



2015 Ohio Maternal and Child Health Needs Assessment Community Forum Report for: Region 3 Forum Hosted by: Cuyahoga County Board of Health





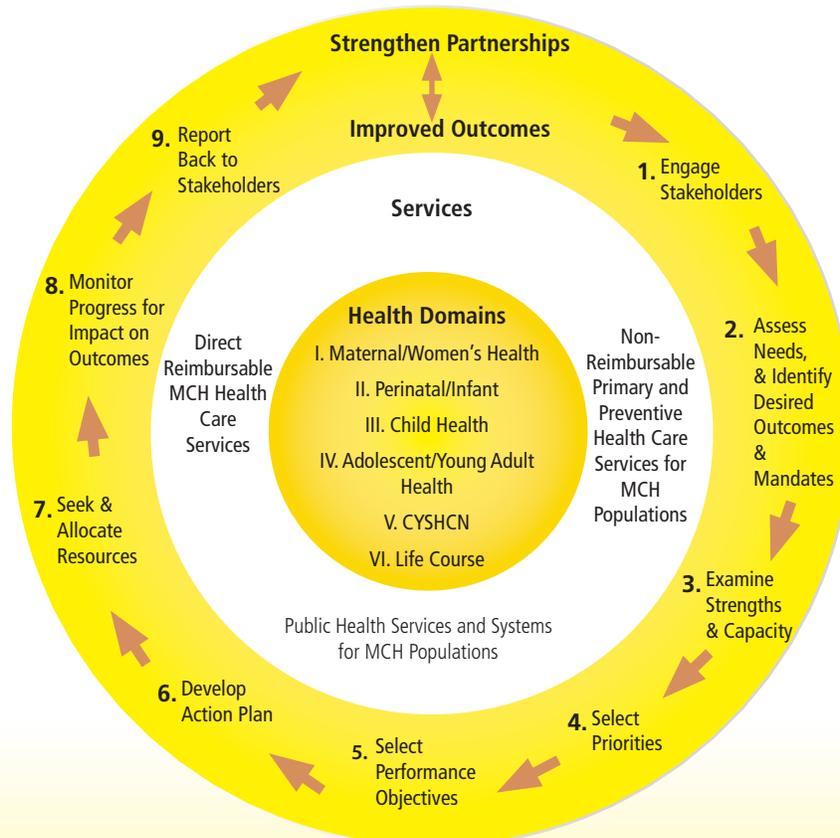
Introduction

For more than 75 years, the Federal Title V Maternal and Child Health (MCH) program has provided a foundation for ensuring the health of the nation’s mothers, women, children and youth, including children and youth with special health care needs, and their families. Specifically, the Title V MCH program seeks to assure access to quality care, especially for low-income individuals or those with limited availability of care.

While many of the problems faced by women, infants, children, youth, and families throughout the country are the same, each state faces unique challenges. Therefore, states are best positioned to assess the needs of their MCH population and to design programs that address their specific needs. As a result, each state is required to conduct a Needs Assessment every five years as part of the Title V Maternal and Child Health Block Grant.

At the end of the needs assessment process, Ohio will create a plan for addressing the top critical unmet needs identified in part through a series of state wide community forums. ODH will select the top 10 priorities they will focus on, and determine how the funds allotted to Ohio will be used for the provision and coordination of services to carry out maternal and child health-related programs. The final Needs Assessment will be submitted to the Federal Maternal and Child Health Bureau on July 15, 2015.

The main goals of the needs assessment process are to (1) Improve outcomes for maternal and child health populations; and (2) Strengthen partnerships. The entire process is depicted in the graphic below.





