



Participatory Grantmaking in Action: Lessons Learned

Cecile Edwards

Senior Manager, New Jersey Birth Equity Funders Alliance

Kashieka Phillips

Community Alignment Program Supervisor, The Partnership of Maternal and Child Health of Northern, NJ

Melissa Litwin

Early Childhood Program Director, The Henry and Marilyn Taub Foundation



Agenda

- 1** The New Jersey Birth Equity Funders Alliance
- 2** Community Advisory Committee
- 3** Grantmaking
- 4** Reflections and Discussion



The Birth Equity Imperative

Because of historical and current racial inequities, Black and Hispanic women and infants have worse maternal and infant health outcomes.




Compared to White and Asian women in New Jersey...

- **Black women** are **69% more likely to have a preterm birth**. **Hispanic** women are **25%** more likely
- **Black women** are **7x more likely to die from pregnancy-related complications**. **Hispanic** women are **3x** more likely
- **Black** and **Hispanic** women are **4.5x less likely to have a postpartum checkup for themselves**

This data represents the real birthing people and families that we serve and was the inspiration behind the Nurture NJ Strategic Plan.



Traditional vs Trust-Based Philanthropy

Traditional 	  Trust-Based
Agenda-Driven	Participatory
"Disrupting" Government	Accompany Government
Project Support	General Operating Support
Investment in "Innovation"	Investment in Capacity Development
Cautious about Advocacy	Promote Organizing
Grantees	Partners
Work autonomously	Work in Collaboration
Urgent Time Frames	Patient Philanthropy
Accountability	Trust-Based

Alliance Overview

VISION

Reduce maternal mortality in New Jersey and eliminate racial disparities in birth outcomes.

MISSION

Support community-based solutions and BIPOC-led organizations to lead efforts to address maternal mortality and birth equity in New Jersey, serving as a model for the wider field.

INTENDED OUTCOMES

Short-term: Increased availability of and access to CBO services targeting the needs of BIPOC birthing people

Long-term: Increased accountability in the system for birth outcomes and racial equity in outcomes

Guiding Principles

Focus on racial equity

Collaborating, Learning
and Co-Design

Community and
CBO-First Approach

Mutual Accountability

Alliance Programming

We partner with a Community Advisory Committee, the Office of the First Lady, the Department of Health and Health Hubs to build strategies and execute programming.



Launching the CAC

1. (Re)Commit to Goals

- Empower those with both professional and lived experience
- Create a cohort with geographic and professional diversity
- Make participation viable for busy professionals; respect and pay for time

2. Solicit and Select Members

- 5 question application, can be completed in an hour, using Google forms
- 30+ applicants submitted for review by a NJBEFA committee

3. Support Operations

- Senior Manager
- Fiscal Sponsor

4. Provide learning opportunities

- Stipends for Conferences
- Presentations on issues that impact birth outcomes

Participatory Grantmaking

The Community Advisory Committee was built upon the following participatory grantmaking principles:

1. Involve community members in all stages of the grantmaking process, from determining funding priorities to evaluating grant applications and monitoring progress.
2. Provide opportunities for community members to learn about and participate in grantmaking through training, workshops, and other capacity-building activities.
3. Prioritizes grantmaking to grassroots organizations, rather than larger established institutions.
4. Be transparent about the grantmaking process and decision-making criteria and provide clear and regular feedback to grant applicants.

2023 Community Advisory Committee

Our 10-person Community Advisory Committee is comprised of community leaders and birth equity champions, several of whom are also birth workers. The CAC independently governs a fund launched with \$500,000.



Jessica Andre
Community Doula & Breastfeeding
Counselor, Mercer County



Joel Austin
Founder, Daddy University Inc.



Natasha R. Chinn
OB/GYN, Brescia Migliaccio Women's Health



Christine Ivery
Project Manager, Jefferson Collaborative for
Health Equity



Fatimah Muhammad
Director of 340B Pharmaceutical Services
and Drug Reimbursement, Saint Peter's
University Hospital



Kashieka Phillips *(Returning member)*
Community Health Worker, New Destiny
Family Success Center



Erica Pulliam *(Returning member)*
Newark Site Manager, START



Cristina Romas
Co-Founder, Mammissi Birth Services



Tiffani Williams *(Returning member)*
Maternal Health Department Lead, Acenda
Integrated Health



Brittany Wright
Director of Maternal Programming, Perinatal
Health Equity Initiative

Turn & Talk

1. How could a community advisory committee be beneficial to grantmaking decisions in your organization?
2. What challenges do you foresee?
3. Do you have any questions?

