



# MEDIA KIT

## COMMUNITY HEALTH ACCELERATION PARTNERSHIP

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# ABOUT US

## CHAP OVERVIEW

For over ten years, a devoted group of philanthropists has been working in partnership with health professionals worldwide to deliver creativity, clarity, and energy to the field of community health. Their global investments and technical expertise have helped to sustain and strengthen community health systems from Nigeria to New Jersey and led to the formation of the Community Health Acceleration Partnership (CHAP).

Today, CHAP is focused domestically, bringing important lessons of scalability, sustainability, and collaboration from its global work. With over 70 combined years of expertise and a deep network of partners in philanthropy, government affairs, policy-making, and grassroots advocacy, the CHAP team is leading efforts to recenter health in communities. We partner with state and community-based organizations, local and federal government, national health insurers, and communities in need with one goal: putting care back into healthcare.

## SPEAKING TOPICS

### Maternal Health and Equity in the US

- Overview: Data and Community-Centered Solutions
- Maternal Mental Health and Substance Misuse
- Expanding Options for Birthing Care

### Philanthropy's Role in Advancing Health and Equity

- Philanthropists as Catalysts: Building Bridges Between Government and Community
- Case Study: New Jersey Birth Equity Funders Alliance and the Power of Funder Collaboratives
- Participatory Grantmaking in Action: CHAP and GIRLTREK

### The Care Workforce: Midwives, Doulas, and Community Health Workers

- Doula Work in the Context of Larger Systems and Policy Changes
- Policies and Programs to Sustainably Finance Community Health Workers
- Maternal Mental Health Care: Community-Centered Models

### Community Organizing, Movement Building, and Public Policy

- Statewide Strategic Planning for Advancing a Birth Equity Agenda
- Mutual Aid Tech Platforms for Community Care and Movement Building
- Birth Equity: Policy and Legislation at the Federal and State Levels



## SCOPE OF SERVICES

- Keynotes
- Panel Presentations
- Interviews (Podcast, Media)
- Roundtable Convenings
- Workshops & Trainings
- Consulting

## CONTACT

RAQUEL MAZON JEFFERS

Director

[raquel@chap.health](mailto:raquel@chap.health)

(609) 903-4336

WENDY BERRY MCWEENY

Director

[wendy@chap.health](mailto:wendy@chap.health)

(917) 202-3597

JHENIELLE REYNOLDS

Program Manager

[jhenielle@chap.health](mailto:jhenielle@chap.health)

(919) 609-6711



# TEAM BIOS

## COMMUNITY HEALTH ACCELERATION PARTNERSHIP

RAQUEL MAZON JEFFERS

Co-Director

WENDY BERRY MCWEENY

Co-Director

JHENIELLE REYNOLDS

Program Manager



"We can design a better system of care if we build, recognize, and locate power and agency in communities, and believe that individuals hold the key to their own wellness."



### **RAQUEL MAZON JEFFERS**

Co-Director

Raquel Mazon Jeffers is a strategic leader focused on creating more human-centered, equitable health care systems at the state and national level. Fundamental to her work is the belief that empowered communities are healthy communities. She is Co-Director of the Community Health Acceleration Partnership (CHAP).

Raquel is a passionate advocate for Maternal Health and Reproductive Justice. Her work in this area formally began in 1996, when she received a highly competitive Ford Foundation Fellowship in the Human Development and Reproductive Health Unit. She provided technical assistance to a \$4 million United States funding initiative entitled Sistersong: Women of Color Reproductive Health Project. Sistersong was a leader in reproductive justice, and Raquel became activated by the gross disparities of a historic system that not only denied but alienated basic human rights.

Following this appointment, Raquel worked for 12 years with the New Jersey Department of Human Services, Division of Mental Health and Addiction Services—including five years as the Director for the Division of Addiction Services before assuming the role of Deputy Director. "Transitioning from my initial public health orientation to behavioral health gave me a unique perspective. I noticed systemic factors that hindered the opportunity for preventing and treating addiction," says Raquel.

