Chicago Collaborative for Maternal Health Policy Brief October 2022

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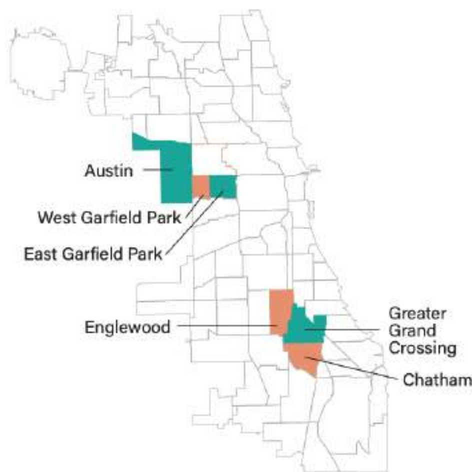
Background

Maternal Mortality Crisis

The United States stands out among developed nations for its astonishingly high maternal morbidity and mortality rates, with over 800 people dying each year during pregnancy or the year after (Hoyert, 2022). Since the pandemic, rates have only increased, with Black women [1]* most impacted. The vast majority of these deaths are preventable. Disparities are mirrored in Illinois, with Black women three times as likely to die from a pregnancy-related condition as white women. The leading factor outlined in the Illinois Maternal Morbidity and Mortality Report (2016-2017) was mental health conditions, including substance use disorders (2021).

Since the pandemic, access to mental health services has decreased while reports of poor mental health have continued to rise. The pandemic has accelerated an existing mental health crisis that is disproportionately affecting the health of communities of color. Non-Hispanic Black adults (48%) are more likely to report symptoms of anxiety and/or depression than Non-Hispanic white adults (41%) (Panchal et al., 2021). Parents and children have had the worst mental health outcomes since the start of the pandemic, and women with children are the most likely to report worsening mental health (Panchal et al., 2021).



The prevalence of postpartum depression is 34% higher than in the pre-pandemic period and has only continued to rise (Chen, Li, Xiong, and Zheng, 2022). Understanding the prevalence and risk factors associated with postpartum depression directly through the lens of those disproportionately affected is critical to tailoring interventions to improve maternal and infant outcomes. Limited access to mental health services has devastated six communities on the south and westsides of Chicago that we focus on in this brief. Unaddressed mental health needs increase the risk that pregnant women face who are currently from communities most impacted by the injustice of restrictive access to resources and health care.

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At the same time, important legislative victories occurred, particularly in the Spring of 2021, when Gov. JB Pritzker signed Illinois House Bill 158 (HB158) and applied for an 1115 waiver to expand postpartum coverage from 60 days to twelve months. HB158 creates several initiatives to address racial inequities to improve pregnancy and other outcomes, such as addressing hospital closures, expanding the Illinois Medicaid to cover doula and home visitor services, mandating implicit bias training, and creating the Behavioral Health Workforce Education Center of Illinois Act.
Illinois also approved $2 billion of funding designated to Mental Health and Substance Use Projects through a Medicaid Waiver. While this approval is promising for the future mental health treatment system in Illinois, the details of this waiver are still being finalized. Our work highlights that additional investments are needed to fill the unmet mental health needs incentivize clinical focus on maternal health in primary care, and address racial bias within the healthcare system.

About the Chicago Collaborative for Maternal Health

The Chicago Collaborative for Maternal Health (CCMH), co-led by EverThrive Illinois and AllianceChicago, seeks to combat the maternal morbidity and mortality crisis in Chicago by building awareness in communities and government, fostering collaboration among health and social service providers, and improving the quality of care in ambulatory care settings. Over the last three years, EverThrive Illinois focused community engagement efforts in six communities on the south and west sides of Chicago with high rates of maternal mortality and morbidity: East Garfield Park, West Garfield Park, Austin, Englewood, Greater Grand Crossing, and Chatham.

Through the initiative, EverThrive Illinois facilitated four focus groups with 31 Black parenting and pregnant women aimed at understanding 1) what type of support women have access to in the antenatal and postnatal period 2) how people who are pregnant access health information and 3) participants perceptions of maternal mortality and morbidity. Focus groups were conducted between February 2021 and October 2021, led by community health workers, using community-based participatory research principles.

