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TAPE: 2019-0232 PREMATURITYSYMPOSIUM_CAROLBRADY

Female Speaker: [00:00:01] And now I would like to introduce our next presenter, Miss Carol Brady. Miss Brady is a longtime maternal and child health advocate, with a particular passion for women's reproductive health. Recently retired, Miss Brady served as the project director for the Florida Maternal Infant and Early Childhood Home Visiting Program, also known as MIECHV, an initiative of the Florida Association of Healthy Start Coalitions. As part of this project, Miss Brady led efforts to improve and expand the delivery of home visiting and other evidence-based interventions for at-risk families.

[00:00:46] She also served as executive director of the Northeast Florida Healthy Start Coalition for 16 years, and founded their Magnolia Project, a unique federal healthy start initiative focused on improving the health of women before pregnancy. She's a founding member of the Association of State and Tribal Home Visiting initiatives and the First 1,000 days Florida Coalition. Miss Brady will present social determinants of health, why they matter, and what we can do about them. It is my honor to ask you to join me in welcoming Miss Carol Brady.

[Applause: [00:01:26]

Carol Brady: [00:01:27] Thank you, thank you. Okay. Good afternoon everyone. We're in the home stretch now, yay. So, we're going to change it up a little bit. The last two presentations I hope will be thought-provoking, Denise and I just connected with each other and a slightly different take on the subject of prematurity and disparities in health equity. Okay. Alright. My audio is okay, yeah, we can hear me? Okay. That's good.

[00:02:09] We spent the, the majority of the time at this conference I think focusing on medical factors and healthcare and what we need to do to get women to hopefully have healthy babies of healthy birth weight and reduce infant mortality. But here's the sad thing or the thing that we need to recognize. Medical care in this country accounts for about 10% of our health. The other 90% are things that we do, places we live, lives that we've lived,

and the world around us. And so, we would be remiss in discussing a topic as important as prematurity and infant mortality, if we did not focus attention on these social determinants of health. So, I hope we'll have some – it's a very short presentation. I hope thought-provoking, we can have some discussion.

[00:03:15] So, the objectives today is to look at social and environmental factors that impact disparities in birth outcomes, and we'll talk a little bit in a minute about why we're focusing on disparities. To understand how the life course and the life course perspective influences our health and wellbeing, and most important, I think, I want you to think differently as a result of the presentations this afternoon, about the work that you do and how it contributes to reducing social determinants of health and health disparities. So, I'm going to talk about or reframe some actionable strategies that can be implemented by Healthy Start and other community programs that actually will impact disparities and our outcomes and the social determinants of health. Here are some context. Again, nothing new. If you had a dollar for every time people said as kind of an aside, our infant mortality rate is X and by the way, the difference between black and white outcomes, there's a two-fold difference, a three-fold difference.

[00:04:29] I mean we've almost come to not be shocked by it because it is so prevalent, the difference in outcomes by race. So, you can see there's a difference nationally, and we also have a difference, a difference in Florida. And not surprisingly, Miami-Dade County is no different. And in fact, the difference in infant mortality, based on these vital statistics for 2016 to 2018 is that there is a 3.4-fold difference in outcomes. So, African American women, the disparity in outcomes between – infant mortality between black babies and white babies is a three-fold difference. Interestingly enough, and we can talk a little bit about why this happens, in Miami-Dade County, ethnicity is a protective factor. So, in fact, Hispanic women actually have significantly better birth outcomes than non-Hispanic women.

[00:05:37] Here is the one thing again framing this infant, this prematurity summit. Prematurity is the driver of health disparities. I'll say that again. Prematurity is the driver of health disparities, and if you look at prematurity among whites and prematurity among blacks, the difference is pretty significant. And so, when we talk about that three-fold difference in Miami-Dade County between infant mortality rates for whites and for blacks, it's because of prematurity. That is what's driving the difference. And again, excess preterm birth accounts for 80% of the disparity, and in

fact, 60% of that disparity is from a major three-fold difference that occurs with babies that are being born less than 28 weeks gestation. Too many babies of black families are born too soon and too small, which leads to the higher infant mortality rate.

