HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

OHIO

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Ohio

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

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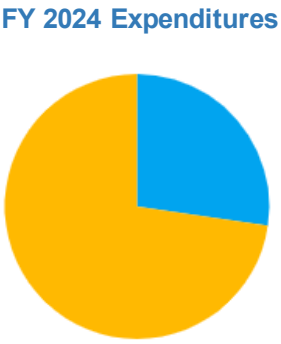
Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	$25,764,252
State MCH Funds	$68,608,292
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$3,042,117	$39,050,144
Enabling Services	$11,436,335	$7,009,574
Public Health Services and Systems	$11,285,800	$22,548,574

FY 2024 Expenditures Federal

FY 2024 Expenditures Non-Federal

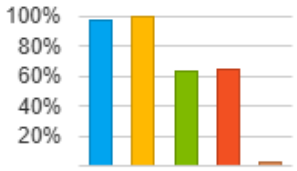
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	97.2%	$10,055,569
Infants < 1 Year	100.0%	$6,534,657
Children 1 through 21 Years	62.7%	$28,624,023
CSHCN (Subset of all infants and children)	64.6%	$48,195,276
Others *	3.0%	$390,421

*Others– Women and men, over age 21.

FY 2024 Expenditures
Total: $93,799,946

FY 2024 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)

Decrease risk factors contributing to maternal morbidity.
 	
NPMs
• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV
  ○ ESM PPV.1: Percent of uninsured women ages 18 and older served in Title X Reproductive Health & Wellness clinics who were referred for enrollment or enrolled in health insurance
 	
SPMs
• SPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
  ○ SPM ESM 1.1: Percent of uninsured women ages 18 and older served in Title X Reproductive Health & Wellness clinics who were referred for enrollment or enrolled in health insurance
  ○ SPM ESM 1.2: Percent of birthing hospitals implementing the AIM patient safety bundle
	Continued	Women/Maternal Health

Increase behavioral health support for women of reproductive age. SPMs • SPM 2: Percent of women ages 19-44 who had unmet mental health care or counseling needs in the past year	Revised	Women/Maternal Health
Support healthy pregnancies and infants to reach their first birthdays. NPMs • A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF ○ ESM BF.1: Percent of birthing hospitals receiving recognition from Ohio First Steps for Healthy Babies • A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D)	Revised	Perinatal/Infant Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Percent of infants room-sharing with an adult during sleep - SS ○ ESM SS.1: Percent of Ohio counties served by Cribs for Kids ○ ESM SS.2: Number of families provided with a crib and safe sleep education through Cribs for Kids SPMs ● SPM 3: Percent of women who smoke during pregnancy ○ SPM ESM 3.1: Percent of high-risk women enrolled in evidence-based home visiting programs		
Improve/increase support systems to promote growth and development of children to support positive health outcomes. NPMs ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS ○ ESM DS.1: Percent of children, ages 1 through 66 months, receiving home visiting services who have received a developmental screening ● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child ○ ESM PA-Child.1: Percent of licensed early education programs who are designated by Ohio Healthy Program ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Number of ODH-funded School-Based Health Centers that are in Health Professional Shortage Areas	New	Child Health
Increase developmental approaches, protective factors, and improve systems to reduce risk factors to improve youth behavioral health. SPMs ● SPM 4: Rate of emergency department visits and hospitalizations for nonfatal intentional self harm among adolescents ages 10-19, per 100,000 ○ SPM ESM 4.1: Percent of enrolled providers who completed a consultation with the OPPAL program	Revised	Adolescent Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Reduce barriers and improve systems to increase access to healthcare for youth. NPMs • Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV ○ ESM AWV.1: Percent of middle and high schools with a school-based health center that offers health services to students	New	Adolescent Health

Increase the prevalence of children with special health care needs receiving integrated care by improving targeted efforts to enhance accessibility and care coordination throughout the lifespan.
 	
