2020 Maternal and Child Health (MCH) and 2020 Maternal, Infant and Early Childhood Home Visiting (MIECHV) Assessments

MCH and MIECHV Steering Committee Meeting #1
Jan. 31, 2019
Today’s agenda

- Welcome and introductions
- MCH/MIECHV background and purpose
- MCH/MIECHV process and SHA/SHIP alignment
- MCH/MIECHV regional forum and online survey process and findings
- Gather feedback on findings
- Next steps
Meeting objectives

1. Be familiar with the MCH and MIECHV programs
2. Understand the role of the Steering Committee
3. Be aware of the MCH/MIECHV assessment processes and effort to align with the SHA/SHIP
4. Provide feedback on the MCH/MIECHV regional forum and online survey findings
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
Meeting objectives

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4. Provide feedback on the MCH/MIECHV regional forum and online survey findings
Role of the MCH/MIECHV Steering Committee

Provide guidance to ODH and HPIO on:
• MCH and MIECHV priority areas, measures and strategies
• MCH/MIECHV and SHA/SHIP alignment
• Opportunities to collaborate
Steering Committee members
(as of 1/29/19)

Dr. Mary Applegate, Ohio Department of Medicaid

Erika Clark Jones, City of Columbus, CelebrateOne

LeeAnne Cornyn, Office of the Governor

Jody Demo-Hodgins, NAMI Ohio

Julie DiRossi-King, OACHC

Tonya Fulwider, Mental Health America of Franklin County

Dr. Pat Gabbe, OSU College of Medicine

Shannon Jones, Groundwork Ohio

Nick Lashutka, Ohio Children’s Hospital Association

Alicia Leatherman, City of Columbus, CelebrateOne

Ilka Riddle, University of Cincinnati and Cincinnati Children’s Hospital

Ann Robinson, The Ohio State University

Reina Sims, Ohio Commission on Minority Health

Josue Vicente, Ohio Hispanic Coalition

Angela Weaver, Ohio Association of Health Plans

Melissa Wervey Arnold, Ohio Chapter, American Academy of Pediatrics

Sarah Wickham, Ohio Department of Education

Dr. Michelle Dritz, Cornerstone Pediatrics and Ohio Chapter, American Academy of Pediatrics
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MCH Block Grant (Title V)

1. Conduct five-year needs assessment
2. Identify priority areas and performance measures
3. Develop five-year state action plan
2020 MCH 5-Year Needs Assessment components

- Population health status
  - HPIO

- Title V program capacity
  - ODH

- Title V partnerships, collaboration and coordination
  - ODH
Sources of information

Population health status

**Secondary data**
- ✓ Key MCH indicators
- ✓ Data from National Outcome Measures (NOMs) and National Performance Measures (NPMs)

**Regional forums**
- ✓ Five locations around the state
- ✓ Strengths, challenges, top needs, equity

**Online survey**
- ✓ Top needs, priority populations
MCH Block Grant 5-Year Action Plan

Top MCH priority needs

Performance objectives and measures
• National outcome measures (NOMs)
• National performance measures (NPMs)
• State performance measures (SPMs)
• State outcome measures (SOMs)

Program strategies
Evidence-informed strategy measures (ESMs)
MIECHV Needs Assessment update

• Gather updated information on community needs
• Ensure MIECHV programs are implemented in areas of high need
### Identify communities with concentrated risk
- Examine key indicators related to infant mortality and child health including poverty, crime, unemployment and child maltreatment
  
<table>
<thead>
<tr>
<th>Identify communities with concentrated risk</th>
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<tbody>
<tr>
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<td>HPIO</td>
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### Assess quality and capacity of early childhood home visiting services
- Number and types of programs and individuals/families served
- Gaps in early childhood home visitation
- Extent to which programs are meeting needs of eligible families

<table>
<thead>
<tr>
<th>Assess quality and capacity of early childhood home visiting services</th>
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### Assess state’s capacity to provide substance abuse treatment and counseling services

