



2015 Ohio Maternal and Child Health Needs Assessment Community Forum Report for: Region 1 Forum Hosted by: Wood County Educational Service Center





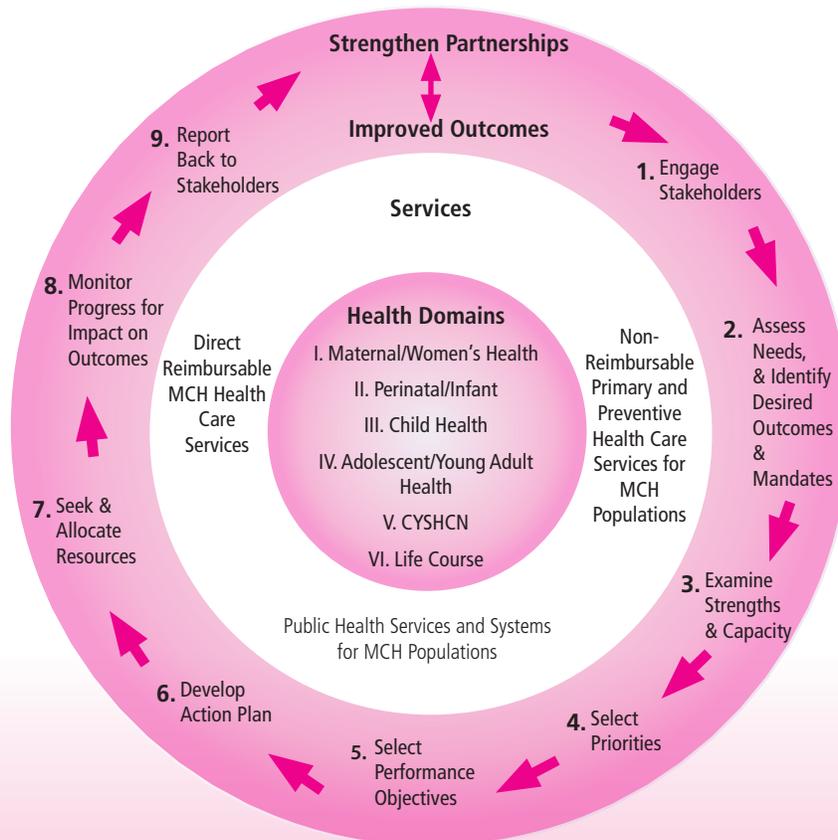
Introduction

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.





Location, Date, and Participants

The Region 1 MCH Needs Assessment Community Forum took place at the Wood County Educational Service Center at 1867 N. Research Dr., Bowling Green, OH, 43402. ODH would like to thank the Wood County Educational Service Center 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:

Terrie Anello	Paramount Health Care
Kira Baldonado	Prevent Blindness
Kim Bordenkircher	Henry County Hospital
Rebecca Dershem	Allen County Public Health
Tanna Ellert	Henry County Hospital
Julie Esparza	Lucas County Board of Developmental Disabilities
Diane Frazee	Family Voices of Ohio
Carolyn Fry	ProMedica
Mark Greenblatt	RVR Wealth Advisors, LLC
Barbara Gunning	Toledo-Lucas County Health Department
Carol Haddix	Toledo-Lucas County Health Department
Stacy Hohman	United Healthcare
Sheri Jones	Measurement Resources Company
Marriah Kornowa	Molina Healthcare
Karen Lehman	Paramount Health Care
Tiffany Lewis	Measurement Resources Company
Carly Miller	Hospital Council of Northwest Ohio
Jacki Ochs	WSOS Community Action Agency
Cindy Rose	Fulton County Health Department
Sonya Vukadinovich	ProMedica
Jennifer Wagner	Henry County Help Me Grow

The ODH participants at the Region 1 forum were responsible for convening and co-hosting the community forum, presenting data and information to forum participants, responding to participant questions, and served 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 1 Forum included:

Ayana Birhanu	Ohio Department of Health
Pam Blais	Ohio Department of Health
Elizabeth Conrey	Ohio Department of Health
Jessica Foster	Ohio Department of Health
Heidi Scarpitti	Ohio Department of Health
Theresa Seagraves	Ohio Department of Health
Wengora Thompson	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 1 Community Forum in Bowling Green, 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 below, each group prioritized the unmet needs that were identified.

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?



