

10 Issues to Watch in 2019.



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A new year can mean new changes. It also can mean more of the same. Understanding what's coming over the horizon (and what's sticking around) helps smart organizations plan for greater effectiveness, prepare for challenges, and capitalize on opportunities. Below are the top 10 issues we're watching as 2019 takes shape. If you'd like to learn more about any of these issues, or how your organization might best position itself to address them, [please let us know](#).

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This year is also a big one for ACS, as we celebrate the 15th Anniversary of our work to help organizations like yours create a world that is more just, equitable, and livable for everyone. Learn more at advocacyandcommunication.org.

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ISSUE

#1

Efforts to Address Social Determinants of Health

The public and private sectors continue to focus resources and attention on tackling root causes of poor health.

The big picture: Policymakers, government agencies, non-profits, foundations, insurers, and health care providers are getting creative as they try to understand and improve [social determinants of health](#) (SDOH) – conditions like income, employment, education, housing, safety, transportation options, and others that shape how we live, work, play, learn, worship, and age. In the health care system, the push to address SDOH is growing as payers and providers navigate skyrocketing costs and growing evidence that non-clinical interventions may be the key to long-term health. Outside the health care system, organizations are looking for creative ways to collaborate and leverage resources to help all people get and stay healthy.

On the horizon: As always, we're watching our nation's largest insurer, the federal government, for health care delivery and payment reforms that can help connect more people to food, housing, transportation, and other critical services. [Medicare Advantage plans](#) are now allowed to cover social services like home health aides and transportation and will begin doing so in 2019. State agencies are [finding new ways](#) to leverage Medicaid dollars. For example, in [Louisiana](#) the health department and housing authority are working together to tackle homelessness and reduce the institutionalization of people with disabilities, using Medicaid funds to support specific tenant services allowed under the law.

In many communities, health foundations are continuing to shift how we think about “healthy” communities by focusing on issues that affect health, like race/ethnicity, zip code, and income.



Health insurance companies are also looking at ways SDOH can help rein in costs across the board, including in the private insurance market, as evidenced by Humana’s [Our Bold Goal](#) initiative. As we look for bright spots, we’re keeping in mind that the success of many of these ambitious policies and programs hinges on the engagement of community-based organizations and clinicians who need the capacity, technology, information, and resources to link complex systems and communicate over time.

In many communities, health [foundations](#) are continuing to shift how we think about “healthy” communities by focusing on issues that affect health, like race/ethnicity, zip code, and income. For example, the [J. Marion Sims Foundation](#) identified 11 “[community indicators](#)” to assess the health and wellness of the communities it serves in South Carolina, and has aligned its grantmaking efforts accordingly. New York State has implemented [several strategies](#) related to SDOH, including requiring Medicaid managed care plans to cover at least one SDOH, prioritizing SDOH within the state’s Medicaid redesign, and creating a Bureau of [Social Determinants of Health](#) to ensure SDOH are considered and applied throughout the state’s health care delivery system. These innovative strategies are fairly new, so progress and outcomes are certainly something to monitor in the coming year and beyond.

In 2019, we expect as much or more attention on SDOH as public/private insurers, local and state government agencies, philanthropy, and community-based organizations across the country seek out-of-the-box solutions to complex, expensive social problems.

Key Terminology: *Social Determinants of Health (SDOH)* – conditions like income, employment, education, housing, safety, transportation options, and others that shape how we live, work, play, learn, worship, and age.

ISSUE

#2

Criminal Justice Reform

States continue to lead the way, with some promising federal changes on the horizon.

