



Articles and Resources

Quick Facts:

- For 2025, the State of Ohio has expanded childcare assistance to 200% FPL.
- The state has adopted tuition rates to be 9% of a family's gross income

REGIONAL AND NATIONAL CONVERSATIONS ABOUT CHILDCARE AND PRESCHOOL EDUCATION

Child care crisis likely to hit the office in this year

[Marq Burnett](#), Associate Editor, *The Playbook*

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Hybrid work lost considerable momentum among corporate titans in 2024, with several heavy hitters announcing full-time returns to the office. That momentum is expected to continue in 2025 — and will likely leave many companies staring down the fallout from the nation’s child care crisis.

Many child care centers were already struggling or operating on razor-thin margins before the pandemic. Covid-19-era funding provided a critical lifeline, but that funding expired.

What is being called the child care cliff could cost an estimated 3.2 million child care spots, according to The Century Foundation.

But, when coupled with more stringent return-to-office regulations — eliminating the flexibility some workers have utilized since the pandemic — the end result is expected to force many parents to make tough choices.

Some are likely to leave the workforce altogether.

“Some people will leave their jobs, some will reduce their work hours, but some people don’t have that option and need to work to support those families,” said Julie Kashen, senior fellow and director for women’s economic justice at The Century Foundation

Against the backdrop of a tight labor market and the child care cliff, experts say businesses should think outside the box when it comes to employees who are parents.

Sadie Funk, national director at The Best Place for Working Parents, said organizations should fully evaluate the needs of their workforce.

“Think about the benefits you may be putting in place or taking away, and being responsive to the needs of your workforce,” Funk said, adding employers should check in and have conversations with workers.

Some companies are rolling out new benefits, such as stipends, drop-in child care discounts and other benefits.

Groundbreaking moment for the CDC at WPAFB

Published May 23, 2024

By Zion Dillahunt

88th Air Base Wing

WRIGHT- PATTERSON AIR FORCE BASE, Ohio -- Base officials, engineers, and key stakeholders joined together for the official groundbreaking ceremony for a new Child Development Center on Wright-Patterson Air Force Base on May 13.

The new facility aligns with Air Force Chief of Staff, Gen. David W. Allvin's, [April 15, 2024 letter to Airmen](#) ensuring that childcare support for service members would be enhanced.

"Strength through support is our motto," Col. Travis Pond, deputy commander of the 88th Air Base Wing said. "There is nothing better you can do than to support the Airman and their families."

This development project is headed by the U.S. Army Corps of Engineer, and represents a collaborative effort between the 88th Civil Engineer Group, 88th Force Support Squadron, [Air Force Civil Engineer Center](#) and the [Dayton Development Coalition](#).

The center will be a 41,000 square-foot building with the ability to serve over 300 additional children ranging from six weeks to five years old.

"This will increase our capacity by more than 30 percent," Nancy Adams, 88 FSS deputy director said. "To do that with a single facility is significant."

Upon completion, 100 children will be moving from Wright Care CDC located in the off-base Prairies Housing area to the new on-base facility.

Future benefits of the new Child Development Center include being environmentally responsible by integrating a daylight harvesting system that dynamically regulates artificial lighting in response to natural sunlight entering through windows. This innovative system aims to diminish the building's energy consumption during operation while harnessing the health advantages of natural light.

An additional on base project awaiting funding is a combined school-age care center. The facility could also serve more than 300 children between the ages of six weeks and 12 years.

"The current schedule projects the pre-school facility completing in the first half of fiscal year 2026," James Levy, Chief of Customer Planning in the 88 CEG said. "The second facility is not yet awarded. We anticipate awarding the CDC for school-age care before the first facility is complete."

This center's ripple effect extends beyond the children; it's a catalyst for positive change in the community.

First, the center will provide service members with the comfort of on-base childcare. This will enable service members to focus wholeheartedly on their missions. Second, the center will create numerous employment opportunities within the 88 FSS.

"These are state-of-the-art high-quality facilities that will respond to the needs of service members," Congressman Mike Turner said. "These are our families too and by providing facilities like this we will help make a difference in their quality of life."

Ohio's childcare crisis

Policy Matters

<https://www.policymattersohio.org/research-policy/shared-prosperity-thriving-ohioans/basic-needs-unemployment-insurance/basic-needs/ohios-childcare-crisis> March 28, 2024

Parents and providers out of options

Childcare should be a top priority for Ohio policymakers. A recent poll^[1] found that for Gen-Z and millennial workers, childcare benefits are ranked more important than even health insurance benefits in the workplace. Childcare is vital to millions of families in Ohio, but there are many barriers to access, the early childhood educators providing care are grossly underpaid, and childcare is simply unaffordable for most Ohioans.

Our labor force is stronger when parents can go to work knowing their kids are cared for. When childcare providers can afford to hire and retain skilled staff, they can keep our children safe and give each child the attention they deserve. Everyone benefits when childcare workers — who are disproportionately women and disproportionately Black — can afford high-quality care for their own kids.

To get childcare right, Ohio leaders need to balance the needs of those three groups — parents, providers and workers. For too long, policymakers have gotten it wrong, and the littlest Ohioans suffer the consequences.

The average annual cost for one infant's childcare in Ohio is \$9,697^[2]—that's \$808 per month! For \$9,697 in annual childcare costs to be affordable (as defined by the U.S. Department of Health and Human Services),^[3] a family of three with two parents and one infant would need an annual income of \$138,528. Put another way, two parents would have to each make \$33.30 per hour working full time to make childcare affordable at the average rate, for just one infant.

Key findings: Childcare in crisis

- Ohio now has the lowest eligibility for Publicly Funded Child Care in the country for kids 0 to 5. North Carolina, who previously held last place, updated their eligibility to 200% FPL for children 0-5 in July of 2023, leaving Ohio in last place for the same age group at 145% FPL.^[4]
- Between 2019 and 2021 (the most recent figure available), the number of children benefiting from publicly funded childcare in Ohio dropped by 28,697, from 172,585 children to 143,888.^[5] Publicly funded childcare enrollment peaked seven years ago in 2017 at 181,122 and has declined since.
- From 2017 to 2022, the number of childcare workers in Ohio dropped by 35.89%, with the biggest decrease of nearly 5,000 workers happening between 2019 and 2020.^[6] Many areas around the state simply have not recovered from this loss of workforce and many remaining

childcare facilities are at a high risk of closure as key federal COVID emergency funding ends.^[7]

- The median hourly wage for childcare workers in Ohio is \$13.15 — an annual salary of \$27,352 for those working full time. For comparison, the median for all workers in Ohio was \$21.51 an hour in 2022,^[8] with 13.4% of Ohioans living in poverty.^[9]
- The amount the state reimburses childcare providers per child is not based on the actual cost of childcare, but rather on a backward-looking market rate survey of what providers recently charged for services in an area.^[10] This rate is important because it determines the amount of money providers receive and therefore their ability to stay open, improve facilities, and pay providers a living wage.
- 39% of Ohioans live in a childcare desert.^[11] A childcare desert is any census tract with more than 50 children under age 5 that contains either no childcare providers or so few options that there are more than three times as many children as licensed childcare slots. 41% of white Ohioans, 37% of Hispanic or Latino Ohioans, and 29% of Black Ohioans live in a childcare desert.^[12] In Ohio, childcare deserts are most prevalent in [rural areas](#).
- Affordable childcare lets parents work. According to a poll done in 2023 by the First 5 Years Fund,^[13] nearly 59% of parents who are not working full time would do so if childcare was more affordable.

Across America, other states are also feeling the effects of this childcare crisis. In 2021, Secretary of the Treasury Janet Yellen shared her analysis:

The free market works well in many different sectors, but childcare is not one of them. It does not work for the caregivers. It does not work for the parents. It does not work for the kids. And because it does not work for them, it does not work for the country.^[14]

Ohio legislators through neglect, underfunding, and an insufficient response to the sector's needs during the pandemic have created the current childcare landscape in Ohio, including the low wages, tiny margins, and high turnover common in the sector. It is a system that serves no one well. Policy makers can and must do better for Ohio's children. Sensible policy solutions, informed by all stakeholders, can guide a comprehensive approach to the reforms Ohio's children, families, and childcare workers need.

[Recommended reading: The First Five Years Fund's Early Education in Ohio Fact Sheet for 2023.](#)

How childcare works in Ohio

Publicly Funded Child Care

Publicly Funded Child Care (PFCC) is a state program administered by Ohio Department of Job and Family Services that uses state and federal funding to subsidize childcare for families who are income eligible. In Ohio, families can initially enroll in PFCC if their gross monthly household income is at or below 145% of the federal poverty level^[15] (In 2024, this is \$3,116 per month or \$37,399 annually for a family of three). Once enrolled, they can remain eligible as they grow their

income, up to 300% of the federal poverty level (\$77,460 annually for a family of three).^[16] The state reimburses providers directly for childcare and families contribute a weekly copayment. Each week, the state sends providers a check to cover all or a portion (if families have a copay) of the cost of care for PFCC-participating kids in the previous week. For families under the Federal Poverty Level (FPL), that weekly copayment is \$0.^[17]

Types of providers:

Ohio childcare providers must enter into a provider agreement with the state and provide financial information to participate in PFCC. As of December 2023, just 44.9% of Ohio's 8,435 childcare providers were participating. (See Figure 1 for more detailed data.) The state categorizes providers according to various factors.^[18] Understanding these categories is key to Ohio's systems and data reporting.

Childcare centers provide care for more than seven children in a facility that is not a private home. They have at least one employee and are licensed by the Ohio Department of Jobs and Family Services (ODJFS).

In-home care providers are either Type A or Type B. For both types, children under 6 who are family members of providers must be included in count size.

- **Type A providers** care for up to 12 children at one time and must maintain a ratio of at least one staff member for every six children, with each staff member caring for no more than three children under age 2.
- **Type B providers** care for up to six children with no more than three under age 2. Type B providers do not have employees.

In-Home Aides (IHA) are home care providers who can serve multiple families and must be certified for each home every two years.

Day camps care for school-age children during school breaks including summer.

Ohio Department of Education (ODE) providers funded by PFCC include licensed preschools and licensed school-age care:

- **An ODE Licensed Preschool** is operated by a public, private, or charter school, or a county board of developmental disabilities.
- **An ODE Licensed School Age Child Care program** provides before and after school care at a public, private or charter school.

Figure 1

Childcare is unaffordable for most Ohio families

The U.S. Department of Health and Human Services defines childcare as “affordable” if it costs 7% or less of a family’s annual income.^[19] By that measure, a typical Ohio household can afford to spend \$4,700 a year on childcare.^[20] Compare that to the actual average costs^[21] of childcare in Ohio:

- For infants 12 months or younger: \$11,438 at a childcare center and \$8,919 at a home-based provider.
- For toddlers age 13-36 months: \$10,444 at a center and \$8,608 at a home-based provider.
- For preschoolers age 37 months–5 years: \$8,580 at a center and \$7,977 at a home-based provider.

At these rates, a family would have to make \$250,385 a year to afford care for an infant and a toddler at the average childcare center. In other words: It would take the typical Ohio family about three years and nine months to have enough income to afford just one year of childcare for their two kids. At the FPL, a family of four in 2024 would have to work more than eight years to afford the same — in other words, they would have to have income over 800% of the FPL.

If a parent, working full time, has one infant and one toddler at an average cost childcare center, then \$10.52 of every hour they work would go to childcare costs.

When young people can't afford to start a family on less than a quarter million dollars a year, their options are limited. Many choose to leave for states where they can count on higher incomes and stronger public support. Many choose not to have kids at all. For a variety of reasons, this is already happening: Ohio's population is shrinking and aging.^[22] Likely in part because, in Ohio, childcare is a luxury, unaffordable even for middle-income families. Ohio's economy, families, and future cannot afford that status quo.

FAQ: Where did the 7% federal benchmark for child care affordability come from?

In 2014, the Child Care Funding Block Grant set new standards for how states could use federal funds. During that process, a study from the U.S. Census Bureau found that “from the percent of family monthly income spent on child care has remained relatively constant between 1997 and 2011, at around 7 percent.” This study became a common benchmark for affordability and was later adopted as a federal benchmark by HHS in 2016.

For more information on the federal guidance, see the July 11, 2023 White House release titled “FACT SHEET: Vice President Harris Announces Actions to Lower Child Care Costs and Support Child Care Providers.”

[Recommended reading: The Center for American Progress has an interactive map that shows the relationship between poverty and access to childcare.](#)

Let's compare: A two-parent household with both parents working full time at Ohio's minimum wage made \$42,016 in 2023. With two kids in childcare, this family could expect to pay about 54% of their income for childcare at a center without financial assistance. Fortunately, this family would

qualify for assistance and would pay a monthly co-pay of \$313.99, which is still 9% of their income: close to but still not affordable.

A solo parent making the household median (\$65,720) is near the self-sufficiency standard for many Ohio counties.^[23] That parent would not qualify for Publicly Funded Child Care for their infant: They could expect to pay about 13.5% of their income at a Family Care Home (Type A or Type B home-based provider), about double the affordability benchmark of 7%.

Figure 2

Examples of Ohio families paying for childcare

Family	Annual Income	Affordable cost*	Monthly co-pay w/PFCC**	Cost without PFCC
1 parent 1 preschooler 1 toddler	\$21,008 Minimum wage	Month: \$122.55 Annual: \$1470.56	\$0	Monthly: \$1585.33 Annual: \$19,024 90% of income (1 preschooler at a Center + 1 toddler at a Center)
1 parent 1 toddler	\$31,200 Full time \$15/hr	Monthly: \$182.00 Annual: \$2184.00	Income too high to qualify: 145% of the FPL [†] for a 2-person household is \$29,638.	Monthly: \$717.33 Annual: \$8,608 26% of income (1 toddler at a Family Child Care Program)
2 parents 2 infants	\$42,016 Full time, minimum wage x2 parents	Monthly: \$291.78 Annual: \$3501.33	\$313.99 9% of income	Monthly: \$1906.33 Annual: \$22,876 54% of income (2 infants at a Child Care Center)
1 parent 1 infant	\$65,720 OH median household income	Monthly: \$383.37 Annual: \$4600.40	Income too high to qualify: 145% of the FPL for a 2-person household is \$29,638	Monthly: \$743.25 Annual: \$8,919 13.5% of income (1 infant at a Family Care Home)
2 parents 1 toddler	\$61,938 Just under OH median household income	Monthly: \$361.31 Annual: \$4335.66	Income too high to qualify: 145% of the FPL for a 3-person household is \$37,493.	Monthly: \$870.33 Annual: \$10,444 17% of income (1 toddler at a Care Center)
2 parents 1 toddler 1 preschooler	\$131,440 OH median individual income x2 parents.	Monthly: \$766.73 Annual: \$9200.80	Income too high to qualify: 145% of the FPL for a 4-person household is \$45,240.	Monthly: \$1331.68 Annual: \$19,024 14.4% of income (1 preschooler at a Center + 1 toddler at a Center)

The heart of the issue: What’s the problem in Ohio?

Unaffordable childcare is only part of the problem. Families, childcare workers, and providers face challenges that intersect and complicate one another. The result is a childcare system that too often fails all of us. Multiple problems that impact both providers and families including low pay for

providers, childcare access limitations across populations, and race and gender-based devaluation of work. These issues are key to understanding how we got here and where we need to go.

Low rates for providers

To understand Ohio's childcare crisis and the policy solutions we propose, you have to understand the state's "reimbursement rate." The details are complex, but the big picture is simple: the State of Ohio does not reimburse childcare providers nearly enough to stay in business while paying their staff a livable wage.

What is a reimbursement rate?

A reimbursement rate^[24] is the amount providers receive from the state for each child in publicly funded childcare. It is calculated based on age of the child, county location, and quality level of the center.^[25] The exact amount of the payment is set by comparing the prices charged for similar care by similar centers in the county. The state's reimbursement rate falls somewhere between the lowest and the highest of those prices. Where it falls on that scale makes a big difference. Some states set their rate right in the middle, at the median: Half of all the similar centers in the county charge more, and half charge less. In technical terms, that is the "50th percentile" (because 50% charge less). Ohio's rate much lower. We currently reimburse at the 35th percentile: Just 35% of similar providers in the county charge less, and 65% charge more.

