

Using Policy and policy to Improve Women's Preconception Health

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Preconception CoIIN
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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



POLL

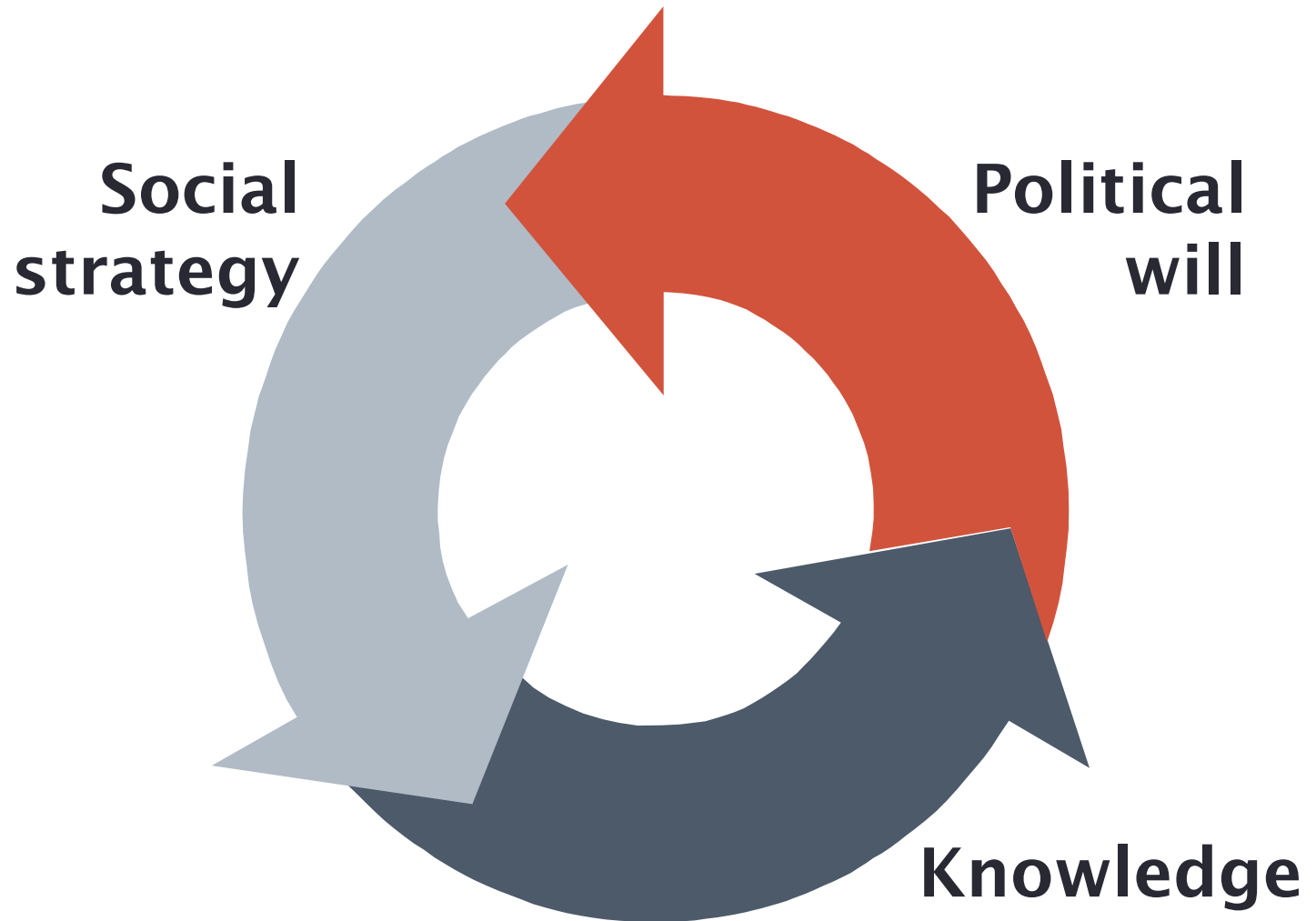


❖ How do you relate to policy?

- **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.



