



**GenerateHealth**  
Champions of Family and Community

## **Elected Official's 2019-2020 Impact Report**

### **St. Louis City and County**

#### **Abstract**

Black women are disproportionately affected by poor pregnancy and childbirth outcomes in comparison with White women. Despite efforts to address these disparities, they persist. This study examined community organizations and elected officials' views on call to actions (CTA) necessary to reduce maternal and child health disparities. These CTAs were derived from the Ferguson Report, illustrating social determinants of health for Black women and children in Saint Louis. Based on survey responses, a total of 21 out of 80 local officials will receive a report, rating whether their impact on actionable steps were low, medium, or high in reducing maternal and child health disparities in Saint Louis. Findings will be used to develop a tool, for advocacy and empowerment, but also to ensure that actionable programs with high impact are developed to reduce maternal and child health disparities in Saint Louis.

#### **Introduction**

In St. Louis, Black babies are three times more likely to die before their first birthday than White babies are (WUSTL & STL, 2014). That means for the 5 White babies per 1,000 people that we lose before their first birthday, we are losing 15 Black babies per 1,000 people (WUSTL & STL, 2014). Not only is St. Louis losing Black babies, but Black mothers are also dying three times more often than White mothers due to pregnancy complications (Engel et al., 2019). Despite efforts to address these disparities, the numbers are on the rise (Engel et al., 2019). This is not groundbreaking news. Policy makers, doctors, advocates, community health workers know that change is needed. St. Louis as a community has cried for change, and after the murder of Michael Brown in 2014, these Calls to Action (CTA) were explicitly expressed in the form of the *Forward Through Ferguson: A Path Toward Racial Equity* Report (The Ferguson Commission, 2015). Six years later, many of these CTAs have yet to be answered. The purpose of this impact report, much like the Ferguson Report, is first and foremost for the community of Black moms and babies and their allies (The Ferguson Commission, 2015). This report is to be used as a tool for the community to be able to demand transparency and accountability from the elected officials that serve the residents of St. Louis City and County (Kosack & Fung, 2014). This report should serve as a reminder of calls to actions that need to happen to uplift and advocate for the Black moms and babies of St. Louis. This is a tool for the community to see how well or how poorly the politicians they put in power are working to address disparities in maternal and child health in the St. Louis region.

#### **Methodology**

##### **Why an Impact Report?**

We wanted to create transparency among elected officials and those they represent in the hopes of increasing political accountability that would successfully induce public authorities to improve their practice and policy in a way that positive affects Black moms and babies. To accomplish this, we

determined an Impact Report the most effective. Figure 1 shows an adapted version of “the Action Cycle: How Information Becomes Useful” by Fung et al. (Fung et al., 2007). These impact reports aim to accomplish a similar goal: provide the community with information on how well their elected official is advocating for policies that benefit Black moms and babies. The community can then decide if this information is useful and important to them. If it is, the community can call, write, visit their elected official and either encourage them to keep up the good work, or demand that they do better. The elected official will hopefully listen to the concerns of the community and will in turn act in the way the community desires they should. This may look like policy reform, change of budget, more office hours, etc. If the elected official is not doing a good job or is actively harming the community of Black moms and babies, then the community can use their democratic power to create change and vote in a new elected official who will serve the community better. The best way to provide the initial information for the community is through this impact report. The initial work was done by Generate Health to collect information on these elected officials and then to organize the data and present it to the community for their use in the hopes of inspiring this Action Cycle (Fung et al., 2007).

#### Data Collection: Survey 1

We needed away to determine if elected officials were advocating for the community of Black moms and babies in the St. Louis area. We decided to base our first data collection tool, a survey, off CTAs from the Ferguson Report as well as from the Generate Health Advocacy Agenda that directly and indirectly affects Black moms and babies (Generate Health, 2020; The Ferguson Commission, 2015). It went without question that CTAs such as Expand/Extend Medicaid Eligibility would be included as 40% of births in Missouri are paid through Medicaid and individuals of color in the St. Louis region are two times more likely to be uninsured (National Center for Health, 2018; Generate Health, 2020; The Ferguson Commission, 2015). However, it was also important to include some of the less direct CTA, such as Promote Use of Public Transit and Build Healthy, Affordable Housing. Research shows that maternal and infant mortality and morbidity is influenced not only by what happens during pregnancy, but rather over a life-course of disparities (Lu & Halfon, 2003). It is therefore essential to keep in mind these less direct influencers of health, such as safe housing, as over time they play a critical role in the morbidity and mortality of mom and baby (Lu & Halfon, 2003). A survey was created with four major categories and 25 total CTAs. This survey was designed in Survey Monkey and emailed to 80 elected officials in the St. Louis region. Each elected official was asked to give themselves an impact level of 1 through 5, 1 being they had no impact on the CTA and 5 being they had a very high impact. They were also asked to explain why they gave themselves the impact level that they did. A list of the call to actions and impact levels can be found in the appendix (Table 1 and List 1).

