Welcome!
Dear Friends,

On behalf of the Maternal Health Learning and Innovation Center (MHLIC), we welcome you to the second National Maternal Health Innovation Symposium. We are pleased to work in collaboration with the Health Resources and Services Administration (HRSA) and with HRSA-funded state Maternal Health Innovation and Rural Maternity and Obstetrics Management Strategies Programs.

The Center’s mission is to foster collaboration and learning among diverse stakeholders to accelerate evidence-informed interventions advancing equitable maternal health outcomes through engagement, innovation, and policy. Our hope is that the National Maternal Health Innovation Symposium will help us advance this mission and will grow to become a trusted, evidence-driven, and community-centered space for maternal health professionals and others invested in the well-being of families to connect, recharge, and to advance maternal health equity in the communities in which they serve and support.

This year, we are connecting virtually again. While we’re disappointed not to be in person, we are so grateful that connecting via our conference platform allows so many people to participate. Wherever you are connecting from, you’ll hear from passionate and talented speakers helping tell the story of maternal health—where we are and where we need to go. We’ve added concurrent workshop sessions to the program for the first time this year and have more than 20 workshop sessions to choose from. And, through on-demand Spark Session videos, you’ll hear about innovations to improve maternal health systems from across the country.

We are grateful to our MHLIC partner organizations, HRSA partners, the Symposium Planning Committee, our virtual exhibitors, all the Symposium speakers, and everyone working towards maternal health equity. We hope you will enjoy the Symposium, be inspired by the stories you hear, and continue to connect with MHLIC at maternalhealthlearning.org until we can meet again.

With gratitude,

Dorothy Cilenti
DrPH, MSW, MPH
Director

Alison Stuebe
MD, MSc
Co-Director

Sarah Verbiest
DrPH, MSW, MPH
Co-Director
The mission of the Maternal Health Learning and Innovation Center (MHLIC) is to foster collaboration and learning among diverse stakeholders to accelerate evidence-informed interventions advancing equitable maternal health outcomes through engagement, innovation, and policy.

The Center’s central goal is to provide a continuum of learning opportunities that enhance the capacity of all maternal health practitioners across the country. Established in November 2019, MHLIC aims to advance federal and state-level efforts to eliminate preventable maternal deaths and reduce severe maternal morbidity, using equity as the cornerstone of all services. We actively work to center antiracist principles and continuous intercultural development.

MHLIC directly supports twelve HRSA-funded collaborating partners in nine states and three rural regions with information and capacity-building resources. In addition, MHLIC also serves as a national hub to connect maternal health learners with maternal health “doers” across the country, cataloging and disseminating best practices related to maternal health improvement.

Comprised of a multidisciplinary team of capacity-building and maternal health experts from around the country, with a central hub at the University of North Carolina at Chapel Hill, MHLIC provides resources and capacity-building assistance in three specific areas: maternal health policy, community and provider engagement, and maternal health innovations. Our team includes maternal health, policy, innovation, engagement and implementation experts from the American College of Obstetricians and Gynecologists (ACOG), Association of Maternal and Child Health Programs (AMCHP), Georgia Health Policy Center, R.A.C.E. for Equity, Reaching Our Sisters Everywhere (ROSE), PH Solutions, UNC Gillings School of Global Public Health, the Jordan Institute for Families at the UNC School of Social Work, and the UNC School of Medicine.
Monday, August 30, 2021

9:00 AM-5:00 PM  Virtual Exhibit Hall Open

10:00 AM-12:00 PM  State MHI/RMOMS Pre-Meeting
This session is open to attendees affiliated with State MHI or RMOMS programs.

1:00-1:30 PM  Welcoming Remarks

1:30-2:30 PM  General Session: Learning from Local Initiatives to Improve Maternal Health

2:30-2:45 PM  Networking Break

2:45-3:45 PM  Concurrent Workshops

3:45-4:00 PM  Break

4:00-5:00 PM  General Session: Building More Equitable Organizations to Support Maternal Health
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  - Emergency Relief Efforts to Support Maternal Health in Home Visiting  
  - “The Centering Pregnancy Telehealth Group Care Model” Guidance for Adapting in Person Prenatal Groups to a Virtual Group |
| **Session F:** Engaging Providers to Improve Maternal Health |
| **Session G:** Towards Precision Maternal Health: The U.S. Maternal Vulnerability Index |
| **Session H:** Opportunities to advanced maternal health equity through patient-centered systems design |
| **Session I:** Careers in Maternal Health: A Special Session for Students & Early Career Professionals |
As a continuous learning organization, MHLIC believes in co-creation of impactful content. We are always on the lookout for existing maternal health resources we can highlight.

Our goal is to lift up and link to the existing and emerging resources available from partners across the country.

If you have a resource you’d like to see added, contact us.
Tuesday, August 31, 2021

9:00 AM–5:00 PM: Virtual Exhibit Hall Open

9:30–9:45 AM: Welcome & Opening Remarks

9:45–10:45 AM: General Session: Male Engagement to Improve Maternal Health

10:45–11:00 AM: Break

11:00–11:30 AM: Mind & Body Boost

During this time, attendees can choose between two interactive sessions:
  • Chair Yoga & Guided Meditation: Join a gentle chair yoga and guided meditation from your desk.
  • Maternal Health Meet & Mingle: Join fellow conference attendees in discussing maternal health topics of interest in Zoom Rooms. Use guided questions to meet new people or just jump in with your own questions.

12:15–1:30 PM: General Session: Leveraging Policy to Achieve Maternal Health Equity

1:30–1:45 PM: Break

1:45–2:45 PM: Concurrent Workshops

2:45–3:00 PM: Break

3:00–4:00 PM: Concurrent Workshops

4:00–4:15 PM: Break

4:15–5:30 PM: Closing General Session – Sonya Renee Taylor
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## Leveraging Policy to Achieve Maternal Health Equity

**Speakers:**
- Jamila Taylor
- Breana Lipscomb
- Kichelle Webster

Policies in the U.S. have caused and exacerbated racial inequities in maternal health outcomes. With intention, policy can be leveraged to counter structural racism and achieve maternal health equity. Some examples of federal and state policy approaches that would help the U.S. achieve maternal health equity include passage of the Black Maternal Health Momnibus Act and the extension of Medicaid coverage to 12 months postpartum.

## Male Engagement to Improve Maternal Health

**Speakers:**
- Wesley Bugg
- Charles Daniels
- Calvin Williams

Men have great potential to proactively support and improve maternal health. Join this panel of male maternal health advocates as they provide concrete examples of male engagement in pregnancy and postpartum support, including challenges and inspiring successes.

## Building More Equitable Organizations to Support Maternal Health

**Speakers:**
- Stacy Scott
- Divine Shelton
- Nakeitra Burse

With data consistently showing that Black and Indigenous women are 2-3 times more likely to die due to pregnancy-related complications compared to White women, addressing health disparities in maternal health is an essential component of our collective work. Can we truly expect to address the inequities in health outcomes if we don’t fix the inequities within our own organizations? During this panel presentation, speakers will share challenges and opportunities for health organizations to truly become equity aligned organizations and why this is a necessary step for improving maternal health outcomes. Speakers will share specific tools they’ve developed to support organizations in their work toward equity alignment, as well as lessons learned from their own organizational journeys.

## Learning from Local Initiatives to Improve Maternal Health

**Speakers:**
- David Fakuhnle
- Teneele Bailey
- Ana Rodney

Improving maternal health outcomes requires investment and action at many different levels, including at the local level. In this opening session, panelists from the host city of the National Maternal Health Innovation Symposium, Baltimore, Maryland, will discuss challenges and community-informed solutions to support maternal health.
A Focus on Indigenous Birth Work

Speakers: Marinah Farrell

An overview of indigenous birthworkers and the movement to reclaim sovereignty for birth and reproductive health.

A Holistic Approach to Maternal Health in Rural Indiana

Speakers: Heather M. Grable, Joanah Wischmeier, Kasia Jayjack

The Indiana Rural Health Association (IRHA) has implemented Healthy Start Communities that C.A.R.E. (HSCC) into four rural Indiana counties. Through this grant from HRSA, we have placed family nurse practitioners (FNP) and a licensed clinical social worker (LCSW) to serve pregnant women, postpartum women, and women of child-bearing age. By taking a holistic approach to maternal health through behavioral, mental, and clinical services, there has been an increase in access to care through these providers to provide an enhanced level of healthcare services. FNP and LCSW services are of no cost to women in the targeted geographic area, eliminating previous barriers to health insurance and access to care. HSCC has improved health literacy to Spanish-speaking populations through bilingual providers to assure quality of care and health care services and overcome language barriers. HSCC’s LCSW has supported and continues to support women, addressing behavioral/mental health concerns by providing trauma-informed care and identifying impacts of COVID-19 on overall maternal mental health. This presentation will give an overview of the implementation of these providers into HSCC, the barriers encountered, and accomplishments achieved.

Addressing Maternal Mortality and Morbidity through Father Engagement

Speakers: Latrice Rollins

Georgia has one of the highest mortality rates among Black mothers and infants in the nation. Despite extensive practice guidance and research evidence on the positive impact of father involvement on perinatal health disparities, involving fathers, specifically Black fathers, is one of the least explored, articulated, and therefore implemented, aspects of maternal/child health services. Additionally, the health and social services system as a whole is currently not equipped to involve Black fathers in a way that is supportive to the fathers themselves, which in turn impacts their ability to support mothers’ and children’s health and well-being. This session will describe strategies and lessons learned from two community-based participatory research projects to address the high rates of Black maternal morbidity and mortality in Georgia through father engagement in maternal and child health services. Using a community-based participatory research approach through a collective impact framework, we assessed the father-friendliness of 4 diverse, maternal and child health providers, identified father-specific programs and resources in Georgia, and implemented breastfeeding and nutrition education for expectant mothers and fathers in the Healthy Start Programs in Georgia.
### Addressing Postpartum Behavioral Health Needs in an Innovative Two-Generation Primary Care Clinic

**Speakers:**
- Anne Elizabeth Glassgow

Primary care clinics often offer limited behavioral health care, particularly for postpartum women. In October 2020, we opened an innovative Two-Generation Clinic that integrates behavioral health and primary care for postpartum women and their infants. The Two-Generation Clinic is located at UI Health, an urban safety net healthcare system that serves many of the poorest communities in Chicago. Providing integrated care for postpartum women in an urban area with limited behavioral health resources increases access to care and utilization. The multidisciplinary team includes primary care physicians, psychiatrists, obstetricians, bilingual social workers, advance practice nurses, and community health workers. Primary care is provided to women and their infants. All women receive comprehensive behavioral health screening (mental health, trauma/PTSD, substance use, violence, and social determinants of health) and are offered social work support, counseling, and psychiatry services. All women in the clinic receive at least one contact with a social worker and a psychiatrist reviews all behavioral health screenings. The model includes weekly multidisciplinary team meetings to review all patients and develop care recommendations. We will present the Two-Generation Clinic model of care, describe the implementation of the model, and provide case presentations.

### Careers in Maternal Health

**Speakers:**
- Siani Antoine
- Kelli Sheppard
- Abby Cannon
- Alyson Northrup

Learn about the various career paths in maternal health in a moderated panel discussion. This workshop will highlight the career paths of three panelists. Panelists represent a range of careers including health communications/media, public policy and government affairs, community engagement, and project evaluation/monitoring. Our unique panel will expose you to numerous careers in maternal health outside of the hospital setting with an open Q&A at the end.

