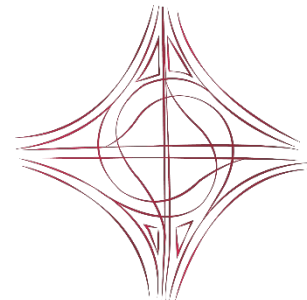# Phase 2: Equity Indicators Report

Prepared for American Association of Birth Centers (AABC)

This report presents key findings from the second phase of diversity, equity, and inclusion strategy-building (**Phase 2: Discovery**) reflecting an in-depth, two-part association-wide equity assessment conducted by EnterChange Group, LLC for AABC between April and December 2021.

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Background

In October 2020, the American Association of Birth Centers (AABC) contracted with EnterChange Group, LLC to provide multi-phase diversity, equity, and inclusion (DEI) consulting services toward developing and implementing strategies to increase inclusion and build diversity across the national association, with emphasis on improving services to people of color, LGBTQIA+, and gender diverse individuals. Between November 2020 and January 2021, EnterChange Group conducted six facilitated conversations with AABC leadership, including members of the Board of Directors, DEI Committee, and senior AABC staff members. Through this **Preparation** phase work, EnterChange Group learned that birth center workers in the U.S. face two critical challenges:

1. **Erasure of Key Aspects of the History of Midwifery**, especially the critical contributions of Black midwives such as the *grand midwives* of the South[1] to the founding and development of midwifery in the U.S. Omitting or downplaying such history works to undermine and devalue community-based and holistic midwifery practices—even though internationally, these practices have been linked with greater levels of respectful care and positive birth outcomes and are thought to more comprehensively address social determinants of health[2]. The stories that are told, the data that is presented, and the history that is taught will work to perpetuate dominant narratives and in turn, popular beliefs about midwifery and its role in pregnancy-related care; thus, it is critical that accurate history and comprehensive, disaggregated data are central to AABC's work and any systems and organizational work to educate, support, and advocate for patient, practitioners, and policymakers in this industry.
2. **Navigating the Patriarchal Takeover of Childbirth**, including unnecessary pressures to move away from a comprehensive, community or birth center model of childbirth toward a more limited medical model that perpetuates a problematic hierarchy in which practitioners with advanced, Western medical degrees and credentials (physicians, Certified Nurse-Midwives, etc.) are valued more highly than folks whose credentials emphasize community-based, interdisciplinary, and/or more holistic training and lived experience.

Within AABC, these challenges materialize as two foundational DEI problems:

1. Lack of diverse representation (esp. BIPOC, gender-nonconforming, and/or queer) of midwives and related leadership/staff across the industry, within AABC as an association, and within birth centers across the nation.

2. Absence of clear, established and communicated definitions and values around diversity, equity, and inclusion from AABC.

These problems affect many areas within AABC, especially:

1. Equitable Access to Services

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[1] See Goode, K., and B.K. Rothman. (2017). African-American midwifery, a history and a lament. *American Journal of Economics and Sociology 76*(1): 65-94.

[2] The United Nations Population Fund, in partnership with the World Health Organization and the International Confederation of Midwives, has published a report on *The State of the World's Midwifery* since 2011. Their most recent report from 2021 is available here: https://www.unfpa.org/sowmy

2. Birth Center Start up and Sustainability
3. Culture of Internalized Oppression and Silence (internal)
4. Inclusive Professional & Educational Environment (refers to the importance of addressing internal culture and external engagement within AABC as well as how individuals prepare to enter the profession and how their professional development is supported over time)

AABC has committed to defining its DEI-related values and to integrate these values into their next three-year strategic plan. To further unpack AABC members' perceptions of and experiences relating to diversity, equity, and inclusion within the professional association, EnterChange Group launched our **Discovery** phase, conducting our organizational equity assessment. This assessment consisted of two key parts:

Part 1 - Internal Conversations: EnterChange Group facilitated eight equity assessment meetings. Attendees included AABC leadership and staff, and various members of the Strategic Planning and D&I Committees, the Board of Directors, and the Anti-Racism Task Force. Participants discussed a set of eight (8) assessment areas: 1) Member Demographics, 2) Being Explicit about Intersectional Equity, 3) Human Resources and Related Policies, 4) Workplace Culture & Facilities, 5) Members & Volunteers, 6) Programs & Services, 7) Development, Outreach & Collaboration, and 8) Measurement & Decision-Making. Each assessment area is comprised of a unique set of equity indicators. Examples include a review of HR policies for inclusion; examining communication materials for positive, diverse representation; and discussing the extent to which equity impact tools are used in decision-making (e.g., for program and funding development). These were highly participatory, focus group-style meetings in which: 1) attendees were invited to share their ideas and thoughts via an engaging conversation, and 2) consultants directly verified areas of consensus and areas where there were more divergence or disagreement. Consultants kept notes of conversation points and facilitated consensus on ranking AABC's current status on each discussion indicator on this scale:

- *Not (Yet) Started* (1.0) – The organization may be holding talks around the indicator but has not yet committed to action.
- *Planning* (2.0)- The organization has committed to formal action around the indicator and is designing what that action will be – this action has not yet been put into practice.
- *Early Implementation* (3.0)– Involves implementing the planned action, most likely via piloting or testing. Generally, this indicator means that the action has been in practice for less than 3 years and is not yet fully standardized or routinized across the organization.
- *Integrated/Sustained Implementation* (4.0)– This means the action likely has been in practice for approximately 3 or more years, and it is now a standard or routinized part of organizational operations.
- *Leading/Innovating* (5.0) – This rating means that the organization is engaged in a promising practice that is innovative or leading edge in some way (perhaps within the field such as the field of midwifery, or within the healthcare industry, or among nonprofits, etc.).

Part 2 - Internal Survey: Consultants administered a survey to AABC staff, current members, and subscribers to measure their lived experiences engaging with the professional association as well as knowledge of/attitudes toward principles of diversity, equity, and inclusion. A total of 160 responses were received; demographics of survey participants are provided in the **Demographics Report** in **Appendix C.** While the survey sample size may not be statistically representative of the

full AABC member population, it provides a valuable snapshot and set of early insights that AABC should continue to examine over time.

Collectively, the discussions and the survey account for 125 indicators that comprise the organizational equity assessment. EnterChange consultants analyzed and compared findings from both the AABC survey and the internal discussions, examining results by function area and across four scales including: Diverse Representation; Climate for Inclusion; Positive, Generative Interactions; and Accountability. The consultants prepared a summary of scores, represented in the matrix in **Figure 1** below. The scores fall within a range of 0 to 5.0, with higher scores indicating areas where the organization has made substantial progress toward equity and/or survey respondents reported positive, more inclusive experiences with the organization. Lower scores indicate that they are of high priority with several opportunities and avenues for AABC to work to establish more equitable and inclusive practices.

Figure 1. Matrix Summary of Scores by Focus Area and Equity Scale.

All SCORES	Accountability	Climate for Inclusion	Diverse and Proportional Representation	Positive Generative Interactions	Average
Demographics			2.0	3.5	**2.8**
Development, Outreach & Collaboration	1.7	1.0	3.0	1.0	**1.7**
Explicitness of Intersectional Equity	4.0	1.6	3.9		**3.2**
Human Resources	3.4	2.9		3.5	**3.3**
Measurement & Decision-Making	2.9	3.0			**3.7**
Members & Volunteers	1.1	2.0			**1.6**
Programs & Services	2.2	2.1	2.0		**2.1**
Workplace Culture & Facilities		3.2		2.3	**2.8**
Average	**2.7**	**2.3**	**2.7**	**2.6**	

Blacked out cells denote that there are no intersecting equity indicators between a particular focus area and a scale. For example, demographics questions fall entirely within the scales of **Diverse and Proportional Representation** and **Positive, Generative Interactions.** One may reasonably argue that AABC should be accountable to demographic outcomes of their membership (e.g., how diverse the Board is, how diverse general membership is). We agree, and the actions that AABC could take to be

accountable in that way fall under additional focus areas such as **Development, Outreach, and Collaboration, Members and Volunteers, Measurement and Decision-Making, and Programs and Services.** Thus, we emphasize that it is important for AABC to consider and continually revisit the full picture painted by these results (and how they align with AABC's DEI vision and desired future state) as well as the benefits of using this matrix to identify high priority sections that serve *as a starting point* for strategy and intentional, sustainable action.

To support such strategy-building, the sections that follow provide greater detail into assessment findings from each of these priority areas:

1. *Focus Area*: Members and Volunteers
2. *Focus Area*: Development, Outreach, and Collaboration
3. *Focus Area*: Programs and Services
4. *Scale*: Climate for Inclusion
5. *Scale*: Positive, Generative Interactions

Note on Disaggregated Data and Intersectional Survey Analysis

Whenever possible, we examined each survey question intersectionally, looking at disaggregated data across demographics. In several instances, the group sizes were small enough to cause us to question the reliability of the findings. From an ethical point of view, we take the position that it is important to name some of the more substantial disaggregated findings, even when the group sizes are small. We acknowledge that these findings cannot be taken entirely at face value, and more engagement is needed to fully understand the stories behind the data. Nevertheless, it would be equally wrong to invalidate these findings as inconsequential, because many of these group-based findings reflect the perspective of minoritized and historically-marginalized identities—people who have consistently been overlooked, erased, or actively silenced due to the color of their skin, their gender expression, whom they love, their professional status, etc. To increase the reliability and validity of our findings, we created some core groupings:

- Global Majority – represents survey respondents who identified as any of these demographic identities on the survey: Asian American (or of Asian descent) or Pacific Islander, Black or of African descent (African American, Afro-Caribbean, etc.), Indigenous to Americas (Alaskan Native, American Indian, Native American), Latina/o/x or Hispanic, Southwest Asian or Northern African, or a person who is of multiple races. While BIPOC is a recent term that seeks to collectively represent these racial identities, the term "people of color" still serves to contrast members of that group with white people; even though the term is meant to be neutral or even racially-affirming, for many folks the term invokes an inherent minoritizing or lessening of people of color and upholding of whiteness as the default, "normal", or "common" race. In contrast, the Global Majority acknowledges that 1) members of these races collectively comprise the majority of humans on Earth, and 2) no one in any racial group should be considered "less than" or be socially minoritized in comparison to any other racial group. Because historic minoritizing and marginalizing has continually occurred to Black, brown, Asian, and additional people of color, we respectfully use the collective term the Global Majority in our attempt to affirm and positively represent the people who hold these racial identities.
- LGBTQIA+ - represents **both** survey respondents who identified as having a gender expansive identity, meaning one that falls outside the historical binary of cisgender male or female[3] as well as respondents who identified as having a sexual orientation that is not heterosexual or straight. As the acronym suggests, there are many identities that fall within the spectra of both gender and sexuality, including but not limited to: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Agender, Pansexual, Gender Non-binary. Gender Non-Conforming, Same Gender-Loving, Two-Spirit, and many more.
- People with Disabilities – represents any survey respondent who reported having a disability and includes all types of disabilities.

Where the grouped findings were significant, we include this detail in the report.

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[3] Cisgender means that one's gender identity matches the sex they were assigned at birth; because accepted medical practice still tends to identify babies as male or female, this term typically refers to men who were assigned male at birth and women who were assigned female at birth.

Equity Indicators Report.

Members and Volunteers
Overall score: 1.6 out of 5

AABC defines members as those within AABC's professional association membership. Volunteers are comprised of AABC committee and task force members.

This function area focuses on how members and volunteers are recruited, what DEI-related training and resources are provided to them, and any DEI-related requirements to which they are expected to adhere. This function area is comprised of eight (8) equity indicators, combining data from eight discussion questions and one survey question. The score of 1.6 reflects that AABC is in early stages of establishing shared commitment and planning meaningful action across each of these indicators. Participants in the discussion group for this function area emphasized the critical importance of this focus area, particularly because AABC members are at the heart of the organization; supporting these members—especially those directly involved in birth center work –is essential to AABC's mission. Accordingly, discussion participants view attracting and supporting diverse members and volunteers as "an area of big opportunity for AABC," further noting, "Making the commitment to DEI inextricably linked to who AABC is and making it more explicit in multiple communication channels will help to build a more inclusive culture."

Members and Volunteers - Equity Indicators: *Not Yet Started*

The following items represent seven (7) indicators where AABC has **not yet started** any specific actions or initiatives related to more inclusive and targeted support for Members and Volunteers. There are thus several opportunities to build shared commitment and collective action to:

1. Intentionally strive to recruit and maintain a diverse pool of members/volunteers serving on AABC **committees**.
2. Engage prospective members and volunteers to verify their understanding of AABC's commitment to and standards around diversity, equity, and inclusion.
3. Ensure all new members and volunteers receive notice of non-discrimination policies and information on AABC's intersectional equity efforts and standards.
4. Provide members and volunteers with educational opportunities and materials related to diversity, equity, and inclusion on an ongoing basis.
5. Equip organizational staff to respond to and support member/volunteer knowledge gaps and challenges, including expressions or reporting of bias or discrimination against members, staff, volunteers, and/or clients.
6. Require that members and volunteers sign, at minimum, a set of Community Agreements to reduce inequities and promote the creation of welcoming and inclusive spaces.
7. Ensure that member and volunteer benefits are equitable and designed to facilitate access and support participation from persons of diverse, intersectional, and historically-marginalized identities.

Strengths across these indicators:

- With regard to member screening, discussion participants shared that currently, AABC members must affirm their support for AABC's Standards for birth centers. A strategic goal moving forward is to infuse DEI throughout the Standards. Leadership has also discussed logistics and potential requirements for foundational DEI training across the organization.
- To help members access information and educational materials related to DEI, AABC recently added a page to their website - the page discusses the equity work AABC is undertaking. There are plans to keep the page updated.
- To support organizational staff, AABC engages EnterChange Group on an ad hoc basis to respond to discriminatory occurrences as they happen.
- AABC has established Community Agreements within the member forums; there is an opportunity to build upon this across AABC communication channels.

Opportunities for Improvement across these indicators:

- AABC collects annual birth center data but has not yet begun to examine findings demographically. Thus, AABC could consider ways to disaggregate survey data by demographic identifiers. Such effort aligns with the Development, Outreach, and Collaboration focus area (discussed next in this report), as this data would help AABC to more intentionally identify and engage organizations led by and serving diverse groups/populations.
- Furthermore, AABC could think about ways to engage new members upfront and/or check in from time to time around their understanding of AABC's commitment to diversity, equity, and inclusion. There is also an opportunity   to include a related question or set of questions to the Membership Survey.
- Educational materials for volunteers and members can range from professional development opportunities at the individual or group levels to including some resources in each newsletter and on AABC's equity webpage.
- With regard to staff, AABC has an opportunity to consider a variety of training and development for staff (which could also potentially be extended to members). Topics that the discussion group listed include: trauma-informed care, conflict navigation/resolution, SOGIE (Sexual Orientation, Gender Identity, and Expression), accessibility and disability justice, restorative practices, and multiple levels (beginner – advanced) of DEI-related topics.
- AABC might consider ways to expand use of Community Agreements across AABC membership and/or the creation of a "Bill of Rights" to guide members' expectations and experience within AABC. An example of such a Bill of Rights (specific to gender identity) is viewable here: https://pridevmc.org/gender-identity-bill-of-rights/ Frequently, Community Agreements may be stronger than a Bill of Rights in the sense that the membership helped to create them and actively indicate agreement through signing. The Anti-Oppression Network provides some key guidelines to establish Community Agreements: https://theantioppressionnetwork.com/resources/saferspacepolicy/
- Several members from diverse communities have expressed that they still do not yet feel welcome and supported at AABC. AABC leadership should think about the impact of benefits to being an AABC member, ensuring that all members have equitable access to benefits, and that members receive similar levels of benefit. Also consider: how could benefits serve to remove barriers to participation in AABC (including on committees and Task Forces - the groups that

directly shape AABC's work/priorities)? To what extent does each member view AABC benefits as *being designed for them?*

Strategic Planning Insight: No organization can or should undertake every single recommended action item in a single year, and potentially not even within a 3-year period. It all starts with those initial steps. In reviewing this list, which stand out as being **of high(est) priority and why**? Which items stand out as being aligned with AABC's **strength areas?** Consider narrowing down the items to the 3-4 highest priority and strength-aligned items (Note: sometimes it will be critical to select items based on their priority alone, even if it means pushing AABC to stretch its capacity) that AABC can pursue within the next 3-year period. What steps can be taken around these items over the next 3 years? In the next 12 months?

Members and Volunteers - Equity Indicators: *Planning*

These next items are four (4) equity indicators where AABC is in **planning**, meaning the organization has committed to meaningful action related to the indicator and is currently planning and designing this effort. The planning designation further means that such efforts have not yet been implemented. Opportunities thus exist for AABC to finalize plans and launch implementation of efforts around these indicators:

1. Intentionally strive to recruit and maintain a diverse pool of AABC **members**.
2. Members and Volunteers receive an orientation or training that includes DEI information on race, gender identity, gender expression, sexuality/LGBTQIA+ identities, disability, and intersectionality.

Strengths across these indicators:

- Ways to more intentionally recruit diverse members has been discussed among AABC leadership and committees. Some general goals/intentions have been established, but participants noted they do not yet have a formal plan. AABC has also begun to gather data around this indicator; for example, their Membership survey in 2020 included the question: "Do I feel AABC represents me?" AABC has also taken some initial steps to promote diverse recruitment, such as providing complimentary registrations to the annual Birth Institute and starting to connect with potential partners to support recruitment efforts.
- AABC leadership and the DEI Committee are working to plan training sessions for 2022. They have engaged EnterChange Group to provide four (4) DEI Foundations sessions to work toward shared foundational knowledge and language around diversity, equity, inclusion, and intersectionality. Targeted sessions will be provided to the AABC Board, Committees, general membership, and the AABC Foundation Board. AABC further acknowledges that this is a first step among many that are needed to hold themselves accountable to define, communicate, and engage in sustained work to embody their commitment to intersectional equity and inclusion.

Opportunities for Improvement across these indicators:

- AABC could consider ways to disaggregate survey data by demographic identifiers, especially when collecting data on members' experiences and perceptions of inclusion and belonging at AABC. They further have the opportunity to more intentionally identify and engage

organizations led by and serving diverse groups/populations (explored further in the next section, *Development, Outreach, and Collaboration*).

Strategic Planning Insight: As there are only two indicators under **Planning** for this *Members and Volunteers* focus area, and serving its members is critical to AABC's mission, we recommend incorporating both indicators into the three-year strategic plan. For the first indicator, AABC has several avenues to explore around diverse member recruitment. What is a reasonable 3-year target? What steps could be taken in the next 12 months? What resources are needed to effectively act on these steps? For the second indicator, AABC and the DEI Committee have plans to build out a DEI Toolkit in 2022. The DEI Foundations training will likely be part of this toolkit. AABC could consider the Toolkit and its components as action items to work toward in the first-year action plan. AABC could further consider how to evaluate the success of these items and build towards a larger objective over their 3-year strategic plan.

Members and Volunteers: Additional Discussion

EnterChange Group presented the AABC discussion team with some additional questions to frame discussion around Members and Volunteers. From this framing discussion, additional themes emerged:

- Discussion participants consider attracting diverse members and preparing all members to support AABC's commitment to DEI to be "an area of big opportunity for AABC". These participants felt that the indicators are helpful in terms of generating positive ideas and action plans that align with AABC's values and commitment to DEI. Making the commitment to DEI inextricably linked to who AABC is and making it more explicit in multiple communication channels will help to build a more inclusive culture.
- Participants further shared that AABC has a key opportunity to review the membership survey and see if it is possible to disaggregate responses by race, gender, etc. Such disaggregation would allow AABC more insight into what different groups are experiencing or sharing in common. The discussion group further urged AABC leadership to consider ways that members might be active participants on committees without attending meetings. In general, they wondered, how might AABC make membership and committee participation more accessible?

Members and Volunteers: Survey Questions

Three survey questions were especially relevant to the *Members and Volunteers* focus area.

