



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**OHIO**

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### 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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website ( <https://mchb.tvisdata.hrsa.gov> )

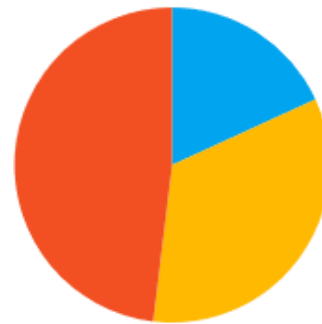
#### State Contacts

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#### Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$20,757,535
State MCH Funds	\$38,574,650
Local MCH Funds	\$0
Other Funds	\$54,959,342
Program Income	\$0

FY 2014 Expenditures



#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$9,653,271	\$43,902,638
Enabling Services	\$2,000,997	\$9,005,669
Public Health Services and Systems	\$9,103,267	\$47,310,477

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	139,753	\$11,308,043	9.9%
Infants < 1 Year	139,753	\$14,637,768	12.8%
Children 1-22 Years	1,365,369	\$49,001,522	42.9%
CSHCN	70,074	\$38,888,129	34.0%
Others *	40,606	\$437,745	0.4%
Total	1,755,555	\$114,273,207	100%

FY 2014 Expenditures



FY 2014 Individuals Served



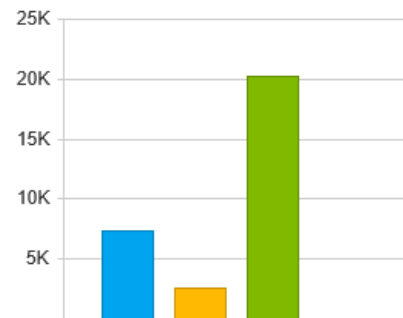
\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	7,303
State Title V Social Media Hits:	2,628
State MCH Toll-Free Calls:	20,211
Other Toll-Free Calls:	0



## Executive Summary

Ohio has made significant strides to improve health outcomes for maternal and child health (MCH) domains across the state. MCH population domains include; women of child bearing age, infants, children, adolescents, children with special health care needs and MCH families. The health of this population greatly influences the overall well-being of the communities, and cities these individuals live in. The Ohio Department of Health (ODH), as the Title V Agency, has implemented many innovative evidence based initiatives to bring synergy and streamline efforts among state agencies and stakeholders in order to impact how Ohio provides care and services to MCH populations.

Through our MCH Five Year Needs Assessment Ohio identified numerous issues that rose to the top as emergent needs for the populations we serve. Those issues rising to the top include; substance abuse services, family planning and sexual health education, access to health care, safe and affordable housing, obesity and nutrition services, and having a safe environment to live. These issues were identified as, needs not being met, for virtually all MCH population domains. Based on the issues that rose to the top, feedback from multiple state agency partners, and the input of various stakeholder and family groups Title V leadership outlined a list of critical priorities for review by ODH senior leadership.

Multiple rounds of prioritization were embedded in Ohio's Maternal and Child Health Needs Assessment process. The following approach was utilized in order to establish the 10 key priorities.

**Step 1: Identifying the Current State** - The first step in the prioritization process was to use a variety of data collection tools to understand the current state related to the health of women and infants, early childhood, school aged and adolescents and children and youth with special healthcare needs and families.

**Step 2: Gathering Feedback** – The data collected in round one was organized in an engaging and understandable format to inform Ohioans about the important health conditions, and perceived needs related to the population groups. Data and information was presented to stakeholders, consumers, healthcare professionals and government leaders across the state and they had an opportunity to provide their feedback on key priorities.

**Step Three: ODH Prioritization** - All of the regional and the state stakeholder community forum data were analyzed and organized in a way for a representative group of ODH leadership to prioritize needs and identify 10 key priorities for the next five year grant cycle.

The following steps were used during the final prioritization process to identify the top key needs:

1. Silent brainstorming
2. Generate list in round-robin fashion
3. Group discussion
4. Anonymous voting
5. Calculate priority score – the facilitator calculated the priority scores for each priority and the health priorities were listed based on the top scores.

ODH leadership reviewed these priorities and aligned them with other major priorities of the state and selected the nine priorities identified in this Block Grant application.

**Step 4: Performance Measurement** - The last step in the process were to assign performance measures to the top nine priorities. Subject matter experts for each of the nine priorities met with the MCH Block Grant Manager to select 8 of the 15 MCH National Performance Measures that Ohio will work on; in the coming year participants will identify 5 MCH State Performance Measures based on the specific and unique needs of Ohio.

