



Maternal Mental Health: An Urgent Priority

30 Opportunities to Improve Maternal Mental Health and Promote Equity



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Introduction

Millions of moms, pregnant women, and other birthing people experience mood disorders, anxiety, depression, post-traumatic stress disorder, or other maternal mental health issues. As the number one pregnancy complication in America, maternal mental health problems are more common than breast cancer, and they are a leading cause of maternal death. But it is possible to make real gains.



Maternal mental health is an urgent priority, because the problem is massive and a significant driver of inequity.

The problem's immense scale becomes even more apparent when you consider the critical role moms play in shaping children during their formative years and within the broader family. Whether cancer or depression, parents who have physical or mental health problems are less able to support their children's healthy growth and development. Research confirms that when moms struggle with perinatal depression, anxiety, or substance use, children are more likely to struggle with social-emotional, cognitive, language, motor, and adaptive behavior development, and that these obstacles can persist through adolescence. In other words, a new mother's mental health struggles can be a first adverse childhood experience (ACE).

Every pregnancy and birth creates [two windows of opportunity](#) to improve outcomes – one for the mom and one for the child. Unlike with many other issues, interventions that improve maternal mental health outcomes pay dividends across two or more generations.

Parents who have physical or mental health problems are also less able to manage the many responsibilities that come with their consequential roles within families. Critical family responsibilities are more evenly shared today than a generation ago. But when they are not shared equally, moms today are more likely to make essential decisions, ranging from nutrition and health care to daily activities that shape child social and emotional development. Experiencing physical or mental health issues also affects moms' ability to work outside the home. Our failure to respond effectively to maternal mental health issues undermines progress on a wide range of related issues, from food and economic security and early childhood development to child welfare and racial equity.

Many pregnant women, moms, and other birthing people live every day with racial bias; domestic or community violence; poverty; the denial of basic needs like health care, nutritious food, and child care; and other obstacles to their own health and well-being.



Much of what the health care system terms “maternal mental health disorders” is less about what happens inside a mom’s brain and more about what happens in the world around her.

Maternal mental health issues are also much more likely to affect women of color than white women. The same is true of birthing people who are LGBTQ+, immigrants, members of other historically marginalized communities, or those with disabilities or low incomes. While for all birthing people, the rate of maternal mental health issues is about one in six, in some of these communities, as many as one in three birthing people faces one or more maternal mental health issues.

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Many pregnant women, moms, and other birthing people live every day with racial bias; domestic or community violence; poverty; the denial of basic needs like health care, nutritious food, and child care; and other obstacles to their own health and well-being. Add to that the prospect of responsibility for the life, health, and well-being of a child, and what we term “disorders” can be more clearly seen as normal responses to very real stressors and threats. The fact that such stressors are more prevalent for women of color and members of other marginalized communities explains much of the disproportionality in maternal mental health and well-being.

The experience of the COVID-19 pandemic bears out this understanding. The pandemic sharply increased the number of families facing job and income loss, unmet health care needs, child care disruptions, social isolation, and other real-world hardships. Not surprisingly, an [analysis](#) published early during the pandemic found that the levels of psychiatric distress were significantly higher among pregnant and postpartum women during the pandemic than before (based on previously published data), and they were much higher than the general population experienced during the pandemic.

A Hard Truth and a Source of Hope

These understandings lead to a pointed indictment of America's response to maternal mental health problems. A small number of advocates approach the issue with passion, insight – often from lived experience — and dedication. But beyond that field of specialized advocates, the issue has not received the visibility,, prioritization, and resources commensurate with the scale of its devastating impact on American families.

As a result, the nation's response to maternal mental health problems has been largely ineffectual. Despite the fact that maternal mental health problems are often preventable, and early identification and intervention can make a big difference, there has been little prevention and early intervention work at scale. Instead, we largely allow people — especially women of color and other marginalized people — to get sick. And when they do, the response is confined to medical interventions that are difficult to access and, while part of the puzzle, do not solve many of the real-world drivers of poor mental well-being.

These understandings also offer real hope, if we think differently about solutions.

The diversity of factors affecting maternal mental health means that virtually all people, organizations, and systems that interact with pregnant, postpartum, and parenting people can make a meaningful difference, potentially improving maternal mental health outcomes. Related issues include:

- Economic security
- Health equity
- Maternal and child health
- Early childhood
- Child welfare
- Housing security
- Food security
- Intimate partner or community violence
- Birth equity

A deliberate focus on improved maternal mental health and well-being is in the interest of those nonprofits and the philanthropies that fund these related issues, because improving maternal mental health will accelerate progress on all of these issues and many others. Parents who are healthy are better able to get and keep a job and a place to live, maintain stable relationships with family and friends, sustain safe and nurturing homes, and do all the other things parents have to do to support a child's healthy growth and development. And since women of color and birthing people in other marginalized communities disproportionately face maternal mental health problems, improving the effectiveness of our response would be a significant step toward intergenerational equity. In other words, maternal mental well-being is a solution to a host of issues.



New Thought Partners, New Strategies

To reimagine America's approach to maternal mental health, Perigee Fund commissioned a series of six facilitated virtual strategy sessions in 2021 with some of the most creative thinkers and change agents in and around the issue.



We talked with both mental health experts and those from a range of other sectors, all of whom have a track record of advancing challenging issues to inform better solutions. These sessions included experts in the needs of low-income families, early childhood, gender, primary and pediatric health care, communications, racial equity, philanthropy and nonprofits, government, and other disciplines. [Appendix B](#) offers the complete list of our thought partners.

The opportunities for action generated through those conversations are ideas. They are not comprehensive prescriptions — some are backed by examples, but most are not. They are not a unified agenda for policy reform or a consensus funding strategy. They are, instead, the ideas of dozens of accomplished strategists, practitioners, communicators, advocates, policy analysts, and other experts. We present these opportunity ideas in [Appendix A](#), not

as complete solutions, or even the only ideas meriting consideration. But as a starting point for nonprofits, policy advocates, and funders working in related fields to discuss, add to, refine, and advance.

