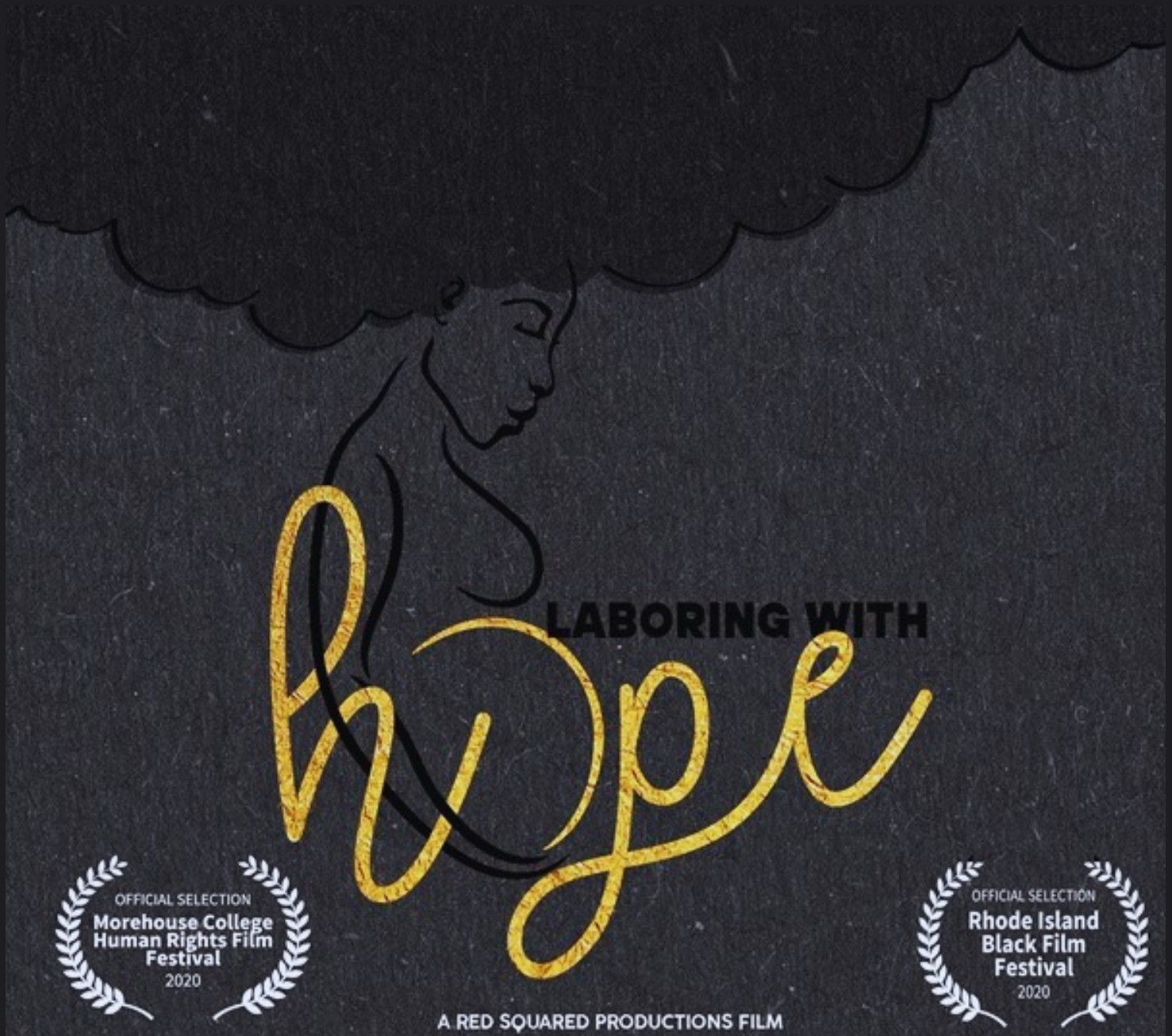


Conversation Guide

Version 1



LABORING WITH HOPE
A Product of Six Dimensions, LLC



About Six Dimensions

Our Mission

Six Dimensions is a woman-owned, minority-owned public health research, development and practice agency focused on supporting better health outcomes for all people and communities by creating strategies that address systemic inequities. We are committed to health equity and social justice as we work to create healthier communities.