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Location, Date, and Participants

The Region 3 MCH Needs Assessment Community Forum took place at the Cuyahoga County Board of Health at 5550 Venture Dr., Parma, OH, on Aug. 8, 2014. ODH would like to thank the Cuyahoga County Board of Health for graciously allowing us to use their facility, as well as for the hospitality shown to ODH and all the forum participants. Participating community members and MCH stakeholders included:

Participating community members and MCH stakeholders included:

Anju Abdullah	Cuyahoga County Office of Early Childhood/Invest In Children
Monica Baker	Cuyahoga County Board of Health
Nick Bochanic	University Hospitals
Bryanna Boggan	Cleveland Department of Public Health
Joy Box	Elyria City Health District
Ira Bragg	American Sickle Cell Anemia Association
Robin Brown	Concerned Citizens Organized Against Lead (CCOAL)
Crystal Bryant	Cuyahoga County Job And Family Services
Dan Bucci	University Hospitals
Pat Bucknell	Mother's Helper, Inc.
Debbie Busdiecker	Cuyahoga County Board of Health
Leslie Carter	American Sickle Cell Anemia Association
Sandra Chance	NORA
Kay Conley	Organization not listed
Vanessa Crumb	Cleveland Department of Public Health
Darcy Downie	Prevent Blindness
Kathleen Durchik	Lake County General Health District
Gloria M. Gonzalez	Lorain City Health Department
Deborah Horvath	Cuyahoga County Board of Health
Sheri Jones	Measurement Resources Company
Amanda Kelly	Stark County Health Department
Karen Kimbrough	OhioMHAS
Tiffany Lewis	Measurement Resources Company
Maria Mastoya	University Hospitals
Lisa Matthews	Cleveland Department of Public Health
Jori Mintz	University Hospitals
Connie Moon	Elyria Health District
Debbie Morog	Elyria City Health District
Angela Newman-White	Cuyahoga County Board Of Health
Alison Patrick	Cuyahoga County Board Of Health
Nakiaa Robinson	Office of Early Childhood
Kathy Schoch	Cuyahoga County Board of Health
Nancy Schultek	Cuyahoga County Board Of Health

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Ann Selent	Elyria City Health District
Michelle Shirer	Molina Healthcare
Jo Ann Simmons	Elyria City Health District
Yvonne Sproule	Lorain City Health Department
Kimberly Stutt	Lorain City Health Department
Janet Weiskittel	Cuyahoga County Board of Health
Chantez Williams	Cleveland Department of Public Health
Bonnie Ziganti	Cuyahoga County Board of Health

The ODH participants at the Region 3 forum were responsible for convening and co-hosting the community forum, presenting data and information to forum participants, responding to participant questions, and serving as content experts. ODH staff did not facilitate nor determine the critical needs or recommendations identified by each of the population groups.

ODH Participants at the Region 3 Forum included:

Ayana Birhanu	Ohio Department of Health
Amy Davis	Ohio Department of Health
Jessica Foster	Ohio Department of Health
Sierra Mullen	Ohio Department of Health
Theresa Seagraves	Ohio Department of Health
Lillian Stuckey	Ohio Department of Health
Wengora Thompson	Ohio Department of Health
Kim Weimer	Ohio Department of Health



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MCH Community Forum Prioritization Process

The first step in the prioritization process was the use of a variety of data collection tools to understand the current state related to the health of women, infants, children, youth, and children with special health care needs. Three categories of data collection activities were conducted to gain insights regarding these populations.

1. **Stakeholder Survey:** This survey was distributed to a statewide list of stakeholders asking them to identify important areas of unmet needs for mothers, children, and children with special health care needs.
2. **Consumer Survey:** This survey was distributed to gather the feedback and opinions of women and caretakers of children, adolescents and children with special health care needs. This survey asked participants to identify what services are available in their area, what services they access, and their perception of the quality of these services.
3. **Secondary Data Source Analysis:** ODH gathered data sources related to Ohio demographics and also related to health conditions affecting Ohio's women and infants, children in early childhood, school age children and adolescents and children with special health care needs. Additional data was gathered and analyzed related to social determinants of health and health equity.