[00:06:55] So, why does this happen? The life course perspective which I hope that you're familiar with. Again, not surprisingly, posits that our health and our experiences during our lifetime comes from the cumulative impact of risk and protective factors. And so, basically, our life experiences and things that we experience and trauma that we have or the environments that we live in or our social-economic status is either a risk or a protect, protective fact, factor. That impacts our pregnancy, and our pregnancy outcome. And it's not episodic, it's cumulative. And so, that's the difference that has been posited between outcomes for the disparities and outcomes. That the experience of being black and living in America is fundamentally different than the experience of being another race and living in America. And that's a cumulative experience that no medical care is going to address.

[00:08:07] We do know that medical care though that does have an impact, right, because we heard about that. That access to care before, during, and between pregnancies can improve outcomes. That if we identify women which we've heard about this morning, at-risk, and try to mitigate those risks, that we can provide some effective treatment to mitigate some of those life course events. If we try to discourage elective deliveries before 39 weeks, without a medical need, we can mitigate some risk, and if we prevent unintended pregnancies and achieve ideal birth spacing, we can also mitigate risk. But again, that's about 10% of what we're talking about. The life course approach says again, our health is a complex interplay of biological, behavioral, psychological, and social risk and protective factors, that contribute to our outcome over the spans of our life. And frankly, the important take-home thing is that each of these factors impacts racial-ethnic groups differently. And may explain disparities despite equal access to healthcare.

[00:09:30] So, just giving all women access to prenatal care is not going to address the disparities issues because there are factors around us that are interplaying in our lives to, to impact these outcomes. So, if we take a life course approach, we broaden what we do in maternal and child health beyond just prenatal care and taking care of women during pregnancy, and start talking about the tough conversations of health and social equity. I always – I always find it interesting that, you know, all of our systems really love women with a belly. And it's almost

like they had no lives prior to when they show up in our prenatal clinic or when they enroll in Healthy Start, and somehow, within that six or seven-month span of pregnancy, we're going to make sure that we fix everything about them that is going to result in a healthy birth.

[00:10:35] And if you think about it, it's nonsensical on its face. I mean these women have experiences and healthcare and behavior that predates their pregnancy. And then after delivery, even if they've had a high-risk birth, because of the way our systems are organized, we don't pay any attention to them after that. We say great, come back when you're pregnant again and we'll try to deal with your issues then. And then we're surprised that we have repeated preterm births and things like that. So, I guess our, our message today or the thing that I want you to think about is that the work that we do is so far beyond medical care. They involve a lot of social determinants of health and a lot of these social determinants of health occur on the community level. Number one about them, number one among them I should say is poverty, and we'll talk about this a little bit but economic and financial security is the – or lack of it, is the source of a lot of ills and frankly, it's killing our babies.

[00:11:49] I can be that blunt. It impacts housing, education, health insurance coverage, how the community is engaged in this issue. We also have, at the individual level though, social determinants that impact our outcomes. Trauma-informed care, mental health services, home visiting enhancements which I'm going to spend some time talking about, and group care, and we can talk about how those individual interventions can mitigate some of these social determinants. So, the bottom line is that it's going to take a whole lot more medical care if we're going to turn the tide on prematurity. And address effectively disparities in birth outcome. There are proximate causes obviously that the medical community can help and we hope – I'm in awe of, of the work that they do to mitigate, but in fact, it's going to take a longer-term investment in life course, socio-economic status, environment, stress, discrimination, and intergenerational factors if we're going to mitigate these disparities.

