

Maternal Health in the U.S.: Opportunities for Physician Associates to Lead Improvement

Association of Physician Associates in Obstetrics and Gynecology (APAOG)

2023 Annual Conference

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US Department of Health and Human Services



OASH

Office of the
Assistant Secretary
for Health

Financial Disclosure

I have no conflicts to disclose.

Office of the Assistant Secretary for Health (OASH)

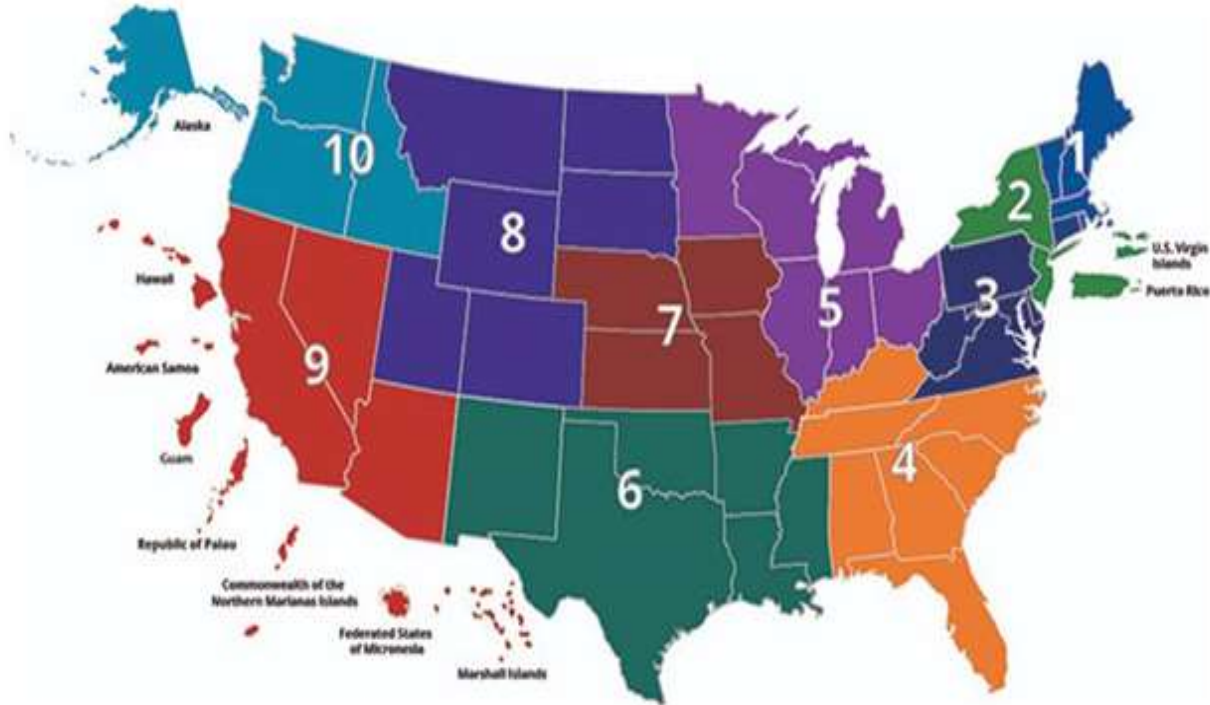
Priorities:

- **Maternal Health**
- **Harm Reduction Opioid/Substance Use Disorder**
- **Climate Change/Environmental Justice**
- **Access to Health Care**



**Health Equity
and
Policy Impact**

Office of Regional Health Operations



Develop strategic approaches to:

- Address health disparities
- Improve access to healthcare and human services
- Increase the capacity of the public health infrastructure and workforce

Connect people and convene diverse partners

- Health Departments
- Academic Institutions
- Community-based Organizations
- Professional and Constituency Organizations
- HHS and other federal agencies

Focus of this session

Overview of the current state of maternal health in the U.S.

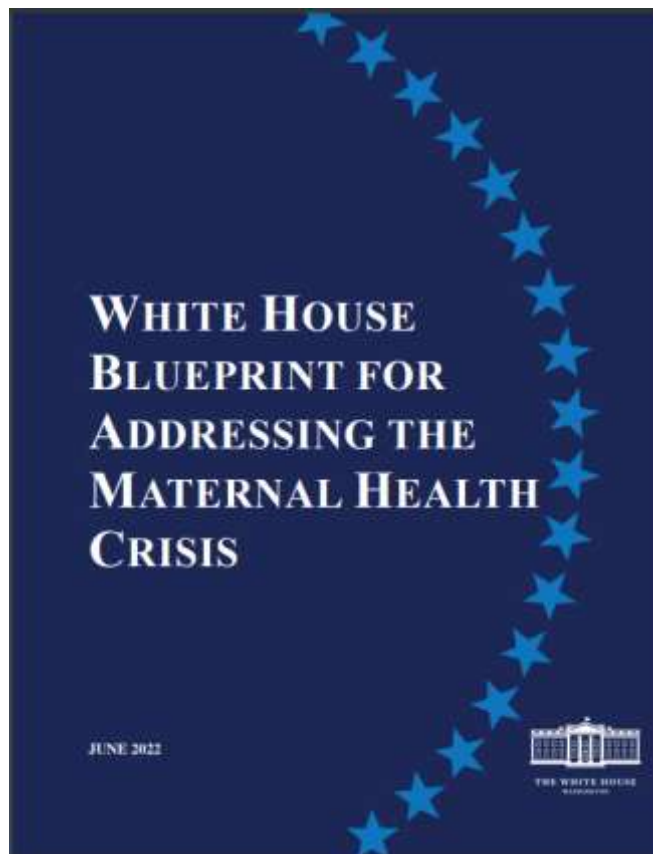
Key challenges

- Substance use
- Mental health
- Implicit bias
- Maternal health care deserts
- Impact of climate change

HHS efforts to address maternal health

Opportunities for Physician Associates

Maternal Health Care Crisis in U.S.



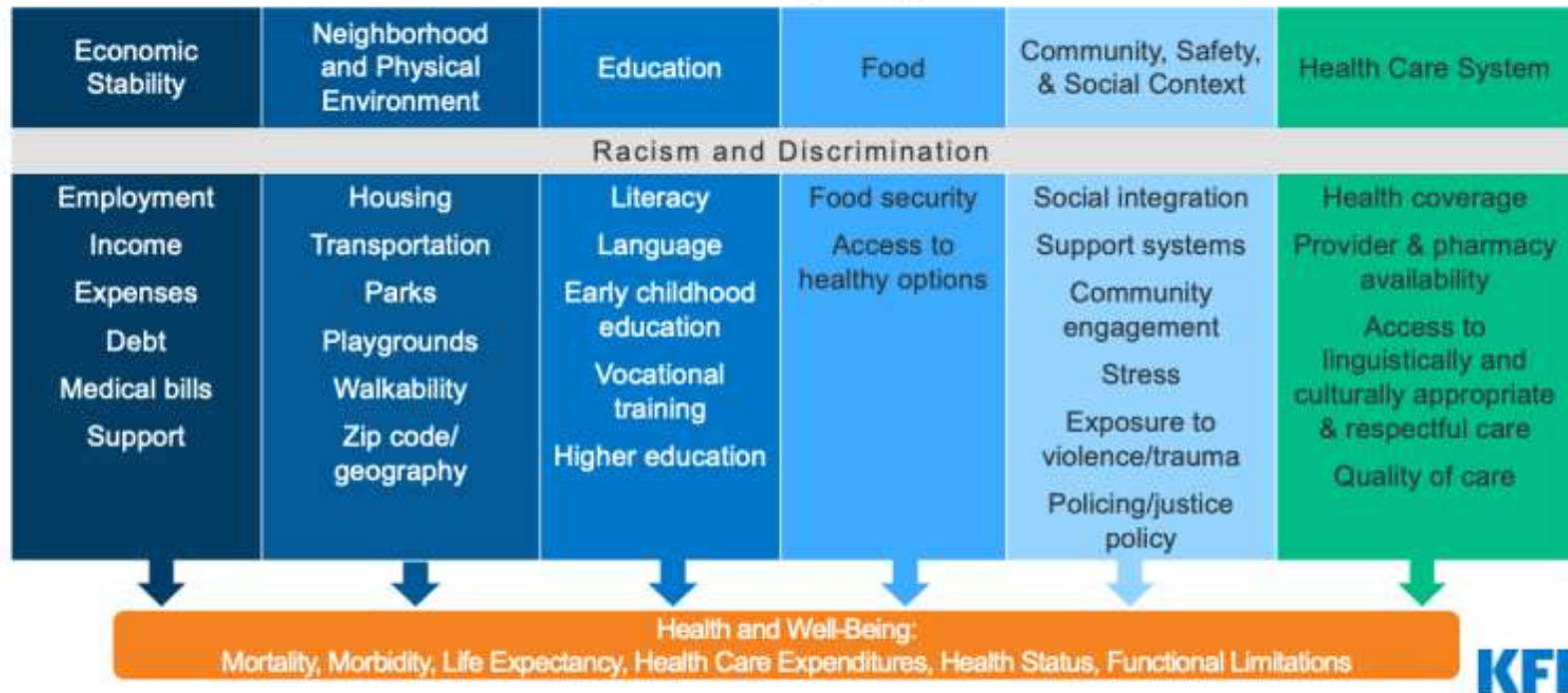
The United States is facing a maternal health crisis. Our country's maternal mortality rate is the highest of any developed nation in the world and more than double the rate of peer countries, and most pregnancy-related deaths are considered preventable. Beyond maternal mortality, severe maternal morbidity impacts far too many families.

