

State budget recommendations

Fiscal Years 2022-23



A budget for everyone

Pooling our resources to build a better Ohio

Wendy Patton
Will Petrik
Michael Shields
Piet van Lier

Introduction

Ohio does best when we all come together to do our part. We have paid our taxes, and our collective public resources have built world-class colleges and universities, a top-notch state parks system and some of the nation's best libraries. These institutions, and many others, have made Ohio a better place to live.

Today, as we remain mired in a pandemic and recession, most Ohioans are working together to make it through. The vaccine is arriving, but the virus is surging. Thousands of Ohioans are still laid off and unsure how they'll keep food on the table and a roof over their head. The coming year is shaping up to be a hard one. Lawmakers working on the state budget for 2022-23 will fund public services during a difficult time.

Throughout the winter and spring, state lawmakers will decide how to use our public resources in the next biennial state budget, which covers fiscal years (FY) 2022 and 2023, running from July 1 of this year through June 30, 2023. For years, tax cuts and special interest tax breaks have benefitted corporations and the very wealthy, while draining Ohio communities of resources.¹ Ohio's already insufficient tax system will bring in even less money than in past years because of the recession. The federal government is sending billions to fight the COVID virus and economic crisis, but when the pandemic and recession end, the unmet needs of Ohio's people and communities will remain.

State lawmakers must harness our collective resources to pass a budget that controls the illness, helps all Ohioans meet their basic needs, ensures safe schools and workplaces and lays the groundwork for a better future. In this document, we lay out our recommendations for this challenging task.

Building an Ohio we all deserve

Ohio's public policy rigs the rules against Black and brown residents and residents with low income. Lawmakers spend nearly \$10 billion a year on special interest tax breaks yet have failed for more than 20 years to appropriate enough money to support a great school in every community.² Ohio's schools, dependent on local property taxes, struggle in poor communities and their students start out behind the curve. The system is rigged against them.

Ohio is one of just six states with no corporate income tax. The state business tax, the Commercial Activity Tax (CAT), generates far less than the two business taxes it replaced.³ With lower state

revenues, public services have been eroded. The system is rigged against people whose employers short their paychecks because the state employs too few wage and hour inspectors. It's rigged against laid-off workers who can't get timely unemployment checks because of the system's outdated information technology.

Over the past 15 years, Ohio lawmakers have cut state income taxes for the wealthiest Ohioans on average by more than \$40,000 a year. Those in the middle pay about the same. Those at the lower end pay more.⁴ The benefit never trickled down. Tax cuts haven't brought jobs and prosperity other than to those already doing well. In 2019 — before the pandemic — the median household income nationwide was \$65,712; it was 10.8% lower in Ohio, at \$58,642.⁵ Ohio's rate of job growth in 2019 was the slowest of any year since the last recession. Our state remains thousands of jobs below the level of employment of 2007⁶ and many Ohio communities never recovered at all.⁷ Today Ohioans have huge, unmet needs in education, child care, child welfare and many other areas. The growth of income and employment has been too weak to compensate for the tax cuts to the wealthy and corporations.

Prioritizing Black, Indigenous and communities of color

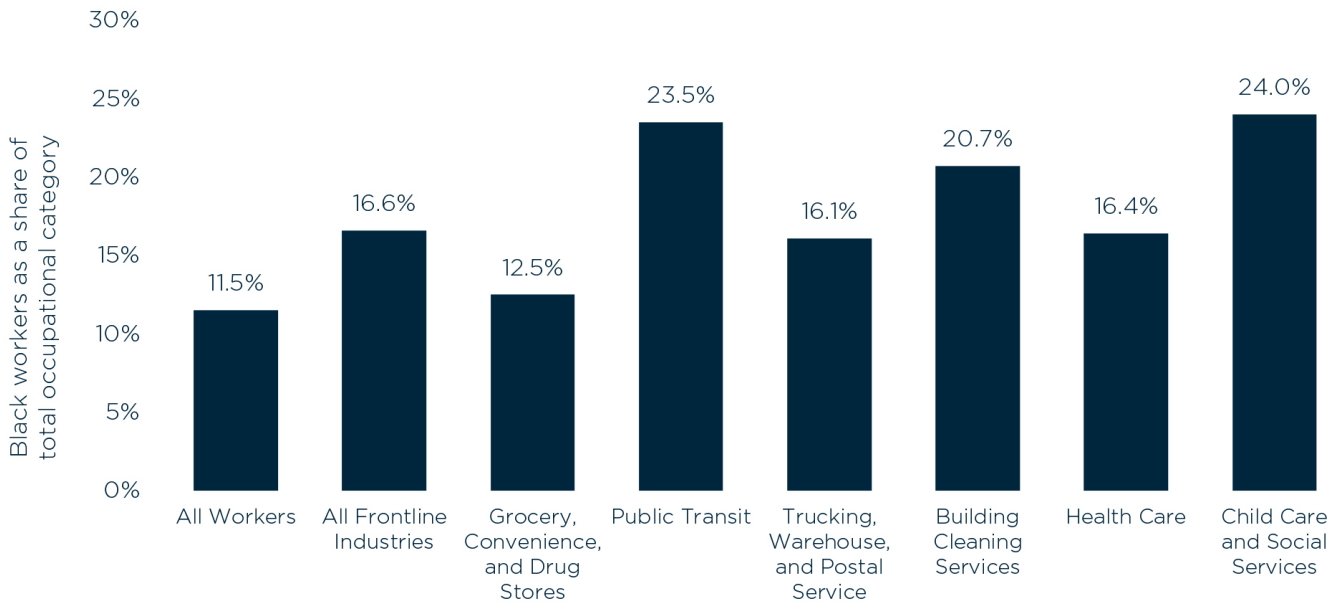
In the last century, the United States embraced policies that helped more Americans share in the nation's prosperity, giving our economy much of its unparalleled strength after World War II. Not all communities shared in the wealth: Black people were often excluded from the benefits of programs their tax dollars and labor supported.

Color- and class-blind policies have consequences. Due to housing segregation, barriers to and biased delivery of health care and an excessive exposure to pollution, the health of Black and brown Ohioans is, on average, poorer than that of white Ohioans. The Health Policy Institute of Ohio finds Black Ohioans are 1.3 times more likely to have worse health status than white Ohioans; Black babies are 2.9 times more likely to die before their first birthday; Black Ohioans are 1.3 times more likely to suffer diabetes as adults and 1.5 times more likely to have a premature death as white Ohioans.⁸ Because of inequitable school funding, the schools Black children are more likely to attend are also more likely to have fewer resources to provide an excellent education.

The pandemic hit Black and brown Ohioans harder than others. By January 6, 2021, Black Ohioans made up 14% of the population but 18.8% of the COVID hospitalizations. About 2,900 fewer would have suffered such serious illness had impact been the same as among white Ohioans. This increased risk is, in part, due to labor market segregation: Chart 1 illustrates Black Ohioans' concentration of employment in the "essential job" categories⁹ that exposed them to the virus when the rest of the population was sheltering in place; they often did not have adequate personal protective equipment (Chart 1). The virus had a head start with these workers, their families and communities.

Black people make up an outsized share of “essential workers”

Exposure through employment has driven hospitalization and death rates up in the COVID pandemic



Source: Policy Matters Ohio, based on Center for Economic and Policy Research analysis of American Community Survey data.

Today, the number of deaths from COVID among Black Ohioans is greater than the number attributed to the third-highest cause of death in 2019.¹⁰ Social determinants of health — such as employment discrimination that caused reduced income and wealth, substandard and crowded housing conditions due to lack of affordable housing and a history of redlining,¹¹ lack of access to health care, sub-standard schools and lack of access to higher education — make Black and brown Ohioans more vulnerable to disease. Governor DeWine appointed the Minority Health Strike Force to develop recommendations for improving and protecting the health of people in communities of color to reduce the immediate harm of the pandemic and protect that population from future public health threats to come.¹² Members of the Minority Health Strike Force recommended deep, targeted investment in communities of color to build health and opportunity. We address the recommendations of the strike force throughout this paper.

The ongoing pandemic and recession present new needs that must be addressed. Federal relief dollars just passed by Congress can help. Some can be addressed by state policymakers in Ohio’s upcoming budget but many are too big by now to be taken care of in the next two years. In this paper, we describe how lawmakers can start to reset the system in the 2022-23 budget with short-term funding to address immediate needs while laying the groundwork for long-term change. To make these investments, they must rebalance and strengthen the state revenue system which has been hollowed out over the past 15 years by tax cuts and tax breaks for the wealthiest people and corporations.¹³

Leverage our resources for recovery

Getting through the pandemic

The first order of business for the 2022-23 budget is helping Ohioans through the deepest crisis in a hundred years: the pandemic recession. Ohio's fragmented system of public health has not provided uniform services to combat COVID-19. The system is underfunded by the state and dependent on local property tax levies, which vary widely depending on local wealth. The response to the pandemic has been uneven and inadequate in some ways and some places. The recession hit Ohio's economy swiftly and harshly: Over 2 million Ohioans have filed for unemployment since the pandemic began in March,¹⁴ more than in the last four years combined. Many have been out of work for months and are struggling to put food on the table, pay the rent, and afford the basics to support their families. Others are front line, "essential" workers who make low wages and struggle to afford child care. Illness and loss of income have disproportionately harmed Ohioans of color. In this section, we highlight investments needed to control the pandemic and limit suffering in the 2022-23 budget period.

Build a strong foundation of community health

Recommendation: Additional \$93 million for local public health

Agency: Ohio Department of Health and local health departments

Line item 440413

Public health agencies quietly protect us by tracking infections and monitoring restaurant kitchens. They keep our water clean by monitoring private water systems (usually wells) and household sewage treatment systems. Public health agencies coordinate community health improvement plans, which ensure policies and systems are in place to prevent and control illness and injury. They are behind the scenes until disaster hits.

