

## Prioritizing Equity video series: Sharing power through alliances

---

How can we work to establish a more equitable future? In this May 3, 2021, Prioritizing Equity panel, join health leaders as they discuss why advancing health equity must require sharing power through effective alliances with those who have experienced marginalization and injustice across generations.

### Panel

- **jewel bush**—Chief of external affairs, Girl Trek
- **Leseliey Welch, MPH, MBA**—Co-founder and executive director, Birth Detroit; co-founder and co-director, Birth Center Equity

### Guest moderator

- **Diana Derige, DrPH**—Director, health equity strategy & development, Center for Health Equity, American Medical Association

### Transcript

May 3, 2021

**Derige:** Welcome to Prioritizing Equity. I'm Diana Derige, director of health equity strategy and development at American Medical Association's Center for Health Equity, and I'll be your guest moderator today. In today's discussion, we'll explore how building alliances and sharing power are essential to advancing health equity. So it's fitting that we come off after a very successful Black Maternal Health Week, which highlighted the power of alliances to support women's health. In addition, the pandemic has really underscored how critical community networks, grassroots organizations and trusted institutions are and have always been to supporting the health of marginalized communities.

Today's guests, I'm very excited to have with me today, will share how their alliance building is

advancing equity across the country. With that, I'm pleased to welcome two dynamic voices and leaders in community health who will join me for this conversation: jewel bush, chief of external affairs at Girl Trek, and Leseliey Welch, co-founder of Birth Detroit and Birth Center Equity. I'm so excited to have you here today, and I think it's always important for us to know the place where we are in the world at this moment in time. So, can you tell us where you are physically located today and how you're doing?

**bush:** Hi. I'm so glad, first of all, to be involved in this conversation. It's something so important to me. And I am based in New Orleans, Louisiana. And how am I feeling? Excited.

**Derige:** Good. Glad to hear it. Leseliey?

**Welch:** Hi, I am Leseliey Welch, and I am in Michigan. I'm also very excited to join today and doing well with all that we're all holding in this time.

**Derige:** Yes. I would like to say there seems always to be a bit of a release and then we move on to the next kind of thing that we have to deal with, right? It is a very trying and interesting time in our country at this moment for all of us. So, I think it's really good to do some level setting. I would love for you to tell me, and we'll start with Leseliey. We'll switch it up a little bit. Can you tell us a little more about your work, Leseliey, that you're leading and how you feel it's vital to advancing health equity?

**Welch:** I think that equity, health equity begins with birth, and my work is in maternal health equity and building community birth infrastructure. And so with Birth Detroit, we are working to open the first freestanding community birth center in the city of Detroit. It will also be the first Black-led birth center in our state. And in COVID, we came to really understand the lack of options for our communities around safe birth in a big way when there were folks who had options other than the hospital in COVID-19 and a lot of folks who look like us, who did not.

So Nashira Baril, from Boston's Neighborhood Birth Center, and I launched Birth Center Equity last year during Maternal Health Week to grow and sustain birth centers led by Black, Indigenous and people of color. It's not a well-known fact, but of the more than 400 birth centers in this country, less than 5% are led by Black, Indigenous and people of color. And we strongly believe that we all deserve access to all safe birth options and that building a community birth infrastructure that we lead is a part of making equity a reality.

**Derige:** That's amazing. We're going to dive into that a little bit deeper a little bit later. I'm very excited to hear about that. jewel, tell me about Girl Trek and its work to advance health equity.

**bush:** Yes. So, in my work with Girl Trek ... first off, Girl Trek is the largest health movement and nonprofit organization for Black women. Right now, we're about 1.2 million Black women walking for better health and happiness across the world. We're in about five or six different African countries: Rwanda, Nigeria, Ghana, South Africa, Malawi. So we're really excited to not only pilot that

work in Girl Trek, in the United States, but across the world. And so, part of my work with Girl Trek is, I tell people that I work for the health and happiness of 1.2 million Black women.

The great thing about the work that I do is that I see myself in that work. So I am a part of the community that I'm looking to serve. I can ask myself the question: What's going to make jewel happy? What's going to make jewel healthy? So by putting myself in the work, not only am I serving 1.2 million Black women and growing, but I'm also serving myself.

