



2015 Ohio Maternal and Child Health Needs Assessment Community Forum Report for: Region 2 Forum Hosted by: Fisher Titus Medical Center





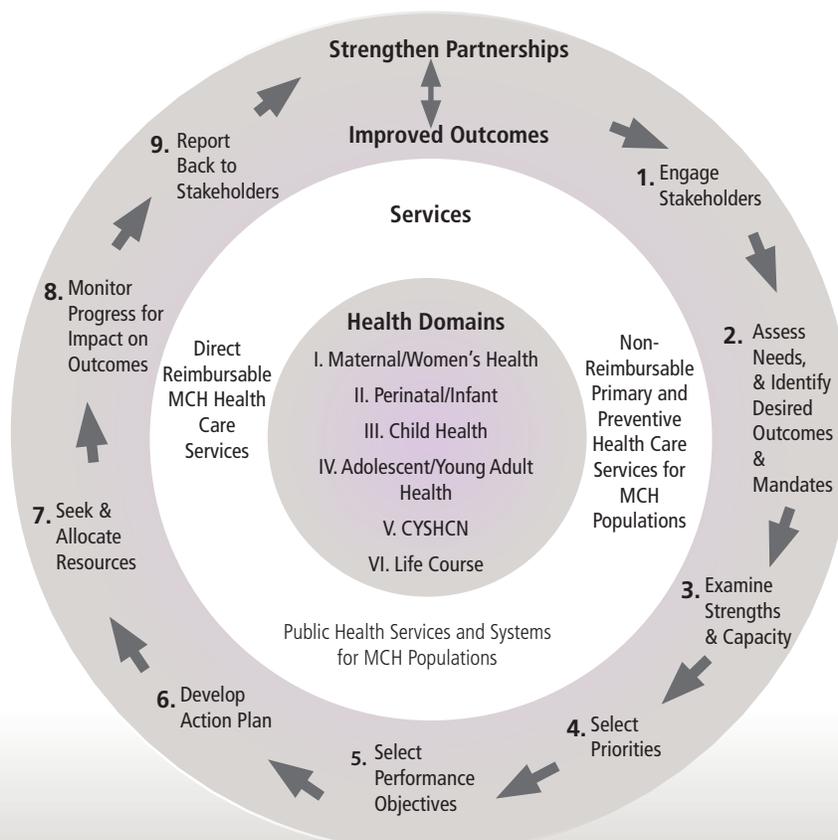
Introduction

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 2 MCH Needs Assessment Community Forum took place at the Fisher Titus Medical Center, Jennings Auditorium, 272 Benedict Avenue, Norwalk, Ohio, on July 21, 2014 between 9:00 a.m. and 12:00 p.m. ODH would like to thank the Titus Medical 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:

Cynda Brause	Crawford County General Health District
Bethany Brown	Sandusky County Health Department
Virginia Clouse	Fisher-Titus Medical Center
Linda Decker	UnitedHealthcare Community Plan
Susan Gerlak	Huron County Public Health
Cathy Glassford	Sandusky County Family and Children First Council
Nancy Howe	Organization not listed
Sheri Jones	Measurement Resources Company
Stephanie Koscher	Prevent Blindness
Tiffany Lewis	Measurement Resources Company
Patricia Luebcke	Ottawa County Board of Developmental Disabilities
Susie Maloney	Ottawa County Board of Developmental Disabilities
Janet Mesenburg	Erie County Health Department
Beverly Morgan	Huron County Public Health
Jo Ellen Myer	Erie County Health Department
Kathy Ohlemacher	Help Me Grow, WSOS Community Action Agency
Devin Pollick	Erie County Health Department
Valerie Rhodes	CareStar, Incorporated
Sharon Schaeffer	Erie County Health Department
Diane Smith	Ottawa County Board of Developmental Disabilities
Christine Stelzer	Erie County Health Department
Margaret Szabo	Ottawa County Board of Developmental Disabilities
Jeanie Wertenbach	Erie County Health Department
Heather Westcott	Erie County Health Department
Kara Wnek	Erie County Health Department
Elanie Zang	Erie County Health Department

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ODH participants at the Region 2 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 2 Forum included:

John Belt	Ohio Department of Health
Jessica Foster	Ohio Department of Health
Sierra Mullen	Ohio Department of Health/Council of State & Territorial Epidemiologist Fellow
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 2 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 below, each group prioritized the unmet needs that were identified.



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

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 2 MCH Community Forum.

