

Information Sharing in the WIC Program



Department of Health

Women, Infants, and Children Program (WIC)

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The WIC program works with many other programs to help meet the needs of applicants and participants and meet the Ohio Department of Health's (ODH) mission to protect and improve the health of all Ohioans. Some of your information may be shared with other programs to help with outreach; eligibility; and improving health, education, and well-being for your family and Ohio's families. Information that may be shared includes name, address, telephone number, income, date of birth, shots received or due, height, weight, blood screening values, health history, medical, and nutrition status. A signed agreement with these programs is in place to ensure that confidentiality of your information is maintained. The programs that WIC works with and shares information with are listed and described in this brochure.

Child Fatality Review Boards (CFR)

CFR Boards review the deaths of all children under 18 years of age to gain a better understanding of how to reduce the incidence of preventable child deaths. To accomplish this, local review boards promote cooperation, collaboration, and communication between groups that serve families and children; collect data from birth and death certificates, hospital records, doctors' offices, and other sources to conduct child death review; and recommend and develop plans for implementing local service and program changes. The Ohio Department of Health maintains a confidential database of CFR case information to develop an understanding of the causes and incidence of those deaths and uses aggregate data to identify trends and patterns found in child deaths.

Fetal Infant Mortality Review (FIMR) Boards

FIMR is a community-based, action-oriented process that continually assesses the causes of fetal and infant death and works to improve infant outcomes and provide resources for women, infants, and families. It brings together a team of community members to examine the factors that affect infant mortality. The FIMR process begins when a fetal or infant death has occurred. The FIMR staff collects data from birth and death certificates, hospital records, doctor's offices, and other sources. A unique feature of FIMR is the maternal or family interview. The interview provides the family an opportunity to share their experiences and have their voice heard in the community. The information gathered from medical records and family interviews is de-identified to protect the confidentiality of family members and service providers.



Healthy Start and Healthy Families

The Healthy Start and Healthy Families programs offer free or low-cost health coverage to families, children (up to age 19) and pregnant women. Certain young adults meeting specific criteria may be covered up to age 21. Coverage includes: doctor visits, hospital care, pregnancy related services, prescriptions, vision, dental, substance abuse treatment, mental health services, and much more. These are important health care services that your family needs to stay healthy and strong. Healthy Start and Healthy Families are Medicaid programs administered by the Ohio Department of Medicaid. For more information, please call 1-800-324-8680 or visit.<u>Medicaid.ohio.gov</u>.

Infant Hearing Program

The Infant Hearing Program is Ohio's Early Hearing Detection and Intervention Program. The program ensures that all babies born in Ohio are screened for hearing loss, receive timely diagnosis of hearing loss, and receive quality early intervention services. The Infant Hearing Program also provides follow up coordination for tracking and surveillance of babies that need timely diagnosis after non-pass hearing screening results.

Lead Poisoning Prevention Program

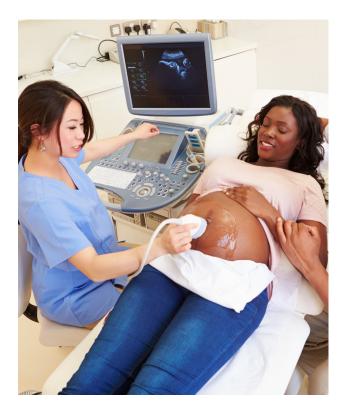
The Ohio Healthy Homes and Lead Poisoning Prevention Program provides public and professional education about prevention and testing for exposure to lead from paint, soil, and water; investigates childhood lead exposure; and provides case management services for children. The program addresses the needs of children at risk for and identified with lead-poisoning by assessing the environmental risks and making their homes leadsafe. The program recognizes that children under the age of 36 months are at greatest risk for lead poisoning

and requires these children receive a blood lead test at ages one and two. The program is responsible for childhood lead poisoning-prevention efforts in Ohio.



Ohio Institute for Equity in Birth Outcomes

The Ohio Institute for Equity in Birth Outcomes, or Ohio Equity Institute (OEI), is a collaboration between the Ohio Department of Health and local partners to address racial disparities in birth outcomes. Data is used to target areas for outreach and services in the nine counties with the largest disparities to ensure that the program addresses the biggest drivers of infant mortality and the population most at risk for poor birth outcomes. Local entities are charged with implementing local community health workers, known as Neighborhood Navigators, to identify and connect a portion of each county's priority prenatal population to clinical and social services.



Ohio WIC and Ohio Birth Certificate Linkage

Ohio WIC data may be linked with Ohio Birth Certificate data to help study health **and** social factors determining and influencing the frequency and distribution of disease, injury, and other health-related events and their causes. Linking this data would permit ODH to follow children receiving WIC services from prenatal care of their mothers through birth and age four. This will help WIC and ODH programs to expand their ability to better target areas of need during early development of children in Ohio. Through data review and reporting study results, all personal identifying information is removed with only overall data presented.

Pregnancy Associated Mortality Review (PAMR)

The PAMR program reviews the deaths of all women in Ohio who were pregnant or pregnant within one year of their death. Medical, social service, and police records are often requested, and the information obtained from these records is de-identified, summarized, and presented to a review team. The focus of the team is to identify systemic factors that contributed to the deaths of these women. From the insight gained through these reviews, the team recommends steps to reduce these types of deaths in the future.



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