### Centering Women’s Voices in Maternity Care Quality Improvement

**Speakers:**
- Kuann Fawkes
- Chanel Porchia-Albert
- Poulette Brewste
- Kristina Wint

In 2016, the Alliance for Innovation on Maternal Health (AIM) released the patient safety bundle: Reduction of Peripartum Racial/Ethnic Disparities (RPRED). This bundle provides hospitals and health professionals with strategies to understand and begin to intervene in health disparities that systematically and negatively affect women of color. Reducing racial and ethnic disparities and advancing health equity requires authentic partnership between the communities served by the hospitals, the hospital, and health professionals. These partnerships are the foundation for change and require investment, transparency, and openness to build and restore trust. However, this process is not included as a foundational aspect of the bundle. The purpose of this presentation is to share process and findings from a demonstration project of the RPRED bundle that centers the voices of people who birth in hospital quality improvement efforts. By the end of the workshop, participants will be able to identify key steps in building trust between birth hospitals and the community organizations that serve birthing people in those respective hospitals and begin to explore opportunities for transforming accountability.

### Charting the Course for Equity and Innovation in Maternal Health and Families in the Workplace

**Speakers:**
- Averjill Rookwood

Workplace practices, policies and benefits are often constructed in a silo that ignores the specific needs of the employee population at large and instead focuses on risk aversion and cost containment without digging deeper for root cause. In the modern workplace an overwhelming majority of employees are parents and yet women specifically are forced to navigate inequitable and impractical policies, benefit practices and cultural norms.

This workshop will highlight the ways that maternal health, family forming and family sustaining at work is currently steeped in implicit bias and explore paths forward that require a strategic approach to create and protect maternal health and balance at any point in the continuum.
Compensating Hospitals for Work on Quality Improvement Initiatives: Who, How, and When?

**Speakers:**
- Andreea Creanga
- Allison Lorenz
- Diane Feeney
- Elliott Main

This workshop will discuss ways in which hospitals and obstetric providers can be compensated for participation in quality improvement (QI) initiatives and adoption of evidence-based practices to prevent adverse maternal outcomes and reduce outcome disparities in the US. Dr. Andreea Creanga will introduce the topic, presenters and moderate the discussion. Building on his experience with hospital QI and state-based quality collaboratives in California, Dr. Main will discuss compensation mechanisms like Medicaid waivers and health plan incentives. Ms. Allison Lorenz will use examples from her work in Ohio (e.g. GDM Collaborative, implementation of the severe hypertension AIM bundle) to describe modalities to motivate the long-term participation of obstetric providers and hospitals in statewide QI projects. Ms. Diane Feeney will share experience with Maryland's Health Services Cost Review Commission use of financial incentives for hospitals, including a hybrid reward/penalty model for reducing preventable readmissions in Maryland hospitals. A 20-min Q&A session will follow.

Conversational Capacity: A Simple Communication Technique to Improve Conversations and Deepen Understanding

**Speakers:**
- Amy Mullenix

In any communication exchange there is the potential to hit a 'sweet spot' where conversations are balanced, open, and non-defensive. These are the most productive conversations. This session is about how to achieve this sweet spot. This skill-building workshop will enhance participants' communication skills by deepening understanding of traditional "winning-minimizing" communication behaviors, followed by brief exercises that illustrate how participants can actively employ "candor-curiousity" behaviors in order to reduce unproductive behaviors and increase engagement during difficult conversations. The use of the "candor-curiosity" approach to ensure equity is centered and all voices are heard will be discussed. As time and format allows, participants will practice the "Advocate-Explain-Test-Inquire" conversation cycle with partners or in small groups. Participants in this session should experience more success in challenging conversations as they continue to practice this skill, and correspondingly enhanced effectiveness, higher job satisfaction, lower stress, and more energy for creatively fulfilling their maternal health mission.

Coordination of Federal Programs to Maximize Maternal Health Improvement Initiatives across the United States

**Speakers:**
- Kimberly Sherman
- Sandra Lloyd
- Tegan Callahan
- Julie Zaharatos

This workshop will provide an overview of current federal maternal health programs supported by the Department of Health and Human Services Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). Specifically, staff from the HRSA/Maternal and Child Health Bureau (MCHB) and CDC/Division of Reproductive Health (DRH) will discuss efforts to coordinate federal programs to maximize impact across the United States. Presenters will provide specific examples of coordination efforts, shared program measures approaches, and aligned goals. Participants will be provided an opportunity to provide feedback on how further alignment nationally could support alignment of initiatives at the state and local levels. High level, emerging program priorities will also be shared and there will be an opportunity for participants to provide feedback and suggestions for consideration related to future program enhancements and new program development.
COVID Response Sessions: Emergency Relief Efforts to Support Maternal Health in Home Visiting & “The Centering Pregnancy Telehealth Group Care Model” Guidance for Adapting in Person Prenatal Groups to a Virtual Group

Speakers:
Anne Peterson
Sharon Sprinkle
Lynn Scheidenhelm

This session will highlight innovative strategies employed by Nurse-Family Partnership (NFP) to address the digital divide and economic implications of the COVID-19 pandemic among clients. With the transition to telehealth and the economic downturn during the pandemic, a gap in NFP’s ability to fully meet client needs emerged.

This presentation will also discuss creative, engaging and fun ways to adapt pregnancy medical group care to a virtual format based on the Centering model of group care. The Centering model is based on facilitative rather than a didactic model of medical care. We will walk through ideas for facilitating engaging groups with welcoming openings, how to create a safe and inclusive space, interactive learning activities, mindfulness, community building, the private 1:1 clinical assessment time and a closing. Virtual group care is a way to help manage social determinants of health, such as transportation and childcare, as well as social isolation during pregnancy that have impacted health access for patients in both urban and rural settings.

COVID Response Sessions: Going Virtual with the Maternal Telehealth Access Project

Speakers:
Juan Michelle Martin
OlaWale & Tia Ajao
Jacqueline Lambert

Three maternal health organizations (Let’s Talk Baby Café, Hello Baby Baltimore, and JMM Health Solutions, LLC) discuss their work bridging geographical and cultural challenges to improve maternal health through education and services related to perinatal health. Examples include the provision of virtual services, using games to educate family members, and the importance of pelvic floor health to encourage thriving mothers. All three presenters were awardees of the HRSA-funded Maternal Telehealth Access Project: Collaboration and Innovation for Equity and Healthy Families (Grant # H7EMC37564), a collaborative initiative with several partnering agencies aimed at ensuring that women at highest risk are receiving quality maternal care services via telehealth during the COVID-19 pandemic. This panel will reflect on that work and additional strides since MTAP ended.

Engaging a Lived Experience Advisory Group in a Maternal Telehealth Program Evaluation

Speakers:
Deitre Epps
Amber Pendergraph
Averjill Rookwood
Rakiah Anderson

The Maternal Telehealth Access Project aimed to increase access to virtual perinatal services and supports to women at greatest risk of maternal mortality and morbidity, including women of color and women who live in rural and frontier communities during COVID-19.

The lead evaluator, RACE for Equity, developed an equitable, results-based evaluation approach incorporating the Results Based Accountability framework and principles of Culturally Responsive Evaluation to understand how well MTAP funding met the needs of intended communities. A critical part of the approach included engaging community members in the Lived Experience Advisory Group (LEAG). The LEAG provided recommendations and key information to the evaluation team to ensure quality, useful, and credible evaluation findings.

In this workshop, select members of the LEAG and the LEAG planning team will describe the importance and feasibility of the LEAG, including the process of engaging 13 LEAG members in monthly meetings, the importance of building an evaluation team that has a meaningful connection to the lived experience of the stakeholder community, and key lessons learned to inform future engagement opportunities.
### Engaging Level I Hospitals in a Pandemic: How Iowa Recruited Hospitals to Join AIM

**Speakers:**
Debra Kane  
Stephanie Trusty  
Stephanie Radke  
Jill Henkle

Amidst a pandemic that had hospitals stretched thin and over capacity, Iowa joined the AIM program and began to recruit hospitals to participate in the first safety bundle: Reducing Primary Cesarean Births. Despite the challenges faced by hospitals across the state, 43 of 57 birthing hospitals in Iowa agreed to participate in our first safety bundle! This level of participation accounts for over 93% of all Iowa births. This session will outline specific strategies employed by the Iowa AIM team to engage hospitals, and an overview of our brand new maternal health data center.

### Engaging Providers to Improve Maternal Health

**Speakers:**
David C. Lagrew, Jr.

Successful engagement of providers in adopting best practices in care often is the most common reason for quality improvement failures. We will explore the most common causes of poor engagement leading to these results. The importance of supporting efforts with the correct selection and sharing of clinical data will be emphasized. Methods for persuading physicians to become champions and join team based care and quality improvement efforts, will be specifically addressed.

### Improving the Quality and Expanding the Delivery of Warning Signs Education for Pregnant and Postpartum Patients and Their Families: Innovations from Four States

**Speakers:**
Jennifer Callaghan-Koru  
Heidi Christensen  
Anne Elizabeth Glassgow  
Reena Oza-Frank

Patient education on the warning signs of maternal complications is a recommended strategy to reduce preventable maternal deaths. During this session, four states with Maternal Health Innovation awards (Arizona, Illinois, Maryland, and Ohio) will present their warning signs education programs. The workshop will address considerations for selecting and adapting educational materials, multi-level delivery strategies for warning signs education, equity considerations including health literacy and cultural competency, and evaluation approaches. This workshop will highlight the unique program components of each state, providing a “landscape” of innovations for other states and organizations to consider adapting for their own programs.
Leading with Race: Shifting Gears in Community Engagement

Speakers:
Karinda Roebuck
Ellen Chetwynd
Stephanie Terry

The health care system continues to struggle to overcome disparate maternal health outcomes as there is not a human rights based approach to health care. Equity for Moms and Babies Realized Across Chatham (EMBRACe) is a grant-funded project that aims to achieve equitable birth outcomes for women through the alignment of systems and services across five local health and social services institutions. EMBRACe partnered with a local racial equity organization, Chatham Organizing for Racial Equity (CORE) to center racial equity in all aspects of the project’s work. We will focus on how this partnership reimagined equity and community engagement for EMBRACe partner organizations. CORE helped to create a learning community grounded in Reproductive Justice and human-rights principles. Within this framework, EMBRACe now leads with race and has redefine community engagement to be community–led rather than community informed enacting the liberating theory of relational power through Story Circles. Sharing personal stories addresses the unreconciled and unaddressed racial trauma experienced throughout the entire perinatal experience. There is strength and power in the collective stories and showing women that collective power and how to harness that power is a step towards shifting power dynamics from institutions to the women themselves. Relational power is trusting Black and Brown women to know what is best for themselves and following their lead in how our institutions are constructed. We believe that communities of color in Chatham County hold the key to a maternal health policy and practice agenda that honors and exemplifies the human right of all women to achieve the best possible reproductive health outcomes.

Moving Upstream: Strategies for Improving Maternal Health Before Pregnancy

Speakers:
Sarah Verbiest
Belinda Pettiford
Joyce Marshall
Omar M. Young

Maternal mortality review committee findings as well as the U.S. Surgeon General’s Office continue to identify improving women’s health before pregnancy as a key area of intervention in maternal mortality prevention. Panelists will share strategies for addressing this important and yet neglected area of focus. Speakers will share their experiences working on several projects focused on improving health care during the preconception and interconception periods. This includes discussion of the HRSA MCHB–funded Preconception Collaborative Innovation and Improvement project which worked to develop, implement, and disseminate a woman-centered, clinician-engaged, community-involved approach to the well-woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color. This initiative included both local clinical sites and state–level teams including Oklahoma and North Carolina (2 MHI states). The presenters will discuss the work of a new collaborative funded by WK Kellogg Foundation focused on improving care for women of reproductive age living with chronic conditions as well as insights from focus groups with this population funded by a PCORI engagement study. Presenters will discuss on-going challenges and opportunities in this space, and engage participants in a discussion of how to move further upstream to improve maternal health.

