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**Ohio House of Representatives
Finance Committee
House Bill 7
Kezia Ofosu Atta, Policy Assistant
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Chair Edwards, Vice Chair LaRe, Ranking Member Sweeney, and members of the House Finance Committee, my name is Kezia Ofosu Atta, and I am a Policy Assistant at Groundwork Ohio. My expertise is in maternal and young child health. I am also here with my colleague, Lynanne Gutierrez, Chief Operating and Policy Officer for Groundwork who will be available to answer questions that the committee may have for us.

Today, I join fellow advocates, professionals, community leaders, and families from across Ohio to provide proponent testimony on Substitute House Bill 7, a comprehensive bill aimed at creating strong foundations for Ohio's mothers and babies to reduce and prevent infant and maternal mortality. Thank you to bill sponsors, Representatives White and Humphrey for their leadership in prioritizing the voices and needs of Ohio babies and families and for your time today.

Groundwork Ohio is a statewide, nonpartisan public-policy research and advocacy organization that champions high-quality early learning and healthy development strategies from the prenatal period to age five, that lay a strong foundation for Ohio kids, families, and communities. Our vision is to make Ohio the best place to be a young child so that every child can reach their full potential. Before I begin, I would like to thank the bill sponsors, Representatives White and Humphrey for their leadership in prioritizing the voices and needs of Ohio babies and families.

Babies learn who they are by how they are treated. The choices that the state of Ohio makes, how state policymakers prioritize or fail to care for our babies, will shape who they

become. So how are babies doing in Ohio?



Ohio ranks 41st worst for **infant mortality**. (1)



Ohio ranks 32nd worst for **infant maltreatment**. (2)



Nearly **1 in 4 pregnant moms DO NOT have access** to prenatal care in their first trimester. (3)



Half of Ohio infants and toddlers **live in poverty**. (4)

In Ohio, babies bear a disproportionate burden of our challenged family serving systems. Even where there have been investments in high quality birth-to-five interventions, disparities remain. In Ohio, infant mortality rates continue to be worse than the U.S. average at 6.9 infant deaths (under age 1) per 1,000 births, with a large and appalling racial disparity. This means more than 1 in 150 Ohio babies don't live to see their first birthday. The important goal of reaching a first birthday, however, should be the floor, not the ceiling of success. Yet, upon birth, Ohio babies and their families are faced with insurmountable challenges:

- There are almost twice as many cases of neonatal abstinence syndrome in Ohio than in the U.S. overall.
- More young children experience maltreatment (child abuse or neglect under age 1) in Ohio than in most other states. The trend only gets worse for Ohio babies with a 20% increase from 2017 to 2020.

Less than 1 in 5 Ohio babies from families with low incomes have access to any early learning program.



While there are many ways we can begin to improve outcomes for our young children, focusing state efforts on its very youngest citizens and investing to proven interventions

identified by local communities is an urgent moral imperative as well as a wise state investment.

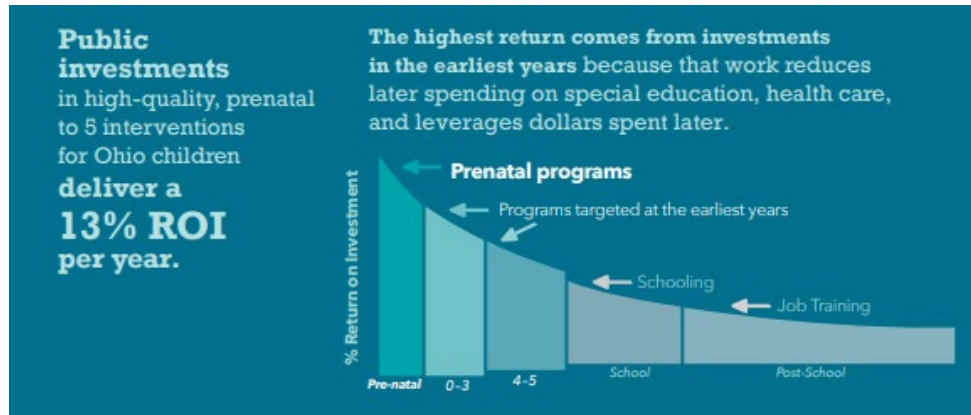
Why do investments in Ohio babies matter?

Brains are Built on Early Experiences: Brains are built on a foundation of early experiences. In the first few years of life, more than one million neural connections are formed every second and 80% of brain development happens in the first three years of life. These neural connections, the brain's architecture, are formed through the interaction of baby and their environment through early enriching experiences. All children are born with the ability to reach their highest potential, but connections that form early form either a strong or weak foundation for the connections that form later. These critical interactions with adults lay the foundation for all later learning, behavior, and health.

Babies who engage with responsive, consistent, nurturing caregivers and who are living in safe and economically secure environments are more likely to have strong mental and emotional health. As children mature, early childhood mental health supports growth in other essential areas of healthy development including physical health, cognitive skills, language and literacy, social skills, and readiness for school. When children experience trauma and their emotional health deteriorates, they are subject to poor outcomes in these areas because their ability to form close and secure relationships, manage a full range of emotions and explore their environment is compromised. As the frequency and length of adversity increases, so do the impacts on physical and mental health, academic achievement, and self-sufficiency. Adverse childhood experiences have the potential to impact long-term mental health, physical health, and behaviors, including smoking, alcoholism, drug use, missed work, depression, suicide attempts, heart disease, diabetes, severe obesity, cancer, and stroke.

