



December 18, 2020

Michael D. Warren, MD, MPH, FAAP
Associate Administrator
Maternal and Child Health Bureau
5600 Fishers Lane
Rockville, MD 20857

RE: Inviting comments and suggestions to inform the Maternal and Child Health Bureau Strategic Plan

Dear Dr. Warren,

On behalf of Nemours Children's Health System (Nemours), thank you for the opportunity to submit comments as you work to develop the strategic plan of the Maternal and Child Health Bureau.

Nemours is an internationally recognized children's health system that owns and operates the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Del., and Nemours Children's Hospital in Orlando, Fla., along with over 80 other care facilities in five states. Nemours delivers pediatric primary, specialty, and urgent care to children from all 50 states. In addition to clinical care, we provide research, education, advocacy, and prevention programs to benefit children everywhere. We are striving to create the healthiest generations of children.

Nemours appreciates the opportunity to address the questions posed in the Request for Information (RFI) regarding MCHB's strategic plan. We respectfully ask you to consider the following recommendations as you work to effectively address the unique health needs of mothers, children and their families across the country.

RECOMMENDATIONS FOR MCHB

1. What do you see as core, critical activities of MCHB? What is most important to continue into the future? Are there things not being done that should be?

Focusing on Maternal Health Equity and Equitable Outcomes Across Populations:

As MCHB continues to develop its strategic plan, we strongly support the Bureau's focus on maternal health equity and equitable outcomes across populations as a key component. Despite advances in medical care, significant racial-ethnic, geographic, economic and other social disparities persist in preterm births and maternal mortality. Between 2016 and 2018, preterm birth rates were the highest among Black women at 13.8 percent compared to 8.7 percent among Asian and Pacific Islander women, 9.1 percent for White women, 9.6 percent for Hispanic women, and 11.6 percent for American Indian and Alaska Native women.ⁱ Additionally, Black, American Indian, and Alaska Native women are two to three times more likely than White women to die from preventable, pregnancy-related causes regardless of education, income, or other socio-economic factors.ⁱⁱ

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Growing research shows that social factors such as access to transportation, housing, quality education, nutritious food, and freedom from poverty and racism, can significantly influence life-long health.ⁱⁱⁱ Addressing SDOH is a primary approach to achieving health equity.^{iv} Research also shows that SDOH have both direct and indirect impacts on preterm birth and maternal health outcomes.^{v,vi}

Nemours strongly recommends that MCHB emphasizes achieving equitable outcomes across all racial, ethnic and socio-economic groups and addressing SDOH as a focal point of its strategic plan. Additionally, as MCHB works to align its programs and initiatives with the recently published *Call to Action Plan to Improve Maternal Health* from the U.S. Department of Health and Human Services (HHS), Nemours urges MCHB to ensure a focus on meeting the three specific aims in the *Call to Action* to improve the nation's maternal health outcomes by 2025.

Addressing the COVID-19 Pandemic's Impact on At-Risk Communities

Soaring infection and hospitalization rates coupled with economic instability as a result of the pandemic have exacerbated pre-existing disparities in health in vulnerable populations, including pregnant women and children. In a retrospective cohort study, recently published in *JAMA Pediatrics*, researchers used PEDSnet data – electronic health records of 135,794 pediatric patients from Nemours and the six other participating children's health systems – to study the prevalence and impact of the virus on children.^{vii} Though children are less likely to contract the SARS-CoV-2 virus, the study underscores disproportionately high rates of the virus in children of Black, Hispanic, and Asian descent. Moreover, Black, Hispanic, and Asian children being treated for the virus fare worse than White children with the virus. This disproportionate impact among children of color is mirrored among pregnant and post-partum patients as well. A study in Boston found that among pregnant or recently post-partum patients diagnosed with COVID-19, the incidence and severity of the disease was much higher among Black and Hispanic women. Of the nine women hospitalized in the sample, eight of them were Black or Hispanic. Additionally, Hispanic women comprised 48% of the clinic's positive COVID-19 diagnoses despite only representing about 30% of the clinic's normal population.^{viii}

Nemours urges MCHB to ensure that its strategic plan has a strong focus on ways to address the ongoing COVID-19 pandemic's impact on at-risk communities, including women and children of color, and pregnant women. In particular, MCHB should explore ways in which the Healthy Start Program can help to mitigate the impacts of COVID-19 on mothers and children.

Offering Virtual Care

The experience of childbirth has been impacted by the onset of the pandemic, as many new mothers are giving birth in the absence of family due to visitor restrictions, and facing reduced post-partum care. In some cases, women and their newborn babies have been discharged only 24 hours after birth. All these factors, coupled with widespread pandemic-related fears and anxieties, have added stress to new mothers who already have heightened psychosocial needs during the peripartum period.