This maternal health crisis is particularly devastating for Black and Native American women, and women in rural communities. **Black women are more than three times as likely to die from pregnancy-related complications as white women, and Native American women are more than twice as likely, regardless of their income or education.***

Health Disparity Drivers

Figure 6

Health disparities are driven by social and economic inequities that are rooted in historic and ongoing racism and discrimination



Record High Drug Overdose Deaths Reported Among Pregnant and Postpartum Women

Drug overdose deaths among pregnant and postpartum women more than doubled between 2017 and 2020, according to a new study conducted at Columbia University Mailman School of Public Health

The analysis also revealed that the number of pregnancy-associated overdose deaths reached a record high in 2020, likely exacerbated by social, economic, and healthcare disruptions associated with the COVID-19 pandemic.

Bruzelius E, Martins SS. US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020. *JAMA*. 2022;328(21):2159–2161

Mental Health Conditions Leading Cause of Pregnancy-related Deaths

Depression, anxiety and SUD among leading mental health conditions for pregnant patients

The American College of Obstetricians and Gynecologists (ACOG) has reported that perinatal depression, occurring during pregnancy or in the first 12 months after delivery, is one of the most common medical complications during pregnancy and the postpartum period, affecting one in seven patients.

A 2016 study found perinatal depression to be under diagnosed and under treated; at that time, the study reported that of 8.2% depressed pregnant patients, only 12% had received mental health care in the prior year.

A prior MMRC of 14 states found that mental health conditions for pregnancy-related mental health deaths included:

- Preexisting or history of depressive disorder
- Anxiety disorder
- SUD
- Other mood or psychotic disorder
- Postpartum depression

Risk Factors for Perinatal Depression

- Maternal anxiety
- Life stress
- History of depression
- Lack of social support
- Unintended pregnancy
- Medicaid insurance
- Domestic violence
- Lower income
- Lower education
- Smoking
- Single status
- Poor relationship quality

US Maternal Mortality Is Unacceptably High, Unequal, and Getting Worse—What Can Be Done About It?



Addressing Black Maternal Mortality Rates Starts with Listening to Black Women

“Black women across the nation are at risk, and there’s a need to find out what is going on...We need to talk to women—to hear from them about their thoughts on the solutions and strategies that can help combat this.”

Nevillene White, Public Health Representative, NYS Department of Health Bureau of Women, Infant, and Adolescent Health

- New York State Department of Health developed a series of seven community listening sessions with key stakeholders, especially among Black women, who shared stories about their birth experiences and their thoughts on NYS’s maternal mortality rate.
- The listening sessions revealed that women in these communities were facing significant barriers to optimal health. Participants often felt they were not being listened to by providers. They also expressed feeling that judgement, disrespect, bias and racism affected the care they received. They said they were given very little information and education during maternity care and there were too few social supports in place in their communities.
- NYSDOH is now using the report from these sessions to inform its efforts to eliminate disparities in maternal mortality across the state. By listening to women of color, they’re developing relevant, culturally competent solutions.

U.S. Maternal Deaths Keep Rising Black Women are Most at Risk

“If I were to be perfectly honest and transparent, I think one of the biggest pieces of it is that we can do a better job of listening to Black women and what they are saying in terms of their own lived experience as they navigate the health care system and, really, how they're interfacing with the health care system in ways that are not optimal and, truthfully, biased.”

Karen Sheffield-Abdullah, Nurse-midwife and Professor of Nursing, University of North Carolina, Chapel Hill

Maternity care 'deserts' on the rise across the U.S.

About 36% of all US counties are "maternity care deserts," and the number of counties where there is limited or no access to maternity care appears to be growing.



Maternity Care Deserts – March of Dimes Report

A maternity care desert is defined as any county without a hospital or birth center offering obstetric care and without any obstetric providers.

The latest March of Dimes report shows that the number of American counties categorized as deserts increased by 2% since the organization's 2020 report.

Over a third of all counties are designated by the report as maternity care deserts, most of which are in rural areas.

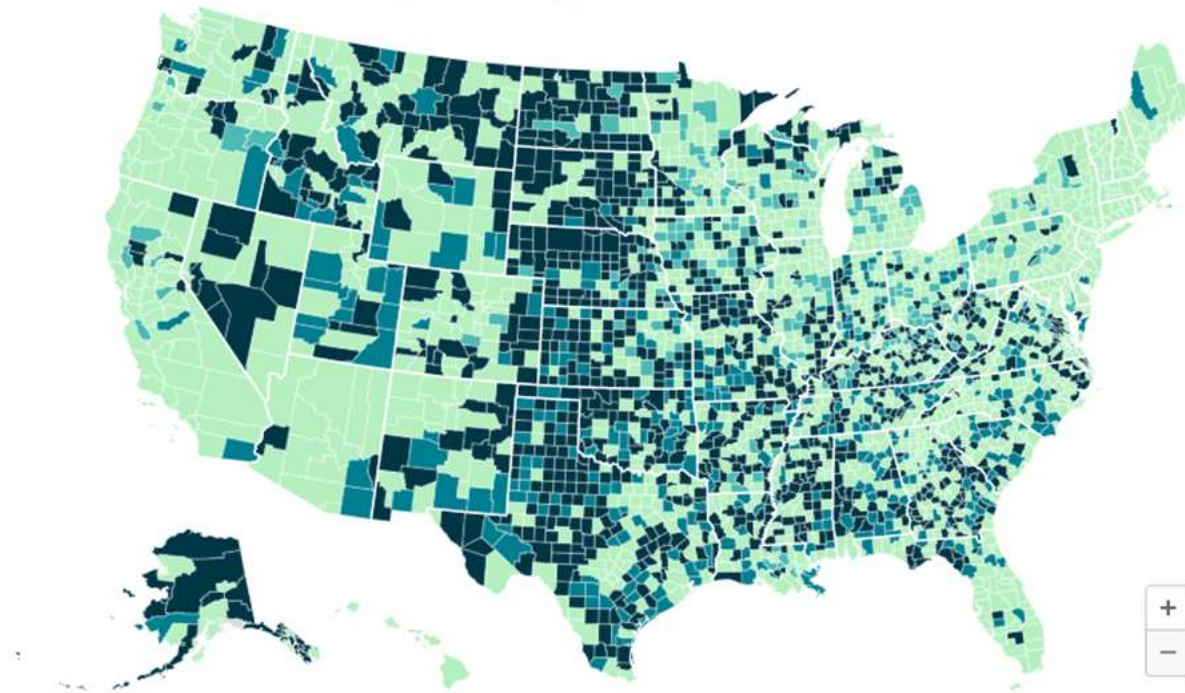
Seven million women across the country live in areas of limited or no access to maternity health care services.

