

Shared Vision: What's Ahead in Public Health

2025 AOHC Fall Conference
Tuesday, Sept. 23, 2025

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Objectives

- Attendees will be able to identify and discuss pressing public health challenges across the lifespan – from maternal and child health to aging populations.
- Attendees will learn about emerging or persistent public health threats that impact health outcomes.
- Attendees will engage in collaborative dialogue to explore shared priorities and potential strategies for addressing complex public health issues.

Key Focus Areas

Infectious Disease Concerns

- Rabies.
- Tickborne Diseases.
- Decreasing Immunization Rates.

Maternal Child and Family Health

- Behavioral Health and Pediatric Mental Health.
- Maternal Healthcare.
- Healthy Eating and Active Living and Food Insecurity.



Healthcare Provider Rabies Consultations

The Ohio Department of Health's (ODH) Zoonotic Disease Program provides a rabies hotline.

- Frequent calls from the public where they were given incorrect guidance.
 - Clinician denied rabies post-exposure prophylaxis for exposures.
 - “Come back when you have symptoms, and we will start you on antibiotics”.



Delayed or Missed Human Rabies Diagnoses

- Most clinicians in the United States have never seen a human rabies case.
 - Adds to the complexity of diagnosis, reporting, and testing.
- In the last year, multiple human rabies cases **had delayed diagnosis** or were **nearly missed**.
 - Lack of clinical suspicion.
 - Provider testing hesitancy.
 - Improper diagnostic strategy.
- Rabies diagnosis in the United States is almost always missed at the first clinical encounter¹.

Human Rabies Responses Are Costly

Ohio was involved in two human rabies investigations from 2024 – 2025.

891

Hours dedicated by
public health personnel.

\$67,706

Salary and fringe costs.

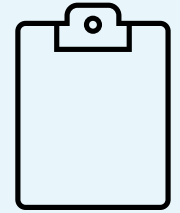
\$320,873

PEP costs for individuals
recommended PEP.

Rabies Knowledge Survey for Physicians

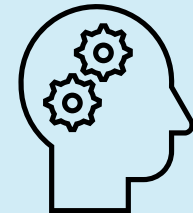
20 question
survey sent to
physicians
through listservs:

State Medical Board of Ohio.
Ohio Osteopathic Association.
American College of Emergency Physicians.
American Academy of Pediatrics.



Goal was to
evaluate baseline
knowledge of:

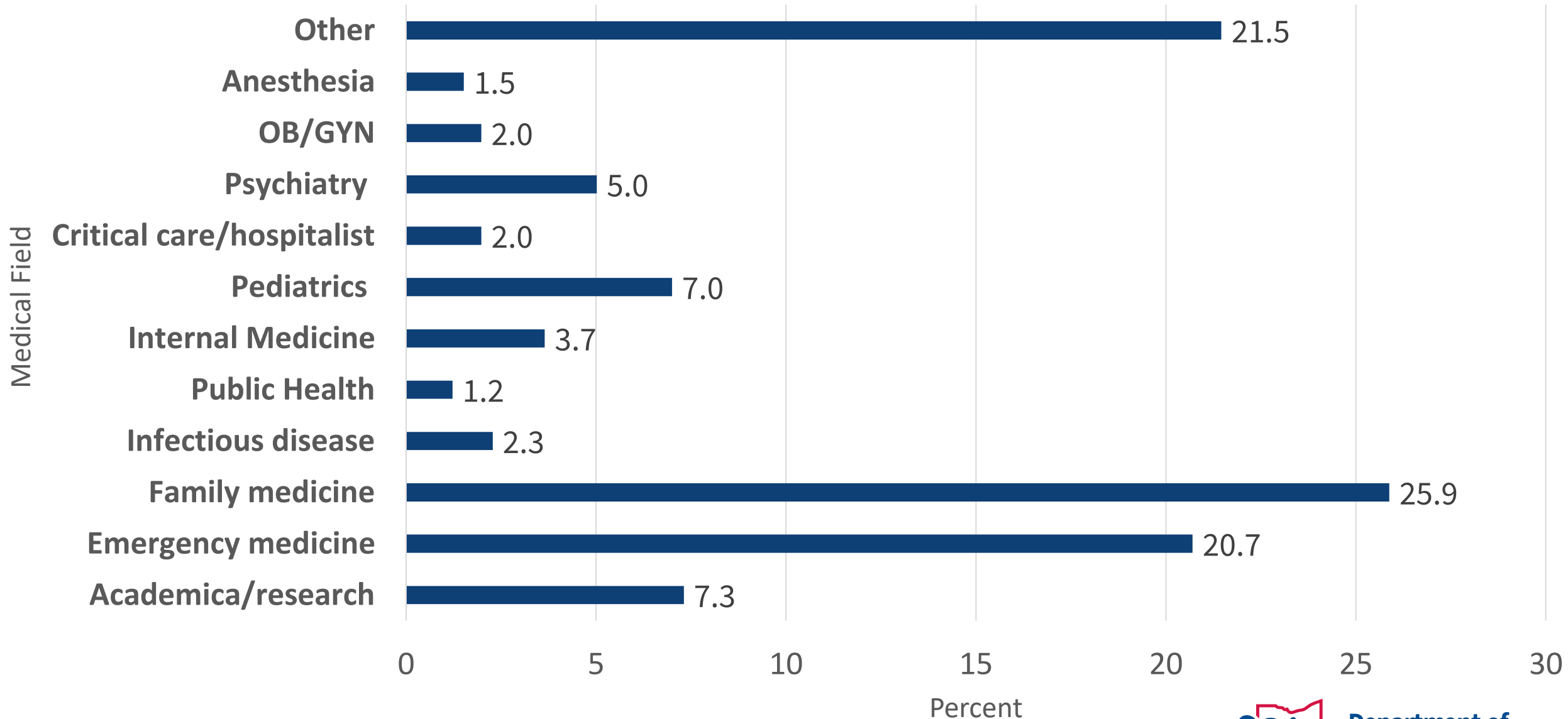
Rabies transmission.
Bite reporting.
Rabies Post-Exposure Prophylaxis (rPEP).
Clinical risk scenarios.



Demographics

Demographic	Count (%)
Physicians.	661
Early career <10 years in practice.	91 (13.8)
Mid career 11-20 years in practice.	126 (19.1)
Late career 21+ years in practice.	384 (58.1)
Practices daily.	398 (60.0)
Practices at least once per week.	185 (28.0)

Respondants Self-Reported Medical Field



Results

Topic	Physicians Correct
All animal bites should be reported.	54%
Animal to person rabies transmission scenarios.	35%
rPEP IS needed in a person who has been previously vaccinated.	58%
rPEP does not need to be given within 72 hours of exposure to be effective.	26%
Correct anatomical sites for rPEP.	40%

Public Health Relevance

Misunderstandings Regarding:

Rabies PEP
Transmission
Risk
Clinical
Management

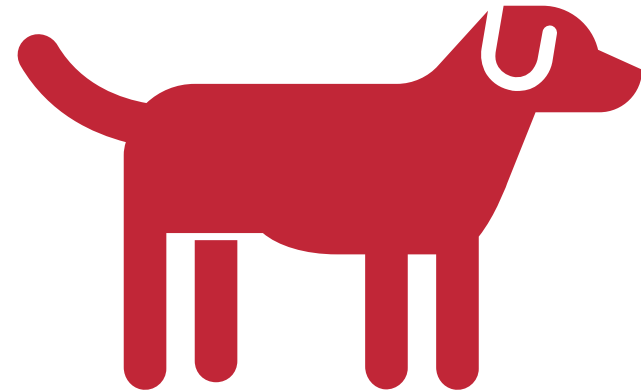
Can Lead to:

Delayed Care
Unnecessary PEP
Missed Reporting

RISK TO THE PUBLIC

Recommendations for Targeted Education

- Risk assessment.
- Animal bite reporting.
- Rabies PEP timing.
- Rabies PEP for those with previous rabies vaccination.
- Correct anatomical sites for PEP administration.





Key Takeaways

- Increased clinician awareness and education can go a long way.
 - Prevention of human rabies cases.
 - Saving healthcare and public health costs.
 - Rabies PEP.
 - Human rabies investigations.

Next Steps

Rabies Roadshow.

- Regional trainings for local health departments.
- Targeted trainings for healthcare providers on rabies and tickborne diseases.
- Continuing education credits pending approval.
- Interested in joining?
 - Scan the QR code or email zoonoses@odh.ohio.gov.



Tick-Borne Diseases

Blacklegged Tick



Ixodes scapularis

- Anaplasmosis.
- Babesiosis.
- Lyme disease.
- Powassan virus.

American Dog Tick



Dermacentor variabilis

- Spotted fever rickettsiosis (RMSF).
- Tularemia.

Lone Star Tick



Amblyomma americanum

- Ehrlichiosis.
- Southern tick-associated rash illness (STARI).
- Tularemia.

Tick-Borne Diseases

Tickborne Disease	2020	2021	2022	2023	2024	2025*
Anaplasmosis	1	4	11	12	23	11
Babesiosis	1	3	4	5	3	3
Ehrlichiosis	18	8	15	13	18	16
Lyme disease	409	590	542	1,307	1,785	1,619
Rocky Mountain spotted fever	22	30	40	27	15	15

Lyme Disease

Pathogen Name: *Borrelia burgdorferi*.

Tick Vector: Blacklegged tick, *Ixodes scapularis*.

Symptoms: Headache, fever, chills, rash, muscle pain, joint pain, fatigue, joint swelling, swollen lymph nodes.

Notes: Rash usually develops one to two weeks after tick bite; appearance can vary; some patients do not develop any type of rash.



Lyme Disease: Erythema migrans (EM)



“Bullseye” or target lesion



More than one rash



Appearing anywhere on the body



Red, oval plaque



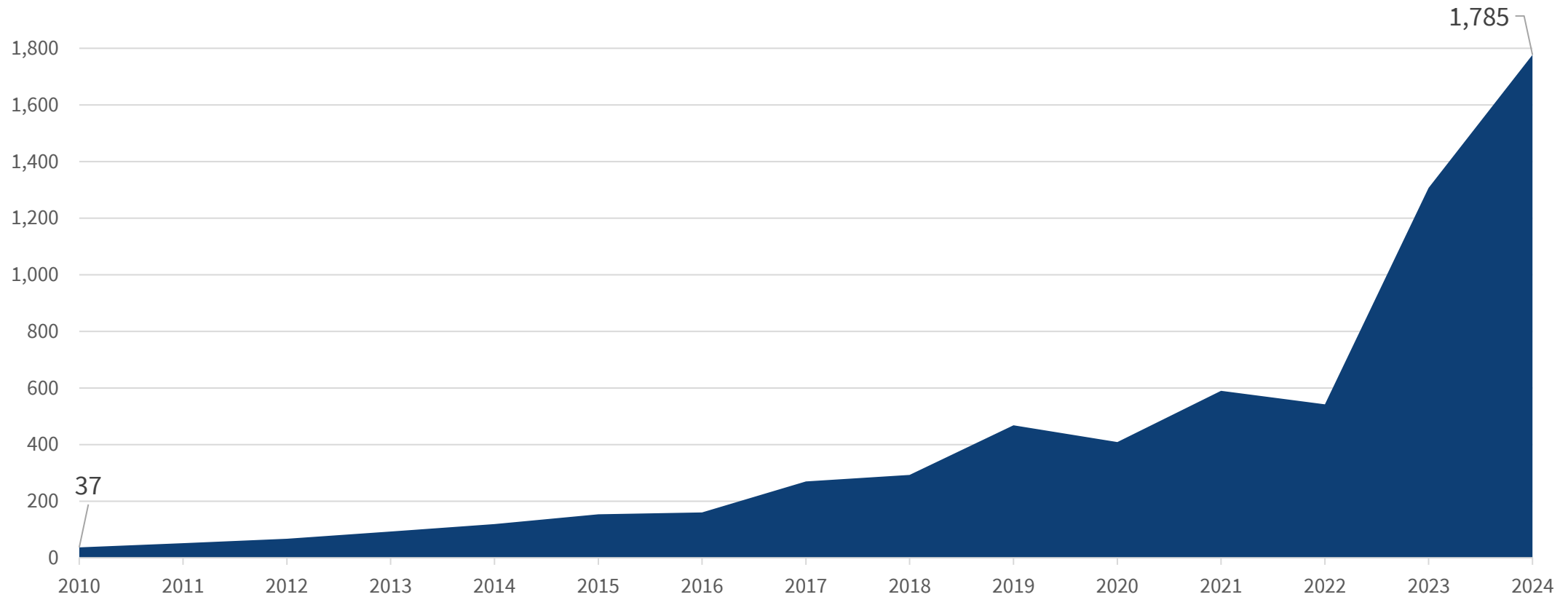
Expanding rash with central clearing



Bluish-hued rash, no central clearing

Lyme Disease

Over the past 14 years, there has been a **48-fold increase** in Lyme disease cases reported in Ohio.



Source: Ohio Department of Health.

Lyme Disease Serologic Testing

CDC recommends a two-step process using Food and Drug Administration (FDA)-cleared serologic tests for Lyme Disease. Both steps are required and can be performed on the same blood sample.

First Test

Enzyme Immunoassay (EIA) **OR** another test cleared by the FDA as a first test

Positive or Equivocal Result

SECOND TEST

Negative Result

If the first step is negative, no further testing is recommended.

If the first step is positive or indeterminate (sometimes called “equivocal”), the second step should be performed.

Lyme Disease Serologic Testing

Second Test

Western blot assay **OR** another test cleared by the FDA as a second test

Positive or Equivocal Result

OVERALL TEST POSITIVE

The overall test result is positive only when the **first and second tests are positive** (or for some tests, equivocal).

