

Maternal and Child Health Block Grant Public Comments and ODH Responses to the FFY 2014 Application

BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
<p>NPM 1- The percent of screen positive newborns who received timely follow up to definitive diagnosis & clinical management for condition(s) mandated by their State-sponsored newborn screening programs.</p>	<p>Anna Starr</p>	<p>Q. Are you able to easily understand the goal and strategies of this measure?</p> <p>C. It does not appear to be written in plain language.</p> <p>C. Confusing to me to read at first, however I am not a nurse and do not work in a clinic setting.</p>	<p>(C1.) The performance measure is written by the federal maternal and child health bureau. We agree it is hard to understand and have commented a number of times to that effect. Basically, this measure is about the number of newborns who get diagnosed with disorders on Ohio's newborn bloodspot screening panel who receive timely diagnosis and treatment services. ODH programs work very hard to ensure that infants with these disorders have easy access to diagnostic and treatment services.</p>
<p>NPM 1</p>	<p>↓</p>	<p>Q. Would data collected for this Performance Measure be useful to your office, bureau, agency, or organization in accomplishing related goals or objectives?</p> <p>C. May help BCMH objective</p>	<p>(C1.) Good comment. The data collected for this performance measure could easily be shared with BCMH staff as they work on the CSHCN performance measures.</p>
<p>NPM 1</p>	<p>↓</p>	<p>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</p> <p>C. There is a population in our area that wants the "natural environment" to deliver their newborn and deliver at home by a midwife. No follow-up by pediatrician or vaccines. Undetected anomalies can happen and premature death can occur (happened in our area). The parents do not understand the role of the hospital, OB practitioner, etc.</p>	<p>(C1.) Local health departments have access to bloodspot screening cards at no charge. When parents come to register their infant's birth to get a birth certificate, a nurse at the LHD can draw the bloodspot specimen and send to the ODH Lab. Likewise, midwives can order newborn bloodspot screening cards to draw specimens at the homes of the families they serve.</p>
<p>NPM 2 - The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)</p>	<p>Dr. Foster Kim Weimer</p>	<p>Q. Are you able to easily understand the goal and strategies of this measure?</p> <p>C. Prefer activities that are LOCALLY provided. Transportation and time needed for parent advisors at "districts/state meetings" are too burdensome. Local parents want support now, not waiting for a regional contact person to contact them. Parent advocates are overwhelmed and need the funding not more "coordinators" on the district/state level.</p>	<p>(C1.) We appreciate the need for easily accessible local support for parents and we are thankful for the support provided to CYSHCN and their families by parent advocates in Ohio. By partnering with the Ohio Medical Home Project for CYSHCN, which provides training in medical home and "Listening with Connection" to community providers (including public health nurses and Help Me Grow providers), we are hoping to reach families directly through their community providers to improve communication as well as knowledge of and demand for coordinated services provided in a medical home model. A survey is being implemented to assess the impact of this work. We will continue to support efforts to improve local supports for parents and families.</p>

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NPM 2	Dr. Foster Kim Weimer	<p>Q. Do you think this Performance Measure furthers the MCH Priorities of the MCH Block Grant?</p> <p>C. The services need to come directly into the local communities</p>	<p>(C2.) We appreciate this comment and will continue to support efforts to improve local supports for parents and families. (see C1. above)</p>
NPM 2		<p>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</p> <p>C. I LOVE the idea of developing a Care Notebook for families of children with special needs. It will greatly help providers coordinate care leading to greater continuity of care. Please make this feature available to ALL involved agencies, including WIC.</p> <p>C. too many layers to direct service</p>	<p>(C1.) We are planning to make the Care Notebook resource widely available once it is completed.</p> <p>(C2.) The activities in this performance measure are infrastructure building activities and are not direct service activities. However, we appreciate the need to ultimately impact local communities. We have provided trainings to local service providers through the Ohio Medical Home Project for CYSHCN. Through that work, we are hoping to reach families through their community providers to improve communication as well as knowledge of and demand for coordinated services provided by a medical home model. A survey is being implemented to assess the impact of this work.</p>
NPM 2		<p>Q. Would data collected for this Performance Measure be useful to your office, bureau, agency, or organization in accomplishing related goals or objectives?</p> <p>C. Our parents tell us what is working for them and what is not</p>	<p>(C1.) We appreciate this comment – we are thankful for the feedback we receive from parents and families as this information is a critical part of how we work to improve our systems.</p>

