

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: OH
APPLICATION YEAR: 2013

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2013](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- [FORM 18](#)
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- [FORM 19](#)
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- [FORM 21](#)
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

FORM 2
MCH BUDGET DETAILS FOR FY 2013
[Secs. 504 (d) and 505(a)(3)(4)]
STATE: OH

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

\$ 21,376,000

Of the Federal Allocation (1 above), the amount earmarked for:

A. Preventive and primary care for children:

\$ 8,217,341 (38.44 %)

B. Children with special health care needs:

\$ 6,507,922 (30.44 %)

(If either A or B is less than 30%, a waiver request must accompany the application) [Sec. 505(a)(3)]

C. Title V administrative costs:

\$ 889,807 (4.16 %)

(The above figure cannot be more than 10% [Sec. 504(d)])

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 4,014,636

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 28,670,920

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 51,255,819

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

\$ 79,926,739

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 23,812,983

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

\$ 105,317,375

(Total lines 1 through 6. Same as line 15g of SF 424)

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS:	\$ <u>0</u>
b. SSDI:	\$ <u>0</u>
c. CISS:	\$ <u>0</u>
d. Abstinence Education:	\$ <u>1,912,235</u>
e. Healthy Start:	\$ <u>0</u>
f. EMSC:	\$ <u>0</u>
g. WIC:	\$ <u>190,855,066</u>
h. AIDS:	\$ <u>0</u>
i. CDC:	\$ <u>0</u>
j. Education:	\$ <u>14,296,808</u>
k. Home Visiting:	\$ <u>4,252,919</u>
l. Other:	

<u>Black Lung</u>	\$ <u>660,894</u>
<u>CDC Birth Defects</u>	\$ <u>179,999</u>
<u>LAUNCH</u>	\$ <u>850,000</u>
<u>NewBorn Hearing</u>	\$ <u>300,000</u>
<u>Other Funds</u>	\$ <u>2,566,520</u>
<u>PREP</u>	\$ <u>1,912,576</u>
<u>Primary</u>	\$ <u>331,672</u>
<u>Rural Health</u>	\$ <u>180,000</u>
<u>Title X</u>	\$ <u>3,538,977</u>
<u>Youth Risk Behaviors</u>	\$ <u>50,000</u>

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 221,887,656

11. STATE MCH BUDGET TOTAL

\$ 327,205,031

(Partnership subtotal + Other Federal MCH Funds subtotal)

FORM NOTES FOR FORM 2

In review of Ohio's Budget details and the information submitted for SFY2012 you will note changes in the amount expended by "individuals served" as well as by "types of services". Ohio would like to provide feedback in regards to the methodology used for this BG application report. The methodology used to determine the amount budgeted for the four levels of the MCH pyramid changed.

Previously the MCH Partnership Funds used to support Component C were defined as direct services and set aside. The balance of the Partnership Funds was then divided among the four levels by using the ratios for the levels as determined by the CFHS sub-grant program. The Component C funds were added to direct service share of the balance of the Partnership funds to determine the total direct service share of the Partnership Funds. However due to the success of the CFHS Program in reducing the direct service share of its' sub-grant programs, this method can no longer be applied to the non BCMH portion of the Partnership funds.

As of the FFY 13 application a new approach was used. Under the new approach each source of Partnership funds was designated as "direct" or "non-direct funds." Those funds designated as direct will be set-aside, while the balance will be subject to the CFHS ratios. The direct share of the balance will be added to the "designated direct" funds for the total amount of direct funds. The application of the CFHS ratios will then yield the amount of support for the other three levels of the pyramid. Although this methodology was used, after further discussion Ohio has determined that we will further review the methodology and outline a set methodology that will be used with in future BG application submissions.

In addition, to the above Ohio also determined that \$33 million dollars allocated for Help Me Grow was initially earmarked and classified as direct service dollars, However after further review of the community services provided by these dollars Ohio determined that it would be more appropriate to classify them as enabling. The shift in this allocation of funding from "direct care services" to "enabling services" will further balance the level of funding among the pyramid "types of services".

FIELD LEVEL NOTES**1. Section Number:** Form2_Main**Field Name:** OtherFedFundsOtherFund**Row Name:** Other Federal Funds - Other Funds**Column Name:****Year:** 2013**Field Note:**

Ship - NOA \$247,184

National Student Loan Repayment - NOA \$435,000

SECCS Grant - NOA \$300,000

FLEX- NOA \$613,000

Oral Health Workforce Development- NOA \$459,000

EDHI- NOA \$130,782

ABLES- NOA \$31,500

State Quality Collaborative- NOA \$350,000

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]
STATE: OH

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 22,294,606	\$ 21,936,284	\$ 21,802,339	\$ 21,802,339	\$ 21,938,322	\$ 18,334,107
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 3,516,490	\$ 3,516,490	\$ 4,652,992	\$ 4,652,992	\$ 3,495,443	\$ 3,495,443
3. State Funds <i>(Line3, Form2)</i>	\$ 31,794,862	\$ 32,159,105	\$ 32,064,483	\$ 29,960,798	\$ 33,191,474	\$ 35,475,875
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 6,057,424	\$ 6,014,888	\$ 15,967,790	\$ 9,585,895	\$ 11,798,944	\$ 10,300,362
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal	\$ 63,663,382	\$ 63,626,767	\$ 74,487,604	\$ 66,002,024	\$ 70,424,183	\$ 67,605,787
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 285,667,686	\$ 313,109,488	\$ 332,038,634	\$ 306,311,275	\$ 326,844,439	\$ 281,701,231
9. Total <i>(Line11, Form2)</i>	\$ 349,331,068	\$ 376,736,255	\$ 406,526,238	\$ 372,313,299	\$ 397,268,622	\$ 349,307,018
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]
STATE: OH

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 22,118,275	\$ 17,875,553	\$ 17,909,748	\$ _____	\$ 21,376,000	\$ _____
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 3,419,327	\$ 3,419,327	\$ 2,498,838	\$ _____	\$ 4,014,636	\$ _____
3. State Funds <i>(Line3, Form2)</i>	\$ 31,175,158	\$ 37,321,233	\$ 34,712,622	\$ _____	\$ 28,670,920	\$ _____
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ _____	\$ 0	\$ _____
5. Other Funds <i>(Line5, Form2)</i>	\$ 12,324,474	\$ 12,599,074	\$ 44,105,176	\$ _____	\$ 51,255,819	\$ _____
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ _____	\$ 0	\$ _____
7. Subtotal	\$ 69,037,234	\$ 71,215,187	\$ 99,226,384	\$ 0	\$ 105,317,375	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 321,146,370	\$ 267,391,754	\$ 279,684,531	\$ _____	\$ 221,887,656	\$ _____
9. Total <i>(Line11, Form2)</i>	\$ 390,183,604	\$ 338,606,941	\$ 378,910,915	\$ 0	\$ 327,205,031	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2011
Field Note:
Ohio uses the unobligated funds from the previous FFY's NOA in the first quarter of the succeeding FFY to continue to support for Title V programs until the new NOA is issued.
2. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2010
Field Note:
The difference is the amount held back to be spent in the second year of the FFY 10 budget period.
3. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2011
Field Note:
n
4. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2011
Field Note:
State expenditures of county funds dedicated to the CSHCN program exceeded the budgeted amount by approximately \$10 million.
5. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2011
Field Note:
n
6. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2010
Field Note:
The division was forced to reduce spending in three of its major revenue sources: 1) CSHCN Hospital Audit funds budgeted at 3.7 mil and expended at 2.8 mil; 2) Medicaid Administrative Claiming budgeted at 1.04 mil and expended at 491K; and, 3) Division's general operating fund ALI 440452 budgeted at 922k and expended at 644K.
7. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2011
Field Note:
The WVC program under spent the budget by 40 million dollars. The Part C and Part C ARRA programs under spent their budgets by 14 million dollars.
8. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2010
Field Note:
The major reason for the difference was an overestimation of WVC expenditures budgeted at 279 mil and expended at 239 mil. This was driven by a significant reduction in food commodity prices from FFY 09 to FFY 10.

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
 [Secs 506(2)(2)(iv)]
 STATE: OH

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 6,580,118	\$ 7,192,718	\$ 8,861,040	\$ 6,869,910	\$ 8,405,441	\$ 6,990,721
b. Infants < 1 year old	\$ 2,871,833	\$ 3,139,195	\$ 3,867,318	\$ 2,998,308	\$ 3,668,476	\$ 3,051,035
c. Children 1 to 22 years old	\$ 18,429,909	\$ 20,145,705	\$ 24,818,422	\$ 19,241,569	\$ 23,542,357	\$ 19,579,944
d. Children with Special Healthcare Needs	\$ 35,317,268	\$ 32,749,927	\$ 36,299,783	\$ 36,244,849	\$ 34,283,211	\$ 37,442,582
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 464,254	\$ 399,222	\$ 641,041	\$ 647,388	\$ 524,688	\$ 541,505
g. SUBTOTAL	\$ 63,663,382	\$ 63,626,767	\$ 74,487,604	\$ 66,002,024	\$ 70,424,183	\$ 67,605,787
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 237,998,966		\$ 283,822,880		\$ 279,937,903	
h. AIDS	\$ 23,290,601		\$ 23,881,598		\$ 23,290,601	
i. CDC	\$ 1,395,430		\$ 1,355,585		\$ 1,314,917	
j. Education	\$ 14,720,511		\$ 14,677,053		\$ 14,497,916	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
Black Lung	\$ 528,531		\$ 525,547		\$ 291,000	
CDC Birth Defects	\$ 180,000		\$ 180,000		\$ 336,334	
Child Care Dev.	\$ 0		\$ 0		\$ 241,000	
Nat'l Student Loans	\$ 0		\$ 300,000		\$ 440,000	
Other Funds See Note	\$ 0		\$ 0		\$ 789,335	
Primary Care	\$ 312,662		\$ 312,662		\$ 312,662	
Rural Flex	\$ 600,000		\$ 673,531		\$ 591,600	
Rural Health	\$ 0		\$ 0		\$ 167,200	
SRHIP	\$ 303,756		\$ 295,185		\$ 287,703	
Title X	\$ 4,701,397		\$ 4,701,397		\$ 4,251,624	
Child Care Developme	\$ 199,000		\$ 241,020		\$ 0	
Cleveland AIDS	\$ 300,000		\$ 200,000		\$ 0	
Other Funds-See Note	\$ 0		\$ 777,532		\$ 0	
Nat'L Student Loan	\$ 246,263		\$ 0		\$ 0	
Other funds-See Note	\$ 795,925		\$ 0		\$ 0	
III. SUBTOTAL	\$ 285,667,686		\$ 332,038,634		\$ 326,844,439	

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
 [Secs 506(2)(2)(iv)]
 STATE: OH

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 7,428,657	\$ 7,380,366	\$ 14,637,399	\$	\$ 14,836,468	\$
b. Infants < 1 year old	\$ 3,242,168	\$ 3,221,092	\$ 6,388,356	\$	\$ 17,521,162	\$
c. Children 1 to 22 years old	\$ 20,806,533	\$ 20,671,279	\$ 40,997,122	\$	\$ 38,292,216	\$
d. Children with Special Healthcare Needs	\$ 37,002,105	\$ 39,317,924	\$ 36,550,989	\$	\$ 33,777,722	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 557,771	\$ 624,526	\$ 652,518	\$	\$ 889,807	\$
g. SUBTOTAL	\$ 69,037,234	\$ 71,215,187	\$ 99,226,384	\$ 0	\$ 105,317,375	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 130,915		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 1,912,235	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 279,937,903		\$ 250,000,000		\$ 190,855,056	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 1,314,917		\$ 600,000		\$ 0	
j. Education	\$ 14,497,916		\$ 14,617,857		\$ 14,296,808	
k Home Visiting	\$ 0		\$ 0		\$ 4,252,919	
l. Other						
Black Lung	\$ 0		\$ 607,000		\$ 660,894	
CDC Birth Defects	\$ 0		\$ 0		\$ 179,999	
LAUNCH	\$ 0		\$ 850,000		\$ 850,000	
New Born Hearing	\$ 0		\$ 300,000		\$ 300,000	
Other Funds	\$ 0		\$ 0		\$ 2,566,520	
PREP	\$ 0		\$ 1,916,033		\$ 1,912,576	
Primary	\$ 0		\$ 0		\$ 331,672	
Rural Health	\$ 167,200		\$ 0		\$ 180,000	
Title X	\$ 0		\$ 0		\$ 3,538,977	
Youth Risk Behaviors	\$ 0		\$ 50,000		\$ 50,000	
Home Visiting	\$ 0		\$ 3,194,214		\$ 0	
Other funds see note	\$ 0		\$ 2,843,426		\$ 0	
Primary	\$ 0		\$ 275,000		\$ 0	
Rural Health	\$ 0		\$ 131,498		\$ 0	
Title X	\$ 0		\$ 4,168,578		\$ 0	
Black Lung	\$ 291,000		\$ 0		\$ 0	
Family Planning	\$ 4,251,624		\$ 0		\$ 0	
Nat'L Student Loans	\$ 440,000		\$ 0		\$ 0	
New Born Hearing	\$ 150,000		\$ 0		\$ 0	
Other Funds-see note	\$ 18,649,633		\$ 0		\$ 0	
PRAMS	\$ 146,951		\$ 0		\$ 0	
Primary Care	\$ 312,662		\$ 0		\$ 0	
Rural Flex	\$ 591,600		\$ 0		\$ 0	
SRHIP	\$ 300,320		\$ 0		\$ 0	
III. SUBTOTAL	\$ 321,146,370		\$ 279,684,531		\$ 221,887,666	

FORM NOTES FOR FORM 4

In review of Ohio's Budget details and the information submitted for SFY2012 you will note changes in the amount expended by "individuals served" as well as by "types of services". Ohio would like to provide feedback in regards to the methodology used for this BG application report. The methodology used to determine the amount budgeted for the four levels of the MCH pyramid changed.

Previously the MCH Partnership Funds used to support Component C were defined as direct services and set aside. The balance of the Partnership Funds was then divided among the four levels by using the ratios for the levels as determined by the CFHS sub-grant program. The Component C funds were added to direct service share of the balance of the Partnership funds to determine the total direct service share of the Partnership Funds. However due to the success of the CFHS Program in reducing the direct service share of its' sub-grant programs, this method can no longer be applied to the non BCMH portion of the Partnership funds.

As of the FFY 13 application a new approach was used. Under the new approach each source of Partnership funds was designated as "direct" or "non-direct funds." Those funds designated as direct will be set-aside, while the balance will be subject to the CFHS ratios. The direct share of the balance will be added to the "designated direct" funds for the total amount of direct funds. The application of the CFHS ratios will then yield the amount of support for the other three levels of the pyramid. Although this methodology was used, after further discussion Ohio has determined that we will further review the methodology and outline a set methodology that will be used with in future BG application submissions.

In addition, to the above Ohio also determined that \$33 million dollars allocated for Help Me Grow was initially earmarked and classified as direct service dollars. However after further review of the community services provided by these dollars Ohio determined that it would be more appropriate to classify them as enabling. The shift in this allocation of funding from "direct care services" to "enabling services" will further balance the level of funding among the pyramid "types of services".

FIELD LEVEL NOTES**1. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership**Field Name:** PregWomenExpended**Row Name:** Pregnant Women**Column Name:** Expended**Year:** 2010**Field Note:**

The department was forced to endure a series of budget reductions that significantly affected the provision of MCH services particularly via child and family health services clinics.

2. Section Number: Form4_I. Federal-State MCH Block Grant Partnership**Field Name:** Children_0_1Expended**Row Name:** Infants <1 year old**Column Name:** Expended**Year:** 2010**Field Note:**

The department was forced to endure a series of budget reductions that significantly affected the provision of MCH services particularly via child and family health services clinics.

3. Section Number: Form4_I. Federal-State MCH Block Grant Partnership**Field Name:** Children_1_22Expended**Row Name:** Children 1 to 22 years old**Column Name:** Expended**Year:** 2010**Field Note:**

Please see note

4. Section Number: Form4_I. Federal-State MCH Block Grant Partnership**Field Name:** AdminExpended**Row Name:** Administration**Column Name:** Expended**Year:** 2011**Field Note:**

The increase of MCH Block Grant expenditures is due to loss of other funds to support administrative staff.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]
STATE: OH

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 34,441,889	\$ 35,087,983	\$ 39,172,202	\$ 36,503,996	\$ 38,462,357	\$ 39,625,177
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 11,586,735	\$ 11,354,413	\$ 14,050,105	\$ 11,736,206	\$ 12,716,000	\$ 11,132,378
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 6,366,338	\$ 6,160,323	\$ 7,623,184	\$ 6,367,359	\$ 6,899,264	\$ 6,039,830
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 11,268,420	\$ 11,024,048	\$ 13,642,113	\$ 11,394,463	\$ 12,346,562	\$ 10,808,402
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 63,663,382	\$ 63,626,767	\$ 74,487,604	\$ 66,002,024	\$ 70,424,183	\$ 67,605,787

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]
STATE: OH

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 37,988,021	\$ 41,656,104	\$ 37,081,261	\$	\$ 68,817,605	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WMC, and Education.)	\$ 12,352,619	\$ 11,769,726	\$ 14,622,433	\$	\$ 4,956,759	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 6,702,317	\$ 6,379,012	\$ 3,655,392	\$	\$ 2,253,072	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 11,994,277	\$ 11,410,345	\$ 43,867,298	\$	\$ 29,289,939	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 69,037,234	\$ 71,215,187	\$ 99,226,384	\$ 0	\$ 105,317,375	\$ 0

FORM NOTES FOR FORM 5

In review of Ohio's Budget details and the information submitted for SFY2012 you will note changes in the amount expended by "individuals served" as well as by "types of services". Ohio would like to provide feedback in regards to the methodology used for this BG application report. The methodology used to determine the amount budgeted for the four levels of the MCH pyramid changed.

