational to the high-quality, culturally centered, respectful care needed for the best possible outcomes for birthing families. Yet, for many – including people of color, people with disabilities, and LGBTQIA+ individuals, their experiences with healthcare institutions have not engendered trust.

Being trustworthy is the first step in building trust. Healthcare provider institutions can demonstrate their trustworthiness by following through on their commitments to equity and eliminating all forms of discrimination and by honoring agreements with the community. Institutions must be proactive in understanding the priorities and needs of communities and work with them to surface values, interests, and assets.[5] Effective, transparent, and respectful communication can also help build trust.[6] It is necessary to understand and mitigate the power dynamics at play,[7] and recognize the significant time investment required to build sustainable, trustworthy relationships. Lastly, institutions should demonstrate trust in community members as experts in their experiences and challenges and in articulating solutions.

3. Respect and build on the expertise and power of individuals and organizations in the community to advance optimal maternal health.

People and communities are the experts on their needs and the barriers they face. Effective and sustainable interventions respond to and are shaped by those most affected by the challenges.

Moreover, the medicalization of childbirth in the 20th century disrupted family- and community-centered birthing traditions. Whereas communities and families provided woman-to-woman support; developed strong Black, Indigenous, Latina, immigrant, and other midwifery traditions; and managed birth in community settings, childbirth shifted to hospitals, where it was directed by physicians – to the exclusion of community personnel. There is currently tremendous interest in reclaiming traditions of support in the form of doula services, and of community midwifery and birth settings. There are many ways for healthcare institutions to support these growing interests with the mutual goal of improving the experiences and health outcomes of community childbearing families.

Raising the bar for maternity care through community engagement: Priority recommendations

Raising the bar for optimal maternal health cannot and should not be undertaken by healthcare institutions in isolation. Continually engaging community members will provide critical information about birthing peoples'* experiences, priorities, needs, and potential solutions. Trusted partnerships with community-based organizations that understand the needs of their community and know how to address them will lead to significantly better outcomes while also supporting community leadership and assets.

For example, partnering with and supporting doula organizations, perinatal health worker groups, and other community-based birthworkers can increase access to trusted, respectful, culturally congruent support and contribute to improved health outcomes. Supporting greater access to community-based services can also help meet the needs of childbearing families at a time when many healthcare provider institutions are short-staffed and existing staff are worn out. Engaging the community is not a "nice thing to do" – it is imperative to achieve optimal maternal health.

Executive leadership

The executive leadership and the board of directors should set the vision and commitment to community engagement that facilitates whole-person, equity-centered maternity care. This includes consistently reinforcing messages that the institution is community-focused and setting expectations for staff to prioritize strong community partnerships.

- **Start with assessing your current relationships, initiatives, and reputation regarding community engagement.** An effective plan must be tailored to your organization's starting point and current activities. The plan should be transparent, specific, measurable, and meaningful to the community and your workforce, and clearly communicate the rationale of proposed changes.

  Assessments should involve available, relevant data and should be led by those who are most familiar with, or who can access, the information needed. This could include a combination of your community health department, patient experience team, and health equity and quality leaders. It should also include input from community leaders and residents.

* We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities, and do not always identify as "women" or "mothers." In recognition of the diversity of identities, this report uses both gendered terms, as well as gender-neutral terms such as "people," "pregnant people," and "birthing persons." In referencing studies, we use the typically gendered language of the authors.

Raising the Bar for Maternal Health Equity and Excellence

The assessment should include:

▸ **Cataloging relevant community-based organizations and their current leadership, contact information, and activities.**

▸ **For nonprofit hospitals, reviewing the most recent triennial community health needs assessment (CHNA) or carry out the next CHNA,** including maternal-newborn health needs.

▸ **Reviewing their performance on the Lown Institute Hospitals Index** of social responsibility, which provides results for dozens of equity, value of care, and outcomes-of-care metrics.[8] (Maternity- and pediatric-specific data are expected in mid-2024.)

▸ **Assessing the composition of board members** for gaps in representation from the community and by various demographic subgroups, including people with disabilities and LGBTQIA+ individuals. Ensure representation of members with knowledge of maternal health issues.

▸ **Assessing the availability and composition of advisory committees and other governance structures, and performing the same representative and demographic analysis.**

▸ **Assessing policies and existing structural supports for engaging community members.** Identify and document whether and how the institution is facilitating community engagement (e.g., by compensating community members for their time and expertise, providing technical support, ensuring the accessibility of meetings, providing meals and childcare support, and other practices that enable and support their participation).

• **Create a responsive plan.** Once the assessment is complete, analyze the findings and distribute and discuss them among the institution's leadership, as well as community leaders, to thoughtfully identify priority areas for action and investment and create an implementation plan. The plan may involve the following strategies:

◆ **Prioritizing and valuing community engagement across the enterprise.**

▸ **Why:** This will influence the community outreach and relationship building efforts of the entire organization and foster culture change.

▸ **How (examples):**

☐ Consistently communicate internally and externally that the system should support and strengthen the community.

☐ Defer to community expertise and elevate community leaders and initiatives during systemwide events, including board meetings.

