Using Policy and policy to Improve Women’s Preconception Health

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Preconception CoIIN
Year-two In-Person Meeting

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Starting perspectives…What I believe

- We cannot ensure equity without strong and well-implemented public policies.
- Every person should have the freedom to decide if and when to become parents and raise a family.
- Reproductive justice will be attained when all people have the economic, social and political power and means to make decisions about their bodies, sexuality, health, and families.
- The challenges we face won’t be remedied by clinical practice changes, quality improvement, or individual behavior change alone.
- We must ensure effective public policy and programs in order to have impact on the greatest number of women, infants, children, and families.
So, what is not happening that should be?

- Low reproductive health awareness or no “reproductive life plan” for most men and women.
- Barriers limit health and health care for many women.
- Many young adults in working class still uninsured.
- Primary care discontinuous (no medical home).
- Most women have coverage for well visits with preconception care, but they and their providers are not aware, not using benefit.
- Many providers not focused on reproductive risks, effective preconception interventions.
- Perinatal HIV, opioid use, mental health marginalized.
- Unequal treatment and health inequities drive racial/ethnic and income disparities.
KEY ELEMENTS OF EFFECTIVE POLICY AND ADVOCACY EFFORTS
How do you relate to policy?

- **Policy entrepreneur**: always working on policy development and/or to improve policy (through advocacy, research, or other roles).
- **Policy maven**: follow and/or engage in politics and policy developments closely at federal, state, and/or local levels.
- **Policy implementer**: play active role in making sure policies are well implemented (through management, data, or other roles).
- **Policy dabbler**: peripherally or occasionally following or involved in a singular policy topic.
- **Policy rookie**: not usually thinking about policy or politics, not my thing.
3 Factors in Policy Development

Policy Stream

Problem ID

Window of opportunity

Policy remedy

Social context

Political will

Adapted from: Kingdon, 1985; McDonough, 2000.
Effective public policy work is:

- Broad-based and inclusive
- Focused and strategic
- Grounded in knowledge
- Thorough and persistent
- Multi-strategic, no one right way
  - Change law (new or revised statute or regulations)
  - Increase funding (new or redirected dollars)
  - Improve implementation
  - Integrate program and policy strategies (“new flavor”)
Policy and Program Interaction

## Tools of Collaboration for “policy” Change

<table>
<thead>
<tr>
<th>Connect management</th>
<th>Link services &amp; systems</th>
<th>Enable change</th>
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<tbody>
<tr>
<td>Multidisciplinary teams</td>
<td>Map the system</td>
<td>Community-wide oversight for staff teams</td>
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<td>Interagency task forces</td>
<td>Interagency agreements for referrals</td>
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<td>Joint planning</td>
<td>Interagency agreements for services</td>
<td>Community-wide partnerships (informal)</td>
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<tr>
<td>Joint/shared outcomes</td>
<td>Formal referral processes</td>
<td>Community-wide partnerships (formal)</td>
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<td>Joint management</td>
<td>Client vouchers</td>
<td>Enabling policies giving flexibility to waive distinct program requirements</td>
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<td>Joint purchase of services</td>
<td>Outstation staff or Collocate services</td>
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<td>Joint training</td>
<td>Shared elements</td>
<td></td>
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<tr>
<td>Integrating systems</td>
<td>Integrated data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integrated services</td>
<td></td>
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</tbody>
</table>

Source: Sid Gardner. Children and Family Futures.  
WHAT IS THE STATUS OF POLICY DEVELOPMENTS?
Uninsured rate among women 18-64 dropped significantly since ACA was implemented.

Percent of women reporting health coverage, By type, 2010 and 2016

- **Private insurance**: 66% (2013) vs. 62% (2017)
- **Medicaid**: 9% (2013) vs. 14%* (2017)
- **Uninsured**: 18% (2013) vs. 12%* (2017)

* Statistically significant difference, p<.05


Why are millions of women still uninsured?

- **States not expanding Medicaid under ACA**
  - Nearly 3 million non-pregnant low-income women would be eligible for Medicaid, but remain uninsured because their state has not expanded eligibility under ACA.

- **Lack of affordable coverage**
  - Under the “family glitch,” some women cannot afford coverage offered through a family member’s employer, but are also ineligible for the ACA Exchange Marketplace.

- **Immigration status**
  - A sizable number of women remain uninsured because they are undocumented immigrants. (Note, lawfully present immigrants are eligible for coverage through ACA Health Insurance Marketplaces.)

- **And, threat of losing coverage as result of state or federal policy action in ACA/ Medicaid looms.**
Cost remains a barrier to care for women

Percent of women reporting they experienced the following in prior 12 months due to costs

- Private
- Medicaid
- Uninsured

Implementation of ACA benefits

On August 1, 2012, an estimated 47 million insured women gained coverage for select clinical preventive health services without cost-sharing.