Previously the MCH Partnership Funds used to support Component C were defined as direct services and set aside. The balance of the Partnership Funds was then divided among the four levels by using the ratios for the levels as determined by the CFHS sub-grant program. The Component C funds were added to direct service share of the balance of the Partnership funds to determine the total direct service share of the Partnership Funds. However due to the success of the CFHS Program in reducing the direct service share of its sub-grant programs, this method can no longer be applied to the non BCMH portion of the Partnership funds.

As of the FFY 13 application a new approach was used. Under the new approach each source of Partnership funds was designated as "direct" or "non-direct funds." Those funds designated as direct will be set-aside, while the balance will be subject to the CFHS ratios. The direct share of the balance will be added to the "designated direct" funds for the total amount of direct funds. The application of the CFHS ratios will then yield the amount of support for the other three levels of the pyramid. Although this methodology was used, after further discussion Ohio has determined that we will further review the methodology and outline a set methodology that will be used with in future BG application submissions.

In addition, to the above Ohio also determined that \$33 million dollars allocated for Help Me Grow was initially earmarked and classified as direct service dollars. However after further review of the community services provided by these dollars Ohio determined that it would be more appropriate to classify them as enabling. The shift in this allocation of funding from "direct care services" to "enabling services" will further balance the level of funding among the pyramid "types of services".

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2010
Field Note:
The department was forced to endure a series of budget reductions that significantly affected the provision of MCH services particularly via child and family health services clinics
2. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2010
Field Note:
The department was forced to endure a series of budget reductions that significantly affected the provision of MCH services particularly via child and family health services clinics
3. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2010
Field Note:
The department was forced to endure a series of budget reductions that significantly affected the provision of MCH services particularly via child and family health services clinics

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: OH

Total Births by Occurrence: 140,208

Reporting Year: 2011

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	140,208	100	64	5	5	100
Congenital Hypothyroidism	140,208	100	1,057	68	68	100
Galactosemia	140,208	100	18	3	3	100
Sickle Cell Disease	140,208	100	92	55	55	100

Other Screening (Specify)						
Biotinidase Deficiency	140,208	100	11	2	2	100
Congenital Adrenal Hypoplasia	140,208	100	444	8	8	100
Cystic Fibrosis	140,208	100	603	39	39	100
Homocystinuria	140,208	100	297	0	0	
Maple Syrup Urine Disease	140,208	100	19	0	0	
SCADD	140,208	100	36	10	10	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	140,208	100	17	2	2	100
Argininemia	140,208	100	35	0	0	
Citrullinemia	140,208	100	9	1	1	100
Isovaleric Acidemia	140,208	100	73	2	2	100
Propionic Acidemia	140,208	100	40	3	3	100
Camitine Uptake Defect	140,208	100	19	1	1	100
Isobutyryl-CoA Dehydrogenase Deficiency	140,208	100	36	1	1	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	140,208	100	26	15	15	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	140,208	100	16	2	2	100
Camitine Acylcamitine	140,208	100	45	0	0	
Camitine Palmitoyl	140,208	100	45	1	1	100

Screening Programs for Older Children & Women (Specify Tests by name)

(1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

Data source: ODH Newborn Screening Laboratory. In order for the lab to close the case with these specific diagnoses, lab reports and/or physician notes are submitted to the Lab.

Number Screened is total number of specimens analyzed at the NBS Lab. This may include infants who had more than 1 screening drawn, and infants who are resident of other states, but born in Ohio.

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main

Field Name: BirthOccurrence

Row Name: Total Births By Occurrence

Column Name: Total Births By Occurrence

Year: 2013

Field Note:

The ODH 2011 birth data is still preliminary so any currently reported information may vary from 2011 numbers in the final file. The occurrence births to date 06/2012 for 2011 were 129840. TVIS would not accept the 129840 so a proxy or provisional number has been added.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDULICATED) UNDER TITLE V
(By CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: **OH**

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	148,255	150,510	150,784	150,784	159,278
Infants < 1 year old	148,903	150,510	150,784	149,271	144,569
Children 1 to 22 years old	1,680,000	1,849,900	1,602,169	1,849,900	1,994,657
Children with Special Healthcare Needs	47,000	342,562	308,948	342,562	115,230
Others	130,000	101,505	77,384	105,255	85,556
Total	2,154,158	2,594,987	2,290,069	2,597,772	2,499,290

Reporting Year: 2011

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	51,398	45.6	0.0	7.9	44.0	2.5
Infants < 1 year old	382,015	57.0	0.0	10.4	18.6	14.0
Children 1 to 22 years old	1,871,754	46.0	0.0	16.0	10.0	28.0
Children with Special Healthcare Needs	74,434	33.0	0.0	30.0	7.0	30.0
Others	79,081	29.8	0.0	9.4	57.6	3.2
TOTAL	2,458,682					

FORM NOTES FOR FORM 7

Ohio's review of its Form 7 count of individuals served shows a discrepancy from previous years. There is multiple reason's why we feel this has occurred. Due to various state related issues such as community budget reductions the numbers served have shifted. In addition because a specific methodology for counting individuals served has not been adopted there is not a consistent method by program.

Ohio has determined that it will form a committee to discuss and recommend a specific method as well as to identify who we should be counting so that the numbers are more accurate and there is limited duplication.

Other thought's regarding the shift in number served are:

-Clients served may receive services in multiple programs. Because the data bases are not linked ODH has no way of creating unduplicated counts and therefore there could be a duplication of numbers between programs served by this population.

-This is the first reporting cycle since Ohio's Regional Perinatal Centers Closed.

-Decrease in school nursing services that previously provided hearing and vision screening services.

-Specialty Clinic databases are not able to provide unduplicated primary source of insurance coverage information

-Help Me Grow, data were pulled from the Early Track Data System. They are a cumulative count of all children served by the HMG programs during the period of January 1, 2011 through December 31, 2011.

FIELD LEVEL NOTES

- Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2013

Field Note:
BCFHS - Pregnant Women are estimates based on projected and actual numbers reported on mid-year reports. Final numbers are not due until the end of the grant year.

- Section Number:** Form7_Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2013

Field Note:
BCFHS - Pregnant Women:private/other includes other govt, self-pay, Tricare, Other and Private.

- Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2013

Field Note:
BCFHS - Child <1 year are estimates based on projects and actual numbers reported on mid-year reports. Final numbers are not due until the end of the grant year.

Clients served may receive services in multiple programs. Because the data bases are not linked ODH has no way of creating unduplicated counts and therefore there could be a duplication of numbers between programs served by this population.

- Section Number:** Form7_Main
Field Name: Children_0_1_None
Row Name: Infants <1 year of age
Column Name: None %
Year: 2013

Field Note:
BCFHS- None includes Un/underinsured full pay, Un/underinsured partial pay and Un/underinsured No pay. Note Clients insurance status may change with each visit.

- Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2013

Field Note:
BCFHS- 88.9% (n=3833) of hearing screening respondents were in compliance with ORC 3313.69 by providing hearing screening services. This is a decrease compared to the 2006-2007 survey results (92% reported hearing screening).

94.5% (n=4187) of vision screening respondents were in compliance with ORC 3313.69 by providing vision screening services. This is a decrease compared to the 2006-2007 survey results (99% reported vision screening).

The decrease in amount of hearing and vision screening services may be a direct result of fewer schools providing school nursing services. Per ORC 3313.69, schools are mandated to provide hearing and vision screenings if the school provides nursing services. ODH will continue to monitor compliance and provide regional trainings for those regions in Ohio that were not in compliance with ORC 3313.69.

Children over 16 are not collected in child surveillance for the OH Healthy Homes and Lead Poisoning Prevention Program. All lead tests on OH patients are reported to the ODH within seven days of analysis. Lead testing data are managed in the Systematic Tracking of Elevated Lead Levels and Remediation System (STELLAR).

Specialty Clinics Program, the data in 2010 indicates a decrease in visits. This decrease is a result of the H1N1 outbreak and a reduction in one FTE for staff. Programs approach to assuring access to health care has been evolving over the last several years from directly providing the care, to affecting the systems of health care. It is through this transition that the number of children receiving hearing and vision specialty care will continue to decrease in regards to direct care services. It is programs intent to increase the number of children served through enabling and population based services.

BCHSPOPC - Uninsured Care Program (UCP) provides general revenue funds to OH's Free Clinics & FQHCs to provide services to uninsured patients. These organizations provide activity reports to ODH.

BCMHEIS - Infant Hearing, of the 136,416 screened 4,622 were non-passes. Moreover 2,684 went on to evaluation where 176 resulted in a final diagnosis of hearing loss.

- Section Number:** Form7_Main

Field Name: Children_1_22_Unknown
Row Name: Children 1 to 22 years of age
Column Name: Unknown %
Year: 2013

Field Note:
BCFHS- the specialty clinic database is unable to provide unduplicated primary source of insurance coverage for visits.

7. **Section Number:** Form7_Main

Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2013

Field Note:
Data is from the BCMH case management/eligibility and claims payment system.

8. **Section Number:** Form7_Main

Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2013

Field Note:
BCFHS - Primary source of Coverage is not collected for Population Based activities. RHWP prenatal numbers are based off referral services for prenatal care. These clients may also be seen in our CFHS prenatal clinics so there may be a duplication of numbers between the two programs. RHWP children 1-22, these clients are also included in Pregnant women and all client totals. RHWP non-pregnant also includes children 1-22.

Note: Client insurance status may change from visit to visit.

Bureau of Healthy OH (Division of Prevention & Health Promotion) Women's Health/Sexual Assault & Domestic Violence Prevention Program reported recipients of women's health education presentations offered to the public and/or program staff who work with women's health. Some programs were for teens but they did not track those numbers separately.

WIC program - categorically eligible pregnant, postpartum, & breastfeeding women; infants to age 1; children age 1 up to age 5 are served. Children in the WIC program are ages 1 through 4 years of age. Categorical eligibility for children ceases on the child's 5th birthday.

Others include postpartum, nonbreastfeeding women through 6 months postpartum and breastfeeding women through 12 months of breastfeeding. For the requested calendar year 2011, the OH Special Supplemental Nutrition Program for Women, Infants and Children served a monthly average of 28,773 pregnant women, 69,535 infants to age 1 and 146,532 children age 1 to 5. While the OH WIC program does not collect data on children served with Title V funds, referrals are made to the Title V (BCMHS) program through the combined programs application form when those services or an assessment is requested or noted OH WIC also works with BCMHS on special formulas as part of interprogram coordination and collaboration.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX
(By RACE AND ETHNICITY)
[Sec. 506(A)(2)(C-D)]
STATE: OH

Reporting Year: 2011

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	139,841	105,935	22,251	159	3,203	69	2,742	5,482
Title V Served	139,841	79,764	43,929	486	5,657	85	9,920	0
Eligible for Title XIX	63,104	43,956	17,995	3	633	10	476	31
INFANTS								
Total Infants in State	139,034	105,326	22,213	153	3,149	69	2,703	5,421
Title V Served	139,034	105,326	22,213	153	3,149	69	2,703	5,421
Eligible for Title XIX	72,745	49,834	21,140	4	641	11	846	269

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	132,639	6,374	828	3,084	79	1,365	0	1,846
Title V Served	132,639	6,944	750	3,468	71	1,235	0	2,170
Eligible for Title XIX	60,471	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	131,896	6,303	835	3,058	77	1,353	0	1,815
Title V Served	131,896	6,878	749	3,427	68	1,232	0	2,151
Eligible for Title XIX	69,966	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

Clients served may receive services in multiple programs. Because the data bases are not linked ODH has no way of creating unduplicated counts and therefore there could be a duplication of numbers between programs served by this population.

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_All

Row Name: Total Infants in State

Column Name: Total All Races

Year: 2013

Field Note:

Clients served may receive services in multiple programs. Because the data bases are not linked ODH has no way of creating unduplicated counts and therefore there could be a duplication of numbers between programs served by this population.

2. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2013

Field Note:

Clients served may receive services in multiple programs. Because the data bases are not linked ODH has no way of creating unduplicated counts and therefore there could be a duplication of numbers between programs served by this population.

3. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2013

Field Note:

There were 2,633 Hispanic or Latino deliveries reported. However, this data is obtained from the Ohio Department of Job and Family Services, Ohio Health Plans, Medstat Decision Analyst eligibility and claims database which does not provide a breakdown of the sub-categories. TVIS will not allow ODH to enter the 2,633 without entering a breakdown by sub-category therefore we are reporting this data in the notes section.

4. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2013

Field Note:

There were 2,779 Hispanic or Latino deliveries reported. However, this data is obtained from the Ohio Department of Job and Family Services, Ohio Health Plans, Medstat Decision Analyst eligibility and claims database which does not provide a breakdown of the sub-categories. TVIS will not allow ODH to enter the 2,779 without entering a breakdown by sub-category therefore we are reporting this data in the notes section.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(a)(E) AND 509(a)(8)]
STATE: OH

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(a)(E) AND 509(a)(B)]
STATE: OH

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800)755-4769	(800)755-4769	(800)755-4769	(800)755-4769	(800)755-4769
2. State MCH Toll-Free "Hotline" Name	Help Me Grow	Help Me Grow	Help Me Grow	Help Me Grow	Help Me Grow
3. Name of Contact Person for State MCH "Hotline"	Sondra Crayton	Justin Curtis	Justin Curtis	Justin Curtis	Justin Curtis
4. Contact Person's Telephone Number	(614)728-6788	(614) 728-6788	(614)728-6788	(614) 728-6788	(614) 728-6788
5. Contact Person's Email	sondra.crayton@odh.ohio.gov	justin.curtis@odh.ohio.gov	justin.curtis@odh.ohio.gov		
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	26130	35432	37279

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2013
[Sec. 506(a)(1)]
STATE: OH

1. State MCH Administration:
(max 2500 characters)

The Ohio Department of Health is responsible for administering the Title V Program in Ohio. ODH conducted a statewide assessment of needs, in order to guide the development of policies, plan and implement programs that improve the health of women, infants, children, adolescents, families and children with special healthcare needs in Ohio. Programs within the Title V administrative structure, coordinated with the MCH Block Grant include: services for children with special health care needs that supports the medical home by linking families to quality providers; Oral Health services to improve access to dental care; Help Me Grow Program, which includes the Part C Early Intervention Program, birth to three at-risk services and home visitation. Title X family planning services; WIC; Primary and Rural Health Services; and school and adolescent health programs.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 21,376,000
3. Unobligated balance (Line 2, Form 2)	\$ 4,014,636
4. State Funds (Line 3, Form 2)	\$ 28,670,920
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 51,255,819
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 105,317,375

9. Most significant providers receiving MCH funds:

_____	<u>Local Health Departments</u>
_____	<u>Community based organizations</u>

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	51,398
b. Infants < 1 year old	382,015
c. Children 1 to 22 years old	1,871,754
d. CSHCN	74,434
e. Others	79,081

11. Statewide Initiatives and Partnerships

a. Direct Medical Care and Enabling Services

(max 2500 characters)

Ohio's Title V assists families in getting direct care through programs that provide community outreach, assists with insurance enrollment, support services such as a medical home, case management, education and respite care. The Bureau for Children with Medical Handicaps and Early Intervention Services (BCMHEIS) pays for specialty and subspecialty services including: medical/surgical services; occupational, physical, speech and respiratory therapies; durable medical equipment; nutrition and care coordination. The Bureau of Child and Family Health Services (BCFHS) provides family planning, prenatal and child health services through the Child and Family Health Services (CFHS) program throughout Ohio to improve access to care and reduce infant mortality and low birth weight. CFHS provides wrap-around services essential to maintaining and promoting comprehensive health programs.

b. Population-Based Services

(max 2500 characters)

Title V helps children and families by offering programs to prevent death, disease or disability. Examples include newborn screening, immunizations, injury prevention, Sudden Infant Death prevention and education. The Bureau of Community Health Services and Patient Centered Primary Care (BCHSPCC) provides technical assistance, information, funding and other support to local partners, including local health departments, schools, safety net providers such as FQHCs, critical access hospitals, safety net dental clinics, and other community based organizations to improve access to health care services for Ohio's rural, underserved and school aged populations. The School and Adolescent Health Section provides TA to school nurses as they assist families/students to access primary care/mental health/dental health safety net services to address unmet health care needs and to eliminate health disparities. The OH Healthy Homes Lead Poisoning Prevention Program (OHLPPP) was awarded 2.1 million dollars for 3 years to conduct lead-hazard control work in OH. The funding will allow ODH to assist 200 property owners residing in 36 counties to control the lead hazards in their properties, provide weatherization services; and make homes "healthy" by addressing multiple hazards in the home. The OH Gestational Diabetes Mellitus (GDM) Collaborative aims to increase the number of women who receive post partum screening and education for type 2 diabetes so health risks are addressed early and effectively. The CFHS agencies seek to immunize all enrolled children and to assist with the monitoring and to collect accurate data collected by the ODH Division of Prevention immunization tracking system.

c. Infrastructure Building Services

(max 2500 characters)

Title V helps build responsive, quality systems of care by assessing maternal and child health needs, measuring program performance and implementing quality improvement methods, policy and standards development. The BCMHEIS is a collaborator in the "Act Early" Ohio team a state-wide coalition of University programs, state agencies, community organizations and advocacy groups. Ohio's Act Early team participates in a national network of state Act Early teams that share resources, best practices, and opportunities for families and children with autism spectrum disorders and related developmental disabilities in the identification, assessment, diagnosis and intervention areas. Title V staff are participants in OH's BEACON (Best Evidence for Advancing Childhealth in Ohio Now) Council. In 2011 and again in 2012 the council co-lead a conference to focus on prioritizing future quality improvement work focused on improving health outcomes for children with an emphasis on the medicaid population. The BEACON Council has adopted an organizational structure and funding strategy targeted on advancing health outcomes through partnerships and an improvement science method. The council established a strong public/private partnership to support projects involving important health issues.

