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# Philanthropy must invest in Black-led organizations to improve maternal mortality

By Brandi Collins-Calhoun

## A Q&A with National Birth Equity Collaborative's Dr. Joia Crear-Perry

NCRP's Movement Investment Project initiative has been committed to hearing the experiences of Black, Indigenous people of color-led organizing in the reproductive access space.

And while NCRP has been vocal and responsive to the current threats against abortion access, we must remember that the reproductive justice framework is not simply a catalyst for abortion services. This work expands across sectors and movements like most topics but is often reduced to 1 or 2 mainstream issues.

The reproductive justice framework consists of several pillars that hold up this work, and a major part is held by those committed to addressing the maternal mortality crisis through a birth justice lens.

NCRP Impact Award Winner Groundswell Fund describes birth justice as core to achieving reproductive justice and the disparities that birthing people of color experience that lead to their harmful experiences and their deaths are at the core.

This vital work is being addressed from several intersections such as community doula programs, advocacy initiatives and the expansion of midwifery care. All are efforts that should be pri-

oritized across movements and sectors, yet they continue to be erased and co-opted by others in the space.

This trend has caused an influx of distrust and unease within the movement amongst organizations and leaders. But we must address what systems are responsible for the turmoil.

As much as philanthropy removes itself from movement politics and tensions, the sector can no longer recuse itself especially when its existence is harming both the narrative of the work and the Black leaders on the frontlines.

A consistent pattern that the movement has raised suggests that philanthropy's presence dehumanized the maternal mortality crisis and that current grantmaking practices aren't saving us, just romanticizing our deaths and trauma.

The data and numbers that the sector collects are more than learning tools or justification for grantmaking. They are the deaths and traumas of marginalized people, and it is philanthropy's responsibility to ensure that their proximity to power does not overshadow or manipulate the messaging from the frontlines and those most impacted.

Dr. Joia Crear-Perry, founder and president of NCRP nonprofit member



National Birth Equity Collaborative and contributor to *Black Maternal Health Research Re-Envisioned: Best Practices for the Conduct of Research With, For, and By Black Mamas* in collaboration with other Black Women Scholars and the Research Working Group of the Black Mamas Matter Alliance, spoke with NCRP about what trends she has seen as someone leading national work focused on the maternal mortality crisis and the safety of Black birthing people.

Editor's note: Some of the responses were edited to fit the format of the article.

**NCRP:** *How can the sector ensure the narrative around maternal mortality not be dehumanized and use their proximity and power as a catalyst for the voices of leaders like you to control the narrative?*

**Dr. Joia Crear-Perry:** Improving maternal health – including maternal mortality – requires that we understand the root causes of the inequities observed in maternal health outcomes. Structural determinants of health including structural racism are the root causes of inequities in maternal mortality and maternal morbidity.

Women and birthing people are most burdened by the maternal health crisis and thus should be centered in developing solutions to improve maternal health outcomes.

Centering the voices of Black women and birthing people and partnering with Black-women-led community-based organizations allows us to identify not only the gaps in health care systems, but also community-level resources to optimize their pregnancy and birthing experiences.

Relying on quantitative data and only centering clinical outcomes (e.g., maternal mortality and morbidity) and not maternal well-being is at a detriment to Black birthing populations. Black feminist thought requires that we



Dr. Joia Crear-Perry

center the narratives of Black women and birthing people to understand their experiences.

To have the largest impact, philanthropic organizations may invest in Black-women-led community-based organizations, Black researchers, Black scientists and Black evaluators to examine the efficacy of models of care and interventions proposed by directly impacted populations.

**NCRP:** *In what ways have you seen philanthropy center the realities of the maternal mortality crisis in their funding practices?*

**Dr. Crear-Perry:** We have not seen the sector address the realities of maternal mortality in their grantmaking. Foundations have failed to center those who are the most marginalized and refrain from following the leadership of Black-led reproductive justice organizations that are committed to maternal health.

To effectively address the reality of the crisis, philanthropy would have to invest in Black women and provide them with the resources to lead, the sector would have to yield their power and remove themselves to avoid interfering with the work.

Grantmakers have the tendency to group maternal mortality into reproductive health funding or create portfo-

lios focused on maternal child health, with an emphasis on the child, neither allows for the work of Black-led maternal health leaders to base build truly sustainable efforts.

**NCRP:** *What funding patterns is the sector currently committed to that leads them to neglect the many levels to the maternal mortality crisis?*

**Dr. Crear-Perry:** Now grantmakers are largely focused on high profile, white-led organizations that have not grounded their work in the reproductive justice framework.

Philanthropy's commitment to erasing Black-led organizations and the misuse of the reproductive justice lens has led the sector to advocating around provisions that are not Black-women-centered, such as optional extensions of Medicaid postpartum coverage.

There has been a consistent pattern of the sector reinforcing and replicating systems of disadvantage by acting as gatekeepers and choosing who gets to hold the work regarding to maternal mortality. According to the Centers for Disease Control's latest data, maternal mortality steadily increased between 2011 and 2014 with significant racial disparities.

In 2011, funders designated only \$2.5 million specifically to Black maternal health, and that was tapered by more than 50% in 2014. And while funding for Black maternal and perinatal health increased again and more than doubled between 2014 and 2018, the proportion of funding that was designated for Black people has remained at only 1.5% of total funding for maternal health in the same years.

**NCRP:** *Is there other data pertaining to maternal mortality or birth disparities that you would urge the sector to add to their focus? What points are they and why?*

**Dr. Crear-Perry:** A recent study published in November 2020, suggested

that physician-patient racial concordance is associated with infant mortality. The study found that Black infants cared for by Black doctors were more often to survive to their first birthday than Black infants cared for by white doctors.

In fact, the infant mortality rate was also reduced for white infants when the attending physician was Black compared to when the attending physician was white. These data are compelling and support the need for diversifying the health care workforce and specifically supporting clinical training pipeline programs for Black trainees and other trainees of color.

**NCRP:** *How can the sector ethically invest in maternal mortality without erasing the stories of those we lose and dehumanizing the work that leaders such as NBEC are holding?*

**Dr. Crear-Perry:** The following calls to action are simply a starting point to ethically investing in this work, it will take major shifts and accountability to

truly fund this work without erasing the narrative of the lives lost to this crisis:

1. Allocate more funding to Black-led organizations and ensure the sector is following the leadership of Black women, they hold the solutions but are severely under-resourced.
2. Invest in community-based organizations to allow them to continue to do the work and build upon community by harnessing their power within the sector.
3. Center the voices of the most marginalized, specifically Black birthing people and birth workers. Solutions to the crisis should be driven by those closest to the crisis.
4. Create more funding streams for Black-led reproductive justice groups. Currently the few streams of funding available create competition among the organizations as each attempt to secure funds. The sector cannot continue to use funds to cause tension or distrust amongst leaders of the movement.

5. Recognize philanthropy's anti-Black sentiment and the structural forces it creates.

We ask that the sector look to leaders like the National Birth Equity Collaborative and Groundswell Fund for examples of ethical, trauma-informed organizing and grantmaking that is grounded in birth justice.

Foundations should be more proactive in this work, such as upcoming opportunities like the Black Mamas Matter Alliances and Black Maternal Health Virtual Conference, "the premiere assembly for Black women, clinicians, professionals, advocates, and other stakeholders working to improve maternal health using the birth justice, reproductive justice, and human rights frameworks."

Philanthropy can no longer wait on organizations to hold the emotional and intellectual labor to collect these stories and data points for their grantmaking practices, they must be intentionally present in spaces that focus on the issues. ■

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