Part A: Stakeholder Analysis

Problem Statement

According to the Centers for Disease Control and Prevention (CDC), maternal mortality rates increased from approximately 20 deaths per 100,000 live births in 2019 to 33 deaths in 2021.[1] Idaho in particular, experienced a similar increase in maternal mortality with an estimated rate of 14 deaths per 100,000 live births in 2019 to 40 deaths in 2021 according to the Idaho Maternal Mortality Review Committee Annual Report.[2] The report deemed more than 90% of these deaths as preventable and ranked mental health as the third most common contributing factor to the death of postpartum women. Mental health conditions (e.g., suicide, substance use diorder, overdose) were also considered the most common underlying cause of death, in other words, the most common initiator of the chain of events leading to death or fatal injury.[2] This issue is further exemplified by findings from the 2023 Idaho Maternal and Infant Health Report which states that a quarter of Idaho mothers have experienced severe postpartum depression (PPD) in the three months following pregnancy, with 20% not being screened during prenatal visits and more than half not receiving treatment despite a positive diagnosis.[2] Idaho's southeastern district, also known as Public Health District 6 (PHD 6), had an estimate of 37% of mothers being moderately or severely depressed 3 months following pregnancy – the highest percentage of all districts.[3]

PPD is a serious mental health condition experienced by birthing people that is often overlooked due to the nature of self-reporting, however can result in long-lasting and multigenerational health consequences if not addressed.[4] Not only does it impact the birthing person through increased risky behavior, and reduced quality of relationships and sleep, PPD also negatively impacts infant cognitive and language development.[4] According to the Idaho Pregnancy Risk Assessment Tracking System (PRATS) a little over 50% of survey respondents reported wanting to see a professional about their depression, but only 36% actually sought care.[5] There is a clear public health issue caused by the gap in care for women in the southeastern district of Idaho who are unable to seek care for PPD, resulting in premature and preventable death.

Stakeholder Identification & Description

Stakeholder Entity	**Category**	**Description / Justification**
Southeastern Idaho Public Health Board of Health (BOH)	Proponent	The Southeastern Idaho Public Health BOH is made up of eight voting members, one from each of the counties in the district. This entity is responsible for administering and enforcing health laws, regulations, and standards as it pertains to the state and district.

		According to the December 2023 board meeting agenda, the BOH was updated on the 2023 Idaho Maternal and Infant Health Report, thus aware of the alarming increase of maternal mortality. They would be interested in improving PPD within their district as they already prioritize behavioral health and WIC.
Idaho Department of Health and Welfare (DHW)	Proponent	The DHW provides services and oversight in health promotion to Idaho by administering state and federal public assistance and health coverage programs, providing direct-care services, licensing care facilities, and mitigating public health risks. The DHW's 2024-28 Strategic Plan prioritizes continuum of care by creating Specialized Clinical Teams to support individuals who choose alternative and non-traditional community and crisis services. This would be instrumental in helping birthing people who seek services outside of hospitals, potentially impacting PPD rates.
Idaho Behavioral Health Council (IBHC)	Opponent	IBHC is a collaboration among state government, local government, and community partners tasked with the development of a statewide strategic plan to improve Idaho's behavioral health system. The ICHC's 2021 Strategic Plan key priorities did not include mental health care for pregnant women despite the advisory board's recommendation. This means that the IBHC does see PPD as a priority issue, however is essential in funding for behavioral health services for Idaho constituents.
Doulas of Eastern Idaho	Proponent	Doulas of Eastern Idaho is an organization of doulas who assist

		birthing and postpartum care with the goal to positively influence the birthing experience for mothers and families. They are a service for hire, and provide a means for professional development, mentoring, and idea sharing for the doula community. The role of doulas is to improve health outcomes for mother and baby. Tackling PPD through awareness and intervention would be of interest to them.
Idaho Chapter of Postpartum Support International	Proponent	Postpartum Support International is a non-profit organization whose mission is to help those suffering from perinatal mood disorders by increasing awareness, education, prevention, and treatment. The Idaho Chapter supports all areas of Idaho, including Southeastern Idaho. PPD is a heightened issue in Idaho, resulting in poor health outcomes for mother and baby. Given their expertise, they would be influential to the outcome.
Medical Staff	Proponent	Medical staff at hospitals interact with birthing people to ensure a healthy pregnancy through birth and onwards. PPD is an issue that affects maternal quality of life, inherently impacting an individual's ability to take care of their newborn and themselves, thus remains a key area of concern for medical staff.
Administrative Hospital Staff	Proponent	Administrative Hospital Staff interact with birthing people by ensuring operations of the hospital remain efficient, cost-effective, and seamless. Because they work at the hospital, they have a vested interest in the outcomes of birthing people, and the health of the community, while also maintaining

		financial solvency of the hospital and community perception. PPD remains an area of concern that could improve, however may push back on initiatives should cost-benefits be too great.
Church of Jesus Christ of Latter-day Saints	Proponent	The Church of Jesus Christ of Latter-day Saints is one of the most popular religions in Eastern Idaho. They are a central organization to create and connect communities. They have a lot of influence in the area over beliefs, politics, and programs. Support of PPD as an issue varies from bishop to bishop, however, in general do support the overall health of their community, not only including the health of the mother, but also the potential negative impacts an unhealthy mother could have on the care of their children.
Protestant, evangelical, pentecostal and similar Christian denominations	Proponent	Christianity is one of the most popular religions in Eastern Idaho. Churches and priests of churches are a central player to create and connect communities. They have a lot of influence in the area over beliefs, politics, and programs. Support of PPD as an issue varies from bishop to bishop, however, in general do support the overall health of their community, not only including the health of the mother, but also the potential negative impacts an unhealthy mother could have on the care of their children.
Family and Community Members	Proponent	Family members who have a parent that is struggling with PPD are greatly impacted. There may be certain familial duties that are neglected due to the parent's PPD including emotional and physical care. A parent may be less able

