Groundwork OHIO

Early Childhood Data Dashboard

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Access the Groundwork Ohio *2025 Early Childhood Data Dashboard* online at:

GroundworkOhio.org/Dashboard

The Methodology & Data Appendix for the Dashboard can also be viewed here.

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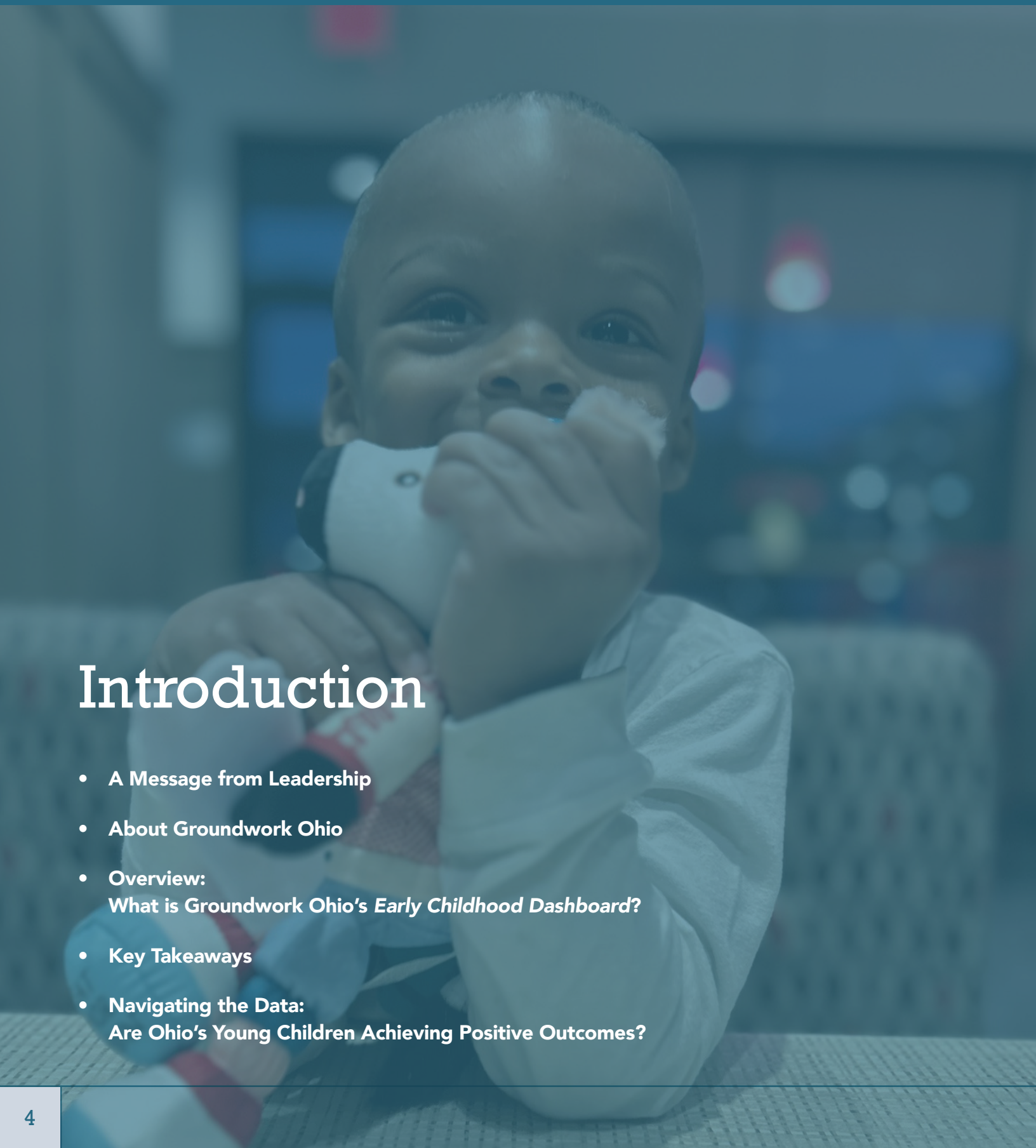

Introduction

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A Message from Our Leadership

DEAR FRIENDS,

Groundwork Ohio has been working diligently for the last two years to bring you the release of the *2025 Early Childhood Dashboard*, our second edition building upon the foundational work established in our inaugural *Dashboard* published in 2023. This updated resource reflects our ongoing commitment to sharing a more complete story of experiences of Ohio's youngest children and their families, enabling us to track progress, identify ongoing challenges, and learn from improvements over the past two years.

The *Dashboard* serves as a tool for understanding the strengths and challenges facing the systems serving children and families. By comparing data from the first edition with our latest findings, we can evaluate areas where conditions for children have improved, where progress has stalled, and where significant disparities still exist.

In collaboration with the Health Policy Institute of Ohio, we have expanded our metrics to provide an even more nuanced view of the early childhood experience. Our analysis includes a deeper dive into the factors affecting children's outcomes across various domains, allowing us to identify trends and disparities that demand our attention. The *2025 Early Childhood Dashboard* also continues to integrate the voices of families, ensuring that the data is enriched by their experiences. Our ongoing family storytelling collection and new Family Voices Project, a collaboration with the RAPID Survey Project, has provided invaluable insights that paint a comprehensive picture of the realities facing Ohio families.

As we reflect on the data and stories shared in this edition, we are reminded of the role that early childhood systems play in shaping the future of our state. The first years of life are foundational, influencing a child's lifelong trajectory and the well-being of families and communities. Investing in early childhood is not merely an expenditure; it is an investment in our shared future—a future where every child can achieve their full potential.

As we unveil this resource, we urge policymakers, advocates, and community leaders to utilize the data to inform their decisions and drive meaningful change. The insights gleaned from the *2025 Early Childhood Dashboard* are not just numbers; they represent real lives and the urgent need for collective action.

We believe that the findings in this second edition can propel us forward, creating a better landscape for early childhood in Ohio.

WARM PERSONAL REGARDS,

Lynanne Gutierrez

Lynanne Gutierrez
President & CEO,
Groundwork Ohio

The *Dashboard* serves as a tool for understanding the strengths and challenges facing the systems serving children and families.

About Groundwork Ohio

Groundwork Ohio is a nonprofit, nonpartisan advocacy organization committed to advancing quality early learning and healthy development strategies from the prenatal period to age five, that lay a strong foundation for Ohio kids, families, and communities.

Groundwork Ohio focuses on the time when children's experiences and environments most influence their health, development, and life trajectory. We work to ensure that every baby, toddler, and young child in Ohio has the resources and opportunities for a strong start. Groundwork Ohio 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 contracted with the Health Policy Institute of Ohio and the RAPID Survey Project to facilitate development of the 2025 Early Childhood Dashboard.

The *Dashboard* is built on a foundation of quantitative data to assess the health, development, and well-being of Ohio's youngest children. Groundwork Ohio partnered with the Health Policy Institute of Ohio (HPIO) to collect and analyze data metrics derived from state and national data sources for the *Dashboard*. HPIO is a nonpartisan, nonprofit organization that works to advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio. The collaboration with HPIO ensures that data is collected from high-quality, reliable sources, offering a clear and accurate picture of the conditions influencing early childhood outcomes in the state. The *Dashboard* aggregates data from sources such as public health databases, state administrative records, and national surveys, with data points covering more than 70 metrics including demographic metrics. These metrics, chosen through rigorous review, allow us to track progress across areas crucial to a strong start for all of Ohio's young children, from healthcare and education to family economic stability.

The 2025 edition of the *Dashboard* builds upon our data storytelling efforts through the Family Voices Project, a partnership with the RAPID Survey project. The RAPID Survey Project gathers the voices of parents and caregivers of young children across Ohio, offering firsthand perspectives on the challenges and successes they encounter. Launched in collaboration with the Stanford Center on Early Childhood, the RAPID Survey Project is a national project designed to gather timely, actionable data directly from families with young children.

Why should we prioritize our youngest Ohioans?

Investing in early childhood strengthens families, boosts the well-being of children, and delivers long-term economic benefits for Ohio.

Our youngest children represent our future workforce, caregivers, and leaders. By prioritizing their needs and supporting the families who care for them, we can secure a brighter future for our state.

While Ohio has made strides in supporting young children and families, significant challenges remain. The COVID-19 pandemic profoundly impacted the health and well-being of our youngest residents, making it more urgent than ever to build a strong foundation for babies, toddlers, and preschoolers. Ensuring that young children are healthy and ready to learn is not just a priority—it's essential to Ohio's success.

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

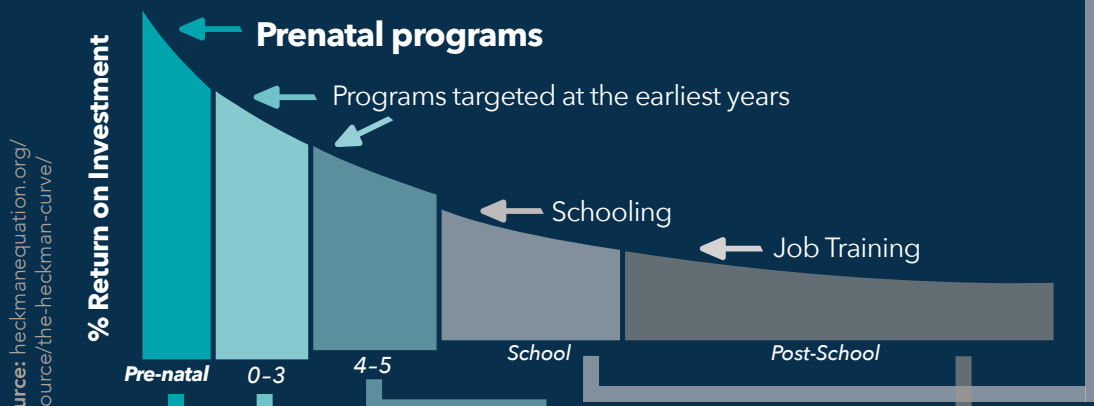
The first five years of life are a critical period of rapid brain development and foundational growth that profoundly shapes a child's future. During these years, more than one million new neural connections form every second, creating the architecture of the brain that supports cognitive, social, and emotional skills.[1]

Research from neuroscience and developmental psychology demonstrates that early experiences—both positive and negative—significantly influence this development. Stable relationships with caregivers, enriching learning environments, and responsive interactions lay the groundwork for language acquisition, emotional regulation, and problem-solving abilities.[2] Conversely, adverse experiences such as neglect, trauma, or chronic stress can disrupt brain development, potentially leading to long-term difficulties in health, behavior, and learning.[3]

Investing in early childhood has been shown to yield substantial returns for individuals and society. Studies, such as those conducted by Nobel laureate economist James Heckman, highlight that high-quality early childhood programs improve outcomes in education, health, and economic productivity while reducing crime and reliance on social services.[4] By focusing on the earliest years, we can help close opportunity gaps before they widen, breaking cycles of poverty and fostering equitable development.[5] These first five years represent not only a time of unparalleled potential but also a vital window for intervention, making early childhood a cornerstone of strategies to build a healthier, more prosperous Ohio.[6]

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.



Source: heckmanequation.org/resource/the-heckman-curve/

Neural development begins early in pregnancy, with neurons forming at 250,000 per minute by the first trimester's end and essential connections for cognition, emotion, and sensory integration developing by the third trimester.[7, 8]

Maternal health interventions, like prenatal care, enhance fetal brain development and lower developmental delays.[9]

Every dollar invested in prenatal care yields a $3.38 return, reducing healthcare costs and improving long-term health and education outcomes.[10]

By age five, a child's brain reaches about 90% of its adult size, making this a crucial period for problem-solving, language, and motor skills. Executive function development at this stage is key for academic and life success.[20]

Quality preschool has been shown to significantly enhance academic performance and social adaptability.[21, 22]

Research estimates a return on investment of up to 13%, largely through enhanced educational attainment and reduced criminal justice costs.[23]

By the end of the first year, an infant's brain has doubled in size, with developing neural networks governing vision, language, and sensory processing.

Continued rapid synaptic growth strengthens language and social abilities, especially in stimulating environments. These interactions build a foundation for future language proficiency.[11]

During the first three years, children learn and grow through serve and return interactions, which are essential for brain development. When a child babbles, gestures, or cries, and an adult responds with eye contact, words, or touch, it strengthens neural connections that support communication and social skills. This back-and-forth builds a strong foundation for lifelong learning and health, while the absence of such interactions can disrupt development and well-being.[12]

Attachment with caregivers at this stage supports social-emotional health.[13, 14]

Children's brains are creating neural connections at a rate of 1 million neural connections per second[15].

Home visiting programs and parental education bolster secure attachments, which in turn improve long-term emotional regulation and social skills.[16, 17] High-quality early learning environments have substantial effects on cognitive and social development.[18, 19]

As children transition to kindergarten, they further develop complex thought processes and resilience, solidifying cognitive and social skills essential for academic success.[24]

School readiness maximizes early childhood investments, fostering adaptability and laying a strong foundation for continued academic success.[25]

Readiness skills lead to better academic outcomes and decreased costs in special education.[26]

During school-age years, interactions with peers and formal educational environments further develop children's social and cognitive skills, which are essential for lifelong learning and resilience.[27]

Programs that provide enrichment, mentorship, and family engagement during school years significantly reduce costs associated with dropout rates, health challenges, and juvenile justice involvement.[28]

Longitudinal studies indicate that these interventions lead to increased graduation rates, higher earning potential, and a decreased likelihood of chronic health conditions, underscoring the importance of continued support throughout childhood and adolescence.[29]

Every dollar invested in early development delivers substantial benefits, reducing costs in areas such as remedial education and health care, while also enhancing economic productivity.[30]

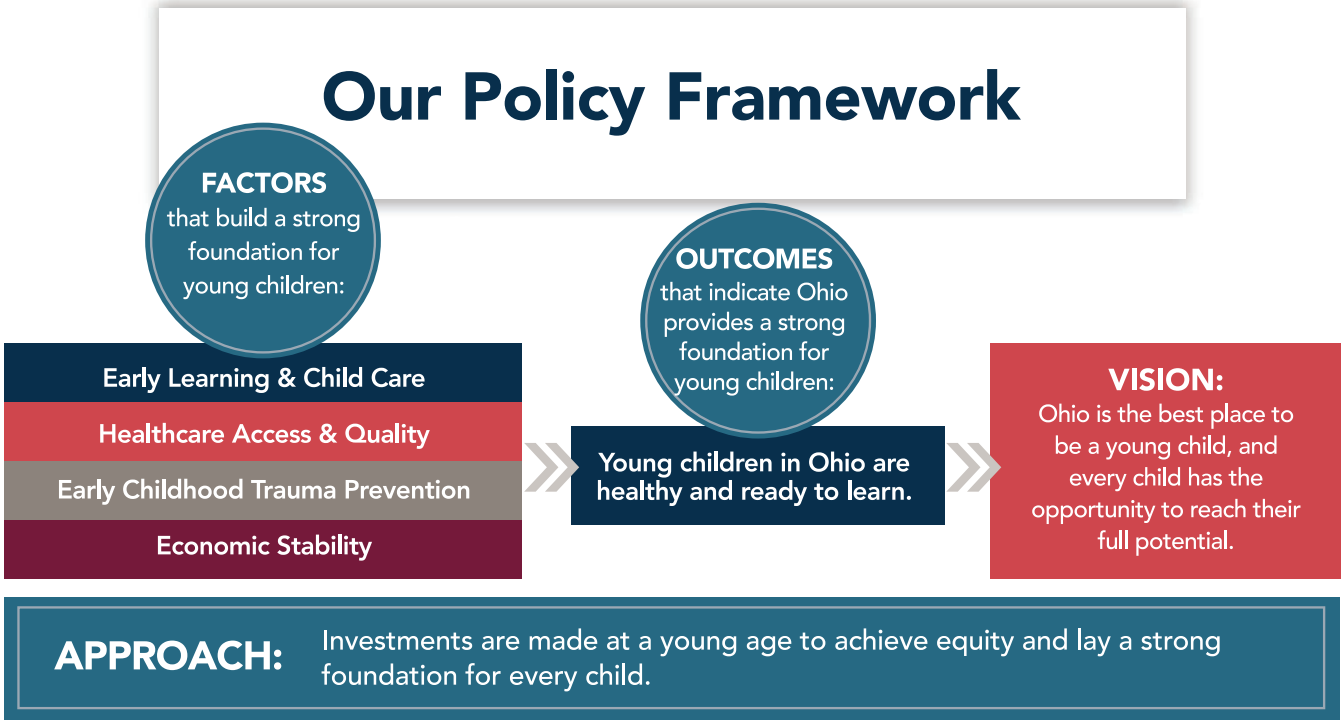
OVERVIEW:

What is the *Early Childhood Data Dashboard?*

Groundwork Ohio developed its Early Childhood Dashboard as a tool to track progress, advance equity, and catalyze advocacy and action needed to lay a strong foundation for Ohio's young children (prenatal to age five). The Dashboard is a snapshot of Ohio's performance on key early childhood metrics to achieve our overarching goals of ensuring that young children in Ohio are healthy and ready to learn.

The *Dashboard* also puts data in context by analyzing trends, providing comparisons, and highlighting disparities and inequities among population groups. Groundwork Ohio released its first *Early Childhood Dashboard* in 2023. The 2025 *Dashboard* builds on the 2023 *Dashboard* with updated data and insights on the state of young children in Ohio.

Groundwork Ohio is laying a strong foundation for Ohio's youngest children. Groundwork Ohio measures impact on long-range outcomes as we Lay the Groundwork Ohio for Impact by monitoring public policy changes and data in the *Dashboard*. Our Policy Framework is a guide for what policies are within the scope of our mission, based on data and evidence. We seek investment in policies that change system and community conditions that will result in outcomes that support young children in Ohio who are healthy and ready to learn. This ensures progress towards our vision.



Achieving equity and laying a strong foundation for Ohio's children to be healthy and ready to learn requires investment in:

Early Learning & Child Care: Page 20
Availability, affordability, and quality of child care options

Health Care Access & Quality: Page 30
Accessibility and quality of health care services for young children

Early Childhood Trauma Prevention Page 42
Factors contributing to childhood trauma and prevention strategies

Economic Stability: Page 54
Financial challenges faced by families & the impact on children's well-being

This Data Dashboard seeks to answer how we are investing, or failing to invest, in each of these areas and the impact they have on whether our youngest Ohioans are healthy and ready to learn.

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

Some young children, particularly children of color, with special needs, from low-income families, or living in underserved communities, face systemic barriers such as racism and generational poverty. These challenges limit access to vital resources and supportive relationships, putting these children at a disadvantage in achieving their full potential.

As a result, children in families experiencing systemic inequities often face poorer health and educational outcomes compared to their peers. Advancing equity—ensuring every child has an opportunity to thrive—requires targeted investments and policies to address the specific needs of these families. Measuring and addressing disparities in outcomes is essential, necessitating robust public and private data systems to collect and disaggregate data by social, economic, and demographic factors.

Disaggregated data is crucial for monitoring the effectiveness of systems, policies, and programs, identifying areas for improvement, and driving progress for children at the highest risk. Sharing this data transparently empowers stakeholders across Ohio to collaborate and improve child health and well-being outcomes statewide.

Good data is essential for informed decision-making, but measuring outcomes for young Ohioans is challenging due to the lack of regularly updated, accurate, and publicly available data. This is especially true for smaller demographic groups, including children of color, those living in rural or Appalachian regions, children with disabilities, and children who are immigrants or refugees. Currently, data availability varies widely across programs, state agencies, and national data sets.

To address these gaps, Ohio must improve its data collection and reporting systems by focusing on the following:

1. **Measure what matters:**
   Avoid relying on proxies by tracking the most meaningful indicators, especially those that name and measure root causes or determinants of child health and education outcomes.
2. **Timely accessibility:**
   Data collected, especially for public reporting, should be made available on public websites promptly.
3. **Demographic specificity:**
   Publicly report data consistently by race/ethnicity, income, geography, immigration status, and disability status.
4. **Program outcomes:**
   Track and publish data on the effectiveness of programs serving children.
5. **Longitudinal tracking:**
   Follow children's outcomes over time to understand long-term trends.
6. **Inclusive representation:**
   Oversample smaller population groups in surveys to ensure they are accurately represented.

