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Title V Maternal and Child Health Needs Assessment
2016-2017

Michigan Department of Health & Human Services,
Bureau of Family Health Services

Michigan Public Health Institute

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Background Information

The Title V Maternal and Child Health (MCH) program in Michigan operates under the vision of the Michigan Department of Health and Human Services (MDHHS) which aims to "develop and encourage measurable health, safety, and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families." The federal Title V program is funded and administered by the Health Resources and Services Administration (HRSA), and operates under the vision of creating "a nation where all mothers, children and youth, including Children with Special Health Care Needs (CSHCN), and their families are healthy and thriving." In Michigan, Title V funding is administered through the Bureau of Family Health Services and the Children's Special Health Care Services (CSHCS) Division. This funding is used to support both state and local MCH activities that align with priority needs.

Every five years, MDHHS completes a comprehensive MCH needs assessment as part of Title V program requirements. The results of the needs assessment are used to select state priorities, and these priorities are aligned with federal performance measures. Funding is directed toward services that are designed to improve performance on these measures and address state priorities. Three types of services are supported:

- Direct Services
- Enabling Services
- Public Health Functions & Infrastructure

Local 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, MDHHS asks that Local Health Departments (LHDs) 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.

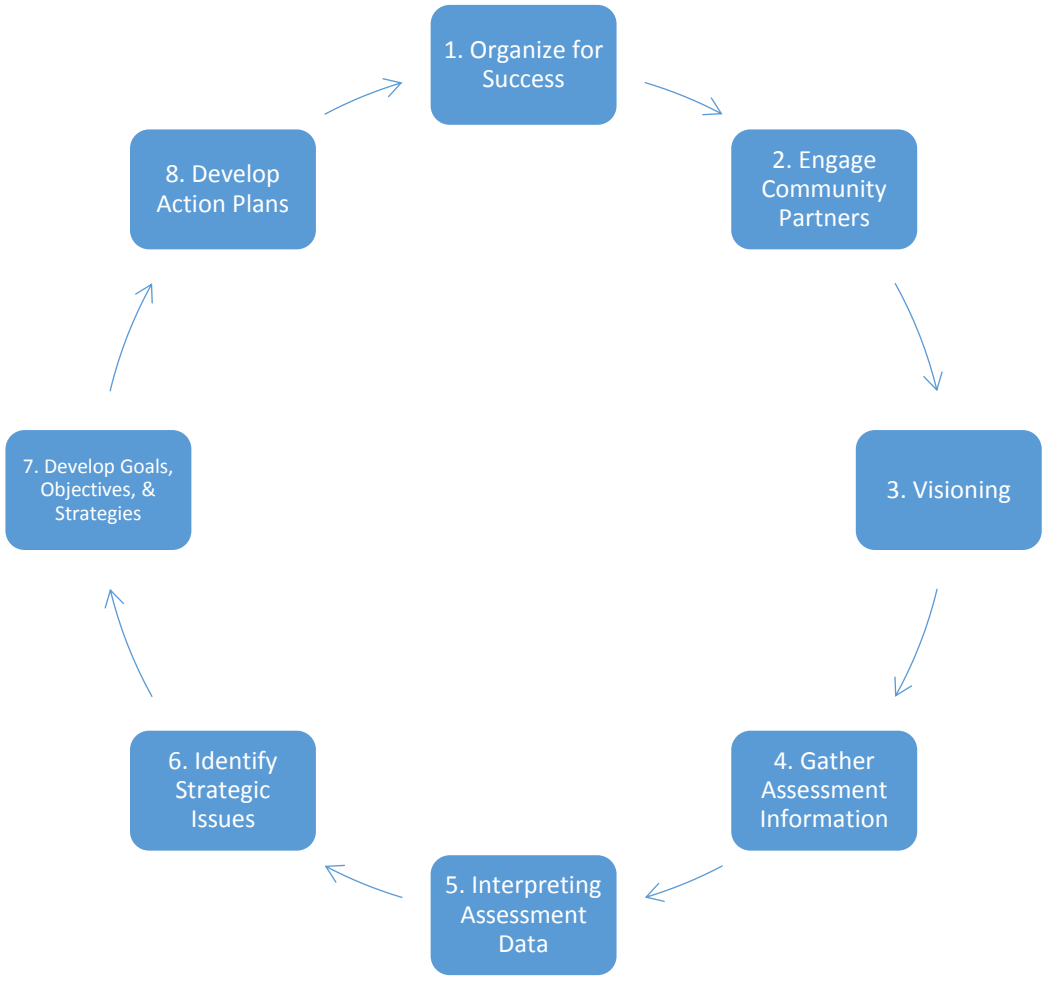
Needs assessments may be carried out using a variety of methodologies. Some LHDs complete Community Health Assessments (CHAs) or partner with local non-profit hospitals on their Community Health Needs Assessments (CHNAs), which may include a robust MCH assessment. Others may complete an MCH assessment that includes an examination of population data, community input, and/or an examination of MCH infrastructure. For some LHDs, existing assessment activities may be sufficient to inform the selection of Title V priorities, and this instrument may provide ideas for supplementing existing activities. Other LHDs may not have a formal MCH needs assessment at present. Those LHDs can use this tool to step through the needs assessment process, focusing on MCH needs only or focusing on MCH needs as part of a broader CHA.

