Birth Justice Philly: Equitable Community Engagement in Action

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Abstract

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The U.S. maternal mortality crisis continues to impact countless families and communities. Despite having some of the finest academic medical centers in the nation and a functioning county-level maternal mortality review committee, the maternal mortality rate in Philadelphia, Pennsylvania is far above the national average. Vital statistics show that Philadelphia's rate of pregnancy-related deaths from 2012 to 2018 was 20 per 100,000 live births (Mehta et al., 2020), which is higher than the 2018 national rate of 17.4 per 100,000 live births (Lu et al., 2018). Philadelphia is the poorest of the nation's 10 largest cities with more than a quarter of its 1.58 million people living in poverty. Racial inequities, substance use, and cardiovascular conditions have been identified as having a significant impact on higher death rates among pregnant and parenting people.

To efficiently address the recommendations that come from the Philadelphia MMRC, the Philadelphia Department of Public Health formed an action team. Organizing Voices for Action (OVA) is comprised of a multidisciplinary group of local stakeholders, including lived experience experts. Centering community voices and maintaining equitable practices have been embedded in the formation of the coalition by drafting an equity plan, with an equity statement and quarterly audits for accountability. Prioritizing stakeholder and community engagement foster collaboration in addressing root causes of maternal mortality.

Keywords

coalition building; community engagement; community-based participatory research; equity; health disparities; maternal mortality; social determinants of health

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ABSTRACT

This article describes how a multi-sector coalition focusing on carrying out recommendations of the Philadelphia Maternal Mortality Review Committee (MMRC) engages community participation through the development of equitable strategies that culminate in the implementation of actionable methods to improve perinatal outcomes.

The U.S. maternal mortality crisis continues to impact countless families and communities. Despite having some of the finest academic medical centers in the nation and a functioning county-level maternal mortality review committee, the maternal mortality rate in Philadelphia, Pennsylvania is far above the national average. Vital statistics show that Philadelphia's rate of pregnancy-related deaths from 2012 to 2018 was 20 per 100,000 live births (Mehta et al., 2020), which is higher than the 2018 national rate of 17.4 per 100,000 live births (Lu et al., 2018). Philadelphia is the poorest of the nation's 10 largest cities with more than a quarter of its 1.58 million people living in poverty. Racial inequities, substance use, and cardiovascular conditions have been identified as having a significant impact on higher death rates among pregnant and parenting people.

To efficiently address the recommendations that come from the Philadelphia MMRC, the Philadelphia Department of Public Health formed an action team. Organizing Voices for Action (OVA) is comprised of a multidisciplinary group of local stakeholders, including lived experience experts. Centering community voices and maintaining equitable practices have been embedded in the formation of the coalition by drafting an equity plan, with an equity statement and quarterly audits for accountability. Prioritizing stakeholder and community engagement foster collaboration in addressing root causes of maternal mortality.

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INTRODUCTION

Over the past 30 years, there has been a rising incidence of maternal mortality in the United States. The number of mothers and birthing people who die while pregnant or within one year of the end of a pregnancy is higher than that of other developed countries. In 2020, 861 women died of complications related to pregnancy and childbirth and more than 50,000 women experienced maternal morbidities (Lu et al., 2018).

Similar to national data, Philadelphia's maternal mortality rates have increased in recent years. Of the 110 pregnancy-associated deaths that occurred from 2013 to 2018, 26 (or 23.6%) were determined by the Philadelphia MMRC to be pregnancy-related deaths (Mehta et al., 2020). Philadelphia's rate of pregnancy-related deaths from 2013 to 2018 was approximately 20 per 100,000 live births (Mehta et al., 2020), which is higher than the 2016 national rate of 16.9 per 100,000 live births (Lu et al., 2018).

In Philadelphia, non-Hispanic Black women are four times more likely to die of pregnancy-related complications than white women (Mehta et al., 2020). Social determinants of health (SDOH) including systemic racism, and lack of access to safe and adequate housing, transportation, and social support contribute to higher rates of maternal mortality. Data also presented a correlation between maternal mortality and mental and behavioral health. When examining cases of women and birthing people who have experienced maternal mortality, 45% had history of a mental health diagnosis and 58% had a history of substance use disorder (Mehta et al., 2020).