12. The primary Title V Program contact person:

Name Karen Hughes, MPH
 Title Title V Director/Chief Division of Family and Community Health S
 Address 246 N High Street 5th Floor
 City Columbus

13. The children with special health care needs (CSHCN) contact person:

Name Jessica Foster, MD, MPH, FAAP
 Title CYSHCNs Director/Chief BCMHEIS
 Address 246 N High Street 2nd Floor
 City Columbus

State Ohio
Zip 43215
Phone 614-466-7848
Fax 614-728-9163
Email karen.hughes@odh.ohio.gov
Web http://www.odh.ohio.gov

State Ohio
Zip 43215
Phone 614-644-0663
Fax 614-728-3616
Email jessica.foster@odh.ohio.gov
Web http://www.odh.ohio.gov

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: OH

Form Level Notes for Form 11

The Historical notes associated with SPM04 are inaccurate. These were not entered by Ohio. It appears they did not transfer correctly in TVIS from the previous 5 year measures. We are receiving an error message but have no way to correct this issue.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	100
Annual Indicator	27.3	27.3	3.3	100.0	100.0
Numerator	88	88	8	232	1,430
Denominator	322	322	246	232	1,430
Data Source		ODH Newborn Screening Lab (see notes)	Ohio Newborn Screening Lab (see notes)	ODH Newborn Screening Lab/Genetic Services Data/Me	ODH Newborn Screening Lab/Genetic Services Data/Me

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2010

Field Note:

Sickle cell and other hemoglobin trait cases are not included in either the numerator or denominator for 2010. The ODH Newborn Screening Lab does not record trait follow up information. The ODH Sickle Cell Program is in process of taking that activity on and hopefully will report these numbers in future years.

Not all confirmed disorders require treatment so a percentage should not be calculated. Data source: ODH Newborn Screening Lab; Genetic Services Data; Metabolic Formula Program.

Numerator= #newborns confirmed with disorder or confirmed other disorder.

In order to close case w/specific diagnosis, lab reports and/or physicians notes are submitted to the lab. This information is summarized in the notes category of the lab spreadsheet.

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2009

Field Note:

The ODH Newborn Screening Lab is responsible for calling out abnormal newborn screening results and closing the case with diagnostic information. The Lab has been undergoing a major system upgrade for over a year and during this time they are not recording any treatment information. With improvements to the state's genetics and birth defects data systems, we anticipate collecting more complete treatment information in the coming years.

The manufacturer of the MS/MS is the driving force behind the upgrade to the Lab's specimen analysis and associated patient database software systems. This is a commercial product being customized to fit with ODH's system. It has been a multi-year process. In addition to upgrading the system, the system also has to continue to process blood specimens and keep newborn screening running while the upgrade is going on. The ODH Genetics Program developed a data system to collect additional newborn screening information to assist with reporting for Form 6. This data system was rolled out in late calendar year 2008. We anticipate improved treatment and longer term follow up information beginning with MCHBG submission in July 2011 (birth data from 2009). The numerator is currently: #received treatment. The denominator is: # all confirmed cases. Together this is not a meaningful measure of accomplishment or progress in newborn screening, as not all confirmed cases require treatment.

PERFORMANCE MEASURE # 02

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)

Annual Objective and Performance Data					
	2007	2008	2009	2010	2011
Annual Performance Objective	75	75	75	75	75
Annual Indicator	65.4	65.4	65.4	65.4	73.7
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2012	2013	2014	2015	2016
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey. However, in 2009-2010 there were wording changes and additions to the questions used to generate this indicator. The data for 2009-2010 are NOT comparable to earlier versions of the survey.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes

2. Section Number: Fom11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2010

Field Note:

Based on the 2009/10 National Survey of Children with Special Health Care Needs (NS-CSHCN), the percentage of Ohio children with special health care needs age 0 to 18 whose families partnered in decision-making at all levels and were satisfied with the services they received was 73.7% (95% C.I., 69.4%-78.0%). This was slightly higher than the national percentage of 70.3% (95% C.I., 69.4%-71.1%), although the 95% confidence intervals overlapped (National Survey of Children with Special Health Care Needs, 2012). Due to changes in the survey, this result is not comparable to those from previous years.

Statistically significant differences between Ohio and the nation were observed for prescription medicine and service use (Ohio proportion: 84.2%, 95% C.I. 78.4%-90.0%; national proportion: 73.6%; 95% C.I., 71.9%-75.2%), race/ethnicity group of "non-white and non-African-American, non-Hispanic" (Ohio proportion 85.3%, 95% C.I., 76.6%-94.1%; national proportion: 66.8%, C.I., 63.5%-70.1%), the parent respondent having greater than a high school education (Ohio proportion 78.8%, 95% C.I., 74.7%-82.8%; national proportion: 73.3%, C.I., 72.4%-74.2%), children with no (of 14 named) functional difficulties (Ohio proportion 92.5%, 95% C.I., 87.1%-97.9%; national proportion: 84.8%, C.I., 82.6%-87.0%), a household income of 300%-399% of the federal poverty level (Ohio proportion 84.5%, 95% C.I., 76.1%-93.0%; national proportion: 73.3%, C.I., 71.0%-75.6%), and among a two parent biological or adoptive family structure (Ohio proportion: 81.7%; 95% C.I., 77.5%-85.9%; national proportion: 74.0%, 95% C.I., 73.0%-75.1%). If an Ohio strata proportion was lower than the national proportion on this measure, either the 95% C.I. overlapped with the national 95% C.I. or the Ohio cell size was much lower than 50. Analysis for additional statistical significance and trending on this measure will be considered in the future.

Reference:

National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 05/02/2012 from www.childhealthdata.org.

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Fom11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 04

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)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	75	75	75	75	75
Annual Indicator	64.6	64.6	64.6	64.6	64.8
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate the NPM 4 indicator for the 2001, 2005-06, and 2009-2010 CSHCN surveys.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2010

Field Note:

The percent of Ohio children with special health care needs age 0 to 18 whose families had adequate private and/or public insurance to pay for the services they needed was 64.8% (95% C.I., 60.3%-69.3%), slightly higher than the national percentage of 60.6% (95% C.I., 59.7%-61.4%; National Survey of Children with Special Health Care Needs, 2012). In general, Ohio's stratum-specific percentages were marginally higher than the national average, but confidence intervals overlapped (National Survey of Children with Special Health Care Needs, 2012). Stratum-specific proportions were higher for Ohio than the national proportions and both sets of 95% C.I. did not overlap among the 6 through 11 year-old age group (Ohio proportion 69.6%, 95% C.I., 62.7%-76.4%; national proportion 60.3%, 58.9%-61.8%), the specific type of special health need of prescription medicine and service use (Ohio proportion 71.8%, 95% C.I., 64.3%-79.3%; national proportion 61.4%, 59.6%-63.3%), one or more emotional, behavioral or developmental issues (Ohio proportion 64.7%, 95% C.I., 56.5%-73.0%; national proportion 53.6%, 52.0%-55.3%), children with four or more (of 14 named) functional difficulties (Ohio proportion 62.5%, 95% C.I., 55.6%-69.3%; national proportion: 52.6%, C.I., 51.2%-54.0%), a household income of 100%-199% of the federal poverty level (Ohio proportion 75.5%, 95% C.I., 68.4%-82.6%; national proportion: 58.0%, C.I., 55.9%-60.1%), and having public insurance (Ohio proportion 74.1%, 95% C.I., 66.7%-81.5%; national proportion 63.3%, 61.6%-64.9%). When the State of Ohio was lower than the national average, the 95% confidence overlapped or the cell size was less than 50, thus having too few respondents for an acceptable level for comparison.

Criteria for meeting the National Performance Measurement #4 has not changed since the original survey in 2001, so comparisons can be made between all three surveys. In the two previous surveys, Ohio's proportion on this measure was higher than the national average, but there was overlap in the 95% confidence intervals, like in the current survey. Strata response changes over the survey iterations limit the number of comparisons. Analysis for additional statistical significance and trending may occur in the future.

Reference:

National Survey of Children with Special Health Care Needs. NS-CSHCN 2001. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 05/02/2012 from www.childhealthdata.org.

National Survey of Children with Special Health Care Needs. NS-CSHCN 2005/06. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 05/02/2012 from www.childhealthdata.org.

3. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 05

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)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	90	95	95	95	95
Annual Indicator	92.2	92.2	92.2	92.2	65.2
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The questions were also revised extensively for the 2009-2010 CSHCN survey. Therefore, none of the three rounds of the surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2010

Field Note:

The percent of Ohio children with special health care needs age 0 to 18 whose families reported the community-based service systems are organized so they can use them easily was nearly equal to that for the nation, 65.2% (95% C.I., 60.8%-69.7%) and 65.1% (95% C.I., 64.2%-66.0%), for Ohio and the U.S., respectively (National Survey of Children with Special Health Care Needs, 2012).

This measure could not be compared with previous versions of the NS-CSHCN as the measurement changed significantly in the recent survey. In general, Ohio's percentages within various strata were equal to the national percentages. When the State of Ohio was higher or lower than the national average, the 95% confidence overlapped or the cell size was less than 50, thus having too few respondents for an acceptable level for comparison. Review of the subcomponents did not show any single question that had drastic differences from the national proportions and confidence intervals. Statistical testing to acquire additional information may occur in the future.

Reference:

National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 05/02/2012 from www.childhealthdata.org.

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

PERFORMANCE MEASURE # 06

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.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	25	50	50	50	50
Annual Indicator	48.5	48.5	48.5	48.5	35.6
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the 2 surveys are not comparable for NPM 6, and findings from the 2005-06 survey may be considered baseline data. However, the same questions were used to generate the NPM 6 indicator for the 2009-2010 survey. Therefore, the 2005-2006 and 2009-2010 surveys can be compared.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2010

Field Note:

The percentage of Ohio 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 was slightly lower than that of the nation, with a proportion of 35.6% (95% C.I., 29.2%-42.0%) in Ohio, compared to the national proportion of 40.0% (95% C.I., 38.7%-41.4%; National Survey of Children with Special Health Care Needs, 2012).

Stratum-specific proportions were lower for Ohio than the national proportions and both sets of 95% C.I. did not overlap among the race and ethnicity group of white and non-Hispanic (Ohio proportion 36.4%, 95% C.I., 29.1%-43.6%; national proportion 45.7%, 44.1%-47.2%). Otherwise, Ohio's percentages were slightly lower than the national proportions within many strata identified by the Data Resource Center for Child and Adolescent Health. When the State of Ohio was higher or lower than the national average, the 95% confidence overlapped or the cell size was less than 50, thus having too few respondents for an acceptable level for comparison.

Comparison to the previous survey (2005/06) was available for this measure. In the previous survey, Ohio's percentage was higher (48.5%, 95% C.I., 42.0%-54.9%) than the national percentage (41.2%, 95% C.I., 39.9%-42.5%) although the 95% confidence intervals overlapped. Overall, from the previous survey to current, Ohio's performance on this measure has decreased. It was noted that Ohio's subcomponent measure, "Discussed changing health needs as youth becomes an adult", had a substantial decrease of affirmation compared to the previous survey. Only two other states exceeded Ohio's proportional increase for the response, "No, did not discuss this and would have been helpful". Similarly, Ohio's proportion change for the response, "Did not get all needed anticipatory guidance" for the subcomponent, "Anticipatory guidance for transition to adult health care" was an even greater increase for Ohio, with only one state having a larger proportion change. We are not sure why such shifts in these proportions were seen but intend to complete further analysis of the survey to inform programs and begin statewide change.

Reference:

National Survey of Children with Special Health Care Needs. NS-CSHCN 2005/06. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 05/02/2012 from www.childhealthdata.org.

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern

revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07

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.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	85	85.5	86	86	82
Annual Indicator	80.4	80.4	73.8	76.0	76.0
Numerator	172,568	172,568	158,300	163,124	163,124
Denominator	214,637	214,637	214,637	214,637	214,637

Data Source

National Immunization Survey National Immunization Survey National Immunization National Immunization

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	82.5	83	83.5	84	84
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 1. Section Number: Fom11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2011

Field Note:

2011 data is provisional based on final 2010 data. In Ohio in 2010, 76 percent of all children aged 19 through 35 months received all recommended vaccines. This is significantly higher than in the previous year (73.8). Nationally the immunization rate is 72 percent. This rate includes the number of resident children who have received the complete immunization schedule for DTP/DTaP, OPV, measles, mumps, rubella (MMR), H. influenza, and hepatitis B before their second birthday. Complete immunization status is generally considered to be: 3 Hepatitis B ; 4 DtaP ; 3 Polio ; 1 MMR ; and 3 Hib. Ohio is better than the national average for most of these individual vaccine rates, but Ohio does fare worse than the average state on several vaccines not included in this data such as varicella, Hep A and Rotavirus.

- 2. Section Number: Fom11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

ODH would like to inquire if there is any way the CDC would consider including "Varicella" in the vaccine series?

- 3. Section Number: Fom11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data is currently not available we have used the 2008 data as an estimate for 2009.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	18	18	18	18	17.7
Annual Indicator	19.7	19.7	18.7	15.6	15.6
Numerator	4,798	4,717	4,391	3,669	3,669
Denominator	243,435	239,491	235,168	236,407	236,407
Data Source		Ohio Vital Statistics and US Census	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics 2011 US Census 2010 Estimate

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	17.6	17.5	17.4	17.3	17.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2011
Field Note:
 Provisional 2011 Data entered for FFY2013 was based on Final 2010 Data.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data is currently not available. 2008 data has been used as an estimate for 2009.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	2007	2008	2009	2010	2011
Annual Performance Objective	47	48	51	51	51
Annual Indicator	42.2	50.9	50.4	50.4	50.4
Numerator	53,703	64,341	66,157	66,157	66,157
Denominator	127,146	126,407	131,392	131,392	131,392
Data Source		Annual School Survey	Annual School Survey	Annual School Survey	Annual School Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	51	51	51	52	52
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 provisional data is based on 2010 final data. Ohio uses a statewide open-mouth oral health survey (using the Basic Screening Survey model) to estimate this measure. About every five years (2009-10 was the most recent) the survey is completed at the county level. The next survey will be conducted from 2013-2015.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2010**Field Note:**

Provisional 2010 Data for FFY2012 based on Final 2009 Data.

From the 2009-2010 Oral Health Survey of 377 schools which provided a population-based estimate for the state. Numerator: Actual number of children in the sample who received protective sealants = 7533 (population estimate = 66,157). Denominator: Actual number of children in the sample who were screened = 14,959 (population estimate = 131,392).

Final 2010 Data: Ohio uses a statewide open-mouth oral health survey (using the Basic Screening Survey model) to estimate this measure. About every five years (2009-10 was the most recent) the survey is completed at the county level. The next survey will be conducted from 2013-2015.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Source: From the 2009-2010 Oral Health Survey of 377 schools which provided a population-based estimate for the state. Numerator: Actual number of children in the sample who received protective sealants = 7533 (population estimate = 66,157). Denominator: Actual number of children in the sample who were screened = 14,959 (population estimate = 131,392).

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	34	34.5	35	35.5	38
Annual Indicator	31.5	31.4	37.5	39.0	39.0
Numerator	46,700	46,700	54,213	54,213	54,213
Denominator	148,255	148,592	144,569	139,034	139,034
Data Source		CDC National Immunization Survey			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	38.5	39	39.5	40	40
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2011

Field Note:

Provisional 2011 data awaiting new CDC data for the numerator. As of March 2012, the most recent numerator data available are 2008 provisional National Immunization Survey. The most recent denominator data available are from the Ohio 2010 birth files. According to the vital statistics records, breastfeeding initiation in Ohio has slowly increased over the past 6 years. The rate in 2010 was 67% and the provisional 2011 rate was 69%. In 2008, the most recent years for which national comparisons are available, Ohio had the 42nd lowest breastfeeding initiation rate of the 50 states. Ohio has also made progress in the proportion of infants breastfed at 6 months, which has increased from 30% in 2001 to 40% in 2008.