NPMs
• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH
  ○ ESM MH.1: Number of ODH-funded School-Based Health Centers that are in Health Professional Shortage Areas
• Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC
  ○ ESM TAHC.1: Percent of CSHCN ages 17 and older enrolled in Complex Medical Help with a transition plan in place
	Revised	Children with Special Health Care Needs

Prevent and mitigate the effects of adverse childhood experiences. SPMs • SPM 5: Percentage of children ages 0-17 who have experienced 2 or more adverse childhood experiences (ACEs)	Continued	Cross-Cutting/Systems Building
Address social conditions and environmental hazards that impact family health outcomes by improving health opportunities. SPMs • SPM 6: Percent of performance measures that include at least one strategy focused on factors influencing health, at-risk populations, or health disparities	New	Cross-Cutting/Systems Building

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Foster coordination between agencies/systems to better serve the community. SPMs • SPM 7: Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance	New	Cross-Cutting/Systems Building

Executive Summary

Program Overview

The Ohio Department of Health's (ODH) mission is to advance the health and well-being of all Ohioans by transforming the state's public health system through unique partnerships and funding streams; addressing the community conditions and factors that lead to differences in health outcomes; and implementing data-driven, evidence-based solutions. ODH's strategic agenda is informed by a State Health Assessment (SHA) and a State Health Improvement Plan (SHIP), which include maternal and child health priority focus areas.

The Ohio Title V Maternal and Child Health (MCH) program is an organized effort to improve the health status of women of childbearing age, infants, children, and youth, including children and youth with special health care needs (CYSHCN), and families in Ohio. MCH utilizes a life course approach to develop strategies for improving factors influencing health and creating systems that are fair for all Ohioans.

To identify Ohio's MCH priority focus areas for 2026-2030, MCH led a collaborative and comprehensive needs assessment process with internal and external MCH experts, agency partners, families, and consumers in alignment with the SHA and SHIP. Since the completion of the 2025 needs assessment, the resulting priorities have only grown in relevance and importance. The priorities for 2026-2030 are:

- Decrease risk factors contributing to maternal morbidity.
- Increase behavioral health support for women of reproductive age.
- Support healthy pregnancies and infants to reach their first birthdays.
- Improve/increase support systems to promote growth and development of children to support positive health outcomes.
- Increase developmental approaches, protective factors, and improve systems to reduce risk factors to improve youth behavioral health.
- Reduce barriers and improve systems to increase healthcare for youth.
- Increase the prevalence of children with special health care needs receiving integrated care by improving targeted efforts to enhance accessibility and care coordination throughout the lifespan.
- Prevent and mitigate the effects of adverse childhood experiences.
- Address social conditions and environmental hazards that impact family health outcomes by improving health opportunities.
- Foster coordination between agencies/systems to better serve the community.

A Five-Year Action Plan drives the development and implementation of strategies and activities aligning the National Performance Measures, National Outcome Measures, Evidence-Based Strategy Measures, and state MCH priorities within five population health domains and a sixth cross-cutting and systems-building domain. The Ohio MCH program uses a Population Domain Group structure to manage MCH priorities and implement strategies from the five-year plan. Population Domain Groups are comprised of staff, stakeholders, and consumers, including representatives from state agencies, local health departments, health care organizations, managed care organizations, insurance, consumers, parents, and family groups representing CYSHCNs, universities, and community agencies. Also included in the collaborative efforts are families, individuals with firsthand experience, caregivers, youth, and consumers, whose voices lend a vital understanding of the unique needs of Ohio's MCH population. All these partnerships are critical because no single agency or system has the resources or capacity to accomplish this goal alone.

The Domain Groups update the Five-year Action Plan, assess performance measure outcomes, implement, and monitor strategies to impact the performance and outcome measures, and create or identify an evaluation plan to assess whether the interventions have been successful. In addition to the Domain Groups, MCH program administrators utilize data collection, program evaluation, and surveys to solicit feedback and monitor program outcomes.

A summary of each domain and strategies from the 2026-2030 State Action Plan are included below. The descriptions represent key initiatives but do not reflect the entirety of work being implemented across the state and in collaboration with stakeholders.

Women/Maternal Health
The priorities reflect an ongoing need to address maternal morbidity, mental health for women of reproductive age, and risk factors associated with pre-term births. To address all these priorities, the Domain Group will continue to work with multiple partners to improve the outcomes for women before, during, and after pregnancy.

