

Black Maternal Health

Reducing Inequities Through Community
Collaboration in Atlanta

Report
[ihl.org](https://www.ihl.org)

Author

Nia Mitchell, MPH, National Birth Equity Collaborative

Acknowledgments

The Institute for Healthcare Improvement is grateful to the Atlanta organizations that participated in the Better Maternal Outcomes: Redesigning Systems with Black Women project, whose work is described in this report: Center for Black Women’s Wellness, Center for Reproductive Rights, Emory University’s Rollins School of Public Health, First TEAM America, Georgia Department of Public Health, Grady Memorial Hospital, Healthcare Georgia Foundation, March of Dimes, Morehouse School of Medicine, Professional Association for Georgia OB/GYN Physicians, United Way of Greater Atlanta, and Wellstar West Georgia Medical Center.

We are thankful to the IHI team that supported the Better Maternal Outcomes project: Quin Bottom-Johnson, Dorian Burks, Christina Gunther-Murphy, Antonella Marcon, Catherine Mather, Christina Southey, Trissa Torres, and Shannon Welch. The project also benefited from the thought leadership and programmatic support of Dr. Joia Crear-Perry, Deborah Bamel, Pierre Barker, Andrew Brady, Camille Clifford, Jill Duncan, Marian Johnson, and Kelly McCutcheon Adams. We appreciate the editorial and design support for this report provided by Val Weber and Jennifer Culbert of IHI.

Thank you to Merck for Mothers for their generous support in funding the Better Maternal Outcomes project. The research and activities referenced in this publication were supported by funding from Merck, through its Merck for Mothers initiative. Merck had no role in the design, collection, analysis and interpretation of data, in writing of the manuscript or in the decision to submit the manuscript for publication. The content of this publication is solely the responsibility of the authors and does not represent the official views of Merck. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

How to Cite This Document: Mitchell N. *Black Maternal Health: Reducing Inequities Through Community Collaboration in Atlanta*. Boston: Institute for Healthcare Improvement; 2021. (Available at www.ihl.org)

Institute for Healthcare Improvement

For 30 years, the Institute for Healthcare Improvement (IHI) has used improvement science to advance and sustain better outcomes in health and health systems across the world. We bring awareness of safety and quality to millions, accelerate learning and the systematic improvement of care, develop solutions to previously intractable challenges, and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We work in collaboration with the growing IHI community to spark bold, inventive ways to improve the health of individuals and populations. We generate optimism, harvest fresh ideas, and support anyone, anywhere who wants to profoundly change health and health care for the better. Learn more at ihi.org.

© 2021 Institute for Healthcare Improvement. All rights reserved. Individuals may photocopy these materials for educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution is given to IHI as the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, or republished under any circumstances, without the written permission of the Institute for Healthcare Improvement.

Contents

| | |
|---------------------------------|----|
| Introduction | 4 |
| Overview | 6 |
| Summary of Work | 10 |
| Lessons Learned and What's Next | 22 |



Introduction

Seeking to improve outcomes for all people who birth in the United States and their babies and to reduce the stark inequities in maternal health, the Institute for Healthcare Improvement (IHI) engaged in a three-year (April 2018 to October 2021), large-scale project called Better Maternal Outcomes, funded with generous support from Merck for Mothers.

As part of the work of Better Maternal Outcomes, the Redesigning Systems with Black Women project aimed to facilitate locally-driven, co-designed, rapid improvements in four US communities – Atlanta, Detroit, New Orleans, and Washington, DC – targeting the interface of health care delivery, the experience of Black people who birth, and community support systems. The initiative aimed to improve equity, dignity, and safety while reducing racial inequities in maternal outcomes for Black people who birth.

This report describes the experience of the community of Atlanta, Georgia, a participant in the Better Maternal Outcomes: Redesigning Systems with Black Women project, to improve outcomes and reduce racial inequities in maternal outcomes for Black people who birth.

Project Design

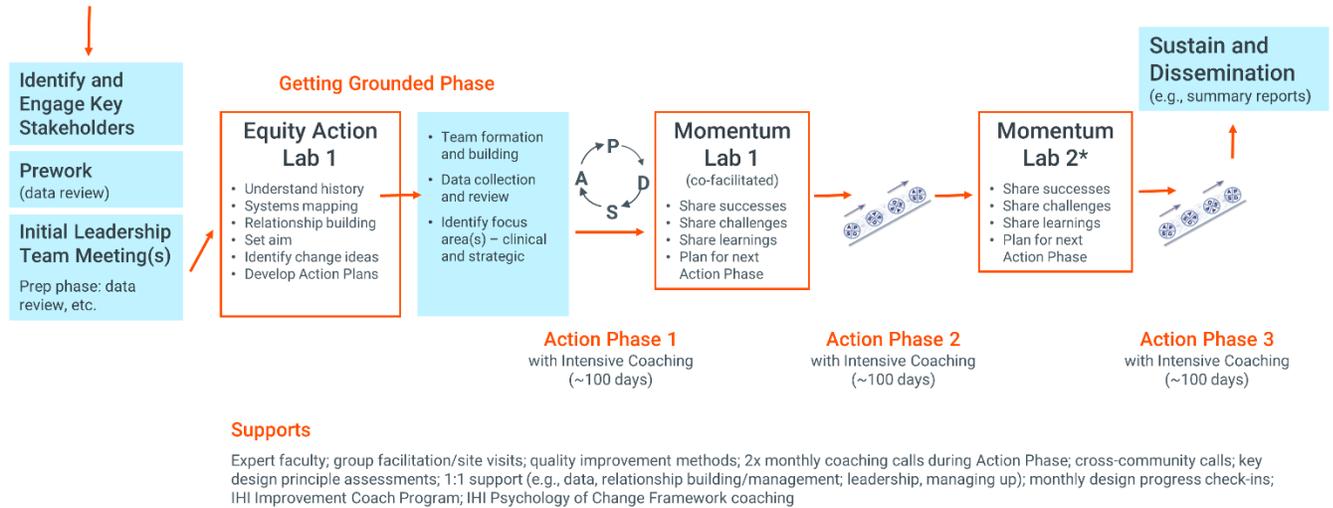
The Better Maternal Outcomes: Redesigning Systems with Black Women project ran from April 2019 to April 2021 and used an Equity Action Lab model to guide the work (see Figure 1). An Equity Action Lab is a flexible model using the Community of Solutions Framework¹ to guide participants through a structured set of activities in an equitable co-design process to set a health equity goal that is important to the participants. After setting a goal, Equity Action Lab participants develop ideas to test and then act during an Action Phase over a short period of time (generally 100 days) to make progress toward that goal. Between Action Phases, Equity Action Lab participants convene in a Momentum Lab to share successes and challenges and plan for the next phase of work.

