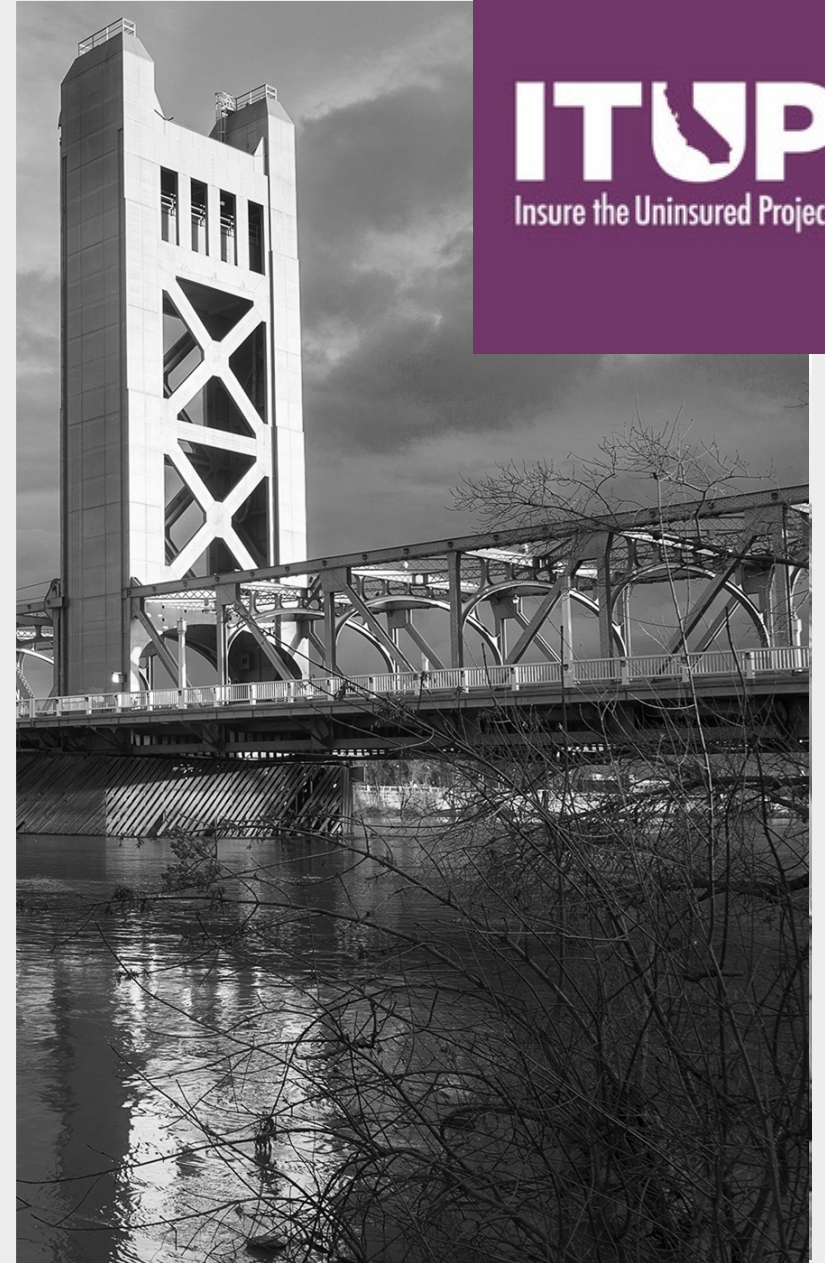


Doula Care in LA County: Improving Maternal Outcomes

Thursday, March 27, 2025

10:30 a.m. – 12:00 p.m.



Housekeeping



- **This session is being recorded.** The meeting, links and resources will be emailed to participants and posted to the ITUP website after the meeting.
- **Closed Captioning is available.** To enable captions, select the “CC” or transcript icon from your toolbar.
- **Submit your questions** at any time during today’s webinar using the Q&A function on your screen.
- **Chat is open** and we encourage you to engage throughout today’s discussion.

