



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**OHIO**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

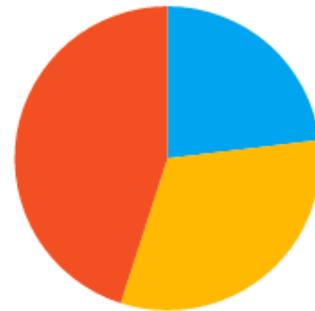
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Sandra D. Oxley Chief, Bureau of Maternal and Child Health Sandra.oxley@odh.ohio.gov (614) 728-6861	Mary DiOrio, M.D., MPH ODH Medical Director Mary.diorio@odh.ohio.gov (614) 466-0259	No Contact Information Provided

### Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$22,103,900
State MCH Funds	\$30,537,961
Local MCH Funds	\$0
Other Funds	\$43,143,110
Program Income	\$0

FY 2015 Expenditures



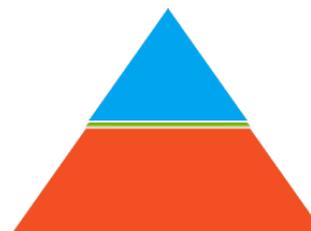
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$10,896,604	\$39,852,322
Enabling Services	\$1,878,843	\$1,321,105
Public Health Services and Systems	\$9,328,453	\$36,990,927

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



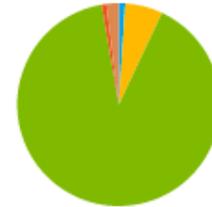
### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	36,817	\$14,791,368	14.9%
Infants < 1 Year	217,598	\$12,819,186	12.9%
Children 1-22 Years	3,281,591	\$30,568,829	30.8%
CSHCN	26,737	\$40,429,741	40.7%
Others *	71,138	\$667,431	0.7%
<b>Total</b>	<b>3,633,881</b>	<b>\$99,276,555</b>	<b>100%</b>

FY 2015 Expenditures



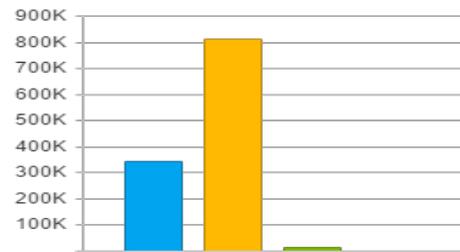
FY 2015 Individuals Served



\*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.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	342,624
State Title V Social Media Hits:	813,078
State MCH Toll-Free Calls:	14,946
Other Toll-Free Calls:	0



### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child 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

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Increase by 3% the percent of women with primary care coverage who are receiving services through BMCH clinics
NPM 4	Breastfeeding	ESM 4.1	Percent of birthing hospitals receiving recognition from Ohio First Steps for Healthy Babies
NPM 5	Safe Sleep	ESM 5.1	Number of birthing hospitals that have received formal training on safe sleep practices and the number of non-birthing hospitals trained on safe sleep practices.
NPM 6	Developmental Screening	ESM 6.1	Number of new pediatric practices and family practices participating in the learning collaborative
NPM 8	Physical Activity	ESM 8.1	Number of school-aged children exposed to (taught using) evidence-based (or evidence informed) nutrition education and physical activity curriculums.
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of clinical providers in Ohio trained on Bright Futures clinical recommendations.
NPM 11	Medical Home	ESM 11.1	Number of stakeholder groups that share information about the importance of patient-centered medical homes (PCMH) with families with children with special health care needs (CSHCN).
NPM 14	Smoking	ESM 14.1	Number of publicly funded programs newly trained to implement the 5As.

### State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Black Infant Mortality Rate (per 1,000 live births)	Perinatal/Infant Health
SPM 2	Percent of children 0-12 years with a preventive medical visit in the past 12 months	Child Health
SPM 3	Percent of eligible newborns screened through Ohio's three mandated newborn screening programs (bloodspot, hearing and CCHD).	Perinatal/Infant Health
SPM 4	Percent of infants who are exclusively breastfed at hospital discharge	Perinatal/Infant Health



born population. Seventy-seven percent of foreign-born residents speak a language other than English. Of those, 37.3% speak English less than 'very well'. The most common languages spoken in Ohio other than English are Spanish.

Non-Hispanic Black or African Americans make up 12.0% of Ohio's population. This is comparable to the population of the United States (12.3%). However, the percentage Asian (non-Hispanic) and Hispanics of all races is substantially lower than the in the US population.

