MATERNITY ACTION PLAN *OVERVIEW*

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

Sustainable Policy Change to Strengthen and Accelerate the Nurture NJ Strategic Plan

MATERNITY ACTION PLAN
EXECUTIVE SUMMARY

The national maternal and infant health (MIH) landscape is troubling, and New Jersey ranked 47th in the nation for maternal deaths[1]. Non-Hispanic Black persons and Hispanic persons in New Jersey are nearly 7 and 3 times more likely to die due to pregnancy than non-Hispanic White women, respectively[2]. These deaths, many of which were preventable, underline the gaps to receiving quality care for mothers and young children in the state.

To bring attention to this issue, New Jersey First Lady Tammy Murphy, in partnership with the State and community partners, created the Nurture NJ (NNJ) Strategic Plan. The Strategic Plan has the following primary goals:

1. Ensure all women are healthy and have access to care before pregnancy
2. Build a safe, high-quality, equitable system of care and services for all women during prenatal, labor and delivery and postpartum care
3. Ensure supportive community environments and contexts during every other period of a woman's life so that the conditions and opportunities for health are always available[3]

To propel implementation of the NNJ Strategic Plan, the New Jersey Health Care Quality Institute (Quality Institute) created a Maternity Action Plan (MAP). The MAP provides actionable steps, examples, and resources to stakeholders looking to act and drive change, including community members, regulators and policymakers, philanthropies, and health care providers and payers.

The MAP contains four areas for action:

1. Build the Maternity Workforce Needed to Achieve Birth Equity

- Promote reforms to educate, recruit, and retain a more diverse MIH workforce, including ongoing anti-racism education and training
- Use community input and data to enhance health care workforce training, recruitment, and retention programs, and workforce sustainability to improve MIH
- Increase support for these key MIH workforce roles: community health workers, community doulas, lactation consultants and lactation support professionals, and midwives

2. Collect and Use Data to Improve Equity and Quality

- Improve data collection and reporting
- Use maternal health data in quality improvement, payment models, and public reporting to improve equity and quality

3. Reform Payment Systems to Drive High Quality Holistic Maternal Infant Health Care

- Support and sustain existing MIH programs and as needed, launch and leverage payment reforms and pilots to further MIH quality and equity
- Improve the Perinatal Risk Assessment (PRA) form and use it to connect pregnant individuals to social and clinical services
- Build upon and scale existing care models that focus on the continuum of integrated care across the full perinatal period

4. Improve Community-Based Social Supports

- Make a safe, secure place to live available to all New Jersey families
- Maximize financial support to families for high-quality childcare
- Enhance and build awareness of Connecting NJ to support Title V Block Grant and other community programs.

Each of the strategies featured in the MAP support recommendations within the NNJ Strategic Plan. The MAP points to existing programs and pilots in New Jersey and elsewhere to use as models for improving MIH and sustainably implementing the NNJ Strategic Plan.

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[1] *State of New Jersey. (2022). Combating New Jersey's Maternal and Infant Mortality Crisis. https://nj.gov/governor/admin/fl/nurturenj.shtml*

[2] *Nantwi, A., & Slutzky, C. (2022). New Jersey Maternal Mortality Report 2016-2018. https://www.nj.gov/health/fhs/maternalchild/mchepi/mortality-reviews/*

[3] *Hogan, V., Lee, E., Asare, L., Banks, B., Benitez Delgado, L., Bingham, D., Brooks, P., Culhane, J., Lallo, M., Nieves, E., Rowley, D., Karimi-Taleghani, P., Whitaker, S., Williams, T., & Madden-Wilson, J. (2021). The Nurture NJ Strategic Plan. The State of New Jersey. https://nurturenj.nj.gov/wp-content/uploads/2021/01/20210120-Nurture-NJ-Strategic-Plan.pdf*

MATERNITY ACTION PLAN *OVERVIEW:*

BUILD THE WORKFORCE NEEDED TO ACHIEVE BIRTH EQUITY AND QUALITY

Together, we must redesign and support today's maternal-infant health (MIH) workforce through changes to training and education, licensing, recruitment and retention, and reimbursement systems. These reforms must focus on expanding the workforce to include professionals and other care providers with more diverse backgrounds and experience than today's workforce. We need workers who are trained to have cultural humility and congruency, and who are prepared to acknowledge and address racism within the health care system and the other societal systems.

While it is not the only answer to addressing inequities in MIH, researchers recognize the value of culturally congruent care, especially when it comes to matters of trust, communication, and safety.