In 2020, disaster hit. As the pandemic sent thousands to the hospital last spring, Gov. DeWine decried Ohio's fragmented public health system and outdated information technology that slowed reporting of COVID cases and coordination of response. He said Ohio lawmakers have failed to properly fund public health for far too long.¹⁵ Public health is underfunded nationally but especially in Ohio, which ranks 4th lowest in the nation in state support of public health.¹⁶

In 2019 the Ohio Partnership for Public Health evaluated the funding and needs of Ohio’s public health system, made up of 113 local public health departments. The partnership found the system needs \$93 million to ensure basic capacity and capability across the state.¹⁷ The state should take responsibility for funding that gap.

Local health departments are working to provide a comprehensive response to the pandemic, including public health investigation, community communication and education and enforcement of the Director of Health’s orders. They will now provide mass vaccinations. The federal government should take full responsibility for providing enough funding and vaccine to Ohio and other states to successfully vaccinate all people.

Ensure everyone gets enough to eat

Recommendation: \$45 million for food banks

Agency: Ohio Department of Job and Family Services

Line items 600620, 600630, 600689 and federal pandemic aid funds

No Ohioan or Ohio family should have to worry about where their next meal comes from. Today, nearly one in five Ohioans struggle with hunger and over one in four children go to bed hungry.¹⁸ Need has been soaring; enrollment in SNAP (the federal food assistance program) rose in Ohio by 14% between March and August and data collected by the Pulse Survey of the U.S. Census in December, 2020 found 14% of Ohioans had difficulty getting enough to eat.¹⁹ Ohio is tied for the rank of 10th highest among the states in terms of household food insecurity.²⁰

Ohio’s food banks need at least \$45 million per year to deliver hunger and poverty relief to over 2 million Ohioans. This funding will help build capacity for local front-line hunger relief organizations that have lost volunteer services due to the pandemic. It will give food banks the means to make emergency purchases for families in need, including food, personal care items and household cleaning supplies. With the appropriate support, the food bank network will be able meet the growing need as the pandemic recession drags on.

Prevent homelessness

Recommendation: \$25 million for TANF-funded “Housing Now for Homeless Families”; maintenance of existing youth homeless program

Agencies: Ohio Department of Job and Family Services, Department of Health

Line items: 600689, 600410, 440672 and federal pandemic aid funds

Everyone deserves health, security and a roof over their head. The pandemic recession has worsened housing insecurity: 467,000 Ohioans (19% of renters) were behind on rent and therefore in danger of eviction in December, 2020.²¹ State lawmakers must ensure the upcoming budget provides assistance for emergency rental, mortgage and utility payments to help families remain in their own homes with running water, heat and functioning electricity. The DeWine administration should allocate \$25 million annually from the surplus in Ohio’s federal Temporary Assistance for Needy Families (TANF) program for the “Housing Now for Homeless Families” program to quickly rehouse homeless children and families and provide much-needed stability. It should also protect the \$2.5 million annual appropriation within the Ohio Department of Health to prevent homelessness among youth and pregnant women.

Support Ohioans through the pandemic and recession

Recommendation: \$50 million from TANF for one-time emergency assistance

Agency: Ohio Department of Job and Family Services

Line items: 600689, 600410 and federal pandemic aid funds

The COVID-19 pandemic is very harmful to Black and brown Ohioans and families experiencing poverty. A third of adults in Ohio (33%) reported that they had difficulty covering household expenses in December, 2020.²² State leaders need to ensure families with low or no income can put food on the table, pay the rent, and get necessities like toilet paper and medication.²³ The DeWine administration can allocate \$50 million for one-time emergency assistance through federal funds provided to the state through the Ohio Department of Job and Family Services’ TANF program. The TANF local Prevention, Retention, and Contingency Programs could provide one-time payments of \$500 to 100,000 families with immediate, emergency needs and move money directly into Ohio’s economy.

Protect all communities through vaccine education & outreach

Recommendation: Fund and deliver culturally appropriate education and outreach to encourage more Ohioans to take the COVID-19 vaccine

Agencies: Ohio Departments of Health, Medicaid, Mental Health and Addiction services and others providing health and human services; Ohio Bureau of Workers Compensation.

Line items: Federal pandemic aid funds

Cincinnati, Cleveland and Columbus — along with many other locations in the United States — failed to meet demand for COVID testing in communities of color and/or made people from those communities travel longer distances than other population groups to get tested.²⁴ Access to vaccines must be better. Federal relief funds must be used to correct this inequity and improve access to both testing and vaccine sites in communities of color across Ohio.

Many people are deeply distrustful of the vaccine. Hesitation to take vaccines is not restricted to one community — only 49% of white people took the flu vaccine in the 2018-19 flu season (39% of Black people, 38% of Latino people and 37% of Native Americans got vaccinated.)²⁵ State policymakers and health care providers should embrace the moment to improve the understanding and participation of all Ohioans in all vaccinations, to improve public health for all.

Distrust of medical professionals in the Black community is rooted in a history of abuse and exploitation as well as discriminatory practices that still cause sub-standard health care for people of color.²⁶ Studies show the way to counter this is through full transparency. The Ohio Department of Health, in coordination with providers, should provide to all groups a full and complete explanation of the careful science of vaccines. It should also address specific cultural hesitations, including acknowledgement of the harm past medical practices have done to people of color and corrective action taken by providers.²⁷ The DeWine administration could use federal relief funds for this outreach and education effort to boost trust in the COVID vaccines.

Treat all working people with dignity

In Ohio's small towns, rural areas, and city centers, we need policies that work for all of us, and a government that represents everyone, no matter what we look like. From nurses in Ashtabula, to tool and die makers in Toledo, to firefighters in Middletown, we need a voice at work and a way to support our families. The Minority Health Strike Force recommended Ohio lawmakers enhance workplace protections for essential workers. Lawmakers could improve the lives of working Ohioans by funding the recommendations below, as well as others throughout this report, including expanding public child care assistance and boosting funding to public transit, which provides a ride to work for many essential workers who are paid low wages.

Protect the paychecks of working people

Recommendation: Boost funding and staff in the Wage and Hour division

Agency: Department of Commerce Wage and Hour

Line item: 800615

Wage theft is a pervasive problem in Ohio and the nation. Employers steal wages from an estimated 217,000 Ohio workers each year through minimum wage violations alone, ranking Ohio second among the nation's 10 largest states in the share of workers reporting pay below the minimum wage.²⁸ The average victim loses \$2,800, causing devastating harm to some of the state's most underpaid working people. This is underreported and underenforced due to limited enforcement capacity. Ohio's Bureau of Wage and Hour Administration (funded at \$1.2 million through the Department of Commerce) has just five investigators and a supervisor. Effective enforcement requires better staffing that can support a proactive strategy of targeting high-violation industries and develop relationships with community representatives connected with victims who are often too intimidated to come forward.²⁹ Lawmakers should deepen investment in the Bureau of Wage and Hour Administration and begin to earmark funds for the Attorney General's Office to create a dedicated workers' rights unit. State Attorneys General and Bureaus of Wage and Hour Administration have complementary powers.³⁰ Wage and Hour Bureaus have jurisdiction to enter and inspect workplaces. State AG offices have jurisdiction to bring criminal charges or file a civil lawsuit. Michigan and Pennsylvania in the past two years joined eight states and D.C. in creating dedicated workers' rights units in their AG offices. Ohio should follow their lead.

Help people who are laid off make ends meet

Recommendation: Fix the administration of unemployment compensation so people receive timely support

Agency: Ohio Department of Job and Family Services

Line items: 600450, 600607 and 600678

Ohio lawmakers need to direct resources to improve the state's unemployment compensation (UC) system, which is funded through the Ohio Department of Job and Family Services (ODJFS). After the pandemic began, thousands of claimants struggled to navigate the system. Many waited weeks to receive their benefits.³¹ Many could not get through at all to ODJFS. A clunky old computer system, still using COBOL programming, was inadequate for the task. An overhaul of the system was under way before the virus arrived; it was long overdue. And though no state could have been fully prepared for the avalanche of claims that arrived overnight, according to the agency's own data, ODJFS still wasn't paying out most claims on a timely basis six months after the lockdown.³² Admittedly, federal support for administration of the UC program — the main source of funding for it — has not been sufficient. In FY 2003, the U.S. provided \$96.3 million to the state for UC administration.³³ In today's dollars, that's over \$130 million, compared to the \$73 million the agency received in 2019. Though the state has supplemented that, spending \$31 million in 2019,³⁴ it's clear that administration of the system was not properly supported prior to the crisis. Thankfully, Congress provided more support in legislation last spring, and hopefully federal support will grow. But the state must share that responsibility and add to the federal dollars as needed so claimants are not left out in the cold.

Make all Ohioans healthier

American philosopher Ralph Waldo Emerson said, “Health is the first wealth.” For many Ohioans, access to health care is fragile, particularly in the pandemic recession, when many have been laid off and lost health insurance coverage. The safety net of Medicaid has never been more important. In this year of pandemic, with rising illness, suffering and death from COVID, lawmakers must protect Medicaid and related health services.

Expand health care for Ohioans

Recommendation: Protect Medicaid expansion from barriers that cause people to lose coverage

Agency: Ohio Department of Medicaid

Medicaid is essential to the health of Ohioans. It is a critical link in the national system of health insurance, providing coverage and access to care to over a quarter of Ohio’s population, more than 3 million people. The program has expanded — as it is designed to — as Ohioans lost jobs and income in the recession. All of us must be able to get tested and vaccinated during the pandemic. In better times, we all need regular check-ups, dependable emergency care, and effective treatment when we get sick. No one should go broke because of medical debt.