### **Ohio Title V - MCH Program Infrastructure Highlights**

The Office of Health Improvement and Wellness (OHIW) is the ODH Office responsible for MCH programs. The Bureau of Maternal and Child Health (BMCH) houses the majority Title V programs, and works closely with other ODH Bureaus such as the Bureau of Health Services (BHS) where the WIC program, Children with Special Healthcare Needs, and Ryan White are housed. The Title V MCH Block Grant is administered by BMCH and the Title V Director serves as the Chief of the Bureau of Maternal Child Health (a table of organization for the OHIW is included in the attachment section).

The BHS is where the Children with Medical Handicaps (CMH) program is administered serving Children with Special Health Care Needs (CSHCN), including: a Diagnostic, Treatment, and Hospital Based Service Coordination Program, supporting Team Based Service Coordination for conditions such as Spina Bifida and Hemophilia; Community Based Service Coordination, supporting Public Health Nurses in the Local Health Departments who assist families in linking to local resources and helping families navigate the health care system. BHS utilizes vital committee/council structures to foster open dialogue, receive input and feedback in regards to CSHCN needs across the state.

The BMCH is designed to be an organized state and local effort to improve the health status of women, infant, and children in Ohio by identifying needs and implementing programs and services to address those identified needs. BMCHs capacity to address the six population health domain needs is accomplished by engaging in a multidisciplinary, collaborative approach to health improvement in coordination with internal and external stakeholders. Our primary goal is to serve as a safety net for all MCH populations including racial and ethnic groups disproportionately affected by poor health outcomes.

### **Needs Assessment Overview**

The BMCH led a collaborative and comprehensive needs assessment process from January 2014 through March 2015. A strategic mixed-methods approach was used to uncover the gaps in services to Ohioans, which included a review of existing data sources, a stakeholder survey, a consumer survey, nine regional community forums, and one ODH staff forum. The results of these efforts helped BMCH make recommendations to senior leadership regarding the most critical MCH priority focus areas in Ohio.

### **Participant Engagement**

Survey results revealed that across all stakeholders surveyed, the perception was that infants were the most at risk population. The mixed-methods approach used to collect the required information to determine the unmet needs in Ohio included a detailed review and analysis of census and vital statistics data, life course indicators, and health disparities data.

### **Findings by MCH Population Domain**

(Ohio combined its analysis of Women and Perinatal/Infant Health during the needs assessment process)

- **Women Perinatal/Infant Health** - Top priorities for women and infants focused on preconception health, health care education, smoking cessations, breastfeeding, procedural policy changes for state agencies, and medical home. Generally recommendations focused on promoting good health care, provider and family education, and smoking cessation, with regard to preconception health. Both women and infant health recommendations highlighted offering incentives, and statewide support for health and wellness. In addition, there were recommendations to address substance use and abuse issues in women, improve access to maternal and infant care, and enhance home visiting programs.
- **Child Health** - The child health recommendations continually focused on screening with regard to age appropriate and early screening. Key highlights were on screening procedure, technology, collaboration and Medicaid reimbursement. Also emphasized were increased provider and parent education, on the available services, and programs in the state. Access to care was a strong recommendation and specifically addressing the barriers to access. Other recommendations focused on nutrition related to obesity, food insecurity/access, and education as a priority. Parent education was another recommendation with regard to resources, classes and WIC programming. Access to safe and healthy homes and addressing poverty came up as a priority, along with improving coordination of services, dental health, behavioral health/ mental health, and expanding home visiting.
- **Children with Special Healthcare Needs** – The strongest recommendations were focused on coordination of care and access to care as a priority. Community participants proposed an increase in availability of services, incentives, transportation, Medicaid and marketing of services. Family support was another strong recommendation (e.g., financial, insurance, addressing effects of substance abuse, better communication of programs/policy issues, addressing behavioral/mental health concerns). Transition to adult care was another key recommended priority.
- **Adolescent Health** - Access to care was a common recommendation, with several focuses. Professionals highlighted access in disparate populations with regard to dental care, mental health, substance abuse, and transportation. In contrast, community participants recommended improvement in access to care related to medical treatment, having a health home, coordination of services, increase in providers and increase in services. Education for youth on healthy relationships was identified as an unmet need. Driving safety was a proposed priority. Another recommendation focused on healthy lifestyle through physical activity,

nutrition education and healthy eating habits. Sexual health education and transition to adult care were issues raised across the state as recommended priorities.

