



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE


Marc Elrich
County Executive

Tiffany Ward
Director and Chief Equity Officer

MEMORANDUM

March 28, 2023

To: Jennifer Bryant, Director
Office of Management and Budget

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice 

Re: Racial Equity Impact Assessment (REIA) for Supplemental Appropriation (SA) #23-66 – Statewide Integrated Health Improvement Strategy (SIHIS) Eliminating Disparities in Maternal Health Initiative-Home Visiting Expansion Grant

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #23-66 – *Statewide Integrated Health Improvement Strategy (SIHIS) Eliminating Disparities in Maternal Health Initiative-Home Visiting Expansion Grant* – aligns with the County’s overall objective of reducing and eliminating racial disparities and inequities as funding will be used to expand existing home visiting services in Montgomery County by enhancing the current *Babies Born Healthy*¹ program. Of note, while ORESJ acknowledges that the *Babies Born Healthy* program serves those at greatest risk of experiencing adverse maternal and infant health outcomes (Black mothers and their babies living in targeted zip codes within the County), efforts of the program itself will not address the underlying systemic causes of disparities in maternal and infant mortality and morbidity. Instead, the program will provide targeted resources that seek to address Black maternal and infant health at the individual level through intense educational efforts lending themselves to positive birthing outcomes for mothers and their babies.
- II. **BACKGROUND:** The purpose of Supplemental Appropriation #23-66 – *SIHIS Eliminating Disparities in Maternal Health Initiative-Home Visiting Expansion Grant* – is to create one term, full-time, Program Specialist/Lactation Health Educator position in addition to

¹ Montgomery County Department of Health and Human Services. *Babies Born Healthy*. 2023. Available at: <https://www.montgomerycountymd.gov/HHS-Program/PHS/PHSBabiesBornHealthy-p65391234.html>

one term, half-time, Community Health Nurse position within the *Babies Born Healthy*² program. Participants of the *Babies Born Healthy* program will receive up to 18 home visits and 19 virtual/telephonic encounters in addition to attending 8 group sessions before graduating from the program at approximately six months postpartum. The Community Health Nurse will provide a minimum of two contacts per month, with a home visit alternating with a virtual/telephonic check-in every two weeks during pregnancy and up to six months postpartum. Specifically, program nurses will provide a home visit upon entry into the program and then one virtual/telephonic check-in per trimester followed by one final home visit during the post-partum period. The Program Specialist/Lactation Health Educator will provide one visit in the third trimester and then two during the post-partum period, with more as needed.

Funds for the program enhancements will be sourced from the Maryland Department of Health, which carries out the Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. MIECHV funds stipulate that resources granted to states must be allocated to communities at highest risk – as identified through a comprehensive statewide needs assessment – and may only support evidence-based home visiting programs that meet specific federal criteria.³ States may opt to allocate up to 25% of funding for 'promising' home visiting models that do not meet federal criteria, but such programs must be rigorously evaluated to become evidence-based.⁴

For the purposes of this specific supplemental appropriation request, enhanced funding will bolster program services targeted to pregnant Black women and their families who are Medicaid recipients and residents of Montgomery County living in zip codes 20903, 20904, and 20906. These zip codes have been identified for this specific program as data shows that Black mothers and their infants who reside in these areas are at higher risk of experiencing severe health outcomes compared to mothers of other races and ethnicities who reside in the County—in alignment with requirements of MIECHV funding.

- III. **ANALYSIS**: When assessing the state of Black maternal and infant health in the United States, numerous research materials have noted that Black women are three to four times more likely to die from pregnancy-related death than their non-Hispanic White counterparts—even when controlling for factors such as physical health, access to prenatal care, income level, education, and socio-economic status.⁵ Additionally, the chronic

² infoMontgomery. *Babies Born Healthy*. 2018. Available at: <https://www.infomontgomery.org/search-results/?id=65391234>

³ Maryland Department of Health, Maternal and Child Health. *Maternal, Infant and Early Childhood Home Visiting Program*. 2020. Available at: https://health.maryland.gov/phpa/mch/pages/home_visiting.aspx

⁴ Ibid.

⁵ Reeves, R. *Reversing Current Trends in Black Maternal and Infant Health Outcomes*. 2019. Available at: <https://cssp.org/2019/05/trends-in-black-maternal-and-infant-health-outcomes/>

exposure to the racism that Black women experience also has implications on the health of their infants and children – as parent and child health is inextricably linked – with young Black children being at greater health risk of experiencing poor birth outcomes such as pre-term birth and low birth weight which have been identified as potential causes of infant mortality.⁶ These disparities in maternal and infant health outcomes are also present in Montgomery County with Black women being 60% more likely to have severe maternal morbidity than White women and Black babies being more likely than any other racial group in the County to experience infant and fetal death.⁷ Specifically, data from the 2019 Fetal Infant Mortality Review Board that accompanied this supplemental request reported that:

- Black/African American babies accounted for 36% of all fetal/infant deaths in the County yet represented less than 25% of all births.
- White babies accounted for 21% of fetal/infant deaths in the County, with White women accounting for 60% of the births in the County.

