

Maternal and Child Health

Maternal, Infant and Early Childhood Home Visiting

Regional forum and online survey report

Prepared by the Health Policy Institute of Ohio on behalf of the Ohio Department of Health

Acknowledgments

The Ohio Department of Health (ODH) contracted with the Health Policy Institute of Ohio (HPIO) to facilitate five regional forums and prepare this report, as a component of the state's Maternal and Child Health (MCH) and Maternal, Infant and Early Childhood Home Visiting (MIECHV) needs assessments. HPIO sub-contracted with the Hospital Council of Northwest Ohio (HCNO) to assist with facilitation of two of the forums.

ODH, HPIO and HCNO are grateful to the hundreds of Ohioans who attended a regional forum or completed an online survey as part of this project.

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Summary of regional forum and online survey findings

The Ohio Department of Health (ODH) contracted with the Health Policy Institute of Ohio (HPIO) to facilitate a series of regional forums in October 2018 and conduct an online survey (November – December 2018) that was completed by forum attendees and other stakeholders. Findings from the regional forums and online survey will inform development of the state's Maternal and Child Health (MCH) and Maternal, Infant and Early Childhood Home Visiting (MIECHV) needs assessments.

A summary of the regional forum and online survey findings is highlighted below.

Strengths

The top-three maternal and child health strengths identified by regional forum participants for Ohio overall were:

- Strong collaboration and partnerships
- Availability of specific prevention and public health programs and policies geared towards maternal and child health
- Strong focus on prevention and the social determinants of health

Challenges

The top-three maternal and child health challenges identified by regional forum participants for Ohio overall were:

- Transportation
- Funding and capacity limitations
- Lack of healthcare access

Health equity

The top-three drivers of gaps in health outcomes (health disparities) in the state for children and families identified by regional forum participants for Ohio overall were:

- Poverty/income
- · Educational attainment
- · Family stability
- Transportation

When asked about the most important things that needed to happen to achieve health equity, the most common response by regional forum participants was coordination and collaboration (among both state and local-level partners). This was followed by improvements in educational attainment, employment opportunities and healthcare provider access.

Figure S.1. Top-five health outcome needs, by population domain

Rank	Perinatal/infant health	Child health	Children with special healthcare needs	Adolescent/ young adult health	Maternal/ women's health
1	Infant mortality and birth outcomes	Mental health and suicide	Mental health and suicide	Mental health and suicide	Infant mortality and birth outcomes
2	Drug dependency and abuse	Drug dependency and abuse	Child maltreatment	Drug dependency and abuse	Mental health and suicide
3	Mental health and suicide	Child maltreatment	Drug dependency and abuse	Violence	Drug dependency and abuse
4	Unintended pregnancy and teen birth	Healthy weight status/obesity	Infant mortality and birth outcomes	Healthy weight status/obesity	Unintended pregnancy and teen birth
5	Violence	Violence	Violence	Tobacco use	Tobacco use

Note: Gray shading indicates a top-five need across all population domains.

Greatest needs

Regional forum participants and online survey respondents were asked to identify the greatest needs faced by women and children in Ohio related to health outcomes, social determinants of health, public health system, prevention and health behaviors and healthcare system and access across five population domains:

- Perinatal and infant health
- Child health
- Children with special healthcare needs
- Adolescent and young adult health
- Maternal and women's health

The top-five greatest health outcome needs by population domain for Ohio overall are highlighted in figure S.1. Mental health and suicide and drug dependency and abuse were identified as top-five health outcome needs across all population domains.

Priority populations

The following population groups were most frequently identified as having the worst health outcomes across all population domains for Ohio overall:

- Low income
- African-American/black
- Residents of rural or Appalachian areas
- · People with disabilities

Notably, lesbian, gay, bi-sexual, transgender and queer (LGBTQ) adolescents and young adults were a top-five priority population for Ohio overall in the adolescent and young adult population domain.

Figure S.2 highlights additional commonalties and differences across population domains for Ohio overall.

Figure S.2. Top-five priority populations across population domains for Ohio overall

Priority population*	Perinatal and infant health	Child health	Children with special healthcare needs	Adolescent and young adult health	Maternal and women's health
Low income	•	•	•	•	•
African-American/black	•	•	•	•	•
Residents of rural or Appalachian areas	•	•	•	•	•
People with disabilities	•	•	**	•	•
Immigrants or refugees					
Hispanic/Latino(a)					
Lesbian, gay, bi-sexual, transgender or queer (LGBTQ)				*	

Key

Top-five priority population for the population domain

- ★ = Top-five priority population is unique to a population domain
- = Top-five priority population across all population domains

Source: 2018 MCH/MIECHV online survey

^{*}Includes all top-five priority populations identified for Ohio overall for each of the five population domains

^{**}Population domain is focused on children with disabilities

Part 1. Purpose and process

In 2018-2019, the Ohio Department of Health (ODH) is contracting with the Health Policy Institute of Ohio (HPIO) to develop the state's Maternal and Child Health (MCH) and Maternal, Infant and Early Childhood Home Visiting (MIECHV) needs assessments. To receive MCH Block Grant funding, Title V (Sec. 505(a)(1)) of the Social Security Act requires the state to conduct a comprehensive, statewide MCH needs assessment every five years. The state then uses the assessment findings to inform the selection of seven to ten priority needs and develop a five-year state action plan to address those needs.

A statewide needs assessment must also be conducted for MIECHV funding (Title V, Sec. 511). Findings are used to identify high-risk communities, home visiting service gaps and opportunities for improving early childhood home visiting services throughout the state.

As part of this process, HPIO facilitated a series of MCH and MIECHV regional forums in October 2018 (in partnership with the Hospital Council of Northwest Ohio [HCNO]) and conducted an online survey that was completed by forum attendees and other stakeholders. The purposes of the forums and the survey were to gather information on:

- Strengths and challenges: Identify maternal and child health strengths and challenges
- Equity: Identify priority populations, the
 drivers of gaps in health outcomes across
 priority populations and what needs to
 happen to ensure all children and families
 are able to achieve their full health potential
- Priorities and needs: Gather input on the biggest needs faced by women and children in Ohio across five population domains (perinatal/infant health, child health, children with special healthcare needs, adolescent/young adult health and maternal/women's health) related to health outcomes, social determinants of health, public health system, prevention and health behaviors and healthcare system and access

Overall, a total of 692 stakeholders participated in either a 2018 MCH/MIECHV

regional forum or completed the MCH/MIECHV online survey.

This report summarizes the results of information gathered from the following sources:

- Forum small group discussions: HPIO and HCNO staff facilitated small group discussions at the forums using a semi-structured group interview script. HPIO coded the openended responses in order to describe the most common themes that emerged from these discussions. (n=31 small groups)
- Forum participant worksheets: During the forums, participants were asked to individually complete worksheets, by population domain, to elicit feedback on the biggest needs faced by women and children in Ohio. Results from closed-ended worksheet questions are included in this report. (n=215 completed worksheets)
- Online survey: HPIO encouraged all forum participants to complete the online survey. Other stakeholders who were not able to attend a forum were also invited to complete the survey. The survey was structured very similarly to the forum participant worksheets and also asked respondents to identify priority populations. Results from closed-ended survey questions are included in this report. (n=400 survey respondents providing feedback on at least one population domain)

Alignment with the State Health Assessment and State Health Improvement Plan

To strengthen and streamline state-level health assessments and planning, the MCH and MIECHV assessments are being developed in conjunction with the State Health Assessment (SHA) and State Health Improvement Plan (SHIP). ODH is required to conduct a SHA and develop a SHIP to maintain Public Health Accreditation Board accreditation. The MCH/ MIECHV regional forums were the afternoon portion of an all-day session, in which the morning was focused on SHA/SHIP issues. HPIO also conducted a SHA/SHIP online survey. The findings from those activities are summarized in a separate report.

Figure 1.1. 2018 MCH/MIECHV regional forum participation

Total number of forum attendees*	363
Central region – Columbus, Oct. 3, 2018	74
Southeast region – Athens, Oct. 10, 2018	52
Southwest region – Dayton, Oct. 12, 2018	68
Northwest region – Findlay, Oct. 30, 2018 (co-facilitated by HCNO)	83
Northeast region – Rootstown, Oct. 31, 2018 (co-facilitated by HCNO)	86

^{*} May include some duplicate individuals who attended more than one forum. Does not include HPIO staff.

Forum attendance

A total of 363 stakeholders from across the state attended an MCH/MIECHV regional forum (see figure 1.1). The five regions align with the Association of Ohio Health Commissioners (see Appendix A for map of counties included in each region). Sixty-eight of Ohio's 88 counties were represented by at least one participant at the forums. See Appendix A for county and county-type representation.

HPIO, ODH and HCNO conducted outreach to recruit representatives from a wide variety of sectors including maternal and child health organizations, local health departments, hospitals, behavioral health organizations, K-12 education organizations and organizations working with or serving vulnerable populations.

Across regional forums, 27 percent of attendees represented local health departments, 18 percent represented a maternal and child health agency or

advocacy organization, and 14 percent were from a hospital. Many other sectors were represented including community-based/social service organizations, education and child care and behavioral health organizations. Appendix A provides additional detail on sector representation at the 2018 MCH/MIECHV regional forums.

Forum structure and process

Each MCH/MIECHV regional forum session was two hours and began with a brief overview presentation from ODH, followed by a summary report of Ohio's performance on key maternal and child health indicators. All forum materials are posted on the HPIO website.

The MCH/MIECHV forums included two rounds of small group discussions. Regional forum attendees were seated in small groups with an assigned facilitator and asked to provide feedback on a series of questions.

During the first round of discussion, focused on community maternal and child health strengths, challenges and equity, participants were grouped by county and county type (urban, suburban, Appalachian, non-Appalachian rural). HPIO structured the first round of discussions to identify distinctions between county types (urban/suburban vs. Appalachian/non-Appalachian rural). However, there are limitations on how these results could be analyzed and reported. For example, some participants represented organizations serving multiple counties (including different county types) or the entire state, rather than a single county.

During the second round of discussion, participants were asked to sit at a table

Figure 1.2. Criteria used to rank order maternal and child health needs

Magnitude of the problem	Number or percent of Ohio children and/or families affected
Severity of the problem	Risk of morbidity and mortality associated with the problem
Magnitude of disparities/inequities and impact on vulnerable populations	 Size of gap in outcomes between groups (e.g. by race/ethnicity, income, educational attainment, disability status, etc.) Overall impact on families living in poverty, people with disabilities, or other vulnerable populations

representing one of the five MCH population health domains (maternal/women's health, perinatal/infant health, child health, children with special healthcare needs, adolescent/young adult health). Participants completed a worksheet, ranking¹ a set of issues based on what they viewed as the biggest needs in their county(ies) related to their selected population domain (biggest need ranked as 1). Participants ranked needs within each of the following categories separately:

- Health outcomes
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access

Needs within categories differed slightly depending on relevancy to the population domain. Participants were asked to reflect on the criteria listed in figure 1.2 (see page 7) when assigning ranks.

Copies of participant worksheets for all five population domains can be found in Appendix B.

Online survey response and structure

A total of 400 respondents completed the online survey (see figure 1.3).² Of these, 71 were forum attendees, for a response rate of 19.6 percent of attendees. All of Ohio's 88 counties were represented by online survey respondents.

The top four sectors represented by online survey respondents were local health departments (26 percent), K-12 education including educational service centers (15.5 percent), hospitals or hospital associations (15.3 percent) and home visiting programs (9.3 percent). Other stakeholders represented included Women, Infants and Children (WIC) programs (7.5 percent), behavioral health (6.3 percent), advocacy groups and community action agencies (6 percent) and child care or early childhood education organizations (4.5 percent), among others. Appendix A provides additional detail on survey respondent county and sector representation.

The online survey was structured similarly to the worksheets completed by participants in the

Figure 1.3. Online survey respondents, by forum attendance (n=400)*

	Number of respondents*	Response rate (of forum attendees)
Total number of online survey respondents	400	NA**
Did not attend a forum	329	NA**
Attended a forum	71	19.6%
Total by region		
Central	16	21.6%
Southeast	8	15.4%
Southwest	14	20.6%
Northwest	10	12.1%
Northeast	10	11.6%

^{*} This number includes respondents who provided feedback on one or more population domains.

^{**} Denominator not available.

Figure 1.4. Online survey respondents, by population domain, by region*

	Perinatal/ infant health	Child health	Children with special healthcare needs	Adolescent/ young adult health	Maternal/ women's health
Total number of respondents*	108	82	40	101	148
Total number of re	spondents by re	gion**			
Central	31	13	8	21	49
Southeast	14	10	3	13	27
Southwest	28	23	10	15	29
Northwest	8	7	5	14	18
Northeast	31	19	10	28	36
Statewide***	9	11	9	14	15

^{*} Includes duplicate individuals across population domains because the survey allowed respondents to provide feedback on more than one population domain.

second round of the MCH/MIECHV regional forums. Online survey respondents were able to provide feedback on all five population domains. Regional forum attendees were invited to complete the online survey for population domains other than those for which they provided feedback at the regional forum. In addition to ranking issues, respondents were

asked to identify priority populations (groups experiencing the worst health outcomes) for the population domain(s) they selected.

The number of respondents providing feedback on each of the population domains, by region, is listed in figure 1.4.

^{**} Respondents may represent more than one region.

^{***} Respondents indicated they represented a statewide organization.

Part 2. Maternal and child health: Strengths, challenges and health equity

This section describes findings from the small group discussions at the MCH/MIECHV regional forums regarding maternal and child health community strengths and challenges. Findings

from equity discussions on causes of gaps in health outcomes for children and families and approaches to addressing these gaps are also summarized.

Figure 2.1. **Top-three** strengths, by region

"What are your community's greatest strengths specific to maternal and child health?"

Ohio (combined) n= 31 small groups	Northwest n= 7 small groups	Northeast n= 7 small groups	Central n= 6 small groups	Southwest n= 5 small groups	Southeast n= 6 small groups
Collaboration and partnerships	Collaboration and partnerships	Collaboration and partnerships	Ample resources (many programs, services and organizations in general) (tie for 1)	Collaboration and partnerships	Availability of specific prevention and public health programs or policies*
Availability of specific prevention and public health programs or policies*	Availability of specific prevention and public health programs or policies*	Community engagement	Community focus on maternal and child health (tie for 1)	Community focus on maternal and child health	Breastfeeding support (tie for 2)
Focus on prevention and the social determinants of health	Focus on prevention and the social determinants of health	Availability of specific prevention and public health programs or policies* (tie for 3)	Focus on prevention and the social determinants of health (tie for 1)	Ample resources (many programs, services and organizations in general) (tie for 3)	Collaboration and partnerships (tie for 2)
		Healthcare access (tie for 3)	Quality health care for women and children (tie for 1)	Childbirth preparation (tie for 3)	
		Home visiting (tie for 3)		Quality health care for women and children (tie for 3)	

^{*}Prevention and public health programs that were most frequently mentioned are coded as a separate category (such as home visiting, breastfeeding support, etc.).

Note: Figure displays the top three responses. More than three responses may be listed when there are ties. Yellow shading indicates the response was unique to the region.

Source: 2018 MCH/MIECHV regional forum small group discussions

Discussion findings are analyzed for Ohio overall, by region and by county type.

Strengths

The top community maternal and child health strengths identified by regional forum participants during small group discussions were often foundational factors, including strong collaboration and partnerships, community focus on maternal and child health and having ample resources (many programs, services and organizations in general). Notably, collaboration and partnerships was the most commonly-cited response — identified as a top-three community strength in all regions except for Central.

Other strengths cited were often related to public health and prevention, including the

availability of specific prevention and public health programs and policies and an increased community focus on prevention and the social determinants of health. Prevention and public health programs most frequently mentioned as a community strength include home visiting, breastfeeding support, childbirth preparation and WIC.

Commonalities and differences in top maternal and child health community strengths by region are highlighted in figure 2.1 and by county type in figure 2.2. The following top-three responses were common across three or more regions:

- Collaboration and partnerships
- Availability of specific prevention and public health programs and policies

Figure 2.2. Top-three strengths, by county type

"What are your community's greatest strengths specific to maternal and child health?"

Ohio (combined)	Urban/ Suburban	Appalachian/ Rural non-Appalachian
n= 31 small groups*	n= 21 small groups**	n= 17 small groups***
Collaboration and partnerships	Collaboration and partnerships	Collaboration and partnerships
Availability of specific prevention and public health programs or policies****	Ample resources (many programs, services and organizations in general) •	Availability of specific prevention and public health programs or policies****
Focus on prevention and the social determinants of health	Availability of specific prevention and public health programs or policies**** (tie for 3)	Community engagement (tie for 3)
	Community engagement (tie for 3)	Focus on prevention and the social determinants of health (tie for 3)
	Community focus on maternal and child health (tie for 3) •	Home visiting (tie for 3) ●
	Focus on prevention and the social determinants of health (tie for 3)	WIC program (tie for 3) ●

^{*}Includes small groups that had any participants representing the entire state.

Note: Figure displays the top three responses. More than three responses may be listed when there are ties. Gray shading indicates response was common across county types. Yellow shading and ● indicates the response was unique to a county type.

Source: 2018 MCH/MIECHV regional forum small group discussions

^{**}Includes small groups that had any participants representing urban and/or suburban counties. See Appendix A for map of counties by county type.

^{***}Includes small groups that had any participants representing Appalachian and/or rural non-Appalachian counties. See Appendix A for map of counties by county type.

^{****}Prevention and public health programs that were most frequently mentioned are coded as a separate category (such as home visiting, breastfeeding support, etc.).

The following top-three responses were unique to a region:

- Northeast: Community engagement, healthcare access, home visiting
- Southwest: Childbirth preparation
- Southeast: Breastfeeding support

The following top-three responses were common across all county types:

- Collaboration and partnerships
- Availability of specific prevention and public health programs and policies

- Community engagement
- Focus on prevention and the social determinants of health

The following top-three responses were unique to a county type:

- Urban/suburban: Ample resources (many programs, services and organizations in general); community focus on maternal and child health
- Appalachian/rural non-Appalachian: Home visiting; WIC program

Figure 2.3. Top-three challenges, by region

"What are your community's greatest challenges specific to maternal and child health?"

Ohio (combined)	Northwest	Northeast	Central	Southwest	Southeast
n=31 small groups	n= 7 small groups	n= 7 small groups	n= 6 small groups	n= 5 small groups	n= 6 small groups
Transportation challenges	Transportation challenges	Funding and capacity limitations (tie for 1)	Lack of coordination and alignment (tie for 1) •	Funding and capacity limitations (tie for 1)	Lack of specialty care (tie for 1) •
Funding and capacity limitations	Funding and capacity limitations	Transportation challenges (tie for 1)	Lack of data/data challenges (tie for 1) •	Inadequate prenatal care delivery and access (tie for 1) •	Transportation challenges (tie for 1)
Lack of healthcare access	Access to high-quality child care (tie for 3) •	Administrative complexity and barriers (tie for 2)	Funding and capacity limitations (tie for 2)	Lack of healthcare access (tie for 1)	Trauma and adverse childhood experiences (tie for 1)
	Administrative complexity and barriers (tie for 3)	Health literacy/ healthcare system navigation (tie for 2) •	Lack of awareness of available services (tie for 2)	Poverty/not meeting basic needs (tie for 1)	
	K-12 health education (tie for 3) ●	Lack of awareness of available services (tie for 2)	No culture of health and/or focus on prevention (tie for 2) •	Transportation challenges (tie for 1)	
	Lack of healthcare access (tie for 3)	Lack of behavioral health access (tie for 2) •	Poor care coordination (tie for 2) ●		
			Transportation challenges (tie for 2)		

Note: Figure displays the top three responses. More than three responses may be listed when there are ties. Gray shading indicates response was common across all regions. Yellow shading and ● indicates the response was unique to the region. **Source:** 2018 MCH/MIECHV regional forum small group discussions

Challenges

The most commonly cited maternal and child health challenge identified by regional forum participants was transportation, followed by funding and capacity limitations and lack of healthcare access. Notably, there was a great deal of variation in responses across regions, particularly in Central. Unlike the most commonly cited strengths, top challenges identified across regions included factors within the social, economic and physical environment.

