



# 2015 Ohio Maternal and Child Health Needs Assessment Community Forum Report for: Region 5 Forum Hosted by: Richland County Public Health







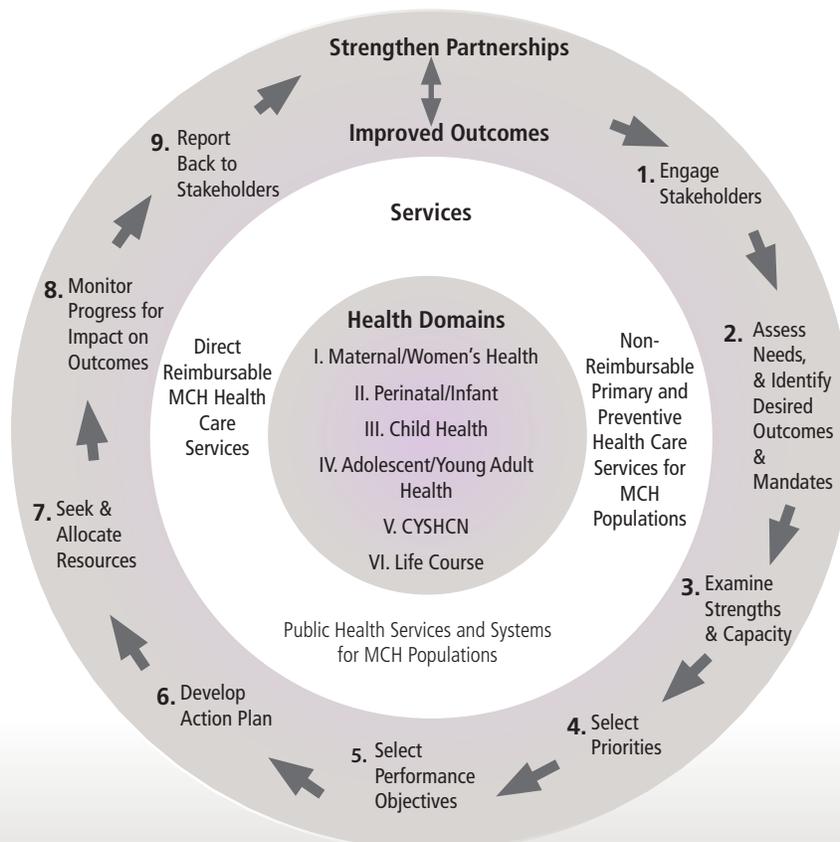
## Introduction

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 5 MCH Needs Assessment Community Forum took place at the Richland Public Health Department, 555 Lexington Ave, Mansfield, OH, on July 22, 2014 from. ODH would like to thank the Richland Public Health Department for graciously allowing us to use their facility, as well as for the hospitality shown to ODH and all the forum participants. Participating community members and MCH stakeholders included:

Participating community members and MCH stakeholders included:

Teresa Alt	Richland County Youth And Family Council
Racheal Baxter	Richland Public Health
Angie Chapman	Wooster Community Hospital
V. Au Dale	City of Mansfield DRCA
Martha Durbin	Knox Community Hospital
Hawa Farah	United Healthcare Community Plan
Heather Frazier	Caresource
Katrina Harwood	Marion Public Health
Sheri Jones	Measurement Resources Co.
Diane Karther	Ash. Family & Children First
Wendy Klein	Prevent Blindness Ohio
Tiffany Lewis	Measurement Resources Company
Marilyn Mcquillen	Richland Public Health
Tina Picman	Richland Public Health-WIC
Karen Potter	Family and Children First Council
Galen Roth	Molina Healthcare Of Ohio
Amy Schmidt	Richland Public Health
Abbey Trimble	Marion Public Health

ODH participants at the Region 5 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 5 Forum included:

Ayana Birhanu	Ohio Department Of Health
Marybeth Boster	Ohio Department Of Health
Jay Carey	Ohio Department Of Health
Jessica Foster	Ohio Department Of Health
Sharon Hampton	Ohio Department Of Health
Lance Himes	Ohio Department Of Health
Rhonda Huckaby	Ohio Department of Health
Theresa Seagraves	Ohio Department Of Health
Wengora Thompson	Ohio Department Of Health
Cathy Zuercher	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 5 Community Forum in Mansfield, 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 following page, each group prioritized the unmet needs that were identified.



