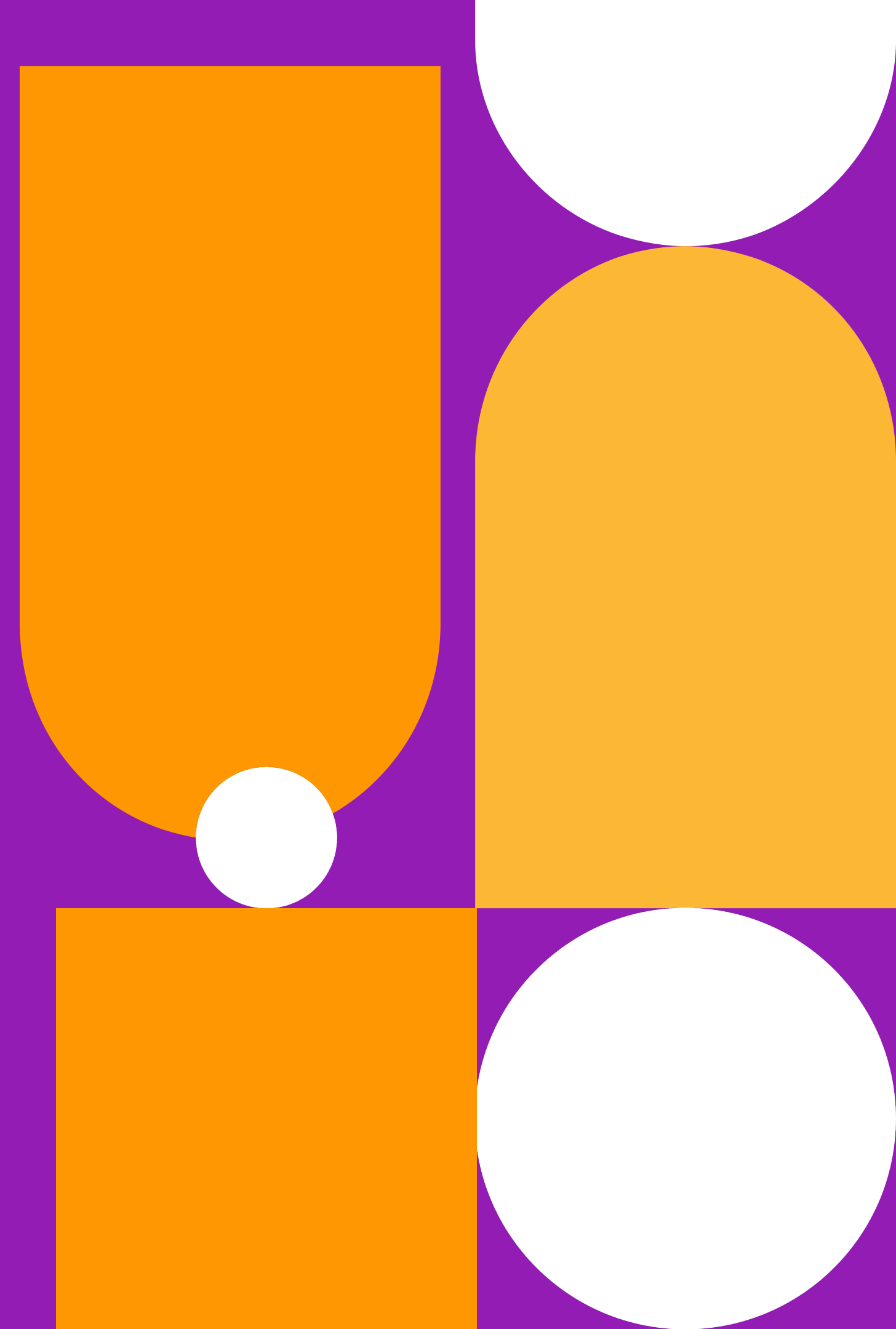


# Bridging the Equity Gap Black Maternal Health

*Prepared by:*

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Health Equity Solutions*



# Health Equity Solutions

**Vision:** For every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

**Mission:** To advance health equity through anti-racist policies and practices.

**HEALTH**  
**EQUITY**  
**SOLUTIONS**

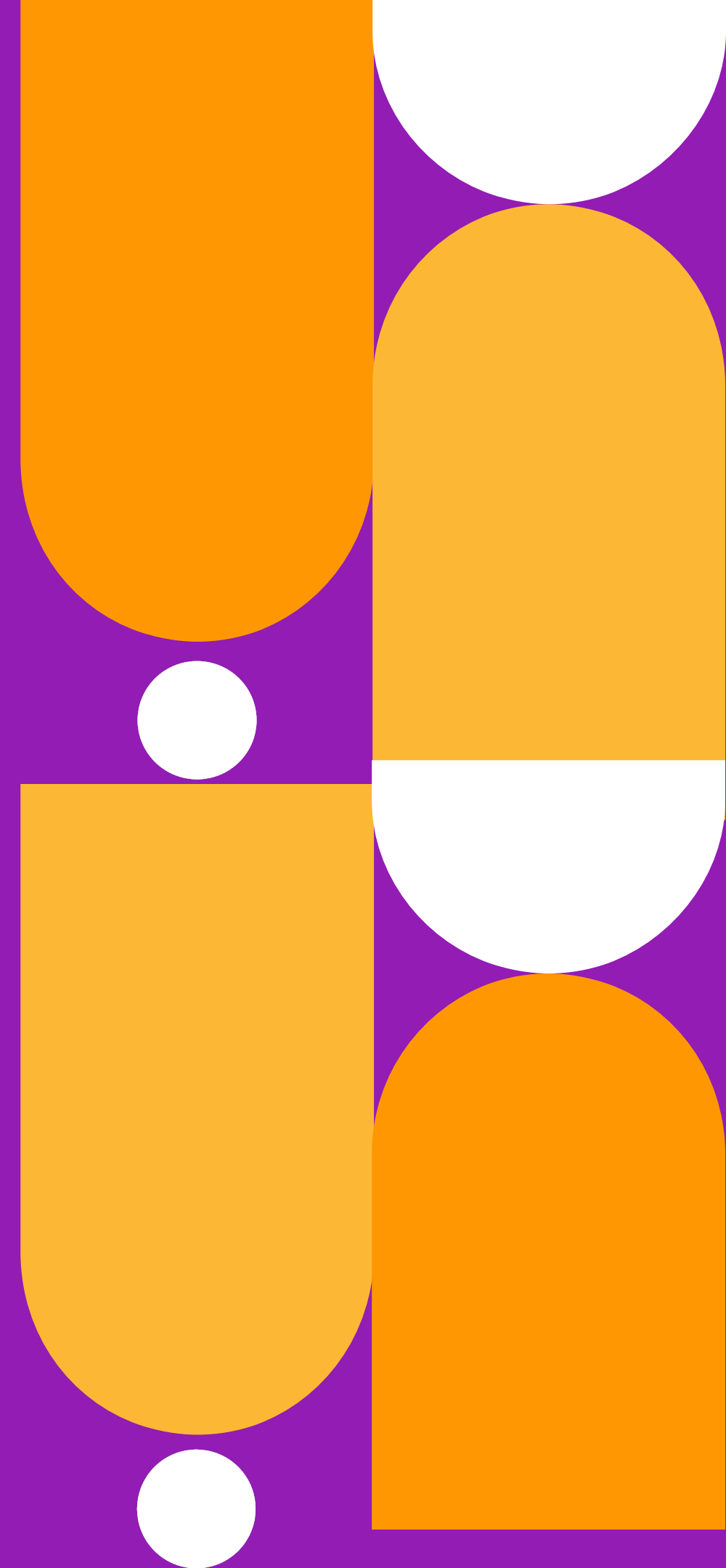
Learn More Here



[www.hesct.org](http://www.hesct.org)

# After this presentation you will understand

- 1.HES' Theory of Change
- 2.Definition of Health Equity
- 3.Definition Maternal Mortality
- 4.Our Role
- 5.Our Other Maternal Health Work
- 6.Our Current Work
- 7.What you can do about it



# HES' Theory of Change



# What is Health Equity?

**Health Equity** means everyone has a fair and just opportunity to attain optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, socioeconomic status, geography, or any other social barrier/factor.

