YOUNG GIFTED & GREEN

2021-24

BLACK MATERNAL & ENVIRONMENTAL HEALTH PROGRESS REPORT

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LETTER FROM THE CEO

LATRICEA ADAMS, MAT, EDS

Founder CEO & President

Young, Gifted & Green is proud to present the first ever Black Maternal & Environmental Health Progress Report. Black Maternal & Environmental Health is critical and warrants a sense of urgency. We recognize that healthy pregnancies and thriving families are inextricably linked to the environments in which they live, work, play, and pray. For too long, Black mothers and their children have disproportionately borne the burden of pollution, toxic exposures, and systemic inequities that compromise their well-being.

This innovative report sheds light on the critical challenges we face and the work still left undone while highlighting the progress we have made. We celebrate the innovative solutions, the tireless advocacy, and the unwavering commitment to creating a healthier and more just future for Black mothers and babies.

EXECUTIVE SUMMARY

SETTING THE STAGE: THE FOUNDATION OF THE BLACK MATERNAL & ENVIRONMENTAL HEALTH FOCUS

In 2021, Young, Gifted & Green assembled a coalition of maternal and reproductive health organizations, advocates, experts and legislators to introduce the The White House Maternal Health Recommendations (See Figure 1) directed to the Biden-Harris administration. The Black Maternal & Environmental Health Progress Report highlights years 2021-2024 reflecting the Biden-Harris Administration's achievements and highlights key areas of growth to best inform goals and priorities of the new administration in addressing the critical issues affecting Black maternal health and environmental justice. Since launching our comprehensive recommendations, we have made substantial progress in assessing and researching the national landscape as it relates to maternal health and reproductive justice through an intersectional environmentalism lens.

Figure 1: White House Maternal Health Recommendations

OVERVIEW OF THE ORGANIZATION OF THE REPORT

The report is organized based on our recommendations where federal initiatives from 2021-2024 are assessed using a robust rubric (See Table A):

The key evidence factors considered in this rubric include:

- Policy changes and legislation enacted for maternal health and environmental health
- Funding allocated to initiatives addressing these issues
- Improvements in maternal mortality rates for Black women
- Expanded access to prenatal/postpartum care
- Reductions in pollution, contamination, and other environmental burdens in Black communities
- Addressing systemic racism in the healthcare system and environmental policymaking

The report also features a dedicated section on Blood Lead Level Testing for pregnant women, highlighting the importance of addressing lead exposure in maternal health while highlighting progress at the state level.

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Table A: Black Maternal & Environmental Health Rubric

APPROACH MATERNAL HEALTH AND REPRODUCTIVE JUSTICE FROM AN INTERSECTIONAL ENVIRONMENTALISM LENS

In Biden-Harris National Strategy on Gender Equity and Equality (1), the administration highlighted the disproportionate environmental burdens faced by women of color, including higher exposure to toxic chemicals, air pollution, and other environmental hazards that contribute to poor maternal and reproductive health. The administration took steps to address these intersections, such as investing $3 billion in the American Rescue Plan (2) to improve maternal health outcomes and reduce disparities, with a focus on addressing social determinants of health including environmental factors. The administration established a federal proclamation for Black Maternal Health Week and hosted White House Summits amplifying Black Maternal Health. The Climate Economic Justice Screening Tool (CEJST) did not include birth outcomes after several requests including a recommendation (3) from the White House Environmental Justice Advisory Council (WHEJAC).

In May 2024 the Biden-Harris Administration Announces Maternal Mental Health Task Force's National Strategy to Improve Maternal Mental Health Care Amid Urgent Public Health Crisis (4). While the task force announcement does not explicitly include environmental justice or climate change factors, the announcement states that the newly developed task force references the White House Blueprint for Addressing the Maternal Health Crisis (5).

Within the Maternal Health Blueprint (5), the Biden-Harris administration highlights plans to address adverse effects on maternal health from climate change and other environmental stressors. The EPA launched a Federal Cool Communities Challenge (6) focused on assessing and communicating heat risks and building resilient energy systems. Submissions must focus on equity and underserved communities. The challenge will directly benefit pregnant women by accounting for this demographic in its assessment and by ensuring the Administration works with key partners to get submissions that focus on messages for pregnant women about the risks of extreme heat. Submissions were historically accepted since the summer of 2022.

In January 2025, the Biden-Harris Administration's EPA released Indicators of Environmental Health Disparities (7) which included birth outcomes.

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Educating providers on the impact of environmental exposures was another notable effort. The EPA and the Agency for Toxic Substances and Disease Registry (ATSDR) (8) supported the Pediatric Environmental Health Specialty Units (PEHSUs), a national network of 98 experts in the prevention, diagnosis, management, and treatment of health issues that arise from environmental exposures from preconception through adolescence. Starting in FY23, EPA began working with PEHSUs to improve maternal health by educating obstetricians and other maternal health care providers on how to assess environmental risks such as lead and PFAS, provide effective interventions, and counsel patients on reducing adverse exposures to women of childbearing age, pregnant women, and new mothers. The EPA originally planned to use $900,000 to support the PEHSUs in FY23 and ASTDR plans to use a similar amount; a portion of these funds would support the maternal health work.

Replacing lead service lines has additionally been frequently discussed. The Biden-Harris administration emphasized that “Lead exposure can result in serious health effects to a developing fetus and infants, increases the likelihood of learning and behavioral problems, and also can increase a mother’s risk for miscarriage” The EPA invested billions of Bipartisan Infrastructure Law dollars to identify and replace lead service lines around the nation, providing $3 billion in the year of 2022 in the first of five allotments totaling $15 billion. A key priority of the Bipartisan Infrastructure Law is to ensure that disadvantaged communities benefit equitably from this historic investment in water infrastructure. Which will ultimately impact lead exposure in child-bearing people and infants.

LOCAL/STATE EXAMPLES : CALIFORNIA

California: The California Environmental Justice Alliance (CEJA) (9) focuses on intersectional environmental justice, including maternal health impacts. The Black Women for Wellness (BWFW) (10) in Los Angeles also addresses reproductive justice within an environmental framework. A clear example would be BWFW’s Sisters in Control: Reproductive Justice (11) program which has various subcategories including infant health.