- Insufficient attention has been given to effective implementation of this coverage.
- Includes: well-woman visits, preconception care, prenatal care; contraceptive methods and counseling; six other categories of women’s preventive services; plus immunizations and other.

Learn more from:
Gee et al. Recommendations of the IOM Clinical Preventive Services for Women Committee. doi: 10.1097/GCO.0b013e32834cdcc6
Medicaid Coverage for Women of Reproductive Age

- 15 million women of reproductive age are enrolled in Medicaid
  - 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.
    - 62% of Bhutanese women, 43% of Hmong women, and 32% of Pakistani women are covered through Medicaid.

Unequal treatment?


- Contraception
- Sexual history
- HIV

Source: Kaiser Family Foundation. 2017 Kaiser Women’s Health Survey. Share of women who said their physician discussed these reproductive health issues with them in past 3 years, By insurance status.

Sample State PRAMS, 2011

Breastfeeding
Screening birth defects
Smoking
Physical abuse

Source: PRAMSTAT. Percent of Women Who Recently Gave Birth Who Reported Prenatal Health Education Discussions with Health Providers, By Medicaid Status, PRAMS Sample State

Statistically significant difference from private
Proportion of Low-Income Women (<138%FLP) with Preconception Coverage, Non-expansion (NES) and Expansion States, By Coverage Status, PRAMS (8 States), 2009-2013

A significantly greater increase in preconception Medicaid coverage in ES after ACA policy implementation.

Clapp MA, James KE, Kaimal AJ, Daw JR. Preconception coverage before and after the Affordable Care Act Medicaid expansions. Obstet Gynecol 2018;132
## Status of Coverage by State

<table>
<thead>
<tr>
<th>State</th>
<th>ACA Medicaid Expansion</th>
<th>Women 19-64 Covered by Medicaid</th>
<th>Uninsured women ages 19-64 in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>California</td>
<td>YES</td>
<td>24%</td>
<td>9%</td>
</tr>
<tr>
<td>Delaware</td>
<td>YES</td>
<td>16%</td>
<td>6%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>NO</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>NO</td>
<td>10%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation. State Health Facts.
What Policy and policy strategies are relevant to Preconception Health and Health Care?
1. Individual responsibility across the life span
2. Consumer awareness
3. Preventive visits
4. Interventions for identified risks
5. Interconception care
6. Pre-pregnancy check ups
7. Health coverage for low-income women
8. Public health programs and strategies
9. Research
10. Monitoring improvements
Policy and policy examples related to PCHHC

Policy

1. Expand Medicaid eligibility to ACA level of 138% FPL.
2. Extend Medicaid pregnancy-related eligibility for one year postpartum/interconception care.
3. Extend/maintain Medicaid family planning coverage before and after pregnancy.
4. Cover ACA preventive services for all women in Medicaid.
5. Secure/maintain funding for family planning clinics.
6. Adopt policies to improve social determinants of health (e.g., tax credits, paid family leave, TANF option as family leave).
Policy and policy examples related to PCHHC

1. Use approaches for informing related to health coverage options (e.g., navigators).
2. Develop Medicaid interconception care project for enrolled higher risk women (*no new authority or eligibility required*).
5. Better implement tobacco cessation benefits & measure.
6. Provide support for integration of preconception care into public clinics.
7. Adopt Title V performance measure (NPM-1) for well-woman visit access as a state priority.
8. Use Title V funds to support provider training related to well-woman visits/ preconception care.
9. Set statewide priority in home visiting for completed referrals to well-woman visits.
Sample HiAP View for Perinatal Care

- Child & family tax policies
- Paid parental and sick leave policies
- Employment programs & policies
- Workplace breastfeeding policies & practices
- Violence prevention policies
- Parenting education & social support programs
- Transportation systems

Health
- Health coverage policies
- Environmental safety policies

Women, infants, & families

Income & employment
- Health care access and quality

Safety & well-being

Food & nutrition
- Early care and education policies
- High school graduation & higher education programs
- Quality food access programs
- Supplemental nutrition policies
- Housing subsidy & capacity policies

Transportation

Education
- Community development programs & policies

Housing & Community

Building a Health in All Policies (HiAP) Approach.
What you can do to engage in policy process

- Sign up for and read policy action alerts.
- Select the issue, specify policy remedy, and build consensus.
- Frame issues thoughtfully and communicate effectively.
- Use your leverage with and within state agencies to guide policy decisions.
- Inform policymakers as a constituent professional.
- Support advocacy by women.
- Follow and influence policy development, including contributions to legislation, during public comment periods, and media.
- Gather stories from women and families to use in making the case for the importance of Medicaid, Title V MCH, Title X family planning, etc.
- Use data to show the positive impact of public programs.
- Monitor the impact of policy changes through vital statistics, Medicaid data, PRAMS, consumer surveys, QI projects, evaluation research, etc.
Selected References