

# Improving Birthing Outcomes

Strengthening Awareness of and Support for State and Community Doula Networks Webinar

Tuesday, October 5, 2021



# Welcome & Learning Objectives

Today, we will learn more about Doula care from two perspectives:

## Policy & Research Perspective:

- ✓ What doulas do and different models of doula support.
- ✓ The evidence on the benefits of doula care and how doula care can help address birth equity.
- ✓ Which states have proposed and enacted doula policies with a focus on Medicaid coverage.

## Practice Perspective:

- ✓ Key considerations in operationalizing a high-quality LA County community doula program focused on addressing birth disparity, inclusive of hiring, training, funding and program design.
- ✓ A Black women-led advocacy organization in the state of Ohio that offers affordable doula services, health-care provider trainings, and organizational consultation.



# Webinar Presenters



**Nan Strauss**  
Every Mother Counts



**Alexis Robles-Fradet**  
National Health Law  
Program



**Jessica Roach**  
Restoring Our Own  
Through  
Transformation



**Dorian Wingard**  
Restoring Our Own  
Through  
Transformation

# Presenters (continued)



**Melissa Franklin**  
Growth Mindset & AAIMM



**Michelle Sanders**  
LA County Public Health  
& AAIMM

EVERY  
MOTHER  
COUNTS

# DOULAS & COMMUNITY- BASED DOULA SUPPORT

Nan Strauss, JD  
October 5, 2021

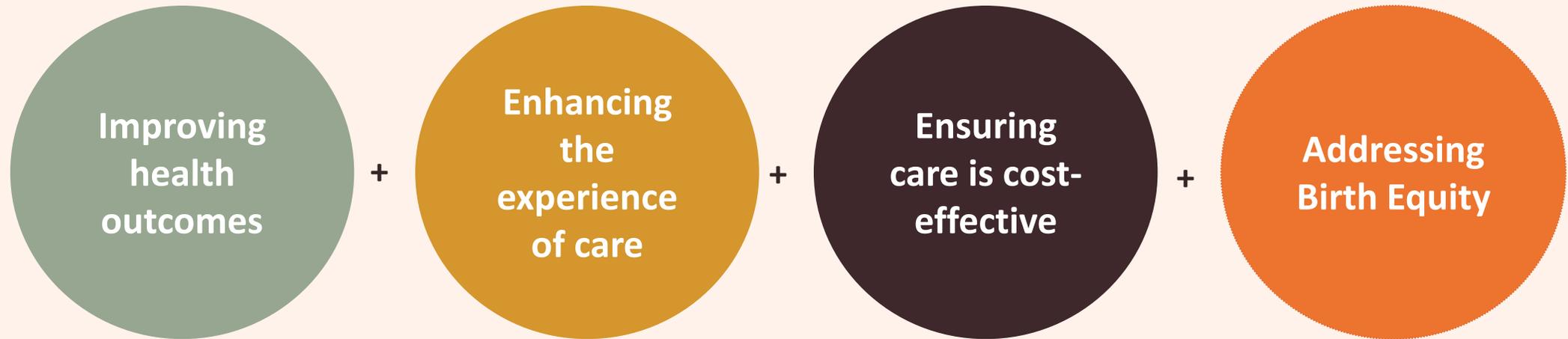


# WHAT IS DOULA SUPPORT?

**Doulas are non-clinical professionals who are trained to provide emotional, physical and informational support, before, during, and after birth.**

WHAT DOULAS DO + DON'T DO	
✓	✗
Provide emotional, physical, & informational support	Perform any clinical or medical tasks
Enhance communication between client and care provider	Offer medical advice
Support the client's wishes	Make decisions or speak on behalf of or instead of the client

## DOULA SUPPORT AS A HIGH VALUE MODEL



High-value care supports patient-centered, evidence-based practices, while avoiding wasteful or unnecessary spending.

*Continuous labor support by a doula is  
"one of the most effective tools to improve labor and delivery outcomes."*

American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine



In a 2008 review of 41 birth practices in the American Journal of Obstetrics and Gynecology, **doula support was among the most effective of all those reviewed –**

***one of only three to receive an "A" grade.***



# IMPROVING HEALTH OUTCOMES

## HEALTH BENEFITS OF DOULA CARE



**35% fewer** negative birth experiences



**Less** use of pain medication



**Lower** preterm birth rates  
\*with prenatal support



**39% fewer** cesareans



**Higher** Apgar Scores



**Greater** likelihood of a shorter labor



**More** breastfeeding  
\*with prenatal + postpartum support



# ENHANCING PATIENT EXPERIENCE AND SATISFACTION



**Doulas improve patient experience** by

- Enhancing communication between patients and care providers;
- Encouraging patients to become more informed about and actively involved in care decisions; and
- Emphasizing a person-centered, individualized approach to care.

Doula care was associated with a **34% reduction in reporting a negative birth experience.**



EMC

## ENSURING COST-EFFECTIVE CARE

Doula care is cost-effective and high-value within a health care system that spends more on maternity care than any other country.

Doulas lower spending by:



### DECREASING

- 1st + repeat cesareans
- epidurals
- complications
- chronic conditions
- preterm births

### INCREASING

- breastfeeding

### Medicaid and insurance coverage would:

- Make doula care more affordable
- Ensure that doulas are paid a livable wage

Medicaid coverage  
for doula support  
could save at least

**\$1450 per  
birth**

These cost savings could allow doula care to be appropriately reimbursed without increasing Medicaid spending.

## AN OPPORTUNITY TO ADVANCE BIRTH EQUITY

Social determinants of health, differential access to care, and structural and interpersonal racism contribute to maternal health inequities and disparities.

Community-based, culturally concordant, and trauma-informed doula support can help address these inequities.

Birthing people of color and birthing people from low-income and underserved communities can particularly benefit from the additional, individualized, equitable support that doulas, especially community-based doulas, provide.



# WHAT IS A COMMUNITY-BASED DOULA?



## Traditional “Private-Pay”

- \$ Paid for out-of-pocket
- 1-2 visits prenatally
- 1-2 visits postpartum
- Referrals – private services



## Community-Based Model

- \$ Low or no cost
- Tailored to needs of communities they serve
- Doulas from community
- Additional visits
- Additional services
- Referrals – social services

# UNMET NEED FOR DOULA SUPPORT

Cost is one of the biggest barriers to accessing doula support.

*The State of Doula Support in NYC, 2019*

Black, Latina, and Medicaid-enrolled women were more likely to want doula support....  
*but not have it.*



# SUCCESS FACTORS FROM COMMUNITY-BASED DOULA PROGRAMS

Community-based doula programs have been piloted and implemented across the country, each with critical success factors and opportunities for improvement that need to be considered when designing and implementing state-level doula programs.





