



Preview

# Early Childhood Dashboard



# Acknowledgments

Groundwork Ohio thanks the supporters of the *Early Childhood Dashboard*, including:



Groundwork Ohio contracted with the Health Policy Institute of Ohio to facilitate the *Early Childhood Dashboard Preview*.

# A Message from our Leadership

We cannot secure a strong future for Ohio without prioritizing the needs of our youngest Ohioans and the families that care for them.

The first few years of life can either support or inhibit a child's ability to thrive and contribute to society. The vital truth is that it's never too early to invest in our youngest children—but it can be too late. 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 thinking about how we can impact and drive change for our youngest Ohioans, Groundwork Ohio, along with our partners, asked:

*"How will we know if every child in Ohio has the opportunity to reach their full potential?"*

Answering this question is predicated on our ability to track and measure progress. For this reason, Groundwork Ohio is developing a first-of-its kind *Early Childhood Dashboard* to more fully examine the factors and outcomes required to achieve equity and lay a strong foundation for young children. The *Dashboard*, which will be released in early 2023, is being created as a tool to track Ohio's performance and to catalyze advocacy and action for our youngest Ohioans.

As a precursor to a comprehensive 2023 *Early Childhood Dashboard*, Groundwork Ohio has contracted with the Health Policy Institute of Ohio to develop this *Early Childhood Dashboard Preview*. This *Dashboard Preview* provides a snapshot of Ohio's performance on 20 key early childhood metrics, putting data in context through an analysis of trend, Ohio to U.S. comparison, and disaggregation of data to identify disparities and inequities.

The data in the *Dashboard Preview* makes it clear that, while some progress has been made, Ohio has room for improvement in supporting our young children and their families. For example, the data indicates that:

- Less than half (41.9%) of Ohio's children are ready for kindergarten<sup>1</sup>
- More than 1 in 3 of Ohio's youngest children, ages 0-5, have been exposed to adversity and trauma<sup>2</sup>
- Almost half (44.5%) of children in Public Services Agency Custody are ages 0-6<sup>3</sup>

In addition, across the data, the *Dashboard Preview* highlights sobering disparities and inequities that are the lived reality for Ohio's children of color.

Prioritizing Ohio's youngest begins with data. We offer this *Early Childhood Dashboard Preview* as a starting place for measuring what matters. Over the next year, Groundwork Ohio will be gathering feedback on the *Dashboard Preview* to inform development of the inaugural 2023 *Early Childhood Dashboard*, which will more fully examine the factors and outcomes required to achieve equity and ensure every young child is healthy and ready to learn. As part of this process, Groundwork will consult with and seek feedback from early childhood experts, including families, community organizations, providers, and other national, state, and local experts. Ultimately this unique work will highlight both Ohio's early childhood strengths and challenges and illuminate areas where we need increased investment, focused attention, and urgent action.

As our state leaders forge a path forward toward a healthier, more productive, and economically vibrant state, our youngest children must be an integral part of the vision. Indeed, the success of our state is dependent on a strong foundation of healthy, vibrant, and ready-to-learn children. We look forward to building this work together and invite you to explore the data, provide feedback on the *Dashboard* itself, and join us in our quest to make Ohio the best place to be a young child.



**Warm personal regards,**



**Shannon Jones**  
President & CEO  
Groundwork Ohio

1. Ohio Department of Education (2020-2021 School Year)
2. Ohio Medicaid Assessment Survey (2019)
3. Ohio Department of Job and Family Services (State Fiscal Year 2021)

# Table of contents

What is Groundwork Ohio's <i>Early Childhood Dashboard Preview</i> ?	6
Why should we prioritize our youngest Ohioans?	7
Four key takeaways	9
Are Ohio's youngest children healthy and ready to learn?	12
Where should Ohio invest?	16
How is Ohio doing on...	
Early learning access and quality	17
Healthcare access and quality for young children	20
Early childhood adversity and trauma prevention	22
Economic stability for young children and their families	24
Ohio's early childhood strengths and challenges	26
Demographics of Ohio's youngest population	28

Visit [GroundworkOhio.org/dashboard](https://GroundworkOhio.org/dashboard) for more information and the Data appendix: Background & methodology.



## About Groundwork Ohio

**Groundwork Ohio** is a nonprofit, nonpartisan research, policy, and advocacy organization. Groundwork's mission is to champion 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.

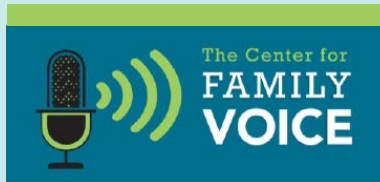
Groundwork Ohio contracted with the **Health Policy Institute of Ohio** to facilitate development of the *Early Childhood Dashboard Preview*.

## Groundwork Ohio's Centers of Excellence

Key findings and data from the *Early Childhood Dashboard* will inform the work of Groundwork Ohio's three Centers of Excellence:



**The Center for Maternal and Young Child Health** builds and transforms systems to improve maternal and young child health, advance health equity, and prioritize prevention through policy development, research, and collaboration.



**The Center for Family Voice** authentically engages families with young children to elevate family voice in policy development, advocacy, and decision-making.



**The Center for Early Learning** focuses on securing and sustaining quality leadership in early childhood systems development and advancing early learning policies, practices, and systems.

# What is Groundwork Ohio's Early Childhood Dashboard Preview?

Groundwork Ohio developed the *Early Childhood Dashboard Preview* as a precursor to a first-of-its-kind, more comprehensive *Early Childhood Dashboard* to be released in 2023. The comprehensive *Dashboard* is being created as 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. This *Dashboard Preview* provides a snapshot of Ohio's performance on 20 key early childhood metrics that examine the factors and outcomes required to ensure young children in Ohio are healthy and ready to learn. The *Dashboard Preview* also puts data in context by analyzing trends across years, comparing Ohio to the U.S., and highlighting disparities and inequities.

Over the next year, Groundwork Ohio will gather feedback on the *Dashboard Preview* to inform development of the 2023 *Dashboard*. As part of this process, Groundwork will consult with and solicit feedback from early childhood experts, families, community organizations, providers, and other early childhood stakeholders at the local, state, and national levels. The 2023 *Dashboard* will build on the *Dashboard Preview* to more fully examine the factors and outcomes required to achieve equity and lay a strong foundation for young children in Ohio.

## Laying a strong foundation for Ohio's young children

What **factors** build a strong foundation for young children?

- Early learning access and quality
- Healthcare access and quality
- Early childhood adversity and trauma prevention
- Economic stability

What **outcomes** indicate that Ohio provides a strong foundation for young children?

Young children in Ohio are healthy and ready to learn.

### Vision

Ohio is the best place to be a young child and every child has the opportunity to reach their full potential.

## Approach

Investments are made at a young age to achieve equity and lay a strong foundation for every child.

A black and white photograph of a baby crawling on a play mat. The baby is wearing a light-colored onesie and is reaching out with its right hand. The play mat has large, dark letters on it. The background is a plain wall.

# Why should we prioritize our youngest Ohioans?

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, including those most at-risk for poor outcomes, we can ensure that Ohio is the best place to be a young child and that every child has the opportunity to reach their full potential.

Children who start behind are more likely to stay behind unless we take urgent action. The individual and societal costs of not prioritizing Ohio's youngest children are far too great.

There are many opportunities to support our youngest children so that we ensure their success now and avoid burdening future generations with challenges that could have been prevented.

***“It is easier to build strong children than to repair broken men.”***

~ Frederick Douglass

## **Supporting our youngest children and their families**

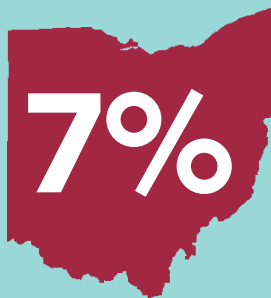
Ensuring that every young child in Ohio has the opportunity to reach their full potential requires supporting the adults—parents, grandparents, foster parents, and other caregivers—who care for them. Without access to resources such as safe and affordable housing, health care, and quality child care, challenges like toxic stress, illness, and poverty can undermine a family's ability to provide a secure, healthy, and nurturing environment for their children. We must support our youngest children by advancing targeted policies, programs, and investments that set families up for success and enable young children to thrive.