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

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

**The information below represents the outcome of the work of each breakout group from the Region 5 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 use in clients/where can they go to seek help for withdrawal
- Mental Health component
  - ◆ Help families stay together
  - ◆ Education
- Collaboration with community resources to reduce use of substances in the beginning of pregnancy
- Perinatal education
- Lack of family support
- Nutritional guidelines for purchases, cooking and guidance

#### Women and Infants: Prioritizing Unmet Needs and Measurable Actions

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



**Priority 1. Address drug use in clients.**

(Women are coming into the hospital on drugs and babies are going into the NICU. Where do we send clients to seek help for withdrawal?)

**Recommendations:**

- Increase Suboxone treatment in rural communities.
- Education for doctors in rural communities as to how to treat women and where they can send women for treatment. This will help prevent relapse.
- Funding and education for doctors about opportunities for treatment.
- Funding for transportation to Suboxone treatment centers.
- Address mental health issues.
- Collaboration of community resources to enable treatment throughout the pregnancy.
- Funding to increase drug treatment resources in the community

**Priority 2. Increase parent education.**

(Make access to educational resources readily available.)

**Recommendations:**

- Education funding for e-learning (texting, Facebook, apps, web-related resources and places in offices). Young mothers will not go to the community programs, but they will engage with e-learning.
- Incentives to use techniques.
- Reinstitute home visits. There needs to be someone checking on young mothers after they go home.

**Priority 3. Increased family support.**

(Other family members are taking on supporting role for mothers. Something has occurred where the mother can no longer take care of her children and a family member (i.e. grandparent, uncle, brother, sister etc.) has taken on the responsibility of caring for the children.)

**Recommendations:**

- Education for family members.
- Funding for family members.
- Incentives for families to attend community programs.
- Identify other programs besides Help Me Grow and WIC programs to address the lack of family support.
- Home economics in the schools in order to identify healthy food/nutritional guidelines and learn life skills. This will also address obesity.

**Priority 4. Promote nutritional guidelines.**

**Recommendations:**

- No recommendations specified.



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

### 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:

- Access to oral health care
- Access to vision care
- Access to parent education programs
  - ◆ Restrictions on eligibility
- Educate health care providers about unmet needs
  - ◆ Service linkage
- Lead poisoning (screening and prevention)
- Early screenings (follow best practices)
- Lack of service providers for follow-up and for screening failures
- Food insecurity, obesity, and malnutrition
- Transportation
- Safe and affordable housing

#### 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 health screenings, linkages to services and follow-up.**

(This includes oral, vision, dental, developmental, hearing, nutrition, social, and emotional screenings using best practices.)

##### Recommendations:

- Develop an early childhood system locally to help families link with services and follow-up with families.
- Better follow-up by service providers.
- Educate primary care clinicians on best practices.

#### **Priority 2. Comprehensive parent education program.**

(It is important to provide parents with information and support.)

##### Recommendations:

- Expand eligibility of programs like Help Me Grow (HMG) to ensure at-risk families are being seen. The HMG eligibility guidelines are too narrow and cause families to fall through the cracks. They do not meet everyone's needs.



### **Priority 3. Food insecurity, obesity and malnutrition.**

(Our community would like to see obesity decrease, but we are also seeing cases of malnutrition. A child can be obese and malnourished. This is linked to food insecurity. Although there are resources like food pantries, they are not providing nutritious food that helps with brain development.)

#### **Recommendations:**

- Local communities should develop a diverse team to address the issues that are unique to the community.
- Teams would identify the target population.
- Teams would develop strategies to meet specific needs.

