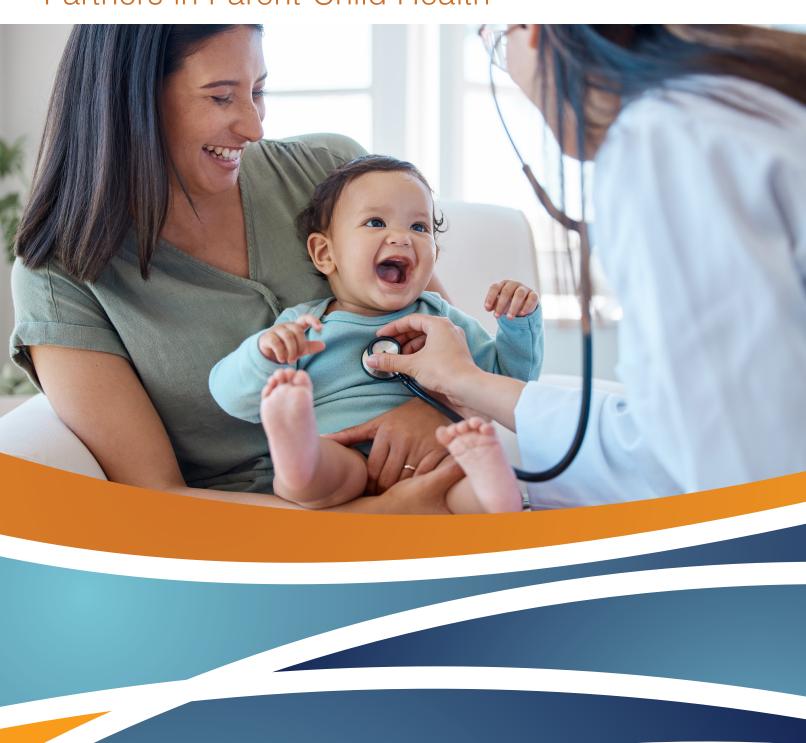
# **Building Together**

Partners in Parent-Child Health







### **DEAR PARTNERS AND FRIENDS,**

# For 35 years, the A. James & Alice B. Clark Foundation has invested in the people and promise of Washington, DC.

Aligning with Mr. Clark's beliefs of "give where you live" and using philanthropic resources to address today's challenges, the Foundation's Parent-Child Health Initiative reflects the Clark family's commitment to strengthening the DC community.

Having catalyzed collaboration among health providers citywide to improve care for families and children, the Clark Foundation is working with our partners to ensure the sustainability of this important work after our sunset in 2025.

#### **OPPORTUNITY**

The Foundation seeks to expand opportunities for individuals in the DC community where the late Mr. Clark achieved much of his professional success. In keeping with Mr. Clark's desire to spend down over \$1 billion within a decade and maximize the impact of this funding, the Clark Foundation established its current philanthropic model in 2016 with the plan to sunset at the end of 2025.

The Foundation invests in transformative opportunities to build capacity, scale programming, and pilot new approaches.

#### **IMPACT**

The Clark Foundation's Parent-Child Health Initiative aims for all DC families to have the support they need in their child's first three years of life to help ensure a healthy, thriving future. It's an ambitious goal, but our partners' innovations are the building blocks for a comprehensive, integrated, and culturally responsive system of support for families in Washington, DC.

We know that pregnant and birthing people and families with young children often access more than one avenue of care. Our partners are coming to the table to collaborate, share innovations, and work towards the overall goal of ensuring that there's "no wrong door" for accessing perinatal care in DC. The Clark Foundation's investments are catalyzing innovation and integration of health services while enhancing collaboration between hospital systems and community-based health providers, some examples of which follow here.

#### **LEGACY**

Consistent with Mr. Clark's belief that today's money should solve today's problems, the Clark Foundation will close its doors in 2025 having invested over \$1 billion in our grantee partners, including more than \$105 million in the Parent-Child Health Initiative.

Our investments in infant and maternal health are wide and deep, focusing not just on clinical care but a suite of supports that work together to improve outcomes for moms, babies, and families in DC. The Clark Foundation envisions the day when the same quality health care choices are available to all residents starting or expanding their families in Washington, DC.