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

Healthy development in the first few years of life can either support or limit a child's 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 that happen in the earliest years of life are particularly harmful.

These disruptions can be caused by adverse prenatal and early childhood experiences and exposure to unstable, unsafe, and stressful environments that lack the supports needed for healthy growth. 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.

The good news is that, more often than not, these disruptions are preventable.



of Ohio's population was 5 or younger in 2019.

---

**That's nearly one out of every 14 Ohioans.**

Source: U.S. Census Bureau (2019)





# Four key takeaways



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

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 child health and well-being, including infant maltreatment and poverty.

It is never too early to invest in Ohio's youngest, but it can be too late. Building a strong foundation for Ohio's babies, toddlers, and preschool-age children is critical to ensure that every child is able to live to their full potential.

### Ohio ranks in the bottom half of all 50 states and D.C. on:

#### Infant maltreatment



Source: U.S. Department of Health and Human Services Administration for Children and Families (2019)

#### Children ages 0-5 living in poverty



Source: U.S. Census Bureau (2019)

## 2 Ohio's future depends on fostering the promise and potential of every child.

Ohioans must work together to foster and promote the promise and potential of our youngest children. However, some 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 succeed.

**Some of Ohio's preschoolers, especially Black preschoolers, are far more likely to receive one or more out-of-school suspensions than their white peers.**

In the 2017-2018 school year, this disparity as compared to their white peers was...

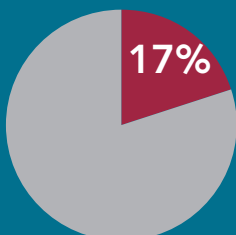


Source: U.S. Department of Education (2017-2018 school year)

## 3 Providing children with a strong start means promoting safe, stable, and nurturing environments.

Ohio must ensure that young children can grow, learn, and play in environments that support health and protect them from the harmful effects of stress, trauma, and adversity. Children who are in unsafe situations and children who lack nurturing relationships are more likely to be exposed to Adverse Childhood Experiences (ACEs).

Not every child exposed to ACEs suffers poor outcomes as a result. Positive and supportive environments can serve as a buffer against the harms of childhood adversity and trauma. For example, high-quality early learning can help children build resilience and overcome the long-lasting health and economic impacts of ACEs.



Source: Ohio Medicaid Assessment Survey (2019)

**Nearly 1 in 5 children, ages 0-5, in Ohio have been exposed to two or more ACEs.**

Long-term exposure to stressors related to ACEs can lead to disrupted development; adoption of behaviors that increase health risks; social problems like lower educational attainment; and disease, disability, and early death.

## 4 Prioritizing Ohio's youngest children starts with measuring what matters.

Ensuring Ohio's youngest children are healthy and ready to learn requires having data to evaluate progress. Unfortunately, there is limited data that tracks outcomes for children ages 0-5. Most urgently, more data broken out by social, economic, and demographic factors is needed to target and evaluate policies and strategies for babies and young children who face the highest risk of falling behind.

Areas with the largest early childhood data gaps include:

- Readiness for school
- Early childhood mental health
- Built environment (i.e., housing, transportation, neighborhood conditions)
- Exposure to environmental toxins
- Family well-being and resilience
- Early learning workforce, cost, and affordability
- Early childhood healthcare workforce



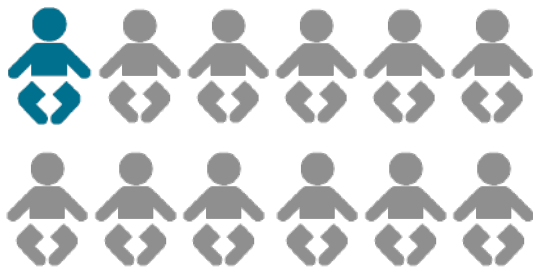
# Are Ohio's youngest children **healthy and ready to learn?**

## Are Ohio's youngest children healthy?

The foundation for a healthy life starts early, before a baby is born. Without increased investment and focus, young children in Ohio with mental and physical health problems can face life-long health challenges.

*The data below provide a snapshot of Ohio's performance on ensuring young children are healthy.*

More than 1 in 12 Ohio babies are born with **low birthweight**, and there has been little improvement in the past decade.



Low birthweight babies, born weighing less than 5.5 pounds, are at higher risk for infant mortality, developmental delays, and poor health outcomes in adulthood.<sup>3</sup>

Source: Centers for Disease Control and Prevention (2020)



## Preventing lead exposure

Young children can be exposed to lead through contact with contaminated paint, toys, soil, or water. Poorly maintained or older homes pose increased risk of exposure to lead and other toxins that can be incredibly harmful to health.

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.<sup>4</sup> There is no safe blood lead level; even small amounts of lead exposure in early childhood can lead to:

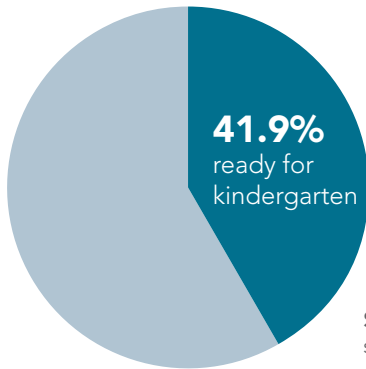
- Delayed growth and development
- Harm to the brain
- Learning, behavior, speech, and hearing problems<sup>5</sup>

## Are Ohio's youngest children ready to learn?

Children who enter school ready to learn are more likely to demonstrate stronger math, reading, and social skills later in life, whereas children who enter kindergarten unprepared are at a disadvantage for future success.<sup>6</sup> Ensuring that children are ready for school gives them a fair chance to succeed and creates greater opportunities for a more inclusive and prosperous Ohio.

*The data below provide a snapshot of Ohio's performance on ensuring young children are ready to learn.*

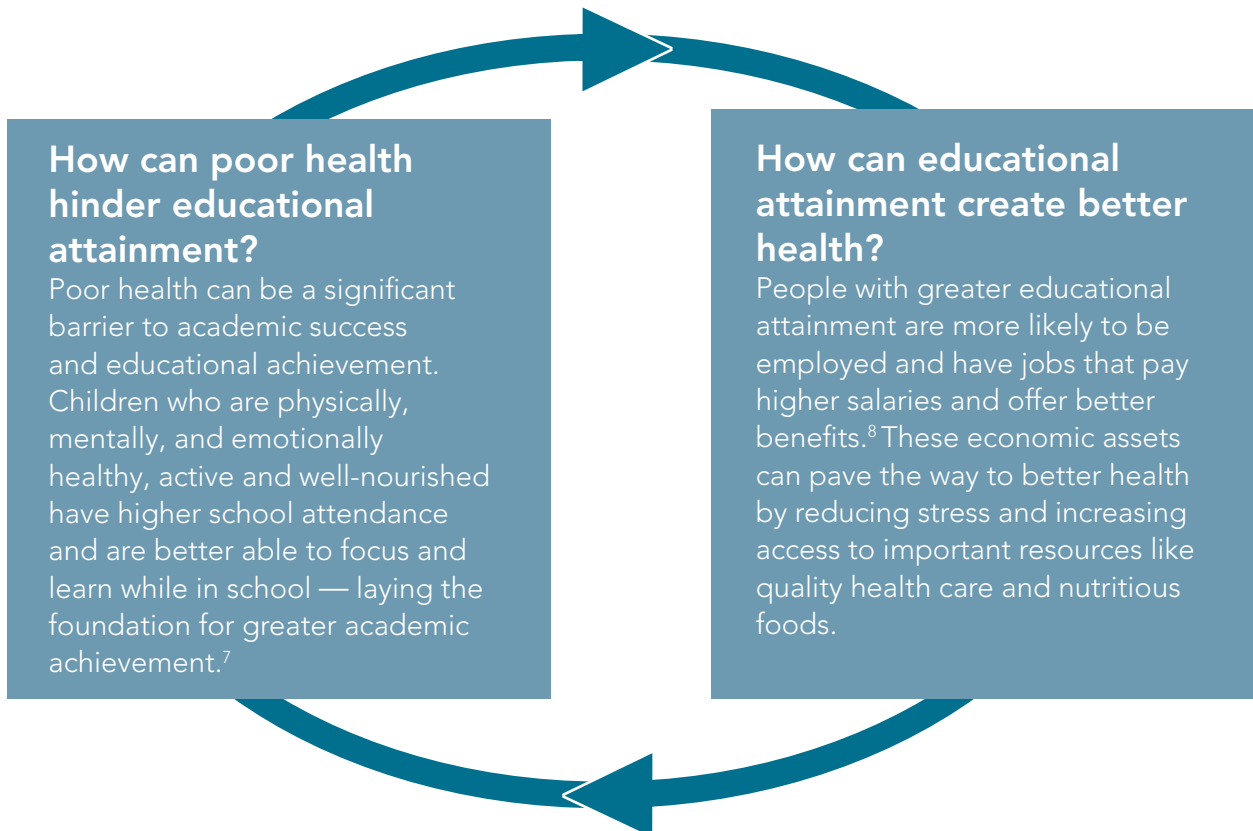
### Less than half of Ohio's children are **ready for kindergarten.**