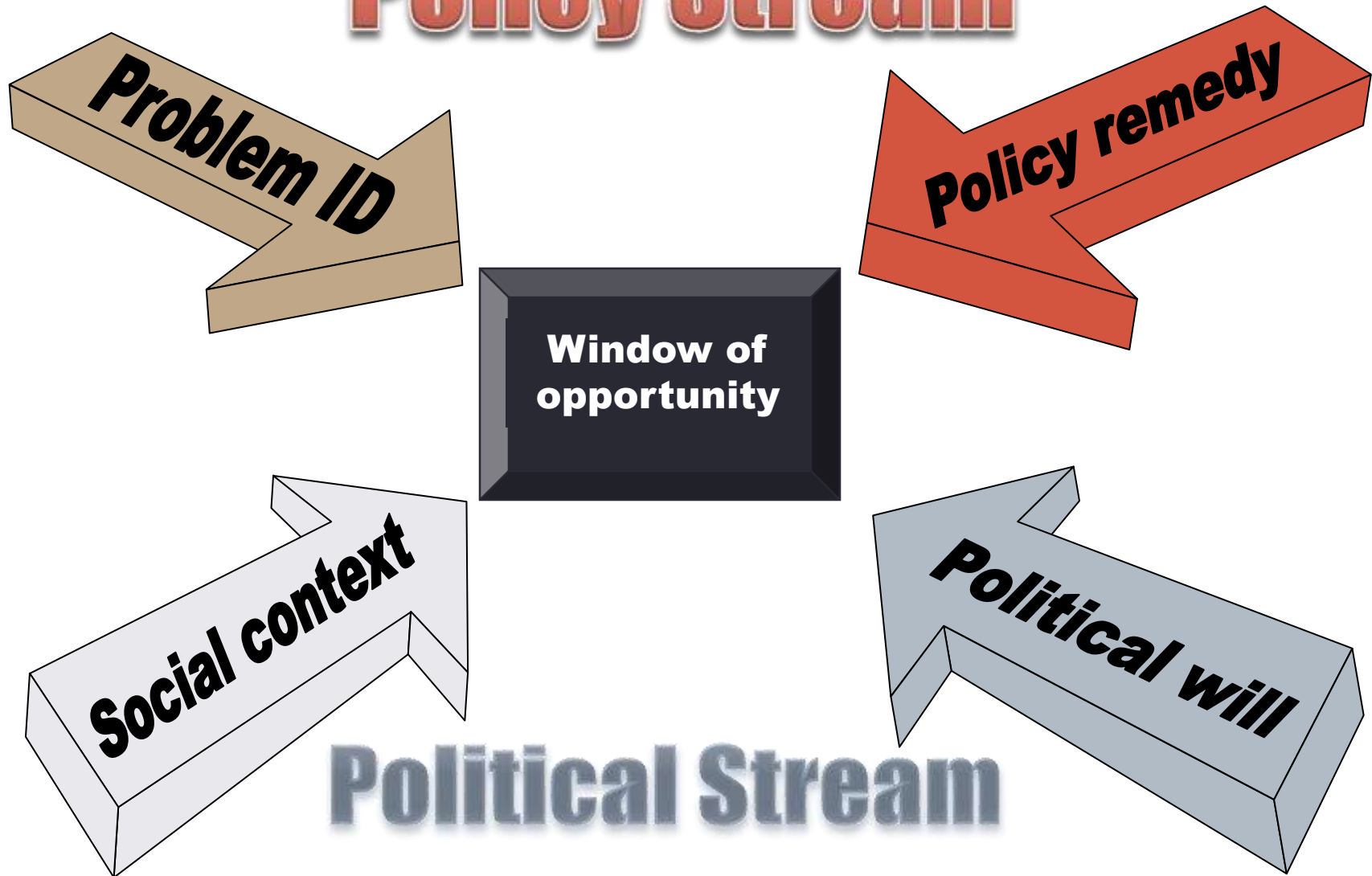
3 Factors in Policy Development



Source: Richmond and Kotelchuck, 1991 & 1993;
Richmond and Wise, 1979.



