

LEADERSHIP FOR THE NEXT DECADE: RECOVERY, RESILIENCE, AND RESPECT

**Presentation by Kay Johnson
Delaware Healthy Mother & Infant Consortium
(DHMIC) 15th Annual Summit
The Power of You, The Power of Community
April, 2021**



Kay collecting data at a young age.

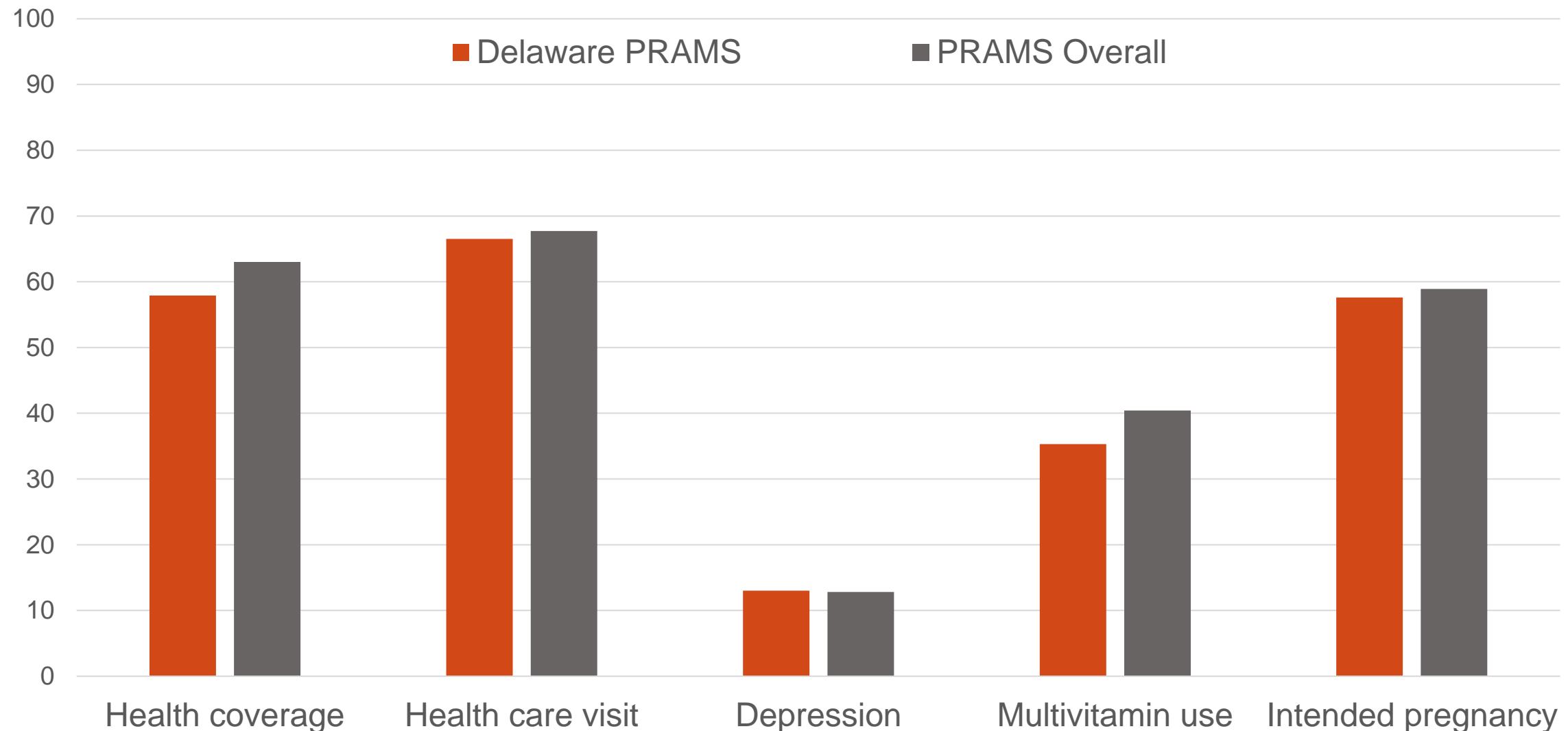
Starting perspective...What I believe

- Equity depends upon strong and well-implemented public policies.
- Every person should have the freedom to decide if and when to be a parent and raise a family.
- Reproductive justice will be attained when all people have the economic, social, and political power and the means to make decisions about their bodies, sexuality, health, and families.
- Clinical practice changes, QI, or individual behavior change are necessary but not sufficient to improve outcomes and end disparities.
- To have equitable impact on the greatest number of women, children, and families, we must ensure effective public policies, programs, and services.
- Data are not and never have been neutral.