Six Dimensions utilizes an ecological approach to developing solutions and strategies to improve the health of communities. We are invested in conducting and ensuring equitable community based research, grounding our practices in evidence, and advocating for equitable policies that will yield systemic change.

Our systems level strategy supports our investment in researching and developing products that are practical and sustainable in the public health and healthcare communities. Our work is concentrated in four (4) interconnected departments:

- Research & Evaluation
- Development & Practice
- Policy & Advocacy
- Maternal Health Initiatives

Our Strategy

We understand the power and value in storytelling and centering the voices of Black women. We also understand the critical and pressing need to improve maternal health outcomes. Laboring with Hope utilizes public health strategy and the art of storytelling to address Black maternal morbidity and mortality.

Our aim is to for this film to serve as a tool to accompany evidence based strategies to improve Black maternal health outcomes.



Introduction

Research shows that Black women are 3-4 times more likely to die from pregnancy related complications than White women. Education, income, nor socioeconomic status are protective factors for Black women. In recent years, more Black women have become empowered to address issues they face within the healthcare system, but systemic action is required to see significant improvements in Black maternal health outcomes. Black maternal morbidity and mortality are multifactorial with systemic oppression being a root cause of the stark inequities.

For many Black women, some of the joys of pregnancy and childbirth are overshadowed by fear and anxiety. *Laboring with Hope* is a short documentary about loss, grief, and the hope for change. The documentary serves as a conversation starter to developing strategies for change. Storytelling is a powerful tool that can support long term change. The goals for this documentary are:

- Increase awareness of issues that contribute to the maternal mortality crisis among Black women
- Influence local, state, federal, and organizational policies to better serve Black women
- Develop and implement training and educational curricula for public health and healthcare professionals
- Engage in collaborative research to develop evidence-based strategies

Laboring with Hope was produced in 2019 and has been shown in a variety of forums and settings, nationwide. This guide is intended to support hard, honest, and action-oriented conversations around the Black maternal health crisis. It is anticipated that viewing the film, coupled with provocative conversation will lead to strategies, actions, and advocacy to better address this crisis in your community.



How to Use this Guide

This guide is intended to support more meaningful conversations that lead to action, no matter how big or small the action may be. *Laboring with Hope* was produced as a strategy to address Black maternal morbidity and mortality. Therefore, it is critically important that upon watching the film, you allot the adequate time to allow the audience to:

- Process raw emotions
- Think critically about their personal and professional roles in improving Black maternal health outcomes
- Engage in honest discussion about systemic racism
- Engage in discussion about current and ongoing strategies and develop new strategies

This document includes some suggested guiding questions. Please adjust, add, or remove as you see fit for your audience.



Setting

Laboring with Hope is twenty-nine (29) minutes long, which is suitable for a variety of settings including workshops, conferences, trainings and classrooms (undergraduate and graduate). It is also suitable for virtual and face-to-face formats.

Workshops and Training

In a workshop or training setting, it is recommended that at least two (2) hours be allotted for showing the film and the discussion. In the event that the workshop or training is primarily focused on maternal health, a half day training is also suitable in order to more solidly define action items and how action items will be implemented and measured.

Classroom

A classroom or community setting is ideal for a showing of *Laboring with Hope*, as the time allotted for class sessions will allow for potentially more than one discussion. A fifty (50) minute setting does not provide enough time to support a meaningful discussion. Therefore, if the course meeting is fifty (50) minutes, it is suggested that at least one additional class session be dedicated to the discussion. Any class meeting of over one hour is ideal for this discussion to lead to action-oriented strategies.

The Black Maternal Mortality Crisis

According to the Centers for Disease Control and Prevention (CDC), in 2018 the maternal mortality rate in the United States was 17.4 per 100,000 live births. There is an extremely wide racial and ethnic gap in the maternal mortality statistics, with Black women accounting for more of the maternal deaths. According to the CDC, the maternal mortality rate for Black women is 37.3 per 100, 000 live births, while the maternal mortality rates for White and Hispanic women are 14.9 and 11.8 respectively.

This wide racial gap in maternal death is multifactorial and very complex. But, research shows that the stark inequities that exist are directly correlated with systemic racism.