Some focus on addressing smaller, immediate-term needs. Others get at the root causes of maternal mental health challenges and their disparate impact on women of color and other marginalized communities.

Some of the ideas represent “inside strategies” that work within systems to make them more effective, responsive, and equitable given current structures. Advancing these ideas requires engaging leaders within current systems in the work of reimagining and changing those systems. And the reality is that there are limits. For example, a limit exists on how much can be done to mitigate siloing among federal government agencies.

But the incremental changes that are possible through inside strategies may take less time to implement, and that is why inside strategies are critical. Moms are struggling with the failings of current systems right now, and as we noted above, the two windows opened with each pregnancy do not stay open for long. The more and the sooner we can improve those systems, the more we can improve outcomes for both moms and babies.

Most conversations with thought leaders acknowledged that many of the changes to the health and mental health systems — even if wildly successful — will not get at the root causes of many maternal health challenges. For some of our thought partners, inside strategies do not go far enough in dismantling the racist and sexist structures,



as well as the over-medicalization of perinatal physical and mental health, especially in communities of color.

Experts offered ideas on how to completely reimagine community-level health and mental health from the ground up, building new systems of care rooted in community. “Outside strategies” seek to redefine what is possible by applying external pressures to change the systems themselves, or by going straight to community-level change. Outside strategies will require lobbying; federal, state, and local policy advocacy; grassroots mobilization; communication; and research. And most critically, they will require community change agents. The change they seek may take longer to achieve.

But these opportunities are critical, because these ideas represent fundamental change with the potential to improve the lives of families with children on a larger scale.

While there is some tension between inside and outside strategies, experts generally agreed that both are essential. That is, we need to shift current systems and their financing structures, while also building a new way of providing services and supports at the community level.

While there is some tension between inside and outside strategies, experts generally agreed that both are essential. That is, we need to shift current systems and their financing structures, while also building a new way of providing services and supports at the community level. The hope and goal is that these will eventually converge to meet the needs of all birthing people.



Opportunities for Action

The ideas presented below are not intended to be a silver bullet. The experts we consulted agreed that meaningful progress requires coordinated investments across a wide range of sectors. And that progress requires a healthy, robust, connected, and coordinated maternal mental health advocacy field employing both inside and outside strategies.

One priority that does unify these ideas is equity. Individually, and together, these ideas are designed to target support to those who have been underserved or who have fewer opportunities to access effective resources, including moms of color and those with low incomes.

1 Maximize the impact of health care interventions.

Federal

1. Integrate non-clinical providers as paid members of care teams. Peer specialists, promotoras, doulas, moms' support groups, family resource centers and other community-based care coordinators can supplement clinical care to improve outcomes. A well-coordinated integration of funding and partnerships of/between clinical and non-clinical providers could effectively expand the range of supports available to meet maternal mental health needs and improve access for women of color, birthing people, and other marginalized communities.

2. Implement cross-system financing or co-led service delivery pilots. Modernized caregiver teams need modernized payment systems that reimburse both clinical and community-based providers. Payment reform should focus first on improving access and quality for people with low incomes and the least access. The Centers for Medicare and Medicaid Services (CMS) should make a demonstration or a pilot investment in a city or region, and make improved health equity a key indicator for the pilot's evaluation.

3. Develop a coordinated federal strategy that cuts across silos. A public/private interagency workgroup could provide a forum for coordination and identify policy gaps across the various federal agencies supporting maternal and family mental health. It would be important to ensure that the workgroup is clearly tasked with developing a vision and plan for maternal mental health equity and outcomes improvement – a maternal mental health reform “roadmap” with discreet policy and outcomes goals for 5- and 10-year timeframes.

4. Develop a reform roadmap for states. The workgroup described in #3 above should also develop a roadmap for state agencies. The roadmap would compile best practices, policies, and case studies from states and include guidance on financing options, including Medicaid waivers and state plan amendments, as well as information about practices like Medicaid billing code reforms aimed at supporting reimbursement for interventions that address social determinants of maternal mental health.

5. Increase access to postpartum depression screening and treatment. This means increasing the number and capacity of community-based providers. It also means financing the delivery of screening and treatment services. Initiatives to improve access should involve both increased funding for community-based providers and, as a stopgap, employing telehealth to extend the capacity of current providers. The Health Resources and Services Administration’s (HRSA) maternal mental health and pediatric tele-mental health programs should prioritize expanded access, with a specific focus on women of color and birthing people in other marginalized communities. Medicaid could also improve access to postpartum depression screening and treatment by covering these critical services. Medicaid coverage would improve the reach and stability of community-based service providers, by providing stable and sustainable reimbursements for them. Additional capacity improvements should focus on improving training, workforce pipeline development, and peer networks serving as forums for connection, sharing, and peer learning.

State

6. Establish public-private maternal mental health commissions charged with improving outcomes and equity. Statewide Maternal Mental Health Commissions should be established to improve maternal mental health outcomes and promote equity in those outcomes. Their work should begin with a review of the federal reform roadmap for states described in opportunity #4. Commissions should then prioritize the development of a Maternal Mental Health State Audit to help state leaders ask the right questions about the obstacles to improved maternal mental health, relative to the best practices identified in the federal roadmap for states. Interdisciplinary teams of researchers, policy experts, advocates, and individuals representing impacted communities should develop a set of questions that catalog the points at which state systems interact with birthing people.

7. Develop commission-led state policy roadmaps. Informed by the state audit, commissions should develop state-level coordinated interagency policy roadmaps to help leaders engage all relevant agencies. Roadmaps for reform in each state should be aligned with the federal interagency workgroup’s state reform roadmap described in opportunity #4. As state agencies begin implementation, commissions should be charged with monitoring implementation against outcomes and equity improvement goals.