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### Identify opportunities for coordination and collaboration with federal requirements

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</table>
MIECHV Needs Assessment update sources of information

Key informant interviews

Secondary data analysis

Regional forum and online survey findings
MCH and MIECHV federal timeline

2015 MCH Five-Year Needs Assessment
July 15, 2015

Provide annual MCH updates

2016
2017
2018
2019
2020
2021

2020 MCH Five-Year Needs Assessment
July 15, 2020

MIECHV Formula Notice of Funding Opportunity
FY2021

2020 MIECHV Needs Assessment update
Oct. 1, 2020
# MCH and MIECHV deliverables timeline 2019

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUG</th>
<th>SEPT</th>
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<tr>
<td>🔄 Steering committee meeting 1</td>
<td>🔄 Steering committee meeting 2</td>
<td>🔄 Steering committee meeting 3</td>
<td>MIECHV SUD report due*</td>
<td>2020 5-year MCH Needs Assessment due*</td>
<td>2020 MIECHV Needs Assessment update due*</td>
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</table>

*HPIO deliverable is due to ODH

**MCH**: Maternal and Child Health  
**MIECHV**: Maternal, Infant and Early Childhood Home Visiting Program  
**SUD**: Substance Use Disorder
Vision
Ohio is a model of health and economic vitality.

Mission
Improve the health of Ohioans by implementing a strategic set of evidence-based population health activities at the scale needed to measurably improve population health outcomes and achieve health equity.
What is the state health assessment (SHA)?

A comprehensive and actionable picture of health and wellbeing in Ohio

• Informs identification of priorities for the State Health Improvement Plan
• Provides template for state agencies and local partners (uniform set of categories and metrics)
What is the state health improvement plan (SHIP)?

An actionable plan to improve health and control healthcare spending

Strategic menu of priorities, outcome objectives and evidence-based strategies to be implemented by:

• State agencies
• Local health departments, hospitals and other community partners
• Sectors beyond health
## Ohio 2017-2019 state health improvement plan (SHIP)

### Overall health outcomes
- ↑ Health status
- ↓ Premature death

### 3 priority topics

<table>
<thead>
<tr>
<th>Mental health and addiction</th>
<th>Chronic disease</th>
<th>Maternal and infant health</th>
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<tbody>
<tr>
<td><img src="image" alt="Mental health and addiction (visual representation)" /></td>
<td><img src="image" alt="Chronic disease (visual representation)" /></td>
<td><img src="image" alt="Maternal and infant health (visual representation)" /></td>
</tr>
</tbody>
</table>

### 10 priority outcomes
- ↓ Depression
- ↓ Suicide
- ↓ Drug dependency/abuse
- ↓ Drug overdose deaths
- ↓ Heart disease
- ↓ Diabetes
- ↓ Child asthma
- ↓ Preterm births
- ↓ Low birth weight
- ↓ Infant mortality

**Equity:** Priority populations for each outcome above
Main components of 2017-2019 SHIP framework

3 priority topics
- Mental health and addiction
- Chronic disease
- Maternal and infant health

10 priority outcomes
Specific and measurable

Cross-cutting factors
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Equity
2017-2019 SHIP priority outcomes across the life course

<table>
<thead>
<tr>
<th>Cross-cutting risk and protective factors</th>
<th>SHIP priority outcome (age group for available data)</th>
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<tbody>
<tr>
<td>Perinatal/early childhood</td>
<td>Child/adolescent</td>
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<td>Overall</td>
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<td>Maternal and infant health</td>
<td>Preterm birth</td>
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Birth | Death
# 2017-2019 SHIP priority outcomes across the life course