Welcomes and Introductions



Jana Wright, MPH (she/her)
Director of Policy,
Insure the Uninsured Project (ITUP)



Agenda for Today



| AGENDA* | |
|--|--|
| 10:30 – 10:45 a.m. | Welcome and Introductions Jana Wright, MPH (she/her), Director of Policy, Insure the Uninsured Project (ITUP) |
| 10:45 – 11:00 a.m. <i>Including Q&A</i> | Setting the Context: Doulas as Essential Partners in Maternal Health Akunna Chilaka (she/her), Health Policy Intern, Insure the Uninsured Project (ITUP) |
| 11:00 – 11:55 a.m. <i>Including Q&A</i> | Panel: Los Angeles County’s Doula Initiative to Transform Care Dr. Charmine Davis, PsyD, LMFT (she/her), Director of Family Wellness, Jenesse Center, INC. (<i>moderator</i>) Shanica Davis (she/her), African American Infant and Maternal Mortality (AAIMM) Doula Program Coordinator, Los Angeles County Department of Public Health Helen O’Connor, MSPH, MA (she/her), Perinatal Innovation Unit Chief, Los Angeles County Department of Public Health Khefri Riley, CLEC, CPYT, HCHD (she/her), Co-Founder & Director, and Director of Impact & Development, Frontline Doulas & LA County Medical Doula Hub |
| 11:55 a.m. – 12:00 p.m. | Wrap Up |

*Agenda is subject to change.

ITUP convenes regional stakeholders to identify local health needs



EMPOWER REGIONAL LEADERS TO INFORM HEALTH POLICY EFFORTS

ITUP leads **10 health equity collaboratives across the state, with 500+ active participants**. These forums are a safe space for our multi-sector stakeholders to uplift their community's **voice, needs, and concerns**. Participants candidly share feedback on the implementation of policy efforts. ITUP leverages this unique intelligence to refine policy efforts.

ITUP amplifies **COMMUNITY VOICE**



ITUP WORKS WITH STATE LEADERS TO SHAPE HEALTH POLICY EFFORTS ON BEHALF OF ITS MISSION & STAKEHOLDERS

ITUP staff work with government leaders to understand current and emerging health policy and legislative efforts that impact health equity. Simultaneously, ITUP engages its **4,000+ stakeholders on these matters to provide policy makers with community-informed feedback**.

ITUP Publications

ITUP
Insure the Uninsured Project

ITUP Insure the Uninsured Project

Leveraging Data to Advance Health Equity and Success in CalAIM

APRIL 2024

EXECUTIVE SUMMARY

Data exchange is integral to identifying and connecting populations to health and social services, modernizing delivery systems, and improving quality of care for all Medi-Cal patients. This issue brief explores how improved health and social services information exchange through the California Health and Human Services (CalHHS) Data Exchange Framework (Dx) is essential for the foundational success of California's Advancing and Innovating Medi-Cal (CalAIM) Initiative. Data sharing through the Dx directly supports CalAIM's goals to improve whole person care by addressing social determinants of health (SDOH), improving systems of care for Medi-Cal members, generating better health outcomes and advancing health equity. Data sharing is a vital element to measure the impact on health care access and health outcomes for Medi-Cal members. This brief further examines data sharing needs for five major CalAIM initiatives.



ACRONYMS 101: Lingo To Know

BIPOC = Black, Indigenous, and Other People of Color
CalAIM = California Advancing and Innovating Medi-Cal
CIE = Community Information Exchange
CBO = Community-Based Organization
Dx = Data Exchange Framework
DSA = Data Sharing Agreement
ECM = Enhanced Care Management
EHR = Electronic Health Record
HIE = Health Information Exchange
HIO = Health Information Organization
HSSI = Health and Social Services Information
MCP = Medi-Cal Managed Care Plan
QHIO = Qualified Health Information Organization
SOGI = Sexual Orientation and Gender Identity
SDOH = Social Determinants of Health

