



Groundwork
OHIO

Candidate Briefing Book

August 2022

*Together, we can build a better future for Ohio and
make our state the best place to be a young child.*

Table of Contents

A Message from Leadership	3
Executive Summary	4
Who is Groundwork Ohio?	7
Why should you prioritize our youngest Ohioans?	9
What is so important about the first few years of life?	9
Are Ohio’s youngest children healthy and ready to learn?	10
What factors impact health and readiness to learn for our youngest Ohioans?	11
Quality, timely, and accessible health care	12
What does the data tell us?	12
What is the policy landscape in Ohio?	13
Where can you go to learn more?	15
Quality, accessible early learning opportunities and early intervention	16
What does the data tell us?	16
What is the policy landscape in Ohio?	17
The impact of COVID-19	17
Where can you go to learn more?	19
Safe, stable, and nurturing relationships and environments	20
What does the data tell us?	21
What is the policy landscape in Ohio?	22
Where can you go to learn more?	23
Economic stability	24
What does the data tell us?	24
What is the policy landscape in Ohio?	25
Where can you go to learn more?	27
How can we move policy forward for our youngest Ohioans?	28

A Message from Leadership

Dear Candidates,

Congratulations on your recent primary election victory! The coming months leading up to the General Election are an important time for you to share with Ohio voters where you stand on the issues and policies that matter most to them. We know that an overwhelming percentage of Ohio voters (74%) recognize the importance of giving children a strong start in life.¹ At Groundwork Ohio, we also know that the success of our state is in large part determined by the success of Ohio's youngest children, ages 0 to 5.

The following Legislative Candidate Briefing Book is an essential resource for you and your campaign. As candidates hoping to serve your fellow Ohioans, it is vital that you have a clear understanding of the critical issues impacting the lives of Ohio's youngest children and the families that care for them. State lawmakers wield vast influence on the lives of our youngest Ohioans and their families. The public policies that the state legislature advances play a large role in contributing to our state's health, economic standing, and the opportunities we set forth for young children. In building a policy landscape that allows every child to reach their full potential, we can, in turn, build the roadmap to success for our state overall.

Ohio has a long road ahead to rebuild and recover from the devastating consequences the COVID-19 pandemic has had on the health and well-being of young children and their families. As we face this critical juncture, you have an incredible opportunity to prioritize and

invest in Ohio's youngest children – to lay a strong foundation for every child and create a successful path forward for our state.

Our state leaders must be focused on ensuring young children and their families have the resources and supports they need to thrive. Investing in our youngest and most precious resources is the most transformative strategy to increase the life-long success of every child. As you continue to build your campaign, we urge you and all candidates seeking office to put Ohio's youngest children front and center. The needs of our young children cannot wait and require urgent action.

We appreciate the opportunity to help you drive positive outcomes for Ohio's youngest children, their families, and our communities. We look forward to working with you and invite you and your staff to continue this conversation with us as your campaign progresses. My team and I stand ready to serve as the go-to resource on early childhood issues in the state. Together, we can build a better future for Ohio and make our state the best place to be a young child.

Sincerely,



Shannon Jones
President & CEO
Groundwork Ohio

¹ [Groundwork Ohio Statewide Poll \(2021\)](#)

Executive Summary

We cannot secure a strong future for Ohio without prioritizing the needs of our youngest Ohioans, ages 0 to 5, and the families that care for them. Young children must be at the forefront of our state policymakers' agenda.

The first few years of life are the most foundational years for a child's development. Investments in early childhood not only benefit the well-being of children and their families, but they pay dividends to the state and our economy. Our youngest children are our future workforce, parents, caregivers, and leaders. We cannot secure a strong future for Ohio without setting up our youngest Ohioans and their families for success.

[Groundwork Ohio](http://www.groundworkohio.org/candidatebriefing2022) created the following Legislative Candidate Briefing Book (which can also be accessed at www.groundworkohio.org/candidatebriefing2022) to serve as a substantive resource on early childhood issues for state legislative candidates in the 2022 General Election. We make the case for why Ohio policymakers must act now to prioritize investments in Ohio's youngest children to ensure they are healthy and ready to learn – and how that pays off for our state overall.

This Briefing Book covers the core issues that drive Ohio's youngest children's ability to thrive: **(1) Quality, timely, and accessible health care (2) Quality, accessible early learning opportunities and early intervention, (3) Safe, stable, and nurturing relationships and environments and (4) Economic stability.** For each of these four issues, we provide a scan of the data, a state of play on the policy landscape, and a list of key resources that provide additional opportunities to learn more.

While Ohio has made some progress in fostering a policy landscape that supports young children and their families, there is still significant room for improvement. On the heels of an unprecedented pandemic that has had far-reaching, negative impacts on the health and well-being of Ohio's youngest children and their families, it is more critical now than ever to lay a strong foundation for our babies, toddlers, and preschool-age children. Our priorities as a state must be focused on ensuring young children in Ohio are healthy and ready to learn.

In preparation of your policy agenda as a state legislator, we implore you to invest in and prioritize our youngest children and consider the following four key insights we have synthesized from this Briefing Book:

1. It is never too early to invest in Ohio's youngest, but it can be too late.

A child's environment, experiences, and relationships in the first few years of life can either support or limit their ability to thrive and contribute to society as an adult. Developmental and biological disruptions experienced prenatally and in early childhood can weaken a child's immune system, alter brain architecture, and impact health, learning, and behavior outcomes later in life.

These disruptions can be caused by adverse prenatal and early childhood experiences and exposure to unstable, unsafe, and stressful environments that lack the relationships and supports children need for healthy growth. The good news is that, often, these disruptions

are preventable and can be addressed by increasing investment in and supports for our youngest children and their families.

2. We need our systems, policies, programs, and communities structured to support *health and readiness to learn* for Ohio's youngest children.

The foundation needed to ensure our youngest children are healthy and ready to learn is cracked. Ohio ranks in the bottom half of all states and D.C. on important measures of young child health and well-being, such as infant maltreatment and poverty for young children.² In addition, state investments in young children are minimal and have largely been driven by federal funding requirements, rather than a state commitment to investing in young children.

Research suggests that the following factors are primary contributors to a young child's health and readiness to learn:

- Quality, timely, and accessible health care
- Quality, accessible early learning opportunities and early intervention
- Safe, stable, and nurturing relationships and environments
- Economic stability

Each of these factors has both short- and long-term impacts on the healthy development and life trajectory of a young child. Stronger investment in and access to resources across these factors is necessary to ensure a young child is healthy and ready to learn.

3. Ohio's future depends on fostering the promise and potential of *every child*.

Some families, particularly families with young children of color, with special needs, with low incomes, and/or who live in Appalachian or rural regions of the state are starting at a disadvantage compared to other families in our state. These families face historical and structural obstacles, such as systemic racism in education and housing and multi-generational poverty, which limit their abilities to access necessary supports and develop the relationships needed for their babies and young children to thrive. As a result, young children in these families are more likely to experience poorer health and readiness to learn outcomes compared to their peers. Intentional investment and policy tailored to meet the needs of systematically disadvantaged families and their young children can close gaps in outcomes and ensure every young Ohioan lives to their full potential.

