

FROM POLICY TO ACTION:

Striving for Birth Equity at the State and Local Levels

PANELISTS:



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DHCS Health Equity Roadmap: Listening to Medi-Cal Members to Advance Health Equity

DHCS Health Equity Roadmap – A Co-Design Process with Medi-Cal Members

» Goals:

- Understand **barriers/solutions** to supporting members in engaging in care that meets their needs
- Primary focus on groups experiencing **racial/ethnic disparities**
- **Member & community engagement** at the center

» Phases:

- Visioning & design phase – Fall 2023
- Statewide listening tour (member feedback sessions) – Winter 2024
- Co-design phase – Beginning Fall 2024
- Roadmap final report drafting/publication – 2025

Health Equity Roadmap Listening Tour

- » With support from California Health Care Foundation DHCS partnered with [FutureGood](#) to design an inclusive member engagement strategy and Roadmap co-design approach.
 - **11 member feedback sessions** (in person & virtual) – conducted in partnership with CBOs (September 2023 – March 2024)
 - Priority focus on **racial/ethnic groups experiencing disparities**
 - Ensure representation of the following groups:
 - Tribal/Rural populations
 - LGBTQ individuals/communities
 - People with BH conditions
 - People with disabilities

Health Equity Roadmap Member Feedback Sessions



September 29, 2023

State-wide Session
- Everyday Impact Consulting (Virtual)



November 16, 2023

Bakersfield American Indian Health Center in Bakersfield



January 24, 2024

Choice in Aging - Bedford Center in Antioch



January 26, 2024

The Cambodian Family Center in Santa Ana



January 27, 2024

Latino Health Access in Santa Ana



February 6, 2024

State-wide Session - California Alliance of YMCAs (Virtual)



February 7, 2024

State-wide Session - Everyday Impact Consulting (Virtual)



February 13, 2024

Members with Disabilities & Caregivers - California Alliance of YMCAs and Choice in Aging (Virtual)



February 15, 2024

State-wide Session - Everyday Impact Consulting (Virtual)



February 28, 2024

Greater Mt. Sinai Missionary Baptist Church of Compton in Compton



March 1, 2024

Cultiva La Salud in Fresno

DHCS Launched Health Equity Roadmap Landing Page with Information from Member Feedback Sessions



What We Heard – What Medi-Cal Members Want

- More **respect and no discrimination** in their encounters with the health care delivery system
- Better **customer service** from DHCS and county offices (more respect, no discrimination, shorter waiting times)
- Higher **quality** care
- Easy to maintain Medi-Cal **coverage**
- More expedient referrals and approvals; **Fewer delays** in treatment
- Fewer **language barriers**; easier access to good interpretation
- Shorter **waiting times** for appointments
- Lower **OOP costs**; more affordability of medical care
- Better access to **dental care**
- New benefits/ comprehensive coverage
- More robust “**access infrastructure**” - transportation, online portals for appointments, text reminders; telephone/ telehealth

Next Steps – Codesign & Final Report

- » Based on insights gathered during listening sessions, DHCS will bring together a diverse group of Medi-Cal members, community-based organizations, Tribal partners and other implementation stakeholders to **codesign a roadmap advancing health equity in the Medi-Cal program.**
- » A **Roadmap final report** will outline recommendations for improvements to Medi-Cal policies and programs to achieve equitable health care access, quality, outcomes and experiences for Medi-Cal members, and will inform DHCS' work on the [50X2025 bold goals](#) to advance equity in priority focus areas.

Birthing Care Pathway

DHCS' Vision for Maternity Care in Medi-Cal

The Birthing Care Pathway is a care model that will cover the journey of all Medi-Cal members from conception through 12 months postpartum. DHCS's goal is to **reduce maternal morbidity and mortality** and **address the significant racial and ethnic disparities** in maternal health outcomes among Black, American Indian/Alaska Native, and Pacific Islander individuals in California.

With the launch of the Birthing Care Pathway, DHCS envisions a future in which:



Pregnant and postpartum Medi-Cal members have access to a comprehensive menu of maternity care providers and services regardless of where they live.



