

April 8, 2024

Senator Melissa Wiklund
Chair, Health and Human Services Committee
Senate Office Building
St. Paul, MN

Dear Chair Wiklund and Members,

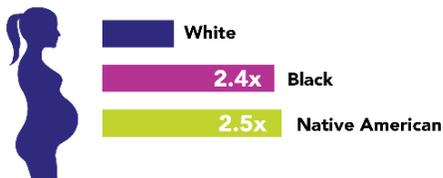
As the President and CEO of the Women's Foundation of Minnesota, I write to express our support for SF4992 and SF5171 to address disparities in Minnesota's maternal health outcomes and to improve access to culturally appropriate perinatal health care and services in the African American and American Indian communities.

Our research with the Center on Women, Gender, & Public Policy at the University of Minnesota's Humphrey School shows that we must attend to significant disparities in safe and healthy birth outcomes faced by Native and Black women:

- Access to prenatal care is unequal across race and ethnic groups in Minnesota, with Native women reporting the highest rate of inadequate care at 49%, followed by Black women at 40%.

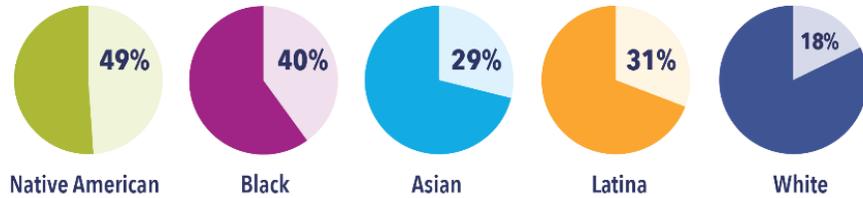
Increased Maternal Mortality for Black & Native Women

Native Americans and Black people are more likely to die of pregnancy or childbirth-related causes than white people.



- Over the past two decades, maternal mortality in the United States has increased, while in other high-income countries it has decreased. In Minnesota, maternal mortality rates are highest for Native Americans (near 80 per 100,000) followed by Blacks (near 20 per 100,000).
- Pregnant Native American and Black people have mortality rates 2.5 and 2.4 times higher, respectively, than white people.

Percentage of Inadequate Prenatal Care, by Race and Ethnicity



CWGPP figures based on Minnesota Department of Health, "2020 Minnesota Health Statistics" (2022).

SF 4992: American Indian-focused Birth Center planning grant

Senate file 4992 will allow for planning of a replicable American Indian birth center to support ending these disparities in the American Indian community by providing a dignified setting that centers their cultural needs and promotes traditional healing and wellness. Studies have shown that increasing access to culturally responsive care interrupts the racial disparities in birth outcomes, at the point of care.

Senate file 5171 will allow for planning of an African American-focused homeplace to provide a safe space of health and wellness for expecting parents and families to learn about and access perinatal care, lactation support, nutrition education, wealth-building, and healing in community during the postpartum period.

Living a safe and healthy life in Minnesota must include equitable access to health care that is safe and culturally appropriate. We urge the committee to move these bills to make Minnesota a place where women, girls, and gender-expansive people from all backgrounds across the state can thrive.

Thank you,

Gloria Perez
President and CEO
Women's Foundation of Minnesota