



Building Brains. Building Communities.

The Case for Investing in Children, Prenatal to Age 3



We know that the economic success of cities, counties, and our state as a whole is linked to a productive workforce and secure, welcoming communities.

What is not widely understood, however, is how much Ohio's economy is influenced by the health and development of our infants and toddlers who, in a matter of years, will be our workforce.





Why Focus on Prenatal to Age 3?

Continued learnings around brain science, human development and economics confirm that what happens from the prenatal period to age three is predictive of children's future success.

The early years are a critical time when brain development creates the foundation for future intellectual, emotional, social and physical development, with one million neural connections forming every second during the first three years of life. Like building a new house or office building, establishing a strong foundation will determine the likelihood of success in the development, learning and behavior that follow. Getting everything right the first time is easier and less costly than trying to fix it later. This is why so many renowned economists, business leaders and public safety officials understand that quality early learning and health is a foundation for community and economic development, as capable children become the foundation of a prosperous and sustainable society.

Fortunately, voters also know that high quality early learning is the right priority for our great state. Statewide, 82% of voters express strong support for state funding for quality early education programs for kids and majorities in all parties support these programs. Nationally, more than 9 in 10 (96%) specifically support investments in the healthy emotional development of children ages 3 and younger.

REPUBLICANS 68%

DEMOCRATS 95%

INDEPENDENTS 84%



Investing in the Earliest Years Pays Dividends to Ohio.

Providing high-quality early learning for Ohio's youngest and most at-risk children during the most critical period of their development yields a substantial return on public investment → upwards of **13%**

Experts conclude that when investments are made in high-quality early childhood education programs for our most at-risk kids, they are:



More likely to...

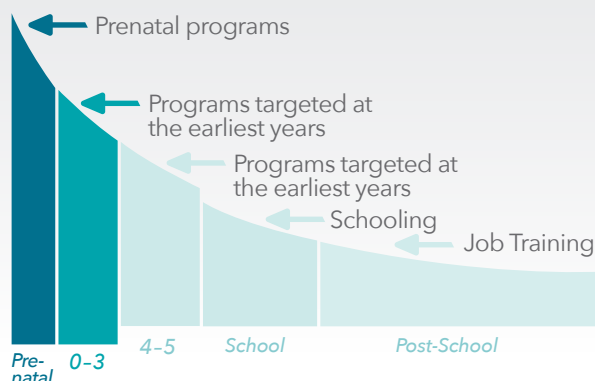
- Be kindergarten ready.
- Graduate high school.
- Have higher earnings and better health.



Less likely to...

- Be held back a grade.
- Be reliant on public assistance.
- Engage in criminal behavior.

To increase the lifelong success of children and maximize state and local investments, Ohio needs increased focus on the earliest years—**from the prenatal period to age 3.**





How Local Leaders Can Support a Prenatal to Age 3 Agenda:



Provide community leadership, demonstrate commitment, and build public will to improve outcomes for infants, toddlers and their families.

1. Work together across systems with a focus on how your local community is serving infants, toddlers, and their families.
2. Increase public awareness around the importance of early childhood health, learning and well-being in the first three years of life.
3. Increase community investments in young children and their families.
4. Create a rich network of supports available for families with young children.
5. Use data to drive change.
6. Join Groundwork Ohio in influencing state policy that improves the lives of young children and families in your community.



Increase access to services that improve outcomes for young children and their families by ensuring that:

1. Families with infants and toddlers have access to high-quality services that proactively promote and support health, learning, and family stability—including evidence-based home visiting, high-quality child care, and other health interventions.
2. Young children receive routine screenings, identification, referral and linkage to services for additional risks and needs.
3. Children and families at risk and those with identified needs have timely access to more intensive services.



If you are unsure where to begin,
you can start by asking one or more of these questions:

1. What would the conversation look like if you asked all your local child-serving agencies to discuss and evaluate the strengths and weaknesses of the current supports that exist for young children and their families informed by all available data on program access and child outcomes?
2. How many infants and toddlers do you have in county custody? How many additional infants and toddlers are involved with or at risk of being involved with the local child welfare system?
3. Does your county select one managed care plan to serve all children in custody? If so, why have you chosen that plan and does their pediatric provider panel meet the needs of those children and their foster or kin placements?
4. How do your local judges manage dockets that impact young children and their families? Have they considered utilizing a specialized docket program?
5. Does your county provide evidence-based home visiting services? How many pregnant moms are they reaching and what are their outcomes for mom and baby?
6. How does your county administer Part C-Early Intervention services? Is it meeting the needs of young children in your community?
7. Are the programs you administer and your community as a whole trauma-informed?
8. How are you protecting young children and families from the irreversible harm caused by lead poisoning?
9. How do land use and community development policies consider young children and their families?
10. What is the local county jail protocol for inmates who are pregnant? Do these protocols support the health of the baby?
11. How many more jails will your community need if you don't intervene on behalf of the youngest citizens in your community during the most critical period of brain development?



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