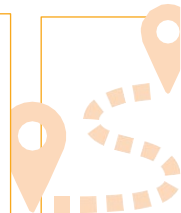
All Medi-Cal members feel respected and heard throughout their pregnancy and postpartum journeys.



Behavioral health services and social supports are accessible to all pregnant and postpartum members, their newborns, and their families.



Pregnant and postpartum members can access risk-appropriate care and are empowered to choose the provider team and birthing location that align with their needs and preferences.



Pregnant and postpartum members are educated on the services available to them and receive the navigational support they need for all aspects of their care.



Data collection and sharing are improved to strengthen care for pregnant and postpartum members.

Public Report Development

To develop the Birthing Care Pathway DHCS:



Conducted a landscape assessment to review California's existing maternal health policies and initiatives, and identify evidence-based programs, policies, and interventions



Interviewed over 25 state leaders, providers, community-based organizations, associations, health plans, and advocates to inform the design of the Birthing Care Pathway



Launched the Clinical Care Workgroup, Social Drivers of Health Workgroup, and Postpartum Sub-Workgroup to identify challenges and opportunities in perinatal care and develop and validate policy options for the Birthing Care Pathway






Engaged Medi-Cal members through a Member Voice Workgroup, interviews, and member journaling to ensure their experiences shaped the design of the Birthing Care Pathway

The Birthing Care Pathway project is generously supported by the California Health Care Foundation and the David & Lucile Packard Foundation

Medi-Cal Member Engagement Activities

A foundational priority for DHCS has been to ensure the Birthing Care Pathway design is shaped by Medi-Cal members with lived experience. DHCS partnered with **Everyday Impact Consulting (EIC)** — a California-based organization focused on community engagement that is also supporting the Medi-Cal Member Advisory Committee — to conduct the member engagement activities for the Birthing Care Pathway.

Member Engagement Activity	Description
 Member Interviews	Conducted 1:1 interviews with 6 members who were pregnant or postpartum in March and April.
 Member Journaling	Invited 6 members who were pregnant or postpartum to submit five biweekly journal entries about their perinatal experience from late March through mid-May.
 Member Voice Workgroup	Launched a Member Voice Workgroup composed of 20 members who were pregnant or postpartum. Three meetings were held between March and April.

All members were compensated for their participation.

Birthing Care Pathway Medi-Cal Member Engagement Key Findings



Feeling respected and heard by health care providers is critical to a member's perinatal experience in Medi-Cal; members often feel that their birth plans and breastfeeding choices are not respected; however, members feel like midwives and doulas listen to their needs and preferences.



Medi-Cal members often felt like the **onus was on them to independently navigate and coordinate many aspects of their perinatal care** – ranging from coordinating their care across different health care providers to ensuring Medi-Cal coverage for themselves and their newborns.



Some members **experienced discrimination in their health care encounters** during all three perinatal phases; members felt connected to their health care providers and better supported when they received **racially concordant care**.



Finding mental health providers that accept Medi-Cal, are taking new patients, and have perinatal experience is difficult; Medi-Cal members want more frequent and intensive mental health supports.



Key moments for trust building with members are often missed, particularly around mindful discussions on behavioral health screening results and referrals to services, trauma-informed approaches to intimate partner violence (IPV) screenings, smooth hospital discharges after birth, and timely access to high-quality breast pumps.



Medi-Cal members often **do not understand what Medi-Cal benefits and public benefits/social services are available** to them in pregnancy or during the postpartum period (e.g., doula services, Enhanced Care Management (ECM); WIC/CalFresh; and transportation services).

Additional Input for the Birthing Care Pathway

DHCS solicited additional input on the Birthing Care Pathway through meetings with clinical and non-clinical maternity care providers, social services providers, state leaders, MCP representatives, Tribal health providers, local public health, and birth equity advocates.



Birthing Care Pathway Policy Focus Areas

Through the landscape assessment and stakeholder and member engagement, DHCS identified policies that DHCS will implement for the Birthing Care Pathway in the near term. DHCS has already implemented some of these policies while others are in progress.

