

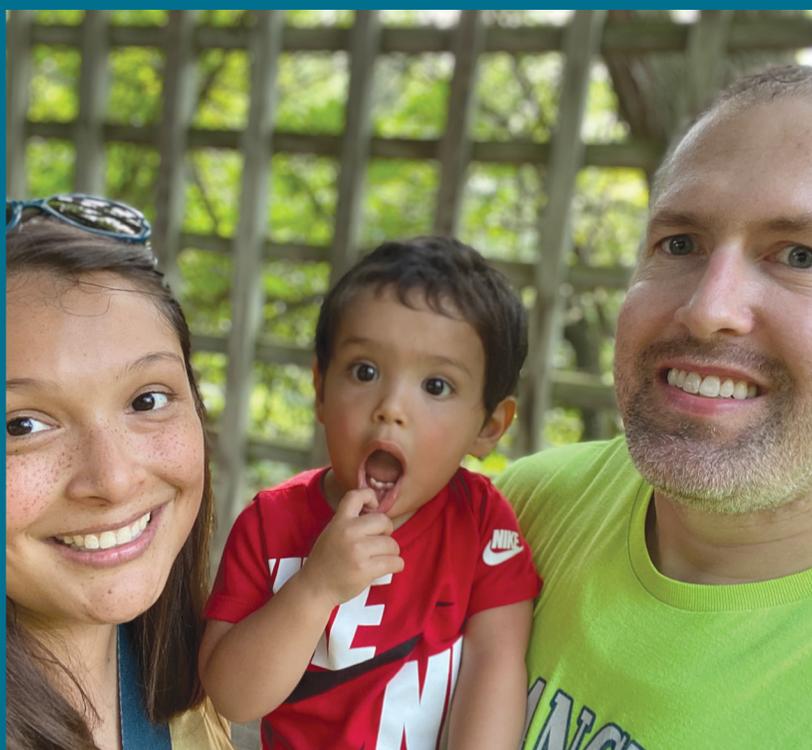


FAMILY PROFILE

Lupe Bright
Franklin County



“When someone tells you that you could have a stillborn baby, you don’t really hear anything they say afterwards,” says Lupe, the former teacher and school and medical interpreter.



LUPE'S STORY



Lupe Bright was pregnant during COVID-19. Previous medical issues meant she was high-risk.

"When someone tells you that you could have a stillborn baby, you don't really hear anything they say afterwards," says the former teacher and school and medical interpreter.

Her search for medical specialists, particularly a mental health counselor for anxiety, was challenging, made worse by the pandemic. Only after she contacted Moms2B, an initiative that serves high-risk pregnant women, did she get the appointments she needed.

"They reached out to the hospital, and within less than a week, I was seeing the experts that I needed to see," says Lupe, 31.

Because her son was born premature, Lupe quickly realized he would need early intervention services. She reached out to Help Me Grow, but was denied services after a virtual assessment. When she and her husband appealed, a second assessment in-person revealed their child had torticollis, a neck condition that requires physical therapy, makes it difficult for infants to eat, and can cause eye issues.

"If I hadn't advocated for him, I'm not sure he would have gotten access to Help Me Grow," Lupe says.

Today her son is doing well, though he's still receiving multiple kinds of therapy.

"He still has some minor things to work on, but my son's doing great...that's because we have been able to get him resources."

Getting treatment – physical, occupational, and feeding therapy – hasn't been easy, says Lupe. "We wait for pretty much every service."

Pregnant with her second son and working on her doctorate in education policy and leadership, Lupe is grateful she doesn't have to work outside the home. "If I were to work, then the therapy hours that are available get shorter, and his therapy waitlists get longer."

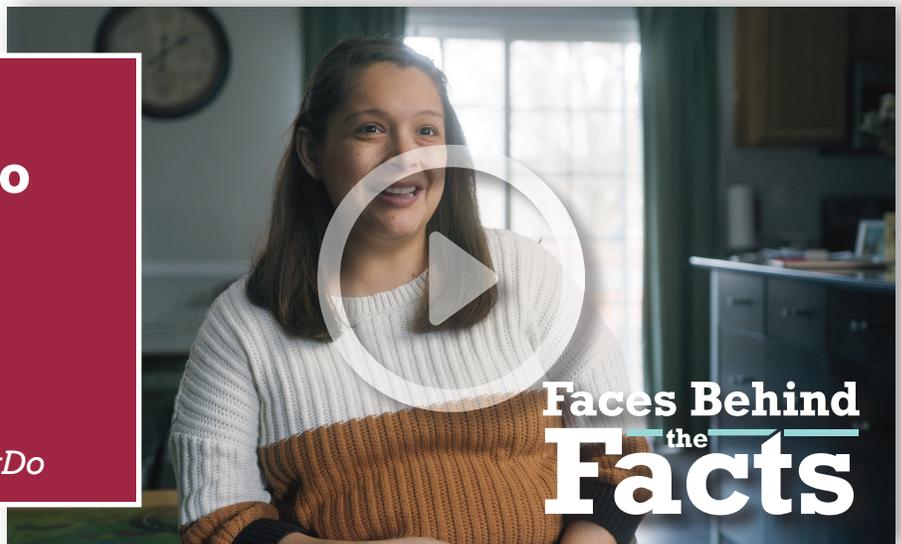
Lupe believes her son, who is 18 months old, would not be walking, eating, speaking, and tracking properly with his eyes but for Help Me Grow.

