



**Department
of Health**

NYSDOH Commissioner's Listening Sessions: Sharing Your Birth Stories

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Overview

- Commissioner's Listening Session Development 5 min.
- Partner Organization Feedback 10 min.
- Participant Feedback 10 min.
- Emerging Themes 15 min.
- Questions & Answers 20 min.

Commissioner's Listening Session – Planning

Listening Sessions - Purpose

- Obtain feedback on the community's experience with and concerns about maternal mortality.
- Provide an outlet for community members to share their story and identify solutions that may work for them.



Empower
Individuals

Create bridging
social ties



Create cooperation
among CBOs

Explore Barriers



Discuss strategies

Listening Session Development

- Identify framework
 - NYSDOH Office of Minority Health & Health Disparities Prevention
- Identify location based on NYSDOH birth outcome data
- Engage Maternal and Infant Community Health Collaboratives (MICHC) organizations to partner
- Recruit participants
- Conduct listening session

Voice Your Vision & Share Your Story: *A Community Conversation on Maternal Health*

Overall Goal: Engage African American women in communities most impacted by poor birth outcomes in a conversation about their birth experience

Conversation Topics:

- Planning for Pregnancy
- Pregnancy
- Giving Birth
- Birth Outcomes



Conducting the Listening Sessions



- MICHC Welcome
- Commissioner Zucker Framing the Discussion
- Table Discussions
- Table Speak Back
- Commissioner Zucker Response & Closing



Locations & Community Partners

- Seven communities were identified to host sessions:

Location	Date	MICHC Partner Organization	Total Participants
Brooklyn	8/9/18	CAMBA & Wyckoff Heights Medical Center	27
Albany	8/13/18	Albany County Dept. of Health	30
Bronx	8/16/18	Urban Health Plan	39
Buffalo	8/21/18	Buffalo Prenatal/Perinatal Partnership	43
Queens	8/23/18	Public Health Solutions	47
Harlem	8/30/18	Northern Manhattan Perinatal Partnership	42
Syracuse	9/14/18	Onondaga County Dept. of Health & REACH CNY	35

Partner Organization Experience



CAMBA

where you can

Stephanie Henriques



Department
of Health



Colette Sturgis

Participant Experience

Omenefua EI

*Attended 8/23 session in Queens
hosted by Public Health Solutions*



Mrs. Engracia Dunn

*Attended 8/21 session in Buffalo
hosted by Buffalo Prenatal Perinatal Network*

Buffalo
Prenatal-Perinatal
Network, Inc.



Emerging Themes

Health
Systems

Providers

Racism

Education

Disrespect

Social
Supports



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Health Systems

Hospitals

“They’re trying to push for you to do other things that cost more money...They push the drugs on us like an experiment.”

“I switched health plans to go to a better hospital, not ‘the bad one.’”

Payor

“You are already labeled. You are already treated a certain way.”

“Hospitals look at good insurance that makes them happy... they should think of us all as the same.”

Systems

“I knew my prenatal appointments were going to be all day.”

“Always saw a different doctor that didn’t know me.”

Providers

Communication

“Nobody would answer you.”

“I was never told why I was high risk.”

“I have yet to hear why I had 6 C-sections.”

Judgement

“Individually we all have our own stories... not all pregnancies are unplanned or don't have a father around.”

“You have to show them you are somewhat educated.”

Time

“You never really see your doctors.”

“Appointments felt too quick.”

“Doctor listens because she has to write it down, but she doesn't really listen.”

Racism

Unequal Treatment

After having the baby, “... nurse came in at 3 a.m. asking what family planning method she wants to use... Just because she’s Black or Latina they want to make sure we stop having babies.”

“Always want to induce black women.”

Bias

“They look at your skin color and your pocket and judge you based on that.”

“We’re high risk because we’re black.”

“Receptionist puts single on the form, automatic assumption because you’re black.”

“Black doctors understand us because they are us.”

Rights

“Women of color are tired of feeling like we have to fight for rights that should just be given to us.”

“You gave your rights away when you walked in.”



Information & Education

Lack from Providers

“You have to make a plan yourself because they don’t tell you.”

“Continually fighting to prove that you can understand.”

Classes

“NFP helped me understand how to care for my baby.”

“If I can get it [free birthing classes] on 86th St. I should also be able to get it on 116th St.”

Self-Taught

“.. Most of the information came from apps.”

“... you’re just on your own.”

“...internet is your best friend.”



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Disrespect

With Providers

“People are giving respect based on insurance status, it affects treatment by providers.”

