

Cross-agency Initiatives

H2OHIO FUND FOR CLEAN WATER

The state studied growing pollution in Lake Erie during the past decade,¹ but as they studied, crisis emerged.² In 2014, the water supply of Toledo became too toxic to drink. This fall, warnings of dangerous levels of toxic algae have been issued for multiple beaches along Lake Erie.³ The Department of Health advisory website also noted toxic waters in Fairfield and Summit Counties.⁴

By now, the legislature is moving money to the problem as a judge hears a case brought by the Environmental Law & Policy Center and Lucas County commissioners over the cleanup strategy. Ohio agreed in principle, with Michigan and Ontario, to address toxic algae blooms in Lake Erie by reducing the lake's phosphorus levels by 20% by 2020 and 40% by 2025.⁵ Michigan is on its way to meeting those targets, in part with major upgrades of Detroit's water and sewer system.⁶ Ohio is not. Those targets are now seen as unrealistic by most of the region's phosphorus-tracking experts with 2020 just months away because they are not mandates.⁷

Governor DeWine proposed a \$900 million, 10-year fund to address Ohio's water problems. Lawmakers approved \$172 million over the next two years. His vision was broad, as described in an executive budget factsheet: "Water is vital, yet communities throughout the state regularly face challenges such as algae blooms, failing septic tanks, nutrient pollution, and threats of lead contamination."⁸ The legislature took a narrower view. To capitalize the initiative, called the H2Ohio fund, lawmakers appropriated \$172 million in 2019 surplus funds. Of that, \$85.2 million is appropriated in the agency budgets of the Department of Agriculture, the Environmental Protection Agency, and the Department of Natural Resources; the Controlling Board will establish additional appropriations in FY 2021.

Much about the H2Ohio fund remains to be defined. Broadly speaking, it will "...support efforts to minimize the introduction of nutrients and other things that wash off from land that can damage our water. It will also provide funding for more aggressive action to repair failing septic systems and other water treatment needs across Ohio."⁹

It is not clear if the H2Ohio fund is of a size and duration to actually improve Ohio's water problems, or if programs that will mandate changes needed for improvements will be enacted. The court may play an important role in those decisions.

INFANT MORTALITY

In 2018 the infant mortality rate in the United States was 5.9 deaths per 1,000 live births; Ohio's was 7.3 deaths per 1,000, 41st in the nation.¹⁰ The 2017 infant mortality rate in the black community was 15.6 deaths per 1,000.¹¹ Congressman Tim Ryan recently pointed out that an African American baby born in Youngstown has more chance of dying before his or her first baby than a baby born in Iran. The Washington Post factchecked him and found his statement was true.¹² The budget for 2020-21 boosts relevant funding by \$182 million through programs in the Department of Health, Medicaid and the Minority Health Commission. These are in addition to ongoing initiatives

funded through the federal Maternal and Child Health Grant and the basic pre-natal and post-partum health care for mother and infant provided by Medicaid, which pays for more than half of the births in the state.¹³

The Department of Health gets \$82.3 million to reduce infant mortality, an increase of \$31 million (32%) compared to the prior two-year budget. The money will expand the “Help Me Grow” home visiting program, an evidence-based approach to lowering infant mortality. In addition, treatment for breast cancer and cervical cancer - which can help prevent preterm birth, a major cause of infant mortality¹⁴ - is expanded to reach more women. The new budget bill also expands also DOH’s role in recording and monitoring infant and maternal mortality by creating a pregnancy mortality review board and authorizing formation of infant and fetal mortality review boards by local departments of health.

The Department of Health administers federal programs for mothers and children, including the federal Maternal and Child Health grant, which is funded at approximately \$25 million in 2020 and 2021. Among other things, these funds support the Ohio Equity Institute (OEI), a collaboration between the Ohio Department of Health and local partners. Population data is used to target areas for outreach and services in places with the largest disparities to address the biggest drivers of infant mortality and the population most at risk for poor birth outcomes.¹⁵ Nine communities are participating in the initiative.

