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**Ohio House of Representatives
Finance Subcommittee on Health and Human Services
House Bill 33 – Operating Budget
Erin Ryan | Director, Center for Maternal & Young Child Health
Groundwork Ohio
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Chair Carruthers, Ranking Member Liston, and distinguished members of the House Finance Subcommittee on Health and Human Services, thank you for the opportunity to provide interested party testimony on House Bill 33, the FY 2024 – 2025 budget bill. My name is Erin Ryan, and I serve as the Director of the Center for Maternal & Young Child Health at Groundwork Ohio.

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 all children have the opportunity to reach their full potential.

The mission of the Center for Maternal & Young Child Health, one of three “centers of excellence” housed within Groundwork, is to prepare Ohio for a better future by building and transforming systems that improve maternal and young child health, promote health equity, and prioritize prevention through policy development, research, and collaboration so that all Ohio mothers and young children thrive.

House Bill 33, the state operating budget, provides great opportunity to invest in and improve the systems and structures that serve Ohio’s youngest children and their families. We are facing an inflection point for Ohio’s children and their families, and the work that this legislature does now during the state budget process will set the framework for the future of our state. Early investments in our youngest Ohioans lays the foundation for good outcomes, helps families thrive, and pays dividends in a return on investment for our state.

Governor DeWine’s Executive Budget includes a number of positive provisions that would bolster the health of pregnant women, children, and families across the state of Ohio – supporting the well-being of Ohio families, building stronger communities, and fostering a better Ohio. We ask that you preserve the following proposals for the state’s FY24-25 budget:

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Expand Medicaid coverage for pregnant moms and babies.

In Ohio, Medicaid covers more than half of births, playing a critical role in maternal care and health outcomes for babies. ***The Executive Budget includes an increase in Medicaid coverage for pregnant moms and babies to 300% of the Federal Poverty Level (FPL).***

Healthy moms are the foundation of healthy children, which foster stronger communities and a more vibrant state. However, in Ohio 14.6% of births were to women who were not receiving adequate prenatal care, which could lead to poor health outcomes in the short-term and long-term for babies.

Quality, timely, and accessible health care is necessary to build a foundation for young children. Quality health care before birth and throughout early childhood can ensure healthy development for Ohio's children and prevent harmful and costly health conditions. A stable source of quality health care during the prenatal, infant, and toddler periods contributes to positive outcomes for children and allows for better mental and physical health into adulthood.ⁱ Children who are physically, mentally, and emotionally healthy have higher school attendance and are better able to focus and learn while in school, laying the foundation for greater academic achievement.

Increase Early Childhood Mental Health Consultation services.

Currently, the mental health needs of Ohio children are not being met. The Governor's Executive Budget ***includes a \$20 million investment over the biennium towards increasing Early Childhood Mental Health Consultation services.***

Data shows that 1 in 5 children in Ohio are experiencing a mental health condition, but only half receive treatment. This increased investment would expand access to currently under-resourced services that contribute to positive outcomes for children facing mental health challenges and promoting better mental health into adulthood.

Children in Ohio – along with their families – have been and are continuing to face a mental health crisis, which has been exacerbated by the impacts of the COVID-19 pandemic. According to a poll conducted by Groundwork Ohio in 2021, nearly 7 in 10 Ohio parents with children under the age of 5 said that they were worried about the mental or emotional health of their children.ⁱⁱ

Invest in safe, stable housing for pregnant women.

The Healthy Beginnings at Home program, which provides safe, stable housing to pregnant women who are at risk of poor outcomes has proven success in strengthening health outcomes for babies. The Governor's Budget proposes an ***additional \$17 million to expand Healthy Beginnings at Home to expand the program into new communities across the state.***

Families facing economic instability may have difficulty affording safe, quality housing. Families of color with children ages 0-5 are more likely than white families to experience housing cost burden, which means that they spend 30% or more of their monthly income on rent (46.7% of Black families, 29.0% of Hispanic families, and 9.4% of white families.)ⁱⁱⁱ

In 2018, less than one-third (29.5%) of children ages 0-5 experiencing homelessness in Ohio were able to access housing services. Expanding access to the Healthy Beginnings at Home program can ensure that more pregnant women and new mothers have access to housing stability, supporting infant health outcomes and economic security for families.

Expand Help Me Grow, evidence-based home visiting services.

