

**Ohio House of Representatives
Finance Subcommittee on Health and Human Services
Ohio Commission on Minority Health
November 15, 2016
Substitute Senate Bill 332**

Good afternoon Chairman Sprague, Ranking Minority Member Sykes and esteemed members of the House Finance Subcommittee on Health and Human Services.

My name is Angela Dawson; I am the Executive Director of the Ohio Commission on Minority Health (OCMH). I appreciate the opportunity to provide proponent testimony on Substitute Senate Bill 332 which highlights many of the recommendations of the Infant Mortality Commission report.

This bill incorporates key strategies to reduce Ohio's infant mortality rates overall as well as efforts to specifically address infant mortality health disparities within racial and ethnic populations.

The bill focuses on the collection and reporting of data by race and ethnicity, the development of an infant mortality scorecard, qualified community hubs the use of certified community health workers, along with policy strategies to address social determinants of health are all essential for addressing the persistent unacceptable rates of African American infant mortality while improving the overall infant mortality rate Ohio.

When we look across the spectrum of chronic diseases and conditions, significant prevalence rates for Ohio's racial and ethnic minorities continue to exist. This is also the case when we examine infant mortality. Racial disparities persist for all causes of infant deaths, especially those due to sleep-related causes or prematurity. Healthy People 2020 recommends that a state's infant mortality rate be 6.0 per 1,000 live births.

The 2016 March of Dimes Premature Birth Report Card is a well-timed reminder that in order for Ohio to make significant progress in the area of infant mortality, consistent, coordinated, and comprehensive efforts must be made to reduce disparities over a protracted period of time.

Healthy People 2020 recommends that a state's infant mortality rate be 6.0 per 1,000 live births. Based on 2014 data, Ohio has decreased the infant mortality rate for Whites to 5.38 infant deaths per 1,000 live births, thus not only achieving, but surpassing the Healthy People 2020 goal ahead of schedule. Unfortunately, in that same year, the African American infant mortality rate was 13.96 per 1,000 live births.

Moreover, the March of Dimes report reflects that the 2016 preterm birth rate among Black women is 45% higher than the rate for all other women. The fact that Ohio have never achieved any Healthy People goals established for African American Infant Mortality only highlights the importance Substitute SB 332.

The Commission on Minority Health has historically invested in models of service delivery that have improved health outcomes within racial and ethnic populations. The Commission was an initial funder of the Community Health Access Project (CHAP), in Mansfield in 2006 who stimulated the creation of the Pathways Community HUB model. In 2010, the Commission provided demonstration grant funding for the Hospital Council of Northwest Ohio to replicate the Pathways Community HUB model. The effort targeted women who have substantial risk factors for poor birth outcomes, such as being African American, having experienced previous poor birth outcomes, being unmarried, living in poverty, having experienced mental illness, and being homeless.

The early indicators from this model implementation were very promising which compelled the Commission to continue funding support for this model based on its impact within racial and ethnic populations. The initial replication of this model demonstrated sustainability through pay-for-performance Medicaid managed care contracts.

According to the Health Policy Institute 2014 Health Value Dashboard, Ohio must address the physical, social and economic environments that impact health outcomes in order to improve our return on investment.

The Pathways Community HUB is model is also impactful in that it addresses the social determinants of health, which are drivers in racial and ethnic health disparities. Focus is provided through care coordination to essential resources such as access to behavioral health services, education, housing, employment and transportation which are some of the many factors that impact population health outcomes. In 2014, over 70% of the women served by the Northwest Ohio Pathways HUB were from a minority group. However, despite multiple risk factors, the low birth weight Rate for African American women enrolled was 9.5%, compared to over 13% for the county and the state.

The results have a significant return on investment when considering that in 2013 Ohio Department of Medicaid paid \$596 million for prenatal and delivery care, with \$373 million of this cost being due to the 13.79% preterm birth rate.

The continued replication of this model could provide significant savings in Ohio's Medicaid cost. Further, the Pathways Community HUB model has been endorsed by the Center for Medicaid and Medicare, National Institute of Health, Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention, and others as an effective model to address poor birth outcomes.

The Pathways HUB model was developed in Ohio with both local and state government support and has proven its capacity to be replicated.

