

Maternal and Child Health Block Grant

State Performance Measures

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MCH State Performance Measure 01: Increase statewide capacity to reduce unintended pregnancies among populations at risk for poor birth outcomes

Accomplishment Report Annual Plan for FFY 10/01/2012 – 09/30/2013

Strategy A: Monitor enrollees into the Medicaid Family Planning Expansion (Medicaid State Plan Amendment) (Infrastructure).

Report of Accomplishment: In Jan. 2012, OH implemented the Medicaid Family Planning State Plan Amendment (SPA), which increased Medicaid eligibility for FP services to men and women up to 200% of the FPL. As of 9/30/13, 152,706 Ohioans have enrolled/obtained services via SPA.

Strategy B: Work with Ohio Medicaid to provide education and outreach to consumers and providers regarding the Medicaid FP Expansion. (Population-Based).

Report of Accomplishment: Outreach for the Medicaid FP Expansion has been conducted at the local level. The number of enrollees has increased from 125,488 in Oct. 2012 to 154,841 in Aug. 2013. RHWP clinics educated their clients and those who apply for Medicaid in OH get evaluated for the SPA automatically if they don't meet Medicaid requirements. ODH put a link to OH Medicaid Family Planning on RHWP website and a representative from Medicaid spoke at the RHWP Project Director meeting in Mar. 2013.

Strategy C: Ensure that all Reproductive Health and Wellness Program (RHWP) patients complete a Reproductive Life Plan. (Direct Care)

Report of Accomplishment: Of all patients served in the RHWP, 51% have completed a RLP, up from 31% last year. This is the 2nd year for this objective but the first where it's required. It has taken time for each program to adopt and train staff in assisting the patient to complete.

Strategy D: List and report the populations at risk for poor birth outcomes among those who have unintended pregnancies. (Infrastructure)

Report of Accomplishment: Data from 2010 PRAMS were analyzed to identify populations at risk for unintended pregnancy. Mothers who receive Medicaid, non-Hispanic black mothers, and teens all reported high percentages of unintended pregnancy. The 2011 OH YRBS found 41.8% of high school students had sexual intercourse with at least one person in the past three months. Difficulty accessing effective contraceptive methods may contribute to unintended pregnancies. 2010 data from OH PRAMS found only 44.2% of mothers not trying to become pregnant were using contraception at conception.

Strategy E: Identify gaps in the availability of data from the final list of populations and areas at risk for poor birth outcomes. (Infrastructure)

Report of Accomplishment: Starting with 2012 births, PRAMS survey made adjustments to questions about pregnancy intention. When asked how they felt about becoming pregnant, mothers can respond they weren't sure how they felt at that time (previous options were they wanted to be pregnant sooner, later, at that time, or not at any time). Also, another question was added asking mothers with an unintended pregnancy how much longer they wanted to wait to become pregnant.

Strategy F: Once these gaps are identified, Reproductive Health and Wellness Program will determine needs for additional resources, linking, and other activities to reduce unintended pregnancies among populations at risk for poor outcomes by promoting and supporting RHWP throughout Ohio.

Report of Accomplishment: Populations at risk include teens in foster care and teens in the juvenile justice system. Personal Responsibility & Education Program (PREP) has trained 563 staff in foster care and juvenile justice at 162 agencies and 1600 youth in Reducing the Risk. This is an increase of

about 300 staff, 55 agencies and 1000 youth from last year. The goal of reducing unwanted teen pregnancy and preparing youth for the future as productive adults is the focus of PREP.

Strategy G: Sustain intra-agency partnerships (Ohio Collaborative to Prevent Infant Mortality, the Ohio Diabetes Alliance, Text 4 Baby and the Office of Health Equity) to combine efforts to reduce infant mortality, reduce gestational diabetes and improve birth outcomes for high risk and at risk populations. (Infrastructure)

Report of Accomplishment: In Nov. 2012, an IM Summit was held in Columbus to bring awareness of high IM rates in OH and to develop strategies for reducing the rate. About 100 OIMRI participants attended a workshop on RLP. In Sept. 2013, 70 CHWs were trained to assist their clients in developing a RLP and in advising GDM mothers about health and nutrition to prevent Type 2 Diabetes. All RHWP Project Directors were trained in developing RLP during the Mar. 2013 PD Meeting. A webinar on RLP is posted on the CFHS website to train all staff. 12 perinatal direct care agencies and 14 OIMRI agencies have participated.

Strategies for the Current FFY 10/01/2013 – 09/30/2014

1. Ensure all Reproductive Health & Wellness Program (RHWP) projects are conducting outreach to seek at-risk clients.

Activity:

- Medicaid Expansion outreach materials provided to RHWP projects during project directors meetings. Completed
- All other activities in progress

2. Monitor the effect of Medicaid State Plan changes on the populations served by RHWP projects.

Activity: In progress

3. Ensure that all ODH-funded Reproductive Health and Wellness Program (RHWP) projects assist all patients in completing a Reproductive Life Plan (RLP).

Activity:

- Webinar to train RHWP and the Child Family Health Services (CFHS) staff and subgrantees about RLP made available. Completed
- Information about importance and how to complete RLP provided at annual project directors meeting. Completed
- Other activity in progress

4. Ensure all RHWP project are providing education on preventing unintended pregnancies and sexually transmitted infections among adolescents.

Activity: In progress

5. Sustain intra-agency partnerships (Ohio Collaborative to Prevent Infant Mortality, the Ohio Diabetes Alliance, Ohio Infant Mortality Reduction Initiative Program, Text 4 Baby and the Office of Health Equity) to combine efforts to reduce infant mortality, reduce gestational diabetes and improve birth outcomes for high risk and at risk populations.

Activity: In progress

Plan for Next FFY 10/01/2014 – 09/30/2015

1. Ensure all Reproductive Health & Wellness Program (RHWP) projects are conducting outreach to seek at-risk clients. (Enabling)

Activities:

- Collaborate with Ohio Medicaid to provide education & outreach regarding Medicaid Expansion
- Collaborate with 14 OIMRI Programs in their services area

- Require 5% of grant award allocated to outreach
 - Maintain websites & materials to reflect current info regarding Medicaid Expansion & eligibility
 - Monitor development of outreach plans
2. Monitor the effect of Medicaid State Plan changes on the populations served by RHWP projects. (Infrastructure)
- Activities:**
- Use Ahlers to monitor number of RHWP clients utilizing Medicaid
 - Collaborate with Ohio Medicaid to monitor number of Ohio citizens enrolled in Medicaid
3. Encourage women’s health clients to complete a Life Plan or Reproductive Life Plan (RLP). (Enabling)
- Activities:**
- Maintain webinar about RLP for RHWP and CFHS subgrantees on ODH website
 - Investigate use of RLP with other ODH funded programs (OIMRI, WIC, School Nurses, DV, Adolescent Health, etc.)
 - Conduct chart audits to ensure all ODH funded RHWP patients complete a RLP
 - Develop 1 hour module on life course planning to include in School and Adolescent Health public health /school nurse training series
4. Ensure all RHWP project are providing education on preventing unintended pregnancies and sexually transmitted infections among adolescents and young adults. (Enabling)
- Activities:**
- Offer additional funds to provide evidence-based comprehensive reproductive health & wellness education to reproductive aged males and females
 - Monitor provision of education on preventing pregnancies & STDs to adolescents through chart audits & observation
5. Ensure all RHWP project are working to increase the number of RHWP clients who are choosing Long Acting Reversible Contraceptives (LARC) as a means of contraception. (Infrastructure)
- Activities:**
- Provide technical assistance & education to RHWP subgrantees about use, effectiveness & billing for LARCs
 - Offer additional funds for projects choosing to increase number of patients using LARCs
 - Offer additional funds for purchase & insertion of LARCs
6. Sustain intra-agency partnerships (Ohio Collaborative to Prevent Infant Mortality, the Ohio Diabetes Alliance, Ohio Infant Mortality Reduction Initiative Program, WIC, Healthy Ohio, and the Office of Health Equity) to combine efforts to reduce infant mortality, reduce gestational diabetes and improve birth outcomes for high risk and at risk populations. (Infrastructure)
- Activities:**
- Use Family Planning Advisory Committee (FPAC), strategy workgroup & other ODH partnerships to engage partners, leverage influence & coordinate efforts to improve capacity to reduce unintended pregnancies
 - Share info with partners regarding issues, priorities & need to collaborate for solutions
 - Implement 5A’s of obesity in at least 10 additional RHWP clinics

MCH State Performance Measure 02: Percent of low birth weight black births among all live black births.

