



## Item 8

# Introduction to Maternity Care Workforce Planning Project

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Senior Researcher, Mathematica

# Maternal Health Workforce Planning Project

**Supply and Demand Modeling for California's  
Maternal Health Workforce**

Lekisha Daniel-Robinson, MSPH

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# Funder – California Health Care Foundation



**Kathryn Phillips, MPH – CHCF**

Kathryn is an associate director on CHCF’s Improving Access team, which works to improve access to coverage and care for Californians with low incomes. Kathryn supports strategy across the team, develops strategic priorities and new initiatives to build the future health care workforce in California, and fosters alignment of workforce activities across the foundation.



**Amelia Cobb, MPH – CHCF**

Amelia is a senior program officer for CHCF’s Improving Access team. She leads grantmaking to support maternal health as well efforts to advance equity across all CHCF’s portfolios of work.



# California Department of Health Care Access and Information (HCAI) partners

**/ Hovik Khosrovian**

**/ Libby Abbott, MPH, MIA**

**/ Eric Neuhauser, MPA**



# Project Team



**Lekisha Daniel-Robinson, MSPH – Mathematica**

Lekisha is a senior researcher at Mathematica with 25 years of experience in state and Federal government, as well as hospital, health organization and government consulting. Lekisha leads or advises in efforts to improve outcomes, quality, and access in maternal health delivery systems. She has experience providing technical assistance to states, programs and partners to address data infrastructure and collaboration, integrate workforce models, and use data-driven strategies to identify and assess quality improvement opportunities and impact.



**Katie Garland, MPH**

Katie is a researcher at Mathematica, serving as the qualitative research lead. Katie has 10 years of experience in maternal and infant research, including conducting literature reviews, qualitative data collection and analysis, and interpreting and disseminating findings.



**Juee Modi**

Juee is a research associate at Mathematica. She provides research support to several maternal health projects, supporting the development of state policy scans, administration of technical assistance with state Medicaid agencies, and several maternal health analytic data products.



**Diane Rittenhouse, MD, MPH**

Diane is a senior fellow at Mathematica and Professor of Family Medicine and Health Policy at UCSF, and has over two decades of experience researching health care organization, delivery, finance, and workforce – and translating that research into policy. She served as expert advisor to HCAI, supporting the launch of a new HWET Council, and she currently serves as expert advisor to HCAI for the development of a primary care workforce calculator.



# Maternal Health Landscape

- / **One in 10 deliveries in the United States occur in California**
- / **Birthing facilities are experiencing increasing fiscal pressures**
- / **Maternity care deserts are growing**
- / **Disparities in adverse maternal outcomes persist**
  - Black mothers in CA deliver only 5% of all babies, but account for 21% of maternal deaths.<sup>1</sup>
  - The infant mortality rate for Black Californians is 7.5 per 1000 live births, compared to 3.1 for White Californians.<sup>2</sup>
  - Black, Asian, Native Hawaiian, and Pacific Islander (ANHPI), and Latina/x mothers were more likely (30.9%, 22.7%, 21.8% respectively) to report prenatal or postpartum depressive symptoms than White mothers (18.4%) in California.<sup>3</sup>



1 Hwang, K. (2023, October 27). Despite high Black maternal death rate, California hospitals ignored training about bias in care. CalMatters. <https://calmatters.org/health/2023/10/despite-high-black-maternal-death-rate-california-hospitals-ignored-training-about-bias-in-care/>