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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 1 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:

- Substance-using mothers
 - ◆ Opiates, alcohol, marijuana
- Late or no prenatal care
- Undereducated
- Tobacco-using pregnant women
- Birth spacing
- Lack of primary and reproductive care workers/staff
 - ◆ Social workers, CHWs, nutritionists
- Racial disparities
- Family structure
- Lack of social support
 - ◆ Money, transportation, advice, family structure
- Reproductive life planning
 - ◆ Unintended pregnancy
- Poverty
- Lack of knowledge about the system and not feeling empowered
- Models of care delivery
 - ◆ Education for women
 - ◆ Model that engages women and makes them feel a part of the process

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. Early identification and access to prenatal care

Recommendations:

- Implement centering pregnancy programs in community locations, which could be supported by Title V funding.
- Utilization of community health workers to remove barriers to care. Community health workers' role is to form relationships and identify the barriers like transportation or no-shows. The worker will address or remove the barrier to ensure the clients get care and follow-up.
- Increased statewide education campaign for drug-dependent, pregnant women.
- Policy changes for preconception and interconception health. It also relates to health in general. For instance, prescribing of opiates at the state level, health corner store policy to address food deserts and tobacco regulations.
- Incentivizing positive outcomes for physicians and patients. Instead of penalizing physicians for not achieving certain outcomes, physicians will receive incentives for completing things for patients outside of the normal scope of responsibility. Incentivizing patients for hitting specific benchmarks, similar to managed care.
- Initiate a pregnancy resource statewide. For instance, a statewide phone number for women to find help and resources in specific areas.

Priority 2. Identifying and implementing different models of care delivery

Recommendations:

- Implement centering pregnancy programs in community locations, which could be supported by Title V funding.
- Utilization of community health workers to remove barriers to care. Community health workers' role is to form relationships and identify the barriers like transportation or no-shows. The worker will address or remove the barrier to ensure the clients get care and follow-up.
- Increased statewide education campaign for drug-dependent, pregnant women.
- Policy changes for preconception and interconception health. It also relates to health in general. For instance, prescribing of opiates at the state level, health corner store policy to address food deserts and tobacco regulations.
- Incentivizing positive outcomes for physicians and patients. Instead of penalizing physicians for not achieving certain outcomes, physicians will receive incentives for completing things for patients outside of the normal scope of responsibility. Incentivizing patients for hitting specific benchmarks, similar to managed care.
- Initiate a pregnancy resource statewide. For instance, a statewide phone number for women to find help and resources in specific areas.



Priority 3. Increased emphasis on preconception and interconception care by all providers

(This is not limited to only OB/GYNs but also anyone that comes into contact with women of childbearing age like family physicians, nurse practitioners.)

Recommendations:

- Implement centering pregnancy programs in community locations that could be supported by Title V funding.
- Utilization of community health workers to remove barriers to care. Community health workers' role is to form relationships and identify the barriers like transportation or no-shows. The worker will address or remove the barrier to ensure the clients get care and follow-up.
- Increased statewide education campaign for drug-dependent, pregnant women.
- Policy changes for preconception and interconception health. It also relates to health in general. For instance, prescribing of opiates at the state level, health corner store policy to address food deserts and tobacco regulations.
- Incentivizing positive outcomes for physicians and patients. Instead of penalizing physicians for not achieving certain outcomes, physicians will receive incentives for completing things for patients outside of the normal scope of responsibility. Incentivizing patients for hitting specific benchmarks, similar to managed care.
- Initiate a pregnancy resource statewide. For instance, a statewide phone number for women to find help and resources in specific areas.

Priority 4. Addressing substance use in pregnant women

(There are issues with regard to opiate, tobacco, and marijuana usage.)

Recommendations:

- Implement centering pregnancy programs in community locations that could be supported by Title V funding.
- Utilization of community health workers to remove barriers to care. Community health workers' role is to form relationships and identify the barriers like transportation or no-shows. The worker will address or remove the barrier to ensure the clients get care and follow-up.
- Increased statewide education campaign for drug-dependent, pregnant women.
- Policy changes for preconception and interconception health. It also relates to health in general. For instance, prescribing of opiates at the state level, health corner store policy to address food deserts and tobacco regulations.
- Incentivizing positive outcomes for physicians and patients. Instead of penalizing physicians for not achieving certain outcomes, physicians will receive incentives for completing things for patients outside of the normal scope of responsibility. Incentivizing patients for hitting specific benchmarks, similar to managed care.
- Initiate a pregnancy resource statewide. For instance, a statewide phone number for women to find help and resources in specific areas.