Opportunities to Advance Maternal Health Equity Through Patient-Centered Systems Design

Speakers:
M. Kathryn Menard
Velma V. Taormina
Kimberly DeBerry
Cathy Locklear
Tonya Dennis
Belinda Pettiford

In 2011, North Carolina Medicaid partnered with Community Care of NC, a provider-led entity with decades of experience supporting community-based health care delivery systems, to design and launch the NC Pregnancy Medical Home (PMH) program. The aim of this public/private partnership was to improve the quality of care for pregnant Medicaid beneficiaries, improve birth outcomes and reduce healthcare costs. Working in collaboration with the Department of Public Health, the PMH program engages maternity care providers in quality improvement efforts and provides community-based care management focusing services with those most likely to benefit. The PMH program has received much national attention as the largest and longest running program of its kind for its potential to advance health equity and improve maternal outcomes. Ten years later, the PMH program will be retired as NC Medicaid transitions from a statewide fee–for-service system to delivery of service through five prepaid health plans. There was an abundance of lessons learned during the design and implementation of the PMH program. The focus of this presentation will be sharing what we would do differently if we were to design the program today, particularly as it relates to community engagement and opportunities to advance health equity.
Prioritizing Mental Health to Better Serve Black Mothers: A Call to Action

Speakers: Courtnie Carter Criss Sutton

During this session, presenter Courtnie Carter will discuss her lived experience as a Black mother of two boys living in North Carolina. During the COVID-19 pandemic, Black women and mothers in her community were especially vulnerable to mental health concerns and crises. Carter will share her experiences with the lack of mental health services during her own birth journey in the weeks before COVID-19 shut down. To address these challenges, we must find innovative ways to screen Black women for mental health distress, elevate the voices of Black women when they share their mental health concerns, and provide special attention to Black women's mental health prior, during, and after birth. In this session, Carter will share some approaches that maternal health providers might use to implement more culturally competent care in their practice by sharing her own perspective and lived experience.

After hearing the Call to Action, presenters and attendees will have a chance to discuss challenges to supporting maternal mental health in their own communities, especially among Black mothers, and begin to discuss ways to respond to the Call to Action.

Ritualizing Change: Turning the Tide on Maternal Mortality through Community Healing, Design for Equity, Cyphers and Primary Interventions

Speakers: Sevonna Brown Chanel Porchia-Albert Indra Luserro Issachar Curbeon

Black, Indigenous, and People of Color (BIPOC) are dying at alarming rates due to the maternal mortality crisis, and these deaths only reflect the tip of the iceberg in terms of other forms of harm constituting obstetric violence and discrimination. This workshop focuses on building a strong foundation and infrastructure for addressing these harms through an integrated and sustainable anti-violence, trauma-informed lens. During this session we will explore and discuss the use of community-based technologies, cultural artifacts, and creative innovations to address perinatal health in community settings. Examples of strategies include ciphers, mobile health units, and arts-based practices that create sacred space for birthing justice in Brooklyn. We will focus on the communities with the highest severe maternal morbidity and highest rates of complications, BIPOC families in Brooklyn. The need for community-based solutions and improved outcomes in this area is extreme and as a result, this community has a wealth of insight and expertise that is essential to designing a more equitable primary care model.

Social Determinants of Health in Perinatal Care: Leading with Resources

Speakers: Kristin Tully Carolina Gill Fernanda Maria Ochoa Toro Kelly Umstead

Alongside the opportunity for promoting and protecting health, there are challenges and potential harms of engaging patients around Social Determinants of Health (SDoH). This study identified patient and clinician perspectives on how assessment might best be conducted in maternity care and how needs might be most effectively addressed. The setting for this research was a prenatal clinic and in the surrounding community of a University teaching hospital in the Southeastern United States. Data were collected through semi-structured interviews, focus groups, and a workshop with a total of 19 English- and Spanish-speaking maternal patients and 13 clinicians between March 2019 and February 2020. Participants suggested that SDoH resources are available, all patients should be screened as part of integrated health assessments, early in care and periodically. Screening should not be conducted for issues that clinicians are not prepared to respond to with empathy and with protocols for addressing urgent, immediate needs and with details on how patients can connect to sustained programs. Patients desire for SDoH strengths and challenges to be normalized by their clinicians, including affirmed awareness that circumstances may change. Patients want clinicians to be proactively transparent with the purpose/s of SDoH screening.
The EMPATHS Perinatal Substance Use Pilot Study

Speakers:
C.H. Tersh McCracken
Joe Salyer
Sarah Reese
Stephanie Fitch

With data consistently showing that Black and Indigenous women are disproportionately affected by perinatal substance use, this session will outline the lessons learned while implementing universal screening, brief intervention, and referral to treatment (SBIRT) for pregnant women struggling with substance use in an OB/GYN setting. For this presentation, we will provide an overview of the impact of perinatal substance use. We will then present the evidence supporting universal screening for substance use via a standardized self-report assessment tool in pregnancy. We will discuss the process of program design and the barriers and facilitators of implementing the program and the process of collaborating with community partners. Finally, we will discuss the process of working directly with patients participating in this program. Those who attend this presentation will leave with key takeaways they can apply when considering implementing SBIRT in their clinical settings.

Towards Precision Maternal Health: The U.S. Maternal Vulnerability Index

Speakers:
Jordan Downey
Pulkit Agarwal
Valerie C. Valerio

Maternal mortality is unacceptably high in the U.S., and disproportionately impacts Black women at 2-4 times the rate of White women. To improve outcomes, we must better understand why mothers are dying. Structural and environmental factors that influence maternal health contribute to what we call maternal vulnerability. The Maternal Vulnerability Index (MVI) is the first county-level open-source tool to identify not only where, but why mothers in the U.S. are vulnerable to poor outcomes.

The MVI consists of six themes built with over 40 county- and state-level indicators associated with maternal health outcomes. Stakeholders can use the MVI to pinpoint vulnerable communities and target interventions to reach each population. The index’s modular themes contextualize which factors matter most in each county. Using the MVI, we found that vulnerability is highest in the South, for rural communities, and for Black women. We analyzed individual-level maternal mortality data to validate the index and further understand racial inequity in maternal outcomes. We found that even Black women in the least vulnerable counties are at higher risk of mortality than White women in the most vulnerable counties, highlighting the need for interventions targeted towards improving the perinatal experience for Black women.

Using Whole-System Maps to Deepen Understanding of Maternal Health Services in a Complex System

Speakers:
Amy Mullenix
Jimmy Dills

This workshop will provide an overview of systems thinking, then describe how maternal health leaders can engage with stakeholders using a simple tool that can deepen understanding of service provision in a given area. This allows regional or state-level multi-sector collaboratives to visualize the current range of services available. It positions stakeholders to see complementary system components as well as identify service gaps and duplications. One benefit of this mapping technique is that it is a low-tech activity that can easily be facilitated without advanced software (whole-system maps are most often created in Excel or MS Word). The session will walk through a sample whole system map, illustrating how each partner/stakeholder fills out one row of table for a clearly identified target population, answering questions such as: What happens for this population in my agency? For whom exactly do we provide these services? Where are the services provided? When? (What triggers entry, frequency, exit, etc.) The map “maker”/maternal health leader then takes additional steps to aggregate all data and provide a completed map back to the stakeholders, and can also provide a series of “next step” facilitation questions for discussion and action.
Following North Carolina Birth Journeys: Implications for Health, Telehealth, and Other Socio-Technical Solutions with Amelia Gibson, Ph.D., UNC Chapel Hill

Addressing perinatal mood disorders through a scalable, research-based digital solution with Anne Wanlund, MALD, Canopie

Preparing Black Women and Birthing Individuals for Birth, Breastfeeding, and Beyond Virtually with Ayanna Robinson, Ph.D., MPH, Black Girls’ Breastfeeding Club

The Native Good Birth Project with Bridget Basile Ibrahim, PhD, MA, RN, FNP-BC and Rebekah Dunlap, RN, BSN, University of Minnesota School of Public Health & Rural Health Research Center

Implementation of Severe Maternal Morbidity Surveillance and Review Pilot Program in Maryland with Carrie Wolfson, MPA and Gunes Koru, PhD, Maryland Health Innovation Program (MDMOM), Johns Hopkins University

Explaining the Positive Relationship Between State-Level Paid Family Leave and Mental Health with Elizabeth Coombs, MPP, Mission Analytics Group

Incorporating Geospatial Social Determinants of Health Data into Maternal Mortality Review with Katharine (Kayla) Bruce, MPH, Louisiana Department of Health, Office of Public Health, Bureau of Family Health

The Breastfeeding Family Friendly Communities (BFFC) Initiative with Love Anderson, BS, LCE, CHW, Breastfeeding Family Friendly Communities

Cooperativa Raíces para el Cambio / Roots4Change Co-op: Creating equitable, sustainable, and culturally relevant approaches to maternal & child health care before, during, and post COVID-19 with Nikki Prado Solano, BS, Roots4Change Co-Op & The University of Wisconsin–Madison

Telling the Whole Story: Integration of Informant Interviews and Perinatal Risk Assessment Data into New Jersey Maternal Mortality Review Committee Case Summaries with Renee Kraus, MPH, BSN, RN, New Jersey Department of Health

Ritualizing Change: Turning the Tide on Maternal Mortality through Community Healing, Design for Equity, Cyphers and Primary Interventions with Sevonna Brown, Doula, Black Women’s Blueprint

Mobile and Virtual Simulation Innovations with Stephanie Fitch, MHA, MS, LAC and C.H.Tersh McCracken III, MD, FACOG, Billings Clinic
Sonya Renee Taylor is the Founder and Radical Executive Officer of The Body is Not An Apology, an international movement and organization committed to radical self-love and body empowerment as the foundational tool for social justice and global transformation. She is the author of The Body Is Not an Apology: The Power of Radical Self-Love. Sonya’s work as an award winning Performance Poet, activist and transformational leader continues to have global reach. Sonya is a former national and international poetry slam champion, author, educator and activist who has mesmerized audiences across the US, New Zealand, Australia, Germany, England, Scotland, Sweden, Canada and the Netherlands as well as in prisons, mental health treatment facilities, homeless shelters, universities, festivals and public schools across the globe.

Believing in the power of art as a vehicle for social change, Sonya has been widely recognized for her work as a change agent. She was named one of Planned Parenthood’s 99 Dream Keepers in 2015 as well as a Planned Parenthood Generation Action’s 2015 Outstanding Partner awardee. She was named one of the 12 Women Who Paved the Way for Body Positivity by Bustle Magazine and in September 2015, she was honored as a YBCA 100, an annual compilation of creative minds, makers, and pioneers who are asking the questions and making the provocations that will shape the future of American culture; an honor she shared alongside author Ta’Nahesi Coates, artist Kara Walker, filmmaker Ava Duvernay and many more.

Sonya and her work has been seen, heard and read on HBO, BET, MTV, TV One, NPR, PBS, CNN, Oxygen Network, The New York Times, New York Magazine, MSNBC.com, Today.com, Huffington Post, Vogue Australia, Shape.com, Ms. Magazine and many more. She is a regular collaborator and artist with organizations such as Planned Parenthood, Advocates for Youth, 1in3 Campaign, Association for Size Diversity and Health, Binge Eating Disorders Association (BEDA), Yerba Buena Cultural Art Center and numerous others.

With a B.A. in Sociology and an M.S.A. in Organizational Management, Sonya continues to be a fierce advocate and activist for intersectional, global justice. She currently serves on the Board of Directors for Split This Rock, an organization calling poets to a greater role in public life and fostering a national network of socially engaged poets. Additionally, she serves on the Board of Directors for SisterSong, a pioneering Women of Color reproductive justice collective. She is also actively engaged in the movement for Black Lives and the Anti-Police Terror Project in Oakland, CA.