So through my work, I help identify equitable partners, high-profile people in different groups that have synergies with Girl Trek. We're not interested in any one-off partnerships and activations. We're interested in building deep, meaningful relationships that are in synergy with one another. So through our work, we're showing that health is something that's holistic. It's not just about reproductive health or mental health or physical health. We're showing that the whole is just as important, and we're changing the way people and our communities think and talk about health. Instead of separating like, "Oh, that's healthy. That's over there," we're really making healthy and happiness a lifestyle.

**Derige:** That's amazing. I'm getting goosebumps talking to you and thinking about all the lives that you're impacting in the U.S. but across the world. This is amazing. And I really, I want to latch onto something you both kind of mentioned, this idea that we're working in concert for other women who look like us. I think that's really important, right, the idea about for us, by us, being always intentional about those things and that it's holistic. The other thing that I think is amazing is you guys both highlighted this kind of idea that we're moving beyond transactional, right? Like, our communities don't do transactional. If we're going to do this work, we're going to be transformational and bring us together. So I'm totally inspired by that because that's the whole point of having these alliances and building and sharing power. It's this idea that we are in this together, our humanities are intertwined with one another, so we want to support each other. To your point, jewel, from birth to the grave, this is a continuum that we're working through.

**bush:** Yeah.

**Derige:** So we're here at the AMA, and so I'm going to ask you just really bluntly then, how can organized medicine better support and align the work you're doing and amplify the work? In other words, we say things like sharing power to advance health equity. What does that mean, and what does that look like? Give me what you would want. And jewel, I'm going to start back with you again. What would that look like?

**bush:** Bring us to the table. The conversations and the rooms and the conferences that we're not naturally invited to or don't know about, make it a point to bring us to the conversation and not just to be in the room, but to be at the table and to have a meaningful position and to see us more than just the kind of population you can dip in and dip out of if it's a certain awareness month or in a certain awareness week or, "Hey, this is coming up. Let's go find the POCs, and let's bring them on, so we can have the diversity and inclusion." But really share that power. Bring us to the table, listen to what

we have to say and actually implement some of those changes. I really think opening doors and access is a part of what it can really look like when you truly share power, and not just for some things, but for those things that are difficult and where we can be in the room and push and push to make sure our voices are heard.

**Derige:** So can I ask you, because I'm going to keep pushing, right, because why not? We're here to have the conversation. So you talk about implementing, right? What would you like to see implemented? You're working with over a million women across the world. What are you hearing from them? What are they needing?

**bush:** Medical professionals who look like them, right, who actually take their pain seriously. Oftentimes with Black women, we are historically thought to be the supernatural people, these supernatural characters. And so, when we say we're in pain, we're not believed.

I had my own traumatic birth experience, and I didn't have the language for it 18 years ago. But I had to have an emergency cesarean and I'd been in labor for hours. So, at this point, the epidural was wearing off. I remember my son's heart rate dropping. I'm being told I'm having an emergency cesarean. I didn't have a doula, a midwife, no one there except family, no one there to advocate for me. And I'm on the operating table, and I remember looking up and telling my doctors, "I can feel that." I was told, "No, you cannot." And so my doctors didn't look like me. The nurses didn't look like me. There was no one there besides me and my partner, no one there to advocate for me.

So make it a practice to have more Black doctors and more doctors of color who can identify with their base. And that's a big, lofty goal that involves so many different people. But also, the doctors who are currently practicing, come to the community level. There are no home visits anymore like back in the day, where the doctor would bring his bag and come to your door. But we can help create opportunities where doctors can meet their base face-to-face.

**Derige:** I think that's amazing. And I feel for you and thank you for sharing that very personal story. And what I'm hearing too is ... I'm shaking my head because I've literally been there, right? We know this is a systemic issue, right? So, it's critical that we talk about it because the more we know about it, we're like, "Wait, that's not just us as individuals. This is happening all over to our sisters everywhere."

**bush:** Absolutely.

**Derige:** And you led right into what Leseliey's going to talk about because she's always saying that. Like, "Listen to Black mamas. Listen to mamas. They know." So Leseliey, do you want to talk to me about that, and tell me what we need a little bit more of?