#### Data Collection: Survey 2

Since all the data from survey one was based solely from the elected official’s point of view, we created a second survey to be sent to the partners of Generate Health to validate our findings. This survey was also created in Survey Monkey. We asked Generate Health’s partners to go through a drop-down list of the 80 elected officials in the St. Louis region, and choose the name of an official that they have had professional experience with. Once they clicked on the name, it would lead them to one of two survey set ups. If the elected official they had selected had previously filled out our Survey 1, then the partner was presented with the results in a table and simple asked do you agree or disagree with these results, and why. However, if the partner selected an elected official that had not filled out Survey 1, the partner was asked to give the elected official impact levels for as many of the CTAs that they could. This was done to collect as much data as possible on as many elected officials as we could.

### Data Collection: Survey 3

To be as transparent and inclusive as possible, the elected officials were given one last chance to provide information to us on their impact level. This was done by combining the data from the first two surveys into a preliminary report for each elected official on which data was collected. The elected official was sent a copy of their report and asked if they agreed or disagreed with the preliminary finding. If there was an issue, they were asked to explain why they felt that way and asked to provide us with new information backing up their claims.

### Impact Level

To determine each elected official's overall impact level, we developed an Impact Matrix to assign the level of impact and effort it took to meet the CTA. An Impact Matrix number (1 through 4) was assigned to each CTA based on the experience and expertise of the Generate Health's Advocacy team (Table 2). Impact Level has previously been defined as 1 – 5, with Table 1 showing the corresponding definitions for each level. A formula was then designed to combined both scores to create a combined total score for each CTA and an overall Impact score (Formula 1). Based on this formula, a Low Impact level was determined to be in the red and ranged from 0 to 67 points. A Medium Impact was deemed to be yellow and ranged from 68 to 134 points. Finally, High Impact ranged from 135 to 202 points and was green. A breakdown of all the possible points for each of the four categories of the CTAs can be seen in Tables 3 – 6.

### Report Design: Long Report

A long report was designed using the 2020 Racial Justice Presidential Candidate Scorecard as inspiration (CURE, 2020). A long report was created for every elected official with sufficient data. The beginning of this report provides context to the reader explaining the purpose and audience for this project as well as possible next steps for community. This is followed the impact level of the specific official, as well as a breakdown of their scores and a short summary of why they received the impact level that they did. All these reports can be found on the Generate Health Advocacy website.

### Report Design: Short Report

A short report was designed for each individual elected official based on the information in the long report. The short report is a one page synopsis intended for social media or other public platforms. It consists of the elected official's name, title, contact information, impact level, highlights of areas they did well in and an explanation of the report's purpose. All these reports can be found on the Generate Health Advocacy website.

### Dissemination

All the information and reports formed on the elected officials will be shared with the public via Generate Health's website. Here, both the long and short reports will live, along with an explanation of this project, a list of recommendations for moving forward, and an email template designed for community members to be able to reach out and talk to their elected officials. The reports will be downloadable and shareable to social media in the hopes that community members can help disseminate this important information.

## **Results**

Out of the 80 elected officials we sent our survey to, we received 15 responses from elected officials, a low response rate of 18.75%. Our partners were able to provide enough information for an additional six elected officials, as well as to verify eight of the responders. This gave us a total of 21 elected official reports. The partners did provide information on an additional three elected officials. However, there was not enough data to make a full report, so these officials did not receive final reports. The long and short version of the 21 full reports will be available on the Generate Health Advocacy website.

## **Discussion**

For this project to have the impact we intend, implementation and dissemination of our reports are going to be the most important piece. According to the WHO Implementation Research Toolkit, there are four essential elements of conducting meaningful implementation research.

