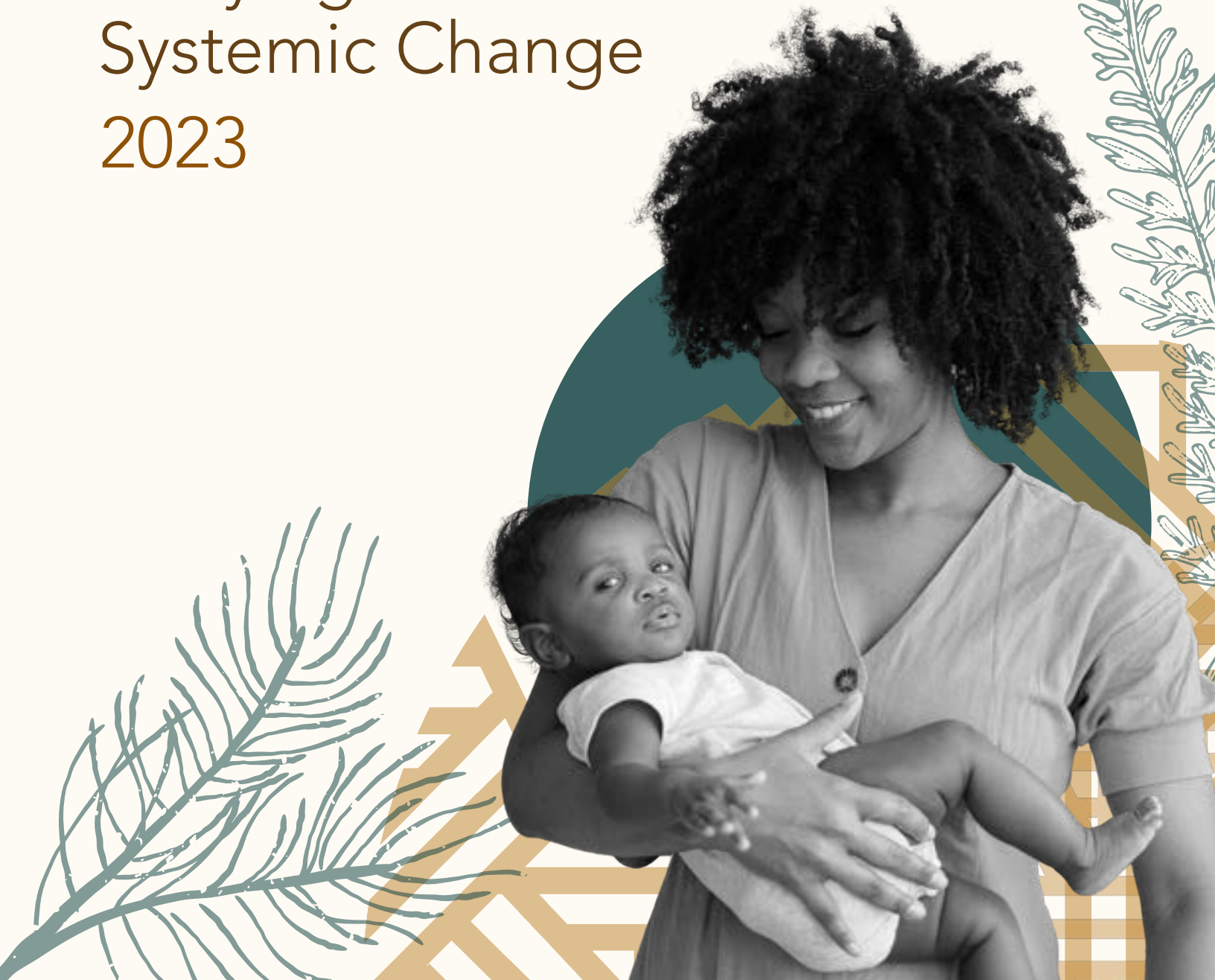
California
Coalition for Black
Birth Justice

The California Black Birth Justice Agenda:

Unifying the Vision for Systemic Change

2023



A dedication to Black women

"There is a community of Black folks across California and the nation who are thinking about you, advocating for you, and who love you deeply. We are committing our life's work to ensuring you and your family thrive!"

- Dana Sherrod, Executive Director, California Coalition for Black Birth Justice

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Executive Summary

We are striving for a California that champions and supports safe and joyous pregnancy, birth, and postpartum experiences for all Black families across the state.

We believe combining our knowledge, capacity, lived experiences, scholarship, power, and deep love for Black people through the activation of a Black women-led coalition has significant potential to drive necessary systemic change.

We imagine a California that invests and trusts in Black women's leadership, innovation, and collaboration as a foundation for addressing unjust maternal and infant health outcomes among Black women and birthing people.

