



INSTITUTE FOR
MEDICAID INNOVATION

National Doula Learning and Action Collaborative: An Overview

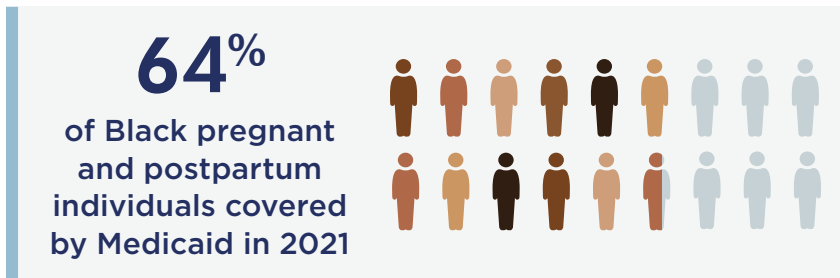
Application Opens: Spring 2024



Background

Doulas offer holistic and person-centered informational, psychosocial, and physical support during pregnancy, birth, and the postpartum period. Research shows that support from a doula has an impact on birth outcomes. Community-based doulas oftentimes share the same background, culture, and language as their clients, provide services at low or no cost, and are situated outside health care institutions (Bey et al., 2019). This culturally congruent approach is essential to address the deep and persistent inequities in perinatal care experiences and outcomes across the United States with Black and Indigenous pregnant people disproportionately being impacted.

In the United States, nearly half (41%) of births are covered by Medicaid, and in some states, Medicaid covers more than 60% of births (KFF, 2022; Osterman et al., 2023). In 2021, 64% of Black pregnant and postpartum individuals were covered by Medicaid (Osterman et al., 2023). Expanding Medicaid coverage for doula services will support increased access to those who can benefit from it the most (Institute for Medicaid Innovation & Every Mother Counts, 2023).



In 2018, the Institute for Medicaid Innovation (IMI) launched the high-value, evidence-based Maternal Models of Care initiative funded by the Skyline Foundation. In 2022, with support from Community Health Acceleration Partnership (CHAP), and partnership with Every Mother Counts, IMI’s national learning series brought together over 1,000 participants to explore critical topics related to Medicaid coverage of doulas and perinatal community health workers. In 2023, access to and coverage of doula services was one of the four Medicaid maternal health-related priority topics identified for IMI’s Maternal Health Policy Equity Summit. As a result of the summit, Five Big Ideas were developed that represent the first stage of establishing a national strategic Medicaid maternal health agenda to translate existing policy levers at the local, state, and federal levels into actionable steps.

Highlights from the Institute for Medicaid Innovation’s doula portfolio

[Original Report – 2020 Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid](#)



[National Learning Series – 2022 to 2023 Doula and Perinatal Community Health Worker in Medicaid Learning Series](#)

[Outcome Document – 2023 Key Learnings from the Doula and Perinatal Community Health Worker in Medicaid Learning Series](#)



[Priority Topic at Maternal Health Policy Equity Summit – 2023 Blueprint for Improving Maternal and Infant Outcomes Under Medicaid](#)

Goals of Doula Learning and Action Collaborative

The **Doula Learning and Action Collaborative** is an intensive 3-year effort that will advance birth equity and justice by supporting state-based¹ teams working collaboratively to increase access to evidence-based community doula services for families of color who have Medicaid health insurance coverage.

By the end of the collaborative, state-based teams will:

- gain skills, resources, and relationships that will advance their goals within the landscape of Medicaid coverage for doulas in their respective states; and
- be positioned to increase access to and coverage of doulas for pregnant, birthing, and postpartum individuals with Medicaid insurance.

Objectives

The Doula Learning and Action Collaborative will provide structured support, resources, technical assistance, and guidance for state-based teams to achieve the following:



Assess the current landscape of state and federal policies, practical considerations, and use of doula services covered by Medicaid



Within year 1 of the collaborative, establish team goals and establish an action plan



Collaborate across state-based teams to maximize learning and achievement of goals