That's actually an improvement. Until recently, Ohio reimbursed providers at the 25th percentile, a rate so low that the federal government stepped in and required an increase. By the end of 2024, Ohio's reimbursement rate must reach the 50th percentile. The current 35th percentile rate is the first step; it went into effect February 4th.

Think about it like this: If there are 100 child care programs in a county and each child care program is put in order with the cheapest program at the top and the most expensive program at the bottom of the list, then the 25th program on the list is the 25th percentile and the 75th program on the list is the 75th percentile.

Providers can get a rate bump by participating in Step Up to Quality (SUTQ) — Ohio's star rating system — or programs that support children with disabilities.^[26] That increase means the reimbursement will be closer to the actual cost of caring for a child.

Because children with disabilities may require special accommodations, providers receive up to double the reimbursement rate per disabled child in their care. While this does help PFCC families with disabled children, it does not go far enough: The Center for American Progress found in 2020 that "parents of children with disabilities are three times more likely to experience job disruptions because of problems with child care."^[27]

Another factor: Location^[28]

The reimbursement percentile is the same throughout the state, but its monetary value changes depending on location, because the reimbursement rate is based on what similar providers are charging in similar locations^[29] around the state. The differences are worth noting.

- For full-time child care at a center, reimbursement range from \$130 a week up to \$368.35 a week per child, depending on SUTQ rating, location, and age of child.
- For full-time child care at a Type A home-based provider, reimbursements range from \$148.94 a week up to \$347.50 a week per child, depending on SUTQ rating, location, and age of the child.
- For full-time child care at a Type B home-based provider, reimbursements range from \$130 a week up to \$252.81 a week per child, depending on SUTQ rating, location, and age of the child.

Low reimbursement rates make it more difficult for providers to pay staff a living wage and provide benefits. The median hourly wage for child care workers in Ohio is \$13.15. For comparison, the median for all workers in Ohio was \$21.51 an hour in 2022.[\[30\]](#)

[Action for Children](#) surveyed child care providers in Central Ohio and found that 41% of family child care professionals reported they would like to hire staff, but most (77%) report they are unable to pay staff. Over half (52%) of child care providers reported monthly revenue does not cover their expenses. Of those who are able to pay themselves a salary, the median monthly salary is only \$1,454. (Working 40 hours a week, that’s under \$9.10 an hour: less than the state’s minimum wage.) Not only are many providers struggling to make a living wage, they’re also unable to provide their employees with the benefits that people need to survive. The same Action for Children survey found that only one-third of central Ohio child care centers offer health, dental, or vision insurance for their staff.

Limited access

Even if child care were more affordable, many families would not be able to access it. Parents and guardians who work outside normal business hours, and those who live far from the nearest provider face practical obstacles as well.

Hours of operation

For people working second shift or overnight, there are fewer publicly funded child care options. Out of all child care centers that accept PFCC, only 13.8% operate between 7pm and midnight, and only 10.9% operate between midnight and 6am.[\[31\]](#) Some of Ohio’s most common jobs require work during these hours. Many nurses, for example, face this barrier. Nursing is one of the few well-paying jobs in which women are disproportionately represented;[\[32\]](#) it is not an option for those without reliable child care when they need it.

Distribution

For many Ohioans, there simply aren’t any licensed child care providers nearby — or they don’t have capacity to serve all the children who need them. In rural areas especially, licensed child care slots are literally too few and far between.[\[33\]](#)

Rural voters know the importance of child care: A national poll in 2022 found that the vast majority (70%) see the issue as important to strengthening the economy. More than half (55%) say the availability of high-quality and affordable child care has gotten worse since the pandemic.[\[34\]](#) But

policymakers have failed to meet the demand: 60% of Ohioans in rural areas live in census tracts where there are more than three children under age 5 for each licensed child care slot.[35]

Ohio's demographics are key to understanding this issue. The Columbus Metro Area is home to 18% of the state's population and in Franklin County alone there are 514 available child care facilities that accept Publicly Funded Child Care (combining centers and Type A and B homes). In all 32 counties of Appalachia (17% of the state's population), there are just 381. When looking just at child care centers, there's still a difference both in number and density. As of December 2023, of the 32 Appalachian counties, 19 have five centers or less, and five have zero.[36]

Figure 3 represents PFCC centers only (not including other types of facilities), as of December 2023. For the most up to date numbers and programs in 2024, check out [Ohio's Early Childhood Program Locator Tool](#).

Figure 3

[Recommended reading: Action for Children's Central Ohio Child Care Provider Report gives a snapshot of the issue in Central Ohio during the COVID crisis.](#)

Systemic identity-based inequity also affects a family's ability to access care. A 2020 study by Children's Health Watch[37] found that compared to white parents, Black parents were 21% more likely to encounter problems with child care access that were significant enough to interfere with their work or education. Latine[38] parents were 23% more likely and parents of other races were 38% more likely.[39] A 2022 survey by the Center for Economic and Policy Research found that LGBTQ+ parents of young children were 11 percentage points more likely than non-LGBTQ+ parents to have trouble finding child care.[40] The intersecting factors that create these disparities are much more complex than the distance to a center or its hours of operation, but the result is the same: Too few Ohio parents could access child care, even if it were more affordable.

Gender, race, and the value of work

Early childhood educators are essential to Ohio's economy. But 92% of the child care workforce is made up of women,[41] and like other industries disproportionately powered by women, child care is undervalued and workers underpaid. That is in part because child care has historically been (and often still is) treated as inherently "women's work," and like other domestic labor, often done for no pay at all. The result is a system that devalues certain skilled jobs simply because of who performs it.

Racial disparity intersects here: Black Ohioans are more likely to be child care workers than their counterparts of other races, making up 18.8%[42] of the child care workforce but just 12.5%[43] of the state's population. Economy-wide, Black women are more likely to be pushed into the lowest paying jobs,[44] one of which is child care. Black people in early child care settings are less likely than other early educators[45] across racial and ethnic groups to earn more than \$15 per hour.

Even compared to other underpaid educators, child care workers are undervalued. According to the Economic Policy Institute, early childhood educators with a bachelor's degree are paid 26.5% less than their colleagues in the K-8 system. The poverty rate for early educators in Ohio is 20.6%, more

than 9 times the rate for other teachers (2.2%) and twice the rate for Ohio workers in general (10.3%).[\[46\]](#)

The numbers illustrate the compounding effects of racism, gender discrimination, and poverty. There's a direct line from the historic devaluation of domestic labor and the enslavement of Black women[\[47\]](#) to the reality of many child care workers today.

Children benefit when they receive care from a consistent set of caregivers.[\[48\]](#) But low wages and inadequate benefits drive high turnover in the child care workforce, disrupting and degrading the quality of care our kids receive. To create a child care system that works for every family, we need policy crafted to make child care work a viable career path for more Ohioans. That includes paying women — especially Black women — at a rate that reflects the high value of the work they do.

[Recommended reading: “The Devaluation of Care Work is By Design” by Angela Garbles.](#)

[Recommended reading: “Black Women’s Labor Market History Reveals Deep-Seated Race and Gender Discrimination” by Nina Banks.](#)

Other states have found solutions

Some states have taken action to increase access to quality child care, raise child care worker pay, and make child care more affordable for working families. Ohio should learn from their successes and implement policies to not only stabilize the crisis, but to build a robust, equitable child care system that prioritizes early childhood educators, children, and families.

Ohio lags other states in the Midwest. For infant center-based care, states like Kentucky reimburse providers in the 92nd percentile, West Virginia in the 80th, and Michigan in the 87th percentile.[\[49\]](#) These states represent a range of possibilities and the need for creativity when solving the child care crisis. While these policy options may not be effective in Ohio, it's still notable that other states have found ways to fund, reform, and reduce harm caused by the ongoing crisis.

Kentucky

Publicly Funded Child Care in Kentucky is run through the Kentucky Child Care Assistance Program, which is fully accessible online.[\[50\]](#) The program has a workforce requirement for part-time and full-time workers to meet income qualifications. Full-time students, teen parents, and people who have eligibility through SNAP have their work requirement waived. The work requirement can also be met through studies to obtain a GED. Kentucky is also providing PFCC to child care workers regardless of income to stabilize the workforce and has seen significant success: Since implementing the change, the number of children receiving state subsidies has more than doubled to 40,000, including 3,600 children of staff members.[\[51\]](#)

Kentucky has a simple prescreening tool online that screens for health, food, financial, child care, and health insurance assistance at one time. The state also recently started a new program, the Employee Child Care Assistance Partnership (ECCAP)[\[52\]](#), which was passed by the General Assembly in 2022[\[53\]](#) and will match contributions made by employers to assist families with the cost of child care.

Tennessee

Publicly Funded Child care in Tennessee is part of the One Department of Human Services system,[\[54\]](#) allowing people to apply for services in one place. The Smart Steps child care program[\[55\]](#) includes families with income below 85% of State Median Income[\[56\]](#) who are a part of the teen parent program, have children six weeks to five years old, or people who work or go to school, or both, for 30 hours or more a week. This year, the state improved their assistance programs by raising reimbursement rates for licensed agencies and increasing infant and toddler assistance for families.[\[57\]](#)

Maine

In Maine, the Right from the Start coalition has brought together a broad coalition of organizers, advocates, policy experts, parents, labor partners, and child care providers working towards the same vision to invest in early childhood.[\[58\]](#) Priorities include expanding access to child care, building a connected and coordinated system to access services, and ensuring that wages and benefits for child care workers reflect the importance of their work and experience.

In 2023, Maine passed a state budget that includes historic investments in child care. This year, eligibility will increase from 85% (\$84,076.90 for a family of four)[\[59\]](#) to 125% of the state's median income. And a wage stipend begun during the COVID-19 pandemic was doubled from \$200/month to \$400/month on average.[\[60\]](#) If Ohio had a similar threshold, a family of four making up to \$79,601 (85% of the state's median income) would have access to assistance[\[61\]](#).

As a result of this legislation, the state is also undertaking a long-term cost of care analysis to learn what it actually costs to sustain a high standard of child care.[\[62\]](#)

New Mexico

In New Mexico, a diverse and dedicated coalition of grassroots organizations, policy experts, early childhood advocates, parents, and providers have been working for over a decade to address child care issues in the state.

In 2020, legislation was passed to establish an early childhood trust fund as a permanent source of revenue that also created a cabinet level Early Childhood Education and Care Department.[\[63\]](#) The legislation increased the rate that the state pays to providers, expanded eligibility for the state's Child Care Assistance[\[64\]](#) program to 400% FPL and eliminated co-pays for families.

This robust eligibility threshold, combined with the elimination of co-pays, means that a family of four making up to \$120,000 a year will qualify for free child care.

The coalition identified New Mexico's Land Grant Permanent Fund (LGPF) as a possible funding source and took their child care campaign to the ballot in November of 2022. Coalition organizations drove a massive voter education and get out the vote effort and 70% of voters approved.[\[65\]](#) New Mexico Constitutional Amendment 1, allocating a percentage of the LGPF to early childhood and K-12 education. The LGPF is funded by oil and gas development on public land. New Mexico Voices for Children estimates that it will provide \$150 million a year for New Mexico's children and families.[\[66\]](#)

New Mexico continued to lead the nation in solving the child care crisis and working to ensure parents, children, and child care providers all have their needs met by updating rules around state

reimbursement rates for providers. Reimbursement rates will increase, sometimes by \$200 or more per child per month, depending on the type and capacity of facility and the age of the child.^[67]

Recommendations

Around the country, states are making child care easier to access and more affordable for families; directing more resources to child care providers; and improving pay for child care workers. Based on what's worked in other states, here are recommendations for improving child care in Ohio.

Raise the income threshold for Publicly Funded Child Care to make more families eligible.

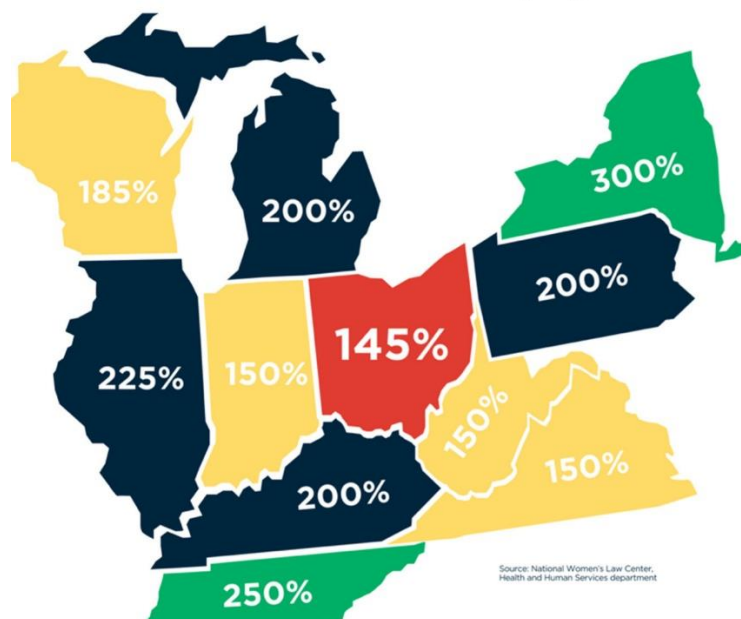
Ohio must expand access to affordable child care by making all families paid up to 300% of the federal poverty level (or \$6,455 per month and \$77,460 annually for a family of three) eligible for publicly funded child care.^[68] At 300% FPL, Ohioans at the median household income (\$65,720) would actually qualify for assistance.

Currently Ohio families qualify for PFCC if their gross monthly household income is at or below 145% of the federal poverty level^[69] (In 2024, this is \$3,116 per month or \$37,399 annually for a family of three). That's actually an improvement; lawmakers raised it from 142% just last year!

In comparison, New Mexico provides publicly funded child care to families at 400% FPL, Utah at 276%, Georgia at 263%, and Tennessee at 250%. Even Ohio's immediate neighbors do better for their families: Michigan, Kentucky, and Pennsylvania provide publicly funded child care at 200% FPL (or an annual income for a family of three of \$51,640). In Ohio, someone can remain in the program up to 300% of the FPL once in the program, but having such a low eligibility threshold to begin accessing the program cuts many Ohioans out.

Figure 4

Federal poverty line thresholds for child care assistance, by state



Alongside this increased eligibility, lawmakers should consider eliminating copayments for those under 150% of the FPL and making it the state's policy that an individual's copay cannot exceed 7% of their monthly income – the HHS recommended affordability.

Make child care free for child care workers.

Child care should be made free for children of child care workers to increase the early learning workforce. Additionally, the state should expand automatic child care eligibility for when a parent is incarcerated, serving in the military, or enrolls in a college or a trade school.

Ohio should also consider a presumptive child care policy like Maryland's, [70] which allows families to use their benefits right away by assuming they are eligible while they go through the process of verification.

Provide adequate revenue for programs.

Ohio must improve wages and benefits for child care workers. The state must improve its reimbursement rates [71] up to the federally suggested 75th percentile [72], consistent with other states and federal guidelines [73]. These higher reimbursement rates need to be tied to a requirement that centers increase workers' pay.

Family child care programs should be reimbursed for the provider's own children. Mothers of young children often choose home-based child care as a career path because it enables them to be with their own children during the day, but under Ohio's current system, doing so means a loss of revenue in an already tight budget. Providers' children are counted toward the total number of children they can serve; those who provide licensed professional child care services and qualify on an income basis for PFCC should receive reimbursements for these children too.

The state should reimburse providers the same way many private pay families do, based on enrollment rather than attendance, to increase stability in the sector.

Adopt online prescreening and eligibility tools.

Kentucky's Prescreening Online tool and Tennessee's One DHS system make it easy for families to qualify for social services programs all in one place. This simple, yet effective, solution would create one central location for families to apply for all programs or help Ohioans understand when they qualify for more than one program.

In 2022, the State of Ohio announced that it was starting [a pilot program](#) to simplify the process of applying for public benefits. The Ohio Benefits Eligibility System was launched as pilot program in Allen, Athens, Butler, Hamilton and Medina counties. A version of the Ohio Self Service eligibility portal can be found online at benefits.ohio.gov.

Lawmakers should consider setting aside funds for statewide implementation and advertisement of the service. Any expansion of eligibility or presumptive eligibility program would greatly benefit from these tools when implemented.

Conduct a statewide cost-of-care analysis.