As professionals, we live, work and play in systems that grant certain privileges and advantages to individuals and groups based upon race, class, gender and socioeconomic status. Therefore, it takes to time to help early career professionals and long-term professionals come to terms with not only the biases in the system, but also their own personal biases. As you begin the conversation about maternal morbidity and mortality, it is critical that you dedicate time to a discussion about why such a wide racial gap exists and persists.

The following subsections consist of factors that contribute to the inequities in maternal morbidity and mortality. This guide concludes with practical strategies for developing actions to address maternal morbidity and mortality in your own communities. You may choose to discuss each of the factors listed below or only some of them, but it is suggested that you spend time on systemic racism as a basis for your conversation.



Understanding Race & Racism

Data and historical literature often list race as a risk factor for certain health issues and outcomes. Understanding race and racism requires us to challenge race as a risk factor and understand that racism is the driver for racial disparities and inequities. As literature and biology support, race is a social construct that was designed to institute classism and establish groups of people as superior and inferior. In her book *Medical Apartheid*, Dr. Harriet A. Washington provides countless examples of how the concept of race became the standard for classism in the world.

Therefore, when examining risk factors, it is critical to reframe our conversation on racism as a risk factor for poor Black maternal health outcomes.

Racism is not only the overt acts of discrimination and other behavioral actions, but rather the embedding of discriminatory practices into every fabric of society. The overt acts of racism that Black women experience in the healthcare system are a direct result of systemic racist policies, practices and strategies created to continue to oppress Black people.

The guiding questions in this section are intended to promote discussion about lived experiences. Ideally, the Black and Brown voices in the room should be elevated. It is important for participants who do not identify as Black or Brown take the time to listen and understand.

Additionally, non-Black and Brown participants should have space to express their thoughts and experiences. This requires establishing the space as safe and non judgmental. These questions are also intended to challenge participants to look inwardly and face their own biases in a healthy and safe manner. These questions are also intended to challenge participants to look more closely at their work and community environment to identify inequities that contribute to poor Black maternal health outcomes.



Understanding Race & Racism

Guiding Questions

1

What are some ways racism shows up in your work and/or personal life?

Some examples of how overt racism shows up in clinical practice for Black women include:

- Healthcare professionals not listening to and being attentive to the woman's needs. Examples: Kimberly's story from the film, Serena Williams' story, and Kira Johnson's story.
- Healthcare professionals not prescribing pain medications at the same levels to Black women as they do to their White counterparts.
- Certain indices being different for Black people.
- Inappropriate discussions about a patient's personal life (i.e. the number of children they have, their marital status, etc.—these are all stereotypes and unfounded).

3

What ways has racism covertly shown up in your personal and professional life?

Some examples of this may include:

- Employment: being overlooked for a position that you were qualified for.
- Organizational policies that do not support equity in the workplace (i.e. lack of breastfeeding policies and accommodations for lactating mothers).

2

In understanding the lived experiences of Black women in the United States, compared to women of other races and ethnicities, can you identify areas where your biases show up?

- When you notice or feel your biases presenting in your work and personal life, how have you addressed them? This can be positive or negative, the point is to understand our reactions when our biases arise.

This question is for everyone. Ground it in the fact that we all have biases about different races and cultures, and it is important to recognize them when they present themselves.

Note: The Harvard AIT can also help participants better understand their biases.



Historical Foundation

The film addresses such historical events as the slave auction block, the Mississippi Appendectomy, Dr. J. Marion Sims, and wet nurses. These historical events are some of the more prominent events in the mistreatment of black women in the healthcare system. Examining these events from a time progressive standpoint shows how the inequities we see today are rooted in historical trauma.

As we consider and hold space for historical trauma to the Black woman's body, it is important that as we practice, we are constantly reminded of the impact of this trauma on current maternal health outcomes. As you have the conversation about historical trauma, it is suggested that you provide current parallels to better illustrate the connections and challenge participants to approach situations with historical context and use it to guide their interactions with Black women. Parallels to be used could include:

Wet nurses: Black enslaved women nurturing their master's babies has indirect linkages to lower rates of breastfeeding among Black women. Breastfeeding in this manner was not a noble act of nurturing, but rather a painful act of subservency that left their own babies without the nutrients that breastfeeding provides. This historical trauma has been passed down generationally, whether spoken or unspoken.