4. Family and parent voices must play a central role in any strategy to improve the lives of Ohio's youngest children.

Families and parents are the experts of their own lives and the lives of their children. Families' lived experiences make them uniquely qualified to partner in shaping systems-level policies. Parents and caregivers are seeking deeper relationships with, and recognition by, the systems that they rely upon—parents rightfully want their voices to be heard when it comes to the future of their children. Further, evidence instructs us that increasing family engagement in policymaking yields substantial returns for individual children, their families, and the systems that seek to serve them. While there are many factors that contribute to young child outcomes, elevating the authentic voices of parents and caregivers is required to inform,

² Ohio ranks 32 on infant maltreatment and 39 on poverty for young children, ages 0-5, out of 50 states and D.C. Data from [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#).

influence, and determine the needs of their children. Policymakers must listen to these experts when developing policies that deeply impact their lives.

Who is Groundwork Ohio?

Groundwork Ohio is a nonpartisan public-policy research and advocacy organization committed to Ohio's youngest children, formed in 2004. Our mission is to champion high-quality early learning and healthy development strategies from the prenatal period to age 5, that lay a strong foundation for Ohio kids, families, and communities.

The organization focuses on advancing quality early childhood systems in Ohio by engaging, educating, and mobilizing diverse stakeholders and strategic partners to promote data-driven and evidence-based early childhood policies. We elevate the voices of families and professionals who are impacted by our child-serving systems and seek to advance system-level changes that improve outcomes for Ohio's youngest children and their families. The Groundwork Ohio vision, shared by a breadth of diverse partners across the state, is to make Ohio the best place to be a young child so that every child can reach their full potential.

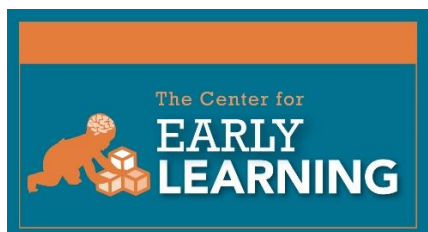
Current supporting funders of Groundwork Ohio include: Alliance for Early Success, bi 3, Bruening Foundation, Cleveland Foundation, George Gund Foundation, United Way of Greater Cincinnati, W.K. Kellogg Foundation, Mt. Sinai Health Foundation, Nord Family Fund, Pritzker Children's Initiative, United Way of Greater Cincinnati, W.K. Kellogg Foundation, and the Women's Fund of Greater Cincinnati Foundation.

Centers of Excellence

Groundwork Ohio has three *Centers of Excellence* dedicated to capacity building and partnership that drive systems, program, and policy change to improve outcomes for young children and their families across the state.



The Center for Maternal & Young Child Health focuses on building and transforming systems that improve maternal and young child health, promote health equity, and prioritize prevention through policy development, research, and collaboration to ensure all Ohio mothers and young children thrive.



The Center for Early Learning works to transform policy by removing key barriers to accessing quality early learning opportunities for Ohio's young children, improving readiness to learn outcomes, strengthening relationships between state and local early learning agencies, and supporting quality leadership across early childhood systems.



The Center for Family Voice is dedicated to authentically engaging and elevating the voices of Ohio parents and families with young children to drive positive outcomes for our youngest Ohioans in policy and practice.

Current Key Initiatives

Early Childhood Data Dashboard

Groundwork Ohio is developing a first-of-its kind *Early Childhood Dashboard* to examine the factors and outcomes required to achieve equity and lay a strong foundation for young children. The *Dashboard*, to be released in early 2023, will be a tool to advance equity and catalyze advocacy and action needed to lay a strong foundation for Ohio kids (prenatal to age 5), families, and communities. In March of 2022, Groundwork released its [Early Childhood Dashboard Preview](#), a precursor to the comprehensive *2023 Dashboard*.

Family Action Network

To elevate the voices of Ohio parents and families with young children in the policymaking process, Groundwork Ohio launched a statewide [Family Action Network \(FAN\)](#). The Family Action Network is a powerful and diverse coalition of Ohio families recruited from all four corners of our great state. Groundwork is investing in the leadership of families with young children and supporting opportunities for FAN members to engage with policymakers on the issues that matter most to their families.

Early Childhood Leadership Fellowship

Groundwork Ohio's Early Childhood Leadership Fellowship, currently in its third cohort, provides emerging early childhood professionals with essential training and support to enhance their leadership skills and talents. Upon completion of the program, Fellows have a better understanding of how to be a successful advocate for themselves, infants and toddlers, and the families that care for them and their community.

Why should you prioritize our youngest Ohioans?

Young children are your future constituents, workforce, neighbors, and community leaders, but today they have no vote. If you don't invest in them, who will?

Seven percent of Ohio's population were ages 5 or younger in 2019.³ That's nearly one out of every 14 Ohioans. Ohio's 823,445 infants, toddlers, and preschool age children are counting on you to be their voice in imagining and acting on a better future for them, their families, and this great state.⁴ Laying a strong foundation for every child is necessary for a healthier, more productive, and economically vibrant Ohio.

By strategically investing in our youngest children and lifting our youngest who are most at-risk for poor educational, health, and socio-economic outcomes, we can ensure our children's success now and avoid burdening future generations with challenges that could have been prevented. The individual and societal costs of not prioritizing Ohio's youngest children are far too great. However, together, we can ensure that Ohio is the best place to be a young child.

What is so important about the first few years of life?

A child's environment, experiences, and relationships in the first few years of life can either support or limit their ability to thrive and contribute to society as an adult. In fact, a child's health begins with their parents' health even before pregnancy. Disruptions to a child's development in the earliest years of life are particularly harmful.

Developmental and biological disruptions experienced in early childhood can weaken a child's immune system, alter brain architecture, and impact health, learning, and behavior outcomes later in life. These disruptions can be caused by adverse prenatal and early childhood experiences and exposure to unstable, unsafe, and stressful environments that lack the relationships and supports children need for healthy growth. The good news is that often these disruptions are preventable.

³ U.S. Census Bureau (2019)

⁴ U.S. Census Bureau (2019)

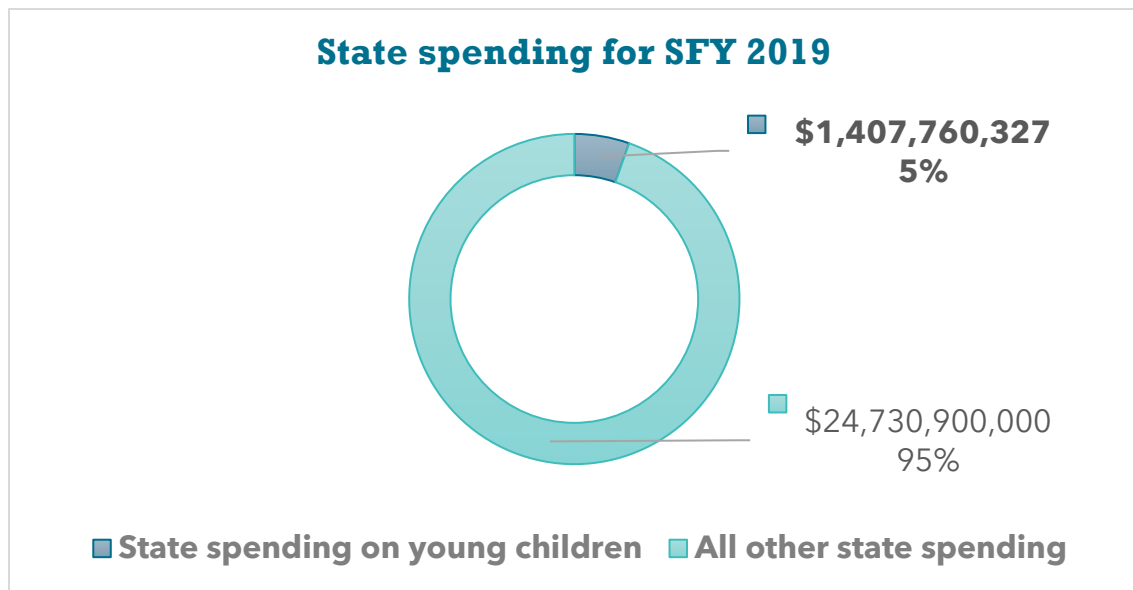
Are Ohio's youngest children healthy and ready to learn?