Women and Infants

Women and Infants: Brainstorming Unmet Needs

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

- Drug addiction
- Hepatitis C testing
- Barriers to breastfeeding
- Lack of early prenatal care
- Travel to medical appointments
- Language barriers
- Loss of delivery hospital in the community
- Lack of access to birth control
- Lack of prenatal clinic and early care
- Domestic violence

Women and Infants: Prioritizing Unmet Needs and Measurable Actions

Working from the brainstorm list above, forum attendees generated the following priorities and recommendations for women and infants. Please note that many of the recommendations apply to multiple priorities.



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Priority 1. Reduce drug addiction in women particularly pregnant women.

Recommendations:

- Review hospital policies related to mandated testing and create consistent testing that is statewide for mothers who have used or who are currently using drugs.
- Coordinate mental health resource programs with Children's Services. The mandated RIT testing would not be punitive to ensure people would take the test. It would offer solutions and supportive services.

Priority 2. Lack of access to early prenatal clinics due to the limited number of clinics.

Recommendations:

- ODH should support prenatal clinics and direct care within the care system.
- Increase transportation that is available to families that are not Medicaid-eligible.
- Hepatitis C testing at the prenatal clinic to prevent long-term effects on fetus.
- When there are important messages regarding MCH population issues ODH should conduct a media campaign and make sure the message gets to all levels of the community to ensure consistency versus having each county or program trying to send individual messages about the topic.
- Continuing Medicaid incentive for prenatal care.

Priority 3. Address barriers to breastfeeding.

Recommendations:

- Peer counseling at the hospital level. This is available through WIC services, but the Region 2 community would like it to be extended.
- Increase education through home visiting and community outreach programs.
- More education on the impacts of birth control on breastfeeding success at the hospital level.



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:

- Age-appropriate screenings (vision, hearing, lead, dental and developmental)
- Follow-up services (support, case management, home visit)
- Parent education (about topic and link to resources)
- Parent motivation and identified barriers
- Communication between service system services

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 for vision, hearing, lead, dental, and developmental screenings.

Recommendations:

- Support for case management and intervention services when a concern about a child is detected.
- Home visitors recommend age-appropriate screenings including dental exam and education.

Priority 2. Increase parent education on topics that link them to resources.

Recommendations:

- WIC program identify and provide educational classes about service/providers and agencies.

Priority 3. Better communication and coordination between different services for children.

Recommendations:

- More coordinated systems for follow-up on clients. For instance, a Head Start worker identifies that a child has a concern with vision and would send the child to a location, but will not know if the child had his or her eye examined or if anything has occurred.
- Process or protocol for service providers and agencies to follow-up on identified issues.
- Cross training for workers with regard to different issues. For instance, a public health lead investigator walks into a home and notices a baby sleeping on its stomach in a crib. The lead investigator can then refer the community health worker to talk with the mother. Or a Head Start worker may note the child's home was built in the 1940s and see bite marks on the window sill. The Head Start worker can then ask if the child has been tested for lead. Communication between agencies would be of great service.



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School-Age Children and Adolescents

School-Age Children and Adolescents: Brainstorming Unmet Needs

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

- Vision/hearing screening
- Teen pregnancy prevention and sexually transmitted diseases
- Drug and substance abuse in parents and teens
- Obesity rates (nutrition and physical activity)
- Safety (texting and driving)
- Mental health and stress

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. Mental health services

Recommendations:

- Improve access to care.
- More partnerships with schools. Teachers have a certain amount of hours that are spent on math and science. Mental health is starting to disappear like physical education. In Erie County, children are dealing with mental health issues and schools are a good place to tackle the issue.

Priority 2. Reduce teen pregnancy and sexually transmitted diseases.

Recommendations:

- Increase funding for comprehensive education for schools and at-risk populations.
- Increase education for parents.

Priority 3. Drug and substance abuse

Recommendations:

- Access to alternative and after-school programs to prevent children from abusing substances.
- Education for children and parents on the side effects of drug use and how to identify drug abuse. Life Skills and 40 Access are examples of model programs.



Priority 4. Obesity

Recommendations:

- Access to physical education programming. Transportation costs and limited funding are problems contributing to limited access to physical education programming. The cost to play sports is too high. Parents have to choose between paying for the sports activity and paying for a bill.
- Lack of access to healthy foods in at-risk and low-income neighborhoods.

Priority 5. Safety with regard to texting and driving.

Recommendations:

- Education for parents and children.
- Lack of enforcement of laws related to texting and driving. The penalty for texting and driving is unknown.

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:

- Number of children born with an addiction
- Families and children that fall in the insurance and financial need gap
- Autism diagnosis is covered but the treatment and therapies are not
- Waiting lists for therapies during summer
- Lack of education for adolescents with special health care needs
 - ◆ Sexual health
 - ◆ General health
- Lack of sustainability for stable funding and programs overtime
 - ◆ School nursing
 - ◆ Mental health
 - ◆ Welcome Home (newborn home visiting)
 - ◆ Hospital-based, children-friendly specialists
- Lack of coordination between agencies (BCMH and autism)
- Lack of public information regarding available programs
- Continuation of medical home and case management



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

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

Priority 1. More resources and support for infants born with addiction.