Accomplishment Report Annual Plan for FFY 10/01/2012 – 09/30/2013

Strategy A: Assure that all DFCHS funded programs interacting with women of childbearing age focus efforts on populations at greatest risk. (Infrastructure)

Report of Accomplishment: Smoking increases the risk of low birth weight. Smoking rates among black women in WIC and CFHS programs were evaluated by reviewing data from the Perinatal Smoking Cessation Program. DFCHS reviewed the Perinatal Periods of Risk (PPOR) analysis using the most recent data available. The workgroup continues to support and include the work of the Ohio Collaborative to Prevent Infant Mortality, and the Action Learning Collaborative Addressing Infant Mortality and Racism.

ODH hosted an Infant Mortality Summit, Turning up the Volume on Infant Mortality: Every Baby Matters, in November 2012 to raise awareness of the high IM rates in Ohio. A multidisciplinary group, consisting of physicians, nurses, social workers, community health workers, and others attended. In September, 2013, 70 CHWs were trained to teach their clients about healthy maternal lifestyle.

Strategy B: Continue to refine RFP language and provide technical assistance to DFCHS funded programs and Medicaid providers to ensure the appropriate target population is served. (Infrastructure)

Report of Accomplishment: Education was provided to providers about outreaching to black women at high-risk of delivering a low birth weight babies via email communication during FFY 13 through the Ohio Collaborative to Prevent Infant Mortality and the Child and Family Health Services Program at meetings. The workgroup continues to support the work of the 04 Workgroup (see SPM 04).

Strategies for the Current FFY 10/01/2013 – 09/30/2014

Strategy A: Assure that all DFCHS funded programs interacting with women of childbearing age focus efforts on populations at greatest risk. (Infrastructure)

Strategy B: Continue to refine RFP language and provide technical assistance to DFCHS funded programs and Medicaid providers to ensure the appropriate target population is served. (Infrastructure)

Plan for Next FFY 10/01/2014 – 09/30/2015

A: Assure that all DFCHS funded programs interacting with women of childbearing age focus efforts on populations at greatest risk.

Activities:

- Evaluate smoking rates among black women in WIC and CFHS programs by reviewing data from the Perinatal Smoking Cessation Program;
- Redo the Perinatal Periods of Risk analysis using the most recent data available;
- Support and include the work of the Ohio Collaborative to Prevent Infant Mortality, and the Action Learning Collaborative Addressing Infant Mortality and Racism
- Share the results of the Community Health Access Project (CHAP) evaluation with DFCHS programs and explore follow-up analysis in other population groups.

B: Continue to refine RFP language and provide technical assistance to DFCHS funded programs and Medicaid providers to ensure the appropriate target population is served.

Activities:

- Provide education to providers to conduct outreach to black women at high-risk of delivering a low birth weight baby
- Work with the SPM 04 Workgroup (see SPM 04).

MCH State Performance Measure 03: Percent of local health departments that provide health education and/or services in schools

Accomplishment Report Annual Plan for FFY 10/01/2012 – 09/30/2013

Strategy A: Collect baseline data about local health departments (LHD) currently working with schools.

Report of Accomplishment: A new statewide survey was developed in partnership with the Ohio Research Association for Public Health Improvement (RAPHI). The new survey was designed to capture perception and additional capacity data. A Survey Monkey assessment and post telephone interviews were used to further capture strengths, challenges, resource needs, funding status with associated strategies, and opinion on health department ability to influence schools in improving student health. The following process activities were conducted to design and implement the survey and interview: conducted bi-monthly conference calls between state health department and RAPHI, established signed letters of support between agencies, developed survey and interview questions, obtained IRB approval, developed and distributed recruitment materials to obtain local health department participation, implemented survey, conducted interviews, and conducted poster presentation of baseline data as part of the Public Health and Public Health Services and Systems Research. Eighty local health departments responded to the survey, for a response rate of 64%. Twelve telephone interviews were conducted after the survey. Final data summary reports will be available in January 2014. Challenges: RAPHI had obtained RWJ funding prior to the partnership with the ODH and were unaware of the MCH initiative to examine the relationship between LHD's and schools. This presented a challenge as the objectives in the RWJ grant were slightly different than the intent of the baseline data previously gathered with this funding. To avoid survey fatigue and confusion by local health departments, compromise and consensus was needed to assure success of both projects. The positive gains have been made through the availability of enhanced data analysis and established research protocols.

Strategy B: Create workforce development plan to assist local health departments in working with schools.

Report of Accomplishment: The ODH School Nurse program provided professional development sessions to nurses working in school districts. Twelve one-hour webinars were conducted on different topics and made available through archived, on-line records. In addition, three regional all-day workshops were repeated across the state. An all-day orientation for nurses new to working in the schools was conducted. Two workshops for public health nurses working in schools were conducted that covered unique topics on building successful relationships between the school district and LHD. Session topics are identified from results of the School Nurse Survey, the LHD and Schools Survey, and past workshop evaluation results. Examples of topics include: defining school nursing, health services calendar, immunizations, communicable diseases, entomology, individualized health plans, school screenings, delegation, vaccine preventable diseases, BMI screenings, and child abuse and neglect. Ohio became the first state in the nation to establish a school nurse protocol on human trafficking.

The National Association of Chronic Disease Directors requested assistance from the ODH's school and adolescent health staff member to develop a guidebook titled, "SPEAKING EDUCATION'S LANGUAGE: A Guide For Public Health Professionals Working in the Education Sector." This guide assists public health professionals who are experts in their field better understand how to communicate and collaborate with school districts to more effectively improve the health of students. In Ohio, a webinar was conducted to explain the content of the guide.

Strategy C: Promote LHD services to school districts through school boards and administrators.

Report of Accomplishment: Information on mandated health services are posted on the Department of Education's (ODE) website. Articles are written for the Ohio Association of Elementary School Administrator's quarterly magazine. Health services updates are placed on the ODE's weekly newsletters. ODH and ODE participate in the Green Ribbon Schools campaign to encourage districts to reduce environmental impact and costs.

Strategies for the Current FFY 10/01/2013 – 09/30/2014

Strategy A: Collect baseline data about local health departments (LHD) currently working with schools.

Activity: Completed February 2012

Strategy B: Conduct Needs assessment of LHD's

Activity: Committee conducted a second survey including follow up telephone interviews with Ohio Research Association for Public Health Improvement that captured perception and capacity data. Variability of engagement, staffing patterns, presence of formalized agreements, and availability of funding have been found to have significant impact. A secondary analysis of the data is being conducted to discuss the provision of human and financial resources related to school health policy agendas.

Strategy C: Create workforce development plan to assist Local Health Departments in working with schools.

Activity: ODH School Nurses host 3 regional trainings for school nurses and public health nurses working in schools. Monthly webinars are conducted and recorded to address specific topics. Adolescent Health Strategic Plan identified new strategies to improve behavioral health, injury, reproductive health, obesity and sleep.

Strategy D: Promote Local Health Department services to school districts through school boards and administrators

Activity: New articles are being written for submission into school board and administrator newsletters on quarterly basis. Staff continues to work with State Board of Education, Ohio Department of Education, and LHD's to support health education and health services in schools.

