



**Innovative Strategies for
Community Engagement:
Raising Awareness to Reduce
Severe Maternal Morbidity**
December 2020

© 2020 New York City Department of Health and Mental Hygiene

Authors:

Hannah Emple, BA
Sarah Cremer, LMSW

Acknowledgments:

The New York City Department of Health and Mental Hygiene (NYC Health Department) acknowledges Merck for Mothers* for their generous support of the Severe Maternal Morbidity Project (SMM Project) (October 2017 to December 2020), as well as the Fund for Public Health in New York City, for managing the grant.

The Project team included: Cynthia Chazotte, Maureen Clyde, Sarah Cremer, Kelly Davis, Hannah Emple, Folake Eniola, Anna Garofalo, Alex Illescas, Abigail Koch, Amitasrigowri Murthy, Danielle Rivera, and Hannah Searing. The authors would like to thank other NYC Health Department colleagues for their time and expertise in the review of the guide, including Deborah Kaplan and Daniel Stephens. Michael Klitsch copyedited and Weronika Murray designed and formatted this publication.

This project would not have been possible without the efforts of many dedicated people from across the NYC Health Department Center for Health Equity and Community Wellness and the Office of External Affairs; the Fund for Public Health in New York City; the staff and volunteers of the community boards of New York City; and many other community partners.

Suggested citation: New York City Department of Health and Mental Hygiene. 2020. *Innovative Strategies for Community Engagement: Raising Awareness to Reduce Severe Maternal Morbidity*. New York.

**This program is supported by funding from Merck, through Merck for Mothers, the company's \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside of the United States and Canada.*

OVERVIEW

Maternal health and well-being are critical public health concerns in New York City (NYC). Deaths related to pregnancy and childbirth have fallen in NYC, yet profound inequities remain: During the period 2011–2015, Black non-Latina (Black) women^a had an eight times greater risk of pregnancy-related death (also referred to as maternal mortality [MM] or maternal death) than did White non-Latina (White) women. Latinas and other women of color were also at much higher risk of MM when compared with their White counterparts.¹

For each maternal death, approximately 100 women will suffer from severe maternal morbidity (SMM)—a life-threatening event during or after childbirth. Examples of SMM include heavy bleeding, blood clots, kidney failure, stroke, or heart attack. SMM increased by 34% in NYC from 2008 to 2014 and affects approximately 2,500 to 3,000 NYC women each year.² Black women in NYC are about three times more likely to have SMM than are White women, exemplifying the inequity and hardship experienced by this community.

Research from a variety of disciplines demonstrates that the pervasive stress of racism (a system of interlocking structures at the societal, institutional, and interpersonal levels that confer privilege or disadvantage)³ within communities of color, coupled with longstanding and intentional disinvestment in these communities (including redlining,⁴ predatory housing policies,⁵ and unequal funding for schools⁶ and hospitals⁷), are the root causes of these and other health inequities. Activists from the sexual and reproductive justice movement (led by Black women since the 1990s) have pushed the health community to address persistent and profound disparities in maternal health and well-being. Members of the sexual and reproductive justice movement locally have helped to increase public understanding of this issue and have driven the NYC mass media to cover several high-profile maternal deaths. There is a growing recognition that both clinical and community action are needed to prevent maternal complications and deaths.

As part of a broader strategy to address this public health crisis, in 2017 the NYC Department of Health and Mental Hygiene (NYC Health Department), in collaboration with the Fund for Public Health in New York City, received a grant from Merck for Mothers to implement the Severe Maternal Morbidity Project. Between 2017 and 2020, this Project worked directly with clinical and community partners to improve maternal outcomes, promote health equity, and reduce racial/ethnic disparities in SMM in NYC.

^a The authors acknowledge that not all birthing people identify as women. Throughout this report, the terminology of “women” and “mothers” is used for consistency with the data sources used and the literature cited.

