



June 3, 2015

Mr. Chair and Members of the Senate Medicaid Committee, thank you for giving your valuable attention to the topics of preterm birth and infant mortality today. My name is Ryan Adcock and I am the Executive Director of Cradle Cincinnati, a collaborative aimed at reducing infant mortality in Hamilton County. On behalf of our diverse partners, I am here to advocate for a statewide investment in helping pregnant moms quit smoking. While preterm birth is complex, we know that if we reduce the number of moms smoking during their pregnancies, we will reduce the number of babies born dangerously early in Ohio.

Each year in Hamilton County, approximately 1,200 pregnant women continue to smoke during the 2nd and 3rd trimesters of their pregnancies. That's 10.2% of the total¹. Statewide, it is even worse – with 15.4% of pregnant women continuing to smoke². All of these women face a significantly increased risk of preterm birth and infant death.

I should make it very clear that this is a difficult problem to solve. We are, after all, talking about a highly addictive behavior. However, “difficult” should not be confused for “impossible.” Women are highly motivated to make healthier choices once they become pregnant. And, the evidence tells us that there are interventions that will make a difference. With our collective help, women can and will quit smoking.

To tell you why I am so optimistic, I should share the success that we had around a different health behavior last year. Working together, Cradle Cincinnati's partners cut sleep-related infant deaths in half in just one year. We were able to do so because dozens of partners worked on 28 separate-but-aligned initiatives focused on the one issue of sleep. In short, Hamilton County became obsessed with safe sleep. And smoking is the next thing we are going to obsess about. Because, quite simply, if we want to reduce infant deaths – we need to reduce maternal smokers.

In partnership with Hamilton County Public Health, we have just hired a maternal smoking cessation health educator. For the first time, we now have a full time champion dedicated to this issue. She will work collaboratively across our many partners to implement practices that we know work. These include using proven motivational interviewing techniques during prenatal care, developing support groups for moms and better promotion of the Ohio Tobacco Quit Line.

¹ 2014 vital statistics

² 2009-2013 vital statistics

At the end of June, Cradle Cincinnati will launch a media campaign in partnership with CVS health. The campaign will have a specific audience of currently pregnant African American moms and their support networks. In addition to highly visible components like billboards, the campaign will develop new tools that service providers can use to connect moms to the help they need to quit.

Of course, we are drawn to this issue because of our hearts. But, we do not have to leave our heads behind. Preterm birth is extraordinarily expensive for Ohio Medicaid. Recently, Cradle Cincinnati released the results of an economic impact study on the cost of preterm birth in Hamilton County that showed the initial medical costs alone are \$93 million each year. But, reducing smoking in just Hamilton County could have an impact of up to \$2.6 million a year. These financial savings alone should be an enormous incentive for Ohio to make a bold move around smoking. With lives at stake, maternal smoking is a problem that is too important to ignore. It also happens to be a problem that is too expensive to ignore.

We do not have all of the answers. But, we know where to start. And, more investment will lead to bigger impact.

In Cincinnati and Hamilton County, we are driven to help every pregnant mom quit smoking. I believe there is no issue more worthy of our investment.

Thank you for your time.