We need our systems, policies, programs, and communities structured to support **health and readiness to learn** for Ohio's youngest children. Not only does this lay a foundation for children to thrive, but it also puts Ohio on the path to becoming a healthier, more productive, and economically vibrant state.

Unfortunately, the foundation needed to ensure our youngest children are healthy and ready to learn is cracked. Ohio ranks in the bottom half of all states and D.C. on important measures of young child health and well-being, such as infant maltreatment and poverty for children ages 0-5.⁵ In addition, state investments in young children are minimal (see below) and have largely been driven by federal funding requirements, rather than a state commitment to investing in young children.

State investments in young children

At \$1.4 billion in State Fiscal Year (SFY) 2019, conservative estimates indicate that state funds spent on young children represented only 5% of total state spending in Ohio. In contrast, state spending on primary and secondary education totaled \$10.8 billion in SFY 2019, amounting to about 44% of total state spending.⁶



A close examination of the data makes it clear that Ohio has room for improvement in supporting our youngest children and their families. For example, the data indicates that:

- **More than 1 in 12 Ohio babies were born with low birthweight** in 2020, with little improvement in outcomes over the past decade.⁷

⁵ Ohio ranks 32 on infant maltreatment and 39 on poverty for young children, ages 0-5, out of 50 states and D.C. Data from [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#)

⁶ Groundwork Ohio analysis of SFY 2019 Ohio Budget

⁷ Data from the Centers for Disease Control and Prevention in [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#)

- **Less than half (37.9%) of Ohio’s children demonstrated readiness for kindergarten** in the 2021-2022 school year.⁸
- **More than 1 in 3 of Ohio’s youngest children**, ages 0-5, **were exposed to adversity and trauma** in 2019.⁹
- **More than 1 in 5 of Ohio’s youngest children**, ages 0-5, **lived in poverty** in 2019.¹⁰

Across the data there are sobering gaps in outcomes that are a lived reality for many of Ohio’s youngest children and their families. Young children of color, with special needs, who live in Appalachian or rural regions of the state, and who are from families with low incomes are more likely to experience poorer health and readiness to learn outcomes compared to their peers.

What factors impact health and readiness to learn for our youngest Ohioans?

Research suggests that the following factors are primary contributors to a young child’s health and readiness to learn:

- Quality, timely, and accessible health care
- Quality, accessible early learning opportunities and early intervention
- Safe, stable, and nurturing relationships and environments
- Economic stability

Each of these factors have both direct and long-term impacts on the healthy development and life trajectory of a young child. Investment in and access to resources across these factors can either support or hinder a young child’s opportunity to thrive and contribute to society later in life.

It is important to note, however, that for some families in our state the playing field is not leveled. Racism and other forms of discrimination, such as ableism, experienced by young children and their families can drive gaps in outcomes across these factors and put young children and their families at a systemic disadvantage. This can create substantial disparities among groups of young children and their families and can also lead to negative and long-lasting health and economic impacts on our great state.

The following sections:

- Explore the factors that impact health and readiness to learn and the challenges facing our youngest Ohioans
- Highlight key data on young children and their families
- Provide a state of play on the policy landscape
- List key resources that provide more information on the issues discussed

⁸ Ohio Department of Education (2022)

⁹ Data from the 2019 Ohio Medicaid Assessment Survey in [Groundwork Ohio’s Early Childhood Dashboard Preview \(2022\)](#)

¹⁰ Data from U.S. Census Bureau in [Groundwork Ohio’s Early Childhood Dashboard Preview \(2022\)](#)

Quality, timely, and accessible health care

One of the greatest contributors to a young child's readiness to learn and lifelong health is quality, timely, and accessible health care.

Health care provided prenatally and during early childhood can prevent, treat, and mitigate the impacts of harmful and costly medical conditions that impede a child's healthy social, emotional, cognitive, and behavioral development. A stable source of health care access and coverage throughout a child's life has positive impacts on their ability to thrive as an adult – including better overall mental and physical health and improved economic self-sufficiency.

Medicaid and access to health care

Medicaid is the primary source of healthcare coverage for Ohio's young children and expectant mothers with low incomes. The program plays an important role in ensuring access to health care for pregnant women and children. The majority of children and expectant mothers enrolled in Medicaid fall into the Covered Families and Children (CFC) eligibility category. The income eligibility limit for CFC is based on a family's household Modified Adjusted Gross Income, which is set at 205% of the federal poverty level (FPL) for expectant mothers and at 211% of the FPL for children.

In 2019, Medicaid covered 52.9% (69,532) of all Ohio births.¹¹ As of June 2022, Medicaid provided coverage for 365,538 young children, ages 0-5, accounting for about 28% of the 1.3 million children, ages 0-18, enrolled in Medicaid.¹² Ensuring that Ohio's youngest children and expectant mothers with low incomes receive continuous, uninterrupted Medicaid coverage should be a priority of our state lawmakers.

What does the data tell us?

Before a child is born

Prenatal care in the first trimester of pregnancy can reduce the mother and child's risk of complications and allow providers to assess and treat health conditions before birth, leading to lower rates of infant mortality, maternal morbidity, and developmental delays.

Unfortunately, the data indicates that nearly 25% of pregnant women in Ohio did not receive prenatal care in the first trimester of pregnancy in 2020. Even more concerning, compared to their white peers, pregnant women of color were much more likely to experience delays in accessing prenatal care.¹³

After a child is born

Quality and accessible health care for infants and mothers after birth is also important. Healthcare services, such as postpartum depression screenings and well-child visits, can promote better health for parents and enable healthy development for infants and young

¹¹ [Report on Pregnant Women, Infants and Children - SFY 2020](#) Ohio Department of Medicaid, July 19, 2021

¹² Ohio Department of Medicaid Demographic and Expenditure dashboard. Accessed July 28, 2022.

¹³ [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#)

children.¹⁴ However, the data indicates that there is room for improvement in strengthening access to health care services for Ohio's youngest children and mothers postpartum:

- Approximately 1 in 8 young children (12.9%), ages 0-5, did not receive a preventive care visit in 2019-2020.¹⁵ Among infants enrolled in Medicaid, only 61.6% had the recommended number of well-child visits with a primary care physician during their first 15 months of life in Calendar Year (CY) 2019.¹⁶
- More than 30% of Ohio's infants and toddlers, ages 19 to 35 months, did not receive their recommended vaccinations in 2019.¹⁷
- More than 1 in 5 women (22.5%) enrolled in Medicaid did not receive a postpartum visit between the critical period of 21 and 56 days after delivery.¹⁸

What is the policy landscape in Ohio?