Medicaid covers health care for people of very low income. Ohio expanded Medicaid under the provisions of the Affordable Care Act. The Medicaid expansion, which is largely paid for by the federal government, provides health insurance to 700,000 low-wage workers, disabled people and caregivers. It is essential to controlling the COVID pandemic and also stemming the drug epidemic.³⁵ Lawmakers must stop introducing legislation that would eliminate or curtail Medicaid expansion (or any Medicaid eligibility and services) with barriers like increased costs or unrealistic work reporting requirements.³⁶

Ensure treatment for all Ohioans struggling with addiction

Recommendation: Restore state funding for community mental health & addiction services

Agency: Ohio Department of Mental Health and Addiction Services

Line items: 336421 and others

All Ohioans deserve a chance to live a healthy life. Behavioral health problems are rising in the pandemic recession with financial loss, social isolation, and death. The drug crisis, mitigated in Ohio in 2018, is raging again, with overdose deaths rising steeply.³⁷

Behavioral health needs have been rising for years. Lori Criss (now director of the Ohio Department of Mental Health and Addiction Services) wrote in 2018 that Ohio needs a fully-resourced continuum of care that includes prevention, early intervention, treatment, and recovery supports such as peer support, housing, and employment services. “The suicide rate among Ohioans rose 36% between 1999 and 2016,” she wrote. “Adults and kids in mental health crisis spend days in emergency rooms before being sent home because Ohio doesn’t have enough inpatient beds for them.”³⁸

The system has been weakened by cuts. Lawmakers cut non-Medicaid funding for community mental health services by 70% between 2002 and 2012. By 2021 funding may regain the 2012 level, but cuts and inflation over time have diminished services. Federal relief funds and grant programs are helping in this time of crisis³⁹ but do not solve the long-term erosion of services. State lawmakers must step in with sustained state funding for community mental health services, education and outreach, and in-patient facilities.

Build a health care workforce the community will trust

Recommendation: Create loan forgiveness programs targeted to Black and brown students in health care

Agency: Department of Health

Line items: 440465, 440624, 440628 and 440662

The Minority Health Strike Force recommended that the state support the recruitment and retention of Ohioans of color in health care. The Association of American Medical Colleges reports that in 2018, just 5% of doctors were Black, far less than the share of Black people in the national population.⁴⁰ Expanded representation in the workforce could build trust in the health care system — a trust broken by a history of abuse and bias.⁴¹ It could help with Black infant mortality, one of Ohio’s worst health problems: Research finds that when Black babies are delivered by Black doctors, the Black infant mortality rate drops dramatically.⁴² The governor could expand the Department of Health’s loan forgiveness programs⁴³ to include programs for Black and brown medical students in primary care, nursing, psychology, psychiatry and other specialty areas. Existing programs are funded collectively at \$1 million through modest fees on physician and dentist licenses. Additional funding through these or similar fees or assessments on insurers, providers and hospitals could boost the pipeline of Black and brown medical students, who could build trust in health care within communities of color.

Expand health programs in Ohio’s Black, brown and Indigenous communities

Recommendation: Direct \$7.8 million to create a state “Points of Access” grant program

Agency: Ohio Department of Health

Line item: 440431

The Minority Health Strike Force recommended the state lead the development of sustainable funding sources to support trusted health initiatives well positioned to expand services in communities of color. One way lawmakers could do this is by creating a state-level “Points of Access” program, based on the highly competitive federal program by the same name administered by the Health Resources and Service Administration (HRSA), an agency of the U.S. Department of Health and Human Services. Ohio lawmakers expressed their intent to expand funding for health centers;⁴⁴ this proposed program would address that legislative intent and position Ohio for federal awards that provide ongoing support. We propose a state-level program that would make four awards of \$650,000 each to programs offering culturally appropriate health care services in historically underserved communities of color. State awards would be replenished annually for three years, allowing new local health centers to establish roots and develop a client base. The program could be supported with an appropriation of \$2.6 million in 2022 and \$5.2 million in 2023.

Ensure all babies survive and thrive

Recommendation: Fund Ohio Commission on Minority Health Infant Mortality Health Grants at \$6 million a year; restore funding cut from Help Me Grow and Early Intervention

Agency: Ohio Commission on Minority Health, Department of Health, Department of Developmental Disabilities

Line items: 149503, 440459 (DOH’s Help Me Grow program) and 322421 (DDD’s Early Intervention Part C)

Ohio’s rate of infant mortality among Black infants rose to 14.3 deaths per 1,000 births in 2019, as the white infant mortality rate fell to 5.1.⁴⁵ The state’s overall infant mortality rate of 6.9% is high compared to those of other states, but that is driven by the unconscionably high rate of deaths of Black infants. This is caused by many factors, known broadly as social determinants of health — including but not limited to lack of health care, lack of access to nutritious and healthy food, insufficient safe and decent housing, lack of job opportunities and sub-standard schools. The infant mortality rate is an indicator of quality of life of a people or a region; the rising rate for Black babies, almost three times the rate of white, is a grim reminder of long-term racial inequity.

Governor DeWine recognized the crisis of infant mortality in his gubernatorial campaign and promised to increase funding. He delivered on his promise in the current budget. However, he cut the budget by \$776 million in May 2020. Programs to reduce infant mortality were not spared.⁴⁶ In the coming budget lawmakers must restore those cuts and boost funding for the Ohio Commission on Minority Health’s infant mortality grant program to \$6 million a year. This would increase support for existing programs so they can intensify their efforts and allow a planned (but defunded) expansion into southeastern Ohio. Altogether, this investment could support 12 of the successful Commission on Minority Health “HUB” models to reduce infant mortality at \$500,000 a year, allowing deep and focused efforts to save lives. Lawmakers should also restore the cuts to the Department of Health’s Help Me Grow program by fully funding it at the 2021 appropriated level of \$39 million in each year of the 2022-23 budget and provide \$23.2 million each year for the Department of Developmental Disabilities’ Early Intervention Part C.

High infant mortality drives high health care costs. In 2013 (the last time such data was made available) two-thirds of the Medicaid cost for prenatal and delivery care was related to preterm births, a leading factor in infant mortality among Black babies.⁴⁷ Ohio lawmakers can start to control these costs with better funding for factors that bear on the social determinants of health: safe, decent and affordable housing; the abatement of lead poisoning; better schools in every ZIP code; increased access to preventative health care and other factors that affect daily life and opportunity.

Ensure basic human dignity for all

Some of our most important social services are funded primarily with local dollars, with very little state assistance. The state budget provides little support for victims of domestic violence, so whether they can find shelter or not may depend on what county they live in and residents’ ability to support property tax levies. In some communities, residents don’t have enough money to fund children’s protective services, which are stretched thin across the state. Kinship care is an increasing necessity in the pandemic and drug epidemic, but the state provides far too little aid for families who take in the children of kin. The pandemic has ravaged seniors living in nursing homes yet policymakers have allowed funding to meet the needs of seniors aging in the community to fall to insufficient levels. The state needs to do a far better job of providing compassionate social services to make sure Ohioans have refuge, protection and safety.

Increase safe, affordable housing options

Recommendation: More support for Ohio Housing Trust Fund

Agency: Ohio Development Services Agency

Line item 195638, fund 6460

The Minority Health Strike Force emphasized the need for more safe, decent and affordable housing. In 2018, Ohio had 44 affordable rental units available for every 100 households with extremely low incomes.⁴⁸ The Housing Trust Fund supports the development of affordable housing across the state; it has remained flat-funded since it was created in 2003. Annual revenue usually lags behind the original \$50 million/year goal and falls short of addressing the need for housing assistance in Ohio. The number of homeless households Trust Fund dollars helped decreased 23% between FY 2013 and FY 2018, even as homelessness grew. The number of affordable housing development and rehabilitation projects supported by Trust Fund dollars dropped from 42 projects in the 2011-12 program year to only 23 in 2016-17.⁴⁹ Additional resources are needed in the new budget to shelter people experiencing homelessness and to help repair the homes of seniors with low incomes and people with disabilities, allowing them to stay in their homes.

Reduce domestic violence

Recommendation: \$7.7 million additional dollars

Agency: Office of the Attorney General

Line item: 055504

Evidence is emerging that family violence is rising with the stress and isolation of the pandemic. Domestic violence services are mostly funded through local levies and fees and are uneven across the state. Federal funds of \$8.7 million temporarily increased total state-wide resources for staff, hotel rooms to allow survivors to physically distance from perpetrators and other pandemic-related costs.⁵⁰ However, these dedicated funds are unavailable to meet other needs or replace budget shortfalls, and they will expire or be used up, leaving a vacuum to serve rising needs. At the same time, the Ohio Domestic Violence Network has lost \$7.7 million in annual federal Victims Of Crime Act (VOCA) funding.⁵¹ Centers may be forced to scale back services even as the need increases amid the COVID-19 crisis.⁵² Lawmakers should boost state funding for domestic violence programs from the existing level of \$1 million to \$7.7 million.

