

## Interim Study 2020-10

### Hotline Reporting for State Agencies and Advocacy Groups

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Community Health Services: Family Health Services  
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#### **Women, Infant, Children (WIC)**

The WIC Hotline is utilized to provide information and assistance for four different WIC helpdesk resources.

##### WIC Nutrition Helpdesk

The OSDH WIC Nutrition Helpdesk is staffed by registered dietitians during regular business hours, which are 8:00-5:00 Monday through Friday. This helpdesk serves as a resource for clinics across the state to get assistance with exception requests for non-contract formulas, technical assistance with PHOCIS, and overall guidance on WIC procedures. The helpdesk also serves clients in the community when they have benefits questions, need help applying for WIC, or need assistance accessing their online account for nutrition education. Health care providers from across the state also utilize the Nutrition Line for general information and assistance with formula requests for patients. It is a tiered system which will ultimately ring to all 14 state level WIC dietitians before going to voicemail. In the rare event none of the dietitians on the tiered system can answer, calls are sent to voicemail which is checked twice daily.

**On average, the Nutrition Line receives 10-15 calls per day. At the beginning of COVID-19 call volume increased, however has leveled off to around pre-COVID volume at the present time. OSDH WIC dietitians are able to handle the present call volume with current staffing. This helpdesk has been in operation for 25 years and currently has sufficient resources for continued operation at full capacity.**

##### WIC Vendor Helpdesk

The Vendor Helpdesk is available to 425 WIC grocers statewide and WIC participants for help with any WIC related issues they might encounter while redeeming WIC benefits. The vendor helpdesk is set up to ring to all four members of the Vendor Management staff simultaneously so all staff have the ability to answer the call. In the rare event none of the Vendor Management staff can answer, voicemail provides the caller with the Vendor Coordinators individual WIC iPhone numbers so the caller has the ability to reach someone 24/7 to get help.

**The Vendor helpdesk call volume increased in March and April due to COVID-19, however has leveled off to around pre-COVID volume at the present time. This helpdesk has been in operation for 25 years and currently has sufficient resources for continued operation at full capacity.**

##### WIC Policy Helpdesk

The policy helpline is available to answer questions related to WIC program policies and procedures for 112 clinics operating statewide plus participant inquires.

**At the onset of the pandemic, calls increased. Clinic staff needed assistance on how to continue to provide WIC services to participants who had concern for the safety of their family and calls from the public wanting to know if the WIC program would continue.**

**Calls decreased once county health departments/clinics discontinued in-person appointments and the WIC program received USDA waivers and went to remote benefits issuance. This helpdesk has been in operation for 25 years and currently has sufficient resources for continued operation at full capacity.**

### eWIC/PHOCIS WIC Helpdesk

The primary function of this helpdesk is to provide technical assistance to the 112 WIC clinics operating statewide. Clinic staff may call the helpdesk with any PHOCIS related problems they might encounter in providing services to WIC clients. There are also certain functions only allowed at the state office level that the clinic may need to request (i.e. merging records, removing duplicate records). Additionally, if a participant has questions about their eWIC card or about their benefit balance, they may also call this helpdesk. This helpdesk is a selection on a prerecorded message for the main WIC office and once selected, it will take the caller to a live person.

**The activity on this helpdesk has not been influenced by COVID. This helpdesk has been in operation for 25 years and currently has sufficient resources for continued operation at full capacity.**

## **Family Support and Prevention Service (FSPS)**

### OKDHS Child Care Warmline

Operates as a partnership with DHS. DHS provides the funding for this service; OSDH provides the staffing, resources and education. The Warmline is a phone consultation service for Oklahoma child care providers. Child care providers call the Warmline and get live consultation. There is also a web-based library that is customized to provide information regarding health and behavior topics for group care. The Warmline also can be utilized by Child welfare staff for early childhood mental health referrals and some parent referrals from ParentPro.

**It has been in existence since 2004.**

**Activity before and after COVID-19:** Call volume has remained steady. In FY 2020, there were 645 calls which was slightly down from the previous year's usage but not significant (less than 50 calls). In the 4th quarter of FY 2020, 72% of the calls were COVID-related (tracking COVID specific calls began mid-April 2020).