Over the last few years, Ohio has seen investments in preventive and supportive programming for pregnant women, children, and families, however, challenges remain. Key state policies, programs, and investments to improve access to health care for mothers and young children over the past four years are outlined below.

Postpartum coverage

Until recently, Medicaid coverage for eligible pregnant women in Ohio continued only until sixty days postpartum. This limited period of coverage did not allow women to access necessary medical care throughout the critically important first year postpartum, when they are at highest risk for maternal mortality and morbidity. The federal American Rescue Plan Act (ARPA) allowed states to extend postpartum Medicaid coverage for Medicaid-eligible pregnant women from 60 days to 12 months after the birth of their child.

Ohio implemented this extension in April 2022. The extension will take effect for a five-year period, through April 2027. Data suggests that this extension could impact 14,000 pregnant women in Ohio. From April to June 2022, an estimated 3,500 new mothers have been able to keep their Medicaid coverage through this expansion.¹⁹

Infant vitality initiatives

Ohio has invested \$29 million over the SFY 2022-23 biennium in infant vitality initiatives, including \$500,000 to develop a needs assessment for women at risk for poor health outcomes. The needs assessment is being developed and administered by the Ohio Department of Medicaid and the Ohio Department of Health.²⁰

Effective January 1, 2022, the Ohio Department of Medicaid launched the Maternal Infant Support Program (MISP). This program provides lactation consultation services and breastfeeding supplies to Medicaid-eligible women, expands the availability of group

¹⁴ [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#)

¹⁵ 2019-2020 National Survey of Children's Health

¹⁶ [Report on Pregnant Women, Infants and Children - SFY 2020](#) (issued July 19, 2021), Ohio Department of Medicaid

¹⁷ State of Babies Yearbook 2022

¹⁸ See note 16

¹⁹ Corcoran, Maureen. ["From the Director's Chair."](#) June 30, 2022

²⁰ [Groundwork Ohio 2021 State Budget Impact Report](#)

prenatal care, and ensures Medicaid coverage for home-based nursing support utilizing the Nurse-Family Partnership home visiting model of care.²¹

Centering pregnancy

Ohio has increased investment in group prenatal care, also called Centering Pregnancy. Through group prenatal care, a small group of pregnant women with similar due dates engage in prenatal care and pregnancy education activities together, allowing them more time with providers as well as a sense of social support with peers. The Ohio Department of Medicaid has increased billing rates for Centering Pregnancy under the group pregnancy education codes effective in 2022, incentivizing healthcare providers to offer evidence-based group prenatal care. Participation in Centering Pregnancy has resulted in lower incidences of low birthweight babies and preterm births, higher instances of breastfeeding and lower racial disparity rates.²²

Comprehensive Primary Care (CPC) for Kids

Leveraging state investments to incentivize preventative pediatric care, CPC for Kids was launched in 2020. CPC for Kids is a team-based medical home that works to holistically improve care for patients and lower costs. This enhanced primary care model supports infant, toddler, and children's health and well-being by incentivizing pediatric providers to meet child-specific quality standards and offers bonuses for improving well child visit attendance.

Home visiting: Nurse Family Partnership

The Ohio Department of Health's Help Me Grow Home Visiting (HMGHV) supports four home visiting models of care, including Nurse-Family Partnership (NFP). NFP is an evidence-based, nurse home visiting program for prenatal, first-time moms, providing connection and care to improve outcomes for mothers, children, and families. For SFY22, an additional \$1.95 million per year over the 2022-23 biennium was added to expand NFP services through Medicaid. Ohio is currently leveraging state Medicaid funds to support expanded access to NFP.

Doula Services

Ohio legislators in the 134th General Assembly introduced legislation focused on supporting mothers in the prenatal period, including Substitute House Bill No.142 (Sub HB 142), also called the "Doula Bill." Sub HB 142 aims to provide Medicaid coverage for doula services for a period of five years, assisting Medicaid-eligible mothers with a professional prenatal and labor support person. Research indicates doula support during pregnancy, childbirth, and postpartum can improve health outcomes for mother and child, especially for Black women. As of July 2022, Sub HB 142 was passed by the House and referred to the Senate's Health Committee.²³

OhioRISE (Resilience through Integrated Systems and Excellence)

The Ohio Department of Medicaid implemented the first phase of OhioRISE, "a specialized managed care program for youth with complex behavioral health and multi-system needs," on July 1, 2022. This unique system of care is intended to ensure the needs of the individual

²¹ [ODM Presentation: Medicaid Fundamentals and Key Initiatives, February 17, 2022](#)

²² See note 18

²³ [HB 142 doula bill](#)

child are met by strengthening cross-system collaboration and developing a safety net around children and youth served by many different systems. The program is also intended to prevent out-of-home placements and institutionalization for children who are most difficult and expensive to place, while streamlining services for caregivers and lessening the burden on providers. Children can be served as early as significant behavioral or mental health needs are noted and require treatment. For young children, OhioRISE can provide early detection and intervention services and change the trajectory of the child's care as they get older.

Where can you go to learn more?

Groundwork Ohio resources

[2021 State Budget Impact Report](#)

[Early Childhood Dashboard Preview: Healthcare access & quality](#)

[Integrating Early Childhood Mental Health Policy to Grow Healthy Kids & Families in Ohio](#)

Other resources

[Factors Associated with Postpartum Uninsurance Among Medicaid-Paid Births](#)

[OhioRISE Fact Sheet](#)

[Group Prenatal Care - Centering Pregnancy](#)

[Nurse Family Partnership](#)

Quality, accessible early learning opportunities and early intervention

Providing high-quality, accessible early learning for Ohio’s youngest children during the most critical period of their development yields a substantial return on public investment – upwards of 13%.²⁴ Access to early learning and early intervention services prevents negative health, education, and economic outcomes in both the short and long term.

The most rapid period of brain development occurs within the first few years of life, when a baby’s brain forms more than a million neuron connections every second. Young children build their brains by engaging in early enriching experiences. Like building a new house, establishing a solid foundation for young children contributes to the likelihood of their success in the development, learning, and behavior that follows. Children participating in high-quality, accessible early learning and early intervention programs are more likely to be kindergarten ready, graduate from high school, and have higher earnings and better health later in life.

Early learning describes the experiences children have from infancy through kindergarten entry that provide the foundation for their physical, cognitive, social, and emotional development. Early learning takes place in center-based and family-based childcare settings, as well as at home and throughout the community. Early childhood professionals are trained to provide children positive early learning experiences.

Quality early learning programs exceed minimum health and safety standards and promote children’s learning and development. Ensuring young children have quality early learning experiences is critical in setting the course for a child’s health and success in school.

Early intervention refers to services and supports available to infants and toddlers and their families. Some young children require specific interventions that, if provided early in their development, can prevent future needs for intervention or reduce the intensity of ongoing intervention.

What does the data tell us?

Access to quality early learning

Ohio’s children are behind, and access to quality early learning in Ohio is limited.

- **Limited affordable supply.** An estimated 352,000 young children, ages 0-5, in families with low incomes (up to 200% of the Federal Poverty Level) are not enrolled in early learning programs.²⁵
- **County to county variation.** Access to early learning varies greatly from county to county, ranging from four childcare centers (Harrison, Noble, and Vinton Counties) to 841 child care centers (Franklin County) per 1,000 children under 5 years old.²⁶

²⁴ [13% ROI Research Toolkit - The Heckman Equation](#)

²⁵ [Groundwork Ohio Early Childhood Dashboard Preview \(2022\)](#)

²⁶ [Child Care Centers in Ohio | County Health Rankings & Roadmaps](#)

Access to early intervention

Many of Ohio's infants and toddlers need access to early intervention services.

