

# New York Coalition for Doula Access

Advancing Equitable Medicaid  
Reimbursement for Doulas in New York

NYCDA



NEW YORK COALITION  
FOR DOULA ACCESS



Alchemy Insights  
The Collaboration Architects

# Zoom Features

## Name

Please update your preferred name & pronouns and organization by opening the participants panel, hovering your name and clicking "rename."

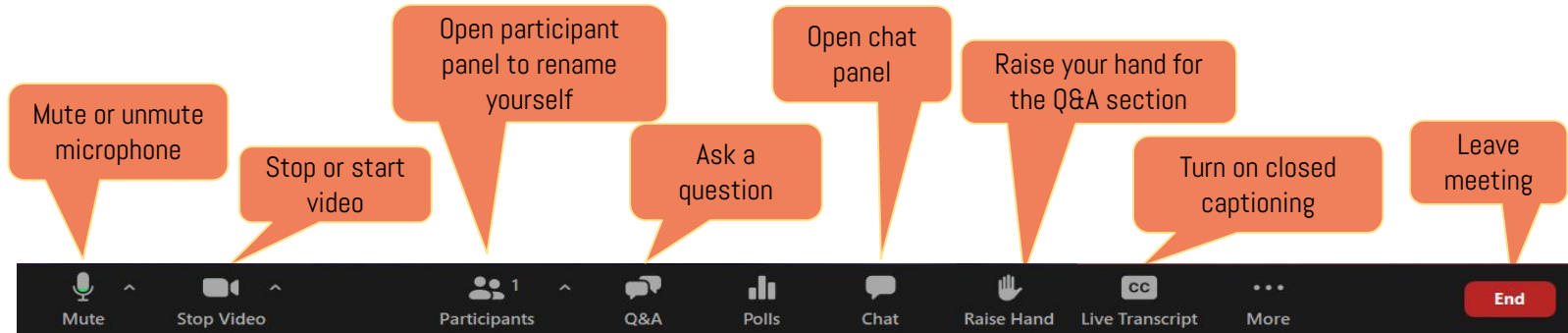
## Polls

We will launch a poll at the end of the meeting that will pop up on your screen

You can complete the poll by selecting your answer and clicking submit.

## Q&A and Chat

We invite you to participate by sharing thoughts or resources in the chat and submitting questions using the Q&A function



# Agenda

- Introductions and Community Agreements
- Overview of NYCDA
- Medicaid Reimbursement for Doulas in NY State
- Alignment Project Overview
- Questions & Closing



**Patrizia Bernard, MPH**

*Doula Advisor*

NYC Department of Health and Mental Hygiene



**Marek Lis**

*Founder + Collaborations Architect*

Alchemy Insights



**Michelle Zambrano, MPH**

*Director of Programs, NY*

Health Leads



# Community Agreements

## BE PRESENT, BE ACCOUNTABLE

- Listen - feel no pressure to speak yet resist the temptation to only witness the dialogue.

## BE BRAVE, BE INCLUSIVE

- Acknowledge the risk speakers take, and value the privilege to learn from one another.
- Our values, cultural identities, and personal experiences matter.
- Conflict is always possible and conflict is OK.

## TAKE SPACE, MAKE SPACE

- Call attention to the unheard voices of people, ensuring that all individuals have space to participate fully.

## ADDRESS RACIALLY BIASED SYSTEMS & NORMS

- Call out Power Dynamics in the room - be intentional of how you exercise your privilege.
- Remember, we all have bias. Biases are learned and can be unlearned.
- Practice the ability to recognize personal biases, emotions, and triggers, considering how they might impact actions.

## BE OPEN TO ANTI-RACIST DIALOGUE

- Remember Black, Brown, AAPI, and Indigenous people's experiences with racism are vast and vary.
- Avoid becoming defensive when Black, Brown, AAPI or Indigenous people speak from lived experiences with racism.



# Who We Are

The New York Coalition for Doula Access (NYCDA) is **a diverse, member-driven association of doulas and supportive allies** who provide an array of prenatal, birth, and postpartum services in NY.



# NYCDA Vision

NYCDA seeks to **ensure that doulas have a powerful voice in determining their own professional standards.**

Our efforts focus on **increasing access to doula care in underserved communities** and improving the integration of doulas as valued members of the care team.

We believe these efforts will help to **address and reduce racial inequities in maternal health outcomes** in New York.

