



Testimony before the House Families & Aging Committee

Amy Riegel, COHHIO Executive Director

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House Bill 7 – Proponent

Chairwoman Schmidt, Vice Chair Miller, Ranking Member Denson, and members of the House Families & Aging Committee, thank you for the opportunity to testify on housing-related provisions of House Bill 7. My name is Amy Riegel. I became executive director of COHHIO last June after serving as the senior director of housing for CareSource, the managed care organization.

CareSource and Ohio's other Medicaid MCOs have become more engaged in addressing housing insecurity because they came to realize that it was negatively impacting their members' health, and the companies' bottom line. During my time at CareSource, we started investing in Healthy Beginnings at Home, a collaborative effort to improve birth and maternal health outcomes by providing housing assistance to unstably housed pregnant women.

Research has demonstrated that stress caused by housing instability and unsafe communities, and poor-quality housing greatly exacerbates chronic health conditions, especially among children. A study in Massachusetts showed that infants born during a period of homelessness had higher rates of low birthweight, respiratory problems, fever, and other common conditions. These babies also had longer stays in the neonatal intensive care unit, more emergency department visits, and higher annual healthcare spending. Differences in most health conditions persisted for years; asthma diagnoses, ED visits, and spending were significantly higher even through age six.

There are reams of data linking housing insecurity and long-term chronic health conditions. But there was practically no research on how improving a family's housing conditions can positively impact their health until the initial Healthy Beginnings pilot launched in 2018. And the data from that project is very promising.

The initial pilot provided rental assistance and services to 50 housing-insecure women and families. Another 50 housing-insecure households received only the services – maternal and prenatal care – but no housing. At the conclusion of the study, the data showed:

- Zero fetal deaths among babies in the housing intervention group, but four deaths in the control group;
- 40 of the 51 babies in the housing intervention group were born full-term at healthy birth weights compared to just 24 of 44 babies in the control group, and;
- Babies in the housing intervention group that were admitted to the NICU stayed just eight days compared to 29 days for those in the control group.

Furthermore, Healthy Beginnings 1.0 demonstrated that housing intervention can greatly reduce healthcare spending. The average Medicaid claim to deliver babies in the housing

intervention group was only \$4,000, compared to \$22,000 for babies in the control group. The analysis also found that housing assistance improved other family members' healthcare utilization; overall spending was reduced by \$300 per person/per month – a substantial healthcare savings.

The research provided quantitative data on the impact of housing assistance, but the real impact is found in the stories of the participants.

One of the women in the housing intervention group was Kayla, who experienced multiple miscarriages and had two premature babies that had died in infancy. Healthy Beginnings helped her find secure, affordable housing in Southside Columbus when she was in her third trimester, had a criminal record, and was at risk of becoming homeless. Kayla displayed a fierce determination and strength to overcome her challenges. In June of 2019, she gave birth to a beautiful, healthy baby girl and was able to bring her home to a safe and loving environment with her other children.

Kayla entered OSU's Certified Community Health Worker Program in March of 2020. Family struggles, illness, and the grind of everyday life during the pandemic were just a few mountains that Kayla worked to overcome. I remember her saying that she had been through much worse, and nothing was going to stop her from earning her certificate, and indeed nothing did. In May of 2020, Kayla received her certification that allows her to receive compensation for the work she does for elders, friends, and neighbors in the community. HBAH helped Kayla establish a home base where she and her children could thrive.

While the data and many stories like Kayla's are extremely promising, the size and scope of the initial pilot was not large enough to generate scientifically rigorous evidence. Thankfully, the General Assembly included \$2.25 million in the last budget bill to begin the process of launching Healthy Beginnings 2.0. This initial allocation was enough to get the project started, but additional funding is required to bring the research to scale, expand it to additional communities, improve birth outcomes, and reduce Medicaid spending.

Fortunately, the biennial budget that passed the House last week includes an additional \$16 million appropriation to fund the replication and expansion of Healthy Beginnings to a full-scale scientific study in Franklin, Montgomery, Hamilton, Summit, and Cuyahoga counties. But, as you know, House Bill 33 hasn't passed the Senate yet, so I want to thank Rep. White and Rep. Humphrey for including this same provision in the House's priority legislation to improve infant and maternal health and wellness.

Healthy Beginnings 2.0 will establish an innovative, new model to reduce infant mortality that could be replicated throughout the U.S. Healthy Beginnings 2.0 is the first large-scale research project of its kind. We should all be proud that Ohio is leading the nation in using housing interventions to save babies' lives and improve healthcare outcomes while reducing healthcare spending.