

# The Advocate Role

Advocate for and invest  
in maternal health equity



**T**he healthcare industry is a dominant political and economic force, with many powerful stakeholders able to shape public policies that impact people's health. This includes not only broad public policies that address social drivers of health, but also specific healthcare delivery and payment structures that affect the availability, quality, and equity of maternal and other healthcare services. In some areas, healthcare organizations are the leading employers – making them an influential institution in the community and a major contributor to the economy of the surrounding area. Healthcare organizations also have the ability to shape public perceptions and values and influence culture change.

Advocating for health equity is essential to improving maternal health. The disparate impact of the maternal health crisis on communities of color and the increasing maternity care deserts in rural and some urban communities<sup>1</sup> underscores the connection between maternal health and health equity. Healthcare provider institutions should use their investment and procurement resources to advance equity and community well-being and resilience. This includes addressing the effects of racism and other structural inequities in your role as policy, economic, and social drivers within your communities.



## Spotlight on Innovation

# A Comprehensive Care Model for Moms and Babies

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**Who:** Ohio Department of Medicaid

**Where:** Ohio (statewide)

**What:** A comprehensive maternal care perinatal care program that introduces care delivery and payment reforms for obstetrical practices that build connection and support women with Medicaid.

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**WHY:** In December 2020, Governor Mike DeWine established the Eliminating Racial Disparities in Infant Mortality Task Force, made up of local, state, and national leaders to identify needed changes to address Ohio's racial disparities in infant mortality. Given their role in covering a majority of Ohio births in recent years, the Ohio Department of Medicaid looked to improve infant outcomes by investing in the health of pregnant and postpartum women.

**GOAL:** Ohio Medicaid aims to improve maternal health outcomes by creating a new care model that deploys evidence-based services, including enhanced care coordination and home visiting, through partnerships between maternal healthcare providers and community-based organizations. The agency aims to support 35,000 childbearing moms and families in the first years of the program.

**HOW:** Ohio Medicaid developed a model that incentivizes the person-centered care, community engagement, and trust required for raising the bar for maternal health. As a starting point, they gathered input from multiple fields and community organizations. The resulting Comprehensive Maternal Care (CMC) model enables the state to work with healthcare providers and systems to narrow health disparities and reduce the infant mortality rate. The program introduces care delivery and payment reforms for obstetrical practices that build connection and support women as they and their families navigate pre- and postnatal care. The program emphasizes supporting women with higher-risk pregnancies.

The CMC model will reward providers who proactively address patient and family needs across the entire cycle of childbearing. Prospective per-member-per-month value-based payments align with the risk level of enrolled Medicaid members.

Providers who opt in to the program can earn financial incentives for developing and implementing a care model that demonstrates a commitment to personally engaging the patient, their family, and their community. Providers will be expected to collaborate with community partners to gain a better understanding of the cultural and social drivers affecting health.

To participate in the CMC, obstetrical practices will be required to establish a patient and family advisory council to hear first-hand accounts of how access to care, cultural competence, and effective communication affect patient outcomes. Practices must use information from these councils to improve patient experience and reduce disparities. Additional criteria for participation include:

- Conducting a mandatory pregnancy risk assessment for each patient.
- Engaging the community in developing a patient-centered approach that builds trust. Providing appropriate supports and fostering positive patient experiences throughout care.
- Monitoring progress and patient engagement.
- Formally assessing areas of strength and needs annually.

Ohio Medicaid expects that beyond the benefit of providing women and families clinical and community supports, the CMC initiative will use patient and community data to identify best practices, inform public policy, advance health outcomes, and strengthen healthcare — community relationships.

**RESULTS:** The CMC model was just deployed at the beginning of 2023. While it is too early to identify results, it highlights the importance of collaborating with community advocates, organizations, and members to develop new strategies for addressing seemingly intractable health challenges, and setting up payment structures that build on community assets.

## The Takeaway

With compassion, conviction, and community collaboration, Medicaid agencies can turn the tide in maternal health equity by properly linking payment incentives to care and outcomes, supporting providers, and building genuine relationships with community groups. If successful, Ohio's CMC can serve as a model for other state Medicaid programs to advance maternal health equity.

## Actions that raise the bar for maternal health through advocacy and investment.

### 1. Advocate for maternity care delivery and payment reforms that align resources and incentives with achieving maternal health equity, and incorporate effective models into your system.

