



# 2015 Ohio Maternal and Child Health Needs Assessment Community Forum Report for: Region 9 Forum Hosted by: Nationwide Children's Hospital Center







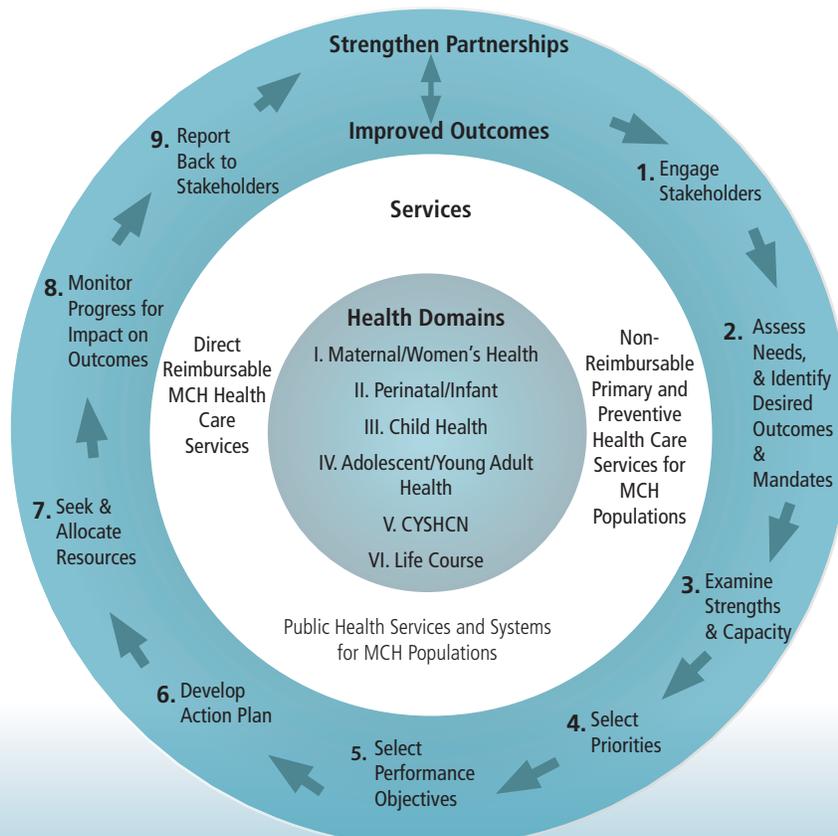
## Introduction

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.





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

### Location, Date, and Participants

The Region 9 MCH Needs Assessment Community Forum took place at Nationwide Children’s Hospital Education Center, 575 S. 18th St., Columbus, Ohio, on June 30, 2014 beginning at 5:00 p.m. until 8:00 p.m. ODH would like to Nationwide Children’s Hospital Education 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:

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Dava Bielefeld	Organization not listed
Sonia Booker	OhioHealth
Shon Bunkley	Measurement Resources Company
Deena Chisolm	Nationwide Children’s Hospital
Dushka Crane	Government Resource Center
Justin Fogt	The Center for Family Safety and Healing
Susan Halter	Ohio Department of Jobs and Family Services/Office of Families and Children
Elaine Hamilton	Columbus City Schools
Jessica Hawk	Ohio Medicaid
Amy Hess	Nationwide Children’s Hospital
Kimberly Hiltz	Organization not listed
Lisa Hunter	Cincinnati Children’s Hospital
Cynthia Johnson	OhioHealth
Sheri Jones	Measurement Resources Company
Alexandria Jones	Union County Health Department
Caitlin Kapper	Columbus Public Health
Grace Kolliesuah	Columbus Public Health -Caring for 2
Marianne Marinelli	OhioHealth
Monica Peace	UnitedHealthcare Community Plan
Lynda Peel Brown	Nationwide Children’s Hospital
Julie Racine	Nationwide Children’s Hospital
Loretaa Raiford	Grant Medical Center
Lori Ruffin	Columbus Public Health- OIMRI
Mary Salimbene Merriman	Union County Health Department
Christopher Timan	Nationwide Children’s Hospital
Gail Whitelaw	The Ohio State University
Sherry Williams	Prevent Blindness

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The ODH participants at the Region 9 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 9 Forum included:

ODH Participants at the Region 9 Forum included:

Anureet Benipal	Ohio Department of Health
Ayana Birhanu	Ohio Department of Health
Lea Blair	Ohio Department of Health
Theresa Bonn	Ohio Department of Health
Marybeth Boster	Ohio Department of Health
Jessica Foster	Ohio Department of Health
Lance Himes	Ohio Department of Health
Vivian Jackson Anderson	Ohio Department of Health
Ava Johnson	Ohio Department of Health
Russ Kennedy	Ohio Department of Health
Theresa Seagraves	Ohio Department of Health
Wengora Thompson	Ohio Department of Health
Kim Weimer	Ohio Department of Health
Lisa Wolfe	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 9 Community Forum in Columbus, 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.



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:

- Education with regard to safe sleep, pre-conceptual health/wellness, family planning and breastfeeding.
- Issues around substance abuse like prenatal and lack of referral services.
- Lack of family planning (access, education, and sexual/reproductive health).
- Mental health, specifically perinatal.
- Lack of housing.
- Infant mortality.
- The coordination of care and patient perspectives.
- Access with regards to transportation, substance abuse, mental health services and trauma treatment.
- Issues look very different depending on the community (health equities/ social determinants).



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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:

- Addressing the social determinants of health (transportation, education, employment, etc.).
- Coordination of care.
- Increases to mental health care services and trauma treatment.
- Improvement of reproductive health and sexual wellness services.

#### **Priority 2. Education.**

##### Recommendations:

- Educate families about things that will impact an infants' health.
  - ◆ When to access OB/Gyn care
  - ◆ How to prepare
  - ◆ Who to go to for services
  - ◆ Family planning, getting contraceptive care and understanding how it works
  - ◆ Mental/ emotional/ relational health

#### **Priority 3. Building resilient communities.**

##### Recommendations:

- Focus on hot spots (highest incidences of infant mortality, where are the worst health outcomes).
- Build infrastructure through housing, child care, and sustainable employment.
- Improve coordinated/ centralized care and services.
- Address the role of family relationship/ fathers.



## **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:

- School readiness. Specifically, full physical assessment, causes underperformance and other developmental issues, “ready to fix” versus “ready to learn.”
- Health screenings (vision, dental, lead, oral).
- Social determinants of health policies to enhance development. The foci of these policies was reading to children, preschool enrollment, and incentivize/educate parents about developmental milestones.
- Nutrition/obesity, part of health screening.
- Provider education.
- Unbundling reimbursement for screening.
- The parent is the best advocate for the child. If parents are not educated about nutrition and obesity, there will be cyclical problems.

### **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. Increase screenings**

##### **Recommendations:**

- Incentivize parents getting screenings done early (health, vision, dental, lead, speech, language, and hearing), before preschool or kindergarten.

#### **Priority 2. Parental education.**

##### **Recommendations:**

- Educate parents on how to prepare healthy meals.
- Determine whether there are food deserts and if there is proper food available.

#### **Priority 3. Education for healthcare workers and practitioners.**

##### **Recommendations:**

- Education for healthcare workers and practitioners to encourage them to impact this population (early childhood) and their parents.



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### 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:

- Sexual health services like family planning and parent/child conversation education.
- Mental health and addiction treatment, especially heroin.
- Community connections like school counselors, sports programs, faith-based organizations, community centers, and fun activities.
- Mentor and public awareness. One should invest in our youth campaign because we seem to want to get rid of children once they become adolescents.
- Investment in youth campaigns which can be done through community centers, sponsors, internships, and partnership with schools.

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

Forum attendees prioritized their brainstorm list and generated the following priorities and recommendations for school-age children and adolescents.

#### **Priority 1. Investment in our youth campaign.**

##### Recommendations:

- Promote great things youth are doing in the community.
- Provide mentoring, and look at community center models.

#### **Priority 2. Access to behavioral health care.**

##### Recommendations:

- Increase parent/child education on easy ways to bring up difficult conversations.
- Improve access to mental and behavioral health.

#### **Priority 3. Decrease drug addiction.**

##### Recommendations:

- Increase education of youth about drug addiction, especially about heroin addiction.