Critical efforts to reduce maternal mortality require equitable practices to be implemented by cross-sector collaborators. Multi-sector collaboration with an emphasis on community engagement is crucial in understanding and preventing maternal morbidity and mortality. Community engagement involves authentic relationships and dialogue, varying degrees of involvement from all parties and collaborative decision-making.

To address the significant rise in maternal mortality, the Philadelphia Department of Public Health partnered with Strategy Arts, a collective impact and community engagement firm to launch Organizing Voices for Action (OVA). OVA is a structured, multi-sector community action team dedicated to decreasing the incidence of maternal mortality in Philadelphia through implementation of recommendations from the MMRC. OVA was designed as a formal system to move the recommendations forward. In September 2019, Philadelphia was awarded a three-year grant from Merck for Mothers' Safer Childbirth Cities Initiative to implement and support city-wide initiatives that addressed leading contributors to maternal mortality. Leading contributors of maternal mortality identified by the Philadelphia MMRC included cardiovascular disorders, racial disparities, and drug overdoses. With the assistance of the Safer Childbirth Cities Initiative, maternal and child health partners in Philadelphia have strengthened surveillance and reporting, improved clinical care, integrated community voices while developing innovative solutions and increased community-based support for childbearing women.

Kegler et al, (2019) explained that "in the face of growing public awareness and outcry about the centuries-long injustices experienced by African Americans, Native Americans, new immigrants, and other marginalized groups, our nation urgently needs collaborative multisector approaches toward equity and justice." With the understanding that no one organization, sector or individual can end maternal mortality, OVA convened a multi-sector action team which included lived experience experts, local and state governmental agencies, health care system professionals,

insurance providers, community-based programs, policy advocates, and social determinants of health professionals.

The OVA Steering Committee is the principal body to lead the OVA consisting of approximately 23-30 stakeholders including lived experience experts. The goal of the coalition is to implement and support innovative city-wide interventions that specifically address contributors to maternal mortality identified by the MMRC. This is the first coalition of its kind that we know—implementing local data-driven recommendations through collective action across sectors and integrating community voice every step of the way.

The Philadelphia Department of Public Health, Division of Maternal, Child and Family Health and Strategy Arts collaboratively designed the process for OVA using the Collective Impact Framework that includes three key elements: Backbone Commitment, Establishing Trust with Community, and Sharing Power. All elements work together to measure impact and promote equitable community engagement in action.

Using the Collective Impact Framework

The collective impact framework is an intentional and structured collaboration approach that typically includes a set of multi-sector organizations and community members to achieve social change. Collective impact allows for alignment of community initiatives and organizations aiming to solve the same social or environmental issue. In public health, collective impact is utilized to decrease silos and integrate efforts to improve social determinants of health. Taking a collective impact approach requires steering away from the traditional way that organizations aim to solve problems. Many organizations tend to use isolated impact which contributes to temporary fixes and often leads to multiple organizations doing the same work (Kania and Kramer, 2011). Collective impact recognizes that there is not one organization or individual that can solve social issues alone. Coalition building requires a structured form of collaboration. This was the approach that guided the formation of OVA.

Strategy Arts, a firm specializing in collective impact and equitable community engagement was selected by the Philadelphia Department of Public Health, Division of Maternal Child and Family Health (MCFH) to assist in the development and design of a community action team to strengthen maternal health outcomes in Philadelphia. To eliminate barriers in community engagement efforts, Strategy Arts employs equity as the foundation of coalition building. Strategy Arts assisted OVA in utilizing the collective impact framework to establish its infrastructure, prioritize community involvement, facilitate community stakeholder interviews, formulate governance, and by creating an equity plan and other auxiliary tools to promote equity throughout the coalition. Utilizing a collective impact framework allowed OVA to work with maternal health touchpoints to decrease silos and ultimately work to strengthen maternal health outcomes.

Backbone Organization Commitment

Collective impact relies on having "backbone organizational support" to ensure that the effort creates progress and impact. MCFH was designated as the backbone organization for this initiative during the grant proposal process as it was best suited to provide administration, leadership and staffing to support the community action team. MCFH has a history of guiding and facilitating maternal and child health initiatives and had the capacity to implement a Steering Committee to govern the project comprised of representatives from partner organizations. MCFH is dedicated to the inclusion of community members and lived experience experts in all coalitions. When agreeing to serve as the backbone organization for OVA, MCFH made a commitment to invest in resources

needed to establish and sustain the backbone work, while also taking the necessary steps needed to prioritize the involvement and voices of lived experience experts.