First, respondents were asked to rate their level of understanding of concepts related to: 1) Disability equity and accessibility (n = 122), 2) Gender equity (n = 121), 3) LGBTQIA+ equity (n = 121), 4) Racial equity (n = 121), and 5) Intersectional equity (n=121). On the whole, the majority of respondents reported that they has a basic understanding of each of these categories: 75.4% agreed or strongly agreed that they understand Disability equity and accessibility (another 22.1% somewhat agreed); 95.0% agreed or strongly agreed that they understand gender equity (another 5% somewhat agreed); 90.9% agreed or strongly agreed that they understand LGBTQIA+ equity (another 9.1% somewhat agreed); and 94.2% agreed or strongly agreed that they understand racial equity (Another 5.8% somewhat agreed). There was slightly less agreement on intersectional equity, which makes sense as it is a relatively newer concept: 71.9% of respondents agreed or strongly agreed that they understand intersectional equity,

another 19.8% somewhat agreed, and 8.3% somewhat to strongly disagreed. Collectively, these findings suggest that a strong majority of AABC members perceive that they have at least a basic understanding of these concepts.

Next, members were asked the extent to which they agree with the statement: "I can articulate the organization's (AABC's) commitment to intersectional equity to external partners." This question was asked of all survey takers. 64.4% of all respondents (n = 118) answered positively (Somewhat Agree to Strongly Agree) that they could articulate this commitment to external partners. There are several potential reasons for why approximately one-third of AABC survey respondents disagreed with this statement. It could be that they are less aware of AABC's commitment, meaning that AABC should do more work to communicate it clearly and explicitly across their membership and audiences. It could be that folks specifically do not understand *intersectionality*, which is another opportunity for AABC to add clarity to their communications around what intersectional equity and inclusion means to the organization.

In disaggregating responses to this question by identity and member status, additional insights are gleaned. **Chart 1** below represents this breakdown across three identities (LGBTQIA+, Member of the Global Majority/BIPOC, and Disability) and three member statuses (AABC general member, Board

Chart 1. Percentage of Survey Respondents Who Somewhat to Strongly Agreed that They Can Articulate AABC's Commitment to Intersectional Equity to External Partners.
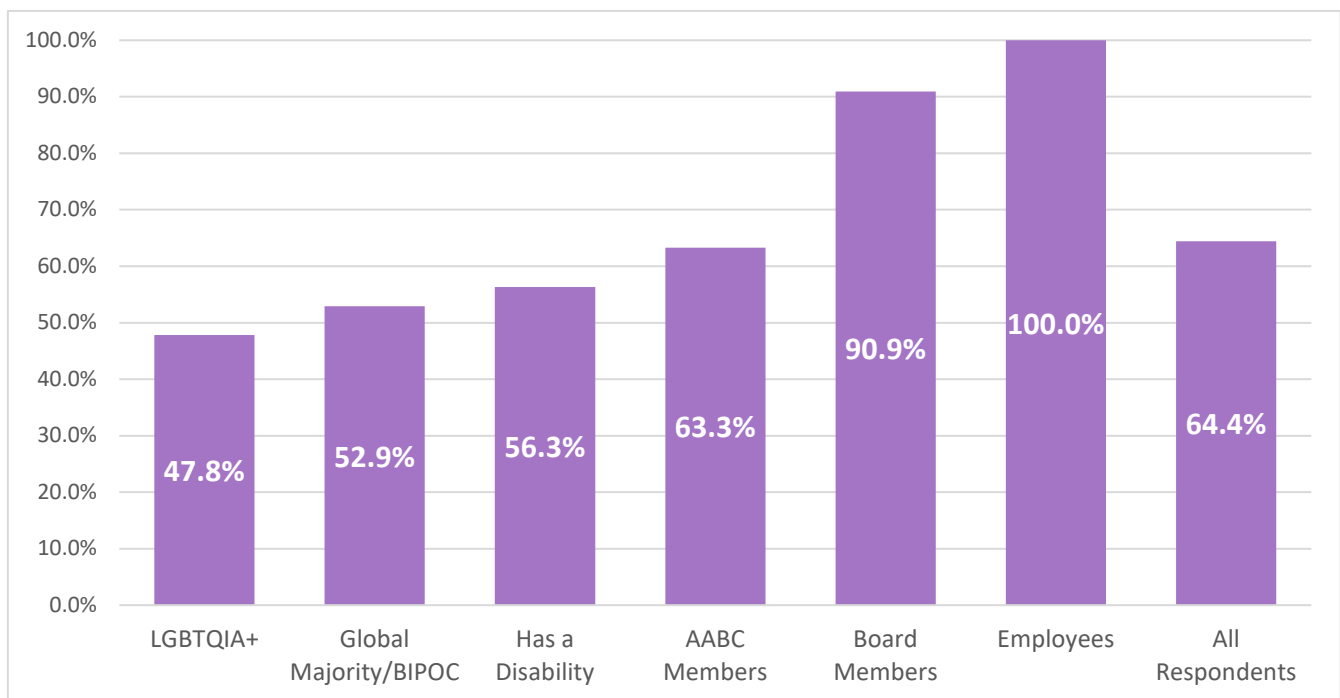
Member, and Employee) as well as the total for all respondents. As the chart displays, less than half of respondents who identify as LGBTQIA+ (n = 23) felt they could articulate AABC's commitment, and just over half of members of the Global Majority/BIPOC (n = 17) and members with disabilities (n = 16) responded positively. In contrast, AABC Members (n = 79) were very closely aligned with the total sample of respondents. Almost all Board Members (n = 11) and all AABC Employees (n = 7) agreed that they could articulate AABC's commitment to intersectional equity to external partners.

These findings suggest that AABC has done an excellent job of involving and communicating with Board and staff members to build and begin to implement their commitment to intersectional equity. However, it is critical to explore why all three identity groups—groups whose identities have been historically-marginalized and stigmatized—were much less likely to agree that they can articulate AABC's commitment. At its best, intersectional equity should center and support members of these identities; the fact that large portions of these groups responded negatively to this survey question could suggest that they do not know, do not understand, or perhaps *do not trust/believe in* AABC's commitment to intersectional equity. This finding is a crucial signal to AABC that deeper engagement with these groups is needed to ensure that the work is meaningful and sustainable. Intersectional equity is not achievable if the groups who have been most marginalized historically are left out; rather, such groups should be centered in and *leading* the work. If their voices are not powerfully and positively present, equitable work is not happening, and it is time to pause and deeply consider next steps that do involve these essential voices.

Strategic Planning Insight: Who is involved in the current strategic planning process? How is this process working to ensure that diverse voices are heard and represented in the plan? How or in what ways might AABC make diverse member engagement a key priority or objective in the coming plan?

Finally, survey respondents were asked: "What, if anything, gets in the way of your full, active participation in this organization?" 48 respondents replied to this survey question.17 respondents (35.4%) answered that either nothing gets in their way, or the question was not applicable to them. Of the remaining 31 respondents, 21 (67.7%) reported that time and energy are the biggest factors impeding their ability to fully participate. Several of these respondents specifically cited the time commitment of working full-time and in some instances across multiple organizations, especially for midwives. Financial constraints also posed a factor for some respondents. Notably, fatigue and burnout also play a role regarding the time and energy that members have available. This can especially be the case when taking into account the emotional labor that DEI work requires. As one respondent shared:

> "Inclusivity conversations in most major birth and midwifery organizations are often performative at best and solely volunteer-based so I am causing myself ongoing emotional harm and weathering by rehashing the same lack of justice, diversity, equity, inclusion, and belonging over and over and over again with little if any change whatsoever. I'm tired. We are all tired. Why put forth more of myself for nothing to change. I'm still battling for respect in the workplace/birth center on a microscale, I do not have the spoons to have yet another JEDIB conversation with a national organization who's not going to do anything about it but pat themselves on the back because a majority of the respondents to this survey are going to say that everything is fine and there is no discrimination- just like the FNU survey presented at this year's ACNM conference said- because the people who are actually impacted are tired of saying the same things over and over and having nothing change anywhere so we just don't bother responding to these surveys anymore because we're crying out into the void and nothing changes. We get bread crumbs, if that, and you all get to pat yourselves on the back."

Another respondent noted that lack of effective organizational support is an impediment to them: "Lack of Black leadership, low organizational interest in being actively anti-racist."

Yet another respondent felt a lack of support for opposing reasons, noting, "I do feel AABC has gone so far left that often those of us that are more right, are marginalized and made to feel like we are wrong. People do have different views and all should be respected."

A further respondent discussed the professional hierarchy that persists in midwifery-serving organizations like AABC:

> "AABC has historically been known as an organization for CNMs. While there has been some slight improvement over the years, there is still an evident bias towards CMNs. The history of all midwives should be included in the birth center history. It would be good to forge relationships with other midwifery schools beyond Frontier and have a presence of both CNM, CM and CPM programs. Better representation of CPMs in the Board and in committees."

Strategic Planning Insight: Several of these sentiments reflect those voiced during EnterChange Group's DEI facilitated conversations in 2020-2021 and represent a persistent tension between perspectives that will be important for AABC to openly acknowledge and address before further actions can be taken. These perspectives emphasize the need for AABC to establish and maintain a clear definition of, commitment to, and supporting practices around diversity, equity, and inclusion and what it means for the birth center model of care. They also emphasize the importance of intentionally centering the voices of those who are most marginalized, whether the action be around programs and services, training and development, birth center operations, advocacy work, and so on. Within AABC, highly marginalized identities include (but may not be limited to) Global Majority members, LGBTQIA+ members, members of and serving economically disadvantaged populations, and members who are not CNMs or have medical degrees. Consider, too, the experiences and centering of members whose identities intersect across these categories. It is also critical that AABC intentionally incorporate measures of progress and accountability into the strategic plan as a whole, with especial attention on priorities and objectives related to AABC's DEI efforts.

Development, Outreach, and Collaboration.

Overall score: 1.7 out of 5

"AABC is at the starting line"

This function area involves fundraising/development, outreach to external stakeholders, and collaboration with partners/vendors/media. It looks at the organization's strategies for external engagement and support, along with how the organization positions themselves in these external engagements with regard to DEI. This function area is comprised of 17 equity indicators, pooling data findings from 17 discussion questions and 3 survey questions. As with the Members and Volunteers focus area, the score of 1.7 reflects that AABC is in early stages of establishing shared commitment and planning meaningful action across each of these indicators. Participants in the discussion group for this function area further acknowledged this, agreeing that "AABC is at the starting line" of thinking about the extent to which the organization collaborates and co-advocates with organizations or providers, especially to support or amplify organizations led by and/or serving historically-marginalized groups.

Development, Outreach, and Collaboration - Equity Indicators: *Not Yet Started*

The following items represent seven (7) indicators where AABC has **not yet started** any specific actions or initiatives related to more equitable and inclusive Development, Outreach, and Collaboration. Opportunities thus abound to build shared commitment and collective action to:

1. Conduct outreach and cultivate relationships with vendors, providers, and organizations who are committed to intersectional equity
2. Periodically evaluate partnerships for fidelity to their intended goals and outcomes
3. Officially participate as an organization/association in community and cultural events that center:
   - Racial equity
   - Gender equity
   - LGBTQIA+ equity
   - Disability equity and accessibility
   - Intersectional equity as a whole
4. Actively participate in regional task forces or coalitions related to advancing equity and access
5. Develop and implement a policy stating AABC does not accept funders who also support identity-based hate groups
6. Ensure AABC's website and digital communications meet US standards for digital accessibility
7. Consider ways AABC can hold themselves accountable to invest in building relationships that are sustained after the existing work or project is complete

Strengths across these indicators:

- AABC has contractual relationships with vendors, and the decision to extend a contract is based in goals/outcomes.
- AABC continually evaluates their programs and services with aim to improve.
- AABC's collaborative partnerships typically include setting shared goals at the onset.
- Contract/license renewals give great opportunities to check in about progress/outcomes.

Opportunities for Improvement across these indicators:

- AABC should build a plan for inclusive vendor, partner, and community engagement. Within this plan, AABC has a great opportunity to apply an equity lens to goals and outcomes. AABC should strive to be intentional about who to partner with - including to consider smaller organizations that are engaging in activism/meaningful work.
- AABC should further identify where they can engage with task forces and coalitions in meaningful ways. What work can AABC do to build their commitment (internal work) and then raise awareness (external engagement) about their commitment to DEI? Moreover, assessment participants discussed opportunities to activate chapters and build regional movements. How might AABC support these chapters?
- AABC may also consider ways/opportunities to intentionally identify and proactively participate in community and cultural events that center equity and inclusion (scheduling in advance more so   than participating as events come up).
- With regard to funders who also support identity-based hate groups, AABC may consider standardizing a funder screening process and institutionalizing it with a clearly-worded policy.
- In discussing digital accessibility, participants shared that CABC has an accessibility icon/button on their website that users can click to select additional features and services to enhance accessibility. AABC could develop a similar feature for their website/web-based services.
- AABC does not yet have a mechanism to intentionally build relationships to sustain after projects are completed. One option could be to add an intentional "wrap-up" meeting to partner MOUs -intentionally setting some time/space to talk about how things went and how some a collaborative relationship, partnership, and/or reference or referral relationship might continue beyond the project.

Strategic Planning Insight: In reviewing this list, which stand out as being **of high(est) priority and why**? Which items stand out as being aligned with AABC's **strength areas?** Consider narrowing down the items to the 3-4 highest priority and strength-aligned items (Note: sometimes it will be critical to select items based on their priority alone, even if it means pushing AABC to stretch its capacity) that AABC can pursue within the next 3-year period. What steps can be taken around these items over the next 3 years? In the next 12 months?

Development, Outreach, and Collaboration - Equity Indicators: *Planning*

These next items are four (4) equity indicators where AABC is in **planning**, meaning the organization has committed to meaningful action related to the indicator and is currently planning and designing this effort. The planning designation further means that such efforts have not yet been implemented. Opportunities thus exist for AABC to finalize plans and launch implementation of efforts around these indicators:

1. The organization uses diverse and accessible modes of engagement and communication, including social and other online/digital media, to engage diverse communities.
2. If a particular group or identity is highlighted at a special event or fundraiser, members of this group have a central voice in event planning.
3. Board training/orientation includes information about and supports the organization's equity and social justice efforts.

4. Grant writing and fundraising efforts reflect a thoughtful development strategy that is built on client-centered research.

Strengths across these indicators:

- AABC strives to use multiple methods of communication, including email, social media, print (newsletter), annual conference (in-person/hybrid/virtual), and member forums. Using multiple forms of communication is one way of working to enhance accessibility and expand reach to members with diverse communication styles and needs.
- In thinking about centering diverse voices in event planning, discussion participants acknowledged that the D&I committee has planned some sessions for groups of diverse identities, but those sessions may not have involved voices of folks with those identities. As such, AABC is considering how to balance letting each group set their own agenda versus including items AABC specifically wants to know more about.
- AABC is planning a Board DEI training as well as the development of a Board orientation that will include information on AABC's current DEI efforts and planning process.
- In discussing previous development strategies, discussion participants noted that AABC was thoughtful in planning the Strong Start grant; the grant focused on and was greatly informed by birth center families. Furthermore, AABC develops dual annual budgets - one for a scenario with no grant funding, and one for receiving anticipated grants. Budget development under the scenario without grants closely examines AABC's operational resources in connection with the strategic plan to consider how goals may be accomplished with limited funds. A noted limitation within the strength of this intentional planning is that, as with many nonprofits, there may be strategic priorities that entirely rely on grant funds.

Opportunities for Improvement across these indicators:

- In thinking about accessible modes of engagement and communication, discussion participants agreed that AABC has an opportunity to improve accessibility of its website. AABC could reach out to organizations who support people who have different accessibility challenges to understand what AABC could do to improve. Leadership could also make prioritizing accessibility a standard practice for AABC in developing events and resources.
- Members are able to participate/have a voice in committees, but perhaps not all members want to engage in this way. What additional mechanisms for voice might AABC offer to these members? As AABC plans to launch identity-based affinity groups, planners might consider: To what extent will engagement with the affinity groups lead to meaningful information gathering and connect to action? What mechanisms can AABC put in place that will provide the sessions with tools to capture important information/insights (Some examples include: providing a Suggestion Box, dedicating a few minutes for people to capture main themes that come up within each group, and use a group facilitator - compensated role). AABC is further exploring how to engage affinity groups regularly throughout the year (e.g., quarterly).
- AABC acknowledges that their process for strategic development focuses primarily on budgeting and not so much on cultivating diverse and dynamic funders. AABC thus has an opportunity to build out an intentional, human-centered and values-driven process for annual strategic development. Developing and using an equity-based budgeting and decision-making tool would further inform this work.

Strategic Planning Insight: As these four items are all in a **planning stage**, AABC has solid reasons for including each of them in its strategic plan. In reviewing these items, in what ways do they connect to or align with AABC's strategic priorities? What steps can be taken around these items over the next 3 years? In the next 12 months?

Development, Outreach, and Collaboration - Equity Indicators: *Early Implementation*

Discussion participants identified one equity indicator where AABC is in **Early Implementation**, meaning an effort or initiative has been launched and is in early stages of implementation, which could include piloting and testing. Typically, efforts within Early Implementation have not yet been routinized or standardized within the organization. Thus, there is frequently opportunity to evaluate the effort or initiative, measure progress, and identify potential improvements. This Early Implementation indicator is:

1. The organization intentionally recruits diverse board members.

Strengths of this indicator:

● Discussion participants described how the AABC Board Nominating Committee looks at gaps in board representation across demographics and skills/expertise. In the last couple years, AABC has prioritized adding racial diversity to the board.

Opportunities for improvement around this indicator:

● AABC should evaluate current efforts to add racial diversity to the board (What efforts have been undertaken to promote inclusion and recruit racially-diverse Board members? How well is it going? Do new members feel welcome? What does retention of members look like? What additional efforts might be explored?)
● AABC may also explore opportunities to bring more male and gender diverse persons on the board, as well as people who represent the disability community. Such members can be both people with lived experience and people who are knowledgeable about aspects of and efforts toward identity-based justice (especially to support partnerships and structural/systems-level change).

Strategic Planning Insight: Since this indicator is in Early Implementation, it should be included in AABC's strategic plan. AABC may consider this effort's relationship to broader strategic priorities: is it a standalone effort, or part of a larger initiative? Is AABC more interested in sustaining this effort and measuring outcomes over time, or expanding this effort and thus focusing on what and how to build upon it? Depending on the answer to that focusing question, what steps can be taken over the next 3 years? In the next 12 months?

Development, Outreach, and Collaboration: Additional Discussion

EnterChange Group presented the AABC discussion team with some additional questions to frame discussion around Development, Outreach, and Collaboration. From this framing discussion, additional themes emerged:

- AABC has not historically focused on outreach strategies that appeal to diverse individuals and communities. Discussion participants emphasized that AABC wants to cultivate relationships and partnerships with providers and organizations who are committed and providing services dedicated to intersectional equity and inclusion. However, participants acknowledged that historic efforts to do so have not been intentional or well-planned; thus, despite their intentions they have not consistently engaged such partners respectfully or equitably. AABC's strategic planning and next steps around this critical issue should be to develop and commit to explicitly-stated and highly-visible statements of partnership (including specifics on why AABC is seeking partners, the kinds of partners AABC is seeking, and how AABC will hold itself accountable to a trusting and mutual partnership) and about AABC's DEI-related values and commitments. AABC should also work to raise staff members' literacy and critical consciousness around race and anti-racism, LGBTQIA+ and gender equity, accessibility and disability equity, intersectionality, and allyship in order to define these values and commitments as well as to support AABC in understanding their potential and ways to hold themselves accountable as professional association that convenes, advocates, educates, and supports diverse birth center workers and patients.
- AABC further wants to revise communications to include more identity-affirming or inclusive (rather than identity-neutral) language. Identity-affirming (e.g. race-affirming, gender-affirming, people- and identity-first) language centers inclusion through intentionally naming identities, and/or using an umbrella term that is positive and human/identity-centered. For example, "gender expansive" can be a positive way to refer to folks whose gender identity is not within the traditional binary of male/female. The "Global Majority" is a way of reframing "racial minorities" in a strengths-based way to emphasize that people of color and indigenous persons collectively comprise the majority of humans in the world. It is society that labels and therefore *minoritizes* members of these diverse racial groups. In contrast, identity-neutral language tends to erase, overlook, omit, or otherwise diminish people of minoritized identities. Such language frequently allows decision-makers to omit, invalidate, or neglect to deeply understand the lived experiences of these groups. Accordingly, in working to make communications more accessible and inclusive, AABC discussion participants emphasized their intent to focus on relationship-building over transactional or gain-motivated engagement.
- Discussion participants further emphasized the importance of ensuring that Board members have access to AABC's Revised mission, vision, and core values statements, plus the corresponding strategic plan. DEI training will be essential for Board members, as will be ensuring that the Board is aware and supporting policy/structural changes. AABC should continue to think about how to clearly connect Board agenda items to strategic priorities.
- It is important to include the AABC Foundation (fiscal sponsor for grants) as the fundraising organization for AABC - they raise funds to support the birth center model, research, and scholarships. While AABC and AABC Foundation share staff and leadership, the AABC Foundation has its own Board of Directors; the AABC President also serves on the Foundation's Board. Recently, AABC added a liaison from the AABC Foundation to the AABC Anti-Racism Task Force. Otherwise, the AABC Foundation has not yet directly taken the same steps that AABC has taken toward DEI efforts. Currently, AABC's DEI strategic plan does not directly connect to the AABC Foundation; moreover, the Foundation does not directly support AABC's budget. The discussion participants shared that members may believe that AABC, AABC Foundation, and

CABC all fall within the same decision-making body, when this is not fully the case (though they are all connected). Member concerns around equity and inclusion frequently reflect issues that CABC has more influence over. Members of minoritized identities have also expressed not feeling welcomed by the AABC Foundation. There is thus a key opportunity to align AABC, AABC Foundation, and CABC across DEI values and interrelated goals. AABC should determine the extent to which CABC and AABC Foundation are willing to acknowledge the importance of their role in DEI, the impediments that currently exist, and the need for a collective commitment from all three entities.

