



# Information Sharing in the WIC Program



**Department of  
Health**

Women, Infants, and  
Children Program (WIC)

## Information Sharing in the WIC Program

**The WIC program works** with many other programs to help meet the needs of applicants and participants and meet the Ohio Department of Health's (ODH) mission to advance the health and well-being of all Ohioans. Some of your information may be shared with other programs listed in this brochure to help with outreach; eligibility; and improving health, education, and well-being for your family and Ohio's families. Information that may be shared includes name, address, telephone number, income, date of birth, height, weight, blood screening values, health history, medical, and nutrition status. A signed agreement with these programs is in place to ensure that confidentiality of your information is maintained. The programs that WIC works with and shares information with are listed and described in this brochure.

### Ohio WIC and Ohio Birth Certificate Linkage

Ohio WIC data may be linked with Ohio Birth Certificate data to help study health and social factors determining and influencing the frequency and distribution of disease, injury, and other health-related events and their causes. Linking this data would permit ODH to follow children receiving WIC services from prenatal care of their mothers through birth and age four. This will help WIC and ODH programs to expand their ability to better target areas of need during early development of children in Ohio. Through data review and reporting study results, all personal identifying information is removed with only overall data presented.

### Child Fatality Review Boards (CFR)

CFR Boards review the deaths of all children under 18 years of age to gain a better understanding of how to reduce the incidence of preventable child deaths. To accomplish this, local review boards promote cooperation, collaboration, and communication between groups that serve families and children; collect data from birth and death certificates, hospital records, doctors' offices, and other sources to conduct child death review; and recommend and develop plans for implementing local service and program changes. The Ohio Department of Health maintains a confidential database of CFR case information to develop an understanding of the causes and incidence of those deaths and uses aggregate data to identify trends and patterns found in child deaths.



### **Child Passenger Safety (CPS) Program, Ohio Buckles Buckeyes (OBB)**

ODH's child passenger safety (CPS) program, Ohio Buckles Buckeyes (OBB), provides child safety seats and booster seats to eligible low-income families in all Ohio counties. The overall goal of this program is to increase the availability of child safety seats for families who could not otherwise afford them and to increase correct installation and proper use of child safety seats. In order to receive an OBB seat, families who are income-eligible must attend an educational class provided by trained local CPS staff. In this session, the parent/caregiver(s) receives important education on how to properly use the car seat for their child and are instructed on how to correctly install the car seat in their vehicle. Income eligibility includes those who are WIC eligible, although recipient does not need to be enrolled in WIC. For more information about this program, please visit <https://odh.ohio.gov/know-our-programs/child-injury-Prevention/child-passenger-safety>.



### **Complex Medical Help (CMH) Program**

The Complex Medical Help Program (formerly called the Children with Medical Handicaps Program) is a health care program at ODH that links families of children with special health care needs to a network of quality providers and helps families obtain payment for the services their children need. CMH supports the Patient-Centered Medical Home (PCMH) where primary care providers and families work together to improve health outcomes and quality of life for children and youth with special health care needs and their families.





### Cribs for Kids

The purpose of the Cribs for Kids/Safe Sleep Program is to decrease Ohio's infant mortality rate by ensuring infants have a safe sleep environment and families are educated about safe sleep practices. This is accomplished through the provision of funding to organizations that promote safe sleep practices and distribute cribs in their counties to eligible families. Program eligibility requirements include:

- Mother must be at least 32 weeks pregnant or have an infant less than one year in age.
- Low-income, as defined as less than 200% of the Federal Poverty Level.
- Caregivers, including non-custodial grandparents, are eligible.
- Twins and multiple births are eligible.
- Funded agencies will determine if two cribs will be provided to parents residing in separate homes.

### Fetal Infant Mortality Review (FIMR) Boards

FIMR is a community-based, action-oriented process that continually assesses the causes of fetal and infant death and works to improve infant outcomes and provide resources for women, infants, and families.