We call for evidence-based and community-informed action to improve Black maternal and infant health outcomes.

Overview of the Agenda

Action Area #1: Institutional Accountability and Data Accessibility

- Use community-defined measures to monitor progress in reducing Black maternal and infant health disparities
- Produce a publicly accessible Black birth equity monitoring and evaluation system
- Incentivize provider actions to advance Black birth equity through innovative Medi-Cal payment models

Action Area #2: Black Birth Justice Workforce Development and Sustainability

- Strengthen recruitment and retention of Black clinical and non-clinical workforce
  - Offer financial support to Black maternal health trainees and clinicians
  - Develop additional training and support programs
  - Invest in the next generation of the Black birth justice workforce
- Establish sustainable mechanisms to support the joy and wellbeing of the Black birth justice workforce

Action Area #3: Expand Access to Community-Based Care

- Expand coverage for community-based care to increase access to holistic support
- Invest in Black-led birth centers, organizations and birthworkers

How to Use this Document

We encourage you to use the following questions to guide you as you read this Agenda:

- Considering your role in the system, what actions can you take to support a recommended action?
- Who else could you share this Agenda with?
- How might you encourage others to commit to a recommended action?

Stronger Together: Building the California Coalition for Black Birth Justice

In 2021, four Black women who lead Northern and Southern California birth equity initiatives joined forces to establish the California Coalition for Black Birth Justice (the Coalition). The Coalition seeks to uplift and expand the scope of the great work being done statewide by organizations and initiatives such as the Black Infant Health Program, the Perinatal Equity Initiative, the California Maternal Quality Care Collaborative, and the many Black-led community-based organizations that are the heartbeat in many Black communities across California. The Coalition is led by Black women and centers the experiences, wisdom, and practices of Black people across the diaspora. We lead with a deep love for all Black people which compels us to call for system transformation, accountability, and transparency.

The Coalition – the first of its kind in California – brings together birth equity and reproductive justice experts from various California regions and the nation to drive coordinated, collaborative efforts that accelerate birth justice for Black families statewide. The Coalition is committed to unifying and strengthening the Black birth justice movement in California, supporting the care and capacity of the Black birth justice workforce, and scaling systems-change efforts with healthcare organizations.

