



**Healthy States
National Task Force**
THE COUNCIL OF STATE GOVERNMENTS

Human Health Subcommittee

State Leader Policy Brief
**Strategies for Improving
Health Equity**





About This Brief

The Council of State Governments (CSG) Healthy States National Task Force State Leader Policy Briefs are informational resources for state leaders to improve understanding of policy issues and empower policy conversations. Included in each brief are introductions to the policy problem, a survey of state policy options and analysis and

recommendations for state leaders. The policy options presented in this guide are not endorsement of a particular policy by CSG or members of the Healthy States National Task Force, but rather are intended to assist state leaders in their assessment within their specific state contexts.

States are only as healthy as the people that live there, and the challenge of maintaining equitable access to quality care for every resident existed long before the COVID-19 pandemic. Still, the current health care crisis has placed a spotlight on the most vulnerable groups in society — those who are also most at risk for COVID-19 — and the barriers they face in state health care systems.

In an effort to address these barriers, state policymakers can look for ways to center the needs of underserved groups in the process of health policy development and implementation. Within this conversation states may consider how expanded health care coverage and targeted policies centered on health equity might be a part of a state's overall health strategy.

The Need for Equitable Access to Health Care Services

The COVID-19 pandemic has put a spotlight on the different levels of health care access and quality care that individuals have in our current health care system. In the past two years, Indigenous Americans have experienced the highest death rate from COVID-19 (1 in 595) followed by Black (1 in 735), Pacific Islander (1 in 895) and Latino Americans (1 in 1,000).¹ These structural differences in American health outcomes were evident before the pandemic as well; a 2018 study found that Black Americans have a life expectancy that is four years shorter than that of white Americans.² Discrepancies in health outcomes exist across age, gender, income level and justice-involved status as well and these discrepancies may only worsen in the wake of COVID-19.

As the nation continues to better understand the root causes of public health inequity and is challenged to address those root causes, local officials may consider bold policies that center the needs of groups historically underserved in their health care systems.

Since the start of the pandemic, policymakers, health care professionals and the general public alike have been in a heightened state of concern over the health and resiliency of people in their

communities. For example, in June 2020, the Centers for Disease Control and Prevention reported that [40% of U.S. adults reported struggling with mental health or substance abuse](#). At the same time, access to all health care services have been seriously restricted.³

A panel of subject matter experts addressed The Council of State Governments Healthy States National Task Force – Human Health Subcommittee virtually on June 21, 2021, to explore issues related to health care inequities and improving health outcomes in particular for **behavioral health, adverse childhood experiences, maternal mortality and race and ethnic disparities** in on-going COVID-19 response efforts.

Considerations for State Leaders

Strengthen behavioral health programs by offering more resources to mental and behavioral health service professionals.

So that the supply of professional health practitioners meets the growing need, states could consider the incentives and support offered to individuals who might join a state’s health care workforce if barriers such as cost were reduced. For example, Oregon [House Bill 2949](#) (2021) authorizes a program that will award qualified mental and behavioral health care professionals student loan forgiveness or student loan payment subsidies if the individual commits to two consecutive years of full-time practice in certain public or nonprofit facilities.

Address trauma and adverse childhood experiences.

Adverse childhood experiences occur when youth experience violence, abuse, neglect and prolonged isolation. These experiences disproportionately affect Black and Latino children, and with all children experiencing more turbulence in their routines, households, schools and larger communities, adverse childhood experiences are on the rise during the COVID-19 pandemic. States may continue the work started prior to the pandemic to better identify, address and prevent adverse childhood experiences. For example, the state of [Tennessee’s Building Strong Brains Tennessee program](#) was established to mitigate the impacts of adverse childhood experiences and promote statewide economic prosperity. The program combines strong champions from three branches of government, private sector and community partners, evidence-informed messaging, and sustainable financial support to work toward a statewide culture change on the issue of these experiences.⁴





Take bold steps to reduce state maternal mortality rates.

The U.S. has the highest maternal mortality rate among Organization for Economic Co-operation and Development nations.⁵ Within that high rate exist racial and ethnic disparities: 37.1 per 100,000 births for non-Hispanic Black women compared to 14.7 per 100,000 births for non-Hispanic white women.⁶

Perinatal health refers to the well-being of a birthing person from the time of conception to one-year postpartum. The most common birthing complication in the U.S. is postpartum depression and perinatal health care includes mental health support for birthing people. State leaders can act now to improve health outcomes for women and birthing people by considering the following best practices:

- **Establish state maternal mortality review committees** — Some states have formed advisory review panels to address data and oversight needs in their maternal and mental health care systems.⁷ Such groups can also be used to combine the industry knowledge of practitioners with the experiences of birth giving people to discuss changes to hospitals, service providers and entire care delivery systems that could reduce maternal mortality. Research conducted by the National Academy for State Health Policy suggests that states have seen success when setting up maternal mortality review committee. For example, Michigan’s committee, the Michigan Maternal Mortality Surveillance Project, recommended that their state require social work consults for all pregnant or postpartum patients with substance use disorder, intimate partner violence, past trauma, and/or mental health disorders.⁸ Taking another approach, Iowa’s Maternal Mortality Review Committee tackled access by recommending that their state expand telehealth so that individuals in rural areas can receive more consistent perinatal care from health professionals.⁹
- **Require screening** — Screening is an essential part of perinatal care as it is the best way to detect mental health and substance use disorders in birth-giving people before, during and after pregnancy. Like other health care services, the issue of who gets screened contributes to inequity in the maternal mental health care system. Currently, Black women are [significantly less likely](#) to be screened for postpartum depression than white women.¹⁰ To remedy this inequity the

What is a Medicaid Section 1115 waiver?

The federal and state governments agree to minimum standards related to who is eligible for Medicaid, what benefits must be provided and more. States can adjust their Medicaid service delivery systems within those minimum standards, but when they want to change the agreed upon standards, waivers are their primary vehicle for doing so. With a 1115 waiver, states can request changes to minimum standards such as coverage for additional populations, cost-saving requirements and work requirements for enrollees. Federal Section 1115 law also allows the Department of Health and Human Services to approve experimental demonstration projects that evaluate state policy changes to Medicaid that improve care, reduce costs and follow the purpose of the Medicaid program. Determination for the proposals is granted or denied by the Centers for Medicare and Medicaid Services.¹⁹

For a thorough introduction to Medicaid waivers, check out a resource from the National Conference of State Legislatures: “Section 1115 Waivers: A Primer for State Legislators,” available at https://www.ncsl.org/Portals/1/Documents/Health/Medicaid_Waivers_State_31797.pdf



Substance Abuse and Mental Health Services Administration **recommends** screening pregnant women for substance use disorder in multiple settings, including the emergency department, OB/GYN visits, primary care visits and well-child visits.¹¹ Through legislation, states can make access to screening services more common and equitable. For example, in 2021 Arizona passed **Senate Bill 1011** which established a maternal mental health advisory committee designed to improve screening and treatment of maternal mental health challenges.

- **Utilize Medicaid 1115 waivers to expand coverage** — Even with Medicaid expansion, in some states women may lose coverage postpartum if their incomes are above 138% of the federal poverty level. To alleviate this and to expand the extend Medicaid coverage beyond the 60 days required, some states are using Section 1115 waiver proposals to increase access. For example, Illinois 1115 waiver proposal was approved which expands eligibility to pregnant women from 60 days to 12 months postpartum,¹² and **New Jersey’s 1115 waiver proposal** seeks to expand pregnancy-related Medicaid coverage to people above 138% the federal poverty level.

Create or empower a state COVID-19 Racial and Ethnic Disparities Task Force.

Twenty-nine states have created a task force, office or advisory council that tackle all parts of COVID-19 pandemic through an equity lens.¹³ This includes providing recommendations for the state's testing, PPE, contact tracing and vaccine distribution, as well as connecting with the community on efforts being made at the state level to keep residents healthy and safe. Examples of recommendations coming out of these task forces and working groups include:¹⁴

- [The Equity Response Report](#) in New Hampshire recommended adverse childhood experiences as an area to explore to continue understanding and serving communities of need in New Hampshire, especially communities of color, at both the state and local levels.¹⁵
- A [pilot program](#) in Richmond, Virginia, was created to increase equitable access to PPE in underserved communities most effected by the COVID-19. The pilot program includes community engagement events and training on cultural humility and implicit bias for city personnel who engage with the community.¹⁶

Collect and report race and ethnicity data.

For equitable distribution of health care services and products, such as COVID-19 vaccines, state health officials can use the CDC's [Social Vulnerability Index](#) and census data to identify communities with the most need and direct resources accordingly.¹⁷ For example, when vaccines became available in Rhode Island, health officials used hospitalization, death and case data to target vaccine distribution by geography. Vaccines will be available in community clinics, pharmacies and housing sites in communities that have been identified as high risk, including areas with large non-white populations.¹⁸





Policy Takeaways

Less granularly, the following strategies for forming health policy that is equitable and robust across the states were presented to the National Task Force:

- Prioritize expanding coverage and affordability.
- Prepare health systems for the future by updating payment and service delivery models.
- Incorporate social needs and drivers of health into care delivery models.
- Before proposing health legislation, explore the intersection of social and economic justice and health outcomes.
- Institutionalize racial equity into governance and policy development.
- Center diversity, equity and inclusion in state government.
- Reduce maternal mortality and morbidity through the use of Section 1115 waivers that seek to expand state Medicaid coverage to 12 months postpartum and cover more birthing people at different income levels.
- Further bipartisan maternal mortality reduction efforts.
- Provide state support to the direct-care workforce.
- Re-examine use of Medicaid Managed Care Contracts to advance equity.
- Incorporate broader consideration of equity impacts of proposed policy changes around coverage, payment and delivery of care.

Endnotes

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