



Birth Equity as a Path Toward Healing in Maternal Health in New Jersey

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7th Annual Nurture New Jersey Maternal Health Summit

December 9 , 2024



My Personal Journey



Agenda

Discuss historical context for current Reproductive Health outcomes

Understand Reproductive Justice and Birth Equity

Understand Root Causes of Health Inequities

Highlight opportunities for Collaboration and Joy

Mission

NBEC creates transnational solutions that optimize Black maternal, infant, sexual and reproductive well-being. We shift systems and culture through training, research, technical assistance, policy, advocacy and community-centered collaboration.

Values

We stand on our values of Radical Joy, reproductive and sexual freedom, Black Lives, sisterhood, anti-racism, power, and Black Feminism/Womanism

Vision

Our vision is that all Black Mamas, babies and their villages thrive.

health equity (noun):

The assurance of the condition of optimal health for all people

Dr. Camara Jones
Past President APHA



birth equity (noun):

the assurance of the condition of optimal birth for all people with a willingness to address racial and social inequities in a sustained effort

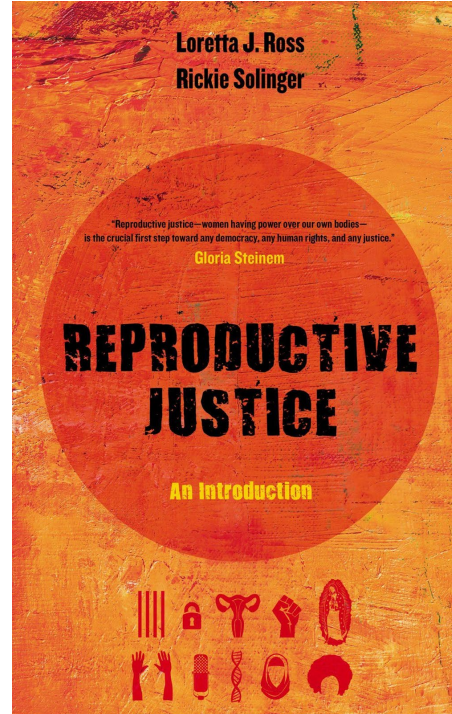
Dr. Joia Crear-Perry
Founder & President
National Birth Equity Collaborative

What is Reproductive Justice?

- Developed in 1994 by the Women of African Descent for Reproductive Justice, the concept acknowledges the conditions that dictate women's reproductive outcomes.

Reproductive Justice affirms that;

- Individual has the human right to:
- Decide if/when they will have a child and the conditions under which they will give birth.
- **Parent the children they already have with the necessary social supports in safe environments and healthy communities, and without fear of violence from individuals or the government.**
- The right to bodily autonomy



What are Reproductive Justice Issues?

- Comprehensive Sex Education
- (In)fertility
- Intimate Partner & Gender Based Violence
- Parenting & Adoption
- Birthing & Birth Outcomes
- HIV & Chronic Disease
- Transportation Access & Safety
- Housing Security & Affordability
- Environmental Protections
- Pay Equity & Wealth Gaps
- Social Safety Net & Access to Services
- Civic Engagement & Voting
- Racism & Discrimination

Operationalizing Reproductive Justice



**Black Reproductive Justice
Policy Agenda** · June 2021



Historical Context

Everything is a *thing* with a history & set of *relations*

“...understanding anything in our everyday requires that we know something about HOW it arose & developed & how it fits into the larger context or system of which it is a part.”

– Bertell Ollman in *Dialectical Investigations* (1993:11)

It is important to note that when we speak of SYSTEMS & INSTITUTIONS **we are still talking about people, collectively organized in a way that is based on a particular set of rules & relations.**



Reproductive Oppression Timeline



- **1619-1719:** The condition of the mother, bodily autonomy
- **1720-1820:** Reproducing Oppression; Ban of Trans-Atlantic Slave Trade
- **1821- 1921:** Enhanced focus on reproductive capacity
- **1922- Present:** Birth Control, Blame-Eugenics, Sterilization & Dobbs

Black women have always fought for self-determination over their bodies



Finding the Roots of Inequities

Black mothers who are college-educated fare worse than women of all other races who never finished high school.

Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.

Black women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal care.



Root Causes and Social Determinants of Health

Power and the Social Determinants of Health

“The social determinants of health are the conditions in which people are born, grow, live, work, and age.

These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels.

Examples of resources include employment, housing, education, health care, public safety, and food access.”



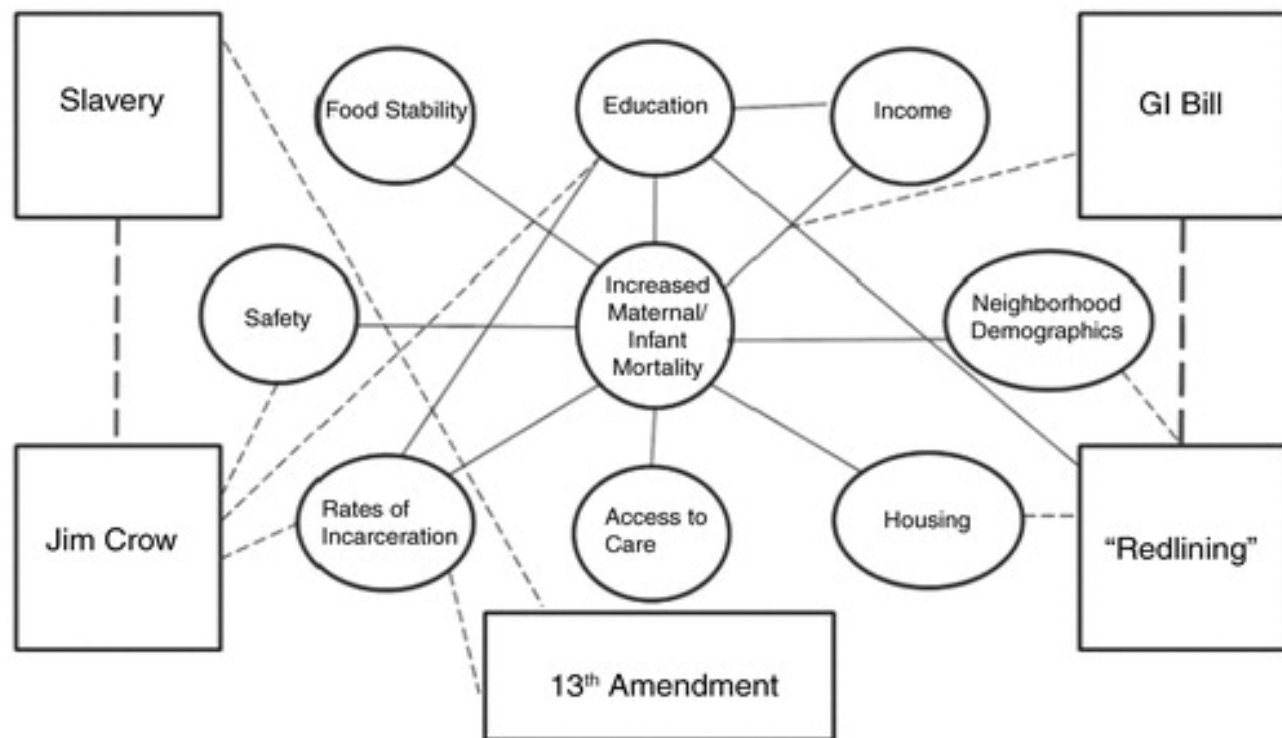
Social Determinants of Maternal Health

- Education
- Income
- Neighborhood Characteristics
- Housing
- Access to Care
- Safety
- Food Stability



WEB OF CAUSATION

STRUCTURAL and SOCIAL DETERMINANTS: IMPACT ON HEALTH



Root Causes

Institutional Racism

Class Oppression

Gender Discrimination and Exploitation

LABOR MARKETS

TAX POLICY

Power and Wealth Imbalance

HOUSING POLICY

EDUCATION SYSTEMS

GLOBALIZATION & DEREGULATION

SOCIAL SAFETY NET

SOCIAL NETWORKS

Safe Affordable Housing

Job Security

Social Determinants of Health

Living Wage

Quality Education

Transportation

Availability of Food

Social Connection & Safety

Psychosocial Stress / Unhealthy Behaviors

Disparity in the Distribution of Disease, Illness, and Wellbeing

Adapted by MPH1 from R. Hofrichter. *Tackling Health Inequities Through Public Health Practice*.