Support families who step up to care for kids

Recommendation: Adhere to Glisson Case ruling and provide kinship care givers the same support as foster parents

Agency: Ohio Department of Job and Family Services

All children need love and a safe, stable environment that supports healthy growth and development. Yet poverty, racism and the ongoing opiate addiction crisis have resulted in many Ohio children enduring the trauma of separation from their family of origin. Children in the child welfare system who are placed with relatives — called kinship caregivers — receive far less financial support from the state of Ohio than children placed in a licensed foster care setting. A federal court ruling was supposed to change that in Ohio. The *D.O. v. Glisson* ruling confirmed that children in state custody placed with approved kin caregivers have a right to the same payment rate as children placed in a licensed foster care setting. Nearly four years after the ruling, Ohio has provided no additional funding and remains in violation of federal law.⁵³ Advocates recently filed a lawsuit to bring the state into compliance.⁵⁴ Governor DeWine and state lawmakers must take corrective action in the next state budget and provide the additional financial support the roughly 4,500 children and their approved relative caregivers deserve.

Keep seniors safe in their homes

Recommendation: Provide \$22 million annually for adult protective services

Agency: Ohio Department of Aging

Line item: 600534

Ohio's rural areas, towns and cities are strengthened when aging Ohioans can stay connected to their communities. The HealthPath Foundation estimates that 105,000 elderly Ohioans are abused each year. Ohio's Office of Elder Justice estimates the number may run as high as 250,000.⁵⁵ Ohio needs 350 case workers to handle that caseload. At about \$65,000 a year per caseworker — including overhead — that would cost approximately \$22.75 million a year.⁵⁶ State lawmakers appropriated \$4.2 million for adult protective services in FY 2021. It's not enough to meet the need. Some counties pass property tax levies for senior services but access to protection is not uniform across counties: The poorest places, where the need may be the highest, are the most likely to lack resources to protect seniors. Ohio's lawmakers have increased funding for this purpose in recent budgets, but far more state support is needed.

Improve quality of life for seniors

Recommendation: Fund Senior Community Services Program at \$10 million a year

Agency: Ohio Department of Aging

Line item: 490411

This program provides flexible funding to meet the needs of Ohio's seniors aging in their homes. Lawmakers have cut funding for the program in half in the last two decades, not adjusted for inflation. The governor cut the program in the current budget, but Older Americans Act CARES Act dollars temporarily filled the gap. The pandemic demonstrates the importance of flexible funding to meet the needs of older Ohioans who live in the community, particularly in terms of food and social isolation. Yet with increased pressures caused by the COVID crisis, Meals on Wheels, with funding from the Senior Community Services program, is now unable to meet demand and need.⁵⁷ The line item for Senior Community Services, funded at \$8.1 million in 2021, should be increased to \$10 million in 2022 and the same level for 2023; the funding should be provided to local agencies on aging to meet the needs of their communities.

Stabilize families experiencing deep poverty

Recommendation: Increase the basic OWF cash grant by \$100 a month per recipient to an average of \$311 a month.

Agency: Ohio Department of Job and Family Services

Line items: 600410, 600658, and 600689

Research shows that living in deep poverty compromises children's ability to grow and negatively impacts their earnings, income, and health as adults.⁵⁸ The cash assistance component of the federal TANF program, called Ohio Works First (OWF), supports the health and safety of children and families with very low incomes by providing direct cash assistance to help with food, safe housing, health care and other basic necessities.⁵⁹ The DeWine administration should draw on a budget surplus in that program built up over the years and increase the basic OWF cash grant in the 2022-23 budget by a minimum of \$100 a month, for an average payment of \$311 a month per recipient. The increase will help more families get by during the pandemic recession and better support the health and safety of children. Lawmakers should also use the budget bill to maintain eligibility for all currently enrolled during the health and economic crisis.

Help Ohioans find support

Recommendation: \$540,000 in state funding to support local 211 services

Agencies: Department of Medicaid, Department of Job and Family Services

The 211 call-in help center serves millions of Ohioans with free and confidential 24-hour access to a compassionate professional who reviews options for help, develops a plan and connects them to needed services. While many of Ohio's 88 counties support 211 services, 34 counties did not have such a service before the pandemic. Emergency funds have stretched the service to all counties for the time being, but it will be needed on an ongoing basis. The Health Equity Network, including the United Ways of Ohio, recommend the 2022-23 state operating budget include \$540,000 to complement local government, corporate and philanthropic dollars supporting the 211 service and ensure all Ohioans in every county can find help when they need it, now and in the future.

Promote transparency, protect democracy

Most Ohioans believe that our elected leaders should reflect our values and govern for all of us, no exceptions. But when data is not collected, laws are not scrutinized and facts are not reported and debated, it's difficult for us to hold our elected leaders accountable. The pandemic recession has brought the need for knowledge and analysis to the fore. Divisive national politics has filled the vacuum created by the loss of local news sources. Ohio lawmakers can help protect the health of our democracy by ensuring data is collected, outcomes analyzed and facts reported. That will allow Ohioans to gauge whether we're progressing toward an Ohio that works for everyone. Ohio lawmakers can use the 2022-23 budget to support independent journalism and establish dedicated processes and offices that will assemble, tabulate and report on areas of critical civic interest.

Hold the powerful accountable through local journalism

Recommendation: Boost support for public broadcasting by \$5 million a year

Agency: Broadcast Educational Media Commission

Line items: 935401, 935402

Newspapers are important threads in the fabric of Ohio's communities. They help government work better. But they have been hemorrhaging jobs amid corporate cutbacks, closures, mergers and consolidations. In 2018, Ohio had 32% fewer newspapers than it did in 2004, according to researchers at the University of North Carolina.⁶⁰ The number of people who report, edit,

photograph and produce the news — those who work in newsroom jobs — fell from 2,870 in 2012 to 1,640 in 2018, a drop of approximately 42.9%.⁶¹ This is a crisis that affects every Ohioan. While it demands national solutions, the state has a role to play. Indeed, Ohio long has supported public broadcasting through the state budget, including public radio’s Statehouse News Bureau. The General Assembly should boost support for public broadcasting by \$5 million a year. Stations in areas that have lost traditional media could apply for funds, which like the existing funds could be administered through the Broadcast Educational Media Commission. State legislators also should follow the lead of their counterparts in New Jersey and support efforts to strengthen local journalism through collaboration with educational institutions and community organizations.

Ensure new laws put public health first

Recommendation: Require all bills undergo a health impact analysis

Agency: Ohio Legislative Service Commission and Ohio Department of Health

Line items: 035321, 035410 and various Department of Health lines

Ohioans are less healthy compared to people living in other states; the worst health outcomes afflict Black and brown Ohioans. State laws, funding and programming are powerful tools to improve health and access to health services while reducing health disparities across population groups. Representative Erica Crawley introduced House Bill 620 during the 133^d General Assembly to require the Legislative Service Commission to conduct a health impact analysis of legislative proposals. The bill would have created an interdisciplinary team within the Ohio Department of Health to coordinate among state agencies to address the “social determinants of health” — external factors that affect the health outcomes among different racial groups.⁶² The bill should be re-introduced in the new General Assembly and passed, with an appropriation to support expert staff and outside analysis as needed in the Ohio Legislative Service Commission and the Ohio Department of Health.

Follow the money on tax breaks

Recommendation: Scrutinize Ohio’s \$10 billion in tax breaks

Agency: Legislative Service Commission

Line items: 035321 and 035410

In 2016 the Ohio General Assembly unanimously passed a bill to create the Tax Expenditure Review Committee to scrutinize the \$10 billion Ohio spends annually in tax breaks. The scrutiny has been toothless; the committee does not have a staff. In fact, the committee didn’t even meet in this budget cycle, as prescribed by that popular but disregarded law.⁶³ To make their vote more than an empty promise,⁶⁴ lawmakers must fund LSC to staff and analyze the effectiveness of tax expenditures (which are greater on an annual basis than state money in the school formula funding and state dollars used for Medicaid in the General Revenue Fund).

Prioritize the health of Black, brown and Indigenous Ohioans

Recommendation: \$5 million in 2022, \$3 million a year thereafter, to fund an office of Minority Health Strike Force Accountability

Agency: Department of Health

The Minority Health Strike Force blueprint called for data collection and analysis to monitor progress on recommendations to improve the social determinants of health and quality of life for Black and brown Ohioans. If the governor is serious about ensuring Ohioans of all races can live healthy lives, then deep funding to operationalize and implement the blueprint is the required next step. Lawmakers should establish an office to develop the blueprint operations plan to implement at both the state and local levels. The 2022-23 budget should include funding to start this initiative with \$5 million in the first year and \$3 million a year thereafter, to maintain it. Start-up costs would include:

- \$1 million to develop a data system or application to collect ongoing information from state agencies, contractors, businesses and academic institutions to report progress on this work.
- \$2 million to hire at least four full-time employees to sustain this work. This would include a Data Analyst/Researcher 3 (data collection, processing, interpretation, data visualization); a Policy Specialist (with expertise in diversity/equity/inclusion); a Program Specialist trained in system science and program evaluation to measure change; and a Health Care Specialist to work with the health care system and organizations (e.g., Ohio Hospital Association) to address equity in health care issues.
- \$2 million in contracts (academic institutions, consulting firms) to develop frameworks and serve as independent evaluators.

Investigate injustice in sentencing

Recommendation: \$1 million for sentencing data collection

Agency: Judiciary/Supreme Court

The Minority Health Strikeforce decried the mass incarceration of Black Ohioans, but there is no uniform data collection on sentencing that could inform a solution. The Ohio Criminal Sentencing Commission, an affiliated office of the Supreme Court of Ohio, brings together broad and diverse membership to bridge the information gap among criminal justice system partners. Led by Chief Justice Maureen O'Connor, the Ohio Criminal Sentencing Commission, state judges, and the legal community have identified key steps to move Ohio toward greater fairness and justice through uniform reporting to a centralized data platform.⁶⁵ Estimated cost of moving forward in the 2022-23 biennium is \$1 million.⁶⁶

Build a strong foundation for all

State lawmakers prioritized tax cuts and tax breaks and allowed inflation to erode public services for the past 15 years. As a result, too many Ohioans struggle to pay the rent because there's not enough affordable housing. Too many fail to complete college because of the high cost of tuition and fees. In too many places the trip to work on public transit takes too long because there are not enough buses.⁶⁷ Children struggle to learn to read in schools that don't have enough resources to meet their needs. Working families with low incomes depend on food pantries and other forms of aid to make ends meet but many make just a little too much to get help with the high cost of child care.⁶⁸ Too many children cannot participate in online schoolwork during this pandemic because there is no broadband in their home or community. Ohio has big, basic needs that some of our leaders have neglected too long.

