

Promoting Equity: Addressing Structural and Systemic Determinants of Health in Healthcare Settings



Description: In the pursuit of equitable healthcare outcomes, it's imperative to recognize and address the structural and systemic determinants of health that perpetuate disparities within our communities. This session provides a comprehensive exploration of these complex issues and offers actionable strategies for healthcare providers to effect change within their systems. Drawing on principles of social justice and health equity, this session delves into the root causes of health inequities, examining how factors such as socioeconomic status, racial discrimination, access to care, and institutional bias shape health outcomes.





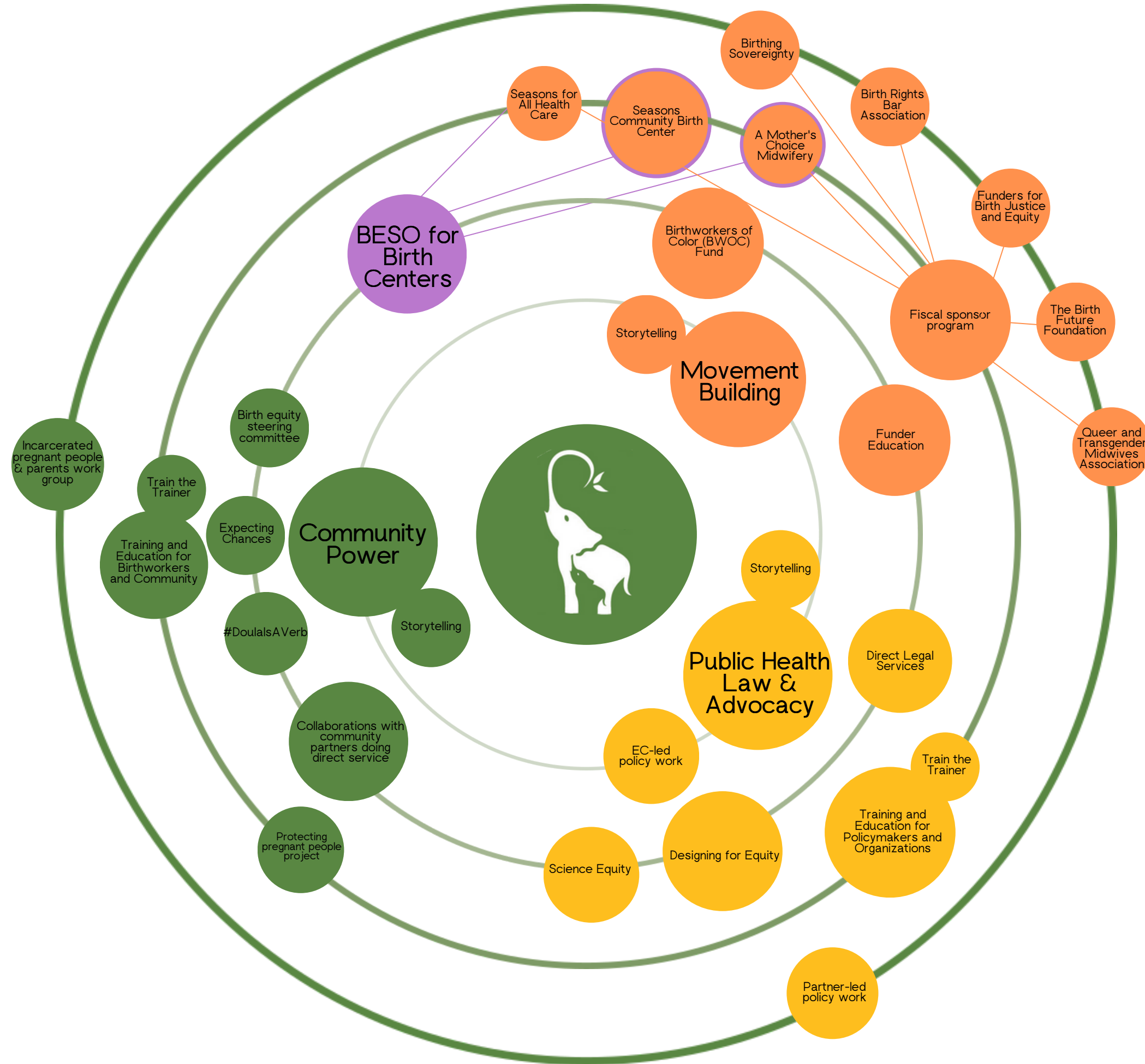
Pia Long, BA

Full Spectrum Birth Worker

Director of Birth Justice Infrastructure



MAPPING OUR WORK



Color Key

- Community Power
- Public Health Law & Advocacy
- Movement Building
- Birth Equity Statewide Operations for Birth Centers

This ecosystem map shares the core elements of our work at Elephant Circle.

We lead with an intersectional, feminist, reproductive justice, design thinking approach to birth justice.

This approach will help manifest solutions every step of the way that do not re-inscribe status-quo power dynamics - making true transformation possible.

