



## MEET THE CANDIDATES



### Mr. Richard Cordray

Richard Cordray is a lifelong Ohioan, born and raised in Grove City. His parents dedicated their careers to working on behalf of people with disabilities and taught Richard that there's no higher calling than dedicating yourself to the service of others—a lesson Richard has never forgotten.

Richard believes people deserve to be treated fairly, with dignity and respect, and that too often they are left behind while the system serves the special interests. That's why he is running for Governor to change the system so that it works for Ohioans and their families.

Over the last five years, Cordray served as the first-ever director of the Consumer Financial Protection Bureau, a position he was appointed to by President Obama, where he led an agency that was launched in the aftermath of the nation's financial crisis, dedicated to defending families against Wall Street and corporate abuse. Before serving at the Consumer Bureau, Cordray defended Ohioans as Attorney General. The Better Business Bureau recognized Richard with an award for his work on behalf of Ohio businesses and consumers for greater fairness in the marketplace.

Prior to serving as Attorney General, Cordray served as the Ohio Treasurer, an Ohio State Representative, and as Ohio's first ever Solicitor General, where he represented the State of Ohio before the U.S. Supreme Court and the Ohio Supreme Court. Cordray still lives in Grove City, Ohio with his wife, Peggy, and their two children.



### Attorney General Mike DeWine

Mike DeWine cares deeply about children and families, and specifically, for kids growing up in Ohio who—because of no fault of their own—simply do not have the same chances for success in life as their peers. As Governor, Mike DeWine will do everything in his power to create change and provide more opportunity for these children. Mike DeWine and Jon Husted are ready to fight for an Ohio that works for all of our families.

Mike DeWine has made promoting strong families and children his top priority throughout his career, including supporting health and wellness, protecting children from abuse, and backing strong schools. In the very first policy announcement of his campaign for Governor, Mike DeWine rolled out his plan, "Opportunity for Every Ohio Kid." The children-focused agenda will improve access and increase quality of early childhood education services, increase home visiting services for at-risk, first-time mothers, and dedicate more funding to the state's foster care system, which lags behind the nation.

Mike DeWine knows that the failure of Ohio's children is a tragedy that affects all of us and has a plan to ensure every Ohio child has the opportunity to live a healthy and fulfilled life, succeed in their education, and grow up to live the American Dream. You can read his entire plan at [www.MikeDeWine.com/kids](http://www.MikeDeWine.com/kids).

Mike and Fran DeWine have 8 children and 23 grandchildren and reside in Cedarville, Ohio

# CANDIDATE QUESTIONNAIRE

Mr.  
Richard  
Cordray

- 1. BACKGROUND:** Quality child care is both a vital support for working families and a crucial opportunity to provide young children with the enriching early learning environments they need at a time when the brain science and social science dictates most effective. Unfortunately, quality child care is not accessible to many working parents. The average cost of child care in Ohio ranges from about \$8,000 and \$11,000 per year based on the child’s age and the quality of care, making it practically inaccessible to many Ohio families. In FY 2017, 115,000 children in Ohio received some publicly funded child care (PFCC) subsidy, which translates to 49% of all kids living at or below 130% of the Federal Poverty Level (FPL). The PFCC program is vital to allowing parents to participate in the workforce and at the same time provides the opportunity to positively impact children during their most critical period of development—the first five years of life. In order to achieve the high return on investment and positive outcomes that child care programs can offer, Ohio needs to improve the quality of programs offered to our most at-risk kids and consider making it accessible to more Ohio families. Ohio is not on track to reach its statutory deadline of 100% of Ohio child care providers being rated high quality by 2025. Currently only 20% of Ohio’s providers are high quality.

***QUESTION: If elected, what are your plans to improve Ohio’s publicly-funded child care for low-income working families in Ohio?***

**ANSWER:** We need to boost support for quality child care in Ohio. We say we value our children, but our policies fall short in both affordability and quality. In Ohio, many working families allocate much of their income to afford child care, sometimes spending more on child care than on housing. At the same time, two-thirds of Ohio children under age 6 have both parents in the workforce and they need more support. Child care receives the bulk of state early childhood funding, but it does not yet meet the need. While efforts exist to ensure parents pay on a sliding fee scale to eliminate a benefit cliff, we need to expand the level of assistance to those up to 200% FPL. Betty and I both worked on child support issues and child care financing during our time in the state legislature. As Governor, I will push for state tax credits to offset the high costs of child care and provide direct relief to more working families.