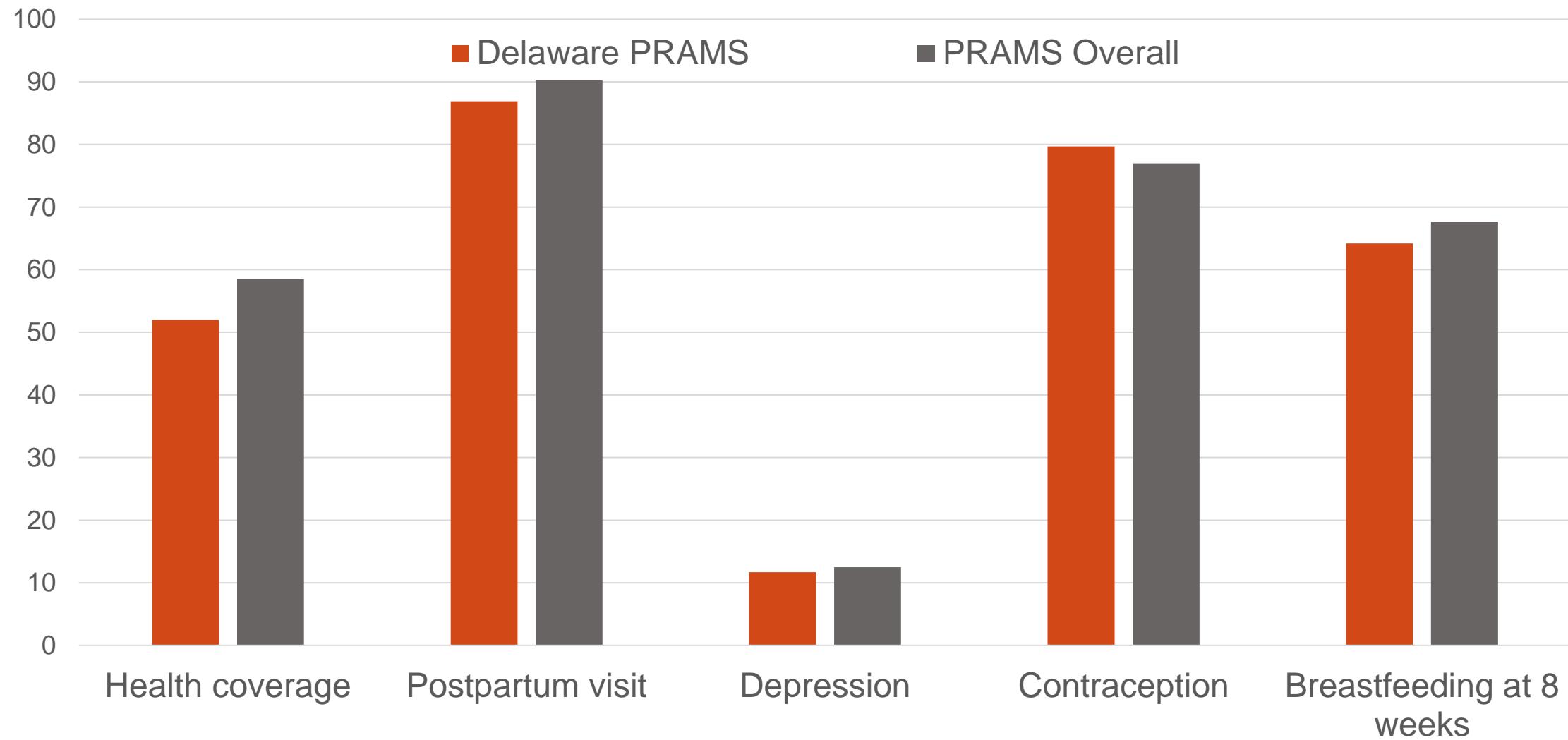
Common system failures

- Not assuring equitable access and care, not addressing racism.
- Blaming people and behaviors rather than fixing systems
- Primary care providers not strong on preconception & well-woman care.
- Prenatal care quality receives too little emphasis.
- Interconception care devolves into LARC initiatives.
- Prevention of teen pregnancy but not weathering.
- Head separated from the body (oral & mental health).
- Perinatal HIV, opioid use, etc. marginalized.
- Perinatal QI mainly about hospitals and vital statistics.
- Home visiting insufficient to affect index birth outcome.
- SDOH assessed but not addressed.

Select Preconception Characteristics among New Mothers, Delaware and Overall PRAMS, 2017



Select Postpartum Characteristics among New Mothers, Delaware and Overall PRAMS, 2017



RECOVERY



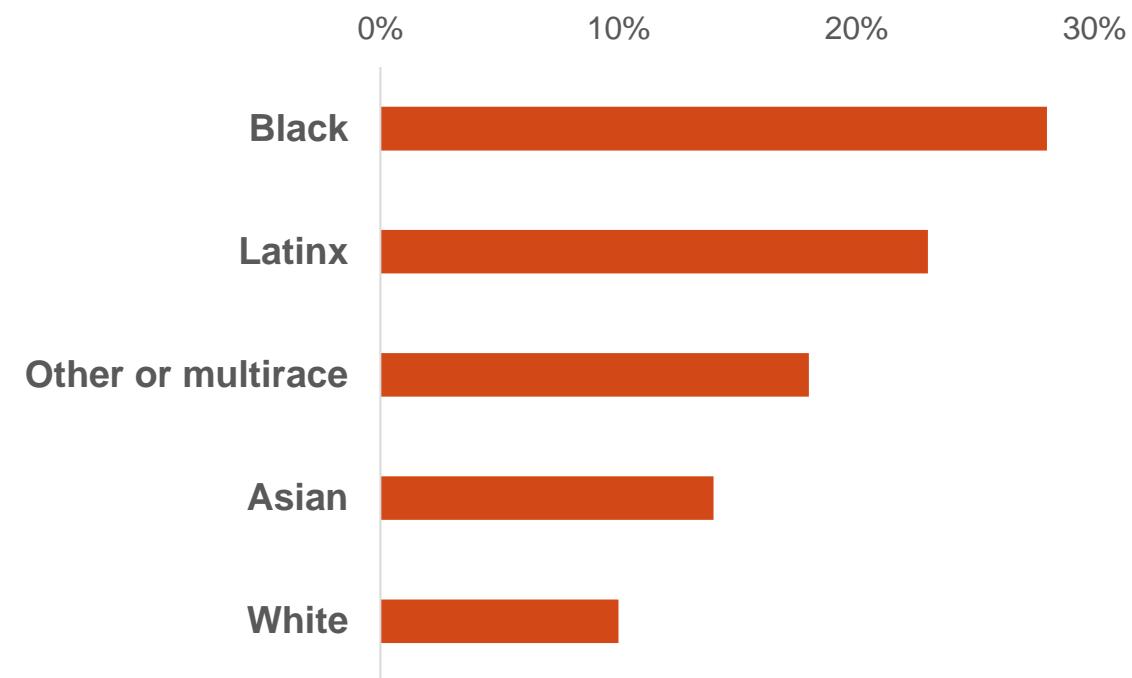
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What does COVID-19 emergency mean for women, children, & families?

Disrupted the lives of virtually all children and families, with greater challenges among those already vulnerable.



Children in Households of Color More Likely to Experience Food Insufficiency During COVID-19 Emergency



Source: Center on Budget and Policy Priorities analysis of US Census Bureau Household Pulse Survey for February 3-15, 2021

What's in the **AMERICAN RESCUE PLAN**

- ✓ INCREASING DIRECT PAYMENTS TO \$1,400 FOR WORKING CLASS AMERICANS
- ✓ CUT CHILDHOOD POVERTY IN HALF
- ✓ HOUSING ASSISTANCE FOR 12 MILLION AMERICANS STRUGGLING TO PAY THEIR RENT
- ✓ UNEMPLOYMENT BENEFITS BOOSTED
- ✓ SAFELY REOPEN SCHOOLS
- ✓ FUNDING FOR VACCINE DISTRIBUTION
- ✓ FUNDING FOR VACCINE PRODUCTION
- ✓ RELIEF FOR RESTAURANTS
- ✓ RELIEF FOR SMALL BUSINESSES