Beyond insurance, the way we pay for maternity care in the United States is a major driver of the maternal health crisis. In general, providers get paid for the volume and technical intensity of the care they deliver, whether it is appropriate or not, and regardless of its quality. Today, about four out of every five dollars of maternity care is spent on the brief window of hospital care around the time of birth. A small fraction supports prenatal and postpartum care,<sup>2</sup> when mental health and social needs and opportunities to improve outcomes are abundant.<sup>3</sup> Current payment structures overvalue technology – intensive care – regardless of need or preference – and shortchange proven services such as midwifery care, birth center care, doula support, and culturally congruent community-based services – all of which improve equity and outcomes.<sup>4</sup> We must transform this payment structure to incentivize the kind of care we know works, in order to improve outcomes – especially for women of color and women in rural communities – and disincentivize unnecessary, low-value care. This includes creating pathways to move from volume to value and targeting additional resources to remedy generations of underinvestment in the health and healthcare of communities marginalized by racism and other structural inequities. Healthcare institutions can help to advance new models while utilizing existing payment and delivery models.

### 2. Incorporate into your advocacy strategies advancing public policies that address the social drivers that undermine maternal health.

Racism, structural inequities, and adverse social drivers of health play a well-documented role in fueling the maternal health crisis.<sup>5</sup> Truly raising the bar for optimal maternal health requires healthcare provider institutions to use their social and political capital to advocate for policies that improve the health<sup>6</sup> of birthing people\*, while enhancing clinical care.

\* We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities and do not always identify as “women” or “mothers.” In recognition of the diversity of identities, this report uses both gendered terms, as well as gender-neutral terms such as “people,” “pregnant person,” and “birthing people.” In referencing studies, we use the typically gendered language of the authors.

Policymakers rely on healthcare provider institutions' relationships, expertise, and guidance to develop and shape systems that will improve care delivery and quality and health equity. Healthcare institutions can and must advocate for a **robust public health infrastructure, affordable housing, equitable economic development and anti-poverty initiatives, and educational equity**, among other policies.

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### 3. Use investment and procurement power: Audit and adjust your business model, investment and purchasing strategies, and philanthropy to improve communities' maternal health and overall resilience.

A guiding principle for healthcare provider institutions is to start in their communities. Institutions can support community-based and Black, Indigenous, and other people of color (BIPOC)-owned businesses through their procurement process. Furthermore, endowed institutions can leverage their investment strategy to align with improving health equity and advancing maternal health.



Restructuring health and healthcare to better and more equitably meet the needs of childbearing families requires significant resources. One of the core drivers of persistent racial and ethnic health inequities, including in maternal health, is the historical and ongoing disinvestment in communities of color, which has resulted in fewer health-generating resources and higher health risks. While healthcare provider institutions currently face inflation, increasing salary demands, and other financial stressors, the healthcare industry nonetheless makes up an enormous share – one-fifth – of the U.S. economy.

### Using Community Benefit Dollars to Improve Maternal Health Equity

The majority of hospitals in the U.S. – two out of three beds – are nonprofit.<sup>7</sup> The Affordable Care Act requires these institutions to make community benefit investments in return for their tax-exempt status. An analysis found that in 2019, 82 percent of private nonprofit hospital systems spent less on charity care and community investment than the estimated value of their tax breaks. The total fair-share deficit amounted to \$18.4 billion in a single year. These dollars can make an immense difference in meeting the social needs of childbearing families and others. About 85 percent of the more than \$60 billion spent on community benefit involves medical care.<sup>8</sup> Despite a recent increase of community benefit dollars going toward programs that invest in structural community resources, they are a fraction of health systems’ overall community benefit spending. Instead, hospitals are much more likely to screen and refer clients to existing community programs, which often struggle with underfunding and overcapacity.<sup>9</sup> The increasing recognition that social needs play a crucial and largely overlooked role in maternal-infant health and health overall should move healthcare institutions to invest the full value of tax-exempt status and shift the proportion from medical to social care.

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## 4. Use your voice: Shape public understanding about the importance of maternal health equity and dismantling racism and all forms of discrimination.

Healthcare provider institutions shape public discourse and are a trusted source of information in policymaking. Using established marketing, public communications, and education budgets, institutions can leverage ongoing campaigns to raise awareness about how social drivers of health affect individuals, families and communities.

## Raising the bar for maternity care using your organization's advocacy and investment power: Priority recommendations

Leveraging your organization's advocacy and investment resources to advance maternal health equity may require different actions and roles. Advocacy and investment are underutilized levers in advancing better maternal health but are critically important to drive the overall systems change needed. Start with understanding how your organization deploys its financial resources in the community, as well as the policy areas where your advocacy voice could make a tangible difference. We provide concrete strategies and tactics below, which align with growing health system accountability for and investment in advancing health equity.