CalAIM & Dx TIMELINE

- January 2022**
Enhanced Care Management (ECM) and Community Supports Initiative launches. Mandatory Managed Care Enrollment for dual-eligibles launches.
- JULY 2022**
CalHHS establishes Data Sharing Agreement (DSA) and Data Exchange Framework (Dx) as mandated by AB 133, and releases a final version of the DSA and an initial set of policies and procedures to govern the Dx.
- July 2022**
Behavioral Health No Wrong Door Policy goes live.
- November 2022**
DSA signing begins.
- January 2023**
Deadline for DSA to be signed by required signatories in California.
- January 2023**
Justice-Involved Initiative launches, releasing applications for county jail and youth correctional facilities.
- January 2023**
Population Health Management (PHM) Initiative launches. Full statewide launch of PHM is still being determined.
- January 2024**
Most required DxE signatories must begin to exchange health information for treatment, payment, health care operations, and public health activities.
- January 2024**
Qualified Health Information Organizations (QHIOs) for the Dx are announced.
- April 2024**
Beginning of 24-month phase-in period for Justice-Involved pre-release Medi-Cal services.
- January 2026**
All required DxE signatories must begin sharing health information.

POLICY TOOLKIT

ITUP
Insure the Uninsured Project

AUGUST 2024

BEHAVIORAL HEALTH IN CALIFORNIA



THIS CURATED POLICY TOOLKIT combines the wide array of California initiatives and resources that support the emotional and behavioral well-being of Californians. It contains hyperlinks to help seamlessly navigate between the federal entities, state agencies, initiatives, policy plans, engagement opportunities, and additional resources that help to ensure a better future of behavioral health care for California communities.

What is Behavioral Health?

Behavioral health refers to the behaviors that affect an individual's wellbeing, encompassing mental, emotional, and social aspects. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions, such as mental health, substance abuse, etc.²

Key California Behavioral Health Initiatives

Mental Health Services Act (MHSA)

The Mental Health Services Act (MHSA) is a personal income tax on yearly incomes exceeding \$1 million. The MHSA funds California's behavioral health system and allocates the majority of funds to county mental health departments to support implementation of behavioral health services. The Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) provide oversight on the distribution of MHSA funds.

Mental Health for All (MH4A)

Mental Health for All is a multi-year effort to transform California's behavioral health landscape. Starting in Summer 2024, this effort aims to use Proposition 1 implementation to work toward all counties adopting comprehensive behavioral health services plans by 2026.

Children & Youth Behavioral Health Initiative (CYBHI)

The Children & Youth Behavioral Health Initiative (CYBHI) is a multi-billion-dollar, multi-year investment plan for California's youth behavioral health system. Streamlined by five state departments, the initiative aims to address the youth mental health crisis in California and transform the behavioral health care and health care delivery system for children, youth, and families.

Proposition 1 (Prop 1)

Proposition 1 (Prop 1) is a multi-billion dollar bond which intends to expand access to behavioral health systems. Prop 1 changes the legislative language of the MHSA to encompass all of the Behavioral Health Services Act. Prop 1 reduces the allocated MHSA funding and increases state administered funding. This proposition utilizes the funds for treatment facilities and supportive housing for veterans and individuals with behavioral health challenges.

Fast Facts »

1 in 7 adults experience a mental illness*

2/3 of adolescents with major depressive episodes do not get treatment*

82% of people experiencing homelessness had a mental health condition or substance use challenge*

66% of people experiencing homelessness experience mental health problems, such as depression, anxiety, hallucinations, or trouble remembering things*

1 in 10 children living below the federal poverty level experience serious emotional disturbances*

ITUP Insure the Uninsured Project

Coverage in California at a Glance

Overview of California

August 2024

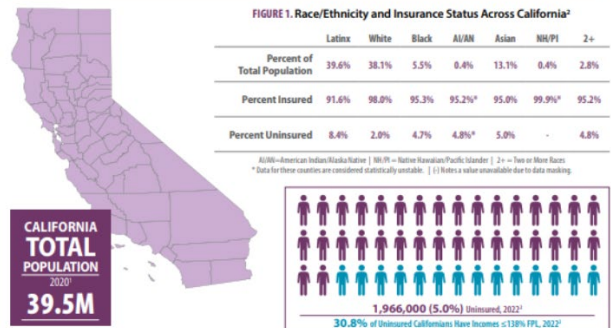
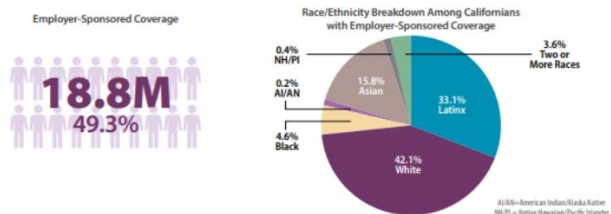