New targeted or expanded initiatives within the Medicaid budget aimed directly at reducing infant mortality total \$87.6 million over the 2020-21 biennium. This includes \$47 million for home visiting (in addition to Department of Health funding of \$30 million.) Funding is appropriated for The Mother/Baby Dyad, a treatment model for opioid-addicted mothers and infants, and the extension of post-partum care to moms for 12 months following birth. The Department will serve almost 2,000 families through evidence-based home visiting programs - including Nurse Family Partnership - and other strategies, such as Moms & Babies First, doulas, Centering Pregnancy, and Growing Great Kids.¹⁶

The Minority Health Commission has funded regional cooperative health care initiatives targeting infant mortality hot spots and building a hub or interacting services that are culturally appropriate, patient centered, and offer broad-based support. In the new budget the funding for the community hubs model is increased from \$1.8 million in 2018-19 to \$6 million for 2020-21, an increase of 226%. Table 4 shows the 2020-21 budget funding for new, expanded or targeted programs to reduce infant mortality.

| Table 4 | | | |
|--|----------------|---------------|--------------|
| New, targeted or expanded infant mortality initiatives the 2020-21 budget (millions of dollars) | | | |
| Department / Initiative | FY 2020 | FY2021 | Total |
| Department of Health | | | |
| Help Me Grow Home visiting | \$30.3 | \$39.3 | \$69.6 |
| Infant vitality | \$7.1 | \$7.1 | \$14.3 |
| Breast/cervical cancer | \$1.2 | \$1.2 | \$2.5 |
| Moms Quit for Two | \$0.8 | \$0.8 | \$1.5 |
| Baby and Me Tobacco Free | \$0.3 | \$0.3 | \$0.5 |
| Total | \$39.7 | \$48.7 | \$88.3 |
| Department of Medicaid | | | |
| Home visiting | \$13.4 | \$33.7 | \$47.1 |
| Connecting pregnant moms to services | \$0.0 | \$10.0 | \$10.0 |
| 12-month enhanced post-partum health services | \$0.0 | \$15.0 | \$15.0 |
| Mother/Baby Dyad | \$5.2 | \$10.4 | \$15.6 |
| Total | \$18.6 | \$69.1 | \$87.7 |
| Minority Health Commission | | | |
| Infant Mortality Health Grants | \$3.0 | \$3.0 | \$6.0 |
| Total | \$3.0 | \$3.0 | \$6.0 |
| Grand total (not including federal funds) | \$61.3 | \$120.8 | \$182.0 |

Source: Policy Matters Ohio based on Ohio Legislative Service Commission green books and appropriation spreadsheet (with 2019 actuals).

Research shows that health care is only part of the solution to infant mortality. Increased investment is also needed to improve community conditions, ensuring affordable housing, public child care assistance, public transportation and continuous access in basic safety net programs like food and cash assistance. The 2020-21 budget boosts funds for important infant mortality efforts, but fails to increase funding at the level needed in these other areas that help families survive and thrive. Ohio has a long way to go to address these structural challenges which have a major impact on health outcomes and infant mortality rates.¹⁷

LEAD ABATEMENT AND REMEDIATION

The Ohio Department of Health estimates 12% of Cleveland kids that have been tested have lead poisoning at or above the level that triggers public health action.¹⁸ Children across the state – in Cambridge, Zanesville and census tracts in Perry County – share the same dangerous risk of lead poisoning as Cleveland, Canton and Dayton.¹⁹ Lead poisoning can damage brains and nervous systems, slow development, impair hearing and speech and bring behavior problems. Exposure to even low levels are dangerous. The greatest risk is to brain development, where irreversible damage can occur.²⁰

Advocates asked lawmakers to allocate \$12.6 million in Medicaid GRF dollars, which would match and bring in an additional \$24.2 million in federal SCHIP (Medicaid) funds, for local prevention to support lead investigations and provide case management, treatment and remediation.²¹ The budget for 2020-21 contains more than \$20 million in new funding to address lead poisoning and creates new policies, regulations and partnerships. Legal regulation of toxic homes will be stiffened. Poisoned children will be targeted for remedial services. Medicaid funding will be used in new ways for treatment of children and rehabilitation of toxic homes. In September the Governor announced an additional \$44.8 million in federal Housing and Urban Development funds to local governments for abatement and remediation.²² New initiatives and cross-agency partnerships are highlighted below.

