



ECOSYSTEM OF WELLNESS IN BIRTH EQUITY CALL FOR APPLICATIONS

The Community Advisory Committee of the New Jersey Birth Equity Funders' Alliance is offering funding support to organizations and businesses supporting the overall wellness of birthing people in NJ, from planning for pregnancy to postpartum support needs up to 3 years.

Website: birthequityalliance.com

Email: nj@birthequityalliance.com

Grant Application: <https://forms.gle/qXGxZTDy6npFjL18A>

FAQ Document: [Click to access FAQ document link](#)

Black/Brown Birthing Landscape in New Jersey

New Jersey's maternal mortality rate has improved in 2021 from previous years, ranking New Jersey 36th in the country instead of 47th however the black maternal mortality rate has not improved. In 2019 First Lady Tammy Murphy made it a priority to ensure this issue was tackled, initiating NJ's legislature to pass 14 key legislation for improving Maternal and Child Health. In consultation with some key community stakeholders, [The Nurture New Jersey Plan](#) was crafted, creating a blueprint of key actions critical toward eliminating Black maternal mortality in the state and thereby making it the safest place to give birth in America. While there have been many strides towards this including awareness, advocacy and financial contributions, there is still much work to accomplish.

Introduction to the Alliance and Community Advisory Committee

The [New Jersey Birth Equity Funders Alliance](#) (Alliance) aims to reduce racial disparities in birth outcomes in New Jersey and improve the state's ranking for equitable birthing. The Alliance was founded in 2021 and currently includes the Burke Foundation, the Community Health Acceleration Partnership (CHAP), The Henry and Marilyn Taub Foundation, the Robert Wood Johnson Foundation, Organon, and Bristol Myers Squibb. One of The Alliance's formative actions was



to assemble an advisory committee to steward the initial \$500,000 fund.

The [Community Advisory Committee](#) (CAC), a team of New Jersey-based Maternal Health and Family Wellness experts, individuals with lived experience, Birth Workers (Douglas, CHWs, Registered Nurses), and Grassroots Leaders, govern the Alliance's Community Advised Fund. The CAC's first initiative was a Rapid Response Fund to address the urgent formula milk and diaper access crisis. To date the CAC has distributed almost \$200,000 in funds to community organizations. By the end of 2023, the CAC will have distributed at least \$500,000 in grants.

Background and Details: Ecosystem of Wellness in Birth Equity

About 91% of New Jersey pregnancy-related deaths between 2016 to 2018 were found to be preventable, according to the [latest findings](#) from the New Jersey Maternal Mortality Review Committee (NJMMRC).

Data from NJMMRC also reveals large racial disparities in maternal deaths. Non-Hispanic Black women in New Jersey die from pregnancy-related causes at 6.6 times the rate of non-Hispanic White women and Hispanic women die from pregnancy-related causes at 3.5 times the rate of non-Hispanic White women. The leading causes of pregnancy-related deaths were due to cardiovascular conditions like hypertension, hemorrhage, and pregnancy disorders like preeclampsia, HELLP Syndrome and eclampsia. Other underlying causes of death include substance use disorder and injuries of unknown intent/suicide. With proper and timely interventions, these deaths could be stopped.

The World Health Organization outlines strategies to end preventable maternal mortality and argues that all causes of maternal deaths should be addressed,

including indirect causes.¹ Research also shows that unstable housing, transportation access, food insecurity, racism, and other social determinants of health increase the risk of poor maternal health and maternal deaths. Such social determinants of health disproportionately impact communities of color.²

A landscape analysis commissioned by the Alliance shows that New Jersey birthing people of color face significant gaps accessing programs and services addressing the social determinants of health. The Community-based organizations focused on birth equity interviewed for this research reported high demand for housing, transportation, and language assistance services. Addressing these underlying causes of poor maternal health and maternal deaths will require cross-sector collaboration to better serve birthing people and their families.

