

Ohio Title V Maternal and Child Health Block Grant: Overview & 2021 Updates

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Title V MCH

- Title V Maternal and Child Health Block Grant (MCH BG) is one of the largest federal block grant programs
- Promotes and improves health of all of nation's mothers and children, including children with special health care needs
- \$22 million in funding to Ohio and \$67 million in state match and maintenance of effort
- Beyond acting as funding source for staff and programs, also provides framework for identifying maternal and child health needs, selecting priorities, developing a state Action Plan, engaging partners, and measuring progress toward improving outcomes

Title V MCH and BMCFH

- Title V MCH block grant provides vital funding and infrastructure to ODH by supporting the overall goals and strategies of public health and is an asset to improving maternal and child health outcomes
- ODH Bureau of Maternal, Child, and Family Health houses the majority of Title V funded programs
- BMCFH is a coordinated effort to eliminate health disparities, improve birth outcomes, and improve the health status of women, infants, children, youth, and families in Ohio

BMCFH*:

- 221 positions in org chart
- 179 current employees
- Many staff are supported by multiple funding sources

Across all bureaus:

- 147 staff receive Title V funding
- 89.9 FTEs funded by Title V funding

**as of 8/2020*

Title V MCH and BMCFH

- AMCHP State Profile: Snapshot of Title V MCH in Ohio
- Demonstrates braided funding and ongoing program efforts in addition to the Action Plan

<http://www.amchp.org/Policy-Advocacy/MCHAdvocacy/2021%20State%20Profiles/Ohio%202021%20FINAL.pdf>

Ohio

Maternal and Child Health Block Grant 2021

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 FY2019, 92.1% of all pregnant women, 98.0% of infants, and 59.6% 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 2017	FY 2018	FY 2019
\$21,917,021	\$22,104,518	\$20,085,885

Title V Administrative Agency:
Ohio Department of Health

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

Protecting and Improving the Health of Ohio's Families

Ohio MCH Program – The MCH Block Grant significantly supports state-level public health infrastructure and population-based services, often in conjunction with other funds (federal and state), collectively referred to as the MCH Program and administered by the Title V MCH Director within the Bureau of Maternal, Child, and Family Health (BMCFH). In addition to the over thirty-four programs supported by the MCH Block Grant, the Title V MCH Director also oversees Home Visiting, including MIECHV, Title X Reproductive Health and Wellness, and the Supplemental Nutrition Program for Women, Infants, and Children (WIC). Title V funding also supports programs outside of BMCFH addressing Lead Poisoning Prevention, Primary Care and Rural Health, and Violence and Injury Prevention.

Health Equity – The MCH program has formed a Health Equity Committee to develop a plan to advance health equity in MCH staff and through MCH programs. The goals are to select and implement health equity-increasing strategies in all state priority areas and institutionalize health equity in staff training, data, policy, grant, and contract administration.

Children and Youth with Special Health Care Needs – The Children with Medical Handicaps Program (CMH) serves as a safety-net for Ohio's children with special health care needs through systems building, service coordination, and payment for direct services when appropriate. Every newborn in Ohio is screened for 36 metabolic diseases as well as critical congenital heart disease and hearing loss and ODH ensures that all newborns receive appropriate diagnostic testing and intervention. MCH also conducts birth defects surveillance and sends automatic referrals for services. The Ohio Department of Health hired two full time, dedicated MCH Parent Consultants, who assist families with issues related to special health care needs, as well as assists with family/consumer engagement in all programs within MCH.

Women and Maternal Health – The MCH Program supports women through reproductive health and wellness and pre-and interconception care initiatives. The Pregnancy Associated Mortality Review program provides direction for maternal morbidity and mortality initiatives, including a statewide strategic plan to be developed and implemented through a statewide taskforce. New data collection efforts have been implemented and existing surveillance efforts have been modified to enhance the understanding of impact of COVID-19 on MCH populations.

Infant Mortality – The MCH Program works to improve birth outcomes and reduce infant mortality by supporting the Ohio Equity Institute: Working to Achieve Equity in Birth Outcomes in nine targeted high-risk metro areas implementing data-driven, evidence-based interventions; increasing evidence-based home visiting; and additional efforts including safe sleep, prenatal smoking cessation, and fetal infant mortality review. Governor DeWine established the Eliminating Racial Disparities in Infant Mortality Task Force to develop a statewide shared vision and strategy for reducing infant mortality rates and eliminating disparities by 2030.

