

Final Report: Albert Schweitzer Fellowship- Detroit Chapter

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Project Title: Bridging the Gap in Maternal Health

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Host Site: Obstetrics & Gynecology Associates - Dearborn Heights

Background Summary

Maternal health disparities remain a significant issue in Southeast Michigan, particularly within marginalized communities in Dearborn. Despite the presence of numerous support programs, many women continue to face barriers to accessing prenatal and postnatal care. These barriers are not limited to language alone, but extend to cultural stigma, limited awareness of available services, financial constraints, and difficulty navigating healthcare systems.

Dearborn is home to one of the largest Arab American populations in the United States, with nearly 30% of residents being foreign-born. Within this population, disparities in maternal health outcomes are well documented. In Wayne County, 43% of birthing individuals have at least one chronic health condition, increasing the risk of preterm birth and neonatal complications. That risk rises from 25% with one condition to 45% with multiple conditions. These numbers reflect not just clinical risk, but gaps in consistent access to care and support.

Another gap that became clear was how often mental health is overlooked in maternal care. Postpartum depression is more prevalent among immigrant women, particularly those from Middle Eastern backgrounds, due to limited social support, acculturation stress, and unmet healthcare needs. Cultural stigma surrounding mental health further limits engagement with care, often leaving these conditions unaddressed.

What became clear in assessing this population is that the issue is not a lack of resources. Many programs already exist to support mothers through pregnancy and postpartum care. The challenge lies in the gap between availability and utilization. Awareness, time constraints, system navigation, and discomfort with seeking help all contribute to this disconnect.

My project was adapted to directly address this gap by integrating resource connection into routine obstetric care. The approach centered on meeting patients during their OB appointments and providing direct, structured education on available community resources. This included connecting patients to mental health services, educational programs, and material support organizations in real time, within a setting they were already accessing.

By embedding this intervention into existing clinical workflows, the project aimed to reduce barriers at the point of care, improve awareness, and facilitate more immediate engagement with services. This approach shifts access from passive availability to active connection, with the goal of improving maternal health outcomes in a population that continues to experience systemic barriers to care.

Project Goals and Approach

Goals

The primary goals of this project were to establish a clinical site within an OB/GYN practice, become familiar with available maternal health resources in the community, and build partnerships with organizations that serve this population. From there, the goal was to consistently engage with patients in the clinical setting, build trust and credibility, and ultimately serve as a bridge between patients and the resources already available to them.

Implementation Strategy

I began by reaching out to multiple OB/GYN offices within the Dearborn community. Because Dearborn serves as an ethnic enclave for Arab-American women, it was important that the project was rooted directly within this population. Dr. Mona Fakhri at Obstetrics and Gynecology Associates of Dearborn Heights expressed interest in supporting the project. This partnership was critical, as her clinic serves a large population of Arab women, particularly those from lower socioeconomic backgrounds and those insured through Medicaid.

Once this relationship was established, I identified several key areas that needed to be addressed: access to essential maternal supplies, educational resources, and mental health support. From there, I sought out organizations that were actively working within these areas. I met with representatives from multiple organizations to better understand their services and determine whether they aligned with the goals of the project. This process led to partnerships with three primary organizations: Starfish Family Services, the Lebanese American Heritage Club (LAHC), and ACCESS.

Starfish Family Services provides programs that directly address gaps in maternal and early childhood care. Their Nurse-Family Partnership offers home-based, nurse-led support for first-time mothers, focusing on prenatal care, parenting education, and connection to community resources. Their parenting programs provide education on child development and emotional support, and their early childhood education programs promote long-term developmental outcomes while reinforcing parental involvement.

LAHC provides maternal health programming that combines clinical support with community-based care. Their Maternal Infant Health program offers individualized prenatal education and ongoing support, while programs such as Mom Care Connect provide education on

nutrition, stress management, and infant care in a culturally familiar environment. They also connect patients to broader services, including mental health support, nutrition assistance, and financial resources.

ACCESS focuses on early parenting support and direct connection to community services. Their Parents as Teachers program offers home-based support for pregnant women and families with young children, emphasizing parenting education, child development, and navigation of health and social services. These programs also aim to build long-term support systems within the community.

