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Dear Committe Members:

Thank you for the opportunity to provide data and insights on the needs of women, children, and families in Mississippi. One Voice's mission is to ensure an equal voice for traditionally silenced communities. We envision a Mississippi with healthy, thriving neighborhoods, schools, economy, and most importantly families. Together, we can ensure the needs of all of the state's women, children, and families—regardless of income, education, or racial background—are met and that they have the opportunity for a better future.

Overview

Tackling the needs of women, children, and families in Mississippi will ensure a better future for all of us who live here. Of the state's 2.9 million residents, more than half are women and one in four are 18 years of age or younger.¹ Unfortunately, Mississippi women and children continue to face some of the greatest barriers to economic well-being in the country. Mississippi's poverty rate ranks the highest in the nation with 18.9% of Mississippians living in poverty.² Mississippi is no stranger to this spot in the national ranking as persistent poverty has burdened our state for decades. In Mississippi, over half of the state's counties have had a poverty rate of at least 20% for over three decades.³

According to the United Way's Mississippi ALICE report, 31% of Mississippians cannot afford basic household necessities.⁴ Mississippi women rank 50th for persistent poverty and unemployment.⁵ Also, Mississippi has the highest child poverty in the country and has not shifted from that ranking in more than a decade.⁶

The negative implications of poverty are far-reaching and contribute to the state's poor health outcomes. According to the Mississippi Department of Health, Mississippi ranks last, or close to last, in almost every leading health outcome.⁷ In Mississippi and nationwide, these health disparities are significantly worse for those who have systematically faced obstacles to health due to their socio-economic status, race, ethnicity, religion, sexual orientation, geographic location, and other characteristics historically linked to discrimination or exclusion.⁸

Given these facts, all Mississippians, especially women and children, should have access to the services and programs that allow them to live a long, healthy life. This means ensuring that federal, state, and local resources that provide access to quality health care services, nutrition assistance programs, great public schools, housing assistance programs, public transportation, workforce development programs, and safe neighborhoods should be accessible for everyone in Mississippi. We can begin to lift and strengthen the services and programs that benefit those who



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need them the most with a deep understanding of and a collaborative approach to building the health and well-being of women, children, and families in the state.

It is important to note that the opportunity for health begins in our families, neighborhoods, schools, and jobs. Where women live, work, carry pregnancies, deliver, and raise their children all contribute to health outcomes. But for far too long, women and children have faced unequal treatment based on who they are and where they live. In some cases, these economic and environmental contexts may improve outcomes even more so than behavioral choices and genetic predispositions and should be considered when determining their needs.

Too many women, children, and working families in Mississippi don't have the same opportunities to be as healthy. Black women and children, as well as other women and children of color, face significant barriers in our state, including reduced access to care, higher rates of infant and maternal mortality, and disproportionately reduced quality of care, to name a few examples. The result is that they are more likely to face even more negative economic, health, and social outcomes than their white counterparts. We should pursue health equity so that all people can access care and lead healthy lives.

The challenge to improve health outcomes in Mississippi women, children, and families by providing access to affordable, quality health care and related services, improving equity in those systems, and addressing the economic well-being of Mississippians across the state is a critically urgent matter that will take a collective to address and remedy. We must take on this challenge together!

Section 1: The Economic Landscape of Working Mississippi Mothers and Families

When we invest in women, we can secure stronger economic productivity and increase socio-economic and health outcomes for the future. Mississippi mothers are working mothers. According to the Institute for Women's Policy Research, Mississippi women are the breadwinners for 58.6% of all households with children, yet 31% of women are concentrated in low-wage jobs.⁹ Women make up nearly 60% of those in Mississippi's workforce living below the poverty line. Additionally, about two-thirds of minimum wage workers — who earn \$7.25 an hour — are women.¹⁰

In Mississippi, women earn 72 cents per dollar earned by their white male counterparts. Black women earn 52 cents and Latina women earn 54 cents per dollar earned by their white male counterparts.¹¹ Across the board, wage gaps hurt women and their ability to provide for their children. The annual wages for women in the state are the lowest in the country, at \$33,140.¹²



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These earnings fall short of a livable wage which allows working households to afford basic needs like safe housing, groceries, and childcare. On top of not earning a livable wage to support basic needs, these jobs often lack sick paid leave, paid medical leave, or paid parental leave. All of these benefits are essential to support and sustain more healthy families in Mississippi.

