



# 2015 Ohio Maternal and Child Health Needs Assessment Community Forum Report for: Region 6 Forum Hosted by: University of Cincinnati Center for Excellence in Developmental Disabilities







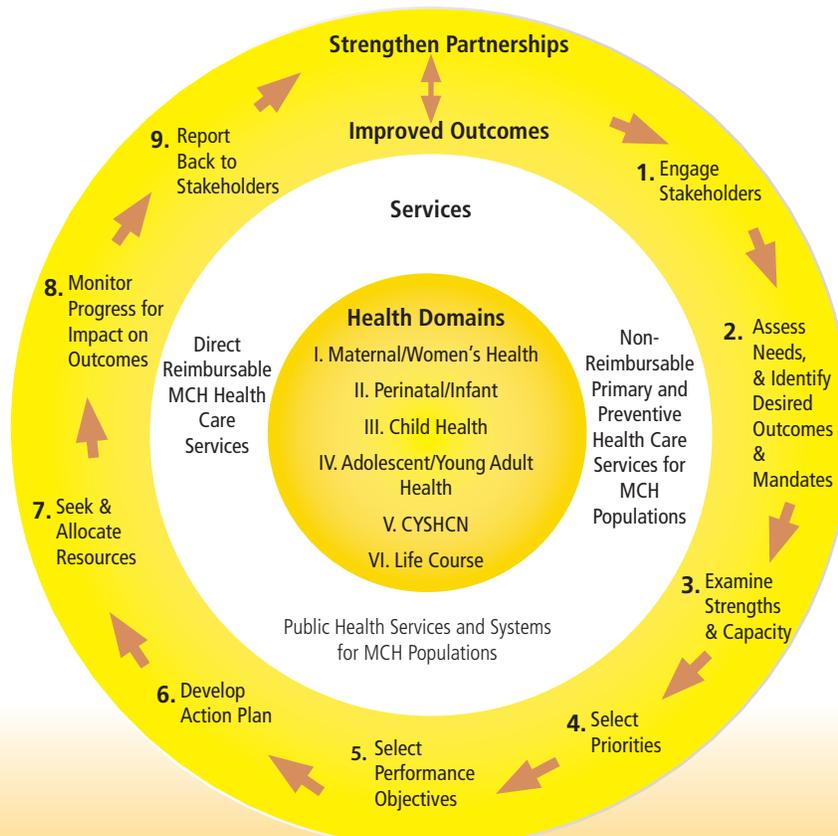
## Introduction

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 6 MCH Needs Assessment Community Forum took place at the Cincinnati Children’s Hospital, 3333 Burnet Ave, Cincinnati, OH, 45229 on July 17, 2014. ODH would like to thank the Cincinnati Children’s Hospital 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:

Ryan Adcock	Cradle Cincinnati
Tinuke Akintobi	The Center for Closing the Health Gap
Sarah Barnett	Butler County Educational Service Center
Caren Burger	Health Care Access Now
Gina Carroll	Cincinnati Association for the Blind and Visually Impaired
Regina Chenault	St. Joseph Family Ties
Brenda Cox	Families Connected of Clermont County
Jodi Creighton	Cincinnati Children's Hospital Medical Center
Melissa Dowler	Cincinnati Children's Hospital Medical Center
Amy Ewing	Cradle Cincinnati
Aliya Feit	The Center for Closing the Health Gap
Kathleen Ferrara	Down Syndrome Association of Greater Cincinnati
Sheryl Feuer	Cincinnati Children's Hospital, Division of Developmental and Behavioral Pediatrics
Esther Forde	Cincinnati Health Department
Elizabeth Gay	Cincinnati Health Department
Betty Haas	Family Ties
Harold Haas	Family Ties
Jim Hedagc	Organization not listed
Valda Hilton	Center for Closing the Health Gap
Jim Hudson	Down Syndrome Association of Greater Cincinnati
Regina Hutchins	Cincinnati Health Department
Heather Innis	Organization not listed
Margaret Kettler	Cincinnati Children's Hospital Medical Center
Colleen Kraft	Cincinnati Children's Hospital Medical Center
Sarah Mills	Health Care Access Now
Doris Nelson-Frierson	Cincinnati Health Department
Gina Pratt	Cincinnati Health Department
Ilka Riddle	University of Cincinnati Center for Excellence in Developmental Disabilities
Emilie Rupe	Cincinnati Children's Hospital Medical Center-Pediatric Primary Care Center
Jessica Seeberger	Cradle Cincinnati
Laura Srivorakiat	Cincinnati Children's Hospital Medical Center
Wendy Steuerwald	Cincinnati Children's Hospital Medical Center
Corinn Taylor	Cincinnati Health Department

