



Advocates for Ohio's Future

House Sub-bill & Black Maternal Health Webinar

April 16, 2021



Sub-HB 110 Timeline

- Released Tuesday April 13
- Amendments due in the House Today-Friday April 16
- Omnibus Amendment Release Tuesday April 20th
- House Finance Vote Wednesday April 21
- House Floor Vote Thursday April 22
- **Senate Hearings began this week-Agency testimony next week*



Sub-HB 110 Changes: Jobs and Family Services

- Adult Protective Services: Increase \$5.72M/FY = \$65,000/county
- TANF Spending Plan: ODJFS must submit a TANF spending plan to the Governor not later than November 1st of each even-numbered year describing the anticipated spending of the TANF Block Grant funds for the next fiscal biennium-then an updated TANF spending report by July 30 of even-numbered years
- TANF earmark for the Kinship Caregiver Program was partially restored at \$10M (down from \$15M)
- Maintains 138% of the Federal Poverty Level for publicly-funded childcare, 150% for children with special needs



Sub-HB 110 Changes: Jobs and Family Services

- Additional \$5 million in CRF dollars for Ohio Association of Foodbanks
- Requires ODJFS to submit an application to the U.S. Department of Agriculture for participation in the Elderly Simplified Application Project within the Supplemental Nutrition Assistance Program (SNAP)
- Requires a subcommittee or standing committee from each chamber of the General Assembly to evaluate publicly funded child care and the Step Up to Quality Program
- Step Up to Quality ratings: Maintains the requirement that all programs be rated in the third tier or higher by June 30, 2025 but eliminates current law that specifies the percent of licensed child care programs required to be rated in the third tier or higher of ODJFS's Step Up to Quality Program by a certain date (including 60% by June 30, 2021 and 80% by June 30, 2023)



Sub-HB 110 Changes: Broadband Access & Affordability

- Inserts Am Sub-House Bill 2 as currently before the Senate Financial Institutions and Technology Committee in to the Sub-Bill
 - Appropriates \$170.0 million in FY 2022 and \$20.0 million in FY 2023, Residential Broadband Expansion Grants, to awards grants under the Ohio Residential Broadband Expansion Grant Program
- Suggestions
 - Currently, Sub-HB110 excludes government and quasi-governmental entities from the definition of Broadband Provider, meaning they are not permitted to submit a grant application. We believe the definition should not exclude these entities.
 - Include cost of service under the scoring criteria for proposals before grants are awarded and include price points for service, in addition to addresses served, in annual grant award reports and the Authority grant program report.
 - Include a consumer representative on the Authority governing board



Sub-HB 110 Changes: Other Provisions...

- Includes HB 1- the Fair School Funding Plan - This will be phased in over six years, beginning with the 2021-22 school year, and is designed to ensure no school district loses funding during the transition to a new formula.
- 2% across the board personal income tax cut, reduces taxes by approximately \$380 million over the biennium
- Creates the Joint Legislative Oversight and Review Committee of Federal COVID Relief Aid - This panel will provide more oversight of federal COVID relief aid spent by the state.
- Main Street Job Recovery Program - The measure provides \$500,000 over the biennium to be used for grants to non-profit organizations to create business development and employment opportunities targeted to low- and moderate-income individuals as well as individuals of the re-entry population.
- Provides rate increases to home- and community-based services providers including Assisted Living, HomeCare and PASSPORT.

The Center for Community Solutions

We improve health, social and economic conditions through nonpartisan research, policy analysis, communications and advocacy.

www.communitysolutions.com

Twitter: @CommunitySols

Our Priorities



Advancing Wellbeing of Older Adults



Enhancing Behavioral Health Access



Improving Maternal and Infant Health



Strengthening Health and Human Services Safety Net



Supporting Sound Medical Policy



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COMMUNITY SOLUTIONS
RESEARCH • ANALYSIS • ACTION

Who Am I?



Hope A. Lane-Gavin

Serves as a Policy & External Affairs Associate with The Center for Community Solutions and leads Community Solutions' SNAP policy work in addition to being a part of the maternal and infant health team. Hope has a Bachelor of Arts in Political Science from Kent State University and a Master's in Political Management from The George Washington University.