By completing this tool, or using this tool to supplement an existing process, LHDs will be able to identify:

- 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;
- Priority MCH needs; and
- Strategies for improving MCH infrastructure and outcomes.

The needs assessment process is designed to align with both the Title V MCH Needs Assessment model and the National Association of City and County Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) model. See Figure 1 for an overview of the steps in the process.

Figure 1: Title V Needs Assessment and Planning Process



The most critical features of a comprehensive needs assessment are: (1) partners are engaged in the process, especially those most impacted by the forces creating health inequities; (2) multiple types of data are used to identify both strengths and needs; (3) the process is completed without pre-determined outcomes, such that evidence is used to select priorities and set objective targets; and (4) strategies for improvement are grounded in evidence-based public health practice.

Definitions

Activity: A set of actions taken to implement a strategy or intervention.

Community Health Assessment - "The terms 'community health assessment (CHA' and 'community health needs assessment (CHNA)' are used interchangeably to refer to the process of community engagement; collection, analysis, and interpretation of data on health outcomes and health correlates/determinants; identification of health disparities; and identification of resources that can be used to address priority needs." (U.S. Centers for Disease Control and Prevention. *Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants,* Atlanta, GA: Office of Surveillance, Epidemiology, and Laboratory Services, 2013, p1)

Direct Services - preventive, primary, or specialty clinical services to pregnant women and children, including children with special health care needs, where MCH Services Block Grant funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. (Title V Guidance)

Enabling Services - non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where MCH Services Block Grant funds are used to finance these services. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach. (Title V Guidance)

Evidence-based Strategy Measures (ESMs) – intended to hold states accountable for improving quality and performance related to the NPMs and related public health issues. ESMs will assist state efforts to more directly measure the impact of specific strategies on the NPMs. (HRSA.org) ESMs are process measures that indicate an intervention is being implemented as designed.

Family/Consumer Partnership – The intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course. (Title V guidance)

Goal – A broad statement of what a community, service, program, policy or intervention hopes to achieve.

Health Disparities – health outcomes seen to a greater or lesser extent between populations. Health disparities may be related to race, ethnicity, sexual identity, socioeconomic status, age, disability and geographic location. It is important to recognize the impact that social determinants have on health outcomes of specific populations. (Healthy People 2020)

Intervention: A set of services, programs or strategies designed to produce behavior change or improve health status among individuals or a population.

Life Course – The life course approach to conceptualizing health care needs and services evolved from research documenting the important role early life events play in shaping an individual's health trajectory. The interplay of risk and protective factors, such as socioeconomic status, toxic environmental exposures, health behaviors, stress, and nutrition, influence health throughout one's lifetime. (HRSA)

A life course approach emphasizes a temporal and social perspective, looking back across an individual's life experiences or across generations for clues to current patterns of health and disease, while also recognizing that both past and present experiences are shaped by the wider social, economic and cultural context. (WHO)

The phases or stages of the life course can be defined in a variety of ways. The following stages are used for the purposes of this assessment. Note that these stages overlap and are defined by a combination of age and developmental accomplishments:

> **Pre/Inter-conception:** The period either before or between pregnancies. The childbearing years include the timeframe between physical maturity and the beginning of menopause, approximately 20 – 44.
>
> **Perinatal**: The period beginning with 22 completed weeks (154 days) of gestation and ending with seven completed days after birth. (WHO)
>
> **Infant**: Includes both the neonatal period (birth-27 days of life) and the postneonatal period (1 month-1 year). (HRSA) This period is also sometimes defined as the period between birth and the acquisition of key developmental skills such as acquisition of language or the ability to walk.
>
> **Childhood**: Period of development following infancy and preceding puberty.
>
> **Adolescence**: Period of development beginning with puberty and ending with physical maturity.
>
> **Early- to Mid-Adulthood**: Period of time beginning with physical maturity.

