**COMMUNITY-CENTERED HEALTH SUSTAINABILITY PLAN**

**Mothering Asheville**

# **Where We’ve Been**

## **BACKGROUND**

Buncombe County has a total population of approximately 259,000; 6.4% of residents are African-American and 2.1% of residents identify as Two or More Races. The vast majority of people of color reside in a few specific neighborhoods and Census tracts due to red lining, urban renewal and other systemic racism, as well as the impact of ongoing gentrification. Asset maps of African-American communities show a startling lack of community assets, accessibility, public services and amenities in these communities of color, compared to Buncombe overall.

While the 5-year infant mortality rate in Buncombe County has remained fairly steady over the past decade, with a current rate of 6.4 infant deaths per 1,000 live births, there are persistent disparities by race/ethnicity in this and other critical birth outcomes and correlated determinants (Guidry, Virginia (2015) “Informing the Transition to a Community-Centered Health Home”). In 2017, the infant mortality disparity ratio between Blacks and Whites in Buncombe County was 3.8, a significant increase from 1.6 in 2013 (See attached Scorecard for additional information). 15% of Black babies are born at a low birth weight compared to 8% of White babies, and only 81.8% of Black pregnant women access prenatal care in their first trimester compared with 85.7% of White women.  89.2% of mothers are breastfeeding at discharge after birth in Buncombe County, however only 74% of African-American mothers.

Significant disparities in key social determinants of health are also evident (see Scorecard). For example, in 2017 22.7% of Blacks compared to 12.4% of Whites were experiencing poverty (below poverty level); and in 2016 (most recent data available) 16.7% of Blacks were unemployed compared to 6.1% of Whites.

The disparities in critical birth outcomes and associated social determinants of health revealed the need for clinical community collaborations to support pregnant Black women, their babies, and people of color through their lifespans. Mothering Asheville was established as a response to this critical need as a cross-sector partnership including clinical providers, community resident groups, nonprofit organizations, advocacy agencies and others committed to fostering health equity in Buncombe County.

## **VISION FOR CHANGE**

By 2027, we plan to eliminate inequities in infant mortality in Buncombe County, changing the 2015 data indicating that African-American babies die at 3.1 times the rate of White babies. To drive and sustain this change, we will engage community members and organizations and health care providers and administrators to advocate for institutional policies that address structural racism, implicit bias, access to care, and social determinants of health. In collaboration with community leaders, we will promote increased access to preventive services in community-based settings (particularly for African-American women of childbearing age) and create systemic change in the way that women in Asheville access and utilize care.

## **ACCOMPLISHMENTS SINCE 2016**

The Mothering Asheville Steering Committee reflected upon key accomplishments since 2016 to prepare this sustainability report (see the attached photo). Highlights for each element include:

| ***Timeline*** | ***Activity*** | ***Impact*** |
| --- | --- | --- |
| January 2016 | Creation of Mother to Mother in Pisgah View | Community leadership at the forefront of the grants, Community engagement in decision making from PVA |
| May 2016 | Children First /CIS Contract | Able to pay community participants, able to have a community coordination support for events and meetings |
| May 2016 | Spa Day Event in PVA | Community engagement, partner engagements with community members |
| October 2016 | Creation/Contract with Homegrown Babies | 5 Doulas from Housing Authority Neighborhoods trained to be Birth Doulas to serve their community and gain employment! |
| November 2016 | Team Members travel to Kalamazoo -Infant Mortality Summit | Learn more about initiatives related to the disparity in IM from more seasoned coalitions to bring back and learn from. Spurred the beginning of the Home Visitors Collaborative. |
| April 2017 | Project Coordinator .5 FTE -> Project Manager full time | Sustainability and capacity for the grant management and coordination. |
| April 2017 | ABIPA Contract | $5000 to help build capacity and get an increased engagement in Pisgah View, $2000 for community engagement event to gain publicity and involvement |
| April 2017 | Breastfeeding Peer Counseling Training for Doulas | Doulas gain valuable skills about breastfeeding to pass on to clients and community residents for an increase of breastfeeding in communities of color |
| April 2017 | Contract with County to support Doula Births | Money to support the doulas during training and first births so that women who could not afford the services had access |
| June 2017 | Contract with NCCHW to help with evaluation | Scorecard development |
| October 2017 | Lamaze Childbirth Education Training - 5 Trained in Childbirth Education | 3 Community members trained to be able to give classes/ teach in the community |
| January 2018 | Facilitative Leadership for Social Justice Training for partners | 24 partners of Mothering Asheville trained on facilitation and understanding of processes for moving social justice movements forward effectively. |
| January 2018 | Asked to be Lead Agency for County Health Priority of addressing disparity of infant mortality in Buncombe County | County Health and Human Services support of Mothering Asheville as the leader in addressing the disparity in infant mortality, technical assistance and data governance support for Mothering Asheville. |
| February 2018 | CCH switches from hiring full time CHW, to supporting SistasCaring4 Sistas as CHW that need additional infrastructure/support as CHWs | What we "as health professionals" was the answer, was actually not what we needed, what we needed was the community doulas to lead the work as our local community health workers. |
| March 2018 | Two new women for SistasCaring4Sistas trained as doulas | Increasing capacity for women to have access to doula services, creating economic opportunity for capacity from community being served |
| April 2018 | Mother to Mother designs template for organizations to receive feedback/present to group | Community embraces collective power to shift the dynamic of how healthcare/community organizations actively pursue community engagement and feedback. |
| May 2018 | SistasCaring4Sistas - 2 Day Mindfulness Leadership Retreat | This retreat gave space for the doulas to fully explore what it means to be a  mindful leader and introduce tools and strategies needed to cultivate leadership  excellence, from a place of authenticity, for Your business, community and the  World. In a small group setting, participants are guided through a series of  mindful leadership practices, leadership excellence reflections, body movement  awareness activities, self-reflection, and group discussions to explore one's  personal of presence and to learn practical-down-to-earth techniques on how  To use their "power of presence" to lead and to serve. |
| August 2018 | Michele Ashley: Coeur Conscious Consulting Contract | -- conduct analysis of systems, operations and processes, branding and marketing strategic analysis , provide business strategy, provide accountability system to ensure proper project management and support Doula's growth, analysis and implementation of referral systems, provide feedback / input for conscious change with regard to roles and responsibilities of Doula's |
| October 2018 | UNCA Center for Health and Wellness : Evaluation Contract | More deeply infuse Results-based Accountability (RBA) planning and evaluation processes and tools into the Mothering Asheville Initiative implementation and evaluation, including as a Buncombe County Community Health Improvement Process (CHIP) priority area leader. We will provide approximately one year of trainings, technical assistance, and support to incorporate RBA into an action planning, implementation and evaluation processes for your initiative. This proposal focuses on deepening evaluation efforts, engaging SC4S in the evaluation, as well as better understanding the needs, challenges and opportunities for providing this type of value-based care to address infant mortality disparities in Buncombe County and beyond. |
| February 2019 | Home Visitors Collaborative Relaunch | The Home Visitors Collaborative is essential to building partnerships that are working together to address individual and community needs for clients who work in programs like Nurse Family Partnership, Pregnancy Care Management, etc. It gives these partners the ability to find where clients are falling through the cracks, what clients are getting too much support, and how the agencies collaborate to support the individual needs |
| March 2019 | Maternity Neighborhood Data Launch | Maternity Neighborhood is a software data base that is built specifically for the care of women before, during, and after pregnancy. It allows us to have an infrastructure for tracking doula data and client outcomes. It also gives us the ability to have access and connection with other Community Based Doula programs so we can use data to show ROI |
| January 2019 | Cindy becomes first FULL time Doula with partnership with Project CARA | Expanding the doula care to women with substance use continues to show that providers and community partners see the value in the doula. IT also is allowing us to pay Cindy a wage that will continue to give her lift so she doesn’t face the same SDOH that her clients are. |