Improving the quality and availability of disaggregated data will enable Ohio to monitor the performance of systems, policies, and programs, driving targeted improvements for children at the highest risk of poor outcomes. Transparent sharing of these insights will empower statewide collaboration to advance equity and improve outcomes for all children.

Key Takeaways

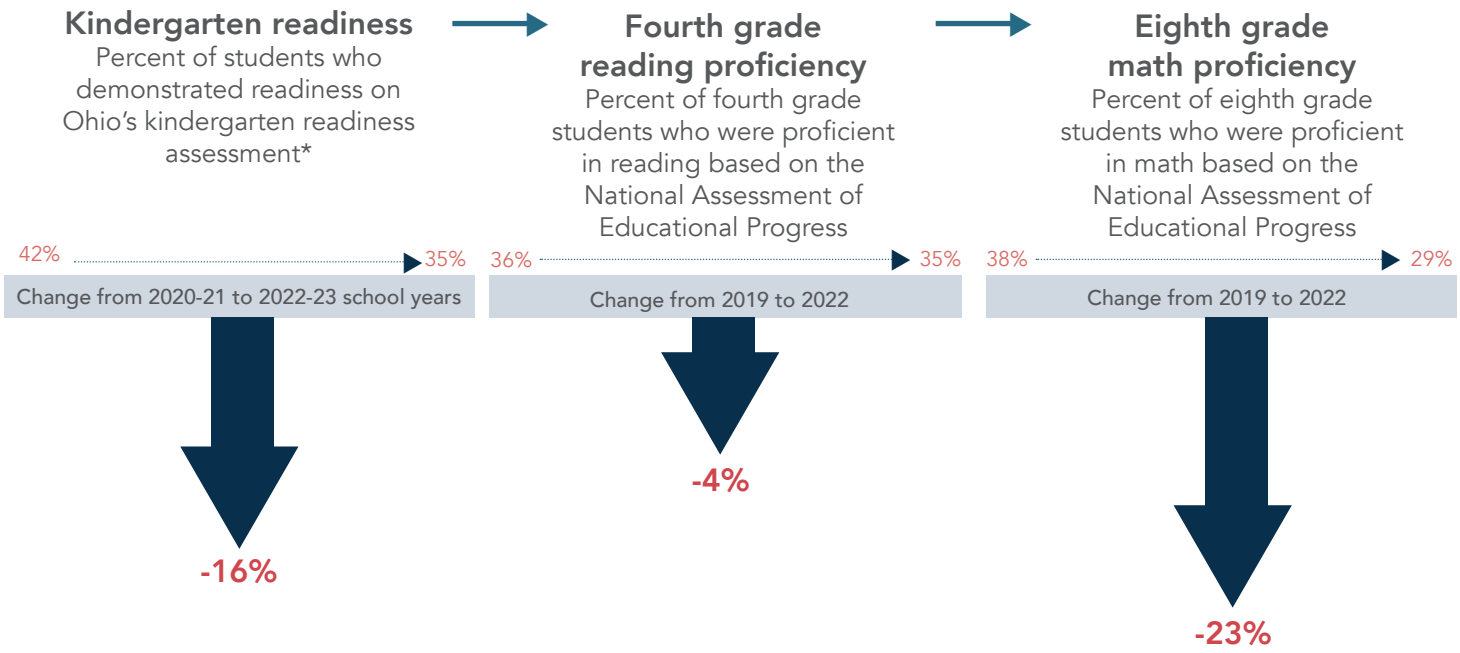
Ohio's youngest children need our support to reach their full potential.

What does the data tell us?

1 Too many Ohio kids are falling behind before they even set foot in a kindergarten classroom—and the gap only widens from there.

Kindergarten readiness offers valuable insight into a child's strengths, needs, and early experiences before entering the classroom. Research shows that kindergarten readiness strongly predicts future math and reading success. Early investment not only improves school readiness but also lays the foundation for lifelong achievement, setting Ohio kids on a path to academic and personal success.

Over the last two school years, kindergarten readiness for all Ohio children has dropped by 16%--an indication that more of our youngest aren't having the necessary enriching experiences in the first five years of life to be successful in Kindergarten and beyond. In fact, 65% of all kindergarteners in Ohio entered the classroom not ready to learn and this increases to 79% of economically disadvantaged students.



* Ohio Kindergarten Readiness Assessment Revised (KRA-R)

Source: Ohio Department of Education and Workforce, School Report Card data (2020-2021 school year, 2022-2023 school year)

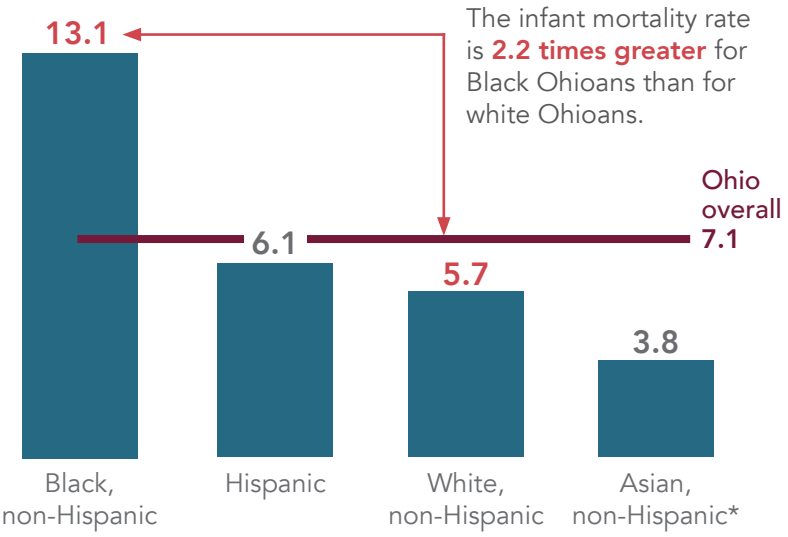
Source: U.S. Department of Education, Institute of Education Sciences, National Assessment of Educational Progress (NAEP) Data Explorer (2019, 2022)

Key Takeaways

2 Ohio's moms and babies are facing a crisis with alarmingly high mortality rates.

Ohio's infant mortality rate remains significantly higher than the national average of 5.6 deaths per 1,000 births,[31] ***with a large and appalling racial disparity***. While Ohio has seen an overall decline in infant mortality since 2012, this progress is largely due to reductions in deaths among white infants while Black infants continue to face disproportionately high mortality rates.[32] At the same time, maternal mortality in Ohio increased by 17% between 2011 and 2021, with research indicating that 80% of these pregnancy-related deaths were preventable.[33]

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



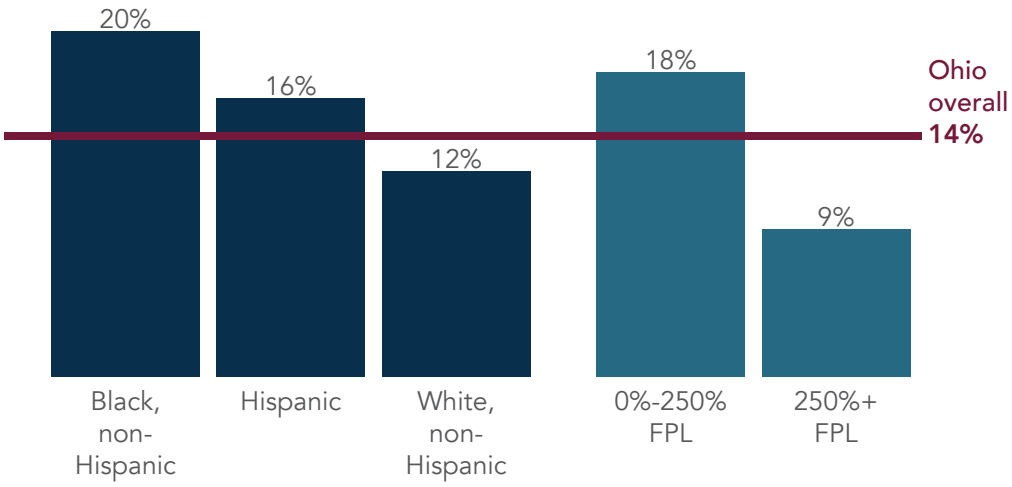
*Small sample size, interpret with caution.

Source: Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER) (2022).

3 Ohio's youngest children experience profound trauma during their most critical years of brain development.

Exposure to adversity and trauma in childhood has both immediate and long-term negative impacts on health and well-being. Among Ohio's youngest children, 14% have experienced two or more Adverse Childhood Experiences (ACEs) including abuse, household challenges, and neglect.

Adverse childhood experiences (ACEs)
Percent of children, ages 0-5, who experienced two or more ACEs



Source: Ohio Medicaid Assessment Survey (2021)

Ohio is ranked 30th of 50 states and D.C. for infant maltreatment, with over 3,000 children under the age of one being victims of maltreatment in 2022.[34] which is abuse and neglect under the In 2024, 5,963 children ages 0-6 were in Public Children Services Agency (PCSA) custody. This accounts for 42% of the total population of children in custody.[35]

While programs exist to support the prevention of early childhood trauma, state-funded home visiting programs only reached 12,436 young children in the past year.

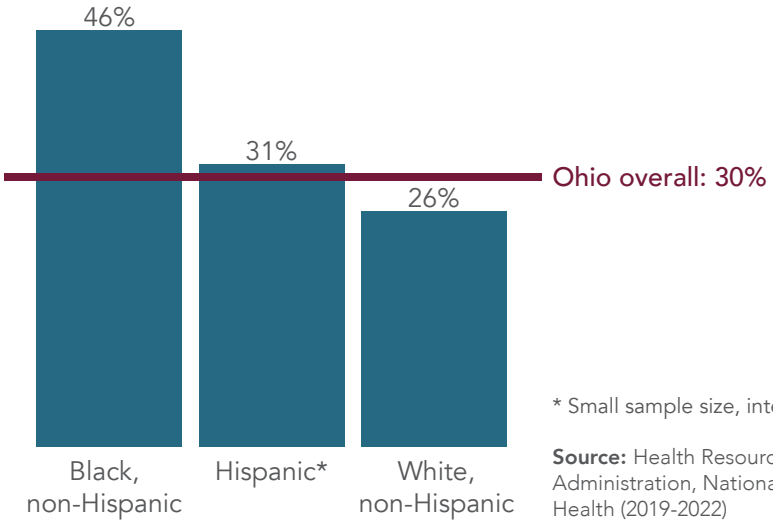
Key Takeaways

4 Ohio families with young children struggle to cover the basics.

Nearly 1 in 5 young children in Ohio live in poverty. While there has been some improvement in poverty rates since the 2023 *Dashboard* was published, which can be in part attributed to the federal Child Tax Credit expansion alongside other pandemic era relief, costs of basic needs have increased. One of those basic needs includes access to good, nutritious meals. Nearly 30% of children ages 0-5 were living in households that could not always afford to eat good, nutritious meals in the last 12 months. According to Prenatal-to-3 Policy Impact Center, Ohio ranks 44th in the U.S. for children experiencing food insecurity.[36]

Food insecurity

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: Health Resources and Services Administration, National Survey of Children's Health (2019-2022)

5 There are family voices behind the data that are the experts of their own experiences and the solutions to their greatest challenges.

Behind every number, there is a real Ohio family with a story that deserves to be heard. Too often, their voices are missing from the narrative, leaving the numbers without the necessary context or meaning.

Ohio parents and caregivers want stronger connections with the systems they depend on and a say in shaping their children's futures. Research shows that amplifying family voices in policymaking delivers significant benefits—not just for individual children and families, but for the systems designed to support them. Listening to parents and caregivers is the key to turning stubborn trends and improving outcomes for Ohio's youngest children.

NAVIGATING THE DATA:

Are Ohio's Young Children Achieving Positive Outcomes?

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

Data from the 2023 *Early Childhood Data Dashboard*

Data from the most-recent year

Levels of trend, or the degree of change between Baseline data and the Most Recent data

Ohio's performance

	Baseline	Most Recent	Trend
Maternal health			
Maternal mortality. Number of deaths from causes related to pregnancy or its management, per 100,000 live births	20.3 (2011-2015)	23.7 (2017-2021)	Worsened
Maternal morbidity. Number of severe maternal morbidity events per 10,000 delivery hospitalizations	77.8 (2018)	84.9 (2020)	No Change
Black, non-Hispanic		136	
Hispanic		88.6	
White, non-Hispanic		73.3	
Asian, non-Hispanic		67.9	
Postpartum depression. Percent of women, ages 18 and older, with a live birth who experienced postpartum depression	9.6% (2020)	9.8% (2022)	No Change
Prenatal Smoking, cigarettes. Percent of women with a live birth who smoked cigarettes during the last 3 months of pregnancy	9.5% (2020)	6.1% (2022)	Greatly Improved
Prenatal Smoking, e-cigarettes. Percent of women with a live birth who used e-cigarettes during the last 3 months of pregnancy	1.6% (2020)	4.6% (2022)	Greatly Worsened

Topic

Metric description

Disaggregated data

KEY: Integrating the lived experiences of families into policy development

Through the Family Voices Project, qualitative insights complement quantitative metrics, marked by this MICROPHONE ICON, ensuring that real family stories inform policy. Groundwork Ohio's use of family voices in the *Dashboard* is a crucial step towards integrating the lived experiences of families into policy development. The *Dashboard* uses family voices to blend lived experiences with performance data, providing a fuller picture of child and family needs.

As you navigate the *Dashboard*, keep an eye out for the LIGHT BULB ICON, which provides additional context and prompts for deeper engagement with the data. This icon highlights areas where thoughtful reflection can reveal nuances in long-term trends or short-term fluctuations. By exploring the context behind each data point, stakeholders can better understand access and equity issues, guiding informed advocacy and shaping policies that support Ohio's diverse early childhood communities.

Who Are Ohio's Young Children?

There are currently about 800,000 children under the age of 6 in Ohio. They represent about 7% of the state's population.

1 out of every 15 Ohioans is a child under the age of 6.

Source: US Census Bureau, 1-Year American Community Survey Public Use Microdata, 2022

Ohio's youngest children were born after 2019, living the majority or entirety of their life during or after the COVID-19 pandemic. How have their experiences been different as a result?

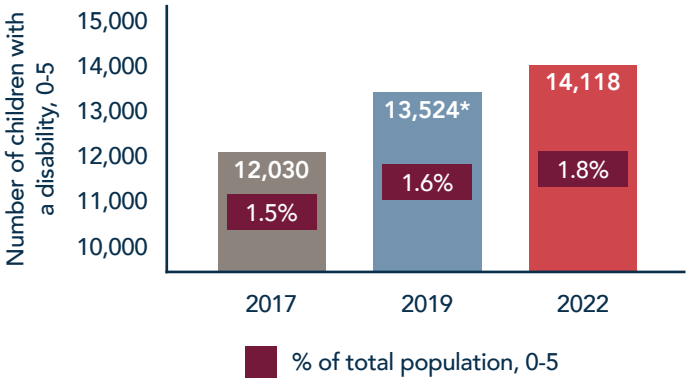
Population of young children, by race and ethnicity, from 2017 to 2022, Ohio

	2017	2019	2022
White non-Hispanic	575,726	577,236	525,771
Black non-Hispanic	121,940	114,581	111,458
Asian non-Hispanic	20,614	16,259*	19,560*
American Indian or Alaska Native non-Hispanic	696	1,351*	259*
Hispanic (any Race)	51,144	53,686	60,835*
Multiracial non-Hispanic	50,247	57,409*	68,065*
Other non-Hispanic	3,203	2,923	5,370*

*Indicates a notable decrease or increase in population.

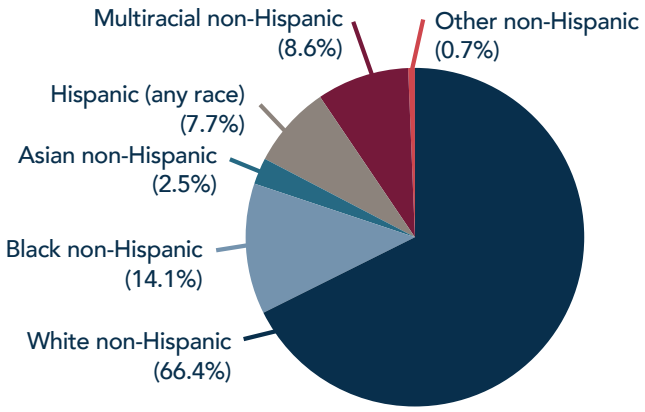
Source: US Census Bureau, 1-Year American Community Survey Public Use Microdata

The population of young children with a disability has been increasing over time



**Indicates a notable increase in population. Source: US Census Bureau, 1-Year American Community Survey Public Use Microdata*

Population of young children, by race and ethnicity, Ohio, 2022



Source: US Census Bureau, 1-Year American Community Survey Public Use Microdata

Population of young children by county type, Ohio, 2019 to 2022

Compared to 2019, more young children are living in urban or rural Appalachian counties while fewer are living in suburban or rural non-Appalachian counties.

	2019	2022
Metro	54.1%	55.7%
Rural Appalachian	14.0%	15.7%*
Rural Non-Appalachian	15.7%	13.8%*
Suburban	16.3%	14.7%

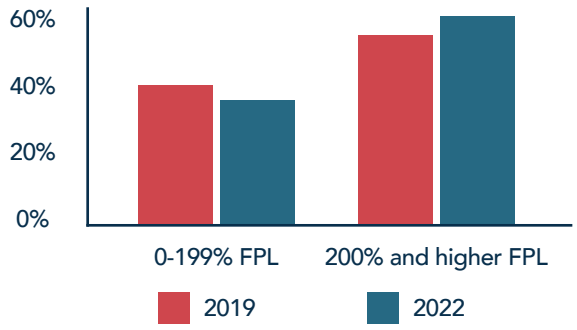
**Indicates a notable increase in population.*
Source: Ohio Medicaid Assessment Survey

Population of young children by sex, 2022, Ohio

Source: US Census Bureau, 1-Year American Community Survey Public Use Microdata

Population of young children by household income, 2022

Fewer young children were living in families with incomes below 200% of the Federal Poverty Level (FPL) in 2022 compared to 2019.



Source: US Census Bureau, 1-Year American Community Survey Public Use Microdata

Population of young children, by family structure, 2022

	2019
Lives with two currently married parents	65.0%
Lives with two parents not currently married	11.7%
Lives with a single parent (mother or father)	19.2%
Lives with grandparents**	2.0%
Lives in another family structure**	2.1%

***Small sample size, interpret with caution*
Source: Health Resources and Services Administration, National Survey of Children's Health

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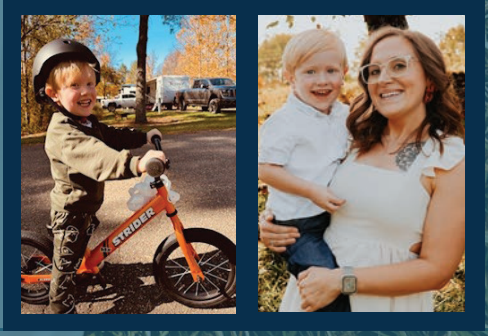
Section 2

Early Learning & Child Care

- **Availability, affordability, and quality of child care options**



FAMILY PROFILE

Erin Finley Noble County

> *"Erin says too often families are required to sacrifice the quality of care their child receives because options are few and far between, especially in Ohio's rural counties. Even if they have choices, the cost is crushing."*

When Erin Finley became pregnant through IVF, she quickly got on waitlists for child care near her home in Caldwell and near her work in Belpre. Even as her son was about to turn three, she still hadn't heard from one program where she had applied. Another reached out about an opening when her child was a year-and-a-half.

Four months after delivering, Erin went back to work. Co-workers told her about a family child care provider near their employer. That worked for a while, but the caregiver ultimately closed.

