

## **AMCHP 2007 ANNUAL CONFERENCE**

### **HEALTHY COMMUNITIES**

March 3rd to 7th, 2007

#### **Title V: Helping to Shape Healthy Communities**

JAMES BRYANT: I'm Jim Bryant. I'm a pediatrician and I'm the Title V Children's Special Health Care Needs Director in Ohio. I'm also—I still practice pediatrics one to one and a half days a week when I'm not off in Washington or doing something else. And I think this is a very exciting session you have today and I'm going to have to hurry because you have a ton of stuff that is in this session. I think I just dropped my time keeper.

What I'm going to run through very rapidly today is what Title V is in Ohio. Title V is different in every state. And the way Title V runs is somewhat different in every state but every state does have a children's special health care needs director and an MCH director for Title V. And every state has a Block Grant. And every state needs to have a lot of parental input into the Block Grant. The Block Grant is what we work off of in the state. The needs assessment is key to saying what we're going to do for the next five years. And every year we do a work plan for each of the profiles that we do. So it's really important that you get involved as much as you can in a Block Grant. It's really key.

That's interesting. I think these are out of—okay. These are way out of order. I tell you, I'm—I don't know whether I can get these in order or not. I'm going to run all the way through them and they may be backwards. That may be it.

UNKNOWN SPEAKER: Well this will be a challenge for us on an early Sunday morning.

JAMES BRYANT: I don't think it's going to work. You guys have you handouts. We'll work off the handouts. I did put handouts in each of your folders there. So I'm going to look at mine and I'll let you look at yours.

In the Department of Health in Ohio, Title V runs out of the Department of Health. We just got a new health director, we're getting one in April. Dr. Jackson is a community health physician and will be our new director in April. Dr. Jackson doesn't know much about Title V. He's just coming out of a community health center. He knows a little bit, but he's got a lot to learn and that's one of our jobs as parents and as Title V directors is to be some continuity when it comes to Title V. We have an acting director Hani Atrash right now.

At the Department of Health in Ohio we have planning. The government always does planning. We're really good about planning. We don't involve other people in planning as much as we should. And we have a public health plan that looks at community needs, capacity, leadership and we try to get in children's special

health care needs as much parent involvement in that as we can. But in most states, and we don't do it as well as we should.

I now have a nice picture of a little Amish girl. So imagine that picture. You saw it go by very quickly there. Ohio has the largest Amish population of any state in the country. We have more Amish than Pennsylvania where you always hear about the Amish. We have more Amish than Indiana that has a lot of Amish. And one of our challenges in Ohio is how we can deal—work with the Amish population to meet their needs. And the last 10 years we do have a very good working relationship.

We've had some big stumbling blocks the last couple of years from government which gets in the way, but we do—we go out and meet with the Amish. We bring the—some of the—contrary to the opinion you will see where the male rules the roost in the Amish house, it's not true. The male speaks, but the rulers of the house, as in most homes, are the women. And we do a lot of outreach to the women in the Amish community and they're much more open to talking to us.

In Ohio we have 88 counties and over 100—we have 132 health departments in Ohio. We work through health departments. And in many states that's the way your Title V on the ground, the last portion will be the health department. The health departments do immunizations. They have sanitation people, restaurant inspectors. I just heard on the news the Hilton was closed around here because

of Norwalk virus. That's the health department that comes in and closes things like that. For us, they have nursing services and a key use that we have of the health departments in Ohio is the public health nurse working with families. And it's a really key link in Ohio.

We have a big emphasis in Ohio, as in all states and I think we need to get parents more involved in this, in planning for catastrophes. There are several sessions at the meeting this next couple of days on special populations need to be in the planning process. They don't need to be planned for, they need to be in the planning process when we talk about catastrophes and pan flu. And we're working on that in Ohio. And I think our sessions here show that the AMCHP is interested in working on that.

In Ohio we have several divisions in our department of health. We have something called the Division of Prevention and most of our pan flu activities come out of that because those are paid off of what they call CDC grants and HRSA grants. We have fought and fought and fought to get at the table with that and we're at the table, which is good.

They also run the state lab and do the metabolic testing, so we have to work with them to make sure that we get follow-up for that metabolic testing the way we want it to be done. And they run the immunization program but we run the public health nurses. So we make sure that immunizations get done.

Then we have a Division of Quality and it's mostly our regulatory division. If you have nursing homes and if you have long-term facilities, that's usually where the Division of Quality runs but that touches over into Title V in some ways. So we have to know everybody in the Division of Quality too.

You saw the pyramid. The pyramid has been our gold standard and everything that we look at for the last 10 or 15 years has had to fit into that pyramid. From a parent's standpoint, that top part of the pyramid is very, very important because that top part is direct services. And direct services are whether you get your wheelchair—children with special health care needs thoughts it's whether you get your wheelchair or whether you'll get your special formula, whether you get your medications, whether you get to your doctors, do you get your immunizations.