During the Region 3 Community Forum in Parma, Ohio, an abbreviated summary of the data and information outlined above was presented to participants, while other data and information were provided as resource documents for the participants to reference. After the formal presentation, participants were asked to divide themselves into one of four groups representing the following four populations: women and infants; early childhood; school age children and adolescents; and children with special health care needs. The goal of the break-out groups was to begin a prioritization process in order to identify three to five key **“needs not currently being met”** and rank order their importance per each MCH population group.

A major portion of the overall needs assessment process is spent in assessing the critical needs of the MCH population through activities such as surveys, community forums, and key informant interviews. These collaborative efforts involve the inclusion of statewide local agencies and organizations that have an interest or are a stakeholder of the MCH population. Families, practitioners, the community, MCH stakeholder agencies and organizations as well as other state agency staff have been invited to engage in this process. The goal is to be as inclusive as possible, use the feedback to prioritize the most critical unmet needs and then identify the top ten MCH priorities for 2015 – 2020.

The forum participants self-selected to participate in one of the four population groups described above. Each group first brainstormed unmet needs related to their population group and then, using the criteria on the next page, each group prioritized the unmet needs that were identified.

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1. The groups were asked to make their priorities specific, provide recommendations where applicable, and, if possible, link priorities to measurable outcomes. They were asked to use the following criteria as a guide to determine key priorities:
 - a. **Size** - How widespread is the problem?
 - b. **Seriousness** - What are the consequences of not addressing this need?
 - c. **Trends** - Is the issue getting worse? Is Ohio's problem different than the national trend?
 - d. **Equity** - Does a disparity exist for this issue between different demographic groups (i.e. race, gender, age)?
 - e. **Known interventions** - Are there known best practices to address this issue?
 - f. **Values** - Is this issue important to the community?
 - g. **Resources/ Assets** - Are there known resources already in place to assist with intervention efforts?
 - h. **Social determinant of health** - Is this a social issue that, if addressed, is known to improve health outcomes?

Once each group had agreed on three to five priorities, they recorded their recommendations on a flip chart in rank order from highest priority to lowest priority. Each group was also asked to prepare a 10-minute presentation of their top priorities, and to include specific details along with any recommendations and evidence based practices to address the unmet needs.

The information below represents the outcome of the work of each breakout group from the Region 3 MCH Community Forum.

Women and Infants

Women and Infants: Brainstorming Unmet Needs

During the meeting, forum attendees brainstormed unmet needs regarding women's and infant health. Specifically, forum attendees highlighted the following issues during the brainstorm session:

- Statewide problem with some areas that are of higher need
- Insurance reimbursement for home visiting
- Cross program communication and collaboration
- Access in rural areas
- Late entry into care
- Neighborhood conditions in minority and low-income communities
- Preconception health
- Group centered-care (centering)
- Newborn home visiting
- Home visiting
- Engaging faith-based organizations
- Internet and social media to engage target population
 - ◆ Education
- Breastfeeding education
- Nutrition, obesity, food access, physical activity
 - ◆ Breastfeeding



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Women and Infants: Prioritizing Unmet Needs and Measurable Actions

Working from the brainstorm list above, forum attendees generated the following priorities and recommendations for women and infants. Please note that many of the recommendations apply to multiple priorities.

Priority 1. Nutrition and physical activity.

Recommendations:

- Increase breastfeeding support.
- Add healthcare language to all policies.
- Increase access to healthy food.
- Provide education for food preparation and nutrition.
- Implement policy and environmental change.
- Provide tools to support policy and programming for good health.

Priority 2. Preconception Health.

Recommendations:

- Focus on alcohol, tobacco, opiates, and drug education.
- Medical home (receiving physical care).
- Focus on mental health. Assist women to be in a mentally positive environment.

Priority 3. Insurance reimbursement for Home Visiting.

Recommendations:

- Reimbursement for newborn health visits.
- Spread the Ohio Infant Mortality Reduction initiative program.
- Implement Moms First program.