In order to understand the real cost of care of Ohio families, the state should consider funding and implementing a cost of care analysis. This style of fact-finding legislation could help lawmakers and researchers better understand the child care system, demographic information, and reorient the new Department of Child and Youth Services as they develop their programming. This has been a key component of Maine's strategy toward a better system.

Provide livable wages for child care workers.

We cannot have quality child care without funding the people who do the work. Workers deserve their own set of protections. Lawmakers should consider implementing a Care Workers or Domestic Workers Bill of Rights, based on the framework by the National Domestic Workers Alliance.^[74] This includes important protections like safe working conditions, rest breaks, overtime pay, and wage requirements. Guidelines for early childhood educators specifically could also include child to staff ratios, health and safety standards (like lead testing), and standardized pay requirements based on experience or education.

The federal government recently released sample contracts for domestic workers^[75] that the state of Ohio should consider proving as a resource to people who become licensed by the state or to all publicly funded child care centers.

Conclusion

As Secretary of the Treasury Janet Yellen said in her 2021 analysis of the child care system:

Child care is a textbook example of a broken market, and one reason is that when you pay for it, the price does not account for all the positive things it confers on our society. An enormous body of economic literature finds that kids with access to quality child care end up in school longer and in higher-paying jobs afterward. When we underinvest in child care, we forego that; we give up a happier, healthier, more prosperous labor force in the future.

Ohio lawmakers have created a false reality through corruption, gerrymandering, and shifting our tax system to benefit the rich that has formed the idea that advocates have to choose between what's best for kids, workers, and families. This is a manufactured choice created by a consistent lack of support and funding for our system. Ohio has the resources to build our infrastructure and it's time to intentionally distribute them to kids and families. Ohio must provide a decent baseline for everyone, and many of the policies proposed in this brief are a good start.

The authors are grateful to Tami Lunan and the leaders of the Care Economy Organizing Project who provided feedback on this report, PRE4CLE for help accessing crucial data, and the Dignity For All coalition.

Find Sources here: <https://www.policymattersohio.org/research-policy/shared-prosperity-thriving-ohioans/basic-needs-unemployment-insurance/basic-needs/ohios-childcare-crisis>



2023 Early Childhood Dashboard



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HPIO

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A Message from Our Leadership

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

We began work on an Early Childhood Dashboard in 2021 that would answer that question and help inform policymakers about the realities facing Ohio families with young children. After two years of extensive research, fact-gathering, and input from children and family experts throughout the state, including families themselves, we are proud to release the completed Early Childhood Dashboard. The Early Childhood Dashboard is a first-of-its kind accounting, incorporating more than 60 metrics across six domains spotlighting the immense challenges and broad inequities faced by the families in our state.

It is undisputed that the first 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. At Groundwork Ohio, we believe we cannot secure a strong future for Ohio without setting up our youngest Ohioans and their families for success.

Together with the Health Policy Institute of Ohio (HPIO), Groundwork Ohio created the Dashboard to provide a comprehensive reporting of data in context through an analysis of trend, Ohio to U.S. comparison, and disaggregation of data to identify disparities and inequities. Prioritizing Ohio’s youngest begins with data. The previously published *Dashboard Preview* was a starting place for measuring what matters. Since that publication, we have engaged statewide stakeholders and passionate advocates to provide our policymakers with the most accurate and thorough recording of the realities facing our families. We’ve also integrated the lived experiences of Ohio families to supplement the data and tell a more comprehensive story alongside the numbers. The data, coupled with the amplification of family voices, is what policymakers need to move forward.

Ultimately, this unique work highlights the necessity for urgent action to ensure Ohio’s youngest have the opportunity to grow and thrive in our Great State. As Groundwork Ohio, we know that our state’s success is largely determined by the success of Ohio’s youngest children, birth-to-five. Investing in our youngest and most precious resources is the most transformative strategy to increase the life-long success of every child and provide economic stability for our state.

Warm personal regards,



A handwritten signature in blue ink that reads "Shannon Jones".

Shannon Jones
President & CEO
Groundwork Ohio

About Groundwork Ohio

Groundwork Ohio focuses on the time when children’s experiences and environments most influence their health, development, and life trajectory: from birth to age 5. We work to ensure that every baby, toddler, and young child in Ohio has the resources and opportunities for a strong start.

Groundwork advances 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.

Groundwork Ohio’s Centers of Excellence

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



The Center for Maternal and 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 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.



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.

Key Takeaways

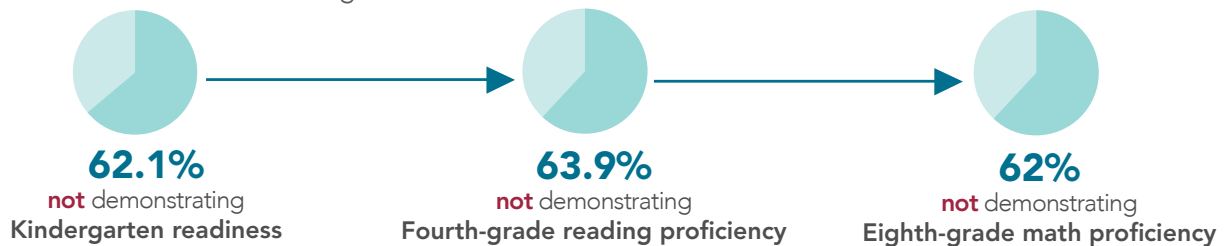
Ohio's youngest children need our support to reach their full potential.

What does the data tell us?

1 Early investments can lay the foundation for good outcomes.

Ohio kids are starting behind in kindergarten and staying behind. Kindergarten readiness screeners provide an important snapshot of a child's strengths and needs as well as insight into the diverse experiences Ohio children are having long before entering the kindergarten classroom.

Research shows a strong connection between a child's readiness to enter kindergarten and their math and reading skills throughout their academic career. When children are prepared for kindergarten, they are prepared for future academic success. This is why early investment reaps such substantial rewards. Not only does it improve school readiness but builds a strong foundation for a lifetime of success for Ohio kids.



2 Babies carry the burden.

In Ohio, babies bear a disproportionate burden of our failing systems. Even where there have been investments in high quality birth-to-five interventions, disparities remain. In Ohio, infant mortality rates continue to be worse than the U.S. average at 6.9 infant deaths (under age 1) per 1,000 births, with a **large and appalling racial disparity**.

The important goal of reaching a first birthday should be the floor, not the ceiling of success. Yet, upon birth, Ohio babies and their families are faced with insurmountable challenges:

- There are almost twice as many cases of neonatal abstinence syndrome in Ohio than in the U.S. overall.
- More young children experience maltreatment (child abuse or neglect under age 1) in Ohio than in most other states. The trend only gets worse for Ohio babies with a 20% increase from 2017 to 2020.

Less than 1 in 5
Ohio babies from families with
low incomes have access to any
early learning program.



While there are many ways we can begin to improve outcomes for our young children, focusing state efforts on its very youngest citizens is an **urgent moral imperative** as well as a **wise state investment**.

Key Takeaways

3 Ohio's families are strong, but our systems are weak.

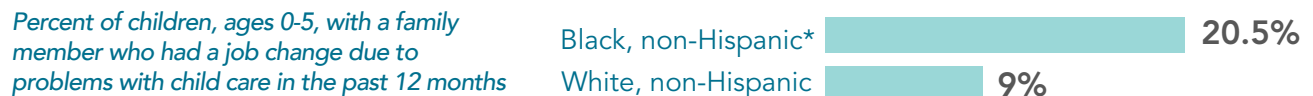
Family resiliency is defined as, "talking together about what to do, working together to solve problems, families knowing they have strengths to draw on, and staying hopeful even in difficult times."

Most Ohio parents with young children report that their families are resilient. Yet, Ohio ranks 50th in the nation for family resiliency. Our families are sending a message to our systems that, despite their best problem-solving, strength, and hope, they are carrying the weight of policy and system failures. *While Ohio families are strong*, policies, programs, and systems must do a better job supporting the families who need it most.



4 Our future depends on fostering the promise of every child.

Many families face obstacles that include systemic racism and multi-generational poverty. These challenges disconnect them from the opportunities they need to thrive. For example, Black families are more than twice as likely to change jobs due to problems with child care than white families. To close gaps in outcomes, investments and policies must ensure that every child has a strong foundation while racism and other forms of discrimination are dismantled.



5 There are families behind the facts.

Each data point in this Dashboard represents the experiences of real Ohio children and families, but their voices are often missing from the picture.

Insights, perspectives, and stories from Ohio families are critical data that must be amplified to provide context and meaning to the numbers. Parents and caregivers are seeking deeper relationships with, and recognition by, the systems that they rely upon—they 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.*

Storytelling ensures that the data is grounded in the experiences of Ohio children, families, and communities. Five families who are engaged in Groundwork Ohio's **Family Action Network** were interviewed and have graciously shared their personal stories with us through a video interview and written story for this Dashboard.



*Source: *Amplifying Family Voice to Advance Equitable Outcomes for Young Children*, June 2021, Groundwork Ohio.

Overview

What is Groundwork’s Early Childhood Dashboard?

The *2023 Early Childhood Dashboard* is 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. It is a first-of-its-kind, comprehensive snapshot of Ohio’s performance on more than 60 key metrics that examine the systems, community conditions, and outcomes required to ensure that young children in Ohio are healthy and ready to learn. The *Dashboard* puts data in context by analyzing trends across years, comparing Ohio to the U.S., and highlighting disparities and inequities.

The *Dashboard* was developed in partnership with early childhood experts, families, community organizations, providers, and other early childhood stakeholders at the local, state, and national levels. It builds upon the *Early Childhood Dashboard Preview* released by Groundwork Ohio in March 2022, providing a more thorough examination of the factors and outcomes required to achieve equity and lay a strong foundation for young children.

Laying a strong foundation for Ohio’s young children

Goal The *Dashboard* advances equity and catalyzes advocacy and action to lay a strong foundation for Ohio kids (prenatal to 5), families, and communities.

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

Positive outcomes for young children are achieved

Young children in Ohio are

- ✓ Healthy
- ✓ Ready to learn

Systems & community conditions

build a strong foundation for young children

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

Approach

State policies and investments ensure that every child has a strong foundation while racism and other forms of discrimination are dismantled. The voices of Ohio parents and families are amplified and they are engaged in the policies and practices that impact their children.

How can the *Early Childhood Dashboard* be used to advance equity and catalyze advocacy?


Advance equity

by ensuring that every child lives to their full potential

Catalyze advocacy

by prioritizing action on the issues that support health and readiness to learn for young children

What can you do?

1. **Increase awareness** by sharing with others how the impacts of racism and other forms of discrimination disconnect some families from opportunities to thrive. Throughout the *Dashboard*, data on disparities in outcomes is highlighted with a .
2. **Target your focus** by allocating funding and other resources to meet the needs of young children who are most at risk for poor outcomes, listed on page 10. We can close gaps in outcomes by tailoring policies and investments to support systematically disadvantaged families and their young children.
3. **Evaluate** how policies, services, and programs are performing for young Ohioans and identify gaps in outcomes. See the data appendix at GroundworkOhio.org/dashboard for sources of disaggregated data.

1. **Engage and educate** policymakers and decision-makers. Data included throughout the *Dashboard* illustrates Ohio's strengths and gaps and can be shared to prioritize investment and policy change.
2. **Mobilize public and private partners** to strengthen the systems and community conditions that support young children, listed on page 18. There is a role for everyone to play in making Ohio the best place to be a young child.
3. **Include stories from Ohio families** as experts to inform, influence, and determine the needs of their children. Each section of the *Dashboard* includes insights, perspectives, and stories from Ohio families that can be used to inform the policymaking process.

Why should we prioritize our youngest Ohioans?

Investments in early childhood not only benefit the well-being of children and their families, but also pay long-term dividends to the state and our economy. Our youngest children are our future workforce, parents, caregivers, and leaders. We can secure a strong future for Ohio by prioritizing the needs of our youngest Ohioans and the families that care for them.

While Ohio has made progress in fostering a 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 effects 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 must be focused on ensuring that young children are healthy and ready to learn. Our future as a thriving state depends on it.

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.

Developmental and biological disruptions experienced in early childhood are particularly harmful. Challenges in these early years can weaken a child's immune system, alter brain architecture, and negatively affect health, learning, and behavioral outcomes later in life. These disruptions can be caused by adverse childhood experiences (ACEs) and exposure to unstable, unsafe, and stressful environments. The good news is that these harms are often preventable and can be addressed by increasing investment in and supports for our youngest children and their families.

Which young Ohioans are most at risk for experiencing poor outcomes?

Children in some families, particularly young children of color, with special needs, with low incomes, and/or who live in underserved communities, are starting at a disadvantage. These families face historical and structural obstacles, such as systemic racism and multi-generational poverty, which limit their ability to access necessary supports and develop the relationships needed for their children to thrive.

As a result, young children in families experiencing systemic disadvantage are more likely to experience poor health and educational outcomes compared to their peers. We can advance equity (when every child has the opportunity to reach their full potential) and eliminate disparities (gaps in outcomes) through intentional investments and policies tailored to meet the needs of families and their young children.

However, it is impossible to eliminate disparities without the ability to measure them. Investments are needed across public and private data systems to collect and disaggregate, or break out, data by social, economic, and demographic factors (outlined in the data challenges box). Monitoring disaggregated data on the performance of systems, policies, and programs across Ohio is vital to make improvements for babies and young children who face the highest risk of falling behind.

Additionally, it is vitally important that disaggregated data on important indicators of child health and well-being be shared publicly, so that partners across the state can work together to improve outcomes.

Data challenges

Not all groups that experience poor outcomes are represented in existing and/or publicly available data. Reasons for this include:

- Data on race/ethnicity, income, geography, disability status, and other factors is often not collected or is collected inconsistently across data sources.
- Child survey data can be hindered by small sample sizes.
- Data may be collected or grouped in ways that mask disparities. For example, Asian Americans, as a group, tend to perform well on many indicators; however, existing data on southeast Asians and Bhutanese and Nepali refugees suggest that these communities experience poorer outcomes.

Are Ohio's Young Children Achieving Positive Outcomes?

Outcomes related to young child health and education are closely linked, and both are vital to securing Ohio's future. Ensuring every young child in Ohio is healthy and ready to learn contributes to a prosperous and productive future and minimizes long-term healthcare, public assistance, and other costs.



Navigating the data

The following pages will provide data from a variety of sources that measures important indicators of child health and well-being. Ohio's performance on these indicators is displayed in tables, like the one below.

Data from the most-recent year

Ohio's performance		Most recent	Trend	Ohio compared to U.S.
Topic	Maternal health			
Metric description	Maternal mortality. Number of deaths from causes related to pregnancy or its management, per 100,000 live births	23.8 (2019)	N/A	Worse
	Maternal morbidity. Number of severe maternal morbidity events per 10,000 delivery hospitalizations	71.9 (2019)	No change	N/A
	Asian, non-Hispanic mothers	Moderate disparity (most-recent year)		
	Black, non-Hispanic mothers	Moderate disparity (most-recent year)		
	Hispanic mothers	Moderate disparity (most-recent year)		
	Postpartum depression. Percent of women with a live birth who experienced postpartum depression	9.7% (2020)	Worsened	N/A

Levels of trend, or the degree of change over the past three years

Ohio's performance compared to the U.S. overall for the most recent year

Degree of disparity, which measures gaps in outcomes for groups that are systematically disadvantaged and experience worse outcomes compared to groups that most consistently experience the best outcomes



Are Young Ohioans Healthy & Ready to Learn?

FAMILY PROFILE

Lori Jarvis
Clermont County



“Head Start taught me what needed to be done before kindergarten,” Lori says. “By the time they hit kindergarten, they were reading, they were writing, they had basic math down.”



LORI'S STORY



Lori Jarvis learned when her youngest daughter was six months old that she had left-hemiparesis cerebral palsy, a result of a stroke in utero. Recently, doctors also discovered the three-year-old has epilepsy.

"When she was first diagnosed, they told us that there was a high possibility that she would be nonverbal, non-mobile, and she would probably be G-tube (gastrostomy tube) fed," Lori says. "Now because of the Perlman Center (at Cincinnati Children's Hospital) and all that I've learned there and all that she's learned there, she is thriving."

Lori spends, on average, four days per week at Cincinnati Children's seeing the 30 specialists on her daughter's care team. When they're home, she spends upwards of three hours per day doing therapies with her daughter.