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Nikki Underwood	Cincinnati-Hamilton County Community Action Agency Head Start
Valerie Wears	United Healthcare Community Plan
Stephanie Weber	Cincinnati Children's Hospital Medical Center
Kristi Williams	Care Source
Beth Yantek	Spina Bifida Coalition of Cincinnati

The ODH participants at the Region 6 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 6 Forum included:

Marybeth Boster	Ohio Department of Health
Jessica Foster	Ohio Department of Health
Sharon Hampton	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 6 Community Forum in Cincinnati, 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 page 7, 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?

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 6 MCH Community Forum.**

### Women and Infants

#### Women and Infants: Brainstorming Unmet Needs

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

- Stress
- Family planning and education
- Coordination of services
- Job security (policies and maternal education)
- Sources of child care
- Breastfeeding
- Educating the father
- Sex education - unintentional pregnancies
- Smoking - lack of programs
- Sleeping - small in size but high in seriousness
- Access to care - seriously could impact other aspects
- Access
  - ◆ Early access to social services
  - ◆ Not enough services, waiting lists for existing programs/services
  - ◆ Access within communities (Medicaid)



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- Infant mortality
- Nutrition
  - ◆ Pregnancy – up until the child is five years
- Community health workers assist with
  - ◆ Housing
  - ◆ Transportation
  - ◆ Safety
- Hearing screenings - early intervention
  - ◆ Educating medical professionals
  - ◆ There is a known intervention
- Health insurance
  - ◆ Providers
- Smoking Cessation programs
- Health disparities
- Immunizations
- Safe sleep promotion
- Family planning spacing
- Access to care
  - ◆ Closing health clinics

### 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. Increase access to care**

(With regard to medical/social care and early access to sex education)

##### Recommendations:

- Education regarding compliance
  - ◆ Immunizations
  - ◆ Screening
- Incentivize access and early access through Medicaid

#### **Priority 2. Improve health education targeting a reduction in unintentional pregnancies**

##### Recommendations:

- In Hamilton County more than half of the pregnancies are unintentional. Focus on this issue.



### **Priority 3. Reduce maternal smoking**

#### **Recommendations:**

- Invest in maternal-specific smoking cessation programming to prevent pre-term birth. Smoking cessation programs focus on the patch or gum usage, which are not options for pregnant women.

### **Priority 4. Public messaging for safe sleep**

#### **Recommendations:**

- Implement a safe sleep campaign.

### **Priority 5. Increase provider education and public health messaging for hearing**

#### **Recommendations:**

- Monitor that every baby is getting their hearing tested, this does not always occur.
- Standardization around hearing tests.
- Consistent messaging around hearing tests.

## **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:

- Safe enrichment activities
- Homelessness
- Access to healthy food and grocery stores
- Hunger
- Early childhood behavioral health issues
- School readiness
- Parent mental health
- Parental involvement
- Timely referrals when services are needed
- Access to health care
- Access to safe environment
- Lack of parent education
- Self-literacy
- Parental concerns brought up to pediatrician



## 2015 Ohio Maternal and Child Health Needs Assessment Community Forum Report

### 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. Addressing parent/child mental and behavioral health

(There are increasing numbers of children being kicked out of child care centers and preschools due to behavioral health issues.)

##### Recommendations:

- Co-locate behavioral health professionals in Head Start programs, child care, or preschools. Help Me Grow programs do have some behavioral health services embedded in them.
- Recommend a hand-off between the Help Me Grow Programs and Head Start programs or child care centers.
- In lieu of ER, visits utilize Telehealth/telemedicine that is strategically planned in preschools, primary care schools or Head Start setting for urgent needs of children. Specifically, target interventions for the child that is acting out. Instead of the child going to the emergency room, there could be someone from telemedicine doing the evaluation.
- Expand prevention programs in Head Start and preschools.
- Implement evidence-based, social-emotional learning curriculums.

