



**House Committee on Families, Aging, and Human Services
First Year Cleveland
Proponent Testimony on HB 142
June 10, 2021**

Chairwoman Manchester, Vice-Chair Cutrona, Ranking Member Liston, and members of the House Committee on Families, Aging and Human Services.

My name is Katrice Cain, and I am serving as the Interim Executive Director for First Year Cleveland, a program of Case Western Reserve University. Thank you for allowing those of us who support HB 142 a chance to offer that support in testimony. We are grateful to Representatives Crawley and Brinkman for introducing this legislation. We believe HB 142, with its two pilot programs, will provide evidence that Medicaid coverage for doula services is important for our mothers' health, specifically, Black mothers and babies.

First Year Cleveland is committed to achieving equitable maternal and infant health outcomes. Yet we acknowledge the inequities are getting worse over the past decade, Ohio's Black-white infant mortality inequity increase from 2.2 in 2009 to 2.8 in 2019—a 26% jump at a time when investments in infant mortality prevention increased. Cuyahoga County experiences higher rates of adverse birth outcomes and infant mortality than the state and nation. In the county, the racial inequity in infant mortality is four times, with the Black infant mortality rate (IMR) of 14.59 and white rate of 3.53. The highest rates of infant death within the county are in the City of Cleveland and first ring east side suburbs. We need to focus future investments in supports that target the disparity in outcomes between Black and white babies.

We know through research that one of those worthwhile investments is access for birthing people of color to continuous labor support from a doula. Black women experience higher rates of poor birth outcomes, including higher Cesarean rates, preterm birth, low birth weight, and infant death. Even after accounting for factors like the pregnant person's income, education, marital status, tobacco/ alcohol use, and insurance coverage, studies show that significant racial inequities in birth outcomes continue to exist. In other words, health and social factors alone cannot explain the higher rates of poor birth outcomes among Black women. Research has documented the impact of racism on maternal and infant health outcomes, including higher rates of perinatal depression and preterm birth among Black women and higher mortality rates among Black infants. The cumulative experience of individual, institutional, and systemic racism throughout one's life leads to chronic stress, putting Black women at higher risk for a range of medical conditions that threaten their lives and their infants' lives.

We believe including doula care in Medicaid is a step towards improving Black maternal and infant health outcomes, and fully support HB 142 in its endeavors. Thank you for your time, and if you have any questions for me, I can be reached at katrice.d.cain@cwru.edu or [216-368-5017](tel:216-368-5017)