**Welch:** Yes. I would layer in, listen to Black mamas. Listen to all mamas of color and listen to midwives. I would ask our medical professionals to divest from the hierarchy of human value we have internalized around credentials. Our communities need us to get over it, right? We need to

understand and reconnect to the legacy of midwifery in our communities, the power of midwifery as a field and a specialty in normal, physiological, low-risk birth, which the majority of our births in this country are. But we don't know that because we problematize birth and our bodies in ways that don't serve us and never really have.

So my ask would be to make connections across credentials, to support and connect with midwives in your hospital practices, in your community practices, birth centers and home-birth midwives. I would say partner with freestanding birth centers. Partner in warm referrals and care coordination and transfer partnerships.

Recently, there's a report on birth centers in America, and it encourages us to welcome midwives and freestanding birth centers as part of an integrated health system and says that our outcomes would be better if we did. And one of the reasons why we're working to build community birth infrastructure is that we know that the midwifery model of care improves our birth outcomes. It enhances our experience of the birth. It is a lower cost to our health system. And when it's culturally reverent and connected, it can make a life-or-death difference for people of color, and we cannot continue to ignore that.

**Derige:** Thank you for that, Leseliey. I mean, we talk deeply about what that could look like. Do we know any place where it's working well or you see it's evolving in a way that seems to be equitable and fair that supports women and communities at the center? I should say birthing people and communities at the center.

**Welch:** Well, Birth Center Equity has a network of 30 birth centers led by Black, Indigenous and people of color across the country. There are about 14 of which are open and serving families today with prenatal, postpartum and birth care, and then about 16 of us, like Birth Detroit, that are working to raise money to open our doors. But the midwives and leaders at the center of our work in Birth Center Equity are serving their communities every day, are making families feel seen and listened to and heard. And there are birth centers in our networks who do have really great relationships with physician partners in their communities, and it makes a tremendous difference in how well we can all do our work.

**Derige:** Excellent. Thank you for that. So, jewel, you talked about the over 1 million women that Girl Trek has gotten out to say, "Yeah, I'm going to take a walk as the first step to changing my life." And I know the importance of community alliance building. You mentioned it before. We've seen it in your work. It's one of the reasons we're working very closely with you. You accepted our invitation to work with us on Release the Pressure, the campaign dedicated to partnering with the Black community to improve heart health.

And I want to say, one, congratulations on a beautiful Essence spread. You all look fabulous in there and telling us all about how to get our squads together. Could you speak more about the sharing power and building diverse coalitions? Talk to me about how it's working. You talked a little bit before

about that but talk to me where it's working really well and how it's built from when you first started this work.

**bush:** Wow! That's a big question. And I do want to say the Essence spread was lovely. We appreciated the invite, and it really does show what true collaboration looks like. I worked with some amazing people over at AMA and Release the Pressure campaign, and it came together so beautifully. It's what I do, help curate the narrative around what does it look like to be a healthy, happy Black woman, right?

And so I tell people that Girl Trek is an intergenerational sisterhood of Black women learning from one another at every stage in life. I often tell people that I have a mentor who's under 30 because I recognize that there are things that I do not know. And so, my under-30 mentor is absolutely helpful, and I mentor her. So mentorship is definitely key in the community.

We work with so many amazing partners at Girl Trek. We work with Rails-to-Trails. We work with REI, Columbia, the New Leadership School, the Sierra Club, and that's in our outdoor space, right, about establishing visibility and what it looks like to be a Black person, a Black woman showing up hiking, showing up on the trails and in the national parks and in local and regional parks. So we recognize that there's a visibility issue. Like, seeing a bunch of Black women coming to the trail, people are like, "Wait, what's going on? What's the special occasion?" Right? But we're really working to change the relationship between Black women and the outdoors as a space for leisure and really working to shirk off the mental chains of what it meant historically to be a Black person in America and to be outside. You were outside for labor, not for a hike or a swim or a run, but to work.

So through those types of partnerships with the outdoor industries, we're really taking up space. And we also have a number of partnerships with organizations such as ACE, and we provide mental health fitness training for our members. We have a group called the Care Crusaders. They operate a number, where people can call and get help if they're experiencing a crisis. There are trained professionals who can listen to them if someone just wants to talk, or we can help provide and direct them to services in their community.