A Snapshot of
this Moment



United Nations

UN News

Global perspective Human stories

Search



Advanced Search

Home

Topics

In depth

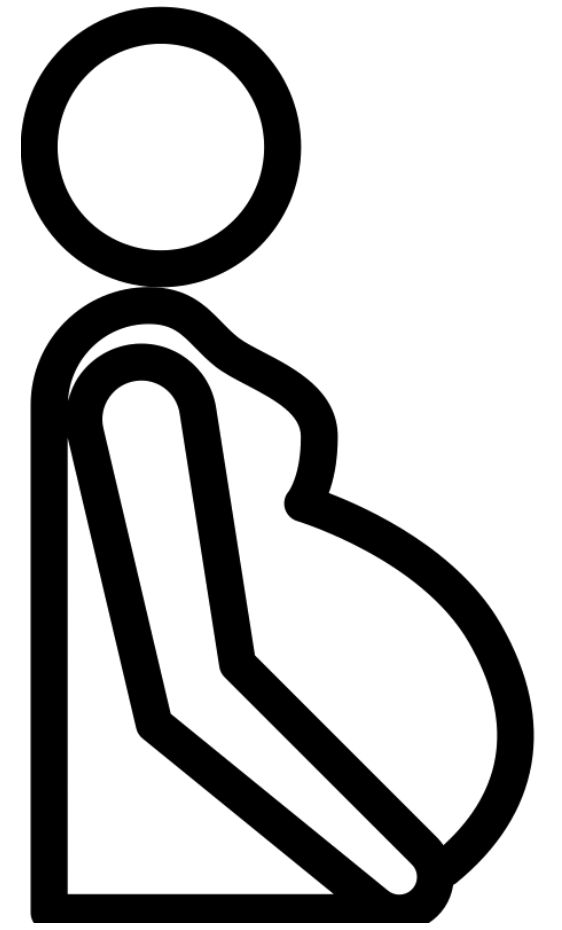
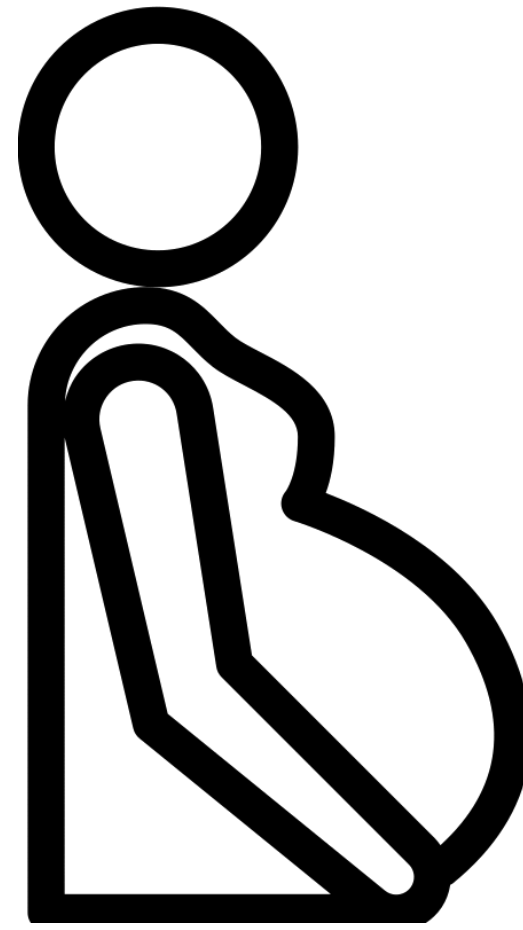