[00:13:13] So, the big picture is there's a lot around us and a lot of big problems that are impacting the health of our women, infants, and family. All the way from education, access to safe housing, government regulations. We've talked about the fragmented healthcare system and what it's like to go through that. And each are powerful social determinants of health, and unfortunately, they're determinants over which individuals have very little control. They're in our environment, they're in the

systems that we live in. And they can only be changed through major upheavals in social policies and political processes. Now I have to admit that in my 16 years as the executive director of the Healthy Start Coalition in Jacksonville, does everybody – anybody here from Jacksonville, by any chance?

[00:14:10] No. I grew up in Miami so Jacksonville is the farthest north I've ever lived but I – when I have spoken at meetings before, when you say you're from Florida, the first thing people think is South Beach or Disneyworld. And I say okay, I'm from Jacksonville, I'm not from South Beach, and Jacksonville is not Disneyworld. Think South Georgia. And so, that belt that we talked about, the speakers this morning talked about of poor outcomes in the south is really reflective of what we look like in Jacksonville. We have the largest black population of child-bearing age of any county in the state. And so, for us in Jacksonville, dealing with maternal and child health disparities and inequality has to be at the forefront of the work that we do. So, we don't have the luxury of just saying oh yeah, yeah, yeah, and then there's social determinants of health.

[00:15:18] So, you know, going to a lot of the trainings and meetings and discussions of social determinants of health, it always ended with this slide, and I always thought to myself okay, I get it, I get that poverty impacts access to all this stuff but what do we in a program like Healthy Start, what do we do about it? You know, are we just like going to spend our careers dancing around the edges and trying to put band-aids on things? Or you know, are you telling me that in order to really improve outcomes in my community, I have to eliminate poverty? I can't do that. And I have to say that it was a very frustrating experience to try to think about how do you translate a concern and a commitment to addressing the social determinants of health, to something that we can do something about?

[00:16:17] So, my dope slap aha moment came with participating in a national collaborative around the social determinants of health and infant mortality. This is a very scary graph. I mean when they have all those concentric circles, you get scary. And this is actually a graph or a framework that was developed by the World Health Organization and the first two columns are pretty much what we always talk about. You know, we need to do something about income and equality. We need to, you know, reform our housing system. We need to do all this stuff where those of us in the room who deal directly as home visitors or care coordinators, you feel like that's really out of your realm. You're sitting face to face in a room with a family wanting to

make a difference in the life of that family. And thinking about well I can't do anything about all these other things here.

[00:17:23] That I will turn your attention to and the thing that was my aha moment was that last column, and there's a lot of things in that last column bringing it down to an individual level that by God we do in Healthy Start. And so, we need to start thinking about our work in a different way. Healthy Start is an anti-poverty program. And I'm going to show you why. There are things that we can do again through a program like Healthy Start that impact the social determinants of health, and we can impact them on two levels. And I'm going to give you some examples. I'm sure the ones that you're going to be most interested in is what can you do with an individual family? And again, a lot of you are already doing this stuff but I want you to think about it differently, at the community level and at the individual level. So, I'm going to talk about the community level and give you a couple of examples.

[00:18:24] We know that Healthy Start is different because of the Healthy Start Coalition. We have a mandate as a coalition to try to bring the community together around maternal and child health issues and to solve those bigger system problems. And so, here's two examples of ways that in other parts of the country they've actually elevated maternal and child health into some policy things that help the families. These are big projects and I don't want to underestimate the time and resources that it takes to do them but it shows it can be done. In Boston, for example, their, their federal Healthy Start program entered into a partnership with their housing authority to actually prioritize and set aside housing for pregnant women that were involved in the program. It was a partnership that again where the housing authority and the Healthy Start group came and said this is a problem for the women who are having babies in this community. We need to give them a priority. So, there was an advocacy role and they were able to accomplish this through actually creating housing for pregnant women in their program.

