



2015 Ohio Maternal and Child Health Needs Assessment Community Forum Report for: Region 4 Forum Hosted by: Summit County Board of Developmental Disabilities





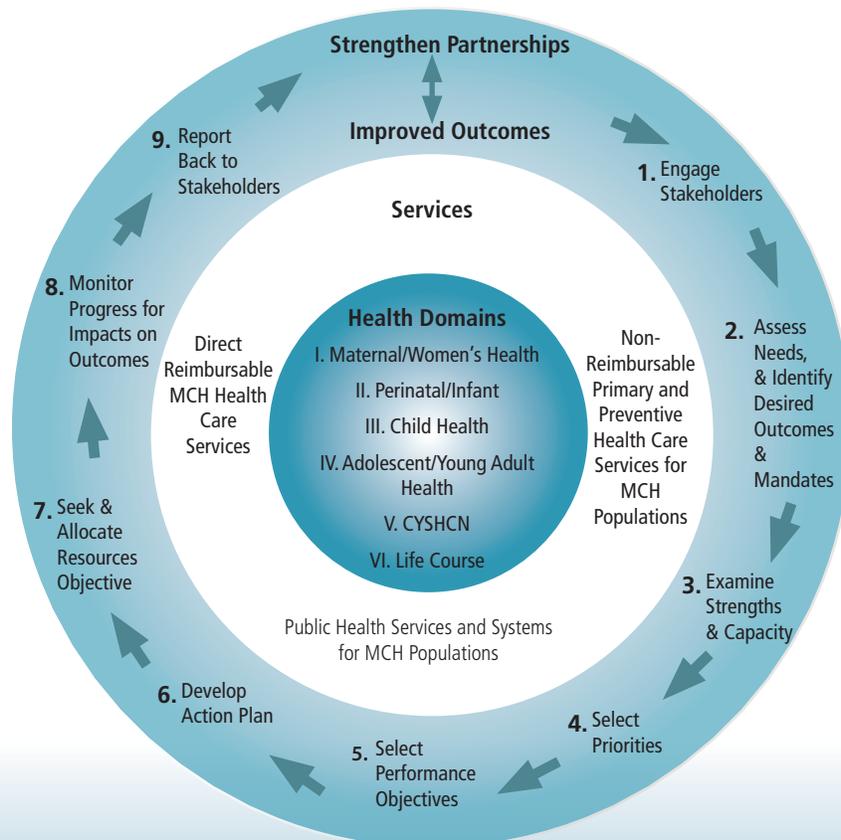
Introduction

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 4 MCH Needs Assessment Community Forum took place at the Summit County Board of Developmental Disabilities, 89 E. Howe Ave., Tallmadge, OH, 44278 on July 22, 2014. ODH would like to thank the Summit County Board of Developmental Disabilities 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:

Sherry Blair	Summit County Health District
Lynette Brown	The Ohio State University
Elizabeth Burke	Summit County Health District
Laurel Celik	Akron Children's Hospital
Ginger DeFilippo	United Healthcare Community Plan
Sandi Domoracki	Family Child Learning Center
Darcy Downie	Prevent Blindness
Yvette Graham	The Ohio State University
Starlon Howell	Akron Children's Hospital
Shannon Jarvis	Parent
Sheri Jones	Measurement Resources Company
Becky Lehman	Organization not listed
Tiffany Lewis	Measurement Resources Company
Cathy Marrone	Help Me Grow
Christine Pintchuk	Geauga County Health District
Linda Post	UnitedHealthcare Community Plan
Karen Towne	Portage County Health Department
Candace Veney	The Ohio State University
Bridgid Whitford	Cleveland Hearing and Speech Center

The ODH participants at the Region 4 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 4 Forum included:

Ayana Birhanu	Ohio Department of Health
Jay Carey	Ohio Department of Health
Jessica Foster	Ohio Department of Health
Lance Himes	Ohio Department of Health
Sierra Mullen	Ohio Department of Health/Council of State & Territorial Epidemiologists Fellow
Theresa Seagraves	Ohio Department of Health
Lillian Stuckey	Ohio Department of Health
Wengora Thompson	Ohio Department of Health
Allyson Vanhorn	Ohio Department of Health
Kim Weimer	Ohio Department of Health