We have compiled this booklet to help introduce you to our partners who are leading the way in making this vision a reality. You will read about our community health and hospital partners, whose innovations are already increasing access and improving outcomes. And because we know that health is about more than just clinical care, you will also read about our wrap-around partners who are providing critical supports and collaborating around important issues like social drivers of health.

As much of this transformational work will happen after our sunset, it's even more critical that our partners have the resources to continue to make progress, reach larger audiences and attract additional funding. We are pleased to raise awareness in the philanthropic community of the work being done so this ambitious project continues to cultivate families and a brighter future for the district.

Thank you for joining us in this effort.

Best

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Courtney Clark Pastrick

Board Chair, A. James & Alice B. Clark Foundation

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Joe Del Guercio

President and CEO. A. James & Alice B. Clark Foundation

# **COMMUNITY OF HOPE**

#### **MISSION & VISION**

Community of Hope works to improve health and end family homelessness to make Washington, DC more equitable. Our vision is that everyone in Washington, DC will have good health, a stable home, family-sustaining income, and a hope-filled future.

#### **OUR PARTNERSHIP WITH THE CLARK FOUNDATION**

The Clark Foundation's investment was the lead gift in our Healthy Beginnings, Hopeful Futures capital campaign, which allowed us to open the expanded and relocated Family Health and Birth Center in March 2022.

Through a subgrant from the MedStar Safe Babies Safe Moms Initiative, Community of Hope funds four initiatives:

- 1. Expansion of our perinatal care coordination program to cover every site and qualified patient.
- 2. Addition of on-site sonography at every health center and full scope sonography and maternal fetal medicine at our Ward 8 Conway Health and Resource Center.
- Partnership expansion with the MedStar Health/Georgetown-Washington Hospital Center Family Medicine Residency Program
- 4. Enhanced data and evaluation along with increased access to hospital services at MedStar for all patients.

#### LOOKING AHEAD: OUR FUNDING PRIORITIES

- Evaluate the effectiveness of our comprehensive Maternal and Child Health model of care. Then advocate for Medicaid reimbursement of all the existing services to ensure a sustainable funding source for these innovations.
- Cover startup operating gap of over \$350,000 for the launch of the new pharmacy on-site at the relocated Family Health and Birth Center.
- Advance recruitment, retention, training, and creative professional development—possibly fellowships— of our maternal health and general healthcare professionals.
- Expansion of early childhood home visiting programs.
- Continue transportation assistance for pregnant people to attend all prenatal and specialist appointments.

#### **OUR PARTNERSHIP VALUES**

- Funders who are ready to learn with us as we uncover the multi-layered, complex environment affecting our patients and their outcomes.
- Graciousness on startup timelines, especially with hiring challenges.
- Funders willing to negotiate outcomes that align with our other 150+ programmatic outcomes.
- Funders who comprehend the need for flexible funding and are willing to entertain general operating proposals at any stage of the relationship.



#### Kelly Sweeney McShane President and CEO

#### **Project Leads**

### **Ebony Marcelle**

Director of Midwifery emarcelle@cohdc.org

#### **Abayea Pelt**

Director of Maternal and Child Health apelt@cohdc.org

#### **Victoria Roberts**

Vice President, Health Services vroberts@cohdc.org

#### **Development Point of Contact:**

### Leah Garrett

Vice President, Development and Communications Igarrett@cohdc.org "Every baby born in Washington, DC should have the same hope-filled future, regardless of which zip code they were born in. **Every mother should** have the confidence that her family will be off to a healthy start. Community of Hope is committed to improving health equity and ensuring that families can trust that we are putting their needs first."

Kelly Sweeney McShane,
 President and CEO

#### **■ COMMUNITY HEALTH PARTNER**

# **MAMATOTO VILLAGE**

#### **MISSION & VISION**

Mamatoto Village is devoted to serving Black women through the creation of career pathways in maternal health; and providing accessible perinatal support services designed to equip women with the necessary tools to make the most informed decisions in their maternity care, parenting, and lives.

Our Vision: Healthy Mamas. Healthy Babies. Healthy Communities.

#### **OUR PARTNERSHIP WITH THE CLARK FOUNDATION**

- Capacity building by supporting the hiring and onboarding of staff members.
- Capacity building and scaling efforts in the Mothers Rising Home Visitation Program and Perinatal Health Workers Training Program.
- · Capital support by supporting a down payment on our newer facility.