Plan for Next FFY 10/01/2014 – 09/30/2015

Strategies and activities delivered under SPM 3 focus on building and improving the infrastructure of local health departments (LHD) to deliver effective services to school districts. Services delivered in school districts include assistance with policy development and implementation, implementing strategies that create a healthy school environment, improving access to care, delivery of education, and supporting parent and community involvement. The LHD survey conducted in fiscal year 2012-2013, identified 20 health topics that are delivered to and/or supported by LHD's through contracts, memorandum of understanding, or informal relationships. The Ohio Department of Health's School and Adolescent Health Section manage an Intra-Agency School Health Committee that utilized survey results to 1) improve and increase the level of professional development provided by state-level program managers to LHD's working in schools and 2) improve and increase services delivered by LHD's to schools. In 2013-2014 the Ohio Department of Health partnered with the Ohio Research Association for Public Health Improvement (RAPHI) to conduct a follow-up survey to further assess the relationship between LHDs and schools. Initial data analysis has been completed and the 2014-2015 year will be spent conducting more complex analysis and reporting.

Initial analyses proved that successful implementation of the coordinated school health model (CSH) are collaborative efforts with diverse stakeholders, including local health departments (LHD). While LHD are uniquely positioned to support school health efforts, there is considerable variation in the level of engagement. Perceptions of the relationship with schools were favorable, with the majority of LHD's

reporting informal relationships with schools within their jurisdiction. Less than half of the LHD's received funding from ODH in any specific category of identified funding. Funding was identified both as a barrier to effectively working with schools as well as a potential action step to improve and enhance school health efforts at the local level. Lack of school interest was reported as the least influential barrier and thematic analysis reflected a focus on turf issues between LHD's and schools as an additional barrier. Support and resources from ODH related to capacity building, sustainability, and technical assistance were identified. Strengths include a diverse and sufficient sample size. Limitations include those consistent with self-reported data as well as a lack of clarity among respondents based on the manner in which some items were worded or incorporated as part of the instrument.

Activities in the 2014-2015 year will include a comparison of baseline results to the second survey, including identification of trends. A report will be published for local health departments as well as submission to a peer reviewed journal. Trainings for LHD to more effectively provide health services will continue. And, the availability of services will continue to be promoted through school boards and administrators.

Analysis of data and report writing is done in collaboration with staff from Case Western Reserve University. Barriers to completion often depend on the schedules of the University staff. Utilization of calendars and pre-identified deadlines supports the ability to meet deadlines.

MCH State Performance Measure 04: Degree to which State Division of Family and Community Health Service programs can incorporate culturally appropriate activities and interventions.

Accomplishment Report Annual Plan for FFY 10/01/2012 – 09/30/2013

Strategy A: Develop and enhance a division-wide profile of populations served by DFCHS programs.
(Infrastructure)

Report of Accomplishment: The DFCHS Cultural & Linguistic (C&L) Competency Survey Tool was developed to capture updated information about the profile of populations served by DFCHS programs. The tool was distributed to DFCHS staff, resulting in a C&L Competence Survey Assessment Data Report completed by a contractor.

Collaborated with the ODH Public Health Data/Research Policy Advisory Committee to develop ODH standards on tabulating racial and ethnic data for improving consistent data reporting across programs. Collaborated with ODHDPAC to develop race and ethnicity data standards for the purpose of improving collection, reporting and tabulation of data on race and ethnicity across ODH programs. Guidelines report will be shared as an official DFCHS guide and the recommendations implemented. Use of race and data standards approved by senior ODH management and standards implemented across ODH. Standard data model for training developed for ODH then train DFCHS staff on ODH data standards for improving collection of race and ethnicity data across programs. Strategy will be measured through data standards approved, implemented agency-wide, and standard training model developed and approved. The race and ethnicity data collection standards to be further developed as part of the Title V C&L Competence Phase 2 work with RAMA Consulting Group. As part of ODH's work with OEI to Improve Birth Outcomes a standard set of health equity indicators will be drafted for use during Phase 2 training. These indicators are being developed in collaboration with 9 LHDs.

Strategy B: Incorporate selected culturally appropriate activities and interventions into State DFCHS programs (Infrastructure).

Report of Accomplishment: Using the results from the DFCHS C&L Competence Survey Assessment Data Report analyses report, with expert consultant assistance, the workgroup continues to focus on a work plan in collaboration with its Phase 2 consultant. DFCHS entered into agreement with expert C&L consultants and have outlined the strategies and activities below it will accomplish this FFY:

- a. Draft a Strategic Plan identifying the process to improve staff knowledge and understanding of health equities, social determinants of health and C&L appropriateness by:
 - Identify & prioritize emerging themes from survey assessment
 - Develop learning objectives for cultural competence (CC) training
 - Define key communication messages for staff about CC training and toolkit.

- b. Develop C&L Tool Kit for the purpose of training, monitoring, & evaluating C&L appropriateness to include:
 - Individual/organizational self-assessments
 - Fact sheets, checklist, and data supporting evidence-based practices
 - Training guides, exercises and case studies.

- c. Provide C&L competency training to assist state Title V staff and local grantees in moving along the continuum to C&L appropriateness. A customized training to include:
 - Focus on social determinants of health and health equity
 - Training consistent with CLAS standards
 - Piloted training with MCH and subgrantee leadership and making the final training tools available to any subgrantee.

- d. Develop Sustainability Plan incorporating a process for ongoing monitoring, evaluation, and Train-the-Trainer process below:
 - Evaluates agency, program & employee level outcomes
 - Training modules outlined, delivery methods drafted, & presentation tips
 - Evaluation and survey templates will be developed
 - Series of webinars will be designed.

- e. Implement DFCHS C&L competency Train the Trainer (T3) Program, including a multi-day Culture College event (unique educational experience where participants are immersed in the values, icons, traditions and practices of a specific and/or different cultures). T3 will include:
 - A pilot session for 10-12 trainers, including solicited feedback on training module
 - Trainers will learn to enhance their delivery skills in outlining diversity, inclusion, and CC practices.

- f. MCH programs will outline initiatives, activities and proposals in collaboration with the ODH HR Workforce development and ODH Health Equity Office for use throughout the agency.

Strategy C: Assisted in planning Ohio's first Infant Mortality Summit with the theme: *"Turning Up the Volume on Infant Mortality: Every Baby Matters."*

Strategies for the Current FFY 10/01/2013 – 09/30/2014

Strategy A: Develop and enhance a division-wide profile of populations served by DFCHS programs.

Report of Accomplishment: 1) developing and enhancing a division-wide profile of populations served by DFCHS programs; and 2) collaborating with the ODH Public Health Data/Research Policy Advisory Committee to develop ODH standards or tabulating racial and ethnic data for the purpose of improving the reporting of data in a consistent manner across programs. **(Infrastructure).**

Status: No change, in progress

Strategy B: Incorporate selected culturally appropriate activities and interventions into State DFCHS programs. **(Infrastructure).**

Report of Accomplishment: No change, in progress

Plan for Next FFY 10/01/2014 – 09/30/2015

A: Develop and enhance a division-wide profile of populations served by DFCHS programs. (Infrastructure)

1. Work with ODH Health Equity and HR Offices to develop ODH standards on tabulating racial and ethnic data for improving consistent data reporting across programs. The race and ethnicity data collection standards to be further developed as part of the Title V C&L Competence work with RAMA Consulting Group. As part of ODH's work with OEI to Improve Birth Outcomes a standard set of health equity indicators will be drafted for use during C&L training. These indicators are being developed in collaboration with 9 LHDs.