#### Priority 2. Increase food security and access to healthy food

##### Recommendations:

- Promote free community cooking classes within preschools/childcare centers for kids and parents. Include sessions where children learn about the benefits of fruits and vegetables.
- Add nutritional life skills class in schools.
- Participate in the back packs with food giveaways at Head Start or child care.

#### Priority 3. Improve access to primary and special health care

##### Recommendations:

- Six times 15 Goal is a national initiative that aims to achieve six national goals by the end of 2015, those goals being: increased employment for adults with disabilities; Medicaid recipients with disabilities having access to long-term services and supports in the community; graduating at least 60 percent of their students with disabilities with a regular high school diploma; supporting successful and outcome—based programs and strategies for high school transition services and closing the labor force participation gaps for youth and young adults with disabilities; people with disabilities as an explicit target population in all state public health programs; and increasing by 15 percent the proportion of children ages 0-3 who receive recommended developmental screening. The early childhood goal is to increase by 15 percent the number of children who receive recommended developmental screenings by 2015. Ohio, as a state, has not signed on to this initiative. (One Region 6 community member did volunteer to help with the grant process because she has previous experience with the initiative.)
- Tuition reimbursement for practitioners that stay in Ohio to work with special health care professionals.
- Use telehealth (developmental behavioral) where there is a lack of strategic help for specialized needs for children.



## **School-Age Children and Adolescents**

### **School-Age Children and Adolescents: Brainstorming Unmet Needs**

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

- Transition from pediatric to adult care (different systems; health insurance)
- Sex education/Prevention of STDs and pregnancy
- Texting/Driving (driving insurance)
- Lack of continuity of care
- Drug education/prevention
  - ◆ Heroin crisis
- Violence
  - ◆ Teen killings
  - ◆ Bullying
  - ◆ Exposure to violence
  - ◆ Desensitization to violence
- Loss of social skills
- Job/Education opportunities
- Healthy eating vs. obesity/overweight
- Disparities in health based on environment
  - ◆ Safe housing
  - ◆ Safe places to go
- Lack of family structure and opportunities
  - ◆ Community support
- Homelessness
  - ◆ Children fending for themselves

### **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. Please note that many of the recommendations apply to multiple priorities.



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### **Priority 1. Reducing violence (bullying) among/against youth.**

#### **Recommendations:**

- Make it a priority to stop teen shootings and killings in Hamilton County.
- Educate the community on teen violence.
- Implement evidence-based interventions and programs to address the youth violence in Hamilton County.

### **Priority 2. Decrease texting while driving through teen-appropriate messages.**

#### **Recommendations:**

- Provide messages and interventions that are delivered in an appropriate format or by the right people for teenagers.
- Implement evidence-based interventions and programs.

### **Priority 3. Increase education in teen-effective ways for safe sex and for drug prevention that addresses the increase in STDs and heroin usage.**

#### **Recommendations:**

- Implement evidence-based and teen-effective programs to address substance abuse in schools.
- Educate youth on development of a reproductive health plan.
- Implement intervention and programs that were successful in order to copy or replicate those interventions.

### **Priority 4. Reduce teen obesity and secondary health conditions in teens.**

(The concern is that teenagers that are obese turn into adults that are obese. These adolescents develop diabetes and other health conditions.)

#### **Recommendations:**

- Implement research on evidence-based interventions and programs that were successful in order to address teen obesity.

### **Priority 5. Support or educate teens in the transition process from pediatric to adult health or mental health care.**

#### **Recommendations:**

- Pediatrician and adults should plan for appropriate care and transition.
- Pediatricians and adults should be more supportive of teens as they transition into adulthood since they are not the same as adults in their 40s and 50s. The current adult health care system focuses on adults in their 40s and 50s.
- Implement research on evidence-based interventions and programs that were successful in helping teens to transition.



