



Cherished Futures for Black Moms and Babies

Karen Ochoa, MA, CDP



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Conflict of Interest Disclosure

Karen Ochoa, MA, CDP, reported no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.



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Presenter

Karen Ochoa, MA, CDP **Hospital Association of Southern California**

Ms. Ochoa has experience in place-based and human center design processes and in community engagement and activism around varying health and economic topics. She co-founded the L.A. Co-op Lab, a collective established in 2015 to explore and invent ways to build L.A.'s capacity for worker ownership as a pathway toward a more equitable and democratic economy.



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Cherished Futures for Black Moms & Babies



A Systems-Change Approach to Reduce Birth Inequities Among Black Families in Los Angeles County

Karen Ochoa, MA, CDP
Communities Lifting Communities
Hospital Association of Southern
California



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1. Take 2 minutes to think about what birth equity looks like to you- what would be different? Write your thoughts on your post-it note.
2. Introduce yourself, what excites you most about being here, what birth equity looks like to you?
3. Identify 3 words that describe what we need to achieve birth equity (i.e.- collaboration).

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birth equity (*noun*):

The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.



Joia Crear-Perry, MD
National Birth Equity Collaborative

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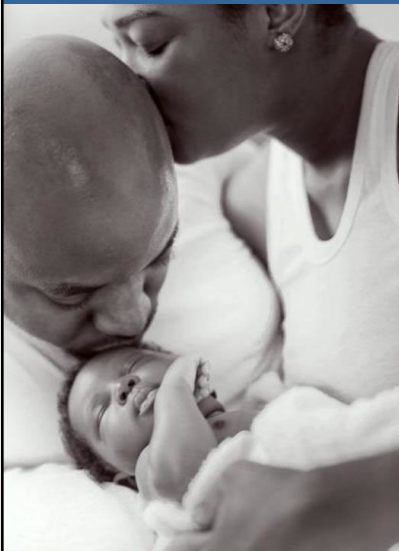
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In Los Angeles County, Black women and families continue to disproportionately experience higher rates of infant and maternal mortality and morbidity compared to other racial or ethnic groups.

Working with [Cherished Futures] has made it easier to discuss items surrounding race with employees and physicians.”

- Cohort 1 Hospital Team Member



Cherished Futures is a multi-sector collaborative effort to reduce Black infant and maternal inequities and improve patient experiences for Black birthing people in Los Angeles County.

CREATING LASTING SYSTEMS CHANGE



Clinical

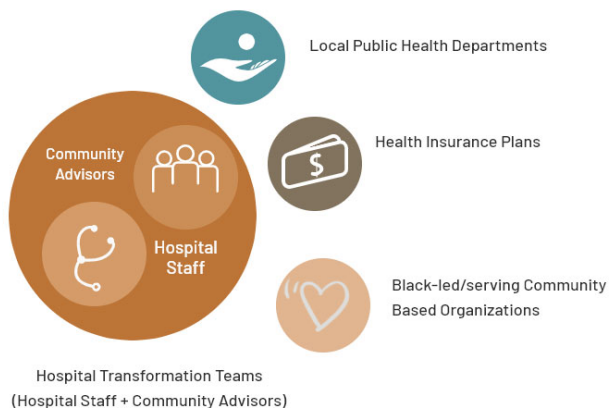


Institutional



Community





Year 1: Capacity Building “getting grounded”

- Getting Grounded Approach through series of workshops and technical assistance
- Build the knowledge and understanding of birth inequity among Black babies, moms, birthing people
- By year end, all teams developed implementation plan

Year 2: Implementation

- Implement hospital plans
- Continued coaching and technical assistance
- Convene collaborative at least 3 times
- Evaluation

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- Activate a multi-sector collaborative of hospitals, public health, insurance payers, and Black women community advisors
- Develop and quality improvement systems-level strategies to address Black maternal and infant health inequities
- Support the development of a “regional oasis” for Black families by building a cadre of institutional leaders that are actively addressing these systemic injustices

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Our Partners & Funders



Cherished Futures 2020-2021 Hospital Cohort



Cherished Futures 2022-23 Hospital Cohort





Data Collection, Reporting, and Use

The first set of questions are designed to gain more information about your data collection, stratification, communication, and action strategies. Responses for this set of questions should be specific to the policies or practices of the department(s) most involved in the care of perinatal patients. If necessary, please provide additional comments or clarifications in the "Notes" box below each question.