B: Incorporate selected culturally appropriate activities and interventions into State DFCHS programs. (Infrastructure)

1. Using inputs from the strategic planning sessions, a toolkit will be developed to ensure cultural and linguistic competency building among MCH staff. Some likely elements of this toolkit will include:
 - Individual and organizational self-assessments
 - Fact sheets, checklists, and data supporting evidence-based practices
 - Training guides, exercises, and case studies
 - Final Product: An interactive document that will address training needs and wants to build cultural and linguistic competence capacity among MCH staff and sub grantees.
2. Tool Kit will be used for the purpose of training, monitoring, & evaluating C&L appropriateness to include:
 - Individual/organizational self-assessments
 - Fact sheets, checklist, and data supporting evidence-based practices
 - Training guides, exercises and case studies.
3. Provide C&L competency training to assist state Title V staff and local grantees in moving along the continuum to C&L appropriateness. A customized training to include:
 - Focus on social determinants of health and health equity
 - Training consistent with CLAS standards
 - Piloted training with MCH and subgrantee leadership and making the final training tools available to any subgrantee.
4. Develop Sustainability Plan incorporating a process for ongoing monitoring, evaluation, and Train-the-Trainer process below:
 - Evaluates agency, program & employee level outcomes
 - Training modules outlined, delivery methods drafted, & presentation tips
 - Evaluation and survey templates will be developed
 - Series of webinars will be designed.
5. Implement DFCHS C&L competency Train the Trainer (T3) Program, including a multi-day Culture College event (unique educational experience where participants are immersed in the values, icons, traditions and practices of a specific and/or different cultures). T3 will include:
 - A pilot session for 10-12 trainers, including solicited feedback on training module

- Trainers will learn to enhance their delivery skills in outlining diversity, inclusion, and CC practices.

MCH State Performance Measure 05: Percent of 3rd Graders Who Are Overweight.

Accomplishment Report Annual Plan for FFY 10/01/2012 – 09/30/2013

Strategy A: Conduct data surveillance and monitoring activities

Report of Accomplishment: The ARRA grant enabled the Ohio Department of Health (ODH) to provide a medical grade scale, stadiometer and BMI training to approximately 50% of the Local Health Districts (LHD) in the state. LHD continue to be matched with schools that request technical assistance and equipment for BMI data collection. This collaboration between LHD staff and the schools they serve continues to strengthen their working relationship and promote the collection and reporting of accurate BMI data.

The Healthy Choices for Healthy Children ACT encourages schools to conduct BMI screenings.

Aggregated student BMI screening data continue to be submitted to ODH. This data continues to be monitored and analyzed to track trends in obesity prevalence.

The 3rd Grade BMI Surveillance program was conducted for the 2011-2012 school year. This allowed ODH to generate representative estimates of overweight and obesity at the state level. Since the beginning of our surveillance program in 2004-2005, there has been no significant change in the number of Ohio third graders who are overweight or obese, and national data suggest the same trend. The 3rd grade BMI survey will be conducted again in the 2013/2014 school year.

Strategy B: Increase health care provider's awareness and involvement in prevention and treatment initiatives.

Report of Accomplishment: Continued promotion of Ounce of Prevention (OOP) to health care providers. The OOP toolkit was created through collaboration between ODH, Nationwide Children's Hospital and National Dairy Council Mid-east in 2007 and revised in 2012. This preventive approach was designed to provide simple tools to educate parents about good nutrition and physical activity. Pediatrician offices, public health care clinics and school based programs across Ohio continue to be trained on the use of Ounce of Prevention.

Strategy C: Explore new opportunities for collaboration

Report of Accomplishment: ODH staff continues to work with Ohio Action for Healthy Kids (OAFHK), through attendance at the meetings and by providing technical assistance to this state level initiative. ODH provides OAFHK with childhood obesity data and partners with the OAFHK leaders to conduct regional trainings. ODH MCH school staff continues to participate on a national level to assist AFHK in the implementation of their strategic plan.

A new collaborative partnership was formed in 2012 with Early Childhood Ohio (a group involving staff from ODE, Ohio Department of Jobs and Family Services, Ohio Department of Mental Health and the Ohio Department of Developmental Disabilities) this partnership was formed to build evidence based programming for PA and nutrition in the preschool programs. In addition ODH staff has participated on writing teams to develop policies and recommendations for health and nutrition standards to be adopted statewide by the Ohio Child Care Resources and Referral association.

The Buckeye Healthy School Alliance has ODH staff serving on each of its subcommittees. One of the goals of the alliance is the adoption of the National Health Education Standards in all Ohio schools.

ODH staff is collaborating with Head Start programs across the state to provide technical assistance and training for conducting BMI screenings and data collection in the Head Start population.

ODH staff is collaborating with the OAAP and staff from local universities, Ohio's children hospitals and local health departments on a project titled Early Childhood Health and Wellness in Ohio. The

goal of this collaboration is to explore what is being done and what needs to be done in Ohio to address the issue of childhood obesity.

Strategy D: Investigate evidence based intervention for school aged population.

Report of Accomplishment: ODH staff attended two train- the- trainers sessions in 2013 to gain knowledge of evidence based interventions being offered to the school age population. ODH staff participated in web based trainings on the evaluation of and criteria for establishing evidence based interventions.

Strategy E: Participate in the development of a statewide plan for addressing childhood obesity

Report of Accomplishment: Healthy Ohio Obesity Coordinator has been working with SPM #5 and NPM #14 team in revising the state obesity plan reviewing the objectives that relate to very young children and school aged children.

Strategies for the Current FFY 10/01/2013 – 09/30/2014

Strategy A: Conduct data surveillance and monitoring activities. (all in process)

- 1) Conduct 3rd grade BMI surveillance in 2014/2015 school year.
- 2) Conduct BMI surveillance program in 74 Head Start sites across the state and analyze the data.
- 3) Analysis and reporting of the 2013-2014 HCHC act BMI data

Strategy B: Increase health care provider's awareness and involvement in prevention and treatment initiatives.

- 1) Participate on the Ohio AAP Ounce of Prevention/ Pound of Cure advisory committee
- 2) Work with and train Head Start health directors on BMI screenings and Nutrition and Physical activity programs. (new)

Strategy C: Continue to explore opportunities for collaboration.

- 1) Collaborate with Buckeye Healthy School Alliance and the Ohio Department of Education (ODE) to promote and conduct the School Health workshops and on the development of resources for schools participating in BMI screening programs.
- 2) Collaborate with Nationwide Children's Hospital to expand the Ounce of Prevention program through the development of materials for use in the school and child care setting.

Strategy D: Investigate evidence based interventions for the school aged population related to nutrition and physical activity.

- 1) Work with the ODE to promote evidence based Nutrition/PA programs in schools.
- 2) Work with Ohio AAP on the evaluation and development of childhood obesity prevention/treatment programs currently being piloted in Ohio. (new)

Plan for Next FFY 10/01/2014 – 09/30/2015

A. Conduct data surveillance and monitoring activities.

- 4) Conduct 3rd grade BMI surveillance program, analyze and interpret data to establish baselines, monitor trends and evaluate the impact on interventions targeted to reduce obesity, if adequate funding is available.
- 5) Complete BMI surveillance program in Head Start Preschool Programs to establish baseline state level data on the prevalence of childhood obesity in the Head Start population. Analyze data, create and disseminate results report.

- 6) Analysis and reporting of the 2013-2014 Healthy Choices for Healthy Children Act BMI data (includes grades K,3,5 and 9)
- 7) Develop scale and stadiometer share program through local health departments to make medical grade equipment available in all school settings.

B. Increase health care provider's awareness and involvement in prevention and treatment initiatives.

- 1) Continue to promote Ounce of Prevention Program and introduce Pound of Cure Program to health care providers
- 2) Participate on the Ohio AAP Ounce of Prevention/Pound of Cure advisory committee
- 3) Continue to conduct trainings and provide technical assistance to school nurses, Head Start health directors and local health department staff on BMI screening procedures and nutrition education/ obesity prevention programs.

C. Continue to explore opportunities for collaboration.

- 1) Collaborate with Buckeye Healthy School Alliance and the Ohio Department of Education (ODE) to promote and conduct School Health workshops and webinars.
- 2) Collaborate with state nutrition directors in the Association of State Public Health Nutritionists (ASPHN) on the development of nutrition education programs and resources for schools.
- 3) Collaborate with Ohio AAP advisory committee to expand the Ounce of Prevention/Pound of Cure program through the development of materials for use in the school and child care setting.
- 4) Collaborate with Head Start staff to assess their need for nutrition education and physical activity programs and evaluate programs currently in use.

D. Investigate evidence based interventions for the school aged population related to nutrition and physical activity.

- 1) Work with Action for Healthy Kids, ODE and ASPHN to continue to evaluate Evidence Based nutrition and physical activity program implementation through state reports and a national literature review.
- 2) Work with the Ohio AAP on the evaluation of childhood obesity treatment and prevention programs currently being piloted in Ohio.

