



2015 Ohio Maternal and Child Health Needs Assessment Community Forum Report for: Region 10 Forum Hosted by: Hocking County Board of Developmental Disabilities





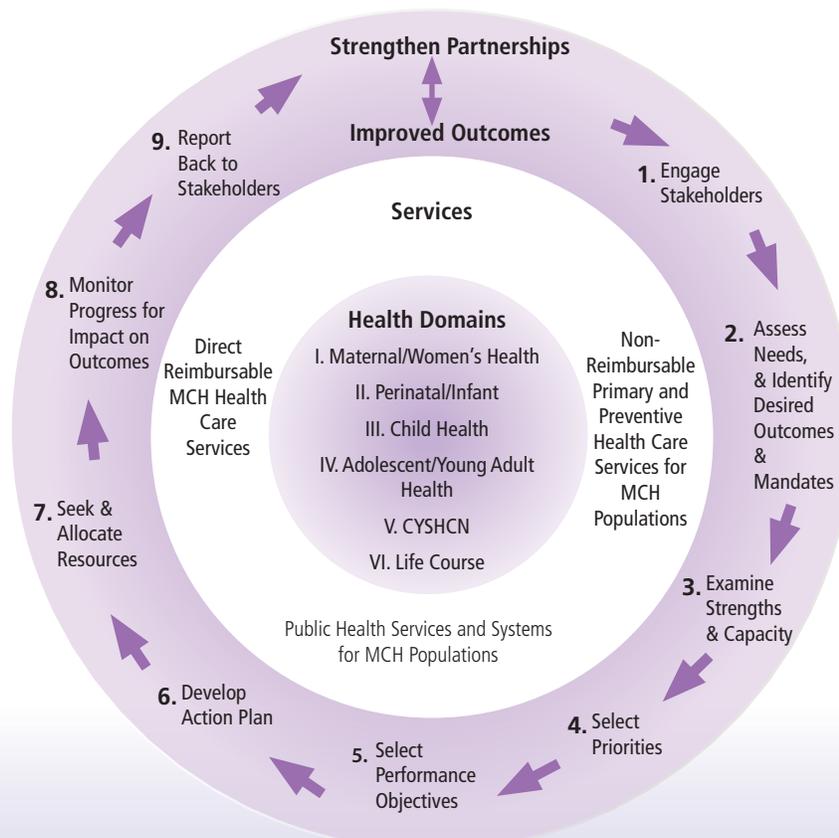
Introduction

For more than 75 years, the Federal Title V Maternal and Child Health (MCH) program has provided a foundation for ensuring the health of the nation’s mothers, women, children and youth, including children and youth with special health care needs, and their families. Specifically, the Title V MCH program seeks to assure access to quality care, especially for low-income individuals or those with limited availability of care.

While many of the problems faced by women, infants, children, youth, and families throughout the country are the same, each state faces unique challenges. Therefore, states are best positioned to assess the needs of their MCH population and to design programs that address their specific needs. As a result, each state is required to conduct a Needs Assessment every five years as part of the Title V Maternal and Child Health Block Grant.

At the end of the needs assessment process, Ohio will create a plan for addressing the top critical unmet needs identified in part through a series of state wide community forums. ODH will select the top 10 priorities they will focus on, and determine how the funds allotted to Ohio will be used for the provision and coordination of services to carry out maternal and child health-related programs. The final Needs Assessment will be submitted to the Federal Maternal and Child Health Bureau on July 15, 2015.

The main goals of the needs assessment process are to (1) Improve outcomes for maternal and child health populations; and (2) Strengthen partnerships. The entire process is depicted in the graphic below.