Ohio lawmakers have made foundational commitments to pressing needs, like the H2Ohio program to clean the toxic, algae-infested waters of Lake Erie and other bodies of water throughout Ohio.⁶⁹ An initial significant investment was followed with a commitment for ongoing funding, and the governor indicates he will propose such funding in the executive budget. Starting with this budget, lawmakers should lay the groundwork to phase in funding of additional foundational services listed here.

Learning for all

From cradle to career, Ohioans should have an education that prepares them for the future. We can give more kids a strong start by making sure working families can afford child care and by expanding eligibility for public pre-K. Our communities need excellent public schools that are fully funded. Quality of education shouldn't depend on the property values in neighborhoods. We need to change the way we fund public schools, distributing state resources equitably, so all our children have inspiring classrooms, no matter their ZIP code. Whether fresh out of high school or retooling for a new career, every Ohioan should have access to higher education or career training that doesn't result in a lifetime of debt.

Ensure excellent schools in every ZIP code

Recommendation: Leverage \$1.9 billion in public resources to fund K-12 education equitably and sufficiently

Agency: Ohio Department of Education

Line item: 200550

Ohio's school funding system relies too heavily on local property taxes, so in places where the plant closed, people moved out and property values fell, schools struggle and underserved students start out behind the curve. Moreover, the state funding formula is not based on the actual cost of educating a student. Bipartisan legislation passed in the most recent lame duck session by the House of Representatives in House Bill 305 would start to fix the problem. It would pump an additional \$1.9 billion into the system, which could start to create a system with an excellent public school in every ZIP code. The Senate did not pass the companion legislation (SB 376) so the issue will be taken up during the 2022-23 budget discussion. Funding for the new system may be phased in over time. Lawmakers could ensure sufficient funds by eliminating unnecessary tax breaks, restoring tax rates on the wealthiest Ohioans — deeply cut over the past 15 years — and making sure new and profitable industries are paying their fair share.

Help more Ohioans get a degree

Recommendation: Increase funding for higher education by at least \$415 million

Agency: Ohio Department of Higher Education

Line items: 235501 and 235563

The Minority Health Strike Force recommended investment to increase the number of Ohioans of color completing their college degrees. Lawmakers need to better fund classroom teaching through the State Share of Instruction (SSI) and the Ohio College Opportunity Grant (OCOG), the state's primary financial aid program, so more students, especially students of color and people from families of modest means, can attend and complete college without crushing student debt.

While the Ohio Office of Budget and Management has not yet released the requests of the cabinet for the 2022-23 budget, inadequate funding of SSI and OCOG has been a theme in former agency requests. In 2018, Chancellor John Carey urged the General Assembly to have "further discussions regarding the appropriate level of funding" for the State Share of Instruction. He also backed renewed debate about the funding of OCOG and "maximizing need-based financial aid" for the state's students.⁷⁰

Policy Matters Ohio called for a 5% boost in funding for SSI for 2020-21 budget, but after cuts in 2020, and with deeper cuts projected for 2021, state funding for SSI will be less in the current biennium than in 2018-19.⁷¹ At a minimum, funding for SSI should rise by \$100 million a year (5%) in 2022 and 2023. OCOG funding should be restored to \$250 million, as it was in the budget for 2008-09. In addition, the state should restructure OCOG to make it a first-dollar grant that can be used along with federal Pell Grants and other assistance and allowing its use for education-related expenses aside from tuition and general fees. This would open up new opportunities at lower-cost public schools, which serve higher percentages of students of color, and those who have low incomes, 25 or older, or attend school part time. The state also should exclude private, for-profit schools from accessing OCOG money, although restoring the program's funding would allow the state to expand opportunity while maintaining aid for students at high-cost public and private non-profit schools.

Give more kids a good start

Recommendation: An additional \$130.7 million for high quality early education

Agency: Ohio Department of Education

Line item: 200408

High quality early education for 3- and 4-year-olds can set kids up for success in school and later in life.⁷² Yet too few children from families with low income attend a high quality public preschool. Ohio's early education program (funded at \$64.2 million in 2020) serves just 17,900 children each year.⁷³ Just 11% of 4-year-olds from families with low incomes were enrolled in the 2018-19 school year, compared to a national average of 34%.⁷⁴ An additional \$130.7 million per year would bring Ohio up to the national average for 4-year-olds,⁷⁵ serving an additional 32,600 children. This would be a start, but much more funding and access is needed.

Healthy and sustainable communities

Health is more than health care. Everyone deserves fresh food, decent homes, clean water and safe neighborhoods. A healthy Ohio means reasonable regulations to keep our air and water clean. It means making sure people can get where they need to go in less-polluting, more efficient ways, including public transit, safely riding their bike or walking. It means affordable broadband services in unserved and underserved communities, so children can learn and business can be conducted. It means local public health systems with fully funded, foundational capability and capacity that is closely connected to a state public health system that fully meets basic needs. Ohio lawmakers need to restore state support of communities and counties in the 2022-23 budget as part of overall recovery plans.

Help local governments provide key services

Recommendation: Restore state revenue sharing to previous level of 3.68% of state general revenue for local governments

Line item: 110969

In Ohio, local governments pick up the tab for a far greater share of basic health and human services than in other states. State lawmakers created the sales tax so they could share revenues with communities to allow them to support "poor houses" and offer assistance to struggling people during the Depression. When Ohio lawmakers implemented an income tax in the 1970s, they shared the revenue with local governments. Ohio's local governments remained primarily responsible for services directly funded elsewhere by states: child protective services, public transit, domestic violence services and senior services. Some counties support these services with property tax levies. Others support them directly from their general fund budgets.

Starting in 2012, lawmakers cut in half the state’s revenue-sharing with local governments. They also eliminated the estate tax (which mostly supported cities), narrowed the sales tax base⁷⁶ (which supports counties and transit agencies), and phased out tax reimbursements promised in 2005. Ohio’s local governments have lost over \$1 billion a year in state aid, adjusted for inflation, leaving locally funded services like public health, children’s protective services, domestic violence services and many others to strained local budgets. This is particularly harmful in the pandemic recession. At the minimum, state revenue-sharing through the local government fund should be restored to its previous level of 3.68% of state funds.

Make all homes lead safe

Recommendation: Increase funding for lead-free initiatives, including through the State Children’s Health Initiative Program (SCHIP) and Department of Health

Agency: Ohio Department of Health, Department of Medicaid

Line items: 440527, 440529, 440454, 440530, Medicaid lines and programs

There’s a third epidemic in Ohio, in addition to COVID and substance abuse: lead poisoning. It is a serious public health threat — especially to children — in urban and rural communities across the state.⁷⁷ The Minority Health Strike Force points out that the 2020-22 “State Health Improvement Plan” prioritizes reduction of chronic diseases including lead poisoning, which comes from lead paint in older homes and from water lines that contain lead.

Ohio’s operating budget for 2020-21 included up to \$8 million in state funds to address lead poisoning with outreach, treatment, new policies, regulations and partnerships;⁷⁸ overall funding was \$20 million. The Ohio Children’s Budget Coalition calls for doubling the funding of the program in the State Children’s Health Initiative Program (SCHIP); centralizing oversight in the Ohio Department of Health, with \$400,000 for initial funding; sustaining investment in local lead prevention efforts, including Cleveland’s Lead Safe Home Fund and Toledo’s program (\$2.1 million in GRF) and providing \$2 million for lead stabilization and abatement in the Lead Poisoning Prevention Fund, which was created in 2003 but never funded.⁷⁹

Much more support is needed. Cleveland has wrestled for decades with how to deal with lead-based paint that lurks in an estimated 80% or more of the city’s older houses.⁸⁰ Realtors estimated it could cost \$128 million to abate lead to acceptable levels in rental units in Cleveland alone.⁸¹ The Cleveland health department has a goal of raising \$90 million to help homeowners and small property owners — who make up the majority of the city’s landlords — to reduce lead poisoning.⁸² At the request of Senator Peggy Lehner, the Ohio Legislative Service Commission investigated ways of funding the lead paint abatement. The commission found Maine and New Jersey have a per-gallon fee on paint sold and dedicate some or all of those funds to childhood lead poisoning prevention; California assesses a fee to businesses in the petroleum industry, the paint and coatings industry, and facilities reporting releases of lead into the air; and Massachusetts collects surcharges from the licensure or certification of certain real estate-related professionals including mortgage lenders, insurance brokers, real estate agents, de-leading contractors, and private lead inspectors.⁸³

Build a strong foundation for working families

Support more young Ohio families

Recommendation: Increasing funding for public child care by \$138 million

Agency: Ohio Department of Job and Family Services

Line items: 600535 and 600413

When children receive high quality early education, they are more likely be ready to learn in kindergarten. High-quality child care also helps parents, particularly moms, get and keep good jobs.⁸⁴ But in Ohio, only 26% of Black children and 41% of all children start kindergarten ready to learn and too many working families can't afford high quality child care.⁸⁵

The estimated monthly cost of child care in the Cleveland area is about \$8,000 per year.⁸⁶ Ohio uses federal TANF dollars and the Child Care Development Block Grant (CCDBG) to provide some assistance to families with the lowest incomes. The level of initial eligibility, at 130% of the federal poverty level, leaves out too many struggling families. A full-time worker with a small child who earns \$11.00 an hour (\$22,880 per year) would not be eligible for Ohio's child care assistance, yet the cost of child care would take up over a third of her annual income.