While the rate of severe maternal morbidity in Ohio is lower than the U.S. rate, the rate for Hispanic, non-Hispanic Asian/Pacific Islander, and non-Hispanic Black women is higher than the rate for non-Hispanic white women. Preconception care continues to be prioritized as a prevention strategy for maternal morbidity and an opportunity to improve overall women's health. Title X clinics implement Reproductive Life Plans for clients of childbearing age and offer contraception as requested to assist clients in achieving their reproductive goals. Preconception health efforts also include community assessments to identify pre- and interconception issues and barriers to inform strategies to implement culturally relevant community, clinical, or community-based services. The Oral Health Program is increasing the integration of oral health education, assessment, and referral into prenatal care. The Pregnancy Associated Mortality Review (PAMR) program leads multiple initiatives to address maternal morbidity, including AIM safety bundles, urgent maternal warning signs education, telehealth, and obstetric emergency training, and the Ohio Council to Advance Maternal Health (OH-CAMH). OH-CAMH will focus the efforts of over 80 stakeholder organizations to improve maternal health outcomes, address gaps, and implement strategies that translate knowledge and recommendations into action.

Women in Ohio face higher unmet mental health needs and postpartum depression rates than the national average. The Domain Group is focused on addressing mental health for all women, including through screening and referral of women of child-bearing age through Title X, increasing trauma-informed care in community-based health and mental health settings, providing peer supported behavioral health services for high risk pregnant and postpartum women, and postpartum depression/anxiety screening during pediatric well visits. The Fetal Alcohol Spectrum Disorders (FASD) Steering Committee updates a strategic plan annually and conducts training on FASD prevention, screening for FASD, and treatment.

Pre-term birth continues to be one of the leading causes of infant mortality in Ohio. Ohio's rate of women who smoked cigarettes during pregnancy has decreased but remains two times higher than the rate for the overall U.S. Twelve percent (12%) of infants who died in 2023 were born to mothers who reported smoking during the three months prior to pregnancy. Ten percent (10%) of infants who died were born to mothers who reported smoking during the first trimester of pregnancy, and 8% were born to mothers who smoked during the last three months of pregnancy Ohio aims to reduce smoking and substance use among pregnant women through education, support services, and cross-sector collaboration.

Perinatal/Infant Health
The highest priority is to support healthy pregnancies and improve birth and infant outcomes. The Domain Group will continue to focus on breastfeeding and safe sleep as key methods for improving infant health outcomes, as well as advancing initiatives to address Black infant mortality.

While the number of infants who died before their first birthday has decreased in the last ten years, the disparity continues, with Black infants dying at nearly three times the rate of white infants. Governor Mike DeWine announced the formation of an infant mortality task force, with members charged to work with local, state, and national leaders to identify needed changes to reduce infant mortality and eliminate disparities by 2030. To address the complex issues and systems, Ohio implements several large, data-driven initiatives employing evidence-based strategies. These include implementing a program in ten targeted high-risk areas; increasing evidence-based home visiting; increasing screening and referral via the integrated Pregnancy Risk Assessment Form in partnership with the Ohio Department of Medicaid; and enhancements in newborn screenings focusing on system linkages to increase and improve identification and referrals. Ohio ensures newborns receive appropriate screening, diagnostic testing, referral, and intervention through programs including newborn screening for Critical Congenital Heart Disease, Comprehensive Genetic Services Program, Sickle Cell Services, Infant Hearing, and the Ohio Connection for Children with Special Needs Birth Defects Surveillance program.

Over the past five years, Ohio has made significant improvements in performance measures for breastfeeding and safe sleep. Title V Breastfeeding and Ohio First Steps for Healthy Babies support breastfeeding in hospitals, worksites, and childcare facilities, improve breastfeeding continuity of care, and provide women direct support through a 24/7 breastfeeding hotline and virtual lactation consultants. Focus groups conducted with African American and Appalachian mothers will guide efforts to improve strategies aimed at increasing breastfeeding initiation and duration. MCH coordinates safe sleep education and crib distribution to remove barriers and assist families with safe sleep environments for their babies. Each year, nearly 99% of families receive safe sleep education during their maternity stay in Ohio's hospitals, over 6,400 families receive a crib and safe sleep education through a Cribs for Kids partner, and safe sleep campaigns deliver over 57 million impressions to parents and grandparents in areas of Ohio with high infant mortality.

