UTILIZING BLACK FEMINISM AS A TOOL FOR ANALYSIS AND AN APPROACH TO EVALUATION IN MATERNAL HEALTH

by

NIA MITCHELL

(Under the Direction of Jori N. Hall)

ABSTRACT

Black pregnant, birthing, and postpartum people are disproportionately impacted by the maternal health crisis in the United States. Because of the advocacy, scholarship, and leadership of Black women and gender-expansive people, there is widespread recognition of the social and structural determinants of health contributing to the inequities faced by these groups and significant efforts at the federal, state and local levels to address them. Unfortunately, these efforts have fallen short of their promise to reduce or even eliminate racial and ethnic inequities in maternal health outcomes and improve the quality of care to Black women and birthing people. This dissertation used Black feminism, a theoretical and activist framework centering the lived experiences of Black women, to analyze this crisis and describe an approach to evaluation that can more effectively assess programs and policies targeting maternal health inequities. Black feminist evaluation builds on the contributions of culturally responsive and feminist evaluation and other evaluation theories rooted in social justice and human rights. The principles and steps for this approach and their operationalization in the evaluation of a birth center are described.

INDEX WORDS: Black feminism; program evaluation; maternal health

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DEDICATION

...we, the daughters of these Black women, will honor their sacrifice by giving them thanks. We will undertake, with pride, every transcendent dream of freedom made possible by the humility of their love.

June Jordan

This dissertation is dedicated to my mother, Diana Blanche Dent, my grandmothers and my great grandmothers. Their love, resilience, and wisdom remain the ground I walk on.

Blanche Dorothea Abrams

Victoria Byard

Blanche Dorothea DeVore

Florence Middleton

This work is because of them and for them.

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To my mentors, thank you for your guidance, wisdom, and generosity. You have shaped my thinking in profound ways. To my friends, thank you for walking beside me through this journey—celebrating my wins, listening through the challenges, and supporting me. Lastly, to my committee—Dr. Jori Hall, Dr. Maureen Flint, Dr. Melissa Freeman, and Dr. Monica McLemore—I am especially thankful. Your thoughtful feedback, support, and deep care helped me grow as a scholar. I am endlessly grateful for your belief in me and my work.

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CHAPTER 1

INTRODUCTION

Black women and birthing people are disproportionately impacted by the maternal health crisis in the United States. Unfortunately, public health efforts to improve maternal health have fallen short of their promise to reduce or even eliminate racial and ethnic inequities and improve the quality of care provided to Black women and birthing people. I use Black feminism, a theoretical and activist framework centering the lived experiences of Black women, in this dissertation to analyze this crisis and describe an approach to evaluation that can more effectively assess programs and policies targeting maternal health inequities. Black feminist evaluation builds on the contributions of culturally responsive and feminist evaluation as well as other evaluation theories rooted in social justice and human rights. The operationalization of this approach is demonstrated through the evaluation of a birth center led by and serving Black women in Memphis, Tennessee. This chapter is an introduction to the dissertation and includes background information, the significance of the dissertation, the methodology, and the overarching structure.

Background Information

Unlike other high-income countries, the maternal mortality rate in the United States is rising and the inequities experienced by racially and ethnically minoritized communities are alarming. Nationally, Black women are two to three times more likely to die from a pregnancy-related death than White women and in some states, this rate is much higher (Trost et al., 2022). Instead of addressing the social and structural factors contributing to this inequity, many Black

women are blamed for their deaths (McLemore & D'Efilippo, 2019; Scott et al., 2019). Fortunately, Black women have provided a more nuanced understanding of not only the causes of this inequity but what is needed to address it (BMMA 2018; McLemore & D'Efilippo, 2019; Scott et al., 2019; Crear-Perry et al., 2021). This dissertation builds upon this work by providing a Black feminist reading of the maternal health crisis experienced by Black women. This reading deepens our understanding of what is happening with Black women's maternal health and encourages us to think more creatively about what is needed to effectively address it.

Black feminism is one of several theoretical and activist frameworks developed by Black women. Evans-Winters (2019) describes Black feminism as "a long tradition of Black women's intellectual labor and community endeavors in the U.S. and across the African Diaspora" (p. 12). Black feminism not only centers the lived experiences of Black women but theorizes them. As a result, Black feminism can deepen our understanding of not only what is happening to Black women but why it is happening. This dissertation is grounded in the work of Black feminist sociologist Dr. Patricia Hill Collins. In *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, Collins (2000) describes the politics, distinguishing features, and core themes of Black feminism as well as Black feminist epistemology and what empowerment looks like for Black women. She argues that Black feminism's purpose is to resist the intersecting systems of oppression faced by Black women, empower Black women, and support broader social justice efforts. Additionally, it provides a distinct Black women's standpoint while recognizing the diversity that exists among Black women. Although Collins recognizes this diversity, she primarily describes the experiences of cis-gendered heterosexual Black women in the United States. Collins describes this standpoint in detail and provides one of the most comprehensive works on Black feminism, which is why I selected it for this dissertation.

In addition to informing how an issue experienced by Black women is viewed, Black feminism can also inform how we conduct evaluations of programs and policies addressing Black women's health and well-being. This dissertation proposes an approach to evaluation rooted in Black feminism and describes what it could look like to guide the evaluation of a birth center using it. This approach can not only strengthen the evaluation of maternal health programs and policies, but also further social justice approaches to evaluation. Even though Black feminist evaluation stands on its own as an evaluation theory, it is rooted in the contributions of culturally responsive and feminist evaluation.

Significance of the Dissertation

This dissertation offers important contributions to the fields of public health and program evaluation. Although public health recognizes the impact of structural and social determinants of health (e.g., education, employment, built environment), less is known about how these determinants operate. Moreover, the field neglects the role of power and how it contributes to how marginalized communities experience and resist health inequities. Not only does Black feminism address this, but it is rooted in the lived experiences and activism of Black women. This can enhance and be used to evaluate efforts to address maternal health inequities experienced by Black women and birthing people.

Furthermore, the approach to Black feminist evaluation described in this dissertation contributes to our understanding of how evaluation theories and approaches work to advance human rights and social justice. These approaches not only challenge how we conduct evaluations, particularly with minoritized and marginalized groups, but also how the field of evaluation operates. Lastly, Black feminist evaluation is operationalized in an evaluation of a birth center primarily serving Black women and birthing people. This strengthens the field’s

understanding of the approach, provides practical guidance for other evaluators, and contributes to Black feminist evaluation being descriptive and not prescriptive like many other evaluation theories (Mertens & Wilson, 2019).

Methodology

This dissertation focuses on these three related but separate research questions:

1. How does Patricia Hill Collins' approach to Black feminism help us understand Black maternal health inequities in the United States?
2. How can Black feminism rooted in the scholarship and research of Patricia Hill Collins inform an approach to program evaluation rooted in the contributions of culturally responsive and feminist evaluation while addressing the gaps in these approaches?
3. What are the lessons learned from utilizing Black feminist evaluation to guide the evaluation of a birth center in the United States?

To address research question #1, a critical review of the literature on Black women's maternal health inequities was conducted using Collins' *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* for analysis. According to Paré & Kitsiou (2017), "critical reviews aim to provide a critical evaluation and interpretive analysis of existing literature on a particular topic of interest to reveal strengths, weaknesses, contradictions, controversies, inconsistencies, and/or other important issues with respect to theories, hypotheses, research methods or results" (Critical Reviews section, para. 1). Furthermore, they aim "to take a reflective account of the research that has been done in a particular area of interest, and assess its credibility by using appraisal instruments or critical interpretive methods" (Paré & Kitsiou, 2017, Critical Reviews section, para. 1). Specifically, the literature on Black women's maternal health inequities was analyzed using theoretical concepts from Collins' *Black Feminist Thought:*

Knowledge, Consciousness, and the Politics of Empowerment. These concepts include but are not limited to Collins' power analytic (i.e., matrix of domination, domains of power, community), controlling images, Black women's activism (i.e., struggles for group survival, struggles for institutional transformation), self-definition and self-valuation, and outsider within. This is similar to an article by Richardson et al. (2018), *eHealth versus equity: Using a feminist poststructural framework to explore the influence of perinatal eHealth resources on health equity*. The authors conducted a critical review using feminist poststructuralism to determine if eleven eHealth resources "perpetuate(d) stigma or stereotypes with parenting" (Design section, para. 1).

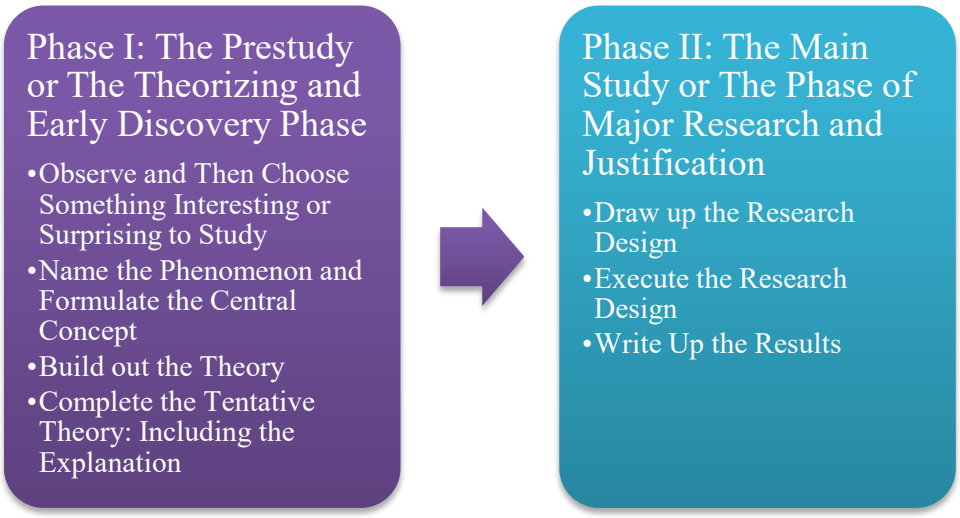
To address research question #2, culturally responsive and feminist evaluation approaches were explored and assessed for their appropriateness in evaluating maternal health programs and policies targeting Black women. This in combination with Black feminism's distinguishing features, epistemological domains (i.e., lived experience as a criterion of meaning, use of dialogue, ethics of personal accountability, ethic of caring), and theoretical concepts (e.g., matrix of domination) was used to develop a Black feminist evaluation theory. According to Mertens & Wilson (2019), evaluation "theories provide guidance in determining the purposes for evaluations, as well as in defining what we consider to be acceptable evidence for making decisions in an evaluation" (p. 39). Overarching Black feminist evaluation principles and the steps to conduct a Black feminist evaluation were developed and described. The steps to conducting a Black feminist evaluation were then described using the following culturally responsive evaluation framework as its foundation: 1) Prepare for the evaluation, 2) Engage stakeholders, 3) Identify evaluation purpose(s), 4) Frame the right questions, 5) Design the

evaluation, 6) Select and adapt instrumentation, 7) Collect the data, 8) Analyze the data, 9) Disseminate and use the results" (Hood et al., 2015, p. 290).

The development of this evaluation theory is consistent with what Swedberg (2014) argues in *From Theory to Theorizing*. He states that even though the scientific enterprise consists of theorizing, theory, and the testing of theory, many disciplines only care about the last two (i.e., theory, the testing of theory) (p. 4). As a result, he argues for more theorizing, which he describes as "what one does to produce a theory and the thought process before one is ready to consider it final" (Swedberg, 2014). Although he states that theorizing can be done in a variety of ways (e.g., induction, deduction, generalizing, model-building), Swedberg (2014) proposes the following phases: *Phase I: The Prestudy or The Theorizing and Early Discovery Phase* and *Phase II: The Main Study or The Phase of Major Research and Justification* (p. 2). In this dissertation, research question #2 addresses Phase I while research question #3 addresses Phase II.

Figure 1

The Full Research Process - The Prestudy and the Main Study (Swedberg, 2014, p. 11)



To address research question #3, I reflected on how the Black feminist evaluation principles and steps developed in research question #2 were operationalized during an evaluation of the birth center at CHOICES Center for Reproductive Health in Memphis, Tennessee. The birth center is currently conducting an evaluation on the implementation and impact of their full spectrum midwifery model using a convergent parallel (or concurrent) mixed methods design and I am on the evaluation team (Creswell and Creswell, 2017). Qualitative data will come from fifteen semi-structured interviews with a purposive sample of midwives, birth assistants, and doulas currently working at CHOICES' birth center and a random sample of patients who have received maternity care. Currently, four interviews have been conducted. Once the interviews are complete, transcripts of the audio recordings will be obtained, coded and analyzed thematically. Additionally, CHOICES collects a plethora of quantitative data on the maternal and perinatal health outcomes (e.g., c-section, premature births) of its patients. A secondary data analysis (e.g., descriptive statistics) of this data will be conducted to better understand the impact of CHOICES' birth center on its patients.

Although the evaluation is still in progress, I was able to reflect on the Black feminist evaluation principles and steps developed in research question #2 and the criteria for a good evaluation theory using memoing. Memoing is typically associated with grounded theory, but it can be used with other types of qualitative research. While memoing, "the researcher is able to immerse themselves in the data, explore the meanings that this data holds, maintain continuity and sustain momentum in the conduct of research" (Birks et al., 2008, p. 69). Additionally, memos can be used to record ideas and reflections throughout the research (or evaluation) process (Birks et al., 2008, p. 69). Birks et al. (2008) describe the following functions of memos:

"Mapping research activities; Extracting meaning from the data; Maintaining momentum; Opening communication" (p. 70). I used memos to map evaluation activities.

Mertens & Wilson (2019) describe two sets of criteria for good evaluation theories. The first set of criteria was proposed by Shadish et al. (1991) and consists of the following items: "Knowledge: What do we need to do to produce credible knowledge?, Use: How can we use the knowledge we gain from an evaluation?, Valuing: How do we construct our value judgments?, Practice: What do we evaluators actually do in practice?, Social programming: What is the nature of social programs and their roles in solving societal problems?" (Mertens & Wilson, 2019, p. 39-40). The second set of criteria was proposed by Shinkfield (2017) and consists of the following items: "overall coherence, core concepts, tested hypotheses on how evaluation procedures produce desired outcomes, workable procedures, ethical requirements, and a general framework of guiding program evaluation practice and conducting research on program evaluation" (p. 40). Memos were created to reflect on this information as well as assess Black feminist evaluation's theoretical significance and quality.

Figure 2

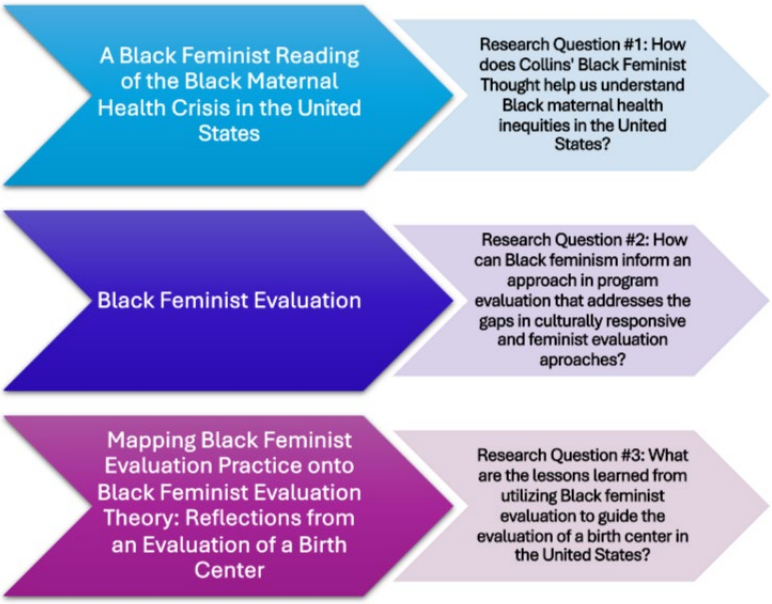
Reflection Topics

Structure of the Dissertation

This dissertation takes the manuscript format, consisting of three completed articles to be submitted for journal publication (see Table 1.1). These articles are *A Black Feminist Reading of the Black Maternal Health Crisis in the United States*, *Black Feminist Evaluation*, and *Mapping Black Feminist Evaluation Practice onto Black Feminist Evaluation Theory: Reflections from an Evaluation of a Birth Center.* Black feminism is used as the theoretical and methodological foundation of these articles. The first article will be submitted to the American Journal of Public Health and the second and third articles will be submitted to the American Journal of Evaluation. The submission guidelines for these peer-reviewed journals will dictate the formatting of each article.

Figure 3

Manuscripts and Corresponding Research Questions



Chapter 2 provides a historical and current overview of maternal health in the United States as well as the inequities experienced by Black women and Black pregnant and birthing people. The phrase "pregnant and birthing people" is used to include the experiences of Black people who do not identify as women. Chapter 3, *A Black Feminist Reading of the Black Maternal Health Crisis in the United States*, uses Black feminist constructs proposed by Collins to reinterpret the Black maternal health crisis in the United States. This reading builds upon the scholarship and activism of Black women currently working and advocating in maternal health and provides a deeper analysis into Black women's experiences with motherhood, maternal health activism, maternal health workforce, and power and empowerment in Black maternal health.

Chapter 4, *Black Feminist Evaluation*, argues that Black feminisms can theoretically and methodologically inform how evaluations are conducted with, for, and/or by Black women in the United States by proposing an approach to Black feminist evaluation (BFE). This approach is rooted in the intellectual thought and scholarship of Patricia Hill Collins and consists of the following principles: 1) The evaluation is rooted in Black women's lived experiences, 2) Evaluation as a field and the evaluation being conducted resists Black women's oppression and contributes to the empowerment of Black women, 3) Evaluation as a field and the evaluation being conducted recognizes Black women's contributions and expertise, 4) The evaluation and the evaluation team treat Black women with respect and care and provides protection throughout the evaluation process, and 5) The evaluation and the evaluation team are committed to social justice. Lastly, Chapter 5, *Mapping Black Feminist Evaluation Practice onto Black Feminist Evaluation Theory: Reflections from an Evaluation of a Birth Center,* reflects on the utilization of Black feminist evaluation in the evaluation of a birth center. This provides an opportunity to

test the theory/approach in a practical environment. The Black feminist evaluation principles are then revisited based on the author's experience.

Table 1.1

Manuscripts Written and Proposed for the Dissertation Study

Manuscript	Title	Purpose
Chapter 3	A Black Feminist Reading of the Black Maternal Health Crisis in the United States	To analyze the Black maternal health crisis in the United States using core constructs from Black feminism as described by Patricia Hill Collins.
Chapter 4	Black Feminist Evaluation	To propose an approach to program evaluation rooted in Black feminism as described by Patricia Hill Collins to better assess the implementation and effectiveness of programs and policies targeting Black women's maternal health.
Chapter 5	Mapping Black Feminist Evaluation Practice onto Black Feminist Evaluation Theory: Reflections from an Evaluation of a Birth Center	To test the approach to Black feminist evaluation in a practical environment and refine it to better address real-world evaluations.

Conclusion

This dissertation is grounded both theoretically and methodologically in Black feminism as described by Dr. Patricia Hill Collins. It is used to not only analyze the maternal health inequities experienced by Black women but also to create an approach to Black feminist evaluation that can assess programs and policies targeting them. However, this approach must be assessed in practical environments. This is essential but often not conducted for most evaluation

theories and approaches. The next section is a review of the literature followed by the following articles: *A Black Feminist Reading of Black Maternal Health Inequities in the United States,* *Black Feminist Evaluation*, and *Mapping Black Feminist Evaluation Practice onto Black Feminist Evaluation Theory*.

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CHAPTER 2

LITERATURE REVIEW

Maternal health is defined as "the health of women [or people] during pregnancy, childbirth, and the postnatal period" (WHO, 2024). This literature review provides a historical and current overview of maternal health in the United States, the maternal health inequities experienced by Black communities, and the theoretical frameworks used in this dissertation (i.e., Black feminism, culturally responsive evaluation, and feminist evaluation). However, this review uses inclusive and gender-expansive language (i.e., pregnant and birthing people/persons) to include those who do not identify as women but who also experience pregnancy and childbirth.

History of Maternal Health in the United States

Maternity care during pregnancy, childbirth and the postnatal period changed drastically in the United States during the 19th and 20th centuries. For generations, midwives and family members supported women/people giving birth. According to Stone (2009), "pregnancy and birth were centered in the home with the authoritative knowledge resting with the midwife, the expectant mother, and her attendees" (Stone, 2009, p. 42). However, this shifted to physician-managed birth with a series of developments between the 17th and 20th centuries that included the development of medical instruments (e.g., forceps), the rise and influence of obstetrics as a field, and the development of several federal maternal and child health-related programs (Peahl & Howell, 2021; Stone, 2009). The purpose of this section is to provide an overview of the major events facilitating this transition. This is necessary for us to understand how and why maternity

care is currently provided. Interestingly, the United States is one of a few countries where maternity care is predominantly provided by physicians.

U.S. Maternal Health in the 19th Century

According to Peahl & Howell (2021), "medical care in the United States was relatively unstructured" in the 19th century (p. 340). There were no mechanisms to license physicians, which means that anyone could call themselves one, and people with training and experience could not travel because of the lack of transportation infrastructure (Peahl & Howell, 2021). As a result, care was provided within families and by "laypeople" relying on medical texts such as *Gunn's domestic medicine* and *Domestic medicine* by William Buchanan (Peahl & Howell, 2021, p. 340). These texts included information on how to care for pregnant women and included recommendations such as tepid baths, and even bleeding for those with edema and jaundice (Peahl & Howell, 2021).

During the middle of the century, there were several breakthroughs that led to a better understanding of pregnancy and pregnancy-related complications such as preeclampsia and eclampsia (or high blood pressure during pregnancy) and a call for standardizing care (Peahl & Howell, 2021). For example, John Lever's discovery of "the association of convulsions in pregnant women with proteinuria" and Riva-Rocci's discovery of the sphygmomanometer to measure blood pressure in Europe provided justification for women to routinely see physicians (Peahl & Howell, 2021). Moreover, medicine started to become more professionalized. The American Medical Association was established in 1846 while the American Gynecologic Society and the American Association of Obstetricians and Gynecologists were created in 1876 and 1888 respectively (Peahl & Howell, 2021). Additionally, states began to license physicians (Peahl &

Howell, 2021). Unfortunately, these professional associations were only open to White physicians, particularly White men, and other races and ethnicities were excluded.

