

Maternal and Child Health Block Grant Public Comments and ODH Responses to the FFY 2013 Application

BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
<p><b>NPM 1</b> - The percent of screen positive newborns who received timely follow up to definitive diagnosis &amp; clinical management for condition(s) mandated by their State-sponsored newborn screening programs.</p>	<p>Anna Starr</p>	<p><b>Q. Are you able to easily understand the goal and strategies of this measure?</b></p> <p>C. I like the inclusion of cardiac defects.</p>	<p>(C1.) The State of Ohio is moving forward to mandate newborn screening for critical congenital heart defects. This was mentioned in the Governor’s budget for SFY14-15 and is also the subject of a stand alone bill, SB4. Stakeholders are working to make sure the language in each of these is consistent.</p>
<p><b>NPM 2</b> - The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)</p>	<p>Dr. Foster Kim Weimer</p>	<p><b>Q. Are you able to easily understand the goal and strategies of this measure?</b></p> <p>C. Need to also include the PHNs who do case management for BCMH families at the local level.</p>	<p>(C1.) BCMh PHN’s have been engaged through regional meetings in training in medical home and “Listening with Connection” as part of the D70 CYSHCN State Implementation grant, “Ohio Statewide Medical Home Project.” BCMh PHN’s will also be included through a related medical home survey project.</p>
<p>NPM 2</p>		<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p>C. Again, the PHN who does the BCMH program must be included.</p>	<p>(C2.) See response above regarding PHN engagement.</p>
<p><b>NPM 3</b> - The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)</p>		<p><b>Q. Are you able to easily understand the goal and strategies of this measure?</b></p> <p>C. Need to also include a BCMH PHN or local health department Director of Nursing on the committee.</p>	<p>(C1.) The Ohio Patient-Centered Primary Care Collaborative (OPCPCC) is a coalition of primary care providers, insurers, employers, consumer advocates, government officials and public health professionals who work to promote and support Patient-Centered Medical Home. Membership in the OPCPCC is open and free. As of May 2013, there were about 580 members including professionals from local health districts. If interested, information regarding membership in the OPCPCC can be found at: <a href="http://www.odh.ohio.gov/landing/medicalhomes/Membership.aspx">http://www.odh.ohio.gov/landing/medicalhomes/Membership.aspx</a></p>

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NPM 3	Dr. Foster Kim Weimer	<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p><b>C.</b> Why just Cincinnati Children’s Hospital Special Needs Resource Directory? Why not expand this as a statewide registry, or do others in pediatric medical-referral catchment regions such as Columbus, Cleveland, Toledo, etc.?</p> <p><b>C.</b> Continue to include BCMH PHNs in assisting with the medical home concept at the local level</p>	<p>(C2.) The Cincinnati Children’s Hospital Special Needs Resource Directory, which BCMH has supported in the past, has been used to provide information statewide for children with special needs and their families. The resource directory includes local, regional and national resources related to a child’s diagnosis or condition, strategies for parent advocacy for their child, community resources, information on special education, healthcare, financial information, transition, recreation, emergency preparedness, etc. The Ohio Department of Health is currently supporting RedTreehouse.org, which is a collaborative effort of the Ronald McDonald House of Cleveland and Ohio Family and Children First. It is a statewide resource for families and professionals “to promote the well-being of children and young adults prenatal to age 25.”</p> <p>(C3.) BCMh PHN’s will continue to be engaged through regional meetings in medical home which continues to be a priority for Ohio’s CYSHCN.</p>
<p><b>NPM 4</b> - The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)</p>		<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p><b>C.</b> How will you "Train local health departments?" Good webinars are easiest for us to attend...</p> <p><b>C.</b> Informing the parents on children in the hospital with a disability whether heart or other conditions, the family must receive support and information on the BCMH program</p>	<p>(C1.) As of May 2013, BCMH has held two webinars and a third webinar is planned in partnership with Medicaid and Medicaid Managed Care to discuss changes and provide clarification. Local Public Health Department calls held by ODH on a weekly basis and the Directors of Nursing/Public Health Nursing list serve have also been used to provide updates on the ACA and CYSHCN. Finally, BCMH regional meetings are used as face-to-face opportunities for updates and information.</p> <p>(C2.) BCMh will continue to work with our hospital-based service coordination teams, Help Me Grow hospital-based child find specialists and our nurse case manager field consultants to ensure hospitals including hospital billing, financial departments, and discharge planner’s are providing accurate and timely information for families.</p>