### **Priority 4. Increase the number of service providers.**

#### **Recommendations:**

- Provide grants or incentives to entice service providers.
- Easier reimbursement for Medicaid. Physicians do not want to accept clients due to the process. Individuals have insurance, but cannot receive care.

## **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:

- Childhood obesity
- Sexual health
- Drugs, alcohol, and tobacco
- Holistic approach to mental health
- Parent education
- Bullying

### **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. Substance abuse with regard to drugs, alcohol, and tobacco.**

#### **Recommendations:**

- Increase parent education and involvement.
- Community-wide support (schools, police and peers).
- Community-specific support to address urban, suburban, or rural needs.
- Positive pro-social activities. For example, investing in parks could address substance abuse and childhood obesity.
- Reduce the number of youth who try or experiment with substances.



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### **Priority 2. Promote sexual health education.**

#### **Recommendations:**

- Earlier sex education for children. Increase education by the 6<sup>th</sup> grade because children are experimenting earlier.
- Mandated curriculum in Ohio.

### **Priority 3. Increasing access to mental health services.**

#### **Recommendations:**

- Decrease medications and increase pro-social activities.
- Holistic approach by involving all of a child's health care providers (primary care doctors, psychiatrists, psychologists etc.).
- Better communication between providers ensures each provider is informed.
- More trauma informed care to identify why something is happening instead of treating just the symptom.

### **Priority 4. Address obesity.**

**Recommendations:** No recommendations specified.

## **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 specialized care
- Transportation to care
- Specialized equipment not covered by insurance
  - ◆ Affordable ramps that meet code
- Parent to parent and social support groups to decrease isolation
- Earlier identification for autism
- Timely referral
  - ◆ Wait and see attitude
- How to be a parent advocate
- How to be an informed consumer
- Waiver eligibility



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

#### **Priority 1. Increase parent advocate and support groups.**

(This priority would address stress for parents, peril to child, potential for abuse, alcohol use, drug use, diminished treatment success, and respite. We recommend formal and social support.)

##### **Recommendations:**

- Funding for skilled childcare.
- Cross-agency work (parent cafes). Parent Cafes help support parents and allow them to share information. It is a phenomenal experience because parents give each other strength. It strengthens families and impacts protective factors.
- Physician education because doctors do not know about other resources.
- Centralized place for information and resources. A state website is an example. Families with children with special health care needs are overwhelmed by appointments and with information.
- Reevaluate waivers.

#### **Priority 2. Access to specialized care.**

(Care with regard to parenting skills, doctors, and therapists. We focused on issues surrounding transportation. Ground transport is not always effective with a sick child. Or personal transportation is not reliable.)

##### **Recommendations:**

- Increase funding for social supports.

#### **Priority 3. Child mental health services.**

**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 5 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 5 local communities during the forum.

### **Women and Infants: Group Discussions**

We would like home visits to assist in identifying needs for referrals and support. Help Me Grow and WIC are wonderful; however every communities program is different depending on funding.

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

In rural counties, parents would like a choice about the natural environment. The community feels like our voice was taken away with regard to home-based or center-based therapy. We look forward to going to therapy appointments to meet and engage with others with similar needs. It allows for networking and support.

## **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 page 13 are the questions and answers from the Region 5 Community Forum.