## **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:

- Insurance
- Nutrition
- Mental Health and Services
- Access to Behavioral Health treatment
- Respite Care
- Supporting family across life span
- Connection/disconnection with family, medical providers and schools
  - ◆ Translation of medical info to family
- Transition/Adult services
- Access to health care
- Education of adult provider
- Early screening
- Quality childcare
- Long-term/Life care of grown individual
- Isolation
- Prioritization and coordination
- Finances
- Kinship care
- Education of the family and person
- Advocacy training



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

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

#### Priority 1. Supporting families across lifespan

##### Recommendations:

- Implement advocacy training for families.
- Assess families needs then determine how to meet the needs.
- Provide more care coordinators.
- Educate families on resources for respite care.
- Educate families on long-term care solutions.
- Implement quality childcare so parents can work.

#### Priority 2. Mental health and behavioral health coverage

##### Recommendations:

- Provide adequate insurance coverage and access to providers

#### Priority 3. Increase medical providers

##### Recommendations:

- Incentives for providers to provide care in underserved areas.
- Provide health equity in care, and access in all regions.
- The elimination of disconnection to schools, families, medical, and adult providers.
- Where one lives determines the quality of health care. Provide quality health care for everyone.

#### Priority 4. Coordinated health care

##### Recommendations:

- Implementation of a medical home model.
- Education for families to better understand their educational, financial and insurance needs.



## 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 6 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 6 local communities during the forum.

### Women and Infants: Group Discussions

**Question:** Is there an alternative for a pregnant mom to smoke, such as vapors? Would it be harmful to the baby?

**Answer:** Doctors will quietly tell mom to get on the patch because it's one drug versus the 200 drugs in the cigarette. The official recommendation is that you can't suggest a mom take any drug.

**Question:** Can the vapor be altered to be healthier?

**Answer:** If it loses the nicotine, it loses the appeal.

**Question:** How do you prevent a teen mom from smoking? I recall years ago, the federal government had a smoking prevention media initiative that targeted teenagers. It was done in a way that was more "hip." The number of children who started smoking dropped. The money for that initiative ran out and the number of young who started smoking increased.

**Answer 1:** We have been doing this since the 60s and there were evidence-based programs on sex education and smoking. Something is not going right in terms of public health and messaging. It goes to the lack of money and political issues. This is harmful to our teenagers.

**Answer 2:** We also have to recognize the wins. Teen pregnancy and teen smoking are down and infant mortality rate is down by 10 times compared to 100 years. The work of ODH has helped with progress. It can be frustrating but there are successes out there.

### Early Childhood: Group Discussions

**Question:** We do not have enough developmental providers. How would we meet the needs for telehealth?

**Answer 1:** Incentivizing tuition reimbursement for students (medical school/graduate programs) could address this. Because I work for a non-profit and my debt will be forgiven through the public service loan forgiveness program. I'm not aware of any programs specifically for medical providers working with special needs children, both federally and statewide.

**Answer 2:** There is a diagnostic and follow-up piece in the care model that can be done. The diagnostic piece would be done on-site and follow-up pieces can be done via telehealth. This would open up slots for people to come in for diagnostic. I have a colleague who did this and was able to successfully use this model. There are models out there that we can look at to see how they did it and how it was successful. This would be great for families who struggle to get to places.

**ODH Feedback:** The Health Policy Institute of Ohio has been examining this issue of telehealth. There are benefits and barriers. But they are thoughtfully looking at this issue around the state. There is a telehealth brief on their website that could be of interest. They will be meeting again with major hospitals and health care organizations.



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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 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 6 Community Forum.