MCH State Performance Measure 06: 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 efforts.

Accomplishment Report Annual Plan for FFY 10/01/2012 – 09/30/2013

Strategy A: Identify methods to increase data capacity to implement and sustain data collection, linking and analysis activities, including addressing gaps in resources for data collection and potential for overcoming those gaps. (Infrastructure)

Report of Accomplishment: The group continued its review of the eight preconception health priority indicators. The review includes an initial description of all potential available data sources for the indicator and subsequent examination of the data from those sources. Following this review, gaps, inconsistencies and data quality issues are identified. Recommendations for quality

improvement are recorded so that as opportunities for data collection system revision arise, appropriate updates can be made.

The group has completed the review of the first priority indicator “Percentage of women having a live birth who had a postpartum checkup”. Results indicated data gaps and inconsistencies in the definition of a postpartum visit (timing, content). The group continues to look for ways to increase and improve avenues of data collection as well as standardizing the definition of a postpartum visit, especially in ODH BCFHS programs such as Child and Family Health Services, Ohio Infant Mortality Reduction Initiative and Reproductive Health and Wellness Program. A fact sheet was developed for this indicator.

The group started reviewing data from the second priority indicator “Percentage of women having a live birth who were not trying to get pregnant at the time of conception and neither they nor their husbands or partners were doing anything to keep from getting pregnant”.

Strategy B: Increase capacity to evaluate preconception health efforts by on-going monitoring of indicator data (Infrastructure).

Report of Accomplishment: The workgroup has agreed to complete fact sheets for the top 8 selected preconception health indicators using the following guidelines:

- Each indicator will have its own document
- We will use the perinatal fact sheet template as a guide
- The fact sheets will include pertinent data as well as addressing disparities and gaps in data and other programmatic issues as appropriate, e.g., that there are no uniform standards for the post-partum visit
- The strategy workgroup will serve as the subject matter experts and will solicit input from colleagues re: draft fact sheets

The fact sheets will be distributed to ODH programs and other stakeholders to help inform policy and program development.

The workgroup hosted a presentation by Reena Oza-Frank, PhD, RD and Rashmi Kachoria, MPH, titled “Preconception Care in Ohio: PRAMS 2005-2010”. The group will continue to collaborate with Dr. Oza-Frank as she completes her research on preconception health.

Exploring opportunities to share preconception indicator data via the ODH Data Warehouse is on hold due to delays in the OMIS release schedule.

Strategy C: Coordinate SPM 06 activities with recommendations addressed by the Ohio Collaborative to Prevent Infant Mortality (OCPIM) (Infrastructure).

Report of Accomplishment: The top eight priority indicators closely align with goals of OCPIM. Members of the workgroup participate in OCPIM meetings.

Strategies for the Current FFY 10/01/2013 – 09/30/2014

- A. Identify methods to increase data capacity to implement and sustain data collection, linking and analysis activities for Priority Indicators #2-5. This will include addressing gaps in resources for data collection and potential for overcoming those gaps. (Infrastructure) Status Update: In progress
- B. Increase capacity to evaluate preconception health efforts by on-going monitoring of indicator data (Infrastructure). Status Update: In progress

- C. Coordinate SPM 06 activities with recommendations addressed by the Ohio Collaborative to Prevent Infant Mortality (OCPIM) (Infrastructure). Status Update: In progress
- D. Increase capacity for data analysis and data quality improvement through collaboration with external investigator Reena Oza-Frank, who has been funded for a “Translation of Preconception Care Guidelines into Practice and Behavior Change” HRSA grant (Infrastructure). Status Update: In progress

Plan for Next FFY 10/01/2014 – 09/30/2015

Activities:

- A. Increase data capacity to implement and sustain data collection and analysis activities for Priority Indicators #4-8 by addressing gaps in resources for data collection and potential for overcoming those gaps. (*Infrastructure*)
 - Develop data summaries for Priority Indicators.
 - Investigate additional data sources for selected indicators to enhance understanding of preconception health.
 - Identify gaps in data collection and data quality issues as opportunities to improve Ohio’s set of preconception health indicators.
- B. Provide on-going monitoring of indicator data to increase capacity to evaluate preconception health efforts. (*Infrastructure*)
 - Share preconception health indicator data, including trend data where feasible, (e.g., priority indicator fact sheets, written summaries of all indicators, presentations, etc.) with internal and external partners.
 - For each priority indicator, document current use of preconception health indicators in program and policy decision making process.
- C. Coordinate SPM 06 activities with initiatives of the Ohio Collaborative to Prevent Infant Mortality (OCPIM), Ohio Institute for Equity in Birth Outcomes (OEI), and Region V CoIIN work. (*Infrastructure*)
 - Identify methods to coordinate SPM 06 work group activities with OCPIM and OEI.
 - Participate in the Region V CoIIN workgroup on preconception health and interconception care (AIM: improve access to pre- and interconception care as measures by adolescent well checks, postpartum visits, and increase in birth spacing) by implementing and evaluating strategies in Ohio.
- D. Support and evaluate strategies to improve preconception health and interconception care. (*Infrastructure*)
 - Increase postpartum visit rates among Medicaid women and among Medicaid women with a history of gestational diabetes.
 - Improve healthy weight status among women who receiving care at reproductive health and wellness clinic sites through a brief counseling intervention.

MCH State Performance Measure 07: Percentage of 3rd grade children with untreated caries.

Accomplishment Report Annual Plan for FFY 10/01/2012 – 09/30/2013

Strategy A: Encourage and enable Ohio communities to prevent dental caries through community-based fluoride promotion.

Report of Accomplishment: 9,556,439 (92%) of Ohioans served by public water systems receive adequate water fluoridation.

Sixteen public water systems that serve 243,544 Ohioans received reimbursement through the OHS's Fluoridation Assistance Program. The OHS successfully competed for a \$60,000 grant from the Delta Dental Foundation of Michigan and Ohio. The Fluoridation Assistance Program will continue in FY14. The Oral Health Section (OHS) updated community water systems fluoridation data on the ODH Web and the CDC Water Fluoridation Reporting System.

The OHS reviewed fluoride monthly operating reports from systems that fluoridate. Quality Awards for consistent adjustment of the water fluoride content were provided to 169 (80.5%) systems. 28,088 children in 110 schools participated in the Fluoride Mouth Rinse Program (FMRP). The OHS regional consultants monitored 30 participating schools and provided training to 9 new FMRP coordinators.

Technical assistance (TA) was provided to villages/cities for community water fluoridation; dental and non-dental health professionals in the state Fluoride Varnish Program; and colleagues in the Division of Drinking and Ground Water Ohio EPA.

Strategy B: Strengthen and support the dental care safety net.

Report of Accomplishment: The OHS funded 11 sub-grants to safety net dental clinics. The safety nets provided dental care to 50,793 unduplicated patients. Quality assessment and TA was provided to all programs – reviewing quarterly program reports and providing TA as needed via the telephone. Comprehensive site reviews were completed with 3 subgrantee agencies.

The OHS collaborated with private foundations for the "Strengthening Ohio's Safety Net" initiative to improve health care access for underserved populations via presentations and discussions related to strategy formulation and prioritization.

Online tools and information to start/maintain safety net dental clinics in Ohio, www.ohiodentalclinics.com, were maintained by ODH and the National Maternal and Child Oral Health Resource Center (NMCHOHRC). The Website includes online trainings with free dental continuing education for dental safety net professionals and school-based sealant programs. The NMCHOHRC posts messages via e-mail and Twitter with information for safety net dental clinics with a link to the user.

The OHS collaborates with the Association of State and Territorial Dental Directors, the Indian Health Service, the National Network for Oral Health Access, the NMCHOHRC and Safety Net Solutions to maintain and improve the online Safety Net Dental Clinic Manual (www.dentalclinicmanual.com).

The Ohio Dentist Loan Repayment Program (supported with State GRF) continued funding for 3 dentists and awarded new contracts with 2 dentists for loan repayment in FY13. A new program was developed in 2010 through a HRSA Workforce grant. Five dentists completed contracts in 2013. These programs combined provided dental care to 7,704 unduplicated patients.

