

Ohio

Maternal and Child Health Block Grant 2019

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. In FY2017, 86% of all pregnant women, 99% of infants, and 55% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Ohio

FY 2016	FY 2017	FY 2018
\$21,991,507	\$21,917,021	\$22,104,518

Title V Administrative Agency:

Division of Family and Community Health Services, Department of Health

*States must provide a three dollar match for every four Federal dollars allocated.

Ohio Department of Health Strategic Plan



Protecting and Improving the Health of Ohio’s Families

Children and Youth with Special Health Care Needs –

The MCH Program serves as a safety-net for Ohio’s children with special health care needs through systems building, service co-ordination, and payment for direct services when appropriate. As Ohio implements changes in Medicaid Managed Care and health care reform moves ahead, the MCH program is working closely with partners to ensure a smooth transition for Ohio families with children with special health care needs. The program supports the medical home concept by requiring all children in the special needs program to have a managing physician and is supporting Ohio practices as they transform into medical homes. Every newborn in Ohio is screened for 35 metabolic diseases including critical congenital heart disease, hearing loss and receives appropriate diagnostic testing and intervention. The Ohio GPS (Guiding People through Systems), an electronic Ohio care notebook, was developed in collaboration with partners and family leaders. It can be accessed at <https://www.ohiogps.org/>.

Early Childhood Screening – The MCH home visiting program has developed and deployed a standardized, comprehensive early childhood screening protocol, supported by a statewide, web-based data platform. Beginning with a Social Determinates of Health Risk Screen, families are connected to services that best match their identified needs. Upon entering MCH home visiting, every family receives a comprehensive assessment informed by the following required validated screening tools: Adverse Childhood Experiences Questionnaire (ACEs); Ages & Stages Questionnaire-3 (ASQ); Ages & Stages Questionnaire: Social Emotional-2 (ASQ:SE); Edinburgh Postnatal Depression Scale (EPDS); Environmental Safety Checklist; Home Observation for Measurement of the Environment (HOME); Relationship Assessment Tool (RAT); Safe Sleep Assessment Tool.

Childhood Obesity – The MCH program aims to increase the number of at-risk children birth-to-5 years receiving interventions to prevent and manage obesity through health practitioners; increase the number of licensed early child and school-aged child care providers that have adopted healthy eating/active living policies; support local communities to identify nutrition/physical activity needs and gaps and work with facilities (including schools) to increase nutrition education, access to healthy food choices, and/or physical activity.

Infant Mortality — The MCH Program supports reproductive health and wellness, prenatal, child and adolescent health services throughout Ohio to improve access to care, improve birth outcomes and reduce infant mortality. Infant mortality is a key priority in the State Health Improvement Plan, including Ohio’s target to achieve fewer than 6.0 infant deaths per 1,000 live births in every racial and ethnic group which aligns with the national Healthy People 2020 objective. Ohio’s MCH Program supports the Ohio Equity Institute, nine targeted high-risk metropolitan areas implementing data-driven, evidence-based interventions to improve overall birth outcomes and reduce the disparities in birth outcomes. Ohio continues to increase its capacity to serve parents at risk for infant mortality within high-risk communities through evidence-based home visiting. Also supported by the MCH Program is Moms & Babies First: Ohio’s Black Infant Vitality Program which addresses the racial disparity in birth outcomes by reducing barriers for African-American women and children to access needed services. Understanding smoking is one of the most common preventable risk factors for infant mortality, the Moms Quit for Two program is implemented across the state utilizing the “Baby and Me—Tobacco Free” model.

Health Disparities - The Ohio Department of Health (ODH) is committed to the elimination of health disparities and health inequities. This is reflected in recent improvements in ODH’s grants-making process. ODH annually provides over \$500 million dollars in grant funding for local public health interventions. Since 2009 ODH implemented a policy requiring all Requests for Proposals (RFPs) to appropriately focus on health disparities and health inequities. This process was further enhanced in 2012 by requiring all programs developing RFPs to undergo a consultation with the ODH Office of Health Equity. These consultations are designed to detect opportunities to better address health disparities and overcome programmatic silos which often limit the impact of public health activities. In 2017, these consultations enhanced the health equity focus in MCH-related RFPs by requiring and providing data-sets at lower census geographies. This helped identify target audiences at risk for health inequities using advanced statistical techniques to identify root causes of local poor health outcomes. ODH also developed a prototype database application to better track interventions designed to address MCH-related disparities.

Oral Health — The MCH Program improves the oral health of children and families by supporting population-based prevention. Nearly 11 million Ohioans served by public water systems benefit from adequate water fluoridation and more than 26,000 children in Ohio received dental sealants through school-based sealant programs in 2016. Ohio far exceeds the Healthy People 2020 objective of 28% of third graders having sealants (49%). In SFY17, funding to public dental clinics provided dental care to 5,800 unduplicated patients who have low incomes (≤ 200% of federal poverty guidelines) and are uninsured, improving access to dental care for children and their families.

School and Adolescent Health —The MCH program supports professional development, continuing education and training to community health professionals working with adolescent youth and school nurses throughout Ohio’s schools. The programs provide information on topics such as behavioral health, nutrition, physical activity as well as emergency preparedness and communicable disease. In partnership with the Ohio Chapter of the American Academy of Pediatrics, the MCH program aims to increase adolescent well visits through training and quality improvement initiatives. In addition, the Ohio Adolescent Health Partnership (OAHP), a diverse group of adolescent health experts, works to address the needed policies and practice changes to improve: Behavioral Health, Injury & Violence Prevention, Reproductive Health, Nutrition & Physical Activity, and Sleep in Adolescents.

Percentage Served by the Ohio MCH Program*

99.0%	Pregnant women
100.0%	Infants under one
65.0%	Children and adolescents
72.0%	Children with special health care needs
3.0%	Others

*2017 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

Health Needs in Ohio

- Reduce the rate of Infant Mortality and disparities statewide
- Increase the prevalence of children receiving integrated physical, behavioral and mental health services
- Increase the prevalence of women receiving preconception care
- Reduce barriers, improve access and increase the availability of health services for all populations
- Increase access to care via PCMH for children with special healthcare needs
- Reduce the rate of maternal smoking by pregnant women
- Reduce the rate of childhood obesity.
- Increase newborns screened for metabolic/bloodspot disorders, hearing impairment and critical congenital heart disease who receive diagnostic evaluation and follow-up for those with confirmed disorder
- Increase access to early infant care and wellness



State Selected National Performance Measures

- Well Woman Visit
- Developmental Screening
- Breastfeeding
- Safe Sleep
- Physical Activity
- Adolescent Well-Visit
- Medical Home
- Smoking

For more information, contact:

Maternal & Child Health

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Children with Special Health Care Needs

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Current Special Projects of Regional and National Significance (SPRANS)

Healthy Tomorrows Partnership for Children
CHILD INJURY PREVENTION ALLIANCE
Columbus, OH

State Systems Development Initiative (SSDI)
OHIO DEPARTMENT OF HEALTH
Columbus, OH

Strategic Approaches to Improving Access to Quality Healthcare for Children and Youth with Epilepsy (CYE)
THE CLEVELAND CLINIC FOUNDATION
Cleveland, OH