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<p>NPM 3 - The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)</p>		<p><i>Q. Are you able to easily understand the goal and strategies of this measure?</i></p> <p>C. Open the Listening with Connection training to physician offices Perhaps the BCMH Nurses could do? Or "train the trainers" as a collaborative effort with private, public health and ODH.</p>	<p>(C1.) This is a great suggestion and we will follow up with our partners from the Ohio Medical Home Project.</p>
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<p>NPM 4 - The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)</p>	<p>Dr. Foster Kim Weimer</p>	<p><i>Q. Do you think this Performance Measure furthers the MCH Priorities of the MCH Block Grant?</i></p> <p>C. Parent education of resources is great except that when you don't have access to said services due to location or hours of service delivery compete with the hours of your employment</p>	<p>(C1.) We appreciate feedback about barriers that families face in obtaining services. We will continue to support the medical home model of service delivery which was defined by the American Academy of Pediatrics as accessible, family-centered, continuous, comprehensive, coordinated, culturally effective, and compassionate.</p>
<p>NPM 5 - Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)</p>		<p><i>Q. Do you think this Performance Measure furthers the MCH Priorities of the MCH Block Grant?</i></p> <p>C. Again, identifying mental health needs is great but there is nowhere for them to go for psychiatric evaluation so what is the point? Some children must wait an entire school year for an evaluation.</p>	<p>(C1.) There is limited access to child psychiatry and there can be long waits for developmental, behavioral and mental health evaluations as well as subsequent access to treatment services. Improving the clinical skills of Ohio's primary care workforce to provide evaluation and treatment in these areas, when appropriate, is one strategy to help alleviate some of this challenge. We will continue to support innovative efforts to improve access to services in these areas.</p>
<p>NPM 5</p>		<p><i>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</i></p> <p>C. Parent education is not the immediate problem; the problem is lack of providers through the mental health boards locally.</p>	<p>(C1.) Access to mental health services for children in need can be challenging. We are currently supporting the Building Mental Wellness project to improve the clinical skills of Ohio's primary care workforce to help alleviate some of this challenge.</p>
<p>NPM 5</p>		<p><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></p> <p>C. Coordinate different programs so agencies know where to refer children and decrease duplication of services, i.e. HMG, BCMH, Pathways, etc.</p>	<p>(C1.) This is a good comment, coordination across programs can be a challenge and it is our goal to streamline services and to ensure the right fit for the child and family. Our ODH programs will continue to collaborate to develop strategies to address this concern.</p>

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<p>NPM 6 - The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.</p>	<p>Dr. Foster Kim Weimer</p>	<p><i>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</i></p> <p>C. Especially youth advisory component.</p> <p>C. Not sure how measurable these are.</p>	<p>(C1.) We are actively working with our Parent Advisory Group to assist us with plan development regarding youth advisory.</p> <p>(C2.) This comment is appreciated and we will work to improve measurability for the activities for this performance measure.</p>
<p>NPM 7 - Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.</p>	<p>Lisa Rider Dyane Gogan Turner</p>	<p><i>Q. Are you able to easily understand the goal and strategies of this measure?</i></p> <p>C. What about stopping the constant referring and just have immunizations regularly provided at WIC or those schools that are behind????</p>	<p>(C1.) ODH programs will continue to collaborate to develop strategies for this measure.</p>
<p>NPM 7</p>		<p><i>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</i></p> <p>C. All of these activities are passive--active engagement is needed to influence performance measure. #3 lacks clarity to fully assess if planned activities will have a substantial impact on the performance measure.</p>	<p>(C1.) Any specific recommendations would be welcomed.</p>

