



Birth Equity Systems Change

Training and Technical Consultation Opportunity

INTRODUCTION

Maternal and infant mortality serve as measures of how well a society protects the health of its people, particularly its women and children. Black and Native American maternal and infant mortality rates are 2-4 times higher than the rates for White women and babies. A growing body of evidence points to historical and current racism as a root cause of this inequity.

The persistent and substantial disparities in infant and maternal mortality in the U.S. are a warning that the systems meant to prevent these devastating events require transformative change. This includes shifting mental models, or ways of thinking that hold the problem in place. For example, the systems operate under the assumption that individuals' behaviors, specifically mothers', cause infant and maternal death, without acknowledging the ways systems put infants and mothers at risk.

The goal of this work is to address the root causes of racial inequities in maternal and infant mortality by developing systems change strategies that shift relationships, power, mental models and narratives that will drive sustained change.

This type of change is difficult, and many leaders aren't sure yet how to lead it effectively, particularly when it requires actions that have not been a part of their training or experience. However, building capacity for this type of work will define the successful leaders of the future.

ACHIEVING BIRTH EQUITY THROUGH SYSTEMS TRANSFORMATION

Michigan Public Health Institute’s (MPHI) Achieving Birth Equity through Systems Transformation (ABEST) project, funded by the Michigan Health Endowment Fund, seeks to disrupt racial inequities in maternal and infant mortality by building knowledge of root causes and capacity for systems change among leaders and developing specific, actionable strategies to challenge the status quo in government and communities. Building a critical mass of informed and passionate community and system leaders can drive change that addresses root causes, including racism. Through this project, partners will not only develop important skills and capacities for addressing complex problems, but will develop a concrete strategy for transformative change.

The ABEST project will select two communities to partner with to build capacity for transformative systems change to address inequities for African Americans and Native Americans. The teams will include cross-sector community and systems leaders. Each community will receive expert training and technical consultation to develop Roadmaps for Systems Change provided locally. Up to \$5,000 will be available to each community to support participation in the project (e.g., travel to local meetings, stipend for local coordinator).

From October 2019 to September 2020, community partners will receive:

ACTIVITY	PARTNER	TIMEFRAME
Kick-off meeting with the ABEST project team to lay the groundwork for the project	MPHI	October 2019
Support in reviewing data from an equity perspective to assess their community’s birth equity status and the main factors contributing to racial inequities	MPHI	Fall/Winter 2019
Two-day workshop on health equity, social justice, and root causes of birth inequities	MPHI Center for Health Equity Practice	Winter 2020
Half-day workshop on interconnected systems contributing to structural racism and the importance of working across sectors	Bayard P. Love	Winter 2020
One-day workshop on leading systems change for birth equity by increasing understanding of and capacity for systems change work	Health Resources in Action	Spring 2020
Six months of expert, tailored consultation and thought partnership to fine tune specific, actionable strategies	MPHI Center for Healthy Communities	Spring/Summer 2020

CRITERIA FOR COMMUNITY PARTNERS

In order to meet the goals of the ABEST project, the following essential criteria for selecting our two community partners will be used:

- Readiness to address the root causes (e.g., racism, sexism)
- Focus on addressing inequities for African Americans and/or Native Americans
- Potential for buy-in and active involvement of both community and systems leaders
- Prior experience with (or willingness to engage in) cross-sector collaboration
- Leadership team members that authentically represent the community being served
- Commitment to implement and sustain efforts long-term

SELECTION PROCESS

There are four phases to the selection process:

July 18, 2019



Learn more about the ABEST project during a live webinar

July 31, 2019



Community teams submit a letter of interest

August, 2019



ABEST team will conduct interviews

Sept. 30, 2019



Community selection and notification

Register for the July 18 webinar [here](#)

Letters of interest should be submitted to jtorres@mphi.org

Note: participation in this project positions community teams to be competitive for implementation funds that may be made available in 2020. It will also make participants more competitive in response to other funding opportunities that focus on health inequities.



BENEFITS OF PARTICIPATING



Specific, actionable strategies to address the root causes of inequities in maternal and infant mortality in your community



Improved community and leadership capacity to lead systems change that truly shifts the conditions that are holding the problem in place



Stronger capacity to promote equity in all of your work



Potential for accelerated reduction of health inequities in your community



Increased competitiveness for future funding

INTERESTED IN BECOMING A COMMUNITY PARTNER?

If you want to know more about the opportunity to become a community partner, please contact:

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