



**Testimony to the Joint Legislative Budget Committee
Health/Medicaid
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Maternity and Early Childhood Foundation

The Maternity and Early Childhood Foundation thanks the chairs and members of the respective committees for the opportunity to present testimony. MECF is a 39-year-old statewide nonprofit organization that partners with community-based maternal child health programs by offering funding and resource support, capacity building training, and advocacy.

We are writing to you today on behalf of some of New York's most vulnerable citizens—**babies**. *Babies do not wait for pandemics to pass or for budgets to be approved...to arrive. They come when they are ready.* Every child deserves a strong start in life. The foundation we provide shapes their future and the future of our communities. We have to get it right and are asking for your commitment to do that.

We are grateful to see that Governor Hochul's 2022-23 Executive Budget includes a reinstatement of MECF's funding to our 2019-20 level of \$227,000. While this commitment is vital and appreciated, it is far from the amount needed to adequately address the dire needs. At the community level, over a decade of cuts have eroded much-needed funding to programs that directly serve families. That means the support MECF has been able to offer in prior years—up to \$38,000 per year—has *fallen dramatically*. Last year, MECF was eliminated from the Executive Budget while payments from NYSDOH were stalled. Funding dropped to an unacceptable low of around \$3,500 per program and left them no choice but to cut staff and services. Despite being able to award \$18,000 per program in July 2021, the harsh reality is that community programs are facing unprecedented needs as the impacts of the pandemic and that critical interruption in funding continue to compound. The continuing challenges facing New York families as we enter 2022 cannot be overstated.

New York children and families deserve an investment that addresses the urgency, diversity, and impact of their needs. It is widely recognized that the earliest years of a child's life are extremely important for health, development, and learning. A strong early start is a major predictor of future success and is particularly important to mitigate disparities in health, education, and other long-term outcomes. **to ensure young parents and their infants receive timely, vital services we respectfully ask for a total appropriation of \$1,000,000 for the Maternity and Early Childhood Foundation.**

INVESTING IN SUSTAINABLE SOLUTIONS

New York State, [home to 126 billionaires](#) and with a [per capita personal income of \\$53,700](#), is the third richest state in America. Yet, [New York ranks 30th](#) in the nation in maternal mortality rates. We know that early prenatal care helps reduce risks for mothers and babies, including risks like low birth weights, preterm births, and infant mortality. About 24% of pregnant women in New York did not receive early (1st trimester) prenatal care in 2016 ([latest data available](#)). For women under 20, that figure increased to 36.5%; for Black women, 30.6%. Under-resourced



BIPOC communities endure higher rates of maternal and infant mortalities. In New York State, black mothers are four times more likely to die during childbirth than white mothers; their babies are twice as likely to die during infancy as white babies. *New York State has the wealth and resources to ensure healthy outcomes for every birthing person and baby.*

We must address and eliminate the health disparities present in our state with a whole-hearted investment in all New York communities. We have an urgent responsibility and opportunity to address the structural factors leading to birth inequities. Healthier pregnancies, labors, and postpartum recoveries not only benefit birthing individuals, but also result in healthier children and families. Focusing preventative resources on those who need it most could have positive implications for entire communities for generations to come. This means universal access to quality, timely, and culturally relevant perinatal care.

Effective practice models, such as doula/midwifery care and breastfeeding support, offer sustainable solutions. Birth outcomes are greatly improved, and by association, birth outcome disparities are greatly diminished, by the attendance of a culturally sensitive and compassionate doula or midwife who serves birthing families in her community. New York must commit to building a system that provides wrap-around services to families and includes screenings and resources for social determinants of health, family protective and risk factors, maternal depression, and family's basic needs. These are investments that will not only save money but will save lives.

When expectant parents and caregivers have the resources and support that they need, their whole families are more likely to thrive. MECF-funded staff, including caseworkers, parent educators and social workers, bridge gaps and provide effective prevention services across the state in maternal and infant health. Our program outcomes indicate success: 93% of women served in MECF funded programs secured appropriate early prenatal care vs. 76% statewide. 93% of women secured continuous prenatal care throughout pregnancy vs. 75% statewide. 94% of infants received continuous healthcare during their first year. 91% of parents demonstrated an increase in knowledge and skills in infant care, development, and parent-child bonding. MECF programs deliver services that not only improve outcomes but improve the quality of experience for expectant and new parents and babies, as well as reducing the cost of care. These statistics are not just numbers—they represent families across our state, residents in your districts. Each statistic represents a person who deserves a chance to be healthy and have a chance to not just survive, but to thrive.

PROVIDING LIFELINES TO COMMUNITIES

The historic public health crisis of COVID-19 has amplified the longstanding inequities that MECF programs aim to address. Staff have adapted service models to meet emergency needs such as food insecurity, loss of daycare slots, or the inability to do in-person home visits. The list goes on and on. [The 2019-20 National Survey of Children's Health](#) found that almost 20% of New York children ages 0-5 had experienced at least one adverse childhood experience (ACE). These include poverty or economic hardship, violence or abuse, food insecurity, neglect, or separation from family. The current pandemic is an ongoing traumatic event for everyone, but particularly for those who are already suffering from ACEs. The toxic stress associated with these experiences can seriously hinder brain development and create lasting barriers for the

child. ACEs can impair a person’s ability to respond to stress and can make it more difficult to establish and maintain relationships. Children with one or more ACEs are more likely to demonstrate behavior issues, aggression, depression, or anxiety, and suffer long-term health problems. Safe, stable and nurturing relationships and environments help mitigate the consequences of ACEs for individuals at all stages of life.