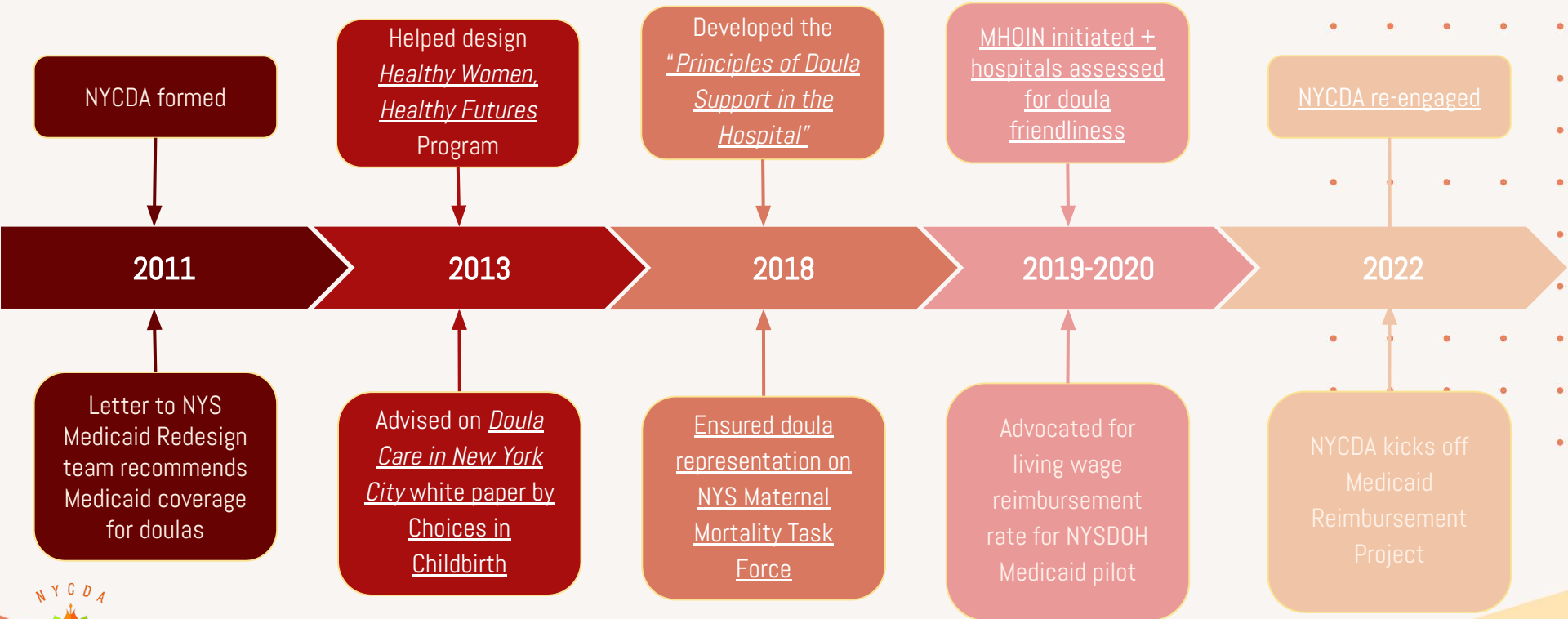


# NYCDA Goals

- To set standards for a living wage for doulas through Medicaid reimbursement
- To develop a “doula friendly” hospital designation



# NYCDA Key Milestones





# Douglas Deserve A Living Wage

**All caregivers** are **critical to addressing essential needs, accessing health and mental health care,** improving community conditions, and enabling racial health equity.



# NYCDA Medicaid Reimbursement Project

April

NYCDA re-convened with first monthly coalition meeting

NYCDA members agree to priority focus areas

May

Meeting held on Medicaid reimbursement in NYS + across the US

Members brainstorm what an equitable Medicaid Reimbursement structure could look like in NY

June

Overview of Medicaid Reimbursement Project

NYCDA members vote to move forward with alignment project

July

Meeting held to map potential participants + stakeholder groups to engage in Medicaid Reimbursement Project

August

Recruitment of Project Advisory Team and participants

Medicaid Reimbursement Project Launch

We  
are  
here



# Doula Medicaid Reimbursement Project Launch



# How We Will Do It

Find agreement on an equitable reimbursement structure  
from the input of all the stakeholders