- **IDEA Part C early intervention.** Babies born with low birthweight are much more likely to experience developmental delays and 8.5% of babies in Ohio are born with low birthweight. However, in 2019-2020, only 5.9% of children ages 0-36 months in Ohio received IDEA Part C Early Intervention services.
- **Lead poisoning prevention.** There is no safe blood lead level; even small amounts of lead exposure in early childhood can lead to delayed growth and development, harm to the brain and learning, behavior, speech, and hearing problems.²⁷ Research suggests that Ohio ranks second highest out of all 50 states on the number of children with lead in their blood, and lead paint may be present in as many as two-thirds of Ohio's homes. Children covered by Medicaid are also at a higher risk for lead poisoning, meaning more than half of Ohio children may be at risk for lead poisoning.²⁸

What is the policy landscape in Ohio?

When children have access to high-quality learning experiences in their earliest years, they have better long-term health, education, and economic outcomes. Key state policies, programs, and investments in quality early learning and early intervention for young children over the past four years are outlined below.

Publicly funded child care

Child care serves as a primary source of early childhood education and is a critical support for working parents. Yet, many families struggle to afford the cost of quality childcare or live in a region with limited supply. Government subsidized child care is available through Head Start, Early Head Start center-based programs, public preschool, as well as several locally funded initiatives. However, most Ohio children who receive government subsidized child care do so through Ohio's publicly funded child care (PFCC) program.

PFCC is available to children of working parents with incomes below 142% of the Federal Poverty Level (FPL), an increase from 130% FPL taking effect in State Fiscal Year (SFY) 2022. Additionally, the biennial budget for SFY 22-23 expanded access up to 150% of the FPL for families with children who have special needs.²⁹ Families may continue to receive subsidies until they are earning 300% of the FPL, provided there is no break in eligibility. Licensed child care centers and family child care providers (otherwise known as home-based child care) can be licensed to provide publicly funded child care.

The impact of COVID-19

Many families with young children were without child care during the initial COVID-19 stay-at-home order. Governor DeWine authorized temporary pandemic child care licenses prioritizing the children of front-line workers and provided temporary support to programs unable to care for children during that time. **The pandemic created a heightened awareness of the importance of Ohio's private choice quality child care system as families were challenged to return to work without sufficient available care. Due to**

²⁷ "[Prevent Children's Exposure to Lead.](#)" Centers for Disease Control and Prevention, National Center for Environmental Health.

²⁸ [Groundwork fact sheet on Lead Poisoning's Impact on Young Children](#)

²⁹ [Groundwork Ohio 2021 State Budget Impact Report](#)

insufficient funding and the limited tools to recruit and retain highly skilled professionals, the system continues to be in crisis.

Step Up to Quality—Ohio’s 5-Star quality rating & improvement system

Step Up to Quality (SUTQ) is Ohio’s evidence-informed five-star quality rating system. Through SUTQ, the state provides enhanced funding to child care programs that exceed minimum health and safety standards and promote children’s learning and development. Programs that are rated by SUTQ as one or two stars are considered “quality.” Programs that are rated as three to five stars are considered “high quality.” Some programs are working toward achieving their rating or are exempted from the Step Up to Quality rating system.

The SFY 20-21 biennial budget provided \$10 million for Quality Infrastructure Grants to support efforts to improve child care quality aligned to SUTQ ratings.³⁰ The SFY 22-23 biennial budget preserved the mandate requiring all child care programs be at least 1-star rated in SUTQ in order to participate in PFCC while dissolving the mandate requiring child care programs be at least 3-star rated by 2025. Additionally, the SFY 22-23 biennial budget established the Joint Legislative Study Committee on Ohio’s Publicly Funded Child Care and SUTQ to further study Ohio’s quality rating and improvement system.

American Rescue Plan Act (ARPA)—child care assistance

The SFY 22-23 biennial budget required recent federal COVID-19 relief funding dedicated to child care be spent on assisting with stabilizing and sustaining the child care system, improving child care workforce recruitment, and increasing access to child care for families. The U.S. Department of Health and Human Services awarded Ohio \$799 million in ARPA Child Care Stabilization Grants to distribute to child care providers. The Ohio Department of Job and Family Services (ODJFS) distributed the grant in three phases, the third of which began July 1, 2022. These funds will be available to child care providers through September 2024.³¹

Dolly Parton’s Imagination Library of Ohio (formerly the Governor’s Imagination Library)

Dolly Parton’s Imagination Library of Ohio is a program that mails registered children a book each month until their fifth birthday. The program’s goal is to have every child begin kindergarten with at least 60 books in their home. The program is available at no cost to families and all children in Ohio are eligible. Governor DeWine first funded the program in the SFY 20-21 biennial budget with an initial investment of \$5 million. The SFY 22-23 biennial budget increased the investment to \$16 million over the biennium to support efforts in all 88 counties.

Early intervention

Ohio Early Intervention. Ohio implements a statewide system that provides coordinated early intervention services to families of infants and toddlers with disabilities or

³⁰ [Groundwork Ohio 2019 Budget Advocacy Impact Report](#)

³¹ Ohio Department of Job and Family Services. *Publicly Funded Child Care and Step Up to Quality Study Committee*. June 2020, [Study Committee on Ohio’s Publicly Funded Child Care and Step Up to Quality Program Committee Meeting - June 8, 2022 | Ohio House of Representatives](#), PowerPoint Presentation

developmental delays. The model provides services to children in a familiar setting and by familiar people. The services take place in a child's home or where the family spends time, and each family receives support under an Individualized Family Service Plan. It is critical for families and caregivers to have access to early interventions for children with identified needs to receive support for the healthy development of their children. In 2020, Ohio's Early Intervention system served more than 22,000 children.³²

Lead poisoning. In SFY 19 Ohio expanded eligibility for early intervention services to include children who tested positive for lead exposure and children with neonatal abstinence syndrome. In response to the automatic eligibility, lawmakers provided nearly \$25 million additional state funds in Part C Early Intervention in the SFY 20-21 biennial budget.³³ The SFY 22-23 biennial budget maintained the investment in each fiscal year for early intervention services and continued automatic enrollment for children who test positive for lead and babies born with neonatal abstinence syndrome. Additionally, the biennial budget provided more than \$6 million to prevent child lead poisoning and support prevention efforts in Cleveland and Toledo.³⁴

Where can you go to learn more?

Groundwork Ohio resources

- [Ohio Poll: Access to Quality Child Care](#)
- [Fact Sheet: What if We Expanded Child Care Eligibility in Ohio?](#)
- [Fact Sheet: Increasing Quality for Ohio's Publicly Funded Child Care](#)
- [Fact Sheet: Lead Poisoning's Impact on Young Children](#)
- [Report: The Workforce Behind the Workforce—Advancing the Early Childhood Education Professional in Ohio's Child Care System](#)
- [Report: Building the Way to a Healthier Future](#)

Other resources

- [Child Care in Ohio - Ohio Department of Job and Family Services](#)
- [Early Learning - Ohio Department of Education](#)
- [Ohio Early Intervention](#)
- [Dolly Parton's Imagination Library of Ohio](#)

³² "[Ohio 2021 Child Count and Settings Data.](#)" Ohio Department of Developmental Disabilities.