Creating a more diverse, culturally congruent, and respectful MIH workforce requires defining what types of MIH services are needed and the types of providers to deliver services in a patient-centered, trauma-informed way. Patients from marginalized communities and organizations serving them should lead the way in defining the community's needs. Listening to patients' experiences is essential to eliminating racism within the systems that contribute to inequitable MIH outcomes.

Reforming ongoing education, recruitment, and retention efforts to include a focus on addressing racism and teaching culturally respectful, patient-centered, trauma-informed care should be a priority across public and private institutions. In addition, the state must collect data to inform funding decisions and prioritize job program development to increase diversity and increase access to care in historically marginalized areas. Efforts must be made to engage and inform marginalized communities of MIH education, jobs, and funding opportunities. Finally, reimbursement rates and models must be improved to retain trained workers and enable them to earn a livable wage and thrive in their roles to advance birth equity in New Jersey.

WORKFORCE POLICY RECOMMENDATION 1

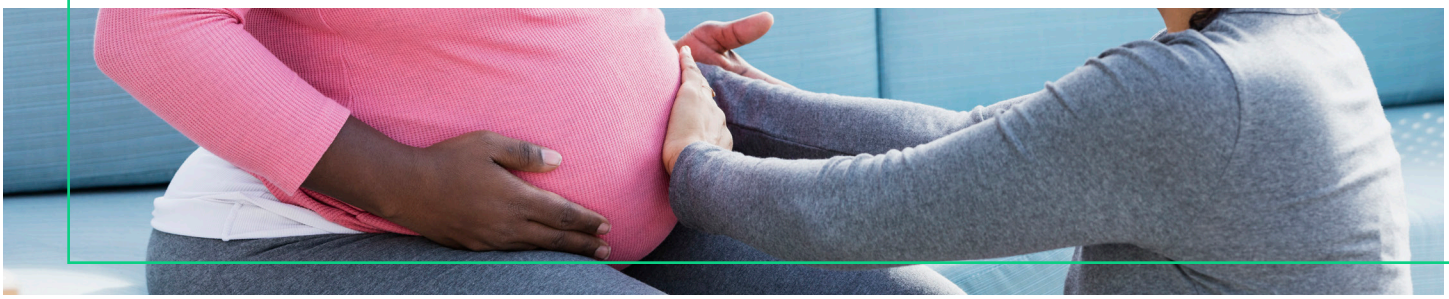
Promote reforms to educate, recruit, and retain a more diverse MIH workforce, including ongoing anti-racism education and training.

Trainings to address bias in MIH should be required of all individuals a patient may come in contact within the health care system. This includes, but is not limited to, health care providers, receptionists, billing department, and community-based caregivers. This multi-sector approach will not instill change unless trainings are repeated, become standard practice, and staff feel supported by leadership.

WORKFORCE POLICY RECOMMENDATION 2

Use community input and data to enhance health care workforce training, recruitment, and retention programs and workforce sustainability to improve MIH.

Learning where gaps and barriers are in the MIH workforce allows for programs and initiatives to be created and supported to address these needs. For instance, loan repayment and low wages are obstacles for the perinatal health care workforce. Appropriate investment in these high-demand roles can propel individuals into these careers and ultimately fill a void.



Each of the professionals listed here play integral roles for families during the perinatal period. Basic needs, education, and emotional support are a few of the many ways these roles provide benefit to birthing families, especially those who are disadvantaged. There is opportunity to identify and enhance existing community programs serving diverse populations and to expand resources to build capacity for sustainable and equitable perinatal services beyond a hospital or provider's office and directly in the community.

WORKFORCE POLICY RECOMMENDATION 3

Increase support for these key MIH workforce roles: community health workers, community doulas, lactation professionals, and midwives.

MATERNITY ACTION PLAN *OVERVIEW:*
COLLECT AND USE DATA TO IMPROVE EQUITY AND QUALITY

New Jersey is ranked 47th in the United States for maternal health outcomes. Black women in the state were 7 times more likely to die from a pregnancy-related complication than white women. These unacceptable statistics and the ability to effectively collect and use maternal-infant health (MIH) data to improve quality, equity, and outcomes will lead us to action and birth equity.

The benefits of MIH data collection and reporting include:

- Enabling hospitals, other providers, and health plans to benchmark their results and be held accountable for their performance.
- Enabling providers and health plans to stratify data by demographics and use data to reduce disparities.
- Making MIH data transparent to empower birthing people, providers, purchasers, and policymakers to make informed decisions and look for better quality.
- Using the data for Quality Improvement action.

Better alignment and sharing of the data could accelerate the pace of change and heighten awareness of the issues and disparities.

DATA COLLECTION AND USE POLICY RECOMMENDATION 1

Improve data collection and reporting.