Questions/Comments from the Region 6 Community Forum to ODH July 17, 2014	Ohio Department of Health Response
<p>We saw a lot about smoking and drinking during the presentation but not a lot about drugs. Is this a concern?</p>	<p>The presentation we made is not a comprehensive look at all the programs and data collected by ODH. Opiate use is a crisis in Ohio. Prescription opiate use has decreased while heroin has increased and this is a critical issue. There are MCH data tables and with indicators regarding drug use in Ohio that can be made available upon request. Contact <a href="mailto:Theresa.seagraves@odh.ohio.gov">Theresa.seagraves@odh.ohio.gov</a> if you are interest in receiving this information.</p>
<p>As far as care for kids with special needs, is there an initiative to educate pediatricians and ob/gyns on how to care for an infant with special health care needs for prenatal or postpartum care?</p>	<p>ODH is not aware of any initiatives. We will continue to look into this question and consult with the appropriate medical associations, Ohio Hospital Association, and colleges and universities. The more we hear that this an issue, the more likely it will be considered as a final priority.</p>
<p>With regard to condom use and teen pregnancy, how are young men being brought into the health question? Are we working at all with schools or adolescents?</p>	<p>With regard to the data from the presentation, this information comes from the Ohio Youth Risk Behavior Survey (YRBS) and it is self-reported data that comes from both male and female youth. We are aware of some programs targeted at males but are not sure there is a statewide effort that targets males. Please review the Ohio adolescent health plan to see if anything speaks directly to males and how they are incorporated.</p>
<p>Children with special health care needs are receiving insurance, but not adequately. We are not sure about the quality. Are you looking at the quality of services in Ohio?</p>	<p>We are not there yet systematically. I think a lot of the conversation has been stuck at access and we have not advanced the conversation in a systematic way to address quality of services.</p>
<p>All four groups indicate "Access or Barriers to Care" as one of their five points and that is an issue. We have been working on this for years. We are in 2014 and still looking at this issue. It is an issue where I think we should have made progress.</p>	<p>This is a theme not only within the four groups here but something we are hearing across the state in other forums. For years, we have created programs over programs without coordination and collaboration. Agencies and entities need to come together in a systematic and collaborative way. We understand that is how we will get at the root of the problem.</p>



<p>What are the next steps?</p>	<p>ODH will take all the information from each of the community forums and produce a written report that synthesizes each forum. In addition we will create one comprehensive report that consolidates the finding from each of the 10 forums. Then we will also conduct a few key informant interviews (with individuals such as legislators, heads of organizations like the OH Hospital Association, etc.) in order to obtain from them what they see as the most critical unmet need for the MCH population and so that they have some awareness of the needs assessment process. Once we have all this feedback, MCH leadership will participate in a facilitated prioritization process to select the top 10 critical priorities. Documents from the needs assessment process can be found online at the ODH website under the DFCHS in the MCH Block Grant link. By next July 2015, we will submit a needs assessment report that identifies the 10 priorities, and performance measures that address the priorities to HRSA. We will also be responsible for aligning our block grant funding with these priorities. If, at any time, you have other information and feedback that you would like us to consider, you can submit it via website or contact <a href="mailto:Theresa.seagraves@odh.ohio.gov">Theresa.seagraves@odh.ohio.gov</a></p>
<p>How are you reaching the average parent or person, who is not in this profession, to get their perspective?</p>	<p>The MCH consumer needs assessment survey was posted on the ODH website, Facebook, and Twitter. In addition ODH reached out to stakeholders working with each program in the Division of Family and Community Health Services (DFCHS); and an email blast was sent out to more than 1,000 recipients who were asked to share the information widely. ODH relied on a push from our stakeholders – because they are closer to the individuals we serve. Based on feedback we have received from our federal partners, some states have not done this type of outreach to consumers at all so they are very pleased with our efforts.</p>
<p>Families with special health care needs had the lowest response rate in the survey. Our families with special needs are remarkably challenged with time and resources. Anytime we can figure out how to reach them is extremely important to determine their priorities. We don't always ask the right questions or know their priorities.</p>	<p>This is all very good feedback that ODH will keep in mind. We are really committed to reaching out and gaining the perspectives of the MCH populations we serve.</p>



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### Forum Wrap Up and Next Steps

In conclusion, ODH shared with Region 6 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](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