Commonalities and differences in top maternal and child health community challenges by region are highlighted in figure 2.3 and by county type in figure 2.4.

The following top-three responses were common across three or more regions:

- Transportation
- Funding and capacity limitations

The following top-three responses were unique to a region:

- Northwest: K-12 health education; access to high-quality child care
- Northeast: Lack of behavioral health access; health literacy/healthcare system navigation
- Central: Lack of coordination and alignment; lack of data/data challenges; poor care coordination; no culture of health and/or focus on prevention
- Southwest: Inadequate prenatal care delivery and access
- Southeast: Lack of specialty care; trauma and adverse childhood experiences

The following top-three responses were common across all county types:

- Transportation challenges
- Funding and capacity limitations

The following top-three responses were unique to a county type:

- Urban/suburban: Lack of awareness of available services
- Appalachian/rural non-Appalachian: Lack of healthcare access

Health equity

Health equity means that everyone is able to achieve their full health potential. The term is widely used in the health field to describe efforts to eliminate gaps in health outcomes that exist across groups of people (also referred to as health disparities). Many groups of Ohioans experience large gaps in health outcomes. For example, black infants in Ohio are three times as likely to die in the first year of life compared to white infants.³

During small group discussions, regional forum participants were asked to identify the primary reasons for these gaps in outcomes in their counties, focusing on the difference between groups of children and families who experience good health compared to those experiencing the poorest health.

The top drivers of disparities identified by regional forum participants were most often related to the social and economic environment, including differences in poverty/

Figure 2.4. **Top-three <u>challenges</u>**, by county type

"What are your community's greatest challenges specific to maternal and child health?"

Ohio (combined)	Urban/ Suburban	Appalachian/ Rural non-Appalachian
n= 31 small groups*	n= 21 small groups**	n= 17 small groups***
Transportation challenges	Transportation challenges	Transportation challenges
Funding and capacity limitations	Funding and capacity limitations	Funding and capacity limitations
Lack of healthcare access	Lack of awareness of available services •	Lack of healthcare access •

^{*}Includes small groups that had any participants representing the entire state.

Note: Figure displays the top three responses. Gray shading indicates response was common across county types. Yellow shading and ● indicates the response was unique to a county type.

Source: 2018 MCH/MIECHV regional forum small group discussions

^{**}Includes small groups that had any participants representing urban and/or suburban counties. See Appendix A for map of counties by county type.

^{***}Includes small groups that had any participants representing Appalachian and/or rural non-Appalachian counties. See Appendix A for map of counties by county type.

Figure 2.5. Top-three drivers of health outcome gaps, by region

"Think about the groups of children and families that experience relatively good health and those that experience poor health in your county(ies). Why do you think there's a difference?"

Ohio (combined)	Northwest	Northeast	Central	Southwest	Southeast
n= 31 small groups	n= 7 small groups	n= 7 small groups	n= 6 small groups	n= 5 small groups	n= 6 small groups
Poverty/ income	Poverty/ income	Differences in opportunity (tie for 1)	Community engagement (tie for 1)	Poverty/ income	Poverty/ income
Educational attainment	Family stability	Poverty/ income (tie for 1)	Educational attainment (tie for 1)	Transportation	Benefits cliff (tie for 2)
Family stability (tie for 3)	Cultural attitudes and behaviors (tie for 3)	Family stability (tie for 2)	Infrastructure and resource access (tie for 1)	Healthcare provider access	Educational attainment (tie for 2)
Transportation (tie for 3)	Educational attainment (tie for 3)	Social determinants of health (tie for 2)	Social determinants of health (tie for 1)		
	Healthcare provider access (tie for 3)				
	Transportation (tie for 3)				

Note: Figure displays the top three responses. More than three responses may be listed when there are ties. Yellow shading indicates the response was unique to the region.

Source: 2018 MCH/MIECHV regional forum small group discussions

income, educational attainment and family stability. Poverty/income was the most commonly-cited response – identified as a top-three driver of gaps in health outcomes across all regions except for Central. The other top-three driver of disparities cited for the state overall was transportation.

Commonalities and differences in top drivers of health outcome gaps by region are highlighted in figure 2.5 and by county type in figure 2.6.

The following top-three responses were common across three or more regions:

- Poverty/income
- Educational attainment

The following top-three responses were unique to a region:

- Northwest: Cultural attitudes and behaviors
- Northeast: Differences in opportunity
- Central: Community engagement; infrastructure and resource access
- Southeast: Benefit cliffs⁴

The following top-three responses were common across all county types:

- Poverty/income
- Family stability

The following top-three responses were unique to a county type:

- Urban/suburban: Transportation; geography/ zip code (where a person lives)
- Appalachian/rural non-Appalachian:
 Educational attainment

Figure 2.6. Top-three drivers of health outcome gaps, by county type

"Think about the groups of children and families that experience relatively good health and those that experience poor health in your county(ies). Why do you think there's a difference?"

Ohio (combined)	Urban/ Suburban	Appalachian/ Rural non-Appalachian
n= 31 small groups*	n= 21 small groups**	n= 17 small groups***
Poverty/income	Poverty/income	Poverty/income
Educational attainment	Transportation •	Educational attainment •
Family stability (tie for 3)	Geography/zip code – (where a person lives) (tie for 3) •	Family stability
Transportation (tie for 3)	Family stability (tie for 3)	

^{*}Includes small groups that had any participants representing the entire state.

Note: Figure displays the top three responses. More than three responses may be listed when there are ties. Gray shading indicates response was common across county types. Yellow shading and ◆ indicates the response was unique to a county type.

Source: 2018 MCH/MIECHV regional forum small group discussions

Regional forum participants were also asked to identify the most important things that need to happen within their county(ies) to achieve equity. The most commonly-cited response was the need for greater coordination and collaboration (among both state and local-level partners), followed by improvements in educational attainment, employment opportunities and healthcare provider access.

Commonalities and differences in the top-three responses by region are highlighted in figure 2.7 and by county type in figure 2.8. Notably, there was a great deal of variation in responses across regions on what needs to be done to ensure that all children and families are able to achieve their full health potential. There was no top-three response that was common across three or more regions. Responses included factors within the social, economic and physical environment, prevention and public health, as well as the healthcare system.

The following top-three responses were common across all county types:

- Healthcare provider access
- Employment/jobs

The following top-three responses were unique to a county type:

- Urban/suburban: Educational attainment; providing equal opportunity; increasing focus on prevention and the social determinants of health; transportation; housing
- Appalachian/rural non-Appalachian: Community and individual education; coordination and collaboration; addiction treatment and prevention; care coordination across systems; funding; health education

^{**}Includes small groups that had any participants representing urban and/or suburban counties. See Appendix A for map of counties by county type.

^{***}Includes small groups that had any participants representing Appalachian and/or rural non-Appalachian counties. See Appendix A for map of counties by county type.

Figure 2.7. **Top-three** <u>important things to achieve equity</u>, by region "What are the most important things that need to happen in your county(ies) so that all children and families are able to achieve their full health potential?"

Ohio (combined)	Northwest	Northeast	Central	Southwest	Southeast
n= 31 small groups	n= 7 small groups	n= 7 small groups	n= 6 small groups	n= 5 small groups	n= 6 small groups
Coordination and collaboration	Healthcare provider access	Coordination and collaboration	Educational attainment	Health education (tie for 1)	Healthy food access and nutrition education
Educational attainment (tie for 2)	Home visiting (tie for 2)	Care coordination across systems (tie for 2)	Housing	Focus on maternal and reproductive health (tie for 1)	Addiction treatment and prevention (tie for 2)
Employment/ jobs (tie for 2)	Parenting (tie for 2)	Employment/ jobs (tie for 2)	Targeting resources and focus (tie for 3)	Funding (tie for 1)	Community/ individual education (tie for 2)
Healthcare provider access (tie for 2)	Social support system (tie for 2)	Improved state agency performance and collaboration (tie for 2)	Healthy food access and nutrition education (tie for 3)	Social support system (tie for 1)	Coordination and collaboration (tie for 2)
		Providing equal opportunity (tie for 2)	Increasing focus on prevention and social determinants of health (tie for 3)	Transportation (tie for 1)	Employment/ jobs (tie for 2)
		Trauma and trauma-informed care (tie for 2)	Transportation (tie for 3)		Health education (tie for 2)
					Health literacy (tie for 2)
					Targeting resources and focus (tie for 2)

Note: Figure displays the top three responses. More than three responses may be listed when there are ties. Yellow shading indicates the response was unique to the region.

Source: 2018 MCH/MIECHV regional forum small group discussions

Figure 2.8. Top-three important things to achieve equity, by county type

"What are the most important things that need to happen in your county(ies) so that all children and families are able to achieve their full health potential?"

Ohio (combined)	Urban/ Suburban	Appalachian/ Rural non-Appalachian
n= 31 small groups*	n= 21 small groups**	n= 17 small groups***
Coordination and collaboration	Educational attainment •	Community and individual education (tie for 1) ●
Educational attainment (tie for 2)	Employment/jobs (tie for 2)	Coordination and collaboration (tie for 1) ●
Employment/jobs (tie for 2)	Healthcare provider access (tie for 2)	Addiction treatment and prevention (tie for 2) ●
Healthcare provider access (tie for 2)	Housing (tie for 2) ●	Care coordination across systems (tie for 2) ●
	Increasing focus on prevention and the social determinants of health (tie for 2) •	Employment/jobs (tie for 2)
	Providing equal opportunity (tie for 2) ●	Funding (tie for 2) ●
	Transportation (tie for 2) ●	Health education (tie for 2) •
		Healthcare provider access (tie for 2)

^{*}Includes small groups that had any participants representing the entire state.

Note: Figure displays the top three responses. More than three responses may be listed when there are ties. Gray shading indicates response was common across county types. Yellow shading and • indicates the response was unique to a county type.

Source: 2018 MCH/MIECHV regional forum small group discussions

^{**}Includes small groups that had any participants representing urban and/or suburban counties. See Appendix A for map of counties by county type.

^{***}Includes small groups that had any participants representing Appalachian and/or rural non-Appalachian counties. See Appendix A for map of counties by county type.

Part 3. Maternal and child health: Greatest needs and priority populations

Both forum attendees and online survey respondents had the opportunity to provide feedback on the greatest needs in the categories of health outcomes, social determinants of health, public health system, prevention and health behaviors and healthcare system and access facing the following five population domains:

- Perinatal and infant health
- Child health
- Children with special healthcare needs
- Adolescent and young adult health
- Maternal and women's health

Online survey respondents were also asked to identify priority populations (groups experiencing the worst health outcomes) for the population domain(s) on which they provided feedback.

The following section highlights combined findings from forum attendees and online survey respondents on the greatest needs facing these population domains and priority populations.

Determining top-five greatest needs by category and priority populations

Top-five needs by category were determined by identifying those with the highest average ranking from both the online survey and regional forum participant worksheets. Average rankings were calculated in SurveyMonkey. Average rankings from the online survey and the forum participant worksheets were weighted based on number of responses and then added together.

Central Ohio regional forum attendees were asked to select the top three biggest needs in each category, rather than rank order. The methodology was changed for the other four forums, with attendees asked to rank the entire list. To combine Central forum results with other forums and online survey results, a rank of 1 was assigned to all three issues chosen by a Central forum participant. Average rankings were then calculated and combined as described above.

Regional forum participants had the opportunity to write in and rank needs that were not listed options on the worksheets. The most common suggested additions from the forum participant worksheets were then incorporated into the online survey in order to improve the range of topics addressed. For this reason, there are five needs that respondents ranked as top-five needs in the online survey (social-emotional health and resiliency, child systems integration, family-centered care, patient education and healthcare quality) that did not always emerge as top-five needs when forum worksheets and online survey rankings were combined. This is noted in the figures with a \blacktriangle .

Top priority populations were identified based on the total number of respondents that selected the population (1=most respondents selected the population).

For more information on specific needs ranked by participants, see Appendix B.

Perinatal and infant health

The top-five ranked perinatal and infant health outcome needs identified by stakeholders for Ohio overall were:

- Infant mortality and birth outcomes
- Drug dependency and abuse
- Mental health and suicide
- Unintended pregnancy and teen birth
- Violence

Commonalities and differences in top perinatal and infant health outcome needs by region are highlighted in figure 3.1.

Infant mortality and birth outcomes, mental health and suicide and drug dependency and abuse were identified as top-five health outcome needs across all regions.

The following top-five health outcome needs were unique to a region:

- Central: Gaps in outcomes between groups; maternal mortality
- Southeast: Child maltreatment
- Southwest: Tobacco use
- Northwest: Healthy weight status/obesity

Figure 3.1. **Top-five** <u>health outcome needs</u> for perinatal and infant health, by region "Please rank order the health outcomes based on what you think are the biggest needs in your county (counties) related to perinatal and infant health. (1=biggest need)"

Rank	Ohio overall* (n=151)	Central (n=40)	Southeast (n=19)	Southwest (n=42)	Northwest (n=13)	Northeast (n=40)
1	Infant mortality and birth outcomes	Infant mortality and birth outcomes	Drug dependency and abuse	Infant mortality and birth outcomes	Infant mortality and birth outcomes	Infant mortality and birth outcomes
2	Drug dependency and abuse	Drug dependency and abuse	Infant mortality and birth outcomes	Drug dependency and abuse	Drug dependency and abuse	Mental health and suicide
3	Mental health and suicide	Mental health and suicide	Mental health and suicide	Mental health and suicide	Mental health and suicide	Drug dependency and abuse
4	Unintended pregnancy and teen birth	Gaps in outcomes between groups •	Violence	Tobacco use •	Healthy weight status/obesity •	Unintended pregnancy and teen birth
5	Violence	Maternal mortality •	Child maltreatment	Unintended pregnancy and teen pregnancy	Violence	Violence

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region.

The top-five ranked perinatal and infant social determinant of health needs identified by stakeholders for Ohio overall were:

- Poverty
- Housing
- Transportation
- Adverse childhood experiences/trauma
- Family and social support/family functioning

Poverty was the top ranked social determinant of health need for perinatal and infant health across all regions and for the state overall. Housing and transportation were also ranked as top-five needs across all regions and were ranked second and third for the state overall.

Other commonalities and differences in the top-five social determinant of health needs for perinatal and infant health by region are highlighted in figure 3.2. For example, the following top-five needs were common across three or more regions:

- Adverse childhood experiences/trauma
- Family and social support/family functioning

Central was the only region to rank racism and discrimination and gaps in outcomes between groups as top-five needs.

There was a great deal of commonality in the topfive public health system, prevention and health behavior needs for perinatal and infant health (see figure 3.3). In fact, all top-five needs were the same across all regions and for the state overall:

- Breastfeeding
- Safe sleep
- Violence
- Nutrition
- Parental/caregiver tobacco use

Figure 3.2. Top-five <u>social determinant of health needs</u> for perinatal and infant health, by region

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to perinatal and infant health. (1=biggest need)"

Rank	Ohio overall* (n=152)	Central (n=40)	Southeast (n=19)	Southwest (n=42)	Northwest (n=13)	Northeast (n=41)
1	Poverty	Poverty	Poverty	Poverty	Poverty	Poverty
2	Housing	Housing	Family and social support/family functioning	Housing	Transportation	Housing
3	Transportation	Racism and discrimination •	Transportation	Adverse childhood experiences/ trauma	Family and social support/family functioning	Adverse childhood experiences/ trauma
4	Adverse childhood experiences/ trauma	Transportation	Adverse childhood experiences/ trauma	Transportation	Housing	Transportation
5	Family and social support/family functioning	Gaps in outcomes between groups •	Housing	Family and social support/family functioning	Adverse childhood experiences/ trauma	Family and social support/family functioning

*Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and ● indicates a unique top-five need in a region.

Figure 3.3. Top-five <u>public health system</u>, <u>prevention and health behavior needs</u> for perinatal and infant health, by region

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to perinatal and infant health. (1=biggest need)"

Rank	Ohio overall* (n=150)	Central (n=38)	Southeast (n=19)	Southwest (n=42)	Northwest (n=13)	Northeast (n=40)
1	Breastfeeding	Breastfeeding	Breastfeeding	Breastfeeding	Breastfeeding	Safe sleep
2	Safe sleep	Nutrition	Nutrition	Safe sleep	Violence	Breastfeeding
3	Violence	Violence	Parental/ caregiver tobacco use	Parental/ caregiver tobacco use	Nutrition	Violence
4	Nutrition	Safe sleep	Violence	Violence	Parental/ caregiver tobacco use	Nutrition
5	Parent/ caregiver tobacco use	Parental/ caregiver tobacco use	Safe sleep	Nutrition	Safe sleep	Parental/ caregiver tobacco use

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region **Note:** Gray shading indicates a top-five need across all regions.

The top-five ranked perinatal and infant healthcare system and access needs identified by stakeholders for Ohio overall were:

- Access to health care
- Home visiting and/or parenting education
- Insurance coverage and healthcare affordability
- Care coordination
- Access to social services

There was also a great deal of commonality across the top-five healthcare system and access needs for perinatal and infant health. Access to health care and home visiting and/or parenting education were identified as a top-two need for the state overall and a top-three need across all regions.

Other commonalities and differences in the top-five healthcare system and access needs for perinatal and infant health by region are highlighted in figure 3.4. For example, the following top-five needs were common across three or more regions:

- Gaps in outcomes between groups
- Care coordination
- Insurance coverage and healthcare affordability

Northeast was the only region to identify culturally-competent providers as a top-five need.

Figure 3.4. Top-five <u>healthcare system and access needs</u> for perinatal and infant health, by region ▲

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to perinatal and infant health. (1=biggest need)"

Rank	Ohio overall* (n=153)	Central (n=40)	Southeast (n=19)	Southwest (n=42)	Northwest (n=13)	Northeast (n=42)
1	Access to health care	Access to health care	Access to health care	Access to health care	Home visiting and/or parenting education	Access to health care
2	Home visiting and/or parenting education	Home visiting and/ or parenting education	Home visiting and/or parenting education	Insurance coverage and healthcare affordability	Access to health care	Home visiting and/or parenting education
3	Insurance coverage and healthcare affordability	Gaps in outcomes between groups	Breastfeeding support	Home visiting and/or parenting education	Care coordination	Culturally- competent providers •
4	Care coordination	Care coordination	Insurance coverage and healthcare affordability	Access to social services	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability
5	Access to social services	Access to social services	Care coordination	Gaps in outcomes between groups	Breastfeeding support	Gaps in outcomes between groups

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region. **Source:** 2018 MCH/MIECHV online survey and regional forum participant worksheets

[▲] Online survey respondents ranked family-centered care 4 for the state overall, 2 for Southeast, Northeast and Northwest, 3 for Central and 5 for Southwest. Healthcare quality ranked 4 for Northwest and Southwest. Family-centered care and healthcare quality were not options on regional forum participant worksheets.