Intentionality was crucial in preparing for the launch of OVA. Leadership within the OVA backbone understood that there were many challenges with implementing equitable community engagement given the limits of being housed within a local health department and how this impacts establishing trust with community members. Funding to form and implement OVA was received through Merck for Mother's Safer Childbirth Cities Initiative with Health Federation of Philadelphia serving as the fiscal agent. Funds to prioritize this commitment were used for the following purposes:

- **Hiring a full-time person to coordinate OVA**. A significant portion of the Maternal Mortality Review Community Action Team Coordinator's time was dedicated to supporting the OVA Steering Committee and the coalition's implementation teams as well as building the capacity of lived experience experts to be engaged in the work of OVA.
- **Hiring Strategy Arts** to provide support for coalition building, equitable community engagement, and facilitation services as their firm is grounded in equity and inclusion.
- **Providing honorariums for lived experience experts** engaged in the work of OVA in any capacity, including attending meetings, serving as implementation team co-chairs and/or presenting at conferences. This honorarium policy was standardized across all MCFH coalitions. This was done to empower individuals to engage and eliminate some barriers that may prevent their full participation.

Phases of OVA

To provide structure and assistance in the conceptualization and activities of the project, a work plan was developed to visually illustrate and document the events that would compose the phases of the initiative (Figure 1). While each phase of the initiative incorporated key tools to successfully engage community, Phase 1 was dedicated to identifying stakeholders and building systems knowledge and setting the foundation for how community engagement would be prioritized and remain a focus of OVA. During Phase 1, activities to initially engage and sustain community members were established. Examples of community engagement processes that would be sustained were the hiring of a Community Specialist, input for OVA governance structure by community members, and recommendations of key stakeholders that would be needed for the success of OVA. The goal of the initiative was to establish the infrastructure of a community action team which consisted of a Steering Committee and implementation teams to carry out recommendations from the Philadelphia MMRC.

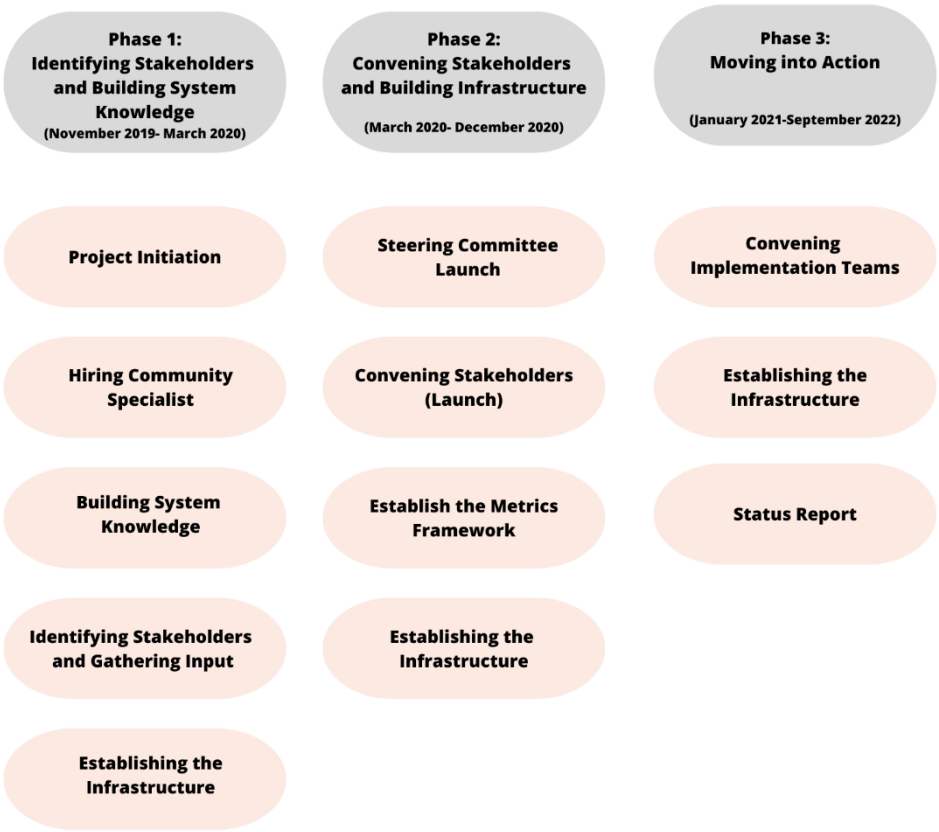
Phase 1: Identifying Stakeholders and Building Systems Change

