



2015 Ohio Maternal and Child Health Needs Assessment Community Forum Report for: Region 8 Forum Hosted by: Charles R. Drew Health Center





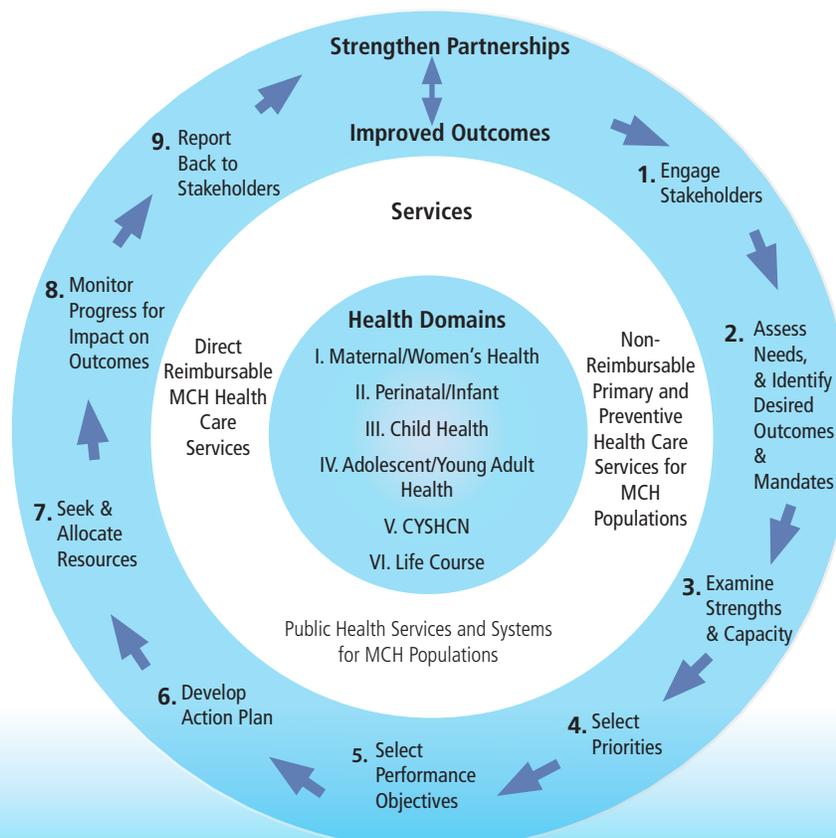
Introduction

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.





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Location, Date, and Participants

The Region 8 MCH Needs Assessment Community Forum took place at the Charles R. Drew Health Center, located at 1323 West 3rd Street, in Dayton, Ohio, on June 30, 2014. ODH would like to thank the Charles R. Drew Health 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:

Participating community members and MCH stakeholders included:

Shon Bunkley	Measurement Resources Company
Susan Caperna	Dayton Children's Hospital
Nancy Callahan	Organization not listed
Jessica Callahan	Miami Valley Child Development Centers
Jennifer Carter	Butler County Health Department
Lori Clark	Montgomery County Public Health
Synthia Copher	Dayton Children's Medical Center West Central Ohio Comprehensive Sickle Cell Center
Michele Ditz	Wright-Patterson Air Force Base
Jennifer Eppoliti	Help Me Grow Brighter Futures/Nurse-Family Partnership
Carrie Goddard	CareSource
Beatrice Harris	Public Health - Dayton & Montgomery County
Janine Howard	Public Health Dayton & Montgomery County
Natalie Jones	Butler County Health Department
Jennifer Jones	Help Me Grow Brighter Futures
Carol Keltner	Help Me Grow Brighter Futures
Nancy Kessinger	Greene County Combined Health District
Johanna Lucas	CareSource
Marilyn McFadgen	Public Health Dayton and Montgomery County
Sandy Miller	Clark County Combined Health District
Cynthia Moon	West Central Ohio Comprehensive Sickle Cell Center
Sara Paton	Wright State/Public Health - Dayton & Montgomery County
Elaine Patrick	Help Me Grow Brighter Futures
Yevetta Rainey	Public Health - Dayton & Montgomery County
Catherine Rauch	Montgomery County Family and Children First Council
Rachel Riddiford	Dayton Children's Hospital
Kristin Rolph Staughton	CareSource
Jana Sears	Healthy Mommy/Healthy Baby
Kate Schlegel	Prevent Blindness
Krista Skafec	United HealthCare Community Plan
Linda Smith	Bright Future Lactation Resource Centre