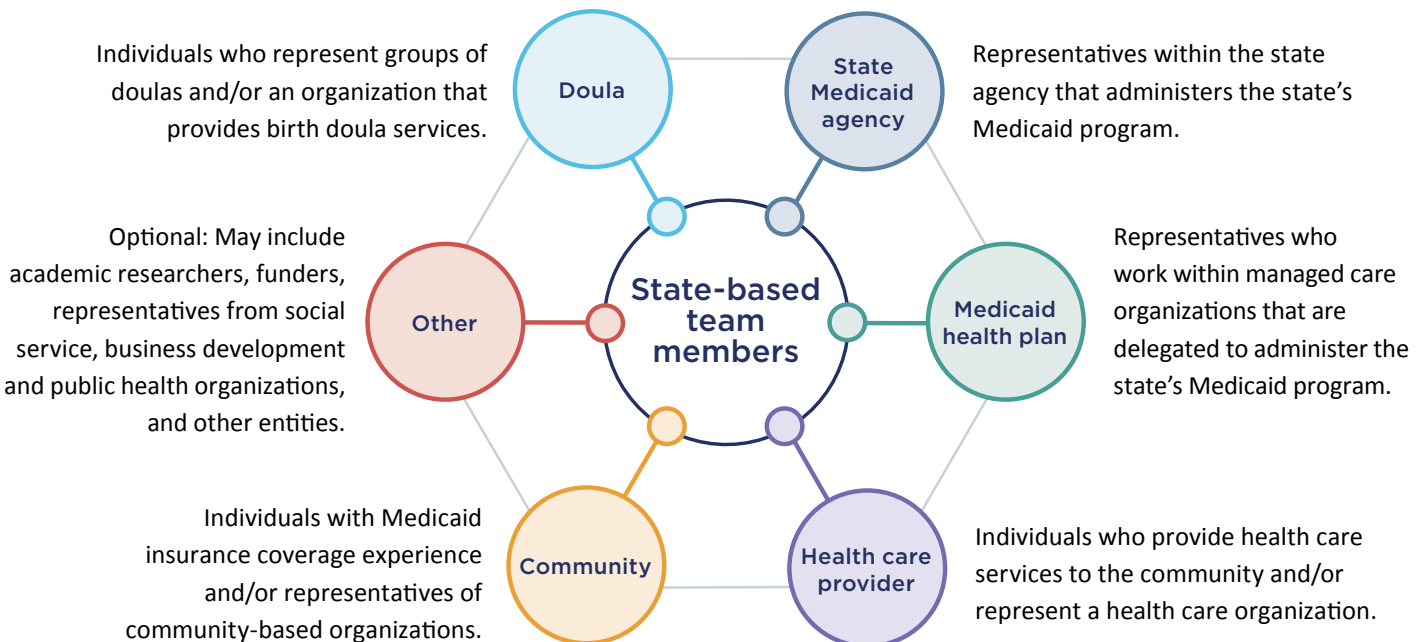
Connect with experts, leaders, organizations, and resources that can support the team's success in achieving their goals



Implement initiatives that result in new or expanded opportunities to increase access to doula services

Collaborative Team Composition

Each team has members who represent key perspectives and positions for collaborative action:



¹ Medicaid programs, benefits, and reimbursement are anchored in state policy. However, teams are not expected to lead work statewide. Instead, teams are encouraged to work at the local and/or community levels, recognizing that the work occurs within the context of the state Medicaid program and in collaboration with the state Medicaid agency. The state-based teams also include Washington, D.C.

Key Components of the Collaborative

National Advisory Committee (NAC)

The national advisory committee (NAC) is composed of a multidisciplinary group of subject matter experts in Medicaid, community-based doula services, business development, managed care, and population health who will provide guidance to the overall project and offer technical assistance to the state-based teams. State-based teams will have access to the expertise of the NAC members throughout the 3-year initiative. The list of the planning phase NAC members can be found in [Appendix A](#).

Foundational learning sessions

The foundational learning sessions offered during the first year of the Doula Learning and Action Collaborative provide a structured approach for state-based teams to establish a strong foundation to launch their initiatives to achieve their goals. It includes resources, tools, shared learning, and expert support and guidance that was developed through IMI's extensive experience facilitating similar learning and action collaboratives.

Technical assistance

Technical assistance will be tailored to the needs of each state-based team and will be assessed and adjusted throughout the three years. It will include guidance, consultation, and resources to support state-based teams in achieving their goals. Additionally, support will be provided to state-based team leaders as they work to ensure a collaborative, enriching, and productive experience for all members of their team.



In-person meetings

To support the development and progress of each state-based team, IMI will facilitate a 2-day, in-person meeting each year of the Doula Learning and Action Collaborative. The annual meeting will facilitate completion of the foundational learning sessions through a structured toolkit in year 1 and provide targeted technical assistance during the implementation stage in year 2 and 3, with the goal of strengthening each team's process and outcomes through inclusive, authentic relationship building. Travel expenses will be covered for eligible team members by the project grant.²

Evaluation

IMI will continuously seek feedback throughout the 3 years of the Doula Learning and Action Collaborative to ensure that it is meeting the needs of everyone. IMI will also capture the overall experiences of state-based teams participating in the Doula Learning and Action Collaborative. The evaluation will assess the impact of collaboration amongst the different Medicaid stakeholders and expansion of access and coverage to doula services for those with Medicaid insurance coverage. State-based teams will be offered an opportunity to contribute throughout the evaluation.

