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**Ohio House of Representatives
House Health Committee
House Concurrent Resolution 25
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December 8, 2020**

Chairman Lipps, Vice Chair Holmes, Ranking Member Boyd and members of the committee, my name is Lynanne Gutierrez and I am the Assistant Director at Groundwork Ohio. Thank you for the opportunity to provide proponent testimony on House Concurrent Resolution 25 (HCR25) which would declare a state of emergency on childhood trauma in the state of Ohio.

Groundwork is a statewide, nonpartisan 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. Our vision is to make Ohio the best place to be a young child so that all children have the opportunity to reach their full potential. Groundwork is led by Executive Director, Shannon Jones, and governed by a robust advisory committee of child-focused health and education experts from across the state.

Trauma has a foundational impact on human development across the lifespan. The first years are the most important. The most rapid period of brain development is in the first years of life, when a baby's brain forms more than a million neural connections every second. Brains are built by early enriching experiences with 80% of brain growth happening by age 3 and 90% by the age of 5. Not all children have healthy, positive early experiences. Many Ohio children are behind. Adverse Childhood Experiences (ACEs) are traumatic events that have the potential to cause long-lasting negative effects, especially when they occur during the early years when the brain is rapidly developing. During these most critical years of development, children are highly vulnerable to adversity.

According to a 2018 Child Trends study, *The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity*, almost half of all children in the United States have experienced at least one ACE, but Black and Hispanic children are at much higher risk than their white peers—51% of Hispanic children and 61% of Black children had ACEs, compared to 40% of their white peers. As the frequency and length of ACEs increase, so do the impacts on physical and mental health, academic achievement, and self-sufficiency. This same study ranked Ohio 46th in the nation for kids having three or more ACEs, putting Ohio children at higher risk for long-lasting negative effects. 49% of Ohio kids have at least one ACE and 1 in 7 kids have three or more ACEs.

The experiences a child has during the first several years of life shape who they become. ACEs have the potential to impact long-term mental health, physical health, and behaviors, including smoking, alcoholism, drug use, missed work, depression, suicide attempts, heart disease, diabetes, severe obesity, cancer and stroke. On average, people with six or more ACEs have a life expectancy of 60 years, which is significantly shorter than the 80 year life expectancy for people with no ACEs.

As indicated by the data mentioned above, trauma differentially impacts vulnerable, marginalized, underrepresented, and at-risk people experiencing poverty and systemic racism among other social factors. In Ohio, we know that some children are more likely to be left behind than others. For example, by kindergarten, low-income learners are up to 2 years behind their higher-income peers. Poverty disproportionately impacts young children, especially children of color and those

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living in our rural Appalachian region. 1 in 4 Ohio children ages 0-5 live in poverty. This is 1 in 3 Appalachian babies and 1 in 2 Black babies in Ohio. Poverty is a determinant factor, but alone does not tell the whole story. Race is also a determinative factor to childhood trauma.

Our public facing, intentional commitment to advancing equitable outcomes for young children began in 2018 with a thorough evaluation of the data which confirmed our experience, intuition and work anecdotally in the field. The Ohio Early Childhood Race & Rural Equity Report (www.GroundworkOhio.org/equity), a data story spanning 26 metrics across a child's life from prenatal care to postsecondary attainment exposed a more complete story of what it means to be a young child in Ohio including the incidence of childhood trauma. It illustrated how the color of your skin and where you live determine where you start in life, and often where you stay—children who start behind, stay behind. Among the report findings, the data demonstrates how race determines health and education for our youngest Ohioans and their families.

The Health Policy Institute of Ohio published a brief in August of 2020, *Adverse Childhood Experiences (ACEs); Health impact of ACEs in Ohio* which further affirmed and investigated ACES findings in Ohio. Their 3 key findings for policymakers are as follows:

- *Exposures to ACEs is a pervasive problem.* Nearly two thirds of Ohioans have been exposed to ACEs. Ohioans of color and Ohioans with low incomes, disabilities and/or who are residents of urban and Appalachian counties are more likely to experience multiple ACEs.
- *Preventing ACEs can improve health.* For example, if exposure to ACEs were eliminated in Ohio, an estimated 36% of depression diagnoses could be prevented.
- *Focusing action on specific ACEs may yield more significant health impacts.* Data analysis suggests that reducing exposure to emotional and sexual abuse, providing adequate supports to prevent or treat parents struggling with addiction and mental health problems, and preventing parents from being incarcerated are likely to have the largest effects on health outcomes.

