

Legislative Priority: HEALTH

Ohio United Way believes all Ohioans need timely, affordable access to high quality, sustainable care.



Ohio United Way supports the following Initiatives:

- Continued integration of physical and behavioral healthcare, so people get holistic, wraparound care, not just treatment for acute illnesses or one condition only.
- Reduce addictions and provide treatment supports to individuals seeking and participating in treatment for opiate addiction.
- Expand efforts to reduce infant mortality rates through community awareness and education, addressing health disparities and social determinants, data collection, evidence-based practices and coordination between families and healthcare providers/systems, and strategic public policies.
- Promote a system that goes beyond clinical health care, striving to address the social and economic determinants.

Commitment to Physical and Behavioral Care

Ohio is home to some of the greatest clinical health care in the world and advances have been made to improve health outcomes—both physical and behavioral. Medicaid expansion now provides over 512,000 Ohioans with coverage. In spite of progress, Ohio continues to rank among the bottom tier for overall health outcomes. There is growing recognition that clinical care impacts only 20 percent of one's health, while the remaining 80 percent is impacted by the social determinants of health – the conditions in which people are born, live, learn, work and age. One in five Americans is affected by mental illness, and more than 50 percent do not get the care they need. Mental illness ranks first among illnesses causing disability in the United States.

We support ongoing policies to reduce healthcare costs, while improving population health, and ensuring Ohio has a healthy workforce by advocating for the following:

- Maintain Medicaid expansion and improve Medicaid managed care by incentivizing providers to keep people healthy by connecting patients to the care they need, keeping them out of emergency rooms and needing costlier services. Medicaid finances more than 25% of the nation's spending on behavioral health care.
- Continue bi-directional integration of physical and behavioral healthcare to provide holistic care. This includes universal screenings to identify conditions beyond ones they present for, along with co-location of primary care practitioners alongside behavioral health clinicians, and telehealth options that increase access to providers. Geographic distance between physical and behavioral health providers can be a significant barrier to coordinated care.

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- Provide wraparound supports, such as supportive housing, transportation and supported employment for high need populations, such as the homeless or those involved with the justice system.
- Expand evidence-based suicide prevention programs in our schools and communities, so precious lives are saved. Suicide rates are the highest in 30 years, with someone dying from suicide every 12 minutes and 22 veterans die each day. Suicide is the leading cause of death among young people ages 15-24.

Ensure Ohioans receive trauma-informed care and intervention to address the role psychological trauma plays in negatively impacting physical and behavioral health.

Commitment to Reduce Ohio's Opiate Addiction

Ohio topped the list of opioid overdose deaths among all 50 states with 2,590 in 2015. While progress has been made to save lives--such as expanded access to naloxone, the Ohio Automated RX Reporting System, and passage of the Good Samaritan Bill--accidental overdoses from fentanyl and heroin have increased dramatically. Police cannot arrest our way out of this problem. Addiction is a disease and needs to be treated as such. There are waiting lists for desperately needed services including detoxification, long and short term treatment facilities, case management, peer supports, recovery housing, transportation and employment services. Once a person undergoes detoxification, they typically don't have family supports, a job, a car or anything else needed to begin life anew without drugs. Many relapse and need repeated treatment to successfully break the cycle of addiction.

In order to address this crisis throughout our Ohio communities, we advocate for:

- Provide the necessary funding to improve access to a comprehensive array of behavioral health services that are grounded in recovery principles, including 30-90 day residential treatment and outpatient treatment, patient/consumer choice and personal responsibility; person-centered care coordination; and community integration through continued case management by community behavioral health centers.
- Modify the Institution for Mental Disease (IMD) exclusion rule, which limits the number of beds at treatment facilities, to allow greater access for those seeking treatment and avoid waiting to begin the rehab process.
- Make medication prescribed for heroin addiction a Medicaid covered expense, and help providers become specially licensed and trained to provide these life-saving medications, such as Suboxone.
- Increased linkage to housing, employment and other supports for high severity populations.

Commitment to Improve Infant Mortality

Ohio ranks 47th in the nation for the number of babies who die before their first birthday. Ohio's overall rate was 7.2 deaths per 1,000 live births in 2015, but African American infants died at three-times that rate.

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Infant mortality occurs predominantly in urban areas, but rural areas are not exempt. The three leading causes of infant mortality are prematurity, sleep-related deaths and birth defects. Health disparities and social determinants play a huge role in maintaining a healthy pregnancy. Women who do not receive prenatal care have a higher rate of delivering their babies before their due date, and are at risk of having genetic, endocrine, and metabolic disorders. Delivering a premature infant can cost \$50,000 while healthy full-term babies cost roughly \$5,000. During the first year of life, medical expenses cost an average of \$32,000 for premature infants versus \$3,300 for healthy full-term babies. Infant mortality is a complex problem that requires a multi-faceted approach.

We support healthy babies by advocating for the following:

- Promote expansion of the community HUB model and identify community resources that connect at-risk pregnant women with wrap-around services, including access to healthy food, housing and transportation.
- Provide comprehensive reproductive health services and service coordination for all women and children before, during, and after pregnancy. This includes education/prevention on tobacco, alcohol and drug use during pregnancy, newborn screenings, pregnancy spacing, nurse and other home visiting programs.
- Strengthen and expand home visiting programs for at-risk children. Integrate home visiting into Medicaid managed care and reinvest Medicaid savings into expanded home visiting.
- Educate families on overall causes of infant mortality, including safe sleeping practices for infants and causes of Sudden Infant Death Syndrome (SIDS); implementing safe sleep screening procedure by hospitals and birth centers.
- Close health disparity gaps in the African American community through the inclusion of cultural competency training for health care professionals.
- Improve data collection for infant mortality to fully understand its impact; use an infant mortality score-card to report health measures (infant mortality rates, preterm birth rates, and low birth weight rate); improve overall effectiveness of Ohio's health system for mothers and children.
- Promote and fund evidence-based practices in reducing infant mortality such as Centering Pregnancy, Nurse Family Partnership, birth spacing, and Moms First.