		to contribute to the family's physical, social and emotional well-being due to the effects of PPD. Similarly, other community members that rely on a person who has PPD may be impacted as the individual is less able to actively contribute to the community.
Private Therapists in Southeastern Idaho	Proponent	The wide range of local, private therapists in Southeastern Idaho have a vested interest in the mental health of residents of this region. These professionals are dedicated to improving the mental health of their patients and are experts on subject matter such as PPD. Private therapists are instrumental in providing treatment to people with PPD to increase positive health outcomes.
Local Government (County and City)	Opponent	The local governments in the counties in Southeast Idaho (Bingham, Power, Bannock, Caribou, Bear Lake, Franklin, Oneida, Buttle) and the cities within them all have influence on the programs available for individuals and families struggling with PPD. To date, minimal resources have been made available within this region to address the behavioral health of parents. Instead, county and city level resources focus on other issues such as environmental issues and infrastructure. It is important for the local governments to see PPD as an issue in order for them to create policies and programs addressing the needs of individuals and families.
Governor Brad Little	Opponent	Brad Little has been the governor of Idaho since 2019. As the state governor, he has a lot of power in what policies and programs are created and implemented on a state level. He also has the ability to escalate issues and raise awareness on a federal level. Brad Little is a self-declared conservative and

		focuses on putting "Idaho families and businesses first" including tax cuts, according to his website. Given his past priorities and conservative values, he has not prioritized mental health or PPD as an issue that needs to be addressed. However, to potentially improve PPD in Idaho it is necessary for the state government to be involved and supportive.
Catholic Charities of Idaho	Proponent	Catholic Charities of Idaho is a faith based non-profit organization that provides services to those in need across Idaho. The services they provide include: counseling, case management, immigrant legal services, Afghan refugee resettlement, and referral resources. Since the Catholic Charities of Idaho provide counseling services, they are likely impacted by PPD. One option to accessing these services is through organizations such as this one. Thus, the Catholic Charities of Idaho are likely impacted by PPD and have an interest in improving the lives of people with PPD as it aligns with their mission "promote human dignity and the common good by improving lives and advancing financial and emotional well-being."
Parent Group, Daycares, and Parent Classes	Proponent	Groups that address the needs of children and families directly after birth, such as new parent groups, daycares and parenting classes, are impacted by PPD. These groups likely consist of parents experiencing PPD themselves or may have a partner who is experiencing it. Thus, the groups are directly impacted by the prevalence of PPD as it impacts group members and their families.
Bingham Healthcare Network	Neutral	Bingham Healthcare Network is a non-profit health system in East Idaho

		that also provides Mental Health & Counseling services specializing in mental health counseling, psychology, and psychiatry. Since they are connected to the hospital network, there is potential for collaboration with birth workers (OBGYNS, midwives, doulas, nurse practitioners) to improve continuity of care for pregnant people suffering from PMAD/PPD. They may not be interested in the initiative since they do not specifically list PMAD/PPD as a speciality, and while providers may be interested in becoming trained so they can offer their clients/patients more comprehensive care, it will likely put a cost/resource burden on the network.
Grove Creek Women's Health	Proponent	One of the satellite clinics part of the Bingham Healthcare network that provides Obstetrics & Gynecology services as well as general women's health and emotional wellbeing. While Perinatal mental health is not specifically listed as a service offered, the clinic has vested interest in the issue as they work with pregnant people and recognize their emotional wellbeing as part of their overall health. They would likely benefit from a collaboration with Bingham's network of mental health providers.
Pocatello Women's Health Clinic	Proponent	One of the satellite clinics part of the Bingham Healthcare network that provides psychotherapy to adults with chronic conditions and traumatic brain injuries. As part of this service, they offer the Bloom Perinatal Support network which provides free bi-weekly support groups for people impacted by PMADs. Given that this clinic has already done work on the initiative of perinatal mental health, they would likely support further measures to involve the community and expand

		access to care for pregnant and postpartum people.
Media Outlets	Proponent	Local media outlets in Southeastern Idaho have a vested interest in this initiative because it directly impacts so many members of the community. If they have the opportunity to speak to the community and drive their listenership up, they will likely support the initiative. Some of these outlets include local radio stations (KISU Public Radio, KIDG News/Talk, KCIR Christian Contemporary) and local news channels (East Idaho News, Local News8).

Levels of Influence Matrix

	High Interest	**Low Interest**
High Influence	**High influence, high interest** ➔ Idaho Department of Health and Welfare ➔ Medical Staff ➔ Administrative Hospital Staff ➔ Pocatello Women's Clinic + Bloom Perinatal Support program ➔ Idaho Chapter of Postpartum Support International	**High influence, low interest** ➔ Southeastern Idaho Public Health Board of Health ➔ Idaho Behavioral Health Council ➔ Local Government ➔ Governor Brad Little ➔ Media Outlets ➔ Bingham Healthcare Network ➔ Church of Jesus Christ of Latter-day Saints ➔ Protestant, evangelical, pentecostal and similar Christian denominations
Low Influence	**Low influence, high interest** ➔ Doulas of Eastern Idaho ➔ Family/Community Members ➔ Private Therapists ➔ Parent groups, daycares, and parenting classes	**Low influence, low interest** ➔ Catholic Charities of Idaho

	➔ Grove Creek Women's Health	

References

1. Donna L. Hoyert, Ph.D. Maternal Mortality Rates in the United States, 2021. Center for Disease Control and Prevention. Published March 16, 2023. Accessed January 24, 2024. https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm
2. Idaho Department of Health and Welfare. 2021 MMRC Maternal Deaths in Idaho Annual Report. Accessed January 24, 2024. https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=26443&dbid=0&repo=PUBLIC-DOCUMENTS
3. Idaho Department of Health and Welfare. PRATS 2020 Results from the Pregnancy Risk Assessment Tracking System. Published online February 2022. Accessed January 24, 2024. https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=21565&dbid=0&repo=PUBLIC-DOCUMENTS
4. Robbins CL. Timing of Postpartum Depressive Symptoms. *Prev Chronic Dis*. 2023;20. doi:10.5888/pcd20.230107
5. Idaho Department of Health and Welfare. Idaho PRATS (New Moms and Babies). Get Healthy Idaho. Accessed January 24, 2024. https://www.gethealthy.dhw.idaho.gov/idaho-prats

Part B: Community Advocacy

Idaho is segmented into seven Public Health Districts (PHD) made up of a number of counties. Each PHD is responsible for ensuring availability of public health services unique to the districts' needs. PHDs are recognized as independent, governmental entities that provide basic services such as public health education, promotion of physical health, protection of the environment, and health administration guidance.[1] The Southeastern district, also known as PHD 6, is supervised by a Board of Health, made up of eight county representatives, and serves 176,000 people.[1] The current public health priorities of PHD 6 include clinical services, community health, environmental health, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and general administration.