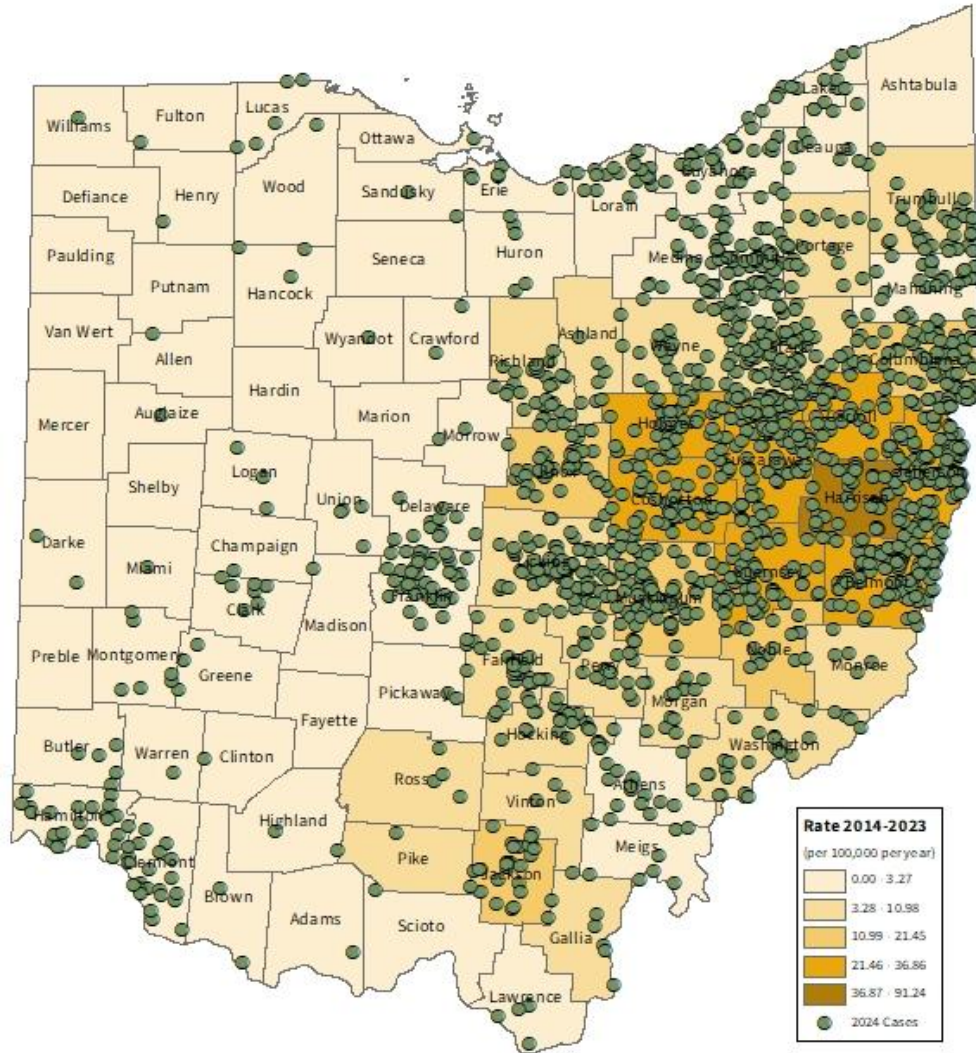
Negative Result

OVERALL TEST NEGATIVE

Consider alternative diagnoses.

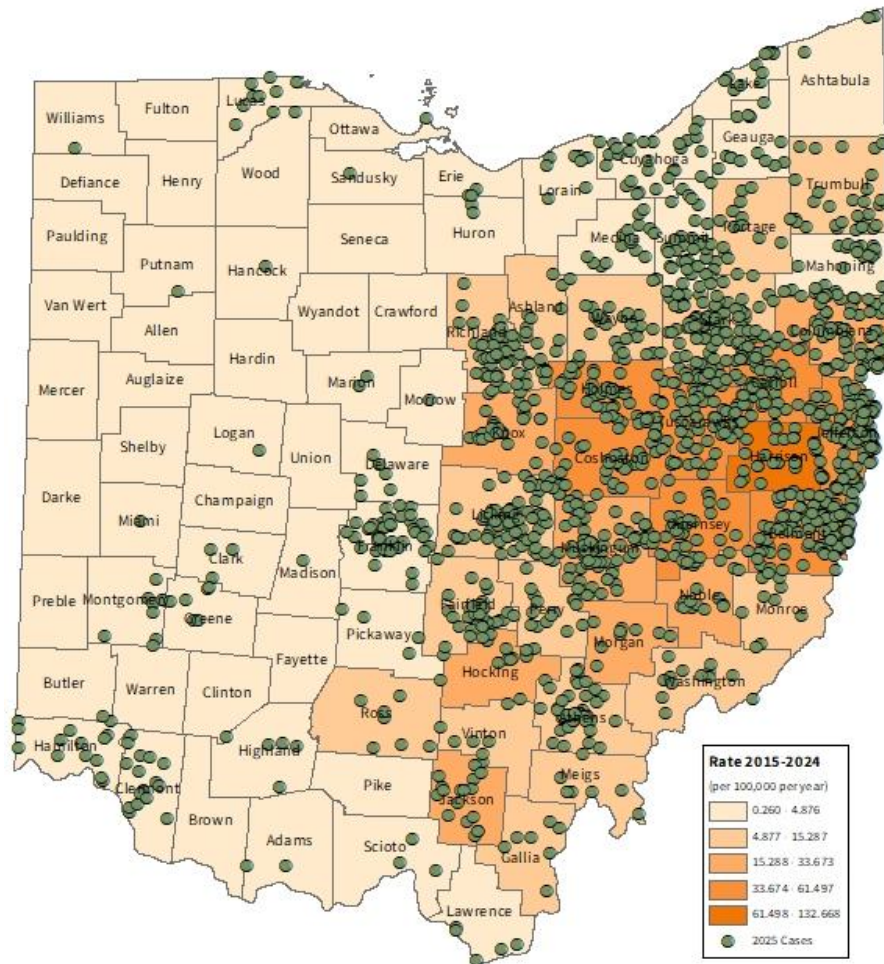
Note that antibodies take several weeks to develop. Patients infected recently, including patients with erythema migrans, may test negative.

Lyme Disease Cases in Ohio



2024 Cases (green dots)
compared to
2014-2023 Incidence
(orange shading)

Lyme Disease Cases in Ohio 2025



2025 Cases (green dots)
compared to
2015-2024 Incidence
(orange shading)

Rocky Mountain Spotted Fever (RMSF)

Pathogen Name: *Rickettsia rickettsii*.

Tick Vector: American dog tick, *Dermacentor variabilis*.

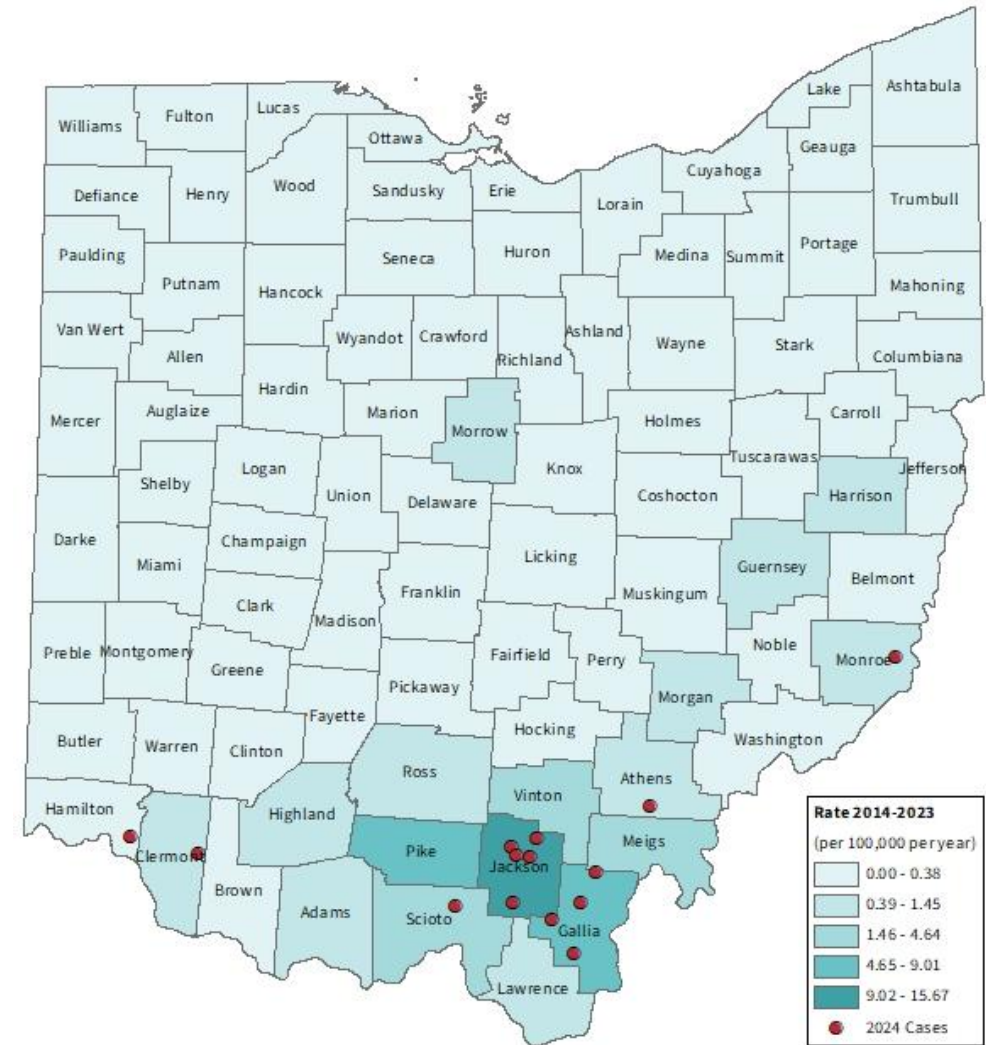
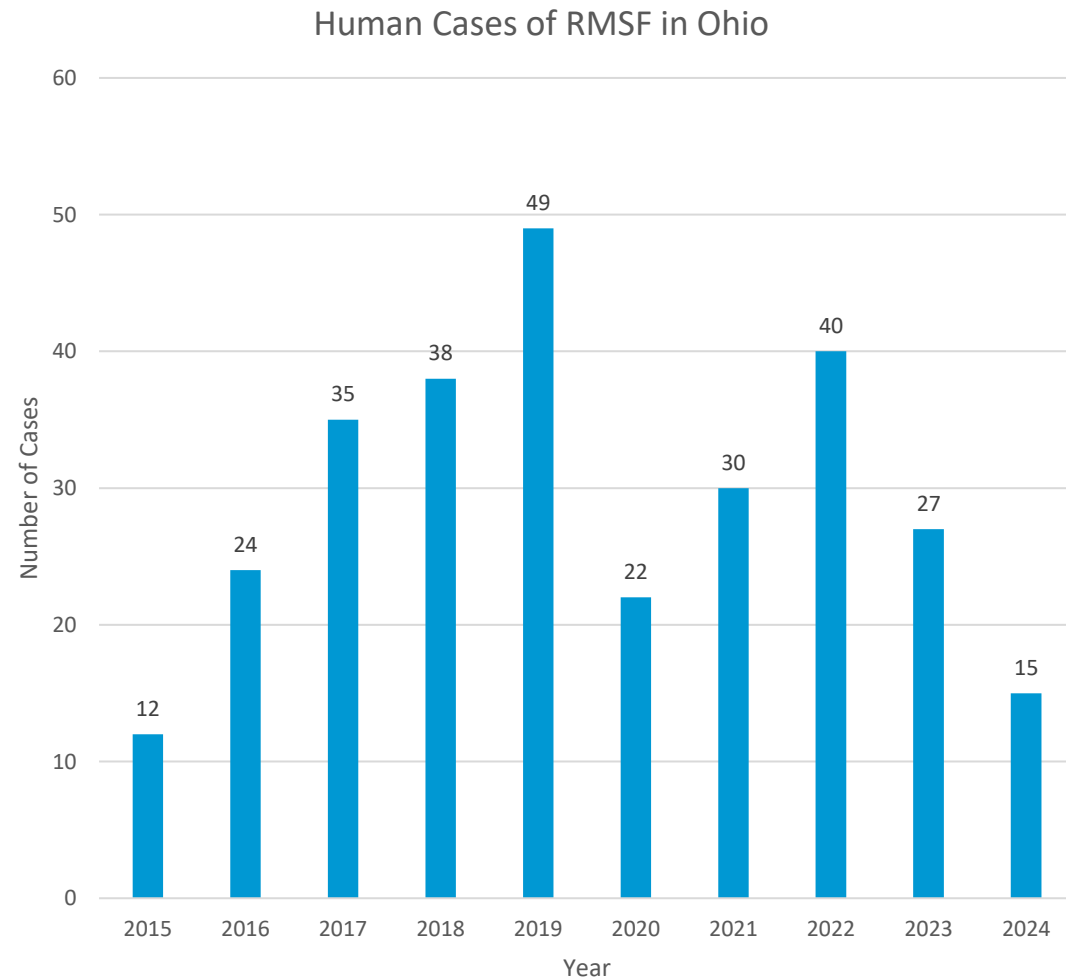


Symptoms: Headache, fever, rash, muscle pain, nausea, vomiting, stomach pain, lack of appetite.

Notes: Rash usually develops two to four days after fever begins; RMSF can be deadly if not treated early. Reported as Spotted Fever Group Rickettsiae (SFGR).



RMSF Cases in Ohio, 2015-2024



Ehrlichiosis

Pathogen Name: *Ehrlichia chaffeensis*, *E. ewingii*, or *E. muris eauclairensis*.

Tick Vector: Lone star tick, *Amblyomma americanum*.

Symptoms: Headache, fever, chills, muscle pain, upset stomach.

Notes: Symptoms begin one to two weeks after the bite of an infected tick.



Anaplasmosis

Pathogen Name: *Anaplasma phagocytophilum*.

Tick Vector: Blacklegged tick, *Ixodes scapularis*.

Symptoms: Severe headache, fever, chills, muscle pain, malaise, abdominal pain, rarely a rash.

Notes: Symptoms begin 5-21 days after the bite of an infected tick. Can cause severe illness if left untreated.



Babesiosis

Pathogen Name: *Babesia microti*.

Tick Vector: Blacklegged tick, *Ixodes scapularis*.

Symptoms: Fever, chills, sweats, headache, body aches, loss of appetite, nausea, and fatigue.

Notes: Less common ways of becoming infected with *Babesia* include blood transfusion or passes from mother to child during pregnancy.



