House Health Care Availability and Accessibility Committee Subject Matter
Hearing:
High Rates of Maternal and Infant Mortality in the African-American community in Illinois

Nadeen Israel, Policy and Advocacy Director, EverThrive Illinois
September 12, 2018

My name is Nadeen Israel and I am the Policy and Advocacy Director at EverThrive Illinois. Thank you for the opportunity to speak at today’s hearing focused on the high rates of maternal and infant mortality in the African American community. This issue continues to be a pervasive and endemic problem that requires multi-faceted solutions.

EverThrive Illinois is a non-profit organization that has worked relentlessly over the past 30 years to improve the health of Illinois women, children, and families across the lifespan. This work includes policy advocacy, training & technical assistance, and outreach & education. We view health and well-being from a comprehensive lens that includes physical, mental, oral, and overall public health. The work we do focuses on social determinants of health - those conditions in which people are born, grow, live, work and age. Improving maternal health is a big job and we don’t do this work alone.

EverThrive Illinois works in close collaboration with partners to achieve our mission, especially the Illinois Department of Public Health, MCH Division. In this work, we help the IDPH connect and hear directly from those who participate in programs and services funded through our Title V Maternal Child Health investments. Specifically, we help lift up the state’s priorities to improve the health of moms and babies in outreach, education and engagement, and have done trainings on a toolkit called Tackling the Root Causes of Infant Mortality.

EverThrive IL also does outreach and education on infant and maternal mortality across the state, largely through the Campaign to Save Our Mothers and Babies (COSOMB) - a grassroots network of organizations and individuals who engage in a collective impact approach to address persistent racial disparities in infant and maternal health outcomes throughout the state. Recently, using IDPH data to inform the discussion, EverThrive Illinois hosted a policy symposium to discuss Maternal Mortality in IL and provide policy recommendations to the state, providers, advocates and community members wishing to address this issue.

We have worked hard for over three decades, and we are disheartened at how much more there is to do -- which is why today’s hearing is so very important and timely. So again, thank you Leader Flowers and committee members. EverThrive IL’s work to address infant and maternal mortality in Illinois, and specifically to close the racial gap that exists between African American and White moms and babies, goes back a couple of decades. My colleagues Sheila Sanders and April Thompson worked in the Closing the Gap Initiative which aimed to improve the racial disparities in infant mortality by coordinating needed services and providing community education in Chicago communities that had the highest rates of infant mortality at the time (Englewood, West Englewood, Auburn-Gresham, and Austin). While that initiative experienced success, once the funding ended and new funding was not successfully secured to continue the work, the intensive level of work in these communities to address infant mortality tapered down as well.

As part of our work to improve health outcomes for moms and babies, we have developed a few recommendations we think the state can address that will begin to move the needle – and move
Illinois in the right direction. Clearly, this is not an exhaustive list, but represents the top few we thought worth mentioning today.

**Problem:** Currently Illinois women are eligible for Medicaid for *no more than 60 days postpartum*, unless they are poor.

1. **Recommendation:** Illinois should extend Medicaid coverage to one year postpartum.

This recommendation is widely supported by advocates, and mirrors Congresswoman Robin Kelly’s MOMMA Act. This would allow more time for women to get the care they need, as physical recovery from childbirth takes many months. We know, for example, that postpartum depression often doesn’t set in until three to six months after the child is born and if mom doesn’t have health insurance (Medicaid) by that point, she is less likely to seek care. In addition, we also know that prolonged or recurrent episodes of postpartum depression are likely to have long term effects on the child. Illinois does not need to wait for the MOMMA Act to be approved; lawmakers can act now to extend Medicaid coverage to one year postpartum.

**Problem:** Illinois lacks transparency related to care coordination services and models that exist within Medicaid Managed Care. Currently, besides what is standard language in the Model Contract, it’s difficult to determine who among the Medicaid population qualifies for care coordination services, at what level and what services they can receive. Because of this, we do not know if any of the risk factors tied to infant and maternal mortality qualify a Medicaid recipient for care coordination and if they do, what care coordination services the mom or baby receive.

2. **Recommendation:** The state can act to increase the transparency of the care coordination models that Medicaid MCOs utilize as well as provide data regarding who within the various Medicaid MCOs is receiving care coordination and what services they’re receiving.

**Problem:** Within the IDHS budget, Illinois cut the Infant Mortality Reduction Programs line item by 7% in the fiscal year 2018 budget, on top of consistent cuts over the last several budget cycles.

3. **Recommendation:** To truly turn around the statistics on infant and maternal mortality in Illinois, the state should restore these dollars and increase its investment in these programs.

In closing, this subject matter hearing has been a much-needed catalyst to start this conversation, but we must not stop here. The state should continue this conversation with all the relevant stakeholders and develop action steps targeted at reducing the racial gap between African American and White moms and babies when it comes to infant and maternal mortality in Illinois. EverThrive Illinois is here to lead and partner in any/all ongoing conversation to address these pervasive problems in our state and country.

Thank you again for the opportunity to testify today and I’d be happy to take any questions you have.

Best,

Nadeen Israel  
Policy and Advocacy Director  
EverThrive Illinois  
nisrael@everthriveil.org  
(847) 620-9758 (cell)