The emphasis at the federal level is on us building systems. So the bottom of the pyramid is big and broad and it's building systems. But Peter Van Dych showed us a slide yesterday and as yet the 54%--it was about 54-55% of the MCH funds are going to the top of the pyramid off of the Maternal and Child Health Block Grant. So the top of the pyramid is actually bigger than the bottom of the pyramid at the present time, but there's also tension around what's bigger on that.

The Block Grant—the performance measures are key and I said that earlier, but for—I'm a children with special health care needs guy so for children with special

health care needs, we have six performance measures and they're outlined here. I'm not going to read them. But they deal with families and they deal with children with special health care needs.

And every year we sit down and we make a plan on what we're going to do to meet that performance measure and what we're going to report to the MCH Bureau when we go to be reviewed. And every program goes every year for a yearly review and they tell us whether we're doing good or whether we're doing bad. And parents are really important in that review process. So I'm going to skip through—but I put all of the performance measures in your handouts. Make sure I don't miss something there, okay.

In Ohio and I think the main goal legislatively of AMCHP for several years has been to increase funding to the Maternal and Child Health Block Grant. We have been worse than stagnant. We actually have had decreased funding in that Maternal and Child Health Block Grant, which goes across all of these things and helps pay for a lot of things that pull systems together.

In Ohio we had a high around 2000, 2002 of almost \$25 million in our Maternal and Child Health Block Grant award. And this last year it was \$22.5 million. So the goals as you go to the Hill the next few days and talk to your legislators will be that we would like to have increased funding in the Maternal and Child Health

Block Grant and how important it is to get that funding increased. It's important for me at the state level so that I can get more funds to do more.

We did survey—and this slide came up several times—local agencies. We survey local agencies. We talk with lot of people in the needs assessment process. In Ohio the top priorities in local agencies the last time we surveyed was access to care, low birth weight, teen sex and its consequences. Title V goes across—it's more than children with special health care needs, I have to remember that all the time. Obesity, big across the country. Oral health, huge. And neonatal mortality, tobacco use—we just passed a statewide tobacco ban in Ohio. Wonderful, that's good. Gaps in children with special health care needs services, this has come up for the last 10 years when we do our special health care needs assessment. There are gaps that need to be filled to make sure that services for our children get there.

In Ohio our Title V children with special health care needs program is called the Bureau for Children with Medical Handicaps. And we have had funding issues. So we've got on the top 10 here as one of the issues and that was good. It keeps us in the forefront. Mental health, huge—huge mental health needs. A lot of our—everyone has mental health needs at some time in their life and how we take care of those is huge. There are outcome measures. There's one state outcome measure that each state can develop for itself. The development of the

measures, you need to be at the table. You need to be there to help develop these measures.

Title V in Ohio is in—this is all bureaucratic so it's in the Bureau of Family and Community Health Services. Karen Hughes is our bureau chief. We have chiefs. Strange nomenclature I want to say. We have seven bureaus and I'm going to skip through the bureaus fairly fast. We have the Bureau of Nutrition and Services. In your state that would be WIC and in Ohio WIC, Women and Infant feeding program is our Bureau of Nutrition Services in Ohio.

WIC is hugely important. It touches many, many lives and we are now doing lead screening at WIC clinics as well as doing the hemoglobins at WIC clinics. We're talking about immunizations at WIC clinics. It's just a huge and important program.

Then we have a Bureau of Child and Family Health Services which sounds like our division name. It has to do with family planning. It has to do with immunizations. It has to do with hearing and vision screening. Medical specialty clinics are in that bureau.

The PRAMS, you'll hear about PRAMS. PRAMS is the pregnancy risk assessment monitoring system which is a phone questionnaire that most states

do. We have some special programs called Saved our Sight in Ohio and our SIDS prevention program.

We have a Bureau of Oral Health Services. Oral health, there's huge needs when it comes to oral health. We've done some really exciting things in Ohio. We have a fluoride rinse program. We have a sealant program. We try to touch special populations and get them involved in this.

We also have—in our division we have the Bureau of Early Intervention. That isn't the same in all states. In some states Part C of early intervention is in education and in Ohio we're real lucky that it's in health and I think we can—it works much better because it's in health. And we in our special health care needs section have partnered with them so that children with medical needs get a service coordinator who has medical expertise and can help them, usually a public health nurse. And we have really increased our Child Find in Ohio by that partnership that we've done and it's very, very important.

Universal Newborn Hearing Screening is out of—in Ohio is out of the Bureau of Early Intervention and not luckily but through hard work we have a state law and we are now screening every baby and we're looking at how you make sure that you don't miss a child who loses his or her hearing at six months or eight months of age and how you continually look at hearing and hearing screening. I'm going to skip through some of this.

