



# Brooklyn Perinatal Network

## Lessons Learned: A New Way to Empower Community in SDOH Interventions

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*This piece features excerpts from an interview with two community leaders of color—Ngozi Moses, Executive Director of the [Brooklyn Perinatal Network](#), and Lebone Moses, President and CEO of [Chisara Ventures Inc.](#)—explaining how social determinants of health (SDOH) technology vendors can negatively affect community-based organizations (CBOs).*

Ngozi Moses shared that CBOs and social service organizations have a responsibility to both uplift community voices and protect community members from harm. Both Ngozi Moses and Lebone Moses articulated how a push for SDOH technology by health systems, SDOH technology vendors, philanthropy, and venture capitalists are making it more challenging to both uplift and protect the most marginalized. First, SDOH interventions have granted SDOH technology vendors funding to do community engagement, typically without a history of being in the community. Without a stable footprint in the community, community priorities and root causes of inequities can be ignored, overlooked, or neglected. Second, the commodification of data makes it challenging for CBOs to engage with these SDOH platforms and fully understand how data on the communities they serve and represent is collected, used, and interpreted.

Lebone Moses says that the proliferation of SDOH technology reminds her of the challenges Black, brown, and Indigenous communities, in particular, face due to a lack of knowledge about big data and privacy. She argues that there is a lack of discussion that data ownership and privacy affects community members and CBOs. Cybersecurity attacks are abounding in scale and frequency, and they will undoubtedly prey most heavily on the bottom-feeders of the data ownership ecosystem, such as CBOs with limited budgets. Therefore, Lebone insists there should be a focus on securing CBOs, and recommends power sharing in resources, funding, and training—at every stage—as a mechanism. CBOs are uniquely positioned and are often asked to collect and input data into the SDOH technology platforms. This requires the unyielding commitment of larger systems to protect CBOs and community members, as Lebone affirms, “that [participation] is critical.”

As a result of the aforementioned concerns, Ngozi Moses has opted to participate in a model that centers both CBOs and community members.

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## A Business Model for Authentic Community Engagement

Ngozi Moses's desire to ensure that community priorities and needs are elevated has led to [Brooklyn Perinatal Network's promotion of the evidenced-based Pathways Community HUB Model](#) (of the Pathways Community HUB Institute (PCHI)). The Pathways Community HUB is a structured “business model” template for CBOs to build the capacity to sustain community-entrenched quality whole person care work. Harnessing the value of lived experience, the Pathways HUB Model invites community members—“the feet, the ears, the eyes on the ground”—to the table and offers them the opportunity to directly train health workers about impacted communities for compensation. This engagement between impacted community members and CBOs provides CBOs with consistent check-ins to ensure that their programming is meeting the needs of the community. In turn, the Pathways HUB Model allows CBOs to fully articulate their value, own their data, and use it to inform program planning with attention to SDOH impact in real time. CBOs understanding their value by extension allows them to properly monetize their services when they are approached by

SDOH technology vendors. Unlike many SDOH interventions, the Pathways Community HUB elevates community members' lived experience as an expertise and compensates their expertise accordingly. The HUB also aims to awaken the community power and foster more agency within the most marginalized populations.

PCHI's Pathways Community HUB program Model has been implemented across CBO networks throughout the nation and provides CBOs an anchor to support their incredibly consequential yet widely underappreciated efforts. Intentionally centering CBOs and community members, is a necessary push to assign value to the services CBOs have been delivering for decades—that proves the first step to steering communities clear of CBO marginalization, the medicalization of the SDOH, and cyber attacks.

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## Advocacy for CBOs

However, elevating community voice can no longer remain the sole burden of CBOs. Sustained engagement from larger systems, state and federal leaders is just as vital. Notably, advocacy is a core function of the Pathways HUB Model—engaging community stakeholders who can provide elected officials with unique “ground-up intelligence” to help reshape the health sector. The Pathways HUB in New York has already used “ground up” intelligence for a major advocacy win. The Pathways HUB in New York used evidence from collaborative community-led initiatives and political advocacy groups to establish a statewide prenatal care assistance program, which connects women regardless of income to health and social resources to improve positive birth outcomes.

Ngozi believes this is an advocacy opportunity for CBOs to be engaged, especially since the subject of SDOH continues to grow in popularity. There is also a need for a “dedicated, constant funding stream” at local, state, and federal levels for CBOs to build much needed capacity and coordinate efforts to serve more efficiently. This funding stream is essential to further support community health projects. “Community-based organizations are challenged with fragmented, categorical, time-limited funding,” which is a restriction that often leaves CBOs struggling to build and sustain capacity. The current model for CBO funding, a kind of “use it until you lose it” strategy, leaves CBOs feeling precarious, as if their entire funding infrastructure could slide out from under their feet at any moment. Thus, she hopes to raise awareness of this common issue that is woven among the plights of CBOs. In the end, for more people to listen to CBOs it is imperative to “have champions who will accept [their solutions]” and listen to their concerns. “Listening [to], understanding, and engaging us, meaningfully”—is the approach of ground activism to better support the work of CBOs.

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## Conclusion

CBOs are key components to any local community infrastructure. As SDOH interventions are implemented, stakeholders, like SDOH tech vendors and health systems, must be aware of the responsibilities entrenched CBOs have to their respective communities. CBOs seek to empower their clients and protect them from harm, and Ngozi Moses and Lebone Moses articulate a different approach/model that honors the expertise of community members, invests in the local community infrastructure (CBOs), and advocates for a reimagined health system. In this type of model, both CBOs and community members understand their value, and with this understanding, the risk of exploitation and predatory behavior in SDOH interventions decreases because community members and CBOs are compensated fairly.

Ultimately, centering the community can facilitate much needed dialogue between community members, CBOs, and anchor institutions to ensure that:

- Community members' **needs and priorities** are addressed
- CBO and anchor institution programming **meets those needs and priorities** outlined by community members.