³³ [Groundwork Ohio 2019 Budget Advocacy Impact Report](#)

³⁴ [Groundwork Ohio 2021 State Budget Impact Report](#)

Safe, stable, and nurturing relationships and environments

Children should be able to grow up in environments that are safe, supportive, and nurturing of their mental and physical well-being. Unfortunately, many young children in Ohio are exposed to trauma or adverse childhood experiences (ACEs), such as child abuse and neglect, parental incarceration, and living in a household with someone who has a substance use disorder or mental health problem. Experiencing trauma or adversity in a child's first few years of life can alter the physiological structure and functioning of the body's systems and increase a child's risk for poor outcomes later in life. In fact, research tells us that **exposure to adversity and trauma at an early age drives engagement with the child welfare system and has both immediate and long-term negative impacts on mental health, physical health, readiness to learn and overall well-being.**³⁵

Long-term exposure to adversity and trauma can lead to:

- Disrupted neurodevelopment and social, emotional, and cognitive impairment
- Adoption of behaviors that increase the risk of poor health outcomes
- Social problems, such as violence, lower educational attainment, and unemployment
- Disease, disability, and early death³⁶



Source: "The ACE Pyramid", Centers for Disease Control and Prevention

Researchers estimate that Ohioans could save over \$1 billion annually in public and private healthcare related spending if just 10% of the cost attributable to ACEs exposure were eliminated.³⁷ Additionally, Ohio could save \$319 million in lost wages if ACEs were eliminated.³⁸

Preventing and mitigating the impacts of adversity and trauma is possible. Access to high-quality early learning experiences, neighborhoods with safe and affordable housing, stable employment for parents and caregivers that promotes economic self-sufficiency, and positive

³⁵ *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019.

³⁶ *Adverse Childhood Experiences (ACEs): Health Impact of ACEs in Ohio*. Health Policy Institute of Ohio, August 2020.

³⁷ *Adverse Childhood Experiences (ACEs): Economic Impact of ACEs in Ohio*. Health Policy Institute of Ohio, February 2021.

³⁸ *Ibid.*

family, and community relationships can build resilience and buffer children early on from the harms of trauma and adversity.³⁹

COVID-19 and Ohio's infant/toddler mental health crisis

Ohio's infants and toddlers have spent their precious first years of life in a pandemic, which has only heightened and intensified the challenges they are facing. During this time, our youngest Ohioans have endured greater isolation and borne the impacts of adversity, toxic stress, and trauma within their families and communities. As a result, Ohio's youngest children are experiencing a severe mental health crisis.

What does the data tell us?

Unfortunately, even prior to the pandemic, Ohio's youngest children were experiencing adversity and trauma at incredibly high rates:

- Nearly 1 in 5 of Ohio's youngest children, ages 0 to 5, in 2019 had been exposed to two or more adverse childhood experiences (ACEs), such as child abuse and neglect, parental incarceration, and living in a household with someone who has a substance use disorder or mental health problem.⁴⁰
- Ohio ranked near the bottom, 32 out of 50 states and Washington, D.C., on infant maltreatment in 2019. From 2010 to 2019, Ohio saw a 20% increase in infant maltreatment.⁴¹

Children of color, with low incomes, with disabilities, or who are residents of urban or Appalachian counties are more likely to experience adversity and trauma.⁴² Nearly one in five Black and Hispanic/Latino children in Ohio, ages 0-5, were exposed to 2 or more ACEs, compared to one in six white children.⁴³

More recent data suggests that the COVID-19 pandemic has only exacerbated the existing challenges facing our youngest children:

- SFY 2021 data indicates that almost half (44.5%) of children in protective custody were younger than age 6.⁴⁴
- According to a Groundwork Ohio **poll** in 2021, the vast majority of Ohio parents with children under the age of 5, nearly 7 in 10, said they were worried about the mental or emotional health of their children.⁴⁵

³⁹ See note 35.

⁴⁰ 2019 data from the Ohio Medicaid Assessment Survey, [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#)

⁴¹ 2010 and 2019 data from the U.S. Department of Health and Human Services Administration for Children and Families, 2019 Child Maltreatment report, [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#)

⁴² *Adverse Childhood Experiences (ACEs): Health Impact of ACEs in Ohio*. Health Policy Institute of Ohio, August 2020

⁴³ 2019 data from the Ohio Medicaid Assessment Survey, [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#)

⁴⁴ SFY 2021 data from the Ohio Department of Job and Family Services, [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#)

⁴⁵ [Groundwork Ohio Statewide Poll \(2021\)](#)

What is the policy landscape in Ohio?

There has been growing awareness of the mental health crisis facing Ohio's youngest children and increased attention and state investment in addressing ACEs over the past few years. Key state policies, programs, and investments over the past four years are outlined below.

Evidence-based early childhood home visiting

Upon being elected to office, Governor DeWine committed to triple the number of families served by evidence-based home visiting programs. The Ohio Department of Health operates a voluntary evidence-based home visiting program, Help Me Grow Home Visiting (HMGHV), for pregnant women or new parents. HMGHV provides new and expectant parents with the tools, information, health care coordination, and other training they need to meet a child's health and developmental needs through trained professionals' home visits. There are also numerous other evidence-based and evidence-informed home visiting programs operating across the state outside of Help Me Grow that positively impact maternal, infant, and child health outcomes, including preventing and mitigating exposure to specific ACEs, such as child maltreatment.

In Ohio's SFY 20-21 budget, the state invested \$30 million in Ohio's HMGHV programs (bringing the total biennial investment to \$70 million). In the SFY 22-23 budget, that investment increased to \$41.2 million for each fiscal year. The state also expanded access to Help Me Grow for children ages 3-5 who are being served by the child welfare system.

Ohio Children's Behavioral Health Prevention Network Stakeholder Group

In December of 2019, House Bill 12 was enacted to coordinate a comprehensive learning network (Children's Behavioral Health Prevention Workgroup) to support young children in social, emotional, and behavioral development. Members were tasked with coordinating the learning network over an 18-month period to support young children in their social, emotional, and behavioral development and reduce behavioral health disparities. The Group issued a [report](#) in February of 2022 with 16 recommendations focused on data and metrics, access, workforce, supporting caregivers, and community infrastructure and best practices.

Early childhood mental health (ECMH) consultants

The Ohio Department of Mental Health and Addiction Services (OhioMHAS), administers a multi-component Early Childhood Mental Health Consultation (ECMHC) initiative that provides evidence-based training to equip parents and caregivers of young children with the skills they need to support their child's healthy development. In total, Ohio is investing \$15.7 million per biennium in these infant and early childhood mental health initiatives.

Preschool expulsion prevention program. Administered through OhioMHAS, this program prevents preschool expulsions by building protective factors in young children, increasing parental supports and promoting the competencies of early childhood providers. The program focuses on young children, ages 0-6, who are at risk of experiencing adversity, trauma, and preschool expulsion due to challenging behavior. ECMH consultants work in collaboration with early childhood providers to provide supports and problem solve challenging child behaviors, both inside and outside of the classroom. Services provided through the ECMHC preschool expulsion prevention program include on-site child and

family-focused technical assistance to parents, teachers, and staff, resources for parents such as play therapy, physical health referrals and training, and professional development.