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NPM 7	Lori Deacon	<p>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</p> <p>C. Promote use of the statewide immunization registry with local medical homes/physician offices.</p> <p>C. Promote the use of the statewide immunization registry with private providers</p> <p>C. Many of WIC/Non-WIC participants cross the river to Kentucky for medical/immunization needs. There must be a way for their immunizations information to be updated in the data base.</p>	<p>(C1.) This is a good suggestion and we will continue to promote the use of the statewide registry.</p> <p>(C2.) This is a good suggestion and we will continue to promote the use of the statewide registry.</p> <p>(C3.) HIEs are already transmitting data between states for clinical purposes (for example Michigan and CliniSync have been doing this for about a year). HealthBridge also covers parts of 3 states. If your question is more related to whether public health will exchange data between states then the answer is hopefully someday. That's already happening with syndromic via BioSense and other methods. Reference labs take care of reporting to the correct states for ELR but that doesn't help hospital labs.</p>
<p>NPM 8 - The rate of birth (per 1,000) for teenagers aged 15 through 17 years.</p>	<p>Melody Sexton</p> 	<p>Q. Are you able to easily understand the goal and strategies of this measure?</p> <p>C. How to engage your clients to "own the plan" and actually implement? All will complete to get the services they need, but is it a workable solution?</p>	<p>(C1.) In April 2006 the Centers for Disease Control and Prevention (CDC) published recommendations to improve preconception health (PCH) in the United States. One recommendation advises that each woman, man and couple be encouraged to have a reproductive life plan. The CDC defines a reproductive life plan as a set of personal goals about having (or not having) children and includes action steps around how to achieve those goals. The recommendation states the need to ensure that life plan tools are age-appropriate, culturally relevant and cover both general health topics and specific risk behaviors. Our goal is to use this concept to enable clients to take responsibility in planning their future.</p>
NPM 8		<p>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</p>	

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		<p>C. These activities are one-size-fits-all and seem to solely benefit clients that visit ODH-funded RHWP clinics. A multi-modal, data-driven approach targeting all sub-populations of teens at-risk for pregnancy is needed.</p>	<p>(C1.) One of the strategy's in NPM 8 labeled as PREP is a community based teen pregnancy prevention program focused on training frontline staff who work with youth in foster care and/or juvenile justice facilities to educate youth using Reducing the Risk along with other life skills information on career planning and financial literacy. This program is statewide reaching Ohio's most vulnerable youth and is being incorporated into the professional development and training of direct care staff which becomes a more sustainable project that lives on beyond the life of the grant. The goal of reducing unwanted teen pregnancy as well as preparing youth for future as productive adults is a focus of this program which is not one size fits all.</p>
BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
NPM 9 - Percent of third grade children who have received protective sealants on at least one permanent molar tooth.	Shannon Cole	<p>Q. Are you able to easily understand the goal and strategies of this measure?</p> <p>C. Helps Northeast Ohio? What about the rest of the state? Where are the Ohio Dentists in this?</p>	<p>(C1.) The Northeast Ohio (NEO) Collaboration is a pilot project involving ODH funded school-based dental sealant programs and two safety net dental care programs in NE Ohio. Plans are to expand this collaboration to other regions of Ohio in the next 1-2 years.</p>
NPM 9		<p>Q. Do you think this Performance Measure furthers the MCH Priorities of the MCH Block Grant?</p> <p>C. Again the screenings will identify dental problems that cannot be addressed? No funds or services locally</p>	<p>(C1.) School-based dental sealant programs (SBDSPs) prevent dental decay and do not provide comprehensive care. Many SBDSPs have links to off-site clinics or private offices willing to provide dental care. Parents/caregivers are informed by a note sent home with the child of the child's need for follow-up care and the school personnel are notified about the children with the most pressing needs. ODH recognizes the challenges related to getting dental care for these children. This is why we are piloting a program that links the sealant program with a mobile dental care program that will provide needed care at the schools. Ideally this model can be replicated in other communities.</p>
NPM 9		<p>Q. Would data collected for this Performance Measure be useful to your office, bureau, agency, or organization in accomplishing related goals or objectives?</p> <p>C. We no longer offer dental services. Local FQHC assumed this service in 2012.</p>	<p>(C1.) Unfortunately some local agencies have not been able to sustain their dental safety net clinics. The ODH, in partnership with three charitable foundations have provided technical assistance to help programs be more sustainable. Additionally more federal funds have been made available to FQHCS to provide dental services and expand into additional communities. Ideally underserved populations will be able to access care through either a locally funded dental safety net or an FQHC. There are approximately 100 safety net dental care programs (which includes FQHCs)in Ohio that provide basic dental services and offer sliding fee schedules, reduced fees or free care to clients who cannot afford to pay a private dentist. You may access a listing of these programs at: http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/ohs/oral%20health/SN%20Brochure%201_14.ashx</p>

