

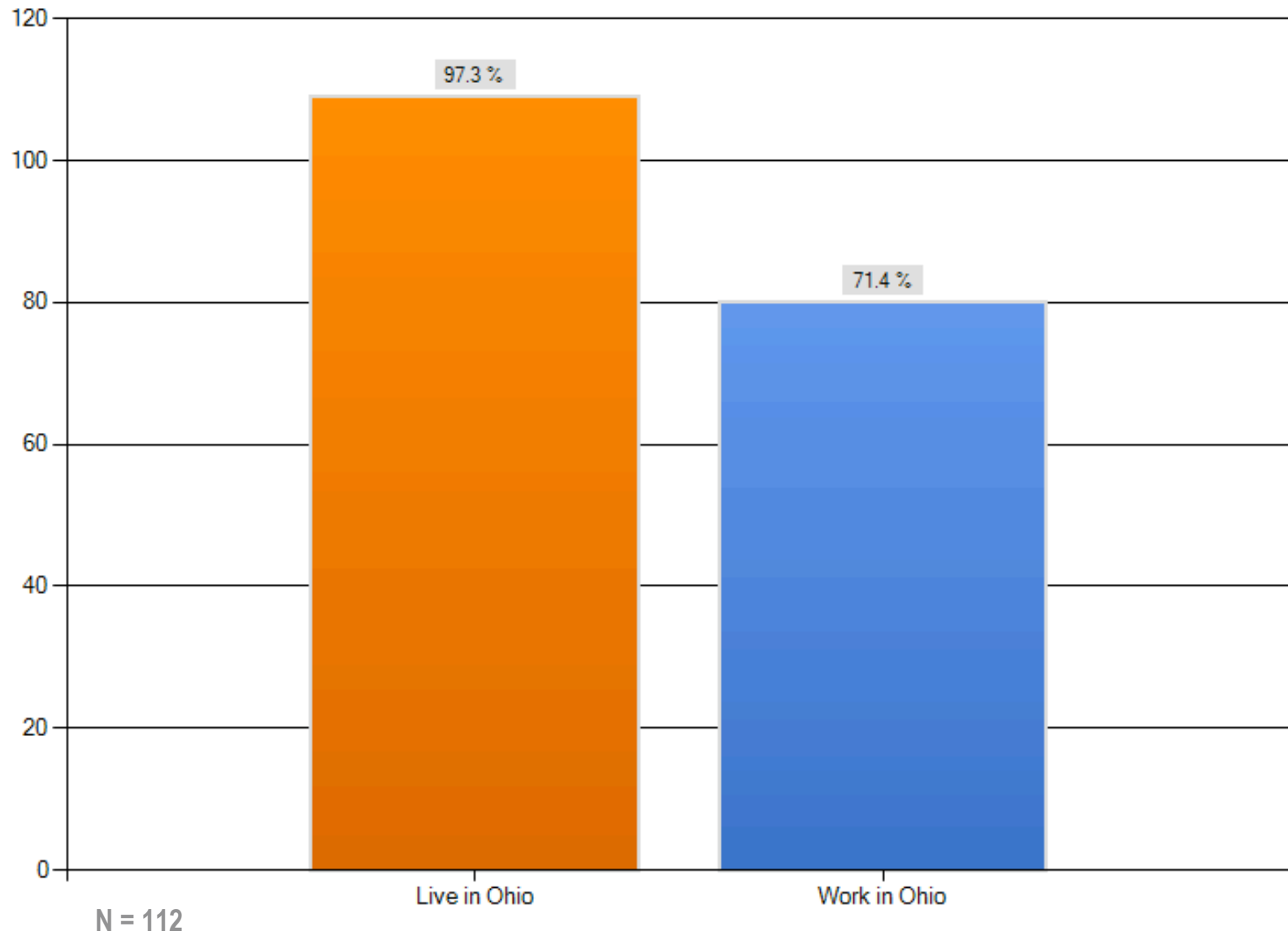
# **State of the State: Breastfeeding/Lactation in Ohio**