ECMH training and infant mental health credential. OhioMHAS is supporting the training and credentialing of ECMH consultants to expand early childhood mental health consultation services in Ohio's federally qualified health centers and other provider sites. In addition, OhioMHAS launched an infant mental health credential. The goal of the credential is to promote infant vitality, reduce infant mortality, and bolster positive health and wellness outcomes for Ohio's youngest residents.

ACEs legislation

Ohio legislators in the 134th General Assembly introduced several pieces of legislation focused on childhood trauma and adversity, including House Concurrent Resolution 45 (HCR 45) and House Bill 428. HCR45 urges the Governor to declare childhood trauma a state of emergency. HB 428 establishes an ACEs study commission. As of July 2022, HCR 45 was referred to the House's Behavioral Health and Recovery Supports Committee and HB 428 was passed by the House and referred to the Senate's Health Committee.

Child welfare transformation

The SFY 2020-2021 Budget reflected increased investment of \$220 million in the child welfare system, including increased appropriations for county children's service agencies and a Senate-restored set-aside for the kinship caregiver program to support children in protective custody. To steward effective use of those funds, Governor DeWine established the Children's Services Transformation Advisory Council in 2019, tasked with evaluating and recommending needed foster care reforms, including strengthening children's services practices and prioritizing the safety, permanency, and well-being of Ohio's children and families. The Council issued a **report** with recommendations for reforming Ohio's children services system in November of 2020.

Where can you go to learn more?

Groundwork Ohio resources

- [How is Ohio doing on early childhood adversity and trauma prevention?](#)
- [Integrating Early Childhood Mental Health Policy to Grow Healthy Kids & Families in Ohio](#)

Other resources

- [InBrief: The Impact of Early Adversity on Children's Development \(harvard.edu\)](#)
- [Trauma in infancy can have a lingering effect throughout life - The Washington Post](#)
- [Ohio ACEs Impact project - Health Policy Institute of Ohio \(healthpolicyohio.org\)](#)
- [Resource page: Ohio Adverse Childhood Experiences \(ACEs\) Impact Project - Health Policy Institute of Ohio \(healthpolicyohio.org\)](#)

Economic stability

Economic stability is necessary to build a strong foundation for young children in Ohio.

Families who have economic stability and self-sufficiency can afford safe, quality housing, healthy food, quality health care and child care, and can strategically plan and invest in their children's future. While many factors influence the healthy development of a young child, economic stability is recognized as a key determinant and includes:

Housing security or access to safe, affordable, and accessible housing. Poor quality housing, housing instability, and homelessness can have severe impacts on a young child's health and development.

Food security or having consistent access to enough food for an active, healthy life. Young children facing hunger are more likely to be malnourished, have poorer health outcomes and struggle academically and beyond.

Transportation security or having safe, stable, and affordable vehicle access or access to public transportation. Lack of stable and affordable transportation, including having to travel long distances to reach health care, child care and/or school, is a known barrier to children attending well care visits, receiving preventive health services, and accessing quality early learning opportunities.

The ability to afford quality child care and early learning opportunities, health care, and early intervention, as well as having the capacity to save for retirement are additional components of a family's economic stability and self-sufficiency that are critical to a child's healthy development.

No child should be at an inherent disadvantage because of their family's income. When families have the resources and supports to provide the care and enrichment their child needs, children can grow and thrive. Children who grow and develop in families that are economically self-sufficient and who have the income required to meet their basic needs have better physical, emotional, and mental health later in life.⁴⁶ These children are also more likely to have the resources they need to access quality education and career opportunities, setting the foundation for economic stability throughout their life.

What does the data tell us?

Many families in Ohio are experiencing economic instability and are unable to afford their children's most basic needs:

- More than 1 in 5 children, ages 0-5, were living in poverty (below 100% of the federal poverty level [FPL]) in 2019. Even more alarming, 1 in 10 children, ages 0-5, lived in extreme poverty (below 50% of the FPL).⁴⁷

⁴⁶ Hill, Heather D. "Paid Sick Leave and Job Stability." *Work and Occupations* 40, no. 2 (2013). 143-173. doi: 10.1177/0730888413480893

⁴⁷ [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#)

- Nearly 30% of households with young children, ages 0-5, could not always afford to eat good nutritious meals.⁴⁸ At the same time, only 35% of eligible children, ages 1-4, received WIC benefits in 2018.⁴⁹
- More than 4-in-10 working parents in Ohio (43%) say they have had to cut back on hours to care for their children in the last few months and 60% of non-working or part-time working moms say they would go back to work if their child had access to quality child care at a reasonable cost. Further, a strong majority of Ohio voters (80%) and parents with children under five (75%) believe child care is expensive where they live.⁵⁰

Children of color, who live in Appalachian or rural regions of the state, and with disabilities, are more likely to experience economic instability and poverty compared to their peers. These young children, as a result, are often stuck in an intergenerational cycle of poverty that is difficult to break.⁵¹

What is the policy landscape in Ohio?

The well-being and prosperity of Ohio's youngest children is inherently linked to the economic stability of their families. While Ohio policymakers have made progress on policy initiatives that strengthen the economic standing of families with young children, there is more work to be done. Ohio state lawmakers can advance public policy that provides further economic supports to families with young children, such as paid family and medical leave and implementing a child tax credit. Key state policies, programs, and investments in the economic stability of families over the past four years are outlined below.

Healthy Beginnings at Home Project

Safe, stable, and affordable housing is foundational to the economic stability of families. In the SFY 22-23 state operating budget, the Ohio General Assembly made a \$2.25 million investment to expand the Healthy Beginnings at Home Project, a pilot program based out of Franklin County that provides housing to pregnant women who are experiencing or are at risk of experiencing homelessness. The program focuses on housing as a risk factor for infant mortality and connecting expectant mothers to quality, affordable housing.⁵²

Funding from the budget will support the expansion of the program in Franklin County and establishment of the program in Summit County, two of the most housing cost-burdened areas in Ohio, to serve an additional 90 families.⁵³ This funding will last for two years. At the time of this Briefing Book, the initiative is continuing to fundraise to establish new programs in Montgomery and Hamilton Counties and to expand the programs serving families in Franklin and Summit Counties. Along with the infant and maternal health benefits that pregnant women and their children will experience because of the expanded project, the program plays a critical role in the economic stability and mobility of participants and their families.

⁴⁸ National Survey of Children's Health (2019-2020)

⁴⁹ U.S. Census Bureau and WIC data, as compiled by the U.S. Department of Agriculture (2018)

⁵⁰ [Groundwork Ohio Statewide Poll \(2021\)](#)

⁵¹ Burton, Linda et al. "[State of the Union 2017](#)," Poverty. Stanford, CA: Stanford Center on Poverty and Inequality, 2017

⁵² [Groundwork Ohio 2021 State Budget Impact Report](#)

⁵³ Wu, Titus. "[Program that provides housing to pregnant moms expanding in effort to cut infant mortality.](#)" The Columbus Dispatch, April 15, 2022.

State Earned Income Tax Credit (EITC)

The EITC is a tax benefit designed to reward work and reduce poverty for working families earning low and moderate incomes. The state EITC is based on the federal EITC, which is an evidence-based income support to lift families out of poverty. During the 2019-2020 legislative session, the Ohio General Assembly enacted improvements within the Transportation Budget (House Bill 62), including an expansion of the state EITC from 10 percent to 30 percent of the federal tax credit, while also removing the income cap on the credit.