Lori says she is immensely grateful to Head Start, which helped get her daughter diagnosed and where all four of her children have attended early learning programs.

"Head Start taught me what needed to be done before kindergarten," Lori says. "By the time they hit kindergarten, they were reading, they were writing, they had basic math down."

The family's Head Start home visitor also helped Lori get her youngest daughter enrolled in Help Me Grow, an initiative that promotes early learning and assesses if children are developing on track.

Though her children are doing well, Lori says she and her husband, who works full-time, constantly worry about losing Medicaid coverage, Supplemental Nutrition Assistance Program (SNAP) benefits, and their youngest daughter's Social Security disability benefits. To Lori's endless frustration, each program has different income eligibility guidelines.

Earning just one dollar over the threshold, Lori says, can get them disqualified. "Then we spend months trying to adjust only...to be set back into debt...then we're reapplying for assistance again. There should be some type of step-down process."

She says her husband has turned down overtime and raises to ensure any additional income doesn't leave them worse off financially.

Lori says her "fantasy" is that she wouldn't have to worry about which bill to pay and that all she had to think about was getting her daughter to the right appointments.

**Watch
Lori's Video**



-> youtu.be/eUrhRVvgJeo

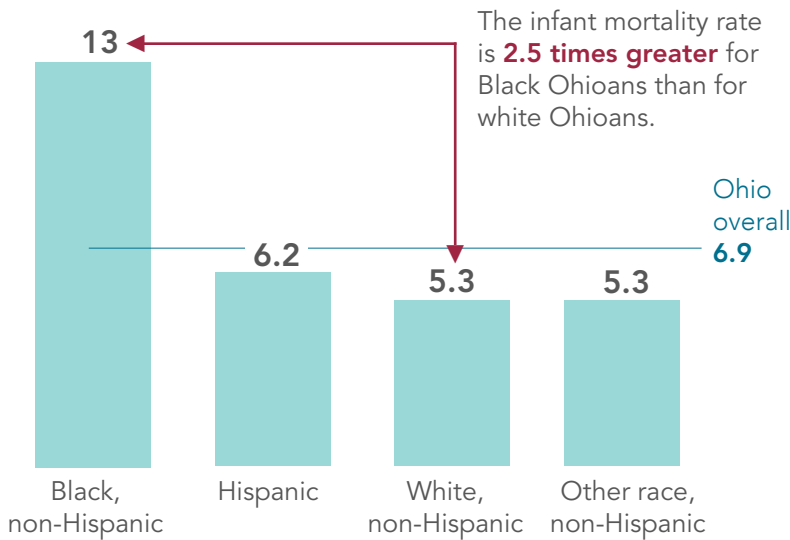


The foundation for a healthy life starts early — before a baby is born. Without increased investment and support, some young children and their mothers can face lifelong challenges to their physical and mental health and well-being.

Young child health: What does the data tell us?

More than 1 in 150 Ohio babies **don't live to see their first birthday**. Black and Hispanic Ohioans are disproportionately affected by infant mortality.

Number of infant deaths, under age 1, per 1,000 live births (2019)

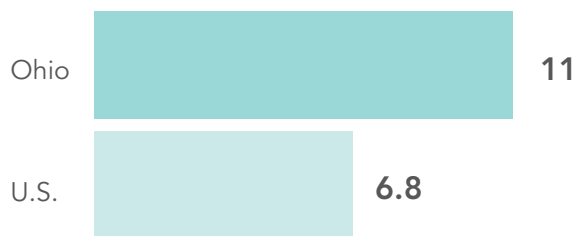


Racism can directly affect maternal and infant health and is a primary driver of infant mortality. For example, repeated exposure to racial discrimination can contribute to maternal toxic stress, which is linked to preterm births, low birthweight, and infant mortality.³ Racial disparities in infant mortality persist despite maternal income or education level.⁴

Source: Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (WONDER) (2019)

There are almost twice as many cases of **neonatal abstinence syndrome** in Ohio than in the U.S. overall.

Number of neonatal abstinence syndrome cases among newborn hospitalizations, per 1,000 newborn hospitalizations (2018)



Neonatal abstinence syndrome is a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids, during pregnancy.³ Symptoms vary and are impacted by factors, such as length of parental substance use and type of substance.

Source: Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project (2018)



Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Birth outcomes			
Neonatal abstinence syndrome. Number of neonatal abstinence syndrome cases among newborn hospitalizations, per 1,000 newborn hospitalizations	11.0 (2018)	No change	Worse
◆ Low birthweight. Percent of live births where the infant weighed less than 2,500 grams (5.5 pounds)	8.5% (2020)	No change	Same
Asian, non-Hispanic infants	Moderate disparity (most-recent year)		
Black, non-Hispanic infants	Large disparity (most-recent year)		
◆ Infant mortality. Number of infant deaths, under age 1, per 1,000 live births	6.9 (2019)	No change	Worse
Black, non-Hispanic infants	Large disparity (most-recent year)		
Hispanic infants	Moderate disparity (most-recent year)		
Preterm birth. Percent of infants born preterm (before 37 completed weeks of gestation)	10.3% (2020)	No change	Same

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

◆ = disaggregated data is available. Only groups with moderate or large disparities are displayed (see data appendix for all disaggregated data)

	Most recent	Trend	Ohio compared to U.S.
Young child health			
Young child mortality. Number of child deaths, ages 1-5, from all causes, per 100,000 children, ages 1-5	22.5% (2020)	Improved	Same
◆ Elevated blood lead levels. Percent of children, ages 0-5, who received a blood lead test and had elevated blood lead levels	1.9% (2020)	Improved	N/A
Behavioral health diagnoses. Percent of Medicaid enrollees, ages 0-9, who have been diagnosed with a behavioral health condition	13.9% (2019)	N/A	N/A
Oral health problems. Percent of children, ages 1-5, with oral health problems	9.3% (2018-2020)	N/A	Same

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

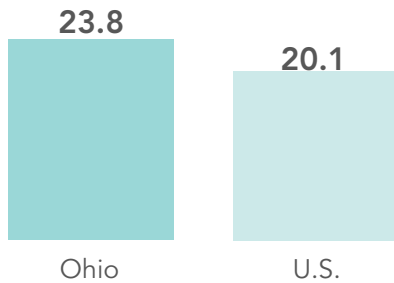
◆ = data provided by a state agency (Ohio only)



Maternal health: What does the data tell us?

More mothers are dying from causes related to pregnancy and childbirth in Ohio than in other states.

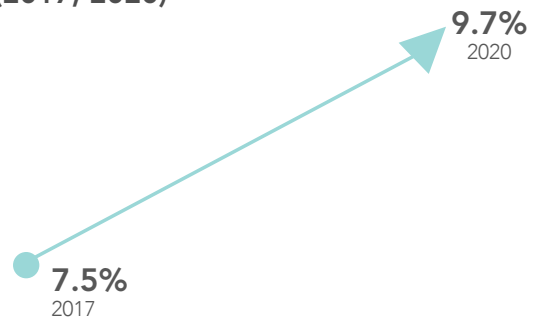
Number of deaths from causes related to pregnancy or its management, per 100,000 live births (2019)



Source: CDC WONDER, as compiled by America's Health Rankings (2019)

Postpartum depression increased 29% among Ohio women during the COVID-19 pandemic.

Percent of women with a live birth who experienced postpartum depression (2017, 2020)



Source: Ohio Pregnancy Assessment Survey (2017, 2020)

Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Maternal health			
Maternal mortality. Number of deaths from causes related to pregnancy or its management, per 100,000 live births	23.8 (2019)	N/A	Worse
Maternal morbidity. Number of severe maternal morbidity events per 10,000 delivery hospitalizations	71.9 (2019)	No change	N/A
Asian, non-Hispanic mothers	Moderate disparity (most-recent year)		
Black, non-Hispanic mothers	Moderate disparity (most-recent year)		
Hispanic mothers	Moderate disparity (most-recent year)		
Postpartum depression. Percent of women with a live birth who experienced postpartum depression	9.7% (2020)	Worsened	N/A

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

◆ = disaggregated data is available. Only groups with moderate or large disparities are displayed (see data appendix for all disaggregated data)

🇺🇸 = data provided by a state agency (Ohio only)

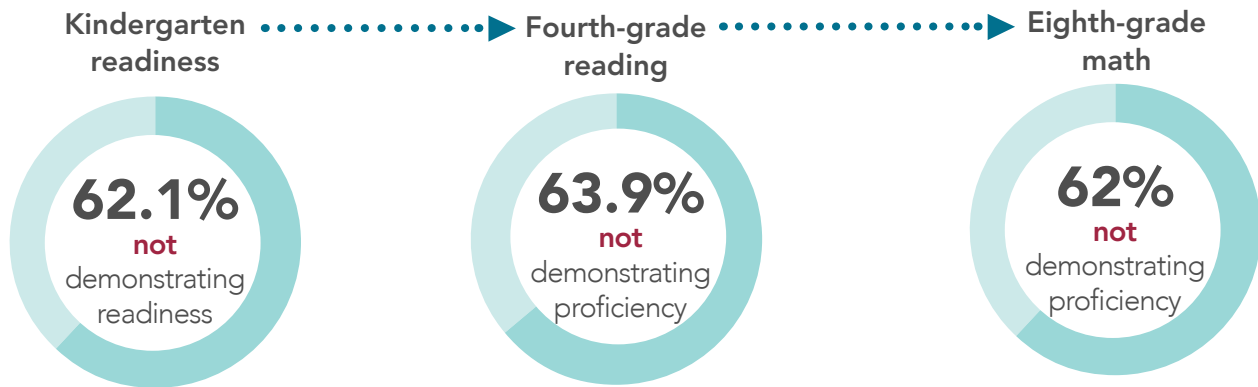


Are Young Ohioans Ready to Learn?

Children who start school ready to learn are more likely to demonstrate stronger math, reading, and social skills later in life, whereas children who enter kindergarten underprepared are at a disadvantage for future success.⁴ 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.

School readiness and academic achievement: What does the data tell us?

Ohio kids are **starting behind and staying behind**. There is a strong connection in research between a child’s readiness to enter kindergarten and their math and reading scores throughout their academic career.⁵ When we prepare our children for kindergarten, we are preparing them for a future of academic success.



Source: Ohio Department of Education (2021-2022)

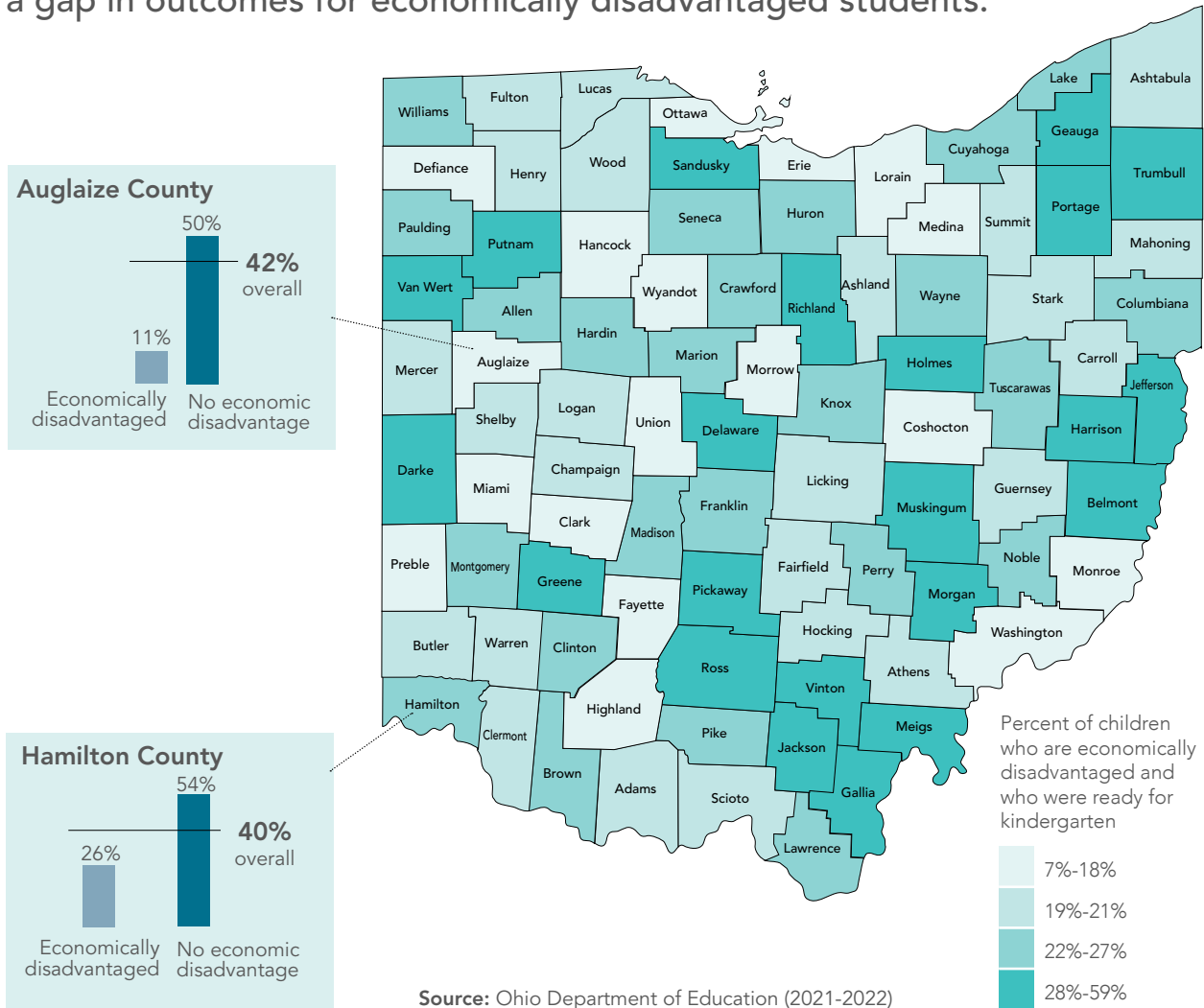
Source: National Assessment of Educational Progress (NAEP) (2019)

Source: NAEP (2019)






Students who are economically disadvantaged are more than two times less likely to **demonstrate kindergarten readiness** than students with no economic disadvantage. A similar disparity exists across every county in Ohio.


The gap in kindergarten readiness exists in suburban, Appalachian, rural, and urban counties. Even counties that perform relatively well overall see a gap in outcomes for economically disadvantaged students.




Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
School readiness and academic achievement			
 Kindergarten readiness. Percent of students demonstrating kindergarten readiness based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R)	37.9% (2021-2022)	No change	N/A
American Indian or Alaskan Native students	Moderate disparity (most-recent year)		
Black, non-Hispanic students	Moderate disparity (most-recent year)		
Hispanic students	Large disparity (most-recent year)		
Multiracial students	Moderate disparity (most-recent year)		
Students who are economically disadvantaged	Large disparity (most-recent year)		
Students with a disability	Large disparity (most-recent year)		
On track for literacy. Percent of students "on-track" for language and literacy based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R)	47.5% (2021-2022)	Worsened	N/A
 Fourth grade reading proficiency. Percent of fourth grade students proficient in reading based on the National Assessment of Educational Progress	36.1% (2019)	No change	Same
Black students	Large disparity (most-recent year)		
Hispanic students	Moderate disparity (most-recent year)		
Multiracial students	Moderate disparity (most-recent year)		
Eighth grade math proficiency. Percent of eighth grade students proficient in math based on the National Assessment of Educational Progress	38% (2019)	No change	Better
 Chronic absenteeism. Percent of students in grades K-3 missing at least 10% of school attendance time in a year	26.4% (2021-2022)	Worsened	N/A
American Indian or Alaskan Native students	Moderate disparity (most-recent year)		
Black, non-Hispanic students	Large disparity (most-recent year)		
Hispanic students	Moderate disparity (most-recent year)		
Multiracial students	Moderate disparity (most-recent year)		
Students who are economically disadvantaged	Large disparity (most-recent year)		

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

 = disaggregated data is available. Only groups with moderate or large disparities are displayed (see data appendix for all disaggregated data)

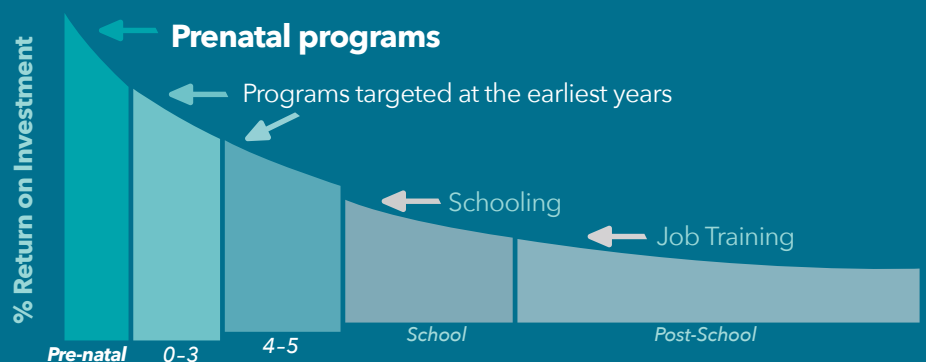
 = data provided by a state agency (Ohio only)

Where Should Ohio Invest?