Early Childhood

Early Childhood: Brainstorming Unmet Needs

During the meeting community members brainstormed unmet needs regarding early childhood. Specifically, forum attendees highlighted the following issues during the brainstorm session:

- Early childhood obesity prevention
- Quality infant and toddler childcare
- Comprehensive pre-K screenings
 - ◆ Vision, dental, hearing, developmental (mental health, behavioral), BMI, lead
- Access (universal) to quality early childhood education settings
- Behavioral assessment
- Need for lead poisoning interventions
 - ◆ Homeowners, landlords, section 8 education
 - ◆ Screening
- Education (prevention including access to care/medical home)
- Environment/healthy home
- Social determinants
 - ◆ Housing
 - ◆ Food deserts
 - ◆ Transportation
 - ◆ Language
 - ◆ Knowledge of how to use system and provide coordination independently

Early Childhood: Prioritizing Unmet Needs and Measurable Actions

Working from the brainstorm list above, forum attendees generated the following priorities for early childhood: Please note that many of the recommendations apply to multiple priorities. This group felt strongly that the recommendations should apply to all three priorities.

Priority 1. Prevention through education about early childhood health disparities for caregivers and stakeholders.

Recommendations:

- Develop an early childhood system locally to help families link with services and follow-up with families.
- Mandated screenings needed for lead (health screening requirement), vision, hearing, dental, Body Mass Index (BMI), developmental (health screening requirement).
- Using Adverse Childhood Experience (ACE) study data to advocate for programs and interventions.
- Improve access to dental care following screening.
 - ◆ Fluoride treatment
 - ◆ Varnish
 - ◆ Existing mobile clinics at elementary schools (Cuyahoga County Board of Health) and screenings at early childhood education programs (Case Western Research University)
- Education to caregivers.
- Home visits (newborn home visits, medical home visits).
- Need for service coordination.



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Priority 2. Early intervention through screening, access to care (medical home), and services.

Recommendations:

- Develop an early childhood system locally to help families link with services and follow-up with families.
- Mandated screenings needed for lead (health screening requirement), vision, hearing, dental, BMI, developmental (health screening requirement).
- Using ACE study data to advocate for programs and interventions.
- Improve access to dental care following screening.
 - ◆ Fluoride treatment
 - ◆ Varnish
 - ◆ Existing mobile clinics at elementary schools (Cuyahoga County Board of Health) and screenings at early childhood education programs (Case Western Research University)
- Education to caregivers.
- Home visits (newborn home visits, medical home visits).
- Need for service coordination.

Priority 3. Improve environments with regard to healthy homes and communities.

Recommendations:

- Develop an early childhood system locally to help families link with services and follow-up with families.
- Mandated screenings needed for lead (health screening requirement), vision, hearing, dental, BMI, developmental (health screening requirement).
- Using ACE study data to advocate for programs and interventions.
- Improve access to dental care following screening.
 - ◆ Fluoride treatment
 - ◆ Varnish
 - ◆ Existing mobile clinics at elementary schools (Cuyahoga County Board of Health) and screenings at early childhood education programs (Case Western Research University).
- Education to caregivers.
- Home visits (newborn home visits, medical home visits).
- Need for service coordination.



School-Age Children and Adolescents

School-Age Children and Adolescents: Brainstorming Unmet Needs

During the meeting community members brainstormed unmet needs regarding school-age children and adolescents. Specifically, forum attendees highlighted the following issues during the brainstorm session:

- Lack of education to youth
 - ◆ STDs
 - ◆ Anatomy
 - ◆ What causes pregnancy
 - ◆ Basic health/body/person
- Funding for programs
- Drug and tobacco use and abuse
- Lack of jobs and job opportunities
- Obesity
- Lack of educational attainment
- Pilot programs funded and then funding removed
- Mental health issues in youth
- Differences in funding from county to county
- Regionalization cross-county

School-Age Children and Adolescents: Prioritizing Unmet Needs and Measurable Actions

Working from the brainstorm list above, forum attendees generated the following priorities and recommendations for school-age children and adolescents. This group felt strongly that the recommendations should apply to all three priorities.