## **Children with Special Health Care Needs**

### **Children with Special Health Care Needs: Brainstorming Unmet Needs**

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

- Access to medical care. For instance, primary care physicians, dental/vision specialists for children with special health care needs, and mental health (doctors are available, but there are long waiting lists) exemplify these needs.
- Assistance with transitioning youth health care into adulthood.
- Linking education department (schools) in with medical care. Specifically, teachers need to take classes to be educated regarding children with special needs.
- Care coordination.
- Childcare with regard to respite.
- Socialization opportunities.
- Economic impacts on the family and the health system.
- Marriage/ relationship strains experienced by these families.
- Educating/ promoting parents as self-advocates.

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

Working from the list above, forum attendees generated the following priorities and recommendations for children with special health care needs.

#### **Priority 1. Access to care.**

##### **Recommendations:**

- Improve access to primary care providers (existing education/ training, medical students, new physicians available).
- Marketing to dentists and other physicians who have the capacity to work with more clients and encourage them to work with this population.
- Involve children with special health care needs in helping to increase physician knowledge and experience.
- PSAs to professionals and families to let them know what things to think about as children transition into adulthood.

#### **Priority 2. Care coordination.**

##### **Recommendations:**

- Develop a better team approach.
- Define a medical home.
- Support social workers working with this population in school and receiving consistent reimbursement for those services.
- Educate physicians to refer patients to care coordination and things that get done “with” families versus “to” or “for” families – in other words, focusing on working as a team is a measurable action.

#### **Priority 3. Utilize a team approach for youth transitioning into adult care.**

##### **Recommendations:**

- Implement mandatory training for every physician and health care worker about children with special health care 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 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 9 local communities during the forum.

### **Early Childhood: Group Discussions**

**Comment:** Our community would like to explore the idea that school readiness equals life readiness as another measurable action. Programs such as Positive Parenting Programs (3Ps), Reach Out and Read, Home Visiting, COPE – Empowering youth and parents, Ohio Amblyope Program, Save Our Sight Fund – provider education, Sight for Students, Infant See, and WIC, are all valuable resources that should be expanded. AAP guidelines on reading to children in early infancy should also be explored.

### **School-Age Children and Adolescents: Group Discussions**

**Comment:** There is a program where community centers are located in schools to provide an anchor in the community.

### **Children with Special Health Care Needs: Group Discussions**

**Comment:** Teachers have to have some level of exposure in their training program, but their exposure is so very limited and that knowledge dissipates over time. Doctors can be intimidated by children with special needs and rarely do they have experience working with this population.



## General Questions and Answers

During the community forum, there was also an opportunity for participants to ask questions of ODH. Participants were given index cards and asked to write their questions on the index card and ODH would take those questions back to the department and provide responses at a later date. In addition, participants could verbally ask questions during the forum. Below are the questions and answers from the Region 9 Community Forum.

Questions/Comments from the Region 9 Community Forum to ODH June 30, 2014	Ohio Department of Health Response
<p>How will ODH address transition for young adults with special health care needs? (i.e. access to appropriate care, funding to hire transition coordinators, educating adult providers)</p>	<p>ODH, with leadership from Ohio’s Title V CYSHCN program and Ohio’s Adolescent Health program, is beginning to 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 partnership will allow Ohio to draw on a range of existing stakeholders, partners and initiatives to drive improvement and to create a more coordinated approach to transition in health care for the youth of Ohio, both with and without special health care needs.</p>
<p>We do know that the impact of race (black women) are at most risk: are there specific initiatives to support these disparities?</p>	<p>The Ohio Infant Mortality Reduction Initiative (OIMRI) component of the Child and Family Health Services program at the Ohio Department of Health addresses the barriers (e.g., financial, geographic, cultural, infrastructural) African-American women and children experience and improve their access to and utilization of health care. The OIMRI programs are funded to provide community-based outreach and care coordination services in targeted communities with high-risk, low-income African-American pregnant women and families. When a disparate health condition affects the general population, it affects low-income and people of color at a higher rate and more severely. The OIMRI component utilizes the community care coordination model to empower communities to eliminate disparities. The community care coordination model supports employing individuals from the community as trained advocates who empower pregnant women to access resources. These professional community health workers (CHW’s) provide a cultural link to the community and to community resources through family-centered services. These services focus on achieving success in health, education and self-sufficiency. The CHW conducts case finding; makes home visits on a regular basis during pregnancy and through the baby’s second year of life; identifies and reinforces risk reduction behaviors; provides appropriate education; identifies and works with the client’s strengths; methodically engages the client in incorporating life-changing behaviors; and collaborates with other agencies in making appropriate referrals to assure positive pregnancy and infant health outcomes.</p>