FIGURE 2. Employer-Sponsored Coverage, 2022²



Setting the Context: Doulas as Essential Partners in Maternal Health



Akunna Jeanette Chilaka (she/her)

Health Policy Intern

Insure the Uninsured Project (ITUP)



Mobilizing Doulas: Advancing Equitable Maternal Health Outcomes in California

Introduction – Unveiling the Crisis: Maternal Mortality Across California Communities

There is a national, unprecedented maternal mortality crisis that is disproportionately impacting Black and Indigenous people. Black women and birthing people have the [highest maternal mortality rate both nationwide and in California](#). Persisting medical racism, lack of mental health resources, environmental factors, and social determinants of health (SDoH) are driving these racial maternal health disparities.^{1,2}

The maternal mortality crisis is propelling U.S. federal efforts to address this issue and enhance investment in the perinatal health workforce through the Biden-Harris Administration's [Blueprint for Addressing the Maternal Health Crisis](#).

However, even after accounting for protective factors like income, zip code, and education, Black and Indigenous women and birthing people experience substantially worse birth outcomes compared to their white counterparts.^{3,4} Systemic medical racism—not just socioeconomic factors—contributes to clinicians routinely dismissing and delaying crucial maternal care for Black and Indigenous women and birthing people. Implicit racial bias in health care and subsequent chronic toxic stress further contribute to higher rates of maternal mortality, preterm birth, and complications for Black and Indigenous women and birthing people.^{5,6,7}

The California Department of Public Health (CDPH) is leading initiatives such as the [Perinatal Equity Initiative \(PEI\)](#) to address birthing disparities and improve health outcomes for Black Californian families. However, birthing inequities persist throughout California. Many birthing people continue to struggle with accessing behavioral and health care related services.

This ITUP fact sheet examines the current investments made in the creation of a dedicated workforce for birthing people while also exploring the unique opportunity that doulas serve to bridge the gap for maternal health access across historically marginalized communities in California.

Fast Facts >

In 2022, Black women & birthing people had a **2.2x higher average** maternal mortality rate than the **U.S. average of 22.3.⁸**

U.S. Black women & birthing people are **3-4xs** more likely to die from pregnancy-related causes.⁹

COVID-19 caused nearly a **70% increase** for California's pregnancy-related deaths.¹⁰

Annually in California, about **70 maternal deaths** occur with approximately **60% being preventable.**^{11,12}

Compared to white Californians, birthing people of color's maternal mortality ratio is about **300% to 400% worse.**¹¹

* Note: Maternal deaths include both pregnancy related and associated maternal deaths.

Doulas: A Vital Solution for Supporting Maternal Health

Doulas are **non-medical health professionals** and birth workers who provide crucial physical, emotional, and informational support to families before, during, and after childbirth.^{13,14,15} Doulas aid women and birthing people by navigating the complex health care system and encouraging and empowering self-advocacy in interactions with health care professionals.^{13,14,15} In addition, doulas support their patients with culturally responsive patient-centered care. Expanding the availability of doula services in Black, Indigenous people of color (BIPOC) communities offers a promising strategy to address California's maternal mortality crisis.



Doulas and Midwives: What's the Difference?

Midwives and doulas are often thought of sharing the same roles and responsibilities. Although they work together, each birth worker has key differentiating features in delivering maternal care. A doula's steady, supportive presence during maternal services complements a midwife's clinical care. Both birth workers lead to better health outcomes for birthing people and their infants than a sole physician-attended hospital birth.¹⁶ Continuous and collaborative points of contact amongst all these health professionals throughout the perinatal period is key to ensuring that the needs of pregnant people and babies are met.