It is imperative that executive-level decision makers are aligned with the vision, direction, and resources necessary to enable and drive the changes required for success. Those involved in implementing these initiatives will include the senior leadership (vice presidents and directors) and government affairs, community relations, and communications staff.

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### **Executive leadership (chief executive/president/chair of the board)**

You have a crucial opportunity to align your organization's advocacy and public education activities with your mission and values in a way that actively supports maternal health equity and improved outcomes.

Aligning and integrating social responsibility, philanthropic, and community engagement teams with government affairs teams maximizes impact and minimizes redundancies while also ensuring the teams are not working at cross-purposes. The goal would be to create a structure that allows for enterprise-wide decisions that are in the best interest of childbearing families.

Additionally, as community leaders your institution should develop strong stakeholder relationships with other healthcare provider entities; various professional organizations; purchasers; payers; and/or consumer, community and advocacy groups to provide the basis for sustainable community development.

*Advocating for health equity is essential to improving maternal health.*



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## **Advocate for state and federal maternity care delivery and payment reforms that enable and incentivize achieving excellence and equity in maternal health, while also adopting specific reforms in your own institution.**

Specific care delivery interventions and transformations improve maternal health outcomes, especially for women and birthing people of color. However, healthcare payment and accountability systems are not aligned to incentivize and invest in these transformations. Working to evolve your organization’s maternity care services delivery and urging healthcare payers and purchasers — including state and federal governments — to adopt payment structures that make them sustainable go hand in hand. Even as decision-makers work to reform how care is paid for, and you work to influence this process, there are existing available payment models and programs you should leverage to improve maternal health within your institution. Along the way, share best practices and participate in testing, evaluating and strengthening new models. As you explore ways to build or use partnerships with public and private payers and purchasers to encourage them to adopt value-based payment systems that include some of the elements below. (See [Implementation Toolbox](#) for detailed recommendations.)

- **Maternity episode payment programs.**
  - ▶ **What:** Episode payment programs are Alternative Payment Models (APMs) designed to deliver high-quality cost-effective care by paying providers a projected cost for a single medical event or episode and incorporating performance accountability.<sup>10</sup>
  - ▶ **Why:** Maternity episode payment programs must be improved by embedding into their design elements that help reduce racial, ethnic, and other persistent inequities.
- **Robust person-centered maternity care home programs with improved payment models to support them.**
  - ▶ **What:** A maternity care home program is a team-based healthcare delivery model designed to complement standard clinical maternal and newborn care by helping childbearing families with care navigation and with identifying and meeting social and mental health needs.<sup>11</sup>
  - ▶ **Why:** Maternity care homes can be especially helpful in addressing the many factors that contribute to the persistent maternal health crisis, especially for people most at risk for poor outcomes and racial and ethnic health inequities.

- **APMs that integrate health-equity-centered care design, payment mechanisms, and performance measurement.**
  - ▶ **What:** APMs must be designed or modified to explicitly address inequities through their payment structures and via their accountability mechanisms.<sup>12</sup>
  - ▶ **Why:** APMs could accelerate disparity reduction if they are explicitly designed to measure and improve disparities and do so by providing high-quality, culturally centered equitable maternal-newborn health services. However, APMs *not* intentionally designed with this objective are likely to miss the mark and might even make inequities worse.

In addition to advocating for improved payment models and adopting those that already exist, you are in a unique position to advocate for ensuring that everyone has affordable health insurance coverage that covers the services they need. In the United States, health insurance coverage is a prerequisite – although not a guarantee – for accessing timely, comprehensive, and high-quality healthcare. We include key policies to advocate for below. (See [TBD resource name and link here more detailed recommendations.]

- **Mandating extended Medicaid and CHIP coverage for at least 12 months postpartum.** Thirty percent of pregnancy-related deaths occur from days 43 to 365 days postpartum.<sup>13</sup> Postpartum complications requiring longer-term care include postpartum depression, anxiety, hypertension, and diabetes.
- **Expanding Medicaid in the remaining states.** Medicaid expansion is associated with improved economic security,<sup>14</sup> reduced medical debt, increased preventive healthcare, improved health outcomes, and lower infant mortality rates.<sup>15</sup>
- **Establishing pregnancy as a qualifying life event for special enrollment in the health insurance marketplace created by the Affordable Care Act.** Uninsured people may lack access to timely, comprehensive healthcare, including prenatal care. This is especially important for Black<sup>16</sup> and Native American women,<sup>17</sup> who are most likely to receive late prenatal care, if at all.
- **Requiring all forms of health insurance to cover the full range of reproductive health services, including pre-conception care, contraception, fertility treatment, and abortion care.** Being able to plan and control if and when to bear children is essential to improving overall maternal and infant health outcomes.

