Co-Creating an Oasis: A New Context for Care of African American Mothers

A Culturally Syntonic Paradigm Necessary for Health Equity
July 2018
Why An “Oasis”?

- An oasis is a fertile area that gives life in a dry place
- An oasis draws on resources deep below the surface
- An oasis is natural, but supported by human works

We heard that African American women seek revitalization, renewal, and flow. Today we will explore how we can support the co-creation of a life-giving oasis of culturally syntonic care.
Outline of Our Journey

- **Research Context & Design**
  - Organizational context
  - Objectives
  - Implementation

- **Executive Summary: Key Findings**
  - Racism
  - Health Care
  - Perinatal Care
  - Personal, Interpersonal, Community Support

- **Experiences of African American Women**
  - The African American Paradigm of Interpersonal Relatedness
  - Deep sources of Healing: “Upliftingness”
  - The Power of Matriarchal Culture
  - The Journey to the Delivery Room for African American Women

- **Recommendations**
  - Systemic Change
  - Matrix of Opportunities
  - Access Recommendations
  - Awareness and Education Recommendations
  - Program Recommendations
  - Training Recommendations
  - System Recommendations
  - Long-Term Recommendations
  - Research Recommendations
Research Context & Design

Where we begin
In the Home Visiting Qualitative Study, we learned about the difficulties African American clients face in receiving home visiting services. It was clear we needed to understand them more fully.
The inter-organizational context holds the promise of real change:

In 2013, $500,000 was allocated to address birth outcome disparity. First 5 LA has improved practice and service delivery to meet the needs of African American families via the Black Infant Health initiative and home visiting.

In 2017, the Center for Health Equity was established to lead efforts to address inequities in health outcomes, a top priority for DPH and LA County Health Agency.

On June 28, 2017, DPH convened a meeting of 60 CBOs to identify cross-collaborative opportunities and interventions to improve the birth outcomes for African American infants; community leaders called for focus groups, and developed request in November 2017.
First5LA and SocialQuest built on a fruitful research collaboration to illuminate what is needed:

These developments created a critical opportunity to align First 5 LA’s work in improving perinatal outcomes with the efforts of the Health Agency through research: Qualitative Research and Utilization Analysis.

According to First 5 LA, the anticipated ultimate outcome of the full range of research is to pioneer a methodological “life-course” approach to understanding women’s access and utilization of services and supports before, throughout, and following pregnancy.

Building on its Home Visiting Ecosystem study, SocialQuest carried out the first step of qualitative research contributing to this aim.
Research objectives

To articulate an African American cultural framework to enable providers to provide culturally responsive services and communications:

- To increase understanding of how African American women and those close to them perceive and experience pregnancy and birth.
- To increase understanding of African American women’s perceptions of perinatal services available to them.
- To increase understanding of how African American women perceive the role of race, and racism, in birth outcomes.
- To explore perceptions of how social, economic, and structural factors contribute to birth outcomes, and how sources of community health and resiliency can be amplified.
- To increase understanding of the journey of African American women to prenatal care: where, when, and how they access it, and who influences these choices.
A total of 100 research participants, we recruited women representing a range of stages in relation to pregnancy from all over LA representing a vivid mix of income levels, education levels, family situations.
Recruitment

Recruitment supported by MCHA, AVPH, Soul Food for Your Baby, Great Beginnings for Black Babies, WIC, Black Infant Health, Penny Lane Centers, UCLA, Welcome Baby, Claris Health, Vista Del Mar

Moderated by Valerie Coachman-Moore, MPH, President and CEO of Coachman Moore & Associates Inc. and Melissa Franklin, Principal of Growth Mindset Communications
Discussions facilitated personal storytelling, with an aim to complement Utilization Analysis:

- Attitudes and behaviors related to health and health care generally; Attitudes and behaviors related to perinatal and postpartum care
- Experiences with health providers; Experiences related to race and racism
- Perceptions of relationship between racism and health, especially pregnancy-related health
- Sources of stress, sources of support – internal, social, community; Nature of trust, paths to developing/disrupting trust
- Sources of trusted information related to health, especially prenatal; Ideal health care ecosystem for women like me

Diving deeper into sharing of personal, intimate stories about race, racism, trust, parent-child relationships
Executive Summary

Key Findings
Findings cut across many important areas:

- RACISM
- HEALTH CARE
- PERINATAL CARE
- PERSONAL, INTERPERSONAL AND COMMUNITY SUPPORT
## Top findings related to racism

1. **Racism is real**
   - All the women feel they have experienced direct or indirect racism in ways that caused them stress.

2. **Spectrum of ease in identifying racism**
   - While some easily attribute life-experiences to racism, others are reluctant to do so, attributing them instead to economic factors.

3. **More reluctance to attribute negative experiences in health care to racism**
   - Women are more likely to attribute negative experiences in health care to economic, community, or organizational factors, than to racism.

4. **Deep doubts about institutions**
   - Public and social service institutions, including health care, are not seen as understanding, protecting, caring for, serving them.

5. **Don’t perceive direct connection between structural racism and birth outcomes**
   - Most do not identify a connection between structural/systemic racism and the health of their body/the outcome of their pregnancy.

6. **Those who see connection are eager to share**
   - A few, for whom the connection between structural racism and birth outcomes has been framed via recent articles, in conversations with others, or via CBOs, are able to clearly illuminate this for others.
## Top findings related to health care

<table>
<thead>
<tr>
<th></th>
<th>Finding</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Do not trust health care system</td>
<td>For many, health care lost their trust when they were vulnerable; doesn’t connect with them on an individual or systemic level.</td>
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<tr>
<td>2</td>
<td>Culture clash with health care</td>
<td>For many women, it is difficult to accept the prescriptive, depersonalized, decontextualized approach of conventional medicine.</td>
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<tr>
<td>3</td>
<td>Many seek a more holistic approach</td>
<td>Feel alienated by care they perceive as reactive/focused on selling medicine and making profits; wish for more preventative guidance that integrates more dimensions of being human.</td>
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<tr>
<td>4</td>
<td>Believe positive life-experiences have decisive effect on good health</td>
<td>Some are optimistic that lifestyle and epigenetics contribute to wellness over countervailing genetic predispositions (don’t see negative side).</td>
</tr>
<tr>
<td>5</td>
<td>Those with less money assume better insurance equals better care</td>
<td>Most assume a direct correlation between money and care, regardless of race; e.g., that when they have more money they will have better care.</td>
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<td>6</td>
<td>Spectrum of different levels of engagement</td>
<td>Some fiercely author their own health care experiences (ask questions, challenge answers, request supervisors, switch doctors, issue complaints); others end of spectrum more passive: complain/avoid/worry.</td>
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<tr>
<td>7</td>
<td>Sense that providers care about, invest in, other cultural groups more</td>
<td>Perceive that the Latina community is provided with more care-related resources than the African American community, sparking confusion and frustration.</td>
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## Top findings related to perinatal care