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<p><b>NPM 5</b> - Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)</p>	<p>Dr. Foster Kim Weimer</p>	<p><b>Q. Are you able to easily understand the goal and strategies of this measure?</b></p> <p>C. Not sure local level HMG staff understand the medical home concept.</p>	<p>(C1.) Training of HMG staff in Medical Home and “Listening with Connection” will begin in Summer 2013 through continued work with the D70 CYSHCN State Implementation grant, “Ohio Statewide Medical Home Project for CYSHCN.”</p>
<p>NPM 5</p>		<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p>C. Help me grow is a wonderful program but it could be improved by the use of other professionals such as social workers, dental hygienists, etc. as opposed to only nurses.</p>	<p>(C2.) Help Me Grow does not only use nurses; in fact the state has created a credentialing system that allows for a wide variety of professionals and para-professionals to provide services in HMG. The only requirements for personnel in HMG are articulated in Ohio Administrative Code 3701-8-03.</p>
<p><b>NPM 6</b> - The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.</p>		<p>No Comment(s)</p>	
<p><b>NPM 7</b> - Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.</p>	<p>Lori Deacon</p>	<p><b>Q. Do you think this Performance Measure furthers the MCH Priorities of the MCH Block Grant?</b></p> <p>C. Need to consider activities to reduce the number of waivers signed against receiving vaccines. Need to provide outreach/education to communities who have high numbers of waived children.</p>	<p>The National Immunization Survey conducted by the Centers for Disease Control and Prevention presently measures the percent of children aged 19 to 35 months who received recommended vaccines. Ohio’s current 4313314 rate is 76.4%. See: <a href="http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2011.htm#overall">http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2011.htm#overall</a></p> <p>Based on the 2012 annual school vaccine coverage report, Ohio has 1.4% of new school enterers indicating a religious or philosophical exemption. This number is relatively low, but there may be small communities where exemptions may be higher. Ohio provides Immunization Action Plan (IAP) grants to 56 local health departments with one objective targeting education to geographic areas with coverage disparities. These IAP funds do not target the parents of children with religious or philosophical exemptions.</p>

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NPM 7	Lori Deacon	<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p><b>C.</b> Funding for an immunization outreach worker(s) at local HDs to better connect with immigrant groups around infant/toddler immunizations would be helpful. We are experiencing significant distrust among some large immigrant groups in our metropolitan region. Many do not trust "government" and some still believe that immunizations give their children autism. The outreach worker could liaison with immigrant families and their leaders to help them understand and follow through on pediatric immunizations.</p> <p><b>C.</b> Costs could be reduced by using other professionals in the field as opposed to only nurses.</p> <p><b>C.</b> Immunization waivers are increasing in areas of the state-it needs to be addressed.</p>	<p>(C1.) ODH is looking to incorporate culturally appropriate activities and interventions identified by State Performance Measure 04. These should impact this concern.</p> <p>(C3.) ODH will investigate ways to include the number of waivers signed in the efforts to monitor immunization data from DCFHS-funded programs.</p>

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<p><b>NPM 8</b> - The rate of birth (per 1,000) for teenagers aged 15 through 17 years.</p>	<p>Mercedes Collier</p>	<p><b><i>Q. Are you able to easily understand the goal and strategies of this measure?</i></b></p> <p><b>C.</b> Activities need to exist to educate and support the teens in the state - teen pregnancy is a concern with nothing being done to prevent babies being born</p>	<p>(C1.) Ohio is committed to continuing the decreasing trend in birth rate among adolescents. Strategies can be found in the State Health Improvement Plan under the goal of decreasing Ohio’s infant mortality rate and reducing disparities in birth outcomes in the recommendations of the Infant Mortality Task Force, and in the MCHBG priorities.</p>
<p>NPM 8</p>		<p><b><i>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</i></b></p> <p><b>C.</b> The activities center around existing participation in the RHWP program, which severely limits the ability to positively impact the metric (which is broader than RHWP). I suggest narrowing the metric to what the strategies are specifically designed to achieve OR expand the strategies to include non-RHWP participants (i.e., school-based programs, faith-based programs, youth groups, etc.).</p>	<p>(C2.) Expanding the scope to include a more comprehensive &amp; holistic approach would better ensure that Ohio’s program accomplishes the goal of reducing its teen birth rate.</p>