**EVERY MOTHER COUNTS**

**THANK YOU!**

**Nan Strauss, JD**

Managing Director of Policy, Advocacy, and Grantmaking

**[nan@everymothercounts.org](mailto:nan@everymothercounts.org)**

# Medicaid Coverage for Doula Care

Alexis Robles-Fradet, MPH

Policy Analyst

October 5, 2021



# About the National Health Law Program

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- National non-profit law firm committed to improving health care access, equity, and quality for underserved individuals and families
- State & Local Partners:
  - Disability rights advocates – 50 states + DC
  - Poverty & legal aid advocates – 50 states + DC
- National Partners
- Offices: CA, DC, NC
- [www.healthlaw.org](http://www.healthlaw.org)
- Follow us on Twitter [@NHeLP\\_org](https://twitter.com/NHeLP_org)
- Like us on Facebook [@NHeLProgram](https://www.facebook.com/NHeLProgram)



# NHeLP's Mission & Equity Stance

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## **Mission:**

The National Health Law Program (NHeLP) protects and advances the health rights of low-income and underserved individuals to access high quality health care. NHeLP advocates, educates, and litigates at the federal and state levels. We stand up for the rights of the millions of people who struggle to access affordable, quality health care.

## **Equity Stance:**

Health equity is achieved when a person's characteristics and circumstances — including race and ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, health, immigration status, nationality, religious beliefs, language proficiency, or geographic location — do not predict their health outcomes.

<https://healthlaw.org/equity-stance/>

# Why Doula and why Medicaid?

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- Doula provide physical, emotional, social, and educational support that is individually tailored and culturally congruent. Their care and advocacy can help improve maternal and infant health outcomes.
- Most doula today are paid by clients out of pocket.
- Cost of care: several hundred dollars to over \$2000.
- Many pregnant and postpartum people, especially those who are low-income, cannot afford the cost of doula care.
- Potential to have a huge impact - Medicaid covers half of all births in the United States.

# Doula Medicaid Project

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- Ensuring that all pregnant and postpartum people enrolled in Medicaid who want doula support can access one.
- Identifying and overcoming barriers to creating sustainable, equitable, and inclusive programs for Medicaid coverage for doula care programs.
- Importance of expanding access to full spectrum doula care
- Information-gathering and information-sharing.

# State Legislative Trends

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- NHeLP began tracking doula legislation in 2019 and we have seen an increase in introduced bills in 2020 and 2021.
- Commissioning a report to provide recommendations on bill implementation (Virginia, Washington)
- Input and leadership of doulas is key – doula advisory boards, stakeholder workgroups, etc.
- Common issues to watch for:
  - Certification
  - Billing & Reimbursement
  - Workforce

# 2021 Landscape of Medicaid Coverage

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- There are several paths to Medicaid Coverage for doula care including bills, State Plan Amendments (SPAs), legislation, budgets, and other methods. These differ from states that have introduced pilot programs.
- Through State Plan Amendments (SPA)
  - New Jersey (2019), a recently approved SPA (2021)
  - Oregon (2017)
  - Minnesota (2014)
  - Virginia (2021)

# 2021 Landscape: States in Process of Implementation

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- Recently Enacted Bills
  - Arizona – voluntary certification (2021)
  - Connecticut – evaluating certification (2021)
  - Illinois (2021)
  - Indiana (2019)
  - Louisiana – doula registry board (2021)
  - Maryland (2021)
  - Nevada (2021)
  - Rhode Island (2021)
- Other Methods
  - California (Budget Item)
  - Florida (Enhanced Benefit for Managed Care Plans)
  - Washington (Budget Item)
  - Wisconsin (Budget Item)

# 2021 Landscape: States that have Introduced Legislation

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- Connecticut (2019, 2020, 2021)
- Georgia (2021)
- Kentucky (2021)
- Michigan (2020)
- Massachusetts (2019, 2020, 2021)
- New York (2019, 2020, 2021)
- North Carolina (2020, 2021)
- Ohio (2020, 2021)
- Pennsylvania (2021)
- Tennessee (2020, 2021)
- Texas (2019, 2021)
- Vermont (2019)
- Washington, DC (2019, 2021)

# Doula Report: Building A Successful Program for Medicaid Coverage for Doula Care

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- NHeLP conducted surveys of doulas in California in 2018-2019 with a total of 343 respondents.
- In 2019-2020 we conducted 4 in person focus groups and 2 virtual focus groups in Fresno, Los Angeles, Oakland, and Sacramento.

# Doula Report: Building A Successful Program for Medicaid Coverage for Doula Care

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- We identified recurring patterns on the following topics:
  - patterns in length of time practicing as a doula
  - type of care provided (e.g. full spectrum, birth services, etc.)
  - type of training received,
  - views of certification,
  - views on community based doulas
  - views on reimbursement
  - interest in serving a Medi-Cal population
  - policy recommendations
  - the role of a doula

# Recommendation on Doula Work Force

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- Diversify doula care work force to be a better match to provide culturally congruent care to the Medicaid population.
- Provide fee waivers and other incentives to help recruit doulas from low-income communities to join the workforce.

# Recommendation on Access for Rural Areas

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- More doulas are needed to serve in rural regions of California, where people often have to travel very long distances to access basic health care services.
- Provide fee waivers and other incentives to help recruit doulas from rural communities who plan to remain in and practice in rural communities.

# Recommendation on Scope of Services

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- Medicaid should cover the range of services that doulas across the state are already providing, which is full spectrum doula care.
- Medicaid should cover at a minimum three prenatal visits and at a minimum three postpartum visits

# Recommendation on Expanding Access to Doula Care

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- Doulas provide a valuable service for which they should be fairly compensated.
- Their services should be made available to all pregnant and postpartum people on Medicaid.

# Recommendation on State Partnerships

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- A successful program for Medicaid coverage for doula care requires that the state find ways to partner with individually practicing doulas as well as community-based doula groups and doula collectives

# Recommendation on Training

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- Any training or core competencies required for Medicaid reimbursement must be inclusive of the wide variety of doula training models, traditions, and practices, including those by community-based doula groups and by doula trainers of color.
- Need-based financial assistance, such as fee waivers and scholarships, must be made available.

# Recommendation on Certification

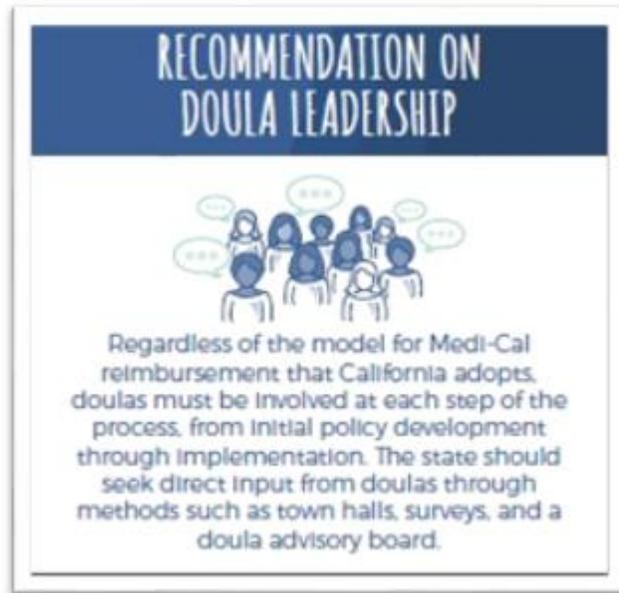
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- Doula certification, like doula training, draws from a wide variety of doula care models, traditions, and practices. The state should be flexible and not require specific certification.
- Additionally, the state should consider alternatives to requiring doula certification in order for doulas to be eligible for Medicaid reimbursement.