Section 2: Improving Mississippi Women and Children's Health Outcomes

Along with addressing the economic well-being of Mississippi's women, children, and families, we can also begin to address their health needs. In general, Mississippians are less healthy compared to the rest of the country. For example, 8.0% of Mississippi adults reported heart disease compared to the national average of 6.3%.¹³ When it comes to diabetes, the trends are similar. Approximately 15% of Mississippi adults are diabetic compared to the national average of 11.1%.¹⁴ 40.8% of Mississippi adults 18 or older are obese compared to the national average of 31.4%.¹⁵ Mississippi women are more obese than their male counterparts with 42% of women reporting as obese compared to 37% of men. This is only one example of the many cases where Mississippi women are less healthy than Mississippi men.

We must consider that a woman's opportunity for health starts long before she needs medical care to help address this issue. Non-medical factors such as where women are born, grow, live, work, and age influence health outcomes. These factors are considered social determinants of health.¹⁶ The social determinants of health impact the lifespan of preventable and treatable diseases such as asthma, diabetes, or obesity. These types of diseases have better outcomes when women have access to safe stable, affordable housing, access to food, and safe neighborhoods to exercise. Social determinants are the things that we can change with our policies because they are the result of social and economic systems.¹⁷

Access to health insurance is the main gatekeeper to better health outcomes for women. Treatable conditions are better managed and treated if caught early under the care of a health provider, yet 13.4% of women reported not having a personal doctor or health care provider.¹⁸ Nearly 60% of white Mississippians are covered through their employer while only 39.8% of Black Mississippians are covered through their employer¹⁹. Workers in low-wage jobs cannot afford to purchase coverage in the individual market. Fourteen percent of Mississippi adults aged 18 and older went without care because of cost in the past year.²⁰ The delayed care or lack of care results in preventable deaths.



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Once a woman becomes pregnant in Mississippi, the health care situation is even more dire. Many women have limited access to health care and enter pregnancy in poor health. More than a third, or 36%, of Mississippi mothers report having no health insurance before pregnancy.²¹ To ensure that women and children have an opportunity to thrive, we must keep them alive.

Women in Mississippi are dying before, during, and after childbirth at a higher rate than most states and higher than any other developed nation. More than 700 women in the U.S. die from pregnancy-related causes each year, and over the last 30 years, these deaths have more than doubled.²² Mississippi's rate of maternal mortality of 22.1 per 100,000 live births is well above the national average of 17.4.²³ However, regardless of income level, regardless of education level, Black women in the state are affected more than other racial groups (51.9 deaths per 100,000 compared to 18 for White women).²⁴

Mississippi is one of three states where almost every county has a “very high” or “high” risk for maternal vulnerability.²⁵ Mississippi women face an even greater challenge of access to care during pregnancies because many live in rural areas. In 45 of the state's 82 counties, women live either in maternity care deserts or have low access to care.²⁶ These women have to drive across county lines to access prenatal care. Eighty percent of the state's 82 counties are more than 50 miles away from a provider. Some women simply cannot afford to miss a day of work or the price of gas to ensure that they receive prenatal care. In times of emergency, each minute is critical to the survival of both mother and baby.

In addition to the state's high maternal death rate, infant death rates in the state remain the highest in the U.S. with 8.8 deaths per 1,000 live births.²⁷ In addition, Mississippi has the highest number of premature births in the country. Medical care costs associated with premature births are estimated to cost \$241 million annually in Mississippi, most of which, or 85%, are incurred during the first few weeks of life.²⁸

Women and babies deserve a healthy start in life. We can achieve that by providing the necessary resources for mothers to carry full term. These resources will help not only save lives but will save millions to be redistributed towards other health care needs in the future.