The CAC identified tackling preventable maternal deaths as a crucial focus area, based on their work with communities and their own lived experiences. The CAC is launching an RFP for a \$250,000 funding pool to help address preventable maternal deaths in New Jersey and support initiatives promoting maternal health in the state. Given the broad nature of preventable deaths, the *CAC has chosen to focus its priorities on maternal mental health, postpartum hemorrhage, preeclampsia, cardiovascular conditions and high blood pressure, substance use prevention and intervention, trauma-informed work and adverse childhood experiences.*

- **Poor maternal mental health** can harm the health of mothers and their children. During pregnancy and childbirth, women can experience increased

¹ World Health Organization.

https://scholar.google.com/scholar_url?url=https://apps.who.int/iris/bitstream/handle/10665/153544/9789241508483_eng.pdf&hl=en&sa=X&ei=7eB5ZMqCMriBy9YP0MKi-AY&scisig=AGIGAw-AF6tLflk4wzmT_NKkha-2&oi=scholar

² Joia Crear-Perry et al., “Social and Structural Determinants of Health Inequities in Maternal Health,” *Journal of Women’s Health* 30, no. 2 (2021): 230–35, <https://doi.org/10.1089/jwh.2020.8882>.

levels of anxiety, stress, and depression. Maternal mental health disorders are one of the most common pregnancy and birth complications and impact 1 in 5 women in the US.³ Such mental health issues can contribute to preterm birth, low birthweight, and other adverse birth outcomes.⁴ Unfortunately, about 75% of women experiencing maternal mental health conditions do not seek treatment.⁵

- **Preeclampsia** is a severe complication of pregnancy that can lead to maternal death. Early detection and management of preeclampsia are crucial in reducing the risks of maternal complications. Providing regular prenatal care, blood pressure monitoring, and medical interventions can help prevent severe complications.⁶
- **Cardiovascular disease and high blood pressure** can increase the risk of certain pregnancy complications, such as preeclampsia, gestational diabetes, and preterm birth. These complications can have serious consequences for both the mother and baby, including an increased risk of maternal death, stillbirth, and neonatal death. However, regular monitoring, medications, lifestyle modifications, and specialized obstetric care can reduce the risks associated with cardiovascular disease.
- Research shows that women who have experienced **trauma and adverse childhood experiences (ACEs)** are more likely to experience poor maternal health outcomes, including preterm birth, postpartum depression, and low birthweight births. Additionally, trauma and ACEs can increase the risk of such chronic diseases as cardiovascular disease and mental health

³ Maternal Mental Health Leadership Alliance.

<https://22542548.fs1.hubspotusercontent-na1.net/hubfs/22542548/Maternal%20Mental%20Health%20Overview%20Fact%20Sheet%20-%20MMHLA.pdf>

⁴ Voit, Falk AC, et al. "Maternal mental health and adverse birth outcomes." *Plos one* 17.8 (2022): e0272210 <https://journals.plos.org/plosone/article/metrics?id=10.1371/journal.pone.0272210#citedHeader>

⁵ Maternal Mental Health Leadership Alliance.

<https://22542548.fs1.hubspotusercontent-na1.net/hubfs/22542548/Maternal%20Mental%20Health%20Overview%20Fact%20Sheet%20-%20MMHLA.pdf>

⁶ Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/preeclampsia/symptoms-causes/syc-20355745>

disorders.⁷

- **Postpartum hemorrhage (PPH)** is heavy bleeding occurring after childbirth, which can lead to death in severe cases. Symptoms of PPH include rapid heart rate, low blood pressure, dizziness, pale skin, and fatigue.⁸ Primary PPH occurs within 24 hours after delivery and secondary PPH occurs between 24 hours to 12 weeks postpartum. The most common causes of PPH are weakened uterine muscles after delivery, blood clotting or pregnancy conditions like eclampsia, retained placental tissue, and damage to the vagina, cervix, uterus, or perineum during delivery.⁹
- **Substance use during pregnancy** can lead to complications including low birthweight, stillbirth, maternal mortality, and long-term health problems for babies and birthing people.¹⁰ Due to the stigma associated with the disorder, pregnant people struggling with substance use disorder (SUD) can sometimes delay or completely forgo treatment.¹¹ Interventions to support new and expectant parents suffering from SUD can help mitigate the harms of the disorder and encourage parents to seek treatment and healthcare.
- Other high-risk pregnancy and postpartum factors

Priority Areas

Given the information on pregnancy and postpartum factors of most concern for Black/Brown birthing people the desire for preventative education for well-care is crucial. In an effort to support those who support an ecosystem of shared power and information the programs/projects that this grant will support would

⁷ Racine NM, Madigan SL, Plamondon AR, McDonald SW, Tough SC. Differential associations of adverse childhood experience on maternal health. *Am J Prev Med.* (2018) 54:368–75. doi: 10.1016/j.amepre.2017.10.028

⁸ March of Dimes. <https://www.marchofdimes.org/find-support/topics/postpartum/postpartum-hemorrhage>

⁹ Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/22228-postpartum-hemorrhage>

¹⁰ The Centers for Disease Control and Prevention.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm>

