Maternal and Child Health Forum

Northeast Region
State Health Assessment Forum
Oct. 31, 2018
MCH History

• One of largest Federal block grant programs
• Promote and improve health of all of nation’s mothers and children, including children with special health care needs
• Established in Social Security Act, 1935
Vision

A nation where all mothers, infants, children aged 1 through 21 years, including CSHCN, and their families are healthy and thriving.
Population Domains

- Women
- Infants/Perinatal
- Children
- Adolescents
- Children with Special Health Care Needs
Develop Service Systems to Address:

- Significantly reduce infant mortality
- Comprehensive care for all women before, during and after pregnancy and childbirth
- Provide preventive and primary care services for infants, children and adolescents
- Provide comprehensive care for children and adolescents with special health care needs
- Immunizing all children
Systems to Address:

- Reducing adolescent pregnancy
- Preventing injury and violence
- Implementing national standards and guidelines
  - prenatal care,
  - healthy and safe childcare,
  - health supervision of infants, children and adolescents
- Assuring access to care for all mothers and children
- Meeting nutritional and developmental needs of mothers, children and families
Needs Assessment

Title V legislation requires comprehensive needs assessment every five years that identifies the needs for:

• Preventive and primary care services for pregnant women, mothers and infants
• Preventive and primary care for children
• Services for children with special health care needs

Cornerstone for development of Five-Year Action Plan
Ohio’s Maternal, Infant and Early Childhood Home Visiting

A collaborative partnership at the federal, state, and community levels, the overall goal is to improve child and family outcomes by implementing evidence-based home visiting within the Help Me Grow (HMG) program.
Intention of Funding

1. Strengthen and improve the programs and activities carried out under Title V;

2. Expand and improve the coordination of services within at-risk communities; and

3. Provide evidence-based home visiting services to those families who are most in need of support in providing safe, nurturing environments for children.
MIECHV benchmarks

• Improvements in maternal and newborn health;
• Improvements in school readiness and achievement;
• Improvements in Family Economic Self-Sufficiency;
• Reduction of Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits;
• Reduction of Domestic Violence;
• Improvement in Coordination and Referrals for other Community Resources and Supports
Evidenced-Based Home Visiting

Healthy Families America
Nurse Family Partnership

Needs Assessment will inform communities of need
MCH data update
Population domains

1. Maternal and women’s health
2. Infant and perinatal health
3. Child health
4. Adolescent and young adult health
5. Children and youth with special health care needs
The life-course perspective

- Perinatal/early childhood
- Child/adolescent
- Older adult
- Adult
Everyone is able to achieve their **full health potential**. This requires **addressing historical and contemporary injustices and removing obstacles to health** such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.
Health inequities, disparities and equity

Health inequities
Disparities in rates due to differences in the distribution of social, economic, environmental or healthcare resources*

Health disparities
Differences in health status among segments of the population such as by race or ethnicity, education, income or disability status

Health equity

*Working definition from the CDC Health Equity Working Group, October 2007

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Key findings

1. There are persistent gaps in outcomes across groups.
2. There has been improvement over time on some measures and a worsening on others.
3. There is no notable improvement on perinatal and infant health measures.
Maternal and women’s health
Tobacco use
Prevalence of tobacco use* among women (ages 18-44), Ohio, 2013-2017

*Proportion of those who reported having smoked at least 100 cigarettes in their life and that they currently smoke, either every day or some days.

Source: Behavioral Risk Factor Surveillance System as compiled by the Ohio Department of Health
Obesity
Prevalence of obesity* among women (ages 18-44), Ohio, 2013-2017

*Proportion of respondents whose body mass index (BMI) was greater than or equal to 30 percent.