Doulas in the Birthing Process

A continuous non-medical presence; needed or desired to provide emotional, physical, and informational support for a woman/birthing person. This includes comfort techniques, encouragement, and guidance before, during, and after childbirth.

Midwives in the Birthing Process

A constant medical presence; needed or desired to manage the clinical aspects of childbirth, including monitoring the mother and baby, assisting with delivery, and handling medical complications.

The State of Maternal Mortality in California



Fast Facts:

- COVID-19 increased pregnancy-related deaths by nearly **70%**
- Over **60%** of maternal deaths **are preventable**

Drivers of Crisis:

- *Persistent Medical Racism*
- *Lack of Mental Health Resources*
 - *Chronic Toxic Stress*
 - *Environmental Factors*
- *Social Determinants of Health (SDoH)*

Communities Most Affected by California's Maternal Health Crisis



Fast Facts:

- *Compared to white Californians, birthing women and people of color's maternal mortality ratio is about **300% to 400%** worse.*
- *Black women face a **3-4x** higher maternal mortality rate nationally.*

Maternal health disparities are disproportionately impacting Black and Indigenous People and Communities (BIPOC)

Doulas: Essential Support for Maternal Well-Being



Who Are They?

Non-medical health professionals who provide physical, emotional, and informational support during the perinatal period.

Origin:

Are a notable part of a well-established, historic tradition in Black and Indigenous communities.

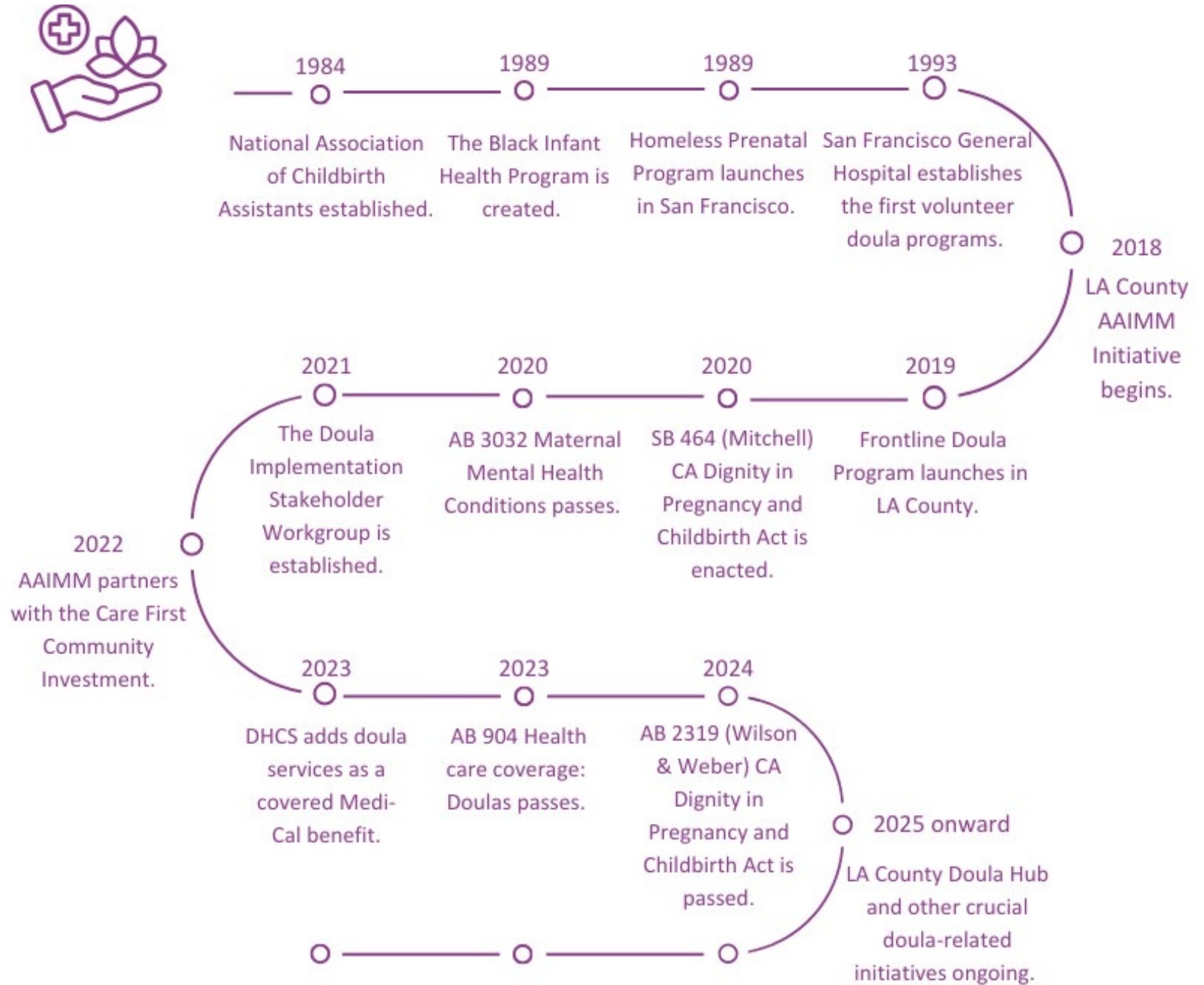
What Services?