Diagnostic Tests for Tickborne Diseases

Lyme Disease: Testing involves two steps and can be done with the same blood sample.

- **Standard two-tier test (STTT).**
 - A positive or equivocal first-tier screening assay.
 - Often an enzyme immunoassay (EIA) or immunofluorescence assay (IFA) for immunoglobulin M (IgM), immunoglobulin G (IgG), or a combination of immunoglobulins.
 - Followed by a concordant positive IgM or IgG immunoblot interpreted according to established criteria.
- **Modified two-tier test (MTTT).**
 - A positive or equivocal first-tier screen, followed by a different, sequential positive or equivocal EIA instead of an immunoblot as a second-tier test.

The **IgM Western blot** is usually positive a few days to a few weeks after illness onset. The **IgG Western blot** should be positive around four weeks after symptom onset.

Diagnostic Tests for Tickborne Diseases

Anaplasmosis, Ehrlichiosis, and Spotted Fever Group Rickettsiosis:

- Perform **PCR from whole blood specimens** collected during the acute state of illness.
- OR
- IFA testing of at least two serum samples **collected two to four weeks apart** during the acute and convalescent phases.

Note: Serologic sensitivity is poor in the early stages of infection. If serology is negative in patients with possible early infection, repeat serology three to four weeks later may demonstrate seroconversion.

Babesiosis:

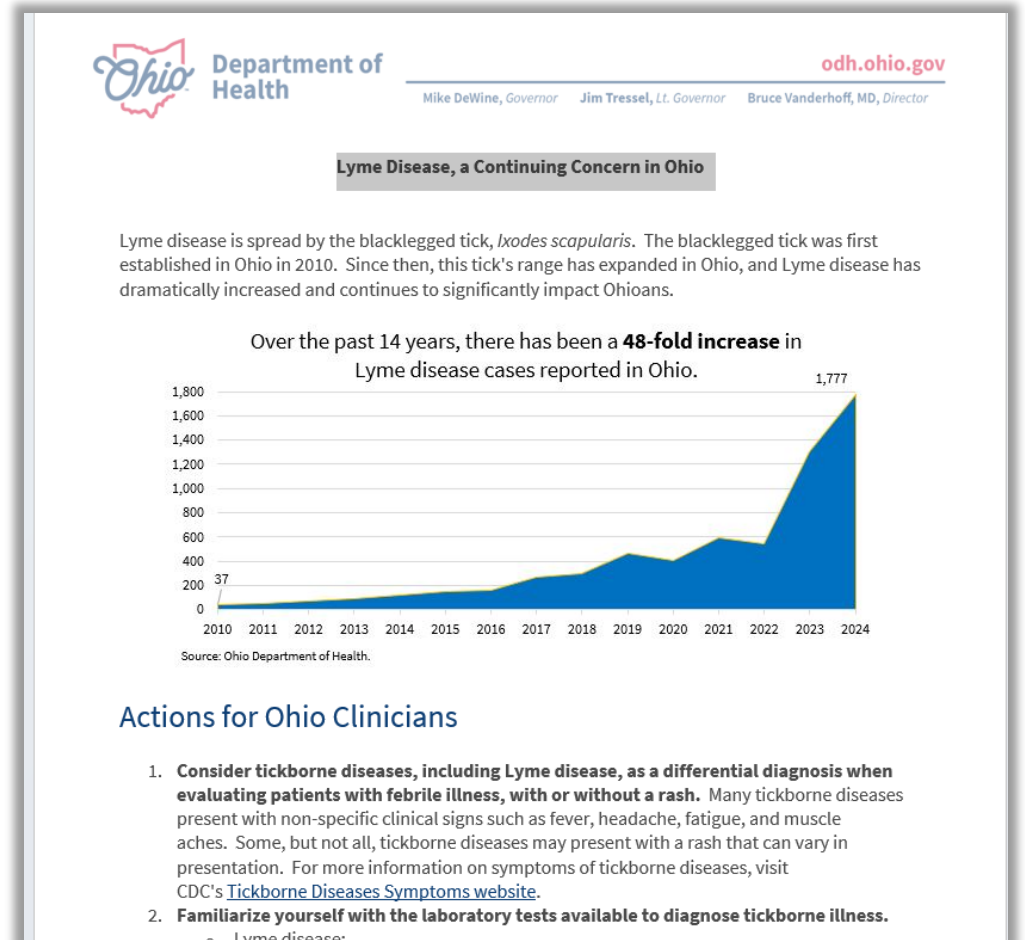
- Diagnosis can be made by examination of **thick and thin blood smears** stained with Giemsa.
- OR
- IFA testing.

Powassan Virus:

- Contact the ODH Zoonotic Disease Program at **614-995-5599** to arrange for testing by CDC.

Medical Association Memo

- ODH's Zoonotic Disease Program sends an annual memorandum to health and medical associations about tickborne diseases.
- Provide healthcare providers with:
 - When to consider tickborne disease as a differential diagnosis.
 - Laboratory tests needed to make a diagnosis.
 - Treatment for tickborne illnesses.
 - Additional resources.





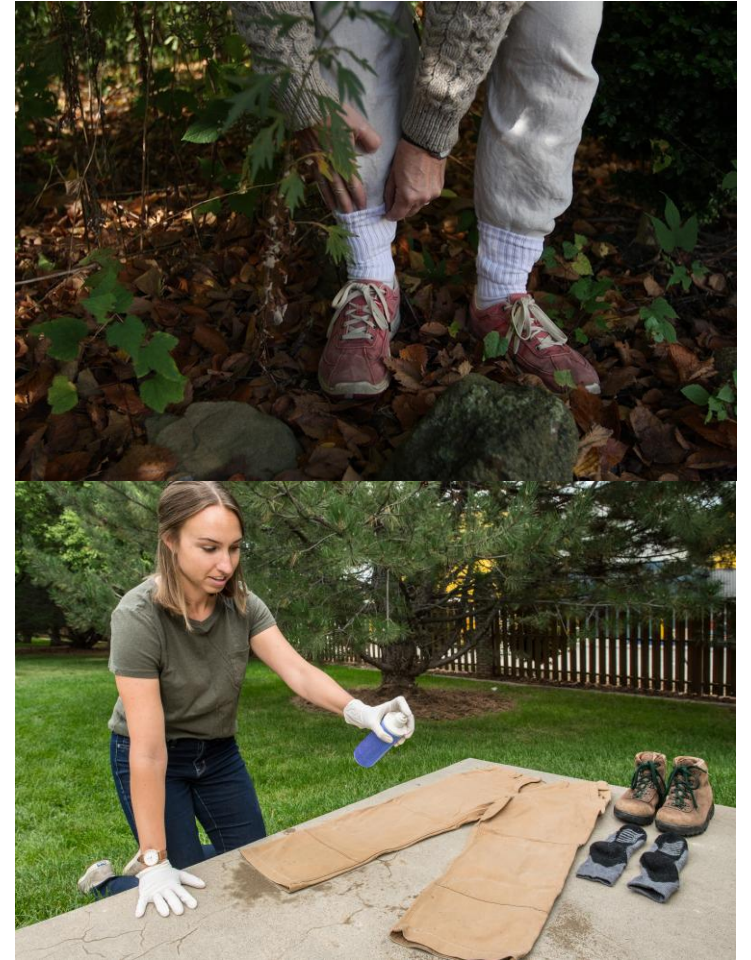
Treatment for Tickborne Illnesses

- Treat all patients, including children, promptly with doxycycline.
- Do not delay therapy pending diagnosis, as Anaplasmosis, Ehrlichiosis, and Spotted Fever Group Rickettsioses are **potentially fatal**.
- Babesiosis should be treated with Atovaquone **and** azithromycin or Clindamycin **and** quinine.
- There is no medication to treat Powassan Virus infection; provide supportive care.

Personal Protection

Encourage patients to:

- Use personal protection. **The most effective method for preventing tick bites.**
- Wear light-colored clothing, long-sleeved shirts tucked into pants, and long pants tucked into socks.
- Treat clothing and gear with permethrin or purchase pre-treated clothing.
- Apply repellents registered by the U.S. Environmental Protection Agency (EPA), such as DEET or picaridin.



