Title V Maternal and Child Health Needs Assessment 2017

Summary of Key Findings, Community Themes and Strengths, and Strategic Issues

Barry-Eaton District Health Department
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Background Information

Local maternal child health (MCH) needs and priorities vary across the state, and local communities may have needs that are not captured by the state priorities or state-selected federal performance measures. In order to understand local needs and priorities, the Michigan Department of Health and Human Services has asked that local health departments receiving Title V funding through Local MCH (LMCH) agreements complete an assessment of their community needs and align their LMCH objectives and strategies with those needs.

The Barry-Eaton District Health Department (BEDHD) conducted an initial LMCH assessment for Barry and Eaton counties in 2016. To supplement the previous assessment, during 2017 BEDHD completed the following:

- Intercept surveys
- Focus groups of mothers with infants
- MCH systems scans with community stakeholders
- Supplemental data analysis

At this point in the MCH assessment process, BEDHD has gathered the following information:

- MCH outcomes where the community is strong and opportunities for improvement
- Disparities in MCH outcomes
- The perspective of community partners and families regarding MCH needs
- Strengths and gaps in the MCH infrastructure within the community

The following activities will be conducted in the coming months to finalize the 2017 LMCH Needs Assessment:

- Prioritizing MCH needs
- Determining strategies, goals, and objectives for improving MCH infrastructure and outcomes
- Developing action plans to achieve MCH goals and objectives

Figure 1 below illustrates the needs assessment process. This report summarizes information gathered in Step 4 and interpreted in Step 5, as well as initial strategic issues that were developed as part of Step 6.

Figure 1: Title V Needs Assessment and Planning Process
In order to describe maternal and child health strengths, assets, and needs in Barry and Eaton counties, BEDHD completed three assessments:

- Maternal Child Health Status Assessment
- Community Themes and Strengths Assessment
- Maternal Child Health System Assessment

Assessment 1: Maternal Child Health Status Assessment

The purpose of this assessment was to review population health data to identify:

- Health issues for which there are disparities by race/ethnicity, gender, income, geography, or other factors.
- Health issues with more troubling outcomes when Barry and Eaton counties are compared with the state.
- Health issues indicating a negative trend.

What process did BEDHD use to gather data for each measure?
BEDHD conducted the MCH Status Assessment in 2016. In 2017, BEDHD conducted a supplemental data assessment to update the previous assessment. Both assessments are available at [https://goo.gl/L6pmYv](https://goo.gl/L6pmYv).

Significant negative findings from both assessments have been combined in Table 1.

What data gaps did BEDHD encounter?
There is a significant lack of data available on school-age children.

How will BEDHD address gaps in data?
We conducted intercept surveys for our Community Themes and Strengths Assessment that measured perceptions of parents of kindergarten-age children.

### Table 1: Health Status Assessment - Key Findings

<table>
<thead>
<tr>
<th>Findings</th>
<th>What phase(s) of the life course is (are) the focus of this finding?</th>
<th>What data informed this finding?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression in adolescents</td>
<td>Adolescents</td>
<td>MIPHY</td>
</tr>
<tr>
<td>Obesity in adolescents</td>
<td>Adolescents</td>
<td>MIPHY</td>
</tr>
<tr>
<td>Yearly well visits to healthcare providers by infants, young children,</td>
<td>Infants, children, adolescents</td>
<td>MDHHS, MIPHY</td>
</tr>
<tr>
<td>and adolescents (especially in Eaton County and among Medicaid recipients)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s access to dental and medical care</td>
<td>Women of childbearing age</td>
<td>BRFS</td>
</tr>
<tr>
<td>Child blood lead levels (especially in Barry County)</td>
<td>Children 0-5</td>
<td>MDHHS</td>
</tr>
<tr>
<td>Breastfeeding rates</td>
<td>Postpartum women and infants</td>
<td>MDHHS</td>
</tr>
<tr>
<td>Prenatal care visits</td>
<td>Pregnant women</td>
<td>MDHHS</td>
</tr>
<tr>
<td>Utilization of MIHP</td>
<td>Pregnant women and infants</td>
<td>MDHHS</td>
</tr>
<tr>
<td>Cesarean sections in first-time, low-risk births (especially in Eaton County)</td>
<td>Postpartum women and infants</td>
<td>MDHHS</td>
</tr>
</tbody>
</table>
Assessment 2: Community Themes and Strengths

The purpose of this assessment was to gather input from community partners and community members about:

- Features of the community that support health and put health at risk across the lifecourse
- Health needs and concerns in each stage of the lifecourse.