[00:19:46] In Columbus, Ohio, they tackled transportation. Again, these are big community system problems that took advocacy and hard work on the part of a group to address. So, that's one example or two examples I should say of kind of community impacts, longer-term, again elevating the importance or the need to address some of the social determinant challenges that our families are facing. But let's talk about you. I'm going to tell you how you can end poverty for your families, and there is, I think, four actionable things, some of which we're already doing, but we may be doing for different reasons, that we can reframe and

stress because they do have an impact on poverty which is the fundamental social determinant of health in this country. I'm going to talk a little bit about the earned income tax credit, educational attainment, unintended pregnancy, and identifying and addressing perinatal depression.

[00:21:00] These are anti-poverty strategies for Healthy Start and programs that do home visiting and community services. First of all, the earned income tax and there's also a childcare tax credit, everybody know about these two things? The earned income tax credit is the largest transfer of wealth this country has. It is available to working families who make income but not enough income to exist on and there's a lot of them in Miami-Dade County which I'm going to share with you. The United Way in Florida and around the country has done a lot of work around asset limited – what's it called? Asset limited – as ALICE. Thank you. Thank you. I can't read my own slides. But just to give you some context for not only what our families are dealing with but we're all dealing with if you live in Miami-Dade County, let me show you the Miami-Dade data for ALICE. ALICE looks at again working families. These are families who are generating income but it's not enough income to pay for their cost of living in a community like Miami-Dade.

[00:22:26] How many people can identify with that? A lot, right. A lot in this room probably. I'm going to tell you what the ALICE report says. In Miami-Dade County in 2016, if you were a married couple with a toddler and a newborn, your subsistence income needed to be $61,000 a year. That's subsistence income. That's to pay for your housing, your basic food, and transportation stuff. That's not like vacations or anything. That's pretty high and certainly communities like Miami-Dade that are high cost, we face some additional problems. So, the ALICE households are about 40% in Miami-Dade County. Again, these are the working poor compared to about 32% statewide. Households in poverty is 19% in Miami-Dade County compared to 14% statewide, and it's getting worse. So, if you combine those two groups of the working poor, the near-poor and people in poverty, you get almost 60% of the population in Miami-Dade County that is at that level.

[00:23:40] So, what about the earned income tax credit? Okay. So, this is something where the working poor can file for this tax credit and actually it's cash transfer. There's also credit that's available for childcare if you're in that category. This is something that we can help in partnership with places like the United Way that do free income tax preparation. Everybody should know about this that's working with poor families and make sure they take

advantage of it because here's another frustrating thing. A lot of people never claim this credit who are eligible for it. And so, here we have a mechanism to try to improve the economic status of the families that we work in, with – we need to know about it and make sure families are taking advantage of it. But more than just a wealth transfer, look at this data.

[00:24:37] It – the earned income tax credit is actually associated with better birth outcomes with the largest effects seen in states with more generous earned income tax credits. And to address disparities, black mothers experience larger percentage point reductions in the probability of low birth rate and increases in gestational duration because of the earned income tax credit. And you can see they've translated or predicted the – how many fewer babies would be born premature. Again, this is an economic transfer, has nothing to do with prenatal care, but it's been demonstrated to impact the question – the problem that we're struggling to impact with a particular impact on black families.

[00:25:36] So, that's the direct transfer of wealth, check that off. I'm going to highlight a couple of other strategies that we are involved in implementing or should be implementing in Healthy Start, but again frame them in a different way so you see their impact on the social determinants of health hopefully. First of all, promoting educational attainment. Again, one of the things that we go in, we do assessments with families and mothers, not completing her high school education. You mention okay, well, you know, maybe after your pregnancy you can get a GED, you can go continue your education, and you move onto the next thing that you're supposed to be talking about. But look at the impact of the educational attainment. Educational attainment impacts lifelong learning for that family. It is one of the most important things that we can support our families in doing, is completing their education. Because it's going to impact them over their life and also the lives of their children and the impact on educational development.

