AMETHIST@Penn
Year 2 Engagement Considerations Report

2025–2026

AMETHIST

AMETHIST@Penn Engagement Considerations Report

What is AMETHIST?

Advancing Maternal Empowerment and Transforming Health through Implementation Science and Training (AMETHIST) is an Implementation Science Hub serving as a resource and support center for IMPROVE investigators and teams. AMETHIST aims to:

- *Advise IMPROVE investigators in engaging diverse and sometimes marginalized communities*
- *Guide the process of implementation research, including the selection of theories, models, frameworks, strategies, and outcomes*
- *Accelerate implementation skills development in emerging and established maternal health scientists*
- *Advance knowledge about successfully conducting implementation research.*

AMETHIST Co-Directors

Rebecca Hamm, MD, MSCE

Meghan Lane-Fall, MD, MSHP

LauraEllen Ashcraft, PhD, MSW

Letter from AMETHIST@Penn Engagement Core Leadership team

In the second edition of our Engagement Considerations Report, we are proud to share key findings from the past year of leading the AMETHIST@Penn Engagement Core. From the outset, the Engagement Core team agreed that our meetings with Centers of Excellence (CoEs) and other IMPROVE investigators would be a collaboration, with each of our meetings designed to challenge traditional academic hierarchies and enhance learning from individual sites and their community-engaged models and partners. In Year 2, the Engagement Core has worked diligently to plan and host our first series of forums with subject matter experts who have illustrated the need to continue to sustain engaged maternal health research.

After another year of building relationships with CoEs, we are privileged to feel more comfortable and at home with the amazing investigative teams whose important conversations and contributions we will highlight in this report. Each meeting with the CoE teams has been inspiring and educational. We are seeing more connections forming between CoEs, allowing them to learn from one another and advance their work. In this second annual AMETHIST@Penn Engagement Considerations Report, we will share important themes and lessons learned related to community engagement that emerged during our forums. We are excited to explore these themes further in the years to come.

*We would also like to thank **Caroline Huang, MPH** (Project Manager) and **Deja R. Gantt** (Program Coordinator) for their major contributions to this work and the development of this report.*

Sarita Sonalkar, MD, MPH
Micki Burdick, PhD

What is the AMETHIST Engagement Core?

The goal of the AMETHIST Engagement Core is to work together with sites to ensure that community and stakeholder engagement suffuse the activities of the AMETHIST Implementation Science Hub and sites' research projects.

Engagement Core Co-Leads

Sarita Sonalkar, MD, MPH (she/her) is an Associate Professor of Obstetrics and Gynecology at the Perelman School of Medicine and the Program Director of the Complex Family Planning Fellowship at the Hospital of the University of Pennsylvania. She is the co-chair of DISPEL, the Obstetrics and Gynecology Health Equity Working Group. Her research, clinical, and programmatic projects include optimizing access and equity in contraception, abortion, and early pregnancy loss, implementation of postpartum family planning programmatic interventions internationally, and integration of HIV prevention and family planning services. She completed her undergraduate education at the University of Pennsylvania, medical school at Rutgers-New Jersey Medical School, her obstetrics and gynecology residency at the University of California – Los Angeles, and her complex family planning fellowship and Master's in Public Health at Boston University.

Micki Burdick, PhD (they/them) is an assistant professor of Women & Gender Studies at the University of Delaware. They received their PhD in Rhetoric and Gender Studies at the University of Iowa in 2023. Their research utilizes a reproductive justice framework to explore medical systems, reproductive technologies, and reproductive politics—with a specific focus on abortion and maternal health equity.

Updates with the Engagement Enhancement Collaborative

The Engagement Enhancement Collaborative (EEC) is a group of health and community engagement experts organized by Co-Leads of the Engagement Core that convenes on a quarterly basis with the intent to create a space for shared learning. In Years 1 and 2, three sites were intentionally grouped together for each meeting based on parallels among their target populations. CoEs shared the mechanisms by which they engage their community partners, sustain relationships, and ensure that each community's distinct voice is present throughout the research process, especially those not historically heard.