The first is a good understanding of the intended intervention (WHO, 2020). We know that we want these reports to be used as a tool for the communities to stay informed and demand more from the elected officials when it comes to advocating and championing the health and wellbeing of Black moms and babies.

Second, a robust grasp on how the intervention is to be delivered in each health system (WHO, 2020). These reports and supporting documents will be on the Generate Health Advocacy website and will be presented at an initial launch event in which partners, advocates, and community members are invited to learn about this tool and ask questions.

The third is the identification and early and continuous engagement of crucial stakeholders, including the community itself (WHO). This point is the essence of this project. All our work is for nothing if we are not putting the community and our partners at the forefront of our efforts. Due to the state of our world during the time of this project, it wasn't possible to collect raw community input. Instead, conversations were had with stakeholders and community organizations, as proxies for the community since the inception of this project. Going forward, increased input and inclusion in this work will be key to this project's improvement. And the final element is to have a monitoring system that tracks any changes in the implementation process, checks for deviations, and documents key processes. These reports will constantly evolve as feedback from partners and the community help to improve on these reports. Generate Health's Advocacy team will continue to monitor and update the website as time goes on.

With these four essential elements in mind, this project will be a tool in which the community can make informed decisions with the information available to them. They will be able to demand change for Black moms and babies and play their own part in improving the health and wellbeing of this community.

## **Limitations**

This pilot project had two major limitations: fidelity, coverage, and time.

With such a low response rate and significant data gaps, we were unable to have as informative and extensive of a long report as we wanted. Part of that was because it is hard to find useful data on local level politicians. Another issue was because a lot of the data collected was subjective, and that made it challenging to write the type of analytical, conclusive report we had initially envisioned. This lack of data hurts the fidelity and validity of our tool.

The second limitation is coverage. If we were not currently living through a global pandemic, we would have had a launch event, where people from the community would have been invited to come and enjoy food and outdoors. However, since it is COVID-19, we are doing a Zoom Launch. This will limit our initial coverage and dissemination of the reports. Since the reports will live on a website, there will need

to be measure put in place to help advertise and direct community members to our site. This can be challenging to ensure we get enough traffic to have the impact we want.

### **Recommendations Moving Forward**

As this was a pilot project, there were several points along the way that we realized we would have done differently.

The first was feasibility. As previously mentioned, we targeted 80 elected officials for an initial timeline of two and a half months, with a core team of three people. It became evident that we did not have the human hours to get this all done in time. Moving forward, we recommend alternating the groups of elected officials. One year do these reports for senators and state representatives, the next year do it for city and county local officials. That way the number of people we are looking at is decreased, increasing feasibility.

The second was our timeline. We started this project in May and launched it in September. This was a very quick turnaround that did not leave much time for reflection or error. Moving forward, we recommend starting data collection much earlier in the year. This way there is more time to collect all the data possible.

A third recommendation is refining the data collection tool. It is a bit bulky and time consuming. Streamlining the surveys into a more straightforward and time efficient data collection tool could help increase participation rates.

As we were in the middle of the COVID-19 pandemic, there are several things we would have done differently if we could, and we would recommend trying this in the future. First off, we would have had an in person launch event, in which members of the community could have actively participated. This would help increase the reach of our pilot. Second, we would have done more in raising awareness, in person. We could have visited elected officials and collected more qualitative data on what they had to say. Similarly, we could have visited with community members and listened to their comments and concerns. We recommend this moving forward as it would help increase community engagement and ownership in creating a tool that truly belongs to them.

### **Conclusion**

In conclusion, these reports are to be used as a tool for the community to increase transparency and accountability between elected officials in the St. Louis region and the communities they represent. Black mothers and babies in St. Louis are dying at twice the rate of white mothers and babies (Generate Health, 2020). We need to do more. Read through this report and then take action. Contact your elected official and thank them for the positive work they have done. Hold them accountable for the policies they advocate for and demand they create change.