Maternity Care Deserts

36% of U.S. counties are “maternity care deserts”

Maternity care access

Full access Moderate access Low access Maternity care desert



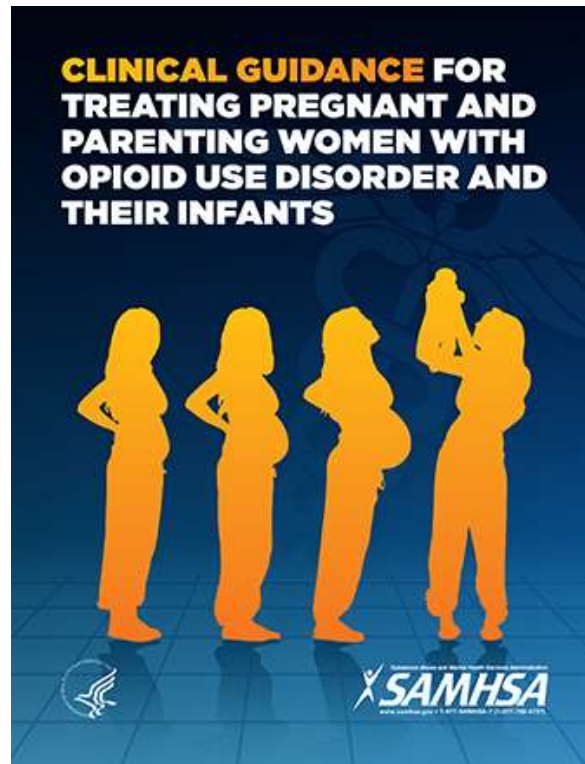
Map: J. Emory Parker/STAT • Source: March of Dimes, U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2021

Serious Efforts to Interrupt the Maternal Health Crisis

White House Blueprint for Addressing the Maternal Health Crisis

- Goal 1: Increase Access to and Coverage of Comprehensive High-Quality Maternal Health Services, including Behavioral Health Services
- Goal 2: Ensure those Giving Birth are Heard and are Decisionmakers in Accountable Systems of Care
- Goal 3: Advance Data Collection, Standardization, Harmonization, Transparency, and Research
- Goal 4: Expand and Diversify the Perinatal Workforce
- Goal 5: Strengthen Economic and Social Supports for People Before, During, and After Pregnancy

Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants



National Maternal Mental Health Hotline

1-833-TLC-MAMA (1-833-852-6262)

24/7, free, confidential hotline for pregnant and new moms in English and Spanish

The Hotline offers callers:

- Phone or text access to professional counselors
- Real-time support and information
- Response within a few minutes, 24 hours a day, 7 days a week
- Resources
- Referrals to local and telehealth providers and support groups
- Culturally sensitive support
- Counselors who speak English and Spanish
- Interpreter services in 60 languages

National Maternal Mental Health Hotline

During the first year:

- Hotline counselors responded to nearly 12,000 calls (70%) and texts (30%)
- Majority of contacts were seeking help for themselves (76%), while 5% were calling on behalf of someone else, like a family member or friend
- The top reasons for reaching out to the hotline were:
 - 1) Feeling overwhelmed
 - 2) Depression
 - 3) Anxiety
- The average speed to answer was below 30 seconds
- One caller stated, “I suddenly don’t feel like I’m drowning. I’m going to be okay. I hope people understand that it does help.” Another caller shared, “You've made me feel heard and that there's hope for me.”

Training Providers on Culturally and Linguistically Appropriate Care, Respectful Care, and Implicit Biases

Culturally and Linguistically Appropriate Services (CLAS) in Maternal Health Care

- Program designed for providers and students to build knowledge and skills related to providing CLAS, cultural competency, cultural humility, person-centered care, and combating implicit bias across the continuum of maternal health care
- Accredited free e-learning program
- Available on HHS's Think Cultural Health webpage
- Physicians, physician associates, nurse practitioners, nurses, certified nurse midwives, and certified midwives can obtain two continuing education units (CEUs) for completing the program

HEAR HER Campaign



The **Hear Her** campaign supports CDC's efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent warning signs.

Each person knows their own body better than anyone and can often tell when something does not feel right. The campaign seeks to encourage partners, friends, family, coworkers, and providers to really listen when she tells you something doesn't feel right. Acting quickly could help save a life.

Improve Rural Obstetric Readiness at Hospitals and Indian Health Service (IHS) Facilities

Rural Maternity and Obstetrics Management Strategies (RMOMS) Program

- Develop guidelines and standards so facilities without obstetric units are still “obstetric ready”
- Expand the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program to enhance access to maternal and obstetric care in rural communities
- Provide free, readily accessible, online obstetrical trainings to HRSA-funded health centers and free clinics to support the delivery of competent preconception, prenatal, intrapartum, and postpartum care

Opportunities for Physician Associates to Engage

Engage with State AIM Programs

Alliance for Innovation on Maternal Health (AIM)

- American College of Obstetrics and Gynecology (ACOG) was awarded funding from the U.S. DHHS Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) to implement the Alliance for Innovation on Maternal Health (AIM) program.
- AIM is a national data-driven maternal safety and quality improvement initiative based on interdisciplinary consensus-based practices to improving maternal safety and outcomes.
- Provides implementation and data support for the adoption of evidence-based patient safety bundles
- AIM works through state teams and health systems to align national, state, and hospital level engagement efforts to improve overall maternal health outcomes.

Association of Maternal and Child Health Programs (AMCHP) Title V State Profiles

AMCHP

state profile

A Snapshot of how the Title V Maternal and Child Health Block Grant Works in Your State

Wisconsin

Maternal and Child Health Block Grant 2023

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children, and families. In Fiscal Year 2021, 92% of all pregnant women, 96% of infants, and 58% of children nationwide benefited from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Wisconsin	
FY 2020	\$10,869,001
FY 2021	\$10,676,234
FY 2022	\$10,977,006

*States must provide a \$3 match for every four Federal dollars allocated.

Wisconsin Expenditures Funding by Source in FY 2021

Other MCH Funds (21.27%)	\$4,721,830
Federal MCH Funds (83.67%)	\$4,025,403
State MCH Funds (25.96%)	\$10,977,198

Percentage Served by the Wisconsin MCH Program*

- 80.6%** Pregnant women
- 96.6%** Infants under one
- 20.6%** Children and adolescents
- 20.6%** Children with special health care needs
- 16.6%** Others

*2021 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
1825 K Street, NW, Suite 250, Washington, DC 20006 | (202) 775-0436 | www.amchp.org

AMCHP

state profile

State spotlight: Physical Activity & Nutrition

The Wisconsin Title V program offers an opportunity for local and tribal health agencies in their state to address physical activity and nutrition needs in children ages 6-11 years old. Title V staff and state-wide partners – healthTIDE and the University of Wisconsin Division of Extension Health and Well-Being Program – train and provide technical assistance to agencies around partnership building and implementing policy, systems, and environmental changes that support optimal nutrition and physical activity. Participating agencies complete the Systems Approaches for Healthy Communities course from the University of Minnesota to gain a foundational knowledge of policy, systems, and environmental changes and community engagement and outreach principles. Peer Learning Coils support participants in applying module content and peer-to-peer learning and networking through small group discussions. One-on-one coaching for agencies moving towards implementation provides specific support and resources tailored to each agency's unique needs.

Current Special Projects of Regional and National Significance (SPRANS)

Special Projects of Regional and National Significance (SPRANS) funding complements the formula funding each state receives and helps ensure the success of state Title V, Medicaid, and CHIP programs by driving innovation, responding to emerging and entrenched issues, and building capacity for integrated systems of care for women, children, and families.

- Hemophilia Treatment Centers (SPRANS)**
Great Lakes Hemophilia Foundation Inc., Milwaukee, WI (WI-04)
- Maternal and Child Health Public Health Catalyst Program**
University of Wisconsin System, Milwaukee, WI (WI-04)
- State Systems Development Initiative**
Wisconsin Department of Health Services, Madison, WI (WI-02)

Additional links and ways to contact AMCHP:

The Wisconsin Department of Health Services and Bureau of Family and Community Health use Title V funds to protect and improve the health of Wisconsin's women, children, and families.

For additional information about the Title V MCH Block Grant in your state, visit www.mchs.tvidstate.hhsu.gov.

For additional information about AMCHP, visit www.amchp.org or contact Amy Haddad, AMCHP Chief Government Affairs Officer, ahaddad@amchp.org.