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REQUIRE FEDERAL AGENCIES TO INCLUDE MATERNAL HEALTH AND BIRTH OUTCOMES IN THEIR COST-BENEFIT ANALYSES

In the 2025 Justification Estimates for Appropriations Committees, the Department of Health and Human Services (HHS) (12) proposed a significant increase in funding aimed at enhancing maternal and child health programs. This included an additional allocation of $135.7 million, bringing the total program budget to $1.8 billion. This funding was critical for addressing the multifaceted challenges surrounding maternal health, particularly in underserved communities. A key component of this funding was dedicated to the establishment of a maternal health workforce. This initiative aimed to ensure that there were enough qualified professionals to meet the growing demands for maternal care, particularly in areas where resources were scarce. By investing in workforce development, HHS sought to improve access to quality maternal health services, thereby reducing disparities in maternal health outcomes.

The proposal included approximately $30 million for the Health Resources and Services Administration (HRSA)-supported Alliance for Innovation on Maternal Health (AIM) (13). AIM was crucial for promoting evidence-based practices and fostering collaboration among healthcare providers. By supporting this initiative, HHS aimed to enhance the quality of maternal care through innovative strategies that improved safety and outcomes for mothers and infants.

Additionally, the budget allocated $15 million specifically for building obstetric safety-net capacity in maternal care deserts. These were regions with limited access to comprehensive maternal health services, often resulting in poorer health outcomes for mothers and their babies. This funding facilitated the development of safety-net facilities that could provide essential obstetric services, ensuring that women in high-risk areas had access to the care they needed.

National organizations like the American Lung Association (14) urged EPA to fully consider fully consider health benefits in the cost-benefit analyses including aspects such as low-birth weight.; however, there it is unclear if this was actually implemented. Additionally, the Black Maternal Health Caucus advocated for legislative changes that incorporate maternal health in broader federal policies.

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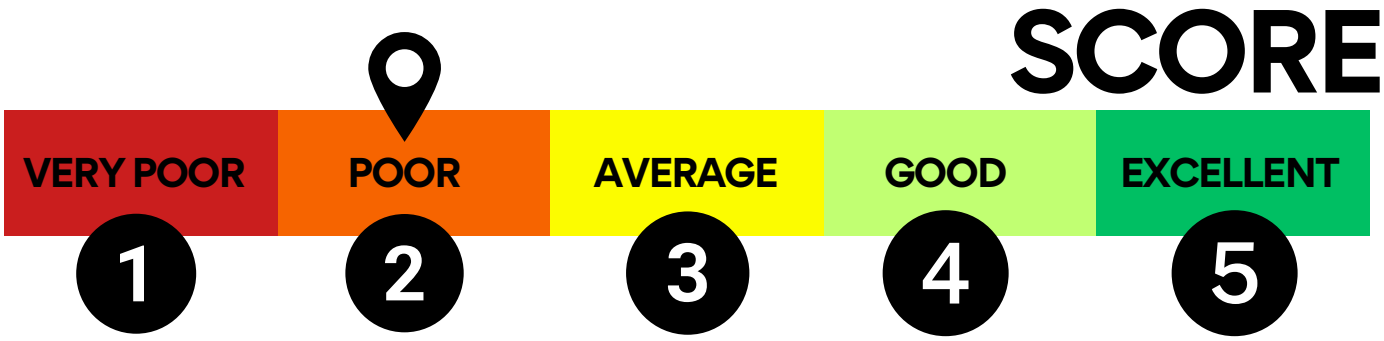
EXTENSION OF MEDICAID COVERAGE FOR A YEAR FOR ALL MOTHERS WITH INCLUSION OF BODY BURDEN & RISK FACTORS ASSOCIATED WITH CLIMATE ISSUES: EXTREME HEAT, AIR POLLUTION, LEAD-POISONED WATER, ETC



The Maternal Health Blueprint's (5) Medicaid and CHIP section specifies that Centers for Medicare & Medicaid Services (CMS) maintains the Maternity Core Set, a collection of perinatal quality measures from the Child and Adult Core Sets for voluntary reporting by state Medicaid and CHIP agencies. In 2024, CMS was supposed to require mandatory reporting by states of all measures from the Child Core Set, including the perinatal measures included on the Maternity Core Set (e.g., low birth weight live births, timeliness of prenatal care), and all behavioral health measures. The perinatal measures on the Adult Core Set still remained voluntary (a legislative change is required to make them mandatory). CMS publicly reported core set measure data annually on Medicaid.gov. In addition, CMS included a few of the Maternity Core set measures in the public-facing Medicaid and CHIP Scorecard (15) and works with an advisory group to identify additional perinatal measures annually.

Unfortunately, the previously stated language is the main if not only mention of Medicaid coverage suggested in the Maternal Health Blueprint, regardless of many advocates implying the untapped resourcefulness that Medicaid could provide in reducing climate-related risks.

LOCAL/STATE EXAMPLES : CALIFORNIA

Illinois: Illinois extended Medicaid postpartum coverage to 12 months (16), with considerations for environmental health risks. The Illinois Department of Public Health (17) also collaborates with federal agencies (such as the CDC) to address risks like lead exposure [18]).

North Carolina: The state's Medicaid program (19) includes provisions for environmental health risks in their extended postpartum care plan, supported by the 'North Carolina Healthy Start Foundation'.

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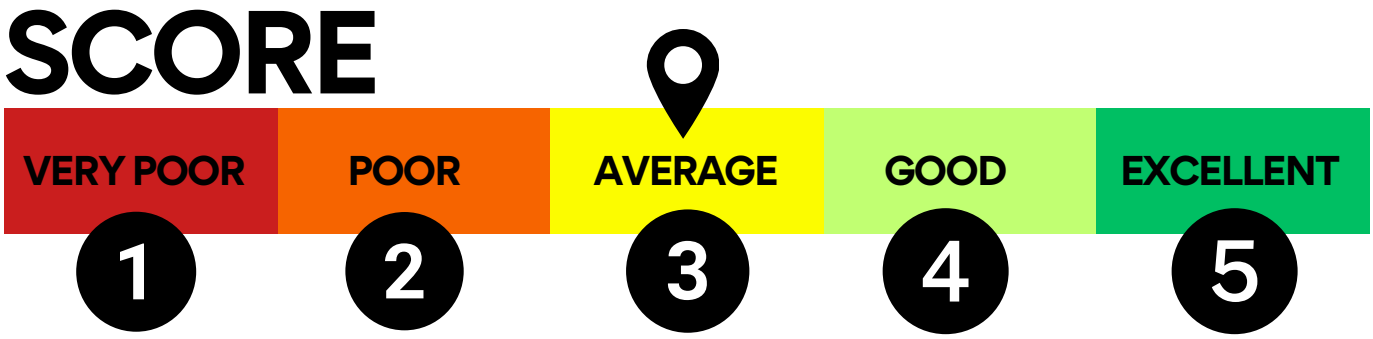
REQUIRE HOSPITALS TO PROVIDE ANNUAL TRAINING IN AN EVIDENCE-BASED IMPLICIT BIAS PROGRAM TO ALL STAFF MEMBERS INVOLVED IN PERINATAL CARE AND REQUIRE DOCTORS TO GO THROUGH THE SAME TRAINING FOR LICENSE RENEWAL