 The policies DHCS has implemented/is implementing are in the following eight focus areas:

- » Provider Access and MCP Oversight and Monitoring
- » Behavioral Health
- » Risk Stratification and Assessment
- » Medi-Cal Maternity Care Payment Redesign
- » Care Management and Social Drivers of Health
- » Perinatal Care for Justice-Involved Individuals
- » Data and Quality
- » State Agency Partnerships



Beloved Birth Black Centering

A Community Centered Approach for Birth Justice & Perinatal Equity

**California Association of Public Hospitals & Health Systems,
and Safety Net Institute (CAPH/SNI)
2024 Annual Meeting**

About Me



JYESHA WREN, CNM

Founding Director of
Beloved Birth Black Centering
& the Beloved Birth Collective

- Identify as a Black & mixed race mother and midwife (she/her)
- Background in Sociology and passionate for birth justice and perinatal health equity
- UCSF trained, full scope midwife at Alameda Health System, Oakland's public safety-net hospital system
- Member of Alameda County's Perinatal Equity Initiative Steering Committee



Our Vision

We envision a world where Black mamas and families have all the rights, loving care, and resources needed to not just survive, but thrive in pregnancy, birth, and postpartum

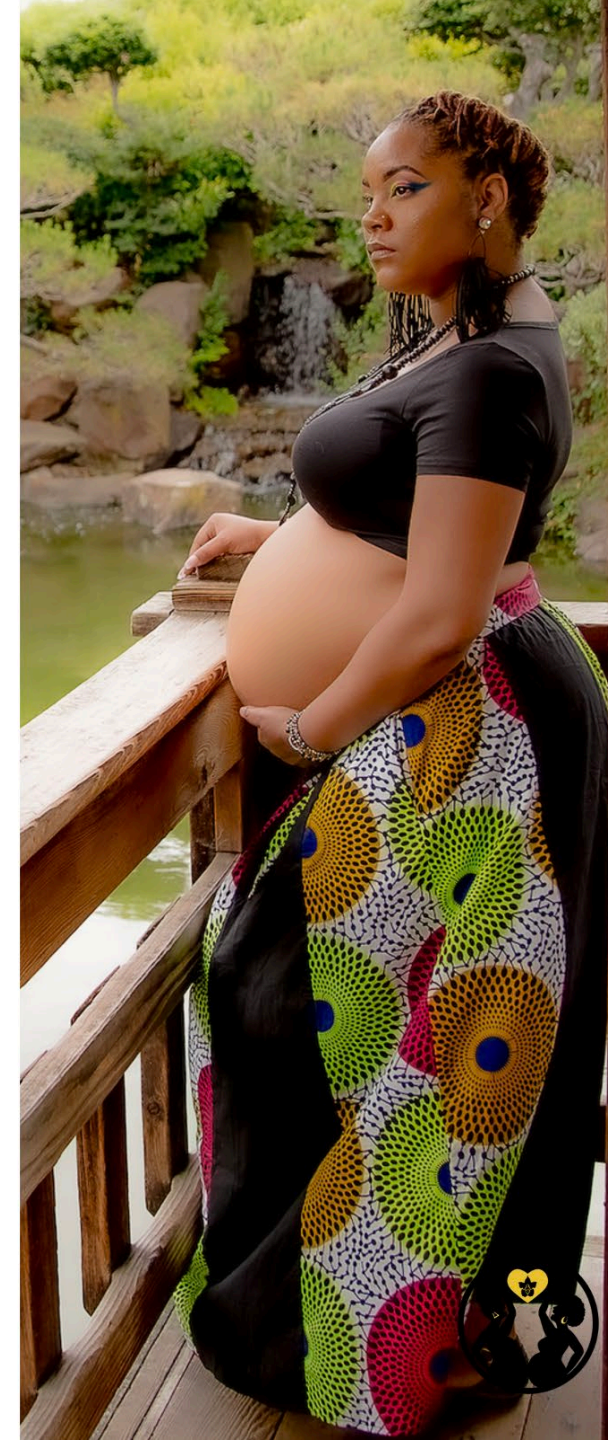
Our Reality...