Erin found a second in-home provider in Marietta, which is along the way of her 45-minute commute to work. But she grew to have concerns about her son's safety and abruptly removed him even though she didn't have an alternative arrangement.

Today, the child attends Caldwell's Noble Learning Center, a 5-Star program under Ohio's Step Up to Quality rating system. A social worker specializing in infant and early childhood mental health, Erin, 32, loves her son's teachers, but the cost can be overwhelming. She was paying $776 per month, though for a period, she's been getting a steep discount that she doesn't expect to last once the program releases its new rates. Infant care at the learning center is substantially more expensive than for a preschool-age child.

Though she would like to buy a home, Erin struggles to save. Ohio's Publicly Funded Child Care program isn't an option for her—she earns too much to qualify for assistance.

Erin says too often families are required to sacrifice the quality of care their child receives because options are few and far between, especially in Ohio's rural counties. Even if they have choices, the cost is crushing. She knows of families who are using in-home providers that they worry are caring for too many children and who don't meet Step Up to Quality standards. "That makes me nervous," Erin says.

Her sister, who just gave birth, settled on a different solution.

She and her husband gave up on working the same schedule. Each accepted a different shift, so one of them can always be with the baby.

Early Learning Access

What does the data tell us?

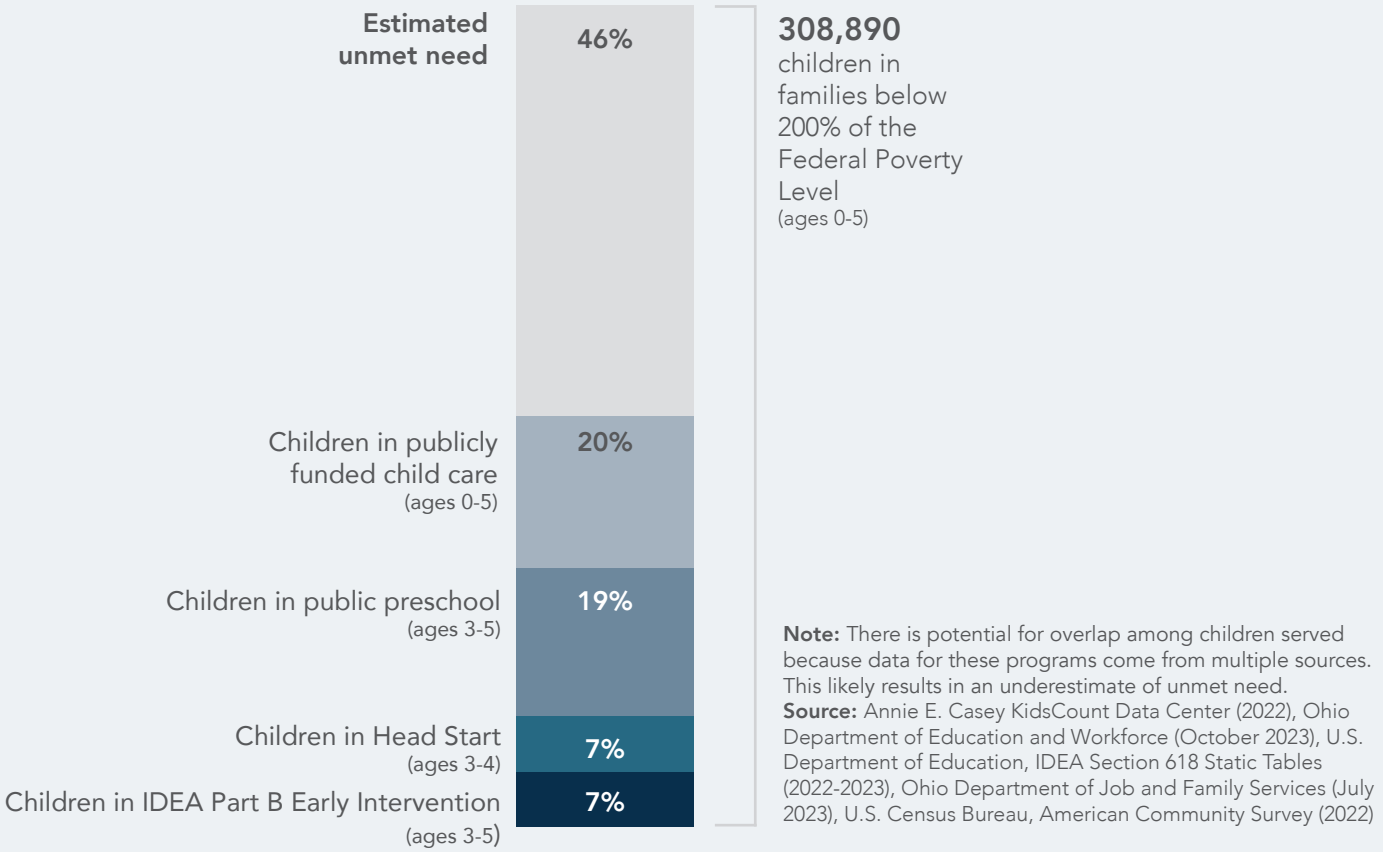
Access to quality early learning is necessary to build a strong foundation for young children in Ohio. Safe, stable, and nurturing environments and early learning experiences are essential for children's healthy growth and development. Children's early experiences lay the groundwork for physical, emotional, social, and intellectual growth later in life.

High-quality early childhood education, such as child care, Head Start, preschool, and early intervention services can improve school readiness and build the foundation for future educational achievement. Quality early childhood education and early learning supports can also counteract the harms and exposure to stressors faced by children living in poverty or other difficult circumstances.[1, 2]

Early learning access

Many Ohio children from families with low incomes **did not have access to early learning programs** in 2022-2023.

Percent of children, ages 0-5, with family incomes below 200% of the Federal Poverty Level (FPL) who were enrolled in early childhood education

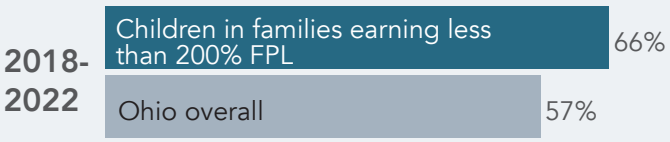


Note: There is potential for overlap among children served because data for these programs come from multiple sources. This likely results in an underestimate of unmet need.
Source: Annie E. Casey KidsCount Data Center (2022), Ohio Department of Education and Workforce (October 2023), U.S. Department of Education, IDEA Section 618 Static Tables (2022-2023), Ohio Department of Job and Family Services (July 2023), U.S. Census Bureau, American Community Survey (2022)

Not enrolled in preschool

Most young children in Ohio are not enrolled in preschool. Preschool enrollment has declined in the past decade, especially among children from families with low incomes.

Percent of children, ages 3-4, with family incomes below 200% of the Federal Poverty Level (FPL), who are not enrolled in school



Source: U.S. Census Bureau, American Community Survey 5-year estimates, as compiled by the Annie E. Casey Kids Count Data Center

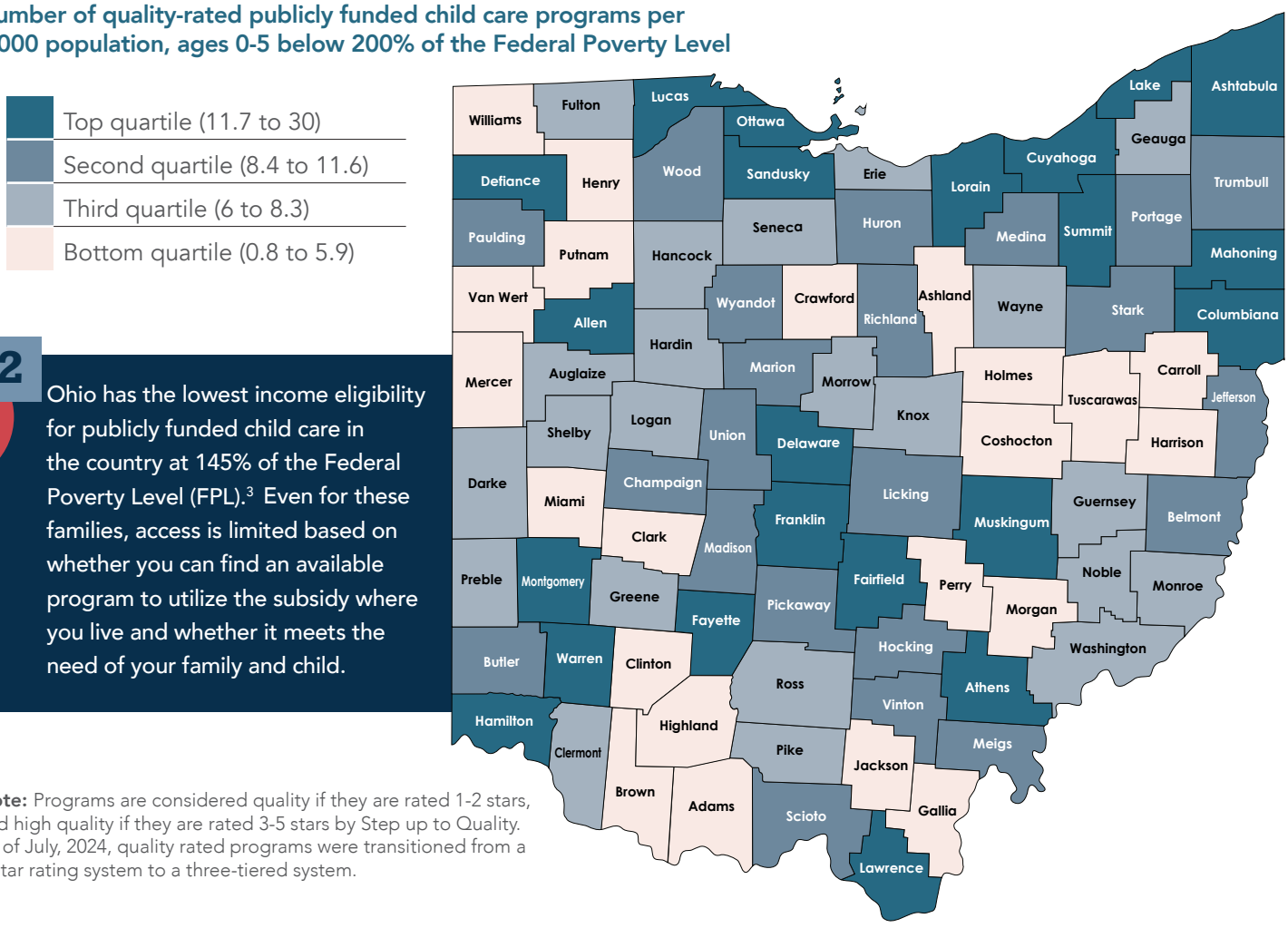
1

Publicly funded preschool in Ohio, available to children at or below 200% FPL, has historically been defined as 12.5 hours per week during the school year, which is a burden for working families to utilize, especially where transportation is not provided. A historic investment in preschool for 3- and 4-year-olds was made in 2023 with the goal of serving over 11,000 more Ohio children and the state has committed to piloting full-time preschool slots to meet the needs of working families.

Publicly funded child care access

Too many low-income working families don't have access to publicly funded child care.

Number of quality-rated publicly funded child care programs per 1,000 population, ages 0-5 below 200% of the Federal Poverty Level



2

Ohio has the lowest income eligibility for publicly funded child care in the country at 145% of the Federal Poverty Level (FPL).[3] Even for these families, access is limited based on whether you can find an available program to utilize the subsidy where you live and whether it meets the need of your family and child.

Note: Programs are considered quality if they are rated 1-2 stars, and high quality if they are rated 3-5 stars by Step up to Quality. As of July, 2024, quality rated programs were transitioned from a 5-star rating system to a three-tiered system.

Ohio ranks LAST (51st) out of 50 states and D.C. for Eligibility for Child Care subsidy by household income.[4]

Most families are working and need care.
More than 95% of families with young children reported working and 20% reported working at more than one job. 71% reported using non-parental care in the past month and over half of those families used center-based care.[5]

Child care is difficult to secure.
More than 1 in 3 respondents reported having difficulty finding child care and 15% of respondents reported that their child care was unreliable.[6]

Families with children with delays and disabilities have a harder time accessing high-quality early learning environments.
Nearly 1 of 5 family respondents had at least one child with a disability. 60% of these families found it difficult to find a child care provider who could meet their child's needs.[7]

Ohio's performance

Early Learning Access

	Baseline	Most Recent	Trend
3 **Early Head Start access, income-eligible children.** Percent of income-eligible children, ages 0-36 months, who were enrolled in Early Head Start	10.4% (2019)	10.3% (2022)	No Change
Early Learning Access. Percent of children, ages 0-5, with family incomes below 200% of the Federal Poverty Level who were enrolled in early childhood education	44.9% (varied years 2019-2021)	53.6% (varied years 2022-2023)	Improved
Not enrolled in preschool. Percent of children, ages 3-4, with family incomes below 200% of the Federal Poverty Level, who were not enrolled in school	61% (2012-2016)	66% (2018-2022)	No Change

For additional information see the Data Appendix.

3 Ohio ranks 42 out 50 states and D.C. for children having access to Early Head Start.[8]

Early Learning Cost & Affordability

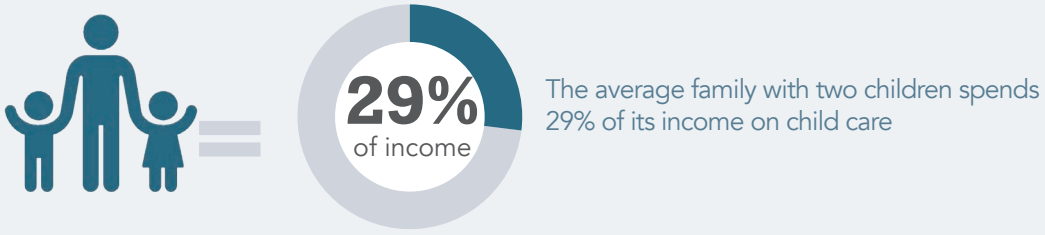
What does the data tell us?

Child care 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.

Child care cost burden

The average Ohio household with two children spends 29% of its income on child care. This ranged from a high of 47% in Jefferson County to a low of 19% in Union County.

Child care costs for a household with two children as a percent of median household income



Median household income: $65,720 (2022)

Source for percent of income: Living Wage Institute and U.S. Census Bureau, Small Area Income and Poverty Estimates, as compiled by County Health Rankings and Roadmaps (2022-2023)
Soure for median income: U.S. Census Bureau Profiles

Child care prices continue to increase

In 2023, for center-based care, annual infant care averaged $12,351, annual toddler care averaged $11,125 and annual preschooler care averaged $9,580, up to a 23% increase from 2021.[9]

Annual child care expenses in Ohio (avg, 2023)

Infant care:	Toddler care:	Preschooler care:
$12,351	$11,125	$9,580

Ohio's performance

Early Learning Cost & Affordability

	Baseline	Most Recent	Trend
Child care cost burden. Child care costs for a household with two children as a percent of median household income	26.8% (2020-2021)	29.0% (2022-2023)	No Change
Child care affordability. Annual price of center-based child care			
Infant care:	$10,118 (2021)	$12,351 (2023)	
Toddler care:	$9,050 (2021)	$11,125 (2023)	
Preschool care:	$7,966 (2021)	$9,580 (2023)	

Cost is a significant influence in navigating care.

For most, cost is the top concern (72%), followed by provider quality (64%) and location (57%) when selecting child care. Families are burdened by more than just base child care fees. Over half (54%) report paying for transportation fees, nearly half (47%) pay additional fees for supplies, and 30% face punitive late fees. Families living in poverty are more likely to face late fees.[10]

Child care is unaffordable.

Over half of the respondents surveyed reported needing full-time care. Almost 60% of the respondents felt that their current child care was not affordable. Over half of respondents whose children were not enrolled in child care cited the expense of child care as the reason.[11]

Early Intervention

What does the data tell us?

Early Intervention provides critical support to young children experiencing developmental delays or disabilities, ensuring they have access to resources and services during their most formative years.

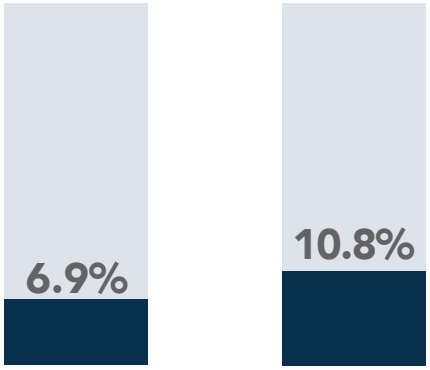
By addressing challenges early, children gain the opportunity to build essential skills, fostering their cognitive, social, and emotional development. This not only sets the stage for school readiness, but also creates a solid foundation for lifelong learning and success. Early Intervention empowers families, enhances outcomes, and helps every child reach their fullest potential.

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

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

Preterm births 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 (2022-2023); Centers for Disease Control and Prevention (2022)

Early Intervention is an invaluable support for families.

34% of respondents reported using Early Intervention and 95% of parents who received Early Intervention reported that it was helpful or met their needs.[12]

Ohio's performance

Early Intervention

	Baseline	Most Recent	Trend
Early Intervention service access. Percent of children, ages 0-2, receiving IDEA Part C Early intervention services	5.6% (2020-2021)	6.9% (2022-2023)	Greatly Improved
4 **Early Intervention accessibility.** Percent of children, ages 0-2, who received a referral for Early Intervention and received Early Intervention services	74.9% (SFY 2021)	81.5% (SFY 2023)	No Change
Met Early Intervention need.* Percent of children, ages 0-2, who were eligible for IDEA Part C Early Intervention and received services	88.9% (2021)	86.9% (2023)	No Change
Language and communication, Early Intervention. Percent of infants and toddlers with Individualized Family Service Plans (IFSPs) who were functioning within age expectations for acquisition and use of early language and communication knowledge and skills by the time they turn 3 years old or exit the program	45.4% (FFY 2020)	42.3% (FFY 2022)	No Change
Language and communication, Special Needs Preschool. Percent of preschool students with Individualized Education Programs (IEPs) who were functioning within age expectations for acquisition and use of early language, communication, and literacy knowledge and skills by the time they turn 6 years old or exit the program	48.5% (FFY 2019)	46.0% (FFY 2021)	No Change

*Disaggregated data is available. Met Early Intervention need is disaggregated by eligibility category and can be found in the Data Appendix.

4

7% of children receiving Early Intervention in FY 2023-2024 were exited from the program not because they didn't need services, but because there were challenges in contacting the families.

That means 1,042 kids who needed services didn't receive them.[13]

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Section 3

Health Care Access & Quality

- Accessibility and quality of health care services for young children

FAMILY PROFILE

Sara Valenzuela Columbiana County

> *"Just one example—insurance policies need to specifically recognize the needs of disabled children. Limiting physical therapy to 25 visits per year may be appropriate for someone with a sprained ankle, but not for a child like Kenny."*

Even with private insurance and Medicaid, Sara still has spent tens of thousands of dollars getting treatments for her son Kenny. "We get loans. I sell the kitchen sink, and then I sell the other kitchen sink," says Sara, 51, explaining she has also nearly burned through her retirement savings paying Kenny's medical bills.

Sara, who was unable to conceive because of treatment from cervical cancer, turned to IVF and a surrogate, who is her best friend, to have a child. There were complications, and her twin boys were born at 25 weeks, each weighing 1 pound and 10 ounces. Kenny, now four, has cerebral palsy and epilepsy, and he's non-verbal and unable to walk. Her son Christian died at two months.

When Sara and her husband left the hospital, they were told their baby may have developmental delays. Kenny's constant shrieking cries led Sara to have Kenny checked by pediatricians and specialists. Her concerns were brushed off each time. Her persistence in advocating for her son led to his diagnosis when he was six months old.

Sara, of Salem in Columbiana County, has spent countless hours on the phone arguing about referrals, co-insurance, and reimbursement for tens of thousands of dollars the family has paid upfront to prevent their son's medical care from being delayed or denied.