Equity Action Labs always involve people with lived experience and frontline staff in authentic co-design throughout this process. The Equity Action Lab model supported teams of disparate stakeholders to collaborate and develop ideas for improvements and then test these ideas in Atlanta. It is important for readers who are interested in a similar approach to review the improvement ideas in this document through the lens of their own community's context and to test ideas on a small scale before deciding to implement more broadly.

Figure 1. Better Maternal Outcomes: Redesigning Systems with Black Women Project Model (18 to 24 Months)

Participants: 4 communities, each with 3 design teams (high-volume delivery centers)

IHI Team: Select the right communities, partners, leads, faculty; environmental scan; identify measures (PROM)



*Some communities held 3 to 4 Momentum Labs; IHI facilitated the Equity Action Lab and first Momentum Lab; communities facilitated subsequent Momentum Labs

Glossary of Terms

- **Aim:** An explicit description of a team’s desired outcomes, which are expressed in a measurable and time-specific way.
- **Authentic co-design:** Health care staff, people with lived experience, and community-based organizations working together to design a new system or improve an existing system, making full use of each other’s knowledge, resources, and contributions to achieve better outcomes.
- **Context expert:** Sometimes referred to as a person with lived experience, a context expert is someone who has lived (or is currently living) with inequities and/or the issues that the community is focusing on and may also have insights about the system as it is experienced by consumers. In this project, context experts included Black people who were pregnant, had previously been pregnant, or have given birth.
- **Content expert:** Sometimes referred to as a subject matter expert, a content expert has expertise in a subject area through work in professional or academic settings that is relevant to the topic area. In this project, content experts included people with expertise in maternal health, equity, and quality improvement.
- **Driver diagram:**² A visual display of a team’s theory of what “drives,” or contributes to, the achievement of a project aim.

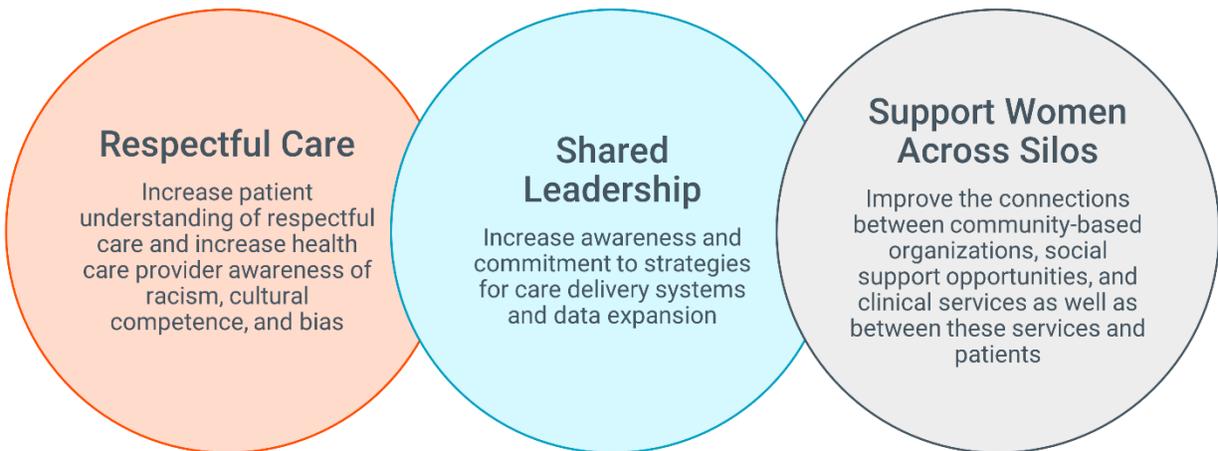
- **Equity Action Lab:**³ A flexible and adaptable model that uses a set of activities to bring together a diverse group of community stakeholders to take action in pursuit of equity and community improvement. The model was built using human-centered design principles, which puts the people most affected by the inequities, or the problems in a system, at the center of designing new solutions. It begins with a Prep Phase in which stakeholders come together to review existing data, refine the topic area to be addressed, and recruit diverse team members who will be involved in the subsequent phases. The next step is an Action Lab Phase, which brings together individuals who are most affected by the issue being addressed as experts in the co-design of solutions. This phase is a short time period (~100 days) during which participants test initial ideas for improvement and refine these ideas through regular check-ins. Finally, the Sustain Phase starts with a Momentum Lab where participants celebrate progress and learning and make a plan to build on and sustain successes.
- **Ideas for improvement:** Sometimes called “change ideas,” these are actionable, specific ideas for changing a process that a team considered testing.
- **Plan-Do-Study-Act (PDSA) cycle:**⁴ An important component of the Model for Improvement, a PDSA cycle is a structured process for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

Overview

Partners in Atlanta, Georgia – Center for Black Women’s Wellness, Center for Reproductive Rights, Emory University’s Rollins School of Public Health, First TEAM America, Georgia Department of Public Health, Grady Memorial Hospital, Healthcare Georgia Foundation, March of Dimes, Morehouse School of Medicine, Professional Association for Georgia OB/GYN Physicians, United Way of Greater Atlanta, and Wellstar West Georgia Medical Center – established design teams to focus on three key areas of maternal health: respectful care, shared leadership, and support women across silos (see Figure 2).

The partners collaborated to improve the quality of maternity care and maternal health outcomes for Black women and people who birth by understanding what respectful care means to them and developing a patient-centered simulation experience for health care providers; increasing awareness and commitment to strategies for care delivery systems and data expansion; and improving the connections between community-based organizations, social support opportunities, and clinical services, as well as the connections between these services and patients.

