



## **Written testimony guide for non-legislative activity**

This guide covers some of the basics for advocacy in non-legislative settings. Primarily, this is for comment periods that are opened by executive agencies at the state-level on a given administrative policy change or allocation of dollars but is not exclusive to these scenarios.

Please note that non-legislative advocacy IS NOT considered lobbying as you ARE NOT making an appeal to an elected official on specific, live legislation.

This document includes key tips for writing testimony and an annotated template for written comment letters.

Additionally, we've included an example of one of our submitted letters to give you a real feel for what it looks like.

# Key tips

- **Letterhead** – Please put your letter on your organization’s letterhead. Don’t forget to save it as a PDF before you send it off. *Seek feedback from multiple people in your organization!*
- **Date** – Use the date that you intend to submit testimony, typically the deadline set forth by the agency or entity seeking public input.
- **Addressee** – Be sure to address your letter to the head of the agency/entity as a common courtesy.
- **Length** – Since administrative advocacy letters are submitted as resources in and of themselves, you can take a little more space than with legislative testimony. That said, 3 pages, single-spaced is probably the maximum length you should submit (~1000 words).
- **Resource Links** – Since these letters are meant to be resources for the agencies to do more of their own research, you will be embedding hyperlinks throughout. Please double-check links prior to submitting. If some of your links don’t work, it is likely that the information you substantiated your comment with will not get used.
- **Purpose and Racial Equity** – If you are submitting comment for Health Forward, it is imperative that you explicitly link to our [Purpose](#) plan and refer back to our communities of focus whenever possible. If you are using this guidance as reference outside of submitting comment for Health Forward, we would encourage you to always refer to how your comments advance health outcomes and reduce health disparities
- **Asset Based Language** – Always work to phrase your letters in an asset-based way. Define people by their aspirations and contributions before noting their challenges and investing in them for their continued benefit to society.
- **Format** – There can be a variety of formats, but as you’ll see in the template below and example comment, there are some general components: introduction of your organization and mission, high-level themed overview of what comments will cover, more detailed and sub-headed comments, and a closing paragraph.
- **Community Voice** – Where possible, incorporate firsthand experiences from people in the communities you serve to add narrative weight to your work. You can see this in our example testimony below.

# ANNOTATED TESTIMONY TEMPLATE

DATE

NAME OF AGENCY HEAD

AGENCY HEAD TITLE AND FULL AGENCY NAME

ADDRESS OF AGENCY

CITY, STATE ZIP

**Insert a bolded title immediately after the address components above to provide an idea of what the comments will cover.**

AGENCY HEAD NAME:

In this opening paragraph, you will typically introduce your organization by name and that you are respectfully submitting comments on whatever the bolded title covers above. Use this space to tie in why you are commenting on the given subject, usually related to your mission and programming, and/or strategic focus. Be sure to include links to relevant information on your website. If possible, align your organization and the agency to common goals that may be publicly available from the agency seeking comment.

The second paragraph is a high-level overview of what you're about to cover so that they can jump to the most relevant pieces. We tend to favor a shortened version of bolded subheads that will be covered in more detail. You will say that you are focusing on the following made-up themes: (1) Major improvement in X; (2) Helps strengthen Y; (3) Builds a sense of Z; (4) etc. It's not uncommon for us to have five or six major sub-themes included.

Transition space that says something to the effect of "more detail for these recommendations found below:"

1. **Major improvement for communities and families as they navigate X.** Immediately explain the benefits of your recommendation. Even though you have more space, you still need to get to the point. Typically, three sentences are enough. As always, a friendly reminder to incorporate social and economic equity into your themes.

- a. Concrete examples that I link to can be put into a sub-bullet for extra emphasis, but it doesn't have to be. Provide one or two short sentences of context to help the reader understand.
2. **Policy change we're recommending also strengthens the infrastructure of Y to help the population being supported succeed.** Same formula as the above paragraph, just on a different but related topic that also provides links and examples. A quick note on the examples you choose if they are state based: make sure they are relevant for the KS and/or MO context. Note that KS does not always respond well to MO examples, and vice versa. Discussing what's happening in California and Massachusetts may not be as useful to those reading the letters as Indiana or Louisiana.
3. **Changing policy Z would help to build a stronger sense of trust between the community and those on the ground.** Same formula as the previous two points. Additionally, if you have collaborated with a community or other partner, you should include some of their feedback or quotations in call-out boxes (see example on the right).

This is an example of a call-out box to use for quotes or themes from a community member. Use lighter colors for dark backgrounds. Also, be cognizant of space and placement as these can take up a lot of room. Be sure to lay this out with Text Wrapping and select 'Square'.
4. **Etc.** – You may have more than a few themes to touch on. We have found that between 3-6 themes or substantive areas are the ideal range both for space and content considerations.

Your final paragraph should be a short offer to follow-up via email or other means with whomever the comment letter is addressed to. Anything to tie it together or wrap it up in a succinct, but meaningful way is how the letter should conclude.

Sincerely,

**SIGNATORY FROM YOUR ORGANIZATION**  
**TITLE**  
**ORGANIZATION NAME**

**AN EXAMPLE LETTER FROM  
HEALTH FORWARD FOUNDATION  
IS LETTER IS INCLUDED BELOW.**

July 19, 2023

Paula Nickelson  
Director, Missouri Department of Health and Senior Services  
912 Wildwood, PO Box 570  
Jefferson City, MO 65102-0570

## **Health Forward Foundation Comments on proposed use of Title V Maternal and Child Health block grant funds.**

Director Nickelson:

Health Forward Foundation (Health Forward) respectfully submits comments on the proposed use of Title V Maternal and Child Health (MCH) block grant funds. Our comments are rooted in Health Forward’s [purpose](#), values of trust, equity/inclusion/antiracism, partnership, learning and stewardship and reflect our [policy priorities and goals](#). Our comments also align with DHSS’ vision for optimal health and safety for all Missourians, in all communities, for life, as well as the 10 MCH Essential Services. Our comments emphasize our [communities of focus](#) – people of color and people in rural areas – whose health outcomes are impacted by structural racism, structural urbanism, and other systemic barriers.

