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Health systems partnership for collaborative anti-racist perinatal care: A case study of Black community based perinatal care

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Background

- Black women and their infants face higher morbidity and mortality rates than any other racial group regardless of socioeconomic status^{1,2}
- Racial concordance in healthcare is a promising strategy for improving care, and there is evidence of improved care satisfaction and outcomes³.
- Another potential strategy for change is health systems partnering with community-based organizations (CBO), particularly tapping into racially concordant and culturally specific organizations which communities trust⁴
- **STUDY PURPOSE & SETTING:** This case study sought to document the relationship between Multnomah County's Healthy Birth Initiatives (HBI) program, a Black led public health-CBO hybrid addressing Black maternal health, and the Maternal Health Division of a Portland, Oregon health system including the origins, impacts, challenges, and future opportunities of the partnership.
- CBO and health system leadership have been meeting consistently since 2017. CBO meets regularly with health system hospital social workers, nurses, and doctors; CBO co-leads hospital birth equity council; Health system invites CBO to join Oregon Perinatal Collaborative and health literacy efforts.

Methods

- Semi-structured interviews were conducted with 14 staff of the health system and CBO from 2022-2024.. Key informants were recruited using snowball sampling. Interviews were recorded, transcribed, and then coded by two key members. Inductive strategies for coding and thematic analysis were used to develop themes and recommendations. Member checking was conducted with both health system and CBO staff, and a birth equity council of the health system.
- **STUDY QUESTIONS:**
 1. How has the HBI_Providence relationship influenced cultural responsiveness?
 2. How has the HBI-Providence relationship affected Providence policies and practices?
 3. How can the relationship between HB I and Providence be improved?

Key Findings

Main Themes:

- The partnership between CBO and health system was deliberately built. Strong leaders provided a north star by making bold decisions, identifying priorities, investing in the relationship, and developing a shared vision;
- Intentional work is required to expand beyond an individual-focused lens toward understanding the structural and historical context of racism in the healthcare system;
- The partnership resulted in an improved culturally responsive environment, more shared power within the healthcare system, and an improved dynamic between providers and patients;

Challenges and Opportunities:

- Current referral processes are fragmented. More communications is needed between partners regarding patient care;
 - **Recommendations:** A systematic referral process between health system and CBO. Shared access to patient information to improve care coordination.
- There is an imbalance in resources and capacity between the two partners.
 - **Recommendations:** Recognize, value, and leverage the unique skills, perspectives, and resources that each organization brings to the partnership. Health system can financially invest in the CBO to integrate them more fully in the flow of connection with shared patients.
- The partnership is “people-dependent”.
 - **Recommendations:** Secure, strengthen and grow the partnership. Integrate the work of partnership formation and sustainability in each organizations’ workplans and job descriptions. Understand this level of collaboration as a necessary component of care.

HBI Provides

- Provider-client racial concordance
- In-home case management
- Home visiting nurses/health workers
- Lactation support
- Pregnancy, birth, and newborn classes
- Coordination of care across systems
- Material support
- Antiracism presentations for medical providers and organizing for structural change
- Client anti-racism advocacy to address medical racism

Discussion and Implications

- Racially concordant and community-rooted CBO can bridge communication gaps between providers and Black patients and improve health experiences
- CBO presence within care teams facilitates collaborative decision-making between patients and providers which builds trust.
- This partnership illustrates the potential of harnessing organizations’ unique assets for the benefit of care.
- The institutional capital of the health systems can be mobilized to expand the impact of culturally-specific CBOs by supporting workforce development, integrating the skills and knowledge of the workforce into the health system as an equal partner and facilitating policy advocacy.
- Partnerships leveraging the expertise and trust held by racially-concordant community based providers is a form of health equity that may reduce health disparities and redress community medical mistrust.

^[1] Ely DM, Driscoll AK. (2023). Infant mortality in the United States, 2021: Data from the period linked birth/infant death file. *National Vital Statistics Reports*, 72(11). Hyattsville, MD: National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:131356>. ^[3] Shen MJ, Peterson EB, Costas-Muñiz R, Hernandez MH, Jewell ST, Matsoukas K, & Bylund CL. (2018). The effects of race and racial concordance on patient-physician communication: A systematic review of the literature. *Journal of Racial and Ethnic Health Disparities*, 5, 117-140. <https://doi.org/10.1007/s40615-017-0350-4>.

^[2] Gregory ECW, Valenzuela CP, Hoyert DL. (2023). Fetal mortality: United States, 2021. *National Vital Statistics Reports*, 72(8). Hyattsville, MD: National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:129432>. ^[4] Agonafer EP, Carson SL, Nunez V, et al. (2021). Community-based organizations’ perspectives on improving health and social service integration. *BMC Public Health*. 2021;21(1):452. <https://doi.org/10.1186/s12916-021-02111-1>.