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NPM 8	Mercedes Collier	<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p><b>C.</b> Promote alliances with schools and faith based organizations to promote family planning with the RLP.</p> <p><b>C.</b> Have a requirement in the schools that the student must have education on goals and what a baby will do to their life. Whether it be abstinence ed. or teaching to have safe sex.</p>	<p>(C3-4.)</p> <p>See above answer</p>
NPM 9 - Percent of third grade children who have received protective sealants on at least one permanent molar tooth.	Shannon Cole	<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p><b>C.</b> Add more programs</p>	<p>(C1.)</p> <p>Thank you, this is a great comment. In 2011, ODH added three new programs for a total of 18 school-based dental sealant programs that cover 44 counties and we continue to look for opportunities to expand and improve the ODH-funded sealant program in Ohio.</p>
NPM 9		<p><b>C.</b> To continue to increase the number of children receiving sealants and the number of areas that are reached, it is crucial that staff be allowed to work full time and utilize all available opportunities time wise to maximize the number of children that can be seen. Currently this is seen as a "part time" position although most districts are seeing children 5 days per week and using their breaks during summer and holidays to regroup and organize.</p>	<p>(C2.)</p> <p>Some sealant programs operate five days a week and some do not. Experience in Ohio and in other states indicates that sealant teams and coordinators do not need work during the summer months, when schools are closed.</p>

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NPM 9	Shannon Cole	<p>C. The School-based Dental Sealant Programs would benefit from any assistance that could be provided by ODH on working with State Medicaid and the Medicaid MCOs with the credentialing process and reimbursement.</p>	<p>(C3.) Please contact Shannon L. Cole, RDH, BS, School-based Oral Health Program Coordinator at 614-728-2302 or <a href="mailto:Shannon.Cole@odh.ohio.gov">Shannon.Cole@odh.ohio.gov</a>. She will put you in touch with individuals who can assist with Medicaid billing and the credentialing process.</p>
<p><b>NPM 10</b> - The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.</p>	Merrily Wholf	<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p>C. Strategy D - include working with local Safe Kids Coalitions</p>	<p>The CIAG includes many representatives of Safe Kids Coalitions. We have not listed out all the member agencies.</p>
<p><b>NPM 11</b> - The percent of mothers who breastfeed their infants at 6 months of age.</p>	Breanne Haviland Dyane Gogan Turner	<p><b>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</b></p> <p>C. A2 is very broad. I suggest narrowing it to the target audience of the intervention (i.e., AA and Appalachian populations) OR develop more interventions for additional populations measured in A2 (white, Hispanic, etc.).</p>	<p>(C1.) A2: Start human milk in 80% of 22-29 week gestational age infants by 72 hours of life and achieve <math>\geq 100</math> mL/kg/day of human milk by 21 days of life. This objective will be measured through OPQC reports.</p> <p>This goal is specifically based on gestational age.</p>
		<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p>C. See above comment</p>	<p>(C2.) Goal C of the indicator strategies identifies the target population of African- American women, Appalachian women, and teen moms.</p>

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<p><b>NPM 11</b> - The percent of mothers who breastfeed their infants at 6 months of age.</p>	<p>Breanne Haviland Dyane Gogan Turner</p> 	<p><b>C.</b> What are the alternate options for women who do not have cell phones or who do not have texting capabilities? Public service messages placed during prime time hours of television. Solicit celebrities who understand the goal and have breastfed themselves to 6 months participate in the service messages.</p>	<p>(C3.) Text for Baby is a social-media specific program. It is only one of seven activities to promote and support breastfeeding throughout the State of Ohio. NPM 11 has no funding for activities such as PSAs.</p>
		<p><b>C.</b> There is talk about funding cuts to Breastfeeding Peer Support programs. How will this impact this objective?</p>	<p>(C4.) WIC continues to seek out additional funding to support the Peer Helper Program. The regional IBCLC webcam project links women to BF support. WIC staff, including office support personnel, and health professionals, are also continually trained to promote and support BF.</p>
<p><b>NPM 12</b> - Percentage of newborns who have been screened for hearing before hospital discharge.</p>	<p>Naomi Halverson (Wendy Grove)</p>	<p><b>Q. Are you able to easily understand the goal and strategies of this measure?</b></p> <p><b>C.</b> Yes but it seems to me as if many of the activities of the goal are geared toward the baby after hospital discharge. It would seem that the Goal should be expanded to include increasing the percentage of babies who receive diagnose testing and a diagnosis (pass or confirmed hearing loss) by 3 months of age and enrollment in early intervention by 6 months of age for children with hearing loss.</p>	<p>(C1.) MCHBG activities are aligned with the Joint Committee on Infant Hearing (JCIH). Other grants focus on hospital screeners talking with parents, and educating hospital personnel on how to ask for consent and talk to a new parent about UNHS. Two of the four activities do focus on diagnostic evaluation and services after a confirmed hearing loss (see performance report).</p>
<p>NPM 12</p>	<p>Naomi Halverson (Wendy Grove)</p>	<p><b>Q. Do you think this Performance Measure furthers the MCH Priorities of the MCH Block Grant?</b></p> <p><b>C.</b> Must also consider the home births-how will they get info on hearing screenings?</p>	<p>(C2.) Home-birtherd babies &amp; families get information on screening though outreach and education conducted by public health nurses and health departments. It is a long-standing relationship, which proves effective in getting children screened.</p>

