

## Advancing Evidence-based Decision-making for Perinatal Health Equity

The purpose of this document is to provide a synthesis of the priority areas co-developed by stakeholders, the Colorado Lab, and CDPHE for the *Use of Research Evidence in Perinatal Policymaking* study.

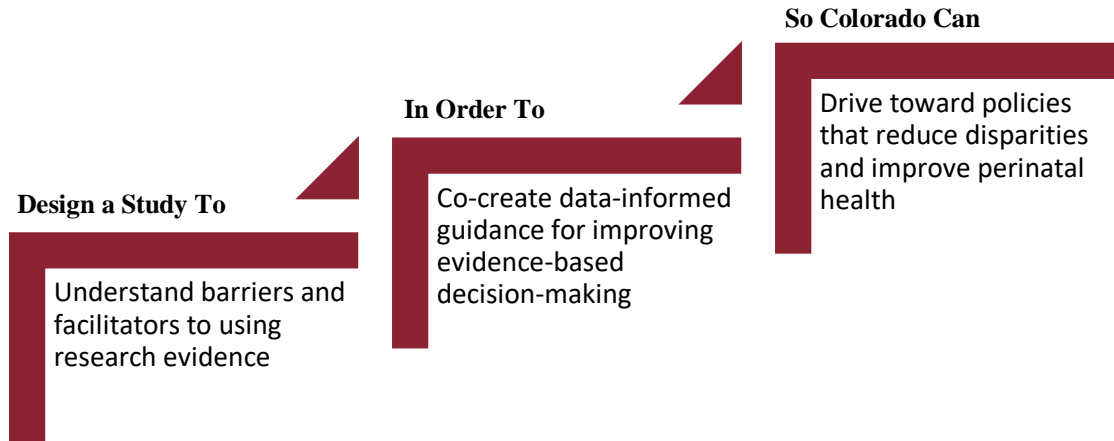
### Background – Where did this study come from?

In 2021, [Senate Bill 21-194](#) was passed as part of the Birth Equity Bill Package to protect human rights, improve well-being outcomes, and decrease health disparities during the perinatal period. SB21-194 (Maternal Health Providers) includes a requirement to study the use of research evidence in policies related to the perinatal period. The Colorado Department of Public Health and Environment (CDPHE) has partnered with the Colorado Evaluation and Action Lab (Colorado Lab) to fulfill this requirement.

*“There is an appetite for using data to highlight poor outcomes and inequities, and use this data to make changes.”* - Study Participant

### The End Goal – What are we trying to achieve?

This study is rooted in how policies shape the lives of pregnant and parenting people – and how use of evidence during policy decision-making can help—or hurt—outcomes for childbearing families.



### The Approach – How are we going to get there?

This project embeds stakeholder voice at every step of the process, from creating a study focus to developing guidance. To start, we talked with cross-system leaders and families to understand what they saw as the top issues impacting perinatal health outcomes and disparities for Colorado families, what policies are positively or negatively impacting these issues, and what leverage points exist to improve evidence use during policy discussions and decisions.

16 Narratives Informed Study Priorities



## Study Priority Areas – What are we focusing on?

We combined major themes from across stakeholder narratives with findings from a literature review on perinatal health outcomes and disparities, best practices for improving evidence-based decision-making in policy, and ideas from partnership meetings with CDPHE. In making decisions about study priorities, we aimed to maximize impact, actionability, scalability, and depth so that study findings could be used in both short-term and long-term ways in Colorado.

*“Legislation is key to making systemic change.” - Study Participant*

Here is where we landed.

Study Priority	Key Policy Players	Policy Area / Select Policies	Issue Details	Actionable Opportunities
Increase access to health care coverage, including community-based health providers, to decrease disparities	Department of Insurance  Health Care Policy and Finance  General Assembly	<b>Health Care Coverage</b>  <u>Select Policies</u> SB21-194 (Maternal Health Providers)  HB21-1232 (Standardized Health Benefit Plan Colorado Option)	<b>Exclusion of community-based maternity providers</b> as covered entities or low reimbursement rates, which limits access to patient choice and culturally congruent care.  <b>Insurance access gap for families not eligible for Medicaid</b> , but also without resources to pay for adequate private insurance (i.e., families between “poverty” and “low income”).	<u>Prioritized</u> Colorado Option (benefit design and network standards)  <u>Intersecting Opportunity</u> Maternity-Bundled Payment (value-based payments)
Accelerate mechanisms to improve transparency in health outcomes and use data to promote accountability	CDPHE  Department of Regulatory Agencies  General Assembly	<b>Racism in Medical Practice</b>  <u>Select Policies</u> SB21-193 (Protection of Pregnant People in the Perinatal Period)  HB19-1122 (Maternal Mortality Review Committee)	<b>Provider bias during care that leads to mistreatment</b> and not trusting the patient, which can contribute to maternal and infant morbidity and mortality.  <b>Lack of provider and institutional accountability</b> to non-evidenced-based care, poor care, and mistreatment during care.	<u>Prioritized</u> Colorado Civil Rights Commission reporting mechanism for mistreatment  <u>Intersecting Opportunity</u> Stimulus funds for workforce development
Explore models for integrated perinatal behavioral health care to improve holistic health outcomes	Behavioral Health Administration  General Assembly	<b>Integrated Behavioral Health and Maternity Care</b>  <u>Select Policies</u> HB22-1278 (Behavioral Health Administration)  HB22-1302 (Health-care Practice Transformation)	<b>Barriers to coordinated care</b> , including closed loop communication systems and data sharing challenges, which reduces effective wraparound support for childbearing families experiencing substance use and/or mental health issues.	<u>Prioritized</u> IMPACT (Improve Perinatal Access, Coordination & Treatment) Behavioral Health program  <u>Intersecting Opportunities</u> Maternal Opioid Misuse Model Grant  “SIM 2.0” – HB22-1302

## On the Horizon – What’s Next?

The study is actively underway. We will be reaching out to system, community, and family stakeholders to participate in different activities throughout the coming months. In Spring 2023, we expect to hold a facilitated stakeholder gathering to reflect on study findings and co-create guidance that helps Colorado decision-makers improve use of research evidence during policymaking – in shared commitment to promoting equitable achievement of perinatal well-being for Coloradans.

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