

# **Racial Health Equity Information Session: Call for Applications for Network-Funded Law and Policy Assistance**

Thursday, August 29, 2024 | 12 – 1:00 p.m. CT

## About the Network for Public Health Law

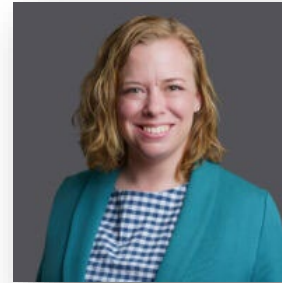
**We believe in the power of public health law and policy to improve lives and make our communities safer, healthier, stronger and more equitable. We know that understanding, navigating and using law and policy can transform our communities so we work to help public health leaders, policymakers, community-based organizations, researchers, educators, advocates and health care providers do just that.**



## Speakers



**April Shaw**, Ph.D., J.D.  
Acting Deputy Director,  
Health Equity  
Network for Public Health Law



**Sara Rogers**, M.P.H.  
Public Health Policy Analyst,  
Health Equity  
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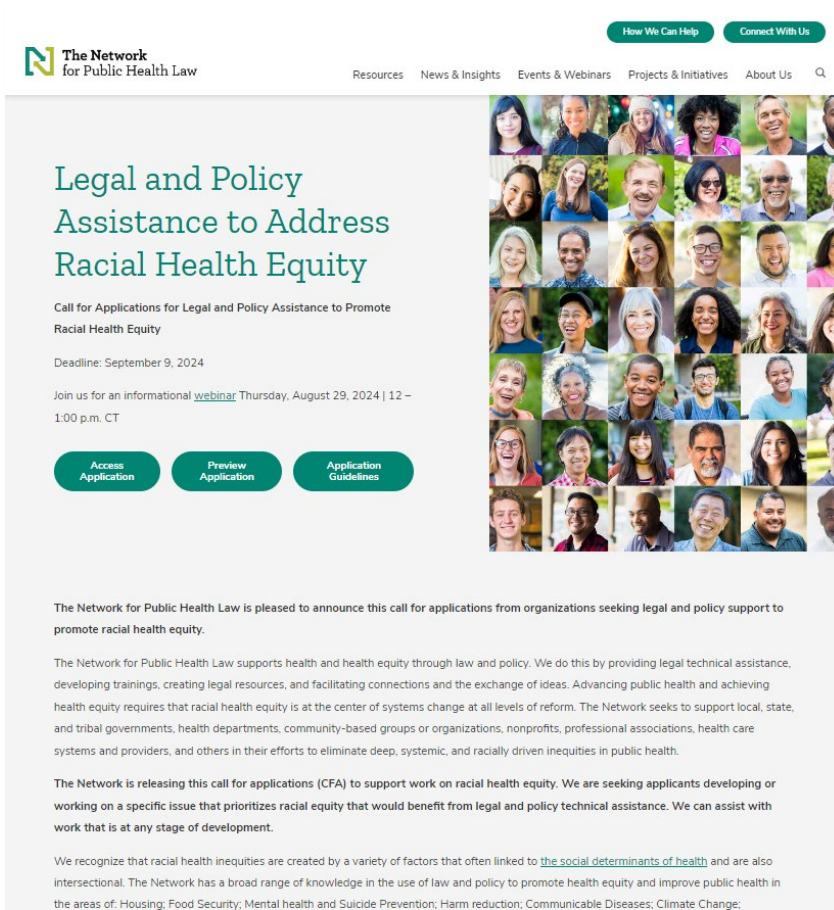


**Quang (“Q”) Dang**, J.D.  
Interim Co-Executive Director,  
Network for Public Health Law,  
Managing Director of Legal  
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# Legal and Policy Assistance to Address Racial Health Equity: Call for Applications



The screenshot shows the webpage for the call for applications. At the top, there is a navigation bar with the logo and menu items: Resources, News & Insights, Events & Webinars, Projects & Initiatives, and About Us. Two buttons, 'How We Can Help' and 'Connect With Us', are positioned to the right of the menu. The main heading is 'Legal and Policy Assistance to Address Racial Health Equity'. Below the heading, it states 'Call for Applications for Legal and Policy Assistance to Promote Racial Health Equity' and 'Deadline: September 9, 2024'. A paragraph invites users to join an informational webinar on Thursday, August 29, 2024, at 12:00 p.m. CT. Three buttons are provided: 'Access Application', 'Preview Application', and 'Application Guidelines'. A large grid of diverse people's faces is featured on the right side of the page. The main text area contains several paragraphs of text explaining the Network's mission and the purpose of the call for applications.