“I know my body, don’t question me.”

“I feel like they brushed my concerns off...”

Sensitivity

“At the end of the day, we’re people first.”

“Treat me like you treat your mother.”

“Caring doctors are a must.”

In Practice

“Speak to young mothers. Do not speak around them.”

“You have the right to be spoken to.”

“Pulling to get respect.”

“Doctors don’t respect us because they don’t value us.”

Social Supports

Postpartum

“Doctor’s should talk more about postpartum depression.”

“When I had my kids I didn’t have no help. Family dropped me off and left me.”

Community

“We used to have a village and today its gone.”

“Moms need support bottom line.”

“I needed support from my community.”

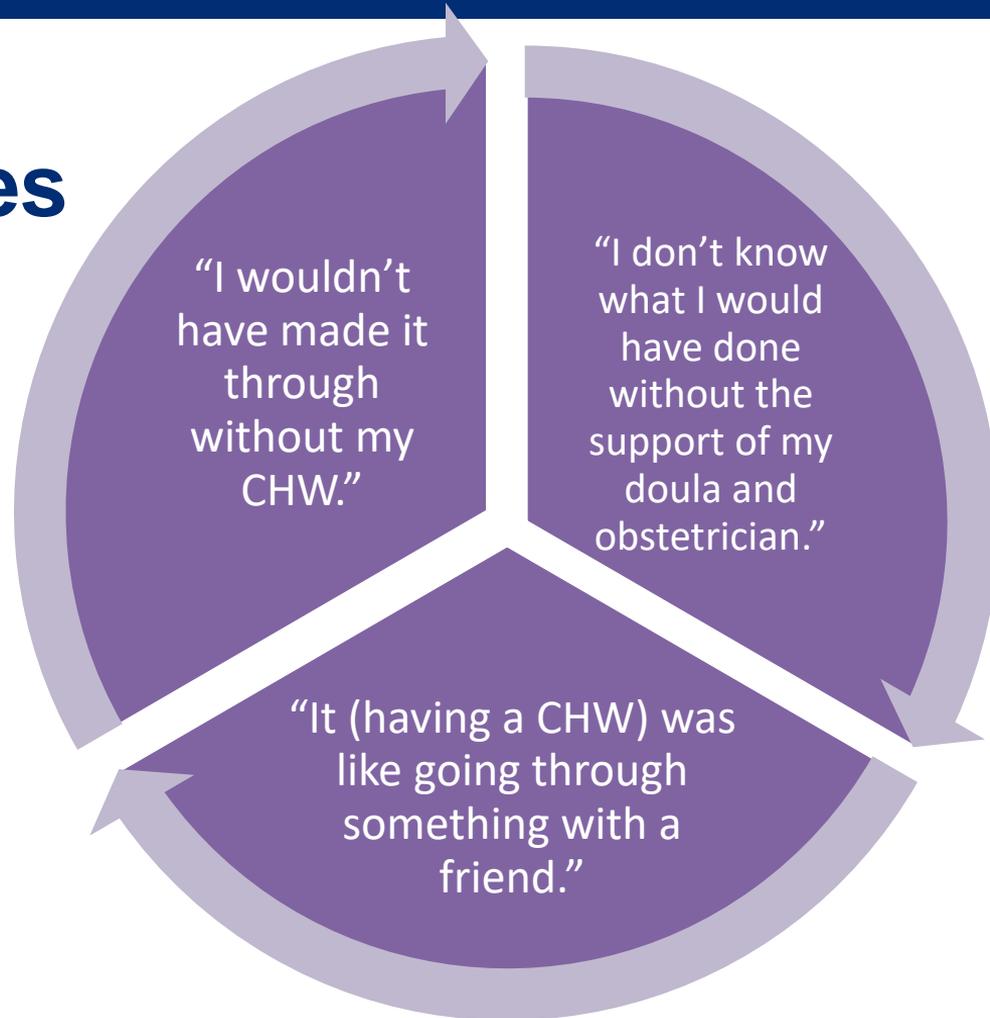
Advocates

“Men need support services, they also are going through something.”

“My CHW helped me while my baby was in the NICU and kept me pumping for him.”



Positive Experiences



Participant Proposed Solutions

- Social Support
- More postpartum support:
 - Doctors follow up before postpartum visit
 - Mom & Baby postpartum visit
- Birthing/Parenting Classes
- Community Services and Resources
- Providers:
 - More Black and Hispanic providers
 - Understand disparities
 - Open later in the day and on weekends

Questions & Answers