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:

- Dental care from birth to three years old
- Transportation
- Vision care and exams
- Education for parents and providers regarding the importance and process for early screening
- Access for children with sensory issues that don't qualify for other services
- Better availability to medical doctors and specialists
- Access to treatment facilities
- Mothers with additional children that would like assistance (age gap)
- Babies born to mothers on drugs/alcohol/smoking
- Homeless children birth to five years old
- Mental health education for parents and providers
- Health check
 - ◆ More comprehensive data collection for improved surveillance

Early Childhood: Prioritizing Unmet Needs and Measurable Actions

Working from the brainstorm list above, forum attendees generated the following priorities for early childhood:

Priority 1. Health checks or well-baby checks

(Doctors bill for the comprehensive exam and may not document everything. Thus, the state will not have the data.)

Recommendations:

- Increased lead, hearing, vision and dental screening.
- Educate physicians on how to discuss physical, mental, and developmental delays.
- Educate parents on early screening.
- Access and transportation to ensure children attend the screenings. There are barriers to access with regard to multiple children and ability to get a ride to the appointment.

Priority 2. Parent education

(The community discussed this unmet need with regard to the reduction of the environmental risk factors – creating healthier environments.)

Recommendations:

- Build the bond between parents and workers to help them keep their appointments and ensure attendance.
- Get community workers into the home to explain issues. For instance, why one should not smoke.
- Mental health help. Education on the difference between depression and baby blues.



Priority 3. Transportation

Recommendations:

- Create transportation options for accessing services.
- Access to treatment facilities.
- Better availability to medical doctors and specialists.

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:

- Dental health
- Obesity prevention and treatment
- Confidential adolescent health services
- Mental health and suicide rates
- Lack of adult supervision
- Alcohol, tobacco, opiate, drug services, education, and treatment
- Bullying and violence
- Internet safety
- School success and failure
- Food insecurity
- Asthma
- Lack of jobs for adolescents
- Emergency room visits with parental prompting to get prescription
- Sexual health/STD/Pregnancy
- Lack of opportunities to engage youth in their health care
- Transportation
- Corporal punishment

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

Working from the brainstorm list above, forum attendees generated the following priorities for school-age children and adolescents.



Priority 1. Increase access to mental health services

(This priority functions as an umbrella for suicide prevention, alcohol, tobacco, opiates, drugs, bullying, need for prevention and treatment, and school success.)

Recommendations:

- Establish health homes that would be school- or community-based.
- Health education for everyone around the needs of adolescents.

Priority 2. Address obesity in school age children and adolescents

(Community members highlighted food insecurity, lack of resources, transportation, lack of adult supervision, lack of physical activity, chronic disease, and screen time as elements of this unmet need.)

Recommendations:

- Establish health homes that would be school- or community-based.
- Health education for everyone around the needs of adolescents.

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
 - ◆ Waiting lists
 - ◆ Income
 - ◆ Transportation
 - ◆ Respite - time off work
- Care coordination
 - ◆ If requested
 - ◆ Availability
 - ◆ Knowledge about it
- Children with special health care needs definition
 - ◆ Individuals may fit the definitions without knowing it
 - ◆ Managed care plan
- How to get valid information
 - ◆ Awareness for families and workers about health care access
- Costs
 - ◆ Out-of-pocket money vs. time spent
- Lack of in-home service providers
- Daycare support past the age of 12
- Behavioral health
 - ◆ Gap in treatment and screening
 - ◆ Waiting lists (access)



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- Mental health vs. developmental disabilities
 - ◆ Dual diagnosis
 - ◆ Lack of coordination
- Education
 - ◆ Segmented where it may not belong
 - ◆ Misdiagnosis
- Parent training
 - ◆ At birth
 - ◆ Ongoing
- Health care worker training
 - ◆ Awareness of resources
 - ◆ Numbers that are available
 - ◆ Minority representation in workforce
 - ◆ Language barriers

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. Care coordination and managed care plan

(Under managed care, clients are entitled to care coordination if the child has a special health care need. There is a serious lack of care coordinators in the state and clients only receive care coordination if they request it.)