# Recommendation on Doula Leadership

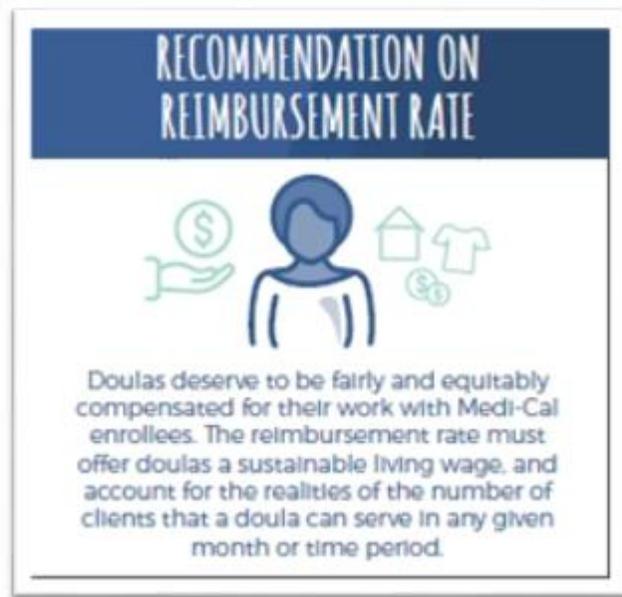
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- Regardless of the model for Medicaid reimbursement that states adopts, doulas must be involved at each step of the process, from initial policy development through implementation.
- States should seek direct input from doulas through methods such as town halls, surveys, and a doula advisory board.

# Recommendation on Reimbursement Rate

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- Doulas deserve to be fairly and equitably compensated for their work with Medicaid enrollees.
- The reimbursement rate must offer doulas a sustainable living wage, and account for the realities of the number of clients that a doula can serve in any given month or time period.



ALL PREGNANT AND POSTPARTUM PEOPLE DESERVE ACCESS  
TO FULL SPECTRUM DOULA CARE.

NATIONAL HEALTH LAW PROGRAM

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# Pritzker Children's Initiative & National Collaborative for Infants and Toddlers

IMPROVING BIRTH OUTCOMES:  
Community-Based Perinatal  
Support Interventions

JESSICA M. ROACH, MPH  
Chief Executive Officer & Partner

DORIAN L. WINGARD, MPA  
Chief Operations Officer & Partner

# ROOTT ORGANIZATIONAL OVERVIEW

Restoring Our Own Through Transformation (ROOTT) is a collective of concerned Black families, community members, advocates & interdisciplinary professionals dedicated to decreasing Black maternal & infant mortality in Ohio.

ROOTT's mission is to comprehensively restore our collective well-being through collaboration, resource allocation, research & re-empowerment, in order to meet the needs of Black parents & families.



# ROOTT IMPACT STATEMENT

ROOTT provides direct services, public policy advocacy & education, in alliance with local & national stakeholders.

ROOTT goes beyond surface level risk factors regarding marginalized Black mothers, fathers, infants, & communities to address root causes of these of health inequities.

ROOTT addresses Structural/Institutional Determinants of Health by targeting the racism that creates & sustains the Social Determinants of Health.

ROOTT collaboratively builds quality relationships with families, caregivers, professionals & paraprofessionals aligned with our mission.



# SNAPSHOT OF COLLABORATIVE PARTNERS

Safer Childbirth Cities



Merck for mothers  
Committed to Saving Lives

Ohio | Department of  
Job and Family Services



Ohio | Department  
of Health



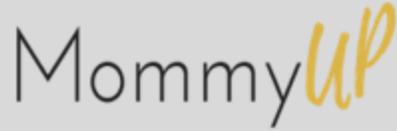
Commonsense Childbirth  
National Perinatal Task Force