Defining and using quality measures and terms that are congruent across the entire state allows for unambiguous data comparison. This alignment makes collaboration towards MIH quality and equity goals achievable for the many entities involved in this field.

Patient reported experience data is also needed to gain a full understanding of what is meaningful to patients, particularly those who have been historically marginalized. These tools must be free of bias and openly describe how the data will be used.

DATA COLLECTION AND USE POLICY RECOMMENDATION 2

Use the data in quality improvement, payment models, and public reporting to improve equity and quality.

Data can only lead to improved health outcomes if it is valid, understandable, and most importantly, available. While challenging, patient race, ethnicity, language, and other demographic data must be uniformly collected to recognize and address disparities. Stratified data should be used by health plans creating networks, ensuring access to care, and implementing alternative payment models for perinatal care.

MATERNITY ACTION PLAN *OVERVIEW:*

REFORM PAYMENT SYSTEMS TO DRIVE HIGH QUALITY HOLISTIC MATERNAL INFANT HEALTH CARE

Payment reforms and incentives offer opportunity to drive higher-quality, holistic MIH care. An array of pilots and projects in MIH have been launched or funded by specific health plans or foundations. This work should be identified, aligned, and if impactful, expanded at the state level to increase the pace of change.

To drive significant change, focus should be given to payment structures that expand integrated care to include physical and mental health during the perinatal period and during the early years of a child's life. This will promote and support early foundational relationships between young children and their caregivers to advance physical health and development, social well-being, and resilience.

Several successful proven evidence-based integrated care models can be incorporated into New Jersey's payment landscape through amendments to contracts, guidance, and policy. These include CenteringPregnancy, CenteringParenting, and HealthySteps. Cross-sector work groups should align on how to effectively scale up these models within the state and ensure adequate reimbursement.

PAYMENT REFORM POLICY RECOMMENDATION 1

Support and sustain existing MIH programs and as needed, launch and leverage payment reforms and pilots to further MIH quality and equity.

New programs that meet a gap in existing models should be launched and leveraged to test innovative payment models that deliver high-quality care and preserve resources. Existing models, including the Perinatal Episode of Care (EOC) for Medicaid beneficiaries and community doula benefit for Medicaid participants, should be built upon and expanded to provide integrated care beneficiaries and community doula benefit to further MIH quality and equity. It is essential to include evaluation plans to assess each model and build sustainability into payment systems beyond the pilot periods.

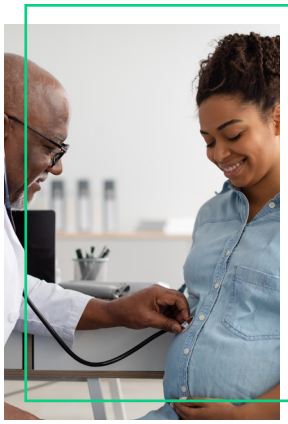
Private sector payers and stakeholders must consider whether new payment and care delivery models align with services already offered, so consumers, communities, and providers better understand the various models and how to access them.

Improvements are needed in the efficiency, accuracy, and usability of the PRA to provide necessary social and clinical services to pregnant people. These improvements can also lead to timely referrals for services during the prenatal period. State law mandates these forms be completed by the provider for all individuals who are uninsured or are Medicaid presumptively eligible, and pregnant individuals who are Medicaid eligible.

PAYMENT REFORM POLICY RECOMMENDATION 2

Improve the Perinatal Risk Assessment (PRA) form and use it to connect pregnant individuals to social and clinical services.

However, payment is not linked to any follow-up or referrals on the risk factors identified on the PRA.



Updating and simplifying the PRA and connecting it to electronic health records will increase usability, accuracy, and likelihood of completion during the patient's visits. This can reduce provider and practice burden and enable timely referrals to services. The PRA/SPECT (Single Point of Entry and Client Tracking System) database could also be enhanced to better communicate with, and track referrals made to Connecting NJ.

There is value in using the PRA for all pregnant people, not just those in Medicaid. Only mandating its use for Medicaid sets up different standards of care for patients based on their insurer, leading to inequity in practice and potential stigma for Medicaid participants.

PAYMENT REFORM POLICY RECOMMENDATION 3

Build upon and scale existing care models that focus on the continuum of integrated care across the full perinatal period.

Greater focus needs to be put on consistent, timely behavioral health screening throughout the perinatal period and early childhood, and increased referral to mental health support before and after birth.

State law requires postpartum depression screening before discharge from a hospital. Expanded screening during well-person and prenatal visits in addition to postpartum care is needed to better identify risk factors and concerns. Pediatricians should evaluate maternal health during infant visits to identify the need for behavioral health support.

