

**Ohio House of Representatives**

**Public Health Policy Committee**

Ohio Commission on Minority Health  
Proponent Testimony for H.B. 190  
Designate Black Maternal Health Week

Wednesday, November 1, 2023  
10:30 am

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Good morning, Chairperson Lipps, Ranking Minority Member Liston and esteemed members of the House Public Health Policy Committee. My name is Angela Dawson. I am the Executive Director of the Ohio Commission on Minority Health, where I am honored to serve. Thank you for the opportunity to provide proponent testimony for HB 190 to support the designation of Black Maternal Health Week.

The Ohio Commission on Minority Health is dedicated to eliminating disparities in minority health through innovative strategies, financial opportunities, public health promotion, legislative action, public policy, and systems change.

The Commission primarily funds community-based models that are culturally and linguistically appropriate, and designed to prevent cancer, cardiovascular disease, diabetes, infant mortality, substance abuse and violence which are drivers in eighty-five percent of excess deaths in racial and ethnic populations.

The Commission supports models designed to promote equity, eliminate health disparities, and prevent chronic diseases and conditions. The funded programs are designed to improve health care accessibility, improve health literacy, improve nutrition and physical activity, reduce emergency room use and reduce costs.

The Commission funds infant mortality prevention programs such as the Community Pathways HUB Model in 12 sites across the state as well as the BBC – Doula Program in Cleveland with the planned expansion of two additional doula programs in Ohio.

Across the United States and in Ohio, we are facing a maternal health crisis. Maternal mortality is defined as the death of a woman while pregnant or anytime within one year of pregnancy regardless of cause. Beyond maternal mortality, severe maternal morbidity, which is a severe complication with major health consequences that arise during or after labor and delivery, impacts far too many families.

Further, the impact of poor maternal health options is reflected in our poor birth outcomes, Ohio's 2020 Black infant mortality rate of 13.6 per 1,000 live births, which is more than two times the White infant mortality rate of 5.1 per 1,000 live births for the same year.<sup>7</sup>

Systemic barriers, together with a failure to recognize, respect and respond to patients of color, has meant that Black women, regardless of income or education, experience a greater share of these grave outcomes.

An overwhelming majority of maternal deaths are preventable. According to the 2021 Ohio Pregnancy Associated Mortality Review (PAMR) fact sheet, approximately 60% were deemed preventable.

Consistent, high-quality maternity care is essential to protect the health of all moms and babies. According to the March of Dimes 2022 Nowhere to Go: Maternity Care Deserts Report.

Ohio had the most women impacted by overall reductions in access to care (over 97,000). Maternity care deserts are counties where there is a lack of maternity care resources, where there are no hospitals or birth centers offering obstetric care and no obstetric providers.

Regardless of income or education level, in Ohio Black women are more than two times as likely to die from pregnancy-related complications.

These outcomes are largely due to systemic inequities, which create significant disparities in how women experience the healthcare system that can often be a matter of life and death.

Social and contextual factors are also important determinants of health that affect people over time and throughout life. Data continue to show that the county you live in can influence rates of pregnancy-related mortality. Along with living in an underserved area, access to maternal health care is underscored by poverty.

To improve the rate of maternal mortality in Ohio we must improve readiness, recognition, and response to the leading causes of pregnancy-related deaths.

According to the HPIO Racial and geographic disparities in maternal morbidity and mortality report, stark differences in maternal health outcomes signal that not everyone has what they need to live a healthy life before, during and after pregnancy. Two of those outcomes — maternal morbidity and mortality — show clear disparities by race and geography in Ohio.

According to this report, from 2008-2017, Black women were more than twice as likely to die from a pregnancy-related cause than white women. The maternal mortality rate for Black women was 29.8 per 100,000 live births, while the rate for white women was 13.7. Regardless of payor, Black mothers were more likely to experience worse maternal health outcomes.

Urban and Appalachian counties have the highest rates of maternal morbidity in Ohio. Additionally, across both urban and Appalachian counties, Black mothers have the highest rates of maternal morbidity.

With collaboration from both public and private partners, it is possible to reduce severe maternal morbidity and mortality and improve health outcomes for Ohioans. Policymakers and other stakeholders can implement evidence-based strategies to ensure that parents and babies in Ohio are healthy and thriving.

The HPIO report recommends that state policymakers and other leaders can continue this work by acting on the following recommendations that address the root causes of disparities in maternal morbidity and mortality.

Effective policy strategies include:

- Addressing social determinants of health to reduce disparities and improve maternal health outcomes.
- Engage in health system reform, including educating providers on implicit racial bias;
- Increase community engagement through inclusion, education advocacy;
- Improve social and economic conditions that contribute to underlying health inequities.
- Improve maternal mortality and morbidity data collection and surveillance and prioritize policy recommendations from Maternal Mortality Review Committees.

In 2020, Governor DeWine introduced the “Ohio’s Executive Response: A Plan of Action to Advance Equity”, “to reinforce our commitment to advancing health equity and establishing Ohio as a model for justice, equity, opportunity and resilience.”

This plan was the Governor’s clarion call for recommendations, evidence-informed actions, and policies that individuals, communities, local and state policy makers along with multifaceted industry leaders could implement to eliminate health disparities, racism, and advance equity.

Ohio has clearly invested in improving birth outcomes. Ohio took another significant step and established Medicaid postpartum coverage for up to one year. In addition, Ohio is in the process of implementing reimbursing doula services on Medicaid plans. These steps provide a foundation for Ohio to build upon.

Every expecting Ohioan deserves the opportunity for a healthy pregnancy and a safe delivery.

With collaboration from both public and private partners, it is possible to reduce severe maternal morbidity and mortality and improve health outcomes for Ohioans.

Policymakers and other stakeholders can implement an array of evidence-based strategies that address the root causes of inequities to ensure that parents and babies in Ohio are healthy and thriving.

This bill provides the opportunity to expand the awareness of this crisis and collaborate to develop effective solutions.

I respectfully ask for this Committee to support House Bill 190. I need to inform you that I have a significant hearing impairment and can respond to your questions at this time.

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