National Outcome Measures (NOM) – indicators of health status for the MCH population; NOMs monitor the impact by National Performance Measures (Title V Guidance)

National Performance Measures (NPMs) – A set of population-based measures which utilize state-level data derived from national data sources for which state Title V programs will track prevalence rates and work towards demonstrated impact. NPMs address key national MCH priority areas. (Title V Guidance)

Needs Assessment: A process to understand the strengths and needs of the health service system within a community or population. For maternal and child health purposes, needs assessment efforts may consider: 1) health status, 2) health service utilization, 3) health systems capacity, and 4) population/ community characteristics and contextual characteristics.

Objectives: A statement of intention with which actual achievement and results can be measured and compared. SMART objectives are specific, measurable, achievable, relevant and time-phased. (Kansas Maternal and Child Health)

Outputs: The products, goods, and services which result from an activity/strategy/intervention that indicate successful implementation of an activity/strategy/intervention.

Preventive Services: Activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions.

Priority Needs: Title V legislation directs states to conduct a state-wide MCH Needs Assessment every 5 years to identify the need for preventive and primary care services for pregnant women, mothers, infants, children, and CSHCN. From this assessment, states select seven to ten priorities for focused programmatic efforts over the five-year reporting cycle. (Kansas Maternal and Child Health)

Public Health Services and Systems: activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. (Title V Guidance)

Strategic Issues: The major challenges facing maternal child health in your community. If these issues were addressed, your community would see improvements in maternal child health.

Strategy: A plan of action or policy designed to achieve a goal.

Target Region/Community: The geographic area served by the health department.

Title V Maternal and Child Health (MCH): Enacted by Congress in 1935 as part of the Social Security Act, the only legislation to promote and improve the health of all mothers and children. Title V authorized the creation of the MCH and CSHCN programs, providing the infrastructure to achieve this mission. (MCH Navigator)

Women's/Maternal Health: Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. (WHO)

STEP 1: Organize for Success

The purpose of this step is to structure a planning process that builds commitment, engages participants as active partners, utilizes participants' time well, and results in a plan that can be realistically implemented. Organizing is a critical step in ensuring a successful and productive needs assessment process.

1. In addition to meeting the requirements of HRSA's Title V grant, describe your agency's overarching goals as you complete this maternal and child health needs assessment process.

The Bay County Health Department's (BCHD) mission is to protect and promote a healthy community and safe environment by providing quality services through all stages of life. To that end, the goal of the BCHD is to improve health outcomes for families. Specifically related to the Maternal, Infant Health Program (MIHP), Women, Infant and Children's (WIC), and the immunizations program, BCHD's goal is to ensure that moms have access to the resources they need to ensure healthy pregnancies, good birth outcomes, and healthy infants and children. As those children grow into teens and young adults, the BCHD is committed to providing family planning services as well as health education to individuals so that they may be equipped with the information and knowledge to improve their health and better take care of themselves and their families.

This assessment and planning process must be completed in partnership with a group of individuals and organizations who have a stake in the health and well-being of families. This group should be led by a small leadership team who can make decisions and coordinate the process.

2. Does the community have a broad group of MCH system partners who will engage in the needs assessment?
☒ Yes ☐ No

a. ***If yes***, please describe the group's name, the organization that coordinates the group, membership, structure, role of your LHD, and work this group has completed together.

Bay County Health Department will be working with the Bay-Arenac Great Start Collaborative (GSC). This is a multiagency collaborative with participation from the following organizations: Bay County Health Department, Bay-Arenac Intermediate School District, Starting Strong, MSU Extension, Great Lakes Bay Health, Great Lakes Bay Health Migrant Program, Parent Representatives, Bay Area Community Foundation, Bay County Department of Health and Human Services, McLaren Bay Region, Northeast Michigan Community Service Agency, 2-1-1 Northeast Michigan, Bay Human Services Collaborative Council, Do-ALL Inc., Bay-Arenac Career Center, Bay City Department of Public Safety, Child Abuse and Neglect Council of the Great Lakes Bay Region, Lil Sprouts Child Development Center, Delta College, YWCA Great Lakes Bay Region, PNC Bank, COPOCO Credit Union, Early Childhood Development Center, Bay-Arena Behavioral Health Authority, Bay County Library Systems, Bay County Public School Academy, Neighborhood Resource Center, Early On, Rivers Edge Learning Tree, Bay Area Chamber of Commerce, Michigan Childhood Centers, Bay County United Way, Covenant Health Center, and the Great Start Readiness Program. The overall goal of the Collaborative is to *"Create a coordinated system of community resources and support where all Bay County and Arenac County families know about and have access to the services they need to ensure that their children begin kindergarten ready and eager to learn."* The Collaborative meets every other month to discuss ways continue to reach their goal.