Figure 2. Atlanta Design Teams Focus on Three Key Areas of Maternal Health



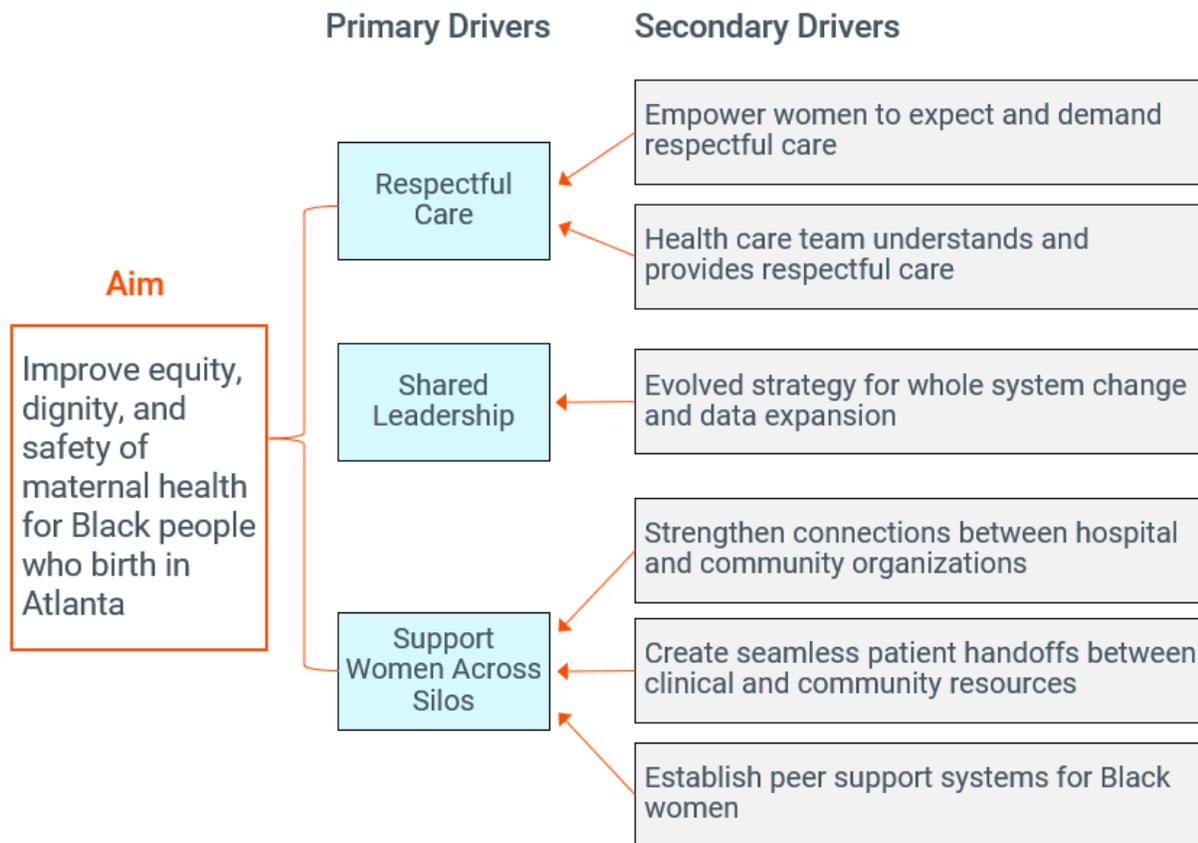
The design teams participated in three cycles of activities that facilitated the planning, implementation, and evaluation of activities, with support from the IHI team. The first cycle consisted of a needs assessment, an Equity Action Lab to determine aims and ideas for improvement, and an Action Phase plan to test ideas in participating sites. The second and third cycles consisted of Momentum Labs and Action Phases to reflect on changes tested and plan for future action.



What Will Drive Improvement in Black Maternal Health in Atlanta?

The Atlanta design teams developed a driver diagram – a visual display of a team’s theory of what “drives,” or contributes to, the achievement of a project aim – with guidance from the IHI team. The driver diagram (see Figure 3) identifies the activities and related improvement ideas that will lead to the aim of improved equity, dignity, and safety of maternal health for Black women and people who birth in Atlanta. The diagram is a tool that supported efforts to get stakeholders aligned and in collaboration.

Figure 3. Driver Diagram to Improve Black Maternal Health in Atlanta



Impact of COVID-19 Pandemic

The COVID-19 pandemic significantly impacted the design teams and its members, for example, increasing many members' workloads. For most teams, participation in project activities declined and design team activities were halted or altered. However, the pandemic resulted in more consistent attendance for one design team.

"We had to work a little harder to put things together and then COVID occurred, and we're thinking maybe we can't do the project the way we had designed. So, we decided to implement some different tests and they all worked – simulated experience, we were able to implement that and it worked. We were happy about that."

—Atlanta Respectful Care Design Team Member

"The pandemic made it easier because people didn't have a reason why they couldn't get on the call... So, people probably felt like they had better participation on other teams, but we weren't meeting before."

—Atlanta Respectful Care Design Team Member

"The pandemic was one of those driving things where you constantly had to reinvent, rethink. CBWW [Center for Black Women's Wellness], the lead organization that had a 20- or 30-year relationship in our hospital to recruit patients... suddenly we can't do that. They can't come into the hospital for various reasons, but mostly because of COVID. So, now it's like, 'I really have to think outside the box.' How can the clinicians get patients that are pregnant to CBWW without CBWW even being in the building... what did that look like? Now it's not just the normal PDSA model that you would use with inpatients. It's, 'Oh, well, I need something' – and technology was that something... we used a QR code."