Figure 3.5 provides a summary of top-five needs for perinatal and infant health across categories. Top-ranked needs for perinatal and infant health centered around infant

mortality, mental health and addiction and having a safe, stable home/family environment.

Figure 3.5. Top <u>perinatal and infant health needs</u>, across categories ▲

Rank	Health outcomes	Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
1	Infant mortality and birth outcomes	Poverty	Breastfeeding	Access to health care
2	Drug dependency and abuse	Housing	Safe sleep	Home visiting and/or parenting education
3	Mental health and suicide	Transportation	Violence	Insurance coverage and healthcare affordability
4	Unintended pregnancy and teen birth	Adverse childhood experiences/trauma	Nutrition	Care coordination
5	Violence	Family and social support/family functioning	Parent/caregiver tobacco use	Access to social services

 $[\]blacktriangle$ Family-centered care was ranked 4 by online survey respondents in the healthcare system and access category. Family-centered care was not an option on regional forum participant worksheets.

Stakeholders identified the following groups of infants as having the worst outcomes across all regions:

- Infants in families with low incomes
- African-American/black infants
- Infants with disabilities
- Residents of rural or Appalachian areas

Other groups identified as having the worst outcomes across regions of the state are immigrants or refugees, Hispanic/Latino(a) and LGBTQ (see figure 3.6).

Figure 3.6. **Top-five** groups with the worst health outcomes for infants, by region "From your experience and expertise, and any available data, which groups of infants have the worst health outcomes in your county(ies)?"

Rank	Ohio overall* (n=108)	Central (n=31)	Southeast (n=14)	Southwest (n=28)	Northwest (n=8)	Northeast (n=31)
1	Infants in families with low incomes	Infants in families with low incomes	African- American/ black (tie for 1)			
2	African- American/ black	African- American/ black	Residents of rural or Appalachian areas	African- American/ black	African- American/ black (tie for 2)	Infants in families with low incomes (tie for 1)
3	Residents of rural or Appalachian areas	Residents of rural or Appalachian areas	Infants with disabilities	Infants with disabilities	Infants with disabilities (tie for 2)	Residents of rural or Appalachian areas
4	Infants with disabilities	Immigrants or refugees	African- American/ black	Hispanic/ Latino(a) (tie for 4) ●	Lesbian, gay, bi-sexual, transgender or queer (tie for 4) •	Infants with disabilities
5	Immigrants or refugees	Infants with disabilities		Residents of rural or Appalachian areas (tie for 4)	Residents of rural or Appalachian areas (tie for 4)	Immigrants or refugees

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region **Note:** Gray shading indicates a top-five priority population across all regions. Yellow shading and • indicates top-five priority population is unique to a region. A region may not have five priority populations listed when fewer than five groups were identified by participants.

Source: 2018 MCH/MIECHV online survey

Child health

The top-five ranked child health outcome needs identified by stakeholders for Ohio overall were:

- Mental health and suicide
- Drug dependency and abuse
- Child maltreatment
- Healthy weight status/obesity
- Violence

Mental health and suicide was the top child health outcome need for Ohio overall, followed by drug dependency and abuse. Both were identified as top-five health outcome needs across all regions of the state.

Other commonalities and differences in the top-five health needs for child health by region are highlighted in figure 3.7. For example, the following top-five needs were common across three or more regions:

- Child maltreatment
- Healthy weight status/obesity
- Violence

The following child health outcome needs were unique to a region:

• Southeast: Oral health

• Southwest: Vaccinations

• Northeast: Tobacco use

Figure 3.7. Top-five <u>health outcome needs</u> for child health, by region

"Please rank order the health outcomes based on what you think are the biggest needs in your county (counties) related to child health. (1=biggest need)"

Rank	Ohio overall* (n=115)	Central (n=19)	Southeast (n=12)	Southwest (n=32)	Northwest (n=11)	Northeast (n=19)
1	Mental health and suicide	Mental health and suicide	Healthy weight status/ obesity	Mental health and suicide	Mental health and suicide	Mental health and suicide
2	Drug dependency and abuse	Drug dependency and abuse	Mental health and suicide	Child maltreatment	Child maltreatment	Healthy weight status/ obesity
3	Child maltreatment	Infant mortality and birth outcomes	Drug dependency and abuse	Drug dependency and abuse	Drug dependency and abuse	Drug dependency and abuse
4	Healthy weight status/ obesity	Violence	Child maltreatment	Vaccinations •	Healthy weight status/ obesity	Violence
5	Violence	Child maltreatment	Oral health •	Infant mortality and birth outcomes	Violence	Tobacco use •

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region.

The top-five ranked child health social determinant of health needs identified by stakeholders for Ohio overall were:

- Poverty
- Family and social support/family functioning
- Adverse childhood experiences/trauma
- Housing
- Education/school readiness

Poverty, family and social support, adverse childhood experiences/trauma and housing were also identified as top-five needs across all regions of the state.

Notably, while education/school readiness emerged as a top-five need for child health for Ohio overall, it ranked as a top-five need for child health in Central Ohio only.

Other commonalities and differences in the top-five social determinant of health needs for child health by region are highlighted in figure 3.8.

Figure 3.8. Top-five social determinant of health needs for child health, by region

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to child health. (1=biggest need)"

Rank	Ohio overall* (n=117)	Central (n=19)	Southeast (n=14)	Southwest (n=32)	Northwest (n=11)	Northeast (n=19)
1	Poverty	Poverty	Poverty	Poverty	Poverty	Family and social support/family functioning
2	Family and social support/ family functioning	Family and social support/ family functioning	Family and social support/ family functioning	Family and social support/ family functioning	Adverse childhood experiences/ trauma	Poverty
3	Adverse childhood experiences/ trauma	Education/ school readiness •	Adverse childhood experiences/ trauma	Adverse childhood experiences/ trauma	Food environment	Adverse childhood experiences/ trauma
4	Housing	Housing	Housing	Housing	Family and social support/family functioning	Food environment
5	Education/ school readiness	Adverse childhood experiences/ trauma	Food environment	Transportation •	Housing	Housing

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region.

The top-five ranked child health public health system, prevention and health behavior needs identified by stakeholders for Ohio overall were:

- Nutrition
- Violence
- Substance use/abuse
- Physical activity
- Health literacy

Nutrition was the top-ranked public health system, prevention and health behavior need for child health for Ohio overall, and was ranked as a top-five need across all regions of the state.

Other commonalities and differences in the top-five public health system, prevention and health behavior needs for child health by region are highlighted in figure 3.9. For example, the following were identified as top-five needs across three or more regions:

- Social-emotional health and resiliency
- Physical activity
- Substance use/abuse
- Health literacy
- Violence

The following needs were unique to a region:

• Southeast: Tobacco use

Southwest: Vaccinations

Northwest: Alcohol use

Figure 3.9. Top-five <u>public health system</u>, <u>prevention and health behavior needs</u> for child health, by region ▲

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to child health. (1=biggest need)"

Rank	Ohio overall* (n=114)	Central (n=19)	Southeast (n=14)	Southwest (n=30)	Northwest (n=11)	Northeast (n=18)
1	Nutrition	Nutrition	Nutrition	Nutrition	Nutrition	Social-emotional health and resiliency ▲
2	Violence	Social- emotional health and resiliency A	Physical activity	Substance use/abuse	Violence	Nutrition
3	Substance use/abuse	Violence	Health literacy	Violence	Health literacy	Substance use/ abuse
4	Physical activity	Substance use/ abuse	Tobacco use •	Vaccinations •	Alcohol use •	Health literacy
5	Health literacy	Health literacy	Social- emotional health and resiliency A	Physical activity	Physical activity	Physical activity

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region. **Source:** 2018 MCH/MIECHV online survey and regional forum participant worksheets

[▲] Online survey respondents ranked social-emotional health and resiliency at the top (1) for the state overall, Southeast, Southwest, Northeast and Central, and 4 for Northwest. Social-emotional health and resiliency was not an option on regional forum participant worksheets

The top-five ranked child healthcare system and access needs identified by stakeholders for Ohio overall were:

- Access to health care
- Access to mental health services
- Insurance coverage and healthcare affordability
- Access to dental care
- Access to substance use/addiction treatment

There was a great deal of commonality in the top-five healthcare system and access needs for children across regions (see figure 3.10). The following were ranked as topfive needs for Ohio overall and across all five regions of the state:

- Access to health care
- Access to mental health services
- Insurance coverage and healthcare affordability

The following needs were unique to a region:

- Central: Gaps in outcomes between groups
- Southeast: Access to vision care
- Southwest: Access to social services
- Northwest: Home visiting and/or parenting education
- Northeast: Family-centered care (see ▲ in figure 3.10)

Figure 3.10. Top-five <u>healthcare system and access needs</u> for child health, by region ▲

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to child health. (1=biggest need)"

Rank	Ohio overall* (n=112)	Central (n=19)	Southeast (n=14)	Southwest (n=30)	Northwest (n=11)	Northeast (n=19)
1	Access to health care	Access to mental health services	Insurance coverage and healthcare affordability	Access to mental health services	Access to health care	Access to health care
2	Access to mental health services	Access to health care	Access to mental health services	Access to health care	Access to mental health services	Insurance coverage and healthcare affordability
3	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability	Access to dental care	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability	Family-centered care • ▲
4	Access to dental care	Access to dental care	Access to health care	Access to social services	Access to substance use/addiction treatment	Access to mental health services
5	Access to substance use/addiction treatment	Gaps in outcomes between groups •	Access to vision care •	Access to substance use/addiction treatment	Home visiting and/or parenting education •	Access to dental care

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region.

Source: 2018 MCH/MIECHV online survey and regional forum participant worksheets

Figure 3.11 provides a summary of top-five needs for child health across categories. Top-ranked needs for child health often centered around mental health and addiction, child maltreatment/violence and trauma.

Children in families with low incomes were identified as having the worst outcomes for Ohio overall and across all regions of the state.

Other groups of children ranked as having the worst outcomes across three or more regions of the state were:

- African-American/black
- Children in rural or Appalachian areas
- Children with disabilities

For other commonalities and differences across regions, see figure 3.12.

[▲] Online survey respondents ranked family-centered care 4 for the state overall, 2 for Southeast and 3 for Southwest and Northeast. Family-centered care was not an option on regional forum participant worksheets.

Figure 3.11. Top <u>child health needs</u>, across categories ▲

Rank	Health outcomes	Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
1	Mental health and suicide	Poverty	Nutrition	Access to health care
2	Drug dependency and abuse	Family and social support/family functioning	Violence	Access to mental health services
3	Child maltreatment	Adverse childhood experiences/ trauma	Substance use/abuse	Insurance coverage and healthcare affordability
4	Healthy weight status/ obesity	Housing	Physical activity	Access to dental care
5	Violence	Education/school readiness	Health literacy	Access to substance use/addiction treatment

[▲] Social-emotional health and resiliency was ranked 1 by online survey respondents in the public health system, prevention and health behaviors category and family-centered care was ranked 4 by online survey respondents in the healthcare system and access category. Social-emotional health and resiliency and family-centered care were not options on regional forum participant worksheets.

Source: 2018 MCH/MIECHV online survey and regional forum participant worksheets

Figure 3.12. Top-five groups with the worst health outcomes for children, by region

"From your experience and expertise, and any available data, which groups of children have the worst health outcomes in your county(ies)?"

Rank	Ohio overall* (n=82)	Central (n=13)	Southeast (n=11)	Southwest (n=23)	Northwest (n=7)	Northeast (n=19)
1	Children in families with low incomes	Children in families with low incomes	Children in families with low incomes	Children in families with low incomes	Children in families with low incomes	Children in families with low incomes
2	African- American/black	Children with disabilities (tie for 2)	Residents of rural or Appalachian areas	African-American/ black		African- American/ black
3	Residents of rural or Appalachian areas	Immigrants or refugees (tie for 2)	Children with disabilities	Children with disabilities (tie for 3)		Hispanic/ Latino(a)
4	Children with disabilities	African-American/ black (tie for 3)		Hispanic/Latino(a) (tie for 3)		Residents of rural or Appalachian areas
5	Hispanic/ Latino(a)	Residents of rural or Appalachian areas (tie for 3)		Immigrants or refugees (tie for 5)		Children with disabilities
				Residents of rural or Appalachian areas (tie for 5)		

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five priority population across all regions. A region may not have five priority populations listed when fewer than five groups were identified by participants. More than five groups may be listed in the case of ties.

Source: 2018 MCH/MIECHV online survey

Children with special healthcare needs (CSHCN)

For Ohio overall, the top-five health outcome needs for children with special healthcare needs (CSHCN) were:

- Mental health and suicide
- Child maltreatment
- Drug dependency and abuse
- Infant mortality and birth outcomes
- Violence

Commonalities and differences in top needs for the CSHCN population by region are highlighted in figure 3.13.

Mental health and suicide and infant mortality and birth outcomes were identified as top-five health outcome needs across all regions. The following top-five needs were common across three or more regions:

- Child maltreatment
- Drug dependency and abuse
- Violence
- Gaps in outcomes between groups

Figure 3.13. Top-five <u>health outcome needs</u> for children with special healthcare needs, by region

"Please rank order the health outcomes based on what you think are the biggest needs in your county (counties) related to children with special healthcare needs. (1=biggest need)"

Rank	Ohio overall* (n=70)	Central (n=15)	Southeast (n=9)	Southwest (n=15)	Northwest (n=10)	Northeast (n=17)
1	Mental health and suicide	Mental health and suicide	Mental health and suicide	Mental health and suicide	Drug dependency and abuse	Mental health and suicide
2	Child maltreatment	Gaps in outcomes between groups	Child maltreatment	Drug dependency and abuse	Child maltreatment	Child maltreatment
3	Drug dependency and abuse	Drug dependency and abuse	Infant mortality and birth outcomes	Infant mortality and birth outcomes	Mental health and suicide	Drug dependency and abuse
4	Infant mortality and birth outcomes	Infant mortality and birth outcomes	Gaps in outcomes between groups	Violence	Violence	Infant mortality and birth outcomes
5	Violence	Violence	Violence	Child maltreatment	Infant mortality and birth outcomes	Gaps in outcomes between groups

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions.

For Ohio overall, the top-five social determinant of health needs for CSHCN were:

- Family and social support/family functioning
- Poverty
- Adverse childhood experiences/trauma
- Housing
- Transportation

Poverty, housing and family and social support/family functioning were also identified as top-five social determinant of health needs for CSHCN across all five regions. Other commonalities and differences in the top-five social determinant of health needs for CSHCN by region are highlighted in figure 3.14.

Figure 3.14. Top-five <u>social determinant of health needs</u> for children with special healthcare needs, by region

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to children with special healthcare needs' health. (1=biggest need)"

Rank	Ohio overall* (n=70)	Central (n=15)	Southeast (n=9)	Southwest (n=15)	Northwest (n=10)	Northeast (n=17)
1	Family and social support/family functioning	Family and social support/ family functioning	Poverty	Poverty	Family and social support/family functioning	Family and social support/family functioning
2	Poverty	Poverty	Transportation	Transportation	Poverty	Poverty
3	Adverse childhood experiences/ trauma	Gaps in outcomes between groups	Gaps in outcomes between groups	Housing	Housing	Adverse childhood experiences/ trauma
4	Housing	Housing	Family and social support/family functioning	Family and social support/family functioning	Adverse childhood experiences/ trauma	Housing
5	Transportation	Adverse childhood experiences/ trauma	Housing	Adverse childhood experiences/ trauma	Education/ school readiness	Education/school readiness

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions.

For Ohio overall, the top-five public health system, prevention and health behavior needs for CSHCN were:

- Health literacy
- Violence
- Substance use/abuse
- Nutrition
- Tobacco use

Health literacy was the top ranked public health system, prevention and health behavior need for CSHCN for the state overall and ranked in the top five across all regions. Substance use/abuse and violence were also top-five ranked needs for Ohio overall and across all regions.

Other commonalities and differences in the top-five needs identified for the CSHCN population by region are highlighted in figure 3.15. For example, the following top-five needs were common across three or four regions:

- Nutrition
- Alcohol use

The following top-five needs were unique to a region:

- Central: Physical activity; social-emotional health and resiliency (see ▲ in figure 3.15)
- Southeast: Tobacco use

Figure 3.15. Top-five <u>public health system</u>, <u>prevention and health behavior needs</u> for children with special healthcare needs, by region ▲

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to children with special healthcare needs' health. (1=biggest need)"

Rank	Ohio overall* (n=70)	Central (n=15)	Southeast (n=9)	Southwest (n=15)	Northwest (n=10)	Northeast (n=17)
1	Health literacy	Health literacy	Health literacy	Violence	Violence	Health literacy
2	Violence	Substance use/ abuse	Violence	Health literacy	Substance use/ abuse	Nutrition
3	Substance use/ abuse	Physical activity •	Tobacco use •	Substance use/ abuse	Nutrition	Substance use/ abuse
4	Nutrition	Violence	Nutrition	Nutrition	Health literacy	Violence
5	Tobacco use	Social- emotional health and resiliency • 🛦	Substance use/ abuse	Alcohol use	Alcohol use	Alcohol use

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region.

[▲] Online survey respondents ranked social-emotional health and resiliency at the top (1) for the state overall, Northeast, and Central, 2 for Southeast and Southwest and 5 for Northwest. Online survey respondents also ranked child systems integration 2 for the state overall, 1 in Southwest, 2 in Northwest, 3 in Southeast and 5 in Central. Social-emotional health and resiliency and child systems integration were not options on regional forum participant worksheets.

For Ohio overall, the top-five healthcare system and access needs for CSHCN were:

- Insurance coverage and healthcare affordability
- Access to health care
- Access to mental health services
- Care coordination
- Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities

There were three top-ranked healthcare system and access needs for CSHCN common across all regions and for Ohio overall:

- Insurance coverage and healthcare affordability
- Access to health care
- Access to mental health services

Figure 3.16 shows other commonalities and differences across regions. For example, access to substance use/ addiction treatment was a top-five need common across three regions.

Northwest was the only region to identify services for children with autism, spectrum disorders, developmental disabilities and learning disabilities as a top-five need, although it was ranked in the top five for the state overall.

Figure 3.17 provides a summary of top-five needs for CSHCN across categories. Top-ranked needs for CSHCN often centered around mental health and addiction, child trauma, violence and family/home support and stability.

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Figure 3.16. Top-five healthcare system and access needs for children with special healthcare needs, by region A

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to children with special healthcare needs' health. (1=biggest need)"

Rank	Ohio overall* (n=70)	Central (n=15)	Southeast (n=9)	Southwest (n=15)	Northwest (n=10)	Northeast (n=17)
1	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability	Access to health care	Access to health care	Access to mental health services	Access to mental health services
2	Access to health care	Access to health care	Access to mental health services	Access to mental health services	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability
3	Access to mental health services	Access to mental health services	Access to dental care	Insurance coverage and healthcare affordability	Access to health care	Access to health care
4	Care coordination	Gaps in outcomes between groups	Insurance coverage and healthcare affordability	Access to dental care	Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities •	Care coordination
5	Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities	Care coordination	Access to substance use/addiction treatment	Access to substance use/addiction treatment	Access to substance use/addiction treatment	Gaps in outcomes between groups

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region.