**Demand for use of Warmline/infrastructure and resources:** Current staffing pattern has been adequate to handle current call volume. DHS has discussed targeted marketing around COVID questions to early care and education providers and fielding questions in that area. FSPS is also discussing a plan to target parents with point in time parental information and resources. This discussion is a three-way partnership between FSPS, MCH and ODMHSAS. A staffing increase would be necessary to expand a phone line service to parents.

**Currently the program is working to obtain a contract with OUHSC for the Warmline library. Costs have increased. Current proposal is \$45K for the library development through OU.**

### ParentPRO

ParentPRO is the marketing component of the Maternal Infant and Early Childhood Home Visiting (MIECHV) grant. This campaign consists of a website and phone line. The website houses information regarding home visiting services that are available in Oklahoma and provides a link to enroll in home visiting. The phone line is answered by OSDH staff in FSPS and is available to all persons in Oklahoma who are interested in learning more about home visiting and the models that are provided. The OSDH staff provides guidance to pregnant women and parents regarding home visitation options in their area and what programs they qualify for. This campaign is a collaborative effort between OSDH, the Potts Family Foundation and OUHSC.

**Activity before and after Covid-19:** Information is being collected.

**Demand for use of ParentPRO/infrastructure and resources:** Currently the staffing for ParentPRO is provided through the MIECHV grant and is adequate to meet program needs.

**1-800-766-2223 is the mainline number utilized by Maternal Child Health and Screening and Special Services. This is a recorded system in which the caller selects a specific topic and then is forwarded to a live person. Please see explanation of the programs utilized under this 1-800 number below.**

### **Maternal Child Health (MCH)**

The following services are not a traditional hotline for information, but do utilize a toll-free line to ensure that mothers who receive the statewide surveys have a way to call back in and complete the survey by phone without any charge to them. Callers can easily access the toll-free line to select the specific survey they are interested in. They are then connected to one of the survey staff (OSDH MCH employees) to continue participation in the survey during regular business hours and roll over to a voicemail system after regular hours with calls returned the next business day.

**The phone number has been in service and used by PRAMS and TOTS since 2005. During COVID-19, there has been a decrease in calls and no anticipated sustained increase in demand. CDC protocols require that PRAMS has a way for mothers to reach the project with no out-of-pocket cost to them. Due to the increase in cell phone households, few mothers need the benefit of a toll-free number. If there were to be an increase in demand, additional staff would be needed to keep the 1-800 number working at full capacity. The projects currently have vacant positions that need to be filled.**

#### **PRAMS**

The Pregnancy Risk Assessment Monitoring System is an ongoing, statewide study that collects information about a woman's behaviors and experiences before, during and after pregnancy. Funded by the Centers for Disease Control and Prevention (CDC), Title V Maternal and Child Health Block Grant, and OSDH. 36 other states conduct a PRAMS survey. Oklahoma has participated since the CDC project began in 1988. 200 to 250 new mothers are randomly sampled every month. Mothers are sent as many as three mail questionnaires, with follow-up phone interviews for women who do not respond to the mailed surveys. All information is kept confidential.

Purpose: to discover why some babies are born healthy and why others are not in an effort to increase the numbers of babies in Oklahoma who are born healthy. Information is used to help guide programs and health policy in Oklahoma and to help make better use of limited resources.

PRAMS data collected: Health insurance, prenatal care, breastfeeding, maternal smoking and secondhand smoke exposure, alcohol use, social support and family planning.

Link to one of the PRAMS publications:

[https://www.ok.gov/health2/documents/Disparities%20in%20Chronic%20Health%20Conditions%20\(PRAMSGram%20May%202019\).pdf](https://www.ok.gov/health2/documents/Disparities%20in%20Chronic%20Health%20Conditions%20(PRAMSGram%20May%202019).pdf)

#### **The Oklahoma Toddler Survey (TOTS)**

A two year follow-back survey to the PRAMS survey was created by Oklahoma in 1994. TOTS re-surveys PRAMS respondents the month the child turns two years old. TOTS is funded by the Title V Maternal and Child Health Block Grant and the OSDH. Oklahoma was the first state to begin a follow-back survey to PRAMS; currently three other states have a similar program.