In Year 2, rather than inviting 2-3 sites per EEC meeting, we restructured our quarterly meetings into forums. All CoEs were invited and encouraged to attend. We asked EEC members to facilitate the forums and address pressing topics relevant to CoEs and community engagement in maternal health research. These forums included breakout sessions where individuals could converse in smaller groups and reflect on similarities and differences in their experiences working within their specific populations and institutions.

Themes and Lessons Learned

Our EEC forums, which took place in June 2025, October 2025, March 2026, and June 2026 illustrated the desire for shared learning spaces around a number of research topics. Colleagues were eager to develop their knowledge and contributed to larger conversations on the current state of maternal health and community outreach, engagement, and inclusion. In the following sections, we discuss key findings from EEC forums held over the past year with CoE and community members.

EEC Forum 1: Pregnancy-Related Legislation and Maternal Health

June 2025 | Facilitators: Dr. Micki Burdick, PhD; Dr. Sarita Sonalkar, MD, MPH

This forum provided an overview of reproductive justice and abortion history, emphasizing concepts of individual choice and national pregnancy restrictions. In follow-up breakout sessions, the group discussed:

- The relationship between abortion restrictions and their scope of work
- Mechanisms to engage communities on stigmatized topics
- The effect of pregnancy desiredness on health outcomes

Takeaways: Administrative policy constraints have impacted the healthcare workforce nationwide. We gained insight on clinical practices in states with strict abortion policies and have noted clinicians' concerns over the loss of Medicaid coverage for pregnancy and abortion-related care. We heard from doulas who expressed interest in filling support gaps for patients who have sought abortion care. We also engaged with maternal health researchers who seek to better meet the needs of participants with varying levels of desire for pregnancy, given the current political climate. Additionally, ***research communities discussed the need to empower community partners, as they can help close gaps in abortion-related outcomes by proposing novel solutions to this ongoing crisis.***

EEC Forum 2: Affirming Gender in the Context of Pregnancy, Birth, and Parenthood

October 2025 | Facilitator: Dr. Natalie Fixmer-Oraiz, PhD

This forum discussed foundational concepts about the legal, cultural, and medical challenges around pregnancy, childbirth, and parenting. Dr. Fixmer-Oraiz led us in a conversation about the importance of gender-affirming birthing education and support, including patient advocacy that centers on marginalized communities. In addition, we discussed the importance of gender-inclusive language in clinical settings. In follow-up breakout sessions, groups discussed:

- Specific challenges that exist for queer, trans, and gender non-conforming patients
- Methods of translating and adopting material(s) relevant to the topic addressed
- Specific community-engaged contexts for queer and trans support

Takeaways: Structural barriers often harm marginalized communities seeking gender-inclusive birthing care. To address these harms, clinical environments should embrace open-ended questions (e.g., within intake forms), center medical language around reproductive autonomy, and utilize communication methods which lean away from making assumptions about a patient's identity or background. ***Implementing a culture of respectful care is key, and we find that maintaining relationships between researchers, healthcare teams, and community partners is a major step in ensuring the clinical landscape is inclusive for all who access it.***

EEC Forum 3: Geographic Challenges in Maternal Health and Medicaid Extensions

March 2026 | Facilitator: Dr. Lindsay Admon, MD, MSc, FACOG

This forum discussed the ongoing maternal mortality crisis in the United States and highlighted significant disparities in areas geographically defined as rural. With recent cuts to Medicaid coverage for postpartum services, maternal outcomes among rural populations have worsened. Following the 2022 *Dobbs v. Jackson* ruling that overturned *Roe v. Wade* and limited abortion access, many obstetricians have relocated away from areas with restrictive healthcare policies. Gaps in access have since increased the number of maternal care deserts throughout rural America, and have increased the need for abortion access, prenatal and postpartum services, and behavioral health support in these places.