The OHS submitted 6 new and 28 renewal applications to HRSA for federal dental health professional shortage area (HPSA) designations. There are currently 81 dental HPSA designations in Ohio.

Strategy C: Make data and other information available to help communities and policy-makers.

Report of Accomplishment: The county-level oral health data were updated and submitted to in the Ohio Oral Health Surveillance System.

A report on the oral health of people living in Appalachian Ohio was completed and distributed.

Planning and implementation continued for the statewide oral health survey of 3rd graders to be conducted during the 2013-14 and 2014-15 school years.

Planning for a statewide oral health survey of Head Start children was deferred until the 3rd grade survey is completed in 2014-15 due to financial and staffing constraints.

The OHS completed analysis and published a data brief on the status of employer-sponsored dental insurance coverage from the 2011 Ohio Employer Health Survey.

OHS staff completed an analysis of 2010-11 Ohio Hospital Association Data on hospital visits and admissions for non-traumatic dental diagnoses and published an article in April 2013.

OHS staff made presentations to dental and dental hygiene students.

The OHS Administrator and Preventive Services Coordinator are members of the Children's Oral Health Action Team and participated in quarterly and workgroup meetings.

Strategies for the Current FFY 10/01/2013 – 09/30/2014

Strategy A: Encourage and enable Ohio communities to prevent dental caries through community-based fluoride promotion.

Report of Accomplishments: Maintain fluoridation and related information on the BCHS Website; Maximize the impact of Ohio's fluoridation statue through fluoridation promotion and education efforts; Collaborate with Ohio EPA to evaluate fluoridation quality and monitor the state fluoridation census. Provide the opportunity for communities without optimal water fluoridation to operate school-based fluoride mouth rinse (FMR) programs

Strategy B: Strengthen and support the dental care safety net.

Report of Accomplishments: Fund subgrants for the support to safety net dental clinics. Monitor quality and improvement of the Safety Net dental care subgrants utilizing the Oral Health Program's quality assessment and improvement methodology. Provide technical assistance to agencies interested in operating safety net dental clinics. Continue to collaborate with the National Maternal and Child Oral Health Resource Center on development of distance learning modules for the Ohio Safety Net Dental Clinic Website. Collaborate with Safety Net Solutions, the Association of State and Territorial Dental Directors, the Indian Health Service, the National Maternal and Child Oral Health Resource Center to maintain and improve the safety net dental clinic manual (www.dentalclinicmanual.com). Administer the Ohio Dentist Loan Repayment Program. Prepare and submit renewal and new applications for federal Dental Health Professional Shortage Area (HPSA) designations in Ohio. Collaborate with Ohio Foundations on the Oral Health Capacity Building Project. Administer Dental OPTIONS in collaboration with the ODA.

Strategy C: Make data and other information available to help communities and policy-makers.

Report of Accomplishments: Maintain and update a county-level, internet-based oral health surveillance system to describe oral health status, demographics and access to dental care factors. Write and disseminate reports on oral health data. Write manuscripts for publication in professional journals using oral health data. Plan for 2013-15 oral health survey. Maintain the Oral Health program's Website as a rich information source on oral health, oral health policy issues, and the oral health sections programs/funding opportunities that are coordinated with the Ohio Safety Net Dental Clinic Website; and, Provide information, consultation and technical assistance to customers, as requested, e.g., local health departments, school staff, consumers. Participate in the Children's Oral Health Action Team (COHAT) and its member networks to secure authority to implement its children's oral health advocacy agenda.

Plan for Next FFY 10/01/2014 – 09/30/2015

Strategy A: Encourage and enable Ohio communities to prevent dental caries through community-based fluoride promotion. **Activities:**

1. Maintain fluoridation and related information on the Oral Health Section (OHS) Website;
2. Maximize the impact of Ohio's fluoridation statue through fluoridation promotion and education efforts;
3. Collaborate with Ohio EPA to evaluate fluoridation quality and monitor the state fluoridation census.
4. Provide the opportunity for communities without optimal water fluoridation to operate school-based fluoride mouth rinse (FMR) programs.

Strategy B: Strengthen and support the dental care safety net.

Activities:

1. Fund subgrants for the support to safety net dental clinics.
2. Monitor quality and improvement of the Safety Net dental care subgrants utilizing the Oral Health Program's quality assessment and improvement methodology.
3. Provide technical assistance to agencies interested in operating safety net dental clinics.
4. Continue to collaborate with the National Maternal and Child Oral Health Resource Center on updates and maintenance to the Ohio Safety Net Dental Clinic Website (www.ohiodentalclinics.com).
5. Collaborate with Safety Net Solutions, the Association of State and Territorial Dental Directors, the Indian Health Service, the National Maternal and Child Oral Health Resource Center to maintain and improve the safety net dental clinic manual (www.dentalclinicmanual.com).
6. Administer the Ohio Dentist Loan Repayment Program.
7. Prepare and submit renewal and new applications for federal Dental Health Professional Shortage Area (HPSA) designations in Ohio.
8. Collaborate with Ohio Foundations on the Oral Health Capacity Building Project to develop a Legacy Report on improving Ohio's Oral Health since 2000.
9. Administer Dental OPTIONS in collaboration with the ODA.

Strategy C: Make data and other information available to help communities and policy-makers.

Activities:

1. Maintain and update a county-level, internet-based oral health surveillance system to describe oral health status, demographics and access to dental care factors.
2. Write and disseminate reports on oral health data.
3. Write manuscripts for publication in professional journals using oral health data.
4. Plan for 2013-15 oral health survey.
5. Maintain the Oral Health program's Website as a rich information source on oral health, oral health policy issues, and the oral health sections programs/funding opportunities that are coordinated with the Ohio Safety Net Dental Clinic Website; and,
6. Provide information, consultation and technical assistance to customers, as requested, e.g., local health departments, school staff, consumers.
7. Participate in the Children's Oral Health Action Team (COHAT) and its member networks to secure authority to implement its children's oral health advocacy agenda.

MCH State Performance Measure 08: Reduce deaths of adolescents (age 15-17) due to intentional and unintentional injuries.

Accomplishment Report Annual Plan for FFY 10/01/2012 – 09/30/2013

Strategy A: Create Adolescent Health Council to gather stakeholders to address prevention of adolescent deaths due to intentional and unintentional injuries.

Report of Accomplishment: Over the last year the Ohio Adolescent Health Partnership met quarterly and developed a state level strategic plan that includes injury prevention as an area of focus. More than 50 agencies have partnered to develop the Adolescent Health Strategic Plan. The plan includes 5 key health areas: Behavioral Health, Injury, Violence and Safety; Reproductive Health, Nutrition and Physical Activity and Sleep. Strategies and Activities are in development and will become the work of ODH and the partners in 2014. In addition the first annual Adolescent Health Symposium was held in September 2013 with more than 150 conference attendees. The Strategic Plan will be posted on ODH Adolescent Health webpage in the first quarter of 2014.

Strategy B: Reduce the number of adolescent deaths due to motor vehicle crashes.

Report of Accomplishment: Data analyzed for 2012 shows that motor vehicle crashes is #1 cause of death for teens in Ohio. In 2012, 109 young Ohioans were killed and more than 14,900 were injured in motor vehicle crashes. In one year alone, motor vehicle crash-related injuries and deaths among Ohio teen drivers cost more than an estimated \$1.2 billion in direct medical care expenses or more than \$109 for every Ohio resident.

The Violence and Injury Prevention Program contracted with Kent State University to complete the Ohio Motor Vehicle Opinion Survey which sought to gauge the knowledge and attitudes of Ohioans towards motor vehicle policies including teen driver safety, ignition interlock devices and child passenger safety. The survey results can be found here –

<http://www.healthy.ohio.gov/vipp/drivingsurvey>

ODH officials appeared at a news conference 10/22/2013 at Hamilton Township High School to release the findings of the survey in conjunction with the Ohio Department of Public Safety, Impact Teen Driver Program; Ohio State Highway Patrol; and teen representatives from the high school.