To address SMM, the Project implemented a three-pronged strategy to:

- Improve the quality of maternity care at hospitals
- Learn about mothers' needs and their experiences with SMM and the ramifications of SMM on their lives, to inform action and further research
- Inform and support mobilization of communities around maternal health

When the SMM Project began, the consensus among Project leadership was that the communities most affected by this issue should guide the process of improving maternal health outcomes, specifically around life-threatening complications related to childbirth. This report outlines the work implemented to inform and support mobilization of communities around maternal health and focuses on how the Project team engaged with community members in varied and creative ways. In addition, some resources that contributed to this effort or that illustrate key steps in community engagement are provided as freestanding Supplemental Online Content (SOC). Together, these materials offer other jurisdictions insights into the process of including a community engagement component in efforts to address longstanding inequities in MM and SMM. Other related documents produced through the Project explore how to implement a systematic clinical approach to the review of cases of SMM at the hospital level⁸ and how to conduct a qualitative study exploring the lived experiences of survivors of life-threatening childbirth complications.⁹

The NYC Health Department recognizes the need for meaningful community engagement: Without the robust involvement of partners (including the city's residents, nonprofit organizations, faith-based organizations, and many others), the NYC Health Department will not be able to achieve its mission of improving the health of all New Yorkers or advance social justice and racial equity. The NYC Health Department's [Community Engagement Framework](#)¹⁰ offers a road map for public health professionals to utilize when constructing a project from the ground up. The framework includes a continuum of methods that may be utilized to support community engagement: outreach, consultation, collaboration, and shared leadership. The SMM Project team selectively focused on the outreach and consultation aspects of community engagement for this Project, which allowed for the dissemination of valuable information within budgetary and timeline parameters.

MOBILIZE, INFORM, AND VALIDATE

The goal of the SMM Project community engagement component was to inform and support New Yorkers to mobilize around a problem affecting thousands of people every year in their own city, including many of their loved ones and perhaps themselves. The NYC Health Department provided information to people in a way that validated their lived experiences with serious complications related to being pregnant, giving birth, and recovering postpartum. The NYC Health Department also provided tools and information that communities could utilize when advocating for themselves or their families in the context of maternity care.

As the Project evolved, the work of engaging community members did, too. For those primarily engaged in clinical quality improvement projects, the importance of community engagement may not be readily obvious. What is the value of including community engagement approaches in the context of a clinical quality improvement project? Projects that are purely clinical and do not attempt to engage with community members outside of the hospital setting are likely to fail to see the complexities of the issue, overlook the nuances of how community members are grappling with the problem already, or even traumatize or offend. In addition, this devalues the critical role of community awareness and mobilization in demanding maternity care that meets the highest standards of clinical excellence and respectful care. Respect for and inclusion of community voices and participation, and an awareness of the principles of trauma-informed care,¹¹ shaped the Project team's approach to community engagement and mobilization work.

Specifically, the team developed an awareness of the potential trauma related to maternal health complications and considered how the information shared might affect people's responses to the clinical strategies proposed. The Project team worked to cultivate a sense of trustworthiness by providing a content warning before discussing sensitive material, by striving to maintain transparency, reliability, and punctuality, and by maximizing accessibility and inclusivity in their presentation formats. The presentations were bi-directional, inviting community members to share their experiences related to childbirth and maternal health. They also utilized a strengths-based approach, acknowledging and celebrating the accomplishments of community members and local groups who have made progress on maternal health issues.

The SMM Project's community engagement strategies included innovative social media projects and customized community-based presentations about maternal health data. Each aimed to make maternal health information more accessible to the most affected people.

This publication highlights partnerships with external social media influencers and development of content for NYC Health Department social media platforms. It also explores the "Data-to-Action Road Show"—a series of presentations in community-based settings (government, business, and nonprofit) designed to bring information about maternal health complications to a diverse lay audience.

Social Media Influencers Project

Influencers are social media users who have credibility with followers interested in emulating them, buying products they use, and/or trusting what they say. Influencers cultivate an authentic persona that often represents the best version of their actual selves. They might post pictures of their daily lives in a way that makes other people want to try the things they do or recommend. The SMM Project team sought out partnerships with influencers who have robust audiences of Black women and other women of color who may be thinking about starting families or navigating pregnancy/birth in NYC. The selected influencers were hired as consultants to produce sponsored content on the topic of maternal health inequities; they shared information about SMM in NYC alongside their own personal reflections about a topic connected to the issue. The influencers were paid for their contributions to the Project and produced articles, social media posts, and subsequent reports on engagement with their content. The Project team brainstormed a diverse list of possible influencers and then selected the consultants based on their reach (e.g., Facebook, Twitter, and Instagram followers and YouTube subscribers), interest in developing content specifically on maternal health, and availability to complete work within the Project timeline (Box 1, see page 7).