Section 3: Ensuring Every Mississippi Child has an Opportunity to Thrive

Today's children are tomorrow's future. Unfortunately, Mississippi has the highest child poverty in the country and has not shifted from that ranking in more than a decade. Between 2008 and



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2012, 32% of Mississippi children lived in poverty. Between 2016 and 2020, child poverty declined across the US: In Mississippi, child poverty decreased to 28%, but the state continued to rank last in the nation.²⁹

Similar to their parents, Mississippi children lack access to basic needs. The story is even worse for children of color in Mississippi. In 2019, 43% of Black children and 43% of Latino children lived in poverty.³⁰ There is no surprise that the state now ranks 49th for children's economic well-being, 50th for their health, 50th for family and community indicators, and 48th for overall child well-being.³¹ While children may not be able to choose the families they are born into, educational investments are a well-documented method for changing life outcomes. Research has shown that at least 40% more resources are required to bring children in poverty to the same level of achievement as children in non-poverty homes.³²

Critical investments begin as early as birth. After their basic needs are met, children then need access to well-funded wrap-around 3-year-old and 4-year-old Pre-K programs. These programs improve emotional and cognitive development that helps children form relationships outside the home. Research shows that participation in early learning decreases the likelihood of students getting held back and increases the likelihood of graduating from high school.

Mississippi is 1 of only 5 states that meets all 10 of the benchmarks set by the National Institute for Early Education Research (NIEER) for minimum quality standards in state-funded pre-k programs.³³ While quality standards are high, funding and access challenges persist. For 2020-2021, NIEER ranked Mississippi 38th in providing access to state-funded pre-k programs. State-funded, public pre-k served only 7% of the state's four-year-old children.³⁴

After pre-k, Mississippi's children deserve well-funded public schools for career and college readiness. While high school graduation rates have increased in the last decade, the cost of higher education tuition has also skyrocketed. In 2022, all of Mississippi's publicly funded universities increased their tuition—with the exception of Jackson State University—increasing the average in-state tuition from \$8,219 to \$8,396 a year.³⁵ Families cannot keep pace with the rising cost of tuition plus room and board.

Without the proper investment from the state, the financial burden of higher education falls on struggling working families. This financial burden is particularly hard on Black families and other families of color. These families rely on loans to pay for college, creating an entrenched system of debt rather than a pathway to prosperity. More than half of Mississippi college students graduated with an average of \$29,714 in student debt in 2020, according to the Institution for College Access and Success.³⁶ While the state offers financial aid, the



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qualifications such as a 29 ACT score tend to disproportionately benefit white, wealthier students.³⁷

To secure the future of our children, we must not only address their health needs but also implement targeted approaches to education and family stability. Creating an equitable structure for economic mobility is key to addressing persistent poverty, ensuring better health outcomes, and providing opportunity for Mississippi's future adults.

Section 4: Recommendations

A healthy life does not start at the hospital or the doctor's office. Many drivers of health, including poverty, economic stability, food insecurity, education, housing instability, transportation, and social mobility, must be addressed to ensure a healthy life for the state's residents. A better Mississippi for women, children, and families can be ours. But first, lawmakers should consider the following investments to stabilize and sustain families. The proposed recommendations below will save lives and they will change lives.

Advancing Economic Mobility

Recommendation: Adopt a Refundable State Earned Income Tax Credit (EITC) and Child Tax Credit (CTC)

Tax credits have been proven to help reduce poverty, benefit children with families, and push back against racial inequality. Tax credits help boost the economic security of working families by offsetting the taxes that workers in low-wage jobs pay. Refundable credits allow taxpayers to receive a refund for the portion of the credit that exceeds their income tax bill. Mississippi should build upon the success of federal tax credits like the EITC and CTC to help support the state's women, children, and families.