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<p>NPM 10 - The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.</p>	<p>Merrily Wholf</p>	<p><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></p> <p><i>C.</i> Add a measure to require car seat safety training for childcare providers (including foster parents) and agencies that provide services to families of children.</p>	<p>(C1.) This is an excellent idea that we will add to our discussion this coming year. The child passenger restraint law can be confusing and there are many studies showing safety seats and boosters are not always installed and used properly.</p>
<p>BG Measure</p>	<p>Workgroup Strategy Leader(s)</p>	<p>Question & Public Comment</p>	<p>Workgroup Response</p>
<p>NPM 11 - The percent of mothers who breastfeed their infants at 6 months of age.</p>	<p>Breanne Haviland Dyane Gogan Turner</p>	<p><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></p> <p><i>C.</i> Aid Ohio Hospitals in becoming baby friendly. Monitor and provide technical assistance to birthing hospitals to assure all infants receive breastfeeding screening and that referrals rates meet standards. Provide yearly mandatory breastfeeding trainings for hospital OB staff. Provide a universal scoring technique for breastfeeding infant and require lactation consultant intervention as needed. Provide breastfeeding training videos for hospital use for new families.</p>	<p>(C1.) ODH programs will continue to collaborate to develop strategies for this measure.</p>

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		<p>C. Provide education to staff in hospitals that are not yet on the road to become Baby Friendly. Mothers giving birth in these hospitals struggle to initiate breastfeeding because adequate breastfeeding support is not available and formula is provided shortly after birth.</p> <p>C. Suggest working very closely with WIC and the peer helper program to boost the numbers of breastfeeding mothers/infants</p> <p>C. Please work diligently to show support for breastfeeding education. The WIC Peer Helper funding was cut by 50% for FY 2013 and flat funded for FY 2014. Peers, and our lactation consultants, work tirelessly to educate and support breastfeeding in our community and workplaces.</p>	<p>(C2.) ODH programs will continue to collaborate to develop strategies for this measure.</p> <p>(C3.) ODH programs will continue to collaborate to develop strategies for this measure.</p> <p>(C4.) ODH programs will continue to collaborate to develop strategies for this measure.</p>
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BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
<p>NPM 12 - Percentage of newborns who have been screened for hearing before hospital discharge.</p>	<p>Naomi Halverson (Wendy Grove)</p>	<p>Q. <i>Would data collected for this Performance Measure be useful to your office, bureau, agency, or organization in accomplishing related goals or objectives?</i></p> <p>C. We no longer have hearing clinics</p>	<p>(C1.) You are correct; some of the itinerant hearing clinics are no longer held. However, every newborn is screened for hearing loss at birth before discharge. Babies who are born at home or not in a hospital are provided with information about where to obtain a newborn hearing screening when the baby's birth is registered at the local health department.</p>
<p>NPM 12</p>	<p>Naomi Halverson (Wendy Grove)</p>	<p>Q. <i>Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></p> <p>C. Add a strategy to educate parents of the importance of the hearing screening test and follow up care.</p>	<p>(C1.) All parents receive a brochure at the time of birth informing them of the newborn hearing screening and the importance of follow-up care. The brochure includes hearing/speech milestones for infancy and early childhood. ODH staff provide consultation and technical assistance routinely throughout the year to hospital nursery staff and hearing screening staff on how to communicate with parents about the importance of the newborn hearing screening.</p>
<p>NPM 13 - Percent of children without health insurance.</p>	<p>Jye Breckenridge (Jo Bouchard provided response as outgoing Lead)</p>	<p>Q. <i>Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</i></p> <p>C. Participating in meetings and coordinating efforts are unlikely to promote policy changes that lead to more kids/families being covered consistently and adequately.</p>	<p>(C1.) Good point. Next year's annual plan should specifically highlight what policies will be promoted; how and where they will be promoted and what evaluation indicators will be used to measure success in promoting policies (i.e. presumptive eligibility, family planning eligibility).</p>
<p>NPM 13</p>		<p>Q. <i>Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></p> <p>C. Include the WIC staff in the training of the different types of Medicaid and methods to facilitate WIC applicants to apply for Medicaid.</p>	<p>(C1.) All Division of Family and Community Health Services (DFCHS) programs that touch the maternal and child health population (i.e. WIC, CFHS, HMG, MECHV, BCMH) receive training on how to assist clients in enrolling in Medicaid using the Combined Programs Application (CPA).</p>