The Great Start Collaborative (GSC) Executive Committee is comprised of representatives of this larger body, including agency leaders and parents. The Executive Committee is responsible for policy recommendations, oversight of the full collaborative and ensuring that the strategies and activities of the GSC are aligned with the mission and strategic plan.

There is also a Great Start Parent Coalition that is a critically important part of the GSC, as parent voice helps to shape our work. The Parent Coalition "empowers parents and caregivers to speak out and make a difference for the children in Bay and Arenac counties." Parents are valued, respected and, moreover, viewed as equals in all GSC decisions and in the execution of the GSC's strategic plan.

The Bay County Health Department plays a large role within the Collaborative. Not only is the BCHD part of the larger Collaborative, but also the Executive Committee. BCHD assists the collaborative in promoting the programs and services the collaborative and its partners are providing to the community. The BCHD and the Collaborative work together to bring many programs and service to the community. These include community outreach events, Safe Journey, Home Visiting Hub (under development), referrals between Early On, MIHP, Starting Strong, Preschool Partnership, Bay-Arenac Diaper Council, Bay Human Services Community Collaborative, Bay Project CONNECT, and many other initiatives.

b. ***If no,*** what steps will you take to convene MCH system partners to complete this assessment?
Click here to enter text.

3. Who will be a part of the small leadership team who will make decisions and coordinate the assessment? Name each individual, their organization, position, and why they were selected to be a part of the team. *Please also identify your team leader that MDHHS can communicate with regarding the MCH Needs Assessment.*

The Great Start Collaborative Executive Committee will act at the Leadership team for the MCH Assessment. Since the GSC has an existing leadership team who already works very closely and has representatives from the GSC, it was decided that this would be a natural fit. Tracy Metcalfe-Bay County Health Department will be the Team Leader. The rest of the team consists of the following individuals: Denise Anaya – Parent Representative, Jill Bialek – BAISD, Renee Courier – GLC College Resource Center, Trisha Charbonneaun-Ivey – BABHA/HSCC, Jennifer Colberg – Parent Representative, Kendra Durga – Parent Representative, Kathy Janer – BCHD, Becky Morgan – McLaren Bay Region, Amy Murphy – Parent Representative, Laura Strohpaul – Early On, Amy Trogran – BAISD/GSC Parent Liason, Rich VanTol – BAISD/ GSC Coordinator, Pam VanWormer – BABHA, Brenda Wakefield – NEMSCA, Gretchen Wagner – BAISD, Susan Wright – Covenant Health Care. All of the listed above individuals were chosen to be part of the GSC because they bring valuable insight to the table and have the ability to make decisions on behalf of their programs. Additionally, parents comprise at least 20% of our membership and are empowered as equals in all local decision-making.

4. Please indicate the extent to which community members most impacted by the root causes of health inequity will be authentically involved in this assessment process.

It is important that parent's voices are heard in this process. They are crucial to help identify gaps and needs in programs and services to help enhance women and children's health. We will be working very closely with the GSC Parent Coalition, Great Lakes Bay Health Migrant Program, as well as parents that are involved in the programs offered through the Bay County Health Department. Parents will help inform focus group and survey questions as well as participate in them. Not only will they participate in the focus groups and surveys, they will also be part of the planning process. Once the information is collected and analyzed, they will assist in developing priorities and strategies to address the identified gaps and needs. Once the action plan is developed we will continue to work with the Great Start Collaborative, the Parent Coalition and all that were involved in the assessment process to put the action plan into motion.

Developing a timeline for the MCH assessment process is crucial to success. This process should take no longer than nine months. Complete the table below with approximate deadlines for when each step will be completed internally. If your community has already completed certain parts of this process, use the check the boxes next to the text 'we have completed this step' to indicate what your community has done.