#### **Goal 2: Clinical Shift**

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| ***Timeline*** | ***Activity*** | ***Impact*** |
| --- | --- | --- |
| November 2016 | Senior Leadership at MAHEC Ob joins Board | MAHEC OB/Gyn highlights Mothering Asheville as clinical priority. |
| June 2017 | MAHEC Pilots Legal Checkup | Important step for clinical support for the social determinants of health and understanding if there is an effective pass off from clinical to community and legal supports |
| June 2017 | Pisgah Legal Lawyer embedded in MAHEC Ob/GYN | Health Care validates the need for legal aid presence as an important part of keeping our clients healthy. |
| September 2017 | Racial Equity Institute Training- Key Leaders | More than 20 MAHEC providers, clinical leaders now trained in REI to better understand the root of the issue |
| November 2017 | Maggie and Amanda present at PCMH | National Stage to present on the CCH model, how it expands on the PCMH. |
| February 2018 | MAHEC Racial Equity Institute Training | MAHEC now has 50 employees that have attended the training (including COO, Director of HR, Division Directors of FM and OB/GYN |
| February 2018 | Dinner with Executive Leadership and REI Trainers | CEO and other MAHEC Division leaders speak with REI trainers about introducing equity within the organization |
| March 2018 | MAHEC hosts internal caucuses to debrief REI (White Caucus and Black Healing Circle) | A space to continue conversations about how racial equity affects us personally and organizationally and how we can better show up. |
| April 2018 | Mothering Asheville (including SistasCaring4Sistas) meets with 2 VP's of Mission Hospital to discuss work and start partnership of understanding | In addressing equity within healthcare in Buncombe County, it is important to build relationships with the delivering hospital so that learnings transfer from clinic to hospital. |
| May 2018 | MAHEC changes Strategic Plan to add "We are committed to achieving this mission by supporting all our employees and making diversity, inclusion, and equity part of our everyday actions and language. Our updated strategic plan will include the following values: Civility: We treat all people with respect and kindness, all the time. Inclusivity: We value the contribution of people different than ourselves and the merits of an organization that reflects differences in our teams and our community. Empowerment: We value engagement, commitment, and ownership of MAHEC mission, work, and budget." | First step in IHI Health Equity Framework is making it a strategic priority, while the language isn’t what we hoped for it is a step in the right direction. |
| June 2018 | MAHEC Research Support | The research support on the grant to data has included activities such as national data-gathering from other similar community-based doula programs to determine evidence-based models for intake and referral criteria, literature review and analysis to establish best practices and an evidence basis for integrating community-based programs into clinical settings and to inform likelihood of integration with community health worker/Medicaid reimbursement requirements, and to begin establishing data collection and validation practices to document outcomes of evidence-based interventions for at-risk populations, as well as related meetings with program staff, grant advisors, and doulas. |
| July 2018 | Mission meets with Mothering Asheville and SC4S | Two VP’s of Mission Health set up a meeting to hear the experience of the doulas in the hospital at Labor and Delivery and discuss ways of how to partner moving forward. |
| October 2018 | Mission L&D Meet and Greet with Sistas Caring for Sistas | Mission Labor and Delivery hosts a meet and greet to discuss shared values between staff and doulas, find common ground, and learn how to work better as a team |
| January 2019 | Community Initiative Interviews | Mothering Asheville staff including the Community Based doulas are asked to help interview and choose a new executive level position at MAHEC furthering the systems and clinical shift work and focus area. |

#### **Goal 3: Policy/Systems/Environment**

| ***Timeline*** | ***Activity*** | ***Impact*** |
| --- | --- | --- |
| May 2017 | NC DHHS Advocacy Forum for Medicaid | 6 MAHEC Clinical staff (providers and nursing) showed up to advocate for Medicaid expansion and other initiative related |
| September 2018 | Healthy Blue Negotiations | MAHEC enters in conversations with BCBS’s proposal for Medicaid PHP. MAHEC develops a reimbursement plan and budget for doulas that BCBS used in their application. |
| June 2017 | Advocates at County Commission Meeting for partners | County support for initiatives that are key to the success of the work |
| March 2018 | First Didactic Training for OB/GYN residents on Success Equation | 10 Resident Ob/GYN's practicing in WNC have the opportunity to learn about local advocacy issues, how they can impact and support shifting policies and effectively share with others. |
| April 2018 | Second Didactic Training for Ob/GYN residents on Success Equation | 10 Ob/GYNs practicing in WNC have the opportunity to learn about local advocacy issues, how they can impact and support shifting policies and effectively share with others. |
| November 2018 | Meeting with Mission Health Patterns ACO | Maggie and Amanda met with Medical Director for Mission Health Partners to further discussion of the network ensuring all of the PHP’s that they contract with will reimburse for doula services. |

#### **Performance Metrics Progress**

Mothering Asheville tracks key performance measures/metrics through an online Clear Impact Scorecard ([https://app.resultsscorecard.com/Scorecard/Embed/33884](https://protect-us.mimecast.com/s/kvn-CADWg4IN9ZAQsGn9No?domain=app.resultsscorecard.com) ). We connect these performance measures (PM) for each of the goal areas to the population indicators (I) we are contributing to turning the curve on.

Headline performance measures for community capacity building, clinical shift, and policy/environmental change and also indicated below:

**Community Capacity Building**

Increase the number of community leaders trained in facilitative leadership, breastfeeding, doula services, safe sleep, or preconception/ interconception-related community advocacy.