Kindergarten readiness is a predictor of future academic success and educational attainment. It is the cornerstone of a healthy and productive workforce.

Source: Ohio Department of Education (2020-2021 school year)

### Young child health and education are closely linked



## How has the COVID-19 pandemic affected early learning outcomes?

Unfortunately, Ohio's youngest children have experienced the majority of their first 1,000 days — the most foundational for success later in life — during the COVID-19 pandemic. The full extent of the pandemic's impacts on young children will take years to discern. However, early indicators signal that the pandemic has increased disparities in education, affecting young children's access to quality early learning opportunities, health care, and social services.

For example, Ohio saw a marked drop of approximately 25,000 fewer students enrolled in pre-school and kindergarten between the 2019-2020 and 2020-2021 school years.<sup>9</sup>

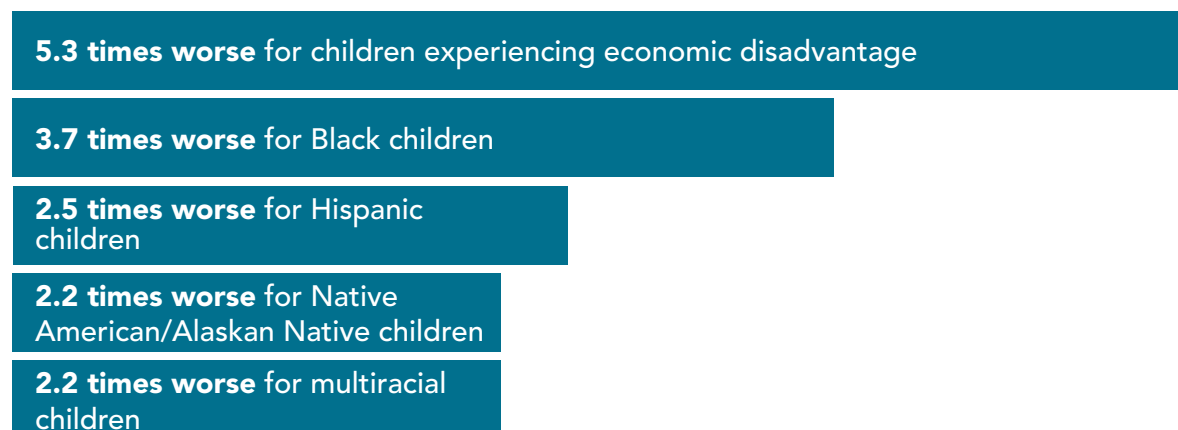
Low-income students, students of color, and students with disabilities have been more negatively affected by the COVID-19 pandemic, exacerbating existing disparities in education outcomes such as chronic absenteeism.<sup>10</sup> Impacts of the pandemic such as stress, housing instability, and the loss of family members and caregivers only worsen the barriers that some children and families already face.

There was a 47.1% increase in **chronic absenteeism** (students missing at least 10% of school attendance time in a year) for Ohio students in grades K-3 in the 2020-2021 school year.



Source: Ohio Department of Education (2020-2021 school year)

Children of color and children facing economic disadvantage are much more likely to **experience chronic absenteeism** than their white or non-economically disadvantaged peers.



Source: Ohio Department of Education (2020-2021 school year)

## Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
<b>Healthy and ready to learn</b>			
<b>Health status, young child.</b> Percent of children, ages 0-5, with poor or fair overall health (2019)	3.3%	<b>Worsened</b>	N/A
<b>Low birthweight.</b> Percent of live births where the infant weighed less than 2,500 grams (5.5 pounds) (2020)	8.5%	<b>No change</b>	<b>Same</b>
<b>Elevated blood lead levels, young child.</b> Percent of children, ages 0-5, who received a blood lead test and had elevated blood lead levels (2020)	1.9%	<b>Improved</b>	N/A
<b>Kindergarten readiness.</b> Percent of students demonstrating kindergarten readiness based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R) (2020-2021 school year)	41.9%	<b>Improved</b>	N/A
<b>Fourth grade reading proficiency.</b> Percent of fourth grade students proficient in reading based on the National Assessment of Educational Progress (2019)	36.1%	<b>No change</b>	<b>Same</b>
<b>Chronic absenteeism.</b> Percent of students in grades K-3 missing at least 10% of school attendance time in a year (2020-2021 school year)	20.3%	<b>Worsened</b>	N/A

For additional information on the data and analysis, see the data appendix.

# Where should Ohio invest?



We must act to ensure that Ohio's youngest children are **healthy and ready to learn**. This means investing early in Ohio's children to achieve equity and lay a strong foundation for every child through:



Early learning access and quality



Healthcare access and quality



Early childhood adversity and trauma prevention



Economic stability



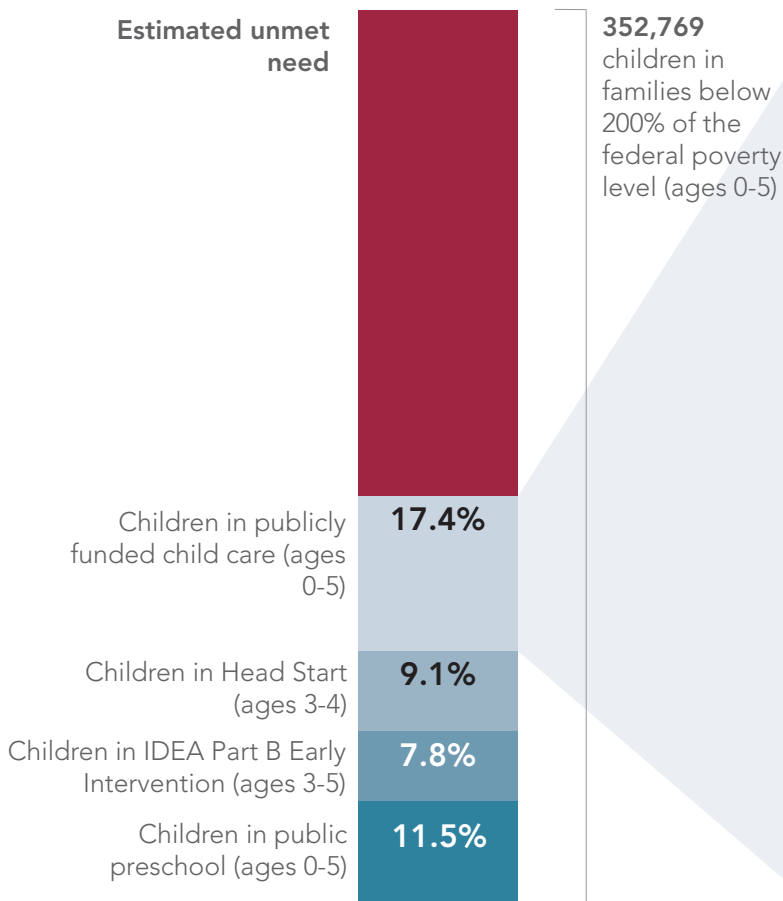


# How is Ohio doing on early learning access and quality?

**Access to quality early learning** is necessary to build a strong foundation for young children in Ohio. Children with access to high-quality early learning experiences within their first five years of life are more likely to be kindergarten ready, graduate from high school, and have higher earnings and better health later in life.