Raquel observed that the behavioral health treatment system only served 10% of the total need. People who did receive treatment arrived there after major catastrophic life events. They were arrested, separated from their children, homeless, unemployed, and on cash assistance. In addition, although there is an over-representation of Black and Brown people suffering from addiction, very few were attending treatment programs and their outcomes were worse than their white counterparts. Racial disparities were coupled with gender biases that pit the needs of mothers and children against one another.

"Individuals with severe mental health issues and substance misuse die 10 to 20 years earlier than the general population, and the majority of deaths are due to preventable physical disease," notes Raquel, "The community at large and even many treatment providers blame, dislike, or disrespect the people who need care, and individuals are not trusted to have the keys to their own recovery. The underlying primary driver of mental illness and substance misuse—multigenerational trauma—rarely informs the treatment approach."

Informed by these stark observations, Raquel led New Jersey's community-based system of care, providing operational and policy direction. With a nearly billion dollar budget, she transitioned the system of care to a managed behavioral healthcare approach; changed the internal culture to foster strategic thinking, innovation, and a shared sense of mission; spearheaded the merger of the Divisions of Mental Health and Addiction Services to better address individuals with co-occurring mental illness and substance use disorders; developed best-in-class practices around transparency and accountability for stewardship of public resources; and spoke locally and nationally as a subject matter expert and official state representative. The systems and policies she enacted for New Jersey became a national model.

These experiences, along with ten years of leadership at The Nicholson Foundation focused on improving the health and well-being of under-resourced New Jersey populations, led Raquel to her current role at CHAP. CHAP's mission is to support the emergence of a community health system that is holistic, relational, person-centered, and community-driven.

"Health and illness are expressions of an entire life lived, and disease is a process not a thing," says Raquel, "Health requires a balance in the entire organism inextricable from our personal histories and cultural contexts."

Together with her CHAP colleagues and partners, Raquel is changing the role of philanthropy, carving out new spaces for donors to listen, putting the decision-making power in the hands of community members, and ensuring that investments facilitate sustainable, positive community health change.

## IN HER OWN WORDS

*It has become clear to me that systemic factors prohibit rather than promote health. I had to allow what I knew about approaching public health problems, trauma, resilience, and early family formation to emerge. I reframed my work to align with the following core tenants:*

*First, love—not fear—is the essential ingredient for change. The mind and the body are connected. Mental health and substance misuse are health issues. If we are going to be successful at moving upstream to promote health, we must identify the disease early and intervene before the severity of illness and its consequences grow exponentially and are harder and more costly to fix.*

*We must align resources to fund an entirely different healthy ecosystem which centers communities and fully acknowledges the historical inequalities in order to stop perpetuating trauma. We can design a better system of care if we build, recognize, and locate power and agency in communities and believe that individuals hold the key to their own wellness. Early family formation can be a healing opportunity if families can get the right support. Philanthropy can work in partnership with Government to create this change.*

*I am deeply gratified to support emergent community-centered models of care and stand alongside pioneers and radical caregivers to prioritize reproductive and birth justice. This work has called me for almost 30 years. My personal values, my work experience, and my desire to support real change are in complete alignment. I am exactly where I am meant to be.*





“CHAP is small but mighty. Our power is in our collaborations, and working with thoughtful partners towards a world where care for all is ubiquitous, is a privilege and joy. Every day.”



## **WENDY BERRY MCWEENY**

Co-Director

Wendy Berry McWeeny has spent over two decades working at the intersection of philanthropy and public health, bridging the global and local, and championing the shift from individual and charity-based versions of philanthropy to systems-based approaches in service of the public good. She is Co-Director of the Community Health Acceleration Partnership (CHAP).

Wendy started her career in journalism, working as a production and research assistant on a PBS series with Walter Cronkite. When the series ended, she found herself interviewing for a series on the history of the automobile and realized it was not so much the camera work, editing, or grooming of Cronkite's eyebrows that had engaged her as it was the subject matter of her first series—adolescent reproductive health, health care reform, and welfare reform.