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 4 Community Forum in Tallmadge, 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 following 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 4 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:

- Prenatal obesity
- Family planning
- Reproductive health
- Maternal stress/mental health
- Safe sleep education - kinship and child care
- Innovative and increased resources for women (alcohol, drug, and tobacco use)
- Breastfeeding education and support
- Newborn home visiting restored
- Breastfeeding and nursing bras
- Access to care for all counties
- Patient-centered medical home



Women and Infants: Prioritizing Unmet Needs and Measurable Actions

Working from the brainstorm list on the previous page, 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. Family Planning and sexual reproductive health.

Recommendations:

- Implement patient-centered medical homes
- Implementation of centering programs would allow non-clinical issues to be addressed
- Statewide emphasis on life course reproductive health for the very young (before pregnancy) for women and men

Priority 2. Maternal stress and mental health.

Recommendations:

- Implement patient-centered medical homes
- Implementation of centering programs would allow mental health issues to be addressed
- Statewide emphasis on life course reproductive health for the very young (before pregnancy) for women and men
- Increased access to mental health and substance abuse treatment

Priority 3. Innovative and increased resources for women (alcohol, drug, and tobacco use).

Recommendations:

- Implement patient-centered medical homes
- Implementation of centering program would allow non-clinical issues to be addressed
- Statewide emphasis on life course reproductive health for the very young (before pregnancy) for women and men
- Increase access to all innovative services
- Increased access to mental health and substance abuse treatment

Priority 4. Breastfeeding education and support.

Recommendations:

- Implement patient-centered medical homes
- Implementation of centering program would allow various other issues to be addressed

Priority 5. Increased access to care for all counties.

Recommendations: No recommendation specified.



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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:

- Holistic approach to meet the needs before attending school (screenings)
- Early education
- Poverty
- Amish/Cultural understanding

Early Childhood: Prioritizing Unmet Needs and Measurable Actions

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

Priority 1. Early education.

Recommendations:

- Increase early education for physicians and or address the pediatricians' "wait and see" attitude. (For example, the Help Me Grow program identified an issue with a child, however their doctor said "wait and see." If a child does not speak at a year old, the pediatrician may say "wait and see" and then the child returns at 18 months old and still does not speak. The doctor may recommend the parent "wait and see" again. The child will return at two years old and still not be speaking).
- Better education in a systematic manner for families, doctors and providers that focus on prevention instead of a cure when it comes to issues like nutrition, smoking etc.



Priority 2. Holistic approach to treatment in order to meet the needs of a child before attending school.

Recommendations:

- Screening and immunizations for vision, hearing, dental, lead, developmental and Body Mass Index (BMI) before kindergarten. (BMI is relevant because of the obesity issue. As with the many other challenges with obesity, diabetes can affect the child's vision later in life).

Priority 3. Focus on cultural and linguistic competence with various populations

(Amish, Hispanic, Somali).

Recommendations:

- Providing immunization education in a culturally appropriate way.
- Providing immunization education in different languages. (In northeast Ohio, there is a large Hispanic population that may not speak English. If they do not speak English, how does one emphasize the need for dental, vision, lead and BMI)? (In Columbus, there is a large Somali population and they have created materials in different languages. This type of thing should be replicated statewide.)
- Tobacco and alcohol education for families. (For example, the Amish population has high rates of tobacco and alcohol abuse. Children around 13 or 14 years old are beginning to abuse these substances.)

Priority 4. Addressing poverty.

Recommendations:

- Sustainable programs where individuals do not lose access to programs and income because they would like to get a job. If someone gets a job, they may have less money because they lose their programs (food stamps, child care etc.) It costs more for individuals who are employed because they lose benefits.



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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:

- Vision/hearing screening
- Sexual health
- Access to health care/dental care
- Immunizations
- Wellness
 - ◆ Physical activity
 - ◆ Nutrition
- Access to resources (food deserts)
- Immigration population - urban
- Poverty
- Dental Care

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. Access to care.