Stone (2009) describes the consequences of this transition and notes how "this reallocation of women's healthcare to male physicians aimed to standardize the process of parturition [childbirth], giving it only one normal course, which set the stage for the pathologizing of the female reproductive body through the formation of the obstetric standards" (p. 42-43). These standards informed routine assessments of birth and women's bodies (Stone, 2009). For example, Turner a created "clinical pelvic assessment" in 1886 that used racist assumptions about European and non-European people to differentiate the various types of pelvises between the groups (Stone, 2009, p. 43).

U.S. Maternal Health in the 20th Century

During the 20th century, there was increased awareness of infant mortality as well as an increase in federal support for maternal and child health in the United States (Peahl & Howell, 2021; Lesser, 1985). Moreover, physicians continued to advance the medicalization of birth and move it outside the scope of midwives and the home and inside hospitals, especially with the rise in "twilight sleep delivery" or sedating a person during childbirth (Peahl & Howell, 2021, p. 341). In the 1930s, what we know as "prenatal care" and "maternity wards" were created (Peahl & Howell, 2021). John William Ballantyne, a Scottish physician, not only advocated for "pro-maternity wards" that provided care to women with pregnancy-related complications but that provided training to physicians specializing in obstetrics (Peahl & Howell, 2021). This message was echoed in the United States by physicians such as Johns Hopkins and John Whitridge Williams (Peahl & Howell, 2021). Moreover, public health nurses in Boston and New York began conducting home visits to provide prenatal care to pregnant women in 1901 and 1908

respectively to address infant mortality and the White House hosted a conference on children's health, Conference on the Care of Dependent Children, in 1909 (Peahl & Howell, 2021). Following these efforts was the passing of the Children's Bureau of 1912, the Sheppard-Towner Act of 1921, and Title V of the Social Security Act of 1935 (Peahl & Howell, 2021). In each of these, maternal health was coupled with and secondary to children's health.

The Children's Bureau was passed in 1912 in response to increased advocacy around the health and well-being of children as well as growing child labor concerns (Lesser, 1985). The Children's Bureau conducted studies and reported on issues such as infant and maternal mortality, juvenile delinquency, and child labor, which could inform efforts across the country (Lesser, 1985). The Children's Bureau was also a "grants-in-aid program to assist state health agencies to establish and improve services to promote the health of mothers and infants" (Lesser, 1985, p. 591). The Children's Bureau addressed prenatal care and published its first booklet in 1913 with "information on common symptoms and complications of pregnancy, preparation for childbirth, and hints for a smooth postpartum recovery" (Peahl & Howell, 2021, p. 341). The booklet also affirmed the medicalization of birth by encouraging women to see a physician during pregnancy. Subsequent editions of The Bureau's prenatal care booklet were published in 1930, 1942, 1949 and 1968. Around the same time, the Census developed a "national birth registration area, which provided national data to study the connection between prenatal care and infant and maternal deaths" in 1915 (Peahl & Howell, 2021, p. 341).

The Children's Bureau and the advocacy of women during the Progressive Era paved the way for the passage of the Sheppard-Towner Maternity and Infancy Protection Act of 1921 (Peahl & Howell, 2021; Lesser, 1985). This act continued support for maternal and child health services by establishing birth registration, state child hygiene divisions and several maternal and

child health centers (Lesser, 1985, p. 591). Unfortunately, the rise of obstetrics and gynecology and the passing of the Sheppard-Towner Act of 1921 systematically changed the number and influence of midwives in the United States. Medical and public health professionals blamed midwives, particularly Black midwives, for poor maternal and infant health outcomes while the Sheppard-Towner Act provided state health departments with the funding and authority to train, certify and regulate midwives (Goode & Rothman, 2017; Morrison and Fee, 2010). Black midwives, particularly those in the South, were disproportionately impacted by this legislation because dominant narratives of midwives as unclean and dangerous were grounded in racialized and gendered stereotypes of Black women (Goode & Rothman, 2017; Morrison and Fee, 2010; Thompson, 2016). This also coincided with the rise of nursing and nurse-midwifery, which predominantly consisted of White women, in the mid to late 1920s with the establishment of the Frontier Nursing Service. However, Black women were excluded from receiving this education and certification. These developments resulted in dwindling numbers of midwives, particularly Black midwives, in the United States

The Social Security Act was passed in 1935. Title V of the Act provided matching (A Fund) and non-matching funds (B Fund) to states for efforts focusing on maternal and child health services, crippled children, and child welfare services (Lesser, 1985). Maternal and child health services included “prenatal care, well-baby clinics, school health services, immunization, public health nursing and nutrition services, and health education” (Lesser, 1985, pp. 592-593). It also included the Emergency Maternity and Infant Care Program of World War to support military families during and 6-weeks after pregnancy (Lesser, 1985). In 1939, funding for special projects such as care to women with pregnancy-related complications and training for healthcare providers (e.g., nurse-midwives, physicians) and social workers was included (Lesser, 1985).

Title V transitioned from a grants-in-aid program to a block grant in 1981 through the Omnibus Budget Reconciliation Act (Lesser, 1985). The block grant consisted of the following programs: crippled children, maternal and child health, lead-based paint poisoning prevention, sudden infant death syndrome, adolescent pregnancy prevention, genetic disease testing and counseling, hemophilia diagnostic and treatment centers, and disabled children receiving supplemental security income benefits (Lesser, 1985). Title V still exists today and is administratively operated through Health and Human Services.

Lastly, the 20th century saw further specializations in the medical and nursing fields. The American Academy of Obstetrics and Gynecology (AAOG) was created in 1951, which became the American College of Obstetricians and Gynecologists in 1957 (ACOG), while the American College of Nurse Midwives was created in 1955 (Peahl & Howell, 2021). ACOG released its "Manual of standards in obstetric-gynecologic practice" in 1959, which affirmed many of the recommendations from The Children's Bureau (Peahl & Howell, 2021). These standards also were revised over time to account for new scientific developments and inform how maternity care is provided today.

Current Overview of Maternal Health in the United States

This section describes the current state of maternity care and maternal health outcomes (i.e., maternal mortality) in the United States. The United States has one of the most complex and expensive healthcare systems in the world because of the changes and investments made in the 19th and 20th centuries. Despite these advancements, pregnancy-related deaths continue to rise and are worse for Black, Indigenous and other communities of color (CDC, 2023).

Maternity care is the medical care people receive during pregnancy as well as during and after childbirth. Currently, maternity care in the United States is delivered in clinical settings

such as hospitals and birth centers. According to Grünebaum et al. (2023), “98.3% of patients give birth in hospitals, 1.1% give birth at home, 0.5% give birth in freestanding birth centers, and the remaining 0.1% in other places including physician offices, clinics, cars, etc.” (p. S965). In 2024, there were 6,120 hospitals and in 2021, there were 400 freestanding birth centers (AHA, 2024; Alliman et al., 2022). In hospitals, the majority of births are performed by doctors of medicine and osteopathic medicine (90.2%) while a smaller number are performed by certified nurse midwives (9.1%) (Grünebaum et al., 2023, p. S965). In birth centers, more than half of births are performed by certified nurse midwives (54.9%) while over 36% are performed by other types of midwives (Grünebaum et al., 2023, p. S965). Most maternity care in the United States is provided by obstetricians and gynecologists. (OB-GYNs). In 2022, there were 21,450 OB-GYNs employed (U.S. Bureau of Labor Statistics, 2023). Midwives make up a smaller percentage of maternity care providers. In 2022, there were 13,524 certified nurse midwives and certified midwives practicing (American College of Nurse-Midwives, 2022).

Moreover, clinical settings providing maternity care vary in capacity, resources, and funding. Levels of Maternal Care can be used to better connect and strengthen the existing maternal health care system. This system was initially developed in the 1970s to better address neonatal (or newborn) outcomes but was expanded in 2013 to better address maternal outcomes, especially among people with high-risk pregnancies. According to Menard et al. (2015), “this classification system establishes levels of maternal care that pertain to basic care (level I), specialty care (level II), subspecialty care (level III), and regional perinatal health care centers (level IV)” (p. 260). Level I facilities provide “care of low- to moderate-risk pregnancies”, Level II facilities provide “care of appropriate moderate- to high-risk” pregnancies, Level III facilities provide “care of more complex maternal medical conditions, obstetric complications, and fetal

conditions" and Level IV facilities provide "medical and surgical care of the most complex maternal conditions and critically ill pregnant women" (Kilpatrick et al., 2019, p. e44, 45, 46, 47). Level I and II facilities should be able to transfer patients to Level III and IV facilities for more specialized care.

Maternal Mortality in the United States

In the 20th century, the United States began to track maternal deaths using three different surveillance systems in order to prevent them. The National Vital Statistics System (NVSS) was created in 1915 and tracks maternal deaths using death certificates, maternal mortality review committees were created in several states in the 1930s and track maternal deaths using medical records, and the Pregnancy Mortality Surveillance System was developed in 1986 to track maternal deaths using death certificates as well as birth and fetal death certificates (St. Pierre et al., 2018). All three entities still are used to track pregnancy-related deaths.

Unfortunately, the United States is one of two high-income countries with rising maternal deaths (Wang et al. 2023). There has been an increase in pregnancy-related deaths since 1987 and this increase was exacerbated during the COVID-19 pandemic (CDC, 2023; Wang et al. 2023). According to the CDC, there were 17.6 deaths per 100,000 live births in 2019 (CDC, 2023). The top five causes of pregnancy-related death were other cardiovascular conditions (14.5%), infection or sepsis (14.3%), cardiomyopathy (12.1%), hemorrhage (12.1%), and thrombotic pulmonary or other embolism (10.5%) (CDC, 2023). Wang et al. (2023) describe a "shift in the underlying causes of death away from obstetric complications and toward a greater contribution from diseases of the cardiovascular system and other chronic conditions" (p. 202). This is also true for other high-income countries because of the increases in chronic conditions

and maternal age but they do not result in increases in pregnancy-related deaths like the United States (Wang et al., 2023).

Additionally, there are substantial racial and ethnic disparities in pregnancy-related deaths. There were 62.8 deaths per 100,000 live births among Native Hawaiian and other Pacific Islander persons, 39.9 deaths per 100,000 live births among Black persons, and 32.0 deaths per 100,000 live births among American Indian or Alaska Natives (CDC, 2023). Wang et al. (2023) note that "behavioral and medical risk factors" as well as other community, healthcare, patient/family, and systemwide factors contribute to these disparities (p. 202).

Unfortunately, "there have been no significant studies that compare maternal mortality or severe morbidity between planned home births, birth center births, and hospital births" (Grünebaum et al., 2023, p. S965). However, Grünebaum et al. (2023) notes several challenges with collecting this data that disadvantage hospitals. Typically birth centers provide maternal care for low-risk pregnant patients and are associated with "fewer interventions" (p. S966). If and when there are complications at birth centers, these patients are transferred to hospitals. As a result, they argue that there is an "underestimation of the actual rates of adverse outcomes of planned home or birth center births while overestimating those of hospital births" (Grünebaum et al., 2023, p. S966).

McLemore and D'Efilippo (2019) challenge the mainstream understanding of the underlying causes of the increasing maternal death rates in the United States. Unfortunately, women in the United States are blamed for their deaths during and after pregnancy because they are too old, sick, and/or overweight even though over 60% of maternal deaths are preventable. Furthermore, women in all high-income countries not only have more chronic health conditions (e.g., hypertension, diabetes) but are having children at a later age. Unlike other high-income

countries whose maternal mortality rates have been decreasing, the United States is the only one whose maternal mortality rates have increased.

Additionally, protective factors such as education, income, marital status and health insurance coverage against pregnancy-related deaths are not protective for Black women (McLemore and D'Efilippo, 2019, p. 48). As a result, McLemore and D'Efilippo (2019) recommend that the United States "should try to better understand the factors contributing to pregnancy-related deaths among Black women" (McLemore and D'Efilippo, 2019, p. 48). They highlight that there is not enough data, Black women are not believed when they try to communicate their needs and concerns, and there is poor-quality communication among healthcare providers (McLemore and D'Efilippo, 2019, p. 48). As a result, they recommend investment into efforts such as midwifery, group prenatal care, and doula care to improve maternal health outcomes among Black women.

Preventing Maternal Mortality in the United States

As a result of the increased maternal mortality rates in the United States, many agencies, researchers, and advocates have called for increased attention, funding, and initiatives in maternal health in the United States. as well as the need to address racial and ethnic inequities (Admon et al., 2018; Lu et al., 2015). Traditional approaches focus on individual-level interventions to address these inequities. For example, even though Wang et al., (2023) recognizes several system, community, healthcare, and patient/family-level factors contributing to the increasing pregnancy-related deaths, they focus on interventions related to the management of chronic diseases and lifestyle factors such as weight, nutrition, and physical activity (p. 204-205).

However, Kozhimannil et al. (2017) describes a systems-level approach to improving maternity mortality in the United States (p. 369). This approach consists of the following categories: risk-based triage of care, measuring maternity care quality, recognizing both medical and nonmedical aspects of childbirth, and social determinants of health and birth outcomes (p. 369). The first category, risk-based triage of care, affirms the Levels of Maternal Care presented in the previous section and argues for further support to operationalize these levels of care throughout the country. The second category, measuring maternity care quality, emphasizes the need for hospitals to not only measure clinical interventions (e.g., number of cesarean sections) and maternal health outcomes but patients' experiences with the quality of maternity care they receive. However, more work is needed to determine exactly what this would consist of. The third category, recognizing both medical and non-medical aspects of childbirth, affirms that "childbirth is a deeply personal, cultural, social, emotional, and spiritual event as much as it is an experience of medical care" (p. 370). As a result, the role of family and friends as well as doulas and community health workers should be recognized and supported. Moreover, the presence of doulas is associated with improved health outcomes. Lastly, the fourth category, social determinants of health and birth outcomes, emphasizes the need to address the non-biological causes of inequities in maternal health.

Inequities among Black Pregnant and Birthing People in the United States

This section provides a deeper understanding of and solutions to the maternal health inequities experienced by Black women in the United States. This understanding and solutions are rooted in the scholarship and advocacy of Black women in maternal health. As a result, Black women are centered historically to understand better the poor quality of care fueling inequities, concepts and frameworks by Black women (e.g., obstetric racism, mother blame narratives) that

allow us to view crisis from a different lens are discussed, and innovative solutions are presented to better address the social and structural determinants of health fueling Black maternal health inequities.

Many scholars, professional organizations, government agencies, and advocacy groups acknowledge the social and structural determinants of health contributing to the maternal health inequities experienced by Black women in the United States (Crear-Perry et al., 2021; CDC, 2023). However, those outside Black communities rarely describe how these determinants operate and disadvantage Black women as well as provide meaningful solutions to eliminate inequities. For example, the Centers for Disease Control and Prevention (2023) not only recognizes that Black women are more likely to die during and after pregnancy, but that "multiple factors contribute to these disparities, such as variation in quality healthcare, underlying chronic conditions, structural racism, and implicit bias" (Racial Disparities Exist, para. 2). However, they do not discuss or describe these factors in-depth or how they operate.

Fortunately, Black women scholars, public health professionals, healthcare providers, and activists have. Dána-Ain Davis (2018) coined the term obstetric racism, which "lies at the intersection of obstetric violence and medical racism", to describe the historical and current experiences of Black pregnant, birthing, and postpartum women experience in our healthcare system (p. 2). Their experiences included being neglected, dismissed and disrespected during care that result in delays and denials of care. Davis (2018) explores the presence of obstetric racism in the birth stories of several Black women.

In *Black Maternal and Infant Health: Historical Legacies of Slavery*, Owens (2019) et al. describe the connection between medicine and chattel slavery in the United States and argues against the dominant narrative or "belief that many Americans have that doctors are committed

to curing what ails us all" (p. 1342). This was not the case for enslaved Africans in this country. She describes how physicians accompanied slave traders during the Middle Passage, inspected enslaved Africans during auctions for potential buyers, inspected enslaved Africans for slave owners for life insurance policies, and used cadavers of enslaved Africans in medical schools (Owens et al., 2019). Moreover, enslaved African women's bodies and fertility were essential to sustaining chattel slavery.

Even though midwives primarily provided maternity care to enslaved African women on plantations, "slaveowners called upon White physicians for cases such as assisting difficult births with forceps, examining the causes of an enslaved women's infertility, or investigating cases of infant mortality" (Owens et al., 2019, p. 1343). Furthermore, White physicians such as Francois Marie Prevost and James Marion Sims were able to use their experiences treating and experimenting on enslaved Africans for their own scientific and professional advancement (Owens et al., 2019, p. 1343).

Owens et al. (2019) uplifts historical and current solutions inside and outside of Black communities that address the root causes of Black maternal health inequities. The Tufts-Delta Health Center and The People's Free Medical Clinics are "two projects launched in the Civil Rights and Black Power movements of the 1960s and 1970s [that] offer models of community health care informed by antiracist political analyses" (Owens et al., 2019, p. 1344). The Tufts-Delta Health Center was created in 1965 in Mound Bayou, Mississippi and the People's Free Medical Clinics was created in 1970 by every chapter of the Black Panther Party to provide obstetrics-gynecological and social support services to Black communities. According to Owens et al. (2019), "the health activists involved in these projects sought to address deep societal inequalities and empower clientele by transforming the spaces and hierarchies of traditional

medicine" (p. 1344). Current solutions outside of Black communities that address the social and structural determinants driving Black women's maternal health inequities include Dayna Bowen Matthew's call for a "legal reform of Title VI legislation that would create a structure of legal accountability for implicit bias and unconscious racism" in her book *Just Medicine: A Cure for Racial Inequality in American Healthcare* (2015), former New York City mayor Bill de Blasio's 2018 plan to "implement bias training for city public and private health care providers, support more effective data tracking and analysis of maternal mortality and morbidity rates for better prevention, improve maternal health care at city hospitals and other health care locations, and create a partnership with community-based organizations to expand public education on issues of maternal health" and the California Maternal Quality Care Collaborative's (CMQCC) "data-driven approaches" resulting in reduced maternal mortality rates in California between 1999 and 2013 (Owens et al., 2019, p. 1344).

Furthermore, Scott et al. (2019) provide a deeper understanding of how "mother blame" narratives prevent Black women from receiving the care they deserve and result in poor maternal health outcomes. These narratives center on epigenetics, or what happens in the uterine environment, and individual behaviors. These narratives do not take into consideration the social (and structural) determinants of health and negatively contribute to "the circumstances, environments, and situations in which each woman seeks to maintain health, to become pregnant, and to safely give birth to children" (Scott et al., 2019, p. 109). For example, attributing negative health outcomes to Black women being "older, sicker, and fatter" versus addressing the poor quality of healthcare they receive (Scott et al., 2019, p. 110). As a result, the authors recommend implementing the Black Mamas Matter Alliance's recommendations for perinatal care, which are consistent with the American Nurses Association's Code of Ethics. BMMA "is a Black women-

led cross-sectoral alliance that centers Black mamas and birthing people to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice" (BMMA, 2024). Their recommendations include: "Listen to black women", "Recognize the historical experiences and expertise of black women and families", "Provide care through a reproductive justice framework", "Disentangle care practices from the racist beliefs in modern medicine", "Replace white supremacy and patriarchy with a new care model", "Empower all patients with health literacy and autonomy", "Empower and invest in paraprofessionals", and "Recognize that access does not equal quality care" (BMMA, 2018, p. 7).

Lastly, Julian et al. (2020) question and re-envision the perinatal and reproductive (PRH) care Black women receive during and after pregnancy. Instead of providing physician-centered PRH, the authors argue that Black women deserve community-informed PRH. These models of care will result in the "equitable social and clinical experiences and outcomes" that Black women deserve (Julian et al., 2020, p. 2). Moreover, addressing this gap will help to address the lack of scholarship by physicians on structural racism's impact on PRH (Julian et al., 2020). According to Julian et al. (2020), "…physician-centered models of PRH identify biomedical risk identification and stratification, prioritizing individual behavioral interventions and proximal determinants over structural and social determinants of health" (p. 2). However, community-informed models of PRH "include team-based care that centers the person seeking services, promotion of racial/cultural/language concordance between care-seeking individual and health care team, promotion of co-located PRH services, and integration of clinical and social services to address structural, social, and clinical determinants of health" (Julian et al., 2020, p. 5). Examples of community-informed models of PRH are midwifery care, doula care, and home visiting programs.

Theoretical Frameworks

This section provides an overview of the theoretical frameworks used in the dissertation. Black feminism is the primary framework for the critical analysis in Chapter 3 and the evaluation approach developed and used in Chapters 4 and 5. However, Black feminist evaluation builds on culturally responsive and feminist evaluation, so those theories are also described below.

Black Feminism

Black feminism serves as the theoretical and methodological foundation for this dissertation research. Unfortunately, theories and frameworks produced by African American women scholars are often underutilized but essential to guide research and evaluation activities with Black women or the programs that serve them. Black Feminism is rooted in Black women's lived experiences and struggle against intersecting oppressions (e.g., racism, heterosexism, classism) in the United States. It "is a continuation of both (the) intellectual and activist traditions whose seeds were sown during slavery and flowered during the antislavery fervor of the 1830s" among Black women (Guy-Sheftall, 1995, p. 1). Although Black Feminism was birthed in the 1970s, it has evolved and is "...not a monolithic, static ideology, and there is diversity among African American feminists" (Jones and Guy-Sheftall, 2017, p. 343). Nevertheless, common themes include the centering of Black women's lived experiences with intersecting oppressions (i.e., intersectionality), a recognition of the unique concerns and needs of Black women in comparison to Black men and White women, the elimination of derogatory and stereotypical images of Black women, inclusion of the activism of Black women against multiple oppressions, and the empowerment of Black women (Jones and Guy-Sheftall, 2017).