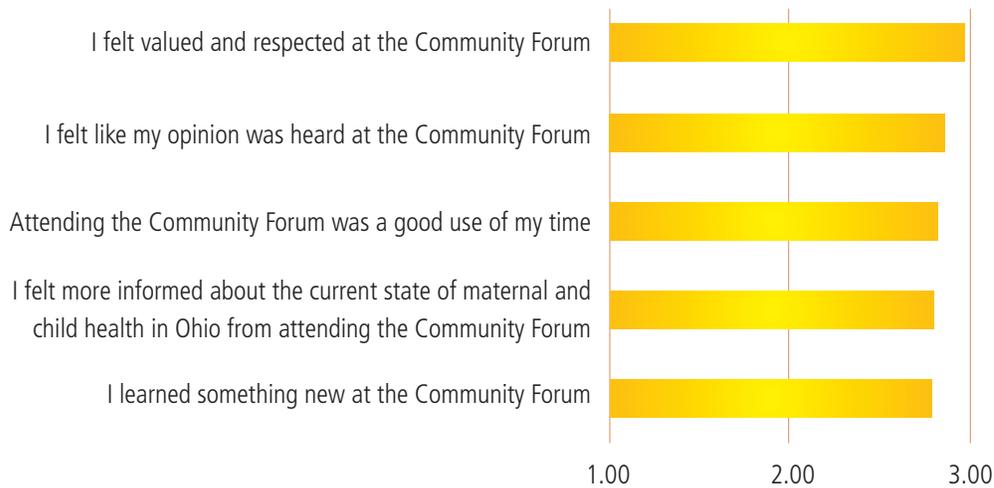
An evaluation was distributed at the forum to capture information regarding the process used and the importance of the information participants received. A follow-up email was also forwarded to all participants of the forum with a link to an electronic copy of the survey. Below are the results of the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

### MCH Needs Assessment Community Forum Evaluation

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	7	0	12	8	2.78	27
I felt more informed about the current state of maternal and child health in Ohio from attending the Community Forum	7	0	12	8	2.78	27
Attending the Community Forum was a good use of my time	7	0	11	9	2.81	27
I felt like my opinion was heard at the Community Forum	7	0	10	10	2.85	27
I felt valued and respected at the Community Forum	7	0	7	13	2.96	27
Answered question 27						
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	16
Skipped question	11

Number	Response Text
1	None-maybe earlier time would be better for me
2	More time in the small group. Wasn't enough time to come up with specific recommendations
3	Be more proactive in getting community members involved. 5:00 pm is to early a start time for working parents.
4	Involve more consumers
5	Asking folks to use their brains between 5-8 pm w/ no meal is challenging. I'd suggest charging \$10 so box lunch or fresh fruit tray could be provided.
6	Well organized event
7	Go to support groups to meet families.
8	I think your audience tonight was mostly professionals, but in future be careful that professional jargon and acronyms to minimum for non-professional family members
9	Provide power presentation for all speakers
10	No ways
11	Bring more people in from the community families
12	I wish we would have been a bit more distant from other groups to hear a bit better.
13	Not sure
14	Maybe have a follow-up session at a date certain
15	A little shorter format —> perhaps send out the intro ahead of time.
16	Try to include non-professional individuals



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

Answer Options	Response Count
Answered question	16
Skipped question	11

Number	Response Text
1	The needs of community
2	Getting to know more people who do work in the community with the MCHB population
3	Expand my professional world
4	Heightened awareness of issues
5	Met several professionals
6	Opened my eyes to state initiative and appreciated having the opportunity to share
7	Great discussions from small group
8	Fantastic networking opportunity with like minded people The speaker's presentation
9	I focus on maternal and infant health and it was informative to hear from other groups in children health
10	Important to me that you actually care
11	The differences in the IM rate for different races, the need to focus on children w/ special healthcare needs
12	It was great to hear the perspectives of others
13	Some plus connections
14	Expanded my knowledge
15	Learned a lot about Ohio initiatives and resources
16	Identify the need of follow up long term care for adults w/ health challenges.



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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	9
Skipped question	18

Number	Response Text
1	None
2	Thank you!
3	Reaching out to families for their input is critical to improved outcomes. Thank you!
4	While the UCEDD is a nice place to have a meeting, parents are less likely to attend because of the stigma of it being at a hospital. Local libraries may be a great location for families.
5	Identify funds to increase medical staff (nurses, therapists, CHW, etc.) to provide adequate care for the increased number of clients/patients referrals
6	We need to find way to make this more accessible for parents and caregivers webinar, send some information to those providing treatment so we find out what is going right for those who have been able to access care!
7	Develop messaging on radio/TV even movie pre-views
8	Another way to survey families might be an approach used to count homeless—staff going door to door in areas with low response rate.
9	I personally have never met a family that didn't mention finances as top of their list. Yet we didn't broach that subject



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**Region 6 Community Forum Report**