Invest Now, Save Later: In babies and young children, prevention services delivered in diverse settings seek to identify risk factors, support early learning and healthy development and mitigate the impact of trauma and adverse experiences. These interventions can intervene in child/caregiver dynamics that threaten healthy development. Research demonstrates that early prevention and treatment are more beneficial and cost-effective than attempting to treat emotional difficulties and their effects on learning and health after they have become more serious.

The return on investment is derived from the impact on healthy development, educational attainment, and employment when young children have a strong foundation for social and emotional health. For example, kids who exhibit strong social and emotional skills are 54% more likely to earn a high school diploma. Further, kids who share or are helpful in kindergarten are 46% more likely to have a full-time job at the age of 25. In Ohio, the opportunity for investing in young children is great considering that in the past year, only 62% of Ohio kindergartners entered the classroom ready to learn. Ohio kids are starting behind in kindergarten and staying behind. Ohio's kindergarten readiness performance tells us that most Ohio children are not enjoying the supportive and healthy environments they need to grow and thrive before entering the kindergarten classroom.



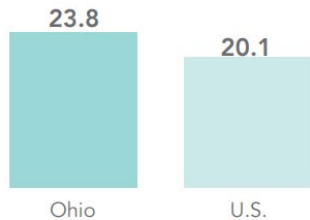
Source: [The Heckman Equation](#)

Healthy Children Begin with Healthy Moms: Of all that brain science has taught us over the last 30 years, one of the clearest findings is that early brain development is directly influenced by babies' day-to-day interactions with their caregivers. Even before birth, babies have a built-in expectation that adults will be available and care for their needs. Their very survival depends on this availability. If babies' expectations for protection and nurturance are less than adequately met, their confidence in getting their needs met through relationships may be challenged. When this occurs, emotional and social development suffer, and, because babies' emotional base is the foundation for all other learning, so do intellectual and language development. A baby's early experiences in relationships, whether at home or in an early education environment, set the stage for future brain functioning.

Whether infants are born healthy and with the potential to thrive as they grow greatly depends on their mother's well-being even before birth. Infants and toddlers rely on parents or other primary caretakers to provide a safe environment; create positive, new experiences; and guide their emotions. Decades of research on maternal mental health show that maternal depression can impact a mother's ability to meet these needs. Babies need moms to be physically well and present in their lives in addition to mentally well. Maternal depression may pose serious mental health problems for mothers and jeopardize their ability to provide safe, responsive, and nurturing care to their young children. The incidence of maternal depression is high, placing many young children at risk for developing mental health and behavioral problems.

More mothers are dying from causes related to pregnancy and childbirth in Ohio than in other states.

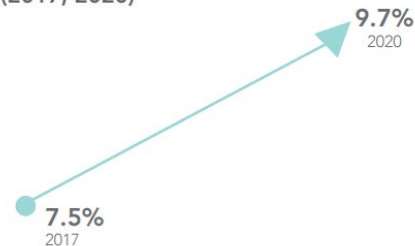
Number of deaths from causes related to pregnancy or its management, per 100,000 live births (2019)



Source: CDC WONDER, as compiled by America's Health Rankings (2019)

Postpartum depression increased 29% among Ohio women during the COVID-19 pandemic.

Percent of women with a live birth who experienced postpartum depression (2017, 2020)



Source: Ohio Pregnancy Assessment Survey (2017, 2020)

Trauma Deeply Impacts Babies: Because infants' and young children's reactions to traumatic experiences may be different from older children's, and because they may not be able to verbalize their reactions to threatening or dangerous events, many people assume that young age protects children from the impact of traumatic experiences. A growing body of research, however, has established young children are affected by experiences that threaten their safety or the safety of their parents or caregivers, and their symptoms have been well documented. These traumas can be the result of intentional violence such as child physical or sexual abuse, or domestic violence. Young children also may experience traumatic or toxic stress when constant, unrelenting negative experiences take a toll on a child's growth and development.

The Promise of the Strong Foundations Act

The Strong Foundations act is a thoughtful, multi-pronged approach to improve the state of babies, moms, and their families in the state of Ohio. Complex problems require complex solutions. It invests in proven, evidence-based strategies to scale what we know works to improve outcomes for babies and moms. It also provides opportunities for Ohio communities to solve the unique problems in their community by innovating with solutions where state policy has fallen short previously. If we want to make progress on infant mortality and maternal mortality and support the lives of young children and families, we must impact more babies and families with the supports they need *and* commit to identifying new solutions with our community to advance these needs. House Bill 7 is a unique opportunity to do both.

There are over half a million infants and toddlers (ages 0-3) living and growing in our Great State that need our care and attention. We have considered how and whether state policy supports the needs of every Ohio baby. There is abundant, common ground to grow a strong foundation for every Ohio baby to be supported by state policy. Ohioans, regardless of place, race, and political ideology demand urgency in making our babies' potential a priority. State investment, however, has historically been scarce relative to the needs of babies in Ohio. There is no time to wait on this issue and HB 7 is the opportunity for measured and thoughtful action. So today we ask you to make urgent, historic, and life-affirming

investments in our youngest citizens and their caregivers during the most precious days of their development. Please make our babies' potential a priority.

We are happy to answer questions about my testimony and any of the specific provisions or investments proposed in HB 7.

Data Note: All data shared in this testimony is available in the Groundwork Ohio [Early Childhood Data Dashboard](#) except Ohio's infant mortality ranking on page 1 of this testimony that is sourced from the [Centers for Disease Control and Prevention](#).