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BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
<p>NPM 14 - Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.</p>	<p>Allison Mylander</p>	<p><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></p> <p>C. Provide tools to WIC offices that can be used to educate children and enable families to set achievable weight goals.</p>	<p>(C1.) All participants receive nutrition education tailored to their specific needs during their appointments. In addition, the participant must set a goal to be achieved before their next visit, and this goal is reviewed with the certified health professional. Education tools are also available throughout all of the clinics and on the ODH website.</p>
<p>NPM 15 - Percentage of women who smoke in the last three months of pregnancy.</p>	<p>Rhonda Huckaby Cathy Zuercher</p>	<p><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></p> <p>C. Provide educational tools and literature that will aid clients to reach their goals. C. Our county has a high rate of women smoking in their last trimester. We have difficulty getting our practitioners to reach out to those clients with cessation materials. Some leverage/incentives to get our local practitioners to engage would be helpful.</p>	<p>(C1.) There are educational tools and literature available on the ODH web site and the CDC web site.</p> <p>(C2.) There are educational tools and literature available on the ODH web site and the CDC web site. ODH will be expanding smoking cessation efforts (including training, media and materials) throughout Ohio during SFY 2014 and SFY 2015.</p>
<p>NPM 16 - The rate (per 100,000) of suicide deaths among youths aged 15 through 19.</p>	<p>Angie Norton</p>	<p><i>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</i></p> <p>C. More resources are needed to administer the YRBS at a level that captures more youth so that specific geographies can be targeted for intervention.</p>	<p>(C1.) While there are not enough federal dollars to allow ODH to administer the YRBS at regional or county levels, there are a sufficient number of counties that are conducting YRBS like surveys to collect adolescent health behavior data. Our recent assessment of county level activities resulted in more than 25 counties that are administering a YRBS survey using a combination of funds to pay for the survey efforts. Most survey efforts include the county mental health and addiction agencies along with other partners like the health departments and Family and Children First Councils. So while the state does not have the funds to provide this level of data, many communities are collecting the data.</p>
<p>NPM 17 - Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.</p>	<p>Vivian Anderson Dyane Gogan Turner Amanda Woodburn</p>	<p><i>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</i></p>	<p>(C1.) The amount of subsidy available statewide for the Child and Family Health Services program has decreased over 30% since 2008. In order to qualify for funding for direct care services sub-grantees must provide justification which includes data showing higher than normal poor birth outcomes.</p>

