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House Appropriations Committee Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Hearing on Addressing the Maternal Health Crisis
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Chair DeLauro, Ranking Member Cole, and distinguished Members of the Subcommittee, thank you for inviting me to testify on the critically important issue of maternal health in the United States. I would also like to especially thank Congresswoman Roybal-Allard, Congresswoman Herrera Beutler, and Congresswoman Bonnie Watson Coleman from the great state of New Jersey for their leadership on maternal health issues and requesting this hearing today.

I proudly serve as the Assistant Commissioner for the Division of Family Health Services in the New Jersey Department of Health and as a member of the Board of Directors of the Association of Maternal & Child Health Programs, also known as “AMCHP.” I am responsible for overseeing a wide portfolio of maternal and child health efforts in New Jersey, many of which are funded at least in part by the very programs this Subcommittee holds jurisdiction for such as the Title V Maternal and Child Health Services Block Grant, including the Maternal Health Innovation Grant program, out of the Health Resources and Services Administration (HRSA), the Safe Motherhood and Surveillance for Emerging Threats to Mothers and Babies Network programs out of the Centers for Disease Control and Prevention (CDC), Preschool Development Grants through the Department of Education, and even an apprenticeship grant which funds a Community Health Worker Institute with funding through the Department of Labor.

But my greatest title is mother to 3 children, aged 24, 21 and 12.

The United States has a maternal health crisis. According to the WHO, the United States is ranked 55th globally and when compared to similarly wealthy countries, we rank 10th out of 10. Today I'll share some promising collaborations we have underway in New Jersey, under the leadership of Governor Phil Murphy and through the efforts of First Lady Tammy Murphy's Nurture New Jersey initiative, to achieve our shared goal of eliminating preventable deaths in the state and in the country as a whole. Improving maternal health in the United States must include a focus on improving clinical care, but we must also reach beyond the hospital and healthcare settings to address the social determinants of health that impact maternal health and well-being. Social determinants of health include housing, transportation, childcare, and employment status – as they can either positively or negatively affect maternal health and well-being. And before I go further, let me emphasize that the maternal health crisis does not impact all birthing people equally; it disproportionately impacts Black women who look like me. In New Jersey a Black woman is seven times more likely to die than a white woman due to pregnancy-related complications. This is one of the widest racial disparities in maternal health outcomes in the nation. I mentioned earlier that I am a mother. Two of my children are girls, so this work is very personal. We can and must do better for my girls and all of our girls.

New Jersey made a powerful commitment to address the maternal health crisis in January 2019 when First Lady Tammy Murphy launched Nurture New Jersey, a statewide awareness campaign committed to reducing infant and maternal mortality and morbidity and ensuring equity in care

and outcomes for mothers and infants of all ethnic groups. Through the First Lady's leadership of Nurture New Jersey, over 18 statewide departments and agencies have been called to work together with hundreds of external stakeholders to develop and implement the Nurture New Jersey Strategic Plan, which is designed to reduce maternal mortality by 50 percent over the next five years and eliminate racial disparities in birth outcomes. The major focus of Nurture New Jersey is addressing racial equity through increasing community engagement and improving collaboration, communication, and programming between departments, agencies, and stakeholders to achieve its ultimate goal of making New Jersey the safest place in the country to give birth and raise a baby.

We have considerable work to do to reach these goals. The examples that I share will show how we address equity, engage community, and foster cross-sector collaboration. Fortunately for us, we have been able to build upon the support of some of our longer standing programs – such as the Title V Maternal and Child Health Block Grant, which provides core support for all maternal and child public health initiatives in the state. Some of our signature efforts funded by the Block Grant include the implementation of our Maternal Mortality Review Committee and the Healthy Women, Healthy Families initiative, which is focused on addressing disparities and features Centering Pregnancy, doula programs, breastfeeding support, and fatherhood support. It should be noted that these programs were intentionally selected because they provide much needed social support to low resource/high need communities while addressing health equity. They were the result of listening sessions and community input that was instrumental in their selection.

We are already seeing positive results from this work. To date, we have trained 79 community doulas who have assisted in 525 births with positive outcomes that have included increases in breastfeeding, increased connections to social services, and greater adherence to postpartum visits. The community doulas affiliated with our projects continue to inform our work. New Jersey's doula Medicaid benefit went live on January 1st, 2021 and we continue to partner with these doulas on the rollout.