Epistemologically, Black Feminism uplifts the neglected legacy of African American women producing and validating knowledge, which is rooted in their lived experiences, activism

and scholarship. This is significant "because elite White men control Western structures of knowledge validation, their interests pervade the themes, paradigms, and epistemologies of traditional scholarship" (Collins, 2000, p. 269). Until the 1970s, this mostly happened outside of academia (e.g., community organizations and religious institutions) because of Black women's exclusion from these spaces. According to Collins (2000), Black Feminism epistemology consists of the following four elements: lived experience as a criterion of meaning, the use of dialogue, an ethic of personal accountability, and an ethic of caring. Methodologically, Black Feminism captures the depth of the wisdom, experiences and perspectives of Black women (Collins, 2000). For example, Black Feminist research collects Black women's stories through biographies, narratives, life histories, interviews, and other formats (Mason, 2018, pg. 8). When analyzing this information, "Black feminist researchers commit to: making multiple truths visible, incorporating the interests and values of participants as a collective, and creating opportunities for self-definition and self-determination, all while emphasizing the importance of black women's lived experiences" (Patterson et al. 2017, p. 60). Scholarship and activism utilizing Black Feminist theories span a variety of disciplines. For example, Drs. Moya Bailey and Whitney Peeples (2017) introduce Black Feminist Health Science Studies, which is "...an emergent lens and praxis, built on existing and growing research that demands a multi-pronged approach to ameliorating the health disparities of Black women" (p. 4). This approach unapologetically centers Black women's voices, Black women's experiences with science, medicine and health, and trusts Black women to theorize their own experiences and liberation (Bailey and Peeples, 2017). It also views the elimination of health inequities and attainment of health and well-being of Black Women as a collaborative and interdisciplinary social justice endeavor (Bailey and Peeples, 2017).

Feminist Evaluation

Although there are many ways to define feminism, McCann et al. (2021) describe it as "the political activism by women on behalf of women" and this activism is in "opposition to women's subordinate social positions, spiritual authority, political rights, and economic opportunities" (p. 1). Women's activism has taken place for generations but reached its peak in the 1960s and 1970s alongside other social movements. Although feminism has its roots in women's activism, it is also rooted in the scholarship of women in academia. Feminist theories "provide intellectual tools by which historical agents can examine the(se) injustices" (McCann et al., 2021, p. 1). However, they all seek to unveil and address gender inequities.

Feminist research and evaluation are rooted in feminist theory (Brisolara et al., 2014). Feminist evaluation began in the 1990s when evaluators such as Donna Mertens, Joanna Farley, and Elizabeth Whitmore began "calling attention to the strong need for evaluations that were attentive and responsive to gender and women's issues" (Brisolara et al., 2014, p. vii). Additionally, the American Evaluation Association's Feminist Issues Topical Interest Group was formed during this time, and in the 2000s a special issue in New Directions for Evaluation focusing on feminist evaluation was published. Feminist research and evaluation challenge dominant epistemology, ontology and methodology. Epistemologically, it views knowledge as situated and argues that it has "been influenced and shaped by patriarchal paradigms" (Brisolara et al., 2014, p. 16). These paradigms advance a masculine epistemology that privileges "logic and rationality as dominant, authoritative, or exclusive ways of knowing while other forms are largely devalued" (Brisolara et al., 2014, p. 16). Ontologically, feminist researchers and evaluators argue that science is a social construct. However, some feminist researchers and evaluators do identify with positivist and postpositivist traditions and seek "to work within

traditional social science research paradigms while critiquing misogynist bias as an important obstacle to obtaining objective knowledge" (Brisolara et al., 2014, p. 18). Methodologically, there is not a preference for specific methods (Brisolara et al., 2014, p. 19). Lastly, feminist researchers and evaluators take a stance on the role of the evaluator. Feminist researchers and evaluators serve as a facilitator, educator, collaborator, technical advisor/methodologist, and activist/advocate (Brisolara et al., 2014, p. 63).

Brisolara et al., 2014 describe feminist evaluation using eight principles that fall into the following categories: Nature of Knowledge, Nature of Inquiry, and Social Justice. The Nature of Knowledge consists of the following concepts: 1) Knowledge is culturally, socially, and temporally contingent and 2) Knowledge is a powerful resource that serves an explicit or implicit purpose (Brisolara et al., 2014, pp. 23-24). The Nature of Inquiry consists of the following concepts: 3) Evaluation is a political activity; evaluator's personal experiences, perspectives, and characteristics come from and lead to a particular stance, 4) Research methods, institutions and practices are social constructs, and 5) There are multiple ways of knowing (Brisolara et al., 2014, pp. 25-27). Lastly, Social Justice consists of the following concepts: 6) Gender inequities are one manifestation of social injustice. Discrimination cuts across race, class, and culture and is inextricably linked to all three., 7) Discrimination based on gender is systemic and structural, and 8) Action and advocacy are considered to be morally and ethically appropriate responses of an engaged feminist evaluator. (Brisolara et al., 2014, pp. 29-30). In addition to these principles, reflexivity and understanding your positionality is essential when conducting feminist evaluation.

Culturally Responsive Evaluation

Samuels and Ryan (2011) describe culturally responsive evaluation (CRE) as "...a collection of practical strategies and frameworks that attend to culture and context when preparing for an evaluation, conducting it, and disseminating and using the results of the study" (p. 185). Culture is defined as "a people, a way of life, beliefs and customs, organizations, art forms, and activities, and can serve as either a noun or an adjective depending upon context" (Chouinard, 2016). Additionally, CRE prioritizes historically marginalized groups and communities throughout the evaluation process (Hood et al., 2015). CRE is primarily rooted in the scholarship of Stafford Hood (Hood et al., 2015). Hood was inspired by culturally responsive pedagogy and assessment, Robert Stake's responsive evaluation, reconsiderations of validity by Samuel Messick and Karen Kirkhart (i.e., multicultural validity) and the work of early African American education evaluators such as Reid E. Jackson in the 1930s and 1940s during segregation (Hood et al., 2015; Kirkhart, 1995).

Although CRE has many features that address the practice of evaluation, only a few features will be discussed in this section. These features include 1) the larger cultural context of the field of evaluation, the evaluators conducting an evaluation, and the evaluand, 2) the importance of a shared living experience of the evaluators and the communities being evaluated, 3) the collaborative nature of the evaluation process, 4) evaluator reflexivity, and 5) social justice. CRE recognizes the cultural context and values embedded in the field of evaluation, the evaluator(s) conducting the evaluation, and the evaluand being assessed as well as those that are being served by it. For example, the field of evaluation itself is embedded within a Western cultural context in which "...science has historically excluded, discouraged, or limited the participation of marginalization groups, which undermines the comprehensiveness of scientific

inquiry" (Hall, 2019; Harding, 1991 as cited in Hall, 2019). Additionally, this cultural context defines what is considered legitimate knowledge, who is a legitimate creator and interpreter of that knowledge, legitimate ways to collect that knowledge and access to knowledge validation institutions (Collins, 2000). Fortunately, CRE seeks to include those groups throughout the evaluation process and utilizes a variety of epistemologies and methodologies to best answer the evaluation questions being investigated.

Additionally, it is important for there to be a shared living experience of those conducting the evaluation and the communities as well as the programs being evaluated. This is accomplished by increasing the diversity of the evaluation workforce. Only those from the community and possibly programs will understand the larger cultural context as well as the historical, political, social and economic dynamics at play. Depending on the magnitude of harm that has been done to a community, some people may only want to work with evaluators that have a similar background, which is the case for some Indigenous nations.

Additionally, CRE is a collaborative process and incorporates participatory, empowerment and other transformative approaches to evaluation. The evaluator(s) must perform an evaluation "with" and not "on" the organization/program. While embracing collaboration and partnership, evaluator(s) also must address power dynamics with and among stakeholders (e.g., program staff, participants, community leaders). Samuels & Ryan (2011) attempts to do this by incorporating democratic principles into their Culturally Relevant Democratic Inquiry (CDI) model.

CRE calls for evaluators to be reflexive throughout the evaluation process. Everyone on the evaluation team, regardless of whether they are from the community, needs to be reflexive and constantly engaged in self-assessment. This is imperative because evaluators hold a

privileged professional position (Hall, 2019). Evaluators can recognize and work through their privilege as well as "...take an active role in disrupting privilege, allowing others to discuss, criticize, and even reject aspects of evaluation practice" and establish strong objectivity through standpoint theories (Hall, 2019, p. 4). This leads us to our last feature, social justice. CRE incorporates social justice within the evaluation process as well as the society in which the communities sit. This is important because the communities being evaluated oftentimes are not only underserved, but also marginalized and silenced (Samuels & Ryan, 2011).

Lastly, not attending to culture can compromise the validity of the evaluation (i.e., the process by which it was conducted and the resulting findings). Key to disrupting these practices is the inclusion of multicultural validity, which is defined as "the correctness or authenticity of understandings across multiple, intersecting cultural contexts" (Kirkhart, 1995b as cited in Kirkhart, 2005, p. 22). Multicultural validity is significant because culture impacts every step of the evaluation process, although it is not often recognized (Kirkhart, 2005). Evaluation is oftentimes considered neutral and culture-free.

Summary of Literature Review

This literature review provides a comprehensive overview of maternal health in the United States and the theoretical frameworks (e.g., Black feminism, culturally responsive evaluation, and feminist evaluation) utilized in this dissertation. The next three chapters weave maternal health with these theoretical frameworks in different ways. In C*hapter 3: A Black Feminist Reading of Black Maternal Health Inequities in the United States*, Black feminism is used to guide a critical review of the maternal health inequities experienced and resisted by Black women and birthing people. In *Chapter 4: Black Feminist Evaluation,* an approach to Black feminism evaluation is described. This approach leverages lessons learned from culturally

responsive and feminist evaluation and is used to assess programs and policies targeting Black women and birthing people. Lastly, *Chapter 5: Mapping Black Feminist Evaluation Practice onto Black Feminist Evaluation Theory* operationalizes this approach during an evaluation of a birth center serving primarily Black women and birthing people in Memphis, TN.

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CHAPTER 3

PAPER 1: BLACK FEMINIST READING OF THE BLACK MATERNAL HEALTH CRISIS IN THE UNITED STATES

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Abstract

Black pregnant, birthing and postpartum people are disproportionately impacted by the maternal health crisis in the United States. Because of the scholarship and advocacy of Black women and gender-expansive people, there is widespread recognition of the social and structural determinants of health contributing to these inequities. This has resulted in significant efforts at the federal, state and local levels to address the quality of care provided to them and change policy to improve maternal health outcomes. Black feminism can offer a more nuanced understanding of how Black women are experiencing and resisting maternal health inequities. Black feminism is rooted in the lived experiences and activism of Black women, and its purpose is to resist the intersecting systems of oppression faced by Black women, empower Black women, and support broader social justice efforts. Patricia Hill Collins' approach to Black feminism is used to conduct a critical review of the literature on Black maternal health inequities in the United States. Additionally, this critical review builds upon the scholarship and activism of Black women and provides a deeper analysis into Black women's experiences with motherhood, maternal health activism, maternal health workforce, and power and empowerment in maternal health.

The maternal health crisis in the United States disproportionately impacts Black pregnant, birthing, and postpartum people in the United States. The United is one of two high-income countries experiencing increases in maternal mortality, and Black women are 2 to 3 times more likely to die from a pregnancy-related death compared to White women (CDC, 2023). Fortunately, there is widespread recognition of the social and structural determinants of health contributing to this inequity, primarily because of the scholarship and advocacy of Black women and gender expansive people. However, efforts to address these determinants and their root causes (e.g., racism) often fall short and do not result in the improved maternal health outcomes needed.

Black feminism is one of many theoretical and activist frameworks used to ground the scholarship and advocacy efforts of Black women and gender expansive people addressing maternal health inequities. Black feminism offers a more nuanced understanding of how those with lived experience as well as those providing them with support and care (e.g., doulas, midwives, OB-GYNs) and those advocating for policy changes are experiencing and resisting maternal health inequities in the United States. Dr. Patricia Hill Collins (2000) provides a comprehensive theoretical foundation for Black feminism and attends to concepts such as power, which are integral to understanding and addressing maternal health inequities.

This article provides a critical review of the literature on Black maternal health inequities in the United States using Collins' approach to Black feminism. Collins' domains-of-power framework and her understanding of Black women’s activist traditions (i.e., struggles for group survival, struggles for institutional transformation) serve as the foundation for this review, which then addresses Black motherhood and the Black maternal health workforce. Collins' domains-of-

power framework is used to describe how Black women and gender expansive people are oppressed while their activist traditions are used to describe how they resist this oppression.

Patricia Hill Collins' Black Feminism

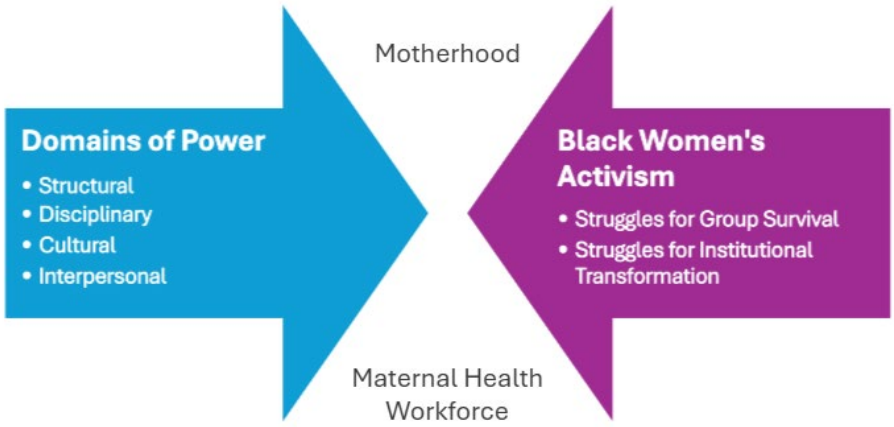
Dr. Patricia Hill Collins, a Black feminist sociologist, published the groundbreaking book *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* in 1990. The Second Edition was published in 2000 and the 30th Anniversary Edition was published in 2022. In *Black Feminist Thought,* Collins describes the purpose, politics, distinguishing features and core themes of Black feminism. She argues that Black feminism is rooted in the lived experiences and activism of Black women and its purpose is to resist the intersecting systems of oppression they face, empower them, and support broader social justice efforts. Despite the diversity that exists among Black women, there are commonalities in their experiences that result in a distinct Black women's standpoint. Collins theorizes Black women's lived experiences on topics such as work, family, sexual politics, love relationships, motherhood, and activism. She builds on theoretical concepts introduced in her articles *Learning from the outsider within: The sociological significance of black feminist thought* in 1986 and *The Social Construction of Black Feminist Though*t in 1989. These theoretical concepts provide the foundation for the critical review below.

Collins' Black Feminist Reading of the Black Maternal Health Crisis

Collins' approach to Black feminism is used to review the Black maternal health inequities experienced by Black women and birthing people and their efforts to address it. More specifically, Collins' domains-of-power framework and Black women's activist traditions (i.e., struggles for group survival, struggles for institutional transformation) serve as the foundation for this review. Motherhood and maternal health workforce are examined in this context.

Figure 4

Foundational Concepts for Black Feminist Critical Review



Examining the Black Maternal Health Crisis through the Lens of Power

Collins' (2000, 2017) domains-of-power framework can be used to explore Black women subjugation in health systems in the United States. Although Black women's empowerment or how Black women resist these systems is connected to this concept, it is addressed in the next section focusing on Black women's activism. Black feminism redefines how power operates in Black women's lives. According to Collins (2000), "...by embracing a paradigm of intersecting oppressions of race, class, gender, sexuality, and nation, as well as Black women's individual and collective agency within them, Black feminist thought reconceptualizes the social relations of domination and resistance" (p. 292). Collins (2000) describes two main approaches to power. The first approach describes a dialectical relationship between those with more power and those with less power, which places these groups in conflict with each other. Strategies to resist this approach are more group-focused. The second approach describes power "...not as something that groups possess but as an intangible entity that circulates within a particular matrix of

domination and to which individuals stand in varying relationships" (Collins, 2000, p. 292). Strategies to resist this approach are more individual-focused. Collins argues that both are needed to understand how Black women experience and resist the intersecting systems of oppression they face. These two approaches to power exist within Collins' matrix of domination, which provides a framework for how intersecting oppressions operate in Black women's lives. The matrix is categorized into four domains of power - structural domain of power, disciplinary domain of power, cultural (or hegemonic) domain of power, and interpersonal domain of power. The matrix of domination is part of Collins' power analytic (Collins 2000, 2017).

The structural domain of power describes how social institutions, and their laws, policies, processes, and practices disadvantage Black women while the disciplinary domain of power describes how Black women are kept under surveillance by these institutions (Collins, 2000). The cultural domain of power, formerly the hegemonic domain of power, describes how ideology and/or culture are manipulated to benefit social institutions, their organizational practices, or interpersonal interactions that disadvantage Black women (Collins, 2000). For example, commonsense ideas, images, or symbols about race, class, gender, sexuality, and/or nation from dominant groups that support their right to dominate. Lastly, the interpersonal domain of power describes the daily, discriminatory treatment of Black women (Collins, 2000). Although these domains are distinct, they are interrelated. This section uses the four domains of power to explore how Black women's subjugation operates in U.S. health systems, and results in them receiving poor quality of care and poor maternal health outcomes.

Structural Domain of Power in Health Systems

The structural domain of power describes how institutions in health systems and their laws, policies, processes, and practices disadvantage Black women. The structural domain of

power organizes the intersecting oppressions experienced by Black women (Collins, 2000). With the shift from health disparities to health equity in public health and medicine, there has been more attention to how health systems, structures, policies, and funding facilitate poor health outcomes among Black communities as well as the impact it has on Black healthcare providers and researchers (e.g., low proportion in the workforce, lack of funding). In maternal health, this has resulted in increased attention to the role of structural and institutional racism in the maternal health inequities faced by Black and Indigenous women and birthing people as well as increased investments to diversify the workforce, fund Black-led institutions and organizations (e.g., midwifery and doula organizations, medical schools), and pass legislation at the federal, state, and local levels to improve maternal health outcomes (e.g., Momnibus).

Preceding this conversation was the initial recognition in the early 2000s that social determinants of health, which are defined as "...the conditions in the environments where people are born, live, learn, work, play, worship, and age", affect health and well-being (U.S. Department of Health and Human Services, n.d.). Structural determinants of health were added later and include "...cultural norms, policies, institutions, and practices that define the distribution (or maldistribution) of SDOH" (Crear-Perry et al., 2021, p. 231). However, it is inefficient to attempt to discuss or address social and structural determinants of health such as employment, education, and healthcare access without recognizing their root causes (e.g., racism).

Disciplinary Domain of Power in Health Systems

The disciplinary domain of power primarily describes how Black women are kept under surveillance as well as the ways in which they are criminalized by institutions in health systems. The disciplinary domain of power manages the intersecting oppressions experienced by Black

women in the structural domain (Collins, 2000). This is an extension of the surveillance experienced by Black women in the larger society (Collins, 2000). This not only includes Black women patients, but also Black healthcare providers and researchers.

Perritt (2020) highlights the role of physicians in the criminalization of Black and Brown pregnant women and their children. Despite the surge of medical organizations speaking out against the impact of police violence on Black communities in the United States, she describes how physicians "...quietly funnel our patients and their families into the criminal legal system that our statements of solidarity purport to combat" (p. 1804). This is especially true for Black (and Indigenous) pregnant women who are more likely than their White counterparts to be tested for drugs and alcohol, less likely to be referred to drug treatment programs, and are more likely to be reported to child protective services.

Cultural Domain of Power in Health Systems

The cultural domain of power, formerly the hegemonic domain of power, describes how ideology and/or culture are manipulated to benefit institutions in health systems, their organizational practices, or interpersonal interactions that disadvantage Black women. This domain of power justifies the intersecting oppressions experienced by Black women in the other domains. Although the United States has the highest maternal mortality rate amongst other high-income countries with Black and Indigenous women being disproportionately impacted and there has been increased attention, funding, research, and initiatives in maternal health, women are still blamed for their deaths (Admon et al., 2018; Lu et al., 2015; McLemore, 2019). Scott et al. (2019) describes how mother blame "…narratives have dominated approaches to managing pregnancy conditions and chronic illness" (p. 109). This has occurred in the following ways: 1) the emphasis of epigenetic factors (i.e., variations in gene expression) that potentially impact the

uterus and pregnancy, 2) the focus on increases in chronic diseases and conditions, and 3) the emphasis on changes to individual-level factors (e.g., changes in diet and physical activity) versus interpersonal and structural factors (e.g., improving quality of maternity care, addressing bias and discrimination).

Interpersonal Domain of Power in Health Systems

The interpersonal domain of power describes the daily, discriminatory treatment of Black women in health systems. Black Mamas Matter Alliance (2022) conducted a qualitative exploratory study in Atlanta in April 2018 with the Averting Maternal Death and Disability (AMDD) Program at Columbia University Mailman School of Public Health documenting the experiences of Black women (five focus groups) and Black birthworkers (two focus groups) with disrespect and abuse. A key theme was disrespectful and abusive care, which consisted of "1) harsh language, 2) ineffective communication 3) lack of informed consent and confidentiality; 4) dismissal of concerns and pain; and 5) racism and discrimination" (BMMA, 2022, p. 16).

The domains-of-power framework offers a new way to understand why and how maternal health inequities impact Black women and birthing people in the United States. According to Collins (2000), "...each domain serves a particular purpose. The structural domain organizes oppression, whereas the disciplinary domain manages it. The hegemonic domain justifies oppression, and the interpersonal domain influences everyday lived experience and the individual consciousness that ensues" (p. 292). As a result, existing laws, policies, and practices help to organize and manage Black women's oppression in health systems while dominant narratives and discourses justify it. Lastly, Black women professionals and patients navigate daily discrimination from interpersonal interactions. This framework can accompany other frameworks such as the structural and determinants of health framework, public health critical

race praxis and the Minority Health and Health Disparities Research Framework by the National Institute on Minority Health to offer a deeper understanding of Black women's maternal health inequities.

Black Women's Maternal Health Activism

Black women have always resisted and continue to resist these domains of power and the resulting matrix of domination. Black women resist the lack of healthcare services in our communities, the poor quality of care provided to Black women and birthing people, and the dominant narratives and discourses that justify the maternal health inequities we experience. This resistance happens inside and outside their communities, the strategies used are diverse, and they change over time in response to new circumstances and challenges.