When appropriate, virtual care, such as telehealth, should be an option in the pre and post-partum periods to monitor physical and mental health, preserve social distancing and personal protective

equipment (PPE), and to mitigate some of the destabilizing circumstances women and obstetric professionals are facing, including reduced in-person opportunity for assistance during labor recovery.^{ix}

Virtual care such as tele-behavioral visits can also serve as a form of support for parents as the pandemic continues. Programs that support parents such as The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program should take into consideration virtual care approaches to reach parents during this pressing time. Parenting stress during the pandemic has been shown to increase as families are juggling multiple stressors including job losses, financial hardship, online learning, lack of child care, social isolation and other mental health struggles. Providing parents with support through virtual care in the form of coaching and behavioral modifications can help parents cope and adjust during this stressful time.

Nemours encourages MCHB to leverage the key lessons and takeaways from its tele-behavioral health program and to determine whether it is appropriate to test key components of the tele-behavioral health program as part of other MCHB programs. More specifically, we ask that MCHB consider whether it is appropriate to pilot the use of virtual services in the MIECHV program.

2. MCHB has responsibility for a wide range of programs and initiatives. How could MCHB help its programs be more effective and successful? Do you see specific untapped opportunities related to one or more programs, populations, or areas of focus?

Addressing Food Insecurity

Recent data indicate that an estimated 14 million children in the United States are not getting enough to eat due to financial constraints related to the pandemic,^x **Nemours recommends that MCHB use its existing programs and initiatives to address the factors leading to childhood hunger with the following actions:**

- The MIECHV Program should optimize its programmatic reach to ensure that providers can help connect families with nutritional support resources while maintaining social distancing measures for the duration of the pandemic.
- The Healthy Start Program should prioritize funding for demonstration projects focused on providing nutrition support and education for expecting moms, newborns, and families.
- As part of the Children's Healthy Weight Collaborative Improvement & Innovation Network (CoIIN), MCHB should encourage its state partners to adopt evidence-based policy changes that acknowledge the increase in food insecurity while offering solutions to address a potential increase in overweight and obesity among children.

Addressing Housing as a Social Determinant of Health

In light of the pandemic and the resulting financial and economic crises, many families are facing increased housing insecurity. Initial COVID-19 relief legislation placed moratoriums on eviction in about 12.3 million federally-financed rental properties. Housing instability and evictions have documented health impacts among mothers and children. In fact, children whose mothers were evicted during pregnancy are more likely to be born preterm or with low birth

weight.^{xi} Low birth weight has also been documented in infants born to mothers facing other negative housing circumstances, such as mold in the property.^{xii}

Many approaches have been shown to improve access to housing. One such approach is the medical-legal partnership (MLP) model, which combines health and legal/advocacy services in a health care setting. With an MLP, a multidisciplinary team works together to address medical and social/legal problems that have an impact on health outcomes and health disparities. In fact, research has shown that MLPs can improve patient health outcomes, well-being, mental health, and stress by removing barriers to health care access such as cost and coverage concerns. MLPs can also increase access to stable housing and other social supports for individuals and families.^{xiii}

Additionally, emerging research indicates that access to broadband internet at home should be considered a social determinant of health, as lack of access affects multiple facets of one's life, especially during the ongoing COVID-19 pandemic.^{xiv} In the wake of school closures and increased demand for telehealth services, broadband internet has become a necessity in many families for online education and medical appointments. Economically, internet access is also critical to obtaining employment as online platforms are often the only means of submitting a job application.

We encourage MCHB to utilize the existing infrastructure of Healthy Start and the program's standardized, comprehensive assessment to evaluate not only housing stability, but also housing conditions. We also recommend that MCHB provide guidance for the Healthy Start program's grantees on emerging examples and/or best practices for implementing Medical Legal Partnerships (MLPs), particularly with a focus on social supports such as housing and broadband internet access.

Prioritizing Public Health Messaging and Vaccinations

Given the pandemic's impact and subsequent stay-at-home orders, pediatric well child visit attendance and childhood vaccinations have declined significantly.^{xv} Vaccinations and well child visits are cost-effective measures against preventable child illness and mortality. Missing regular developmental screenings can result in delayed diagnosis and referral to treatment and supports. Early intervention for children with developmental delays has been shown to increase the likelihood of social and academic success.^{xvi}

Additionally, well child visits are important settings for routine vaccination. Data indicate that between mid-March and mid-April 2020, physicians ordered 2.5 million less doses of non-influenza vaccines and 250,000 less measles-containing vaccines than during the same period in 2019.^{xvii} In addition, as previously mentioned, prenatal care including vaccinations is critical to providing neonates with passive immunity before they can receive their own vaccinations.^{xviii} Lower vaccination rates increase the likelihood of infectious disease outbreaks once congregate activities resume.^{xv}

We recommend that MCHB work with the U.S. Centers for Disease Control and Prevention (CDC) to disseminate existing guidance and/or public health messaging related to the importance of vaccinations across programs that directly interact with pregnant women and children

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Measuring Success with Program Evaluation

Nemours urges MCHB to focus on measuring the successes of any upcoming changes by investing in program evaluation to ensure that its programs are not only improving health outcomes among the populations they serve, but also effectively measuring any existing disparities between groups. We urge MCHB to include disaggregated data in its program evaluation to determine disparities across race, ethnicity, sex, age, and zip code, which will allow for targeted approaches to address disparities across populations.