It brings together a team of community members to examine the factors that affect infant mortality. The FIMR process begins when a fetal or infant death has occurred. The FIMR staff collects data from birth and death certificates, hospital records, doctor's offices, and other sources. A unique feature of FIMR is the maternal or family interview. The interview provides the family an opportunity to share their experiences and have their voice heard in the community. The information gathered from medical records and family interviews is de-identified to protect the confidentiality of family members and service providers.





## Health Promotion: Creating Healthy Communities and Healthy Eating Active Living (HEAL) Programs

The Health Promotion Section resides within ODH's Bureau of Health Improvement and Wellness and works at the state and local level to increase access to healthy foods and opportunities for physical activity. Both the Creating Healthy Communities (CHC) and Healthy Eating Active Living (HEAL) capacity building programs fund local health departments to implement policy, systems, and environmental changes. Examples of strategies include community assessments, community engagement, implementation of farmers' markets, community gardens, local food councils, parks/ playground improvements, and active transportation. Any or all of these strategies have the opportunity to work with or collaborate with WIC participants. In addition to CHC and HEAL, Health Promotion also works with state and local partners on the coordination and statewide expansion of produce prescriptions programs.



## Home Visiting

Home Visiting is a voluntary, home-based program offered at no cost to families. Home visitors are well-trained professionals who use a compassionate approach that offers information and support during pregnancy, and empowers parents with skills, tools, and confidence to nurture the healthy growth of their child through the earliest years – a critical time of development.

Pregnant women and families with young children should be referred. Most of the programs have an eligibility of 200% of the poverty level. If a family has a concern or need, contact Central Intake. Phone: 1-800-755-GROW or web referral at [www.helpmegrow.org/Refer.aspx](http://www.helpmegrow.org/Refer.aspx).

Once a family has been referred, they will be assigned a home visitor, who will provide caring support and reliable information on the topics that matter most to the family about pregnancy and child development. Whether it's what to do to strive for a healthy pregnancy; how to soothe a crying baby; how to manage sleep (mom included!); or how to deal with the stresses of parenting; the home visitor is there to help, listen to their concerns, and connect them to community resources based on the family needs. Home visiting is invested in the family to make decisions about what is best for their family and child.

### Home Visiting Programs:

- Family Connects.
- Healthy Families America.
- Nurse Family Partnership.
- Parents as Teachers.

## Infant Hearing Program

The Infant Hearing Program ensures that all babies born in Ohio are screened for hearing loss, receive a hearing evaluation after non pass screening results, and are referred to early intervention services if a loss is identified. Data shared with the Infant Hearing Program will help expand services, resources, and timely follow up to ensure children with hearing loss can be identified and receive services necessary for their growth, language development, and well-being.

## Lead Poisoning Prevention Program

The Ohio Healthy Homes and Lead Poisoning Prevention Program provides public and professional education about prevention and testing for exposure to lead from paint, soil, and water; investigates childhood lead exposure; and provides case management services for children. The program addresses the needs of children at risk for and identified with lead-poisoning by assessing the environmental risks and making their homes lead-safe. The program recognizes that children under the age of 36 months are at greatest risk for lead poisoning and requires these children receive a blood lead test at ages 1 and 2 years. The program is responsible for childhood lead poisoning prevention efforts in Ohio.



## Ohio Equity Initiative (OEI)

The Ohio Equity Initiative is a grant-funded collaboration between the Ohio Department of Children and Youth and local partners to address racial inequities in birth outcomes. Population data is used to target areas for outreach and services in the counties with the largest disparities to ensure the program addresses the biggest drivers of infant mortality and the population most at risk for poor birth outcomes.

Local Neighborhood Navigators identify and connect the Black prenatal population in priority service areas to clinical and social services to reduce stress and improve access to resources needed for a new and growing family. Efforts prioritize non-traditional avenues of outreach designed and tailored to identify people where existing systems and programs do not currently reach.



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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDAOASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or (833) 256-1665 or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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