We must invest early in Ohio's children to achieve equity and lay a strong foundation for every child. When our systems, policies, and communities are structured to support Ohio's youngest children, families can thrive. These investments put Ohio on a path to becoming a healthier, more productive, and economically vibrant state.

Public investments in high-quality, prenatal to 5 interventions for Ohio children **deliver a 13% ROI per year.**

The highest return comes from investments in the earliest years because that work reduces later spending on special education, health care, and leverages dollars spent later.



*Source: www.heckmanequasion.org

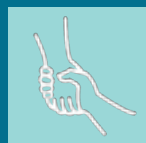
Achieving equity and laying a strong foundation for Ohio's children requires investments in:



Early Learning
Access & Quality



Healthcare
Access & Quality



Early Childhood Adversity
& Trauma Prevention



Economic
Stability



Early Learning Access & Quality

FAMILY PROFILE

Christina Hutton

Miami County



“I would love to go back to work if I could make it feasible for my family...but it’s a vicious cycle.” Christina says she’s stuck on public assistance. Given what she can earn, virtually all of her paycheck would go for health insurance and child care.



CHRISTINA'S STORY



All three of Christina Hutton's children, ages eight, seven, and six, attended Head Start in Miami County. Each has benefited, especially the oldest and youngest, and has been more ready for kindergarten as a result, she says.

The oldest child's Head Start teacher spotted she was having a hearing problem, resulting in a diagnosis of mixed receptive language disorder, and that she also has dysgraphia, a neurological disorder characterized by writing disabilities.

"If it weren't for the health screening at Head Start, I would not have known that she was having issues hearing," says Christina. Getting ear tubes stopped the hearing loss. While her daughter still receives speech and occupational therapy, "She's in second grade and absolutely thriving," says Christina.

Christina's youngest had an eating disorder and was tube fed from six months until he was three-and-a-half. When he went to early learning at Head Start, he struggled with "being around other kids that weren't like him," Christina says. "They (the teachers) were excellent at giving him time to kind of regulate his emotions, giving him breaks when he needed it."

Christina believes that despite his high-quality early learning experience, he's still playing catch-up because he lost so much socialization and language development during the pandemic. But she loves that he's still practicing in kindergarten the coping techniques he learned in preschool to help him calm down when he's frustrated or upset.

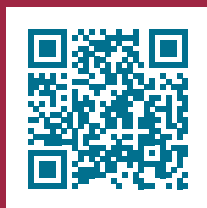
All of Christina's children are in Scouts, and she's her middle child's Girl Scout troop leader. She also serves on the Miami County Family & Children First Council and on Head Start's Policy Council.

A single mom, Christina, 37, lives with her brother because she can't afford a place of her own. She would like to work, but can't risk losing Medicaid coverage for her children, and she can't afford afterschool child care.

"I would love to go back to work if I could make it feasible for my family," Christina says. But it's a "vicious cycle" where she's stuck on public assistance. Given what she can earn, virtually all of her paycheck would go for health insurance and child care.

"I don't know if I see an end date," Christina says.

**Watch
Christina's Video**



-> youtu.be/7c-jnuAqw5Q



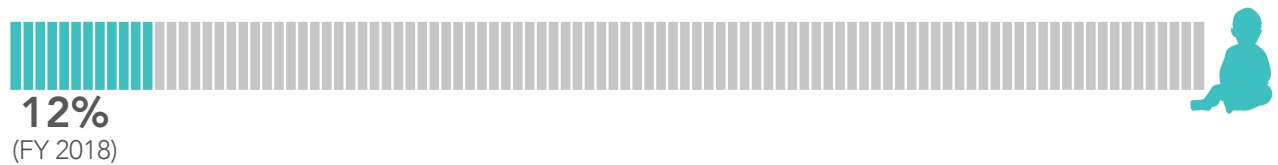


Access to quality early learning is vital to supporting and maintaining a child’s overall health and well-being. Children with access to high-quality early learning experiences within their first five years of life are more likely to be kindergarten-ready, graduate from high school, and have higher earnings and better health later in life.

Access, cost, and affordability: What does the data tell us?

Most of Ohio’s youngest children are **not being served by early learning programs**. Only 12% of eligible children, ages 0-2, had access to Early Head Start, and only 4.3% of low- and moderate-income children, ages 0-2, received child care subsidies.

Percent of income-eligible children, ages 0-2, who had access to Early Head Start

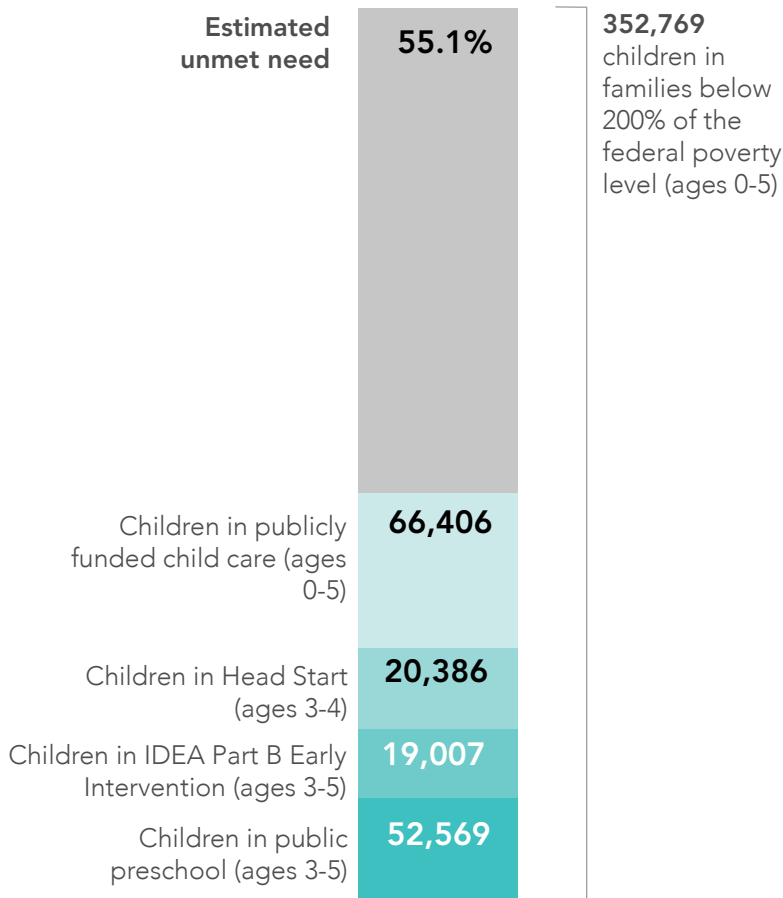


Percent of low- and moderate-income children, ages 0-2, who received child care subsidies



Early Head Start is a federally funded school readiness program for children, ages 0-2, for families at or below the federal poverty level. Early Head Start programs include early learning curriculum, health and developmental screenings, and parenting supports.

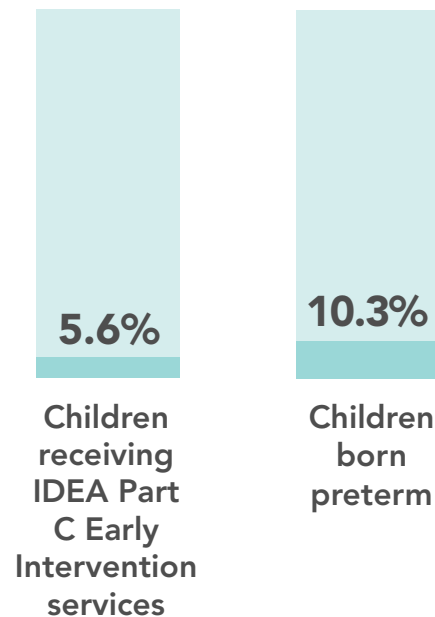
Many Ohio children from families with low incomes **did not have access to early learning opportunities** in 2020-2022.



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 (2022); U.S. Office of Head Start data as reported by the Annie E. Casey Kids Count Data Center (2021); U.S. Department of Education (2020-2021); Ohio Department of Education (2021); American Community Survey (2019)

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



Source: U.S. Department of Education (2020-2021); Centers for Disease Control and Prevention (2020)

The Individuals with Disabilities Education Act (IDEA) includes services for young children with disabilities ages 0-5:

- **IDEA Part B:** Services for school-aged children, including children ages 3-5 years with special education needs in preschool
- **IDEA Part C:** Early intervention for babies and toddlers ages 0-36 months, including Help Me Grow home visiting

Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Early learning access and affordability, infants and toddlers			
Early Head Start access, income-eligible infants and toddlers. Percent of income-eligible children, ages 0-2, who had access to Early Head Start (EHS)	12% (FY 2018)	N/A	Same
Child care subsidies, infant and toddler. Percent of low- and moderate-income children, ages 0-2, who received child care subsidies	4.3% (FY 2019)	N/A	Same
Early Intervention service access, infants and toddlers. Percent of children, ages 0-2, receiving IDEA Part C Early Intervention services	5.6% (2020-2021)	No change	Worse
Met early intervention need. Percent of children, ages 0-2, who were eligible for IDEA Part C Early Intervention services and received services	88.9% (2021)	No change	N/A




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

= data provided by a state agency (Ohio only)


	Most recent	Trend	Ohio compared to U.S.
Early learning access and affordability, young children			
Early learning access. Percent of children, ages 0-5, with family incomes below 200% of the federal poverty level enrolled in early childhood education	44.9% (2020-2022)	N/A	N/A
Not enrolled in preschool. Percent of children, ages 3-4, with family incomes below 200% of the federal poverty level who are not enrolled in school	62% (2015-2019)	N/A	Same
Child care affordability. Average annual price of center-based child care as compared to public college tuition			
Center-based child care	\$9,181 (2020)	N/A	N/A
In-state tuition and fees at public universities	\$11,670 (2019-2020)	N/A	N/A

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

Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Early learning quality and workforce			
 Publicly funded child care quality. Percent of publicly funded child care programs that are rated as quality or high-quality by Step Up To Quality	73.2% (2022)	N/A	N/A
 Positive social-emotional skills, special needs preschool. Percent of preschool students with Individualized Education Programs (IEPs) who demonstrate improved positive social-emotional skills by the time they turn 6 years old or exit the program	49.1% (FY 2021)	Worsened	N/A
 Language, communication, and literacy, special needs preschool. Percent of preschool students with IEPs who demonstrate improved acquisition and use of knowledge and skills including early language, communication, and literacy by the time they turn 6 years old or exit the program	47.2% (FY 2021)	Worsened	N/A

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

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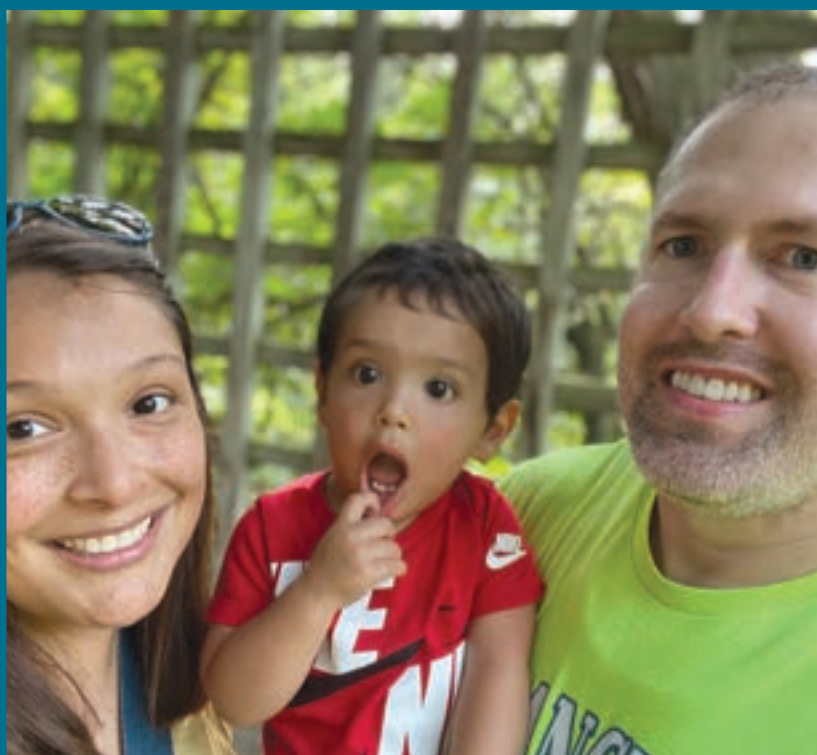


FAMILY PROFILE

Lupe Bright
Franklin County



“When someone tells you that you could have a stillborn baby, you don’t really hear anything they say afterwards,” says Lupe, the former teacher and school and medical interpreter.



LUPE'S STORY



Lupe Bright was pregnant during COVID-19. Previous medical issues meant she was high-risk.

"When someone tells you that you could have a stillborn baby, you don't really hear anything they say afterwards," says the former teacher and school and medical interpreter.

Her search for medical specialists, particularly a mental health counselor for anxiety, was challenging, made worse by the pandemic. Only after she contacted Moms2B, an initiative that serves high-risk pregnant women, did she get the appointments she needed.

"They reached out to the hospital, and within less than a week, I was seeing the experts that I needed to see," says Lupe, 31.

Because her son was born premature, Lupe quickly realized he would need early intervention services. She reached out to Help Me Grow, but was denied services after a virtual assessment. When she and her husband appealed, a second assessment in-person revealed their child had torticollis, a neck condition that requires physical therapy, makes it difficult for infants to eat, and can cause eye issues.

"If I hadn't advocated for him, I'm not sure he would have gotten access to Help Me Grow," Lupe says.

Today her son is doing well, though he's still receiving multiple kinds of therapy.

"He still has some minor things to work on, but my son's doing great...that's because we have been able to get him resources."

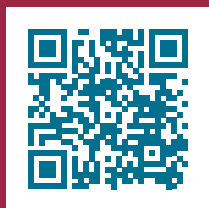
Getting treatment – physical, occupational, and feeding therapy – hasn't been easy, says Lupe. "We wait for pretty much every service."

Pregnant with her second son and working on her doctorate in education policy and leadership, Lupe is grateful she doesn't have to work outside the home. "If I were to work, then the therapy hours that are available get shorter, and his therapy waitlists get longer."

Lupe believes her son, who is 18 months old, would not be walking, eating, speaking, and tracking properly with his eyes but for Help Me Grow.

"I'm educated in the education system...but not within the health care system. It's a very different world," she says.

