Where “Universal Care” Stops

Race, residence status and policy documents in Finland and Texas.

Oluyemisi Bolarin
Humanities Honors and Health & Society | The University of Texas at Austin | Supervisor: Dr. Palmo

TEXAS
The University of Texas at Austin

Introduction

Finland's Neuvola, a free, universal system of maternity and child health clinics, is often proposed as a model for the United States.

Yet in Finland women of African and Somali origin have had the poorest perinatal outcomes of the groups studied (Malin & Gissler, 2009), and in Texas the 2020 pregnancy-related mortality ratio for Black women was about 2.4 times that of White women.

Can universal access alone close these gaps?

Research Goal

How do Finnish and Texas maternity policy documents address migrant, Black and other racialized women, and what does this imply for transferring the neuvola model to Texas?

Methods

Design. Comparative qualitative document analysis (Bowen, 2009) of 12 English-language documents (6 Finland, 6 Texas) in four layers: binding law, eligibility rules, review reports, equity policy.

Coding. Thematic analysis (Braun & Clarke, 2021). Each passage was read against four questions: who is named; whom “universal” assumes; whether the duty sits with the person or the system; access or treatment. I drafted and verified codes for each excerpt and revised the codes.

Limits. Policy, not practice; English only; small corpus.

Figures and Results

Figure 1. What each layer of policy says about race, language and residence status

Layer	Finland	Texas
Binding law	Patients Act asks for mother tongue, culture and interpretation “if possible.” Non-Discrimination Act defines indirect discrimination and allows targeted measures. The clinic decree names no group.*	HB 12 (2023) extends postpartum Medicaid to 12 months. Its stated purpose is respect for the lives of mothers and unborn children. It does not mention race or language.*
Residence status	Undocumented adults can receive necessary non-urgent care, expressly including pregnancy and childbirth, case by case and at their own cost.	Women ineligible because of immigration status can get CHIP Perinatal coverage for the unborn child. Their own coverage ends after the birth month plus two visits, outside the 12-month extension.
Diagnosis	The Nordic perinatal statistics report read here gives no breakdown by mother's origin.* Register studies find African- and Somali-origin women have worse outcomes (Malin & Gissler, 2009).	Review reports name race: the 2020 pregnancy-related mortality ratio was 39.0 for Black and 16.1 for White women. The 2022 report found discrimination contributed to 6 of 52 deaths reviewed.
Equity policy	The 2021 plan defines racialisation and structural racism. Both plans cite discrimination against people of African descent in health services. Neither mentions maternity care or the neuvola.*	HB 3339 (2025), a study of Black maternal mortality, passed the House and appears not to have become law.† Supporters said HB 12 could reduce racial disparities, but the bill text does not mention race.

Figure 2. Three preliminary themes (to be confirmed against my full coding)

1 | Status sets the edge	2 | Race named in diagnosis, not in the remedy	3 | Tools exist, in separate silos
In both places “universal” care stops at residence status. Finland offers undocumented adults pregnancy care case by case, at their own cost. Texas covers the unborn child of women ineligible by status, not the mother's full postpartum year.	Texas reports name racial gaps, but the enacted coverage fix is race-neutral, and a race-specific study bill appears not to have become law.† Finland's maternity documents name no racialized group.*	Finland's anti-racism plans acknowledge discrimination in health services and its laws offer tools, yet the maternity documents read do not connect to them. The only link is a general staff-training measure.

What the documents show

Language and culture are named in Finnish patient-rights law, but the clinic decree names no group or language.*

Texas reports name race and discrimination; the postpartum statute (HB 12) does not.*

Neither Finnish anti-racism plan mentions maternity care.*

Documents show policy, not practice: interviews in Finland and Texas will test whether these gaps appear in care.

Conclusion

Preliminary. The neuvola's documented strengths, free universal access and frequent visits, match gaps Texas names, such as postpartum continuity.

But in the documents analyzed, neither country has a mechanism aimed at how racialized and migrant women are treated inside a universal system, and Finland's own plans acknowledge discrimination in health services.

Transfer would likely be partial: access without attention to treatment, residence status and language would not close the Black maternal health gap.

Next: interviews in Finland and Texas test what documents cannot show, which is practice.

Acknowledgments

Dr. Nina Palmo, Dr. Leta Deithloff, Dr. Linda Mayhew, and the H S 378 capstone seminar.
Funding: Tyler Fellows; UT Austin Junior Fellows; UT Undergraduate Research Award; Rapaport Thesis Award

References

Bowen, G. A. (2009). Document analysis as a qualitative research method. Qualitative Research Journal, 9(2), 27–40.

Braun, V., & Clarke, V. (2021). Thematic analysis: A practical guide. SAGE.

Malin, M., & Gissler, M. (2009). Maternal care and birth outcomes among ethnic minority women in Finland. BMC Public Health, 9, 84.

Väisänen et al. (2022). Perinatal health among migrant women: A longitudinal register study in Finland 2000–17. SSM Population Health, 20, 101298.

Texas DSHS (2022, 2024). Maternal Mortality and Morbidity Review Committee and DSHS joint biennial reports.

Finnish Government (2024). A new boost for equality in Finland (VN 2024:43). Ministry of Justice (2022). An equal Finland (OM 2022:2).

Act on the Status and Rights of Patients (785/1992); Non-Discrimination Act (1325/2014). Finlex.

Tex. H.B. 12, 88th Leg. (2023); Tex. H.B. 3339, 89th Leg. (2025). Ministry of Social Affairs and Health, Healthcare and social welfare for undocumented persons.