While community members with lived experience were crucial to all aspects of project implementation, Phase 1 focused on identifying key stakeholders and building systems knowledge. Phase 1 began in November 2019 with a series of working sessions between the backbone organization and Strategy Arts discussing the goal of OVA, project timeline, development of a clear strategy to engage community and key tools needed to establish the infrastructure of the initiative. OVA had four main goals: 1) addressing high rates of maternal mortality and morbidity in Philadelphia; 2) addressing the racial disparities in pregnancy-related deaths; 3) developing a system to move forward recommendations of the MMRC; and 4) implementing evidence-informed interventions to strengthen systems that directly impact maternal health.

During this process the term "community" was defined as childbearing women and birthing people who have experienced a maternal morbidity or an individual who has an immediate

connection with someone who died of pregnancy-related complications. The primary populations identified through MMRC data as high risk of maternal morbidity and mortality were prioritized as women diagnosed with hypertension or preeclampsia in the intrapartum period, African American women and women with a history of substance use disorder.

Figure 1. OVA Work Plan by Phase



Addressing Systemic Racism

While identifying African American women as one of three primary populations for this initiative due to MMRC data, it is important to acknowledge that it is racism and not race that has exacerbated the maternal mortality disparity. Explicitly addressing systemic racism and socioeconomic injustices is necessary when building a coalition dedicated to preventing maternal morbidity and mortality. Systemic racism is a significant public health issue that creates unequal maternal health outcomes. As McAfee, Blackwell, and Bell (2015) stated "race remains the fundamental fissure in America; it compounds and perpetuates disadvantage across neighborhoods and generations…. Racial inequities persist in all sorts of policies and practices, implicitly and explicitly…. In fact, racial disparities exist on every measure of individual and community well-being". Equitable community engagement has the ability to challenge and shift thinking and behaviors by organizations, by influencing practices and policies that have too often reinforced systemic racism and have done so by ignoring the voices of the people impacted by it.

The two primary approaches aligned to guide the work of OVA were (1) acting on issues that directly confront racial and social injustices and (2) emphasizing steps taken during internal

coalition processes to address power imbalances (Christens, 2019). These approaches were based off of the six principles proposed by Wolff et al. (2017) for collaborating on issues with an emphasis on equity and justice; (1) Explicitly address issues of social and economic injustice and structural racism, (2) Employ a community development approach in which residents have equal power in determining the coalition's agenda and resource allocation; (3) Employ community organizing as an intentional strategy and as part of the process and work to build resident leadership and power, (4) Focus on policy, systems, and structural change, (5) Build on the extensive community-engaged scholarship and research over the last four decades that show what works, that acknowledge the complexities, and that evaluate appropriately, and (6) Construct core functions for the coalition based on equity and justice that provide basic facilitating structures and build member ownership and leadership. These approaches and principles were used collectively to lay the groundwork for Organizing Voices of Action by establishing commitment to equity through coalition governance and utilizing equitable strategies to foster accountability.

Establishing Trust with Community

Efforts to establish authentic community engagement and center the voices of lived experience experts began during Phase 1 with the utilization of the guiding principles of community engagement. These guiding principles assisted the backbone team and Strategy Arts reflect on how to engage community members, how community engagement could advance the goals of OVA and what community members were already contributing to maternal and child health outside of OVA (Table 1). When planning for ways this process could be equitable, the backbone team decided that the addition of a Community Specialist was crucial to incorporate community voice.

