




Findings at a Glance

FINDINGS RELATIVE TO SIMILAR MEDICAID BENEFICIARIES

7/9/19



Strong Start participants in Birth Centers and Group Prenatal Care had better outcomes at lower cost relative to other Medicaid participants with similar characteristics.

	Maternity Care Homes 	Group Prenatal Care 	Birth Centers 
Costs	<ul style="list-style-type: none"> Higher costs through delivery period and following year. 	<ul style="list-style-type: none"> Costs \$427 lower per woman during 8 months before birth. 	<ul style="list-style-type: none"> Costs \$2,010 lower through birth and year following for each mother-infant pair.
Utilization	<ul style="list-style-type: none"> Fewer prenatal hospitalizations More infant emergency department visits and hospitalizations 	<ul style="list-style-type: none"> Fewer emergency department visits and hospitalizations for women and infants 	<ul style="list-style-type: none"> Fewer infant emergency department visits and hospitalizations
Quality	<ul style="list-style-type: none"> Higher rate of low birthweight More weekend deliveries[^] 	<ul style="list-style-type: none"> Lower very low birthweight rate More weekend deliveries[^] More VBACs⁺ 	<ul style="list-style-type: none"> Lower low birthweight rate Lower preterm birth rate More weekend deliveries[^] More VBACs⁺ Fewer C-sections

[^]weekend deliveries indicate fewer scheduled inductions and scheduled C-sections
⁺VBAC=vaginal birth after cesarean

FINDINGS AMONG CARE MODELS (Relative to Maternity Care Homes)

Birth Center participants have better outcomes relative to Maternity Care Home participants after controlling for demographic, medical, and social risks.

	Maternity Care Homes 	Group Prenatal Care 	Birth Centers 
Quality	<p>This mode experienced:</p> <ul style="list-style-type: none"> Preterm birth: 13% Low birthweight: 11% C-section: 31% 	<p>After controlling for risks, no significant differences in outcomes between Group Prenatal Care and Maternity Care Homes.</p>	<p>After controlling for risks,</p> <ul style="list-style-type: none"> Lower rates of preterm birth Lower rates of low birthweight Lower rates of C-section Higher rates of VBAC

KEY TAKEAWAYS

Women who received prenatal care in Strong Start Birth Centers had better birth outcomes and lower costs relative to similar Medicaid beneficiaries not enrolled in Strong Start. In particular, rates of preterm birth, low birthweight, and cesarean section were lower among Birth Center participants, and costs were more than \$2,000 lower per mother-infant pair during birth and the following year.

These promising Birth Center results may be useful to state Medicaid programs seeking to improve the health outcomes of their covered populations.

Findings at a Glance

MODEL OVERVIEW

Strong Start funded 27 awardees from 2013 to 2017 to provide enhanced prenatal care to Medicaid and CHIP beneficiaries.

- Goal 1: Improve quality of care and reduce rates of preterm birth and low birthweight infants
- Goal 2: Reduce costs to Medicaid during pregnancy, birth, and the infant's first year

PARTICIPATION

There were three models of care distributed across the nation.

ENROLLEE CHARACTERISTICS

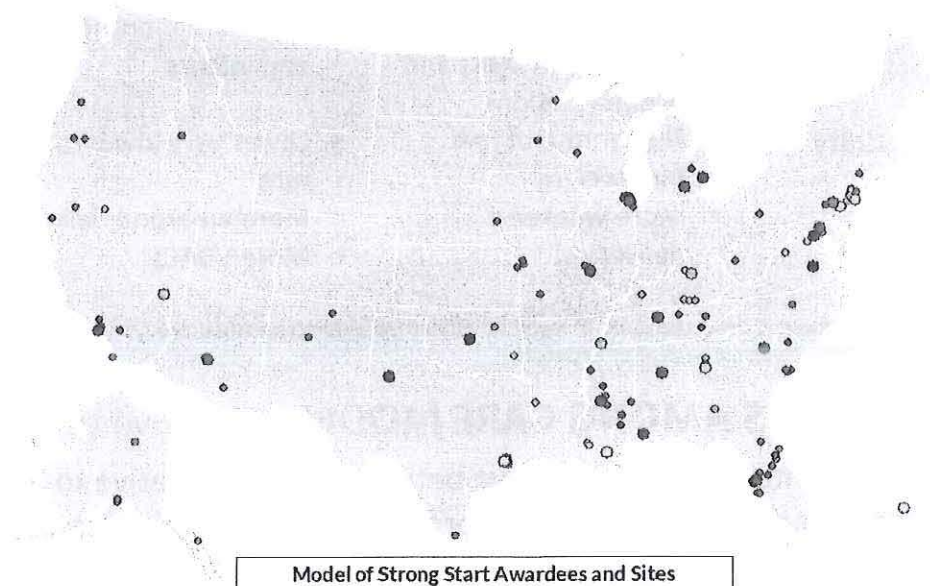
(varied by model and awardee)

42.1% of women exhibited symptoms of depression, anxiety, or both.