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NPM 13 - Percent of children without health insurance.	Jo Bouchard	No Comment(s)	
NPM 14 - Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.	Allison Mylander	<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p>C. I suggest moving beyond "collaboration" with state groups and lead a direct outreach campaign to pediatricians.</p>	<p>(C1.) Per WIC policy, any WIC participant ages 2 to 5 with a BMI at or above the 95<sup>th</sup> percentile is considered high-risk, and must be referred to their pediatrician and followed up by the dietitian in the clinic. WIC staff are consistently making efforts to reach out to their local pediatricians regarding both obesity and promoting breastfeeding.</p>
NPM 14	Allison Mylander	C. All children so go outside daily and exercise not just the young children in the school systems!	<p>(C2.) ODH strongly agrees! Promoting physical activity for all family members occurs at every WIC clinic and during the appointments as applicable. Children in the school systems are emphasized because the data can sometimes only be pulled from surveys done within a controlled school environment.</p>
NPM 15 - Percentage of women who smoke in the last three months of pregnancy.	Janelle Edwards William Cartwright	<p><b>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</b></p> <p>C. These strategies are unlikely to affect change in the metric. I suggest more intensive efforts that more directly link at-risk pregnant mothers to existing evidence-based programs. We need to move beyond "assessing," "promoting," and "capacity-building" and direct more resources (if available) to direct intervention.</p>	<p>(C1.) The OP-SFF work group suggested an expansion of the 5A's in direct care clinic sites. As a result, the program's reach in direct care clinics has almost doubled to 38 (WIC &amp; CFHS). The workgroup is currently exploring how to broaden the 5A's in direct care clinics/outreach to reach more at-risk mothers (i.e., OIMRI, Women's Healthcare Centers).</p>

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NPM 15	Janelle Edwards William Cartwright	<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p>See above comment</p>	<p>(C2.) See above response</p>
<p><b>NPM 16</b> - The rate (per 100,000) of suicide deaths among youths aged 15 through 19.</p>	<p>Angie Norton</p> 	<p><b>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</b></p> <p>C. The data sources cited in Strategy A (Child Fatality Review, Youth Risk Behavior Survey, Vital Statistics and Ohio Hospital Data) will not adequately describe the determinants of youth suicide. I suggest also connecting to academic research centers.</p>	<p>(C1.) Other than the data sources cited, additional weighted state-level data to describe the determinants of youth suicide are not readily available to the NPM 16 committee. The committee does work with the Ohio Suicide Prevention Foundation, a state-level organization which has connections with OSU. The NPM 16 committee will investigate other research centers for possible members and/or data sources to determine if there is other data available to assist with this performance measure.</p>
NPM 16		<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p>See above comment</p>	<p>(C2.) See above response</p>
<p><b>NPM 17</b> - Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.</p>	<p>Vivian Anderson Lori Deacon</p>	<p><b>Q. Would data collected for this Performance Measure be useful to your office, bureau, agency, or organization in accomplishing related goals or objectives?</b></p> <p>C. These data and reports should be shared with CFHS providers!</p>	<p>(C1.) The CFHS program administrator has been made aware of this request.</p>