Breastfeeding – The MCH Program promotes and supports breastfeeding through statewide initiatives and partnerships aimed at increasing breastfeeding initiation and duration rates, improving continuity of care, and decreasing the disparity gaps. Efforts include the Breastfeeding Friendly Child Care Designation Program, the Ohio First Steps for Healthy Babies hospital initiative, and worksites initiatives across the state to implement lactation accommodations/policies for breastfeeding employees. Focus groups were conducted with African American and Appalachian mothers to improve strategies aimed at increasing breastfeeding initiation and duration. A 24/7 breastfeeding hotline is also available to all Ohioans.

Oral Health – The MCH Program improves the oral health of children and families by supporting population-based prevention through public water fluoridation, school based dental sealants, funding public dental clinics, and partnerships to integrate oral health education. The Oral Health Program has started a new initiative focusing on integration within prenatal care.

Early Childhood – The MCH Program supports early childhood health by providing professional development, training, and technical assistance to increase health and safety and improve obesity prevention, as well as partnerships across programs to improve child well care and screenings, including developmental screening.

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. School Hearing and Vision Screenings assist in identifying children with hearing and vision loss. A partnership with the Ohio Chapter of the American Academy of Pediatrics is working toward increasing adolescent well visits through education and training. The Ohio Adolescent Health Partnership, a diverse group of adolescent health experts, works to address the needed policies and practice changes to improve adolescent health.

Percentage Served by the Ohio MCH Program*

99.0%	Pregnant women
100.0%	Infants under one
71.0%	Children and adolescents
48.0%	Children with special health care needs
3.0%	Others

*2019 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

Health Needs in Ohio

- Decrease risk factors contributing to maternal morbidity
- Increase mental health support for women of reproductive age
- Decrease risk factors associated with preterm births
- Support healthy pregnancies and improve birth and infant outcomes
- Improve nutrition, physical activity, and overall wellness of children
- Increase developmental approaches and improve systems to reduce adolescent and young adult suicide rate
- Increase protective factors and improve systems to reduce risk factors associated with the prevalence of adolescent substance use
- Increase the prevalence of children with special health care needs receiving integrated physical, behavioral, developmental, and mental health services
- Prevent and mitigate the effects of adverse childhood experiences
- Improve health equity by addressing community and social conditions and reduce environmental hazards that impact infant and child health outcomes

For more information, contact:

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Children with Special Health Care Needs

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Current Special Projects of Regional and National Significance (SPRANS)

State Maternal Health Innovation Program

OHIO DEPARTMENT OF HEALTH
Columbus, OH

Awareness and Access to Care for Children and Youth with Epilepsy

CLEVELAND CLINIC FOUNDATION
Cleveland, OH

Maternal and Child Health Field-Initiated Research Program

RESEARCH INSTITUTE AT NATIONWIDE'S CHILDREN'S HOSPITAL
Columbus, OH

Ohio State Systems Development Initiative (SSDI)

OHIO DEPARTMENT OF HEALTH
Columbus, OH



Ohio Title V MCH Guiding Principles

- Beyond managing MCH BG Action Plan and reporting requirements, using framework to engage in partnerships to improve outcomes for MCH populations
- Centering equity
- Life course approach
- Engaging families and communities in work
- Utilizing
 - [Public Health 3.0](#)
 - [Collective Impact](#)
 - [Results Based Accountability](#)

MCH BG Cycle

- Runs in 5-year cycles, every five years:
 - Comprehensive Needs Assessment
 - Identify Priority Needs
 - Develop Action Plan
- Ongoing implementation within five-year cycles
 - Ongoing program implementation
 - Implement Action Plan
 - Monitor and assess progress annually
 - Each July submit report on previous fiscal year activities and proposed plan for upcoming year activities
- Currently in First Year of 2021-2025 Action Plan
 - Runs on Federal Fiscal Year (e.g., FY 21 is October 1, 2020-September 30, 2021)