Affordability only matters if programs for Ohio’s children age 0-5 are also high quality. Children who attend a 3-5 star “Step up to Quality” program score higher on kindergarten readiness, but the vast majority of our children remain in unrated programs. Quality child care provides a comprehensive approach to ensuring children succeed in kindergarten and beyond. We must provide funding and coordinated strategies from the state to ensure that all child care providers reach high quality ratings on the targeted time frame.

- 2. BACKGROUND:** Ohio offers quality school-based preschool opportunities to 4-year olds whose families are living at or below 200% of the Federal Poverty Level. State-funded preschool programming is offered for 12.5 hours each week throughout the school year and is often supplemented by additional child care services outside of the school setting. These programs provide essential development of social, emotional, and cognitive skills for kids as they prepare to enter kindergarten. Local communities recognize the importance of preschool and are working to supplement the state’s funding with their own support of local programs to increase the number of children served and the quality of programs—but these local dollars are limited.

***QUESTION: If elected, what are your plans to improve Ohio’s publicly funded preschool to ensure Ohio’s most at-risk kids are ready for kindergarten?***

**ANSWER:** The evidence is crystal clear that preschool educational and developmental programming improves school readiness. It lays a critical foundation for children to succeed and measurably enhances their ability to master language, literacy, and math skills central to navigating our society. Yet Ohio is behind the curve, with just 4% of 4-year-olds from low-income families enrolled in preschool in 2015, compared with 29% nationally. Ohio should follow the example of communities like Cincinnati, Dayton, and Cuyahoga County, while driving the alignment of goals, measurements, and infrastructure at the state level.

My administration will use and fund the Child Care Resource and Referral System as a hub providing help and support in a variety of critical areas: needs assessment, planning, multi-sector coordination, system capacity-building, fund development and allocation, research and evaluation, public policy development, quality assurance, financial aid system management, public awareness, and advocacy. By utilizing and improving an existing resource we can provide more technical assistance to those centers who need it to prepare effectively for the 2020 rating mandate. We can also work with ODE and ODJFS in a coordinated manner to ensure those centers ready to be rated are assessed in a timely manner. The long-term benefits of quality early education are undeniable, making children more likely to be in good health as well as to get and keep living wage jobs. We must capitalize on that ROI for the good of Ohioans.

- 3. BACKGROUND:** Voluntary, evidence-based home visiting programs allow motivated parents of Ohio’s most at-risk children to learn how to succeed in their new role and provide children a healthy start with their first and most important teachers — parents. During this critical period of physical, emotional, and cognitive development for babies and young children, evidence-based home visiting provides parents with support and guidance on how to create a safe, stimulating environment that promotes growth and learning. Extensive research has shown that evidence-based home visiting programs reduce rates of infant mortality and adverse childhood experiences (ACEs), while increasing school readiness and family health and self-sufficiency. Currently, Ohio’s voluntary, evidence-based home visiting program, Help Me Grow, reaches only 9,131 participants each year (3.4% of eligible families).

***QUESTION: If elected, what are your plans to improve Ohio’s voluntary, evidence-based home visiting programs?***

**ANSWER:** Evidence-based home visiting programs are crucial in curbing Ohio’s infant mortality epidemic, creating healthy home environments for children, increasing family self sufficiency, and helping teach parents the necessary skills to put their children in the best position to succeed. Building on the effective home visiting programs now in place will best ensure children’s health by bolstering their physical, cognitive, social, and emotional development, along with guiding parents in address the needs of their children. We need to expand on those programs and provide more funding to support them.

In order to accomplish this, Betty Sutton and I will focus on improving the quality of home visiting services by improved training and supervision for staff, better data collection, and enhanced evaluation of existing programs. We also must integrate existing home-visiting programs into a more comprehensive early childhood service system. By learning from and improving on what is working, we can more efficiently expand the reach of evidence-based home-visiting programs.

To reach more children, we should coordinate across state agencies and health systems that serve young children to provide a more comprehensive integration of home-visiting programs. We also should simplify and standardize the referral processes to seamlessly coordinate care and integration of home-visiting services with a medical home. We also need to increase funding to provide for an expanded program of home visits that will ensure many more children and parents get this critical support and assistance both before birth and during those first critical years of childhood.

**4. BACKGROUND:** More than 47% of Ohio’s children do not receive coordinated, ongoing, comprehensive care within a medical home. Ohio is trending down, being ranked 24th in the country in Access to Care and percentage of children with a Medical home. That means that Ohio kids do not have access to a personal doctor or nurse practitioner or have a regular source for sick and well care. Without a regular primary care provider, they may have problems getting the needed referrals and may not have access to effective care coordination when needed. Despite more than 96% of Ohio’s kids being insured, only 25% of Ohio parents state that their child’s current insurance coverage usually/always adequately meets his/her needs.