In 2011, Sonya founded The Body is Not An Apology, an international movement and organization focused on radical self-love and body empowerment. In 2015, The Body is Not An Apology joined the world of digital technology, creating a comprehensive tech platform to connect the globe around issues of radical self-love and intersectional social justice. The Body is Not An Apology’s online platform www.thebodyisnotanapology.com, hosts a digital magazine, radical education web based workshops, its own social networking site and online forums. TBINAA’s content reaches over 250,000 thousand weekly, with website visitors from over 140 countries. Sonya lives in the California Bay Area with her Yorkie, Anastasia Duchess but continues to tour globally sharing lectures, workshops and performances focused on radical unapologetic healing and personal transformation.
Pulkit Agarwal, PhD

Pulkit is a Senior Manager at Surgo Ventures, where he focuses on the maternal health and Covid-19 portfolio in the US. His background is in the end-to-end management of global health programs, working across various domains, including nutrition, maternal health, and HIV/TB. He enjoys thinking about the best ways to convert evidence into insights that decision-makers can use to inform policy. He began his career as a management consultant. Pulkit has a BA in Public Health and a minor in Global Poverty and Practice from the University of California, Berkeley.

OlaWale Ajao, MA, MBBS & Taiwo Ajao

Dr. OlaWale (‘Wale”) and his wife Nurse Taiwo (“Tia”) Ajao lead Hello Baby Events, a Health Communications initiative serving families in Baltimore, the DMV, and beyond. Hello Baby believes in educating the whole village, empowering community doulas and advocating for professional doula services as a public health intervention. With 12 years of teamwork as a married couple, ‘Wale and Tia are both equipped as Lamaze Certified Childbirth Educators and as trained doulas creating solutions for both families of color and of culture. ‘Wale and Tia also draw on their background as a nurse–doctor couple with both local and international experience.

Love Anderson, BS, LCE, CHW

Love’s professional background is in the areas of system analytics, physics, and education. She has also breastfed two children with special needs and has been volunteering in the field of lactation support for over 6 years. With a focus on the intersection of race equity and universal access, Love has recently had the opportunity to view community breastfeeding support from two different perspectives as the director of a volunteer driven breastfeeding advocacy group, Breastfeed Durham, and working as a Community Health Worker for the Durham County Health Department. Believing that the creation of a breastfeeding family friendly community can start to ameliorate inequities, Love promotes avenues of support for human milk feeding families, as well as advocates for policies that protect families rights, in order that each family may meet their own personal goals.
Rakiah Anderson, MPH was previously an Evaluation Coordinator for the Maternal Telehealth Access Project. She received her MPH (2020) in Health Behavior from the UNC Gillings School of Global Public Health and trained in Culturally Responsive Evaluation by way of the American Evaluation Association GEDI Scholarship. Rakiah’s career commitment is to utilize culturally responsive and racial equity approaches to understand, and address, inequities in health outcomes.

Siani Antoine, BA

Siani Antoine, is a Master of Public Health Candidate (expected 2022) at the UNC Gillings School of Global Public Health studying maternal, child, and family health. In addition, she is completing a certification with Carolina Global Breastfeeding Institute’s MRT-TI Program to become a Lactation Consultant. Siani spent her summer working for the Maternal Health Learning & Innovation Center as an intern learning how to implement equity into maternal health practice to support birthing people and their families. She loves the maternal health and birth equity field and is excited to contribute her skills and efforts to improving health outcomes.

Teneele M. Bailey, MBS

Teneele Bailey is a south Jersey girl, living and working in a Maryland world as a maternal health professional who is dedicated to eliminating maternal and child health disparities experienced by Black women, children, and families. Currently, she serves as Maternal Health Coordinator with Baltimore Healthy Start and project team member of the Baltimore Safer Childbirth Cities Initiative, funded by Merck for Mothers. Teneele received her graduate degree in Biomedical Science from Rowan University Graduate School of Biomedical Sciences, and her Bachelor of Arts degree in Individualized Studies in Biology from Fairleigh Dickinson University. Teneele’s work is currently concentrated on decreasing incidences of both maternal and infant morbidity & mortality and the impact they have on African American women and families- in the state of Maryland, specifically, and in the United States. Teneele aspires to have a meaningful impact on marginalized communities, from birth to adulthood. She is a Biologist, Certified Breastfeeding Specialist, Birth Doula, Yoga Instructor, and Herbalist, and has assisted with 20+ births. She also works and serves with organizations that center community health, birth equity, Black maternal health, and health policy, such as the National Association to Advance Black Birth (NAABB) and the Reproductive Health Equity Alliance of Maryland (RHEAM). Teneele endeavors to use education, storytelling for change, and empowerment to amplify the voices and experiences of Black birthing people.
Dr. Basile Ibrahim is a clinician scientist with expertise in maternal child health. Her research focuses on ways to improve health equity in maternity care. She has research experience designing and implementing mixed methods studies. Prior to starting her academic career, Dr. Basile Ibrahim worked as a family nurse practitioner providing primary care in federally qualified health centers in the United States and Canada and as an anthropologist in international development.

Poulette Brewster, Program Director of Public Health Solution’s Queens Healthy Start, provides thought leadership to the project, holds space for focused conversations with clients who birthed at LIJMC, and understands the interplay of numerous federal and privately funded programs to reach birthing people, including the community served by LIJMC.

Sevonna Brown is Co-Executive Director of Black Women’s Blueprint. She leads the Safer Childbirth Cities Initiative through Merck for Mothers maternal health portfolio. She is also recognized as a Ms. Foundation Public Voices Fellow for her writing through the Op/Ed Project. Her work has been published in Ebony, TIME Magazine, ForHarriet, and Rewire News. She serves on the board of Children of Combahee, which mobilizes against child abuse in Black churches. She has been featured in the documentary “The Business of Birth Control” directed by Ricki Lake and Abby Epstein. She is also a recipient of the Mellon Mays fellowship for her research on Black maternal health. At Black Women’s Blueprint she oversees advocacy campaigns, co-chairing the NYC4CEDAW, addressing localized efforts to ratify the Convention on the Elimination of Discrimination Against Women. She has provided training and technical assistance to a number of organizations through the Institute for Gender and Culture (IGC) including but not limited to: Jackson State University, Tougaloo College, Florida Memorial University, Louisiana Foundation Against Sexual Assault (LaFASA), the University of Nevada Las Vegas, and Connecticut Alliance to End Sexual Assault. Sevonna Brown is certified in the Intercultural Development Inventory® (IDI®), the premier cross-cultural assessment of intercultural competence that is used by thousands of individuals and organizations to build intercultural competence to achieve international and domestic diversity and inclusion goals and outcomes.
Kayla is an experienced researcher with demonstrated skills in study design and implementation, data analysis and database management, manuscript and grant writing, and a wide array of computer packages including SAS and Stata. Passionate about leveraging data to influence public policy and improve the health of populations.


Katherine has been a program manager with the CMIH since 2014. She received her Master of Arts in Liberal Studies from Duke University in 2007 and her Master of Science in Public Health from Gillings School of Global Public Health in Healthy Policy and Management at UNC in 2010. Katherine is passionate about public health, with a focus on women’s and children’s health, social determinants of health, and health equity.

Dr. Nakeitra L. Burse, is the Owner/CEO of Six Dimensions, a certified woman owned, minority owned public health research, development and practice company. Dr. Burse has been a servant in the field of public health for over twelve years. She earned a Bachelor’s Degree in Biological Sciences and Master’s in Health Education Health Promotion both from Mississippi State University. She also holds a doctorate in Public Health from Jackson State University.

Her work is centered around health equity and social justice issues and ensuring that populations that have been historically underserved, overlooked, and discriminated against receive equitable treatment in health and healthcare settings.

Dr. Burse is the Executive Producer of the short documentary, Laboring with Hope. The film highlights the issues of maternal morbidity and mortality among Black women.

Dr. Burse is currently a Leader in the 4th Cohort of the Robert Wood Johnson Foundation’s Culture of Health Leaders Program. In 2019, she was named one of Mississippi’s 50 Leading Business Women. In 2020, she received the Candace Award for Health from the National Coalition of 100 Black Women, Inc., Central, MS Chapter. Dr. Burse’s work has been featured in a variety of settings, including Soledad O’Brien’s Disrupt and Dismantle series on BET.
Jennifer Callaghan-Koru, PhD, MHS, is Associate Professor of Public Health at the University of Maryland, Baltimore County. She has expertise in program evaluation and implementation science and 15 years of experience developing and evaluating approaches for improving access to evidence-based interventions in maternal and child health. Dr. Callaghan-Koru leads the Maryland MHI team's work to adapt and scale culturally competent warning signs education tools for community organizations and healthcare providers.

Tegan Callahan, MPH

Tegan has led the Maternal Mortality Prevention Team's Program Section since August 2019. In this role, she leads the management of the state awards under the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE Maternal Mortality) Program and the coordination of these state awards within the larger ERASE Maternal Mortality initiative. Prior to joining the Maternal Mortality Prevention Team, Tegan held a variety of roles as Health Scientist and Senior Public Health Advisor in CDC’s Center for Global Health (CGH), Division of Global HIV and Tuberculosis’s Maternal and Child Health Branch from 2013–2019. Before her time in CGH, Tegan was a CDC Public Health Prevention Service Fellow from 2010–2013. Tegan received her Master in Public Health from University of Washington and initiated her public health career as a community health volunteer with the Peace Corps in the Kingdom of eSwatini from 2004–2006.

Abby Cannon, MPH, MSW

Abby C. Cannon, MPH, MSW, brings over ten years of experience in monitoring and evaluation, with a focus on merging qualitative and quantitative data to share the full picture of a program with stakeholders, funders, and practitioners. She specializes in developing and implementing evaluation plans, using data for decision making, and translating results into actionable steps. Prior to the MHLIC, Abby focused on advancing gender equality on a global health monitoring, evaluation, and research project at UNC. She received her MPH in maternal and child health and her MSW from UNC.
Heidi Christensen, MSW is the Maternal Health Innovation Program Manager at the Arizona Department of Health Services. For more than 20 years she has worked with pregnant and postpartum mothers and their children in a variety of settings. She currently manages programming related to improving maternal health and preconception health.

Courtnie Carter is an experienced breastfeeding support person, former WIC Breastfeeding Peer Counselor, and former Centering Pregnancy coordinator and facilitator. She also serves on the Maternal TeleHealth Access Project’s Lived Experience Advisory Group, was a panelist on the Maternal Health Learning and Innovation Center Skills Institute and has also been a featured guest on Birth While Black: Giving Birth in COVID-19 – A Black Mother’s Journey Podcast. Courtnie Carter has spent the last almost 11 years, promoting breastfeeding and supporting mothers on their breastfeeding journey, in her local community. Courtnie Carter is driven by her love for all things pregnancy and mother/baby. She is committed to increasing the initiation and duration rates amongst breastfeeding mothers of color. As well as also being a voice and source of support for mothers, like her who currently deal with or have dealt with perinatal and postpartum depression and anxiety. Courtnie Carter is a graduate of the University of North Carolina with a BA in Communications Mass Media with a Psychology Minor.

Ellen Chetwynd PhD MPH BSN IBCLC has a long career in maternal and child health which straddles her medical practice as a lactation consultant and nurse and her public health research on breastfeeding and rural maternity care. She is a founding member of the EMBRACe project (Equity for Moms and Babies Realized Across Chatham), which seeks to ensure successful and equitable birth outcomes for women and children through system and service alignment.

Heidi Christensen, MSW
Dorothy Cilenti, DrPH, MSW, MPH, has worked in local and state public health agencies in North Carolina for more than 20 years. She is a Clinical Associate Professor in the Dept of Maternal and Child Health at the UNC Gillings School of Global Public Health where she directs the Maternal Health Learning and Innovation Center and the National MCH Workforce Development Center, under cooperative agreements with the Health Resources Services Administration, Maternal and Child Health Bureau.