The Network for Public Health Law is pleased to announce this call for applications from organizations seeking legal and policy support to promote racial health equity.

The Network for Public Health Law supports health and health equity through law and policy. We do this by providing legal technical assistance, developing trainings, creating legal resources, and facilitating connections and the exchange of ideas. Advancing public health and achieving health equity requires that racial health equity is at the center of systems change at all levels of reform. The Network seeks to support local, state, and tribal governments, health departments, community-based groups or organizations, nonprofits, professional associations, health care systems and providers, and others in their efforts to eliminate deep, systemic, and racially driven inequities in public health.

The Network is releasing this call for applications (CFA) to support work on racial health equity. We are seeking applicants developing or working on a specific issue that prioritizes racial equity that would benefit from legal and policy technical assistance. We can assist with work that is at any stage of development.

We recognize that racial health inequities are created by a variety of factors that often linked to [the social determinants of health](#) and are also intersectional. The Network has a broad range of knowledge in the use of law and policy to promote health equity and improve public health in the areas of: Housing; Food Security; Mental health and Suicide Prevention; Harm reduction; Communicable Diseases; Climate Change.

- Legal and policy support to promote racial health equity.
- Seeking applicants developing or working on a specific issue that prioritizes racial equity.
- Can assist with work that is at any stage of development.
- Through this CFA, the Network will provide up to 40 hours of legal and policy technical assistance.
- The Network will also provide a training and a guided facilitated discussion to the CFA cohort to provide opportunities to share lessons learned and build relationships.

## Our expertise

The Network has a broad range of knowledge in the use of law and policy to promote racial health equity and improve public health in the areas of:

- Housing
- Food security
- Mental health and suicide prevention
- Harm reduction
- Communicable diseases
- Climate change
- Emergency preparedness
- Vaccines
- Data sharing and privacy
- Public health authority and operations
- Access to health services
- Community engagement
- Reproductive and sexual health
- Declarations of racism as a public health crisis



We have legal and policy expertise in these areas and more.

## Types of Assistance

Research

Implementation Assistance

Connection to other communities or organizations doing similar work

Training (understanding legal and policy issues, advocacy, messaging)

Development of laws, policies, or plans to address identified issues

Identifying model laws and policies

Creation of and connection to resources

## Who is Eligible?

- **Eligible applicants include**
  - **Local, state, or tribal health departments.**
  - **Community-based organizations or groups.**
  - **Nonprofit organizations.**
  - **Professional associations.**
  - **Health care systems or providers.**
  - **Others working to eliminate deep, systemic, and racially driven inequities in health.**



## **We're interested in supporting projects that have most, if not all, of the following characteristics:**

- **Have a commitment and clear goals to furthering racial health equity.**
- **Are committed to an intersectional approach to racial health equity.**
- **Are grounded in principles of health equity and the priorities of communities that have experienced inequitable health disparities.**
- **Are community led.**
- **Are led by entities that are engaged and working with communities either currently or that are seeking assistance with how to connect with communities.**
- **Could be implemented in other jurisdictions or communities.**
- **Have a well-defined legal/policy scope or would benefit from planning assistance to define the legal/policy scope.**
- **Have a clear connection to improving population health.**
- **Focus on taking practical steps to implement actions items in declarations of racism as a public health crisis.**



# Cohort Commitments & Expectations

To ensure a successful collaboration, applicants must make a commitment to:

- Work with the Network to identify at least one issue on which the Network can provide legal and policy technical assistance.
- Identify at least one project point person who will be the point of contact on the project and is available for monthly check-ins.
- Participate in training and facilitated discussion.
- Attend a virtual guided facilitated discussion to learn about and connect with other projects supported under this CFA.
- Participate in evaluations at the close of projects.



# Timeline

- **Application**
  - **August 2024: Call for applications opens**
  - **September 9, 2024: Applications due**
  - **September 2024: Applicants receive notification of acceptance/non-acceptance**
- **Legal and Policy Technical Assistance (7 months)**
  - **October 2024: Legal and policy technical assistance begins**
  - **April 30, 2025: Legal and policy technical assistance ends**
- **Cohort Events**
  - **October 2024: Virtual training on public health law and racial equity**
  - **February 2025: Guided virtual facilitated discussion**
- **Evaluation**
  - **May - June 15, 2025: Project evaluation concludes**