The big picture: Federal and state policymakers continue to look for ways to reform the criminal justice system to address racial disparities as well as ballooning costs. Broad trends to watch include changes to local law officials' ability to enforce immigration laws, bail reform, and marijuana legalization. Another [important opportunity](#) for criminal justice reform is to examine the role of local prosecutors, elected officials with significant authority within the criminal justice system (find more about your local prosecutors [here](#)). At the state level in 2018, action to reform the criminal justice system varied, but generally focused on reducing the number of people in prison. In April, Mississippi [adopted](#) changes to keep people out of jail when they cannot pay fines and court fees. In May, Georgia Governor Nathan Deal [signed](#) legislation that, among other things, reduces penalties for low-level drug offenses. A number of ballot initiatives related to criminal justice passed in November, including Florida's [Amendment 4](#), which restores voting rights to people with felony convictions (roughly 1.5 million people in the state). The state's [Amendment 11](#) also passed, which will allow changes to criminal laws to apply retroactively, thus releasing some people from prison.

On the horizon: The bipartisan [First Step Act](#), which includes important sentencing changes, could become law in 2019. The bill passed the House in 2018 and President Trump has pledged to sign it. We're waiting to see if conservatives in the Senate will lend support. The First Step Act would mandate changes to the federal Bureau of Prisons system, including increasing the amount of credit inmates can earn toward their release for good behavior; expanding access to rehabilitation programs, halfway houses, and job training; banning the shackling of pregnant inmates; and lowering mandatory minimum sentences for drug crimes, among other measures. We'll also be watching state legislatures for movement on proposals within ballot initiatives that failed in November, such as [Ohio's Issue 1](#), which would have reduced drug penalties and redirected resources to community-based treatment.

ISSUE #3

Work Requirements in Public Benefit Programs

Some policymakers are looking to expand or add work requirements in TANF, SNAP, housing, and Medicaid programs.

The big picture: The Trump administration has expressed interest in expanding “**work requirements**,” provisions in federal benefits programs mandating enrollees be employed, in job training, searching for a job, or in community engagement. These provisions have been part of the Temporary Assistance for Needy Families (TANF, or cash assistance) program since welfare reform in the 1990s, and have been part of the Supplemental Nutrition Assistance Program (SNAP, formerly called food stamps) since the 1970s. In December 2018, federal lawmakers reauthorized the **Farm Bill** that renewed SNAP and rejected expanded work requirements that were in the House proposal released in April. In addition, some states have passed or are considering legislation that tightens work requirements on beneficiaries. For example, the Ohio General Assembly passed a bill in December that would require the state to verify eligibility for Medicaid and SNAP on a quarterly basis instead of annually.

Supporters say having a job should be a requirement of receiving public benefits and expanding requirements promotes a culture of work. Opponents **express multiple concerns**, and believe that requirements often encourage people to take low-wage jobs rather than earning credentials and finding a job with a livable wage. They also contend that the vast majority of those receiving benefits are already working or looking for work, and these requirements are burdensome. **Research** on the **effectiveness** of work requirements in terms of helping people find and keep employment have



been mixed, but largely indicate that when these provisions have led to employment, it has been short-term. (A comprehensive review of work requirements in SNAP, TANF, and Medicaid by state is available [here](#).)

On the horizon: With Democrats taking control of the House of Representatives, sweeping changes to public benefit programs through legislative action are unlikely. From a regulatory perspective, the Trump administration has expressed interest in expanding work requirements. In late December 2018, the U.S. Department of Agriculture **proposed regulation** that would inhibit states' ability to issue waivers for existing work requirements in SNAP, a fairly common practice in states with a struggling job market or high unemployment. This supports President Trump's 2018 **Executive Order** instructing federal agencies with relevant programs to explore implementing work requirements, which could have implications for SNAP, TANF, housing assistance programs, and other public benefits. It's unclear

how long this could take to work itself through the federal bureaucracy, but it could make it harder for some people to get or keep SNAP benefits. Similarly, the U.S. Department of Housing and Urban Development may expand the **Moving to Work** program, which allows housing authorities to use Housing Choice Vouchers to test policies like work requirements. Regardless of the federal direction, many decisions about to whom work requirements apply and for how long are made at the state and local level and **vary widely** by program and location. We'll be watching to see if and how state and local policymakers follow the Trump administration's lead in expanding work requirements in public benefit programs and how that affects enrollment.