Aligned with the Maternal Health Blueprint (5) highlighting the Safety Program in Perinatal Care, the FY 2023 called for funding for HHS to expand the Agency for Healthcare Research and Quality (AHRQ) Safety Program in Perinatal Care (SPPC) (20) to train providers on how to deliver care that allows individuals to feel comfortable asserting their rights and advocating for themselves. Including enabling providers to listen to and trust their patients. As a step, AHRQ initiated a systematic review of respectful maternity care that supported the integration of best practices into the existing SPPC framework and communication tools.

Delivering care in these innovative forms embraced leading toward patient-centered care, as well as leaving room for an evidence-based implementation strategy to improve maternal and neonatal health outcomes. All while addressing disparities based on race and ethnicity, age, and socioeconomic status, across all aspects of care delivery. AHRQ distributed this program in concert with the Health Resources and Services Administration (HRSA) AIM programmatic framework.

With the $5 million requested in the President's FY 2023 Budget, HHS will support the development and implementation of implicit bias training (21) for clinicians who provide maternal healthcare services. These efforts sought to include supporting healthcare providers in identifying and avoiding implicit bias in care settings and engaging the National Academy of Medicine to recommend incorporating bias recognition in clinical skills testing for accredited schools of medicine.

Although this would help tackle discrimination, exertion will not end there. Addressing systemic discrimination in health care. The HHS Office for Civil Rights (OCR) guides preventing discrimination in health care, including maternal health and enforces violations of anti-discrimination laws. HHS worked to issue a proposed rule that would make changes to the 2020 final rule related to prohibiting discrimination based on race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), in various health programs and activities. Paired with the additional $21 million requested in the FY 2023 Budget, OCR was working to bolster its enforcement, technical assistance, and outreach activities like working more extensively with providers and helping more women.

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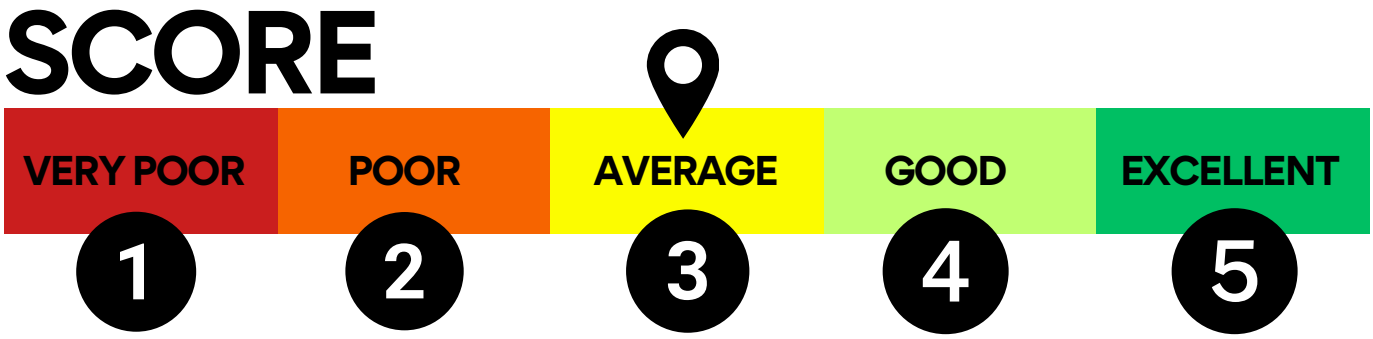

Encouraging the removal of structural barriers that prevent women with disabilities from receiving adequate reproductive care remains prevalent. To help providers make their practices more accessible to pregnant people, the U.S. Access Board issued standards for Accessible Medical Diagnostic Equipment. By adopting these standards (22), medical providers can expand their patient base while reducing the risk of workplace injuries, liability, and attrition that can result from nurses and nursing assistants physically transferring patients to and from inaccessible examination equipment. HHS initially planned to work with providers to support their adoption of these standards.

LOCAL/STATE EXAMPLES : CALIFORNIA

Michigan: Michigan's Department of Health and Human Services requires hospitals to participate in implicit bias training (23)**.** This is particularly emphasized in Detroit, where the 'Detroit Urban Research Center' partners with hospitals to improve perinatal care through bias reduction (24)**.**

California: The California Dignity in Pregnancy and Childbirth Act (25) requires perinatal care workers to undergo implicit bias training annually, aiming to reduce disparities in birth outcomes.

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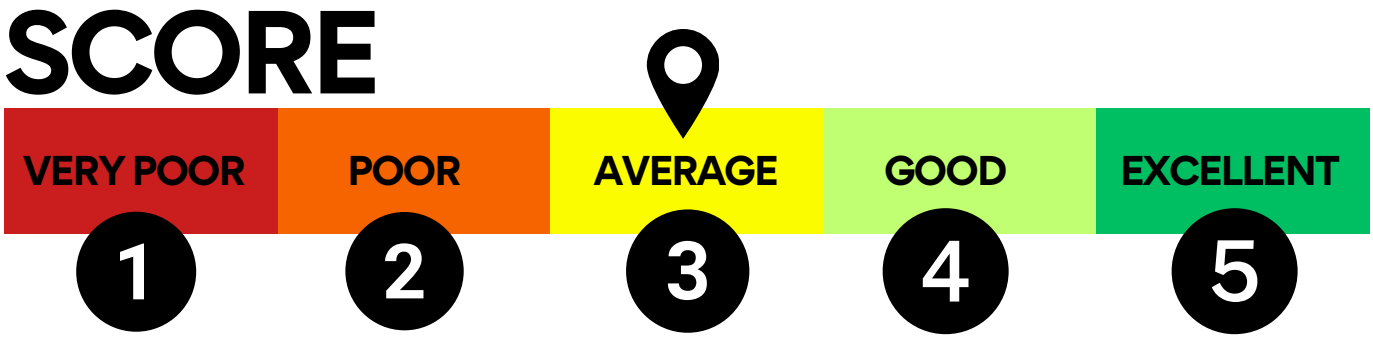
DEVELOP EQUITY AND ACCOUNTABILITY MEASURES THAT INVOLVE COMMUNITY STAKEHOLDERS FOR REPORTING GRIEVANCES THAT HOLD SYSTEMS AND INSTITUTIONS ACCOUNTABLE FOR HARM DONE THROUGH A SEPARATE REPORTING BODY AND DEPARTMENT.