**QUESTION:** *If elected, what are your plans to improve access to quality healthcare coverage and preventative services?*

**ANSWER:** Reliable access to quality health care saves lives and promotes healthy and safe lifestyles. Children who lack a medical home do not learn these lessons or get easy and necessary preventative. This causes systemic problems such as Ohio ranking 48th in childhood immunizations. Our infant mortality rankings are abysmal, particularly in the African-American community. We must change these disturbing trends.

In 2016, over 103,000 Ohio children lacked health insurance. We have the finest network of children’s hospitals in the nation, but fail to invest in our children’s futures by not providing access to doctors and treatment. Betty Sutton co-sponsored the CHIP program and has led the way on these issues for years. We can and should expand CHIP coverage in Ohio in a cost-effective manner, as is currently done in many surrounding states. We should also encourage all members of the health care infrastructure to find ways to ensure quality care is available, whether through value-based contracting, reviewing the CPC program, or other partnership opportunities.

Ohio’s Medicaid expansion is essential, and it benefits children by benefiting families. When adults maintain coverage, they are more likely to ensure their children remain covered. It also helps ensure access in rural communities through providers such as rural health clinics and FQHCs who can serve as primary care homes. As Governor, I will fight to keep the Medicaid expansion, whereas my opponent has pledged to end it and leave an uncertain landscape in its place.

**5. BACKGROUND:** Supporting children’s overall health means integrating mental and behavioral health. Research indicates half of all lifetime cases of mental illness begin by age 14. According to the National Institute of Mental Health, only 20% of those youth get the treatment they need. Ohio is among five states with the highest share of children — as many as one in seven — who had faced three or more of the potential trauma measures known to researchers as adverse childhood experiences (ACEs). Childhood trauma plays a critical role in shaping the future of the adult health population. Kids who are subjected to ACEs are more likely to develop chronic diseases and engage in at-risk behavior.

***QUESTION: If elected, what are your plans to improve access to behavioral health prevention services, screenings, and treatment referral options for Ohio kids?***

**ANSWER:** We must recognize that health care includes not only physical health, but also mental and behavioral health. We need to reduce the number of Adverse Childhood Experiences (ACEs) and provide our children with the mental health services they need. Our child welfare system is shamefully last in the country in funding, yet the volume of cases, along with high staff turnover and the opiate crisis, leave our children more in need of these services than ever. And the critical shortages are not just in social workers, but in health providers as well. We have a primary care shortage in the state, along with a shortage of pediatric psychiatrists, psychologists, and mental health counselors. We need to produce more health care professionals to meet the needs of our children.

In order to accomplish this, we must ensure that students have access to mental health services through mandatory mental health care coverage. We should use all available resources, such as telehealth and school-based health centers, as part of the wrap-around services needed to serve children with the greatest efficiency and certainty in schools and elsewhere, so we can observe and assess them in a familiar environment. We must retain coverage for adults in homes with children by making sure we keep the Medicaid expansion intact, which will also help us better combat the addiction issues which create unstable home environments for children. The huge gap in our positions on keeping the Medicaid expansion intact is a defining difference in this race.

**6. BACKGROUND:** Research shows us social determinants of health have an overwhelming impact on a child’s well-being, largely distinct from medical care. Given the influence social and economic factors have on child health, pediatric providers and advocates are fully committed to supporting child health and wellness through preventative measures outside the walls of a medical facility. School-based healthcare, housing safety interventions, behavioral health community education, and foster support are just a few examples of proactive engagement strategies.

***QUESTION: How would you work with pediatric providers to support communities in addressing social determinants of health?***

**ANSWER:** It is no secret that leading a healthy life extends well beyond the provision of health care. Mental and physical health are premised on living in a safe, secure, and nurturing environment. This is especially true for our children, who are entirely dependent upon others for their own living situations. Improving children’s health needs requires a holistic effort, focusing not just on physical health care but also on mental and behavioral health, food security, and a safe home. But to address these issues effectively, we need better data. Right now, the specific needs of children are often lost in the needs assessments for adults. Yet they have unique and complex needs of their own that we must measure more effectively.

Ohio’s children’s hospitals receive the most pediatric research funding in the nation; we should leverage those dollars and that work to find the areas with significant ROI. One recent study, for example, showed a link between air quality and pre-term births, which suggests we should consider ways to encourage clean energy in neighborhoods with high infant mortality rates.

Much work to improve health occurs outside of a doctor’s office. We will push pediatric providers to go out in the community to talk about population health on issues such as smoking cessation, lead exposure, clean drinking water, or similar topics. On these and other issues, we will incentivize them to go beyond traditional medical care to have a more comprehensive impact.