Frustrated that families with children with special needs aren't heard and struggle to get services, Sara is using her voice to advocate for others. She says, "Just one example: insurance policies need to specifically recognize the needs of disabled children. Limiting physical therapy to 25 visits per year may be appropriate for someone with a sprained ankle, but not for a child like Kenny."

An Army Reserve veteran and former Ventura County, California, sheriff deputy of 20 years, Sara and her husband work full-time while caring for Kenny, for whom child care is non-existent. "Try being a special needs parent and go to work," she says. A sales rep for a robotics company that makes equipment to help individuals like Kenny stand, improve their gait, and walk, Sara got her position when she was talking to the company, trying to figure out how to pay $34,000 for a robot that Kenny uses every day. The equipment wasn't covered by insurance.

"I speak to parents all over the country, all over the world, in the same circumstances as myself," Sara says. "I speak to them every day."

Ensuring Healthy Births

What does the data tell us?

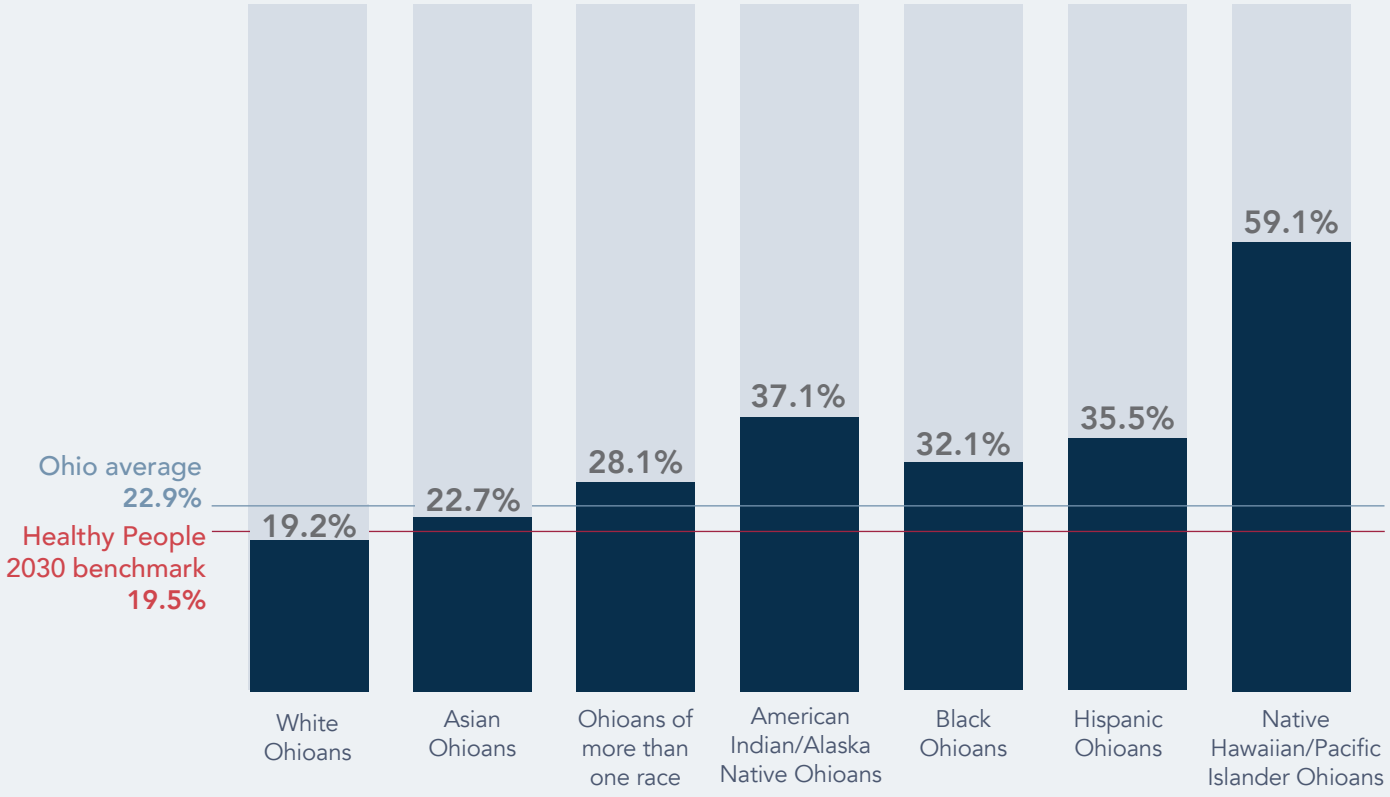
Access to quality health care is necessary to build a strong foundation for young children in Ohio. Quality health care before birth and throughout early childhood can ensure healthy development for Ohio's children and prevent harmful and costly health conditions.

A consistent source of quality and accessible health care during the prenatal, infant, and toddler periods has a significant impact on a child's academic achievement, educational attainment, and overall physical and mental health throughout their lifetime.[1]

Early prenatal care refers to the initiation of prenatal care during the first trimester of pregnancy. Early prenatal care includes a comprehensive assessment of a woman's health history, pregnancy risk, and health knowledge. Early screening and referrals for specialized care can help prevent pregnancy complications.

Prenatal Care

Nearly 1 in 4 pregnant women in Ohio did not receive prenatal care in the first trimester of pregnancy in 2022. Pregnant women of color in Ohio were far less likely to receive timely prenatal care.



Note: Where not specified, all racial categories listed above are non-Hispanic.
Source: Centers for Disease Control and Prevention, WONDER (2022).

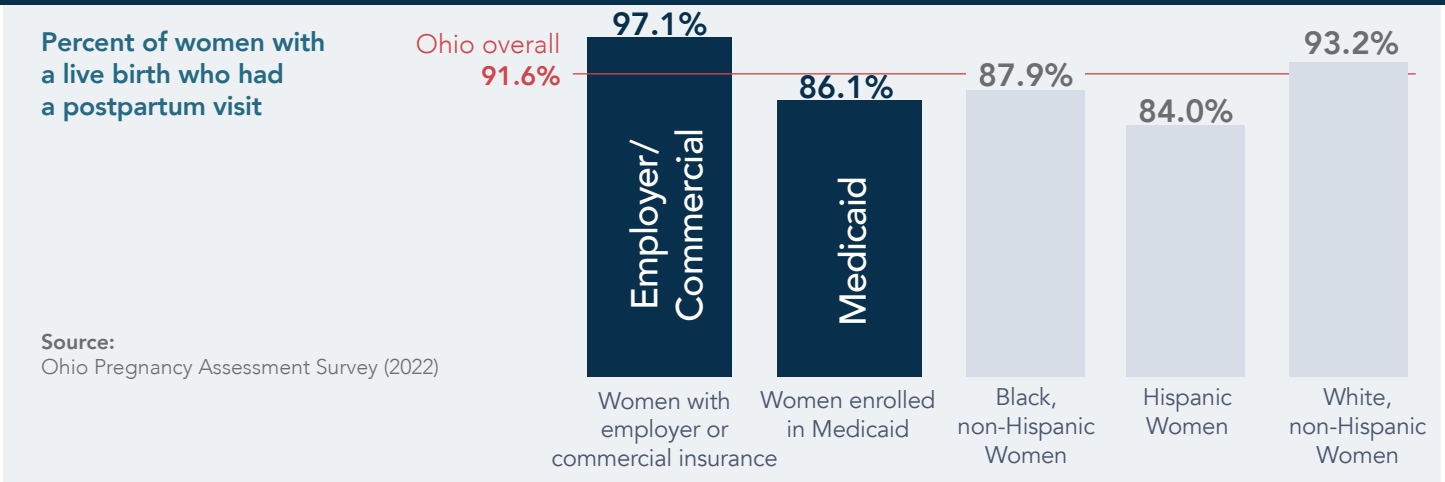
Parents living with low incomes between 100-200% of the Federal Poverty Level (FPL) had the lowest access to information they perceived they needed for a healthy pregnancy *with only 80% receiving adequate information about healthy pregnancy, and 83% about child development. This contrasts with families above 400% of the FPL, where 96% received adequate information.*[2]

Postpartum Care

Postpartum checkups are critical to ensure that new mothers are healthy. These checkups assess the physical recovery and emotional well-being of the new mother after giving birth, monitor any chronic health conditions, and detect any serious or life-threatening health issues. Yet too many new Ohio Mothers are missing this care.

New mothers enrolled in Medicaid—and those who were Black or Hispanic—were less likely to have a postpartum visit.

Covering close to half of all births and children under the age of five in the state, *Ohio's Medicaid Program has a larger responsibility to ensure the state's health care infrastructure can support pregnant women and children throughout the state.*[3]



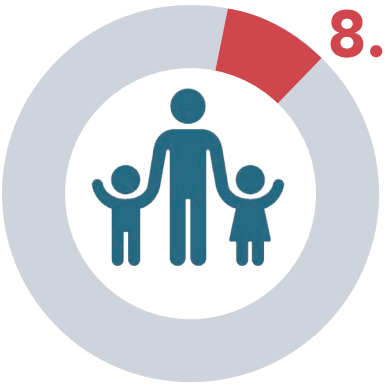
Source:
Ohio Pregnancy Assessment Survey (2022)

While 85% of families credited health care providers for involving them in some level of the decision-making process and explaining procedures, disparities persist. Income (44%) and lack of adequate health insurance (41%) were cited as major factors undermining the quality of care, exposing critical gaps in equitable access.[4]

Home Visiting

Although 12,436 Ohio families were enrolled in home visiting programs in 2024, many more families are in need. With about 141,474 kids 0-2 living under 200% of the Federal Poverty Level, this means that only 8.8% are benefitting from home visiting services.

In general, families are eligible for at 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.



In 2024, only 8.8% of families in need of home visiting services received them.

Ohio's performance

Ensuring Healthy Births

	Baseline	Most Recent	Trend
Timely prenatal care*. Percent of women who began prenatal care in the first trimester of pregnancy	76.8% (2020)	77.1% (2022)	No Change
Postpartum care*. Percent of women with a live birth who had a postpartum visit	90.3% (2020)	91.6% (2022)	No Change
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	89.2% (2020)	91.2% (2022)	No Change
2 **Postpartum depression treatment.** Percent of women with a live birth who were diagnosed with postpartum depression and received counseling	N/A	46.1% (2021)	N/A
3 **Experiences of racism.** Percent of women, ages 18-49, who reported that they were treated worse when seeking health care due to their race or ethnicity	N/A	7% (2022)	N/A
Experiences of racism. Percent of women, ages 18-49, who reported that they were treated worse when seeking health care due to their race or ethnicity	Black, non-Hispanic		29.6%
	White, non-Hispanic		2.4%
	Other, including Hispanic		10.7%
Home visiting, families receiving. Cumulative count of families served in the last 12 months in an evidence-based home visiting program funded by the Ohio Department of Children and Youth	N/A	12,436 (SFY 2024)	N/A

Mental health disorders, including postpartum depression, continue to be the leading cause of pregnancy-related deaths.[5]

According to the American Medical Association, racism is a system of structuring opportunity and assigning value based on race that unfairly disadvantages some individuals and communities.[6]

22% of respondents expressed that they felt that their race and/or ethnicity negatively influenced their quality of care, *with that number rising for Black families (41%), Latinx families (36%), and other racial and ethnic groups (37%). This is 3 to 4 times higher than white families.*[7]

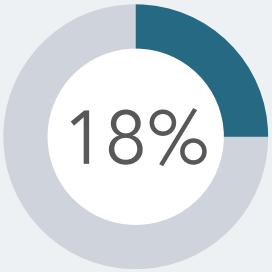
Ensuring Healthy Children

What does the data tell us?

Too many young children in Ohio are missing preventive health care, including preventive dental care, well-child visits, and immunizations.

Developmental screenings

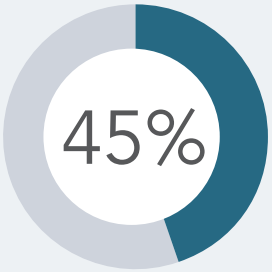
Percent of Medicaid enrollees, ages 0-5, who received a developmental screening.



Source: Ohio Department of Medicaid, Advanced Data Analytics Tool by IBM Consulting (2022).

Preventive dental care

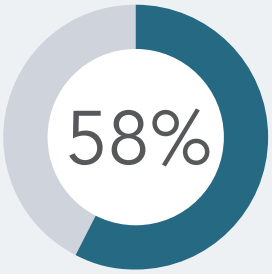
Percent of children, ages 1-5, who had a preventive dental care visit in the past 12 months



Source: Health Resources and Services Administration, National Survey of Children's Health (2021-2022)

Well-child visits

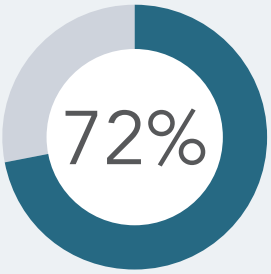
Percent of children enrolled in a Medicaid managed care plan with six or more well-child visits in the first 15 months of life



Source: Centers for Medicare and Medicaid Services, Core Set of Children's Health Care Quality Measures (FFY 2022)

Immunizations, toddlers

Percent of children, ages 19-35 months, who received all recommended doses of seven key vaccines



Source: National Immunization Survey, as compiled by the Commonwealth Fund Health System Data Center (2021)

Ohio's performance

Ensuring Healthy Children

	Baseline	Most Recent	Trend
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	N/A	57.7% (2022)	N/A
Developmental screenings. Percent of Medicaid enrollees, ages 0-5, who received a developmental screening	17.6% (2020)	17.6% (2022)	No Change
Preventive dental care. Percent of children, ages 1-5, who had a preventive dental care visit in the past 12 months	N/A	44.9% (2021-2022)	N/A
4 **Immunizations, toddlers.** Percent of children, ages 19-35 months, who received all recommended doses of seven key vaccines	68% (2019)	72% (2022)	No Change
Unmet mental health care need. Percent of children, ages 3-5, who needed to see a mental health professional but were not able to in the past 12 months	N/A	50%* (2021-2022)	N/A

*Small sample size, interpret with caution

4

The Centers for Disease Control and Prevention report young children exempted from school vaccines hit an all-time high at 3% in the 2022-2023 school year nationally. Ohio's exemption rate is above the national average at 3.8%.[8]

Access to Care

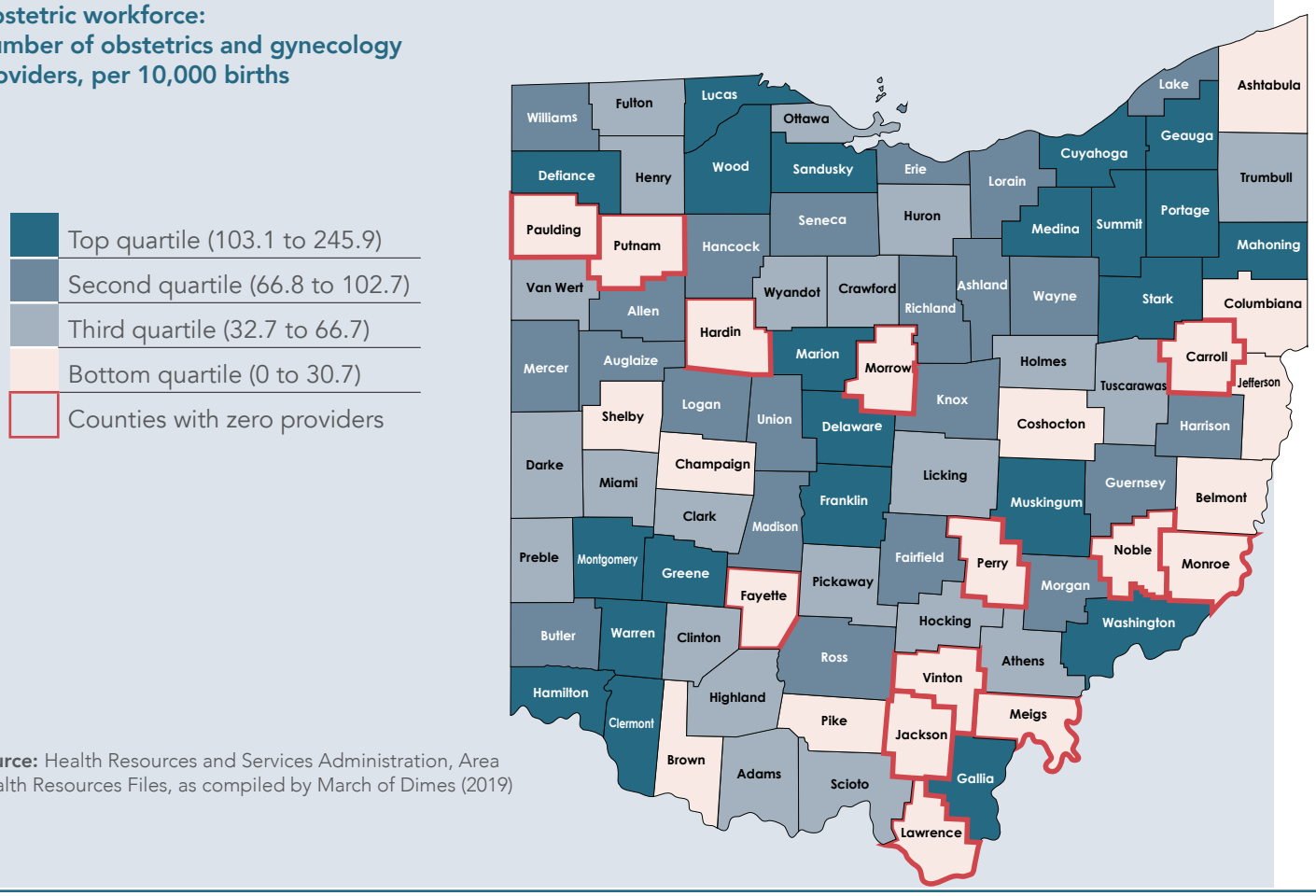
What does the data tell us?

Access to care is becoming an increasing concern. Families who must travel long distances or those who face long wait times for an appointment are more likely to miss preventive health care, placing them at higher risk for health complications and poor health outcomes. The number of counties without a delivery hospital, an obstetrician/gynecologist, or pediatrician are growing. This problem is expected to grow as fewer medical students are entering these fields.

Access to Maternity Care

Many Ohioans live in areas without access to maternity care, obstetrics, and gynecology providers. This includes 13 counties with zero providers.