The CCMH research team, facilitated by an academic-community partnership with Northwestern University, completed a qualitative analysis of community-based focus groups transcripts using Rapid Thematic Analysis, exploring the pregnancy and postpartum experiences of Black women in Chicago. While numerous themes were highlighted by focus group participants, this brief focuses on those that can be addressed through policy change.

Results

A variety of themes emerged from the CCMH focus groups with important implications for policy change, including 1) the need for increased support for pregnant people outside of medical care, including both community-based and

internal personal support systems and 2) need for strengthened connection with medical providers. In addition, the focus group findings demonstrated just how important addressing the co-occurring mental health crisis is to the maternal health crisis. When describing the need for additional community-based care during pregnancy and the postpartum period, out of the 31 focus group participants, 10 mentioned postpartum depression, 9 cited stress, four mentioned mental health, and three talked about suicide. The focus groups discussed mental health challenges, namely postpartum depression, stress, suicide, and domestic violence, as direct barriers to accessing postpartum healthcare.

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Focus groups highlighted a perceived lack of investment from healthcare providers. During the focus groups, some participants expressed that their healthcare providers did not understand their full socioeconomic context when providing care, missing key factors contributing to their health. Many participants also expressed a lack of trust in their healthcare system, which is not built to care for Black mothers. Participants highlighted systemic issues like high healthcare provider turnover contributing to poor experiences and systemic racism bias, and negative interactions with healthcare providers from implicit bias as contributing to lack of trust and poor experiences. Barriers with providers stemmed from a lack of trust or comfort; women of color often felt they were not heard and that providers did not address their concerns.

Recommendations

Current Efforts to Strengthen Patient-Provider Relationships in Illinois

As previously discussed, important steps have been taken in Illinois to address the maternal mortality crisis and expand support to pregnant people. HB158 provides substantial support to expand access to health care and address key challenges such as hospital closures, Medicaid Managed Care reform, community health worker certification and reimbursement for mental and substance abuse treatment, and medical implicit bias. HB158 is centered around eliminating race-based and other inequities in the state's health care system and includes provisions to expand medical services available to low-income residents and residents of color.

To address unconscious bias within the medical system, HB158 established implicit bias awareness training, a Continuing Education requirement (HB 158, Public Act 102-004) for healthcare professionals. For license or registration renewals occurring on or after January 1, 2023, a healthcare professional with continuing education requirements must complete at least a one-hour course in training on implicit bias awareness per renewal period. A healthcare professional may count this one hour for completion of this course toward meeting the minimum credit hours required for continuing education. While these efforts will benefit communities, there is still a need to expand provider training and continue building community trust.

Existing Strategies to Increase Access to Community-based Mental Healthcare and Additional Resources

In May 2018, Illinois applied for and was granted an 1115 waiver expanding behavioral health services under their Better Care Illinois Behavior Health Initiative. An 1115 waiver is a contract between the federal and state governments that "waives" federal Medicaid requirements and gives the State government approval to experiment, pilot, or demonstrate projects. These projects allow services to be provided that are not typically covered by Medicaid. The state of Illinois has an 1115 waiver, a comprehensive effort on behavioral health (mental health and substance use), and, specifically, the integration of behavioral and physical health service delivery.

While the Pritzker administration has made important initial investments in behavioral health, we need to ensure that members of these communities have access to these services and that they address the needs of pregnant and postpartum people. In addition, some important progress was made in the same period to address the growing maternal mortality and morbidity crisis. In July 2019, Public Act 101-0028 was passed, creating the Illinois Task Force on Infant and Maternal Mortality among African Americans Act, commonly referred to as the "Task Force." The main objective of the Task Force is to determine and present key strategies to reduce the high rates of maternal and infant mortality in Illinois. The initial annual report presented three strong recommendations to increase access to mental health care for pregnant and postpartum birthing people, with the first two currently being implemented.