Elizabeth Coombs, M.P.P., is a Managing Associate at Mission Analytics Group. She has directed numerous complex projects within the U.S. Department of Health and Human Services and has led and participated in multiple evaluations involving mixed-methods research, leading teams in conducting environmental scans, the analysis of national survey data, and the collection of both qualitative and quantitative primary data. Most recently, she led the OWH project to assess the relationship between PFL and women’s physical and mental health, which involved the analysis of PRAMS and Listening to Mothers survey data and 16 focus groups in the four states with operating programs. She also serves as the Deputy Project Director for the evaluation of the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program, supporting the collection and analysis of patient-level data on maternal and infant healthcare utilization and outcomes and leads interviews with the Missouri RMOMS awardee. Coombs has an MPP from Harvard University’s Kennedy School of Government.

Dr. Creanga is a maternal health scientist with experience in measurement, data analytics and implementation of QI initiatives in obstetrics, domestically and internationally. She serves as Maryland MHI Program director and member of the Maryland MMRC. In 2014, she received the PECASE award from the Executive Office of the President for work on national maternal mortality surveillance.
Leslie deRosset has been working in maternal and child health for more than two decades. She has spent her career working internationally, in North and South Carolina with state government, non-profit organizations and now at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, where she is an Implementation Specialist. Within the MHLIC, Leslie serves as a Coach for the state of Montana and supports the Innovation and Engagement Core. Leslie is passionate about improving the inequities that cause disparities in maternal and child health. Leslie lives in Raleigh, North Carolina with her husband, two teenagers (16 and 18) and Stella, her yellow lab.

Jimmy Dills, MPH, MUP, is a Health Integration Associate at the Georgia Health Policy Center (GHPC), where he works to improve public health by advancing Health in All Policies perspectives of decision-making. His areas of expertise are health impact assessment (HIA), systems thinking, and healthy community design. Jimmy also supports the Systems Integration Core of the National MCH Workforce Development Center.

Jordan is a data scientist and public health researcher. She is a systems thinker with a commitment to health equity, and enjoys using her experience at the intersection of public health programs and data science to translate complex analysis into digestible evidence to help implementers make data-driven decisions.

As an analyst at Surgo, Jordan provides research and data analysis support for Surgo’s programs. Before joining Surgo, Jordan supported community health program implementation and led research and evaluation work at Last Mile Health. Her work focused on maternal and child health, including creating and implementing digital tools for community health worker performance management, methods for assessing quality of community-based care, evaluating CHW impact, and designing evidence-based community health policy. Jordan has a BS in biological engineering from the Massachusetts Institute of Technology and a Master of Public Health degree from the Johns Hopkins Bloomberg School of Public Health.
Deitre Epps, founder and CEO for RACE for Equity, has over 25 years of experience in providing education, training, and technical assistance to health, human services, and education leaders to support evidence-informed strategies towards improving individual and community wellbeing. Her work has included capacity building and direct support for leaders to implement data driven decision making with Results Based Accountability™ (RBA). As a global consultant, she works with international agencies to advance culturally and linguistically appropriate strategies that achieve results.

David Olawuyi Fakunle, Ph.D. is a “mercenary for change,” employing any skill and occupying any space to help elevate everyone divested from their truest self, especially those who are Black, Indigenous and People of Color. David serves as Adjunct Assistant Professor at the University of Florida Center for Arts in Medicine, and Associate Faculty in the Mental Health department of the Johns Hopkins Bloomberg School of Public Health. David's interests include stressors within the built environment, societal manifestations of racism, and the use of arts and culture to strengthen health, equity, and ultimately liberation.

Additionally, David has applied artistic and cultural practices such as Black storytelling, African drumming, singing and theater in the proclamation of his truth for over 20 years, collaborating primarily with organizations in the Baltimore/Washington, D.C. region. Among many affiliations David is co-founder and CEO of DiscoverME/RecoverME, an organization that utilizes the African oral tradition to empower use of narrative for healing and growth, and serves as Chair of the Maryland Lynching Truth and Reconciliation Commission, the first state commission in the United States dedicated to chronicling and bringing justice to racial terror Lynchings.

Kuann Fawkes is the Maternal Health Intern at AMCHP. During the past year, Kuann has provided support as the team explores data collection tools to learn more about the role of public health leaders in improving the quality and safety of maternity care within ACOG’s AIM.
Stephanie Fitch, MHA, MS, LAC

Stephanie attended Montana State University Billings where she received a Bachelor of Science degree in Psychiatric Rehabilitation and a Master of Science degree in Clinical Rehabilitation and Mental Health Counseling. She completed a master’s in Healthcare Administration with concentration in Human Resource Management through Colorado State University Global in November 2020. Stephanie has been a licensed addiction counselor (LAC) in the state of Montana since 2016 and utilized that license to provide inpatient, outpatient, and utilization review counseling at Rimrock Foundation prior to accepting a position with Billings Clinic in January 2020. Stephanie manages all MOMS Demonstration Project activities including simulation trainings, Project ECHO, certification courses, telehealth services, remote patient monitoring, and perinatal/postpartum substance abuse/mental health programming.

Amelia Gibson, Ph.D.

Amelia Gibson is an Associate Professor at the School of Information and Library Science at the University of North Carolina at Chapel Hill. Her primary research interests focus on the ways that we understand and replicate marginalization and equity in local communities and on the internet using information, data, and technology, with a focus on health and wellness in communities of color (particularly among women and girls) and among disabled people. In addition to her work with the North Carolina Maternal Health Innovation Program on this project, Dr. Gibson is a researcher with the AHRQ–funded Patient Safety Learning Lab and director of the Community Equity, Data and Information Lab at the School of Information and Library Science at Chapel Hill.

Diane Feeney

Ms. Diane Feeney is Associate Director for Quality Initiatives at the Health Services Cost Review Commission, Maryland Department of Health, working on hospital reimbursement issues across the state, having high interest in QI in obstetrics.
Carolina is a Professor at North Carolina State University. For the last 17 years, she has served as a catalyst for transformation by leveraging a human centered design approach and design thinking strategies in academic, industrial settings and more recently in the healthcare sector. Her experience in bringing the human centered design process to non-design disciplines and ability to lead iterative idea generation processes makes her a strong contributor to the proposed Patient Safety Laboratory project. She is trained as an industrial designer and recognized internationally as a leading academic in bringing the human centered design perspective to interdisciplinary teams inside and outside the classroom. Her expertise in the iterative idea generation process contributed to the development of two patented innovative solutions for the healthcare sector: the post-natal unit bassinet project (led by Tully, with Stuebe and Seashore of UNC) and the Child Resistant Spray Device for Nationwide Children’s Hospital in Columbus, OH. She currently consults for the UNC Women’s Clinic (led by Stuebe and Tully) to provide a user-centered design approach in designing processes to incorporate SDoH screening and management into clinical work-flows. The final stage of this pilot work will be to train the health care team and test the human-centered design (HCD) screening and management process in UNCH-affiliated obstetric clinics. This collaboration demonstrates the value of the HCD approach in improving health services around complex, interrelated maternity health issues and its potential to generate innovative solutions with system-wide impacts.

Dr. Anne Elizabeth Glassgow is a Research Assistant Professor of Internal Medicine and Pediatrics in the College of Medicine at the University of Illinois at Chicago. Dr. Glassgow is the Executive Director of Innovations to ImPRrOve Maternal OuTcomEs in Illinois (I PROMOTE-IL), the Illinois HRSA funded Maternal Health Innovation Program. Dr. Glassgow also serves as the Medical Director of the UI Health Two-Generation Clinic, an innovative primary care model that addresses the medical, behavioral health, and social needs in postpartum women and their children. Dr. Glassgow has more than 20 years of clinical maternal health and behavioral health experience and has served in a variety of health care administration positions. Dr. Glassgow is a health disparities researcher and has served as a principal-investigator, co-investigator, and project director on several National Institutes of Health funded research projects. Dr. Glassgow was a Co-Investigator and the Executive Director of Coordinated Healthcare for Complex Kids, a $19 million pediatric payment and comprehensive healthcare delivery model funded by the CMS Innovation Center.
Nicolle L. Gonzales  
BSN, RN, MSN, CNM  
Founder and Midwifery Director of Changing Woman Initiative  
Diné – Navajo  
She/Her/Hers

Nicolle L. Gonzales received her Bachelor’s of Nursing and her Masters of Nurse-Midwifery at the University of New Mexico. She is a member of the American College of Nurse Midwives and is certified with the American Midwifery Certification Board. She has over 12 years’ experience as a nurse and has worked as a Nurse-Midwife doing full-scope midwifery for the last 10 years.

Through the years, she has worked on several community projects around birth equity and she has served as the founding board president and vice board president of two birth centers in NM. In addition to attending births, Nicolle was a contributing author to the “American Indian Health and Nursing” in 2015 and is a contributing writer for the Indigenous Goddess Gang online magazine, where she discusses indigenous birth, midwifery, ceremony, reproductive justice, and indigenous feminism.

Heather M. Grable,  
MS, RRT  
Heather is the Project Coordinator for Healthy Start Communities that C.A.R.E. (HSCC). HSCC is a Health Resources and Services Administration (HRSA) grant-funded program that focuses on the reduction of infant and maternal mortality rates across Daviess, Dubois, Greene, and Martin counties in Indiana. She began her career as a Registered Respiratory Therapist working clinically for IU Health in Indianapolis, with clinical experience in ICU, med/surg and pulmonary rehabilitation. Heather obtained her Bachelor of Science in Healthcare Management from Franklin University and Master’s of Science in Management with an emphasis in organizational leadership and behavior from Indiana Wesleyan University. She has been teaching courses in higher education/collegiate level since 2004. Her experience outside of clinical work includes program design and implementation, accreditation consulting services, curriculum design and implementation, and project management. For the HSCC through the IRHA, Heather oversees curriculum, marketing, education, training and project coordination.

Jill Henkle, RNC-OB  
Jill Henkle – Prior to working as a Rural Clinical Improvement Advisor for the IMQCC, Jill has worked as a Medical Surgical, Emergency Department, Obstetrics, Newborn Nursery, and Mom Baby staff nurse in rural critical access hospitals for over 25 years. She was recently the OB Manager at Wayne County Hospital in Corydon, Iowa for over 10 years. During her position as the OB Manager, Jill was successful with the implementation of maternal safety bundles, unit based interdisciplinary simulation drills, process improvement and evidence-based staff education. Jill is a NRP Instructor, holds a certification in Inpatient OB, is an AWHONN Intermediate EFM Instructor, and serves as the Iowa AWHONN Southwest Iowa Chapter Coordinator. Jill is a voice and advocate for rural maternity hospitals. She is a champion for the use of maternal safety bundles, to reduce maternal mortality and morbidity.
Kasia Jayjack, MPH

Kasia is the Lead Data Coordinator for the Healthy Start Communities that C.A.R.E. (HSCC) program. In this role, she conducts analyses of data for HSCC-provided services, activities, and curriculums and identifies opportunities to improve reporting and effectiveness. Kasia’s experience includes three years working as an early childhood and adolescent mental health case worker. Through this position, Kasia addressed the Social Determinants of Health and how these factors impacted mental health and school behaviors of children and adolescents. Kasia provided supportive services to children and their families to ensure equity of educational and social opportunities and assisted to improve child and adolescent mental health conditions. Kasia earned a Bachelor of Science in Psychology with a minor in Women’s Studies and Organizational Service and a Master of Public Health with a concentration in Health Statistics from Purdue University – West Lafayette.