While there are various entities in the community that address mental health services (e.g., Idaho Behavioral Health Council 'IBHC,' Bingham Healthcare Network, Pocatello Women's Health Clinic, private mental health providers), there is no official network connecting these bodies into one cohesive force, leading to fragmented support and minimal continuity of care for patients. By establishing a coalition among key stakeholders in Southeastern Idaho to address perinatal mental health, existing healthcare entities may join forces to increase training in perinatal mental health services, expand access to care for those in the community, and seek funding as a collective to address the issue. Furthermore, creating a collective body of stakeholders would allow the coalition function at multiple levels to organize the community around addressing perinatal mental health.

As a state, Idaho has experienced an increase of approximately 122% in maternal mortality rate from 2019 to 2021, indicating an urgent need for public health intervention.[2] Postpartum women living in PHD 6 have reported the highest percentage of moderate or severe depression during the three months following pregnancy in 2021.[3] There is an opportunity to address this preventable health disparity among postpartum women within PPD 6, therefore reducing overall maternal mortality in the state.

Primary Coalition Goals

The coalition will collaborate to achieve four main goals as follows,

1. *Have identified key organizations in Southeastern Idaho prioritize postpartum depression (PPD) as a key issue in future strategic plans.*
    a. By having key organizations name PPD as a key area of interest in strategic plans, it holds those organizations accountable to reducing these burdens beyond the tenure of the coalition for their clients and constituents. In addition, this serves as guidance for other organizations to take the issues of PPD more seriously, expanding the impact beyond immediate players.
2. *Increase regional funding for PPD research and programs.*

    a. PPD in Idaho is relatively underserved and under researched. By committing to finding or generating funding to support these areas, future initiatives will be more evidence backed, and thus more likely to be successful. The power of a coalition will be able to garner more attention from leaders and funding sources, benefitting the district as a whole.

3. *Increase collaboration and support among those impacted by PPD to identify potential solutions based on individuals' expertise and experiences.*
    a. By creating an opportunity for those impacted by PPD to gather these individuals can form a network to support one another and share experiences. Through sharing diverse experiences and knowledge with one another, the coalition will learn more about PPD as an issue. After learning from experts in the coalition, the members will collaborate to identify potential policy and community-based solutions to PPD in Southeastern Idaho.
4. *Greater education among community members and providers, including medical professionals and non-traditional medical care providers, to raise awareness of PPD prevalence, symptoms, and treatment options.*
    a. The coalition will work together to increase education and awareness of PPD both within the coalition itself and outside the coalition. Members of the coalition will be encouraged to raise awareness of PPD within their own organizations and communities through both individual efforts, and efforts organized by the coalition.

References

1. Idaho Public Health Districts. About Us. Accessed January 26, 2024. https://idahopublichealthdistricts.org/about-us/
2. Idaho Kids Covered. Idaho Maternal and Infant Healthcare Report 2023. Published November 28, 2023. Accessed January 24, 2024. https://idahokidscovered.org/idaho-maternal-and-infant-healthcare-report-2023/
3. Idaho Department of Health and Welfare. Idaho PRATS (New Moms and Babies). Get Healthy Idaho. Accessed January 24, 2024. https://www.gethealthy.dhw.idaho.gov/idaho-prats

Issue Identification & Geographical Location

According to the Centers for Disease Control and Prevention, 1,205 women died of pregnancy related causes in 2021, increasing the maternal mortality rate in the United States (US) from 20 deaths per 100,000 live births in 2019 to 33 deaths in 2021.[1] The World Health Organization defines maternal mortality as, "the death of a woman from direct or indirect obstetric causes, more than 42 days but less than one year after termination of pregnancy".[2] Maternal mental health is an umbrella term for a number of conditions, including depression, anxiety, bipolar disorder, obsessive compulsive disorder, post-traumatic stress disorder, psychosis, and substance use disorder.[3,4] Of these conditions, postpartum depression (PPD) is the most common presenting condition, which impacts 14% of childbearing individuals.[5] PPD is a serious mental health condition that can result in long-lasting and multigenerational health consequences if not addressed early on. It is often overlooked and underdiagnosed due to the nature of self-reporting and lack of access to care.[6] PPD not only impacts the birthing person through increased risky behavior and reduced quality of relationships and sleep, but it also negatively impacts infant cognitive and language development.[6]

As of 2021, Idaho's maternal mortality rate is 40 deaths per 100,000 live births, one of the worst in the nation. There are various reported causes of maternal mortality. In Idaho specifically, mental health conditions are the most common contributing factor to maternal mortality rates and the primary underlying cause of death.[3] The 2023 Idaho Maternal and Infant Health Report states that a quarter of Idaho mothers experienced severe PPD in the three months following pregnancy, with 20% not being screened during prenatal visits and more than 50% not receiving treatment despite a positive diagnosis.[3]

The Problem

Idaho's southeastern district, also known as Public Health District 6 (PHD 6), reported an estimated 37% of mothers being moderately or severely depressed within 3 months following pregnancy – the highest percentage of all districts.[7] Nearly 75% of those suffering go without care and consequently experience grave health outcomes amongst themselves and their families.[5] This gap in care ultimately results in premature and preventable death.

Root Cause Analysis

The listed root causes narrow down one of the primary reasons for high rates of PPD among birthing people in Idaho's PHD 6 in a stepwise manner (see Figure 1).

