



Testimony of

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Proponent Testimony on Sub. S.B. 332

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Good Morning Chairman Sprague, Ranking Member Sykes, and members of the committee, thank you for allowing me to testify in support of Substitute Senate Bill 332. I am a Pediatrician and Founder of an Ohio State University program called Moms2B.

Moms2B is a weekly community educational group program for pregnant women living in poverty. I have seen firsthand the devastating impact of being pregnant, being African American and living in poverty. We address the social determinants of health and connect pregnant women to needed medical care, social services, education and jobs. We assist families until the infant reaches his or her first birthday. Our program began in 2010 in Columbus specifically to reduce disparities in infant mortality. We are now in four high risk neighborhoods and expanding next year to serve eight neighborhoods. In the past six years we have served over 700 pregnant and postpartum women, including their children and the fathers of the babies. And Moms2B is making a difference.

But I am still shocked with the numbers. In Franklin County, in the last three years, there were 16,102 black babies born and 213 died; there were 31,583 white babies born and 171 babies

died. More black babies died than white babies, but there were twice as many white babies born.

Why does this happen? Every day in Moms2B I see how social factors affect maternal health. Our Moms have incredible resilience, but the social stresses of lack of stable housing, poor food, domestic stress, and unsafe neighborhoods affect their physical health. They have more hypertension, more anemia, more asthma and depression. These medical and social factors contribute to the high infant death rates we see in impoverished communities.

But we can fix this! As a member of the Ohio Commission on Infant Mortality, I speak in favor of this bill. I want to briefly address two aspects of the bill, and focus more specifically on the important social determinant of housing.

Overall, all aspects of the bill will help reduce infant mortality. Specifically:

- 1) The bill improves reporting related to infant mortality. It asks the Department of Medicaid and the Department of Health to report frequently and timely the numbers of low birth weight and premature births, infant deaths, maternal health and access to care, by race and ethnicity. It will give feedback to those of us directly working to reduce infant mortality in the urban and rural communities that make Ohio one of the worst states for infant deaths and disparities.
- 2) The bill expands providers that can see pregnant women with presumptive eligibility for Medicaid. Lack of insurance, by a factor of over 50 times, is the single most important reason pregnant women fail to seek prenatal care. This will help. But it is not enough. We also need to ensure pregnant women have continuous coverage during their pregnancy and post-partum period. We see too often, women, in the midst of their pregnancy treatments, are “sanctioned” or removed for no fault of their own. This is often because their paper work was lost.
- 3) I want to encourage you to address the social determinants of health. Specifically, there is a critical need to provide stable housing for pregnant women. S.B. 332 addresses this issue as well.

I am haunted by the faces of the pregnant women in our Moms2B program that have been or are homeless. One mother, for example, just delivered a small, full term baby; she is separated from her husband, she lost her housing and lived in the family shelter with her two other children. She exceeded the duration of time temporary residents were allowed to stay and was asked to leave, while pregnant. I spoke with her young son, not in school because he was suspended for fighting. This is the impact of homelessness and housing insecurities. It disrupts pregnancies, it disrupts education and it disrupts the ability for women to work. When pregnant women are looking for shelter, they are under incredible stress. They cannot attend regular prenatal care; they cannot get to work; they are forced to move their children out of school. Home visiting programs cannot locate them and the Ohio Department of Job and Family Services cannot locate them when it is time to renew their insurance. At least 25 percent of our pregnant Moms2B endure the stress of unstable housing.

Studies report homeless pregnant women have more preterm babies. The impact of being homeless or rent insecure has a greater negative impact than those of adverse behaviors like smoking and substance abuse. It is much sharper for African American women. (Maternal and Child Health J. 2014. Allen, D., Feinberg, E. and Mitchell, H.; Bringing Life Course Home: A pilot to reduce pregnancy risk through housing access and family support. 18:405-412) Without doubt, the lack of secure, safe housing produces psychological stress and depression; this leads to negative physiologic changes and underlies the delivery of premature and low birthweight babies. These are the babies most likely to die during infancy, and there are too many of them in our Ohio cities. S.B. 332 addresses housing with specific language. The bill:

- Requires the Ohio Housing Finance Agency (OHFA) and the Ohio Development Services Agency (ODSA) to include pregnancy as a priority in its housing assistance and local emergency shelter programs.
- Requires OHFA and ODSA to investigate current investment in state-funded programs that support middle- to low-income homebuyers in communities identified with high levels of infant mortality and evaluate whether current investment should be rebalanced.

- Requires OHFA to include reducing infant mortality as a priority housing need in its annual plan.
- Mandates that recipients of grants targeting homelessness (1) ask and report the number of pregnant women and the number and ages of any children seeking assistance at emergency shelters and (2) offer pregnant women placement in family shelters when possible.

For example, in Columbus our homeless pregnant women are now housed at one YMCA shelter. This allows the services to be developed around the pregnant woman and her newborn baby.

- Permits OHFA to establish a housing assistance pilot program for extremely low income households that include pregnant women or new mothers.
Being pregnant, especially with likelihood there will be medical complications, leaves many pregnant women unable to work, and then they fall behind on their utilities and their rent, and lose their homes.
- Requires the Commission on Infant Mortality to work with the Ohio Housing and Homelessness Collaborative to develop a plan for a rental assistance housing program.

We believe these housing initiatives will help those most in need to reduce our high infant mortality rates and especially reduce our disparities that sadly affect many African American families.

I invite you to visit Moms2B in Weinland Park. This neighborhood in the Short North of Columbus has undergone revitalization, thanks to a public-private partnership of businesses and the Ohio Housing Finance Agency. When Moms2B began in 2010, the infant mortality rate was 16 infant deaths per 1000 live births. Two babies had died every year in the past five years. Most of these were from low birth weight, premature births born to women on Medicaid. Weinland Park still has one of the highest concentrations of public housing in Columbus. But, through visionary public housing management services and support, the numbers of units have been rehabilitated, and support services are available. The community collaborative and the Columbus Properties of Ohio have never given up, and the neighborhood has turned the corner

from one of the worst, to a place where people now desire to live. The infant mortality rate now stands at 3/1000; and just one baby has died in the past three years. It can be done, and stable housing is a key.

And finally, the bill directs the Legislative Service Commission to contract with a nonprofit organization to lead a stakeholder group concerned with the social determinants of health for infants and women of child bearing age; to review their impact particularly on improving educational attainment, public transportation options and access to employment. All of which I emphasize are directly related to stable housing.

Thank you for allowing me to present my views and support for Substitute Senate Bill 332 to reduce Ohio's infant deaths and disparities, especially for African American infants and families. I am happy to answer any questions you may have.