Development, Outreach, and Collaboration: Survey Questions

Three equity assessment survey questions further fall under the **Development, Outreach, and Collaboration** function area, providing additional insights from AABC members.

Chart 2. Entities that AABC Currently Meaningfully Engages or Partners with to Strengthen its DEI Efforts, n = 78.
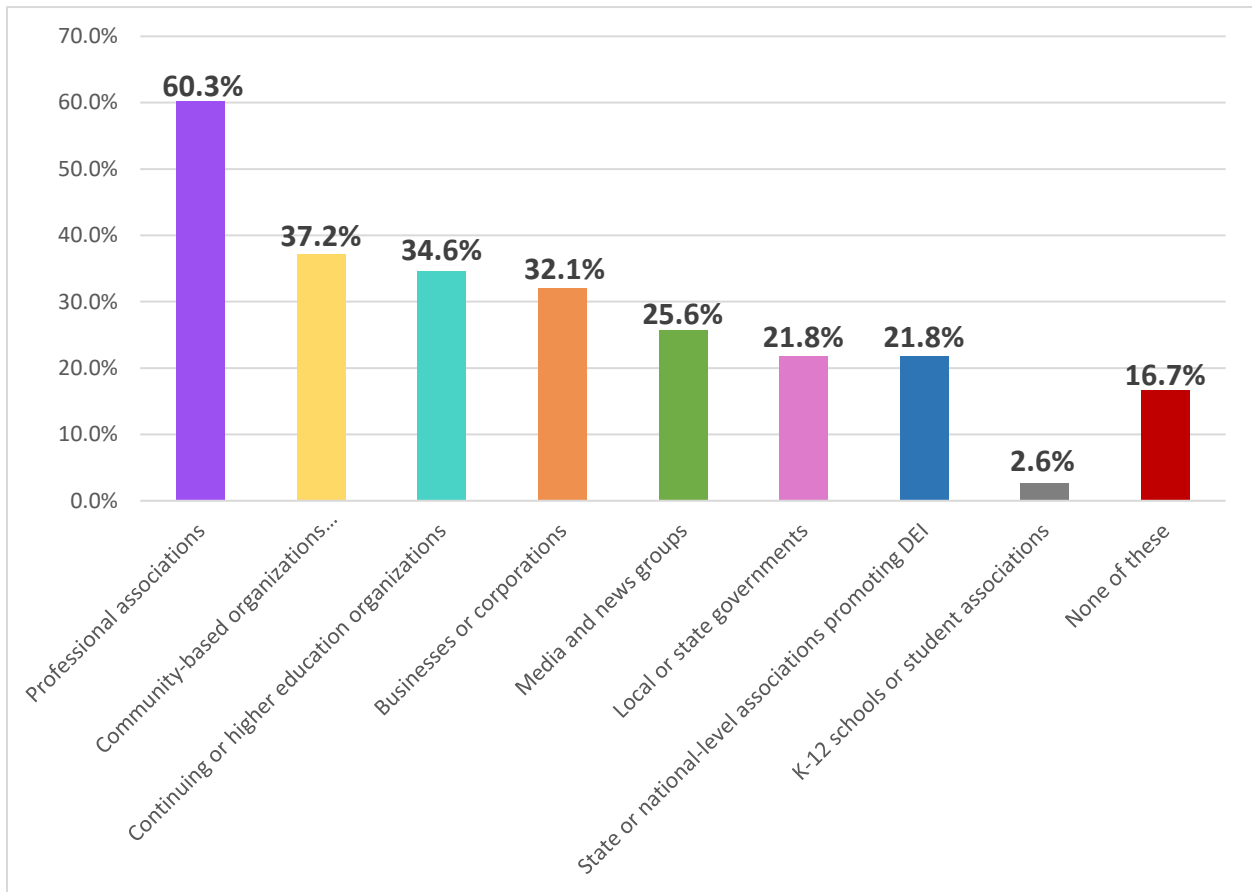
Survey respondents were asked which entities AABC currently engages or partners with in a meaningful way to strengthen their DEI efforts. As **Chart 2** displays above, the most common entity listed was professional associations; 60.3% of respondents (n = 78) felt that AABC meaningfully engages or partners with professional associations to strengthen their DEI efforts. 37.2% of respondents believe AABC meaningfully engages or partners with community-based organizations, including nonprofits,

faith-based organizations like churches, synagogues, and mosques, etc. 34.6% felt that AABC meaningfully engages continuing or higher education organizations, 32.1% with businesses or corporations, 25.6% with media and news groups, 21.8% with local or state governments as well as state or national-level associations aimed at promoting DEI, and only 2.6% with K-12 schools or student associations. Notably, 16.7% of respondents felt the AABC meaningfully engages or partners with *none* of these entities. It is not surprising that a professional association would be deemed effective at engaging with other professional associations. AABC might consider ways to more effectively engage organizations across the additional categories, especially as roughly one-third or fewer respondents perceived meaningful engagement with such entities. When EnterChange Group conducted facilitated conversations with AABC members in fall 2020 and into 2021, we noted that several respondents were interested in AABC more substantiating their role as a politically-connected association that could educate policymakers and advocate for more equitable and inclusive legislation supporting birth centers across the United States. The fact that local or state governments and state or national-level associations promoting DEI received the second-lowest entity rating (21.8%) suggests AABC may have more work to do to intentionally engage such organizations and agencies.

Respondents were further asked what organizations they recommend AABC engage to increase inclusion and support for staff and clients with diverse identities. Respondents encouraged AABC to take responsibility to locate and reach out to organizations led by Black, LGBTQ, and additional historically-marginalized groups. Specific recommendations were: UCSF, Fenway Health, Human Rights Campaign, Queer Doula Network, National Black Midwives Alliance, National Association to Advance Black Birth, The Black Doula (Sabie Wade), Dr. Stephanie Mitchell at The Birth Sanctuary Gainesville, king yaa, Love Over Fear Wellness, and Moss Froom.

Finally, the third survey question connected to **Development, Outreach, and Collaboration** measures the extent to which respondents agree with the statement, "This organization invests in building relationships that are sustained after the existing work or project is complete". As **Chart 3** displays on the next page, nearly half of respondents (48.4%, n = 93) Agreed or Strongly Agreed that AABC invests in building sustained relationships. Another third of respondents (33.3%) Somewhat Agreed with this statement. Notably, 18.4% of respondents replied Somewhat to Strongly Disagreed. There were no significant distinctions in response when the data was disaggregated by identity.

Strategic Planning Insight: Collectively, these survey responses highlight that respondents are aware that AABC has put some effort into intentionally collaborating with entities to support the work of AABC in general and DEI-related work more specifically. Nevertheless, these findings also emphasize that there is much more work to be done to build lasting and meaningful collaborations that move beyond transactional or momentary engagements and toward sustained relationships that center power-sharing and collective action for systems-level change in addition to mutual organizational benefit and support. AABC strategic planners might view these results through such a lens, considering: What action steps could AABC take within the next 1-3 years to build trust and sustainability into existing relationships,

Chart 3. Survey Respondents' Response to Statement: "This organization invests in building relationships that are sustained after the existing work or project is complete", n = 93.
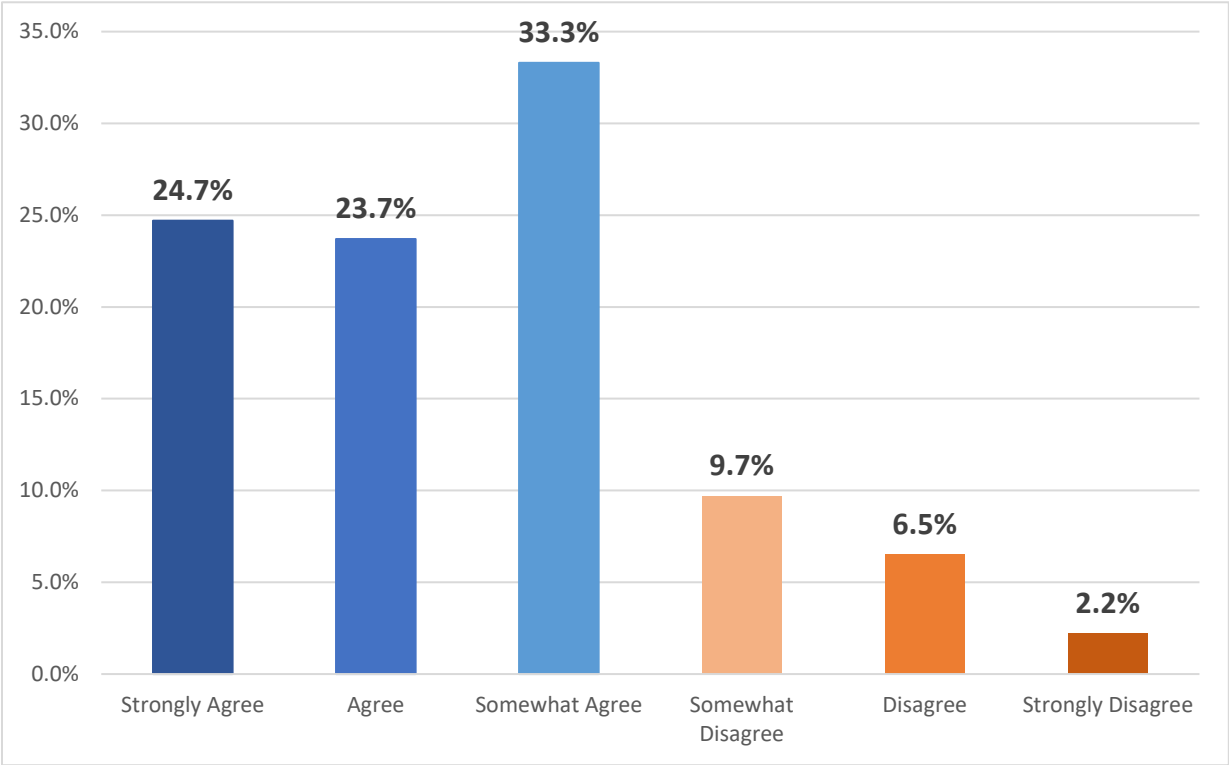
share explicit messages around AABC's commitment and accountability toward equity, inclusion, accessibility, and justice, and to work towards collective movement-building that integrates AABC's mission and values with these critical equity and inclusion efforts? What resources are needed to fully and authentically engage in this work, not only within AABC, but also across sibling organizations AABC Foundation and CABC?

Programs and Services

Overall score: 2.1 out of 5

This function area focuses on program/service development and delivery, again from the internal perspective. What is the process by which programs are developed? What steps is the organization taking to ensure diverse client access and participation? This function area comprises fifteen (15) equity indicators. These 15 indicators are explored through corresponding discussion questions. The score of 2.1 reflects that AABC is at varying stages with different indicators: some have yet to be started, several are in planning, and some are implementation. Discussion participants reflected this understanding, noting that programs where AABC staff and leadership have been more "intentional at trying to be more inclusive," have resulted in substantial increases in participation by Global Majority and LGBTQIA+ members. Examples of programs experiencing such early, positive results include Birth Institute scholarships, mentorship programs, and educational/meeting topics that have equity and inclusion as an explicit focus. Discussion participants thus agreed AABC has considerable opportunity to apply this equity and inclusion lens to improve additional programs and services.

Programs and Services - Equity Indicators: *Not Yet Started*

The following items represent four (4) indicators where AABC has **not yet started** any specific actions or initiatives related to more equitable and inclusive Programs and Services. Opportunities thus abound to build shared commitment and collective action to:

1. Explicitly emphasize the inclusion of diverse people and families in program/service eligibility and recruitment materials.
2. Develop a plan to support access for people with disabilities.
3. Develop a plan to support access for people who have experienced trauma and/or violence.
4. Maintain a client Bill of Rights that speaks specifically to access and inclusion for clients of diverse, intersectional identities.

Strengths across these indicators:

- AABC has emphasized the inclusion of diverse people, with a focus on those from historically marginalized communities in promoting their DEI scholarships.
- Discussion participants voiced how the revision of "How to Start a Birth Center" workshop will intentionally include closed captioning as an example of how AABC is starting to think about accessibility for members with disabilities.
- Discussion participants further noted that many AABC members come to this work because of their lived/observed birth trauma. Moreover, as EnterChange Group's **Preparation** report found, many AABC members are aware of and/or have experienced hazing, bullying, unfair work assignments, and a general devaluing of midwives and birth center workers and specifically of birth workers and birth support workers who do not have credentials certified by medical practitioners. In other words, both practitioners and patients are likely to have observed or directly experienced traumatic events directly situated at the intersections of their identities and their status as pregnant people and/or birth workers, which can be further compounded for those with socially marginalized identities. While some sessions of the Birth Institute have

included content and resources related to trauma-informed care, discussion participants readily acknowledged that this is an important growth area for AABC.

Opportunities for Improvement across these indicators:

- Discussion participants agreed that a direct way to emphasize equity and inclusion should also be through revising the Standards for birth centers. AABC should also consider ways to increase access through options such as free or discounted membership and paid compensation for folks in voluntary advisory roles.
- With regard to accessibility, AABC should consider both digital accessibility to support members accessing online content and resources, as well as physical accessibility regarding members' access to facilities and in-person meeting spaces. Discussion participants further noted that it will be important that AABC create a safe, confidential way for members to disclose their disabilities to AABC staff in order to access resources and assistive technologies.
- AABC should consider learning more about trauma-informed care, or more strengths-based approaches such as Dr. Shawn Ginwright's healing-centered engagement[4]. There are several organizations with whom AABC might partner to provide related training and resources to staff and members. Examples of such training and resources include: Mental Health First Aid[5], disaster and crisis preparedness, the Sanctuary Model[6], counselors and related mental health and well-being supports on-site during events, being mindful about programming and topics (such as providing content warnings), and building a referral system of contacts and resources for members.
- Currently, the AABC Standards lists birth centers' clients' rights, but it does not yet address diverse, intersectional identities. This could be expanded upon in a revised bill of rights. Moreover, a Bill of Rights for AABC members is needed.

Strategic Planning Insight: In reviewing this list, which stand out as being **of high(est) priority and why**? Which items stand out as being aligned with AABC's **strength areas?** Does AABC have the knowledge and expertise to act on each of these items currently? Sometimes the most effective first step is to gather more knowledge and requirements for putting that knowledge into action. If an objective indicates that a plan, project, or product should be developed, what knowledge or information is needed to do so? What steps can be taken to acquire such information, build, and implement the plan over the next 3 years? In the next 12 months?

Programs and Services - Equity Indicators: *Planning*

These next items are six (6) equity indicators where AABC is in **planning**, meaning the organization has committed to meaningful action related to the indicator and is currently planning and designing this effort. The planning designation further means that such efforts have not yet been implemented.

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[4] For more information, please see his article in *Medium*: https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c

[5] Learn more at https://www.mentalhealthfirstaid.org/

[6] Learn more at https://www.thesanctuaryinstitute.org/about-us/the-sanctuary-model/; see also how Pittsburgh nonprofit, Gwen's Girls, obtained certification in this model: https://www.gwensgirls.org/sanctuary-model/

Opportunities thus exist for AABC to finalize plans and launch implementation of efforts around these indicators:

1. Programs and services are currently serving diverse individuals and communities.
2. Equity-based tools provided through DEI consultants, or such as those that can be found at https://www.racialequitytools.org/resources are used when developing and improving programs and services.
3. Programs and/or services that target and/or intentionally include persons of historically-marginalized identities (e.g. for Race/Ethnicity, LGBTQIA+ youth, refugees/immigrants, individuals with disabilities, etc.) integrate client research that centers the voices of those most impacted.
4. Program team members demonstrate effort to learn current promising practices in providing holistic, evidence-based, and authentic services to target populations, especially those of diverse, intersecting identities.
5. Programs and/or services that target and/or intentionally include persons of historically-marginalized identities demonstrate collaboration with experts, consultants, and/or partners who specialize in serving these populations.
6. Services are designed to make participants comfortable, taking into account identity-related discrimination and potentially stigmatizing factors.

Strengths across these indicators:

- AABC members serve diverse communities across three key areas: Membership, Advocacy, and Education. Planning is underway to expand programming to better reach and serve diverse communities in each of these areas.
- EnterChange Group drafted an equity-impact framework for policy analysis and decision-making that can be used for program development as well as any organizational decision, including budgetary and operational planning. AABC has requested that EnterChange Group and the D&I Committee focus on reviewing and finalizing this tool for application in 2022.
- Program team members currently hold themselves accountable to learn current promising practices to provide more holistic services to people of diverse, intersecting, and historically-marginalized identities. Discussion participants further asserted that doing so aligns with the Birth Center Standards. These Standards will be reviewed in 2022 via an equity lens.
- AABC discussion participants recognized the need to improve AABC's meaningful collaborations with experts and partners who specialize in serving historically-marginalized groups. AABC is in the early stages of planning ways to purposefully and respectfully engage and collaborate.
- AABC has committed to the importance of taking identity-related discrimination and potentially stigmatizing factors into account when designing programs and services. The discussion team acknowledged that doing so is not yet institutionalized; this may be an important priority for the new strategic plan.

Opportunities for improvement across these indicators:

- AABC staff and leadership knows that more members could be attracted/retained through more intentionally meeting the needs of diverse individuals and communities (both members and the communities they serve). It is now time to commit this knowledge to sustainable action.

- AABC has the opportunity to include measures of accountability in annual assessments and goal-setting as well as operational planning. Discussion participants brainstormed initial ideas for ways this accountability could be added to AABC's organizational value statement and/or standards - including information (and potentially expanded definitions) for members preparing proposals for resources, investment, funds, licensing, etc.

Strategic Planning Insight: In reviewing this list, many of these items are interrelated. Some may also be dependent on others being completed first. From this perspective, which stand out as being **of high(est) priority and why**? What information, structure, or other capacity-related resources are needed to build intentional action around these items? What steps can be taken over the next 3 years? In the next 12 months?

Programs and Services - Equity Indicators: *Early Implementation*

Discussion participants identified four (4) equity indicators where AABC is in **early implementation**:

1. The organization has a plan to support access for people with limited financial means, including providing discounted or free services as needed.
2. The organization has a process in place to ensure that clients are named and identified by their name, even if it differs from legal government documents.
3. Programs that serve by gender (e.g. girls-only, dad's group, etc.) affirm the client's self-reported gender identity, gender expression.
4. Program staff and volunteers make appropriate referrals for identity- and needs-based support services.