**2015 Ohio Maternal and Child Health
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Location, Date, and Participants

The Region 10 MCH Needs Assessment Community Forum took place at the Hocking County Board of Developmental Disabilities, 1369 East Front Street, Logan, Ohio, 43138 on August 7, 2014. ODH would like to thank the Hocking County Board of Developmental Disabilities for graciously allowing us to use their facility, as well as for the hospitality shown to ODH and all the forum participants. Participating community members and MCH stakeholders included:

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Cindy Aiello	Perry County Board of Developmental Disabilities
Pamela Born	OhioHealth O'Bleness Hospital Athens Medical Associates OB/GYN
Christy Bridge	Prevent Blindness Ohio
Cathy Chelak	Health Recovery Services
Mary Clark	Southeastern Ohio Center for Independent Living
Debra Cox	Ohio University Heritage College of Osteopathic Medicine/Pathways
Lisa Davidson	Organization not listed
Doug Fisher	Hocking County Health Department
Kim Foster	Zanesville-Muskingum County Health Department
Robert Gallagher	Integrated Services of Appalachian Ohio
Dawn Graham	Ohio University Heritage College of Osteopathic Medicine /LAUNCH
Jane Hamel-Lamberg	Ohio University Heritage College of Osteopathic Medicine
Brandi Harvey	OhioHealth O'Bleness Hospital Athens Medical Associates OB/GYN
Victoria Hilliard	Hocking County Family and Children First Councils
Tiffany Holt	OhioHealth O'Bleness Hospital Athens Medical Associates OB/GYN
Sheri Jones	Measurement Resources Company
Tiffany Lewis	Measurement Resources Company
Mary McPherson	Ohio University Heritage College of Osteopathic Medicine / Child and Family Health Services; Hopewell Health Centers Child and Family Health Services
Pamela Ramage	Health Recovery Services
Deborah Raney	Perry County Health Department
Heather Rice	Muskingum Co. Help Me Grow
Samantha Shafer	Hopewell Health Centers
Jayne Shipman	Huron County Board of Developmental Disabilities/ Help Me Grow
Lyn Smith	The Dairy Barn Arts Center
Jill Squires	Hocking County Board of Developmental Disabilities
Kelly Taulbee	Hocking County Health Department
Kelly Velazquez	UnitedHealthcare Community Plan
Rebecca Wheelersburg	South Central Ohio Educational Service Center

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The ODH participants at the Region 10 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 10 Forum included:

ODH Participants at the Region 10 Forum included:

Chris Alexander	Ohio Department of Health
Ayana Birhanu	Ohio Department of Health
Sam Chapman	Ohio Department of Health
Harvey Doremus	Ohio Department of Health
Jessica Foster	Ohio Department of Health
Ronda Moore	Ohio Department of Health
Theresa Seagraves	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 10 Community Forum in Logan, 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 10 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
 - ◆ Transportation
- Preconception care
- Breastfeeding
 - ◆ Limited to non-WIC
- Addiction
 - ◆ Smoking, opiates, alcohol, drugs
- Safe sleep
- Hepatitis C
 - ◆ Transportation and access
- Help Me Grow restriction
- Prenatal progesterone access
- Medical and mental health collaboration
- Dental access
- Extension programs to help teach life skills
 - ◆ Cooking fresh vegetables
- 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. Improve access to care.

Recommendations:

- One identified resource for addressing access to care issues such as lack of transportation.
- Identify a dedicated funding stream for each county that will pay for access to care issues and is funded by multiple agencies and meets the clients' needs.

Priority 2. Address addiction problems.

Recommendations:

- One identified resource for addressing access to care issues such as lack of transportation.
- Identify a dedicated funding stream for each county that will pay for access to care issues and is funded by multiple agencies and meets the clients' needs.

Priority 3. Increase parent education.

Recommendations:

- One identified resource for addressing access to care issues such as lack of transportation.
- Identify a dedicated funding stream for each county that will pay for access to care issues and is funded by multiple agencies and meets the clients' needs.

Priority 4. Address the issue of poverty.

Recommendations:

- One identified resource for addressing access to care issues such as lack of transportation.
- Identify a dedicated funding stream for each county that will pay for access to care issues and is funded by multiple agencies and meets the clients' needs.



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:

- More early childhood mental health (ECMH) services and advocacy
- Vision screenings for 3-6 year olds
- HUD housing/affordable
- Jobs
- No one to monitor “at risk” children
- Most systems don’t understand the impact of babies born prenatally exposed to alcohol and drugs
- Identification/provision of services
- Comprehensive Screening availability
 - ◆ ECMH, Vision, Hearing
- Parent education
- Provider education
 - ◆ Identification of roadblock

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. Comprehensive screenings from birth to six year olds.