As the public health and economic devastation of COVID-19 has ravaged the State of Ohio and the nation, it has laid bare and, yet again, confirmed that the public systems that are supposed to protect the most vulnerable among us are often undermining these same children, families and citizens. The failure to view policy choices and systems-building with an equity lens has resulted in our systems affirming and even exacerbating the racial and geographic disparities that have been perpetuated for decades by institutional racism and structural inequities. One way our systems do this is by perpetuating childhood trauma. Groundwork seeks to unravel these systems and rebuild them to apply childhood brain science to policy, and ensure our policies and investments are trauma informed regardless of agency, service, program, or funding stream.

Doing so requires shifting our state and culture priority to prevention. ACEs have a multigenerational effect—the impact of a parent's adverse experiences can also influence their child's development. Studies have shown that the most successful way to prevent the cycle of adverse experiences is to provide interventions for both parents and children. Successful interventions include:

- *Giving parents the tools to be successful caregivers and teachers.* Programs that allow parents to cultivate strong, healthy relationships with their children, such as voluntary, evidence based-home visiting, give children the emotional security required for health development and provide parents with the knowledge to understand their child's needs, as well as their own.
- *Helping struggling families achieve and maintain consistency and self-sufficiency.* In order to provide children with the consistency they need for healthy development in the early years of life, programs like quality publicly funded child care and income assistance allow parents to work toward stable employment and self-sufficiency.
- *Creating stable, nurturing environments that allow kids to ensure healthy physical and emotional development.* Access to intimate partner violence prevention programs and mental illness and substance abuse treatment are crucial to ensuring that children are able to grow and thrive without the toxic stress caused by domestic violence and mental illness within the home.

We acknowledge that even among our state systems serving some of Ohio's most vulnerable children, there is no denying that our children engaged in the child welfare system and juvenile court system are experiencing the most trauma. Those who are engaged in this system during the earliest years are particularly vulnerable. In Ohio, 1 out of every 39 babies under 1 year old are victims of maltreatment, 70% of infants under 1 year old in state custody have parents who use opiates, including heroin and 0-3 year olds make up 29% of all children in state custody. This urgent problem requires a targeted, trauma-informed solution. One way we have acted to advance a solution is through a partnership with the Children's Defense Fund of Ohio to expand the Safe Babies Court Team Team (SBCT) in our state.

The SBCT approach transforms child welfare by using the science of early childhood development to meet the urgent needs of infants, toddlers and their families. It does so by focusing on minimizing the trauma a child may face while engaged in the child welfare system by improving how courts, child welfare agencies and other child-serving organizations work together to meet the unique needs of children and families in their local communities. The approach has been proven to improve the outcomes for babies and toddlers in foster care, prevent recidivism, and prevent families and children from entering the system altogether. As part of this approach, judges, court staff, child welfare professionals, attorneys, CASA, guardians ad litem, and others receive specialized training and support to better understand and make timely decisions based on the unique needs of babies and toddlers.

This approach decreases further trauma that is often experienced by infants, toddlers and their families while they are engaged in the child welfare system by increasing permanency and reunification, increasing timeliness of and access to substance abuse and mental health treatment, decreasing placements and transitions and decreasing maltreatment rates. This evidence-based approach is one of many that Ohio can be learning from and actively investing in and implementing to respond to the childhood trauma experienced by young children in our state and transform our systems to achieve equitable outcomes for young children. We believe that the passage of HCR 25 would elevate these learnings among the continuum of prevention-focused, early learning and healthy development strategies we advocate for daily that have the potential to prevent and mitigate the impact of trauma and ultimately transform the experiences of children and families in our state.

We are calling for the successful passage of HCR 25 to declare a state of emergency on childhood trauma in the state of Ohio. Passage of this legislative would be evidence of this body's willingness to increase public knowledge in identifying and treating the conditions caused by post-traumatic stress disorders related to child development, with an emphasis on the principles of a trauma-informed approach and how laws, policies, and systems have contributed to ongoing trauma within minority communities. Please join us join us alongside individuals and communities across the state to not only challenge personal and institutional assumptions about race and racism, but to also act urgently to dismantle structural racism in the walls of this building and the systems, agencies and institutions that serve Ohio's Black children and families. We commit to you today that we will engage with you as partners in this most important work with grace and humility. Thank you.