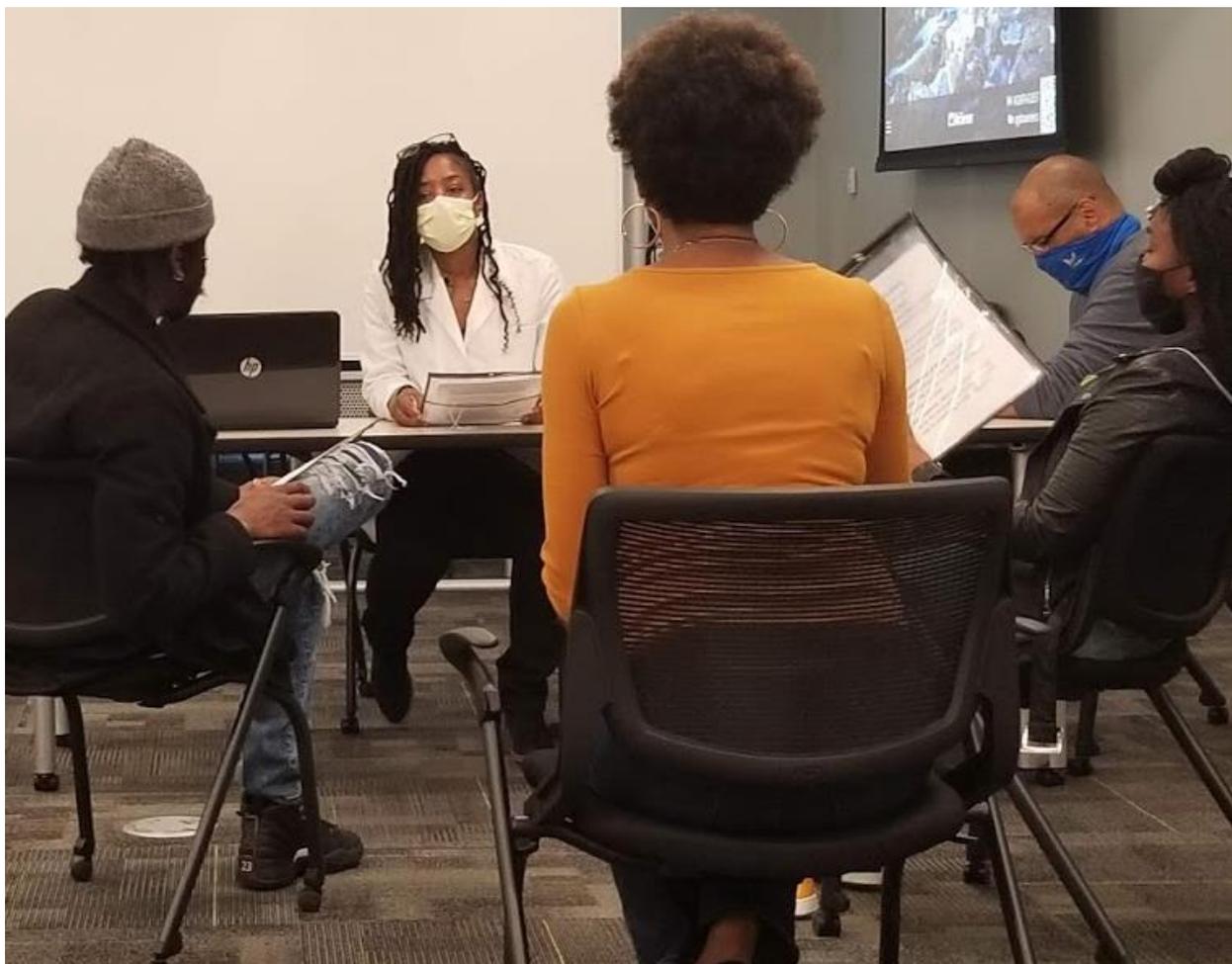
—Atlanta Support Women Across Silos Design Team Member

Summary of Work

This section summarizes the work of the three Atlanta design teams, including aims, improvement ideas, measures, impact, and next steps.

Respectful Care Design Team

Atlanta's Respectful Care Design Team tested ideas with women to define respectful care during pregnancy and postpartum (see Figure 4) and with health care providers to increase their awareness of racism, cultural competence, and bias. The team focused on empowering women by listening to their experiences and expectations of maternity care during community conversations, which informed the development of a patient-centered simulation experience for health care providers.



Design team testing a patient-centered simulation experience for health care providers.

| Aims | Improvement Ideas | Measures/Results |
|---|---|---|
| <ul style="list-style-type: none"> • Gain a broader understanding of what respectful care during pregnancy and postpartum means to women in Atlanta • Identify key messaging that clearly identifies what respectful care means • Providers and providers in training gain a better understanding of what it means to deliver respectful care • Identify the best training model for providers, providers in training, nurses, and other health care professionals who care for women during the maternity period • Identify key messaging on self-advocacy – for women, by women – that clearly represents what they need from maternity care service providers | <ul style="list-style-type: none"> • Develop a survey on respectful maternity care for pregnant and postpartum (6 months or less) women receiving care in Atlanta • Collect and analyze data from the initial survey and develop a working definition and statements about receiving and providing respectful maternity care that represent the views of those surveyed • Develop material for pregnant and postpartum women to promote self-advocacy (Speak Up), health literacy, and knowledge of patient rights and identify the best way for women to access this information • Design a patient-centered simulation experience for providers in training to increase knowledge and awareness of racism, cultural competence, and bias, and its impact on women’s experiences in maternity care • Develop training for all providers of maternity care services to increase knowledge and awareness of racism, cultural competence, and bias, and its impact on women’s experiences and outcomes in maternity care | <p>The Respectful Care Design Team developed a definition for respectful birthing care (see Figure 4):</p> <ul style="list-style-type: none"> • Care during pregnancy and the postpartum period needs to encompass basic human rights, including the right to respect, dignity, confidentiality, information, and informed consent; the right to the highest attainable standard of health; and freedom from discrimination and all forms of ill-treatment. <p>The team used a survey to assess women’s experiences with care during pregnancy and birth. The team collected 41 responses in August 2020. Select findings include the following (see Figure 5):</p> <ul style="list-style-type: none"> • 85% of respondents describe their conversations or experiences with an OB/GYN while 15% describe their conversations or experiences with a midwife. • Approximately 80% of respondents strongly or somewhat agree with the statements, “When all is said and done, I am the person who is in charge of my pregnancy” and “I was comfortable telling my maternity care provider concerns I had even when he or she did not ask.” • Approximately 80% of respondents strongly or somewhat agree that they felt comfortable asking questions, 68% strongly or somewhat agree that they felt comfortable declining care that was offered, 85% strongly or somewhat agree that they felt comfortable accepting the options for care that their doctor or midwife recommended, and 80% strongly or somewhat agree that their personal wishes were respected. |

| | | |
|--|--|--|
| | | <ul style="list-style-type: none"> • Respondents described good care as including calming/meditative practices, mom’s voice in care/communication with the care team, balanced and informed information, OB midwifery versus OB care, understanding about change in birth plan/care from the provider, postpartum support, and support for issues related to anxiety and depression. <p>In December 2020, the team developed and tested the respectful care simulation experience for 33 medical students. Select findings and comments:</p> <ul style="list-style-type: none"> • 25 of 33 students had not previously attended a similar experience, 32 noted that they would be interested in participating in another experience, and 33 responded that they would recommend the experience. • 26 students said that the simulation very much or definitely increased their knowledge and awareness of the Black maternal mortality crisis and ways they could address it as a health care professional. • Respondents shared that videos included in the simulation were “insightful because we heard direct patient experience” and “very impactful and a good call to action.” |
|--|--|--|

