



Life Experience Designation Charter

Having a child and early childhood for low-income parents and children

On December 13th, 2021, President Biden signed E.O. 14058, *Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government*, which charges members of the President’s Management Council (PMC) to form interagency teams, coordinated by OMB, to designate and assess cross-agency customer life experiences, work to develop measurable improvements for such customer life experiences that involve multiple agencies, develop prospective plans to rigorously test what works, and share lessons learned across the Federal Government.

This charter establishes the PMC’s cross-government effort and interagency team, as envisioned in E.O. 14058, to tackle the designated life experience of **having a child and early childhood for low-income parents and children**.

Where we are now

Most families making less than 200% of the poverty level do not have the combination of supports that they need to thrive, including access to health care, finances, food, housing, and childcare.

For parents of all income levels, carrying and delivering a child will be one of the most significant experiences of their life — but the stresses and burdens are greater for low-income families.

Low-income families struggle to make ends meet. There were 3,605,201 births in the United States in 2020. [42 percent of these were covered by Medicaid](#). Across all age groups, [those most likely to live in poverty are young children](#). Having a young child is associated with a \$14,850 drop in income for households with two adults, and \$16,610 for single women. While families may have the lowest incomes during a child’s first five years of life, and also have the [highest expenses](#), as they have grown their family. [Mothers often bear the most of this economic burden](#), with their paid (and unpaid) labor crucial to their family’s stability.

Economic insecurity contributes to poor health outcomes. [In part because of our lack of a social safety net, with a focus on healthcare coverage](#) the U.S. has one of the worst maternal mortality rates of any developed nation, more than double that of most other high-income countries. Leading causes of pregnancy-related deaths in the U.S. include

[cardiovascular issues and hypertension](#) (and in the postpartum period, during which more than half of U.S. pregnancy-related deaths occur, [mental health issues become a leading cause](#)). These high-risk conditions, which [disproportionately impact women of color and low-income women](#), can be improved by access to medical care and proper nutrition, among other interventions in a typical treatment plan.

Lack of family support impacts economic productivity — especially for mothers.

Furthermore, due in part to lack of [access to care supports](#), women's labor force participation in the United States has stalled. Finding, securing, and paying for child care is out of reach for as many families. Only [15% of those eligible for child care subsidies receive them](#), indicating that families are forced to pay out of pocket for child care they cannot afford. An [analysis from the Economic Policy Institute](#) demonstrates that if child care was affordable and accessible, the United States would see a gross domestic product (GDP) gain equal to \$210.2 billion.

Where we want to be

We have ample evidence that new families need access to health care services and coverage, and wraparound supports — particularly low-income families and families of color. Medicaid, as the payer of almost half of U.S. births, is an ideal “front door” for low-income families to access not only health care services but also other social services and benefits that they may be eligible for, and existing labor standards that protect them. Access to social benefits such as SNAP and WIC, and access to FMLA and break time for nursing can support a healthier pregnancy and postpartum period for mothers, and have long-term positive benefits for children. This can form the basis for other Federal opportunities for improving maternal health, educational, and other outcomes for families of all income levels.

Our north star is the idea that **every family with a child under 5 should have access to: health care, food, employment security and financial stability, housing, and child care, with a focus on optimizing parents' health and well-being, as well as their babies.**

This project centers on using federal levers to unblock uptake and usage across programs serving the same families and scale models that are working to help parents and families thrive in one state or community to others using existing federal authorities and funding.

Where we will start

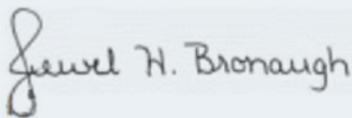
Through the discovery period (Summer 2022), our team will run a discovery sprint with the goal of conducting research and diligence on this holistic model of care for women and the outcomes for infants on Medicaid. We will conduct two phases of qualitative research, focusing on subject matter experts and care delivery professionals, and on individuals and families. We will map the journey of an individual from pregnancy through to the child's entrance into public school, identifying specific points at which various factors (rural, income level, race, LGBTQ+) may create inequitable “drop off points,” as well as pain points for birthing parent of a variety of perspectives.

We plan to identify up to 3 tactical projects that the Federal Government can pursue to improve the family experience for families with children under the age of 5. We will prioritize projects that are in the control of Federal Government levers of change and can be supported by increased interagency cooperation and coordination.

Collaborating Agencies

Unlike near-term improvements from agency-specific actions, the work and output from the cross-agency life experiences will take months and years to achieve. This work is a transformation in how the Federal Government delivers services. To succeed will require a combination of ongoing leadership from the Executive Office of the President and President's Management Council members, as well as dedicated project teams to drive the work forward.

We, the undersigned, commit to providing talent, expertise, and relevant supports from our agencies, as allowable, to better serve the American public through this integrated, human-centered approach. We will remain oriented around the lived experience of members of the public irrespective of governmental structural silos, involve representatives from organizations across the delivery system (including Federal agencies, State, local, Tribal, and Territorial governments, social and private sector entities), and will engage members of the public (particularly those from underserved communities), to shape our path forward.



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