Racism as a SDOH

Racism affects health both directly (i.e., via chronic stress) and indirectly (i.e., via race-based discrimination across multiple systems which creates differential access to high-quality schools, safe neighborhoods, good jobs, and quality healthcare, in other words, by shaping SDOH.)



Impact of Racism on Health

Birth Trauma

- A mother's experienced distress during or after childbirth.
- Leads to postpartum post-traumatic stress disorders.

Risk Factors:

- Lack of informed consent
- Lack of support
- Feeling ignored or powerless
- Disrespect
- Surgical births
- Negative birthing experiences

Women's Perceptions of Living a Traumatic Childbirth Experience and Factors Related to a Birth Experience

[Julián Rodríguez-Almagro](#),¹ [Antonio Hernández-Martínez](#),^{1,2,*}
[David Rodríguez-Almagro](#),³ [José Miguel Quirós-García](#),³
[Juan Miguel Martínez-Galiano](#),^{4,5} and [Juan Gómez-Salgado](#)^{6,7}

(Rodríguez-Almagro, 2019)

Weathering

Maternal weathering and risk of preterm delivery

Claudia Holzman ¹, Janet Eyster, Mary Kleyn, Lynne C Messer, Jay S Kaufman, Barbara A Laraia, Patricia O'Campo, Jessica G Burke, Jennifer Culhane, Irma T Elo

- Leads to premature biological aging and poor health outcomes for Black people.
- Exposure to chronic stress causes Black women's bodies to age faster than others, making pregnancy riskier at an earlier age.

(Holzman et al., 2009)

Maternal Mental Health

By Kay Matthews, Isabel Morgan, Kelly Davis, Tracey Estriplet, Susan Perez, and Joia A. Crear-Perry

Pathways To Equitable And Antiracist Maternal Mental Health Care: Insights From Black Women Stakeholders

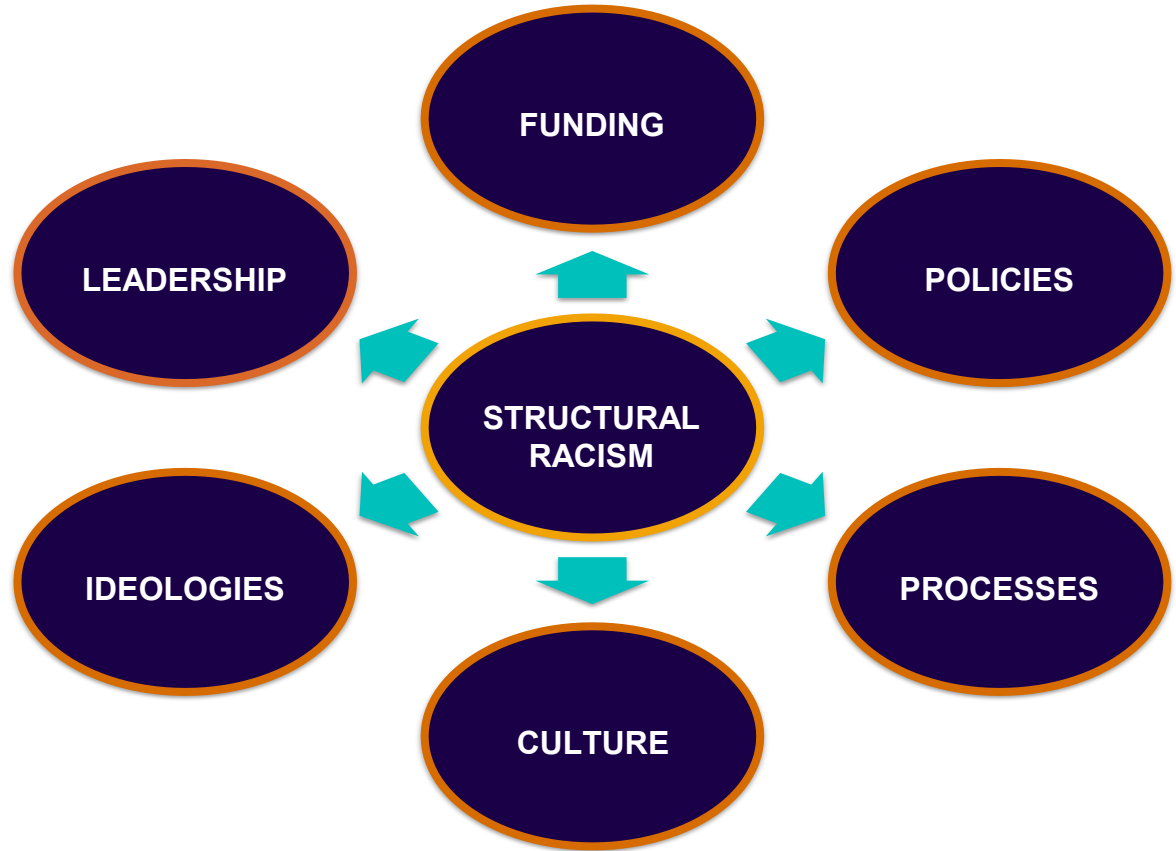
ABSTRACT Structural racism causes significant inequities in the diagnosis of perinatal and maternal mental health disorders and access to perinatal and maternal mental health treatment. Black birthing populations are particularly burdened by disjointed systems of care for mental health. To