Influencer Stories

CeCe Olisa

CeCe Olisa is a NYC-based model and co-founder of theCURVYcon, an event focused on plus-size brands, fashion, and content. CeCe creates content based on her personal mantra, don't wait on your weight to live the life you want. Experienced with blogging and social media production across multiple platforms, she has a large audience of women of reproductive age (including more than 70,000 followers on Instagram and 37,000 on Facebook at the time of her partnership with the Project). Her work is read and viewed by people who are interested in affirming, nonstigmatizing content about physical health and wellness. [CeCe's content](#) for the SMM Project focused on the need to self-advocate with health care providers, particularly around issues related to size and weight. Her own experience with a health crisis provided a relatable point of engagement for her followers, many of whom shared their own stories in response to her posts on social media.¹² (See the SOC, pp. 3–6, for sample comments from CeCe's readership.)

Brooklyn Active Mama

Schnelle “Nellie” Acevedo describes her website “Brooklyn Active Mama” as a “Brooklyn NYC Millennial Black Mom Blog that focuses on Running, Fitness, Travel & Parenting.” She had more than 10,000 Instagram followers and over 6,000 on Facebook at the time of her partnership with the Project. [Nellie's content](#) for the SMM Project focused on her preparation in anticipation of her third birth (a repeat planned cesarean with an obstetrician she trusted

and who communicated well). Nellie was able to share NYC data on SMM alongside her own experience as a Black mother navigating the health care system to make an informed birth plan with the support of her doctor. Nellie’s sponsored blogpost and her subsequent social media posts received more than 9,000 views within the first month online. Her work for the Project was nominated for an Iris Award in the “Best Sponsored Content” category, a prestigious recognition in the mommy- and parent-blogging sphere. Her nomination speaks to the market for timely and culturally meaningful content on maternal health. Black women and mothers blogging about their experiences advocating with their care providers at birth and sharing that information with their followers is a promising model for promoting thoughtful conversation on inequities in maternal health.¹² (Images from Nellie’s blog and social media posts can be seen in the SOC, pp. 7–8.)

BOX 1 **Social Media Influencer Timeline**

- Brainstormed a robust list of potential influencers for partnership
- Refined the list with input from the Project team to identify top influencer choices based on reach, content, and writing style
- Approached the top influencer choices and pitched the SMM Project, including sharing a proposed budget
- Agreed on terms for the contract and completed any needed paperwork
- Worked collaboratively with the influencer to develop meaningful content in line with Project goals
- Edited the content and shepherded it through any internal review processes
- Authorized influencer to publish content
- Supported and promoted influencer content on institutional channels as much as possible
- Requested and received an engagement report summarizing the reach of sponsored content

Additional Social Media Content

The SMM Project team developed additional content for NYC Health Department social media accounts on the topic of maternal health. For example, National Women’s Health and Fitness Day, Black Maternal Health Week, and Mother’s Day all presented opportunities for the Project team to generate content for social media channels. In addition, the team collaborated with the Preeclampsia Foundation and with District II of the American College of Obstetricians and Gynecologists (ACOG) for social media campaigns related to maternal health issues. Collaborating with partners on existing social media campaigns and events is a simple and effective way to begin building project capacity to do the same on an independent basis going forward.

Data-to-Action Road Show

Community Board Engagement

Presentations were delivered at community board meetings in Brooklyn, the Bronx, Queens, and Manhattan between October 2018 and June 2019; they reached hundreds of people in person and more through Facebook livestreams of meetings. The presentations, which focused on neighborhoods experiencing the highest rates of SMM and those adjacent to Project-affiliated hospitals, were intended to increase awareness of the disproportionate impact of maternal health complications on Black and Latina women and celebrated advocacy and collective action.

The NYC Health Department has a longstanding relationship with the city's community boards, a network of hyper-local government bodies that foster engagement within neighborhood-based community districts (CDs). These entities each represent several hundred thousand New Yorkers and focus attention on local challenges and resources. There are 59 CDs across the five boroughs; each has a corresponding community board to represent its interests. Because the NYC Health Department collects and reports on many data points at the CD level, it is helpful to engage with community boards.

Community boards are first-line liaisons between each CD's residents and the NYC government and are charged with advocating for their district's unique priorities, in collaboration with city agencies. They represent the smallest, most local decision-making bodies in government. Community board meetings are public and well-attended by residents, so they represent an ideal place to meet enthusiastic and receptive partners. Community boards also typically have subcommittees dedicated to specific topics, including health and social services. (A list of participating community boards can be found in the SOC, p. 9.)