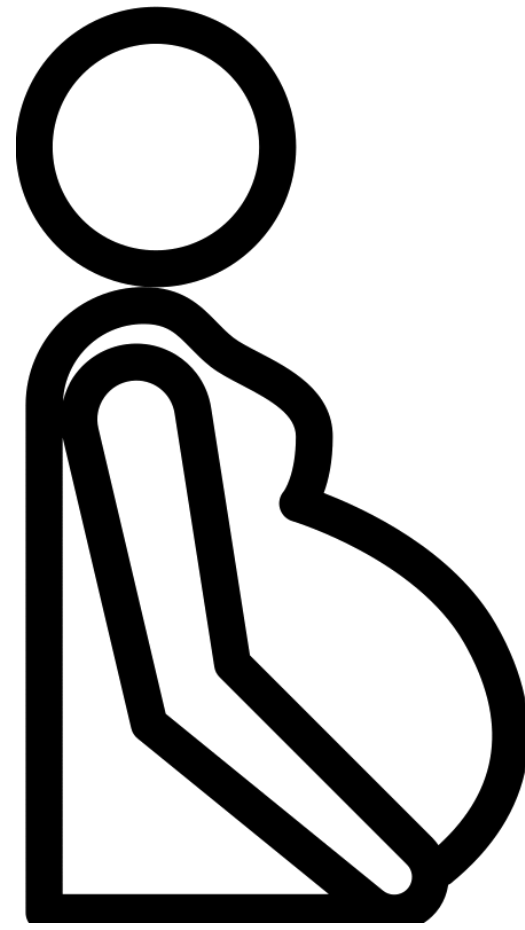
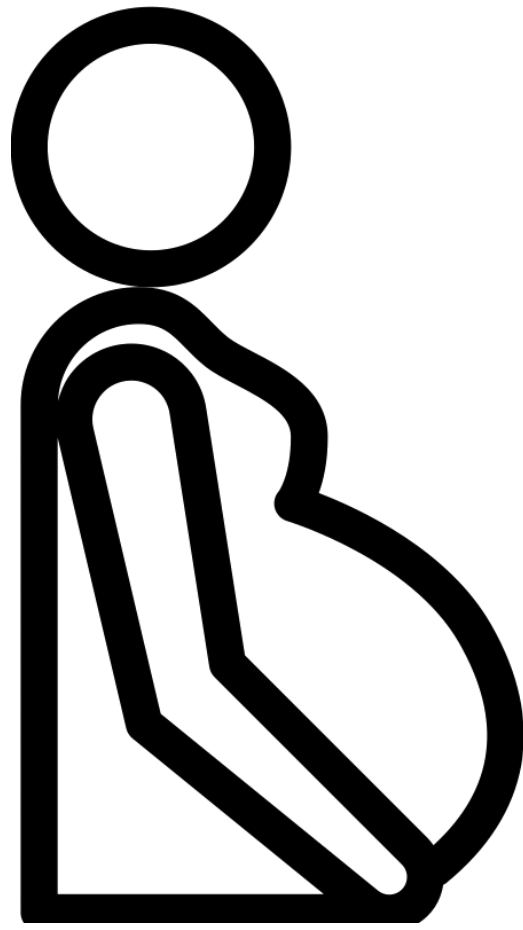
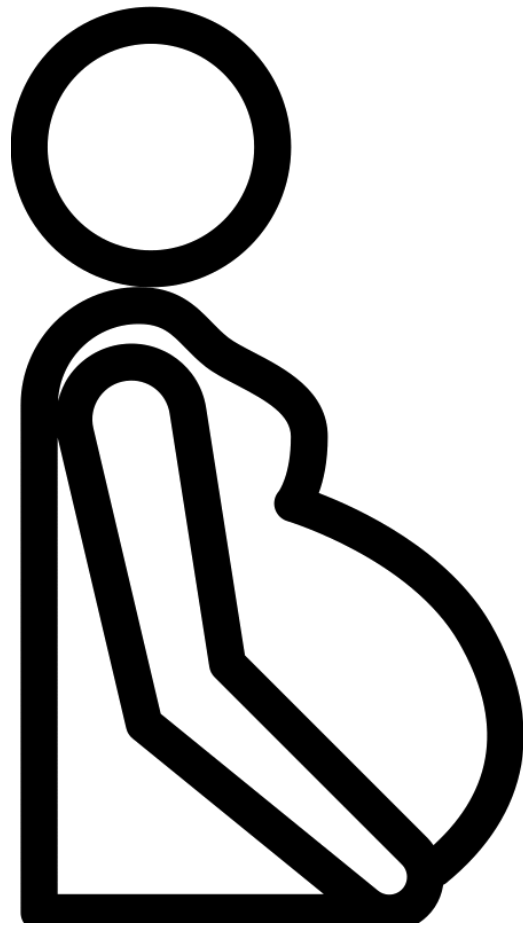
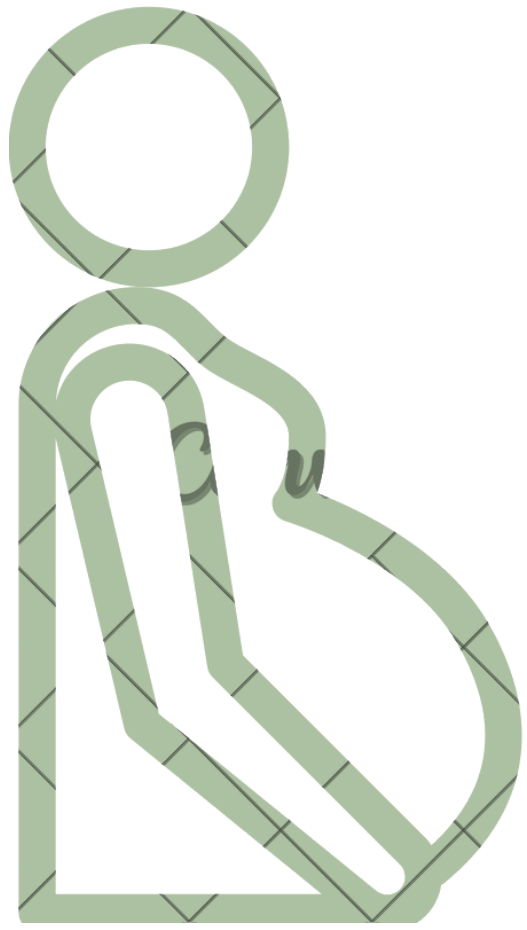
Secretary-General