1. *Birthing people in Idaho PHD 6 do not have an adequate number of touchpoints with medical providers who can identify signs and symptoms of PPD.*

   Currently, Idaho ranks fourth in the US for attendance of at least one postpartum visit (93.6% of individuals attending), indicating an opportunity for physicians to catch and diagnose patients who exhibit PPD symptoms within the first three to six weeks

postpartum.[8] Despite this high postpartum visit rate, birthing people of PHD 6 continue to report high percentages of depression within the first three months of postpartum.[9] This can be explained by the American College of Obstetrics and Gynecology (ACOG) by which only one postpartum appointment 3 weeks after birth is insufficient to prevent, diagnose, and treat mental illness.[8] PPD symptoms can start anytime between a couple of days following birth to as late as 30 weeks postpartum, and can last several months, often up to one year after birth.[10,11] With Medicaid's postpartum coverage lapsing after 60 days in Idaho, this leaves women who may experience PPD symptoms beyond 60 days without access to mental health diagnosis, treatment, or professional support.[5]

2. *Birthing people in Idaho's PHD 6 lack access to adequate, stable healthcare.*

In the US, Idaho's Medicaid coverage is ranked last due to low qualifying incomes and a short postpartum coverage window.[12] As of 2022, 32% of Idaho pregnant people were enrolled in Medicaid at the time of their birth, and roughly 10.6% of childbearing aged women (15-44 years old) were not insured at all.[13] That amounts to nearly half of potentially childbearing-aged individuals in Idaho receiving bare minimum or absence of health insurance coverage altogether. In 2022 among individuals living in PHD 6, only 11% (13,347/121,219 Idaho residents) were enrolled in Medicaid due to the expansion despite a little under 23,000 individuals living in poverty.[14,15] Medicaid income eligibility for pregnant women in Idaho is 138% of the federal poverty level (FPL), or $34,307 annually for a 3-person family.[16] This eligibility requirement, along with the 60 day postpartum coverage restriction, poses enormous healthcare barriers to accessing care for PHD 6's birthing people. While qualifying new mothers may have their first postpartum visit covered, transitioning out of Medicaid may impose hefty out of pocket costs and disrupt continuity of care. Coverage disruptions during the postpartum period may lead to absence of diagnosis and proper treatment of conditions such as PPD.[17]

3. *Despite Idaho adopting Medicaid expansion, the state excluded coverage on the basis of pregnancy to 12 months postpartum.*

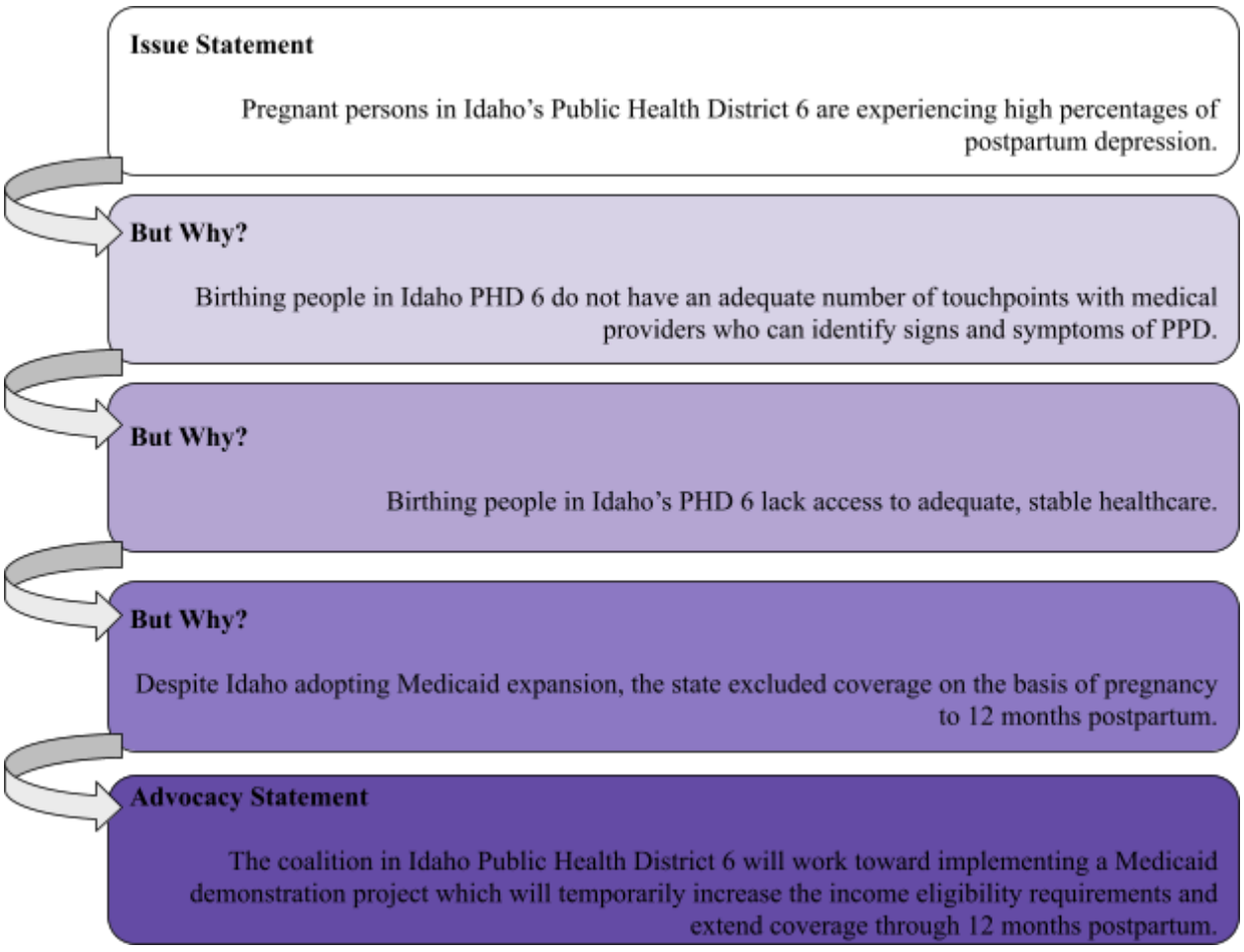
Medicaid expansion for individuals 12-months postpartum has been associated with lower rates of maternal mortality by about 7 maternal deaths per 100,000 live births in comparison to non-expanded states.[18] Birthing people living in postpartum expanded states experienced less mortality overall. In 2023, Idaho was one of three states that considered expanding Medicaid coverage for postpartum women from 60 days to 12 months, however failed to pass.[19] Enrollment for Medicaid has already been historically low in PHD 6 due to high income qualification criteria and low resource support. Withholding expansion entirely for PHD 6 pregnant people exacerbates the number of uninsured individuals, which gravely affects their, and their newborn's health and wellbeing. It remains one of only six states in the US that has not implemented a 12 month extension for postpartum coverage.[20] The bill failed in the political sphere where