As these stark statistics reveal, decades of strategic divestment in Black communities (to the benefit of White communities) have manifested in a crisis of maternal and infant health outcomes for Black women and their babies—underscoring the need for targeted investments aimed at advancing equitable and just outcomes for Black women and their babies. Enhancements to programs such as *Babies Born Healthy* serve as a springboard to addressing health inequities for this specific group of moms and babies.

As previously documented in the [REIA for Supplemental Appropriation #22-49 – Centers for Disease Control and Prevention Cooperative Agreement](#)—"The health and well-being of individuals and communities are affected by a wide range of factors, sometimes referred to as social determinants of health⁸, that in combination with the quality and affordability of medical and healthcare interventions, can either enable or prevent health equity." Evidence-based home visiting programs offer a proven track record in addressing or at least mitigating disparities in health care quality and health outcomes by coordinating care and referrals to a variety of services.⁹ When home-visiting programs use culturally responsive and community-driven approaches to support underserved, low-income, or at-risk families, they can be even better positioned to address racial and ethnic disparities and improve

⁶ Ibid.

⁷ Montgomery County, Maryland, Department of Health and Human Services Office of Planning and Epidemiology. *Maternal and Infant Health in Montgomery County, Maryland 2008-2017*. 2019. Available at: <https://www.montgomerycountymd.gov/HHS/Resources/Files/MaternalInfantHealthReport.pdf>

⁸ National Academies of Sciences, Engineering, and Medicine 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Available at: <http://www.nap.edu/25982>

⁹ Duffee, J., Mendelsohn, A., et. al. *Early Childhood Home Visiting*. 2017. Available at: <https://pubmed.ncbi.nlm.nih.gov/28847981/>

maternal and early childhood outcomes.¹⁰

As being a recipient of the Medicaid program is an eligibility requirement for participation in *Babies Born Healthy*, ORESJ stresses the importance of ensuring that Black mothers and their children remain enrolled in the healthcare program, which will end its continuous eligibility provision¹¹ at the end of this month (March 31, 2023), putting some eligible recipients at risk of experiencing a lapse in health care coverage.

Data from 2021 reveals that roughly half of the enrollees in Medicaid and the Children's Health Insurance Program (CHIP) identify as Black or Latinx. With the impending Public Health Emergency (PHE) Unwind looming, it is projected that nearly 7 million Medicaid enrollees could lose Medicaid coverage despite being eligible due to churn—procedural reasons caused by administrative barriers such as long wait times, multiple unnecessary requests for paperwork, and eligible people losing coverage at renewal and having to reapply. Due to their disproportionate enrollment in the Medicaid program as well as the unprecedented instability they experienced as a result of the pandemic, those identifying as Black, Indigenous, or People of Color (BIPOC) are at disparate risk of losing access to the health care coverage they've come to rely on. This is especially worrisome for BIPOC mothers and their young children.

As previously documented in the [REIA for Supplemental Appropriation #23-09 – FY23 Operating Budget Montgomery County Government, Department of Health and Human Services Assistance to Access Abortion, Reproductive Health, and Related Services](#):

“Low-income women, women who identify as BIPOC, and undocumented women are at greatest risk of being uninsured, as are single mothers¹², putting them at higher risk of adverse health outcomes. Despite greater access to health care coverage through policies such as the Affordable Care Act, which allowed for Medicaid expansion in states that took it up, women who identify as BIPOC continue to experience greater burdens in accessing comprehensive reproductive health care services. Data suggests the disproportionate risk for women of color for reproductive health access and outcomes expands beyond individual-level risks, and also includes social and structural factors such as: fewer

¹⁰ Michalopoulos, C., Faucetta, F. *Impacts on Family Outcomes of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*. 2019. Available at: https://www.acf.hhs.gov/sites/default/files/documents/opre/mihope_impact_report_final20_508_0.pdf

¹¹ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. *Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches*. 2022. Available at: https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage_IB.pdf

¹² Kaiser Family Foundation. *Women's Health Policy: Sources of Health Insurance Coverage*. Available at: <https://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage/>

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neighborhood health services; less insurance coverage; decreased access to educational and economic attainment; and practitioner-level factors such as racial bias and stereotyping¹³. ”

Given the documented benefits of home visiting programs, ORESJ encourages the County to make continued investments in the Babies Born Healthy program – and others like it – enabling the Department of Health and Human Services (DHHS) to reach as many eligible Black moms and babies as possible—potentially expanding beyond the three zip codes the program currently targets.

cc: Dr. James Bridgers, Director, Department of Health and Human Services
Ken Hartman, Director, Office of Strategic Partnerships, Office of the County Executive

¹³ Sutton, M., Anachebe, N., et. al. *Racial and Ethnic Disparities in Reproductive Health Services and Outcomes*, 2020. 2021. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7813444/>