Barry County Maternal-Child Health System Scan Report

June 27th, 2017; 10:30a–12:00p; Pennock Conference Room

ATTENDEES

Facilitator: Abigail Lynch (BEDHD)
Facilitator: Lisa Wegner (BEDHD)
Anne Barna (BEDHD)
Dr. J. Daniel Woodall (Pennock and BEDHD)
Dr. Robert Schirmer (Michigan Tobacco21 Coalition)
Daryl Waggoner (Great Start Collaborative)
Michelle Slaughter (Community Action Agency of South Central MI)
Sue Eastman (Pine Rest)
Cynthia Piercefield (Pennock Labor and Delivery)
Karen Jousma (Family Support Center)
Halina Vaughan (Halina Vaughan IBCLC)
Laurel McCamman (BEDHD WIC) Amanda Hoeksma (Family Support Center)
Keri Rowley (Community Action Agency of South Central MI)

DISCUSSION QUESTIONS, RESPONSES, AND FUTURE IMPROVEMENTS

1. **A.** Does your community have a comprehensive process for reviewing findings and drawing conclusions based on the MCH data?

This is an emerging skill for the community and is starting to get better. This effort is one example; the Community Health Assessment (CHA) is another. BEDHD partners with Great Start and the Family Support Center to help with data incorporation and interagency communication.

To improve: More agencies could review existing data and/or data analysis reports to be informed about local MCH issues. Those who provide data, including BEDHD, could make it more readily accessible. More location-specific data (e.g., Barry data vs. State data) would be useful in some areas.

B: Does your community actively use MCH data to inform policies and programs?

The Family Support center reviews data to incorporate into trainings, including with the community at large, and with parent educators. Barry Great Start uses the data in strategic planning and for grants, as well as in meetings with community partners. Pennock Women's Health doesn't use data at all in Labor & Delivery—that's why representatives came to this event: to try to bridge the gap between public health and clinical care. Community Action uses data that they collect.

To improve: More agencies could use data to inform their work. Of agencies who do use data to inform internal projects/policies, data could be incorporated more into external policies/projects that interface directly with the MCH population. Agencies besides BEDHD could better share data with each other.

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2. **A:** Does the MCH system give community members the information they need to protect and improve maternal and child health?

Efforts are underway to share data with the community, but data sharing doesn't necessarily translate into clear actions for community members to take to stay healthy.

To improve: Communicating and doing more at the ground level, such as with expectant mothers and parents of young children would help to ensure that mothers know what is "normal" in regard to their children's health and what isn't. Teaching/educating proactively could be useful, also, such as teaching various topics in school health classes. Get the word out about agencies who look different now than they did X number of years ago—many have updated services, etc., and help break stigmas associated with services.

B: Do MCH partners support health education in healthcare settings? Do MCH partners support healthcare providers in developing their understanding of the programs and services available in community settings?

BEDHD's Facebook page has helpful information, and the Great Start Collaborative is helpful in information sharing.

To improve: Agencies need to keep communication open to know what each other are doing—having BEDHD as a central hub for information might help, as do events like this system scan assessment.

C: Do MCH partners support health education in non-healthcare settings, such as child care centers or schools? Do MCH partners support non-healthcare and child- and family-serving organizations in developing their understanding of the programs and services available in community settings?

Head Start and the Great Start Readiness Program support health education in their non–health care settings. Many resources exist, they just need to get out there.

To improve: Agencies could partner more closely with health care providers; getting resources out to people and information to frontline workers. Get the word out about agencies who look different now than they did X number of years ago—many have updated services, etc. In short, keep communication open among agencies.

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3. Do strong partnerships/groups/coalitions exist within your community to address specific MCH problems?

Agencies invite each other to each other's programs and coalitions and educate within their agencies about what other agencies do. There is a desire and efforts to understand what other agencies have to offer. WIC does a good job at keeping people educated. There was an agency roundtable that was useful in terms of learning what other programs are offered in the community.

To improve: Find more/better opportunities to share what programs are offered by other agencies. Interconnectedness, not working is silos, is needed.

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4. Are governing entities, boards, and elected officials engaged in discussions about specific policies or strategies to improve MCH?

Certain boards see the importance of MCH, but there is a serious disconnect with elected officials. They know that MCH-serving agencies exists, but don't have a clear understanding of what agencies and how and why they are doing it.

To improve: Get more involved with government officials by sharing data, results, and stories (personal, tragic). Tell/ask them specifically what they can do to help fix issues. Education them about the fact that they are also public health workers that can hugely influence people's behavior through various means.

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5. Have MCH system partners identified gaps in service capacity for a range of services for MCH populations?

There are gaps in service capacity for behavioral/mental health and (a perceived?) gap in dental services (especially for adults on Medicaid).

To improve: Increase availability of behavioral/mental health services and publicity of available dental services for adults on Medicaid. A pediatric dentist would also be good for kids who need specialized care.

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6. Has the MCH system taken action to increase access to services for women, children and youth?

Cherry Health (Barry Community Health Center) was opened and serves low-income individuals and individuals with Medicaid and no insurance.

To improve: More service providers that accept low-income and uninsured individuals are needed.

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7. Has the MCH system identified factors that contribute to poor access to services?

Barriers to services include stipulations/requirements that are unrealistic (income over a certain level may disqualify someone for services that they still can't afford, which removes motivation to make more money and keeps people from working at their true potential, etc.). Similarly, sometimes a person only needs help in one area, but they are required to take "help" in several areas. High deductibles are a barrier to counseling services. A further barrier is stigma—about going to mental health care appointments a Community Mental Health or about using BEDHD services. Transportation to and scheduling of appointments is also a barrier.

To improve: There seem to be few local options—the bigger system needs to be changed. Local options could include working to reduce stigmas and improving transportation struggles.

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8. Does the local MCH system use the best available evidence for implementing new approaches in addressing and understanding MCH?

Programming at Pennock comes down from Spectrum. Programs/education that are currently available are programs that have been going on for a while—they are possible evidence based, but possibly not.

To improve: Learn if existing programs are evidence based, and, if not, replace them with ones that are.

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9. Does the MCH workforce have adequate professional development opportunities?

Going to professional development opportunities can be difficult because of time constraints (i.e., not being able to leave the office for training).

To improve: Offer more accessible (time, location) professional development.

OTHER COMMENTS/SUGGESTIONS

- MCH system should engage more with the Barry County Substance Abuse Task Force and the Suicide Awareness Initiative to focus on adolescents as a target—this age group gets ignored a lot.
- Share ACE (Adverse Childhood Experience) survey and information with parents to help them understand trauma and how their experiences can be repeated with their children.
- Collect postpartum depression data at Pennock and refer women to immediate care—it can't wait.
- Collect postpartum depression, depression during pregnancy, and prenatal substance exposure for Barry County.

- If data shows a need, look at the Spectrum Health model for tobacco cessation to use with mothers / pregnant women. Seek grants to fund a program to help pregnant women stop smoking.
- Educate frontline workers on local programs/resources, especially Head Start.
- Consider an event like an agency roundtable or integrate into an existing event (e.g., quarterly community breakfast) a way for organizations to highlight their programs/services.
- Get the data available from Pennock on the health of women delivering and their children to the health department—BEDHD partner with Julie Smalley?