



October 19, 2020

To: Senator Julie Morrison, Chairperson, Human Services Committee and Senator Patricia Van Pelt, Chairperson, Public Health Committee
Cc: Members of the Senate Human Services and Public Health committees
From: Jordan Wildermuth, Nurse-Family Partnership
Re: Subject Matter on Social Determinants/Influencers of Health and Health Disparities

Chairpersons Morrison and Van Pelt,

On behalf of Nurse-Family Partnership (NFP), an evidence-based community health program that helps transform the lives of vulnerable mothers pregnant with their first child, we thank the committee for opening this important conversation on social determinants/influencers of health and health disparities

What happens in early childhood can matter for a lifetime. To successfully manage our society's future, we must recognize problems and address them before they get worse. In early childhood, research on the biology of stress shows how major adversity, such as extreme poverty, abuse, or neglect can weaken developing brain architecture and permanently set the body's stress response system on high alert. Science also shows that providing stable, responsive, nurturing relationships in the earliest years of life can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning, behavior, and health.

Analyses suggest that the effects of structural racism are a root cause of maternal mortality and morbidity amongst women of color, particularly Black women, and these inequities persist across education and income levels. The 2018 Illinois Maternal Morbidity and Mortality Report states that during 2008-2016, an average of 73 women died each year within one year of pregnancy. Additional findings in the report include:

- Non-Hispanic Black women are six times as likely to die of a pregnancy-related condition as non-Hispanic White women.
- 72% of the pregnancy-related deaths and 93% of violent pregnant-associated deaths were deemed preventable by the review committees.
Obesity contributed to 44% of pregnancy-related deaths in Illinois during 2015.
- The average cost for a delivery with severe maternal morbidity is four times more than a delivery without complications.
- During 2016-2017, there was a total of \$107.5 million in hospital charges related to deliveries with severe maternal morbidity.

While some maternal mortality and morbidity is inevitable, there are opportunities to reduce preventable mortality and morbidity and to reduce longstanding inequities that lead to mortality and morbidity. The Maternal and Mortality Report created a list of six recommendations, one of which is to create or expand home visiting programs to target high-risk mothers.

ABOUT NURSE-FAMILY PARTNERSHIP

Over 20 NFP nurses across the state serve a specific population of first-time mothers who face inequities across this spectrum. A typical NFP mother is young, living in poverty, and navigating several challenges, including social isolation, abuse, and mental illness. Our nurses are uniquely situated to reach underserved women and trained to help mothers at one of the most transformative parts of their lives -- the birth of a first child. While NFP has the most robust research and demonstrated outcomes, it reaches less than 5% of families eligible for the program.

HOW NFP NURSES CAN HELP

By partnering an expectant mom with her very own registered nurse during pregnancy, NFP helps to identify and mitigate the risk factors that can lead to maternal mortality and creates protective factors for mom and baby against the societal challenges that contribute to toxic stress, systemic racism, and adverse pregnancy outcomes. NFP nurses are there for moms at critical moments to help save a mother's life and the life of her baby. By developing a trusting relationship early in pregnancy that lasts through the child's second birthday, NFP nurses play a critical role to help each mom develop a deep understanding of her health.

Nurses Conduct Nurse Assessments: NFP nurses conduct comprehensive nursing assessments and identify moms' concerns that could lead to poor maternal health outcomes. Once moms and nurses identify concerns, nurses educate each mother about medical conditions and CDC-identified contributing factors to maternal mortality and morbidity. NFP nurses can then refer the mom to needed health care providers for further treatment. NFP nurses also assess the social determinants of health to connect the mom to community resources to mitigate unstable or unsafe housing, food insecurity, social isolation, and other risks.

Nurses Help Each New Mom Advocate for Herself: NFP nurses support each new mom to bravely and boldly advocate for herself and insist she receive the care she needs when she knows something is not right. If a mom believes something is wrong, the nurse encourages her to not take "NO" for an answer. If a medical provider dismisses her concerns; she knows to stand up for herself and insist that her concerns be addressed. This is especially important when identifying and addressing racism and implicit bias in health care.

THE RESULTS

The NFP model has demonstrated sizeable and sustained pregnancy outcomes amongst the high-risk population that we serve. A 20-year follow up study of the program shows that NFP is effective at reducing all-cause mortality among mothers and preventable-cause mortality in their first-born children living in highly disadvantaged settings. This study showed that mothers who did not receive nurse home-visits were nearly three times more likely to die from all causes of death than nurse-visited moms

RECCOMENDATIONS

Support Medicaid reimbursement for evidence-based home visiting programs. Most children or pregnant women served by evidence-based home visiting programs are enrolled in Medicaid or CHIP—an important foundational reason to explore ways Medicaid can support specific services. Medicaid can help to expand capacity of programs and reduce unmet need, in concert with other federal and state dollars.

CONCLUSION

While NFP serves a distinct population, we are committed to better understanding and addressing who is "at-risk" for adverse pregnancy and birth outcomes. As a program that is rooted in delivering an evidence-based intervention that works for those who need it, we have been and always will be committed to targeted research and innovation of the model, education of our nurses, and understanding the communities in which we operate. NFP's model requires understanding each client's lived experiences to identify strengths & challenges that foster resiliency and to mitigate nurses' biases or judgements about their clients' experiences.

Nurse-Family Partnership thanks this Committee for discussing these important issues and continuing to explore how we as a state address and overcome the racial disparities and social determinants that greatly impact maternal mortality. We hope to be a resource as you continue this work.

Sincerely,

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