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	<p>The Ohio Department of Health and CityMatCH are partnering to improve overall birth outcomes and reduce the racial and ethnic disparities in infant mortality in the State of Ohio. The Institute is a data-informed, community-driven movement by nine communities across the state: Canton, Cincinnati, Cleveland, Columbus, Dayton, Butler County, Summit County, Toledo, and Youngstown. Locating in these nine counties places where 45 percent of all white births and 49 percent of all white infant deaths occur and where 90.5% of all black births and 95% of all black infant deaths in Ohio happen. Over the next three years, these communities will participate and receive training to support them as they select, implement, and evaluate equity-focused projects. The institute is divided into three phases: Ready, Set, Go. The teams are nearing the end of the first year, or the Ready phase, which consists of assessing their community's readiness, performing a capacity assessment, and examining their data through the Perinatal Periods of Risk (PPOR) approach. Based on their PPOR results, they selected a downstream and upstream evidence-based strategy aimed to address infant mortality and birth outcome inequities. During the next 24 months, teams will be implementing their interventions and following an evaluation plan, with the expert evaluation support from the University of Kansas' Work Group for Community Health and Development. Each team will create a "Launch Report," and these will be disseminated nationally to all MCH national partners. Finally, at the close of the three-year initiative, we will host an Ohio Equity Summit that will feature the teams' projects and outcomes along with other nationally known speakers. The national Maternal and Child Health community will be invited, and Ohio's successes will be put on display.</p>
<p>Consumer survey results mention zip codes were used to assign responses to one of the ten regions. Is there data specific to each zip code? Thanks</p>	<p>Data are not available for specific zip codes, as there were too few responses from any given zip code to responsibly report out the data. Zip codes were only used to help identify what geographic area of the state a response was associated with. Using the zip codes allowed us to determine if numerous responses from a specific zip code means that geographic area is having access to care issues etc. The zip codes also helped ODH identify what part of the state a response was referring to.</p>

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<p>Is there data related to how many women deliver in the STATE of Ohio without prenatal care?</p>	<p>In 2012, 1.4 percent of all women who delivered in the State of Ohio did not have prenatal care. Typically, the Ohio Department of Health reports on Ohio residents without prenatal care (1.4 percent; 2012) or those receiving care in the first trimester (72.4 percent; 2012). For those that are Ohio residents and give birth in Ohio, the percentage is the same (1.4 percent; 2012). It should be noted that 18.8 percent of 2012 births in Ohio were missing information, therefore the known 1,577 deliveries in Ohio without prenatal care is likely to be an underreporting of the true total. On a positive note, the percentage of unclassifiable records continues to decline.</p>
<p>Stressors=25-34, what about 16 to 24?</p>	<p>Although the slide states that “young women between 25-34 are almost 2 times more likely to have experienced 6 or more stressors” in fact, younger women (16-24) have a higher prevalence of six or more stressors in the 12 months before delivery than older mothers. ODH apologizes for any confusion caused by the slide and this data table is available if anyone would like to request a copy.</p>
<p>Consumer survey notes demographic results, more white responded in comparison to African Americans. 68% white 11% African Americans How are participants recruited?</p>	<p>ODH is grateful for the assistance we received from subgrantees and stakeholders in getting the consumer survey to those we serve. This was the major method used in distribution of the survey. ODH also worked with its parent groups and the demographic data is reflective of the responses we received. ODH did reach out to programs we fund that specifically target minority populations in an attempt to get feedback from diverse population groups.</p>
<p>Is the Block Grant a competitive? Open RFP?</p>	<p>No, currently the Title V MCH Block Grant is a mandate to states as a result of the Social Security Act and ODH is charged as the Title V agency for Ohio.</p>
<p>Can the network of care break down data to zip code, neighborhood and block level?</p>	<p>No, the Network of Care is a dashboard system for indicators that is in the format of the Local Health Department (LHD) jurisdiction. The system is not designed like a data warehouse to geocode data. Instead, it “rolls up” data, and displays it in a context for the entire community.</p>



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What is Ohio doing to provide access to Alcohol and drug TX to include smoking as well?