Recommendations:

- Support from other agencies (Department of Job and Family Services, Department of Health etc.).
- Long-term support for the children born to a drug-addicted mother or born preterm due to substance abuse who may not present with delays as newborns. Other issues like mental health and behavior issues could arise later in life.
- Increase education to all families, providers, and teachers.
- Treatment and rehabilitation.
- More support and resources directed towards foster families.
- Increase education regarding how to keep children in the system covered.

Priority 2. Insurance and financial need gap

Recommendations:

- Reassess eligibility requirements and broaden eligibility for programs like BCMH.
- Provide more financial support related to medical and equipment needs of this population.
- Increased agency collaboration at state and local level to ensure effective use of funds.

Priority 3. Lack of long-term sustainable and stable funding for programming.

Recommendations: No recommendations specified.



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 2 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 2 local communities during the forum.

Early Childhood: Group Discussions

Question: There is a focus on economically disadvantaged children. What about children who are in a generally developing situation?

Community Response: You run into the middle class who are struggling to pay for medical bills, but are not eligible for programs. Families are losing their homes because of medical bills. For instance, insurance does not pay for therapy. Parents have to pay out-of-pocket and lose their homes. It also depends on how good the school system is and how much money they have been provided.

Community Response: Many families could not qualify for Help Me Grow. We collaborated with United Way for education and support, which has been helpful.

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. On the following page are the questions and answers from the Region 2 Community Forum.



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Questions/Comments from the Region 2 Community Forum to ODH July 21, 2014	Ohio Department of Health Response
<p>All schools should be required to have school nursing services every day for at least half a day.</p> <p>Some schools (such as Tiffin City) have no nursing services. Nurses can help address mental health, illness, injury, pregnancy, birth control, drug use, obesity, issues. –Also activity programs</p>	<p>There is much agreement in the value that school nurses bring to the school environment. It is unfortunate there is a lack of resources to be able to have a standard of care that would include a school nurse at least part of the school day/week in all Ohio schools. In cases where school nurses are not employed by school districts, local health department nurses might be contracted to provide some services as well. Nurses who work in schools can bring the health education and health services to the school community while also connecting students and families to health care services that help keep children healthy and ready to learn.</p>
<p>It is important for health of mother and infant to be kept together no matter what. We allow insurance companies to mandate that mom stays in local hospital while newborn is transported to NICU in other cities. This is a cruel practice!</p>	<p>Mothers and infants should be kept together to the extent possible. While ultimately this appears to be an insurance issue, newborns must receive the appropriate level of care needed based on their gestational age and weight.</p>
<p>Why does ODH allow formula companies to market their formula to new mothers in hospitals? They do it because they know moms will buy the brand of formula the hospital gives them. This is an unethical practice. Hospitals don't give branded give aways for anything else. Formula lowers the chances for good health for both the infant and mother so why is it given away in a marketing play?</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</p> <p>http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/Infant%20Feeding%20Policy%20Fact%20Sheet.ashxCFHS</p>
<p>ODH would like us to determine how we are going to address health equity. What does ODH want to see our programs do specifically? Is it using demographic status or marketing techniques?</p>	<p>The first step is to identify those groups who experience a disproportionate burden of a particular disease, health issue or condition. These are referred to as health disparities and understanding disparities is crucial to the pursuit of health equity. Additionally, it is important to identify the root cause(s) of the disparity. These are often referred to as social determinants of health (SDoH), which may include inadequate access to healthcare, low educational levels, unemployment, underemployment or poverty. No one single organization or community can be expected to solve all of SDoH. A variety of data sources must be used including health indicators to characterize the disparity; demographic and census data to specify characteristics, location and size of the target audience; market research to develop programs and communicate messages; and data on social and economic characteristics that exacerbate the disparity. Organizations and communities must specify how their proposed activities respond to health disparities through some type of policy, environmental change, program or intervention. Moreover, the intervention should reflect partnerships with organizations or agencies that directly address SDoH.</p>



	<p>Understanding the scope of the intervention is also important and is characterized by one of three levels:</p> <p>Upstream, Midstream or Downstream. Upstream interventions include reform of fundamental social and economic structures and involve mechanisms for the redistribution of wealth, power, opportunities, and decision-making. These also involve structural and system-level change.</p> <p>Midstream interventions seek to reduce risky behaviors or exposures to hazards by influencing health behaviors, psychosocial factors or by improving working and living conditions. Midstream interventions generally occur at the community or organizational level.</p> <p>Downstream interventions occur at the micro and/or individual level through efforts to increase equitable access to health care services.</p>
<p>How do you know who those people are (individuals experiencing inequities)? We have partnerships with managed care units etc. But it still seems like there is something that we are still missing that ODH wants that we can't identify.</p>	<p>Many organizations, healthcare facilities and governmental agencies have data that identify groups who experience a disproportionate burden of disease or health issue. However, identifying these groups is not enough. Interventions that respond to the disparity must go beyond the tactics of current program activities. Resources within a given community will shape the scope and reach of those tactics.</p>



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Forum Wrap Up and Next Steps

In conclusion, ODH shared with Region 2 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.