ODH Resources

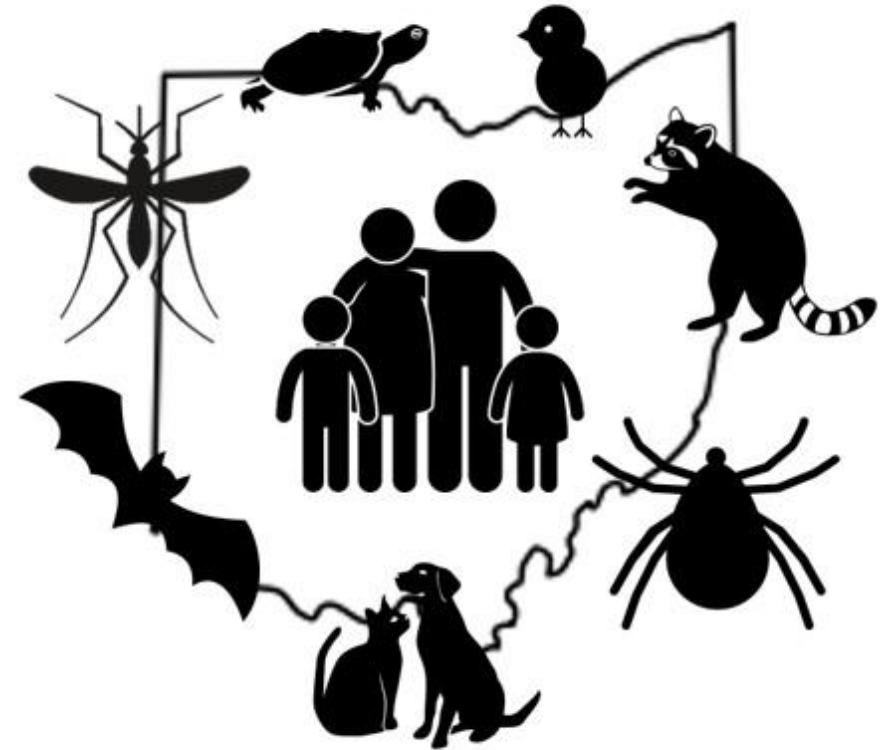
odh.ohio.gov/ZDP


odh.ohio.gov/Mosquitoes

odh.ohio.gov/Ticks

odh.ohio.gov/VectorUpdate

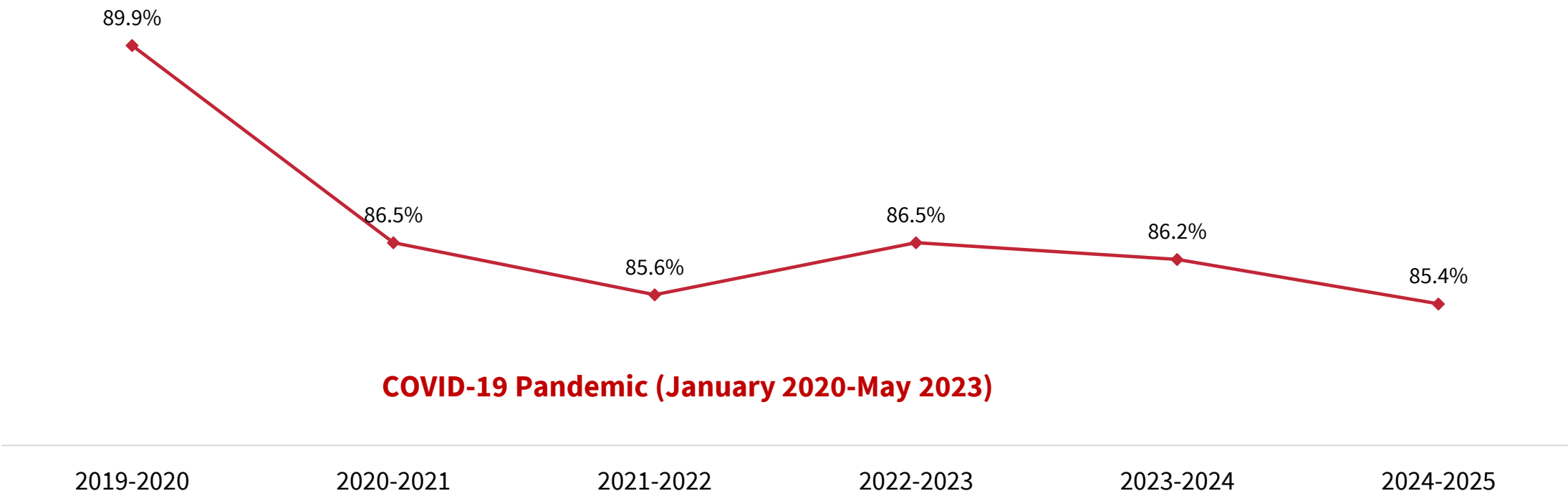
odh.ohio.gov/ZDP-Newsletters



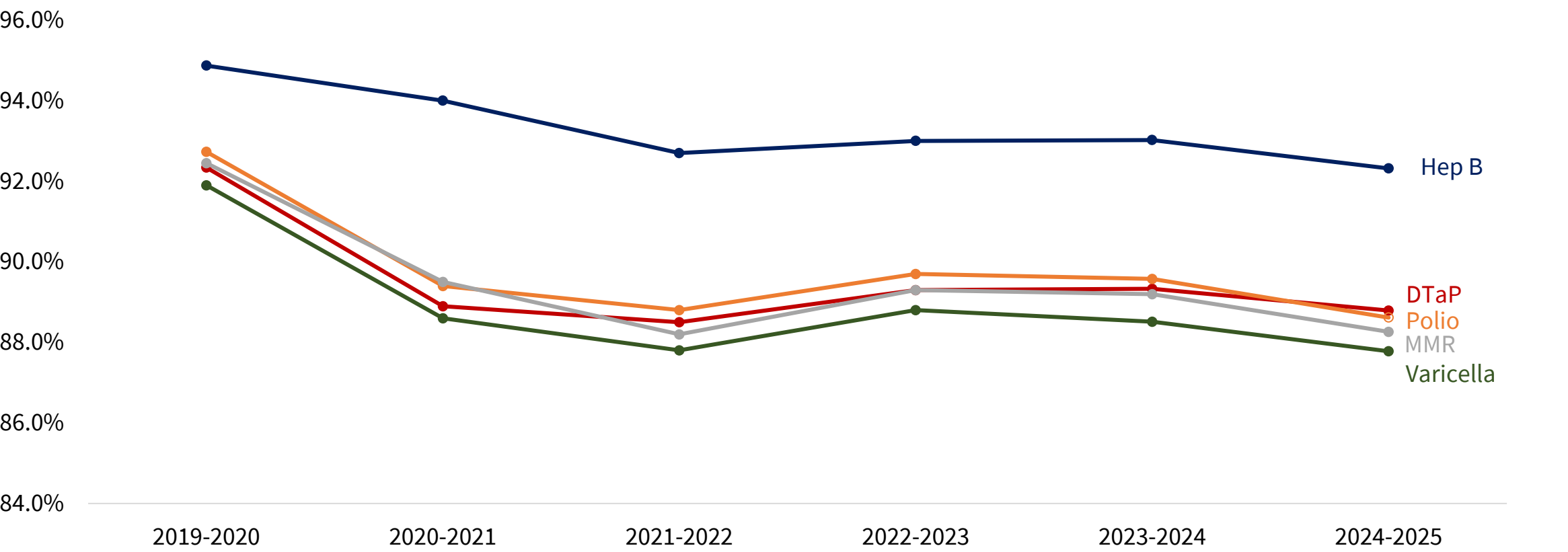


**Vaccination is an
excellent example
of primary
prevention
strategy.**

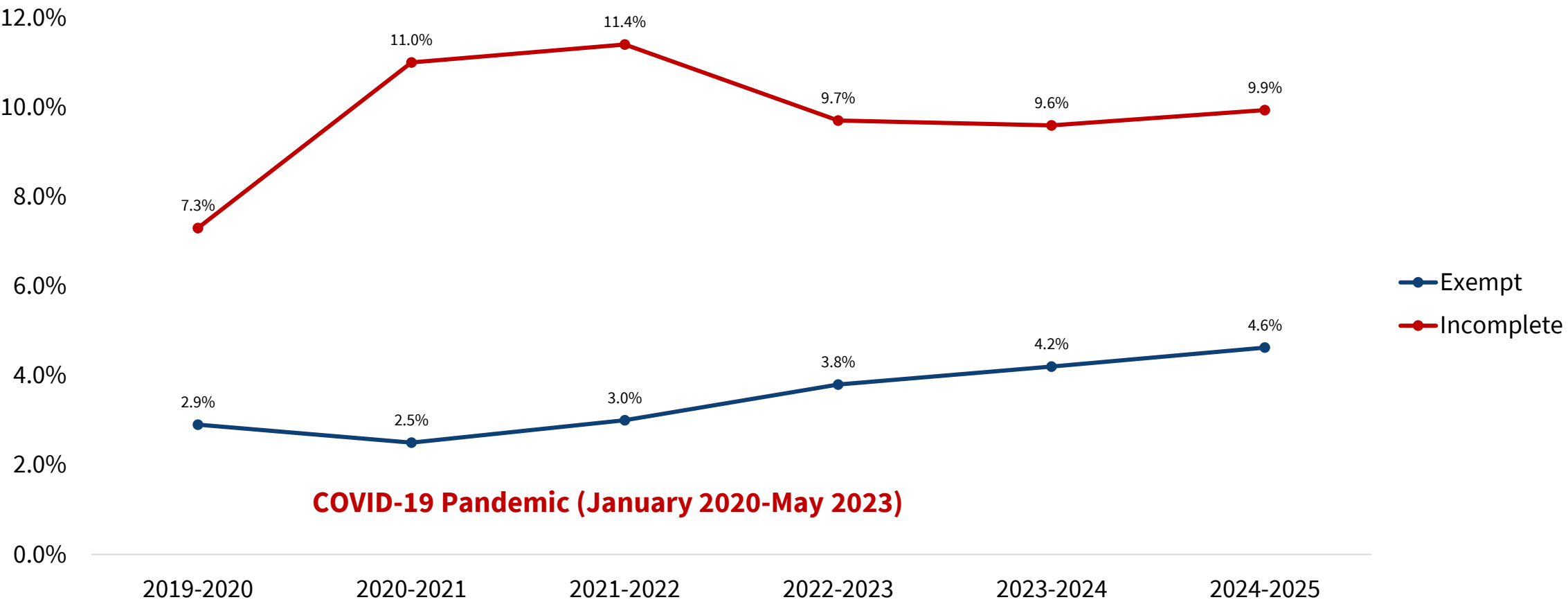
For the 2024-2025 school year, Ohio saw the lowest total percentage of kindergarteners who met all requirements within the past six school years, including the rates reported during the pandemic.



Coverage has decreased for all individual kindergarten required antigens. Largest decreases were seen among **polio** (1% decrease) and **MMR** (0.9% decrease) from the previous school year.



The percent incomplete and exempt rose slightly in the last reporting year and have remained above pre-pandemic levels.



Behavioral Health in Ohio

- Ohio has only 13 child and adolescent psychiatrists (CAP) per 100,000 children, which is far below the [American Academy of Child and Adolescent Psychiatrists \(AACAP\)](#) recommendation of 47 CAP per 100,000 children.
- The percent of children ages 3 to 17 with a mental/behavioral condition who received treatment or counseling has increased, yet approximately 50% are not receiving this care and the percent of adolescents, ages 12 to 17, with a preventive medical visit in the past year has decreased (2023 YRBS).

What Does This Mean for Pediatric Mental Healthcare?

- IF more primary care providers (PCPs) or pediatricians can provide mental healthcare, then...
 - Decreased workload for advanced mental healthcare.
 - Mental health/behavioral health providers can focus on intensive services.
 - Shorter wait times for services.
 - Less distance required to travel for services in rural parts of Ohio.
 - Increase BH access by filling gaps in services.
 - Avoid crisis points by providing quicker, appropriate care.
 - Keeping children out of emergency departments.
- IF we have a comprehensive community resource and referral network then...
 - Improved care coordination/wraparound mental health service.
 - Parents feel more supported → healthy home environments.

More children in Ohio receiving mental healthcare!

The Ohio Pediatric Psychiatry Access Line (OPPAL)

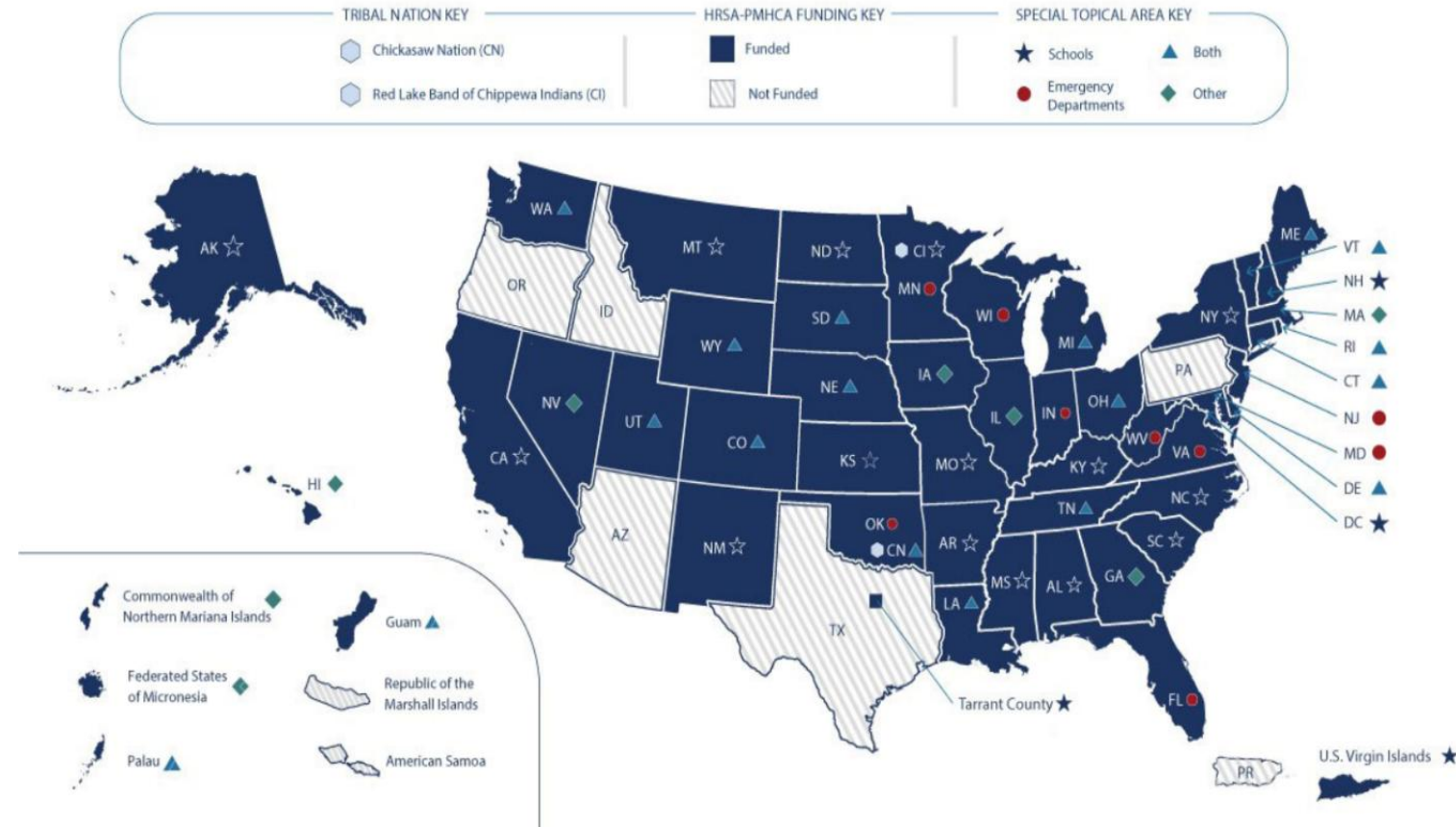
Funding Acknowledgement

OPPAL is a project of ODH funded through a Pediatric Mental Health Care Access Grant through the U.S. Health Resources and Services Administration (HRSA) in partnership with the Ohio Department of Medicaid and Ohio Colleges of Medicine Government Resource Center.

HRSA and the U.S. Department of Health and Human Services (HHS) provided financial support for OPPAL. The award provided 51% of total costs and totaled \$1,327,033. The contents are those of the author. They may not reflect the policies of HRSA, HHS, or the U.S. Government.

Background of Pediatric Mental Health Care Access (PMHCA) Programs

- Fifty-four states, districts, territories or tribal communities have a PMHCA program.
- ODH was awarded funding to establish a new PMHCA in 2023.
- PMHCA program in Ohio is OPPAL.

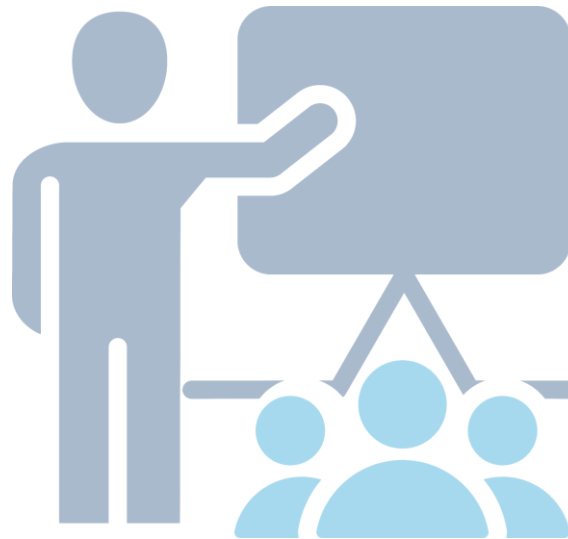


Components of a PMHCA Program

Consult



Educate

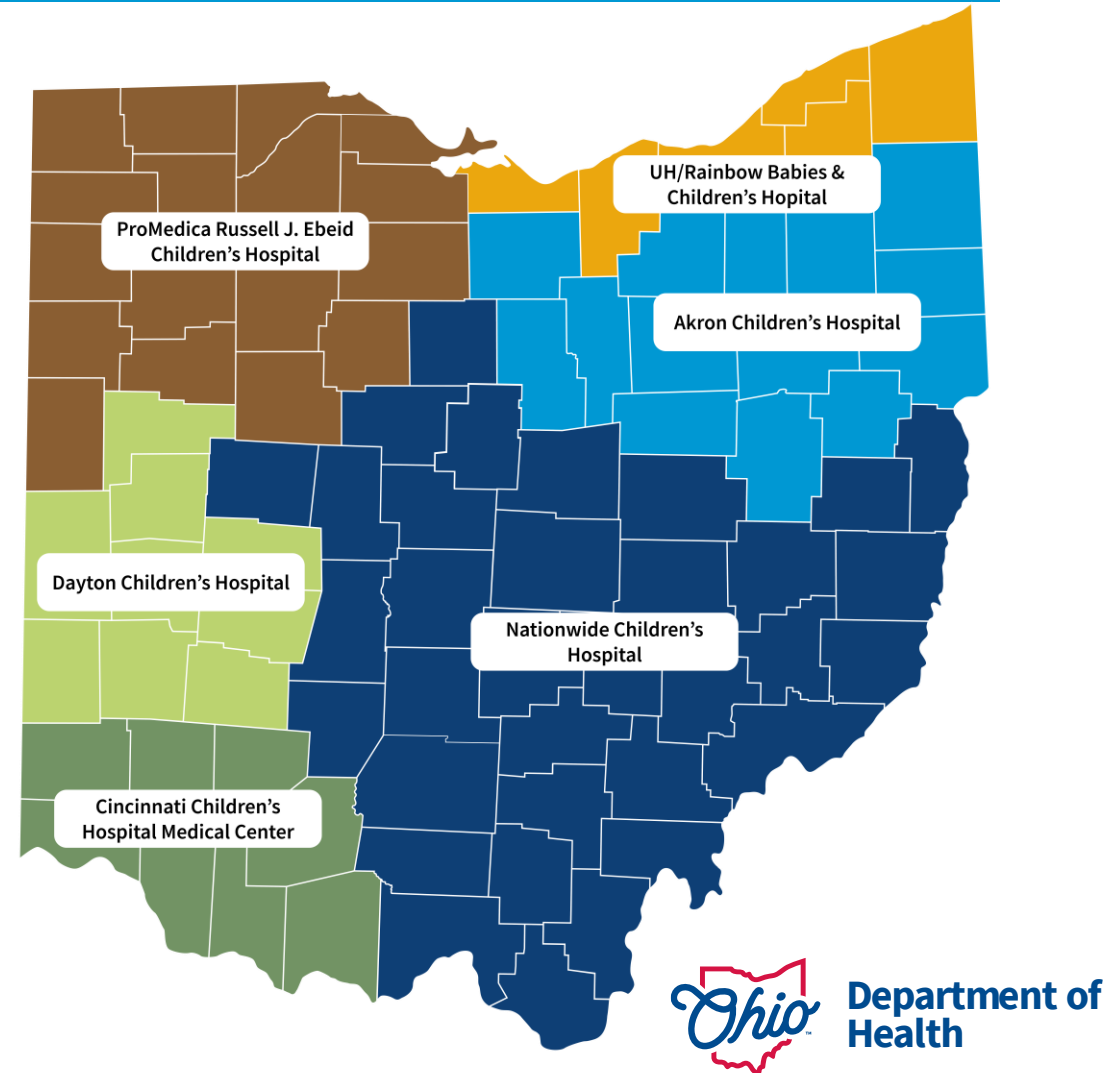


Refer



Peer-To-Peer Consultations

- Regional approach to providing PCPs and pediatricians access to child psychiatrists, care coordinators, and other licensed behavioral health professionals (i.e., psychologist, social workers, etc.).
 - Same-day call backs from mental health professionals.
 - Consultations on prescribing medications, alternative treatment options, referral to other specialists.