## Without Health Equity

1. Children underperform in school and fail to reach their potential.
2. Residents don't have the opportunities to be, and stay, healthy
3. Businesses see rising healthcare costs and reduced productivity from their employees

# Disparities in Maternal Outcomes is a Racial Justice Issue

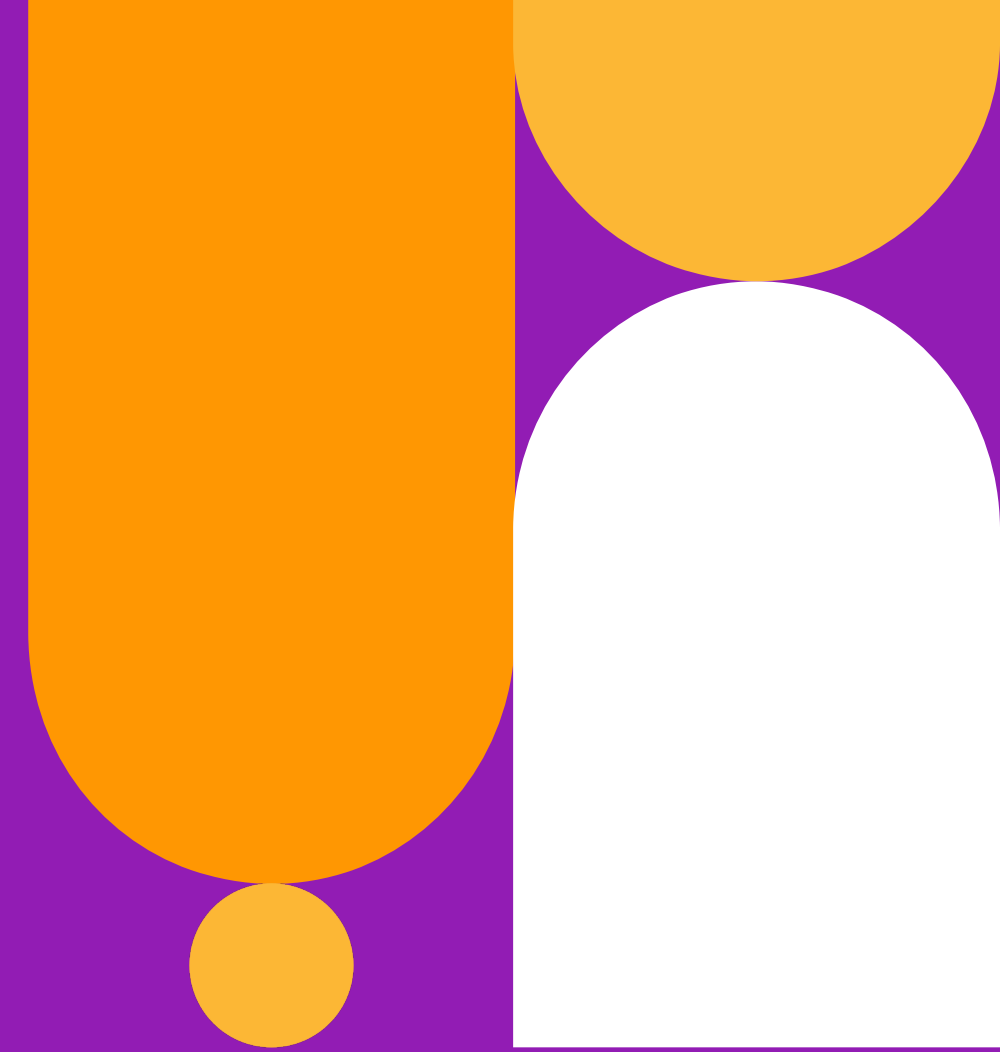
**Maternal Mortality:** “any health condition attributed to and/or aggravated by pregnancy and childbirth that has negative outcomes to the person's well-being”

Due to systemic racism, Black women in Connecticut are three to four times more likely to die from pregnancy-related causes than their white counterparts.