Black Women's Activist Traditions

Collins locates Black women's activism into two interrelated categories, struggles for group survival and struggles for institutional transformation (Collins 2000). Struggles for group survival describe "actions taken to create Black female spheres of influence within existing social structures" while struggles for institutional transformation describe "efforts to change discriminatory policies and procedures of government, schools, the workplace, the media, stories, and other social institutions" (Collins, 2000, p. 204). They are often seen as being in opposition to each other, but Collins argues that they are not. Many Black women, as well as our institutions and organizations, do both to address the short- and long-term impacts of intersecting oppressions on the health, safety and well-being of Black communities. Furthermore, Collins argues that "these dual dimensions of Black women's activism offer a new model for examining African political activism" (Collins, 2000, p. 207).

Figure 5

Black Women's Activism

Collins (2000) argues that Black women's activism often goes unacknowledged, particularly their struggles for group survival (Collins, 2000, p. 202). Typically, activism or political activity is defined as participation in labor unions or political parties, but these are spaces that Black women have been excluded from until recently. As a result, Collins recommends that we "assess Black women's activism less by the ideological content of individual Black women's belief systems – whether they hold conservative, reformist, progressive, or radical ideologies based on some predetermined criteria – and more by Black women's collective actions within everyday life that challenge domination in these multifaceted domains" (Collins, 2000, p. 203). The intersecting systems of oppression impacting Black women are complex, and so are the individual and collective actions they use to address it (Collins, 2000).

Struggles for Group Survival

Although struggles for group survival "may not directly challenge oppressive structures", they are integral to the survival of Black women, their families, and communities (Collins, 2000,

p. 204). Black women have created their own institutions and organizations that "embrace a form of identity politics" and these spaces provide community and a place to equip Black women with what is necessary to survive (Collins, 2000, p. 204). For example, these spaces provide opportunities for self-definition and self-valuation where Black women can define themselves for themselves and resist the controlling images that contribute to their dehumanization (Collins, 2000).

In maternal health in the United States, Black women have created their own nonprofit organizations, doula collectives, midwifery alliances, and professional associations. Often, this work and these spaces are rooted in our cultural beliefs and values, which may differ from mainstream society. They also result in better quality of care and health outcomes for Black women and birthing people as well as their babies.

Struggles for Institutional Transformation

Struggles for institutional transformation seek to change policies and procedures in mainstream social institutions "governing African-American women's subordination" (Collins, 2000, p. 204). Many Black women work to transform these institutions by leveraging their outsider within status (Collins 1986, 2000). Historically, Black women were allowed in predominantly White spaces (e.g., homes) and institutions during enslavement and after as domestic workers (Collins, 1986). As a result, Black women "have seen white elites, both actual and aspiring, from perspectives largely obscured from their Black spouses and from these groups themselves" (Collins, 1986, p. S14). Despite their presence in these spaces, they were always marginalized and were never fully accepted. As a result, this status "can never lead to power because the category, by definition, requires marginality" (Collins, 1986, pg. 289).

Black feminists argue that Black women currently occupy an outsider within status, especially in academic settings. Additionally, this dimension of Black women's activism relies on coalition-building with other groups and even movements (p. 204). In maternal health, Black women work in government agencies, hospital systems, health departments, and at universities to address the maternal health inequities faced by their communities. They do this work in coalition with other groups and communities along with other movements.

Struggles for Group Survival and Institutional Transformation within the Domains of Power

Black women struggle for group survival and institutional transformation within each domain of power (i.e., structural, disciplinary, cultural, interpersonal). This struggle or resistance fosters their empowerment. Empowerment in the structural domain of power results from wide-scale efforts or social movements to transform social institutions while empowerment in the disciplinary domain of power results from Black women and gender expansive people keeping organizations or institutions under surveillance and working inside these institutions work to foster change. Lastly, empowerment in the cultural domain of power results from Black women and gender expansive people deconstructing ideas and images from dominant groups, developing new knowledge, and attempting at their own self-definition while empowerment in the interpersonal domain of power results from Black women and gender expansive people resisting discriminatory treatment. The next paragraph highlights the dynamic and innovative ways that Black women and gender expansive people and organizations have been addressing the maternal health inequities they as well as others in their communities' experience. Black women-led organizations such as SisterSong Women of Color for Reproductive Justice, Black Mamas Matter Alliance (BMMA), National Black Midwives Alliance, and National Birth Equity

Collaborative (NBEC) have organized efforts to bring awareness to the maternal health crisis in the United States and transform health systems to provide better care to Black mamas and babies.

For the structural domain of power, the Black Maternal Health Caucus is an example of how Black women have struggled for institutional transformation. The Caucus was founded by Congresswoman Lauren Underwood (IL-14) and Congresswoman Alma Adams (NC-12) along with 53 founding members in 2019 (Black Maternal Health Caucus, n.d. Purpose section, para. 1). It "was established to solve America's maternal health crisis, eliminate disparities, and to advance policy solutions aimed at improving maternal health outcomes for all mothers" (Black Maternal Health Caucus, n.d. Purpose section, para. 1). Some of these solutions include the introduction of the Momnibus Act consisting of 12 bills sponsored by Caucus Members, the passing of the Protecting Moms Who Served Act, and the Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) Initiative that supports maternal health research (Underwood & Booker, 2020). These solutions not only seek to address the maternal health inequities impacting Black women but also improve the health outcomes of all women.

For the disciplinary domain of power, Movement for Family Power and Kimberly Seals Allers' Irth app are examples of how Black women struggle for institutional transformation. Movement for Family Power was founded in 2018 and "is the first national organization focused on abolishing the family policing system" (Movement for Family Power, 2024, para. 1). They provide mutual aid to people with lived experience, technical assistance, campaigns to shift public narrative around family policing and publish reports and other materials documenting the harm of the family police system such as *Drug Tests Are Not Parenting Tests: Highlighting actionable steps to end the surveillance and criminalization of parents who use drugs*. Seals Allers' Irth app was launched in 2021 and seeks "to eradicate racism and bias from maternity and

infant care and to bring public accountability and transparency to the medical system" by allowing Black and Brown women and birthing people to report their experiences while receiving care (Irth, 2021). According to the Irth's Birth Without Bias Mini-Report, 33% of people reported being ignored or refused when they requested help and 22% reported being forced to accept treatment they did not want (Irth, 2021).

For the cultural domain of power, Black Mamas Matter Alliance (BMMA) is an example of how Black women struggle for group survival by reclaiming the term "Black Mamas". BMMA "is a Black women-led cross-sectoral alliance that centers Black mamas and birthing people to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice" (BMMA, 2024, Our Mission section, para. 1). The alliance consists of Black-led organizations and individuals fighting against maternal health inequities. BMMA defines Black Mamas as follows:

> "The term 'Black Mamas' represents the full diversity of our lived experiences that includes birthing persons (cis black women, trans folks, and gender expansive individuals) that are people of African descent (e.g., Afro-Latinx, African-American, Afro-Caribbean, Black, and African Immigrant). We recognize, celebrate, and support those who care for and mother our families and communities whether they have given birth or not. We stand in solidarity with all Black Mamas" (BMMA, 2023, p. 7).

Their definition of Black Mamas is in opposition to the very limited understanding of what it means to "mother' inside and outside of Black communities. This is similar to Nash's (2018) description of how Black motherhood and Black mothering are reimagined in Black feminism. She argues that Black motherhood is "both a site constituted by grief and expected loss and as a political position made visible (only) because of its proximity to death" (e.g., murder of Black

men and boys) (p. 700). However, Black feminist theory resists this when "black motherhood is cast as powerful, strong, capacious, creative, and spiritually rooted" while Black mothering is cast as "a site of intense spiritual and political meaning, a space where the self is powerfully remade through the sacred bond between mother and child" (p. 703). This extends to how Black motherhood and mothering extends itself to those who may not identify as a "woman" as well as in community and academic contexts. Lastly, for the interpersonal domain, Black-led doula organizations such as the Atlanta Doula Collective, Ancient Song Doula Services, and Baobab Birth Collective provide the necessary non-clinical support and care needed for Black women and birthing people to be healthy and safe before, during and after their pregnancy (struggle for group survival). Additionally, these organizations work with families to counter the discrimination they may face in healthcare settings.

Black women have always resisted intersecting systems of oppression. From creating safe spaces for individual and community survival to driving institutional change, Black women have forged paths of resistance that honor their experiences and uplift their communities. This dual approach—encompassing both group survival and institutional transformation—shows the uniqueness of Black women's activism and its impact on their health, well-being and safety. Black women's activist traditions have contributed to the increased national attention to the maternal health crisis in the United States and the inequities that Black women and birthing people experience.

Special Topic: Black Women and Motherhood

Black women and birthing people are not listened to by their healthcare providers and are blamed for their own deaths. Black feminism provides some insight into how and why this is happening. Unfortunately, dominant narratives and discourses about Black women (e.g.,

sexuality, tolerance for pain) and Black motherhood contribute to the dehumanization of Black women and their inability to receive the respectful care they deserve during pregnancy, labor and deliver, and postpartum. Furthermore, Black women and not the institutions and policies fostering maternal health inequities are held more accountable for the inequities they face.

Black women are bombarded with controlling images (e.g., mammy, matriarch, jezebel, sapphire) on motherhood that deny their humanity. The mammy, matriarch, and welfare mother are controlling images that reflect how others (and sometimes Black women themselves) view Black motherhood (Collins, 2000). The mammy serves as a faithful, obedient domestic servant to White families and communities, the matriarch is the overly aggressive, unfeminine Black woman who serves as a bad mother, and the welfare mother is the poor or working-class Black mother who has children out of wedlock, dishonestly collects public assistance from the state and passes on her own bad values to her children. According to Collins (2000), "the mammy typifies the Black mother figure in White homes, (while) the matriarch symbolizes the mother figure in Black homes" (p. 75). These negative images of Black women frame how the world, which includes those inside and outside our community, sees and treats them. In relation to Black maternal bodies and Black motherhood, Nash (2019) argues that they are surrounded by a "crisis discourse" that treats the perpetual or ordinariness of violence against Black maternal bodies and Black motherhood as just a "rupture" (p. 30).

However, Black women do not passively accept these controlling images of motherhood. Collins (1986) argues that self-definition and self-valuation are some of the many strategies that Black women employ to resist the impact of these images and their status within society. According to Collins (1986), "self-definition involves challenging the political knowledge-validation process that has resulted in externally-defined, stereotypical images of Afro-American

womanhood" while "self-valuation stresses the content of Black women's self-definitions – namely, replacing externally-derived images with authentic Black female images" (S16-17). Both have been and are necessary for Black women's survival and empowerment. As a result, Black women have redefined motherhood as a place of empowerment and have even extended the understanding of what a mother is with "othermothers" (i.e., women mothering non-biological children) and even the care and support provided by "women-centered networks" (Collins, 2000, p. 178).

Figure 6

Black Women and Motherhood: Domains of Power and Black Women's Activism

Special Topic: Black Women's Labor and the Maternal Health Workforce

There is a lack of racial and ethnic diversity in the maternal health workforce. Despite the current efforts to address this issue by professional associations and universities, there are several challenges that still must be addressed. Black women who serve as physicians, midwives, nurses, doulas, public health practitioners, and researchers experience pay inequities, are more likely to be disciplined and are overworked. This is despite research findings that demonstrate the benefits to racially concordant care and the essential role Black healthcare providers play in addressing the maternal health inequities experienced by Black women and birthing people.

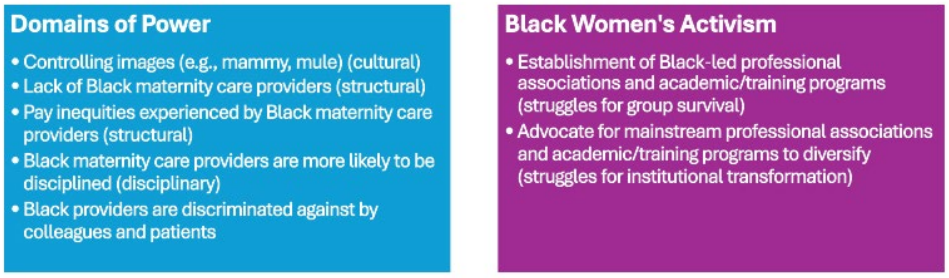
Feminism as well as Black feminism can provide deeper insights into women's relationship to labor in a capitalist context, which includes unpaid and paid caretaking. Traditionally, men (i.e., primarily White men) work outside the home and their labor is paid while women (i.e., primarily White women) work in the home and their labor is not only unpaid (e.g., caretaking, housework) but devalued. As time progressed, more women (i.e., White women) entered the workforce in professions such as teaching and nursing and these dynamics became even more complex. These professions were and continue to be underpaid, receive less respect, have fewer rights in the workplace, and are harder to unionize. Some of these professions also have a hierarchical relationship with other professions. For example, nurses have a hierarchical relationship with physicians in healthcare. Lingel et al. (2022) describe this dynamic when they state that "male physicians focused on curing patients, while women nurses focused on (and were uniquely suited to) caring for them" (p. 1151).

This accounts for some of what Black women have and continue to experience in these professions, but Black feminism can help us also examine how gender intersects with both class and race. According to Collins (2000), Black feminism is rooted in the lived experiences and activism of Black women in the United States and its purpose is to resist the intersecting oppression faced by Black women, empower Black women, and support broader social justice efforts. Black women's experiences with work are a core theme of Black feminism. Other core themes include controlling images, self-definition, family, sexual politics, love, motherhood, and activism. Collins' (2000) describes the work that Black women do in the market and at home. In the market, Black women were (and continue to be) treated as mules (Collins, 2000). Black women were not seen as women or even human (and most did not stay home), but willing "mules" of labor. During enslavement, Black women worked the same as Black men. However,

their work also included caretaking, particularly of the White people who owned them and then White families that employed them as domestic workers. This labor went from unpaid to paid over the centuries. According to Collins (2000), "U.S. Black women may have migrated out of domestic service in private homes, but are overrepresented as nursing home assistants, day-care aides, dry-cleaning workers, and fast-food employees…" (p. 46). Understanding this complex relationship between Black women and labor can give us a different perspective on Black midwives and they role they played with the families they served, their relationship with other midwives, particularly White women, and their relationship with medical and public health professionals, particularly White men.

Figure 7

Black Women's Labor and the Maternal Health Workforce: Domains of Power and Black Women's Activism



Conclusion

A Black feminist perspective provides a comprehensive framework for understanding and addressing the maternal health crisis facing Black women in the United States. By examining the intersecting systems of oppression—structured by both institutional practices and personal interactions—Black feminism illuminates how power operates in the daily lives and health

outcomes of Black women. This approach not only identifies the structural, disciplinary, cultural, and interpersonal challenges faced by Black women in maternal health systems but also celebrates their enduring resistance and resilience. Black women's organizations exemplify these transformative efforts by challenging discriminatory health systems, fostering spaces for empowerment, and advocating for policies that prioritize maternal health equity. Together, these actions demonstrate the necessity of centering Black women's experiences and activism in the struggle to transform and even dismantle inequitable health structures and advance a more just maternal healthcare system.

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CHAPTER 4

BLACK FEMINIST EVALUATION

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Abstract

Black Feminism is rooted in the lived experiences of Black women and contributes to their empowerment. The author argues that Black feminisms can theoretically and methodologically inform how evaluations are conducted with, for, and/or by Black women in the United States by proposing an approach to Black feminist evaluation (BFE) rooted in the intellectual thought and scholarship of Dr. Patricia Hill Collins. This approach consists of the following principles: 1) The evaluation is rooted in Black women's lived experiences, 2) Evaluation as a field and the evaluation being conducted resists Black women's oppression and contributes to the empowerment of Black women, 3) Evaluation as a field and the evaluation being conducted recognizes Black women's contributions and expertise, 4) The evaluation and the evaluation team treat Black women with respect and care and provides protection throughout the evaluation process, and 5) The evaluation and the evaluation team are committed to social justice. These principles are not linear and can be implemented and adapted in different contexts. BFE builds on the contributions of evaluation theories and approaches rooted in social justice and human rights such as culturally responsive and feminist evaluation. Although these theories are both are relevant to the evaluation of programs serving and policies impacting Black women and their communities, they can benefit from the use of Black feminism. BFE addresses these in its approach and provides a step-by-step framework for conducting evaluations with, for and by Black women.

Black Feminism is rooted in the lived experiences of Black women and contributes to their empowerment. I argue that Black feminisms can theoretically and methodologically inform how evaluations are conducted with, for, and/or by Black women in the United States and present a Black feminist evaluation approach rooted in Patricia Hill Collins.

Evaluation and Evaluation Theories

Although there are several ways to define evaluation, Trochim (1998) describes it as "a profession that uses formal methodologies to provide useful empirical evidence about public entities (such as programs, products, performance) in decision-making contexts that are inherently political and involve multiple often-conflicting stakeholders, where resources are seldom sufficient, and where time-pressures are salient" (Trochim, 1998, p. 248, as cited in Mertens & Wilson, 2018). Evaluation is transdisciplinary and as a result disciplines have different theories or approaches to how evaluation is conducted. Although there are several ways to categorize these evaluation theories and approaches, Alkin and Christie (2004) created an evaluation theory tree based on the commonalities of these approaches. The tree initially consisted of the following branches: methods, use and values. The social justice branch was added later. Each branch corresponds with a different paradigm with different philosophical assumptions (i.e., axiology, ontology, epistemology, methodology) (Mertens & Wilson, 2018). A postpositivist paradigm corresponds with the methods branch, a pragmatic paradigm corresponds with the use branch, a constructivist paradigm corresponds with the values branch, and a transformative paradigm corresponds with the social justice branch.

According to Mertens & Wilson (2019), "the social justice branch consists of evaluation theories that take into consideration evaluations that prioritize the incorporation of strategies to enhance social justice and human rights, they emphasize the importance of a careful contextual analysis, and include mechanisms for action into the design" (p. 175). It is one of the most diverse branches and has its roots in not only European philosophy but also the philosophies of African, Indigenous, Asian, and Latin American peoples and cultures. Additionally, it is closely connected to those that use critical social theory and those in postcolonial studies (Mertens &

Wilson, 2019, p.158). The Black feminist evaluation theory described in this article is rooted in this branch and has some similarities to other theories, specifically to feminist and culturally responsive evaluation. The next section describes these evaluation theories.

Feminist and Culturally Responsive Evaluation and the Justification for Black Feminist Evaluation

Black feminist evaluation builds off the contributions of feminist and culturally responsive evaluation to the field of evaluation and how evaluations are conducted. Similar to other evaluation theories on the social justice branch, they both seek to advance equity and justice. However, they are rooted in the experiences and activism of different groups. Feminist evaluation is rooted in feminist theory and challenges dominant epistemology, ontology and methodology. Feminist evaluation began in the 1990s when women evaluators such as Donna Mertens, Joanna Farley, and Elizabeth Whitmore began "calling attention to the strong need for evaluations that were attentive and responsive to gender and women's issues" (Brisolara et al., 2014, p. vii). In *Feminist Evaluation and Research: Theory and Practice*, Brisolara describes eight principles of feminist evaluation that fall into the following categories: Nature of Knowledge, Nature of Inquiry, and Social Justice. These principles challenge how knowledge is constructed, how evaluation is conducted, and assert evaluation's need to confront discrimination in its various forms.

Culturally responsive evaluation (CRE) is described as "...a collection of practical strategies and frameworks that attend to culture and context when preparing for an evaluation, conducting it, and disseminating and using the results of the study" (Samuels and Ryan, 2011, p. 185). It is primarily rooted in the scholarship of Stafford Hood who was inspired by culturally responsive pedagogy and assessment, Robert Stake's responsive evaluation, reconsiderations of

validity by Samuel Messick and Karen Kirkhart (i.e., multicultural validity) and the work of early African American education evaluators such as Reid E. Jackson in the 1930s and 1940s during segregation (Hood et al., 2015; Kirkhart, 1995). For example, the field of evaluation itself is embedded within a Western cultural context in which "...science has historically excluded, discouraged, or limited the participation of marginalization groups, which undermines the comprehensiveness of scientific inquiry" (Hall, 2019; Harding, 1991 as cited in Hall, 2019). Key features of CRE include 1) the larger cultural context of the field of evaluation, the evaluators conducting an evaluation, and the evaluand, 2) the importance of a shared living experience of the evaluators and the communities being evaluated, 3) the collaborative nature of the evaluation process, 4) evaluator reflexivity, and 5) social justice (Hood et al., 2015). CRE recognizes the cultural context and values embedded in the field of evaluation, the evaluator(s) conducting the evaluation, and the evaluand being assessed as well as those that are being served by it.

In the field of evaluation, feminist and culturally responsive evaluation provided a much-needed intervention to address the gender and racial inequities impacting the field of evaluation and how evaluations are conducted with historically marginalized groups. Both are relevant to the lived experiences of Black women – both as evaluation participants and evaluators. However, they lack the specificity needed to account for Black women's unique lived experiences in the United States, specifically navigating intersecting systems of oppression in their lives and in their participation in evaluation activities. Black feminist evaluation addresses this in the principles described below. It is not in opposition to these approaches but are complementary to them.

Black Feminist Evaluation

> When our lived experience of theorizing is fundamentally linked to processes of self-recovery, of collective liberation, no gap exists between theory and practice…Theory is not inherently healing, liberatory, or revolutionary. It fulfills this function only when we ask that it do so and direct our theorizing towards this end. (hooks, 1991, p. 61)

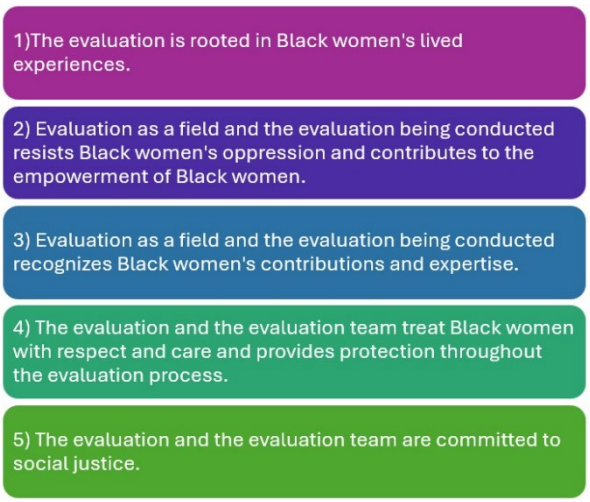
Black Feminism is rooted in the lived experiences of Black women and contributes to their empowerment. I argue that Black feminisms can theoretically and methodologically inform how evaluations are conducted with, for, and/or by Black women in the United States and present a Black feminist evaluation approach. The approach described here is rooted in the scholarship of Dr. Patricia Hill Collins. It is not inclusive of every type of Black feminism, and this provides radical possibilities for other Black feminist approaches to evaluation (Haley, 2019).