Policy Stream

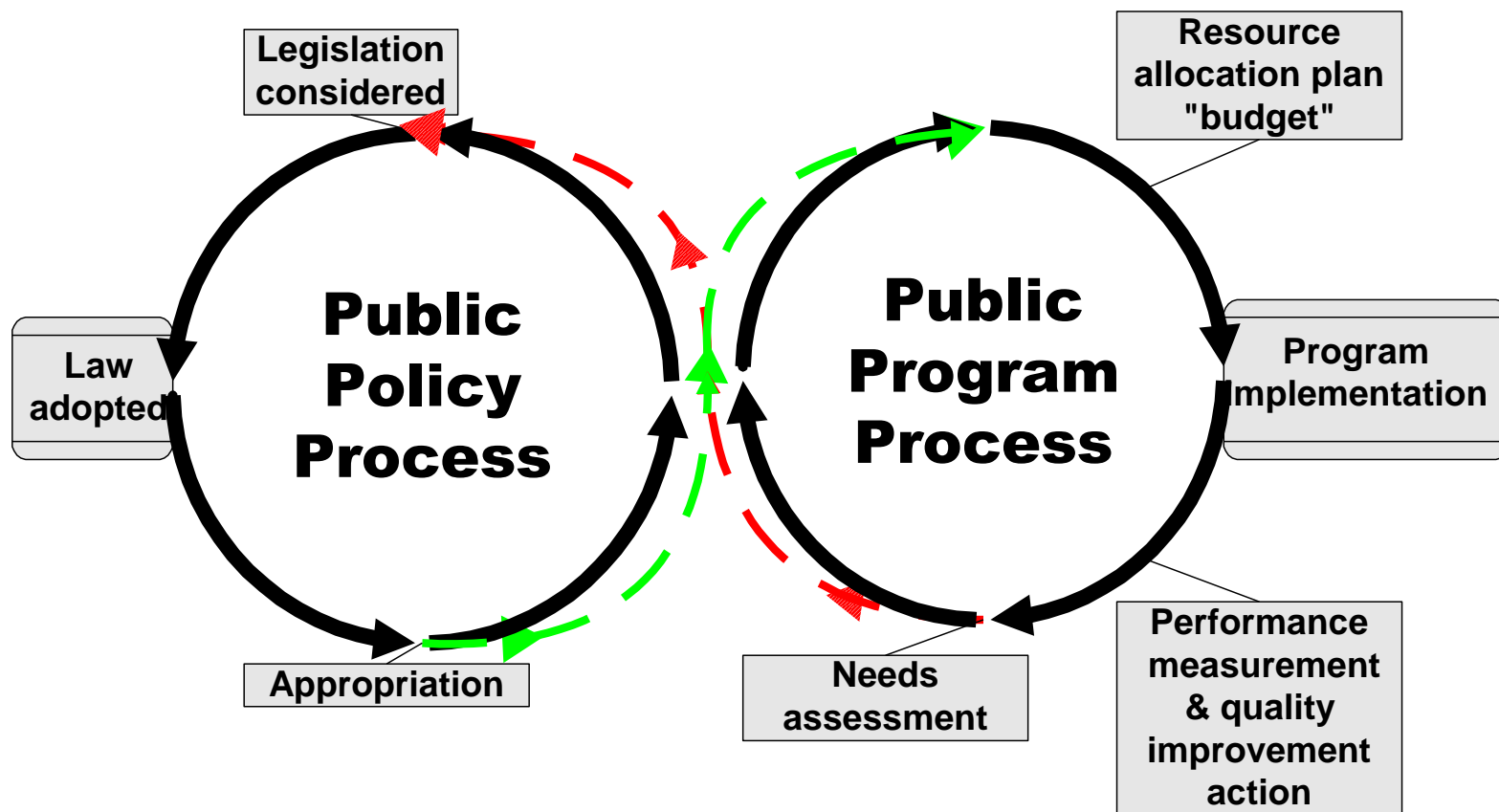


Effective public policy work is:

- ❖ 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

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

Source: Sid Gardner. Children and Family Futures.

http://www.cffutures.org/files/publications/BeyondFragmentationPresentation_013107.pdf



WHAT IS THE STATUS OF POLICY DEVELOPMENTS?