Priority 1. Sexual health to allow youth to think about reproductive life plans and their future.

Recommendations:

- Increased funding for school-age and adolescent programs
- Standardization of statewide programs or cross-county programs.
- Innovative pilot programs.
- Cross-county access to care.
 - ◆ Statewide
 - ◆ Regionalization
- Increase political will and desire to improve health outcomes.
- Increase parental involvement.



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Priority 2. Increased focus on mental health, drug, alcohol, and tobacco use.

Recommendations:

- Increased funding for school-age and adolescent programs
- Standardization of statewide programs or cross-county programs.
- Innovative pilot programs.
- Cross-county access to care.
 - ◆ Statewide
 - ◆ Regionalization
- Increase political will and desire to improve health outcomes.
- Increase parental involvement.

Priority 3. Nutrition and healthy eating habits.

Recommendations:

- Increased funding for school-age and adolescent programs.
- Standardization of statewide programs or cross-county programs.
- Innovative pilot programs.
- Cross-county access to care.
 - ◆ Statewide
 - ◆ Regionalization
- Increase political will and desire to improve health outcomes.
- Increase parental involvement.

Priority 4. Physical activity.

Recommendations:

- Increased funding for school-age and adolescent programs
- Standardization of statewide programs or cross-county programs.
- Innovative pilot programs.
- Cross-county access to care.
 - ◆ Statewide
 - ◆ Regionalization
- Increase political will and desire to improve health outcomes.
- Increase parental involvement.



Children with Special Health Care Needs

Children with Special Health Care Needs: Brainstorming Unmet Needs

During the meeting community members brainstormed unmet needs regarding children with special health care needs. Specifically, forum attendees highlighted the following issues during the brainstorm session:

- Marketing of Bureau of Children with Medical Handicaps (BCMh) programs
 - ◆ Agency referral
 - ◆ Hospital referral
 - ◆ Physician's referral
- Process of obtaining help
 - ◆ Neonatal Intensive Care Unit (NICU) - Routine sign-up for BCMh
 - ◆ New diagnosis
- Misconceptions of programs
 - ◆ Need to be on Medicaid
 - ◆ Misconception of eligibility
- Agency referral or the lack of agency referral
 - ◆ Communication between agencies
- Lack of providers
 - ◆ Dentist who serve children with special health care needs (CSHCN)
 - ◆ Eye glass providers
 - ◆ Orthodontists
- Mental health needs
 - ◆ Autism
 - ◆ Access to available services
- Communication
 - ◆ BCMh needs more reader-friendly/parent-friendly letters
 - ◆ Marketing the program
 - ◆ Communication from BCMh to families and provider are confusing and misleading
- The self-insured family has a longer wait to be approved and they need coverage more than a Medicaid child
 - ◆ Equity and disparity



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Children with Special Health Care Needs: Prioritizing Unmet Needs and Measurable Actions

Working from the list above, forum attendees generated the following priority recommendations for children with special health care needs. Please note that many of the recommendations apply to multiple priorities.

Priority 1. Marketing of BCMH programs through agency, hospital, and physician referral.

Recommendations:

- Marketing of the program.

Priority 2. Communication.

Recommendations:

- Create letters at a lower reading level.
- Use language that is understandable to families

Priority 3. Agency referral or the lack of agency referral.

Priority 4. Mental health needs with regard to autism and available services

Priority 5. The process of obtaining help.

Recommendations

- Increased and better Collaboration between service agencies
- Increase networking opportunities (e.g., professionals, families, agencies and communities)



Large Group Discussion – Question and Answer

No comments or responses were provided during this portion of the forum by ODH participants.

Each group had an opportunity to share the results of their brainstorming sessions including their prioritized three to five top unmet needs and related recommendations with everyone attending the forum. Next, the Region 3 Community Forum participants were allowed to ask questions and provide comments to any of the groups. The information below represents the questions, comments, feedback or information that was asked and answered by individuals from Region 3 local communities during the forum.