Better communication and coordination of care is needed — including more co-location of services, regulatory and payment options for fully integrated practices, and expanded high-quality telehealth.

Additional training and education about mental health risks, indicators, and interventions should be offered to all providers who interact with and support birthing people. For example, the state or other funders could fund Mental Health First Aid training for all community-level and home-visiting practitioners or other workers caring for pregnant individuals.

MATERNITY ACTION PLAN *OVERVIEW:*
IMPROVE COMMUNITY-BASED SOCIAL SUPPORTS

Additional supports outside the medical system are needed as part of a multi-sector approach to address social determinants of health and reduce maternal and infant mortality in New Jersey. Healthy food, a safe living environment, affordable childcare, quality education, and viable employment with a livable wage contribute to better health yet are often unaddressed in health care policy initiatives. This requires public investments and partnerships to solve immediate problems and build collaborative systems for long-term change.

COMMUNITY-BASED SOCIAL SUPPORTS RECOMMENDATION 1

Make a safe, secure place to live available to all New Jersey families.

Lack of affordable housing during pregnancy can lead to poor maternal health, low birth weight and pre-term birth. New Jersey policymakers can dedicate a portion of state funds in each budget year to increase affordable housing units in New Jersey for pregnant people and families with young children.

Strategies to increase the amount of affordable housing in New Jersey for pregnant people and families with young children should include additional funds to the State Rental Assistance Program (SRAP) to pilot project-based housing, which may include collaborations with the Department of Children and Families (DCF). Priority consideration should be given to housing services that have integrated behavioral support for mental health needs and substance use treatment so families can live together while receiving care.

State and federal funds, as well as support from private corporations, nonprofits, and municipalities, will be needed to support infrastructure development to build more affordable, safe housing units. Collaboration with community-based organizations will support the integration of wraparound services centralized in affordable housing centers.

COMMUNITY-BASED SOCIAL SUPPORTS RECOMMENDATION 2

Maximize financial support to families for high-quality childcare.

Increasing awareness and use of childcare tax credits, paid family leave, Earned Income Tax Credits (EITC), and childcare subsidies to support financial security will help ensure access to high-quality, affordable childcare.[1]

Financial support for childcare, as well as paid family leave programs, aid in the healthy development of children by reducing poverty and enabling the continued involvement in the workforce that promotes economic security.

MAP OVERVIEW: IMPROVE COMMUNITY-BASED SOCIAL SUPPORTS

New Jersey in recent years has made significant advancements to paid family leave programs, invested in making childcare programs more available to families that struggle to get by, and broadened eligibility for the EITC. The impact of New Jersey's changes to the state EITC and financial assistance for childcare should be studied because the findings will likely inform future policy decisions on social investments to improve health and wellbeing.

To support greater access to childcare, the state should consider maintaining pandemic-linked childcare affordability allowances that made high-quality childcare accessible for families and make permanent childcare subsidies based on enrollment, not attendance. Outreach and public awareness need to be a key component of strategies to ensure New Jerseyans know about and use childcare services and supports that are affordable and high quality.

Title V funding is one of the largest federal block grants awarded to states. It supports promoting and improving maternal and child health (MCH) and well-being.[2] Title V funds are used to support many essential MCH programs in the state, including the Maternal Mortality Review Committee, Fetal Infant Mortality Review, Healthy Women, Healthy Families initiatives, and Maternal Infant Early Childhood Home Visiting (MIECHV) evidence-based home visitation programs.

COMMUNITY-BASED SOCIAL SUPPORTS RECOMMENDATION 3

Enhance and build awareness of Connecting NJ to support Title V Block Grant and other community programs.

Connecting NJ, a network of partners and agencies (formally Central Intake hubs) are a single point of entry for screening and referral of birthing people and their families to many of the services and supports funded by the Title V block grant. Currently, the path for families to access services is either referrals on the Perinatal Risk Assessment (PRA) form or by self-referral to Connecting NJ. This process of getting people the services they need for a healthier perinatal experience could be improved by ensuring that the screenings are done in a manner that ensures that the patient knows they are being referred and why the program may benefit them. In addition, the referring entity (Managed Care Organization or Provider) and the service provider should communicate and close the loop on whether the patient was reached, any services provided or any outstanding issues.

[1] At the time of report release, a package of childcare-related bills had been introduced in the NJ State Senate and were pending legislative review.
[2] US Department of Health and Human Services: Title V Block Grant. https://www.hhs.gov/guidance/document/title-v-maternal-and-child-health-services-block-grant-states-program-guidance-and-forms-2#:~:text=As%20one%20of%20the%20largest,special%20needs%2C%20and%20their%20families.