Bernie



BIDEN'S ECONOMIC RESCUE PLAN



- \$400/WEEK UNEMPLOYMENT BENEFITS INCREASE
- \$1,400 STIMULUS CHECKS
- \$15 FEDERAL MINIMUM WAGE
- \$3K/YEAR CHILD TAX CREDIT INCREASE
- EXTEND EVICTION, FORECLOSURE MORATORIUM

AMERICAN RESCUE PLAN, THURSDAY



1 IN 6 CHILDREN
in the United States live in poverty*

*Source: Children's Defense Fund



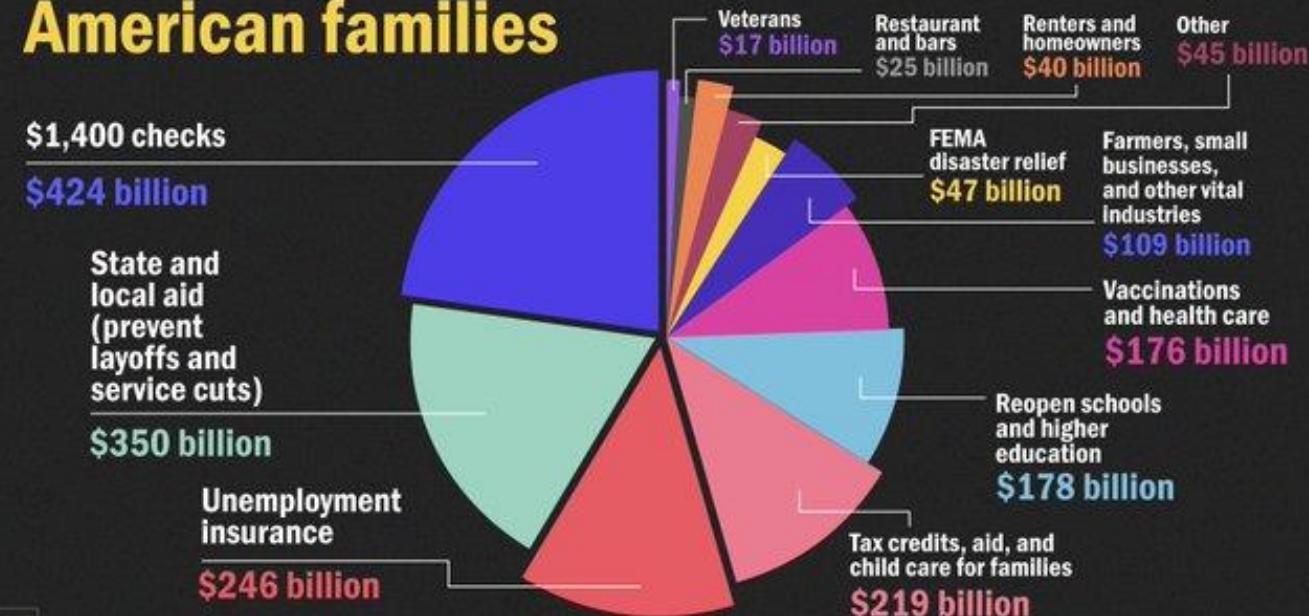
**IF PASSED, THE AMERICAN
RESCUE PLAN WOULD CUT
CHILDHOOD POVERTY IN HALF***

*Source: Columbia University

AMERICAN
RESCUE PLAN



Who does the American Rescue Plan help? **American families**



Shift in Public Policy Direction for Children

- Biggest shift in child and family policy in many years – maybe 25 (Clinton-Gingrich), 60 (LBJ), or 85 (FDR).
- Shift toward policy designed to help a wider array of families.
- Children and families whose lives have been disrupted by the COVID-19 emergency will see immediate relief through income, health, child care, nutrition, education, and mental health support.
- The American Rescue Plan Act (ARPA) included many one-year improvements that put U.S. on a pathway to end child poverty within a generation — if **(and that's a big if)** these policy changes can be made permanent.

American Rescue Plan and Act

- Medicaid protections
- COBRA
- ACA premiums
- Expand public health workforce
- Safety net provider investments
- Science-based COVID response
- Vaccine campaign
- Equity as a priority throughout

Protect health & health coverage



- Child tax credit
- Earned income tax credit (EITC)
- Child & dependent care tax credit
- Paid family leave
- Relief checks
- Unemployment benefits
- ~~Minimum wage to \$15~~

Economic relief to families with children



- TANF cash assistance
- Child care assistance
- Utilities assistance
- Food assistance (WIC & SNAP)
- Home visiting supports
- Housing assistance

Assistance with basic needs



- \$ for schools
- “hardest hit” education fund
- Child care stabilization fund (CCDBG)
- \$ for equity challenge
- Higher education emergency relief

Open education settings safely



<https://www.whitehouse.gov/briefing-room/legislation/2021/01/20/president-biden-announces-american-rescue-plan/>

<https://www.budget.senate.gov/imo/media/doc/American%20Rescue%20Plan%20Act%20SENATE.pdf>

<https://budget.house.gov/sites/democrats.budget.house.gov/files/documents/S%20Con%20Res%205%20Bill%20Final.pdf>

ARPA TO DO LIST

- ✓ Find out how ARPA policy changes may impact your state and community.
- ✓ Understand how ARPA changes effect programs or services for women, children, and families.
- ✓ Inform decision making about implementation.
- ✓ Train staff (e.g., navigators, care coordinators).
- ✓ Educate the people you serve about opportunities.
- ✓ Connect people to other resources (e.g., VITA).
- ✓ Use DHMIC and community partners to help inform and engage people.