Debra Kane, PhD, RN

Debra received a Bachelor of Science degree in Nursing from Marian College of Fond du Lac, WI, and a Master’s Degree in Community Health Nursing from the University of Wisconsin–Madison. Before seeking her Ph.D., she held a variety of community health and public health nursing positions at the City of Milwaukee Health Department and the State of Wisconsin/Division of Health. She was a volunteer health team member with the Milwaukee Archdiocese Latin American Office assigned to Chiapas, Mexico. Debra completed her Ph.D. in 2003 at the University of Illinois–Chicago, School of Public Health. In 2005, she completed a Centers for Disease Control and Prevention (CDC)-ORISE sponsored post-doctoral fellowship in MCH Epidemiology at the Mississippi State Department of Health. Debra is currently a CDC MCH Epidemiologist, assigned to the Iowa Department of Public Health, Bureau of Family Health in Des Moines, IA. In her role as an MCH Epidemiologist, she has worked extensively to complete data linkages, and with data sources such as Medicaid claims data, the Iowa certificate of live birth, and the Iowa Hospital Discharge data file. I have working closely with the Iowa Maternal Quality Care Collaborative to develop the data dashboard.

Renee Kraus, MPH, BSN, RN

Renee joined the New Jersey Department of Health in November 2020 to serve as the Project Manager for the New Jersey Maternal Mortality Review Committee. Renee is a labor and delivery nurse by training and is an experienced program manager and health data analysts. She earned a Master of Public Health, with a concentration in Maternal and Child Health, from University of Minnesota and a Bachelor of Science in Nursing from Regis University in Denver, CO.
Dr. Lagrew is a maternal fetal medicine specialist and physician informaticist with a special interest in maternal quality improvement. He currently serves as Medical Director of Women’s and Children’s services for Providence St. Joseph–Southern California. His other role with the health system is to serve as a System Provider Informaticist in Obstetrics. He holds triple board certification in Obstetrics/Gynecology, Maternal Fetal Medicine and Clinical Informatics. In addition to these administrative and leadership roles he continues to active in authoring numerous peer reviewed publications and book chapters. He is a clinical professor in the Department of Obstetrics and Gynecology, UC, Irvine.

Jacqueline Lambert, a small grassroots organizer who serves her community in different aspects of birth work as a Childbirth Educator, a ROSE Breastfeeding Community Transformer, Doula, and a Certified Lactation Counselor. Jacqueline works for Delta Health Alliance Healthy Start Program as Breastfeeding Coordinator. Jacqueline is also the Project Lead for the Let’s Talk Baby Café which is a free virtual drop in site for pregnant and breastfeeding families to receive education, support, and assistance on their breastfeeding journeys. Jacqueline has been working with expectant mothers and families for over 14 years and her goal is to empower expectant mothers and families and give them the necessary tools to make an informed decision concerning their infant feeding goals. Jacqueline has been instrumental in helping bring the community together around breastfeeding and seeks now to help establish Baby Friendly Businesses in her community.

Amy Lim, B.A., is an Analyst and Programmer at Mission Analytics with two years of experience working in health and human services research and evaluation. In her work with Mission Analytics, Ms. Lim contributes to qualitative and quantitative data collection, technical assistance and other analytical support for projects related to, maternal health, healthcare, long term care and supports for individuals with disabilities and mental illness. In her current role with Mission Analytics, Ms. Lim provides qualitative and quantitative research support on multiple projects, including the PASRR technical assistance to states project for CMS. Ms. Lim has a Bachelor of Arts with High Honors degree (Economics) from Mount Holyoke College.
Breana Lipscomb, MPH

Breana Lipscomb, MPH is the Senior Manager of the U.S. Maternal Health & Rights Initiative for the Center for Reproductive Rights. She has over 15 years of public health experience and has worked in Tennessee, Guatemala, and the State Departments of Health in both Iowa and South Carolina. In her current role, Breana develops advocacy strategies to promote Black maternal health, particularly in the South, by mobilizing a broad base of stakeholders to advance state level policies that further reproductive rights as human rights. Breana serves as Co-Chair of the Black Mamas Matter Alliance Board of Directors, and she was recognized as the inaugural Kira Johnson Advocate of the Year by March for Moms in 2020.

Sandra Lloyd, RN, BSN, MEd

Sandra Lloyd is a Public Health Analyst in the Maternal and Child Health Bureau’s Division of Healthy Start and Perinatal Services and a member of the Women’s Health Team, where she provides programmatic expertise to grantees within the Maternal Health Portfolio. She is responsible for monitoring program progress and providing technical oversight in an effort to assist grantees to achieve program expectations. Sandra has an extensive background in maternal and child health with over 30 years as a perinatal nurse involved in direct nursing care and research. She is a certified childbirth educator/evaluator with the International Childbirth Education Association and holds certification as a Perinatal Loss Counselor through Resolve through Sharing. Sandra graduated in 1978 with a Bachelor of Science degree in Nursing from the University of Pittsburgh and received a master’s degree in Health Education from Penn State University in 2008.

Allison Lorenz, MPA

Ms. Allison Lorenz is Project Director at the Ohio State Government Resource Center where she supports various MCH QI projects, including the GDM Collaborative and implementation of the AIM severe hypertension bundle.
Juan Michelle Martin, DPT

Dr. Juan Michelle Martin, PT, DPT is a licensed physical therapist, birth doula and reproductive wellness coach. She is the owner of JMM Health Solutions, a concierge pelvic health practice in the Atlanta Metro area where she brings 14 years of clinical experience as a physical therapist. Dr. Martin has worked with thousands of patients in her career with a focus on providing holistic and comprehensive pelvic health care. She blends her experience as a birth doula and wellness coach in her practice to ensure that women experience better birth outcomes and she continues to work with several non profits whose mission is to decrease maternal mortality rates in marginalized communities. Dr. Martin has shared her expertise in many domains, including committees, industry events, university guest lectures, national and international talks, workshops and webinars. Additionally, Dr. Martin has been featured in publications including Atlanta Magazine and Healthline as well as Health and Fitness podcasts including BirthFit, Practice Brave, The Women’s Health podcast, Evidence Based Birth and more. Dr. Martin works as a licensed doula trainer for the National Black Doulas Association and also offers education to clinicians via Alcove Education and The Pelvic PT Doulas, to educate and mentor those entering the doula space. When not teaching and working clinically, she enjoys spending time with family.

Elliott Main, MD

Dr. Main is the Medical Director of the CMQCC and Chair of the California MMRC. He was the Chair of the OB/GYN Department at California Pacific Medical Center in San Francisco and is currently a clinical professor at Stanford University. Dr. Main has led multiple state and national QI projects in obstetrics and has been actively involved in maternal quality measurement initiatives. In 2013, Dr. Main received the ACOG Distinguished Service Award for work in QI.

Joyce Marshall, MPH

Joyce Marshall became the Director for the Maternal and Child Health Service at the Oklahoma State Department of Health in early 2014. In this role, Marshall is responsible for overseeing the development and direction of statewide maternal and child health programs, services, and activities to improve the health of mothers, babies, children, and families in Oklahoma. Prior to this appointment, she served as the Director for the Office of Performance Management, State Accreditation Coordinator and Special Assistant to the Deputy Commissioner of Family Health Services at the Department. Marshall received her Master of Public Health in Health Administration and Policy from the University of Oklahoma Health Sciences Center, College of Public Health. Additionally, she is a Management Academy for Public Health and Oklahoma Public Health Leadership Institute Fellow along with being named a National Public Health Leadership Institute Scholar.

Dr. Juan Michelle Martin, PT, DPT is a licensed physical therapist, birth doula and reproductive wellness coach. She is the owner of JMM Health Solutions, a concierge pelvic health practice in the Atlanta Metro area where she brings 14 years of clinical experience as a physical therapist.

Dr. Martin has worked with thousands of patients in her career with a focus on providing holistic and comprehensive pelvic health care. She blends her experience as a birth doula and wellness coach in her practice to ensure that women experience better birth outcomes and she continues to work with several non profits whose mission is to decrease maternal mortality rates in marginalized communities. Dr. Martin has shared her expertise in many domains, including committees, industry events, university guest lectures, national and international talks, workshops and webinars. Additionally, Dr. Martin has been featured in publications including Atlanta Magazine and Healthline as well as Health and Fitness podcasts including BirthFit, Practice Brave, The Women’s Health podcast, Evidence Based Birth and more. Dr. Martin works as a licensed doula trainer for the National Black Doulas Association and also offers education to clinicians via Alcove Education and The Pelvic PT Doulas, to educate and mentor those entering the doula space. When not teaching and working clinically, she enjoys spending time with family.
Dr. Clayton H. “Tersh” McCracken III attended medical school at the University of Washington in Seattle. He joined Billings Clinic in 1992 after completing his internship and residency at the University of Cincinnati. He has served as the Medical Director of the Billings Clinic Family Birth Center and is active with the American College of Obstetricians and Gynecologists as well as the Montana Medical Association. Dr. McCracken currently serves as the MOMS Medical Director, ACOG District VIII Chair, and Chair of the Montana Maternal Health Leadership Council. He serves in an advisory role on all MOMS activities and is the primary facilitator for MOMS Project ECHO clinics.

Dr. M. Kathryn Menard, MD, MPH, is a Professor of Obstetrics and Gynecology and a Maternal Fetal Medicine specialist on faculty at UNC, serving for fourteen years as Vice Chair of the department, Director of the division of Maternal Fetal Medicine, and Director of the Center for Maternal and Infant Health. She serves as Medical Director of the NC Pregnancy Medical Home program. She is an executive team member for AIM and an expert in the implementation of Levels of Maternal Care.

Reade Milner is a marketing agency owner, husband, and father of two boys, ages 6 and 3. He graduated from Emory University and lives in the metro Atlanta area, where he works primarily from a home office. His wife is also involved in his business. They are both actively involved in their communities through their local Chamber of Commerce, as well as other civic and religious organizations.

Amy Mullenix, MSPH, MSW, serves as the Senior Collaboration Manager for both the Maternal Health Learning & Innovation Center and the National MCH Workforce Development Center. She is responsible for the internal alignment of learning and evaluation activities in both centers. She also serves as an adjunct instructor at the Gillings School of Global Public Health. Amy previously worked for local public health departments, a federally qualified health center, a hospital system and a state MCH non-profit agency.
Carina Nilsson (she/her) is an illustrator and graphic recorder, living with gratitude on the traditional territory of the Snuneymuxw First Nation (Nanaimo), on Vancouver Island, Canada. She is the child of immigrants from Southern Italy and Jämtland in Sweden, and was raised in Northern British Columbia. She has been a practising artist for over two decades, has a Master’s degree in History (SFU), and is the mother of two incredible children. Carina uses illustration as a tool to visualize complex ideas and support community connection. She is passionate about work that focuses on social justice initiatives, food & health equity, and community renewal. Her recent projects include collaborating with Indigenous-led organizations around access to food & health resources; creating materials with Trans Care BC around gender-affirming care; and working with local immigrant support organizations to create anti-racism illustrations.

Alyson K. Northrup, MS is the associate director for public policy and government affairs at the Association of Maternal & Child Health Programs (AMCHP). In this role, she executes AMCHP's policy activities, including advocating for Title V Maternal and Child Health Services Block Grant funding, promoting AMCHP’s federal policy agenda, and representing AMCHP in various policy coalitions. Ms. Northrup serves as the policy core co-lead for the Maternal Health Learning & Innovation Center. Prior to joining AMCHP, Ms. Northrup served as a legislative assistant to U.S. Sen. Kirsten Gillibrand (D-N.Y.). Ms. Northrup was responsible for managing the senator’s legislative portfolio for health care, child welfare, and education issues. She holds a Master of Science degree from the University at Albany, State University of New York, and a Bachelor of Arts degree from Fordham University.

Fernanda Maria Ochoa Toro is a Research Assistant at the University of North Carolina at Chapel Hill. She has also served as a patient navigator for Latina patients at UNC Health.

