



Ohio House Finance Subcommittee on Health and Human Services
House Bill 33 – Governor’s Proposed Executive Budget
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Good morning, Chairwoman Carruthers, Ranking Member Liston, and members of the Finance Subcommittee on Health and Human Services. My name is Tiffany Bukoffsky and I am the Government Affairs Manager for the Mid-Atlantic Region of The National Service Office for Nurse-Family Partnership and Child First. Thank you for allowing me to be here today to testify in support of House Bill 33 and Governor DeWine’s proposed Executive Budget, which includes a biennial investment of \$120 million dollars toward evidence-based home visiting and the creation of a new Department of Children and Youth.

For those of you who may not be familiar with Nurse-Family Partnership, I would like to provide a high-level overview of our program. Nurse-Family Partnership, commonly referred to as NFP, is an evidence-based community health program with over 40 years of evidence showing significant improvement in the health and lives of first-time moms and their children living in poverty. NFP goals include: 1.) Improve pregnancy outcomes by helping women engage in good preventative health practices; 2.) Improve child health and development by helping parents provide responsible and competent care; and 3.) Improve economic self-sufficiency of the family by helping parents develop a vision for their own future.

NFP has operated in Ohio since 1996, with the very first model replication site taking place at *Brighter Futures* in Dayton. All four evidence-based home visiting models, including NFP network partner service agencies, fall under the Ohio Department of Health’s *Help Me Grow* program. Specific to Nurse-Family Partnership, we have specially trained nurses regularly visit young, first-time moms-to-be, starting early in pregnancy, and continuing through the child’s second birthday. The expectant moms benefit by getting the care and support they need in order to have a healthy pregnancy. At the same time, new moms develop a close relationship with a nurse who becomes a trusted resource they can rely on for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for their new family. Throughout the partnership, the nurse provides new moms with the confidence and the tools they need to not only assure a healthy start for their babies, but to envision and plan a life of stability and opportunities for success for both mom and child.

Over the past 27 years, NFP has continued to have a rich history in Ohio, with over 8,100 families being served across 27 counties. Data shows that Ohio clients enrolling in NFP have a median age of 23. Additionally, 83% are unmarried and 74% are enrolled in Medicaid. The annual median household income for participants is less than or equal to \$6,000.

I am here today to testify in support of Governor DeWine's proposed Executive Budget as it relates to the \$120 million dollars earmarked for evidence-based home visiting. According to the Governor's Address, adding an increase of \$37.5 million for home visiting from the previous operating budget will allow Ohio to serve an additional 18,000 families statewide. It is through this substantial increase that the state would see greater cost-savings based on improved health outcomes of moms and babies. Every \$1 invested in NFP saves roughly \$6.10 in future costs for the highest risk families. The return on investment for Ohio includes numerous health benefits, consisting of, but not limited to the following data:

- 86% of Ohio babies born at full-term.
- 82% of Ohio mothers initiating breastfeeding.
- 87% of Ohio babies receiving all immunizations by 24 months of age.
- 51% of Ohio clients at least 18 years of age being employed at 24 months.

Additionally, the long-term outcomes impact the trajectory of children well into teenage years. An [18-year follow-up study](#) on an NFP randomized controlled trial in Memphis published in [Pediatrics](#) showed that NFP-visited children were three times more likely to graduate from high school with honors compared to the control group. In addition, outcomes for youth at age 18 included improved math achievement scores, receptive language abilities, working memory, and ability to accurately read others' emotions. These outcomes were observed for those children born to high-risk mothers with limited psychological resources to cope with poverty, such as those with lower intellectual functioning, mental health, and sense of mastery. When it comes to the high school graduation rates of the parents served by NFP, an article in [Public Health Nursing](#) shows that across a one-year interval, NFP mothers with less than a high school diploma or GED at baseline showed a 9.5 percentage point increase in diploma or GED attainment compared to the reference mothers.

To these points, during last week's testimony, Ohio Department of Health (ODH) Director Dr. Vanderhoff shared his support for the Governor's proposal to create a new state agency – the Department of Children and Youth, "that will be laser-focused on children, giving them the best opportunity to grow and thrive". The Director also shared ODH has focused on expanding its evidence-based home visiting models, where he mentioned that this expansion is making a difference. He stated that, "Recent data showed much lower infant mortality rates among families who enrolled in Ohio's *Help Me Grow* program" with those enrolled having "a rate of 3.9 deaths per 1,000, less than the state rate overall".

The four *Help Me Grow* evidence-based home visiting models benefit Ohio and provide an opportunity to support moms and babies within our communities. Nurse-Family Partnership fits well into a continuum of the other three home visiting programs and the state healthcare system. As such, we at The National Service Office for Nurse-Family Partnership and Child First respectfully request your support for the Governor's proposed Executive Budget and the \$120 million funding allocation for evidence-based home visiting in our great state. Finally, we ask for your support in expanding home visiting through the creation of the Department of Children and Youth.

At this time, I would like to introduce Jeanne Wickliffe, who is the Program Manager of Maternal Infant Home Visiting at the Center for Family Safety and Health with Nationwide Children's Hospital.

Thank you for your time today and I would be happy to answer any questions you may have after Ms. Wickliffe provides her remarks.