Media

AUDIO HUB  SUBSCRIBE 

Mistreatment in childbirth, a human rights and healthcare problem, new study warns





Socioeconomic status

Racial discrimination

Access to care

Institutional bias

Substance Use

Incarcerated pregnant people

Elimination of midwife care mostly affects lower-income, marginalized populations



BIRTHING JUSTICE

A WOMEN IN THE ROOM PRODUCTIONS DOCUMENTARY





BIRTH JUSTICE
is
SOCIAL JUSTICE

RACISM
AFFECTS OUR
BIRTH
OUTCOMES

ADVERTISEMENT

A NATIONAL CALL FOR BIRTH JUSTICE AND ACCOUNTABILITY

HOW MANY BLACK, BROWN, & INDIGENOUS PEOPLE HAVE TO DIE GIVING BIRTH?

Racism, not race, is killing Black, Brown, and Indigenous people in our maternity care system.

We need action rooted in **Reproductive Justice**. Founded by 12 women of color in 1994, Reproductive Justice is a movement-building and organizing framework that identifies how reproductive oppression is a result of the intersection of multiple oppressions and is inherently connected to the struggle for social justice and human rights. The movement addresses the intersectional needs of Black, Brown, and Indigenous communities, as birth injustice is never just about access to equitable health care but the intersecting systems of inequalities, such as housing, incarceration, food apartheid, child protective services, violence, environmental inequities,

We demand systemic change that is grounded in reproductive justice and promotes an anti-racist model of health care. This begins with:

- **Passing the Black Maternal Health Moment Act (H.R. 6142) in Congress** which includes:
 1. Investing in the social determinants of health, like housing, transportation, child care, and nutrition.
 2. Funding community-based and community birth organizations working to improve maternal health outcomes for Black and Indigenous women.
 3. Growing, diversifying, and strengthening the perinatal workforce to ensure that all people can receive maternity care and support from their trust.



Confronting Pregnancy Criminalization: A Practical Guide for Healthcare Providers, Lawyers, Medical Examiners, Child Welfare Workers, and Policymakers

📅 **June 23rd, 2022** ■ [Abortion](#), [Civil Commitment & Other Detentions](#), [Criminalization](#), [Family Separation/ Child Welfare](#), [Homepage Featured](#), [Human Rights](#), [Pregnancy and Drug and Alcohol Use](#), [Pregnancy and Personhood](#), [Pregnancy Loss](#)

READ OUR REPORT

“A DRUG TEST IS NOT A PARENTING TEST” TO GET A GLIMPSE INTO THE RANGE OF DEMANDS, POLITICAL EDUCATION AND ORGANIZING THAT IS NEEDED TO BUILD COMPREHENSIVE POLICY AGENDAS TO END MEDICAL RACISM.



bit.ly/DecrimHealth

Decriminalize Healthcare for Parents



Drug Tests Are Not Parenting Tests:
The Fight to Reimagine Support for
Pregnant People who Use Drugs

Las pruebas de drogas no son pruebas
de aptitud a los padres:
La lucha para reimaginar el apoyo a las personas
embarazadas que consumen drogas



NEWS > LOCAL NEWS



Colorado bill providing alternatives to jail for pregnant defendants advances

Courts could consider alternative sentences for pregnant defendants

THE DENVER POST

March 2023

Colorado has taken steps to improve maternal care, but more work needed to advance health equity. →