☐ Provide opportunities for staff to learn from community leaders.

☐ Join community leaders in community settings, for example, serving on community boards or attending community-led health events.

- **Ensuring the creation of a plan for representation of diverse community members on the board of directors.**
  - **Why:** This is an added benefit and needed standard of practice for all leadership groups and is a powerful message of accountability from the highest level of authority in the organization.
  - **How (examples):**
    - ☐ Provide community members serving as board members with relevant support, such as mentorships and technical support.

- **Requiring proportionate community representation – based on race and ethnicity, ability, and sexual orientation and gender identity in the service area population – on advisory committees and other governance bodies with meaningful decision-making roles.**
  - **Why:** To build trust and enrich your institution's policies and services.
  - **How (examples):**
    - ☐ Bodies: boards of directors, committees reviewing sentinel maternal health events, facility modification committees, committees or working groups developing and implementing new policies and programs, working groups that develop and implement communication campaigns, and a maternity-specific patient and family advisory council.
    - ☐ Activities: reviewing data, creating agendas, decision-making about maternal health programs and quality care improvement initiatives, planning and implementing community outreach activities.

- **Approving flexible budgets with longer-term cycles to support community-based partners.**
  - **Why:** Trust-based philanthropy and support reduces barriers to resources that contribute to the well-being of communities. Longer timelines reflect the reality of processes needed for improvement and allow community-based organizations time to fully implement their programming.
  - **How (examples):**
    - ☐ When possible, extend grants and funding beyond one- to three-year cycles to provide time for community-based organizations to fully implement programming.
    - ☐ Ethically fund sustainable programs and general operating expenses.
    - ☐ Consider removing or minimizing burdensome grant application and reporting requirements.

◆ **Sharing non-financial institutional assets with community partners.**

▸ **Why:** You have the infrastructure and resources that many community-based organizations lack, and that can help strengthen community organizations that support birthing families and maternal health (See Advocate Role, page 78)

▸ **How (examples):** Consider in-kind donations of goods and services and pro bono support with professional services such as:

☐ Information technology infrastructure and support.

☐ Data collection and management.

☐ Financial, legal, and governance guidance.

◆ **Hiring staff members responsible for engaging with the community.**

▸ **Why:** To positively impact maternal and infant health, at least one full-time person in your organization should be dedicated to strengthening community partnerships and working continuously with community leaders.

▸ **How (examples):**

☐ Recruitment and hiring processes that include community leaders.

☐ Proactive engagement across different departments and at all levels to build awareness and integrate community personnel and partnerships.

☐ Training and support for all staff to support community relationships and integration.

Opportunities for Nonprofit Hospitals: Leveraging Community Health Needs Assessment and Benefit Requirements

Because of their tax-exempt status, nonprofit hospitals have a higher responsibility to invest in their communities. To maximize impact, support the following actions:

- **Committing to community engagement in the triennial community health needs assessment (CHNA) process** (IRS code section 501(r)(3), including the needs of childbearing families).

  ▶ **Why:** Members of the community are experts in their life circumstances and health needs, and their full participation in this process is essential for a robust CHNA.[9]

- **Requiring public reporting of the CHNA results and ensuing plan, including meeting the needs of childbearing families.**

  ▶ **Why:** Use the CHNA to develop a robust community health improvement plan, prioritizing activities and investments that will strengthen communities, advance equity, and improve birth outcomes. Full transparency requires that community assessments and resulting plans are readily available to community members and healthcare staff, discussed in relevant community and health system forums, and used to guide programming and resource allocation (See Advocate Role, page 78)

Senior leadership team

Once the executive leadership sets a direction, the next step is developing the budget and plans to carry out this commitment. Senior leadership may include director-level leaders in areas such as maternal/infant health, community health, patient experience, DEI, quality improvement, and human resources.

- **Create structures and opportunities to listen to birthing people with the goal of trusting their lived experience and expertise and incorporating these learnings into policy and program development.**

  ▸ **Why:** Birthing people and their communities best understand their lives, bodies, experiences, needs, and preferences. Top-down assumptions may miss the mark and fail to optimally support them. Community members should be consistently engaged as valued partners in decision-making, planning, and execution, both to improve the effectiveness of policies and programs, as well as to actively build trust.

  ▸ **How (examples):**
    - ☐ Establish and support a high-functioning maternity-specific patient and family advisory council (see page 72).
    - ☐ Create safe mechanisms for birthing people to provide negative feedback.
    - ☐ Cultivate community trust and improve maternal health with respectful dialogue and responsiveness to feedback.

Community members should be consistently engaged as valued partners in decision-making, planning, and execution, both to improve effectiveness and build trust.

- **Implement best practices for engaging community members, with a focus on mitigating the impact of racism, addressing social needs, and dismantling systemic racism and other structural inequities.**

  ▸ **Why:** To repair trust with communities and improve maternal-newborn care, experiences, and outcomes.

  ▸ **How (examples):**

    ☐ Within the maternity unit, build understanding of the role of racism in history, policies, and interpersonal relationships within the enterprise, with maternal health as a focus. Bring in disaggregated data, community voices, staff observations and experiences, and other sources.