With an additional \$138 million, lawmakers could raise initial eligibility to 150% of poverty (\$25,860 or \$12.43 an hour for a working parent with one child) as promised by Governor DeWine in his campaign. This would support 67,400 more children in child care and help thousands of working parents.⁸⁷ In the long term, the state needs to restore initial eligibility to 200% of poverty, as it was a decade ago.

Connect all Ohioans with broadband

Recommendation: Increase state funding to connect Ohioans to high speed internet services, and to help low-income families pay for connection

State lawmakers should ensure all communities have sufficient internet access and bandwidth for education, business and telehealth activities. Half of the households in Ohio's 32 Appalachian counties lack high-speed internet access; 27% of households in Cleveland had no internet access of any kind (including smartphones). It's similar in other cities and towns.⁸⁸ Buckeye Hills Regional Council has called for state lawmakers to establish a phased-in fund of \$500 million to leverage federal dollars for Appalachian counties. It's a good start but insufficient, given the state-wide problem.⁸⁹ The problem is cost as well as access. The east side of Cleveland has lots of fiber cable deployed but it's not connected to the residences it passes; nor could most residents pay for it.⁹⁰ Ohio lawmakers have proposed a grant program (House Bill 13) and given CARES act funds for broadband development. Ohio will also host a small test site for SpaceX's new satellite wireless service.⁹¹ More is needed on a systematic basis to phase in state-wide development quickly, and to fund access and non-infrastructure assistance needed in terms of affordability, technical skills and budget-friendly internet devices.

Increase mobility, expand opportunity

Recommendation: \$150 million for public transit and transportation alternatives

Agency: Ohio Department of Transportation

Line items: 775470 and 775422

Over the last several decades, nearly all our state's multi-billion dollar transportation budget has gone toward roads and highways, creating a transportation system that makes it very difficult to get by without a car. However, cars are expensive to own, operate and maintain. For Ohioans with low incomes, cars are often prohibitively expensive. For elderly people and people with disabilities, driving may not be an option at all. Transportation barriers to jobs, education and training, health care, and retail stores foster a racial, health and economic divide in this state, by limiting access to employment, opportunity and good health.

In the FY2020-2021 Transportation Budget, Ohio legislators took a step in the right direction, increasing General Revenue Fund investment to \$70 million per year. The Ohio Department of Transportation's Transit Needs Study (2015)⁹² suggested that the state should support a full 10% of Ohio's \$1.84 billion annual public transportation cost. MOVE Ohio, the transit coalition, supports \$150 million in general revenue funds in 2022 and 2023 and also encourages the use of flexible federal highway funds for public transit alternatives in addition to the \$70 million already funded.

Give people who are underpaid an income boost

Recommendation: Direct \$207 million to rebalance Ohio's unfair tax structure with an improved EITC

Lawmakers could help 748,000 Ohioans with low incomes by adding a refundable option to the state Earned Income Tax Credit (EITC). This would allow them to receive the share of their state EITC that is greater than their income tax liability. The state should retain the current non-refundable, 30% EITC and add a refundable option at 10% of the federal EITC. Claimants could choose the option that works best for them. This policy would help the families with the lowest incomes who pay little in income taxes but disproportionately high shares of their income in other flat state and local taxes.⁹³

Conclusion

Over the past 15 years, Ohio lawmakers have cut taxes for corporations and the wealthy, while slashing funding for services that build strong communities and allowing inflation to erode its value. But today, we can change course. Now is the time to fully fund aid that can mitigate the suffering of the pandemic recession, prioritize long neglected communities of color, and rebuild the foundation for a stronger, more resilient future with opportunity for all Ohioans.

We are grateful for the support of partners who helped shape and review these recommendations and for funding from the Center on Budget and Policy Priorities, Ford Foundation, Gund Foundation, St. Luke's Foundation, Women's Fund of Central Ohio, and other philanthropic, business and individual donors who allow us to do this work.

Endnotes

1 Patton, Wendy, "Rebalance the income tax to provide a better Ohio for everyone," Policy Matters Ohio, October 15, 2020 at <https://bit.ly/2WcF3VW>.

2 Fleeter, Howard, PhD., "20 Years of School Funding Post-DeRolph," Ohio Education Policy Institute, August 2018 at <https://bit.ly/3qNPbml>.

3 The business taxes that were eliminated and replaced by the Commercial Activity Tax were the Corporate Franchise Tax (what Ohio called the corporate income tax) and the business Tangible Personal Property tax (a local tax).

4 Patton, "Rebalance...", Op.Cit.

5 Shields, Michael, "Newly released Census data show Ohioans fared better by end of expansion: COVID and recession roll back progress," Policy Matters Ohio, 9/17/2020 at <https://bit.ly/3r2CUuo>. See also "Editorial: To win again, Ohio Democrats must remember their roots," Columbus Dispatch, 12/6/2020 at <https://bit.ly/2IJC-DLE>.

6 In 2007, Ohio had 5,426,700 non-farm jobs; in 2019, the figure was 5,423,600. 2019 rate of job growth in Ohio was 0.4%, compared to a national average of 1.4%. Economic Policy Institute, based on U.S. Bureau of Labor Statistics, Current Employment Statistics

7 Hanauer, Amy, "Ohio's economy no longer recovers after recessions," Economic Policy Institute, May 23, 2019 at <https://bit.ly/2XgpGfZ>.

8 2019 Health Equity Profiles, Health Policy Institute of Ohio at <https://bit.ly/2L8jDaO>.

9 Individual states have definitions of essential frontline workers excepted from stay-at-home orders. Ohio counts people who work in 55 types of establishments, ranging from health care and retail to marinas and airports. See Campbell, Falycia, "List: Employees who are considered essential workers during Ohio's stay-at-home order, ABC6, March 23, 2020 at <https://bit.ly/3pVzecn>. The Economic Policy Institute identifies essential services as: food and agriculture; emergency services; transportation, warehouse, and delivery; industrial, commercial, residential facilities and services; health care; government and community-based services; communications and IT; financial sector; energy sector; water and wastewater management; chemical sector and critical manufacturing. See McNicholas, Celene and Margaret Paydock, "Who Are Essential Workers," Economic Policy Institute, May 19, 2020 at <https://bit.ly/2LsZSKl>.

10 In 2019 the third-highest cause of death for Black Ohioans was unintentional injury (including drug overdose deaths, motor vehicle crashes and other accidents); between March 17, 2020 and January 9, 2021, 1,175 Black Ohioans died of COVID. See Health Policy Institute of Ohio, "HPIO analysis sheds light on COVID-19 impact on Ohioans," December 18, 2020 at <https://bit.ly/3nh4X6l> and Ohio.COVID.gov, caseload demographics.

11 The term "redlining" comes from the development by the New Deal, by the federal government of maps of every metropolitan area in the country. Those maps were color-coded by first the Home Owners Loan Corp. and then the Federal Housing Administration and then adopted by the Veterans Administration, and these color codes were designed to indicate where it was safe to insure mortgages. And anywhere where African-Americans lived, anywhere where African-Americans lived nearby were colored red to indicate to apprais-

- ers that these neighborhoods were too risky to insure mortgages. See Gross, Terri, “A ‘Forgotten History’ Of How The U.S. Government Segregated America,” National Public Radio, May 3, 2017 at <https://n.pr/38gYYJb>
- 12 COVID 19 Minority Health Strike Force Blueprint” at <https://bit.ly/3r4FFv0>
- 13 Patton, Wendy, “Rebalance the income tax to provide a better Ohio for everyone,” Op.Cit.
- 14 “Ohio Jobless Claims for Sunday, December 6, through Saturday, December 12, 2020,” e-mailed communication from the Ohio Department of Job and Family Services, December 17, 2020.
- 15 Filby, Max, “Ohio spends less per capita on public health than nearly every other state,” Columbus Dispatch, April 2, 2020 at <https://bit.ly/2LuigXV>.
- 16 Bishoff, Laura A., “Ohio near the bottom for public health spending per person. Should we spend more?” Dayton Daily News, April 12, 2020 at <https://bit.ly/2JWBQr5>.
- 17 Singh, Simone, PhD, and Jonathon P. Leider, PhD, “Costing The Foundational Public Health Services In Ohio Final Report,” Prepared for the Ohio Public Health Partnership, October 31, 2019 at <https://bit.ly/3gHQRJL>.
- 18 “The Impact of Coronavirus on Food Insecurity,” State Dashboard, based on 2020 Projected Overall Food Insecurity Rate and 2020 Projected Child Food Insecurity Rate, Feeding America, accessed on December 2, 2020, <https://bit.ly/39COGY0>.
- 19 “Tracking the COVID-19 Recession’s Effects on Food, Housing, and Employment Hardships,” Center on Budget and Policy Priorities, January 8, 2021 at <https://bit.ly/39iKQ2n>. Note: ‘SNAP’ stands for “Supplemental Nutrition Assistance Program,” the federal program of food assistance administered by the U.S. Department of Agriculture.
- 20 The Impact of COVID 19 on Hunger, Ohio Association of Foodbanks at <https://ohiofoodbanks.org/coronavirus/>
- 21 “Tracking the COVID-19 Recession’s Effects on Food, Housing, and Employment Hardships,” Op. Cit.; see also, “Analysis of Current and Expected Rental Shortfall and Potential Evictions in the U.S.,” prepared for the National Council of State Housing Agencies by research firm Stout Risius Ross, LLC, September 28, 2020, <https://bit.ly/3gfT4LR>.
- 22 “Tracking the COVID-19 Recession’s Effects on Food, Housing, and Employment Hardships,” Op. Cit.
- 23 Petrik, Will, “Now is the time to stabilize families in crisis,” Policy Matters Ohio, April 2020, <https://bit.ly/2W3Mr5X>.
- 24 Vann, Matthew, Soo Rin Kim, and Laura Bronner, “White neighborhoods have more access to COVID-19 testing sites: The disease is hitting Black and Latino communities hardest,” Five Thirty Eight, July 22, 2020 at <https://abcn.ws/2WBzEYN>. See also Rader, Benjamin, MPH, Christina M Astley, MD, ScD, Karla Therese L Sy, MS, Kara Sewalk, MPH, Yulin Hswen, ScD, MPH, John S Brownstein, PhD, PHIL Moritz, PhD and U. G. Kraemer, “Geographic access to United States SARS-CoV-2 testing sites highlights health care disparities and may bias transmission estimates,” Journal of Travel Medicine, Volume 27, Issue 7, October 2020 at <https://doi.org/10.1093/jtm/taaa076>.
- 25 Artiga, Samantha, Josh Michaud, Jennifer Kates, and Kendal Orgera, “Racial Disparities in Flu Vaccination: Implications for COVID-19 Vaccination Efforts,” Kaiser Family Foundation, September 15, 2020 at <https://bit.ly/3pgju3B>.
- 26 Royles, Dan, “Years of medical abuse make Black Americans less likely to trust the coronavirus vaccine,” Washington Post, December 15 2020 at <https://wapo.st/3nFW1lr>; see also McPherson, Sterling, Weintraub Austin, Erica and Borah, Porismita, “Why scientists and public health officials need to address vaccine mis-