Takeaways: Living in rural environments often poses intersecting challenges for patients. In the current political climate, the right to safe, culturally relevant, and continuous maternal care is at stake, with rural populations seeing increased rates of mortality and morbidity. Cuts in Medicaid funding have limited access to abortion care in addition to limited obstetrical services in hospital-based settings. Retention of a highly skilled OB workforce in rural areas can be costly, yet the service demand for these providers is growing.

We learned that by developing stronger partnerships between clinicians and doulas, we can potentially alleviate socio-behavioral disparities experienced throughout the postpartum period. We also discussed the role of cash assistance programs, learning that their implementation may reduce common financial barriers faced by mothers in rural areas. Further, we learned that developing high-level relationships with policymakers may help inform their knowledge of the rural maternal health crisis, which can strengthen local and national advocacy around this issue.

EEC Forum 4: Community Engagement Metrics and Evaluation Strategies

July 2026 | Facilitator: Dr. Karen Glanz, PhD, MPH

This forum discussed the need for and importance of evaluating community engagement when conducting maternal health research. The IMPROVE CoEs have put significant time and effort into developing and maintaining relationships with their communities, which is demonstrated by the strength and involvement of community partners in their research processes. Over the past few years, CoEs have expressed interest in learning best practices to measure and evaluate community engagement, and this forum served as a primer on the topic.

We discussed several resources during this forum highlighting best practices for successfully measuring engagement, with some core practices to keep in mind being trustworthiness, including the community in different stages of research, shared power and decision-making, and empowerment. A few tools for measurement include the Research Engagement Survey Tool (REST) to help quantitatively assess community engagement and the Institutional Engagement Multi-Sector Survey for measuring institutional culture, processes, supports, policy, and perceptions for community-engaged research.

Takeaways:
It is important to evaluate community engagement for the following reasons:

- To learn how community partners *feel* about the research being conducted
- To track change and progress over time
- To partake in continuous quality improvement in order to identify ways to strengthen partnerships and collaboration
- To advance the science of community-engaged research

Additional considerations when performing data collection include confidentiality, anonymity, and ensuring fair compensation while minimizing participant burden.

During discussion with CoE members and partners, attendees mentioned ***the importance of involving community members in a way that the community finds helpful and meaningful, and eliciting feedback on what helps them stay engaged and want to continue participation.*** It is also helpful to hear about what other research teams are doing to engage community members, and we look forward to continued opportunities to connect and share experiences as the EEC convenes in the coming year.

Resources shared:

- **Principles of Community Engagement 3rd Edition, Chapter 8: Community Engagement Measures and Assessment of Practices with Potential for Success**
  - Principles of Community Engagement: 3rd Edition
- **REST (Research Engagement Survey Tool)**
  - https://pubmed.ncbi.nlm.nih.gov/35710531/
- **The Institutional Engagement Multi-Sector Survey**
  - https://pmc.ncbi.nlm.nih.gov/articles/PMC11975786/pdf/S2059866125000202a.pdf
- **National Academy of Medicine (NAM) Community Engagement Conceptual Model**
  - https://nam.edu/product/achieving-health-equity-and-systems-transformation-through-community-engagement-a-conceptual-model/

Future Directions

The IMPROVE network of investigators, research teams, and community members is eager to contribute to the larger conversation on improving engagement to address maternal health disparities, as illustrated by their participation in the past year of EEC forums. Attendees shared best practices for equitable community outreach and have also mentioned novel ways to sustain their work in maternal health research, despite ongoing challenges they have faced. Going into the next year, we will continue to cover topics of interest as well as provide CoEs the opportunity to share their methods of community engagement with the network, as we continue to place community engagement at the forefront of our work. As such, the Engagement Core welcomes sites to continue participating in EEC forums, as these allow us to continue to hold space for conversation around issues impacting maternal health populations across the country.