Recommendations:

- Increase availability for early childhood mental health, vision, developmental and hearing screenings. (This is not occurring in general practitioners’ offices. Some pediatrician offices are not conducting vision and hearing screenings.)

Priority 2. Expand services from 0-3 years old to capture “at risk” population, which is defined as at risk for developmental delays.

Recommendations:

- Provide a service or expand eligibility to help babies that are born needing early intervention services, but do not qualify. (The recommendation is to include these babies in programs for early intervention services, because it is likely they will need the services later in life. For example: premature babies, drug exposed babies, and mothers with multiple children.)

Priority 3. Increase education for early childhood providers (includes physicians, clinicians, educators, home visitors, etc.).

Recommendations:

- Educate providers with regard to best practices (screening early, referral to providers etc.).
- Incorporate new research into the services they provide.



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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:

- Childhood obesity
- Access to health care
 - ◆ Dental insurance issues
 - ◆ Not taking new patients
 - ◆ Transportation
- Access to public transportation and personal modes of transportation
 - ◆ Lack of participation in preventative measures
- Parent involvement and support
 - ◆ Educating parents on risky behaviors
 - ◆ Support for parents
- Birth control
 - ◆ Access and education
- Wellness centers in community
- Arts enrichment
- In-home assistance with utilities
- Needs of the child
 - ◆ Clothing
 - ◆ Home environment
- Care coordination for mental health concerns in children
 - ◆ Trust in professionals
- Breaking stigmas of mental health and behavioral health
- Long term effect
 - ◆ Self-efficacy
 - ◆ Decrease in smoking
 - ◆ Continued childcare
- Lack of community efforts
 - ◆ Clothing giveaway
- Difference in resources per county



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

Working from the brainstorm list on page 10, forum attendees generated the following priorities and recommendations for school-age children and adolescents:

Priority 1. Access to health care with a focus on dental care.

Recommendations:

- Increase providers that serve Medicaid recipients and underinsured individuals. (There are not many free clinics.)
- Increased and improved transportation and public transportation.
- Need education in preventative medicine.
- Increase wellness centers in communities.
- Care coordination for mental health concerns in children.
- Breaking the stigmas surrounding mental and behavioral health. (Taking care of mental health now will have great, long-term effects.)

Priority 2. Increase parental involvement.

Recommendations:

- Educate parents on teaching children not to engage in risky behaviors (sexual health, texting and driving, drugs and alcohol).

Priority 3. Address the child and adolescent's basic needs.

Recommendations:

- Address the social determinants of health. (There are no statewide standards for utilities.)
- Address children's material needs. (Athens has a clothes exchange called the Cats Pajamas that could be a model for providing children with needed clothing.)



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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 barriers
- Specialists
 - ◆ Adolescent/Behavioral health, education, dual diagnosis
- Services are not effective
- Managed care transportation - rural communities
- Differences in rural communities
- Consumer - direct access to transportation
- Eligibility specific programs
 - ◆ Bureaucratic rules, policies, silos
- Need multiple services
 - ◆ Therapy, dialysis etc.
- Availability of services and marketing of services
- Respectful and quality care services
 - ◆ Wait time
- Continuity of providers/turnovers
- Workforce development
- Difficulty in coordination of care
 - ◆ Community-based resource
- Contracting access
 - ◆ Medicaid/Managed Care
- Literacy (computer access)
- Medicaid enrollment/Affordable Care Act
 - ◆ Insurance coverage
 - ◆ Having and understanding it
- No self-assessment



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. Address transportation barriers.

Recommendations:

- Self-assessment
- Utilize data to drive funding decisions.
- Gain consumer engagement and provider buy-in. Continue consumer surveys to identify needs.
- Engage consumers in the design of services.
- Address the silos that exist between agencies with regard to who is eligible for transportation
- Improve (QI) feedback loop to state and federal programs

Priority 2. Better coordination of care.