Presentation Development

The process of developing a presentation suitable for the public required multiple teams within the NYC Health Department to agree on concrete goals. Specifically, the presentation was designed to provide useful data to the general public, give context and nuance on the social determinants of health that affect maternal health, and offer people opportunities to respond, engage, and brainstorm on how to address the problems. The process of developing the presentation materials was collaborative; staff with different expertise in maternal health contributed slides, context, and anecdotes to be included.

The presentation was designed to be printed and distributed as a packet, rather than projected on a screen, as NYC community boards vary in their technological capabilities, and this method ensures a more conversational, discussion-based presentation style. (A sample presentation and a flyer developed for the Project can be found in the SOC, pp. 10–12.)

The presentation focused on several key areas and data points, although the exact content was tailored to the borough and audience. All presentations included the following:

- **A section defining maternal health concepts and terminology.** The team learned that key public health terms such as “maternal mortality” and “severe maternal morbidity” are not necessarily intuitive or familiar to laypeople. Tragically but unsurprisingly, many who attended presentations reported either direct or indirect personal experiences of maternal deaths and near-deaths. People conducting similar projects should expect community members to have a level of familiarity with the social and emotional costs of SMM, even if they are less knowledgeable about clinical terminology or public health jargon. It is important to speak in terms that people understand and to avoid using acronyms.
- **An exploration of the idea that racism is a driver of poor health outcomes, rather than individual behaviors or personal health decisions.** The Project team carefully constructed the presentation to focus on how systems of oppression operate to perpetuate disparities in maternal health outcomes.¹⁴ This is vital to counter pervasive and racist narratives about Black and Latina women being somehow fundamentally deficient as an explanation for the crisis in maternal health. Health departments have an important opportunity to dismantle these narratives by reframing the conversation on maternal health to focus on the failures of systems and on the resilience of people coping with significant stressors (for example, highlighting the presence of well-functioning community-based organizations, the effective activism and collective action of local people, and areas where statistics show evidence of improvement on health outcomes). (A Suggested Reading List on Racial Equity in Maternal Health can be found on pages 17–18 of this document.)
- **Information about the range of Health Department programs and services.** The NYC Health Department provides a range of vital services that are free and that show promise at reducing poor maternal and infant health outcomes. However, community members are not always aware of what programs exist in their neighborhoods, what the eligibility criteria might be, or how to connect with the NYC Health Department about the programs. Specific programs that were relevant to the audiences attending these presentations included the Newborn Home Visiting Program, the Nurse-Family Partnership, and the By My Side Birth Support Program, as well as the Neighborhood Health Action Centers (which are re-envisioned NYC Health Department spaces that bring various neighborhood assets together under one roof, offering residents opportunities to seek primary health care, referrals for services, classes, and workshops, and free and accessible community space). Information about these resources was included in each presentation, regardless of audience. Attendees often had questions about the particulars of these programs, so presenting staff should have up-to-date contact information at the ready to assist with making referrals to health department programs.

BOX 2
Principles of
“Meeting People
Where They’re At”

- Go where people are already gathering at a time that works for them (e.g., nights or weekends)
- Find common ground by seeking to understand the audience, what they already know, and how they express it
- Be present, ask questions, and listen well at community meetings (e.g., minimize distractions, take notes, and follow up as promised)
- Extend respect to varied forms of expertise

Community Response

While it was not possible to conduct a formal evaluation of each presentation, the presentations received substantial positive responses. Many attendees said that they had not heard this information presented in this way and were glad that the NYC Health Department was attempting to both address the problem and present the information directly. People often shared personal stories about how they or loved ones had grappled with childbirth complications or infant death. Box 2 summarizes some of the principles the Project team utilized when planning and making these presentations.

Community members were interested in learning more about the root causes of racial and geographic disparities in SMM, including the role of structural racism. They offered factors that contribute to unequal outcomes, including the prevalence of food deserts and limited access to inexpensive, healthy foods; inadequate and unaffordable transportation; mass incarceration; environmental injustices; high unemployment rates; and challenges related to immigration and access to health insurance. Some attendees had visceral reactions to the information; health departments or other entities considering this type of community outreach should

consider what supports are in place to avoid traumatizing or retraumatizing attendees at public presentations. Residents thought that the NYC Health Department should tailor outreach to specific communities, including African immigrant communities, New Yorkers without legal status, birthing people living in homeless shelters, and pregnant people who use substances.