AUTONOMY

LOVE
CARE
POWER
AMPLIFY
ADVOCATE
TRUNKS UP



#DoulalsAVerb



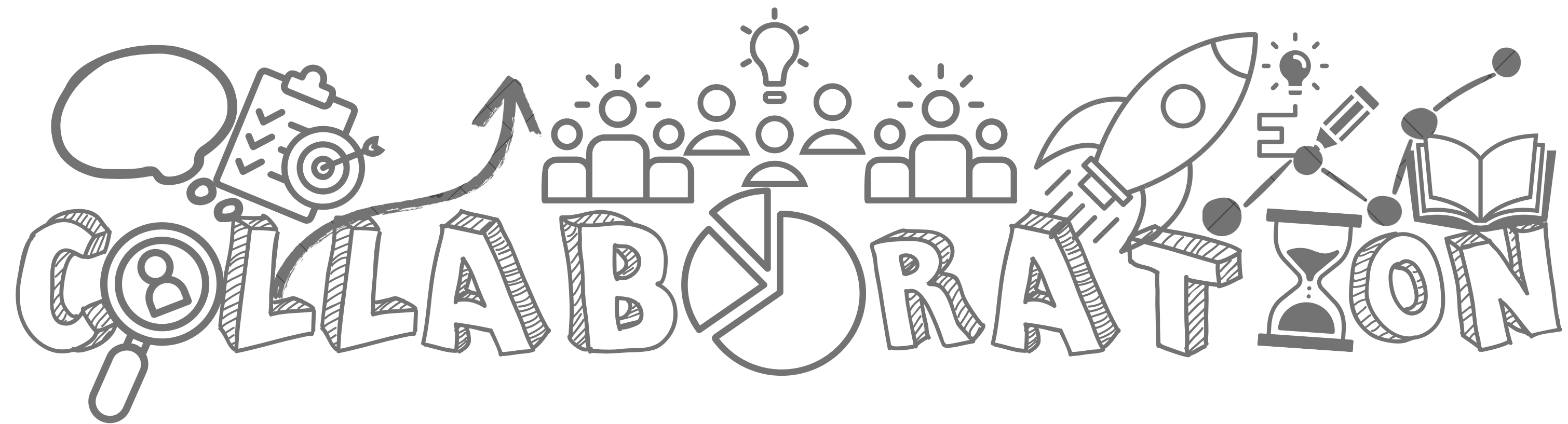
LISTEN TO COMMUNITY VOICES

IMAGINE
JOY

WINTER EDITION



Listening in our community and going to Memphis to listen to another set of voices, giving the community a platform to speak their truth, be validated, supported and gather an expert panel of human rights advocates, activists, attorneys, medical providers and change agents to begin the healing and policy work together.





Thank you partners for endorsing the Birth Equity Bill Package!



SB 193
SB 194

FAMILIES FORWARD
RESOURCE CENTER
Strong Families, Strong Communities.



BIRTH
JUSTICE

MURMURATION NOISE



5-WEEK
SERIES



TUESDAYS
5PM PST | 6PM MST | 7PM CST | 8PM EST

SIGN UP HERE:

bit.ly/mapbirthjustice

TAKE ACTION

**Community
Members**

Educators

**Healthcare
Administrators**

Lawyers

Advocates

**Healthcare
Workers**

**Social
Workers**

**Policy
Makers**

After the 2023 Tribunals, speakers, audience members and expert panelists came together after the tribunal events and in a series of online debriefs and surveys to **imagine and name concrete ways to disrupt obstetric violence and racism.**

These tangible ways to take action emerged from this collective visioning. [Link in bio](#)





HB24-1262 passed its first committee hearing on Tuesday, 3/12/24! Not only that, but the House Health and Human Services Committee voted unanimously (11-0) to move the bill forward! We are so grateful to all of you for your support in getting to this point, and a special appreciation to our amazing storytellers - it was truly a powerful day of testimony.