**Watch
Lupe's Video**



→ youtu.be/6ozsGJoigDo

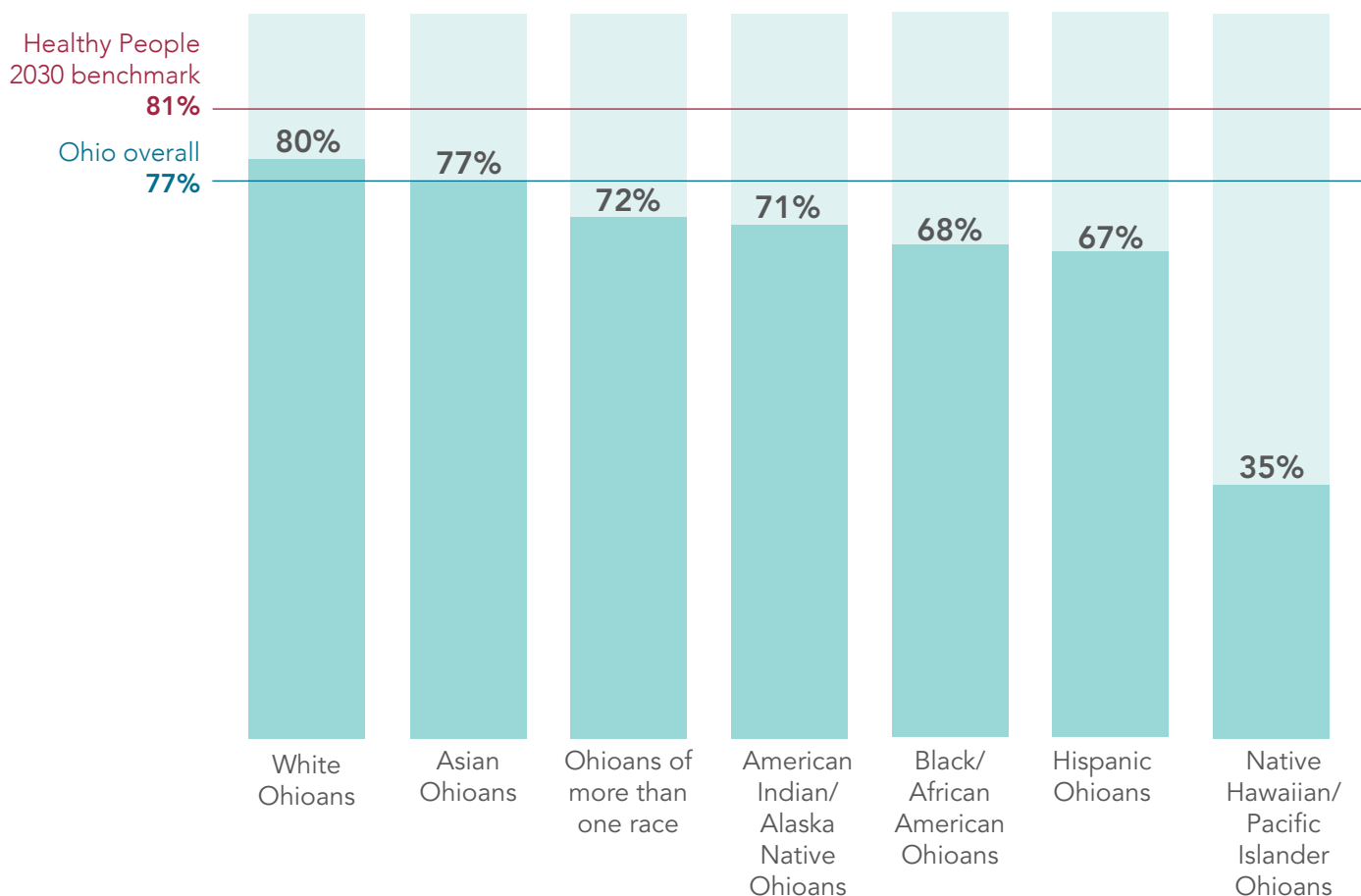




Quality, timely, and accessible health care is necessary to build a strong foundation for young children in Ohio. Quality health care before birth and throughout early childhood can ensure healthy development for Ohio’s children and prevent harmful and costly health conditions. A stable source of quality health care during the prenatal, infant, and toddler periods contributes to positive outcomes for children and allows for better mental and physical health into adulthood.⁶

Prenatal and postpartum care: What does the data tell us?

Only three-quarters of pregnant women in Ohio **received 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.

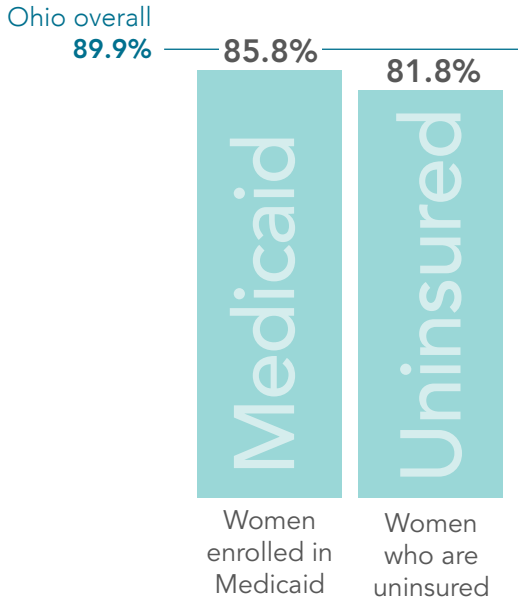


Note: Where not specified, all racial categories listed above are non-Hispanic
Source: Centers for Disease Control and Prevention (2020)



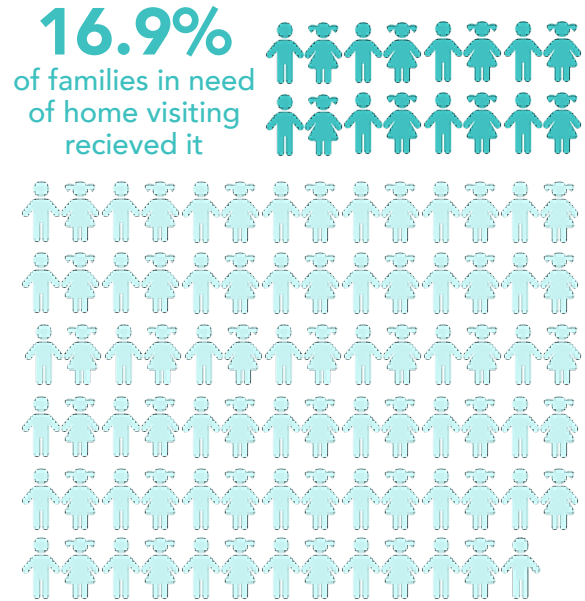
Women who are **enrolled in Medicaid or uninsured** were less likely to have a medical appointment after giving birth than other Ohio women in 2020.

Percent of women with a live birth who had a postpartum visit (2020)



Source: Ohio Pregnancy Assessment Survey (2020)

Although 10,707 Ohio families were enrolled in home visiting programs in 2021, **many more families are in need**. In 2019, only 17% of families who needed home visiting services received them.



Note: Home visiting data is from evidence-based home visiting programs funded by the Ohio Departments of Health and Medicaid, but there are other models throughout the state.

Sources: Ohio Child Care Resource & Referral Association (2021) and Ohio Department of Health (2019)

In general families are eligible for a least one evidence-based home visiting program if they have a child under age 6 or are pregnant, and are living in poverty (child age and family income cutoffs differ by home visiting program). There are many barriers that limit family access to home visiting, including program eligibility requirements, funding limitations, and provider capacity.⁷



Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Prenatal and postpartum care			
◆ Timely prenatal care. Percent of women who began prenatal care in the first trimester of pregnancy	76.8% (2020)	No change	Same
American Indian or Alaska Native, non-Hispanic women	Moderate disparity (most-recent year)		
Black or African American, non-Hispanic women	Moderate disparity (most-recent year)		
Hispanic women	Moderate disparity (most-recent year)		
Multiracial, non-Hispanic women	Moderate disparity (most-recent year)		
Native Hawaiian or Other Pacific Islander, non-Hispanic women	Large disparity (most-recent year)		
◆ Postpartum care. Percent of women with a live birth who had a postpartum visit	89.9% (2020)	No change	N/A
Women enrolled in Medicaid	Moderate disparity (most-recent year)		
Women who are uninsured	Moderate disparity (most-recent year)		
◆ Postpartum depression screening. Percent of women with a live birth and a postpartum visit, who had a provider ask if they were feeling down or depressed	89.3% (2020)	No change	N/A

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

◆ = disaggregated data is available. Only groups with moderate or large disparities are displayed (see data appendix for all disaggregated data)

	Most recent	Trend	Ohio compared to U.S.
Home visiting			
◆ Home visiting needs met. Percent of families in need of home visiting who received home visiting services through Ohio Departments of Health (ODH)- and Medicaid (ODM)-funded home visiting programs	16.9% (FY 2019)	N/A	N/A
◆ Home visiting, households enrolled. Number of households enrolled in evidence-based home visiting programs funded by the Ohio Departments of Health (ODH) and Medicaid (ODM)	10,707 (FFY 2021)	Improved	N/A

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

◆ = data provided by a state agency (Ohio only)



Access to pediatric care: What does the data tell us?

Fewer than 62% 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 2020. There has been very little improvement in Ohio’s performance on recommended well-child visits compared to 2017.



Source: Centers for Medicare and Medicaid Services, Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP

Ohio’s performance

	Most recent	Trend	Ohio compared to U.S.
Access to pediatric care			
Preventive medical care. Percent of children, ages 0-5, who had a preventive medical care visit in the past 12 months	87.1% (2019-2020)	No change	Same
Well-child visits. Percent of children enrolled in a Medicaid managed care plan with six or more well-child visits in the first 15 months of life	61.6% (FFY 2020)	No change	Same
Unmet dental care needs. Percent of children, ages 0-5, who had unmet dental care needs	3.3% (2019)	No change	N/A

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



Healthcare quality and workforce: What does the data tell us?

Many young children in Ohio are at risk of **lead exposure in their homes**, but only a small portion receive a blood lead test.

21.2% of eligible 0-5 year olds enrolled in Medicaid received a lead test in FY 2021



67% of Ohio homes were built prior to 1980, when lead-based paint was banned



Source: Ohio Department of Medicaid and the Ohio Healthy Homes Network


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 even small amounts of lead exposure in early childhood can lead to delayed development, harm to the brain, learning and behavior challenges, and speech and hearing problems.⁸

Pediatricians are critical providers for young children. While Ohio has more general practice pediatricians than most other states, ranking 10th in the nation, **there are still 17 rural Ohio counties with no pediatricians**. Refer to this [interactive map](https://www.abp.org/dashboards/general-pediatricians-us-state-and-county-maps)* from the American Board of Pediatrics for more information.

*<https://www.abp.org/dashboards/general-pediatricians-us-state-and-county-maps>



Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Healthcare quality and workforce			
Immunizations, toddlers. Percent of children, ages 19-35 months, who received all recommended doses of seven key vaccines	73% (2020)	Improved	Same
Blood lead test. Percent of Medicaid enrollees, ages 0-5, who received a screening blood lead level test	21.2% (FY 2021)	No change	N/A
 Mental health service providers. Number of credentialed mental health service providers who serve children, ages 0-5, per 10,000 children.	6.4 (2020-2022)	N/A	N/A

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

 = data provided by a state agency (Ohio only)



FAMILY PROFILE

Willie Brown
Cuyahoga County



“I had been traumatized real bad. ...I had blamed myself for many, many years for something somebody else had done to me,” says Willie.



WILLIE'S STORY



Willie Brown was adopted when he was five months old. His troubled mother wasn't able to care for him, and his father didn't want anything to do with him.

Poor, Black, and growing up in Alabama, he was relentlessly bullied in school. He also had a speech impediment and wore a hearing aid—conspicuous because it was meant for a white child—and his family were Jehovah's Witnesses.

"My response to the bullying was, 'If you can't beat them, join them,'" Willie says. "I wanted friends so bad that I would do things that I knew weren't right, but at least it would make people leave me alone."

At 15, his adoptive mother died, and things became even more difficult at home when his adoptive father quickly re-married.

Soon Willie started drinking. By college, he had graduated to drugs. His desperate hunt for cocaine took him to places "I didn't intend to go," ultimately resulting in ongoing sexual trauma.

By 37, Willie had three drug-related felonies and had been in and out of treatment 16 times.

On the 17th try, Willie says, "I told them how I felt. It just started pouring out of me. The counselors and social worker that I was standing in front of, God bless them, because they helped me to learn what was wrong with me—that I had been traumatized real bad. ...I had blamed myself for many, many years for something somebody else had done to me."

Willie, 46, is now more than eight years sober. A father of two with another child on the way, he works as a chemical dependency counselor in Cleveland, living with his partner a stone's throw from where he once did drugs.

"I'm still a part of the community that I was in when I was using drugs and alcohol," he says, "But now I sit on the other side of the table."

"I can go around a...homeless drug addict who hasn't taken a bath in three weeks...and ask them, 'What do you need?'"

**Watch
Willie's Video**



-> youtu.be/5bG2TflZDbA



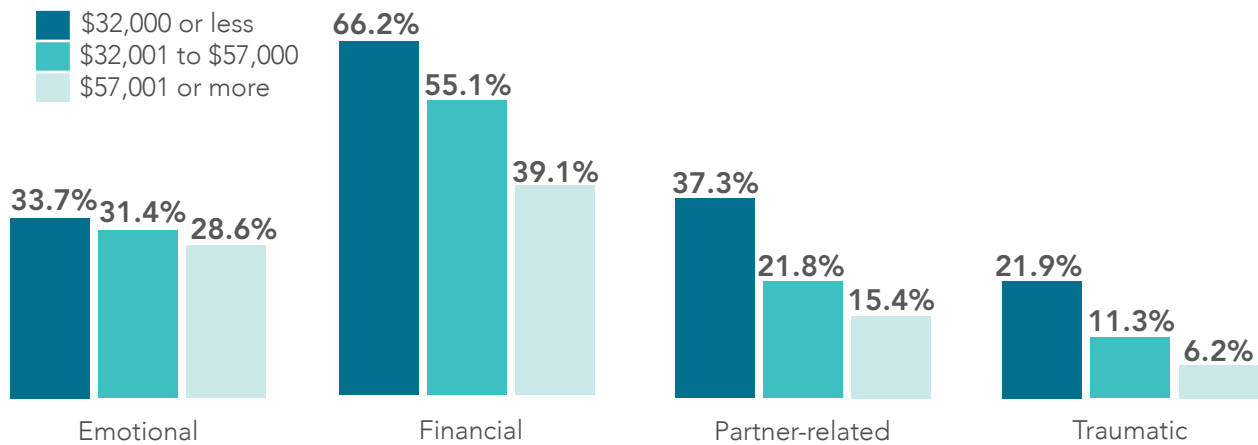


Ohio must ensure that young children can grow, learn, and play in environments that protect them from the harmful effects of stress, trauma, and adversity. Children who are in unsafe situations and children who lack nurturing relationships are more likely to be exposed to Adverse Childhood Experiences (ACEs). **Exposure to ACEs** can lead to immediate and long-term negative health outcomes, but positive and supportive environments can serve as a buffer against the harms of childhood adversity and trauma.

Family well-being and resilience: What does the data tell us?

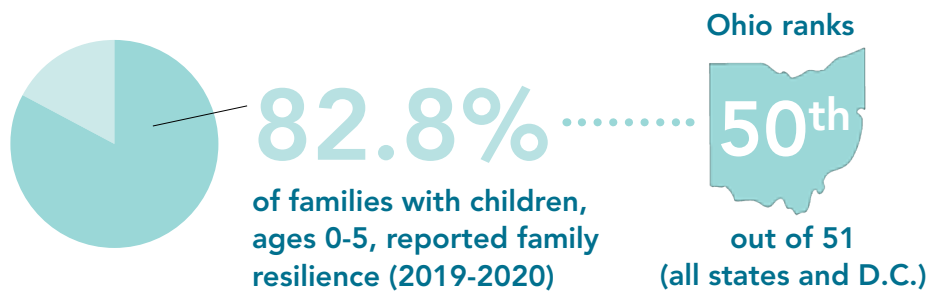
Women with low incomes are more likely to **experience stressful life events** while they're pregnant.

Percent of women with a live birth who reported stressful life events or experiences during pregnancy by household income (2020)



Source: Ohio Pregnancy Assessment Survey (2020)

Most Ohio parents with young children report that their families are resilient. Still, Ohio ranks 50th in the nation on family resiliency. While Ohio families are strong, policies, programs, and systems must do a better job **supporting the families who need it most.**



Note: Family resiliency is defined as “talking together about what to do, working together to solve problems, knowing we have strengths to draw on, and staying hopeful even in difficult times”
Source: National Survey of Children’s Health (2019-2020)



Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Family well-being and resilience			
Family resilience. Percent of families with children, ages 0-5, who reported family resilience	82.8% (2019-2020)	No change	Same
Daily songs or stories, caregiver. Percent of children, ages 0-5, whose caregiver sang songs or told stories to them every day	52.7% (2019-2020)	No change	Same
◆ Stressful life events or experiences during pregnancy. Percent of women with a live birth who reported stressful life events or experiences during pregnancy			
Emotional events	31.0% (2020)	No change	N/A
Financial events	52.4% (2020)	No change	N/A
Partner-related events	25.5% (2020)	Improved	N/A
Traumatic events	13.5% (2020)	Worsened	N/A

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

◆ = disaggregated data is available. All stressful life events are disaggregated by race, income, and rural/urban county typology and can be found in the data appendix.