Strengths across these indicators:

- Discussion participants shared that AABC offers several formal avenues for members and event attendees to afford member benefits, access events, and access resources and accommodations as well.
- With regard to naming expectations, participants acknowledged that AABC does this implicitly and could be clearer. They discussed how the annual conference registration form invites participants to share their name as it will appear on their nametag.
- AABC does not currently offer any gender-specific programming, so this indicator did not immediately apply to their direct programs and services. However, because AABC serves as an educator, thought leader, and standard setter for the industry, it will be important for the organization to establish and share their position regarding gender inclusion and affirmation.
- Participants described how AABC currently makes referrals at both member and systems-levels as a good starting point, and they also see opportunities to expand this scope.

Opportunities for improvement across these indicators:

- Discussion participants agreed it is important to expand upon scholarships and financial resources for AABC members. They further expressed an intention to apply the equity-impact framework (once it is finalized) to build a plan to expand upon this financial support.
- AABC's current naming convention permits members to self-define on their membership profile/registration. AABC currently has no requirement for members to provide government IDs

- though there could be a requirement to do so in connection to meeting state licensure requirements. To keep members informed, AABC could work to include mention for both member and birth center-related instances when members' names need to or need not match the name on their government IDs. Providing this information and reducing instances of matching requirements wherever possible will help to support and affirm individuals whose name has changed for a variety of reasons, including change in marital or family status, gender-affirming transition, personal preference, and more.
- In considering the implications of gender-specific programming, AABC discussion participants spoke about the importance of birth centers acknowledging that pregnant people might not only identify as female, but also as transgender, gender nonbinary/non-conforming, or otherwise gender expansive. Thus, they agreed it may be important to include language around affirming clients' self-reported gender identity and gender expression in the AABC Standards for birth centers, and equally important to provide supporting educational training and resources for members.

Strategic Planning Insight: Since these indicators are in Early Implementation, they should likely be included in the strategic plan. Here again, AABC should consider how they relate to one another as well as the other indicators under the *Programs and Services* function area. As AABC defines their large, overarching priorities, they can then consider the objectives that will support those priorities as well as the annual steps/actions that will realize these objectives over time. What steps can be taken over the next 3 years? In the next 12 months?

Programs and Services - Equity Indicators: *Integration/Sustained Implementation*

Next, there is one equity indicator in the *Programs and Services* function area where AABC is in **integration/sustained implementation**. This indicator is:

1. AABC routinely utilizes participant input/feedback to design/improve services and programs.

Strengths of this indicator:

- Discussion participants described how AABC's current educational programs include participant evaluation forms (by module and workshop). Moreover, membership surveys ask for feedback from current and past members every two years. AABC teams review the survey responses, and their findings inform future planning.

Strategic Planning Insight: As mentioned above, strategy around indicators in integration/sustained implementation typically means maintaining, expanding, or enhancing the work related to this indicator. In other words, AABC should consider: how effective are these current methods at obtaining comprehensive feedback from AABC's diverse membership? Is AABC's priority to maintain current feedback efforts, expand/scale these efforts (to reach more people), or enhance/improve upon these efforts (to increase the quality of feedback received)? What steps can be taken over the next 3 years? In the next 12 months?

Programs and Services: Additional Discussion

EnterChange Group presented the AABC discussion team with some additional questions to frame discussion around Programs and Services. From this framing discussion, these themes emerged:

- Staff and leadership have observed that programs where AABC has been intentional at trying to be more inclusive (e.g., Birth Institute scholarships, mentorship programs, topics that are more inclusive and equity-focused) have resulted in substantial increase in attendance by members of diverse races as well as members who identify as LGBTQIA+. Discussion participants agreed there is thus considerable opportunity for AABC to apply this equity and inclusion lens to improve additional programs.

- Discussion participants further acknowledged that none of AABC's programs or services are specifically designed to be accessible for diverse individuals and communities *yet*. In 2018, the "How to Start a Birth Center" workshop was redesigned for online delivery. With the Birth Institute also moving online during the COVID-19 pandemic, AABC has a strong opportunity to think about digital accessibility and how to improve ease of access to online content from the website to trainings and convenings. Furthermore, AABC can do more to improve current programs and services, and commit to designing future programs and services while centering inclusion and equitable access.

- When asked whether policies, protocols, or standards of practice at AABC are unintentionally creating barriers or negative impacts on historically marginalized and underserved groups, discussion participants shared critical concerns that have been raised by members (these issues were also described by participants in the 2020 facilitated conversations with EnterChange Group, the findings of which informed our *Preparation Report* to AABC). These concerns centered around barriers to opening a birth center and achieving the licensure/accreditation required to operate the center. Time, human resources, and financial cost were specific barriers mentioned, and the group further acknowledged that these barriers are especially exacerbated by systemic oppression and discrimination across race, gender, region, and professional status (e.g., the extent to which the owners/operators are directly within or closely connected to medical practitioners and the medical model of pregnancy-related care). It will be important for effective strategy-building to continually view prioritizing and planning through this critical awareness of existing barriers and identity-based inequities.

- In discussing ways to improve experiences and outcomes for the diverse individuals and communities AABC's members are serving, participants urged AABC to be more explicit about opportunities for accommodation and support for members of diverse identities/needs. Being explicit in this instance means: rather than waiting for members to request support, openly provide information about AABC's available supports, resources, and accommodations; promote welcoming and a sense of belonging by incorporating positive representation of diverse people and identity-affirming language/practices (across race, gender, ability, age, sexual orientation, and more) across AABC's website and modes of communication. Once AABC's equity-impact tool is finalized, it can be applied to program/service design, evaluation, and improvement efforts. When soliciting feedback, consider adding questions that relate to how AABC is doing in meeting members' needs, and wherever possible, include demographic questions that would then allow AABC to disaggregate responses (while maintaining respondents' privacy and confidentiality as appropriate). AABC may also consider expanding the Birth Center/Member

surveys to incorporate more measurement of members' experiences and/or conducting the equity assessment approximately every two years.

● In thinking more broadly about AABC's programmatic impact, participants felt that the member, Birth Center, and equity assessment surveys are important for determining member impact. Evaluation forms for the educational programs do a decent job of measuring impact currently, but there may be opportunity to expand upon these. Of a more pressing need, participants agreed, is to think about how to measure the impact of AABC's advocacy efforts, especially around collective movement-building and equity-based action.

Climate for Inclusion

Overall score: 2.3 out of 5

This scale measures evidence of a foundation of equitable employment practices, integration of differences and corresponding sense of belonging, uniqueness, authenticity, and value among members, and the extent to which diverse perspectives of members are included in decision-making. This scale consists of sixty-three (63) equity indicators across 6 of the 8 function areas. These 63 indicators are explored through a combination of discussion and survey questions. The score of 2.3 reflects that AABC is at different stages with different indicators: some have yet to be started, several are in planning, and some are implementation. Twelve (12) of these indicators have already been covered in the sections preceding **Climate for Inclusion**, so they will not be duplicated here. Of the remaining 51 indicators to be covered in this section, twenty-two (22) fall within the *Human Resources* focus area, twenty-four (24) within the *Workplace Culture and Facilities* focus area, and five (5) within *Measurement and Decision-Making*.

Climate for Inclusion – Being Explicit About Intersectional Equity

One of the first exercises that discussion participants completed with EnterChange Group focused around Being Explicit About Intersectional Equity in organizational communications. This exercise explored how AABC is talking about its DEI change process, what terms (e.g. racism, equity, power and privilege) are being used in key documents and communication vehicles, and whether participants perceive their use to be implicit or explicit. The group reviewed key AABC documents, namely: Vision, Mission, and Core Values statement drafts (as of 7/2021), AABC Standards, current draft (as of 7/2021) of the Strategic Plan, and AABC's website. In discussing whether to review additional documents (such as core marketing materials and the employee handbook), group members agreed that AABC had reached a saturation point regarding themes in the findings. In other words, members felt reasonably certain that the themes emerging through the first set of reviewed documents would remain unchanged and thus hold true for any additional documents reviewed.

Across these reviewed documents, the team rated their perception of the explicitness of equity and inclusion-related terms both in general and specifically relating to racial equity, gender equity, LGBTQIA+ equity, and disability equity. The full list of terms included in this exercise is available in **Appendix A.** On a scale of 0-4, with 4 being "the term is explicit in how it is shared" and supporting evidence is viewable in the documents, discussion participants gave AABC an average ranking of **1.8.** This average ranking means that AABC tends to not include specific terminology around equity and inclusion, though sentiments or meaning related to these terms may be *implied*. This is a critical finding for AABC. The AABC website may be the first place people go to learn about the organization. Moreover, if AABC is truly committed to integrating diversity, equity, and inclusion throughout their organizational structure and operation, then this commitment must be reflected in statements of who they are, policies that guide their work, and messages designed to attract, welcome, and establish expectations for members. Ensuring shared language is a foundational step for any collective or movement-building effort; thus, the findings from this exercise emphasize the importance for AABC to define and clearly communicate their position regarding DEI in general and the specific identities that they are centering in this work

This work is especially important for building a climate for inclusion, because several AABC members of diverse, historically-marginalized identities *currently do not feel welcome at AABC.* As one example, 26.9%--more than 1 in 4—of survey respondents who identify as BIPOC/Global Majority (n = 26) disagreed or strongly disagreed that they see themselves positively represented in AABC's organizational communications. Further details around members' perceptions of belonging are provided in the Survey Questions subsection below. These findings support the need for AABC to closely examine their communications design and delivery through an equity-impact lens.

Strategic Planning Insight: The terms listed in **Appendix A** may be viewed as a starting point, not as an endpoint or catch-all list. Members of the strategic planning team might consider which of these terms are high priority for AABC in the coming year or so. Objectives might be built around 1) raising AABC member awareness and understanding of these terms, 2) developing shared definitions of these terms and what they mean for AABC, 3) enhancing and building communication efforts to both present AABC's understanding of and commitment to these terms as well as how AABC will be transparent and accountable towards embodying the spirit of these terms, and 4) beginning to think about how to build capacity/competency and operationalize action, measurement, and accountability around and in support of these terms across AABC's programs and core service areas, including education and advocacy.

Climate for Inclusion - Equity Indicators: *Not Yet Started*

The following items represent twelve (12) indicators across three (3) function areas where AABC has **not yet started** any specific actions or initiatives related to creating a climate for inclusion. Opportunities thus abound to build shared commitment and collective action to:

1. Job announcements explicitly encourage diverse candidates to apply. *(Human Resources)*
2. Job candidates are screened for potential bias or training needs related to working with diverse and underserved communities. *(Human Resources)*
3. Policies and standards are in place for how hiring managers identify qualified candidates. *(Human Resources)*
4. Hiring committees receive support to implement the organization's commitment to intersectional equity in talent recruitment. *(Human Resources)*
5. There is a minimum training or orientation requirement for all new staff that includes information on DEI and intersectional workforce equity. *(Human Resources)*
6. Healthcare insurance policies include coverage for transgender-related/gender-affirming care. *(Human Resources)*
7. AABC has a standard procedure and/or written policy for name changes on employment-related documents (including the use of a name that differs from legal government documents/identification) *(Human Resources)*
8. Support mechanisms exist for the emotional labor required for DEI related work. *(Human Resources)*
9. There are systems in place to compensate employees for DEI related work that is unrelated to their job description. *(Human Resources)*
10. DEI goals are set and evaluated at all levels concerning employment and retention. *(Human Resources)*

11. Facilities and offices are accessible by public transportation. *(Workplace Culture and Facilities)*
12. The organization's budgeting process involves staff/membership, with opportunities for discussion and dialogue on how resources are being prioritized. *(Measurement and Decision-Making)*

Strengths across these indicators:

● AABC may be able to access resources through the Society for Human Resource Management (SHRM).
● Board members, staff, and AABC members will have the opportunity to attend a virtual DEI Foundations training in spring 2022. The AABC general member session will also be recorded so that members can continue to view the training in the future. This is an important first step toward developing a standard training/orientation that includes information on AABC's commitment to diversity, equity, and inclusion for new members at all levels of the organization.
● AABC has a solid start in gender-affirmation in that their anti-discrimination policies specifically include transgender and gender expansive individuals. This is a key first step that should now be built upon (this is more of a reactive than a proactive, welcoming policy).
● A first step AABC has taken to compensate employees/members for engaging in DEI related work is that the DEI Chair receives a stipend. Compensating volunteers for their DEI-related labor is a critical promising practice connected to asset- or strengths-based development. This practice encourages organizations seeking to engage communities to resist the historic "savior" mentality in which service organizations (such as nonprofits, healthcare, and educators) tend to design a program/service (potentially based in evidence, though this evidence is often second-hand or more academically-based) and deliver it to a community in a way that sends a paternal, "we know best" kind of message. Instead, equity-centered engagement[7] encourages organizations and collectives to acknowledge that communities *already know* their strength areas, their challenge areas, and what they need. Receiving such information from a community is thus a *gift*, an *asset*; thus, community members should be compensated—much as consultants are compensated—for their expertise and sharing of this critical information.
● Currently, the Finance Committee leads AABC's budgeting process with the Executive Director. Any AABC member is eligible to join this committee and participate in the budgeting process.

Opportunities for improvement across these indicators:

● AABC's current healthcare policy does not include gender affirming, reassignment, or realignment therapies. AABC could inquire what option are available and affordable through their insurance provider.
● As part of their strategic planning process, AABC leadership has the opportunity to think about how to integrate strategic plan priorities and DEI-related goals into annual employee performance goals/review.

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[7] To read more about equity-centered engagement specifically in collective impact efforts, see Kania et al, 2021: https://ssir.org/articles/entry/centering_equity_in_collective_impact

- Only the Executive Director is involved in the budgeting process with the Board Finance Committee. There is thus an opportunity for AABC to increase transparency and engagement around budgeting. AABC might think about ways to raise awareness of the budgeting process, when and how it occurs, and ways to be involved.

Strategic Planning Insights: Discussion participants acknowledged that AABC has a small staff and enjoys little turnover; for these reasons, select Human Resources indicators, particularly around job candidacy and hiring, should be considered as lower priority. Similarly, AABC should prioritize indicators affecting membership and culture as a whole. Related to this idea, staff development and capacity-building that would be needed to directly support efforts at the organizational and member levels should also be prioritized. Of note, lower priority levels could still mean including at least one personnel-related objective (rather than de-prioritizing them all).

Climate for Inclusion - Equity Indicators: *Planning*

These next items are twelve (12) equity indicators across three function areas where AABC is in **planning**. Opportunities thus exist for AABC to finalize plans and launch implementation of efforts around these indicators:

1. Wages and benefits for employees are set according to inclusive and equitable guidelines. *(Human Resources)*
2. AABC's definition of holidays is inclusive of different cultures, faiths, traditions, and identities. *(Human Resources)*
3. AABC's anti-discrimination policies & protocols include protections based on race/ethnicity, sexual orientation, gender identity and expression, family status, and ability. *(Human Resources)*
4. AABC has a transparent policy for flexible work arrangements and for working remotely. *(Human Resources)*
5. AABC's definition of family members (particularly for access to HR benefits and services) is inclusive of different cultures, faiths, traditions, identities, and family structures. *(Human Resources)*
6. AABC provides paid parental and/or family leave. *(Human Resources)*
7. There is/are an identity-based affinity group(s) or network(s) for staff, volunteers/members, and board. *(Workplace Culture and Facilities)*
8. AABC visually communicates that diverse people (race, gender, sexuality, ability, etc.) are welcome in its facilities (artwork, magazines, posters). *(Workplace Culture and Facilities)*
9. AABC has a standard to ensure that **work-related facilities** are safe, welcoming, and accessible to people of diverse, intersectional identities, including persons of diverse races and/or cultures, persons of diverse genders, and persons with disabilities, including hidden disabilities. *(Workplace Culture and Facilities)*
10. AABC has a standard to ensure that **work climate/culture** is safe, welcoming, and accessible to all persons, including people of diverse, intersectional identities, persons of diverse races and/or cultures, persons of diverse genders, persons of diverse sexual orientations, persons with disabilities, including hidden disabilities, and people impacted by trauma and violence. *(Workplace Culture and Facilities)*

11. A diverse group (identity and positional power) define what progress and success look like within AABC. Power-sharing is essential to the group's work. *(Measurement and Decision-Making)*
12. AABC uses equity-impact tools when making substantial operational decisions (budget, strategic plan, etc.). *(Measurement and Decision-Making)*

Strengths across these indicators:

- AABC is currently building a new employee handbook; thus, now is an excellent time to review, revise, and potentially add policies.
- The new employee handbook offers a floating holiday that staff may choose to use; AABC will be adding Juneteenth to align with federal holiday status.
- New policies in the employee handbook include anti-harassment protections; the handbook further lists anti-discrimination and provides greater detail for protected statuses.
- The new handbook also allows for flexible work on a case-by-case basis.
- The new handbook's family policies are based on Vermont and Massachusetts' broader definitions of family. Unpaid parental leave is included. Staff are also able to "bank" their unused paid sick leave and use these days towards paid medical leave.
- A few years ago, AABC started an initiative to develop and sustain identity-based affinity groups available to all AABC members and Board members. Three groups were formed: Black, indigenous and additional people of color (BIPOC)/Global Majority, LGBTQIA+, and white allies. Thus far, meetings have occurred during the Birth Institute, and AABC is planning to expand upon this initiative in 2022 with quarterly facilitated meetings held virtually to increase access.
- When developing communications, AABC staff centers pregnancy and parenting and has been working to emphasize racial diversity in visual imagery.
- Discussion participants agreed that staff tend to have an implicit commitment to inclusion, and this is becoming more and more a key part of AABC's culture; however, to effectively move to sustainable practice and meaningful change over time, AABC must be more explicit and develop clearly-stated policies and standards (versus unwritten rules, guidelines, or sentiments).
- AABC staff is involved in decision-making across all levels of staff. Board members define the overall AABC agenda, and the Board and leadership collaborate on strategic planning, taking staff input into account.
- EnterChange Group has drafted an equity-impact tool for AABC. The D&I Committee and AABC staff have reviewed the tool. They will work with EnterChange in early 2022 to revise and finalize the tool for use.

Opportunities for improvement across these indicators:

- AABC has an opportunity to be more explicit about family definitions in the employee handbook. It is great that the policies are based on broader definitions – work to ensure that these definitions are clearly stated in the handbook. Similarly, AABC might also include broader definitions of disabilities. **Note:** The group did not review the handbook in full during this discussion; thus, if the ADA policy is already worded more broadly, then AABC could link to this policy from the anti-discrimination section of the handbook.

- Consider modifying the flexible and remote work options to be more specific about available arrangements. Many organizations tend to rely on their culture to guide daily procedure. At EnterChange Group, we encourage organizations to establish specific, written, explicit policies and procedures to avoid potential confusion and inequitable practice that often stem from unwritten rules. Written policies support not only shared understanding across every member, but also effective succession planning. **Consider**: If every leader in the organization won the lottery and departed tomorrow, would the new folks be able to walk in and immediately understand and continue to embody the previous leaders' vision? What would these imagined new leaders need to sustain and further the organization's commitment to equity and inclusion? These questions may usefully be applied to any question of organizational knowledge, policy, or practice – When in doubt, write it out!
- To support gender inclusion and affirmation, we recommend replacing all instances of "maternity leave" in the employee handbook to "parental leave", or ideally, "paid family leave".
- Pregnant people and their families need and deserve to see themselves positively represented across AABC's visual communications. When developing inclusive communications, AABC should consider not only racial diversity, but also disability, gender, sexual orientation, etc. We further recommend developing and using an equity-impact tool to guide communication design and delivery.
- In thinking about the safety, welcoming, and accessibility of AABC's work facilities, discussion participants considered both AABC's offices and national standards. Broad but not pointed conversations have occurred, and participants expressed a commitment to continue working with EnterChange Group to engage in deeper conversations and planning.
- As mentioned under Strengths, AABC staff share a commitment to equity and inclusion, and they recognize that much more needs to be done to put meaningful and lasting practice behind this commitment. Written standards/guidelines/policies do not yet exist for staff. AABC may thus consider: How might AABC be more explicit about their values and commitment to inclusion and accessibility both for internal staff and members (especially member gatherings like the annual conference)? What procedures can be developed and codified such that if all of AABC leadership were to leave tomorrow, the new staff could immediately pick up and continue to embody this commitment?
- Historically, AABC staff and leadership has not been diverse, which means that historic measurement and decision-making activities have also not reflected an awareness of or accounting for the perspectives of people with diverse, socially-marginalized identities. There is thus substantial opportunity to increase diversity across these organizational roles as well as to meaningfully engage with diverse people, perspectives, and identities across AABC.
- The equity-impact tool for AABC was originally designed with a focus on policy analysis and decision-making. In working to finalize the tool, AABC might consider additional, specific applications of the tool within AABC, such as programs and services, budgeting, event planning, PR/communications, etc. Thinking through these different applications will help to inform revisions to finalize the tool.