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<th>Perinatal/early childhood</th>
<th>Child/adolescent</th>
<th>Adult</th>
<th>Older adult</th>
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<td><strong>Overall</strong></td>
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<td>Health status (18+)</td>
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<td>Premature death (all ages)</td>
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<td><strong>Mental health and addiction</strong></td>
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<td>Adolescent depression (12-17)</td>
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<td>Adult depression (18+)</td>
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<td>Suicide deaths (all ages)</td>
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<td>Drug dependence/abuse (12+)</td>
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<td>Unintentional drug overdose deaths (all ages)</td>
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<td><strong>Chronic disease</strong></td>
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<td>Child asthma (0-17)</td>
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<td>Heart disease (18+)</td>
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<td>Diabetes (18+)</td>
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Birth — Death
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<td>SHA regional forum report*</td>
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<td>MIECHV SUD report*</td>
<td>MIECHV Needs Assessment update*</td>
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<td>MCH needs assessment*</td>
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<td>SHIP*</td>
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*HPIO deliverable is due to ODH

**MCH:** Maternal and Child Health  
**MIECHV:** Maternal, Infant and Early Childhood Home Visiting Program  
**SUD:** Substance Use Disorder
MCH/MIECHV and SHA/SHIP alignment

Metric alignment
• Incorporation of MCH/MIECHV measures in the Online SHA

Priority and strategy alignment
• Alignment of MCH/MIECHV priorities and strategies with the SHIP
# MCH proposed prioritization process

<table>
<thead>
<tr>
<th>Step 1.</th>
<th><strong>HPIO summarizes regional forum and online survey findings</strong> to identify MCH top needs</th>
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<tbody>
<tr>
<td>Step 2.</td>
<td><strong>ODH Bureau of Maternal, Child and Family Health (BMCFH) staff feedback on findings</strong></td>
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<tr>
<td>Step 3.</td>
<td><strong>MCH/MIECHV Steering Committee feedback on findings</strong></td>
</tr>
<tr>
<td>Step 4.</td>
<td><strong>HPIO develops crosswalk</strong> of identified MCH top needs and alignment with Title V MCH Block Grant performance measures</td>
</tr>
</tbody>
</table>
| Step 5. | **ODH develops list of potential MCH top priority areas and performance measures** by population domain based on:  
  - Summary of top needs by population domain (BMCFH staff and Steering Committee feedback incorporated)  
  - Crosswalk of top needs and Title V performance measures  
  - Prioritization criteria (developed in conjunction with HPIO) |
| Step 6. | **MCH/MIECHV Steering Committee feedback on list**                                      |
| Step 7. | **SHIP maternal and infant health work team feedback on list**                           |

**Role of MCH/MIECHV Steering Committee**

Developed by the Health Policy Institute of Ohio for the Ohio Department of Health
Step 1. HPIO summarizes regional forum and online survey findings to identify MCH top needs

Step 2. ODH Bureau of Maternal, Child and Family Health (BMCFH) staff feedback on findings

Step 3. MCH/MIECHV Steering Committee feedback on findings

Step 4. HPIO develops crosswalk of identified MCH top needs and alignment with Title V MCH Block Grant performance measures

Step 5. ODH develops list of potential MCH top priority areas and performance measures by population domain based on:
   • Summary of top needs by population domain (BMCFH staff and Steering Committee feedback incorporated)
   • Crosswalk of top needs and Title V performance measures
   • Prioritization criteria (developed in conjunction with HPIO)

Step 6. MCH/MIECHV Steering Committee feedback on list

Step 7. SHIP maternal and infant health work team feedback on list

Role of MCH/MIECHV Steering Committee
Meeting objectives

1. Understand role of the Steering Committee
2. Be aware of the MCH/MIECHV assessment processes and effort to align with the SHA/SHIP
3. Provide feedback on the MCH/MIECHV regional forum and online survey findings
MCH
Maternal and Child Health

MIECHV
Maternal, Infant and Early Childhood Home Visiting

Regional forum and online survey report

Prepared by the Health Policy Institute of Ohio
on behalf of the Ohio Department of Health

December 2018
Sources of information

- Forum small group discussions
- Forum participant worksheets
- Online survey
2018 MCH/ MIECHV regional forum locations (and attendance)
Sectors most represented at the regional forums

