



**House Health Committee  
May 28, 2019**

Chairman Merrin, Ranking Member Boyd, and Members of the House Health Committee, thank you for the opportunity to submit written proponent testimony for House Bill 11.

First, we want to acknowledge House leadership, Speaker Householder and Minority Leader Sykes for their vision and commitment to eradicating infant mortality in Ohio. Many thanks to Co-Sponsors Manning and Howse for bringing forward House Bill 11, an essential next step in our community efforts.

With patient care, research, and education as our foundation, UC Health is at the forefront of medicine. We conduct groundbreaking research that leads to new treatments and cures, training the next generation of physicians and medical professionals, and pioneering new ways to deliver highly specialized, complex subspecialty care that would not otherwise be available to patients in our region. In addition to our focus on delivering better, safer and smarter care, we also commit to our community's health, improving the physical and economic health of our community.

As an original co-founder of Cradle Cincinnati, a collaborative effort between parents, caregivers, healthcare professionals, and community members committed to reducing infant mortality in southwest Ohio, we are deeply invested in ensuring that every mom and babe has a healthy birth outcome. While House Bill 11 focuses on a number of initiatives to promote healthy birth outcomes, we'd like to specifically discuss the importance of the Centering Pregnancy program.

Group prenatal care at the University of Cincinnati Medical Center started in 2005, with certification from the Centering Health Institute in 2010. In 2018, the UC Health Centering Pregnancy program served more than 100 women.

Centering is an evidence-based model of group care with strong outcomes in reducing preterm birth, low birth-weight and racial disparities of care. As our service area includes one of the nation's highest infant mortality rates, the primary driver of which is preterm birth, investment in this model is critical.

In Centering, provider facilitators deliver care to groups of 8-10 women over the course of their pregnancies with a focus on health assessment, interactive learning and community building. The social connections formed during the group visits mitigate toxic stress (a contributor to preterm birth) and the interactive approach to learning improves self-care skills that are essential to a healthy pregnancy, including breast-feeding and tobacco cessation. As group care is structurally and procedurally different than individual care, investment to transform systems to this new mode of care delivery is much needed.

HB 11 contains that support for the expansion of group prenatal care, including the UC Health Centering Pregnancy program and others, along with other important components to reduce preterm birth such as support for tobacco cessation, maternal dental hygiene services and education on lead intoxication.

UC Health strongly supports this bill and its passage would contribute to measurable reductions in infant mortality within our community.