### **Community Leader Insights**

Our comments are offered in consultation with Hakima Payne, Executive Director of [Uzazi Village](#), a community based perinatal support organization working to eliminate maternal and child health disparities for Black and Brown communities. Ms. Payne’s insights as a MCH leader are featured in these call-out boxes throughout. Also, please view Ms. Payne’s DocuCourse “Pregnancy and Prejudice” [here](#) for greater insight.

In sum, we recommend that block grant funding be focused on the following themes: (1) Supporting improved data, including disaggregated data, for mortality reviews; (2) Improve access through funding culturally-responsive pre-natal and post-partum care by community based organizations (CBOs); (3) Increasing the diversity of people of color underrepresented in the Maternal and Child Health healthcare workforce; (4) Ensuring housing and nutrition for birthing people is easier to access; (5) Exploring payment and delivery models linked to quality of care, and; (6) Enhancing clinical and home visits through community-based services like community health workers (CHWs) helps outcomes for both mother and child.

Support for our recommendations is provided in detail, below.

1. **Improved data collection on maternal mortality, including disaggregated data by race, ethnicity, and language (REL) and zip code should be a priority.** Supporting improved data collection, disaggregation, and meaningful use for maternal mortality is important to resource as it unveils disparities in maternal mortality outcomes. Implementation and training support for maternal mortality review boards to analyze disaggregated data by REL and zip code are necessary quality, safety, and performance improvement actions.

- [Legislation](#) considered in the 2023 session would require Missouri’s Pregnancy Associated Mortality Review board (PAMR) to collect and report REL data in its reports. Providing support and training would facilitate this transition should legislation be adopted in the future.

2. **Increasing access to culturally responsive pre-natal and post-partum care through CBOs reduces maternal mortality and other**

Another important aspect of CBOs in this space, as Hakima Payne notes, is that, oftentimes health care providers are not best positioned to help these communities as “[health care] providers are woefully ignorant about the communities they serve! Who is helping them [providers] become community

**adverse outcomes.** CBOs are integral in providing culturally responsive care which [lead to better](#) birth experiences, outcomes, and healthier pregnancies, especially for Black birthing people.

•Increasing the range of birth options, including birth centers, is essential to accessing midwifery services. Black birthing people especially lack access to midwives and doulas, relative to those who are white. Using block grant funds to [support midwifery and doula](#) services in our communities of focus would improve childbirth outcomes and reduce maternal mortality.

3. **Devoting resources to building a more racially and ethnically diverse and culturally responsive workforce will have a significant impact on reducing maternal and child mortality.** Black babies have [better outcomes](#) when they are cared for by Black physicians, with mortality rates cut in half. Similarly, biases evident in Missouri’s maternal mortality rate for birthing people of color necessitates Missouri’s prioritization of increasing provider-patient racial concordance, while investing in cultural responsiveness for its entire workforce. Undertaking a [comprehensive set](#) of educational and financial strategies from pre-college through professional practice to recruit and retain diverse health care professionals with particular focus on doulas and midwives of color will improve birthing outcomes in our state. Health Forward Foundation is championing increasing people of color in health sciences, and we invite

the MO DHSS to partner with us as part of the MCH Essential Services plan.

4. **Connecting expecting and new birthing people to resources, especially housing and nutrition, via 'one stop' resource centers would be an impactful investment.**

Safe, quality, and affordable [housing](#) coupled with [nutritional supports](#)

Ms. Payne indicated that many “Black and brown children live within systematically designed environments that are just more unsafe...old, unhealthy homes and poor food availability and poor educational opportunities,” and are negatively impacting child and

are needed for strong early childhood development and post-partum maternal health.

- Partnering with “one stop” family resource centers and/or community health centers, many of whom have existing housing and nutrition services, will help improve maternal and child health outcomes.
- Additionally, Head Start centers [serve a similar role](#) in rural communities to help connect families to resources and could be supported through block grants.

5. **Using block grant funds to pilot evidence-based, quality and equity-centered care models can help reduce maternal mortality.**

Using these funds to validate the efficacy of value-based payments to incentivize the implementation of [equity-centered models of care](#) could save lives, facilitate smarter spending, and increase the number of Black and brown providers. Using accountability measures that center equity would help drive desired outcomes. This type of payment and service delivery could be required for demonstration projects for Managed Care Organizations (MCOs).

6. **More frequent clinical and home visits in concert with community-based services are a significant way to advance maternal and child health.**

Ms. Payne notes that “Clinicians will need to implement more intrapregancy visits that focus on contraception, mental health, and pre-pregnancy wellness,” especially now that Missouri has expanded post-partum Medicaid coverage to 12 months.

Community leaders in this space have been voicing the need for more regular clinical visits before, during, after, and between pregnancies. Additionally, other community-based solutions, such as CHWs and Doulas are integral for connecting people to services and improving birthing outcomes through trusting and culturally resonant relationships. For example, in Kansas



City, [Uzazi Village's Village Doula program evidence improved outcomes through community-based doula care.](#)

I am happy to speak with you to answer any questions or continue in thought partnership. Thank you for all that you do to keep Missouri birthing persons and their children healthy, safe, and thriving as they grow together.

Sincerely,

Qiana Thomason  
President and CEO  
Health Forward Foundation