The ODH Ohio Partners for Smoke Free Families (OPSFF), developed in 2006, expands partner membership and develops an expansion workplan based on data informed decisions and subject matter expert advice. ODH Secured CDC Epi-Aid evaluation of current WIC and CFHS implementation of the 5A's (Ask, Advise, Assess, Assist, and Arrange) brief counseling intervention. Qualitative evaluation informed expansion planning. Quantitative evaluation indicates small but statistically significant improvements in perinatal smoking rates in participating programs. A contract was awarded to the OSU Government Resource Center/HSAG to implement a quality improvement (QI) project to ensure fidelity in the implementation of the 5A's and to help improve the quality of the implementation (July 2014 – June 2015) in ODH MCH- funded programs.

ODH contracted with the Ohio University Voinovich Center to train providers in four southeast Ohio communities to implement the 5A's. ODH developed, tested and implemented media campaign in the four southeast Ohio communities receiving 5A's saturation. ODH is collaborating with Ohio AAP and OU College of Osteopathic Medicine to bring the AAP Lectureship program to Ohio fall 2014. Smoking Cessation materials ordered to support implementation of 5A's by local partners (Epi-Aid informed).

The Child and Family Health Services (CFHS) Program has implemented three tobacco-related programs: Not On Tobacco (NOT); Baby & Me Tobacco Free; and supporting infrastructure development (increasing the number of certified tobacco treatment specialists in communities). In addition, CFHS has implemented infrastructure level strategies to address mental health/addiction needs in communities.

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<p>Can we improve how we collect data on alcohol consumption during pregnancy</p>	<p>Some data about alcohol consumption during pregnancy is already available. The Pregnancy Risk Assessment Monitoring System (PRAMS) surveys Ohio mothers with a recent live birth and has data for the years 2000 through 2011. In all years the survey asked mothers how many alcoholic drinks were consumed in an average week during the last three months of pregnancy. From 2000 through 2008, the survey asked mothers how often they participated in binge drinking during the last three months of pregnancy. While not specific to pregnant women, the Behavioral Risk Factor Surveillance System (BRFSS) collects information about alcohol consumption and binge drinking among women of reproductive age. There are limitations to the data available about alcohol consumption during pregnancy. First, PRAMS surveys only women having a live birth, so pregnancies with other outcomes are not included in the sample. Second, our ability to provide county-level data about this topic is very limited. However there have been some recent changes to address this. Beginning in 2011 PRAMS began oversampling Cuyahoga, Hamilton, and Franklin counties to provide county-level data for the three largest counties.</p>
<p>ODH—limit formula marketing in Ohio facilities—(new WHO approach)</p>	<p>Please refer to the ODH Infant Feeding Policy and Fact Sheet.  <a href="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/ODHPolicy_%20Infant%20FeedingFINAL1213.ashx</a>   <a href="http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/Infant%20Feeding%20Policy%20Fact%20Sheet.ashxBCFHS">http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/Infant%20Feeding%20Policy%20Fact%20Sheet.ashxBCFHS</a></p>
<p>Can we increase data collection surrounding safe sleep/death scenes</p>	<p>The Pregnancy Risk Assessment Monitoring System (PRAMS) currently has data about infant sleep position for the years 2000 through 2011 and plans to continue collecting this information in the coming years. Beginning in 2016, the survey will add several questions about sleep environment and co-sleeping. For details about the new questions, email the Ohio PRAMS Coordinator (<a href="mailto:missy.vonderbrink@odh.ohio.gov">missy.vonderbrink@odh.ohio.gov</a>).</p> <p>The Child Fatality Review (CFR) reviews all unexpected and unexplained child deaths in Ohio. The resulting data for sleep-related infant deaths include details about sleep environment along with demographics and birth history for each infant. A report with Ohio CRF data is published annually.</p>



