

# Allegheny County **BIRTH** Plan for Black Babies and Families:

**Battling Inequities & Realizing  
Transformational Health Outcomes**

## Quick Guide



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In partnership with

**Allegheny County Maternal and Child Health (MCH) Strategy Team**



and

**the Infant Health Equity (IHE) Coalition**

This quick reference guide is intended to accompany the *Allegheny County BIRTH Plan for Black Babies and Families*. We recommend that you review the full plan for deeper context about disparities in Allegheny County birth outcomes, details about our action planning process and team, and a comprehensive explanation of action items.

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- The members of the Infant Health Equity Coalition (listed in Appendix A of this report) for developing the content for this action plan.
- The many community members who shared their experiences, ideas, and insights to inform the content of this action plan.
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- PoP Health (Vinu Ilakkuvan) for serving as the lead author of this action plan.
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- Healthy Start board of directors and staff for tireless work at both the governance and direct service levels to ensure mission-focus, organizational sustainability, and a continued focus on alignment with community needs.
- The Health Resources and Services Administration, the National Healthy Start Association, and fellow Healthy Start programs across the country for continued dedication to being at the forefront of addressing racialized disparities in infant and maternal health.
- The many mothers, babies, families, community and institutional partners, donors and funders that support, inspire, and enable the work of Healthy Start Pittsburgh.

# MESSAGE FROM THE CEO

**Community** is at the center and forefront of the Healthy Start model. While our geographic service footprint is localized, our community expands well beyond Pittsburgh and Allegheny County; it is inclusive of all folks who are inspired to work collectively toward a society where the color of our skin is not one of the greatest predictors of our health.

Although this work is not new, we are in the midst of a tipping point for birth equity. Celebrity birth stories are front and center, but how are we supporting women and birthing people in our own communities? Black women are increasingly being asked to weigh in, and at times lead, but is it tokenism or a sign of lasting change? More funding flows to maternal and child health initiatives, but are we seeing equitable prioritization of community-based interventions supporting social determinants? And some of our largest health institutions are still publicly identifying race—not racism—as a critical risk factor for poor health outcomes. This speaks for itself.

The development of this action plan holds significance for me as a marker of 30 years of Healthy Start Pittsburgh and five years in my role as chief executive officer. Most importantly, it highlights the fact that our rates of infant and maternal mortality are a community crisis requiring a community response. Although the work is intense and the progress over the years has been gradual, slow motion is in fact motion. But I believe we are poised to do better in Allegheny County. We have good data on collaborative, community-driven approaches that work and this plan lays that out for us. As doulas, nurses, parents, doctors, and concerned citizens, we have identified four maternal and child health priorities. We have our marching orders in the form of 16 concrete action items. We need to get in step.

Having a Healthy Start program in our community is an asset—something of which we should be tremendously proud. I've inherited this legacy and am honored to ensure that we continue to operate in the spirit of the Healthy Start movement to:

- Positively impact the health behaviors and experiences of pregnant women who are at elevated risk for poor birth outcomes by supporting increased access to prenatal care, providing culturally-responsive case management, reducing rates of smoking, and increasing rates of breastfeeding;
- Support improvement in birth outcomes such as reductions in the rate of premature and low birthweight births; and
- Collaborate on improvements in how providers organize and deliver services while driving innovative cross-sector, multi-systems initiatives that change the landscape of maternal and child health services and supports in our county.

Already, Healthy Start demonstrates positive impact in these areas. Families who receive our services show far better outcomes than the general population of Black women and babies in Allegheny County. Likewise, families who are connected to other home visiting and community-based supports have a higher likelihood of a positive trajectory. But we must reach farther, wider, and deeper. This action plan lays out for us how we can change the trajectory of our region by investing in the vitality of our babies through community, collaboration, and change.

This is the community's plan and, on behalf of its authors, I welcome your feedback and invite you to roll up your sleeves and join us!



**Jada Shirriel, MS**  
Chief Executive Officer  
Healthy Start, Inc.



# EXECUTIVE SUMMARY

From decades of neighborhood displacement and gentrification, to the lack of paid leave, to the underrepresentation of Black Maternal and Child Health (MCH) workers, to disinvestment in community-based models of care, the region suffers from a range of forces working against the health and well-being of Black babies and families.