trust instead of dismissing it," The Conversation at <https://bit.ly/3h82Xvy>

27 Systemic Racism & Health Care, COVID & Treatment, NIHCM Foundation at <https://bit.ly/2Ww52bk>; See also, United States Department of Health and Human Services, "HHS Initiatives to Address the Disparate Impact of COVID-19 on African Americans and Other Racial and Ethnic Minorities" at <https://bit.ly/2J7ylha>

28 Cooper, David and Teresa Kroeger, "Employers steal billions from workers' paychecks every year," May 10, 2017, <https://bit.ly/2U4Wt3s>, annualized pooled data from CPS-ORG 2013-2015

29 Shields, Michael, "Wage Theft: A quiet crisis in Ohio," Policy Matters Ohio, April 10, 2019, <https://bit.ly/3m-dE82n>.

30 Gerstein, Terri, "Workers' rights protection and enforcement by state attorneys general," Economic Policy Institute, August 27, 2020, <https://www.epi.org/publication/state-ag-labor-rights-activities-2018-to-2020/>.

31 See for instance testimony by Amber Sharpe, Breanna Phillips, Carrie Howell, James Taylor, Jeremy McKinney, Mark T. Reed, Michael Reed and Audrie Saurer to the House Ways & Means Committee, May 19, 2020 at <http://ohiohouse.gov/committee/ways-and-means>.

32 Ohio Department of Job & Family Services, Unemployment Insurance Claims, Form UC 216a, at <https://ohiolmi.com/portals/206/UC/annual/UC216a.pdf>.

33 Ohio Legislative Service Commission, Catalog of Budget Line Items, at <http://www.lsc.ohio.gov/pages/budget/documents/cobli.aspx?Year=2020>.

34 Blaine, Nicholas J., Greenbook, LBO Analysis of Enacted Budget, Department of Job & Family Services, August 2019, p. 45 at <http://www.lsc.ohio.gov/documents/budget/133/MainOperating/greenbook/JFS.PDF>.

35 Greg Moody, Executive in Residence at the John Glenn College of Public Policy at the Ohio State University and former chief of the Office of Health Transformation under Governor Kasich, says the Medicaid expansion increased Ohio's behavioral health system capacity 60 percent over five years. "Ohio's Opioid Crisis and Response," Power Point presentation, October 10, 2019 at <https://bit.ly/2KiYPwk>.

36 Patton, Wendy, "Nothing Healthy About It: Proposal Would Limit Ohioans' Access to Medicaid," Policy Matters Ohio, June 16, 2019 at <https://bit.ly/34ytWv6>. State Representative Jim Butler repeatedly introduced legislation that would increase the cost of Medicaid services for the Ohioans in or near poverty who are enrolled in the program. The Ohio legislature passed, and the Ohio Department of Medicaid is implementing, a program of reporting requirements for the two-thirds of Medicaid recipients who work (the balance are primarily disabled or caregivers). The reporting requirements mandate 20 hours per week of work, which is not reliably offered in low-wage jobs. In other states that have tried this, it has caused thousands to be disenrolled; once dropped from the program, many do not make it back in. See Wagner, Jennifer and Schubel, Jessica, "States' Experiences Confirm Harmful Effects of Medicaid Work Requirements," Center on Budget and Policy Priorities, November 18, 2020 at <https://bit.ly/38Y8O35>.

37 Narcisco, Dean, "Ohio on pace to set record for drug deaths in 2020," Columbus Dispatch, December 17, 2020 at <https://bit.ly/3mKDHN8>; see also Kamp, Jon and Campo-Flores, Arian, "The opioid crisis, already serious, has intensified during coronavirus pandemic," The Wall Street Journal, September 8, 2020, <https://on.wsj.com/37Yp9E6>; they report that in Franklin County, overdose deaths reached 580 by the end of August, which was nearly the entire number reported in 2019.

38 Criss, Lori, "Policy Solutions for Ohio's Addiction & Mental Health Crisis," Ohio Council of Behavioral health and Family Service Providers, July 2018 at <https://bit.ly/3nTwJqk>. Criss cites Michael Oliver's research to document that Ohio had 9.7 public in-patient psych beds per 100,000 population; the standard is 40 public in-patient beds per 100,000. Ollove, Michael, "Amid shortage of psychiatric beds, mentally ill face long waits

for treatment,” Stateline (Pew Charitable Trust), August 2, 2020 at <https://bit.ly/3riNei3>.

39 “Supporting Behavioral Health During the Pandemic,” November 2020, Ohio Department of Mental Health & Addiction Services, <https://bit.ly/3nf6g6s>.

40 “Diversity in Medicine, Facts and Figures 2019,” Table 18, Percentage of all active physicians by race/ethnicity, 2018 Association of American Medical Colleges at <https://bit.ly/34Ac7Md>. See also Huerto, Ryan and Lindo, Edwin, “Minority patients benefit from having minority doctors, but that’s a hard match to make,” The Conversation, February 13, 2020 at <https://bit.ly/38qzhpz>

41 Byrd, W. M., & Clayton, L. A. “Race, medicine, and health care in the United States: a historical survey.” Journal of the National Medical Association, 2001 at <https://bit.ly/34F3CzI>; “U.S. Public Health Service Syphilis Study at Tuskegee,” Centers for Disease Control and Prevention, at <https://www.cdc.gov/tuskegee/timeline.htm>; Obermeyer Ziad, Brian Powers, Christine Vogeli, Sendhil Mullainathan, “Dissecting Racial Bias in an Algorithm Used to Manage the Health of Populations.” American Association for the Advancement of Science, Science Magazine, October 25, 2019 at <https://bit.ly/3nOPD1K>; Hoffman, Kelly M., Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver, “Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites,” Proceedings of the National Academy of Sciences of the United States of America, April 4, 2016 at <https://bit.ly/2JfHQLt>

42 Greenwooda, Brad N., Rachel R. Hardemanb, Laura Huangc,1and Aaron Sojournerd, “Physician–patient racial concordance and disparities in birthing mortality for newborns,” Proceedings of the National Academy of Science of the United States,” August 17, 2020 at <https://www.pnas.org/content/117/35/21194>; cited in Russell, Tanya, “Mortality rate for Black babies is cut dramatically when they’re delivered by Black doctors, researchers say,”

The Washington Post, January 9, 2021 at <https://wapo.st/3ozOSKo>

43 (the Ohio Physician Loan Repayment (440628), the Ohio Dentist Loan Repayment (440624) and the Dental Hygienist Loan Repayment (440662) programs.)

44 Section 3701.047 of the Ohio Revised Code

45 The national rate of infant mortality in 2019 was 5.6% (Statistica, <https://bit.ly/34rtxL3>). In Ohio, the Hispanic infant mortality rate dropped to 5.8%; Asia/Pacific Islander infant mortality rate rose to 4.4% and Black infant mortality rate, to 14.3%. See Ohio Department of Health 2019 Infant Mortality Report at <https://bit.ly/2WqbgJR>

46 “Early Intervention – Part C,” 322421; “Help Me Grow,” 440459 and Infant Mortality Grants, 149503. Patton, Wendy, “Costs, cuts and CARES Act funds,” Policy Matters Ohio, August 26, 2020 at <https://bit.ly/3qS6Qta>.

47 Ohio Commission on Minority Health, Certified Pathways Community HUB Model, Presentation to the Governor’s Home Visiting Advisory Group, Columbus, Ohio February 13, 2019.

48 “Ohio Housing Needs Assessment: Fiscal Year 2021,” Executive Summary, Ohio Housing Finance Agency, accessed on December 2, 2020, <https://bit.ly/39I4ImV>.