Who Can Access OPPAL?

- OPPAL is for PCPs who provide care to children and adolescents (through age 21).
 - Pediatricians.
 - Family or internal medicine physicians.
 - Physician assistants.
 - Nurse practitioners.
- Callers must have prescribing authority.
- Providers can enroll today by going to the [OPPAL webpage](#), which is available on the Ohio Chapter of the American Academy of Pediatrics (Ohio AAP) website. Ohio AAP is a partner for the project.

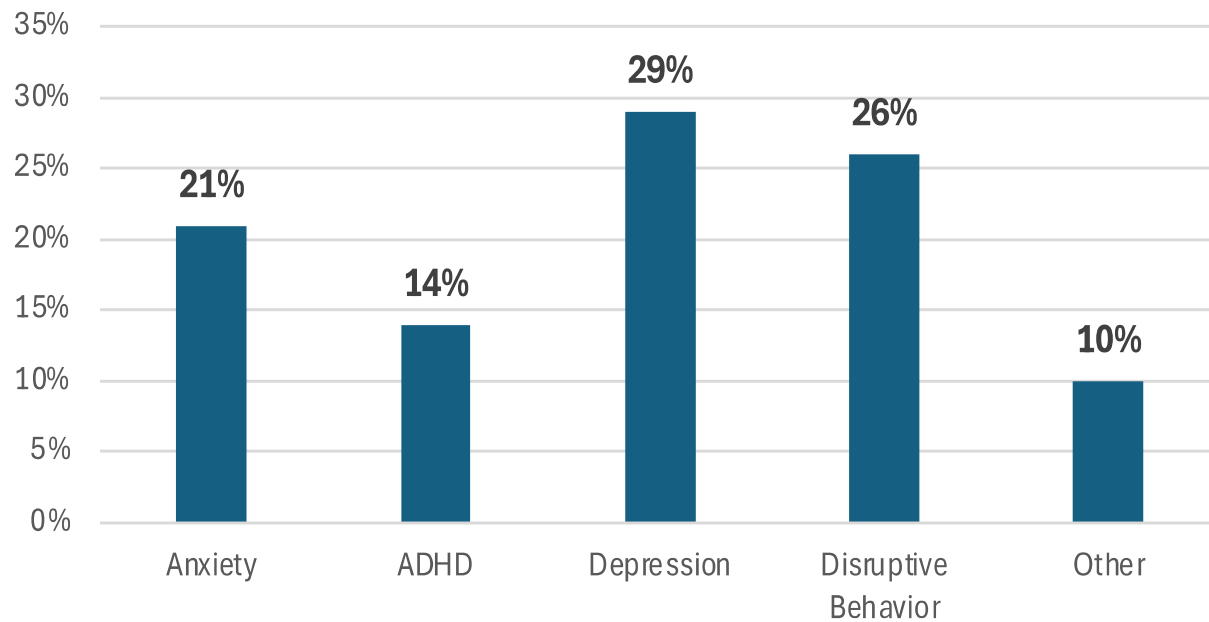
**OPPAL will not be able to provide consultations for calls from other provider types or calls directly from families upon launch.*

Ohio AAP PCP User Trainings

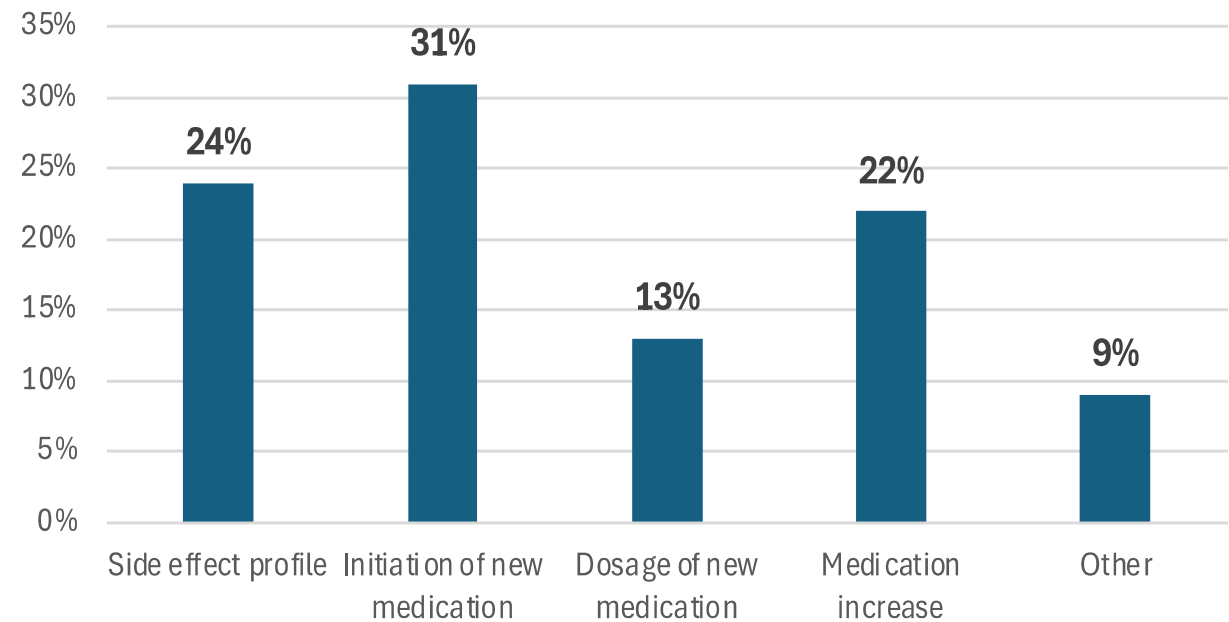
- Ohio AAP held two PCP user trainings in May and June.
 - One of the trainings had an attendance of 129. An additional 69 received information and the recording of the May training.
 - 144 attendees including pediatricians, office managers/executive/administrators, family medicine/internal medicine physicians, nurses, and others.
 - A recording of the training is available on [OPPAL website](#).

Ohio AAP PCP User Trainings

Which topics for consultation do you anticipate you will use OPPAL for?



Which topics for medication consultation do you anticipate you will use OPPAL for?



Consultation Process

- PCPs call the OPPAL consultation line as behavioral health needs arise.
- Calls are answered and triaged by staff from each children's hospital consultation team.
 - If a PCP is not enrolled, brief enrollment is completed at this step.
- PCP can indicate if they prefer a call back within 30 minutes or can schedule a time for a call back.
- Consult team shares triage details with a psychiatrist.
- Psychiatrist calls back to conduct consultation (no PHI is collected; age of patient, gender, demographic information, and patient insurance only).
 - If needed, connection to referrals or local resources provided.

Consultation Process

- Consultations will be available from 9:30 a.m. – 4:30 p.m.
 - If your call is answered by the hospital triage team, you will receive a call back the same day (unless requested otherwise).
 - Calls received after 4:30 p.m. will be directed to call back the next day/week.
- Each hospital team will answer calls one day per week:
 - Monday – UH Rainbow Babies and Children's Hospital.
 - Tuesday – Dayton Children's Hospital.
 - Wednesday – Akron Children's Hospital.
 - Thursday – Nationwide Children's Hospital.
 - Friday – Cincinnati Children's Hospital Medical Center.

Components of a PMHCA Program

Consult



Educate



Refer



Educate and Train Clinicians

- Contract with Ohio AAP to develop trainings and coordinate efforts statewide.
- Hospital teams are also receiving funding to provide training and education within their region.
- Requested training topics:
 - Medications/prescribing, autism screening/assessment, individualized education plans (IEPs) for schools, trauma-informed care, and other specific mental health concerns.
 - Trainings for specific provider types: school-based health centers, family physicians, etc.
 - Potential expansion: training for school nurses on crisis intervention/ behavioral health treatment.
- Project ECHO (case study style physician peer education).
 - Five of six of the children's hospitals already offer ECHO in some form.

OPPAL Webpage

www.ohioaap.org/oppal

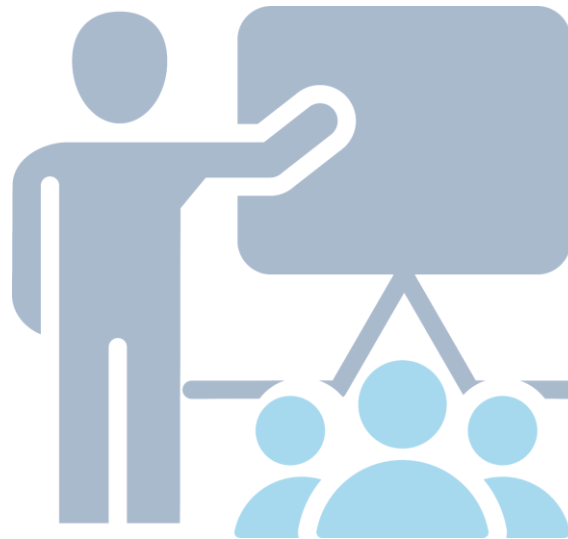
- Materials and guidance for clinical providers:
 - Screening tools, toolkits, prescribing guidelines, medications, etc.
- Links to information for families:
 - Ohio Minds Matter.
 - OhioRISE and Mobile Response and Stabilization Services (MRSS).
- Other resources will be added as a need arises.

Components of a PMHCA Program

Consult



Educate



Refer

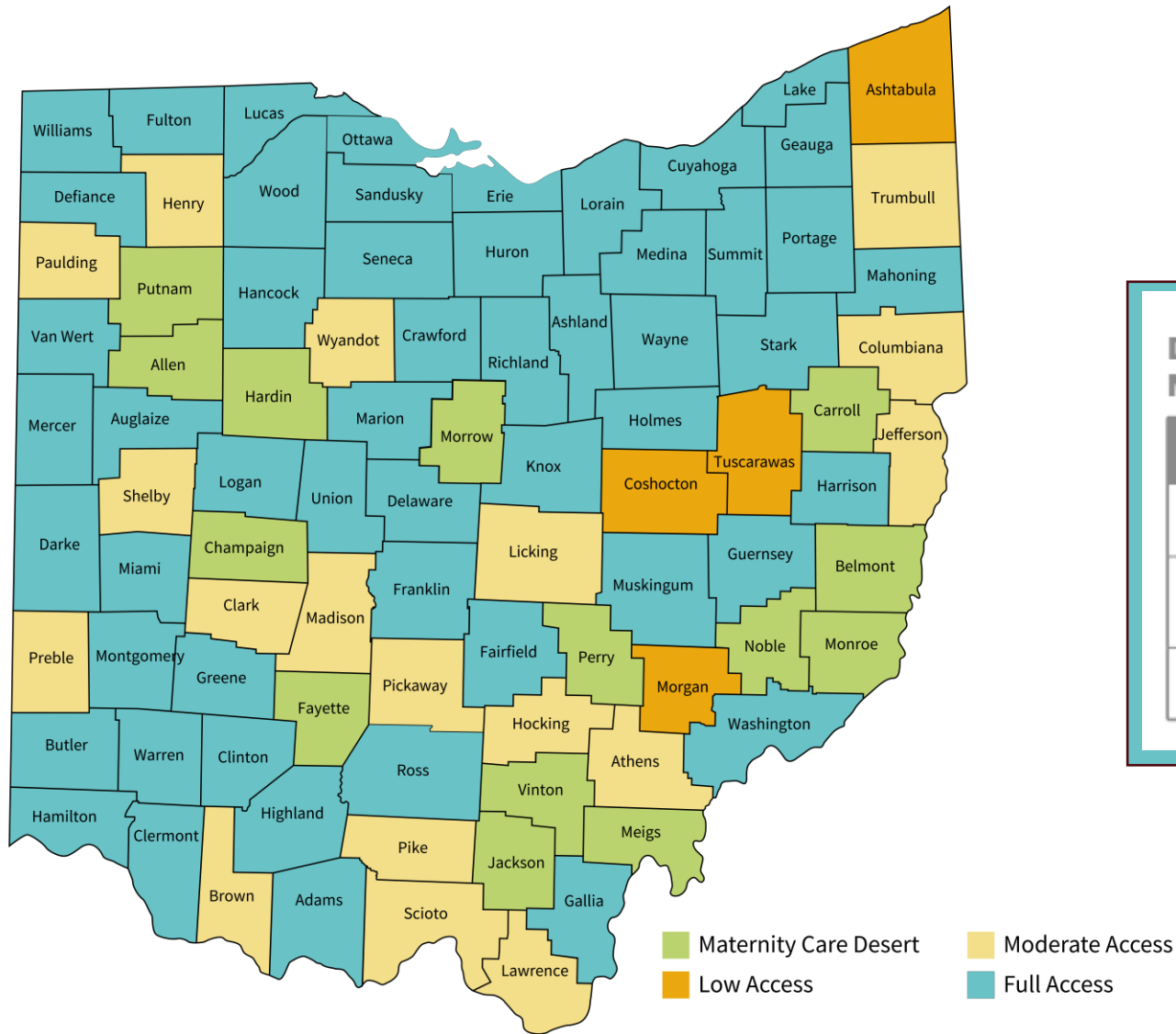


Resource Navigation

- The regional hubs will be creating directories of specialists in the pediatrician's service area and resources to address community's needs.
- These directories are only accessible for consultation requests. Public-facing referral information will be developed at a later date.