Strategic Planning Insight: The majority of the *Human Resources* indicators that are in **Planning** relate directly to the employee handbook. Thus, AABC might consider including revision of this handbook as an objective in the strategic plan (without the need to go to this level of detail, though we encourage the

handbook reviewers to reference the recommendations in this report!). With regard to *Workplace Culture and Facilities*, there is substantial opportunity for AABC to develop clear, written policies and organizational guidelines that put action and dedicated resources behind AABC's commitment to make the organization more welcoming to people of diverse, intersectional identities.

Climate for Inclusion - Equity Indicators: *Early Implementation*

AABC is in **early implementation** with two items from the focus area *Workplace Culture and Facilities*:

1. AABC has policies/procedures in place to support workers' self-care and caregiving responsibilities. *(Workplace Culture and Facilities)*
2. Workplace policies and culture align to promote and ensure work-life balance across AABC. *(Workplace Culture and Facilities)*

Strengths across these indicators:

● As part of developing the new employee handbook, AABC revised their personnel policies in August 2021 to better address self-care and caregiving. The new sick leave policy includes caregiving for a family member. PTO categories include personal days which require less than 24 hours' notice to take.
● Discussion participants generally agreed that it is part of AABC's organizational culture to respect folks' time off and not contact people who are out of the office. Furthermore, participants collectively felt that AABC—and the birth center model of care—recognize the importance of self-care, especially for caregivers and care workers. The COVID-19 pandemic has made the world more aware of the criticality of self-care and well-being (mentally, physically, emotionally, spiritually, and environmentally) in supporting and sustaining workers, especially those who dedicate their lives and careers to caring for other people. AABC is well-positioned to build on this understanding in their strategic plan and to consider how to promote self-care both internally and across the membership through policy building, resource sharing, and advocacy.

Opportunities for improvement across these indicators:

● Again, AABC has the opportunity to put some structure behind values or ideals that are currently implicitly or informally enacted. For example, informally agreeing not to contact people who are out of the office is respectful. Formally including a statement to this effect in the employee handbook works to ensure that every person who receives the handbook is aware of, expected to uphold, and able to benefit from this shared value.

Climate for Inclusion - Equity Indicators: *Integration/Sustained Implementation*

Discussion participants agreed that AABC is in **integration/sustained implementation** for these six (6) indicators across three function aras:

1. Healthcare insurance policies cover reproductive care (i.e., birth control, in vitro fertilization, abortions). *(Human Resources)*
2. Employees have access to resources for mental health support. *(Human Resources)*
3. The organization ensures that employees have access to clear and up-to-date workplace and HR policies (ideally via more than one channel, e.g., employee handbook, website, direct supervisor, HR team, etc.). *(Human Resources)*
4. Policies are applied consistently and transparently to all members of the organization. *(Workplace Culture and Facilities)*
5. Employees and clients have easy access to private spaces for completing documents and forms that may reveal personal information. *(Workplace Culture and Facilities)*
6. Measures of productivity incorporate individual and collective wellbeing (physical, emotional, and spiritual health). *(Measurement and Decision-Making)*

Strengths across these indicators:

- Insurance-covered reproductive care currently includes abortion and some fertility support.
- Mental health support is available to AABC employees through health insurance via an administrator. This support includes in-patient care and out-patient visits (therapy). During the pandemic, AABC has also provided an online resource for employees.
- AABC considers policy documents to be "living documents" open to improvement. Once the draft handbook receives Board approval, it will be shared during a staff meeting. Employees will have the opportunity to ask questions and raise concerns for consideration, after which the draft will undergo final revision.
- AABC has a code of conduct that is applied to all participants in the online forum. The organization also ensures its policies are readily accessible via AABC's website.
- AABC incorporates individual well-being into annual staff performance reviews. Offering a flexible working environment and updating the employee policies to include a floating holiday are part of AABC's efforts to support well-being as critical to productivity.

Opportunities for improvement across these indicators:

- AABC's insurance-covered reproductive care currently does not include all forms of reproductive support, such as in vitro fertilization. AABC can be more intentional about looking at these options in the future.
- AABC has the opportunity to review their policy documents for accessibility, such as increased ways for employees to access documents, reviewing documents for digital accessibility, noting any state-specific requirements or options that should be included in each document, etc.
- Moving to the next level of aligning productivity and well-being involves establishing written policies or procedures supporting this alignment. Examples include: periodic wellness check-ins (such as in a one-on-one or via surveys of staff), intentional efforts at organizational care, and access to wellness-related resources and support. A promising practice that some corporations

and organizations have is a Zero Harm policy that all employees are asked to support: in such a policy, employee safety is centered and top priority (extends the company's safety policy to be more holistic, moving beyond operations to include employee wellness and inclusion).

Strategic Planning Insight: Indicators that are in **integration/sustained implementation** often include early wins and successes that should be sustained or expanded upon. Consider what AABC is learning about each of these indicators. Where do they fall in the organization's current priorities and context? For example, mental health continues to be a focal point across the nation as the pandemic continues to have massive direct and indirect impacts on physical and mental wellbeing in the U.S. and across the globe. This severity of this context could lead AABC to more highly prioritize providing mental health resources and support to employees and members alike.

Climate for Inclusion - Equity Indicators: *Leading/Innovating*

These two indicators represent areas where AABC is **leading/innovating** within *Human Resources*:

1. Job candidates are not required to provide their salary history. *(Human Resources)*
2. Salaries are included in job announcements. *(Human Resources)*

Strengths across these indicators:

- A candidate's salary history has no direct relation to the hiring organization's job salary; the initial salary should be based on the job requirements and responsibilities and should not be lowered simply because the hiring manager learned their preferred candidate made less money at their last job. AABC provides a salary range in their job descriptions and position announcements. There is no pressure for candidates to share their salary history. AABC is leading/innovating in these two indicators, because most organizations continue to omit job salaries in the description and persist in requesting or requiring salary history of applicants.

Strategic Planning Insights: Indicators where AABC is **leading/innovating** are opportunities for celebration, especially if the efforts are recent. From a planning standpoint, AABC might consider: how do we sustain these efforts? This may or may not require specific action (for example, sustaining the *Human Resources* indicators listed above requires not changing the policies or practices; rather, continue to do what is already being done!).

Climate for Inclusion – Additional Discussion

- In reflecting on the extent to which AABC's culture is welcoming and affirming of diverse people, discussion participants stated that AABC has a long way to go but is making some important, albeit initial, progress. Participants felt that leadership and committee members are being intentional and doing hard work – they are "on the path". They readily agreed that the work AABC has done so far has been more implicit than explicit. Moreover, the work cannot be done without acknowledging AABC's past harms towards members of historically marginalized communities, and the United States' history of racism toward members of the Global Majority and notably Black, African American, and indigenous birth workers and patients. Discussion participants further acknowledged that many current AABC members are still feeling the pain

and trauma of such past harms. A foundational piece of AABC's efforts to embrace equity and inclusion must thus involve trust-building, relationship-building, racial healing, and restorative practice. This is not work that can be completed within the time of a 3-year strategic plan, but it is work that can be *started* with the building of a meaningful foundation and the knowledge that lasting change takes deep investment of time, energy, and resources.

● AABC has not engaged in member/staff feedback in this way before now. This organizational equity assessment is AABC's first major step to gather and review member/staff feedback through an intersectional lens. Moreover, AABC has not historically had a remote or online option for inclusive member interaction. Discussion participants agreed that it is important to think about multiple aspects of inclusion and accessibility at AABC, including digital accessibility of their website, online training, etc. and about multiple generations in the workplace and how to support their diverse needs.

Climate for Inclusion – Survey Questions[8]

The **Climate for Inclusion** scale includes equity indicators that are measured through survey questions only. These are:

1. Organizational members feel a sense of belonging.
2. Within this organization, incidents of identity-based discrimination occur infrequently or not at all.

The following tables present survey findings pertaining to these indicators. Specifically, **Tables 1-3** present survey questions that collectively comprise the first indicator: Organizational (AABC) members feel a sense of belonging.

Table 1. Disaggregated Survey Responses to the Prompt "I feel I belong at this organization."

	Total Respondents (n = 98)	LGBTQIA+ (n = 18)	Not LGBTQIA+ [9] (n = 75)	Global Majority (n = 12)	White (n=79)	Has a Disability (n = 14)	Does Not Have a Disability (n=78)
Somewhat to Strongly Agree	85.7%	72.2%	92.0%	75.0%	88.6%	85.7%	88.5%
Somewhat to Strongly Disagree	14.3%	27.8%	8.0%	25.0%	11.4%	14.3%	11.5%

Positively, the majority of survey respondents (85.7%) somewhat to strongly agreed that they feel they belong at AABC. All factors being equal, this percentage would be consistently reflected across all

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[8] **Note:** Analysis of survey questions from the *Human Resources* function area are not included in this section because the sample was too small. Discussion questions are thus the primary data source for that function area.
[9] In this instance, Not LGBTQIA+ means respondents who identify as cisgender and straight/heterosexual.

identity groupings. However, as **Table 1** displays, such is not the case. 27.8% of respondents who identify as LGBTQIA+ somewhat to strongly *disagreed* they feel they belong at AABC. In contrast, only 8.0% of respondents who identify as cisgender and straight or heterosexual felt this way, and 92.0% somewhat to strongly agreed that they feel they belong. Similarly, 25.0% of respondents who are members of the Global Majority/BIPOC somewhat to strongly disagreed that they feel they belong at AABC. In contrast, only 11.4% of white respondents answered this way. Of note, respondents who have a disability answered consistently with the total average response, with 85.7% of respondents who have a disability somewhat to strongly agreeing that they feel they belong at AABC. Respondents who do not have disabilities were slightly more likely to agree that they feel they belong (88.5%).

Table 2. Disaggregated Survey Responses to the Prompt "I feel that people really care about me in this organization."

	Total Respondents (n = 94)	LGBTQIA+ (n = 17)	Not LGBTQIA+ (n = 74)	Global Majority (n = 12)	White (n=78)	Has a Disability (n = 14)	Does Not Have a Disability (n=78)
Somewhat to Strongly Agree	85.1%	70.6%	89.2%	75.0%	85.9%	84.6%	85.7%
Somewhat to Strongly Disagree	14.9%	29.4%	10.8%	25.0%	14.1%	15.4%	14.3%

Like **Table 1**, most survey respondents (85.1%) felt that people do care about them at AABC. Yet again, this rate does not hold consistently across identity groupings. As represented in **Table 2**, 29.4% of respondents who identify as LGBTQIA+ somewhat to strongly disagreed that they feel people really care about them at AABC, whereas only 10.8% of cisgender and straight/heterosexual respondents felt this way. 25.0% of respondents who are members of the Global Majority/BIPOC somewhat to strongly disagreed that they felt people really care about them at AABC, whereas white respondents were aligned with the average total response (only 14.1% somewhat to strongly disagreed). Finally, respondents who have a disability were also closely aligned with the total average response, just slightly more likely to disagree (15.4%), and survey respondents who do not have disabilities were slightly more likely to agree that people really care about them at AABC (85.7%).

Table 3 presents survey responses to the prompt, "I have considered leaving this organization because I felt isolated or unwelcomed". Please note that this final question was reverse scored, meaning that *disagreeing* with the statement is a positive response. Survey respondents were a little less likely to respond positively to this statement, with 22.6% of all question respondents suggesting they have considered leaving AABC because they felt isolated or unwelcomed. It may be worthwhile for AABC to consider the broad factors that could be impacting these decisions. Even more critically, however, are the findings when this data is disaggregated across identity groupings. 38.9% of respondents who identify as LGBTQIA+ somewhat to strongly agreed that they have considered leaving the organization because they felt isolated or unwelcomed, compared to only 18.1% of cisgender and

Table 3. Disaggregated Survey Responses to the Prompt "I have considered leaving this organization because I felt isolated or unwelcomed."

	Total Respondents (n = 93)	LGBTQIA+ (n = 18)	Not LGBTQIA+ (n = 72)	Global Majority (n = 12)	White (n=77)	Has a Disability (n = 13)	Does Not Have a Disability (n=76)
Somewhat to Strongly Disagree	77.4%	62.2%	81.9%	50.0%	80.5%	76.9%	77.6%
Somewhat to Strongly Agree	22.6%	38.9%	18.1%	50.0%	19.5%	23.1%	22.4%

straight/heterosexual respondents. An alarming 50.0% of respondents who are members of the Global Majority/BIPOC somewhat to strongly agreed that they have considered leaving—in other words, 1 in 2 members of the Global Majority who responded to this survey have felt isolated or unwelcomed at AABC and have considered leaving the organization in result. In comparison, only 19.5% of white respondents reported having these feelings. Finally, 23.1% of respondents who have disabilities have considered leaving the organization because they felt isolated or unwelcomed, compared to 22.4% of respondents who do not have disabilities. Though these sample sizes are small, they offer a crucial insight into the lived experiences and perceptions of AABC members of diverse identities. The fact that 50% of Global Majority survey respondents have considered leaving AABC because they felt isolated or unwelcomed should not be acceptable; nor should over one-third of LGBTQIA+ members feeling similarly. An organization cannot truly be inclusive until members of these identities feel equally welcomed and valued to their white, cisgender, heterosexual colleagues.

To begin to understand the lived experiences of diverse AABC members (second indicator), survey respondents were asked this question: "Over the past 12 months, how often did you personally experience discriminatory events related to the following aspects of your identity?" Identity aspects were: Age, Disability, Gender Expression, Gender Identity, Level of Education, Marital Status, National Origin, Political Affiliation, Race or Ethnicity, Religion, Sex, Sexual Orientation, and Veteran Status. 100 respondents answered this question. A full table of results may be viewed in **Appendix B,** and specific findings are discussed below.

Age. 20% of respondents reported experiencing some level of age discrimination, with the majority of such events (60%) occurring once or twice a year. Most incidents occurred among respondents aged 40 and above. However, only four individuals responded who were under 30 years of age, which also suggests that AABC might do more to recruit students and emerging professionals.

Disability. Only 4% of respondents reported experiencing discrimination due to their disability. This is a positive finding, and AABC should continue to maintain active support for members with disabilities.

Gender Expression. 9% of all respondents reported experiencing discrimination due to their gender expression. While this is not a high rate, it accounts for 29.4% of question respondents who identify as LGBTQIA+ (n = 17). In other words, nearly 1 in 3 of AABC survey respondents who identify has LGBTQIA+ have experienced discrimination towards their gender expression in their last 12 months at AABC.

Gender Identity. 8% of all respondents reported experiencing discrimination due to their gender identity, accounting for 35.3% of members who identify as LGBTQIA+. Again, this means that over 1 in 3 AABC survey respondents who identify has LGBTQIA+ have experienced discrimination towards their gender identity in their last 12 months at AABC.

Level of Education. 16% of all respondents reported experiencing discrimination due to their level of education. Discrimination was reported across all levels of education, with the largest amount (31.3%) of instances reported by respondents holding Bachelor's degrees, followed by those with graduate (i.e. Master's) degrees (25.0%). Notably, those reporting the highest frequency of incidents were those holding Bachelor's degrees, 2-year Associate's degrees, Trade or Professional Certifications, and those conducting post-graduate work.

Marital Status. 8% of respondents reported experiencing discrimination due to their marital status.

National Origin. 7% of respondent reported experiencing discrimination due to their national origin.

Political Affiliation. 12% of respondents reported experiencing discrimination due to their political affiliation.

Race or Ethnicity. 17% of respondents reported experiencing discrimination due to their race or ethnicity. This finding accounted for 50.0% or half of question respondents who are members of the Global Majority/BIPOC. In other words, 1 in 2 respondents who are members of the Global Majority experienced race or ethnicity-based discrimination in the past 12 months at AABC. Half of these individuals experienced such occurrences on a *daily or weekly basis.*

Religion. 20% of respondents reported experiencing discrimination due to their religion, faith, or spirituality. Members who experienced discrimination represented a variety of faiths, including Unitarian Universalist, Pagan, Methodist, Lutheran, Jewish, Christian, Atheist, and Agnostic. Members who identified as Christian comprised the largest group who experienced religious discrimination (25.0% of respondents who reported religious discrimination, and 11.1% of all survey respondents who identified as Christian). Members who identified as Atheist comprised the second largest group (20.0% of respondents who reported religious discrimination, and 40.0% of all survey respondents who identified as Atheist).

Sex. 13% of respondents reported experiencing discrimination due to their sex.

Sexual Orientation. 12% of respondents reported experiencing discrimination due to their sexual orientation, accounting for 47.1%, or nearly half of question respondents who identify as LGBTQIA+. In other words, nearly 1 in 2 respondents who are members of the LGBTQIA+ community experienced discrimination due to their sexual orientation in the past 12 months at AABC.

Veteran Status. 1% of survey respondents who are military veterans reported experiencing discrimination due to their veteran status.

Positive, Generative Interactions

Overall score: 2.6 out of 5

Bernstein et al (2019)[10] have developed their theory of positive, generative interactions built on three conditions:

> "1. That inclusion is created and sustained by organizational practices of generative interaction that provide group and organizational conditions for prejudice-reducing, adaptive contact among diverse individuals. 2. That organizational practices that sustain adaptive contact operate in combination, *as a set*. 3. That particular organizational practices of generative interaction serve as inter-related criteria for predicting the outcomes of representational diversity in a particular context" (p. 8-9).

This scale seeks to measure the first two conditions, specifically examining the opportunity and frequency of generative interactions as well as the role AABC plays in organizing and supporting these opportunities. This scale is comprised of eleven (11) equity indicators across 3 of the 8 function areas. These 11 indicators are explored through a combination of discussion and survey questions. The score of 2.6 reflects that AABC is largely in planning and early implementation in designing and facilitating diverse and inclusive convenings and projects. Eight (8) of these indicators have already been covered in the sections preceding **Positive, Generative Interactions**, so they will not be duplicated here. The remaining three indicators to be covered in this section fall within the *Workplace Culture and Facilities* focus area.

Positive, Generative Interactions - Equity Indicators: *Not Yet Started*

The following items represent two (2) indicators where AABC has **not yet started** any specific actions or initiatives related to organizing **Positive, Generative Interactions** across AABC membership. Opportunities thus abound to build shared commitment and collective action around these indicators:

1. AABC takes steps to ensure that sponsored events and social activities are welcoming to and equitably attended by diverse families (of staff, clients, etc.).
2. AABC provides Employees/Members opportunities for meaningful and extended interaction with people who have diverse experiences and perspectives.

Strengths across these indicators:

● Discussion participants discussed the annual conference and workshops as opportunities for meaningful interaction with people who have diverse experiences, perspectives, and identities. AABC has taken some positive steps to encourage greater access to these events through the D&I scholarship and mentorship for scholarship recipients (though this currently applies to the Birth Institute only).

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[10] Bernstein, R.S., Bulger, M., Salipante, P., and J.Y. Weisinger. (2019). From diversity to inclusion to equity: A theory of generative interactions. *Journal of Business Ethics.* https://doi.org/10.1007/s10551-019-04180-1

Opportunities across these indicators:

- Discussion participants felt AABC could benefit from a planning checklist and guidelines to support an inclusive approach to event planning. The equity-impact tool could be used for this purpose.
- Positive, generative interactions are most successful when they involve repeat engagements over time, and when there is a shared focus or project (that is **not** about diversity for diversity's sake). As a professional membership association, AABC has several opportunities for this kind of purposeful engagement centered around the shared cause of supporting birth centers and pregnancy-related care. Committee work is one excellent example as is AABC's advocacy work. The structure and design of these committees, how AABC communicates with members, the roles that are available, and the ability of diverse members to access such opportunities – these are all components that AABC should consider carefully to develop and engage in positive, generative interactions.

