

HOW DOULAS CAN IMPROVE THE SAFETY OF CHILDBIRTH FOR WOMEN OF COLOR

For every mother who dies a pregnancy-related death in the U.S., 70 experience a life threatening event. These are unexpected cases of what doctors call severe maternal morbidity (SMM), such as cardiac arrest, hemorrhage or sepsis, events that could be fatal or affect a woman long after childbirth. The overall rate of these events has increased by over 200% in the past two decades. And the statistics are worse for women of color. Researchers at the University of Illinois Chicago found that Black women face a 70% higher risk of SMM than any other racial group. Doulas might provide the prenatal support women at risk need to have a healthy pregnancy and childbirth.

The role of doulas in reducing SMM

Doulas provide emotional, physical, and informational support to women before, during and after childbirth. They're trained but non-clinical partners to women, often supplementing care from doctors and midwives. There's evidence to suggest that working with a doula can reduce serious complications. Research finds that doula care can help reduce C-sections, decrease maternal anxiety and depression and help coordinate care and communication between women of color and their other healthcare providers. According to the March of Dimes, "The role of doula care in reducing C-sections is important, because C-sections contribute to the risk of maternal morbidity and mortality in initial and subsequent pregnancies."

Blue Cross and Blue Shield companies are increasing support for doulas

Many BCBS companies are including doula coverage in their members' plans, making philanthropic contributions to doula organizations that focus on underserved communities and funding training programs for doulas.

- **Training:** The Blue Cross Blue Shield of Michigan Foundation funded a program at Western Michigan University Homer Stryker Medical School to create and train a network of eight community doulas to assist women at risk of poor birth outcomes.
- **Eliminating disparities:** Blue Cross and Blue Shield of Minnesota has taken action to help increase access to culturally appropriate doula services for women of color in its Medicaid plan. To make the doula model more sustainable, the company increased reimbursement rates by 60% for contracted providers for non-labor and delivery visits. It is also providing workforce development scholarships to increase the number of doulas in areas with the least access and providing member education about the doula program.
- **Doula coverage:** CareFirst BlueCross BlueShield, through their grant making efforts, covers doula services for Medicaid patients, including for those who visit the innovative Mamatoto Village, an organization focused on empowering Black mothers with services and education.
- **Supporting doula organizations:** Blue Cross and Blue Shield of Illinois has provided funding to Chicago Volunteer Doulas, who care for pregnant and new mothers in vulnerable communities. Excellus BlueCross BlueShield supports Syracuse Community Connections, an organization that provides culturally competent doula care with a focus on Black women and women of color.

Doulas and culturally competent care

Doulas may also be able to play another role in eliminating racial disparities in maternal health. A Tufts University School of Medicine researcher notes that doulas may be more trusted members of the community and able to spend time listening to a mother's needs and concerns. Within the traditional healthcare system, Black women face unconscious bias, which can cause doctors to dismiss a Black mother's concerns or create a lack of trust between patient and doctor.

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CULTURALLY APPROPRIATE INTERVENTIONS FOR MOTHERS AND NEWBORNS

Arizona has the third-highest American Indian population in the U.S., comprised of Apache, Hopi, Navajo and many other tribes. One of the most significant health crises facing these communities is substance use disorder (SUD). Rates of SUDs are higher among American Indians than any other population group in the country, according to the Substance Abuse and Mental Health Services Administration's 2018 National Survey on Drug Use and Health.

A complex fabric of social and historical factors make American Indian populations more vulnerable to substance misuse and inhibit their access to treatment:

- High levels of poverty
- Historical trauma
- Racism and discrimination
- High unemployment rates
- Underfunded health services
- Shortages of providers in rural communities
- Lack of transportation

These same factors contribute to devastating maternal death rates. In Arizona, American Indian women face rates as high as 70.8 deaths per 100,000 births. That's according to the CDC. The average maternal death rate across the U.S. is 16.7 per 100,000. Tribal communities throughout Arizona have identified the need for more education, prevention and treatment to serve pregnant and parenting women with an SUD.

Mobilize AZ

Blue Cross Blue Shield of Arizona (BCBSAZ) is the state's largest health insurer. With deep connections to Arizona's tribal nations, the company is committed to supporting native mothers and babies through culturally appropriate interventions. In part, that means investing in programs and organizations that already serve Native Indian communities throughout the state and expanding their capacity.

The health insurer's public health program, Mobilize AZ, earmarks millions of dollars each year to build statewide capacity and resources for prevention, treatment, resiliency and recovery efforts. Funding priority is given to projects that expand resources, increase systems-level capacity, target an identified vulnerable population, and have a measurable impact.