8. Implement “no wrong door” to maternal mental health care and human services. Maternal Mental Health Commissions should ensure that policy reform results in a “no wrong door” experience for women and other birthing people, ensuring that contact with any state system generates support and care recommendations based on an evaluation of the individual’s distinct needs. State agencies should be required to consolidate application forms, synchronize enrollment processes, and implement adjunctive eligibility initiatives (eligibility criteria for various safety net programs is aligned to the degree that qualification for one means qualification for all) for supports that reduce maternal stress. The federal Workforce Innovation and Opportunity Act requires broadly similar coordination for state agencies’ job training programs.



9. Leverage Temporary Assistance to Needy Families (TANF) to mitigate family financial stress factors. Following the birth of a new baby, family income often goes down while expenses go up. States should pilot and evaluate interventions employing TANF funding to improve support systems for families struggling with or at risk of maternal mental health issues. One recent example is Washington state’s “Diaper Need Act” of 2022, which makes a diaper subsidy available to parents and caregivers who receive TANF and have children under age three. Research has associated maternal mental health need with diaper need ([Smith et. al, 2013](#)).

10. Help doctors identify maternal mental health needs and make effective referrals. States should pilot systems allowing primary care, pediatric, and obstetric doctors to consult with mental health professionals in screening patients for maternal mental health needs, and facilitating effective referrals to a wide range of community-based resources, including doulas, support groups, and mental health care providers. The University of North Carolina’s NC Maternal Mental Health [MATTERS](#) (Making Access to Treatment, Evaluation, Resources and Screening Better) offers a useful example. MATTERS is a state perinatal psychiatric access program. Other programs are available or emerging now in almost half of all [states](#).

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11. Address language barriers within health systems. Language access remains a significant barrier to prevention, care, and community-based supportive services. Strengthening federal and state regulations that promote services for people with limited English proficiency is critical. In addition to regulatory requirements, reforms should focus on appropriate reimbursement to providers offering in-language services.



2 Broaden the response to address the full range of well-being obstacles.

12. Identify case studies describing hospital system or health plan interventions that addressed social determinants of health, resulting in family well-being and mental health improvements. Importantly, these interventions must have improved equity, as well as overall outcomes. Thoughtful case studies can help to overcome concerns – explicit or implicit – that addressing social determinants is not the role of hospitals or health plans, or that such interventions will not make a difference.

13. Facilitate “warm” referrals by health care providers to effective prevention services and interventions that address social determinants. Innovative tools and resources, such as online benefit screening, care coordination, and referral tools, can help health care systems and providers make warm referrals. A “cold” referral involves giving a person information about a nonprofit or government program or service that might address needs like health care or food security. “Warm” referrals involve contacting the nonprofit, program, or service with the person’s consent and arranging an initial appointment, and are generally considered more effective. North Carolina’s [Healthy Opportunities Pilot](#) is a promising example.



14. Require collaboration between health agencies and aligned agencies (such as child welfare agencies) to approach maternal substance use from a public health perspective. Building collaborative working relationships across agencies can serve to enrich the data available to health agencies; expand the reach of prevention, screening, or treatment initiatives; and lay the groundwork for “no wrong door” initiatives described above. Importantly, such efforts must avoid a surveillance, research, and accountability framework, as that may make screening and support seem dangerous or intrusive to birthing people.

15. Advance comprehensive policy reform agendas that address a wide range of issues impacting families’ mental health and health equity. These issues include: home visitation; adolescents’ improved access to mental health supports and medication-assisted treatment; expanded access to medically accurate sex education, family planning, and contraception; and expansion and improvement of programs with a track record of effective support for families with young children, such as Healthy Start.

3 Build new community-centered maternal mental health support systems.

16. Convene collaborations led by community-based organizations that bring representatives of relevant systems (home visiting, domestic violence, health plans, TANF, etc.) together to recommend integrated supports for families. Community-based organizations should lead diverse stakeholder collaborations in cultivating new systems of care deliberately designed to serve women of color and other birthing people traditionally marginalized by existing systems. Rochester, New York's [Consortium to End Black Maternal Mortality](#) is an effective example. These systems would serve alongside the traditional medical-based systems, improving outcomes and equity by increasing the effectiveness and responsiveness of support and care available in the community.

17. Cultivate community-based organizations' power-building, so they can partner as equals with institutional health care sector leaders like health plans or insurers. Increasing the capacity and power of community-based organizations can accelerate the development of new systems of care that are rooted in community and better positioned to dismantle racist and sexist structures built into existing medical systems. [The Montana Meadowlark Initiative](#) is an example of an organization that has cultivated an authentic partnership with clinical care providers to integrate behavioral health into prenatal care.

18. Conduct community assessments and use findings to close care gaps. Consortia of groups within a community can conduct community strengths and needs assessments to identify gaps in continuity of care. To maximize their utility in informing policy and practice change, these assessments must adopt the perspectives of women of color and birthing people in other marginalized communities. It is important to note that assessments have been completed for many communities, and existing assessments can inform the development of responsive strategies for those communities without further delay.

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19. Cultivate public-private financing partnerships for pilot projects. Demonstration projects aimed at integrating medical and community-based care focused on improved outcomes – for example, with mothers recovering from substance use disorder – may be strong candidates for financing models that leverage private capital for the public good. Social impact bonds – whereby private investors finance service improvements with government repayment contingent on improved social and cost outcomes – are one example of a public-private partnership to fund social services improvements.



4 Center women of color and other historically marginalized people.

20. Ensure that reform strategies are informed by anti-racist best practices, that these strategies reflect the experience of women of color, and that women of color have a substantive role in the development of financing models and policy reforms. Insisting on the representation of groups of people who have also been historically marginalized is also a critical prerequisite for reform strategies that will result in equity improvements.