21.1% of women with a prior birth had a prior preterm birth.

A wide range of demographic groups were represented.

- 39.8% of women were black; 29.7% were Hispanic; 25.6% were white.
- 15.2% of women were teens (under age 20); 9.0% were 35 years or older.



Model of Strong Start Awardees and Sites

- | | |
|---------------------------------|-----------------------|
| ● Awardee - Birth Center | ● Birth Center |
| ○ Awardee - Group Prenatal Care | ○ Group Prenatal Care |
| ● Awardee - Maternity Care Home | ● Maternity Care Home |
| ● Awardee - Mixed | ● Mixed |

Maternity Care Homes



Care coordination, sometimes with other enhanced services, in addition to clinical prenatal care

26,007 enrollees

112 sites

Group Prenatal Care



Prenatal care provided in a group, enhanced with health education and facilitated discussion

10,508 enrollees

60 sites

Birth Centers



Midwives' model of care enhanced with peer counseling for additional support and referrals

8,806 enrollees

47 sites

This document summarizes the evaluation report prepared by an independent contractor. To learn more about the Strong Start Model and to download the full evaluation report, visit: <https://innovation.cms.gov/initiatives/strong-start/>

Lane County Friends of the Birth Center

The problem? The Nurse Midwifery Birth Center has lost its obstetric consultant (Women’s Care). PeaceHealth, we know you can solve this. You have the resources and the brainpower. All that’s needed is the will to hear and respect your own mission and the community.

C h o i c e	<p>Since the 1970s, Lane County women have demanded services including out-of-hospital birth at the Nurse Midwifery Birth Center (NMBC).</p> <p>The NMBC gives women fully integrated care – midwives have hospital and birth center privileges. The NMBC addresses the entire spectrum of needs that arise long before and well after a baby's birth.</p> <p>More than 2/3 of Birth Center clients select it because they want OUT-OF-HOSPITAL birth.</p> <p>Improving services inside the hospital is terrific. And, it should never be used to justify taking out-of-hospital birth away from women. This is unethical.</p>
M o n e y	<p>Women are the healthcare decision makers for themselves and their families. They get cost-effective, excellent care that they want and prefer at the NMBC.</p> <p>Insurance dollars follow women beginning with birth and continuing with all other aspects of healthcare for themselves and their families for the entire life cycle. That’s a lot of money.</p> <p>If PeaceHealth closes the NMBC, it assumes women will go inside and pay more for care they do not want. Think again. Women will take their family’s healthcare dollars away from PeaceHealth.</p>
D a t a	<p>PeaceHealth closing the NMBC runs counter to global and national health initiatives calling for MORE, not fewer, models like it.</p> <p>In 2016 the United States spent an estimated \$111 billion on pregnancy and newborn care (National Center for Health Statistics, 2016).</p> <p>Still, the U.S. has some of the worst maternal and infant outcomes among developed countries, including high rates of maternal and infant mortality (United Health Foundation, 2016).</p> <p>The Center for Medicare and Medicaid Innovation recommends midwifery-led birth centers to reduce cesarean section, premature births and low birth weights. This kind of care reduces outcome disparities across race and income.</p>

Mission statement: Lane County Friends of the Birth Center (LaneCoFBC) formed in 2008 as a volunteer-led consumer group connecting families, friends, and advocates in support of the unique woman-centered, family-friendly, holistic services provided by the free standing PeaceHealth Nurse-Midwifery Birth Center.

NMBC Statistics

- Last year, in addition to the prenatal care visits, the Birth Center provided 200 maternal/newborn home visits. 376 Lactation visits. 85 Newborn hearing screens.
- Each year ~200 clients, some of our most vulnerable community members, receive compassionate patient-centered prenatal care at the Community Health Clinic from our Birth Center midwives.
- In less than one month, over 10,000 supporters have already signed our petition, and that total keeps growing. Over the course of a year, the Birth Center will provide ~3600 client visits.

What makes a birth center?

The American Association of Birth Centers requires 5 key components:

https://www.birthcenters.org/page/bce_what_is_a_bc

People	Women anticipating low risk pregnancy, midwives, obstetric & pediatric consult)
Place	Freestanding, separate, outside of the hospital
Program	Fully integrated spectrum of care from prenatal to postpartum
Practice of Midwifery	Autonomous
Part of the System	Integrated - midwives have hospital and birth center privileges.

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Rally Contact

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Social Media

Blog: <https://lanecofbc.blogspot.com/>
 Facebook: Lane County Friends of the Birth Center
 Twitter: @LaneCoFBC
 Hash tag: #SaveTheNurseMidwiferyBirthCenter

***If this is an issue that you care about, and you want to help, please let us know! Send an email to lanecofbc@gmail.com and we will find a way to use your energy & talents.

