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Ohio House of Representatives
Behavioral Health and Recovery Supports Committee
House Bill 428
Lynanne Gutierrez
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October 21, 2021

Chairwoman Carruthers, Vice Chair Pavliga, Ranking Member Boyd and members of the committee, my name is Lynanne Gutierrez and I am the Assistant Director and Legal Counsel at Groundwork Ohio. Thank you for the opportunity to provide proponent testimony on House Bill 428 (HB428) which would create the Adverse Childhood Experiences Study Commission.

Groundwork Ohio is a statewide, nonpartisan 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. We are grateful to the sponsors and the committee for the opportunity to support HB 428 which holds the opportunity of building awareness and expertise among this body about the diverse and critical needs of young children and families and most importantly the opportunity to apply data-driven research to policy that will prevent trauma, mitigate its impact and build resilience in children, families and communities.

The work of this potential study commission is absolutely aligned with the mission of Groundwork and so we look forward to being an ongoing resource given the expertise of our staff, the broad and diverse table of professionals and leaders that guide our work, our statewide coalitions that unify statewide and community based organization behind an evidence-based agenda to improve the lives of young children and the national technical assistance that informs our own research and policy development to bring the best solutions to action here in Ohio. In this spirit of collaboration we share with you [The State of Babies](#), a data resource supported by data from the Health Policy Institute of Ohio that tells a data story of why investing early in consideration of ACEs and trauma is so critical for lifelong outcomes for children, families and the state. I have brought hard copies for you today but this and other resources can be accessed at www.GroundworkOhio.org and our prenatal-to-three coalition-drive initiative, www.ReadySetSoarOhio.org.

As you deliberate on this bill, study committee membership and committee objectives, we ask you to consider the following foundational principles to fulfill our shared objectives and the unique needs of Ohio's youngest children:

1. *The Science of Early Childhood Development*: Brains are built on a foundation of early experiences. In the first few years of life, more than one million neural connections are formed every second and 80% of brain development happens in the first three years of life. These neural connections, the brain's architecture, are formed through the interaction of baby and their environment through early enriching experiences. All children are born with the ability to reach their highest potential, but connections that form early form either a strong or weak foundation for the connections that form later. These critical interactions with adults lay the foundation for all later learning, behavior, and health. Babies who engage with responsive, consistent, nurturing caregivers and who are living in safe and economically secure environments are more likely to have strong mental and emotional health. As children mature, early childhood mental health supports growth in other essential areas of healthy development including physical health, cognitive skills, language and literacy, social skills, and readiness for school. When children experience trauma and their emotional health deteriorates, they are subject to poor outcomes in these areas because their ability to form close and secure relationships, manage a full range of

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emotions and explore their environment is compromised. As the frequency and length of ACEs increase, so do the impacts on physical and mental health, academic achievement, and self-sufficiency. Adverse childhood experiences have the potential to impact long-term mental health, physical health, and behaviors, including smoking, alcoholism, drug use, missed work, depression, suicide attempts, heart disease, diabetes, severe obesity, cancer, and stroke.

2. *Prevention:* In young children, prevention services delivered in diverse settings seek to identify risk factors, mitigate the impact of trauma and adverse experiences and intervene in child/caregiver dynamics that threaten healthy development. Research demonstrates that early prevention and treatment are more beneficial and cost-effective than attempting to treat emotional difficulties and their effects on learning and healthy after they have become more serious. The return on investment is derived from the impact on healthy development, educational attainment, and employment when young children have a strong foundation for social and emotional health. For example, kids who exhibit strong social and emotional skills are 54% more likely to earn a high school diploma. Further, kids who share or are helpful in kindergarten are 46% more likely to have a full-time job at the age of 25.
3. *Caring Relationships:* Of all that brain science has taught us over the last 30 years, one of the clearest findings is that early brain development is directly influenced by babies' day-to-day interactions with their caregivers. Even before birth, babies have a built-in expectation that adults will be available and care for their needs. Their very survival depends on this availability. If babies' expectations for protection and nurturance are less than adequately met, their confidence in getting their needs met through relationships may be challenged. When this occurs, emotional and social development suffer, and, because babies' emotional base is the foundation for all other learning, so do intellectual and language development. A baby's early experiences in relationships, whether at home or in an early education environment, set the stage for future brain functioning.
4. *Trauma:* Because infants' and young children's reactions to traumatic experiences may be different from older children's, and because they may not be able to verbalize their reactions to threatening or dangerous events, many people assume that young age protects children from the impact of traumatic experiences. A growing body of research, however, has established young children are affected by experiences that threaten their safety or the safety of their parents or caregivers, and their symptoms have been well documented. These traumas can be the result of intentional violence such as child physical or sexual abuse, or domestic violence. Young children also may experience traumatic or toxic stress when constant, unrelenting negative experiences take a toll on a child's growth and development. Strategies utilized to impact early childhood mental health must be "trauma-informed" recognizing and responding to the role that histories of trauma play in the lives of children, families, caregivers, providers and communities.
5. *Equity:* All children deserve the chance to learn, grow, and reach their full potential, but not all children have access to the same quality environments and interventions. Race, ethnicity, geography, age, gender, and physical and intellectual ability play a determinative role in the gaps that emerge early and persist throughout the lifespan. They also play a determinative role in the pervasiveness of trauma that impacts mental health and whether a child has access to care or quality treatment. Strategies utilized to advance early childhood mental health must reflect an understanding of and combat these longstanding disparities.
6. *Medicaid:* Medicaid is essential to supporting the mental health of Ohio's youngest children. Health coverage is foundational to health care access. As the largest insurance provider in Ohio, Medicaid and Healthy Start cover 49% of infants and toddlers. Further, the Medicaid program provides coverage to 431,848 0-5 year olds in Ohio. Given its large footprint, it has the ability to not only influence quality standards and outcomes for Ohio's most vulnerable young children, but also the entire health infrastructure. Focusing on the services that Medicaid provides to young Ohioans is a strategic way to improve behavioral health outcomes for a significant portion of the young child population.

