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**SENATE HEALTH, HUMAN SERVICES AND MEDICAID COMMITTEE
CHAIRMAN BURKE**

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Chairman Burke, Vice Chairman Huffman, Ranking Member Antonio and members of the Senate Health, Human Services and Medicaid Committee thank you for the opportunity to provide interested party testimony on Senate Bill 327. My name is Hope Lane and I am a Policy Associate at The Center for Community Solutions (CCS), a nonprofit, nonpartisan think tank that aims to improve health, social and economic conditions through research, policy analysis and communications and advocacy.

For the past several years, The Center for Community Solutions has been committed to examining and improving maternal and infant health for families in our state. By analyzing disaggregated maternal mortality data, infant mortality reports and other critical statistics such as birth records, we've developed policy solutions to help combat an escalating maternal and infant health crisis which includes an emphasis on educating current and future medical professionals on racial and ethnic disparities.

Recently, a peer-reviewed study from the National Academy of Sciences looked at the issue of physician concordance in regards to infant mortality outcomes. To explain, physician concordance involves receiving care from a physician who shares the same race or gender as the patient. In looking at data between 1992 to 2015, researchers discovered, Black newborns are twice as likely to die if looked after by white doctors.[1]

The reasons for these disparities are complex, but are not impossible to remediate. Indeed, the authors concluded that the patient encounter, the institutional climate and the associated clinical training needed, are central to improving outcomes, regardless of physician background. By providing education to obstetrics staff on peripartum racial and ethnic disparities, and their root causes, cultural competency and best practices, Ohio families of color can avoid tragic outcomes that manifest for no other reason than the color of their skin.

Since the Pregnancy-Associated Mortality Review Board (PAMR) is codified and in place, medical professionals as well as medical schools can tailor their curriculum around complications identified by the Board to ensure the continuing education provided is relevant and data-informed. This policy would also complement CCS' recommendation to the Minority Health Task Force to incorporate culturally and linguistically appropriate services as a necessary component of medical education curriculum in Ohio medical colleges, generally.

I want to thank you again for the opportunity to provide interested party testimony as Community Solutions always values the chance to weigh in on policy that would greatly impact the health and wellbeing of Ohioans. We would welcome the chance to share additional research that we have conducted in this space, and are happy to answer any questions that you may have at this time.

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1. <https://www.pnas.org/content/117/35/21194>