Residents also made recommendations for the NYC Health Department on programming to improve maternal health, some of which are already happening:

- Improve awareness of programs that provide free or low-cost doulas (people who provide physical or emotional support during labor, birth, and the postpartum period)
- Provide education related to safe infant sleep and holistic nutrition (including food preparation skills, with a focus on families)
- Establish more Neighborhood Health Action Centers or satellite offices for NYC Health Department services

Residents attending presentations were interested in learning more about many factors related to the state of maternity care in public and private NYC hospitals. Specifically, many people expressed the need for mechanisms to hold hospitals accountable for their patient outcomes. Some people brought up concerns related to provider communication and patient

care experiences. Community members were enthusiastic to learn about and receive copies of the *NYC Standards for Respectful Care at Birth*, a tool launched in December 2018 that was developed by the NYC Sexual and Reproductive Justice Community Engagement Group, a collaboration between community members and organizations with the NYC Health Department. (See the SOC, pp. 13–14, for this tool.)

After each presentation, NYC Health Department staff followed up with community board staff and committee volunteers to share requested information where it was publicly available. Specific requests for follow-up included:

- Information about the characteristics that put people most at risk for maternal health complications (e.g., maternal age, differences in outcomes by income and marital status, or differences pertaining to singleton vs. multiple pregnancies)
- Information about racial disparities in maternal health in other high-income countries and how those disparities compare with the United States
- Data on specific subpopulations in NYC (e.g., Hasidic Jewish people, African immigrant communities, and people with Medicaid health insurance)
- The impact of partners/spouses on maternal health outcomes (e.g., community members were interested in learning about initiatives to engage men, fathers, partners, and other family members in the conversation about maternal health)
- More accessible and public data sources and effective, timely dissemination of data, publications, and updates on how projects are going

Data-to-Action Road Show Stories

Crown Heights South Maternal Health Awareness Forum

After presenting information on maternal health disparities and SMM to the Crown Heights South Health Committee in December 2018, the Health Committee (comprised of volunteer community leaders) stayed in touch with the Project team. They reached out to notify the NYC Health Department team of plans to host a Maternal Health Awareness Forum to bring in more community members to learn about this topic. The event was planned for June 6, 2019. In addition to the NYC Health Department staff, panelists at the event came from one of the SMM Project partner hospitals, the local office of the National Association for the Advancement of Colored People (NAACP), and the United States Representative for the district, the Honorable Yvette Clarke. The panel shared information about maternal health disparities to make connections between local quality improvement projects and national efforts to improve maternal health outcomes, and community members had the opportunity to attend in person and watch via Facebook Livestream. The presentation that the SMM Project team conducted several months prior served as an essential catalyst for this forum to take place.

Nonprofit and Business Engagement Stories

The SMM Project engaged with local nonprofits and businesses to enhance the capacity and knowledge of people working in adjacent fields on the topic of maternal health. The team prioritized presentations to businesses that employed large numbers of reproductive-age women of color. These presentations, which served as a complement to those conducted at community board meetings, came about in two main ways: Attendees at community board meetings invited the Project team to make presentations to their own staff, and Project staff utilized relationships at local organizations to establish contact and make a pitch to present information on maternal health. These presentations expanded the knowledge base of organizations serving clients of reproductive age who are directly confronting maternal health challenges.

The Bronx Defenders

The Bronx Defenders, a nonprofit public defense organization located in the South Bronx, serves low-income New Yorkers facing legal issues. These legal struggles (including criminal, immigration, child welfare, and housing) and their myriad consequences all create high levels of stress in the lives of pregnant and birthing people and contribute to inequities in maternal health. The Bronx Defenders provides holistic, client-centered advocacy that includes robust case management; thus, staff regularly witness and support clients through medical and social issues that can worsen maternal health. The NYC Health Department team collaborated with the Bronx Defenders to conduct a panel presentation for more than 20 staff at their headquarters. Sharing information with attorneys, social workers, and other Bronx Defenders staff about the nuances of maternal health made it possible for them to better serve clients who are pregnant or in the postpartum period.