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NPM 17		<p>Q. Would data collected for this Performance Measure be useful to your office, bureau, agency, or organization in accomplishing related goals or objectives?</p> <p>C. Prenatal funding was substantially reduced, LBW and VLBW rate was better than state rate by 0.1%, therefore no prenatal services can be offered through ODH CFHS.</p>	(C1.) see C1 response above
NPM 18 - Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	Vivian Anderson Dyane Gogan Turner Amanda Woodburn	<p>Q. Would data collected for this Performance Measure be useful to your office, bureau, agency, or organization in accomplishing related goals or objectives?</p> <p>C. No current prenatal services are offered, so undecided.</p>	(C1.) The amount of subsidy available statewide for the Child and Family Health Services program has decreased over 30% since 2008. In order to qualify for funding for direct care services sub-grantees must provide justification which includes data showing higher than normal poor birth outcomes.
SPM 1 - Increase statewide capacity to reduce unintended pregnancies among populations at high risk for poor birth outcomes.	Melody Sexton	No Comment(s)	
SPM 2 - Percent of low birth weight black births among all live black births.	Vivian Anderson Dyane Gogan Turner Amanda Woodburn	No Comment(s)	
SPM 3 - Percent of local health departments that provide health education and/or services in schools.	Laura Rooney	<p>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</p> <p>C. Schools must be given the resources to bring in qualified health educators. Somewhere along the way over the past 20 years, the message of "personal health" has been diluted to the point of nothingness in</p>	<p>(C1.)</p> <p>For the past five years the School and Adolescent Health section at ODH has worked with ODE on the Coordinated School Health Grant. We have presented superintendents/school boards/educators and parents with research based evidence linking improved test scores, attendance rates, and graduation rates and decreased behavioral issues to increased participation in physical activity and consumption of a healthy diet.</p>

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		our schools. Physical Education is now an after-thought, school lunches have become more like gas-station food than actual real food, and health education (including sex education) has also been minimized in lieu of "teaching to the test" efforts whereby schools can gain "excellent with distinction" posters for their walls. School administrators will execute programs for which they have funding. We MUST find a way to fund health promotion in our school systems.	
BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
SPM 4 - Degree to which Division of Family and Community Health Services programs can incorporate and evaluate culturally appropriate activities and interventions	Vivian Anderson Theresa Seagraves	No Comment(s)	
SPM 5 - Percent of 3rd graders who are overweight	Heidi Scarpitti	<p><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></p> <p>C. Work with ODE to provide superintendents/school boards/educators information on the importance of physical activity during the school day-present evidence of higher achievement scores. Our schools are still taking away PE time. This information needs to come from someone besides a health educator.</p> <p>C. If you really want to fix this problem, you need to start in kindergarten with these kids, not when they are nine years old. Make Physical Education mandatory at three times per week for each grade level through grade 8. It is a mindset...an object in motion will stay in motion...an object at rest will stay at rest. If kids are given the opportunity to burn off</p>	<p>(C1.) For the past five years the School and Adolescent Health section at ODH has worked with ODE on the Coordinated School Health Grant. We have presented superintendents/school boards/educators and parents with research based evidence linking improved test scores, attendance rates, and graduation rates and decreased behavioral issues to increased participation in physical activity and consumption of a healthy diet.</p> <p>(C2.) The 3rd Grade BMI Surveillance program is designed to assess the prevalence of overweight and obesity in Ohio's third graders. We have data for the 3-5 year old population that is collected through WIC (PeDNSS) and Head Start. In the written and oral presentations of the surveillance data it has always been stressed that the earlier the issue of childhood obesity prevention is initiated the more successful the intervention will be. Staff from ODH, Nationwide Children's Hospital and Dairy Council Mideast has worked together for the last 12 years to create the Ounce of Prevention toolkit. The Ounce of Prevention toolkit was introduced in 2007, updated and expanded to include ages birth to 18 years in 2010, to address the growing epidemic of childhood obesity. This preventive approach was designed to provide simple tools to educate parents about</p>