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ISSUE

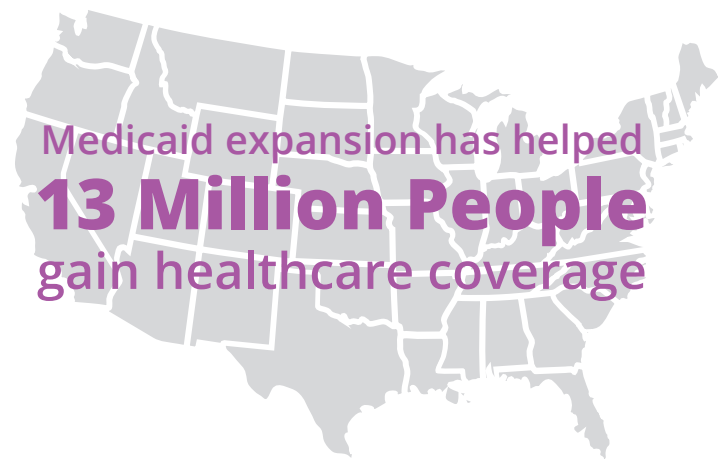
#4

Medicaid

On the whole, the Medicaid program is expanding to cover more low-income people, but politics complicate access.

The big picture: Nearly nine years after the Affordable Care Act (ACA) was enacted, 36 states and D.C. have chosen to expand Medicaid to cover people who have incomes up to 138% of the federal poverty level, helping [at least 13 million](#) additional low-income people get coverage nationwide. [Voters](#) in Idaho, Nebraska, and Utah approved ballot initiatives this past November to expand Medicaid in their states, and Kansas and Maine will likely do so under new Democratic governors. Both red and blue states are [getting creative](#) in how they use Medicaid funds to [improve health outcomes](#) and [reduce costs](#) (see above, Issue #1: Efforts to Address Social Determinants of Health, for more on this).

On the horizon: Democratic control of the United States House of Representatives virtually eliminates likelihood of a legislative repeal of Medicaid expansion or block-granting of the program in 2019, both of which could have been on the table under Republican control. In December 2018, however, a federal court ruled the ACA to be unconstitutional and Congressional leaders on both sides of the aisle are trying to determine the impact of the ruling and their political next steps. The case likely will be heard by the United States Supreme Court for a final ruling. Further, a recent Congressional Budget Office report, released in December 2018, recommends major cuts to Medicare and Medicaid due to the large federal budget deficit. Finally, in January 2018 the Trump administration invited states to implement work requirements to the Medicaid program via 1115 waivers (we discuss the ins and outs of



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work requirements above in Issue #3: Work Requirements in Public Benefit Programs), which some experts warn could lead to coverage losses. As of [January 3, 2019](#), Arkansas, Indiana, Kentucky, Maine, Michigan, New Hampshire, and Wisconsin had obtained federal approval to implement Medicaid work requirements. Waivers are pending federal approval in Alabama, Arizona, Mississippi, Ohio, Oklahoma, South Dakota, Utah, and Virginia.

We'll be watching to see how changes to the ACA, federal funding levels for Medicaid and Medicare, and changes to state Medicaid programs play out in 2019, both in terms of augmenting and limiting coverage and access.

ISSUE #5

Stable Housing as a Strategy to Reduce Infant Mortality

Policymakers and advocates work to save babies' lives by connecting families to quality, affordable housing.

The big picture: The infant mortality rate in the United States remains unacceptably high, with staggering disparities – black babies are roughly [twice](#) as likely to die as non-Hispanic white babies (and their mothers are nearly [four times](#) as likely to die as white mothers, regardless of income). As with other social determinants of health (see Issue #1: Efforts to Address Social Determinants of Health above), a number of factors related to housing can affect birth outcomes. For example, [residential segregation](#) means many low-income black women must contend with poor quality housing and exposure to toxins, like lead. And [housing instability](#) makes it harder for some women to access consistent prenatal care and raises the risk of homelessness, which is [associated](#) with poor health outcomes. In other words, [lack of access](#) to affordable, stable, safe housing is a [contributor](#) to poor infant and maternal health outcomes.