For example, Bronx Defenders staff shared anecdotes about pregnant and newly postpartum clients being forced to wait for court appearances for hours in rooms with no chairs or, at best, rigid wooden benches. The staff explained that having more data and information on maternal health complications not only makes their advocacy efforts more robust in the face of the daily indignities that punitive systems impose on their clients, but also increases their ability to help pregnant and postpartum clients identify signs and symptoms requiring medical attention. As a social worker with the Bronx Defenders explained, “I knew abstractly about this topic, but the presentation really highlighted the concrete inequities in maternal health. As someone who doesn’t work directly in this field, I found it was important to be at the presentation and take in the information, even if it was painful and enraging. I do work with immigrant communities who have significant barriers to getting quality health care, and after this presentation I’ve made a point to ask my clients who are pregnant how they feel about their medical care... This was an area of my work I had previously ignored, but now it is a subject I explore with each pregnant client.”

Legal Hand

Legal Hand, Jamaica is a legal information center in Jamaica, Queens, and a collaborative project between Queens Legal Services and the Center for Court Innovation. At Legal Hand, trained community volunteers provide free legal information, assistance, and referrals to residents with various legal issues. For Black History Month in 2019, Legal Hand, Jamaica held Know Your Rights workshops highlighting the effects of racism on the well-being of the community members in health, housing, and educational and job opportunities. Legal Hand, Jamaica invited the NYC Health Department to present about its work on maternal health. The NYC Health Department used this panel as an opportunity to share information about SMM in a part of Queens that has higher rates of SMM than the rest of the borough. The audience of approximately 25 people consisted of service providers and community members. (The flyer from this event can be seen in the SOC, p. 15.)

Amalgamated Bank

Staff at Amalgamated Bank's Minority Organization for Leadership & Development invited the NYC Health Department to join a panel regarding racial equity in health. Banks can play an important part in raising awareness about reducing disparities in maternal health outcomes: Many women of color who are of reproductive age work in these settings, especially in stressful, client-facing roles. More than 40 employees of Amalgamated Bank attended the presentation, including executive personnel. The moderator of the panel (an employee of the bank) opened the conversation by sharing her own personal story of experiencing a seizure at home while 36 weeks pregnant. She ended up requiring an emergency cesarean delivery of her son, who was born weighing less than four pounds.

Well-established businesses with rigid hierarchies, such as banks, may have employee wellness programs that can be expanded to have a strategic impact on promoting racial equity. For example, a workplace wellness program focused on stress management can take a more nuanced approach and promote racial equity by recognizing racism as a significant source of stress for employees. Attention to pay equity, paid family leave, an inclusive work environment, and equitable on-the-job training opportunities can all help promote an antiracist workplace, which in turn can promote maternal health. (The flyer from this event can be seen in the SOC, p. 16.)

LESSONS LEARNED/RECOMMENDATIONS

Conducting meetings in community-based settings requires a substantial investment of time and team resources. The staff working on outreach activities must have schedules that include adequate evening hours to account for outreach activities that take place outside of typical business hours.

Project teams should also appraise the benefits and drawbacks of who delivers the presentation; their skill set, experiences, and position within the agency (among other factors) are meaningful. Health departments considering similar community engagement activities should evaluate how technical the material presented is and whether a clinical provider is needed. It is important for staff to set expectations on the front end of the presentation—for example, about what will be done with feedback from participants—to build trust and create a safe space where information can flow freely.

Due to the SMM Project timeline, there was no opportunity to formally evaluate the response to the community-based presentations. Teams with a longer timeline or more staff capacity might consider doing pre/post surveys of people attending presentations, to gain insight into the relative effectiveness of presentations at sharing information. The SMM Project team relied on written and oral feedback to refine the content of the presentations.

BOX 3 **Summary of Lessons** **Learned and** **Recommendations**

- Hire a full-time staff person dedicated to the implementation of community engagement activities
- Practice cultural humility by being mindful of race, gender, language, neighborhood context, accessibility, and more
- Welcome and expect community anger about the prevalence of disparities, rather than fearing it
- Develop staff capacity to understand and explain racism as a structure that creates health disparities, including historical and contemporary context and examples of how racism impacts health