I. DATA COLLECTION

Level A: Toes In the Water

We use a **self-reporting methodology** to collect race, ethnicity, age, and language (REAL) data for all patients.

- 1. Low
- 2. Moderate
- 3. High

Level B: Fully Immersed

We collect race, ethnicity, age, and language (REAL) data for all patients using a self-reporting methodology and we have opportunity for **verification of REAL data at multiple points of care** (beyond just registration).

- 1. Low
- 2. Moderate
- 3. High

Level C: Acclimated and Learning New Strokes

We use self-reporting methodology to collect additional demographic data beyond race, ethnicity, age, and language (REAL) data (e.g. sexual orientation/gender identity, geography, and/or other social determinants of health).

- 1. Low
- 2. Moderate
- 3. High

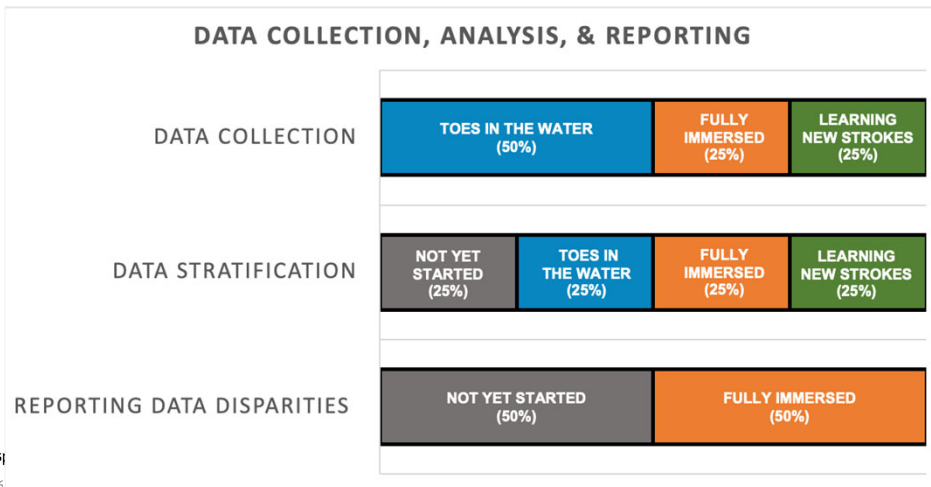
Notes:

This assessment builds on and is modified after the Alignment of Governance and Leadership in Health Care (AGLHC) Hospital/Health System Self-Assessment Tool authored by Anne Barnes and the Health Research and Educational Trust (HRET) Health Equity Organizational Assessment, both of which are based on research in the field on how and where hospitals have the most impact to reduce disparities.



Results from the Organizational Birth Equity Assessment

DATA COLLECTION, ANALYSIS, & REPORTING





COMMUNITY COLLABORATION AND MISSION-BUILDING

TRANSPARANCY AND BUILDING
COMMUNITY TRUST

NOT YET STARTED
(50%)

TOES IN THE WATER
(50%)

FOSTER AUTHENTIC PARTNERSHIPS
WITH COMMUNITY ORGANIZATIONS
THAT SERVE BLACK POPULATIONS

NOT YET STARTED
(75%)

FULLY
IMMERSED
(25%)

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Centering Black Women's Voices



- Each hospital transformation team is paired with at least one Community Advisor
- Community Advisors are trusted Black women community leaders, researchers, clinicians, many of whom are mothers themselves.
- They support the hospital transformation teams by honoring and elevating the community voice and Black experiences in the design of each team's implementation plan.

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Getting Grounded: How Historic And Current Structural Racism Creates Ongoing Inequities

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Cohort 1 Outcomes (2020-2021)

Data

- Disaggregated by race and ethnicity
- Collected experience data from Black family's experiences

Institutional

- Completed employee implicit bias
- Maintained active multidisciplinary Maternal Child Health teams

Clinical

- Improvement in management of hypertension to prevent preeclampsia
- Developed inpatient HTN management protocols
- Collaborating with clinics to better implement low-dose aspirin (LDA) protocols