49 “Home Matters to Ohio,” Ohio Affordable Trust Fund at <https://bit.ly/3nGwOhi>

50 Patton, “Cuts, costs and cares act funds,” Op. Cit.

51 VOCA funds are being spent down without replenishment from either tax dollars or the fines from financial fraud (prosecutions that comprised most of the fund).

52 Mackenzie Klemann, “Crossroads Crisis Center faces funding cuts,” limaohio.com, November 26, 2020, <https://bit.ly/2JY7B3c>

- 53 Petrik, Will, "Support Ohio children by funding kinship care," November 18, 2020, Policy Matters Ohio, <https://bit.ly/3mThXzq>
- 54 Welsh-Huggins, Andrew, "Ohio sued over lower payments to relatives caring for kids," AP News, November 19, 2020, <https://bit.ly/3n7LiX8>
- 55 "Preventing elder abuse in Ohio," The HealthPath Foundation, August 2015 at <https://bit.ly/2xYFIEs>; see also Patton, Wendy, "Protecting Older Ohioans," Policy Matters Ohio, November 1, 2018 at <https://bit.ly/3791a6a>
- 56 Patton, Wendy, "Protecting Older Ohioans," Policy Matters Ohio, November 1, 2018 at <https://bit.ly/3791a6a>
- 57 Goshay, Charita, "Meals on Wheels struggling for funds, volunteers," Canton Repository, December 18, 2020 at <https://bit.ly/2K8AAI7>
- 58 "A roadmap to reducing child poverty," Consensus study report highlights, National Academies of Sciences, Engineering and Medicine, February 2019, <https://bit.ly/3qFTpwi>
- 59 Blaine, Nicholas J., "LBO Analysis of Enacted Budget, Greenbook, Department of Job and Family Services," C1:1 Temporary Assistance for Needy Families, August 2019, <https://bit.ly/3nPsOLO>
- 60 Abernathy, P., "The Expanding News Desert" The Center for Innovation and Sustainability in Local Media School of Media and Journalism University of North Carolina at Chapel Hill. 2018. <http://bit.ly/2XVLvz9>.
- 61 Johnson, Caitlin et al., "Breaking news: Newspaper closures hurt Ohio communities," Policy Matters Ohio, July 30 2019, at <https://www.policymattersohio.org/research-policy/fair-economy/democracy-government/breaking-news-newspaper-closures-hurt-ohio-communities>
- 62 See House Bill 620 text and analysis at <https://bit.ly/3oWLYim>; see also an example of what a health note could do in Woodrum, Amanda, "Health Note: FY 2020-21 Workers' Compensation Budget (House Bill 80)," Policy Matters Ohio, 6/27/2019 at <https://bit.ly/3npEFic>
- 63 Patton, Wendy, "Lawmakers should review, reduce some tax breaks before the sirens start," Policy Matters Ohio, March 31, 2020 at <https://bit.ly/37iPTQI>
- 64 Patton, Wendy, "Weak review: Tax Expenditure Review Committee should balance tax breaks against Ohio's needs," June 4, 2018 at <https://bit.ly/3mn4SgG>
- 65 Maloney, Kathleen, "Striving for Justice Through Data," Ohio Criminal Sentencing Commission, August 2020 at <http://www.courtnewsOhio.gov/inDepth/2020/August/default.asp#.X9fbNWRKhAc>
- 66 E-mailed communication from Sarah Andrews, Ohio Criminal Justice Commission, to Wendy Patton, December 14, 2020.
- 67 The Ohio Statewide Transit Needs Study estimated that "the network of transit systems in Ohio needs to provide an additional 37.5 million public transportation trips over current levels to serve unmet demand. To meet this need, Ohio should invest more resources in both transit capital (vehicles, shelters, etc.) and operations." <https://bit.ly/3p1yTEA>
- 68 Petrik, Will, "Bolster support for child care to stabilize Ohio," Policy Matters Ohio, July 9, 2020 at <https://bit.ly/38eunfc>
- 69 See "Officials Tout H2Ohio Efforts, Hope For Continued Budget Support," (December 14) and "Investments In Last Budget To Continue In Next, Governor Says," (December 11) in Gongwer Ohio statehouse newsletter (behind paywall).
- 70 Preliminary directors letter from Chancellor John Carey to Director Tim Keen, referenced in "New Chancel-

lor expects collaboration on Workforce Development,” Gongwer news, January 3, 2019 at <http://www.gongwer-oh.com/public/133/DHE20-21.pdf>

71 Jackson, Victoria, “Testimony on higher education funding in HB 166 before the Senate Finance Committee,” Policy Matters Ohio, June 12, 2020 at <https://bit.ly/3r2X0oh>

72 See “Perry Preschool Project,” Social Programs that Work, accessed on Dec 1, 2020, <https://bit.ly/2LdhiLs>. Heckman, James, “13% ROI Research Toolkit,” accessed on Dec 1, 2020, <https://bit.ly/3oseVTh>

73 Glover, Jason, Redmond, Dan, & Vitale, Alexandra, Greenbook, “Legislative Budget Office (LBO) Analysis of Enacted Budget, Department of Education,” September 2019, <https://bit.ly/3oKD5ZY>

74 “State of Preschool 2019: Ohio,” The National Institute for Early Education Research, <https://bit.ly/3fOD-3wm>

75 Analysis based on 2019 count of 4-year-olds in Ohio (142,081), “Child population by single age in Ohio,” Kids Count Data Center, The Annie E. Casey Foundation, accessed on Dec 8, 2020, <https://bit.ly/3m7jyk2>; national average of 4-year-olds enrolled in public preschool from “State of Preschool 2019, Executive Summary,” The National Institute for Early Education Research, accessed on Dec 8, 2020, <https://bit.ly/3qH5KAn>

76 A Medicaid provider tax known as the Managed Care Organization (MCO) tax was placed in the base of the sales tax in 2009 and distributed to counties based on residence of Medicaid enrollees. The state moved this tax to the base of the insurance tax in 2018. The change left counties, and transit agencies that levied a sales tax, with an annual loss of millions of dollars. The state provided replacement funds in the budget for 2018-19 at a level comparable to annual MCO tax revenues state-wide. Lawmakers gave extra funds to some counties and transit agencies with the least capacity to replace lost revenues from local sales or property taxes. The transition fund was not renewed in the budget for 2020-21. See Patton, Wendy, Ohio’s 2020-21 budget, Policy Matters Ohio, November 7, 2019 at <https://bit.ly/2K6sdXc>

77 Wines, Michael, “Flint Is in the News, but Lead Poisoning Is Even Worse in Cleveland,” New York Times, March 3, 2016 at <https://nyti.ms/37a5qSQ>. See also Coulton, Claudia, Francisca Garcí a-Cobia n Richter, Youngmin Cho, Jiho Park, & Robert Fischer, “Downstream Consequences of Childhood Lead Poisoning: A Longitudinal Study of Cleveland Children from Birth to Early Adulthood,” Case Western University, Center on Urban Poverty and Community Development, June 2020 at <https://bit.ly/2KjJ1tc>

78 Memo from Jacquelyn Schroeder, Senior Budget Analyst with the Ohio Legislative Service Commission to the Hon. Senator Peggy Lehner, “Lead poisoning prevention funding,” June 18, 2020 (R-133-3916).

79 Ohio Children’s Budget Coalition policy brief on lead poisoning at <https://bit.ly/3hm77Af>.

80 Higgs, Rober, “Cleveland hires CWRU researchers to watchdog efforts to eradicate lead in city’s housing,” Cleveland.com, March 25, 2020 at <https://bit.ly/3mgGDkm>

81 Dissell, Rachel, “Cleveland lead-safe law could drive up rents, cost property owners \$128.5 million to comply, analysis says,” Cleveland.com, August 8, 2019 at <https://bit.ly/3n7P5DP>

82 Higgs, Robert, “Cleveland City Council approves \$5M to help landlords tackle lead paint problems in dwellings,” cleveland.com, August 12, 2020 at <https://bit.ly/37g9t00>

83 Memo from Jacquelyn Schroeder to Senator Lehner, Op.Cit.

84 Schochet, Leila, “The Child Care Crisis is Keeping Women Out of the Workforce,” Center for American Progress, March 2019, <https://ampr.gs/2O4Z7FW>

85 “Annual Report on the Kindergarten Readiness Assessment: Fall 2018 Administration,” Office of Early Learning and School Readiness, Ohio Department of Education, September 2019, <https://bit.ly/3ollbYO>

86 Economic Policy Institute Basic Family Budget Calculator at <https://www.epi.org/resources/budget/>

87 Giannarelli, Linda, Adams, Gina, Minton, Sarah, and Dwyer, Kelly, "What If We Expanded Child Care Subsidies? A National and State Perspective" Urban Institute, June 14, 2019, <https://urban.is/2HxHVqc>

88 "Ohio Broadband Effort," Buckeye Hills Regional Council, Executive Summary at <https://bit.ly/346ixTn>

89 Callahan, Bill, "COVID-19 makes tearing down nation's digital barriers more urgent," Policy Matters Ohio, 4/3/20 at <https://bit.ly/3a3JUB7>

90 E-mailed communication with Mark Shannahan of New Morning Energy, 11/13/2020 based on analysis of ConnectOhio Maps (<https://bit.ly/3mfRLOO>)

91 Ohio will get a small demonstration program of the SpaceX SpaceLink program, funded by the FCC; this may be part of the solution, though up-front costs of the service would be prohibitively expensive for low-income households. See Knight, Cameron, "SpaceX's Starlink satellite internet will get a test run in Ohio," Cincinnati Enquirer, December 16, 2020 at <https://bit.ly/2K194WD>

92 Ohio Department of Transportation Transit Needs Study, 2015, at <https://bit.ly/2KkbqQ9>

93 Ibid.