General Comment: State agencies need to make their letters/written communications more understandable and at a certain reading level. Make resources accessible and easy for clients to navigate. This will promote better results.

School-Age Children and Adolescents: Group Discussions

Comment: Homelessness and domestic violence should be a factor for the lack of education for youth. There is a program to educate children about domestic violence and how to address conflict. There should be more funding for programs that address this.

Children with Special Health Care Needs: Group Discussion

Questions: Were you saying there is a lack of providers for children with special needs?

Answer: Providers are not willing to work with BCMH because of the reimbursement and the lengthy application process.



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General Questions and Answers

During the community forum there was also an opportunity for participants to ask questions of ODH. Participants were given index cards and asked to write their questions on the index card and ODH would take those questions back to the department and provide responses at a later date. In addition, participants could verbally ask questions during the forum. Below are the questions and answers from the Region 3 Community Forum.

Questions/Comments from the Region 3 Community Forum to ODH August 18, 2014	Ohio Department of Health Response
<p>Is there going to be a system to break down infant mortality, the pre-term birth, birth defect, and sleep related death? If it is an unsafe sleep environment, we can give pack-n-plays to prevent. You can't do much to prevent birth defects. Then you can measure the programs. We need to know the details to meet the program needs.</p>	<p>ODH is collecting that data and these categories do contribute to our overall IM rates. One place you might want to start to see if you can find what you are looking for is the Network of Care website, which provides health and wellness data down to the county level. The website is www.networkofcare.org</p> <p>The infant mortality group in your local area may also be the best local effort to address specific local questions about IM data.</p>
<p>How involved are the OB/GYN's in the process?</p>	<p>ODH has partnered with the Ohio Collaborative to Prevent Infant Mortality, which represents groups and individuals from across the state that have an interest in addressing infant mortality. Everyone is invited to that table. OCPI is the group that is spearheading infant mortality initiatives in Ohio. In addition the Ohio Perinatal Quality Collaborative a group that is highly represented by OB/GYNs across the state is focused on reducing prematurity-related poor outcomes for babies in Ohio.</p>
<p>Infant health in Ohio is 49th in the U.S. for black infant mortality. What does that include?</p>	<p>We know that it is inclusive of Preterm births, birth defects and Sleep-related deaths (including SIDS).</p>
<p>What does Ohio do to address that we are 49th in infant mortality?</p>	<p>ODH has partnered with the Ohio Collaborative to Prevent Infant Mortality, which represents groups and individuals from across the state that have an interest in addressing infant mortality. Everyone is invited to that table. Another example is the CollIN initiative, which stands for the Collaborative Improvement and Innovation Network (CollIN) and is a national initiative for states that have the worst infant mortality rates to form a coalition with states in the same region to identify strategies to address IM. Ohio is a part of the Region V CollIN who is in the process of identifying evidence based practices to address four strategies that impact IM. Part of this work is focused on learning from other states that have good IM rates, as well as learning from national experts. The Ohio Equity in Birth Outcomes Institute or OEI is a partnership between CityMatch, ODH and nine urban areas in Ohio to improve birth outcomes and reduce disparities in infant mortality. These are just a few of the initiatives Ohio is conducting to reduce its black IM rate.</p>



Forum Wrap Up and Next Steps

In conclusion, ODH shared with Region 3 participants that the results of their community forum would be compiled into a report and that report would be shared with each of them. When all the nine community forums and one ODH forum have been conducted, the results of those breakout sessions will be condensed into one comprehensive report. These reports will be posted to the ODH website at http://www.odh.ohio.gov/en/landing/phs_access/MCH%20Block%20Grant.aspx, along with other materials related to the 2015 Needs Assessment process.