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<thead>
<tr>
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<th>Finding</th>
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<tbody>
<tr>
<td>1</td>
<td>Disenchanted by prenatal care experience</td>
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<td></td>
<td>Contact with medical staff often functional and routine; contact with providers often disorganized, chaotic</td>
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<td>2</td>
<td>Trust personal resources more than institutional resources</td>
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<td></td>
<td>Believe that their own research and exploratory efforts, combined with advice from close family and friends, has important impact on healthy pregnancy and good birth</td>
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<tr>
<td>3</td>
<td>Motivated “researchers”</td>
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<td></td>
<td>Many are dedicated researchers, fully leveraging the resources available online, scouring pamphlets, asking questions and speaking with trusted and informed friends</td>
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<tr>
<td>4</td>
<td>Practically no awareness of birth-related risks</td>
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<tr>
<td></td>
<td>Very few aware of risks African American women face when pregnant, including preterm; generally confident about health</td>
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<tr>
<td>5</td>
<td>Experience differs across providers</td>
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<td>Antelope Valley sorely lacking in access and quality, South LA/Metro provide more options; integration of services can simplify access, but no provider is getting it right</td>
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<tr>
<td>6</td>
<td>Partner as a support</td>
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<td></td>
<td>Those who have partners that are involved in the pregnancy may find them to be an additional source of concrete and emotional support</td>
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<tr>
<td>7</td>
<td>CBOs make a difference</td>
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<td></td>
<td>Organizations dedicated to African American women’s maternal health are filling in gaps through facilitating connection, education. But they cannot alone address the deep need created by a vast culturally dystonic system</td>
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Top findings related to personal, interpersonal, and community support

<table>
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<tr>
<th></th>
<th>In the process of healing from deep fragmentation</th>
<th>Social, geographic, generational, technological, interpersonal, intrapersonal, ancestral</th>
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<tbody>
<tr>
<td>2</td>
<td>Cautious about sharing</td>
<td>Most have 1-2 very close family or family-like bonds and are reserved about opening up to others in social circles (but open up easily when sensitively facilitated; we found them particularly open in our sessions)</td>
</tr>
<tr>
<td>3</td>
<td>Sense that other cultural groups are more tightly interconnected</td>
<td>Notice differences between African American and Latina culture; perceive Latinas as supporting one another, sharing information more readily.</td>
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<tr>
<td>4</td>
<td>Groups help women get “woke” and informed</td>
<td>Through college classes, and maternal support groups, a few women had grown very articulate about racism and how it affects them</td>
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Experiences of African American Women Across LA, Across Life-Stages
The African American Paradigm of Interpersonal Relatedness
Deciphering the African American paradigm of interpersonal relatedness

- **Core value:** Authentic, in-the-moment responsiveness
- This micro-moment to micro-moment responsiveness is a core underlying value that builds trust, built on the three understandings.
The message is: “I Am Unique”

My body - its individual beauty

My emotions - their range and complexity

My mind - its versatility and capacity

My spirit - its mystery and healing power
Understand Black Women

“We Black Women”

**Our history** – enslavement, systemic and structural racism, resilience

**Our bodies** – genes, shapes/sizes, don’t follow the White “chart”

**Our language** – AAVE (African American Vernacular English), its own grammar, cadence, vocabulary

**Our traditions** – family, prayer/meditation, music, dance, food
Understand Interaction

“Relating With Me”

Vibe
- relaxed body language;
- direct eye contact;
- comfortable in the body; touch, flow and musicality; calm, warm vocal tone; facial attunement; informal affect; normal words; playfulness

Respect
- listening deeply and reflecting back, thorough answers, seeking feedback, offering choices — in an organizational setting this will include customer service, timeliness, cleanliness

Have My Back
- proactive, preventative, educational, high quality, thinking/planning ahead, beyond “minimal” call of duty

Get Me/Like Me
- feel understood/appreciated/celebrated, authentic personal sharing, some shared experiences, shared language, shared story

Like Family
- longstanding relationship, comfortable home-like context, reachable, flexible, forgiving, kind, warm, gentle
Most women talked about feeling distant from groups of other black women.

We wanted to understand how and why this fragmentation was happening, since we know stress can contribute to birth outcomes.
Understanding the Fragmentation

Women hold in their hearts stories of “the field slave and the house slave.”

The historic divisions dating back to enslavement and the value placed on proximity to the white master class based on work assignment, skin color, blood relationship to white master as a result of rape and forced breeding.

Intra-racial trust began to be eroded through these structures.
Understanding the Fragmentation

Some see black people as “pitted against each other” for limited resources:

- Social services don’t have enough to go around
- Better be sure I keep info to myself so I’ll be all right
- Feeling uncomfortable and conflicted about this
- Especially as I see that “other” groups have access to more resources

What if service providers were more aware of how their systems can indirectly foster intra-racial fragmentation?
Understanding the Fragmentation

We heard a lot of caution around trusting other black women. They are on guard for:

• “Drama:” Exaggerated, indulgent emotions/pseudo-emotions
• “Fake:” Inauthentic, inconsistent, awkward interactions
• “Messy:” Indiscreet, cannot respect confidentiality, big mouth

Perception of these behaviors are like trust alarm signals and trigger withdrawal: “I don’t have time for this.”
“It’ll be our own kind...”
- Antelope Valley Prenatal Mom
How Black Women Deal the Stress of Racism and Fragmentation

Many feel they are simply “better off alone” and have developed ways to manage:

- **Power Through**
  - Push on, ignore negativity

- **Woosah**
  - Breathe deep, reconnect with body/moment

- **Pray**
  - Connect with spirit, dialogue with God

- **Be Better**
  - Commit to self-improvement, education, success

- **Get Mad**
  - Draw on a forceful, effective superpower

They are comfortable with these techniques for creating an internal locus of control necessary to get through the day.
“Getting mad” is very difficult, because then you get stereotyped and dismissed

- Often, will only express anger when it feels like a “last resort”
- For many, the experience of publicly expressing anger is highly stressful and effortful
- In addition to the physiological stress of the energy of anger, some hate what they see as contributing to perpetuating an unfair stereotype
- For many, the overall effects of expressing anger, even when it feels warranted, is exhausting and further isolating

“It’s difficult to get angry because then you just get dismissed as an angry black woman.”
External Factors Affecting Fragmentation

• On top of this isolation, LA County is particularly isolating and disconnecting
  • Distances
  • Expenses
  • Complexity
  • Lack of Safety

• Some compared LA County to the American South, which is felt more community-centered and connected to folk traditions

• And technology can drive people apart:
  • “I need it, it’s helpful, it works well”
  • It pulls us apart from each other, especially across generations
Understanding the Fragmentation

Women we spoke with felt alone, experiencing an accumulation of stressors in a fragmented context.

Although many of these began during enslavement, or are because of systematic/structural racism, the lived experience is generally simply one of loneliness.
Deep Sources of Healing: “Upliftingness”
Deep Sources of Healing: “Upliftingness”

“Upliftingness” happens when authentic in-the-moment responsiveness is made safe again.

How can we structurally facilitate “upliftingness”? 

<table>
<thead>
<tr>
<th>Sisters</th>
<th>Elders</th>
<th>Partners</th>
<th>Therapy</th>
<th>Support Groups</th>
<th>Other Cultural Groups</th>
<th>Arts</th>
<th>Research</th>
</tr>
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<tbody>
<tr>
<td>Connect with trusted discreet woman friend (could be real sister, mom, aunt, grandmother, older generation relatives and friends)</td>
<td>Connect with intergenerational wisdom</td>
<td>Truly has your best interest at heart, listens, lets you vent, softens the drama, contains and uplifts you</td>
<td>For a few, becoming more normalized, experiencing the value, championing</td>
<td>A place to be comfortable with others who understand, especially other women, other AAs</td>
<td>Seeing models of intra-racial support in the Hispanic community, which some have direct access to through biracial families, provides models</td>
<td>Connect with deep roots through music, dance, expression</td>
<td>Learning how to navigate and synthesize the many sources of information in a constantly changing world</td>
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Deep Sources of Healing: “Upliftingness”

It takes an effort and facilitative resources to convene in ways that create “upliftingness”

Dimensions of Structural Upliftingness:

• Safe, inviting trust
• Invites authenticity, vulnerability, growth, healing
• Connected self, body, others, nature
• Facilitates nurturing relationships
• Enduring for the long-term
Respect for Elders

Respect of elders is a deeply embedded, almost idealized part of African American culture:

- Emphasizes doing things that feel natural; some old wives tales passed on are comforting and convenient, like submitting to cravings to avoid birthmarks
- The context of learning from older women itself feels nourishing: authentic, open exchange; intergenerational storytelling; total accessibility anytime by phone or text
- For many, enormous comfort in accessing insights from older generation

Elders are loved, trusted, respected, by women, and accessible …they have deep influence in health decisions
Intergenerational Relationships

Strong parental authority, with an emphasis on obedience and discipline, is part of most women’s experience as mothers/daughters:

- Developing **obedience to authority seen as a life-or-death matter**; teaching discipline as a way of expressing love, through protecting children in an unsafe world where institutions cannot be trusted; critical to impart survival skills
  - “The Look” and “Whupping,” to keep us safe
- For some, the experience of parental authority was difficult and fearful – they want to create a warmer, opener, more equal and flexible relationship with their kids — while still protecting them
- Authority is at its best when it is softened and contextualized by an authentic intergenerational friendship of loving care — Operant archetypes: hip grandma; grandfatherly MD; “Big Momma,” the loving yet authoritative matriarch

For many, the paradigm of authoritative mothering is starting to shift.
Intergenerational Relationships

And the world is changing fast, fanning tension in intergenerational relationships.

Is mom’s wisdom still relevant?
- Is mom’s approach to discipline still the right thing?
- Does my mom know what’s best when it comes to feeding?
- What about doulas, birthing centers, holistic health?

Is there something I am missing?
- Why does my daughter turn to social media instead of me?
- Why does she let her children get away with so much?
- Why is she so interested in all this holistic stuff?

How can grandmothers stay harmoniously involved, educated and relevant to moms as time and tools change so fast?
Intergenerational Relationships

Women are trying to find a path through an intergenerational paradox:

- Younger generation love and respect their parents and relatives, but may sense they need something beyond what their parents and caregivers know, but they don’t know what, or how to find it...
- Older generation wants to continue to be a support, feel the world is more dangerous than ever and kids need protection and wisdom, but aren’t always sure how to stay relevant and contribute in meaningful ways...some expressed willingness to shift and learn
- Some younger generation feels internal/external pressure to “do it all themselves,” be strong and handle it all on their own without over-reliance
The Power of Matriarchal Culture

How the African American cultural paradigm of care is different from conventional health care system
How Black Women See Health Care

- Reactive, catastrophizing
- A subset of social services that are held in doubt
- Don’t help until you hit rock bottom
- Incentivize people to hit rock bottom?
### How Black Women See Health Care

Yet, they give health care the benefit of the doubt:

1. These are services they deeply need and sometimes must use.
2. They deeply intuit something is wrong and untrustworthy; their stories show it.
3. Most ascribe the broken system to economic factors.
4. Only a few label it racist.
5. Each has their own way of trying to make it work for them, across spectrum of attachment.
6. Almost all fill in all the blanks with their own research and networking.
How Black Women See Health Care

Only a few consider the healthcare system as racist. When they share this lens, peers agree.

• A few referenced stories of medicine systematically experimenting on black bodies
  • Tuskegee study
  • Henrietta Lacks

• They question whether science really cares about ME?