conservative lobbyists have cited non-support of Medicaid expansion as a result of their belief in the separation between pregnancy outcomes and government interference. Rather, sentiment among Idaho's prominent Republican figures have expressed that families, communities, and churches should take on that responsibility.[21]

Advocacy Statement

To address the concerning rates of postpartum depression in Idaho Public Health District 6, this coalition proposes implementing a Medicaid demonstration project which will temporarily extend coverage through 12 months postpartum.

Figure 1. Root Cause Analysis Diagram



References

1. Donna L. Hoyert, Ph.D. Maternal Mortality Rates in the United States, 2021. Center for Disease Control and Prevention. Published March 16, 2023. Accessed January 24, 2024. https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm
2. Cresswell J. World Health Organization. Maternal Deaths. Accessed January 31, 2024. https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4622
3. Idaho Department of Health and Welfare. 2021 MMRC Maternal Deaths in Idaho Annual Report. Accessed January 24, 2024. https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=26443&dbid=0&repo=PUBLIC-DOCUMENTS
4. Learn More. Postpartum Support International (PSI). Accessed February 4, 2024. https://www.postpartum.net/learn-more/
5. Maternal Mental Health Overview Fact Sheet - MMHLA - Nov 2023.pdf.
6. Robbins CL. Timing of Postpartum Depressive Symptoms. *Prev Chronic Dis*. 2023;20. doi:10.5888/pcd20.230107
7. Idaho Department of Health and Welfare. PRATS 2020 Results from the Pregnancy Risk Assessment Tracking System. Published online February 2022. Accessed January 24, 2024. https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=21565&dbid=0&repo=PUBLIC-DOCUMENTS
8. Explore Postpartum Visit in Idaho | AHR. America's Health Rankings. Accessed February 4, 2024. https://www.americashealthrankings.org/explore/measures/postpartum_visit/ID
9. Idaho Department of Health and Welfare. Idaho PRATS (New Moms and Babies). Get Healthy Idaho. Accessed January 24, 2024. https://www.gethealthy.dhw.idaho.gov/idaho-prats
10. Postpartum Depression: Causes, Symptoms & Treatment. Cleveland Clinic. Accessed February 4, 2024. https://my.clevelandclinic.org/health/diseases/9312-postpartum-depression
11. Andrews-Fike C. A Review of Postpartum Depression. *Prim Care Companion J Clin Psychiatry*. 1999;1(1):9-14.
12. RELEASE: New Report Finds Maternal and Infant Health Has Worsened in Idaho - Idaho Kids Covered. Published November 28, 2023. Accessed February 4, 2024. https://idahokidscovered.org/release-new-report-finds-maternal-and-infant-health-has-worsened-in-idaho/
13. Uninsured women: Idaho, 2011-2021. March of Dimes | PeriStats. Accessed February 4, 2024. https://www.marchofdimes.org/peristats/data?reg=99&top=11&stop=158&lev=1&slev=4&obj=1&sreg=16
14. Enrollment by County. Accessed February 4, 2024. https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=14388&dbid=0&repo=PUBLIC-DOCUMENTS
15. A.Packet.pdf. Accessed February 4, 2024. https://legislature.idaho.gov/wp-content/uploads/budget/JFAC/sessionrecord/2021/3.Health%20and%20Human%20Services/Public%20Health%20Districts/~Budget%20Hearing/February%2015,%202021/A.Packet.pdf?1614533251
16. IKC-Maternal-and-Infant-Health-Report-2023.pdf. Accessed February 4, 2024. https://idahokidscovered.org/wp-content/uploads/2023/11/IKC-Maternal-and-Infant-Health-

Report-2023.pdf
17. Ranji U, Gomez I, Published AS. Expanding Postpartum Medicaid Coverage. KFF. Published March 9, 2021. Accessed February 4, 2024. https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/
18. Eliason EL. Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality. *Womens Health Issues*. 2020;30(3):147-152. doi:10.1016/j.whi.2020.01.005
19. More States OK Postpartum Medicaid Coverage Beyond 2 Months | Best States | U.S. News. Accessed February 4, 2024. https://www.usnews.com/news/best-states/articles/2023-06-01/more-states-ok-postpartum-medicaid-coverage-beyond-2-months
20. Published: Medicaid Postpartum Coverage Extension Tracker. KFF. Published January 17, 2024. Accessed February 4, 2024. https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/
21. Dutton A. Idaho Banned Abortion. Then It Turned Down Supports for Pregnancies and Births. ProPublica. Published October 3, 2023. Accessed February 4, 2024. https://www.propublica.org/article/idaho-banned-abortion-support-pregnancies-families

Bill Analysis Form

Name of Students: Jenny Lee, Natalie Pulvino, Samantha Cheney, Qianyi Pang

Bill Number: AB 583

Bill Author: Assembly Member Wicks

Bill Topic: Birthing Justice

Staff Name and Email: Shara Murphy, Shara.Murphy@asm.ca.gov

Phone: (916) 319-2014

Current Committee:

- Chair of Appropriations
- Member of Natural Resources, Privacy and Consumer Protections, Transportation, Banking and Finance, Budget, Budget Subcommittee No. 5 on State Administration