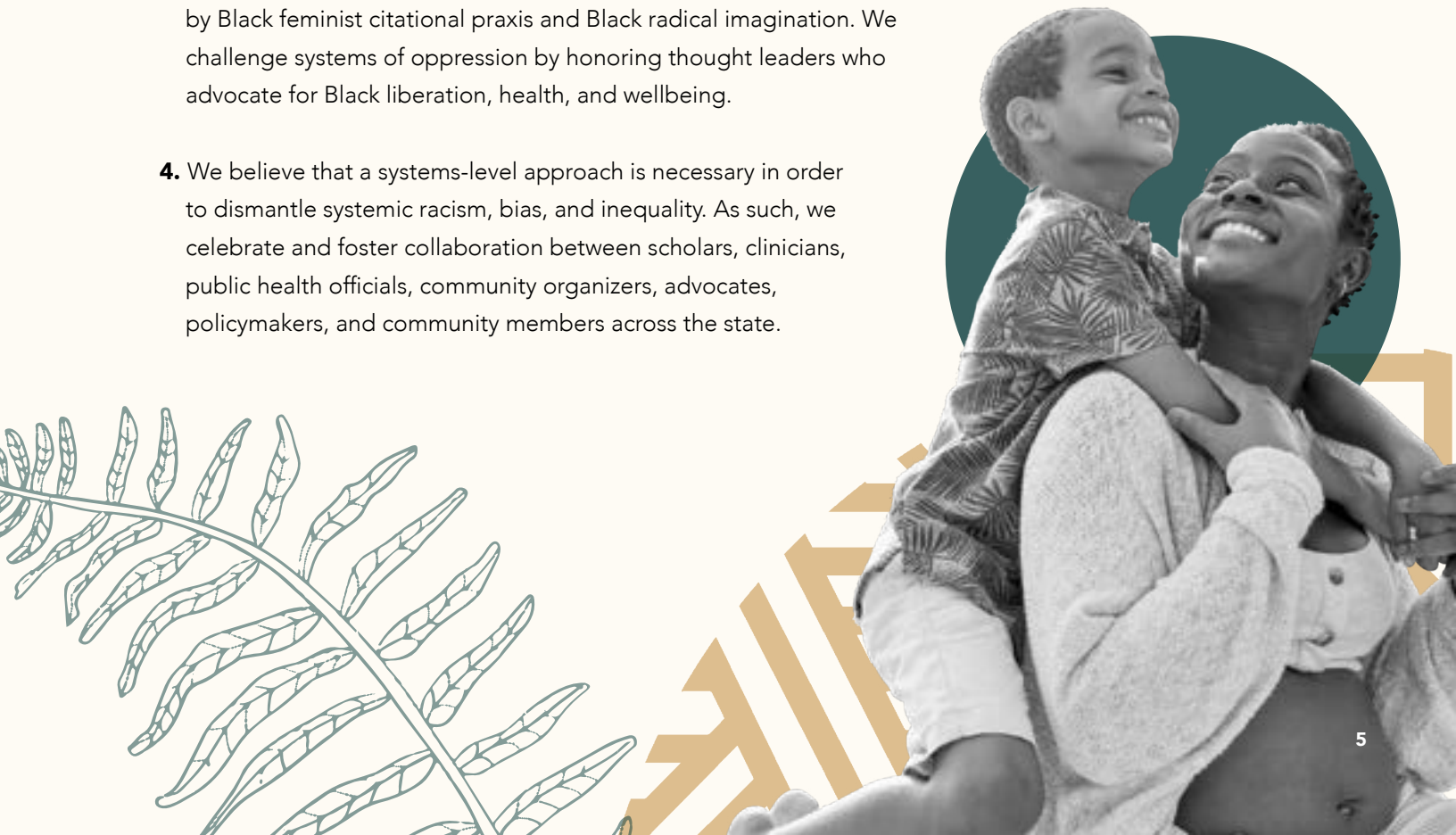
Guiding Principles

1. We believe that racism is a root cause of the interpersonal, institutional, and structural barriers to Black maternal and infant health. Therefore, we promote health equity by addressing the social, economic, and environmental conditions that impact individual and community health outcomes.

2. Our work centers Black women, birthing people, and infants, as they are most negatively impacted by maternal and infant health inequities in the country and in the state. We amplify Black voices and provide a platform for the needs and preferences of Black people.

3. Our work is grounded in critical race theory and reproductive justice, and informed by Black feminist citational praxis and Black radical imagination. We challenge systems of oppression by honoring thought leaders who advocate for Black liberation, health, and wellbeing.

4. We believe that a systems-level approach is necessary in order to dismantle systemic racism, bias, and inequality. As such, we celebrate and foster collaboration between scholars, clinicians, public health officials, community organizers, advocates, policymakers, and community members across the state.



Creating the California Black Birth Justice Agenda

Recent national and statewide attention to advance health equity and justice for Black people has sparked increased funding and legislative action. However, while California has seen increased commitment, investment, and vigor to reduce Black maternal inequities, there is little coordination or monitoring of statewide progress. California lacks a unified vision to make birth equity a reality statewide.

The California Black Birth Justice Agenda seeks to amplify and uplift coordinated, strategic actions to advance birth justice for Black Californians, and subsequently Californians of all races and ethnicities. This agenda is a tool and a call to action for everyone–including our policymakers, health systems, health insurance plans, community-based organizations, professional associations, and more.

Developing the Agenda

The Agenda development was spearheaded by seven members of the Coalition backbone team and 12 strategic advisors with national and local expertise in clinical medicine, public health research, policy advocacy, and community organizing.

Over 12 months, the Coalition backbone team and strategic advisors identified, refined, and prioritized a set of strategic actions to be incorporated in the Agenda. Additionally, a statewide survey was disseminated in order to vet the agenda's identified actions. Of the approximately 250 respondents, 70% identified as Black/African American. 80% of survey respondents *strongly* agreed that the actions listed in the agenda would advance Black birth justice in California.

Key Considerations

In order to undo the deep-seated inequities that harm Black people, racism and other systems of oppression must be addressed. The Coalition supports the recommendations of other seminal reports that seek to address the overall health and wellbeing of Black people, which include but are not limited to: The Road to Black Birth Justice in California, the State of Black Los Angeles County report, the State of Black Women in California report, the California Reparations Report, and the Report and Recommendations of Black People Experiencing Homelessness.

The State of Black Birth Equity and Justice in California

In California, Black babies account for approximately 6% of births, but Black mothers and babies experience disproportionately high rates of fetal and maternal complications.[1] Even as maternal mortality rates gradually decline across the country, rates of severe maternal morbidity (defined as unexpected, potentially life-threatening labor and delivery complications) remain higher for Black women and birthing people, when compared to all other racial/ethnic groups in California.[2]

Overwhelming empirical research demonstrates that these inequities are rooted in the legacy of racism and obstetric violence in the U.S. that disproportionately and persistently harms Black women and infants.[3,4] From chattel slavery, medical experimentation, and forced sterilization, Black women's reproductive and bodily autonomy has long been tied to political and economic control.