Once this perspective is framed, women who hadn’t considered racist interpretations align to the possibility.
“Not a black person’s chart...”
- Antelope Valley Grandmother
An Imperfect Health Care System

We found a spectrum of ways of engaging and attaching to the imperfect health care system:

- **Highly proactive, taking control; they ask, change, express**
- **Very diffident when in the system; complain in private**
- **Avoid; engage just the minimum necessary**
Perceptions of Health Care

Women perceive the health care institutional cultural paradigm as incomplete. They feel it is “by the book,” like an assembly line or a quick fix.

Communication is cold
- Distancing language: clinical, formal, impersonal

Interactions lack context
- Individuals are interchangeable; no continuity, no opportunity to build relationship or share authentically

Materialistic worldview
- Focused on the physical, not the emotional or spiritual; money-focused

Narrowly expert-driven
- Guided by experts who focus on facts and have authority in very specific domains

Hierarchy-oriented
- Power is organized based on level, rank, credential

Prescription focused strategy
- “Trust me,” “do what I say” — even if you don’t understand

Fear and scarcity paradigm
- Not enough to go around, a little extra help only for the ones on the bottom, long waiting times to access resources, never enough time, never enough help

Reactive, fix-it approach
- Superficial interventions seen as incomplete, misguided. They amplify sickness instead of health
# Experiences with Health Care

## Some specific negative healthcare experiences these mothers shared:

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<tr>
<th>Experience</th>
<th>Description</th>
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<tbody>
<tr>
<td>Lack of privacy for sensitive conversations</td>
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<td>Randomly switching doctor</td>
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<tr>
<td>Trainee providing care</td>
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<td>In and out, no time to interact</td>
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<td>They didn’t understand what I said; I didn’t understand what they said</td>
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<tr>
<td>They didn’t give me good advice about my weight because they were afraid of what I would say/do</td>
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<td>Long waiting time to get first and subsequent appointments, sometimes outside of first trimester</td>
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<td>Unsolicited moral/religious input as to whether or not to keep the baby</td>
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<td>“Forcing” a flu shot, immunization...</td>
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<tr>
<td>Cold, functional, formal interaction</td>
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<tr>
<td>Not suggesting tests that would be appropriate given my situation</td>
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<tr>
<td>Serious health news with challenging implications delivered without empathy or emotional affect</td>
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<td>Disorganized staff, wrong or inconsistent instructions, cause wasted time</td>
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<td>Doctor comes in without having checked charts ahead of time</td>
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<tr>
<td>Pushing me to induce, to get a C-section, without explaining</td>
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<tr>
<td>Didn’t let my mother cut the cord as I had wished</td>
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<tr>
<td>Never seeing any other AA people or AA women in the clinic setting</td>
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<tr>
<td>Staff being pushy with them about breastfeeding</td>
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<tr>
<td>Received medicine that had known side effects for African Americans</td>
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<tr>
<td>Clipped, rude interactions with staff (on phone or in person)</td>
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“The way he told her was awful...”
– Antelope Valley Prenatal Mother
Imagine the Ideal System

We asked focus group participants to imagine the ideal health care system for black women and mothers of all socioeconomic levels:

- What would it be like, in detail? People, places, tone, qualities, resources
- Why are these things important for black women, specifically?
- How would this system ideally support a pregnant black woman or mother?
- Is there anything like this that you’re aware of?
# 8 Pillars of Matriarchy

## 8 pillars of matriarchy: factors they wish for in the ideal health care system

<table>
<thead>
<tr>
<th>Pillar</th>
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<tbody>
<tr>
<td>1. Warm communication</td>
<td>Express 5 dimensions of relatability: vibe, respect, have my back, get me/like me, like family</td>
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<tr>
<td>2. Interactions with rich context</td>
<td>Building a story that transcends a single visit</td>
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<tr>
<td>3. Holistic worldview</td>
<td>Making space for all the dimensions of me (my emotions, my family, my connection with spirit, nature)</td>
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<tr>
<td>4. Relationship-driven</td>
<td>Allows space for cultivating real, authentic, trust-filled relationships</td>
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<td>5. Network-oriented</td>
<td>Nurtures connections with broader network of people and supports</td>
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<tr>
<td>6. Learning is the dominant strategy</td>
<td>Focus on education; thorough, detailed context for every recommendation</td>
</tr>
<tr>
<td>7. Benevolence paradigm</td>
<td>Plenty of time, plenty of space, plenty to share</td>
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<tr>
<td>8. Proactive, preventative approach</td>
<td>Guidance based on deeper sources of understanding and wisdom that will truly make a difference</td>
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"Like family" "Feel the love"
Desire for Partnership in Health Care

Women are seeking true partners in health, healing, care, with doctors and health practitioners who:

- **Provide thorough context on recommendations**: any prescriptions must be fully and deeply contextualized, in order to be experienced as valuable.

- **Are willing to listen deeply, engage in dialogue, and explore alternative paths** to find that which is best suited to individual.

- **Appreciate that women are embedded in powerful matriarchal networks of influence** that are deeply important to them, and become a valued part of this network.

- **Explicitly acknowledge and celebrate the deep sources of strength, healing, resilience** that are beyond the biomedical paradigm.
The Journey to the Delivery Room for African American Women
The Journey to the Delivery Room

Pre-conception, certain factors set women on the path to timely prenatal care

<table>
<thead>
<tr>
<th>Sexuality education</th>
<th>Race/racism education</th>
<th>Continuous insurance</th>
<th>Contraception education and access</th>
<th>Health care habits</th>
<th>Personal approach to health</th>
<th>Approach to personal mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>As early as middle school, normalizing conversation about sexuality, contraception</td>
<td>Those who have studied race, identity, intersectionality engage with their doctors/providers more proactively</td>
<td>Many young women fall in an insurance “gap” during a window when they are no longer covered by parents but not yet covered by school/job</td>
<td>Vast range of approaches to contraception; medical contraception (pill/implants) can be intimately linked with continuous insurance</td>
<td>For many a baseline annual pap smear, deeper involvement varies, depends on upbringing and personal health factors</td>
<td>Many have a practical approach to health (drink water, walk and exercise, eat healthy, get rest) but some uncertainty about the “right” diet</td>
<td>Younger women (Metro/South) more aware of the importance of mental health and the contribution of therapy, support circles, artistic expression, faith, community</td>
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</table>
Path to Timely Prenatal Care

