Empowered by Data: Legislation to Advance Equity and Public Health
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Subcommittee on Health
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Good morning Chairman Pallone, Chairwoman Eshoo, Ranking Members McMorris Rodgers and Guthrie, and Members of the Committee. My name is Dr. Kara Odom Walker, and I am the Executive Vice President and Chief Population Health Officer at Nemours Children's Health. I am honored to testify about legislation to advance equity and public health.

Nemours is one of the nation's largest multistate pediatric health systems, including two free-standing children's hospitals and a network of nearly 80 primary and specialty care practices across five states. Nemours seeks to transform the health of children by adopting a holistic health model that utilizes innovative, safe, and high-quality care, while also caring for the health of the whole child beyond medicine. Nemours also powers the world's most-visited website for information on the health of children and teens, KidsHealth.org.

The Nemours Foundation, established through the legacy and philanthropy of Alfred I. duPont, provides pediatric clinical care, research, education, advocacy, and prevention programs to the children, families and communities it serves.

Decades of research demonstrate that substantially reducing disparities requires a multi-generational approach. Starting in the early years of a child's life, and even earlier with the health of the mother, provides substantive opportunities to build a foundation of strong health, education, and economic outcomes for future generations.[i] Evidence shows that factors like trauma and stress of a mother even before conception, during pregnancy, and throughout the early postnatal care period can impact the life course of her child.[ii] Other research shows how the preconception diet of a mother, her lifestyle and health behaviors, and the overall health of both parents can all have long-lasting impacts on a child's health and well-being.[iii]

After birth, early childhood and adolescence are critical times of development when one's lived experiences can have long-lasting effects on adult health and wellbeing. Evidence on adverse childhood experiences – such as domestic violence, mental illness or having an incarcerated family member – are strong indicators of poor adult health, health risk behaviors, and even chronic diseases.[iv,v] Studies show that Black and low-income individuals are far more likely to report adverse childhood experiences compared to White or higher-income individuals – partially explaining the significant adult health disparities that exist between these groups.[vi,vii]

Even without accounting for specific adverse events, poverty alone is associated with negative outcomes. Children raised in low-income households are more likely to have poorer neurocognitive outcomes, less educational attainment, and lower economic productivity in adulthood – all in turn contributing to the repeated potential for intergenerational poverty.[viii] Children who live in the most economically disadvantaged counties in America die at rates up to five times those of their peers in the same state. The same children are three times more likely to lack regular access to healthy food and are 14 times more likely to drop out of high school. In addition, teen pregnancy rates are up to 26 times higher in these counties.[ix]

If effectively implemented and designed in consultation with those they intend to serve, numerous policy approaches starting during pre-conception, continuing through childbirth, into the early years and through adolescence can substantially reduce disparities among underserved populations. Policy solutions and strategies must target cyclical and intergenerational disparities that persist – especially given that many communities have disproportionately shouldered and experienced the negative impacts of the COVID-19 pandemic.[x]

Nemours is very appreciative that the sub-committee is considering various bills to reduce disparities, promote equity and address maternal health.

Legislation focused on Medicaid and CHIP

In particular, we appreciate the consideration of legislation that leverages opportunities in Medicaid and the Children's Health Insurance Program (CHIP) to advance equity and improve health. According to data that the Centers for Medicare and Medicaid Services (CMS) released this week, of the 50 states that reported total Medicaid child and Children's Health Insurance Program (CHIP) enrollment data for January 2021, over 38.3 million children were enrolled in Medicaid and CHIP combined, representing approximately 50% of the total Medicaid and CHIP enrollment. These numbers highlight the essential role that Medicaid and CHIP play in providing coverage for millions of vulnerable children and adults.[xi]

The pandemic has laid bare the many health-related social needs of children and families. Medicaid is an important lever for coordinating care and making connections to address those needs. Nemours supports the CARING for Social Determinants of Health Act (H.R. 3894) and commends Congresswoman Lisa Blunt Rochester and Congressman Gus Bilirakis for their partnership and leadership in introducing this bill. H.R. 3894 would require the Secretary of Health and Human Services (HHS) to update guidance to state health officials regarding strategies to address social determinants of health in Medicaid and CHIP and provide a compendium of examples within two years of enactment and every three years thereafter. Notably, it would require that the updated guidance include strategies specifically targeting the pediatric population and pregnant and postpartum individuals. In doing so, this bill would ensure that as new bright spots and approaches emerge, they are disseminated to states to spread what works.