- Local health departments
- Maternal and child health agencies or advocates
- Hospitals
- Other public health organizations
- Advocacy groups or community action agencies
- Community-based organizations or social services
- Health insurance plans, including Medicaid managed care plans
- Education and child care
- Other healthcare providers
Purpose of regional forums

To gather feedback on:
• Strengths
• Challenges
• Equity
• Top maternal and child health needs
Ranking worksheets

To identify the greatest needs related to:

• Health outcomes
• Social determinants of health
• Public health system, prevention and health behaviors
• Healthcare system and access
Criteria used to rank order maternal and child health needs

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnitude of the problem</td>
<td>Number or percent of Ohio children and/or families affected</td>
</tr>
<tr>
<td>Severity of the problem</td>
<td>Risk of morbidity and mortality associated with the problem</td>
</tr>
<tr>
<td>Magnitude of disparities/inequities and impact on vulnerable populations</td>
<td>Size of gap in outcomes between groups (e.g. by race/ethnicity, income, educational attainment, disability status, etc.)</td>
</tr>
</tbody>
</table>
Online survey respondents, by population domain

<table>
<thead>
<tr>
<th>Perinatal/infant health</th>
<th>Child health</th>
<th>Children with special healthcare needs</th>
<th>Adolescent/young adult health</th>
<th>Maternal/women’s health</th>
</tr>
</thead>
<tbody>
<tr>
<td>108</td>
<td>82</td>
<td>40</td>
<td>101</td>
<td>148</td>
</tr>
</tbody>
</table>

* Includes duplicate individuals across population domains because the survey allowed respondents to provide feedback on more than one population domain.
Maternal and Child Health

Maternal, Infant and Early Childhood Home Visiting

Regional forum and online survey report

Prepared by the Health Policy Institute of Ohio on behalf of the Ohio Department of Health

December 2018
Key findings

1. While each Ohio community is unique, **there are many shared strengths and challenges across the state** related to maternal and child health.

2. While **there were many similarities in the top-ranked needs** across MCH population domains, **there were also needs identified that were unique** to a population domain.

3. **Health disparities exist across several populations groups in Ohio.** Factors within a person’s social, economic and physical environment are the most-commonly identified drivers of gaps in health outcomes across the state.
While each Ohio community is unique, there are many shared strengths and challenges across the state related to maternal and child health.
Top strengths identified by regional forum participants, by county type

<table>
<thead>
<tr>
<th>Ohio (combined)</th>
<th>Urban/ Suburban</th>
<th>Appalachian/ Rural non-Appalachian</th>
</tr>
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<tbody>
<tr>
<td>n= 31 small groups</td>
<td>n= 21 small groups</td>
<td>n= 17 small groups</td>
</tr>
<tr>
<td>Collaboration and partnerships</td>
<td>Collaboration and partnerships</td>
<td>Collaboration and partnerships</td>
</tr>
<tr>
<td>Availability of specific prevention and public health programs or policies</td>
<td>Ample resources (many programs, services and organizations in general)</td>
<td>Availability of specific prevention and public health programs or policies</td>
</tr>
<tr>
<td>Focus on prevention and the social determinants of health</td>
<td>Availability of specific prevention and public health programs or policies (tie for 3)</td>
<td>Community engagement (tie for 3)</td>
</tr>
<tr>
<td></td>
<td>Community engagement (tie for 3)</td>
<td>Focus on prevention and the social determinants of health (tie for 3)</td>
</tr>
<tr>
<td></td>
<td>Community focus on maternal and child health (tie for 3)</td>
<td>Home visiting (tie for 3)</td>
</tr>
<tr>
<td></td>
<td>Focus on prevention and the social determinants of health (tie for 3)</td>
<td>WIC program (tie for 3)</td>
</tr>
</tbody>
</table>

Key

- **Response was common across county types**
- **Response was unique to a county type**