Macro MCH policy evolution, 1984-present

Focus on coverage

Delink Medicaid and welfare, stimulate state innovation

Secure 6 expansions of Medicaid, maternity, infant, and child coverage

Advance Medicaid for family planning through waivers

Create CHIP

Adopt and protect ACA

Focus on health system

Engage MCH in Medicaid managed care

Reduce role of MCH/PH in direct services

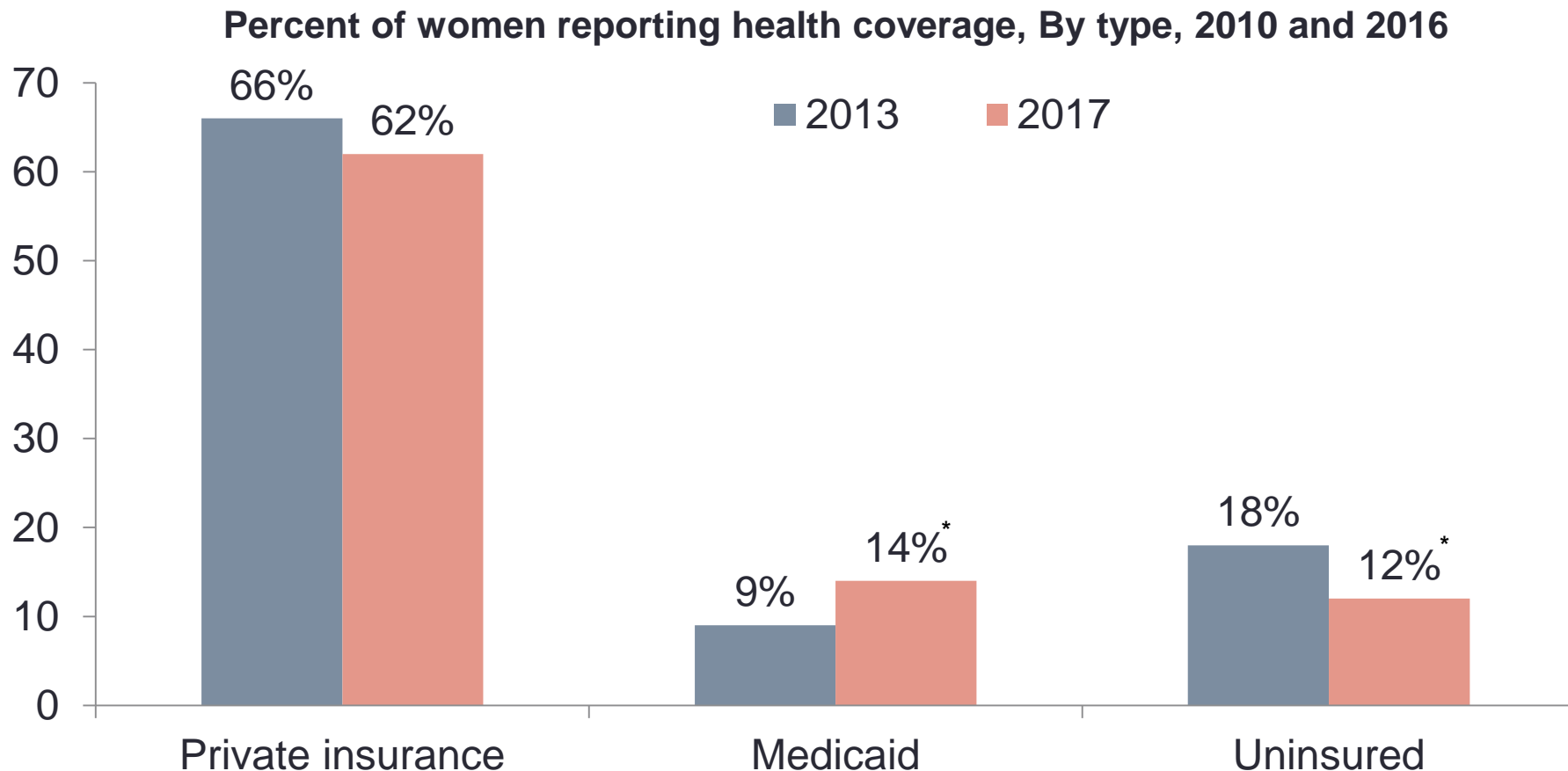
Focus on quality improvement

Engage MCH in evolution to ACOs, value-based payments, etc.

Focus on social determinants, life course, equity



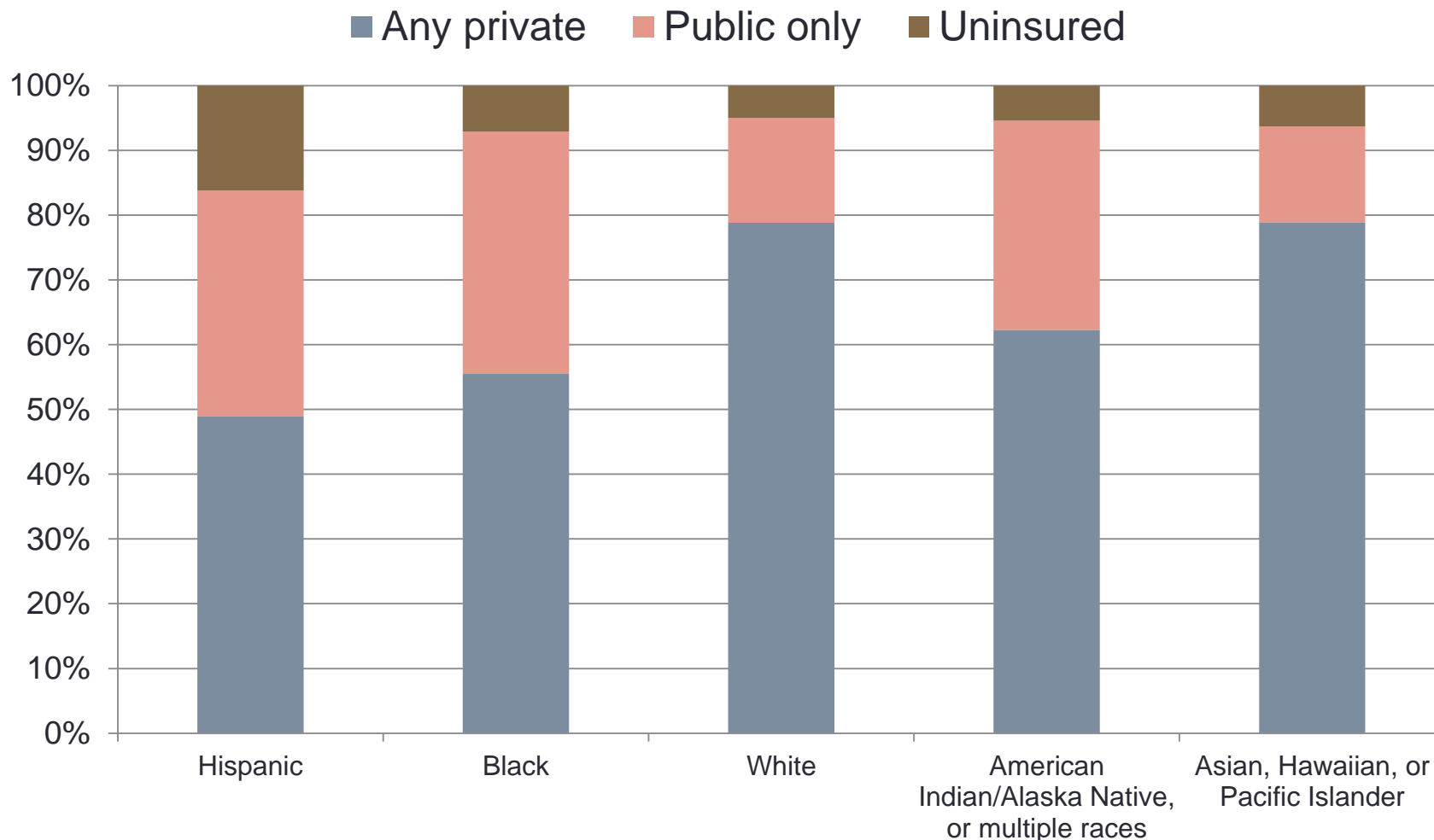
Uninsured rate among women 18-64 dropped significantly since ACA was implemented.