Committee Consultants: Jay M. Dickenson, Lawrence Lingbloom, Julie Salley, Farra Bracht, Luke Reidenbach, Christian Griffith

Bill Analysis Information

1. **Summarize the main points of the bill, including any background information.**
    a. Background Information
        i. Reproductive justice is the human right to: 1) give birth, 2) not give birth, and 3) to raise one's children in a safe environment.
        ii. With the overturning of Roe v. Wade, maternal mortality is predicted to increase by 33% for Black birthing people and 21% for the overall population.
        iii. It is beneficial for birthing people to have doula care during their perinatal period, as studies have shown that having doula involved during all aspects of pregnancy, especially for women of color, have improved birth outcomes and reduced medical costs. Doula services specifically include support for women (defined as health education, advocacy, physical, emotional, and non-medical support) during birthing, miscarriage, stillbirth, and abortion.
        iv. Birthing women of color, women with low income, and women living in underserved communities will benefit the most from having doula support during their perinatal period, although these benefits apply to all birthing people, effectively decreasing health disparities among those who bear the greatest risk for adverse birth outcomes.
        v. In California, black women make up a large percentage of deaths related to pregnancy with pregnancy-related mortality ratios 4-6 times greater than their counterparts
    b. Summary of the Bill
        i. Birthing Justice for California Families Pilot Project will include a 3 year grant program that funds community-based doula groups, local public health departments, and other organizations to provide full-spectrum doula care to communities with high rates of negative birth outcomes. To qualify, individuals must not be eligible for MediCal or be incarcerated.
        ii. The Department of Health Care Access and Information (HCAI) will be responsible for the pilot project.
        iii. Grant recipients are only allowed to use funds for costs associated with full-spectrum doula care, such as payment for services, travel expenses, educational materials, and administrative costs.
        iv. Grant funds will also be used for training individuals who want to become doulas or community-based doulas, in addition to continued education for current doulas to maintain competencies. These trainings will be free of cost to the participants and outreach will be specific to doulas who work with patients experiencing high burden of birth disparities.

2. **List organizational issue areas, client groups or populations that will be affected by the bill.**
        a. Organizational issue areas
            i. Doula training/certifying organizations
            ii. Community Doula programs / agencies / groups
            iii. Hospitals, Birth Centers or Clinics

iv. Department of Health Care Access and Information
v. Organizations serving pregnant and birthing people
vi. Local public health departments

b. Populations affected
i. Birthing people (specifically low-income who are not eligible for MediCal)
ii. Birthing peoples' families
iii. Birth workers and Hospital/Birth Center staff (Doulas, Midwives, OBGYNs, nurses, anesthesiologists)
iv. Aspiring birth workers

3. **Please share how COVID-19 has impacted the bill. If the bill stalled, are there plans to reintroduce the bill in the next legislative year? Why / why not?**

We believe that this bill did not have any direct impacts from COVID19 as it was introduced following the height of the pandemic. However, we acknowledge that birthing outcomes may have been negatively impacted as a result of COVID19 (e.g., exacerbating health disparities) which may have bolstered the re-introduction of the bill from Assembly Member Wicks. This question was asked of the staffer, but we have not received a response despite several follow-up communications, so it cannot be confirmed. Since the death of this bill, there have not been any status updates alluding to re-introduction of the bill. Given this year's budget deficit, it will not likely be re-introduced as it was not signed by Governor Newsome during its first introduction due to financial constraints in the state budget.

4. **Summarize the fiscal impact of the bill.**

The author has requested $67 million to be allocated over three years for this bill. For the first fiscal year (2024-2025), the HCAI will assume the cost for the development, establishment, and direct funding for the pilot project. HCAI states that training costs should be characterized as programmatic costs, rather than administrative as it anticipates using the 5% of funds allocated for administrative tasks completely, leaving none for the doula training.

5. **List sponsors of the bill with contact name, phone number, and email address.**

Buffy Wicks
Sacramento Phone: (916) 319-2014
DC Phone: (510) 286-1400
assemblymember.wicks@assembly.ca.gov

6. **Has this bill (or issue) been introduced before?**

A similar bill has been introduced before, AB 2199 of 2022, which was also authored by Wicks. AB 2199 has similar provisions to AB583 such as a three year grant program to fund community-based doulas, local public health departments, and other organizations supporting those with negative birthing outcomes. However, this bill was vetoed by Governor Newsom as he proposed in the 2021 Budget Act that doula services would be covered by Medi-Cal. Due to low revenues in the first months of the fiscal year, there is not enough money to fund a new grant program.

Related legislation includes AB 904 (Calderon), which requires health insurance plans to provide a maternal and infant health equity program that address racial disparities in health outcomes through the use of Doulas by or on January 1, 2025.

7. **List individuals, other organizations, etc. supporting the bill.**
    a. Black Women for Wellness Action Project (cosponsor)
    b. Planned Parenthood Affiliates of California (cosponsor)
    c. Association of California Healthcare Districts California
    d. Pan - Ethnic Health Network
    e. County Health Executives Association of California
    f. Lawyering for Reproductive Justice
    g. Maternal and Child Health Access
    h. NARAL Pro-choice California
    i. National Health Law Program
    j. Roots of Labor Birth Collective
    k. San Francisco Black, Jewish and Unity Group
    l. Training in Early Abortion for Comprehensive Health Care
    m. Individuals in the Committee of Health who voted "aye": Aguiar-Curry, Arambula, Boerner Horvath, Wendy Carrillo, Maienschein, McCarty, Rodriguez, Santiago, Villapudua, Waldron, Weber, Wood

8. **List individuals, other organizations, etc. opposing the bill. Note past or anticipated opposition as well.**
    a. No organizations have been officially registered to oppose.
    b. Individuals in the Committee of Health who voted "nay": Flora, Vince Fong, Joe Patterson

9. **When discussing the bill with the author's office, ask them if they have any plans to introduce other health related bills this year or in the next legislative term.**
    a. **If so, are there any related to reproductive health and/or your issue of interest? What is the intended spirit of that idea / bill?**

        These questions were asked of the staffer, but have not received a response despite follow-up communications. However in the 2023 legislative session, Assembly Member Wicks introduced a number of reproductive-health related bills, one being:

        - AB 598 Sexual health education and human immunodeficiency virus (HIV) prevention education: school climate and safety: California Healthy Kids Survey - this bill intends to ensure that students receive specific sexual health resources upon completion of their sexual education course. Additionally, it would introduce additional evaluation measures to ensure that students are accurately and adequately receiving sexual health education, as required by the state department.

    b. **If not, does the staffer have a staffer, committee consultant or potential bill sponsor that may be someone you should speak with regarding your issue area?**

These questions were asked of the staffer, but have not received a response despite follow-up communications.