Figure 4. Defining Respectful Care During Pregnancy and Postpartum

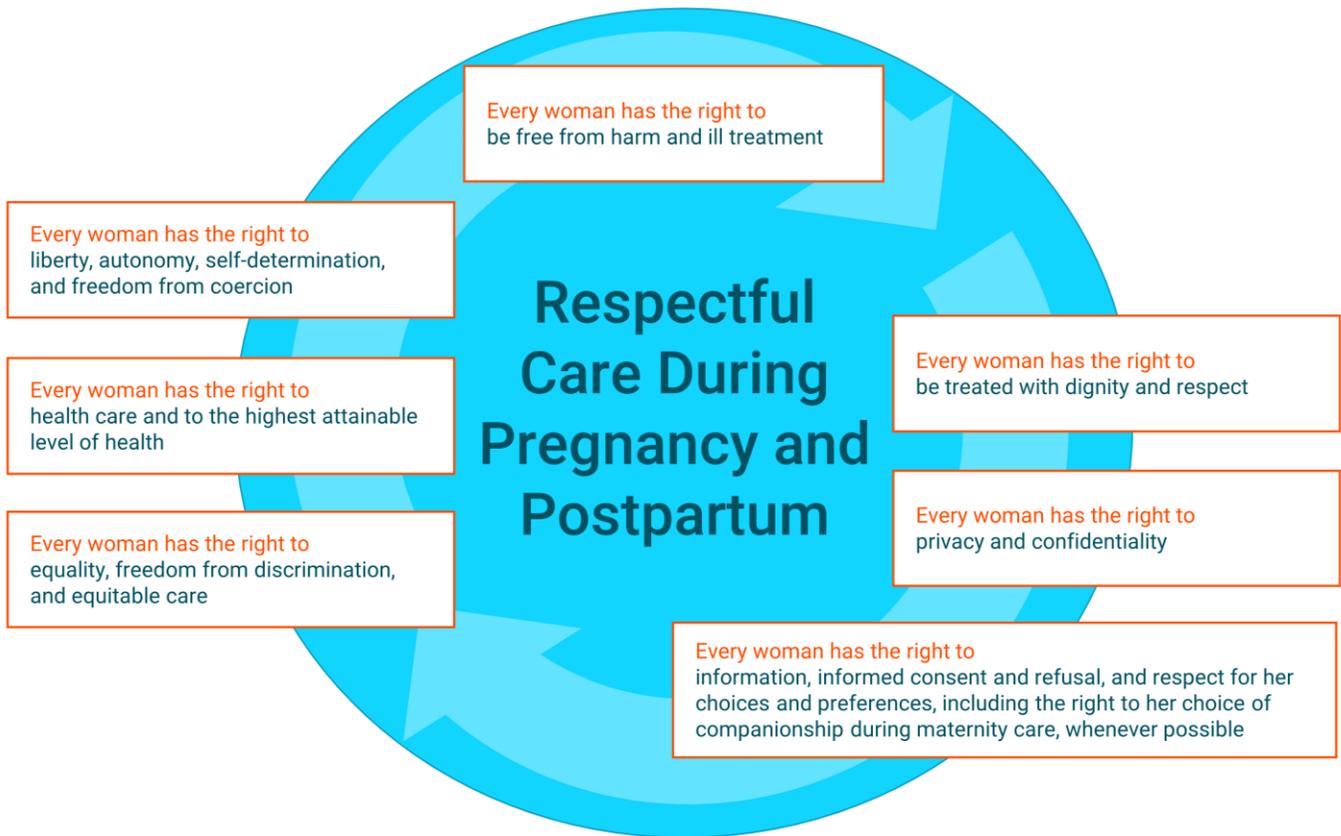
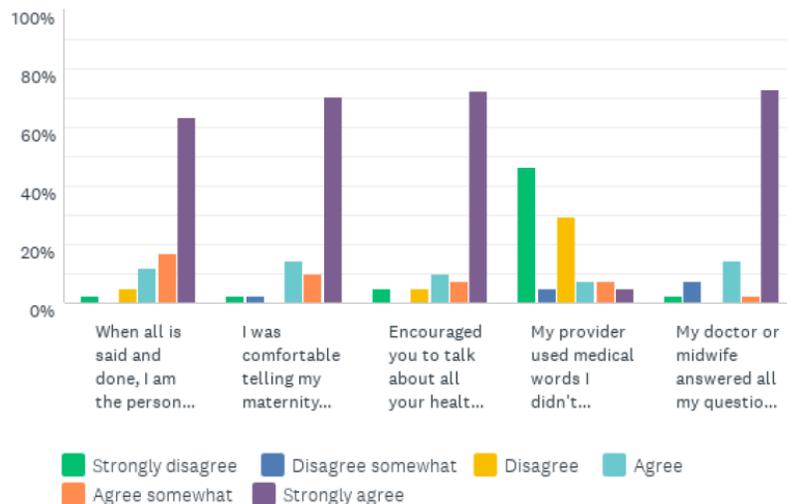


Figure 5. Select Findings from the Respectful Care Survey

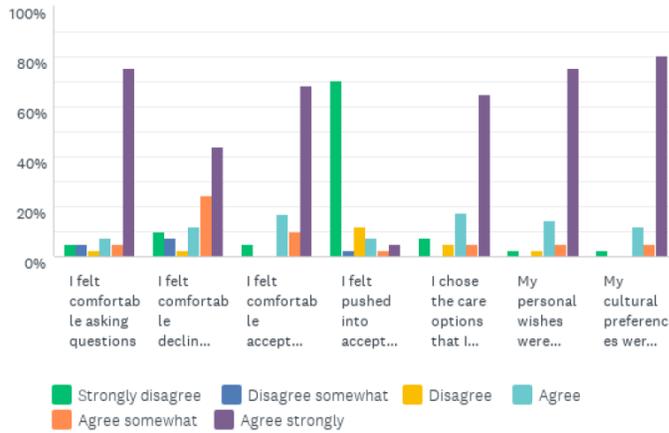
Q10: How much do you agree or disagree with each statement as it applies to you personally?

