



Funders Collaborative on COVID Recovery (FCCR)
House Finance Subcommittee on Health and Human Services
Ohio House Bill 33
Interested Party Testimony
March 23, 2023

Chair Carruthers, Ranking Member Liston, and Members of the House Finance Subcommittee on Health and Human Services, the Funders Collaborative on COVID Recovery (FCCR) appreciates the opportunity to provide interested party testimony on House Bill 33, Ohio's main operating budget.

FCCR was launched in 2021 as a partnership spanning 50 foundations, nonprofits, and governments focused on a multi-year approach to helping the Northeast Ohio region and the state of Ohio recover from the COVID-19 pandemic and providing resources to assist community resiliency. FCCR builds on the work of the Greater Cleveland Covid-19 Rapid Response Fund, which provided rapid response grant-making at the onset of the pandemic emergency. FCCR has utilized regional partnerships to increase vaccine access and encourage vaccine uptake, advocate for long-term policy change that promotes economic well-being and equity, support grassroots advocacy efforts, and build resilience in the nonprofit community.

Our collaborative thanks the members of this committee for their consideration of the policy recommendations outlined below as the Ohio House deliberates the Governor's Executive Budget proposal, House Bill 33.

Public Health Infrastructure Investments

The role of the public health system is to protect and improve community well-being by preventing disease, illness, and injury while positively impacting social, economic, and environmental factors fundamental to physical health, mental health, and general well-being. The local public health department (LHD) is the foundation of this public health system at a community level, which also consists of public- and private-sector healthcare providers, academia, business, the media, and other local and state governmental entities. Three hundred seventeen million people in the U.S., or 96.2%, fall under the jurisdiction of a LHD. In Cleveland and Cuyahoga County, respectively, that proportion is 100%.

Despite this role in protecting the public's health and well-being, public health spending as a proportion of total health spending has been decreasing since 2000 and falling in inflation-adjusted terms since the Great Recession in 2008. The United States spends an estimated \$3.6 trillion annually on health, but in 2018, public health spending amounted to just 3 percent of that total.

A strong and stable public health infrastructure is a vital part of ensuring that the LHD can focus on its primary duty of preventing illness and injury. Every public health program requires an LHD with the capacity to assess and respond to community health needs. A vital part of an LHD's ability to evaluate and respond is how it retrieves and analyzes public health data from the community it serves.

Limited funding, a lack of coordination between federal, state, and local data systems, and technological, bureaucratic, and systemic hurdles have all undermined efficient, accurate, and timely responses to myriad public health threats. While existing before the pandemic, COVID-19 laid bare innumerable deficiencies in the local public health data system as it relates to its duties above.

To address the deficiencies in our current public health system, recommended policy and systems changes should focus primarily on improving public health infrastructure through modernizing threat-detection and data systems. This would improve detection and response to public health threats by increasing detection speed through real-time surveillance and workforce efficiency. Public health surveillance infrastructure relies on antiquated, disconnected systems and methods for tracking and responding to diseases.

Policy Recommendations

- Maintain ODH GRF Line Item 440-493 - Evidence-Based Community Health Interventions
 - This line item proposes new funding to local health departments (LHDs) to support evidence-based interventions to improve the health of communities around Ohio.
- Ensure that data management tools used by the state public health agencies allow for data-sharing with local health districts; and
- Require healthcare organizations that participate in Medicaid to adopt electronic health records systems that allow for data-sharing with local health districts.

Community Health Workforce Development

Community health workers (CHWs) are a critical resource to both the social service sector and Ohio's healthcare infrastructure, especially in underserved and underrepresented populations and communities across the state. These trusted providers, who are often raised in and live in the communities they serve, act as a liaison between health/social services and the community to improve service quality and cultural competence.

The top five health issues CHWs address in Ohio are mental health, diabetes, high blood pressure, asthma, and obesity -- diseases that lead to exorbitant public and private system costs if not efficiently and effectively addressed. However, policy barriers hinder the training, certification, and reimbursement of these current and future professionals at a time when CHWs are in demand in both urban and rural communities. Policy opportunities to address CHW workforce development include reducing red tape for returning citizens precluded from CHW certification and establishing a comprehensive study committee to assess the profession's reimbursement models and workforce needs.