10. **Summarize arguments IN SUPPORT OF the bill.**
    a. Expanding doula care in California will save the lives of not only pregnant and birthing people, but also infants and children who would experience adjacent adverse health outcomes.
    b. Racial disparities in healthcare, specifically in maternal health, would be addressed as doula care has historically been utilized by more wealthy and privileged populations. Their services provide a holistic approach to birthing through physical and emotional support, as well as, advocacy in institutional settings that have historically harmed people of color.
    c. Doula care has been proven to improve birth outcomes and reduce medical costs associated with both infant and maternal morbidity and mortality.
    d. Access to full-spectrum doula care can reduce the incidence of undiagnosed/untreated perinatal mood disorder such as postpartum depression, which often account for maternal mortality
    e. Providing community doula training programs invites community members to participate in their own healing and birth advocacy efforts, and greatly improves community empowerment and self-efficacy. Additionally, it would encourage people who are currently doing doula work to be recognized by the state through official certification.

11. **Summarize arguments TO WATCH the bill.**
    a. More information is needed on how families/birthing people will be paired with community-based doulas, and if they are able to be a part of the process of choosing their own doula. Also, how the payment for the services will work; Will the clients pay for the service initially and get reimbursed or will the community-based doula groups or public health organizations take on the cost and get reimbursed by HCAI?
    b. More information is needed on the number of prenatal and postpartum doula visits that will be included in the program, as well as if the program will fund resources and supplies such as birthing balls, tens machines, lactation support products, baby straps, etc. for the doula or the birthing person.
        i. The California Department of Health Care Services authorizes the following under Medi-Cal covered doula services: *one initial visit; up to eight additional visits that may be provided in any combination of prenatal and postpartum visits; support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage; up to two extended three-hour postpartum visits after the end of a pregnancy.*
    c. More information is needed on the doula training opportunities included in the program; Is prior doula experience needed? Will the training meet the qualifications for becoming fully certified and authorized to register with Medicaid? Will the training be taught in a culturally sensitive and inclusive manner? What specifically will the trainings cover, and who will lead them?

12. **Summarize arguments IN OPPOSITION TO the bill.**
    a. The Right to Life League voiced opposition toward the bill unless amended to align the bill with existing law's definition of perinatal period (i.e., period from establishment of pregnancy to one month following delivery).
    b. In most settings community-based/ full-spectrum doulas are not yet integrated into hospital care staff, as a result continuum of patient care may be disrupted as medical staff navigate working relationships with doulas.
    c. Community doula programs that pair doulas with low-income families can perpetuate a system of experimenting on marginalized communities; when families aren't able to choose and hire their own support, they may end up working with someone who does not fit their needs.
        i. A revisement could grant money to low-income families with the specific stipulation that funds are used to hire chosen birth workers.
    d. The timeline for the pilot program is not sufficient for all the goals it wants to achieve. According to feedback gathered from prior California Doula pilots, many doulas reported needing more time in the initial planning and launching phases of their specific programs.
    e. There is no formal plan for evaluation of the pilot program. It is not clear how data will be collected and what specific goals the pilot program has set out to accomplish. Additionally, how will the pilot program be held accountable for their goals?

13. Check one on each of the following:

Fiscal: **X Yes ☐ No**

State Mandate: **☐ Yes X No**

Urgency: **☐ Yes X No**

Recommended Action:

X Support ☐ Oppose ☐ Watch

☐ Support, if amended ☐ Oppose, unless amended X No action

Proposed Amendment(s):

Budget Justification

Advocacy Plan Development *(Total: $0 per year)*

1. Advocacy Plan: The advocacy plan will be developed using the CARE Advocacy Guidelines as a reference as it is helpful for advocacy efforts related to policy change. This plan will be developed by coalition members pro-bono who are experts in advocating for policy.

Total: $0

Community Advocacy *(Total: $49 per year)*

1. Local Media: To increase awareness and support among community members, the advocacy plan will include funds for local podcasts and news appearances and local newspaper articles. Through these mediums community members will learn more about the prevalence and severity of postpartum depression and the need for Medicaid expansion.
    a. Podcast and local news
        i. It does not cost anything to be a guest on a podcast and the local news as one just needs to be invited
            1. $0
    b. Local paper (letter to the editor, op-ed)
        i. It does not cost anything to write a letter to the editor or contact the local news about an article
            1. $0

Total: $0

2. Community Workshops: The coalition will utilize trained volunteers to raise awareness of Postpartum Depression (PPD) through workshops with community members. These workshops will take place at community sites that serve people who may be best equipped to spot the signs and symptoms of PPD, such as high schools and colleges, community clinics, church and local faith-based groups, and non-profits involved in maternal and child health.Workshop curriculum will include training on: 1) why PPD is an important health issue to address, 2) how to spot the signs and symptoms of PPD, 3) how to be an advocate for someone experiencing PPD, and 4) additional resources.
    a. Workshop space will not be an anticipated issue as community members requesting the workshop will host the coalition volunteers.
        i. Workshop space = $0
    b. PPD Prevention Toolkit for community members using UPrinting
        i. 1,000 flyers x 0.05 cents = $49

Total: $49

Media Advocacy (*Total: $1,776 per year*)