Reproductive Health & Rights: Enslaved Black women were a commodity because they had the ability to continue to produce "laborers." Additionally, Black women have high rates of hysterectomies. The Mississippi Appendectomy and the North Carolina Sterilization are examples of where women's reproductive rights were taken from them, resulting in their inability to make decisions for themselves. Reproductive rights impact all women, but the bodily autonomy discussion gravely impacts Black women.

Henrietta Lacks & the Tuskegee Syphilis Study: These unethical practices were not long ago. Many Black families have living family members who can remember these unethical studies, treatments and practices. This mistrust of the medical system results in low participation in clinical trials and experimental drug therapies.

Note: The events listed here are not exhaustive, but only a short snapshot of the inequities. If the conversation allows for more time, please add additional historical context to the conversation.

Historical Foundation

Guiding Questions

1

Dr. J. Marion Sims is revered as the Father of Gynecology, we currently benefit from his research, but his research was performed at the expense of the Black woman's body.

In what ways can we hold space for the science, but also have empathy for the historical trauma to the Black body?

2

How do you define bodily autonomy?

3

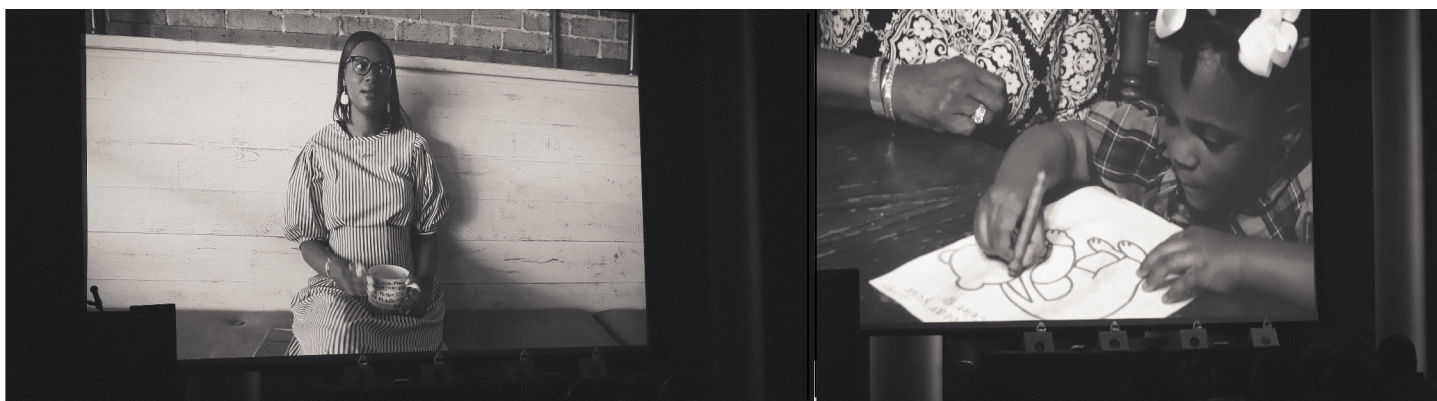
In your work, what are some ways that you can respect a woman's right to make decisions about their reproductive health?



Social Determinants of Health

According to the Centers for Disease Control and Prevention (CDC), social determinants of health are conditions in the places where people, live, learn, work and play that affect a wide range of health and quality-of-life-risks and outcomes. Social determinants of health are the social factors that affect the health of individuals, their families, and their communities. Embedded in social determinants of health are systemic issues that continue to widen the racial gaps in maternal health outcomes.

Social determinants of health that directly impact maternal health outcomes include access to health insurance, the wage gap, access to quality providers, quality of housing, access to education, among many others. Listed below are the top three social determinants of health that we have identified as high priority. We encourage you to examine your community and identify social determinants of health that are of highest priority.



Access to Healthcare

We believe that healthcare should be a right, not a privilege. In the United States, access to health insurance is directly linked to employment type and employment status as opposed to being a basic human need. Therefore, socioeconomic status determines the type of health care a person can receive.