## Some Benefits Identified by Past Participants Include:

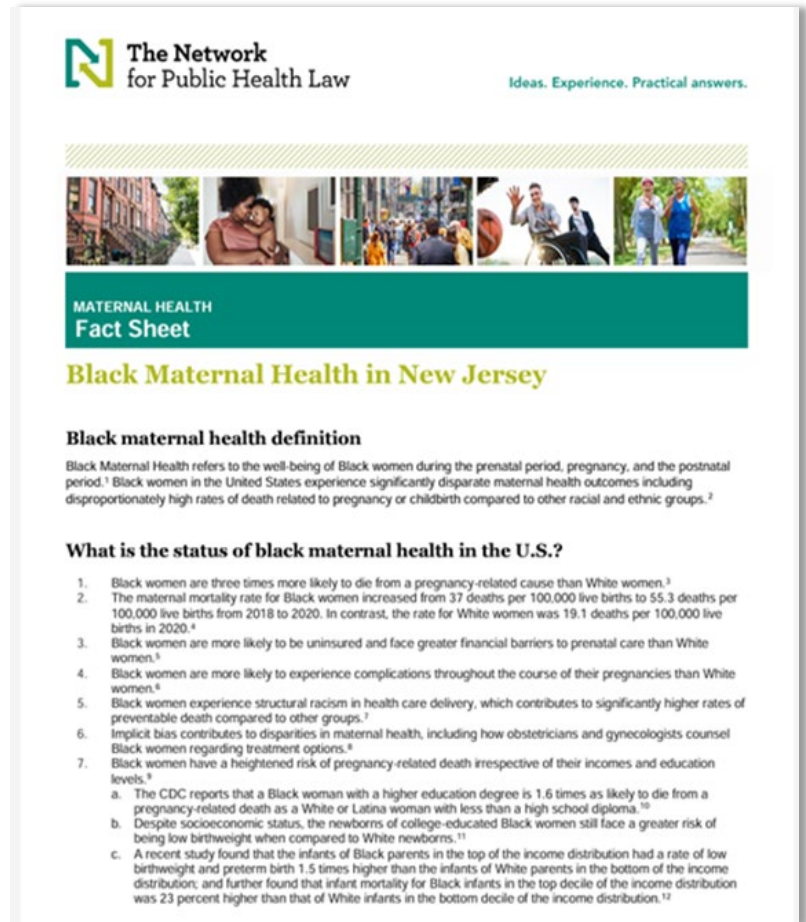
- **Access to free high-quality public health and racial equity focused legal technical support.**
- **Access to legal technical assistance for entities that do not have easy access to attorneys.**
- **Access to expertise in law and policy can support small teams with limited capacity.**
- **Access to relationship building and connecting with other cohort members doing similar work.**


## Prior RHE CFA Technical Assistance Included:

- Implementing a **local resolution declaring racism to be a public health crises.**
- Addressing **social isolation** experienced by seniors of color.
- Increasing **access to in-patient treatment** for Southeast Asian populations.
- Tools for **evaluating racial equity impacts** of legislation.
- State laws addressing **Black maternal health.**
- Addressing legal obstacles to **hiring formerly incarcerated people as community health workers.**
- Implementation of a **Health in All Policies Initiative.**
- Community centered **mobile crisis response models** that are not law-enforcement centered.
- Licensure of **lactation consultants.**
- **Misuse of “excited delirium diagnosis”** against people of color.

# Black Maternal Health in New Jersey

- **Initial Meeting:**
  - **Gained an understanding of the community-based organization's current understanding and needs.**
- **Product Development:**
  - **Created Fact Sheet and Policy Brief.**
  - **Tracked 3-year history of state legislative proposals impacting maternal health.**
- **Closing Meeting:**
  - **Strategized with CBO on identifying top priorities based on impact and viability.**



 **The Network**  
for Public Health Law

Ideas. Experience. Practical answers.

**MATERNAL HEALTH**  
**Fact Sheet**

**Black Maternal Health in New Jersey**

**Black maternal health definition**

Black Maternal Health refers to the well-being of Black women during the prenatal period, pregnancy, and the postnatal period.<sup>1</sup> Black women in the United States experience significantly disparate maternal health outcomes including disproportionately high rates of death related to pregnancy or childbirth compared to other racial and ethnic groups.<sup>2</sup>