Recommendations:

- Increase the number of providers that accept Medicaid patients. There are families that are on Medicaid, but do not live near a provider or cannot see a provider in a reasonable time.
- Increase cultural diversity of providers so that families can see providers that understand their culture. That also provides role models for children.
- Increase the number of dental and vision providers that provide services to low-income and Medicaid patients. People might have the means, but still cannot access care.
- Increase immunization education.

Priority 2. Standardized health education curriculum in schools.

Recommendations:

- Provide nutrition education in schools.
- Healthy habits (condom use, bike helmets, and hygiene).
- Reduction in tobacco use.



Priority 3. Built environment.

(Creating an environment for the community that lends itself to a healthier life style)

Recommendations:

- Address safety issues so that families can take advantage of access to safe walking,
- Address food deserts,
- Develop a coordination of services. There are a lot of services in the community that are not being coordinated or accessed at the maximum level.

Priority 4. Mental health and drug and alcohol services.

Recommendations:

- Implement programs to reduce or eliminate bullying.
- Increase drug and alcohol programs for youth.

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:

- Access to care
 - ◆ Financial (insurance)
 - ◆ Waiting lists for services
 - ◆ Medicaid not accepted
 - ◆ Location of services (rural)
 - ◆ Transportation
- Family Support
 - ◆ Availability
 - ◆ Educating families
 - ◆ Service coordinators with specific expertise (waivers)
 - ◆ Care coordination
 - ◆ Connecting families to each other
- Funding for equipment
 - ◆ Hearing aids/FM
 - ◆ Wheelchairs
 - ◆ Adaptive equipment
- Mental Health
 - ◆ Needs to see specialist not just general practitioner
- Medicaid Reimbursement
 - ◆ Too low to practitioners
 - ◆ Too many rules (cumbersome)
 - Example: extra refrigerator for vaccinations



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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 priorities recommendations for children with special health care needs. Please note that many of the recommendations apply to multiple priorities.

Priority 1. Access to care.

(Individuals do not have access to their providers for reasons such as long waiting lists)

Recommendations:

- Increase regional-rural locations providing care.
- Increase Medicaid reimbursement and clarify Medicaid instructions to increase provider participation.
- Address transportation issues surrounding access so that individuals will have an opportunity to obtain services.
- Create a database for coordination of medical records and services in order to provide services. Providers spend time and money completing reports instead of providing direct services.

Priority 2. Family support.

Recommendations:

- Increase activities to connect families that have similar experiences.
- Increase activities that allow families to connect with staff from programs like Help Me Grow with expertise.
- More specialized services and staff that know about the specific special health care need. If a child has Down syndrome the staff, would have specific knowledge about Down syndrome. Or if a parent had questions about waivers, there would be someone to explain it to them.
 - ◆ Regional Infant Hearing Program is an example of a model with specialized care. It specializes in providing services for children with hearing loss. It is a good program, but needs more funding. It is necessary to prioritize to prevent funds from being spread too thin and not making a difference.

Priority 3. Funding for equipment.

Recommendations: No recommendations specified

Priority 4. Mental health issues for children.

Recommendations:

- Children need to see a specialist, not just a general practitioner who may not be able to provide the appropriate care.
- Increase mental health providers and have better access.

Priority 5. Increase Medicaid reimbursement

(is too low and too complicated).

Recommendations: No recommendations specified

Priority 6. Implement a system for electronic records.

- Central database that could communicate between providers to prevent repetition.
- Better coordination of services.
- Increase provider assistance and minimize repetitive paperwork or reports to save money.



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 4 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 4 local communities during the forum.

Children with Special Health Care Needs: Group Discussion

Comment: We started a program like a lending library for equipment for Help Me Grow. We also came up with a lifetime passport that covers developmental screening and immunizations for parents to take to doctor's offices and childcare centers to keep track of those things. We also use the one that parents can access — ASQ and ASQE SEs online and keep a database for all those things in the county. We are trying to put everyone doing the screening in the database. Sharing all of this is a definite need.