Through this program, BCBSAZ is supporting:

- Free childcare for native women receiving SUD treatment
- Culturally competent education on substance use prevention for young women and providers in tribal communities
- Helping build self esteem among native girls and young mothers.
- Education on clinically proven interventions for newborns with neonatal abstinence syndrome (NAS)
- Transportation from rural tribal communities to Phoenix, Arizona for NAS treatment
- Training for 250 child development specialists to provide Native Indians throughout the state with at-home support
- Educating tribal families on mindfulness and stress reduction to help reduce unhealthy coping behaviors

The company is also advocating on behalf of the state's tribal communities on policy matters. While Medicaid in some states covers housing costs, in Arizona, it does not. BCBSAZ is leading the charge to change that policy, which would help support low-income native households—many of which qualify for Medicaid.

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ELIMINATING FOOD INSECURITY TO IMPROVE MATERNAL AND FETAL HEALTH

Researchers are still learning how limited or uncertain access to nutritious food can be harmful during and after pregnancy for both mother and baby. Food insecurity may increase the release of stress hormones, which has been linked to pre-term birth as well as unhealthy changes in a mother's pregnancy weight. It has been linked to an increased risk for post-partum depression. Food insecurity can also affect a pregnant woman's blood pressure, and so much more.

Who is food insecure?

The burden of food insecurity is borne disproportionately by Black, Indigenous and women of color. Federal statistics show Black Americans are twice as likely to be food insecure as the national average. Through another lens, one in five Black people is food insecure, according to Feeding America.

Federal food assistance programs may help. But doctors and health insurers are seeing an opportunity—and using new resources—to support women at risk.

Three programs that keep pregnant women and their families from going hungry

- In Minnesota, **Blue Cross and Blue Shield of Minnesota** is studying the impact of providing mothers and families in need clinically tailored meals, food boxes and nutritional coaching. Members can start as early as 20 weeks into their pregnancy and continue through the second month after birth. The healthy food program is a partnership with Project Well and Second Harvest Heartland, which will deliver the food and the coaching. Members can also be connected to additional food benefit programs and resources to meet other social needs through case management.
- In New York, **Excellus BlueCross BlueShield** is working with FoodLink, a local food bank, to pilot a nutrition program designed to identify at-risk moms and connect them to nutritional education and resources. Experts from Excellus BCBS say providing boxes of food is only one step in addressing food insecurity. Empowering mothers with culturally competent nutrition education can do even more to keep moms and their children healthy.
- **Blue Cross and Blue Shield of Kansas City** works with local food banks and food distributions centers to help members who are pregnant or new moms. Mothers who continue to experience food insecurity are connected with a state food assistance program. The health plan trains front line providers to screen women for food insecurity. Then Blue Cross and Blue Shield of Kansas City community health workers connect those members to resources to meet their social needs and follow up with providers.

Food as healthcare

Healthcare providers and health insurers are increasingly involved in meeting more than just medical needs for their patients. They recognize that having enough food to eat, or access to transportation, among other social needs, are just as critical for good health as a blood test or a sonogram. And right now, there may be more needs to meet. The economic crisis brought on by the pandemic has left more Americans out of work, living in poverty and struggling. Programs like these will be critical for catching those who might otherwise fall through the cracks.

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IN NEW JERSEY, ADDRESSING MOOD DISORDERS IN BLACK POSTPARTUM WOMEN

About one in nine mothers experiences postpartum depression or another mood disorder in the U.S., a condition that can be crippling for a new mother and affect a newborn's development. For Black mothers, rates of postpartum depression may be even higher, but many are never diagnosed. Horizon Blue Cross Blue Shield of New Jersey (Horizon) experts believe that highlights another racial disparity in the way Black mothers receive care, disparities that have led to this alarming statistic: New Jersey has the highest maternal mortality rate in the nation (among states that report this data). So the health plan is on a mission to make sure Black mothers and babies thrive. It's just one part of Horizon's pledge to eliminate health disparities.

Identifying the root causes and the smartest interventions

The key is a unique partnership between the state's Medicaid agency, Horizon, which manages more than a million Medicaid members and the state's largest health system, RWJBarnabas Health. University of Chicago researchers are guiding the team's work, using evidence-based strategies. Together, they've been digging into the root causes behind disparities in postpartum depression or other mood disorder diagnosis rates and mapping out the best ways to intervene.

Why Black women may not be getting equitably diagnosed or treated

Many doctors use a standard method for screening postpartum depression. But Horizon's Valerie Harr says that method may fall short for Black mothers "Postpartum depression may not be expressed the same way by Black women," says Harr. "They may experience physical symptoms. They may experience stigma in their own communities when it comes to depression," which means they may not be as comfortable reaching out for help.

Harr says the team's analysis also found that Black mothers may not be able to access postpartum care as easily as their white counterparts. They may need transportation, child care or help paying out-of-pocket costs for appointments. Medicaid patients face the biggest barriers to care.

In addition, there may be stigma associated with seeking behavioral healthcare.