Thank you for your time and consideration. Groundwork Ohio looks forward to being a partner to the ACEs Study Commission and I am happy to answer any questions.

READY, SET SOAR OHIO



Early Investments, A Lifetime of Success.



THE STATE OF BABIES IN OHIO

Thank you to the Health Policy Institute of Ohio (HPIO) for analyzing and compiling all data shared in this factsheet. The data is from HPIO's 2021 *Health Value Dashboard* and a presentation prepared and delivered by HPIO at the 2021 State of Babies convening hosted by Groundwork Ohio on Friday, March 12, 2021.

1.

Ohio ranks poorly on key indicators of early child health and well-being.

Health & Healthcare Outcomes

RANKS...

Infant Mortality:

42nd

out of 51

Low Birth Weight:

31st

out of 51

Prenatal care:

25th

out of 51

Social & Economic Outcomes

RANKS...

Adverse Childhood Experiences (ACEs):

39th

out of 51

Child Poverty:

36th

out of 51

41.2% of Ohio children entered kindergarten demonstrating readiness in the 2019-2020 school year.

Physical Environment Outcomes

RANKS...

Housing with a Lead Risk:

43rd

out of 51

Child in household with a person who smokes:

36th

out of 51

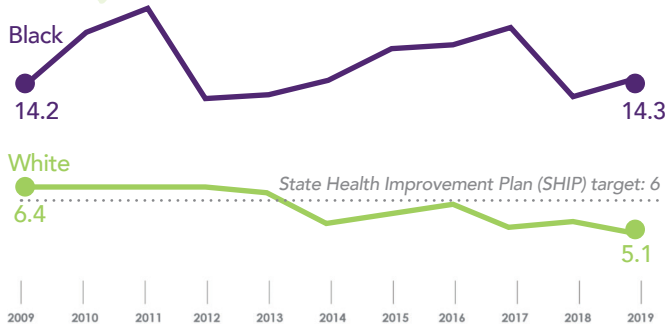
DATA RESOURCE: THE STATE OF BABIES IN OHIO

2.

Large disparities exist across key indicators.

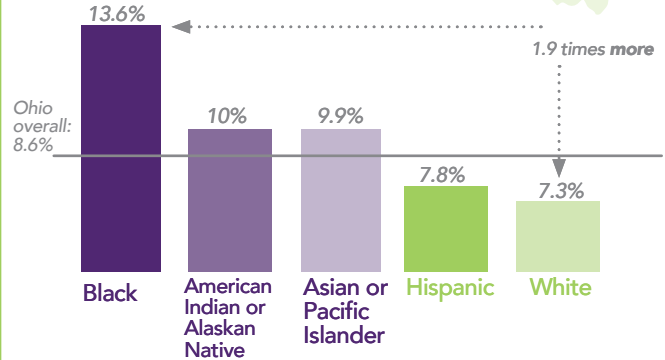
Infant Mortality:

Ohio's Rate per 1,000 births, by race



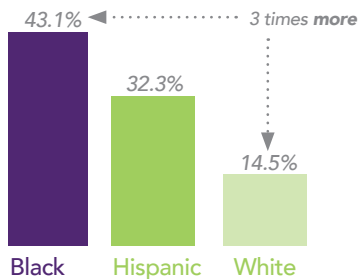
Low Birth Weight:

Ohio, 2019



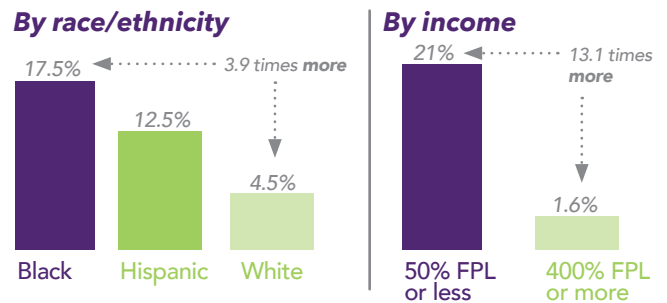
Child Poverty:

% of Ohio children in a household with income below the federal poverty threshold, 2015-2019



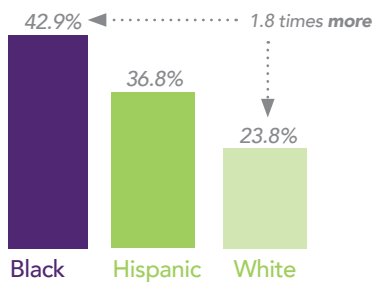
Food Insecurity:

Ohio Families that "sometimes" or "often" cannot afford enough to eat, 2016-2019



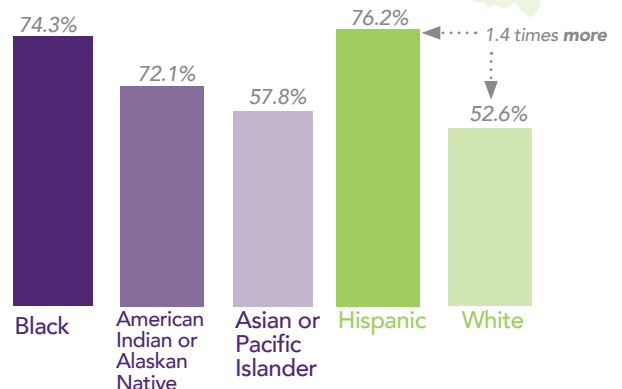
Adverse Childhood Experiences:

% of Ohio children who experienced two or more ACEs Ohio, 2016-2019



Kindergarten Readiness:

% of Ohio kindergarteners not demonstrating readiness, 2019-2020



DATA RESOURCE: THE STATE OF BABIES IN OHIO

3. Childhood adversity & trauma have long-term health & economic impacts.

ACEs with significant health impacts:

ABUSE

- Emotional abuse
- Sexual abuse

HOUSEHOLD CHALLENGES

- Substance use in the household
- Mental illness in the household
- Incarcerated member of household

NEGLECT

- Emotional neglect
- Physical neglect

Many of Ohio's children experience early adversity & trauma.

Ohio's rank compared to other states (and D.C.):

39th

out of 51

ACEs: Percent of children who have experienced two or more adverse experiences (2018-2019)

32nd

out of 51

Adult Poverty: Percent of people, ages 18 and older, in households with incomes below the federal poverty level (2019)

28th

out of 51

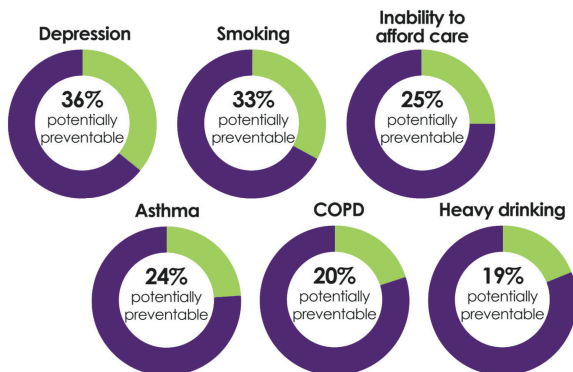
Child Abuse & Neglect: Number of reported and substantiated child maltreatment victims, per 1,000 children (FY 2018)

36th

out of 51

Child Poverty: Percent of people under age 18, in households with incomes below the federal poverty level (2019)

Potential impact of preventing exposure to ACEs on six health outcomes in Ohio



If adverse childhood experiences (ACEs) were eliminated:

More than **\$10 billion a year** in healthcare spending could be **saved** in Ohio.

\$319 million in lost wages could be **eliminated** each year in Ohio.

Data source:

• Health Policy Institute of Ohio, 2021 Health Value Dashboard