Evaluation Results

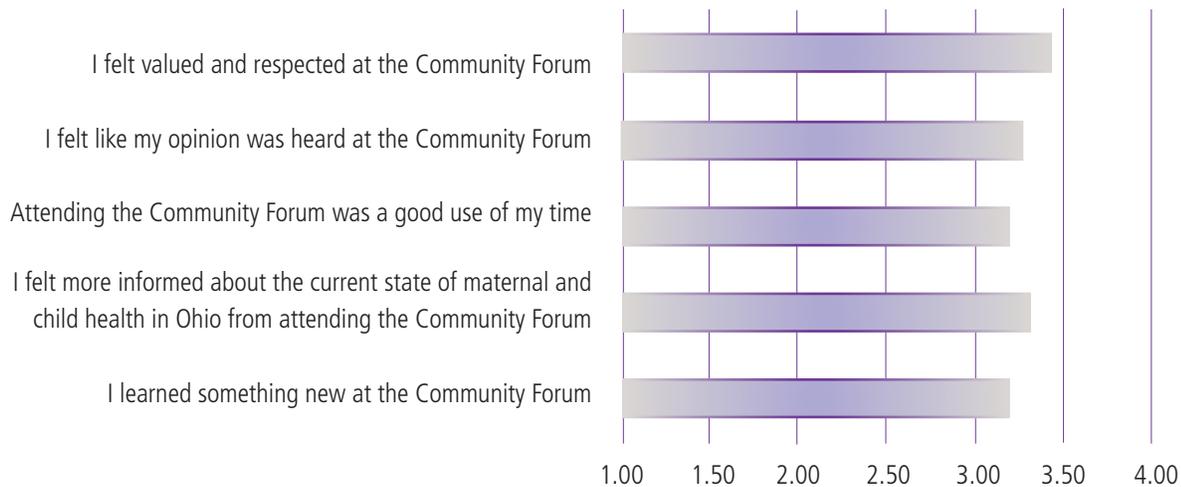
An evaluation was distributed at the forum to capture information regarding the process used and the importance of the information participants received. A follow-up email was also forwarded to all participants of the forum with a link to an electronic copy of the survey. Below are the results of the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

MCH Needs Assessment Community Forum Evaluation

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

Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Rating Average	Response Count
I learned something new at the Community Forum	2	0	8	7	3.18	17
I felt more informed about the current state of maternal and child health in Ohio from attending the Community Forum	2	0	6	9	3.29	17
Attending the Community Forum was a good use of my time	2	0	8	7	3.18	17
I felt like my opinion was heard at the Community Forum	2	0	6	8	3.25	16
I felt valued and respected at the Community Forum	2	0	4	11	3.41	17
Answered question 17						
Skipped question 0						

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





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

Answer Options	Response Count
Answered question	8
Skipped question	9

Number	Response Text
1	I would have hoped for a larger audience but realize that's not your fault
2	Provide more info on fundings/collaborations used statewide at this time.
3	Tables would be great, within our discussion groups people from different areas had different priorities
4	Very good already!
5	Ability for attendees to network to create funding opportunities and programming (collaborative)
6	Send email telling attendees which entrance to use for event we parked @ the main entrance and it was far from the entrance
7	Classroom style with table would be very helpful
8	Have more hospital staff involved

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

Answer Options	Response Count
Answered question	9
Skipped question	8

Number	Response Text
1	Like the dialogue and ideas heard
2	Sharing of ideas and networking!
3	Good education for me coming into the public health field recently
4	That not all county Health Departments have all community resources.
5	Great collaboration with others in community
6	Hopefully some further collaboration at the local regional state level
7	Greater understanding of community projects.
8	It brought together all the needs throughout the life span
9	Being able to express the concern of what is needed in the community and why

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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	5
Skipped question	12

Number	Response Text
1	More funding/collaboration options for these needs
2	Love the idea of multi-agency from across sectors
3	Please stay in touch with us at the local level!
4	Improve marketing of current programs that may meet identified needs.
5	Definitely the drug issues for all ages including pregnant ladies and new infants at birth

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