*Baseline: 6 community leaders*

*2019 Goal: 20 community leader*s

*2019 Actual: 53 community leaders*

**In 2017**, the following numbers of individuals were trained in each CCHH program activity:

6 women were trained as birth doulas

5 women were trained as peer breastfeeding peer counselors

5 women were trained in Lamaze Childbirth Education

11 women were trained in safe sleep

2 women were trained as tobacco cessation specialists

1 women was trained in community leadership essentials through the Center for Creative Leadership

= 30 total individuals trained

**In 2018,** the following numbers of individuals were trained in each CCHH program activity:

2 women were trained as birth doulas

2 women were trained in community leadership essentials through the Center for Creative Leadership

4 women were trained in Mindful Leadership

9 women were trained in-Results Based Accountability planning and evaluation methods

= 17 total individuals trained

**In 2019 so far,** the following numbers of individuals were trained in each CCHH program activity:

1 woman was trained in Breastfeeding Peer Counseling

5 women were trained in Resources for Resiliency

=6 total individuals trained

53 total individuals trained

Upon receiving the Implementation Grant, the Mothering Asheville Steering Committee determined the approximate dollar value of participation in Mothering Asheville activities would be a kind indication of the success of building clinical capacity. However, our conception of the value has changed, and Mothering Asheville now logs the key activities and impact of each to track the ripples created by Mothering Asheville across the larger community. Please see the attached Success Tracker to understand key activities of each primary partner and impact: <https://docs.google.com/spreadsheets/d/1acC01jGzzfxDUeOXFlnC72FnE030Y01DafB5MsoY9zw/edit#gid=0>.

**Clinical Shift**

Increase the percent of African-American pregnant women served and impacted by Mothering Asheville who attend prenatal care their first trimester and the percent who deliver their babies full term (37+ weeks).

In 2017, 80.6% of African-American pregnant women on Medicaid in Buncombe County attended prenatal care their first trimester and 90.3% percent delivered their babies full term (37+ weeks). During the same period (which was prior to the doulas joining MAHEC), 80.7% of African-American pregnant women on Medicaid served by MAHEC attended prenatal care their first trimester but only 88.5% delivered their babies full term. This disparity indicates that while the percentage of clients served through prenatal care by MAHEC was nearly identical to the clinical system county-wide, the patients had poor birth outcomes.

SistasCaring4Sistas data shows that (as of May 2019) 93.2% of the babies were born at healthy weight (over 2500 grams) and 87.5% were born full term. Of the babies born at low birth weight, two were preterm and admitted to NICU, I was full term and not admitted and just barely under healthy weight (2466g), and all were delivered vaginally, a method with far fewer risks and complications than cesarean. In addition 96.7% of the pregnant women served by SC4S thus far served received prenatal care in their first trimester. It is important to note when comparing these performance measures to the African Americans on Medicaid served by MAHEC or the Buncombe clinical system overall, that the clients served by SC4S face some of the greatest challenges in the community in accessing care, overcoming systemic racism, and many barriers to employment, education, transportation, and others. Eligibility requirements for SC4S clients include being African American, lives in public housing, below federal poverty level, and Medicaid eligible.

**POLICY AND ENVIRONMENTAL CHANGE**

Increase the number of health-related organizations, CCHH partners, and healthcare providers who promote advocacy opportunities (specifically those related to the Success Equation policy agenda) through their internal and/or external media or through direct policy action.

*Baseline: 3 organizations*

*2019 Goal: Increase to at least 15 individuals from different organizations over three years*

*2019 Actual: 15*

All key Mothering Asheville Steering Committee members are now engaged in promoting policy and environmental change and 13 have committed to strengthening these efforts in the future. See the table below for additional information on how partners are engaged.

**LESSONS LEARNED**

1. **The power of building trust and relationships**
   1. If Blue Cross Blue Shield of North Carolina Foundation had not have been cognizant of the time and energy that would be needed to create trusting relationships with communities who were experiencing health inequities, the success of our work would not be where it is today. There is a history of mistrust in communities of color and health sectors, so for our team it was vital to build relationships and trust between the partnership and the community prior to planning and implementing any strategies. The time and understanding from both community members and clinicians and partners was critical to this work. Partners gathered around the picnic table for over a year, a group that led to the birth of Mother to Mother and eventually SC4S. These groups increased in size through community members sharing with others how they experienced the safe space in Mother to Mother.
   2. Our providers have said on multiple occasions that “if they hadn’t spent the time in community hearing a different perspective about what they thought was causing their patients’ health outcomes, they would have never known the real answers were much different.”
2. **The importance of having multi-sector partnerships invested in a shared vision**
   1. For Mothering Asheville, one of the key partners that is often times left out of conversations regarding public health is clinical providers. Having invested clinical providers from both MAHEC and Buncombe County HHS has been instrumental in changing not only clinical environments, but providing skills and relationships with community, and the time commitment to systems policy and environmental shifts overall. We saw a major shift at MAHEC, in particular, when our OB/GYN Department Director began to invest her own time in the shared vision which then came with other leaders in the organization following suit.
   2. In addition, numerous other sectors are involved including partners from the justice system, academic intuitions, educational nonprofits, community agencies and more. This enables Mothering Asheville to learn from diverse perspectives and disciplines as well as to extend its message throughout our community. For example, Mothering Asheville led to the creation of the Medical Legal Partnership with Pisgah Legal Services which has given value to the legal issues patients face as a considerable indicator of their health and well-being.
3. **The effectiveness of the Community Centered Health Home approach**
   1. While many people in the nonprofit realm understood the importance of policy work to the health of our community, the intentionality of the Community Centered Health model of the integration of community capacity building with clinical shift and policy, environment and systems transformation. By engaging partners who already had established policy work in the community, we were able to leverage their expertise to break down silos and lift up and give more legitimacy to the policy work already occurring. In completing this report, it became event how many strategies and activities eventually became cross-cutting: evidence of the built capacity of communities, the shifts of clinical settings AND the changing systems.
   2. Mothering Asheville’s partnership has resulted in ripple effects across our county**.** For instance, Mothering Asheville has had an effect on MAHEC as an organization and how it values equity and the importance of learning about systemic racism, which has resulted in our organization changing language in our Mission Statement. It has also resulted in bringing medical learners into our space of community relationship building so that they can better meet the needs of their patients. It has resulted in a culture change of how providers value their part in policy change. One of the most major changes that has occurred in this work has been MAHEC hiring on the doulas as staff, and, as far as we know, the first Community Based Doulas housed in a clinic with access to clinical information and partnerships.
   3. Mothering Asheville has also hosted their first conference where partners across the region were able to take part in understanding why all the pieces of the CCH model are so important in creating lasting and systemic change.
4. **The impact that participation in Mothering Asheville has had on steering committee members** 
   1. Mothering Asheville surveyed steering committee members to better understand how they were affected by participation. Following are their responses:

* *“I feel proud to be part of a cross-sector group that so deeply engages community in driving solutions and works to train clinical providers to better support ALL patients. I get the opportunity to adjust the trainings and tools we provide for this group and to try new innovative approaches to help us work better together.”*
* *“Grounding our policy advocacy work in a meaningful community partnership and better understanding the clinical and community challenges. Connections to new advocacy voices at the clinical and community levels. A chance to learn and grow - especially around work to address systemic racial disparities in institutions, policy, and community.”*
* *“I am able to connect with others who are dedicated to health disparities and outcomes. I gain knowledge on what is needed in order to make sustainable changes within our healthcare system. And I love that all opinions are heard without discrimination or discord.”*
* *“Invaluable relationships, information on increased services for referring women, inspiration for more community partnerships to lead to widespread change, greater understanding of specific challenges for the individuals and agencies we work with.”*

1. **The value of opportunities for professional development and growth**
   1. Another important value that BCBS of NC Foundation bestowed upon our partnership was the intentional education and growth opportunities of Mothering Asheville involved leaders throughout this process. Access to trainings like Facilitative Leadership for Social Change and the Center for Creative Leadership has helped partners to forge bonds between organizations, to have shared tools, and to strengthen our collective impact moving forward.
2. **The challenge of bringing the “right” partners at the table and maintaining them**
   1. While Mothering Asheville has been able to maintain many strong partnerships, we have also experienced the time when an organization that we feel is key to the work does not return the same sentiment. For instance, we had been on our journey with our local FQHC, WNCCHS, and in the time of capacity building, the work was moving too slow and did not seem to be what they thought was a good use for their time. However, we also know that it was not their clinical leadership that was a part of our original work, and that by reevaluating where we currently are, we may be able to regain a trusting partnership to build sustainability with our path moving forward.
   2. Mission Healthcare has been engaged in varying degrees. Their purchase being by HCA and the impact of the Dogwood Trust and redesign of community benefits presents new opportunities and new challenges. However, we have strategically placed partners at the right tables to keep us informed on the transition and for us to be influencing the way that Dogwood strategizes giving.
   3. Mothering Asheville and the NC Center for Health and Wellness engaged steering committee members in a improvement exercises using Results-based Accountability, leading members through a process to understand “what works” and “what works to do better” in our movement and helping them craft elevator speeches to understand and communicate how participation connects to their agencies’ work.
3. **The importance of learning our history to work towards a better future**
   1. In order for us to get where we need to go, it has been an important lesson to first understand where we have been. Clinically it was important to map out and recognize what the current experience for a person entering the healthcare system is like. Mapping out the MAHEC and WNCCHS Ob pregnancy experience was essential in figuring out where we can and should make changes to better serve patients.
   2. Due the longstanding history of racism and oppression in Buncombe County, we knew we had to learn about this history and understand why community members didn’t engage with healthcare and the experience working with other public health grants. It was essential that we gave room and space for community to lead with their voice and experience to be successful. We have seen many initiatives fail to take the time and space to do this, and ultimately end up not achieving their goals.
   3. Arthur James coming to MAHEC at the very beginning of our work changed the path we took and gave us a new perspective of how we saw things. His analysis of race and racism as the sole reason for the inequity in infant mortality gave us the validity we needed for providers to get on board with addressing racism before all else if we want to see changes in health.
   4. If we do not acknowledge institutional racism EXPLICITLY, we will not achieve the results we want to.
   5. Also critical was cultivating an understanding the cultural and systemic barriers between the Latinx and Black communities in Asheville. Because of the differences, we were unable to balance both the community desires in the Emma community and the desires in the Black community. The capacity to address two different health issues in two different communities was too broad of a challenge, so we had to narrow our focus to just working with the community that had the most alignment with our partners. It was heartbreaking for our team; however, our work has still continued on without us in the Emma community through helping them engage with partners that were better equipped to provide the resources the community was asking for.
4. **The challenge of hiring community based doulas experiencing the same health outcomes as the community served**
   1. As you will see in our proposed budget, we have had to make a hard decision about what the money in our budget with the CCH grant will support. Our Steering Committee unanimously supported that the doulas need to be compensated enough to create a stable environment where they can show up for their clients the way that they need to. For our doulas to be working 24 hour births and be in the office managing data, new caseloads, presenting and marketing, etc it is important that we put the integrity of their work at the forefront. It is essential that we become full time employees with benefits.