The first recommendation consists of expanding access to telehealth care. This expansion was accelerated by COVID-19 and is set to be done through the Illinois Department of Healthcare and Family Services (HFS), Managed Care Organizations (MCOs), and third-party payors by expanding the practice of telehealth through phone or video chat visits for pregnant and postpartum women and their infants. Moving forward with implementation, it will be crucial to ensure that access to telehealth is equitable and available to all communities, especially after COVID-19 is no longer the main driving factor. It will also be important to have metrics to measure the quality of care being given through a telehealth platform to allow for positive health outcomes amongst communities with the highest maternal and infant mortality rates.

The second recommendation that is currently in the process of being implemented is expanded coverage for doula services. A doula is a trained professional that provides services during the prenatal, delivery, and postpartum periods including physical, emotional, and informational support to birthing people and their families. Increased utilization and reimbursement for doula services will be important for pregnant people to connect to additional resources. The success of the program will be contingent on the doula workforce representing Black and brown communities most impacted by maternal mortality.

The final recommendation proposed by the Task Force is centered around Postpartum Medicaid Reimbursement. Specifically, the approach of unbundling the postpartum visit from the prenatal visits and labor and delivery services. Currently, Medicaid reimbursement and billing for postpartum healthcare are combined with all other prenatal and delivery services. By unbundling and creating a new separate bundle specific to postpartum care that would cover earlier and more frequent access to postpartum care and additional postpartum care services such as doulas, lactation consultants, public health nurses, and certified nurse midwives. In turn, this would create more substantial, accessible, specialized care.

What we can learn from Model States

Several other states have begun to take the initiative to address the high maternal mortality rate nationally, addressing the intersections of maternal health and the mental health crisis. Ohio's initiatives stand out and can be utilized as a starting point to which Illinois can expand its programs, specifically when focusing on maternal mental health during the pregnancy and postpartum period. Additional states, including Wisconsin and Pennsylvania, are also making strides to address maternal mortality and mental health shortcomings in the postpartum period.

The Ohio Department of Health has laid out several maternal mental health programs including Healthy Mom Healthy Family, Focus on ME: Mental Health is Essential Health, Perinatal Behavioral Health Peer Support, and the Ohio Council to Advance Maternal Health (OH-CAMH). The main objective of these programs is to improve the identification process and care received by women of childbearing-age related to behavioral health.

Healthy Mom Healthy Family aims to improve the interconception health of the mother through the utilization of well-child visits. Well-child visits take place during the first 18 months of a baby's life and would allow for an extended period for the mother to personally access such services (Oza-Frank & Turner, 2022). The intervention has many facets embedded within the goal, including family planning, quality improvement for care beyond the initial visit, and increased access to mental health services.

The Ohio Focus on ME program is set to increase the percentage of women of childbearing age to be screened for depression and anxiety during their pregnancy and postpartum care visits. Once screened, the program has placed importance on creating care plans, implementing referrals, and promoting patient engagement through providing educational materials and resources. By March 2023, the program has a goal of initiating a care plan for 80% of women who screen positive for depression and anxiety during their visit (Oza-Frank & Turner, 2022).

In addition, the Ohio Perinatal Behavioral Health Peer Support Project's mission is to increase the peer support personnel working with pregnant and postpartum women to positively impact their mental health and provide an opportunity for more screening and referrals for behavioral health services. So far, within the first year, this Ohio program has been able to complete almost 2,000 screenings, peer support sessions, and referrals (Oza-Frank & Turner, 2022). Illinois has a similar project called the Illinois Maternal Health Digital Storytelling that fosters a space for people to share their personal stories and experiences about their pregnancy and postpartum healthcare experiences, exposing the flaws of the healthcare system (*The Illinois Maternal Health Digital Storytelling Project - I promote* 2022). Expanding the digital storytelling project to resemble the Perinatal Behavioral Health Peer Support project more closely would allow women to foster community, share resources, and have a sense of belonging and support during their pregnancy and postpartum periods, in turn improving their mental health outcomes.

When implementing and expanding such programs, it will be important to consider the unique needs of women who are at high risk for adverse pregnancy outcomes, often those who are Medicaid enrolled or uninsured. It will also be crucial to address the stigma behind perinatal mood disorders such as depression and anxiety, as well as other related disorders like substance abuse, as these can create a barrier to positive health outcomes.

By making implicit bias training a common practice in the clinical healthcare space, practitioners and other patient-facing healthcare professionals would be trained to acknowledge when these biases may occur and work to improve the health outcomes of people of color.

