

Statement for the Record Submitted by Stacey D. Stewart, President and CEO, March of Dimes Hearing of the Subcommittee on Health of the House Committee on Energy and Commerce "Empowered by Data: Legislation to Advance Equity and Public Health" Thursday, June 24, 2021, 10:30 A.M.

Chairwoman Eshoo, Ranking Member Guthrie, and distinguished members of the House Energy and Commerce Subcommittee on Health, thank you for your commitment to addressing the nation's health equity gap by considering the bills during today's hearing. March of Dimes commends you for holding this hearing to examine a topic of utmost importance to maternal and child health.

On behalf of March of Dimes, the nonprofit organization leading the fight for the health of all moms and babies, we appreciate this opportunity to submit testimony for the record. We began that fight more than 80 years ago as an organization dedicated to eradicating polio in the U.S., a goal that we achieved. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

March of Dimes' ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. Rates of preterm birth are increasing, the U.S. is one of the most dangerous places to give birth in the developed world, and there are unacceptable disparities in birth outcomes between women and infants of color and their White peers.

We know the pandemic has only worsened this crisis. According to Centers for Disease Control and Prevention (CDC) data, expectant mothers with the virus had a 50 percent higher chance of being admitted to intensive care and a 70 percent higher chance of being intubated than nonpregnant women in their childbearing years.ⁱ The data also shows pregnant Latina and Black women were infected at higher rates than White woman. As we know, COVID-19 strikes the respiratory and cardiovascular systems, which are the two systems already strained during pregnancy.

Pregnancy affects every system in a woman's body and the immune system changes so that it can protect not only the mother, but the baby. This can make pregnant women more susceptible to certain infections as different parts of the immune system are enhanced while others are suppressed.

We also know, the health and well-being of mothers and infants are inextricably linked. By improving the health of women before, during and between pregnancies, we can improve outcomes for both them and their infants.

This is certainly true when it comes to addressing social drivers of health.

ADDRESSING HEALTH INEQUITY FOR PREGNANT WOMEN

Social drivers of health are health outcomes that are influenced by the environmental factors surrounding an individual.ⁱⁱ These include, but are not limited to, employment, housing, nutrition, education, and access to quality care. There have been studies demonstrating that social drivers are linked to poverty and structural racism,ⁱⁱⁱ and reducing these inequities are critical to the families who live in these communities, especially pregnant women, and policymakers and community-based organizations need to be involved.

March of Dimes is an active national collaborator and partner directly working to advance programs, research and policies to ensure that every mom and baby is healthy regardless of wealth, race or geography. Convening with communities to implement evidence-based strategies that address the social drivers of health to end the healthy equity gap.

The *Mom and Baby Action Network*, led by the March of Dimes, is a national 190 member cross-sector partnership that is working to influence and leverage collective action to lead broad changes in policy, research, funding and systems to address the root causes of inequities in maternal and infant health. Through action-orientated national workgroups, evidence and community informed solutions, this initiative will move five strategies into action; dismantling racism, increasing high quality and value health care, promoting environmental justice, addressing lifelong economic security, and building safe supportive communities.

March of Dimes has developed, "Breaking Through Bias in Maternity Care," an implicit bias training course that provides health care professionals with important insights to recognize and remedy implicit bias in maternity care settings. This unique learning experience delivered inperson or through a self-paced, e-learning platform provides authentic and compelling content for health care providers caring for women before, during and after pregnancy. While the training alone will not lead to immediate improvements in racial and ethnic disparities, it can help professionals recognize and change behaviors that will improve patient-provider communication, quality of care and begin a culture shift towards the broader goal of achieving equity for moms and babies.

March of Dimes' *Supportive Pregnancy Care* program is a flexible way to provide prenatal health care and education to a group of pregnant individuals. Supportive Pregnancy Care fosters health literacy and health equity and is unique in that it addresses both social determinants of health and medical factors. Supportive Pregnancy Care strives to be culturally relevant to the variety of communities served. It is also flexible, allowing organizations to personalize care to your their needs and capacity, while addressing patients' specific needs.

That's why March of Dimes endorses H.R. 925, the Data to Save Moms Act of 2021, and H.R. 943, the Social Determinants for Moms Act of 2021. These bills, part of the larger package of legislation under the Black Maternal Health Momnibus Act of 2021, strongly supported by March of Dimes, would continue to build on bipartisan efforts to address the maternal health crisis for communities of color through data and more public investment in critical services.

H.R. 925, the Data to Save Moms Act of 2021, seeks to improve outcomes among the Native American community through greater levels of engagement in Maternal Mortality Review Committees (MMRCs) and improvements in data collection processes, quality measures for maternity care, and maternal health research at Minority-Serving Institutions (MSIs). It would commission the first-ever comprehensive study to understand the scope of the Native American maternal health crisis and establishes the first Tribal MMRC.

H.R. 925 would also invest in a review of maternal health data collection process and quality measures through engagement with key stakeholders to consider issues such as the impact of MMRC recommendations on whether or not they lead to meaningful reforms to improve outcomes or achieve equity, and the promotion of health quality measures that include safe, culturally congruent, and patient-centered maternity care.

H.R. 943, the Social Determinants for Moms Act, would focus on the negative economic and environmental impacts of the crisis with the goal of reducing the maternal morbidity rates, especially for black mothers. It would establish a federal task force to address the social determinants of health for pregnant and postpartum moms, provide safe, high-quality housing, ensure access to nutritious food for infants and extend WIC eligibility for new mothers, provide universal child care access, and study the effects of environmental risks to maternal and infant health outcomes and make recommendations for steps to end racial and ethnic disparities.

We also strongly support **H.R. 379, the** *Improving Social Determinants of Health Act of 2021, which would help empower community-based organizations, and institutions of higher education, on addressing health equity through a new grant program at the Centers for Disease Control and Prevention.*

March of Dimes is proud of its data driven work to continue to build partnerships with local public and private organizations to improve maternal and infant health. The efforts from the Subcommittee today are an important step in achieving our goal of confronting social drivers of health in our most at-risk communities, and we applaud your efforts. We urge the swift advancement of these important bills and look forward to working with you toward their enactment.

 ⁱ https://www.cdc.gov/mmwr/volumes/69/wr/mm6925a1.htm
ⁱⁱ Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity | KFF
ⁱⁱⁱ Communities in Action: Pathways to Health Equity | The National Academies Press (nap.edu)