

Ballot Questionnaire: Heather Clarke, Presidential-Elect Candidate

Ballot Question 1: What makes you qualified for this position? Why are you interested in this position?

I have been an active and engaged member of ACNM through its committee structure for over 40 years. During that time, I formed a 501C3 grassroots social advocacy organization where I was President. Additionally, I have been on two other boards and task forces related to the provision of healthcare. Serving on other boards and assuming the legal and fiduciary responsibilities for the agency, I learned the importance of stepping back to take broad in-depth evaluations of the needs of the organization. It is most important for board members to consider multiple issues at the same time. Beginning with the mission and purpose, goals, strategic plans, and meeting the needs of its membership and consumers, boards also need to strive for financial stability, marketing, adherence to legal matters, and building strong interagency collaborations that can promote its strategic goals. I learned the importance of working closely with other members of the board, however, as President, I knew that the final buck stopped with me. I recognize that ACNM is at a significant crossroads at this time. It must grow its membership, develop additional streams of reliable income, provide leadership and direction to grow more midwives, push for greater utilization of midwives as primary care providers during the reproductive years and independent practice across the nation... while in the midst of two pandemics, COVID-19 and racial inequality and unrest. I believe that my life experience as a Black woman, living between two worlds most of my life, has enabled me to develop critical communication skills. Most important is the ability to listen deeply and help individuals with different perspectives to find consensus around common goals. My desire to serve as President of ACNM is born of a deep passion to improve birth outcomes for all mothers, birthing people, and babies. To achieve that as a profession, ACNM needs to build unity among its members and to forge a path forward towards economic stability, greater respect, and utilization of midwives within health care systems and the families we seek to serve.

Ballot Question 2: Visit ACNM's Strategic Plan [HERE](#). What part of the strategic plan embodies your personal philosophy?

I am in agreement with all five areas of the strategic plan. Personally, I strongly believe that midwifery holds the key to improve the overall health of our nation, and to save critical health care dollars while providing excellent safe, and respectful care to the women, people, and families whom we serve. To accomplish the above ACNM needs to support and build an equitable and diverse workforce that reflects the diversity within our membership and the families we serve. To continue to improve our great outcomes, we must conduct midwifery research and develop our own evidence-based best practices that promote physiological birth and empower families. We cannot improve disparities in MCH alone. We must work to broaden interprofessional collaborations and partnerships with all members of the health care team, community, grassroots organizations, public health, and social support agencies to expand access to critical

resources and services that our clients need to meet their needs. We must find more effective means to communicate to members of the public, legislators, public health agencies, and funding agencies to raise their awareness of the safe, effective, and important work that we do. Finally, midwives are natural-born leaders. In our efforts to grow more midwives, we must sit on boards with the influence and funds to support our work and elevate our position to serve as the preferred primary care providers for low-risk families. Midwifery voices need to be at the table when federal, state, city, and county agencies make critical decisions to support education and clinical practices of categories of health care providers. We must continue midwifery leadership in the global arena to continue to advocate for the rights and healthcare of mothers and babies around the world. Finally, I want to see more midwives assume leadership in state and national politics so that we are present when decisions are made on important laws that impact the distribution of health care dollars and legislation that support independent practice and equitable reimbursement for midwifery services.

Ballot Question 3: Visit the Diversity, Equity, Inclusion, and Belonging (DEIB) HERE. What ideas do you have for enhancing diversity, equity, inclusion, and belonging?

After visiting the DEIB link, I was very impressed with the roadmap and the ambitious set of items that have been developed. I support all of those efforts, although ACNM needs to recognize that some of the webinars and content where BIPOC people as asked to share painful racist experiences within an unsafe setting can be traumatic. Also, all leaders within ACNM need to continue to do their own work and become more mindful of how their "casual" words and actions can deflate the aspirations of a BIPOC midwife. Overlooking them for a position or telling them to seek a lesser position can causing harm that no antiracist webinar can repair. ACNM must really listen to what BIPOC and Latinx midwives want and move beyond talking to action that addresses those needs. How can ACNM help programs address the need for more BIPOC and Latinx faculty with programs to support their retention and graduation. ACNM should push for the inclusion of core competencies which ensure that all students learn the real history and legacy of the Granny Midwives and honor them for serving as the mothers of midwifery in the US. We need to teach all midwifery students the truth about the period of enslavement, reconstruction, Jim crow, ongoing persistent racism. All students and midwives who care for BIPOC families should understand how these racist practices lead to weathering and place BIPOC women/people and babies at greater risk of maternal and child morbidity and mortality. Students, faculty, and practicing midwives alike, must eliminate the notion that BIPOC people are at risk for health disparities because of their race while ignoring the evidence that documents how transgenerational, ongoing stress and racism contributes to significant MCH disparities for BIPOC families. ACNM and needs to use its influence to fundraise monies aimed to repair the damage caused to the Grannies and poor Black and Brown families beginning with the first nurse-midwifery educational programs. BIPOC midwives need scholarships to attend educational programs, they need funding and support to return to

their communities and build practices to serve poor and BIPOC families. ACNM should mandate implicit bias training for all faculty, board members, committee leaders, and staff. It should continue to work closely with grassroots organizations and consumers who are of color or serve BIPOC families. My final suggestion, it is time for ACNM to seriously explore and work with BIPOC midwives to support and assist in the development of an independent midwifery education program at an HBCU. This could be a concrete way forward for ACNM to repair its dark and racist legacy and at the same time achieve its strategic goal towards building a diverse and engaged midwifery workforce.

Ballot Question 4: What is your vision for innovation and improvement within ACNM?

My vision is for system change where similar to other developed nations, midwives become the primary health care provider for reproductive health care for women and babies in the U.S. To accomplish this, ACNM must make a stronger case at the federal and state and government levels to show unequivocally that midwifery care improves incomes and save billions in healthcare. We must push for funding to offer more scholarships and private funds for the education (including preceptorships) of many more midwives. We must provide affordable group liability insurance and offset the cost of doing business in low resource and BIPOC communities. ACNM needs to take the lead to renegotiate the utilization and relevance of midwifery departments in health care systems with equal necessity held by those in nursing, medicine, and social work.