

i.D.R.E.A.M. for Racial Health Equity Vision 2025 Manifesto



**Vision 2025: Inspiring Generational Champions
with Resilience and Good Health**

10th Anniversary Celebration



Black Mamas Glowing Thru Covid-19™

Organizational Milestones

FY 2011-FY 2021 How We Stayed Rooted <ul style="list-style-type: none">• Rebrand of the Pasadena Birthing Project• Faculty and Community Research Collaborators• Strengths-Based Leadership Coaching and Skill-Building	FY 2022 - FY 2023 What Sets Us Apart <ul style="list-style-type: none">• Black-led Community Leaders and Black-led CBO Capacity-Builders• Cultural Humility Practitioners• Public Health Storytellers	VISION 2025 Justice Equity Diversity Inclusion JEDI Initiative Practitioners in Black Maternal, Infant and Mental Health
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@idreamRHE
idream-for-racial-health-equity

i.D.R.E.A.M. for Racial Health Equity is a project of Community Partners.

Wenonah Valentine, MBA

Founder in Residence and Executive Director

9/24/2021

The Vision 2025 Manifesto reflects what has been and what lies ahead for Inspiring Generational Champions with Resilience and Good Health. I invite you to walk the journey of our 27-year storied mission and my 25-year work history.

This year, i.D.R.E.A.M. for Racial Health Equity celebrates 10 years of addressing racial and health disparities in Black health. Over the last decade, i.D.R.E.A.M. has helped Black mothers and babies thrive by reframing damaging narratives around the maternal and infant mortality crisis by telling the authentic birthing stories from generations of Black women.

These birthing stories, both precious and painful, are born from our collective history. They have been our North Star, guiding us along a path for 27 years with wisdom and patience, helping us educate our society about the reality of the Black birthing experience—and inspiring resilience in generational champions to fight for better Black maternal and infant health.

Anchored by our Sister-Friend Network, i.D.R.E.A.M. has built a powerful multicultural team that supports communities of Black birthing families through storytelling, education, capacity-building and peer support.

Our journey advocating for Black maternal and infant health has been one of courage and fortitude in telling our personal lived experiences to enact change. Each pivot we've made as an organization was derivative of the changing maternal and mental health priorities of our Black community. We have evolved considerably, from a model of social support & advocacy driven by medical research to a public health model, to now—a community-led hospital quality improvement model.

In 2020, when the pandemic laid bare health inequities for people of color in the U.S., and Mr. George Floyd's brutal murder by a police officer on a street in middle America, the i.D.R.E.A.M. Board recognized the urgency to contribute to the important social justice conversations that were igniting across the country. We asked ourselves: What is *my* dream for racial health equity? We had built a powerful pipeline of Black-led and peer-supported emerging leaders and amassed a library of birthing stories that spanned generations. How could we leverage our generational champions who had a comprehensive understanding of Black maternal and infant health throughout the life course for a new wave of advocacy to impact social good?

We devised a new framework called J.E.D.I.—Justice, Education, Diversity and Inclusion—our pathway for the next five years that would usher us into this next era of Black maternal and infant health.

We knew our voice for health equity had become even more critical—and then new research emerged that provided clarity around who needed to hear our stories next.



At the start of 2021, academic researchers revealed a startling [statistic](#): the Black infant mortality rate was cut in half when the newborn was cared for by a Black

doctor.* This was empirical evidence illustrating that Black babies remained in grave danger without intervention, and that a physician's racial bias significantly impacted maternal and infant mortality.

With the recent racial reckonings shining a light on the racism, micro-aggression and toxic work environments that affect our community's birth outcomes, i.D.R.E.A.M. saw an opportunity to train medical, public health and social service professionals to acknowledge the impact of racism and improve the quality of care for Black birthing experiences and improve birth outcomes.

Today, i.D.R.E.A.M. helps ensure that Black women's voices are no longer silenced and that their unique health concerns are recognized—and respected—by medical maternity providers. i.D.R.E.A.M.'s community of professionals - Black, People of Color and Allies - work with hospital and clinic practitioners to, not only consider their patient's vital statistics, but also understand that cultural background and emotional health also drive health outcomes.

These new maternal health advocates are *us*—Gen-i.D.R.E.A.M.—those who we have mentored, nurtured and healed for nearly three decades. They are educated, working in the health field and having babies of their own. And now they're telling their own lived experiences—how they fought to have their voices heard by their doctors, how their bodies were disrespected and how their health histories and severe maternal morbidities were ignored. How undue stress from being Black in the workplace compromised their psychological and physical health. They're insiders reshaping how the maternal health care field cares for Black birthing patients.