Purpose: to learn about the health and well-being of Oklahoma's toddler population and their health experiences from birth to age two. The information is used to help guide programs and health policy in Oklahoma, and to help make better use of limited resources. TOTS sends as many as two mail questionnaires to between 150-175 women each month followed by phone contact for those mothers who have not responded by mail. All information is confidential. TOTS includes questions about health care and insurance, illness and injury, childcare, safety, breastfeeding, secondhand smoke exposure, and family structure.

Link to one of the TOTS publications:

<https://www.ok.gov/health2/documents/TOTS%20Brief%20Smoking%20Rules%20May%202019.pdf>

## **Screening and Special Services (SSS)**

The following services are not a traditional hotline for information, but do utilize the toll-free line to conduct and answer questions relating to Newborn Metabolic Screening, Childhood Lead, and Newborn Hearing. These calls may be from healthcare providers, hospitals or parents regarding test results, repeat screening requirements, case management, and resources. Callers can easily access the toll-free line to select the specific area they are interested in. They are then connected to one of the Screening and Special Services staff to receive guidance or recommendations.

**This line has been in use since 2005. There has not been a noted increase or decrease in calls as a result of COVID-19. Funding for staffing this line and case management for all the programs mentioned is stable at this time. However, maintaining newborn hearing equipment for the hospitals and pediatric audiology services are an area of funding needs.**

### **Newborn Metabolic Screening**

Short-term, follow-up case management services are provided, offering support and guidance to healthcare providers and families regarding follow-up recommendations for all children who have an out of range newborn screen result. Follow up continues until either the child is diagnosed with a condition or determined to not be affected by the condition. If a child is diagnosed, they are transitioned to long-term, follow-up care and continue being monitored and evaluated through the specialty clinic. This program is provided as a requirement of state statute 63 O.S. Section 1-533 and 1-534. Of approximately 52,000 births annually in Oklahoma, 2,500 abnormal NBS results require follow-up case management services, 100-120 newborns identified with a condition through Newborn Screening and 300 confirmed to be a carrier of a condition.

### **Newborn Hearing Screening**

Babies born in Oklahoma are required to have their hearing checked before leaving the hospital and the hospital reports the result to the Newborn Hearing Screening Program. The Newborn Hearing Screening Program provides direct service through case management for all infants with abnormal hearing screening results. Results and follow-up recommendations are reported to the health care provider and the program continues to follow until the child is either determined to not have hearing loss or diagnosed with hearing loss by a pediatric audiologist or placed in early intervention services. Any degree of hearing loss can negatively impact a child's speech, language, social and emotional development, and academic success. State statute 63 O.S. Section 1-543 requires that the Oklahoma State Department of Health operate this program. Of approximately 52,000 births annually in Oklahoma, 7,500 babies require follow-up case management services, 170-200 newborns identified with hearing loss through Newborn Screening.

### **Childhood Lead Screening**

All Oklahoma children are required to have a blood lead screening at 12 and 24 months of age or any child up to 6 years of age who was not previously tested. All blood lead test results (adults and children) are required to be reported to the OSDH and the Oklahoma Childhood Lead Poisoning and Prevention Program is responsible for conducting statewide surveillance of blood lead results. The program provides direct service through case management for children 6-72 months of age who have an elevated blood lead level and also performs environmental investigations to identify the source of lead exposure for children who have a significantly elevated blood lead level. Results and follow-up recommendations are reported to the health care provider and the program continues to follow until the child's blood lead level drops below the level of concern or the child reaches 6 years of age. The program is currently in the process of lowering the blood lead value that triggers an environmental investigation, which will increase the number of investigations to approximately 170 per year. State statute 63 O.S. Section 1-114.1 requires that the Oklahoma State Department of Health operate this program. Approximately 50,000 lead test results are reported to the program annually, 2,500 babies require follow-up case management services, and approximately 25 environmental investigations are performed.