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21. Build more culturally relevant, comprehensive, and accurate measurements. Culturally sensitive screenings and quality assessments exist, and some are Medicaid-reimbursable. These assessment tools will also accelerate progress from the medicalized models of standards of care prevalent today toward more responsive models that mix community-based and medical care to maximize maternal mental health gains. Policymakers should create incentives for their universal adoption, providers should make them industry standards, and advocates should push both providers and policymakers to do their parts. Their universal adoption should not delay reforms described elsewhere in this document. Both reforms and the dissemination of improved measurement tools should proceed with urgency, and actors in various sectors should knit them together over time.

22. Commission a national survey of relevant programs. This research would compile overviews of programs serving women and those serving children, as well as those serving families with children. The aim of this survey would be to understand whether and how each program addresses maternal mental health.

23. Advocates should push for increased Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources & Services Administration (HRSA) funding for community-based maternal mental health supports. Advocacy efforts should ensure that learning communities of community-based providers and coalitions of medical and community-based providers, are eligible for such funding.

5 Expand advocacy to influence and accelerate policy change.

24. Ensure that maternal mental health advocates and stakeholders have a seat and voice at key advocacy coalition tables. Without that presence and influence, advocacy priorities will not reflect maternal mental health needs or priorities.

25. Convene an advocacy network focused on federal maternal mental health funding. The three aims of advocacy efforts would be:

- Increasing federal investments in maternal mental health
- Ensuring that maternal mental health investments prioritize anti-racism and meeting the needs of women of color and other birthing people marginalized by existing systems
- Ensuring that those investments prioritize capacity building for local community-based providers and coalitions



The default conversation about maternal mental health that implies it primarily concerns white middle class mothers in the form of postpartum depression unintentionally limits policy change efforts.

26. Complete a media scan. For many laypersons, news coverage is the only source of information about maternal mental health. A media scan would assess whether and how maternal mental health is depicted across multiple media sources, including social media, traditional news media and television, music, and other popular cultural media. In so doing, it would provide a useful indicator of the general public's awareness of and attitudes on the issue.

27. Implement a narrative change effort. The default conversation about maternal mental health that implies it primarily concerns white middle class mothers in the form of postpartum depression unintentionally limits policy change efforts. Narrative change should not only improve the accuracy of key audiences' understanding of maternal mental health challenges, but also convey the failings of the prevalent response and the potential of effective interventions to make real improvements in outcomes and equity. A key objective of narrative change should be a shift in mental models within the advocacy field itself, toward practice or policy reforms. Narrative work in this space currently serves to elevate the problem and does not focus significantly on solutions.

28. Make a communication plan. Informed by the media scan, develop a communication and culture change plan aligned with a more fundamental policy and practice change strategy. Tactical elements might include earned and paid news media outreach, as well as interventions focused on entertainment and other popular culture. Experts cautioned that messages must focus on key elements central to responsible narrative change and typified by characteristics including:

- Directly affected people taking action on their own behalf and for others
- Systems changing as a result
- Real improvement in the health and lives of birthing people, especially moms of color

29. Develop stories of action, system change, and health. Stories about real people taking concrete action that results in system changes (even at a small scale) that improve maternal mental health are critical to demonstrate that progress is possible and that directly affected individuals have agency and power. One specific idea was to bring maternal mental health thought leaders together to share their own stories and identify others.

30. Make better use of social media. Clubhouse and other social media platforms provide forums for conversations on pregnancy, birth, and postpartum issues, including open conversations about maternal mental health. These platforms offer low-cost opportunities to uplift the voices and share the experiences of women of color and other birthing people traditionally marginalized by existing systems.



Our numbering of the themes and the ideas within them is not intended to imply prioritization or sequencing. Rather, the problem's scale and severity require both the federal government and state governments to act simultaneously – and with urgency. We urge them to coordinate whenever practical, but we acknowledge that urgent action requires accepting the likelihood of overlapping timelines.

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A Step Toward Putting Ideas Into Action

Informed and inspired by the strategy sessions and the recognition that opportunities for action require resources, a collaborative of philanthropic funders who prioritize maternal mental health, including Perigee Fund, launched [Funders for Maternal Mental Health](#) at the end of 2021.



Some funders focus specifically on maternal mental health. Others have come to understand that progress on maternal mental health is a prerequisite for progress on related issues. Initial goals are to:

- Explore these ideas and others to increase the impact of maternal mental health system change
- Identify community-based organizations that can lead the maternal mental health advocacy field
- Engage advocates in related fields in dialogue about the critical role improved maternal mental health can play in accelerating progress on priorities like early childhood, birth equity, and health equity

As the ideas above illustrate, we do not have to accept the failures of our past. We can do more, and we can do better.

Contributing Experts

In 2021, Perigee Fund commissioned a series of virtual national maternal mental health strategy sessions hosted by Shelley Waters Boots and Lena O'Rourke with facilitation support from Kevin John Fong and Karen Rezai of the Kahakulei Institute. The bios included here were accurate at the time of the strategy sessions. A number of leaders have since changed organizational affiliations and titles.



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Dr. Priya Batra	<	
Jamie Belsito	<	
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Dr. Ifeyinwa Asiodu

Dr. Ifeyinwa Asiodu is an Assistant Professor in the Department of Family Health Care Nursing at University of California, San Francisco School of Nursing. As a researcher, registered nurse and lactation consultant, her research is focused on the intersection of racism, systemic and structural barriers, life course perspective, and increasing access to human milk, breastfeeding resources, lactation support, and donor human milk. Dr. Asiodu uses a critical ethnographic lens to inform her work. The long-term goal of her program of research is to reduce infant feeding disparities and increase access to high quality breastfeeding care, lactation support, and equitable contraception services for Black women. She is also actively engaged in local, state and national breastfeeding, reproductive health, maternal and child health, and public health organizations geared toward achieving birth and breast-feeding equity and justice.



