DEPARTMENT OF HEALTH
CENTER FOR HEALTH EQUITY

Black Birth Summit Overview

NOVEMBER 2019

In early September, more than 100 people working to reduce African American infant mortality in Hennepin and Ramsey counties gathered for a day-long Black Birth Summit. The goal of this summit was to bring together community leaders and initiatives to connect, strengthen and amplify our efforts around reducing African American infant mortality.

Based on the vision wall strategies and group discussion that took place during the summit, the primary takeaways, emergent themes and next steps from the day are summarized below.

Primary Takeaways and Emergent Themes

General Themes

- An expectation to explicitly, enduringly and vocally focus on black birth-givers, parents, babies and families.
    - Use inclusive language to reflect the individuals and family structures that are giving birth and nurturing black babies.
- A shared, deep concern about compensation – both for birth work and for practitioners' ideas and intellect.
    - The latter concern seems to be reflective of mistrust with public systems, namely that ideas will be taken and not used to benefit those doing the work (or efforts will be done to those doing the work, instead of with or by them).

On Developing a Collaborative

Some participants shared the feeling that the call for a collaborative is premature; there are fractures, disagreements and emotions that need space to be healthily expressed and addressed before a productive, actionable and inclusive discussion of "what are we going to do together?" can occur.

Other participants indicated they were ready to begin developing a collaborative. The themes that emerged from that conversation are summarized below.

How could a collaborative support your work?

- "A container to hold community knowledge."
- Breaking silos in medical systems and building trust/respect between birth-givers, doulas, doctors, nurses, and midwives.
- Change systems and structures.
    - State and local level advocacy that reflects the on-the-ground work, the small practitioners, etc.

    - Support/funding for midwifery education.
    - "Get creative about pushing funders to fund Black, Indigenous and People of Color (BIPOC) in medicine – Nurse Practitioners, Certified Nurse Midwives, etc.
- Funding:
    - "Support changes in funding mechanisms that support community-designed, culturally-rooted programs."
    - "Funding and buy-in. Power holders in systems need to understand the power of our work - don't sanitize it or tweak it - accept our work as is."
    - Information on where it is and how to acquire it.
- Healing space, supportive space (self/community care), and a space to rebuild trust.
- Referrals and warm handoffs; resource and education hub.

What could you contribute to a collaborative?

- Conveners/organizers/meeting space.
- Networks/connections.
- Research, expertise, community wisdom/perspective.
- Resources (unclear what exactly all this word encompasses as it was used frequently):
    - Aid in navigating and leading people to resources.

Next Steps

Different courses of action (next steps) are necessary depending on individuals/entities involved.

Healing/Understanding

- Within the black birth worker community (practitioner to practitioner level):
    - Address generational differences in what practitioners understand as issues (and how they feel they should be managed/resolved).
    - Recognize any disagreements existing between those who have benefitted from public systems and those who have been burned by them.
    - Acknowledge and begin to work through personal differences that may get in the way working together.
- Between black birth workers and public systems:
    - Acknowledge the roots of distrust towards public systems and the dynamics that perpetuate it.
    - Intentionally and patiently heal from trauma and develop new relationships and ways of working together.
        - Build awareness of triggers, including how to identify them and how to interrupt traumatic patterns from playing out.
- These healings spaces should develop and occur in collaboration with an intentional group of people:
    - Those who are feeling the greatest need for it.
    - Respected leaders within the community that can reach across differences and bring people in.
    - Someone capable of clearly articulating MDH's role moving forward.
    - A "neutral" voice that can offer clarity when conversations get murky, difficult or stuck.

Collaborative Development

- If possible, track "What could you contribute to collaborative?" back to individuals. Participants offered very tangible skills/resources (e.g. convening, funding, access to networks, etc.) that can serve as the foundation to collaborative building.
- Build from the ideas developed during the Summit – when the time comes, start with what has been generated.
- Gatekeeping often impedes community building; set norms for inclusion and find the appropriate ways for everyone who adheres to them to contribute.

Additional Points for Consideration

- Some may be unable to trust any efforts that are MDH-led (even temporarily) based on previous experiences.
    - Transition the collaborative work efficiently to trusted community leaders.
    - Meet people where they are.
    - Keep the work transparent and the door open for people to join when they are ready.
        - Not everyone can or will be on board, but that does not mean the work should not occur (as long as due diligence has been done).
- Nothing will/can happen effectively if anything occurs in isolation – and healing must happen first. Once this work has successfully transitioned to outside MDH, MDH should strive towards staying up to date on progress made and acting as identified and directed by practitioners while not making the work beholden to MDH "control."
    - There is some inherent tension in this charge being that MDH (and other public entities) often holds the resources (funding, etc.) that enable the work. That said, it is very possible to let community lead and direct where resources are allocated.
- No more asking for strategies or ideas from the community! There is more than enough material to inform where this effort goes.
- Black people must be paid to do this work – all of it. Black babies and families cannot be healthier without significant, ongoing financial resources invested towards ensuring their health.

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