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## Use your organizational influence to advocate for broader public policies that support improved maternal and infant health beyond healthcare delivery.

Addressing the maternal health crisis, with its disproportionate impact on communities of color, requires action outside of the narrow healthcare sphere to eliminate structural drivers of poor health. Broader economic and social policies that build upon and support communities' health-generating assets and remedy pervasive health risks are part of a comprehensive solution to the maternal health crisis. Review your business and social responsibility goals for a "health equity in all policies" approach. Follow the lead of local community leaders to define and prioritize the policy solutions at all levels. This could include strong public health infrastructure, universal broadband access, affordable housing, equitable economic development and anti-poverty initiatives, and educational equity. Examples of policies you should consider championing are listed below.

- **National paid family and medical leave.** Paid leave is critical for health and economic security. For pregnant people and birthing families, it allows for medical care, postpartum recovery, and caring for and bonding with a newborn.



- **Minimum wage standards that provide a living wage.** Economic stability is indispensable to protecting and promoting the health of pregnant people and their families. (See Employer Role, page 38)
- **Universal and affordable broadband.** Reliable high-speed Internet access is a cornerstone to building health equity by increasing access to confidential and secure virtual care, widening the opportunity for health education, encouraging civic participation, and combating social isolation.
- **Policies to address the climate crisis.** Extreme heat will continue to increase pregnant people’s risk of heat exposure nationwide, with alarming effects on maternal and infant health. In addition, pollution and more frequent and intense weather events are an increasing health threat to individuals and families across the country.
- **Affordable housing, including housing assistance.** Housing assistance programs are a critical safety net for pregnant people. Pregnant people experiencing homelessness are significantly more likely to have various pregnancy-related conditions and complications.
- **Transportation access.** Transportation barriers can affect a pregnant person’s access to maternal healthcare services as well as to health promoting resources, such as healthy foods, education, and green spaces.
- **Food access and security.** Pregnant people experiencing food insecurity are at an increased risk of pregnancy complications and poor mental and physical health outcomes, and access to healthy nutrition is fundamental for young families.
- **Resources to address intimate partner violence (IPV).** Pregnancy and postpartum periods are particularly high-risk times for IPV. People who experience IPV, as well as their children, may face life-long effects, including physical and emotional trauma, chronic health problems, and even death.
- **Structures and processes in all policy development that respectfully include people with lived experience from the communities most adversely affected.** Including the voices, priorities, and needs of communities that have been systematically excluded from decision-making processes will lead to better solutions at all levels of government and in private enterprise that are effective for more people.
- **Interoperable IT systems for connecting healthcare, health, and economic and social data that enable seamless interaction, and that facilitate collecting and reporting self-identified data on race, ethnicity, and other demographic elements.** Our data systems are deeply siloed, full of redundancies, and fail to accurately capture people’s self-identified data on a number of demographic categories that are critical for understanding the breadth and intensity of inequities.

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## **Use investment and procurement power: Audit and adjust your business model, investment, purchasing strategies, and philanthropy to improve communities' maternal health and overall resilience.**

Communities most affected by the maternal health crisis tend to also experience higher rates of poverty, especially concentrated poverty, which often translate into very limited health infrastructure, including educational and economic opportunities and the ability to remain safe. Your organization should respond in multiple ways: as an investor, a purchaser, and a donor.

- **In procurement and purchasing, prioritize local goods and services, with special attention to women, BIPOC-, and LGBTQIA+-owned businesses.<sup>18</sup>**
  - ▶ **Why:** Supply chain diversity has business value.<sup>19</sup> Supporting local commerce has an economic multiplier effect and builds the community as well as meeting the organization's needs for goods and services.
  - ▶ **How (examples):**
    - Publicly commit your institution to increase purchasing from minority-owned businesses.<sup>20</sup>
    - Work with legal counsel to develop standard contract language that is both respectful of local business and organizations and promotes high expectations regarding employment practices.
- **Assess endowment investments and divest from those that undermine maternal and infant health and community well-being.**
  - ▶ **Why:** All parts of your organization should align around the shared goal of health equity and not work at cross purposes.<sup>21</sup>
  - ▶ **How (examples):**
    - Seek opportunities to invest in local financial institutions and other entities that build community power and resilience.
    - Investment beyond local entities should prioritize socially responsible businesses, products, and services, in line with healthcare's traditional mission.