[00:26:46] Birth spacing. Again, we've heard contraception talked about a couple of times, certainly one of my favorite topics and again, framing it not as something that is going to impact the health of the baby in the next pregnancy, maybe delaying increasing that interconceptional [sic] period, but as an anti-poverty strategy. We know that poor women have a higher proportion of unintended pregnancy, that women in higher income levels, right. I mean, we're all familiar with that and we know it's bad to have babies closer together, that's health risk. But look at why women want to be on contraception, and this is results of a

survey that was done on family planning. It allowed me to take care of – better, better care of myself and my family. It allowed me to support myself financially. It helped me in stay in school or finish my education. It helped me keep my job or have a career. And we certainly, I would say in the Magnolia Project, saw the difference and the impact of understanding where a woman was coming from and how contraception could help her meet those goals, rather than framing it as something that would help her on her next baby.

[00:28:17] Because at least in the Magnolia Project, most of our women never thought they were going to have another baby. Now they might not have been contracepting, they might have been having sex but somehow, that baby just wasn't going to happen. And I think some of the new material that we have now in Healthy Start where we start being woman-focused in our approach to contraception, will have a very different discussion about how this is a vehicle to meet her goals, not just to have the next baby be healthy. It, it brings it to a different level. Finally, identifying and addressing perinatal depression. You may think okay behavioral health, what does that have to do with anti-poverty, stress, and all the rest of that stuff? Well, in fact, perinatal depression is associated with a higher risk of preterm birth and low birth weight. And we know again from that life course slide that cum, cumulative impact of stress anxiety whether it's before, during or after pregnancy, impacts a woman's health and her future reproductive capital.

[00:29:33] I know many of you may be familiar with the work of Geronemus [ph], Dr. Geronemus who talked about the weathering factor and the fact that again, in this country, the cumulative effect of being black or not a majority race impacts on your health. It builds up, it's cumulative. And so again, we tend to think of perinatal depression as, you know, some mental health thing that's kind of – I don't want to say it's a frill but it's, you know, something extra really if they just get into prenatal care, that'll work. But in fact, this is a strategy to address prematurity and I would say also the social determinants of health. So, I would be remiss, especially after sharing that information from the ALICE, ALICE project on you, if I did not recognize that we all live, well not me anymore, but you guys live in Miami-Dade County. And there – we have a lot of expectations on the Healthy Start staff and the staff that work with these very tough families to try to improve big problems and address big problems.

[00:30:48] But we also, you also, or the people you work with are probably also impacted by the social determinants of health, and facing

financial and environmental stressors, things like compassion fatigue and I will tell you that the most expensive stupid thing we do is tolerate staff turnover. And so, I would be remiss in addition to – if I didn't advocate also for taking care of staff around the social determinants of health as well as addressing the needs of the families we serve. And so, the opportunities for self-care, and things like mindfulness-based stress reduction, to really understand the pressures that staff is under. Making sure we're paying a living wage as non-profits and this has a lot to do with the funds that we ask for, for funders. We're always trying to do a lot with a little but it's going to take a toll on our, on us and our families.

[00:31:53] Investigating and trying non-monetary supports and looking at family-friendly workplace policies. Because we can't expect our staff to support families if we don't support them and their families. So, my take-home messages are racial disparities persist in this country despite the improvements in birth outcomes. Prematurity drives those disparities and addressing prematurity requires more than medical interventions. If we buy into the life course, which I think makes a lot of sense to do, disparities begin at birth. They're not something just that occur sometime down the road in life. Poverty and economic insecurity is foundational, and I truly believe that what we do in Healthy Start can impact poverty and social determinants through both community and individual level intervention.

[00:32:54] Don't forget your staff and everyone plays a role and can have an impact. Thank you.

[Applause]: [00:33:01]

Female Speaker: [00:33:04] Thank you very much. We have a couple of minutes for questions, do we have questions. Yes?

Carol Brady: [00:33:08] I was really short. Come on, this is supposed to stimulate discussion, what did you think?

Female Speaker: [00:33:13] Good.