Questions/Comments from the Region 5 Community Forum to ODH July 22, 2014	Ohio Department of Health Response
<p>What <b>school age</b> data will be collected on child obesity now that ODE no longer requires schools to do third grader BMIs?</p> <p>How will all the new efforts be tracked and progress shown on nutrition and fitness for school age children?</p>	<p>There are no current plans or budget for BMI data collection at the state level in this upcoming year, however there is recognition that this data is needed for monitoring Ohio's trends in BMI. In this past year, BMI surveillance was conducted for the Head Start population and a report will be released for the three to five year age group. When resources are available plans can be made to undertake another county level BMI survey, but it is not currently financially possible.</p> <p>Since the 2012-2013 school year a physical education evaluation has been included as an indicator on the Local Report Cards. This measure assesses student success in meeting the benchmarks contained in the Physical Education Academic Content Standards.</p>
<p>How is ODH able to assist local communities as they try to address access to dental care? Are there grants available for local communities to attract dentists who see children for preventable dental services (i.e. screenings by age one).</p>	<p>ODH provides grants to help dental safety net programs cover the cost of providing uncompensated dental care to individuals who are uninsured and underinsured. Dental clinics receiving ODH funds are required to see children regardless of their age (starting at &lt; one year of age). Additionally, ODH administers the Ohio Dentist Loan Repayment Program, which repays a portion of a dentist's school loans in exchange for the dentist working in an underserved community for a prescribed amount of time.</p>
<p>With lead poisoning being such a concern in Ohio, and with WIC seeing a large portion of Ohio's children, Why isn't lead testing part of a WIC visit statewide and why isn't there more support from state WIC to include lead testing in the local WIC clinic?</p>	<p>WIC is governed by federal policy. WIC funds may not be used to conduct blood lead screening tests. However, by law, healthcare providers test children ages one and two. If you are concerned that a child may be at risk for lead poisoning and need help in finding a facility that can conduct a lead test, please call the Ohio Department of Health at 1-877-LEADSAFE (532-3723).</p>
<p>Home visits—prenatal—post-delivery?</p> <ul style="list-style-type: none"> <li>◆ Collaboration and Community hospitals to complete these</li> <li>◆ Prenatal—contact of some type needs to be implemented</li> </ul> <p>Mental Health and drug withdrawal—needs are in most every community</p> <p>Insurance companies to be involved as partners to complete</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 barriers (e.g., financial, geographic, cultural, infrastructural.) African-American women and children experience and improves their access to and utilization of health care. 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.</p>



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	<p>The OIMRI component utilizes the community care coordination model to empower communities to eliminate disparities.</p> <p>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 (CHWs) 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> <p>Help Me Grow Home Visiting provides services in each of Ohio’s 88 counties. ODH works with local implementing agencies to foster collaborative relationships with hospitals, OB/GYNs, early childhood, and other social serving agencies to ensure that first-time pregnant women, families with a child under six months of age, and other eligible populations are aware of the home visiting program and have access to services.</p>
<p>Impact of poor housing and efforts on children. Not only lead but children living in inhabitable housing.</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>Suggestion—increase number of counselors in school. (Nurses providing Newborn Home Visits- schools, college)</p>	<p>Schools are operated under local home rule. There are very few mandates for staffing etc. The suggestion to increase social workers and counselors would be better achieved at the local community level where decisions are made.</p>



<p>I noted that in the interim director's report you indicated collaboration with external stakeholders. What is ODH doing across departments to collaborate?</p>	<p>There are multiple collaborative efforts taking place with many of our sister agencies and stakeholder organizations. One example is from the work ODH is doing with its early childhood advisory council through the Governor's office. Another example is the early childhood systems grant in Ohio. From a federal level, they would like us to think about how these funds and initiatives align. In Ohio, we have selected trauma and toxic stress. As part of the grant, we will report to that advisory council, where early childhood and mental health will both be represented. What you have described is extremely challenging, but that is an example that is directly in line with collaboration.</p> <p>As a part of the needs assessment process ODH has begun to discuss having a state agency like 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 are. 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.</p>
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## Forum Wrap Up and Next Steps

In conclusion, ODH shared with Region 5 participants that the results of their community forum would be compiled into a report and that report would be shared with each of them. When all the nine community forums and one ODH forum have been conducted, the results of those breakout sessions will be condensed into one comprehensive report. These reports will be posted to the ODH website at [http://www.odh.ohio.gov/en/landing/phs\\_access/MCH%20Block%20Grant.aspx](http://www.odh.ohio.gov/en/landing/phs_access/MCH%20Block%20Grant.aspx), along with other materials related to the 2015 Needs Assessment process.