Ohio  
Department of Medicaid



# SNAPSHOT OF COLLABORATIVE PARTNERS



GROUNDSWELL  
FUND

OHIO GOVERNOR MIKE DEWINE'S OFFICE OF



**FAITH-BASED  
AND COMMUNITY  
INITIATIVES**



# SNAPSHOT OF COLLABORATIVE PARTNERS

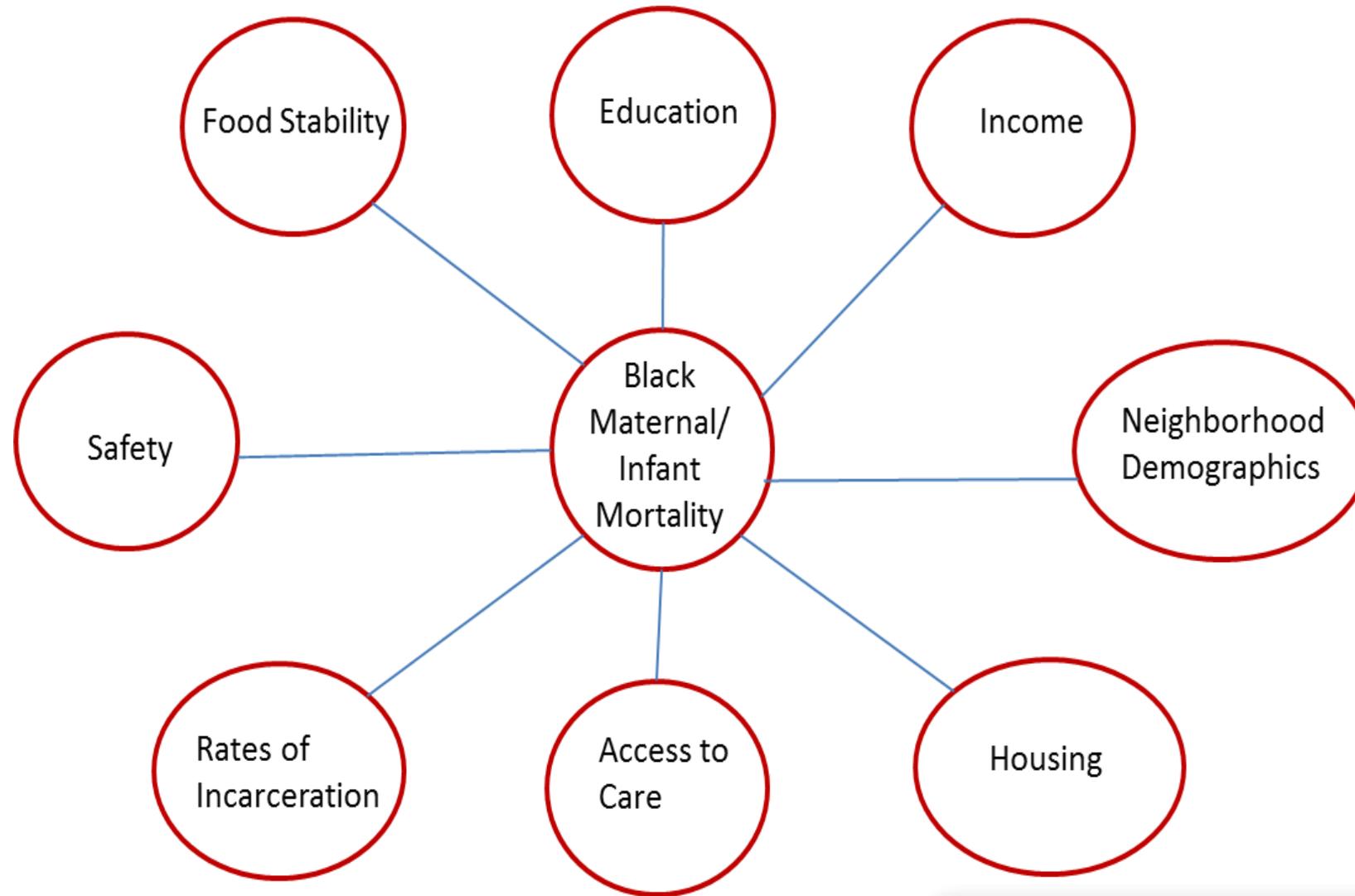


**OHIO VOICE**



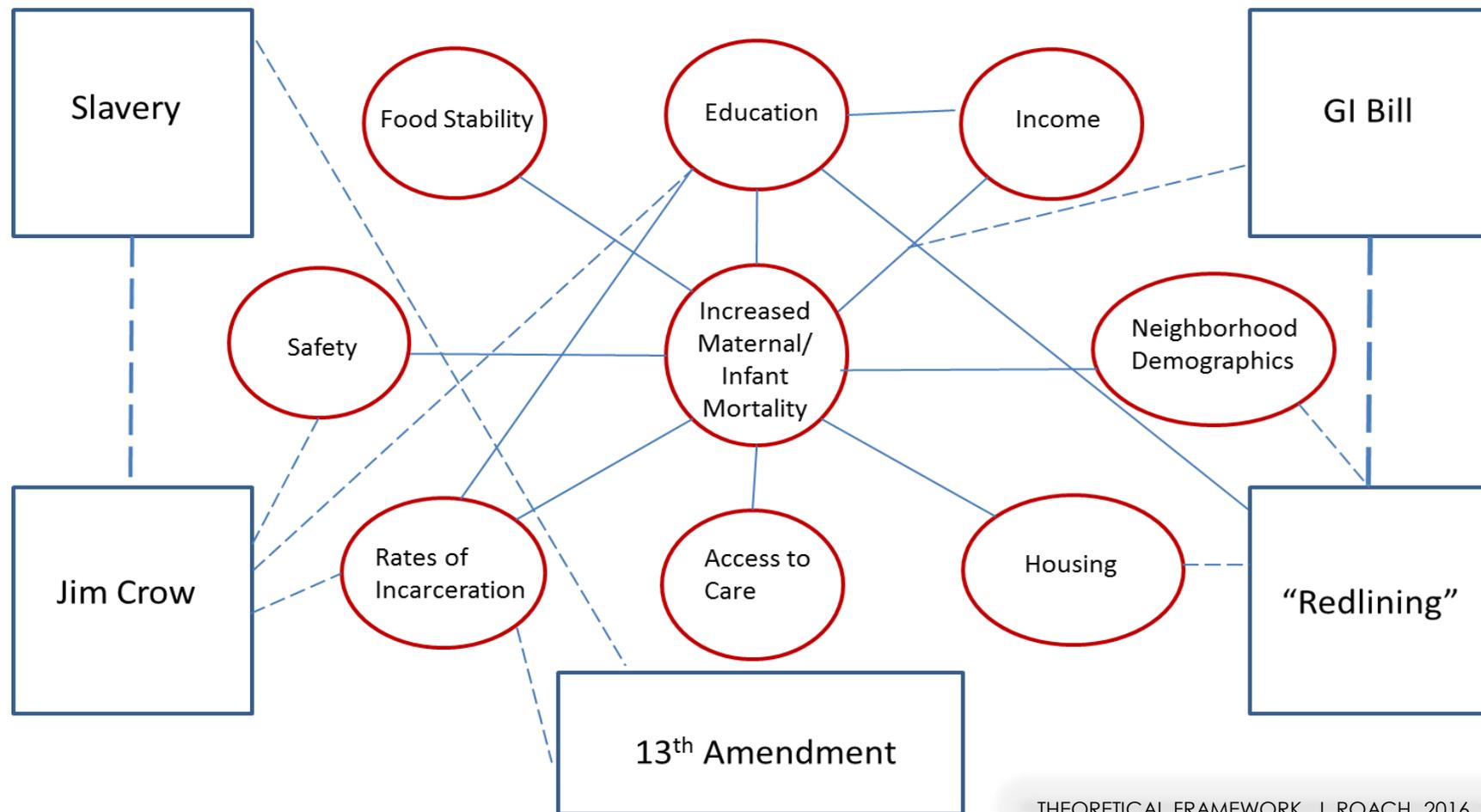


# WEB OF CAUSATION SOCIAL DETERMINANTS



# WEB OF CAUSATION

## THE IMPACT OF STRUCTURAL DETERMINANTS ON HEALTH



Without addressing, **disrupting**, and **dismantling** the structural and institutional determinants, we **will not** be able to address social determinants.



# ROOTT: A COMMUNITY BASED ORGANIZATION

Full Spectrum Perinatal Support Doulas  
(Training & Certification)

Healthcare Provider Training & Continuing Education

CBO Consultation

SMEs & Policy Advocacy (Federal/State/Local)

Public Health Research (Independent & Institutional)

Social Injustice & Health Equity Activism



# ROOTT FS-PERINATAL SUPPORT DOULAS



- Full Spectrum Perinatal Support
- Breastfeeding Education & Lactation Support (CLC)
- Health Information & Equity Advocate
- Family-centered Informed Decision Support
- Home Visiting Program Provider



“At some point, we must acknowledge and address how the foundation of Obstetrics and Gynecology as we know it in the U.S., was built from the stolen knowledge and traditions of Black and Indigenous Women...and used against us through means of rape, sexual assault, pedophilia, eugenics, and genocide. Reproductive Justice is the definition by which we say, WE are taking this back.”