AUGUST 3-10

COLORADO SPRINGS • SALIDA

DURANGO • PUEBLO • ALAMOSA • WALSENBERG

ELEPHANT CIRCLE ON TOUR



LET'S
CONNECT
COLLABORATE
CREATE

EMAIL:
MICKEY@ELEPHANTCIRCLE.ORG

2023

AUG 3-4
COLORADO
SPRINGS

AUG 6-7
DURANGO

AUG 5
PUEBLO

AUG 7-8
SALIDA
ALAMOSA
WALSENBERG

LET'S
CONNECT
COLLABORATE
CREATE

EMAIL:
MICKEY@ELEPHANTCIRCLE.ORG

ELEPHANT CIRCLE
ON
TOUR

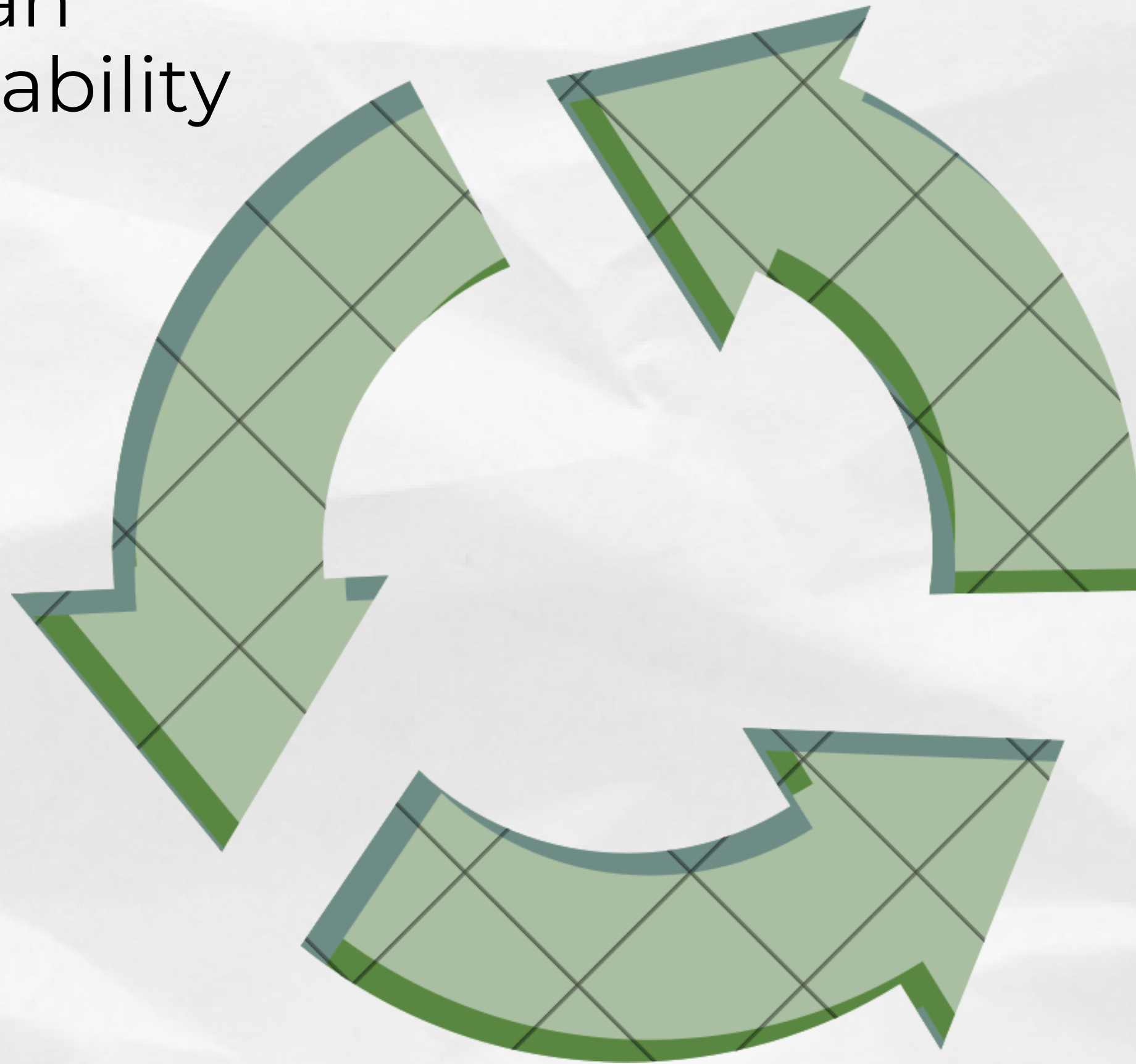




ELEPHANT CIRCLE
ON TOUR

ELEPHANT CIRCLE
ON TOUR

Connecting Data + Policy for Human Rights Accountability



Response—Able

Build

Political Will

Identify

Gaps

Mitigate Harm



Data

Policy

Human
Rights
Accountability

Data

Data +

What exists

=

Human Rights Accountability

What is possible

Policy

What could exist

Stay Connected + Follow Our Work



@elephantcircleCO



Elephant Circle



@elephant_circle

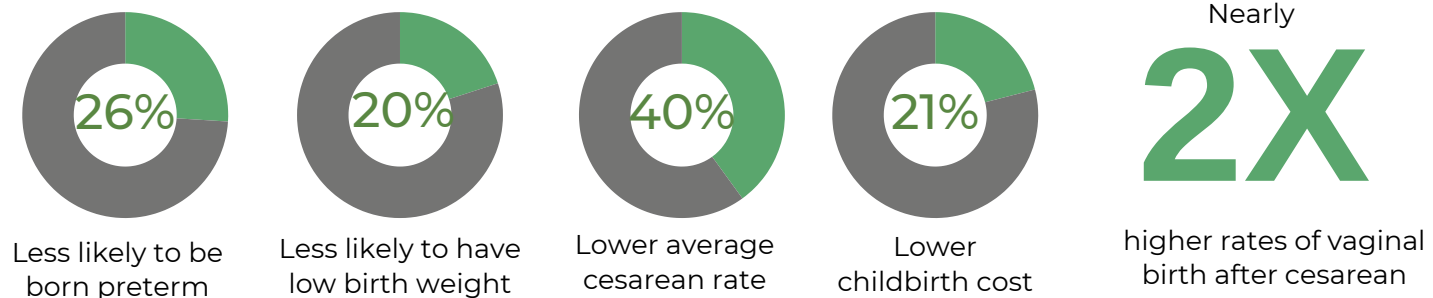


ABOUT

Birth Equity Statewide Operations for Birth Centers (B.E.S.O!) exists to provide operational infrastructure for a network of community-based birth centers in Colorado. BESO's goal is to coordinate resource distribution, logistics, information, communications, and people, to build infrastructure for community birth and health care in Colorado. This work is rooted in improving perinatal care because status-quo outcomes are poor and inequitable.

We want to make sure people have access to the best, so we can save and improve lives, especially for communities of color who are more impacted by the current inequities. Birth centers and midwifery-led care consistently out-perform the status-quo. Midwifery-led care is the gold standard and has been optimal throughout human history, but the vast majority of people do not have access to this.