Policy Recommendations

- Establish a study committee to evaluate workforce development relating to community health workers and to identify any barriers regarding access to community health worker services, including alternative and reliable funding sources to support the sustainability of services delivered by the community health workforce.
- The State should allow formerly incarcerated individuals to become CHWs. Employers should be given the option to develop background check policies that make sense for the communities they serve rather than imposing blanket state requirements and overly burdensome regulations.

Comprehensive School-Based Health

High-quality, readily accessible mental and physical health care is needed to support healthy child development and foster effective learning. This was true before the COVID-19 pandemic and is dramatically more so today. The Ohio Department of Education report, [Data Insights: Evidence of the Pandemic's Impact on Students in 2020-21](#), reveals the profound educational impact of COVID on Ohio's students. It is a clarion call to ensure robust health-focused responses to our children's urgent physical and mental needs are available to the greatest extent possible in the 2023-24 school year and beyond.

The American Rescue Plan Act (ARPA) has afforded our state a unique opportunity to invest in such health care to aid children and families who have been disproportionately impacted by COVID-19. School-based health care is not a new concept. There are excellent examples of strong school health programs across the state. But services are not universally available or equitably distributed, often lacking physical and mental health care integration to support the whole child.

In March 2022, the State, through a partnership between the Ohio Department of Health and the Ohio Department of Education and largely using ARPA funds, awarded \$25.9 million to 136 new or expanded school-based health clinics across Ohio.

Policy Recommendations

- Support the Governor's \$15 million proposed allocation for comprehensive school-based health centers and recommends expanding this line item to allow for continued SBHC site expansion in Ohio's high-need districts and communities across the state.
- As the State considers other priorities remaining federal ARPA dollars, we urge state officials to support a second round of competitive grants to start or expand school-based health centers focused on providing integrated physical and behavioral health care among those priorities.

Child Care & Early Childhood Education

High-quality child care and a robust local workforce are intimately intertwined. For parents to be able to work, child care must be accessible and affordable. To build a strong workforce for the future, high-quality child care and early education are critically important. The COVID-19 pandemic revealed long-standing weaknesses in the childcare system that continue to impact the availability and affordability of childcare.

The childcare crisis catalyzed by COVID-19 exacerbates a workforce crisis in Ohio. A survey by the Columbus Dispatch in early 2022 showed that four in 10 working parents with children under the age of five have had to cut back on work hours to care for their children. Further, a poll from Groundwork Ohio showed that 60% of Ohio moms who either do not work or work part-time said they would return to work if they had access to quality child care at a reasonable cost.

In the 2020-21 school year, fewer than half of the children in Ohio were ready for kindergarten. Children who start school behind are likely to remain behind throughout their educational journey. Decades of research show that children who receive high-quality early education are more likely to graduate from high

school and go on to be employed and less likely to be dependent on government assistance. Access to high-quality child care is essential for children from low-income families, who face more barriers to kindergarten readiness and educational success. For years, about one in five children in Ohio lived in poverty; that number was reduced to 16% of children living in poverty in 2020 due to widely available cash benefits like stimulus payments.

Policy Recommendations

- Expand eligibility for Publicly Funded Child Care to 200% of poverty.
 - In 2019-20 there were 352,769 children in families below 200% of Ohio's federal poverty level (ages 0-5). Expanding eligibility for Publicly Funded Child Care to these families would give many more young children access to the high-quality early care and education experiences they need to be successful later in life.

- Increase reimbursement rates for Publicly Funded Child Care.
 - Reimbursement rates for childcare programs are determined by market rate assessments and vary by the child's age, the type of childcare program the family selects, and the program's location. Increasing reimbursement rates would increase the bottom line for programs that accept Publicly Funded Child Care.

- Reimburse by enrollment, not attendance.
 - Currently, reimbursement for Publicly Funded Child Care allows a child to be absent for a maximum of twenty during each six-month period of January through June and July through December of each state fiscal year. Suspending the attendance condition would help childcare programs access more payment and continue to make child care more accessible for families.

- Require reimbursement practices to align funding to the actual cost of quality care and direct dollars to the workforce.
 - States leading in providing quality care meet the providers' true cost of care. Actual quality care costs include adequate pay for highly qualified teachers, appropriate staff/child ratios, continuous professional learning, resources for planning, developmentally appropriate child assessments, and family engagement.

Thank you for your time and attention to these critical recovery issues. We look forward to working with the Ohio General Assembly to ensure Ohio communities are healthy, resilient, and recovering in a post-pandemic environment. Should you have any questions, please do not hesitate to reach out with questions.