Natalie Ortiz, B.A., is a Research Analyst at Mission where she contributes to qualitative research, project coordination, report writing, and communications activities related to risk mitigation for individuals with developmental disabilities, home and community-based services, maternal health, and local child care pilot program evaluation. Ms. Ortiz is a key member on the “Home and Community Based Settings” (HCBS) project for Centers for Medicare and Medicaid Services (CMS) and on the “Impact of the Hepatitis C Medicaid Affinity Group on Access to HCV Treatment and Cure” (Affinity Group) project for the Office of Infectious Disease and HIV/AIDS Policy (OIDP). Ms. Ortiz has a Bachelor of Arts in Media Studies (Mass Communication) degree from the University of California, Berkeley. Prior to working at Mission Analytics Group, Ms. Ortiz worked at a behavioral health organization as a Participant Support Specialist/Peer Counselor providing direct services for individuals with mental health and substance use disorders.
For the last 2.5 years, Reena Oza-Frank has served as the Data and Surveillance Administrator in the Bureau of Maternal, Child, and Family Health at the Ohio Department of Health. In this role, Reena oversees data support for all of the Bureau’s 30+ programs and the Bureau’s 6 surveillance programs, including Ohio’s Pregnancy Associated Mortality Review. Reena has a PhD in Epidemiology, a master’s degree in public health, and a master’s degree in public health nutrition. Reena currently holds adjunct faculty appointments within the OSU Department of Obstetrics and Gynecology and the Emory University Rollins School of Public Health where she continues active research collaborations with faculty on various topics related to pregnancy and maternal health.

Amber Pendergraph-Leak is a LEAG member. She is currently serving as BirthMatters interim Executive Director. She served as a lead doula with Birth Matters for over 10 years has accomplished many levels of expertise in her field – she is certified as a doula by DONA International, is a Certified Lactation Counselor, a Medical Assistant, and a certified Community Health Worker.

Anne Peterson, MPH is a Senior Research Analyst for the National Service Office for Nurse-Family Partnership and Child First, where she conducts rigorous evaluations of NFP program implementation, outcomes, and innovations to inform continuous program improvement. Anne is an epidemiologist by training with international and national maternal and child health experience and a strong background in program evaluation and data analytics.

Chanel Porchia-Albert, Founder and Executive Director of Ancient Song Doula Services, lends leadership to this project in developing the conversation guide for focused conversations with individuals who birthed at LIJMC, rooting conversation findings in a reproductive justice lens and contributing to the development of the metrics and measures to comprise the resultant accountability system.
Belinda Pettiford, MPH

Belinda has over 30 years of experience in public health. She has been with the North Carolina Division of Public Health, Women’s and Children’s Health Section (Title V) since November 1995. Belinda was named the Head of the Women’s Health Branch in March 2012; in this capacity, she provides oversight to the state’s maternal health, family planning, preconception health, teen pregnancy prevention, sickle cell, tobacco use, and numerous programs focused on equity in birth outcomes.

She received her MPH from the University of North Carolina in Chapel Hill and undergraduate degrees from the University of North Carolina in Greensboro.

Nikki Prado Solano, BS

Nikki Prado Solano is a first-gen, Queer Latina from the South Side of Milwaukee. She is a Medical Geography student at the University of Wisconsin–Madison and a PEOPLE scholar. In her work, she studies the geospatial relationships between public health, maternal/child health, and location. She is pursuing a career that connects her skills, background, and passions across these fields. Outside of school, Nikki serves as a media intern and contractor for a birth & maternal care co-op, Roots4Change (R4C), is a legal interpreter for the Community Immigration Law Clinic, and is training to be a birth worker with BADT and R4C, all so that she can better serve the communities that she’ll be working with in the near future. Her goal is to become a Certified Nursing Midwife.

Stephanie Radke, MD

Dr. Stephanie Radke is a board-certified Obstetrician-Gynecologist in practice at the University of Iowa Hospitals and Clinics. She completed her medical degree at the University of Iowa and her residency training at the University of California Davis Medical Center. She was in community private practice in California for three years before returning to the University of Iowa. She is active in quality improvement at her hospital and believes this is a key pathway towards achievement of health equity. Dr. Radke is the co-founder and medical director for the Iowa Maternal Quality Care Collaborative (IMQCC) and Iowa Alliance for Innovation on Maternal Health (Iowa AIM), both programs initiated with support of Iowa’s MHI award.

Sarah Reese, PhD, LCSW

Sarah Reese is an assistant professor in the School of Social Work. Broadly, her research and teaching focus on community-based social work interventions to promote child and family well-being, with a specific focus on behavioral interventions for perinatal substance use disorder.
Ayanna Robinson, PhD, MPH is a maternal and child health advocate and an award-winning public health professional with over 10 years of experience in conducting research, program evaluation, and program planning, primarily at the federal level. Her dissertation research, published in the peer reviewed journals, Digital Health and Journal of Human Lactation, applied Black Feminist Theory to explore the experience and outcomes of Black mothers who participate in mom-to-mom breastfeeding support groups on Facebook. As a public health researcher and evaluator who is experienced in qualitative and quantitative methods, she is committed to conducting research and translating that research into initiatives and products that dismantle systems of oppression, amplifies the voices of marginalized communities, and creates spaces for healing. In 2016, she founded Black Girls’ Breastfeeding Club, LLC. (BGBC). Through BGBC, Dr. Robinson has participated in community events for mothers, discussions with college and high school students, partnered with other maternal health organizations, like the Black Mamas Matter Alliance, and developed breastfeeding resources and educational tools. Decreasing the maternal mortalities of and improving breastfeeding rates among Black mothers are the areas of public health that Dr. Robinson is most passionate about. In 2020, she launched bEarth Work, an app that connects Black women and birthing individuals to online classes taught by Black birthworkers and other health professionals.

Ana Rodney, CD, RYT 200, is a Doula who has been practicing for 14 years. Ana is a yoga instructor, energy healer, and wellness practitioner based in Baltimore City. She runs MOMCares as the Executive Director and founder as well as the Rising Mama as Founder and Director. The Rising Mama is a wellness organization that centers mothers in the delivery of care and support to the entire family unit. MOMCares is a project of The Rising Mama and doula program that supports black women navigating high risk pregnancies and/or NICU involvement after birth. MOMCares seeks to bring awareness to the Black Maternal Health Crisis and advocate for equitably compassionate care across care systems interacting with black mothers in Baltimore City. Ana has spoken and led workshops throughout the DMV, addressing audiences at Johns Hopkins Hospital, University of Maryland Medical System, Greater Baltimore Medical Center, and George Washington University. Ana Rodney is a graduate of Morgan State University. MOMCares is represented on the Baltimore City Mayor’s Women’s Commission, Maryland Breastfeeding Coalition, Reproductive Health Equity Alliance of Maryland and BCITY Coalition. Ana Rodney serves as a perinatal mental health consultant for the Baltimore City Health Department. Ana is a current OSI Community Fellow. Ana was named a Baltimore Homecoming Hero in 2019 and named a Game Changer by Baltimore Magazine in 2021. Ana also sits on the Baltimore City Maternal mortality review board. Finally, Ana is most importantly mother to Aiden Rodney, age 5 and Asher Rodney, age 3 months. Ana has a background in education, teaching in Baltimore city as an artist and english co teacher between 2006–2014.
Karinda Roebuck, CNM
MSN

Karinda is the Executive Director for Chatham Organizing for Racial Equity in rural NC. She is also a Certified Nurse-Midwife practicing midwifery since 2008. Her entry into midwifery began while on a field study for her medical anthropology degree in Cape Coast, Ghana. Karinda has dedicated her career listening to women and acting as guardian of their pregnancies and birth experiences. Her interests are in Reproductive and Birth Justice, root cause analysis of disparate black maternal health outcomes, cross-cultural birth practices, and critical race theory. She has worked on initiatives to expose racism both within midwifery and by midwives. Her background in anthropology coupled with her passion for reproductive justice and birth equity has led to the development of multiple trainings and presentations on the history and long-term effects from the removal of the Black granny midwife from African American communities.

Latrice Rollins, PhD,
MSW

Latrice Rollins is an Assistant Professor at Morehouse School of Medicine in the Department of Community Health and Preventive Medicine. Dr. Rollins is also a Robert Wood Johnson Foundation Culture of Health Leader whose work is focused on father engagement and father-inclusive practices in maternal and child health, violence prevention, and other public health and social work priority areas. She provides father engagement training for practitioners in various sectors. She is the editor of the book, Engaging and Working with African American Fathers: Strategies and Lessons Learned.

Averjill Rookwood, BS

Doula & Inclusive Family Benefits Strategist, Averjill is passionate doula who is trained to serve in the holistic fertility, birth and postpartum arenas. She also brings over twenty years of employer benefits management experience to the table to assist her clients behind the scenes with the business of family forming. Compassion, cultural awareness, education and advocacy are the pillars upon which she has built her business. Her company, The Corporate Doula® offers traditional doula services and modalities such as childbirth education, comfort measures training, acupressure and evidence based alternative care integration. The Corporate Doula® signature service assists families with employer benefits in regard to decoding coverage options and maximizing the utilization of both employee and employer paid benefits. The Corporate Doula® service is also available directly to employers and organizations to help build a strategic approach to their family benefit offerings in order to attract and retain their desired workforce and equitably serve the communities in which they operate. Making a difference for families in birthing spaces and workplaces is the work that Averjill is honored to do every day.
A Toledo, Ohio native, Stacy Scott, Ph.D., MPA, is a 30-year public health advocate and infant safe sleep expert who's worked from the government agency level to ground zero spearheading numerous community outreach programs nationwide to end health disparities and reduce the risk of sudden unexpected infant deaths.

In January 2018, Scott was appointed chairman of the Wisdom Council of the National Action Partnership to Promote Safe Sleep serving as faculty for the National Institute for Children’s Health Quality (NICHQ). Dr. Scott has since accepted a position as executive project director and equity lead. She supports NICHQ commitment to Infusing equity throughout the organization through who we are, what we say, and what we do.

Scott is a member International Society for the Study and Prevention of Perinatal and Infant Death. She received her undergraduate degree from Spelman College, a master’s degree in Public Administration at Bowling Green State University, and a doctoral degree in Urban Higher Education from Jackson State University.
As co-founder and CEO, Sema leads Surgo’s strategy, operations, and partner relations. She works at the intersection of behavior, data, and technology, drawing on her experience in policy, strategy and management of global development programs. Sema is an assistant adjunct professor at the Harvard T.H. Chan School of Public Health and an Affiliate Assistant Professor, Global Health at the University of Washington. Sema has a PhD in cellular and molecular biology (developmental genetics) from New York University, an MA in neuroscience from Brown University, and a BSc in molecular biology from Boğaziçi University in Istanbul.

Divine W. Shelton, MPA, MA (he/him/his) serves as a Senior Public Health Project Coordinator for CityMatCH. This Omaha, Nebraska, native attended Creighton University receiving his Bachelor of Art in Philosophy. Divine went on to Saint Louis University where he earned a dual Masters in Public Administration and Political Science. While in St. Louis, Divine worked on retention programs to retain black male students at Saint Louis University and Lincoln Universities. He served in various capacities during his seven years in St. Louis from working for a large housing non-profit, city government, and a youth homeless shelter. Prior to joining CityMatCH, Divine served on the St. Louis staff of United States Senator Claire McCaskill of Missouri where he gained experience working in public policy, government, federal grant, community outreach, day to day operations of high profile programs, negotiation, and program implementation. Divine joined the organization in 2019 and looks forward to learning from the staff at CityMatCH while seeking health equity for disenfranchised and marginalized communities nationwide. In his spare time, Divine spends time with his family, enjoys running with his husky, and lifeguarding. He is also a doctoral student at the University of Nebraska Medical Center School of Public Health.