For more information, contact:

<p>MCH Director Katrina Heche Interim MCH Director (808) 504-1336 Katrina.Heche@dfs.wisconsin.gov</p>	<p>CSHCN Director Michelle Lund CYSHCN Program Director (608) 250-0124 Michelle.Lund@dfs.wisconsin.gov</p>	<p>State Family or Youth Leader Mandy Quano Newborn Screening Follow Through Coordinator (608) 504-1336 Amanda.Quano@dfs.wisconsin.gov</p>
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ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
1825 K Street, NW, Suite 250, Washington, DC 20006 | (202) 775-0436 | www.amchp.org

Perinatal Quality Collaboratives (PQCs)

National Network of Perinatal Quality Collaboratives (NNPQC)

- NNPQC provides resources and expertise nationwide to state-based perinatal quality collaboratives (PQCs) with the goal of deepening and accelerating improvement efforts for maternal and infant health outcomes.
- PQCs in 47 states - Thirteen states will receive targeted technical assistance as they develop their collaboratives*
- Funded by the Centers for Disease Control and Prevention (CDC)

* Thirteen states - Colorado, Delaware, Florida, Georgia, Illinois, Louisiana, Massachusetts, Minnesota, Mississippi, New Jersey, New York, Oregon and Wisconsin

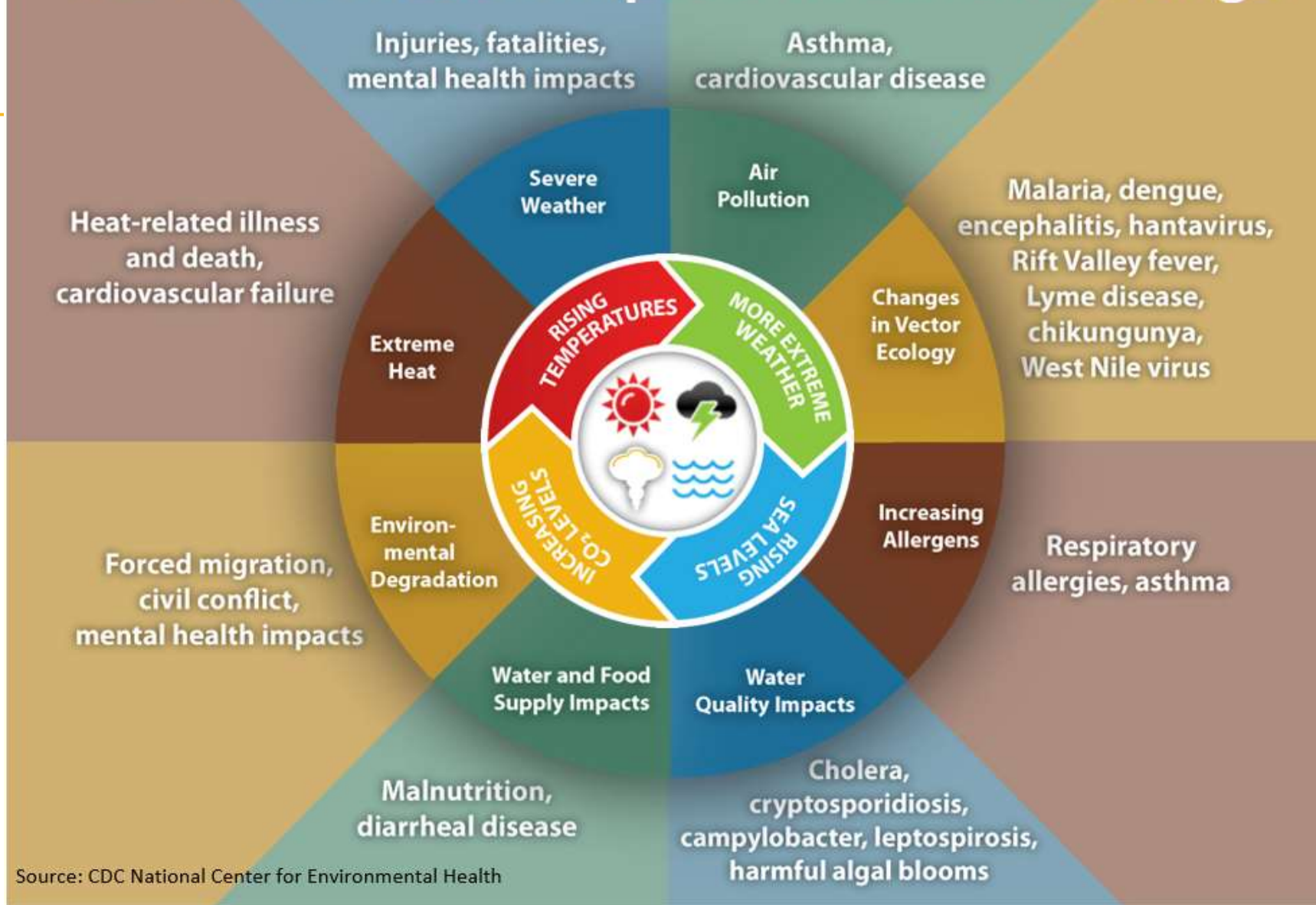
Emerging Focus in Maternal Health
The Impact of Climate Change