So we also provide certifications through the American Council on Exercise, so our women can learn about nutrition. Our women can learn and become fitness instructors and trained yogis, right? Then they can go out and use those skills and monetize and to open their own practice, to lead their own classes. So we are doing a number of things in both the actual health space of some of our partnerships, and I bring up the outdoors because that is part of our rich heritage. And our spiritual and mental and physical health is really being outdoors, taking in that vitamin D, having the sunlight shining on our faces and walking for fresh air.

**Derige:** I love that idea of the curating the narrative, right?

**bush:** Yeah.

**Derige:** Like, reframing it for all of us so we can own our own space again in a way that belongs to us. Has COVID-19 had any impact on your work, or how has it? How have you adjusted to that?

**bush:** Yeah. How is definitely the question. One of the great things about our work with Girl Trek is that we have already been so embedded in the digital space. We have a number of Facebook groups for the cities. We have a robust, active social platform on Instagram and Twitter and Facebook. So we already were using digital spaces to help motivate and organize folks. So we would use that digital space to organize folks and then lead them to in-person, face-to-face events. So what we did was, since we couldn't bring people together for group walks and group retreats like we have done in the past, we created a number of programming to still encourage people to get outside and walk and move your body, because we know that's detrimental to your health, mental and physical, if you're not moving.

So we created something called the Black History Bootcamp Podcast Walk and Talk series. And that was one of our most successful programs because not only was it for Black women, because we unapologetically serve the needs and desires of Black women, but we opened it up to our allies and others in our community. And so, people could call in and hear a live conversation, a live discussion about some aspect of Black history, Black culture. So we were encouraging people to what we do called solo trekking, right? Instead of walking with a group, you're out walking alone. We want people to physically distance, but not socially distance and losing that actual connection.

So we really just shifted our program for people to do on an individual basis and still continue to feed that diverse community. We led beautiful discussions that had never happened before with people such as Bernice A. King, the daughter of Coretta Scott King and Dr. Martin Luther King Jr., in conversation with Ilyasah Shabazz, who was the daughter of Betty X and Malcolm X. So we created these events, like these real historical cultural moments that people could listen and plug into. That's how we grew our work. Some of that, of course, once the world opens up more broadly and we can assemble people, we'll still continue that rich digital programming and virtual programming.

**Derige:** It was amazing, I will just say. Live, through all of this, being connected and feeling being connected to a group was really important for me at a real critical time when we were all kind of shut in during the pandemic. So from one person to another, we appreciated that, to have that lifeline to a larger group.

**bush:** Thank you.

**Derige:** But changing the narrative has also been part of your work, Leseliey. And the Birth Equity Fund created a whole new narrative. It's both new and a rarity that's taken building alliances and sharing power models to heart and is committed to support birth centers around the country who are

run by women of color, you pointed out. Can you tell me more about how the fund and Birth Detroit individually and then as a collective, right, because they both kind of build off each other, attempt to disrupt the current status quo for historically marginalized birthing people?

**Welch:** Yes. That is a big question.

**Derige:** I'm trying to get it all in. You all are doing some amazing work, so I'm trying to get it all in.

**Welch:** Oh, thank you. For Birth Center Equity, I would center us in our goal and our contribution to an already amazing birth justice ecosystem, really is this idea of access to full-spectrum capital resources and building infrastructure. What that means is Birth Center Equity was created to be a catalyst to allow us, as a collaborative network of 30 or more birth centers, to assess our own needs, to set our own priorities and to gain access to a level of resources that none of us would have access to on our own, right? So that's the difference between writing \$2,000 and \$5,000 grants at Birth Detroit versus Birth Center Equity getting a half million or more in one conversation. Right?

And what we have assessed is that our network of birth centers has an immediate, immediate capital need of \$60 million. If somebody gave us \$60 million today, I know exactly how these 30 birth centers would use it to open or sustain themselves. And by open and sustain, I mean not only serving families, but owning our buildings, collectively caring well for our staff, not getting by on a shoestring, not killing ourselves to do it, right?

