

October 11, 2023

Dear Chairman Edwards and members of the House Finance Committee:

Thank you for the opportunity for the Health Policy Institute of Ohio (HPIO) to submit interested party testimony for HB 7, the Strong Foundations Act.

HPIO is a non-partisan and independent health policy research organization. Our mission is to advance evidence-informed policies that improve health, achieve equity and lead to sustainable healthcare spending in Ohio. The purpose of our testimony today is to inform the committee of several provisions of HB 7 that have strong evidence of effectiveness of improving the health and well-being of women, children and families.

HPIO's work is grounded in both data and evidence. Investing public and private sector dollars on policies and programs that have demonstrated effectiveness increases the likelihood of improved health outcomes. The sources that we most often use to identify evidence-informed strategies leverage the best available research evidence, often including systematic reviews. Systematic reviews identify, assess and synthesize evidence from all studies available on a topic that meet a stringent set of criteria.

According to HPIO's 2023 *Health Value Dashboard*, Ohio ranks 41st out of 50 states on infant mortality. Further, the rate among Black infants was 2.7 times higher than the rate among white infants in 2020.¹

Centering pregnancy and early childhood home visiting are provisions in the bill that have strong evidence of improving birth outcomes, among other benefits.

Healthy Beginnings at Home (HBAH), another provision in the bill, has shown emerging evidence of effectiveness for improving birth outcomes and other benefits including reduced Medicaid spending. During the HBAH randomized control pilot, analysis from CareSource found that the average amount paid per claim for infants at the time of delivery was \$4,175 for the intervention group, compared to \$21,521 for the control group. This was largely driven by lower neonatal intensive care unit (NICU) utilization among HBAH infants. In addition to allocating funding, HB 7, if passed, would also support future evaluation of HBAH, through the tracking of program services and health and developmental outcomes.

In addition, HPIO's 2023 *Health Value Dashboard* found that 21% of Ohio children have been exposed to two or more adverse childhood experiences (ACEs),² which are potentially traumatic events that occur during childhood. Research literature generally groups ACEs into three categories:

1. Abuse (emotional, sexual and physical)
2. Neglect (emotional and physical)
3. Household challenges (intimate partner violence, substance abuse in the household, mental illness in the household, incarceration of a member of the household, parental separation or divorce)

National data and analysis provide clear evidence that ACEs exposure is linked to poorer health and well-being through adulthood, including challenges related to disrupted neurodevelopment, social and emotional challenges, disease, disability and premature death. The more ACEs an individual is exposed to, the greater the risks of these negative outcomes. In addition, ACEs exposure has severe long-term cost implications at the individual and societal levels.

HPIO has produced several policy briefs related to ACEs. Our first brief in 2020 identified the specific ACEs that have the most significant health impacts on Ohioans. These were emotional abuse, sexual abuse and living in a household with someone who has a substance use disorder, mental health condition, or who is incarcerated.

The next brief determined the economic impact of ACEs in Ohio. That analysis found that if ACEs exposure were eliminated, Ohio would save about \$10 billion in annual healthcare and related spending. Furthermore, approximately \$319 million in lost wages due to missed work days could also be prevented annually if ACEs exposure were eliminated.

Our next step was to select 12 evidence-informed strategies that Ohio can utilize to prevent ACEs. All 12 key strategies meet the following three criteria:

- They have evidence of affecting the ACEs that have the most significant health impacts in Ohio.
- They have a positive benefit-to-cost ratio, meaning that the total societal benefits of the strategy outweigh the total costs.
- They are primary prevention strategies, meaning the intervention happens before ACEs occur.

Four of these 12 key ACEs prevention strategies are included in HB 7:

- Early childhood home visiting
- Early childhood education
- Medical-legal partnerships
- Parent/caregiver and family skills training programs

The table below our testimony lists some of the other evidence-informed strategies included in HB 7 and the outcomes these strategies have been found to influence. Strategies that are bolded are ACEs prevention strategies that have been featured in HPIO's recent work.

In closing, the approach taken by the bill's sponsors is driven by data and contains evidence-informed strategies that are likely to improve the health and well-being of women, children and families. Public sector funding for these strategies can expand the reach and scale of these approaches, and further build the base of evidence so that we can invest in what works in the future.

Thank you, Chairman Edwards and members of the committee, for accepting our testimony on HB 7. We would welcome any questions you may have.

Evidence-informed strategy	Expected benefits
Centering pregnancy	<ul style="list-style-type: none"> • Improved prenatal care • Improved birth outcomes
Early childhood home visiting programs	<ul style="list-style-type: none"> • Reduced child maltreatment • Reduced child injury • Improved cognitive skills • Improved social emotional skills • Improved parenting • Improved birth outcomes • Improved maternal health • Improved economic security
Early childhood education	<ul style="list-style-type: none"> • Improved academic achievement • Improved cognitive skills • Improved social emotional skills
Group-based parenting programs	<ul style="list-style-type: none"> • Improved child behavior • Improved mental health • Improved parenting
Medical-legal partnerships*	<ul style="list-style-type: none"> • Improved access to legal services • Improved health outcomes • Improved well-being • Reduced stress
Father involvement programs*	<ul style="list-style-type: none"> • Improved family functioning • Improved parent-child interaction
Preschool & Child Care Quality Rating and Improvement Systems*	<ul style="list-style-type: none"> • Improved child care quality • Improved preschool quality

* Evidence rating is "Some evidence," which is the second highest evidence ranking in the [What Works for Health](#) evidence registry. All other strategies are rated as "Scientifically supported," which is the highest rating.

¹ Health Policy Institute of Ohio. 2023 Health Value Dashboard.

² Ibid.