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The MetroHealth System  
HB 11 -Proponent Testimony  
Senate Health, Human Services & Medicaid Committee  
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Chairman Burke, Vice Chairman Huffman, Ranking Member Antonio and members of the Senate Health, Human Services & Medicaid Committee, thank you for the opportunity to testify before you today on behalf of the MetroHealth System in support of House Bill 11. I would like to thank the sponsors of this bill, Representatives Manning and Howse, for bringing such important legislation forward to help address infant mortality in the state of Ohio.

My name is Dr. Gregory Heintschel, and I serve as Chair of the Department of Dental Medicine at The MetroHealth System. We are the safety-net health system for Cuyahoga County caring for the most vulnerable members of our community. MetroHealth has a staff of over 7,500 that provides care at four hospitals, four emergency departments and more than 20 health centers and 40 additional sites throughout Northeast Ohio. In the past year, MetroHealth has served 300,000 patients at more than 1.4 million visits in our hospitals and health centers; 75 percent of whom are uninsured or covered by Medicare or Medicaid.

It goes without saying there is no more vulnerable population than the infants MetroHealth serves. As has been well documented, infant mortality is a public health crisis in our state and in Northeast Ohio. Roughly one in seven of the 3,000 babies we deliver each year is born preterm, and preterm delivery is the leading contributor to infant mortality. In Cuyahoga County, African American babies are 3.5 times more likely to die than white babies. Racial, economic, educational and behavioral health disparities play significant roles in this outcome. MetroHealth and its community partners have been working relentlessly to address the issue of preterm delivery and infant mortality.

HB 11 is an important step in addressing preterm delivery and infant mortality. By a mother receiving better prenatal care, there can be better outcomes leading to a healthier baby. All four aspects of the bill are key elements in assisting mothers with healthy pregnancies and healthy babies. Addressing tobacco use, as well as lead mitigation, are both an important part of care coordination for optimal health for the Medicaid population overall, and especially pregnant women and their children. My testimony will focus on group-based prenatal health care services, and the dental hygiene program, as they are both key areas in promoting maternal and infant health.

## **Group-based Prenatal Health Care Services**

The bill establishes a grant program through the Ohio Department of Health to provide prenatal health care services to pregnant women on a group basis. MetroHealth currently provides this type of care through our CenteringPregnancy (CP) Program. CP is a group prenatal care model that has shown to increase women’s satisfaction with their prenatal care, provide a peer support group, and help new mothers to be better prepared for the pregnancy and parenthood. It helps pregnant mothers get the care they need from the beginning of their pregnancy and helps ensure healthy outcomes for mothers and babies. In CP, both the provider and patient are involved in the health assessment and patients receive one-on-one time with their provider and learn to take some of their own assessments. This engages the patient in their own self-care and care of their child. Facilitators lead a cohort of eight to ten women of similar gestational age through a curriculum of ten 90- to 120-minute interactive group discussion sessions that cover medical and non-medical aspects of pregnancy, including nutrition, common discomforts, stress management, labor and delivery, breastfeeding, and infant care.

MetroHealth has found great success in its CP program since we began the program in late 2016. We have approximately 100 pregnant mothers participate each year. Many current and past participants find comfort and support from each other to deal with the many adversities and stressors that can often affect a pregnant woman. Once they attend and are engaged in the program they find the sessions rewarding and helpful in dealing with daily life and difficult or similar situations. The women form bonds with each other and often find themselves communicating on social media, assisting each other with transportation needs, or helping purchase items for the baby. Women often return to the sessions with their infants if they have delivered their babies before the program is over to share their stories. CenteringPregnancy not only provides our patients with educational information, it provides them with a “voice,” allowing them to take control of their situations and actively participate in improving their outcomes. These women blossom during their pregnancy and feel a sense of pride and empowerment knowing they had an active role in their care and making choices that are best for them and their unborn child.

## **Prenatal Dental Cleanings**

In addition to the prenatal care group grant program, we applaud HB 11 for establishing a program for a pregnant Medicaid recipient to be eligible for two dental cleanings per year. MetroHealth currently has 3 dental clinics where we see 33,000 patients annually. There are a myriad of health concerns for a pregnant mother, and the unborn baby, when appropriate dental care is not provided or obtained. Given hormonal changes with pregnancy, the periodontium of the individual is even more susceptible to infection and disease. Low birth weight and premature births are just a few of the examples of the health concerns that may occur among women with poor periodontal health.



Dental cleanings and exams once per year for women of child bearing age or who are pregnant is inadequate. Two dental cleanings or exams per year has become the established national norm among individuals with good dental health. Therefore, increasing the number to twice a year is important in an at-risk population. We fully support this additional cleaning per year as well as giving priority to those recipients residing in areas of the state with high preterm birth rates.

There is no denying the importance of dental health. The cycle of dental disease among the underprivileged will only be broken by educating and motivating young expectant mothers on their own oral health and introducing the concepts of instituting appropriate nutrition and oral health measures in their prenatal care.

HB 11, and the steps it takes to address infant mortality, contains significant tools that MetroHealth could use to help our pregnant mothers. The bill will help Ohio reduce preterm birth and infant mortality rates. The state has the potential to have healthier mother and baby outcomes.

Mr. Chairman, thank you for allowing me to testify today, and for all that the Committee is doing to address infant mortality. The MetroHealth System enthusiastically supports HB 11.

Thank you.