¹¹ Pregnant women and substance use: fear, stigma, and barriers to care

<https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-015-0015-5>

prioritize the following:

- Programs and initiatives providing maternal health education to Black and Latine families (e.g., lactation education, education on preeclampsia and other high-risk pregnancy factors)
- Culturally congruent prenatal, pregnancy and postpartum maternal mental health support (e.g., programs providing direct mental health services, maternal mental health assessments, music therapy, movement classes, trauma-informed initiatives, in-home mental health services, and other healing practices)
- Programs and services addressing social determinants of health, including but not limited to transportation, housing, and food access
- Programs and services that educate and provide support for fathers/partners supporting birthing people

Grant Amount and Funding Levels

- The CAC will award eight unrestricted grants of \$30,000 (\$15,000 each year) to those doing the work to reduce the impact of social determinants of health and/or providing preventative care
- This is a two-year multi-year grant with self-determined metrics. Applicants goals/metrics will be set in the application and reviewed at the end of year 1 in order to set goals for the second year of funding.

- Funded organizations/businesses will be invited to participate in a series of optional peer learning, training, capacity-building, and community outreach activities over the course of the grant period.

Eligibility

Applicants do not need to have experience in birthing and birth equity; however, their work should address social determinants of health and strongly align with the values of birth and racial justice. Applicants must also be rooted in their communities; they should respond to community needs, strengths, knowledge, values and practices. We are targeting smaller organizations and businesses with budgets of \$500K or less. Funds must be used to support one or more of the priorities for funding listed above.

- Registered 501(c)(3) organizations can apply. We will prioritize applications from Black- or Latine-led entities/businesses.
- Businesses (LLC's, C-Corp, S, Corp, etc.) must be in service for at least 12 months from application due date and provide the following information with the application:
 - [Profit/loss statement](#) for minimum of 12 months prior to application or 1-2 years of audited financial statements
 - Evidence of the legal status of the organization. Some examples of acceptable documentation include organizing documents, articles of incorporation, trust agreements, tax classification, or a written explanation of unofficial charitable status and a description of how your organization's activities and mission are charitable
 - Annual report or a brief description of the organization's history, goals, mission, recent activities, and future plans
 - List of the organization's governing board and key leadership
 - Evidence of grants made by other US organizations or government agencies to the organization. This documentation is optional but is helpful to review, if readily available
- Businesses with under a year operating time can apply through a fiscal sponsor, and must share a profit/loss statement for the amount of time they have been in business.



- Registered 501(c)(3) organizations and businesses must have had an annual operating budget of \$500,000 or less for the 2022 fiscal year.
- We will prioritize applications from organizations/businesses that are based and serve residents in the 52 high-need municipalities listed in the Appendix.

Application Submission

Please submit the application materials listed below via [this form](#). We strongly encourage applications from Black and Latine individuals, and Black-led, Latine-led and emerging community-based organizations who have not previously received large grants. For any questions or accessibility constraints (language/digital ability), kindly email NJ@BirthEquityAlliance.com or [register](#) for our Grant Award Process Webinar on Thursday, August 10 from 3:30-4:30 pm EST held virtually on Zoom.

- **Application Form (mandatory)** to share basic organization and leader demographic details (name, website, operating size, financials, mission, program details, and intended impact).
- **Profit/loss Statement** for most recent twelve month period or 1-2 years of audited financial statements (**mandatory for businesses**)
- **Proposed Budget (aligns with project/program needs/goals)**
- **Testimonial(s) (mandatory)** for existing programs and services.
- **Video/Audio Recording (optional but highly recommended)** by the applicant’s leadership/the applicant on why the applicant is applying for this grant. The maximum length should be 2 minutes. Please note that evaluation will be solely based on the content and not the quality of the video/sound or editing.
- **Supporting documents (optional)** or anything else the applicant would like to share with the application review committee.

We will primarily communicate with applicants via email. Please check your email regularly, including spam folders, for time-sensitive communications.

Application Deadline	Decision Notification	Grant Disbursal
September 17, 2023 at 11:59pm EST	Late September 2023	October 2023

Review and Selection Process

All applications will be reviewed by members of the Community Advisory Committee and a select group of Funders. Each application will be reviewed by multiple evaluators to discourage hidden biases.

Please review the [scoring rubric](#) for applications to better understand metrics used for scoring.

Reporting Requirements

Successful grantees will be required to share updates during the grant term to help us learn more about your impact and improve our grantmaking.* The check-in requirements slightly differ for 501(c)3 or business entities. Also note that these requirements are for the first year of the grant and will repeat for the second year. Check-in dates are calculated as six months and twelve months from the date of issue of grant.