Midwifery-Led Birth Centers Vs. Typical Medicaid Care



BESO supports infrastructure for community birth. As of early 2023, the network includes A Mother's Choice Birth Center (AMC), Seasons Community Birth Center (SCBC), and a developing birth center in Pueblo, CO, supported by Elephant Circle, Birth Center Equity and Orchid Capital Collective. Through this network we are also cultivating a learning community, developing regional strategy to support community birth, and increasing community birth training opportunities, especially for communities of color.

BESO will be comprised of representatives from the community, staff at each birth center site, Elephant Circle, other Colorado health and reproductive justice organizations, and partners from outside Colorado. BESO consists of multiracial, LGBTQIA+, rural, and inner city community members.

OUR NEED

We need funding to support the ramping-up of services across all sites. We also expect additional workforce will be needed to develop the leadership of people of color in an industry marked by low numbers of people of color due to built-in racism.

We have already raised over \$500,000 not including almost \$25,000 in donations from over 50 small donors. We estimate the total initial fundraising need to be \$4 million for the first stage of development. We expect these sites to be sustainable within 5 years of providing services.

**4 MILLION
DOLLARS
BY 2024**



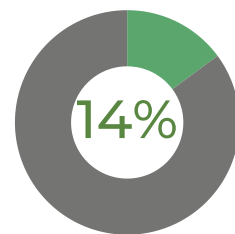
PROCESS

BESO holds an annual meeting every year. At the annual meeting the group identifies needs and priorities for resource distribution, fundraising, logistics, information, communications, and human resources throughout the network. From there, each community will align their planning to the overall priorities. For example, statewide grants will be coordinated, whereas local grants may be handled at each site, large galas and fundraisers will be coordinated. When something may impact the whole network, BESO is involved. The first annual meeting is planned for August 2023.

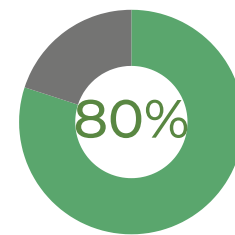
PERSONNEL

There is a workforce shortage of midwives, and midwives of color in particular. This means that the ecology will not have the optimal workforce for some time. BESO aims to develop the workforce locally and nationally and put strategies in place to usher us through this transitional phase and move toward the optimal workforce.

Midwife attended births in Colorado in 2023



Target for midwife attended births



There are only 100 midwives in Colorado who specialize in community birth

1%

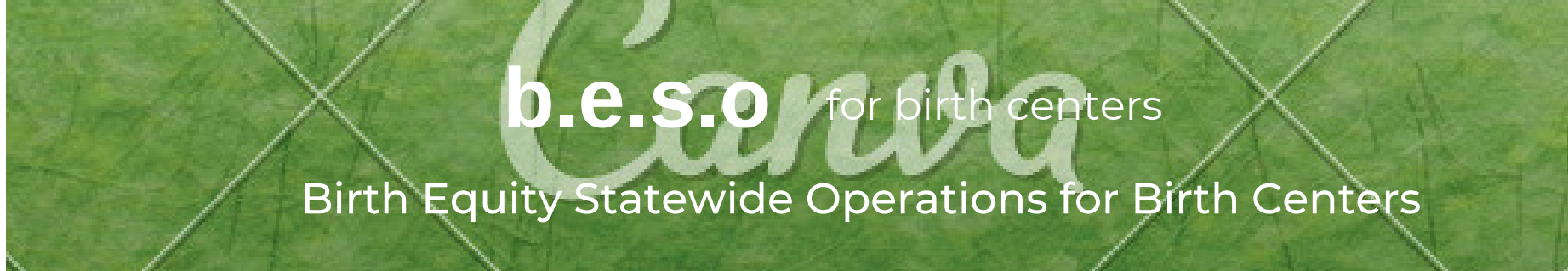
Less than 1% of midwives in Colorado are Black or Indigenous

Elephant Circle will provide training to sites that will help address these workforce issues. During the start-up phase site staff, including midwives, are Elephant Circle staff. Elephant Circle staff will do outreach, research, training, policy work and lobbying for the whole ecology.

BESO's role in personnel is to help set standards for hiring and management in alignment with the mission. This will provide a guide so each site can be confident that their process is equitable and aligned with the needs of the ecology.

BESO sites will work nationally to support the training and education of midwives and birth center staff of color who are interested in working in and developing birth centers





A Birth Center is

- a health care facility for childbirth where the midwifery-led support of physiologic birth and newborn transition are the exclusive model of care
- freestanding, and is not a hospital or a wing in a hospital
- an integrated part of the health care system
- guided by principles of prevention, respect, safety, appropriate medical intervention and cost-effectiveness
- able to provide immediate emergency measures for parents and babies with trained staff and appropriate emergency equipment

The midwifery-led birth centers succeeded in providing benefits to families, the health system, and taxpayers by improving a series of fundamental health outcomes relative to usual approaches to maternity care. Given that Medicaid covered 42 percent of the nation's births in 2018, including 65 percent of Black and 59 percent Hispanic births,¹⁰⁰ advancing this model for lower-medical-risk Medicaid enrollees could have an enormous impact on our nation's maternal and infant health crisis.