Implicit bias training in the clinical healthcare space is also crucial to reducing inequities faced by people of color. According to the American Public Health Association, implicit attitudes are thoughts and feelings that exist outside of conscious awareness, making them difficult to consciously be aware of and control (AJPH, 2015). By making implicit bias training a common practice in the clinical healthcare space, practitioners and other patient-facing healthcare professionals would be trained to acknowledge when these biases may occur and work to improve the health outcomes of people of color. Since evidence has been found proving that implicit bias training can improve health outcomes, multiple states have pushed initiatives to increase the presence of implicit bias training for healthcare professionals, including Illinois. California and Michigan, however, are examples of states that have initiatives that demonstrate the importance of expanding implicit bias training for healthcare professionals.

In particular, Michigan serves as a mode of how to expand upon existing policies to increase the prevalence of implicit bias training. California is an example of one state that has mandated implicit bias training for a particular subgroup of healthcare workers. Policy was enacted to require implicit bias education and training for all nursing students and nursing graduates. Not only is it now required for implicit bias education to be a part of the nursing school curriculum, but it is also required for hospitals to include evidence-based implicit bias training as part of new graduate employee orientations. This legislation made California the first state to require implicit bias training for all nursing students and new nurse professionals (National Nurses United, 2021). Michigan is leading the charge to bring implicit bias to the forefront of racial inequities in healthcare and provide education and training. Effective June 1st, 2022, in the state of Michigan, all professions licensed or registered under the Public Health Code, besides those in veterinarian medicine, are now required to participate in implicit bias training, similar to Illinois.

However, those who are first-time applicants for licensure or registration are required to have completed at least two hours of implicit bias training within the previous five years to be considered. Health professionals seeking renewal of licensure or registration will be required to have completed one hour of training per licensed year (MHA, 2022). For example, if one were to renew their license every three years, they would be required to complete 3 hours of implicit bias training, creating a much higher frequency in training than in Illinois. Maryland, Minnesota, and Washington are

a few examples of other states, among California and Michigan, that have released mandates for healthcare professionals related to implicit bias training and education, all serving as great examples for Illinois.

In each of the examples provided, an emphasis is placed on having implicit bias training present early in a career, even in the education process, and ensuring a higher frequency in which the training occurs. Both are great takeaways for Illinois to consider for implicit bias policy. Throughout the implementation of implicit bias programs, it will be crucial to continually assess the frequency and quality of trainings to ensure a positive lasting impact in the clinical healthcare space and to improve the quality of care for Black pregnant and postpartum people.

Call To Action

Our work highlights that additional investments are needed to fill the unmet mental health needs of pregnant people and address racial bias within the healthcare system.

Monitor and expand Implicit bias training through Equity, Diversity, and Inclusion.

Beginning in 2022, licensed healthcare professionals must complete at least a one-hour course in training on implicit bias awareness per renewal period. Following the implementation of Provisions of HB158: Implicit Bias Awareness Training over the next couple of years will be imperative, including monitoring the completion of training and work towards expansion, as seen in other states.

Expand capacity for mental health services tailored to the needs of under-resourced communities and pregnant people of color.

Policy should specifically address perinatal mood disorders such as the (postpartum) blues, which is a common and less severe form of postpartum depression, clinical mood and anxiety disorders, and postpartum psychosis. Expanding capacity can be addressed by having multiple check-ins to inform and normalize the experience and interventions if it occurs during the pregnancy or postpartum period. This could be achieved by depression screening during each trimester and at the postpartum visit.

Increase the capacity of community health workers to refer to mental health resources. Environmental factors associated with perinatal mood disorders include traumatic experiences during delivery, stress from family/partner, and lack of social support. Providing resources for a community health worker to visit and do a social needs assessment with the patient twice, once during the pregnancy and once in the postpartum period, allows providers to have documentation of all the social needs, connect those patients to existing resources, and identify gaps in services and needs that are present in under-resourced communities.

Ensure that funds being allocated to behavioral health services are community-based and meet the needs of low-income and pregnant people of color. Steps should be taken to monitor the effectiveness of these programs.

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