A National Epidemic of Preventable Complications

- Racism-based disparities in Black perinatal experiences and health outcomes persist in the US, with Black women and birthing people experiencing preventable complications in pregnancy, birth, and postpartum
- Black women continue to be 3-4x more likely to die around the time of birth
- Babies continue to be more likely to be born too soon and too small, and more than twice as likely to die within the first year of life
- Mortality is just the tip of the iceberg. Many more Black mamas and birthing people are having near misses and traumatic birth experiences

Solutions Identified... But Not Scaled

The good news is that we know what to do. There are actually lots of strategies shown to help us thrive. But sadly, these strategies are rarely implemented at scale.



Our Mission

The Beloved Birth Collective works to empower Black mamas, midwives and community to lead health system innovation & redefine perinatal care for the Black birth justice movement.

Our Values



Birth &
Reproductive Justice



Respect for Natural
Physiologic Birth



Joy



Integration and
Collaboration



Liberation



Respect for
Bodily Autonomy



Holistic Wellness



Appropriate &
Accessible Medical
Intervention

Our Solution to Black Perinatal Wellness

Transforming Black Perinatal Care from Within our Safety-Net System



BE loved BIRTH
BLACK CENTERING
Group Perinatal Care By, For, and With Black People

Built on a Foundation of 5 Powerful Evidence-Based Strategies



Supported by an Ecosystem of Community Partners



Our “Gold-Package of Black Love”



15 Midwifery-led
Centering
Group Visits




Community-
Centered
Childbirth
Education



Fresh Fruit +
Vegetables at
Each Group Visit



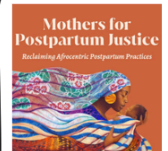
Prenatal &
Postpartum
Massage



OB/GYN + MFM
Consultation & Care
for High-Risk
Pregnancies



Therapy
Referral for
Mental Health



Restaurant Meals
for 6 Weeks
Postpartum



Spinning
Babies
Bodywork



Care Coordination
& Resources +
Referrals



Calm App for
Mindfulness &
Meditation



Prenatal &
Postpartum
Exercise Classes



One-on-one
Lactation
Specialist Visits



Doula Support for
Pregnancy, Birth
& Postpartum



Natural & Herbal
Remedies +
Essential Supplies



Pregnancy or
Postpartum
Photo Shoot

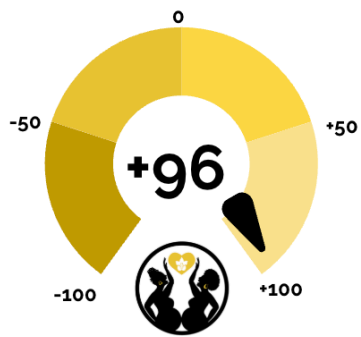


Our Impact on Care Experiences

Highlights from our qualitative and experiential impact data

Beloved Mamas Are Extremely Satisfied With Their Care

Q: How likely is it that you would recommend Beloved to a friend or family member?



Beloved has a Net Promoter Score far higher than industry averages, demonstrating an incredibly high satisfaction rate