# CANDIDATE QUESTIONNAIRE

## Attorney General Mike DeWine

- 1. BACKGROUND:** Quality child care is both a vital support for working families and a crucial opportunity to provide young children with the enriching early learning environments they need at a time when the brain science and social science dictates most effective. Unfortunately, quality child care is not accessible to many working parents. The average cost of child care in Ohio ranges from about \$8,000 and \$11,000 per year based on the child's age and the quality of care, making it practically inaccessible to many Ohio families. In FY 2017, 115,000 children in Ohio received some publicly funded child care (PFCC) subsidy, which translates to 49% of all kids living at or below 130% of the Federal Poverty Level (FPL). The PFCC program is vital to allowing parents to participate in the workforce and at the same time provides the opportunity to positively impact children during their most critical period of development—the first five years of life. In order to achieve the high return on investment and positive outcomes that child care programs can offer, Ohio needs to improve the quality of programs offered to our most at-risk kids and consider making it accessible to more Ohio families. Ohio is not on track to reach its statutory deadline of 100% of Ohio child care providers being rated high quality by 2025. Currently only 20% of Ohio's providers are high quality.

***QUESTION: If elected, what are your plans to improve Ohio's publicly-funded child care for low-income working families in Ohio?***

**ANSWER:** High-quality early childhood education is proven to improve long-term outcomes for children. Yet, only 20% of centers are high-quality rated.

The DeWine-Husted administration will first invest in elevating all of Ohio's publically-funded child care centers to high-quality. This will require investments in workforce, training, facilities, and evidence-based curricula. Not only will this improve outcomes for Ohio's most disadvantaged children who qualify for child care subsidies, but it will also improve outcomes for other children who attend these centers. Second, we will raise the eligibility level for publicly funded early childhood programs for working families from 130% of the federal poverty level to 150% of the federal poverty level, which will expand access to at least 20,000 more children. To accomplish this, the DeWine Husted Administration will invest \$150 million over our first biennial budget. Not only will this financial investment help children, but it will also encourage more parental participation in the workforce.

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- 2. BACKGROUND:** Ohio offers quality school-based preschool opportunities to 4-year olds whose families are living at or below 200% of the Federal Poverty Level. State-funded preschool programming is offered for 12.5 hours each week throughout the school year and is often supplemented by additional child care services outside of the school setting. These programs provide essential development of social, emotional, and cognitive skills for kids as they prepare to enter kindergarten. Local communities recognize the importance of preschool and are working to supplement the state’s funding with their own support of local programs to increase the number of children served and the quality of programs—but these local dollars are limited.

***QUESTION: If elected, what are your plans to improve Ohio’s publicly funded preschool to ensure Ohio’s most at-risk kids are ready for kindergarten?***

**ANSWER:** Over the past 8 years, Governor Kasich has dramatically increased funding for publicly funded preschool seats. The DeWine Husted Administration would continue to grow Ohio’s public preschool system, distributing seats based on economic and access needs.

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- 3. BACKGROUND:** Voluntary, evidence-based home visiting programs allow motivated parents of Ohio’s most at-risk children to learn how to succeed in their new role and provide children a healthy start with their first and most important teachers — parents. During this critical period of physical, emotional, and cognitive development for babies and young children, evidence-based home visiting provides parents with support and guidance on how to create a safe, stimulating environment that promotes growth and learning. Extensive research has shown that evidence-based home visiting programs reduce rates of infant mortality and adverse childhood experiences (ACEs), while increasing school readiness and family health and self-sufficiency. Currently, Ohio’s voluntary, evidence-based home visiting program, Help Me Grow, reaches only 9,131 participants each year (3.4% of eligible families).

***QUESTION: If elected, what are your plans to improve Ohio’s voluntary, evidence-based home visiting programs?***

**ANSWER:** I recognize that Ohio’s evidence-based home visiting programs are grossly underfunded, reaching less than 4 percent of eligible families. The DeWine-Husted administration will make state investments to triple the number of families served through home-visiting programs. These programs can reduce infant mortality and improve school-readiness, as well as help parents develop the skills they need to support their child’s development.

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**4. BACKGROUND:** More than 47% of Ohio’s children do not receive coordinated, ongoing, comprehensive care within a medical home. Ohio is trending down, being ranked 24th in the country in Access to Care and percentage of children with a Medical home. That means that Ohio kids do not have access to a personal doctor or nurse practitioner or have a regular source for sick and well care. Without a regular primary care provider, they may have problems getting the needed referrals and may not have access to effective care coordination when needed. Despite more than 96% of Ohio’s kids being insured, only 25% of Ohio parents state that their child’s current insurance coverage usually/always adequately meets his/her needs.

