



Funders Collaborative on COVID Recovery (FCCR)

Senate Finance Committee
Substitute House Bill 33- FY24-25 State Operating Budget
Interested Party Testimony
May 25, 2023

Chairman Dolan, Vice Chairman Cirino, Ranking Member Sykes, and Members of the Senate Finance Committee, the Funders Collaborative on COVID Recovery (FCCR) appreciates the opportunity to provide testimony on Substitute House Bill 33, the state operating budget.

FCCR was launched in 2021 as a partnership spanning 50 foundations, nonprofits, and governments focused on a multi-year approach to helping the Northeast Ohio region and the state of Ohio recover from the COVID-19 pandemic and providing resources to assist community resiliency. FCCR builds on the work of the Greater Cleveland Covid-19 Rapid Response Fund, which provided rapid response grant-making at the onset of the pandemic emergency. FCCR has utilized regional partnerships to increase vaccine access and uptake, advocate for long-term policy change that promotes economic well-being and equity, support grassroots advocacy efforts, and build resilience in the nonprofit community. Our collaborative thanks the members of this committee for considering the policy recommendations outlined below as the Ohio House deliberates the Governor's Executive Budget proposal, Substitute House Bill 33.

Public Health Infrastructure Investments

The role of the public health system is to protect and improve community well-being by preventing disease, illness, and injury while positively impacting myriad economic and other societal factors fundamental to physical health, mental health, and general well-being. The local public health department (LHD) is the foundation of the local public health system, with 317 million people in the U.S., or 96.2%, falling under the jurisdiction of a local public health department serving as this health anchor in a community. In Cleveland and Cuyahoga County, respectively, that proportion is 100%.

Despite this role in protecting the public's health and well-being, public health spending as a proportion of total health spending has been decreasing since 2000 and falling in inflation-adjusted terms since the Great Recession in 2008. The United States spends an estimated \$3.6 trillion annually on health, but 2018 public health spending amounted to just 3 percent.

A strong and stable public health infrastructure is a vital part of ensuring that the LHD can focus on preventing illness and injury. Every public health program requires an LHD with the capacity to assess and respond to community health needs. A vital part of an LHD's ability to evaluate and respond is how it retrieves and analyzes public health data from the community it serves.

Limited funding, a lack of coordination between federal, state, and local data systems, and technological, bureaucratic, and systemic hurdles have all undermined efficient, accurate, and timely responses to myriad public health threats. While existing prior to the pandemic, COVID-19 laid bare innumerable deficiencies in the local public health data system as it relates to its duties above.



To address the deficiencies in our current public health system, recommended policy and systems changes should focus primarily on improving public health infrastructure through modernizing surveillance and data systems. This would improve detection and response to public health threats by increasing detection speed through real-time surveillance and workforce efficiency. Public health surveillance infrastructure relies on antiquated, disconnected systems and methods for tracking and responding to diseases. To that end, it is critical to sufficiently fund public health interventions to maximize the return of federal, state, and local dollars while proactively addressing broader public health issues that could lead to massively expensive costs if not addressed quickly and efficiently.

RESTORE: Ohio Department of Health Evidence-Based Community Health Intervention Funding

Amendment SC0478 restores the “As Introduced” appropriations of \$20,000,000 per fiscal year in GRF ALI 440493, requiring funds to be used by ODH to distribute to local health departments for quality foundational public health services.

Community Health Workforce Development

Community health workers (CHWs) are a critical component of comprehensive Ohio healthcare, especially in underserved and underrepresented populations and communities across the state. These trusted providers act as a liaison between health/social services and the community to improve service quality and cultural competence.

The top 5 health issues CHWs address in Ohio are mental health, diabetes, high blood pressure, asthma, and obesity -- diseases that lead to exorbitant public and private system costs if not efficiently and effectively addressed. However, policy barriers hinder the training, certification, and reimbursement of these current and future professionals at a time when CHWs are in demand in both urban and rural communities. Policy opportunities to address CHW workforce development include reducing red tape for returning citizens precluded from CHW certification and establishing a comprehensive study committee to assess the profession's reimbursement models and workforce needs.