According to the Center on Budget and Policy Priorities, in 2018 the federal EITC lifted about 5.6 million people, including about 3 million children, out of poverty.³⁸ It also reduced the severity of poverty for another 15.6 million people, including 6.1 million children.³⁹ Mississippi should join the 31+ states that have implemented a state EITC as a supplement to the federal credit.⁴⁰ A state EITC set to 10% of the federal credit and made refundable, would benefit nearly 400,000 Mississippi households and would put an average of \$288 back in the hands of Mississippi working families.⁴¹ The lowest 20% of income earners in the state would receive the



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most benefit from a 10% refundable state EITC, and Mississippians would receive a total of \$112 million in benefits.⁴²

Recommendation: Ensure a Livable Wage

A livable wage ensures that more low-wage workers are paid enough to cover basic living expenses. A livable wage will be a great benefit to women, particularly Black women and other women of color.⁴³ Forty-three states have a state minimum wage.⁴⁴ Twenty-nine states have a minimum wage above the federal minimum wage of \$7.25 per hour.⁴⁵ Five states—Alabama, Louisiana, Mississippi, South Carolina, and Tennessee—have not adopted a state minimum wage.⁴⁶ And two states—Georgia and Wyoming—have a minimum wage below the federal minimum wage.⁴⁷

As 1 of the 5 states without a minimum wage, Mississippi applies the federal minimum wage of \$7.25.⁴⁸ The federal minimum wage has not changed since 2009, and if the minimum wage had been raised at the same pace as productivity growth since the late 1960s, it would be over \$20 an hour today.⁴⁹

Along with adopting a state minimum wage, Mississippi lawmakers should consider gradually raising the minimum wage to \$15 to help women and families adequately cover basic needs.⁵⁰ Providing a livable wage to Mississippians would help reduce poverty, improve income inequality, and ensure a better quality of life for the state's women, children, and families.

Recommendation: Improve State Equal Pay Protections

This year, Mississippi became the last state in the nation to implement legislation on pay equity or sex-based employment discrimination. Passing a state equal pay was a big deal for us. But there is still much more to be done to ensure that working women have access to fair wages to support their families and their economic security.

Currently, the state's equal pay law allows employers to use salary history as a basis for pay, which forces women to carry pay discrimination from job to job which perpetuates wage gaps.⁵¹ The law leaves women with fewer rights because it requires a woman to waive her federal rights if she brings a state claim against her employer. It lacks protections for women of color, who have the largest wage gaps in the state, and who often experience pay discrimination based on their race and sex combined.⁵² To ensure that Mississippi women aren't left with fewer rights



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than were available before the state’s equal pay bill passed, state lawmakers should consider legislation that strengthens the current law and truly improves women’s lives, Mississippi businesses, and the state economy.

Expanding Access to Care

Recommendation: Expand Medicaid

Currently, there are over 100,000 uninsured adults in Mississippi with incomes below the poverty line who are caught in the Medicaid “coverage gap”.⁵³ These individuals would be eligible for Medicaid if the state were to expand its Medicaid program. However, Mississippi is one of twelve states that refuses to expand the program.

By expanding Medicaid, Mississippi could increase access to healthcare, help reduce health-related disparities, support financial stability among low-income families, and improve the stability of health systems, including rural hospitals and community health centers. In addition, Medicaid coverage provides long-term benefits for children. Children with Medicaid do better in school and miss fewer school days due to illness or injury, research shows. Children with Medicaid also experience fewer emergency room visits and hospitalizations. They are also more likely to finish high school, graduate from college, and earn more as adults. Expanding Medicaid will greatly benefit the state economy. According to a 2021 report from state economists, Mississippi would save approximately \$206 million to \$227 million annually between 2022 and 2027 if it expanded the program.⁵⁴

Mississippi cannot truly address the issue of access to affordable healthcare and ensure a healthier future community and economy for Mississippi women, children, and families without expanding Medicaid.

