



PUBLIC HEALTH DIVISION
Maternal and Child Health Section

Kate Brown, Governor



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To: The Honorable Mitch Greenlick, Chair
House Committee on Health Care

From: Leann R Johnson, MS
Director, Office of Equity and Inclusion
Division of the Oregon Health Authority

Re: HB 4133

Chair Greenlick and members of the committee;

I am Leann Johnson, Director of the Office of Equity and Inclusion which is a division of the Oregon Health Authority.

I appreciate the opportunity to offer this testimony on HB 4133. While the agency takes no position on this bill, I am here to provide some information on the topic.

Death during pregnancy, childbirth, or the year postpartum is tragic. Health experts are actively searching for answers about why the ratio of pregnancy-related deaths in the United States is higher than other developed nations, why it is increasing, and why the disparity by race/ethnicity is widening.

The OHA Office of Equity and Inclusion is particularly interested in this disparity question.

A health disparity is a health difference that is closely linked with social, economic or environmental disadvantage. It is a difference in health outcomes that is inextricably tied to the social determinants of health, including inequities in multiple systems such as employment, education, housing, criminal justice, etc. This also includes whether there is equitable access to all systems and opportunity, or disproportionate impact relating to those systems. In other words the U.S. legacy and current circumstances of population-based exclusion from, or discrimination within said systems, impacts health and health outcomes including maternal mortality and morbidity.

Here are some of the data related to health disparities created by these social inequities:

From 2006 to 2010 in the United States for every 100,000 live births in each population group, there were 12 deaths for white women, but 39 maternal deaths for black women. That is a three and a quarter times higher rate of death.

The Center for Disease Control and Prevention (CDC) indicates that a higher rate of maternal death persists for black women based upon data collected from 2011 to 2013.

Additionally the maternal mortality rates for American Indian/Alaska Native populations were 4 to 8 times higher than the Healthy People 2010 target of 4.3 deaths per 100,000 live births, a standard established by the federal Health and Human Services, Office of Disease Prevention and Health Promotion (ODPHP).

Maternal mortality review is a standard and comprehensive system primarily operating at the state level. Approximately half the states in the U.S. have a comprehensive maternal mortality review process. Maternal Morbidity Review Committees identify, review, categorize, and analyze maternal deaths; disseminate findings; and act on the results. The maternal mortality review process helps prioritize interventions to improve maternal health. The ultimate purpose of this surveillance process is to stimulate action.

Additionally, we need better data and more rigorous study in Oregon to determine race and ethnicity based disparities that may exist within our own state.

In Oregon, over the past 10 years, the number of maternal deaths per year has ranged from 4 to 12; however, the current method of case finding may undercount actual deaths by as much as one-third. It is also important to note that for every person who dies during pregnancy, childbirth or postpartum, there are approximately 50 who suffer severe maternal morbidity--very severe complications of pregnancy, labor, and delivery that bring them close to death. Oregon's maternal death rate, measured as the number of maternal deaths per 100,000 live births, varies from year to year due to the overall small number of deaths and is typically at or below that of the U.S. overall.

Maternal mortality reviews are key tools that allow states to characterize and intervene in maternal mortality and morbidity. These interventions must also connect with efforts to identify upstream root causes of morbidity, including the social determinants of health, to effectively develop and implement prioritized strategies. Preventing maternal mortality and morbidity can only be accomplished if the social, economic, health and health care issues that impact maternal health are addressed at multiple levels across the health continuum and specific strategies are identified to address health inequities and subsequent disparities related to race and ethnicity.

Thanking you for the opportunity to provide testimony. I am happy to answer any questions you may have.