### **Generate Health's Partners**

**Affinia Healthcare**

**A Red Circle**

**Behavioral Health Network**

**EHOC**

**Hyde Park Neighborhood Association**

**Infant Loss Resources**

**Influence Church**

**Kids Win Missouri**

**Lifewise**

**Metro Transit**

**Missouri Family Health Council, Inc**

**Ready by 21 St. Louis**

**Vision for Children at Risk**

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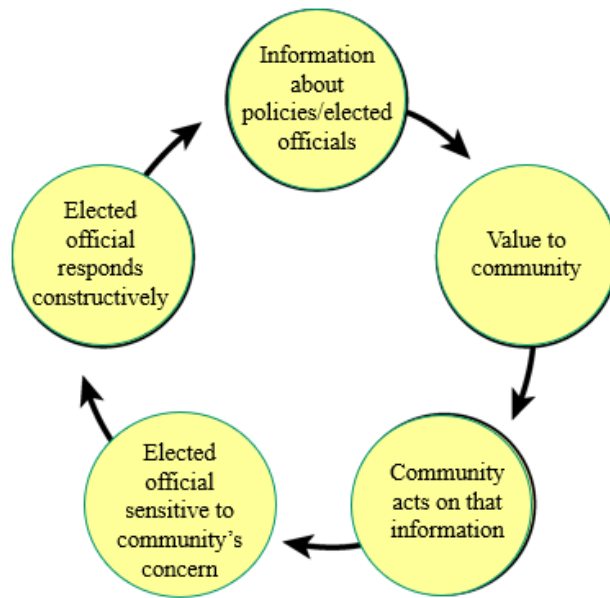
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## Appendices

**Figure 1 The “Action Cycle”: How Information Becomes Useful.** Adapted from *Full Disclosure: The Perils and Promise of Transparency* (2007), Fung et al. develop criteria for transparency policies that are successful in inducing public authorities to improve their practices (Fung et al., 2007)



**Table 1: Breakdown of Impact Level Criteria**

Impact Level	Criteria
1	No Impact- You have done nothing for this issue or have voted against policies that support advancing this issue
2	Low Impact- You sponsored a bill on this issue or voted for it away that advances the issue
3	Average Impact- You attend events related to this issue, you work with constituents and advocacy groups to address this issue, you talk about this issue occasionally on your platforms, and everything from level 2
4	Above Average Impact- You hold office hours/town halls, you sit on committees or boards of organizations that are working on addressing this issue, you utilize all your platforms to elevate this issue, and everything from level 3
5	High Impact- You are the champion of this cause. You are holding office hours/town halls, you are organizing movements and community events to advocate for this issue, you work at other levels of government, businesses, and social programs to advance this issue, and everything from level 4

**List 1: Calls to Actions from the Forward Through Ferguson Report and the Generate Health Advocacy Agenda**

**Advocacy Agenda Priority #1: Social Determinants of Health**



Promote racial equity in social determinants of health in communities by: Prioritizing community voice, driving improved transportation for Medicaid and low-income families, supporting affordable housing policy and funding, supporting paid family leave in public and private sectors, supporting efforts to protect safety net programs, monitoring efforts to eliminate food deserts, monitoring efforts for improved early childhood education and asset development

- **Raise Minimum Wage:** *Raise the minimum wage to \$15/hr.*
- **Create Universal Child Development Accounts:** *Expand the current scope of the MOST 529 Matching Grant Program so it is used as a platform for progressive universal Child Development Accounts that are: statewide and automatic (opt-out).*
- **Strengthen the Community Reinvestment Act:** *Regulators shall strengthen the Community Reinvestment Act (CRA), which was designed to help financial institutions meet the credit needs of their community.*
- **Identify Priority Transportation Projects for the St. Louis Region:** *Identify agreed upon priority transportation project(s) for the St. Louis region (e.g., extending MetroLink on the proposed North-South corridor, implementing Bus Rapid Transit) in order to elevate the importance of key projects for the region and make tangible the need and potential benefits of transit.*
- **Promote Use of Public transit:** *Incentivize residents of St. Louis City and County to try transit.*
- **Build Healthy, Affordable Housing:** *Support the Missouri Housing Development Commission's 2015-16 Qualified Allocation Plan (QAP) as it references unit sizes, investment of LIHTC, and workforce housing.*
- **Improve Use of LIHTC (Low Income Housing Tax Credit) Funds (Pg 59):** *The national Low-Income Housing Tax Credits (LIHTC) program is the nation's largest rental housing production program (Freedman & McGavock, 2015).*
- **Use Federal Funds in Strategic Maximally Impactful Ways:** *St. Louis County shall partner with the Department of Housing and Urban Development (HUD) to develop an approach that directs Community Development Block Grants (CDBGs) to be more impactful.*
- **Expand the Statewide Housing Trust Fund:** *Expand the statewide Missouri Housing Trust Fund (HTF) program. This could be done by doubling the current real estate transaction filing fee (from \$3 to \$6) in order to provide additional and effective funding to house working families in the region.*
- **Prioritize Transit-Oriented Development:** *Prioritize mixed-use mixed-income right-sized development near rail transit through changes in zoning, financial incentives for developers, and transit benefits for residents of developments. Prioritize developments for the underserved in the North and South St. Louis region.*
- **Support Early Childhood education:** *Ensure sufficient early childhood development and education programs to meet the demand and align all efforts around a high-quality model that produces measurable child outcomes.*
- **End Hunger for Children and Families:** *Create policies and procedures that are client-centric. (i.e. Individuals employed in shift work jobs cannot easily answer telephone calls. Failure to answer call forces individual to go to the "back of the line").*