**What is the status of black maternal health in the U.S.?**

1. Black women are three times more likely to die from a pregnancy-related cause than White women.<sup>3</sup>
2. The maternal mortality rate for Black women increased from 37 deaths per 100,000 live births to 55.3 deaths per 100,000 live births from 2018 to 2020. In contrast, the rate for White women was 19.1 deaths per 100,000 live births in 2020.<sup>4</sup>
3. Black women are more likely to be uninsured and face greater financial barriers to prenatal care than White women.<sup>5</sup>
4. Black women are more likely to experience complications throughout the course of their pregnancies than White women.<sup>6</sup>
5. Black women experience structural racism in health care delivery, which contributes to significantly higher rates of preventable death compared to other groups.<sup>7</sup>
6. Implicit bias contributes to disparities in maternal health, including how obstetricians and gynecologists counsel Black women regarding treatment options.<sup>8</sup>
7. Black women have a heightened risk of pregnancy-related death irrespective of their incomes and education levels.<sup>9</sup>
  - a. The CDC reports that a Black woman with a higher education degree is 1.6 times as likely to die from a pregnancy-related death as a White or Latina woman with less than a high school diploma.<sup>10</sup>
  - b. Despite socioeconomic status, the newborns of college-educated Black women still face a greater risk of being low birthweight when compared to White newborns.<sup>11</sup>
  - c. A recent study found that the infants of Black parents in the top of the income distribution had a rate of low birthweight and preterm birth 1.5 times higher than the infants of White parents in the bottom of the income distribution, and further found that infant mortality for Black infants in the top decile of the income distribution was 23 percent higher than that of White infants in the bottom decile of the income distribution.<sup>12</sup>

# Licensure of Lactation Consultants in Rhode Island

## Applicant

- Perinatal community-based wellness organization primarily focused on eliminating health disparities for Black birthing persons

## Request

- *How can we change Rhode Island's lactation consultant licensing law in a way to achieve a more equitable and diverse workforce?*

## Legal and Policy Assistance

- Reviewing the relevant statute and regulation and assessing similar laws in other jurisdictions
- Connecting with the RIDOH to understand their rulemaking process
- Identifying payment models for lactation consultants in other jurisdictions; and
- Assessing the impact of *Jackson v. Raffensperger*
- Reviewing proposed changes to the lactation consultant licensure regulations (with RIDOH)

## Results

- Issue Brief: [Creating an Equitable Landscape for Lactation Consultant Licensure in Rhode Island](#)
- Public Comment to the lactation consultant licensure regulation ([216-RICR-40-05-27](#))
- New Law: [Lactation Counselor Practice Act of 2024](#) - specifies the requirements and procedures for licensing lactation (SB 2379A, Enacted 06/25/2024)



### MECHANISMS FOR ADVANCING HEALTH EQUITY ISSUE BRIEF

#### Creating an Equitable Landscape for Lactation Consultant Licensure in Rhode Island

##### Introduction

Rhode Island is one of four states to license lactation consultants, passing the Lactation Consultant Practice Act in 2014.<sup>1</sup> Requiring licensure can lead to increased quality of lactation-based care, but it can also lead to barriers to entry into the lactation consulting profession resulting in a workforce lacking in diversity. In Rhode Island, as in many states, there are a variety of practitioners providing lactation support in clinical and non-clinical settings, including International Board Certified Lactation Consultants (IBCLC), Certified Lactation Counselors, Specialists, and Educators (CLC, CLS, and CLE), and peer educators or educators, among others. Rhode Island's Lactation Consultant Practice Act authorizes the Director of Health to license lactation consultants, considering criteria established by the IBCLC<sup>2</sup> for other national standards<sup>3</sup> (emphasis added).<sup>4</sup> According to the Rhode Island Department of Health regulations, however, IBCLC certification is required.<sup>5</sup>

**Barriers to Inclusion:** Requiring licensure of lactation consultants is one way to establish a minimum standard of care for providing lactation care and services. However, the education and experience requirements set by the IBCLC for certification create a significant barrier for many individuals, particularly those from marginalized communities with respect to access to educational and economic opportunities.<sup>6</sup> Licensure can have the practical effect of limiting the participation of individuals from diverse educational backgrounds and practice settings.<sup>7</sup> In addition, one consequence of requiring IBCLC certification for licensure is that only IBCLC may receive Medicaid reimbursement for services, typically as part of care teams or covered in the scope of another profession (with the exception of lactation care provided through the Infant, Women, Infant and Children or IWIC Program).<sup>8</sup> This can limit economic opportunity for other types of lactation support workers engaged in non-clinical settings. One way to alleviate this problem is to have inclusive reimbursement policies covering all lactation support providers.<sup>9</sup>

## Questions?

Send questions to:

April Shaw [ashaw@networkforphl.org](mailto:ashaw@networkforphl.org) and

Sara Rogers [srogers@networkforphl.org](mailto:srogers@networkforphl.org)

You can access the application [here](#).

[See the full CFA here.](#)

# **Thank you for attending.**

**You will receive an email notification when the slides and recording of today's webinar have been posted on the Network website.**