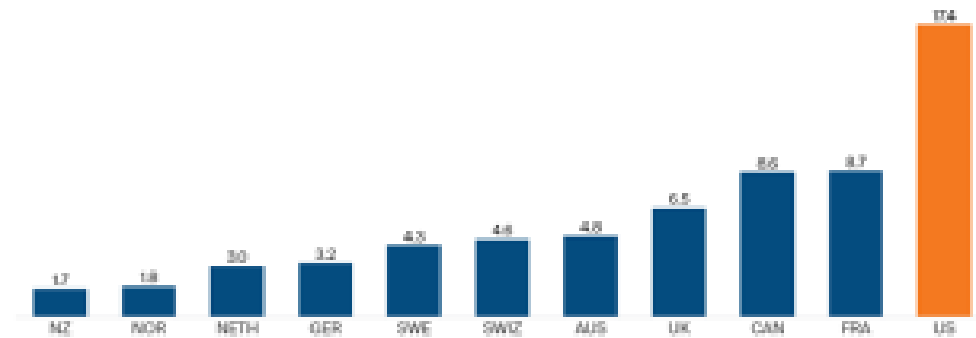
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What's up with maternal health?

Maternal Mortality Ratios in Selected Countries, 2018 or Latest Year

Deaths per 100,000 live births



Download data

Notes: The maternal mortality ratio is defined by the World Health Organization as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Data: OECD Health Data 2020, showing data for 2018 except 2017 for Switzerland and the UK, 2016 for New Zealand, 2012 for France.

Source: Renee Takacs et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Contraception, Feb. 2020). <https://doi.org/10.1016/j.con.2019.11.010>

- Women in the United States are **the most** likely to die from complications related to pregnancy or childbirth in the developed world.
- In 2018, there were 17 maternal deaths for every 100,000 live births in the United States – a ratio more than double that of most other high income countries.
- According to the CDC, more than 60 percent of pregnancy-related deaths in America are preventable.
- For every woman who dies, 70 experience “near misses” also known as severe maternal morbidity.



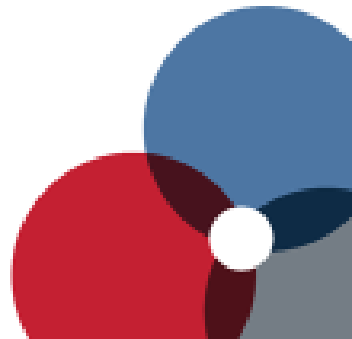
But why BLACK maternal health?

- The maternal death ratio for Black women (37.1 per 100,000 pregnancies) is 2.5 times the ratio for white women (14.7) and three times the ratio for Hispanic women (11.8).
- A Black mother with a college education is at 60 percent greater risk for a maternal death than a white or Hispanic woman with less than a high school education.
- Black women are also twice as likely to lose an infant to premature death.



Why is birth so bad for Black women?

- While the causes are complex and include coverage gaps and social determinants of health (such as healthcare access and quality, economic stability, education access and quality etc.) **the main and most important driver is racism.**
 - Medical Bias – disparate care from medical professionals because of implicit biases
 - Weathering – caused by constant racism, discrimination and stress leads to premature aging
 - Data – without timely and public data it is difficult to assess where to target resources and pinpoint problems



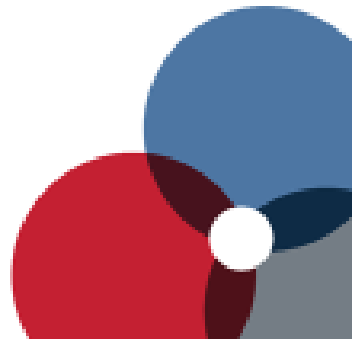
What does this look like in Ohio?

- In November 2020, the Ohio Department of Health (ODH) released the first report in several years on maternal mortality. This report covered maternal deaths that occurred from 2008-2016. Across this nine-year span, **109 (59 percent) pregnancy related deaths occurred among white women, 63 (34 percent) among Black women, six (3 percent) among Hispanic women and eight (4 percent) among women of other races.**
- At the county level, **only 11 counties** reported no pregnancy-associated or pregnancy-related deaths during the nine-year reporting period.



So then what's being done?

- Ohio's Black Maternal Health Caucus
 - @OhioBMHC on Twitter and Instagram, they're also on Facebook!
- ODH's Pregnancy-Associated Mortality Review Board (PAMR)
- Ohio Council to Advance Maternal Health (OH-CAMH)
- Ohio Collaborative to Prevent Infant Mortality (OCPIM)



Are there any local efforts?