Jessica M. Roach, MPH

”Race neutral solutions are impotent in the address of intentional, race-specific racism. Consequently, true health equity will certainly change the lives of the oppressed and the oppressor, in ways that may lead to the deconstruction of American inhumanity.”

DL Wingard, MPA



This is how  
we ROOTT!!

[www.roottrj.org](http://www.roottrj.org)



ROOTT Origin Story  
NPR Story Corp, 8-2019





# EXPECTING? GET FREE DOULA SERVICES FOR YOUR FAMILY

[BlackInfantsAndFamilies.org/Doulas](https://BlackInfantsAndFamilies.org/Doulas)

**Black Infants & Families**  
A Los Angeles County AAIMM Prevention Initiative.



Los Angeles County  
African American Infant & Maternal Mortality (AAIMM) Prevention Initiative  
Doula Program

**Black Infants & Families**  
**LOS ANGELES**

**[BlackInfantsAndFamilies.org](https://BlackInfantsAndFamilies.org)**  
**October 5, 2021**

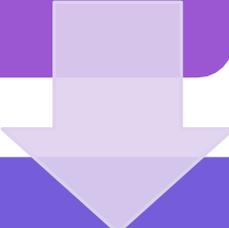


## Our Mission

We are a coalition of the LA County Department of Public Health, Department of Health Services, and Department of Mental Health, First 5 LA, community organizations, mental and health care providers, funders, and community members. We are united in one purpose: to address the unacceptably high rates of Black infant and maternal deaths in Los Angeles County and ensure access to healthy and joyous births for Black families.

# AAIMM Prevention Initiative

**Aspirational Goal:** to eliminate racism and reduce the effects of racism on Black women's bodies.

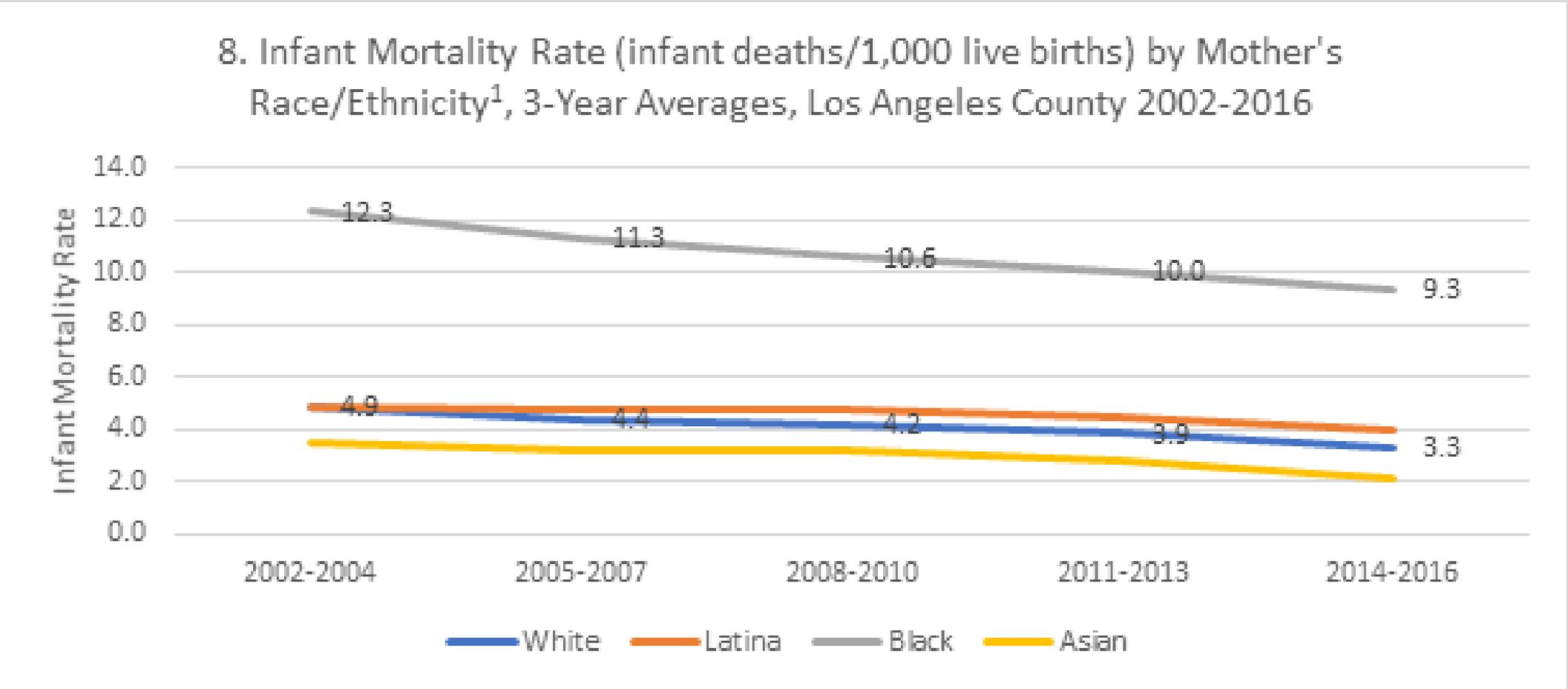


**Initiative Goal:** to reduce the Black-White infant mortality gap in LA County by 30% over 5 years (2018-2023).

- Reduce the maternal mortality gap in LA County (metrics TBA)