#### LOOKING AHEAD: OUR FUNDING PRIORITIES

- Funding to build organizational capacity in our mission-critical programs.
- Funding to scale our perinatal health services and workforce development efforts to broaden our organizational impact.
- Funding to invest in ongoing data and social impact initiatives that will ensure and display the efficacy of our work.
- Capital funding to support phase two of our capital campaign.

#### **OUR PARTNERSHIP VALUES**

At Mamatoto Village, we consider a "good" funding partner to be an organization that seeks to make and sustain a transformational relationship. Aligned with our commitment to justice-centered philanthropy, we seek and enter into partnerships with funders that will provide technical assistance, learn and grow with us, open up their networks, and invest in the strategic growth and sustainability of our organization. To us, a good funder relationship is transformational and not transactional.



**Aza Nedhari** *Executive Director* 

Development Point of Contact Jordan McRae

Director of Development jordan@mamatotovillage.org

"We believe that the right to health and self-preservation according to one's own will is a fundamental right; therefore, if women lack access to the information, resources, autonomy, and safety they need to preserve their lives; the lives of their children; and long-term interests, then it is a violation of their human rights.

Mamatoto Village is dedicated to acting towards the cause of justice and liberation in the highest capacity possible. Additionally, we believe that Black women can be strengthened by one another, giving rise to a more radical, collective, and supportive environment for wellness and thriving."

Aza Nedhari,
 Executive Director

# **MARY'S CENTER**

#### **MISSION & VISION**

Mary's Center's mission is to embrace all communities and provide high-quality healthcare, education, and social services to build better futures.

#### **OUR PARTNERSHIP WITH THE CLARK FOUNDATION**

- Pilot of the Nurse Family Partnership Home Visiting model in Washington, DC.
- Expansion of perinatal telemedicine services.
- · Expansion of perinatal mental health and perinatal mental health care coordination services.
- Expansion of maternal care coordination services.
- · Hiring a Maternal Fetal Medicine Specialist.

#### LOOKING AHEAD: OUR FUNDING PRIORITIES

- Continuing to provide high-quality care for all, even as the uninsured population in our region is increasing. In 2021, Mary's Center provided nearly \$7 million in uncompensated care across all five of our sites; we expect this number to increase in 2022 as our families continue to feel the devastating effects of the pandemic.
- Support for Non-Billable Social Services: Many of the 40+ programs and wraparound services offered at Mary's Center are not covered through patient billing and must be offset by other sources of funding.
- Hiring additional Family Support Workers (FSWs) to increase participant utilization of multiple service lines to promote health equity and remove barriers to improved health.
- Mary's Center-Briya Research Institute: Mary's Center and our education partner, Briya Public Charter School, are working together to establish a joint research institute to research evidence-based models to then engage policy makers about policies, strategies, and programs that best address community, social, and economic mobility needs.
- Funding to support the annual DMV Perinatal Mental Health Symposium which brings together multidisciplinary providers for a day of training and innovative content sharing around perinatal mental health.

#### **OUR PARTNERSHIP VALUES**

In our funding relationships, we value open and responsive communication. We also value the opportunity to receive feedback on our work when a proposal is declined – this helps us improve our efforts for future funding opportunities. We appreciate when our partners share outside opportunities with us.



Tollie B. Elliott, M.D.
Chief Executive Officer

#### **Project Leads**

### **Ingrid Andersson**

Director of Care Coordination iandersson@maryscenter.org

#### Fernanda Ruiz

Director of Home Visiting fruiz@maryscenter.org

### Andrea Agalloco

Perinatal Mental Health Program Manager aagalloco@maryscenter.org

# Development Point of Contact

#### Sarah McIntosh

Director of Grants and Foundation Relations grants@maryscenter.org "All parents and children—regardless of race, income, insurance status, medical history, or where they live—should be able to get the care they need. And it should be easy for them to do so. Across the health care and social services sector in DC we need to lose our assumptions, listen to and learn from each other, and connect people with knowledge and resources. When we do this—when we truly work together to meet patients where they are and address not only their clinical needs but their overall well-being—we will create a system where every access point is the right one."

