



Caring for Families. Improving Lives. Leading Change.

One FQHC's Impact on Maternal and Child Health

**Presentation to Funders for Birth Equity and Justice
by Kelly Sweeney McShane and Dr. Ebony Marcelle**

January 16, 2025

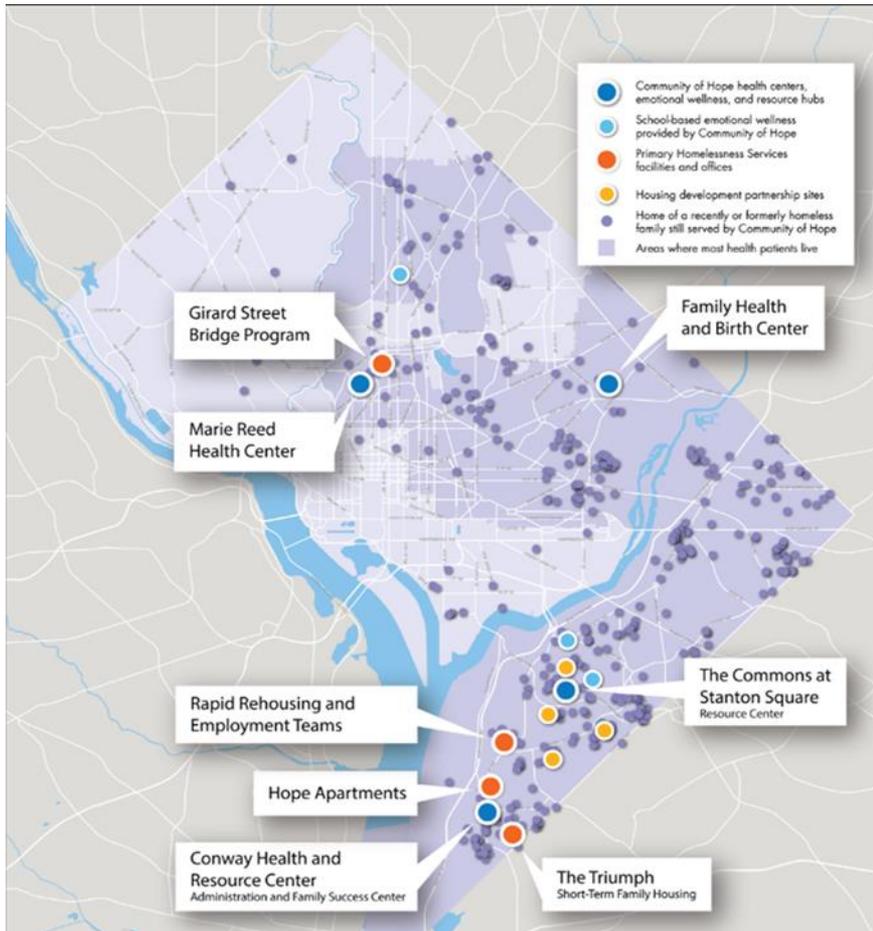
Overview

- A bit about us
- Overview of Community of Hope
- COH's Maternal and Child Health Program
- Outcomes
- Moving to Financial Sustainability





Community of Hope



- Mission: to improve health, end homelessness and partner with communities to make Washington, DC more equitable
- Providing about 83,000 medical, dental, behavioral health and care coordination services to about 16,000 patients; a Federally Qualified Health Center
- Serving about 1600 households experiencing homelessness in DC
- Budget of about \$58 million in 2025 and 450 staff



How and why we got here....

- Family Health and Birth Center, Inc. was an independent nonprofit, started in 2000.
- Merged in 2011 with Community of Hope.
 - Benefits of merger
 - Challenges and lessons learned
- Relocated to larger location in April 2022.



What it means to be a FQHC

- Two ways
 - National competition to be a full FQHC
 - “Look alike” status, but doesn’t have all advantages
- Governance implications
 - Patient majority required on the board of directors
 - Monthly board meetings required
- Required scope of services
- 19 program requirements
 - Operational Site Visit every three years



Financial advantages to being a FQHC

Grants

Base and Special
(capital, COVID, etc)