These types of questions were asked through this assessment:

- What do you believe are characteristics of Barry/Eaton County that promote health across the lifecourse?
- What do you believe are the most important issues to address to improve health across the lifecourse?
- What do you believe is keeping your community from improving maternal and child health?

BEDHD conducted intercept surveys and two focus groups. For the intercept surveys, parents of entering kindergarteners were targeted at kindergarten round-ups in both counties, specifically because previous data had identified school-aged children as a population that data was missing for. Additional surveys were completed by Great Start staff working with parents of preschool-age children in Barry County, as BEDHD wanted to reach parents of children who were older than who are typically see in BEDHD clinics. This outreach also reached all parents, not just low-income ones. Barry County had 17 surveys completed; Eaton County had 32 completed.

For the focus groups, BEDHD recruited new mothers who were participants in the WIC program in Barry and Eaton counties. BEDHD wanted to collect data specifically on breastfeeding and their experiences, as well as more broadly their views on health for families with low-income parents in the district. Two participants participated in the Barry County focus group, and three participants participated in the Eaton County focus group.

BEDHD used a paper intercept survey, and a facilitation guide adapted from the Healthy! Capital Counties focus group questions, but with some breastfeeding questions added. Intercept surveys were offered at kindergarten round-ups for an incentive of a free box of crayons. Participants filled them out on site. Focus group participants were offered a $25 gift card for their participation, along with being entered to win a $100 gift card. The sessions were recorded; participants’ responses were coded and analyzed. Key findings from the intercept surveys and focus groups are presented in Table 2.

Table 2: Community Themes and Strengths – Key Findings

<table>
<thead>
<tr>
<th>Method</th>
<th>Opportunities for Improving MCH</th>
<th>Community Strengths</th>
</tr>
</thead>
</table>
| Intercept Surveys| • Better communication of community events  
• More fresh fruit and vegetable options at the farmers market  
• Focus on cleaning up drug issue in county  
• Affordable healthy food options  
• Programs to keep families active  
• More outdoor activities for families to do together | • Parks, bike paths  
• AL!VE (community and fitness center)  
• Availability of health dept services, e.g. WIC  
• Farmer’s markets  
• Vaccines  
• Variety of family activities  
• Doctors |
| Focus Groups     | • Perception of need to travel to get OB/GYN care to Grand Rapids or Lansing  
• Lack of healthy restaurants  
• Need for local pediatricians  
• Places to breastfeed in public comfortably  
• Local breastfeeding support group, e.g. Baby Café  
• Help to find out about local events/resources  
• Local parks lack programming, exciting amenities  
• Resources such as AL!VE cost too much for low-income families | • Parks and YMCA  
• WIC provides vital breastfeeding support and food  
• Farmer’s markets |
Assessment 3: Maternal and Child Health System Assessment

The Maternal and Child Health System Assessment assesses the degree to which the maternal child health system has the necessary capacity to deliver essential services. A System Assessment was conducted to answer the following questions:

- What are the activities, competencies, and capabilities of the maternal child health system?
- How are essential maternal child health services being provided to the community?

This assessment was completed through two facilitated discussions, one in Barry County (12 participants) and one in Eaton County (8 participants). This discussion identified system strengths and opportunities for improvement. Key findings are presented in Table 3.