2. Section Number: Fom11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2010

Field Note:

Provisional 2010 Data for FFY2012 based on 2009 data. The numerator for 2010 data continues to be provisional awaiting new data from CDC. Denominator is final ODH data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>99</u>	<u>99</u>	<u>99</u>	<u>99</u>	<u>98</u>
Annual Indicator	<u>92.2</u>	<u>92.6</u>	<u>96.5</u>	<u>97.6</u>	<u>97.6</u>
Numerator	<u>139,550</u>	<u>138,325</u>	<u>140,412</u>	<u>136,416</u>	<u>136,416</u>
Denominator	<u>151,353</u>	<u>149,357</u>	<u>145,546</u>	<u>139,841</u>	<u>139,841</u>
Data Source		Universal Newborn Hearing Screening Data and Vital	Universal Newborn Hearing Screening Data and Vita	Universal Newborn Hearing Screening Data and Vital	Universal Newborn Hearing Screening Data and Vital

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>98</u>	<u>98</u>	<u>98</u>	<u>99</u>	<u>99</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2011
Field Note:
 Provisional 2011 data is based on final 2010 data. Most hospitals are doing an excellent job, with more than 97% of infants screened at birth and reported to ODH. It is estimated that about 1% of Ohio births occur in an out-of-hospital setting. The program continues to strive towards its goal of ensuring the 99% of all Ohio infants born in hospitals are screened.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2010
Field Note:
 Most hospitals are doing an excellent job, with more than 97% of infants screened at birth and reported to ODH. It is estimated that about 1% of Ohio births occur in an out-of-hospital setting. The program continues to strive towards its goal of ensuring the 99% of all Ohio infants born in hospitals are screened.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data is currently not available, 2008 data was used as an estimate for 2009. The 2009 data will be finalized in the next BG application.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	7.5	7	7	7	7.5
Annual Indicator	7.1	7.1	7.3	8.5	8.5
Numerator	198,000	198,000	199,000	229,500	229,500
Denominator	2,787,000	2,787,000	2,734,000	2,702,500	2,702,500
Data Source		Current Population Survey	Current Population Survey	Current Population Survey	Current Population Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	7.5	8.5	8	7.5	7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2011

Field Note:

Provisional 2011 Data for the FFY2013 BG Report will be entered based on the Final 2010 Data

2. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data is provisional from the 2009 Annual Population Survey Report. We will finalize the 2009 data in the next FY.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	26.6	26.6	26.1	26.1	25.6
Annual Indicator	27.6	28.0	28.0	28.2	28.2
Numerator	32,132	35,003	37,078	36,309	36,309
Denominator	116,418	125,011	132,423	128,754	128,754
Data Source		CDC PedNSS	CDC PedNSS	CDC PedNSS	CDC PedNSS

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(*Explain data in a year note. See Guidance, Appendix IX.*)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	25.6	25.6	26.1	26.1	26.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 Provisional 2011 Data for FFY2013 based on Final 2010 Data

2. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 After rising for more than 2 decades, overweight and obesity rates within these children appear to be leveling off in the past 3 years at around 28%. However, ethnic disparities persist, with Hispanics having a rate of 35.5% in 2010 compared to 28.3% for non-Hispanic white children and 25.2% among non-Hispanic Black children.

3. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data is currently not available. 2008 data has been used as an estimate for 2009.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective		19	14	14	14	18.5
Annual Indicator		15.9	19.2	19.2	14.8	14.8
Numerator		23,295	28,363	27,537	20,122	20,122
Denominator		146,739	147,410	143,547	136,196	136,196
Data Source			Ohio Vital Statistics	Ohio vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics 2010 final birth file
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional
		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective		13	13	13	13	13
Annual Indicator						
Numerator						
Denominator						

Field Level Notes

- Section Number:** Fom11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 Provisional data for FFY2013 reported from 2010 final birth file.
- Section Number:** Fom11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2010
Field Note:
 Update from Data Narrative: Prior to 2010, the information reported for this indicator was calculated as the percentage of births with any maternal smoking during pregnancy. This was corrected for 2010 data to include only mothers who reported smoking during the last trimester. Thus, the observed decline in 2010 was largely due to a correction in the way the indicator was calculated.
- Section Number:** Fom11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data is currently not available. 2008 data has been used as estimate for 2009.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	2007	2008	Annual Objective and Performance Data		2011
			2009	2010	
Annual Performance Objective	8.5	8.5	7	7	7
Annual Indicator	7.5	10.3	9.0	7.4	7.4
Numerator	61	83	73	61	61
Denominator	811,659	809,174	810,191	823,682	823,682
Data Source		Ohio Vital Statistics	Ohio Vital Statistics US Census Bureau 2009	Ohio Vital Statistics	Ohio Vital Statistics US Census Ohio population

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)
 Is the Data Provisional or Final?

Final Provisional

	2012	2013	Annual Objective and Performance Data		2016
			2014	2015	
Annual Performance Objective	7	6.5	6.5	6	6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 Provisional data for 2011 reported from 2010 final mortality file.

 I do not believe Ohio should project much lower than 6.5 for 2013 as our numbers are small and the interventions have not increased.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2010
Field Note:
 Provisional 2009 data entered for FFY2011 was based on Final 2008 data. Provisional 2010 data for FFY12 will be entered based on the Final 2009 Data unless 2010 Data is available and provided.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data is currently not available. 2008 data has been used as an estimate for 2009.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	<u>74</u>	<u>74</u>	<u>74</u>	<u>74</u>	<u>74</u>	<u>74</u>
Annual Indicator	<u>69.8</u>	<u>69.3</u>	<u>70.3</u>	<u>69.3</u>	<u>69.3</u>	<u>69.3</u>
Numerator	<u>1,779</u>	<u>1,659</u>	<u>1,665</u>	<u>1,623</u>	<u>1,623</u>	<u>1,623</u>
Denominator	<u>2,550</u>	<u>2,393</u>	<u>2,368</u>	<u>2,342</u>	<u>2,342</u>	<u>2,342</u>
Data Source		Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics 2010 final birth file
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)</p>						
Is the Data Provisional or Final?				Final	Provisional	
		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective	<u>74.5</u>	<u>75</u>	<u>75.5</u>	<u>76</u>	<u>76</u>	<u>76</u>
Annual Indicator						
Numerator						
Denominator						

Field Level Notes

- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 provisional data for 2011 reported from 2010 final birth file
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2010
Field Note:
 Provisional 2009 data entered for FFY2011 was based on Final 2008 data. Provisional 2010 data for FFY12 will be entered based on the Final 2009 Data unless 2010 Data is available and provided.
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data is currently not available. 2008 data has been used as an estimate for 2009.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	<u>88.5</u>	<u>80.5</u>	<u>80.5</u>	<u>80.5</u>	<u>80.5</u>	<u>75</u>
Annual Indicator	<u>70.7</u>	<u>69.7</u>	<u>70.2</u>	<u>73.0</u>	<u>73.0</u>	<u>73.0</u>
Numerator	<u>82,438</u>	<u>77,693</u>	<u>76,485</u>	<u>78,416</u>	<u>78,416</u>	<u>78,416</u>
Denominator	<u>116,582</u>	<u>111,478</u>	<u>108,992</u>	<u>107,489</u>	<u>107,489</u>	<u>107,489</u>
Data Source		Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics 2010 final birth file
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)</p>						
Is the Data Provisional or Final?				Final	Provisional	
		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective	<u>75</u>	<u>76</u>	<u>76</u>	<u>76</u>	<u>76</u>	<u>76</u>
Annual Indicator						
Numerator						
Denominator						

Field Level Notes

- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 provisional data for 2011 reported from 2010 final birth file.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2010
Field Note:
 Provisional 2009 data entered for FFY2011 was based on Final 2008 data. Provisional 2010 data for FFY12 will be entered based on the Final 2009 Data unless 2010 Data is available and provided.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data is currently not available. 2008 data has been used as an estimate for 2009.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: OH

Form Level Notes for Form 11

The Historical notes associated with SPM04 are inaccurate. These were not entered by Ohio. It appears they did not transfer correctly in TVIS from the previous 5 year measures. We are receiving an error message but have no way to correct this issue.

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Statewide capacity to reduce unintended pregnancies among populations at risk for poor birth outcomes

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 4
Annual Indicator	_____	_____	_____	_____ 3	_____ 4
Numerator	_____	_____	_____	_____ 3	_____ 4
Denominator	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
Data Source				PRAMS and VS	PRAMS and VS
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2011
Field Note:
 Provisional 2011 data is based on final 2010 information.

2. **Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Data based on Ohio has been able to reach 3 of the 4 benchmarks for this state performance measure. A Family Planning Medicaid Waiver has not been implemented but a State Plan Amendment was sent to CMH at the end of 2010. Now that the data is available, the workgroup will determine other indicators in order to decrease the number of unintended pregnancies in Ohio.

Data Issues: This estimate assumes all abortions are the result of unintended pregnancy and that the proportion of fetal deaths which are unintended is the same as the proportion of live births. A small percentage of abortions will be due to fetal or maternal condition and not the result of an unintended pregnancy.

3. **Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Data based on Ohio has been able to reach 3 of the 4 benchmarks for this state performance measure.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Percent of low birth weight black births among all live black births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	13.4
Annual Indicator	_____	14.1	13.7	14.1	14.1
Numerator	_____	3,683	3,479	3,123	3,123
Denominator	_____	26,091	25,391	22,192	22,192
Data Source		Vital Statistics	Ohio Vital Statistics 2009 final birth files	Vital Statistics	Ohio Vital Statistics final birth file
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	13.3	13.2	13.1	13	13
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

2011 Provisional data for 2011 reported from 2010 final birth file.

2. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

Provisional 2010 data for FFY12 will be entered based on the Final 2009 Data unless 2010 Data is available and provided.

3. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2009

Field Note:

Final Data 2009

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Percent of local health departments that provide health education and/or services in schools.

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____	45
Annual Indicator	_____	_____	29.1	29.1	46.4	70.4
Numerator	_____	_____	39	39	58	88
Denominator	_____	_____	134	134	125	125
Data Source			LDH Grantee Reports	LDH Grantee Reports	LDH Grantee Reports	LHD Grantee Reports and Statewide Survey of LHD Se
Is the Data Provisional or Final?					Final	Provisional

		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective	_____ 45	_____ 45	_____ 45	_____ 45	_____ 45	_____ 45
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.					
Numerator						
Denominator						

Field Level Notes

1. Section Number: Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2011

Field Note:

The Provisional data has been derived from initial analysis of the Statewide Survey of LHD Services in Schools. The 2011 final report will provide additional detail on services delivered through contracts, Memorandum of Understanding or in-kind services.

2. Section Number: Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2010

Field Note:

Provisional data for FFY 2012 - New Objective which will require additional survey of internal programs and LHDs. Local Health Departments are funded from a variety of sources to work with schools.

The data reflects a 17% increase in the number of local health departments providing services to schools. Data is derived from local health department grantee reports, specifically those funded to work directly in schools.

The Annual Indicator, number of health services, has decreased due to changes in funding and changes in state mandates. The Numerator, number of health departments who provide services, increased by 17%. This is reflective of the emphasis to reduce childhood obesity through school-based interventions. The Denominator, total number of health departments, decreased due to mergers and closings.

3. Section Number: Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2009

Field Note:

Provisional data entered based on this is a New Objective which will require additional survey of internal programs and LHDs. Local Health Departments are funded from a variety of sources to work with schools.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Degree to which DFCHS programs can incorporate and evaluate culturally appropriate activities and interventions.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 5
Annual Indicator	_____	_____	_____	_____ 5	_____ 5
Numerator	_____	_____	_____	_____ 5	_____ 5
Denominator	_____ 5	_____ 5	_____ 5	_____ 5	_____ 5
Data Source				DFCHS Progra	DFCHS Progra
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 5	_____ 5	_____ 5	_____ 5	_____ 5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. Section Number: Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2011

Field Note:

Provisional 2011 Data for the FFY2013 BG Report will be entered based on the Final 2010 Data.

The FFY12 Target was to complete 4 of 5 steps : 1) Programs describe the racial/ethnic/cultural makeup of MCH populations served (on-going); 2) Programs describe culturally appropriate activities they are undertaking to address racial/ ethnic/cultural disparities; ; 3) Assess existing tools used for cultural competence; 4) Assess existing and needed partnerships. In collaboration with the ODH Public Health Data/Research Policy Advisory Committee (ODHDPAC), completed an ODH Race and Ethnicity Data Standards document and 5) Create a Cultural and Linguistic Fidelity Toolkit.

Steps 1 is complete and on-going. Steps 2 and 3 are complete 4 is on-going and partially complete; the agency race/ethnicity standards are have been signed off by the assistant director to go to the Director; Step 5 has been delayed due to late receipt of HRSA TA funds. As a result, related processes and activities were delayed and timelines were adjusted. Other related critical activities completed: new survey tool was developed to capture and enhance needed data about the profile of populations served by DFCHS programs. The workgroup membership was intentionally expanded to include a more diverse racial & ethnic representation of Ohio's MCH population which now includes representation from state, local and community organizations. An MCHBG TA Request was submitted to HRSA and approved, as Statement of Work was develop, distributed and expert assistance via contractors was retained. Communication with the National Center for Cultural Competence (NCCC) continued. NCCC conducted a live video conference for the SPM04 workgroup.

2. Section Number: Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2010

Field Note:

Due to late receipt of HRSA TA funds and related issues, work on SPM04 strategies, activities and related timelines had to be adjusted. Work on the Fidelity Toolkit, training of DFCHS staff, and development of the Train-the-Trainer Program Manual will be completed in multiple phases, after assessment of DFCHS staff, analyses of the survey results and completion of the strategic plan.

3. Section Number: Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2009

Field Note:

Provisional Data for 2009 based on Final 2008 Data

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Percent of 3rd Graders Who are Overweight

		Annual Objective and Performance Data				
		2007	2008	2009	2010	2011
Annual Performance Objective	_____					36.5
Annual Indicator	_____		35.9	36.5	34.7	35.6
Numerator	_____		45,596	47,968	45,563	46,775
Denominator	_____		126,855	131,392	131,392	131,392
Data Source			Ohio 3rd Grade BMI Survey	Ohio 3rd Grade BMI Survey	Ohio 3rd Grade BMI Survey, Oza-Frank R, Norton A.	Ohio 3rd Grade BMI Survey
Is the Data Provisional or Final?					Final	Provisional

		Annual Objective and Performance Data				
		2012	2013	2014	2015	2016
Annual Performance Objective	_____ 36		35.5	34	34	34
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.					
Numerator						
Denominator						

Field Level Notes

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2011

Field Note:

Provisional 2011 data is based on final 2010 data.

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

Represents data from the 2009/2010 school-year

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2009

Field Note:

Represents data from the 2008/2009 school-year

In 2009-2010 Ohio had a lower proportion of overweight/obesity (34.7%(95%CI:32.9-36.5)and a lower proportion of obesity(18.3%(95% CI: 16.6-20.2)) Source is 2009/10 county level BMI surveillance survey

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

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.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 1
Annual Indicator	_____	_____	_____	_____ 1	_____ 2
Numerator	_____	_____	_____	_____ 1	_____ 2
Denominator	_____ 7	_____ 7	_____ 7	_____ 7	_____ 7
Data Source				TBD	Not Yet Det
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 3	_____ 5	_____ 6	_____ 7	_____ 7
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2011

Field Note:

NOTE: Ohio deleted the Data Source information that was in these cells because it is not accurate. There are and will never be data sources for this measure because we are using benchmarks listed on the Detail Sheets. The benchmark numerators and denominators are correct.

2. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2010

Field Note:

Workgroup is researching preconception health related indicators from which to select a final list of indicators. Potential sources for these indicators include the multi-state set of preconception indicators, a study of preconception health among Appalachian women, data from the Gestational Diabetes study, PRAMS, BRFSS and others. Following the selection of indicators, the group will identify gaps and move forward with assessing capacity to collect those data.

Data issues are not reported this is a new measure that was created for FFY2011.

The group reviewed available indicator lists, including: CDC Preconception Health and Healthcare Steering Committee Preconception Health Domains and Indicators; ODH Data Center Preconception Health Data Book; Gestational Diabetes Data Book; Preconception Health Indicators in Appalachia; PRAMS; BRFSS; Ohio Family Health Survey; Ohio Vital Statistics; Ohio's 2011 State Health Needs Assessment Data Report; Maternal and Child Health Block Grant National and State Performance Measures; and Ohio Sexually Transmitted Diseases Database.

NOTE: I deleted the Data Source information that was in these cells because it is not accurate. There are and will never be data sources for this measure because we are using benchmarks listed on the Detail Sheets. The benchmark numerators and denominators are correct.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Percentage of third grade children with untreated caries

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	20
Annual Indicator	_____	23.0	23.2	18.7	18.7
Numerator	_____	29,814	29,457	24,545	24,545
Denominator	_____	129,671	127,099	131,392	131,392
Data Source		Ohio OpenMouth Oral Health Survey			
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	18	18	18	18	18
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2011

Field Note:

Ohio uses a statewide open-mouth oral health survey (using the Basic Screening Survey model) to estimate this measure. About every five years (2009-10 was the most recent) the survey is completed at the county level. The next survey will be conducted from 2013-2015.

*New data available in 2015.

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2010

Field Note:

This is a significant decrease from previous surveys (25.7% in previous county-level survey in 2004-05, and 23.2 in previous state-level survey in 2008-09). While untreated decay has decreased for Ohio third graders in general, disparities still exist. Over 27% of third graders in Appalachia and 26% of low income children across the state had untreated decay in 2009-10.

Ohio uses a statewide open-mouth oral health survey (using the Basic Screening Survey model) to estimate this measure. About every five years (2009-10 was the most recent) the survey is completed at the county level. The next survey will be conducted from 2013-2015.

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2009

Field Note:

Final 2009 Data from the 2008/2009 Sentinel School Survey

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

Reduce deaths of adolescents (age 10-19) due to intentional and unintentional injuries

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 0
Annual Indicator	_____	_____	_____ 1.5	_____ 2.3	_____ 2.3
Numerator	_____	_____	_____ 234	_____ 193	_____ 193
Denominator	_____	_____	_____ 1,563,347	_____ 823,682	_____ 823,682
Data Source			Vital Statistics/US Census	Vital Statistics/US Census	Vital Statistics/US Census
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 2	_____ 2	_____ 0	_____ 0	_____ 0
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2011
Field Note:
 FY2011 data is provisional based on the FY2010 final data.