Federal Torts Claim
Act coverage for
malpractice

Medicaid rates
based on actual
costs

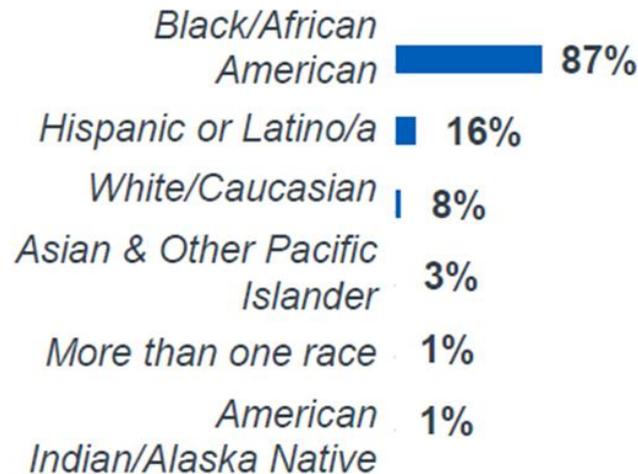
340b benefits for
low-cost medication



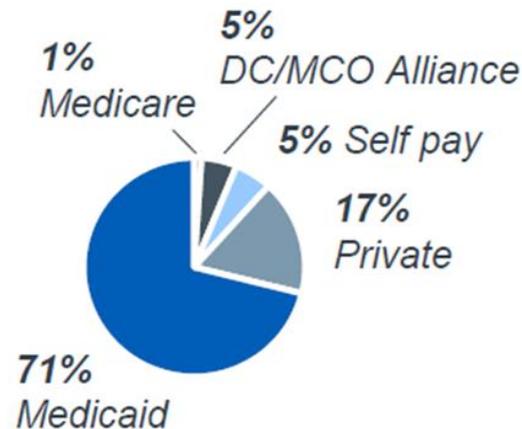
COH Patient Demographics

Underserved perinatal patients reached

By race and ethnicity*†



By health insurance coverage



700+

Perinatal patients served from 2023 to June 2024



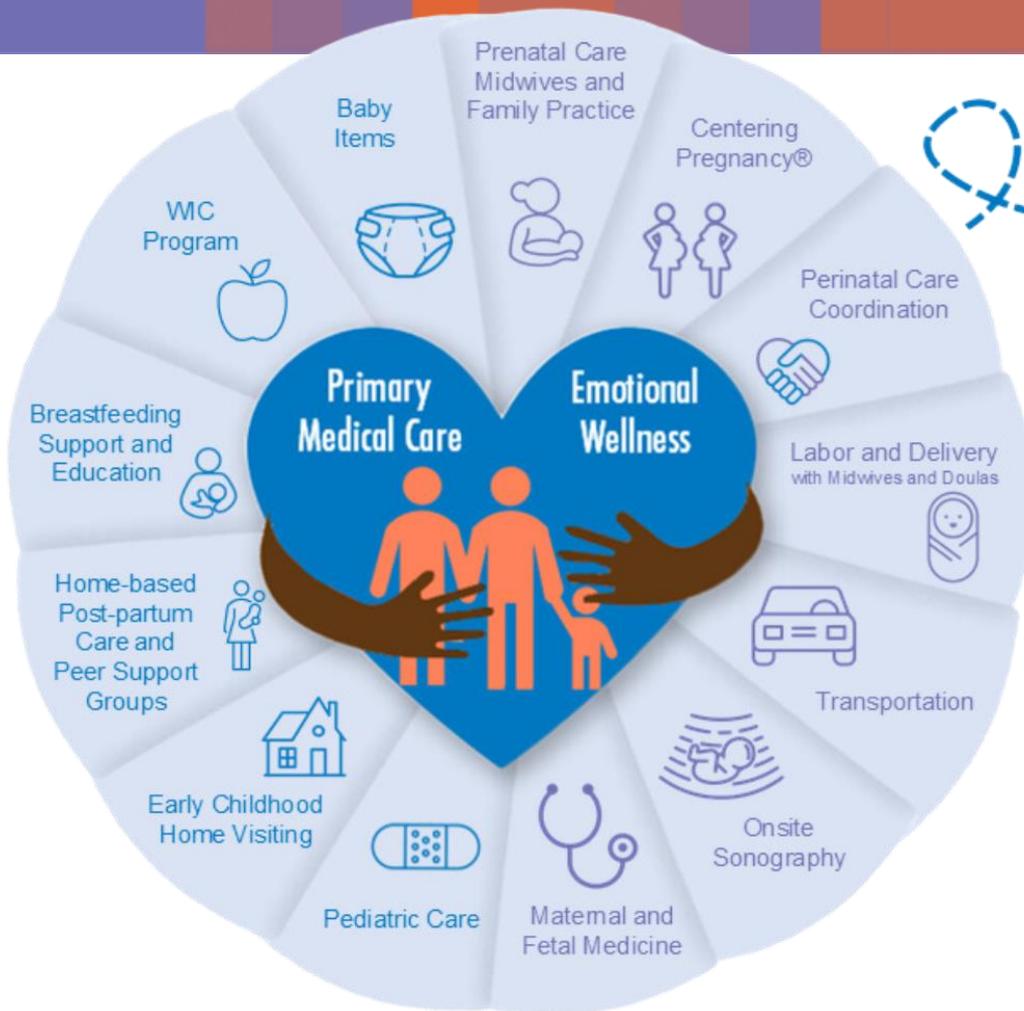
339

Newborns delivered by COH midwives

* Hispanic is considered an ethnicity, not a race. The percentages do not add to 100 because Hispanics may be any race.

† Data does not include respondents who didn't report race.