We have a Bureau of Community Health Services and Systems Development. This bureau deals with really important things and we tie into it very closely. It deals with adolescent health. It deals with AIDS. It deals with community health centers. There's a huge emphasis now and money is going in to community health centers. It's a really important partner in what we do. Migrant health, we have a lot of migrant health in Ohio. You know if I weren't from Ohio I'd be surprised. But we do have a lot of migrants that come in and do a lot of farm labor in Ohio.

Once you get into this you'll hear about health professional shortage areas. We tie into that because we actually recruit—we're part of the recruitment—we recruit physicians who care for children with special health care needs into rural areas and into urban areas where there are these shortages of physicians. And we tie into that recruitment effort. And we tie into rural health. We're a very rural state. And we have a huge school health program and are working very closely with school nurses.

We have some special initiatives. We recognize schools if they provide the education—no, this is the WIC one. For WIC we have Healthy Heroes where we really push the healthy activities and healthy growth. For Buckheit Best we recognize schools if they promote health activities and we give them a little

plaque and they like that. We have our Save our Sight program and an initiative to decrease infant mortality.

We've done a lot with dentistry. Just this last year we passed a law so that physicians and nurse practitioners can apply a fluoride—it's not a rinse, but a fluoride coating to children zero to three in the Medicaid program and get paid for doing that as well as continue to recruit more dentists into the program. We have an open mouth survey for third graders in Ohio and it's a survey where we actually go in and look—the nurses in the schools look in the children's mouth and assess how we're doing with their dental care at that age.

We've added this last year a BMI to that so that we—for the first year we have data. We don't directly give this back to the persons because there's controversy about that and how you deal with it, but we do have a population based data for third graders on where BMIs are. And that's really important as we move forward. We tried to get some population. We tried to work on a population level.

I work for the—I run the Bureau for Children and Medical Handicaps and with the children's special health care needs program. I put some of the legislation and Betsy already talked about that. There's some really important things like the Katie Beckett waivers and the Zebley decisions that affect children with special health care needs and we can talk about that forever, but we won't.

My bureau luckily has many funding sources and I think that's very good for us. And the Block Grant is one of our funding sources. It's about a quarter of our funding. But we also get general revenue funds so we have to go to the legislator every two years because we run a biennium in Ohio and ask for funds from them. We get county funds for services we provide for children in a county. So we have a very close connection to county health departments and the county commissioners who give us those funds.

And we also have a fairly large donation fund in Ohio which is not unique, but it's really special and it gives us the ability to use money in different ways that aren't tied to the other funding sources. And the Amish have been very generous and other persons who are served by the program have given donations back and we use those donations to help future children.

We have three programs. We have a diagnostic program. Most states' Title V programs, children with special health care needs programs, will have a diagnostic component. And in most states there's no financial eligibility for that component. It's a really important component to find children with special health care needs and get them assessed and to get a treatment plan for them. And it's a really key part of children with special health care need programs.

We have a large service coordination program using public health nurses and nurses at hospitals. We are unique in Ohio in that we have six children's

hospitals in Ohio and they're pretty well located around the state geographically. It's a blessing and a curse because I get to work with six children's hospital as well and they don't work that well together sometimes. But it's good to have the resources there.

And we have a treatment program. And in Ohio we have financial eligibility criteria for a treatment program and we have about 22,000 children right now who are on our treatment program. And we actually pay for services that they receive that aren't paid by another source.

In the children with special health care needs programs, we have a genetic section, we have newborn screening, we've just added cystic fibrosis to our newborn screening panel and we continue to expand our newborn screening panel. We are working very hard on follow-up. Newborn screening is a wonderful thing, but if you screen you need to get those children connected to services soon and get it done. And so nationally follow-up is a huge thing.

So we are looking at birth surveillance, screening and tying—in Ohio we call it Ohio Connection for Children with Special Health Needs, tying them to services. I had a great picture.

UNKNOWN SPEAKER: Imagine it.

JAMES BRYANT: Imagine it. Actually, no I don't—it's over here. I had this gentleman and his son and I'm not sure what they were looking at but it's a great picture.

We base what we do in the Children with Special Health Care Needs and in Title V on the principals of family centered care. And Betsy mentioned this. It's key to what we do and it's key that you as parents be involved. It's key to the medical home.

I'm not going to say everything on these slides, but I'm going to say that parent involvement and family centered care is very, very important. And what you're going to hear today and how you get involved will make that work. And it's—I can't say how important it is. There are many advisory councils in most states. Get involved in those councils. We have a parent advisory council. We have a youth advisory council. We have medical councils. But we have parents involved in all those councils too. We don't just have the professionals. It needs to be that partnership. And that partnership is key.

So I'm going to leave you with that. That Title V touches a lot of different areas. It ties into Medicaid, it ties into all these other things. You need to be involved. The Block Grant is a great way to be involved. Needs assessment, Block Grant, advisory councils and we invite you to be involved as much as possible at the state level on that.