Obstetric workforce:
Number of obstetrics and gynecology providers, per 10,000 births



Source: Health Resources and Services Administration, Area Health Resources Files, as compiled by March of Dimes (2019)

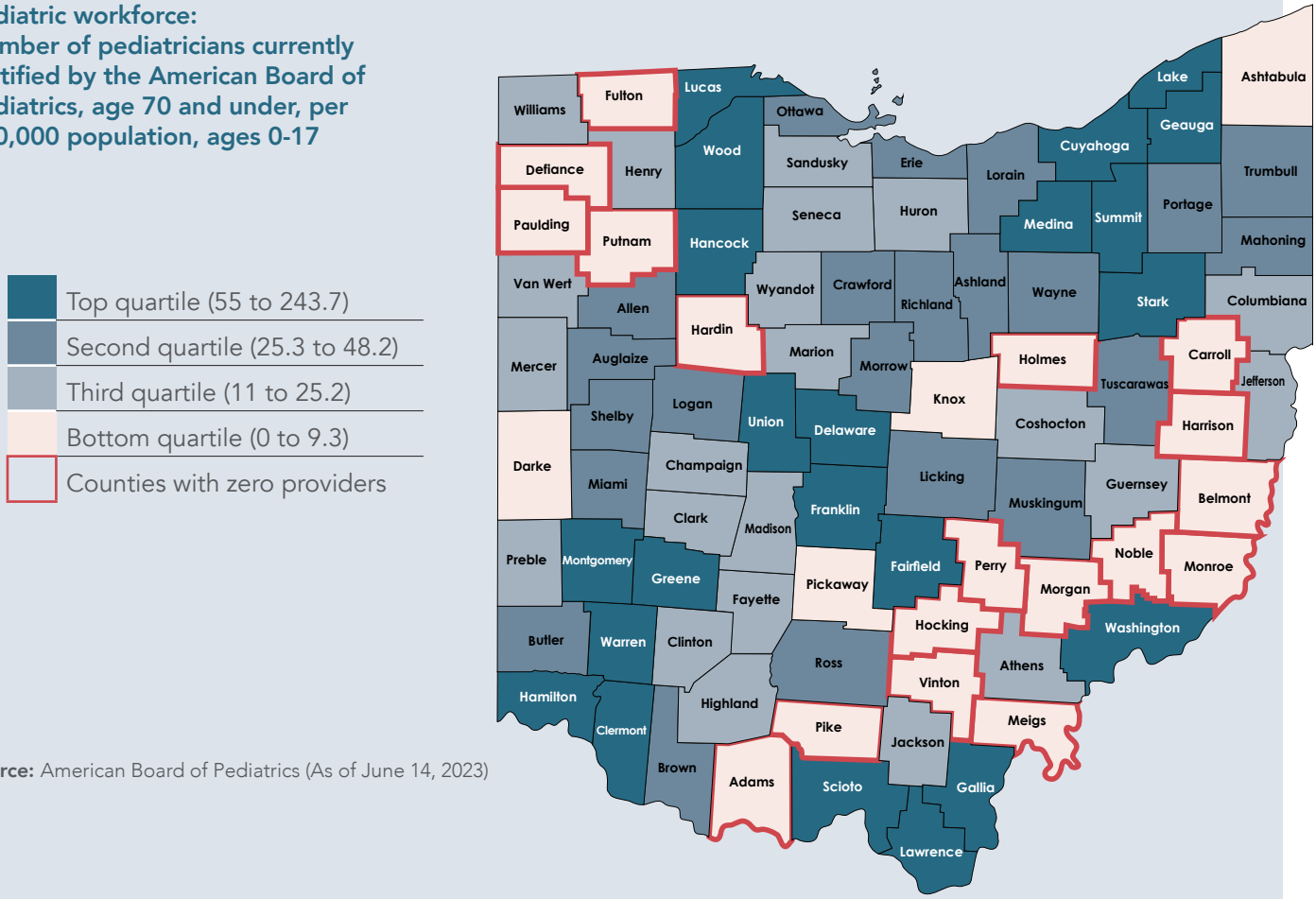
Families need quality and accessibility when choosing health care.

62% of respondents selected their child's primary care providers based on qualifications and experience, with insurance coverage (62%) and location (58%), playing significant roles in decision making.[9]

Access to Pediatricians

In 2023, there was only one pediatrician for every 1,130 Ohio children. The World Health Organization recommends at least 2.5 physicians for every 1,000 population, with Ohio falling short by over half. Additionally, there are 18 counties in Ohio with no pediatricians.

Pediatric workforce: Number of pediatricians currently certified by the American Board of Pediatrics, age 70 and under, per 100,000 population, ages 0-17



Source: American Board of Pediatrics (As of June 14, 2023)

Ohio's performance

Access to Care

	Baseline	Most Recent	Trend
5 **Access to maternity care.** Number of obstetrics and gynecology providers, per 10,000 births.	N/A	See county data	N/A
Access to pediatric care. Number of pediatricians currently certified by the American Board of Pediatrics, age 70 and under, per 100,000 population, ages 0-17	N/A	88.5	N/A

5

23.4% of those living in rural areas of Ohio travel over 30 minutes to the nearest birthing hospital compared to 6.2% of those living in urban areas.[10]

6

Health coverage is the foundation of health care. 4.9% of children in Ohio did not have health insurance in 2023. Ohio ranks 29th out of all states. Low-income children are more likely to be uninsured and 92% of children eligible for Medicaid/CHIP participate. **The uninsured rate increases to 5.4% for children under 6.** *When children are uninsured, they are more likely to have unmet health needs and lack a usual source of care, diminishing their chances to grow into healthy and productive adults.[11]*

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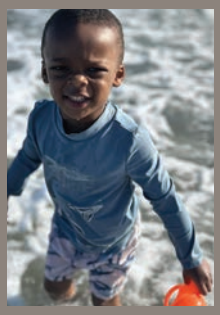
Section 4

Early Childhood Trauma Prevention

- Factors contributing to childhood trauma and prevention strategies



FAMILY PROFILE

Jessi & Sabrina Holman Franklin County

Sabrina and Jessi haven't seen any concerning behavior by Austin at school or at home. "He is a happy kid despite everything," says Sabrina. But, as he gets older, the couple knows he may need counseling. For now, "I tell him, 'Your mommy is in heaven, and you can always talk to her,' " Sabrina says. "We keep her spirit very much alive."

In Austin's short four years, he's experienced more trauma than most young children. He was there when his mother overdosed on fentanyl at 28. She didn't realize the marijuana she was smoking was laced with the deadly opioid.

Prior to that day in March 2022, Austin didn't always have a home. Mom, who was in a physically abusive relationship, was in and out of homeless shelters.

After his mother's death, Austin was placed with his maternal grandmother. But she, too, was struggling with issues, financial and otherwise. After a year-long court battle that pitted Austin's grandmother, his biological father, and his maternal aunt against each other, Sabrina Holman, the aunt, and her wife, Jessi, were given full custody of their nephew.

With time, Austin's grandmother has come around to believing her grandson is in the right home. His father is mostly absent.

The lengthy nature of the court fight and the uncertainty of who would prevail was stressful. But now the Columbus couple say they and Austin, who's in his second year of preschool, are doing well. He wants everyone to call him "Aus the Boss," says Jessi, a nickname Austin was given by her siblings.

Sabrina, who has an administrative position at a child care program, and Jessi, who is an early educator, make sure Austin knows his mother loved him, and they talk often about her with him.

"He is still at an age where he's trying to understand," Sabrina says. "I feel like he gets anxious about where's my mommy."

Sabrina and Jessi haven't seen any concerning behavior by Austin at school or at home. "He is a happy kid despite everything," says Sabrina. But, as he gets older, the couple knows he may need counseling.

For now, "I tell him, 'Your mommy is in heaven, and you can always talk to her,' " Sabrina says. "We keep her spirit very much alive."

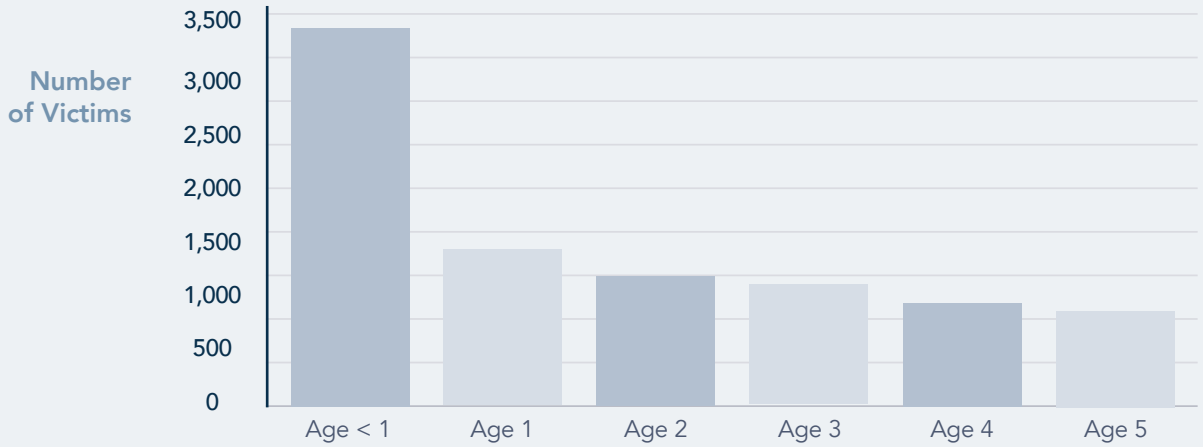
Early Childhood Trauma

What does the data tell us?

Ohio's youngest children are heavily influenced by caregiving and environmental factors, where negative experiences can have just as much impact as positive ones.

Too many of Ohio's youngest children are growing up in unsafe or unstable conditions, increasing their exposure to Adverse Childhood Experiences (ACEs) which can lead to a wide range of negative outcomes. In contrast, children exposed to safe, nurturing environments are more likely to be shielded from the long-term harm caused by early adversity and trauma.

1 Maltreatment Victims by Age in Ohio

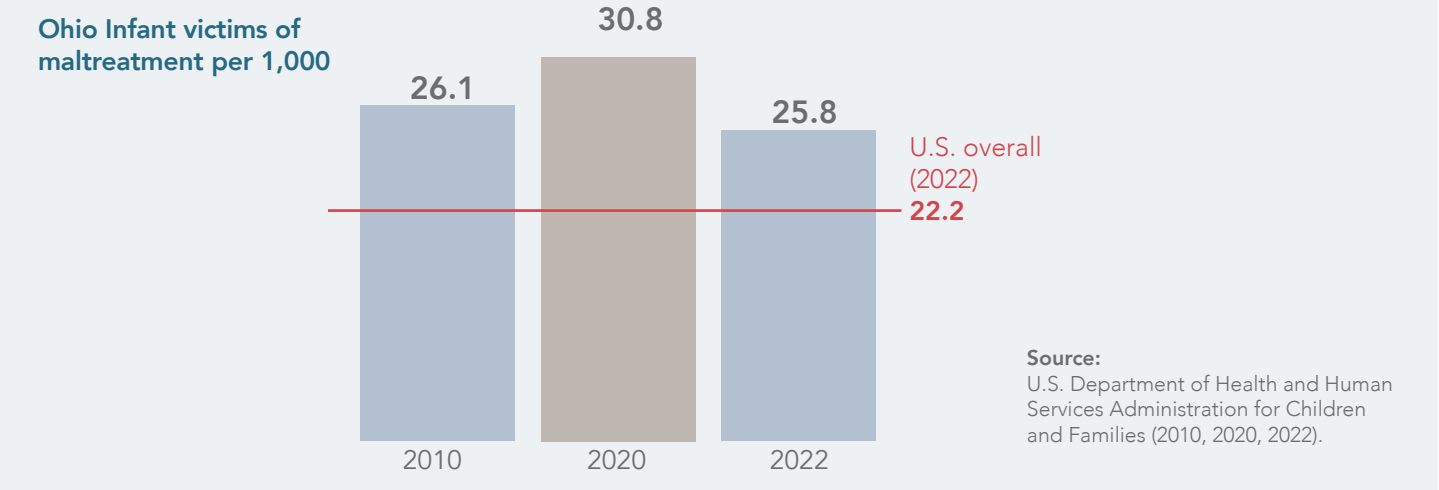


Source: U.S. Department of Health & Human Services, Administration for Children and Families Administration on Children, Youth, and Families, Children's Bureau (2022).

1 Compared to older children (ages 1-17), Ohio's infants under one are three times more likely to be victims of maltreatment.[1]

2 Too Many Children are Victims of Maltreatment

Though infant maltreatment rates have declined since 2019, the overall rate has remained stagnant since 2010.



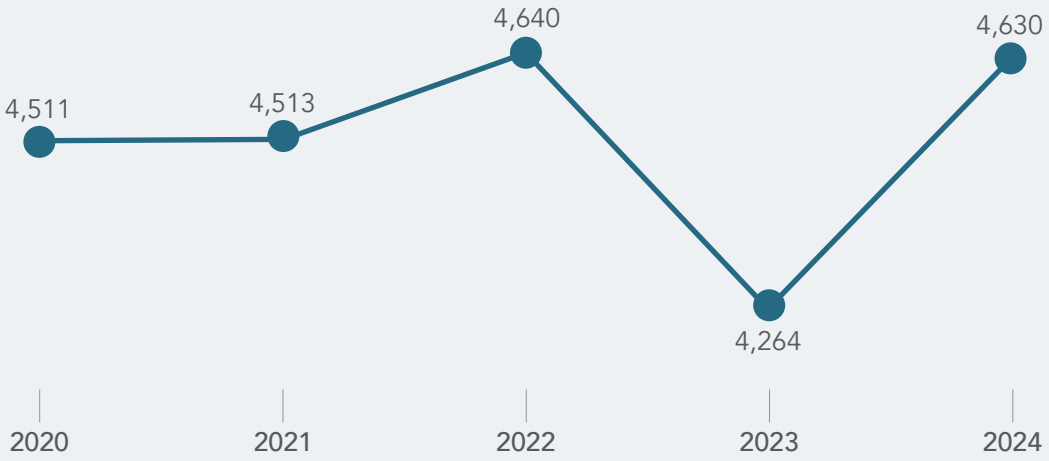
Though recent data shows improvement in maltreatment rates since 2020, the number of childhood fatalities related to maltreatment has increased.[2] Two-thirds of all child deaths related to abuse and neglect nationally were among children younger than 3, and almost half were infants under age 1.[3]

Ohio is ranked 30th of 50 states and D.C. for infant maltreatment, with over 3,000 children under the age of one being victims of maltreatment in 2022.[1]

Protective Custody

3 Despite evidence from other states that child abuse and neglect cases were underreported during the pandemic,[4] the number of young children in protective custody in Ohio increased from 2020 to 2024.

Number of children, ages 0-5, who were in Public Children Service Agency (PCSA) custody, point-in-time count as of January 1 of each year



Source: Ohio Department of Children and Youth

3 **The average stay in state custody is 2 years.[5] The sharp decrease in 2023 suggests this anomaly may result from temporary policy or practice changes during the COVID-19 pandemic.**

Ohio's performance

Child Welfare

	Baseline	Most Recent	Trend
Maltreatment, infants. Number of children who experienced maltreatment (child abuse and/or neglect), per 1,000 infants under age 1	30.8 (2020)	25.8 (2022)	Improved
Removal from home for maltreatment. Number of children removed from the home due to abuse and neglect, per 1,000 population, ages 0-5	3.1 (ODCY: 2021 ACS: 2021)	3.1 (ODCY: 2023 ACS: 2022)	No Change
4 **Removal from home for maltreatment.** Number of children removed from the home due to abuse and neglect, per 1,000 population, ages 0-5	Black, non-Hispanic		6.4
	White, non-Hispanic		2.4
	Hispanic		3.3
	Multiracial, non-Hispanic		4.7
Protective custody. Number of children, ages 0-5, who were in Public Children Service Agency (PCSA) custody.	4,640 (2022)	4,630 (2024)	No Change
Protective custody, placement type. Percent of children, ages 0-5, who were in Public Children Service Agency (PCSA) custody, by placement type	Pre-adoptive home and family foster home (non-relative) placements		64.3%
	Family foster home (relative) placements		34.3%

4

Black families are disproportionately reported to Child Protective Services, and their cases are more likely to be screened for further investigation *compared to other racial groups. This leads to persistent overrepresentation of Black families and children in the child welfare system.*[6]

Trauma, Toxic Stress & Household Challenges

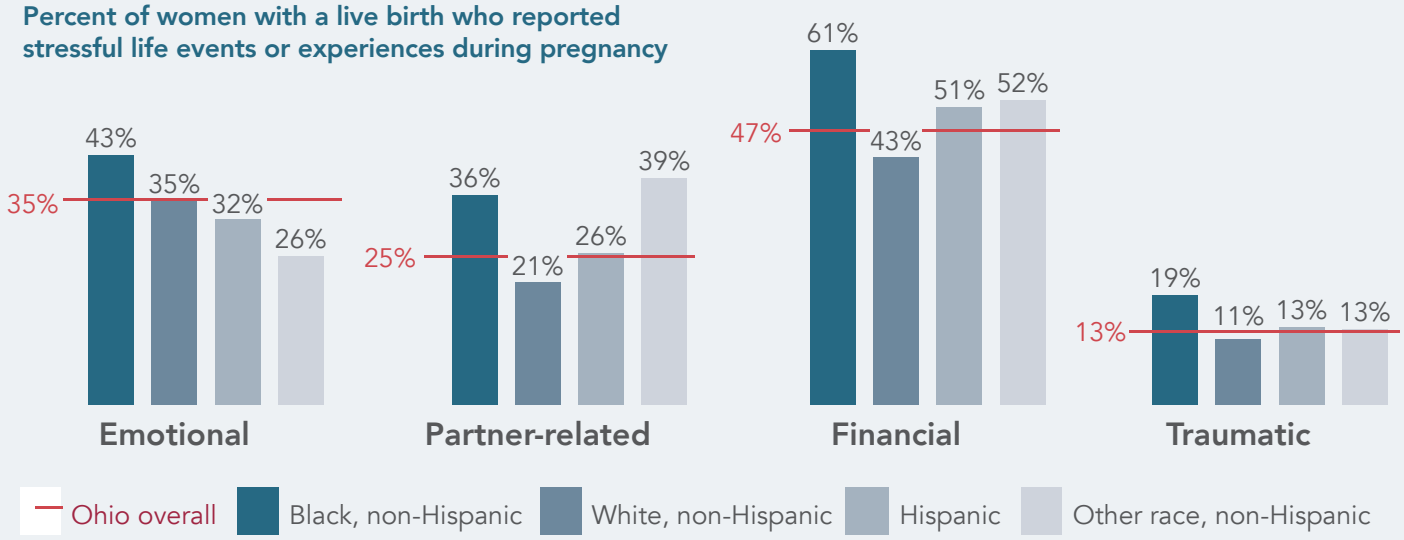
What does the data tell us?

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

Stressful life events or experiences during pregnancy

Black women are more likely than women of other races to report experiencing emotional, financial, and traumatic events during pregnancy. These stressors—such as intimate partner violence and housing or income insecurity—are especially dangerous during pregnancy, elevating the risk of preterm birth, infant mortality, and pre-eclampsia—a leading cause of maternal mortality.

Percent of women with a live birth who reported stressful life events or experiences during pregnancy



Source: Ohio Pregnancy Assessment Survey (2022)

Stressful life events are organized into four primary categories:

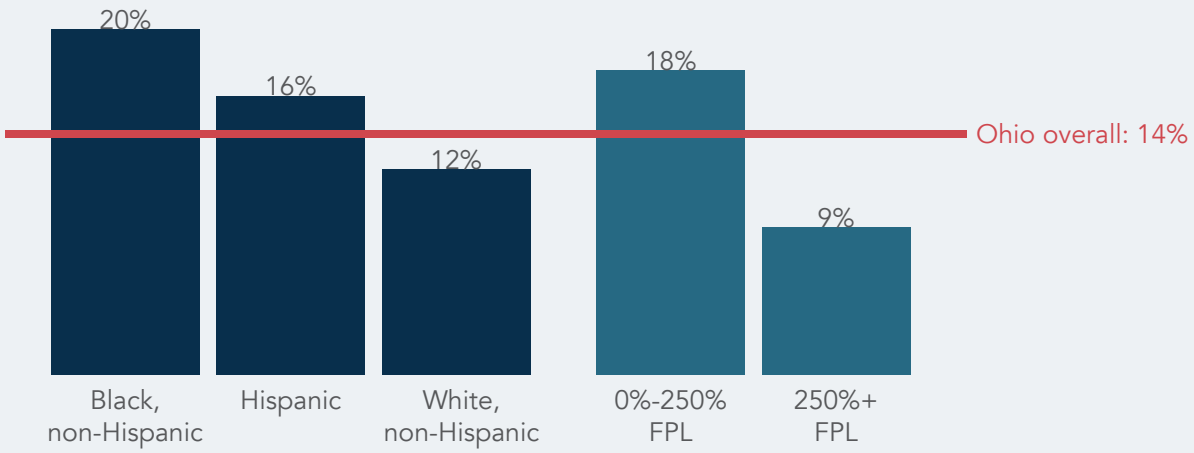
1. **Emotional:** close family member was sick and/or someone close to the mother died.
2. **Partner-Related:** argued with partner more than usual, partner said pregnancy was unwanted, separated from partner due to military deployment or work travel, or divorce.
3. **Financial:** difficulty paying bills, partner experienced job loss, reduction of hours or pay.
4. **Traumatic:** a close friend or family member experiences substance use challenges, partner or self was incarcerated or was homeless.