Carol Brady: [00:33:16] Oh, yeah. Well, okay, so her I gave $5 to. Where is the, where is the $10 girl? Again, it's, it's a different way of framing what we do but it's important. I mean we're, we're characterized as the soft services, you know. We're the wrap-around, we're the frill, we're, you know, the supportive stuff, but in fact, we play a fundamentally critical role just in what we could be doing or should be doing through Healthy Start and addressing these

social determinants of health. And we need to keep that in mind. And so, that extra ten minutes in talking about contraception with the woman who just said she doesn't want to do it, to talk about her goals and how a baby coming could fit into that goals and supporting her, is really going to have an impact on the individual level, I believe. Thank you.

Female Speaker: [00:34:09] Carol, we, we have a question, Carol.

Carol Brady: [00:34:10] But I'm done.

Female Speaker: [00:34:11] We have a question right here.

Ashley: [00:34:13] Hi, Carol. I'm Ashley, I'm with Aetna. You spoke about social-economic risk factors being the drivers for prematurity among women of color and what needs to be done to address these disparities, but there are doctors who do not provide adequate services or education to pregnant women of color. What are some actions being taken about this issue?

Carol Brady: [00:34:35] Well, I'm, I'm going to defer to Denise, how's that for punting? Because she's going to talk about what we all ought to be – we need to be focusing on which is the social and training around equity and stuff like that and nobody's comfortable particularly in the medical field in dealing with this. You know, there is unequal treatment. I mean, there is over and over again, studies but we somehow brush it under the carpet. I mean Bill Sappenfield [ph] today when he talked about, you know, his colleague that died as a result of the being treated differently in the healthcare system and I think again I would say that the coalition and its community partners can be a catalyst in having these difficult conversations. I've never been in one of those conversations that there hasn't been a whole lot of shifting in the seats of the medical care people but it's something that we need to talk about. And we need to be comfortable being uncomfortable talking about it.

Male Speaker: [00:35:39] Thank you, Carol. I just wanted to add and, and to clarify. So, Carol kept emphasizing Healthy Start because, in the state of Florida, that is the statutory designated home visiting program, the largest one. But in this room, we have colleagues from Healthy Families, Nurse-Family Partnership, other home visiting programs but, but let's keep that – all those recommendations Carol said, there's not a single person in this room that cannot implement this. If you're a nurse, a doctor, a case manager, or just – I was actually talking to a, a reporter just you know this knowledge, pass it along to your friends, about that earned income tax. This is not just for people that are blessed and

fortunate that do this for a living, if you've heard this message, go share it and talk to people. These are tangible things that can make a difference. Don't think oh, it's someone else. It's every single one of us can implement on this because I feel a bit of pressure when Carol said it's Healthy Start and the coalition. I'm like I have enough stress, I don't want to have another heart attack. I'm just joking.

Carol Brady: [00:36:46] I said other programs, I said other community programs.

Female Speaker: [00:36:50] Hello, hi. I had one question. I've heard before what you mentioned about ethnicity being a protective factor. I've heard before for immigrant populations but could you explain more on that, why ethnicity, so why the lower rate for Hispanics and I guess immigrants as a whole. If – I'm not sure –

Carol Brady: [00:37:14] Well, it's actually called the Hispanic Paradox and I think that actually is going to be short-lived because I think – I mean, again this is me, I'm not paid for by anybody so I can say whatever I want but the Hispanic Paradox historically is that when immigrants come to this country, right, Hispanic immigrants, in particular, they bring the life course prior to coming to this country, which tends to be more protective. And especially true in Miami-Dade County that immigrants have very – they, they don't have issue with prematurity or low birth weight. Now, some studies and again, it could be the composition of the Hispanic population because it's not a monolithic population by any means, but in other parts of the country, that Hispanic Paradox disappears in subsequent generations. Because then they start dealing with the same stuff that we deal with in America, if you're not majority white, you know.