Dissemination

Throughout the 3-year collaborative, IMI will collaborate with state-based teams to identify and communicate successes, best practices, innovations, and lessons learned with IMI's national network of Medicaid stakeholders, including state and federal policy makers. Team members may be asked to participate in presentations or convenings and their work may be recognized in IMI's published resources.

² Individuals employed at Medicaid health plans, state Medicaid agencies, federal agencies, and funders are not eligible to receive travel reimbursement or honorarium.

Time Commitment

The Doula Learning and Action Collaborative requires active participation in scheduled meetings and completion of pre-meeting activities. In addition, state-based teams will meet and invest time outside of the structured meetings, as needed, to advance their goals.

Activity and estimated time commitments in each year

| Activity | Year 1 | Year 2 | Year 3 |
|---|---|--|--|
| One-hour virtual state-based team meetings Technical assistance meetings for state-based team. | 8 meetings (50 minutes each) per year Commitment: 8 hours | 8 meetings (50 minutes each) per year Commitment: 8 hours | 8 meetings (50 minutes each) per year Commitment: 8 hours |
| Quarterly 2-hour virtual all-team meetings Bringing together all state-based teams for shared learning. | 4 meetings (110 minutes each) per year Commitment: 8 hours | 4 meetings (110 minutes each) per year Commitment: 8 hours | 4 meetings (110 minutes each) per year Commitment: 8 hours |
| Full-day in-person meetings and site visits | 2-day kick-off meeting to complete foundational learning sessions to develop goals and action plan Commitment: 16 hours plus travel | One full-day site visit for each state-based team in their state Commitment: 8 hours | Full-day convening meeting for all state-based teams Commitment: 8 hours plus travel |
| Time outside of meetings | Variable based on goals and team norms Commitment: About 20 hours | Variable based on goals and team norms Commitment: About 20 hours | Variable based on goals and team norms Commitment: About 20 hours |
| Total Estimated Time Commitment | 52 hours | 44 hours | 44 hours |

Cost

- ✓ There is **no cost** to participate in the scheduled learning collaborative activities.
- ✓ Each state-based team will receive a **stipend³ up to \$10,000 annually** for two doula community organizations to participate.
- ✓ Each state-based team will receive a **stipend of up to \$3,500** in year 2 to cover the site visit costs and support participation.
- ✓ **Travel reimbursement and stipends** are provided for in-person convenings for eligible team members.

Benefits

- ✓ State-based teams will have access to a national network of organizations and experts in Medicaid, evidence-based models of care, community, equity, and implementation science throughout the collaborative.
- ✓ IMI will provide technical assistance, guidance, and support to state-based teams throughout the foundational learning sessions and the action phase of the collaborative through a program designed by experts that includes the following:
 - structured virtual and in-person meetings
 - curriculum materials and facilitation
 - tailored technical assistance and resources
- ✓ State-based teams will have access to a robust suite of resources to gain information, develop skills, form relationships, and generate action together, leading to sustainable initiatives that increase access to doula services for individuals with Medicaid insurance coverage.

The Doula Learning and Action Collaborative is a journey tailored to each team.



Expectations

State-based teams are expected to commit to the following:

- form a team consisting of representatives from each of the key Medicaid perspectives described on page 3
- designate 2 team leads, 1 of whom must be a doula representative, who serve as the liaisons between IMI and the team and provide co-leadership to support their team in achieving their goals and fulfilling collaborative expectations
- complete the [Doula and Perinatal Community Health Worker in Medicaid Learning Series](#) available through accessing session materials and archived recordings
- actively participate in meetings
- collaborate and communicate with team members throughout the 3-year collaborative
- complete, with their team, the foundational learning sessions during the first year and other learning and implementation activities during the action stages (year 2 and 3) of the collaborative
- secure a location for the year 2 site visit and handle onsite logistics for the meeting
- manage distribution of stipends

In addition, state Medicaid agencies, Medicaid health plans, and funders who participate must cover their own costs to participate in the scheduled collaborative activities and, if applicable, travel due to state and federal regulations restricting grants funds to cover their expenses.

³ Federal nonprofit laws prohibit the use of awarded funds for the purpose of lobbying or advocacy activities.

Application

Up to six (6) teams will be selected to participate in the collaborative, with preference given to state-based teams who completed the [Doula and Perinatal Community Health Worker in Medicaid Learning Series](#), either through the live or archived sessions.

The team’s application should demonstrate a commitment to community power building, birth equity and justice, and collaboration to increase access to doula services for individuals of color with Medicaid health insurance coverage.