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<p><b>NPM 18</b> - Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.</p>	<p>Vivian Anderson Lori Deacon</p>	<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p><b>C.</b> It is important to remember and address the fact of periodontal disease (gum disease) plays an important role in low birth weight babies. Education and screenings/treatment needs to be offered.</p>	<p>(C1.) ODH works with both the Ohio Collaborative to Prevent Infant Mortality and the Ohio Perinatal Quality Collaborative to identify priorities in terms of interventions to address preterm birth.</p>
<p><b>SPM 1</b> - Increase statewide capacity to reduce unintended pregnancies among populations at high risk for poor birth outcomes.</p>	<p>Mercedes Collier</p> 	<p><b>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</b></p> <p><b>C.</b> Encourage Medicaid to update its application so that it INCLUDES the option Medicaid Family Planning, instead of us having to write it on the form. We bought a stamp!</p>	<p>(C1.) ODH will discuss this with ODJFS</p>
		<p><b>C.</b> Does ODH complete CLAS questionnaire? Who monitors adherence to CLAS</p>	<p>(C2.) Agencies complete CLAS when applying for grants. Program consultants monitor adherence.</p>
<p><b>SPM 2</b> - Percent of low birth weight black births among all live black births.</p>	<p>Vivian Anderson Lori Deacon</p>	<p>No Comment(s)</p>	
<p><b>SPM 3</b> - Percent of local health departments that provide health education and/or services in schools.</p>	<p>Laura Rooney</p>	<p><b>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</b></p> <p><b>C.</b> Need to connect LHDs to universities that run health education programs. There are tons of opportunities for LHDs to receive TA and student volunteers by working with universities.</p>	<p>(C1.) In April 2012, the SPM 3 committee began working with the Ohio Research Association for Public Health Improvement, a consortium of the seven academic public health programs and local health departments. The relationship is supporting our work to build relationships between LHDs and schools and identify successful strategies for maintaining effective school health services. University students are supporting research efforts. In providing technical assistance and training to school and local health department staff, ODH and the Ohio Department of Education are working with 14 professors from seven universities to provide professional development on health education and behavior change.</p>

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<p><b>SPM 3</b> - Percent of local health departments that provide health education and/or services in schools.</p>	<p>Laura Rooney</p>	<p><b><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></b></p> <p><b>C.</b> See above comment</p>	<p>(C2.)</p> <p>See above response.</p>
<p><b>SPM 4</b> - Degree to which Division of Family and Community Health Services programs can incorporate and evaluate culturally appropriate activities and interventions</p>	<p>Vivian Anderson Theresa Seagraves</p>	<p><b><i>Q. Are the activities associated with each strategy applicable and useful in accomplishing the goals of the Performance Measure?</i></b></p> <p><b>C.</b> See comment below</p>	
		<p><b><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></b></p> <p><b>C.</b> The measure at the bottom ("data standards approved and implemented agency-wide and standard training model developed and approved") is not connected to the performance measure. Just because the data are standardized and the training model has been approved, doesn't mean that training model will be implemented, that programs will actually take place, and that the programs will be culturally appropriate.</p>	<p>(C2.)</p> <p>ODH is aware that training processes and methods associated with the cultural and linguistic appropriateness of programs may not be consistent or fully implemented across MCH programs. ODH is in the process of sending out a Request for Proposal (RFP) for a consultant to assist in identifying specific strategies to assess and train around health equities, social determinants of health and cultural and linguistic appropriateness.</p>
<p><b>SPM 5</b> - Percent of 3rd graders who are overweight</p>	<p>Heidi Scarpitti</p>	<p><b><i>Q. Are you able to easily understand the goal and strategies of this measure?</i></b></p> <p>Include school nurses who work at LHD as PHN.</p>	<p>(C1.)</p> <p>The nursing staff at the LHDs is our primary contact for the BMI surveillance program.</p>