The data below provide a snapshot of Ohio's performance on early learning access and quality.

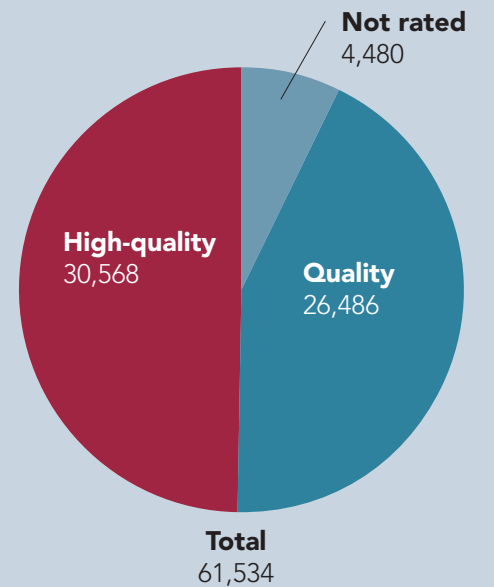
Many low-income children in Ohio **did not have access to these early learning opportunities** in 2019-2021.



**Note:** There is potential for overlap among children served because data for these programs come from multiple sources. This likely results in an underestimate of unmet need.

**Sources:** Ohio Department of Job and Family Services (2021); U.S. Office of Head Start data as reported by the Annie E. Casey Kids Count Data Center (2019); U.S. Department of Education (2019-2020); Ohio Department of Education (2020)

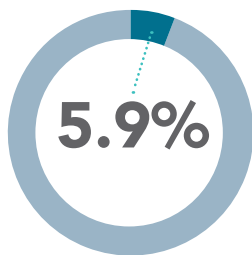
93% of Ohio children in publicly funded child care were **enrolled in quality programs**, with nearly half in high-quality programs in 2021.



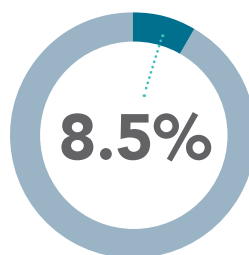
**Note:** Programs that are rated by Step Up To Quality, Ohio's child care quality rating and improvement system, as one or two stars are considered "quality." Programs that are rated as three to five stars are considered "high-quality." Some programs are working towards achieving their rating or are exempted from the Step Up To Quality program.

**Source:** Ohio Department of Job and Family Services (2021)

**Low birthweight** can result in developmental delays. Data suggests that many of Ohio's babies and young children at higher risk for developmental delays are not getting the early intervention services they may need.



Children receiving IDEA Part C Early Intervention services



Children born with low birthweight

Source: U.S. Department of Education (2019-2020); Centers for Disease Control and Prevention (2020)

.....

Young Black children are much more likely to receive one or more **out-of-school suspensions during preschool** than their white peers.

11.6 times worse for Black preschoolers

Source: U.S. Department of Education (2017-2018 school year)

## What is the impact of racial disparities in early childhood education?

Racial disparities in early education access and attainment, combined with racism experienced in education settings, can impact the long-term health and well-being of students of color.<sup>11</sup> For example, school officials are significantly more likely to suspend students of color, with Black preschoolers suspended at a rate 11.6 times greater than that of white preschoolers.

This reduces the amount of instruction students receive each year and contributes to racial differences in educational attainment.<sup>12</sup> Missed opportunities for education can deplete a student's potential for good health and economic stability throughout their life.

## Why should Ohio prioritize access to high-quality early childhood education?

Safe, stable, and nurturing environments and early learning experiences are essential for children's healthy growth and development. Children's early experiences lay the groundwork for physical, emotional, social, and intellectual growth later in life. High-quality early childhood education, such as Head Start, public preschool, and early intervention services can improve school readiness and build the foundation for future educational achievement. Quality early childhood education and early learning supports can also counteract the harms and stressors to which children living in poverty or other difficult circumstances may be exposed.<sup>13</sup>

Further, a poll conducted by Groundwork Ohio in November 2021 found that access to quality early learning is critical for the economic stability of Ohio's families. More than four in ten parents with children, ages 5 and younger, surveyed reported having to work fewer hours to care for their children. Almost two-thirds of mothers with children, ages 5 and younger, who did not work or who worked part-time reported that they would go back to work or work more hours if they had access to quality child care at a "reasonable cost."<sup>14</sup>

### Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
<b>Early learning</b>			
<b>Early learning access.</b> Percent of children, ages 0-5, in families with incomes up to 200% of the Federal Poverty Level enrolled in early childhood education (see note for years)	45.8%	N/A	N/A
<b>Early Intervention service access.</b> Percent of children, ages 0-2, receiving IDEA Part C Early Intervention services (2019-2020 school year)	5.9%	Improved	Worse
<b>Preschool suspension.</b> Number of public preschool students receiving one or more out-of-school suspensions, per 1,000 children enrolled (2017-2018 school year)	1.1	N/A	Better

**Note:** Early childhood education programs include: number of children in public preschool (October 2020); number of children served under IDEA Part B, ages 3-5 (2019-2020); number of children in Head Start, ages 3-4 (2019-2020); number of children in publicly funded child care (July 2021). For additional information on the data and analysis, see the data appendix.