# **Where We’re Going**

## Please see the table below for Mothering Asheville’s stated objectives and our organizational commitments and sustainability strategies for each. In addition, in preparation for this report, Mothering Asheville stakeholders and steering committee members expressed their commitments and sustainability strategies for moving the work forward overall. Highlights included the following: 5 agencies will participate in new partner recruitment; 6 will help explore possible funding opportunities; 10 will connect to transformations in the health care landscape; 13 will participate in policy and advocacy efforts; 7 will continue to build Mothering Asheville leadership; 7 will explore workforce growth strategies; 13 will explore Mothering Asheville alignment with other initiatives; and 7 will help think through sustainability strategies into the future.

## **KEY FOS AREAS**

|  |  |  |  |
| --- | --- | --- | --- |
| **GOAL** | **Objectives** | **Organizational Commitments**  (e.g. staffing, trainings, resources that are already in place to support this work) | **Sustainability Strategies**  (Aspirational yet realistic intentions and the organization providing—e.g. grant proposals, new partner recruitment, future integration into organizational budgets, earned income) |
| 1. **Clinical Shift** | Administrative approval and implementation of evidence-based referral and intake processes to ensure Buncombe County residents at greatest risk (for LBW, preterm, infant death, and poor maternal outcomes) as a result of structural racism receive doula care through MAHEC   * Steering Committee members will continue serving on the Home Visitors Collaborative and providing referrals. * MAHEC will continue providing systems and administrative support for this process. * Mothering Asheville Program Manager in partnership with the MAHEC/BCHHS Health Specialists and NCCHW will regularly review performance measure data from SistasCaring4Sistasto identify ways that their clients are “better off” from services and connect these changes to community indicators for maternal and child health. | * MAHEC Ob/GYN has committed space, materials, and passed through Risk and Compliance referring for both inside and outside the organization to doula services. * MAHEC has also established evidence based criteria for the referrals. * MAHEC has also agreed to find the funding within its own limits to create two more full time positions for the doulas. * 8 Steering committee members have committed to serving on the Home Visitors Collaborative and 10 to providing referrals to SC4s. | * MAHEC has already created a sustainable structure for referral and intake process (it doesn’t take money just time * MAHEC will transfer its paid evaluation work from the NCCHW to the Buncombe County CHIP Health Improvement specialists that provided Technical Assistance to Mothering Asheville which has a 10 year priority health condition focusing on birth outcomes/infant mortality. |
| Integrate community voice into clinic structure and OB decision making by routinely collaborating with Mother to Mother and SistasCaring4Sistas to improve patient experience.   * MAHEC and Steering Committee members will continue to attend Mother to Mother and build trust and relationships and understanding of the community strengths and needs. * The lessons learned through community voices and conversations in Mother to Mother and the Mothering Asheville activities will continue to influence the policies developed by Mothering Asheville steering committee members’ agencies and issues and strategies considered in community health improvement processes throughout the county. * Key clinical partners are engaged in CHIP and these planning processes may influence other institutions. | * MAHEC Ob/GYN and MAHEC Family Medicine have committed both faculty and residents to attending monthly meetings in Pisgah View Apartments to attend Mother to Mother. * Six steering committee members are committed to attending Mother to Mother. * The Heath Specialists at MAHEC/BCHHS are purposively including community voices in the planning processes for the next Community Health Improvement Plan (CHIP) by facilitating exercises where and when Mothering Asheville clinicians, partners and community members can participate. * Mother to Mother is building trust between community and health care providers | * The ultimate goal for Mother to Mother would be to find a sustainable structure to pay for community engagement through a grant focusing on the Social Determinants of Health through the newly established Dogwood Health Trust. * Mothering Asheville partners that attend Mother to Mother will continue to be carried on through a sustainable community engagement structure built into MAHEC Residency Advocacy Didactics. * We hope that eventually MAHEC’ providers direct involvement in Mother to Mother will continue to change policy at MAHEC |
| Provide clinical education and ongoing training for MAHEC Staff regarding Racial Equity.   * MAHEC will continue to engage staff, residents, clinicians and others in participating in racial equity trainings. * Mothering Asheville is working to develop a curriculum for residents to train them in systemic racism. * MAHEC is providing opportunities for clinical staff and the Mothering Asheville program manager to grow this racial equity work across clinical settings, both within MAHEC and sharing best practices and resources with other clinical institutions in the community. | * MAHEC has trained and paid for over 50 employees to attend the 2 day Racial Equity Institute Training. * Dr. Buys has held 3 didactics on the history of racism in medical institutions. * Amanda Murphy has been officially made Medical Director of Mothering Asheville (funded by MAHEC), bringing the Mothering Asheville vision and values to new departments of MAHEC. | * MAHEC will commit to using part of our Technical Assistance funding to pay for an outside agency to do a full evaluation of how MAHEC currently is doing in terms of equity work * Once the evaluation is complete MAHEC plans on investing money, time, and resources in creating a sustainable structure and strategy for continued alignment towards Racial Equity. |