* Statistically significant difference, $p < .05$



Health Coverage Status for Women < Age 65, By Race/ Ethnicity, US, 2016



Source: Agency for Healthcare Research and Quality (AHRQ). Percentage of people by race by sex and insurance coverage, <65, United States, 2016. Medical Expenditure Panel Survey (MEPS). Data generated interactively by Johnson: 10/20/2018.



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**

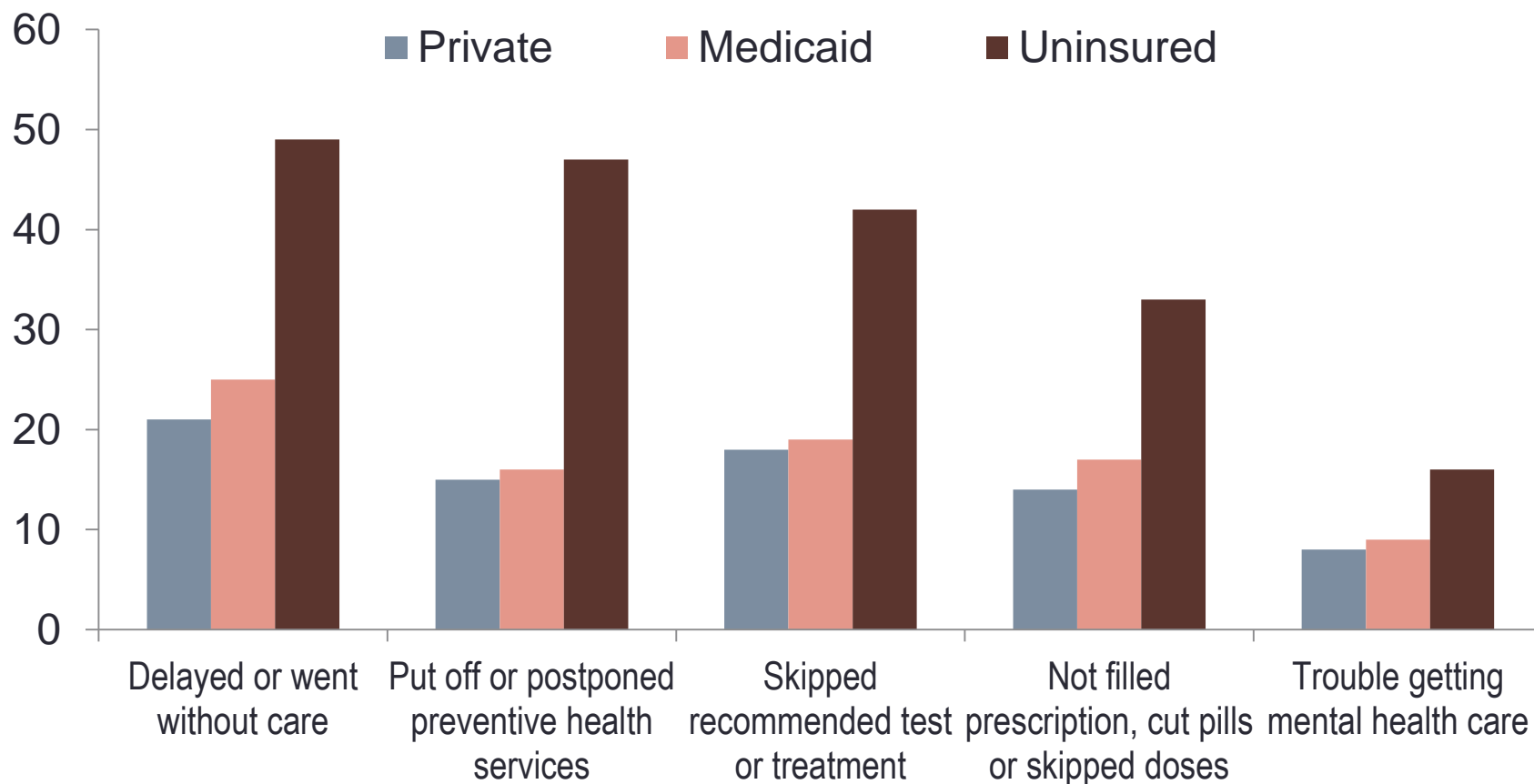
- A sizable number of women remain uninsured because they are undocumented immigrants. (Note, lawfully present immigrants are eligible for coverage through ACA Health Insurance Marketplaces.)