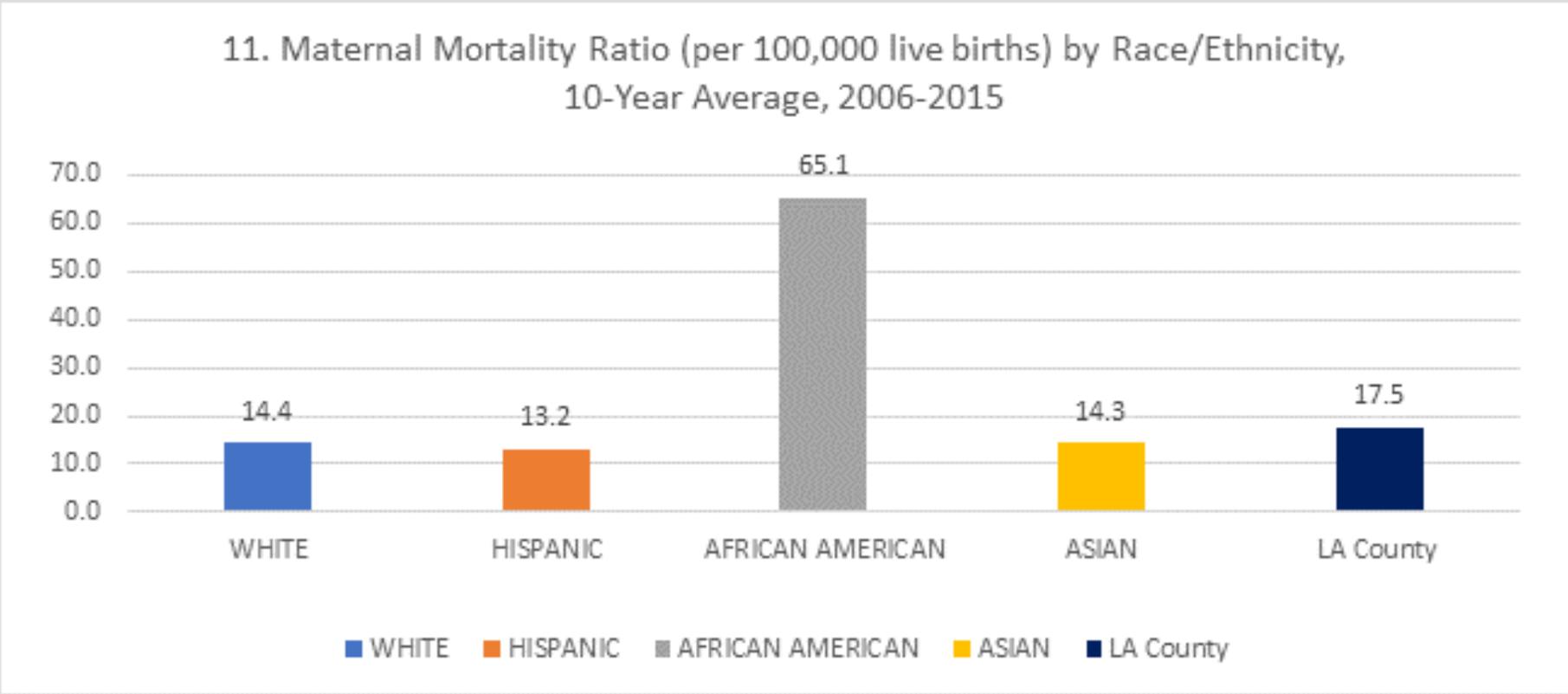
# The Data: African American Infant Mortality

African-American babies in LA County are **two to three times** more likely to die before their first birthday than babies of other races.



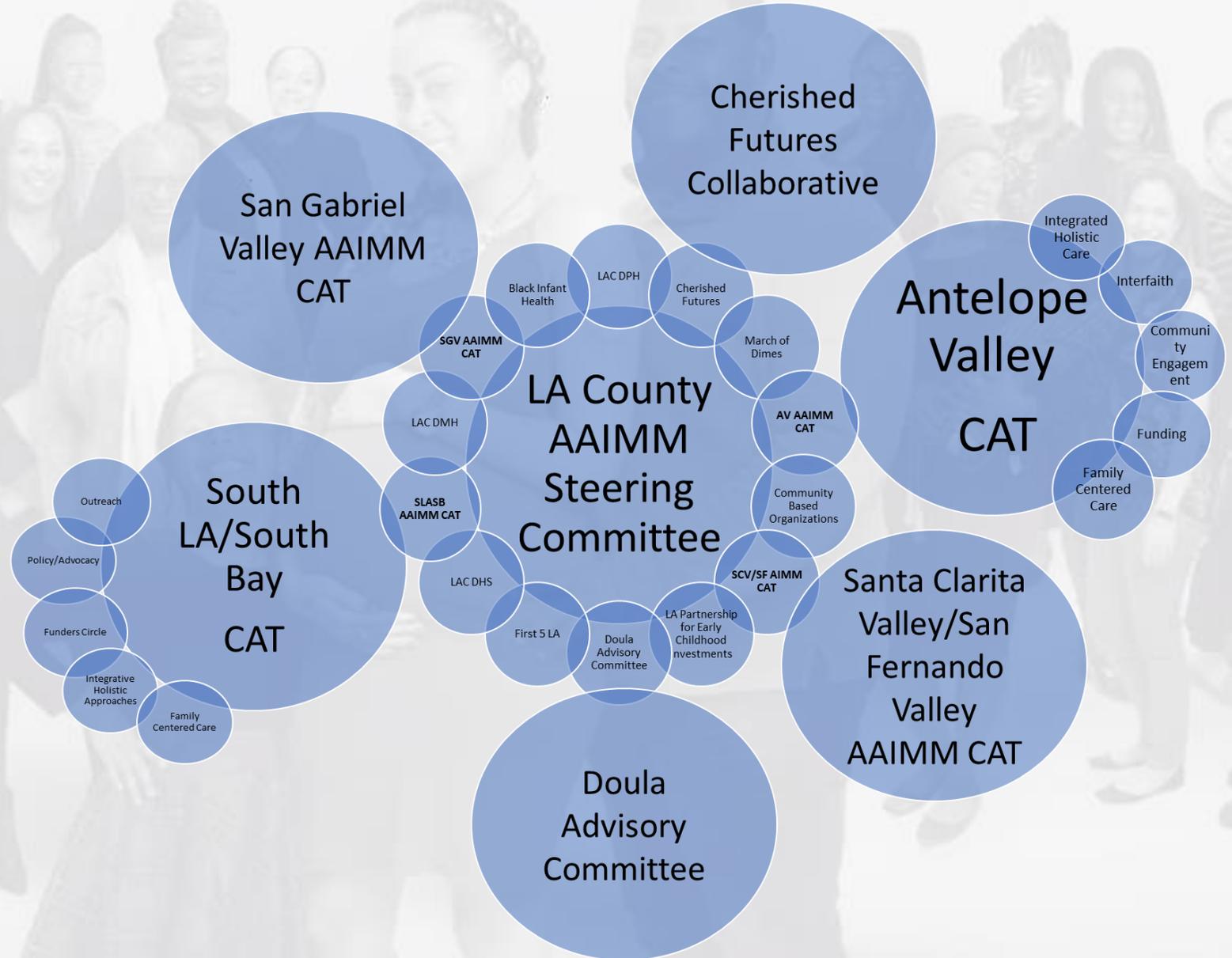
# The Data: African American Maternal Mortality

**Black/African-American mothers in LA County are four to five times more likely to die after childbirth than mothers of other races.**



# LA County AAIMM Initiative Collaborative Structures & Steering Committee Representation

What We Created Together: Solidarity



# What We Created: Our Values



**Racism is the root cause**



**Black women up front and leading**



**Fostering equity while fighting inequity**

Black women of all socio-econ  
Reproductive justice  
Anti-racism, anti-implicit bias



**Pieces of the puzzle**

Everyone has a role



**No blame game**

# AAIMM Initiative Areas of Focus



Birth plans that center the woman/birthing person

**Birth workers**

Policies and Practices

Hospital Quality Improvement

Community Engagement and Leadership

Sister Circles and Pregnancy Support Groups

Mental Health Support

Funding the People and the Work

Communication for Awareness and Action

## ARE YOU AFRICAN AMERICAN AND PREGNANT?

YOU MAY BE ABLE TO RECEIVE FREE SUPPORT FROM A BIRTH DOULA!