Offers continuous assistance throughout labor and delivery.

How Often?

See families a minimum of two times before birth, and visits at least twice postpartum.

Key Milestones for Doulas



Doulas: A Vital Strategy for Addressing Maternal Health

1

Advancing Birth Equity

2

Joining the Policy Work Efforts to Address the Black Maternal Mortality Rate.

3

Providing evidence-based information to birthing families to reduce instances of risky cesarean sections and preterm births.

4

Reducing infant mortality rates.²⁸

5

Enhancing breastfeeding support provided by health care professionals.²⁷

6

Lessening anxiety and depression for pregnant people.³⁰

7

Lowering rates of pregnancy-related comorbidities.^{24,31,32}



Women who received doula care had
52.9% lower odds of
cesarean delivery.²⁴

Expanding services in BIPOC communities offers a promising strategy to alleviate inequitable maternal disparities.

Barriers to Success for Doulas



**Hospital
Restrictions**



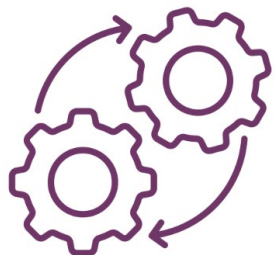
**Limited
Awareness**



**Compensation
Discrepancies**



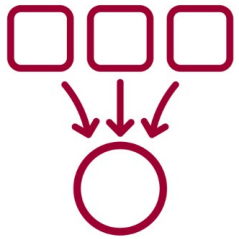
**Challenges
Collaborating
with Clinicians**



**Slow
Integration**

Roughly only
6% of women utilize doula support nationally.³¹

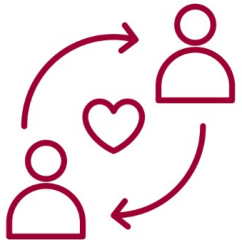
Policy Considerations to Ensure a Sustainable Doula Workforce



Simplify
Integration



Promote
Public Awareness



Incorporate
into Maternity Teams



Recruit
Specialty Workforce



Invest
Additional Funds



Increase
Presence in
Perinatal Care

Moderator for Upcoming Panel



Dr. Charmine Davis, PsyD, LMFT (she/her)
Director of Family Wellness, Jenesse Center,
INC.



Los Angeles County's Doula Initiative to Transform Care



Shanica Davis (she/her)
AAIMM Doula Program Coordinator,
Los Angeles County
Department of Public Health



Helen O'Connor, MSPH, MA (she/her)
Perinatal Innovation Unit Chief,
Los Angeles County
Department of Public Health



Khefri Riley, CLEC, CPYT, HCHD (she/her)
Co-Founder & Director, Frontline Doulas;
Director of Impact & Development, LA
County Medi-Cal Doula Hub

Thank You!

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