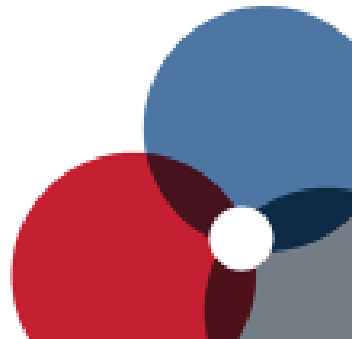
Many communities in the state feel there's no more time to wait and waste and have taken matters into their own hands. Organizations doing great work for moms and babies around the state include but are not limited to:

- CelebrateOne – Franklin County
- Restoring Our Own Through Transformation (ROOTT) – Franklin County
- Birthing Beautiful Communities – Northeast Ohio (Cuyahoga and Summit Counties)
- Village of Healing – Cuyahoga County
- Perinatal Outreach & Encouragement for Moms (POEM) – Cuyahoga County
- Cradle Cincinnati and Queens Village – Hamilton County



What is Community Solutions' Role?

- Advocacy, research and policy solutions!!!
- Recently however we have identified that for favorable birth outcomes, women need more than just access to care but a combination of skills and relationship-based care
 - Doulas
 - Midwives



What is a midwife?

Paper series soon to be released at CCS!

- Midwives are known for delivering babies for low-risk women, but many midwives in the U.S. are highly trained health care professionals that offer a range of services for women at all stages of life
- Able to manage many common obstetric scenarios and complications without obstetrician oversight
- Positive birth outcomes and better results as compared to care led by or initiated by a physician
- Midwives are normal in many other wealthy, industrialized countries
- Midwifery is uncommon in the U.S. due to licensure requirements that have a racist origin



READY, SET



SOAR OHIO

Early Investments, A Lifetime of Success.

**Supporting
Families**

**Rebuilding
Ohio's Economy**



Groundwork Ohio



Kelsey Hopkins, MSW, MPA

KHopkins@GroundworkOhio.org

Policy Associate, Groundwork Ohio

Policy Focus Areas:

- Prenatal-Age 3
- Maternal and Early Childhood Mental Health



Supporting families now is an investment in Ohio's future.

Our children's future—and Ohio's—depend on what we do today.

Too many children are not surviving until their first birthday.

Too many are not getting the early intervention that can prevent a lifetime of problems—first in school, then on the job and in life.








Too many are starting kindergarten woefully behind.



Invest now or pay later.

Investing in evidence-based interventions during the earliest years of a child's life—prenatally to age 5—can close gaps that are impacting low-income children, children of color and children in underserved communities.

Supporting high-quality interventions in the earliest years results in:

-  *Better birth outcomes*
-  *More children reaching their first birthday*
-  *Improved kindergarten readiness rates*
-  *Stronger families*
-  *Higher high-school graduation rates*
-  *A more-prepared workforce*
-  *Healthier adults with greater life-time earnings*

Beyond these outcomes...



■ ■ ■ ■ ■ **Public
investments**

in high-quality, early
interventions for
Ohio children

deliver a

13% ROI per year.

Mothers & Infants in the Budget

- **Mothers and Children Safety net Services** - \$4,303,612
- **Maternal Child Health Block Grant** - \$25,000,000
- **Help Me Grow** - \$41,242,281
- **Infant Vitality** - \$17,637,292 (FY22) \$12,137,292 (FY23)
- **Infant Mortality Health Grants** - \$3,139,967 (FY22) \$3,106,404 (FY23)
- **Local Development Projects** - \$2,250,000



Our FY22-23 Budget Priorities

Advance Equitable Outcomes for Young Children & Their Families:



Groundwork Ohio will be evaluating budget policies, programs and investments from an equity lens and utilizing data to support targeted investments that advance equitable outcomes, eliminate barriers to access and reflect the impacts of COVID-19 based on race, rural geography, age of the child and other determinative factors.

Our FY 22-23 Budget Amendments

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Increased Investment in Help Me Grow Evidence-Based Home Visiting

.....

Through this amendment, we are seeking to increase funding in Help Me Grow evidence-based home visiting by *an additional \$1.9M in fiscal year 2023*, doubling the \$1.9M investment over the biennium from the as-introduced version of the budget.

In the as-introduced version of HB 110, the Ohio Department of Health estimates that an additional 500 children will be served. We believe that by doubling the investment, more children and families will benefit from this evidence-based home visiting program, resulting in improved health outcomes both mom and baby.

We request that this amendment be funded by GRF dollars.