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 an 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 4 Forum.



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Questions/Comments from the Region 4 Community Forum to ODH July 22, 2014	Ohio Department of Health Response
<p>Vision, hearing and developmental screening seem to be big.... and I wonder if ODH can improve public access through WIC and schools</p>	<p>ODH does encourage and support collaborations with partners for screenings; but all larger system-level suggestions are always welcome. WIC makes referrals to these services if the need is detected.</p>
<p>VFC seems to be a sore point for health care providers—is there a way to make it easier to access those vaccines? Would this be a potential public health nurse service?</p>	<p>The Vaccines for Children (VFC) program is a federally-funded program overseen by the Centers for Disease Control and Prevention (CDC) and administered in Ohio by the Ohio Department of Health. The VFC program supplies vaccine at no cost to public and private health care providers who enroll and agree to immunize eligible children in their medical practice or clinic. Guidelines for the program are set at the federal level. Please view additional information at the following website: http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/dis/immunizations/whatisvfc%2001-14.ashx</p>
<p>As a school nurse in Impact SIIS, I should be able to get immunizations from other states with a system without having to jump through so many hoops to get the record.</p>	<p>There are strict confidentiality guidelines surrounding who may have access to Impact SIIS for Ohio. Each state may have different requirements (and state mandates) for who is allowed to access this information. I am not aware of any universal agreement that crosses states.</p>
<p>Great information... Any plans to get this outcome and goals and programs into the schools...? 1. PTAs-partner w/ the parents 2. Employee health fairs-school employees health fairs 3. Health and Wellness committees of each school district. 4. School nurses</p>	<p>All MCH program information that is useful to school nurses is shared during the three regional school nurse conferences each year and is also posted on the ODH School Nurse Bulletin Board. School-related program information is also submitted to the Ohio Department of Education and asked to be disseminated through their weekly superintendent's newsletter ensuring that the information is sent to each Ohio school district.</p>
<p>Do you track the services that are the most elusive like occupational therapy or counseling?</p>	<p>ODH is not tracking those. In order to answer that, we would have to look more closely at claims data from other healthcare systems, and we are not sure we have access to this information. Answering that across the state could be difficult. The one exception is the early intervention program does track kids in EI. But it does not completely track them because they may receive EI and/or hospital services.</p>
<p>Has any data been collected on E cigarette usage?</p>	<p>Beginning in 2016, the Pregnancy Risk Assessment Monitoring System (PRAMS) will begin collecting data about the use of e-cigarettes and hookahs before and during pregnancy. The questions ask mothers how many cartridges or tanks she used in an average day in the three months before pregnancy and during the last three months of pregnancy.</p>

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<p>Is the presentation available online to view?</p>	<p>The presentation will be posted to the ODH website and as of Aug. 21, 2014 it has been sent to all registered participants attending the community forums.</p>
<p>We would like a centralized way to apply/fill out information for programs like WIC for small and large communities. Families have to go to multiple places to complete forms. We would like something that is similar to the Benefit Bank.</p>	<p>From April 1991 until fall 2013, an applicant could use the Combined Programs Application (CPA) form to apply for Healthy Start Medicaid, WIC, Children with Medical Handicaps, Child and Family Health Services, and Help Me Grow services. In fall 2013, Ohio Department of Medicaid changed the CPA to a new form titled Application for Health Coverage & Help Paying Costs. This form may be used for referrals to all of the programs noted above. Each program then may follow-up with more specific program questions. There are two ways to apply:</p> <ul style="list-style-type: none"> • Downloading and printing the form from the following website: http://www.odjfs.state.oh.us/forms/file.asp?id=1454&type=application/pdf • Providing the applicant with the website for applying online at: http://medicaid.ohio.gov/forohioans/GetCoverage.aspx
<p>Vaccines for Children are a problematic program which belongs to ODH. It is a missed opportunity and is a big issue in Ohio. As a school nurse, it is very difficult to get vaccine records from other states. It shouldn't be that way. I should be able to contact other states with registries and jump through hoops.</p>	<p>There are strict confidentiality guidelines surrounding who may have access to Impact SIIS for Ohio. Each state may have different requirements (and state mandates) for who is allowed to access this information. I am not aware of any universal agreement that crosses states.</p>



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Forum Wrap Up and Next Steps

In conclusion, ODH shared with Region 4 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 Community 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.