MEDICAID FUNDING: The federal government will allow Ohio to use \$10 million in Medicaid funds to expand access to remediation, help families qualify for services and rehab of toxic homes, train workers, and buy supplies that reduce lead hazards, such as HEPA vacuums and water filters. In addition, the Department of Medicaid will include lead screening metrics for managed care providers as part of a payment incentive program beginning in 2020.²³

SCREENING AND REMEDIATION: The Ohio Department of Health will use \$1 million in new funding to create initiatives that promote screening and help with toxic property rehabilitation. A \$10 million income tax credit over the biennium will help with lead abatement in pre-1978 private homes and rental units.

THE EARLY INTERVENTION PROGRAM in the Ohio Department of Developmental Disabilities is a statewide system that provides coordinated services to parents of infants and toddlers with disabilities or developmental delays. Program funding is more than doubled to \$46.5 million over the biennium, an increase of \$23.7 million with a target of helping children affected by lead poisoning or neonatal abstinence syndrome. Department of Health lead screening systems will automatically refer children with a high levels of lead in their blood to the early intervention system.

LOCAL PROGRAMS received direct funding as well. The Cleveland Lead Safe Coalition (LSC) sought funding and received \$2 million in support for a “Lead Safe Home Fund” pilot program to support lead prevention efforts in Cleveland. The city of Toledo also sought and received approval for \$150,000 in lead abatement funding.

In addition, the federal Department of Housing and Urban Development provided grants totaling \$44 million to cities in Ohio: Akron will receive \$4.6 million; Canton, \$3.3 million; Cleveland, \$9.7 million; Columbus, \$5.6 million; Cuyahoga County, \$5.6 million; Erie County, \$3.8 million; Lima, \$2 million; Mahoning County, \$4.6 million and Summit County, \$5.6 million.²⁴

The new budget, and the HUD grant to cities, bring over \$64 million into the state for lead abatement and remediation – a good start on a big problem. In 2016 national news reported that lead had poisoned the water system of the community of Sebring.²⁵ There was an investigation of possible lead in the Dayton water supply.²⁶ The state now requires localities and counties to provide maps of water service lines that may contain lead; those maps reveal densely populated areas with aging service lines at risk for lead contamination.

The initiatives funded in the new budget are a start, but substantial work remains to better protect Ohioans, particularly Ohio children, from permanent brain damage.

FOOD AND NUTRITION

One in seven Ohioans can't reliably afford food, and one in five children go to bed hungry.²⁷ The Ohio Association of Foodbanks reported a 25% increase over the past four years in seniors at food pantries across the state.²⁸ Too many Ohioans experience food insecurity, in part because Ohio's low-wage job market doesn't pay enough to support workers and their families. Six of Ohio's 10 most common jobs do not pay enough to support a family of three without food assistance.²⁹

The single largest source of food aid in the Ohio budget – as in all state budgets – is the federal Supplemental Nutrition Assistance Program, which served 1.3 million Ohioans in July 2019.³⁰

Lawmakers made investments to expand access to food in the two-year budget. The budget includes a total of \$49.1 million over two years to help the food banks purchase millions of pounds of healthy food to feed hungry Ohioans.³¹ This is a \$10 million increase compared to the previous state budget. In addition, the new budget allocates another \$8.5 million across agencies to meet food needs:

THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES budget includes \$300,000 for the Healthy Food Financing Initiative to support food access in underserved communities, an increase of \$94,000 over the biennium (49%).

THE OHIO DEPARTMENT OF AGING budget includes an additional \$2.8 million over two years through the Senior Community Services program to expand the Senior Farmer's Market Nutrition Program from 45 counties to all 88 counties.³²

THE DEPARTMENT OF MEDICAID includes \$1.5 million over two years for a hospital system in Summit County to administer a "Food Farmacy" program for food-insecure patients with type 2 diabetes and their families.

THREE EARMARKS IN THE TANF BUDGET also support increased access to food, including:

- \$1 million for food banks that are not affiliated with the Ohio Association of Foodbanks,
- \$500,000 to support Produce Perks Midwest, which provides a SNAP match to buy fresh, healthy produce from local farmers, and
- \$2.35 million for the Children's Hunger Alliance to serve 900,000 meals and snacks to 30,000 children at over 275 afterschool sites.³³

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