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Stephanie Strange	Butler County Health Department
Cindy Vance Chandler	Help Me Grow/Brighter Futures
Paula Vaught	Deaf Community Resource Center

The ODH participants at the Region 8 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 8 Forum included:

Dawn Abbott	Ohio Department of Health
Karen Sue Barcelo	Ohio Department of Health
Ayana Birhanu	Ohio Department of Health
Lea Blair	Ohio Department of Health
Jo Bouchard	Ohio Department of Health
Jennifer Combs	Ohio Department of Health
Jessica Foster	Ohio Department of Health
Naomi Halverson	Ohio Department of Health
Lance Himes	Ohio Department of Health
Melissa Mathias	Ohio Department of Health
Theresa Seagraves	Ohio Department of Health
Lillian Stuckey	Ohio Department of Health
Wengora Thompson	Ohio Department of Health
Kim Weimer	Ohio Department of Health



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MCH Community Forum Prioritization Process

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

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

During the Region 8 Community Forum in Norwalk, Ohio, an abbreviated summary of the data and information outlined above was presented to participants, while other data and information were provided as resource documents for the participants to reference. After the formal presentation, participants were asked to divide themselves into one of four groups representing the following four populations: women and infants; early childhood; school age children and adolescents; and children with special health care needs. The goal of the break-out groups was to begin a prioritization process in order to identify three to five key **"needs not currently being met"** and rank order their importance per each MCH population group.

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

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

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

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

The information below represents the outcome of the work of each breakout group from the Region 8 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:

- Access to care and providers.
- Lack of transportation.
- Client awareness and education are needs that are not being met.
- Uncertainty on how to navigate the system.
- Reduction in C-sections using ACOG guidelines (30%).
- Mental health issues and drug/substance abuse like smoking and ETOH (Initiation rate 60% or greater).
- ODH to fund a fulltime breastfeeding coordinator that is not associated with Women, Infants and Children (WIC).
- Lack of access to fresh foods.
- Safe sleep education and increase funding for it. This need could be met with more distribution of Pack N' Plays.
- Family planning needs have not been met.



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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.

Priority 1. Access to services.

Recommendations:

- The state could make the Medicaid system more user-friendly.
- Increase the number of Medicaid providers.
- Increase services provided.
- Work with state insurance authority to improve Medicaid at the state level as a measurable action.

Priority 2. Coordinate breastfeeding education.

Recommendations:

- A measurable action is for ODH to hire a full-time breastfeeding coordinator with appropriate funding, credentials, and authority.
- Increase funding from ODH to local health departments for breastfeeding promotion.
- Increase ODH support of “breastfeeding friendly” hospital.

Priority 3. Focus on behavioral health (substance abuse, depression, etc.).

Recommendations:

- Provide funding to educate parents on behavioral health issues.
- Increase funding for smoking cessation for child-bearing age women.

Priority 4. Promote safe sleep.

Recommendations:

- Increase availability of Pack N’ Plays.
- ODH expand and improve data collection around safe sleep. (For example, don’t include bed, sofa, armchair, etc. in the same category, and collect feeding method at the time the baby died.)
- Use Centers for Disease Control and Prevention death scene investigation protocol.



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:

- Transportation is an unmet need.
- Access to care and services like food, WIC and mental health.
- Lack of providers and awareness of mental and behavioral health issues.
- Vision screenings (awareness and providers) and in-depth screenings/more follow-up for blindness.
- Community awareness and providers for diagnosis and treatment for fetal alcohol syndrome disorders and their long-term effects.
- Extreme poverty with regard to housing, environmental concerns, and acute/chronic stress associated with these conditions.
- Education and identification of obesity.
- Education on parenting skills.
- Dental care with regard to treatment, follow-up and prevention.

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. Preventing childhood blindness

Recommendations:

- Increase number of vision screenings conducted.
- Increase awareness among providers of the need for vision screenings.
- Improve follow-up to vision services.
- Increase the number of providers that give vision screenings and provide more in-depth vision screening.

Priority 2. Decrease obesity.

Recommendations:

- Address obesity by identifying children before they are obese.
- Increase education for families on how to prevent and deal with obesity

Priority 3. Dental Care

Recommendations:

- Improvement in identification of dental problems
- Improve dental treatment and follow-up.



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Priority 4. Fetal alcohol syndrome.

Recommendations:

- Increase in community awareness of long-term effects of fetal alcohol syndrome.
- Work with providers to treat the condition once it is identified.