Let's talk about
Medicaid's role in
improving the
health of women
and infants

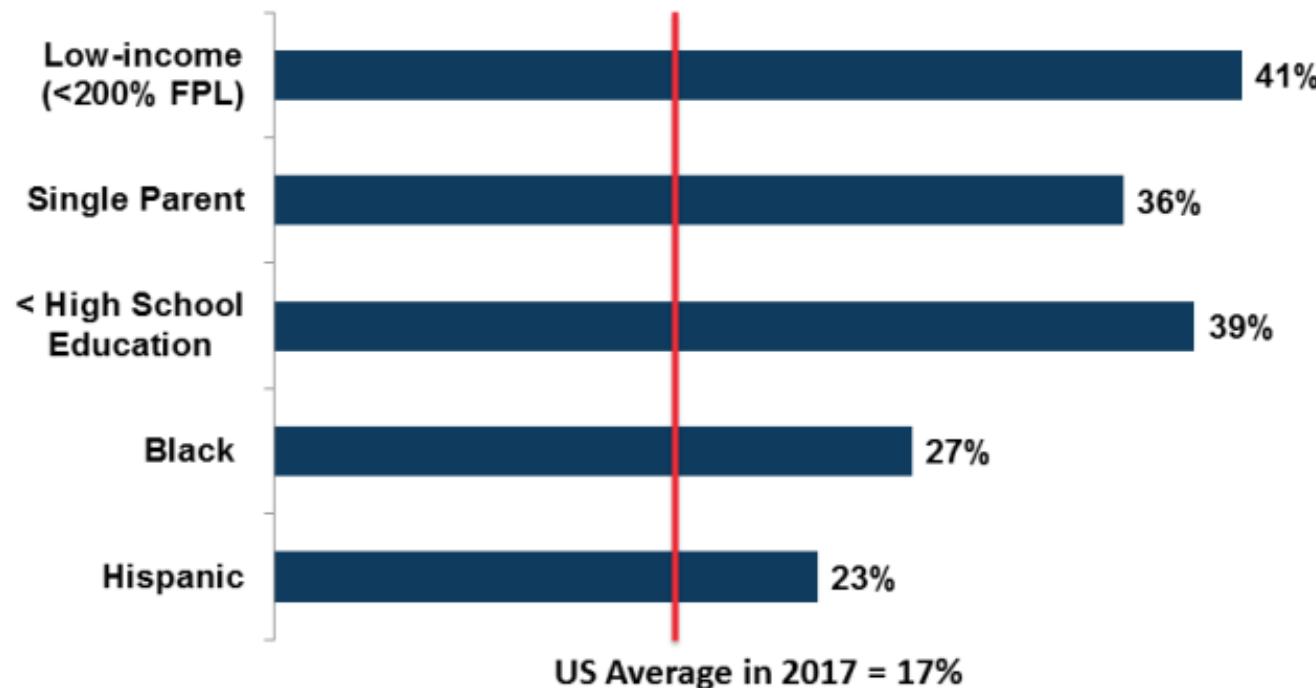


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Figure 3

Medicaid Covers a Disproportionate Share of Women in Vulnerable Populations

Percentage of women ages 19 to 64 years who are:



NOTE: 200% of the Federal Poverty Level (FPL) was \$24,120 for an individual in 2017.

SOURCE: Kaiser Family Foundation estimates based on 2017 Census Bureau's American Community Survey.



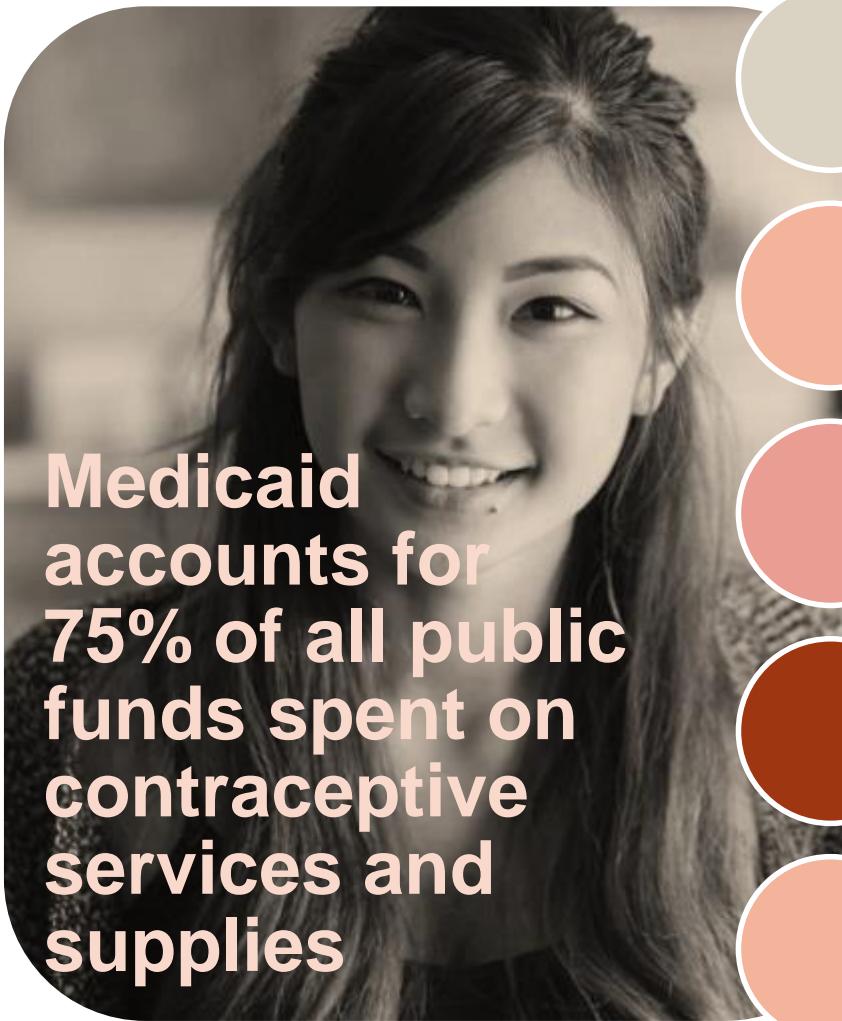
Medicaid and Women of Color

Sources:

- National Partnership factsheet.
<http://www.nationalpartnership.org/research-library/repro/the-house-republican-repeal-bill-threatens-reproductive-justice-for-women-of-color.pdf>
- NAPAWF calculations based on American Community Survey (ACS) 2015.
- National Women's Law Center. Affordable Care Act Repeal Threatens the Health and Economic Security of 5.1 Million Women of Color Who Recently Gained Insurance Coverage. 2017.

- Millions of women of color who are reproductive age are enrolled in Medicaid, including:
 - Nearly one-third (31%) of African American women
 - Over one quarter (27%) of Latinas
 - About one in five (19%) of AAPI women, particularly Southeast Asian and Pacific Islander women.