Structural racism has impacted the development of scripts and protocols in healthcare settings. Research continues to show that Black women who receive care in hospitals are less likely to be assessed and treated for pain management, more likely to receive excessive punitive and authoritarian actions from clinicians, and more likely to deliver in facilities that lack the resources they need.[5-7] Furthermore, the cumulative effect of racism causes physiological stress that can result in premature aging in individuals and intergenerational trauma in families. Neglecting this reality causes further harm to Black mothers, birthing people, and their families.

Persistent Programmatic and Policy Gaps

In recent years, California has passed legislation such as the California Dignity in Pregnancy and Childbirth Act (SB 464), and The California Momnibus Act (SB 65).[8,9] The state has also seen an increase in related efforts aimed at improving the health, wellbeing, and financial stability of Black Californians, such as the Abundant Birth Project that provides guaranteed basic income for Black pregnant people; the Medi-Cal coverage for doula services, and the first-in-the-nation Reparations Task Force (AB 2121).[10,12]

Though these efforts seek to improve healthcare quality and access, they are led by various groups and institutions that are often siloed and differ in their organizational style, strategic approach, and commitment to centering the lived experiences of Black women and birthing people. This fragmented approach to improving Black birth outcomes is both inefficient and unsustainable. Black women and birthing people in California need and deserve a coordinated, statewide effort to improve Black birth outcomes.

The Agenda: Actions for Meaningful Change

Key Considerations
The actions we set forth in this agenda primarily address strategies for systemic change in the healthcare and public health domains. These actions are not meant to be an exhaustive list of solutions but can be considered foundational elements on which to build longer-term, upstream, sustainable solutions.

Action Area #1: Institutional Accountability and Data Accessibility

For years, Black women and birthing people have been vocal about their healthcare experiences and have highlighted how critical authentic community partnership is to improving Black maternal and infant health outcomes.[13] More recently, community-defined practices have been elevated as a key pathway to bring about sustainable change.[14] As partnerships with community members evolve, so should the accountability efforts within health systems and institutions.

There are currently few mandates that require health systems and payers to address long-standing racial inequities in maternal and infant health outcomes; no requirements to publicly demonstrate clinical performance or patient experience, particularly by race and ethnicity; and no requirements for institutions to participate in culturally-grounded improvement efforts.

Improvements are needed in California's health insurance sector as well. Medi-Cal supports many women and birthing people, providing coverage for full-scope clinical services and social support services. Despite recent efforts to expand healthcare coverage for patients, California continues to have one of the lowest Medi-Cal reimbursement rates in the country, and these rates are even lower for obstetric services.[15] This disincentivizes physicians and other healthcare providers from providing Medi-Cal patients with high quality care, which further devalues the services these patients receive. In the pursuit to reduce maternal and infant health disparities in

California, health insurance payment models play a critical role in dismantling systemic barriers to care. There is a clear lack of accountability in how community-based strategies are being incorporated by hospitals and health insurance payers. This lack of transparency and access to quality data (i.e., community-defined data) perpetuates mistrust of health systems and institutions. We are calling for improved institutional accountability so that Black communities and other marginalized racial/ethnic communities can confidently seek safe, community-informed, quality care. We believe California can set a standard in identifying the best practices to promote institutional accountability and data transparency. We recommend improvements to patient data review processes, data sharing practices, and health insurance payment models.

Recommended Actions

1. Use Community-Defined Measures to Monitor Progress in Reducing Black Maternal and Infant Health Disparities

Existing validated measures of population- and community-level conditions are not enough. We encourage the use of validated metrics that have been developed by and center Black women, such as the Patient Reported Experience Measure of OBstetric racism or PREM-OB Scale™, the Person-Centered Maternity Care or PCMC Scale, and Research Prioritization by Affected Communities (RPAC) Protocol.[16-18] Black women and birthing people in California deserve a more holistic assessment of the clinical, systems-level, and community-level factors underlying maternal morbidity and mortality and other adverse outcomes in maternal and infant health.

2. Produce a Publicly-Accessible Black Birth Equity Monitoring and Evaluation System

We recommend an open-source platform that displays publicly-accessible hospital evaluations (e.g., rankings, gradings) and utilizes community-defined measures. This type of data transparency would help address inherent healthcare-community power imbalances, and it would encourage Black patients to make informed decisions about where to seek quality care. Though similar platforms exist, they rarely incorporate a racial equity lens, and few were developed by and for Black women and birthing people. Inspired by SB 464 and the Irth app reviewing platform, we propose a centralized platform designed by and for Black Californians that includes often-excluded hospital evaluation metrics.[19] A platform of this kind would monitor the state of Black birth in California by providing a statewide, population-level view of progress towards birth equity.