Table 1: MCH Assessment Timeline

Description of Activity	**Months (using a 9 timeline)**								
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.
Organize for Success (2 weeks)	☒ We have completed this step								
Identify the goals of the assessment	X								
Identify a partnership group	X								
Establish a leadership team	X								
Develop a workplan and timeline	X								
Identify strengths and barriers	X								
Engage Community Partners (2 weeks)	☒ We have completed this step								
Identify partners, including parents	X								
Develop invitation materials & a contact list	X								
Invite participation	X								
Visioning (4 weeks)	☒ We have completed this step								
Set a date, time, and location for a kickoff meeting		X							
Send out invitations		X							
Prepare an agenda		X							
Hold kickoff meeting and complete visioning process		X							
Draft vision and values		X							
Finalize Vision and Values		X							
Gathering and Interpreting Assessment Information (3 months)									
Maternal Child Health Status Assessment	☒ We have completed this assessment								
Identify who will work together to compile population data		x							
Compile population data			x						
Plan and conduct a meeting to review population data and identify findings				x					
Community Themes and Strengths Assessment	☒ We have completed this assessment								
Select qualitative data collection methods and design procedures				x					
Determine who will be responsible for collection and train them				x					
Collect data and summarize key findings				x	X				
Summarize key findings					X				
Maternal Child Health System Assessment	☒ We have completed this assessment								
Plan and invite participants to complete the system assessment				X					
Complete the system assessment					X				

Summarize findings from the system assessment					x				
Identify Strategic Issues (1 month)	☒ We have completed this step								
Identify potential strategic issues						X			
Discuss issues-why they are strategic and urgency						X			
Consolidate strategic issues						X			
Arrange issues in priority order						X			
Formulate Goals and Strategies (1 month)	☒ We have completed this assessment								
Develop goal statements							X		
Develop strategy alternatives and barriers							X		
Explore implementation details							X		
Select and adopt strategies							X		
Planning for Action (2 months)	☒ We have completed this assessment								
Organize for action and develop objectives								X	
Develop action plans								x	X
Prepare for evaluation / determine the methodology									X
Gather evidence and justify conclusions*									
Share results*									
Modify action plans*									

* These steps continue after the planning process is complete

Table 2: Identification of Barriers

What are the potential barriers to a successful assessment process? How might they be overcome?

Barriers	Ways They Can Be Addressed
No phone or email contact info	Messages on chart at OB office for those without other contact info
Attendance. For many parents childcare will be a challenge.	Offering childcare and/or stipend to help cover cost childcare, transportation, etc.
Women don't want to participate in a program for people with high risks	Educate public that it is the standard of care that all pregnant women and infants participate in a home visiting program
Frequent address change	Healthcare provider
Communication with public about assessment to get volunteers	Fliers with basic information well distribution. Facebook & twitter webpages.
Current Programs are not available to all women and children	Put into place home visiting programs available to all women and children, so that home visiting support is accepted for all demographics of our community
Refusal to participate	Remove stigma of available programs - available to all vs. targeted to low income/Medicaid

Difficult to assess people who are not involved in the programs as to why they do not participate	Ask WIC to do a survey of their clients who are eligible for a currently available programs to learn why they do not participate
Busy parents - time consuming - not wanting to be bothered	No response
Feeling harassed (telemarketing feel)	Strong community message of programs making them more acceptable, expected & even anticipated

Table 3: Identification of Strengths

What are the strengths you and your partners bring to this assessment process? How might they be used to strengthen this assessment?

Barriers	Ways They Can Be Addressed
No phone or email contact info	Messages on chart at OB office for those without other contact info
Attendance. For many parents childcare will be a challenge.	Offering childcare and/or stipend to help cover cost childcare, transportation, etc.
Women don't want to participate in a program for people with high risks	Educate public that it is the standard of care that all pregnant women and infants participate in a home visiting program
Frequent address change	Healthcare provider
Communication with public about assessment to get volunteers	Fliers with basic information well distribution. Facebook & twitter webpages.
Current Programs are not available to all women and children	Put into place home visiting programs available to all women and children, so that home visiting support is accepted for all demographics of our community
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Difficult to assess people who are not involved in the programs as to why they do not participate	Ask WIC to do a survey of their clients who are eligible for a currently available programs to learn why they do not participate
Busy parents - time consuming - not wanting to be bothered	No response
Feeling harassed (telemarketing feel)	Strong community message of programs making them more acceptable, expected & even anticipated