Dr. Tollie B. ElliottCEO

# **CHILDREN'S NATIONAL HOSPITAL**

#### **MISSION & VISION**

As the nation's children's hospital, the mission of Children's National Hospital is to excel in Care, Advocacy, Research and Education (CARE). We accomplish this through:

- Providing a quality health care experience for our patients and families.
- Improving health outcomes for children regionally, nationally, and internationally.
- Leading the creation of innovative solutions to pediatric health challenges.

Diversity, equity, and inclusion are a priority and are critical to achieving our mission.

#### **OUR PARTNERSHIP WITH THE CLARK FOUNDATION**

- Provide universal maternal mental health screenings during pregnancy and after childbirth across our community, deliver interventions for pregnant people identified at-risk, and provide early supports for children whose mothers experienced mental health disorders; Refine, test, and disseminate evidencebased screenings, diagnosis, and interventions that support mother-baby wellness.
- Identify and support postpartum caregivers struggling with mental health disorders in our emergency departments, Neonatal Intensive Care Units, and across our hospital system.
- Expand primary care behavioral health services through specialist training and workforce development;
   Create a community-engaged, early childhood mental health specialty clinic that addresses the unique needs of infants and toddlers.
- Deliver comprehensive health care and wraparound services for parents and their young children including a focus on social drivers of health.
- Increase access to best practice autism interventions and care, including a program to enhance community providers' competence in autism-specific service delivery to young children.

#### LOOKING AHEAD: OUR FUNDING PRIORITIES

- Prenatal pediatrics focusing on the developing brain leveraging work to help moms lower stress, anxiety, and depression with a priority to expand individual/group therapy, engage women from Wards 7 and 8, and deliver patient-centered, perinatal mental health interventions citywide.
- Early childhood diagnosis/interventions for anxiety, trauma, autism, and other issues.
- Expansion of integrated autism diagnostic/family services in primary care.
- Increasing capacity of pediatricians and other providers and embedding mental and behavioral health specialists in primary care (emphasis Wards 7 and 8).
- Parent engagement/support and promoting community leadership.

#### **OUR PARTNERSHIP VALUES**

An ideal funding partner will share our commitment to equity and bring:

- Willingness to review progress and return on investment to ensure the funding partner is supportive and engaged in our accomplishments and challenges.
- Philanthropic priorities of their own that our team can align with to achieve shared goals.
- Openness to building programs and a partnership vision in collaboration together with our care providers and local partners.
- Recognition that the program and funding landscape is both challenging and ever-changing and as a result brings a flexible and pragmatic approach to achieving success.



Kurt Newman, M.D.
President & CEO

## **Project Leads**

Lee Beers, M.D. lbeers@childrensnational.org

Catherine Limperopoulos, Ph.D. climpero@childrensnational.org

# Development Point of Contact: Jessica Miley

Chief Operating Officer, Children's National Hospital Foundation imiley@childrensnational.org

"The A. James & Alice B. Clark Foundation's investment at Children's National to improve maternal and child health is one of the most significant in our hospital's history. The Clark Parent & Child Network gives young families in Washington, DC, greater access to vital mental health care and community resources. It advances our mission to build a healthy foundation for all kids so they can grow up stronger."

Kurt Newman, M.D.,President & CEO

# **MEDSTAR HEALTH**

#### **MISSION & VISION**

The vision of MedStar Health is to be the trusted leader in caring for people and advancing health. MedStar Health's mission is to serve our patients, those who care for them, and our communities.

#### **OUR PARTNERSHIP WITH THE CLARK FOUNDATION**

The D.C. Safe Babies Safe Moms initiative is a partnership between MedStar Health, Community of Hope, and Mamatoto Village that addresses disparities in maternal and infant care in Washington, DC.

Putting each family at the center of care before, during, and after pregnancy until the child reaches age three, our approach combines the specialty services of family medicine, pediatrics, behavioral health, midwifery, and obstetrics to provide access to high-quality, evidence-based healthcare with proven community-centric services.

Through this effort, we are working to create positive and sustainable change in maternal and infant health, break down structural racism in healthcare, and discover new ways for all parents and babies to have a healthy life today and tomorrow.