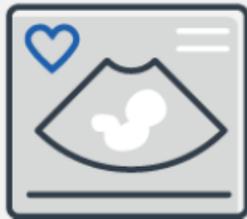


Birth

Center



Program Impact Report by Optum



10%

From 2021 to June 2024, the percentage of COH babies born **preterm dropped** from 15% to 10%.

8%

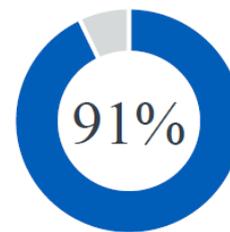
From 2022 to June 2024, the percentage of COH babies born with **low birthweight dropped** from 11% to 8%.

My patient care coordinator has been helpful throughout my entire pregnancy and with my postpartum care. She'd always reach out to check on us, see how baby is doing, how I'm doing, let me know about resources that are available if I need them. I could tell she really cared.

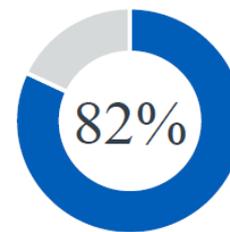
Angela
COH patient



Among postpartum patients...



Were screened for postpartum depression



Attended timely postpartum visits†

† Care visits occurred between 7 and 84 days after delivery.



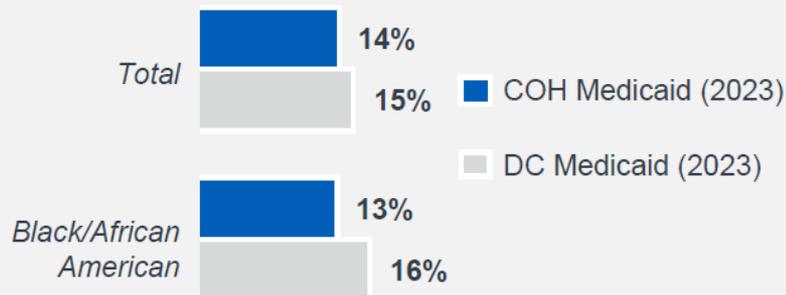
Comparison Data



5100+
Prenatal clinic visits

Lower preterm birth† rates for Medicaid patients

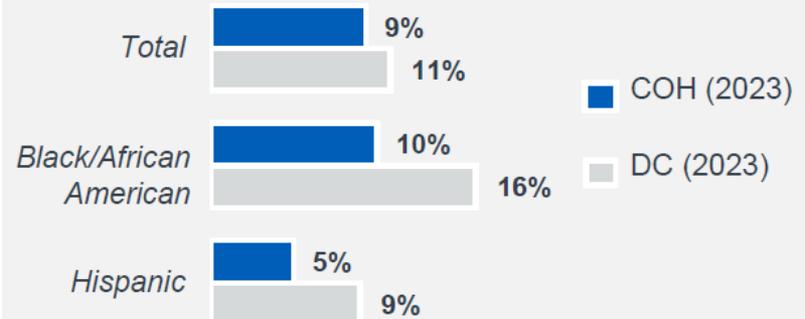
In 2023, the proportion of preterm births at COH were lower than among all DC Medicaid beneficiaries.



† "Preterm birth" is defined as fewer than 37 completed weeks of gestation.

Fewer babies born low birthweight‡ than DC

In 2023, the proportion of low birthweight babies born at COH were lower than for Washington, DC (all-payer).



‡ "Low birthweight" is defined as fewer than 2,500 grams (5 pounds, 8 ounces).



79%

Of patients received perinatal care coordination services



Patient Experience

Qualitative focus group results. Overall, participants appreciated COH's care whole-person approach.²

Parents felt:

- **Supported** by COH's care coordinators, who checked on them consistently and connected them to a range of pregnancy and postpartum services.
- **Empowered** by COH education to make informed care decisions on delivery options.
- **Respected** by the midwives and doulas with diverse backgrounds who cared for them. Multiple women noted the importance of receiving care from Black women who understood patient experiences.
- **Listened to** by doulas, midwives, and facilitated peer groups during pregnancy and postpartum. COH staff facilitated personal connections and spaces for participants to ask questions.



669

Total live births to
COH patients



776

CenteringPregnancy®
group visits



At COH, I really felt like a person, like I had agency and could speak up for myself, and like I had advocates. And I loved working with different midwives, because you really don't know who's gonna be on call when you go into labor. Just having that familiarity with each of them throughout the course of my prenatal care made me feel very safe, like my best interest was at the forefront.

Denise
COH patient



Financial Model – MCH Services

- Enhanced Medicaid reimbursement for clinic visits as a FQHC is very helpful.
- However, need Medicaid to pay for more services, at higher rates.
 - Professional fees only \$750 for a hospital birth and \$1,000 for a birth center birth from Medicaid.
 - Still figuring out doula financial model.
- Policy work – DC awarded CMS Transforming Maternal Health grant
- Role of philanthropy

2024 Funding Breakdown





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A full copy of the OptumInsights Program Impact report is available [here](#).