❖ *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



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: Federal website with guidelines: <https://www.hrsa.gov/womens-guidelines/index.html>
Women's Preventive Services Initiative <https://www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Womens-Preventive-Services-Initiative> ; IOIM/NAS Women's Clinical Preventive Services.
<http://nationalacademies.org/hmd/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>
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

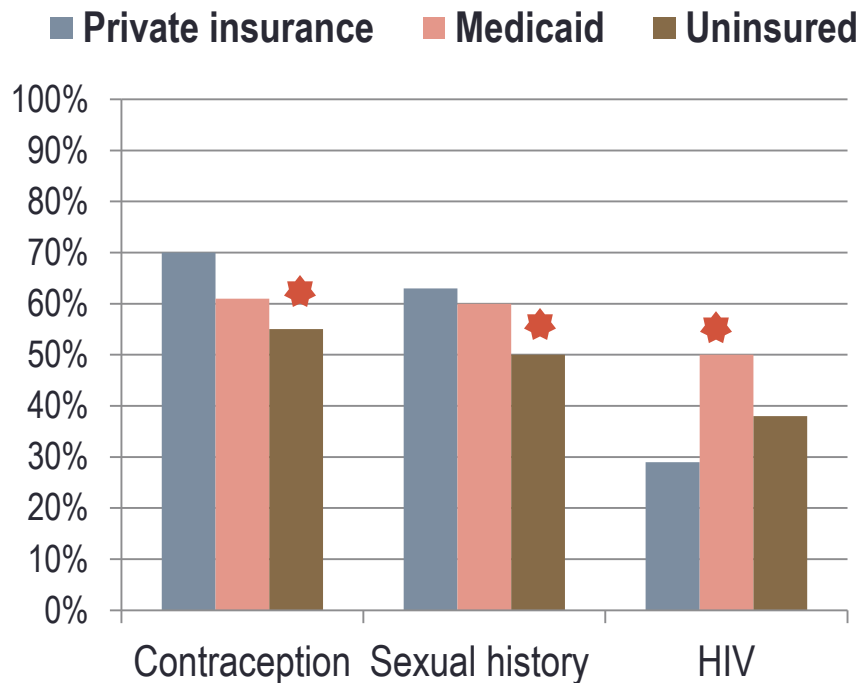
- Nearly one-third (31%) of African American women
- Over one quarter (27%) of Latinas
- About one in five (19%) of AAPI women, particularly Southeast Asian and Pacific Islander women.
 - 62% of Bhutanese women, 43% of Hmong women, and 32% of Pakistani women are covered through Medicaid.

❖ Sources: 1) Ranji et al. 2017 Kaiser Women's Health Survey. Henry J. Kaiser Family Foundation. March, 2018. 2) National Partnership factsheet. 3) Sonfield A. Why Protecting Medicaid Means Protecting Sexual and Reproductive Health. *Guttmacher Policy Review*. 2017;20:39-40. 4) NAPAWF calculations based on American Community Survey 2015. 5) 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.



Unequal treatment?

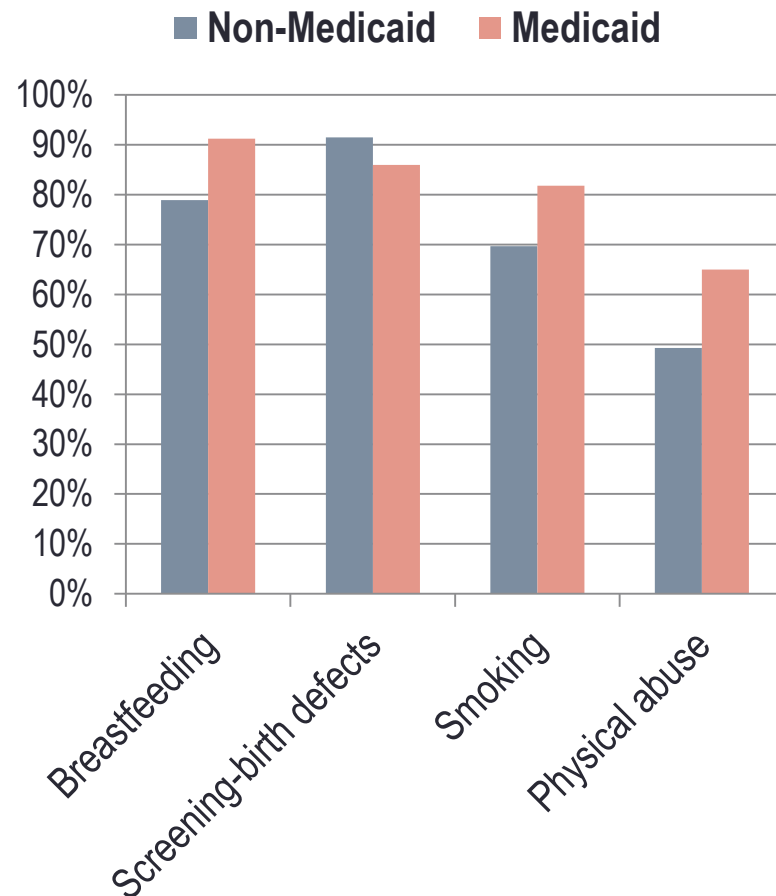
US Women Ages 18-44, Kaiser Survey, 2013