[▲] Online survey respondents ranked family-centered care 5 for the state overall, 3 for Northeast and 4 for Northwest. Healthcare quality ranked 5 in Southeast and Northeast. Patient education ranked 3 in Southeast. Family-centered care, patient education and healthcare quality were not options on regional forum participant worksheets.

Figure 3.17. Top <u>children with special healthcare needs (CSHCN) needs</u>, across categories ▲

Rank	Health outcomes	Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
1	Mental health and suicide	Family and social support/family functioning	Health literacy	Insurance coverage and healthcare affordability
2	Child maltreatment	Poverty	Violence	Access to health care
3	Drug dependency and abuse	Adverse childhood experiences/trauma	Substance use/abuse	Access to mental health services
4	Infant mortality and birth outcomes	Housing	Nutrition	Care coordination
5	Violence	Transportation	Tobacco use	Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities

[▲] Social-emotional health and resiliency was ranked 1 and child systems integration was ranked 2 by online survey respondents in the public health system, prevention and health behaviors category and family-centered care was ranked 5 by online survey respondents in the healthcare system and access category. Social-emotional health and resiliency, child systems integration and family-centered care were not options on regional forum participant worksheets.

Statewide and across all regions, stakeholders identified children with special healthcare needs in families with low incomes as having the worst outcomes. African-American/black children with special healthcare needs were another group identified by all regions.

Other groups identified as having the worst outcomes across the state were CSHCN who are residents of rural or Appalachian areas, immigrants or refugees, Hispanic/Latino(a) and Native American (see figure 3.18).

Figure 3.18. Top-five groups with the worst health outcomes for children with special healthcare needs, by region

"From your experience and expertise, and any available data, which groups of children with special healthcare needs have the worst health outcomes in your county(ies)?"

Rank	Ohio overall* (n=40)	Central (n=8)	Southeast (n=3)	Southwest (n=10)	Northwest (n=5)	Northeast (n=10)
1	Children in families with low incomes	Children in families with low incomes	Children in families with low incomes	Children in families with low incomes	Children in families with low incomes	Children in families with low incomes
2	Residents of rural or Appalachian areas	African- American/ black (tie for 2)	African- American/ black	Immigrants or refugees	African- American/ black (tie for 2)	African- American/ black (tie for 2)
3	African- American/ black	Hispanic/ Latino(a) (tie for 2)		African- American/ black (tie for 3)	Immigrants or refugees (tie for 2)	Residents of rural or Appalachian areas (tie for 2)
4	Hispanic/ Latino(a) (tie for 4)	Native American (tie for 2) •		Hispanic/ Latino(a) (tie for 3)		
5	Immigrants or refugees (tie for 4)	Residents of rural or Appalachian areas (tie for 2)				

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five priority population across all regions. Yellow shading and ● indicates a top-five priority population is unique to a region. A region may not have five priority populations listed when fewer than five groups were identified by participants.

Source: 2018 MCH/MIECHV online survey

Adolescent and young adult health

The top-five ranked health outcome needs for Ohio adolescents and young adults identified by stakeholders were:

- Mental health and suicide
- Drug dependency and abuse
- Violence
- Healthy weight status/obesity
- Tobacco use

Commonalities and differences in top adolescent and young adult health needs by region are highlighted in figure 3.19. The top-ranked need identified by stakeholders in all regions and for the state overall was

mental health and suicide. Drug dependency and abuse was also identified as one of the top five in each region.

The following top-five needs were common across three or more regions:

- Violence
- Healthy weight status/obesity
- Tobacco use

The following top-five health needs were unique to a region:

- Central: Unintended pregnancy and teen pregnancy
- Northwest: Infant mortality

Figure 3.19. **Top-five** <u>health outcome needs</u> for adolescent and young adult health, by region

"Please rank order the health outcomes based on what you think are the biggest needs in your county (counties) related to adolescent and young adult health. (1=biggest need)"

Rank	Ohio overall* (n=142)	Central (n=29)	Southeast (n=17)	Southwest (n=24)	Northwest (n=23)	Northeast (n=38)
1	Mental health and suicide	Mental health and suicide	Mental health and suicide	Mental health and suicide	Mental health and suicide	Mental health and suicide
2	Drug dependency and abuse	Drug dependency and abuse	Drug dependency and abuse	Drug dependency and abuse	Healthy weight status/obesity	Drug dependency and abuse
3	Violence	Healthy weight status/obesity	Violence	Tobacco use	Drug dependency and abuse	Violence
4	Healthy weight status/obesity	Unintended pregnancy and teen pregnancy •	Child maltreatment	Violence	Tobacco use	Child maltreatment
5	Tobacco use	Violence	Tobacco use	Healthy weight status/obesity	Infant mortality •	Tobacco use

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region.

The top-five ranked adolescent and young adult social determinant of health needs identified by stakeholders for Ohio overall were:

- Poverty
- Adverse childhood experiences/trauma
- Family and social support/family functioning
- Housing
- Education

Poverty, adverse childhood experiences/trauma and family and social support/family functioning were

identified as top-five social determinant of health needs for adolescents and young adults for the state overall and across all five regions.

Other commonalities and differences in the top-five social determinant of health needs for adolescents and young adults by region are highlighted in figure 3.20. For example, housing and transportation were other top-five needs that were common across three or more regions.

Figure 3.20. Top-five <u>social determinants of health needs</u> for adolescent and young adult health, by region

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to adolescent and young adult health. (1=biggest need)"

Rank	Ohio overall* (n=137)	Central (n=29)	Southeast (n=17)	Southwest (n=24)	Northwest (n=20)	Northeast (n=36)
1	Poverty	Poverty	Poverty	Poverty	Adverse childhood experiences/ trauma	Poverty
2	Adverse childhood experiences/ trauma	Housing	Family and social support/family functioning	Adverse childhood experiences/ trauma	Poverty	Adverse childhood experiences/ trauma
3	Family and social support/family functioning	Adverse childhood experiences/ trauma	Adverse childhood experiences/ trauma	Family and social support/family functioning	Housing	Family and social support/family functioning
4	Housing	Transportation	Education	Transportation	Family and social support/family functioning	Housing
5	Education	Family and social support/family functioning	Housing	Education	Transportation	Transportation

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions.

The top-five ranked adolescent and young adult public health system, prevention and health behavior needs identified by stakeholders for Ohio overall were:

- Substance use/abuse
- Alcohol use
- Tobacco use
- Sexual and reproductive health
- Nutrition

Substance use/abuse was the top ranked public health system, prevention and health behavior need for adolescents and young adults for the state overall, and the issue was ranked in the top five across all regions. Tobacco use was another top-five ranked need common across all regions.

Other commonalities and differences in the top-five needs for adolescents and young adults by region are highlighted in figure 3.21. For example, the following topfive needs were common across three or more regions:

- Violence
- Alcohol use

There were several top-five public health system, prevention and health behavior needs unique to one region:

- Central: Sexual and reproductive health
- Southwest: Health literacy

Figure 3.21. **Top-five <u>public health system</u>**, <u>prevention and health behavior needs</u> for adolescent and young adult health, by region ▲

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to adolescent and young adult health. (1=biggest need)"

Rank	Ohio overall* (n=137)	Central (n=29)	Southeast (n=17)	Southwest (n=24)	Northwest (n=20)	Northeast (n=37)
1	Substance use/ abuse	Substance use/ abuse	Substance use/ abuse	Alcohol use	Nutrition	Alcohol use
2	Alcohol use	Sexual and reproductive health •	Tobacco use	Tobacco use	Tobacco use	Substance use/ abuse
3	Tobacco use	Social- emotional health and resiliency •	Alcohol use	Substance use/ abuse	Alcohol use	Tobacco use
4	Sexual and reproductive health	Tobacco use	Social- emotional health and resiliency A	Health literacy •	Substance use/ abuse	Nutrition
5	Nutrition	Violence	Violence	Physical activity	Physical activity	Violence

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and ● indicates a unique top-five need in a region.

[▲] Online survey respondents ranked social-emotional health and resiliency 1 for the state overall and for each region. Social-emotional health and resiliency was not an option on regional forum participant worksheets.

The top-five ranked adolescent and young adult healthcare system and access needs identified by stakeholders for Ohio overall were:

- Access to mental health services
- Access to health care
- Access to substance use/addiction treatment
- Insurance coverage and healthcare affordability
- Access to social services

Access to mental health services was the top-ranked healthcare system and access need for adolescents and young adults identified by stakeholders in all regions and for the state overall. Two other top-five ranked

needs for adolescents and young adults common across all regions were access to health care and insurance coverage and healthcare affordability.

Figure 3.22 shows other commonalities and differences across regions. For example, access to substance use and addiction treatment is a top-five need common across four regions.

Figure 3.23 provides a summary of top-five needs for adolescent/young adult health across categories.

Mental health and addiction issues stand out as a clear need to be addressed for adolescents and young adults.

Figure 3.22. **Top-five** <u>healthcare system and access needs</u> for adolescent and young adult health, by region ▲

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to adolescent and young adult health. (1=biggest need)"

Rank	Ohio overall* (n=137)	Central (n=29)	Southeast (n=17)	Southwest (n=24)	Northwest (n=18)	Northeast (n=38)
1	Access to mental health services	Access to health care	Access to mental health services			
2	Access to health care	Access to mental health services	Access to health care	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability	Access to health care
3	Access to substance use/addiction treatment	Access to substance use/addiction treatment	Access to substance use/addiction treatment	Access to health care	Access to health care	Insurance coverage and healthcare affordability
4	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability	Access to social services	Access to substance use/addiction treatment	Access to dental care	Access to substance use/addiction treatment
5	Access to social services	Access to dental care	Insurance coverage and healthcare affordability	Care coordination	Care coordination	Access to social services

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions.

[▲] Online survey respondents ranked family-centered care 5 for the state overall, 2 for Southeast, 4 for Northwest and 5 for Southwest and Northeast. Family-centered care was not an option on regional forum participant worksheets.

Figure 3.23. Top <u>adolescent/young adult health needs</u>, across categories ▲

Rank	Health outcomes	Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
1	Mental health and suicide	Poverty	Substance use/abuse	Access to mental health services
2	Drug dependency and abuse	Adverse childhood experiences/trauma	Alcohol use	Access to health care
3	Violence	Family and social support/family functioning	Tobacco use	Access to substance use/addiction treatment
4	Healthy weight status/ obesity	Housing	Sexual and reproductive health	Insurance coverage and healthcare affordability
5	Tobacco use	Education	Nutrition	Access to social services

[▲] Social-emotional health and resiliency was ranked 1 by online survey respondents in the public health system, prevention and health behaviors category and family-centered care was ranked 5 by online survey respondents in the healthcare system and access category. Social-emotional health and resiliency and family-centered care were not options on regional forum participant worksheets.

Source: 2018 MCH/MIECHV online survey and regional forum participant worksheets

Stakeholders identified the following groups of adolescents and young adults as having the worst health outcomes across all regions:

- Adolescents and young adults with low incomes
- African-American/black
- Lesbian, gay, bi-sexual, transgender or queer (LGBTQ)

Other groups identified as having the worst outcomes across regions of the state were adolescents and young adults with disabilities, those who are immigrants or refugees, residents of rural or Appalachian areas and Hispanic/Latino(a) (see figure 3.24).

Figure 3.24. Top-five groups with the worst health outcomes for adolescents and young adults, by region

"From your experience and expertise, and any available data, which groups of adolescents and young adults have the worst health outcomes in your county(ies)?"

Rank	Ohio overall* (n=101)	Central (n=21)	Southeast (n=14)	Southwest (n=15)	Northwest (n=13)	Northeast (n=28)
1	Adolescents/ young adults with low incomes	Adolescents/ young adults with low incomes	Adolescents/ young adults with low incomes	Adolescents/ young adults with low incomes	Adolescents/ young adults with low incomes	Adolescents/ young adults with low incomes
2	African- American/ black	African- American/ black	Residents of rural or Appalachian areas	Lesbian, gay, bi-sexual, transgender or queer	Adolescents/ young adults with disabilities (tie for 2)	African- American/ black (tie for 2)
3	Residents of rural or Appalachian areas	Adolescents/ young adults with disabilities (tie for 3)	Adolescents/ young adults with disabilities	African- American/ black (tie for 3)	African- American/ black (tie for 2)	Residents of rural or Appalachian areas (tie for 2)
4	Adolescents/ young adults with disabilities (tie for 4)	Immigrants or refugees (tie for 3)	African- American/ black (tie for 4)	Hispanic/ Latino(a) (tie for 3)	Hispanic/ Latino(a) (tie for 4)	Adolescents/ young adults with disabilities (tie for 4)
5	Lesbian, gay, bi-sexual, transgender or queer (tie for 4)	Lesbian, gay, bi-sexual, transgender or queer (tie for 3)	Lesbian, gay, bi-sexual, transgender or queer (tie for 4)	Immigrants or refugees (tie for 3)	Immigrants or refugees (tie for 4)	Hispanic/ Latino(a) (tie for 4)
				Residents of rural or Appalachian areas (tie for 3)	Lesbian, gay, bi-sexual, transgender or queer (tie for 4)	Lesbian, gay, bi-sexual, transgender or queer (tie for 4)

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five priority population across all regions. More than five groups may be listed in the case of ties.

Source: 2018 MCH/MIECHV online survey

Maternal and women's health

The top-five ranked maternal and women's health outcome needs identified by stakeholders for Ohio overall were:

- Infant mortality and birth outcomes
- Mental health and suicide
- Drug dependency and abuse
- Unintended pregnancy
- Tobacco use

Commonalities and differences in top maternal and women's health outcome needs by region are highlighted in figure 3.25.

Infant mortality and birth outcomes, mental health and suicide and drug dependency and abuse were identified as top-five health outcome needs across all regions. In addition, the following top-five needs were common across three regions:

- Tobacco use
- Unintended pregnancy

The following top-five health outcome needs were unique to a region:

- Central: Gaps in outcomes between groups
- Northeast: Healthy weight status/obesity

Figure 3.25. **Top-five** <u>health outcome needs</u> for maternal and women's health, by region "Please rank order the health outcomes based on what you think are the biggest needs in your county (counties) related to maternal and women's health. (1=biggest need)"

Rank	Ohio overall* (n=211)	Central (n=64)	Southeast (n=40)	Southwest (n=36)	Northwest (n=34)	Northeast (n=48)
1	Infant mortality and birth outcomes	Infant mortality and birth outcomes	Drug dependency and abuse	Infant mortality and birth outcomes	Mental health and suicide	Infant mortality and birth outcomes
2	Mental health and suicide	Mental health and suicide	Infant mortality and birth outcomes	Mental health and suicide	Drug dependency and abuse	Mental health and suicide
3	Drug dependency and abuse	Drug dependency and abuse	Mental health and suicide	Drug dependency and abuse	Infant mortality and birth outcomes	Drug dependency and abuse
4	Unintended pregnancy	Gaps in outcomes between groups •	Tobacco use	Unintended pregnancy	Unintended pregnancy	Unintended pregnancy
5	Tobacco use	Violence	Violence	Tobacco use	Tobacco use	Healthy weight status/obesity •

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and ● indicates a unique top-five need in a region.

The top-five ranked maternal and women's social determinant of health needs identified by stakeholders for Ohio overall were:

- Poverty
- Housing
- Transportation
- Employment and income
- Adverse childhood experiences/trauma

Commonalities and differences in the top-five social determinant of health needs for maternal and women's health by region are highlighted in figure 3.26. Poverty was the top ranked maternal and women's social determinant of health need for the state overall and across all regions. Housing was also identified as a top-

five social determinant of health need for maternal and women's health for the state overall and across all five regions of the state.

In addition, the following top-five needs were common across three or four regions:

- Transportation
- Adverse childhood experiences/trauma
- Education

The following top-five needs were unique to a region:

- Central: Racism and discrimination
- Southwest: Family and social support/family functioning

Figure 3.26. Top-five <u>social determinant of health needs</u> for maternal and women's health, by region

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to maternal and women's health. (1=biggest need)"

Rank	Ohio overall* (n=210)	Central (n=65)	Southeast (n=40)	Southwest (n=36)	Northwest (n=34)	Northeast (n=46)
1	Poverty	Poverty	Poverty	Poverty	Poverty	Poverty
2	Housing	Housing	Transportation	Transportation	Transportation	Housing
3	Transportation	Transportation	Housing	Education	Housing	Employment and income
4	Employment and income	Racism and discrimination	Employment and income	Housing	Education	Education
5	Adverse childhood experiences/ trauma	Adverse childhood experiences/ trauma	Adverse childhood experiences/ trauma	Family and social support/family functioning •	Adverse childhood experiences/ trauma	Adverse childhood experiences/ trauma

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region.

The top-five ranked maternal and women's public health system, prevention and health behavior needs identified by stakeholders for Ohio overall were:

- Substance use/abuse
- Sexual and reproductive health
- Tobacco use
- Nutrition
- Violence

Substance use/abuse was the top ranked public health system, prevention and health behavior need for maternal and women's health for the state overall, and the issue was ranked in the top two across all regions.

Other commonalities and differences in the top-five public health system, prevention and health behavior needs for maternal and women's health by region are highlighted in figure 3.27. For example, the following top-five needs were common across three or more regions:

- Sexual and reproductive health
- Tobacco use
- Nutrition
- Alcohol use
- Health literacy

The following top-five needs were unique to a region:

- Central: Violence; social-emotional health and resiliency
- Southeast: Physical activity

Figure 3.27. **Top-five <u>public health system</u>**, <u>prevention and health behavior needs</u> for maternal and women's health, by region ▲

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to maternal and women's health. (1=biggest need)"

Rank	Ohio overall* (n=209)	Central (n=66)	Southeast (n=39)	Southwest (n=35)	Northwest (n=34)	Northeast (n=46)
1	Substance use/ abuse	Sexual and reproductive health	Substance use/ abuse	Substance use/ abuse	Substance use/ abuse	Sexual and reproductive health
2	Sexual and reproductive health	Substance use/ abuse	Tobacco use	Sexual and reproductive health	Tobacco use	Substance use/ abuse
3	Tobacco use	Violence •	Nutrition	Tobacco use	Sexual and reproductive health	Health literacy
4	Nutrition	Social- emotional health and resiliency • 🛦	Alcohol use	Nutrition	Alcohol use	Nutrition
5	Violence	Health literacy	Physical activity •	Alcohol use	Health literacy	Tobacco use

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region. **Source:** 2018 MCH/MIECHV online survey and regional forum participant worksheets

[▲] Online survey respondents ranked social-emotional health and resiliency at the top (1) for the state overall and Central, 2 for Southwest and Northeast and 3 for Southeast and Northwest. Social-emotional health and resiliency was not an option on regional forum participant worksheets.

The top-five ranked maternal and women's healthcare system and access needs identified by stakeholders for Ohio overall were:

- Access to health care
- Access to mental health services
- Access to substance use/addiction treatment
- Insurance coverage and healthcare affordability
- Home visits and/or parenting education

There was a great deal of commonality in the top ranked healthcare system and access needs for maternal and women's health across all regions (see figure 3.28).