"I'm educated in the education system...but not within the health care system. It's a very different world," she says.

**Watch
Lupe's Video**



→ youtu.be/6ozsGJoigDo

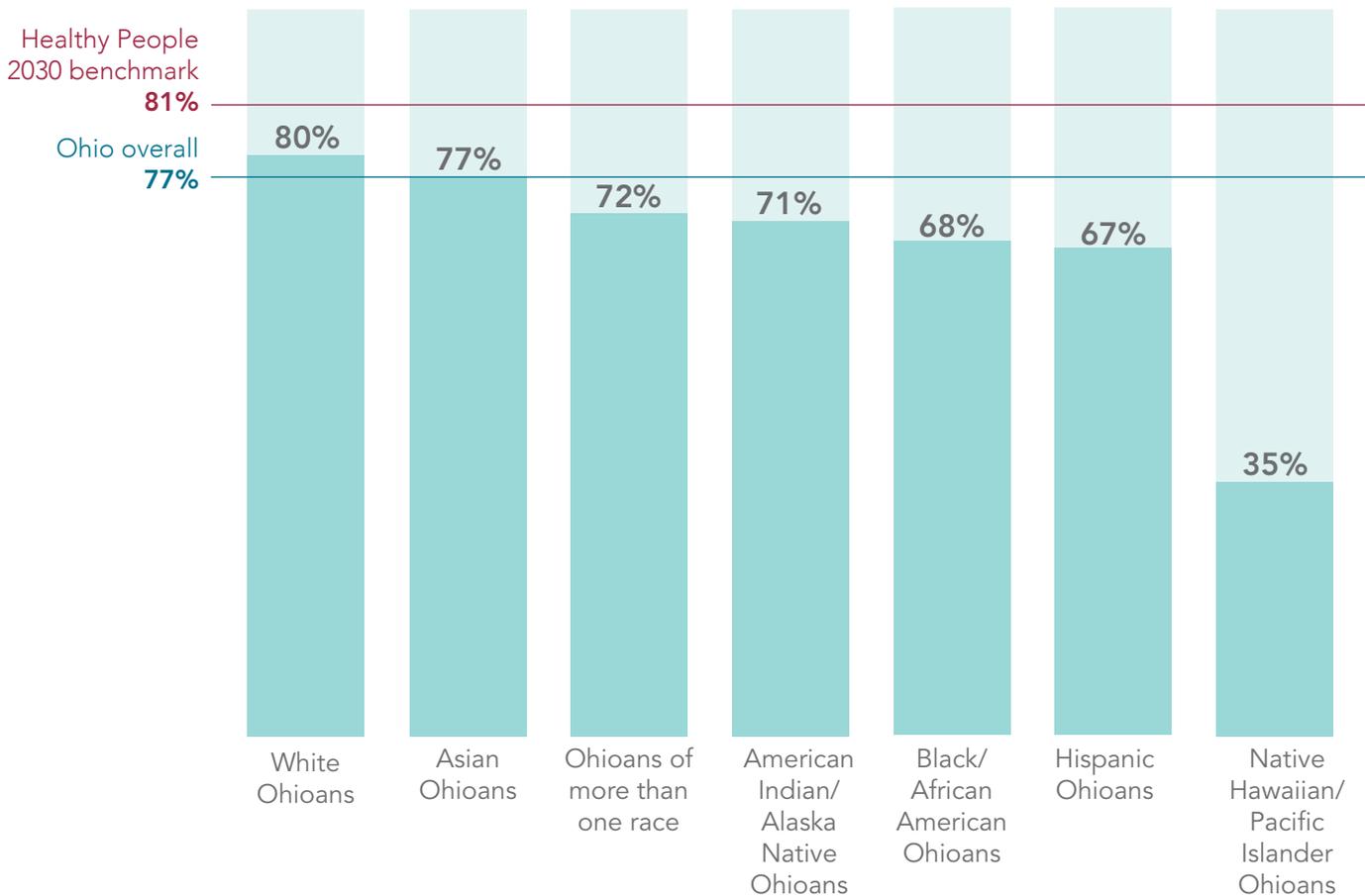




Quality, timely, and accessible health care is necessary to build a strong foundation for young children in Ohio. Quality health care before birth and throughout early childhood can ensure healthy development for Ohio’s children and prevent harmful and costly health conditions. A stable source of quality health care during the prenatal, infant, and toddler periods contributes to positive outcomes for children and allows for better mental and physical health into adulthood.⁶

Prenatal and postpartum care: What does the data tell us?

Only three-quarters of pregnant women in Ohio **received prenatal care in the first trimester of pregnancy** in 2020. Pregnant women of color in Ohio were much more likely to experience delays in care.

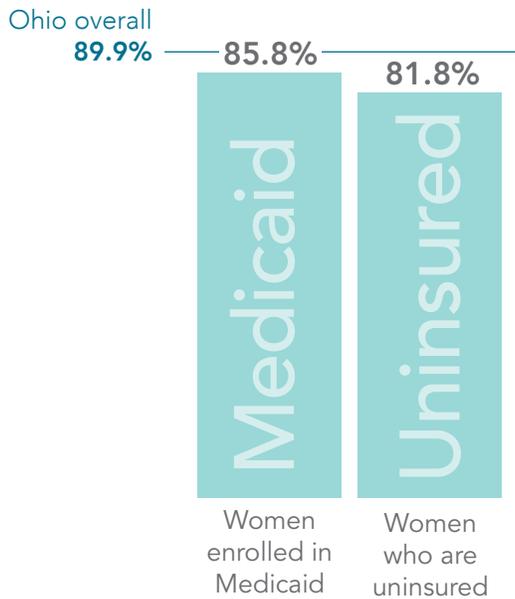


Note: Where not specified, all racial categories listed above are non-Hispanic
Source: Centers for Disease Control and Prevention (2020)