Factors that lead them to get care later than optimal:

• Women suspected that teens might avoid care because of fear of being pregnant or ambivalent, afraid of people’s reactions, and not want to face it

• Didn’t know she was pregnant; thought she may have missed a period because of stress, large body type

• Didn’t have insurance, thought it would be expensive

• Felt optimistic and health; saw pregnancy as “natural,”; felt empowered to get all the information she needed via internet/apps, buy vitamins

• Couldn’t get an appointment for weeks/months; appointment rescheduled more than once

• Difficulty organizing logistics of getting to appointment (transportation, childcare, conflicts with work schedule)
Perceptions of Prenatal Care

Women saw prenatal care as functional, important, basic — few emotional associations

1. Routine, functional action, “everyone knows” you need to
2. To find out the gender of the baby, to see the baby, to make it feel more “real”
3. To “check on” the baby and “make sure everything is OK”
4. Heard stories from female friends and relatives in which professional care served important role
5. Many can barely remember how they learned that prenatal care was an important necessity
New moms who have work/partners/homes and intentional pregnancies are more likely to want to “get it right” – early prenatal, comprehensive research, proactive questions

New moms with housing/partner/employment/insurance difficulties and less intentional pregnancies are the most likely to delay

More likely to get timely care, more likely to have insurance/provider, more aware of complexity

Women with more experience “in the system” (e.g. because of a chronic condition or previous health challenge) more likely to start earlier

Women with partners who had kids from previous relationship; women with close sisters/cousins/friends who are moms; women with great relationship with their own parent = more likely to get early care

Difficulties with partner can get amplified during this time because of completeness of life change combined with new hormones, which can vastly increase stress

A wide spectrum of experiences prenatally:
Birth Plans: Desire vs. Reality

There is a big difference between desired birth and reality, and little dialogue about birth plan:

**Desire**
A healthy baby born in a clean, well-appointed hospital via a fast vaginal birth delivered by their doctor, with their mother in the room.

**Reality**
Many get induced, get C-sections, sometimes for reasons not clear to them; for many their doctor is not present for reasons not made clear.

Appears to be little detailed dialogue with doctor about specific birth plan. More experienced moms tend to be proactive in planning.
A passionate and lonely few choose to research and explore holistic birth options:

| What they do | • Look for a doula  
|• Research birthing centers  
|• Seek out VBAC (Vaginal Birth After C-Section) |

| What leads them to this exploration | • Participation in maternal health groups |

| Why it’s difficult | • They don’t get support from providers  
|• And, their mothers are doubtful |

| Why others don’t explore | • Many haven’t heard of these services  
|• Those who have, assume they are expensive services |

When a holistic birth advocate shared their path with the group, other members expressed interest and curiosity.
New Moms & Stress

After having the baby, many moms experience a lot of stress and isolation

Sources of stress

- Their world narrows to 1-3 people: elders, partner, sister friends
- Life is exhausting and overwhelming – physically and emotionally
- Uneven awareness of community resources such as WIC, Black Infant Health, home visiting (those who are, are eager to share)
- Breastfeeding can be difficult; many feel proud to have breastfed for a few weeks or months
- Tend to believe their own situation is uniquely difficult, feel alone

Exacerbated by

- Financial stress
- Employment challenge
- Lack of privacy at home
- Complications related to infant
- Challenges arising from other children's care/health/education
- Difficulties with partner

Findings from this study reinforce our learnings from Home Visiting Qualitative on the prevalence of difficult post-partum experiences and post-partum depression.
Maternal Deserts

Concerningly, Antelope Valley is a maternal desert and needs a dedicated strategy.

- Facilities and staff are extremely limited, low quality
- Women are having to travel to Los Angeles for care
- Women express the desire to escape
Recommendations

Building the oasis for black women and mothers
Recommendations

Based on this research, we see cross-organizational opportunities to collaborate:

• We must increase access to services
• We must promote awareness of existing services
• We must promote learning through existing and new content
• We must pilot new programs to fill gaps
• We must take cultural training to the next level
• We must address the deep structure of our systems
A “wicked” problem:

• “A problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize”

• ”A problem whose social complexity means that it has no determinable stopping point”

• ”Because of complex interdependencies, the effort to solve one aspect of a wicked problem may reveal or create other problems”
Demanding a “big hairy audacious goal (BHAG):”

“A true BHAG is clear and compelling, serves as unifying focal point of effort, and acts as a clear catalyst for team spirit. It has a clear finish line, so the organization can know when it has achieved the goal; people like to shoot for finish lines.”

— Collins and Porras
The research points toward many specific areas for development:

### Access
- Insurance continuity
- Prenatal transportation
- Prenatal child care
- Facilitate connection with health plan call centers
- Group prenatal care model
- Ramp up Certified Prenatal Support Workers
- Explore new models

### Awareness & Education
- Educational content
  - Amplify existing content
  - Collaborate with publishers
  - Create from scratch
    - Self-assessment
    - Peer learning curriculum
  - Support Black Maternal Health Week
  - Birth Preparedness Campaign with special emphasis on AA needs

### Programs
- Scrutinize CPSP
- Support CBOs building capacity
- Pilot light touch peer-to-peer model for intra-racial, inter-generational support
- Home visiting intake via retail strategy
- Pilot Grandmother Interpreters

### Training
- Create metrics
- Develop online module
- Develop cultural humility training
- Institutional betrayal questionnaire
  - Role-specific questionnaires
  - Interpersonal relatedness
  - Matriarchal culture

### Systems
- Diversify employee pool
- Refer high risk AA women to specialists
- Intake AA ethnicity
- Choice of OBGYN
- OBGYN continuity
- Community spaces
- Track induction/C-sections
Underlying all of this, a need to build structures to foster steady, long-term, aspirational change

Nurturing a self-promoting, universal, irreversible, catalytic movement that touches individuals and institutions across society.
Matrix of Opportunities

- Low Hanging Fruit
- Tend the Trees
- Plant the Seeds
- Nourish the Soil

Short-Term, Few Players | Mid-Term, Some Players | Long-Term, Many Players
Low Hanging Fruit

Support what works:

• Build capacity for CBOs serving African American mothers
• Provide clients word of mouth tools to help get word out about existing programs, resources and specialists
• Support Black Maternal Health Week
• Identify existing high quality educational content to help curators amplify
Tending the Trees