Nemours also appreciates the subcommittee's consideration of H.R. 2125, the Quit Because of COVID-19 Act, introduced by Congresswoman Blunt Rochester and Congressman Brian Fitzpatrick. This bill would expand coverage of comprehensive tobacco cessation services for individuals covered by Medicaid and CHIP. One of the many benefits of increased access to cessation services and decreased tobacco use is the potential for reduced secondhand smoke exposure in infants and children. Infants exposed to cigarette smoke, whether in utero or as secondhand smoke after birth, are at increased risk of low birth weight, sudden infant death syndrome, ADHD, asthma, and other conditions. Exposure to secondhand smoke in childhood is associated with adverse effects on lung function, respiratory illnesses such as pneumonia and bronchitis, as well as increased hospitalizations in children with asthma.[xii,xiii]

Tobacco is not an equal opportunity killer. For example, despite similar or lower smoking rates compared to other racial and ethnic groups, African Americans have the highest rates of tobacco-related cancer and are more likely to die from the disease.[xiv] Smoking remains the number one cause of preventable death in the U.S., and many communities of color have been strategically targeted by tobacco industry marketing.[xv] As a physician, I am strongly supportive of H.R. 2125 because it would increase access to and coverage for quality and evidence-based tobacco cessation services in order to help eliminate the disproportionate impacts tobacco and its deadly effects on America's communities.

Social Determinants of Health Infrastructure Investments

Policies targeting programs beyond Medicaid also have meaningful and lasting impacts. Nemours supports the Improving Social Determinants of Health Act (H.R. 379), introduced by Congresswoman Nanette Diaz Barragán, and the Social Determinants Accelerator Act (H.R. 2503), introduced by Congresswoman Cheri Bustos and Congressman Tom Cole. Both bills would invest in federal, state, local and/or organizational capacity to address the social determinants of health and contribute learnings to advance the field.

As these proposals endeavor to establish or improve SDOH infrastructure, one particular social factor of interest for children is the health of their mother. That's why Nemours also supports policies that specifically target maternal health, which is one of the earliest indicators of child health.

Maternal Health

Nemours supports the Data to Save Moms Act, H.R. 925, introduced by Congresswoman Sharice Davids, and the Social Determinants for Moms Act, H.R. 943, introduced by Congresswoman Lucy McBath. Both bills, which are included in Congresswoman Underwood's Black Maternal Health Momnibus Act (H.R. 959), focus on improving maternal health by addressing the causes of poor maternal health outcomes, including maternal mortality. We know that the health of mothers significantly impacts the lifelong health trajectory of their children. Further, according to the Centers for Disease Control and Prevention (CDC), Black women are three times more likely to die from a pregnancy related cause than white women.[xvi] H.R. 925 is critical to better understanding the various indicators and contributors to death among postpartum individuals. H.R. 943 directly addresses some of those factors by extending programs and services to postpartum individuals and their children, including child care, housing, health care access and nutrition programs. It also requires the HHS Secretary to convene a task force to develop a strategy to coordinate efforts between Federal agencies to address social determinants of maternal health with respect to pregnant and postpartum individuals.

We believe these bills are a very important step forward and appreciate the subcommittee's leadership in considering them.

Additional Opportunities: Enhanced Data-Sharing across Sectors and Value-based Payment

In addition to policies addressing needs through Medicaid and various other federal programs – such as those proposed in several bills this subcommittee is considering today – it is critical to support communities in improving data collection and exchange.