Medicaid and Family Planning Services



**Medicaid
accounts for
75% of all public
funds spent on
contraceptive
services and
supplies**

- Mandatory family planning benefit with federal match at 90%
- Cost sharing prohibited for family planning and pregnancy services
- Any willing provider and freedom of choice of provider
- Most states cover all FDA approved contraceptives, plus related testing and counseling for STI, HIV, cervical cancer
- Half of states have limited programs through an option (with state plan amendment – SPA) or waiver

Medicaid Coverage and Childbearing



Prenatal services

- Prenatal care (all)
- Case management (35)
- Smoking cessation (all)
- Prenatal vitamins & prescriptions (all)
 - Home visits
 - Genetic counseling
 - Substance use treatment



Birth services

- Hospital birth / labor, delivery, & newborn (all)
- Birth center deliveries (32)
- Doula services (MN, NJ, OR)
 - Childbirth & parenting education

Care for maternal or infant complications (all)



Postpartum & interconception services

- Postpartum visits (all)
 - Family planning (all)
 - Breastfeeding support
 - Maternal depression
 - Clinical home visit
- Interconception care for high risk

ARPA: Medicaid

- ✓ State option to extend **Postpartum Medicaid & CHIP** coverage
- ✓ 5% increase in FMAP for new ACA Medicaid expansions
- ✓ Mandatory coverage of COVID-19 vaccines and treatment under Medicaid & CHIP (no cost sharing)
- 10% increase in FMAP for Medicaid Home and Community-Based Services (HCBS)

Postpartum Care TO DO LIST

- ✓ Support postpartum Medicaid expansion in your state.
- ✓ Learn more about the postpartum coverage loss among those you serve.
- ✓ Help birthing people get timely postpartum care.

<https://www.congress.gov/bill/117th-congress/house-bill/1319>

Rosenbaum et al. Medicaid And The American Rescue Plan: How It All Fits Together. Health Affairs Blog. 3/23/2021.

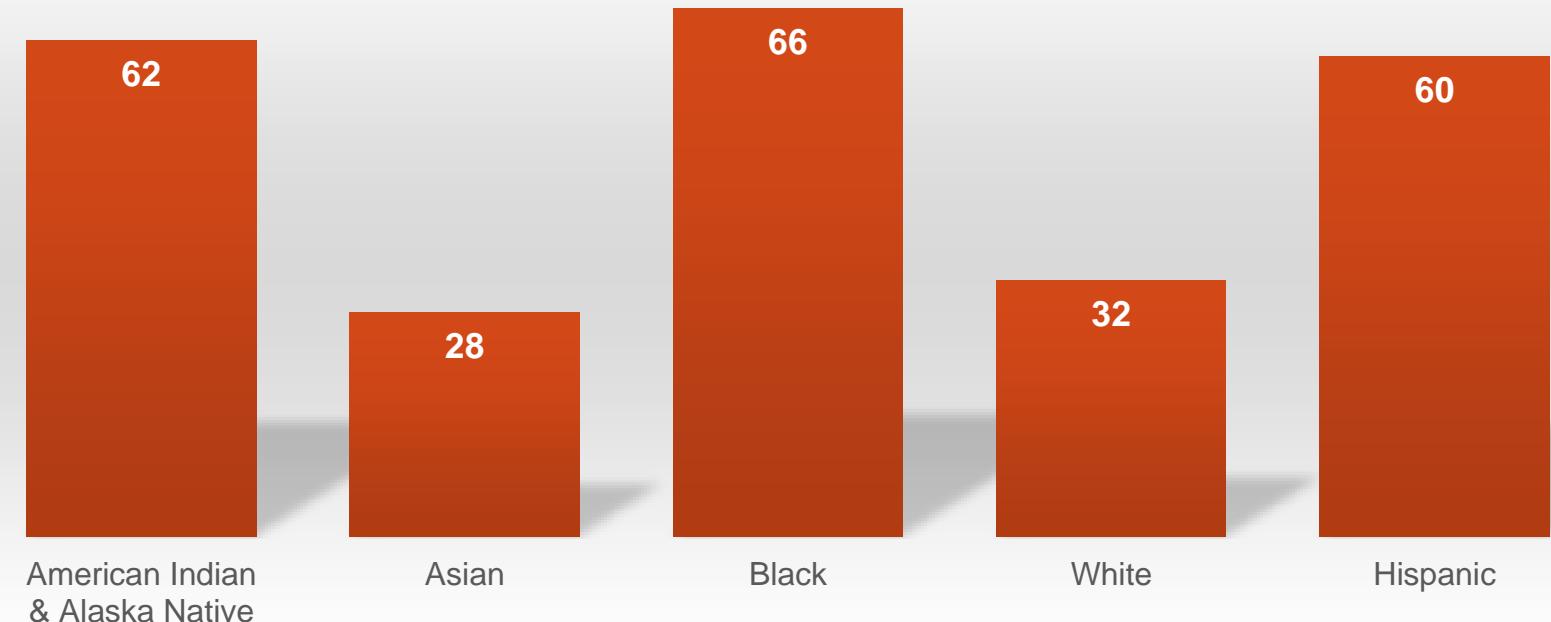
https://www.healthaffairs.org/do/10.1377/hblog20210322.860778/full/?utm_medium=email&utm_source=hasu&utm_campaign=blog&utm_content=rosenbaum&vgo_ee=bv0Z3y9RDNKVL7ii0K88F6uIDN5UdZRrxwQcziN5ens%3D

Musumeci M. Medicaid Provisions in the American Rescue Plan Act. Kaiser Family Foundation. 3/18/21. <https://www.kff.org/medicaid/issue-brief/medicaid-provisions-in-the-american-rescue-plan-act/>

Medicaid and CHIP coverage for infants

- More than half babies—2.2 million infants enrolled in Medicaid.
- 6 in 10 Black, AI/AN, and Hispanic infants.
- Over half of Black, AI/AN, and Hispanic children of all ages 0-18.

Percentage of Infants Under Age 1 Covered by Medicaid & CHIP, By Race and Ethnicity, US, 2019



Kaiser Family Foundation analysis of American Community Survey Data.

Sources: Johnson Group analysis of EPSDT data from Centers for Medicare and Medicaid Services, 2018.

Georgetown University Center for Children and Families analysis of data on young children from the American Community Survey.

Artiga et al. *Medicaid Initiatives to Improve Maternal and Infant Health and Address Racial Disparities*. Kaiser Family Foundation, 2020.

Brooks & Gardner. *Snapshot of Children with Medicaid by Race and Ethnicity, 2018*. Georgetown University Center for Children and Families, 2020.