Child Health
The MCH priority for children represents a comprehensive approach to children's health to improve nutrition, physical activity, and overall wellness of children. To address the priority of improving overall child health, efforts address a broad range of issues impacting children. Pediatric primary care visits represent a key opportunity for monitoring and addressing the comprehensive needs of children's health, including the critical role of developmental screening. The Domain Group continues to implement strategies to ensure all components of the well-child visit, including important screenings (Bright Futures, developmental, lead, hearing, vision, oral health, immunizations, BMI, factors influencing health, food insecurity, mental health, and ACEs), are included for every child. Ohio has rates comparable to the U.S. for developmental screening, but has not seen an improvement in this outcome overall; however, the Home Visiting program has improved the rates of developmental screening among children served. The Early Childhood Health and Ohio Healthy programs continue to improve obesity efforts in childcare settings. Compared to the U.S., Ohio has a lower rate of obesity among 2-4-year-olds, but a higher rate among ages 10-17, with lower-income children experiencing disparities. Ohio performs similarly to the U.S. on several metrics related to nutrition and physical activity: fruit and vegetable consumption, access to exercise opportunities, and physical activity among children.

Adolescent Health
The adolescent priorities will focus on increasing developmental approaches, protective factors, and improving systems to reduce risk factors to improve youth behavioral health. Also, reduce barriers and improve systems to increase access to healthcare for youth. The Domain Group is coordinating initiatives across both priorities with partners to support adolescent health.

Adolescent and young adult suicide has increased by more than half since 2009. The rate of adolescents with a major depressive episode in the past year has increased since 2011, and the percent of adolescents who bully others and who report being bullied is higher in Ohio than in the U.S. MCH is working with partners to support implementation of the Ohio Suicide Prevention Plan among the youth population. Multiple MCH programs support adolescent resiliency through grant-funded community-specific projects, coordination on prevention workgroups and coalitions, including Anti-Harassment Intimidation and Bullying, and supporting professionals and communities in preventing violence and identifying/responding to victims of violence. The Domain Group continues to focus on adolescent preventive medical visits, which provide key opportunities for screening, education, and referral on numerous topics including mental health and substance use. Ohio's rates of adolescent well-visits compare with the national rates, and improvements have been observed with nearly 80% of adolescents obtaining a well-visit, although data shows that well-child visits/immunizations, and particularly adolescent well-child visits/immunizations, have declined. BMCFH has worked collaboratively

with the Immunization Program at ODH on social media campaigns to increase well-child visits, where providers could also promote immunizations with parents. Other efforts include training for pediatricians and school nurses, School-Based Health Center initiatives, and cross-program prevention opportunities.

Children and Youth with Special Health Care Needs (CYSHCN)
The CYSHCN priority, to increase the prevalence of children with special health care needs receiving integrated physical, behavioral, developmental, and mental health services, is being implemented using a transition focus to ensure CYSHCN are prepared to actively participate in their care as adults.

Ohio's Title V efforts to address CYSHCN include Ohio Revised Code 3701.023, requiring ODH to review eligibility for the Complex Medical Help(CMH) that are submitted to the department by city and general health districts and physician providers approved in accordance with the code. The eligibility will be extended from age 21 to age 22 in SFY 22, age 23 in SFY 23, and age 24 in SFY 24, and age 25 in FY25 and in SFY26, the age will increase to age 26. MCH convenes a state-wide workgroup comprised of representatives from ODH, the Ohio Department of Medicaid, clinicians specializing in the treatment of CYSHCN, parents of CYSHCN, hospitals, condition-specific advocacy groups, and members of the ODH CMH Parent Advisory Committee. The CMH program works directly with more than 40,000 families of CYSHCN annually. In Ohio, CYSHCN has a similar rate of receiving care in a well-functioning system and a higher rate of receiving care in a medical home compared to the U.S. The Domain Group continues to focus on coordinating with partners to improve clinical and non-clinical service delivery systems, including hospital-based service coordination, parent-to-parent mentoring, and emergency preparedness for CYSHCN.

Ohio adolescents ages 12-17, with and without special health care needs, are less likely than U.S. peers to receive the services necessary to transition to the adult healthcare system. The Domain Group is working to increase adult and pediatric provider capacity, family and teen knowledge and support, and planning that identifies and addresses social barriers to medical transition. The group is also committed to identifying opportunities to support transitions to adulthood outside of health care for CYSHCN.

