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**Ohio State Senate  
Health Committee  
House Bill 428 (Pavliga, Edwards): Establish Adverse Childhood Experiences Study Commission  
Erin Ryan | Director, Center for Maternal & Young Child Health  
Groundwork Ohio  
December 14, 2022**

Chair Huffman, Vice Chair Antani, Ranking Member Antonio, and distinguished members of the Senate Health Committee, thank you for the opportunity to testify in support of House Bill 428, regarding establishing an Adverse Childhood Experiences Study Commission. My name is Erin Ryan, and I serve as the Director of the Center for Maternal & Young Child Health at Groundwork Ohio.

Groundwork 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. Groundwork is led by Executive Director, Shannon Jones. 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 Adverse Childhood Experiences (ACEs) and trauma is so critical for lifelong outcomes for children, families, and the state. Additional resources can be accessed at [www.GroundworkOhio.org](http://www.GroundworkOhio.org) and our prenatal-to-three coalition-drive initiative, [www.ReadySetSoarOhio.org](http://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

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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 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 responses, 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.



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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 covers half of Ohio births and provides coverage to 365,354 0–5-year-olds in Ohio as of November 2022. 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 by email at [eryan@groundworkohio.org](mailto:eryan@groundworkohio.org).

Thanks,

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