



Written Testimony
National Prevention, Health Promotion and Public Health Council
by Rachel Abramson, RN, MS, IBCLC, Executive Director, HealthConnect One

Thank you for the opportunity to comment on the draft framework for a National Prevention and Health Promotion Strategy. I'm Rachel Abramson, the Executive Director of HealthConnect One.

HealthConnect One is a national, Chicago-based, nonprofit training and technical assistance agency that uses innovative, community-based approaches to support direct-service providers in promoting the health of mothers, infants and families. We train community health workers, particularly community-based doulas and breastfeeding peer counselors, and mobilize diverse stakeholders to build policies and programs that improve maternal and child health.

We are very appreciative of the Draft Framework developed by the National Prevention Council. We think the vision of a shift from disease to health is critical for our future and is not a minute too soon. The draft goals are excellent, though we suggest that the Council consider social support as part of the community environment, and we believe that prevention on the community level is as important as clinical or medical screenings and interventions. Of the Strategic Directions, I'd like to focus today on some suggestions for the second bullet point: Address Specific Populations' Needs to Eliminate Health Disparities.

Specifically, I'd like to highlight two important approaches to eliminating health disparities in specific populations:

- **the community health worker role, an effective approach for all the Strategic Directions, but particularly for eliminating disparities; and**
- **a focus on maternal and child health, the most important time for interventions that promote health across the lifespan.**

The use of community health workers (CHWs) in health promotion and disease prevention is increasingly seen as a critical component of effective policies to impact the health of underserved populations. Section 5313 of the Affordable Care Act (ACA), describing Grants to Promote the Community Health Work Force, authorized CHWs to promote positive health behaviors and outcomes for populations in medically underserved communities. This Section of the ACA defines CHWs, and the Senate Appropriations Committee budget has appropriated \$30 million for the implementation of these grants. We believe that public funding for this role should focus on programs that are truly community-based and appropriate for the populations being served.

We also believe that effective prevention of chronic diseases requires a focus on maternal and child health. This intersection of health issues begins during the pre-conceptional, prenatal and postpartum periods, and continues for both mothers and infants across the lifespan. By investing in mothers, infants and families early on, we have the opportunity to optimize health and prevent disease. More specifically, by incorporating policy, systems and environmental change with peer-to-peer support through community-based programs, we can impact the lives of mothers and infants throughout the socio-ecological model.

HC One has deep experience with two examples of the use of CHWs in maternal and child health: breastfeeding peer counselor programs and community-based doula programs.

First, Breastfeeding promotion is an essential part of prevention. Breastfed children have a reduced incidence of type 1 and 2 diabetes, obesity and asthma; women who breastfeed also have a decreased risk of type 2 diabetes. Peer counselors, experienced women from the community being served, who are trained to support other mothers prenatally and postpartum, are extraordinarily successful at promoting and supporting breastfeeding in communities where breastfeeding in communities with low breastfeeding rates. At one of our partner agencies, through the peer-to-peer support of a peer counselor, breastfeeding rates increased from 2% to 80% in a year. This month at Stroger Hospital, the peer counselor program has increased the breastfeeding initiation rate to 88%.

Second, HC One's community-based doula program trains and employs women from those communities, improves infant health, strengthens families, and establishes supports for families to ensure ongoing family success. It is an evidence-based approach to supporting new families. From 1996 – 2000, HC One's pilot of the community-based doula program demonstrated C-section rates at 8%, epidural rates at 11.4% and breastfeeding initiation rates were 80%.

The outcomes of this intervention were reflected in immediate cost savings. For the 262 births in just over 3 years, the total cost savings for the reduced c-sections and epidurals alone were estimated at approximately \$750 per birth. HC One is now funded as the Community-Based Doula Leadership Institute by HRSA's Maternal and Child Health Bureau to replicate this model in six new federally funded communities, which join the 45 programs in 14 other states and 80 organizations interested in the program.

Prevention and maternal and child health are clearly linked. The evidence is mounting that identifies the fetal, preconceptional, and even trans-generational origins of chronic disease. It is essential that the National Prevention Council prioritize mothers, infants and families as part of its prevention and wellness mandate, and integrate CHW and MCH programs throughout the entire strategic framework. HealthConnect One believes that the key to reducing preventable diseases among underserved populations is in integrating CHWs in community-based approaches using peer-to-peer support, and focusing on maternal and child health as the most important investment in wellness and prevention.