

**House Bill 1
128th General Assembly**

Testimony before the House Finance and Appropriations Committee

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Mr. Chairman and members of the Finance and Appropriations Committee, I am D. J. McFadden, Health Commissioner for Holmes County. I am here today to provide comment on the budget proposal as it impacts Help Me Grow, and specifically from the point of view of rural Ohio.

Help Me Grow is a valuable program that has been touted as a program to ensure school readiness for children. I believe that considering this only a program that readies children for school is an underestimation of the what this program is doing in the lives of Ohioans. For many of us who are involved with Help Me Grow, we see this as a family development program. The program provides the tools to help families succeed in life. It can help parents learn parenting skills. It helps parents learn basic hygiene and first aid for children. (In many of the rural counties the public health nurses are the face of medical care, even though they are public health workers.) HMG can serve as a support group for parents. And it has the potential for addressing issues such as domestic violence.¹

Significant re-organization has been proposed for HMG, and while the GRF funding has increased, the overall funding for the program has decreased. Through all of the discussions about these cuts and reorganization, I have not heard anyone say that these changes will improve the lives of Ohio children and families. Instead, I have heard that these are changes that tough economic times demand. I am concerned that we might be looking at this issue without considering the long view. I am concerned that we are being penny wise but pound foolish.

One of the issues that I would respectfully raise is the elimination of the newborn home visit program. Across the state this program has allowed early detection and intervention of medical conditions in areas where access to medical care may be limited. An example can be found in Vinton County where a newborn visit by HMG led to the identification of a heart murmur in a child that was not identified at birth. The child did not have a medical home due to transportation issues. Through the collaboration of the HMG/BCMh public health nurses the child was able to be referred to get the required a procedure to repair. In many of our rural communities, families are not following up for their well child visits with their physicians either due to distance to the physician or availability of physicians. With young children the signs that there is a problem are not always apparent until it is too late.

I am also concerned that by limiting the at risk visits to those who are seen before six months of age, are 200% poverty and the first child of the family may result in children falling through the cracks. If these children are not being seen by medical providers, who will refer them to HMG?

And will these referrals be timely? As a physician in private practice, I was myself guilty of waiting for several months after identifying a concern before making a referral. This was an attempt to avoid unnecessary utilization of resources. If children do not have access to HMG, my concern is that if these children will not be identified as having a developmental delay until they enter kindergarten. It would be the hope to intervene in these children's lives before age three rather than after age five.

I believe that local health departments have an insight that may add significant value to the discussions around HMG. On behalf of the local health districts I respectfully request that local health districts be represented on the Early Childhood Cabinet and the HMG Advisory Council proposed in House Bill 1, so the voice of local public health and the constituents we serve can be heard at the table.

These are difficult times. But this program is of great value. In closing I want to leave you with an excerpt from testimony of Lillian Wald as she presented to Congressional Hearings in 1909. Miss Wald was a nurse born in Cincinnati Ohio in 1867 and is considered the founder of public health nursing. During part of her coursework in medical school she was teaching hygiene to recent immigrants and was asked by a child to help her. Miss Wald, led by the child, made a newborn visit to find a mother who was hemorrhaging. This was such a moving experience that she left medical school to pursue the home visitation and nursing model that she termed public health nursing.

The programs that Ms. Wald included in public health nursing were literacy, special education for what were then called "backward" children (children more appropriately considered those with developmental delays), tutoring, and health and hygiene courses. This sounds a lot like what we do today in HMG. Miss Wald was part of the duo who led the grassroots effort that culminated in the formation of the Federal Children's Bureau. I do not think it coincidental that shortly after her ideas as about public health nursing were put into place in New York City, the infant mortality rate in that city plummeted. During her testimony Miss Wald said

We cherish belief in the children and hope through them for the future.
But no longer can a civilized people be satisfied with the casual
administration of that trust. I ask you to consider whether this call for the
children's interest does not imply the call for our country's interest. Can
we afford to take it? Can we afford not to take it? In the name of humanity,
of social well-being, of the security of the Republic's future, let us bring the

child in the sphere of our national care and solicitude.

Lillian Wald, Congressional Hearings, 1909

This is equally true today. Thank you for your time today. I am happy to answer any questions.

¹ Health Policy Institute of Ohio, The. (2008). *White Paper on Improving Family Violence Prevention in Ohio*, Columbus, OH.