

# Eaton County Maternal-Child Health System Scan Report

June 22<sup>nd</sup>, 2017 10:30-12:30; Al!ve Conference Room

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## ATTENDEES

**Facilitator:** Abigail Lynch (BEDHD)

**Facilitator:** Lisa Wegner (BEDHD)

Anne Barna (BEDHD)

Renee Owen (Renee L. I. Ownen DDS PC)

Iris Schiller (Eaton Great Start)

Melissa Threadgould (CEI-CMH)

Lori Poyer (Peaceful Balance CSLG)

Kim Thalison (Eaton RESA)

Kim Dickinson (HGB/Al!ve)

Kathy Marble (Sparrow)

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## DISCUSSION QUESTIONS, RESPONSES, AND FUTURE IMPROVEMENTS

- A:** Does your community have the capacity to comprehensively analyze MCH data at the community level?

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

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

*Some agencies use MCH to inform their strategic planning, including Great Start Collaborative, Sparrow/Hayes Green Beach, CMH of Clinton, Eaton, Ingham, and BEDHD.*

*Not all agencies have the capacity to analyze MCH data and use the data in making decisions about their work. However, some agencies do not, creating a gap.*

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., Eaton data vs. State data) would be useful in some areas.

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

*Yes and no, agencies are putting information out there for their clients however data shows that not all community members are receiving information they need. Social media seems to be most common way to get information to community. Expressed need to find more effective ways to communicate with community members.*

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. Do more interprofessional sharing and promoting of other agencies services, be aware of what resources are in the community to refer community members to.

**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?

*Room for improvement. However, there are existing supports among partnering agencies both non-healthcare and healthcare. The MCH system would like to see more promotion and support of each other’s agencies/work, and work together to achieve common goals.*

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?

*Room for improvement. However, there are existing supports among partnering agencies both non-healthcare and healthcare. The MCH system would like to see more promotion and support of each other’s agencies/work, and work together to achieve common goals.*

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

*Yes, coalitions exist and are working on MCH issues. However, some phases of the life course may be falling through the gaps. Coalitions need more partners and community members at the table. Some coalitions are more effective than others, depending on who is at the table and various other factors.*

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

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**4. A:** Is the community engaged in discussions about specific policies or strategies to improve MCH?

*Need for more community involvement.*

To improve: Holding a community forum, more outreach, better communication strategies to invite community members to coalitions.

**B:** 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 exist, 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. Educating 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. A:** Have MCH system partners identified gaps in service capacity for a range of services for MCH populations?

*Yes, the MCH system has identified gaps in services such as: parents with Medicaid have long wait times to get in to see providers, adolescent health, birthing hospitals, and services for kids with special needs.*

To improve: Advocating for increased availability of services or resources available such as dental services for adults on Medicaid, birthing hospitals, etc.

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**6. A:** Has the MCH system identified factors that contribute to poor access to services?

Factors might include:

*Being a rural area transportation contributes to poor access to services, CSHCS has a paperwork barrier- very cumbersome. 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—for example, about going to mental health care appointments at 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 struggling.

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**7. A:** Does the local MCH system use the best available evidence for implementing new approaches in addressing and understanding MCH?

a. What programs have been revised to use evidence-based practices?

*Sparrow has introduced a baby café; WIC continues to explore this idea. CMH is piloting having mental health professionals in Ingham County schools, and they hope it will trickle into Eaton County schools.*

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