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<p>How is ODH working to help with safe sleep besides education materials? I.e. resources for cribs or pack and plays; Can you assist with this?</p>	<p>Visit the ODH Safe Sleep Web page. <a href="http://www.odh.ohio.gov/features/odhfeatures/SafeSleep/Safe%20Sleep%20Home%20Page.aspx">http://www.odh.ohio.gov/features/odhfeatures/SafeSleep/Safe%20Sleep%20Home%20Page.aspx</a></p> <p>Please refer to the ODH Infant Safe Sleep Policy and Fact Sheet. <a href="http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/ODHPolicy_Safe%20SleepFINAL1213.ashx">http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/ODHPolicy_Safe%20SleepFINAL1213.ashx</a></p> <p><a href="http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/Infant%20Safe%20Sleep%20Policy%20Fact%20Sheet.ashx">http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/Infant%20Safe%20Sleep%20Policy%20Fact%20Sheet.ashx</a></p> <p>The Child and Family Health Services (CFHS) program funds local safe sleep programs.</p>
<p>Does the network of care website go to the zip code level?</p>	<p>No, the Network of Care is a dashboard system for indicators that is in the format of the Local Health Department (LHD) jurisdiction. The system is not designed like a data warehouse to geocode data. Instead, it “rolls up” data, and displays it in a context for the entire community.</p>



## Forum Wrap Up and Next Steps

In conclusion, ODH shared with Region 9 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.



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

### Evaluation Results

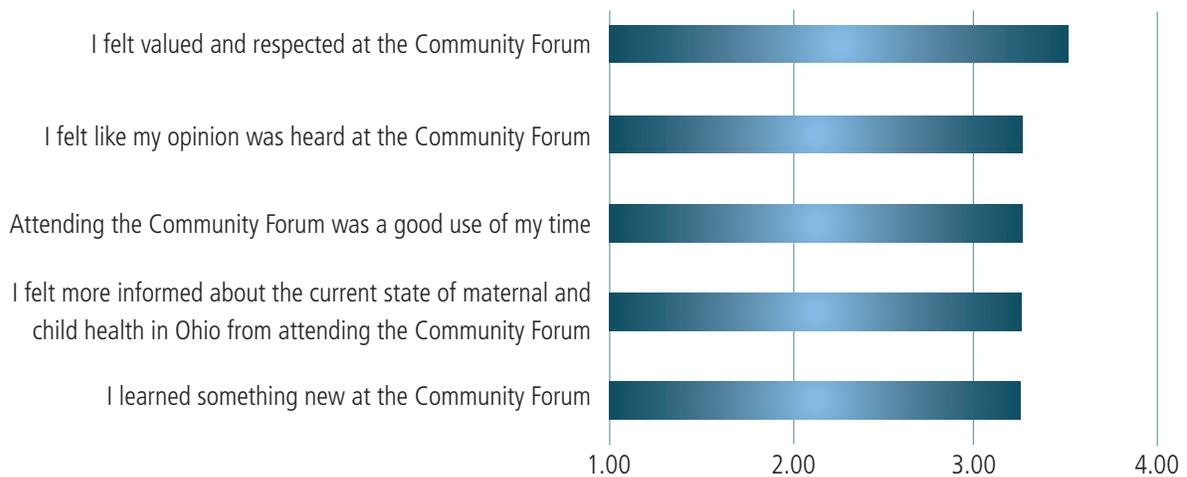
An evaluation was distributed at the forum to capture information regarding the process used and the importance of the information participants received. A follow-up email was also forwarded to all participants of the forum with a link to an electronic copy of the survey. Below are the results of the 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	3	1	3.25	4
I felt more informed about the current state of maternal and child health in Ohio from attending the Community Forum	0	0	3	1	3.25	4
Attending the Community Forum was a good use of my time	0	0	3	1	3.25	4
I felt like my opinion was heard at the Community Forum	0	0	3	1	3.25	4
I felt valued and respected at the Community Forum	0	0	2	2	3.50	4
Answered question 4						
Skipped question 0						

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





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

Answer Options	Response Count
Answered question	2
Skipped question	2

Number	Response Text
1	Offering some sort of snack would be great for the evening forum-difficult going straight from work to a meeting that lasts until 8pm.
2	Nothing - everything was great!

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

Answer Options	Response Count
Answered question	2
Skipped question	2

Number	Response Text
1	Good networking opportunity with locals and the state
2	Meeting others and learning of statistics in our community and the impact of healthy inequity.

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	3

Number	Response Text
1	No - great speakers!



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

### **Notes**



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



**Region 9 Community Forum Report**