Check-in Requirements 501(c)3 and businesses established more than 12 months from the application due date.	Check-in requirements businesses
<ul style="list-style-type: none"> ● Mid-term check-in conducted via phone and/or online to share your work, learnings and any resources or opportunities the Community Advisory Committee could be offering as support ● up to date budget with spending actuals* 	<p>Mid-term check in conducted via phone to discuss your work, learnings and any resources or opportunities the Community Advisory Committee could be offering as support</p>
<p><i>What would you like us to know about you or your organization's work within the past year of receiving the grant? How has receiving the grant impacted your work?(i.e. impact of technical</i></p>	<p>6 and 12 month profit loss statements and up to date budget* to be emailed to nj@birthequityalliance.com with phone check-in if needed.</p>

<p><i>assistance, goal-setting, exploring self-care and wellness, successes and learning curves)</i></p> <p><i>How many families/organizations/people were you able to serve? Did this meet the goals you established at the beginning of the grant? What could facilitate your ability to strategize for next year?</i></p> <p><i>What message would you share with the grantmaking community about your experience with this grant?</i></p>	
<p>Final budget with actuals in spending.</p>	<p><i>What would you like us to know about you or your organization's work within the past year of receiving the grant? How has receiving the grant impacted your work?(i.e. impact of technical assistance, goal-setting, exploring self-care and wellness, successes and learning curves)</i></p> <p><i>How many families/organizations/people were you able to serve? Did this meet the goals you established at the beginning of the grant? What could facilitate your ability to strategize for next year?</i></p> <p><i>What message would you share with the grantmaking community about your experience with this grant?</i></p> <p><i>After receiving your grant award, what gaps/needs remain in your group?</i></p> <p><i>Have you previously applied for public</i></p>

	<i>or private funding? If so, were you awarded funding?</i>
	Final budget with spending actuals.

Definitions

- **Community-based organization¹:** An organization that is driven by community residents in all aspects of its existence, meaning:
 - The majority of the governing body and staff consists of local residents
 - The main operating offices are in the community
 - Priority issue areas are identified and defined by residents
 - Solutions to address priority issues are developed with residents
 - Program design, implementation, and evaluation components have residents intimately involved, in leadership positions
- **Black-led is defined as²:** An organization where Black leaders are in a position of influence within the organization, meaning:
 - A plurality of the Board of Directors is Black (i.e., are the largest racial group represented on the Board)
 - The Executive Director/Organizational Leader is Black or the Executive Leadership is majority Black.
- **Latine-led is defined as:** An organization where Latinx leaders are in a position of influence within the organization, meaning:
 - A plurality of the Board of Directors is Latine (i.e., are the largest racial group represented on the Board)
 - The Executive Director/Organizational Leader is Latine or the Executive Leadership is majority Latine.
- **Pregnancy-related death is defined as¹²:** A death during or within one year of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the

¹² New Jersey Maternal Mortality Review Committee.

<https://www.nj.gov/health/fhs/maternalchild/documents/New%20Jersey%20Maternal%20Mortality%20Report%202016-2018.pdf>

physiologic effects of pregnancy

- **Social determinants of health are defined as¹³:** The non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

¹³ World Health Organization. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

² Black Equity Collective. <https://www.blackequitycollective.org/organizations>.

Application Questions

Please submit your answers to the following application questions [here](#). Since you will not be able to save a draft of your application, we recommend that you save your work on a separate document and paste answers in the form.

Primary Contact Person for the Grant

- Name, Title, Email, Phone Number

Applicant Type (choose one):

- Nonprofit organization, network, or coalition
- Business

Section 1A: Applicant's Information (Nonprofit Organization, Network, or Coalition)

- Applicant's Legal Name, Email, and Phone Number
- Name(s), Email, Title(s) Governing Board and Key Leadership
- Year Launched, Authorized Signatory's Name, Email and Phone Number

- Tax ID (if fiscally sponsored, please complete for fiscal sponsor)
- Website and social media handles (if applicable)
- Applicant's mission, history,, recent activity, future goals (~150words)
- Municipality
- Municipalities served [*dropdown menu*]
- Demographic communities served (e.g. Black birthing people experiencing postpartum depression, families with children in the NICU, etc.)
- Annual operating budget for the current fiscal year
- Number of full-time employees, part-time employees, contractors and volunteers
- Is the Organization Leader Black, Latinx and/or other?
- Is a majority of the Executive Leadership team Black and/or Latinx?
- Is a plurality of the Board of Directors Black and/or Latinx?