On the horizon: At the federal level, Congress has yet to [pass](#) legislation to fund various U.S. Department of Housing and Urban Development programs for fiscal year 2019, including the

Housing Choice Voucher program (also known as Section 8 vouchers) and homelessness assistance programs. These are important support channels for women and families, including pregnant women, and we will be watching to see how much funding they receive when all is said and done (likely in 2019).

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To address increasing rates of death from pregnancy and childbirth, [H.R. 1318, the Preventing Maternal Deaths Act of 2018](#), was signed into law. This legislation directs states to investigate the causes of death and to develop prevention plans.

At the state and local level, public health advocates and maternal health experts are working with housing agencies to connect pregnant women with housing to prevent poor birth outcomes. For example, [Boston's](#) home visiting program identified housing instability as a critical factor in poor birth outcomes and worked with the housing authority to secure housing for high-risk pregnant women; an evaluation showed improvements in participants' physical and mental health as a result of the program. Washington, D.C.'s [Community of Hope](#), a [rapid re-housing program](#), not only helps pregnant women find housing, it also operates an in-house birthing center and supports new mothers through baby's first year of life. In 2018, central Ohio's infant mortality coalition, [CelebrateOne](#), received a state grant to help 50 pregnant women find and pay for housing. In 2019 and beyond, we will be looking for other creative programs that address social determinants of maternal and infant health, like housing, in the name of saving moms' and babies' lives.

ISSUE

#6

Workforce Development

States and localities continue to integrate workforce development efforts across programs.

The big picture: A [provision](#) in the 2014 Workforce Innovation and Opportunity Act (WIOA) prioritized the [integration](#) of workforce development programs with job training and employment elements of other public benefit programs like TANF and SNAP Education and Training (SNAP E&T). There are a [number of reasons](#) for integration, including the ability to raise awareness of other programs by placing them together and to allow collaboration in engaging potential employers.

On the horizon: The Trump administration has expressed an [interest](#) in reforming public benefit programs from the perspective of workforce development (see above Issue #3: Work Requirements in Public Benefit Programs), including by giving states more freedom to design and implement programs as they see fit. It is unclear what, if anything, may happen at the federal policy level in 2019. States, however, continue to look for creative ways to integrate services.

For example, in [Washington State](#), the Department of Health and Social Services (DSHS) oversees both TANF and SNAP E&T and was at the table during the state's WIOA planning process. DSHS is working to better link SNAP E&T and the state's workforce system, while raising awareness about SNAP within the workforce system. DSHS also [maintains](#) an online portal where people can identify and apply for education, employment, and training services as well as public assistance.

There are a number of reasons to integrate workforce development programs — including the ability to raise awareness of other programs by placing them together and to allow collaboration in engaging potential employers.

[Ramsey County, Minnesota](#), is integrating TANF and WIOA and partnering closely with county Health and Human Services to “create a tangible, sustainable, long-term partnership and seamless program for residents/families, using career pathways models.” For example, in its Pipeline to Prosperity program, WIOA and TANF counselors use coaching, mentoring, and motivational interviewing strategies to connect highly motivated individuals in high-poverty areas to jobs with a sustainable wage.

In 2019, we’ll be watching for additional examples of integration strategies and measurable outcomes, especially as states implement their required four-year [plans](#) under WIOA.

ISSUE

#7

Early Care and Education Workforce

National, state, and local efforts to transform the early care and education (ECE) workforce continue, with exciting improvements on the horizon in 2019.

The big picture: Conversations are happening at the local, state, and federal levels to create change in the ECE profession. Work continued on the national [Power to the Profession](#) (P2P) initiative. P2P was launched in [response](#) to the ongoing reality seen across the country of a fragmented early childhood workforce. This fractured workforce within such a critical part of the nation’s economy (which supports millions of working parents and caregivers) results in uneven access to and quality of early childhood education offerings around the country. Composed of ECE professionals and advocates, P2P is working to create “a shared framework of career pathways, knowledge and competencies, qualifications, standards, and compensation that unifies the entire profession.” Since the process began in 2016, P2P has invited input from the field across the country on the framework, which it plans to release in spring 2019.