**Moving Forward**

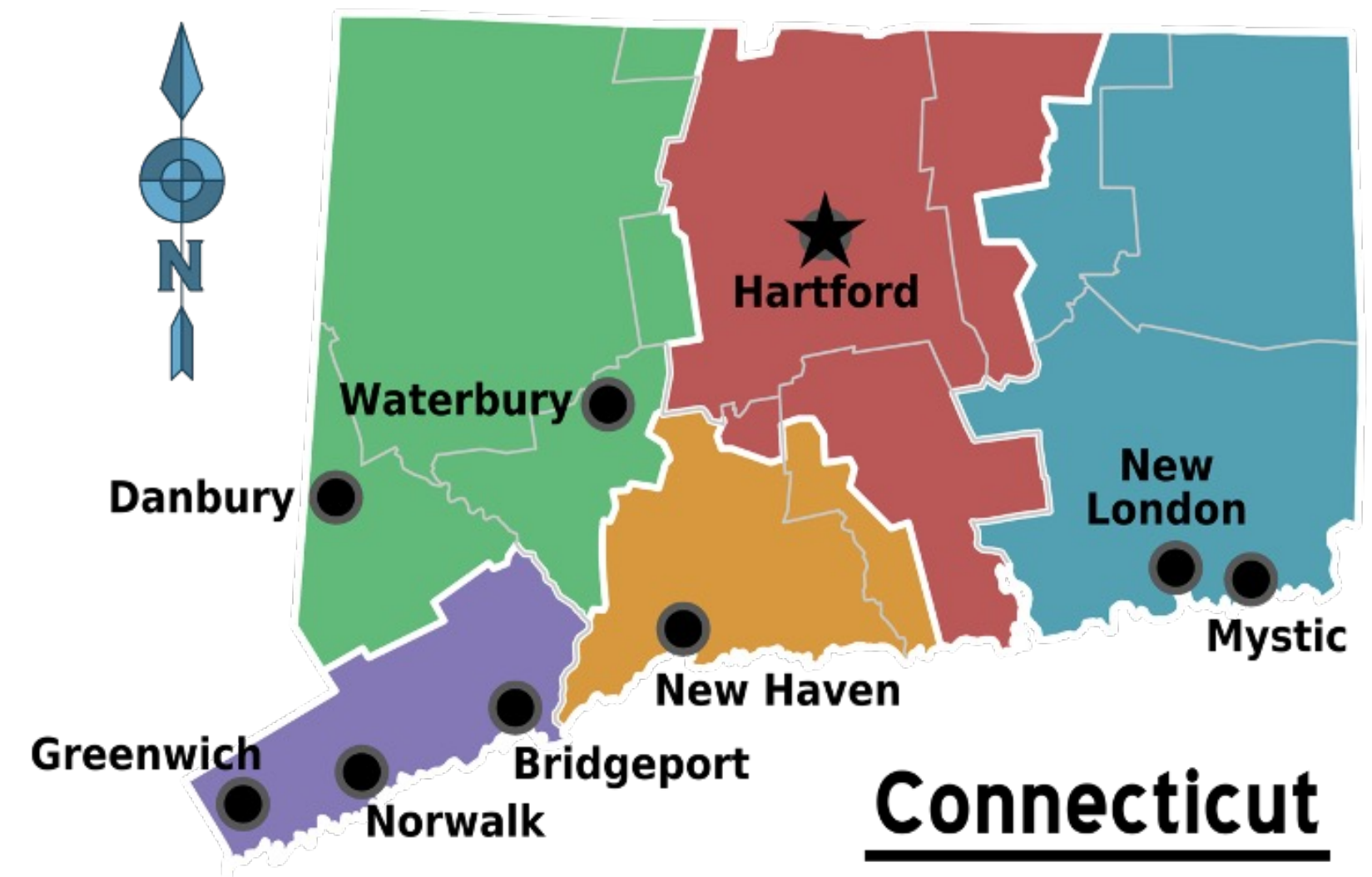


*Solutions should focus on addressing systemic racism within the healthcare system, investing in community-based services, and advocating for policies that promote equitable access to resources and opportunities for all individuals, regardless of race, or ethnicity or socioeconomic status.*



# Quick Look at CT Health

- CT ranks in the top 10 (6th) of states in overall health outcomes
- 5th in Reproductive Care & Women's Health
- 8th in Health Ins Coverage and Access to Care
- Members of racial and ethnic groups in CT fair far worse in terms of health outcomes
- Black & Hispanic residents are more likely to live in poorer health
- Black residents more likely to experience premature death



# HES' Role in Black Maternal Health

Over the next three years, we at HES will serve as a co-convener and policy and advocacy expert.