No more missing babies in Medicaid

- Federal law guarantees automatic and continuous enrollment for babies born with a Medicaid financed birth.
- They should not have a break in coverage from the date of birth through the first year of life.
- Too many babies fall through the cracks in enrollment processes.
 - Delaware averages about 23% or 1,500 babies not enrolled for full first year.

Infants in Medicaid TO DO LIST

- ✓ Review “missing babies” report.
- ✓ Check state website.
- ✓ Inform families about automatic and continuous eligibility for infants.
- ✓ Help family confirm infant is enrolled.

Biden Administration Priorities: Health Coverage

- Biden-Harris Administration is using Executive Orders, agency action, and legislative proposals to **improve health coverage**
 - **Special enrollment period (SEP)** from Feb. 15 to May 15, 2021
 - Reverse damage to ACA & Medicaid
 - ARPA lowers premiums for most enrolled in ACA marketplace coverage

ACA Health Coverage TO DO LIST

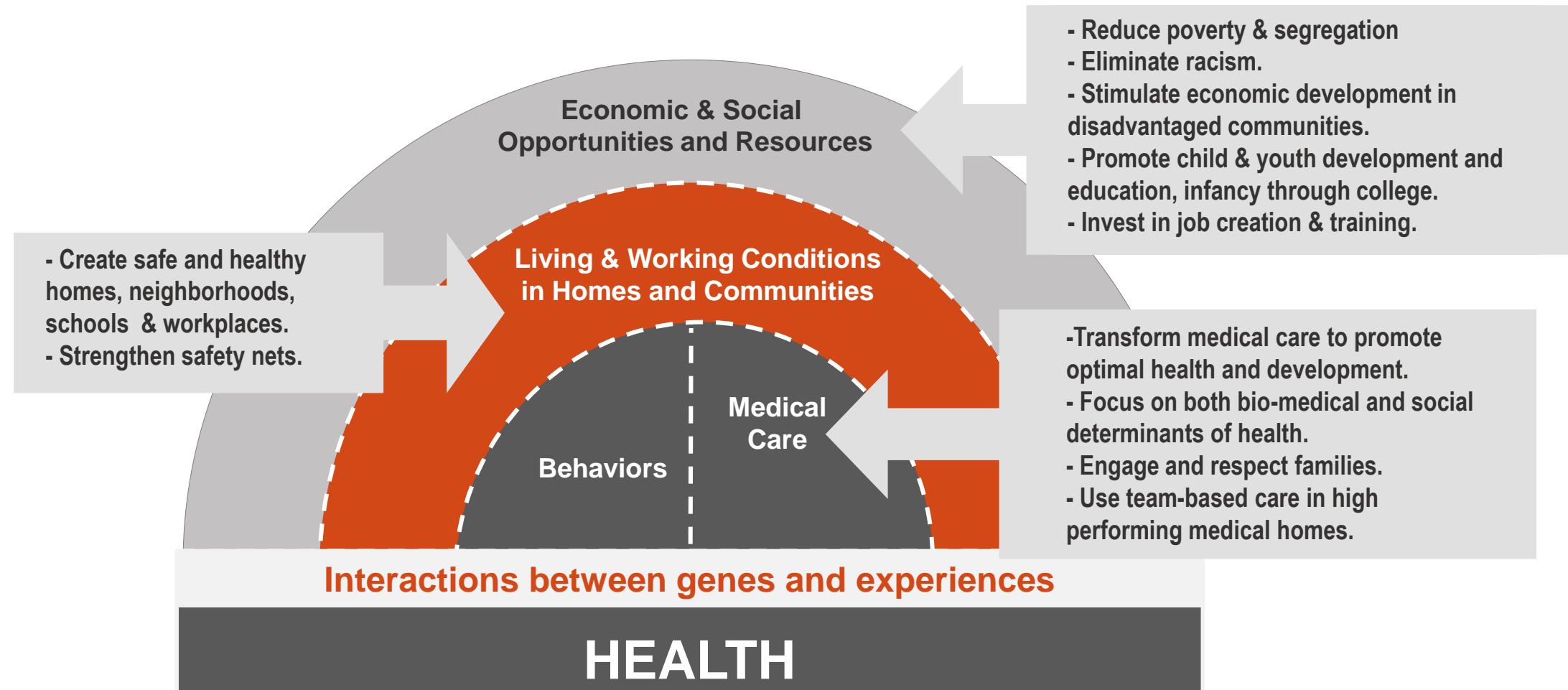
- ✓ Check out [healthcare.gov](https://www.healthcare.gov) and your state's insurance marketplace website.
- ✓ Assess need for coverage.
- ✓ Inform families about Special Enrollment Period (SEP).
- ✓ Assist families with online enrollment process.

RESILIENCE



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Transforming the Culture of Health and Health Care

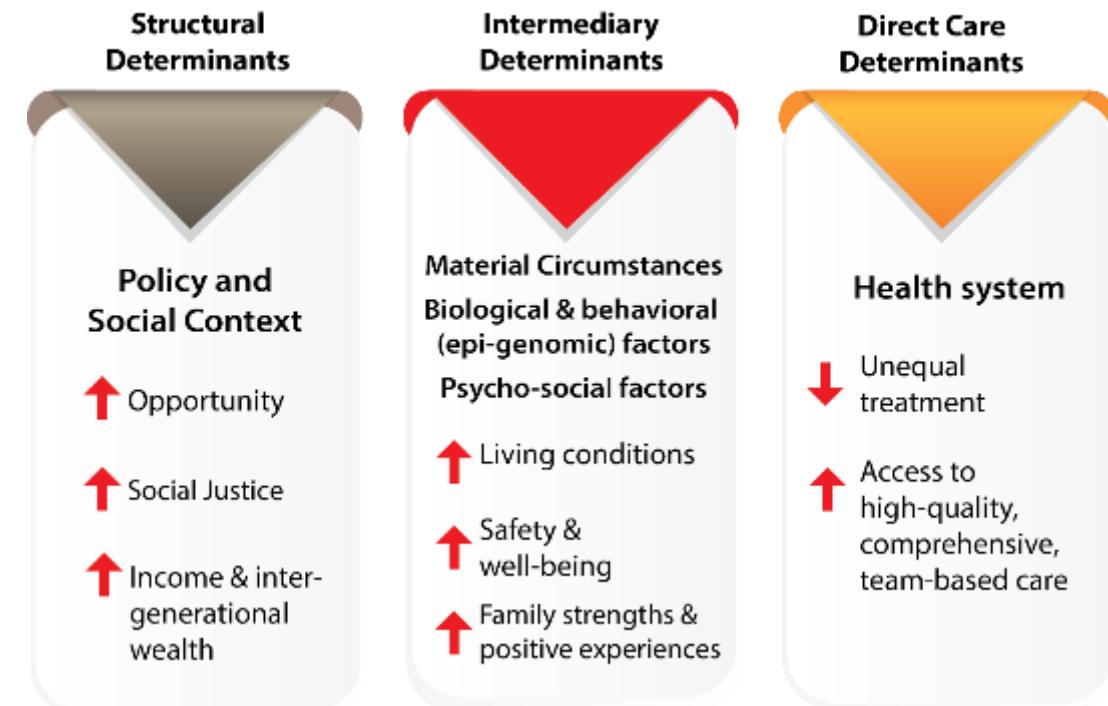


Adapted from: Braveman et al. University of CA., San Francisco, adapted from version originally created for: *Overcoming obstacles to health: Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America*. Robert Wood Foundation. 2008.