Advancing data collection, standardization, and transparency, in relation to research were key goals of the Biden-Harris administration. Particularly to bridge gaps in data collection, investments towards maternal health research and pregnant people participating in clinical trials, and commitment to collecting and using race, ethnicity, and other demographic data to identify and prevent adverse outcomes. Efforts included improving data collection by enhancing Maternal Mortality Review Committees (MMRC) (26) data to inform maternal health interventions, supporting Pregnancy Risk Assessment Monitoring System (PRAMS) (27) data collection improvements, working with hospitals in the Maternal Morbidity and Mortality Data and Analysis Initiative (28) to identify drivers of poor outcomes, coordinating with Health Center Program participants to report de-identified data that will help address disparities, working with Federal Employees Health Benefits (FEHB) (29) Program carriers to capture race and ethnicity data, requiring reporting of perinatal, behavioral health, and child health measures under Medicaid/CHIP, and including maternity metrics in the public Medicaid and CHIP Scorecard.

Building the next generation of maternal health researchers by funding opportunities for research under the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) (30) initiative, identifying research gaps to inform future research to improve health outcomes, and enhancing HHS research on rural maternal health was a desire of the Biden-Harris Administration. This went hand in hand with wanting to better understand conditions that impact pregnancy through a systematic review of risk factors for poor pregnancy outcomes, funding demonstration sites that seek to address endometriosis, and other issues that increase the risk of pregnancy complications. The systemic review looked to study Women, Infants, and Children (WIC) participation and maternal outcomes, linking housing and health data to understand contributors to maternal mortality, and advancing research on environmental stressors and pregnancy.

To improve the quality of care, hold providers accountable, and prioritize patient needs and their experience before, during, and after pregnancy, opportunities were explored to advance equitable, high-quality maternity care provided by hospitals, including engaging with the public on possible revisions to the conditions of participation for hospitals receiving funding from the Medicare and Medicaid programs, as well as proposing a new “birthing-friendly” hospital designation to publicly report those facilities with a demonstrated commitment to maternal health through participation in perinatal quality improvement programs and implementation of evidence-based practices.

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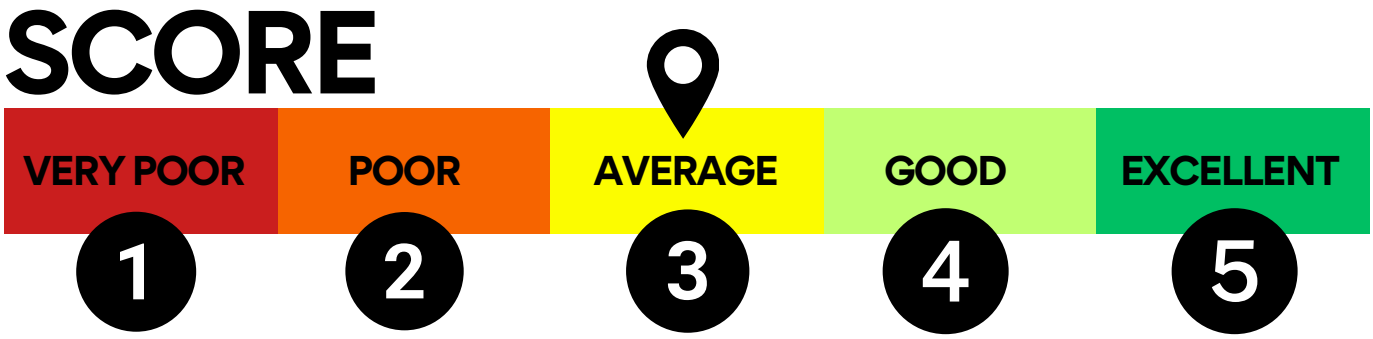

The Biden-Harris administration made efforts to amplify the voice of communities of color when analyzing factors contributing to pregnancy-related deaths by encouraging the ongoing development og a roadmap to increase community participation in state maternal mortality review committees (MMRCs) and incorporating community participation in future funding opportunities when allowable. For example, the Centers for Disease Control and Prevention (CDC) aimed to support postpartum women and educating providers by expanding the Hear Her™ (31) campaign to include culturally relevant materials to raise awareness of urgent maternal warning signs and improve communication between patients and providers. The program aimed to provide women with their own data, enabling more women to get automated access to their electronic prenatal, birth, and postpartum health records.

LOCAL/STATE EXAMPLES : CALIFORNIA

New York: New York City's 'Health + Hospitals' (32) system includes community stakeholders in their reporting and accountability processes, particularly concerning maternal health care (33).

California: The California Pan-Ethnic Health Network (CPEHN) (34) has advocated for and helped develop accountability measures that ensure maternal health systems are held accountable for disparities and grievances reported by BIPOC communities.