3. Thinking about equity, how can MCHB support efforts to eliminate disparities and unequal treatment based on race, income, disability, sex, gender, and geography? How might MCHB guidance, funding opportunities, or partnerships play a role?

According to the Patient-Centered Outcomes Research Institute (PCORI), eliminating disparities in health care could save the United States up to \$230 billion dollars annually in direct medical costs.^{xix} Nemours concurs with MCHB's efforts to eliminate disparities and inequitable treatment based on race, income, disability, sex, gender, and geography. **We respectfully urge MCHB to maintain a focus on the following recommendations:**

- Infusing an equity lens as a critical element with regard to guidance on targeted allocation of resources (including funding) and key partnerships to promote equity.
- Providing guidance to all MCHB grantees on approaches to address disparities and inequitable treatment of vulnerable/high-risk communities, including children.
- Ensuring the availability of language interpretation services and resource materials in different languages targeted to at-risk communities, especially communities with limited English proficiency.
- Increasing the capacity for specific data collection and data sharing, focused on equity, across all MCHB's programs and initiatives.

4. Thinking about trends in emerging science, public health, health care, workforce, and technology, what do you see as key opportunities for MCHB?

Assessing the Impact of Virtual Care Services

Since the onset of the pandemic, there has been significant demand for telehealth services. We have seen this firsthand. Across our health system, we have significantly expanded our telehealth capacity to keep pace with the increased demand for virtual care, including tele-well visits. We were able to rapidly deploy telehealth across all specialties and primary care resulting in a 2400% increase in telehealth visits in the early months of the pandemic. We also trained more than 700 clinicians in the use of our telehealth platform.

To reach more mothers and children in need of care, **we recommend that MCHB consider whether it is appropriate to test the effectiveness of virtual technologies, particularly to increase the reach of the MIECHV program and mitigate undue risk of COVID-19 infection among home visitors and enrolled families.**

Nemours supports MCHB's goals to advance training and education for maternal and child health workers and recommends that MCHB's strategic plan include a virtual care training component across relevant programs.

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Addressing Workforce Shortages

Children with chronic and complex medical conditions require intense care management from multiple medical and community providers.^{xx} They often require 24/7 care from trained pediatric home health nurses and aides. This requires a well-trained home health workforce. **Nemours recommends that MCHB consider its role in increasing training and recruitment for home health workers to build a workforce pipeline that can address existing shortages, including shortages in home health to care for children with medically complex conditions.**

Building a Diverse and Effective Workforce

We encourage MCHB to incorporate implicit bias training among its workforce, programmatic staff and grantees as a means of improving the provision of culturally competent and equitable care. We also ask that the Bureau to provide guidance to grantees and stakeholders on best practices for hiring and recruitment to cultivate a workforce that is representative of the communities they serve.

CONCLUSION

Nemours stands ready to leverage our expertise and relevant experiences to assist MCHB as it works to develop its strategic plan. We look forward to continued collaboration. Thank you for your consideration of our recommendations. Please do not hesitate to reach out to me at Daniella.Gratale@nemours.org or to Vy Oxman at Vy.Oxman@nemours.org with questions or for additional information.

Sincerely,



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Director, Office of Child Health Policy & Advocacy
Nemours Children's Health System

ⁱ https://www.marchofdimes.org/materials/US_REPORTCARD_FINAL_2020.pdf

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^{iv} <https://www.cdc.gov/socialdeterminants/index.htm>

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^{vi} Owens, D. C., & Fett, S. M. (2019). Black maternal and infant health: historical legacies of slavery. *American journal of public health*, 109(10), 1342-1345.

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^x <https://www.brookings.edu/blog/up-front/2020/07/09/about-14-million-children-in-the-us-are-not-getting-enough-to-eat/>

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^{xvi} National Early Childhood Technical Assistance Center (2011). The importance of early intervention for infants and toddlers with disabilities and their families. <https://files.eric.ed.gov/fulltext/ED522123.pdf>

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^{xx} <https://www.childrenshospitals.org/Care/Children-With-Medical-Complexity>