Our FY 22-23 Budget Amendments

.....
**Extended Post-Partum Coverage
Enabling Language**
.....

We believe that all Medicaid eligible pregnant women should be eligible for 12-month continuous postpartum coverage as it is a powerful tool in preventing infant and maternal mortality and morbidity.

As it stands now, pregnant mothers who are on Medicaid only have postpartum coverage for 60 days after birth. However, in the last biennial budget, the Ohio Department of Medicaid secured funding and permission to seek a 1115 waiver to extend postpartum coverage for a small target population of 2,500 mothers with substance use disorders. Due to the pandemic, this project was paused to address the increased demand for Medicaid coverage.

We are seeking an amendment to allow Medicaid to file a waiver without additional legislative approval to extend postpartum coverage to 12 months after birth. ***This language has no cost and does not force a state policy choice or implementation upon federal policy changing.***

Get Involved!

You Can Take Action

Coalition members will be invited to join us for campaign events, receive targeted call-to-action opportunities and resources, and serve as a strong, unified voice for young children in the State of Ohio.

Visit ReadySetSoarOH.org/engage





Maternal and Infant Health:

Doula Care, 12 month postpartum Coverage, and the Budget

Kelly Vyzral
Senior Health Policy Associate

CDF-Ohio

April 16, 2021



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defense fund
ohio



Maternal Health in Ohio

- US has highest maternal mortality in industrialized world
- Black women die at a rate 2.5 times that of White women.
- Ohio is in the bottom quartile of states for infant and maternal health
- Ohio's Black-white infant mortality disparity increased by 26% between 2009-2019



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Addressing the Problem: Doulas

Doulas are non-clinical healthcare professionals

Doulas offer emotional, physical, and educational support

HB 142- Reps. Crawley and Brinkman

Doula care amendment



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Addressing the Problem: 12 month postpartum coverage

Current Ohio Medicaid postpartum coverage is 60 days

Pregnancy eligibility is 200% of FPL

Postpartum gaps in coverage between 138%- 200%

Over half of pregnancy-related deaths occur in the postpartum period



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Federal update

American Recovery Plan

12 month postpartum coverage

Allows states to draw down federal funds

States can add the option through a SPA



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BLACK MATERNAL HEALTH WEEK 2021

COMMUNITY - BASED PERINATAL
SUPPORT INTERVENTIONS:
A Merck for Mothers Safer Childbirth
City Initiative

JESSICA M. ROACH, MPH
Chief Executive Officer & Partner

DORIAN L. WINGARD, MPA
Chief Operations Officer & Partner

ROOTT ORGANIZATIONAL OVERVIEW

Restoring Our Own Through Transformation (ROOTT) is a collective of concerned Black families, community members, advocates & interdisciplinary professionals dedicated to decreasing Black maternal & infant mortality in Ohio.

ROOTT's mission is to comprehensively restore our collective well-being through collaboration, resource allocation, research & re-empowerment, in order to meet the needs of Black parents & families.



ROOTT IMPACT STATEMENT

ROOTT provides direct services, public policy advocacy & education, in alliance with local & national stakeholders.

ROOTT goes beyond surface level risk factors regarding marginalized Black mothers, fathers, infants, & communities to address root causes of these of health inequities.

ROOTT addresses Structural/Institutional Determinants of Health by targeting the racism that creates & sustains the Social Determinants of Health.

ROOTT collaboratively builds quality relationships with families, caregivers, professionals & paraprofessionals aligned with our mission.