Positive, Generative Interactions - Equity Indicators: *Planning*

AABC is in **planning** around this final indicator, meaning the organization has committed to meaningful action related to the indicator and is currently planning and designing this effort. The planning designation further means that such efforts have not yet been implemented. Opportunities thus exist for AABC to finalize plans and launch implementation of efforts around this indicator:

1. AABC hosts or supports special events that are accessible and intentionally inclusive of staff/members with diverse identities. (Examples include: self-care opportunities, team-building events, celebrations, convenings, and retreats).

Strength of this indicator: AABC does hold celebrations and has held Board dinners in the past.

Opportunity to improve this indicator: AABC is still working to determine the best way to engage remote staff (e.g. send gift cards to folks who are unable to attend staff holiday lunch). Team building is more challenging. What mechanisms might AABC put in place to help them think about inclusion and accessibility as they approach/plan these events (and apply equity lens/tool earlier in the process)? How can AABC be more explicit in the decision-making process and then communicating the reasons for the decision to members? Can share equity tool with members who are participating with planning. Planning activities may also yield opportunities for equity advocacy/action at a higher (systems) level, e.g. Why couldn't we find an inclusive birth center in this location? What conversations or actions might this prompt?

Positive, Generative Interactions – Survey Questions

An important survey question that is part of this scale asks respondents to rate their reaction to this prompt: "I feel comfortable attending organization (AABC)-sponsored events and social activities with my family." 117 individuals answered this question, and 92.3% responded positively: 78.6% replied agree or strongly agree, and another 13.7% replied somewhat agree. On the whole, it would seem that members do feel comfortable attending events and bringing their family members to said events. Among LGBTQIA+ respondents (n = 24), however, 20.8% of respondents somewhat to strongly disagreed

that they would feel comfortable. Moreover, 21.1% of Global Majority/BIPOC respondents (n = 19) reported that they somewhat to strongly disagreed that they would feel comfortable, whereas only 5.4% of non-LGBTQIA+[11] respondents and 6.3% of white respondents somewhat to strongly disagreed. These distinctions are important to note, because they suggest that respondents' identity is likely connected to their feelings of discomfort in attending AABC-sponsored events.

Similarly, survey respondents were asked to rate the extent to which "This organization (AABC) hosts or supports special events that are accessible and intentionally inclusive of staff with diverse identities." 80.0% of respondents to this question (n = 85) somewhat to strongly agreed, and 20.0% somewhat to strongly disagreed. As with the previous survey question, LGBTQIA+ respondents did not as readily agree, with 31.3% (n = 16) somewhat to strongly disagreeing. 30.0% (n=10) of Global Majority/BIPOC respondents and 30.0% (n = 10) of respondents with disabilities also somewhat to strongly disagreed. While these sample sizes are too small to support generalized conclusions, they do suggest that members of diverse, historically-marginalized identities have different experiences and perceptions of these events than members who do not share these identities.

Strategic Planning Insight: There is thus an important opportunity for AABC to take a closer look at the events they are designing or sponsoring and to measure the impact that these events are having on folks of diverse, intersecting identities. Perhaps folks do not feel welcome at these events, and if not, why is this the case? What steps could AABC take to apply an equity-impact lens to event design and to evaluate events through a lens of intersectional equity?

Survey respondents were further asked to measure the frequency of their meaningful interactions with people whose identities differ from their own over the past 12 months. 103 individuals answered this question, and their responses are displayed in **Table 4** below. Broadly, respondents indicated daily or weekly meaningful interactions across difference. However, in all instances but race (18.6%), over 25% of participants were unsure or did not know. This response can make sense for identities that must be disclosed, such as religious or political beliefs, sexual orientation, and hidden disabilities.   Also of note, the highest percentage of respondents reporting "None at All", 18.8%, occurred under disability status. This question does not measure individuals' interpretations of "meaningful way," which could differ considerably. Rather it affords a basic insight into members' experiences and engagement with different identities, hopefully prompting them and AABC to consider ways to deepen such engagement in the future.

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[11] In this instance, non-LGBTQIA+ means respondents who identify as cisgender and straight/ heterosexual.

Table 4. Frequency of Meaningful Interactions with People Whose Identities Differ from the Respondent over Past 12 Months

Over the past 12 months at this organization, roughly how frequently did you interact in a meaningful way with a person or people who meets each of the following descriptions?	Someone whose religious beliefs are different than my own	Someone whose political opinions are different than my own	Someone of a different race and/or ethnicity than my own	Someone of a different nationality than my own	Someone of a different gender than my own	Someone of a different sexual orientation than my own	Someone from a different social class than my own	Someone with a noticeably different disability status than my own	Someone with a disability that is not outwardly apparent, such as a learning or mental health disability, that I do not share
Daily	24.3%	21.4%	30.4%	18.4%	22.3%	15.5%	30.1%	3.0%	9.7%
Weekly	18.4%	24.3%	15.7%	14.6%	15.5%	24.3%	14.6%	9.9%	11.7%
Monthly	16.5%	11.7%	17.6%	16.5%	13.6%	10.7%	6.8%	11.9%	10.7%
Quarterly	2.9%	4.9%	7.8%	7.8%	7.8%	2.9%	1.9%	9.9%	2.9%
Once or twice a year	2.9%	3.9%	3.9%	5.8%	6.8%	5.8%	3.9%	6.9%	2.9%
Not at all	1.0%	1.0%	5.9%	6.8%	8.7%	2.9%	1.9%	18.8%	4.9%
Unsure / Don't Know	34.0%	33.0%	18.6%	30.1%	25.2%	37.9%	40.8%	39.6%	57.3%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Appendix A. List of Terms used in Being Explicit About Intersectional Equity Exercise

General DEI Terms:

- Diversity
- Equity
- Inclusion
- Cultural Humility
- (Equal) Opportunity
- Fairness
- Intersectionality
- Social Justice

Racial Equity Terms:

- Racial equity
- Anti-racism
- Racism
- Racial disparities/ inequities
- Structural or systemic racism
- Race-based Power & Privilege (Examples include: white privilege, white dominant culture, Global Majority)

Gender Equity Terms:

- Gender equity
- Gender identity
- Gender expression
- Gender-based violence
- Gender-based power & privilege (Cis-gender Privilege, Patriarchy, Transphobia, Sexism)

LGBTQIA+ Equity Terms:

- LGBTQIA+ equity
- Sexuality-based Power & Privilege (Heteronormativity, Homophobia, Transphobia)
- Sexuality/Sexual Orientation

Disability Equity Terms:

- Disability equity/Disability justice
- Ability-based Power & Privilege (Ageism, Ableism)
- Accessibility
- Intellectual Disability
- Learning Disability
- Mental health/ trauma
- Mobility
- Physical Disability

Appendix B. Counts of All Responses to Individual Incidents of Identity-Based Discrimination over the Past 12 Months at AABC

Over the past 12 months at this organization, how often did you personally experience discriminatory events related to the following aspects of your identity?	Age	Disability	Gender Expression	Gender Identity	Level of Education	Marital Status	National Origin	Political Affiliation	Race or Ethnicity	Religion	Sex	Sexual Orientation	Veteran Status
Daily	1	2	2	1	1	1	1	2	2	2	3	3	0
Weekly	3	0	1	2	3	1	1	2	1	0	1	0	0
Monthly	3	0	1	1	2	0	0	2	1	2	2	1	0
Quarterly	1	1	0	0	4	1	1	4	3	3	4	2	0
Once or twice a year	12	1	5	4	6	5	4	12	10	13	3	6	1
Not at all	80	96	91	92	84	92	93	77	83	80	87	88	97
Total	100	100	100	100	100	100	100	99	100	100	100	100	98

Appendix C. Demographic Report for AABC Equity Assessment Survey 2021.

Response Counts

Completion Rate:	**40%**		
	Complete		64
	Partial		96

Totals: 160

Chart 1. AABC Survey Respondents' Racial and Ethnic Identity.
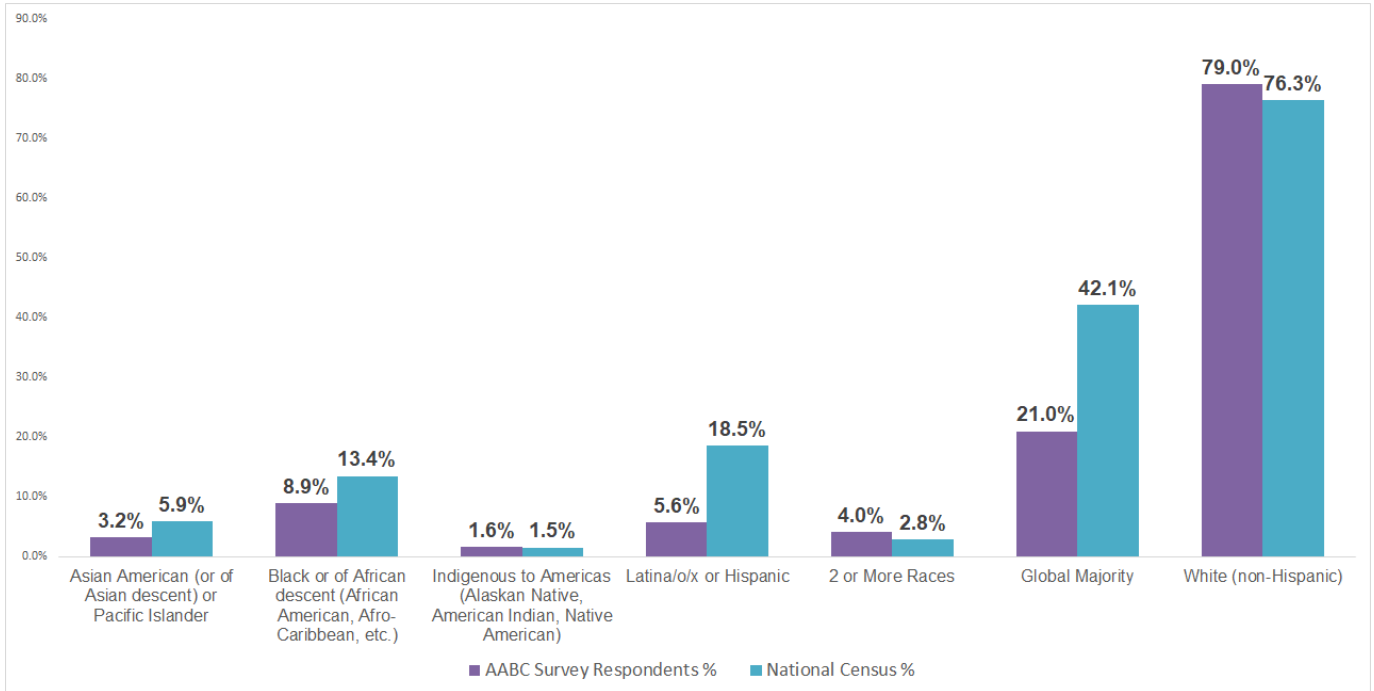
A total of 124 respondents reported their racial/ethnic identity. As presented in the chart above, 3.2% (4) of respondents identified as Asian American, Pacific Islander, or of Asian descent only; 8.9% (11) as Black or of African descent only; 1.6% (2) as Indigenous to Americas only; 5.6% (7) as Latina/o/x or Hispanic*; 4.0% (5) as being of two or more races; and 79.0% (98) as White (non-Hispanic) only. To compare these findings to national Census data (2019), we counted all persons who identified as Latina/o/x or Hispanic in that category, regardless of whether we ALSO counted them under persons who identify as being of two or more races. However, we only counted each respondent one time to obtain the total, or denominator, for percentage calculations. Likewise, we aggregated all people of color into one Global Majority category comprised of 26 respondents (each respondent counted only once, equaling 21% of total respondents, n = 124).

As this chart displays, AABC survey respondents reflected the national Census data only in the racial identity: Indigenous to Americas. White (non-Hispanic) respondents were over-represented by 2.7% when compared to national data, and respondents of two or more races were over-represented by 1.2%. Importantly, members of the global majority (21.0%) were underrepresented by half the current rate of the national population (42.1%), with the largest underrepresentation of 12.9% occurring among Latina/o/x or Hispanic respondents, followed by respondents who identify as Black or of African descent (underrepresentation of 4.5%), and respondents who identify as Asian American, Pacific Islander, or of Asian descent (underrepresentation of 2.7%).

Chart 2. Survey Respondents' Relationship with AABC.
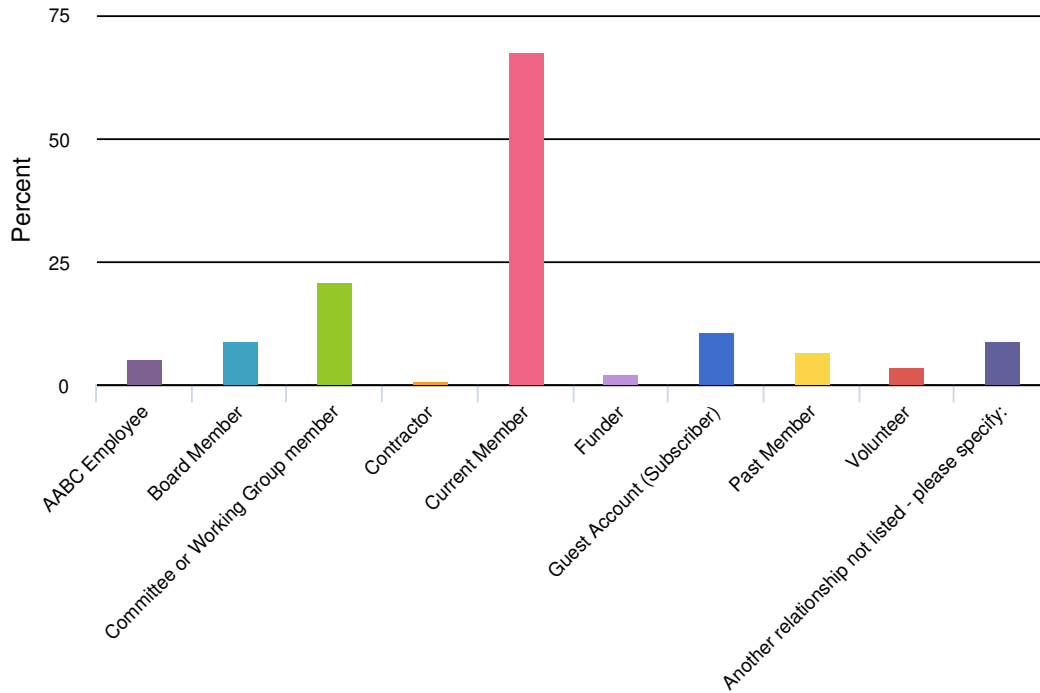
Value		Percent	Responses
AABC Employee		5.3%	7
Board Member		9.0%	12
Committee or Working Group member		21.1%	28
Contractor		0.8%	1
Current Member		68.4%	91
Funder		2.3%	3
Guest Account (Subscriber)		11.3%	15
Past Member		6.8%	9
Volunteer		3.8%	5
Another relationship not listed - please specify:		**7.5%**	10

Respondents were asked to describe their relationship with AABC and were permitted to select all relationships that applied to them. The majority of respondents (91, 68.4, n = 133) were current AABC members. The next largest group, Committee or Working Group member (21.1%), are most likely comprised of AABC members as well. Of the 10 individuals who responded "Another relationship not listed," two identified as students, one as a Birth Center Owner, one as a CNM, one as a Prior Board Member, one as a founder, one as a stakeholder, one as someone who works at a trade association, and two respondents did not specify their relationship.

Chart 3. Years Respondents Have Been Employed and/or affiliated with AABC.

Chart 3. Years Respondents Have Been Employed and/or affiliated with AABC.
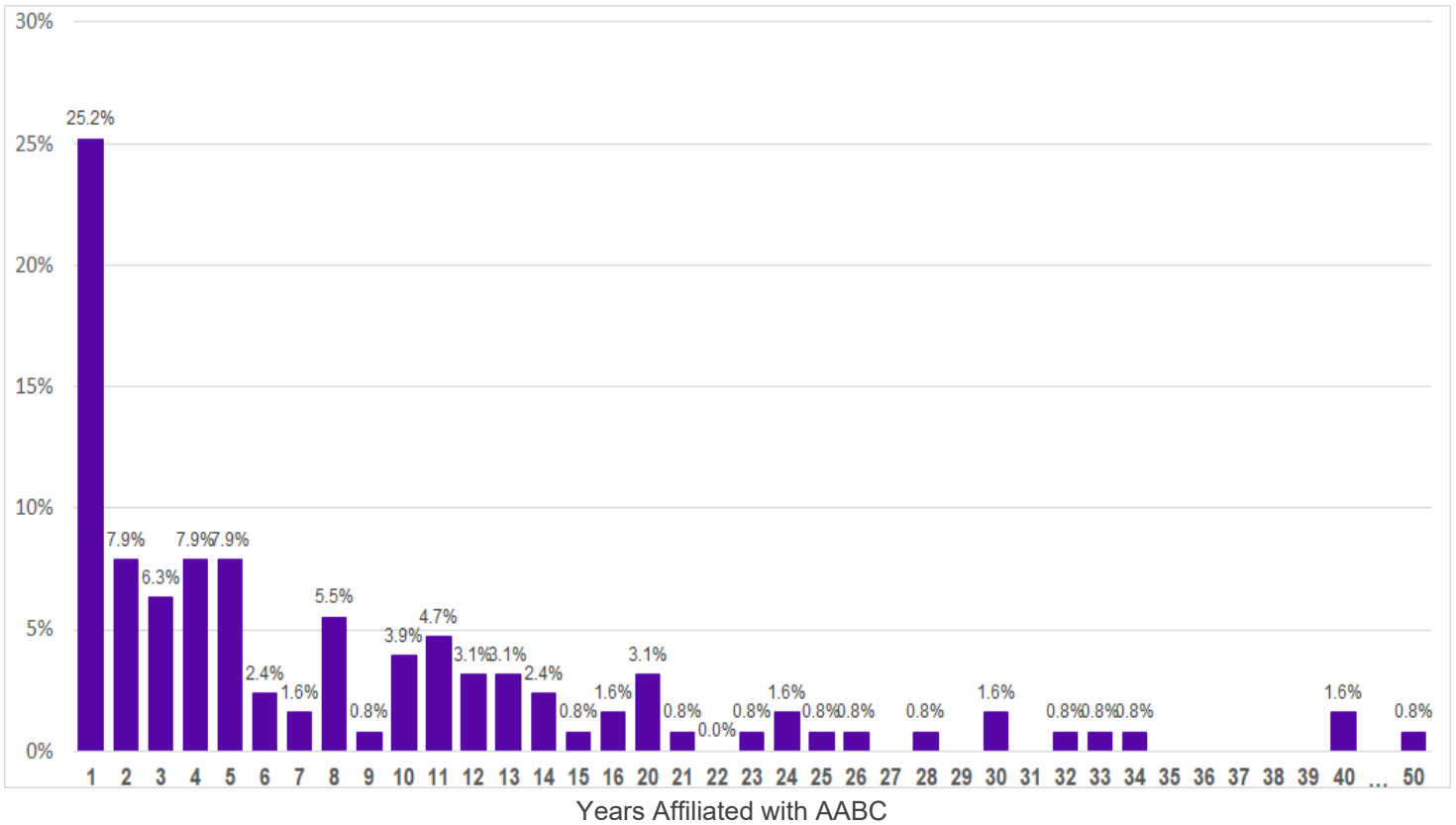
127 individuals responded to the question of how many years they have been affiliated with AABC. A little over half of respondents (70, 55.1%, n = 127) stated they have been affiliated with AABC for 5 years or less, with the following breakdown: a year or less = 25.2% (32) of respondents, 2 years = 7.9% (10) of respondents, 3 years = 6.3% (8) of respondents, 4 years = 7.9% (10) of respondents, and 5 years = 7.9% (10) of respondents. 44.9% (57) of the respondents are spread over a much larger (44-year) span of affiliation with AABC, ranging from 6 to 50 years. Overall, the average total number of years respondents were affiliated with AABC is 8.7 years, with a median of 5 years.

In thinking about equity and inclusion, it is important to examine affiliation with AABC across historically marginalized identities. 120 respondents provided their racial identity and sexuality; seven respondents indicated either "Prefer not to share" or did not answer this question.

