



children's defense fund ohio

Finance Subcommittee on Health and Human Services

Chairman Romanchuk
Ranking Member West

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Chairman Romanchuk, Ranking Member West, and members of the House Finance Health and Human Services Subcommittee, 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. We have been standing for children in Ohio since 1981. The Children's Defense Fund-Ohio's Leave No Child Behind[®] 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.

All children need to be healthy to enjoy a high quality of life, to grow and learn, and to successfully transition to adulthood. Unfortunately, for many Ohio children, health challenges rob them of a high quality of life, diminish their opportunities for growth and development, and, in some instances, prevent them from reaching even their first birthdays. Racial, economic, and geographic inequities in our state have resulted in deep disparities, in particular, for children of color and children in our rural and Appalachian regions of the state.

I offer testimony in support of HB 166 and a number of important measures that address important health needs for Ohio's vulnerable children and offer powerful tools to ensure all children in Ohio grow up happy and healthy.

1. Infant and Maternal Health

We are pleased to see a number of investments aimed at strengthening our state and community efforts for our most vulnerable infants and mothers at risk of experiencing infant mortality. Our state has been working hard to address the needs of Ohio's infants and mothers, but we still have a great deal of work ahead. In 2017, our infant mortality rate fell in to 7.2 per 1000 births with 42 fewer infant deaths overall than the previous year. Unfortunately, these improvements were not experienced by all racial groups in

our state. Sixty fewer babies born to White families experienced infant mortality in 2017, bringing the White infant mortality rate to 5.3. However 15 additional Black families lost their babies by comparison to the previous year, lifting the Black infant mortality rate up to 15.6.ⁱ Fortunately, we can take steps in this budget to address the health of our mothers and babies and work to eliminate disparities.

We commend the Governor's budget proposal that will add new investments for home visiting, which can improve the lives of children and mothers reducing infant mortality, increasing school readiness, improving parenting skills, and reducing instances of abuse and neglect. Right now, too many eligible families who need these services are not receiving them. These new investments will allow expanded enrollment and reach to our families in need.

We support the funding increases for the Ohio Commission on Minority Health for Pathways Community HUBs in Ohio. The Social Determinants of Health contribute significantly to poor birth outcomes, especially among our Black families. There is a strong correlation between Social Determinants of Health and birth outcomes, especially prematurity. The Pathways Community HUBs is the evidence-based model which connects families with needed resources leveraging the power and connection of trusted community members, community health workers. The HUBs offer a critical tool in addressing the determinant and the health of our young families.

We commend the Governor's budget proposal for the 12-month enhanced postpartum care initiative included under the Ohio Department of Medicaid (ODM). Postpartum care is incredibly important for infant and maternal health. Last year, this time, the American College of Obstetricians and Gynecologists (ACOG) released a revised Opinion reinforcing the importance of the "fourth trimester," and proposing a new paradigm for postpartum care as an ongoing process, rather than a single encounter six weeks after birth.ⁱⁱ . Addressing the health of mothers after birth is a critically important strategy for ensuring the health of moms and addressing infant mortality, especially as infant mortality is not limited to first time moms. Health conditions before and during a first pregnancy offer signals for potential challenges in future pregnancies. This initiative can help ensure that 14,000 women get the health care they need and are healthy before they become pregnant again.

We are also happy to see funding to support mothers and babies born with opioid addiction. While places like Franklin County and Cuyahoga have experienced high numbers of neonatal abstinence syndrome (NAS) hospitalizations, 1,517 and 629 respectively between 2013 and 2017, this issue is not limited to our urban areas.ⁱⁱⁱ In the same period, Scioto County saw 572 hospitalizations, Summit 426, Trumbull 229, and Mahoning 271. The new mother and baby dyad initiative that will keep newborns with their mothers, rather than separating them for treatment, encourages early bonding and attachment, allowing for breastfeeding and regular skin-to-skin contact. In addition, expanded eligibility for the Early Intervention (EI) Program, under the Ohio Department of Developmental Disabilities (DODD) will assist in ensuring children born with NAS receive the care they need to grow and develop.

2. Lead Poisoning Prevention and Treatment

We commend the Governor's budget proposal for the variety of investments for lead poisoning prevention and treatment including lead testing, early intervention and treatment, and the promotion of safe housing for children and families. Lead poisoning 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, or death.

Three percent 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, however, fewer than 40 percent of our most at-risk kids were tested. The Ohio Department of Health estimates that 3.7 million Ohio households contain lead-based paint, which is the primary source of lead poisoning in our state. As many as 42 percent of all housing units in Ohio likely contain lead hazards. Like many child health challenges, this issue reaches beyond our urban centers with deep impact on our rural and Appalachian children. The data indicates that a majority of census tracts in rural parts of the state carry relatively higher risk for child lead exposure. Scioto, Noble, Meigs, and Wyandot Counties have some of the highest risks.

We also commend the Governor's budget proposal for the addition of \$10 million for lead testing and other lead-related activities through Medicaid. We are pleased to see \$12.3 million in GRF in FY 2020 for Early Intervention (EI) Program, under DODD strengthening the program, expanding eligibility to address lead exposure, and growing the reach of the program to touch 1,000 children with lead exposure.

Our new investments aimed at promoting lead free housing through the Ohio Department of Health will also be powerful tools to ensure that fewer Ohio children will be exposed to lead. We believe that these new investments in lead abatement, marketing for lead-free homes, and other related proposals are critical steps forward in decreasing the likelihood that children grow up in these dangerous conditions.

3. Behavioral Health in Schools

Finally, we applaud the inclusion of \$15 million to increase access to behavioral health services in our schools. According to a 2017 report from the Health Policy Institute of Ohio, one in five children exhibit symptoms of mental health problems severe enough to warrant clinical intervention; however fewer than 20 percent of these children receive needed treatment. Schools are an ideal place to provide mental health services to children and youth, especially in our economically distressed communities where social, economic, and access challenges could prevent our children from receiving the care they need. Schools offer an ideal context for prevention, intervention, positive development, and regular communication. Students with untreated mental health conditions often struggle academically and are more likely to be absent from school, have difficulty paying attention, and face learning challenges in class.^{iv} This initiative will provide students with access to behavioral health services on their school campus using telehealth

services. This is also an excellent complement to our state’s relatively new school based health tool kit, which provides a roadmap for implementation.

Conclusion

Thank you very much for the opportunity to offer testimony and for your attention to these important issues. I would be happy to answer any questions you may have.

ⁱ 2017 Ohio Infant Mortality Report, <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-and-fetal-mortality/reports/2017-ohio-infant-mortality-report-final>

ⁱⁱ ACOG Redesigns Postpartum Care, April 23, 2018, <https://www.acog.org/About-ACOG/News-Room/News-Releases/2018/ACOG-Redesigns-Postpartum-Care?IsMobileSet=false>

ⁱⁱⁱ 2017 Ohio Neonatal Abstinence Syndrome County Report, https://odh.ohio.gov/wps/wcm/connect/gov/4cad708c-ba99-4b8b-b425-01cfef119c5d/2017+NAS+County+Table+12.3.2018.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-4cad708c-ba99-4b8b-b425-01cfef119c5d-muueFzr

^{iv} Connections between education and health: Health services in schools, July 2017, https://www.healthpolicyohio.org/wp-content/uploads/2018/08/PolicyBrief_EducationAndHealth_No.2-8.6.2018.pdf