One of the most important and often overlooked indicators of successful birth outcomes stems from the relationships birthing families have with their human services workers. Our programs have been embedded in their communities – some, for decades – offering established, reliable sources of trust and support to the families they serve. Program staff in these community organizations are resourceful, creative, and effective in how they manage the complex needs of their clients. There is a greater chance for sustainable change when there is trust between staff and clients. And for those who have been living in trauma, trust is not easily built and breaking it can unravel years’ worth of progress. Steady funding means strong retention of staff and successful outcomes for moms and babies. Steady funding means communities are transformed through consistent, strategic work.

For many families served by MECF-supported programs (19 programs located across New York State), caseworkers act as a lifeline to other needed services—services that address the social determinants of health (SDoH). Economically, it makes sense for SDoH to be addressed from an early age, through comprehensive maternal child health programming.

MECF programs provide parent education and counseling in individual and/or group settings – like schools or community centers. They are trusted reliable resources on topics such as breastfeeding, healthy child development, positive parenting, and parent-child bonding. They offer crisis intervention and emergency supplies. Often, and especially in some of our rural communities, transportation is a major barrier to achieving healthy outcomes and staff end up needing to transport clients.

One of our grantees shared this all-too-common story: *There are high rates of zero-car households. Pregnant and parenting youth may not have a parent or trusted adult available to drive them to health-related services, including medical appointments, pharmacies, and WIC, or to access community services, such as DSS. There are limited bus routes available in rural areas and bus stops may not be in the youth’s neighborhood or the winter weather may make walking dangerous. If buses are within reasonable reach, staff will teach youth how to read bus schedules. There is sometimes not a limited run bus route for up to 14 miles. Some clients report needing to spend all day on public transport to attend a 30–60-minute appointment. One pregnant woman had to drive 2 hours each way to access appropriate medical care. **These are the types of barriers that can determine whether a new parent will be able to deliver a healthy baby and also provide it with a strong chance of thriving. Without the staff support from MECF programs, their chances are greatly diminished.***

Caseworkers may also provide assistance with healthcare coverage and scheduling medical appointments. Many caseworkers help new parents work toward personal education and employment goals, so that parents are better positioned to provide safe, stable home environments for their children. Most importantly, caseworkers connect families to other needed services like WIC, foster care or adoption counseling, nutrition education, mental health care, medical care, childcare, lead testing, legal services, doula services, housing and so much more.

MECF programs utilize home visiting as an effective tool in strengthening new families. Maternal, infant, and early childhood home visiting programs are available to fewer than 5 to 11 percent of families with young children in New York State and are entirely unavailable in some areas. Maternal and child health encompasses a myriad of issues, many of which are infrastructure related. We need our policy makers to understand how maternal and child health is connected to the overall health of a community and then to make an impactful investment in creating solutions that result in positive birth outcomes and communities that thrive.

Sadly, MECF programs providing these services are under-resourced and overwhelmed—a condition that predates the pandemic. Even before March 2020, a lack of resources, funding, and staff resulted in families (including pregnant teenagers) being placed on wait lists. Pregnancy and early childhood are time sensitive, and pregnant women and young children do not belong on wait lists. Every missed doctor's visit and opportunity to develop healthy habits and access the resources needed to deliver a healthy baby...result in higher risk for the mother and child. On top of this, all programs have reported issues related to staff burnout and the impact their clients' trauma has on them (vicarious trauma). Many are facing difficulty hiring and retaining staff to effectively serve their communities.

BUILDING COMMUNITY CAPACITY ACROSS NYS

MECF's partnership with these organizations is built on recognizing the value of their role in those communities. We are able to offer these community-based organizations a critical intermediary role, providing funding and resources that many would not have access to, due to the administrative burden involved. Just last week, we coordinated a partnership project between a small community-based organization and nursing students in order to apply for a private grant that would allow for increased staffing. Direct service providers often do not have the bandwidth to identify, apply for, and then manage grants; but with MECF assistance, funds can be secured to launch much-needed programming. MECF is focused on building and supporting systems that improve maternal and early childhood health, promote health equity, and prioritize prevention through a shared resource approach. This approach works.

Through MECF's Peer Sharing Network and Training Series, we aim to strengthen workforce capacities in the community-based programs through training, resource development, and a vibrant learning cohort comprised of programs from across the state. By giving staff an opportunity to share best practices, challenges and to participate in strategic creative problem-solving...we can strengthen the overall maternal and child health program network and help inform statewide policy and program development. This is particularly important in rural communities, where attracting and retaining professional staff is more challenging. An increase in MECF funding will translate into increases in staffing and overall community workforce development in the maternal child health field.



THE TIME IS NOW

During the first three years of life, the brains and bodies of infants and toddlers make huge gains in development. Babies' brains develop faster from birth to age three than at any later point, and their early experiences—both positive and negative—build the foundation for brain and body architecture that will support their ability to learn and their overall social, emotional, and physical health. And a healthy baby starts with a healthy pregnant person. These years should be when families and society concentrate on the provision of resources, but instead, it is when public investments fall painfully short. New York State is failing when it comes to maternal health. We must do better. It's crucial to fund prevention services and systems that lead to positive birth outcomes and strong families. MECF programs are equipped to offer this scope of services and are heavily relied upon to do so. Babies only get one chance at a strong start. Let's not let them down.

We respectfully request your consideration to include \$1,000,000 in funding for the Maternity and Early Childhood Foundation in the 2022-23 Budget in order to continue essential, health-building services to young families in New York communities. Thank you for your leadership and for your commitment to New York. We appreciate the opportunity to present testimony and look forward to continuing to work with you to build a strong New York.