Section 1B: Applicant's Information (Business - 1+ year)

- What is your business structure?
- Street Address, City, Municipality, State, and Zip Code
- Business Phone number
- Month/Year Established/Launched
- Please provide names of governing board and key leadership
- Website and social media handles (if applicable)
- Number of Employees, contractors and volunteers
- Municipalities served [*dropdown menu*]
- Applicant's brief description of your mission, history, recent activities, future plans/goals (~150 words)
- Names, contact information (email/phone number) of governing board
- Annual operating budget for current fiscal year
- Demographic communities served (e.g. Black birthing people experiencing postpartum depression, families with children in the NICU, etc.)
- Do you identify as Black, Latine, or other? [*dropdown menu*]



- Most recent 12 month Profit/Loss Statement for up to application date or 1-2 years of audited financials[*upload link*]
- Most recent annual report, evidence of legal status or evidence of grants made by other organizations, if applicable [*upload link*]

Section 1C: Applicant's Information (Business - under 1 year - fiscal sponsor)

- Fiscal Sponsor Name, Email and Phone Number (if applicable)
- Authorized Signatory's Name, Email and Phone Number
- Tax ID (if fiscally sponsored, please complete for fiscal sponsor)
- Year Established/Launched
- Website and social media handles (if applicable)

Section 2: Proposed Work

- 1. Problem and Relevance:** What motivates your organization to address disparities for Black and Latine birthing people and infants in your community(ies)? Has your organization/business worked in the maternal health space before? If so, please share details. If your organization/business is new to the maternal health space, please share your vision to expand into maternal health.
- 2. Support/Needs:** Briefly describe how this grant will advance your work to address disparities for Black and Latine birthing people in your community(ies). Please describe your organization's needs at this time and the goals you have created to align with these needs. *This grant can be used to help strengthen the organization's/business's infrastructure (e.g., hire specialists) or for prevention and social determinants related programs (e.g., newborn visits).*
- 3. Impact & Evaluation:** What are the significant impacts of your organization/you on Black and Latine birthing people to date (please be sure to include achievements within the past year)? Please share how your organization assesses/you assess your overall success and effectiveness. How does your organization intend to create impact over the first and second year of this grant?
- 4. Partnerships & Community Engagement:** How does your organization/business currently or plan to partner within the community to advance your work? Please include the name(s) of at least two of your key partners (e.g. community changemakers, community groups and coalitions, etc).
- 5. Self-determined Metrics:** If awarded, what do you hope to achieve with the funds? Please provide specific metrics (i.e. provide transportation for 20 families to NICU appointments, provide 20 families with pelvic floor education and services, etc.)



Testimonials [upload link]

[Budget template](#) [document, upload link]

Video upload - application questions [upload link]

Optional - Supporting materials on work in birth equity [upload link]

Appendix

List of Priority Municipalities

The following list of priority municipalities was determined based on a social vulnerability index developed by the New Jersey Department of Health.

- | | |
|------------------------|------------------------|
| 1. Asbury Park City | 27. Lindenwold Boro |
| 2. Atlantic City | 28. Long Branch City |
| 3. Bayonne City | 29. Millville City |
| 4. Bridgeton City | 30. New Brunswick City |
| 5. Camden City | 31. New Hanover Twp |
| 6. Carteret Boro | 32. Newark City |
| 7. Chesilhurst Boro | 33. North Bergen Twp |
| 8. City Of Orange Twp | 34. Passaic City |
| 9. Cliffside Park Boro | 35. Paterson City |
| 10. Dover Town | 36. Penns Grove Boro |
| 11. East Newark Boro | 37. Perth Amboy City |
| 12. East Orange City | 38. Plainfield City |
| 13. Elizabeth City | 39. Pleasantville City |



14. Fairfield Twp

15. Fairview Boro

40. Prospect Park Boro

41. Red Bank Boro

16. Freehold Boro
17. Garfield City
18. Guttenberg Town
19. Hackensack City
20. Haledon Boro
21. Harrison Town
22. Hightstown Boro
23. Irvington Twp
24. Jersey City
25. Keyport Boro
26. Lawnside Boro
42. Salem City
43. Teterboro Boro
44. Trenton City
45. Union City
46. Victory Gardens Boro
47. Vineland City
48. Weehawken Twp
49. West New York Town
50. Woodbury City
51. Woodlynne Boro
52. Wrightstown Boro