Beloved Mamas Experienced Less Racism & More Autonomy + Respect



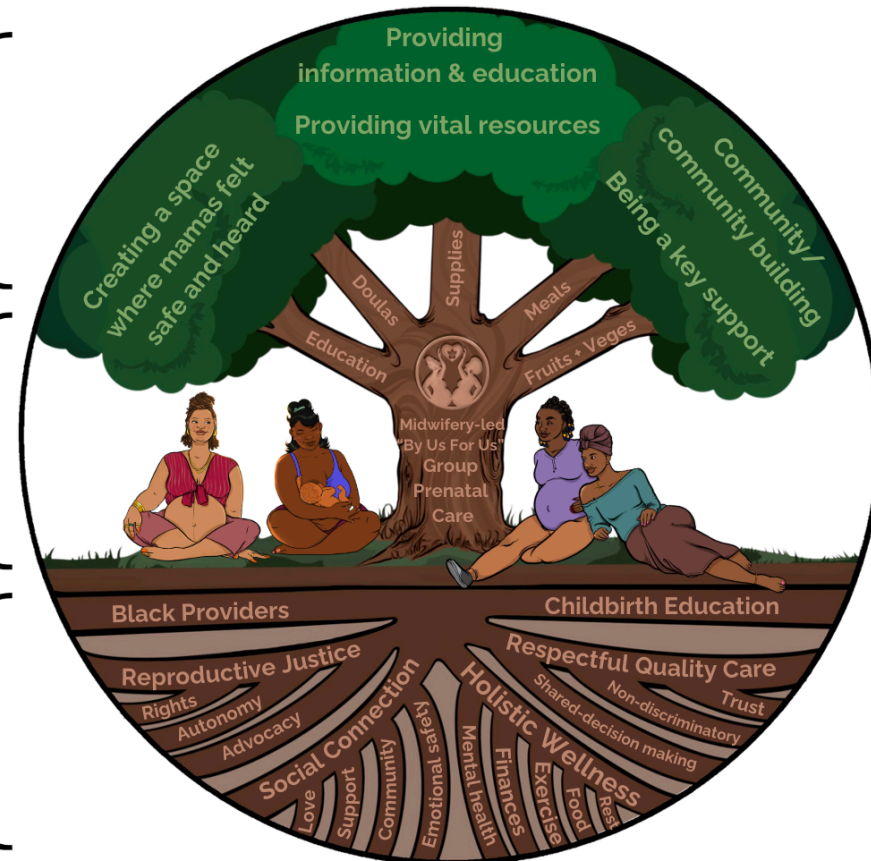
...experienced feeling less racial bias with healthcare providers
 ...experienced healthcare providers respectfully helping them make decisions for their care

Beloved is Rooted in the Needs of Our Community

Q: "What is Beloved good at?"

Q: What were the top 5 wrap-around services?

Q: What do Black women/ birthing people need?