#### LOOKING AHEAD: OUR FUNDING PRIORITIES

- General operating funds to support D.C. Safe Babies Safe Moms' full spectrum of perinatal screening, services, and resources to improve maternal and child health outcomes.
- Support to further integrate behavioral health services for birthing people.
- Resources to create a more patient-centered perinatal treatment approach that acknowledges existing social constructs and racism in our society to improve their care experience, health, and well-being.

#### **OUR PARTNERSHIP VALUES**

Prospective funders can expect a partnership with MedStar Health and D.C. Safe Babies Safe Moms, where ideas, perspectives, and information are shared to benefit the target population. We value accountability and transparency for funders to achieve the intended outcomes of their philanthropic investment. To us, a good funding partner shares our values of the importance of investing in communities and ensuring that all people – especially those in under-resourced communities adversely impacted by disease, health disparities, and economic barriers to optimal health – have access to quality health care.



Kenneth A. Samet, FACHE
President & CEO, MedStar Heath

### **Project Leads**

Angela D. Thomas, DrPH, MPH, MBA

Vice President, Healthcare Delivery Research MedStar Health Research Institute; Executive Lead for D.C. Safe Babies Safe Moms angela.d.thomas@medstar.net

#### **Christine D. Laccay**

Sr. Director of Operations, D.C. Safe Babies Safe Moms, MedStar Health Research Institute christine.d.laccay@medstar.net

## **Development Point of Contact:**

### Bruce Bartoo

Chief Philanthropy Officer, MedStar Health bruce.bartoo@medstar.net

"Addressing the need to improve maternal and infant health outcomes in the District is crucial. MedStar Health is approaching these issues through D.C. Safe Babies Safe Moms, a holistic and comprehensive approach to care. Using our deep expertise in treating an incredibly diverse set of patients and critical collaboration with community-based organizations, we are focused on developing a culturally competent and appropriate model of care to address key gaps for birthing individuals and families."

 Kenneth A. Samet, FACHE, President & CEO

# SIBLEY MEMORIAL HOSPITAL

#### **MISSION & VISION**

Sibley's Mission: To deliver excellence and compassionate care—every person, every time.

Sibley's Vision: Sibley will be the role model for innovation in health care and wellness for all.

#### **OUR PARTNERSHIP WITH THE CLARK FOUNDATION**

- The Maternal Health Access Program (MHAP) will enhance access to prenatal and high-risk care by partnering with community-based providers, enhance in-hospital services for the most fragile newborns, address adverse social drivers of health, train staff in health equity, and enhance outreach and community education.
- Established key infrastructure to support high-risk patients from underserved communities, including
  hiring additional staff, establishing partnerships with Federally Qualified Health Centers (FQHCs) to
  expand access to care, and implementing processes to coordinate care and provide navigation services
  to patients who require care at Sibley.
- Partnering with the Johns Hopkins Medicine Office of Diversity and Inclusion and external experts to launch a racial equity training strategy across the organization.

#### LOOKING AHEAD: OUR FUNDING PRIORITIES

- Expand infrastructure to support patient access, navigation, and care coordination for patients from underserved communities who wish to deliver their baby at Sibley.
- Enhance access to behavioral health services for women at Sibley and within underserved communities.
   Offer innovative treatments to address post-partum depression and expand access to outpatient behavioral health and therapy services.
- Offer on-going education and training to clinical and support staff on topics including health equity, health disparities, reproductive justice, and trauma informed care.

#### **OUR PARTNERSHIP VALUES**

As the hospital that births the most babies in DC, we are invested in enhancing access to care in our facility to all patients, regardless of insurance status. We are committed to addressing health disparities in DC with a particular focus on decreasing maternal and infant morbidity and mortality. We are eager to build partnerships with external organizations to meet these goals, and we value partners who are willing to grow with us as we evolve as an organization.



Hasan Zia, MD

President

#### **Project Lead**

**Anu Mullick** 

Executive Director, Regional Clinical Programs

#### **Development Point of Contact:**

Kristen Pruski

Vice President kpruski@jhmi.edu

"Sibley is committed to ensuring that all families have access to the best possible obstetrical and high-risk care. Through generous philanthropic support, we have been able to enhance our clinical and support services to meet the holistic needs of all of our patients, including our most vulnerable populations."