**Ohio Breastfeeding Alliance  
Needs Assessment Results**

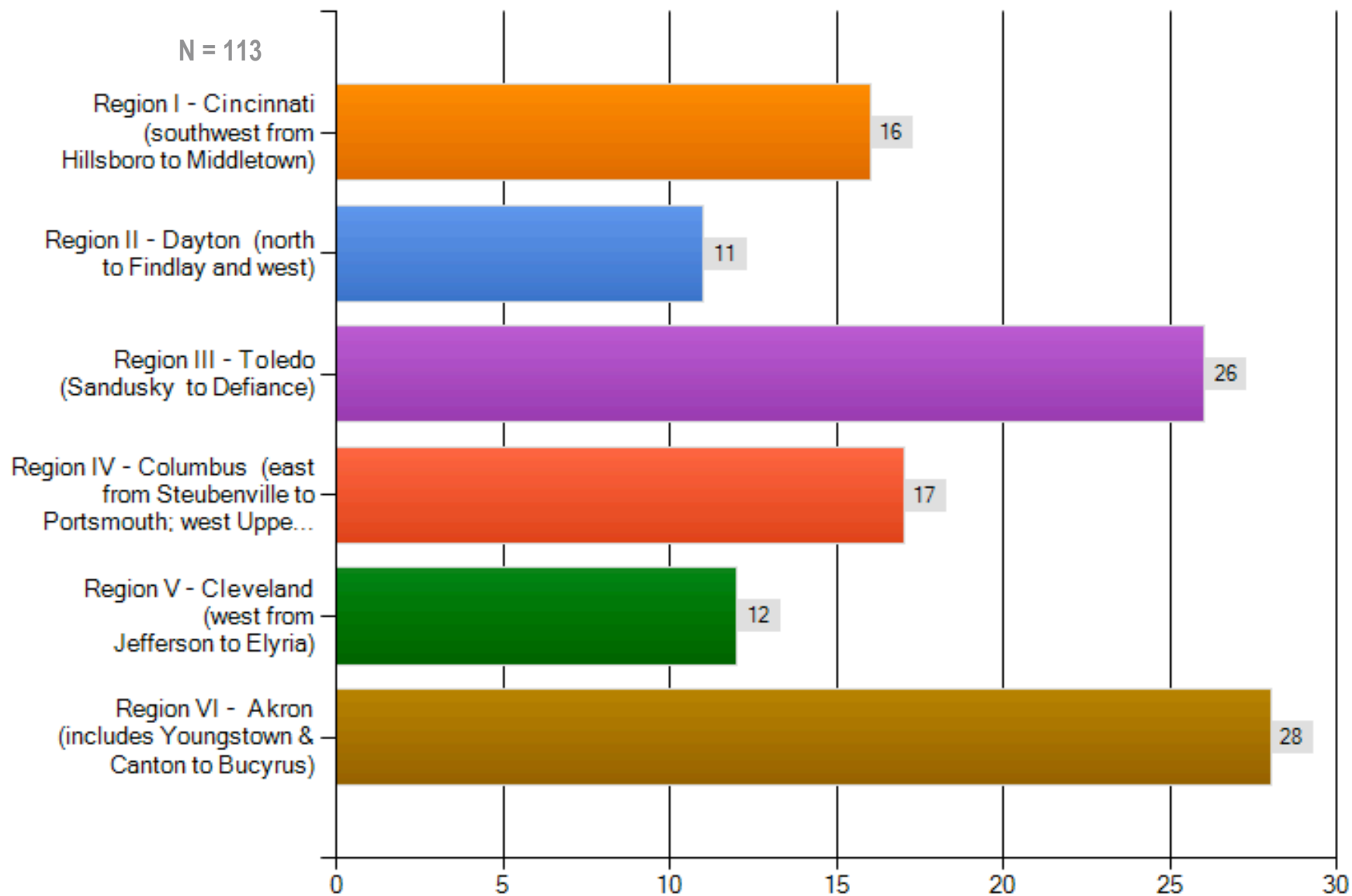
**March 2011**

# Demographics Of Respondents

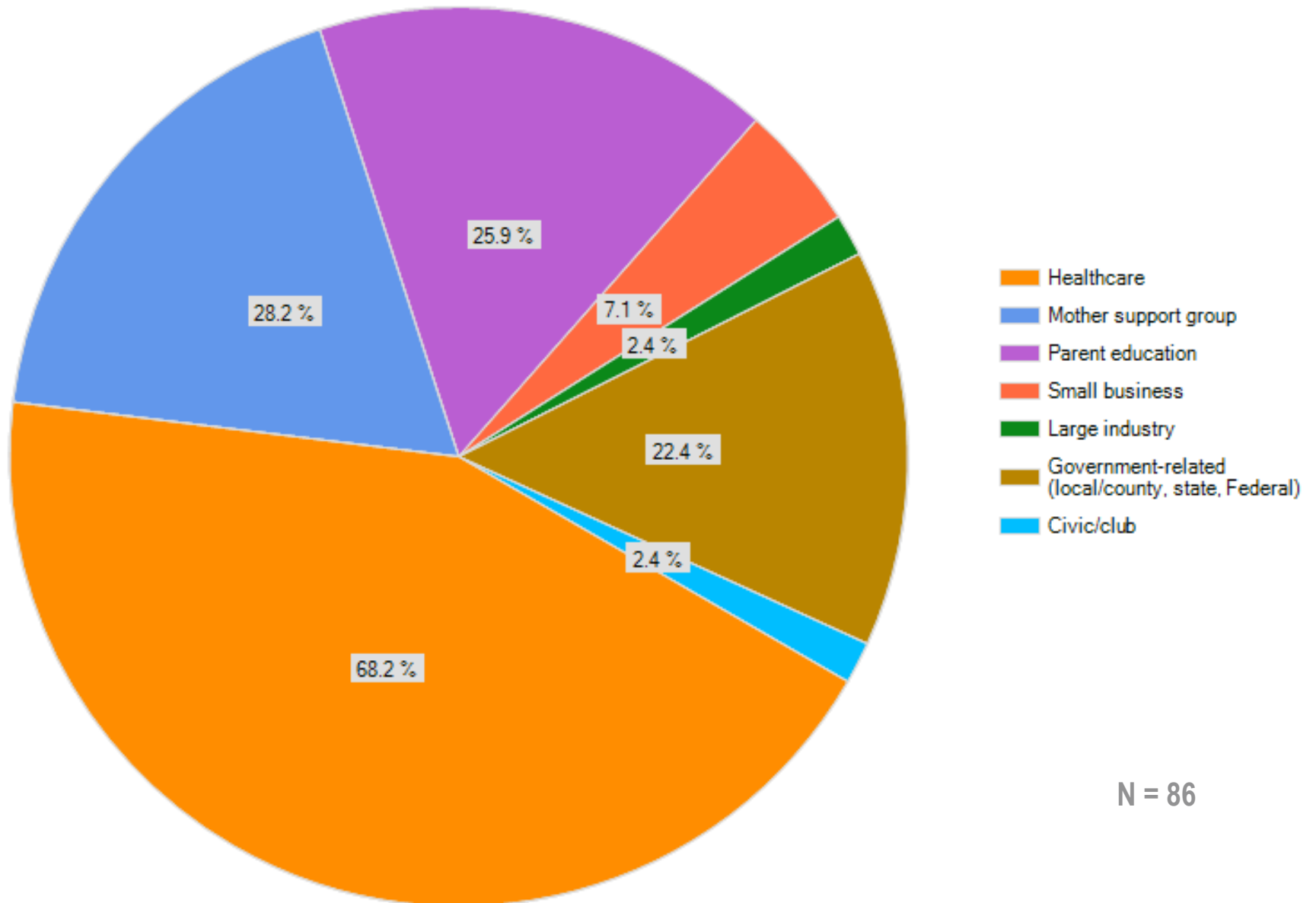
**I currently: (Check all that apply)**



**In which Ohio Perinatal region are you located? (If unsure, choose the city most central/pertinent to your location.)**