Recommendations:

- Allow Help Me Grow coordinators to ask about need and explain care coordination as part of the intake process.
- More care coordination could lead to more medical homes.
- It is unclear if the managed care plan definition for CSHCN matches the HRSA definition. If it does not match, then the definitions should be reviewed and aligned.

Priority 2. Access to care

Recommendations:

- Increase the awareness of the managed care plan transportation benefit. The benefit should be available on the front end, instead of as a reimbursement.
- Assistance with financial planning to help address costs.
- Training for medical staff and providers on community resources and when to make referrals. The community members emphasized bilingual support.
- Encourage medical careers for those who are bilingual.
- Information sharing among family and providers. Community members highlighted communication and parent training.

Priority 3. Behavioral health differentiation and access

(Mental health and developmental disabilities systems do not work well together.)

Recommendations:

- Better collaboration between service systems



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 1 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 1 local communities during the forum.

Women and Infants: Group Discussions

Comment: In reality, 50th (Ohio's ranking for infant mortality) is not statistically different than a state that is ranked 1st. It is hard to figure out what others are doing because it is a common cause system and there is no special cause. When you look at the reasons for infant mortality, it is not issues surrounding safe sleep (like babies sleeping on their back and bumpers) but birth defects and premature births that contribute to infant mortality. We are not addressing the real issues which are access to health care and issues with equity. There are other nations in the world that have a quarter of infant mortality rates than we do. It bothers me that we have done this big publicity campaign about safe sleep. I believe it won't impact the infant mortality rates because we are not statistically different than other states.

Community Response: When you look at the leading causes of infant mortality, issues such as birth defects, being born prematurely and low birth weight contribute to the majority of infant deaths. If you look at infants who are one month to a year old, the top cause is unsafe sleep environment.

When we divide out SIDS, we are seeing roll overs and babies stuck between walls and mattresses which are unsafe sleep environments. We need to get the word out with regard to sleeping. We reviewed babies who were dying while sleeping. Many of those babies had pneumonia. This inspired me to talk with mothers about when to take a baby to the doctor. For instance, identify what a mother should do when her baby is diagnosed with bronchiolitis and how to take special precautions. We need to educate young women about caring for sick babies.

Children with Special Health Care Needs: Group Discussion

Comment: There are issues surrounding access. I was in a home recently and asked when a child who was just diagnosed with cystic fibrosis would be going to the clinic. I was told when the person could get a ride.

Community Response: Please inform state leaders that communities need provider education, better access to services, and transportation for clients to get to services!



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 Region 1 Forum.

Questions/Comments from the Region 1 Community Forum to ODH August 18, 2014	Ohio Department of Health Response
<p>A major issue is that the program features being implemented at the state level are not conforming to the local need. Help Me Grow is limited to first-time moms and this is not the priority in Lucas County. Rural communities have different needs than urban communities. Will things like this be addressed?</p>	<p>Great question and part of the reason we are conducting the forums out in local communities is to get your feedback regarding these diverse needs impacting different areas of the state. And this is not the first time we have heard about differences in priorities between the state and local communities. In the case of Help Me Grow home visiting program, we note that targeted eligibility is not addressing all of the needs of the community. ODH is working to figure out how we will address those issues. Our plan is to have a discussion with state agency partners to clarify what the needs are.</p> <p>As things change either due to the Title V transformation or implementation of the ACA we are aware there are issues surrounding funding and what programs in the community can pay for often may not line up with the most pressing needs in their communities. MCH Block Grant funding is targeted to address issues that are not covered by health insurance. Our federal partners are asking us to be more accountable and we need to align program outcomes with funding stream. Looking at this will require us to review how we set up and fund programs with our subcontractors in the community. So we will be having more discussions on issues like this.</p>
<p>Where did the definition of “children with special health care needs” come from?</p>	<p>It is the definition from Health Resources and Services Administration (HRSA) and was drafted by the American Academy of Pediatrics.</p>



Can you elaborate on the changes to how the Block Grant is set up and how they will affect us?

HRSA is working, in partnership with State Title V leaders, families and other stakeholders, to transform the Maternal and Child Health Block Grant by reducing some of the reporting burden, but also by making states more accountable for the funds they receive by specifically aligning funds with the outcomes of populations being served. HRSA expects the transformation of the block grant to help achieve the MCH mission to improve the health and well-being of all of America's mothers, infants, children, and youth – including children and youth with special healthcare needs and their families.