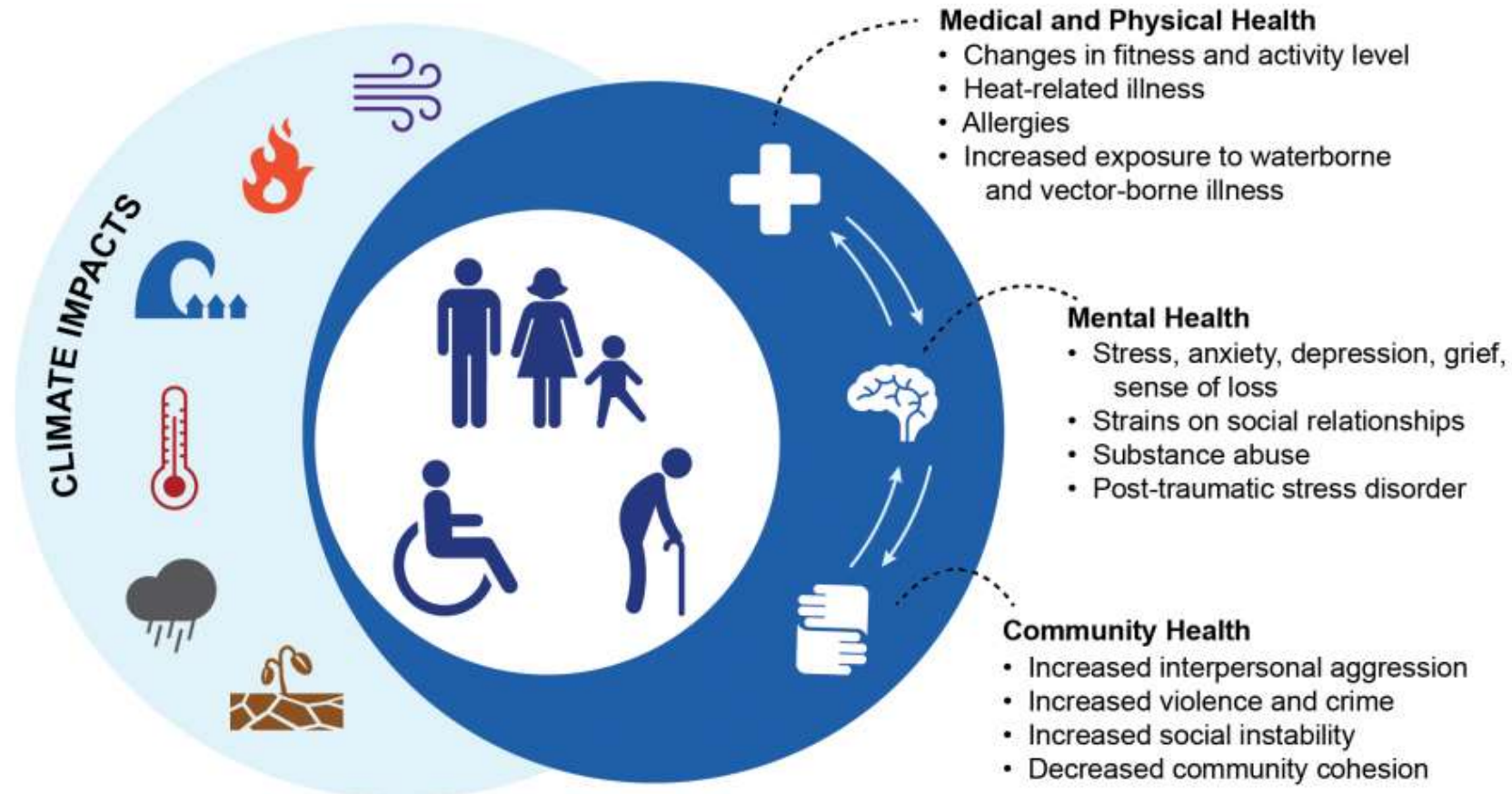
**Climate Change
and
Public Health**



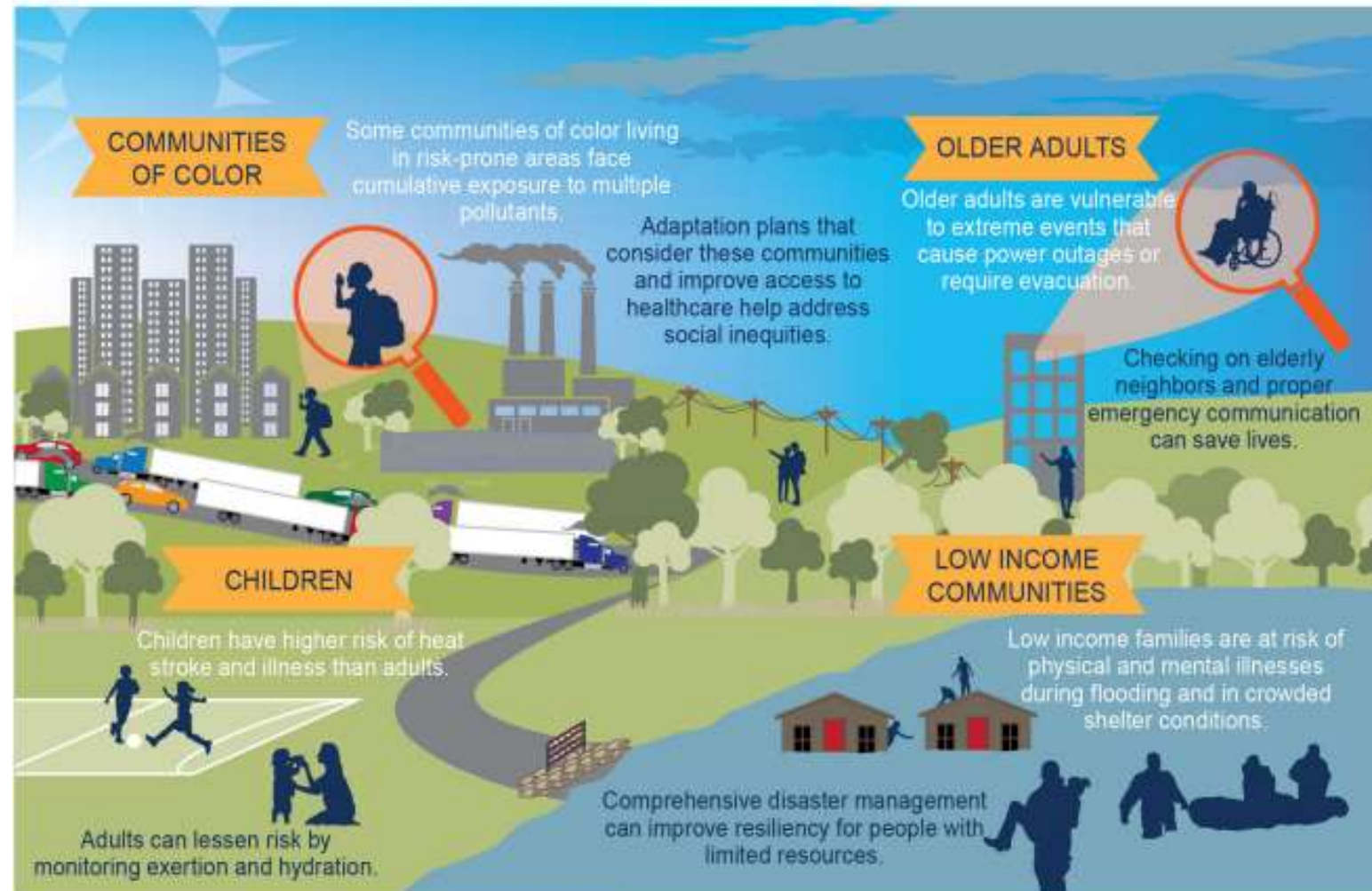
The Public Health Impacts of Climate Change



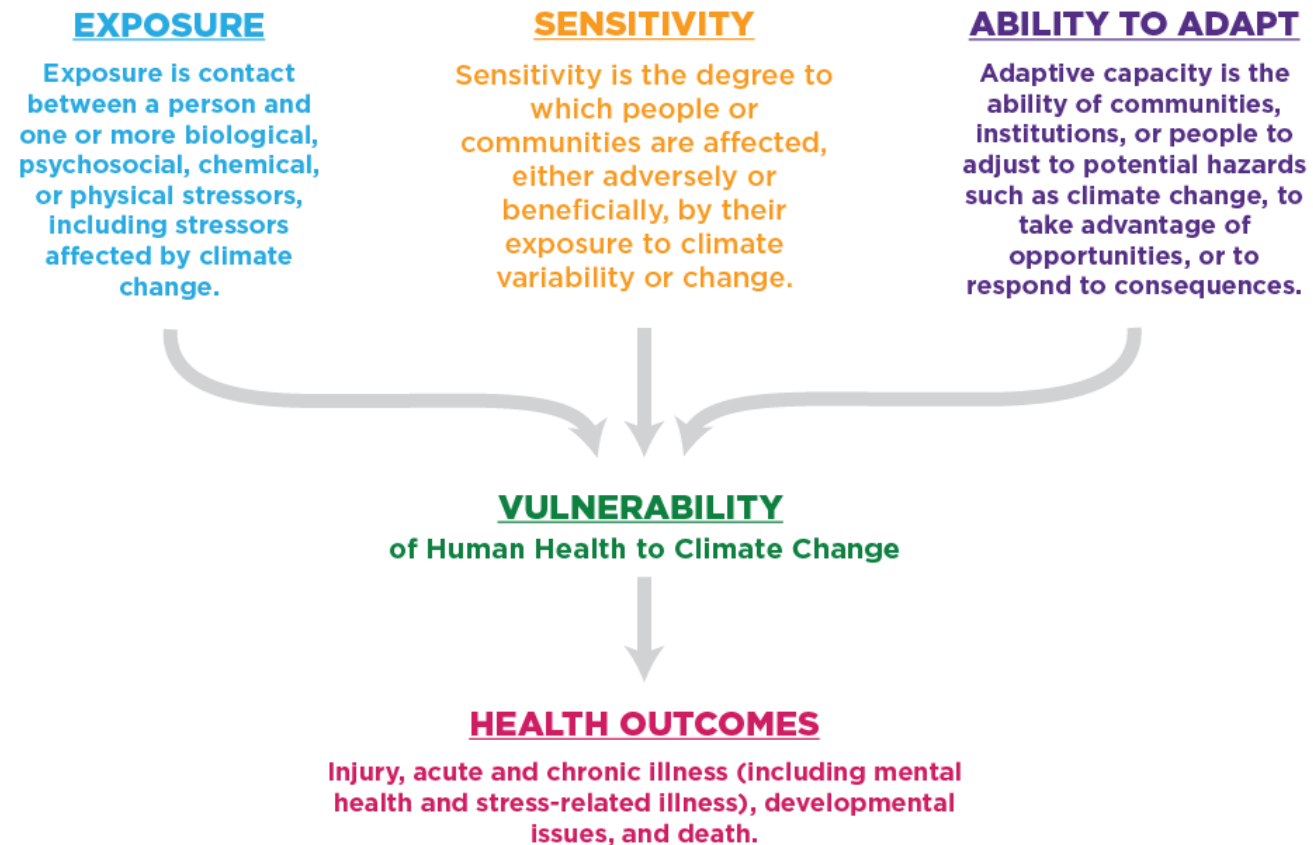
Impact of Climate Change on Physical, Mental, and Community Health



Populations at Higher Risk – Vulnerable Communities



Determinants of Vulnerability



EXPOSURE



Low-income populations may be exposed to climate change threats because of socioeconomic factors. For example, people who cannot afford air conditioning are more likely to suffer from unsafe indoor air temperatures.