Of the 120 respondents, 20 (16.7%) identified as Asian American, of Asian descent, or Pacific Islander; Black or of African descent; Latina/o/x or Hispanic, or as a person of multiple racial identities. Collectively, we define persons of historically marginalized racial identities as people of the Global Majority. Of note, the longest affiliation with AABC held by a respondent who identifies as a member of the Global Majority is 13 years. The average total number of years respondents of the Global Majority were affiliated with AABC is 3.6 years, with a median of 2 years.

Similarly, 24 respondents (20.0%, n =120) identified as a member of the LGBTQIA+ community, meaning they are of diverse genders (including genderqueer, genderfluid, transgender, and gender non-binary) and sexualities, (including asexual, bisexual, lesbian, pansexual, queer, questioning, and same gender loving). The longest affiliation with AABC held by an LGBTQIA+ respondent is 20 years. The average total number of years LGBTQIA+ respondents were affiliated with AABC is 4.7 years, with a median of 3 years. Looking intersectionally, one-third (33.3%) of these 24 respondents are also members of the Global Majority. Collectively, these findings reinforce the important work AABC must engage to increase welcoming, belonging, access, and sustained participation among members across BIPOC/Global Majority and LGBTQIA+ identities.

Chart 4. Survey Respondents' Primary Profession.

10% A profession not listed, please specify:

2% Community Health Worker/Birth Worker

7% Doula

2% Student

2% Physician

4% Entrepreneur/Investor

14% Office/Administrative Staff

2% Lactation Consultant or Worker

8% Nurse/Birth Assistant
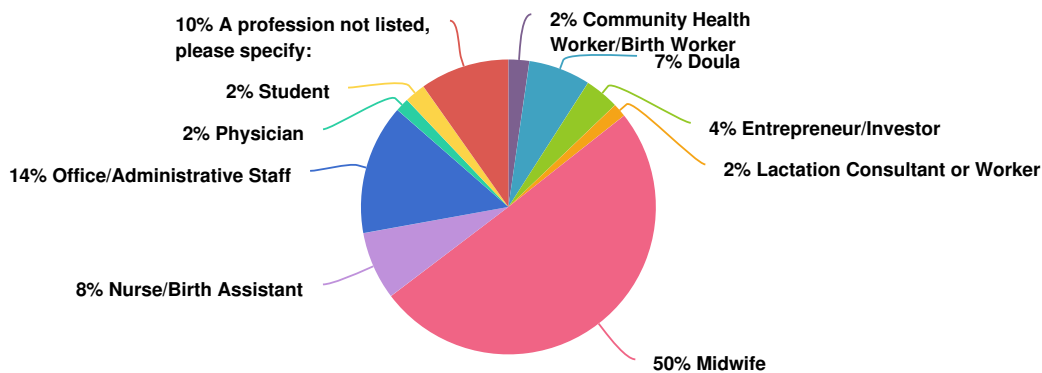
50% Midwife

Value		Percent	Responses
Community Health Worker/Birth Worker		2.3%	3
Doula		6.8%	9
Entrepreneur/Investor		3.8%	5
Lactation Consultant or Worker		1.5%	2
Midwife		50.4%	67
Nurse/Birth Assistant		7.5%	10
Office/Administrative Staff		14.3%	19
Physician		1.5%	2
Student		2.3%	3
A profession not listed, please specify:		9.8%	13

Totals: 133

 As displayed in the chart above, Midwife was the most frequently listed profession (67, 50.4%, n = 133), followed by Office/Administrative Staff (19, 14.3%), Nurse/Birth Assistant (10, 7.5%), and Doula (9, 6.8%). 61 respondents who reported their primary profession as Midwife provided their racial identity. Of these 61 respondents, 14 (23.0%) identify as people of color/members of the Global Majority, and 47 (77.0%) identify as white (non-Hispanic). Nine respondents whose primary profession is Midwife (13.4%, n = 64) identify with the LGBTQIA+ community as gender expansive and/or as of a diverse sexual orientation. None identify as men.

Chart 5. Survey Respondents' Reported Midwife Credentials.
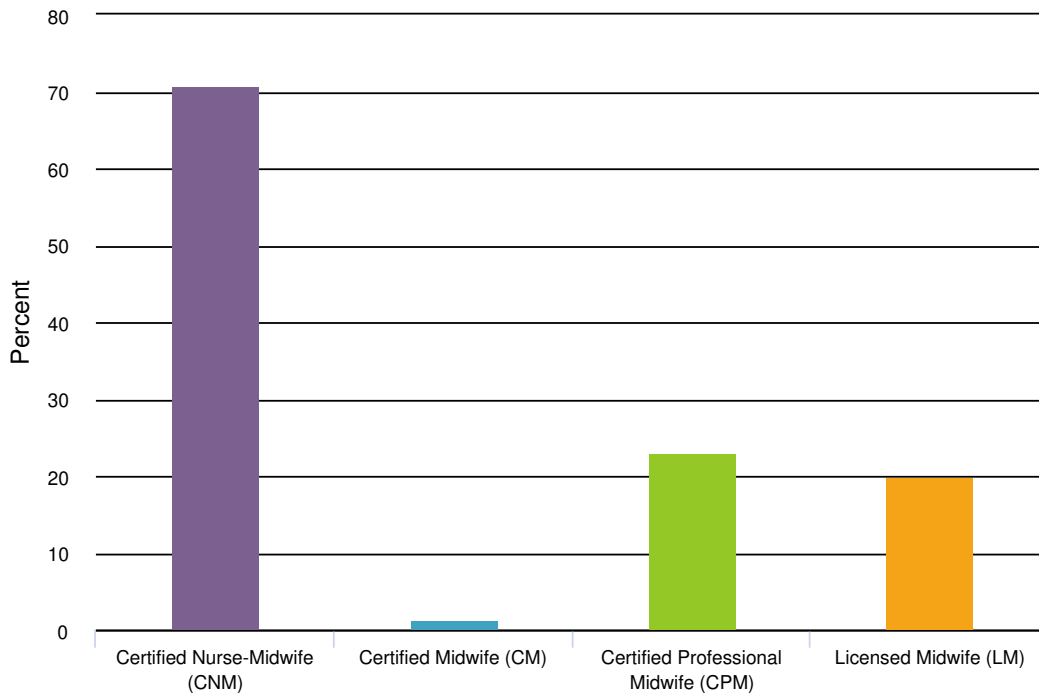
Value		Percent	Responses
Certified Nurse-Midwife (CNM)		70.8%	46
Certified Midwife (CM)		1.5%	1
Certified Professional Midwife (CPM)		23.1%	15
Licensed Midwife (LM)		20.0%	13

Certified Nurse-Midwife accounted for the majority of respondents who reported their midwife credentials (70.8%, 46, n = 65). Of the respondents who reported being Certified Nurse-Midwives, 8 (19.5%, n = 41) identified as members of the Global Majority, and 33 (81.5%) identified as white (non-Hispanic). Three (7.3%, n = 41) identified as members of the LGBTQIA+ community, and none identified as men.

Chart 6. How Survey Respondents Have Engaged with AABC.
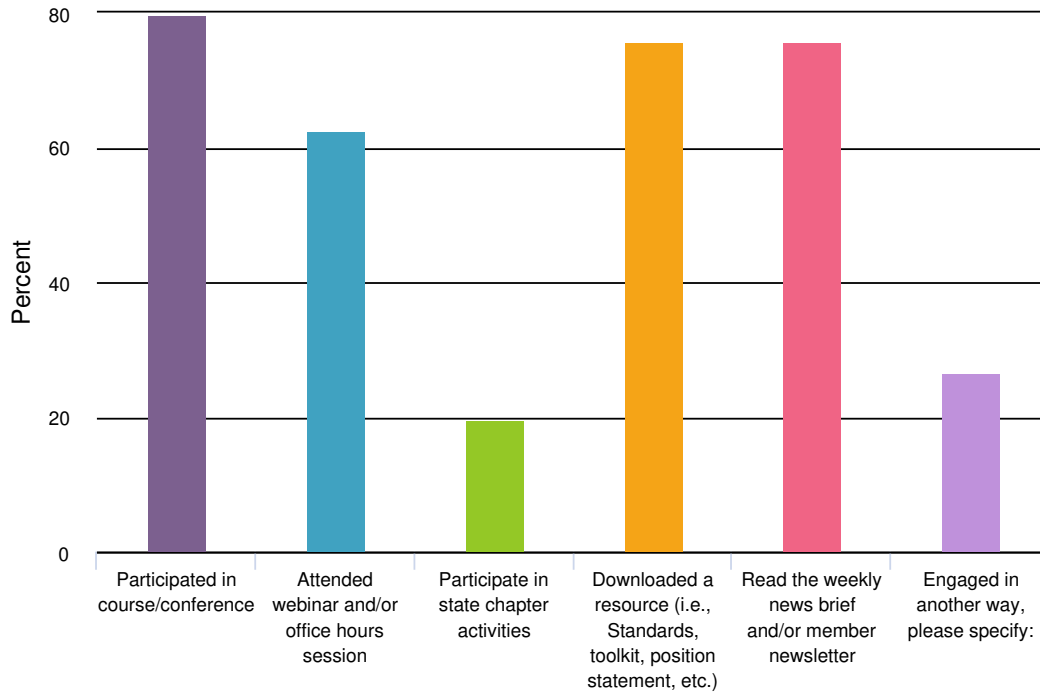
Value		Percent	Responses
Participated in course/conference		79.7%	102
Attended webinar and/or office hours session		62.5%	80
Participate in state chapter activities		19.5%	25
Downloaded a resource (i.e., Standards, toolkit, position statement, etc.)		75.8%	97
Read the weekly news brief and/or member newsletter		75.8%	97
Engaged in another way, please specify:		26.6%	34

Chart 7. Rates of Respondents' In-person Versus Online Engagement with AABC.
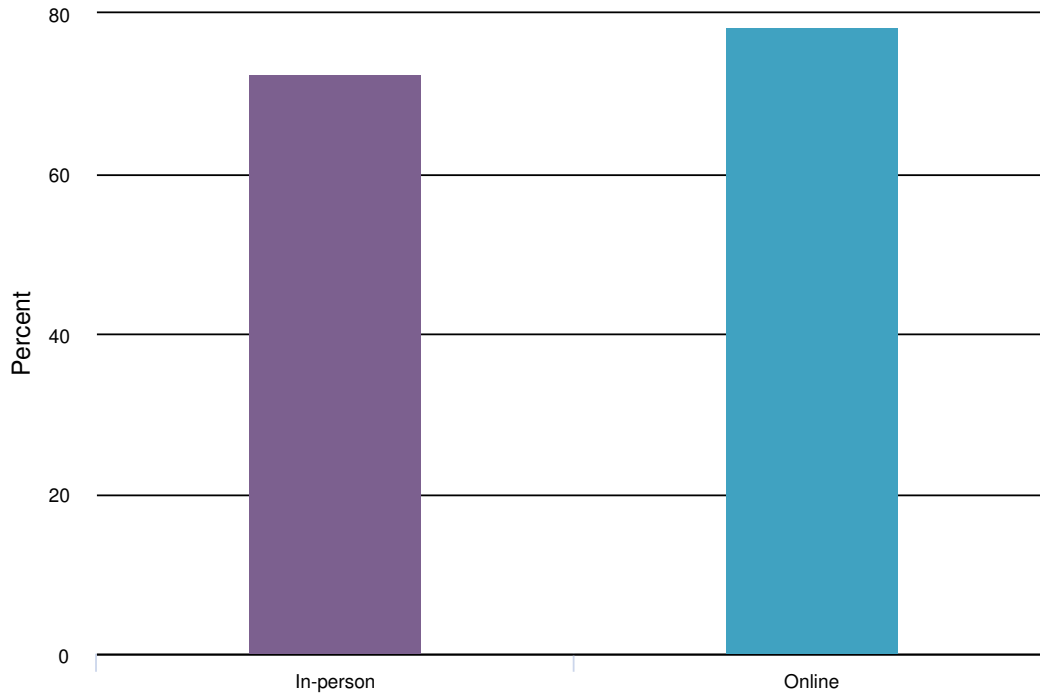
Value		Percent	Responses
In-person		72.5%	74
Online		78.4%	80

Table A. Rate of AABC Survey Respondents who are Members of the Global Majority and/or LGBTQIA+ by Type of Engagement.

Type of Engagement	Respondents who are Members of the Global Majority	Respondents who are LGBTQIA+
Participated in course/conference	**21.1%, n = 95**	19.8%, n = 96
Attended webinar and/or office hours	13.5%, n = 74	20.8%, n=77
Participated in state chapter activities	13.6%, n =22	**26.1%, n =23**
Downloaded a resource (i.e., Standards, toolkit, position statement, etc.)	16.7%, n=90	19.3%, n=93
Read the weekly news brief and/or member newsletter	15.2%, n=92	23.4%, n=94
Engaged in person	10.3%, n=68	16.9%, n=71
Engaged online	**24.3%, n = 74**	**19.5%, n=77**

In addition to examining the average rates of participation, we took a closer look at intersectional identities. As the above table displays, members of the Global Majority were most likely to participate in courses and conferences. They were more likely to engage with AABC online than in-person, perhaps in part due to the COVID-19 pandemic. Similarly, respondents who identify as members of the LGBTQIA+ community were most likely to participate in state chapter activities and also to engage with AABC online. These findings may also represent ways that folks who are newer to the organization are learning about and starting to engage with AABC. Such insights might help to inform how AABC continues to engage with, welcome. and sustainably support members of diverse identities.

Chart 8. Survey Respondents' Current Age in Years.
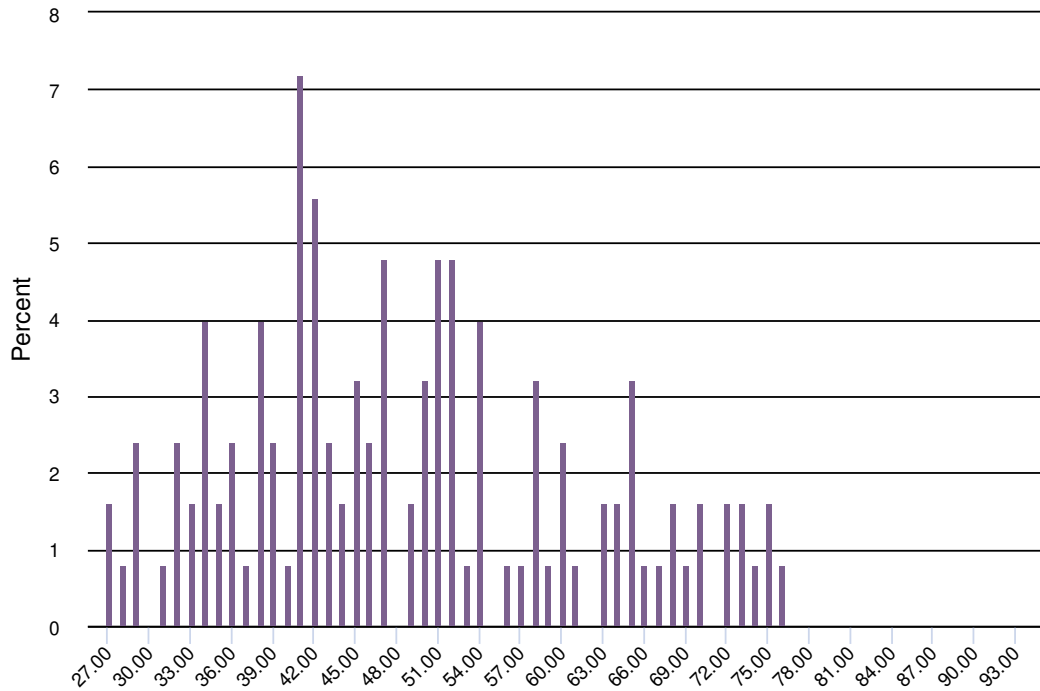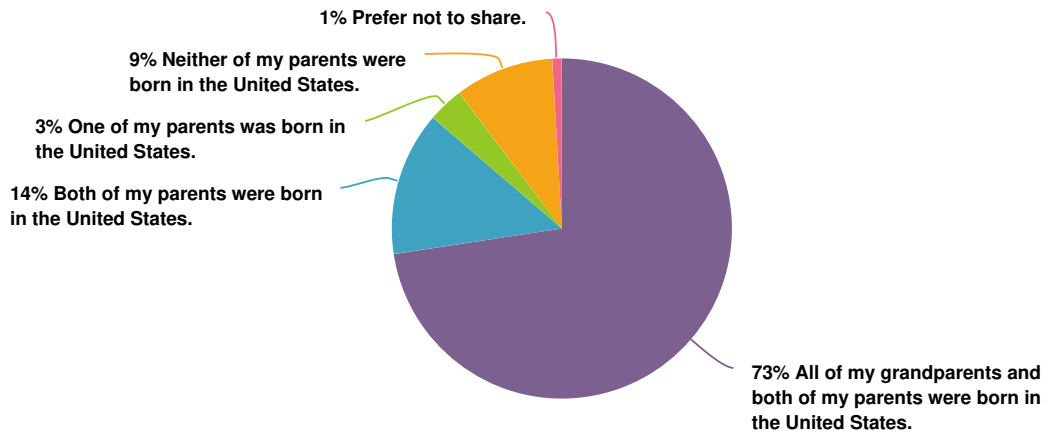

Respondents' reported ages ranged from 27 to 95 years old. The mean age of respondents was 49.1 years, and the median was 47 years.

# Chart 9. Survey Respondents Who Reported Being Born in the United States.
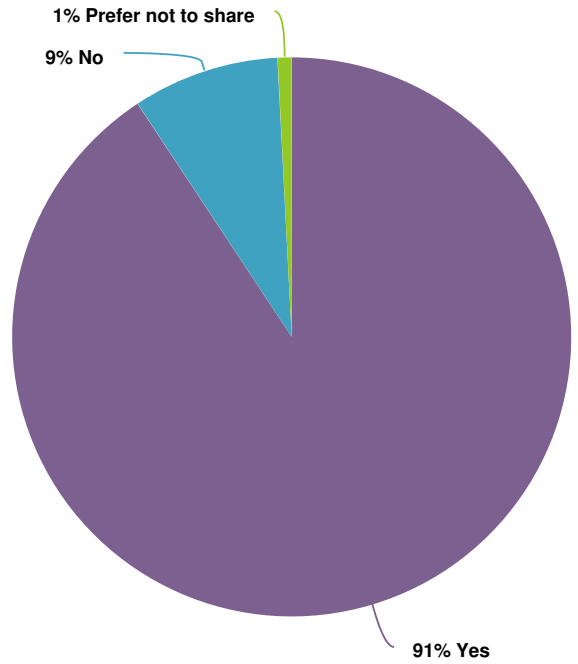
Value		Percent	Responses
Yes		90.8%	118
No		8.5%	11
Prefer not to share		0.8%	1
			Totals: 130

Chart 10. Survey Respondents' Generational Status.

1% Prefer not to share.

9% Neither of my parents were born in the United States.

3% One of my parents was born in the United States.

14% Both of my parents were born in the United States.

73% All of my grandparents and both of my parents were born in the United States.