Changing Policy and Support to Ensure Equity and Shift Social Determinants of Health

- Public investments help to:
 - Eliminate child/family poverty, raise opportunity
 - Provide for basic needs (e.g., food, housing)
 - Support and strengthen families
 - Promote positive experiences at home and in communities
 - Improve health across the lifecourse, for women, children, and families

Social Determinants of Health (WHO Frame)



American Rescue Plan (3/6/21)

- Medicaid protections
- COBRA
- ACA premiums
- Expand public health workforce
- Safety net provider investments
- Science-based COVID response
- Vaccine campaign
- Equity as a priority throughout

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Open education settings safely



<https://www.whitehouse.gov/briefing-room/legislation/2021/01/20/president-biden-announces-american-rescue-plan/>

<https://www.whitehouse.gov/briefing-room/blog/2021/03/10/the-american-rescue-plan-passed-now-what/>

<https://www.congress.gov/bill/117th-congress/house-bill/1319>



ARPA: Tax & Income Supports for Families

- Child Tax Credit (CTC)
- Earned Income Tax Credit (EITC)
- Child and Dependent Care Tax Credit
- Unemployment
- Tax credits for family leave

Tax/Income Support Policy TO DO LIST

- ✓ Understand differences and changes in CTC, EITC, and child care tax credit.
- ✓ Inform families about tax credit opportunities.
- ✓ Inform about family leave.
- ✓ Connect families to DULCE legal partner, VITA, or other resources.

<https://www.whitehouse.gov/briefing-room/blog/2021/03/10/the-american-rescue-plan-passed-now-what/>

<https://www.congress.gov/bill/117th-congress/house-bill/1319>

<https://www.irs.gov/forms-pubs/new-exclusion-of-up-to-10200-of-unemployment-compensation>

Earned Income Tax Credit Improves MCH Outcomes



Improved maternal and infant health



Better school performance



Increased college, work and earnings in next generation

Hoynes H. Building on the Success of the Earned Income Tax Credit. https://gspp.berkeley.edu/assets/uploads/research/pdf/expand_earned_income_tax_credit_hoynes.pdf

Centers for Disease Control and Prevention (CDC) Earned Income Tax Credits. (Website). <https://www.cdc.gov/policy/hst/hi5/taxcredits/index.html>

Markowitz S et al. Effects of state-level Earned Income Tax Credit laws in the U.S. on maternal health behaviors and infant health outcomes. *Social Science & Medicine*, 2017;197:67-75.

Evans WN & Garthwaite CL. Giving mom a break: the impact of higher EITC payments on maternal health. Cambridge (MA): National Bureau of Economic Research; 2010.

Chetty R, Friedman JN, & Rockoff JE. New evidence on the long-term impacts of tax credits. Washington, DC: Internal Revenue Service; 2011.

ARPA: Emergency Assistance for Families

- **COVID relief checks & enhanced unemployment**
- **Emergency assistance**
 - Income (TANF)
 - Food (\$3 billion boost for SNAP & WIC, and access to groceries to replace school food)
 - Child care (CCDBG subsidies)
 - Housing & utilities (rental assistance, LIHEAP, homeowner counseling)

Support for Concrete Needs TO DO LIST

- ✓ Train staff.
- ✓ Inform families about emergency assistance.
- ✓ Confirm COVID relief check was received.
- ✓ Connect families to WIC, SNAP, TANF, housing, etc.
- ✓ Use community partners.

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RESPECT

A time to go farther, do better...

- What we've been doing was:
 - Incremental and limited by socio-political context
 - Not investing in whole families
 - Not reflective of women's voices
 - Not acknowledging or addressing bias and racism
 - Not sharing power with women, families, communities

We deserve
the opportunity
to have families
regardless of financial
ability.

<https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus>



Photos courtesy of Black Maternal Health Caucus.

Momnibus Components and Other Bills

Momnibus 9 Component Bills

1. Social Determinants for Moms: [H.R. 6132](#)
2. Kira Johnson Act: [H.R. 6144](#)
3. Protecting Moms Who Served Act: [H.R. 6141](#)
4. Perinatal Workforce Act: [H.R. 6164](#)
5. Data to Save Moms Act: [H.R. 6165](#)
6. Moms MATTER Act: [H.R. 6143](#)
7. Justice for Incarcerated Moms Act: [H.R. 6129](#)
8. Tech to Save Moms Act: [H.R. 6138](#)
9. IMPACT to Save Moms Act: [H.R. 6137](#)

Related legislation in last Congress

- [Helping MOMS Act: H.R. 4996](#)
- HEALTH for MOM Act (S. 4863)
- MOMMAS Act: H.R. 1897/S. 916
- Maternal Health Pandemic Response Act of 2020: H.R. 8027
- Maternal Health Quality Improvement Act: H.R. 4995
- Maternal CARE Act: H.R. 2902/S. 3363
- Maternal Health Accountability Act: H.R. 1318/S. 1112
- Modernizing Objective Standards (MOMS): Act S. 116

Key topics of maternal health bills introduced last session

Coverage	Quality	SDOH
<ul style="list-style-type: none">• Postpartum coverage option for states• Incentives for extended postpartum coverage• Innovative payment models	<ul style="list-style-type: none">• Perinatal Quality Collaboratives• Provider training (e.g. bias)• Workforce expansion & diversification• Pregnancy medical home / care coordination• Data & quality measurement• Grants to states to implement best practices	<ul style="list-style-type: none">• Interagency task force on SDOH• Reports from NASEM, GAO, and HHS, VA, USDA, Justice, etc.• Community-based programs