3. Incentivize Provider Actions to Advance Black Birth Equity Through Medi-Cal Payment Models

We recommend adjusting health insurance payment models as a financial incentive for hospitals and healthcare providers to invest in the health and futures of Black women, birthing people, and babies. For instance, Medi-Cal and other health insurance payers should consider bundled, risk-adjusted payments for labor and birth services that discourage unnecessary inductions and cesarean births.[20,21] These care bundles can be widely adopted by hospitals and promote innovation in maternal care, including the integration of midwives and collaboration with doulas.[21] Additionally, health insurance payers can provide preemptive payments for healthcare providers who care for Black patients, which would provide sustainable coverage for services tailored to Black women and birthing people (e.g., Black lactation consultants, remote patient monitoring for blood pressure). Payment models that reward clinicians for providing high quality care (i.e., pay-for-success models) are not common in the U.S., but as a known trailblazer for the country, California can transform care delivery and provider reimbursement rates to improve Black birth outcomes.

Action Area #2: Black Birth Justice Workforce Development and Sustainability

Improvements in Black maternal and infant health outcomes cannot be sustained without supporting, expanding, retaining, and nurturing the Black birth justice workforce. We define the Black birth justice workforce as professionals, particularly those identifying as Black/African American, who center reproductive justice in the care and support of Black families before, during, and after pregnancy. Such professionals include midwives, physicians, nurses, lactation professionals, doulas, community organizers, social workers, researchers, therapists, advocates, and others.

Research shows that when Black patients are cared for by Black providers, Black patients experience higher quality care, increased satisfaction, and increased life expectancy.[22-24] When Black women receive perinatal care from Black healthcare providers, it is associated with higher levels of patient satisfaction and perceived trust, as well as reduced infant mortality.[25,26] These findings point to the importance of relationship-centered care. Healthcare professionals of all backgrounds must challenge institutional racism in order to establish trust and build relationships with Black women and birthing people.

Unfortunately, the Black birth justice workforce faces many issues that limit recruitment and retention. Black healthcare providers who choose to leave medicine cite lack of mentorship, lack of clear career pathways, limited promotion or advancement opportunities, and problematic work environments (including racist colleagues).[27-29] Similarly, community doulas are faced with burnout, increased emotional labor related to advocacy, and financial instability.[30] The experiences of Black birth justice professionals are unique and layered, with barriers to entry, and institutional and systemic drivers that make retention difficult.

Recommended Actions

1. Strengthen Recruitment and Retention of Black Clinical and Non-Clinical Workforce

We uplift the following recommendations to retain, expand, and support the Black birth justice workforce, which align with a recent report published by the Urban Institute which examines opportunities and barriers to increasing the workforce of Black obstetrician/gynecologists (OB/GYNs), labor and delivery (L&D) nurses, and midwives.[28] We call for improvements to the non-clinical Black birth justice workforce as well, such as researchers and community organizers who directly and indirectly support Black women, birthing people, and families.

a. Offer financial support to Black maternal health students and trainees

It is essential to reduce the burden of debt, which can be a deterrent for prospective trainees (e.g., college students, graduate students, medical students, medical residents, doula trainees, lactation trainees). This can include instituting grants, scholarships, and fellowships for Black students and trainees. We recommend funding for specific fellowship opportunities that encourage recent Black graduates and professionals to collaborate, ideate, and test new ideas (e.g., research, community-based projects).

b. Improve training and support programs for Black healthcare professionals

Research shows that Black women in non-profit and community-based organizations are concentrated in lower to middle levels of authority, but strongly desire higher leadership positions.[31] Therefore, we recommend the following:

- Improve transparency about career advancement within their workforce;
- Subsidize professional development and learning opportunities for Black birth justice professionals; and
- Promote and increase compensation for Black birth justice professionals, especially in institutions that position Black professionals as experts and decision-makers.

2. Establish sustainable mechanisms to support the joy and wellbeing of the Black birth justice workforce

Black women activists often experience racial battle fatigue, which can lead to exhaustion, burnout, and a myriad of physiological symptoms.[32] Given the enormity of expectations placed primarily on Black women and people to champion solutions, we must equally invest in the health, joy, and wellbeing of the Black birth justice workforce. We recommend the following:

- Provide funding support for restorative community events, services, and liberatory spaces;
- Offer paid sabbaticals for both executive and mid-level staff;
- Modify contracting processes and requirements to lessen the administrative burden on smaller teams and community-based organizations; and
- Create targeted, specific institutional strategies that establish an anti-racist culture and promote appreciation, realistic expectations, transparency, and power-sharing.

Action Area #3: Community-Based Care

Most Medicaid-financed births take place in hospitals, where the vast majority of births are attended by physicians, but there is growing interest among Black women and birthing people to deliver in non-hospital settings and with support from midwives and doulas.[28,33,34] During the COVID-19 pandemic, there was a 30% increase in Black women giving birth at home.[35] Community birth settings – which refer to planned births at home or at freestanding birth centers that are not associated with hospitals – typically utilize midwifery care models that value holistic, relationship-based care.