- Black women experience a higher prevalence of maternal mental health conditions
- Symptoms often are underreported and symptoms are unaddressed

(Matthews et al., 2021)

“One either believes problems are rooted in groups of people, as a racist, or **locates the roots of problems in power and policies, as an anti-racist.**”

Ibram X Kendi,
How to Be an Antiracist (2019)



Framework to Achieve Health Equity

- 1. Make health equity a strategic priority**
 - Demonstrate leadership commitment to improving equity at all levels of the organization
 - Secure sustainable funding through new payment models
- 2. Develop structure & processes to support health equity work**
 - Establish a governance committee to oversee and manage equity work across the organization
 - Dedicate resources in the budget to support equity work
- 3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact**
 - Health care services (CLAS, CHW, co-design processes)
 - Socioeconomic status (fair pay & opportunity for employees)
 - Physical environment
 - Healthy behaviors
- 4. Decrease institutional racism within the organization**
 - Physical space: Buildings & design
 - Health insurance plans accepted by the organization
 - Reduce implicit bias in organization policies, structures & patient care
- 5. Develop partnerships with community organizations**
 - Leverage community assets to work together on community issues related to improving health & equity

Solutions and Supports

- **Access to Information and Resources:**
 - Diversify educational campaigns and materials
 - Work to identify and build relationships with local resources or national hotlines
- **Consider Patient Access to Services:**
 - Insurance Coverage
 - Transportation to and from the doctor's appointments.
 - Childcare services
- **Flexibility:**
 - Birthing people need flexibility among healthcare providers
 - Paid family and sick leave benefits to allow time off for appointments.
- **Community-based Support Services:**
 - Establish local community-based services and/or peer-support groups in community centers, churches, and schools to increase awareness and dispel the myths and stigma about mental illness.

(Keefe, Brownstein-Evans, & Rouland Polmateer, 2016)

A photograph of four women sitting around a conference table in a meeting room. They are all looking at their laptops. The woman on the far right is laughing. The woman next to her is looking at her laptop. The woman next to her is smiling. The woman on the far left is looking at her laptop. There are several laptops on the table. One laptop has a sticker that says "POCIT". The background is a plain wall with a whiteboard. The entire image has a purple overlay.