***QUESTION: If elected, what are your plans to improve access to quality healthcare coverage and preventative services?***

**ANSWER:** A child’s health and educational success are closely intertwined, making access to high quality healthcare absolutely critical to a child’s long-term success. Medicaid is a valuable tool in ensuring the health and wellness of Ohio’s most at-risk children. A DeWine Husted Administration will protect the coverage of children under Medicaid. We will also leverage the state’s existing Medicaid funding to bring healthcare services to children, through school-based healthcare and evidence-based home visiting programs. To achieve this, the state must better collaborate with our children’s hospitals.

Additionally, a DeWine Husted administration will look at every single state policy through the prism of how it impacts Ohio’s children. Currently, children’s programs are scattered among many different state agencies, including the Departments of Health and Medicaid. Our administration will have in place a Director of Children’s Initiatives, someone who will report directly to the Governor and whose sole focus will be to coordinate children’s programs across all state agencies so that they work better for the people they serve.

**5. BACKGROUND:** Supporting children’s overall health means integrating mental and behavioral health. Research indicates half of all lifetime cases of mental illness begin by age 14. According to the National Institute of Mental Health, only 20% of those youth get the treatment they need. Ohio is among five states with the highest share of children — as many as one in seven — who had faced three or more of the potential trauma measures known to researchers as adverse childhood experiences (ACEs). Childhood trauma plays a critical role in shaping the future of the adult health population. Kids who are subjected to ACEs are more likely to develop chronic diseases and engage in at-risk behavior.

***QUESTION: If elected, what are your plans to improve access to behavioral health prevention services, screenings, and treatment referral options for Ohio kids?***

**ANSWER:** Suicide has become an epidemic in our country, and some children are experiencing trauma in their home lives, making school their most safe haven. The DeWine-Husted administration will ensure every Ohio school has access to a mental health professional. Now, more than ever, we need to find ways to talk to our children and get them the help they need.

**6. BACKGROUND:** Research shows us social determinants of health have an overwhelming impact on a child’s well-being, largely distinct from medical care. Given the influence social and economic factors have on child health, pediatric providers and advocates are fully committed to supporting child health and wellness through preventative measures outside the walls of a medical facility. School-based healthcare, housing safety interventions, behavioral health community education, and foster support are just a few examples of proactive engagement strategies.

**QUESTION:** *How would you work with pediatric providers to support communities in addressing social determinants of health?*

**ANSWER:** Ohioans deserve opportunities to make choices that lead to good health, but many Ohio families and children have few high-quality options when it comes to health care, education, childcare, housing, work, and transportation—all of which impact their overall health. Unfortunately, there is no single individual at the state level who has the authority to look across agencies and systems to coordinate services that improve outcomes in these domains. That will change with the DeWine Husted administration. Our administration’s Director of Children’s Initiatives will work closely with children’s hospitals, providers, health plans, and other partners to improve children’s health in Ohio. Ohio is home to many innovative programs—like Partners for Kids—that improve health outcomes, reduce overall costs, and break down economic barriers that lead to poor health. We believe that our six-point, Opportunity for Every Ohio Child plan provides a solid framework Ohio can build from. Child health can be promoted through evidence-based home visiting for at-risk mothers, improving our foster care system, and increasing the quality of early childhood learning in our state.

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VOTE   
for OHIO KIDS

THANK  
YOU,  
OHIO.

Together, we  
are driving a  
powerful agenda  
that puts  
Ohio kids  
front & center.

## FOUNDING PARTNERS:

**Groundwork Ohio** is a committed, nonpartisan advocacy organization formed in 2004 that believes quality early learning and development is the most transformative strategy to improve school outcomes, increase the life-long success of Ohio's children, and lay a strong foundation for economic prosperity in the state of Ohio.

Follow on Twitter and Facebook:  
[@GroundworkOhio](#)



[GroundworkOhio.org](http://GroundworkOhio.org)

## The Ohio Children's Hospital Association

is the voice of Ohio's youngest patients, their families and healthcare providers. Our six member hospitals and their nearly 40,000 employees are dedicated to saving, protecting and enhancing children's lives. Nothing matters more to the future of our state, nation and world than protecting the health and well-being of our children. Sustaining and growing Ohio's investment in saving, protecting and enhancing the lives of children is both good medicine and sound public policy.

Follow on Twitter: [@OhioChildHosp](#)  
And Facebook: [@OhioChildrensHospitals](#)



Ohio Children's Hospital Association  
Saving, protecting and enhancing children's lives

[OhioChildrensHospitals.org](http://OhioChildrensHospitals.org)

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