The disparities are striking. Black babies in Allegheny County die before the age of 1 at a rate over [five times](#) that of white babies. Black women and birthing people in Allegheny County have [nearly twice](#) the proportion of pre-term births and [over twice](#) the proportion of low birth weight babies compared to white women and birthing people. Black women in Pittsburgh die from pregnancy and childbirth related complications at a rate [higher than 97 percent of similar cities](#).

**Given these glaring inequities in maternal and child health built on a foundation of structural and systemic racism, an equity-centered, community driven approach to action is the only way to create meaningful and lasting change for Black women and birthing people and their babies and families.**

This action plan centers the voices, experiences, and leadership of Black women and community members in the region. This planning process began with funding from the U.S. Department of Health and Human Services to the Pittsburgh Healthy Start program, enabling Pittsburgh Healthy Start to build upon an existing strategy process and existing core team – the Allegheny County MCH Strategy team. Pittsburgh Healthy Start and this core team convened a broader Infant Health Equity (IHE) Coalition, representative of a wide range of community perspectives and experiences, which then engaged in a series of six facilitated sessions (from January to March 2022) to develop this action plan.

Broader community input was sought and incorporated at multiple stages of the action planning process, including via five funded community-led research projects (through which 123 community members were surveyed or interviewed in individual or group settings) as well as a Town Hall to highlight Black woman-led and community-led innovative approaches to infant health equity in Allegheny County, an online input survey, and a public input session (166 community members were engaged through these three activities).

With guiding principles focused on listening, collaboration, and taking a strategic and actionable approach, the IHE coalition entered into this planning process using innovative data-driven policy and systems level strategies, to address the social and structural determinants of health and to improve infant and maternal mortality rates for Black babies, Black women and Black birthing people in Allegheny County.

The resulting action plan includes four key action areas, with structural determinants and racism (at structural, institutional, and interpersonal levels) addressed within each of these areas:

1. **Strengthen the MCH Workforce:** This action area focuses on strengthening the Maternal and Child Health (MCH) Workforce, which includes doulas, lactation support, childbirth educators, community health workers, midwives, mental health professionals, nurses, physician assistants, physicians, and other workers that support the health and well-being of birthing families throughout the continuum of the perinatal period. Key challenges identified by the IHE coalition and community members that the actions in this section attempt to address include: lack of Black MCH workers, lack of compassion and cultural sensitivity among the workforce, insufficient training for the workforce, barriers and limitations related to workforce pathways, and inadequate insurance coverage for care from doulas and mental health professionals.
2. **Strengthen Systems of Care:** This action area focuses on strengthening systems of care, including the healthcare system, public health system, social services, family support services, and other community supports and services that aid birthing families and families with children. Key challenges identified by the IHE coalition and community members that the actions in this section attempt to address include: the healthcare system's dependence on large health institutions as opposed to more community-based models of care, lack of high-quality hospitals and health centers in Black communities, the need for more affordable and flexible health insurance, and the need for more investment in strengthening family and community supports (e.g., home visits, family support centers, breastfeeding circles).
3. **Address Social Determinants of Health:** This action area focuses on addressing social determinants that impact infant and maternal health. Key challenges identified by the IHE coalition and community members that actions in this section attempt to address include a lack of: living wage, paid leave, employment opportunities, affordable and accessible childcare, affordable and accessible transportation, and access to affordable and healthy food.
4. **Coordinate and Streamline MCH Initiatives:** This action area focuses on reducing overlap and duplication of MCH initiatives; increasing effectiveness and efficiency of MCH initiatives; assessing and strengthening MCH organizations' and collaboratives' equity capacity; and increasing equitable funding for MCH initiatives in the region.

The specific action items within each area are outlined in the following table, along with icons indicating key stakeholder groups that can take action within a particular item. This does not imply that stakeholders not listed cannot take action or do not have a role within a particular action item. Rather, a selection of key stakeholders are identified to help readers of the action plan navigate to sections and items of most relevance to them.

