



# INTERDISCIPLINARY RESEARCH LEADERS

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## Improving Racial Equity in Birth Outcomes: The Roots Model of Care

### WHY WE DID THIS STUDY

Black parents deserve better perinatal care. Racial disparities in perinatal care and infant outcomes are a persistent and growing problem in the United States (US).<sup>1</sup> Black people are three to four times more likely than white counterparts to die from pregnancy-related complications, and Black babies die twice as often as white babies.<sup>2-4</sup> Research shows that physiological differences between white and Black people *cannot* account for racial disparities in perinatal health outcomes.<sup>5</sup> These disparities arise from structural racism, the systemic disadvantages faced by Black people in accessing resources, services, and opportunities.<sup>6</sup> This structural racism leads to systemic devaluation of and discrimination against Black people both outside and within U.S. health care systems.<sup>7,8</sup> Academic studies and media stories have highlighted how Black people are too often ignored or not believed when voicing concerns about their perinatal care.<sup>9, 10</sup> A recent study found that while 17 percent of all people giving birth in the US report experiencing maltreatment during their pregnancy, reported mistreatment jumps to 27 percent for nonwhite racial groups.<sup>11</sup> The disrespect and neglect Black parents face directly contributes to the alarming racial disparities in perinatal mortality and poor infant health.<sup>12</sup>

Health care providers must acknowledge and address the impacts of discrimination on Black perinatal health outcomes. Previous studies have shown that a culturally-centered care model and diverse provider staff fill an expressed desire for perinatal care outside of traditional birth settings reported by 69 percent of parents of color.<sup>13</sup> In addition, a growing body of evidence suggests that out-of-hospital births can result in better health outcomes.<sup>14,15</sup>

This study explored how a culturally-centered, community-based perinatal care model can reduce mistreatment of Black parents and improve their perinatal health outcomes through examination of the anti-racist care model used by the Roots Community Birth Center (Roots) in Minneapolis— Minnesota's first and only Black-owned and operated birth center. Roots uses a culturally-centered model of care with the potential to improve perinatal and postpartum outcomes for parents facing racial disparities. Culturally-centered care reorients culture as an asset, and relationship-centered care focuses on establishing and maintaining deeply respectful interpersonal relationships between the clinician and client, including support at home. Roots also utilizes the midwifery model of care, providing patients with personalized and holistic care.<sup>16,17</sup>

Between 2016 to 2019, we conducted focus groups, key informant interviews, and patient surveys to evaluate the Roots Community Birth Center's model of care. Our study provides answers to the following questions: (1) How does the Roots model impact the perinatal care experience for people of color? (2) How does the Roots model impact perinatal care providers? (3) What role does financing play in the long-term sustainability of non-traditional birth settings?

## WHAT WE FOUND

- Black and other non-white people receiving care at Roots report much lower rates of discrimination than individuals receiving their care in traditional birth settings.
- The Roots model of culturally-centered and relationship-centered care empowers providers to meet the needs of their nonwhite patients. This was especially true for providers of color.
- The replication and success of the Roots model is limited by current payment and reimbursement systems. Changes to financing structures are needed to ensure the sustainability of Roots and its racial equity outcomes.

Anti-racist care models like Roots can create a transformative perinatal experience for people of color. Compared to traditional birth settings, Roots clients reported lower rates of discrimination based on their race, their insurance status, and differences in opinion between themselves and their providers (Figure 1). Over 80 percent of people receiving care at Roots reported feeling their provider respected their choices, and nearly 90 percent reported having agency over their body and birth experience.

Clients of Roots received nearly twice as many prenatal appointments as patients seeking care from traditional settings (13 to 15 compared to 7 to 11).<sup>17</sup> These visits were 30 to 60 minutes in length, which is two to four times the length of visits in traditional settings.<sup>18</sup> These visits often went beyond checking pregnancy progress and fetal development, and regularly included nutritional consultation and family support. This dedicated time allowed Roots staff to adequately care for the fetus and ensure the health and well-being of the pregnant person.<sup>5</sup> Roots continued to support patients after they have given birth by providing six postpartum visits to clients, including three home visits in the week after birth.

The diversity of the care providers at Roots also helped to improve outcomes. Racial concordance—when a patient and provider share the same racial identity—is correlated with higher reported patient satisfaction and treatment adherence.<sup>6</sup> Midwives of color identified their racial identity as a strength. Racial concordance allows providers to offer patients similar lived experiences based on shared racial identity.<sup>19</sup> Critically, this empowered midwives of color, especially Black midwives, to speak to experiences of racialized stress that other providers could not.<sup>20</sup> Midwives in our study emphasized that more diversity is needed in midwifery to provide culturally-centered perinatal care.

Like racially concordant midwifery, cultural concordance in doula care—which includes shared cultural values or background—also correlates with improved perinatal outcomes for patients of color.<sup>21</sup> The Roots model centered culture as a key asset in providing care. Roots providers form strong patient-provider relationships by prioritizing each patient's unique cultural background and vision for an ideal birth experience.<sup>22</sup> Childbirth is a miraculous and joyous event that humans have celebrated for millennia with many rituals and culturally specific practices. The midwives and doulas in our study honored this cultural importance and used clinical expertise to achieve ideal birth experiences in the safest and healthiest way possible.<sup>6</sup>

Study participants spoke at length about how non-concordant providers could deliver better care simply by acknowledging and centering participants' cultural identities during pregnancy. Beyond this, interviews indicated that participants benefitted from the investment of time available through the Roots model. Specifically, the increased number and length of visits in the Roots model helped to address the unique perinatal needs of parents of color.

## WHAT DO THESE FINDINGS MEAN

Study findings indicate that the tenants of the Roots model can and should be expanded beyond this single freestanding facility to address the nation's racial disparities in perinatal care outcomes. Though it is presently not possible for every patient to receive racially concordant care, the tenants of culturally-centered and relationship-centered care can still be applied without concordance.

Results also suggest that expanding this model of care requires substantive changes to current maternity care reimbursement models.<sup>23</sup> The financial constraints placed on freestanding birth centers, such as Roots, limit their ability to provide care to patient populations that are often at higher risk and that could potentially gain from access to their

services.<sup>7,8</sup> These financial constraints include lower reimbursement rates than hospitals and low Medicaid reimbursements, where Medicaid typically pays at half the rate of private health plans for childbirth-related expenses.

To achieve equitable birth outcomes, researchers, clinicians and policymakers must center the experiences of Black parents, invest in transformative models like Roots, and create payment structures that allow for greater access to these important services. Through these combined efforts, we can begin to ensure that Black parents and future generations get the perinatal care they need and deserve.

## MORE ABOUT THIS STUDY

This study used a critical race theoretical framework and sought to collect information from individuals who were directly impacted by the Roots model of care. A total of 80 clients and 11 providers of the birth center were included in the survey. These data were compared with national reported experiences. Further insight into the culturally-centered and relationship-centered care of the Roots model was explored through a series of key informant interviews with Roots midwives.

The Roots Community Birth Center is one of only five Black-owned and operated birth centers in the US. Rebecca Polston founded Roots in 2015 to meet the need for better perinatal care for Black parents.<sup>18</sup> The freestanding birth center is located within a primarily Black and low-income neighborhood in Minneapolis and provides culturally-centered and relationship-centered care to the community.

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