For Black women and birthing people experiencing pregnancies with few or no complications, birth centers can provide a safe setting with few medical interventions and better maternal and infant health outcomes.[36] Black women and birthing people should have access to healthcare that aligns with their prenatal, birth, and postpartum preferences.

Birth center care is covered under Medi-Cal, but many birth centers encounter challenges when attempting to contract with Medi-Cal managed care organizations.[37] In California, birth centers are commonly reimbursed at a rate 30-50% less than hospital reimbursement.[37] Some birth centers do not accept Medi-Cal patients because of this low Medi-Cal reimbursement rate compared to private insurance plans.[38] As a result, many patients with Medi-Cal have access to fewer birth centers. Currently, there are only three accredited, freestanding birth centers in California that accept Medi-Cal.[39]

Decades of disinvestment in community-based care is harmful to Black women and their families. In addition to increasing public funding to support community-based care, we also call upon philanthropic organizations to invest in this holistic approach to care.

Recommended Actions

1. **Expand Coverage for Community-Based Care to Increase Access to Holistic Support**
   - **a.** We encourage state legislators, Medi-Cal, and private health insurance plans to facilitate the coverage of community birth, so Black women and birthing people have more options for high quality maternal care. Medi-Cal and private health insurance plans should increase their reimbursement rate for birth center and midwifery care. This would incentivize birth centers to accept patients with Medi-Cal and private health insurance, and it would strengthen essential services provided by midwives.

   - **b.** We also encourage state legislators, Medi-Cal, and private health insurance plans to expand coverage for community-based healthcare workers who provide services in birth centers, hospitals, clinics, and home birth settings. This includes healthcare workers such as midwives, doulas, lactation consultants, and pelvic floor therapists who often care for patients in different clinical settings. Expanding coverage for these services can support positive pregnancy, delivery, and postpartum care for Black women and babies.

2. **Invest in Black-Led Birth Centers, Organizations, and Birthworkers**

   We encourage continued philanthropic investment in and protection of Black-led birth centers, doula organizations, and other community organizations. Many Black midwives and doulas work in alignment with the legacy of the granny/grand midwives who supported the births of countless Black women in their community.[40] The longstanding history of Black women supporting their community spans generations, and structural supports are essential to continue this legacy of care. Sustainable investments in Black-led birth centers, Black-led organizations, and Black birthworkers could include multi-year grants for birth justice workers (e.g., Birth Justice Rapid Response Fund) or funding for holistic maternity care services (e.g., The Victoria Project). Additionally, philanthropic investment in Black-led community organizations can alleviate administrative and contracting burdens on community members.

Moving Forward

In order to advance Black birth justice in California, we need systems-level collaboration that is rooted in the principles of reproductive justice and upholds the dignity of Black people. The actions uplifted in this agenda are not exhaustive or definitive, but are presented as foundational elements of a deeply collaborative movement.

We call on state legislators, health agencies, hospital executive leadership, insurance payers, and philanthropic organizations to facilitate improvements in healthcare-community collaboration, transparency in hospital care, Black workforce recruitment and retention, and patient-centered models for Black perinatal care and organizing. It is through these and other community-informed strategies that we can improve Black maternal and infant health outcomes. The California Coalition for Black Birth Justice will continue to serve as a convener of experts and advocates in various sectors that impact Black maternal and infant health. We will also continue to support the care and growth of the Black birth justice workforce, and scale systems change strategies with healthcare institutions.

We wholeheartedly believe that birth justice and liberation are possible, especially with Black women's leadership, innovation, and collaboration at the forefront.