Dr. Hasan Zia,President

#### **■ WRAP-AROUND PARTNER**

# **EARLY CHILDHOOD INNOVATION NETWORK (ECIN)**



#### **MISSION & VISION**

ECIN's mission is to transform systems in DC to achieve equitable opportunities and outcomes for all young children. Our vision is to reduce disparities in health and education outcomes for young children through innovation, community collaboration, policy, and advocacy.

#### **OUR PARTNERSHIP WITH THE CLARK FOUNDATION**

ECIN pilots and evaluates innovative approaches in the following areas:

- · Integrating mental health supports for families into community health and early learning settings.
- · Improving mental health supports for teachers and service providers.
- Expanding leadership roles for parents and caregivers.

ECIN then disseminates lessons learned from these pilots and advocates for policy change so that innovative solutions can be broadly adopted. General operating funding from the Clark Foundation supports the implementation of the current strategic plan.

#### LOOKING AHEAD: OUR FUNDING PRIORITIES

ECIN works through collaborative teams of families, teachers, physicians, mental health clinicians, researchers, and policy advocates. These teams require financial support to continue developing innovative ideas, conducting evaluations, and advocating for policy solutions. General operating funding allows ECIN to address needs and opportunities as they emerge, especially in funding community-level and family participation in our work.

Matt Biel, M.D. and Lee Beers, M.D., Executive Co-Directors

Development Point of Contact: Noel Bravo, Director of Project Development, noel.bravo@georgetown.edu

#### **■ WRAP-AROUND PARTNER**

### **GREATER DC DIAPER BANK**



#### **MISSION & VISION**

Greater DC Diaper Bank supports vulnerable families in our region by collaborating with partners to distribute essential baby and hygiene products and expand access to critical services. Our products, coupled with the work of our community partners, alleviate financial pressure on families, provide resources to lift them out of poverty, and keep babies healthy and happy.

#### **OUR PARTNERSHIP WITH THE CLARK FOUNDATION**

- Continued Responsive Growth: As output multiplies, we focused on expanding our staff, physical space, and geographical footprint. In order to remain sustainable, an expansion and increase in bandwidth were necessary.
- Customer Relationship Management (CRM) Overhaul: We are committed to the quality of our data. Our
  tremendous growth over the last few years (over 400% growth) led to our CRM overhaul where we are
  focusing on updates necessary to provide the insights and support needed to continue scaling our work.
- Implementation of 25 Emergency Diaper Hubs: The pandemic resulted in us building new partnerships
  with a focus on getting products out to families. These partnerships provide diapers alongside food and
  other essentials increasing accessibility and convenience.
- Program Expansion and Mutual Aid Partnership: Our Mutual Aid partnership allowed us to reach families
  who were not receiving services through partner organizations but felt more comfortable visiting local
  civic organizations or faith-based organizations for support.

#### LOOKING AHEAD: OUR FUNDING PRIORITIES

- Program Sustainability and Stability: We are still providing our Emergency Diaper Hubs as well as our Community Partners with a stable amount of diapers each month, even as our wholesale prices increase. Currently, we are on track to distribute 10 million diapers in 2022.
- Staff Agility and Resiliency: In addition to remaining stable we need to ensure we are able to adapt to change. This means both growing our internal capacity and investing in the future of our team, by supporting and funding professional development opportunities, growing our benefits package, and maintaining a welcoming, collaborative work environment.
- Community Need and Equitability: We will leverage our data to drill down by zip code on the areas of
  greatest need to expand coverage. In addition, we will increase our local community presence by hiring
  staff to serve as community liaisons by geographic area (e.g., Prince George's and Montgomery
  Counties, Washington, DC., and Northern Virginia).

Corinne Cannon, Executive Director

**Development Point of Contact:** Nadia Lee, *Director of Development*, nlee@dcdiaperbank.org

### **■ WRAP-AROUND PARTNER**

# **CAPITAL AREA FOOD BANK**



#### **MISSION & VISION**

The mission of the Capital Area Food Bank is to help our neighbors thrive by creating more equitable access to food and opportunity through community partnerships.

#### **OUR PARTNERSHIP WITH THE CLARK FOUNDATION**

- Established an on-site "Food Pharmacy" at Children's National Hospital that provides groceries to food insecure children diagnosed with prediabetes, Type 1 diabetes and Type 2 diabetes.
- Curbside Groceries a mobile grocery truck delivering nutritious food in communities that do not have a traditional brick-and-mortar supermarket (also known as 'food deserts').
- Hunger Report 2022 using data gathered through the first-of-its-kind general population survey about food insecurity and inequity in our region. The Hunger Report 2022 places a bright spotlight on the long standing impacts of systemic racism and structural inequalities across our area.

