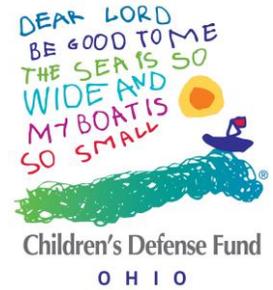


**House Health Committee**  
Chairman Merrin  
Vice Chair Manning  
Ranking Member Boyd



May 28, 2019  
**Tracy Nájera, PhD**  
**Executive Director**  
**Children's Defense Fund-Ohio**

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee, thank you for hearing my testimony today. My name is Tracy Nájera and I am the Executive Director for the Children's Defense Fund-Ohio. The Children's Defense Fund is a private, nonprofit organization founded in 1973 with offices in Ohio since 1981.

The Children's Defense Fund-Ohio's Leave No Child Behind<sup>®</sup> mission is to ensure every child a *Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start* in life and successful passage to adulthood with the help of caring families and communities. We provide a strong, effective and independent voice for all of Ohio's children, who cannot vote, lobby or speak for themselves. We educate the state about the needs of children and encourage preventative investments before children get sick, drop out of school, get into trouble or suffer family breakdown.

Today, I am offering proponent testimony on House Bill 11.

This bill is a powerful step forward in our state's fight against infant mortality and push toward safe and healthy outcomes for all mothers and babies. While this bill offers a variety of important provisions for infant and maternal health, we comment on two in particular: the lead paint education provision and the smoking cessation provisions.

### **Lead Paint**

Lead poisoning can affect nearly every system in the body and is especially harmful to children in their first five years of life because it disrupts the rapid brain development they are experiencing. It can cause a range of poor outcomes including slowed growth and development, speech and hearing challenges, learning disabilities, behavioral issues, preterm birth and, at very high levels, seizures, coma, and death.

While 3% of the 0-5 year olds tested in Ohio in 2016 had confirmed blood lead levels of 5 µg/dL (micrograms per deciliter) or greater, fewer than 40% of our most at-risk kids were tested meaning that many more families may be exposed to lead.

Weaving lead education for families into the Help Me Grow program will help ensure many of the families most at risk for lead exposure receive valuable information that can help them avoid unsafe

condition in at housing and navigate their families into safer living conditions. In addition, distributing the materials during the home visits affords families an opportunity to ask questions and dig into the matter more.

This step will also enhance the lead prevention and treatment funding and provisions of House Bill 166.

## **Smoking Cessation**

Smoking is one of the most important modifiable causes of poor pregnancy outcomes according to the American College of Obstetricians and Gynecologists.<sup>1</sup> Smoking during pregnancy carries many adverse health risks including low birth weight and perinatal mortality. In fact, the American College of Obstetricians and Gynecologists estimates that 5–8% of preterm deliveries, 13–19% of term deliveries of infants with low birth weight, 23–34% cases of sudden infant death syndrome (SIDS), and 5–7% of preterm-related infant deaths nationwide can be attributed to prenatal maternal smoking.<sup>2</sup> Beyond pregnancy, smoking creates risks for children for asthma, infantile colic, and childhood obesity.

Pregnancy is a powerful opportunity for smoking cessation. It is a powerful motivator to encouraging quitting before and during pregnancy. And the earlier women quit in the pregnancy, the lower the risk of preterm birth. However, quitting smoking during pregnancy can be incredibly challenging.

By creating more options to cover a broader array of tobacco cessation drugs and services and requiring rule updates when U.S. Food and Drug Administration approves new tobacco cessation medications, the U.S. Public Health Service issues new treatment guidance, or the U.S. Preventative Services Task Force recommends new cessation services, we create more opportunities for women and providers to find the specific solutions best for them.

## **Conclusion**

In taking these important steps to improve the health of our women and infants we can continue to reduce the number of babies lost in our state and improve the number of Ohioans who thrive.

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<sup>1</sup> <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Smoking-Cessation-During-Pregnancy?IsMobileSet=false>

<sup>2</sup> *Id.*