Your Doula will provide support throughout your pregnancy:

-  3 prenatal visits
-  Continuous labor support
-  3 postpartum visits
-  Lactation support

The LA County Department of Public Health is leading a broad African American Infant and Maternal Mortality (AAIMM) Initiative to combat disproportionately high rates of Black/African American infant and maternal deaths countywide. Doulas are part of the solution. For more information, please go to: [blackinfantsandfamilies.org](http://blackinfantsandfamilies.org).

### What are Doulas?

Doulas are professional childbirth companions who provide emotional support, physical comfort, education and advocacy to women and persons during pregnancy, childbirth and the newborn period.

### Who is Eligible?

Black and African American pregnant people living in South Los Angeles, the South Bay, Antelope Valley and San Fernando Valley are eligible for free Doula services.

### Client Incentives

Participation in this program is voluntary and to show gratitude for allowing us the opportunity to support you, we have some great incentives that will be offered at various stages of your time in our program, such as:

- Baby Items
- Safety/Childproofing Kits
- Books
- Gift Cards and more....

We welcome participants at any stage of pregnancy. It's not too late for you to add a doula to your support team!

**CONTACT US TO ENROLL**

Michelle Sanders: [MSanders@ph.lacounty.gov](mailto:MSanders@ph.lacounty.gov) OR Ariana White: [AWhite@ph.lacounty.gov](mailto:AWhite@ph.lacounty.gov)  
Phone: (213) 639-8448

Los Angeles County Department of Public Health, Division of Maternal, Child & Adolescent Health

# Client Eligibility

Clients must self-identify as Black/African American and be pregnant.

We accept clients countywide

Medi-Cal eligible clients are priority, but clients with other insurance are accepted.

There is no gestational age requirement.

Incentives provided to participating clients

Doula, agency, clinic, hospital, organization, and self referrals accepted



AAIMM Steering Committee and Community Action Teams  
L.A. County African American Infant & Maternal Mortality  
Doula Advisory Committee

**Black Infants & Families  
LOS ANGELES**

[BlackInfantsAndFamilies.org](http://BlackInfantsAndFamilies.org)

 @BlackInfantsAndFamilies | OILa | @aaimm

# AAIMM Doula Pilot Project (2019-20)

**\$2M** Funded by Whole Person Care (WPC)

**450** referrals

**219** babies born

**53%** of clients served had Medi-Cal or Health Way LA

**90%** of clients had **full term births** (<37 weeks)

↑ **Breastfeeding initiation rate** was higher than the county averages

↓ **Primary cesarean rates were lower** than the county averages.

# Workforce Development

AAIMM Doulas receive continuing education - trainings were also provided to community members and other doulas.

40 BIPOC community members received free doula training to build the doula workforce

74 doulas completed Trauma Informed doula care training

40 doulas completed Full Spectrum doula training

Nearly 60 doulas and community members completed Lactation Education Specialist training

# AAIMM Doula Program (2021-23)

**\$2M** Funded by CA Dept. of Public Health- Home Visitation Innovation Grant (CHVP) - \$1M per yr.

Goal to serve **500 clients over 2 years**

**136 active** clients

**44%** of clients are **Medi-Cal**

*Due to COVID-19 support has primarily been virtual, but the majority of births have been attended in person.*

# Data Collection

Clients complete an intake call with program staff

- Collect preliminary data and initiate the enrollment process

Data is electronically collected by the doulas during visits

- Prenatal 1,2, and 3
- Labor and Delivery
- Postpartum 1,2,and 3
- Doulas electronically and securely submit data to ensure client privacy

Data is tracked internally

- Data tracked by program staff and an Epidemiologist

# Data Collected

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Number of prior pregnancies and outcomes

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Breastfeeding initiation/duration

---

Preterm births

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NICU admissions

---

Low birth weight rate

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Cesarean rates

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Client and doula satisfaction

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General client demographics



Meet  
the  
AAIMM  
Douglas



## Lessons Learned

**Community engagement** is an accelerator

**Representation matters** in design and implementation

**Pay and train**, train and pay

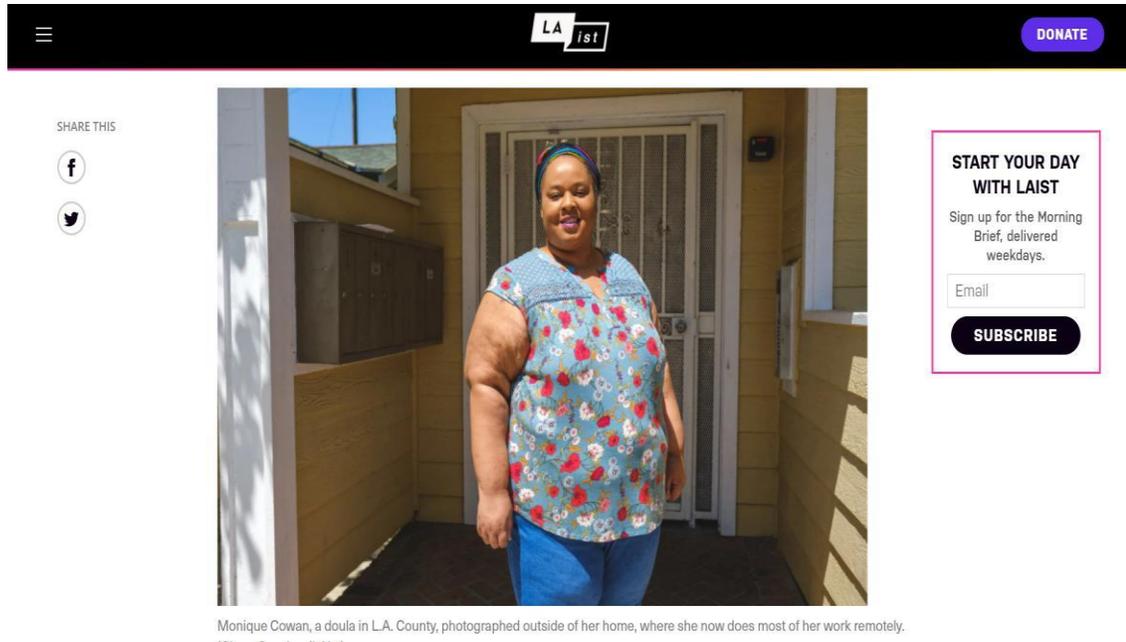
**Build awareness of the intervention and the program**—with every collaborator possible

**Ongoing Funding conversations** are a must

**Centering birth equity** means **never not centering equity**

**ACDE – Always Collecting Data for Equity**

# Media Coverage



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SUBSCRIBE

Monique Cowan, a doula in L.A. County, photographed outside of her home, where she now does most of her work remotely.