SNAPSHOT OF COLLABORATIVE PARTNERS

Safer Childbirth Cities



Merck for mothers
Committed to Saving Lives



SNAPSHOT OF COLLABORATIVE PARTNERS



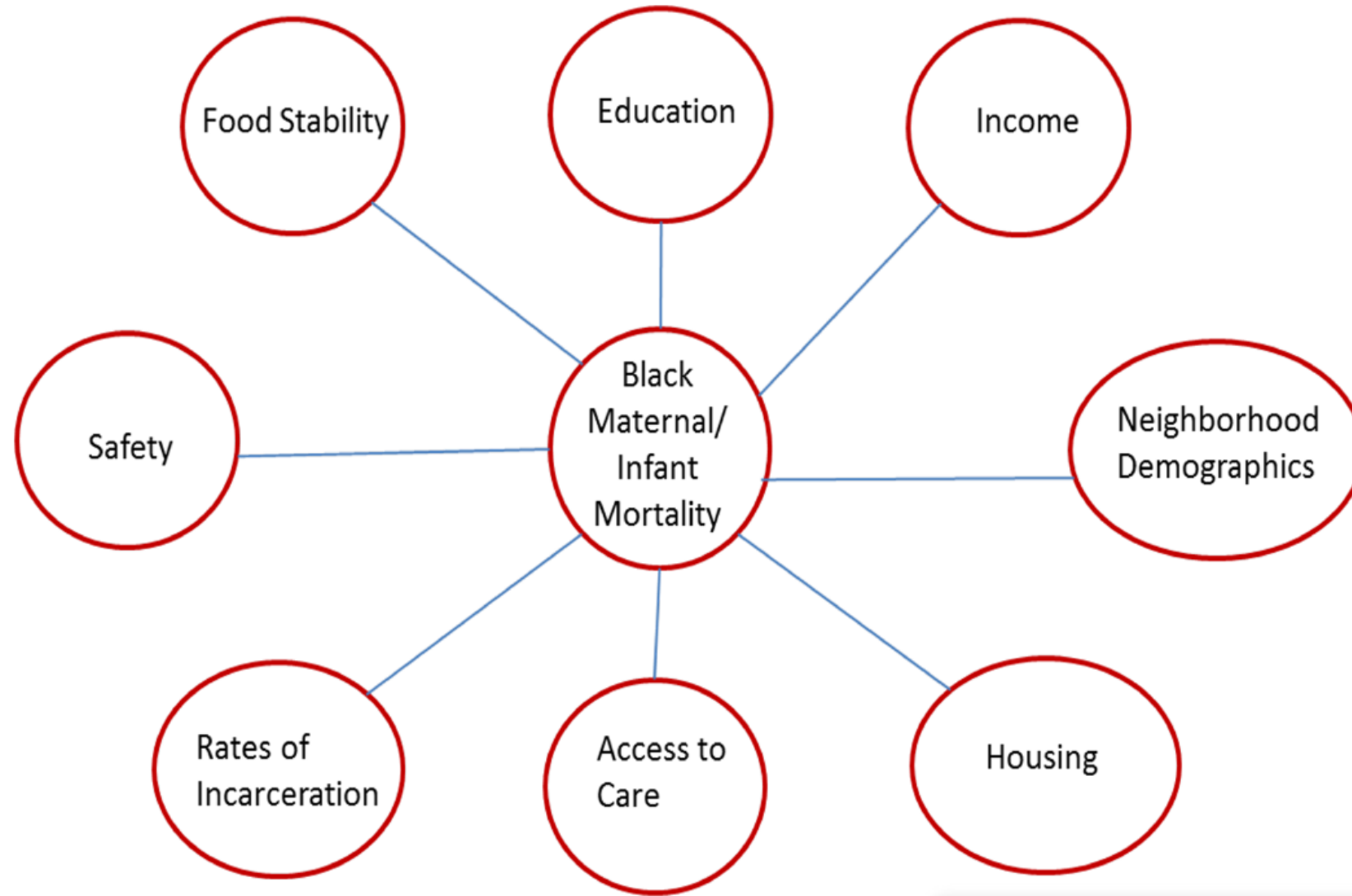
SNAPSHOT OF COLLABORATIVE PARTNERS



Columbus
Rotary

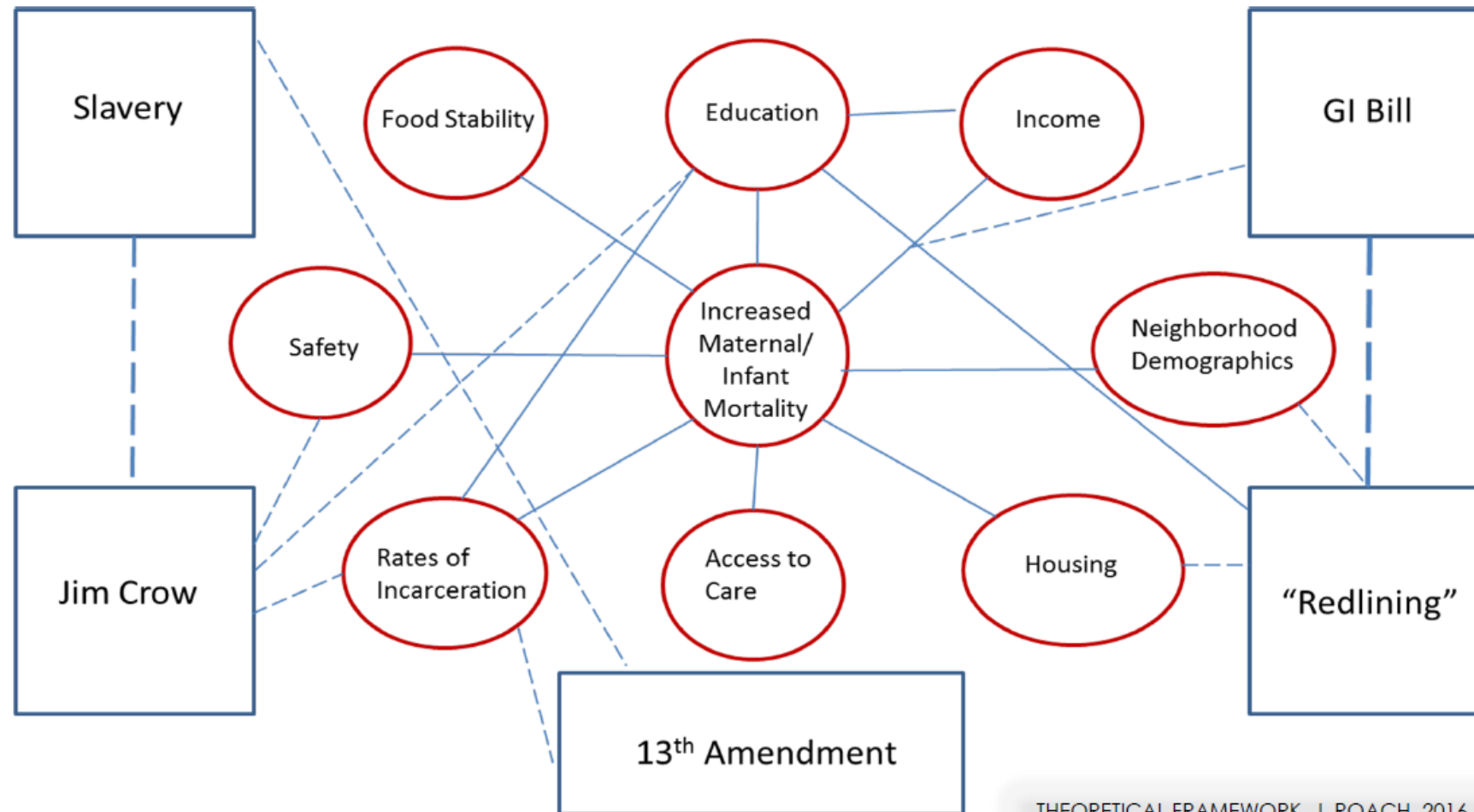


WEB OF CAUSATION SOCIAL DETERMINANTS



WEB OF CAUSATION

THE IMPACT OF STRUCTURAL DETERMINANTS ON HEALTH



Without addressing, **disrupting**, and **dismantling** the structural and institutional determinants, we **will not** be able to address social determinants.



ROOTT: A COMMUNITY BASED ORGANIZATION

Full Spectrum Perinatal Support Doulas
(Training & Certification)

Healthcare Provider Training & Continuing Education

CBO Consultation

SMEs & Policy Advocacy (Federal/State/Local)

Public Health Research (Independent & Institutional)

Social Injustice & Health Equity Activism



ROOTT FS-PERINATAL SUPPORT DOULAS



- Full Spectrum Perinatal Support
- Breastfeeding Education & Lactation Support (CLC)
- Health Information & Equity Advocate
- Family-centered Informed Decision Support
- Home Visiting Program Provider

“At some point, we must acknowledge and address how the foundation of Obstetrics and Gynecology as we know it in the U.S., was built from the stolen knowledge and traditions of Black and Indigenous Women...and used against us through means of rape, sexual assault, pedophilia, eugenics, and genocide. Reproductive Justice is the definition by which we say, WE are taking this back.”

Jessica M. Roach, MPH

”Race neutral solutions are impotent in the address of intentional, race-specific racism. Consequently, true health equity will certainly change the lives of the oppressed and the oppressor, in ways that may lead to the deconstruction of American inhumanity.”

DL Wingard, MPA



This is how
we ROOTT!!

www.rootttrj.org



ROOTT Origin Story
NPR Story Corp, 8-2019





Questions?

Next Webinar: Friday April 30, 10:30am In-Depth Sub-Bill Review

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