Table 3: Maternal Child Health System Assessment – Key Findings

<table>
<thead>
<tr>
<th>Essential Service</th>
<th>Opportunities for Improving the MCH System</th>
<th>Strengths of the MCH System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess and monitor MCH health status to identify and address problems.</td>
<td>• Agencies want data to be located centrally • Data can be more readily accessible • More agencies could use data to inform their work</td>
<td>• CHA/CHIP system is established • Some agencies use data internally to guide planning</td>
</tr>
<tr>
<td>Diagnose and investigate health problems and health hazards affecting women, children, and youth.</td>
<td>• n/a</td>
<td>• n/a</td>
</tr>
<tr>
<td>Inform and educate the public and families about MCH issues.</td>
<td>• More local MCH information giving to the community; and mental health information • Communicating and education of people at the ground level; partner more with health care providers • Educate about services and agencies and have a central hub</td>
<td>• Social media is successful • Relationship building with Great Starts</td>
</tr>
<tr>
<td>Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve MCH problems.</td>
<td>• Improve how community members and MCH agencies work together • Promote others’ resources instead of working in silos • Involve elected officials in MCH plans and programs</td>
<td>• We have existing coalitions working on MCH issues • Local agencies’ desire to share others’ programs • Some elected officials are involved with MCH efforts</td>
</tr>
<tr>
<td>Provide leadership for policy setting, planning, and policy development to support community efforts to assure the health of women, children, youth, and their families.</td>
<td>• n/a</td>
<td>• n/a</td>
</tr>
<tr>
<td>Promote and enforce legal requirements that protect the health and safety of women, children and youth, and ensure public accountability for their wellbeing.</td>
<td>• n/a</td>
<td>• n/a</td>
</tr>
<tr>
<td>Task</td>
<td>Example</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care. | • Increase behavioral and mental health services  
• Increase dental services  
• Address root causes to lack of access to healthcare, such as transportation and poverty | • Recognizing that there are gaps in services and factors that contribute to access problems |
| Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs. | • Offer more and accessible (time/location) professional development for MCH staff | • Minimal strengths identified |
| Evaluate the effectiveness, accessibility, and quality of personal health and population-based MCH services. | • n/a | • n/a |
| Support research and demonstrations to gain new insights and innovative solutions to MCH-related problems. | • Unclear whether some hospital-based programs are evidence-based | • BEDHD has researched and disseminated information about promising evidenced-based practices |
**STEP 6: Identify Strategic Issues**

Step 6 in the MCH process involved using the key findings identified in steps 4 and 5 to identify strategic issues impacting maternal and child health in Barry and Eaton counties. Strategic issues are the most critical issues that, if addressed, would improve health. BEDHD reviewed the findings of the three assessments and discussed which items stood out as themes, which are described in Table 2 below.

**Table 4: Identifying Themes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>What themes did you see across your findings?</th>
<th>What key findings led you to identify this theme?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1</td>
<td>Knowledge of community programs, opportunities, events, and data</td>
<td>The MCH system does not have a coordinated effort to promote services and programs, nor a central data hub. Community members want an easier, more efficient way of finding out about things for moms and families. Utilization of MIHP is very low.</td>
</tr>
<tr>
<td>Theme 2</td>
<td>Lack of access to local providers (both real and perceived)</td>
<td>Women, infants, children, and adolescent rates of well and preventive visits are low. System needs to address root causes to lack of access to healthcare. Community members report travelling to urban areas for care.</td>
</tr>
<tr>
<td>Theme 3</td>
<td>Breastfeeding</td>
<td>Breastfeeding rates are not optimal. People report a lack of places to breastfeed publically and local breastfeeding support.</td>
</tr>
<tr>
<td>Theme 4</td>
<td>Well child visits and preventive care, including dental</td>
<td>Well visits are low, especially for adolescents and young children, as well as in Medicaid populations. Gaps in access to care were identified across the system.</td>
</tr>
<tr>
<td>Theme 5</td>
<td>Healthy environments</td>
<td>High levels of adolescent obesity. Blood lead levels are not optimal. People want more healthy food options and opportunities for physical activity and exercise infrastructure that’s accessible.</td>
</tr>
</tbody>
</table>

After identifying underlying themes, the themes were rephrased as strategic issues, or questions that need to be answered in order for our community to achieve its vision. This process will help our community transition from data analysis to action planning. Strategic issues are meant to be broad, which allows for the development of innovative, strategic activities as opposed to relying on the status quo, familiar, or easy activities. Strategic issues are listed in Table 3. Public and stakeholder feedback will be solicited on these proposed strategic issues and used to finalize the priority MCH issues for Barry and Eaton counties.

**Table 5: Strategic Issues**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Strategic Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How can we increase knowledge of community programs, opportunities, events, and data?</td>
</tr>
<tr>
<td>2</td>
<td>How can we increase access to and utilization of local healthcare providers (including medical, behavioral, and dental)?</td>
</tr>
<tr>
<td>3</td>
<td>How can we increase social acceptability, structural support, and social support of breastfeeding?</td>
</tr>
<tr>
<td>4</td>
<td>How do we increase the rates of well child visits and preventive care, including dental?</td>
</tr>
<tr>
<td>5</td>
<td>How do we ensure that everyone has access to healthy environments (home, work, school, etc.), particularly healthy food and opportunities for physical activity?</td>
</tr>
</tbody>
</table>