| 1. **Community Capacity Building** | Support and sustain doulas (and maintain consistency of work). (e.g. ongoing training, appropriate infrastructure)   * Mothering Asheville and MAHEC continue to look for additional funding resources for doulas outside of Medicaid reimbursement (as we are concerned it may not happen in the next two years). * Nurse Family Partnership, CCWNC, MAHEC Ob and Family, the YWCA will continue to send referrals for clients who meet criteria for doula services. * Mothering Asheville plans on doing an annual fundraising event to continue to find resources for ongoing training and support for doulas. * The consideration of Mothering Asheville continuing to lead the CHIP’s priority health condition and their partnerships could lead to increased sustainability. * Mothering Asheville Steering committee members continue to support statewide efforts to embed reimbursement systems for doulas as critical community health workers into continuums of care. * The doulas will employ the skills and knowledge they gained through Mindful Leadership and Culture of Results to grow their business. | * SistasCaring4Sistas has been one of the most universally supported pieces of our work. * MAHEC has continued to find ways to assure that the doulas stay on staff and have access to resources in the organization. * MAHEC Project CARA has hired one of the doulas to specifically work with women using substances. * Mothering Asheville partners continue to collaborate ways to refer clients to SC4S services, improve communication, and elevate new ways of addressing clients’ social determinants of health needs. * Mothering Asheville has been working vigorously to get connected with organizations and collaborative working to create sustainable job structures for the doulas. * NCCHW has worked individually with SC4S to provide the skills to evaluate the efficiency and effectiveness of their work. * 5 steering committee members have committee to providing training and capacity building to the rest of the steering committee, including doulas. | * By the time Medicaid transformation hits Western North Carolina, Doulas will be reimbursed at a rate of $1200 per birth to the facility where the doulas work. We hope this allows us to hire more doulas to potentially reach 400 clients in WNC who qualify for doula services. * The rest of the infrastructure to support ongoing training for the doulas will be a part of the strategy for the Dogwood Foundation application * MAHEC will commit internal resources to providing support to the doulas including sustaining the Medical Director of Mothering Asheville position, a LCSW support person, a Strategic Doula Consultant, and an administrative and leadership coach |
| Improve understanding of community member fears and concerns related to healthcare and social services in order to make better connections to resources and strengthen relationships. (e.g. work with Mother to Mother to identify fears)   * Mother to Mother will continue to meet and grow with partners and community. * We hope to continue to be able to pay community residents for their time contributed to Mother to Mother and what it is building. * Mothering Asheville steering committee members will collaborate with other efforts in Buncombe County to understand the unmet needs of community members, particularly residents of color, for example through CHIP listening sessions as well as through a Robert Wood Johnson Foundation effort to understand the lived experiences and fears of people of color. | * Mother to Mother continues to meet once a month. The group has grown to be at least 15 women from various Housing Authority neighborhoods in Asheville. It also is made up of faculty and residents from MAHEC, the Medical Director of Buncombe County, County HHS Staff, Nurse Family Partnership, and the SC4S Doulas lead and facilitate the meetings. We have been visited by the City Manager of Asheville on two occasions to address concerns of the residents. | * The ultimate goal for Mother to Mother would be to find a sustainable structure to pay for community engagement through a grant focusing on the Social Determinants of Health through the newly established Dogwood Health Trust. * Mothering Asheville partners that attend Mother to Mother will continue to be carried on through a sustainable community engagement structure built into MAHEC Residency Advocacy Didactics. |
| 1. **Policy/ Systems/ Environment** | Provide resources and clinical and community connections to bolster the Success Equation’s existing advocacy work at local, regional, state and federal levels as it aligns with the NC Perinatal Strategic Plan   * Pisgah Legal Services plans on hosting “Understanding Medicaid Transformation” sessions for both partners of Mothering Asheville and the community beyond. * The Success Equation and Greg Borom are collaborating to create an embedded curriculum for MAHEC residents for years to come that aligns with CREOG (OBGYN residential) objectives. * The Success Equation plans on partnering with Mothering Asheville to hire Community Advocates that learn more about policies affecting the health of their communities, reach out to neighbors, and speak at local and regional advocacy events. * Mothering Asheville Steering committee members will continue to be change agents. | * Children First/CIS’s the Success Equation Policy Agenda group have created trainings for medical providers to understand and get involved with local public policy affecting health outcomes in our county. They have developed and delivered these trainings four times for both Family Medicine and Ob/GYN residents at MAHEC. * Providers who have been trained have advocated for Medicaid Expansion, Family Friendly Affordable Buncombe County, and have written letters to both county and city officials in support of funding key policy issues. * Ten steering committee members have committed to being change agents! | * Potential revenue from completion of Advocacy Curriculum for Ob/GYN residency and Family Medicine residency- will present at conferences to further investment from external stakeholders |
| Provide resources and leadership to support policies necessary to realize guidelines, funding, and sustainability for Community Health Workers/doulas in Buncombe County.   * Mothering Asheville will continue to collaborate with ACO, PHP’s, and other Medicaid Beneficiaries embed doula services in those they provide at appropriate reimbursement rates for each birth. * MAHEC and ABIPA continue to work with the state and organizational partners to help build a sustainable structure for reimbursement of Community Health Workers through statewide certification and training. | * Mothering Asheville has partnered with different organizations regarding securing doula reimbursement. * Amanda Murphy sits on the NC Perinatal Strategic Planning Team. * Chama Woydak is working with other doula organizations and has compiled research and a database of recommendations. * JeWana Grier McEachin and Kathey Avery have continued to work and lead the NC Strategy for Community Health Workers Certification. * Our team has developed a budget and proposal for the reimbursement of doula services through facility at 12000 per birth and proposed it to both Healthy Blue and our local ACO, Mission Health Partners. | * By the time Medicaid transformation hits Western North Carolina, Doulas will be reimbursed at a rate of $1200 per birth to the facility where the doulas work * Potential for spreading Community Based Doula model across the region into rural areas with limited access to obstetrical care that will also be reimbursed at 1200 per birth. |
|  | Better understand the influence of systemic racism and other types of oppression on community residents, particularly pregnant women.   * Mothering Asheville Steering Committee members are committed to continuing to understand the impact of systemic racism on birth outcomes, especially for women of color, and to participate in trainings to understand implicit bias and promote racial equity within their agencies. | * Steering committee members have attended racial equity institute trainings and shared other resources for understanding how racism and oppression affect health. |  |