STEP 2: Engaging Community Partners

Please identify the community partners that will complete the assessment process. Include participants' names. Select participants that will provide a broad range of perspectives; represent a variety of groups, sectors, and activities within the community; and bring the necessary resources and enthusiasm to the table. *Give careful consideration to identifying the most appropriate participant(s) from each organization.*

Table 4: Identify and Organize Participants

POTENTIAL PARTNERS	ORGANIZATION NAME(S)	PARTICIPANT NAME(S)
Education and Youth Development	Bay-Arenac ISD – Superintendent Bay-Arenac – Special Education Supervisor Bay-Arenac ISD MSU Extension Bay Arenac Career Center Bay ISD - Out-of-School Time/Youth Development Great Lakes Bay Region STEM Learning Ecosystem	Deb Kadish Gretchen Wagner Jorri Novak Heather Rousseau Ann Arnold Kevin Zoromski Kathy Dardas Rich VanTol Rich VanTol
Recreation and Arts	Click here to enter text.	Click here to enter text.
Healthcare Providers	McLaren Bay Region Great Lakes Bay Health Covenant Health Care	Becky Morgan Magen Samyn Jill Armentrout John Martin Dawn Kintner Bridget Sonntag Marci Lytle
Hospitals	McLaren Bay Region Covenant Health Care	Becky Morgan Magen Samyn Marci Lytle Susan Wright
Public Safety	Bay City Public Safety	Leslie Darrow
Home Visiting	Bay County Health Department – Maternal Infant Health Program Baby Bright, Inc Starting Strong	Kathy Janer Evan Guthrie Leah Kickbusch Amber Armstrong Tanya Roberts
Early Intervention (i.e. Early On)	Starting Strong Early On	Leah Kickbusch Amber Armstrong Tanya Roberts Rich VanTol Laura Strohpaul

Education	Bay-Arenac ISD – Early Childhood Specialist Bay-Arenac ISD – Superintendent Bay-Arenac – Special Education Supervisor Bay-Arenac ISD Bangor Public Schools Bay City Public Schools Bay County Public School Academy	Jill Bialek Deb Kadish Gretchen Wagner Jorri Novak Heather Rosseau Whitney Crete Wendy Legner Tonia Reinig
Community Mental Health	Bay Arenac Behavioral Health Authority	Kelli Maciag Pamela VanWormer
Early care and education	Great Start Readiness Program – Pinconning Great Start Readiness Program – Standish Sterling Great Start Readiness Program-Bay ISD Great Start Readiness Program – AuGres Sims Great Start to Quality – Eastern Resources Great Start to Quality Resource Center Northeast Michigan Community Service Agency Northeast Michigan Community Service Agency – Head Start Li'L Sprouts Child Development Center River's Edge Great Start Readiness Program Ready-Set-Grow! River's Edge Learning Tree Michigan Child Care Centers Great Start Collaborative	Laurie Badgerow Shawna Paulik Jean Cook Jennifer Wiedyk Kim Kokaly Niki Napolitano Susie Swaid Julie Bash Rosanna Keller Lisa Bellor Rebekah Seelow Brenda Wakefield Lorrie Foor Angela Masson Lindsey Smock Tammy Goodroe Taylor Foor Ashly Kolodisa Elizabeth Shephard Danaea Trombley Erin Wilson Debbie Weadock Rich VanTol
Housing	Click here to enter text.	Click here to enter text.
Transportation	Click here to enter text.	Click here to enter text.
Child Protection	Great Lakes Bay Child Abuse and Neglect Council Department of Health and Human Services	Leslie Eschenbacher Vera Harrison Jim Bejcek Sandra Wood

Philanthropic Organizations	Bay Area Community Foundation Bay County United Way Bay City Kiwanis Club	Renee Aumock Tera Wieland Rich VanTol
Universities	Delta College	Jill Harrison
Faith community	Click here to enter text.	Click here to enter text.
Neighborhood organizations	Neighborhood Resource Center Bay County Library System	Barry Schmidt Krista Pedersen
Cultural organizations	Great Lakes Bay Health – Migrant Program	Jessie Costilla
Business community	Do-All Inc. PNC Bank Bay Area Chamber of Commerce Copoco Credit Union	Carrie Collier Chris Girard Judy Johnson Jodi Lamont Brenda Scramlin
OTHER PARTNERS	**ORGANIZATION NAME**	**PARTICIPANT NAME**
Parent Representatives	Click here to enter text.	Denise Anaya Jennifer Colberg Kendra Durga Tracey Freeling Kristy Kopec Angela Iseler Amy Murphy Katie Strubel Robin VanGuilder
Substance Use Recovery	Peer 360 Recovery Alliance	Jaimie Estep
Parent Liaison	Great Start Collaborative	Amy Trogan
Referral Agencies	2-1-1 Northeast Michigan Human Services Collaborative Council	Shannon Benjamin Trisha Charbonneau-Ivey
Click here to enter text.	YWCA Great Lakes Bay Region	Rachelle Hilliker
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Click here to enter text.	Click here to enter text.	Click here to enter text.