Expand with strong foundation:

- Collaborate with content creators by providing key messages for new content
- Create metrics that measure African American culturally syntonic offerings
- Expand home visiting intake via retail strategy
- Scrutinize Certified Prenatal Support Personnel (CPSP) to understand functioning and gaps; monitor and increase availability of Certified Prenatal Support workers
- Ensure African American women see health plan call centers as resource to ensure timely prenatal appointments take place
- Explore LA applications of group prenatal care model via CenteringPregnancy
- Explore LA applications of pay for performance model via CHAP
Planting the Seeds

Catalyze new resources that will grow:

• Pilot light touch peer-to-peer model for intra-racial, inter-generational support
• Develop new educational content – self-assessment and peer learning curriculum
• Develop cultural humility training including online training module
• Develop pilot plan for Grandmother Interpreters
• Develop pilot plan for Prenatal Navigators
• Develop African American layer of Birth Preparedness Campaign
Nourishing the Soil

Relationships:

• Promote awareness of existing transportation resources and support uptake for Medi-Cal managed care to facilitate African American moms to get to their prenatal appointments

• Develop best practices together with providers
  • Diversify employee pool
  • Capture African American ethnicity at intake
  • Facilitate choice of OBGYN
  • Facilitate OBGYN continuity
  • Create new community spaces
  • Track induction/C-sections (desired vs actuals)
Access Recommendations

How will we ensure all African American women receive high quality, excellent prenatal care?
Leverage Points in the Journey to Care

Getting to Appointments

Ensure pregnant and post-partum women are aware of new transportation benefits available to help them get to and from perinatal appointments. Explore partnerships with transportation providers such as Lyft or Uber to provide benefit to those who are not covered by Medi-Cal.

Develop partnerships between networks of child care professionals and the health care system to ensure that high quality child care is provided for children during mothers' perinatal appointments.

Scheduling Prenatal Appointments

Create multiple touchpoints to connect pregnant African American women with their health plan call centers, which are staffed and focused on ensuring they get to their first prenatal appointment. This will increase their general knowledge of how to maximize and navigate their insurance.
Explore Successful Models

Explore successful models for expanding high quality, affordable prenatal care via groups:

• Women expressed need for better quality care AND more connection with other women

• Group-based prenatal care models, such as the CenteringPregnancy model, may increase access AND quality
Increase Access

Ramp up existing models to increase access, and explore new ones:

• We heard across groups (incl HV) lack of access to basic needs reduces access to prenatal care

• Significant struggles related to getting housing and mental health services for clients that need them

• We can address this by monitoring and increasing availability of Certified Perinatal Support Workers

• For the long-term, explore potential applicability of a pay-for-performance model
Community Health Access Project Model

A Pay-for-performance Model:

- A central entity becomes a clearinghouse for referral services
- The entity pays social services workers who care for high-risk women only if the women reach predetermined goals, such as delivering a healthy weight baby
- Social services workers connect women with services provided by local agencies in the network offering primary care and prevention services, behavioral health, housing, food, clothing, adult education and employment
- Referrals are based on nationally standardized Pathways defined by risk factors
Awareness & Education
Recommendations

How will we ensure all African American women are aware of what they may face when pregnant, because of their race?
3 Pathways to Awareness & Education

1. Amplify content already developed by experts
   - Create small groups, salons, panels, and/or town halls (in-person or live/recorded online) with trusted professionals
   - Curate and distribute lists of endorsed books about black maternal health accessible in CBOs, FBOs, WIC offices
   - Curate and distribute lists of endorsed bloggers and articles for CBOs, FBOs and others to link to via web and share via social media

2. Collaborate with organizations creating content
   - Preconception partners, such as college/university health clinics and reproductive/sexuality awareness organizations
   - Pregnancy and postpartum partners
   - Racial commentators

3. Create from-scratch educational materials
   - Self-assessment that helps women understand how life experiences may contribute to risks they may face when pregnant
   - Develop a curriculum of free educational materials with quizzes and exercises, published/distributed both as pamphlets and online or via an app
Provide Educational Content

Amplifying and developing educational content to address thirst for knowledge:

• African American women are concerned about their health and are avid researchers - they are hungry for good quality content!

• Educational content related to maternal health is needed to help them support themselves and their peers throughout their life-course, from childhood to elderhood

• Great content must be disseminated both on paper and digital media, and spread using social marketing
Amplify Existing Content

Target existing wellsprings of knowledge and amplify them through salons, town halls, libraries:

Amplify content already developed by experts

Create small groups, salons, panels, and/or town halls (in-person or live-recorded online) with trusted professionals who are elders and contemporaries who are noted experts and pioneers in LA County in the field of African American maternal and child health, such as Dr. Lisa Smith, Dr. Regina Edmonds.

Curate and distribute lists of endorsed books about black maternal health accessible in CBOs, FBOs, WIC offices, e.g., Dr. Hilda Hutcherson, Kimberly Seals-Allers
  • Support physical mini-library at retail locations
  • Support virtual mini-library with links and excerpts

Curate and distribute lists of endorsed bloggers and articles for CBOs, FBOs and others to link to via web and share via social media.
Incorporate Key Messages

Work closely with content creators and publishers so they incorporate key messages:

**Collaborate with individuals and organizations that create content**

**Preconception partners**, such as college/university health clinics, Planned Parenthood, Sexuality Information and Education Council of the UC (SIECUS), and writers like Debra Haffner, to amplify African American-specific messages about preconception health.

**Pregnancy and postpartum partners**, such as What To Expect, Baby Box University, and Vroom to encourage African American-relevant messages regarding birth preparedness and PPD.