2. **Section Number:** Form11_State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2010
Field Note:
 Self-report data from adolescents are collected in the YRBS. Data about cause of death are available from Vital Statistics and CFR. Data regarding motor vehicle accidents are available from ODOT, NHTSA, ODPS. Data about mental health and substance abuse are available from National Household Survey on Drug Abuse (NHSDA), SAMSHA, ODADAS. The Census provides number of Ohio adolescents in this age group.

Self-report data from adolescents are collected in the YRBS. Data about cause of death are available from Vital Statistics. Data regarding motor vehicle accidents are available from ODOT, NHTSA, and ODPS. The Census provides number of Ohio adolescents in this age group.

Accuracy of Suicide Data is some what difficult to obtain as some deaths described as unintentional may have been committed as a result of a suicide action .i.e. car crashes and poisonings could be actions used to intentionally harm oneself

3. **Section Number:** Form11_State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2009
Field Note:
 Numerator: 2009 Vital Statistics final death file (cause of death= motor vehicle accident, poisoning, and suicide)
 Denominator: US Census Bureau 2009 population estimates

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

Maintain/enhance the Ohio Connections for Children with Special Needs (OCCSN) birth defects information system to improve use of data for surveillance, referrals to services and prevention activities.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 2
Annual Indicator	_____	_____	_____	_____ 2	_____ 2
Numerator	_____	_____	_____	_____ 2	_____ 2
Denominator	_____ 6	_____ 6	_____ 6	_____ 6	_____ 6
Data Source				OCCSN System	OCCSN System
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 3	_____ 4	_____ 6	_____ 6	_____ 6
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2011

Field Note:

Prevalence rates completed for spina bifida and oral facial clefts.

2. **Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2010

Field Note:

Data from OCCSN system; referral outcome data from Early Track system and CMACS system; and prevention activity data from Ohio Partners for Birth Defects Prevention meetings.

While Ohio has implemented statewide reporting of children with birth defects, improvements in epidemiology capacity and IT enhancements will allow for increased utilization of birth defects data for prevalence and trend analyses, referrals to services and prevention activities.

Benchmarks:

1. Complete prevalence rate analyses for spina bifida, oral/facial clefts, trisomies 13, 18, 21
2. Submit birth defects data to CDC
3. Implement referral to services protocol statewide for specific diagnoses
4. Complete 4 IT enhancements within OCCSN system for flagging birth address, program report option to facilitate research analyses, change search screen, automate process to identify and fix duplicate records
5. Complete and distribute OCCSN annual report
6. Demonstrate utilization of data in planning and implementing prevention activities.

FFY2011 Additional Annual Report Information:

(4) IT enhancements were made to OCCSN during FFY11 as listed in Benchmark #4. Additional IT enhancements are underway and a major IT enhancement is planned for implementation in Nov. 2011.

Data from PRAMS and spina bifida prevalence rates from OCCSN have been used to develop prevention activities.

Prevalence rates for spina bifida and oral/facial clefts completed in FFY2011. Prevalence rates for the trisomies will be completed by Nov. 2011.

STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR

Increase the percent of children who receive timely, age-appropriate screening and referral.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 8
Annual Indicator	_____	_____	_____	_____ 12.5	_____ 25.0
Numerator	_____	_____	_____	_____ 1	_____ 2
Denominator	_____	_____	_____	_____ 8	_____ 8
Data Source				TBD/STELLAR	TBD/STELLAR
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 8	_____ 8	_____ 8	_____ 8	_____ 8
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #10
Field Name: SM10
Row Name:
Column Name:
Year: 2011
Field Note:
 Provisional 2011 data is based on final 2010.

2. **Section Number:** Form11_State Performance Measure #10
Field Name: SM10
Row Name:
Column Name:
Year: 2010
Field Note:
 Developmental, hearing & vision will research the capacity to capture screening/referral data. Potential sources Medicaid Healthcheck, Help Me Grow or quality improvement projects. The child care licensure or quality system may have the capacity to collect screening/referral data. Lead data source is the Ohio Childhood Lead Poisoning Prevention (STELLAR) surveillance database.

An EPSDT barrier is bundled services so it is not possible to distinguish separate elements of the visit. Future source for vision screening data is to be determined by 8/31/2012 as a product of the Ohio pilot of the National Universal Vision Screening for Young Children Coordinating Center/ STELLAR is 20 years old & will be replaced by the Healthy Homes & Lead Poisoning Surveillance System (H-HPSS). H-HPSS is presently undergoing beta testing by program with deployment expected in the summer. H-HPSS is a real time web based surveillance system linking health & housing.

Met Benchmark 1, select targeted age group(s) for tracking of screening and referral. Lead will target one and two year old children. Developmental will target birth to children prior to school entry. Hearing and vision will target children three years old to children prior to school entry.

Met Benchmark 1, select targeted age group(s) for tracking of screening and referral. Lead will target one and two year old children. Developmental will target birth to children prior to school entry. Hearing and vision will target children three years old to children prior to school entry.

This process measure tracks progress towards meeting benchmarks. This is a process measure that will be measured by the extent to which 8 benchmarks are reached. The target was to reach benchmark 1, select targeted age group(s) for tracking of screening and referral.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1.9	1.9	1.9	1.9	1.9
Annual Indicator	2.3	2.7	2.2	2.4	2.4
Numerator	14.8	16.2	14.2	14.7	14.7
Denominator	6.3	6	6.4	6.1	6.1
Data Source		Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.9	1.9	1.9	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 2
 Field Name: OM02
 Row Name:
 Column Name:
 Year: 2011
 Field Note:
 Provisional 2011 data is based on final 2010.

2. Section Number: Form12_Outcome Measure 2
 Field Name: OM02
 Row Name:
 Column Name:
 Year: 2009
 Field Note:
 The 2009 data is currently not available. 2008 data was used as an estimate for 2009.

OH VS 2009 final birth and death files.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	4.9	4.9	4.9	4.9	4.9
Annual Indicator	5.2	5.1	5.2	5.2	5.2
Numerator	781	755	750	725	725
Denominator	150,784	148,592	144,569	139,034	139,034
Data Source		Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	4.9	4.9	4.9	4.9	4.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number: Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2010

Field Note:

In 2010 69.3 percent of infants weighing less than 1500 grams at birth were born at hospitals with Level III designated maternity units. Ohio still has significant room for improvement to reach the Healthy People 2020 goal of 83.7 percent of very low birth weight, VLBW, infants being born at Level III hospitals. There is a statistically insignificant trend (pvalue = 0.2657) of increasing prevalence from 2006-2010 in Ohio. Changes in maternity licensure rules and regulations hope to impact this measure by providing greater motivation for hospitals to deliver only those at risk infants they are licensed to care for.

Racial disparities for births at Level III hospitals do not follow typical trends with 74.0 percent of black infants and only 66.7 percent of white infants born at Level III hospitals. Hispanic births make up only 4.1 percent of the VLBW population but 80.2 percent of Hispanic VLBW births occurred within a Level III Facility.

Ohio is divided into 6 perinatal regions that aim to encourage development and provision of health care to all Ohio infants and mothers. There are clear variations in utilization of higher levels of care between the different perinatal regions. Region 3 has the best 2010 data with 89.0 percent of VLBW births occurring in Level III hospitals followed by Region 1 with 86.7 percent and Region 5 with 80.2 percent. The bottom three were Region 2 with 65.7 percent and lastly Regions 6 and 4 with 57.6 percent and 54.6 percent respectively. It is worth noting that Region 4 not only contains the most births, 27.2 percent of the total VLBW births for 2010, but also the largest geographic region.

An analysis examining the discrepancy in mortality outcomes of very low birth infants born at hospitals with different maternity licensure levels is currently being conducted to further inform the programs addressing this performance measure.

- Section Number: Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data is currently not available. 2008 data was used as an estimate for 2009.

Numerator: 2009 VS final death file, Denominator: 2009 VS final birth file.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	2.3	2.3	2.3	2.3	2.3
Annual Indicator	2.5	2.6	2.5	2.5	2.5
Numerator	382	389	389	343	343
Denominator	150,784	148,592	144,569	139,034	139,034
Data Source		Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	2.3	2.3	2.3	2.3	2.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data not available. 2008 data was used as an estimate for 2009. Numerator: 2009 VS final death file, Denominator: 2009 VS final birth file.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	6.5	6.5	6.5	6.5	6.5
Annual Indicator	7.0	7.0	6.6	7.0	7.0
Numerator	1,060	1,041	951	976	976
Denominator	151,185	149,021	144,927	139,395	139,395
Data Source		Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	6.5	6.5	6.5	6.5	6.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2011

Field Note:

2011 Provisional data for 2011 reported from 2010 final birth, mortality and fetal death files.

2. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2010

Field Note:

In Ohio in 2010, 73.0 percent of all births were to women receiving prenatal care within the first three months of their pregnancy according to Vital Statistics birth records. This is a decrease from 2009 when only 70.2 percent of women received first trimester prenatal care. There is a statistically insignificant ($p=0.2436$) trend showing increasing first trimester prenatal care from 2008-2010. Ohio is showing positive improvement in approaching the Health People 2020 Objective of 77.9 percent of births.

Despite the increase in timely utilization of prenatal care, disparities do exist among those who get first trimester care and those who do not. There is a significant relationship between maternal education and initiation of prenatal care with a p -value <0.0001 . Women who completed high school are 1.5 times more likely to receive prenatal care within the first trimester of their pregnancy than women who do not complete high school.

Payment for birth often serves as a proxy for the socioeconomic status of a woman and highlights another area of prenatal care disparity. Women with private insurance paying for their birth were 1.3 times more likely to have initiated prenatal care in their first trimester than women with Medicaid and 2.3 times more likely than women how paid for the birth out of pocket. Racial and ethnic disparities are pervasive throughout the care of women and infants and prenatal care initiation is no exception. White mothers are 1.3 times more likely to initiate care within their first trimester than black mothers and 1.2 times more likely than Native American, Asian and Pacific Islander mothers. Ethnicity shows another significant relationship with Hispanic women being 0.8 times as likely as Non-Hispanic women to start prenatal care in the first three months of pregnancy.

Maternal age also has a significant relationship with the timing of initiation of prenatal care. The mean age women initiating prenatal care in the first trimester is 27.8 years versus 26.5 years for women who have no care or initiate later.

3. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data is currently not available. 2008 data was used as an estimate for 2009. 2009 OH VS final birth and death file.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	17	17	17	17	17
Annual Indicator	17.8	19.0	18.2	17.6	17.6
Numerator	375	396	380	371	371
Denominator	2,104,949	2,087,807	2,086,158	2,104,402	2,104,402
Data Source		Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(*Explain data in a year note. See Guidance, Appendix IX.*)

Is the Data Provisional or Final?

Final Provisional

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	17	17	17	17	17
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 Provisional data for 2011 reported from 2010 final mortality file.

2. **Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 data is currently not available, 2009 data was used as an estimate for 2010.

3. **Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data not available. 2008 data used as an estimate for 2009.

 Numerator: 2009 Vital Statistics final death file, Denominator: US Census 2009 population estimates.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (a)(2)(B)(ii) AND 506 (a)(2)(A)(ii)]
STATE: OH

Form Level Notes for Form 12

According to 2010 Ohio Vital Statistics birth records 14.1 percent of all black births had a birth weight less than 2500 grams and were categorized as low birth weight. This is a slight increase from the 13.7 percent in 2009 and a large discrepancy from the Health People 2020 objective of 7.8 percent low birth weight births. Black infants carry a disproportionate burden of low birth weight in Ohio compared to both white and other minority racial groups. Only 7.5 percent of white infants were of low birth weight while 9.2 percent of Native Americans, 8.3 percent of Asians and 10.4 percent of multiracial infants weighed less than 2500 grams. Preterm birth, less than 37 weeks of gestation, has been associated with low birth weight with 39.7 percent of black preterm births being of low birth weight. The racial disparity of birth weight carries through to preterm births with a rate of 30.0 percent of whites, 27.7 percent of Native Americans, 35.2 percent of Asians and 32.8 percent of multirace preterm births being of low birth weight. Smoking prior to and during pregnancy has been associated with adverse outcomes including low birth weight. The Perinatal Smoking Cessation Program in partnership with Ohio Partners for Smoke-Free Families is working to reduce the prevalence of smoking among women of reproductive age, including pregnant women. 23.9 percent of black low birth weight births were to women who reported smoking either prior to or during their pregnancy. PRAMS, the Pregnancy Risk Assessment Monitoring System, collects survey information about smoking before pregnancy via self survey. In 2010, 31.1 percent (95% CI 27.7-34.7) of women reported smoking in the 3 months prior to becoming pregnant. This slightly elevated rate is most likely due to the de-identified collection method of the PRAMS survey versus the in-person questioning reported in the Vital Statistics records. While black mothers are more likely to have a low birth weight baby, they are also more likely to report having counseling from a health care provider during prenatal visits with 83.3 percent (95 % CI 80.3-85.9) versus 69.2 percent (95% CI 66.3-72.0) in white women. This measure does carry the limitation of coming from the PRAMS survey which has an underrepresentation of black respondents.

STATE OUTCOME MEASURE # 1 - REPORTING YEAR

The adolescent death rate per 100,000 adolescents aged 15-19 years

Annual Objective and Performance Data					
	2007	2008	2009	2010	2011
Annual Performance Objective	54	54	53	53	53
Annual Indicator	57.0	53.3	47.4	43.6	43.6
Numerator	463	431	384	359	359
Denominator	811,659	809,174	810,191	823,682	823,682
Data Source		Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics	Ohio Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2012	2013	2014	2015	2016
Annual Performance Objective	53	53	53	53	53
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 Provisional data for 2011 reported from 2010 final mortality file

2. **Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data not available. 2008 data was as an estimate for 2009. Numerator: 2009 VS final death files, Denominator: US Census 2009 population estimates.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: OH

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

_____ 3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

_____ 3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

_____ 3

4. Family members are involved in service training of CSHCN staff and providers.

_____ 3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

_____ 3

6. Family members of diverse cultures are involved in all of the above activities.

_____ 2

Total Score: _____ 17

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

ODH through the Office of Health Transformation has been working to make change to many of the programs that are housed within the Medicaid program. BCMH works in collaboration with stakeholders and Medicaid staff to ensure that families have the opportunity to provide input into the program design and provide feedback at stakeholder forums. An example of this process includes the movement of ABD population from fee for service to Medicaid managed care programs. The BCMH parent consultant program.

FIELD LEVEL NOTES

1. **Section Number:** Form13_Main

Field Name: Question2

Row Name: #2. Financial support (...) is offered for parent activities or parent groups.

Column Name:

Year: 2013

Field Note:

BCMHEI does not offer child care at the state level, however our parents bring their children to the meetings. Meeting held at the local levels (hosted by health departments, such as the Shelby County parent meetings) offer childcare.

2. **Section Number:** Form13_Main

Field Name: Question6

Row Name: #6. Family members of diverse cultures are involved in all of the above activities

Column Name:

Year: 2013

Field Note:

ODH BCMHEI is actively working to recruit members of diverse cultures.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE OH FY: 2013

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase physical activity and improve nutrition
2. Increase breastfeeding initiation and duration rates
3. Improve early childhood development
4. Decrease rate of smoking for pregnant women, young women and parents
5. Increase the viability of the health care safety net
6. Increase the number of women, children and adolescents with a health home
7. Increase access to evidence based community prevention programs
8. Increase successful transition of special needs children from pediatric/adolescent to adult health care systems
9. Improve the availability of useful and accurate health care data and information (this relates to quality and capacity)
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: OH

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>NA</u>	Ohio MCH staff would like to receive some guidance and resource information on how to incorporate the life course perspective into its programs and initiatives. Currently staff are incorporating the concept based on individual perspectives.	Ohio would like to incorporate a consistent perspective and method of life course into its MCH work. This training would assist all aspects of MCH.	Janet Rogers or other Life Course Facilitator CityMatCH University of Nebraska Medical Center 982170 Nebraska Medical Center Omaha, Nebraska 68198-2170 402-552-9500
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>14</u>	Ohio staff need to learn how to clean and analyze their WMC data in order to recreate the PedNSS files and data reports received annually from CDC.	OH contributes to the CDC's Pediatric Nutrition Surveillance System (PedNSS) and uses the cleaned and analyzed data from this system to report on NPM#14. These reports are no longer issued by CDC.	CDC Division of Nutrition Physical Activity and Obesity
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure			

to which this issue pertains by entering
the measure number here: _____

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: OH

SP() # _____ 1

PERFORMANCE MEASURE:	Statewide capacity to reduce unintended pregnancies among populations at risk for poor birth outcomes.
STATUS:	Active
GOAL:	Reduce the number of unintended (mistimed and unwanted) pregnancies.
DEFINITION:	<p>The number of performance measure benchmarks Ohio has reached towards increasing statewide capacity to reduce unintended pregnancies among populations at high risk for poor birth outcomes.</p> <p>Numerator: NUMERATOR: Benchmarks: 1) Identify baseline rates of unintended pregnancy in Ohio. 2) Identify populations and areas at risk for poor birth outcomes. 3) Identify and apply appropriate evidence-based practice standards and interventions for the target population. 4) Implement a Family Planning Medicaid Waiver.</p> <p>Denominator: DENOMINATOR: Total number of benchmarks (4)</p> <p>Units: 4 Text: Scale</p>
HEALTHY PEOPLE 2020 OBJECTIVE	9 - 1 Increase the proportion of pregnancies that are intended to 70%.
DATA SOURCES AND DATA ISSUES	PRAMS and Ohio Vital Statistics fetal death and abortion data files. This estimate assumes all abortions are the result of unintended pregnancy and that the proportion of fetal deaths which are unintended is the same as the proportion of live births. A small percentage of abortions will be due to fetal or maternal condition and not the result of an unintended pregnancy. Populations at risk for poor birth outcomes identified through Ohio Vital Statistics and PRAMS data.
SIGNIFICANCE	Poor birth outcomes are more common among black women, those with less than 12 years of education, unmarried women and those under age 20. Unintended pregnancy is also more common among these women. While unintended pregnancy by itself does not help us predict which babies are more likely to have poor birth outcomes, unintended pregnancy is associated with many risk factors for poor outcomes in families, both at birth and beyond. Unintended pregnancy is correlated with late or inadequate prenatal care, poor maternal nutrition, domestic violence, child abuse, and exposure of the fetus to harmful substances like tobacco, alcohol, and other drugs. It is associated with social and economic co-factors such as economic hardship, marital dissolution, failure to achieve educational goals, and spousal abuse.