Maternity Care Deserts: Ohio



DEFINITIONS OF MATERNITY CARE DESERT AND LEVEL OF MATERNITY CARE ACCESS

Definitions	Maternity care deserts	Low access	Moderate access	Full access*
Hospitals and birth centers offering obstetric care	zero	<2	<2	≥2
Obstetric providers (obstetrician, family physician', CNM/CM per 10,000 births)	zero	<60	<60	≥60
Proportion of women 18-64 without health insurance	any	≥10%	<10%	any

Source: [March of Dimes](https://www.marchofdimes.org/ohio/maternal-child-health/maternity-care-deserts/).

Maternal Outreach Movement (MOM) 365

365 Days of Postpartum Care

Program Mission: Maternal Outreach Movement 365 (MOM 365) strives to fill the “gap” in postpartum care throughout Ohio by providing education and resources to healthcare professionals, promoting recommended obstetrical care and expanding access to those in need.

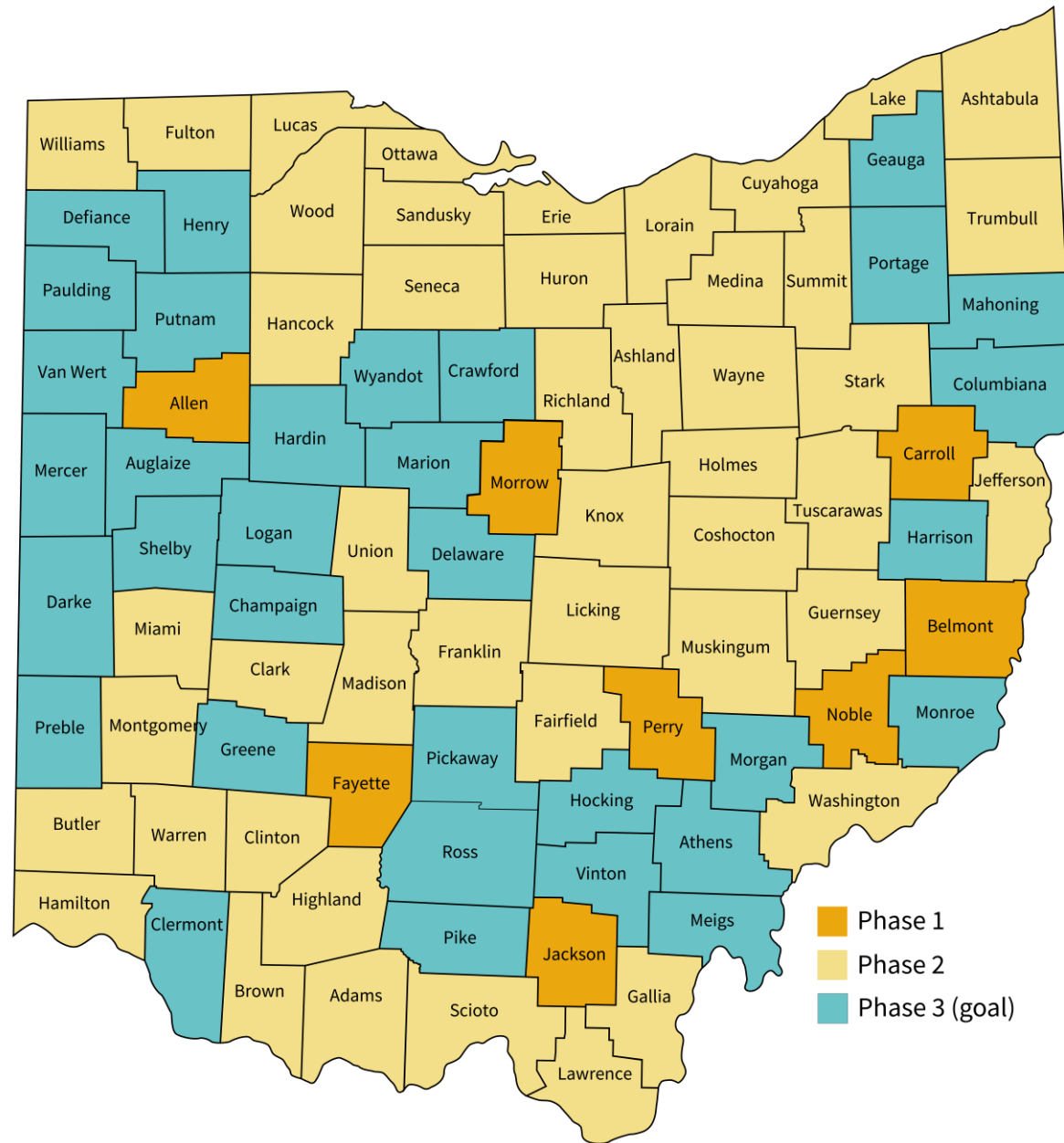
Program Vision: MOM 365 will enhance clinician understanding of common postpartum conditions and associated early warning signs, fostering increased access, and decreased maternal mortality.

Key Areas of Focus

Community Partnerships
Urgent Maternal Warning Signs
Hypertension During the Postpartum Period American College of Obstetricians and Gynecologists (ACOG) HTN Algorithm
Cardiovascular Disease During the Postpartum Period ACOG CVD Algorithm
Mental Health/Postpartum Mood Disorders/Postpartum SUD MCPAP Provider Toolkit/EPDS Algorithm
EMR Modifications/Screening Questions
Resources Provided/Available for Print
Referral Systems
Establishment of Policies/Procedures

Implementation

- Phase 1 – ODH Title X subrecipient clinics located in Maternity Care Deserts as classified by March of Dimes.
- Phase 2 – Remaining ODH Title X clinics.
- Phase 3 – Offer to additional agencies throughout the state.



State Urgent Maternal Warning Signs Projects

“There is a known drop-off in service intensity after delivery, which can lead to missed diagnoses and symptoms that result in maternal death—deaths that could have been prevented. In Ohio, from 2008 to 2016, 46% of pregnancy-related deaths occurred within 42 days of delivery, and an additional 19% occurred 43 to 365 days after delivery. As a result, postpartum deaths account for 65% of all pregnancy-related deaths in Ohio. This data from Ohio mirrors national trends.”

Source: [Ohio Department of Children and Youth](#).

Recognizing Urgent Maternal Warning Signs

“Pregnant and postpartum mothers experience a lot of different symptoms associated with their changing bodies, and while many are normal, some can be life threatening. It is common for these mothers to experience fatigue and can have pain such as perineal pain and uterine contractions.

Mothers often don’t know what is normal vs. a critical care warning sign to seek medical attention for.”

Source: [Urgent Maternal Warning Signs](#)

According to the Reproductive Health National Training Center, examples of urgent maternal warning signs include

- Thoughts of harming themselves, their baby, or others.
- Chest pain, rapid heart rate, or difficulty breathing.
- Fever.
- Persistent headache.
- Changes in vision, dizziness, or fainting.
- Overwhelming fatigue.
- Significant swelling.
- Elevated blood pressure.
- Severe nausea, vomiting or belly pain.
- Vaginal bleeding, large clots, or fluid leaking.
- Redness, swelling, or pain in legs.

Sources: [Maternal Health Champion Review](#) and [Recognizing Urgent Maternal Warning Signs in the Postpartum Period Webinar](#)

Ask and Assess

It is **critical** for all healthcare workers to be able to recognize urgent maternal warning signs and take appropriate action, as they can present up to one year, **356 days**, after delivery.

Standard health history assessments/screening includes asking the patient: “**Are you currently pregnant or have you been pregnant within the past 12 months?**”

Maternal Health Champion Review

- Approximately 50% of pregnancy-related deaths occur during the postpartum period.
- 80% of pregnancy-related deaths are preventable.
- There are several indications of potentially life-threatening complications, occurring up to 12 months after pregnancy.
- If a patient experiences any of the following warning signs, connect them with emergency care immediately.

Source: [Reproductive Health National Training Center](#).



Forms and Resources

URGENT MATERNAL WARNING SIGNS

 <p>Headache that won't go away or gets worse over time</p>	 <p>Dizziness or fainting</p>	 <p>Thoughts about hurting yourself or your baby</p>
 <p>Changes in your vision</p>	 <p>Fever</p>	 <p>Trouble breathing</p>
 <p>Chest pain or fast-beating heart</p>	 <p>Severe belly pain that doesn't go away</p>	 <p>Severe nausea and throwing up (not like morning sickness)</p>
 <p>Baby's movements stopping or slowing</p>	 <p>Vaginal bleeding or fluid leaking during pregnancy</p>	 <p>Vaginal bleeding or fluid leaking after pregnancy</p>
 <p>Swelling, redness, or pain of your leg</p>	 <p>Extreme swelling of your hands or face</p>	 <p>Overwhelming tiredness</p>

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Learn more: <https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/>



Take a photo to learn more

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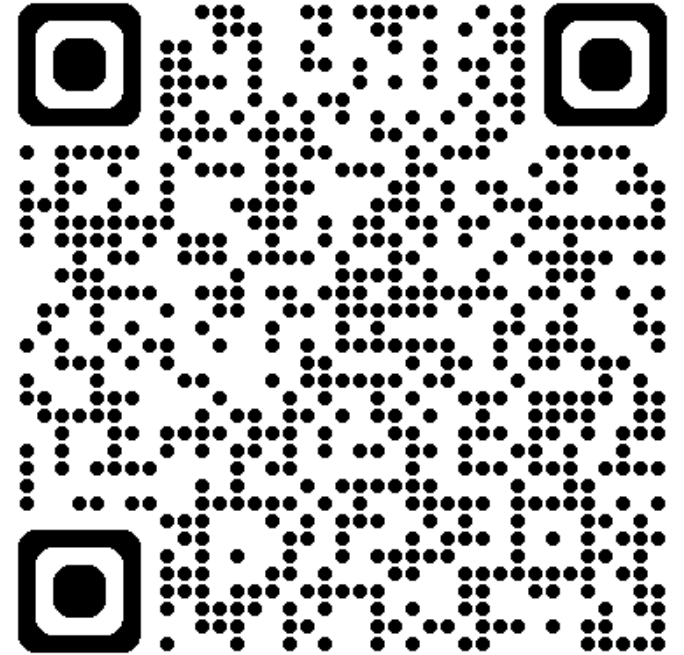
V5 September 2022



ACOG
The American College of
Obstetricians and Gynecologists



Ohio Department of Health



Forms and Resources

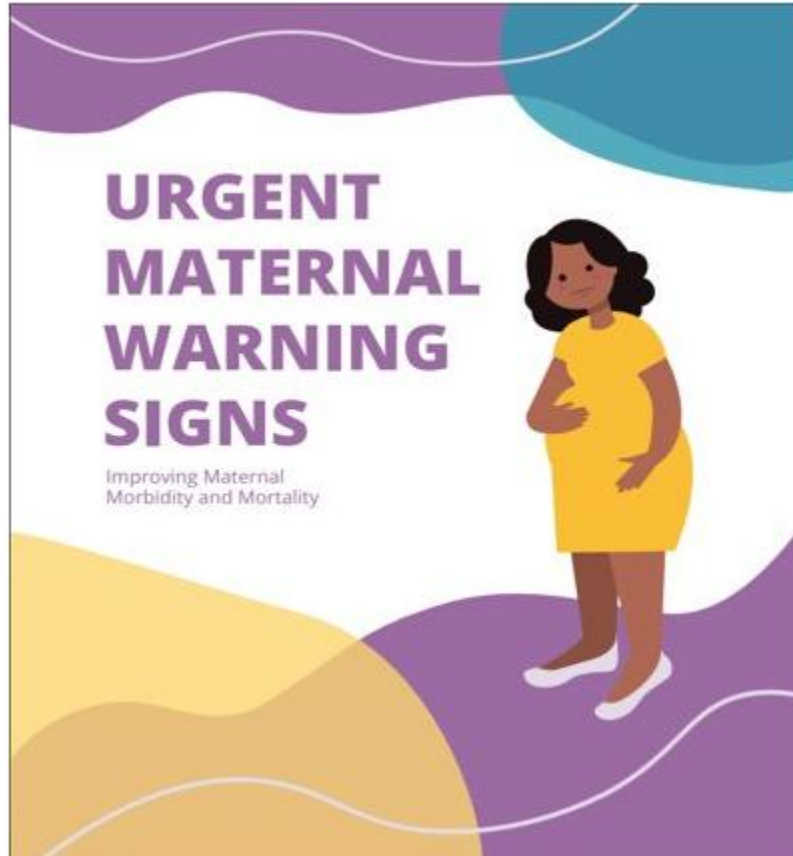
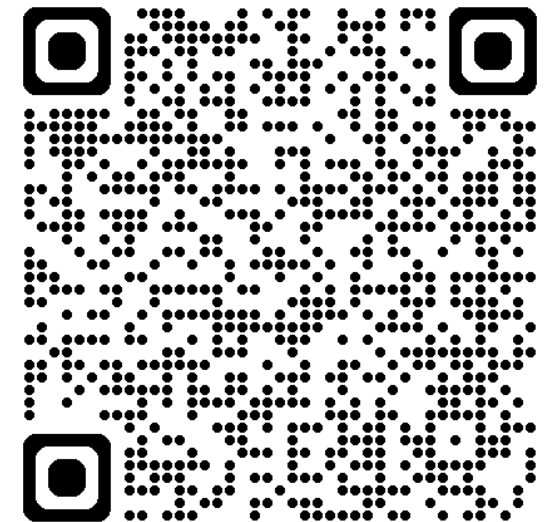


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Postpartum Hypertension

Greater than **50%** of postpartum strokes occur within 10 days following delivery.