**While implementation of all the action items in this plan are crucial to improving maternal and child health, those in pink are more feasible to address immediately based on existing capacity in the community and will be included in a subsequent Year 1 implementation plan.**

**KEY**

- Policy makers
- Government agencies
- Funders
- Healthcare (including healthcare systems, practices, payors, associations, and other entities)
- Professional or licensing boards
- Higher education institutions
- MCH employers
- Community organizations
- Community members
- Workplaces/employers

ACTION AREA 1: STRENGTHEN THE MCH WORKFORCE		
<b>1.1</b>	<b>Provide supports to retain Black and underrepresented MCH workers</b>	
1.1.1.	Ensure equitable pay and benefits.	<span style="display: inline-block; width: 15px; height: 15px; background-color: red;"></span>
1.1.2.	Create standards for providing financial and professional support to Black and underrepresented MCH workers.	<span style="display: inline-block; width: 15px; height: 15px; background-color: lightblue;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: yellow;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: brown;"></span>
1.1.3.	Establish regular support groups for Black professionals to connect professionally and socially.	<span style="display: inline-block; width: 15px; height: 15px; background-color: yellow;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: purple;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: lightblue;"></span>
1.1.4.	<i>Provide mentorship to MCH workers from other underrepresented mentors.</i>	<span style="display: inline-block; width: 15px; height: 15px; background-color: yellow;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: brown;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: purple;"></span>
1.1.5.	Provide accessible professional development opportunities.	<span style="display: inline-block; width: 15px; height: 15px; background-color: yellow;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: purple;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: brown;"></span>
1.1.6.	<i>Structure, strengthen and clarify career advancement pathways.</i>	<span style="display: inline-block; width: 15px; height: 15px; background-color: purple;"></span>
<b>1.2</b>	<b>Implement efforts to recruit Black and other underrepresented MCH workers</b>	
1.2.1.	Diversify the make-up of program boards at higher education institutions and among MCH employers.	<span style="display: inline-block; width: 15px; height: 15px; background-color: brown;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: purple;"></span>
1.2.2.	<i>Expand employment training and certification opportunities for community members.</i>	<span style="display: inline-block; width: 15px; height: 15px; background-color: lightblue;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: lightgrey;"></span>
1.2.3.	<i>Offer paid shadowing, training, and fellowship opportunities.</i>	<span style="display: inline-block; width: 15px; height: 15px; background-color: lightblue;"></span>
1.2.4.	Conduct proactive outreach campaigns to diversify and fill gaps in the MCH workforce.	<span style="display: inline-block; width: 15px; height: 15px; background-color: purple;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: lightgrey;"></span>
1.2.5.	Make it easier for members of the MCH workforce to continue working in the community in new or contract positions.	<span style="display: inline-block; width: 15px; height: 15px; background-color: purple;"></span>
1.2.6.	Provide clarity and transparency to the hiring process.	<span style="display: inline-block; width: 15px; height: 15px; background-color: purple;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: red;"></span>
<b>1.3</b>	<b>Support non-physician MCH workers</b>	
1.3.1.	Educate and advocate around the role of doulas, lactation support workers, and other non-physician MCH workers and why they are important.	<span style="display: inline-block; width: 15px; height: 15px; background-color: darkgrey;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: lightgrey;"></span>
1.3.2.	<i>Support business development for doulas, lactation support workers, and other non-physician MCH workers.</i>	<span style="display: inline-block; width: 15px; height: 15px; background-color: darkgrey;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: green;"></span>
1.3.3.	Directly and fully reimburse doulas, lactation support workers, and other non-physician MCH workers equitably via insurance.	<span style="display: inline-block; width: 15px; height: 15px; background-color: lightblue;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: red;"></span>
1.3.4.	Diversify the Advanced Practice Providers (PAs and NPs) and Midwifery workforces (e.g., by advancing the work of the National Society for Black Physician Assistants).	<span style="display: inline-block; width: 15px; height: 15px; background-color: lightblue;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: green;"></span>
1.3.5.	<i>Enable community health workers and peer supporters to provide ongoing mental health screenings in the community.</i>	<span style="display: inline-block; width: 15px; height: 15px; background-color: purple;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: green;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: lightgrey;"></span>
1.3.6.	<i>Expand basic mental health training so more MCH workers can provide mental health screenings, certain aspects of mental health counseling, referrals, resources, and other supports (which is particularly important given the dearth of mental health professionals and therapists, especially Black ones).</i>	<span style="display: inline-block; width: 15px; height: 15px; background-color: orange;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: darkgrey;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: purple;"></span>