[00:38:17] I mean, your life is different. But that protective factor, again in Miami-Dade County, that, that doesn't seem to be true, right. I mean, your Hispanic population –

Male Speaker: [00:38:30] Foreign – the foreign-born correct, but if you don't mind, Carol continuing that. Let's expand it with our quote-unquote black population. So, at least someone – give me a black Haitian American, you raise your hand. Okay. Give me a black Jamaican, okay. A black Latina because I know there's one in here. These three groups tend to have big healthy babies, same as white women. The last group that – the focus of many presenters, native-born African Americans, where that's the health disparity exists. The exception as Carol was articulating because it's not only Latin – immigrants from all over the world is that next generation. Once they're born and they start living in the reality of the United States, the birth outcomes then get worse. This is

only in maternal-child healthcare this happens. So, those three groups, when I say a black Jamaican, a black Haitian, black Latina, tend to have big healthy babies.

[00:39:34] The last group of black native-born African American that we make that distinction in Miami-Dade County, are where these outliers are happening.

Carol Brady: [00:39:42] So, the thing that I think is interesting that would be to study is whether or not that Hispanic Paradox is going to continue under the current environment of immigration because being an immigrant right now is –

Male Speaker: [00:39:55] Toxic.

Carol Brady: [00:39:56] You've been vilified. I mean that's all there is to it. So, I mean, are you – you're coming in this country after having severe trauma, not to be political but your kids are being put in cages. I mean, it's a different experience than, you know, the immigration story of, of the past. And you know, again, Denise, I think is going to – I know, is going to really provide – shine a light on the whole equity piece and race and how that all figures into it because this – well, this country has a complicated history that has contributed to these disparities. And we absolutely will come kicking and screaming to any recognition or discussion of it. And that's what's going to have to take place before this – we can get over this. Because there's fundamentally no reason why black and white babies shouldn't be born at the same birth weight and have the same infant mortality rate. There's no reason for it. I mean, you know, we can talk about all these medical issues but those are symptoms of something.

Male Speaker: [00:41:15] Let me share with you, last night, the emphasis was more themed speakers, clinicians, there was a discussion. There was a Haitian American lady that runs a community-based non-profit and she was talking about that she's seeing clients that are choosing to deliver at home because they did not want to go to the hospital because they have immigration issues, and then coincidentally, in the audience, we had a medical director from one of our NICU hospitals saying they're seeing the results of this, of these infants being born in unsafe environments because she said some of her clients to avoid any issue with the hospitals, insurance, immigration, I was shocked. I had not heard that. This is what's happening now in Miami-Dade County. The medical director from this hospital that was here said we are seeing these infants because at the end they're

going to show up to our emergency rooms. This is sad, this is sad.

Carol Brady: [00:42:09] And, and it's not only again the medical thing, you all know in Healthy Start and Healthy Families, Nurse-Family Partnership, I'll be inclusive of other home visiting programs, we have seen, even women who are legal, not wanting to be engaged in this program because they – because of other family members. I mean, there is an incredible chill factor now. So, that's not to predict or curse the immigrant population that, you know, you have a good now but wait for 10 years but the environment – that just shows you how the environment and some of these other social determinants affects what we do and you know, we need to consider in addition to just getting these women into prenatal care.

Male Speaker: [00:42:51] And I would, final – we have colleagues from WICK, all the health plans, the Medicaid, the insurance, Healthy Start, all the established programs, subsidized childcare, the numbers in the last two years have gone down. Let me clear, Miami-Dade County we have 32,000 births a year, which is 15, 1-5% of the births in the state of Florida, that's been constant. It's not that we're having less babies, people are not making use of the programs and services. These are legal residents, citizens, they are not making – it is scary of what's happening, and we're going to see the outcomes in the coming years. So, register to vote and go vote.

Carol Brady: [00:43:31] Okay.

Male Speaker: [00:43:31] Not telling you how. But we are where we should be because of who we've elected to be in power. Thank you.

Carol Brady: [00:43:39] Thank you.

[Applause]: [00:43:41]

[00:43:44] [End of tape]