

Chair Dolan, Vice Chair Cirino, Ranking Member Sykes, and members of the Ohio Senate Finance Committee, thank you for accepting my written testimony in support of House Bill 7.

My name is Danielle Firsich, and I am the Director of Public Policy for Planned Parenthood Advocates of Ohio and Planned Parenthood of Greater Ohio. As highlighted by the sponsors of this bill during committee testimony, HB7 would provide critical investments to combat our maternal and infant mortality crisis, while utilizing innovative strategies to focus on improving health and developmental outcomes for mothers and babies.

Thirteen Ohio counties are classified as maternal healthcare deserts, with the worst disparities present among Black women and babies. Most of these maternal and infant mortality rates are entirely preventable with affordable, widespread and comprehensive public health services--the most common pregnancy-related deaths include delay or lack of diagnosis, failure to screen, inadequate assessment for risk, and inadequately trained/unavailable personnel.¹ The drop-off in services provided after delivery are particularly crucial, as “postpartum deaths comprised 65% of all pregnancy-related deaths” in Ohio. And even though around 60% of pregnancy-related deaths are preventable, Black women are 3-5 times more likely to die from pregnancy-related complications than White women. Both preventative care programs and programs ensuring expanded support for parents and infants in the first several years of life are necessary for improving the lives of all Ohio families.

A new study published by the American Educational Research Association followed low and high-income children from birth through age 26 to identify the opportunity gaps experienced by each of these populations, and the lasting impacts they had into adulthood.² Some of these identified “opportunities” include quality childcare, neighborhood income, afterschool activities, and instructional quality of classrooms. The report found that “while most high-income children experience six or more ‘opportunities’ between birth and high school, nearly two-thirds of children from low-income households have zero or only one opportunity.” This is a striking discrepancy, particularly when one considers that moving the goalpost from 0 to 4 opportunities for low-income children increased “their odds of graduating from a four-year college...from 10 to 50 percent.” The extensive findings highlighted “the need to invest more in expanding the number of opportunities low-income children access across the childhood and adolescent years,” including “enrolling more eligible children in programs like federally-funded Early Head Start and Head Start.”

This bill will not only expand opportunities for low-income or underserved communities but will bolster access to already existing programs with profound impacts on maternal and infant development and health. While dozens of studies have been conducted on the effectiveness of WIC on maternal and infant health--showing a positive impact on rates of preterm birth, low birth weight, and infant mortality--only 38.9% of eligible Ohioans participate in the program. There is an obvious and pressing need for earlier education and engagement with Ohio families, as well as targeted, community-based supports that address the pre and postnatal care gaps in statewide communities.

It has become apparent that “structural factors that affect millions of U.S. children, including poverty, food insecurity, homelessness, and lack of access to health care and educational opportunities, can lead to stress-response patterns that are known to underlie mental health challenges.” Another key area highlighted by the sponsors of this bill is the growing mental health

crisis amongst both children and pregnant individuals. According to the Policy Center for Maternal Mental Health, nearly “70% of US counties don’t have enough practicing maternal mental health providers.” And according to the American Psychological Association, in the last decade alone, “feelings of persistent sadness and hopelessness—as well as suicidal thoughts and behaviors—increased by about 40% among young people.” Mental health professionals and the CDC are urging for increased and earlier interventions and screenings, particularly for “girls, LGBTQ+ youth, and those who have experienced racism,” as these groups are more likely to have poor mental health.³

There is need for providers of pre and postnatal care to comprehensively examine particular risk factors like “young age, low educational level, interpersonal violence, poor social support, and substance misuse.” Public health and social services are critical points of intervention, including “provision of targeted support for low-income young families” and “parenting support including free childcare.” Ohio ranks dead last nationally for Publicly Funded Childcare eligibility for kids 0-5. This is an added burden for parents who are already struggling in the postnatal period, particularly if mental health stressors are compounded with a desperate need for affordable and accessible childcare.

While maternal and infant mortality has been uplifted as a priority in this state, the fact remains that progress over the last decade has been minimal, and “inadequate access to prenatal and postnatal care” has been continually cited as a leading cause in the ongoing rise in maternal and infant mortality nationwide. The Health Policy Institute of Ohio “recommended that impact assessments be required of the state General Assembly,” and has urged lawmakers to “continue to implement and fund evidence-informed policies in existing plans designed to achieve equity in community conditions and birth outcomes.”⁴ Early postnatal care not only improves outcomes, but reduces costs overall, particularly when there are investments in minimized hospital stays, community-based care, breastfeeding promotion, immunization, expanded patient engagement and education, and home visits.

At Planned Parenthood Advocates of Ohio, we believe that every pregnant person deserves high-quality, accessible, and affordable health care that is delivered with humanity, dignity, and respect. We require not only robust public health systems and policies that support pre and postnatal care, but also a true dedication to increasing access so that all pregnant people and their children can flourish and thrive. I highly encourage you to vote yes on this legislation.

Thank you again for considering my written testimony.

Sources

¹ https://odh.ohio.gov/wps/wcm/connect/gov/0657b23a-baba-4a74-b31c-25e216728849/PAMR+SMM+Final.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-0657b23a-baba-4a74-b31c-25e216728849-nlNgvoH

² <https://hechingerreport.org/opportunities-not-poverty-alone-predict-later-life-success-for-children/>

³ <https://www.apa.org/monitor/2023/01/trends-improving-youth-mental-health>

⁴ <https://ohiocapitaljournal.com/2023/03/21/study-infant-mortality-racial-gaps-persist-in-ohio-over-last-decade/>