**Source:** 2018 MCH/MIECHV regional forum small group discussions
Top **challenges** identified by regional forum participants, by county type

<table>
<thead>
<tr>
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<th>Ohio (combined)</th>
<th>Urban/ Suburban</th>
<th>Appalachian/ Rural non-Appalachian</th>
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<tbody>
<tr>
<td>n= 31 small groups</td>
<td>n= 21 small groups</td>
<td>n= 17 small groups</td>
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<tr>
<td>Transportation challenges</td>
<td>Transportation challenges</td>
<td>Transportation challenges</td>
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<tr>
<td>Funding and capacity limitations</td>
<td>Funding and capacity limitations</td>
<td>Funding and capacity limitations</td>
<td></td>
</tr>
<tr>
<td>Lack of healthcare access</td>
<td>Lack of awareness of available services</td>
<td>Lack of healthcare access</td>
<td></td>
</tr>
</tbody>
</table>

**Key**

- **Response was common across county types**
- **Response was unique to a county type**

**Source:** 2018 MCH/MIECHV regional forum small group discussions
To identify the greatest needs related to:

• Health outcomes
• Social determinants of health
• Public health system, prevention and health behaviors
• Healthcare system and access
While there were many similarities in the top-ranked needs across MCH population domains, there were also needs identified that were unique to a population domain.
### Top-five health outcome needs, by population domain

<table>
<thead>
<tr>
<th>Rank</th>
<th>Perinatal/infant health</th>
<th>Child health</th>
<th>Children with special healthcare needs</th>
<th>Adolescent/young adult health</th>
<th>Maternal/women’s health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Infant mortality and birth outcomes</td>
<td>Mental health and suicide</td>
<td>Mental health and suicide</td>
<td>Mental health and suicide</td>
<td>Infant mortality and birth outcomes</td>
</tr>
<tr>
<td>2</td>
<td>Drug dependency and abuse</td>
<td>Drug dependency and abuse</td>
<td>Child maltreatment</td>
<td>Drug dependency and abuse</td>
<td>Mental health and suicide</td>
</tr>
<tr>
<td>3</td>
<td>Mental health and suicide</td>
<td>Child maltreatment</td>
<td>Drug dependency and abuse</td>
<td>Violence</td>
<td>Drug dependency and abuse</td>
</tr>
<tr>
<td>4</td>
<td>Unintended pregnancy and teen birth</td>
<td>Healthy weight status/obesity</td>
<td>Infant mortality and birth outcomes</td>
<td>Healthy weight status/obesity</td>
<td>Unintended pregnancy and teen birth</td>
</tr>
<tr>
<td>5</td>
<td>Violence</td>
<td>Violence</td>
<td>Violence</td>
<td>Tobacco use</td>
<td>Tobacco use</td>
</tr>
</tbody>
</table>

**Key**
- Response was common across population domains
- Response was unique to a population domain

**Source:** 2018 MCH/MIECHV online survey and regional forum participant worksheets
# Top-five social determinant of health needs, by population domain

<table>
<thead>
<tr>
<th>Rank</th>
<th>Perinatal/infant health</th>
<th>Child health</th>
<th>Children with special healthcare needs</th>
<th>Adolescent/young adult health</th>
<th>Maternal/women’s health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Poverty</td>
<td>Poverty</td>
<td>Family and social support/family functioning</td>
<td>Poverty</td>
<td>Poverty</td>
</tr>
<tr>
<td>2</td>
<td>Housing</td>
<td>Family and social support/family functioning</td>
<td>Poverty</td>
<td>Adverse childhood experiences/trauma</td>
<td>Housing</td>
</tr>
<tr>
<td>3</td>
<td>Transportation</td>
<td>Adverse childhood experiences/trauma</td>
<td>Adverse childhood experiences/trauma</td>
<td>Family and social support/family functioning</td>
<td>Transportation</td>
</tr>
<tr>
<td>4</td>
<td>Adverse childhood experiences/trauma</td>
<td>Housing</td>
<td>Housing</td>
<td>Housing</td>
<td>Employment and income</td>
</tr>
<tr>
<td>5</td>
<td>Family and social support/family functioning</td>
<td>Education/school readiness</td>
<td>Transportation</td>
<td>Education</td>
<td>Adverse childhood experiences/trauma</td>
</tr>
</tbody>
</table>