Evaluation Results

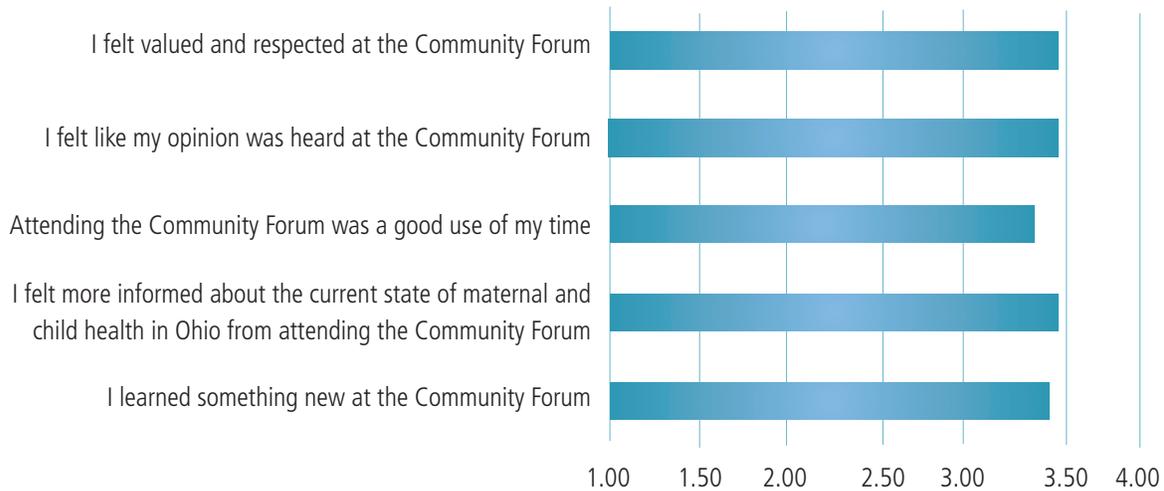
An evaluation was distributed at the forum to capture information regarding the process used and the importance of the information participants received. A follow-up email was also forwarded to all participants of the forum with a link to an electronic copy of the survey. Below are the results of the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

MCH Needs Assessment Community Forum Evaluation

- 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	0	0	8	7	3.47	15
I felt more informed about the current state of maternal and child health in Ohio from attending the Community Forum	0	0	7	8	3.53	15
Attending the Community Forum was a good use of my time	0	0	9	6	3.40	15
I felt like my opinion was heard at the Community Forum	0	0	7	8	3.53	15
I felt valued and respected at the Community Forum	0	0	7	8	3.53	15
Answered question 15						
Skipped question 0						

- 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	7
Skipped question	8

Number	Response Text
1	More advertising about forums
2	More facilitation for groups to improve participation
3	It is difficult to pair developed/less developed counties. Our issues are different as is our capacity to intervene. In our rural county, we are "discovering fire", while other counties represented in my group are expanding their civilizations.
4	See attached card on addiction
5	I would like to receive a bit more background information on the unmet needs (why's or causes). Dr. Foster was fantastic!
6	Better marketing-the room should have been full of participants
7	If the invitation went out to more organizations in the community so more people could attend.

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

Answer Options	Response Count
Answered question	5
Skipped question	10

Number	Response Text
1	More informed
2	Great networking possibilities. Nice representation from various agencies.
3	That ODH is really listening to staff
4	Great information
5	No significant impact

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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	5
Skipped question	10

Number	Response Text
1	Thank you
2	Community collaboration and bring the managed care plans for Medicaid to do presentations about our plans.
3	Please consider the RANGE of funded activities for a particular goal. There is a broad range of capacity across counties and some MCH funding opportunities are out of reach for smaller, rural, or less—developed counties— so nothing improves!
4	This room should be FULL of professionals--better marketing for better attendance.
5	No

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