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:

- Homelessness with regard to the lack of shelters and increased awareness of services for homeless children.
- Behavioral health (i.e. many diagnoses fall under this)
- Children with special health needs (asthma, epilepsy, DM, fetal alcohol syndrome, autism, sickle cell)
- Reproductive health, specifically: STDs, contraception, and prenatal health.
- Lack of school education around drug abuse and treatment options.
- There is an increase in drug use trends; a lack of services; and serious issues that lead to death, violence, and medical complications.
- Access to primary medical home and school-based services in light of a decline in school nurses.
- Ohio's focus on primary medical homes.
- Misdiagnosis or undiagnosed medical needs.
- Access to healthy food and physical activity.
- Distracted driving and injury/ violence prevention.
- Fetal alcohol syndrome/ autism spectrum disorders.

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.

Priority 1. Access to a primary medical home.

Recommendations:

- Improve access to a primary medical home; including school-based services (i.e., school nurse).

Priority 2. Mental health.

Recommendations:

- Improvement in mental and behavioral health diagnoses and treatment

Priority 3. Reduction in drug use

Recommendations:

- Improve the identification and treatment for drug use.
- Increase availability of services for certain patients, such as pregnant mothers.



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:

- Transportation to services.
- Transition with regard to healthcare from pediatric to adult care (i.e. coordination and lack of providers.)
- Issues with provider follow-up. Specifically, being unable to contact consumers for various reasons.
- Insurance and financial strains that prevent individuals from receiving needed care.
- Access to dental care with regard to the lack and willingness of pediatric providers.
- Lack of financial resources for low to middle-income families. Often parents have to work two jobs to support the services.
- Lack of providers that accept children with special health care needs.
- Education for professionals and families on what is available.
- Mental health care for child and parent. (Behavioral health assistance for families (ADD, ADHD, autism, developmental))

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.

Priority 1. Financial resources for low-to middle-income families.

Recommendations:

- Provide assistance to low-income families.
- Identify financial resources and insurance with plans that will cover services.

Priority 2. Access to care.

Recommendations:

- Increase the number of providers that accept children with special health care needs.
- Improve mental health care for the child and the parent.

Priority 3. Adolescent transition to adult services.

Recommendations:

- Increase the number of providers that accept young adults with special health care needs.
- Provide education and training for providers on caring for children as they transition into adult care.



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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 8 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 8 local communities during the forum.

Women and Infants: Group Discussions

Comment: Priority number five, if it could be added, is to have ODH work with the Obstetrics and Hospital communities to promote ACOG guidelines regarding reducing C-sections.

Comment: Regarding Pack N' Play, sometimes the safe sleep issue is having a place for the baby to sleep. Lastly, onesies (baby shirts) with warning labels on them about positioning babies during sleep are useful for a limited amount of time because babies outgrow them quickly.

Early Childhood: Group Discussions

Comment: To clarify, fetal alcohol syndrome is a spectrum disorder – life course perspective that cut across all four groups/ages.



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 either write their questions on the index card and ODH would take those questions back to the department and provide responses at a later date. In addition, participants could verbally ask questions during the forum. Below are the questions and answers from the Dayton Community Forum.

Questions/Comments from the Region 8 Community Forum to ODH June 30, 2014	Ohio Department of Health Response
Those participants within the PREP program were within the survey: Will the PREP program continue thru 2015 since its part of the MCH Block Grant services?	Yes, PREP is set to be funded through 2015.
For youth w/ special needs/developmental disabilities, how can ODH, ODJFS, and ODD—especially at the local levels—work better together for these youth to transition?	ODH, with leadership from Ohio’s Title V CYSHCN program and Ohio’s Adolescent Health program, is beginning participate in a State Title V Transition Planning Group that is being convened by the Got Transition/Center for Health Care Transition Improvement, sponsored by The National Alliance to Advance Adolescent Health. This work will focus on health care transition. Collaboration across agencies as suggested will be essential to address the multifaceted issues of big-picture transition including education, employment, and other challenges, and to ensure coordinated guidance and support for local initiatives.
Help Me Grow is limited due to criteria. How else can we implement home visiting in local communities?	Help Me Grow Home Visiting does allow for flexibility in eligibility determination. The program’s targeted eligibility ensures that outcomes for children and families are maximized while families who meet the alternate eligibility can have access to evidence-based services from qualified providers. The network of Help Me Grow Home Visiting providers have the ability to increase their capacity to meet the needs of their communities as each individual agency sees fit.
What is the electronic access for the Adolescent Health organization? Couldn’t read the yellow font.	We have revised the presentation and URL (www.tinyurl.com/OAHP2020) for the adolescent report and this information has been shared with participants from all the forums.
How are we going to identify those families who are not eligible for the PART C services but do have a documented need for services? Most of the kids do not receive services due to lack of financial resources or knowledge of scholarship etc.	Local county boards of developmental disabilities (CBDD) have resources for families with a documented need for service. Family & Children First councils also have resources and directories of services available in each county. Early Intervention eligibility is set based on federal and state guidelines; therefore not everyone who would benefit from services will be eligible for the services. Local communities should take this topic up with CBDDs and Education Service Centers/regional State Support Teams.