This Black feminist evaluation approach consists of the following principles: 1) The evaluation is rooted in Black women's lived experiences, 2) Evaluation as a field and the evaluation being conducted resists Black women's oppression and contributes to the empowerment of Black women, 3) Evaluation as a field and the evaluation being conducted recognizes Black women's contributions and expertise, 4) The evaluation and the evaluation team treat Black women with respect and care and provides protection throughout the evaluation process, and 5) The evaluation and the evaluation team are committed to social justice. The principles apply both to the field of evaluation and how evaluations are conducted. These principles are not linear, they overlap and can be adapted in different contexts. Each principle is described below. I model the description of each principle after Collins' *Black Feminist Thought:*

Knowledge, Consciousness, and the Politics of Empowerment. Quotes by Black women function as epigraphs in each chapter. Similarly, I use quotes from Collins and quotes from evaluation and research scholars to frame the themes in each Black feminist evaluation principle.

Figure 4.1

Black Feminist Evaluation Principles



<u>Principle #1</u>: The evaluation is rooted in Black women's lived experiences.

> *"When we share our stories and seek to unshroud the lives of women who have come before us, the telling empowers us all. We connect the dots between the personal and the political; the individual's truths and the larger realities; women's existence, our people's journey, and the human experience" (Bell-Scott & Johnson-Bailey, 1998, p. xv-xvi).*

Black feminist evaluation is rooted in Black women's lived experiences. Black women and girls navigate life with all its ups and downs while navigating intersecting systems of oppression (e.g., racism, sexism, classism, ableism, transphobia, xenophobia). Although Black women and girls are not a monolith, our shared experiences with intersecting systems of

oppression have resulted in a “distinctive Black women's standpoint on gender-specific patterns of racial segregation and its accompanying economic penalties” (Collins, 2000, pp. 24). Furthermore, Black women have theorized these experiences and used this as the foundation for how we survive and advocate for change not only in our lives but in our communities.

For an evaluation to be rooted in Black women’s lived experiences, the evaluation team must be knowledgeable of them and how Black women have theorized about them. This can provide the basis for how an evaluation team becomes rooted in Black women’s lived experiences and they can do this in several ways. Black women have and continue to publish about their lives. Reading and reflecting on literature describing the lived experiences of Black women and girls is one way. This literature can be non-fiction or fiction, and with the increase in Black women scholars, this literature is growing (Evans-Winters, 2019). However, some aspects of their lived experiences will not be found in a journal or book, so the evaluation team should be open to exploring other platforms such as blogs, magazines, nonprofit publications, podcasts, social media platforms, and zines. The evaluation team can also talk directly to Black women about their lived experiences and collect their stories on the topic or program/policy they are evaluating using several data collection methods (e.g., individual and group interviews). Lastly, having Black women with lived experience on the evaluation team can also contribute to this addition. However, their insight should be in addition to the other activities listed and Black women serving on the evaluation team should not be forced to speak on behalf of all Black women.

Black women have theorized their lived experiences and what is necessary for them and their communities to be treated with respect and dignity and for them to be healthy, safe and thrive. This theorizing has and continues to happen inside and outside of the academy because

of Black women's exclusion from these spaces and informs Black women's intellectual traditions such as Black feminism (Collins, 2000; Cooper, 2017). Although there are several ways to define Black feminism, Black Feminist Future describes it as "an ideology or belief system that explains how power and systems of oppression are both interconnected and systemic and provides us with a blueprint for our individual and collective liberation" (BFF, 2024). This liberation is not only for Black women and girls but also for Black gender-expansive people and, ultimately, all people. Black women's lived experiences cannot be rooted in someone else's interpretation of what they have experienced but must come from Black women themselves. If not, then the evaluation can reinforce controlling images of Black women (Collins, 2000).

Black feminisms are diverse and address the different realities of Black women's lives (Combahee River Collective, 1977; Collins 2000; Cooper et al., 2017; Kendall, 2020; Bey, 2021; Davies, 2007). This is reflected in Black feminism's manifold ontological and epistemological foundations and resulting theoretical concepts (e.g., Kimberlé Crenshaw's intersectionality, Collins' outsider within, Leith Mullings' Sojourner Syndrome, Moya Bailey's misogynoir) (Crenshaw, 1989; Collins, 2000; Mullings, 2002; Bailey, 2021). However, Collins provides one of the most comprehensive Black feminist theoretical frameworks (e.g., controlling images, outsider within, self-definition and self-valuation, matrix of domination) and describes these concepts in relation to Black women's lived experiences in work, family, sexual politics, love, motherhood and activism. Not only does this inform Black women's scholarship but their activism. As a result, the evaluation team should also be familiar with Black feminist scholarship and activism.

This information should guide the evaluation from start to finish. A Black feminist evaluation is intentional with who is a part of the evaluation team, the purpose of the evaluation,

the evaluation questions, the evaluation design, how data is collected, analyzed, and interpreted, any recommendations developed, and dissemination activities. This is not an easy task and the appropriate time, effort and resources to do this should be taken seriously. If the evaluator or evaluation team does not have a relationship with the organization and/or community involved in the evaluation, then they need to build that relationship in order to meaningfully engage stakeholders during the evaluation process. They should also have a specific plan for how the evaluation will be rooted in Black women's lived experiences and Black feminism. Are there any relevant concepts that can inform the understanding of an issue, the questions that are asked or how the data that is collected is analyzed. What study designs and data collection methods are most appropriate to answer the questions the evaluation is trying to address. If not, what type of training or expertise should be obtained. Lastly, what specific actions will the team take or who will the team partner with to ensure that the evaluation findings contribute to the empowerment of Black women and the improvement of their social conditions. This is outlined in more detail in the next section, *Conducting a Black Feminist Evaluation*, of the article.

<u>Principle #2</u>: Evaluation as a field and the evaluation being conducted resists Black women's oppression and contributes to the empowerment of Black women.

> *"The term matrix of domination describes this overall social organization within which intersecting oppressions originate, develop, and are contained. In the United States, such domination has occurred through schools, housing, employment, government, and other social institutions that regulate the actual patterns of intersecting oppressions that Black women encounter" (Collins, 2000, pp. 227-228).*
>
> *"Historically, U.S. Black women's activism demonstrates that becoming empowered*

> *requires more than changing the consciousness of individual Black women via Black community development strategies. Empowerment also requires transforming unjust social institutions that African-Americans encounter from one generation to the next" (Collins, 2000, p. 273).*

Black feminist evaluation resists intersecting oppressions that harm Black women and other marginalized groups (Collins, 2000). Black women have and continue to describe and challenge the ways in which they are affected by ableism, classism, racism, sexism, heterosexism, transphobia, xenophobia, and other systems of oppression. These systems of oppression are distinct but interrelated and manifest in unique ways in Black women's lives. Collins (2000, 2017) describes this using her power analytic, which consists of the matrix of domination, domains-of-power, and community frameworks. This analytic describes not only how power is operating to facilitate intersecting systems of oppression but also how Black women resist. This resistance contributes to their empowerment. I argue that Black women's resistance and the resulting empowerment should also happen in the field of evaluation and when evaluations are conducted. However, this is something that should be assessed and cannot be assumed by the evaluation team.

To resist oppression, you have to know how it operates, specifically how power operates. Collins does this with her power analytic, which consists of three frameworks - matrix of domination, domains-of-power, and community (Collins, 2017). These frameworks are interconnected but distinct and reflect Collins (2017) "own efforts to conceptualize power in ways that advance intersectional inquiry and praxis, both inside and outside the academy" (p. 23). The matrix of domination describes "how political domination on the macro-level of analysis is organized via intersecting systems of oppression" (Collins, 2017, p. 22). However,

this domination is contextual. Domination in "each nation-state differ dramatically-racial, class and gender domination in the U.S. and Brazil cannot be reduced to one another, nor to some general principles of domination absent the specifics of their histories" (Collins, 2017, p. 23). Next, the domains-of-power framework describes how this domination operates by offering "a set of conceptual tools for diagnosing and strategizing responses within any given matrix of domination" (Collins, 2017, p. 23). This framework consists of the structural, disciplinary cultural (formerly hegemonic) and interpersonal domains of power. The structural domain of power describes how social institutions, and their laws, policies, processes, and practices disadvantage Black women while the disciplinary domain of power describes how Black women are kept under surveillance and criminalized by these institutions (Collins 2000, 2017). The cultural domain of power, formerly the hegemonic domain of power, describes how ideology and/or culture are manipulated to benefit social institutions that disadvantage Black women while the interpersonal domain of power describes the daily, discriminatory treatment of Black women (Collins 2000, 2017). These domains are not linear or causal, but they are interrelated. According to Collins (2017), "each domain serves a particular purpose. The structural domain organizes oppression, whereas the disciplinary domain manages it. The hegemonic domain justifies oppression, and the interpersonal domain influences everyday lived experience and the individual consciousness that ensues" (p. 292).

Lastly, "...the construct of community as an analytical tool for investigating resistance and other forms of political behavior" is the last framework (Collins, 2017, p. 22). This resistance can happen in every domain of power. Historically and currently, Black women organize and/or participate in wide-scale efforts or social movements to transform the social institutions disadvantaging them, Black women deconstruct ideas about them from dominant

groups and develop new knowledge advancing their own self-definition and valuation, Black women keep organizations or institutions that disadvantage or harm them under surveillance, Black women work inside social institutions that disadvantage them to create change, and Black women resist daily discrimination from others. The latter part of this section describes this in relation to how evaluation is conducted and the field of evaluation.

Black feminist evaluation resists "ideas, images, or symbols about race, class, gender, sexuality, and/or nation from dominant groups that support their right to rule/dominate" (Collins, 2000, p. 285). This includes but is not limited to controlling images that disparage Black women and are used to support the justification of their subjugation (e.g., welfare queen). Members of the evaluation team must assess if and how they have internalized and employ controlling images of Black women or any ideas, images and symbols supporting Black women's subjugation. This will impact the design and implementation of an evaluation – the evaluation questions selected, how data is collected and analyzed, the interpretation of results, and any recommendations developed. Unfortunately, evaluations can reinforce rather than counter dominant narratives and discourses that disparage Black women. Fortunately, Black women actively deconstruct these ideas, images and symbols and develop new knowledge to support their own self-definition and self-valuation. The evaluation team can pull from and ground the evaluation in this knowledge and activism by Black women. Lastly, the field of evaluation can uplift positive ideas and images of Black women. Black women are not only participants of evaluations but are also thought leaders, practitioners, and scholars in the field. Their absence as well as the absence of other historically marginalized groups is unacceptable.

Black feminist evaluation resists systems, institutions, policies, processes and practices that contribute to Black women's subjugation. The evaluation team and the evaluation they

conduct can expose how systems and institutions disadvantage Black women and make recommendations for how they can transform their policies, processes and practices. These recommendations can support wide-scale efforts or social movements led by Black women and their allies to transform these institutions. In the field of evaluation, professional associations and training programs can encourage policies, processes, and practices contributing to the development of more Black women evaluators, the recognition and teaching of Black women's contributions to the field and the ethical treatment of Black women participants. Black women and others are currently working to do this.

Black feminist evaluation resists the surveillance and criminalization of Black women when conducting the evaluation, the use of evaluation findings, or in the field of evaluation. This is consistent with one of the utility standards by the Joint Committee on Standards for Educational Evaluation. *U8 Concern for Consequences and Influence* states that "evaluations should promote responsible and adaptive use while guarding against unintended negative consequences and misuse" (Yarbrough et al., 2010, p. 3). It is also consistent with one of the Common Good and Equity principles in the American Evaluation Association's *Guiding Principles for Evaluators*. E3 states that evaluations should "identify and make efforts to address the evaluation's potential risk of exacerbating historic disadvantage or inequity" (AEA, 2018, p. 4). The evaluation team and the evaluation they conduct can do the opposite and expose how systems and institutions unfairly surveillance and criminalize Black women. These findings can inform efforts by Black women and organizations who are working to challenge and transform these processes and practices in institutions. In the field of evaluation, it is unclear if and how Black women evaluators are surveilled, and more investigation is needed.

Black feminist evaluation resists the daily discriminatory treatment of Black women by others. This discriminatory treatment can be directed towards Black women evaluators by their colleagues and clients as well as Black women participating in an evaluation. Fortunately, the field of evaluation provides standards of professional and ethical conduct that can be used when conducting evaluations with Black women. For example, *Respect for People* is one of five principles in the American Evaluation Association's Guiding Principles for Evaluators, and it states that "Evaluators honor the dignity, well-being, and self-worth of individuals and acknowledge the influence of culture within and across groups" (AEA, 2018). Failure to uphold these standards should be reported and investigated. In the field of evaluation, Black women evaluators should be treated with respect by their evaluation colleagues. Unfortunately, many Black women evaluators experience microaggressions and macroaggressions by their clients and their colleagues.

Black feminist evaluation recognizes and takes a stance against Black women's oppression. By employing frameworks such as Collins' matrix of domination, domains of power, and community resistance, evaluators can critically analyze and challenge how power operates across various social institutions and contexts. This will not only benefit Black women but other marginalized groups.

Principle #3: Evaluation as a field and the evaluation being conducted recognizes Black women's contributions and expertise.

> *"Denied positions as scholars and writers which allow us to emphasize purely theoretical concerns, the work of most Black women intellectuals has been influenced by the merger of action and theory. The activities of nineteenth-century educated Black women intellectuals such as Anna J. Cooper, Frances Ellen Watkins Harper, Ida B. Wells-*

> *Barnett, and Mary Church Terrell exemplify this tradition of merging intellectual work and activism" (Collins, 2000, p. 33).*
>
> *"Marginalization, oppression, exploitation, and erasure are cornerstones of the Black experience; this is also true in the field of evaluation. There are no Black evaluators included in our field's dominant evaluation theory tree...Recently, evaluation scholars have argued that evaluation is so White because people of color, especially women, have their labor actively erased" (Boyce et al., 2023, p. 529).*

Black feminist evaluation recognizes the contributions and expertise of Black women in the field of evaluation and throughout the evaluation process. This recognition includes Black women who are formally trained in evaluation and those who are not, Black women who are trained in other fields or sectors, and the expertise that comes from living one's life as a Black woman and girl in the United States. Different types of knowledge and experiences are valued and welcomed in Black feminist evaluation. As a result, Black feminist evaluation takes Black women "seriously" - their lived experiences, intellectual thought, activism, scholarship, and leadership (Cooper, 2017). However, this is not the case for the field of evaluation and for many evaluations that are conducted. Evaluation has and continues to be dominated by White men who serve as the leading theorists and practitioners and produce the field's key texts. Black women, their work and their contributions to the field are rarely mentioned or acknowledged, and actual evaluations sometimes reinforce deficit-based understandings of Black women, girls, and their communities.

Boyce et al. (2023) call attention to the lack of Black evaluators, specifically Black women, recognized as theorists and being awarded through professional associations such as the American Evaluation Association. However, this is no different than other disciplines in the

social sciences. According to Collins (2000), “elite White men control Western structures of knowledge validation, their interests pervade the themes, paradigms, and epistemologies of traditional scholarship” and they are rewarded for it (p. 269). As a result, Black, Indigenous, and people of color as well as other marginalized groups (e.g., women and people with disabilities) have been and continue to be excluded from these fields despite efforts to be more inclusive. In evaluation, these efforts have included Kellogg’s Building Diversity Initiative and the American Evaluation Association’s Diversity Committee’s statement on Cultural Competency in Evaluation and Minority Serving Institution Fellowship (Hood, 2001). Despite these challenges in the field of evaluation, communities and groups that have been historically marginalized are evaluating programs and policies on their terms as well as advancing their own evaluation theories and approaches. This has been true for African American, Indigenous, and women evaluators (Hood, 2001; Hood & Hopson, 2008; Cavino, 2013; LaFrance, J., & Nichols, 2008; Brisolara et al., 2014).

In the seminal article *Nobody Knows My Name: In Praise of African American Evaluators Who Were Responsive*, the late Dr. Stafford Hood (2001) described the work and contributions of Black evaluators. Between 1925 and 1952, he identified 25 Black doctoral recipients whose dissertations focused on evaluation. Among these recipients, “fifteen had published work in scholarly journals and ten had published large-scale evaluation studies, smaller studies, or scholarly discussions of evaluation theory and practice” (Hood, 2001, p. 34). Drs. Edward Washington and Rose Brown were the first Black man and woman in 1935 and 1939, respectively, to include evaluation in their dissertation titles (Hood, 2001). Although Hood does not discuss Dr. Washington or Dr. Brown’s dissertation research, he highlighted the contributions of their work and the work of other Black evaluators such as Drs. Reid E. Jackson,

Aaron Brown, and Leander Boykin using Dr. Robert Stake's approach to responsive evaluation as the foundation, which mostly focused on the impact of segregated education (Hood, 2001, p. 35). Hood argued that early African American educational evaluators were responsive and understood "the vital importance of qualitative data, of shared lived experiences, and of responsiveness to critical concerns and issues of the members of the setting being evaluated" (p. Hood, 2001, p. 35).

Hood's historical analysis of Black evaluators is consistent with Boyce et al.'s (2023) recent qualitative study of Black evaluators. Their study describes the evaluation practices of current Black evaluators in the United States. In addition to identity (i.e., race, childhood socioeconomic status, gender identity, age) having an impact on their work, all evaluators participating in the study "expressed that their practice aims to address inequity, give voice to those least well-served, and/or advocate for some form of social justice" and many described being influenced by the current "political climate and social movements" (Boyce et al., 2023, p. 542, 543). Furthermore, Black evaluators participating in the study "described their practice as methodologically diverse, responsive, and sound" (Boyce et al., 2023, p. 540). This is similar to Black evaluators and even scholars that have come before them (McKittrick, 2020; Hood, 2001).

In addition to leveraging Black evaluators' expertise and contributions in evaluation as a field, it should also be leveraged while conducting evaluations. This is also true for Black women with lived experience participating in evaluations. Fortunately, there are several evaluation theories that can help facilitate their involvement (e.g., transformative participatory evaluation, democratic deliberation evaluation) (Mertens & Wilson, 2018). Both approaches seek to not only meaningfully engage participants throughout the evaluation process but attend to power dynamics.

Black feminist evaluation acknowledges and values the diverse expertise and contributions of Black women. Black women who may or may not be formally trained evaluators, but who have a wealth of expertise in other fields and their own experiences. This not only challenges what is credible knowledge, but who is a credible knowledge producer.

<u>Principle 4</u>: The evaluation and the evaluation team treat Black women with respect and care and provide protection throughout the evaluation process.

> *"Making ethical decisions throughout the evaluation process is a relatively easy task when the facts are clear and the choices black-and-white. But it is a totally different story when the evaluation context is clouded by ambiguity, incomplete information, cultural incongruence, biases, multiple points of view and values, conflicting responsibilities, and political pressures" (Thomas & Campbell, 2021, p. 27).*
>
> *"By emphasizing the protections and privacies of those most at risk of harm through all these things, a Black feminist research ethic intentionally makes space for those who have historically had their autonomy stripped in ways that they might have that autonomy restored" (Haywood, 2022, p. 37).*

Black feminist evaluation treats Black women (as well as others) with respect and care as well as provides protection throughout the evaluation process. Understanding what is "ethical" in the conduct of evaluation with Black women and their communities is necessary because of past (and even current) harm. Furthermore, Black women and other marginalized groups can be vulnerable in several ways that impact their participation and experiences in evaluation activities. Gunn (2022) highlights Black women's research vulnerability resulting from their lived experiences with intersecting oppressions (e.g., stigmatization, criminalization) as well as past and current engagement in research. However, she argues that if done correctly, research can be

conducted in "anti-oppressive and compassionate ways" that results in healing and empowerment (Gunn, 2022, S43). This can be extended to and done when conducting evaluations.

Thomas and Campbell (2021) define ethics as "a branch of philosophy focusing on values relating to human conduct with respect to the 'rightness' and 'wrongness' of actions" (p. 27). Fortunately, evaluation as a field has standards that guide ethical and professional conduct and the creation of quality evaluations that we can reference (Mertens & Wilson, 2018). The Joint Committee on Standards for Educational Evaluation developed the *Program Evaluation Standards* to determine an evaluation's quality (Yarbrough et al., 2010). These standards are grouped into five categories: utility, feasibility, propriety, accuracy, and meta-evaluation. They describe the usefulness of an evaluation, the practicality of an evaluation, the ethical conduct of evaluators, how precise an evaluation is, and the quality of the evaluation that is conducted (Yarbrough et al., 2010). Similarly, the American Evaluation Association (2018) recommends the following guiding principles for evaluations: systematic inquiry, competence, integrity/honest, respect for people, and common good/equity. These principles describe the quality of an evaluation conducted, how skilled the evaluator (or the evaluation team) is, how transparent and honest the evaluator (or the evaluation team) is, the ethical conduct of evaluators, and evaluators' contribution "to the common good and advancement of an equitable and just society" (American Evaluation Association, 2018, p. 4). There are some similarities between these standards and principles. Furthermore, a few are also in alignment with The Belmont Report, which describes "the basic ethical principles that should underlie the conduct of biomedical and behavioral research involving human subjects" (HHS, 2018, para. 1). Although most of the evaluations conducted are not research, some of them are. The Belmont Report outlines the following three principles to guide the ethical conduct of research: respect for

persons (respecting participants' autonomy), beneficence (minimizing harms and maximizing benefits to participants), and justice (distributing benefits and risks fairly to participants) (HHS, 2018).

These standards and principles address respect and protection (e.g., respect for people, reducing unnecessary risks) but not care, which is included in this Black feminist evaluation principle. Feminists have advanced care as another important aspect to the conduct of research that can be used in evaluation (Miele et al., 2024). Care is typically described in relation to taking care of others (e.g., children, elders, and family members who are ill) (Miele et al., 2024, p. 132). It can also be extended to the self. In a Black feminist context, Collins (2000) describes how Black women care not only for each other, but for their families, and the communities. As a result, this informs her description of Black feminist epistemology and her theorizing on Black women and motherhood. For example, Collins (2000) describes the care Black women provide to their communities as othermothering. Othermothering traditions are typically "women-centered networks" that provide care and support to children and/or the community. These traditions are also an extension of their activism (e.g., community othermothers) (Collins, 2000).

