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Chairperson White, Vice Chair Salvo, Ranking Member Lett and Members of the children and human services committee

My name is Tanika Campbell, and I serve as the Community Relations Coordinator for My baby and Me and the Chair of Healthy Start's Community Consortium under Columbus Public Health. I am here today to urge you to prioritize critical investments in early childhood and maternal health programs in Ohio's FY2026-27 state budget, House Bill 96.

As someone who has directly benefited from home visiting programs, I know firsthand how critical these services are in improving maternal and infant health outcomes. I was once a client of this very home visiting program while battling postpartum depression, and the support I received was invaluable in helping me navigate motherhood. Today, I hold an associate's degree in Early Childhood Development, a bachelor's degree in Human Development and Family Science, and will complete my master's in Public Administration next month. I also serve on the Fetal Infant Mortality Review (FIMR) Board, where we analyze infant deaths in Franklin County to identify solutions for improving birth outcomes.

Ohio continues to face significant racial disparities in infant mortality. In Franklin County, Black infants are 2.5 times more likely to die before their first birthday than their counterparts (Fox,2022). A major contributor to this disparity is sleep-related deaths, which are largely preventable with the right education and support. Home visiting programs play a critical role in addressing these disparities by providing consistent, evidence-based education on safe sleep practices, breastfeeding, and early childhood development. Also, connecting families with essential resources such as prenatal care, mental health support, and early intervention services. Lastly, reducing maternal stress and depression, which have been linked to poor birth outcomes, including preterm birth and low birth weight.

Research shows that home visiting programs improve birth outcomes by reducing preterm births by up to 48% in high-risk populations (Goyal et al.,2023). Additionally, families enrolled in home visiting programs are twice as likely to practice safe sleep habits, directly reducing the risk of sudden unexpected infant death (SUID). Expanding access to these services is one of the most effective ways to improve maternal and infant health outcomes in Ohio.

Home visiting is not just about maternal health—it also plays a crucial role in early childhood development and intervention. The first three years of life are critical for brain development, and early interventions can significantly impact a child's future success. Home visiting programs identify developmental delays early and connect families to Early Intervention (EI) services. Helping parents create a language-rich environment, improving literacy and school readiness. Increasing access to high-quality child care and early learning programs, which are proven to close achievement gaps before kindergarten.

However, many families in Ohio struggle to afford child care, even with the support of Title 20. Expanding home visiting and integrating it with early childhood education initiatives can provide a continuum of care that ensures children receive the support they need from birth through preschool.

Beyond home visiting, we must also address the root causes of poor maternal and infant health outcomes. As the Chair of the Healthy Start (HS) Community Consortium, I work with a multi-sector group of stakeholders, including HS participants, healthcare providers, community organizations, policymakers, and local leaders, to address the Social Determinants of Health (SDOH) impacting families in our community.



I facilitate regular meetings and focus groups to engage community members—particularly those with lived experiences—in discussions about barriers to health equity, such as economic instability, housing insecurity, food access, and transportation barriers. We also utilized Franklin County’s community needs assessments to pinpoint high-priority areas experiencing high infant mortality rates, which guide targeted interventions and resource allocation. Our work has led to partnerships with housing authorities, transportation services, and workforce development programs, expanding prenatal care services in underserved areas. The Consortium also elevates community voices in policy discussions at the local and state levels to drive systemic changes that reduce disparities and improve health outcomes.

Groundwork Ohio has outlined key priorities that will strengthen our state’s early childhood system, including:

1. **Improving health outcomes for moms and babies**
 - Expand evidence-based home visiting programs statewide, including the Family Connects model.
 - Invest in community impact models like Cradle Cincinnati to reduce infant and maternal mortality.
2. **Increasing access to affordable, quality child care**
 - Raise the eligibility threshold to 200% of the Federal Poverty Level (FPL).
 - Improve payment practices for child care providers to ensure high-quality care for young children.

By investing in home visiting, early childhood education, and addressing the social determinants of health, Ohio can take meaningful steps toward reducing infant mortality, improving birth outcomes, and ensuring all children have a strong start in life.

I urge you to fully fund these initiatives to support Ohio’s most vulnerable families. Thank you for your time and commitment to Ohio’s children and families. I am happy to answer any questions.

Sincerely,
Tanika Campbell



References

- Fox , Renee. (2022, April 22). *Franklin County Program aims to reduce the disparity in infant mortality rates*. WOSU Public Media.
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- Goyal NK, Teeters A, Ammerman RT. Home visiting and outcomes of preterm infants: a systematic review. *Pediatrics*. 2013 Sep;132(3):502-16. doi: 10.1542/peds.2013-0077. Epub 2013 Aug 12. PMID: 23940238; PMCID: PMC3876756.