Teen driving was included in the Ohio Injury Prevention Partnership (OIPP) “Preventing Injuries in Ohio: A Resource for Policy Makers.” The guide was distributed to Ohio’s key decision makers. The guide can be found here – <https://sites.google.com/site/ippaag/home/guide> .

The Ohio Teen Safe Driving Coalition in conjunction with the National Safety Council has worked to introduce legislation to strengthen Ohio’s graduated drivers licensing (GDL) laws. The OIPP is supporting the effort by utilizing its Injury Prevention Policy and Advocacy Action Group Advocates list serve.

Strategy C: Reduce the number of adolescent deaths due to poisoning.

Report of Accomplishment: Poisonings occur for a variety of reasons, accidental as well as intentional. The data from Ohio’s Child Fatality Review Board helps us to understand the type of agent that resulted in the poisonings. This information can assist in developing prevention efforts targeted at reducing access to the poisoning agent. For those in the adolescent age range a number of poisonings are the result of over the counter and/or illegal use of drugs. Data from Ohio’s Child Fatality Review provides information on Ohio’s youth up to age 17 however due to the small numbers of deaths per year the data has been aggregated to allow for reporting. For years 2007-2011 the data indicate that 47 deaths occurred in ages 15-17 years as a result of poisonings. During 2007-2011, 34 youth ages 10-17 died as a result of using a combination of prescription drugs (34) and

over the counter (6) medications, methadone (12), street drugs (6) and alcohol (2). Vital Stats data is not available yet for 2012. The number of poisoning deaths for youth ages 10-17 years has remained constant at 12 per year from 2008-2011.

Ohio has been focusing on the problem of drug abuse including over the counter and prescription drug abuse/misuse. ODH is currently involved with a number of other state agencies in a Governor's initiative called Start Talking as a prevention activity to impact drug use. The campaign will be rolled out in first quarter of 2014.

Strategy D: Reduce the number of adolescent deaths due to suicide

Report of Accomplishment: The Ohio Adolescent Health Partnership is a state level committee comprised of adolescent health experts from a variety of settings including but not limited to: medical, community based agencies, state departments, universities, etc. who have prioritized mental health as a significant issue for Ohio's youth. In the Adolescent Health Strategic Plan, the Partnership has developed the following to address adolescent behavioral health issues in an effort to make a positive impact on the number of teen suicides in the state

- Goal 1: Ohio adolescents will recognize the non-use of Alcohol, Tobacco and Other Drugs as the norm.
- Goal 2: Behavioral health and physical health services for adolescents will be more fully integrated to impact preventive interventions, increase early detection and increase access to care.

Other behavioral health efforts include a joint initiative with ODH and Ohio American Academy of Pediatrics called The Building Mental Wellness (BMW) Learning Network. This project supports pediatric practices to develop the culture, skills, and collaboration to assure success in serving your patients affected by emotional, developmental or behavioral issues. In addition to the benefits of improving patient care, participants will also receive Part IV MOC, CME and a practice stipend. In addition the Ohio Suicide Prevention Foundation and ODH are collaborating on a one hour webinar training for school nurses to be offered in last quarter of 2014.

Strategies for the Current FFY 10/01/2013 – 09/30/2014

- **Create Adolescent Health Council to address adolescent deaths due to car crashes and poisonings.**

The Ohio Adolescent Health Partnership (OAHP) is developing strategies and activities related to car crashes and poisonings. OAHP plan is available at: www.odh.ohio.gov.

- **Reduce number of adolescent deaths due to motor vehicle crashes**

The Ohio Department of Health is working with the Ohio Teen Safe Driving Coalition to strengthen Ohio's Graduated Driver's License requirements. Currently HB 204 will limit # of passengers, increase age requirements for driver education and shorten curfew hours. YRBS 2013 data indicates that texting and driving is a major problem in Ohio with 46% of Ohio's youth reporting that they text and drive.

- **Reduce the number of adolescent deaths due to poisoning**

The Ohio Department of Health and the Governor's office on drug prevention are working on initiative called *Start Talking*. The project includes messaging for youth, families, educators and health care providers and Grant applications awarded to schools to implement evidence based practices in drug prevention education. Ohio's YRBS data indicates a drop in prescription drug abuse by teens over the last 2 years. The efforts of the Opioid task force and enforcement of prescribers has helped to raise awareness and impact teen's access to these drugs.

Plan for Next FFY 10/01/2014 – 09/30/2015 – no report for SMP08

Reduce deaths of adolescents (age 15-19) due to poisonings and car crashes.

Strategies and Activities

- Create Adolescent Health Council to gather stakeholders to address prevention of adolescent deaths due to car crashes and poisonings.
 - ODH will convene internal stakeholders to include (but not limited to): CFR, Injury Prevention and External stakeholders to include (but not limited to): Public Safety, ODADAS, Mental Health, Poison Control, NCTSN, ODE on a regular basis to monitor health outcomes of teens related to these
 - Council will gather data and create report of baseline incidence of selected deaths
 - Council will review and create report on current prevention efforts directed at these causes of death
 - Council will identify gaps in programming that can be addressed by evidence based programs to prevent these deaths
- Reduce the number of adolescent deaths due to motor vehicle crashes
 - Analyze crash data from ODPS, including deaths to drivers and passengers associated with motor vehicles
 - Analyze YRBS for teen driving behaviors
 - Review teen driving interventions for effectiveness
 - Review current activities to increase use safety belts, drinking & driving and other prevention programs
 - Work with OIPP teen driving subcommittee on developing recommendations and supporting activities and programs to prevent deaths due to motor vehicle accidents
 - Work with National Safety Council and Ohio Teen Safe Driving Coalition
- Reduce the number of adolescent deaths due to poisoning
 - Analyze data about adolescent deaths due to poisoning, including data about substance abuse/accidental overdose of both illicit and prescription drugs
 - Work with ODADAS to review poisoning/substance abuse interventions for effectiveness
 - Review current activities to decrease poisoning/substance abuse; determine if current activities are successful or should be revised

MCH State Performance Measure 09: Maintain/enhance the Ohio Connections for children with Special Needs (OCCSN) birth defects information system to improve the utilization of data for surveillance, referrals to services and prevention activities.

Accomplishment Report Annual Plan for FFY 10/01/2012 – 09/30/2013

Strategy A: Release report with 2008 prevalence rates. COMPLETED

Report of Accomplishment: Annual report was released with prevalence rates for the 2008 birth cohort. The table below summarizes the rates.

Strategy B: Increase participation in infant mortality initiatives. COMPLETED AND ONGOING

Report of Accomplishment: Two breakout sessions were held at the Ohio Infant Mortality Summit (Nov. 2012) on birth defects and infant mortality. One session focused on environmental and occupational factors that are linked with birth defects, prematurity and infant mortality. The other session focused on maternal health conditions, lifestyle choices, and genetics as risk factors for birth defects and infant mortality. Both sessions had large audiences and well received. In addition, 2 posters were displayed at the Infant Mortality Summit on birth defects topics. One poster

geographically compared total causes of infant mortality with congenital anomalies as the cause of infant mortality, as the counties with higher rates for each are different.

In Feb. 2013, a presentation on birth defects was given to the members of the Ohio Collaborative to Prevent Infant Mortality. This presentation was also well received.

The Ohio March of Dimes sponsored 3 regional conferences in Fall, 2013 on infant mortality and prematurity. The agenda included a presentation at each of the conferences on the role of birth defects in infant mortality and prematurity. The sessions were well-received.

Strategy C: Finalize prevalence rates for 2009. ONGOING

Report of Accomplishment: This activity is currently underway. After evaluating the labor intensive process used to verify diagnoses for the 2008 rates, a more streamlined approach is being taken for 2009 – 2012. This process utilizes genetic counselors funded through the Genetics Services Program. Additionally, some IT enhancements will be made to the OCCSN data collection system that will improve these efforts. The case confirmation system within OCCSN was developed and is currently in the testing phase. It is anticipated to be rolled out to all genetic centers in early 2014.