5. Have you identified families to engage as a partner in this process?
☒ Yes ☐No

a. ***If yes,*** how will you ensure families' participation is meaningful and supported?

The Parent Coalition empowers parents and caregivers to speak out and make a difference for the children in Bay and Arenac counties. I will be working very closely with the Parent Coalition for participation in and possible recruitment for focus groups and surveys. The parent coalition has a parent liaison that I will be coordinating logistics with. The parents are here because they want to make a difference and they participate in many activities throughout the year. It is our intention to provide the parents with day care either through reimbursements or by providing on-site day care. We will also provide parents with a stipend for their time and/or a gas card for their travel. Additionally, the parents that participate in the focus groups and surveys will also be invited to inform the work plan with strategies and activities that can address priority gaps and needs as identified through the assessments.

b. ***If no,*** why will families not be engaged in this process?
Click here to enter text.

6. If you have any gaps in identified partners, please identify those gaps, explain why these partners cannot be engaged in this process, and the implications of their absence.

Gaps in our partners include: Recreation and Arts, housing, transportation, and the faith based community. It has been difficult, not only for the GSC, but for other community coalitions to garner representation from these groups. However, through the Bay Human Services Collaborative council we have a connection with the Good Samaritan Rescue Mission who serve the homeless population and provides emergency shelter for those in need. We also have access to the Salvation Army through the HSCC. They provide housing and homeless assistance, and youth camps and recreation programs. Not having faith based organizations represented the coalition misses out on a unique group of people who may be eligible to receive services. The coalition also misses out on any programs or services offered through the church. Transportation is a common barrier expressed by lower income families for receiving care. Without transportation at the table it makes it difficult to address this barrier. Although individuals in the coalition may have contacts with people in recreation and the arts, not having them represented makes it difficult to address physical activity barriers in the community. While not have these groups repented at this time can make developing strategies and actions more difficult it can still be accomplished. Furthermore, these groups will be invited to the table during this assessment process and if they participate in the coalition for the assessment, the hope is that they will continue involvement in the coalition once the assessment is completed.

7. Describe your process for inviting partners and families to become involved in this assessment. What process did your community use to identify the partners to involve in this process? How did you recruit participants?

The GSC already has the organizations and people in place to assist and inform the MCH Assessment. The team leader initially met with the GSC Coordinator and Parent Liaison to go over what the MCH assessment is, why we are doing it, and why we want to work with the GSC. Once the GSC Coordinator and Parent Liaison were on board, the team leader attended the GSC Executive Team meeting in January to provide an overview of the assessment. I provided a one page handout describing the purpose for the assessment, what the goals of the assessment are and what the expectation is of the GSC Executive Team, the GSC Coalition, and the Parent Coalition. The team leader also attended the parent coalition meeting to

talk with the parents about the MCH assessment. The same information was provided to the parents, with special focus on the focus groups and surveys. Everyone that the team leader spoke with were interested in participating in this assessment and understood how the information from this assessment would also assist them in the work they are already doing or would like to do in the future.

STEP 3: Visioning

During this step local maternal child health system partners and community members will come together to describe what they envision for maternal child health in their community. This shared vision will establish common ground and serve as a touchpoint throughout the assessment process.

Your vision will be developed by your broad group of community partners through a facilitated conversation. Use the questions below to guide discussion. The ideas raised through the discussion will result in words and phrases that can be used to articulate your community's vision for maternal and child health.