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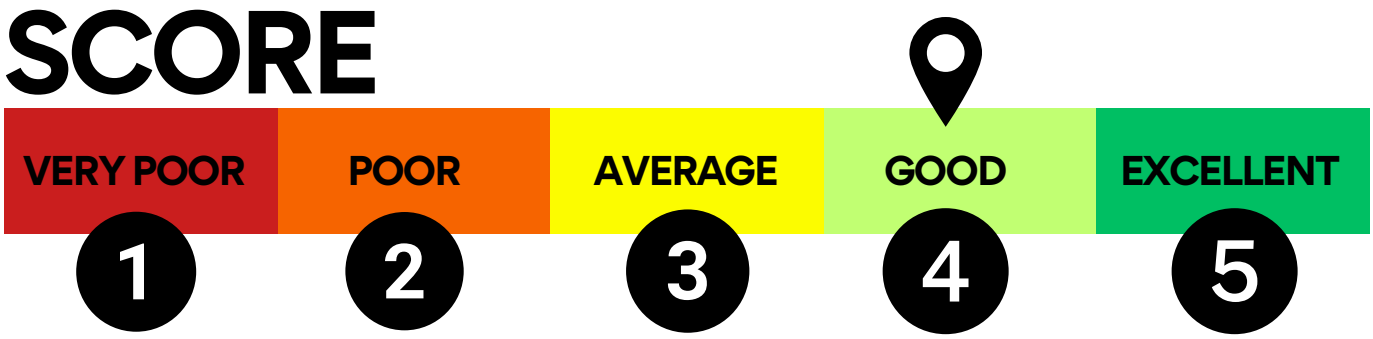
ALLOCATE RESEARCH FUNDING TO HBCUS TO RESEARCH IMPACTS OF ENVIRONMENTAL RACISM ASSOCIATED WITH MISCARRIAGES & OTHER CHARACTERISTICS OF AT-RISK PREGNANCIES



According to the U.S Department of Education Fact Sheet (35) estimates are over $1.6 billion to HBCUs through Federal grants, cooperative agreements, and other competitive funding opportunities that drive the advancement of academic and training programs, community-based initiatives, and research innovation across national priorities such as medicine and public health, climate science, agriculture, emerging technologies, and defense.
Almost $950 million to support HBCUs in growing research capacity and related infrastructure to better compete for Federal research and development dollars. As a part of a $90 million federal allocation, including $8.7 million in Maryland, Morgan State University (36) has been selected to lead a national research network to curb deaths of Black mothers including by addressing unhealthy housing.

The Department of Health and Human Services Health Resources and Services Administration's Maternal and Child Health Bureau Launched the Maternal Health Research Collaborative for MSIs (37), providing roughly $30M in research support to seven HBCUs over five years. The funding will build the capacity of HBCUs to conduct Black maternal health research to fully understand and address the root causes of disparities in maternal mortality, severe maternal morbidity, and maternal health outcomes; and to find community-based solutions to address these disparities and advance health equity.

LOCAL/STATE EXAMPLES : CALIFORNIA

Texas: Texas Southern University, an HBCU in Houston, has received funding for research on environmental racism's effects on maternal and child health (38), especially in communities impacted by industrial pollution.

Georgia: Morehouse School of Medicine in Atlanta has been involved in research initiatives funded by NIH to study the impact of environmental factors (39), such as pollution, on maternal health outcomes (40).

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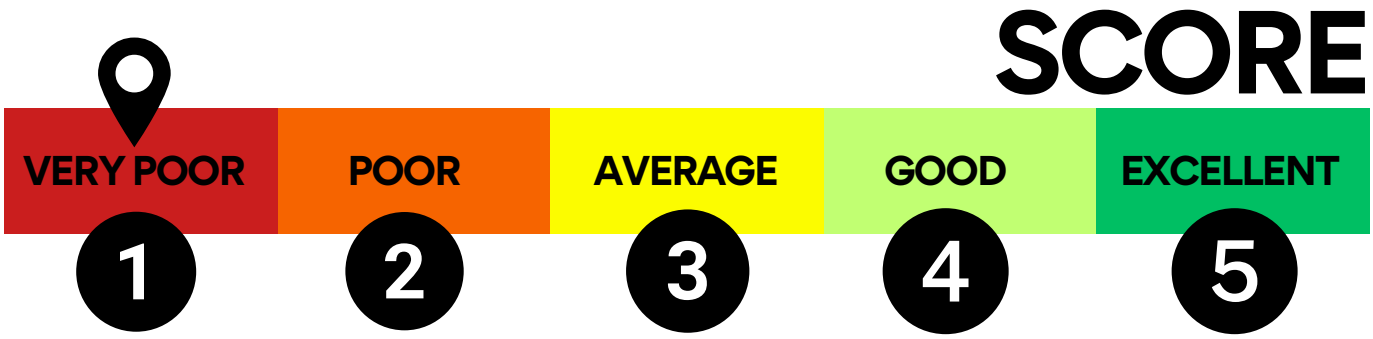
Table A: Black Maternal & Environmental Health Rubric

ESTABLISH A WHITE HOUSE BIPOC MATERNAL HEALTH + REPRODUCTIVE JUSTICE ADVISORY COUNCIL



The Biden-Harris Administration did not establish a White House BIPOC Maternal Health + Reproductive Justice Advisory Council, despite advocacy from various groups, including the White House Environmental Justice Advisory Council, which emphasized the importance of addressing maternal health within the broader context of environmental justice. The establishment of such a council would have aligned with President Biden's commitment to a whole-of-government approach to environmental justice, as outlined in several of his executive orders.

Creating this advisory council would have provided a platform for BIPOC communities to voice their unique challenges and needs in maternal health and reproductive rights. It would have also enhanced the Administration's efforts to address systemic inequities in healthcare access, particularly as they related to environmental factors. By prioritizing these issues, the Administration could have more effectively worked towards healthier outcomes for marginalized populations, furthering its goal of promoting equity and justice for all.