MAINTAIN: Center for Community Health Worker Excellence (R.C. 3701.0212)

FCCR would like to express support for the House's language that creates the Center for Community Health Worker Excellence and allocates \$5 million per fiscal year toward its operation.

Comprehensive School-Based Health Services

High-quality, readily accessible mental and physical health care is needed to support healthy child development and foster effective learning. This was true before the COVID-19 pandemic and is dramatically more so today. The Ohio Department of Education report, [Data Insights: Evidence of the Pandemic's Impact on Students in 2020-21](#), reveals the profound educational impact of COVID on Ohio's students. It is a clarion call to ensure robust health-focused responses to our children's urgent physical AND mental needs are available to the greatest extent possible in the 2022-23 school year and beyond.

The American Rescue Plan Act (ARPA) has afforded our state a unique opportunity to invest in health care to aid children and families dramatically and disproportionately impacted by COVID-19. School-based health care is not a new concept. There are excellent examples of strong school health programs across the state. But services are not universally available or equitably distributed, often lacking physical and mental health care integration to support the whole child.



In March 2022, the State, through a partnership between the Ohio Department of Health and the Ohio Department of Education (largely using ARPA funds), awarded \$25.9 million to 136 new or expanded school-based health clinics across the state. As the Senate considers different priorities for remaining, one-time federal funding to support sustainable state initiatives, we urge this committee to support a second round of competitive grants to develop and expand school-based health centers. These centers provide comprehensive, integrated physical and behavioral health care, among other services, for students and are approved by parents and guardians.

MAINTAIN: Executive’s Proposed \$15 million (FY24-25) for Comprehensive School-Based Health

FCCR would also like to express support for the Governor’s \$15 million proposed allocation for comprehensive school-based health centers and recommends expanding this line item to allow for continued SBHC site expansion in Ohio’s high-need districts and communities across the state.

Childcare & Early Childhood Education

High-quality childcare and a robust local workforce are intimately intertwined. For parents to be able to work, childcare must be accessible and affordable. To build a potent force for the future, high-quality childcare and early education are critically important. The COVID-19 pandemic revealed long-standing weaknesses in the childcare system that continue to impact the availability and affordability of childcare.

The childcare crisis catalyzed by COVID-19 is exacerbating a workforce crisis in Ohio. A survey by the Columbus Dispatch in early 2022 showed that four in 10 working parents with children under the age of 5 have had to cut back on work hours to care for their children. Further, a poll from Groundwork Ohio showed that 60% of Ohio moms who either don’t work or work part-time said they would return to work if they had access to quality childcare at a reasonable cost.

In the 2020-21 school year, only half of children in Ohio were ready for kindergarten. Children who start school behind are likely to remain behind throughout their educational journey. Decades of research show that children who receive high-quality early education are more likely to graduate from high school and go on to be employed and less likely to be dependent on government assistance. Access to high-quality childcare is essential for children from low-income families, who face more barriers to kindergarten readiness and educational success. For years, about 1 in 5 children in Ohio lived in poverty; that number was reduced to 16% of children living in poverty in 2020 due to widely available cash benefits like stimulus payments.

MAINTAIN: Targeted Infant & Toddler Child Care Capacity Building in Child Care Deserts

A new investment of \$30 million in state funds will increase local communities' capacity, specifically Appalachian and communities with high infant mortality rates, to provide safe and developmentally appropriate childcare for infants and toddlers.

MAINTAIN: Child Care Eligibility FPL Expansion

Expanding the state’s publicly funded childcare program from 142% of the FPL to 160% would result in more than 15,000 children and families gaining access to care.

MAINTAIN: Early Childhood Education Preschool Grant Funding

An additional \$61 million annually in Early Childhood Education grants is estimated to expand preschool to 15,250 3- and 4-year-olds under 200% FPL.



RESTORE: Child Care Capacity ARPA Funding

An investment of \$150 million of state ARPA funds to provide childcare scholarships to direct care professionals, including early childhood professionals, and to increase infant and toddler childcare capacity in communities throughout the state.

Thank you for your continued time and attention to these critical statewide policy issues. FCCR believes these prudent, cost-effective investments will sustain the programs outlined above. Please do not hesitate to reach out should you have any questions about the requests above.