Almost 1 in 3 respondents reported high levels of stress and 65% could benefit from additional resources and support for parenting.[7]

Adverse childhood experiences (ACEs)

Using a scale of 0-10 where exposure to an adverse event equates to 1-point, a child with a score of 2 or more is more likely to qualify for special health care needs and repeat a grade at school. Children of color and children living in lower income families are more likely to have experienced two or more ACEs than their peers.[8]

Percent of children, ages 0-5, who experienced two or more ACEs



Source: Ohio Medicaid Assessment Survey (2021)

ACEs are potentially traumatic events that occur during childhood. ACEs are generally grouped into four primary categories:[9]

1. **Abuse:** including emotional, physical, or sexual abuse.
2. **Household challenges:** such as substance use, mental illness, or incarceration of a household member.
3. **Neglect:** including emotional and physical neglect.
4. **Other:** such as exposure to racism and discrimination, food insecurity, neighborhood safety concerns, or bullying.

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

Young Ohioans deserve to grow up in supportive environments that nurture their mental and physical well-being. Sadly, systemic racism, unequal distribution of resources, and generational poverty often lead to adverse childhood experiences.

Children exposed to adversities such as abuse, neglect, or caregiver substance use disorder increase the risk for poor health outcomes later in life. Long-term exposure to stressors related to these and other ACEs can lead to:[10]

1. **Disrupted neurological development and emotional, social, and cognitive impairment.**
2. **Adoption of behaviors that increase risk of poor health outcomes.**
3. **Social problems, such as lower educational attainment, reduced earning potential, and unemployment.**
4. **Disease, disability, and early death.**

There are ways we can better support young child development and protect against the harms of ACEs during this important time when children are experiencing rapid physical, emotional, social, and intellectual growth. Access to resources like neighborhoods with safe and affordable housing, high-quality early learning experiences, and positive relationships can build resilience and protect against the harms of trauma and adversity.[11] It is never too early in a child's life to invest in preventing adversity and trauma, but it can be too late.

Almost 50% of respondents expressed concerns with their child's behavior. More than 70% of respondents reported concerns that their child was showing signs of emotional distress.[12]

Ohio's performance

Trauma, Toxic Stress, & Household Problems

	Baseline	Most Recent	Trend
Stressful life events or experiences during pregnancy.* Percent of women with a live birth who reported stressful life events or experiences during pregnancy	Emotional		35.4%
	Partner-related		25.0%
	Financial		46.8%
	Traumatic		12.8%
Adverse childhood experiences (ACEs). Percent of children, ages 0-5, who experienced two or more ACEs	17.00% (2019)	14.30% (2021)	Improved
	Black (non-Hispanic)		20.2%
	White (non-Hispanic)		12.0%
	Hispanic		16.3%
	0 – 250% FPL		17.8%
	250% + FPL		8.6%
Supportive neighborhood. Percent of children, ages 0-5, who lived in a supportive neighborhood	N/A	58.6% (2022)	N/A
5 **Domestic violence.** Percent of children, ages 0-5, who witnessed domestic violence	6.6% (2019)	4.8% (2021)	Greatly Improved
6 **Parental incarceration.** Percent of children, ages 0-5, with a parent or guardian who served time in jail	10.7% (2019)	7.7% (2021)	Greatly Improved
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)	15.7% (2021)	Improved

*Disaggregated data is available. All stressful life events are disaggregated by race, income, and rural/urban typology and can be found in the Data Appendix.

This data, taken from a Medicaid Assessment Survey, relies on individuals to self-report. Those experiencing domestic violence may not identify their situation as domestic violence.[13]

Incarceration is a significant predictor of negative health outcomes for parents and young children alike. Early exposure to the criminal justice system can lead to numerous negative outcomes, including poorer peer relationships, diminished cognitive skills, and a range of mental health challenges.[14]

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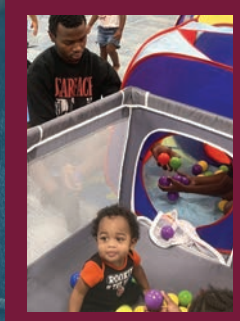
Section 5

Economic Stability

- Financial challenges faced by families & the impact on children's well-being



FAMILY PROFILE

Jocquelene Pressley Hamilton County

> *"Bullets don't have eyes," Jocquelene says. "Nobody wants to live in fear that a stray bullet might hit their child."*

Jocquelene Pressley, 38, knows what it's like not to feel safe in your own home. She lives in subsidized housing in Cincinnati with her seven children, and she also is caring for her grandson under Ohio's Kinship Care program.

Though she's grateful for her apartment, there was a murder of a teenager nearby, which still haunts her. She wishes she could afford a safer place where she could feel comfortable letting the younger children play outside.

"Bullets don't have eyes," Jocquelene says. "Nobody wants to live in fear that a stray bullet might hit their child."

Previously, Jocquelene lived in a different subsidized rental but left to live with her mother because there was a killing outsider her door. She spent two years at her mother's, while waiting for another spot to open. Several of her older children didn't want to move to the new unit in the Winton Hills neighborhood because they didn't think it would be safe either.

Jocquelene, who is a certified doula, works part-time with Cradle Cincinnati, coaching pregnant moms in her neighborhood about staying healthy and supporting them through their delivery. "Being Black makes me relatable, helps me with my clients," she said. "The women enjoy having someone (to assist them) who looks like them and who understands the struggles they go through." She supplements that work as a first aid and CPR instructor, and she also did a stint with AmeriCorps.

Multiple of Jocquelene's pregnant moms on her client list have been homeless. One was sleeping in a car because she was fleeing domestic violence. Jocquelene says she remembers asking the woman if she had eaten anything that day and whether she was drinking fluids.

"How do you serve someone in that situation," she says.

Poverty

What does the data tell us?

When families are economically stable, their children can grow and thrive. Families who are financially stable can afford housing, food, and health care and are able to plan for their children's future.

Employment & Poverty

In 2022, 1 in 5 Ohio children, ages 0-5, lived in poverty...

20.5% below 100% of the Federal Poverty Level (FPL)

...1 in 10 lived in extreme poverty.

10.3% below 50% of the FPL

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Ohio's youngest children, ages 0-5, living in Ohio's Appalachian region are more likely to live in poverty than their peers in other communities across the state.

County Type	Poverty	Extreme Poverty
Appalachian	25.2%	13.0%
Urban	23.0%	11.7%
Rural non-Appalachian	14.9%	7.4%
Suburban	12.4%	5.6%

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, American Community Survey 5-Year Estimates, 2018-2022

What does living below the Federal Poverty Level (FPL) mean?

Families with incomes below the Federal Poverty Level (FPL) often cannot afford safe, stable or quality housing, healthy and adequate food, and other necessities that enable young children to thrive.

The Federal Poverty Level, which considers family size and income, is used as the basis to determine eligibility for certain programs and benefits, including WIC, Medicaid, food, and rental assistance. The FPL is widely considered to be a flawed measure that undercounts the actual cost of living for many families.

The FPL is updated annually. A family of three with an annual household income of less than $25,820 would be considered to be in poverty under the limit for federal fiscal year 2024. If the same family had an annual income of less than $12,910, they would be considered to be in extreme poverty.

Ohio's performance

Poverty

	Baseline	Most Recent	Trend
Poverty, young child. Percent of children, ages 0-5, who live in poverty and extreme poverty (below the Federal Poverty Level [FPL])			
1 **Living in poverty (below 100% FPL)**	25% (2013-1017)	20.5% (2018-2022)	Improved
Living in extreme poverty (below 50% FPL)	12.6% (2013-2017)	10.3% (2018-2022)	Improved

	County Type	Recent Value
Poverty, young child. Percent of children, ages 0-5, who live in poverty and extreme poverty (below the Federal Poverty Level [FPL])	Appalachian	25.2%
	Rural non-Appalachian	14.9%
	Suburban	12.4%
	Urban	23.0%
Extreme Poverty. Percent of children, ages 0-5, who lived below 50% of the Federal Poverty Level	Appalachian	13.0%
	Rural non-Appalachian	7.4%
	Suburban	5.6%
	Urban	11.7%

1 **The American Rescue Plan's child tax credit expansion along with other pandemic era relief lifted many families out of poverty.**[1]

How can poverty and economic instability persist across generations?

No child should be at an inherent disadvantage because of their family's income. However, parents living in poverty often face barriers to educational attainment and employment, such as a lack of reliable transportation for work. In turn, their children are more likely to live in poverty and have poorer educational outcomes, resulting in greater risk of future unemployment, lower incomes, and poorer health outcomes.[2]

Research indicates that:

1. **Family income in early childhood is a predictor of health outcomes in adulthood.**[3]
2. **Childhood poverty is also linked to diminished educational and employment opportunities later in life, including reduced rates of high school graduation and college attendance and graduation.**[4]
3. **About half of an individual's earning potential is inherited from their parents, which lays the foundation for economic stability later in life.**[5]

In Ohio, children of color and children living in Appalachian counties are more likely to be born to parents living in poverty than their peers. These babies and toddlers, as a result, have more difficulty breaking the intergenerational cycle of poverty.[6]

Investments in early childhood—namely economic and income supports like child tax credits, WIC, TANF cash assistance, and child care subsidies—can help ensure that fewer young children in Ohio live in poverty and/or economic instability.

Child Care Barriers Cause Workforce Challenges for Families.

26% of respondents reported that their child care does not always align with their work schedule and 35% of respondents reported having to change a work schedule and 24% had to cut back their working hours in the past year due to disruptions in their child care arrangement.[7]

Ohio's performance

Employment & Child Care

	Baseline	Most Recent	Trend
Job change due to child care. Percent of children, ages 0-5, with a family member who had to change their job due to problems with child care in the past 12 months	N/A	13.9% (2021-2022)	N/A
		Category	**Recent Value**
Poverty, young child. Percent of children, ages 0-5, who live in poverty and extreme poverty (below the Federal Poverty Level [FPL])		Black, non-Hispanic*	37.3%
		White, non-Hispanic	7.1%
		Hispanic*	24.9%
Employment insecurity, parents. Percent of children, ages 0-5, who live in families where no caregiver was employed full-time	N/A	10.8% (2020-2022)	N/A
		Category	**Recent Value**
		0-199% FPL	24.1% (2020-2022)
		200% + FPL	2.5% (2020-2022)
Family structure. Percent of children, ages 0-5, who did not live in a household with two parents	N/A	20.5% (2019-2022)	N/A
		Category	**Recent Value**
		0-199% FPL	35.0% (2019-2022)
		200% + FPL	11.3% (2019-2022)

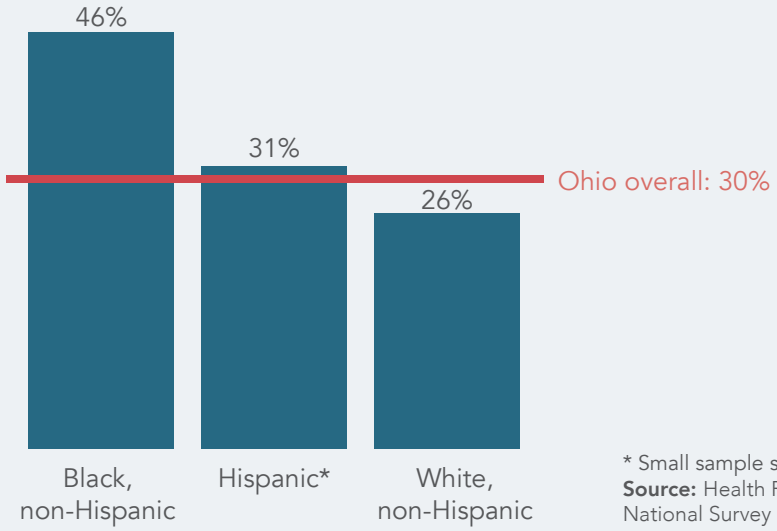
Basic Needs

What does the data tell us?

Food Insecurity

Nearly 1 in 3 young children in Ohio live in households that could not always afford to eat nutritious meals in the past year. Food insecurity is higher among Ohioans of color, and 1.7 times higher for Black children than for Ohio overall.

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

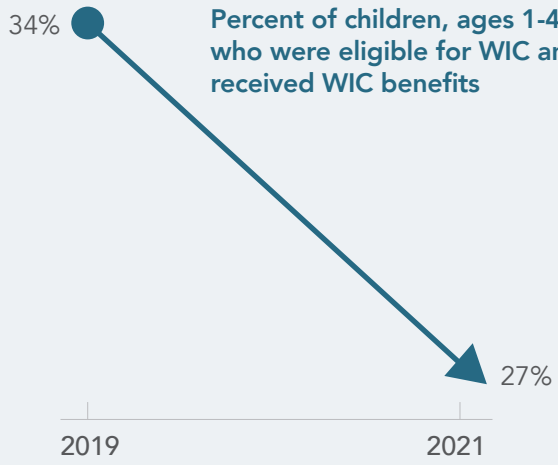


* Small sample size, interpret with caution
Source: Health Resources and Services Administration, National Survey of Children's Health (2019-2022)

Eligible for and receiving WIC

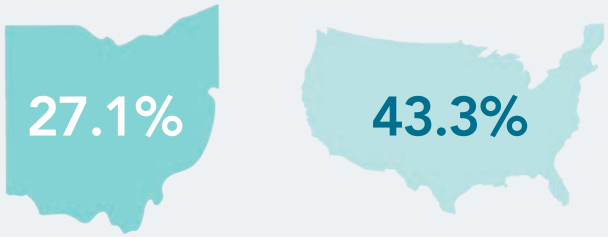
Among the young children who were eligible for WIC benefits, the percent that received them decreased by over 20% from 2019-2021, indicating missed opportunities to receive nutrition supports that are crucial for healthy development.

Percent of children, ages 1-4, who were eligible for WIC and received WIC benefits



Source: U.S. Department of Agriculture, WIC Eligibility and Coverage Rates

Only 27% of eligible children, ages 1-4, received WIC benefits in 2021, compared to 43.3% nationally.

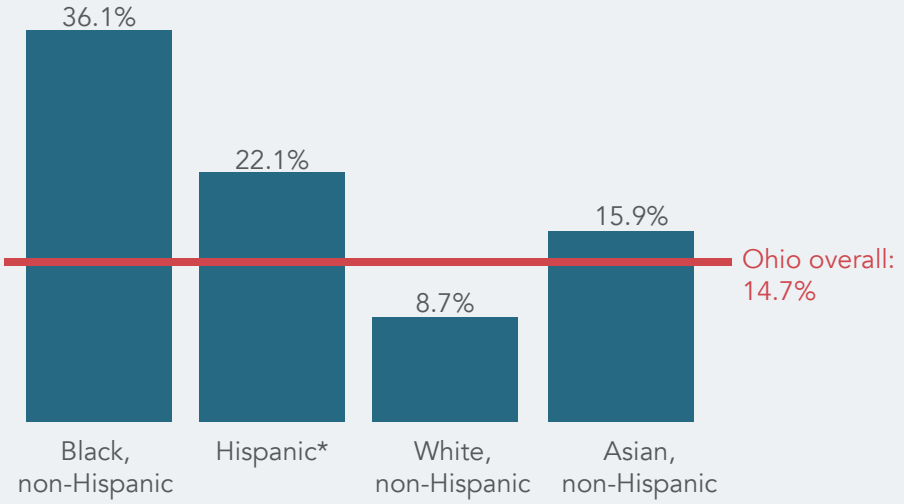


Source: U.S. Department of Agriculture (2021)

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.

Housing Cost Burden

14.7% of children, ages 0-5, lived in households where 30% or more of monthly income was spent on rent. Black children were 3 times and Hispanic children were 1.6 times more likely to experience housing cost burden.



Source: U.S. Census Bureau, American Community Survey Public Use Microdata 1-Year Estimates, 2022

Families need help becoming financially stable.

Many parents rely on public assistance to make ends meet. 27% reported utilizing Medicaid, 16% SNAP, 13% WIC, 10% Social Security Income, and 9% reported utilizing housing subsidies. 32% of families with household incomes under 200% FPL have seen a decrease in their benefits in the past year. [8]

Housing insecurity is crippling families.

Over half of families (55%) spend more than 30% of their income on housing—a figure that jumps to a staggering 72% for low-income households. 25% of respondents overall, and 40% of respondents under 100% FPL were at risk of losing their housing within 90 days. [9]

Debt is strangling family budgets.

Half (50%) of families are trapped in overdue bills or debt, with the burden disproportionately falling on low-income families (71%) and those raising children with disabilities (71%). Rent/mortgage, credit card debt, and utility bills top the list of financial stressors, leaving families with little breathing room. [10]

Families have limited access to stable transportation.

Most respondents relied on their own vehicles (56%), but 33% depended on public transportation. Public transportation reliance was notably higher among: Black respondents (43%) compared to White respondents (29%); and low-income families (55% for those below 100% FPL) versus wealthier families (21% for those above 400% FPL). 17% described their current mode of transportation as unstable. Black (23%), Latinx (20%), Other Racial and Ethnic Groups (23%), and Families with children who have disabilities (29%) reported lower stability. [11]

Ohio's performance

Basic Needs

	Baseline	Most Recent	Trend
2 **Food insecurity.** Percent of children, ages 0-5, whose household could not always afford to eat good nutritious meals in the past 12 months	N/A	29.5% (2019-2022)	N/A
		Category	Recent Value
		Black, non-Hispanic*	46.3%
		White, non-Hispanic	26.2%
		Hispanic*	31.4%
Housing cost burden. Percent of children, ages 0-5, who lived in households where 30% or more of monthly income was spent on rent	17.1% (2019)	14.7% (2022)	Improved
		Category	Recent Value
		Black, non-Hispanic	36.1%
		White, non-Hispanic	8.7%
		Hispanic	22.1%
		Asian, non-Hispanic	15.9%
3 **Eligible for and receiving WIC, Overall.** Percent of women, infants, and children, who were eligible for WIC and received WIC benefits	46.2% (2019)	38.9% (2021)	Worsened
Eligible for and receiving WIC, Infants. Percent of infants, who were eligible for WIC and received WIC benefits	N/A	80.9% (2021)	N/A
Eligible for and receiving WIC, Pregnant or Postpartum Women. Percent of pregnant or postpartum women, who were eligible for WIC and received WIC benefits	N/A	45.7% (2021)	N/A
Eligible for and receiving WIC, Young Children. Percent of children, ages 1-4, who were eligible for WIC and received WIC benefits	34.2% (2019)	27.1% (2021)	Greatly Worsened
Children experiencing homelessness. Number of children, ages 0-3, who were estimated to be experiencing homelessness	N/A	7,659 (2021-2022 school year)	N/A
Household broadband access. Percent of households with children, ages 0-5, that had a broadband internet subscription	77.6% (2019)	84.7% (2022)	No Change

*Small sample size, interpret with caution.
For additional information on the data and analysis, see the Data Appendix.

Ohio ranks 44th in the U.S for children experiencing food insecurity.*[12]

*Prenatal-to-3 Policy Impact Center reports Ohio ranking 44th out of 48 states and D.C., with Maine and New Hampshire not included in the data set.

Ohio is one of just nine offline states requiring WIC beneficiaries to either mail or present their EBT cards at their local WIC office every three months just to get their benefits loaded.[13]

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Section 6

Are Ohio's youngest children healthy?

Providing a strong foundation for young children in Ohio means they are healthy. The foundation for a healthy life starts early, before a baby is born. Without increased focus and investment, some young children and their mothers will face life-long health challenges to their physical and mental health and well-being.

