



Lucas County Initiative to Improve Birth Outcomes/NW Ohio Pathways HUB Hospital Council of Northwest Ohio Jan L. Ruma, Vice President, Hospital Council of Northwest Ohio

Chairman Sprague and Members of the Committee, thank you for the opportunity to testify today to share strategies to reduce infant mortality in Ohio. I am Jan Ruma, Vice President of the Hospital Council of Northwest Ohio where I am responsible for a variety of collaborative community health improvement initiatives. I am here today as the Director of the Northwest Ohio Pathways HUB and the Lucas County Initiative to Improve Birth Outcomes. I would like to recommend three strategies to reduce infant mortality in Ohio:

- Replicating and supporting the Certified Pathways Community HUB Model across Ohio
- Investing in the Ohio Commission on Minority Health
- Maintaining Medicaid eligibility for pregnant women up to 200% of the Federal Poverty Level and up to 138% of the Federal Poverty Level for all Ohio residents.

The leading causes of infant mortality in Ohio—babies dying before age one—are birth defects and babies born too early and too little—preterm and low birth weight. Preterm and low birth weight babies are the most preventable. It is simply a matter of healthy women becoming pregnant who have a support system to help them take care of themselves and manage stress and providing access to recommended prenatal care. Unfortunately, for far too many of our moms, especially those who are enrolled in Medicaid, these factors are not in place, which has contributed to Ohio having one of the worst infant mortality rates in the nation, and the worst infant mortality rate for our African American babies.

The Lucas County Initiative to Improve Birth Outcomes was formed with help from local foundations to implement the Pathways HUB Model to help at-risk pregnant women have full term babies weighing at least 5 and a half pounds. Our three major health systems—ProMedica, Mercy and the University of Toledo Medical Center—along with nonprofits, government entities, higher education, pediatricians, and other professionals came together to address the issue with a shared community vision coordinated through the Hospital Council of Northwest Ohio.

The Northwest Ohio Pathways HUB is based on the Pathways Model piloted in Mansfield, Ohio and developed by Drs. Mark and Sarah Redding. Since implementation began in 2007, Lucas County has seen a dramatic improvement in the birth outcomes of the at-risk women enrolled in the Initiative, and we are beginning to see a positive trend in the county rates overall. While further research is needed, we might indeed be identifying the needles in the haystack—those women most likely to have a poor birth outcome and providing support to improve their outcomes. The essence of the Pathways model is to identify and find women at risk due to poor health and low socio-economic status and remove barriers to care through community health workers that provide support and help pregnant women secure food, clothing, shelter, transportation, so they can focus on receiving needed prenatal care.

The women enrolled have the greatest risk, demonstrated by the fact that each pregnant woman enrolled has on average, not one, but 7 risk factors for poor birth outcomes, such as previous poor birth outcomes, being African American, unmarried, living in poverty, mental illness, and being homeless. Of the women enrolled, 74% represent a minority population. Despite the high burden of risk of Pathways clients, in 2014, the low birth weight rate for the African American women enrolled was 9.5%, compared to an African American low birth weight rate of 13.4% for the county and 13.8% for Ohio (2012). In addition we are seeing other positive outcomes such as 76% of women enrolled in the Initiative attending their post-partum visit compared to less than 50% of women overall according to a recent study by John Hopkins. Due to the excellent return on investment, the Initiative has moved from being solely grant funded to being funded primarily by pay for performance Medicaid managed care contracts.

The Northwest Ohio Pathways HUB has implemented the model with fidelity and is one of only three HUBs in the country and the only HUB in Ohio that has achieved national certification. We believe our success is based on the Pathways HUB Model and Ohio should encourage a HUB in each region that is working toward national certification.

One of our biggest supporters in the state is the Ohio Commission on Minority Health. Our missions go hand in hand, as the Commission is dedicated to eliminating disparities in minority health through innovative strategies and financial opportunities, public health promotion, legislative action, public policy and systems change. The Lucas County Initiative to Improve Birth Outcomes is the recipient of several grants from the Commission over the years to refine our model and fill gaps so we can serve people in need regardless of their insurance status. Ohio's investment in the Commission for Minority Health is saving lives by furthering innovation to address one of the greatest health issues impacting our state--health disparities. Based on the success of the Pathways HUB model to improve birth outcomes, the model is currently being applied to adults with chronic disease and other at risk populations.

Finally, we are very concerned about the plan to drop Medicaid eligibility for pregnant women between 139%-200% of the Federal Poverty Level. It is simply not true that if a woman finds out they are pregnant they can enroll in insurance in the federal marketplace. I quote from an article from the Georgetown University Health Policy Institute that criticizes Ohio and Maryland for being penny wise and pound foolish for considering cuts to Medicaid for pregnant women. "Pregnancy does not trigger a Special Enrollment Period. Unlike marriage or the birth of a child, pregnancy is not one of those life changes that qualify for a special enrollment period. If an uninsured woman becomes pregnant outside of an open enrollment period, she will not be able to enroll in Marketplace coverage. Even if she was eligible she probably could not afford the premiums or the deductible or would be squeezed out of premium assistance due to the family glitch. This will leave low-to-middle income pregnant women with few, if any, options for health coverage if Medicaid eligibility is cut back. Second, newborn babies may miss out on comprehensive, low-cost coverage during that first crucial year of life. Babies born to mothers covered by Medicaid are automatically eligible for Medicaid coverage for one year, regardless of changes in circumstances that may impact the baby's eligibility as a new applicant. The deemed newborn provision ensures that these infants have access to the full services to promote healthy growth and development. By cutting Medicaid for pregnant women, coverage for babies born to women in this income range will no longer be protected during that first defining year of life. If low-income pregnant women remain uninsured, they may not get the prenatal care they need to promote a safe, full-term delivery and healthy child. Research has shown that prenatal care is effective in reducing low-weight and premature births. Moreover, it saves money. The cost of hospitalizing a premature baby in a neonatal intensive care unit is around \$5,000 per day; 100 days in a NICU can cost upwards of a half million dollars. States are likely to bear these costs given the current levels of children's eligibility." Not a wise move for a state with one of the worst infant mortality rates in the country. For the sake of the babies, please pay now, not later.

On that note, maintaining Medicaid eligibility up to 138% of the Federal Poverty Level means that more women during their reproductive years will have access to preventive care so they can be healthy when they become pregnant which will improve the chances that they will have healthy full-term babies.

So in closing, I am here to remind you of the three critical investments you can make to reduce infant mortality:

- Continue to hold Medicaid accountable for enrolling eligible recipients and maintaining access to care as well as furthering innovations like the Pathways HUB Model
- Maintain Medicaid eligibility up to 138% of the Federal Poverty Level and up to 200% for Pregnant women
- and support the Ohio Commission on Minority Health to reduce health disparities

These are all critical investments to further Ohio's fight to save our babies.

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