SP() # 2

PERFORMANCE MEASURE:

Percent of low birth weight black births among all live black births.

STATUS:

Active

GOAL

To reduce the percent of LBW black births among all live black births.

DEFINITION

Percent of LBW live births among live black births.

Numerator:

Number of LBW black live births.

Denominator:

Number of black live births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

16 - 10 Low Birth Weight and Very Low Birth Weight

DATA SOURCES AND DATA ISSUES

Vital Statistics

SIGNIFICANCE

Black women in Ohio are more likely than white women to deliver a LBW infant (7.3% vs 13.9 % in 2002). Eliminating racial disparities in infant mortality will require a focus on reducing LBW and VLBW through the implementation of strategies aimed at improving the quality of prenatal care, identifying underlying medical conditions, and understanding the role social supports and environmental factors, such as stress, contribute to poor birth outcomes. While Ohio has a safety net system of health care for uninsured/underinsured and Medicaid consumers, significant barriers to pregnant women and children accessing those services remain. The OIMRI Program addresses the barriers (e.g., financial, geographic, cultural) that women and children experience and improves their access to and utilization of health care.

SP() # 3

PERFORMANCE MEASURE:

Percent of local health departments that provide health education and/or services in schools.

STATUS:

Active

GOAL

Increase the number of local health departments who contract with schools to provide health education, screenings and/or services in schools through contract, Memoranda of Understanding, in kind services or Ohio Department of Health grants.

DEFINITION

The number of local health departments who contract with schools to provide health education, screenings and/or services in schools through contract, Memoranda of Understanding, in kind services or Ohio Department of Health grants.

Numerator:

The number of local health departments who provide health services in schools.

Denominator:

Total number of local health departments.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

HP2010/20 ECBP-4,7,8; HP 2010-1-4,6-9, 18-7, 21-13

DATA SOURCES AND DATA ISSUES

Local health departments are funded from a variety of sources to work with schools. Data on LHD activities are required by each funded program area (including but not limited to general revenue funds). LHDs provide grantee reporting for all activities on quarterly and annual basis. In addition, a proposed annual survey of all local health departments regarding level of school involvement would provide another source of data.

SIGNIFICANCE

Local health departments are a health resource to schools within their health jurisdiction. Health promotion and disease prevention are essential public health services that are needed to improve health behaviors and health status of Ohio's students. Health education is not a mandated curriculum in Ohio. LHDs routinely provide resources and the technical assistance needed to help schools with health promotion activities. In addition, the childhood obesity epidemic has resulted in the implementation of numerous interventions and screenings in schools. LHDs assist schools by ensuring standardization and quality of screening services, data collection and promotion of evidenced base programs that reduce unhealthy behaviors and improve health outcomes of students.

SP() # _____ 4

PERFORMANCE MEASURE:

Degree to which DFCHS programs can incorporate and evaluate culturally appropriate activities and interventions.

STATUS:

Active

GOAL

To eliminate health disparities among different racial/ethnic/cultural subgroups of populations served through the Division of Family and Community Health Services.

DEFINITION

The percent of performance measure benchmarks Division of Family and Community Health Services programs have reached towards incorporating culturally appropriate activities and interventions.

Numerator:

The number of performance measure benchmarks Division of Family and Community Health Services programs have reached towards incorporating culturally appropriate activities and intervention. Benchmarks: 1) Programs describe the racial, ethnic, and cultural makeup of MCH populations served and underserved. 2) Programs describe culturally appropriate activities they are undertaking to address racial, ethnic, and cultural disparities. 3) Assess existing tools used for cultural competence. 4) Assess existing and needed partnerships. 5) Programs identify best/promising practices and work with agencies to assist them to incorporate culturally appropriate activities and interventions.

Denominator:

Total number of benchmarks (5).

Units: 5 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

Goal 2

DATA SOURCES AND DATA ISSUES

Data from all Division of Family and Community Health Services programs.

SIGNIFICANCE

This measure relates directly to the State priority on incorporating racial/ethnic/cultural health equity in all activities. Eliminating health disparities between different racial/ethnic/cultural subgroups is a national priority. Disparities are evident and persistent in all subpopulations served through Division of Family and Community Health Services programs, from the preconceptional period on. The elimination of health disparities for all people requires changing the way health care is delivered. A fundamental change from a provider-oriented to a patient-oriented system of care is necessary. Such a change will focus on preventive health care needs. To work effectively, health care providers need to understand the differences in how various populations perceive health and illness and treatment services. These factors affect whether people seek health care, how they describe their symptoms, the duration of care, and the outcomes of the care received.

SP() # 5

PERFORMANCE MEASURE:

Percent of 3rd Graders Who are Overweight

STATUS:

Active

GOAL

To reduce the percentage of children who are overweight.

DEFINITION

Reduce the number of third graders in public schools in Ohio who are overweight.

Numerator:

Number of third graders in public schools in Ohio who are overweight (BMI >= 95th percentile for age and gender as defined by the CDC's BMI-for-age charts (based on weighted sample data).

Denominator:

Total number of third graders in public schools in Ohio.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

19-3c: Reduce the proportion of children and adolescents who are overweight or obese or at risk for

DATA SOURCES AND DATA ISSUES

Third graders will be weighed and measured periodically, similar to the oral health survey. Following one large statewide survey of 3rd graders which will establish a baseline, each year a cadre of sentinel schools will be selected for annual screenings to serve as an indicator of weight status.

SIGNIFICANCE

This performance measure is directly related to the "nutrition and physical activity" priority need. Maintenance of healthy weight is a major goal to reduce the burden of illness and its consequent reduction in quality of life and life expectancy....Patterns of healthful eating behavior need to begin in childhood and be maintained throughout adulthood. There is much concern about the increasing prevalence of overweight in children and adolescents. Childhood overweight is associated with adverse medical and psycho-social consequences including type 2 diabetes. Overweight acquired during childhood or adolescence may persist into adulthood and increase the risk for some chronic diseases later in life. Furthermore children from economically deprived circumstances are more likely to become overweight. As a result, the rising prevalence of overweight and chronic disease will place more burdens on the health care system, including increased costs of medical care. The prevalence of overweight in children and adolescents may be increasing in Ohio, but definitive data are lacking. Ohio currently has no population-based data on childhood overweight except for the self reports of Ohio's teens from the Ohio Youth Risk Behavior Survey. There is a commitment to establishing a baseline to assess the extent of childhood overweight in Ohio so that a strategic plan can be developed to reduce its prevalence.

SP() # 6

PERFORMANCE MEASURE:

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.

STATUS:

Active

GOAL

To develop and implement a core set of preconception health indicators to monitor the health of reproductive age women (aged 18-44 years) and to evaluate preconception health efforts.

DEFINITION

This is a NEWSPM. This is a process measure to track our progress toward the goal by setting benchmarks for significant milestones in the process toward developing, implementing and evaluating a core set of preconception health indicators.

Numerator:

The number of performance measure benchmarks Ohio has reached toward implementing a core set of preconception health indicators. Benchmarks include: (1) selecting a core set of preconception health indicators; (2) evaluating current data capacity to determine needs for new data collection, linking and analysis; (3) increasing data capacity to implement and sustain data collection, linking, and analysis activities; (4) developing guidelines to increase ability to use data collected to guide policy and program development; (5) integrating preconception health indicators into the ODH MCH epidemiology plan; (6) increasing capacity to evaluate preconception health efforts by on-going monitoring of indicator data; and (7) coordinating SPM activities with recommendations addressed by Ohio's Infant Mortality Consortium.

Denominator:

Denominator. Total number of benchmarks (7)

Units: 7 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

Not applicable

DATA SOURCES AND DATA ISSUES

Preconception domains include: general health status and life satisfaction; social determinants of health; health care; reproductive health and family planning; tobacco, alcohol and substance use; nutrition and physical activity; mental health, emotional and social support, chronic conditions, infections, and genetics/epigenetics. Sources of data include: Annual Social and Economic Survey (ASEC), Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS), Ohio Vital Statistics System (OVSS), Ohio Sexually Transmitted Diseases Database (OSTD)

SIGNIFICANCE

There is growing recognition that birth outcomes are influenced not only by events that occur in the 9 months of pregnancy but by health behaviors & life events that occur prior to pregnancy. This time period is known as the preconception period. Preconception health includes a variety of health domains, including identification, management & control of chronic conditions, diagnosis/treatment of sexually transmitted infections, achieving an ideal body weight & folic acid supplementation. In 2010, a report was published in the MCH Journal describing work of seven states convened by the PH Work group of the CDC Preconception Health and Healthcare Steering Committee to define preconception health domains and propose measureable indicators at a state level. This work will serve as the initial step in Ohio adopting/adapting a core set of indicators to develop/evaluate preconception health programs. An Infant Mortality Consortium convened to advance the recommendations/strategies set forth in Ohio's Infant Mortality Task Force Report (2009). Recommendations related to preconception health include: increasing public awareness/education about the effect of preconception health on birth outcomes; improving data collection/analysis to inform program and policy decision; and providing comprehensive reproductive health services and service coordination for all women & children before, during & after pregnancy.

SP() # _____ 7

PERFORMANCE MEASURE:

Percentage of third grade children with untreated caries

STATUS:

Active

GOAL

To decrease the percentage of third grade children in Ohio with untreated caries (tooth decay).

DEFINITION

This measure tracks progress toward the goal of decreasing the percentage of third graders with untreated caries. Ohio uses a statewide open-mouth oral health survey (using the Basic Screening Survey model) to estimate this measure. About every five years (SFY 10 was the most recent) the survey is completed at the county level and in the intervening years at the state level. The statewide survey includes 350-400 schools and 15,000-20,000 third grade children participate, providing county-specific data. Subsequent to each statewide survey, third graders from a purposive sample of elementary schools, currently about 30, participate in annual oral health surveys. These annual surveys are referred to as "sentinel" surveys and weighted data from these surveys are considered to be representative of third graders for the state.

Numerator:

This number represents third grade children in sampled public schools found to have untreated caries.

Denominator:

This number represents the 3rd grade children who participated in the oral health survey (which required parental consent and being present at the school on the survey day).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

21.2: Reduce the proportion of children, adolescents and adults with untreated dental decay.

DATA SOURCES AND DATA ISSUES

This measure tracks progress toward the goal of decreasing the percentage of third graders with untreated caries. Ohio uses a statewide open-mouth oral health survey (using the Basic Screening Survey model) to estimate this measure. About every five years (SFY 10 was the most recent) the survey is completed at the county level and in the intervening years at the state level. The statewide survey includes 350-400 schools and 15,000-20,000 third grade children participate, providing county-specific data. Subsequent to each statewide survey, third graders from a purposive sample of elementary schools, currently about 30, participate in annual oral health surveys. These annual surveys are referred to as "sentinel" surveys and weighted data from these surveys are considered to be representative of third graders for the state.

SIGNIFICANCE

These annual values provide data for MCH Block Grant reporting and show trends which reflect a combination of caries attack to access to dental care for children in Ohio and their families. The Ohio Family Health Survey, continues to identify dental care as the No. 1 unmet health care need for children in Ohio. Racial and ethnic minority children, those from low-income households and those without private dental insurance are less likely to have a recent dental visit than others, and more likely to have an unmet need for dental care.

SP() # _____ 8

PERFORMANCE MEASURE:

Reduce deaths of adolescents (age 10-19) due to intentional and unintentional injuries.

STATUS:

Active

GOAL

To reduce the number of deaths among Ohio adolescents (age 10-19) due to motor vehicle accidents, poisoning and suicide.

DEFINITION

Reduce the number of deaths among Ohio adolescents (age 10-19) due to motor vehicle accidents, poisoning and suicide.

Numerator:

Number of adolescents (age 10-19) who die due to motor vehicle accidents, poisoning and suicide.

Denominator:

All Ohio adolescents (age 10-19).

Units: 10000 Text: Rate

HEALTHY PEOPLE 2020 OBJECTIVE

HP 2010/2020: AH 5,9; ECBP-2; IVP-3,5,17-19, 21,22,24,41; MHMD 1,2,10; SA 2,4-7, 9-12

DATA SOURCES AND DATA ISSUES

Self-report data from adolescents are collected in the YRBS. Data about cause of death are available from Vital Statistics and CFR. Data regarding motor vehicle accidents are available from ODOT, NHTSA, ODPS. Data about mental health and substance abuse are available from National Household Survey on Drug Abuse (NHSDA), SAMHSA, ODADAS. The Census provides number of Ohio adolescents in this age group.

SIGNIFICANCE

The top three causes of intentional and unintentional deaths among Ohio adolescents (10-19 years) are motor vehicle accidents, suicide and poisoning, which combined caused 55.9% of deaths in this age group in 2007-08. Many of these deaths have overlapping etiologies, i.e. mental health issues and substance abuse behavior are often comorbid, substance abuse behavior combined with motor vehicle operation may lead to unintentional death, and mental health issues may lead to suicide. Prevention efforts aimed at these three causes should significantly lower the number of deaths in this age group.

SP() # _____ 9

PERFORMANCE MEASURE:

Maintain/enhance the Ohio Connections for Children with Special Needs (OCCSN) birth defects information system to improve use of data for surveillance, referrals to services and prevention activities.

STATUS:

Active

GOAL

To ascertain cases and generate timely population-based data on major birth defects in Ohio; assuring children reported with birth defects have access to early intervention services to improve their health outcomes; and to increase knowledge and awareness about birth defects.

DEFINITION

This is a NEWSPM. This is a process measure to track progress toward the goal by setting benchmarks for significant milestones in the process toward enhancing/improving the OCCSN system to obtain improved data utilization for analytical studies and to drive program activities.

Numerator:

The number of performance measure benchmarks Ohio has reached toward accomplishing this performance measure. Benchmarks include: 1) Complete prevalence rate analyses for spina bifida, oral/facial clefts, and trisomies 13, 18, 21; 2) Submit birth defects data to CDC; 3) Implement referral to services protocol statewide for specific diagnoses; 4) Complete 4 IT enhancements within OCCSN system of flagging birth address, program report option for standard research data set to facilitate analyses, change search screen, and automate process to identify and fix duplicate records; 5) complete and distribute OCCSN annual report; and 6) Demonstrate utilization of data in planning and implementing prevention activities.

Denominator:

Total number of benchmarks – 6

Units: 6 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

HP2020-12; HP2020-15; HP2020-21; HP2020-25

DATA SOURCES AND DATA ISSUES

Data from OCCSN system; referral outcome data from Early Track system and CMACS system; and prevention activity data from Ohio Partners for Birth Defects Prevention meetings.

SIGNIFICANCE

Birth defects are a serious public health problem in Ohio and throughout the nation. Congenital anomalies are one of the leading causes of infant mortality in Ohio, accounting for approximately 19% of infant deaths. Congenital anomalies and complications of prematurity are frequently inter-related and combined, account for nearly 40% of all infant deaths in Ohio. Birth defects occur in approximately 3-6% of all live births and the financial burden of medical care for children with birth defects is tremendous, costing individuals, state and federal programs millions of dollars each year. Ohio implemented a statewide birth defects surveillance system in 2007. Purposes of the system include collecting and analyzing data for surveillance purposes, using the data to facilitate referrals to services to improve health outcomes; and to raise awareness and provide education about birth defects and how women can reduce their risks of having a baby born with a birth defect. While Ohio has implemented statewide reporting of children with birth defects, improvements in epidemiology capacity and IT enhancements will allow for increased utilization of birth defects data for prevalence and trend analyses, referrals to services and prevention activities.

SP() # 10

PERFORMANCE MEASURE:

Increase the percent of children who receive timely, age-appropriate screening and referral.

STATUS:

Active

GOAL

The goal of this performance measure is to improve health care quality by early detection and treatment.

DEFINITION

This is a process measure to track our progress toward the goal by setting benchmarks for significant milestones.

Numerator:

Progress for this process measure is based on a scoring system that quantifies the degree to which expected proportions of children in defined age categories are screened for: developmental, lead, hearing and vision. This is a process measure that will be measured by the extent to which benchmarks can be reached.

Denominator:

Total number of benchmarks (7).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

16-14; 8-11; 28-17; 28-2; 28-3; and 28-4

DATA SOURCES AND DATA ISSUES

Developmental, hearing & vision will research the capacity to capture screening/ referral data. Potential sources: Medicaid Healthcheck, Help Me Grow or quality improvement projects. The child care licensure or quality system may have the capacity to collect screening/referral data. An EPSDT barrier is bundled services so it is not possible to distinguish separate elements of the visit. Future source for vision screening data is to be determined by 8/31/2012 as a product of the Ohio pilot of the National Universal Vision Screening for Young Children Coordinating Center. Lead data source is the Ohio Childhood Lead Poisoning Prevention (STELLAR) surveillance database. STELLAR is 20 years old & will be replaced by the Healthy Homes & Lead Poisoning Surveillance System (HHLPPS). HHLPPS is presently undergoing beta testing by program with deployment expected in the summer 2010. HHLPPS is a real time web based surveillance system linking health & housing.