**Key**
- **Response was common across population domains**
- **Response was unique to a population domain**

**Source:** 2018 MCH/MIECHV online survey and regional forum participant worksheets
Top-five public health system, prevention and health behavior needs, by population domain

<table>
<thead>
<tr>
<th>Rank</th>
<th>Perinatal/infant health</th>
<th>Child health</th>
<th>Children with special healthcare needs</th>
<th>Adolescent/young adult health</th>
<th>Maternal/women’s health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Breastfeeding</td>
<td>Nutrition</td>
<td>Health literacy</td>
<td>Substance use/abuse</td>
<td>Substance use/abuse</td>
</tr>
<tr>
<td>2</td>
<td>Safe sleep</td>
<td>Violence</td>
<td>Violence</td>
<td>Alcohol use</td>
<td>Sexual and reproductive health</td>
</tr>
<tr>
<td>3</td>
<td>Violence</td>
<td>Substance use/abuse</td>
<td>Substance use/abuse</td>
<td>Tobacco use</td>
<td>Tobacco use</td>
</tr>
<tr>
<td>4</td>
<td>Nutrition</td>
<td>Physical activity</td>
<td>Nutrition</td>
<td>Sexual and reproductive health</td>
<td>Nutrition</td>
</tr>
<tr>
<td>5</td>
<td>Parent/caregiver tobacco use</td>
<td>Health literacy</td>
<td>Tobacco use</td>
<td>Nutrition</td>
<td>Violence</td>
</tr>
</tbody>
</table>

Key
- Response was common across population domains
- Response was unique to a population domain

Source: 2018 MCH/MIECHV online survey and regional forum participant worksheets
# Top-five Healthcare System and Access Needs, by Population Domain

<table>
<thead>
<tr>
<th>Rank</th>
<th>Perinatal/Infant Health</th>
<th>Child Health</th>
<th>Children with Special Healthcare Needs</th>
<th>Adolescent/Young Adult Health</th>
<th>Maternal/Women’s Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Access to health care</td>
<td>Access to health care</td>
<td>Insurance coverage and healthcare affordability</td>
<td>Access to mental health services</td>
<td>Access to health care</td>
</tr>
<tr>
<td>2</td>
<td>Home visiting and/or parenting education</td>
<td>Access to mental health services</td>
<td>Access to health care</td>
<td>Access to health care</td>
<td>Access to mental health services</td>
</tr>
<tr>
<td>3</td>
<td>Insurance coverage and healthcare affordability</td>
<td>Insurance coverage and healthcare affordability</td>
<td>Access to mental health services</td>
<td>Access to substance use/addiction treatment</td>
<td>Access to substance use/addiction treatment</td>
</tr>
<tr>
<td>4</td>
<td>Care coordination</td>
<td>Access to dental care</td>
<td>Care coordination</td>
<td>Insurance coverage and healthcare affordability</td>
<td>Insurance coverage and healthcare affordability</td>
</tr>
<tr>
<td>5</td>
<td>Access to social services</td>
<td>Access to substance use/addiction treatment</td>
<td>Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities</td>
<td>Access to social services</td>
<td>Home visits and/or parenting education</td>
</tr>
</tbody>
</table>

**Key**
- Response was common across population domains
- Response was unique to a population domain

**Source:** 2018 MCH/MIECHV online survey and regional forum participant worksheets
Modifiable factors that influence health

40% Social and economic environment
20% Clinical care
30% Health behaviors
10% Physical environment