Reference List

1. Centers for Disease Control and Prevention. (2016). *Natality Information: Live Births*. CDC WONDER Database. https://wonder.cdc.gov/natality.html
2. California Department of Public Health. (2023). *Severe Maternal Morbidity*. CDPH Maternal, Child, and Adolescent Health Division. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Severe-Maternal-Morbidity.aspx
3. Howell, E. (2018). Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clinical Obstetrics and Gynecology*, 61(2), 1. https://doi.org/10.1097/grf.0000000000000349
4. Malawa, Z., Gaarde, J., & Spellen, S. (2021). Racism as a Root Cause Approach: A New Framework. *Pediatrics*, 147(1). https://doi.org/10.1542/peds.2020-015602
5. Johnson, J., Asiodu, I. V., McKenzie, C., Tucker, C., Tully, K. P., Bryant, K., Verbiest, S., & Stuebe, A. M. (2019). Racial and Ethnic Inequities in Postpartum Pain Evaluation and Management. *Obstetrics & Gynecology*, 134(6), 1155–1162. https://doi.org/10.1097/aog.0000000000003505
6. Chambers, B. D., Taylor, B., Nelson, T., Harrison, J. M., Bell, A., O'Leary, A., Arega, H., Hashemi, S., Safyer McKenzie-Sampson, Scott, K. A., Raine-Bennett, T., Jackson, A. V., Kuppermann, M., & McLemore, M. R. (2022). Clinicians' Perspectives on Racism and Black Women's Maternal Health. *Women's Health Reports*, 3(1), 476–482. https://doi.org/10.1089/whr.2021.0148
7. Howell, E. A., Egorova, N., Balbierz, A., Zeitlin, J., & Hebert, P. L. (2016). Site of delivery contribution to black-white severe maternal morbidity disparity. *American Journal of Obstetrics and Gynecology*, 215(2), 143–152. https://doi.org/10.1016/j.ajog.2016.05.007
8. California Dignity in Pregnancy and Childbirth Act, S.B. 464. (CA 2019). https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB464
9. Maternal Care and Services, S.B. 65. (CA 2021). https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB464
10. Abundant Birth Project (2022). *Cash During Pregnancy: A promising approach for reducing inequities in San Francisco*. Expecting Justice: Abundant Birth Project. https://expectingjustice.org/wp-content/uploads/2022/07/Abundant-Birth-Project-Fact-Sheet-11.19-3.pdf
11. California Department of Health Care Services. (2023). *Doula Services as a Medi-Cal Benefit*. CDPH Providers & Partners. https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx
12. California Department of Justice. (2022). *The California Reparations Report*. AB 3121: Task Force to Study and Develop Reparation Proposals for African Americans. https://oag.ca.gov/ab3121/report
13. UCSF California Preterm Birth Initiative and First 5 Center for Children's Policy. (2022). *The Road to Black Birth Justice in California*. https://first5center.org/assets/files/The-Road-to-Birth-Justice-UCSF-PTBi-2022-Report-download.pdf
14. National Latino Behavioral Health Association. (2023). *Addressing Disparities in Behavioral Health for Communities of Color: The Community Defined Evidence Project*. NLBHA Projects. https://www.nlbha.org/index.php/projects/other-projects/cdep
15. Kaiser Family Foundation. (2017). *Medicaid-to-Medicare Fee Index*. State Health Facts. https://www.kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index
16. Scott, K.A. (2021). *Prioritizing patient narratives & community wisdom in quality improvement and implementation science*. In J. Alper, R.M. Martinez, K. McHugh (Eds.), *Advancing Maternal Health Equity & Reducing Maternal Mortality: Proceedings of a Workshop*. The National Academies of Science, Engineering, and Medicine (pp. 31-34). National Academy Press.
17. Afulani, P. A., Altman, M. R., Castillo, E., Bernal, N., Jones, L., Camara, T., Carrasco, Z., Williams, S., Sudhinaraset, M., & Kuppermann, M. (2022). Adaptation of the Person-Centered Maternity Care Scale in the United States: Prioritizing the Experiences of Black Women and Birthing People. *Women's Health Issues*, 32(4), 352–361. https://doi.org/10.1016/j.whi.2022.01.006
18. Franck, L. S., McLemore, M. R., Cooper, N., Baylee De Castro, Gordon, A., Williams, S., Williams, S., & Rand, L. (2018). A Novel Method for Involving Women of Color at High Risk for Preterm Birth in Research Priority Setting. *Journal of Visualized Experiments*, 131. https://doi.org/10.3791/56220
19. Cherished Futures for Black Moms & Babies. (2022). *Engaging Community Members and Key Stakeholders in the Development of a Birth Equity Hospital Designation*. https://www.cherishedfutures.org/_files/ugd/7182a6_42fb5626d111453bbd5126da11345fa7.pdf
20. California Maternal Quality Care Collaborative. (2022). *Toolkit to Support Vaginal Birth and Reduce Primary Cesareans: A Quality Improvement Toolkit*. https://www.cmqcc.org/sites/default/files/Vbirth-Toolkit-with-Supplement_Final_11.30.22_2.pdf
21. The Commonwealth Fund. (2020). *State Policies to Improve Maternal Health Outcomes. Advancing Health Equity*. https://www.commonwealthfund.org/publications/maps-and-interactives/2020/nov/state-policies-improve-maternal-health-outcomes
22. Alsan, M., Garrick, O., & Graziani, G. (2019). Does Diversity Matter for Health? Experimental Evidence from Oakland. *American Economic Review, 109*(12), 4071–4111. https://doi.org/10.1257/aer.20181446
23. Takeshita, J., Wang, S., Loren, A. W., Mitra, N., Shults, J., Shin, D. B., & Sawinski, D. (2020). Association of Racial/Ethnic and Gender Concordance Between Patients and Physicians With Patient Experience Ratings. *JAMA Network Open, 3*(11), e2024583–e2024583. https://doi.org/10.1001/jamanetworkopen.2020.24583