- Cross Cutting or Life Course – Addressing the disparities issue, especially as it relates to infant mortality was the number one recommendation. Other recommendations focused on addressing substance abuse and use in women and adolescents, issues of financial support and insurance, access to safe and healthy homes, lack of transportation, poverty and smoking. These findings represent the major MCH needs in Ohio, and are the basis for identifying the 9 critical priority areas the Title V program will address over the 5-year period 2016 - 2021.

### **Emerging Issues that Impact MCH Populations**

#### **Immunization**

In late April 2014, ODH, Knox County Health Department and Holmes County General Health District began investigating several suspected measles cases in the Knox County area in collaboration with the Centers for Disease Control and Prevention (CDC). The cases occurred after unvaccinated travelers returned from the Philippines which were in the midst of a large measles outbreak. Ohio's measles outbreak eventually spread into nine counties in the region among unvaccinated individuals. ODH supported the efforts of local health departments to control the spread of measles by providing them with thousands of doses of the measles-mumps-rubella (MMR) vaccine, and they administered more than 12,000 doses. The measles outbreak ended in September 2014 with 382 cases, making it the largest measles outbreak in the U.S. since 1992 when the disease was endemic.

#### **Support for Ohio's Ebola Preparedness and Response**

After the Centers for Disease Control and Prevention alerted ODH that a Dallas nurse who recently visited family in Ohio had tested positive for the Ebola virus upon her return to Texas, the state activated its Ebola response plans. The ODH Bureau of Health Preparedness supported Ohio's Ebola response throughout the incident. These efforts included, but were not limited to, purchasing personal protective equipment that might be needed by healthcare workers and securing contracts with vendors which could supply just-in-time equipment and supplies.

#### **Project DAWN – a Life-Saving Drug Overdose Program**

ODH administers a program called Project DAWN (Death Avoided with Naloxone) that is a community-based naloxone distribution and drug overdose education program. The drug naloxone is used to reverse drug overdoses from opioids like heroin or some prescription pain medications. The ODH Violence and Injury Prevention Program provides technical assistance to community organizations that want to start a Project DAWN program. Ohio's 27 Project DAWN community-based programs have distributed more than 3,439 naloxone kits and saved more than 200 lives by providing naloxone that was used to reverse drug overdoses. The ODH Prescription Drug Abuse Action Group (PDAAG) worked with Ohio Medicaid to remove the preauthorization requirement before clinicians can prescribe naloxone.

### **Highlights of FFY 2015 Title V MCH Accomplishments**

- Ohio's Children with Special Health Care Needs 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.
- Title V funded 14 Ohio Infant Mortality Reduction Initiatives (OIMRI) in areas with the highest black infant mortality rates using a culturally connected community health worker model. In 2014 a data audit was conducted of all OIMRI programs that included looking at low birth weight babies (LBW). During the period from 2009-2012, the average percentage of OIMRI clients served experiencing LBW was 11 percent. The State rate for the same time period was 14.1, 13.7, and 13.9 percent.
- ODH funded MCH and Immunization programs have worked independently and collaboratively to improve immunization rates. Efforts have included community awareness, increasing access to immunizations and improving data systems. The use of Ohio's immunization registry, Impact Statewide Immunization Information System (ImpactSIIS), continues to grow. As of January 1, 2015, ImpactSIIS included more than 72 million immunization records on more than 8.5 million individuals. A central immunization registry enables providers to check on the status of a patient's immunization record, and individuals who need a copy of the record for enrollment in a licensed child care center, enrollment in school or college, or for employment can obtain one from a participating provider.
- Screenings and referrals was a key priority in the past 5-year BG cycle. Eight benchmarks set forth during this time have been accomplished: target age for tracking of screening and referral data; identify screening and referral data sources; identify mechanism to collect screening and referral data and report to ODH; develop screening and referral data analysis plan; develop evaluation and monitoring plan; and, develop systematic quality improvement collaborative. Work will continue to build upon the systems that were put into place during this five year cycle.
- Effective August 31, 2012 texting and driving law passed. The law prohibits teen drivers under the age of 18 from using any electronic wireless communication device. They will be unable to talk, write, read or send a text-based communication via any type of electronic device while driving on Ohio roads.
- In 2014-2015 the 5A's Smoking Cessation program were expanded into publicly funded maternal and child health programs in Ohio. An evaluation conducted by the Centers for Disease Control and Prevention (CDC) in 2013-2014 found that smoking cessation was 15% greater among pregnant Ohio women attending WIC clinics using and documenting the 5A's compared to women attending clinics that had not been trained in the 5A's.