



TO: Ohio House Family & Community Advancement Committee

FROM: Danielle Smith, MSW, MA, LSW, Executive Director

DATE: November 19, 2014

RE: Testimony in opposition of HB 69

My name is Danielle Smith, and I am the executive director of The National Association of Social Workers Ohio Chapter. NASW is the largest membership organization of professional social workers with 150,000 members nationwide and nearly 5,000 in Ohio. NASW promotes, develops, and protects the practice of social work and social workers. NASW also seeks to enhance the well-being of individuals, families, and communities through advocacy.

NASW Ohio Chapter offers the following testimony in opposition of House Bill 69. Social workers are often on the front lines with clients as they fight to keep enough food on the table, gain access to needed medications, keep their home heated, deal with mental health issues, and many other problems that prevent a person from reaching their full potential. I would like to offer the social work voice to this discussion around restricting a woman's right to choose what happens to her and her family.

The Current State of Reproductive Healthcare

One in three women in the U.S. will have an abortion by age 45 (Guttmacher Institute, www.guttmacher.org/media/presskits/abortion-US/index.html). Instead of focusing on the narrow cause of taking away a choice from these women, I urge you, as a committee, to step back and look at the broader picture.

The divisiveness that stems from talking about abortion has taken away from the meaningful discussion that needs to occur about how to prevent unintended pregnancies and the two very different healthcare options available to upper-class women and to lower-class women.

“The newest data paint a disturbing picture of two very different America's – one in which middle- and upper-class women are continuing decades of progress in reducing unplanned pregnancy and abortion, and the other in which poor women are facing more unplanned pregnancies, and growing rates of abortion (Gold, R.B., 2006, *Rekindling efforts to prevent unplanned pregnancy: A matter of equity and common sense*, as retrieved on www.guttmacher.org).”

Between 1995 and 2002, contraceptive use fell slightly among all women at risk of unintended pregnancy but the drop among poor women was significantly larger – 92 percent to 86 percent (Social Work Speaks, 2009-2012, NASW). Because of this drop in contraceptive use it is no surprise that the unintended pregnancy rate for poor women shot up by 29 percent, even as it fell 20 percent for more affluent women (Social Work Speaks, 2009-2012, NASW). Compared with higher-income women, poor women are four

times as likely to have an unplanned pregnancy, three times as likely to have an abortion, and five times as likely to have an unplanned birth (Guttmacher Institute, 2006).

“Denying people with low-income access to the full range of contraceptive methods, abortion, and sterilization services, and the educational programs that explain them, perpetuate poverty and the dependence on welfare programs (Social Work Speaks, 2009-12012, NASW).”

Code of Ethics

The NASW Code of Ethics states that “social workers respect and promote the right of clients to self-determination.” This means that a person should, without government interference, be able to make decisions about reproductive and sexual health. Whether and when to have children is a private decision that should be made by that woman in consultation with whomever she deems necessary. Social workers understand that our clients experience many barriers when trying to make it through even one day and because of this clients are often in situations where he or she should be afforded the respect and dignity of making their own decisions. To support self-determination, all reproductive services should be available, including contraception, abortion, preventative services like breast and cervical screenings, and comprehensive sexuality education. These services need to be economically feasible and geographically accessible (Social Work Speaks, 2009-12012, NASW).

What’s Needed is Prevention

The end goal of this legislation is to make the number of abortions in Ohio zero. Social workers often see first-hand the disconnect between laws passed in this building and the unintended consequences that happen outside this building. Passing this law will not prevent women from ending their pregnancies. If a woman does not want to be a parent, she will not be one. Instead of limiting people’s choices and making a medical procedure unsafe, why not look at prevention? “The correlation between high levels of unintended pregnancy and abortion cannot be discounted. Abortion is a last resort for a woman who is faced with a crisis pregnancy (Social Work Speaks, 2009-12012, NASW).” Prevention is what will decrease the need for abortions.

NASW supports the following measures (Social Work Speaks, 2009-12012, NASW) in an effort to decrease the need for abortions and encourages this committee to, again, take a step back and focus on the broader picture and end goal of decreasing the number of unintended pregnancies.

Emergency Contraception for Rape Survivors

Ensure that women who have been sexually assaulted have access to emergency contraception immediately. Emergency contraception is simply a high dose of birth control and is not an abortion pill. One out of every seven women in Ohio has been a survivor of forcible rape sometime in her lifetime, and the Cleveland Rape Crisis Center receives about 3,000 calls per year on its 24-hour crisis hotline (Cleveland Rape Crisis Center, www.clevelandrapecrisis.org/resources/statistics/local-statistics-about-sexual-assault). These women deserve the security and choice of not becoming pregnant as a result of their rape and her choice to take emergency contraception should not be decided by where she ends up receiving care. The access should be uniform across the state.

Child Welfare and Adoption

Review public and private adoption services to ensure they address the needs of birth parents and that invite women and men, regardless of sexual orientation or gender expression, to consider adoption as a genuine alternative to abortion or parenting. Ohio has the lowest state investment in child welfare in the nation (Public Children Services Association of Ohio Fact Book, 2011-2012). In 2010, only 33.7 percent of finalized adoptions occurred within 24 months of children entering foster care (Public Children Services Association of Ohio Fact Book, 2011-2012). In 2009, new allegations of child abuse and neglect totaled 116,216, and it has been increasing since 2003 (Public Children Services Association of Ohio Fact Book, 2011-2012). Frankly, a joint legislative committee on adoption promotion and support does little to address the issue. It is time Ohio started taking care of our children.

Comprehensive Sexuality Education

Give our teens the information they need to protect themselves against sexually transmitted infections and unintended pregnancies by providing age-appropriate, culturally-sensitive sexuality and reproductive health education programs. As social workers, we face the reality of our clients' situations every day, and you should too. The reality is that teens are having sex and a large percentage of these teens are not using contraception. Nearly half of all high school students report ever having had sexual intercourse in 2009, and 26 percent of female teens and 29 percent of male teens have had more than one sexual partner (Kaiser Family Foundation, www.kff.org/womenshealth/upload/Sexual-Health-of-Teenagers-and-Young-Adults-in-the-US.pdf). Our children deserve access to information needed to protect their health.

We want to remind you that Ohio's economic and political environment continues to struggle. According to the Public Children Services Association of Ohio, one in 10 Ohioans receive food stamps, and one in five are insured by Medicaid, including 1.5 million children, and Medicaid pays for one in three births. Forty-two percent of Ohio school children are on the federal free or reduced-price meal program, and TANF cash assistance has increased about \$69,000 in 2010 (Public Children Services Association of Ohio Fact Book, 2011-2012). Waiting times for essential mental health services can be as long as three to six months (Public Children Services Association of Ohio Fact Book, 2011-2012). Food pantry lines are increasing and homeless shelters are full. These problems deserve our full-attention and effort. Your focus, my focus, our focus should be on prevention. We owe it to our children, women in this state, and families. Thank you for your time and attention.

Respectively submitted,



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