SENSITIVITY



Pregnant women are sensitive to health risks from extreme weather such as hurricanes and floods. These events can affect their mental health and the health of their unborn babies by contributing to low birthweight or preterm birth.

ABILITY TO ADAPT



Older adults may have limited ability to cope with extreme weather if, for example, they have difficulty accessing cooling centers or other support services during a heat wave. Heat-related deaths are most commonly reported among adults aged 65 and over.



Occupational groups such as first responders and construction workers face more frequent or longer exposure to climate change threats. For example, extreme heat and disease-carrying insects and ticks particularly affect outdoor workers.



People with pre-existing medical conditions, such as asthma, are particularly sensitive to climate change impacts on air quality. People who have diabetes or who take medications that make it difficult to regulate body temperature are sensitive to extreme heat.



People with disabilities face challenges preparing for and responding to extreme weather events. For example, emergency or evacuation instructions are often not accessible to people with learning, hearing, or visual disabilities.



People in certain locations may be exposed to climate change threats, such as droughts, floods, or severe storms, that are specific to where they live. For example, people living by the coast are at increased risk from hurricanes, sea level rise, and storm surge.



Children are more sensitive to respiratory hazards than adults because of their lower body weight, higher levels of physical activity, and still-developing lungs. Longer pollen seasons may lead to more asthma episodes.



Indigenous people who rely on subsistence food have limited options to adapt to climate change threats to traditional food sources. Rising temperatures and changes in the growing season affect the safety, availability, and nutritional value of some traditional foods and medicinal plants.

SENSITIVITY



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Climate Change and the Health of Pregnant, Breastfeeding, and Postpartum Women

Pregnant women and fetuses are more vulnerable to the health impacts of climate change.

- Pregnant women need **reliable access to transportation and medical care**, which can be disrupted by extreme weather events.
- Biological and behavioral changes during pregnancy and postpartum can make women more **prone to insect, food, and water-related illnesses**.
- Increased risk of experiencing **post-traumatic stress disorder (PTSD) and depression** after natural disasters and extreme weather events



Impacts of Climate Change on Maternal Health

	Climate Driver	Exposure	Health Outcome	Impact
Extreme Heat	More frequent, severe, prolonged heat events	Elevated temperatures	Heat-related death and illness	Rising temperatures will lead to an increase in heat-related deaths and illnesses.
Outdoor Air Quality	Increasing temperatures and changing precipitation patterns	Worsened air quality (ozone, particulate matter, and higher pollen counts)	Premature death, acute and chronic cardiovascular and respiratory illnesses	Rising temperatures and wildfires and decreasing precipitation will lead to increases in ozone and particulate matter, elevating the risks of cardiovascular and respiratory illnesses and death.
Flooding	Rising sea level and more frequent or intense extreme precipitation, hurricanes, and storm surge events	Contaminated water, debris, and disruptions to essential infrastructure	Drowning, injuries, mental health consequences, gastrointestinal and other illness	Increased coastal and inland flooding exposes populations to a range of negative health impacts before, during, and after events.
Vector-Borne Infection (Lyme Disease)	Changes in temperature extremes and seasonal weather patterns	Earlier and geographically expanded tick activity	Lyme disease	Ticks will show earlier seasonal activity and a generally northward range expansion, increasing risk of human exposure to Lyme disease-causing bacteria.
Water-Related Infection (Vibrio vulnificus)	Rising sea surface temperature, changes in precipitation and runoff affecting coastal salinity	Recreational water or shellfish contaminated with Vibrio vulnificus	Vibrio vulnificus induced diarrhea & intestinal illness, wound and blood-stream infections, death	Increases in water temperatures will alter timing and location of Vibrio vulnificus growth, increasing exposure and risk of water-borne illness.
Food-Related Infection (Salmonella)	Increases in temperature, humidity, and season length	Increased growth of pathogens, seasonal shifts in incidence of Salmonella exposure	Salmonella infection, gastrointestinal outbreaks	Rising temperatures increase Salmonella prevalence in food; longer seasons and warming winters increase risk of exposure and infection.
Mental Health and Well-Being	Climate change impacts, especially extreme weather	Level of exposure to traumatic events, like disasters	Distress, grief, behavioral health disorders, social impacts, resilience	Changes in exposure to climate- or weather-related disasters cause or exacerbate stress and mental health consequences, with greater risk for certain populations.

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Impact of Extreme Heat and Air Pollution

- Placental abruption
- Preterm birth
- Low birthweight
- Hypertensive disorders
- Lower fertility and live birth rates in spontaneous conceptions and after in vitro fertilization and embryo transfer (IVF-ET)
- Adverse obstetric outcomes with higher rates of miscarriage

Physiological Mechanisms of the Impact of Heat during Pregnancy and the Clinical Implications

Pregnant women can thermoregulate; however, when exposed to extreme heat, a number of processes may harm the mother or fetus including a **reduction in placental blood flow, dehydration, and an inflammatory response that may trigger preterm birth.**

Other possible complications include:

- Stillbirth
- Low Birthweight
- Congenital Anomalies
- Pre-eclampsia
- Gestational Diabetes
- Emergency Hospital Admissions

There is also evidence of high temperatures negatively impacting the mental health of pregnant women

ACOG Addressing Climate Change Position Statement – Excerpt



Conclusive evidence has demonstrated that climate change is negatively affecting the lives of people in the United States and around the world. The American College of Obstetricians and Gynecologists, as an organization representing physicians and other health care professionals who care for women and everyone seeking obstetric and gynecologic care, recognizes that climate change is an urgent women’s health concern and a major public health challenge.

ACOG recognizes that addressing climate change is an urgent health priority that affects everyone. As leaders in women’s health care, we support a proactive approach to this important issue.

The Vital Role of Providers in Helping to Mitigate Climate Impact and Cultivate Climate Resiliency

The International Federation of Gynecology and Obstetrics (FIGO) joins a broad coalition of international researchers and the medical community in stating that the current climate crisis presents an imminent health risk to pregnant people, developing fetuses, and reproductive health, and recognizing that we need society-wide solutions, government policies, and global cooperation to address and reduce contributors, including fossil fuel production, to climate change.

Obstetrician/gynecologists have the unique opportunity to raise awareness, educate, and advocate for mitigation strategies to reverse climate change affecting our patients and their families.

Climate Change and the HHS Role

Climate change poses current and increasing threats to human health. As the climate continues to warm, the risks to human health will grow, exacerbating existing health threats and creating new public health challenges.