Based on the review of the critical list of priorities shared with ODH senior leadership, nine priority focus areas were approved. The results of Ohio's needs assessment serve as the cornerstone in improving MCH health outcomes. The nine priority focus areas and the development of the five-year Action Plan were the result of a cross walk and comparison with the ODH State Health Improvement Plan (SHIP), and the OHT State Innovation Model (SIM) priorities. Both the SIM and SHIP are major initiatives State leaders have drafted to guide the state's healthcare reform and improvement efforts.

The nine MCH priorities are: **1) Reduce the Rate of Infant Mortality and Disparities Statewide; 2) Increase the Prevalence of Children Receiving Integrated Physical, Behavioral and Mental Health Services; 3) Increase the Prevalence of Women Receiving Preconception Care; 4) Increase the Rate of Early Detection and Treatment of Physical and Mental Health Issues in Youth; 5) Increase Access to Care Via Patient-Centered Medical Home For Children With Special Healthcare Needs; 6) Reduce the Rate of Maternal Smoking by Pregnant Women; 7) Reduce the Rate of Childhood Obesity; 8) Increase the Number of Newborns Screened Critical Congenital Heart Disease (CCHD); 9) Increase Access to Early Infant Care and Wellness.**

The selection of these priorities helped identify corresponding National Performance Measures (NPM) that Ohio will use to help track the progress in improving health outcomes. Again, these NPMs were also cross walked with the work going on in SHIP and SIM to ensure alignment.

In addition, to aligning the new MCH priorities with work taking place in the SHIP and SIM, the Title V program has also been diligent about its alignment with our major infant mortality efforts. With leadership and input from ODH's Infant Mortality (IM) Steering Committee, Ohio's major IM work is focus at the state level through our National Collaborative Improvement and Innovation Network (COIIN) strategic focus areas; and at the community level through the work of the Ohio Collaborative to Prevent Infant Mortality (OCPIM) and.

This year's Block Grant Application and Annual Report provide the Title V program with an opportunity to highlight many of the major changes that have occurred over the past twelve months. The reorganization at ODH has supported the Title V program in increasing its collaborative efforts both internally and externally. Through its Pillars of Public Health, ODH employees are more focused on the specific charge of the organization and better able to identify how their program or work fits into the mission of the agency. To function most efficiently, programs have to understand how they connect to a larger strategic plan. Through a facilitated quality improvement process, ODH leadership developed a strategic plan that incorporates the ODH Pillars of Public Health. Those Pillars of Public Health include: infectious diseases, preparedness, health improvement and wellness, health equity and access, environmental health, and regulatory compliance. Efforts to improve health outcomes for MCH populations can be found in each of the ODH Pillars of Public Health.

The accomplishments highlighted in this year's Annual Report are presented below based on the MCH population health domains. The importance of Perinatal and Infant Health is reflected in the numerous activities and strategies Ohio has engaged in over the past five year period. Ohio's work to reduce infant mortality has spanned across a decade but has gained a great deal of attention in recent years. In March 2011, Governor John R. Kasich addressed infant mortality in Ohio in his first State of the State Address, making reducing low birth-weight babies a priority. In follow up, the Governor's Office of Health Transformation, working with Ohio Departments of Medicaid, Health, Mental Health and Addiction Services, and other human services agencies initiated an unprecedented package of reforms to save babies' lives.

In December of 2014 ODH hosted a statewide Infant Mortality Summit for stakeholders. Participants consisted of a multidisciplinary group, of physicians, nurses, social workers, community health workers the business community and other health professionals with over 1,000 individuals in attendance. At the summit, Governor John Kasich also announced new policies that would be implemented, and signed legislation passed in November 2014 by the General Assembly designating the first week of July as "Neonatal Abstinence Syndrome Awareness Week." The Summit was an opportunity to increase discussion and awareness concerning infant mortality.

Accomplishments in improving health outcomes for Ohio's child population include efforts by the Ohio WIC Nutrition Education Plan for addressing childhood obesity this plan was accepted by USDA. The focus of the plan is prevention and intervention through education. The project was developed as a result of a needs assessment on the overweight/obesity epidemic in children, and the WIC population's increase in associated risk factors. The objective is to positively impact the growth and health of WIC infant and child participants by enhancing counseling techniques of WIC health professionals.