After establishing these partnerships and developing a clear understanding of the available resources, I began working directly within the clinic. I routinely visited Dr. Fakhri's office and engaged with patients during their waiting period prior to their appointments. These interactions were intentionally patient-led. I allowed patients to share their concerns, needs, and gaps in support, and then provided information on resources that aligned with those needs. Through this approach, the project focused on meeting patients where they were and facilitating direct, real-time connections to services that were already available but often underutilized.

Outcomes and Accomplishments

Through consistent engagement in the clinic, clear patterns emerged. The most commonly requested needs were mental health support, access to maternal supplies, and help navigating available resources. Many patients were unaware of what services existed, how to access them, or whether they qualified.

One of the most striking findings was the widespread lack of awareness. This was not limited to older or traditionally underserved patients. Even women who were more culturally integrated into

the community and had access to technology, social media, and other information platforms were largely unaware that these resources existed or that they were available at no cost. This highlighted that the barrier was not simply access to information, but how that information was being delivered.

As the project progressed, it expanded beyond the initial target population. In addition to Arab-American women, I worked with Black, Hispanic, and White patients. These patients ranged from first-time mothers to those with five or six children, yet the same gaps in awareness and access were consistently present across all groups.

A key accomplishment of the project was providing real-time, patient-specific connections to resources during OB visits. By meeting patients in a setting they already trusted, the project reduced barriers and improved engagement with existing maternal health services.

Sustainability Plan

The initial goal for sustainability was to integrate these resource-based conversations as a routine part of OB care. Through time in the clinic, it became clear that the clinic operates at a very fast pace with a high patient volume, which leaves limited time for extended conversations during visits.

Given this, the focus of sustainability shifted toward a more practical and scalable approach. The goal is to develop clear, concise, and easy-to-navigate materials that outline available community resources. These materials can be distributed to patients during their visits without disrupting clinic workflow, while still ensuring that patients leave with actionable information.

While direct conversations were valuable, the most important aspect of this project is ensuring consistent access to information. By standardizing the distribution of resource guides within the

clinic, this approach allows for continued impact while aligning with the clinic's workflow, and ensures that patients are routinely connected to services that are often underutilized.

Recommendations for Serving this Constituency

A key takeaway from this project is that many women are already aware of their needs and the gaps in their care. The challenge is not identifying those needs, but creating an environment where they feel comfortable addressing them. This requires providers and support staff to be active listeners and to approach conversations in a way that allows patients to guide the discussion.

When given the space, patients are often very open about the support they are lacking.

It is also important to recognize the role of cultural differences in communication. When working with diverse populations, communication styles may vary significantly. What may be perceived in one context as disengaged, reserved, or unwelcoming may simply reflect a different cultural norm and should not be interpreted as disinterest or disrespect. Patients may still be highly receptive to information, even if their responses or delivery differ from what is typically expected.

Serving this population effectively requires cultural awareness, patience, and flexibility in communication. By creating a space that prioritizes understanding over assumption, and listening over directing, providers can better connect patients to the resources and support they are already seeking.

Reflection on Fellowship Experience

The Albert Schweitzer Fellowship provided a structured space to think more critically about public health, advocacy, and how to serve underserved communities in a practical way. Beyond project

implementation, it allowed me to step back and understand how systems function, where they fall short, and what it actually takes to try to work within them.

One of the most valuable aspects of this experience was the opportunity to engage in difficult conversations during fellowship meetings. These discussions challenged assumptions, exposed different perspectives, and created space to think more intentionally about how to serve communities. They emphasized that meaningful advocacy begins with listening, reflection, and a willingness to engage with topics that are often uncomfortable but necessary. While these conversations may not immediately change systems, they play an important role in pushing against the status quo and increasing awareness of both personal and systemic biases.

This fellowship also showed me the reality of working within established systems and the challenges that come with trying to create change. Even well-intentioned ideas must adapt to time constraints, workflow limitations, and structural barriers. At times, this process felt overwhelming, especially while balancing the demands of medical training and personal responsibilities. However, it reinforced for me that progress in this space is not about immediate transformation, but about sustained, intentional effort.

As I continue in my medical training, I know these responsibilities will only grow. This experience made it clear that it is up to me to carve out time for this work, even when it is not built into the structure around me. The fellowship grounded me in my purpose and reminded me why this work matters, reinforcing my commitment to advocacy, community engagement, and improving accessibility and equity in healthcare..

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