- **Collaborate with community leaders to design and fund programs** that respond to the concrete needs of community members, especially those most disadvantaged by racism and other structural inequities.
  - ▶ **Why:** Structurally marginalized communities are often rich in community assets and leadership that are chronically underused and under-resourced. Moreover, communities are the experts on their own needs and priorities. Building mechanisms that directly support these community assets will make an immediate difference in their overall health and well-being, including those of birthing people and their families.
  - ▶ **How (examples):**
    - Contract directly with community-based organizations (CBOs) providing needed maternal health and other health prevention, promotion, and social needs services.
    - Partner with local schools to fund school-based programs to promote healthier environments or better access to high quality STEM programs and pipeline programs for health professions careers.

### **Meeting the Mission of Nonprofit Hospitals: Leveraging Community Benefit Requirements to Drive Resources to the Communities that Need Them the Most.**

Nonprofit hospitals agree to a higher level of investment in their communities in exchange for their tax-exempt status. Usually, this is met by providing charity care. However, they could be leveraging those resources more directly into communities to help improve overall health and resilience and minimize the need for charity care in the first place – especially when it comes to maternal and infant health. Concrete ways to do this are listed below.<sup>22</sup>

- Invest at minimum the full value of their tax-exempt status (excluding research, health professions training, and Medicaid shortfall), being guided by the most pressing social needs that emerge from their mandated Community Health Needs Assessment.
- Direct significant community benefit resources to community-based perinatal organizations to build capacity, provide culturally congruent services, strengthen families, increase reach and impact, and ultimately assume a significant role in community development and population health.

## Use your voice to shape public understanding about the importance of maternal health equity and dismantling racism and all forms of discrimination.

Local and state leaders and organizations are declaring racism a public health emergency. These campaigns and declarations have been an important first step in advancing health equity and should be followed by taking strategic action and allocating resources. We encourage you to take the steps below.

- **Join and support efforts to declare racism a public health emergency.** In recent years, hundreds of governmental and private entities have made similar declarations to underscore the urgency of addressing this problem and mobilizing resources. These include the Centers for Disease Control and Prevention,<sup>23</sup> many healthcare institutions,<sup>24</sup> and jurisdictions as small as Ardmore, Oklahoma, and as large as the State of New York.<sup>25</sup>
- **Support public statements and adopt recommendations addressing the role of racism in the maternal health crisis.**<sup>26</sup> Professional organizations working in maternal care have issued statements identifying racism as a core driver of adverse maternal and newborn health outcomes, and have created guides and tools for providers to use. (See [Implementation Toolbox](#) for detailed recommendations.)
- **Consider acknowledging your institution’s historic and ongoing role in perpetuating structural discrimination, with a focus on maternal and infant health.** Many healthcare provider institutions in this country were founded as segregated organizations. Many have a history of questionable healthcare research and practices that abused Black, Indigenous, and other people of color. In addition, people of color continue to report discriminatory treatment when accessing healthcare services, across all socioeconomic levels. Acknowledging your organization’s role in this is critical to earning trust and models the actions that other institutions should take.
- **Engage, collaborate with, and build the capacity of BIPOC community leaders.** People are experts in their experiences, lives, and bodies, and in solutions to their challenges. Authentic representation from the community will support more effective policies and programs and improve outreach. Using your resources for the benefit of the community demonstrates your commitment to advancing equity and better health for everyone.
- **Create community-level educational programs on how racism undermines health,** including allostatic load (the cumulative physiological impact of chronic stress and deprivation), “weathering” (how toxic stress degrades ones’ physical health and DNA) epigenetics, and adverse childhood events. This will deepen community-level understanding of the persistence of discrimination and the urgency of solving it.
- **Avoid performative allyship.** Institutional support for addressing root causes of the maternal health crisis must continue beyond communications efforts. Actions perceived as superficial or inauthentic will undermine trust. To build trust with your surrounding communities, direct sustained resources to solve these issues within your organization and out in the community.

## Endnotes

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<sup>20</sup> Healthcare Anchor Network. “Health Systems Announce Commitment to Increase MWBE Spending by \$1B to Improve Supplier Diversity & Build Community Wealth,” June 9, 2021, <https://healthcareanchor.network/2021/06/health-systems-announce-commitment-to-increase-mwbe-spending-by-1b-to-improve-supplier-diversity-build-community-wealth/>

<sup>21</sup> The BMJ. “Medical Organisations Must Divest from Fossil Fuels,” December 12, 2018, <https://doi.org/10.1136/bmj.k5163>

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