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unifies the entire profession.

On the horizon: At the state and local levels, families, [voters](#), and policymakers [continue](#) to [prioritize](#) investment in ECE as a way to improve educational, health, social, and economic outcomes. [Twenty-nine governors](#) (newly elected as well as re-elected) made ECE a priority during their campaigns, and election results will also have implications for state boards of education where new members will be appointed. In addition, the National Association of School Boards of Education (NASBE) has invested resources to increase awareness of ECE workforce issues among state boards of education members across the country. Also of interest, in 2018 the Center for the Study of Child Care Employment at University of California, Berkeley, disseminated findings from its Early Childhood Workforce Index, which focuses on state ECE workforce conditions and policies and offers policy recommendations for states to implement. Access the Index report and associated materials [here](#).

We'll be tracking ongoing state and local policy discussions and actions to raise the bar on quality, address low provider compensation levels, and identify ways to increase provider preparation and professional development, among other issues affecting the ECE workforce.

ISSUE

#8

K-12 Education

School districts and policymakers are looking for better, sustainable ways to address students' mental health in the face of trauma.

The big picture: Awareness is growing about the struggle that school administrators, staff, and teachers face in dealing with students' mental health as the nation's **opioid crisis** and mass shootings in schools and neighborhoods have focused attention on the issue. While trauma among students is not new (**experts** estimate that nearly half of students have experienced at least one traumatic event in their lives – including witnessing domestic violence or violent death, being victims of abuse, living in abject poverty), there is a growing movement within schools to understand and address it through an approach called "**trauma-informed schools**." In these schools, adults are trained to recognize and respond to people who have been affected by traumatic stress, and kids learn coping strategies. Of course, this education and awareness must coincide with meaningful access to school-based mental health services – a challenge for many cash-strapped schools.

Federal funding is available to help schools navigate this space. For example, the Every Student Succeeds Act's Student Support and Academic Enrichment Grants (SSAE) **supports** trauma-informed practices. And there are other federal grant programs related to school mental health services and responding to trauma (for example, **Project Prevent**). In 2018, Congress passed and President Trump signed a bill to help tackle the opioid epidemic; among many provisions, it **authorized** an annual \$50 million in grants for five years to support schoolwide behavioral health services for K-12 students who experience trauma, including screening, referral, and treatment.

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On the horizon: More states will likely need to consider legislation to support schools in their efforts to address student mental health. A good example is Massachusetts' 2014 **Safe and Supportive Schools law**, which requires schools to develop action plans for creating safe and supportive environments. The law also established a grant program and technical assistance for schools and districts. Foundations are also supporting this work; in 2016, a group of foundations in the Philadelphia area put together a guide on trauma-informed funding (see it [here](#)).

\$50 million in grants for five years.



In many cases, individual school districts will need to piece together funding from multiple sources to secure training and services for adults and kids alike. For example, when the 21-school, 16,000-student school district in **Stamford, CT**, overhauled its mental health system a few years ago, it used both state and district funds to train school social workers and psychologists in **Cognitive Behavioral Intervention for Trauma in Schools**, an evidence-based intervention to “reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills.” Within two years, the district was able to “expand evidence-based services for students, implement district-wide trauma and behavioral health training and supports for staff, and integrate community and state resources and services for students.” Leaders are hopeful that their approach can help sustain service provision and training even in the face of budget cuts.

In 2019, we will be watching how both states and local school districts are addressing trauma in schools through federal funding, state policy, and new school-based interventions.

ISSUE

#9

Public Charge

Public Charge rule changes could be problematic for child development and education.

The big picture: Recently proposed changes to the “public charge” rule would affect how immigration decisions are made and could cut off immigrant children and potentially others in their families from critical health care, early education, food, and housing services. When children lose these benefits, it can have [negative consequences](#) for their health and development, including their comfort level in coming to school.