Birth Outcomes

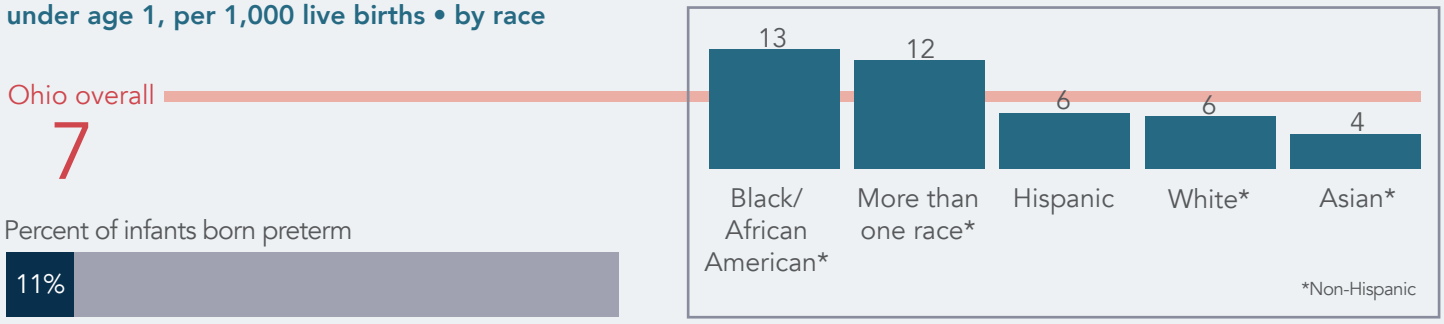
What does the data tell us?

Nearly 1 in 140 Ohio babies do not live to see their first birthday.
For Black infants, that number is about 1 in 76.

Infant mortality and preterm birth

11% of Ohio infants are born preterm, and for every 1,000 live births, approximately seven infants do not live to experience their first birthdays. Black Ohioans are disproportionately affected by infant mortality.

Number of infant deaths, under age 1, per 1,000 live births • by race

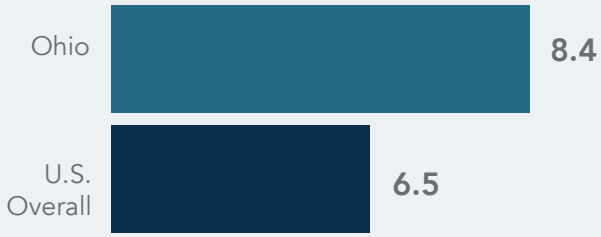


Note: Asian infant mortality rate is a small sample size, interpret with caution
Source: Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER) (2022)

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.[1] Racial disparities in infant mortality persist despite maternal income or education level.[2]

Overall, 13% of babies were born preterm; this increases to 23% for children with a disability.[3]

Number of neonatal abstinence syndrome cases among newborn hospitalizations, per 1,000 newborn hospitalizations. (2021).



Neonatal abstinence syndrome is a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids, during pregnancy. 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 (HCUP) Fast Stats. (2021).

While most babies were born healthy, 16% experienced health complications at birth, with rates climbing to 18% of families living below 200% FPL, 20% for children living below 100% FPL, and 39% among families with children who have disabilities.[4]

Ohio's performance

Birth Outcomes

	Baseline	Most Recent	Trend
Low birth weight. Percent of live births where the infant weighed less than 2,500 grams (5.5 pounds)	8.5% (2020)	8.7% (2022)	No Change
Black, non-Hispanic Infants			14.6%
Asian, non-Hispanic Infants			10.4%
Hispanic Infants			7.9%
White, non-Hispanic Infants			7.3%
Infant mortality. Number of infant deaths, under age 1, per 1,000 live births	6.9 (2019)	7.1 (2022)	No Change
Black, non-Hispanic Infants			13.1
More than one race. Non-Hispanic Infants			11.9
Hispanic Infants			6.1
Asian, non-Hispanic			3.8
White, non-Hispanic			5.7
Preterm birth. Percent of infants born preterm, before 37 completed weeks of gestation	10.3% (2020)	10.8% (2022)	No Change
Neonatal abstinence syndrome. Number of neonatal abstinence syndrome cases among newborn hospitalizations, per 1,000 newborn hospitalizations births	9.3 (2019)	8.4 (2021)	No Change

Fetal development and birth outcomes are inextricably linked to a mother's physical and mental health.

Factors such as maternal nutrition, stress levels, and pre-existing medical conditions can directly influence fetal development, potentially leading to complications such as low birth weight, preterm delivery, and developmental delays.[5] Ensuring maternal health before, during, and after pregnancy is essential for promoting healthy births that lay a strong foundation for early childhood development.

Maternal Health

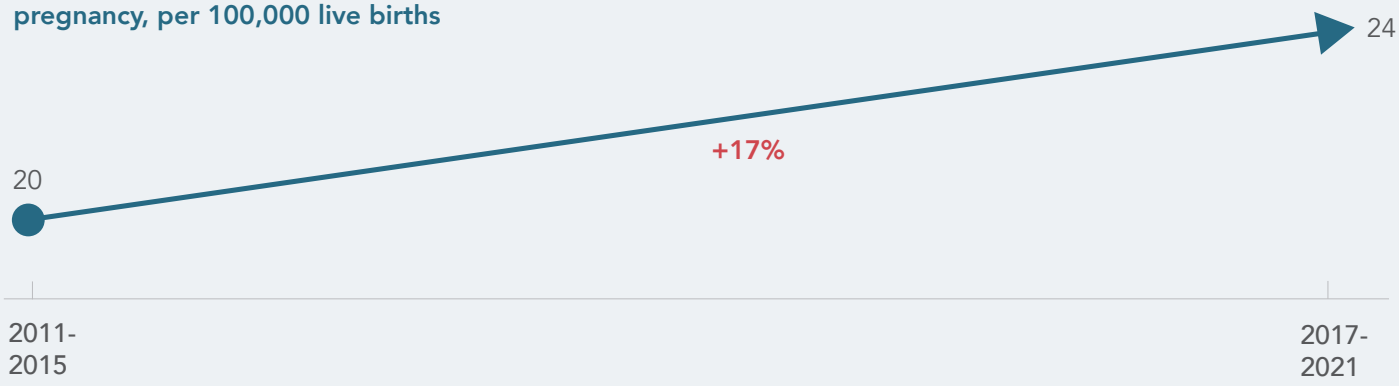
What does the data tell us?

Both maternal mortality and severe maternal morbidity are on the rise in Ohio and across the nation, and Black mothers are disproportionately affected.

Maternal mortality

Maternal mortality increased by 17% in the period between 2011 and 2021. Research suggests that more than 80% of pregnancy-related deaths are preventable.[2]

Number of deaths related to or aggravated by pregnancy, per 100,000 live births



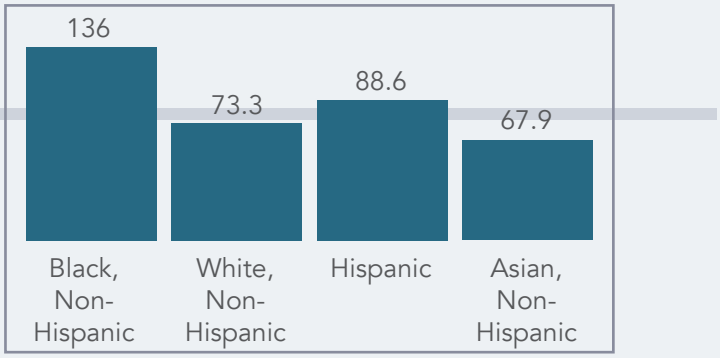
Source: Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER), as compiled by America's Health Rankings (2011-2015, 2017-2021)

1 Severe maternal morbidity

Number of significant life-threatening maternal complications during delivery, per 10,000 delivery hospitalizations.

Ohio overall

84.9



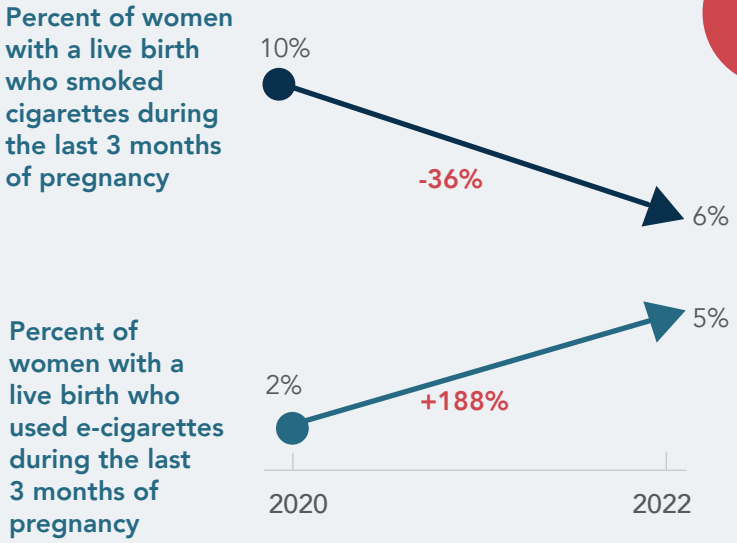
Source: Health Resources and Services Administration, as compiled by America's Health Rankings. (2020).

1 Persistent disparities in severe maternal morbidity in Black mothers are linked to a continuum of factors outside individual control, including factors such as one's community, neighborhood and built environment, implicit bias and communication practices of providers, and systemic factors including health care institutions, access to quality care, and social and political policies.[6]

Smoking has been linked to infant mortality.[7] *The number of Ohio women who smoked cigarettes during the last three months of their pregnancy declined from 2020 to 2022.*

However, that decline has been offset by a tripling of the use of e-cigarettes. Like cigarettes, e-cigarette aerosol contains nicotine and other harmful chemicals. Their use not only increases risk of infant mortality,[8] but is also linked to many negative health outcomes, including asthma, organ damage, and cancer.[9]

2 Prenatal Smoking of Cigarettes



Source: Ohio Pregnancy Assessment Survey (2020, 2022)

2 Secondhand exposure to e-cigarette aerosols is also linked to worsening asthma symptoms and increased asthma flare-ups in young children.[10]

Women overwhelmingly prioritize quality when choosing care.

63% select OB-GYN providers based on qualifications and experience. However, their ability to access quality care hinges on insurance coverage (64%) and location (56%). Insurance coverage was the most important factor when selecting a provider for women below 200% FPL (70%). [11]

There are disparities in mental health care support for women postpartum.

91% of participants reported being asked about their emotional well-being during postpartum visits, but this number declines to 79% for Latinx and 74% for other racial and ethnic groups and 85% for Appalachian respondents.[12]

Costly perinatal care creates financial and health barriers for families. 1 in 10 families have over $5,000 in out-of-pocket perinatal care costs.[13]

Ohio's performance

Maternal Health

	Baseline	Most Recent	Trend
Maternal mortality. Number of deaths related to or aggravated by pregnancy, per 100,000 live births	20.3 (2011-2015)	23.7 (2017-2021)	Worsened
Severe maternal morbidity. Number of significant life-threatening maternal complications during delivery, per 10,000 delivery hospitalizations	77.8 (2018)	84.9 (2020)	No Change
Black, non-Hispanic			136
Hispanic			88.6
White, non-Hispanic			73.3
Asian, non-Hispanic			67.9
Postpartum depression. Percent of women, ages 18 and older, with a live birth who experienced postpartum depression	9.6% (2020)	9.8% (2022)	No Change
Prenatal Smoking, cigarettes. Percent of women with a live birth who smoked cigarettes during the last 3 months of pregnancy	9.5% (2020)	6.1% (2022)	Greatly Improved
Prenatal Smoking, e-cigarettes. Percent of women with a live birth who used e-cigarettes during the last 3 months of pregnancy	1.6% (2020)	4.6% (2020)	Greatly Worsened

Young Child Health

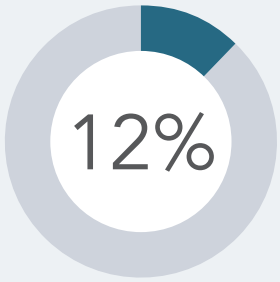
What does the data tell us?

Lead exposure in young children continues to be a concern. Young children can be exposed to lead through contact with contaminated paint, toys, soil, or water.

Lead paint is estimated to be present in as many as two-thirds of Ohio's homes built before 1978. Poorly maintained or older homes pose an increased risk of exposure to lead and other toxins that can be incredibly harmful to health.

Blood lead test
Percent of Medicaid enrollees, ages 0-5, who received a blood lead level test

Source: Ohio Department of Medicaid, Advanced Data Analytics Tool by IBM Consulting (2022)

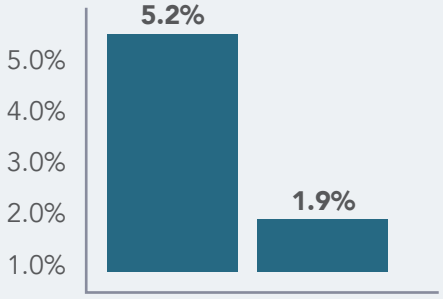


3 In 2021, the CDC updated its guidance for blood lead reference value, reducing the safe amount of detectable lead in children to 3.5 µg/dL. This reduced threshold for safe levels of lead puts more young children at risk of lead toxicity.

Ohio has nearly double the national rate of children with elevated blood lead levels.[14]

Lead exposure disproportionately impacts communities of color and those living in poverty.

Ohio Rates of Elevated Blood Lead Levels
According to a study published in JAMA Pediatrics



Source: JAMA Pediatrics. (2021).

3

There is no safe blood lead level.

Even small amounts of lead exposure in early childhood can harm the brain, delaying growth and development, and may cause learning, behavior, speech, and other health problems.[15]

Too many children are missing preventive health care visits.

Nearly 1 in 5 parents reported missing a well-child check-up in the past year, with the most common reasons due to inability to get time off work (43%) and cost of care (41%).[16]

Ohio's performance

Young Child Health

	Baseline	Most Recent	Trend
Elevated blood lead levels. Percent of children, ages 0-5, who received a blood lead test and had elevated blood lead levels	1.9% (2021)	1.9% (2022)	No Change
Blood lead test. Percent of Medicaid enrollees, ages 0-5, who received a blood lead level test.	12.5% (2020)	12.4% (2022)	No Change
4 **Oral health problems.** Percent of children ages 1-5, who had oral health problems.	N/A	8.5% (2021-2022)	N/A
Asthma. Percent of children, ages 0-5, who currently have asthma.	N/A	3.7% (2021-2022)	N/A
Black, non-Hispanic			9.2%
White, non-Hispanic			4.0%
Mental health care need. Percent of children, ages 3-5, who needed treatment or counseling from a mental health professional during the past 12 months.	N/A	4.6% (2021-2022)	N/A
Potentially disabling conditions. Percent of children, ages 3-5, who had a current or lifelong health condition.			
Anxiety Problems			2.2%
Depression			0.3%
Behavioral or conduct problems			4.8%
Developmental delay			5.7%
Speech or other language disorder			9.1%
Learning disability			2.9%
Autism or Autism Spectrum Disorder			2.8%
ADD or ADHD			2.8%

Many Parents Report Challenging Behaviors in Children. 37% of respondents reported that their child had external signs (fussiness/defiance) of emotional distress in the past month, while 26% reported internal signs (fearfulness/anxiety) over the same period. Fewer higher-income respondents expressed concern with signs of emotional distress in their child.[17]

Black individuals have the highest rates of asthma of any U.S. racial or ethnic group overall and are more likely to experience serious complications. Some factors contributing to high disparity rates for Black families include greater exposure to environmental pollution, less access to quality primary care physicians, and greater likelihood of indoor triggers from living in older, lower-income housing with more indoor exposure to irritants.[18]

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Section 7

Are Ohio's youngest children ready to learn?

Providing a strong foundation for young children in Ohio means they are ready to learn.

School Readiness & Academic Achievement

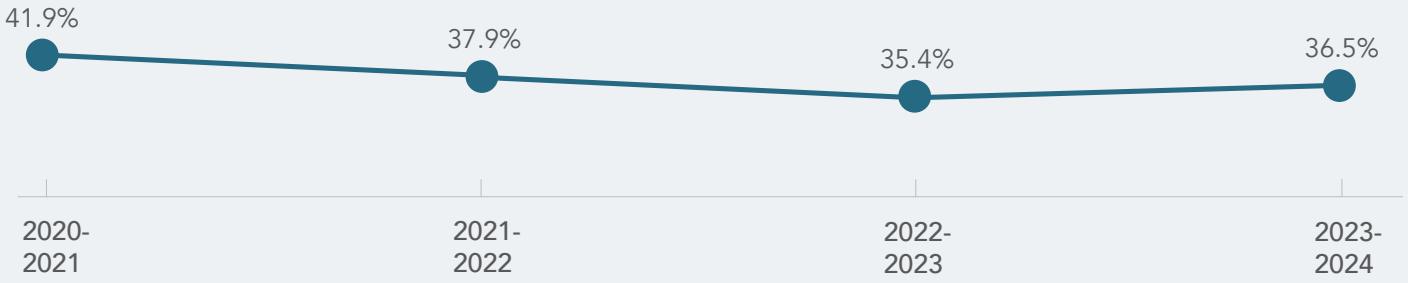
What does the data tell us?

Children who enter school ready to learn are more likely to demonstrate stronger math, reading, and social skills later in life, whereas children who enter kindergarten unprepared are at a disadvantage for future success.[1]

Ensuring that young children enter school prepared to learn gives them a fair chance to succeed and creates greater opportunities for a more inclusive and prosperous Ohio.

Most young children do not demonstrate kindergarten readiness based on Ohio's assessment.

Demonstrating Readiness on the Kindergarten Readiness Assessment



Source: Ohio Department of Education and Workforce, School Report Card data, 2020-2024

Literacy

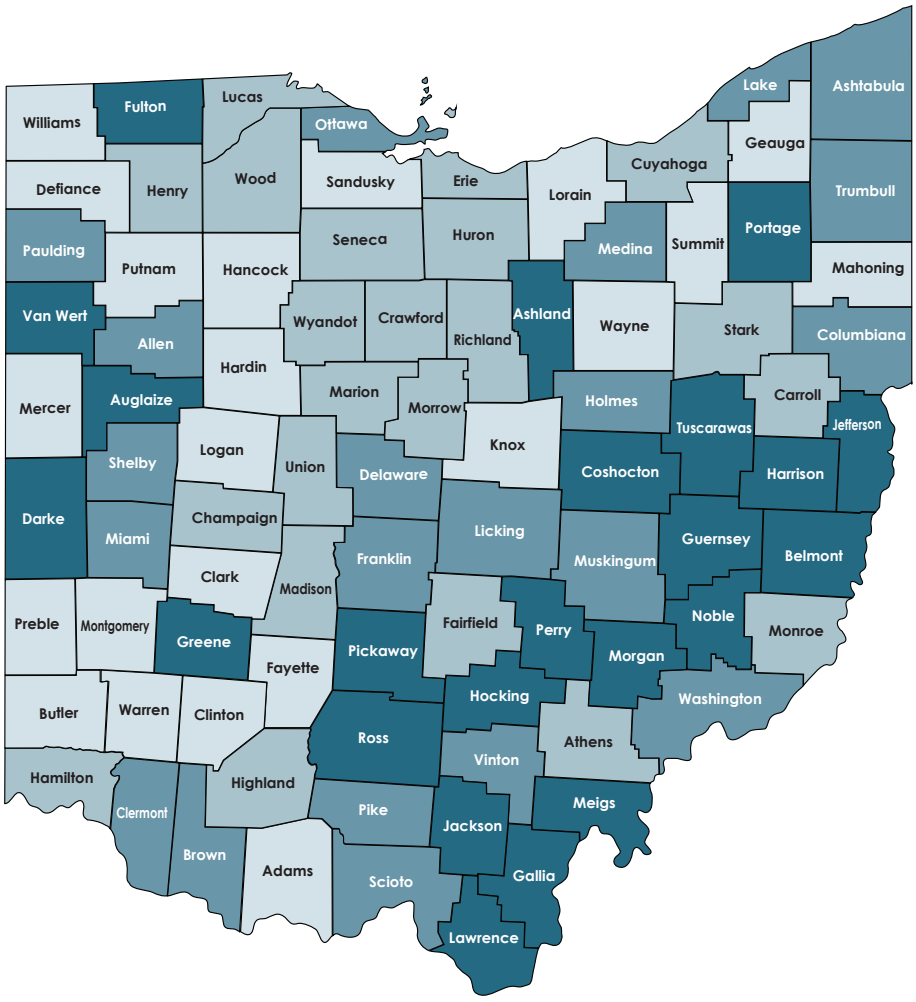
Less than half of Ohio kindergarten students were on track for language and literacy in the 2022-2023 school year.