Rapid Response Grants

In 2022, the CAC provided \$35,000 to nonprofits to address the formula crisis and offer support during the tough summer months. CAC and NJBEFA members discussed differences between and within their respective groups on who should be eligible for grants and why.

The grantmaking process informed development of strategic grants:

- Created space for meaningful discussions about who and what the CAC will fund
- Quickly got money out the door to demonstrate impact
- BEFA members navigated commitment to and the consequences of trust-based philanthropy

2022 Rapid Response Grantees

- **Central Jersey Diaper Bank** (Operated by the Anshe Emeth CDC)
- **C.R.O.P.S. NJ**
- **Jump Kids Health**
- **Mom's Helping Moms**
- **Pioneer Family Success Center** (Operated by EmPOWER Somerset)
- **Journey Family Success Center** (Operated by Project Self Sufficiency)
- **Mobile Family Success Center** (Operated by Catholic Charities, Diocese of Metuchen)

Strategic Grants – Round One

It took 8 months to develop strategic grants program and disperse \$137,500 in grants. Resulting grants were highly differentiated from the NJBEFA members’.

Month	Focus Area
1	Kickoff
2	Grantmaking 101
3	Portfolio Design
4	Criteria Discussion
5	RFP Launch
6-7	Evaluation
8	Funding Dispersal

Lessons learned from “Equity in Postpartum Support:”

- **Offer grantmaking training:** Most CAC members were new to the practice. For Cohort 2, we increased from 1 to 3 sessions.
- **Maintain commitment to lived/professional experience:** The CAC used their expertise vs. quantitative, health data.
- **Be flexible to support the committee’s ambitions:** the CAC expanded grant eligibility to include individuals and for-profits, it took months to develop a process but 9 of 11 grantees were individuals.
- **Leverage existing materials:** We used approachable RFPs and guidelines from similar initiatives, such as the AAIMM Village Fund in California,

Our First Strategic Grantees

We selected 11 grantees to receive \$12,500 in unrestricted funds each. In a survey, the grantees provided positive feedback on the ease of the application process.

Grantee	Organization
Alquadira Cox	Y'NOT Events
Alexis Owusu	Alexis Owusu
Chesha Hodge	The Balanced Diet
Toshira Maldonado	Beautiful Womb
Angeline Irrizarri (Osore)	Empowered Mamacita Services
Michelle P. Gabriele-Caldwell	Baby, Please Birth Services
Tatiana Smith	Doulas for the People
Erica Pulliam	The Partum Tribe
Melinated Moms	Melinated Moms
Life After 2 Losses	Life After 2 Losses

Participatory Research Findings

A landscape scan of New Jersey CBOs identified key technical assistance needs. BEFA is retaining (a) TA provider(s). Learning cycle.

- **Workforce support**, to build and retain a birth equity care workforce, we need diversity initiatives, mental health support access and subsidy, training on equitable hiring practices
- **Funding landscape analysis** eliminate barriers to funding and level power dynamics to include small organizations or individuals. Determine available funding options and open doors to funders.
- **Professional development and capacity building** gain desired: social media marketing, grant writing etc. Help organizations go in new directions; streamline time-consuming tasks and save resources.
- **Collaboration and Connectivity** among birth equity workers, organizations, and resources is key, but hindered by lack of knowledge and capacity. Ideas: convene for partnerships, "boots on the ground" marketing, and a centralized database.
- **Public Awareness and Communication** launch a Diverse Communications Workgroup to increase Nurture New Jersey awareness and engage communities most affected by birth inequities in planning and implementation. Create feedback loop for transparency and accountability, trust and collaboration.

Strategic Grants – Round Two

Our second strategic grant will be released in July and apply many of the lessons learned from our first round of grantmaking.

Lessons learned and applied to round two:

- An updated application evaluation framework
- Inclusion of businesses, in addition to 501(c)3's and individuals

Final Thoughts on Key Learnings

1. What are you proud of?
2. What do you think is a growth area or next step for us?

Session Reflection

1. What has your experience with participatory grantmaking been?
2. In what ways does this approach challenge or support your thoughts about grantmaking?
3. How would you advise us?
4. What else do you want to know?

Join us!

We would love to continue to be in touch!

- Website: <https://birthequityalliance.com/>
- Email: Cecile@njbefa.org
- Instagram: [@birthequityalliance](#)
- LinkedIn: [@birthequityalliance](#)