As community awareness of maternal health inequities increases, jurisdictions should expect community members to pose increasingly nuanced and probing questions about why these problems exist and are permitted to continue. The SMM Project team received questions from the public at presentations about how the government can better hold hospitals accountable for poor maternal health outcomes. While the NYC Health Department is not a regulatory body for hospitals, Project staff were able to suggest ways in which people might become more involved with hospital leadership and were honest about the limitations and realities of municipal government’s lack of leverage over systems governed by state or federal policies. Box 3 summarizes some of the key lessons learned from conducting community-based presentations. Teams engaged in disseminating information about profound racial inequities in maternal health should expect and be prepared for community members to express frustration and anger. Rather than being feared, such expressions should be welcomed as a sign of having created a safe space and cultivated community empowerment: “The empowered person recognizes use of anger as a motivating force to instigate social change and is optimistic about the ability to exert control over his or her life.”¹⁵ With this in mind, all team members who are engaged in public presentations should be trained to speak thoughtfully to the nuances of the topic, including race and racism. Presenters should also be trained

to actively listen and respond with empathy when confronted with the multitude of emotions and reactions their presentation inspires, to create and maintain a space of both validation and learning. In addition, they should be aware of other community activities and ways in which meeting participants can join existing efforts or stay connected and should be able to offer this information to meeting participants.

Ideally, teams discussing maternal health inequities should be representative of the communities they seek to approach. Racial and cultural diversity on the project team makes outputs stronger because the brainstorming and design phases are more comprehensive and thoughtful.

Project teams considering outreach and community engagement activities should ask the following questions early in the planning process to allow for the most effective community engagement approach:

- What does meaningful or successful community engagement look like for a project? All team members should be clear and in alignment about what the desired outcomes of community engagement are before the work starts. How will the team know that they are reaching the intended audiences in a meaningful way and achieving the desired outcomes?
- What is the timeline? When will data be publicly available, and how does this timeline align with data dissemination efforts? If data are not publicly available when outreach begins, what information will be presented to community members during data dissemination efforts?
- Whom should community engagement prioritize? How specific or broad should the outreach be? Is a community advisory board or other similar entity available to consult on this process, or at minimum on presentation development? If so, engage them early and continuously. Are there existing community partners to work with, or other community engagement work to leverage and build on?

CONCLUSION

The SMM Project created a unique opportunity for NYC to expand its community engagement on the topic of maternal health. Project staff engaged effectively with staff across the agency to develop a coherent message and strategy for engagement. The Project also created an opportunity to support creative and innovative social media approaches, including sponsored content exploring the nuances of people's lived experiences with maternal health issues. This experience introduces how similar efforts might conceptualize community engagement, but it is by no means a comprehensive representation of the full range of possibilities. Health departments and other government entities may have challenges with conducting community engagement work due to their institutional structures and bureaucracy, but putting concerted and thoughtful effort into engaging with community members helps to build residents' trust, to amplify community advocacy and knowledge on an important health issue, and ultimately to

promote equity.

Innovative Strategies for Community Engagement: Raising Awareness to Reduce Severe Maternal Morbidity Supplemental Online Content (SOC) can be found at <https://www1.nyc.gov/site/doh/data/data-sets/severe-maternal-morbidity-surveillance.page> and consists of the following materials:

- Social Media Influencer Content
- Community Board Presentations
- SMM Project Presentation Materials
- NYC Standards for Respectful Care at Birth
- SMM Project Event Flyers