Strategy D: Promote Birth Defects Awareness Month. COMPLETED AND ONGOING

Report of Accomplishment: ODH fully promoted Birth Defects Awareness Month. Birth defect awareness month was one of 4 scrolling topics on the ODH website's feature box. Birth defects awareness month was also the first feature topic that showed each time someone clicked on the ODH webpage. In addition, links to the CDC toolkit were distributed widely. ODH also participated in some twitter chats during birth defects prevention awareness month.

Strategies for the Current FFY 10/01/2013 – 09/30/2014

1. Implement OCCSN IT enhancement plan for 2013 – 2014.
2. Develop and release annual report with prevalence rates and programmatic information.
3. Increase participation in infant mortality initiatives.
 - a. Continue participation in OCPIM
 - b. Facilitate session at regional conferences in Fall, 2013
 - c. Participate in Governor's folic acid initiatives
4. Finalize prevalence rates for 2009 – 2011.
5. Promote Birth Defects Awareness Month – January 2014

Report of Accomplishment: The strategies for this performance measure remain the same and on track. This block grant measure is aligned with the Infrastructure-Building level of the MCH pyramid. The strategies for this measure involve improving the state's capacity for statewide surveillance of birth defects by enhancing the IT capability and using the data to educate about birth defects and target prevention efforts; developing a streamlined system for referring children with birth defects to early intervention services; actively participating in the state's infant mortality reduction initiatives; and developing an innovative and comprehensive well woman initiative utilizing technology to remind women of childbearing age to take a multivitamin with folic acid daily.

Plan for Next FFY 10/01/2014 – 09/30/2015

1. Monitor implementation and evaluate effectiveness of OCCSN Referrals to Services module within the OCCSN data system.
2. Revise administrative rules to include collection of ICD-10 codes.
3. Develop and release Annual Report (Dec. 2014).
4. Continue active participation in Infant Mortality initiatives:
 - a. Participation in OCPIM
 - b. Implementation of folic acid mobile app project
5. Promote birth defects prevention awareness month (Jan. 2015).
6. Explore future funding options.

MCH State Performance Measure 10: Percent of children who receive timely, age-appropriate screening and referral

Accomplishment Report Annual Plan for FFY 10/01/2012 – 09/30/2013

Strategy A: Identify a mechanism to collect screening and referral data for tracking and a process for data transfer to the Ohio Department of Health (ODH) for analysis. (Infrastructure)

Report of Accomplishment: This strategy is complete. The workgroup researched the capacity to capture data for measuring increases in the percent of children receiving timely, age-appropriate screening and referral (developmental, hearing and vision). Help Me Grow screening data, including developmental, hearing and vision, is collected via EarlyTrack (birth to 3).

ODH supports statewide data collection of hearing and vision screening and referral data through the Ohio statewide immunization management system, ImpactSIIS. This will serve as a universal database to capture hearing and vision screening data. Data can be transferred to ImpactSIIS through direct entry or through a data loader. There is a need for the establishment of a universal approach to conducting vision screening for children aged 3-5. This universal approach will identify any additional data fields that must be collected in ImpactSIIS along with encouraging data sharing through electronic health records. Because ImpactSIIS is a new approach to collecting hearing and vision screening data, ODH will continue to monitor additional data sets during the transition to this new system.

The Ohio Healthy Homes and Childhood Lead Poisoning Prevention Program seeks to improve lead test data collection and tracking of patients utilizing the Healthy Homes and Lead Poisoning Prevention System (HHLPPS). HHLPPS is a comprehensive case management, environmental investigation and surveillance system used by the Ohio Healthy Homes and Lead Poisoning Prevention Program (OHHLPPP) and Environmental Lead. HHLPPS is a web-based system. HHLPPS is the system identified to manage environmental interventions and case management of lead poisoned children and adults, and provide surveillance data to the state.

Strategy B: Develop a screening and referral data analysis plan. (Infrastructure)

Report of Accomplishment: This strategy is in process. The Help Me Grow screening data, including developmental, hearing and vision, is collected via EarlyTrack. The screening and referral data is analyzed; however, the data is limited to only children who participate in the Help Me Grow program.

ImpactSIIS serves as the universal database to capture hearing and vision screening data. Data fields have been established for hearing and vision screening reporting. There is a need for the

establishment of a universal approach to conducting hearing and vision screening for children aged 3-5. This universal approach will identify any additional data fields that must be collected in ImpactSIIS along with encourage data sharing through electronic health records. A marketing plan will be developed during FFY14 to raise awareness and increase use of ImpactSIIS for hearing and vision data collection for 3-5 year old children.

Lead tests results are reported by SFTP and/or FTP or PHINMS to ODH and uploaded into HHLPPS. The OHHLPPP provides specific testing guidelines that govern the testing of children for lead. Children should be tested at age 1 and 2 years, or up to 6 years. Children will be tested if on Medicaid, if the child resides in a high-risk zip code, or if the parent(s) response to the standard questionnaire indicate possible exposure to lead.

Strategy C: Develop an evaluation and monitoring plan. (Infrastructure)

Report of Accomplishment: This strategy is in process. Each selected mechanism has the capability to house screening, referral and follow up data. EarlyTrack data are monitored and evaluated to ensure continuum of care; however, the data is limited to only children who participate in the Help Me Grow program. Hearing and vision screening data in ImpactSIIS are monitored and evaluated to ensure continuum of care; however, ImpactSIIS is a new approach to collecting hearing and vision screening data and program must increase data in the system. The OHHLPPP monitors and evaluates lead data in HHLPPS. The OHHLPPP is developing fact sheets for all of the health jurisdictions within the state that highlight the census tracts where children are at the greatest risk of lead poisoning as predicted by the newly developed Targeted Testing Model.

Strategies for the Current FFY 10/01/2013 – 09/30/2014

Strategy A: Develop a screening and referral data analysis plan. This is measured by the workgroup members developing a plan to analyze the screening and referral data. **(Infrastructure)**

Status: In progress.

Strategy B: Develop an evaluation and monitoring plan. This is measured by the workgroup members developing a plan to evaluate and monitor the screening and referral data. **(Infrastructure)**

Status: In progress.

Strategy C: Develop systematic quality improvement collaboratives and processes to achieve measurable improvements in the percent of children who receive timely, age-appropriate screening and referral. This is measured by the improvement in the percent of children who receive timely, age-appropriate screening and referral. **(Infrastructure)**

Status: In progress.

Plan for Next FFY 10/01/2014 – 09/30/2015

A. Develop a screening and referral data analysis plan. This is measured by the workgroup members developing a plan to analyze the screening and referral data. *(Infrastructure)*

Activities:

- Conduct a survey of pediatric health care providers to identify screening practices, identify barriers to screening, identify follow up practices and identify data collection efforts to increase data sharing. Results will be compared to previous survey conducted in 2008.
- Increase the capacity for the reporting of screening data from electronic health records. This activity is dependent upon additional funding and if data standards can be established for screening and referral data.

B. Develop an evaluation and monitoring plan. This is measured by the workgroup members developing a plan to evaluate and monitor the screening and referral data. *(Infrastructure)*

Activities:

- Continue to identify gaps in data collection and strategies to overcome these gaps. Data collection systems that are monitored include the Healthy Homes and Lead Poisoning Surveillance System (HHLPPSS) for lead, ImpactSIIS (state immunization information system) for hearing and vision screenings and EarlyTrack for developmental screenings.
- Continue to identify data quality issues within these data systems and strategies to fix these issues.
- Continue to evaluate the process of data transfers to The Ohio Department of Health.
- Continue to monitor reported data.

C. Develop systematic quality improvement collaboratives and processes to achieve measurable improvements in the percent of children who receive timely, age-appropriate screening and referral. This is measured by the improvement in the percent of children who receive timely, age-appropriate screening and referral. *(Infrastructure)*

Activities:

- Continue to implement quality improvement collaboratives to promote screening, referral, data collection, and follow up practices to improve screenings in the primary care setting.
- Share results of the vision screening quality improvement outcome 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.