Answered: 41 Skipped: 0



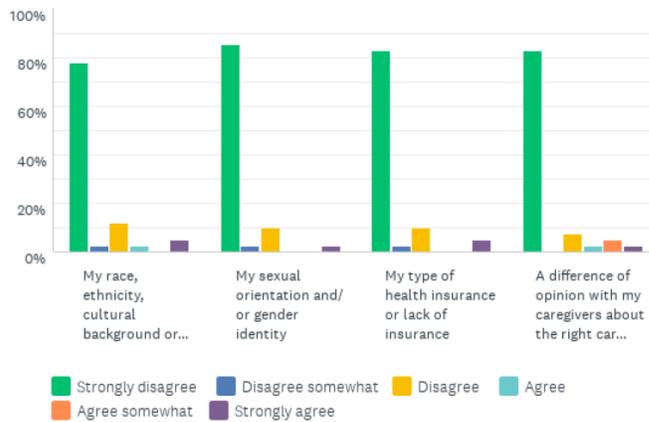
Q11: Overall while making decisions about my pregnancy or birth care: (select or circle one answer for each statement)

Answered: 41 Skipped: 0



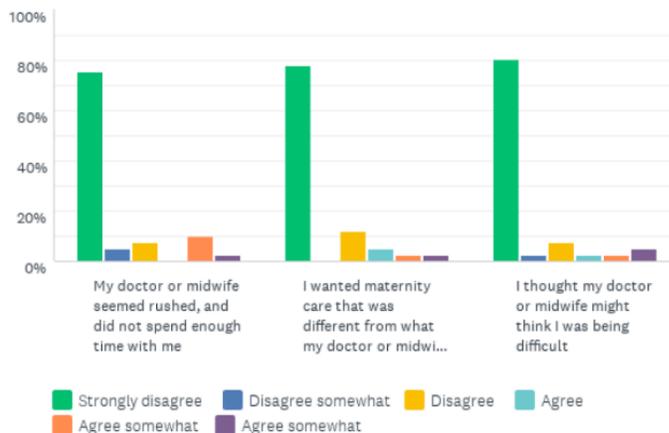
Q12: During my pregnancy I felt that I was treated poorly by my doctor or midwife because of :(select or circle one answer for each statement)

Answered: 41 Skipped: 0



Q13: During my pregnancy I held back from asking questions or discussing my concerns because: (select one answer for each statement)

Answered: 41 Skipped: 0



Impact

The Atlanta Respectful Care Design Team developed and implemented activities that contributed to a better understanding of what respectful care means to women and people who birth in Atlanta as well as increased provider awareness of the impact of racism, cultural competence, and bias on quality of care.

Comments from Atlanta Respectful Care Design Team members provide insights into their experiences and the impact of the team's work.

"We wanted to try to identify the levels of racism and trauma and how to overcome it so the parents, family members, and the patient themselves would know how to navigate through it. We are teaching them methods to navigate through those things."

"Initially we talked about ways to simulate respectful care experience and one idea was to model it after the poverty simulator. [One design team member] was instrumental in bringing the poverty simulator experience to us to show what that could look like, and then we started to [work] that through."

"A source that needed to be addressed... [was] making sure that [medical] universities were teaching respectful care and also teaching the fundamentals in a manner that the residents would be able to [recognize that] if Black women need some pain medication [during childbirth], it's not because they're addicts. Because teaching things of that nature, that stereotypical, it creates a physician bias."

Next Steps

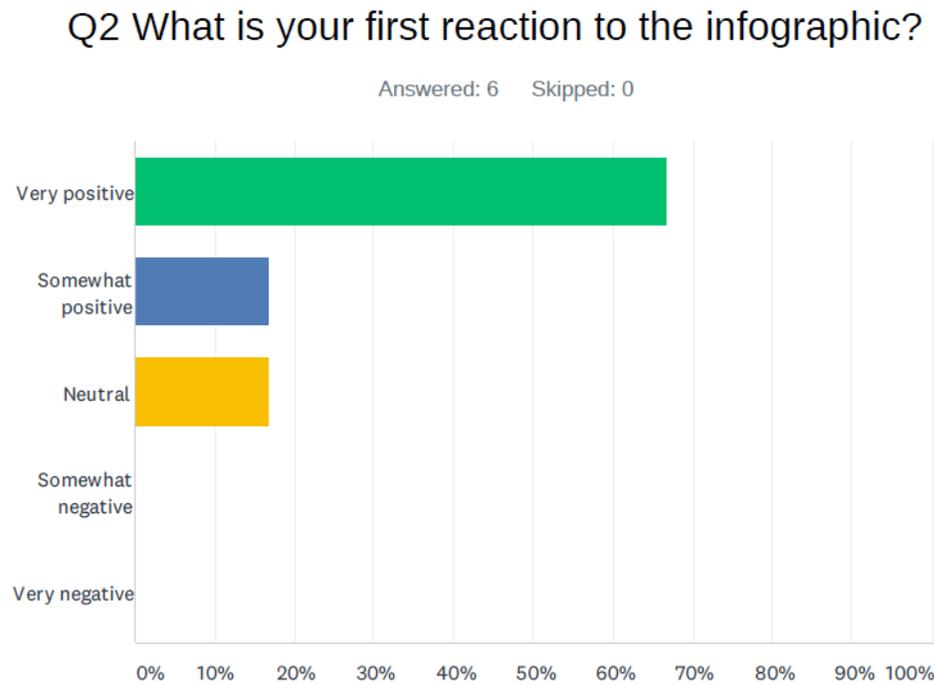
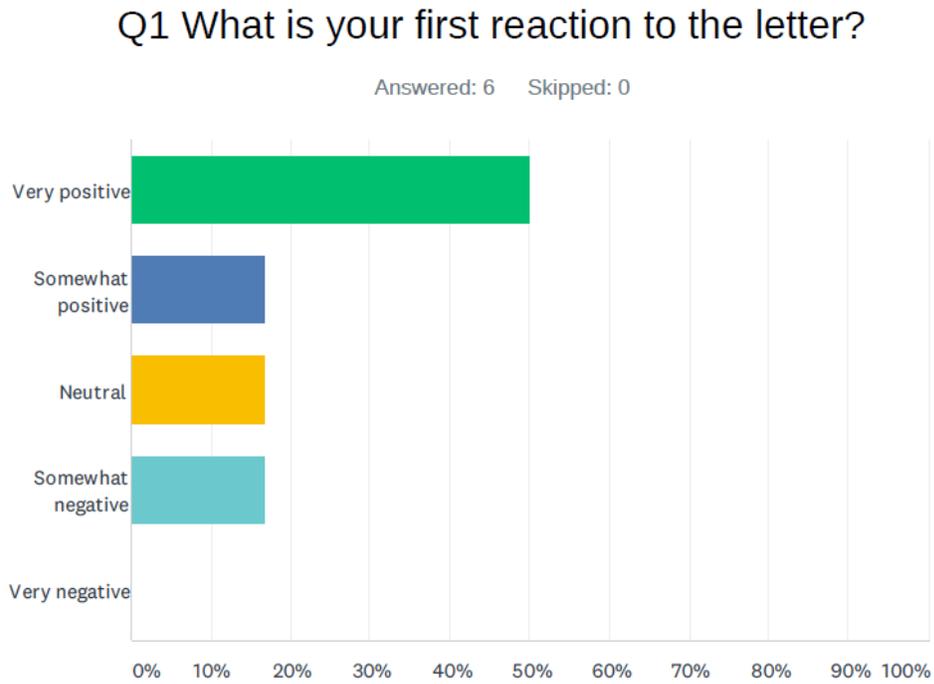
The Respectful Care Design Team will continue to refine and scale up its patient-centered simulation experience for health care providers.