Recommendations:

- Self-assessment.
- Utilize data to drive funding decisions.
- Gain consumer engagement and provider buy-in. Continue consumer surveys to identify needs.
- Engage consumers in the design of services.
- Improve (QI) feedback loop to state and federal programs.

Priority 3. Improve availability, quality and marketing of services. (If a client has a negative experience with one service, they may not feel empowered to go to another provider.)

Recommendations:

- Self-assessment.
- Utilize data to drive funding decisions.
- Gain consumer engagement and provider buy-in. Continue consumer surveys to identify needs.
- Engage consumers in the design of services.
- Improve (QI) feedback loop to state and federal programs.

Priority 4. Better coordination of care.

Recommendations:

- Address computer/general literacy issues to achieve better understanding of insurance coverage.
- Better education about insurance coverage and the comprehension of the coverage.
- Education about the Affordable Care Act.



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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 10 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 10 local communities during the forum.

Women and Infants: Group Discussions

Comment: I'm very concerned about the preterm birth rates because it is impacting our infant mortality and morbidity rates. The design of many ODH programs creates barriers to receive services and it contributes to the disparities that the programs have to address in the following years. When you implement programs what are the true benefits! There needs to be conscious attention to the loop/cycle of the funding, program barriers, and benefits.

Comment: Those in the field forget prevention because we focus on the presented needs. We would like some of the funds to address prevention. For instance, there is a cycle of generational poverty and obesity. This needs to be addressed.

Early Childhood: Group Discussions

Comment: Where do you jump in a cyclical problem! At an early childhood level, I would like to see education and program enrichment (arts) become a priority beyond the general academic curriculum. This will help make people be better critical thinkers and more competent adults, etc. in order to stay out of poverty and make healthier decisions.



General Questions and Answers

No comments or responses were provided during this portion of the forum by ODH participants.

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.

Questions/Comments from the Region 10 Community Forum to ODH August 7, 2014	Ohio Department of Health Response
Is all the data from the same survey?	The data in the needs assessment presentation is from a variety of sources (for example, some of it is from surveys like the National Survey of Children’s Health, others comes from databases like Vital Stats or PRAMS). ODH formed a data group as part of the needs assessments process composed of our MCH epidemiologist, researchers and other program staff. The group identified a list of data tables and indicators that we wanted to look at for the MCH population, therefore we have numerous indicators that we looked at, including data sources for life course and health equity indicators.
Is it possible for the data to be reviewed at the regional level?	ODH can make the data tables available to anyone that requests them. If you are asking for regional level data, the national surveys cannot be related to regions because the samples are not large enough. The Ohio Family Health data can get to county-level information. Some of the information from the Vital Statistics system is available at the county level. All of the data tables are available upon request by contacting Theresa.seagraves@odh.ohio.gov
Where can we find the ACE report?	If you google Adverse Childhood Experience the report will pop up. For your convenience we are including the following link: http://acestudy.org/ .
We did have a partnership with Help Me Grow with regard to depression and there was funding available for mental health providers to provide timely response for mothers with post-partum depression. We screen mothers for depression, refer them to services and they are placed on a waiting list. Ultimately, women do not attend the appointments. Are we having discussions between MCH and mental health about prioritizing referrals?	This is a topic ODH would like an opportunity to discuss with our sister agencies and collaborate on. As a part of the needs assessment process, ODH plans to have a state agency forum or opportunity to bring our sister agencies together (mental health, addiction services, transportation, housing, Job and Family Services, and Medicaid) in a setting like this to hear from them what they see as the most critical unmet needs of the MCH population. We would also like to share with them what we have heard from local communities as we have conducted the community forums. More and more issues are being raised that ODH will not be able to address alone and will require collaboration with these agencies.