Work collaboratively with hospital systems and the Connecticut state legislature to integrate Doulas, CHWS, and other lay health workers into regular models of care.

Recruit Black birthing people, families, and birth workers to identify the challenges and solutions to hospital-based births.

Work with locally funded partners to recruit directly impacted people to identify challenges and solutions to hospital-based births.

Serve as a liaison, between community members, hospital staff, and legislators – ensuring constant channels of communication and establishing rules of engagement.



# HES Progress

We are developing a strategic plan that will guide our efforts over the next few years, outlining clear goals and targets.

This is a delicate issue. Any intervention requires careful consideration and thoughtful planning to ensure that our actions are not only effective but also respectful and inclusive.





# Our Other Maternal Health Work

### 2023 Maternity Bundle Focus Groups Summary Report

**OVERVIEW:** Health Equity Solutions (HES) collaborated with Primary Maternity Care (PMC), and the HUSKY Health program to host **6 focus groups** to collect information that will support the design, planning, and successful inclusion of doula care services into the HUSKY Maternity Bundle program. The focus groups engaged a total of **72 total participants**, which included **17 physicians, obstetricians, and midwives** who deliver prenatal, birth, and postpartum care, **28 doulas** who provide support and information to a birthing person, before and after birth, as well as during labor, and **27 HUSKY Health members**. The focus groups included a total of 42 towns across the state. Providers and doulas must reside in CT and/or provide care to CT residents. Participants were encouraged but not required to answer every question and could utilize the chat feature in Zoom or unmute to answer a question. These focus groups will help inform strategies to include doula care services as a new benefit for HUSKY Health members who are pregnant.

#### Participants' Locations

★ Providers\*  
● Doulas\*  
■ HUSKY Health members  
□ Null

\*Please note, town/city reported may be a practice setting or home location of the participant.

#### Participants' Demographics

Black and/or African American	45.8%
White/Caucasian	16.7%
Hispanic/Latino(a) (Cuban, Dominican, Mexican, Puerto Rican, Other)	12.5%
Asian (Chinese, Filipino, Indian, Japanese, Korean, Vietnamese, Other)	4.2%
Middle Eastern/North African	2.8%
Native Hawaiian/ Pacific Islander	5.6%
American Indian/ Alaskan Native	2.8%
Multiracial	0.0%
Other	4.2%
Prefer Not To Say	5.6%

\*n=72

#### FOCUS GROUP DISCUSSION QUESTION THEMES

- Perceptions of Doulas
- Benefits and Challenges of Collaboration
- Information Management

#### TOP PRIORITIES

- Accessing Doula Support
- Training/Education
- Emotional and Informational Support
- Financial Constraints
- Marketing/Networking

Primary Maternity Care  
Start here.

# WHAT IS A DOULA & WHY SHOULD WE SUPPORT THEIR WORK?

Swipe to learn more....

HEALTH EQUITY SOLUTIONS

### Maternal Health Providers: Enhancing Health Equity Through Payment Parity

Prepared by State Health and Value Strategies and Health Equity Solutions

STATE Health & Value STRATEGIES

Driving Innovation Across States

A grantee of the Robert Wood Johnson Foundation

February 2024

#### Introduction

The maternal mortality crisis in the United States continues to worsen, with data from the Centers for Disease Control and Prevention (CDC) establishing that over 80% of the pregnancy-related deaths that occurred from 2017 to 2019 were preventable.<sup>1</sup> Additional CDC data show that 1,205 pregnancy-related deaths occurred in the United States in 2021, compared with 861 in 2020. Chilling disparities also persist—as of 2021, the maternal mortality rate for non-Hispanic Black people was 2.6 times the rate for non-Hispanic White people.<sup>2</sup> These poor outcomes stem from a variety of factors, including “lack of access to quality care, gaps in [healthcare] coverage, unmet social needs, implicit bias and explicit discrimination from providers, and structural racism in [healthcare].”<sup>3</sup> One strategy state policymakers are leveraging to expand the maternal health workforce and increase access to quality maternity care is Medicaid coverage of midwives and doulas.