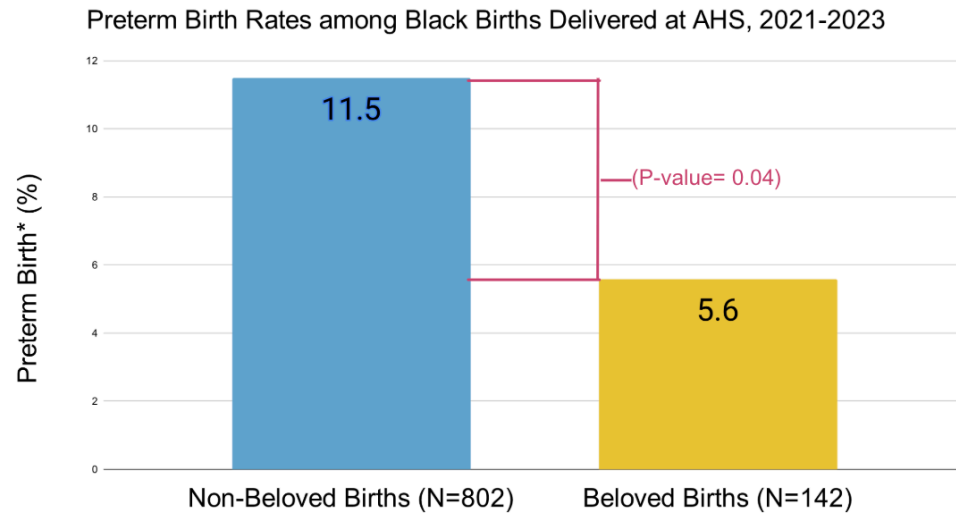


Our Impact on Health Outcomes

Highlights from our quantitative impact data

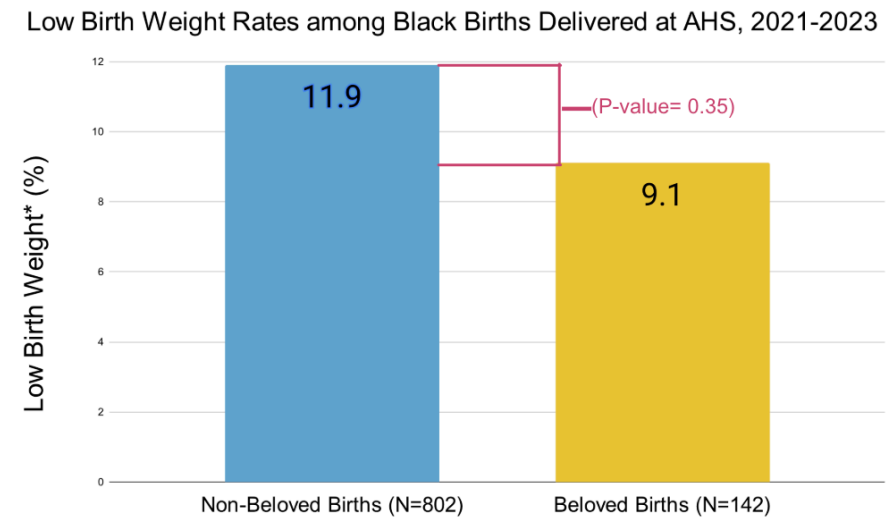
Beloved Birth Mamas Are Better Able to Birth Full-term Healthy Weight Babies

The **preterm birth** rate for Beloved Black babies was **5.6%** compared to **11.5%** among Non-Beloved Black babies delivering at AHS



*Preterm birth defined as births < 37 weeks

The **low birth weight** rate for Beloved Black babies was **9.1%** compared to **11.9%** among Non-Beloved Black babies delivering at AHS



*Low birth weight defined as weight at birth of < 2500 grams



Thank you!

**Scan Here to Join
Our Mailing List**



Team Lily

San Francisco General Hospital-based multidisciplinary care team

Person-centered, trauma-informed, wrap-around services to pregnant and postpartum people experiencing barriers to clinic-based prenatal care including those experiencing: Homelessness, Substance use disorders, Incarceration, Intimate partner violence, Mental illness

Strives for an experience of care that is filled with dignity, that is grounded in autonomy, and that uplifts individual or parenting goals

Commitment to dismantling structural racism and challenging the stigma and discrimination that drive Team Lily clients' barriers to care, health, and well-being.



Team Lily Data 2023-24

Race	Number of Patients	% of Total
Black	53	32%
White	64	38%
Hispanic of any race	36	22%
All other	14	8%
Total Team Lily Patients, FY23-24	167	

Team Lily approach: Trauma informed care with relationship at the center

Belief that relationships can heal, that patient's autonomy and self-determination is crucial

Build the care of each patient around their strongest relationship connection- individual members of the team step up or step back, consult the patient about who is a trusted person

With patient permission, reach out beyond clinic walls- PHNs, case managers, outreach workers, etc.

No gatekeeping- each patient has cell phone access to all members of the team, as much access to their doctor as to any other team member

Patients set the pace for disclosure and the priorities for each visit

Space is made for prior negative or traumatic experiences in health care settings

Partnership with community partners that create the safety net for our patients

Advocacy for improved and more-just policies and practices at SFGH and the systems impacting our patients

Team Lily Clinic

- Open access clinic: flexible appointments, transportation in, off-site visits
- Easy access to team members via phone and text
- Pregnancy counseling - abortion, adoption, and pregnancy continuation
- Pregnancy & postpartum care
- Co-located mental health services: psychiatry, individual therapy, dyadic therapy
- Addiction services including buprenorphine treatment
- Navigation & case management to assist with access to housing and other resources
- Advocacy and support navigating Child Protective Services (CPS) and CPS reunification

Multidisciplinary Team

Core Staff

- Navigator
- Social Worker
- ObGyn
- Psychiatrist
- Therapist

In Clinic Partners

- Substance use counselor
- Stabilization PHN
- Pediatrician