    ☐ Examine how staff interact with childbearing families with regard to visit attendance and timeliness, compliance, and family relationships.

    ☐ Engage community members with disabilities, LGBTQIA+ people, and individuals who have experienced harm in maternal care.

    ☐ Plan collaboration with community members at accessible times and locations, including after work hours and on weekends, including virtual and telephone participation, and with consideration of location, childcare, and meals.

    ☐ Provide orientation, onboarding, and mentoring to ensure that community members can help meet institutional quality, equity, and patient experience goals.

- **Create and support a maternity-specific patient and family advisory council (PFAC).**

  ▸ **Why?** A maternity-specific PFAC can provide critical input and direction for all core maternity service activities and recognize opportunities for improvement across this important episode of care.

  ▸ **How (examples):**

    ☐ Adapt tools used to develop other service-specific PFACs[10] and benefit from existing PFAC research.[11]

    ☐ Establish a maternity PFAC hospital team (e.g., lead, logistics coordinator, recruitment coordinator, scribe).

    ☐ Draft the mission, vision, goals and structure of the maternity PFAC.

    ☐ Determine the structure of the maternity PFAC (e.g., number of councilmembers, length of service, roles, and responsibilities).

    ☐ Plan meeting logistics and adviser support, including mentorship and preparation for specific activities, financial compensation for time and expertise, flexibility in terms of time and ways to participate, and in-kind or financial support for transportation, meals, and childcare.

☐ Identify and recruit advisers from the community, including advocates and leaders of relevant community-based organizations.

☐ Aim for a high-functioning, well-integrated, impactful PFAC by integrating relevant activities and providing appropriate support. Activities include program planning and evaluation and performance data review, development of policies impacting childbearing families and their care teams, research priorities and processes, and guidance about relationships with and support of communities. To foster transparency and accountability, complete and make publicly available an annual report describing recruitment, membership, member support, meetings, and impact.[12]

- **Establish the necessary budget(s) and practices to compensate and support community leaders and residents for participation on boards and committees.**

  ▸ **Why?** Community members' time and expertise is valuable and they should not be expected to provide this expertise for free.

  ▸ **How (examples):**

    ☐ Provide stipends for participation on boards and bodies.

    ☐ Cover the costs of, or provide, travel, childcare, and meals.

    ☐ Meet in convenient locations, such as community centers or libraries, with options for virtual participation.

- **Educate and support staff to engage with community members.**

  ▸ **Why:** Staff can benefit from education, tools, and best practices to foster relationships with community members. This may include implicit and explicit bias training, active listening, respectful use of preferred pronouns, and accommodations for diverse abilities.

  ▸ **How (examples):**

    ☐ Leadership should model respectful care values and practices.

    ☐ Offer trainings to combat explicit and implicit bias and enhance intercultural competence in perinatal and newborn healthcare.

    ☐ Create regular opportunities for maternity staff to review, discuss, and address feedback from patients.

    ☐ Create regular opportunities for staff to engage in dialogue with a maternity-specific PFAC.

    ☐ Develop staff support mechanisms, such as peer groups and reflective supervision (See Employer Role, page 38).

- **Invest in and support diverse midwives, nurses, doulas, and health workers who have relationships with, or are from, the community.**

  ▶ **Why?** To strengthen an institution's ability to provide culturally congruent maternity care that is aligned with birthing people's views and experiences (See Employer Role, page 38).

  ▶ **How (examples)?**

  ☐ Use the community asset map, relevant advisory bodies, and other mechanisms to identify the culturally centered community organizations that already provide support to birthing families across the spectrum of reproductive health, including:

  ◆ Independent or community-based midwifery and reproductive health services.

  ◆ Doula support (including birth, postpartum, and full spectrum doulas, as well as those providing extended prenatal to postpartum support).

  ◆ Prenatal, childbirth, and newborn care education.

  ◆ Home visits.

  ◆ Car seat education.

  ◆ Care navigation.

  ◆ Peer breastfeeding support.

  ☐ Identify ways to connect these organizations and health workers, in both clinical and support roles, to maternal healthcare teams and to appropriately compensate their services.

  ☐ Provide support for training opportunities.

  ☐ Provide mentorship and other support to facilitate effective integration of community members and expertise.

  ☐ Eliminate barriers to collaboration, such as the inappropriate medicalization of non-clinical roles and requirements that would exclude community experts.

- **Create pipeline programs that engage with community members on maternity-specific activities.**

  ▸ **Why?** To strengthen communities and benefit from their expertise by preparing community members to support childbearing families.[13] The development of professional skills and credentials is a form of community development; can increase access to trustworthy, respectful, culturally congruent support and care; and can address widespread staff shortages.[14]

  ▸ **How (examples):**

  ☐ Maternal-health focused programs for local high school students, supporting community-focused organizations in providing trainings for perinatal health worker roles, and providing scholarships for local nursing students.

  ☐ Building on existing competencies and roles, for example, doula to midwife, or cross-training (e.g., doula and lactation support).

Endnotes

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