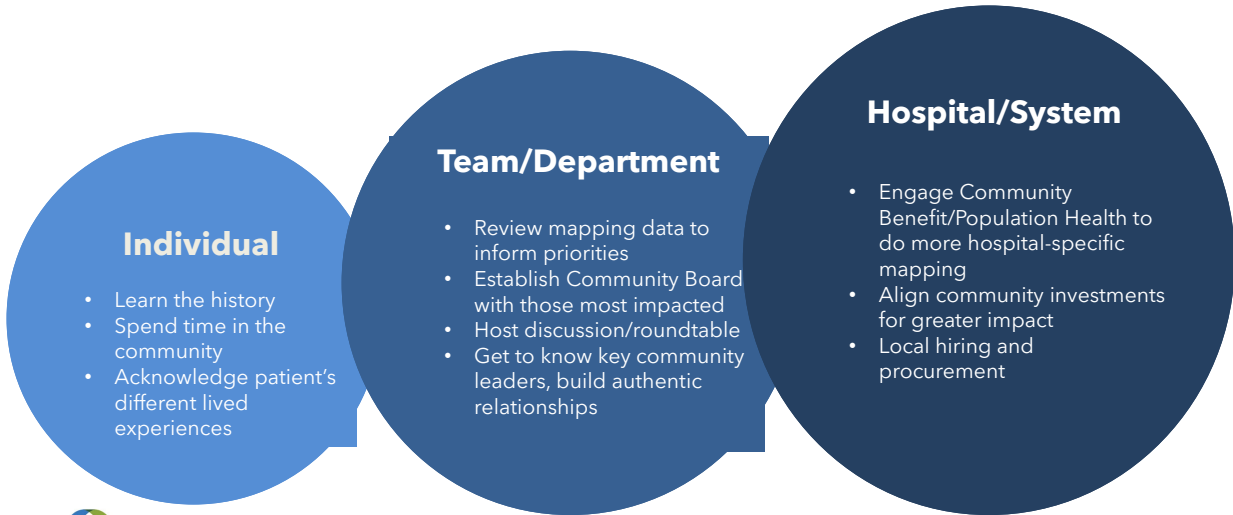
Community

- Focused on review and improvement of Black doula resources
- Evaluated Black patients' participation with their post-partum visitation program



What Can We Do?





1. CENTER BLACK VOICES

Generate meaningful and relevant results and outcomes for Black girls, women, birthing persons and mothers—in accordance with their **specific needs, priorities, and preferences.**

2. RESPECT THEIR RIGHTS

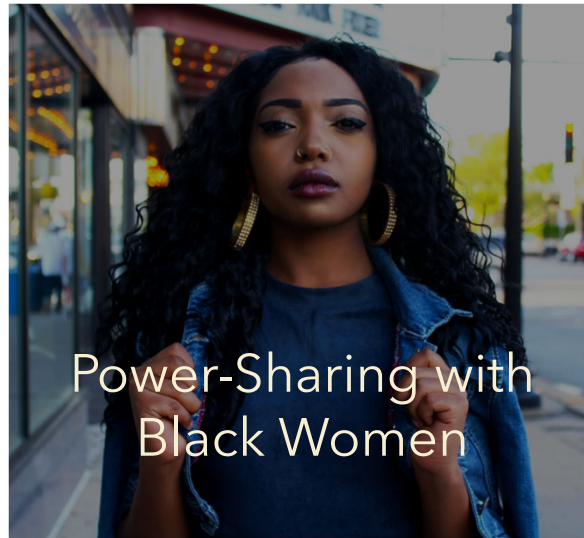
Work in ways to **protect, facilitate, and enable** Black girls, women, birthing persons, and mothers to exercise their rights, including the right to high quality care, equitable access to services and resources, and **respect** their right to share their views and opinions about services, policies, and/or decisions that affect them.

3. BUILD TRUST

Build relationships of trust based on mutual respect, transparency, power-sharing, and two-way communication.

4. END-TO-END PARTICIPATION

End-to-end participation requires both integrating Black perspectives into the **content** of policies, services, and programs, and **representation** of Black people in the decision-making process.



Power-Sharing with Black Women



#citeBlackwomen

Source: Davies-Balch, S. Operational Guidance for Power-Sharing with Black Girls, Women, Birthing Persons, and Mothers. BLACK Wellness & Prosperity Center. 9/08/2021



Actionable Resources

**LA County AAIMM
Doula Program**

**Black Infants & Families
LOS ANGELES**

BlackInfantsAndFamilies.org

[@BlackInfantsAndFamiliesLA](#) [@bif_la](#) [fb.com/BlackInfantsAndFamilies](#)



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Questions



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Thank you

Karen Ochoa
Director Health Equity Programs and Operations
Communities Lifting Communities
Hospital Association of Southern California
Phone: (213) 538-0765
Email: kochoa@hasc.org