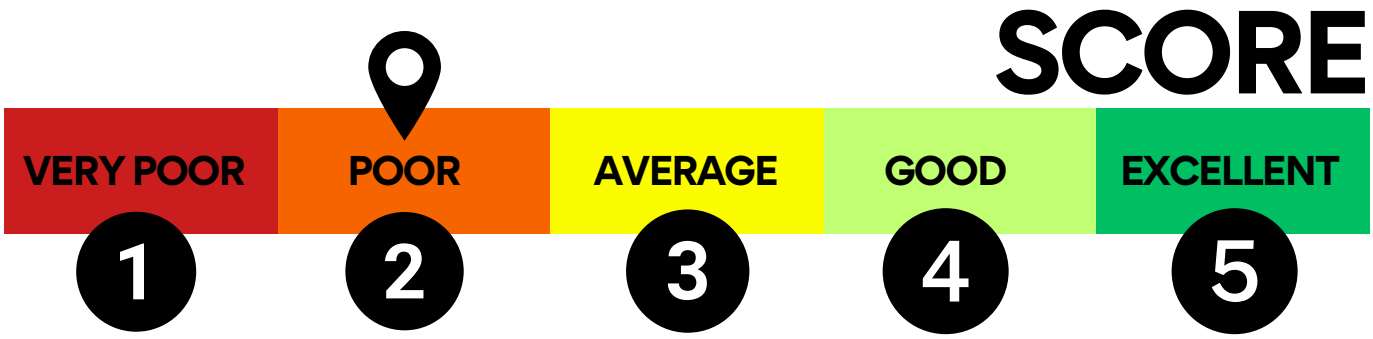
LOCAL/STATE EXAMPLES : CALIFORNIA

National: While a formal council does not yet exist, there is ongoing advocacy from organizations like the National Birth Equity Collaborative and the Black Mamas Matter Alliance (depicted in their toolkit [41] and policy agenda [42]). Both entities are actively pushing for the creation of a federal advisory council focused on these issues.

1 - Very Poor	2 - Poor	3 - Average	4 - Good	5 - Excellent
The administration has taken minimal to no action to address the maternal health crisis faced by Black women or the disproportionate environmental burdens impacting Black communities. They have not implemented any meaningful policies or initiatives in these areas.	The administration has acknowledged these issues but has not followed through with concrete steps or investments to drive change. Their efforts have been limited and ineffective for both maternal health and environmental justice.	The administration has made some attempts to address Black maternal health and environmental health, such as (but not limited to) forming task forces, making pledges, allocating funding, etc. However, their actions (both short-term and long-term) have been insufficient or lacking in tangible impact.	The administration has implemented impactful policies and programs to improve Black maternal health outcomes and address environmental disparities in Black communities. This includes increased funding, expanding access to prenatal/postpartum care, and tackling sources of pollution/contamination.	The administration has made both Black maternal health and environmental justice top priorities, devoting significant resources and driving bold, comprehensive reforms. Their actions have resulted in measurable improvements in maternal mortality rates, environmental quality, and equity for Black communities.

Table A: Black Maternal & Environmental Health Rubric

NATIONAL PROGRESS FOR LEAD POISONING PREVENTION FOR PREGNANT MOTHERS



Lead exposure poses significant health risks, particularly to pregnant women and their developing fetuses. Various states have implemented specific requirements for blood lead level (BLL) testing among pregnant women to mitigate these risks. Despite these efforts, national disparities exist in testing practices, highlighting the urgent need for improved accessibility and consistency in lead screening across the country. There are just a few states that attempt to address this issue; however, significant work is needed.

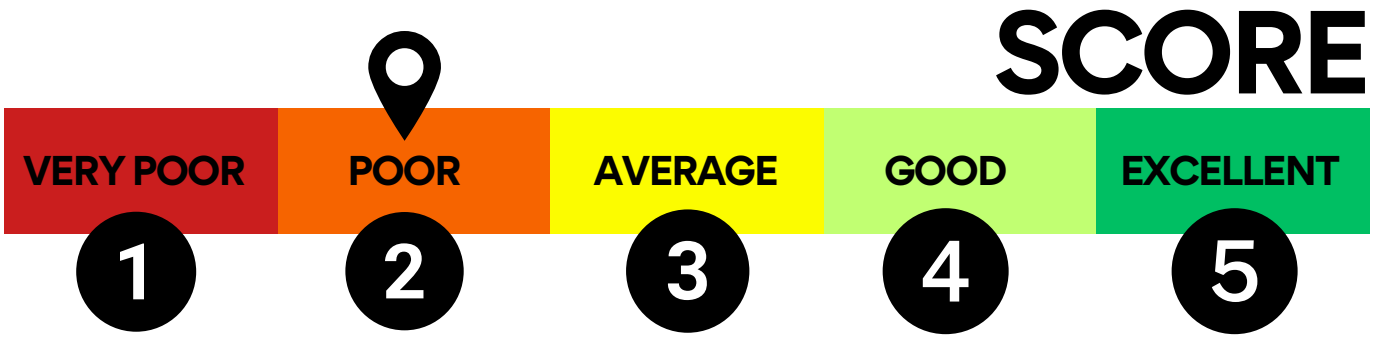
California (CA): California mandates that all pregnant women be tested for lead exposure during pregnancy. The legal framework is established under the California Code of Regulations (CCR), Title 17, Sections 37000-37100, which outlines requirements for healthcare providers to assess and test for lead exposure, particularly in high-risk groups. This proactive approach aims to identify and mitigate risks early on. [California Health and Safety Code, CCR Title 17] (43)

Illinois (IL): Illinois requires lead testing for pregnant women during prenatal care as outlined in the Illinois Lead Poisoning Prevention Act. This legislation allows healthcare providers to conduct a Prenatal-risk Evaluation for Lead Exposure. If risk factors are identified, a venous blood lead test is recommended, ensuring that at-risk pregnant women receive necessary interventions. [Illinois Department of Public Health] (44)

Maryland (MD): Maryland law mandates that all pregnant women undergo lead testing during their first prenatal visit. The Maryland Healthy Children Act requires healthcare providers to evaluate for lead exposure risk and perform blood lead tests as necessary. This ensures early detection and management of lead exposure, fostering healthier outcomes for mothers and infants. [Maryland General Assembly] (45)

New Jersey (NJ): The New Jersey Department of Health issues guidelines for assessing lead exposure, ensuring that pregnant women at risk receive appropriate testing and intervention. Testing is not mandatory (46)

NATIONAL PROGRESS FOR LEAD POISONING PREVENTION FOR PREGNANT MOTHERS



New York (NY): New York requires healthcare providers to test all pregnant women for lead exposure, guided by the New York Codes, Rules, and Regulations (NYCRR), Title 10, Part 67. Although universal testing is not mandated, healthcare providers must assess risk factors and recommend testing when necessary, reflecting a targeted approach to lead screening. [NYCRR Title 10] (47)

Rhode Island (RI): Rhode Island mandates lead screening for all pregnant women under the Lead Poisoning Prevention Act. The regulations require healthcare providers to evaluate and test pregnant women for lead exposure based on identified risk factors, ensuring that at-risk populations are adequately monitored.
Sources: [Rhode Island General Laws (48), RICR Regulations (49)]