Table 1: OVA Guiding Principles of Community Engagement

	Informing	**Consulting**	**Involving**	**Collaborating**	**Co-Creating**	**Community Control**
Process	Providing information about programs or services via one-way flow of communication to community members	Inviting feedback form community members on alternatives regarding programs or services	Community members considered at every step of planning and decision making	Supporting community member to participate in every step of planning and decision making	Working with community member as equal partners with equal weight in decision making	Giving community member sole decision making authority Professionals only serves as consultative and supportive roles
Outcomes	N/A	N/A	Engaging community members to plan solutions	Community member actively produce outcome	Community member have accountability to outcomes	Community leads work to implement solutions
Method	Information sessions Program brochures, pamphlets and materials/postpose	Focus groups Attitude surveys Neighborhood meetings/town halls Public hearings	Advisory boards Intentional equity practices	Members of work groups (honorarium) Training all members in equity practices	Intention leadership development Members of Steering Committee Embedded in governance	-Provide control and funding implement structure
Purpose	Disseminate information and allow community members insight into the factors behind decisions	Gather feedback from the community that could have an influence on the decisions, but those decisions will be made by the collective/organization	Operational process to ensure community members have a consistent and structured way to be involved. Full	Community members are included in specific instances of decision making and are	Community members function with the same privileges and responsibilities as any partner, claiming their	Remove organizational influence and allow for community members to function with full power and autonomy

	that have been made		decision power still resides with the collective/organization	actively relied on to put solutions into practice	own equitable share of power	

Maternal morbidity and mortality impact not just individuals, but families and entire communities. Demonstrated in the theory of change and a key approach to decreasing the incidence of maternal mortality is centering the voices of women and birthing individuals with lived experience of maternal morbidity. Those most impacted by maternal morbidity are the individuals who have experienced [illnesses, issues, etc.] that increase the risk of mortality. The OVA prioritizes authentic community engagement, which means that it prioritizes inclusion of people with lived experience as valued partners in all aspects of the coalition because their voices:

- Provide a deeper understanding of the needs of the community
- Foster collective learning through unique insight and feedback from those who have the experience of the issue OVA is aiming to solve
- Ensuring that community members feel ownership in bettering their community and building solutions to the problems they face

Centering the voices of lived experience experts is essential for the success of any community coalition as it assists with challenging structures of white supremacy and institutions that uphold that specific ideology. To combat traditional systems that uphold white supremacist and racist practices, the OVA chose to focus on lived experience experts and see their perspectives as valid and credible. For the purposes of addressing populations in Philadelphia with disproportionately higher rates of maternal mortality, lived experience experts were defined as people who have experienced maternal morbidity, had a history of substance use disorder (SUD), or identify as Black or an African American mother/birthing person living in Philadelphia. All lived experience experts had a birth experience at a Philadelphia labor and delivery hospital.

Hiring a Community Specialist. Promoting equity was a top priority in the development of OVA. When planning for ways this process could be equitable, the backbone team decided that the addition of a Community Specialist was vital to incorporate community voice. Using a collective impact model, OVA focused on innovative ways to demonstrate equitable community engagement. To align with the mission of upholding equitable practices, Imani Davis was hired as a Community Specialist in December 2019 to assist the planning stages of OVA. The role of the Community Specialist was to support the initiative's infrastructure as an essential member of the backbone team and to infuse community voice into planning, implementation and evaluation processes. Since 2019, Imani has been involved in OVA in various capacities including Community Specialist, thought partner and lived experience expert serving on the OVA Steering Committee. As a mother of two, Imani contributes significantly to OVA and how the coalition positively incorporates lived experience experts. Imani, shared, "I had a traumatic birth experience where I experienced racism. After my daughter's birth, I became aware of the number of Black and Brown women dying from pregnancy-related issues. I appreciate being on the OVA team so I can use my experience and my voice to make a difference."

Community Stakeholder Interviews. During Phase 1, lived experience experts were interviewed during Community Stakeholder Interviews which aimed to identify key stakeholders that should be involved in OVA, form the vision statement and lay the foundation of prioritization of community voice. Stakeholders were identified via a compendium of maternal health

community organizations and expanded to include other sectors that have an impact on maternal health.