Home visiting can help support healthier pregnancies and better health outcomes for moms and babies. Research shows that pregnant women who are enrolled in home visiting are more likely to access prenatal care and carry their babies to term. The Governor's Executive Budget builds upon the success of the state's evidence-based home visiting programs by proposing a **\$13.7 million increase over the biennium for Help Me Grow.**

Ohio's evidence-based home visiting programs served 10,707 families in 2021. However, this only encompasses a fraction of the families who need these crucial services. In 2019, only 16.9% of the families who needed home visiting services received them.^{iv} Home visiting programs are a proven prevention strategy to support pregnant women and new parents who are living in poverty or facing other risk-factors for poor outcomes. These programs contribute to positive outcomes for babies, mothers, and families, including:

- Improving maternal and child health
- Preventing child abuse and neglect
- Reducing crime and domestic violence
- Increasing family education level and earning potential
- Promoting children's development and readiness to participate in school
- Connecting families to needed community resources and supports

There is also a strong return on investment for states that allocate funding to home visiting programs. Studies demonstrate that home visiting is highly cost-effective, with a return on investment of \$1.80 to \$5.70 for every dollar spent on home visiting.^v

Increase investments in Infant Vitality supports.

While families are strong and resilient, children and their families are being left behind and need more support. There is a proposed increase of **\$11.2 million over the biennium in the Executive Budget allocated to infant vitality supports and resources**, including crib distribution, smoking cessation programming, behavioral health peer to peer model and implementation of the Alliance for Innovation for Maternal Health (AIM) safety bundles.

Ohio moms and babies need more support, and expanding infant vitality resources and programs can help break down barriers to healthy beginnings for our youngest Ohioans and the families that care for them. 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.^{vi} The gap in racial outcomes for infant mortality between Black babies (14.1 infant mortality rate) and white babies (5.5 infant mortality rate) is alarming.^{vii}

Group-based education, also known as peer-to-peer support, is an evidence-based program that can provide expectant and new parents with necessary supports to navigate resources, build confidence, and seek services. These programs can complement and supplement the care and resources provided by medical professionals before, during, and after birth.

Tackle child lead poisoning.

Lead is a toxin, and childhood lead poisoning can lead to lifelong, irreversible brain and nervous system damage. The Governor's Budget includes a few key provisions that would address child lead poisoning and invest in primary prevention solutions to build a lead-free future for children, including:

- **Investing \$10.8 million for FY 2024 and \$11.7 million for FY 25 towards the Lead Abatement Fund** to support various lead prevention programs administered by the Ohio Department of Health.
- **Allocating an estimated \$1 million of \$23.4 million per fiscal year for the Early Intervention funding for Lead Poisoned Children.**

In addition to these provisions, the House should consider expanding upon the following child lead safety provisions in the Governor's budget to:

- **Expand Spending Authority for SCHIP Lead Program for High-Risk Children from \$10 million per fiscal year to \$20 million per fiscal year**, which would support programs to remove lead hazards in homes built before 1978 with children under 6 or pregnant women.

Young children can be exposed to lead through contact with contaminated paint, toys, soil, or water. Poorly maintained or older buildings pose increased risk of exposure to lead, and even small amounts of lead exposure in early childhood can lead to delayed development, harm to the brain, learning and behavior challenges, and speech and hearing problems.^{viii}

Many young children in Ohio are at risk of lead exposure in their homes or child care settings, however, only a small portion of them receive a blood lead test. In 2021, less than a quarter (21.1%) of eligible 0–5-year-olds enrolled in Medicaid received a lead test.^{ix}

The state budget reflects the funding and policy priorities of our governor and state lawmakers. There is vast opportunity for our state leaders to make investments in Ohio's children, families, and

communities directly through the state operating budget that lay a strong foundation for Ohio’s future and make Ohio the best place to be a young child. We look forward to working with the Ohio House and Senate to support the Governor’s vision to ensure all Ohio children and families can reach their full potential.

Thank you for your time and consideration. I am happy to answer any questions by email at eryan@groundworkohio.org.

ⁱ Goldstein, Jessica, D. Betsy McCoach, and HuiHui Yu. “The predictive validity of kindergarten readiness judgments: Lessons from one state.” *The Journal of Educational Research* 110, no. 1 (2017): 50-60. doi: 10.1080/00220671.2015.1039111

ⁱⁱ Public Opinion Strategies Statewide Ohio Survey, conducted by Groundwork Ohio, November 2021

ⁱⁱⁱ U.S. Census Bureau, American Community Survey Public Use Microdata (2019)

^{iv} Ohio Child Care Resource & Referral Association (2021) and Ohio Department of Health (2019)

^v <https://nhvrc.org/about-home-visiting/why-home-visiting/>

^{vi} <https://www.groundworkohio.org/dashboard>

^{vii} <https://www.marchofdimes.org/peristats/reports/ohio/report-card>

^{viii} Medicaid: How Does it Provide Economic Security for Families? Georgetown University Health Policy Institute: Center for Children and Families, 2017. <https://ccf.georgetown.edu/wp-content/uploads/2017/03/Medicaid-and-Economic-Security.pdf>

^{ix} <https://www.groundworkohio.org/dashboard>