Applications will require state-based teams to:

- identify two team leads (at least one lead from a community-based doula organization)
- identify the champions and back-up representatives from each of the following groups:
 - doula organization
 - community
 - health care provider
 - state Medicaid agency
 - Medicaid health plan
- describe the organizations and partnerships represented on your team and their anticipated roles serving on the state-based team
- describe initial team aims and priorities for participating in the collaborative, recognizing that we anticipate that they may change
- identify topics your team would like to learn more about to support your goals
- explain dynamics within and outside of your team that will impact their work together on doulas and Medicaid
- describe what success looks like for your team at the end of each phase of the project

Interest form

Prior to the release of the application, please submit an [interest form](#) in applying for IMI’s national Doula Learning and Action Collaborative as part of a state-based team. The form should include information about:

- the individual submitting the letter
- what state, and if known, what community their team will be based in
- anything we can do to assist you in completing the application

Submission of an interest form is encouraged but not required. An interest form is neither a commitment to apply nor a commitment to participate in the Doula Learning and Action Collaborative. All teams that submit a complete application will be considered for the Doula Learning and Action Collaborative.

Application process

The application for the Doula Learning and Action Collaborative will be released in the spring of 2024 with the start of the collaborative in late 2024.⁴ [Sign up](#) for IMI’s announcements and monthly newsletter to be the first to hear about updates.



⁴ Timing is contingent upon funder commitments.

Selection of state-based teams

The IMI project team, with support from select NAC members, will review and score applications. Virtual meet-and-greet interviews may be required to help with the final selection of state-based teams and to obtain additional details about the needs of the team. This will help inform IMI’s planning process to launch the foundational learning sessions.

Opportunity to ask questions

IMI will host an informational **webinar** for potential applicants to ask questions about this opportunity and the application process. An archived recording of the meeting will be available on the IMI website. A link to the recording and an FAQ document will be sent to those who register for the meeting and will be included in the IMI newsletter.

If you have any questions about the application, please contact Yontii Wheeler at ywheeler@medicaidinnovation.org.

References

Bey, A., Brill, A., Porchia-Albert, C., Gradilla, M., & Strauss, N. (2019, March 25). *Advancing birth justice: Community-based doula models as a standard of care for ending racial disparities*. *Ancient Song Doula Services, Village Birth International, & Every Mother Counts*. <https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>

Institute for Medicaid Innovation & Every Mother Counts. (2023, October). *Key learnings from the Doula and Perinatal Community Health Worker in Medicaid Learning Series*. https://medicaidinnovation.org/wp-content/uploads/2023/10/DCLS_Report_2023_FINAL.pdf

KFF. (2022). *State health facts: Births financed by Medicaid*. Retrieved February 26, 2024. <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Osterman, M. J. K., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. P. (2023). Births: Final data for 2021. *National Vital Statistics Reports*, 72(1). <https://pubmed.ncbi.nlm.nih.gov/36723449/>

Appendix A: National Advisory Committee (Planning Phase)

- **Iris Bicksler, CHW, PSS, Doula**, PacificSource Health Plans
- **Amy Chen, JD**, National Health Law Program
- **Alli Cuentos**, SisterWeb
- **Twylla Dillion, PhD, MBA**, HealthConnect One
- **Shanita “OABBY” Edwards, CD**, OABBY Natural Healing
- **Simone Edwards, DrPH, MPH**, Excellus BlueCross BlueShield
- **Nina F. Miles Everett, MD, MBA, FACP, CHCQM**, Priority Partners MCOs for Johns Hopkins University
- **Theresa Hattori, MBAHM Candidate**, Community Health Plan of Washington
- **Holly Horan, PhD**, University of Alabama at Birmingham
- **Sarah Hodin Krinsky, MPH**, MassHealth
- **Chelsey Leruth**, Institute for Healthcare Improvement
- **Tricia McGinnis, MPP, MPH**, Center for Health Care Strategies
- **Mildred Menos**, Horizon Blue Cross Blue Shield of New Jersey
- **Pooja Mittal, DO**, Health Net
- **Salma Mohamed, MPA**, MassHealth
- **René Mollow, MSN, RN**, California Department of Health Care Services
- **Raeben Nolan, CD**, Legacy Health & Oregon Doula Association
- **Andrea Palmer, MPA, MBA**, Pritzker Children’s Initiative
- **Sayida Peprah-Wilson, PsyD**, Diversity Uplifts, Inc.
- **Belinda Pettiford, MPH**, North Carolina Department of Health and Human Services
- **Chanel Porchia-Albert, CD, CPD, CLC, CHHC**, Ancient Song Doula Services
- **Beth Tinker, PhD, MPH, RN**, Washington State Health Care Authority
- **Jill Wodnick, MA, LCCE, IMH-E®(II)**, Montclair State University