Sara Axelson



Sarah Axelson, MSW, is the Interim Head of Programs at Power to Decide, where she manages the Innovation Next program, supporting innovative technology-based solutions to prevent teen pregnancy and improve adolescent health.

Axelson is passionate about the intersection of adolescent sexual health and the science of learning, and has built her career around educating professionals which has included time in the federal government, as a Project Officer for the Adolescent Pregnancy Prevention Program in the US Department of Health and Human Services/Family and Youth Services Bureau, as well as work in the nonprofit world, as the Director of Training at ETR and as a Program Manager at Advocates for Youth. Axelson also serves as an Adjunct Faculty member at two local universities.

She holds a Master’s Degree in Social Work, a certificate in Nonprofit Leadership from the University of North Carolina at Chapel Hill, and an undergraduate degree from James Madison University.



Dr. Priya Batra

Dr. Priya Batra joined Inland Empire Health Plan (IEHP) in 2017 and serves as Senior Medical Director – Family and Community Health. As a board-certified obstetrician-gynecologist, Dr. Batra brings clinical expertise to IEHP. She completed her MD degree at Columbia University, and her clinical training at the University of California, Los Angeles (UCLA).

Dr. Batra’s experience in health services research and implementation science play a large role in her approach to improving care for IEHP members at the family and community levels. This background has driven her to focus on developing health policies and programs that support evidence-based care, disease prevention, and health equity.

Dr. Batra serves in adjunct faculty positions with both the UCR School of Medicine and the RAND Corporation; she is an Associate Editor of Women’s Health Issues. She is a member of the American College of Obstetricians and Gynecologists, the Society for Family Planning, AcademyHealth, and the California Pregnancy Associated Mortality Review.



Jamie Belsito

Jamie Belsito is the Maternal Mental Health Leadership Alliance’s Federal Policy Director and Founder. She is a former Commissioner on the (MA) Ellen Story Special Commission on Postpartum Depression and a trustee at her alma mater, Salem State University. As the former Advocacy Chair for the National Coalition for Maternal Mental Health, she led a grassroots movement engaging mothers and families across the United States to help pass the Bringing Postpartum Depression Out of the Shadows Act, the first-ever federal legislation addressing maternal mental health. Belsito is a former candidate for United States Congress, where she used her platform to focus on the health and wellness of women, children, and families. She is committed to keeping maternal mental health a focal point in our nation’s policy, centering communities of need at the heart of access and funding.

Since participating in the strategy sessions, Belsito has become a Massachusetts State Representative for the 4th Essex District.



Dr. Carrie Brown

Dr. Carrie Brown is the Chief Medical Officer for Behavioral Health & IDD (Intellectual and Developmental Disabilities) for the North Carolina Department of Health and Human Services.

A graduate of Princeton University, she received her medical degree from Duke University’s School of Medicine, a Master’s in Public Health from the University of North Carolina at Chapel Hill Gillings School of Global Public Health and trained in psychiatry at Duke University Hospital.

She has experience within the North Carolina state psychiatric hospital and prison systems and with evidence-based community treatment models, such as Assertive Community Treatment (ACT) and integrated behavioral health/primary care programs.

She has published health services research on topics such as de-escalating aggressive behavior and quality measures in serious mental illness. Dr. Brown is an associate professor of psychiatry at UNC, a consulting assistant professor of psychiatry at Duke, and a research fellow with the Cecil G. Sheps Center for Health Services Research at UNC.



Joy Burkhard

Joy Burkhard is the Founder and Executive Director of 2020 Mom, a nonprofit social change organization aggressively working to close gaps in maternal mental health through education, awareness, and advocacy.

2020 Mom’s projects include the brands “Mom Congress” and TheBlueDotProject, a national awareness movement for maternal mental health which hosts the USA’s maternal mental health awareness week social media campaign.

Burkhard is a member of the American College of Obstetrics and Gynecology expert workgroup on Maternal Mental Health and the California Maternal Quality Care Collaborative, the nation’s first agency working to solve the USA’s maternal mortality crisis.

She has been recognized for her leadership and vision, receiving The American Public Health Association’s Maternal Child Health Leadership and Advocacy Award, California’s American Mother of Achievement Award, the “Emerging Leader” award in women’s health from the federal Health and Human Services Agency, Office of Women’s Health and Cigna’s Volunteer of the Year award.



Dr. Joia Adele Crear-Perry

Dr. Joia Adele Crear-Perry, FACOG, is the Founder and President of the National Birth Equity Collaborative. Previously, she served as the Executive Director of the Birthing Project, Director of Women’s and Children’s Services at Jefferson Community Health-care Center and as the Director of Clinical Services for the City of New Orleans Health Department.

Dr. Crear-Perry is most known for her work to remove Race as a risk factor for illness like premature birth and replacing it with Racism. She has been asked to train in maternal and child health and is a sought-after speaker.

Dr. Crear-Perry serves on the Joint Commission Perinatal Safety Project Technical Advisory Panel, the Advisory Committee of the Black Mamas Matter Alliance, Principal at Health Equity Cypher, and on the Board of Trustees for Community Catalyst, National Medical Association, and the UCSF PTBi.

After receiving her bachelor’s training at Princeton University and Xavier University, Dr. Crear-Perry completed her medical degree at Louisiana State University and her residency in Obstetrics and Gynecology at Tulane University’s School of Medicine.



Dr. Twylla Dillion



Dr. Twylla Dillion is the Executive Director of HC One. She brings 10+ years of experience in the nonprofit sector spanning philanthropy, Medicaid reform, maternal-child health, data analytics, and academia.

