



April 19, 2019

Subject: Support for Healthy Women, Healthy Babies Budget Proposal

Dear Legislator,

The Dane County Health Council supports Governor Tony Evers's Healthy Women, Healthy Babies budget proposal. The Council is a coalition comprised of executive leadership from Access Community Health Centers, Group Health Cooperative, Madison Metropolitan School District, Public Health Madison & Dane County, SSM Health, United Way of Dane County, UnityPoint Health-Meriter, and UW Health. The Council, formed almost 20 years ago, has worked to implement and support efforts driven by the health system and community to improve the health of the Dane County community. In the past few years, the Health Council has focused specifically on maternal and child health in the Black community, with a specific goal to eliminate inequities in the birth outcomes of Black families—the population where inequities are most pronounced.

Wisconsin experiences persistent black-white inequities in almost every maternal and infant health outcome, including severe maternal morbidity, breastfeeding initiation and duration, low birth weight, and infant death. The urgency of the issue is echoed at the state level—Wisconsin's Black infant mortality rate is the worst in the nation. The Healthy Women, Healthy Babies budget proposal allocates \$28 million to address this unacceptable inequity. We support this allocation, as the time for focused action and attention is now.

To address the infant mortality crisis, the budget proposal creates an Infant Mortality Prevention Program in the Department of Health Services, designating five positions to focus on assisting families to remove barriers to healthy pregnancies like unstable housing, lack of nutritional and family supports, and unemployment. Healthier pregnancies can result in lower rates of preterm birth—a condition that costs the Wisconsin health care system \$181 million in extra medical cost annually.¹ This does not account for the additional associated expenses of early intervention services, special education services, and lost work productivity, which cost billions of dollars annually across the United States.

The proposal provides a pathway to make doula services reimbursable through Medicaid and fund training programs for doulas. Doulas are trained professionals who provide physical and emotional support as well as information to families before, during, and after childbirth. Studies have shown that families who receive doula services have better outcomes and lower health care costs, higher breastfeeding rates, and babies with a lower likelihood of low birth weight and prematurity. One cost-effectiveness analysis indicated that doula reimbursement at an average of \$986 per birth would be offset by health care savings related to lower rates of preterm births and cesarean sections.²

The proposal also provides support for strengthened health care and wraparound services. The proposal expands postpartum Medicaid coverage for mothers from 60 days post-birth to a full year. Additionally, the proposal invests in the state's Minority Health Grant, which funds organizations that work in underserved communities of color impacted by health inequities. The plan also includes funds to expand: evidence-based

¹ Lifecourse Initiative for Healthy Families. (2017). The Cost of Preterm Births for Wisconsin. Retrieved from https://lihf.wisc.edu/wp-content/uploads/2017/07/Prematurity-cost-brief_final.pdf

² Kozhimannil KB, Hardeman RR, Alarid-Escudero F, Vogelsang CA, Blauer-Peterson C, Howell EA. Modeling the cost-effectiveness of doula care associated with reductions in preterm birth and cesarean delivery. *Birth*. 2016;43(1):20–27.



home visiting programs; access to cancer screenings; prenatal counseling; and STI prevention, testing and treatment. This package of services provides critical support to families before, during, and after pregnancy. Research shows that these prevention services save money—for example, home visiting programs such as Nurse-Family Partnership result in state and federal cost savings 2.9 times the cost of the program.³

Finally, the plan funds nonmedical services to Medicaid recipients, which includes housing referrals, nutritional mentoring, stress management, transportation services, and other services that would positively impact an individual's economic and social condition.

This proposal aligns with the efforts of the Council and provides a platform to amplify our work alongside the collective action of countless community partners urgently working to close the gaps in maternal health and birth outcomes. A Council-commissioned community engagement report⁴ by the Foundation for Black Women's Wellness and EQT by Design recently gathered input from over 250 Black women, men, youth, and community members in Dane County about low birthweight and infant mortality. The recommendations in the report align with the Healthy Women, Healthy Babies proposal in many ways, including the recommendation to expand doula services and reimbursement, extend Medicaid coverage for postpartum care, and improve sexual and reproductive health education and services.

We urge you to support Governor Evers's Healthy Women, Healthy Babies budget to ensure communities of color thrive in Dane County and Wisconsin.

Sincerely,
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³ Miller, T.R. (2015). Projected outcomes of Nurse-Family Partnership home visitation during 1996-2003, USA. *Prevention Science*.16 (6). 765-777.

⁴ Foundation for Black Women's Wellness, <https://ffbww.org/savingourbabies/>