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<p>I noticed housing issues were a small portion of the issues raised in the information packet. Those of us in the field feel it is a more prominent issue in the rural areas.</p>	<p>The Ohio Department of Health recognizes that there are other home hazards that can negatively impact the health of children. In recognition of these other hazards, the department's childhood lead program has taken on a more holistic home assessment approach and expanded its vision to include the elimination of other home health hazards. The program's name has also changed to the Ohio Healthy Homes and Lead Poisoning Prevention Program.</p>
<p>On the state level are there discussions about how we reach different populations in Ohio. For instance, what about health disparities in the rural Appalachian communities?</p>	<p>Yes, the Ohio Department of Health is very concerned about health disparities throughout Ohio's Appalachian community. These disparities include poor birth outcomes and a disproportionate burden of chronic diseases. ODH supports a number of public health activities to address these problems.</p>
<p>Will the 10 priorities fit in the national priorities?</p>	<p>Each State Title V program is required to select eight of the new 15 national performance measure that HRSA has created and to implement improvement efforts to improve the health outcomes for MCH populations around these eight measures. We intend to select eight national performance measures that most closely align with Ohio's MCH priorities. In addition each state also has an opportunity to identify five state performance measures that will make improvements in the health outcomes of the MCH populations.</p> <p>The MCH Block Grant is going through a transformation phase. As part of the transformation efforts, ODH will have to implement structural process measures. Once the priorities are set, there will be technical assistance to states from the federal government to assist in the design and implementation of structural performance measures to address some of the infrastructure and policy issues. From the federal to the state level there is an atmosphere for increased accountability.</p>



Forum Wrap Up and Next Steps

In conclusion, ODH shared with Region 10 participants that the results of their community forum would be compiled into a report and that report would be shared with each of them. When all the nine community forums and one ODH forum have been conducted, the results of those breakout sessions will be condensed into one comprehensive report. These reports will be posted to the ODH website at http://www.odh.ohio.gov/en/landing/phs_access/MCH%20Block%20Grant.aspx, along with other materials related to the 2015 Needs Assessment process.

Needs Assessment Process and Next Steps

- ✓ Identifying needs through data
 - Data Tables (i.e., Life Course, Child Health, Preconception Health, Perinatal health, Oral Health, and Health Equity Indicators, etc.)
 - Fact Sheets (based on critical issues related to the four population groups)
- ✓ Identifying needs through surveys
 - MCH Needs Assessment Stakeholder Survey Results
 - MCH Needs Assessment Consumer Survey Results
- ✓ Identifying needs through community forums
 - Nine Community Forums
 - One ODH Forum
 - Discussion and brainstorming with other state agency stakeholders
 - Key informant interviews with public and private leaders
- ✓ Select eight of 15 MCH National Performance Measures
- ✓ Identify five State Performance Measures
- ✓ Develop a plan of action, and
- ✓ Allocate funds and resources
- ✓ The MCH Needs Assessment will be submitted in the FFY2016 Block Grant Annual Report to the HRSA Maternal and Child Health Bureau on July 15, 2015.



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Evaluation Results

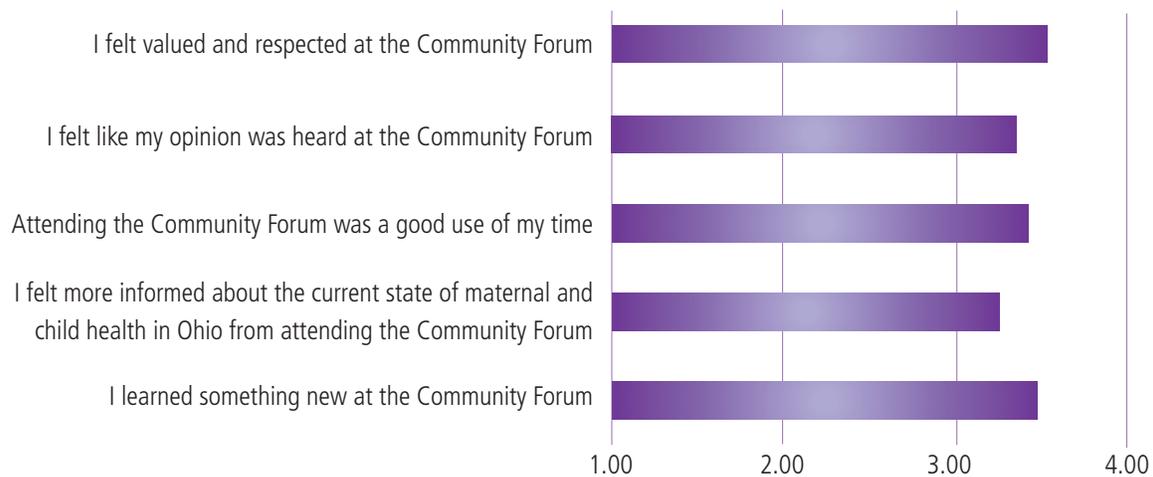
An evaluation was distributed at the forum to capture information regarding the process used and the importance of the information participants received. A follow-up email was also forwarded to all participants of the forum with a link to an electronic copy of the survey. Below are the results of the 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	9	8	3.47	17
I felt more informed about the current state of maternal and child health in Ohio from attending the Community Forum	0	2	9	6	3.24	17
Attending the Community Forum was a good use of my time	0	0	10	7	3.41	17
I felt like my opinion was heard at the Community Forum	0	0	11	6	3.35	17
I felt valued and respected at the Community Forum	0	0	8	9	3.53	17
Answered question 17						
Skipped question 0						