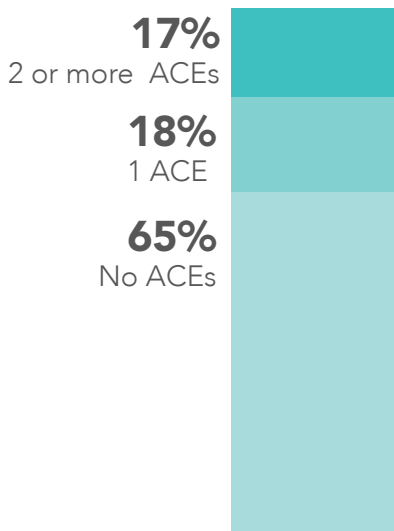
Stressful life events are categorized into:

- **Emotional:** close family member was sick and/or someone very close to mother died.
- **Partner-related:** argued with partner more than usual, partner said pregnancy was unwanted, apart from partner due to military deployment or work travel, and/or separation/divorce.
- **Financial:** had problems paying bills, partner lost job, cut in work hours or pay, and/or mother lost job.
- **Traumatic:** someone very close had a problem with drinking/drugs, partner or self went to jail, and/or homeless.



Trauma, toxic stress, and household problems: What does the data tell us?

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



Source: Ohio Medicaid Assessment Survey (2019)

ACEs are potentially traumatic events that occur during childhood. These events can be grouped into three categories⁹:

- Abuse, including emotional, physical, and sexual abuse.
- Household challenges, such as substance use, mental illness, or incarceration of a household member.
- Neglect, including emotional and physical neglect.

Having an incarcerated parent is an adverse childhood experience with significant health consequences. In 2019, 11.4% of children, ages 0-5, had a **parent or guardian who had served time in jail**.

Percent of children, ages 0-5, with a parent or guardian who served time in jail, 2019



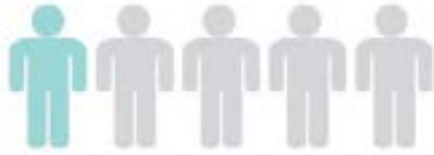
Source: Ohio Medicaid Assessment Survey (2019)

Analysis from the Health Policy Institute of Ohio identified the adverse childhood experience with the most significant health impacts. This analysis identified living in a household with a person who was incarcerated as one of these significant ACEs, along with emotional abuse, sexual abuse, and living with a household member with a mental illness or substance use disorder.



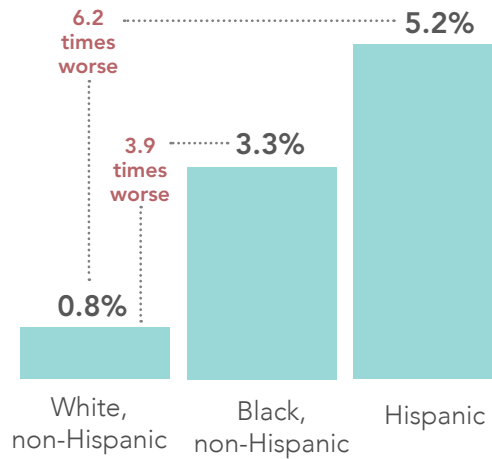
Young children of color have **increased risk for experiencing adversity and trauma**, including racism, as compared to white children, ages 0-5.

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



Source: Ohio Medicaid Assessment Survey (2019)

Ohio parents are also more likely to report that their children were **treated or judged unfairly due to their race or ethnicity** if their children were Black or Hispanic.



Source: Ohio Medicaid Assessment Survey (2019)

Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Trauma and toxic stress			
◆ Experiences of racism. Percent of children, ages 0-5, whose parents reported that they were treated or judged unfairly because of race or ethnicity	1.9% (2019)	N/A	N/A
Black, non-Hispanic children	Large disparity (most-recent year)		
Hispanic children	Large disparity (most-recent year)		
◆ Preschool suspension. Number of public preschool students receiving one or more out-of-school suspensions, per 1,000 children enrolled	1.1% (2017-2018)	N/A	Better
Black or African American students	Large disparity (most-recent year)		
◆ Adverse childhood experiences (ACEs). Percent of young children, ages 0-5, who were exposed to ACEs	35.1% (2019)	N/A	N/A
2 or more ACEs	17.0% (2019)	N/A	N/A
Black, non-Hispanic children	Moderate disparity (most-recent year)		
Hispanic children	Moderate disparity (most-recent year)		
Children in families below the Federal Poverty Level (FPL)	Large disparity (most-recent year)		
Children in families between 101-200% of the FPL	Moderate disparity (most-recent year)		

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

◆ = disaggregated data is available. Only groups with moderate or large disparities are displayed (see data appendix for all disaggregated data)



Ohio's performance

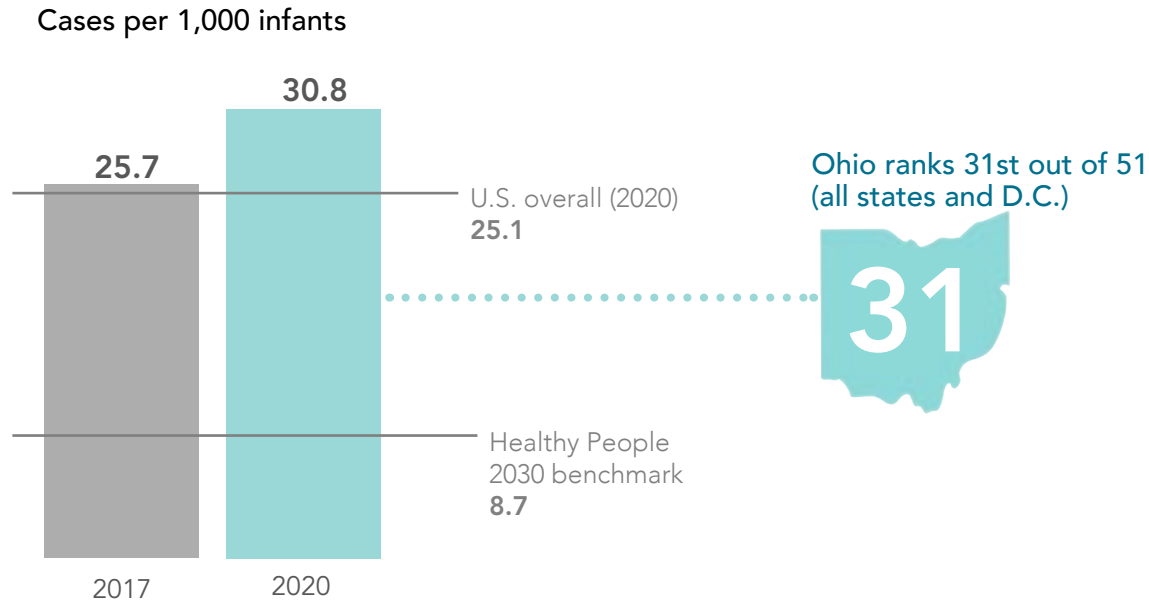
	Most recent	Trend	Ohio compared to U.S.
Household challenges			
Mental illness or substance use in the household. Percent of children, ages 0-5, who lived with someone with a mental illness or substance use disorder	18.4% (2019)	N/A	N/A
Parental incarceration. Percent of children, ages 0-5, with a parent or guardian who served time in jail	11.4% (2019)	N/A	N/A
Domestic violence. Percent of children, ages 0-5, who witnessed domestic violence	5.4% (2019)	N/A	N/A
Unsafe neighborhoods. Percent of children, ages 0-5, whose parent reported that they lived in an unsafe neighborhood	37.9% (2019-2020)	No change	Same

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



Adoption and child protective services: What does the data tell us?

The rate of child abuse and neglect (maltreatment) for Ohio infants increased by 20% from 2017 to 2020. More young children **experience maltreatment** in Ohio than in most other states.




Source: U.S. Department of Health and Human Services Administration for Children and Families (2017, 2020)

Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Adoption and child protective services			
Maltreatment, infants. Number of infants who experienced maltreatment (child abuse and/or neglect), per 1,000 infants under age 1	30.8 (2020)	Worsened	Worse
Protective custody. Rate of children who are in Public Children Service Agency (PCSA) custody, per 1,000 population, ages 0-5	5.6 (January 2022)	N/A	N/A
Permanency after foster care. Percent of children, ages 0-5, who exited foster care and were in a permanent placement for at least 12 months	75.4% (2021)	N/A	N/A

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

 = data provided by a state agency (Ohio only)



Economic Stability

FAMILY PROFILE

Luz Martinez
Cuyahoga County



“A lot of people don’t understand that without child care and without the basic things we need,” Luz says, “I can’t continue to work. If I can’t continue to work, I can’t take care of my kids.”



LUZ'S STORY



Luz Martinez wants a home for her three children, a place where “no one can ever tell us to get out.”

She has applied for subsidized Section 8 housing, but was cautioned the waitlist was 18 months. That was three years ago and despite her understanding that because she and her children are “couch surfing” with a family member, they would have priority status.

“We need to be able to access programs faster,” Luz says, “especially if you’re in an emergency situation.”

Luz works full-time in a small insurance office, a position she landed after attending a virtual job fair when she was taking required training classes as a condition of receiving Supplemental Nutrition Assistance Program (SNAP) benefits.

“With no knowledge of what I was doing, I got the job,” Luz says. “He (my boss) gave me the opportunity...within 30 days I was promoted...now, 18 months later, I’m sitting here being the office manager.”

Though she’s immensely grateful for her job, the training she has received, and all her employer has done for her, including advancing her money, she

isn’t offered health insurance, and she’s on the verge of losing her Medicaid benefits.

When that happens, she may have to consider whether she can keep working. She has a heart condition and needs surgery.

“The most important thing that I need to deal with is to make sure that I’m here for my kids,” Luz says.

In addition to her health insurance challenge, Luz also struggles with affording after school child care for her children, one of whom has special needs.

“A lot of people don’t understand that without child care and without the basic things we need,” Luz says, “I can’t continue to work. If I can’t continue to work, I can’t take care of my kids.”

To earn money for the inevitable family emergencies, Luz delivers for Door Dash on the side.

“Everything that I do, I do for my kids,” Luz says, “just to make sure that they’re happy and that they’re okay. No matter what comes out of anything, I will make sure that my kids are okay.”

**Watch
Luz’s Video**



→ youtu.be/BKCepFV0k6k



When families are economically stable, their children can grow and thrive. Families who have financial stability can afford safe, quality housing, healthy food, quality health care and child care, and can strategically plan and invest in their children’s future.

Employment and poverty: What does the data tell us?

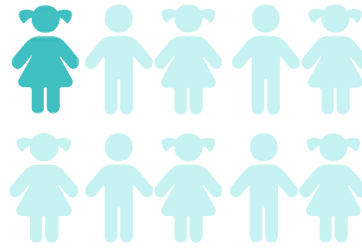
In 2019, 1 in 5 Ohio children, ages 0-5, **lived in poverty**...



21% below 100% of the federal poverty level (FPL)

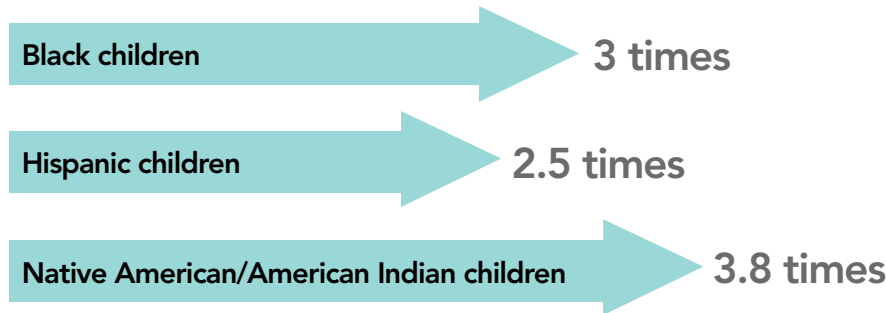
Source: U.S. Census Bureau (2019)

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



10.2% below 50% of the FPL

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)

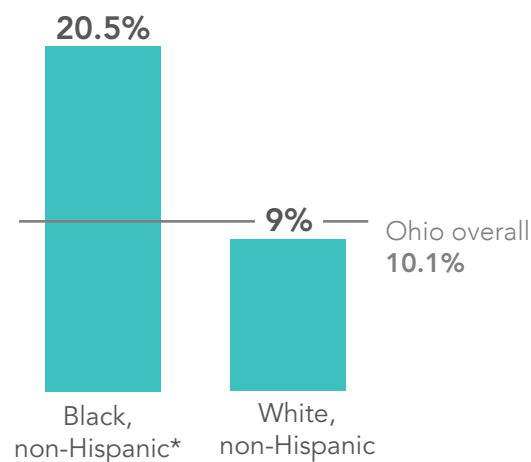
What does living below the federal poverty level (FPL) mean?

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 food, and other necessities that enable young children to thrive.



Child care is 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 child care or live in a region with limited supply**. All working families are being met with this challenge, and some families are struggling more than others. Black families with young children are more than twice as likely to change jobs because of problems with child care than white families.

Percent of children, ages 0-5, with a family member who had a job change due to problems with child care in the past 12 months



*Small sample size. Interpret with caution.

Source: National Survey of Children's Health (2016-2020)



Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Employment and poverty			
Problems paying bills, pregnant women. Percent of women who had problems paying bills in the 12 months before their baby was born	16.1% (2020)	Improved	N/A
◆ Poverty, young child. Percent of children, ages 0-5, who live in poverty (below the federal poverty level [FPL]) and extreme poverty			
Living in poverty (below 100% FPL)	21.0% (2019)	Improved	Worse
Living in extreme poverty (below 50% FPL)	10.2% (2019)	Improved	Worse
Black (including Hispanic) children	Large disparity (most-recent year)		
Hispanic children of any race	Large disparity (most-recent year)		
Native American/American Indian (including Hispanic) children	Large disparity (most-recent year)		
Employment insecurity, parents. Percent of children, ages 0-5, who lived in families where no parent had regular, full-time, year-round employment	26.7% (2019)	N/A	Same
◆ Job changes due to child care, family members. Percent of children, ages 0-5, with a family member who had a job change due to problems with child care in the past 12 months	10.1% (2016-2020)	N/A	Same
Black, non-Hispanic children*	Large disparity (most-recent year)		

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

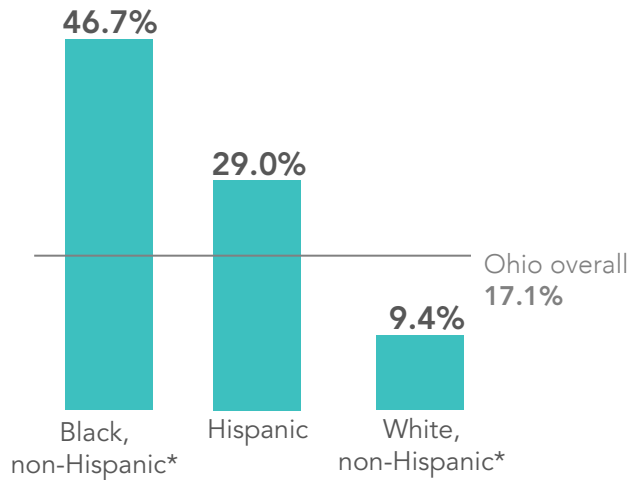
◆ = disaggregated data is available. Only groups with moderate or large disparities are displayed (see data appendix for all disaggregated data)

*Small sample size. Interpret with caution.

Housing, transportation, and the built environment: What does the data tell us?