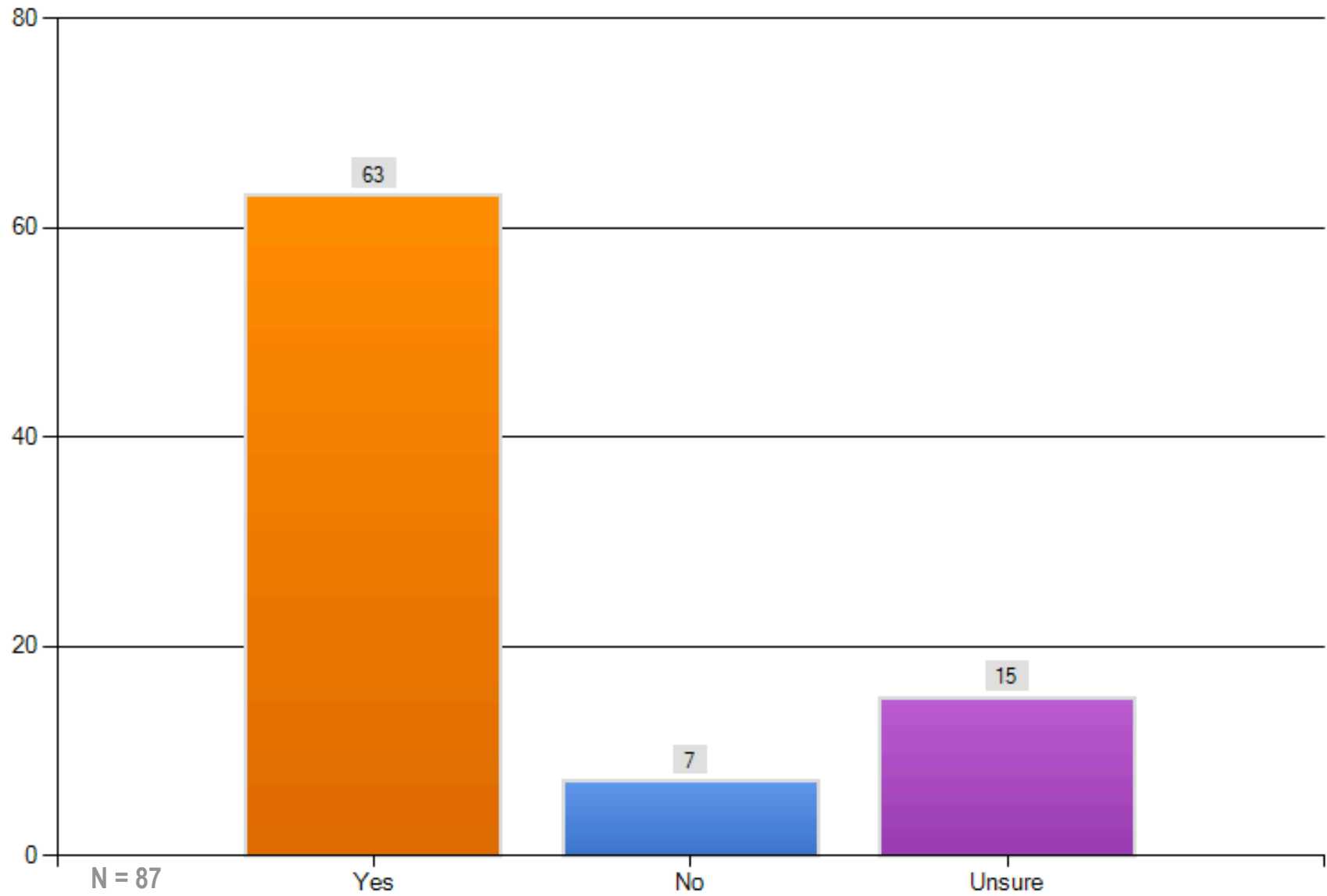


**With which type of organization or agency are you associated?  
(Check all that apply)**



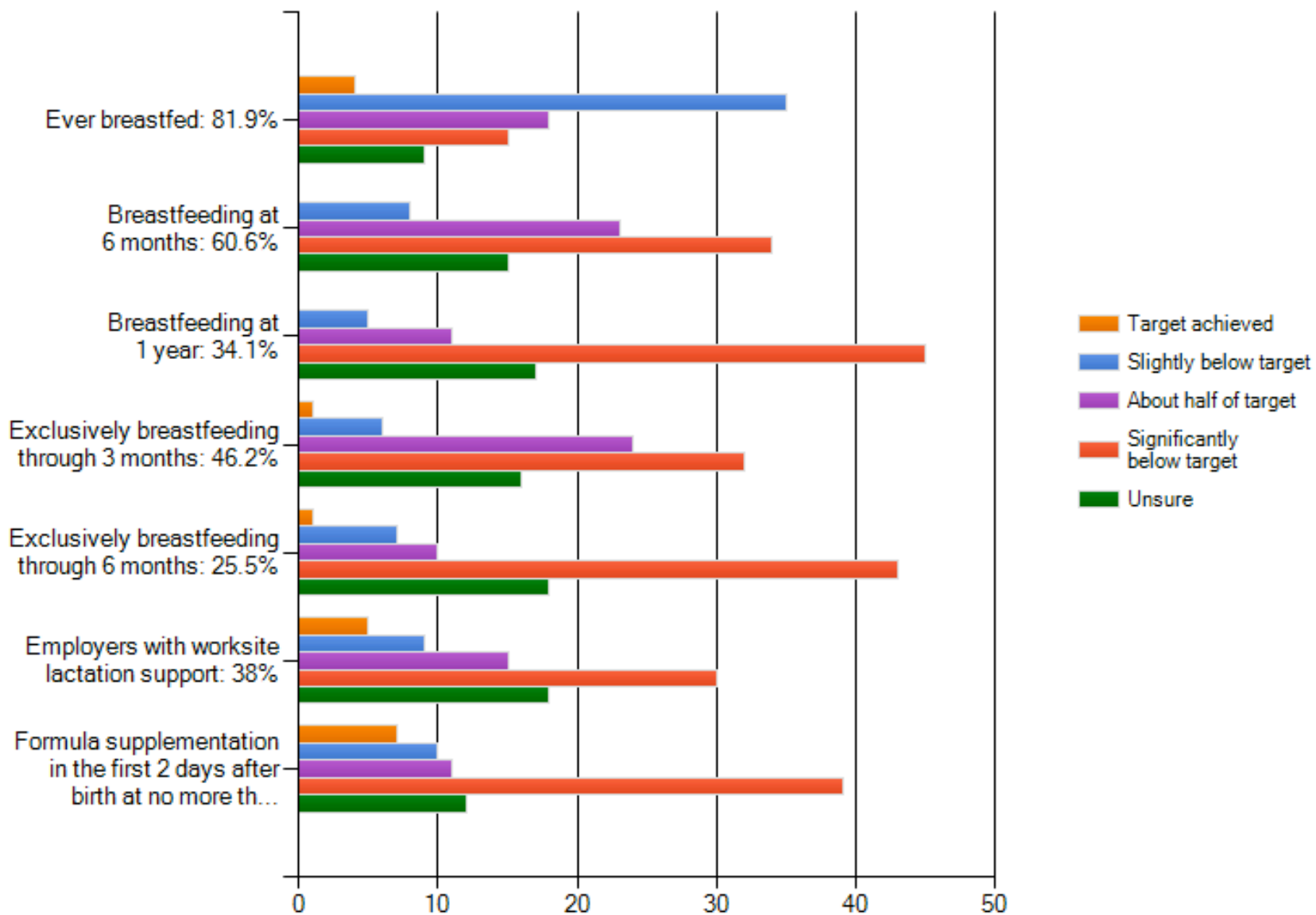
N = 86

**Is there a Breastfeeding coalition or task force or other related group in your area/region?**



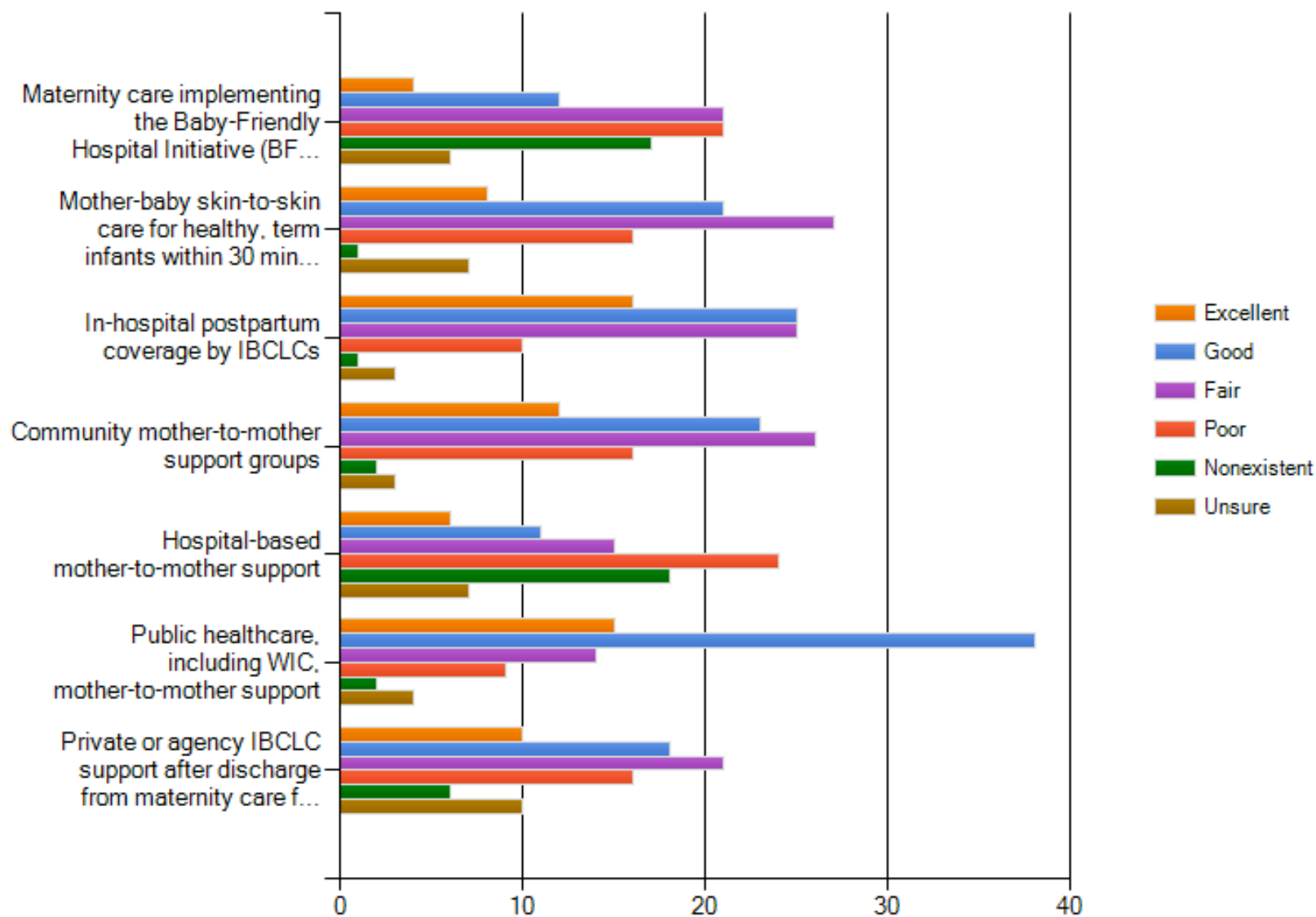
**Perception of Achievement:  
Healthy People 2020  
Breastfeeding/Lactation  
Targets & Availability of  
Related Services**

**Please rate how close you think your area/region is to achieving Healthy People 2020 Objectives for Breastfeeding Targets (MICH-21, 22 & 23)?**