SIGNIFICANCE

Screening and well-child visits provide an opportunity for periodic assessment of core health status components including development delays, hearing or visual impairment and to identify and prevent elevated blood lead levels. Early detection and referral leads to earlier treatment & promotes proper management of the conditions. A systematic approach to quality improvement science should result in increasing the percent of children receiving timely, age-appropriate screening & improving the system overall to ensure children receive the care that they need. Core components of each EPSDT (Ohio Medicaid Healthcheck) visit include age-appropriate screening for dental, developmental, hearing & vision; lead's mandatory testing requirement is children at 12 & 24 months of age. • 17% of U.S. children have developmental/behavioral disabilities; <50% are identified prior to school entry. • 100,000 children from < 6 years of age are screened annually for lead poisoning & 10% found to have elevated blood levels. • An estimated 83 of every 1000 U.S. children have educationally significant hearing loss. • Vision disorders are the 4th most common disability in the U.S.; affecting 25% of school-aged children. 3 out of 100 children are affected by amblyopia. According to the 2008 Ohio Family Health Survey, vision was the #1 one unmet health care need for children.

SO() # _____ 1

OUTCOME MEASURE:

The adolescent death rate per 100,000 adolescents aged 15-19 years.

STATUS:

Active

GOAL

To reduce the death rate of adolescents aged 15-19

DEFINITION

aged 15 - 19

Numerator:

Number of deaths among adolescents aged 15-19

Denominator:

Number of adolescents aged 15-19

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

16-3

Reduce deaths of adolescents and young adults.

DATA SOURCES AND DATA ISSUES

Vital Statistics

SIGNIFICANCE

There were 14,663 deaths in 1996 among adolescents aged 15-19 years, for a death rate of 78.6 per 100,000. The leading cause of death for adolescents in this age group was motor vehicle crashes at 28.55 deaths per 100,000, or 36.3 percent of total deaths. Other unintentional injuries (such as falls, drownings, and poisonings) caused 7.64 deaths per 100,000 (9.7 percent); homicides caused 15.66 deaths per 100,000 (19.9 percent); suicides caused 9.73 deaths per 100,000 (12.4 percent); and AIDS caused 0.26 deaths per 100,000 (0.3 percent). Consequently, a majority (78 percent) of the total mortality in this age group can be attributed to unnecessary (that is, preventable) causes. The remaining 22 percent of deaths among adolescents aged 15 to 19 years resulted mostly from malignant neoplasms which caused 3.67 deaths per 100,000 (4.7 percent); diseases of the heart caused 2.18 deaths per 100,000 (2.8 percent); birth defects caused 1.02 deaths per 100,000 (1.3 percent); and a combination of other causes caused 8.42 deaths per 100,000 (10.7 percent).

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

HEALTH SYSTEMS CAPACITY #02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2007	2008	Annual Indicator Data		2011
Annual Indicator	80.5	78.0	2009	2010	80.0
Numerator	61,815	62,942	63,482	61,187	58,099
Denominator	76,800	80,720	77,953	76,632	72,628

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2011

Field Note:

Data reflect SFY 2011 and Services. An infant could have been enrolled in both Medicaid (Title XIX) & SCHIP (Title XXI) during the year and would be counted in both Measure #02 and Measure #03. For 2011, the percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen was 80.0%. For 2010, the numerator reported was 61,187 and the denominator reported was 76,632. This was 79.9%. Both the number of Medicaid enrollees whose age is less than one year and the number of Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen were less for 2011 than in 2010. The differences are so slight however, that they can be adequately explained by random variation.

Source:

Ohio Department of Job and Family Services, Ohio Health Plans, Medstat Decision Analyst©, eligibility and claims database accessed March, 2012.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

Data reflects SFY 2010 and Services. An infant could have been enrolled in both Medicaid (Title XIX) & SCHIP (Title XXI) during the year and would be counted in both Measure #2 and Measure #3.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Data reflects SFY 2009 and Services. An infant could have been enrolled in both Medicaid (Title XIX) & SCHIP (Title XXI) during the year and would be counted in both Measure #02 and Measure #03.

HEALTH SYSTEMS CAPACITY #03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	<u>64.6</u>	<u>55.5</u>	<u>70.4</u>	<u>67.8</u>	<u>68.5</u>
Numerator	<u>2,676</u>	<u>4,931</u>	<u>5,268</u>	<u>4,611</u>	<u>4,974</u>
Denominator	<u>4,143</u>	<u>8,888</u>	<u>7,484</u>	<u>6,798</u>	<u>7,260</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2011

Field Note:

Data reflect SFY 2011 enrollment and Services. A recipient could have been enrolled in both Medicaid (Title XIX) & SCHIP (Title XXI) during the year and would be counted in both Measure #02 and Measure #03. For 2011, the percent SCHIP enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen was 68.5%. For 2010, the numerator reported was 4,611 and the denominator reported was 6,798. This was 67.8%. Both the number of SCHIP enrollees whose age is less than one year and the number of SCHIP enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen were greater for 2011 than for 2010. The differences are so slight however, that they can be adequately explained by random variation.

Source:

Ohio Department of Job and Family Services, Ohio Health Plans, Medstat Decision Analyst©, eligibility and claims database accessed March, 2012.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2010

Field Note:

Data reflects SFY 2010 enrollment and Services. A recipient could have been enrolled in both Medicaid & SCHIP during the year and would be counted in both Measure #02 and Measure #03.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Data reflects SFY 2009 enrollment and Services. A recipient could have been enrolled in both Medicaid & SCHIP during the year and would be counted in both Measures #02 and Measure #03.

HEALTH SYSTEMS CAPACITY #04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	<u>69.5</u>	<u>68.6</u>	<u>68.8</u>	<u>71.8</u>	<u>71.8</u>
Numerator	<u>78,394</u>	<u>73,819</u>	<u>71,810</u>	<u>73,451</u>	<u>73,451</u>
Denominator	<u>112,792</u>	<u>107,642</u>	<u>104,319</u>	<u>102,236</u>	<u>102,236</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2011

Field Note:

2011 Provisional data for 2011 reported from 2010 final birth file.

2. **Section Number:** Fom17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

The 2010 Vital Statistics Birth Records indicate that 71.8 percent of women aged 15 through 44 received 80 percent or more of their expected prenatal care visits as measured on the Kotelchuck Index. The mean age of women receiving their care was 28 years. There was a statistically significant difference in the mean age of mothers attending 80 percent or greater of their prenatal visits and those who attended less than 80 percent, with mean ages of 26 and 28 years, respectively and a p-value <0.0001.

A racial disparity existed among those women receiving 80 percent of their expected prenatal care, with black women being 1.2 times less likely to receive their care versus white women, with 60.9 percent of black women and 74.7 percent of white women. Hispanic women are also 1.2 times less likely to attend 80 percent of their expected prenatal visits than Non-Hispanic women.

Mothers whose delivery was paid for by Medicaid were slightly less likely to attend 80 percent or greater prenatal visits, with 66.4 percent of Medicaid mothers versus 75.6 percent of Non-Medicaid mothers.

73.5 percent of mothers with low birth weight infants received 80 percent or greater of their expected prenatal care while 71.7 percent of mothers with normal birth weight infants obtained the expected prenatal care. Mothers of very low birth weight infants were even more likely than mothers of normal birth weight infants to access 80 percent or greater prenatal care with 76.3 percent and 71.8 percent respectively. Mothers of preterm infants were slightly more likely to receive 80 percent of their expected prenatal care with 73.6 percent versus 71.5 percent of mothers of full term infants.

The Kotelchuck Index relies on the month of initiation of prenatal care as recorded within the birth certificate. In 2010 22.7 percent of births had no information recorded in this field. The large proportion of missing information affects the validity of the Kotelchuck measures and should be considered when interpreting these results.

3. **Section Number:** Fom17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data is currently not available. 2008 data has been used as an estimate for 2009.

HEALTH SYSTEMS CAPACITY #07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>83.2</u>	<u>82.8</u>	<u>83.1</u>	<u>85.1</u>	<u>85.5</u>
Numerator	<u>859,076</u>	<u>867,727</u>	<u>927,610</u>	<u>998,040</u>	<u>1,043,209</u>
Denominator	<u>1,031,971</u>	<u>1,047,368</u>	<u>1,116,396</u>	<u>1,172,407</u>	<u>1,219,609</u>

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator: The number of children age 1 to 21 years of age who were enrolled in Medicaid (Title XIX) during SFY 2011. Does not include children potentially eligible for Medicaid but not actually enrolled.

Source:

Ohio Department of Job and Family Services, Ohio Health Plans, Medstat Decision Analyst©, eligibility and claims database accessed March, 2012.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator: The number of children age 1 to 21 years of age who were enrolled in Medicaid (Title XIX) during SFY 2010. Does not include children potentially eligible for Medicaid but not actually enrolled.

2010 data is currently not available, 2009 data was used as an estimate for 2010.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator: The number of children age 1 to 21 years of age who were enrolled in Medicaid (Title XIX) during SFY 2009. Does not include children potentially eligible for Medicaid but not actually enrolled.

HEALTH SYSTEMS CAPACITY #07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	45.4	47.7	49.5	51.5	51.6
Numerator	101,048	117,878	128,399	138,620	143,186
Denominator	222,725	247,133	259,348	269,117	277,315

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5

and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

Data reflects SFY 2011 Dates of Service. The data include Medicaid (Title XIX) and SCHIP (Title XXI) Recipients who were between 6 through 9 for the entire SFY 2011.

Source:

Ohio Department of Job and Family Services, Ohio Health Plans, Medstat Decision Analyst©, eligibility and claims database accessed March, 2012.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

Data reflects SFY 2010 Dates of Service. The data include Medicaid (Title XIX) and SCHIP (Title XXI) Recipients who were between 6 through 9 for the entire SFY 2010.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Data reflects SFY 2009 dates of service. The data includes Medicaid (Title XIX) and SCHIP (Title XXI) Recipients who were between 6 through 9 for the entire SFY 2009.

HEALTH SYSTEMS CAPACITY #08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	43.9	3.5	3.5	21.6	21.6
Numerator	16,218	1,373	1,373	9,235	9,235
Denominator	36,942	38,765	38,765	42,790	42,790

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

2011 data is Provisional based on the 2010 final SSI data.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

ODH works with ODJFS to obtain the Numerator for this indicator by matching it's CSHCN data file with the SSI data file to match of BCMH clients active in Federal Fiscal Year 2011 with people receiving SSI benefits (presumably during the same time period).

The Denominator is received from the SSA website Data Table SSA/ORDP/ORES/DSSA.

Oh Department of Jobs and Family Services completed the match of BCMH clients active in Federal Fiscal Year 2011 with children receiving SSI benefits. The above data was match utilizing only the clients with social security numbers. Parents are not required to submit SSI #

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data is currently not available from our sister agency Ohio Department of Jobs and Family Services, we will finalize the data as soon as we receive verification from ODJFS.

FORM 18
 HEALTH SYSTEMS CAPACITY INDICATOR #05
 (MEDICAID AND NON-MEDICAID COMPARISON)
 STATE: OH

INDICATOR #05 Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2010	Payment source from birth certificate	10.5	7.4	8.6
b) Infant deaths per 1,000 live births	2010	Payment source from birth certificate	10.1	6	7.7
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2010	Payment source from birth certificate	65	79.7	73
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2010	Payment source from birth certificate	77.5	81.1	71.8

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
 STATE: OH

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2011	_____200_____
b) <i>Medicaid Children</i> (Age range _____1 to _____19) (Age range _____ to _____) (Age range _____ to _____)	2011	_____200_____
c) <i>Pregnant Women</i>	2011	_____200_____

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
 STATE: OH

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2011	_____200
b) <i>Medicaid Children</i> (Age range ____1 to ____19) (Age range ____ to ____) (Age range ____ to ____)	2011	_____200 _____ _____
c) <i>Pregnant Women</i>		_____

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
Data source:<http://jfs.ohio.gov/OHP/consumers/HSHFIncomeGuidelines.pdf>
2. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
SCHIP is not applicable

FORM 19
 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
 STATE: OH

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	2	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
 1 = No, the MCH agency does not have this ability.
 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
 3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
 STATE: OH

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Youth Tobacco Survey (YTS)	3	Yes

*Where:
 1 = No
 2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
 3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09B

Field Name: Other1_09B

Row Name: Other

Column Name:

Year: 2013

Field Note:

The YTS has been conducted on even years since 2000 and asks about tobacco use, beliefs, knowledge, attitudes, and exposures among youth. Analysis is provided by the tobacco epidemiologist as requested. The YTS is used in planning programs relating to youth tobacco use prevention. Data have been collected on prevalence of use of tobacco products, exposure to secondhand smoke, knowledge, attitudes, and beliefs about tobacco use, and susceptibility to tobacco use among middle and high school students since 2000. The latest available data are from 2010. In 2010, 9.4 percent of middle school students were current tobacco users, compared with 26.1 percent of high school students.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: OH

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	8.8	8.6	8.6	8.6	8.6
Numerator	13,200	12,791	12,380	12,380	11,922
Denominator	150,600	148,408	144,437	144,437	138,911

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

2011 Provisional data for 2011 reported from 2010 final birth file.

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

From the Vital Statistics Birth Records 8.6 percent of Ohio births in 2010 had a birth weight less than 2500 grams. This rate has been consistent within 0.3 percent since 2006 and shows no sign of decline. While not drastically different from the Health People 2020 goal of 7.8 percent, Ohio still has some room for improvement.

The average age of the mothers of these low birth weight (LBW) infants was 27 years. Mothers of singleton LBW infants were significantly younger than mothers of twins with LBW with a mean age of 26 and 29 respectively (p-value <0.0001). This may be indicative of older mothers utilizing artificial reproductive technology that increases the likelihood of multiple births.

Black mothers were 1.9 times more likely to have a low birth weight infant with 14 percent of all black births in 2010 being LBW versus 7.5 percent of white births. Hispanic infants were 0.9 times less likely to be of low birth weight than Non-Hispanic infants.

Medicaid recipients were 1.4 times more likely to have a low birth weight infant with 10.5 percent of births versus 7.5 percent weighing less than 2500 grams. 57.6 percent of multiple births were of low birth weight while only 6.8 percent of singleton births were of LBW. There a significant increase in low birth weight when plurality increases above 2 with 55.5 percent of twins having LBW and 93.6 percent of triplets and 95.3 percent of quadruplets being of low birth weight.

3. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data is currently not available. 2008 data was used as an estimate for 2009.

HEALTH STATUS INDICATOR #01B

The percent of live singleton births weighing less than 2,500 grams.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	7.0	6.8	6.8	6.7	6.7
Numerator	10,100	9,737	9,435	9,035	9,035
Denominator	145,307	143,173	139,365	133,897	133,897

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #01B

Field Name: HSI01B**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 Provisional data for 2011 reported from 2010 final birth file.

2. **Section Number:** Fom20_Health Status Indicator #01B

Field Name: HSI01B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Vital Statistics Birth Records indicate that in 2010 6.7 percent of all singleton births were of low birth weight, less than 2,500 grams. This has been a relatively steady rate since 2006 with a peak of 7.0 percent and the low occurring in 2010. The slight decline since 2006 is an encouraging trend that interventions and education to prevent low birth weight (LBW) prevalence.

The average age of mothers giving birth to LBW babies is 26 years and a statistically significant difference from the age of mothers with normal birth weight babies (p-value <0.0001). White mothers of LBW infants had an average age of 27 years which significantly varied from black mothers with a mean age of 25 and p value <0.0001. Black mothers are also 2.2 times more likely to have a low birth weight infant with 12.1 percent of singleton black births weighing less than 2500 grams. Hispanic mothers are less likely to have a LBW infant with 6.1 percent of Hispanic births versus 6.8 percent of Non-Hispanic births being LBW.

Singleton births covered by Medicaid were 1.7 times more likely to be of LBW than non-Medicaid births with 9.0 percent of Medicaid births being of LBW.

Gestational age and birth weight are clinically linked and this relationship is reflected in the Ohio LBW gestational age distribution. LBW infants had a mean gestational age of 34 weeks compared to a mean age of 39 weeks for normal birth weight with a p-value <0.0001. NCHS defines preterm births as those occurring prior to 37 weeks. 75.0 percent of low birth weight births in Ohio in 2010 were preterm.

3. **Section Number:** Fom20_Health Status Indicator #01B

Field Name: HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 data is currently not available. 2008 data was used as an estimate for 2009.

HEALTH STATUS INDICATOR #02A

The percent of live births weighing less than 1,500 grams

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.7	1.6	1.6	1.7	1.7
Numerator	2,550	2,393	2,368	2,342	2,342
Denominator	150,600	148,408	144,437	138,911	138,911

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Fom20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

2011 Provisional data for 2011 reported from 2010 final birth file.

2. Section Number: Fom20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Ohio Vital Statistics Birth Records indicate that 1.7 percent of births were to infants that weighed less than 1500 grams, classified as very low birth weight (VLBW). This rate has been consistent over the past 5 years within 0.1 percent. Ohio's rate in 2010 was slightly above the Healthy People 2020 goal of 1.4 percent of all births being of VLBW.

