

November 17, 2016

SB 332
Proponent Testimony
House Finance Subcommittee on Health and Human Services
Kelli Arthur Hykes, MA, Director of Public Health Policy, CPH

Chairman Sprague, and Representatives Sykes, Romanchuk and Antonio, I am Kelli Arthur Hykes, Director of Public Health Policy for Columbus Public Health. I am here today representing Columbus Public Health Commissioner Dr. Teresa Long, our Board of Health and the nearly 850,000 residents of Columbus and Worthington we serve. CPH also serves our youngest and most vulnerable residents as the lead entity of Celebrate One, our community's strategic effort to reduce infant mortality by 40% by 2020. Thank you for the opportunity to speak to you regarding our support for SB 332.

Infant mortality rates are a globally accepted measure of a community's well-being. And, while Columbus is widely considered to be one of our nation's more prosperous, well-educated and progressive communities, we have one of the highest infant mortality rates in the country:

- Every week in Franklin County, two to three families experience the death of a baby before his or her first birthday. Across the state, we lose on average more than 20 babies per week.
- Franklin County's infant mortality rate for 2013 is as high as the national rate from the early 1990s. And compared to the 10 most populous states, Ohio has the highest rate of infant mortality.
- The infant mortality rate for black babies is two-and-a-half times that of white babies in Franklin County. Statewide, the infant mortality rate for black babies is more than twice that of white babies.

Clearly, our infant mortality rate is unacceptable. We can – and we must – do better. Now is the time to be more aggressive in our state and local efforts to help more babies live and thrive because they will continue to die at alarming rates until we act and do something about it. The good news is the alarm has sounded and leaders at every level of government, the private sector and individuals are answering the call. The recommendations from the Ohio Commission on Infant Mortality are important tools we can use to lower disparities, while helping all Ohioans reach their first birthday and beyond.

While we strongly support the bill in its entirety, there are a few provisions that will strengthen our local efforts.

Columbus Public Health is a data driven organization, so the collection and reporting of data on maternal behaviors and experiences before, during and after pregnancy, and during a child's early life are important for recognizing health concerns of mothers and babies. This information is critical because it helps guide our work by identifying new priorities that will reduce infant deaths.



SB 332 also calls for the promotion of best practices in health care such as patient centered medical homes with family planning options and home visiting programs which will also help reduce infant mortality. These practices are proven to support healthier women, safely spaced pregnancies, and thus, healthier and well-cared for babies that thrive up to and beyond their first birthday.

This bill also provides for a no-cost safe sleep education program to be widely offered which will help reduce one of the leading causes of infant deaths. On average, one baby dies every other week in our community due to unsafe sleep practices. In fact, sleep-related infant deaths are a major reason for our high infant mortality rate, and they are the leading cause of death for babies who are one month to one year of age. At Columbus Public Health, we have Safe Sleep Ambassadors who provide training to community members at places of worship, recreation centers and our department. We are excited to see that education of parents and child care providers, social workers, hospital staff and others who ensure babies are sleeping safe and sound was included in both the statewide recommendations and this bill. Misinformation abounds about the safest way for a baby to sleep. And while the recommendations are as simple as ABC – Alone, on their Back, in a Crib – making sure everyone is armed with the correct information and knows how to put it into practice is a critical area where we can have a dramatic impact.

Additionally, we would be remiss if we didn't share our excitement for provisions that include pregnant woman as a priority population in housing. Pregnant women with housing instability – unable to pay rent, make frequent moves, live doubled up and in overcrowded conditions, and/or experience periods of homelessness – have nearly three times the rate of preterm births and seven times the rate of babies born with low birth weight. Since housing is a key indicator of a healthy pregnancy and birth weight, we hope to see opportunities for rental subsidies for pregnant woman and new parents in order to create the stability needed to achieve the best possible birth outcomes. These efforts also will play a major role in reducing infant deaths.

Finally, we must acknowledge the great opportunity that was created through the amendment process in the Senate which added a provision that will allow pharmacists to administer injectable opioid antagonists, antipsychotics, vitamin B12, and other medications such as progesterone related to preterm birth risk. Obviously, medications that keep woman healthy during a pregnancy are not only important for her own well-being, but also of her pregnancy and baby. These medications will provide greater access and quality care, and they will most certainly help us in our efforts to keep pregnant women healthy and free from opiate use, while reducing preterm birth.

This bill speaks to your commitment to achieving significant reductions in infant mortality – and we thank you for your thoughtful consideration of this legislation. We encourage – and ask for – your support of SB332 on behalf of all women and babies in our community. We are confident this legislation will make great strides forward in helping all Ohioan's celebrate their first birthday and beyond. Thank you.

I am happy to address any questions you may have.

If you have additional questions after the hearing, please contact me at kahykes@columbus.gov or 614- 645-2097 (office) or 614-282-3116 (cell).