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		<p>excess energy, their attention will improve and so will their in-class performance.</p> <p>C. Better ways of measuring childcare obesity needed to be utilized. BMI standards show some active and healthy children as being overweight because of muscle mass. This creates a psychological problem for children who then want to eat less and not provide the needed nutrients for their bodies.</p>	<p>good nutrition and physical activity for their children.</p> <p>(C3.) The accuracy of BMI as an indicator of adiposity varies substantially according to the degree of body fatness. Among relatively fat children, BMI is a good indicator of excess adiposity, but differences in the BMIs of relatively thin children (eg, BMI for age <85th CDC percentile) can be largely due to differences in fat-free mass. If appropriate cut points for both BMI and body fatness are selected, so that the prevalence of high levels of each characteristic are approximately equal, a BMI for age at ≥95th CDC percentile has moderately high (70%–80%) sensitivity and positive predictive value, along with high specificity (95%), for identifying children with excess body fatness. As compared with thinner children, overweight children (85th–94th CDC percentiles) are also more likely to have adverse levels of multiple risk factors and to become obese adults; their risks, however, are lower than those of obese children.</p> <p>Skinfold-thickness and circumference measurements require additional training and may be difficult to standardize, and there is little information to support their use in the general assessment of body fatness and health risks. The additional information supplied by these measurements among overweight children, beyond that conveyed by BMI for age, is uncertain.</p> <p>ODH conducts a BMI surveillance program, not a screening program. BMI measurement programs in schools may be conducted for surveillance and screening purposes. BMI surveillance programs assess the weight status of a specific population (e.g., students in an individual school, school district, or state) to identify the percentage of students who are potentially at risk for weight-related health problems. Surveillance data are typically anonymous and can be used for many purposes, including identifying population trends and monitoring the outcomes of interventions. BMI screening programs assess the weight status of individual students to identify those at risk and provide parents with information to help them take appropriate action. Some schools choose to share the results of the measurements with the parents. Detailed guidelines for presenting the information to the parents have been made available to school staff in those schools choosing to send the information home. This guidance emphasizes that BMI is a screening tool not a diagnostic tool and each case needs to be assessed individually!</p>
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BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
<p>SPM 6 - Development and implementation of a core set of preconception health indicators that monitor the health of reproductive age women (18-44) and evaluate preconception health effects.</p>	<p>Amy Davis</p>	<p>Q. Are you able to easily understand the goal and strategies of this measure?</p> <p>C. Just seemed quite vague and as a result confusing.</p>	<p>(C1.) The purpose of this measure is to create a set of indicators that describe the health status of reproductive age women. Once this set of indicators has been selected, on-going monitoring of those data points will provide a way to evaluate efforts to improve women’s health in Ohio. The preconception period is critical because good health before pregnancy can contribute to positive birth outcomes.</p>
<p>SPM 7 - Percentage of 3rd grade children with untreated caries</p>	<p>Shannon Cole</p>	<p>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</p> <p>C. ODH has moved further and further away from direct care clinical services additional justification for grants for direct care is needed.</p>	<p>(C1.) ODH recognizes the need for dental safety net programs to receive subsidies that help compensate for the cost of providing uncompensated care to Ohio’s uninsured individuals with low-incomes. For that reason we continue to provide financial support for dental safety net grants. Unfortunately due to reductions in federal funding, the number of safety nets ODH supports has decreased in recent years.</p>
<p>SPM 8 - Reduce deaths of adolescents (age 10-19) due to intentional and unintentional injuries.</p>	<p>Angie Norton</p> 	<p>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</p> <p>C. Not sure that simply analyzing data and reviewing activities will reduce the number of adolescent deaths due to poisoning.</p>	<p>(C1.) Once the data and activity review is complete the next step would be to identify gaps where there are no interventions targeted to meet the need and look to partners/stakeholders to help close the gaps.</p>
<p>SPM 8</p>		<p>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</p> <p>C. Instead of just analyzing data, there needs to be some sort of programming in conjunction with ODADAS, Opiate Task Forces, etc.</p>	<p>(C1.) This objective has been included as part of the strategies for the Ohio Adolescent Health Partnership (OAHP) which includes partners such as Ohio Mental Health and Addiction Services as well as Domestic Violence and Injury prevention. The work of these sub committees within the OAHP will be using the data from this performance measure to develop additional strategies to positively impact change and reduce deaths of adolescents. Copy of the OAHP strategic plan is available for review upon request from ODH.</p>