Doulas

Hospitals

Hospital  
Associations

Medicaid Payers

Community Based  
Workforce Groups

Doula Cooperatives +  
Agencies

Maternal Health  
Organizations

Maternal Health  
Providers

Academia

Doula Associations

NYS Department of  
Health

NYC Department of  
Health

Medicaid Recipients











# The Process

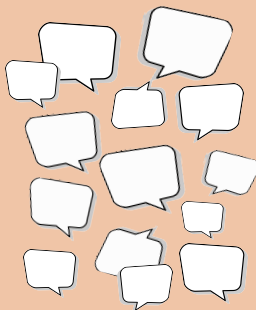
## PHASE ONE

Design and  
Setup

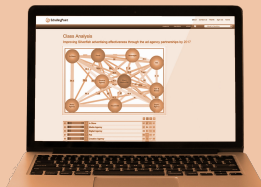


## PHASE TWO

Online Virtual  
Dialogue



Analytics and  
Reporting

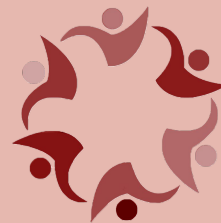


## PHASE THREE

Roadmap and  
Action Plans



Coordinated  
Actions





# Timeline

Aug 26 – Sept 2

## OPEN THOUGHTS

Online form  
Open-ended comments  
Similar to a conversation

40-60 people

1 hour

Sept 12 – Sept 16

## OPINION SURVEY

Online survey  
Everyone participates

Less than 1 hour

Sep 26 – Sept 30

## CONVERGENCE

Online form  
Change your mind  
Provide reasoning

30 minutes



# Questions?

# Appendix



# Strategic Collaboration Seed Interview Template

## Determining an Equitable Reimbursement Structure for NYS Doulas by 2023

### ▼ G Goals/Objectives/Indicators of Success

Insert below the opening question and prompts that will trigger the participant's opinions describing their view of success for the topic:

If I asked you in a few years "has Determining an equitable Medicaid reimbursement structure for Doulas been successful?", what examples would you say that would point to that success – e.g. what would be happening in a few years? what's stopped happening? What is about to happen?

- Who will benefit from determining an equitable Medicaid reimbursement structure? (eg Expectant mothers, Doulas, State Health system, taxpayers)
- How are they getting value? How is that different to today?
- How does the group you belong to receive value from determining an equitable Medicaid reimbursement (if applicable)?
- What does an equitable Doula reimbursement structure look like? How does this compare to the minimum wage? How does it compare to a Living Wage?,
- What about non-financial value eg the various improved health outcomes?
- How else would you describe what success might look like eg improved access for patients, greater awareness of doula services?
- How are you helping to create that value?
- What people roles would you see needed for an equitable Medicaid reimbursement to be in place?
- What processes would need to be in place to have an equitable Medicaid reimbursement?
- Would there be any new administrative procedures or technologies in place?
- What would the relationship between Doulas and NYS Health look like?
- What new training and certifications would be needed to have a more equitable reimbursement structure?

### ▼ U Potential Unintended Consequences

Insert below the opening question and prompts that will trigger the participant's concerns describing likely negative side-effects of acting on this topic:





## Goals/Objectives/Indicators of Success

Disagree ----- Agree

1. We should have an infrastructure of brainy people that can grow the Foundation.
2. The board should formalize a realistic give/get target which include Blossom Ball tickets.
3. The board should commit to generating \$750K per year in revenues from various events/campaigns.
4. We should match programs with revenues so the Foundation can sustain itself.
5. We should create a governance/nominating committee consisting of experienced board members.
6. We should have at least 1 new board member having experience in finance.
7. We should have at least 1 new board member with experience with non-profit law.
8. We should have at least 1 new board member with experience in communications.
9. We should have at least 1 new board member with development/fundraising capabilities.
10. Our board should have better engagement if member's expectations were clear.
11. We should create compelling "cases" to attract the right individuals to the board.
12. There should be a strategic priority to position the Foundation as the "American Cancer Society" for Endometriosis.
13. We should have partnerships with other organizations to help us to grow.
14. We should have a more open environment for challenging our thinking with well-reasoned arguments.
15. We should see evidence of a reenergized organization by having made a fresh start.
16. There should be more than one person responsible for the education program.
17. We should move resources to offering education online to expand the patient community.
18. We should establish targeted fundraisers to provide for a research center.
19. We should allocate resources for helping patients who have financial difficulties.
20. We should clearly define goals and set roadmaps so our organization functions optimally.
21. We should move the Foundation from being sustained by one individual.
22. We should see better mechanisms for justifications on spending.
23. Donations should be clearly earmarked so donors can understand where their money is going.
24. We should not be running a deficit.
25. We should provide more women with better care options.

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# Project Advisory Team

**Patrizia Bernard**, Doula Advisor, NYCDA co-lead, NYC Department of Health and Mental Hygiene

**Asteir Bey**, RN, IBCLC, Co-Director, Village Birth International

**Yuki Davis**, Manager of Policy & Advocacy - Every Mother Counts

**Rochelle James-Delmas**, Perinatal Coordinator, Ancient Song Doula Services

**Shannon Johns**, CD (DONA), CLC, CEO & Founder Calming Nature Doula Service & Center, Buffalo's Breastfeeding Sisters, Erie County Task Force

**Nan Strauss**, Managing Director of Policy, Advocacy & Grantmaking - Every Mother Counts

**Danise Wilson**, Executive Director, Erie Niagara Area Health Education Center, Erie County Task Force

**Michelle Zambrano**, Program Director, Health Leads NY, NYCDA co-lead



# Advisory Team Expectations

- Commit about 15 hours to the project from August - November 2022
- Provide feedback on survey questions
- Review survey data analysis
- Attend project meetings when scheduled
- Review pre-read materials prior to meetings and come prepared for engaged discussion, active listening, and respectful dialogue
- Provide progress updates to NYCDA and respond to their feedback