With this awareness, Wendy began to chart a new course for herself. Subsequent jobs threw her deep into policy—at think tanks and public policy graduate school, where she developed both an understanding of and deep respect for public institutions. Wendy was part of the first cohort of Princeton Project 55, the program that places students in nonprofit positions. Eventually, her path led to foundation work, where passions for policy and programming came together at a micro-scale.

For 19 years Wendy held a senior philanthropic and advisory role at the MCJ Amelior Foundation, the family foundation of Ray Chambers, U.N. and WHO Special Envoy and founder of Wesray Capital. Her first few years were spent on their Newark portfolio—managing a mix of economic development, education, and health initiatives. In 2003, the foundation took a pivot towards global health and development. For Wendy, this shift included stops at two non-profits the foundation launched: Millennium Promise, started with economist and UN advisor Jeffrey Sachs to support the UN efforts to reach the Millennium Development Goals, and Malaria No More, an organization with the initial mission of providing universal access to insecticide treated bed nets and ending the 1 million deaths attributable to this preventable disease. Wendy's efforts were instrumental in increasing financing for malaria interventions, which ultimately led to a 50% decrease in malaria deaths.

In an effort to resist traditional philanthropic models of top-down aid, Wendy worked to identify experts in the communities where support was being directed. In sub-Saharan Africa, observing and engaging Community Health Workers proved transformative. Initially trained in areas where

traditional expertise (doctors, surgeons, nurses) was lacking, Community Health Workers demonstrated that trusted, local workers with shared lived experience could help patients access and maintain care in ways other health providers could not. "The more I saw Community Health Workers in action, the more I realized that, as much as our 'global north' funding was helping, it was our turn to learn from the local solutions of the global south."

In 2016, Wendy pivoted to building Community Health Worker efforts first in New Jersey, and then nationally, while also looking at how to specifically address the country's troubling racial disparities within maternal health outcomes. In 2018 she joined the CHAP team, and when the organization shifted its focus from strengthening community health efforts globally to US-based priorities in 2022, Wendy was named Co-Director.

Today, together with her colleagues and community partners, Wendy is leading efforts to put care back into healthcare by ensuring community leaders and organizations have the support they need to both deliver services now and plan for how their work will be integrated into a larger, sustained system.

"Our overarching premise is that health is a social good nurtured by communities closest to the issues themselves, and philanthropy has an important role in strengthening that community system of care," says Wendy. "We believe in public institutions, and our work sits at the intersection of government and community—helping to accelerate to community-based solutions moving towards sustainability while not overburdening community leaders who are busy doing the work."

## IN HER OWN WORDS

*"I've seen the missteps of philanthropy—a sector that too often prides itself on replacing, undermining, or 'disrupting' government. I see philanthropy as most effective as a connective tissue between government and communities; as an accelerant to community-based solutions as they move towards sustainability; and as an implementation partner to maximize the impact of health policies and programs."*

*"Having a boss who made their money in the corporate leverage buy-out world was instructive. Taking a page from that playbook we used philanthropic funding to leverage billions of public dollars. If a country needed multilateral funding for AIDS or malaria, we supplied the arms and legs to help fill out the Global Fund grant applications. \$100k in philanthropic funding for capacity at a ministry of health unlocked millions of dollars for bed nets or ARVs. Philanthropy was never going to replace or in any way compete with those public billions, but it could help get those dollars out faster and to places it might not otherwise have found."*

*"CHAP is incredibly fortunate to be working with other philanthropic partners who are similarly thinking through how to effect systemic change for the long haul. How can we accompany government and community-based organizations as they provide care for those who need it most? How can funders not drown out or replace but amplify the voices of our government and community partners. At our best we seed, support, connect and get out of the way."*







"Being part of CHAP means being part of systems change—and being able to influence the issue of birth equity in the United States in ways and scales unavailable to an individual doula."



**JHENIELLE REYNOLDS**  
Program Manager

Jhenielle Reynolds' interest in birth work and commitment to birth equity were sparked after living in rural Argentina and working with a team of midwives and obstetricians to learn more about their practices. Her professional experience has crossed public, nonprofit, and philanthropic sectors. Today, Jhenielle is a practicing doula and the Program Manager for Community Health Acceleration Partnership (CHAP).