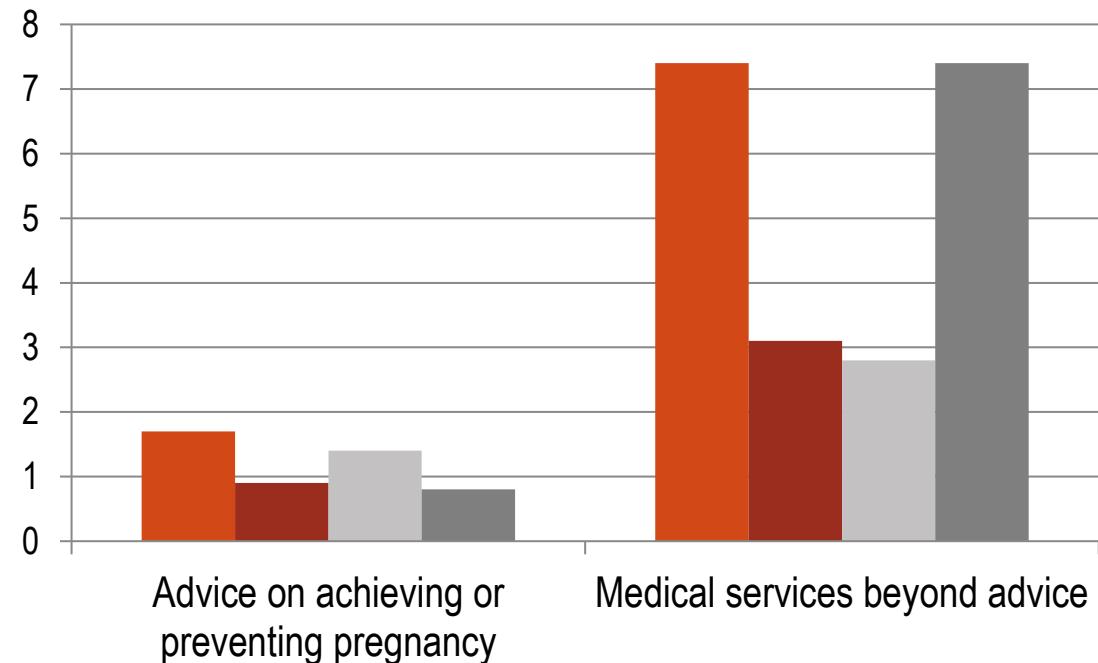
Addressing Unequal Treatment

Need layers of change

1. Improve **coverage**, benefits, and costs.
2. Address the role of **racism** in access to equitable care for BIPOC.
3. Implement **practice** guidelines.
4. Adopt **anti-racist, anti-bias** approaches in health care.
5. Design and conduct **QI** efforts with an equity lens, not just measure disparities at the end.

Preconception/ Pre-Pregnancy Advice and Services, US, 2011-2013

White Black Hispanic Other or Multi-Race



Source: Pozol et al. CDC. MMWR. 2017;66(20).

Large **P** Policy examples

More related to legislative action

1. Adopt policies to improve social determinants of health and well-being (e.g., tax credits, paid family leave, TANF as family leave).
2. Expand Medicaid eligibility to ACA 138% of poverty level or higher.
3. Extend Medicaid eligibility for one year postpartum.
4. Make federal agency and policy changes to support maternal mortality reduction (e.g., “Mommibus” bill, HHS plan).
5. Adequately fund safety net and community-based services.
6. Fund development of a community-based MCH workforce.
7. **DO NOT** cut funding for services for women, children, and families as a result of current COVID-19 related budget crises.

Small **p** policy examples

More related to
administrative action

1. Build **workforce and adequate reimbursement for community health workers, navigators, doulas, and others who provide care coordination.**
2. Incentivize use of patient-centered, team-based care in medical homes.
3. Monitor and incentivize performance/quality in well-woman visits.
4. Provide ACA preventive services without cost sharing to all in Medicaid.
5. Develop Medicaid interconception/postpartum care projects for enrolled higher risk women (*no new authority or eligibility required*).
6. Adopt strong Medicaid managed care contract provisions for MCH.
7. Study how continuous enrollment in COVID helped families.
8. Use perinatal quality collaboratives to advance equity.

Program Strategies in public health

More related to changing the culture

1. Promote reproductive health and autonomy.
2. Build respectful and meaningful partnerships with families and communities.
3. Use an equity lens to assess and modify policies, programs, and practices.
4. Train the MCH workforce on root causes of inequity, and anti-racism.
5. Shift from monitoring behavior toward listening to and supporting women/families.
6. Adopt a state strategic plan aimed at birth equity.
7. Focus on improving social determinants of health.
8. Collect and use data by race/ethnicity, income, and insurance status to monitor quality.

Practice strategies

More related to clinical action

1. Operate under **medical home** principles
 - Primary care that is: patient/family centered, comprehensive, team-based, accessible, coordinated, and committed to quality, safety, and equity.
2. Identify and address structural barriers to care, including racism.
3. Make practice changes guided by professional recommendations
 - ACOG: “***combat racism, racial bias, and achieve inclusiveness in our own professional settings...***
4. Build awareness of and seek to remedy practitioner bias.
5. Assist in recruitment and training of providers from racial/ethnic groups that reflect the community served (more cultural congruency).
6. Engage with others on issues of equity and social justice.

Looking ahead, what can Delaware do?

1

- Continue work on black maternal health, with broader representation and understanding of structural racism.

2

- Adopt the Medicaid postpartum coverage option—start planning now for start up in early 2022.

3

- Use ARPA to increase equity and address SDOH, emphasizing tax credits, family leave, food, etc.

4

- Accelerate payment innovation for well-woman care, with priority on SDOH screening and response.

5

- Conduct training and QI related to maternal mortality and morbidity, then measure (include PQC).

6

- Improve access to continuum of quality services, preconception to one year postpartum (HWB 2.0+).

"Every Delawarean has a role to play in decreasing the black infant and maternal mortality rate, and our community knows best how to connect with and empower women to be healthy to improve outcomes for moms and babies," said Dr. David Paul, DHMIC co-chair. "The consortium has undertaken an aggressive initiative to examine the social determinants of health by taking a life-course approach to both understanding and addressing the disparities that have led to the rise in lack maternal and infant mortality in Delaware."



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DISCUSSION & QUESTIONS

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