1. Media advocacy campaign: Raising awareness of postpartum depression and the importance of Medicaid expansion is vital to the advocacy plan. To educate Idaho residents and government officials about the necessity of Medicaid expansion, a media advocacy campaign will be launched with a website, social media ads, and social media influencer posts.
    a. Website monthly business membership with SquareSpace
        i. $23x12 months =$276
    b. Social media ads
        i. Monthly maximum budget for costs per click of $100 total for Facebook and Instagram ads
            1. $100x12 months =$1200
    c. Idaho Influecers
        i. 3 prominent Idaho micro-influencers (some mothers and some general influencers) will be paid $100 each once a year to post in support of Medicaid expansion to address postpartum depression
            1. $100x3 influencers= $300

Total: $1,776

Legislative Advocacy *(Total: $7,161 per year)*

1. Lobbying for legislation at the Idaho State Capitol: Lobbying for Medicaid expansion in Idaho to include doula care and 12 months postpartum coverage (3 coalition members). Lobbying will begin during year 1 after all pilot-program data is collected and may be presented to support lobbying efforts. Efforts will continue until successful or through year 3, whichever comes first.
    a. Registration fee to assume the lobbyist title according to the 2024 Idaho Lobbyist Manual
        i. $10 per lobbyist x 3 coalition members = $30
    b. Round trip from other airports in Idaho to Boise to meet with state government officials
        i. $350 Delta Airlines flight x 3 coalition members = $1,050
    c. Food
        i. $75 each day for 4 days ($75 x 4 days x 3 coalition members = $900).
    d. Lodging at a hotel near the Idaho state capitol
        i. $150 per night x 3 nights x 3 coalition members = $1,350

Total: $3,330

2. Postpartum Support International (PSI) Annual Conference: Hosted in Washington D.C. July 2024, the PSI Annual Conference will provide (3 coalition members) a crucial

networking opportunity to meet with clinicians, researchers, and advocates from psychiatry, nursing, social work, psychology, and other healthcare professionals working to improve maternal mental health. It will also provide the opportunity to garner support from the legislative community at a national scale. Continuing education credits will be offered for attendees to learn more about perinatal mental health and strengthen their expertise in the field.

a. Registration fees will be waived since PSI attendee is an anticipated coalition member
    i. $0 x 3 attendee = $0
b. Round trip from Boise, Idaho to Washington, D.C.
    i. $350 Delta flight x 3 coalition members = $1,050
c. Food
    i. $75 per day for 4 days ($75 x 4 days x 3 coalition members = $900).
d. Lodging at the location of the conference, Grand Hyatt.
    i. $209 per night (PSI discounted rate) x 3 nights x 3 coalition members = $1,881.

Total: $3,831

Organizational Capacity Building *(Total: $46,426 per year)*

1. Volunteer training: Training volunteers to run events and workshops will spread awareness through the community about postpartum depression, build connection with community members to foster buy-in for legislative efforts, provide education and toolkits for communities at risk for and experiencing PPD, and expand coalition's capacity in a low-cost manner. Volunteer training will occur twice a year for one weekend.
    a. Training space cost will be covered as one of the members of the coalition will host.
        i. $0 x 2 trainings = $0
    b. Food for training days will be provided to an anticipated 25 volunteers per training and will include a light breakfast and lunch.
        i. 25 people x $20 per person x 2 days x 2 events in a year = $2,000.
    c. Training manual for volunteers from Office Depot
        i. 50 copies x $6.52 per = $326.

Total: $2,326

2. Coalition building: The host organization will host quarterly zoom meetings to keep coalition members up to date on progress towards goals. In addition, this will serve as a platform for coalition members to get involved and provide technical expertise. Human resource costs for building up and recruiting the coalition will be covered under a stipend.

Once a year, the coalition will host an annual conference for coalition members and other key players to network and keep up-to-date on the latest advancements in PPD and maternal mental health. Annual reports will be develop to highlight progress towards coalition goals and activities completed in the previous year

a. Stipend for host organization
    i. $5,000 x 3 years = $15,000
b. Quarterly zoom meetings
    i. $0
c. Annual conference
    i. Food is estimated at $30 per person. Estimating 33 attendees.
    $1,000 x 3 years = $3,000
    ii. Renting a hotel conference room estimated at $200 per hour. Will require total of 24 hours for preparation and clean up
    $1,200 x 3 years = $3,600
    iii. Host organizations will have their travel costs and stay compensated. Hotel room costs are estimated at $300 per night for two nights. We anticipate two individuals will be required for event planning. Food and travel will also be covered. Estimating $500 for flights and per diem.
    Hotel: $1,200 x 3 years = $3,600
    Flights and Per diem: $1,000 x 3 years = $3,000
    iv. Promotional Materials including posters and signs for the conference
    $300 x 3 years = $900
d. Annual Report
    i. $5,000 per report x 3 years = $15,000

Total: $44,100

Revenue Source *(Total: $80,000)*

1. Membership Fees: Buy in price for coalition membership will vary on organization size. For organizations with over 25 full time employees, buy in will be $1,500 per year. For organizations with under 25 full time employees, it will be $500 per organization per year. We anticipate growth of coalition membership numbers over the three years, membership for the first year at 3, 5 and 7 larger organizations for every subsequent year of the project. We anticipate a total of 5 smaller organizations or individuals to be part of the coalition every year.
    a. Large Organizations (25+ employees): $1,500 x (3+5+7 organizations) = $22,500
    b. Smaller Organizations (24 and fewer employees): $500 x (5+5+5 organizations) = $7,500
2. Restricted Donations: Donors will contribute financial funding for PPD awareness and the passing of Medicaid expansion for postpartum visits 12 months after birth. We expect

this funding to be restricted to donations as it pertains to lobbying efforts and community workshops. The coalition will receive no more than $10,000 in restricted donations.

3. Unrestricted Donations: Donors who believe in our coalition's mission will donate funds that will be used under our discretion. We do not expect more than $10,000 to be donated.
4. Government Grants: The coalition will spend time applying for grants specific to maternal health and mental health (e.g., Title V Maternal and Child Health Block Grant). The grant money will be used to support activities in which restricted donations are unable to fully. We expect to receive $30,000 in grants.

Total (Income): $80,000

Budget – excel spreadsheet.