The following top-five needs were common across all regions:

- Access to health care (including preconception/ prenatal care)
- Access to mental health services
- Access to substance use/addiction treatment
- Insurance coverage and healthcare affordability

Only the Southwest region of the state identified gaps in outcomes between groups, or healthcare disparities, as a top-five need.

Figure 3.28. Top-five <u>healthcare system and access needs</u> for maternal and women's health, by region

"Please rank order the issues based on what you think are the biggest needs in your county (counties) related to maternal and women's health. (1=biggest need)"

Rank	Ohio overall* (n=204)	Central (n=64)	Southeast (n=38)	Southwest (n=35)	Northwest (n=34)	Northeast (n=43)
1	Access to health care	Access to mental health services	Access to health care	Access to health care	Access to health care	Access to mental health services
2	Access to mental health services	Access to health care	Access to substance use/addiction treatment	Access to mental health services	Access to mental health services	Access to health care
3	Access to substance use/addiction treatment	Access to substance use/addiction treatment	Access to mental health services	Insurance coverage and healthcare affordability	Access to substance use/addiction treatment	Access to substance use/addiction treatment
4	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability	Gaps in outcomes between groups •	Insurance coverage and healthcare affordability	Home visits and/or parenting education
5	Home visits and/or parenting education	Home visits and/or parenting education	Access to social services	Access to substance use/addiction treatment	Access to social services	Insurance coverage and healthcare affordability

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five need across all regions. Yellow shading and • indicates a unique top-five need in a region.

Figure 3.29 provides a summary of top-five needs for maternal/women's health across categories. Infant mortality, reproductive health services and mental

health and addiction issues stand out as clear needs to be addressed for maternal and women's health.

Figure 3.29. Top <u>maternal/women's health needs</u>, across categories ▲

Rank	Health outcomes	Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
1	Infant mortality and birth outcomes	Poverty	Substance use/abuse	Access to health care
2	Mental health and suicide	Housing	Sexual and reproductive health	Access to mental health services
3	Drug dependency and abuse	Transportation	Tobacco use	Access to substance use/ addiction treatment
4	Unintended pregnancy and teen birth	Employment and income	Nutrition	Insurance coverage and healthcare affordability
5	Tobacco use	Adverse childhood experiences/ trauma	Violence	Home visits and/or parenting education

[▲] Social-emotional health and resiliency was ranked 1 by online survey respondents in the public health system, prevention and health behaviors category. Social-emotional health and resiliency was not an option on regional forum participant worksheets.

Source: 2018 MCH/MIECHV online survey and regional forum participant worksheets

Stakeholders identified the following groups of women and mothers as having the worst outcomes across all regions:

- Women with low incomes
- African-American/black
- Women with disabilities

Other groups identified as having the worst outcomes across regions of the state are women and mothers who are lesbian, gay, bi-sexual, transgender or queer (LGBTQ), immigrants or refugees, residents of rural or Appalachian areas and Hispanic/Latina (see figure 3.30).

Figure 3.30. **Top-five** groups with the worst health outcomes for women and mothers, by region "From your experience and expertise, and any available data, which groups of women/mothers have the worst health outcomes in your county(ies)?"

Rank	Ohio overall* (n=147)	Central (n=49)	Southeast (n=26)	Southwest (n=29)	Northwest (n=25)	Northeast (n=35)
1	Women with low incomes	African- American/ black	Women with low incomes	Women with low incomes	African- American/ black (tie for 1)	African- American/ black
2	African- American/ black	Women with low incomes	Residents of rural or Appalachian areas	African- American/ black	Women with low incomes (tie for 1)	Women with low incomes
3	Women with disabilities	Immigrants or refugees	African- American/ black	Hispanic/Latina (tie for 3)	Women with disabilities	Women with disabilities
4	Residents of rural or Appalachian areas	Women with disabilities	Women with disabilities	Women with disabilities (tie for 3)	Immigrants or refugees (tie for 4)	Hispanic/Latina (tie for 4)
5	Immigrants or refugees	Hispanic/Latina	Hispanic/Latina	Immigrants or refugees	Lesbian, gay, bi-sexual, transgender or queer (tie for 4) •	Residents of rural or Appalachian areas (tie for 4)

^{*}Ohio overall includes stakeholders that represent statewide organizations or did not identify with a region

Note: Gray shading indicates a top-five priority population across all regions. Yellow shading and • indicates top-five priority population is unique to a region. A region may not have five priority populations listed when fewer than five groups were identified by participants. **Source:** 2018 MCH/MIECHV online survey

Part 4. Discussion and conclusions

This report is one source of information that will be used to inform development of the MCH and MIECHV assessments, including selection of MCH priority needs, development of a five-year MCH state action plan and identification of Ohio's childhood home visiting service gaps and needs.

The key findings in this report synthesize information from three sources of stakeholder input:

- Small group discussions at regional forums
- Worksheets completed individually by participants at regional forums
- Online survey

This triangulation approach provides a comprehensive look at maternal and child health community issues. An MCH/MIECHV Steering Committee will be convened to provide further input on both assessments.

This section summarizes the findings from this report that will be most relevant for the MCH/MIECHV Steering Committee to consider when selecting priority needs and populations in the MCH and MIECHV assessments.

Overall maternal and child health strengths, challenges and health equity

There was a great deal of commonality across regions in the identification of the top-three maternal and child health strengths, challenges and health equity-related issues. However, the Central region was often an outlier when looking at top-three regional forum small group responses across regions. Commonalities and differences across regions and county types are summarized below.

Strengths

Strong collaboration and partnerships within a community was the most frequently cited maternal and child health strength for Ohio overall and across four of five regions in the state. It was not cited as a top-three strength in the Central region of the state. The availability of specific prevention and public health programs

and policies geared towards maternal and child health was also cited as a top-three strength across three of five regions and for Ohio overall. In addition, many participants cited specific programs such as home visiting, breastfeeding support and childbirth preparation as a strength.

This pattern carried when looking at urban/suburban and Appalachian/rural non-Appalachian county types. In addition, access to ample resources (many programs, services and organizations in general) and a community focus on maternal and child health were cited as top-three strengths for urban/suburban counties. WIC and home visiting programs were cited as top-three strengths for Appalachian/rural non-Appalachian counties.

Challenges

Transportation was the most frequently mentioned maternal and child health challenge for Ohio overall and across all five regions of the state. Funding and capacity limitations and lack of healthcare access were also frequently cited. All regions cited lack of healthcare access and poor care coordination in general or lack of access to specific services, such as behavioral health, prenatal care and specialty care, as a top-three challenge.

When analyzing by county type, lack of healthcare access was a top-three challenge for Appalachian/rural non-Appalachian counties but not for urban/suburban counties. Conversely, lack of awareness of available services was cited as a top-three challenge for urban/suburban counties and not for Appalachian/rural non-Appalachian counties.

Health equity

Poverty/income was identified as the top driver of gaps in health outcomes (health disparities) in the state for children and families. Top-three responses for Ohio and across regions pointed strongly to the social determinants of health as the drivers of health disparities, such as factors within a person's social, economic and physical environment including educational attainment, family stability and transportation.

When asked about the most important things that needed to happen to achieve health equity, the most common response for the state overall was coordination and collaboration (both among state and local-level partners). This was followed by improving educational attainment, employment opportunities and healthcare provider access.

Notably, responses varied substantially by region. Some regions (Northwest, Central, Southwest) focused more on factors within the social, economic and physical environment (such as parenting, educational attainment, social support system, housing). The other regions, particularly Northeast and Southeast, focused more on foundational factors such as providing equal opportunities to children and families, community and individual education, improving state agency performance and collaboration, and more effectively targeting resources.

Greatest needs

While there were many similarities in the top-ranked needs across the five MCH population domains related to health outcomes, social determinants of health, public health system, prevention and health behaviors and healthcare system and access, there were also needs identified that were unique to a population domain. Commonalities and differences across population domains for Ohio overall are highlighted in figures 4.1 to 4.4 and are summarized below.

Commonalities

- Health outcome needs: Mental health and suicide and drug dependency and abuse were identified as top-five health outcome needs across all population domains.
- Social determinant of health needs: Poverty was a top-two social determinant of health need across all five population domains. Adverse childhood experiences/trauma and housing were ranked in the top five social determinant of health needs across all population domains.
- Public health system, prevention and health behavior needs: Nutrition was identified as a top-five public health system, prevention and health behavior need across all population domains.
- Healthcare system and access needs: Access to healthcare and insurance coverage and healthcare affordability were identified as top-five healthcare system and access needs across all population domains.

Differences

- **Health outcome needs:** There were no health outcome needs that were unique to a population domain.
- Social determinant of health needs: Employment and income was identified as a top-five social determinant of health need for maternal and women's health, while education-related needs were ranked in the top-five for child health and adolescent/young adult health.

Figure 4.1. Top-five <u>health outcome</u> needs, by population domain

Rank	Perinatal/infant health	Child health	Children with special healthcare needs	Adolescent/young adult health	Maternal/women's health
1	Infant mortality and birth outcomes	Mental health and suicide	Mental health and suicide	Mental health and suicide	Infant mortality and birth outcomes
2	Drug dependency and abuse	Drug dependency and abuse	Child maltreatment	Drug dependency and abuse	Mental health and suicide
3	Mental health and suicide	Child maltreatment	Drug dependency and abuse	Violence	Drug dependency and abuse
4	Unintended pregnancy and teen birth	Healthy weight status/obesity	Infant mortality and birth outcomes	Healthy weight status/obesity	Unintended pregnancy and teen birth
5	Violence	Violence	Violence	Tobacco use	Tobacco use

Note: Gray shading indicates a top-five need across all population domains. **Source:** 2018 MCH/MIECHV online survey and regional forum participant worksheets

- Public health system, prevention and health behavior needs: Breastfeeding and safe sleep were ranked as top-five needs for perinatal/infant health. Physical activity was ranked as a top-five need for child health. Alcohol use was ranked as top-five need for adolescent/young adult health.
- Healthcare system and access needs: Access to dental care was identified as a top-five need for child health. Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities was ranked as a top-five need for CSHCN.

Figure 4.2. Top-five social determinant of health needs, by population domain

Rank	Perinatal/infant health	Child health	Children with special healthcare needs	Adolescent/ young adult health	Maternal/ women's health
1	Poverty	Poverty	Family and social support/family functioning	Poverty	Poverty
2	Housing	Family and social support/family functioning	Poverty	Adverse childhood experiences/ trauma	Housing
3	Transportation	Adverse childhood experiences/ trauma	Adverse childhood experiences/ trauma	Family and social support/family functioning	Transportation
4	Adverse childhood experiences/ trauma	Housing	Housing	Housing	Employment and income •
5	Family and social support/family functioning	Education/school readiness	Transportation	Education	Adverse childhood experiences/ trauma

Note: Gray shading indicates a top-five need across all population domains. Yellow shading and • indicates a unique top-five need for a population domain.

Figure 4.3. **Top-five <u>public health system, prevention and health behavior</u>, by population domain ▲**

Rank	Perinatal/infant health	Child health	Children with special healthcare needs	Adolescent/ young adult health	Maternal/ women's health
1	Breastfeeding •	Nutrition	Health literacy	Substance use/ abuse	Substance use/ abuse
2	Safe sleep* ●	Violence	Violence	Alcohol use •	Sexual and reproductive health
3	Violence	Substance use/ abuse	Substance use/ abuse	Tobacco use	Tobacco use
4	Nutrition	Physical activity •	Nutrition	Sexual and reproductive health	Nutrition
5	Parent/caregiver tobacco use	Health literacy	Tobacco use	Nutrition	Violence

[▲] Social-emotional health and resiliency was ranked 1 by online survey respondents for four of the five population domains: Maternal/women's health, child health, children with special healthcare needs and adolescent/young adult health. Additionally, child systems integration was ranked 2 by online survey respondents for the children with special healthcare needs domain. Social-emotional health and resiliency and child systems integration were not options on regional forum participant worksheets.

^{*}Ranked needs varied across population domains. Safe sleep was only ranked by stakeholders in the perinatal/infant health domain.

Note: Gray shading indicates a top-five need across all population domains. Yellow shading and • indicates a unique top-five need for a population domain.

Figure 4.4. Top-five <u>healthcare system and access</u> needs, by population domain ▲

Rank	Perinatal/infant health	Child health	Children with special healthcare needs	Adolescent/young adult health	Maternal/women's health
1	Access to health care	Access to health care	Insurance coverage and healthcare affordability	Access to mental health services	Access to health care
2	Home visiting and/or parenting education	Access to mental health services	Access to health care	Access to health care	Access to mental health services
3	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability	Access to mental health services	Access to substance use/ addiction treatment	Access to substance use/ addiction treatment
4	Care coordination	Access to dental care •	Care coordination	Insurance coverage and healthcare affordability	Insurance coverage and healthcare affordability
5	Access to social services	Access to substance use/addiction treatment	Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities •	Access to social services	Home visits and/ or parenting education

[▲] Family-centered care was ranked in the top five by online survey respondents for four of the five population domains: Perinatal/infant health (4), child health (4), children with special healthcare needs (5) and adolescent/young adult health (5). Family-centered care was not an option on regional forum participant worksheets.

Note: Gray shading indicates a top-five need across all population domains. Yellow shading and ● indicates a unique top-five need for a population domain.

Priority populations

The following population groups were most-frequently identified as having the worst health outcomes across all population domains for Ohio overall:

- Low income
- African-American/black
- Residents of rural or Appalachian areas
- People with disabilities

Notably, lesbian, gay, bi-sexual, transgender and queer (LGBTQ) adolescents and young adults were a top-five priority population for Ohio overall in the adolescent and young adult population domain. Figure 4.5 highlights additional commonalties and differences across population domains for Ohio overall.

Figure 4.5. Top-five priority populations across population domains for Ohio overall

Priority population*	Perinatal and infant health	Child health	Children with special healthcare needs	Adolescent and young adult health	Maternal and women's health
Low income	•	•	•	•	•
African-American/black	•	•	•	•	•
Residents of rural or Appalachian areas	•	•	•	•	•
People with disabilities	•	•	**	•	•
Immigrants or refugees					
Hispanic/Latino(a)					
Lesbian, gay, bi-sexual, transgender or queer (LGBTQ)				*	

^{*}Includes all top-five priority populations identified for Ohio overall for each of the five population domains

Note: Shading indicates a top-five priority population for the population domain. A • indicates a top-five priority population across all population domains. A★ indicates top-five priority population is unique to a population domain.

Source: 2018 MCH/MIECHV online survey

Next steps

The analysis in this report will be provided to the MCH/ MIECHV Steering Committee to inform identification of priority needs and populations in the MCH and MIECHV assessments, as well as opportunities to improve maternal and child health system performance. HPIO will work with ODH to develop the MCH and MIECHV assessments throughout 2019.

Notes

- 1. Central Ohio regional forum attendees were asked to select the top three biggest needs, rather than rank order. The methodology was changed for the other four forums, with attendees asked to rank the entire list.
- This number includes online survey respondents who provided feedback on one or more population domains, by completing one or more questions within the domain.
- 3. 2017 Ohio Infant Mortality Data: General Findings. Columbus, OH: Ohio Department of Health, Vital Statistics, 2018
- 4. The abrupt end of public assistance (e.g. child care subsidies, SNAP, Medicaid, etc.) participants experience when their earned income increases to levels above program eligibility.

^{**}Population domain is focused on children with disabilities

Appendix A. Process and methodology detail

Ashtabula Lake Fulton Williams Ottawa Geauga Wood Sandusky Erie Defiance Henry Portage Huron Seneca Paulding Medina Mahoning Putnam Hancock Van Wert Crawford Ashland Wyandot Wayne Columbiana Richland Hardin Carroll Marion Auglaize Holmes Mercer Morrow Jefferson Tuscarawas Knox Logan Shelby Union Coshocton Harrison Delaware Champaign Darke Licking Miami Guernsey Belmont Muskingum Clark Madison Monroe Preble Fairfield Perry Greene Pickaway Fayette Washington Hocking Warren Clinton Ross thens Clermont Pike Meigs Jackson Brown Scioto Gallia Adams County type Appalachian Urban Lawrence Suburban Rural, non-Appalachian

Figure A.1. Ohio counties, by regions and county types

Sources: Regions defined by the Association of Ohio Health Commissioners; county types defined by the Ohio Medicaid Assessment Survey

Figure A.2. MCH/MIECHV regional forum attendees, by sector

Sector	Total number of forum attendees*	Percent of total number of forum attendees*
Local health department	99	27.3%
Maternal and child health agency or advocate	67	18.5%
Hospital	50	13.8%
Other public health organization	46	12.7%
Advocacy group or community action agency	34	9.4%
Children or adolescents	32	8.8%
Other	31	8.5%
Community-based organization or social services (housing, faith- based, aging, community development)	29	8.0%
Health insurance plan, including Medicaid managed care plan	25	6.9%
Education and child care (early childhood, K-12, higher education, educational service centers, Head Start)	23	6.3%
Other healthcare provider	23	6.3%
People with disabilities	22	6.1%
Transition-age youth, young adults	20	5.5%
Trauma survivors	17	4.7%
Other organization addressing culturally-competent/specific services or health disparities	16	4.4%
Family and Children First Council	14	3.9%
Behavioral health (ADAMH board or provider)	12	3.3%
Community residents, grassroots organization, community organizer or healthcare consumer group	10	2.8%
Older adults	10	2.8%
Lesbian, gay, bisexual, transgender (LGBT community)	10	2.8%
Job and Family Services, job training or workforce development	5	1.4%
Commission on Minority Health regional office or other minority health organization	2	0.6%
Local government (county commissioners, city councils, mayors, etc.)	2	0.6%
Philanthropy/United Way	2	0.6%
Amish	1	0.3%
Business or employer (including Chambers of Commerce and banks)	1	0.3%
Immigrant/refugee/migrant worker organization	1	0.3%
Law enforcement/criminal justice	1	0.3%
Not applicable/Individual participant not representing a specific organization or sector	1	0.3%

^{*}Percentages will not equal 100 because respondents were able to select more than one sector.

Figure A.3. MCH/MIECHV regional forum attendees, by county type

County type	Number of forum attendees*	Percent of forum attendees*
Urban	169	46.6%
Appalachian	66	18.2%
Rural non-Appalachian	53	14.6%
Suburban	31	8.5%
Multiple counties	18	5.0%
Statewide	17	4.7%

^{*}Percentages will not equal 100 because respondents were able to select more than one county.

Figure A.4. MCH/MIECHV regional forum attendees, by county

County	Number of forum attendees*	Percent of forum attendees*
Adams	0	0.0%
Allen	7	1.9%
Ashland	0	0.0%
Ashtabula	5	1.4%
Athens	14	3.9%
Auglaize	0	0.0%
Belmont	0	0.0%
Brown	1	0.3%
Butler	9	2.5%
Carroll	2	0.6%
Champaign	1	0.3%
Clark	1	0.3%
Clermont	1	0.3%
Clinton	3	0.8%
Columbiana	3	0.8%
Coshocton	0	0.0%
Crawford	2	0.6%
Cuyahoga	13	3.6%
Darke	0	0.0%
Defiance	3	0.8%
Delaware	1	0.3%
Erie	7	1.9%
Fairfield	4	1.1%
Fayette	0	0.0%
Franklin	60	16.5%
Fulton	0	0.0%

Figure A.4. MCH/MIECHV regional forum attendees, by county (cont.)