Through the Special Projects of Regional and National Significance (SPRANS) portion of the Maternal and Child Health Block Grant, we also receive support for additional programs such as the five-year State Maternal Health Innovation grant, which we were proud to receive in FY2019. This funding is enabling us to develop shared decision-making tools in maternity care facilities, standardizing assessments of maternal and neonatal levels of care, and conducting implicit bias trainings. If we are going to make inroads to reduce inequities in maternal health outcomes, we must address structural racism as a root cause of these inequities and ensure that communities of color are centered and supported in our approaches to improving maternal health outcomes.

The COVID-19 pandemic has created new challenges in addressing maternal health. Faced with the pandemic, the New Jersey Department of Health was able to do an ECHO (Extension for Community Healthcare Outcomes) training series in collaboration with the Rutgers Project ECHO team at Robert Wood Johnson Medical School. This training targeted community health workers (CHW), doulas, and other frontline health workers and was designed to educate them on all of the changes to the maternal child health ecosystem as a result of COVID-19. Topics

covered included childcare, food security, employee rights, mental health, telehealth support, and Medicaid. Title V allowed us to create this cross-collaborative educational forum. We have also utilized Maternal and Child Health Block Grant funds as well as other federal support via the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program and WIC, to pivot to providing services via telehealth such as virtual doula support, postpartum support groups, home visits, and remote WIC access.

Additional examples of collaboration include an Apprenticeship Grant to establish a Community Health Worker Institute and the development of a doula and CHW workforce with the Preschool Development Grant understanding that preschool readiness truly begins with a healthy start.

As recipients of a grant through CDC's Surveillance to Emerging Threats to Mothers and Babies Network – initially designed to monitor effects of Zika on pregnancy and track longer-term outcomes including birth defects, developmental and other disabilities as those children age – we have been able to apply the same surveillance capacity to monitor the impacts of COVID-19 on pregnancies and birth outcomes.

We have been very fortunate to leverage the federal funding we have received to attract private support for our work, as well. Private funders have seen that New Jersey is fertile ground to invest and realize results because, thanks to the federal support we have received, we have built an infrastructure that is capable of growing our programs' reach and impact. We are proud of the maternal health public-private partnerships established to date.

One example I would like to share is NJ's ability to attract Merck for Mothers Funding. Three of NJ's cities - Newark, Trenton and Camden - have been funded to address disparities in maternal and infant health using innovation. This funding builds upon the infrastructure already established here in the Garden State by our federal funding partners.

While I have only scratched the surface, I hope I have given you an idea of how New Jersey is leveraging federal funds through innovative collaboration and a concerted effort to achieve equity in order to improve our maternal health and birth outcomes. Without the federal support through the programs I mentioned, along with many other federal programs I haven't specifically described, we would be much farther behind in our efforts.

The [2021 Nurture NJ Strategic Plan](#) specifically focuses on:

- the dismantling of structural racism;
- community power-building and engagement to support all aspects of planning and implementation;
- multisector collaboration to address upstream root causes that lie outside the realm of influence of public health and medicine; and
- a commitment to systematically build the ecosystem that makes all recommended components accessible to all women, particularly in low resource/high need communities.

Improving maternal health and eliminating inequities in maternal health outcomes is a complex problem that demands a complete overhaul of the maternal and child health (MCH) ecosystem. This modified ecosystem demands diverse solutions and diverse funding streams. The Nurture

NJ Strategic Plan has provided us with a blueprint and charged us to build a new ecosystem in New Jersey. We have leveraged multiple funding streams and coordinated with our cross-sector partners to maximize what we each bring to the table.

To address maternal health in the U.S., I ask Congress and federal agencies to take a page from NJ's plan and prioritize racial equity, provide opportunities for community engagement, facilitate cross-agency collaboration, and ultimately rebuild a new MCH ecosystem. Maternal health doesn't just start when a woman becomes pregnant; it includes all of the events leading up to this critical period. It's important to engage across the life course and across the multiple sectors that intersect with a woman's life.

To sum up: maternal mortality is a crisis, and we are able to do a lot of amazing work to address this crisis thanks to federal support. We've done our best to maximize limited funding. However, additional flexibility coupled with increased federal investment will multiply the impact. Before the hearing ends today, I hope you will walk away knowing that each of you has a role to play in improving maternal health. There is no one magic solution that can be implemented solely by clinicians or by public health professionals or through policy change, but there are multiple solutions that require multiple sectors working together for the United States to become the safest place in the world to be pregnant, give birth, and raise a baby.

Thank you again to the distinguished Subcommittee Chair, Ranking Member, and Members of the Subcommittee for inviting me today. I look forward to answering your questions.