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<p>The MCH consumer survey was provided to us stakeholders so late that we only had 1 ½ weeks to get it out and returned to families and back to ODH.</p>	<p>ODH apologizes for any inconvenience that occurred with the timeframe for the consumer survey. Originally the consumer survey was sent out to more than 1000 stakeholders, which includes consumer and family groups and DFCHS program staff. Stakeholders were asked to share the survey with clients and family members and were given 30 calendar days for completion of the survey. Halfway through the 30-day period, a reminder was sent to everyone asking them to pass the survey on. ODH did keep the survey open for an additional two weeks past the original closing date to try and accommodate individuals that were notified late. ODH appreciates all efforts to get the word out and we are very pleased about the 576 responses that were received. If anyone has consumers with additional feedback you'd like considered, please feel free to submit that information to Theresa.seagraves@odh.ohio.gov</p>
<p>NIH recently updated the statistic referring to children impacted by alcohol during the prenatal period from 1:1000 to 1:100. Yet I do not hear much dialogue about Fetal Alcohol Spectrum Disorder or FASD. It appears that there is an opportunity for public health "prevention" effort in this area. I would like to see ODH align with ODMHS to address this. I hear about tobacco effects but not alcohol. FASD includes many disorders and is not a medical diagnosis. Consequently, they do not qualify for BCMH.</p>	<p>ODH actively participates on a state steering committee on fetal alcohol spectrum disorders with a number of other state agencies including Departments of: Mental Health/Addiction Services; Developmental Disabilities; Youth Services; and Education. The steering committee is also composed of local service providers, local health departments and parents/family members of individuals affected by prenatal alcohol exposure. The group works toward three objectives: promoting prevention messages; improving diagnostic capacity in Ohio to get a FASD diagnosis; and to increase available services for affected individuals. Committee members work through their respective agencies on the three goals. A state website dedicated to this has been developed: https://notasingledrop.mh.state.oh.us/</p>
<p>What is ODH doing at the leadership level to improve or compel interagency collaboration— information and referrals between health districts (esp. WIC) with other stakeholders in this county? And across OH—Lots of silos and competition—</p>	<p>One example of this is the Ohio Department of Developmental Disabilities-ODH collaboration for Early Intervention. This effort has knocked down silos at the state level and is leading to collaborated training, technical assistance and unified communication.</p> <p>Referral is one of the core services of the WIC program. Referrals are made by local agency staff to other programs and services as the need is identified. Referral data is collected in the WIC certification system. Local WIC projects are strongly encouraged to maintain relationships with county partners.</p>

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<p>I just came back from a world health organization meeting, which is concerned with formula marketing and how that impacts breastfeeding. What role does ODH have in limiting formula marketing in ODH funded facilities/programs and promoting breast feeding as recommended by the Surgeon General?</p>	<p>Please refer to the ODH Infant Feeding Policy and Fact Sheet. http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/ODHPolicy_%20Infant%20FeedingFINAL1213.ashx http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/Infant%20Feeding%20Policy%20Fact%20Sheet.ashx</p>
<p>I'd like to offer to work with ODH to explore legal instruments that could be used to promote breastfeeding.</p>	<p>Please refer to the ODH Infant Feeding Policy and Fact Sheet. http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/ODHPolicy_%20Infant%20FeedingFINAL1213.ashx http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/Infant%20Feeding%20Policy%20Fact%20Sheet.ashxBCFHS</p>
<p>How are you getting information out to the general public — only 576 people represented in the consumer survey seems like a small number?</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 1000 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>As the ODH parent consultant, this is my third time participating in the needs assessment process, and as a parent, each time I have found that ODH learns different approaches to capture input. With the current needs assessment process ODH went above and beyond to get consumer input. When ODH sent out the stakeholder survey and parents were saying they didn't know how to answer the questions, ODH was responsive and created the consumer survey. ODH also used its parent advisory council to help in reaching out.</p>



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Are we taking any advice from other states and applying it to Ohio?