REFERENCES

1. New York City Department of Health and Mental Hygiene (NYC Health Department). 2020. *Pregnancy-Associated Mortality: New York City, 2011–2015*. New York. Link: <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/pregnancy-associated-mortality-report-2011-2015.pdf>
2. NYC Health Department. 2016. *Severe Maternal Morbidity in New York City, 2008–2012*. New York. Link: <https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>
3. Jones, C. P. 2000. Levels of racism: A theoretic framework and a gardener's tale, *American Journal of Public Health*. 90(8):1212–1215.
4. Krieger, N., Van Wye, G., Huynh, M., et al. 2020. Structural racism, historical redlining, and risk of preterm birth in New York City, 2013–2017. *American Journal of Public Health*. 110(7):1046–1053.
5. Mendez, D. D., Hogan, V. K., and Culhane, J. 2011. Institutional racism and pregnancy health: Using Home Mortgage Disclosure Act data to develop an index for mortgage discrimination at the community level. *Public Health Reports*. 126(Suppl. 3):102–114.
6. Shen, M. 2018. The association between the end of court-ordered school desegregation and preterm births among Black women. *PLoS One*. 13(8):13(8):e0201372.
7. Howell, E. A., Egorova, N. N., Balbierz, A., et al. 2016. Site of delivery contribution to black-white severe maternal morbidity disparity. *American Journal of Obstetrics and Gynecology*. 215(2):143–152.
8. NYC Health Department. 2020. *A Guide to Integrating Severe Maternal Morbidity Case Review into Hospital Quality Improvement Committees*. New York.
9. NYC Health Department. 2020. *Women's Experiences with Severe Maternal Morbidity in New York City: A Qualitative Report*. New York.
10. NYC Health Department. 2017. *Community Engagement Framework*. New York. Link: <https://www1.nyc.gov/assets/doh/downloads/pdf/che/community-engagement-framework.pdf>
11. Purkey, E., Patel, R., and Phillips, S.P. 2018. Trauma-informed care: Better care for everyone. *Canadian Family Physician*. 64(3):170–172.
12. Link: <https://ceceolisa.com/2019/03/the-doctors-office-can-be-intimidating-heres-how-to-speak-up/>
13. Link: <https://brooklynactivemama.com/black-women-maternal-health-crisis>
14. Scott, K.A., Britton, L., and McLemore, M.R., 2019. The ethics of perinatal care for black women: Dismantling the structural racism in “mother blame” narratives. *Journal of Perinatal and Neonatal Nursing*. 33(2):108–115. doi: 10.1097/JPN.000000000000039.
15. Rogers, E.S., et al. 1997. A consumer-constructed scale to measure empowerment among users of mental health services. *Psychiatric Services*. 48(8):1042–1047.

SUGGESTED READING LIST ON RACIAL EQUITY IN MATERNAL HEALTH

Books

- Cooper Owens, D. 2017. *Medical Bondage: Race, Gender, and the Origins of American Gynecology*. Athens, GA: University of Georgia Press.
- Davis, D.-A. 2019. *Reproductive Injustice: Racism, Pregnancy, and Premature Birth*. New York: NYU Press.
- Kendi, I. X. 2016. *Stamped from the Beginning: The Definitive History of Racist Ideas in America*. New York: Bold Type Books.
- Roberts, D. 1998. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York: Vintage Books.
- Ross, L., et al. (eds.) 2017. *Radical Reproductive Justice: Foundation, Theory, Practice, Critique*. New York: Feminist Press.
- Washington, H. 2006. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York: Harlem Moon.

Journal Articles

- Attanasio, L. B., and Hardeman, R. R. 2019. “Declined care and discrimination during the childbirth hospitalization,” *Social Science & Medicine*. 232:270–277. doi: 10.1016/j.socscimed.2019.05.008.
- Bailey, Z. D. et al. 2017. “Structural racism and health inequities in the USA: Evidence and interventions,” *Lancet*. 389(10077):1453–1463. doi: 10.1016/S0140-6736(17)30569-X.
- Bassett, M. T. 2015. “#BlackLivesMatter—A challenge to the medical and public health communities,” *New England Journal of Medicine*. 372(12):1085–1087. doi: 10.1056/NEJMp1500529.
- Braveman, P. et al. 2017. “Worry about racial discrimination: A missing piece of the puzzle of Black-White disparities in preterm birth?” *PLoS One*. 12(10):e0186151. doi: 10.1371/journal.pone.0186151.

- Chambers, B. D. et al. 2020. “Exposures to structural racism and racial discrimination among pregnant and early post-partum Black women living in Oakland, California.” *Stress Health* 36(2):213–219. doi: 10.1002/smi.2922.
- Chambers, B. D. et al. “Testing the association between traditional and novel indicators of county-level structural racism and birth outcomes among Black and White women,” *Journal of Racial and Ethnic Health Disparities* 5(5):966–977. doi: 10.1007/s40615-017-0444-z.
- Scott, K.A. et al. 2019. “The ethics of perinatal care for black women: Dismantling the structural racism in ‘mother blame’ narratives,” *Journal of Perinatal and Neonatal Nursing*. 33(2):108–115. doi: 10.1097/JPN.0000000000000394.

Other

- Black Mamas Matter Alliance. 2016. *Black Mamas Matter Toolkit*. New York: Center for Reproductive Rights. Link: <https://blackmamasmatter.org/resources/toolkits/>
- Martin, N. 2017. “Black mothers keep dying after giving birth. Shalon Irving’s story explains why,” National Public Radio, Dec. 7. Link: <https://www.npr.org/2017/12/07/568948782/black-mothers-keep-dying-after-giving-birth-shalon-irvings-story-explains-why>