Shared Leadership Design Team

Atlanta's Shared Leadership Design Team tested ideas to increase awareness among hospital and public health system leaders in Georgia about systemic racism as the root cause of maternal morbidity and mortality inequities. This included recommending respectful care policies, ongoing trainings, and hospital dashboards to monitor data on maternal deaths stratified by race, ethnicity, age, and income.

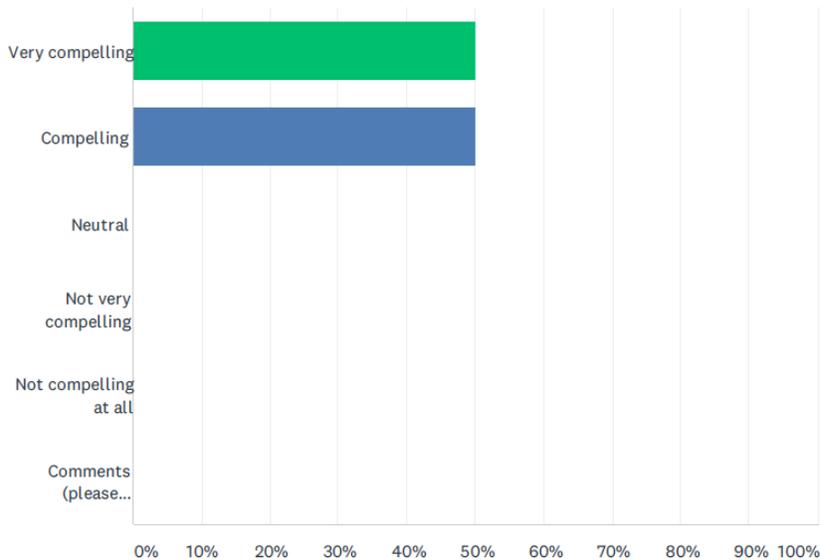
| Aims | Improvement Ideas | Measures/Results |
|--|---|--|
| <p>Strategically influence existing leadership within care delivery systems (i.e., hospital systems, public health systems) to develop a better understanding of and deeper commitment to addressing systemic racism as the root cause of morbidity and mortality among Black mothers in Georgia</p> | <ul style="list-style-type: none"> • Increase awareness and commitment by creating an infographic and cover letter targeting care delivery system leaders that provides data about maternal mortality in Georgia, particularly among Black women • Invite leaders to engage in ongoing discussions around Black maternal mortality and implement respectful care policies and ongoing trainings • Recommend strategies and changes for care delivery systems, including simulation and trainings being developed by the Respectful Care Design Team: <ul style="list-style-type: none"> ○ Trainings targeting pregnant and postpartum women to promote advocacy, health literacy, and increase knowledge of their patient rights ○ Simulation and training for health care providers, other health care professionals, and students to increase knowledge and awareness of bias, cultural competence, and racism • Implement data expansion by exploring opportunities to recommend hospital dashboards that track and monitor data on maternal deaths, stratified by race, ethnicity, age, and income | <p>The Shared Leadership Design Team used surveys to gather feedback on the cover letter and infographic sent to leaders in hospitals and public health systems. Select findings include (see Figure 6):</p> <ul style="list-style-type: none"> • Approximately 66% of respondents reported a very positive or somewhat positive first reaction to the letter. • Approximately 83% of respondents reported a very positive or somewhat positive first reaction to the infographic. • 100% of respondents reported the data as very compelling or compelling and noted they are willing to commit to any of the actions requested in the letter. • Respondents reported that the letter could be improved by asking for safety bundle review and implementation since these start the conversation on bias, put in place standard protocols and processes to help while the culture change is occurring, and emphasize the availability of protocols established by the health system that aid in addressing these health problems. • Respondents reported that the infographic could be improved by reducing the amount of text, using more bulleted text, and changing the background color. |

Figure 6. Selected Health System Leader Feedback on Letter and Infographic



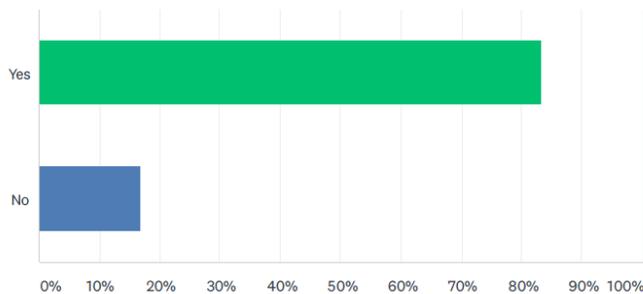
Q3 Do you find the data presented compelling?

Answered: 6 Skipped: 0



Q4 Given the information provided on the infographic, would you commit to any of the actions requested in the letter?

Answered: 6 Skipped: 0



Impact

The Atlanta Shared Leadership Design Team developed and implemented activities to increase awareness and commitment by care delivery system leaders to address maternal morbidity and mortality inequities in Georgia. The team received positive feedback on the letter and infographic and most respondents agreed to complete actions listed in the letter (e.g., meet with members of the maternal mortality coalition, participate in a respectful care simulation training).

Next Steps

Additional hospital and public health system leaders will be invited to participate in ongoing discussions on Black maternal mortality and ongoing simulations and trainings, in addition to continuing to implement respectful care policies.