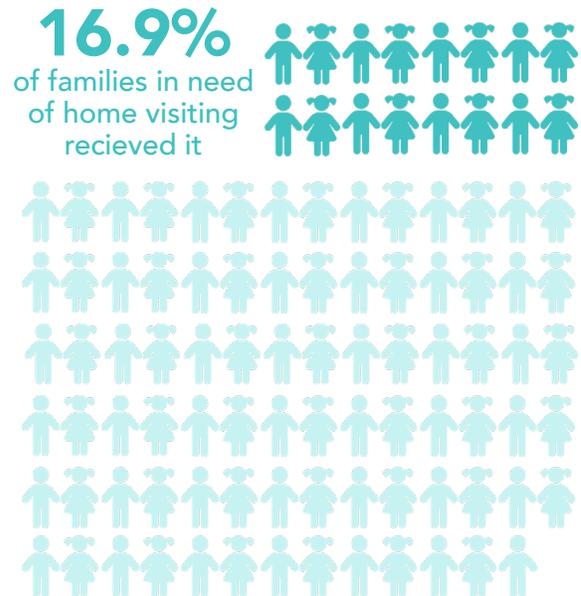
Women who are **enrolled in Medicaid or uninsured** were less likely to have a medical appointment after giving birth than other Ohio women in 2020.

Percent of women with a live birth who had a postpartum visit (2020)



Source: Ohio Pregnancy Assessment Survey (2020)

Although 10,707 Ohio families were enrolled in home visiting programs in 2021, **many more families are in need**. In 2019, only 17% of families who needed home visiting services received them.



Note: Home visiting data is from evidence-based home visiting programs funded by the Ohio Departments of Health and Medicaid, but there are other models throughout the state.

Sources: Ohio Child Care Resource & Referral Association (2021) and Ohio Department of Health (2019)

In general families are eligible for a least one evidence-based home visiting program if they have a child under age 6 or are pregnant, and are living in poverty (child age and family income cutoffs differ by home visiting program). There are many barriers that limit family access to home visiting, including program eligibility requirements, funding limitations, and provider capacity.⁷