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SPM 5 - Percent of 3rd graders who are overweight	Heidi Scarpitti	<p><b><i>Q. Do you think this Performance Measure furthers the MCH Priorities of the MCH Block Grant?</i></b></p> <p><b>C.</b> Childhood obesity prevention yes, but not in this approach</p>	<p>(C2.) BMI surveillance data is one of the most requested and needed types of data. BMI data collected for surveillance purposes have been used to establish baselines, monitor trends and, in some instances, evaluate the impact of interventions targeted to reduce obesity. The data collected by the Ohio Department of Health (ODH) as part of the ODH BMI surveillance program helps to inform decision makers and guides the development of public health policy.</p>
		<p><b><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></b></p> <p><b>C.</b> See above comment</p>	<p>(C3.) See above response</p>
		<p><b>C.</b> Expand options for evidence-based programming to include Healthy Children Healthy Weights</p>	<p>(C4.) Healthy Children Healthy Weights is a program that has been offered as an option for evidence-based programming to funding recipients.</p>
		<p><b>C.</b> Coordinated school health is not a concept that is easily workable in school districts. it is a very overwhelming approach, and one that we have unsuccessfully attempted to implement since 2005. We have found strong success and positive impacts associated with place based approaches to childhood obesity. Collecting BMIs is very burdensome to school districts if there are no mechanisms in place to address the issue. Nutrition education is also not at all impactful on the obesity epidemic. we need to be looking at funding innovative strategies that include policy, environmental, and system changes</p>	<p>(C5.) ODH works collaboratively with other state agencies and not-for-profit organizations to provide school districts technical assistance in policy review, professional development, and implementation strategies relating to food and beverage sold in schools, nutrition education, and healthy environmental strategies. ODH also provides staff/ equipment for collection of BMI surveillance data.</p>
SPM 6 - Development and implementation of a core set of preconception health indicators that monitor the health of reproductive age women (18-44) and evaluate preconception health effects.	Amy Davis	No Comment(s)	

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<p><b>SPM 7</b> - Percentage of 3rd grade children with untreated caries</p>	<p>Colleen Wulf</p>	<p><b><i>Q. Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></b></p> <p>C. Conduct outreach to pediatricians to increase the number of referrals and linkages to dentists in the community.</p>	<p>(C1.) Good suggestion. ODH provides training on its website for non-dental primary care providers on oral assessments, fluoride varnish and referrals for dental care. We also work with the Children’s Oral Health Action Team to educate pediatricians, family practitioners and dentists regarding collaboration, in an effort to provide more patient-centered care. We are open to other specific strategies to help increase the number of physicians conducting oral assessments and making appropriate referrals for dental care.</p>
<p><b>SPM 8</b> - Reduce deaths of adolescents (age 10-19) due to intentional and unintentional injuries.</p>	<p>Angie Norton</p>	<p><b><i>Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></b></p> <p>Encourage screening of children and adolescents for depression and other related mental health issues in schools and medical providers offices, etc.</p>	<p>(C1.) This Performance Measure does have some overlap with NPM 16, which deals with suicide, so those activities related to behavioral health are captured in both NPM 16 and SPM8. However, to improve this Performance measure to be better able to focus on interventions that will make progress, it has been slightly redefined going forward in the new block grant year. This state performance measure previously included deaths from intentional and unintentional injury among adolescents ages 10-19. Data originally reported for years prior to 2011 included deaths due to motor vehicle crashes, poisonings, and suicide using various statewide data sources. Beginning with 2011, this measure was changed to include only deaths due to motor vehicle (traffic) crashes and poisonings. The age was also changed to 15-19. The Vital Statistics death files are now the source for the numerator. These changes account for the considerable difference in results from previous years.</p>
<p>SPM 8</p>		<p>There is a big distance between studying the issue and making recommendations and actually reducing injuries. Without direct intervention, progress on this performance measure will be substantially impaired.</p>	<p>(C2.) See above</p>
<p>SPM 8</p>		<p>Duplicative of earlier strategy</p>	<p>See above</p>

Maternal and Child Health Block Grant Public Comments and ODH Responses to the FFY 2013 Application

BG Measure	Workgroup Strategy Leader(s)	Question & Public Comment	Workgroup Response
<p><b>SPM 9</b> - Maintenance/enhancement of the Ohio Connections for Children with Special Needs (OCCSN) birth defects information system (BDIS) birth defects registry) to improve utilization of data of surveillance, referrals to services and prevention activities.</p>	<p>Anna Starr</p>	<p>No Comment(s)</p>	
<p><b>SPM 10</b> - Increase the percent of children who receive timely, age-appropriate screening and referral.</p>	<p>Allyson Van Horn</p>	<p><b><i>Do you have any suggestions for improving or adding additional strategies associated with a particular Performance Measure?</i></b></p> <p>Specifically track screening/assessment for social/emotional development as part of developmental assessment. This is too often overlooked and is very important to overall health and wellness of children.</p>	<p>(C1.) This is currently being done. The “Ages &amp; Stages Questionnaire” and the “Ages &amp; Stages Questionnaire: Social-Emotional” are completed on all children referred and eligible for Early Intervention and Home Visiting services in Ohio.</p>