The Commission on Minority Health supports efforts within Senate Bill 332 to support the scaling of this model which aligns with other efforts to implement transformative changes to address infant mortality.

During FY16, Senate Bill 9 provided support to ensure funding to initiate bringing the Certified Pathways HUB model to scale in Ohio, through the HUB expansion/replication grants of the OCMH. The focus of the expansion grants is to increase the service capacity of the existing certified Pathways HUB models that are located in Cincinnati, Mansfield and Toledo. The focus of the replication grants is to develop certified Pathways HUBs in areas of the state with the worst birth outcomes based on the Ohio Department of Health geospatial mapping which outlined the areas of the state with the highest infant mortality rates.

The top six areas were identified as Akron, Cleveland, Columbus, Dayton, Youngstown and Southeast Ohio. During this biennium we funded replication HUBs in Akron, Columbus and Youngstown.

The Commission on Minority Health's first priority in this initiative is to bring the Certified Pathways HUB Model to scale in Ohio.

Our second priority is to ensure that this evidence based model targets high risk pregnant women with an emphasis on minority women who bear the greatest burden of infant mortality in the state.

Senate Bill 332 builds upon this effort and will ensure the ability to implement a transformative approach to improving birth outcomes.

With the certified Pathways Community HUB and other evidence based models of care coordination, the state has an opportunity to integrate evidence based, nationally certified community care coordination that has demonstrated cost savings, pay for performance strategies, along with improved outcomes within its plan to address infant mortality.

In 2002, in an effort to address disparities in health care, the Institute of Medicine recommended the use of Community Health Workers (CHW) as a part of a comprehensive, multi-level strategy to address racial and ethnic disparities in health care.

Yet, the identification of sustainable resources for CHWs remains a challenge both in Ohio and across the country. Currently, our health payers are designed to fund clinical care, despite the growing evidence that health is significantly impacted by social issues.

Community health workers play a vital role in the implementation of the Certified Pathways HUB model. They are frontline public health workers who are trusted members of the community who have a keen understanding of the community dynamics they serve. The use of CHW's in health intervention programs has been associated with improved health care access, prenatal care, pregnancy and birth outcomes, as well as reduced health care costs.

Recognizing the need to ensure an adequate workforce to staff the HUB models, we must develop strategies to address access to certification training. We must ensure that there is continued assistance and scholarships to off-set application fees and tuition costs.

The Medicaid Technical Assistance and Policy Program (MEDTAPP) is investing in the expansion of the CHW workforce through a tuition reimbursement program. This funding assists state regions to improve access to trainings and increase the number of individuals who complete the certified CHW courses.

The Ohio Board of Nursing provides oversight to the CHW Training programs and the certification of CHWs. It is our expectation that setting the standard statewide will lead to allocation of resources to meet the standards and ensure a diverse CHW workforce.

The support and placement of HUBs in additional areas will further the development and sustainability of the Community Health Worker Profession.

In order to reduce infant mortality rates, state government and system leaders must implement transformative plans. We must look beyond traditional health care boundaries to address the non-health conditions associated with high-need populations. We must collaborate to uncover ways to improve the health of families and individuals to contain costs and improve outcomes and to ensure that state agencies are aligned in their efforts to reduce infant mortality. These transformative efforts should include models that are impactful with evidenced based service delivery models that are standardized and produce results that improve birth outcomes as well as the health status of the family.

The Pathways Community HUB model achieves this through a care coordination model that employs CHWs and addresses social determinants of health which create barriers for at risk women; linking them to quality medical care and other vital services.

Senate Bill 332 will support efforts to continue to bring the HUB model to scale in Ohio and to expand the use of the CHW workforce which will assist in addressing disparities in birth outcomes in Ohio.

It will take a long-term comprehensive approach to align Ohio's efforts across systems to ensure that Ohio is positioned to achieve the Healthy People 2020 goal of reducing infant mortality rates for all Ohioans.

We are appreciative of the support given to the Ohio Commission on Minority Health and the opportunity to share with you today.

I would like to inform you that I have hearing loss which will require me to repeat your questions for clarification. Thank you in advance for your accommodation.

I will be happy to answer any questions you may have.