MCH BG Action Plan

- Action Plan represents framework for addressing Priorities identified in Needs Assessment and measuring progress
- In Action Plan, each Priority has:
 - Objectives and Strategies
 - Measures:
 - Strategy specific- Evidence-Based Strategy Measure(s)
 - Intermediate population- Performance Measure
 - Long term population- Outcome Measure(s)
- Action Plan organized by populations and cross-cutting domain:
 - Women
 - Infant
 - Children
 - Adolescents
 - Children with Special Health Care Needs
 - Cross-Cutting/Systems Building
- Action Plan implementation managed by population Action Teams

Title V MCH Block Grant Action Plan Priorities 2021-2025

Women & Maternal

- Decrease risk factors contributing to maternal morbidity
- Increase mental health support for women of reproductive age
- Decrease risk factors associated with preterm births

Infant

- Support healthy pregnancies and improve birth and infant outcomes

Child

- Improve nutrition, physical activity, and overall wellness of children

Adolescent

- Increase developmental approaches and improve systems to reduce adolescent and young adult suicide rate
- Increase protective factors and improve systems to reduce risk factors associated with the prevalence of adolescent substance use

Children with Special Health Care Needs

- Increase prevalence of children with special health care needs receiving integrated physical, behavioral, developmental, and mental health services

Cross-Cutting/Systems Building Priorities

- Prevent and mitigate the effects of adverse childhood experiences
- Improve healthy equity by addressing community and social conditions and reduce environmental hazards that impact infant and child health outcomes

Updates on Current Implementation

- Each action group operationalizing their population Action Plan into workplans
- Currently implementing FY2021 and planning for FY2022
- Link to Action Plan: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/title-v-maternal-and-child-health-block-grant/resources/actionplan>

Contacts

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Title V CSHCN Director- Patrick Londergan

Title V MCH Block Grant Coordinator- Kirstan Duckett

Thank you

Additional slides provided for reference

Alignment of Title V MCH with SHIP

SHIP Ohio 2020-2022

- The [State Health Improvement Plan \(SHIP\)](#) is a tool to strengthen state and local efforts to improve health, well-being, and economic vitality in Ohio.
- The 2020-2022 SHIP is Ohio's roadmap to address the challenges identified in the [2019 State Health Assessment](#).

What shapes our health and well-being?

Many factors, including these 3 SHIP priority factors*:

- Community conditions**
 - Housing affordability and quality
 - Poverty
 - K-12 student success
 - Adverse childhood experiences
- Health behaviors**
 - Tobacco/nicotine use
 - Nutrition
 - Physical activity
- Access to care**
 - Health insurance coverage
 - Local access to healthcare providers
 - Unmet need for mental health care



How will we know if health is improving in Ohio?

The SHIP is designed to track and improve these 3 SHIP priority health outcomes:

- Mental health and addiction**
 - Depression
 - Suicide
 - Youth drug use
 - Drug overdose deaths
- Chronic disease**
 - Heart disease
 - Diabetes
 - Childhood conditions (asthma, lead)
- Maternal and infant health**
 - Preterm births
 - Infant mortality
 - Maternal morbidity



- All Ohioans achieve their full health potential**
 - Improved health status
 - Reduced premature death



BMCFH Alignment with SHIP

- Aligned Needs Assessment and Planning
 - SHA/SHIP
 - Title V MCH BG
 - MCHIEV
- Shared priorities and measures in Title V MCH BG
- BMCFH SHIP Contributing Program Scorecards

Shared Priorities for SHIP and MCH BG

- Maternal and Infant Health (Maternal Morbidity, Preterm birth, Infant Mortality)*
- Mental Health
- Tobacco/nicotine use
- Nutrition and physical activity
- Youth suicide* and substance use*
- ACEs*
- Lead* and asthma
- Access to care
- Community conditions
- Equity throughout all priority needs

** Indicates shared measures*

Additional background on 2020 Needs Assessment and 2021-2025 Action Plan Development

Five-Year Needs Assessment Process

Alignment of Needs Assessments

- MCH Needs Assessment and Action Plan
- MIECHV Needs Assessment
- State Health Assessment
- State Health Improvement Plan

Needs Assessment Activities

- Facilitated by HPIO
- Input from:
 - Data Review
 - MCH/MIECHV Regional Forums (in conjunction with SHA)
 - Online survey
 - Focused Conversations (CMH MAC and PAC, Ohio Adolescent Health Partnership, Home Visiting Providers/ Stakeholders, MHAS Providers)
 - MCH Steering Committee
 - ODH staff
 - SHIP alignment