Although care is typically described as the caretaking of family, it can also happen in research (Miele et al., 2024). A feminist research ethics of care centers care throughout the research process. This approach to research ethics challenges how research is conducted in a Western context by "trading a detached, distant, and hierarchical stance for an intimate, close, and equitable position" (Miele et al., 2024; Preissle, 2007, p. 527 as cited in Miele et al., 2024, p. 126). Miele et al. (2024) describes how they incorporated a feminist research ethics of care in their COVID-19 qualitative study by adjusting their study design and activities not only for themselves but for the wellbeing and safety of their community partners, participants, and

survivors, postponing their focus groups to account for the stress providers were experiencing, holding personal check-ins during team meetings, and rescheduling or canceling meetings when necessary. This can be extended to evaluation. For evaluation participants, the evaluation team must be responsive to participants' health, safety, and well-being as well as their needs and wants, mitigate any negative effects of the evaluation on participants, be open to changing the design or stopping the evaluation, and provide necessary resources to participants. For the evaluation team, they should also be attentive to their own health and well-being.

Principle 5: The evaluation and the evaluation team are committed to social justice.

> *"Critical social theory constitutes theorizing about the social in defense of economic and social justice. As critical social theory, Black feminist thought encompasses bodies of knowledge and sets of institutional practices that actively grapple with the central questions facing U.S. Black women as a group. Such theory recognizes that U.S. Black women constitute one group among many that are differently placed within situations of injustice." (Collins, 2000, pp. 31-32)*
>
> *"The position of our profession, combined with social justice values, can inform our evaluation design, methodology, and analysis, and has the potential to inform our responsibility in taking collective action toward social change through advocacy, mobilizing, and community organizing" (McBride et al., 2020, p. 126).*

Social justice is the "equitable distribution of wealth, opportunities, and privileges within a society" and it "maintains that all individuals deserve and should have access to the same rights and resources" (Thomas & Campbell, 2021, p. 514). Not only does Black feminist evaluation contribute to the promotion of social justice for Black women, but for other historically marginalized and oppressed groups (Collins, 2000). Promoting social justice requires

challenging, transforming and even abolishing existing systems, policies and institutions that prevent the liberation of historically marginalized communities. I argue, along with others that have come before me, that evaluation has and continues to play a role in this struggle.

Collins conceptualization of social justice for Black women is rooted in Black women's legacy of activism and scholarship. The fight for Black women's liberation and empowerment not only consists of the elimination of intersecting systems of oppression that deny their humanity (e.g., discrimination, interpersonal and state violence), but the creation of conditions in which Black women are safe, valued, respected, and have bodily autonomy as well as have the necessary care, resources and support to take care of themselves and their families. Furthermore, their activism is not only for the liberation of Black women but for the liberation of other oppressed people (Collins, 2000). Working in coalition with other groups and movements is a key component of Black women's activism. For that reason, Black feminism is described as having a "humanist vision" (Steady, 1981, p. 42 as cited in Collins, 2000, p. 42). Black feminist evaluation is also grounded in this vision and these commitments.

I consider Black feminist evaluation as one of many theories on the social justice branch of the evaluation theory tree (Mertens & Wilson, 2019). This branch consists of a diverse group of evaluation theories and approaches that "prioritize the incorporation of strategies to enhance social justice and human rights, emphasize the importance of a careful contextual analysis, and include mechanisms for action into the design" (Mertens & Wilson, 2019, p. 175). Black feminist evaluation builds off the contributions of these theories to the field of evaluation and is in solidarity with them. Furthermore, Black feminist evaluation is consistent with how many Black evaluators understand their roles and responsibilities in the field (e.g., commitment to equity) (Boyce et al., 2023).

Evaluators have and continue to call for the field of evaluation to not only address injustices in society but reckon with its own. Caldwell and Bledsoe (2019) describe how the field of evaluation is grounded in a Eurocentric worldview that reinforces limited and even racist epistemic and methodological traditions. Furthermore, they argue that evaluation has been used to justify slavery, colonialism, and imperialism and is currently rooted in structural racism in the United States. Although there have been efforts to address these issues, diversify the workforce and work towards social justice as a standard in the field, Caldwell and Bledsoe (2019) argue that these efforts do not go far enough and that "at some point, the protest must move beyond analysis toward active professional disruption" (p. 12). They call on professional organizations such as the American Evaluation Association, academic departments, and others to use mechanisms such as accreditation, and grants and contracts to facilitate the necessary structural changes needed in the field.

A commitment to social justice also impacts how we conduct evaluation. For those fighting injustice in their communities and/or society, social justice is obtained through advocacy, activism, mobilization, and organizing. However, to many evaluators these types of efforts are contrary to the field's commitment to objectivity while assessing the merit, worth, or significance of a program or policy (Greene, 1997). Evaluators are not supposed to advocate. Yet, Greene (1997) argues that all evaluators advocate and questions "what and whom should we advocate for?" (p. 2). Many evaluations are funded, influenced by, and work for the benefit of those in power (e.g., funders, people in leadership at institutions and organizations). This is where their "value commitment" lies regardless of whether they admit it (Greene, 1997). Black feminist evaluation is unapologetic in its value commitment to social justice and seeks to redress the inequities and injustices faced by communities.

McBride et al. (2020) provide some strategies for how to attend to social justice while conducting an evaluation and describes how evaluators can "urge equitable decision-making, build data systems that provide evidence of disparities, guide the design and implementation of programs in a way that addresses social ills and help institutions ask questions regarding their own role in supporting inequitable structures" (McBride et al., 2020). Then authors use McAlevey's approach to labor organizing (i.e., advocacy, mobilization, organizing) to describe how they as evaluators have worked in partnership with communities experiencing injustices to support these efforts. For example, the authors worked with a community to use evaluation findings to create an advocacy agenda, worked with a community-based organization mobilizing community members to abolish its criminal justice system, and built the capacity of parents organizing around more support for their children to conduct their own evaluation. These are valuable strategies that build power in communities and fight for systemic change.

Black feminist evaluation is rooted in and builds off the activism and scholarship of not only Black women and Black evaluators, but others seeking to address injustice. This commitment not only impacts how we conduct evaluation but calls for a transformation in the field of evaluation to address its complicity in these injustices.

Conducting a Black Feminist Evaluation

Although there is no standard way to implement these Black feminist evaluation principles when conducting an evaluation, the section below provides some guidance. The culturally responsive evaluation framework is used as a skeleton for fleshing out the utilization of these principles during the evaluation process (Hood et al., 2015). The framework consists of the following stages: Preparing for the Evaluation, Engaging Stakeholders, Identifying the Purpose and Intent of the Evaluation, Framing the Right Questions, Designing the Evaluation,

Selecting and Adapting Instrumentation, Collecting the Data, Analyzing the Data, Disseminating and Using the Results. Each stage is described below.

Preparing for the Evaluation

There are many reasons why an organization decides to conduct an evaluation (Mertens & Wilson, 2019). The evaluation could be a response to a Request for Proposal (RFP) or a requirement from a funder. Regardless of the reason, there are several things to take into consideration when preparing for an evaluation, particularly an evaluation rooted in Black feminism. Many organizations begin with a general understanding of what they would like to evaluate, assess their capacity to conduct an evaluation and then secure the necessary resources (e.g., funding, personnel) to plan and implement an evaluation (Hood et al., 2015; Mertens & Wilson, 2019). This could be done internally if the organization has a research or evaluation team or externally with a consultant. Nevertheless, it is important that the evaluators have a similar values commitment (e.g., empowerment of Black women, social justice) as the organization.

Another key component to preparing for a Black feminist evaluation is the identification of key stakeholders or partners. Mertens & Wilson (2019) describe stakeholders as "people who have a stake in the program: They fund, administer, provide services, receive services, or are denied access to services" (p. 219). Stakeholders can serve as champions for the evaluation, serve on the evaluation team and/or be engaged in specific stages of the evaluation process (Mertens & Wilson, 2019). This is described in more detail in the next section *Engaging Stakeholders*.

The evaluation team plans and implements the evaluation from start to finish. Selecting members of the evaluation team and determining how power dynamics will be addressed are

essential when preparing for an evaluation. A Black feminist evaluation is intentional about the composition, structure, and decision-making processes of the evaluation team. The team should consist of members who “have an array of skills, competences, and sensibilities”, including Black women impacted by the issue/policy or those participating in the program being evaluated, Black women evaluators, and/or community leaders and members (Hood et al., p. 291). Some of these members will be the stakeholders mentioned in the previous paragraph or other individuals with the needed expertise. Additionally, the evaluation team should be adequately compensated, provided with the needed resources and support to meaningfully participate, and those with the least power should have some decision-making authority. Black feminist evaluation could be paired with other participatory evaluation approaches to help facilitate this. Furthermore, Mertens & Wilson (2019) recommends additional support such as "transportation, stipends, a safe meeting environment, interpreters, food or childcare” to better facilitate participation for some stakeholders (p. 211). All of this should be secured by the organization conducting the evaluation and accounted for when securing resources and logistics for the evaluation.

Before the evaluation is conducted, the evaluation team should begin to familiarize themselves with the scholarship of Black women on the policy, issue and/or community being assessed as well as the entities working to address it (Hood et al., 2015; Mertens & Wilson, 2019). This is consistent with *BFE Principle 1: The evaluation is rooted in Black women’s lived experiences and BFE Principle 3: Evaluation as a field and the evaluation being conducted recognizes Black women's contributions and expertise.* This learning should also be accompanied by a process to continuously reflect on any stereotypes and judgements they have about Black women and their communities throughout the evaluation process.

Lastly, defining the program or policy being evaluated (or the evaluand) is helpful to do before the evaluation begins (Mertens & Wilson, 2019). This can be done as a visual diagram or in written form and should describe the resources going into the program or policy, the different components and activities of the program or policy, and its intended impact on Black women and their communities. Additionally, the larger context in which the program or policy takes place should be described and considered (Mertens & Wilson, 2019).

Engaging Stakeholders

Stakeholders are people who have a stake in a program or policy. Stakeholders are people or entities who fund, serve, participate or are overlooked by a program or policy. Similar to culturally responsive evaluation and other social justice evaluation approaches, Black feminist evaluation "seek(s) to include stakeholders of different status or with differing types of power and resources" (Hood et al., 2015, p. 291). As a result, the inclusion and engagement of stakeholders must take into consideration the time and resources needed to build trusting relationships with organizations and communities as well as meaningfully engage them in the evaluation processes. A Black feminist evaluation is participatory and meaningfully engages Black women with lived experience in addition to community members and leaders throughout the evaluation process. There are several evaluation frameworks the team can use (e.g., transformative participatory evaluation, deliberative democratic evaluation, empowerment evaluation, community participatory) to ensure those with the least power are engaged (Cousins & Whitmore, 1998; House & Howe, 2003; Fetterman & Wandersman, 2007). Additionally, there are research frameworks the team can also use such as community-based participatory research, (critical) participatory action research, and Black feminist participatory action research (Fine & Torre, 2021; Guishard et al., 2021; Hacker, 2013). In addition to compensating stakeholders

fairly, these frameworks attend to power dynamics and provide specific strategies for how program participants, people with lived experience, community leaders and members can be engaged when determining the evaluation design, development of instruments, data collection and analysis, dissemination activities. This supports *BFE Principle 2: Evaluation as a field and the evaluation being conducted resists Black women's oppression/subjugation and contributes to the empowerment of Black women*.

Lastly, this engagement should be respectful and employ an ethic of care. The evaluation team or the evaluation being conducted should not do anything to harm or jeopardize the safety of evaluation participants. This supports *BFE Principle 4: The evaluation and the evaluation team treat Black women with respect and care and provide protection throughout the evaluation process.*

Identifying the Purpose and Intent of the Evaluation

Whether the evaluation is formative or summative or focuses on the implementation or impact of programs or policies (or even narratives and discourses), the purpose of the evaluation and its use should contribute to the empowerment of Black women. This empowerment should seek to improve the conditions for Black women, their families and communities in a tangible way. This is consistent with *BFE Principle 2: Evaluation as a field and the evaluation being conducted resists Black women's oppression/subjugation and contributes to the empowerment of Black women*. Moreover, this can extend to the common purposes of evaluation as described by Mertens & Wilson (2019). These purposes are to 1) “to gain insights of or to determine necessary inputs”, 2) “to find areas in need of improvement or to change practices”, 3) “to assess program effectiveness”, and 4) “to address issues of human rights and social justice” (pp., 248,

258, 264, 276). For a Black feminist evaluation, these purposes have been tailored using theoretical concepts from Collins' approach to Black feminism and are listed below:

- To gain insights on the needs and assets of Black women as well as their institutions/organizations and communities (Struggles for group survival)
- To find areas of improvement in Black women's programmatic and culture shift efforts to define themselves for themselves and/or create spaces that affirm their humanity (Struggles for group survival)
- To find areas of improvement in Black women's programmatic and culture shift efforts to challenge, transform and/or abolish policies, institutions, narratives and discourses that disadvantage and criminalize them (Struggles for institutional transformation)
- To assess the effectiveness of Black women's programmatic and culture shift efforts to define themselves for themselves and/or create spaces that affirm their humanity (Struggles for group survival)
- To assess the effectiveness of Black women's programmatic and culture shift efforts to challenge, transform and/or abolish policies, institutions, narratives and discourses that disadvantage and criminalize them (Struggles for institutional transformation)
- To examine and address how policies, institutions, narratives and/or discourses fuel injustices or impede on the human rights of Black women, their families and their communities (Domains of Power, Matrix of Domination)
- To examine and address how policies, institutions, narratives and/or discourses contribute to the promotion of social justice or enhance the human rights of Black women, their families and their communities (Domains of Power, Matrix of Domination)

Framing the Right Questions

Similar to the evaluation purpose, evaluation questions are rooted in the lived experiences of Black women and Black feminist concepts and commitments. Evaluation questions are similar to research questions but "help further focus your evaluation and should reflect the purpose of the evaluation as well as the priorities and needs of the stakeholders" (Centers for Disease Control and Prevention, 2004, p. 1). The development of evaluation questions should be a collaborative effort between key stakeholders and the evaluation team. This collaborative effort should be the result of dialogue and consensus around the diverse experiences and perspectives of stakeholders (Hood et al., 2015).

Although evaluation questions vary by the evaluand and the evaluation being conducted, evaluation questions 1) should be reflective of the concerns of Black women with lived experience, program participants, community leaders and members, 2) take into consideration how the issue or topic affects different subpopulations of Black women (e.g., Black American, African Immigrant, Caribbean Immigrant, LGBTQ, rural/urban, various socioeconomic statuses), 3) come from an asset-based/appreciative approach and 4) should be rooted in Black feminist concepts and commitments. For example, if the evaluation's purpose was to assess the effectiveness of a Black doula organization's efforts to empower Black pregnant and birthing people and improve their maternal and infant outcomes, then some potential evaluation questions are 1) To what extent did the organization achieve its short, medium, and long-term outcomes, 2) What unintended outcomes (positive and negative) were produced?.

Designing the Evaluation

A Black feminist evaluation can employ several study designs because the design of an evaluation is informed by the purpose of the evaluation and the evaluation questions. These

designs can be qualitative, quantitative, or mixed methods and utilize a range of data collection methods. However, Black feminist methodology "privileges embodied knowledges that emerge through the experiences of Black women who name and speak their varied forms of truth" (Patterson et al., 2016, p. 60). As a result, Black feminist evaluation may lend itself more to qualitative and mixed methods designs.

Even though a Black feminist evaluation is not tied to a specific study design, the study design utilized should be within a critical or transformative paradigm because Black feminism is a critical social theory (Collins, 2000). Ontologically, critical theorists argue that the nature of phenomena is situated within a cultural, economic, historical, social and/or political context. As a result, "…social, political, cultural and gender-based structures have oppressed certain groups for so long that the marginalization of these groups is assumed to be natural, inevitable, or the way things ought to be" (Hall, 2019, p. 155). Epistemologically, this is true as well. What is considered to be knowledge is reflective of those in power and critical theorists resist and dismantle this through their scholarship and/or activism in pursuit of social justice (Hall 2019).

Quantitative designs can be descriptive, quasi-experimental or experimental (Mertens & Wilson, 2019; Creswell & Creswell, 2018). Although most quantitative designs are grounded in positivist and post- positivist paradigms, QuantCrit grounds quantitative methodologies in a critical paradigm (e.g., critical race theory, Black feminism). QuantCrit methodologies recognize and resist the "ways quantitative approaches can promote harmful narratives and assumptions under the banner of objectivity and neutrality" (e.g., eugenics) and uses quantitative approaches in service of anti-racist efforts (Fong & Irizarry, 2025, p. 2). Similarly, most qualitative methods are grounded in a constructivist paradigm. This paradigm recognizes that "there are multiple, socially constructed realities…(and) reality is constructed by individuals through reflection upon

their experiences and in interaction with others" (Mertens & Wilson, 2019, p. 132). Qualitative designs include but are not limited to ethnographic, narrative, phenomenological and case study designs (Mertens & Wilson, 2019). However, there is not a commitment to advancing social justice and human rights in this paradigm. Critical qualitative methodologies such as counter-storytelling and feminist ethnography challenge this and work to advance social justice and human rights (Marshall & Rossman, 2016; Love, 2004, Davis & Craven, 2022). For example, Evans-Winters (2019) proposes a Black feminist approach to qualitative inquiry. She argues that Black women have always conducted qualitative inquiry despite their marginalization in the field as well as the academy at large. She encourages the consideration of "the ways in which Black women seek to question, understand, and challenge, via the formal inquiry process, contemporary social injustice, like the imposition of deficit-thinking, white supremacy, and racialized gender bias in society as well as the research process itself" (Evans-Winters, 2019, p. 15). As a result, she does not privilege one qualitative tradition over another. Evans-Winters uses Black feminism/womanism and critical race analysis to center her experiences as a Black woman that focuses on Black women and girls' lived experiences in her research and interrogates Black women's contributions to and participation in qualitative inquiry. Using daughtering as an "onto-epistemological tool", she explores this using narrative, prose poetry, and performance in 11 fieldnotes (Evans-Winters, 2019).

Lastly, Jennifer Greene describes mixed method inquiry as "…an approach to investigating the social world that ideally involves more than one methodological tradition and thus more than one way of knowing, along with more than one kind of technique for gathering, analyzing, and representing human phenomena, all for the purpose of better understanding" (Johnson et al., 2007, p. 119). There are several paradigms in mixed methods that facilitate the

blending of qualitative and quantitative methods and several mixed methods design typologies that an evaluation team can choose from (Teddlie & Tashakkori, 2006; Creswell, 2015; Greene, 2007).

Selecting and Adapting Instrumentation

The evaluation team uses instruments, scales and/or measures developed by and for Black women scholars. If there are none, then the evaluation team works to adapt or create them and has them validated with Black women. Furthermore, these instruments, scales and/or measures should operationalize concepts and constructs (e.g., Black feminism) rooted in how Black women have theorized about their lived experiences.

Collecting the Data

The evaluation team must plan and implement data collection methods consistent with the evaluation design. Qualitative data collection methods can include, but are not limited to, observations, interviews, and document reviews, whereas quantitative data collection methods involve surveys, tests, assessments, and the use of existing datasets for secondary analysis (Mertens & Wilson, 2019). There is a plethora of sources the evaluation team can reference when preparing to collect data for the evaluation (Ford & Scandura 2023; Prior, 2002; Roulston, 2021). However, some data collection methods, especially qualitative methods, have been tailored to better address the lived experiences of Black women and/or grounded in a Black feminist approach (Gunn, 2022; Patterson et al., 2016; Walton et al., 2022). For example, in response to Black women's research vulnerability, Gunn (2022) argues that "the interview provides a potentially liberatory process for members of marginalized communities to illuminate the injustices they have experienced" (p.1). This naming can also be accompanied by a reframing

and reclaiming process for Black women during and after interviews that is therapeutic and healing.

Planning for data collection activities includes the logistics behind participant recruitment for interviews and surveys, participant incentives, training for any evaluation team member or stakeholder that will be facilitating or completing any of these activities, the preparation of documents to be reviewed, the preparation of datasets for secondary data analysis, and the recording and storing of data. The evaluation team should act in an ethical manner and be responsive to the needs of participants during these activities (Mertens & Wilson, 2019). Additionally, data collection activities should be in alignment with evaluation standards and guidelines by the Joint Committee on Standards for Educational Evaluation and the American Evaluation Association (Yarbrough et al., 2010; AEA, 2018). This is also in alignment with *Black Feminist Evaluation #4: The evaluation and the evaluation team treat Black women with respect and care and provide protection throughout the evaluation process* discussed in the previous section.

Analyzing the Data

Similar to the last stage, the evaluation team must plan and implement data analysis strategies consistent with the evaluation design. Qualitative data analysis can include, but is not limited to content analysis, conversation analysis, discourse and critical discourse analysis, grounded theory, narrative analysis, phenomenological analysis and thematic analysis (Järvinen & Mik-Meyer, 2020; Mertens & Wilson, 2019). Quantitative data analysis may involve descriptive statistics such as mean, median, mode, range and inferential statistics such as hypothesis testing, t-tests, ANOVA (Mertens & Wilson, 2019; Ott & Longnecker, 2010). These data analysis strategies can be rooted in paradigms with conflicting philosophical assumptions

that have to be attended to by the evaluation team. As highlighted by Freeman (2016) “different forms of analysis make different claims to knowledge and result in different ‘truths’” (p. 4). Data integration (i.e., merging, explaining, building, embedding) during data analysis in mixed methods designs can help facilitate this (Creswell, 2015; DeCuir-Gunby & Schutz, 2017).

Although the evaluation team can operationalize Black feminist concepts/constructs in different data analysis strategies, scholars recommend specific strategies that are more closely aligned with concepts such as intersectionality. For example, Esposito & Evans-Winters (2022) argue that narrative and discourse analysis are more compatible with intersectionality while Bowleg (2012) highlights the importance of an interdisciplinary approach when interpreting quantitative data because of its incompatibility with concepts such as intersectionality. Furthermore, there have been some analytic techniques or strategies developed specifically for Black women or for Black feminism (Banks-Wallace, 2002; Barlow & Johnson, 2021).