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



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

Answer Options	Response Count
Answered question	10
Skipped question	7

Number	Response Text
1	Presenters were great! They knew their topic and goals. I don't like to complain but I must ask you to consider for the next time, when ODH sponsors a meeting like this, please make sure to select a facility/room that comfortably accommodates your invited audience/ guests. Consider working with your local partner, The local health department to help find a venue. We would have been happy to allow you to use our much larger conference room and smaller rooms for breakouts. I appreciate the Board of DD volunteering their facility but their lobby was very cramped with not enough comfortable seating.
2	If people knew in advance what the breakout session were going to be maybe they could have a plan in place for making sure they get to say what is most important to them.
3	Regional data presented in comparison to state and US data Presentation of recognized challenges or lessons learned through the administration of programs— recognition that program implementation is a system variable that contributes to the impact of programs or challenges they are designed to address. Deal with...“then the \$ went away” deal with.....“then the rules changed” Sustainability of funded initiatives needs to be a priority
4	It was great
5	Could have been a little longer
6	Have state legislators at meetings
7	A little more time allotted for breakout sessions
8	Good format—no recommendations
9	Tables vs just chairs. Hard to juggle paperwork.
10	Need more time



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

Answer Options	Response Count
Answered question	11
Skipped question	6

Number	Response Text
1	Continue trying to make an impact from the agency in which I work through WIC, BCMH, CFHS and etc.
2	It was good to network with some local providers. We were able to set up a meeting with a local healthcare provider.
3	Sharing across disciplines
4	Reinforcement of what I knew issues were in our area
5	Hearing from other counties/entities and seeing things from their view
6	Allowed for a way for me to voice my opinion
7	Felt like our input was valued-great to be a voice!
8	Good forum to discuss regional disparities that exist in this state
9	Networking. Having a voice!
10	I met more agencies that I plan on reaching out to.
11	To be aware of changes made at the state level. To be more aware of community needs and advocate at the state level.

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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	1
Skipped question	9

Number	Response Text
1	My only complaint which has nothing to do with moving forward: The facility selected in Hocking Co (Brd Of DD-Lobby). was too small. I ended up leaving when the break sessions started because of the extremely small room and uncomfortable/ cramped conditions. I was not willing to stay and take the chance of being able to comfortably work in that small lobby area with three breakout groups all working and talking in there at the same time.
2	Create access to data to generate maps, comparisons and statistics relevant to local community planning efforts Explore how policies and regulations facilitate or slow systems integration and coordination of services.
3	Encourage Collaboration
4	Care coordination is not being carried out by Managed Care Companies
5	Remember that needs in a rural community may be the same as an urban area but delivery may need to be different.
6	Theresa please call me as I have some thoughts to share with you—I work with folks with disabilities and I think some of these barriers need to be shared. Thanks.
7	Thanks!
8	Times have changed. It is time to change with it. Prevention has to increase. Too many resources spent trying to take care of problems that could be prevented.



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Notes

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