44% of Ohio students were "on-track" for language and literacy based on Ohio's kindergarten readiness assessment*

* Ohio Kindergarten Readiness Assessment Revised (KRA-R)
Source: Ohio Department of Education and Workforce, School Report Card data (2022-2023 school year)

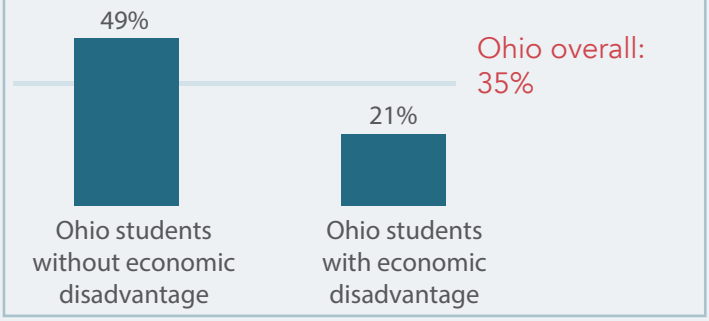
Kindergarten readiness

Percent of economically disadvantaged students who demonstrated kindergarten readiness*



- Top quartile (25.1% to 63.3%)
- Second quartile (21% to 25%)
- Third quartile (18.1% to 20.8%)
- Bottom quartile (11.1% to 18%)

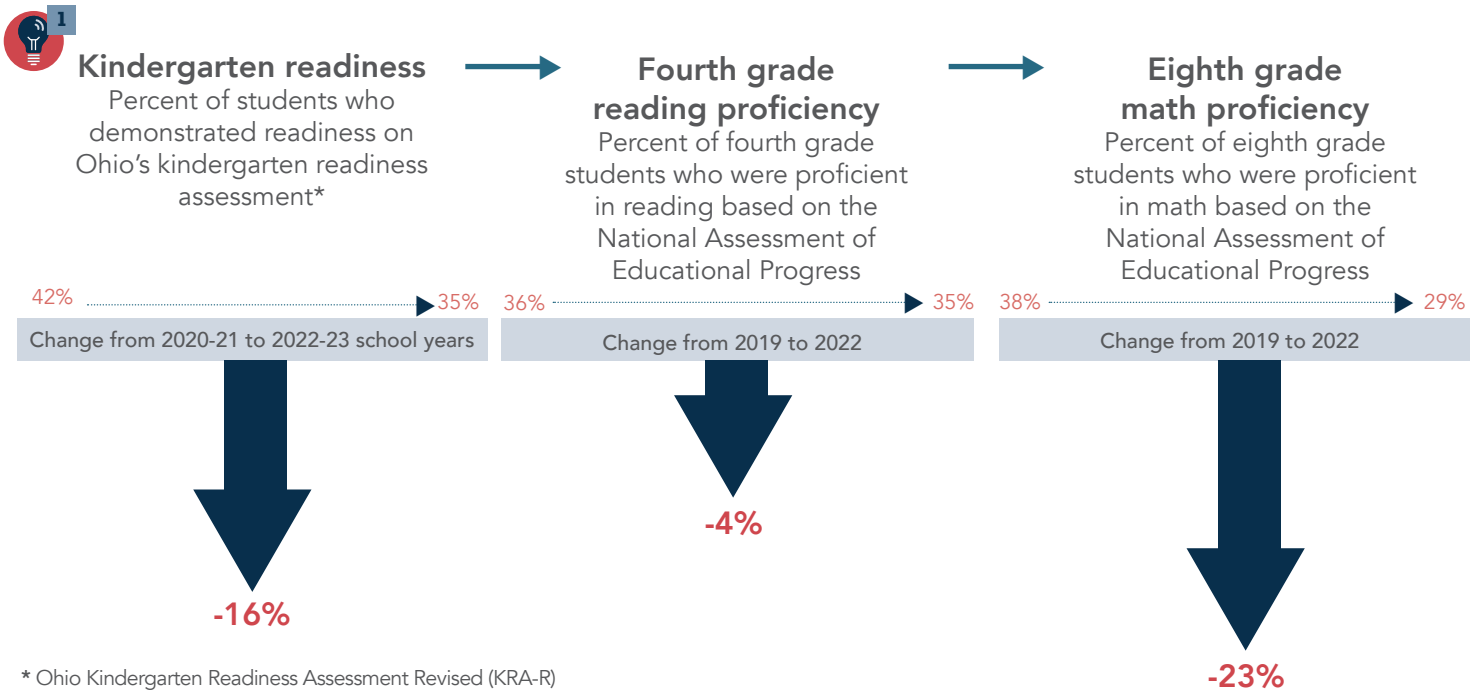
Statewide



* Based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R)
Source: Ohio Department of Education and Workforce and Ohio Department of Children and Youth (2022-2023 school year)

Kindergarten readiness, fourth grade reading proficiency, eighth grade math proficiency:

In Ohio, children are starting behind and staying behind in school. There is a strong connection in research between a child's readiness to enter kindergarten and their math and reading scores throughout their academic careers.[2] When we prepare our children for kindergarten, we prepare them for a future of academic success. Kindergarten readiness, fourth grade reading proficiency, and eighth grade math proficiency have all declined since the COVID-19 pandemic.



* Ohio Kindergarten Readiness Assessment Revised (KRA-R)

Source: Ohio Department of Education and Workforce, School Report Card data (2020-2021 school year, 2022-2023 school year)

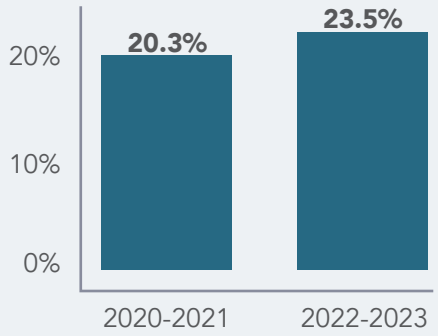
Source: U.S. Department of Education, Institute of Education Sciences, National Assessment of Educational Progress (NAEP) Data Explorer (2019, 2022)

Almost two-thirds (34.5%) of fourth graders are not proficient in reading based on the National Assessment of Education Progress. The Healthy People 2030 Benchmark is 41.5%.[3]

Consistent attendance provides children with stable routines, exposure to enriching environments, and foundational skills that support school readiness.

When young children are frequently absent, they miss vital opportunities to develop key relationships with caregivers and peers, engage in early literacy and numeracy activities, and build the emotional regulation needed for later academic success.[4]

2 **K-3 students missing at least 10% of school attendance time in a year.**



Source: *Ohio Department of Education and Workforce, 2023*

2

Chronic absenteeism has greatly increased since the COVID-19 pandemic, *disrupting students' learning, widening achievement gaps, and exacerbating social-emotional challenges, particularly for the most vulnerable populations.*[5]

Chronic absenteeism refers to a child missing 10% or more of school or educational program days within a given year, including both excused and unexcused absences.[6]

For children from birth to age five, chronic absenteeism can significantly disrupt their early learning experiences, which are critical for cognitive, social-emotional, and language development. Chronic absenteeism can also exacerbate existing disparities, further widening achievement gaps before children even enter kindergarten.

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Ohio's performance

School Readiness & Academic Achievement

	Baseline	Most Recent	Trend
Kindergarten readiness. Percent of students who demonstrated kindergarten readiness based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R)	41.9% (2020-2021)	35.4% (2022-2023)	Worsened
White, non-Hispanic	42.2%		
Asian or Pacific Islander	35.8%		
Black, non-Hispanic	19.8%		
Hispanic	18.2%		
American Indian Alaskan Native	24.1%		
Multiracial	29.2%		
Students without disabilities	37.8%		
Students with disabilities	14.4%		
Students without economic disadvantage	49.2%		
Students with economic disadvantage	21.0%		
On track for literacy. Percent of students who were "on-track" for language and literacy based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R)	52.1% (2020-2021)	44.3% (2022-2023)	Worsened
Fourth grade reading proficiency. Percent of fourth grade students who were proficient in reading based on the National Assessment of Educational Progress	36.1% (2019)	34.5% (2022)	No Change
Two or more races			
White, non-Hispanic			
Black, non-Hispanic			
Hispanic			
Eighth grade math proficiency. Percent of eighth grade students who were proficient in math based on the National Assessment of Educational Progress	37.5% (2019)	29% (2022)	Greatly Worsened
Chronic absenteeism. Percent of students in grades K-3 missing at least 10% of school attendance time in a year	20.3% (2021)	23.5% (2023)	Worsened
American Indian or Alaskan Native			
Asian or Pacific Islander			
Black, non-Hispanic			
Hispanic			
Multiracial			
White, non-Hispanic			
Economic Disadvantaged			
Not Economic Disadvantaged			

Section 8

Ohio's Early Childhood Strengths & Challenges

The data below provides a summary of Ohio's early childhood strengths and challenges based on recent trends.

State Rank

	Ohio's rank out of 50 states and D.C.
Early Head Start Access. Percent of Children without access to Early Head Start.	42nd[1]
Child Care Subsidy Eligibility. Household income cap for initial eligibility for child care subsidy.	51st[2]
Infant maltreatment. Number of infants who were subject of a substantiated, indicated, or "alternative response" on maltreatment report.	30th[3]
Poverty, young child. Percent of children, ages 0-5, who live in poverty	40th[4]
Food Insecurity. Percent of households reporting child food insecurity.*	44th[5]
Infant Mortality. Number of Infant Deaths per 1,000 births.	43rd[6]

*Prenatal-to-3 Policy Impact Center reports Ohio ranking 44th out of 48 states and D.C., with Maine and New Hampshire not included in the data set.

Strengths

While there is still room for improvement, Ohio is moving in the right direction in the following areas:

Ohio's performance	Trend
Early learning access. Percent of children, ages 0-5, with family incomes below 200% of the Federal Poverty Level who were enrolled in early childhood education	Improved
Early Intervention service access. Percent of children, ages 0-2, receiving IDEA Part C Early intervention services	Greatly Improved
Maltreatment, infants. Number of children who experienced maltreatment (child abuse and/or neglect), per 1,000 infants under age 1	Improved
Domestic violence. Percent of children, ages 0-5, who witnessed domestic violence	Greatly Improved
Parental incarceration. Percent of children, ages 0-5, with a parent or guardian who served time in jail	Greatly Improved
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	Improved
Poverty. Percent of children, ages 0-5, who lived below 100% of the Federal Poverty Level	Improved
Extreme Poverty. Percent of children, ages 0-5, who lived below 50% of the Federal Poverty Level	Improved
Housing cost burden. Percent of children, ages 0-5, who lived in households where 30% or more of monthly income was spent on rent	Improved
Prenatal Smoking, cigarettes. Percent of women with a live birth who smoked cigarettes during the last 3 months of pregnancy	Greatly Improved

Challenges

These are key areas where Ohio's performance is moving in the wrong direction or there has been no change.

Ohio's performance	Trend
Early Head Start access, income eligible children. Percent of income-eligible children, ages 0-36 months, who were enrolled in Early Head Start	No Change
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	No Change
Child care cost burden. Child care costs for a household with two children as a percent of median household income	No Change
Early Intervention accessibility. Percent of children, ages 0-2, who received a referral for Early Intervention and received Early Intervention services.	No Change
Met Early Intervention need. Percent of children, ages 0-2, who were eligible for IDEA Part C Early Intervention and received services	No Change
Language and communication, Early Intervention. Percent of preschool students with Individualized Education Programs (IEPs) who were functioning within age expectations for acquisition and use of early language, communication, and literacy knowledge and skills by the time they turn 6 years old or exit the program	No Change
Language and communication, Special Needs Preschool. Percent of preschool students with Individualized Education Programs (IEPs) who were functioning within age expectations for acquisition and use of early language, communication, and literacy knowledge and skills by the time they turn 6 years old or exit the program	No Change
Timely prenatal care. Percent of women who began prenatal care in the first trimester of pregnancy	No Change
Postpartum care. Percent of women with a live birth who had a postpartum visit	No Change
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	No Change
Developmental screenings. Percent of Medicaid enrollees, ages 0-5, who received a developmental screening	No Change
Immunizations, toddlers. Percent of children, ages 19-35 months, who received all recommended doses of seven key vaccines	No Change
Removal from home for maltreatment. Number of children removed from the home due to abuse and neglect, per 1,000 population, ages 0-5	No Change
Protective custody. Number of children, ages 0-5, who were in Public Children Service Agency (PCSA) custody.	No Change
Eligible for and receiving WIC, Overall. Percent of women, infants, and children, who were eligible for WIC and received WIC benefits	Worsened

Eligible for and receiving WIC, Young Children. Percent of children, ages 1-4, who were eligible for WIC and received WIC benefits	Greatly Worsened
Household broadband access. Percent of households with children, ages 0-5, that had a broadband internet subscription	No Change
Low birth weight. Percent of live births where the infant weighed less than 2,500 grams (5.5 pounds)	No Change
Infant mortality. Number of infant deaths, under age 1, per 1,000 live births	No Change
Preterm birth. Percent of infants born preterm, before 37 completed weeks of gestation	No Change
Neonatal abstinence syndrome. Number of neonatal abstinence syndrome cases among newborn hospitalizations, per 1,000 newborn hospitalizations	No Change
Maternal mortality. Number of deaths related to or aggravated by pregnancy, per 100,000 live births	Worsened
Severe maternal morbidity. Number of significant life-threatening maternal complications during delivery, per 10,000 delivery hospitalizations	No Change
Postpartum depression. Percent of women, ages 18 and older, with a live birth who experienced postpartum depression	No Change
Prenatal Smoking, e-cigarettes. Percent of women with a live birth who used e-cigarettes during the last 3 months of pregnancy	Greatly Worsened
Blood lead test. Percent of Medicaid enrollees, ages 0-5, who received a blood lead level test	No Change
Elevated blood lead levels. Percent of children, ages 0-5, who received a blood lead test and had elevated blood lead levels	No Change
Kindergarten readiness. Percent of students who demonstrated kindergarten readiness based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R)	Worsened
On track for literacy. Percent of students who were "on-track" for language and literacy based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R)	Worsened
Fourth grade reading proficiency. Percent of fourth grade students who were proficient in reading based on the National Assessment of Educational Progress	No Change
Eighth grade math proficiency. Percent of eighth grade students who were proficient in math based on the National Assessment of Educational Progress	Greatly Worsened
Chronic absenteeism. Percent of students in grades K-3 missing at least 10% of school attendance time in a year	Worsened

Disparities

Examining disparities among young children and their families is important in understanding inequities faced by marginalized groups. Using disparity ratios to compare their outcomes against the broader state population identifies gaps in access, opportunities, and resources.

Disparity ratios were calculated by dividing the outcome of each comparison group by the outcome of the rest of the state (i.e., the Ohio population of children ages 0-5 except those who belong to the comparison group). The prevalence estimates for the rest of the state were calculated for each comparison group.

Little or no disparity	Disparity ratio less than 1.1
Moderate Disparity	Disparity ratio between 1.1 and 1.9
Large disparity	Disparity ratio greater than or equal to 2

Ohio's performance	Trend
Removal from home for maltreatment. Number of children removed from the home due to abuse and neglect, per 1,000 population, ages 0-5	
Black, non-Hispanic	Large disparity
White, non-Hispanic	Little to No Disparity
Hispanic	Moderate Disparity
Multiracial, non-Hispanic	Moderate Disparity
Adverse childhood experiences (ACEs). Percent of children, ages 0-5, who experienced two or more ACEs	
Black, non-Hispanic	Moderate Disparity
White, non-Hispanic	Little to No Disparity
Hispanic	Moderate Disparity
0-250% FPL	Large disparity
250%+ FPL	Little to No Disparity
Timely prenatal care. Percent of women who began prenatal care in the first trimester of pregnancy	
Black or African American, non-Hispanic	Moderate Disparity
White, non-Hispanic	Little to No Disparity
Asian, non-Hispanic	Little to No Disparity
Hispanic	Moderate Disparity
American Indian or Alaska Native, non-Hispanic	Moderate Disparity
Native Hawaiian or Other Pacific Islander, non-Hispanic	Moderate Disparity
More than One Race, non-Hispanic	Moderate Disparity
Postpartum care. Percent of women with a live birth who had a postpartum visit	
Black, non-Hispanic	Moderate Disparity
White, non-Hispanic	Little to No Disparity
Hispanic	Moderate Disparity
Non-Hispanic Other	Little to No Disparity
Metro	Little to No Disparity
Rural Appalachia	Little to No Disparity
Rural, non-Appalachia	Little to No Disparity
Suburban	Little to No Disparity
Private/Employer insurance	Little to No Disparity
Other Insurance	Moderate Disparity
Medicaid	Moderate Disparity
Experiences of racism. Percent of women, ages 18-49, who reported that they were treated worse when seeking health care due to their race or ethnicity	
Black, non-Hispanic	Large disparity
White, non-Hispanic	Little to No Disparity
Other, Including Hispanic	Moderate Disparity
Poverty. Percent of children, ages 0-5, who lived below 100% of the Federal Poverty Level	
Appalachian	Moderate Disparity
Rural non-Appalachian	Little to No Disparity
Suburban	Little to No Disparity
Urban	Moderate Disparity
Extreme Poverty. Percent of children, ages 0-5, who lived below 50% of the Federal Poverty Level	
Appalachian	Moderate Disparity
Rural non-Appalachian	Little to No Disparity
Suburban	Little to No Disparity
Urban	Moderate Disparity

Job change due to child care, family members. Percent of children, ages 0-5, with a family member who had to change their job due to problems with child care in the past 12 months	
Black, non-Hispanic*	Large disparity
White, non-Hispanic	Little to No Disparity
Hispanic*	Moderate Disparity

Food insecurity. Percent of children, ages 0-5, whose household could not always afford to eat good nutritious meals in the past 12 months	
Black, non-Hispanic*	Moderate Disparity
White, non-Hispanic	Little to No Disparity
Hispanic*	Moderate Disparity

Housing cost burden. Percent of children, ages 0-5, who lived in households where 30% or more of monthly income was spent on rent	
Black, non-Hispanic	Large disparity
White, non-Hispanic	Little to No Disparity
Asian, non-Hispanic	Moderate Disparity
Hispanic	Moderate Disparity

Employment insecurity, parents. Percent of children, ages 0-5, who live in families where no caregiver was employed full-time	
0-199% FPL	Large disparity
200%+ FPL	Little to No Disparity

Family structure. Percent of children, ages 0-5, who did not live in a household with two parents	
0-199% FPL	Large disparity
200%+ FPL	Little to No Disparity

Low birthweight. Percent of live births where the infant weighed less than 2,500 grams (5.5 pounds)	
Black, non-Hispanic	Moderate Disparity
White, non-Hispanic	Little to No Disparity
Hispanic	Little to No Disparity
Asian, non-Hispanic	Moderate Disparity

Infant mortality. Number of infant deaths, under age 1, per 1,000 live births	
Black/African American, non-Hispanic	Large disparity
White, non-Hispanic	Little to No Disparity
More than one race, non-Hispanic	Moderate Disparity
Hispanic	Little to No Disparity

Asthma. Percent of children, ages 0-5, who currently have asthma	
Black, non-Hispanic	Large disparity
White, non-Hispanic	Little to No Disparity

Kindergarten readiness. Percent of students who demonstrated kindergarten readiness based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R)	
Black, non-Hispanic	Large disparity
White, non-Hispanic	Little to No disparity
Hispanic	Large disparity
Multiracial	Moderate Disparity
American Indian or Alaskan Native	Moderate Disparity
Asian or Pacific Islander	Little to No disparity
Students with disabilities	Large Disparity
Students without disabilities	Little to No disparity
Students with economic disadvantage	Large Disparity
Students without economic disadvantage	Little to No disparity

** Small sample size, interpret with caution*

Citations & Sources

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Early Childhood Data Dashboard

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