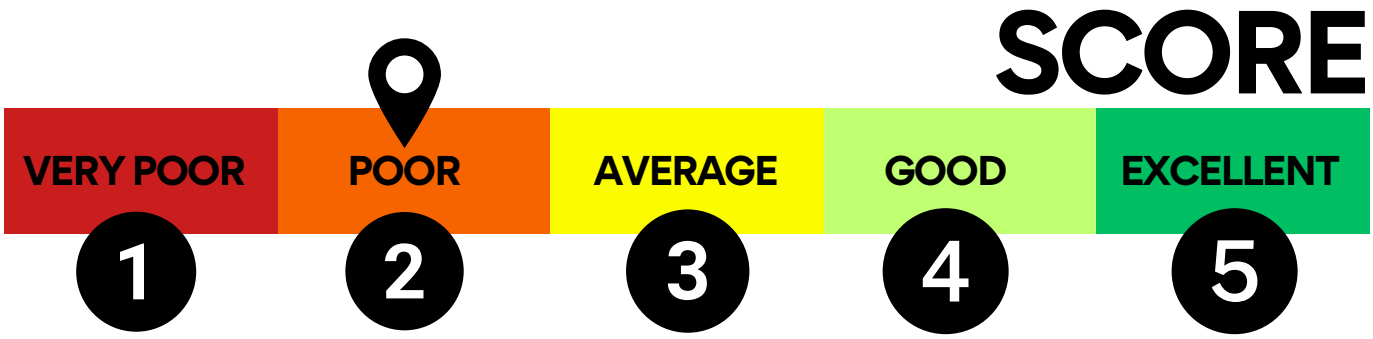
Texas (TX): While not mandatory, Texas strongly encourages lead screening for pregnant women, particularly those in high-risk occupations. The Texas Administrative Code mandates that blood lead levels be reported, ensuring that pregnant women are included in lead exposure assessments. This policy emphasizes the importance of monitoring lead exposure in vulnerable populations. (50)

Minnesota (MN): Minnesota adheres to a legal framework aimed at preventing lead exposure through the Minnesota Lead Poisoning Prevention Act. This includes monitoring blood lead levels in pregnant women, ensuring that screening services are provided to at-risk populations. [Minnesota Department of Health] (51)

New Mexico (NM): New Mexico follows CDC recommendations for lead screening among pregnant women, emphasizing the need for risk assessments and blood lead testing when risk factors are identified. This approach highlights the necessity of early intervention to protect both mother and child. [New Mexico Department of Health (52), (53)]

Milwaukee, WI: In Milwaukee, the health department follows CDC guidelines for assessing lead exposure risks in pregnant women. While routine universal testing is not recommended, assessments are conducted based on identified risk factors. [City of Milwaukee Health Department] (54)

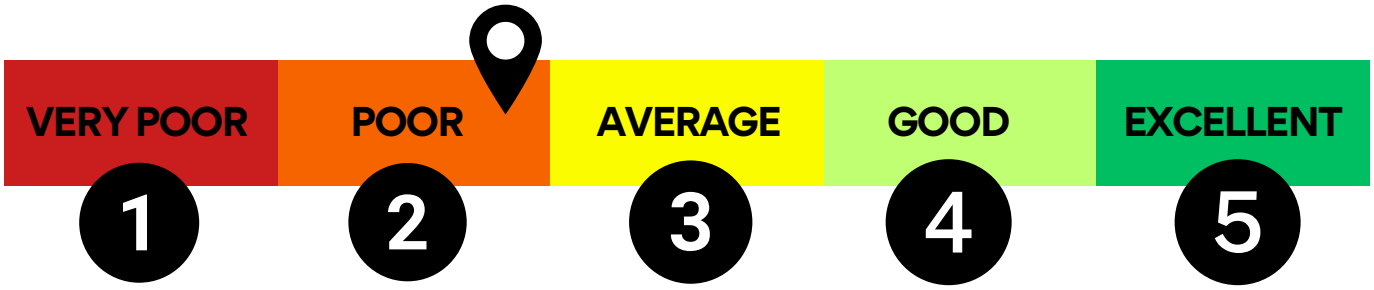
NATIONAL PROGRESS FOR LEAD POISONING PREVENTION FOR PREGNANT MOTHERS



Louisville, KY: Louisville recommends that clinicians assess the risk for lead exposure in pregnant women during their first prenatal visit. Although there is no formal mandate, the approach aligns with CDC recommendations for monitoring at-risk populations. [Louisville Health Department] (55)

CONCLUSION: THE WORK AHEAD

OVERALL SCORE: 2.75



While the Biden-Harris administration made historical investments in environment and maternal health, there is still much work to do ahead. Given the significant disparities in maternal and environmental health outcomes for Black women, it is crucial to implement targeted policy recommendations that address these inequities. These measures should focus on increasing access to healthcare services, enhancing environmental protections, and promoting community engagement in decision-making processes. By prioritizing the health and well-being of Black mothers, we can create a more equitable healthcare system that supports healthier pregnancies and safer living environments.

Expand Funding and Targeted Investments:

- Specifically earmark funding for programs that address the environmental determinants of maternal and reproductive health, such as lead abatement, clean water infrastructure, and pollution reduction initiatives in disadvantaged communities.
- Requiring all federal agencies to consider maternal health and birth outcomes in cost-benefit analyses for relevant programs and regulations. This would help highlight the long-term benefits of improving maternal health and the economic costs of poor outcomes.
- Develop standardized metrics and guidelines for assessing the impact of policies on maternal health, ensuring consistency across agencies.
- Build collaborations between agencies such as the EPA, HHS, and HUD to ensure that maternal health considerations are integrated to promote more intersectional targeted investments.

Strengthen Environmental Regulations and Enforcement:

- Strengthen regulations on toxic chemicals, air pollution, and other environmental hazards that disproportionately impact marginalized communities and contribute to adverse maternal and reproductive health outcomes and explicitly name provisions for maternal health (protecting pregnant women and child-birthing people).
- Enhance enforcement of environmental regulations to hold polluters accountable and protect the health of pregnant people.
- Implement public reporting requirements for environmental institutions on local hazardous material measures.