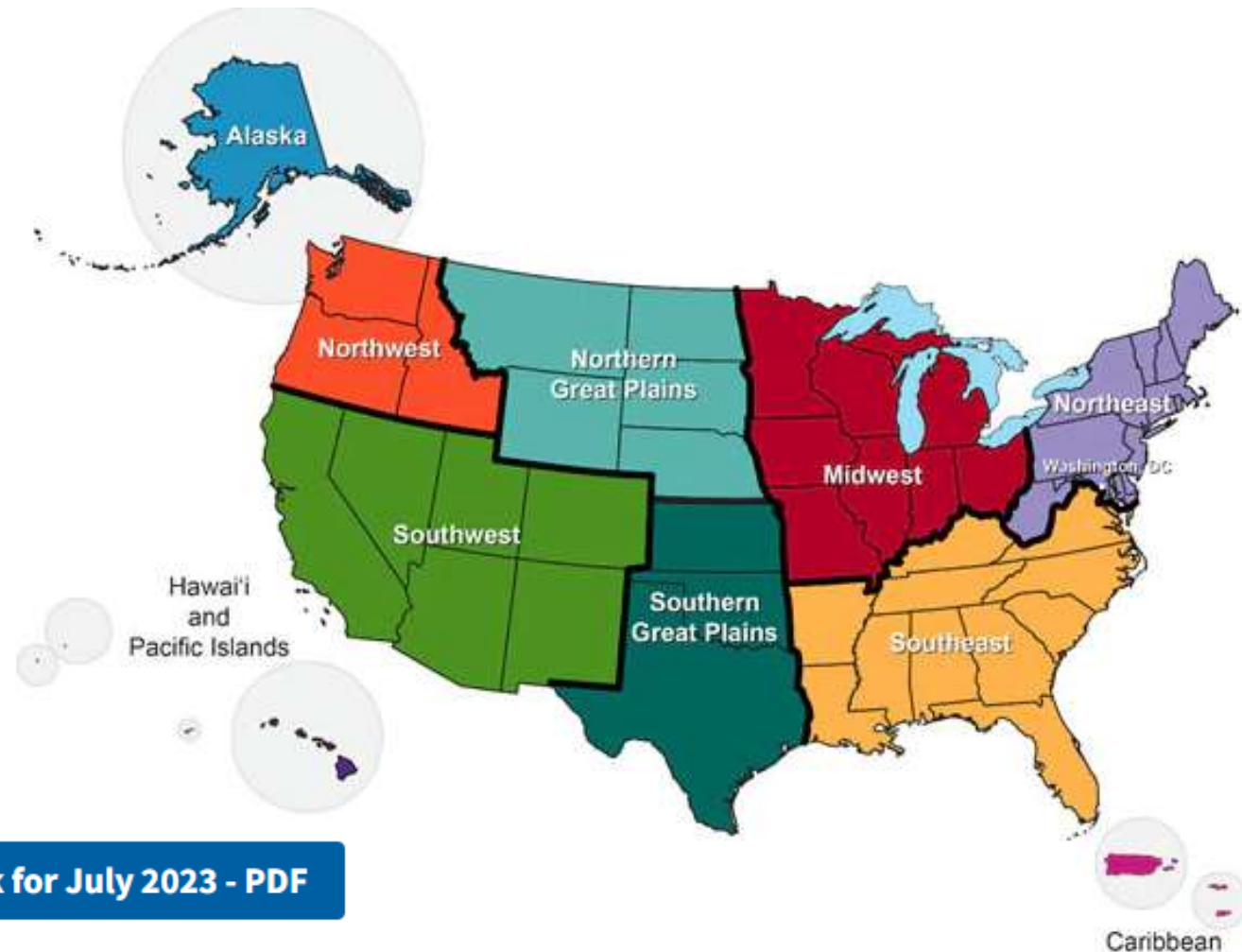
HHS is committed to taking actions across the whole department to protect the health and well-being of all people, especially those most vulnerable.



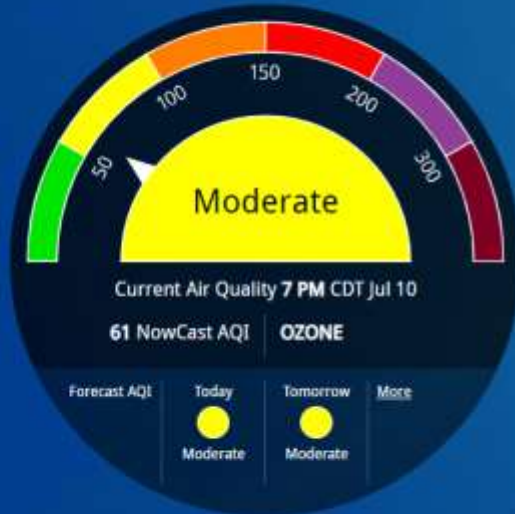
Office of Climate Change and Health Equity (OCCHE)

Climate and Health Outlook

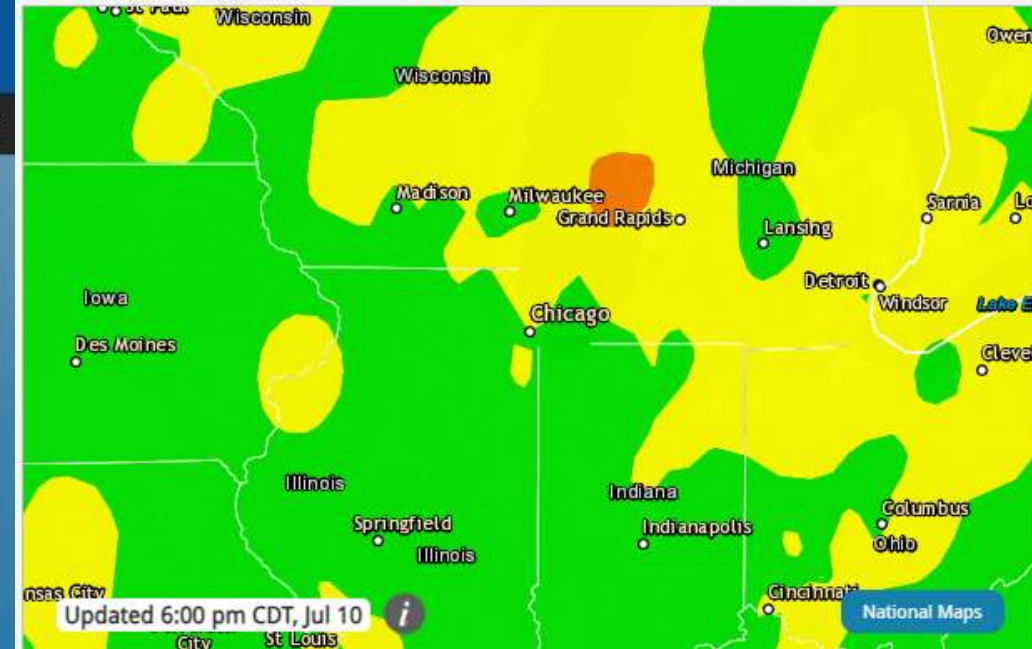
The Climate and Health Outlook is an effort to inform health professionals and the public on how our health may be affected in the coming months by climate events and provide resources to take proactive action.



[Download the Climate and Health Outlook for July 2023 - PDF](#)

**Chicago, IL**

Chicago Reporting Area

[Fire & Smoke Map](#)[Monitors Near Me](#)[Recent Trends](#)

Air Quality Forecast



Primary Pollutant

This pollutant currently has the highest AQI in the area.



OZONE

61

Moderate

If you are **unusually sensitive** to ozone, consider reducing your activity level or shorten the amount of time you are active outdoors.



PM2.5

40

Good

At work... Patient Discussions

- ✓ Heat
- ✓ Air Pollution



Guidance from the Western States Pediatric Environmental Health Specialty Unit

Climate Change and Pregnancy



CLIMATE Rx
PRESCRIPTION FOR CLIMATE ACTION

All of us can care for our health and our climate

Find out how, today!

BEAT THE HEAT: Extreme Heat

Heat-related deaths are preventable

WHAT: Extreme heat or heat waves occur when the temperature reaches extremely high levels or when the combination of heat and humidity causes the air to become oppressive.

WHO: Children, Older adults, More males than females are affected, Outside workers, People with disabilities

WHERE: Houses with little to no AC, Construction worksites, Cars

HOW to AVOID: Stay hydrated with water, avoid sugary beverages, Stay cool in an air conditioned area, Wear lightweight, light-colored, loose-fitting clothes

During extreme heat the temperature in your car could be deadly!