#### LOOKING AHEAD: OUR FUNDING PRIORITIES

- Food+ Initiatives Pairing food with critical services to address hunger today and enable long term food security and brighter futures tomorrow.
- Sustainable Access to Food Innovative and sustainable storage and distribution models such as market-based home delivery models and online client ordering.
- Thought Leadership We work with world-class research partners to conduct regular surveys of our clients, as well as the general population, to gather and share information about food insecurity and inequity in our region. his research provides a robust body of data that informs our decision-making and how we best serve our clients.

Radha Muthiah, President and CEO

Development Point of Contact: Mary Beth Healy, Chief Revenue and Marketing Officer, mbhealy@capitalareafoodbank.org



When the Clark Foundation launched the Parent-Child Health Initiative (PCHI) in 2020, our partners identified several "building blocks" of an accessible, equitable parent-child health system.

Our partners shared our belief that a collaborative set of partnerships, facilitated by financial investments, can strengthen the collective innovation that is vital to system transformation. To that end, a coordination group of key leaders from hospitals and community health partners began meeting regularly with the Clark team to foster collaboration, identify lessons learned, set priorities, and provide direction to working groups formed around each of the identified "building blocks."

This collaboration began with 10 working groups. With their input and feedback, we focused in on systems changes that will:

- · Address social drivers of health.
- Enhance cultural responsiveness.
- Integrate/coordinate services across specialties, institutions, and communities.

The following pages summarize the key priorities, goals, and opportunities for further investment identified by our partners through this work.



# DEVELOPING A FULL MATERNAL SAFETY SPECTRUM TAXONOMY TO REDUCE DISPARITIES IN MATERNAL HARM

#### **PRIORITIES AND GOALS**

Maternal morbidity and mortality present a major crisis that disproportionately affects Black women, regardless of their education level. Studies found that the most frequent preventable factors were provider-related and/or system-related, including substandard providers; delay or failure to diagnose or recognize high-risk status; and delayed or inappropriate treatment. One major barrier to improvement in this area is that health systems track maternal and morbidity by race but do not define and monitor key practice indicators that lead up to these negative outcomes.

#### **KEY NEEDS AND OPPORTUNITIES**

MedStar Health Research Institute has launched a study to develop a taxonomy of leading indicators that can be used to improve maternal health outcomes for women of color. This work will require:

- Identifying common themes and signals that contribute to unsafe conditions, hazards, near misses, and other maternal injuries.
- Developing a full maternal safety spectrum taxonomy by identifying how the common themes and signals contribute to a progression along the continuum of safe conditions to unsafe conditions to hazards to near misses to maternal harm to severe maternal morbidity to maternal mortality (Phase I).
- Developing a toolkit for ongoing surveillance of common themes and signals, with mitigation strategies when they are identified. (Phase II).
- Piloting and refining the toolkit and taxonomy for widespread adoption utilizing prospective surveillance using the mother's voice, electronic health record signals, and voluntarily reported maternal safety issues. (Phase III).

The Clark Foundation has fully funded Phases I and II of this work and MedStar is seeking funding for the remaining phase.

For more information, contact Angela D. Thomas, Assistant Vice President of Healthcare Delivery Research, MedStar Health Research Institute, Angela.D.Thomas@medstar.net

#### **COMMUNITY HEALTH WORKERS**

#### **PRIORITIES AND GOALS**

For many families, accessing the health system can be complex and difficult. Having the time, resources, and support needed to travel to physician offices for health care support presents a major barrier to early, consistent, and high-quality parent-child health for families with low incomes. Community Health Workers (CHWs) play a crucial role in helping families access needed care, understand the complexity of the system, and coordinate care across providers.