Currently, there are twelve (12) states that have not expanded Medicaid. For states that have not extended Medicaid coverage to twelve (12) months postpartum, women who receive Medicaid benefits are left without coverage after sixty (60) days postpartum. According to Dr. Jamila Taylor's 2020 article entitled *Promoting Better Maternal Health Outcomes by Closing the Medicaid Postpartum Coverage Gap*, about 12% of maternal deaths occurred beyond the first six weeks. There is significant follow up and care that women need beyond the first six weeks to improve maternal health outcomes.

Rural communities experience a severe lack of healthcare services making emergency care and specialty care extremely challenging to access. Additionally, the quality of care a person receives impacts their ability to achieve their desired health. Access to adequate and quality healthcare would significantly improve maternal health outcomes.

Social Determinants of Health



The Wage Gap

According to the U.S. Census, on average, Black women were paid 63% of what non-Hispanic, White men were paid in 2019. The American Association of University Women states that this wage gap, means it takes the typical Black woman 19 months to be paid what the average white man takes home in 12 months. Access to economic security and upward mobility are directly linked to health outcomes. Adequate pay means that a woman earns enough money to not only afford the basic necessities for survival, but also that she has access to a career trajectory of growth and sustainability. This also means that she earns enough to decrease stress related to financial instability.

Neighborhood Environment

Where people live, significantly impacts maternal health outcomes. Some neighborhood factors that impact health outcomes include:

- Safety
- Access to healthy food
- Opportunities for physical activity (sidewalks, playgrounds, and parks)
- Adequate transportation systems
- Healthy and clean water
- Stable and healthy housing (no mold or lead)
- Adequate educational systems

These neighborhood and community factors impact a person's ability to make healthy decisions for themselves and their families.

Social Determinants of Health

Guiding Questions

1

Do you work in the community you serve?

If not, what do you do to show those that you serve that you are invested in the health of their community?

This question is to help participants understand the importance of being involved and invested in the communities they serve.

3

How can providers (healthcare and other service providers) help bridge the gap between their services and the community to ensure that Black women have access to the resources to support better health outcomes?

This question is intended to help participants think more about areas where they can make even small improvements to support better health outcomes for Black women.

2

Take a moment to assess the community you serve/work in. Describe some of the barriers that women of reproductive age may face.

Consider:

- Are their grocery stores in the area?
- What type of food is available?
- Where is the nearest hospital?
- Is the hospital easily accessible?
- Is there a reliable transportation system?
- What is the quality of the education system?
- How many OB/GYNs are in the community?
- What is the primary industry/workforce?



Developing Sustainable Strategies

As you have this discussion and consider what your communities need, keep in mind that even the small changes yield positive progress. The steps listed below are practical and very common public health steps for implementing change.



Take inventory of your community

Review maternal health data and determine the most pressing issues in your community. A good place to start with gathering this data would be your state's Maternal Mortality Review Committee and/or Health Department.

If you are in a clinical setting, reviewing your internal hospital data on maternal morbidity and mortality will also provide the necessary data. In taking inventory of your community, aim to align the data with social factors that may influence health outcomes.

Determine your capacity to create change

The socio ecological model is a public health framework that can help you examine each level of your community and determine your impact. When determining your capacity to create change, consider:

- What other similar services are available in the community?
- What gaps in services and care exist?
- Who are the key players and what is their influence?
- What does the population want?
- What are the immediate need of the population?

Commit to anti-racist practices

Examine your organization, its operations, practices and policies and commit to continuously evolving and improving. The way you operate internally impacts the services that you provide externally.

Resources

As you talk through strategies for change, we have added some additional resources from our work with Black women that may support your work. Over the past several years we have had a variety of conversations with Black women along their journey to and through motherhood. We documented those conversations with digital graphic recording. We also took the information we learned from those conversations and created action items."

We have provided downloadable access to our work with Black mothers to use as a resource for creating strategies. We have also provided you access to a database of peer reviewed journal articles around Black maternal health.

- Click [here](#) to access Let's Talk Black Motherhood graphic recordings and Creating Positive Parenting Experiences: From the Voices of Black Mother
- Click [here](#) to access a database of peer reviewed journal articles about maternal health

We appreciate your work to decrease inequities in maternal health.

Contact Us

Six Dimensions, LLC

P.O. Box 272 Ridgeland, MS 39158

662-987-0444

www.laboringwithhope.com

www.sixdims.com

info@sixdims.com | nburse@sixdims.com