The current ACOG recommendations state, “Blood pressure evaluation is recommended for women with hypertensive disorders of pregnancy no later than 7–10 days postpartum, and women with severe hypertension should be seen within 72 hours.”

Source: [ACOG](#).

Mental Health

Patients are often reluctant to discuss mental health conditions for many reasons including stigma. It is important to use an inclusive, strength-based approach that emphasizes:

- Mood changes are common during pregnancy and after giving birth.
- Mental health conditions are treatable, medical conditions.
- Agencies must screen every woman in pregnancy and throughout the postpartum period.

Source: [ACOG](#).

Mental Health

The National Institute for Health and Care Excellence guidelines recommend screening all women for resolution of the “baby blues” at 10–14 days after birth to facilitate early identification of and treatment for postpartum depression.

Trouble
concentrating.

Frequent
changes in
mood.

Crying without
knowing why.

Unusual
anxiety.

Insomnia.

Irritability.

Forms and Resources

Talk About Depression and Anxiety During Pregnancy and After Birth Ways You Can Help

Pregnancy and a new baby can bring a mix of emotions—excitement and joy, but also sadness and feeling overwhelmed. When these feelings get in the way of your loved one taking care of herself or the baby—that could be a sign that she's dealing with deeper feelings of depression or anxiety, feelings that many pregnant women and new moms experience.



LISTEN

Open the line of communication.

- ♦ "I know everyone is focused on the baby, but I want to hear about you."
- ♦ "I notice you are having trouble sleeping, even when the baby sleeps. What's on your mind?"
- ♦ "I know a new baby is stressful, but I'm worried about you. You don't seem like yourself. Tell me how you are feeling."
- ♦ "I really want to know how you're feeling, and I will listen to you."



OFFER SUPPORT

Let her know that she's not alone and you are here to help.

- ♦ "Can I watch the baby while you get some rest or go see your friends?"
- ♦ "How can I help? I can take on more around the house like making meals, cleaning, or going grocery shopping."
- ♦ "I am here for you no matter what. Let's schedule some alone time together, just you and me."



OFFER TO HELP

Ask her to let you help her reach out for assistance.

- ♦ "Let's go online and see what kind of information we can find out about this." Visit nichd.nih.gov/MaternalMentalHealth to learn more.
- ♦ "Would you like me to make an appointment so you can talk with someone?" Call her health care provider or the Substance Abuse and Mental Health Services Administration's National Helpline at 1-800-662-HELP (4357) for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.
- ♦ "I'm very concerned about you." Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support—they talk about more than suicide.

During Pregnancy and After Birth: Learn the Signs of Depression and Anxiety

You may be the first to see signs of depression and anxiety in your loved one while she is pregnant and after she has had the baby. Learn to recognize the signs and, if you do see them, urge her to talk with her health care provider.

DOES SHE:

Seem to get extremely anxious, sad, or angry without warning?

Seem foggy and have trouble completing tasks?

Show little interest in things she used to enjoy?

Seem "robotic," like she is just going through the motions?

DO YOU:

Notice she has trouble sleeping?

Notice she checks things and performs tasks repeatedly?

Get concerned she cannot care for herself or the baby?

Think she might hurt herself or the baby?

Depression and Anxiety Happen. Getting Help Matters.

In Massachusetts, visit www.mcpapformoms.org and select the "For Mothers and Families" tab for local resources and information.

To learn more, visit nichd.nih.gov/MaternalMentalHealth.

To find a mental health provider in your area, call 1-800-662-HELP (4357).



Eunice Kennedy Shriver National Institute of Child Health and Human Development



Massachusetts Child Psychiatry Access Program
MCPAP
For Moms

Forms and Resources



Edinburgh Postnatal Depression Scale (EPDS)

Date: _____ Clinic Name/Number: _____

Your Age: _____ Weeks of Pregnancy/Age of Baby: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—not just how you feel today. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, call your health care provider regardless of your score.

Below is an example already completed.

I have felt happy:
 Yes, all of the time _____ (0)
 Yes, most of the time ☒ (1)
 No, not very often _____ (2)
 No, not at all _____ (3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things:
 As much as I always could _____ (0)
 Not quite so much now _____ (1)
 Definitely not so much now _____ (2)
 Not at all _____ (3)
2. I have looked forward with enjoyment to things:
 As much as I ever did _____ (0)
 Rather less than I used to _____ (1)
 Definitely less than I used to _____ (2)
 Hardly at all _____ (3)
3. I have blamed myself unnecessarily when things went wrong:
 Yes, most of the time _____ (3)
 Yes, some of the time _____ (2)
 Not very often _____ (1)
 No, never _____ (0)
4. I have been anxious or worried for no good reason:
 No, not at all _____ (0)
 Hardly ever _____ (1)
 Yes, sometimes _____ (2)
 Yes, very often _____ (3)
5. I have felt scared or panicky for no good reason:
 Yes, quite a lot _____ (3)
 Yes, sometimes _____ (2)
 No, not much _____ (1)
 No, not at all _____ (0)
6. Things have been getting to me:
 Yes, most of the time I haven't been able to cope at all _____ (3)
 Yes, sometimes I haven't been coping as well as usual _____ (2)
 No, most of the time I have coped quite well _____ (1)
 No, I have been coping as well as ever _____ (0)

7. I have been so unhappy that I have had difficulty sleeping:
 Yes, most of the time _____ (3)
 Yes, sometimes _____ (2)
 No, not very often _____ (1)
 No, not at all _____ (0)
8. I have felt sad or miserable:
 Yes, most of the time _____ (3)
 Yes, quite often _____ (2)
 Not very often _____ (1)
 No, not at all _____ (0)
9. I have been so unhappy that I have been crying:
 Yes, most of the time _____ (3)
 Yes, quite often _____ (2)
 Only occasionally _____ (1)
 No, never _____ (0)
10. The thought of harming myself has occurred to me: *
 Yes, quite often _____ (3)
 Sometimes _____ (2)
 Hardly ever _____ (1)
 Never _____ (0)

TOTAL YOUR SCORE HERE ► _____

* If you scored a 1, 2 or 3 on question 10, PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) OR GO TO THE EMERGENCY ROOM NOW to ensure your own safety and that of your baby.

If your total score is 11 or more, you could be experiencing postpartum depression (PPD) or anxiety. PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) now to keep you and your baby safe.

If your total score is 9-10, we suggest you repeat this test in one week or call your health care provider (OB/Gyn, family doctor or nurse-midwife).

If your total score is 1-8, new mothers often have mood swings that make them cry or get angry easily. Your feelings may be normal. However, if they worsen or continue for more than a week or two, call your health care provider (OB/Gyn, family doctor or nurse-midwife). Being a mother can be a new and stressful experience. Take care of yourself by:

- Getting sleep—nap when the baby naps.
- Asking friends and family for help.
- Drinking plenty of fluids.
- Eating a good diet.
- Getting exercise, even if it's just walking outside.

Regardless of your score, if you have concerns about depression or anxiety, please contact your health care provider.

Please note: The Edinburgh Postnatal Depression Scale (EPDS) is a screening tool that does not diagnose postpartum depression (PPD) or anxiety.

See more information on reverse. ►



**Department of
Health**

Mental Health: Substance Use Disorder

Perinatal substance use exists across all sociodemographic groups and geographic areas.

- Approximately 10% of pregnant women report the use of alcohol during pregnancy, including 4% who drink more the five drinks at one time.
- 5% report the use of illicit drugs.
- Greater than 15% who report smoking tobacco.

Source: [New Hampshire SBIRT](#).

Mental Health: Substance Use Disorder

Prevention



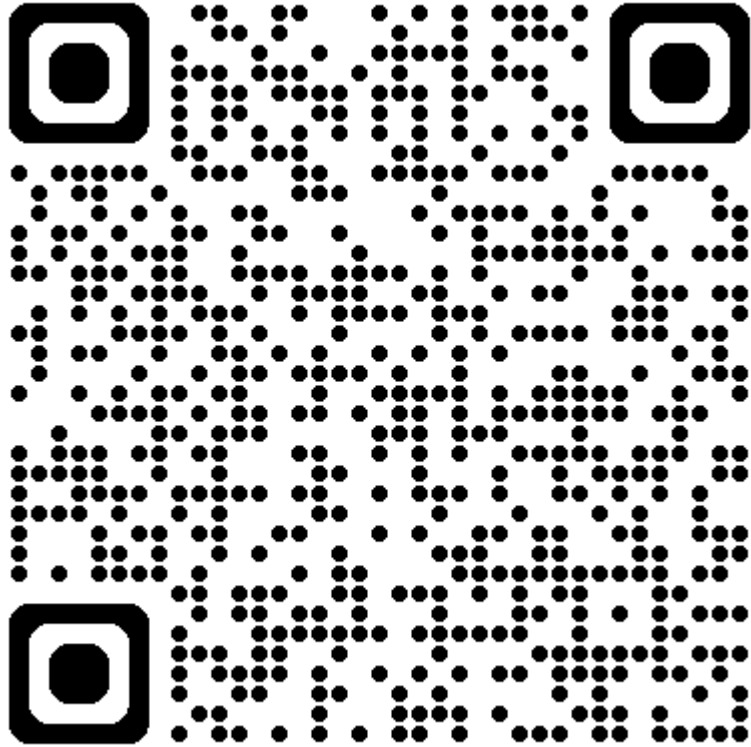
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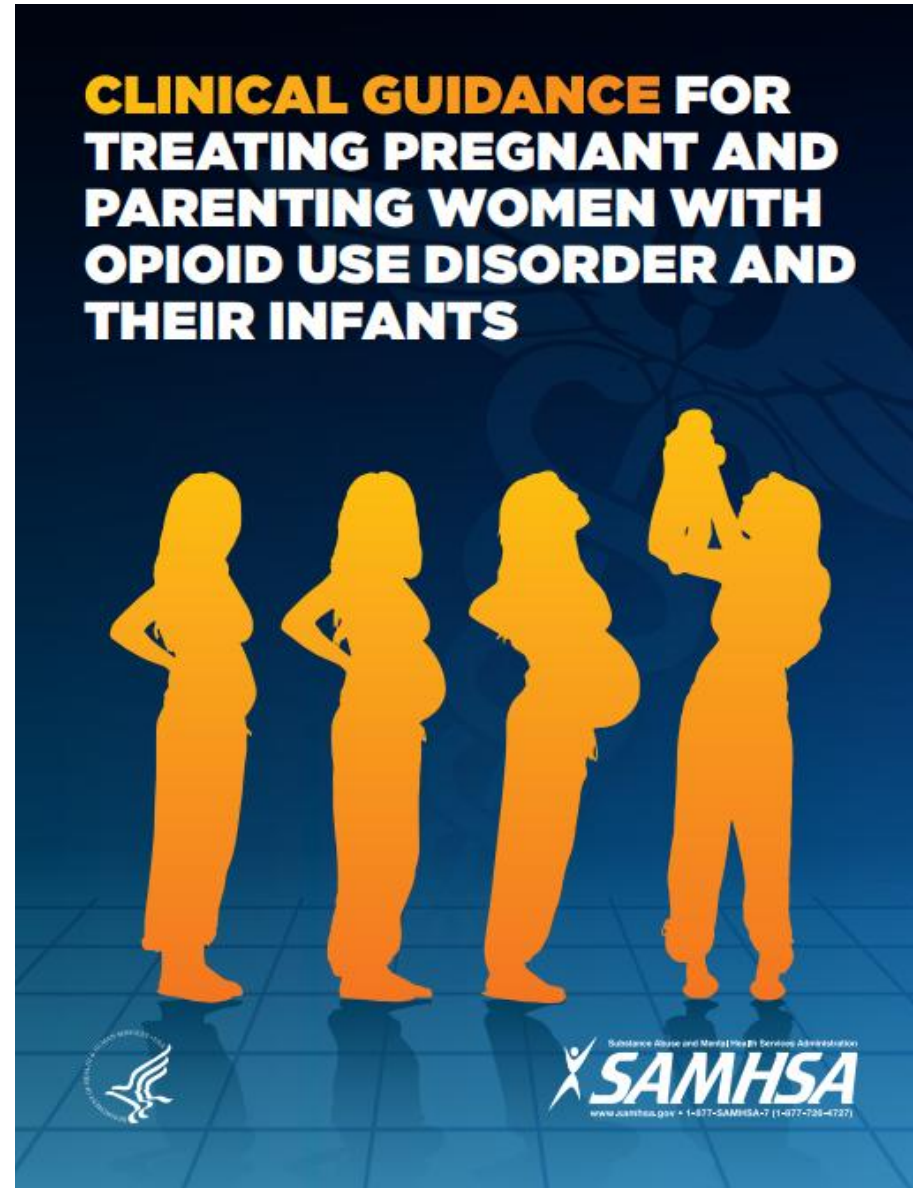
Reduction



Forms and Resources



Source: [SAMHSA](https://www.samhsa.gov).



Department of
Health

Forms and Resources

Source: [New Hampshire SBIRT](#).