Kelli joined the MHLIC team in late September 2020 as our Communications Manager. She is proud to contribute to the overall improvement of maternal health in some way, shape, or form so that other women and people who give birth do not have go through the same ordeals that other before them had. She has 20 years of marketing and communications experience working with nonprofits and small businesses. She has worked with internationally and nationally-recognized organizations and garnered credits as a photographer, journalist, cinematographer, producer, editor, and director. Kelli earned a BSBA in Marketing and a BS in Communications from Western Carolina University.
Kimberly Sherman is the Acting Branch Chief for Maternal & Women’s Health in HRSA’s Maternal and Child Health Bureau. She has been a HRSA staff member since 2008, and currently serves in the Division of Healthy Start & Perinatal Services. She earned her Master’s Degree in Public Policy from American University, and Masters in Public Health from the University of Louisville. Kimberly has a strong interest in improving maternal health outcomes, and currently supports HRSA’s maternal mortality reduction efforts.

Sharon Sprinkle, RN, MBA, MHA is the Nurse Consultation Director, Eastern Region for Nurse–Family Partnership (NFP). As a nursing leader for the organization, she coordinates and supports the nursing practice roles and responsibilities of nurse consultants at the National Service Office (NSO) in support of NFP’s evidence-based maternal and child health focused nursing practice.

Criss Sutton is a Senior Research Associate at the Georgia Health Policy Center. She earned a Bachelor of Social Work from The University of Pittsburgh, a Master of Social Work from the University of North Carolina at Chapel Hill, and an international certification in project management from the Project Management Institute. Her areas of expertise are in project management, community health assessments, and strategic planning. Sutton has provided technical assistance to multiple sites related to public health financing innovations and she has experience leading data collection, synthesis, and planning. Sutton has also facilitating strategic planning projects that produce results for large community–based coalitions as well as more organizational settings. She serves as a subject matter expert on the MHLIC Policy Core.

Velma Villalon Taormina, M.D., M.S.E., attended the University of Texas and earned a Bachelor of Arts Degree in Biology and a Master of Science in Biomedical Engineering. She attended medical school at Texas Tech University Health Sciences Center and completed her Obstetrics and Gynecology residency at the University of Kentucky.

Dr. Taormina was the clinical lead on several initiatives, earning numerous accolades and awards for innovation in public health. She currently serves as a co–chair on the North Carolina Institute of Medicine’s Maternal Health Taskforce and President of the North Carolina Obstetrical and Gynecological Society. She founded Taormina Healthcare Innovations in 2019, providing services as a women’s health consultant to several entities including the North Carolina Department of Health and Human Services Division of Health Benefits.
Dr. Jamila K. Taylor is director of health care reform and senior fellow at The Century Foundation, where she leads TCF’s work to build on the Affordable Care Act and develop the next generation of health reform to achieve high-quality, affordable, and universal coverage in America. A renowned health policy expert, Taylor also works on issues related to reproductive rights and justice, focusing on the structural barriers to access to health care, racial and gender disparities in health outcomes, and the intersections between health care and economic justice. Throughout her 20+ year career, Taylor has championed the health and rights of women of color and other marginalized communities both in the U.S. and around the world, promoting policies that ensure access to reproductive and maternal health care.

Organizing Lead and trainer, Chatham Organizing for Racial Equity (she/her/hers) Stephanie Terry is a Race Equity Community Organizer, activist, and advocate. She was the Founding Organizer for Justice United in Community Effort and also Industrial Areas Foundation organization. She is also co-founder of Organizing Against Racism–Orange County, a Racial Equity Institute Affiliate. Stephanie’s extensive training in community organizing includes Non-Violent Communication and Emotional Intelligence for Effective Leadership. She has also spent many years in training with Racial Equity Institute. Stephanie was the Lead Organizer for the Campaign for Racial Equity in Chapel Hill–Carrboro City Schools where she led a campaign to address the achievement gap; the recommendations from the campaign were adopted by the school board. Stephanie has also contracted with The Durham Health Department as a Race Equity Consultant/Facilitator for Sugar Smart Durham.

Stephanie Trusty has worked at IDPH for sixteen years as a Maternal Health Nurse Clinician, and serves as the AIM State Lead Coordinator for Iowa’s AIM program since October of 2020. Prior to her work at IDPH she worked for 28 years at UnityPoint Methodist providing inpatient direct care as a staff nurse in NICU then, as a labor and delivery nurse, followed by time as a Maternal Health outreach coordinator, Clinical nurse specialist, and interim Nurse manager for the OB Unit.
Kristin Tully, PhD, is a medical anthropologist engaged in a program of research that centers around safety in patient transitions through maternity care, patient–provider communication, breastfeeding experiences, parent–infant nighttime interactions, and health care innovation. Broadly, she is interested in engaging new families, clinicians, and other key stakeholders to identify unmet patient needs and co–develop effective, sustainable, and scalable solutions.

Kelly Umstead is an Assistant Professor of Industrial Design and the Director of Graduate Programs in Industrial Design at NC State University’s College of Design. Kelly has 15 years of engineering research and industrial design experience with a specialty in the medical device industry. Kelly’s work in product design has always been human–centric, from acquiring user needs, translating those needs into viable products, and verifying and validating designs through usability testing. At NC State, her research interests focus on healthcare, medical device development, human–centered design, and design methodologies.

As a research scientist, Valerie applies innovative data science methods to global health challenges. Before joining Surgo, Valerie researched agricultural value chains in sub-Saharan Africa. She used data analytics and simulation models to identify drivers of animal–source foods consumption and livestock productivity, as well as understand and map spatiotemporal patterns of livestock distribution in Sub-Saharan Africa.

Valerie has a BS in industrial engineering from the Technological Institute of Santo Domingo in the Dominican Republic. She has a PhD in agricultural and biological engineering from the University of Florida.
Dr. Sarah Verbiest brings over 25 years of expertise, leadership, and research in maternal, child, and family well-being to the team. She supervises programs that serve clinics across North Carolina, serves on policy teams such as the Child Fatality Task Force, holds a robust research portfolio, and has convened statewide coalitions to address maternal and infant mortality disparities. Verbiest has successfully led complex mixed-methods research studies and leveraged the findings into on-the-ground change. She edited the book titled Making Change Happen: Moving Lifecourse from Theory to Action (APHA Press, 2018) which focused on MCH practitioners. Her newest book – Preconception Health and Care: A Lifecourse Perspective, was released in August 2020. Dr. Verbiest is currently co-editing the 4th Edition of the Maternal and Child Health textbook due out in print in 2021. Dr. Verbiest is a Co-Principal Director for the Maternal Health Learning and Innovation Center – a new national resource center developed to accelerate innovative and evidence-informed interventions that improve maternal health and eliminate maternal health inequities. Dr. Verbiest is also on the steering committee for the HRSA MCHB Lifecourse Intervention Research Network and leads the national NC Preconception Health and Health Care Initiative. She is the Director of the Jordan Institute for Families in the UNC School of Social Work and the Executive Director of the Collaborative for Maternal and Infant Health in the UNC School of Medicine.

Canopie uses clinically validated techniques to prevent and alleviate symptoms of postpartum depression through a mobile app. We customize therapeutic audio-based programs using a HIPAA-compliant depression scale and survey about what the expecting or new mom is struggling with. We then offer tailored, light coaching in the form of written and video guidance over the course of 10 days. Our intervention was designed to be effective, accessible, and affordable in order to address the key treatment barriers that keep 50% of women from accessing care. We are rigorously testing our program, having just completed a randomized controlled trial with 100 perinatal women (59% low income, and international) and planning for our second.

Kichelle Webster has over a decade of public policy and political strategy experience working in the US Senate, US House of Representatives, and on presidential campaigns. Prior to joining the firm, Kichelle served as Senior Policy Advisor for Congresswoman Alma S. Adams on financial services, health care, tax, small business, and housing policy issues. In 2019, she spearheaded the launch of the historic, bipartisan Congressional Caucus on Black Maternal Health, which boasts more than 110 Members. She worked in several roles for Senator Robert “Bob” P. Casey, Jr. and advised the Senator on appropriations, transportation, and community & economic development issues. Kichelle earned her Bachelor of Science in Biomechanical Engineering from Stanford University, and is a proud native of the US Virgin Islands.
Calvin Williams is a consultant with Lucian Families Inc., a Ohio-based company that provides training, program development and innovation strategies to community-based and government organizations that serve fathers, parents, co-parents, and couples. Mr. Williams serves as the Fatherhood Coordinator for the Hamilton County (Ohio) Department of Job and Family Services. He is a Certified Lactation Counselor and is a co-author of, and Master Trainer for PREP Inc.’s “On My Shoulders” fatherhood curriculum. Mr. Williams previously served as the Director of Fatherhood Services for Public Strategies Inc. in Oklahoma City, Oklahoma. Before joining Public Strategies, Mr. Williams was as the Program Director for two Cincinnati-based fatherhood programs: The Lighthouse Youth Services REAL Dads Program, and the Services United for Mothers and Adolescents Fatherhood Project. He helped launch the Community Building Institute at Xavier University in Cincinnati, Ohio, serving as the initial Co-Director, and is a founding and current board member for the Ohio Practitioners Network for Fathers & Families. Mr. Williams is a founding member of the Wisdom Council for Reaching Our Brothers Everywhere, an Atlanta-based organization focused on African-American infant mortality and breastfeeding. He serves on the Public health Advisory Team for First Candle, is a member of the Fathers Special Interest Group of Marce of North America, and serves on the Hamilton County (Ohio) Fetal Infant Mortality Review team.

Kristina Wint, MPH, is the program manager for women’s health at the Association of Maternal & Child Health Programs. Kristina brings special interest in understanding the relationship between health inequities and disparities and learning how the field of public health can identify racism and restructure systems to stop inequities from persisting. She manages AMCHP’s support for state maternal mortality review committees, with an enhanced focus on health equity, through their partnership with CDC on the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) program. She also represents AMCHP on the Alliance for Innovation on Maternal Health (AIM) administered by the American College of Obstetricians and Gynecologists, and actively seeks to leverage the role of Title V in transforming maternity care with and for people who birth and their communities. In collaboration with the National Healthy Start Association and the National Birth Equity Collaborative, Kristina also provides support for the Safer Childbirth Cities initiative Community of Practice, promoting peer-to-peer learning and networking to support grantees in the implementation and sustaining of their work.
Carrie Wolfson is a doctoral candidate in the Department of Population, Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. She works as a graduate student researcher on the Maryland Maternal Health Innovation program (MDMOM). Her research focuses on maternal health disparities and fertility trends in the United States. Prior to beginning her graduate studies at Johns Hopkins, Carrie received her Master’s in Public Administration from New York University’s Robert F. Wagner Graduate School of Public Service. She has experience in program evaluation and performance monitoring through her work as a policy analyst at Mathematica Policy Research and the CUNY Institute for State and Local Governance.

Dr. Young completed his undergraduate studies at Washington University in St. Louis in Biology and French in 2004. He went on to receive his medical degree from Columbia University in the City of New York. He was a fellow in Maternal–Fetal Medicine at Magee–Womens Hospital/UPMC. Dr. Young’s academic interests include medical education/simulation, inter-professional practice, cardiovascular diseases in pregnancy and health care disparities. He is currently an associate professor in the Department of Obstetrics and Gynecology in the Division of Maternal–Fetal Medicine and Ultrasound at UNC Chapel Hill, where he serves at the Associate Residency Program Director.
Julie works with stakeholders around the country to promote better understanding of the causes and factors contributing to maternal mortality. For the past five years she has supported the development of maternal mortality review committees and contributed to the Report from Nine Maternal Mortality Review Committees and the recent articles, Examination of a Death due to Cardiomyopathy by a Maternal Mortality Review Committee and Changing the conversation: Applying a health equity framework to maternal mortality reviews. As part of CDC’s Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) initiative, Julie provides technical assistance and problem solving for state specific needs. Julie received her MPH from Hunter College; she also holds a BA in anthropology. She previously served as Maternal and Child Health Program Director for the March of Dimes Georgia Chapter and served as a member of the Georgia Maternal Mortality Review Committee from 2014–2016.
Thank You!
PLANNING Committee

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