- <https://www.foxsoul.tv/clip/15116608/the-tammi-mac-late-show-maternal-mortality>
- <https://kjlhradio.com/the-kjlh-womens-health-expo/what-every-black-woman-should-know-to-have-a-healthy-and-joyous-birth/>
- <https://www.nbclosangeles.com/news/local/los-angeles-doulas-free-county-black-women/2378319/>
- <https://laist.com/2020/05/28/coronavirus-pregnancy-support-doulas-hospitals.php>

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Melissa R. Franklin, Ed.D - Communications and Stakeholder Engagement

[www.blackinfantsandfamilies.org](http://www.blackinfantsandfamilies.org)



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# Questions and Answers



# NCIT XChange

- Join the XChange
- Keep the conversations and learning ongoing
- Use the NCIT Hub Help Desk to get expert help
- Link to TheNCIT.org for resources
- <https://ncitxchange.org>

The screenshot shows the NCIT XChange website homepage. At the top left is the logo for NCIT XChange, described as a program of the NCIT Capacity-Building Hub, powered by the BUILD Initiative. A search bar is located at the top right. Below the header is a navigation menu with links: Prenatal-to-Three Leaders & Champions, Hub Leads, Pritzker Fellows, Communities of Practice, My Dashboard, TheNCIT.org, and BUILD. The main content area features six large image-based tiles: 'Join the Discussions' (a baby's face), 'Community How-Tos' (a woman kissing a baby), 'Join the NCIT XChange Community' (a woman at a desk), 'Prenatal-to-Three Events' (a baby), 'Latest Announcements' (a woman holding a baby), and 'New Resources' (two babies). Below these tiles is a 'Welcome to the NCIT XChange!' section with introductory text and a 'Discussions' table. On the right side, there is an 'NCIT HUB Help Desk' section with a 'Submit your request to the NCIT HUB Help Desk' button and a description of the service. At the bottom right, there is a contact number: 833.Ask-NCIT (833-275-6248) and a note to call the dedicated, toll-free NCIT line.

**Welcome to the NCIT XChange!**

The NCIT XChange is an dedicated online community focused on prenatal-to-three networks across states and communities.

Join the **Prenatal-to-Three Leaders & Champions neighborhood** to engage in discussions, pose questions, raise ideas, share successes, find events and receive timely advice from peers in the prenatal-to-three community.

We are more successful the more we work together to advance better policies, systems, and supports for our youngest children. The XChange can support your work by connecting you to the deep network of prenatal-to-three expertise available through the NCIT.

Discussions			
<b>New blogs on strategies to improve health outcomes for moms &amp; babies</b>	4 views	0 replies	Started 3 days ago by Chelsea Kiene
<b>NCIT Clips Digest 4/23-5/5</b>	3 views	0 replies	Started 5 days ago by Taseen Shamim
<b>COVID-19 Recovery Clearinghouse</b>	5 views	0 replies	Started 10 days ago by Arabella Pluta-Ehlers
<b>New, Free 6-Part Early Head Start RISING: Summer Learning Series from NHSA!</b>	2 views	0 replies	Started 10 days ago by Kent Mitchell

1 2 3 4 5 >>

**NCIT HUB Help Desk**

**Submit your request to the NCIT HUB Help Desk**

The Help Desk addresses PN-3 challenges faced by states and communities and helps solve challenges that get in the way of children and families experiencing healthy beginnings, family support, and quality child care. Its "request and response" format that connects communities with PN-3 experts allows you to submit an online request detailing the challenge you are facing. Technical assistance may come in the form of written documents, tools, peer matches, phone consultations, and/or facilitation.

**833.Ask-NCIT (833-275-6248)**

Call the dedicated, toll-free NCIT

# Prenatal-to-Three Leaders & Champions

- Ask questions and join discussions with peers and experts
- Find timely resources and events
- Share resources with the network
- Learn from what others are doing

The screenshot shows the homepage of the Prenatal-to-Three Leaders & Champions Neighborhood. At the top, there is a search bar and navigation links for Prenatal-to-Three Leaders & Champions, Hub Leads, Pritzker Fellows, Communities of Practice, My Dashboard, TheNCIT.org, and BUILD. Below the navigation, there is a header for the Prenatal-to-Three Leaders & Champions section with sub-links for Announcements, Discussions, Resources, State & Community Spotlights, Events, Ideas, Members, Sub-Groups, and Topics. A large teal and orange graphic on the left side of the main content area features the text: "Welcome to the Prenatal-to-Three Leaders & Champions Neighborhood". To the right of this graphic, there is a paragraph of text: "Engage with others working in the prenatal-to-three field to share resources, engage in discussions, offer information and insights and post questions and answers. Stay abreast of the latest news and events in the PN-3 network by checking the Announcements and Events Calendar. And stay connected with timely, daily and/or weekly alerts from the neighborhood." Below this text are two yellow buttons: "Start A Discussion" and "Upload A File".

On the right side of the page, there is a search bar for "Search Prenatal-to-Three Leaders & Champions" with the placeholder text "I was wondering...". Below this is a "Post a Discussion" section with a list of categories: Child Care, Family Child Care, General Discussions, Parent/Family Engagement, PN-3 Successes, and Questions & Answers. There is also a "Post a Job Announcement" button. Below that is a "Latest Job Announcements" section with two job listings: "Job opening: Illinois Deput..." (20 days ago) and "Early Childhood Program C..." (1 month ago). At the bottom right, there is an "Upcoming Events" section with three events: "Step Up to T.E.A.C.H., and 'Step ..." (17 May 2021 1:00 PM), "PCI Webinar: Communications Infr..." (19 May 2021 2:00 PM), and "Sorenson Impact Summit" (25 May 2021 12:00 AM). Below the main content area, there is an "Announcements" section with two posts: "Monthly webinars from ACF/HHS: Biden-Harris Administration's First 100 Days and What Comes Next" by Cheryl McAfee and "New Neighborhood Podcast, Episode 4: 'Meeting the Needs of Children Under Three'" by Ngozi Lawal. Below the announcements is a "Discussions and Resources" section with tabs for "Discussions" and "Resources". Under the "Discussions" tab, there is a post from 7 May 2021 by Chelsea Kiene in Prenatal-to-Three Leaders & Champions > General Discussions: "New blogs on strategies to improve health outcomes for moms & babies".

# Upcoming Webinars

**National Prenatal-to-3 Research to Policy Summit:  
State Investments Impacting the Earliest Years**

October 7 at 1:00 PM ET

**The Art of Storytelling for PN-3 Movement Building**

October 14 at 2:00 PM ET

**Justice from the Start, Supporting Prenatal-to-  
Three with Federal Relief Funds: Family Support**

October 20 at 1:30 PM ET

**Justice from the Start, Supporting Prenatal-to-  
Three with Federal Relief Funds: Health**

October 28 at 3:00 PM ET





Thank you!