Families of color with children ages 0-5 are more likely than white families to **spend 30% or more of their monthly income on rent.**

Percent of children, ages 0-5, who lived in households where 30% or more of monthly income is spent on rent

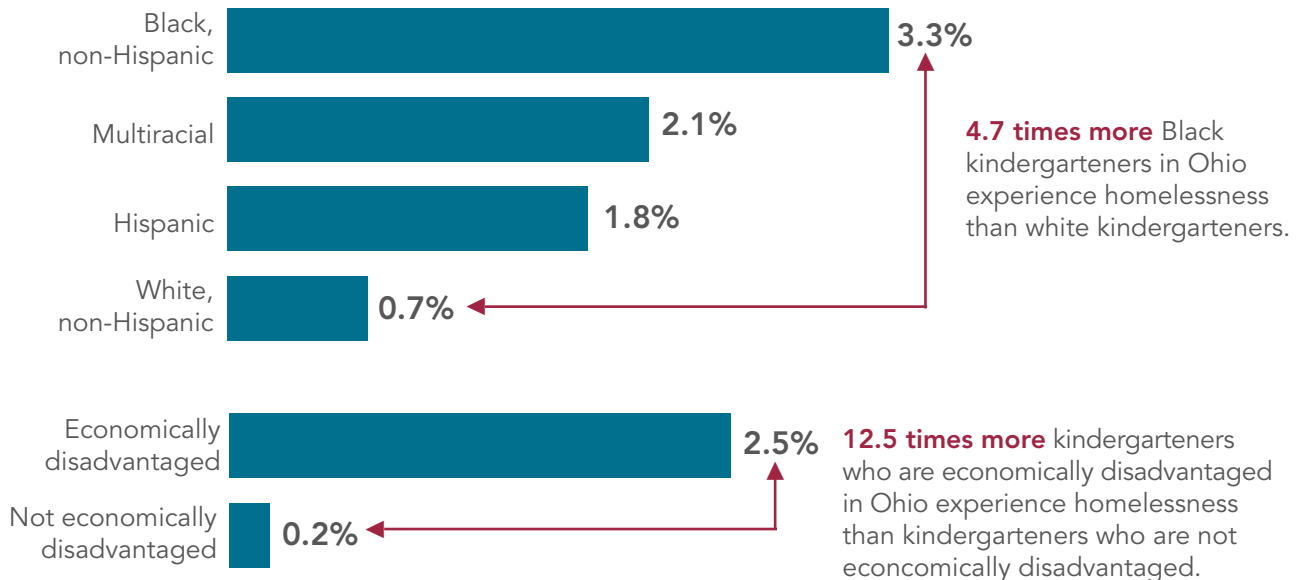


*Small sample size. Interpret with caution.

Source: U.S. Census Bureau, American Community Survey Public Use Microdata (2019)

Kindergarteners who are Black, Hispanic, and/or Multiracial and kindergarteners who are economically disadvantaged are disproportionately affected by **homelessness.**

Percent of kindergarten students experiencing homelessness



Source: Ohio Department of Education (2021-2022)



Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Housing and homelessness			
◆ Housing cost burden. Percent of children, ages 0-5, who lived in households where 30% or more of monthly income is spent on rent	17.1% (2019)	Improved	Better
Black, non-Hispanic children*	Large disparity (most-recent year)		
Hispanic children	Large disparity (most-recent year)		
🇺🇸 Homeless students. Percent of kindergarten students experiencing homelessness	1.4% (2021-2022)	Improved	N/A
Black, non-Hispanic students	Large disparity (most-recent year)		
Hispanic students	Large disparity (most-recent year)		
Multiracial students	Large disparity (most-recent year)		
Students who are economically disadvantaged	Large disparity (most-recent year)		
🇺🇸 Homelessness services. Percent of young children, ages 0-5, who are homeless and accessed homelessness services	29.5% (2018)	N/A	N/A

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

◆ = disaggregated data is available. Only groups with moderate or large disparities are displayed (see data appendix for all disaggregated data)

🇺🇸 = data provided by a state agency (Ohio only)

*Small sample size. Interpret with caution.

	Most recent	Trend	Ohio compared to U.S.
Transportation and the built environment			
Zero-vehicle households. Percent of households with children, ages 0-5, that have no vehicles available	5.9% (2019)	Improved	Worse
Household broadband access. Percent of households with children, ages 0-5, that have a broadband internet subscription	77.6% (2019)	No change	Same

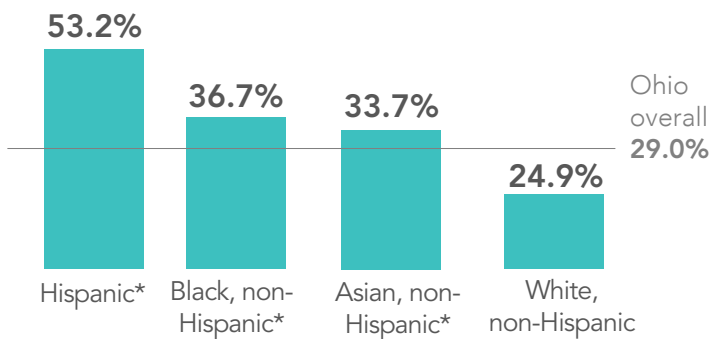
For additional information on the data and analysis, see the data appendix.



Food access: What does the data tell us?

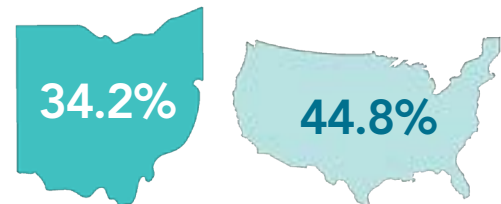
Three in ten young children in Ohio live in a **household where nutritious food is not always affordable**. These percentages are higher for children of color.

Percent of children, ages 0-5, whose household could not always afford to eat good, nutritious meals in the past 12 months



*Small sample size. Interpret with caution.
Source: National Survey of Children's Health (2016-2020)

Only 34% of eligible children, ages 1-4, **received WIC benefits** in 2019.



Source: U.S. Department of Agriculture (2019)

The Women, Infants, and Children (WIC) Nutrition Program provides federal grants to states for supplemental foods, healthcare referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.

Ohio's performance

	Most recent	Trend	Ohio compared to U.S.
Food access			
◆ Food insecurity. Percent of children, ages 0-5, whose household could not always afford to eat good, nutritious meals in the past 12 months	29.0% (2016-2020)	N/A	Same
Asian, non-Hispanic children*	Moderate disparity (most-recent year)		
Black, non-Hispanic children*	Moderate disparity (most-recent year)		
Hispanic children *	Large disparity (most-recent year)		
◆ Eligible for and receiving WIC. Percent of children, ages 1-4, who were eligible for WIC and received WIC benefits	34.2% (2019)	No change	Worse

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

◆ = disaggregated data is available. Only groups with moderate or large disparities are displayed (see data appendix for all disaggregated data)

*Small sample size. Interpret with caution.

Ohio's Early Childhood Strengths & Challenges

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

State rank

Ohio consistently ranks in the middle or bottom of the pack compared to other states on important early childhood measures, including:

	Ohio's rank out of 50 states and D.C.
Food insecurity. Percent of children, ages 0-5, whose household could not always afford to eat good, nutritious meals in the past 12 months	23
Early Head Start access, income-eligible infants and toddlers. Percent of income-eligible children, ages 0-2, who had access to Early Head Start (EHS)	24
Preventive medical care. Percent of children, ages 0-5, who had a preventive medical care visit in the past 12 months	29
Maltreatment, infants. Number of children who experienced maltreatment (child abuse and/or neglect), per 1,000 infants under age 1	31
Poverty, young child. Percent of children, ages 0-5, who live in poverty (below the federal poverty level [FPL]) and extreme poverty	39
Family resilience. Percent of families with children, ages 0-5, who reported family resilience	50

Strengths

While there is still 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
Ohio compared to U.S.	
Preschool suspension. Number of public preschool students receiving one or more out-of-school suspensions, per 1,000 children enrolled (2017-2018)	Better
Housing cost burden. Percent of children, ages 0-5, who lived in households where 30% or more of monthly income is spent on rent (2019)	Better
Eighth grade math proficiency. Percent of eighth grade students proficient in math based on the National Assessment of Educational Progress (2019)	Better
Trend	
Home visiting, households enrolled. Number of households enrolled in evidence-based home visiting programs funded by the Ohio Departments of Health (ODH) and Medicaid (ODM) (FFY 2019, FFY 2021)	Improved
Immunizations, toddlers. Percent of children, ages 19-35 months, who received all recommended doses of seven key vaccines (2017, 2020)	Improved
Poverty, young child. Percent of children, ages 0-5, who live in poverty (below the federal poverty level [FPL]) and extreme poverty (2016, 2019)	Improved
Problems paying bills, pregnant women. Percent of women who had problems paying bills in the 12 months before their baby was born (2016, 2020)	Improved
Zero-vehicle households. Percent of households with children, ages 0-5, that have no vehicles available (2016, 2019)	Improved
Housing cost burden. Percent of children, ages 0-5, who lived in households where 30% or more of monthly income is spent on rent (2016, 2019)	Improved
Elevated blood lead levels, young child. Percent of children, ages 0-5, who received a blood lead test and had elevated blood lead levels (2017, 2020)	Improved
Young child mortality. Number of child deaths, ages 1-5, from all causes, per 100,000 children, ages 1-5 (2017, 2020)	Improved
Homeless students. Percent of kindergarten students experiencing homelessness (2018-2019, 2021-2022)	Improved

Ohio's **Supporting Alternatives for Fair Education (SAFE) Act**, passed in 2018, limited most out-of-school suspensions and expulsions of students in pre-K through 3rd grade.

Ohio policymakers increased funding for home visiting services in the last two state budgets, allowing more families to be served.

Policies such as Ohio's **Lead Abatement Tax Credit Program** and **Lead Line Mapping Grants** have supported efforts to reduce lead exposure.

Note: Some metrics represent both strengths and challenges (e.g., trend improved but Ohio performs worse than the U.S. overall).

Challenges

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

Ohio's performance	Comparison
Ohio compared to U.S.	
Early Intervention service access, infants and toddlers. Percent of children, ages 0-2, receiving IDEA Part C Early Intervention services (2020-21)	Worse
Maltreatment, infants. Number of children who experienced maltreatment (child abuse and/or neglect), per 1,000 infants under age 1 (2020)	Worse
Poverty, young child. Percent of children, ages 0-5, who live in poverty (below the federal poverty level [FPL]) and extreme poverty (2019)	Worse
Eligible for and receiving WIC. Percent of children, ages 1-4, who were eligible for WIC and received WIC benefits (2019)	Worse
Zero-vehicle households. Percent of households with children, ages 0-5, that have no vehicles available (2019)	Worse
Maternal mortality. Number of deaths from causes related to pregnancy or its management, per 100,000 live births (2019)	Worse
Neonatal abstinence syndrome. Number of neonatal abstinence syndrome cases among newborn hospitalizations, per 1,000 newborn hospitalizations (2018)	Worse
Infant mortality. Number of infant deaths, under age 1, per 1,000 live births (2019)	Worse
Trend	
Maltreatment, infants. Number of children who experienced maltreatment (child abuse and/or neglect), per 1,000 infants under age 1 (2017, 2020)	Worsened
Postpartum depression. Percent of women with a live birth who experienced postpartum depression (2017, 2020)	Worsened
On track for literacy. Percent of students "on-track" for language and literacy based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R) (2018-2019, 2021-2022)	Worsened
Chronic absenteeism. Percent of students in grades K-3 missing at least 10% of school attendance time in a year (2018-2019, 2021-2022)	Worsened
Positive social-emotional skills, special needs preschool. Percent of preschool students with Individualized Education Programs (IEPs) who demonstrate improved positive social-emotional skills by the time they turned 6 years old or existed the program (FY 2019, FY 2021)	Worsened
Language, communication and literacy, special needs preschool. Percent of preschool students with Individualized Education Programs (IEPs) who demonstrate improved acquisition and use of knowledge and skills including early language, communication, and literacy by the time they turned 6 years old or exited the program (FY 2019, FY 2021)	Worsened

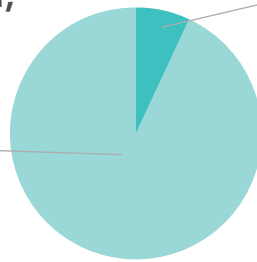
The COVID-19 pandemic greatly affected student learning and attendance in Ohio and across the country.

Note: Some metrics represent both strengths and challenges (e.g., trend improved but Ohio performs worse than the U.S. overall).

Demographics of Ohio's Young Children

Population of young children, Ohio, 2019

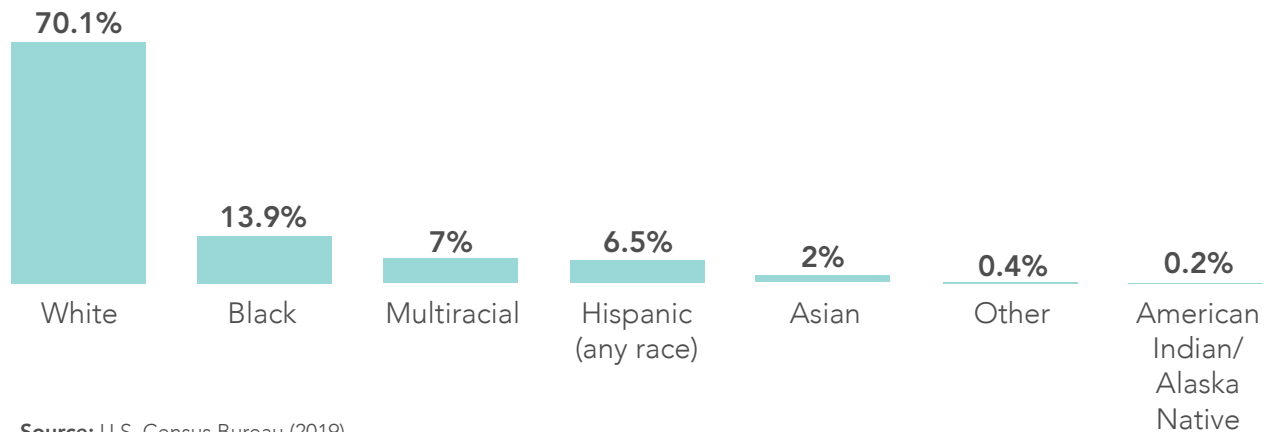
Ages 6+: 10,865,655 Ohioans (93%)



Ages 0-5: 823,445 Ohioans (7%)

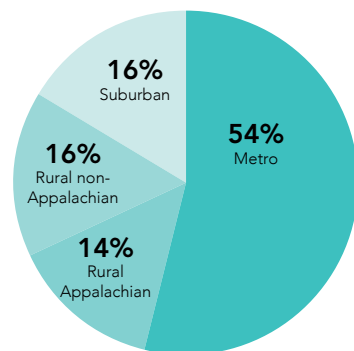
Source: U.S. Census Bureau (2019)

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



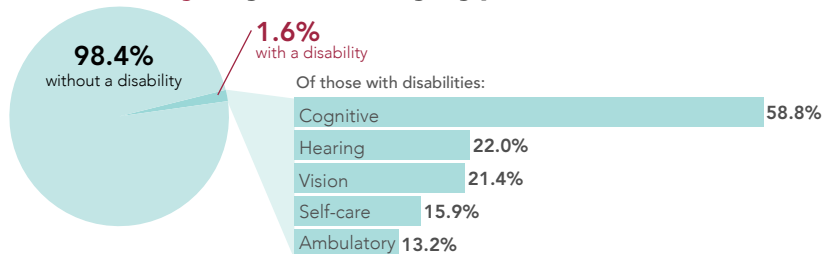
Source: U.S. Census Bureau (2019)

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



Source: Ohio Medicaid Assessment Survey (2019)

Population of young children, ages 0-5, with a disability (by disability type)



Note: An individual can have more than one disability, so the percentages do not add up to 100.

Note: Percent of population, ages 0-5, in Ohio who report a disability in any one or more of the following categories: Vision, hearing, ambulatory, self-care, or cognitive.

Source: U.S. Census Bureau (2019)

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Visit GroundworkOhio.org/dashboard

for more information on the:

- *Background, Process, & Methodology*
- *Data Appendix*



The mission of Groundwork Ohio is to ensure all young children in Ohio are healthy and ready to learn. You can join us in this mission by making a gift of support at GroundworkOhio.org/donate. Together, we will work to make sure every child has a strong start in life.