Needs Assessment Process and Next Steps

- ✓ Identifying needs through data
 - Data Tables (i.e., Life Course, Child Health, Preconception Health, Perinatal health, Oral Health, and Health Equity Indicators, etc.)
 - Fact Sheets (based on critical issues related to the four population groups)
- ✓ Identifying needs through surveys
 - MCH Needs Assessment Stakeholder Survey Results
 - MCH Needs Assessment Consumer Survey Results
- ✓ Identifying needs through community forums
 - Nine Forums
 - One ODH Forum
 - Discussion and brainstorming with other state agency stakeholders
 - Key informant interviews with public and private leaders
- ✓ Select eight of 15 MCH National Performance Measures
- ✓ Identify five State Performance Measures
- ✓ Develop a plan of action, and
- ✓ Allocate funds and resources
- ✓ The MCH Needs Assessment will be submitted in the FFY2016 Block Grant Annual Report to the HRSA Maternal and Child Health Bureau on July 15, 2015.



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Evaluation Results

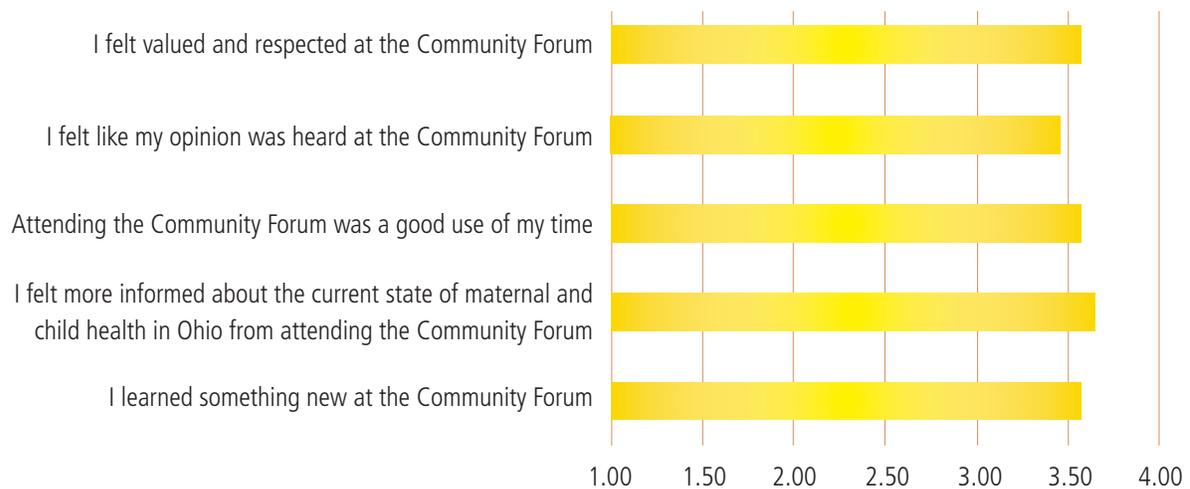
An evaluation was distributed at the forum to capture information regarding the process used and the importance of the information participants received. A follow-up email was also forwarded to all participants of the forum with a link to an electronic copy of the survey. Below are the results of the hard copy and electronic evaluation responses.

MCH Needs Assessment Community Forum Evaluation

1. Please indicate how much you agree with the following statements regarding the ODH MCH Needs Assessment Community Forum.

Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Rating Average	Response Count
I learned something new at the Community Forum	1	3	5	22	3.55	31
I felt more informed about the current state of maternal and child health in Ohio from attending the Community Forum	1	0	8	21	3.63	30
Attending the Community Forum was a good use of my time	1	0	10	19	3.57	30
I felt like my opinion was heard at the Community Forum	1	0	14	16	3.45	31
I felt valued and respected at the Community Forum	1	0	10	19	3.57	30
Answered question 31						
Skipped question 0						

1. Please indicate how much you agree with the following statements regarding the ODH MCH Needs Assessment Community Forum



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2. In what ways, if any, could we make the Community Forum even better?