Unfortunately, our health and social services programs and systems – as well as their underlying infrastructure – function largely independently of one another, making coordination of services, data sharing, and integrated financing difficult to achieve. These challenges strain the social safety net and place unnecessary burdens on those we seek to serve. In my prior role as the Secretary of Health and Social Services in Delaware, I saw firsthand how much opportunity exists to improve critical data systems in support of public health promotion and protection. With the right information and the right technology systems, it is possible to better identify high-risk populations, reveal where disparities exist – whether by race, ethnicity, zip code or some other factor – and implement targeted interventions at both the individual and population level.

Over the past few years, CMS and HHS have taken significant steps to improve interoperability and exchange of health data. Yet, public health entities, social service organizations, and community-based organizations have not benefitted from the same level of infrastructure, coordination and investment, and often experience difficulty in sharing information with health care organizations.

The good news is that despite this, we are seeing pockets of innovation across the country through statewide or regional efforts such as North Carolina's NC360 initiative. Many of these initiatives leverage closed loop referral systems, which enhance existing health care technology, such as electronic health records and health information exchanges, by providing clinicians with the ability to make electronic referrals to community organizations and receive notifications when those referrals have been completed. These systems can help clinicians, public health and social services providers, schools and child care providers support children and families.

We are continuing to make exciting progress in Delaware, as well. At the state level, Governor John Carney's Family Services Cabinet Council (FSCC) has begun collaborating to develop the Delaware Integrated Data System (DIDS) in order to integrate data across multiple agencies that provide services to Delaware's families. The DIDS helps to link administrative data and develop predictive analytics to better prioritize program evaluation and inform resource allocation.

At the clinical level, in Nemours primary care practices in Delaware and Pennsylvania, Nemours has launched a screening tool to identify the social needs of the children and families we serve. At the same time, we are partnering with Delaware's 211 program with the potential to enhance capabilities so that that Delawareans will have a central resource for accessing health and human service organizations that can address identified needs. We are encouraged by the possibility that these partnerships could bring in the future to help us better serve children and families.

There is great potential to learn from early adopter, successful programs and support states and communities in developing their own solutions. To help catalyze and spread this needed

innovation, Nemours supports S. 509 the LINC to Address Social Needs Act. This bill, which has been introduced by Senators Dan Sullivan and Christopher Murphy, would provide states with up to $150M for public-private partnerships to develop or enhance integrated, cross-sector solutions to better coordinate health and social services.

Nemours believes that data infrastructure and data-sharing is a core building block in a high-performing health system. However, data-sharing is necessary but not sufficient to achieve the transformation we need. We must also leverage what we learn from our data to evolve our public health system, as well as our delivery and payment models. With a grant from the Robert Wood Johnson Foundation and support from the Center for Health Care Strategies, Nemours, Delaware Medicaid and Amerihealth Caritas Delaware are involved in a partnership called *Advancing Health Equity: Leading Care, Payment, and Systems* Transformation. We are examining our data and existing measures for children to determine where disparities might exist. This is emerging work, and there is a role for Congress and CMS to help facilitate, incentivize and scale these types of partnerships. We urge Congress to develop and advance legislation that would promote and incentivize pediatric value-based payment and delivery models that are centered in equity and pay for health.

Conclusion

The COVID-19 pandemic laid bare the inequities that exist across so many domains. Out of this historic challenge is an opportunity to rethink the way we deliver and pay for care, starting with pediatrics. We encourage the Subcommittee to build on the tremendous legislative work stemming from today's hearing and help to facilitate and incentivize whole child and family health models that address social determinants and advance equity so that all children have the healthy start they deserve.

Thank you for the opportunity to testify today. We appreciate your efforts and look forward to continuing to work with you on additional opportunities to advance equity and help create the healthiest generations of children.

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