Ohio is one of four states (among Hawaii, South Carolina, and Virginia) that does not have a refundable state EITC, vastly limiting the effectiveness of the credit for Ohio's poorest families. Refundability allows families to receive the full amount of the credit, even in circumstances where the credit exceeds the family's federal income tax liability. A nonrefundable EITC can only offset state income tax liability, which does not provide as much support for families that have very little or no state tax liability. State EITC refundability puts more money in the pockets of families earning low incomes. Additionally, research shows that there are vast benefits for young children in families that receive refundable EITCs, such as higher birth weights and better test scores.⁵⁴

Pandemic EBT (P-EBT) Program

Access to food assistance is a critical for families with low incomes to be able to afford nutritious meals for their young children, particularly during a time when food inflation is on the rise. The P-EBT program provides a boost to the food budgets of families with low incomes who have experienced increased hardship during the COVID-19 pandemic. Congress first established the program in 2020 in response to circumstances where children in school or child care settings missed out on free or reduced-price meal initiatives during the pandemic public health emergency closures.

As of June 2022, with the approval from the U.S. Department of Agriculture (USDA), the state of Ohio, led by the Ohio Department of Jobs & Family Services and the Ohio Department of Education, will extend the program throughout the summer of 2022. These plans will deliver much-needed food assistance to eligible families with children, including children under six years of age who are enrolled in the Supplemental Nutrition Assistance Program (SNAP).

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

In early 2022, an Abbott facility closed due to unsanitary conditions and concerns about bacterial contamination. This closure exacerbated existing supply chain issues and worker shortages that arose during the COVID-19 pandemic, creating a severe infant formula shortage that has impacted families with young children nationwide and in Ohio.

Ohio government leaders acted to alleviate the burden of the formula shortage for Ohio families, particularly families utilizing WIC. WIC is a program that provides supplemental nutritious foods, including formula, for women with infants and young children with low

⁵⁴ Marr, Chuck, Huang Chye-Ching, Sherman, Arloc, and Debot, Brandon, ["EITC and Child Tax Credit Promote Work, Reduce Poverty, and Support Children's Development, Research Finds."](#) Center on Budget and Policy Priorities, October 1, 2015.

incomes. Governor DeWine requested and received waivers from the USDA to ease barriers for WIC participants who are purchasing formula, including allowing participants to receive alternate container sizes of formula and allowing participants to receive a different brand of specialty formula without a doctor's prescription.

Where can you go to learn more?

Groundwork Ohio resources [H4]

- [Impact Report: 2021 State Budget](#)
- [Impact Report: 2019 Budget Advocacy](#)
- [Report: Ohio Early Childhood Race & Rural Equity](#)
- [Report: Drafting a New Blueprint for Success - Reflection on Early Childhood Race & Rural Equity](#)
- [Report: Building Brains. Building Community. The Case for Investing in Children, Prenatal to Age 3](#)
- [Fact Sheet: Equity at the Intersection of Race & Gender](#)

Other resources[H4]

- [Report: End Child Poverty Now](#)
- [Blog: Race appears to be the greatest determinant of child poverty in Ohio](#)
- [Blog: Barriers to accessing and navigating OhioWIC: user experiences can inform improvements](#)
- [Issue Brief: Policy Change Can Reduce Benefits Cliffs and Incentivize Work](#)
- [Report: The Cliff Effect and Other Disincentives in our Public Benefits System](#)

How can we move policy forward for our youngest Ohioans?

Children who start behind are more likely to stay behind unless we take urgent action. We must support our youngest children by advancing targeted policies, programs, and investments that set up families for success and enable our youngest children to thrive. Our state policymakers have many opportunities to prioritize our youngest children to ensure every young child in Ohio reaches their full potential.

Outlined below are four key takeaways from this Briefing Book that are important for you to consider as a state legislator in moving policy forward for our youngest Ohioans, prenatal to age five:

Takeaway 1. It is never too early to invest in Ohio's youngest, but it can be too late.

A child's environment, experiences, and relationships in the first few years of life can either support or limit their ability to thrive and contribute to society as an adult. In fact, a child's health begins with their parents' health even before pregnancy. Developmental and biological disruptions experienced in early childhood can weaken a child's immune system, alter brain architecture and impact health, learning, and behavior outcomes later in life.

These disruptions can be caused by adverse prenatal and early childhood experiences and exposure to unstable, unsafe, and stressful environments that lack the relationships and supports children need for healthy growth. The good news is that, often, these disruptions are preventable and can be addressed by increasing investment in and supports for our youngest children and their families.

Takeaway 2. We need our systems, policies, programs, and communities structured to support *health and readiness to learn* for Ohio's youngest children.

Supporting health and readiness to learn for Ohio's babies, toddlers, and preschool-age children puts Ohio on the path to becoming a healthier, more productive, and economically vibrant state. Unfortunately, the foundation needed to ensure our youngest children are healthy and ready to learn is cracked. Ohio ranks in the bottom half of all states and D.C. on important measures of young child health and well-being, such as infant maltreatment and poverty for young children.⁵⁵ In addition, state investments in young children are minimal and have largely been driven by federal funding requirements, rather than a state commitment to investing in young children.

Research suggests that the following factors are primary contributors to a young child's health and readiness to learn:

- Quality, timely, and accessible health care
- Quality, accessible early learning opportunities and early intervention
- Safe, stable, and nurturing relationships and environments
- Economic stability

⁵⁵ Ohio ranks 32 on infant maltreatment and 39 on poverty for young children, ages 0-5, out of 50 states and D.C. Data from [Groundwork Ohio's Early Childhood Dashboard Preview \(2022\)](#)

Each of these factors have both short- and long-term impacts on the healthy development and life trajectory of a young child. Investment in and access to resources across these factors is necessary to ensure a young child is healthy and ready to learn and has the opportunity to contribute to society later in life.

Takeaway 3. Ohio’s future depends on fostering the promise and potential of *every child*.

Some families, particularly families with young children of color, with special needs, with low incomes, and/or who live in Appalachian or rural regions of the state are starting at a disadvantage compared to other families in our state. These families face historical and structural obstacles, such as systemic racism in education and housing and multi-generational poverty, which limit their abilities to access necessary supports and develop the relationships needed for their babies and young children to thrive. As a result, young children in these families are more likely to experience poorer health and readiness to learn outcomes compared to their peers. Intentional investment and policy tailored to meet the needs of systematically disadvantaged families and their young children can close gaps in outcomes and address the root causes of disparities to ensure every child thrives.

Takeaway 4. Family and parent voices must play a central role in any strategy to improve the lives of Ohio’s youngest children.

Families and parents are the experts of their own lives and the lives of their children. Families’ lived experiences make them uniquely qualified to partner in shaping systems-level policies. Parents and caregivers are seeking deeper relationships with, and recognition by, the systems that they rely upon—parents rightfully want their voices to be heard when it comes to the future of their children. Further, evidence instructs us that increasing family engagement in policymaking yields substantial returns for individual children, their families, and the systems that seek to serve them. While there are many factors that contribute to young child outcomes, elevating the authentic voices of parents and caregivers is required to inform, influence, and determine the needs of their children.

Policymakers must listen to these experts when developing policy that deeply impacts their lives. Family voice and engagement must be embedded into the fabric of public discourse and the state policy decision-making processes. Making families feel valued and building their trust begins with policymakers seeking out and supporting relationships with these constituents to ensure that they are heard.



Groundwork Ohio is a committed, 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.



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