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BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
<p>SPM 9 - Maintenance/enhancement of the Ohio Connections for Children with Special Needs (OCCSN) birth defects information system (BDIS) birth defects registry) to improve utilization of data of surveillance, referrals to services and prevention activities.</p>	<p>Anna Starr</p>	<p>No Comment(s)</p>	
<p>SPM 10 - Increase the percent of children who receive timely, age-appropriate screening and referral.</p>	<p>Allyson Van Horn</p>	<p><i>Q. Are you able to easily understand the goal and strategies of this measure?</i></p> <p>C. I would recommend revising the language of the goal to say "Increase the percent of children who receive timely, age and DEVELOPMENTALLY appropriate screenings and referrals. Children who are born premature (less than 32 completed weeks) or have a developmental delay are at a significantly higher risk of vision problems than typically developing children. Children in this high risk population should be referred to an eye care provider for a comprehensive eye examination.</p> <p>C. The goal is quite clear the strategies seem to overly vague. Doubt the average Ohio citizen would have any idea what they meant or at least how they would work.</p>	<p>(C1.) The current language for State Performance Measure 10 was identified during the previous needs assessment cycle of the Maternal and Child Health Block Grant. Every five years, states are required by Title V of the Social Security Act to prepare a statewide needs assessment. The next statewide needs assessment will be submitted in July, 2015.</p> <p>(C2.) Strategies were developed to encompass all screening types for developmental, hearing, lead and vision. Each screening technique and process varies drastically depending upon the type of screening that is conducted. In order to clarify the status of each type of screening, developmental, hearing, lead and vision accomplishments are listed separately in the Annual Report.</p>

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BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
SPM 10		<p>Q. Do you think this Performance Measure furthers the MCH Priorities of the MCH Block Grant?</p> <p>C. I think the impact on the goal could be enhanced with the addition of an activity to the third strategy that will utilize data (from strategies 1 & 2) to create a plan for education of populations that are less likely to receive age and developmentally appropriate screenings and referrals. As written now, there are no activities in process that impact the behaviors of the targeted consumer groups.</p> <p>C. Not really sure what the development of systematic quality improvement Collaboratives means. Again seems too vague.</p>	<p>(C1.) Currently there is an educational component for developmental, hearing, lead and vision screenings. However, this is not fully explained within the Maternal and Child Health Block Grant application. In the future, the workgroup will provide details regarding current health promotion activities that affect the State Performance Measure 10 goals and activities.</p> <p>(C2.) Quality improvement initiatives will occur with developmental, hearing, lead and vision screenings and referrals. These initiatives will enhance the efficiency and effectiveness of how screenings and referrals are conducted in the primary care setting. The quality improvement outcomes will be shared with healthcare professional such as pediatricians, family practice physicians, residents, nurses and safety net providers to expand the number of physician practices utilizing quality improvement processes.</p>
SPM 10 - Increase the percent of children who receive timely, age-appropriate screening and referral.	Allyson Van Horn	<p>Q. Would data collected for this Performance Measure be useful to your office, bureau, agency, or organization in accomplishing related goals or objectives?</p> <p>C. Data collected as a part of SPM 10 would be useful to the National Center for Children’s Vision and Eye Health, and can serve as a best practice we can promote nationally. I recommend taking steps to use this data in a fashion similar to the data collected for oral health, including: • Make data and other information available to help communities and policy-makers. • Maintain and update a county-level, internet-based screening/referral surveillance system to describe vision health status, demographics and access to eye care. • Write and disseminate reports on vision screening health</p>	<p>(C1.) The Children’s Vision Ohio Coalition is working towards accomplishing these data needs for the National Center for Children’s Vision and Eye Health as well as for policy makers. One accomplishment is the development and use of ImpactSIIS the State Immunization Information System to capture population level vision screening data. This step is a paradigm shift from current practices and requires systems change. Previously there was no universal data system to capture vision screening, referral and follow up data. A planned activity for the upcoming FFY14 is to establish a plan that will encompass data analysis, monitoring and evaluation.</p>

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		data. • Write manuscripts for publication in professional journals using vision screening/care health data. • Continued participation in statewide children’s screening coalitions to improve public health education and quality improvement efforts for the targeted screening areas in key populations.	
BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
SPM 10		<p><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></p> <p>C. See above comments. Thank you for the opportunity to provide my thoughts!</p>	(C1.) see C1 response above