Recommendation: Extend Postpartum Medicaid Coverage from 60 days to 12 months

This year, a bill to extend postpartum care for mothers who already qualify for Medicaid from 60 days to 12 months died. State lawmakers should reconsider the policy. Medicaid is a critical source of coverage for maternal care in Mississippi. It covers the greatest portion of births each year born to women most at risk of negative outcomes.⁵⁵ In Mississippi, 60% of births are covered by Medicaid.⁵⁶



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Forty percent of maternal deaths in Mississippi occur more than six weeks in postpartum.⁵⁷ Pregnancy-related complications affect Black women in Mississippi at alarming rates. Black women in Mississippi are three times likelier to die of pregnancy-related complications than white women.⁵⁸ Uninterrupted access to services through continued health coverage allows women who are at the greatest risk to access timely care which saves lives. To ensure the needs of women, children, and families in the state are met, state lawmakers should do everything possible to keep women alive and healthy, especially during the critical postpartum months.

Recommendation: Include Doula and Midwife Coverage under Medicaid

Doulas provide support during pregnancy and beyond, which can be especially helpful when someone is dealing with pre-existing conditions. Research shows that mothers who delivered babies with doula support had lower preterm birth rates than those who did not.⁵⁹ States have broad discretion to determine who is eligible, what services they will cover, and what they will pay for covered services. States have the option to either add doulas to current licensing agencies or to use a State Plan Amendment to allow licensed professionals to bill on behalf of non-licensed professionals for services recommended by the licensed provider.

The two states that have introduced Medicaid coverage for doula services – Minnesota and Oregon – have adopted a registration approach for doulas who seek reimbursement from Medicaid. Both states require that doulas seeking to serve Medicaid enrollees obtain some form of certification recognized by the state, as well as satisfy background checks and other requirements. Both Minnesota and Oregon’s State Plan Amendments designating doulas as Medicaid providers specify that the doulas must practice under the supervision of a licensed professional. Doulas and Midwives are available to make home visits that address the maternity care deserts.

Recommendation: Invest in Rural Health, Mental Health Services

State lawmakers should consider greater investments in rural health, as well as in mental and behavioral health services to help improve the outcomes for women, children, and families in the state. Rural health centers help increase access to care for many families, especially those who are more likely to live in high-poverty areas. Local centers also help with preventative care, early detection of critical and chronic illnesses, and life-saving, emergency care. Increased funding for mental and behavioral health services is also needed in Mississippi. Mental health conditions can lead to long-term health conditions like diabetes, heart disease, and strokes. Strokes are the



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leading cause of death in Mississippi and impact Black communities and other communities of color at an alarming rate.⁶⁰ By investing in, and increasing access to these services, state lawmakers will help ensure a better quality of life for women, children, and families in the state.

Support Healthy Communities

Recommendation: Expand Funding for Early Child Care

Investments in Early child care benefit both working mothers and children. Mothers can provide for their families without exiting the workforce when their children have safe, reliable, high quality child care. The benefits of 3K and 4K are evident as the majority of children enrolled in those programs perform well on the kindergarten preparedness assessment. Research shows that investment in early child care provides a guaranteed return on the investment, and generates savings by eliminating the need for more expensive interventions later in a child's life.

Recommendation: Fully Fund Education

Mississippi's children deserve learning environments where they can thrive. If we have well-funded schools our children will perform better. Mississippi ranks 47th among states, in per pupil school spending.⁶¹ We know adequate school funding yields better student achievement based on past results. Following full funding of the MAEP in 2008 and near-full funding in 2009, Mississippi students had the highest gains in fourth-grade reading in the nation. Additionally, significant investments in literacy since Fiscal Year 2014 resulted in an acceleration in the reading proficiency of Mississippi students as measured by NAEP. Overall, Mississippi's public schools need more state investment if we truly want our students to have the best chance for success in their futures.