Value		Percent	Responses
All of my grandparents and both of my parents were born in the United States.		72.6%	85
Both of my parents were born in the United States.		13.7%	16
One of my parents was born in the United States.		3.4%	4
Neither of my parents were born in the United States.		9.4%	11
Prefer not to share.		0.9%	1

Totals: 117

Chart 11. Survey Respondents' Gender Identity.
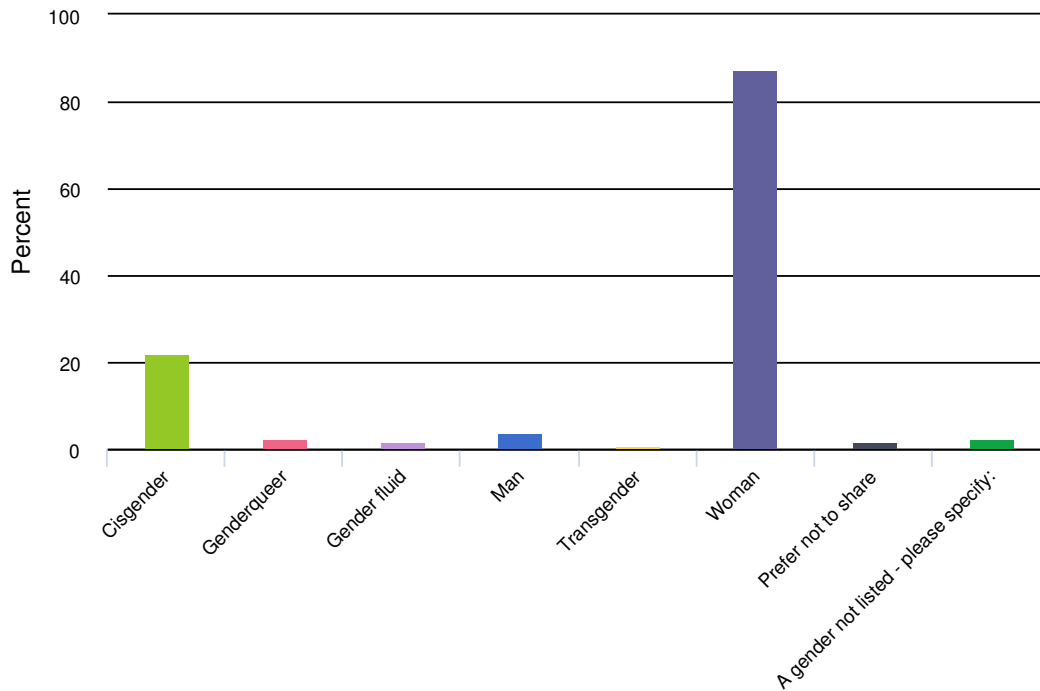
Value		Percent	Responses
Cisgender		21.9%	28
Genderqueer		2.3%	3
Gender fluid		1.6%	2
Man		3.9%	5
Transgender		0.8%	1
Woman		87.5%	112
Prefer not to share		1.6%	2
A gender not listed - please specify:		2.3%	3

121 respondents provided their gender identity. Of these respondents, 5 (4.1%) identified as men, 6 (5.0%) identified as gender non-binary/gender expansive, and 110 (90.9%) identified as women. The above table represents different identities selected by these respondents. Gender non-binary was another frequently-written identity.

Chart 12. Survey Respondents' Gender Assigned At Birth.

2% Prefer not to share   2% Male
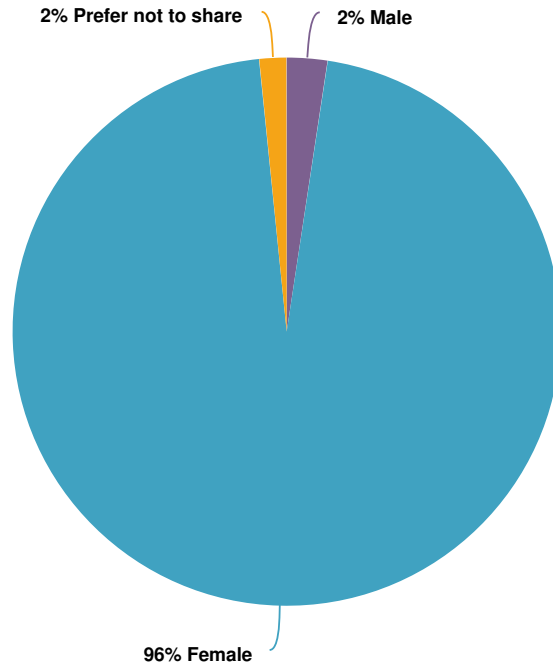
96% Female

Value		Percent	Responses
Male		2.4%	3
Female		96.1%	122
Prefer not to share		1.6%	2

Totals: 127

Chart 13. Survey Respondents' Sexual Orientation.
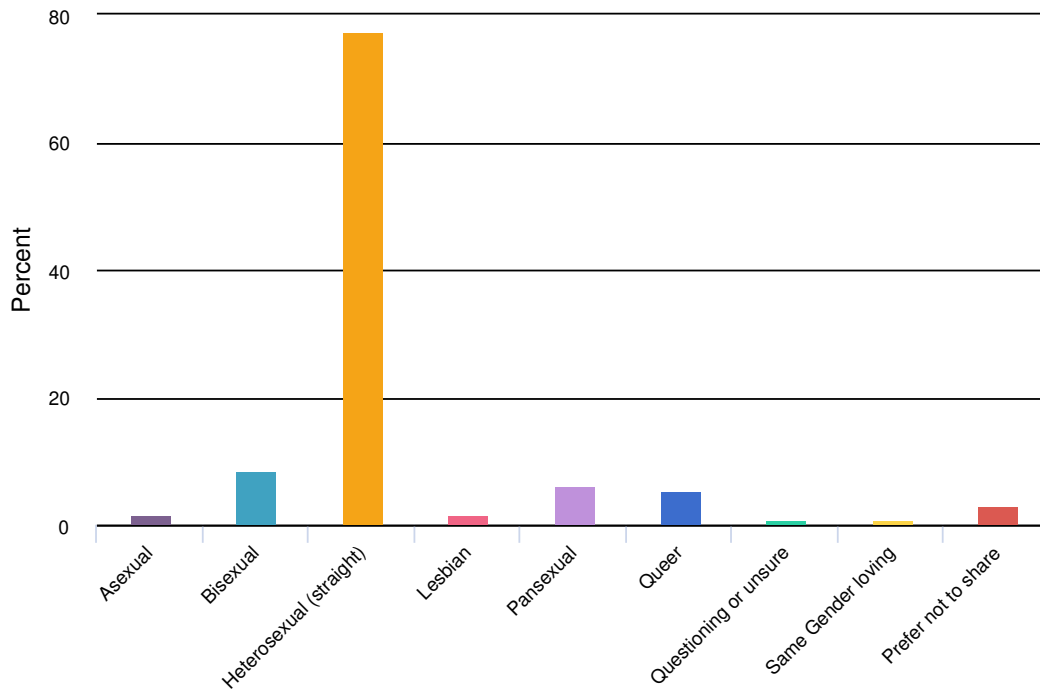
Value		Percent	Responses
Asexual		1.6%	2
Bisexual		8.5%	11
Heterosexual (straight)		77.5%	100
Lesbian		1.6%	2
Pansexual		6.2%	8
Queer		5.4%	7
Questioning or unsure		0.8%	1
Same Gender loving		0.8%	1
Prefer not to share		3.1%	4

125 respondents provided their sexual orientation. 26 (20.8%) individuals reported identities that fall within the LGBTQIA+ community, and 99 (79.2%) respondents identified as heterosexual (straight).

Chart 14. Survey Respondents Who Have One or More Disabilities.

2% Prefer not to share.

13% Yes, I have a disability.

84% No, I do not have a disability.
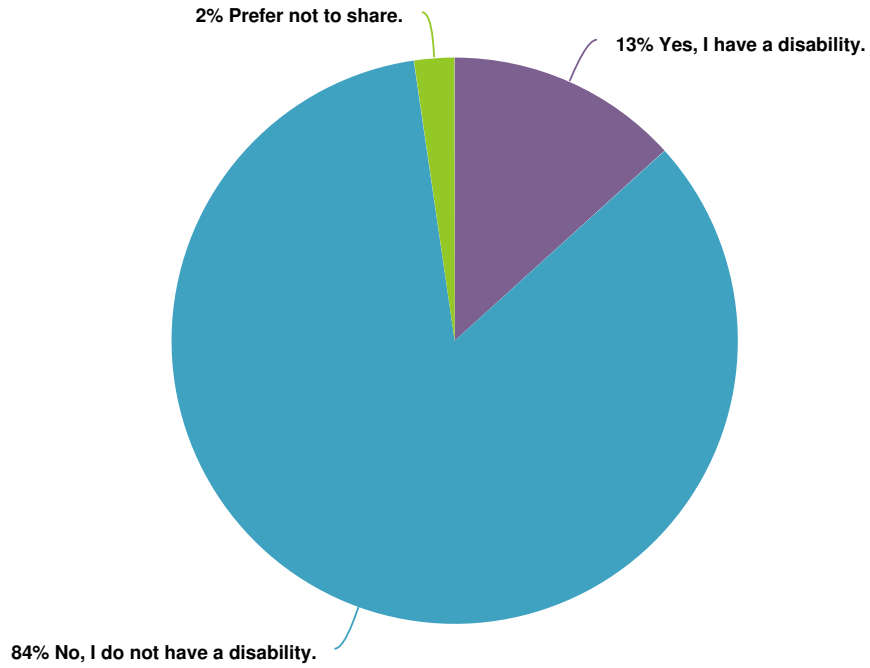
Value		Percent	Responses
Yes, I have a disability.		13.3%	17
No, I do not have a disability.		84.4%	108
Prefer not to share.		2.3%	3

Totals: 128

Chart 15. Types of Disabilities Reported by Survey Respondents.
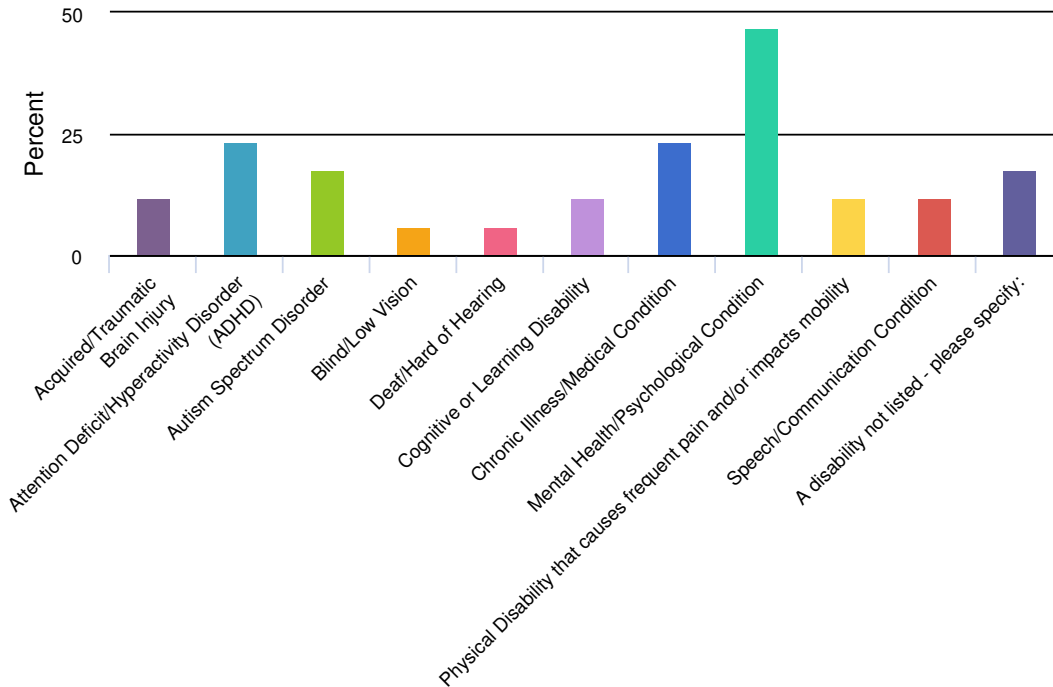
Value		Percent	Responses
Acquired/Traumatic Brain Injury		11.8%	2
Attention Deficit/Hyperactivity Disorder (ADHD)		23.5%	4
Autism Spectrum Disorder		17.6%	3
Blind/Low Vision		5.9%	1
Deaf/Hard of Hearing		5.9%	1
Cognitive or Learning Disability		11.8%	2
Chronic Illness/Medical Condition		23.5%	4
Mental Health/Psychological Condition		47.1%	8
Physical Disability that causes frequent pain and/or impacts mobility		11.8%	2
Speech/Communication Condition		11.8%	2
A disability not listed - please specify:		17.6%	3

13.3% of respondents reported having one or more disabilities. We include this chart of listed disabilities to emphasize the wide array of lived experiences of AABC members. Notably, mental health was the most frequently-reported disability at 47.1% (n = 17). This finding reinforces the need expressed by AABC members during the fall 2020 facilitated conversations to more intentionally provide trauma-informed care and mental wellness supports to both workers providing pregnancy-related care and patients and their families. With the COVID-19 pandemic continuing to negatively impact mental health in the U.S. and across the globe, such a focus is all the more timely and critical.

Chart 16. Survey Respondents' Educational Attainment.
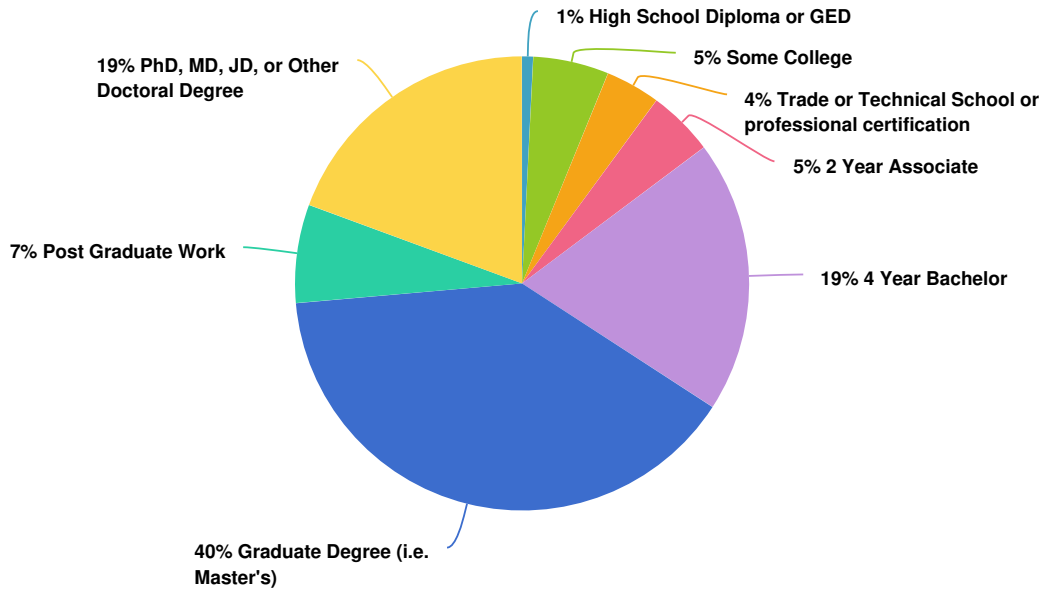
Value		Percent	Responses
High School Diploma or GED		0.8%	1
Some College		5.4%	7
Trade or Technical School or professional certification		3.9%	5
2 Year Associate		4.7%	6
4 Year Bachelor		19.4%	25
Graduate Degree (i.e. Master's)		39.5%	51
Post Graduate Work		7.0%	9
PhD, MD, JD, or Other Doctoral Degree		19.4%	25

Totals: 129

As this chart and corresponding table present, survey respondents tend to have postsecondary education, which aligns with the specialized skill sets that are required to effectively and respectfully provide comprehensive pregnancy-related care. Still, it is important to note that while nearly two-thirds of survey respondents (65.9%, n = 129) have completed graduate-level education, 19.4% hold a Bachelor's degree, and 14.8% a high school diploma, some college, and/or a technical or 2-year degree. Thus, part of engaging in inclusion and power-sharing within AABC membership may involve being aware and working to ensure that folks do not feel left out due to presumed knowledge, an necessary credentialing requirement, and/or a privileging of certain statuses when designing and offering engagement opportunities, programs, and services.

Chart 17. Survey Respondents Who Have Served in the U.S. Military.

6% I am no longer serving.

94% I have never served.
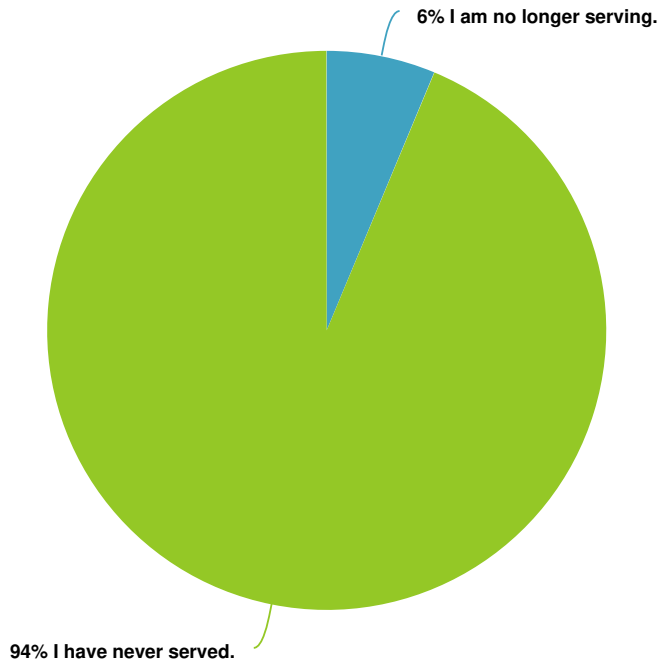
Value		Percent	Responses
I am no longer serving.		6.3%	8
I have never served.		93.7%	119
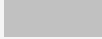
Totals: 127

Chart 18. Survey Respondents' Spiritual and/or Religious Affiliations:
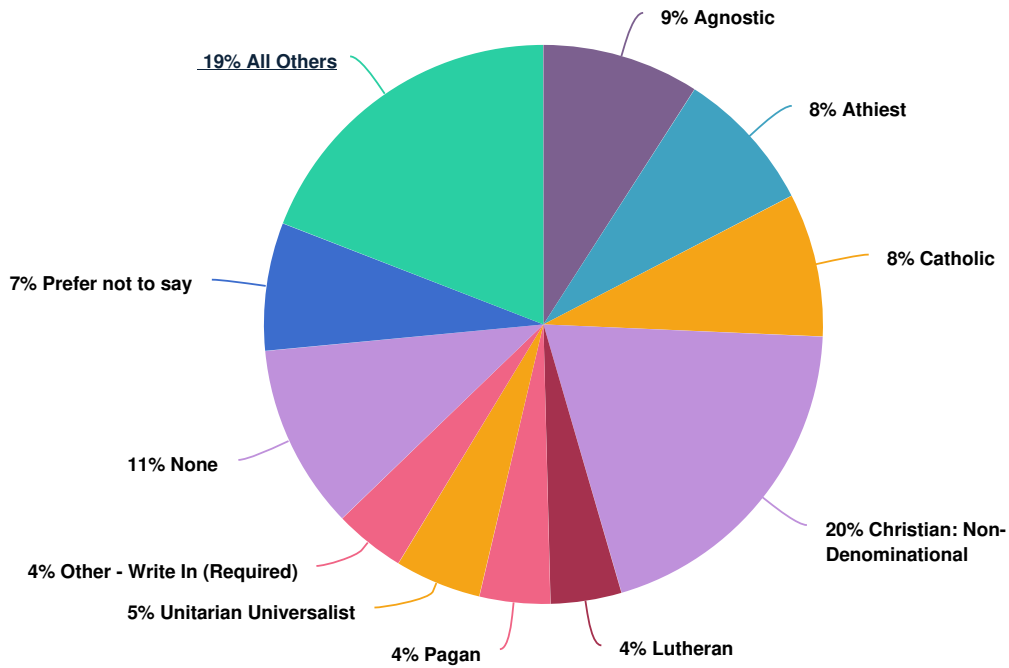
Value		Percent	Responses
Agnostic		9.1%	11
Athiest		8.3%	10
Catholic		8.3%	10
Christian: Non-Denominational		19.8%	24
Lutheran		4.1%	5
Pagan		4.1%	5
Unitarian Universalist		5.0%	6
Other - Write In (Required)		4.1%	5
None		10.7%	13
Prefer not to say		7.4%	9
Baptist		1.7%	2
Buddhist		2.5%	3
Episcopalian		0.8%	1

Totals: 121

Value		Percent	Responses
Hindu		0.8%	1
Jewish: Orthodox		2.5%	3
Jewish: Reform		1.7%	2
Jewish: Conservative		0.8%	1
LDS (Mormon)		0.8%	1
Methodist		1.7%	2
Presbyterian		1.7%	2
Quaker		2.5%	3
Seventh Day Adventist		0.8%	1
UCC/Congregational		0.8%	1

Totals: 121

The diversity across members' faith, spirituality, and religions is an important finding that emphasizes the wide array of identities, lived experiences, and backgrounds of AABC members.