★ Statistically significant difference from private

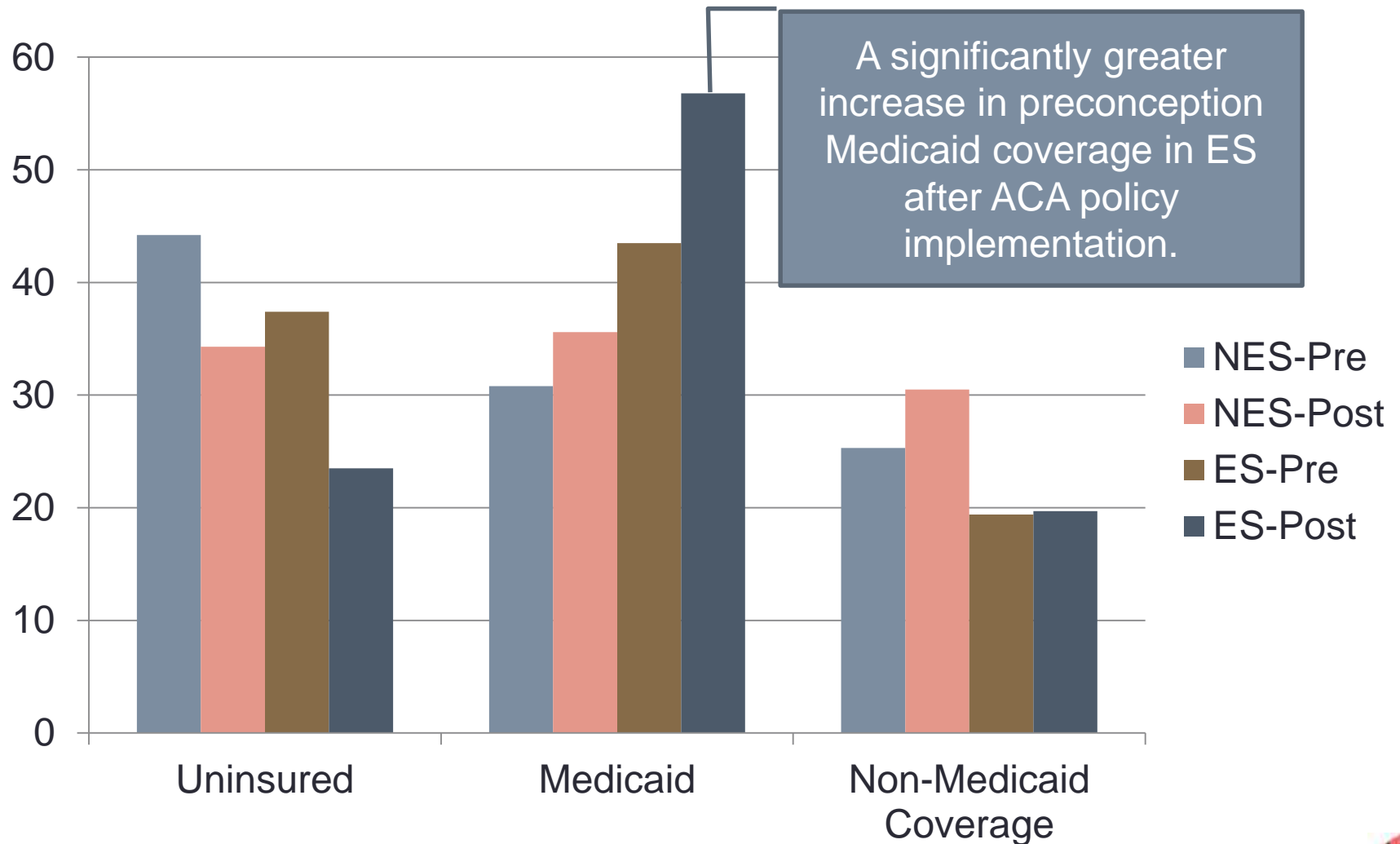
Source: Kaiser Family Foundation. *2017 Kaiser Women's Health Survey*. Share of women who said their physician discussed these reproductive health issues with them in past 3 years, By insurance status.