APPENDIX D: S-BI-RT IMPLEMENTATION TEAM PLAN TEMPLATE

S-BI-RT Implementation Team Plan
Team Leader:
Team Members:
Date of Team Formation:
Anticipated length of time the team will focus on S-BI-RT Implementation:
The Problem: <i>{According to the 2013 National Survey on Drug Use and Health, perinatal substance use exists across all sociodemographic groups and geographic areas. Approximately 10% of pregnant women report the use of alcohol during pregnancy, including 4% who drink more the 5 drinks at one time, 5% report the use of illicit drugs, and over 15% report smoking tobacco.</i> <i>Prevention, identification, and reduction of perinatal opioid and other substance use during pregnancy and the postpartum period are critical to support the health and wellbeing of women and their infants. Universal screening for drug and alcohol use is an essential first step in identifying women with substance use disorders and linking them with the appropriate services.}</i>
The Goal of S-BI-RT Implementation is: <i>{To increase the number of obstetrics patients screened in our practice and who receive clinical response and referral appropriate to their level of risk.}</i>
The Global Aim of the S-BI-RT Team is: <i>{To screen universally for substance use in our practice and provide appropriate clinical response including brief intervention, referral, and follow up appropriate to their level of risk by [date], by incorporating S-BI-RT into our practice.}</i>
The S-BI-RT process begins... <i>{...when a designated staff person initiates the screening of a patient.}</i>
The S-BI-RT process ends... <i>{...when the screening results have received identified response including documentation of brief intervention, results of referral, and follow up visits.}</i>
Out of scope... <i>{Providing ongoing treatment for patients with substance use disorders.}</i>
In scope... <i>{Providing universal screening, brief intervention and supported referrals as indicated.}</i>

Referrals

Providing referrals increases access to quality care, promotes healthy development, and reduces the risk of infant or maternal morbidity and mortality.

In addition to current referral resources, develop and maintain referral opportunities with local:

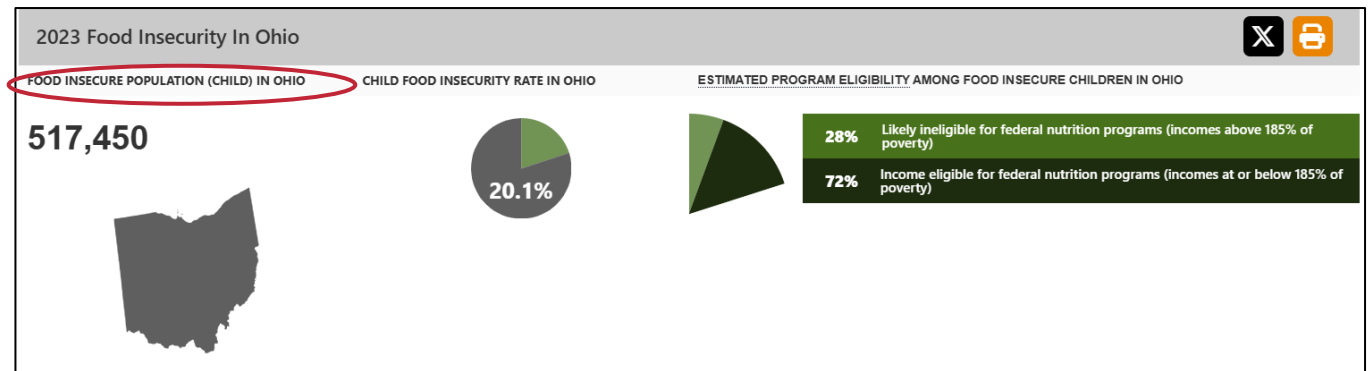
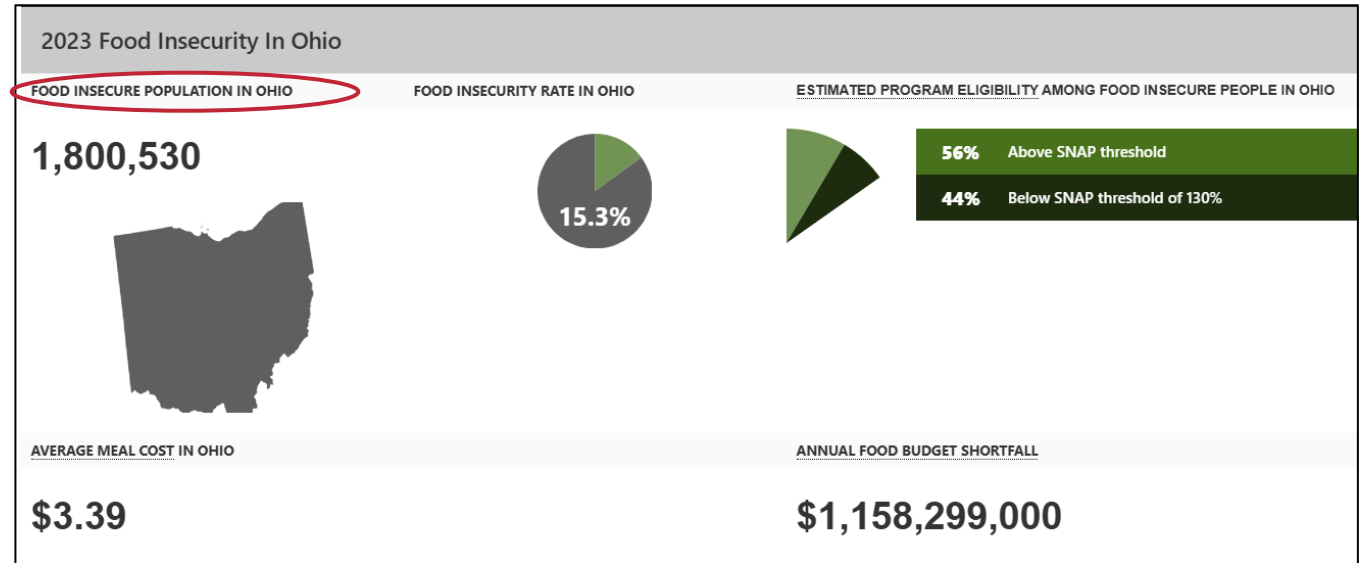
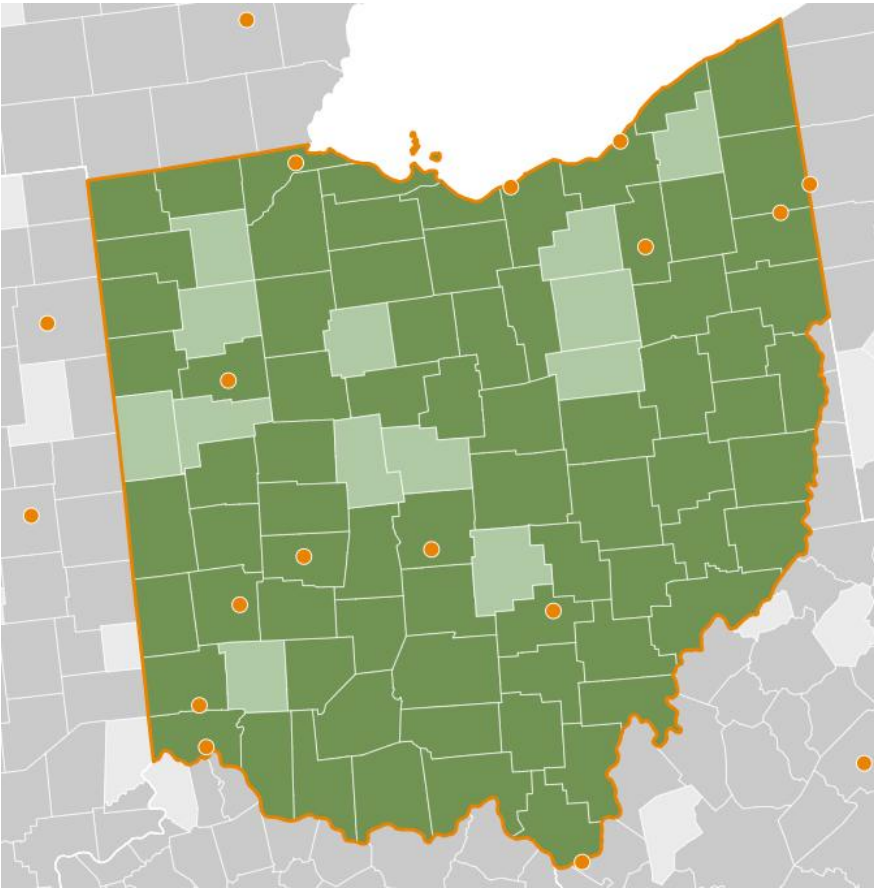
- Mental Health and substance use disorder providers.
- OBGYN.
- Cardiology.
- Lactation.
- WIC.
- Home Visiting.

Policy Implementation

Develop and implement policies and procedures to reflect the following:

- Referral resources for:
 - WIC.
 - Home Visiting.
 - Mental Health and SUD Providers.
 - OBGYN.
 - Cardiology.
 - Lactation.
- New employee training requirements to include UMWS and MOM 365 recommendations.
- Procedure establishing role responsibilities as they pertain to identifying and/or attending to UMWS.
- Standardized screening for current or recent (within 12 months) pregnancy.

Food Insecurity in Ohio



Food Insecurity Rates ⓘ

No Data

0-13.0%

13.1-26.0%

26.1-39.0%

39.1-52.0%

52.1-65%

Source: [Feeding America](https://www.feedingamerica.org/).

Definitions

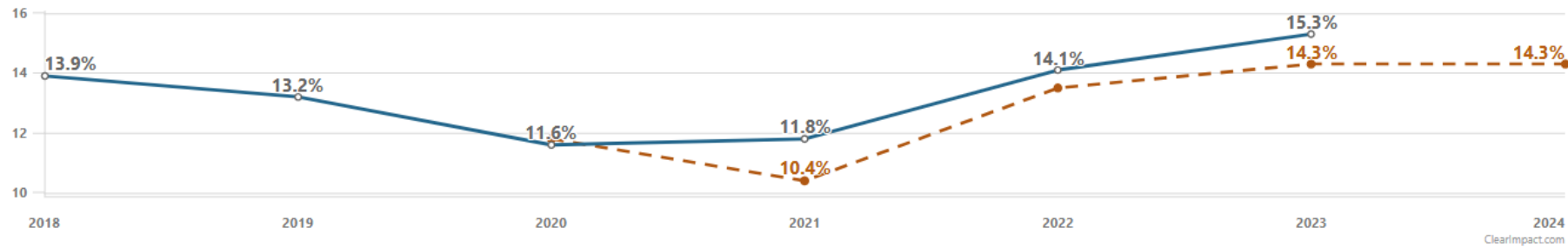
- **Food and Nutrition Security:** having reliable access to enough high-quality food to avoid hunger and stay healthy.
- **Food Insecurity:** the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.
 - Measured at two levels of severity.
 - In households with **low food security**, the hardships experienced are primarily reductions in dietary quality and variety.
 - In households with **very low food security**, the hardships experienced are reduced food intake and skipped meals.

Tracking Trends in Clear Impact

Reduce Food Insecurity

Feeding America Percent overall food insecurity in Ohio compared to US (target line)

Data Source: Feeding America



Story Behind the Curve Partners What Works Strategy

All Data Showing...

Feeding America Percent of Ohioans who are food insecure, but do not qualify for SNAP vs. US (target line).

Feeding America Percent Black Ohioans who are food insecure vs Ohio average (target line)

Feeding America Percent Latino Ohioans who are food insecure vs Ohio average (target line).

Feeding America Percent of children who are food insecure vs US average (target line)

Feeding America Percent of older adults age 60 and older that are food insecure vs US (target line)

Most Recent Period	Current Actual Value	Next Target Value	Current Trend	Baseline % Change
2023	15.3%	14.3%	↗ 3	6% ↗
2022	14.1%	14.3%	↗ 2	-3% ↘
2021	11.8%	13.5%	↗ 1	-19% ↘
2020	11.6%	10.4%	↘ 3	-20% ↘
2019	13.2%	11.8%	↘ 2	-9% ↘
2018	13.9%	-	↘ 1	-4% ↘
2017	14.5%	-	→ 0	0% →

2023	56%	37%	↘ 1	10% ↗
2023	31.0%	15.3%	↗ 2	24% ↗
2023	26.0%	15.3%	↗ 2	24% ↗
2023	20.1%	19.2%	↗ 2	3% ↗
2023	8.3%	-	↗ 2	69% ↗

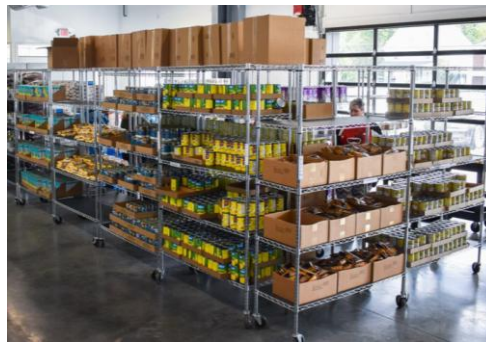
ODH: Health Promotion



Farmers' Markets



Healthy Retail



Food Banks/Pantries



Community Gardens



Farm to Institution



Community Supported Agriculture



Safe Routes to Healthy Food



Fruit and Vegetable Prescriptions



Food Service Guidelines



Food Access Policy and Planning

ODH Women, Infants, and Children (WIC)

WIC provides:

- Nutrition and lactation education and support.
- Supplemental, highly nutritious foods.
- Referral to prenatal and pediatric healthcare and other maternal and child health and human service programs.

WIC serves:

- Pregnant women.
- Breastfeeding and postpartum women.
- Infants up to age 1 .
- Children up to age 5.



**Department of
Health**

**Women, Infants, and
Children Program (WIC)**

ODH Women, Infants, and Children (WIC)

- Ohio WIC is working to increase enrollment and food access:
 - Update the WIC Management Information System that issues WIC foods to over 180,000 individuals each month.
 - Transition to online electronic benefits for real-time food issuance.
 - Increase vendor outreach to encourage more Ohio vendors to become WIC-authorized.
 - Update the WIC food packages to reflect changes to the USDA food rule. The rule increases participant food options.
 - Update Ohio WIC policies and procedures to improve WIC clinic flow and local WIC project's ability to recruit and retain WIC health professionals.
 - Assess feasibility of electronic solutions for the Farmers Market Nutrition Program which provides vouchers for fresh, local produce to participants of the WIC program and income to Ohio farmers.

QUESTIONS?

ODH.OHIO.GOV

- General Infectious Diseases: ORBIT@odh.ohio.gov.
- Zoonotic and Vector-Borne Diseases: Zoonoses@odh.ohio.gov.
- Immunizations: Immunize@odh.ohio.gov.
- Ohio Pediatric Psychiatry Access Line: OPPAL@odh.ohio.gov.
- Maternal Outreach Movement 365: Marianne.Dunn@odh.ohio.gov.
- Health Promotion Section: Kelly.Friar@odh.ohio.gov.
- Ohio WIC: Amy.Alwood@odh.ohio.gov.



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