Jhenielle's passion for wellness, desire to help people, and global perspective were cultivated early. Her parents emigrated to the United States from Jamaica in their 20s. With one in healthcare and another who nurtured a deep curiosity about the world through—among other things—frequent listening to NPR, looking at issues through medical, international, and systemic lenses has long come naturally to Jhenielle.

While attending high school in England, Jhenielle interned with ORBIS—the world's only flying eye hospital—in Da Nang, Vietnam. Through ORBIS, concepts of accessibility and the idea of strengthening the capacity of systems and individuals to do impactful work were brought to life. For the traveling hospital, the priority was not the volume of patients served. Instead, goals were structured around lasting impact—identifying the cases that had the broadest relevance for teaching other providers. Participation of countries involved in the program was also based on self-selection—counter to often-lauded models where external entities determined whether a community needed assistance. This approach to community self-determination struck a chord with Jhenielle.

At the University of North Carolina at Chapel Hill, Jhenielle began to think more about the intersection between culture and health, and importantly, what the fields of medicine and healthcare might be leaving out with respect to peoples' healing traditions and cultural practices. She received a Bachelor of Arts in Global Studies–Global Health in Latin America, with minors in Medical Anthropology and Spanish for the Health Professions. A study abroad opportunity in Argentina proved especially transformative. Focused on public health and rooted in an urban environment, Jhenielle learned about the maternal care system in Argentina. In (insert city) Jhenielle had the chance to explore what policy looks like in practice by working with local obstetricians, midwives, and families. It was here that she encountered the framework of parto humanizado which loosely translates as “humanized birth” and centers the needs of the birthing person during labor and childbirth.

While Jhenielle's interest in birth work was clear upon returning to the United States, her professional journey took a turn into higher education after completing her undergraduate studies. Jhenielle worked as an admissions counselor at UNC Chapel Hill and a virtual college advisor before eventually overseeing a national grant-funded initiative to increase the number of high-achieving, lower income students attending top colleges and universities for Bloomberg Philanthropies. These experiences provided her the opportunity to toggle between engaging directly with communities and larger systems—balancing one-on-one work with first generation and BIPOC college students and supporting students in achieving their aspirations.

As the Bloomberg project drew to a close and the COVID-19 pandemic was underway, Jhenielle saw the chance to pivot. When asked what she would do if anything was an option, the answer was consistent and immediate: Jhenielle would be a doula. The thought of helping birthing people understand their options and navigate the systems around them resonated for her, particularly as she thought about working in the United States, where outcomes related to maternal and infant health are among the worst of all high-income nations.

In 2021, Jhenielle founded BloomMama Birth Services, and in the time since she has supported XX births. In every instance, Jhenielle has known she was exactly where she was meant to be. She provides clients with evidence based information and takes a holistic approach to her work. A consistent priority for Jhenielle is connecting the individuals and families she serves with other perinatal professionals that can support them during pregnancy and postpartum, championing the value of the 'village' when it comes to care.

Jhenielle began her work with CHAP at the end of 2022. Eager to leverage her experience as a birth worker for systems-level change, Jhenielle was drawn to CHAP's focus on birth equity and the opportunity for impact in ways and scales unavailable to an individual doula. As Program Manager, she partners with CHAP's directors to support the organization's portfolio of maternal health and community health grants and serves as CHAP's liaison to the New Jersey Birth Equity Funders Alliance.

## IN HER OWN WORDS

*"When I first learned about the weathering hypothesis—the idea that the effects of racism actually change the body's chemistry, it shook me. To know, based on research and data, that living in a society where structural racism is a given can affect not only how someone feels mentally, but also transform a body physically lit an internal fire—and the questions that would guide my next steps were clear: What can I do to influence these outcomes? What does it mean to think about the health of a population and systems?"*

*"Seeing and sharing in the arc of my client's birthing journeys, learning to navigate and provide support when plans change, and being able to breathe and be with mamas in those moments is a privilege that connects deeply with my passion for systems change and public health work."*