**Racial commentators**, such as Decoded, to invite inclusion of messages about maternal health.
Create New Educational Materials

Develop new materials that promote engagement and peer-to-peer conversation:

Create from-scratch educational materials

Self-assessment that helps women understand how life experiences may contribute to risks they may face when pregnant
• Create both paper-based and online/app-based interactive digital quiz leveraged by social media
• Can also be used as a Peer-Assessment to catalyze conversation between women
• Could potentially be introduced by a partner; explore potential role of father/partner/grandmother

Develop a curriculum of free educational materials with quizzes and exercises, published/distributed both as pamphlets and online or via an app, that directly and clearly address the needs of African American women
Themes for Educational Materials

- Stress, its sources, its effects on bodies and babies
- How your toddler will grow up to be a sexually healthy adult
- How black moms can get what they need from doctors/OBGYNs
- Busting obstacles to essential first trimester care for black mommies
- Strategizing for birth for black women and fathers-to-be
- Strategizing for birth for black women and grandmas-to-be
- Holistic approaches that are most important to black mothers/that many choose and why
- Healing intergenerational trauma for your baby
- What to expect as a first time black mommy
- Things to talk with your mom or grandma about when you are pregnant
Support Black Maternal Health Initiatives

Black Maternal Health Week – a great start

- Our groups took place within weeks of Black Maternal Health Week
- Some in groups had developed their understanding of risks through recent articles about black maternal health
- We deduce that Black Maternal Health Week initiative is having effects

We recommend supporting/amplifying this initiative in years to come
Los Angeles Birth Preparedness Campaign

- The Home Visiting Qualitative Study clearly showed that women, especially first time moms, are unprepared for birth and motherhood.

- A recommendation was an 18-month Los Angeles Birth Preparedness Campaign.

- Such a campaign also has strong potential to support African American maternal health education.
  - See “An Ecosystem of Communications to Support the Family Engagement Strategy” by SocialQuest, January 2018.

Awareness and Education Recommendations:

- A place that brings to life the specific story of birth preparedness in LA and the natural role home visiting plays in that. Content with real moms talking passionately about their experiences in home visiting will build trust.

- Text is the best way to reach and communicate with our target. Create an easy way for them to text their questions about birth and home visiting. Consider collaborating with Crisis Text Line or text4baby.

- A small, attractive, well-designed gift that communicates mom-centeredness. Partner with companies to offer sponsored coupons for self-care services, treat gift cards, or nipple cream.

Campaign Website

A paid advertising campaign

A media partnership program

An earned media program (public relations)

Hold a press event at campaign launch

Mommy Care Kit
**Campaign Website**

A place that brings to life the specific story of birth preparedness in LA and the natural role home visiting plays in that. Content with real moms talking passionately about their experiences in home visiting will build trust.

**Text Line**

Text is the best way to reach and communicate with our target. Create an easy way for them to text their questions about birth and home visiting. Consider collaborating with Crisis Text Line or text4baby.

**Mommy Care Kit**

A small, attractive, well-designed gift that communicates mom-centeredness. Partner with companies to offer sponsored coupons for self-care services, treat gift cards, or nipple cream.
Program Recommendations

How will we create the support that all African American women need before, during, and after pregnancy?
Program Recommendations

Explore new light touch peer-to-peer model to reduce fragmentation and support healing

| Opportunity to share real stories and experiences | Opportunity to be listened to | Need for privacy and confidentiality; clear agreements | Simple administration | Facilitates education, resource sharing, healing | Trauma-informed | In consideration of travel, work and child care needs; explore role of video-based group sessions |

Goal: an oasis for black women to come together to support each other intraracially and intergenerationally
Program Recommendations Cont.

Build on evidence-based retail strategies for African American community to unlock home visiting enrollments

- There is evidence that barbershop-based hypertension outreach programs are effective when barbers become health educators, monitor BP, and promote physician referral

*Could stylists become health educators, do basic screenings, and promote home visiting referrals?*
Develop training for African American elders to join the health care system as “Grandmother Interpreters”

Benefits:

• For women: Satisfies women’s hunger for comforting and well-informed intergenerational contact
• For providers: Helps providers learn more culturally syntonic ways of relating through modeling and example
• For grandmothers: Provides an outlet for grandmothers who want to be helpful to stay up-to-date

**Role of Grandmother Interpreter**

- Facilitates relationship between a woman receiving care and their provider OBGYN or nurse
- Present at every appointment, ensure mutual understanding, facilitate Q&A, and provide support/follow-up
- Interprets woman’s needs and culture for provider
- Translates provider’s prescriptions in culturally syntonic way
Strengthen capacity of CBOs currently providing great black maternal health services in LA County

• What would be the difference that makes a difference?

• How can resources be best leveraged across organizations?
Program Recommendations Cont.

Understand gaps and pressures on Comprehensive Perinatal Services Program:

- Dig for data about how this program is working
- Understand if/where there is a gap between ideal and reality on the ground
- Strategize ways forward, drawing on new models (CHAP?)
Training Recommendations

How will we ensure all clinical staff are trained in how to provide culturally syntonic care to African American women?
Metrics will help align diverse needs and perspectives. Aggregating data related to c-sections/inductions, to explore race-based patterns, will be instrumental.
Training Recommendations

Questionnaires for each clinical and staff role can help individuals self-assess:

- Administrators
- Nurses
- PCPs
- OBGYNS
- Managers

Regular reflection to highlight and foreground the importance of African American cultural understanding and humility across roles.
Training Recommendations Cont.

Develop African American Interpersonal Relatedness Training:

**Vibe**
- Relaxed body language; direct eye contact; comfortable in the body; touch, flow and musicality; calm, warm vocal tone; facial attunement; informal affect; normal words; playfulness

**Respect**
- Listening deeply and reflecting back, thorough answers, seeking feedback, offering choices — in an organizational setting this will include customer service, timeliness, cleanliness

**Have My Back**
- Proactive, preventative, educational, high quality, thinking/planning ahead, beyond “minimal” call of duty

**Get Me/Like Me**
- Feel understood/appreciated/celebrated, authentic personal sharing, some shared experiences, shared language, shared story

**Like Family**
- Longstanding relationship, comfortable home-like context, reachable, flexible, forgiving, kind, warm, gentle
Training Recommendations Cont.

Develop African American Interpersonal Relatedness Training:

- **Vibe**
- **Respect**
- **Have My Back**
- **Get Me/Like Me**
- **Like Family**

- **Video-based training:** Identify clinicians who exhibit these qualities (use participants from ethnographies) and create videos of their interactions with patients.
- **Co-created training:** Recruit African American community members to participate in training and provide briefing/materials.
- **Role-play training:** In training workshops, pair staff 1:1 with African American community members to practice Interpersonal Relatedness framework in role play scenarios.
Training Recommendations Cont.