Ohio's performance

| | Most recent | Trend | Ohio compared to U.S. |
|--|---------------------------------------|-----------|-----------------------|
| Prenatal and postpartum care | | | |
| ◆ Timely prenatal care. Percent of women who began prenatal care in the first trimester of pregnancy | 76.8% (2020) | No change | Same |
| American Indian or Alaska Native, non-Hispanic women | Moderate disparity (most-recent year) | | |
| Black or African American, non-Hispanic women | Moderate disparity (most-recent year) | | |
| Hispanic women | Moderate disparity (most-recent year) | | |
| Multiracial, non-Hispanic women | Moderate disparity (most-recent year) | | |
| Native Hawaiian or Other Pacific Islander, non-Hispanic women | Large disparity (most-recent year) | | |
| ◆ Postpartum care. Percent of women with a live birth who had a postpartum visit | 89.9% (2020) | No change | N/A |
| Women enrolled in Medicaid | Moderate disparity (most-recent year) | | |
| Women who are uninsured | Moderate disparity (most-recent year) | | |
| ◆ Postpartum depression screening. Percent of women with a live birth and a postpartum visit, who had a provider ask if they were feeling down or depressed | 89.3% (2020) | No change | N/A |

For additional information on the data and analysis, see the data appendix.

◆ = disaggregated data is available. Only groups with moderate or large disparities are displayed (see data appendix for all disaggregated data)

| | Most recent | Trend | Ohio compared to U.S. |
|--|----------------------|----------|-----------------------|
| Home visiting | | | |
| 🇺🇸 Home visiting needs met. Percent of families in need of home visiting who received home visiting services through Ohio Departments of Health (ODH)- and Medicaid (ODM)-funded home visiting programs | 16.9% (FY 2019) | N/A | N/A |
| 🇺🇸 Home visiting, households enrolled. Number of households enrolled in evidence-based home visiting programs funded by the Ohio Departments of Health (ODH) and Medicaid (ODM) | 10,707 (FFY 2021) | Improved | N/A |

For additional information on the data and analysis, see the data appendix.

🇺🇸 = data provided by a state agency (Ohio only)



Access to pediatric care: What does the data tell us?

Fewer than 62% of Ohio children enrolled in a Medicaid managed care plan **received the recommended number of well-child visits** in the first 15 months of life in 2020. There has been very little improvement in Ohio’s performance on recommended well-child visits compared to 2017.



Source: Centers for Medicare and Medicaid Services, Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP

Ohio’s performance

| | Most recent | Trend | Ohio compared to U.S. |
|--|----------------------|-----------|-----------------------|
| Access to pediatric care | | | |
| Preventive medical care. Percent of children, ages 0-5, who had a preventive medical care visit in the past 12 months | 87.1% (2019-2020) | No change | Same |
| Well-child visits. Percent of children enrolled in a Medicaid managed care plan with six or more well-child visits in the first 15 months of life | 61.6% (FFY 2020) | No change | Same |
| Unmet dental care needs. Percent of children, ages 0-5, who had unmet dental care needs | 3.3% (2019) | No change | N/A |

For additional information on the data and analysis, see the data appendix.



Healthcare quality and workforce: What does the data tell us?

Many young children in Ohio are at risk of **lead exposure in their homes**, but only a small portion receive a blood lead test.

21.2% of eligible 0-5 year olds enrolled in Medicaid received a lead test in FY 2021



67% of Ohio homes were built prior to 1980, when lead-based paint was banned



Source: Ohio Department of Medicaid and the Ohio Healthy Homes Network

Young children can be exposed to lead through contact with contaminated paint, toys, soil, or water. Poorly maintained or older homes pose increased risk of exposure to lead, and even small amounts of lead exposure in early childhood can lead to delayed development, harm to the brain, learning and behavior challenges, and speech and hearing problems.⁸

Pediatricians are critical providers for young children. While Ohio has more general practice pediatricians than most other states, ranking 10th in the nation, **there are still 17 rural Ohio counties with no pediatricians**. Refer to this [interactive map](https://www.abp.org/dashboards/general-pediatricians-us-state-and-county-maps)* from the American Board of Pediatrics for more information.

*<https://www.abp.org/dashboards/general-pediatricians-us-state-and-county-maps>



Ohio's performance

| | Most recent | Trend | Ohio compared to U.S. |
|---|--------------------|-----------|-----------------------|
| Healthcare quality and workforce | | | |
| Immunizations, toddlers. Percent of children, ages 19-35 months, who received all recommended doses of seven key vaccines | 73% (2020) | Improved | Same |
| Blood lead test. Percent of Medicaid enrollees, ages 0-5, who received a screening blood lead level test | 21.2% (FY 2021) | No change | N/A |
|  Mental health service providers. Number of credentialed mental health service providers who serve children, ages 0-5, per 10,000 children. | 6.4 (2020-2022) | N/A | N/A |

For additional information on the data and analysis, see the data appendix.

 = data provided by a state agency (Ohio only)