A Look Back

i.D.R.E.A.M., which is an acronym for Integrate, Diversify, Retain, Educate, Activate and Mentor, has seen many iterations in its advocacy for Black health. Our vision remains clear: to inspire generational champions for resilience and good health. Our mission, to equip a learning community of visionaries with a comprehensive understanding of maternal and infant health throughout the life course has not wavered—but our priorities have changed in the wake of the murder of Mr. George Floyd.

Our origins go back to 1994 when 10 charter Sister Friends launched the 34th Stop on the Underground Railroad for New Life within Birthing Project USA. The Pasadena Birthing Project leveraged the national BPUSA movement to draw attention to the Black infant mortality crisis. We began to organize a volunteer



network of committed Sister-Friends who could mentor and advocate for the optimal wellness of Black women through high-risk pregnancies and support their babies and families.

We enveloped these women with the birthing stories of their Black maternal ancestry, and, holding these privileged insights in their hearts, these Black women became empowered to chart a different course for their generation, and that of their daughters and granddaughters.

We also collaborated with community organizations to encourage, support, and sponsor programs and services that maximized the fathers involvement in their children's lives.

In 1996, the Healthy Black Babies Alliance of Greater Pasadena, Inc. —also known as HABIBAH—introduced community outreach and created wraparound support for the Pasadena Birthing Project families, such as Motherread/Fatheread Parenting Classes, My Daddy Reads To Me, Healthy Fathers/Healthy Men, Teen Parent Support Group, Breastfeeding Support Group, and Youth Leadership Outreach.

In 1998, I wrote, “HABIBAH is a safe place. Expecting moms and dads learn to bond with their children from the early stages of pregnancy through the infant and toddler years. Our social support activities help women and men reach out beyond their circumstances, give voice to their strengths and frustrations, talk to each other, hear the truth about their choices, learn new parenting skills, and ultimately, take responsibility for providing a safe and stable family life for their children.”

Then, on our 5th anniversary in FY2000, our organization saw a major pivot when we shifted to Leadership Development. We took our growing community and turned that into empowered action and decision-making to help eliminate health disparities and combat Black infant mortality. By the 10th anniversary, our network of Sister Friends, Mother Friends, Board members and donors cast a vision for 2025 to share the wisdom drawn from lived experiences and personal birthing stories of Black women with emerging women’s health leaders. This way, they could hear firsthand about the generational ripple effect of racial and ethnic disparities in women’s health as it impacted Black women.

i.D.R.E.A.M. Begins: We’re Not Crack Babies

For centuries, Black maternal and infant health has been in crisis. Although infant mortality in the United States has been decreasing, the gap between Black and white infants has persisted. According to the U.S. Center for Disease Control, during 2006-17, pregnancy-related deaths per 100,000 live births for Black women were 40.8 versus 12.7 for white women. Babies born to Black women



were more than three times as likely to die of a preterm birth-related issue as babies born to white women in 2017.**

Since the 1980s, the healthcare community had been looking at Black women's health through a lens colored by the crack epidemic. As the stereotype of the crack-addicted Black mother persisted, the medical community was seemingly uninterested in evolving beyond this perception. In fact, according to the CDC, it was all the mother's fault, and we needed to "address the social, behavioral, and health risk factors that contribute to infant mortality and affect birth outcomes.***

The reality, we knew, was quite different, and much more complicated than a woman's socioeconomic circumstance. Educated Black women also had difficult pregnancies, stillborn babies or experienced the heartache of having to care for their premature newborns—despite doing everything right during their pregnancy. This maligned narrative isolated Black women who had degrees and jobs and were trying to grow families.

i.D.R.E.A.M., a project of Community Partners®, emerged in 2011 and rebranded the Pasadena Birthing Project to issue a battle cry and address the root cause: structural racism within our healthcare system. We would unpack the truth around Black birthing experiences and outcomes, dismantle damaging narratives about Black maternal and infant health and continue telling the birthing stories of our ancestors. We leveraged key data from the documentary *Unnatural Causes* that explored how a lifetime of chronic stress creates an additional health burden for people of color. The documentary revealed that Black college grads have worse birth outcomes than white women who did not complete High School. With this research painting a vivid picture of exceedingly high—and racially disproportionate—infant mortality rates among Black infants, we had a platform bolstered by medical data.

In 2011, when we were invited to attend the Annenberg nonprofit leadership program, we uncovered with crystal clarity why our organization existed:

Black babies are dying but not for the reasons you think. We have been experiencing an unacceptable quality of maternal care for decades.