County	Number of forum attendees*	Percent of forum attendees*
-		
Gallia	2	0.6%
Geauga	0	0.0%
Greene	6	1.7%
Guernsey	0	0.0%
Hamilton	12	3.3%
Hancock	10	2.8%
Hardin	1	0.3%
Harrison	0	0.0%
Henry	1	0.3%
Highland	0	0.0%
Hocking	1	0.3%
Holmes	1	0.3%
Huron	2	0.6%
Jackson	3	0.8%
Jefferson	3	0.8%
Knox	2	0.6%
Lake	4	1.1%
Lawrence	2	0.6%
Licking	1	0.3%
Logan	1	0.3%
Lorain	2	0.6%
Lucas	20	5.5%
Madison	1	0.3%
Mahoning	5	1.4%
Marion	0	0.0%
Medina	1	0.3%
Meigs	1	0.3%
Mercer	0	0.0%
Miami	2	0.6%
Monroe	0	0.0%
Montgomery	21	5.8%
Morgan	1	0.3%
Morrow	0	0.0%
Muskingum	4	1.1%
Noble	2	0.6%
Ottawa	1	0.3%
Paulding	1	0.3%

Figure A.4. MCH/MIECHV regional forum attendees, by county (cont.)

County	Number of forum attendees*	Percent of forum attendees*
Perry	0	0.0%
Pickaway	0	0.0%
Pike	2	0.6%
Portage	5	1.4%
Preble	2	0.6%
Putnam	1	0.3%
Richland	3	0.8%
Ross	3	0.8%
Sandusky	4	1.1%
Scioto	2	0.6%
Seneca	2	0.6%
Shelby	0	0.0%
Stark	11	3.0%
Summit	11	3.0%
Trumbull	3	0.8%
Tuscarawas	1	0.3%
Union	3	0.8%
Van Wert	1	0.3%
Vinton	0	0.0%
Warren	2	0.6%
Washington	4	1.1%
Wayne	3	0.8%
Williams	1	0.3%
Wood	2	0.6%
Wyandot	2	0.6%

^{*}Percentages will not equal 100 because respondents were able to select more than one county.

Figure A.5. MCH/MIECHV online survey respondents, by sector

Sector	Number of respondents*	Percent of respondents*
Local health department	104	26.0%
Other public health organization	21	5.3%
Behavioral health (ADAMH board or provider)	25	6.3%
Hospital or hospital association	61	15.3%
Other healthcare provider	22	5.5%
Health insurance plan, including Medicaid managed care plan	9	2.3%
Family and Children First Council	17	4.3%
Women, Infants and Children (WIC) program	30	7.5%
Home visiting program	37	9.3%
County Board of Developmental Disabilities or DD provider	11	2.8%
Other disability organization	6	1.5%
Child care or early childhood education organization (including Head Start)	18	4.5%
K-12 education (including educational service centers)	62	15.5%
Higher education	6	1.5%
Transition-age youth, young adults	9	2.3%
Advocacy group or community action agency	24	6.0%
Community-based or social services organization serving children and families (housing, faith-based, community development, emergency assistance, food banks, etc.)	15	3.8%
Local government (county commissioner, city council, mayor, etc.)	6	1.5%
Job and Family Services	5	1.3%
Business or employer (including Chambers of Commerce and banks)	3	0.8%
Philanthropy/ United Way	6	1.5%
Commission on Minority Health or regional office	2	0.5%
Lesbian, gay, bisexual, transgender (LGBT community)	4	1.0%
Immigrant/refugee organization working with children and families	3	0.8%
Other organization providing culturally-competent services, addressing health disparities and/or serving a vulnerable population	20	5.0%
Community resident, grassroots organization, community organizer or healthcare consumer group	12	3.0%
Law enforcement/criminal justice	2	0.5%
Transportation or regional planning	1	0.3%
Trauma survivors/ trauma-informed care	7	1.8%

^{*}Percentages will not equal 100 because respondents were able to select more than one sector.

Figure A.6. MCH/MIECHV online survey respondents, by county

County	Number of respondents*	Percent of respondents*
Adams	11	2.8%
Allen	7	1.8%
Ashland	8	2.0%
Ashtabula	6	1.5%
Athens	6	1.5%
Auglaize	2	0.5%
Belmont	6	1.5%
Brown	8	2.0%
Butler	34	8.5%
Carroll	11	2.8%
Champaign	3	0.8%
Clark	7	1.8%
Clermont	15	3.8%
Clinton	11	2.8%
Columbiana	10	2.5%
Coshocton	6	1.5%
Crawford	6	1.5%
Cuyahoga	26	6.5%
Darke	8	2.0%
Defiance	7	1.8%
Delaware	11	2.8%
Erie	4	1.0%
Fairfield	10	2.5%
Fayette	3	0.8%
Franklin	63	15.8%
Fulton	10	2.5%
Gallia	5	1.3%
Geauga	6	1.5%
Greene	11	2.8%
Guernsey	6	1.5%
Hamilton	29	7.3%
Hancock	4	1.0%
Hardin	7	1.8%
Harrison	4	1.0%
Henry	8	2.0%
Highland	2	0.5%

Figure A.6. MCH/MIECHV online survey respondents, by county (cont.)

County	Number of respondents*	Percent of respondents*
Hocking	3	0.8%
Holmes	6	1.5%
Huron	7	1.8%
Jackson	7	1.8%
Jefferson	5	1.3%
Knox	4	1.0%
Lake	9	2.3%
Lawrence	7	1.8%
Licking	4	1.0%
Logan	6	1.5%
Lorain	12	3.0%
Lucas	11	2.8%
Madison	6	1.5%
Mahoning	15	3.8%
Marion	7	1.8%
Medina	8	2.0%
Meigs	4	1.0%
Mercer	4	1.0%
Miami	13	3.3%
Monroe	6	1.5%
Montgomery	20	5.0%
Morgan	7	1.8%
Morrow	6	1.5%
Muskingum	10	2.5%
Noble	6	1.5%
Ottawa	5	1.3%
Paulding	4	1.0%
Perry	5	1.3%
Pickaway	6	1.5%
Pike	4	1.0%
Portage	12	3.0%
Preble	7	1.8%
Putnam	3	0.8%
Richland	8	2.0%
Ross	8	2.0%
Sandusky	9	2.3%

Figure A.6. MCH/MIECHV online survey respondents, by county (cont.)

County	Number of respondents*	Percent of respondents*
Scioto	3	0.8%
Seneca	6	1.5%
Shelby	5	1.3%
Stark	10	2.5%
Summit	21	5.3%
Trumbull	10	2.5%
Tuscarawas	8	2.0%
Union	5	1.3%
Van Wert	3	0.8%
Vinton	6	1.5%
Warren	19	4.8%
Washington	5	1.3%
Wayne	6	1.5%
Williams	8	2.0%
Wood	9	2.3%
Wyandot	7	1.8%
Statewide organization	46	11.5%

^{*}Percentages will not equal 100 because respondents were able to select more than one county.

Appendix B. MCH/MIECHV regional forum worksheets and online survey

Appendix B. MCH/MIECHV regional forum worksheets and online survey

Participant worksheet – Perinatal/infant health

Please turn in this worksheet to your table facilitator before you leave today. Thank you!

Other (specify):

Magnitude of the problem

Severity of the problem

Using the selection criteria below, please select the **three** health outcomes that you think are the biggest needs in your county (counties).

Number or percent of Ohio children and/or families affected Risk of morbidity and mortality associated with the problem

coverny or me presion	there exists and a state of the exist of the
Magnitude of disparities/inequities and impact on vulnerable populations	 Size of gap in outcomes between groups (e.g. by race/ethnicity, income, educational attainment, disability status, etc.) Overall impact on families living in poverty, people with disabilities or other vulnerable populations
☐ Unintended pregnancy and teen preg	gnancy
	cluding preterm birth, low birthweight, birth defects, Neonatal Abstinence fe sleep, sudden unexplained infant death, etc.)
	depression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stres nal well-being, coping skills, other mental health conditions)
☐ Tobacco use	
Other drug dependency and abuse (in prescription drugs, opioids, heroin, etc.)	ncluding addiction, abuse, use or dependence on alcohol, marijuana, .)
☐ Healthy weight status/obesity	
Oral health (including tooth decay/ca	vities, extractions)
☐ Vaccinations (including childhood, flu,	, HPV, Tdap, meningitis)
Child maltreatment (including child abviolence, etc.)	buse, child neglect, shaken baby syndrome, child trafficking and sexual
, ,,	tional violence, such as relationship or intimate partner violence, domestic violence, family violence, bullying, self-harm, general crime, etc.)
☐ Motor vehicle safety	
☐ Hearing and other sensory or commun	ication disorders
Gaps in outcomes between groups ac	cross these or other outcomes

Using the selection criteria on page 1, please select the **three** issues from each column that you think are the biggest needs in your county (counties).

Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
Housing Transportation Air, water and toxic substances (including lead, secondhand smoke, etc.) Food environment (access to healthy food) Early childhood education Poverty Family and social support Adverse childhood experiences (ACEs)/Trauma Racism and discrimination Gaps in outcomes between groups across the above social determinants of health Other (specify):	□ Breastfeeding □ Nutrition □ Safe sleep □ Motor vehicle safety □ Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violence, general crime) □ Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention □ Other (specify):	Access to health care/medical care (including newborn screenings, early infant care, developmental screenings, etc.) Insurance coverage and health care affordability Home visiting and/or parenting education Access to social services Care coordination (e.g. medical home) Breastfeeding support Services for children with autism spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers Gaps in outcomes between groups across healthcare system and access Other (specify):

Participant worksheet – Perinatal/infant health

Please turn in this worksheet to your table facilitator before you leave today. Thank you!

Other (specify): _____

Magnitude of the problem

Severity of the problem

Using the selection criteria below, please rank order the <u>health outcomes</u> based on what you think are the biggest needs in your county (counties) related to perinatal/infant health. (1=biggest need)

Number or percent of Ohio children and/or families affected

Risk of morbidity and mortality associated with the problem

Magnitude of disparities/inequities and impact on vulnerable populations • Size of gap in outcomes between groups (e.g. by race/ethnicity, income, educational attainment, disability status, etc.)		
impact on vulnerable populations educational attainment, disability status, etc.)		
Overall impact on families living in poverty, people with disabilities or other		
vulnerable populations		
Unintended pregnancy and teen pregnancy		
Maternal mortality		
Infant mortality and birth outcomes (including preterm birth, low birthweight, birth defects, Neonatal Abstinence		
Syndrome, Fetal Alcohol Syndrome, safe sleep, sudden unexplained infant death, etc.)		
Mental health and suicide (including depression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stress disorder, schizophrenia, stress, emotional well-being, coping skills, other mental health conditions)		
☐ Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.)		
Other drug dependency and abuse (including addiction, abuse, use or dependence on alcohol, marijuana,		
prescription drugs, opioids, heroin, etc.)		
☐ Healthy weight status/obesity		
Oral health (including tooth decay/cavities, extractions)		
☐ Vaccinations (including childhood, flu, HPV, Tdap, meningitis)		
Child maltreatment (including child abuse, child neglect, shaken baby syndrome, child trafficking and sexual		
violence, etc.)		
☐ Violence (including physical and emotional violence, such as relationship or intimate partner violence, domestic		
violence, teen dating violence, street violence, family violence, bullying, self-harm, general crime, etc.)		
☐ Motor vehicle safety		
Hearing and other sensory or communication disorders		
Gaps in outcomes between groups across these or other outcomes		

Using the selection criteria on page 1, please rank order the issues in <u>each column</u> based on what you think are the biggest needs in your county (counties) related to perinatal/infant health. (1=biggest need)

Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
Housing Transportation Air, water and toxic substances (including lead, secondhand smoke, etc.) Food environment (access to healthy food) Early childhood education Poverty Family and social support Adverse childhood experiences (ACEs)/Trauma Racism and discrimination Gaps in outcomes between groups across the above social determinants of health Other (specify):	 □ Breastfeeding □ Nutrition □ Parental/caregiver tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.) □ Safe sleep □ Motor vehicle safety □ Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violence, general crime) □ Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention □ Other (specify): 	Access to health care/medical care (including newborn screenings, early infant care, developmental screenings, etc.) Insurance coverage and health care affordability Home visiting and/or parenting education Access to social services Care coordination (e.g. medical home) Breastfeeding support Services for children with autism spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers Gaps in outcomes between groups across healthcare system and access Other (specify):

Participant worksheet - Child health

Please turn in this worksheet to your table facilitator before you leave today. Thank you!

Other (specify):

Magnitude of the problem

Severity of the problem

Using the selection criteria below, please select the **three** health outcomes that you think are the biggest needs in your county (counties).

Number or percent of Ohio children and/or families affected Risk of morbidity and mortality associated with the problem

Magnitude of disparities/inequities and impact on vulnerable populations	 Size of gap in outcomes between groups (e.g. by race/ethnicity, income, educational attainment, disability status, etc.) Overall impact on families living in poverty, people with disabilities, or other vulnerable populations
Unintended pregnancy and teen pregn	ancv
Maternal mortality	
	luding preterm birth, low birthweight, birth defects, Neonatal Abstinence sleep, sudden unexplained infant death, etc.)
	pression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stres Il well-being, coping skills, other mental health conditions)
☐ Tobacco use	
Other drug dependency and abuse (incorprescription drugs, opioids, heroin, etc.)	cluding addiction, abuse, use or dependence on alcohol, marijuana,
☐ Healthy weight status/obesity	
Oral health (including tooth decay/cavi	ties, extractions)
Vaccinations (including childhood, flu, F	IPV, Tdap, meningitis)
Child maltreatment (including child abu violence, etc.)	se, child neglect, shaken baby syndrome, child trafficking and sexual
, , ,	onal violence, such as relationship or intimate partner violence, domestic olence, family violence, bullying, self-harm, general crime, etc.)
Motor vehicle safety	Sierice, farming violetice, bollying, self-harm, general chine, etc.,
Hearing and other sensory or communic	ration disorders
Gaps in outcomes between groups acro	

Using the selection criteria on page 1, please select the **three** issues from each column that you think are the biggest needs in your county (counties).

Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
Housing Transportation Air, water and toxic substances (including lead, secondhand smoke, etc.) Food environment (access to healthy food) Active living environment (e.g. bike paths, sidewalks, etc.) Education/school readiness (including early childhood education) Poverty Family and social support Adverse childhood experiences (ACEs)/Trauma Racism and discrimination Gaps in outcomes between groups across the above social determinants of health Other (specify):	☐ Tobacco use ☐ Alcohol use ☐ Other substance use/abuse ☐ Physical activity ☐ Nutrition ☐ Health literacy ☐ Motor vehicle safety ☐ Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violence, bullying, general crime) ☐ Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention ☐ Sleep health ☐ Other (specify): ☐ Other (specify):	Access to health care/medical care (including well visits, developmental screenings, etc.) Insurance coverage and health care affordability Access to mental health services Access to substance use/addiction treatment Access to dental care Access to vision care Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers Gaps in outcomes between groups across healthcare system and access Other (specify):

Participant worksheet – Child health

Please turn in this worksheet to your table facilitator before you leave today. Thank you!

Other (specify): _____

Magnitude of the problem

Using the selection criteria below, please rank order the <u>health outcomes</u> based on what you think are the biggest needs in your county (counties) related to child health. (1=biggest need)

Number or percent of Ohio children and/or families affected

Thomber of percent of Othe Children and of farmines affected		
Severity of the problem Risk of morbidity and mortality associated with the problem		
 Size of gap in outcomes between groups (e.g. by race/ethnicit educational attainment, disability status, etc.) Overall impact on families living in poverty, people with disability vulnerable populations 		
☐ Unintended pregnancy and teen pregna	ancy	
	uding preterm birth, low birthweight, birth defects, Neonatal Abstinence sleep, sudden unexplained infant death, etc.)	
, , ,	pression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic strest well-being, coping skills, other mental health conditions)	
☐ Tobacco use (including all tobacco prod	ducts and e-cigarettes/vaping/Juul, etc.)	
Other drug dependency and abuse (inc prescription drugs, opioids, heroin, etc.)	luding addiction, abuse, use or dependence on alcohol, marijuana,	
Healthy weight status/obesity		
Oral health (including tooth decay/cavit	iles, extractions)	
☐ Vaccinations (including childhood, flu, H	·	
	se, child neglect, shaken baby syndrome, child trafficking and sexual	
	nal violence, such as relationship or intimate partner violence, domestic blence, family violence, bullying, self-harm, general crime, etc.)	
☐ Motor vehicle safety		
Hearing and other sensory or communication disorders		
Gaps in outcomes between groups across these or other outcomes		

Using the selection criteria on page 1, please rank order the issues in <u>each column</u> based on what you think are the biggest needs in your county (counties) related to child health. (1=biggest need)

Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
Housing Transportation Air, water and toxic substances (including lead, secondhand smoke, etc.) Food environment (access to healthy food) Active living environment (e.g. bike paths, sidewalks, etc.) Education/school readiness (including early childhood education) Poverty Family and social support Adverse childhood experiences (ACEs)/Trauma Racism and discrimination Gaps in outcomes between groups across the above social determinants of health Other (specify):	 □ Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.) □ Alcohol use □ Other substance use/abuse □ Physical activity □ Nutrition □ Health literacy □ Motor vehicle safety □ Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violence, bullying, general crime) □ Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention □ Sleep health □ Other (specify): 	Access to health care/medical care (including well visits, developmental screenings, etc.) Insurance coverage and health care affordability Access to mental health services Access to substance use/addiction treatment Access to dental care Access to vision care Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers Gaps in outcomes between groups across healthcare system and access Other (specify):

Participant worksheet – Children with special health care needs

Please turn in this worksheet to your table facilitator before you leave today. Thank you!

Magnitude of the problem

Severity of the problem

Using the selection criteria below, please select the **three** health outcomes that you think are the biggest needs in your county (counties).

Number or percent of Ohio children and/or families affected

Risk of morbidity and mortality associated with the problem

coverny or me problem	The state of the s
Magnitude of disparities/inequities and impact on vulnerable populations	 Size of gap in outcomes between groups (e.g. by race/ethnicity, income, educational attainment, disability status, etc.) Overall impact on families living in poverty, people with disabilities, or other vulnerable populations
☐ Unintended pregnancy and teen pregna	ancy
Infant mortality and birth outcomes (inclined Fetal Alcohol Syndrome, safe sleep, sudd	uding preterm birth, low birthweight, birth defects, Neonatal Abstinence Syndrome den unexplained infant death, etc.)
, , , , , , , , , , , , , , , , , , , ,	oression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stress well-being, coping skills, other mental health conditions)
☐ Tobacco use	
Other drug dependency and abuse (inc drugs, opioids, heroin, etc.)	luding addiction, abuse, use or dependence on alcohol, marijuana, prescription
☐ Healthy weight status/obesity	
Oral health (including tooth decay/cavi	iies, extractions)
☐ Vaccinations (including childhood, flu, H	PV, Tdap, meningitis)
Child maltreatment (including child abuse etc.)	se, child neglect, shaken baby syndrome, child trafficking and sexual violence,
• • • • • •	nal violence, such as relationship or intimate partner violence, domestic violence, mily violence, bullying, self-harm, general crime, etc.)
☐ Motor vehicle safety	
☐ Hearing and other sensory or communic	ation disorders
Gaps in outcomes between groups acro	
Other (specify):	

Using the selection criteria on page 1, please select the **three** issues from each column that you think are the biggest needs in your county (counties).

Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
Housing Transportation Air, water and toxic substances (including lead, secondhand smoke, etc.) Food environment (access to healthy food) Active living environment (e.g. bike paths, sidewalks, etc.) Education/school readiness (including early childhood education) Poverty Family and social support Adverse childhood experiences (ACEs)/Trauma Racism and discrimination Gaps in outcomes between groups across the above social determinants of health Other (specify):	☐ Tobacco use ☐ Alcohol use ☐ Other substance use/abuse ☐ Physical activity ☐ Nutrition ☐ Health literacy ☐ Motor vehicle safety ☐ Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violence, bullying, general crime) ☐ Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention ☐ Sleep health ☐ Other (specify): ☐ Other (specify):	Access to health care/medical care (including well visits, screenings, etc.) Insurance coverage and health care affordability Access to mental health services Access to substance use/addiction treatment Access to vision care Access to vision care Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers Gaps in outcomes between groups across healthcare system and access Other (specify):

Participant worksheet – Children with special health care needs

Please turn in this worksheet to your table facilitator before you leave today. Thank you!

Magnitude of the problem

etc.)

☐ Motor vehicle safety

☐ Hearing and other sensory or communication disorders

Gaps in outcomes between groups across these or other outcomes Other (specify):

Using the selection criteria below, please rank order the <u>health outcomes</u> based on what you think are the biggest needs in your county (counties) related to children with special health care needs. (1=biggest need)

Number or percent of Ohio children and/or families affected

Severity of the problem	Risk of morbidity and mortality associated with the problem		
Magnitude of disparities/inequities and impact on vulnerable populations	 Size of gap in outcomes between groups (e.g. by race/ethnicity, income, educational attainment, disability status, etc.) Overall impact on families living in poverty, people with disabilities, or other vulnerable populations 		
☐ Unintended pregnancy and teen preg	nancy		
Maternal mortality			
Infant mortality and birth outcomes (including preterm birth, low birthweight, birth defects, Neonatal Abstinence Syndrome, Fetal Alcohol Syndrome, safe sleep, sudden unexplained infant death, etc.)			
Mental health and suicide (including depression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stress disorder, schizophrenia, stress, emotional well-being, coping skills, other mental health conditions)			
Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.)			
	, , ,		
	ncluding addiction, abuse, use or dependence on alcohol, marijuana, prescription		
drugs, opioids, heroin, etc.)			
☐ Healthy weight status/obesity			
Oral health (including tooth decay/ca	vities, extractions)		
☐ Vaccinations (including childhood, flu,	HPV, Tdap, meningitis)		

Child maltreatment (including child abuse, child neglect, shaken baby syndrome, child trafficking and sexual violence,

☐ Violence (including physical and emotional violence, such as relationship or intimate partner violence, domestic violence,

teen dating violence, street violence, family violence, bullying, self-harm, general crime, etc.)

Using the selection criteria on page 1, please rank order the issues in <u>each column</u> based on what you think are the biggest needs in your county (counties) related to children with special health care needs. (1=biggest need)

Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
Housing Transportation Air, water and toxic substances (including lead, secondhand smoke, etc.) Food environment (access to healthy food) Active living environment (e.g. bike paths, sidewalks, etc.) Education/school readiness (including early childhood education) Poverty Family and social support Adverse childhood experiences (ACEs)/Trauma Racism and discrimination Gaps in outcomes between groups across the above social determinants of health Other (specify):	□ Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.) □ Alcohol use □ Other substance use/abuse □ Physical activity □ Nutrition □ Health literacy □ Motor vehicle safety □ Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violence, bullying, general crime) □ Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention □ Sleep health □ Other (specify):	Access to health care/medical care (including well visits, screenings, etc.) Insurance coverage and health care affordability Access to mental health services Access to substance use/addiction treatment Access to dental care Access to vision care Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers Gaps in outcomes between groups across healthcare system and access Other (specify):

Participant worksheet – Adolescent/young adult health

Number or percent of Ohio children and/or families affected

Please turn in this worksheet to your table facilitator before you leave today. Thank you!

Magnitude of the problem

Using the selection criteria below, please select the **three** health outcomes that you think are the biggest needs in your county (counties).

maginious of the problem	Trember of percent of entire entire and, of farmines affected	
Severity of the problem Risk of morbidity and mortality associated with the problem		
Magnitude of disparities/inequities and impact on vulnerable populations	 Size of gap in outcomes between groups (e.g. by race/ethnicity, income, educational attainment, disability status, etc.) Overall impact on families living in poverty, people with disabilities, or other vulnerable populations 	
	Voirierable populations	
☐ Unintended pregnancy and teen preg	gnancy	
☐ Maternal mortality		
	icluding preterm birth, low birthweight, birth defects, Neonatal Abstinence Ife sleep, sudden unexplained infant death, etc.)	
•	depression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stre nal well-being, coping skills, other mental health conditions)	
☐ Tobacco use		
$\hfill \square$ Other drug dependency and abuse (i	ncluding addiction, abuse, use or dependence on alcohol, marijuana,	
prescription drugs, opioids, heroin, etc	.)	
Healthy weight status/obesity		
Oral health (including tooth decay/co	vities, extractions)	
\square Vaccinations (including childhood, flu	, HPV, Tdap, meningitis)	
Child maltreatment (including child al violence, etc.)	ouse, child neglect, shaken baby syndrome, child trafficking and sexual	
☐ Violence (including physical and emo	tional violence, such as relationship or intimate partner violence, domestic	
violence, teen dating violence, street	violence, family violence, bullying, self-harm, general crime, etc.)	
Motor vehicle safety		
\square Hearing and other sensory or commur	iication disorders	
Gaps in outcomes between groups as	cross these or other outcomes	
Other (specify):		

Using the selection criteria on page 1, please select the **three** issues from each column that you think are the biggest needs in your county (counties).

Social determinants of health	Public health system, prevention and	Healthcare system and access
	health behaviors	
Housing Transportation Air, water and toxic substances (including lead, secondhand smoke, etc.) Food environment (access to healthy food) Active living environment (e.g. bike paths, sidewalks, etc.) Education	Public health system, prevention and health behaviors Tobacco use Alcohol use Other substance use/abuse Physical activity Nutrition Health literacy Motor vehicle safety Violence (including child maltreatment, teen dating violence,	Access to health care/medical care (including adolescent well visits) Insurance coverage and health care affordability Access to mental health services Access to substance use/addiction treatment Access to dental care Access to vision care
Poverty Family and social support Adverse childhood experiences (ACEs)/Trauma Community involvement Racism and discrimination Gaps in outcomes between groups across the above social determinants of health Other (specify):	street violence, sexual or family violence, bullying, general crime) Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention Sleep health Other (specify):	Care coordination (e.g. medical home) Services for children with autism spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers Gaps in outcomes between groups across healthcare system and access Other (specify):

Participant worksheet - Adolescent/young adult health

Please turn in this worksheet to your table facilitator before you leave today. Thank you!

Other (specify):

Magnitude of the problem

Severity of the problem

Using the selection criteria below, please rank order the <u>health outcomes</u> based on what you think are the biggest needs in your county (counties) related to adolescent/young adult health. (1=biggest need)

Number or percent of Ohio children and/or families affected

Pisk of morbidity and mortality associated with the problem

Severity of the problem	Risk of morbidity and mortality associated with the problem
Magnitude of disparities/inequities and impact on vulnerable populations	Size of gap in outcomes between groups (e.g. by race/ethnicity, income, educational attainment, disability status, etc.)
impact on voinciable populations	 Overall impact on families living in poverty, people with disabilities, or other vulnerable populations
Unintended pregnancy and teen pregna	ancy
	uding preterm birth, low birthweight, birth defects, Neonatal Abstinence sleep, sudden unexplained infant death, etc.)
	pression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stress well-being, coping skills, other mental health conditions)
☐ Tobacco use (including all tobacco prod	lucts and e-cigarettes/vaping/Juul, etc.)
·	luding addiction, abuse, use or dependence on alcohol, marijuana,
Healthy weight status/obesity	
Oral health (including tooth decay/cavit	·
☐ Vaccinations (including childhood, flu, H	PV, Tdap, meningitis)
Child maltreatment (including child abus violence, etc.)	e, child neglect, shaken baby syndrome, child trafficking and sexual
☐ Violence (including physical and emotion	nal violence, such as relationship or intimate partner violence, domestic
violence, teen dating violence, street vio	lence, family violence, bullying, self-harm, general crime, etc.)
☐ Motor vehicle safety	
☐ Hearing and other sensory or communication	ation disorders
Gaps in outcomes between groups acro	

Using the selection criteria on page 1, please rank order the issues in <u>each column</u> based on what you think are the biggest needs in your county (counties) related to adolescent/young adult health. (1=biggest need)

Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
Housing Transportation Air, water and toxic substances (including lead, secondhand smoke, etc.) Food environment (access to healthy food) Active living environment (e.g. bike paths, sidewalks, etc.) Education Poverty Family and social support Adverse childhood experiences (ACEs)/Trauma Community involvement Racism and discrimination Gaps in outcomes between groups across the above social determinants of health Other (specify):	 □ Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.) □ Alcohol use □ Other substance use/abuse □ Physical activity □ Nutrition □ Health literacy □ Motor vehicle safety □ Violence (including child maltreatment, teen dating violence, street violence, sexual or family violence, bullying, general crime) □ Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention □ Sleep health □ Sexual and reproductive health □ Other (specify): 	Access to health care/medical care (including adolescent well visits) Insurance coverage and health care affordability Access to mental health services Access to substance use/addiction treatment Access to dental care Access to vision care Access to social services Care coordination (e.g. medical home) Services for children with autism spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers Gaps in outcomes between groups across healthcare system and access Other (specify):

Participant worksheet – Maternal/women's health

Please turn in this worksheet to your table facilitator before you leave today. Thank you!

Other (specify):

Magnitude of the problem

Severity of the problem

Using the selection criteria below, please select the **three** health outcomes that you think are the biggest needs in your county (counties).

Number or percent of Ohio children and/or families affected

Risk of morbidity and mortality associated with the problem

severily of the problem	Risk of morbidity and mortality associated with the problem
Magnitude of disparities/inequities and impact on vulnerable populations	 Size of gap in outcomes between groups (e.g. by race/ethnicity, income, educational attainment, disability status, etc.) Overall impact on families living in poverty, people with disabilities, or other vulnerable populations
Unintended pregnancy and teen pregn	nancy
☐ Maternal mortality	huding protorne birth low birth weight birth defects Negorital Abetinoppe
	luding preterm birth, low birthweight, birth defects, Neonatal Abstinence e sleep, sudden unexplained infant death, etc.)
☐ Mental health and suicide (including de	epression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stress all well-being, coping skills, other mental health conditions)
☐ Tobacco use	
Other drug dependency and abuse (incorprescription drugs, opioids, heroin, etc.)	cluding addiction, abuse, use or dependence on alcohol, marijuana,
Healthy weight status/obesity	
Oral health (including tooth decay/cav	ities, extractions)
Vaccinations (including childhood, flu, H	HPV, Tdap, meningitis)
Child maltreatment (including child abuviolence, etc.)	use, child neglect, shaken baby syndrome, child trafficking and sexual
	onal violence, such as relationship or intimate partner violence, domestic olence, family violence, bullying, self-harm, general crime, etc.)
☐ Motor vehicle safety	
Hearing and other sensory or communic	cation disorders
Gaps in outcomes between groups acre	oss these or other outcomes

Using the selection criteria on page 1, please select the **three** issues from each column that you think are the biggest needs in your county (counties).

Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
Housing Transportation Air, water and toxic substances (including secondhand smoke) Food environment (access to healthy food) Active living environment (e.g. bike paths, sidewalks, etc.) Education Poverty Employment and income Family and social support Adverse childhood experiences (ACEs)/Trauma Racism and discrimination Gaps in outcomes between groups across the above social determinants of health Other (specify):	☐ Breastfeeding ☐ Tobacco use ☐ Alcohol use ☐ Other substance use/abuse ☐ Physical activity ☐ Nutrition ☐ Health literacy ☐ Motor vehicle safety ☐ Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violence, general crime) ☐ Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention ☐ Sexual and reproductive health ☐ Other (specify):	Access to health care/medical care (including preconception and prenatal care) Reducing early elective deliveries Insurance coverage and health care affordability Access to mental health services Access to substance use/addiction treatment Access to dental care Access to social services Care coordination (e.g. medical home) Breastfeeding support Home visiting and/or parenting education Culturally-competent providers Gaps in outcomes between groups across healthcare system and access Other (specify):

Participant worksheet – Maternal/women's health

Please turn in this worksheet to your table facilitator before you leave today. Thank you!

Magnitude of the problem

Using the selection criteria below, please rank order the <u>health outcomes</u> based on what you think are the biggest needs in your county (counties) related to maternal/women's health. (1=biggest need)

Number or percent of Ohio children and/or families affected

Maginioae of the problem	Northber of percent of office children analysis fartilles affected	
Severity of the problem Risk of morbidity and mortality associated with the problem		
 Magnitude of disparities/inequities and impact on vulnerable populations Size of gap in outcomes between groups (e.g. by race/ethnicity, in educational attainment, disability status, etc.) Overall impact on families living in poverty, people with disabilities vulnerable populations 		
Unintended pregnancy and teen pregn	ancy	
Maternal mortality		
Infant mortality and birth outcomes (incl	uding preterm birth, low birthweight, birth defects, Neonatal Abstinence sleep, sudden unexplained infant death, etc.)	
	pression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stres I well-being, coping skills, other mental health conditions)	
☐ Tobacco use (including all tobacco pro	ducts and e-cigarettes/vaping/Juul, etc.)	
Other drug dependency and abuse (inc prescription drugs, opioids, heroin, etc.)	cluding addiction, abuse, use or dependence on alcohol, marijuana,	
Healthy weight status/obesity		
Oral health (including tooth decay/cavi	ties, extractions)	
Vaccinations (including childhood, flu, F	·	
·	se, child neglect, shaken baby syndrome, child trafficking and sexual	
,	onal violence, such as relationship or intimate partner violence, domestic blence, family violence, bullying, self-harm, general crime, etc.)	
☐ Motor vehicle safety		
☐ Hearing and other sensory or communic	ation disorders	
Gaps in outcomes between groups acro		
Other (specify):		

Using the selection criteria on page 1, please rank order the issues in <u>each column</u> based on what you think are the biggest needs in your county (counties) related to maternal/women's health. (1=biggest need)

Social determinants of health	Public health system, prevention and health behaviors	Healthcare system and access
Housing Transportation Air, water and toxic substances (including secondhand smoke) Food environment (access to healthy food) Active living environment (e.g. bike paths, sidewalks, etc.) Education Poverty Employment and income Family and social support Adverse childhood experiences (ACEs)/Trauma Racism and discrimination Gaps in outcomes between groups across the above social determinants of health Other (specify):	 □ Tobacco use (including all tobacco products and e-cigarettes/vaping/ Juul, etc.) □ Alcohol use □ Other substance use/abuse □ Physical activity □ Nutrition □ Health literacy □ Motor vehicle safety □ Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violence, general crime) □ Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention □ Sexual and reproductive health □ Other (specify): 	Access to health care/medical care (including preconception and prenatal care) Reducing early elective deliveries Insurance coverage and health care affordability Access to mental health services Access to substance use/addiction treatment Access to dental care Access to social services Care coordination (e.g. medical home) Breastfeeding support Home visiting and/or parenting education Culturally-competent providers Gaps in outcomes between groups across healthcare system and access Other (specify):

The Health Policy Institute of Ohio (HPIO) has been commissioned by the Ohio Department of Health to gather stakeholder input for the Maternal and Child Health (MCH) and Maternal, Infant and Early Childhood Home Visiting (MIECHV) five-year assessments.

As part of this project, HPIO facilitated a series of <u>five regional forums in October 2018</u>. These forums included afternoon MCH/MIECHV sessions where participants completed prioritization worksheets for one of five population groups (maternal/women, perinatal/infants, children, children with special health care needs, adolescents/young adults). Stakeholders who completed a worksheet at a regional forum are welcome to complete this survey for population groups other than the one for which they completed their worksheet at the regional forum.

1. Which best describes your organization? (Choose	all that apply)
Local health department	Advocacy group or community action agency
Other public health organization	Community-based or social services organization serving
Behavioral health (ADAMH board or provider)	children and families (housing, faith-based, community development, emergency assistance, food banks, etc.)
Hospital or hospital association	Local government (county commissioner, city council, mayor etc.)
Other healthcare provider	Job and Family Services
Health insurance plan, including Medicaid managed care plan	an
Family and Children First Council	Business or employer (including Chambers of Commerce arbanks)
Women, Infants and Children (WIC) program	Philanthropy/ United Way
Home visiting program	Commission on Minority Health or regional office
County Board of Developmental Disabilities or DD provider	Lesbian, gay, bisexual, transgender (LGBT community)
Other disability organization	Immigrant/refugee organization working with children and families
Child care or early childhood education organization	Other organization providing culturally-competent services,
(including Head Start) K-12 education (including educational service centers)	addressing health disparities and/or serving a vulnerable population
Higher education	Community resident, grassroots organization, community organizer or healthcare consumer group
Transition-age youth, young adults	
	Law enforcement/criminal justice
	Transportation or regional planning
	Trauma survivors/ trauma-informed care
Other (please specify)	
2. Did you attend the MCH/MIECHV session at an HI	PIO/ODH regional forum this year? If yes, please
ndicate which one. (Please note - this refers to the a	
Central (Columbus) - Oct. 3	Northwest (Findlay) - Oct. 30
Southeast (Athens) - Oct. 10	Northeast (Akron) - Oct. 31
Southwest (Dayton) - Oct. 12	Did not attend a MCH/MIECHV regional forum
3. Which county(ies) does your organization represer	nt? (Choose all that apply)
Adams	Logan
Allen	Lorain
Ashland	Lucas

Ashtabula	Madison
Athens	Mahoning
Auglaize	Marion
Belmont	Medina
Brown	Meigs
Butler	Mercer
Carroll	Miami
Champaign	Monroe
Clark	Montgomery
Clermont	Morgan
Clinton	Morrow
Columbiana	Muskingum
Coshocton	Noble
Crawford	Ottawa
Cuyahoga	Paulding
Darke	Perry
Defiance	Pickaway
Delaware	Pike
Erie	Portage
Fairfield	Preble
Fayette	Putnam
Franklin	Richland
Fulton	Ross
Gallia	Sandusky
Geauga	Scioto
Greene	Seneca
Guernsey	Shelby
Hamilton	Stark
Hancock	Summit
Hardin	Trumbull
Harrison	Tuscarawas

Henry	Union
Highland	Van Wert
Hocking	Vinton
Holmes	Warren
Huron	Washington
Jackson	Wayne
Jefferson	Williams
Knox	Wood
Lake	Wyandot
Lawrence	Statewide organization
Licking	
Maternal/women's health	Children with special health care needs
Maternal/women's health Perinatal/infant health	Children with special health care needs Adolescent/young adult health
Perinatal/infant health	

Maternal/women's health
 For the questions on this page, consider the criteria below: Magnitude of the problem- Number or percent of Ohio children and/or families affected Severity of the problem- Risk of morbidity and mortality associated with the problem Magnitude of disparities/inequities and impact on vulnerable populations