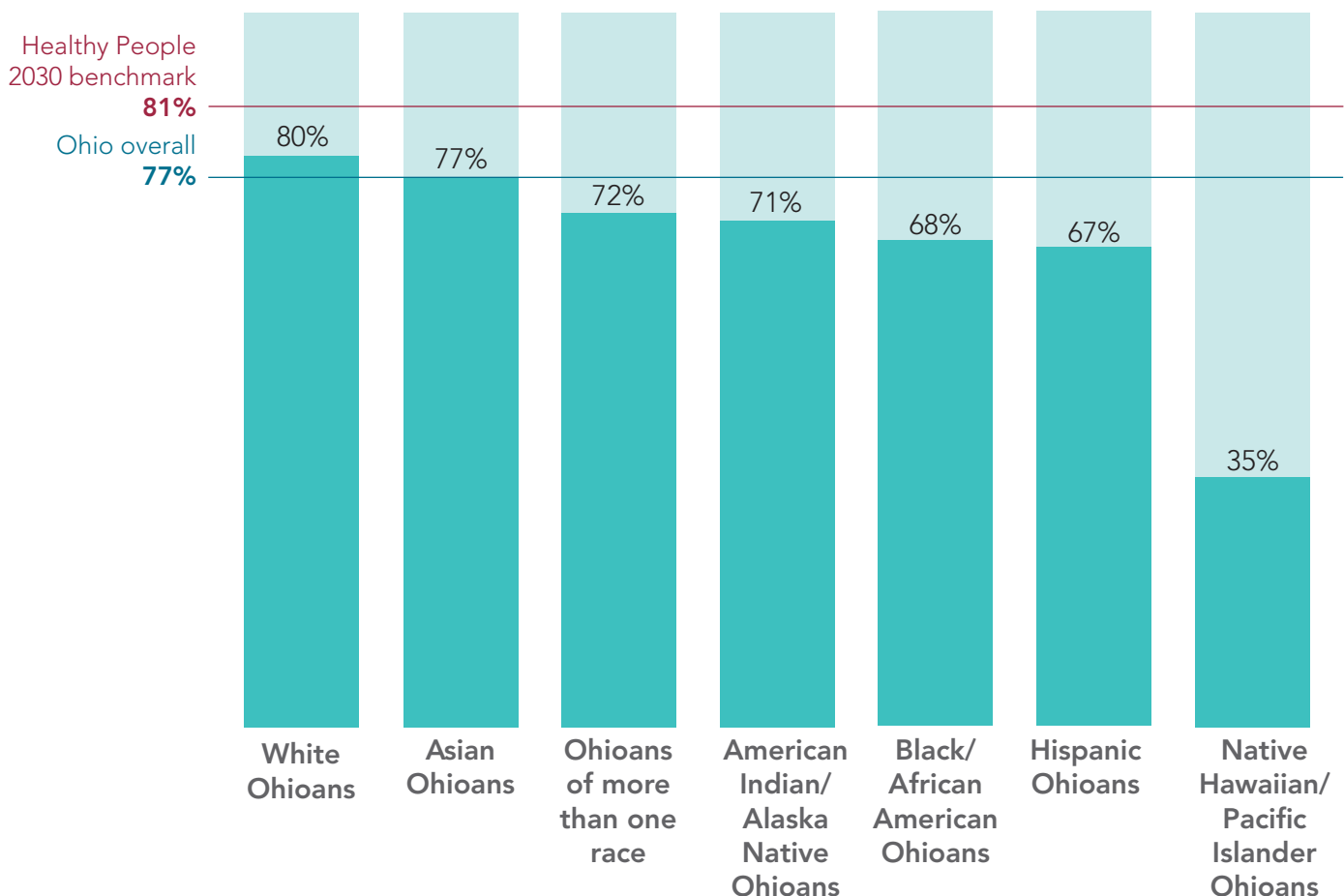


# How is Ohio doing on **healthcare access and quality** for young children?

**Access to quality health care** is necessary to build a strong foundation for young children in Ohio. Quality health care before birth and throughout early childhood can ensure healthy development for Ohio's children and prevent harmful and costly health conditions. A consistent source of quality and accessible health care during the prenatal, infant, and toddler periods has a significant impact on a child's academic achievement, educational attainment, and overall physical and mental health throughout their lifetime.<sup>15</sup>

The data below provides a snapshot of Ohio's performance on healthcare access and quality.

Only three-quarters of pregnant women in Ohio began **prenatal care in the first trimester of pregnancy** in 2020. Pregnant women of color in Ohio were much more likely to experience delays in care.



Source: Centers for Disease Control and Prevention (2020)

Fewer than 60% of Ohio children enrolled in a Medicaid managed care plan received the **recommended number of well-child visits in the first 15 months of life** in 2018. There has been no improvement in Ohio's performance on recommended well-child visits compared to 2013.



Source: Ohio Department of Medicaid (2019)

## Why is access to quality health care important for Ohio's babies and young children?

### Before a child is born

Access to quality health care before birth and during early childhood is essential to ensure that Ohio's young children are healthy and can thrive later in life. 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.<sup>16</sup>

### After a child is born

Quality and accessible health care for infants and mothers after birth is just as important. Maternal health is a key factor in child health and well-being, and postpartum depression in new mothers is linked to behavioral, cognitive, and academic problems for infants and young children.<sup>17</sup> 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 children.<sup>18</sup>

## Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
<b>Healthcare access and quality</b>			
<b>Well-child visits.</b> Percent of children enrolled in a Medicaid managed care plan with six or more well-child visits in the first 15 months of life (2018)	59.1%	No change	Same
<b>Delayed prenatal care.</b> Percent of women who did not begin prenatal care in the first trimester of pregnancy (2020)	23.2%	Improved	Same
<b>Postpartum depression screening.</b> Percent of women with a live birth, who had a postpartum visit, who did not have a provider ask if they were feeling down or depressed (2019)	11.4%	N/A	N/A
<b>Immunizations, toddlers.</b> Percent of children, ages 19-35 months, who received all recommended doses of seven key vaccines (2018)	75%	No change	Same

For additional information on the data and analysis, see the data appendix.

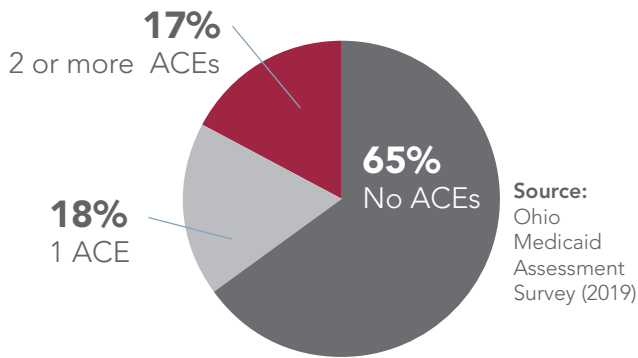


# How is Ohio doing on early childhood adversity and trauma prevention?

Preventing childhood adversity and trauma is necessary to build a strong foundation for young children in Ohio. Exposure to adversity and trauma in childhood has both immediate and long-term negative impacts on health and well-being.

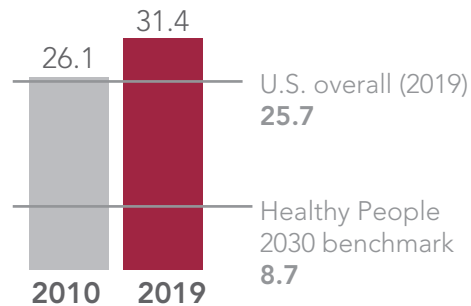
The data below provides a snapshot of Ohio's performance on childhood adversity and trauma prevention.

Nearly 1 in 5 Ohio children, ages 0-5, have been exposed to two or more adverse childhood experiences (ACEs).



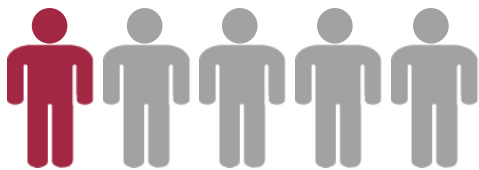
The rate of infant maltreatment in Ohio increased by more than 20% from 2010 to 2019.

Cases per 1,000 infants



## Young children of color have increased risk for experiencing adversity and trauma, including racism, as compared to white children, ages 0-5.

Nearly one in five Black and Hispanic/Latino children, ages 0-5, were exposed to 2 or more ACEs, compared to one in six white children.



Source: Ohio Medicaid Assessment Survey (2019)

Ohio's young children of color were also more likely to be treated or judged unfairly due to their race or ethnicity than white children according to parent reporting.

6.2 times worse for young Hispanic children

3.9 times worse for young Black (non-Hispanic) children

Source: Ohio Medicaid Assessment Survey (2019)

Adverse childhood experiences (ACEs) are "potentially traumatic events" that occur during childhood.<sup>19</sup> ACEs can generally be grouped into three categories: abuse, household challenges, and neglect.<sup>20</sup> Other adverse events in childhood, such as experiencing racism and discrimination, food insecurity, not feeling safe in one's neighborhood, or being bullied can also have harmful and long-lasting impacts on a child's development. It is important to protect children from the negative impacts of ACEs at an early age when their brains are developing fastest.

## Why is it important to prevent early childhood adversity and trauma?

Young Ohioans should be able to grow up in an environment that is supportive and nurturing of their mental and physical well-being. Unfortunately, many children in Ohio are exposed to adversity and trauma at an early age. Experiencing trauma such as abuse, household challenges or neglect early in life can increase the risk for poor health outcomes later in life.<sup>21</sup> Long-term exposure to stressors related to these and other ACEs can lead to:

- Disrupted neurological development and emotional, social, and cognitive impairment
- Adoption of behaviors that increase risk of poor health outcomes
- Social problems, such as lower educational attainment, reduced earning potential, and unemployment
- Disease, disability, and early death<sup>22</sup>

Not every child exposed to ACEs suffers poor outcomes. Access to resources like neighborhoods with safe and affordable housing, high-quality early learning experiences, and positive friendships and relationships can build resilience and buffer children from the harms of trauma and adversity.<sup>23</sup> Children’s early experiences are foundational for their physical, emotional, social, and intellectual growth. It is never too early in a child’s life to invest in preventing adversity and trauma, but it can be too late.