CONCLUSION: THE WORK AHEAD

Integrate Reproductive Justice into Climate and Environmental Policies:

- Explicitly incorporate reproductive justice considerations, including maternal health, into climate action plans, environmental protection frameworks, and green energy initiatives.
- Engage reproductive justice advocates and community-based organizations in the development and implementation of environmental policies and programs.
- Ensure that maternal health policies explicitly incorporate environmental justice considerations, focusing on reducing exposure to pollutants, improving housing conditions, and addressing climate change impacts that disproportionately affect BIPOC communities.
- Work with Congress to pass legislation extending Medicaid postpartum coverage to all mothers, ensuring comprehensive care that addresses physical, mental, and environmental health risks.
    - Provide financial incentives and technical assistance to states that adopt and implement extended Medicaid coverage for postpartum care

Improve Data Collection and Research:

- Invest in research to better understand the intersections between environmental factors, maternal health, and reproductive justice, with a focus on the experiences of marginalized communities.
- Enhance data collection efforts to capture comprehensive, disaggregated data on maternal health outcomes, environmental exposures, and social determinants of health.
- Encourage partnerships between HBCUs and other research institutions to form collaborative studies that address
- Utilize research findings to inform policy and practice, emphasizing the need for evidence-based interventions to address maternal health disparities.

Strengthen Partnerships and Community Engagement:

- Foster collaboration between environmental justice organizations, maternal and reproductive health advocates, and community-based groups to develop holistic, community-driven solutions.
- Ensure meaningful engagement and leadership of marginalized communities, particularly women of color, in the design and implementation of maternal health and environmental programs.
- Develop mechanisms to evaluate the effectiveness of implicit bias training programs and hold institutions accountable for implementing meaningful change based on BIPOC patients' feedback.
- Establish community advisory boards comprised of representatives from BIPOC communities to provide ongoing input and oversight of maternal health initiatives.

Young, Gifted & Green is unwavering in its dedication to championing the health and well-being of Black mothers and the planet. We believe that transformative change is long overdue, and that it's time to dismantle the systems that perpetuate health inequities. Through grassroots mobilization, policy reform, and community education, we're amplifying the voices of those most impacted by these injustices. This report is one of many as we build a future where every Black mother has access to the resources and support they deserve, and where healthy environments are a birthright, not a privilege.

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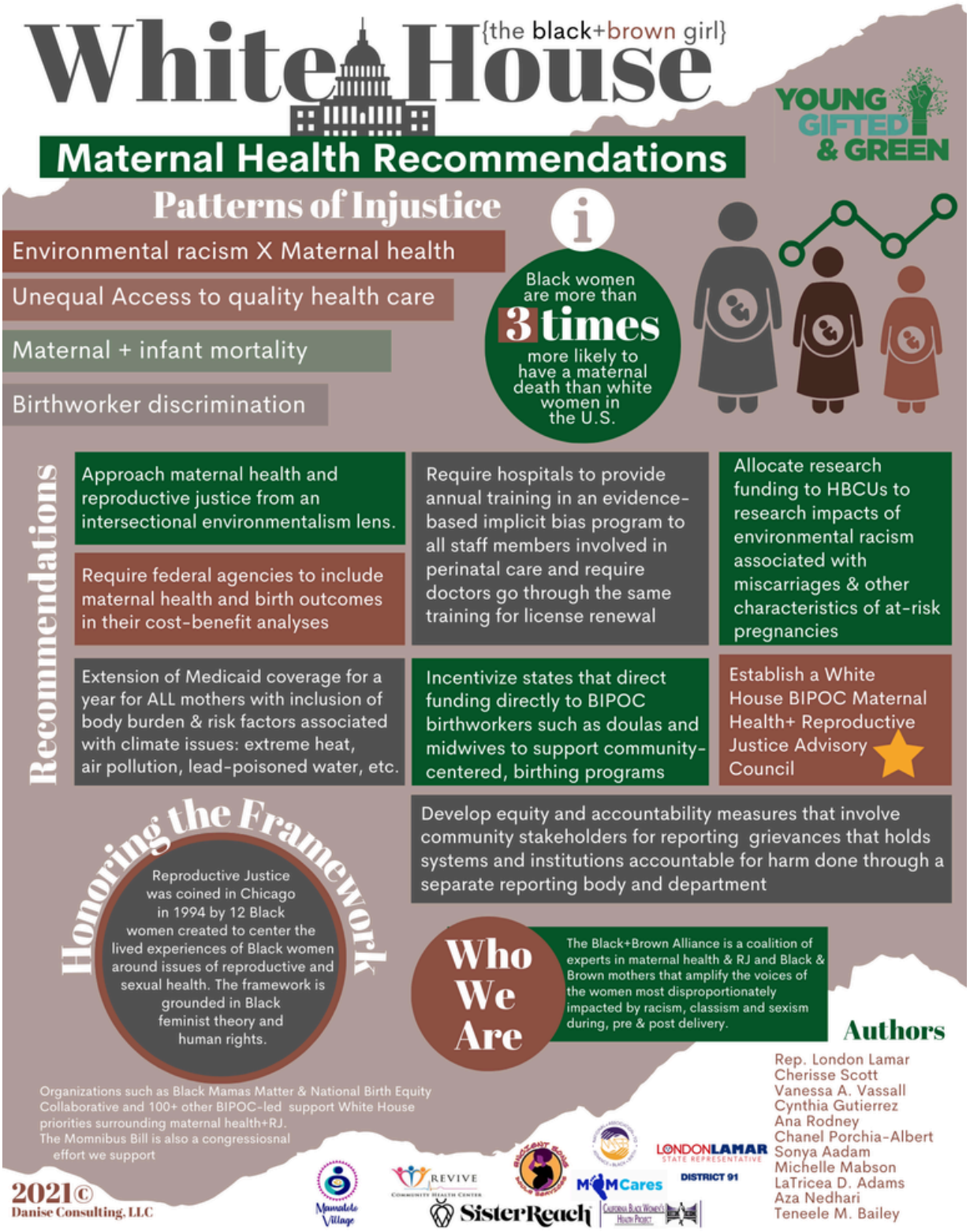
APPENDIX

FIGURE 1: WHITE MATERNAL HEALTH RECOMMENDATIONS



APPENDIX

TABLE 1: BLACK MATERNAL & ENVIRONMENTAL HEALTH RUBRIC

1 - Very Poor	2 - Poor	3 - Average	4 - Good	5 - Excellent
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