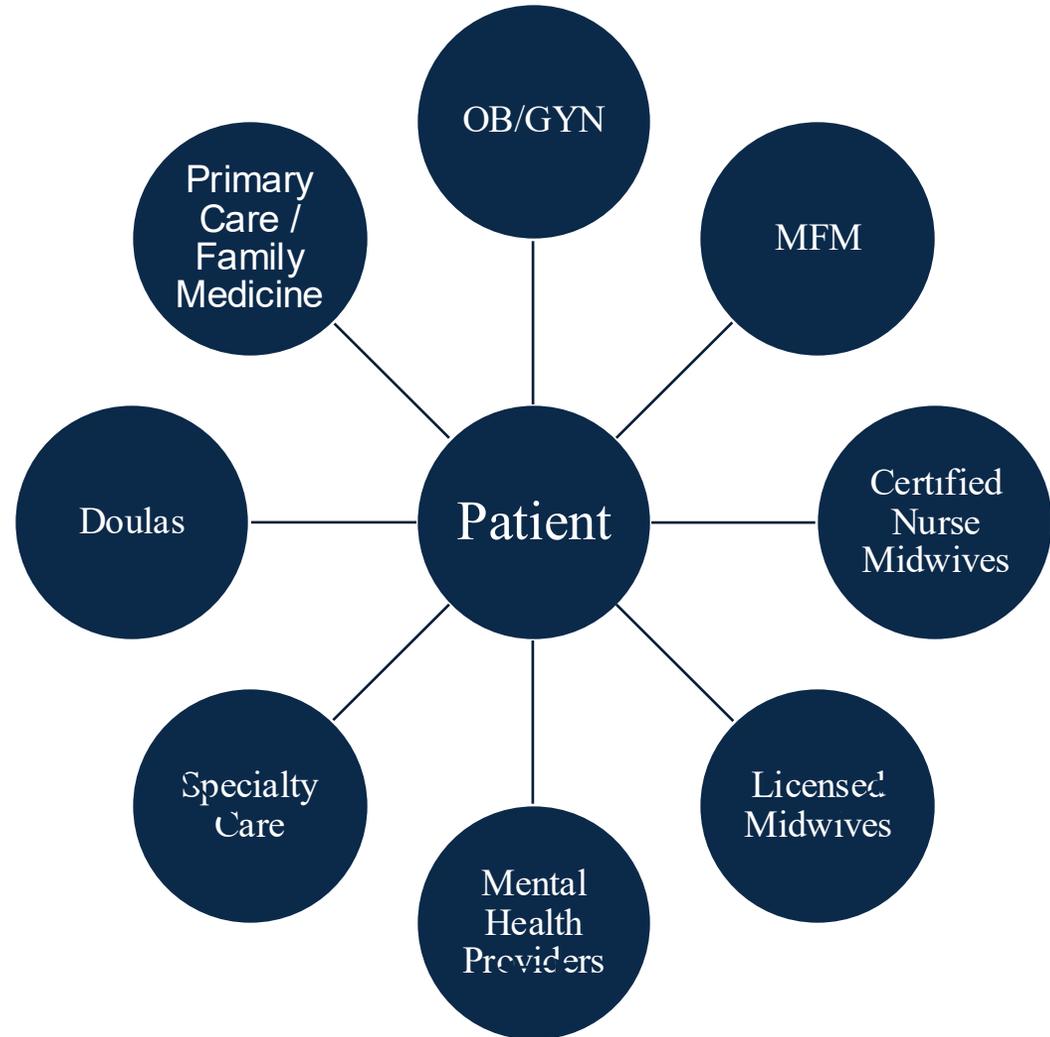
2 KFF, State Health Facts, Infant Mortality Rates by Race/Ethnicity from the United States Department of Health and Human Services (US DHHS), Centers of Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS). Linked Birth / Infant Death Records 2007-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, on CDC WONDER On-line Database. [California Maternal & Infant Health Data](https://www.kff.org/state-health-facts/)

3 Joynet, J. (2023, November). Maternity Care in California: Delivering the Data. California Health Care Foundation. <https://www.chcf.org/wp-content/uploads/2023/11/MaternityCareAlmanac2023.pdf>