So Birth Center Equity steps into changing the narrative around our understanding of resources, so understanding that there are more than grants out there, so moving grants, debt and equity. Also, our understanding of abundance and coming out of a lack mentality around what's available to us. We're so used to getting by with nothing that many of us have stopped asking for what we need, and we need to ask for what we need. And also, we are stepping into moving money ourselves for ourselves. And with that reclaiming not only the strong legacy of midwifery in our communities, but also our power, our power in building a truly abundant and vibrant community birth infrastructure for generations to come.

And then here in Detroit, I think what is unique about how we're building our birth center is we've taken a community-centered approach to doing that. The majority of our centers across the country are for-profit sole proprietorships. On the capital side, they're seeded by funds from previous practices, from personal loans, from family gifts, things that, because of our racialized history of wealth distribution, communities of color don't have ready access to, which is the why for Birth Center Equity.

But on the Birth Detroit side, we started with, "Hey, we think a birth center is a good idea for our community. Do you all think a birth center is a good idea for our community?" Right? We started with stakeholder interviews. We started with a community survey that almost 400 Black Detroiters took and said, "Yes, we think a birth center's a good idea. And we want better prenatal care. And we want



providers that look like us, that speak our languages, that involve our partners, that respect our attractional orientation and our gender identity and on and on and on and on." And we've continued to involve the community in our building as we build toward opening the birth center in 2022.

**Derige:** I remember the first community volunteer meeting. People were climbing over themselves, right? Because of COVID-19, and we were trying to figure out how to plan it because people wanted to be involved, right? It wasn't just the center. The center had meaning to it. Again, it's that connecting people. There's a desperate need to kind of connect and find meaningful alliances and support within each other.

**Welch:** And to be inspired.

**Derige:** I just remember that, the people coming.

**Welch:** To be inspired, I think, is also a thing. I mean, for many years now, the dominant narrative around our bodies and birth or our bodies and health has been that there's something wrong with our bodies, and there is nothing inherently wrong with our bodies. There's something wrong with a white supremacist society that problematizes our bodies, right? And so, we should be able to celebrate birth, celebrate walking, celebrate health and happiness in our lives. And I just want to give a nod to Jewel and Girl Trek as part of even my own inspiration for my work. Your co-founders came to speak here in Detroit years ago, and I remember them saying, "Never ask permission to save your own life." And we have really adopted that in Birth Detroit. We tell people that we are no longer asking permission to save our own lives, and that's because of you guys. So, thank you.

**bush:** Oh, thank you. Thank you so much for sharing that. That means a lot. It really does.

**Derige:** Even that own sharing of power, that's amazing, right? And people were saying, when we set up this thing, they were like, "We have birth here, and we have this intergenerational kind of walking group as doing health." And I said, "Right, but it has to be intertwined." And you are intertwined, right? Like even ... So I think that's amazing. The other thing you said that I thought was amazing, because you both said it, Leseliey verbalized it in the word "abundance." Changing the narrative and having abundance. And I think about birth and in that moment about abundance. Why shouldn't we have that all the time, right? And what could that be like, and how would that change our lives?

I also liked the point that you brought up that our race is not a pre-existing condition, right? It really is the racism, the white supremacy models that hold us back in that way. I know that we have to wrap it up today. Like I said, I'm super excited. We could talk for hours on this, but I do want to let you have the opportunity if you have any other things you would like to share with our audience today that you think are really important for them to know.

**Welch:** I would offer for Birth Center Equity that we have launched a 10-year commitment of \$100 million to build community birth infrastructure in communities of color. And we welcome all supporters,

investors, donors, allies in that endeavor because we are going to make it possible for every community to have access to a birth center and to culturally reverent maternity care.

**bush:** Yes. Yes. Leseliey, let's talk after. I want to definitely get more involved in your work personally, and I want to bring the whole force that's Girl Trek because we participated in Black Maternal Health Week. We have some public health folks on our team who are actually studying to be doulas.

**Welch:** Oh, yes.

**bush:** So it's beautiful. Yeah.

**Welch:** Yes, please.

**Derige:** So alliance building live as we have it. I'm always inspired by that. I want to thank you for being amazing guests, and I look forward to having more conversations and working closely with each of you. I think there's stuff to do here. I want to remind the audience to visit the Health Equity Resource Center for COVID-19 on the AMA website. And until next time, take care.

**Welch:** Thank you.

---

**Disclaimer:** The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.