<b>1.4</b>	<b>Establish standards, practices, and training that enable the MCH workforce to provide more compassionate, culturally competent, anti-racist, equitable care</b>	
1.4.1.	Create workforce policy, standards of practice and care, regular training and accountability systems and measures for physicians, nurses, and other MCH providers.	
1.4.2.	Craft universal conversation scripts which take a trauma informed approach and can be utilized in clinic, home visiting, or other settings.	 
1.4.3.	Equip Black women and birthing people with the information, skills, and resources they need to understand how racism might impact their pre- and postnatal care and how they can speak to their healthcare providers about it and advocate for themselves.	
1.4.4.	Reduce patient load so physicians, midwives, and advanced practice providers have more time with each patient.	
1.4.5.	Administer a quality of care survey after each visit with a MCH provider.	
1.4.6.	Replace or supplement paper mental health screenings/forms one-on-one conversations with trusted MCH workers.	
1.4.7.	Educate physicians, nurses, and other MCH providers about historical trauma and racism, healthcare providers' roles in it (including individual bias in their interactions with patients), and what needs to change.	
1.4.8.	Review the diversity and bias training offered by large health systems and propose improvements.	
1.4.9.	Review existing curriculum around topics of diversity, bias, and social determinants (e.g., OB-GYN and Pediatric resident curriculum, Neonatal Advanced Practice Providers curriculum) and revise as needed to strengthen and scale what works.	  

**ACTION AREA 2: STRENGTHEN SYSTEMS OF CARE**

<b>2.1</b>	<b>Increase connection to and collaboration with community-based care</b>	
2.1.1.	Center and expand the work of trusted institutions and individuals with deep roots and ties to the communities they serve.	   
2.1.2.	Bring care and health information into communities rather than making community members come to hospitals and clinics.	  
2.1.3.	Employ a Trauma Informed Community Development framework.	 
2.1.4.	Establish practices and structures that enable more open, inclusive communication and data sharing between larger health systems/organizations and community-level care/grassroots organizations.	  
2.1.5.	Establish, expand, and transparently share with the community healthcare metrics (disaggregated by race/ethnicity and other key demographics) that capture aspects of the patient experience that go beyond patient satisfaction (e.g., trust, respect, medications prescribed, time to diagnosis).	 
2.1.6.	Conduct a statewide best practice analysis around collaboration between the state, Managed Care Organizations (MCOs), and Community Based Organizations (CBOs).	 
2.1.7.	Make the case for community care directly to healthcare providers and trainees.	  
<b>2.2</b>	<b>Invest in and strengthen key sources of community support in Black communities</b>	
2.2.1.	Elevate the voices, stories, and leadership of community members – especially Black women and birthing people – in ways that enhance these individuals' agency, build community, catalyze advocacy, and directly connect to improving their health-related experiences and outcomes.	  