Community Strategies for Addressing Maternal Health

Defining Community

Community

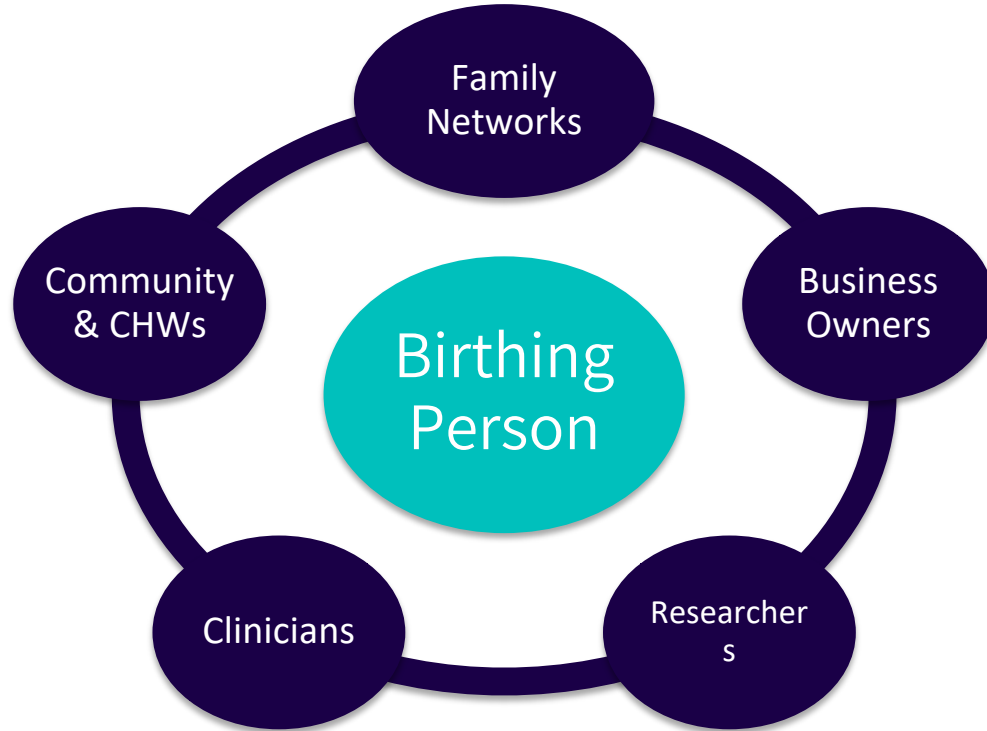
1: a unified body of individuals: such as

a: the people with **common interests** living in a particular area *broadly:* the area itself, the problems of a large *community*

Community Based Organization

A public or private nonprofit organization that is **representative of a community or a significant segment of a community and works to meet needs and improve life for residents.** They build grassroots power & equity **across society** through intersecting issues.

Community as a Care Team



- Everyone has a role to play – we must have the courage to use our power to make a difference
- Consider collaboration amongst stakeholders in the community

Leverage Partnerships for Change

Why Collaborate?

- Greater funding
- Increase opportunities for collective impact
- Data and intel on local matters
- Develop trusting relationships across sectors

Possible Collaborators

- Universities/Academic Institutions
- Local/state advocacy organizations
- Local/municipal government
- State Government
- Businesses frequented by target populations
- Racial and social justice organizations
- Local media outlets

Operationalizing Reproductive Justice In New Jersey

- 2019 - On Maternal Health Awareness Day 2019, First Lady Tammy Murphy launched Nurture NJ
- 2021 - The First Lady unveiled the [Nurture NJ Maternal and Infant Health Strategic Plan](#)
- 2023 - Report Card for Maternity Care released 2018 -2022
- 2024 - **Lisa Asare was appointed the President and Chief Executive Officer of the NJ Maternal and Infant Health Innovation Authority**

Takeaways

- The **history of health systems matter** and has an impact on the work that we all do
- **There is work to do** in New Jersey and there is more room for all of us to take measured, equity-centered action – hold your systems accountable
- **Zoom** out beyond our roles to collaborate for more effectiveness – don't be afraid to think outside the box **with an racial equity lens!**
- NBEC has a number of partnership opportunities to support people in their efforts to create more equitable systems – **Let's be in touch!**

Thank you!



Founder & President

<https://birthequity.org/contact/>