To begin to understand more about how OVA should work, Strategy Arts interviewed 17 individuals identified as stakeholders or contributors to OVA's work to share their ideas about the structure of the coalition, stakeholders that should be involved in this work, and initial ideas about interventions. Community Stakeholder Interviews were conducted from December 2019-March 2020 via phone and Zoom. The stakeholder interviews included lived experience experts to deepen understanding of ways the OVA can be intentionally inclusive of their perspectives alongside providers in the maternal health space.

Table 2: OVA Community Stakeholder Interview Questions

	Interview Questions
1	The MMRC sees the implementation of action as working better in a collaborative. Do you agree? Why or why not?
2	What would be important in terms of how the collaborative is structured or how it operates so that it can be effective?
3	Who are the top 3-4 stakeholders that you see have a positive influence on maternal morbidity and mortality/maternal wellness?
4	Who might be 2-3 stakeholder that are not typically at the table who could have an influence?
5	What are the assumptions you'd made behind the interventions you are providing?
6	Community: What do you think are the top reasons why we have a high morbidity/mortality rate? What are the top 2-3 interventions that come to mind?

During the interview process, Strategy Arts communicated the purpose of the coalition to assess choices about priorities and language used in the OVA Common Agenda. All interview suggestions, feedback and concerns were taken and incorporated into establishing a Common Agenda. This interview process was the first step in developing a common agenda for a collective impact. The Common Agenda focused on the goals and strategies of OVA with a particular interest in the experiences of stakeholders. The OVA Common Agenda engaged community through interviews, dialogue and listening. Building a common agenda allows for release of old patterns and adoption of new approaches and ideas.

OVA Chat and Chews. In order to challenge the traditional models of community engagement, establish trust between lived experience experts and the OVA Backbone team, and continue prioritization of community voice, "Chat and Chew" sessions were implemented and served as a core community engagement tool embedded in OVA's infrastructure. In Phase 1, the foundation of Chat and Chews were designed to be a safe space to empower community members to be the expert voices in the room, while the Backbone members are the active listeners.

While Chat and Chew sessions would not formally take place until the launch of the OVA Steering Committee, the goal was to create intentional time for lived experience experts to address concerns, provide feedback and share new ideas. This space is intended to ensure that all voices are heard, understood and valued. Chat and Chews include five lived experience experts who serve as members of the OVA Steering Committee and three additional members who serve as Implementation Team leads. Implementation teams are work groups tasked with carrying out a

specific recommendation from the Philadelphia MMRC. Current implementation teams include: educating community stakeholders and family support programs about early warning signs of maternal morbidity, prioritizing community-based organizations led by women of color and the OB/Cardiology Taskforce which was tasked to implement city-wide recommendations to identify women who are at a high risk of cardiovascular related complications.

Sharing Power

Governance. Wolff et al. (2017) explained that leadership must prioritize construction of "core functions for the coalition based on equity and justice that provide basic facilitating structures and build member ownership and leadership". In order to efficiently put this equity principle into action, it needed to be embedded into the coalition's governance agreements. OVA outlined this principle with the development of the governance which provides guidance for all coalition decision making. The governance document was developed by the OVA Steering Committee and outlined the purpose of OVA, cross-sector membership criteria, expectations, implementation team leadership, decision making authority, fiduciary responsibility, and OVA attribution. The governance document begins with a Commitment to Equity statement. Following the statement, there are several equitable practices included in the agreements: (1) a required number of people with lived experience serving on the steering committee. (2) a required number of people with lived experience as members of each implementation team. (3) Implementation teams have co-chairs, with at least one being a person with lived experience.

An Accountability Plan for Equity. The goal of OVA is to make systems-level change and address the root causes of maternal mortality in Philadelphia. After engaging in a series of six meetings, OVA Steering Committee members and the Backbone organization discussed the need to analyze operational changes to ensure that all practices and behaviors are equitable, diverse, and create an inclusive environment. Strategy Arts designed and implemented an Equity Plan to identify approaches that will translate into best practices of operationalizing equity in the coalition via its policies or practices.

The OVA Equity Plan is a guide with recommendations for implementing equitable practices within the initiative, based on a set of 55-question equity practices developed by Strategy Arts specifically to measure progress on activities related to equity in a coalition, cross-sector setting. The plan provided "Practice Statements" that describe practices or policies to be implemented to eliminate barriers of engagement and to empower people with lived experience to be intentionally included in planning and implementation of OVA's programs and initiatives.