The mean age of mothers giving birth to VLBW infants was 27 years. Older and younger mothers had higher rates of VLBW births than those of intermediate ages, (2.9 percent of mothers < 15 years, 2.0 percent of 15-17 year old mothers, 1.9 percent of 18-19 year old mothers 1.7 percent of 20-24 year old mothers, 25-34 year old mother having only 1.6 percent of VLBW births, 1.9 percent of mothers aged 35-44, and 4.8 percent of mothers over the age of 45).

There was a significant difference in the age of black versus white mothers (p-value <0.0001) in which black mothers were on average of two years younger than white. Racial disparities extended to the rates of VLBW births with black mothers being 2.4 times more likely to have an infant less than 1,500 grams (3.4 percent of black births versus 1.4 percent of white births). Hispanics had lower the rates of VLBW with only 1.5 percent of Hispanics versus 1.7 percent of Non-Hispanics delivering VLBW infants.

Births paid for by Medicaid were 1.3 percent more likely to be of VLBW than births having other methods of payment.

Multiple births are a major contributing factor to the likelihood of very low birth weight births. 12.7 percent of multiple births were VLBW versus only 1.3 percent of singleton births. Twins were 8.5 times more likely to be VLBW than a singleton births.

3. Section Number: Fom20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data is currently not available. 2008 data was used as an estimate for 2009.

HEALTH STATUS INDICATOR #02B

The percent of live singleton births weighing less than 1,500 grams.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	1.3	1.2	1.2	1.3	1.3
Numerator	1,918	1,765	1,706	1,703	1,703
Denominator	145,307	143,173	139,365	133,897	133,897

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 Provisional data for 2011 reported from 2010 final birth file.

2. **Section Number:** Fom20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 Ohio Vital Statistics Birth Records indicate that 1.7 percent of births were to infants that weighed less than 1500 grams, classified as very low birth weight (VLBW). This rate has been consistent over the past 5 years within 0.1 percent. Ohio's rate in 2010 was slightly above the Healthy People 2020 goal of 1.4 percent of all births being of VLBW.

The mean age of mothers giving birth to VLBW infants was 27 years. Older and younger mothers had higher rates of VLBW births than those of intermediate ages, (2.9 percent of mothers < 15 years, 2.0 percent of 15-17 year old mothers, 1.9 percent of 18-19 year old mothers, 1.7 percent of 20-24 year old mothers, 25-34 year old mother having only 1.6 percent of VLBW births, 1.9 percent of mothers aged 35-44, and 4.8 percent of mothers over the age of 45).

There was a significant difference in the age of black versus white mothers (p-value <0.0001) in which black mothers were on average of two years younger than white. Racial disparities extended to the rates of VLBW births with black mothers being 2.4 times more likely to have an infant less than 1,500 grams (3.4 percent of black births versus 1.4 percent of white births). Hispanics had lower the rates of VLBW with only 1.5 percent of Hispanics versus 1.7 percent of Non-Hispanics delivering VLBW infants.

Births paid for by Medicaid were 1.3 percent more likely to be of VLBW than births having other methods of payment.

Multiple births are a major contributing factor to the likelihood of very low birth weight births. 12.7 percent of multiple births were VLBW versus only 1.3 percent of singleton births. Twins were 8.5 times more likely to be VLBW than a singleton births

3. **Section Number:** Fom20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 data is currently not available. 2008 data was used as an estimate for 2009.

HEALTH STATUS INDICATOR #03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	4.8	5.8	4.6	5.3	5.3
Numerator	102	122	95	111	111
Denominator	2,104,949	2,087,807	2,086,188	2,104,402	2,104,402

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 Provisional data for 2011 reported from 2010 final mortality file.

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 data is currently not available. 2008 data was used as an estimate for 2009. Numerator: 2009 VS final death file, Denominator: US Census 2009 population estimates.

HEALTH STATUS INDICATOR #03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	1.6	1.9	1.7	1.9	1.9
Numerator	33	40	36	39	39
Denominator	2,104,949	2,087,807	2,086,188	2,104,402	2,104,402

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 Provisional data for 2011 reported from 2010 final mortality file.

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 data is currently not available. 2008 data was used as an estimate for 2009.

Numerator: 2009 VS final death file, Denominator US Census 2009 population estimates

HEALTH STATUS INDICATOR #03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	19.8	16.2	13.5	15.3	15.3
Numerator	312	255	211	242	242
Denominator	1,573,926	1,571,723	1,564,951	1,586,798	1,586,798

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5

and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes1. **Section Number:** Fom20_Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 Provisional data for 2011 reported from 2010 final mortality file.

2. **Section Number:** Fom20_Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 data is currently not available. 2008 data was used as an estimate for 2009. Numerator: OH VS 2009 final death file, Denominator: US Census 2009 population estimates.

HEALTH STATUS INDICATOR #04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	184.5	179.7	157.6	82.3	82.3
Numerator	3,883	3,783	3,318	1,731	1,731
Denominator	2,104,949	2,104,949	2,104,949	2,104,402	2,104,402

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 data is provisional data from the Ohio Hospital Association from the 2011 OHA Statewide Clinical and Financial Database. All discharges with specified codes in the primary diagnosis field. All discharges with the specified codes in any of the secondary diagnosis fields. There numbers may be under-reported, not all hospitals submit E codes. Out of state E codes for Ohio children have not been included yet and should be calculated by fall of 2011.

A large children's hospital in Ohio stopped submitting E-codes to OHA in 2010, OHA believes this accounts for the large drop in cases.

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Data was provided as a courtesy by the Ohio Hospital Association Clinical and financial Database.

HEALTH STATUS INDICATOR #04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	26.1	24.2	20.8	9.9	9.9
Numerator	549	510	438	209	209
Denominator	2,104,949	2,104,949	2,104,949	2,104,402	2,104,402

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

2010 data is provisional data from the Ohio Hospital Association from the 2011 OHA Statewide Clinical and Financial Database. All discharges with specified codes in the primary diagnosis field. All discharges with the specified codes in any of the secondary diagnosis fields. There numbers may be under-reported, not all hospitals submit E codes. Out of state E codes for Ohio children have not been included yet and should be calculated by fall of 2011.

A large children's hospital in Ohio stopped submitting E-codes to OHA in 2010, OHA believes this accounts for the large drop in cases.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Data was provided as a courtesy by the Ohio Hospital Association Clinical and financial Database.

HEALTH STATUS INDICATOR #04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	108.6	91.0	84.6	144.8	144.8
Numerator	1,710	1,432	1,331	1,193	1,193
Denominator	1,573,926	1,573,926	1,573,926	823,682	823,682

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2011**Field Note:**

Provisional 2011 data is based on final 2010 data.

2. **Section Number:** Fom20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 data is provisional data from the Ohio Hospital Association from the 2011 OHA Statewide Clinical and Financial Database. All discharges with specified codes in the primary diagnosis field. All discharges with the specified codes in any of the secondary diagnosis fields. There numbers may be under-reported, not all hospitals submit E codes. Out of state E codes for Ohio children have not been included yet and should be calculated by fall of 2011.

A large children's hospital in Ohio stopped submitting E-codes to OHA in 2010, OHA believes this accounts for the large drop in cases.

3. **Section Number:** Fom20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Data was provided as a courtesy by the Ohio Hospital Association Clinical and Financial Database.

HEALTH STATUS INDICATOR #05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	36.9	38.1	39.9	38.8	38.8
Numerator	14,654	15,073	15,835	15,635	15,635
Denominator	397,127	395,164	396,980	402,707	402,707

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

Provisional 2011 data is submitted by the ODH STD Program. The data for 2011 is considered final at this time, but it may change slightly as the STD program performs additional data cleaning (duplicate reduction) or if they receive any late reports.

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

From 2008 to 2011, the number of chlamydia cases in women 15-19 years of age increased by 3.5%, from 15,112 cases to 15,635 cases. The case rate also increased by 1.6% from 38.2/1000 to 38.8/1,000.

3. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

New reporting system,

cases not equal to the # women, underreporting – not all cases reported, most case rates reported per 100,000 so will not be directly comparable to other state or CDC disease data

HEALTH STATUS INDICATOR #05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	9.8	9.8	10.8	11.7	11.7
Numerator	18,950	18,950	20,254	21,525	21,525
Denominator	1,933,670	1,933,670	1,873,632	1,832,464	1,832,464

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

Provisional 2011 data for FFY2013 is submitted by the ODH STD Program. The data for 2011 is considered final at this time, but it may change slightly as the STD Program performs additional data cleaning (duplicate reduction) or if they receive any late reports.

2. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

Numerator: ODRS (Ohio Disease Reporting System)

Denominator: US Census

From 2008 to 2011, the number of chlamydia cases in women 20-44 years of age increased by 17.2%, from 18,950 cases to 22,218 cases. The case rate increased by 23.5% from 9.8/1000 to 12.1/1000.

3. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Data provided by ODH Data Center - using 2007 census data.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OH

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	147,725	116,498	22,291	486	3,253	85	5,112	0
Children 1 through 4	591,801	463,654	92,743	2,119	12,108	416	20,761	0
Children 5 through 9	741,201	596,114	105,969	2,112	13,931	462	22,613	0
Children 10 through 14	753,156	607,600	110,247	1,799	12,256	299	20,955	0
Children 15 through 19	810,191	655,912	124,499	2,059	10,683	352	16,686	0
Children 20 through 24	754,760	619,563	109,305	2,002	11,661	330	11,899	0
Children 0 through 24	3,798,834	3,059,341	565,054	10,577	63,892	1,944	98,026	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	139,887	7,838	0
Children 1 through 4	557,191	34,610	0
Children 5 through 9	705,613	35,588	0
Children 10 through 14	724,243	28,913	0
Children 15 through 19	783,184	27,007	0
Children 20 through 24	729,860	24,900	0
Children 0 through 24	3,639,978	158,856	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OH

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	158	59	75	0	0	0	11	13
Women 15 through 17	3,699	2,093	1,178	3	10	0	198	217
Women 18 through 19	9,806	6,337	2,618	13	29	6	349	454
Women 20 through 34	108,903	83,787	16,404	117	2,462	56	1,971	4,106
Women 35 or older	16,468	13,050	1,938	20	648	7	174	631
Women of all ages	139,034	105,326	22,213	153	3,149	69	2,703	5,421

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	141	16	1
Women 15 through 17	3,394	274	31
Women 18 through 19	9,138	595	73
Women 20 through 34	103,521	4,756	629
Women 35 or older	15,702	662	104
Women of all ages	131,896	6,303	838

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OH

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,068	665	344	1	16	0	17	35
Children 1 through 4	185	133	41	0	1	0	2	8
Children 5 through 9	79	66	8	0	3	0	1	1
Children 10 through 14	107	85	16	0	2	0	2	2
Children 15 through 19	359	256	87	0	6	0	1	9
Children 20 through 24	710	541	156	1	6	0	1	5
Children 0 through 24	2,508	1,736	652	2	34	0	24	60

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	1,020	48	0
Children 1 through 4	176	9	0
Children 5 through 9	77	2	0
Children 10 through 14	103	4	0
Children 15 through 19	348	11	0
Children 20 through 24	699	11	0
Children 0 through 24	2,423	85	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OH

HSI #09A - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)

Is this data final or provisional? Final

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	6,062,356	3,057,702	2,401,929	465,097	8,213	1,896	127,519	0	2010
Percent in household headed by single parent	36.0	28.0	73.0	0.0	12.0	12.0	46.0	0.0	2010
Percent in TANF (Grant) families	100.0	56.0	41.7	0.1	0.6	0.0	1.7	0.0	2011
Number enrolled in Medicaid	1,290,426	845,423	390,072	18	10,980	253	16,269	27,411	2011
Number enrolled in SCHIP	276,618	204,676	65,655	2	3,078	55	3,077	75	2011
Number living in foster home care	21,636	11,950	7,900	31	29	8	1,482	236	2011
Number enrolled in food stamp program	839,350	529,841	290,260	654	4,971	156	13,468	0	2011
Number enrolled in WIC	227,927	149,840	60,005	814	1,690	574	13,620	1,384	2010
Rate (per 100,000) of juvenile crime arrests	72,472.0	34,713.0	33,544.0	798.0	134.0	7.0	17.0	1,361.0	2010
Percentage of high school drop-outs (grade 9 through 12)	15.7	10.7	34.7	25.7	6.2	0.0	21.7	0.0	2010

HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	2,907,748	149,954	0	2010
Percent in household headed by single parent	54.0	46.0	0.0	2010
Percent in TANF (Grant) families	94.9	5.2	0.0	2011
Number enrolled in Medicaid	1,214,694	51,032	0	2011
Number enrolled in SCHIP	255,411	11,207	0	2011
Number living in foster home care	16,939	854	3,843	2011
Number enrolled in food stamp program	802,117	37,230	3	2011
Number enrolled in WIC	206,811	19,732	1,384	2010
Rate (per 100,000) of juvenile crime arrests	68,415.0	798.0	1,361.0	2010
Percentage of high school drop-outs (grade 9 through 12)	15.2	37.3	0.0	2010

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OH

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*
 Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	2,461,867
Living in urban areas	2,461,867
Living in rural areas	605,259
Living in frontier areas	0
Total - all children 0 through 19	3,067,126

Note:
 The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OH

HSI #11 - Demographics (Poverty Levels) Percent of the State population at various levels of the federal poverty level. (Demographics)

Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	3,047,233
Percent Below: 50% of poverty	8.6
100% of poverty	18.6
200% of poverty	65.5

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OH

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>2,929,920</u>
Percent Below: 50% of poverty	<u>11.5</u>
100% of poverty	<u>21.5</u>
200% of poverty	<u>55.2</u>

FORM NOTES FOR FORM 21

Notes: Data excludes people in institutions, military group quarters, college dormitories, and unrelated children under 15 years old (typically foster children).
Data Source: 2010 American Community Survey Public Use Microdata Sample prepared by the Census Bureau. Washington, D.C.: the Bureau [producer & distributor], 2011.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2013
Field Note:
Data Source: Ohio Vital Statistics 2010 final mortality file.
Note: Some infant mortality data are calculated using a bridged race variable, but this does not provide counts for a multi-race category. Because of this difference in race classification, the number of infant deaths within each race category on this form may differ from what is provided for other race-specific infant mortality indicators. However, the total number of infant deaths is the same across all indicators.
2. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
Data Source: Ohio Vital Statistics 2010 final mortality file.
Note: Some infant mortality data are calculated using a bridged race variable, but this does not provide counts for a multi-race category. Because of this difference in race classification, the number of infant deaths within each race category on this form may differ from what is provided for other race-specific infant mortality indicators. However, the total number of infant deaths is the same across all indicators.
3. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2013
Field Note:
Data Source: Ohio Vital Statistics 2010 final mortality file.
Note: Some infant mortality data are calculated using a bridged race variable, but this does not provide counts for a multi-race category. Because of this difference in race classification, the number of infant deaths within each race category on this form may differ from what is provided for other race-specific infant mortality indicators. However, the total number of infant deaths is the same across all indicators.
4. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2013
Field Note:
Data Source: Ohio Vital Statistics 2010 final mortality file.
Note: Some infant mortality data are calculated using a bridged race variable, but this does not provide counts for a multi-race category. Because of this difference in race classification, the number of infant deaths within each race category on this form may differ from what is provided for other race-specific infant mortality indicators. However, the total number of infant deaths is the same across all indicators.
5. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2013
Field Note:
Data Source: Ohio Vital Statistics 2010 final mortality file.
Note: Some infant mortality data are calculated using a bridged race variable, but this does not provide counts for a multi-race category. Because of this difference in race classification, the number of infant deaths within each race category on this form may differ from what is provided for other race-specific infant mortality indicators. However, the total number of infant deaths is the same across all indicators.
6. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2013
Field Note:
Data Source: Ohio Vital Statistics 2010 final mortality file.
Note: Some infant mortality data are calculated using a bridged race variable, but this does not provide counts for a multi-race category. Because of this difference in race classification, the number of infant deaths within each race category on this form may differ from what is provided for other race-specific infant mortality indicators. However, the total number of infant deaths is the same across all indicators.
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2013
Field Note:
Data source: <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=107>
8. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2013
Field Note:
Please Note: the OH Department of Youth Services collects arrest data to determine the number of juveniles, by race, who have contact with law enforcement officers. However, please note that this is not official arrest data and it is not a complete representation of Ohio arrests. DYS polled 775 police agencies and got data responses from 580.

You will also notice that the total does not add up, this is because some agencies that could not report by race gave a total only.

9. **Section Number:** Form21_Indicator 09A

Field Name: HSI Race_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2013

Field Note:

Please note the OH Department of Education no longer calculates a high school dropout rate. ODE recognizes that students who leave high school can and do sometimes return and complete their degree. Therefore, a dropout rate calculation would not, in fact, measure what we typically believe it measures.

Rather than calculate a dropout rate ODE currently calculates an on-time graduation rate. The current on-time graduation rate calculation is: $(\text{On-time Graduates}) / ((\text{On-time Graduates} + \text{Not on Time Graduates}) + \text{Dropouts for the Class of YYYY} - \text{Returns for the Class of YYYY})$

Data users can subtract the on-time graduation rate from 100% to arrive at a proxy measure of those students who do not complete high school on time.

ODE has provided the 2009-2010 graduation rate data. The 2010-2011 graduation rate data is not considered official/final until it is released on the 2011-2012 Local Report Cards in August 2012.

10. **Section Number:** Form21_Indicator 10

Field Name: Urban

Row Name: Living in urban areas

Column Name:

Year: 2013

Field Note:

The OH Department of Development has not received detailed information on urban and rural populations from the 2010 Census. (Both metropolitan and non-metropolitan areas can have urban and rural components in Census data.) They expect to receive this information in late Fall.