Cross-Cutting/Systems Building
Ohio continues to experience significant differences in health outcomes. The priorities established to support all Ohioans in achieving their full health potential focus on adverse childhood experiences (ACEs) and optimal health for all Ohioans. These priorities are incorporated into each population domain and addressed from a systems level. MCH is coordinating with partners to advance ACEs prevention and mitigation through the lens of shared risk and protective factors. The Health Opportunity Promotion for Everyone Team (HOPE) is advancing health opportunities in internal MCH organization/staff and in policy, program, grant, and contract administration.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funding provides critical support for the implementation of evidence-based strategies aimed at improving population health outcomes through a life course approach and by addressing influences on health. Title V supports state-level public health infrastructure and population-based services, and the Ohio Department of Health, Bureau of Maternal, Child, and Family Health administers Title V in conjunction with other federal and state funds in alignment with our state's priorities. Ohio Governor Michael DeWine created the Department of Children and Youth, including the Office of Children's Initiatives, to elevate the importance of children's programming and drive improvements within the many state programs that serve children. The initiative is charged with improving communication and coordination across state agencies; engaging local, federal, and private sector partners to align efforts and investments; advance policy related to home visiting, early intervention services, early childhood education, foster care, and child physical and mental health; and initiate and guide enhancements to the early childhood, home visiting, foster care, education, and pediatric health systems. Title V funding complements the implementation of this initiative as well as other strategic plans to improve health outcomes, such as the State Health Improvement Plan (SHIP). The SHIP's three priority topics are maternal and infant health, mental health and addiction, and chronic disease, with priority factors of community conditions, health behaviors, and access to care. Title V supports implementation by state agencies, local health departments, hospitals, and other community partners engaged in community health improvement planning, education, housing, employment, transportation, and criminal justice.

MCH Success Story

Women/Maternal Health
The Preconception Health and Wellness aimed to improve preconception health through clinical services, screenings, and education. Twenty-seven subrecipients provided 5,829 health visits, 83 screenings, and 93 educational sessions on topics like healthy lifestyles, mental health, smoking cessation, and chronic disease management. Training in out-of-language methods for STI testing, including syphilis, led to an increase in testing rates from 7% to 74% among clients with positive pregnancy tests.

Perinatal/Infant Health
One mom was a first-time caller to the Ohio Statewide Breastfeeding Hotline, who felt overwhelmed and ready to give up. The hotline operator listened with empathy, offered guidance on fast milk flow and night feedings, and referred them to a lactation consultant. Thanks to the hotline's continued help, they felt heard, empowered, and able to keep going. In FY24, the Hotline surpassed 50,000 contacts since the service was launched in March 2020.

Child Health
The Early Childhood program has launched a new initiative, Community of Practice (CoP), focused on early childhood and childhood health. The goal is to create a collaborative space for early childhood and childhood professionals to share knowledge and resources across programs and sectors. The CoP Leadership Team will develop strategic goals and organize meetings and activities to enhance member engagement, ultimately leading to a larger CoP by the fall of 2025.

Adolescent Health
The Adolescent Health Resiliency grant, launched in October 2023, funds nine local agencies to use a train-the-trainer model on Adverse Childhood Experiences (ACEs), trauma, and resiliency. ODH contracts with Nationwide Children's Hospital Center for Family Safety and Healing (NCH) to create and implement this training model titled: Building Resiliency with Youth: A How-To Guide for Safe Adults. NCH assists ODH with data collection and evaluation using pre- and post-tests. In FY24, 44 adults participated in the six-hour train-the-trainer and are currently training adults in their communities.

Children and Youth with Special Health Care Needs (CYSHCN)
The Infant Hearing Program's Parent Consultant provides family-to-family support, contacting families after a non-pass screening or hearing loss diagnosis. In total, 406 families were contacted, with 237 texts sent, with a 30% response rate and an overall 49% parent response rate.

Cross-Cutting/Systems Building
To better address and prevent adverse childhood experiences and their impact on health, work continues to implement a plan that promotes organizational shifts in culture that support a trauma-responsive approach to clinical and public health services. Implementation of this plan in 2025/2026 will include building a community of practice for interested health and public health agencies in Ohio.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Ohio

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.