### Needs Assessment Process and Next Steps

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



## Evaluation Results

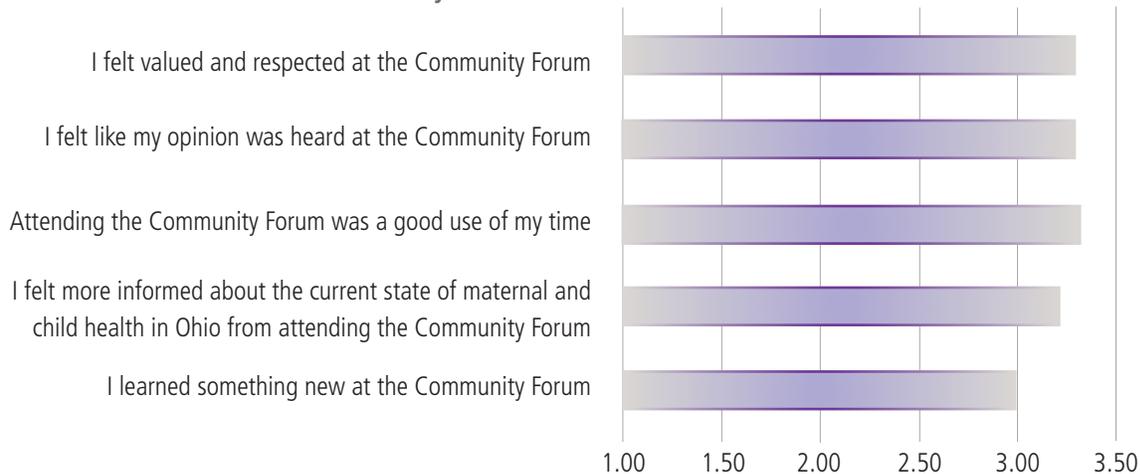
An evaluation was distributed at the forum to capture information regarding the process used and the importance of the information participants received. A follow-up email was also forwarded to all participants of the forum with a link to an electronic copy of the survey. Below are the results of the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

### MCH Needs Assessment Community Forum Evaluation

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

Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Rating Average	Response Count
I learned something new at the Community Forum	2	0	8	4	3.00	14
I felt more informed about the current state of maternal and child health in Ohio from attending the Community Forum	2	1	3	8	3.21	14
Attending the Community Forum was a good use of my time	2	0	3	8	3.31	13
I felt like my opinion was heard at the Community Forum	2	0	4	8	3.29	14
I felt valued and respected at the Community Forum	2	0	4	8	3.29	14
Answered question 14						
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	7
Skipped question	7

Number	Response Text
1	More interaction between state staff and forum participants instead of state staff just observing.
2	I liked the format
3	More regionally specific
4	Community Forum Regions were too broad. Need greater participation from all the counties. Region 5 included 11 counties, less than 20 people attended this forum.
5	Sounds like the follow up will be great! So that is what I was going to suggest!! ( Maybe 2nd meeting!)
6	Looking forward to seeing all the conversations and how it will all come together
7	It was simply a great forum.

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

Answer Options	Response Count
Answered question	9
Skipped question	5

Number	Response Text
1	Hearing other community representatives—their experience and perceptions.
2	Very helpful. Will share with my county providers.
3	Making connections, learning about local issues.
4	The forum reinforced my commitment to maternal-child health
5	Very informative to hear unmet needs across MCH. What will be the greatest impact is what will be done with this information and how does ODH respond to these needs.
6	Other communities having needs-so similar to ours in my community
7	Awareness of needs
8	How much need is out there
9	It was a great resource for me and I learnt a lot from the other attendees.



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	9

Number	Response Text
1	Not much time was spent on context for statistics time-wise, we know how Ohio stacks up against the nation but not in terms of improvements or setbacks
2	Thank you!
3	Very informative
4	Please use some of our suggestions—give us emails of our representatives to help process
5	Continue to collaborate with other agencies and local organizations to meet needs and for discussion

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