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



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

Neuroanatomisches Grundwissen



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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- ^{xiii} Tobin-Tyler, E., & Teitelbaum, J. B. (2019). Medical-legal partnership: a powerful tool for public health and health justice. *Public Health Reports*, 134(2), 201-205.
- ^{xiv} Natalie C. Benda, Tiffany C. Veinot, Cynthia J. Sieck, Jessica S. Ancker, "Broadband Internet Access Is a Social Determinant of Health!", *American Journal of Public Health* 110, no. 8 (August 1, 2020): pp. 1123-1125.
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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>
- ^{xvii} Santoli, J.M., Lindley, M.C., DeSilva, M.B., et al. (2020). Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration. *Morbidity and Mortality Weekly Report*, 69(19), 591–593. <http://dx.doi.org/10.15585/mmwr.mm6919e2>
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- ^{xix} <https://www.pcori.org/topics/addressing-disparities>
- ^{xx} <https://www.childrenshospitals.org/Care/Children-With-Medical-Complexity>