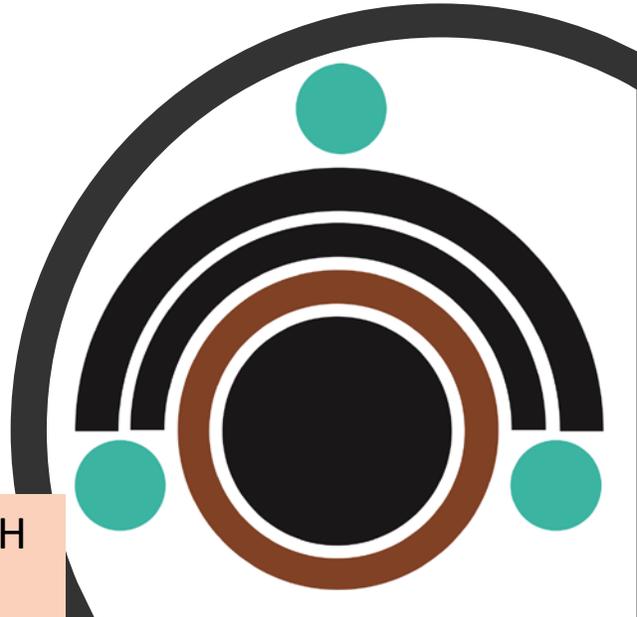


Our Collaborative Work Allows Us To:

Bring a authenticity to Maternal Health Policy making bodies & agendas through committee transparency & public education about committee roles

NEW MEXICO'S BLACK AND INDIGENOUS MATERNAL HEALTH POLICY COALITION



Some of the principles that guide our work:

Creating cross-cultural relationships in this work

Holding space for one another to feel and heal from trauma and marginalization

Safety as opposed to tokenism or integration

Valuing lived experience

Valuing transparency and access to opportunities to serve

Providing training that benefits all sectors and directly addresses racism

Honoring the lives of the deceased

Bringing new voices, and as a result, new expertise into leadership roles

We Noticed the Need for MMRC Reform and Repair:

Prior to SB96....

Membership was available through invitation only, there was no open call

No Black or Indigenous people were serving as of 2020

The MMRC was predominantly white (upwards of 80%) in a state where Indigenous and Black moms and birthing people are disproportionately affected

Community membership was not prioritized

There was no reimbursement rate for committee member's time

Statute was not holding the committee accountable to community needs

Committee member training did not reflect or address culture, health equity, trauma informed care or the violence of racism

Legislation establishing the committee was a rocket docket and lacked community input

Not surprisingly then, the legislation "officially" establishing the MMRC in New Mexico excluded language ensuring community participation

Since the Reform of MMRC Statute, in Partnership with DOH, IAD and OAAA, We Have Been Able to Establish:

Timelines

Clear communication

Shared language

Shared priorities

A deeper value of what's at stake for communities

More community outreach

More transparency in the recruitment process

More support for community members who serve

A greater understanding of shared goals

Together with DOH, IAD and OAAA we have worked to:



Some of the things we have accomplished in partnership with DOH, IAD and OAAA include:

- The first public meeting on MMRC function and relevance
- The first open call for membership
- Over 28 applications were received
- Almost half of those were from Black and Indigenous people with lived and professional experience
- Black and Indigenous applicants included young leaders between the ages of 21-30, traditional healers, doulas, lactation experts, sexual assault and domestic violence experts, indigenous lawyers and midwives, Black scholars and academicians with subject expertise, mothers who have lost children, experienced preterm birth or significant pregnancy complications, and a trauma informed therapist....just to name a few

What's ahead:

- Rule Making w/community input
- Training
- Ongoing support for committee members
- Protecting the statute that has made all of this possible
- Ongoing communication, relationship and collaboration between our Black and Indigenous Maternal Health Policy Coalition and you
- The infusion of community into more policy work

A graphic recording of SB96 implementation