Currently, the federal government looks at immigrants’ use of three public programs when it considers granting someone permanent residence status (the idea is that someone is a “public charge” if they use a lot of government services): Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), and long-term institutional care. The Trump administration proposal would [allow](#) the federal government to also consider how much someone uses additional programs, like certain elements of Medicaid, SNAP (formerly food stamps), and housing assistance, when making decisions about granting residency. [Opponents](#) are concerned this could make immigrants afraid to enroll in programs that they and their families desperately need for fear of endangering their immigration status. Education experts and advocates in have [expressed concerns](#) about the impact this could have on children. Opponents also note [community-level impacts](#) on states and local areas that are left with fewer federal dollars to address the same amount of need. Not only will they have to provide additional services when families cannot access federal programs, state and local governments receive funding for certain programs and initiatives based on federal calculations. So if there is an undercount in the federal benefit program, there will be an undercount in funding allocations for other programs as well. At the same time, the loss of access to services means some families and individuals won’t get the care they need at all, which has costly repercussions both from a financial (lack of health insurance means increased use of costly emergency room visits) and human perspective

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(fewer safe housing options for those without housing assistance). Proponents of this policy change [argue](#) it fosters self-sufficiency among immigrants.

On the horizon: There are a number of steps before changes to the public charge policy could take effect – including a [public comment](#) period that closed in early December, during which more than 210,000 people submitted feedback.

Immigration policy is a clear priority for the Trump administration, and we will monitor additional actions related to public charge in 2019.

ISSUE

#10

2020 Census Undercount

A new Census question may lead to significant shortages in funding for critical programs.

The big picture: The U.S. Constitution requires a census (count) of the U.S. population every 10 years; the next census is fast approaching in 2020. The federal government and many states use census data to allocate funding for various programs and services, so the accuracy and comprehensiveness of this data has very real implications for millions of people.

On the horizon: In 2018, the Trump administration [proposed](#) adding a question about immigration status to the 2020 Census questionnaire. The proposed rule has raised [concerns](#) among [advocates](#) that immigrant children will be undercounted because their families are afraid to complete the survey out of fear of deportation. The census drives funding allocations for many programs that serve children and families, including ones provided in schools. Undercounting (which is already a [serious problem](#) among young children) could lead to insufficient funding for programs and services critical to children's health and development, such as Head Start and the Children's Health Insurance Program. Like Issue #9, the undercount will lead to fewer federal dollars being allocated, leaving states and local communities to fill the unchanged need. This has implications not only for immigrant children, but for all children who rely on these

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programs across the country. The U.S. Department of Justice, which requested the addition of this question, [argued](#) this information is necessary to protect against [discrimination in voting](#). There are strong feelings (and [arguments](#)) on both sides of the debate.

A number of states, cities, and advocacy organizations sued the federal government in response to the census proposal; the case is still [underway](#) and may reach the U.S. Supreme Court before the Census takes place in 2020. This issue will impact a variety of issues we care about, and we will track what happens in 2019.

The accuracy and comprehensiveness of the census data has very real implications for **millions of people.**

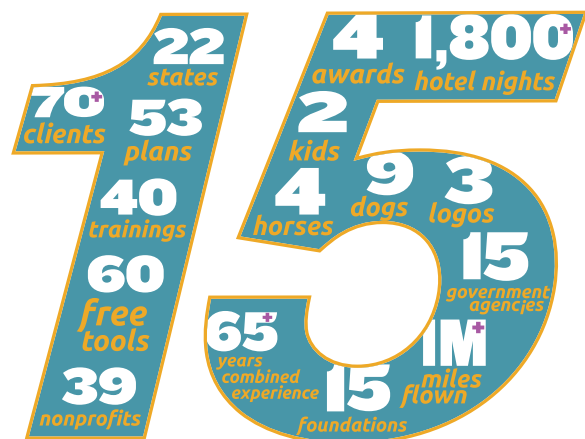
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What does 15 years look like?



... and countless lives improved!