Absolutely, in one of the presentation slides on the topic of Infant Mortality (IM) we indicated several agencies, organizations and initiatives that are going on to address IM. For example the ColIN initiative, which stands for the Collaborative Improvement and Innovation Network (ColIN) and is a national initiative for states that have the worst infant mortality rates to form a coalition with states in the same Region to identify strategies to address IM. Ohio is a part of the Region V ColIN who is in the process of identifying evidence based practices to address four strategies that impact IM. Part of this work is focused on learning from other states that have good IM rates, as well as learning from national experts.

Forum Wrap Up and Next Steps

In conclusion, ODH shared with Region 8 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

- ✓ Discussion and brainstorming with other state-level stakeholders
 - Medicaid, Mental Health and Addiction Services, Transportation, etc.
- ✓ Key Informant Interviews with public and private leaders
 - State legislators, the head of the Ohio Hospital Association, etc.
- ✓ ODH MCH leadership will engage in a final facilitated prioritization process to select the top 10 MCH priorities for 2015 – 2020.
- ✓ ODH will create state performance measures as a way to monitor and evaluate progress made in addressing the MCH priorities.
- ✓ Submission of the MCH Needs Assessment on July 15, 2015.



Evaluation Results

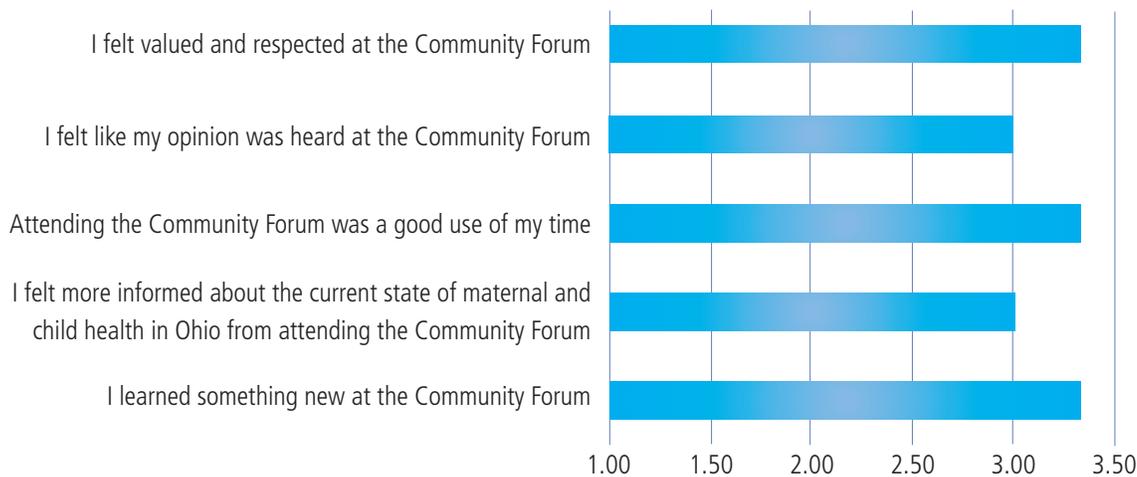
An evaluation was distributed at the forum to capture information regarding the process used and the importance of the information participants received. A follow-up email was also forwarded to all participants of the forum with a link to an electronic copy of the survey. Below are the results of the 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	0	0	2	1	3.33	3
I felt more informed about the current state of maternal and child health in Ohio from attending the Community Forum	0	0	3	0	3.00	3
Attending the Community Forum was a good use of my time	0	0	2	1	3.33	3
I felt like my opinion was heard at the Community Forum	0	0	3	0	3.00	3
I felt valued and respected at the Community Forum	0	0	2	1	3.33	3
Answered question 3						
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	1
Skipped question	2

Number	Response Text
1	Involve pediatricians, pediatrician assistants

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

Answer Options	Response Count
Answered question	2
Skipped question	1

Number	Response Text
1.	Make sure to put out parental/community surveys in enough time so we can distribute and return. One and one-and-one-half weeks is not enough time and affects the input especially from families who are most at risk
2	The opportunity to meet other professionals

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	1
Skipped question	2

Number	Response Text
1.	How can we make the groups with small numbers feel equally valued when financial priority is given to larger numbers?

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