Planning for data analysis activities includes the logistics behind securing the necessary software or equipment for data analysis, training any evaluation team member or stakeholder supporting data analysis activities, and the preparation of data to be analyzed (e.g., transcription). Once data analysis and interpretation are complete, the evaluation team should receive and incorporate feedback on findings from participants and stakeholders. Member checking is often associated with qualitative data analysis but can be used for quantitative and mixed methods analysis as well.

Disseminating and Using the Results

The evaluation team should use dissemination strategies to share evaluation findings and any recommendations that contribute to the empowerment of Black women, their families, and communities. These recommendations should be structural and target policies, funding

mechanisms, and institutions, not just what Black women can do individually. Furthermore, dissemination activities should be diverse and include activities such as presenting at a local community organization or institution, going on a local radio show or podcast, hosting a town hall, putting on a play, organizing a press conference or congressional briefing.

Conclusion

This article proposes a new evaluation approach rooted in Black feminism. Although Black feminism is diverse, Collins (2000) approach to Black feminism was chosen as the theoretical foundation for this theory because of its comprehensiveness. Black feminist evaluation requires a deep understanding and commitment to centering the lived experiences, scholarship, and activism of Black women throughout the entire evaluation process. It also builds on the contributions of feminist and culturally responsive evaluation, which are both useful for conducting evaluation with, for, and by Black women and the field of evaluation. However, Black feminist evaluation offers a more nuisance and concrete way to not only conduct more meaningful evaluations with Black women but strengthen the field of evaluation.

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CHAPTER 5

MAPPING BLACK FEMINIST EVALUATION PRACTICE ONTO BLACK FEMINIST EVALUATION THEORY: REFLECTIONS FROM AN EVALUATION OF A BIRTH CENTER

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Abstract

Black feminist evaluation draws on the lived experiences, activism and scholarship of Black women to inform evaluation as a field and how evaluations are conducted. The previous chapter proposed key principles and steps to conducting a Black feminist evaluation rooted in the scholarship of Dr. Patricia Hill Collins. This article reflects on their application while planning and implementing an evaluation of a birth center in Memphis, Tennessee. Like many evaluation theories and approaches, Black feminist evaluation is prescriptive and not descriptive. As a result, the theory/approach needs to be tested in real world environments. This article provides an opportunity to do this by the author. Memoing is used to reflect on how the evaluation of the birth center operationalized the Black feminist evaluation principles and steps, how this new evaluation theory measures up to existing evaluation theory criteria, and the author's journey through this process.

This article aims to bridge the gap between evaluation theory and practice. Many evaluation theories describe how evaluations should be conducted versus how they are conducted in real-world settings. I reflect on if and how the Black feminist evaluation principles and steps described in the previous chapter are being operationalized in an evaluation of a birth center in Memphis, Tennessee. This provides one of the many ways to assess an evaluation theory or approach in a practical environment. I then reflect on the value of this approach as well as how it aligns with existing criteria for theories and approaches in the field of evaluation.

Background

Before beginning the reflection, I offer some background on Black Feminist Evaluation, evaluation theory, and the evaluation of CHOICES birth center.

Black Feminist Evaluation

Black feminist evaluation is rooted in Black feminism and the lived experiences of Black women. In the previous chapter, I proposed the following Black evaluation principles rooted in the scholarship of Dr. Patricia Hill Collins to guide how evaluations are conducted with programs and policies targeting Black women and/or addressing the inequities they face: 1) The evaluation is rooted in Black women's lived experiences, 2) Evaluation as a field and the evaluation being conducted resists Black women's oppression and contributes to the empowerment of Black women, 3) Evaluation as a field and the evaluation being conducted recognizes Black women's contributions and expertise, 4) The evaluation and the evaluation team treat Black women with respect and care and provides protection throughout the evaluation process, and 5) The evaluation and the evaluation team are committed to social justice. I then used the culturally responsive evaluation framework as a skeleton for fleshing out the utilization of these principles during the evaluation process (Hood et al., 2015).

Prescriptive versus Descriptive Evaluation Theories

Evaluation theories, approaches, and models describe how evaluations should be conducted. For the most part, they do not describe how evaluations are actually conducted. Alkin (2013) argues that most evaluation models and approaches are prescriptive and provide "a set of rules, prescriptions, prohibitions, and guiding frameworks that specify what a good or proper evaluation is and how evaluation should be done" (p. 4). Prescriptive models and approaches are the opposite of descriptive ones. Descriptive models and approaches describe evaluations that have been conducted. The collection of information (or data) on how evaluations are conducted provides an "empirical theory" (Alkin, 2013, p. 4).

Christie (2003) affirms this and argues along with other evaluators "that the link between evaluation practice and theory is an area of much-needed inquiry" (p. 7). However, she takes it a step further by developing a tool to assess how evaluators use theory in practice. This tool was informed by several evaluation theorists submitting statements related to the three branches of the evaluation theory tree (i.e., methods, use, value). The resulting quantitative tool consisted of 38 items and was on a response scale from 0 to 10 (Christie, 2003). However, this tool did not include theories for the social justice branch of the evaluation theory tree or connect evaluators' responses to specific projects they had worked on. Christie's approach is one of many ways to assess the utilization of evaluation theories/models/approaches in evaluation practice. In this article, I take a different approach.

Because it is a new evaluation theory/approach, Black feminist evaluation is prescriptive. It was developed using the scholarship of Patricia Hill Collins, contributions of culturally responsive and feminist evaluation and even my own evaluation practice. It is not the result of

reflecting on and/or collecting data on a series of actual Black feminist evaluations. However, it can eventually be descriptive, and this article is the first of many steps to accomplish this.

Evaluation of a Birth Center in the United States

CHOICES Center for Reproductive Health is a nonprofit clinic that provides reproductive and sexual health services in Memphis, Tennessee (Grayson et al., 2022). Over the years, the clinic has been able to expand its services and now consists of a "reproductive justice and Black feminist, midwifery-led national model for comprehensive reproductive and sexual health care that includes prenatal care and community birth, abortion services, testing and treatment for STIs, and ongoing reproductive and sexual health education with an emphasis on serving communities with the least access to care (e.g. Black and Brown, under- or uninsured, sexual minority, and low-income people)" (Grayson et al., 2022, p. 690). Currently, an evaluation of their freestanding birth center is being conducted to assess the implementation and impact of this innovative model. The evaluation was initially co-led by CHOICES and Reproductive Health (RH) Impact until RH Impact's closing in 2024 but is now co-led by CHOICES and Black Mamas Matter Alliance (BMMA). The evaluation is theoretically grounded in Black feminism and reproductive justice and consists of a mixed methods design (Creswell and Creswell, 2017; Ross et al., 2017, p. 14; SisterSong, 2022). In addition to quantitative and qualitative data being collected and analyzed on their model, the personal and professional journeys of the Black midwives working at CHOICES are also being collected.

The evaluation team consists of members from CHOICES, RH Impact, and BMMA. Each organization has two members serving on the evaluation team and all members self-identify as Black women as well as researchers, evaluators, and/or midwives. All members held leadership positions in their respective organizations (i.e., Chief Clinical Officer, Midwifery

Director, two Vice Presidents, Executive Director, Research and Evaluation Director). We all met through our participation in BMMA. CHOICES is a kindred partner organization in BMMA and the other team members are collaborators in BMMA.

Initially, the leadership and staff at RH Impact (where I was working as a Vice President), CHOICES and another health center met a few times to discuss the possibility of applying to a funding opportunity with the Society of Family Planning's Research Fund entitled *Honoring Community-based Organizations as Knowledge Generators* in 2022. The purpose of the grant was "to support and elevate the knowledge of individuals working at community-based organizations, with a focus on lifting up knowledge that centers the needs and preferences of communities whose access to abortion care is constrained by systems of oppression" (Society of Family Planning, 2024, 2022 Honoring community-based organizations as knowledge generators section, para. 1). During these meetings, CHOICES expressed their need to not only further document their full spectrum midwifery care model but to assess its implementation and impact. As a result, CHOICES and RH Impact decided to co-write and submit a proposal together while the other health center submitted their own proposal.

CHOICES served as the lead on the grant application and was one of eight grantees awarded. After being awarded, I, along with another team members from RH Impact leadership, traveled to CHOICES in Memphis, TN. It was a transformative experience. We toured the birth center and met the midwives, birthing assistants, doulas and staff working there. We also had an opportunity to spend time with CHOICES leadership and their families outside of the Center. We went to several Black-owned restaurants in the city and had the opportunity to learn more about Memphis. We also visited the National Civil Rights Museum at the Lorraine Motel where Dr. Martin Luther King, Jr. was assassinated, Stax Museum of American Soul Music, and

SisterReach, another Black-led reproductive justice organization. After the trip, both organizations prepared and applied an application to the Institute of Women & Ethnic Studies' community-based Institutional Review Board (IRB). Their IRB seeks to "champion the tenet that communities are the mechanism of change and not simply the site of change for intervention" (IWES, 2024, para. 1). We received IRB approval on October 16, 2023.

Currently, four interviews have been conducted with two midwives and two birthing assistants. Once the interviews are complete, transcripts of audio recordings will be obtained, coded and analyzed thematically. Additionally, CHOICES collects a plethora of quantitative data on the maternal and perinatal health outcomes (e.g., c-section, premature births) of its patients. A secondary data analysis (e.g., descriptive statistics) of this information will be conducted to better understand the impact of CHOICES' birth center on its patients. The evaluation findings were initially going to inform the development of training for clinicians and staff at CHOICES and other birth centers wanting to operationalize Black feminism and reproductive justice in their practice. However, due to several challenges (e.g., funding, timing), this is not possible, and the team will develop an evaluation report.

Methods

In this article, I use memoing to reflect on the evaluation of CHOICES birth center and the Black feminist evaluation approach described in Chapter 4. I do this using memoing, which allows a researcher (or evaluator) "to immerse themselves in the data, explore the meanings that this data holds, maintain continuity and sustain momentum in the conduct of research" (Birks et al., 2008, p. 69). Although Birks et al. (2008) describes several functions of memos, the one most relevant to this article is the mapping of research (or evaluation) activities (Birks et al., 2008). I wrote twelve memos using the different Black feminist evaluation principles and steps to flesh

out the evaluation activities conducted with CHOICES birth center. I also wrote three memos on how this Black feminist evaluation approach measured up to existing evaluation theory criteria and my own personal reflection on this process.

In one of the memos, I reflect on whether the evaluation theory/approach I proposed meets the criteria for what a good evaluation theory should consist of. These criteria are commonly used in the field of evaluation to assess evaluation theories. Mertens and Wilson (2019) uplift the following criteria proposed by Shadish et al. (1991): "Knowledge: What do we need to do to produce credible knowledge?, Use: How can we use the knowledge we gain from an evaluation?, Valuing: How do we construct our value judgments?, Practice: What do we evaluators actually do in practice?, Social programming: What is the nature of social programs and their roles in solving societal problems?" (Mertens & Wilson, 2019, p. 39-40). They also uplift the following criteria proposed by Stufflebeam & Shinkfield (2017): "overall coherence, core concepts, tested hypotheses on how evaluation procedures produce desired outcomes, workable procedures, ethical requirements, and a general framework of guiding program evaluation practice and conducting research on program evaluation" (p. 40).

This approach is also in alignment with the Black feminist tradition of Black women writing about their lives and their work (Evans-Winters, 2019). *In Life Notes: Personal Writings by Contemporary Black Women*, Bell-Scott (1994) presents personal writings by Black women on girlhood, self-identity, work, love, abuse, resistance, travel and politics. Personal writings include but are not limited to diaries, journals, letters, meditations, and poetry. Bell-Scott (1994) argues that "personal writing is/has always been a dangerous activity, because it allows us the freedom to define *everything* on our own terms" (p. 17-18). Dillard (2000) takes up Bell-Scott's

concept of life notes in relation to narratives about her life and the lives of Black women researchers.

Black Feminist Evaluation Principles in CHOICES Evaluation

In this section, I reflect on if and how the evaluation of CHOICES's birth center utilized the principles and steps of conducting a Black feminist evaluation. Because there is not one way to conduct a Black feminist evaluation, this is helpful to explain the principles in a practical setting and possibly strengthen or revise them. Additionally, this section contains methodological details that may be too specific for an evaluation report or traditional manuscript but helpful to other evaluators.

Principle 1: The evaluation is rooted in Black women's lived experiences

The evaluation with CHOICES is rooted in Black women's lived experiences, specifically the lived experiences of Black midwives in the past and present, and informed the composition of the evaluation team and the evaluation design. For generations, midwives supported women and families giving birth in the United States (Goode & Rothman, 2017). Black midwives were often referred to as granny (and more recently grand) midwives and "in Black communities in the United States and other parts of the diaspora, the midwife was historically the protector of birth, teaching women how to birth and safeguarding childbearing and mothering traditions" (Monroe, 2015, p. vi). This was true for most families until birth shifted from being midwife-attended to physician-managed in hospitals. Nevertheless, Black midwives continued to provide most of the maternity care to their communities, particularly for those in the South, until the 20th century because Black women were forced to birth at home rather than in segregated hospitals (Robinson, 1984; Oparah, 2015). CHOICES full spectrum

midwifery care model is grounded in and seeks to reclaim the traditions and practices of these granny and grand midwives.

Additionally, CHOICES birth center is led by Black midwives and two of them served on the evaluation team. Another evaluation team member had a midwife catch her babies when she was pregnant. As a team, we decided that the evaluation design would not only address CHOICES' model but include individual interviews with CHOICES' midwives to collect and co-develop narratives of their journeys to becoming and practicing as midwives. Moreover, their lived experiences, expertise and leadership contributed to the development of the grant proposal that funded the project, the IRB application, and data collection instruments.

Principle 2: Evaluation as a field and the evaluation being conducted resists Black women's oppression/subjugation.

CHOICES' birth center serves as an intervention to the maternal health inequities faced by Black women and birthing people in the region (Grayson et al., 2022). In Tennessee, pregnancy-related deaths increased from 22 to 53 between 2017 and 2021 and the leading causes of these deaths were COVID-19, cardiovascular disease, and substance use disorder. Approximately 79% of these deaths were preventable. Furthermore, Black women were more than twice as likely to die as White women (Tennessee Department of Health, 2021, pg. 6). The Centers for Disease Control and Prevention (2024) attributes the disparities experienced by Black women (not just in Tennessee but nationally) to factors such as "variation in quality healthcare, underlying chronic conditions, structural racism, and implicit bias" (CDC, 2024, Most Pregnancy-Related Deaths are Preventable section, para. 2). These factors result in Black pregnant and postpartum people receiving a poorer quality of care in comparison to other races, their needs and concerns being dismissed, being blamed for their own deaths, and being

criminalized during pregnancy instead of receiving the quality care and support they need. Additionally, higher pregnancy-related deaths were also present among women aged 30 to 39 years, women with TennCare (or on Tennessee's Medicaid program), and women in West Tennessee where CHOICES is located. As a result, Tennessee's Maternal Mortality Review Committee provided the following recommendations to ensure the health and well-being of pregnant, birthing, and postpartum people: pregnant women should receive the COVID-19 vaccine, the state should increase access to mental healthcare providers, and hospitals should better manage obstetric hemorrhage and other complications (Tennessee Department of Health, 2021).

Increased access to midwifery care is also a solution. Midwifery care is associated with improved maternal and infant health outcomes. CHOICES is the first birth center in Memphis, which is in West Tennessee and is predominantly African American. The birth center has several birthing suites, a family space, and a labor meditation garden (CHOICES, 2024). In 2021, most of their patients were Black (73.1%), and most used TennCare (70%), two groups disproportionately impacted by pregnancy-related death in the state (Grayson et al., 2022). CHOICES describes its approach to care as follows:

> "...CHOICES model of care is grounded in social justice, reproductive justice, and Black feminist theory. CHOICES' staff centers the most vulnerable and recognizes that the community has its own power, promise, and potential to address the community's health concerns. CHOICES' providers work hard to eliminate power hierarchies and understand the importance of acknowledging the patient as the expert of their own life" (Grayson et al., 2022, p. 691).

Furthermore, CHOICES has a Black midwifery fellowship program that seeks to address the lack of racial and ethnic diversity among perinatal providers (Grayson et al., 2022, p. 691). The program “aims to train recently graduated Black nurse-midwives with the skills to practice in alignment with the CHOICES model of care and reproductive justice”, which includes “abortion care, miscarriage management, gender affirming hormone therapy, and community birth” (Grayson et al., 2022, p. 691). Unfortunately, there are several challenges facing the current midwifery workforce such as the lack of midwives in general, variability in midwifery type and licensure, lack of racial and ethnic diversity in midwifery, lack of autonomous practice, and midwifery education. CHOICES seeks to address these challenges by ensuring that Black midwives and midwifery students have the support to provide care to communities most impacted by maternal and infant health inequities.

Principle 3: Evaluation as a field and the evaluation being conducted recognizes Black women's contributions and expertise.

The evaluation included and recognized Black women’s contributions and expertise on the evaluation team and in the evaluation’s design. The evaluation team consisted of all Black women. Black women who self-identified as researchers, evaluators, and/or midwives. Furthermore, the team used theoretical and activist frameworks (i.e., Black feminism and reproductive justice) developed by Black women to inform the aims of the project, the data collection instruments, and the analysis. Black feminism and reproductive justice are theoretical frameworks and organizing strategies developed by Black women in the United States. They provide insightful framing to better understand the challenges faced by Black midwives as well as Black pregnant and postpartum people disproportionally impacted by poor maternal health

outcomes. Moreover, they take into consideration the economic, political, and social context as well as the role of intersecting systems of oppressions, which is often neglected.

Principle 4: The evaluation and the evaluation team treat Black women with respect and care and provide protection throughout the evaluation process.

I felt as though the evaluation team treated each other with respect and care as well as those participating in the evaluation. However, this is my belief, and I would need to ask the other team members and those that were interviewed if they felt the same way. For me, this was essential because both organizations, RH Impact and CHOICES, were navigating several organizational challenges during the planning and initial implementation of the evaluation. During this time, CHOICES had to terminate their abortion services and RH Impact had to sunset its organization.

Because of a trigger law in Tennessee, abortion was immediately made illegal in the state when *Roe v. Wade* fell in 2022. As a result, CHOICES opened another location in Illinois to provide needed abortion care to pregnant patients not only in Tennessee but in other states as well. CHOICES Chief Clinical Officer had to travel back and forth from Memphis to Carbondale to get the new clinic ready (e.g., preparing the space, training providers and staff). As a result, she occasionally joined our biweekly meetings on her phone while she was driving back and forth. Even though we offered to reschedule, she was determined to participate and keep the work moving along.

Furthermore, RH Impact experienced a leadership transition in 2022 and then had to sunset the organization during the evaluation in 2024. This was extremely difficult for me and the other RH Impact evaluation team member who was a part of the Executive Leadership team. The organization was initially led by a President but later transitioned to an Executive

Leadership Team of six Vice Presidents. For me, moving from a Director role where I managed several programs to a Vice President role where I co-led an organization while still managing those programs was a significant shift. During this time, the Executive Leadership team was also navigating a funding downturn and actively fundraising. Sometimes we had to cancel or reschedule the meetings. Our team members at CHOICES were not only understanding but provided an enormous amount of support and encouragement during and outside of our meetings. Despite our efforts, we, along with our fiscal sponsor, made the decision to close the organization and cease operations on July 31, 2024. This information was shared with our colleagues at CHOICES, and we reached out to another organization, Black Mamas Matter Alliance, to determine if they would be interested in co-leading the evaluation. Fortunately, they agreed to take the project and work with former RH Impact employees to complete the work. Lastly, for the participants, the evaluation team was very flexible and accommodating with the interview days and times because the midwives were providing care.

Principle 5: The evaluation and the evaluation team are committed to social justice.

Organizationally, CHOICES, RH Impact and BMMA are committed to social justice, specifically reproductive justice. However, they each approach reproductive justice in different ways. CHOICES fills gaps in quality, holistic maternity care provided to communities in the state and region. BMMA supports organizations such as CHOICES working to advance Black maternal health, rights, and justice and serves as a convener (or creates a space for them to be in community). Similar to RH Impact, BMMA works with mainstream organizations to address maternal health inequities.

CHOICES has a “reproductive justice and Black feminist, midwifery-led national model for comprehensive reproductive and sexual health care” (Grayson et al., 2022, p. 690). Their care

model not only advances the “right to have children” and the” right to bodily autonomy” tenants of reproductive justice for historically marginalized groups (i.e., Black women and gender expansive people, low-income people) but challenges how care is offered in the state by providing care that is rooted in Black communities' cultural traditions and practices (Ross et al., 2017). This provides another option for people to receive the quality maternity care they deserve. Furthermore, CHOICES contributes to the development of a robust Black midwifery workforce with their Center of Excellence Nurse Midwifery Fellowship Program. This is an example of an institution that supports and is rooted in the humanity, safety and care of not only Black women but all people seeking reproductive and sexual health care. This overlaps with *BFE 2: Evaluation as a field and the evaluation being conducted resists Black women's oppression/subjugation*.

BMMA is a Black woman-led national alliance consisting of organizations and individuals fighting for maternal health, rights and justice. Two of BMMA’s values are “We Fight for Racial Justice” and “We Demand Reproductive Justice” (Black Mamas Matter Alliance, 2021). In addition to supporting organizations across the country, BMMA works with institutions (e.g., universities, government agencies, professional associations) to transform the care provided to and the policies impacting Black women and birthing people by providing training, technical assistance, research and evaluation. The latter was also true for RH Impact.

In summary, I believe that the planning and implementation of the evaluation of CHOICES birth center utilized all five Black feminist evaluation principles to some degree. The principles were operationalized in relation to the conduct of the evaluation and not the field of evaluation itself. The evaluation was rooted in the lived experiences of Black women serving as midwives and receiving care from midwives as well as the intellectual thought, scholarship, and activism of Black women (i.e., reproductive justice, Black feminist methodology). The

evaluation sought to contribute to Black women receiving the quality, holistic care they deserve resulting in optimal outcomes for themselves, their babies, and their families. Lastly, the evaluation team treated each other and the evaluation participants with respect and care through evaluation activities. This informed the evaluation's design (e.g., incorporation of a narrative component) and the use of a participatory approach to the evaluation. The evaluation findings will contribute to CHOICES' commitment to challenging the maternal health inequities faced by Black women by providing an alternate model of care (i.e., struggles for group survival). However, these claims could be strengthened if supported by other people on the evaluation team and the participants.