## **Advocacy Agenda Priority #2: Racial Equity in Maternal Health and Mortality**

Promote racial equity in maternal health and decrease maternal mortality by: Prioritizing community voice, driving racial equity, trauma awareness, and healing resource training for providers and community, driving issue awareness of disparities in maternal health, supporting community health workers, birth workers, home visitation programs, etc., supporting policies that prevent harmful practices, supporting policies that improve access to reproductive and behavioral health care

- **Improve access to affordable and equitable women’s healthcare before, during, between, and after pregnancies:** *Work to break down barriers to accessing reproductive care, ongoing preventative care, and health screenings that addresses racism in our healthcare system. Prioritize Black families in policies, programs, and funding that address health.*
- **Disaggregate Data:** *Require data coming from public institutions to be disaggregated by race, gender, and ethnicity when reporting regional, local, public statistics to identify trends in disparities.*
- **Broadly Apply a Racial Equity Framework:** *Intentionally apply a racial equity framework to existing and new regional policies, initiatives, programs and projects in order to address and eliminate existing disparities for racial and ethnic populations. The following focus questions to be included at a minimum:*
  - *Who does this recommendation benefit?*
  - *Does this recommendation differentially impact racial and ethnic groups?*
  - *What is missing from the recommendation that will decrease or eliminate racial disparities?*
- **Support and promote Anti-bias training for health care workers, including social interaction training and implicit bias and cultural responsiveness training:** *Create anti-bias training protocols by applying new learning approaches to understand bias and its influence on community service. These includes lessons to improve social interaction as well as tactical skills. Topics shall include critical thinking, social intelligence, implicit bias, fair and impartial care, historical trauma, and other topics that address capacity to build trust and legitimacy in diverse communities.*
- **Promote trauma-informed services through home visiting, community health workers, doulas, etc.:** *Support funding, programming, and policies for home visiting programs, use of community health workers in a variety of health and service agencies, and doulas as part of the health team for Black pregnant and postpartum people.*
- **Promoting Paid Family Leave:** *Promote and support Paid Family Leave policies that elevate the needs of Black families in our region to support their needs when a child comes into their home, or when a need to care for a family member arises.*
- **Promoting Reproductive Justice:** *Promote and support access to birth control, information about reproductive care, and unbiased accessible reproductive care.*

### **Advocacy Agenda Priority #3: Racial Equity in Infant Health and Mortality**

Promote racial equity in infant health and decrease infant mortality by: Prioritizing community voice, driving racial equity, trauma awareness and healing resource training for providers and community, driving safe sleep practices and infrastructure capacity, supporting community health workers, home visitation programs, birth workers, etc.

- **Promote safe sleep practices and infrastructure capacity:** *Work to provide safe sleep information and training for all caretakers. Work to remove all unsafe sleep products from the*

market. Understand other issues, such as housing and violence, impact safe sleep and work to address those issues.

- **Promote home visitation and community health workers:** Promote funding, programs, and policies that include home visiting as a best practice for community health and Community Health Workers as experts to administer those programs and services.