As part of data surveillance and monitoring activities, ODH staff continued training Local Health Department (LHD) staff and school nurses on the protocol for weighing and measuring students in the school setting. ODH staff conducted a BMI Surveillance program in the Ohio Head Start (HS) population. 76 HS sites were included, 1500 children participated. This program included training on the protocol for weighing and measuring children, as well as, childhood obesity prevention for all Ohio HS programs. Efforts to increase health care providers' awareness and involvement in prevention and treatment initiatives included continued promotion of Ounce of Prevention (OOP) to health care providers. The OOP toolkit was created in 2007 and revised in 2013. It has been updated to include treatment protocols.

ODH staff collaborated with Head Start programs across the state to provide technical assistance and training for conducting BMI screenings and data collection in the Head Start population. ODH staff collaborated with the Ohio AAP and staff from local universities, Ohio's children hospitals and local health departments on a project titled Early Childhood Health and Wellness in Ohio. The goal of this collaboration is to explore what is being done and what needs to be done in Ohio to address the issue of childhood obesity.

Ohio's quality improvement initiatives are at the heart of accomplishments in moving the needle on health outcomes for women of childbearing age. To improve the rate of Medicaid coverage for eligible women and men, newly approved presumptive eligibility for pregnant women and the expansion of coverage for family planning services under Medicaid has been promoted. The Ohio Department of Health (ODH) has continuously worked with Ohio Departments of Job and Family Services and Medicaid, family planning, and prenatal partners to develop and distribute outreach materials statewide. In January 2012, Ohio implemented the Medicaid Family Planning State Plan Amendment (SPA), which increased Medicaid eligibility for family planning services to men and women up to 200% of the federal poverty level. Information gathered from Medicaid Caseload Reports showed that as of 9/30/14, 63,150 Ohioans were enrolled through the SPA. ODH also partnered with CityMatch to establish the Ohio Institute for Equity (OEI) in Birth Outcomes. ODH and CityMatCH united with nine Ohio communities to strengthen the scientific focus and evidence base for realizing equity in birth outcomes. Over a three-year span, the communities participated and received training to support them as they selected, implemented, and evaluated equity-focused projects (these projects are ongoing).

As a Title V primary focus, Ohio's Children and Youth with Special Health Care Needs (CYSHCN) experienced several major accomplishments over the past five year period. CYSHCN's services empower families to work in partnership with providers in decision making. The "Ohio Statewide Medical Home Project for CYSHCN" continued training in Medical Home/Listening with Connection (started 1/2012 through spring 2015) with a goal of reaching 700 service providers. Preliminary data shows immediate improvement in knowledge of medical home and sustained understanding one year after training participation. Through the "Ohio Statewide Medical Home Project" Children with Medical Handicaps (CMH) Public Health Nurses are implementing family surveys as part of their standard annual assessment (from 1/2013 through spring 2015). The survey will establish a baseline of CMH caregiver knowledge of medical home and access to medical home. Supported by a diverse team of parent leaders who collaborated to develop web-based, customizable Care Notebook tool that will be useful for a range of families of CYSHCN in Ohio (GPS – Guiding People Through Systems). The GPS links families to local Consumer Care Councils for Ohio's five Medicaid MCO's to ensure family involvement as they continue to improve their system of care for CYSHCN.

Health outcomes for youth are essential to producing healthy adults. Accomplishments in Ohio include the creation of The Ohio Adolescent Health Partnership (OAHP), which continues to focus efforts on improving mental health issues in adolescent. OAHP

released the Operational Plan that details strategies to achieving the Goals identified in the OAHP Strategic Plan. Strategies are focusing on payment issues to cover mental health services, improving access to mental health services and integration of behavioral health screenings into primary care settings and schools.

Cultural and Linguistic Competence Planning and Capacity Building is an example of a cross cutting initiative the Title V program has focused on and achieved some notable accomplishments. Title V staff received trainings to increase their cultural and linguistic competence in administering MCH programs. This training has been aligned with the ODH Pillars of Public Health and the entire agency will receive ongoing training and development to increase competency levels. In collaboration with our community sug grantees to improve culturally appropriate activities and interventions, four focus groups (two in Chillicothe and two in Portsmouth) were held in March and April 2014. These groups were with women of reproductive age and explored the following question: Are the media messages resonating among this target population to increase participation in MCH programs? These focus groups provided insight into what area residents thought of the media materials and what alterations could be made to help these materials better resonate with them.

The MCH Epidemiologist conducted an analysis of data in the block grant annual report for the past ten years and reached some conclusions and further detail can be found in attached report.