Top-five child health needs, across categories

<table>
<thead>
<tr>
<th>Rank</th>
<th>Health outcomes</th>
<th>Social determinants of health</th>
<th>Public health system, prevention and health behaviors</th>
<th>Healthcare system and access</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mental health and suicide</td>
<td>Poverty</td>
<td>Nutrition</td>
<td>Access to health care</td>
</tr>
<tr>
<td>2</td>
<td>Drug dependency and abuse</td>
<td>Family and social support/family functioning</td>
<td>Violence</td>
<td>Access to mental health services</td>
</tr>
<tr>
<td>3</td>
<td>Child maltreatment</td>
<td>Adverse childhood experiences/trauma</td>
<td>Substance use/abuse</td>
<td>Insurance coverage and healthcare affordability</td>
</tr>
<tr>
<td>4</td>
<td>Healthy weight status/obesity</td>
<td>Housing</td>
<td>Physical activity</td>
<td>Access to dental care</td>
</tr>
<tr>
<td>5</td>
<td>Violence</td>
<td>Education/school readiness</td>
<td>Health literacy</td>
<td>Access to substance use/addiction treatment</td>
</tr>
</tbody>
</table>

Source: 2018 MCH/MIECHV online survey and regional forum participant worksheets
Modifiable factors that influence health
With top child health needs

Health outcomes
1. Mental health and suicide
2. Drug dependency and abuse
3. Child maltreatment
4. Healthy weight status/obesity
5. Violence

Social determinants of health
1. Poverty
2. Family and social support/family functioning
3. Adverse childhood experiences/trauma
4. Housing
5. Education/school readiness

Social and economic environment

Clinical care

Health behaviors

Public health system, prevention and health behaviors
1. Nutrition
2. Violence
3. Substance use/abuse
4. Physical activity
5. Health literacy

Health system and access
1. Access to health care
2. Access to mental health services
3. Insurance coverage and healthcare affordability
4. Access to dental care
5. Access to substance use/addiction treatment
Key finding 3

Health disparities exist across several populations groups in Ohio. Factors within a person’s social, economic and physical environment are the most-commonly identified drivers of gaps in health outcomes across the state.
## Top-five priority populations, by population domain

<table>
<thead>
<tr>
<th>Priority population*</th>
<th>Perinatal and infant health</th>
<th>Child health</th>
<th>Children with special healthcare needs</th>
<th>Adolescent and young adult health</th>
<th>Maternal and women’s health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low income</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>African-American/black</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Residents of rural or Appalachian areas</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>People with disabilities</td>
<td>●</td>
<td>●</td>
<td>**</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Immigrants or refugees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino(a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesbian, gay, bi-sexual, transgender or queer (LGBTQ)</td>
<td></td>
<td></td>
<td></td>
<td>★</td>
<td></td>
</tr>
</tbody>
</table>

**Key**
- ● = Top-five priority population across all population domains
- ★ = Top-five priority population is unique to a population domain

*Includes all top-five priority populations identified for Ohio overall for each of the five population domains

**Population domain is focused on children with disabilities

**Source:** 2018 MCH/MIECHV online survey
### Top-three drivers of health outcome gaps, by county type

<table>
<thead>
<tr>
<th>Ohio (combined)</th>
<th>Urban/ Suburban</th>
<th>Appalachian/ Rural non-Appalachian</th>
</tr>
</thead>
<tbody>
<tr>
<td>n= 31 small groups</td>
<td>n= 21 small groups</td>
<td>n= 17 small groups</td>
</tr>
<tr>
<td>Poverty/income</td>
<td>Poverty/income</td>
<td>Poverty/income</td>
</tr>
<tr>
<td>Educational attainment</td>
<td>Transportation</td>
<td>Educational attainment</td>
</tr>
<tr>
<td>Family stability (tie for 3)</td>
<td>Geography/zip code – (where a person lives) (tie for 3)</td>
<td>Family stability</td>
</tr>
<tr>
<td>Transportation (tie for 3)</td>
<td>Family stability (tie for 3)</td>
<td></td>
</tr>
</tbody>
</table>