Develop Matriarchal Care culture training:

- **Worlds**: Identify contexts that exhibit these qualities (use video from community- and arts-based ethnographies)

- **Transformation Workshops**: Create series of inter-organizational transformation workshops for exploring how care ecosystem in LA could evolve to become more authentically matriarchal
Systems Recommendations

How will we bring new systems into being that offer care in a culturally syntonic way?
Systems Recommendations

Help African American women find, and stay with, doctors they connect with, and specialists they need:

Incentives to diversify employee pool so there are more African American women, as well as those of African descent (Ethiopian, Nigerian, Caribbean)

Consider African American cultural fluency as at least equally important as Spanish-language skills

Create clear systems that allow black women to select their OBGYN, including information about:

- Age
- English Fluency
- Cultural Background
- Gender
- Photo/Video Statement

Create pathways to ensure that for all high risk African American clients:

- Consider African American cultural fluency as at least equally important as Spanish-language skills
- Prenatal visits are scheduled immediately
- Prenatal visits are not changed
- Child care and transportation are offered proactively by administrative staff
- Same care provider is present at every appointment and during birth

For this to happen, necessary to capture African American ethnic background on intake (mirroring system that captures Hispanic culture/Spanish-language preference on intake)
Systems Recommendations Cont.

Create relaxing, restorative spaces in providers’ locations – the oasis they need:

- Connect with nature
- Connect with self
- Connect with others
- Connect with spirit
- Allow for children
Long-Term Recommendations

Finally, how will we ensure that this initiative gets the traction needed for long-term, irreversible, profound, transformative change that First 5 LA and the Center for Health Equity aspire to leave as their legacy?
Long-Term Recommendations

We know that efforts have been made throughout the past 30+ years to create definitive change for this community.

The following principles are envisioned as a way to provide for this initiative getting the traction needed for long term, irreversible, profound, transformative change that First 5 LA and the Center for Health Equity aspire to leave as their legacy.
Long-Term Recommendations Cont.

It takes a village to build an oasis:

- Illuminate the vision
- Gather the partners
- Catalyze continuous incremental change
- Create an innovation ecosystem
- Cultivate organic growth
Long-Term Recommendations Cont.

Illuminate the vision, with bravery and clarity, in both qualitative and quantitative terms:

- Systemic requirements for a more matriarchal system to come into being over the coming decades
- Macro metrics that define culturally syntonic health care as provided by individuals, organizations, and systems
- A clear statement of WHAT we aim to achieve by WHEN

North Star for Health Equity
Commit to the long-term, transcending individual champions, budgets and politics

• Recruit organizations across the cultural spectrum
  • Private corps/employers
  • Academic institutions
  • Mission-driven organizations
  • Highly visible organizations with strong public Diversity & Inclusion commitment

• Formalize interorganizational alliances and mission
  • “Mother” organizations championing it
  • “Doula” organizations committing support
Long-Term Recommendations Cont.

Make the work highly visible, impossible to evade/circumscribe/trivialize:

- Develop and publish a Bill of Rights for African health care clients
- Explore building a coalition of visible leading healthcare institutions to catalyze public dialogue
- Sponsor the creation of cultural artifacts that highlight the current vs ideal relationship between race and birth outcome, in new contexts for various audiences – for instance:
  - Book – weight/gravitas, dimension, disseminates concepts
  - Compilation Album/Music – has virality, aspirational
  - Film Festival – catalyzes stories shared in enduring, compelling way
  - Site-Specific – museum exhibit, statue, public place
  - Enlist key celebrities who are engaged with trauma to expand the megaphone
## Long-Term Recommendations Cont.

**Catalyze continuous, all-pervading incremental change through “One Million Conversations”**

| Create tracking system that allows anyone who carries out conversation to share-out experience, expanding visibility |
| Create algorithm that facilitates asymmetric pair-ups to support maximal learning - Across generations, gender, race, organization, profession, LA zip code, income levels |
| Create pair-up system that allows people to be connected in trios where conversations take place via group video chat |
| Create trauma-informed format/structure for a lightly facilitated relational game/interpersonal meditation |

*Facilitate the connections and conversations that yield micro-results each day.*
Long-Term Recommendations Cont.

See it as a design challenge and create an innovation ecosystem:

Integrate ongoing agile research into the innovation cycle with sprint cycle process, getting early feedback on rough lo-fi prototypes to drive innovation and ensure fit.

Working with CBOs, create many, micro-local contexts for African American women of all ages to co-create a system whereby they help their peers have a healthy pregnancy, facilitated by CBOs/community leaders.

Create innovation chrysalis bringing together creative thought leaders to foster cultural change:
- Select and invite 100 relevant thought leaders
- Facilitate co-mentoring process
- Host retreat to develop relationships and enrich creative thinking
- Host co-learning period to develop change process prototypes
- Incubate promising approaches

Support high quality innovation and action-learning through agile, ongoing qualitative research and participatory action-research.
Long-Term Recommendations Cont.

Tap deep, organically upwelling sources of nourishment through the spirited arts:

• Learn where and what these are through continued community engagement and participatory action-research

• Understand what are the most potent, community-based healing modalities that have potential to virally drive transformation

*We know how deeply the arts can transform individuals, relationships, communities – how can we amplify these sources of healing power?*
Follow-up Research
Recommendations

We strongly believe that we must complete the research to fill out gaps in understanding among key constituencies.
Follow-up Research Recommendations

How can we best co-create this movement with families, community leaders, men, artists? Strongly recommend researching the segments above for a thorough and complete study that articulates these women’s stories.

In-depth interviews with OBGYNs and Key Community Leaders
- Male and female
- Representing health clinics, prenatal service providers, FBOs, CBOs, hospital staff

Half-Day Ethnographies with Mother and Caregiving Partner
- Mom & Partner
- Mom & Grandmother

Mini Discussion Groups with Fathers and Fathers to Be
- Young Men Preconception
- Dads and Dads-to-Be

Arts-based Community Ethnographies
- In-context research with the most potent arts- and faith-based work issuing from LA’s African American community leaders - Hip hop/rap cyphers/freestyling/dancing/community-based ministry.
Thank You!

SocialQuest Inc.
Multicultural Marketing Research
www.socialquestinc.com
818-755-9091
monica_torres@socialquestinc.com