*"We cannot look to doulas as a solution to systemic issues and then fold them into a healthcare system that is not only not equitable, but also not working. The system can be changed. We have to have the right conversations with the right people—and truly think together about the shifts we want to see."*



# CHAP IN DEPTH

## COMMUNITY HEALTH ACCELERATION PARTNERSHIP

FROM MOMENT TO MOVEMENT

BIRTH EQUITY FUNDERS SUMMIT: 2022 REPORT

CHAP.HEALTH



## COMMUNITY HEALTH ACCELERATION PARTNERSHIP

The United States has substantially higher spending, worse access to care, and worse population health outcomes compared to other wealthy countries. Systematically embedded within those poor outcomes are generations of inequities experienced by communities of color.

For CHAP and our partners, the dominant healthcare system in this country is clearly failing. Today's system is primarily 'sick care'—a profit-driven, hospital-based, and payor-centered model that is transactional and clinical. It incentivizes expensive, clinical-based interventions and caring for people once they are sick in hospitals.

A new healthcare system is emerging: it is holistic, relational, person-centered, and community-driven. CHAP's strategic activities are focused on promoting this new system paradigm based on the understanding that health arises from a web of circumstances, relationships, events, and experiences. Standing alongside pioneers and radical caregivers, we prioritize reproductive justice and care for birthing persons of color.

### OUR FOCUS

CHAP is focused on perinatal health, because overall health during pregnancy and postpartum is one of the greatest determinants of a child's mental and physical health throughout their life course. The United States has the highest rate of maternal deaths in the developed world and is the only country where those rates continue to rise. These largely preventable deaths disproportionately impact Black families. Black mothers die at three times the rate of white mothers. Collectively, these facts are the consequences of historical structural inequities and racism.

If *who* can access and get equitable care is a problem, so is *where* that care gets delivered. Two out of three maternal deaths occur in the communities where women work and live—not in clinical settings. Therefore, CHAP's investments are community- and infrastructure-based—supporting new workforces, restructuring payment systems, and advancing policies that support more compassionate, equitable, and sustainable care.

## FROM MOMENT TO MOVEMENT

**1**

The US has the highest rate of maternal deaths in the developed world

**3:1**

Maternal health risk for Black women versus white or Hispanic women

**84**

percentage of maternal deaths that are preventable

Philanthropy has an important role in increasing access to care and centering that care in communities, but our dollars should be catalytic—not a substitute for public funding. When philanthropy is relegated to the private sphere, no matter how efficient, it is imbedded in the context of inequality. Rather than working outside of and independent from the public sector, CHAP is working to form the connective tissue between health systems, government, and communities.

## SUSTAINING THE MOVEMENT

CHAP's funds leverage investments made by our partners in philanthropy, government, community-based organizations, and the private sector. We're proud that our catalytic dollars and thought partnership have seeded even larger commitments from cross-sector peers. Together, we're building bridges to long-term financial sustainability of maternal health programs.

**NURTURE NJ** \$125k for strategic plan yielded new state dollars totaling \$30 million in 2022 and \$58 million in 2023 for a total of \$88 million.

**MATERNAL MENTAL HEALTH** \$10k planning grant inspired NJ DOH to issue RFP for a \$2 million adaptation of community-based peer mentorship program to address perinatal mood and anxiety and substance misuse issues.

**NEW JERSEY BIRTH EQUITY FUNDERS ALLIANCE** \$250k contribution yielded over \$2 million additional philanthropic dollars for birth equity.

**BIRTH EQUITY CATALYST PROJECT** \$150k investment in state-based funders collaboratives matched by \$300k in additional resources.

## JOIN US

Throughout the country, birthing people are advocating to ensure birth equity. CHAP is listening and leading a new approach to creating lasting change. We know philanthropic dollars have the potential to bolster community actors and government systems. Through coordinated efforts and supportive, trust-based partnerships, these resources can and will unlock opportunities to shift broader systems and dramatically impact outcomes.

There is no question that the need is great. With your engagement, we can go from moment to movement and transform systems with birth workers, birthing people, and families—together.

### BUILDING BRIDGES

Partnership  
across sectors

### CATALYTIC DOLLARS

Seeding change