As states work on improving access to these providers under Medicaid, it is important to note that there are significant equity implications, as Medicaid is the major source of reproductive healthcare services in the country, accounting for 75% of all public expenditures for family planning services and covering close to half of all births.<sup>4</sup> Not only is perinatal care provided by midwives and doulas evidence-based and shown to improve birth outcomes, but supporting a diverse maternal health workforce can also improve cultural concordance, due to the history of midwifery utilization among Black and Indigenous people.<sup>5</sup> However, there is a limited supply of midwives and doulas; more than half of U.S. counties lack a single midwife and only about 6% of birthing individuals receive doula care.<sup>6,7</sup>

Thus, Medicaid coverage presents important opportunities, but reimbursement rates also present challenges. Coverage of doulas and certain types of midwives are optional benefits, and even in the states that do cover these services, reimbursement rates are often too low to prove sustainable. This issue brief discusses the landscape of Medicaid reimbursement trends for midwifery and doula coverage and recommends strategies to enhance access to a diversity of maternal care providers through equitable reimbursement. Since Medicaid covers about two-thirds of births among Black and Indigenous people, Medicaid reimbursement rates provide a potential policy lever to encourage the growth of a diverse midwifery and doula workforce.<sup>8</sup>

#### Midwifery Reimbursement Trends

A midwife is a healthcare professional who assists the individual during the prenatal, birth, and postpartum periods; midwives can practice in multiple settings (e.g., a hospital, birth center, clinic, or the patient’s home) and are trained in the midwifery-led model of care, which emphasizes patient care and psychosocial support and is therefore more time intensive than typical obstetric care. There are different types of midwives who vary in their educational and clinical experience requirements—certified nurse-midwives (CNMs) must have a bachelor’s degree in nursing, while certified midwives (CMs) are non-nurses with a science or health-related bachelor’s degree. Certified professional midwives (CPMs) must have a high school degree or equivalent and can enter the profession through vocational routes.<sup>9</sup>

#### Certified Nurse Midwives

All states are required to provide Medicaid reimbursement to certified nurse-midwives, though the state landscape varies in terms of reimbursement rates. As of May 2023, approximately half of states reimburse CNMs at 100% of the rate of physicians providing the same service, while 20 states reimburse CNMs at 75% to 98% of the rate paid to physicians.<sup>10</sup> A study quantifying the effect of state and regulatory policies on access to midwife care found that Medicaid parity was the only factor associated with increased midwife attended births. One possible reason for this strong association between Medicaid parity and access to midwives is that low Medicaid reimbursement results in

1

Focus Groups

Social Media Campaigns

Publications with National Partners



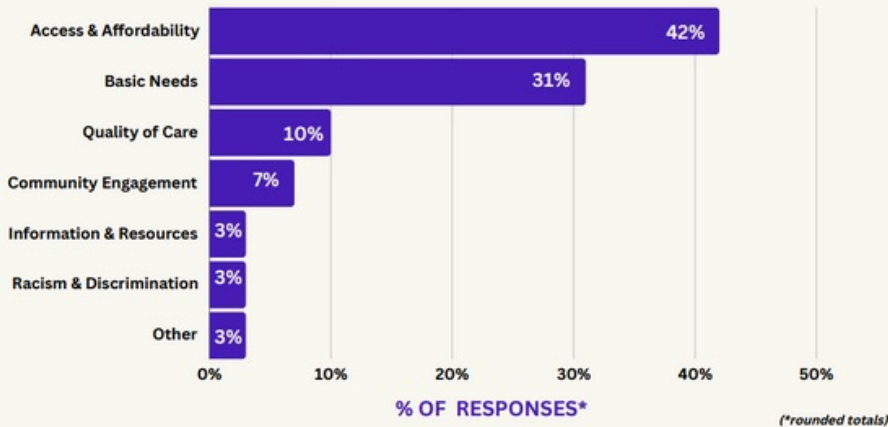
# Our Current Work: 2024 Legislative Session

## SUMMARY REPORT COMMUNITY CONVERSATIONS 2023



Health Equity Solutions engaged 158 Connecticut residents representing 18 towns in conversations about health equity. We collaborated with community groups and libraries to gain insight into the top priorities for health equity among Connecticut residents. Moreover, we upheld our pattern of greater involvement from individuals, with more participants speaking for themselves rather than representing an organization. This data shaped Health Equity Solutions's Policy Agenda for 2024. The following is a summary of the feedback we gathered.