**Advocacy Agenda Priority #4: Equitable Healthcare**

Promote access to expanded, prompt, equitable healthcare by: By: Prioritizing community voice, supporting Medicaid expansion efforts, supporting work in restoring lost coverage

- **Expand/Extend Medicaid Eligibility:** Expand eligibility for Medicaid to 138% of the federal poverty level (or an annual income of \$32,913 for a family of four) so that Missouri can take full advantage of federal funds available to meet the health needs of Missourians.
- **Increase Health Insurance Coverage and Access:** Increase insurance coverage and access for everyone:
  - Enroll more people in the Affordable Care Act marketplace
  - Ensure the Children’s Health Insurance Program (CHIP) is reauthorized so school-based health centers can use this as one source of funding care.
  - To ease enrollment into CHIP, implement “presumptive eligibility” into the school-based health center settings for all children on free and reduced lunch.
 Extend postpartum coverage to 1 year after birth.
- **Provide Gap Coverage:** Until Medicaid is expanded, preserve and enhance funding for outpatient care and medications for individuals in the coverage gap (e.g. Gateway to Better Health Demonstration Project)
- **Break Down Barriers to Care:** unnecessary and burdensome enrollment requirements

**Table 2: Impact Matrix – Number assigned to effort/impact combination**

	Low Effort	High Effort
Low Impact	1	2
High Impact	3	4

**Formula 1: Formula for determining Impact Level Cutoffs.**

**Impact score (1 – 5) + Impact Matrix Level (1 to 4) = Cumulative Total**

<b>Low = 0 to 67</b>	<b>Medium = 68 to 134</b>	<b>High = 135 to 202</b>
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**Tables 3 – 6: A breakdown of point assignment for each of the four categories.**

**Table 3:**

**I. Social Determinants of Health**

**Low = 0 to 31****Medium = 32 to 63****High = 64 to 94**

Policy	Averaged Impact (out of 5)	Importance on Impact Matrix (out of 4)	Total Possible
Raising Minimum Wage	5	2	7
Creating Universal Child Development Accounts	5	2	7
Strengthening the Community Reinvestment Act	5	2	7
Identifying Priority Transportation Projects for the St. Louis Region	5	2	7
Promoting Use of Public Transit	5	2	7
Building Healthy, Affordable Housing	5	4	9
Improving Use of Low Income Housing Tax Credit (LIHTC) Funds	5	3	8
Using Federal Funds in Strategic Maximally Impactful Ways	5	3	8
Expanding the Statewide Housing Trust Fund (HTF)	5	4	9
Prioritizing Transit-Oriented Development	5	2	7
Supporting Early Childhood Education	5	4	9
Ending Hunger for Children and Families	5	4	9
<b>Total Possible:</b>			<b>=94</b>

**Table 4:****II. Racial Equity in Maternal Health & Mortality****Low = 0 to 19****Medium = 20 to 40****High = 41 to 59**

Policy	Averaged Impact (out of 5)	Importance on Impact Matrix (out of 4)	Total Possible
Improving Access to Affordable and Equitable Women's Healthcare Before, During, Between and After All Pregnancies	5	4	<b>9</b>
Disaggregating Data	5	2.5	<b>7.5</b>
Applying a Racial Equity Framework	5	4	<b>9</b>
Implementing Anti-Bias Trainings	5	4	<b>9</b>

Promoting Trauma-Informed Services Through Support Services	5	4	<b>9</b>
Promoting Paid Family Leave	5	1.5	<b>6.5</b>
Promoting Reproductive Justice	5	4	<b>9</b>
			<b>=59</b>

**Table 5:**

### III. Racial Equity in Infant Health & Mortality

<b>Low = 0 to 5</b>	<b>Medium = 6 to 10</b>	<b>High = 11 to 15</b>
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Policy	Averaged Impact (out of 5)	Importance on Impact Matrix (out of 4)	Total Possible
Promoting Safe Sleep Practices and Infrastructure Capacity	5	1	<b>6</b>
Promoting Home Visitation and Community Health Workers	5	4	<b>9</b>
			<b>= 15</b>

**Table 6:**

### IV. Equitable Health Care

<b>Low = 0 to 11</b>	<b>Medium = 12 to 23</b>	<b>High = 24 to 34</b>
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Policy	Averaged Impact (out of 5)	Importance on Impact Matrix (out of 4)	Total Possible
Expanding/Extending Medicaid Eligibility	5	4	<b>9</b>
Increasing Health Insurance Coverage and Access	5	4	<b>9</b>
Providing Gap Coverage	5	2	<b>7</b>
Breaking Down Barriers to Care	5	4	<b>9</b>
			<b>=34</b>