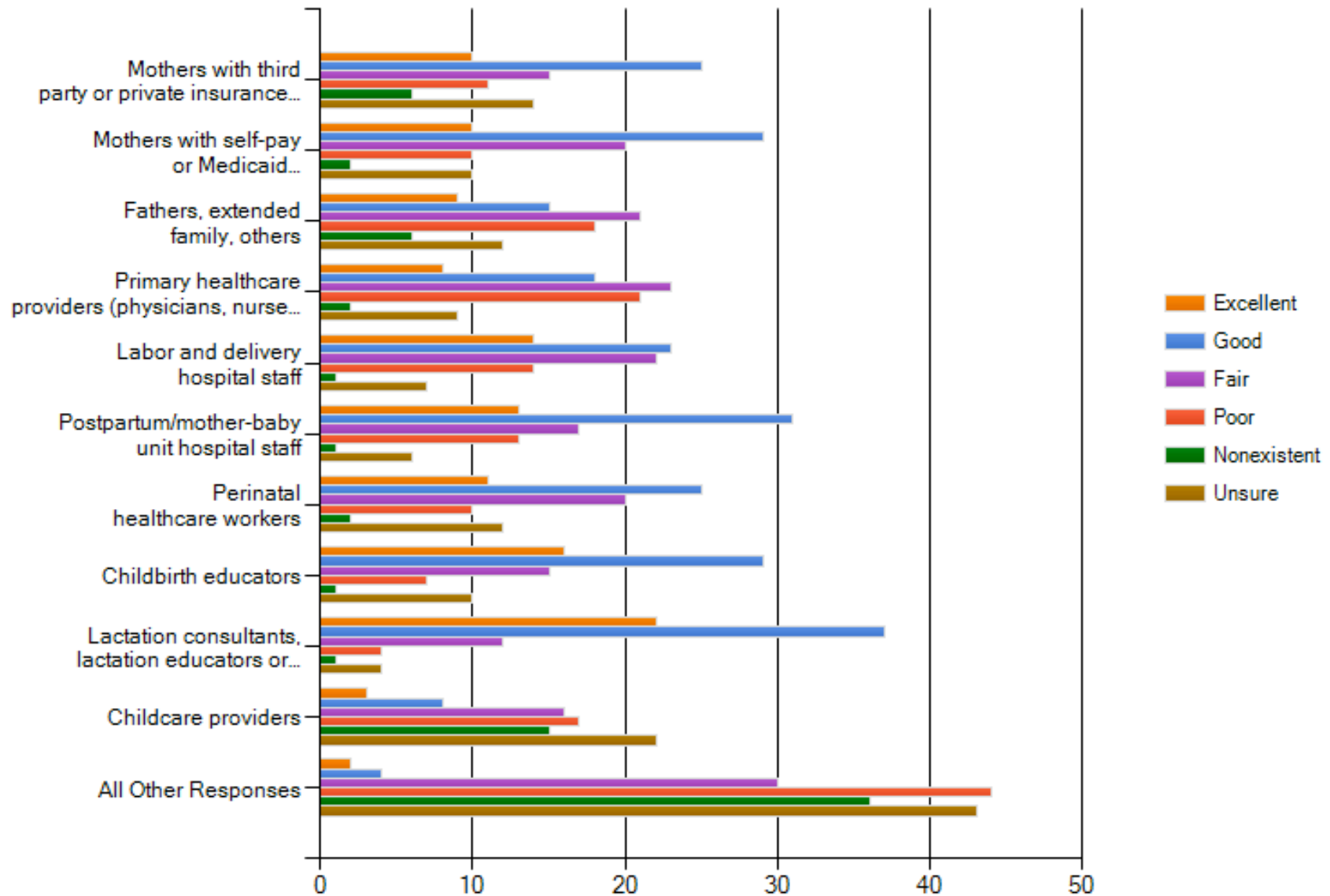




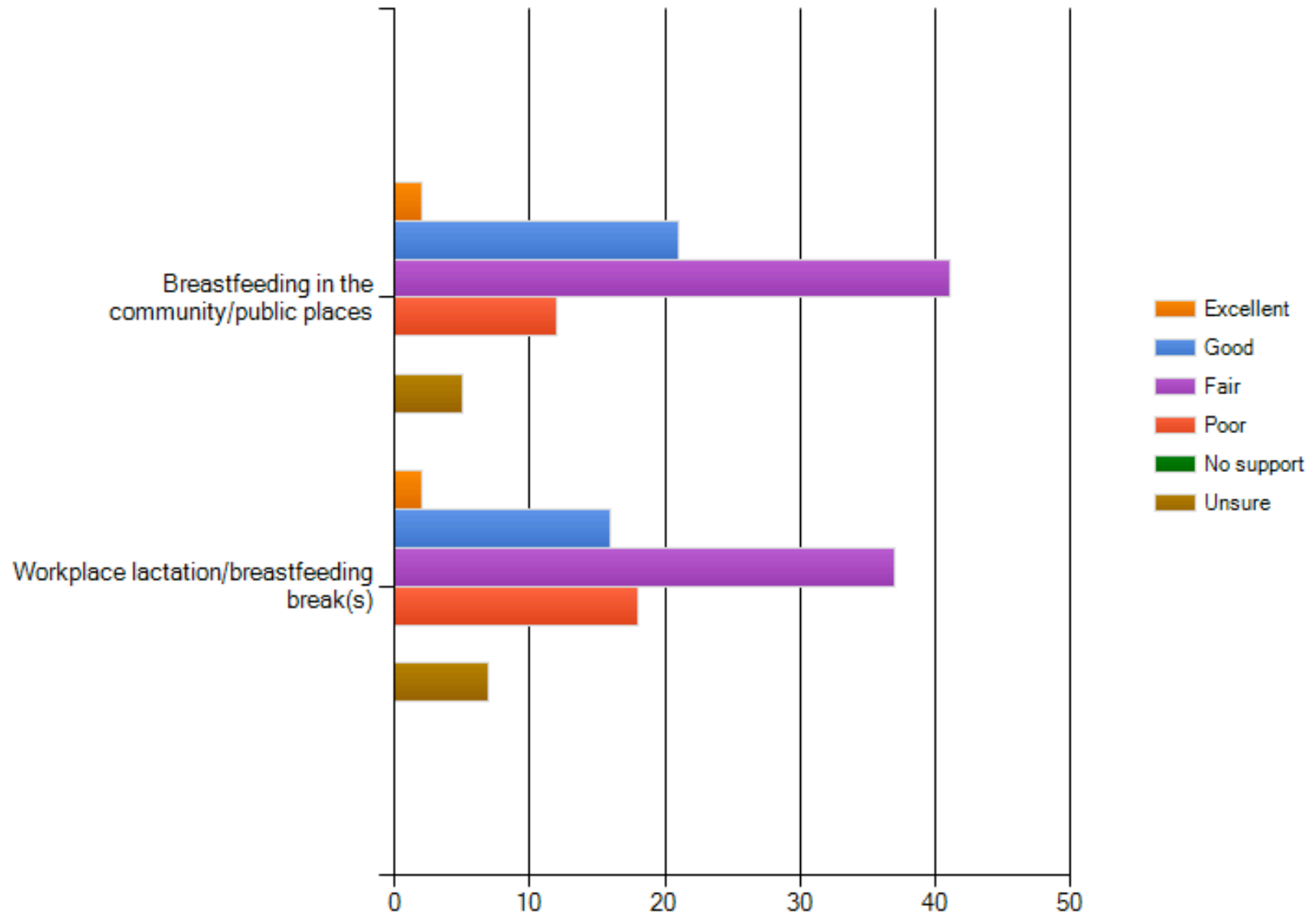
**Please rate the level of breastfeeding-related maternity care activities available in your area:**