Answer Options	Response Count
Answered question	18
Skipped question	13

Number	Response Text
1	During the small group discussion portion, I found the facilitators to be distracting and intrusive. They would come around and just stand there and at one point, one of them starting talking about what our priority discussion should be. For the future, either have a facilitator that stays with the group the whole time (and whose function is just to keep the discussion going, not offer her opinions) or let the group facilitate itself. My group was doing just fine without facilitation from the consultants.
2	Have more
3	Invite lawmakers so they can hear all of the issues touched on and what communities needs Really are!
4	Format and process was excellent!
5	Would have liked more time for group session.
6	Follow up session
7	Full day-Focus on resolution and ways to improve service delivery.
8	Additional detail on specific topics to be addressed prior to forum. There are other stakeholders who might have attended if they were more aware of the comprehensive nature of the discussion (education, mental health stakeholders etc)
9	The forum could be more helpful if more agencies were represented in attendance
10	Find ways to have even more representation at the forum from community stakeholders
11	*Sending handouts and fact sheets in advance
12	Change set up of the room conducive to the breakout
13	More time for group discussion-feedback/prioritization
14	If possible condense the meeting time
15	If we really get answers and can do what we set out to do in our communities—talking more about grant-we
16	More time for discussion
17	Not enough time was allocated to fully flesh out some of the issues
18	Allow more time for prioritization, have more diverse attendees. I thought there was a lot of clinical focus in my group.



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3. What, if anything, was the impact of the Community Forum for you?

Answer Options	Response Count
Answered question	24
Skipped question	7

Number	Response Text
1	Made me more aware of some of the issues my colleagues from around the county experience.
2	The group discussion
3	This was great to hear about all the initiatives happening I just really hope ideas are implemented! Change happens too slow in government.
4	Number of agencies doing the same things
5	Felt voice was heard and suggestions and recommendations were also heard
6	To realize that staff at ODH are passionate to make improvements for the community.
7	The information regarding the unmet needs for different groups.
8	Discussing concerns with other agency providers and networking to determine what needs to be done.
9	Programs that are available statewide and I did not know about them.
10	We are developing a strategic plan for the office of Prevention and Wellness. This info was confirming
11	Information and sessions held with other participants
12	Educational and Break out sessions
13	New info/data to use approach MCH issues and concerns
14	More interest in the MCH work locally and at state level
15	Enlightening and all the areas discussed and the variety of participants
16	Ideals on how to engage our local groups to prioritize; and use state information to inform local groups
17	Great planning for the forums was evident by the array of materials provided-condensed forum-very organized session.
18	Infants dying at the most rapid rate in the USA
19	The different breakout group
20	It was very clear that there is very limited understanding of what SDOH are.
21	That people really haven't accepted health equity and SDOH approach to MCH
22	Extremely educational; the consistency of similar challenges in all four groups. Statistics presented
23	Breakout sessions-identified needs and recommendations. Statistics presented
24	Breakout sessions-identified needs and recommendations.

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4. Thanks again for attending the Community Forum. Is there anything else you believe ODH should consider as we move forward with the needs assessment?

Answer Options	Response Count
Answered question	12
Skipped question	19

Number	Response Text
1	Wish there could have been more participation from clients of our services.
2	We have to start somewhere-change takes time and costs \$ —no more cuts to MCH programs! PLEASE!
3	To talk with staff that work in their programs.
4	Centralized statewide resources numbers like 911-211- where someone could call and get specific resources that are available specific to their need.
5	Keep in mind social determinants and racism
6	Local counties and communities would appreciate data specific to their respective communities
7	Thank you. hope the transition with new leadership goes well. Please keep us informed.
8	No-thank you!
9	N/A
10	I'm so happy ODH is conducting regional forums vs having everyone come to Columbus-providing an opportunity for increased participation at the local level. Glad to hear cross sector collaboration will be addressed in a separate forum-ultimately would be great if it combined w/ regional forums
11	Invite the President of The United States!! (smile) He needed us and now we need him and them
12	I think the greatest need is to educate clinicians on the impact of SDOH. It's not about access to care.



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Notes

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