Conducting a Black Feminist Evaluation

This section describes my reflection on if and how the evaluation of CHOICES' birth center utilized the steps to conduct a Black feminist evaluation. Although the steps are presented in a linear fashion, some of them overlapped or happened simultaneously.

Prepare for the Evaluation

Preparing for the evaluation consisted of several steps that allowed the evaluation team and the participating organizations to deepen their relationships with each other and secure funding and IRB approval for the project. The evaluation was in response to a funding opportunity with the Society of Family Planning. CHOICES took the lead on applying to the funding opportunity while RH Impact took the lead on applying for IRB approval through the Institute on Women & Ethnic Studies (see Background section). A series of meetings between CHOICES and RH Impact were held to determine the scope and logistics of the project. Although most of the meetings were virtual, representatives from RH Impact were able to travel

to Memphis, Tennessee to meet CHOICES leadership and staff in-person and tour the facility. It was also an opportunity to learn more about Memphis as a city.

Engage Stakeholders

The primary stakeholders were those that provided and received clinical and non-clinical services at CHOICES birth center. However, only those providing services served on the evaluation team reflecting a practical participatory evaluation approach (Mertens & Wilson, 2019). Fortunately, there was an existing relationship between CHOICES Chief Clinical Officer, and me through our participation with BMMA, and both organizations had research and evaluation capacity and expertise. The evaluation team consisted of both CHOICES and RH Impact leadership and staff and was a collaborative effort. We met virtually every two weeks via Microsoft Teams and discussed the details of planning and implementing the evaluation, co-wrote and submitted the grant proposal and IRB application, and worked together to recruit and schedule interviews. RH Impact conducted interviews with CHOICES midwives and birth attendants.

Identity Evaluation Purpose(s)

The evaluation's purpose was rooted in CHOICES need to not only describe the implementation and impact of their full spectrum midwifery model on patients' maternal and perinatal health outcomes in Tennessee and surrounding states, but to uplift those who were doing the work. This is consistent with *BFE Principle 1: The evaluation is rooted in Black women's lived experience*s and *BFE Principle 2: Evaluation as a field and the evaluation being conducted resists Black women's oppression/subjugation*. Additionally, CHOICES Chief Clinical Officer is a nationally recognized midwife but the other midwives working at CHOICES are not as known. She thought it was important to uplift their stories, which contributes to the

remembering and restoration of the legacy of Black midwives that had been erased. As a result, another purpose of the evaluation was to describe the lived experiences of the Black midwives working in CHOICES' birth center.

Frame the Right Questions

The evaluation was theoretically grounded in Black feminism and reproductive justice to ensure the team had the right aims. This step typically refers to the evaluation questions, but the project developed the following aims instead for the Society of Family Planning opportunity: 1) To describe the lived experiences of Black midwives working at CHOICES birth center, and 2) describe the implementation and impact of the full-spectrum midwifery model in CHOICES birth center. These aims are in alignment with Black feminist methodology, which emphasizes how "the lived experiences of black women are paramount to understanding how we resist forces that seek to oppress us daily." (Patterson et al., 2016, p. 60). Black feminism is rooted in Black women's lived experiences and their struggle against intersecting oppressions while reproductive justice is "both a theoretical paradigm shift and a model for activist organizing" to ensure people have the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities (Ross et al., 2017, p. 14; SisterSong, 2022). These frameworks are complementary and informed the overarching aims guiding the evaluation.

Design the Evaluation

A descriptive study design was employed for the first aim. Although we considered several narrative inquiry designs to capture the stories of CHOICES' midwives, it was decided that we would conduct in-depth interviews and co-develop narratives of their journeys to becoming and practicing as midwives. A thematic approach to narrative analysis rooted in Black

feminism would be used to analyze midwives' stories (Bengtsson & Andersen, 2000). Additionally, the narratives and the findings from the thematic narrative analysis will be co-published with participants. This is consistent with Black feminist methodology which "privileges embodied knowledges that emerge through the experiences of black women who name and speak their varied forms of truth" and *BFE Principle 1: The evaluation is rooted in Black women's lived experience*s (Patterson et al., 2016, p. 60).

The second aim employed a convergent parallel (or concurrent mixed methods) design (Creswell & Creswell, 2018). This design allows for qualitative and quantitative data on CHOICES midwifery model to be collected and analyzed separately and then the findings or results are integrated to answer the evaluation aims. This is consistent with Black Feminist Methodology because "during data analysis and reporting, Black feminist researchers commit to: making multiple truths visible, incorporating the interests and values of participants as a collective, and creating opportunities for self-definition and self-determination, all while emphasizing the importance of Black women's lived experiences" (Patterson et al., 2016, pg. 60). Currently, we are in the process of conducting semi-structured interviews with a purposive sample of midwives, birth assistants, and doulas currently working at CHOICES birth center as well as patients who have received maternity care. Additionally, the team will use quantitative data on the maternal and perinatal health outcomes (e.g., c-section, premature births) of its patients to conduct a secondary data analysis (e.g., descriptive statistics) of this information to better understand the impact of CHOICES birth center on its patients.

Select and Adopt Instrumentation

Our theoretical frameworks, Black feminism and reproductive justice, informed the questions the evaluation team asked on the interview protocols. The interview protocols were not

adopted from another evaluation or study but created by the evaluation team. In the interview protocol for midwives, we began by asking questions about their training and professional journeys. Then, we asked them to share what led them to become a midwife, describe their midwifery education and training, the values that guide how they practice midwifery, and what led them to practice at CHOICES birth center. In the interview protocol for doulas and birth assistants (and the midwives as well), we asked participants about their understanding of the CHOICES full spectrum midwifery model, how the model operationalizes reproductive justice and Black feminism, what it has been like to implement the model, opportunities for improvement, and the impact on patients, family and support members, and the larger community. In the interview protocol for past and current clients, we asked participants about how they heard of CHOICES, why they chose to receive care there and what was the quality of that care, how CHOICES full spectrum midwifery model differs from other clinical settings and opportunities for improvement.

Collecting and Analyzing the Data

We have been able to conduct four interviews, two with midwives and two with birthing assistants, and were able to get all four recordings transcribed through Rev.com. The stories of the two midwives interviewed are currently being mapped. Additionally, all four transcripts are being deductively coded around the implementation and impact of CHOICES' model.

Revisiting Black Feminist Evaluation Principles

This evaluation is the first time I have intentionally grounded a project in Black feminism. I have had threads of Black feminism in some of the evaluation and research projects I have conducted with Black women in the past. Although there is no one-size-fits-all method to conduct a Black feminism evaluation, the principles and steps provide a solid foundation for

evaluators to plan and implement one. However, the approach may need to be clarified even more to ensure it is actionable in practice. This information should be collected from multiple stakeholders (e.g., participants, evaluation team members) to determine if there is consensus around their utilization in practice.

In relation to *BFE 1: The evaluation is rooted in Black women's lived experiences* and *BFE 2: Evaluation as a field and the evaluation being conducted resists Black women's oppression and contributes to the empowerment of Black women,* I believe that the evaluation was rooted in Black women's lived experiences and contributed to the empowerment of Black women. However, I believe we privileged the lived experiences and empowerment of midwives in the design by utilizing a practical participatory approach versus a transformative participatory approach (Cousins & Whitmore, 1998). I do not think this was a right or wrong decision but something to be mindful of when conducting evaluations of Black women-led efforts. Black women hold different types of power. In this evaluation, that power was not only held by those hired to conduct the evaluation but also those who provided services. Even though I do believe there were several limitations that prevented us from engaging multiple stakeholders with different positions of power (e.g., budget, time, organizational challenges), it is something that must be intentionally planned for in the future.

For *BFE 3: Evaluation as a field and the evaluation being conducted recognizes Black women's contributions and expertise*, this principle may take more work than expected. Although Black women have much to offer theoretically and methodologically, their contributions remain marginalized, erased and/or hidden. Fortunately, evaluation team members already held this information, but those who do not may require additional time when preparing for the evaluation. For *BFE 4: The evaluation and the evaluation team treat Black women with respect and care*

and provides protection throughout the evaluation process, this is something that cannot be assumed and must be assessed. Although I believed that the evaluation did this, I am only one person. Feedback from participants, evaluation team members and other stakeholders must also be used to determine if this is the case. Lastly, for *BFE 5: The evaluation and the evaluation team are committed to social justice*, this principle can overlap or collapse with *BFE2* if the evaluand is not challenging dominant structures or narratives contributing to Black women's oppression or inclusive of coalition-building efforts with other communities or movements.

Assessing Black Feminist Evaluation Using Evaluation Theory Criteria

The proposed Black feminist evaluation principles and steps met all the evaluation theory criteria proposed by Shadish et al. (1991). These criteria address knowledge, use, valuing, practice, and social programming. For a Black feminist evaluation, credible knowledge and value judgements are determined by Black women with lived experience in the issue or policy being assessed or participant in the program being evaluated. The knowledge gained from a Black feminist evaluation should be used to resist intersecting systems of oppression and empower Black women. I provide some guidance on how to conduct a Black feminist evaluation using culturally responsive evaluation framework as the foundation to describe the operationalization of these principles in the evaluation process (Hood et al., 2015). However, there is no magic bullet. Evaluation activities are guided by the evaluation's purpose, questions, and use as well as the resources and time available. As this evaluation theory is used in practice, it is recommended that other evaluators (including myself) continue to document the theoretical and methodological choices they make throughout the evaluation process. Lastly, programs and policies serving as the evaluand should seek to address the societal problems that impact Black women's health,

well-being and safety. Although I believe it meets all these requirements, more perspectives are needed to confirm this.

Additionally, the proposed Black feminist evaluation principles and steps met all but one of the evaluation theory criteria proposed Stufflebeam & Shinkfield (2017). These criteria addressed overall coherence, core concepts, tested hypotheses on how evaluation procedures produce desired outcomes, workable procedures, ethical requirements, and a general framework for guiding program evaluation practice and conducting research on program evaluation. The principles underlying Black feminist evaluation are coherent. However, it may be useful to separate what is applicable to the field of evaluation from how you conduct a Black feminist evaluation. Black feminist evaluation is grounded in core concepts from Dr. Patricia Hill Collins approach to Black feminist and this is reflected in the theory's principles (e.g., lived experience, power analytic, ethics of care, social justice). Lastly, Black feminist evaluation contains workable procedures and a framework for guiding evaluation practice. It also has ethical requirements (i.e., respect, care, protection). However, it does not have hypotheses for how evaluation procedures produce desired outcomes. This is something that could be created in the next manuscript. Although I believe it meets all these requirements, more perspectives are needed to confirm this. Furthermore, additional criteria may be needed for evaluation theories rooted in social justice and/or specific to Black feminist research and evaluation.

Personal Reflection

I came up with the idea to develop a Black feminist approach to evaluation when I took a Culturally Responsive Evaluation course at the University of Georgia with Dr. Jori Hall in Fall 2019. Most of the research and evaluation I was conducting at the time did not center Black women, but more so focused on how government entities, professional associations and hospitals

could better serve or address the maternal health inequities experienced by Black women. As a result, I used more anti-racist and health equity approaches as the foundation for this work. However, there were threads of Black feminism. It was not until I wrote the final paper, *Utilizing Culturally Responsive Evaluation and Black Feminism to Evaluate Health Interventions for African American Women,* for her course did I start to think about what it would mean to conduct an evaluation rooted in Black women's lived experiences and their expertise, specifically Black feminism. The description of this evaluation approach/theory in the paper only consisted of one paragraph and a checklist of questions. I typically use CDC's framework for evaluation as the skeleton for how to conduct an evaluation because I was trained in this approach as a CDC Evaluation Fellow, and this was what was done when I was getting my graduate certification in program evaluation at the University of Connecticut. However, because I was taking a Culturally Responsive Evaluation course, I used the framework developed by Hood et al. (2015) and it complemented it very well. I also was able to use the Black feminist evaluation approach when I took my comprehensive exams for *Question #3: Evaluating Black Midwifery Programs in the United States.* I am excited to have finally fleshed it out in more detail for this dissertation. The inclusion of the Black feminist evaluation principles with the steps to conduct a Black feminist evaluation make it more comprehensive and easier for others to use. Additionally, the development of this approach happened while we were planning the evaluation for CHOICES and was informed by how to conduct a Black feminist evaluation.

Developing a new evaluation theory/approach was definitely harder than I expected and so was describing an evaluation in this level of detail. It is rare that I document and reflect on the theoretical and methodological choices I make when conducting an evaluation. I had to remember what the evaluation team did, how we did it and why we did it. Typically, my goal is

to complete an evaluation by a particular deadline and be able to disseminate the findings and recommendations to stakeholders in a meaningful way. This dissemination usually involves the development of an evaluation report, a PowerPoint presentation, and maybe a one-to-page data summary. Then, I am off to the next project. Moreover, stakeholders, especially those that commission the evaluation, are more interested in the evaluation findings versus how the evaluation was conducted. This makes sense for those who are funding or implementing a program. However, I think articles such as this one are helpful for other evaluators wanting to use this approach. It unveils all the intentional and unintentional methodological choices we made and the methodological choices we did not make. This information not only places these choices under scrutiny but provides lessons learned for how to strengthen future Black feminist evaluations.

Now I realize how not documenting this process neglects the deep intention in which I as well as those that I work with, particularly other Black women evaluators and researchers, design and conduct our work. It was beneficial to see if and how I operationalized Black feminist evaluation principles and steps, which were in part informed by my own evaluation practice. It also gives me so many ideas about what I can do in the future. Lastly, I have an even deeper respect for CHOICES and the midwives who lead and work in their birth center. It was an honor to collaborate with them and share my expertise in a way that could uplift the amazing work that they are doing. Using both reproductive justice and Black feminism to inform the model of care provided to communities in Memphis and the evaluation of that care was the perfect synergy.

Conclusion

Conducting a Black feminist evaluation of CHOICES' birth center was a powerful exercise in operationalizing the principles and steps proposed in the previous chapter. Black

feminist evaluation centers the lived experiences, expertise, and legacies of Black women. This evaluation allowed us to do that for Black women serving their community as midwives and other types of birth workers. Black feminist evaluation has tremendous potential to ensure evaluations conducted with programs and policies impacting Black women and their families are more meaningful and help to inform the institutional and structural change needed. I look forward to continuing to use and strengthen this evaluation approach, and I hope other evaluators will do the same.

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CHAPTER 6

CONCLUSIONS, IMPLICATIONS, AND FUTURE RESEARCH

This dissertation utilized Black feminism to provide an alternate reading of the current maternal health crisis impacting Black women and birthing people in the United States and develop a new evaluation approach for programs or policies seeking to address this crisis. Although there are several approaches to Black feminism, Dr. Patricia Hill Collins' approach was chosen as the theoretical foundation for this dissertation. Collins provides one of the most comprehensive epistemological and theoretical foundations for Black feminism. I was able to use her theoretical concepts (e.g., Collins power analytic) to inform the critical review that was conducted in Chapter 3 and the Black feminist evaluation approach that was described and applied in Chapters 4 and 5. In this chapter, I provide a summary of each chapter with implications and recommendations for the fields of public health and program evaluation.

Summary of Dissertation

Chapter 3 provided a critical review of the literature on Black maternal health inequities in the United States using Collins' approach to Black feminism. Collins' domains-of-power framework and her understanding of Black women's activist traditions served as the foundation for this review. These concepts were used to examine the impact of and resistance to intersecting oppressions impacting the maternal health, wellbeing and safety of Black women and birthing people in the United States This conceptual foundation was then applied to Black motherhood and the Black maternal health workforce. This review demonstrated that all domains of power contributed to the maternal health inequities impacting Black women and birthing people as well

as the experiences of Black maternity care providers (i.e., midwives, physicians). However, they resist these domains using both struggles for group survival and struggles for institutional transformation. Black women and gender expansive people and their organizations are working to redefine motherhood, shift maternal health policy, diversify the maternal healthcare workforce, increase funding for maternal health research, and provide midwifery and doula care to Black pregnant people and their families.

Chapter 4 described a new evaluation theory, Black feminist evaluation, rooted in Collins approach to Black feminism. This approach uses the lived experiences, activism and scholarship of Black women to inform evaluation as a field and how evaluations are conducted. As a result, I identified the following principles: 1) The evaluation is rooted in Black women's lived experiences, 2) Evaluation as a field and the evaluation being conducted resists Black women's oppression/subjugation and contributes to the empowerment of Black women, 3) Evaluation as a field and the evaluation being conducted recognizes Black women's contributions and expertise, 4) The evaluation and the evaluation team treat Black women with respect and care and provides protection throughout the evaluation process, and 5) The evaluation and the evaluation team are committed to social justice. I then described the steps to conducting a Black feminist evaluation using culturally responsive evaluation framework as the foundation.

Although distinct, Black feminist evaluation shares similar characteristics to other evaluation theories on the social justice branch of the evaluation theory tree (e.g., culturally responsive evaluation, feminist evaluation). These characteristics include situating knowledge within a cultural, political, and social context, participatory approaches to evaluation, and a commitment to social justice. However, Black feminist evaluation is rooted in the unique, lived experiences of Black women and can provide a level of specificity and complexity that these

other approaches cannot. Yet, this does not mean that an evaluator should or could not use them when evaluating a program or policy impact Black women. It is one of many theories or approaches that can be used.

In Chapter 5, I reflected on the utilization of these principles and steps while evaluating a birth center at CHOICES Center for Reproductive Health in Memphis, Tennessee. The evaluation, which is still being conducted, is assessing the implementation and impact of their full spectrum midwifery care model. The evaluation also captures the lived experiences of the Black midwives working in the birth center. Although the evaluation is still in progress, the activities that have taken place have operationalized all the Black feminist evaluation principles. Like many other evaluation theories and approaches, Black feminist evaluation is prescriptive and not descriptive. Exercises such as this one allow evaluators to test the use of evaluation theories in practical environments, so they can be more descriptive.

Additionally, I reflected on whether Black feminist evaluation fulfills Shadish et al. (1991) and Stufflebeam and Shinkfield (2017)'s criteria for a good evaluation theory. I found that Black feminist evaluation met all the criteria proposed by Shadish et al. (1991) (i.e., knowledge, use, valuing, practice, and social programming). The approach describes what is needed to produce credible knowledge and how this knowledge can be used, how value judgments are constructed, what evaluators should do in their practice, and the types and roles of social programs (and policies) that will utilize this approach (Mertens and Wilson, 2019). However, Black feminist evaluation met all but one of Stufflebeam and Shinkfield (2017)'s criteria for an evaluation theory (i.e., overall coherence, core concepts, tested hypotheses on how evaluation procedures produce desired outcomes, workable procedures, ethical requirements, and a general framework for guiding program evaluation practice and conducting research on

program evaluation). Black feminist evaluation is coherent, provides core concepts, workable procedures and ethical requirements. It also provides a framework that can guide evaluation practice and facilitate research on the use of the approach in practical environments. However, it does not include desired outcomes based on the evaluation procedures/steps described in the approach. However, his is something that can be developed later.

Implications of Dissertation

This dissertation offers important contributions to the fields of public health and program evaluation. The Black feminist critical review in Chapter 3 is an important contribution to the field of public health's understanding of and communities' resistance to maternal health inequities. This review more explicitly and comprehensively addresses how power is operating. Furthermore, this understanding is rooted in Black women's lived experiences. Although different, this approach is consistent with other frameworks such as structural and social determinants of health and even the NIMHD Minority Health and Health Disparities Research Framework used in public health seeking to describe factors that contribute to health inequities. However, these frameworks do not describe how these various determinants or levels and domains of influence operate. Fortunately, Collins domains-of-power framework does. Future efforts to address maternal health inequities should address all the domains of power and better recognize and support Black women's advocacy and activist efforts.

The approach to Black feminist evaluation described in Chapter 4 contributes to our understanding of how evaluation theories and approaches work to advance human rights and social justice. This understanding is rooted in the lived experiences, activism, and scholarship of Black women who are often neglected in evaluation. Additionally, Black feminist evaluation builds off the contributions of culturally responsive and feminist evaluation as well as the

evaluation scholars and practitioners that developed these theories (e.g., Dr. Stafford Hood, Dr. Jennifer Greene, Dr. Donna Mertens). They sought to not only guide how evaluation was conducted but improve the field of evaluation. Black feminist evaluation seeks to do the same.

Lastly, Chapter 5 describes the operationalization of Black feminist evaluation in a practical environment. This is important for the field of evaluation because most evaluation theory is prescriptive. This chapter is an attempt to make evaluation theory, specifically Black feminist evaluation, descriptive. Making an evaluation theory descriptives requires evaluators to document the theoretical and methodological choices they make when planning and implementing evaluations. Although this can be time consuming, it not only strengthens the theory but provides practical guidance for how evaluators can use them in the field.

Recommendations

There are several recommendations resulting from this dissertation. Chapter 3's Black feminist critical review demonstrates the importance of interdisciplinary approaches in public health. Although public health has made tremendous strides in improving the health and well-being of communities, the discipline can strengthen its efforts by partnering with other disciplines. In relation to understanding and addressing health inequities, public health practitioners, researchers and advocates can better attend to and challenge power using theoretical frameworks such as Black feminism. These frameworks come from communities most impacted by inequities.

More support and utilization are needed for evaluation theories seeking to advance social justice and human rights. Black feminist evaluation is one of those approaches and can be used to evaluate programs and policies impacting the health, well-being, and safety of Black women and gender-expansive people. Although Chapter 4 provides some guidance on how to conduct a

Black feminist evaluation, there is not one way to do this. An evaluator or evaluation team must determine how to operationalize the Black feminist evaluation principles when planning and implementing an evaluation. These principles impact the evaluation's purpose, use and questions as well as the context in which the evaluation is taking place.

Lastly, I look forward to continuing to use and refine this approach to Black feminist evaluation, and I want other evaluators to do the same. Although I provide one example of how to conduct a Black feminist evaluation and assessed it using evaluation theory criteria, more examples are needed to further strengthen and determine the usefulness of this approach. I would also love for there to be more than one approach to Black feminist evaluation because Black feminisms are diverse.

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