

Women, Gender, & Maternal Health Priority Topics in Medicaid

Results from National Survey and Focus Group

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April 2023

Issue Brief | Institute for Medicaid Innovation

There is growing political interest in preserving, restoring, and extending Medicaid coverage for services and supports for women, gender, and maternal health. As federal and state policymakers consider opportunities to improve outcomes, they have been exploring a myriad of options, including community-based models of care, such as use of doulas and midwives, extension of postpartum care to 12-months of coverage, and access to sexual and reproductive health services. As policies are adopted and payment models are created, the Medicaid program will serve an important role in the implementation of these innovative models and changes including the evaluation of health outcomes and assessing the economic impact and sustainability. Although there are varied efforts underway in almost every state across the United States, a national strategic agenda in women, gender, and maternal health in Medicaid that links all stakeholders together has not been established. The lack of coordination creates inefficiencies in accomplishing shared goals. In response, the Institute for Medicaid Innovation (IMI) is partnering with the Aspen Institute to host a Medicaid policy summit in the fall of 2023. To inform the focus of the summit, a national survey was deployed and a focus group was convened to ascertain the priority topics as identified by key stakeholders in Medicaid: federal and state policymakers, Medicaid health plans, national and state leaders, and most importantly, individuals with lived experience. The results of the investigative work are outlined in this issue brief.

In February 2023, the Institute for Medicaid Innovation fielded an online, national survey using convenience sampling to four primary stakeholders: federal policymakers, state policymakers, Medicaid health plans, and national, state, and local leaders in women, gender, and maternal health who have an existing relationship with IMI as volunteers, partners, collaborators, consultants, key informants, and subject matter experts.

Priorities Identified by Medicaid Stakeholders

The brief five-minute survey asked individuals to identify, from their perspective, the most important topics in women, gender, and maternal health in relation to the Medicaid program and those who are served by the program. Respondents could select from 15 pre-identified topics and/or write-in new topics that were not reflected in the list. Additionally, they were asked to identify (write-in), from their perspective, the Medicaid policy issues and implementation challenges associated with each of their selected topics.

Table 1. Priority Topics (Ranked) in Women, Gender, & Maternal Health by Medicaid Stakeholder Group

| Rank Order | Federal Policymakers | State Policymakers (50 states + D.C.) | Medicaid Health Plans (40 states + D.C.) | Women, Gender, & Maternal Health Leaders* |
|------------|---|---|---|---|
| 1 | Maternal Mental Health | Maternal Mental Health | Maternal Mental Health | Maternal Mental Health |
| 2 | Midwifery-Led Models | Doulas + Perinatal Community Health Workers | Doulas + Perinatal Community Health Workers | Sexual and Reproductive Health |
| 3 | Substance Use Disorder | Sexual and Reproductive Health | Sexual and Reproductive Health | Doulas + Perinatal Community Health Workers |
| 4 | Doulas + Perinatal Community Health Workers | Prenatal to 3 | Prenatal to 3 | Maternal Health |
| 5 | Chronic Conditions | Substance Use Disorder | Substance Use Disorder | Substance Use Disorder |
| 6 | Sexual and Reproductive Health | Chronic Conditions | Maternal Health | Women & Gender Primary Care |
| 7 | Maternal Health | Women & Gender Primary Care | Women & Gender Primary Care | Midwifery-Led Models |
| 8 | Long-Term Care and Wellness | Midwifery-Led Models | Midwifery-Led Models | Prenatal to 3 |

Source: Institute for Medicaid Innovation. (2023). *Women, Gender, and Maternal Health Priority Topics in Medicaid: Results from National Survey and Focus Groups*. Washington, D.C.

*Refers to individuals and organizations with expertise in women, gender, and maternal health as it relates to Medicaid policy. They represent many sectors including research, clinical practice, trade associations, advocacy, and community-based organizations.

After the survey results were tabulated, we convened a meeting in February 2023 with a subset of respondents to review and discuss the findings. Through the discussion, they affirmed some findings while noting some surprising and missing information. Most notably, they identified an absence of topics focused on equity and social determinants of health.

Priorities Identified by Individuals with Lived Experience

Using a convenience sample of subject matter experts with an existing relationship to IMI and lived experience with the Medicaid program (i.e., individuals enrolled in Medicaid and/or community-based workers), we sent an email in February 2023 asking them to list the top health topics impacting their family, friends, and community. A 90-minute focus group was conducted in March 2023 to review and discuss the findings. Through the discussion they noted affirming, surprising, and missing information including contextual information for each topic. Table 2 provides topics (unranked) and information gleaned from the focus group.

