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Testimony Re: Executive Office of Health and Human Services Budget

House Finance Committee
July 30, 2020
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Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today.

As a leader of the RIght from the Start Campaign, Rhode Island KIDS COUNT strongly supports Governor Raimondo's proposals to invest state funds in the Department of Health's budget to secure a **Medicaid match** for prenatal **First Connections** visits and **evidence-based family home visiting services** known to improve child and parent outcomes. We also support Governor Raimondo's proposal to invest $95,000 in state funds in the EOHHS budget to secure a Medicaid match for coverage of **perinatal doula services**.

First Connections and Evidence-Based Family Home Visiting
First Connections is designed to help families get connected to needed resources like Early Intervention, maternal depression evaluation and treatment, and the WIC nutrition program. **During the COVID-19 crisis, First Connections has been a lifeline for families** who have been staying at home to protect the health of vulnerable infants.

Medicaid funding is needed to enable this program to meet the needs of pregnant women. Many families experience significant economic, health, and safety challenges when they are expecting a child. Research shows that the earlier families receive help, the better they are able to overcome challenges. **Medicaid funding is also needed to support services of Rhode Island's evidence-based family home visiting programs – Healthy Families America and Nurse Family Partnership**. These long-term programs are proven to improve parenting practices, family economic security, and children's school readiness. These programs are also some of the only interventions known to reduce the incidence of child maltreatment. Both First Connections and the evidence-based family home visiting programs complement the delivery of community-based doula services,

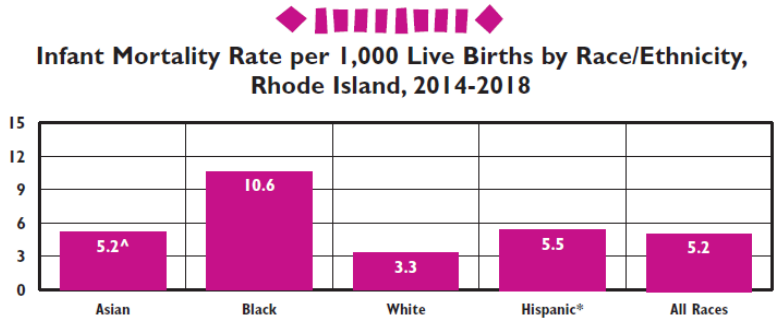
Maternal Mortality Crisis Among Black Women
Worldwide, rates of maternal mortality have steadily decreased over time in nearly every developed country. Despite this, rates of maternal mortality in the United States on are on the rise and disproportionately

impact already vulnerable populations.[1] Evidence clearly demonstrates that women of color are less likely to have access to adequate maternal health care services and more likely to die in pregnancy and childbirth than White women.[2] Nationally, Black women are three to four times more likely than White women to die of pregnancy-related complications.[3] These racial disparities in maternal mortality rates span all levels of education, age, and income.[4]

In 2014-2018, the Rhode Island severe maternal morbidity rate was 223 per 10,000 delivery hospitalizations. Black (345 per 10,000), Hispanic (254 per 10,000), and Asian (262 per 10,000) women in the state all had higher rates of maternal morbidity than White women (189 per 10,000).[5] Additionally, between 2014 and 2018, Black women in Rhode Island were nearly twice as likely as White women to receive delayed prenatal care.

Racial Disparities Among Black Infants

Infant mortality rates are associated with maternal health, quality of and access to medical care, and socioeconomic conditions.[16] While infant mortality has declined nationally across all racial and ethnic groups, stark disparities remain. In Rhode Island between 2014 and 2015, the Black infant mortality rate was 10.6 per 1,000 live births, up from 9.9 deaths per 1,000 births between 2012 and 2016.[17] Simply put, Black infants in Rhode Island die in the first year of life at a rate more than three times that of White infants. The Black infant mortality rate is the highest of any other racial or ethnic group in the state even after controlling for known risk factors such as socioeconomic status and parental educational attainment.[18]



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. ^The data are statistically unstable and should be interpreted with caution. *Hispanic infants can be of any race.

A growing body of evidence indicates that pervasive racial bias against Black women and unequal treatment of Black women in the health care system often results in inadequate treatment for pain.[8,9] This, coupled with stress from racism and racial discrimination experienced throughout the lifespan, contributes to unacceptable health outcomes among Black women and their infants in Rhode Island.[10,11]

Doulas as a Key Strategy

Doulas have emerged as a key method of addressing these disparities in maternal and infant morbidity and mortality by delivering a higher quality of culturally appropriate and

patient-centered health care for women, particularly those who are low-income women or women of color. A doula is a trained professional who provides physical, emotional, and informational support to mothers before, during, and immediately following childbirth.[12] Support from a doula during labor and delivery is associated with improved health outcomes for both the mother and their baby, including shorter labors, lower cesarean rates, and higher five-minute APGAR scores.[13,14] Additionally, babies born to mothers who had the support of a doula were less likely to have low birth weight and were more likely to be breastfed than those born to mothers who did not receive doula support.[15]

Thank you for this opportunity to testify in support of Medicaid coverage for First Connections prenatal visits, evidence-based family home visiting programs, and perinatal doula services.

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