*From: Improving Our Maternity Care Now:
Four Care Models Decisionmakers Must Implement for Healthier Moms and Babies, nationalpartnership.org*

Colorado has seven (and growing) birth centers that:

- are licensed and regulated by the Colorado Department for Public Health and Environment
- have written policies and procedures that reflect standard quality assurance measures
- can set different standards, and vary in accessibility as a result
- have relationships with other community health agencies for complementary services
- arrange for referral and transfer to other levels of care as needed
- have access to an acute care obstetrical/newborn units nearby hospitals
- are staffed by midwives with any of the three state-regulated credentials (CPM, CM, CNM)
- are a mix of hospital and independently owned; Seasons is the first independent non-profit birth center in the state.
- serve Colorado's most populous cities but draw people from all over; a Pueblo birth center will fill an important gap in the South and Southeast part of the state
- are reimbursed by Medicaid, but the majority of birth centers are not enrolled due to low reimbursement rates limiting access to this model for Medicaid members



A Mother's Choice Midwifery (AMC) provides open access, midwife-led perinatal health care in El Paso County, one of Colorado's most populous counties. Owned and operated by a Black Certified Professional Midwife (soon to be CNM), and fiscally sponsored by Elephant Circle, this is the only Black Owned Open Access clinic in Colorado and the only Perinatal Safe Spot in Colorado. **The Birth Center opens in 2024.**



Seasons provides care in the north Denver metro area. Between 04/2019 – 11/2022 it operated as Seasons Midwifery and Birth Center (SMBC), under venture-capital backed ownership. During that time, 697 babies were born there. The community rallied to save the center from closure and reopened as the non-profit **Seasons Community Birth Center**, fiscally sponsored by Elephant Circle, in January 2023. The center is on track to see 20 births per month by the end of the year.

Pueblo is the largest city in the Southern third of the state. It has twice as many Indigenous and Hispanic people as the state average. It is served by only one labor and delivery hospital unit, down from two, despite population growth and forecasted growth. It is surrounded on three sides with counties that have no hospital or birth center.



b.e.s.o for birth centers

Birth Equity Statewide Operations for Birth Centers



At AMC:

- Nearly all clients identify as BIPOC
- The vast majority have Medicaid as their primary insurance
- Many clients use the open access prenatal and postpartum care and birth in hospital
- Unless they transfer to another provider, all clients return for postpartum care

AMC statistics:

- 0% preterm birth rate
- 0% maternal mortality rate
- 0% infant mortality rate

Recent data collected from AMC clients showed (N=23):

- Participants predominantly identified as Black or African American (n=16, 42%) or Hispanic/Latino/Spanish origin (n=8, 35%)
- Just over half (n=13, 56%) of respondents birthed at home; the rest birthed in the hospital

Families chose a culturally concordant Midwifery Model of Care intentionally

- For all participants, midwifery care was either extremely (n=22, 96%) or moderately (n=1) important
- 91% of all participants (n=21) stated there was a big difference between midwifery care and obstetric care
- Most participants stated that it was extremely (n=14, 65%) or very (n=3, 14%) important to have a midwife that looks like them

Families are having to pay out-of-pocket for this care

- Nearly half of the participants had Medicaid (n=11, 48%)
- 91% (n=21) of participants paid for their care with cash or a credit card and more than half of the participants paid for their midwifery care with cash (n=12, 52%)
- Insurance was a barrier for nearly all participants; most did not have any insurance coverage for community midwifery care (n=17, 74%)

Families sought and received respectful care through 6 weeks postpartum

- Nearly all participants (n=21, 91%) felt it was extremely important to have a midwife who respects their wishes
- 100% of clients reported received respectful maternity care from their midwife at AMC⁹
- 100% of participants felt they were respected in their medical exams, that the midwife asked permission before any medical examination, that the midwife addressed their prenatal concerns, and were not exposed to harsh, rude or threatening language.
- 74% of respondents rated their most recent birth experience as their best birth experience

b.e.s.o for birth centers

Birth Equity Statewide Operations for Birth Centers

SEASONS

Community Birth Center

Perinatal Care at Seasons Midwifery and Birth Center (n = 697)

	Seasons	National	Colorado
Mortality	Maternal Mortality	0	17.4 per 100,00 births
	Infant Mortality	0	11.5 per 100,00 births
Newborn Health	Preterm Birth	total = 2.8% 36-37 weeks = 1.9% <36 weeks = 0.9%	10.5%
	Low Birth Weight	2.4%	9.7%
	Ever Breastfed	8.2%	9.3%
	Breastfeeding at 6 weeks	99%	83%
Labor and Birth Care	Induction of Labor	9.9%	22-31%
	Vaginal Birth	91.8%	22%
	Cesarean Birth	8.2%	67.9%
	Water Birth	32.7%	27.2%
Postpartum care of Medicaid Clients	Medicaid clients who return for 6 week pp visit	99%	unknown
	Medicaid clients who receive postpartum depression screening	99%	35.5%