In her prior work at United Way of Greater Rochester, Dr. Dillion focused on using data and analytics across the fundraising, grantmaking, and evaluation cycle. Additionally, Dr. Dillion has conducted research on breastfeeding, served as Program Officer for maternal-child health programs, and worked as a research lead on a Patient Centered Outcomes Research Institute (PCORI), which focused on collaborating with Black moms to better understand contributors to Black maternal mortality/morbidity and develop strategies for better outcomes. She is a graduate of the University of Rochester School of Medicine and Dentistry, where she received her Ph.D. in Health Services Research, Policy and Outcomes, and St. John Fisher College, where she received her MBA.



Indivar Dutta-Gupta

Indivar Dutta-Gupta is Co-Executive Director of the Georgetown Center on Poverty & Inequality (GCPI), where he leads work to develop and advance policy recommendations that alleviate poverty and inequality, advance racial and gender equity, and expand economic inclusion for all people in the United States.

Dutta-Gupta serves as a board member for two nonpartisan groups, Indivisible Civics and the National Academy of Social Insurance, and as an advisor for the Aspen Institute’s Benefits 21 Initiative, Liberation in a Generation, and The Policy Academies.

Dutta-Gupta received his BA with honors from the University of Chicago in Law, Letters, and Society and in Political Science and is a Harry S. Truman Scholar (2004).

Dutta-Gupta was awarded the Congressional Hunger Center Alumni Leadership Award (2016). He was named one of Washington Life magazine’s most Influential 40-And-Under Leaders (2013) and Rising Stars 40 And Under (2016, 2017) and has advised presidential and Congressional candidates and campaigns on various social and economic policies.

Since participating in the strategy sessions, he has succeeded Olivia Golden as Executive Director of CLASP.



Dr. Janina Fariñas

Dr. Janina Fariñas is the Founder and Chief Executive of the award-winning La Cocina program(s) for Latinx community health and the Mil Dias de Amor infant mental health program. Trained as a pediatric neuropsychologist and a family therapist, Dr. Fariñas’ areas of clinical and research expertise include early childhood toxic stress, adversity and trauma, Infant Mental Health, Latinx Psychology, Family Studies, health equity, and community mental health.

For the past 15 years, Dr. Fariñas has dedicated herself to the development of trauma informed programs and interventions benefiting families, women and children/infants. In January 2017, Dr. Fariñas founded La Cocina, a multidisciplinary Latinx community-participatory nonprofit clinic that works to dismantle the obstacles to quality, culturally relevant mental health care for the Colorado Latinx community.

Dr. Fariñas holds a Ph.D. in Clinical Psychology from the Chicago School of Professional Psychology, a Masters in Psychology from Naropa University, and an undergraduate degree in Social Sciences from the University of New Orleans.



Kate Langrall Folb

Kate Langrall Folb comes to Hollywood, Health & Society after working for over 20 years in the entertainment education field. After an early career in television and music production/management, Folb joined the Scott Newman Center as director of special projects. There, she worked with top TV shows and films on issues of alcohol and other substance abuse. Later, she spent nearly 10 years as director of the Media Project, a partnership of Advocates for Youth and the Kaiser Family Foundation, which addressed portrayals of adolescent reproductive health in the media. In 2001 she led Nightingale Entertainment, an independent consulting firm working with foundations and national non-profits including the Robert Wood Johnson Foundation and Planned Parenthood Federation of America on entertainment education and celebrity involvement in national media campaigns. Folb speaks fluent Spanish, holds a bachelor’s degree in Spanish from the University of Denver, and a master’s degree in education from UCLA.



Dr. Olivia Golden

Dr. Olivia Golden, former Assistant Secretary for Children and Families at the U.S. Department of Health and Human Services, became the Executive Director of the Center for Law and Social Policy (CLASP) in 2013. CLASP is a nonpartisan anti-poverty organization that advocates practical and bold policy solutions for low-income people—including solutions to tear down systemic barriers affecting people of color and immigrants—at the national, state, and local levels.

Dr. Golden is regularly invited by Congressional leaders to testify on the importance of the safety net and economic security for children, families, and individuals. She appears frequently in the media to discuss and explore key policy issues. Her byline has appeared in leading publications including The New York Times, The Washington Post, The Hill, and USA Today. She holds a doctorate and a master’s degree in public policy from the Kennedy School of Government at Harvard, where she earned a B.A. in philosophy and government.

Since contributing to the strategy sessions, Dr. Golden has retired from CLASP.



Tamar Magarik Haro

Tamar Magarik Haro has spent more than 17 years working in health care policy, public health, and advocacy and currently serves as Senior Director of Federal and State Advocacy at the American Academy of Pediatrics (AAP) where she leads federal legislative advocacy and regulatory initiatives on a variety of child health issues.

Prior to joining the Academy in 2010, Haro served as Staff Director of the U.S. Senate Subcommittee on Children and Families of the Health, Education, Labor, and Pensions (HELP) Committee to U.S. Senator Chris Dodd (D-Conn.), playing a key role in the development and passage of the Patient Protection and Affordable Care Act.

Haro is the recipient of numerous awards for her work on behalf of children and families. She graduated with honors from Washington University in St. Louis with a B.A. in Political Science and Russian Studies.



Sinsi Hernández-Cancio

Sinsi Hernández-Cancio, JD, is a Vice President at the National Partnership for Women & Families, where she leads the Health Justice team. She is a national health and health care equity policy and advocacy thought leader and has presented at national events across the country and served on numerous advisory committees for organizations including the National Academy of Medicine, the National Committee for Quality Assurance, the Patient Centered Outcomes Research Institute, the Robert Wood Johnson Foundation, the National Center for Complex Health and Social Needs, and the American Association of Pediatrics.

Prior to joining the National Partnership’s staff, she was the Founding Director of Families USA’s Center on Health Equity Action for System Transformation, where she led efforts to advance health equity and reduce disparities in health outcomes and health care access and quality.