### 2023 COMMUNITY CONVERSATIONS RESPONSES



### SUMMARY OF RESPONSES

<b>Access &amp; Affordability</b> Comprehensive Insurance (Dental, Vision)   Affordable Medication   Subsidized & Low Premiums   Specialized Care   Navigating Insurance	<b>Basic Needs</b> Financial Stability   Transportation   Food   Affordable Housing   Livable Wages   Clean Water   Good Environment   Community Safety	<b>Quality of Care</b> Safe and Clean Health Care Facilities   Not getting to know the patient   Wrong Diagnosis   Great Care   Lack of Transparency   Alternative Medicine
<b>Information &amp; Resources</b> Access to information about where to go for resources   Too many stringent requirements to access programs   Lack of care coordination	<b>Community Engagement</b> More Social Activities   Youth Programs   Inequitable law making   Educational programs in the community   Community centers	<b>Racism &amp; Discrimination</b> Anti-racist healthcare practices   Socio-economic status bias/interpersonal racism and discrimination   Classism

Other Responses: Restaurants throw food away and they should donate leftover food | Helping people cure cancer | Provide real assistance.



## Health Equity Solutions's 2024

# POLICY AGENDA

★ = Legislative Priorities

### Access to Comprehensive Health Care:

ensure access to comprehensive and integrated health care, and eliminate barriers to health needs

- Address social and economic needs through Medicaid.
- Promote a more integrated health system.

### Advocate for Health Care Affordability:

promote equitable policies that ensure more affordable pathways to health care

- ★ Strengthen hospital financial assistance policies and coverage options to reduce medical debt.
- ★ Ensuring free health insurance for individuals and families with lower incomes, including immigrants.

### Monitor & Support the Implementation of Anti-Racist Policies and Practices:

ensure equity-focused policy victories are implemented in a timely fashion with community input

- Monitor the implementation of race, ethnicity, and language (REL) data collection.
- Work with the Commission on Racial Equity in Public Health to develop and implement a strategic plan for health equity in CT.
- Ensure the implementation of doula certification and Medicaid reimbursement for community health workers and doulas.

HES is actively involved in coalitions and campaigns led by our partners to support additional policies crucial to advancing health equity. For more information contact: Katherine Villeda at [Kvilleda@hesct.org](mailto:Kvilleda@hesct.org) or Kally Moquete at [Kmoquete@hesct.org](mailto:Kmoquete@hesct.org)

## 2024 Policy Agenda:

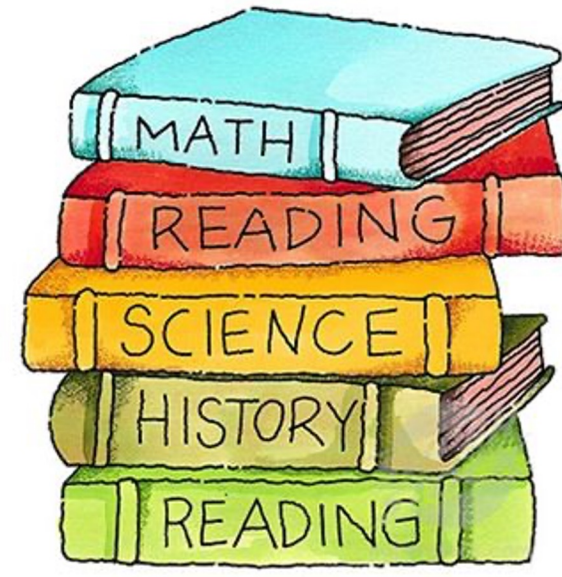
Strengthen hospital financial assistance policies and coverage options to reduce medical debt.

Ensure the implementation of Doula certification and Medicaid reimbursement for community health workers and doulas.



# What Can You Do About It?

- Pay attention to how systemic issues such as structural racism impact individuals
- As you work to improve health, consider all the factors that impact health
- Advocate for systemic change, within and outside of your institutions
- Advocate for health equity (redistribution of health resources)
- Fight for racial justice



# Thank You

Scan for Resources



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# Questions?