Table 2. Priority Topics (Unranked) as Identified by Individuals with Medicaid Coverage & Community-Based Workers

| Priority Topics (Unranked) | Contextual Information & Notable Comments |
|--|---|
| Chronic Conditions | The following conditions were identified as the most important: diabetes, heart disease, asthma, COPD, HIV/AIDS, migraine, general pain, endometriosis, urinary incontinence, depression, and anxiety. There was an emphasis on having multiple chronic conditions, not just one. |
| Sexual and Reproductive Justice | Emphasis on “justice” instead of using the term “health.” “Why does everyone want to control our bodies but won’t pay for what we need?” |
| Violence | The following forms of violence were identified as the most important: interpersonal violence, gun violence, and police brutality |
| Caregiver Role | This was specified as the physical, emotional, and financial burden of being a caregiver for children, adult kids, and older adults including parents, spouse, and partners. |
| Housing | It was noted that there was a need for safe, stable, and clean housing to promote health and wellness. |
| Substance Use Disorder | “Everyone knows someone with alcoholism or drug use. Everyone. It is everywhere and no one is getting the help they need.” |
| Criminal Justice System to Address Unmet Behavioral/ Mental Health Needs | This was described as the criminal justice system being used as a solution for unmet behavioral and mental health needs. “Why do they keep on locking up our babies when what they need are health care services? Going to jail won’t help them.” |
| Delayed Care | “Working to pay for food and the bills to stay in our home comes first before seeing the doctor.” “Every time we go to the doctor, we leave with more problems than when we arrived. Those problems cost time and money.” |
| Community-Based Maternal Health | “We want to have celebrations for healthy mamas and babies, not funerals.” “If it wasn’t for my doula advocating for me, I would be dead. I know it. I believe it. She saved my life. It was expensive to have her but I’m alive so it was worth it. She told me that next time I need to have a doula and a midwife.” |

Source: Institute for Medicaid Innovation. (2023). *Women, Gender, and Maternal Health Priority Topics in Medicaid: Results from National Survey and Focus Groups*. Washington, D.C.

Before concluding the focus group, we shared the results from the survey fielded to women, gender, and maternal health stakeholders, including their acknowledgement that equity and social determinants of health were missing from the list of topics.

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The reactions from individuals with lived experience when reviewing the stakeholder priority list can be summarized as:

- A sense of pride that a few of the items on their list were the same as others who are in positions of power. Many expressed hope that their voice is being heard.
- Recognition of the close alignment between the different stakeholder groups and the lack of alignment with their list. Most felt that the stakeholder group list represents individual or organizational priorities and interests and does not accurately reflect the actual lived experience of individuals, families, and community members who experience these issues on a daily basis.
- A strong dislike for the term, “social determinants of health,” noting that it is jargon, focuses too much on the negative, and is not specific. One individual summed up the conversation by stating, “if you want to talk about housing, talk about housing and not some term made up by people who don’t live it every day. Stop hiding behind the jargon.”
- Reflection on the comment from other stakeholders that there was an absence of equity on their list of priority topics. They responded with concern, noting that focusing on equity centers the topic on whiteness and white supremacy. Closing equity gaps is another way of stating that there is a goal of achieving a standard that is associated with individuals who are white. Instead, they felt strongly that focusing on justice was a better approach. As an example, they included justice in one of their topics, sexual and reproductive justice. Not “health” and not “equity.” Justice.

There was not enough time during the focus group to complete a process of ranking the priority topics.

Policy Issues and Implementation Challenges

The survey requested the identification of policy issues (state and federal) and implementation challenges for each of the priority topics. The summary of examples is provided on the following page. Individuals with lived experience were not asked to provide a list of policy issues or implementation challenges.

Table 3. Examples of Medicaid Policy Issues and Implementation Challenges for Top 9 Priority Topics

| Priority Topic | Medicaid Policy Issue | Medicaid Implementation Challenges |
|---|--|---|
| Maternal Mental Health | Lack of physical and behavioral health integration. | Limited workforce and lack of adoption of collaborative care model. |
| Sexual and Reproductive Health | Limited access to the full spectrum of contraception and abortion care. | Intentional marginalization and politicalization of essential health care services. |
| Doulas and Perinatal Community Health Workers | Low reimbursement rates, lack of standardization in certification/credentialing. | Contracting, billing, and payment. |
| Substance Use Disorder | Lack of coverage for evidence-based services. | Lack of accessible transportation. |
| Prenatal to 3 | Continuous enrollment for one year. | Multisystem coordination and collaboration. |
| Women and Gender Primary Care | Network adequacy and coverage limited to pregnancy or severely disabled. | Fragmented model of care across lifespan. Limited culturally congruent care options. |
| Chronic Conditions | Coverage policies do not support continuous access to health care services. | Electronic health record systems differ across providers. |
| Midwifery-Led Models | Low reimbursement rates, certificate of need constraints, perverse payment incentives. | Contracting and global payment. |
| Long-Term Care and Wellness | Continuous coverage and continuity of care. Reimbursement for home care, virtual care and disability designations for less understood or rare conditions (e.g., long COVID). | Low political will. Expectations for all conditions to meet the same criteria for coverage. |

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Looking Ahead: Prioritizing Women, Gender, and Maternal Health

The process of identifying priority topics in women, gender, and maternal health revealed strong consensus among the key Medicaid stakeholder groups, including state policymakers, health plans, and national experts. Maternal mental health, sexual and reproductive health, and doulas and perinatal community health workers were the top three topics. Federal policymakers gravitated towards other topics, although they were aligned with other stakeholders in selecting maternal mental health as the top priority. In contrast, individuals with lived experience with the Medicaid program presented a more holistic view of priorities by not focusing exclusively on health, but rather expanding into other topics such as violence, housing, and the criminal justice system. They also noted justice, not equity, as the driving factor for change. These findings will be used to inform the upcoming Medicaid policy summit led by IMI in partnership with the Aspen Institute.