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PROBLEM

1. MARKET FAILURE IN ALL TYPES OF HOUSING CONTINUES.
2. AVERAGE RENT FOR TWO BEDROOM APARTMENT IN LANE COUNTY INCREASED BY \$200 FROM JANUARY TO APRIL THIS YEAR!
3. RENTERS IN THE BOTTOM 20% OF INCOME PAY MORE THAN 60% OF THEIR INCOME ON HOUSING.

A PARTIAL SOLUTION

1. \$50,000,000 BOND REQUEST FOR HOUSING
estimated \$0.09 per \$1000
2. HOUSING CLASSIFIED BY
a) public b) public-private c) private

Eugene Springfield Rural Lane County
3. As many as 150 projects could provide for 424 units or more.

Real estate, construction, and building trades would all benefit from this.

A property tax levy of this size represents a significant first down payment in addressing our housing and homeless problems.

IMPLEMENTATION

The commissioners should be able to pick and choose what types of housing and services they want from a competitive list. (~\$100M narrowed down to \$50M)

RECOMMENDED STRATEGIES

A ballot measure like this has a high probability of passage, particularly for May, 2020.

Public hearings will have to be held all over Lane County. Giving people what they want will for their communities will increase chances of passage.

Major targeting for the campaign should be aimed at Republicans and Independents in rural Lane and Springfield.

STATE OF OREGON INITIATIVES

(assuming 7% of state funds go to Lane County)

\$50M/ \$3.5M Emergency Rent/Shelters (SB5512)

\$150M/ \$10.5M GO Bonds-affordable housing LIFT (HB5005)

\$25M/ \$1.75M Lottery funds-preserve and access affordable

\$1.5M/ \$105K Counseling for Foreclosure (SB5512)

\$50M/ \$3.5M GO Bonds Permanent Supportive Hsg. (SB5005)

\$15M/ \$1.05M Acquisition Fund-Low Cost Mkt Rate Hsg (HB5030)

\$9.5M/ \$665K Mobile Home Parks (HB 2896)

\$2.5M/ \$175K Old Mobile Home Parks (HB2896)

\$3M/ \$210K Domestic Violence (HB2006)

\$3M/ \$210K Renter education hotline/navigation (HB2006)

\$4.2M/ \$294K Hunger Responses

10.5M/ \$735K families with children with housing instability

HB2916 Expansion of homeless camps inside UGBs

**Up to \$22.694M for low income projects
and human services to Lane County if
bond measure comes on line.**

DIFFERENT HOUSING TYPES

HIGH VALUE

Moderate income housing

Section 8

Senior housing

Rehab funds

Mobile home parks

Community land trusts

Limited equity housing co-ops

Revolving low interest home ownership fund

Rent subsidized housing

LOW INCOME / HOMELESS

SHELTERS

YOUTH HOSTELS (including dog friendly)

ALCOHOL/DRUG/MENTAL HEALTH BEDS-HOUSING

TINY HOUSING COMPLEXES

CONGESTOGA COMMUNITIES

CRIMINAL RECORD HOUSING

This list is not inclusive. Other housing modalities are possible

NEWS RELEASE

Pacific Northwest Region - Willamette NF

3106 Pierce Parkway, Suite D, Springfield, OR 97477, www.fs.usda.gov/willamette

Contact: Jonathan Tucker (541)782-5346

Date: July 9, 2019

Community Invited to Give Input on Youngs Rock Rigdon Project

The Forest Service is in the initial scoping comment phase of the Youngs Rock Rigdon EIS, a project located in the upper Middle Fork Willamette river about 15 miles south and east of Oakridge, OR. The actions proposed in this project will be presented to the public at the Lowell Grange Hall on July 9 from 4 to 7 pm. Members of the public will have the opportunity to comment and ask questions about the specifics of the project with members of the project interdisciplinary team and the Southern Willamette Forest Collaborative .

The Youngs Rock Rigdon project area is approximately 33,000 acres in size. Forest management/restoration treatments are proposed on approximately 6,700 acres within the project area. Commercial harvest treatments include skips, thinning with gaps, and early seral creation. Road work included in the proposed action would include road maintenance and reconstruction on approximately 160 miles of forest roads, and decommissioning on about 12 miles of roads. Fuel treatments, aquatic and meadow restoration treatments, trail relocation, and dispersed site management are also major components of this project.

Interested citizens are encouraged to attend the meeting to discuss the project. People who are unable to attend the meeting but are interested in asking questions, proposing alternatives or submitting comments can contact the project lead:

Jonathan Tucker (NEPA planner) at 541-782-5346 or jonathan.tucker@usda.gov

More details about each project are available on the Forest website: fs.usda.gov/Willamette, under Land & Resource Management, and Projects. This project follows the National Environmental Policy Act, which seeks public input.

The mission of the USDA Forest Service is to sustain the health, diversity, and productivity of the Nation's forests and grasslands to meet the needs of present and future generations. The Agency manages 193 million acres of public land, provides assistance to State and private landowners, and maintains the largest forestry research organization in the world.



for the greatest good

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