Source: Behavioral Risk Factor Surveillance System as compiled by the Ohio Department of Health
Unintended pregnancy

Percent of new mothers with an unintended pregnancy, by race, Ohio, 2012-2016

Source: Pregnancy Assessment Monitoring System (PRAMS) 2012-2015 and Ohio Perinatal Assessment Survey (OPAS) 2016 as compiled by the Ohio Department of Health
Prenatal care

Percent of women who began receiving prenatal care during their first trimester of pregnancy, by race and ethnicity, Ohio, 2016

Source: Centers for Disease Control and Prevention, Vital Statistics
Home visiting
Percent of children enrolled in home visiting prenatally, by enrollment trimester, Ohio, 2017

In 2017, 9,612 families received home visiting services. About 46 percent were enrolled prenatally.

Source: Ohio Department of Health
Perinatal and infant health
Infant mortality
Rate of infant deaths per 1,000 live births

Overall

2015: 7.2
2017: 7.2

Northeast region
2019 SHIP target: 6.8
2017 actual: 7.4

Black, non-Hispanic

2015: 15.2
2017: 15.8

2019 SHIP target: 6.8

Source: Ohio Department of Health Bureau of Vital Statistics
Preterm birth
Percent of live births that are preterm (less than 37 weeks)

Source: Ohio Department of Health Bureau of Vital Statistics, as compiled by Accenture
Preterm birth

Percent of births that are premature (less than 37 weeks gestation) by race and ethnicity, Ohio, 2013-2017

Source: Ohio Department of Health Bureau of Vital Statistics
Child, adolescent and young adult health
Physical activity

Percent of children ages 6-17 who exercise, play a sport or participate in physical activity for at least 60 minutes every day, by age group, 2016

Source: National Survey of Children's Health
Food insecurity

Percent of families with children ages 0-17 who sometimes or often could not afford enough to eat, 2016

Source: National Survey of Children’s Health
Weight status
Percent of children identified as obese with body mass index (BMI) at or above the 95th percentile of the Centers for Disease Control and Prevention growth chart

- Ages 2-4: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), 2014
  - Ohio: 13.1%
  - U.S.: 14.1%

- Ages 10-17: Youth Risk Behavior Surveillance System (YRBSS), 2013
  - Ohio: 13%
  - U.S.: 13.7%

- Ages 10-17: National Survey of Children’s Health (NSCH), 2016
  - Ohio: 18.6%
  - U.S.: 16.1%

*Ohio value compiled by the Ohio Department of Health.
Oral health problems

Percent of children ages 1-17 with oral health problems such as toothaches, bleeding gums or decayed teeth or cavities, Ohio and U.S., 2016

12.2%  
Ohio

13.4%  
U.S.

Source: National Survey of Children's Health
Oral health problems

Percent of children with untreated tooth decay, by geography, Ohio

Source: Ohio Department of Health, Ohio Health Screening Surveys
Youth traditional cigarette use
Percent of Ohio students grades 6-12 that report current traditional cigarette use

Source: Ohio data from the Ohio Youth Tobacco Survey as compiled by the Ohio Department of Health. U.S. data form the National Youth Tobacco Survey as compiled by the Ohio Department of Health.
Major depressive episodes

Major depressive episode in the past year, youth (ages 12-17) and young adults (ages 18-25), Ohio and U.S.

Note: Major depressive episode is defined as a period of at least two weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

Source: National Survey on Drug Use and Health
Adolescent Well Care Visits

Percent of Ohio Medicaid enrollees ages 12-17 with at least one well care visit with a primary care physician or an obstetrics or gynecologist, by age group, July 2016/June 2017

Overall: 43.9%
Ages 12-14: 45.5%
Ages 15-17: 42.1%

Source: Ohio Department of Medicaid
Children and youth with special health care needs
Effective care coordination

Percent of children ages 0-17 who did not receive needed care coordination by special health care needs status, 2016

Source: National Survey of Children's Health
Key findings

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Table change

Select the table topic that best matches your expertise and interest:

- Maternal/Women’s health
- Perinatal/Infant
- Child health
- Adolescent/Young adult
- Children and youth with special healthcare needs (CYSHCN)
Thank you!

- Please fill out the evaluation survey before you go.