Each practice is designated as one of the following categories that create the structure of a coalition where equity can be implemented:

Table 3: Equity Practice Categories and Stakeholder Input

Practice Statement Category	**Definition**	**Stakeholder Input on Equity Actions**
Framework	The foundation and language that the initiative is based on	● Partner participation needs to include a cross-sector group of stakeholders and make a dedicated effort to bring in participants from smaller organizations and community voices in an equitable decision-making capacity

Leadership Structure	The composition of the initiative's decision-making and governance	● The Steering Committee should represent diverse voices, including community members ● The collective should share power, decision making and efforts in a way that does not lead to the "same people" in charge
Inclusive Meeting Norms	The guidelines and practices that support effective and inclusive meeting spaces	● Not mentioned explicitly
Community Logistics	The practices that eliminate physical barriers of engagement	● Partners without organizational support should be compensated for their time with the collective
Data Empowerment	The use, collection and distribution of data based on the initiative's vision	● Stories and experiences from people who have had success need to be shared ● Data collection, use, and sharing should be transparent amongst the collective
Advocacy for Equity	The practice of championing anti-oppressive strategies	● Care needs to come with an understanding of the culture of others ● To be effective, we need to emphasize the influence of systemic racism in maternal mortality
Communications	The selection and use of conveying the initiative's messages (internally and externally)	● Communication needs to flow freely throughout the collective and reach both organizational executives and the communities being impacted

To develop the plan, Strategy Arts and the OVA Backbone reviewed the full set of equity practices and identified 38 that were relevant to OVA's specific context. The Backbone team and lived experience experts then prioritized those practices based on the importance and timing of steps as the initiative was established. The Steering Committee affirmed the priority practices and provided considerations for implementation of those practices. Strategy Arts guided the implementation of the initial set of high priority practices through the work of the Steering Committee and provided recommendations for the ongoing implementation of the remainder of the practices. To support members in understanding and utilizing language in ways that directly impact how equity is operationalized throughout the initiative, an equity glossary was created. This tool is evolving and supports the OVA in becoming more equitable.

Striving to sustain equitable practices is an ongoing journey, OVA has prioritized community engagement by using the Collective Impact Framework that includes three key elements: Backbone Commitment, Establishing Trust with Community, and Sharing Power.

DISCUSSION

The goal of this paper was to outline the application of the collective impact framework to promote equitable community engagement practices within a coalition dedicated to decreasing rates of maternal mortality and strengthening maternal health outcomes. The intentionality of using the collective impact framework to lay the foundation for OVA was essential to decreasing silos and prioritizing community voice.

Valuing the expertise of community members with lived experience exerts that they are the primary experts of their own lives and experiences. Community engagement and alignment of community resources to decrease silos has contributed to the success of OVA. Prioritization of community voice and taking a multi-sector approach is crucial in not only understanding the disparities, but acknowledging the impact that these disparities have on families.

Lessons Learned

While the implementation of OVA has been successful, it is important that the coalition building process and collective impact framework were followed so that it can be applied to future projects. Prior to project implementation, a sustainability plan was developed to ensure that the community action team could continue to implement interventions to decrease rates of maternal mortality. The sustainability plan outlined the importance of three key areas: multi-sector engagement with an emphasis on lived experience inclusion, backbone support and secured funding. Coalitions are likely to be successful when it prioritizes multi-sector engagement and seeks to minimize duplication of services and silos. Multi-sector collaborations tend to solve greater systemic issues as they have the capacity to draw on resources of all sectors.

CONCLUSION

The process for equitable community engagement for OVA required Backbone commitment, establishing trust with community members, and sharing power. While this work is still ongoing, it has been successful in implementing the necessary tools to achieve equity. Centering the voices of lived experience experts has been crucial to carrying out the recommendations of the MMRC. Establishing accountability systems, providing compensation, building trust, and working to bridge silos in maternal health are key solutions on the path to equitable coalition building. Sharing the experiences of women, birthing people, and families who have experienced maternal morbidity influences the behaviors and practices of people who do not have that same lived experience. Collaborative efforts between those with lived experience and stakeholders who are dedicated equitable maternal health practices leads to lasting and impactful systems change.

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