### Ohio’s performance

	Most recent	Trend	Ohio compared to U.S.
<b>Early childhood adversity and trauma prevention</b>			
<b>Protective custody, young child.</b> Percent of children in Public Children Services Agency custody who are ages 0-6 (SFY 2021)	44.5%	No change	N/A
<b>Racism, young child.</b> Percent of children, ages 0-5, whose parent reported that they were treated or judged unfairly because of race or ethnicity (2019)	1.9%	N/A	N/A
<b>Maltreatment, infants.</b> Number of children who experienced maltreatment (child abuse and/or neglect), per 1,000 infants under age 1 (2019)	31.4	Worsened	Worse
<b>Adverse childhood experiences (ACEs), young child.</b> Percent of children, ages 0-5, who were exposed to ACEs (2019)			
No ACEs	64.8%	N/A	N/A
1 ACE	18.1%	N/A	N/A
2 or more ACEs	17%	N/A	N/A

For additional information on data and analysis, see the data appendix.

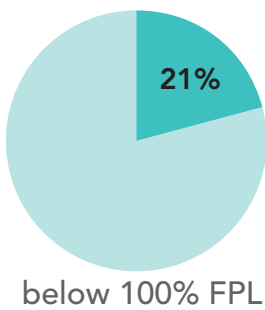


# How is Ohio doing on **economic stability** for young children and their families?

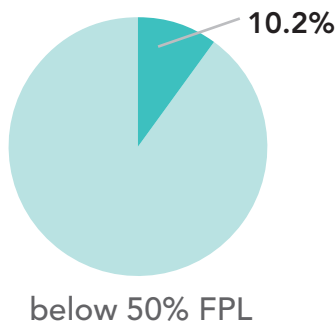
**Economic stability** is necessary to build a strong foundation for young children in Ohio. Families who have financial stability can afford housing, food, and health care and plan for their children's future.

*The data below provides a snapshot of Ohio's performance on economic stability.*

In 2019, 1 in 5 Ohio children, ages 0-5, **lived in poverty.**

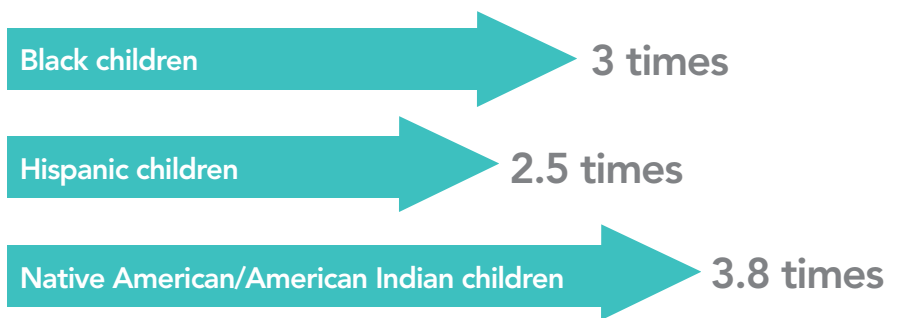


1 in 10 lived in **extreme poverty.**



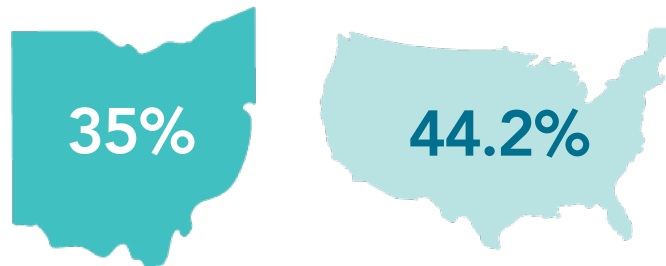
Source: U.S. Census Bureau (2019)

Ohio's youngest children of color, ages 0-5, are **much more likely to live in poverty** than their white peers.



Source: U.S. Census Bureau (2019)

Only 35% of eligible children, ages 1-4, **received WIC benefits** in 2018.



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

## What does living below the federal poverty level (FPL) mean?

In 2022, for a family of three, it means earning an annual household income less than \$21,960. A family of three in extreme poverty (below 50% of the FPL) earns less than \$10,980 per year. When families live below the FPL, they often cannot afford safe, stable, or quality housing, healthy and adequate food, and other necessities that enable young children to thrive.



# How do poverty and economic instability persist across generations?

No child should be at an inherent disadvantage because of their family's income. However, parents living in poverty often face barriers to educational attainment and employment, such as a lack of reliable transportation for work. In turn, their children are more likely to experience challenges related to poverty throughout their lives, including greater risk of poor health and education outcomes and low earnings.<sup>24</sup>

Research indicates that:

- Family income in early childhood is a predictor of health outcomes in adulthood.<sup>25</sup>
- Childhood poverty is also linked to diminished educational and employment opportunities later in life, including reduced rates of high school graduation and college attendance and graduation.<sup>26</sup>
- About half of an individual's earning potential is inherited from their parents, which lays the foundation for economic stability later in life.<sup>27</sup>

In Ohio, young children of color and young children living in Appalachian counties are more likely to be born into poverty than their peers.<sup>28</sup> These young children, as a result, have more difficulty breaking the intergenerational cycle of poverty.<sup>29</sup> Investments in early childhood — namely economic and income supports like WIC, TANF, child tax credits, and child care subsidies — can decrease the number of children in Ohio who experience poverty and economic instability.

## Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
<b>Economic stability</b>			
<b>Poverty, young child.</b> Percent of children, ages 0-5, who live in poverty and extreme poverty (below the federal poverty level [FPL]) (2019)			
Living in poverty (below 100% FPL)	21%	Improved	Worse
Living in extreme poverty (below 50% FPL)	10.2%	Improved	Worse
<b>Housing insecurity, infants and toddlers.</b> Percent of infants and toddlers, ages 0-2, who have moved three or more times since birth (2016-2018)	0.7%	N/A	Better
<b>Eligible for and receiving WIC, young child.</b> Percent of children, ages 1-4, who were eligible for WIC and received WIC benefits (2018)	35%	N/A	Worse

For additional information on the data and analysis, see the data appendix.

# Ohio's early childhood strengths and challenges



The data below provides a summary of Ohio's most notable early childhood strengths and challenges based on recent trends and comparisons to the U.S. overall and quality benchmarks.

## Strengths

While there is still much room for improvement, Ohio is moving in the right direction or performs better than the U.S. average in these areas:

Ohio's performance	Comparison
<b>Trend</b>	
<b>Elevated blood lead levels, young child.</b> Percent of children, ages 0-5, who received a blood lead test and had elevated blood lead levels (2015-2020)	Improved
<b>Kindergarten readiness.</b> Percent of students demonstrating kindergarten readiness based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R) (2014-2015 through 2020-2021 school years)	Improved
<b>Early Intervention service access.</b> Percent of children receiving IDEA Part C Early Intervention services (2015-2016 through 2019-2020)	Improved
<b>Delayed prenatal care.</b> Percent of women who did not begin prenatal care in the first trimester of pregnancy (2010-2020)	Improved
<b>Poverty, young child.</b> Percent of children, ages 0-5, who live in poverty (2010-2019)	Improved
<b>Extreme poverty, young child.</b> Percent of children, ages 0-5, who live in extreme poverty (2010-2019)	Improved
<b>Compared to U.S.</b>	
<b>Preschool suspension.</b> Number of public preschool students receiving one or more out-of-school suspensions, per 1,000 children enrolled (2017-2018)	Better
<b>Housing insecurity, infants and toddlers.</b> Percent of infants and toddlers, ages 0-2, who have moved three or more times since birth (2016-2018)	Better