States will have to show specifically how they are spending federal dollars and how populations they serve are better because the state targeted and funded specific MCH programs. There is an expectation that the MCH priorities we select and performance measures we adopt will show improved health outcomes. The input we receive across the state from the community forums will help ODH select priorities and fund programs in the community that meet the greatest unmet needs.



Forum Wrap Up and Next Steps

In conclusion, ODH shared with Region 1 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/pfs_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.

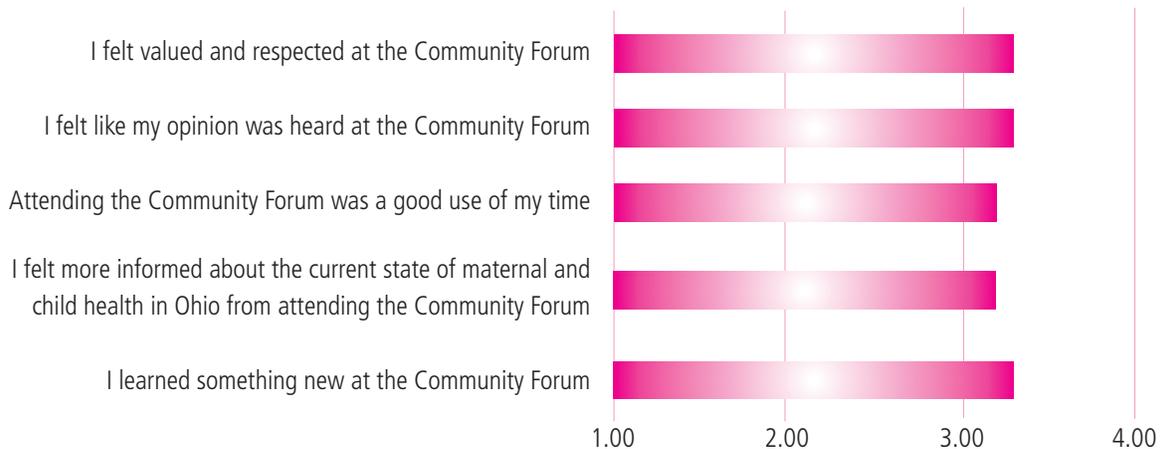
MCH Needs Assessment Community Forum Evaluation

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	2	0	6	9	3.29	17
I felt more informed about the current state of maternal and child health in Ohio from attending the Community Forum	2	1	5	8	3.19	16
Attending the Community Forum was a good use of my time	2	1	6	8	3.18	17
I felt like my opinion was heard at the Community Forum	2	0	6	9	3.29	17
I felt valued and respected at the Community Forum	2	0	6	9	3.29	17

Answered question 17
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	8
Skipped question	9

Number	Response Text
1	Provide more perspective on where Ohio is compared to similar states, national, other developing countries
2	More time for group and have group activities w/ participants that are familiar with all programs
3	Add in local data with the state data so we can relay what really is best for our region
4	More diverse audience
5	Coffee/water
6	More recruitment in communities would have been appreciated — having more reps from my community
7	Have more of these
8	Allowing a bit more time

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

Answer Options	Response Count
Answered question	9
skipped question	8

Number	Response Text
1	Uniform need for better transportation for health = game changer for Ohio.
2	To feel like I advocated for my client's needs. I often feel being a "worker" that my voice does not always be heard. I felt heard!
3	I got to see perspectives from rural counties, which is different than the counties I normally work with.
4	Community Awareness
5	Make connections between the various categories
6	Being heard and able to offer input for future plans/goals/initiatives
7	The push for outcomes leads to more focus on making changes that leads to improved outcomes. Taking the message to the local level is important.
8	Enjoyed other views and ideas. Some are the same as mine.
9	Good to hear the opinions of various types of providers —not just LHD's. Plus various sized counties



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	4
Skipped question	13



Number	Response Text
1	Well organized. Good use of time. I appreciate the presentation beforehand.
2	More education on what these forums are. I was told to go —but I didn't want to. But I am so glad I did come.
3	Ohio counties are not cookie cutter and every county may need different approaches to achieve desired outcomes. A great example of this is OEI.
4	Liked the idea of the 800# for parents, could be used at all ages.

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