Process to Identify of Priority Areas

- Priorities developed through iterative process
- Discussed through lens of health outcomes, social determinants of health, prevention and health behaviors, and health care system and accessibility.
- Top priorities identified through crosswalk of stakeholder feedback and data analysis
 - Criteria: Ability to track progress, potential for impact, nature of problem, and alignment



Needs Assessment Findings

Key Stakeholder Findings

- Strengths
 - Local partnerships
 - Prevention and programs/ policies geared to MCH
 - Focus on prevention and Social Determinants of Health
- Challenges
 - Transportation
 - Funding and capacity limitations
 - Lack of healthcare access
- Drivers in gaps
 - Poverty/income
 - Educational attainment
 - Transportation
 - Family stability

Key Stakeholder Findings

- Health equity needs
 - Coordination and collaboration among state and local partners
 - Improvements in educational attainment, employment opportunities, and health care provider access
- Opportunities for systems change
 - Improved data sharing and outcome tracking
 - Improved coordination among state agencies
 - Identification of women and families most in need

Women/Maternal Health

- Improvements in early prenatal care and well woman visits
- Declining teen birth rate
- Maternal morbidity disparities
- Mental health and addiction issues:
 - Postpartum depression
 - Unintentional drug overdose deaths
 - Smoking during pregnancy

Infant/Perinatal Health

- Infant mortality rate and disparities
 - Decrease in IM due to preterm and low birthweight
 - Non-Hispanic Black infants 2.6 times as high as NH-white rate
- Increases in Neonatal Abstinence Syndrome (NAS)
- Improvements in breastfeeding and safe sleep

Child Health

- Similar overall health status, higher child mortality
- Lower rate of obesity
- Developmental screening rates steady
- Lower rate of tooth decay/cavity and decreasing rate of unmet dental care needs

Adolescent Health

- Adolescent and young adult suicide
- E-cigarettes/vaping
- Young adult drug overdose deaths
- Improvements in adolescent well visits

Children with Special Health Care Needs

- Similar rate of care in well-functioning system, higher rate of care in medical home
- Stakeholders identified need for greater care coordination and increased access
- Transition services needed
- CSHCN more likely to be bullied

Cross-Cutting/Systems Building

- Community conditions: housing, transportation, education, employment
- Drivers in gaps: Poverty, racism, discrimination, trauma, violence, and toxic stress
- Improvements in child poverty and unemployment
- Opportunities to improve exposure to violence and trauma, lead risk, and transportation
- Disparities in health outcomes across populations

Identified MCH Priority Needs

2021-2025 Priorities

Women

- Decrease risk factors contributing to maternal morbidity
- Increase mental health support for women of reproductive age
- Decrease risk factors associated with preterm births

Infant

- Support healthy pregnancies and improve birth and infant outcomes

Child

- Improve nutrition, physical activity, and overall wellness of children

2021-2025 Priorities

Adolescent

- Increase developmental approaches and improve systems to reduce adolescent and young adult suicide rate
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Children with Special Health Care Needs

- Increase prevalence of children with special health care needs receiving integrated, physical, behavioral, developmental, and mental health services

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- Improve health equity by improving community and social conditions and reduce environmental hazards that impact infant and child health outcomes
- Prevent and mitigate the effects of adverse childhood experiences

Comparison to Previous Priorities

Population	2016-2020	2021-2025
Women	Pre-conception Smoking & S/U in pregnancy	Maternal morbidity Reproductive age mental health Preterm birth risk factors
Infant	Infant mortality and disparities Newborn screening Access to infant care	Healthy pregnancies/ infant outcomes
Child	Integrated services Childhood obesity	Overall wellness
Adolescent	Improve access to care	Adolescent and YA suicide rate Substance use
CSHCN	PCMH	Integrated care
Cross-Cutting		Equity ACEs

State Action Plan

Five-Year Action Plan Development

- HPIO proposed measures
- Action Groups developed plans
- Action Groups had Results-Based Accountability training
- Engaged sister state agency partners
- Created Program Map of existing programs in BMCFH
- Plans for FY 21
 - Continue to expand stakeholder involvement
 - Refine measures
- Link to Action Plan: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/title-v-maternal-and-child-health-block-grant/resources/actionplan>

Thank you