## Challenges

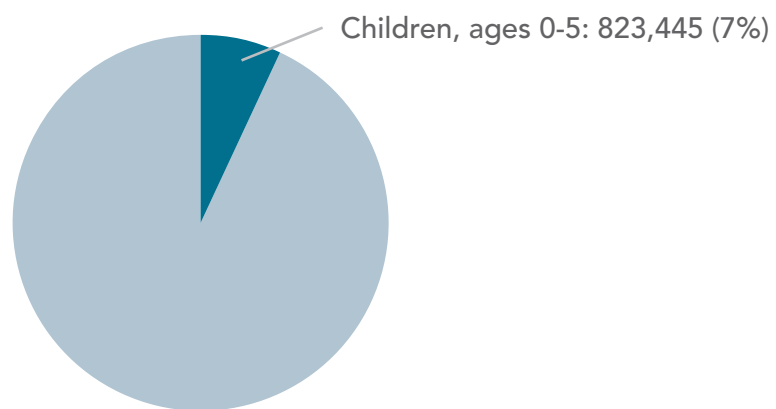
These are the key areas where Ohio’s performance is moving in the wrong direction, worse than the U.S. average and/or worse than a quality benchmark:

Ohio’s performance	Comparison
<b>Trend</b>	
<b>Health status, young child.</b> Percent of children, ages 0-5, with poor or fair overall health (2012-2019)	Worsened
<b>Chronic absenteeism.</b> Percent of students in grades K-3 missing at least 10% of school attendance time in a year (2018-2019 through 2020-2021 school years)	Worsened
<b>Compared to U.S.</b>	
<b>Early Intervention service access.</b> Percent of children receiving IDEA Part C Early Intervention services (2019-2020)	Worse
<b>Poverty, young child.</b> Percent of children, ages 0-5, who live in poverty (2019)	Worse
<b>Extreme poverty, young child.</b> Percent of children, ages 0-5, who live in extreme poverty (2019)	Worse
<b>Eligible for and receiving WIC, young child.</b> Percent of children, ages 1-4, who were eligible for WIC and received WIC benefits (2018)	Worse
<b>Compared to Healthy People 2030 quality benchmark</b>	
<b>Fourth grade reading proficiency.</b> Percent of fourth grade students proficient in reading based on the National Assessment of Educational Progress (2019)	Worse
<b>Delayed prenatal care.</b> Percent of women who did not begin prenatal care in the first trimester of pregnancy (2020)	Worse
<b>Trend, U.S. comparison and quality benchmark</b>	
<b>Maltreatment, infants.</b> Number of children who experienced maltreatment, per 1000 infants, under age 1 (2019)	Worsened and worse than U.S. comparison and quality benchmark



# Demographics of Ohio's youngest population

Ohio's **population**, by age, 2019



[Total population: 11,689,100]

Source: U.S. Census Bureau (2019)

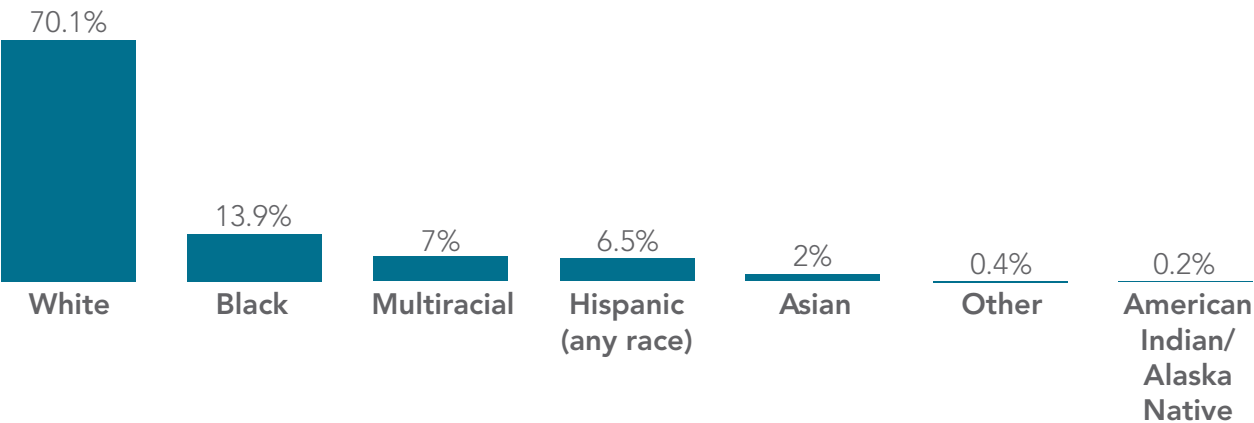
.....

## Change in population of young children, ages 0-5, by race and ethnicity, from 2017 to 2019, Ohio

	2017	2019	Percent change
White, non-Hispanic	575,726	577,236	0.3%
Black, non-Hispanic	121,940	114,581	-6%
Multiracial, non-Hispanic	50,247	57,409	14.3%
Hispanic (any Race)	51,144	53,686	5%
Asian, non-Hispanic	20,614	16,259	-21.1%
American Indian or Alaska Native, non-Hispanic	696	1,351	94.1%
Other, non-Hispanic	3,203	2,923	-8.7%

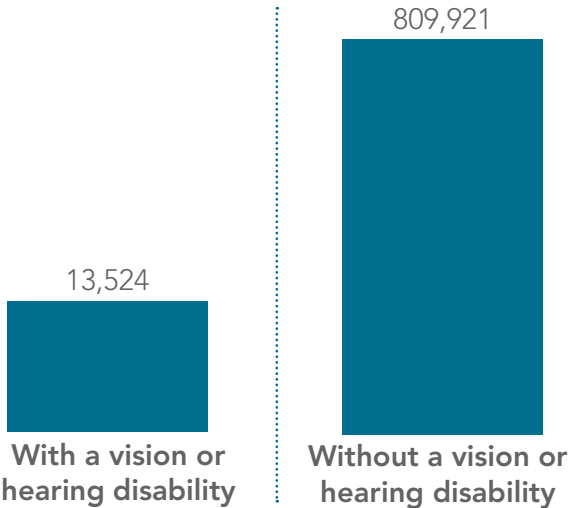
Source: U.S. Census Bureau (2017, 2019)

Population of young children, ages 0-5, by race and ethnicity, Ohio, 2019



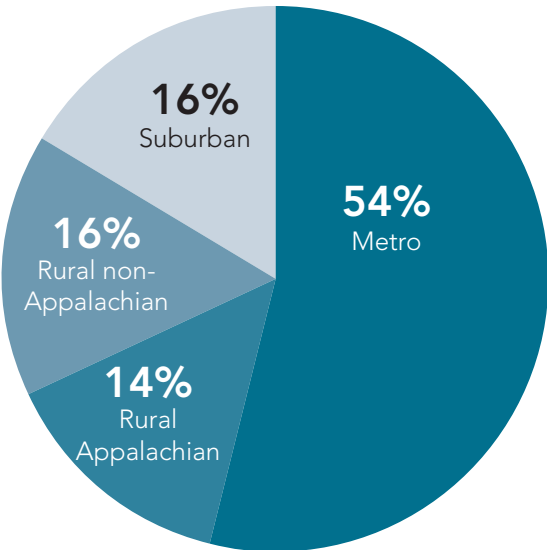
Source: U.S. Census Bureau (2019)

Population of young children, ages 0-4, by hearing or vision disability status, Ohio, 2019



Source: U.S. Census Bureau (2019)

Population of young children, ages 0-5, by county type, Ohio, 2019



Source: Ohio Medicaid Assessment Survey (2019)