2.2.2.	Increase caregiver programming in Allegheny County, especially for Black fathers and partners.	
2.2.3.	Increase investment in and support for community-based programs.	
2.2.4.	Utilize the expertise residing in the community to plan for change.	
2.2.5.	Expand high-quality healthcare centers – with providers and staff that look like the families they serve – in Black communities.	
<b>2.3</b>	<b>Establish stronger care coordination and integration.</b>	
2.3.1.	Establish a robust county-level referral network across all healthcare and social service organizations.	
2.3.2.	Integrate existing mental health supports into primary healthcare in ways that improve access - including by enhancing affordability and reducing wait times.	
2.3.3.	Train all healthcare staff to identify the signs of mental health concerns (including via direct conversations as opposed to paper screening forms, as noted in action item 1.4.6.) and connect individuals with relevant resources and referrals (through the robust network described in action item 2.3.1).	
2.3.4.	Craft care teams that include Community Health Workers, nutritionists, mental health professionals, social workers, and others to provide comprehensive and integrated care (spanning both physical and mental health and wrap-around services) and real-time conversations and consultations from prenatal through postpartum care.	
2.3.5.	Equip care teams to co-create (alongside their clients and patients) a comprehensive and feasible care plan.	
<b>2.4</b>	<b>Improve MCH related policies and policy implementation in ways that reduce inequities.</b>	
2.4.1.	Establish multisector communication committees to analyze policies/procedures and provide clear communication to those implementing (e.g., state home visiting policy, which includes two prenatal visits, does not have enough guidance around it).	
2.4.2.	Expand health insurance coverage and strengthen Medicaid - including making it easier and more affordable for families to acquire insurance and use insurance to receive care from a wide range of providers; removing caps on mental health visits; and providing coverage for healthcare-related transportation.	
2.4.3.	Ensure consistency in the way Child Youth Family (CYF) regulations are applied to Black families compared to white families, as well as consistency in how any identified concerns are addressed.	
2.4.4.	Strengthen the Women, Infants, and Children (WIC) program, including via more effective outreach and promotion (e.g., having applications for WIC and other benefits available at doctor's offices and other community locations), more comprehensive and culturally appropriate nutrition education and resources (e.g., around learning how to grow your own food/maintain a garden), providing a greater variety and quantity of fruits and vegetables to shop for, and increasing the availability of stores that accept WIC benefits in underserved communities.	
<b>ACTION AREA 3: ADDRESS SOCIAL DETERMINANTS OF HEALTH</b>		
<b>3.1</b>	<b>Transform Workplace Policies and Environments to be Supportive of Current and Future Parents.</b>	
3.1.1.	Increase wages by establishing a living wage and offering universal basic income.	
3.1.2.	Establish programs to help individuals as they try to enter the workforce or start a small business.	
3.1.3.	Provide paid leave for all parents.	
3.1.4.	Provide more workplace support for taking time off from work to care for children.	

3.1.5.	Increase recognition from employers that mental health is a concern.	
3.1.6.	Provide a certification/designation for employers who undergo training to better support pregnant women in the workforce.	
3.1.7.	Establish a stamp of approval for companies with good accommodations for moms and families that have recently given birth or had a child.	
3.1.8.	Hold employers accountable for supporting moms and families.	
<b>3.2</b>	<b>Improve Accessibility and Affordability of Child Care</b>	
3.2.1.	Expand employer-supported childcare.	
3.2.2.	Strengthen the respite care system.	
3.2.3.	Support and expand home-based child care.	
<b>3.3</b>	<b>Improve Access to Transportation</b>	
3.3.1.	Strengthen public transportation options for getting to work, healthcare, and other key locations, including by reestablishing local bus lines that have been removed.	
3.3.2.	Provide insurance coverage for transportation to/from healthcare appointments and births.	
<b>3.4</b>	<b>Address Food Insecurity</b>	
3.4.1.	Partner with Black grocers to sustain them in the community.	
3.4.2.	Revisit land use practices, particularly vacant lots that can be used for local farming and support.	
3.4.3.	Expand options like mobile stores with fresh produce that accept food bucks (e.g., as Giant Eagle is doing).	
3.4.4.	Explore additional options to make healthy foods accessible and affordable in Black communities (including by strengthening WIC as noted in Action 2.4.3).	
3.4.5.	Equip the MCH workforce and healthcare providers to provide compassionate, culturally-sensitive nutritional information.	
3.4.6.	Make meal trains and postpartum doulas a standard of care to support healthy nutrition during and after pregnancy.	
3.4.7.	Limit television and online commercials for unhealthy foods.	
<b>ACTION AREA 4: COORDINATE AND STREAMLINE MCH ACTIVITIES</b>		
4.1	Reduce Overlap and Duplication of MCH Initiatives.	
4.2	Increase Effectiveness and Efficiency of MCH Initiatives.	
4.3	Assess and Strengthen MCH Organizations' and Collaboratives' Equity Capacity.	
4.4	Increase equitable funding for MCH initiatives in the region.	

Ultimately, the IHE Coalition believes that this action plan is essential to establishing a common strategy and collective action to reduce the disproportionate rates of death and poor health outcomes experienced by Black families in Allegheny County, while centering the lived experiences of those most impacted.



## Infant Health Equity (IHE) Coalition Members

First Name	Last Name	Affiliation
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India	Hunter	Healthy Start
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