Hernández-Cancio earned an A.B. from Princeton University’s Woodrow Wilson School of Public and International Affairs and a J.D. from New York University School of Law, where she was an Arthur Garfield Hays Civil Liberties Fellow, and won the Georgetown Women’s Law and Public Policy Fellowship.



Dr. Myra Jones-Taylor

Dr. Myra Jones-Taylor is the Chief Policy Officer at ZERO TO THREE, the national leader on infant-toddler policy and program development where she leads the development and implementation of the organization’s policy agenda, priorities, and strategies.

Prior to this role, Dr. Jones-Taylor served as Connecticut’s founding Commissioner of Early Childhood, leading the cabinet-level state agency responsible for early care and education, home visiting, early intervention, and child care licensing in the state.

Dr. Jones-Taylor received her doctorate in American studies and anthropology from Yale University. She has the honor of being both an Ascend Fellow and a Pahara Fellow at the Aspen Institute. In 2020, she was named to the inaugural Care 100, honoring the 100 most influential people working to re-imagine and re-humanize the care system.

She writes and speaks about race, racial identity, and social inequality in The Atlantic and is an active board member of national organizations committed to equity and supporting the needs of young children and families

Since participating in the strategy sessions, Dr. Jones-Taylor has become Chief Policy Impact Officer at the Urban Institute.



Dr. Nat Kendall-Taylor

Dr. Nat Kendall-Taylor is Chief Executive Officer at the FrameWorks Institute, a research think tank in Washington, DC. He leads a multi-disciplinary team in conducting research on public understanding and framing of social issues and supporting nonprofit organizations to implement findings. A psychological anthropologist, Dr. Kendall-Taylor publishes widely on communications research in the popular and professional press and lectures frequently in the United States and abroad. He is a senior fellow at the Center on the Developing Child at Harvard University, a visiting professor at the Child Study Center at Yale School of Medicine, and a fellow at the British-American Project.



Amy Kershaw

Amy Kershaw is the Commissioner for the Massachusetts Department of Transitional Assistance (DTA). DTA is the state agency responsible for administering the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and other federal and state programs for low-income, elderly, and disabled families and individuals. Kershaw has many years of experience in senior positions within Child Welfare and Early Education and Care agencies. Most recently, as Associate Commissioner for Economic Assistance and Employment at DTA, Kershaw was responsible for overseeing the state’s TANF program and all SNAP and TANF related employment programs. She was also the Agency’s lead for implementation of the Workforce Innovation and Opportunity Act (WIOA). Commissioner Kershaw is passionate about public service and strives to promote economic mobility for families and individuals and a strong economy for the Commonwealth.

Since participating in the strategy sessions, Kershaw has become Acting Commissioner of the Massachusetts Department of Early Education and Care.



Kyra Kyles

Kyra Kyles is the CEO at YR Media, an award-winning national nonprofit serving youth storytellers. Among her media roles, Kyles served as EBONY Editor-in-Chief and Senior Vice President, Head of Digital Editorial and while at sibling pub, JET, launched the iconic brand’s first-ever app. Earlier in her career, Kyles was a columnist and broadcast correspondent for the Tribune RedEye. A contributor to outlets ranging from NPR’s WBEZ to the BBC to Bustle, this Chicago-native-turned Bay Area resident has been named to the Folio magazine Top 100 Media Executives, WVON and Ariel Capital’s “Top 40 Under 40 Game Changers” lists.



Courtney Lee-Ashley

After spending 15 years in Washington, DC, Courtney Lee-Ashley completed her first year at Novartis as a Director of Federal Government Affairs. Previously, she had roles in government affairs at Merck and the Pharmaceutical Research and Manufacturers of America (PhRMA), where she began working on legislative issues on behalf of the innovative pharmaceutical industry.

Her first position on Capitol Hill was with Senator Ben Nelson of Nebraska, but she quickly found her way to campaign politics and spent the next seven years working in various political and fundraising positions. She is most proud of her work during the 2012 and 2014 cycles at the Democratic Congressional Campaign Committee (DCCC) where she raised approximately \$50 million to re-elect Democratic members of the U.S. House of Representatives.

Lee-Ashley graduated from the University of North Carolina at Chapel Hill with a B.A. in History and Communications.



Dr. Michael Lu

Dr. Michael Lu, Dean of the UC Berkeley School of Public Health, has dedicated his research to a new theory on the origins of maternal and child health disparities. Dr. Lu was formerly the Senior Associate Dean for Academic, Student and Faculty affairs at George Washington University’s Milken Institute School of Public Health, and prior, was the Director of the Maternal and Child Health Bureau for the U.S. Department of Health and Human Services.

Dr. Lu transformed key federal programs in maternal and child health, launched major initiatives to reduce maternal, infant, and child mortality in the U.S. and was awarded the Herbert H. Humphrey Award for Service to America. He served on three National Academy of Medicine committees and chaired the HHS Secretary’s Advisory Committee on Infant Mortality. As an obstetrician, Dr. Lu has attended over a thousand births and has been voted one of the Best Doctors in America since 2005.



Kristen Marston

Kristen Marston is skilled at translating social issues from communities on the ground into film, TV, and advertising projects. To date, she has advised on over 50 entertainment projects across networks through working with writers rooms, creative executives, researchers, and advertisers to create media content that is reflective of women, Black people, communities of color, and the issues that affect us.

Most recently through her role as Culture & Entertainment Advocacy Director at the racial justice nonprofit Color Of Change, she helped launch a groundbreaking study on crime procedurals called Normalizing Injustice and worked to launch the #ChangeHollywood initiative in collaboration with Michael B. Jordan to provide actionable solutions Hollywood can take to move the industry toward real change.

Since participating in the strategy sessions, Marston has become Chief Impact Officer at The League.