Sample State PRAMS, 2011



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

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



Status of Coverage by State

State	ACA Medicaid Expansion	Women 19-64 Covered by Medicaid	Uninsured women ages 19-64 in 2017	
			Percent	Number
California	YES	24%	9%	1,030,700
Delaware	YES	16%	6%	18,400
North Carolina	NO	13%	14%	438,400
Oklahoma	NO	10%	19%	212,700

Source: Kaiser Family Foundation. State Health Facts.



What Policy and policy strategies are relevant to Preconception Health and Health Care?



Recommendations to Improve Preconception Health and Health Care



MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports

April 21, 2006 / Vol. 55 / No. RR-6

**Recommendations to Improve
Preconception Health
and Health Care — United States**

A Report of the CDC/ATSDR Preconception Care
Work Group and the Select Panel
on Preconception Care

**We started with
policy goals,
things have
evolved!**

- 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

More related to
legislative action

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).



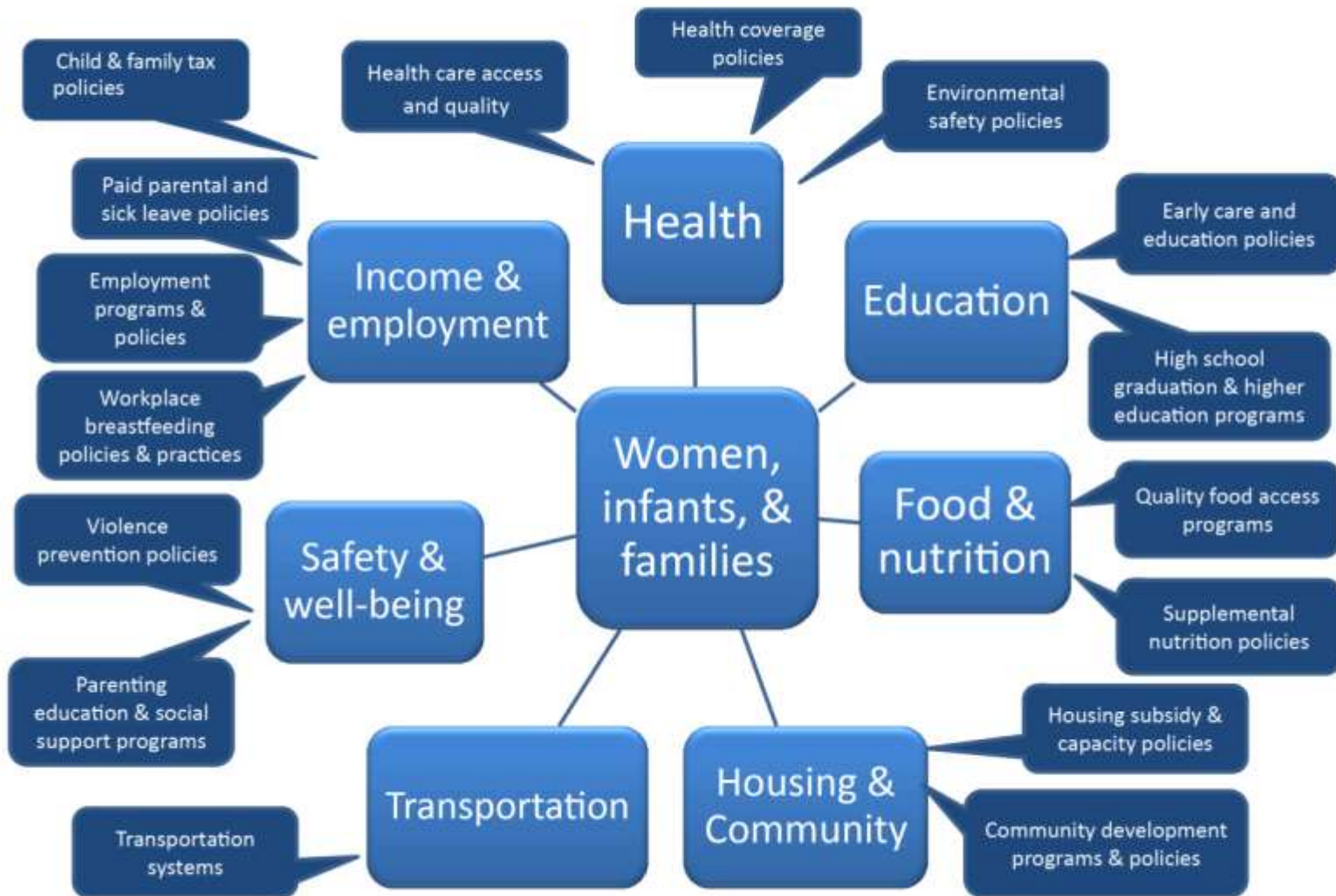
Policy and policy examples related to PCHHC

policy

More related to
administrative action

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*).
3. Add performance/quality standards for well-woman visits to Medicaid managed care contracts.
4. Pay incentives for high performance/quality in well-woman visits.
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



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.



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