Support Women Across Silos Design Team

The Support Women Across Silos Design Team tested several ideas to improve awareness of local resources among postpartum people and their supporters receiving care at Grady Hospital. The team focused on understanding the services needed by postpartum people and increasing referrals from Grady Hospital to the Center for Black Women’s Wellness (CBWW).

| Aims | Improvement Ideas | Measures/Results |
|---|---|---|
| <ul style="list-style-type: none"> • Connect community-based organizations, social support opportunities, and clinical services to each other • Extend the care and resources to Grady Hospital postpartum patients and their supporters beyond the hospital environment • Connect women to spaces in the community where they feel supported collectively by these entities • Identify better ways to connect the right resources at the right time for the right people | <ul style="list-style-type: none"> • Decrease silos between Grady Hospital and CBWW • Develop a Patient, Family, and Community Advisory Council • Offer hospital community resource fairs • Identify a more fluid way for doctors, nurses, and other team members to connect patients with needed resources • Develop OB-specific resources and protocols to support patients, family, and staff through major OB complications • Create a referral process and forms to track the flow of services between community-based organizations and Grady Hospital • Change high-risk language • Develop an interactive, web-based list of patient resources, with the ability for patients to search resources available in their neighborhood • Inform mothers of self-advocacy and Sister Circle events (CBWW meetings with Atlanta Healthy Start members on various pregnancy and wellness topics) | <p>The care collaboration agreement between Grady Hospital and CBWW was reevaluated and renewed.</p> <p>Several PDSA cycles were tested throughout the course of this project:</p> <ul style="list-style-type: none"> • Test ability to get child car seats on standby at the hospital for mothers that do not have one available at the time of discharge. • Analysis to identify overlap of the most common zip codes for childbirth deliveries for Grady and CBWW clients. • PDSA run by women with lived experience: Interview women with lived experience to assess their awareness of resources and benefits. In December 2019, Supporting Women Across Silos Design Team members interviewed 7 mothers with lived experience to determine their awareness of Medicaid benefits through WellCare. Findings include: <ul style="list-style-type: none"> ○ More than half of the clients were not fully aware of WellCare benefits available to them. ○ A majority of clients were not aware of the WellCare Community Connection hotline available to them. ○ Most clients did not have barriers to transportation to their prenatal visits, but a few clients did. Only one client mentioned the availability of WellCare transit and in the same comment mentioned that it was not efficient. |

| | | |
|--|---|---|
| | <ul style="list-style-type: none"> • Encourage centering for hypertensive mothers • Provide community-based dietary health and wellness support • Develop the ATLOB411 guide, a multimedia web page/app on Atlanta OB information designed based on women’s lived experience and key stakeholders • Identify a centralized pregnancy help line for mothers to call for assistance with navigating the system (similar to the Georgia psychiatry crisis help line) | <ul style="list-style-type: none"> • PDSA test to explore Black women's thoughts on mental health: A short two-question survey was distributed during a Sister Circle event with CBWW and among peers of Supporting Women Across Silos Design Team members: <ul style="list-style-type: none"> ○ To get more responses, the event would need to allow a pause for survey completion. ○ The team developed strategies for talking about mental health in a group setting, with sensitivity that individuals may be triggered. • PDSA test to develop a strategy for OB providers to directly refer patients to CBWW during the clinic encounter. • Provider developed an “elevator pitch” to describe the Atlanta Healthy Start initiative program, provided a flyer, and asked the patient to either fill out a paper intake form or use a QR code and submit information for referral. Paper forms yielded a higher response: 2 out of 3 responses on paper vs. 0 out of 5 responses with QR code. • Developed an infographic “Equity Tree: Atlanta Stakeholders” to illustrate the different types of stakeholders that are currently active in the Atlanta area for promoting better maternal outcomes for Black women. • Supporting Women Across Silos Design Team explored ways to connect women with peer support in the community to help them access social media resources, which were designed in collaboration and with feedback from women with lived experience: <ul style="list-style-type: none"> ○ Facebook page: ATLOB411 ○ Instagram page: blackmoms_atl ○ Blog site: https://atblackwomenwle.com/ |
|--|---|---|

Impact

The Atlanta Support Women Across Silos Design Team developed and implemented activities to better connect community-based organizations, social support opportunities, and clinical services to each other. This included increasing awareness of services that provide support and the services needed by postpartum people.

Comments from Support Women Across Silos Design Team members provide insights into their experiences and the impact of the team's work.

"The systems that consist of the safety nets or that take care of Black women, there are so many silos between them – not because they necessarily want [the silos], but it's just how they were created and it makes it difficult for them to function together. How can we get them together and really unpack these pockets [of resources] using QI methodology so that we get the synergy? Not one plus one equals two, but one plus one equals 25 [so we] can help drive better maternal outcomes."

"[One change the team made is] how to start having community-based organizations participate in some of our meetings so they can be part of that process. Before [the project], it was more of a professional thing. There might be a meeting or they might buy us breakfast, and the organization would talk to the physicians about their program. But beyond that, it wasn't like a relationship where we know each other or how to effectively provide soft handoffs for patient care."

Next Steps

The Support Women Across Silos Design Team will continue to explore how Grady Hospital patients can better connect with CBWW services.



Lessons Learned and What's Next

The Better Maternal Outcomes: Redesigning Systems with Black Women project provided the support and mechanisms for partners engaged in the project to begin addressing the maternal health inequities faced by Black people who birth and their families in the Atlanta community. The relevance of this work was evident during the summer of 2020: the police killings of unarmed Black people and subsequent momentum of the Black Lives Matter movement. These events ran parallel to the movement against the harm faced by Black, Brown, and Indigenous people in the US health system. Additionally, the Better Maternal Outcomes project work captured the commitment and resiliency of those in medicine and public health who are on the front line of the COVID-19 pandemic.

Some specific lessons learned in Atlanta and next steps are described below.

- Continued engagement with care system leadership (i.e., hospital and public health systems) on the root causes of maternal morbidity and mortality inequities (e.g., racism) is necessary for institutional change to be realized. Efforts will include ongoing discussions on Black maternal morbidity and mortality, implementing respectful care policies, and ongoing respectful care simulations and trainings.
- The patient-centered simulation experience for health care providers will continue to be refined and scaled up to train health care providers on respectful care, cultural competence, racism, and bias.

References

1. Community of Solutions Framework: Skills for Change-Making. Community Commons. <https://www.communitycommons.org/collections/Community-of-Solutions-Framework-Skills-for-Change-Making>
2. Driver Diagram. Institute for Healthcare Improvement. <http://www.ihl.org/resources/Pages/Tools/Driver-Diagram.aspx>
3. Testing New Ways to Put Equity into Action. Institute for Healthcare Improvement Blog. January 7, 2021. <http://www.ihl.org/communities/blogs/testing-new-ways-to-put-equity-into-action>
4. How to Improve. Institute for Healthcare Improvement. <http://www.ihl.org/resources/pages/howtoimprove>