Unintended pregnancy and teen pregnancy
Maternal mortality
Infant mortality and birth outcomes (including preterm birth, low birthweight, birth defects, Neonatal Ab Syndrome, Fetal Alcohol Syndrome, safe sleep, sudden unexplained infant death, etc.)
Mental health and suicide (including depression, anxiety, attention-deficit/hyperactivity disorder, post-tr stress disorder, schizophrenia, stress, emotional well-being, coping skills, other mental health condition
Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.)
Other drug dependency and abuse (including addiction, abuse, use or dependence on alcohol, marijua prescription drugs, opioids, heroin, etc.)
Healthy weight status/obesity
Oral health (including tooth decay/cavities, extractions)
Vaccinations (including childhood, flu, HPV, Tdap, meningitis)
Child maltreatment (including child abuse, child neglect, shaken baby syndrome, child trafficking and s violence, etc.)
Violence (including physical and emotional violence, such as relationship or intimate partner violence, violence, teen dating violence, street violence, family violence, bullying, self-harm, general crime, etc.)
Motor vehicle safety
Hearing and other sensory or communication disorders
Gaps in outcomes between groups across these or other outcomes

Transportation Air, water and toxic substances (including secondhand smoke) Food environment (access to healthy food) Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination Gaps in outcomes between groups across the social determinants of health	Transportation Air, water and toxic substances (including secondhand smoke) Food environment (access to healthy food) Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Transportation Air, water and toxic substances (including secondhand smoke) Food environment (access to healthy food) Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	s) related to maternal/women's health. (1=biggest need)
Air, water and toxic substances (including secondhand smoke) Food environment (access to healthy food) Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Air, water and toxic substances (including secondhand smoke) Food environment (access to healthy food) Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Air, water and toxic substances (including secondhand smoke) Food environment (access to healthy food) Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Housing
Food environment (access to healthy food) Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Food environment (access to healthy food) Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Food environment (access to healthy food) Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Transportation
Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Active living environment (e.g., bike paths, sidewalks, etc.) Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Air, water and toxic substances (including secondhand smoke)
Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Education Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Food environment (access to healthy food)
Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Poverty Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Active living environment (e.g., bike paths, sidewalks, etc.)
Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Employment and income (including job training) Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Education
Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Family and social support/family functioning Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Poverty
Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Adverse childhood experiences (ACEs)/trauma Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Employment and income (including job training)
Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Neighborhood safety Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Family and social support/family functioning
Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Geographic location (urban vs. rural, proximity to resources) Racism and discrimination	Adverse childhood experiences (ACEs)/trauma
Racism and discrimination	Racism and discrimination	Racism and discrimination	Neighborhood safety
			Geographic location (urban vs. rural, proximity to resources)
Gaps in outcomes between groups across the social determinants of health	Gaps in outcomes between groups across the social determinants of health	Gaps in outcomes between groups across the social determinants of health	Racism and discrimination
			Gaps in outcomes between groups across the social determinants of health

Breastfeeding
Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.)
Alcohol use
Other substance use/abuse
Physical activity
Nutrition
Health literacy
Social-emotional health and resiliency
Motor vehicle safety
Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violence general crime)
Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention
Sexual and reproductive health

	Access to health care/ medical car	e (including preconception and prenatal care)
	Reducing early elective deliveries	
	Insurance coverage and health car	re affordability
	Access to mental health services	
	Access to substance use/addiction	treatment
	Access to dental care	
	Health care quality	
	Patient education	
	Access to social services	
	Care coordination (e.g. medical ho	me)
	Breastfeeding support	
	Home visits and/or parenting educ	ation
	Culturally-competent providers	
	Gaps in outcomes between groups	s across healthcare system and access
worst health	experience and expertise, and a outcomes in your county(ies)?	ny available data, which groups of women/mothers have t
	of rural or Appalachian areas	Immigrants or refugees
	nerican/black	Women with disabilities
<u> </u>	_atino/Latina	Lesbian, gay, bi-sexual, transgender or queer
Asian-Ame		
	luding any racial or ethnic minority group	not listed) - nlease specify

10.	Would you like to complete the survey for another	pop	ulation group?
	No	\bigcirc	Children with special health care needs
	Perinatal/infant health		Adolescent/young adult health
	Child health		

Perinatal/infant health
 For the questions on this page, consider the criteria below: Magnitude of the problem- Number or percent of Ohio children and/or families affected Severity of the problem- Risk of morbidity and mortality associated with the problem Magnitude of disparities/inequities and impact on vulnerable populations

11. Rank order the health outcomes based on what you think are the biggest needs in your county(ies) related to perinatal/infant health. (1=biggest need) Unintended pregnancy and teen pregnancy Maternal mortality Infant mortality and birth outcomes (including preterm birth, low birthweight, birth defects, Neonatal Abstinence Syndrome, Fetal Alcohol Syndrome, safe sleep, sudden unexplained infant death, etc.) Mental health and suicide (including depression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stress disorder, schizophrenia, stress, emotional well-being, coping skills, other mental health conditions) Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.) Other drug dependency and abuse (including addiction, abuse, use or dependence on alcohol, marijuana, prescription drugs, opioids, heroin, etc.) Healthy weight status/obesity Oral health (including tooth decay/cavities, extractions) Vaccinations (including childhood, flu, HPV, Tdap, meningitis) Child maltreatment (including child abuse, child neglect, shaken baby syndrome, child trafficking and sexual violence, etc.) Violence (including physical and emotional violence, such as relationship or intimate partner violence, domestic violence, teen dating violence, street violence, family violence, bullying, self-harm, general crime, etc.) Motor vehicle safety Hearing and other sensory or communication disorders Gaps in outcomes between groups across these or other outcomes

Housing
Transportation
Air, water and toxic substances (including lead, secondhand smoke, etc.)
Food environment (access to healthy food)
Early childhood education
Poverty
Family and social support/family functioning
Adverse childhood experiences (ACEs)/trauma
Neighborhood safety
Geographic location (urban vs. rural, proximity to resources)
Racism and discrimination
Gaps in outcomes between groups across the above social determinants of health
nealth system, prevention and health behaviors: Rank order the issues based on what you th gest needs in your county(ies) related to perinatal/infant health. (1=biggest need)
Breastfeeding
Breastfeeding Nutrition
Nutrition
Nutrition Parental/caregiver tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.)
Nutrition Parental/caregiver tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.) Safe sleep

	Access to health care/ medical care screenings, etc.)	(including newborn screenings, early infant care, developmental
	Insurance coverage and health care	affordability
	Health care quality	
	Home visiting and/or parenting educ	ation
	Access to social services	
	Care coordination (e.g. medical hom	ne)
	Breastfeeding support	
	Family-centered care (including pare	ent engagement)
	Services for children with autism, sp	ectrum disorders, developmental disabilities and learning disabilities
	Culturally-competent providers	
	Gaps in outcomes between groups a	across healthcare system and access
ealth outcome	s in your county(ies)?	ny available data, which groups of infants have the wors
<u> </u>	lies with low incomes	Native American
	ural or Appalachian areas	Immigrants or refugees
African-Ameri		Infants with disabilities
Hispanic/Latir		Lesbian, gay, bi-sexual, transgender or queer
Asian-America		
Other (including	ng any racial or ethnic minority group n	ot listed) - please specify

16. Would you like to complete the sur	vey for another population group?
○ No	Children with special health care needs
Maternal/women's health	Adolescent/young adult health
Child health	

Child health
 For the questions on this page, consider the criteria below: Magnitude of the problem- Number or percent of Ohio children and/or families affected Severity of the problem- Risk of morbidity and mortality associated with the problem Magnitude of disparities/inequities and impact on vulnerable populations

Unintended pregnancy and teen pregnancy
Maternal mortality
Infant mortality and birth outcomes (including preterm birth, low birthweight, birth defects, Neonatal Ab Syndrome, Fetal Alcohol Syndrome, safe sleep, sudden unexplained infant death, etc.)
Mental health and suicide (including depression, anxiety, attention-deficit/hyperactivity disorder, post-t stress disorder, schizophrenia, stress, emotional well-being, coping skills, other mental health conditions.
Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.)
Other drug dependency and abuse (including addiction, abuse, use or dependence on alcohol, mariju prescription drugs, opioids, heroin, etc.)
Healthy weight status/obesity
Oral health (including tooth decay/cavities, extractions)
Vaccinations (including childhood, flu, HPV, Tdap, meningitis)
Child maltreatment (including child abuse, child neglect, shaken baby syndrome, child trafficking and violence, etc.)
Violence (including physical and emotional violence, such as relationship or intimate partner violence, violence, teen dating violence, street violence, family violence, bullying, self-harm, general crime, etc.
Motor vehicle safety
Hearing and other sensory or communication disorders
Gaps in outcomes between groups across these or other outcomes

Housing
Transportation
Air, water and toxic substances (including lead, secondhand smoke, etc.)
Food environment (access to healthy food)
Active living environment (e.g. bike paths, sidewalks, etc.)
Education/school readiness (including early childhood education)
Poverty
Family and social support/family functioning
Adverse childhood experiences (ACEs)/trauma
Neighborhood safety
Geographic location (urban vs. rural, proximity to resources)
Racism and discrimination
Gaps in outcomes between groups across the social determinants of health

Tobacco use (including all tobacco products and e-cigarettes/vaping/ Juul, etc.)
Alcohol use
Other substance use/abuse
Physical activity
Nutrition
Health literacy
Social-emotional health and resiliency
Motor vehicle safety
Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violen bullying, general crime)
Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention
Sleep health
Child systems integration

Insurance coverage and health care affordability Access to mental health services Access to substance use/addiction treatment Access to dental care Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabilitic Culturally-competent providers Gaps in outcomes between groups across healthcare system and access	Access to health care/ medical care (including well visits, developmental screenings, etc.)
Access to mental health services Access to substance use/addiction treatment Access to dental care Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	
Access to substance use/addiction treatment Access to dental care Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Insurance coverage and health care affordability
Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Access to mental health services
Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabiliti Culturally-competent providers	
Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabiliti Culturally-competent providers	Access to substance use/addiction treatment
Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Access to dental care
Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Access to vision care
Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Health care quality
Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Patient education
Care coordination (e.g. medical home) Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Family-centered care (including parent engagement)
Home visiting and/or parenting education Services for children with autism, spectrum disorders, developmental disabilities and learning disabiliti Culturally-competent providers	Access to social services
Services for children with autism, spectrum disorders, developmental disabilities and learning disabiliti Culturally-competent providers	Care coordination (e.g. medical home)
Culturally-competent providers	Home visiting and/or parenting education
	Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities
Gaps in outcomes between groups across healthcare system and access	Culturally-competent providers
	Gaps in outcomes between groups across healthcare system and access

health outcomes in your county(ies)? Children in families with low incomes	Native American
<u> </u>	
Residents of rural or Appalachian areas	Immigrants or refugees
African-American/black	Children with disabilities
Hispanic/Latino/Latina	Lesbian, gay, bi-sexual, transgender or queer
Asian-American	
Other (including any racial or ethnic minority grou	up not listed) - please specify
22. Would you like to complete the survey for	or another population group?
No	Children with special health care needs
Maternal/women's health	Adolescent/young adult health
Perinatal/infant health	

Children with special healthcare needs
 For the questions on this page, consider the criteria below: Magnitude of the problem- Number or percent of Ohio children and/or families affected Severity of the problem- Risk of morbidity and mortality associated with the problem Magnitude of disparities/inequities and impact on vulnerable populations

23. Rank order the health outcomes based on what you think are the biggest needs in your county(ies) related to children with special healthcare needs. (1=biggest need) Unintended pregnancy and teen pregnancy Maternal mortality Infant mortality and birth outcomes (including preterm birth, low birthweight, birth defects, Neonatal Abstinence Syndrome, Fetal Alcohol Syndrome, safe sleep, sudden unexplained infant death, etc.) Mental health and suicide (including depression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stress disorder, schizophrenia, stress, emotional well-being, coping skills, other mental health conditions) Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.) Other drug dependency and abuse (including addiction, abuse, use or dependence on alcohol, marijuana, prescription drugs, opioids, heroin, etc.) Healthy weight status/obesity Oral health (including tooth decay/cavities, extractions) Vaccinations (including childhood, flu, HPV, Tdap, meningitis) Child maltreatment (including child abuse, child neglect, shaken baby syndrome, child trafficking and sexual violence, etc.) Violence (including physical and emotional violence, such as relationship or intimate partner violence, domestic violence, teen dating violence, street violence, family violence, bullying, self-harm, general crime, etc.) Motor vehicle safety Hearing and other sensory or communication disorders Gaps in outcomes between groups across these or other outcomes

Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.)
Alcohol use
Other substance use/abuse
Physical activity
Nutrition
Health literacy
Social-emotional health and resiliency
Motor vehicle safety
Violence (including child maltreatment, intimate partner violence, street violence, sexual or family violence bullying, general crime)
Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention
Sleep health
Child systems integration

Insurance coverage and health care affordability Access to mental health services Access to substance use/addiction treatment Access to dental care Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers Gaps in outcomes between groups across healthcare system and access	Access to substance use/addiction treatment Access to substance use/addiction treatment Access to dental care Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Access to substance use/addiction treatment Access to substance use/addiction treatment Access to dental care Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilication Culturally-competent providers	Access to health care/medical care (including well visits, screenings, etc.)
Access to substance use/addiction treatment Access to dental care Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Access to substance use/addiction treatment Access to dental care Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Access to substance use/addiction treatment Access to dental care Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities. Culturally-competent providers	Insurance coverage and health care affordability
Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilications.	Access to mental health services
Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilities Culturally-competent providers	Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabilitie Culturally-competent providers	Access to vision care Health care quality Patient education Family-centered care (including parent engagement) Access to social services Care coordination (e.g. medical home) Home visiting and/or parenting education Transition to adult care services access Services for children with autism, spectrum disorders, developmental disabilities and learning disabil Culturally-competent providers	Access to substance use/addiction treatment
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Culturally-competent providers	Culturally-competent providers	Culturally-competent providers	Transition to adult care services access
			Services for children with autism, spectrum disorders, developmental disabilities and learning disabiliti
Gaps in outcomes between groups across healthcare system and access	Gaps in outcomes between groups across healthcare system and access	Gaps in outcomes between groups across healthcare system and access	Culturally-competent providers
			Gaps in outcomes between groups across healthcare system and access

Residents of rural or Appalachian areas Native American African-American/black Immigrants or refugees Hispanic/Latino/Latino/Latina Lesbian, gay, bi-sexual, transgender or queer Other (including any racial or ethnic minority group not listed) - please specify		althcare needs have the worst health out Children in families with low incomes	
African-American/black Immigrants or refugees Hispanic/Latino/Latina Lesbian, gay, bi-sexual, transgender or queer Other (including any racial or ethnic minority group not listed) - please specify 28. Would you like to complete the survey for another population group? No Child health Maternal/women's health Adolescent/young adult health	Ш		Asian-American
Hispanic/Latino/Latina Lesbian, gay, bi-sexual, transgender or queer Other (including any racial or ethnic minority group not listed) - please specify 28. Would you like to complete the survey for another population group? No Child health Maternal/women's health Adolescent/young adult health		Residents of rural or Appalachian areas	Native American
Other (including any racial or ethnic minority group not listed) - please specify 28. Would you like to complete the survey for another population group? No Child health Maternal/women's health Adolescent/young adult health		African-American/black	Immigrants or refugees
28. Would you like to complete the survey for another population group? No Child health Maternal/women's health Adolescent/young adult health		Hispanic/Latino/Latina	Lesbian, gay, bi-sexual, transgender or queer
No Child health Maternal/women's health Adolescent/young adult health		Other (including any racial or ethnic minority group	up not listed) - please specify
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No Child health Maternal/women's health Adolescent/young adult health			
Maternal/women's health Adolescent/young adult health	28.		
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Perinatal/infant health	\bigcirc	Maternal/women's health	Adolescent/young adult health
		Perinatal/infant health	

Adolescent/young adult
 For the questions on this page, consider the criteria below: Magnitude of the problem- Number or percent of Ohio children and/or families affected Severity of the problem- Risk of morbidity and mortality associated with the problem Magnitude of disparities/inequities and impact on vulnerable populations

29. Rank order the health outcomes based on what you think are the biggest needs in your county(ies) related to adolescent/young adult health. (1=biggest need) Unintended pregnancy and teen pregnancy Maternal mortality Infant mortality and birth outcomes (including preterm birth, low birthweight, birth defects, Neonatal Abstinence Syndrome, Fetal Alcohol Syndrome, safe sleep, sudden unexplained infant death, etc.) Mental health and suicide (including depression, anxiety, attention-deficit/hyperactivity disorder, post-traumatic stress disorder, schizophrenia, stress, emotional well-being, coping skills, other mental health conditions) Tobacco use (including all tobacco products and e-cigarettes/vaping/Juul, etc.) Other drug dependency and abuse (including addiction, abuse, use or dependence on alcohol, marijuana, prescription drugs, opioids, heroin, etc.) Healthy weight status/obesity Oral health (including tooth decay/cavities, extractions) Vaccinations (including childhood, flu, HPV, Tdap, meningitis) Child maltreatment (including child abuse, child neglect, shaken baby syndrome, child trafficking and sexual violence, etc.) Violence (including physical and emotional violence, such as relationship or intimate partner violence, domestic violence, teen dating violence, street violence, family violence, bullying, self-harm, general crime, etc.) Motor vehicle safety Hearing and other sensory or communication disorders Gaps in outcomes between groups across these or other outcomes

Housing
Trousing
Transportation
Air, water and toxic substances (including lead, secondhand smoke, etc.)
Food environment (access to healthy food)
Active living environment (e.g. bike paths, sidewalks, etc.)
Education
Ludeanon
Employment (including job training)
Poverty
Family and social support/family functioning
Adverse childhood experiences (ACEs)/trauma
Neighborhood safety
Geographic location (urban vs. rural, proximity to resources)
Community in tall towards
Community involvement
Racism and discrimination
Gaps in outcomes between groups across the social determinants of health

Tobacco use (including all tobacco products and e-cigarettes/vaping/ Juul, etc.)
Alcohol use
Other substance use/abuse
Physical activity
Nutrition
Health literacy
Social-emotional health and resiliency
Motor vehicle safety
Violence (including all tobacco products and e-cigarettes/vaping/ Juul, etc.)
Vaccinations (including childhood, flu, HPV, Tdap, meningitis) and infectious disease prevention
Sleep health
Sexual and reproductive health
Child systems integration

	Access to health care/ medical care (including adolescent well visits)
	Insurance coverage and health care a	affordability
	Access to mental health services	
	Access to substance use/addiction tro	eatment
	Access to dental care	
	Access to vision care	
	Health care quality	
	Patient education	
	Family-centered care (including parer	nt engagement)
	Access to social services	
	Care coordination (e.g. medical home	2)
	Services for children with autism, spe	ctrum disorders, developmental disabilities and learning disabilities
	Culturally-competent providers	
	Gaps in outcomes between groups a	cross healthcare system and access
Add Re Afr	om your experience and expertise, and an he worst health outcomes in your county(i olescents/young adults with low incomes sidents of rural or Appalachian areas rican-American/black spanic/Latino/Latina	y available data, which groups of adolescents/young adules)? Native American Immigrants or refugees Adolescents/young adults with disabilities Lesbian, gay, bi-sexual, transgender or queer

	vey for another population group?
No	Child health
Maternal/women's health	Children with special health care needs
Perinatal/infant health	

35. Optional: Please provide your contact information so that we can enter you into a drawing for a free HPIO forum registration!							
Name							
Organization							
Email address							