# Maternal health ecosystem

**Maternal health care requires multiple providers across multiple settings over time**

**Sufficient and appropriate capacity is critical**





# Supply and Demand Modeling for California's Maternal Health Workforce – Project goals

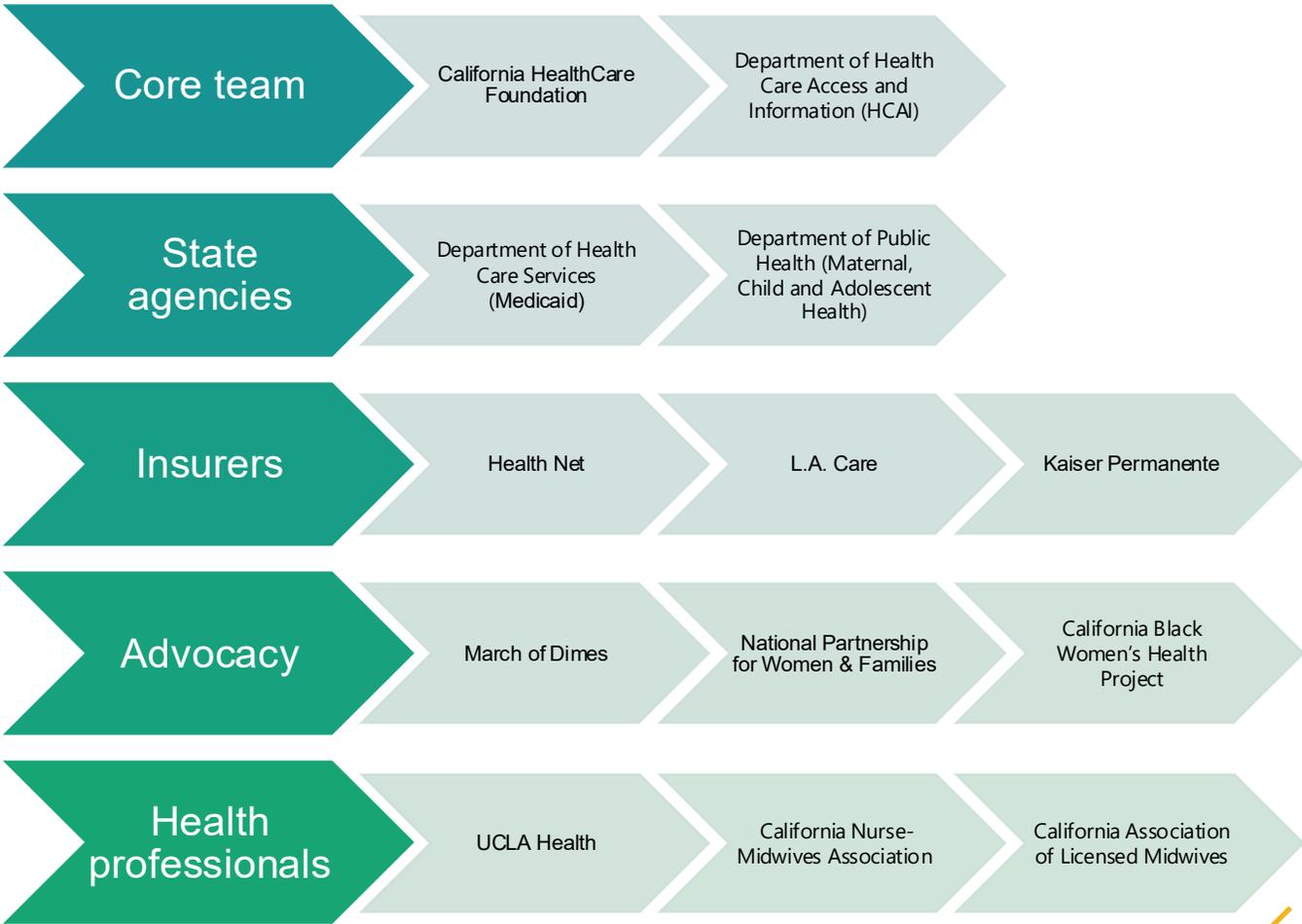
- / Develop assumptions for use in development of a Maternal Health Supply and Demand Model to understand the current supply and future needs for midwives and nurse practitioners.\***
- / Inform strategies to enhance the maternal health workforce recruitment, placement and retention.**

\*This includes licensed midwives, certified midwives, and certified nurse-midwives, and family nurse practitioners, physicians, doulas and support roles essential for delivering high-quality and equitable pregnancy care to all Californians.



# Strategic Advisory Group (SAG)

- / **Members** represent sponsors, key stakeholders, payers and purchasers, and subject matter experts
- / **Purpose is to gather input from a diverse range of perspectives throughout project activities**





# Activity Timeline





# Research Questions

- / How should maternal health providers of various types and support personnel be included in the model?**
- / What factors influence the supply, capacity, distribution, and diversity of maternal health providers in California? How can these factors be quantified?**
- / What factors influence demand for maternal health services across populations and care settings in California? How can these factors be quantified?**





# Literature review

/ **Purpose:** Understand care model opportunities and needs to safely, efficiently, and equitably manage the full continuum of birthing people in California across geographic areas (urban and rural), care settings (hospitals and birth centers), and maternal health risk status

/ **Focus areas:**

Workforce  
adequacy

Maternity care  
provider demand

Maternity care  
deserts

Professional  
association  
recommendations

Maternity care  
and delivery  
setting demand

Risk and equity  
considerations



# Key Informant Interviews and Focus Groups

## / Participants

- Physicians, including obstetricians, family medicine, and maternal fetal medicine providers
- Midwives and nurse-practitioners, including certified nurse midwives, licensed midwives, family nurse practitioners, and women's health nurse practitioners
- Support professionals, including doulas, social workers, and community health workers
- Large insurers
- Professional associations and educational programs
- Consumer/advocacy groups



# Key Informant Discussion Domains



- Workforce Composition and Scope of Practice
- Practice Settings and Care Delivery Context
- Work Patterns and Capacity
- Staffing Models, Standards, and Regulations
- Demand for Maternity Care and Access Barriers
- Referral Networks, Telehealth, and System Constraints
- Workforce Pipeline, Attrition, and Sustainability
- Data Sources and Gaps



# Discussion questions

- / Are there other stakeholders that should be included?**
- / What workforce related data sources should we consider?**
- / Any emerging policies that may impact this work?**
- / Any other considerations the team should be aware?**





# Questions & Discussion



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