To help amplify our message, iDREAM has collaborated with a wide range of Southern California academic anchors such as: California State University, Northridge's Department of Health Sciences; City of Hope Center of Community Alliance for Research and Education; Huntington Hospital; Pepperdine University Nonprofit Leadership Institute; St. Mary's Academy Health Careers Program; UCLA Academic Advancement Program; UCSB Department of Black Studies; the USC Keck School of Medicine; and the USC Sol Price School of Public Policy. Since 2017, we sat at the table and engaged with local and statewide public health initiatives including the California Department of Public Health's Community Birth Plan; the California Maternal Quality Care Collaborative's



California Birth Equity Project; the Los Angeles County Department of Public Health in collaboration with First 5LA's African American Infant and Maternal Mortality Prevention Initiatives; the Public Health Alliance's Cherished Futures for Black Moms and Babies; and the University of California, San Francisco's Sacred Birth Study Pilot.

Our Vision for the Next Five Years

With J.E.D.I. charting our course for the next five years, we will forge ahead on our continuum that helps Black mothers and their babies thrive. Our work today stands on the shoulders of the stories we've shared throughout our history. In particular, our goal of securing a psychological safety net for Black mothers to help ensure a safe and sacred pregnancy was born from the same language we established in our HABIBAH years. What's grown more acute over the years is the mistrust between Black families and our healthcare system. That's a chasm we will strive to bridge through community participatory research, utilizing the voices of those marginalized individuals who are working inside the system. It's not surprising that these professionals are our Sister-Friend Network who are pregnant, parenting their own families, and patients at large. And they've been mistreated and they're telling their stories to impact change in maternal health outcomes.

Moving forward, our three main areas of focus include:

- Raising the conversation about cultural humility practices in healthcare, emphasizing the need for healthcare professionals to reflect on their own personal and cultural values and biases and be aware of significant cultural issues that impact a birthing patient's health;
- Elevating collegial safety nets for Black professionals who are pregnant or parenting and building their leadership capacity—through their voice, personal experiences, education, and training—so they can become generational champions for Black health;
- Continuing its mission through its 27-year history of supporting Black birthing families through public health storytelling; and encouraging the constituents in the i.D.R.E.A.M. arena to share their birthing stories.

What's nice is we have the freedom to integrate our lived experience of our i.D.R.E.A.M. professionals and families as part of the interventions and solutions to make this impact—and there will be people standing on their shoulders years from now making necessary changes for the time.

Akin to taking down bricks of the Berlin Wall that separated the city into east and west, i.D.R.E.A.M. is laying the bricks for the next wave of advancing justice and policy builders for racial health equity. It may take another ten years, but medical students and residents now, will be social good advocates and chief decision makers of tomorrow, and they will be held accountable.



Following a three-year project offering cultural humility for medical maternity providers, I adopted the saying “The closer that we come to equity, the harder the work is.” We’re pushing for a cultural shift to dismantle the mediocre and bring in the new guard who aspire for the extraordinary. ...People who have both the grit and humility to collaborate with their peers and change deep-seated racist attitudes. ...People who are driven to see beyond the world we live in and look to the potential solutions with empathy and humanity.

We’re tired of settling for toxic environments impacting the health of Black professional employees. We fight for their psychological safety and we’re done being silent.

We have been primed for this time period—a critical junction triggered by a senseless murder. But Mr. George Floyd has raised the conversation to new national levels in a significant way for Black maternal and infant health.

We are “Black Mommas Glowing” and we’ve stepped into the arena once again to save our babies. The stories will lead us! (Kimberley Thompson)

*https://www.washingtonpost.com/health/black-baby-death-rate-cut-by-black-doctors/2021/01/08/e9f0f850-238a-11eb-952e-0c475972cfc0_story.html

** <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

***<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

The Justice | Equity | Diversity | Inclusion Initiative Team joins me and adopts the i.D.R.E.A.M. Vision 2025 Manifesto. The FY22 J.E.D.I. team includes:

- Ellen Branch, BA, Administrator Coordinator, Social Media Outreach and Engagement
- Eugene Covington, III, M.S. ME, Advisory Board Chair-Elect
- Melissa Franklin, EdD, MBA, Consultant
- Cynthia Freeman, MPA, Community Partners® Liaison, Strategic Ally Partner
- Marie Hudson, DMin, MDiv, Advisory Board
- Karen Massey, BA, Finance and Operations Coordinator
- Deepjot “DJ” Singh, MD, MMM, FACOG, OB Physician, Strategic Ally Partner
- Kevin Tamaki, MUP, Advisory Board Chair
- Kimberley Thompson, BA, Advisory Board Vice Chair-Elect
- Wenonah Valentine, MBA, Founder in Residence and Executive Director
- P. Andrea Vaughan, MHA, Consultant

Thank You!