#### **KEY NEEDS AND OPPORTUNITIES**

Across major hospitals and community health centers, there is a great need for the alignment and enhancement of training and resource sharing for CHWs. This effort will include a focus on addressing social determinants of health. To operationalize and sustain this work, the following options have been prioritized:

- Create a Collaborative Innovation and Improvement Network (CollN) with professional consulting support
  to identify and implement specific innovations and expand promising models in this area. Alternatively,
  enhance consulting support for existing networks to avoid duplication.
- Support for adoption of a standardized approach such as online, bundled care hubs, whether there are existing systems (e.g., Babyscripts and MAHMEE) or new systems (e.g., Pathways Community Hubs in alignment with the work of the CollN).

This work will require (1) reviewing the current landscape of community health workers in DC, including organizational sponsors, numbers employed, funding mechanisms, roles and responsibilities, training, the role of CHWs with lived experience and local ties, and resources utilized; (2) summarizing key innovations and best practices in this area from across the country (and perhaps internationally); (3) comparing practices in DC to best practices to identify opportunity and growth; (4) considering whether enhancements for CHW should be focused on parent-child health or be more broadly-focused; (4) facilitating a CollN among DC providers to prioritize improvements, develop work plans, track progress, and (5) documenting advancements in professional journals for dissemination.

For more information, contact Noel Bravo, *Strategic Advisor to the Clark Foundation*, noel.bravo@georgetown.edu.



#### **CULTURAL HUMILITY IN PRACTICE**

#### **PRIORITIES AND GOALS**

It is widely recognized in the health field that racial bias and lack of understanding regarding the impact and importance of cultural knowledge among clinicians drives inequities in the quality of care received by people of color. The effects of structural and interpersonal racism and implicit and explicit biases that are implicated in many health inequities are more likely than race itself to be related to elevated perinatal risk. Health care providers must recognize the critical need to address the racism and implicit biases that contribute to health inequities. Recognizing and examining one's own prejudice and bias, partnering with diverse groups of advocates, and addressing the ways in which health care systems perpetuate inequity will drive better health outcomes. Elevating patient voice and adopting anti-racist and anti-paternalistic practices is a top priority for hospital and community health center partners.

#### **KEY NEEDS AND OPPORTUNITIES**

To operationalize and sustain this work, partners have prioritized creating a community of practice with professional consulting support to map current training efforts and facilitate a process for specific quality improvement activities that elevate patient voice and expand the use of anti-racist practices in maternal and child health. Quality assurance work must also measure the quality of care delivery, the degree of integration of patient voice, patient experiences as an indicator, and the degree to which an anti-racist framework is being implemented across the system.

This work will require (1) reviewing the current landscape of cultural humility efforts among DC health providers, (2) summarizing key innovations and best practices in this area from across the country; (3) comparing practices in DC to best practices to identify opportunity and growth; (4) facilitating a CollN among DC providers to prioritize improvements, develop workplans, and track progress; and (5) documenting advancements in professional journals for dissemination.

For more information, contact Noel Bravo, Strategic Advisor to the Clark Foundation, noel.bravo@georgetown.edu.

#### SOCIAL DRIVERS OF HEALTH AND INNOVATIONS IN SCREENING

#### PRIORITIES AND GOALS

It is widely understood that the conditions in which people live and work impact their health and well-being. Substandard housing, community violence, environmental toxins, inadequate access to healthy food options, limited and costly public transportation, and community-level stress resulting from institutional racism are known to drive poor health outcomes. Therefore, the effectiveness of traditional health care will be limited if it does not work to mitigate the effect of adverse social determinants of health on patients. All three hospital partners commit to enhancing efforts to address these social determinants of health through multiple efforts.

Related to this work, health providers face a major challenge in accurately identifying which mothers and babies are at higher risk for future health problems, and in providing preventive support to avoid those problems. To improve the screening process, hospital partners will develop new data algorithms for identifying maternal risk factors more effectively, research fetal biomarkers to better recognize risk factors among newborns, and work with community partners to enhance screening.

#### **KEY NEEDS AND OPPORTUNITIES**

To operationalize and sustain this work, workgroups have prioritized creating a community of practice with professional consulting support to map current efforts to address social drivers of health and innovations in screening, examine these approaches in comparison to best practices, and facilitate a process for specific quality improvement activities that elevate patient voice, expand the use of anti-racist and anti-paternalistic practices in maternal and child health, and examine alternative organizational structures that are barriers to care.

For more information, contact Noel Bravo, Strategic Advisor to the Clark Foundation, noel.bravo@georgetown.edu.