24. Snyder, J. E., Upton, R. D., Hassett, T. C., Lee, H., Nouri, Z., & Dill, M. J. (2023). Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US. *JAMA Network Open, 6*(4), e236687–e236687. https://doi.org/10.1001/jamanetworkopen.2023.6687
25. Greenwood, B. N., Hardeman, R. R., Huang, L., & Sojourner, A. (2020). Physician–patient racial concordance and disparities in birthing mortality for newborns. *Proceedings of the National Academy of Sciences of the United States of America*, 117(35), 21194–21200. https://doi.org/10.1073/pnas.1913405117
26. Bogdan-Lovis, E., Zhuang, J., Goldbort, J., Shareef, S., Bresnahan, M., Kelly-Blake, K., & Elam, K. (2022). Do Black birthing persons prefer a Black health care provider during birth? Race concordance in birth. *Birth Issues in Perinatal Care*, 50(2), 310–318. https://doi.org/10.1111/birt.12657
27. Beech, B. M., Calles-Escandon, J., Hairston, K. G., Langdon, S., Latham-Sadler, B., & Bell, R. A. (2013). Mentoring Programs for Underrepresented Minority Faculty in Academic Medical Centers. *Academic Medicine, 88*(4), 541–549. https://doi.org/10.1097/acm.0b013e31828589e3
28. Harrison, E., Mitchell, F., Lacy, L., Taylor, K. J., Fung, L., & The Urban Institute. (2023). *Understanding Training and Workforce Pathways to Develop and Retain Black Maternal Health Clinicians in California.* https://www.urban.org/events/understanding-training-and-workforce-pathways-develop-and-retain-black-maternal-health
29. Xierali, I. M., Nivet, M. A., Syed, Z., Shakil, A., & Schneider, F. (2021). Recent Trends in Faculty Promotion in U.S. Medical Schools: Implications for Recruitment, Retention, and Diversity and Inclusion. *Academic Medicine, 96*(10), 1441–1448. https://doi.org/10.1097/acm.0000000000004188
30. Roux, M. (2023). Expanding and Diversifying the Doula Workforce: Challenges and Opportunities of Increasing Insurance Coverage. US Department of Labor Issue Brief. https://www.dol.gov/sites/dolgov/files/WB/508_IssueBrief-doulas_06012023.pdf
31. Smith, K. L., Shipchandler, F., Kudumu, M., Davies-Balch, S., & Leonard, S. A. (2022). "Ignored and Invisible": Perspectives from Black Women, Clinicians, and Community-Based Organizations for Reducing Preterm Birth. *Maternal and Child Health Journal, 26*(4), 726–735. https://doi.org/10.1007/s10995-021-03367-1
32. Corbin, N. A., Smith, W. A., & Garcia, J. R. (2018). Trapped between justified anger and being the strong Black woman: Black college women coping with racial battle fatigue at historically and predominantly White institutions. *International Journal of Qualitative Studies in Education*. https://www.tandfonline.com/doi/full/10.1080/09518398.2018.1468045
33. Medicaid and CHIP Payment Access Commission. (2020). Medicaid's Role in Financing Maternity Care. https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf
34. Martin, J., Brady, M., Hamilton, E., Osterman, M., Driscoll, A., Drake, P., & Division of Vital Statistics. (2018). Births: Final Data for 2016. *National Vital Statistics Reports, 67*(1). https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf
35. Gregory, E., Osterman, M., & Valenzuela, C. (2021). Changes in Home Births by Race and Hispanic Origin and State of Residence of Mother. United States, 2018-2019 and 2019-2020. *National Vital Statistics Reports, 70*(15). https://www.cdc.gov/nchs/data/nvsr/nvsr70/NVSR70-15.pdf
36. Alliman, J., Bauer, K., & Williams, T. (2022). Freestanding Birth Centers: An Evidence-Based Option for Birth. *The Journal of Perinatal Education, 31*(1), 8–13. https://doi.org/10.1891/jpe-2021-0024
37. Dudley, B. (2020). *Issue Brief: Promoting Midwifery and High Value Care in Medi-Cal*. Pacific Business Group on Health. https://www.pbgh.org/wp-content/uploads/2020/12/Maternity_IB.pdf
38. Simon, M. (2020). *Medi-Cal Explained: Maternity Care*. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2020/09/MediCalExplainedMaternityCare.pdf
39. American Association of Birth Centers. (2023). *Find a Birth Center*. https://www.birthcenters.org/find-a-birth-center
40. Suarez, A. (2020). Black midwifery in the United States: Past, present, and future. *Sociology Compass*, 14(11), 1–12. https://doi.org/10.1111/soc4.12829

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