# Notes

1. The Foundations of Lifelong Health. Cambridge, MA: Center on the Developing Child at Harvard University. <https://developingchild.harvard.edu/resources/inbrief-the-foundations-of-lifelong-health/>
2. National Scientific Counsel on the Developing Child. The Foundations of Lifelong Health Are Built in Early Childhood. Cambridge, MA: Center on the Developing Child at Harvard University, 2010. <https://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
3. Blencowe, Hannah et al. "National, regional, and worldwide estimates of low birthweight in 2015, with trends from 2000: a systematic analysis." *The Lancet Global Health* 7, no. 7 (2019): e849-e860. doi: 10.1016/S2214-109X(18)30565-5; see also Scharf, Rebecca J. et al. "Growth and development in children born very low birthweight." *Archives of Disease in Childhood - Fetal and Neonatal Edition* 101, no. 5 (2016): F433-F438. doi: 10.1136/archdischild-2015-309427
4. Hauptman, Marissa et al. "Individual- and Community-Level Factors Associated With Detectable and Elevated Blood Lead Levels in US Children: Results From a National Clinical Laboratory." *JAMA Pediatrics* 175, no. 12 (2021):1252-1260. doi:10.1001/jamapediatrics.2021.3518; see also "Ohio's Lead Hazards." Ohio Healthy Homes Network. Accessed December 16, 2021. <https://www.ohhn.org/ohio-lead-hazards-2/>
5. "Prevent Children's Exposure to Lead." Centers for Disease Control and Prevention, National Center for Environmental Health. <https://www.cdc.gov/nceh/features/leadpoisoning/index.html>
6. Goldstein, Jessica, D. Betsy McCoach, and Huihui Yu. "The predictive validity of kindergarten readiness judgments: Lessons from one state." *The Journal of Educational Research* 110, no. 1 (2017): 50-60. doi: 10.1080/00220671.2015.1039111
7. Basch, Charles E. "Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap." *Journal of School Health* 81, no. 10 (2011): 593-598. doi: 10.1111/j.1746-1561.2011.00632.x
8. Egerter, Susan et al. Issue Brief 6: Education and Health. Education Matters to Health. The Robert Wood Johnson Foundation Commission to Build a Healthier America, 2009. <http://www.commissiononhealth.org/PDF/c270deb3-ba42-4fbd-baeb-2cd65956f00e/Issue%20Brief%206%20Sept%2009%20-%20Education%20and%20Health.pdf>
9. "Data Insights: Evidence of the Pandemic's Impact on Students in 2020-2021." Ohio Department of Education. Accessed February 10, 2022. <https://education.ohio.gov/Topics/Research-Evaluation-and-Advanced-Analytics/Data-Insights/Data-Insights-Evidence-of-the-Pandemic%E2%80%99s-Impact-on>
10. O'Keefe, Bonnie, Hailey T.N. Korman and Indira Dammu. Missing in the Margins 2021: Revisiting the COVID-19 Attendance Crisis. Bellwether Education Partners, 2021. <https://bellwethereducation.org/publication/missing-margins-estimating-scale-covid-19-attendance-crisis>
11. Trent, Maria et al. "The Impact of Racism on Child and Adolescent Health." *Pediatrics* 144, no. 2 (2019): e20191765. doi: 10.1542/peds.2019-1765
12. Shollenberger, Tracey L. "Racial Disparities in School Suspension and Subsequent Outcomes: Evidence from the National Longitudinal Survey of Youth 1997." In *Closing the School Discipline Gap: Equitable Remedies for Excessive Exclusion*, edited by Daniel J. Losen, 31-43. New York, NY: Teachers College Press, 2015.
13. The Foundations of Lifelong Health. Cambridge, MA: Center on the Developing Child at Harvard University. <https://developingchild.harvard.edu/resources/inbrief-the-foundations-of-lifelong-health/>; see also Karoly, Lynn A., M. Rebecca Kilburn, and Jill A. Cannon. *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: RAND Corporation, 2005. <https://www.rand.org/pubs/monographs/MG341.html>
14. Memorandum. Ohio Statewide Survey: Key Findings. Columbus, OH: Groundwork Ohio, 2021. [https://2d94f3a3-3d74-4931-8fd2-5e91fb54da89.filesusr.com/ugd/d2fbfd\\_a09f230647ca4439ad921d71463a4a23.pdf](https://2d94f3a3-3d74-4931-8fd2-5e91fb54da89.filesusr.com/ugd/d2fbfd_a09f230647ca4439ad921d71463a4a23.pdf)
15. National Scientific Counsel on the Developing Child. The Foundations of Lifelong Health Are Built in Early Childhood. Cambridge, MA: Center on the Developing Child at Harvard University, 2010. <https://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
16. "What is prenatal care and why is it important?" Eunice Kennedy Shriver National Institute of Child Health and Development, National Institutes of Health. Accessed December 16, 2021. <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>; see also Prenatal-to-3 Policy Impact Center. *Why Do We Focus on the Prenatal-to-3 Age Period?: Understanding the Importance of the Earliest Years*. Austin, TX: Prenatal-to-3 Policy Impact Center at the University of Texas at Austin, 2021. <https://pn3policy.org/resources/why-do-we-focus-on-the-prenatal-to-3-age-period-understanding-the-importance-of-the-earliest-years/>
17. Slomian, Justine et al. "Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes." *Women's Health* 15, (2019). doi: 10.1177/1745506519844044
18. Turner, Kathrine. "Well-Child Visits for Infants and Young Children." *American Family Physician* 98, no. 6 (2018): 347-353. <https://www.aafp.org/afp/2018/0915/p347.html>
19. Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019; see also Chang, Xuening et al. "Associations between adverse childhood experiences and health outcomes in adults aged 18-59 years." *PLoS One* 14, no. 2 (2019): e0211850. doi: 10.1371/journal.pone.0211850; see also "Adverse Childhood Experiences (ACEs)." Child Welfare Information Gateway, The Children's Bureau. Accessed March 4, 2020. <https://www.childwelfare.gov/topics/preventing/overview/framework/aces/>; see also "Preventing Child Abuse & Neglect." Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
20. Health Policy Institute of Ohio. "Health impacts of ACEs in Ohio," August 2020.
21. Ibid
22. Brown, Timothy T. and Terry L. Jernigan. "Brain development during the preschool years." *Neuropsychology Review* 22, no. 4 (2012): 313-333. doi: 10.1007/s11065-012-9214-1; see also Sheffler, Julia L. et al. "Adverse childhood experiences and coping strategies: Identifying pathways to resiliency in adulthood." *Anxiety, Stress, Coping* 32, no. 5 (2019): 594-609. doi: 10.1080/10615806.2019.1638699; see also Metzler, Marilyn et al. "Adverse childhood experiences and life opportunities: Shifting the narrative." *Children and Youth Services Review* 72, (2017): 141-149. doi: 10.1016/j.childyouth.2016.10.02
23. Crouch, Elizabeth et al. "Safe, Stable, and Nurtured: Protective Factors against Poor Physical and Mental Health Outcomes Following Exposure to Adverse Childhood Experiences (ACEs)." *Journal of Child & Adolescent Trauma* 12, no. 2 (2019): 165-173. doi: 10.1007/s40653-018-0217-9; see also "Risk and Protective Factors." Centers for Disease Control and Prevention. Accessed May 17, 2021. <https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html>
24. Metzler, Marilyn et al. "Adverse childhood experiences and life opportunities: Shifting the narrative." *Children and Youth Services Review* 72, (2017): 141-149. doi: 10.1016/j.childyouth.2016.10.021
25. Hill, Heather D. "Paid Sick Leave and Job Stability." *Work and Occupations* 40, no. 2 (2013): 143-173. doi: 10.1177/0730888413480893
26. Haynie, Leshia. "Childhood poverty, living below the line." *American Psychological Association*. Accessed January 13, 2022. <https://www.apa.org/pi/ses/resources/indicator/2014/06/childhood-poverty>
27. Smith, James P. "Healthy Bodies and Thick Wallets: The Dual Relation Between Health and Economic Status." *Journal of Economic Perspectives* 13, no. 2 (1999): 144-166
28. Ohio Early Childhood Race and Rural Equity Report. Columbus, OH: Groundwork Ohio, 2018. <https://www.groundworkohio.org/equityreport>
29. Burton, Linda et al. *State of the Union 2017, Poverty*. Stanford, CA: Stanford Center on Poverty and Inequality, 2017. [https://inequality.stanford.edu/sites/default/files/Pathways\\_SOTU\\_2017\\_poverty.pdf](https://inequality.stanford.edu/sites/default/files/Pathways_SOTU_2017_poverty.pdf)



**Groundwork**  
**OHIO**



[GroundworkOhio.org](https://GroundworkOhio.org)