Outside Temperature 80°

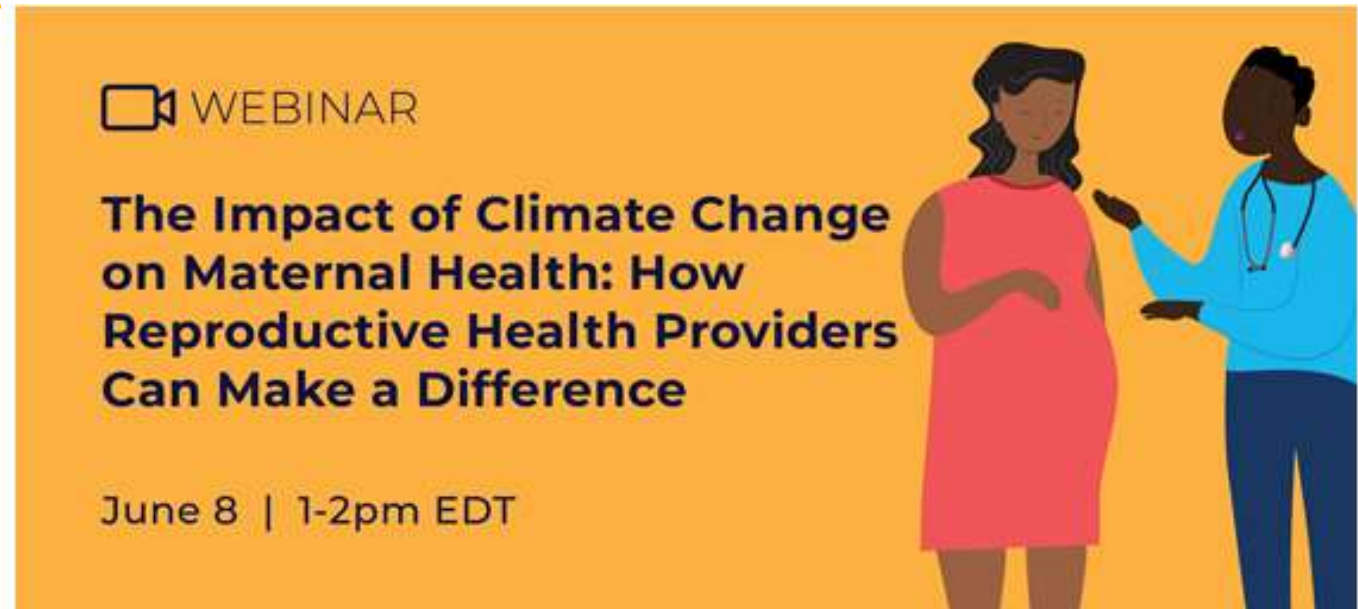
Inside 109°	Inside 118°	Inside 123°
Time Elapsed: 20 minutes	Time Elapsed: 40 minutes	Time Elapsed: 60 minutes

Climate Change on Maternal Health: How Reproductive Health Providers Can Make a Difference Webinar

Learning Objectives:

By the end of this session, participants will be able to:

- Explain the impact of climate change-related events, such as extreme heat and air pollution, on maternal health outcomes
- Describe at least two strategies for cultivating climate resilience among clients by integrating patient education and intervention into clinical practice
- List at least three resources on climate change and maternal health that reproductive health providers can use



This activity is pending approval to award contact hours by JSI Research & Training Institute, Inc., an approved provider with distinction of nursing professional development by the Northeast Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



Endocrine Disrupting Chemicals and Women's Health Symposium

A Virtual Symposium
July 18–19, 2023 | 9:00 am – 4:00 pm ET

OASH | Office on
Women's Health



Focusing on solutions to address the impact of endocrine disrupting chemicals on women's health

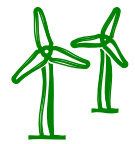
Visit the event website to learn more!

<https://event.roseliassociates.com/owh-edc-womens-health/>

Register
Here!



Climate Solutions are Health Solutions are Equity Solutions



Clean energy



Sustainable city infrastructure



Sustainable food systems



Accessible green space



Resilient and affordable housing stock



Healthier environments and improved health outcomes



OASH

Office of the
Assistant Secretary
for Health

**Thank you!
Michelle Hoersch**

michelle.Hoersch@hhs.gov



Thank you!

Questions/Next Steps:



OASH

Office of the
Assistant Secretary
for Health

Additional Resources

Resources for Emissions Reduction and Resilience

Federal Resources to Support Emissions Reduction and Climate Resilience for Healthcare Stakeholders

On Earth Day 2022, the White House and HHS launched the Healthcare Sector Climate Pledge initiative, creating an opportunity for healthcare stakeholders across the United States to make bold commitments to emissions reduction and resilience in response to the growing threats presented by climate change.

In conjunction with a June 2022 White House event to celebrate the organizations that made these commitments, the Office of Climate Change and Health Equity (OCHE) produced this compendium of federal resources that may assist healthcare stakeholders in emissions reduction and climate change adaptation.

Financial Resources, Funding Opportunities, and In-Kind Supports

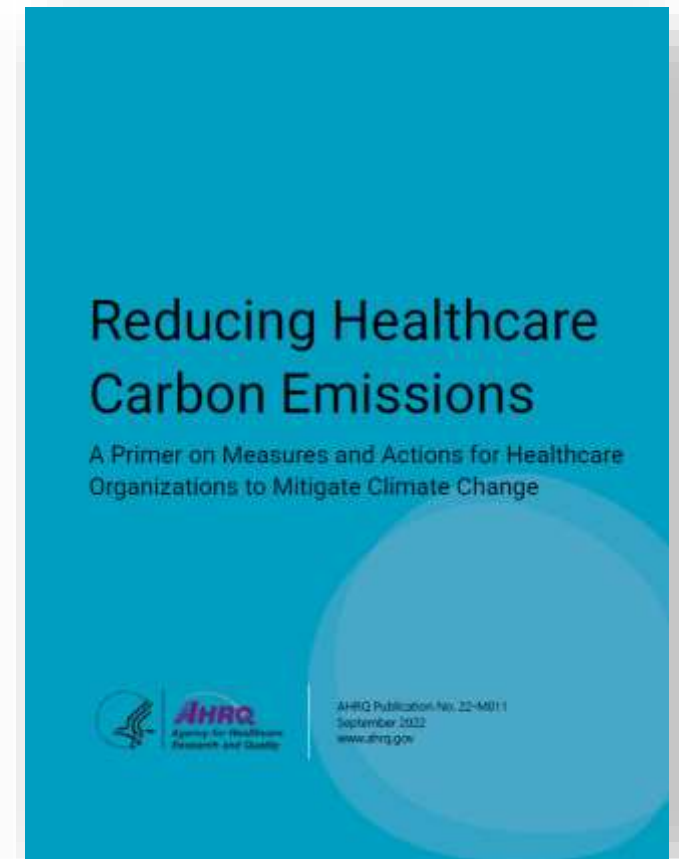
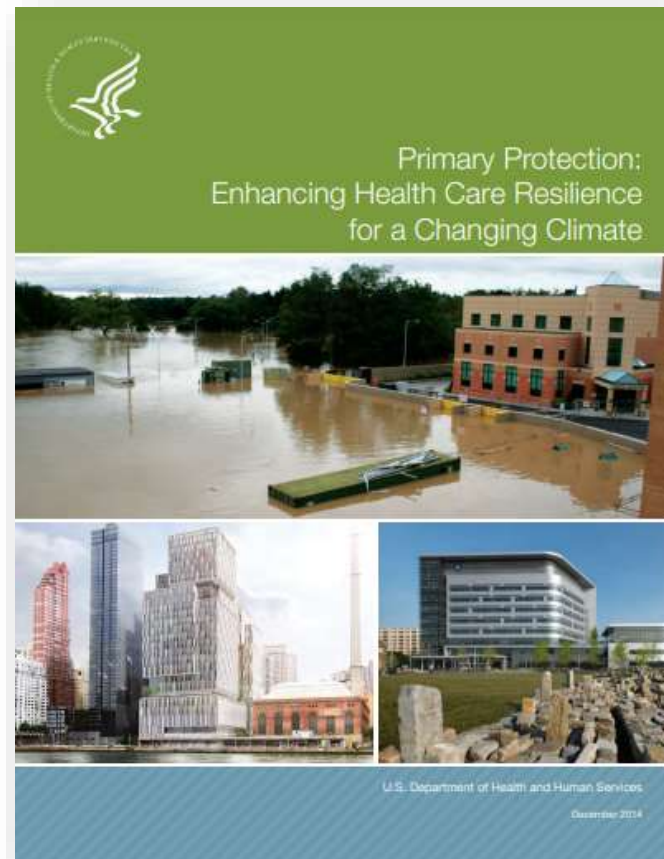
Broad Applicability

Better Buildings Financing Navigator, Healthcare Energy Financing Primer

Department of Energy

An online tool that helps public and private sector organizations find financing solutions for energy efficiency and renewable energy projects. Learn more at

<https://betterbuildingssolutioncenter.energy.gov/financing-navigator/primer/healthcare-energy-financing-primer>.



Disaster Response Toolkit

Medicaid, Children's Health Insurance Program, and Basic Health Program services provide critical health coverage to millions of vulnerable Americans. Over the past several years, numerous states have been impacted by natural or man-made disasters, and these programs serve an important role as states respond to these disasters.

Medicaid.gov
Keeping America Healthy



Preparedness and Response Toolkit for State Medicaid and CHIP Agencies in the Event of a Public Health Emergency or Disaster

Center for Medicaid and CHIP Services (CMCS) Medicaid and CHIP Coverage Learning Collaborative

June 2022