**Key**
- Response was common across county types
- Response was unique to a county type

**Source:** 2018 MCH/MIECHV regional forum small group discussions
### Top-three important things to achieve equity, by county type

<table>
<thead>
<tr>
<th>Ohio (combined)</th>
<th>Urban/ Suburban</th>
<th>Appalachian/ Rural non-Appalachian</th>
</tr>
</thead>
<tbody>
<tr>
<td>n= 31 small groups</td>
<td>n= 21 small groups</td>
<td>n= 17 small groups***</td>
</tr>
<tr>
<td>Coordination and collaboration</td>
<td>Educational attainment</td>
<td>Community and individual education (tie for 1)</td>
</tr>
<tr>
<td>Educational attainment (tie for 2)</td>
<td>Employment/jobs (tie for 2)</td>
<td>Coordination and collaboration (tie for 1)</td>
</tr>
<tr>
<td>Employment/jobs (tie for 2)</td>
<td>Healthcare provider access (tie for 2)</td>
<td>Addiction treatment and prevention (tie for 2)</td>
</tr>
<tr>
<td>Healthcare provider access (tie for 2)</td>
<td>Housing (tie for 2)</td>
<td>Care coordination across systems (tie for 2)</td>
</tr>
<tr>
<td>Increasing focus on prevention and the social determinants of health (tie for 2)</td>
<td>Employment/jobs (tie for 2)</td>
<td></td>
</tr>
<tr>
<td>Providing equal opportunity (tie for 2)</td>
<td>Funding (tie for 2)</td>
<td></td>
</tr>
<tr>
<td>Transportation (tie for 2)</td>
<td>Health education (tie for 2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Healthcare provider access (tie for 2)</td>
<td></td>
</tr>
</tbody>
</table>

**Key**
- **Response was common across county types**
- **Response was unique to a county type**

**Source:** 2018 MCH/MIECHV regional forum small group discussions
Key findings

1. While each Ohio community is unique, there are many shared strengths and challenges across the state related to maternal and child health.

2. While there were many similarities in the top-ranked needs across MCH population domains, there were also needs identified that were unique to a population domain.

3. Health disparities exist across several populations groups in Ohio. Factors within a person’s social, economic and physical environment are the most-commonly identified drivers of gaps in health outcomes across the state.
Small group discussions
MCH MIECHV

Maternal and Child Health (MCH) and Maternal, Infant and Early Childhood Home Visiting (MIECHV) assessments

The Ohio Department of Health (ODH) is contracting with the Health Policy Institute of Ohio (HPIO) to develop the state’s Maternal and Child Health (MCH) and Maternal, Infant and Early Childhood Home Visiting (MIECHV) needs assessments.

MCH needs assessment: To receive MCH Block Grant funding, Title V (Section 505(a)(1)) of the Social Security Act requires the state to conduct a comprehensive, statewide MCH needs assessment every five years. The state then uses the assessment findings to inform the selection of seven to ten priority needs and develop a five-year state action plan to address those needs.

MIECHV needs assessment: A statewide needs assessment must also be conducted for MIECHV funding (Title V, Sec. 511). Findings are used to identify high-risk communities, home visiting service gaps and opportunities for improving early childhood home visiting services throughout the state.

Steering Committee

Steering Committee Meeting 1: Thursday, Jan. 31 (in-person at ODH) 10 am-12 pm

Alignment with the State Health Assessment and State Health Improvement Plan

In order to strengthen and streamline state-level health assessments and planning, the MCH and MIECHV assessments are being developed in conjunction with the State Health Assessment (SHA) and State Health Improvement Plan (SHIP) for Ohio.
Next steps

Join SHA/SHIP Advisory Group
Contact Becky Carroll
bcarroll@healthpolicyohio.org

SHIP work team meetings

Upcoming MCH/MIECHV Steering Committee meetings
• Meeting two: April/May
• Meeting three: June