Recommendation: Increase Higher-Ed Funding

Higher Education is a pathway out of poverty. We must continue to strengthen community colleges and make 4-year institutions more affordable. State investments in our public institutions are necessary to relieve the financial burden placed on Mississippi families and students who are taking out loans to afford a college education. The loans and the interest on the loans outpace wages and earnings cementing concentrated poverty rather than economic mobility.



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Also, while federal monies have been disbursed for debt forgiveness, Mississippi is 1 of 7 states that will tax student debt relief. Unlike other states, Mississippi borrowers will not be able to take full advantage of the full economic relief intended by President Biden. Acknowledging the one-time exception for debt relief similar to the PPP loan promotes shared propensity for all.

Recommendation: Reduce Mass Incarceration

According to Vera, “Mass incarceration is one of the major public health challenges facing the United States, as the millions of people cycling through the courts, jails, and prisons every year experience far higher rates of chronic health problems, substance use, and mental illness than the general population.”⁶² Recently, Mississippi regained its position as number one in the world for mass incarceration.⁶³ Lawmakers must continue taking steps towards meaningful reform measures that include: changing sentencing laws, using alternatives for incarceration for certain lower-level crimes, reducing the minimum and maximum sentencing guidelines to make sentences more proportional to the crimes committed, eliminating the “Three Strikes Laws,” and increasing access to re-entry services that help prevent recidivism. If Mississippi lawmakers worked to implement meaningful criminal justice reform, we can improve health outcomes in the state and also create safer communities.⁶⁴

Recommendation: Increase Housing Stability

Mississippi communities will thrive when everyone — Black, brown, or white — has access to decent, affordable housing. Across the board, housing costs have risen faster than income. 206,300 low-income Mississippi renters pay more than half their income for housing⁶⁵. Most don’t receive rental assistance due to funding limitations. Policymakers need to work together to expand rental assistance and ensure that all Mississippi residents have access to good, affordable homes.

Studies show strong evidence of the benefits of “housing first” interventions that provide supportive housing to individuals with chronic health conditions (including behavioral health conditions). Benefits include improved health outcomes and, in some cases, reduced health care costs. Interventions reduce health and safety risks in homes, such as lead paint or secondhand smoke, which also improve health outcomes.⁶⁶ Safe and stable housing provides long-term benefits to school-aged children. Safe, stable environments limit disruptions like school changes and strengthen cognitive development.



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Recommendation: Improve Transportation Infrastructure Improvements

Our Transportation recommendation is twofold. First, infrastructure improvements should include better sidewalks, bicycle infrastructure, and public transit infrastructure that can make physical activity easier, safer, and more accessible. More physical activity is a preventive care measure for treatable chronic diseases and helps mitigate childhood and adult obesity providing a healthier lifestyle. Second, transportation to and from medical appointments provides broader access for families who need it most. For example, non-emergency medical transportation is cost-effective by increasing the use of preventive and outpatient care and decreasing the use of more expensive care. For the most rural remote parts of our state, families would benefit from a reverse transportation model- where health care providers travel to rural clinics or community centers once a week to treat patients.

Recommendation: Paid Family and Medical Leave

Under the federal Family Medical Leave Act (FMLA), an employee can receive up to 12 weeks of unpaid leave to care for a newborn, adopted or foster child, or to care for a family member, or to attend to the employee's own serious medical health condition during 12 months.⁶⁷ Eleven states have now offered state paid family leave programs to offer these same benefits to their employees; sixteen states require paid sick leave; three states offer paid parental leave for state employees; several states offer school leave for parents to attend school-related events and activities for their children.⁶⁸

Given Mississippi's status with poor health outcomes for women and children and Mississippi women's importance in our economy, Mississippi should consider adopting family leave laws such as paid family leave and paid sick leave. Adapting these laws will help contribute to healthy development, improve maternal health, reduce financial insecurity, and improve retention and productivity in the labor force.⁶⁹

Conclusion

Ensuring women and children's needs are met can help break the cycle of economic and health inequality. Imagine a Mississippi with the highest rate of healthy women and babies in the nation. With targeted investments as mentioned in the recommendations, that future can be ours!



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