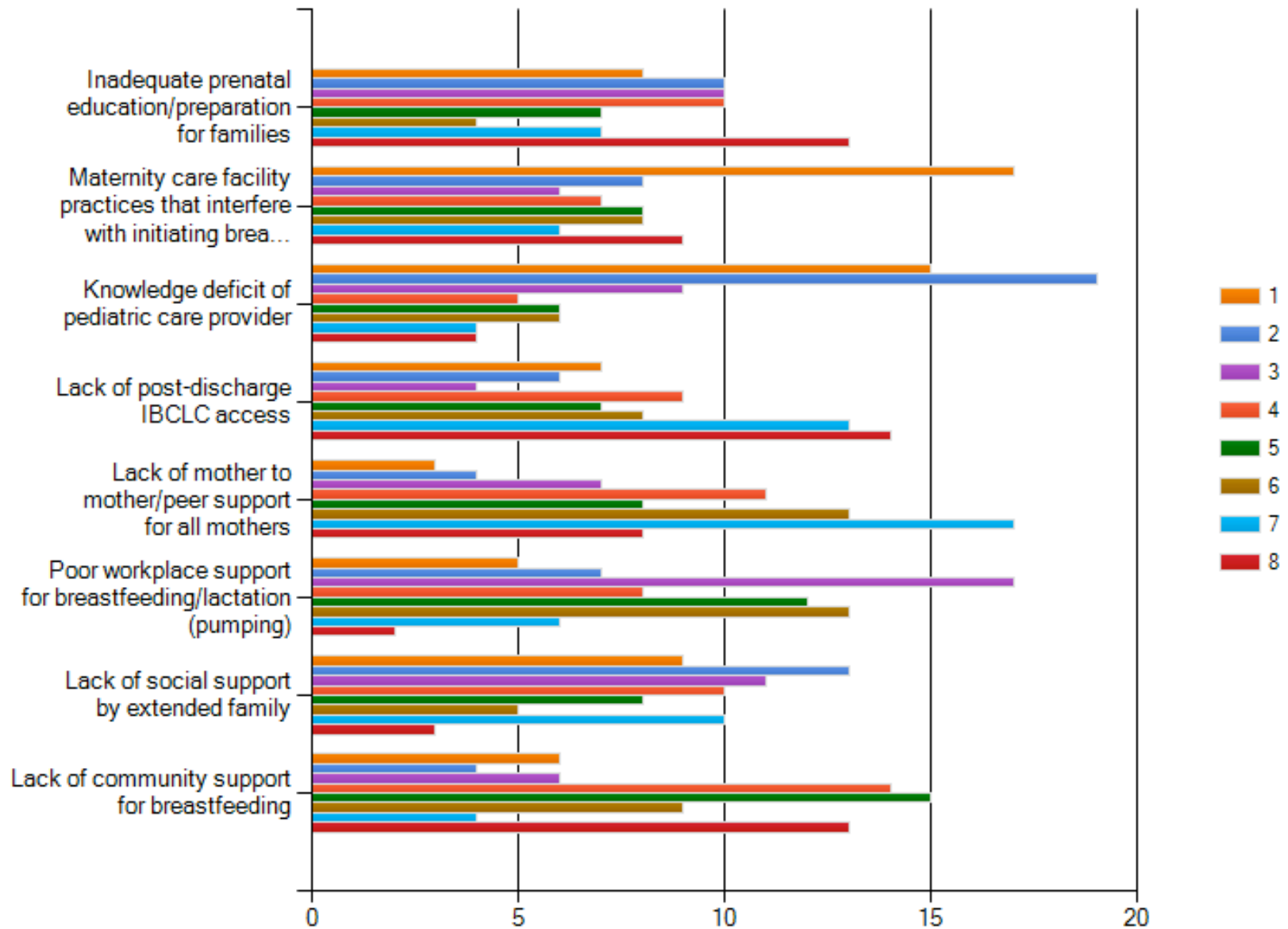
**Please rate the level of breastfeeding-related education activities available for particular groups in your area:**