Kay Matthews

Kay Matthews, founder of The Shades of Blue Project, graduated with a two-year degree in Early Childhood Development from North Harris College in Houston, Texas, before furthering her education in the mental health field by becoming a Licensed Community Health Worker. She has received numerous awards from both her community and her peers, and she sits on the board of and serves as a partner with several national organizations.

Along with writing her first bestseller, a Self-Help Journal: 365 Days To Recovery “Finding Your Way Out Of The Darkness”, and Recovery State of Mind Daily Journal, Matthews is actively teaching and speaking to women of all ages to help them better understand how important it is to advocate for themselves before, during, and after childbirth. To her, this is the most important aspect of the work she does within the community, and it is the motivation that she uses to continue to educate communities worldwide.



Stephanie Quinn

Stephanie Quinn serves as Senior Vice President, Advocacy, Practice Advancement and Policy. She oversees the AAFP Divisions of Government Relations and Practice Advancement as well as the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. She directs legislative and private sector advocacy on issues such as value-based models of care and increasing health care access.

Prior to joining the AAFP in 2019, Quinn served more than 15 years of government relations and legislative experience in the health care industry, including with the AAFP, American Society of Radiation Oncology, and various Blue Cross Blue Shield organizations.



Rinku Sen

Rinku Sen is a writer and social justice strategist. She is formerly the Executive Director of Race Forward and was publisher of their award-winning news site Colorlines. Under Sen’s leadership, Race Forward generated some of the most impactful racial justice successes of recent years, including Drop the I-Word, a campaign for media outlets to stop referring to immigrants as “illegal,” resulting in the Associated Press, USA Today, LA Times, and many more outlets changing their practice. She was also the architect of the Shattered Families report, which identified the number of kids in foster care whose parents had been deported.

Since participating in the strategy sessions, Sen has become Executive Director of Narrative Initiative.



Marjorie Sims

Marjorie Simms, Managing Director of Ascend at the Aspen Institute, has more than 20 years of experience in advancing the status of women and families at local, state, national, and international levels. She formerly served as Program Officer at the W.K. Kellogg Foundation, with a specific focus on family economic security programs, and managed a \$65M grant portfolio. Prior, Sims held the positions of Chief Operating Officer, Interim President, and Vice President of Programs and Operations at the Washington Area Women’s Foundation. During her tenure, Sims helped launch Stepping Stones, a \$5 million, multi-year, regional initiative to increase the income and assets of women-headed families. In addition, Sims served as the Executive Director of the California Women’s Law Center and as a policy analyst with the International Center for Research on Women. She is a co-founder of Women’s Policy, Inc., an organization that provides unbiased analyses and educational briefings about federal legislation affecting women and families.



Bill Smith

Bill Smith is a founding partner of Civitas Public Affairs Group, a values-based firm working on some of the most pressing societal challenges of our day. He has over two decades of experience in campaign management, messaging research, communications, and movement building.

Most recently, Smith founded Inseparable, a new advocacy organization for mental health with a bold vision: an America where mental health, no longer an afterthought, helps our country to heal and thrive.

Smith was the National Political Director at Gill Action where his guidance and advice helped win nearly 200 successful state elections across the country. He has worked extensively as a general consultant, and has built winning campaigns for elected officials, political groups, and nonprofit organizations across the country. He currently serves on the boards of End Citizens United, Faith in Public Life Action Fund, and the Reconciling Ministries Network.



Dr. Megan Smith

Dr. Megan Smith is an Associate Professor in the Departments of Psychiatry & the Child Study Center at the Yale School of Medicine and in Social & Behavioral Sciences in the Yale School of Public Health where she conducts research, teaches, and mentors students. Dr. Smith’s long-standing research interest has been community-partnered and systems research of maternal mental health and racial, ethnic, and gender-based disparities in mental health and illness.

Dr. Smith is the Founder and Director of the MOMS Partnership, a two-generational approach to promote the mental health and economic mobility of overburdened and underserved mothers, and is the Principal Investigator of Elevate, a policy Lab at Yale focused on improving the mental health of mothers as a pathway to economic and social mobility. She is the principal investigator on several federally-funded and philanthropic grants and is co-director of the Yale Parent and Family Development Program.

Since participating in the strategy sessions, Dr. Smith has become senior director of community health transformation at the Connecticut Hospital Association.



Ralph Smith

As managing director of the Campaign for Grade-Level Reading since 2010, Ralph Smith has focused on attacking intergenerational poverty grounded in research highlighting the alarming number of children who are not reading proficiently by third grade and the long-term consequences for society.

Smith made his early mark in academia by teaching corporations and securities regulation at the University of Pennsylvania, but acknowledges that his background as a corporate and securities lawyer helped his leadership in supporting fathers in their critical role, mobilizing communities to be change agents, and improving outcomes for vulnerable children and families.

Working with Casey leadership to put families at the center of the Foundation’s efforts to improve outcomes for disadvantaged kids numbers among Smith’s proudest accomplishments.



Isha Weerasinghe

Isha Weerasinghe is a Senior Policy Analyst within CLASP’s youth team and led CLASP’s technical assistance work in mental health for youth and young adults and mothers over the past three years and works on related federal legislative and regulatory advocacy.

Weerasinghe previously worked as the Director of Policy and Advocacy at the Association for Asian Pacific Community Health Organizations (AAPCHO), where she focused on the intersections of how Asian Americans, Native Hawaiians, and Pacific Islanders (AA&NHPIs) can better access linguistically concordant and culturally appropriate care. She led a few local and national coalitions and provided state and national policy guidance for AA&NHPI-serving community health centers and organizations.

Weerasinghe has a bachelor’s in arts degree in biology from Bryn Mawr College, and a master’s in science degree in health policy and demography from the London School of Economics and Political Science.

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