# **Sustaining Structures**

Describe the staffing structure for sustaining community-centered health as an approach to achieving goals in your community. Include the key positions, especially those included on the budget, with percent FTE and their employing organization.

|  |  |  |
| --- | --- | --- |
| **Key Staff**  **(% FTE)** | **Roles/Responsibilities**  (reference connections to focus areas listed above) | **Organizational Home** |
| Project Manager 1.0 FTE | Overseeing of all areas of focus | MAHEC Ob/Gyn |
| Mothering Asheville Medical Director (.4 FTE) | Clinical Shift | MAHEC Ob/GYN |
| SistasCaring4Sistas Doulas  1.0 FTE x3  PRN x 2 | Community Capacity Building and Clinical Shift | MAHEC Ob/GYN |
| Director of Advocacy Staff Support for Medical Learner Curriculum (.5 FTE) | Policy and Environmental Shift | Children First/CIS |
| Strategic Doula Consultant | Community Capacity Building | Homegrown Babies |
| CHIP Technical Assistance (.1 FTE) | Community Capacity Building | County HHS/MAHEC |

# **Budget**

Use the supporting “Blue Cross NC Proposed Budget” Excel worksheet to develop an estimated, three-year continuation budget. Only complete the “anticipated project budget” columns and leave blank the “actual project revenue/expense” columns. Do not include amounts in the dark grey cells (i.e. in-kind revenue requests from Blue Cross NC, Year 3 revenue from Blue Cross NC).