**For your area/region overall, please rate the level of acceptance or support for:**

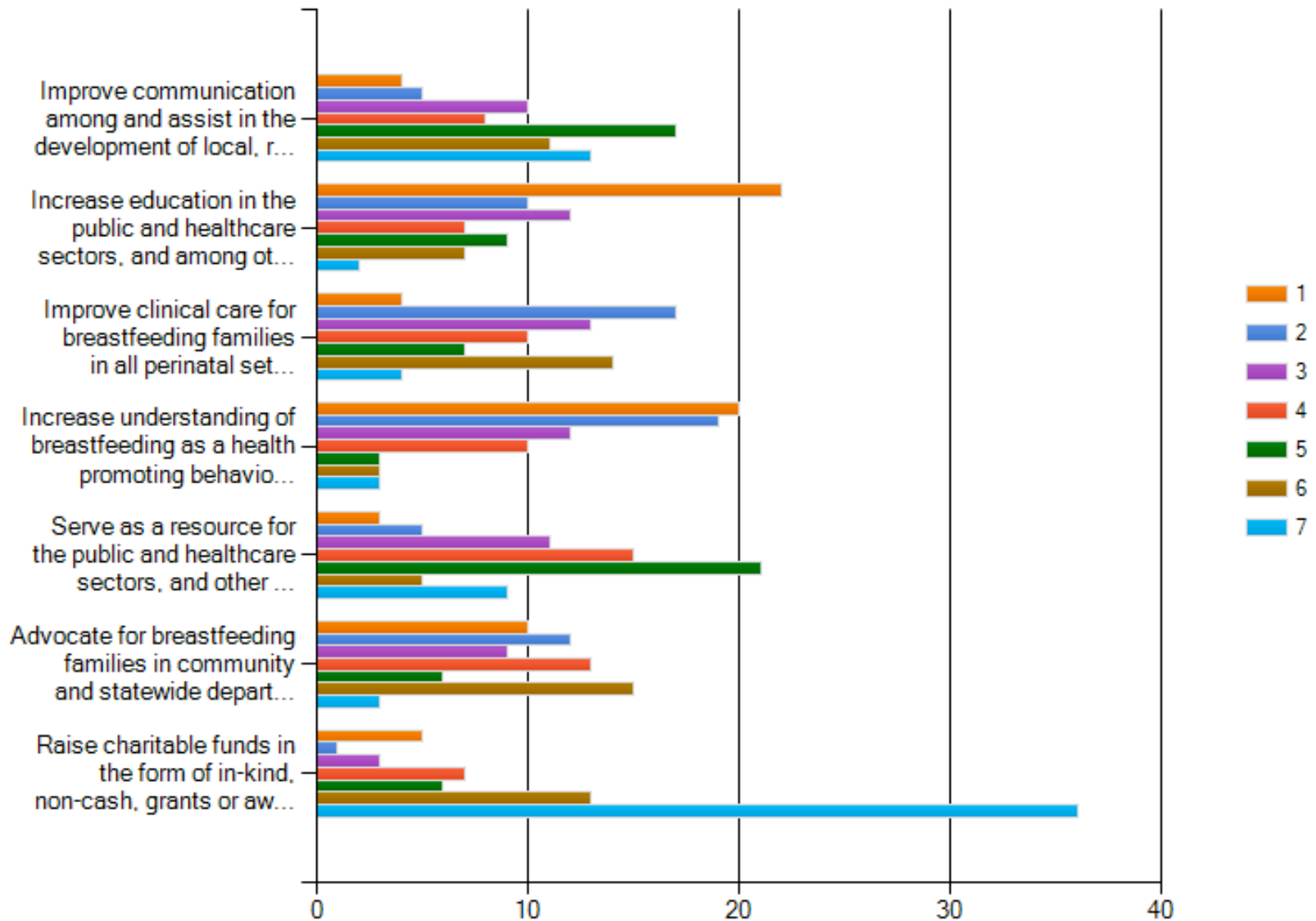


**Please rank the barriers to breastfeeding/lactation in your area/region:**



**What Respondents  
Consider as  
OBA Priorities**

**Please rank Ohio Breastfeeding Alliance Objectives in terms of importance for the development of statewide breastfeeding-related programs or projects:**



**Please rank priorities for your local area or your Perinatal region in terms of importance for breastfeeding-related programs or projects in:**