Designing a new approach to helping Black mothers receive postpartum care

Harr says Horizon will pilot some solutions with Medicaid patients in Newark, N.J., an area with some of the most tragic outcomes for Black mothers and babies. In the near future, Harr says Horizon can:

- Tap into the expertise of community health workers and doulas to address the social determinants of health that affect participants
- Provide culturally sensitive health education for participants and healthcare providers
- Help raise awareness among clinicians about how to find and make effective referrals for postpartum behavioral health treatment

The health plan and its partners will also be piloting programs to:

- Educate clinicians about culturally appropriate ways to diagnose postpartum mood disorders
- Encourage providers to reach out proactively to Black mothers for follow up visits
- Help providers make treatment referrals
- Tap into a network of trusted community health workers who can help moms get to follow up appointments
- Empower doulas, women trained to support and educate moms through and after childbirth, to connect women with postpartum care

Harr says that while the initiative continues to evolve, the team is committed to making New Jersey a model for improving maternal health.

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RWJBarnabas Health is the largest, most comprehensive academic health care system in New Jersey with a service area covering nine counties with five million people.

BLUECROSS BLUESHIELD OF SOUTH CAROLINA AIMS TO IMPROVE PREGNANCY OUTCOMES IN WOMEN WITH DIABETES.

Diabetes Free SC expects to reduce unplanned hospital admissions for pregnancy complications by 50%.

BlueCross BlueShield of South Carolina and the BlueCross BlueShield of South Carolina Foundation launched Diabetes Free SC, an ambitious, long-term multi-million dollar, statewide initiative dedicated to addressing disparities in care in several strategic areas including improved pregnancy outcomes in women with diabetes. According to the American Diabetes Association (ADA), more than 500,000 adults in the state have diagnosed diabetes while an additional 120,000 are unaware that they have the disease. African-Americans have a two times higher death rate from the disease than white adults.

According to David Pankau, president and CEO of BlueCross BlueShield of South Carolina, this effort reflects the organization's commitment to improving the health of South Carolina communities. He said, "We have a long history of ensuring access to care through the work of the BlueCross BlueShield of South Carolina Foundation. We understand that our organization can play a meaningful role in reducing disparities of care for the people of South Carolina. And, even as we build upon the good work already being done, our efforts to address disparities and assist in overcoming barriers to care continue to develop and mature. We are putting a stake in the ground with our commitment."

Additional facts:

- 26,000 people in South Carolina will be diagnosed this year with diabetes.
- Nearly 35% of the state's adult population has prediabetes.
- In addition to pregnancy, diabetes is also a significant factor in other conditions including kidney and cardiovascular disease, which disproportionately affects African-Americans.
- Goals of the program also include reduced lifelong risk of diabetes in children; and the prevention of diabetes and its complications in adults.

The annual cost of care for adult South Carolinians with diagnosed diabetes is estimated at \$5.89 billion (2017)

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STRONG COLLABORATIONS AIM TO IMPROVE BIRTH OUTCOMES

BlueCross BlueShield of South Carolina and partners reduce early term elective inductions by 50%.

BlueCross BlueShield of South Carolina (BlueCross SC) is improving maternal care as a leading partner of the Birth Outcomes Initiative (BOI). The program is a partnership between the South Carolina Department of Health and Human Services (SCDHHS), The South Carolina Hospital Association (SCHA), March of Dimes, BlueCross SC and more than 100 other stakeholders to improve health outcomes for newborns in the Medicaid program and throughout the state. The goal is to unite private and public organizations to lower preterm birth, the leading cause of infant death in the state, through pledges from hospitals to end non-medically indicated elective inductions, public and private alignment on a non-payment policy and outreach to at-risk mothers.

Launched in 2011, the BOI has three interconnected goals that work together to improve birth outcomes throughout the state, including:

- Reducing the number of low birth weight babies
- Reducing NICU admissions and stays
- Reducing racial disparities in birth outcomes

An early effort of the South Carolina BOI was to end elective inductions for non-medically indicated deliveries prior to 39 weeks and make resources available to at-risk mothers. The State of South Carolina used its multi-stakeholder BOI to reduce early-term, elective inductions by 50 percent, improving birth outcomes while saving the state and the federal government \$6 million in Medicaid spending for the first quarter of fiscal year 2013.

How it works: Partnered with leaders from key clinical organizations and gained agreement from all birthing hospitals to stop early elective deliveries. - Implemented a policy of non-payment for early elective deliveries without medical necessity, a private and public (Medicaid) solution. - Leveraged member maternity programs and the Centering Pregnancy model of care.

The BOI contains a number of components, including a policy adopted by the South Carolina Department of Health and Human Services (DHHS) and BlueCross BlueShield of South Carolina (BlueCross SC), the state's largest commercial insurer, to stop paying for early elective deliveries (elective inductions and cesarean deliveries prior to 39 weeks gestation). South Carolina was the first state in the nation where both public (Medicaid) and private (BlueCross SC) entities implemented the same non-payment policy for early elective deliveries for both hospitals and physicians. BlueCross SC conducted extensive outreach to its large employer customers so the policy change would not be a surprise

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