Table 5: Developing Vision and Value Statements

VISION Questions	VALUE Questions
Imagine yourself in this community 10 years in the future. If we are successful, how will our community support health across the life course?	How do we need to interact with one another to achieve our vision?
Services are easily accessible Mental health services are available for all We have sufficient and qualified healthcare providers Supportive of breastfeeding Every person has health insurance No stigma for having to use services	Active Listening, Collaboration, Sharing, Equal Treatment, Mutual Respect
What are the important characteristics of a community that supports health across the life course?	What type of climate will be necessary to support interacting with one another in an effective way?
Access to healthy foods Healthy foods are affordable Sufficient and qualified providers Transportation is available and affordable Fathers are more involved Comprehensive system	Remove barriers to communication, Non-Judgmental, Supportive, Positive, Optimistic, Energetic, Non-Threatening, Non Competitive, Open Communication, Flexible, People are present and engaged, Creative and innovative, Empathetic,

Non-Judgmental Family focused	
Ten years from now, what would we want the local newspaper to say about maternal and child health in our community?	What are some partnership principles we want to set to ensure we are working effectively to achieve our vision?
Moms, Kids: Healthy, Happy and Out and About. Babies are being born to drug and alcohol free moms Mothers and children have easy access to health resources Child support from fathers is now a thing of the past Healthy moms, healthy babies Bay County ranked number 1 in the nation to have and raise kids. A comprehensive system available to all expectant mothers and their young children that is easily accessible and ultimately is accessed by all so that children are born healthy and receive appropriate care in their early years.	Transparency, Awareness, Avoid being territorial, Open Communication, Team work, Respect

☐ We have an existing vision ☐ We have described our values

Use the words, phrases, and main ideas in the table above to draft a vision and set of values. Gather feedback from your partners, tweak your vision and values, and describe your vision and values in response to the next two questions.

8. What is your vision for maternal child health in your community?

The Maternal and Child Health Team's vision for Bay County is to ensure all-inclusive services are available and easily accessible to women and children to enhance their heath.

9. What values will guide your process?

Respect, Openness, Teamwork, Trustworthiness, Professionalism, Optimism, Equality, Confidentiality, Active Listening

STEPS 4 & 5: Gathering & Interpreting Assessment Information

In order to describe your community's maternal and child health strengths, assets, and needs, you will complete 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 is to review population health data to identify:

- Health issues where your community faces disparities by race/ethnicity, gender, income, geography, or other factors.
- Health issues where your community is facing more troubling outcomes when compared with the state.
- Health issues where your community is observing a negative trend.

In order to complete this assessment you will identify, to the best of your ability, data on a series of measures selected for their importance to understanding MCH within communities. The measures selected for this assessment link to the priorities that have been identified on both the state and national level for Title V. It also includes other key measures for understanding health from a lifecourse perspective. The specific measures will be provided in a separate document. Additionally, communities are encouraged to use other sources of population health data relevant to the MCH population. For example, local or regional Perinatal Periods of Risk (PPOR) analyses may be informative.

Table 6 lists sources of population data that may be helpful.

Table 6: Sources of Population Data

Source	Web Link
American Community Survey	https://www.census.gov/programs-surveys/acs/
BRFSS	http://www.cdc.gov/brfss/
Bureau of Primary Health Care/Health Center Program	https://bphc.hrsa.gov/
Childhood Lead Poisoning Prevention Program (CLPPP)	http://www.michigan.gov/lead/0,5417,7-310--305271--,00.html
Common Core of Data	https://nces.ed.gov/ccd/
Consumer Assessment of Healthcare Providers & Systems (CAHPS)	http://www.ahrq.gov/cahps/index.html
County Health Rankings; Local Area Unemployment Statistics (LAUS)	http://www.countyhealthrankings.org/app/michigan/2016/measure/factors/23/map
County Health Rankings; The Uniform Crime Reporting (UCR) Program	http://www.countyhealthrankings.org/app/michigan/2016/measure/factors/43/data
Feeding America	http://map.feedingamerica.org/county/2013/overall/michigan
Maternal Infant Health Program (MIHP)	http://www.michigan.gov/mihp/
Michigan Care Improvement Registry (MCIR)	https://www.mcir.org/
Michigan Vital Statistics	http://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944_4669_4681---,00.html
National Assessment of Educational Progress (NAEP)	http://nces.ed.gov/nationsreportcard/
National Child Abuse and Neglect Data System (NCANDS)	http://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands

National Health and Nutrition Examination Survey (NHANES)	http://www.cdc.gov/nchs/nhanes/
National Health Interview Survey	https://www.cdc.gov/nchs/nhis/
National Immunization Surveys	http://www.cdc.gov/vaccines/imz-managers/nis/
National Survey of Children with Special Health Care Needs	http://www.childhealthdata.org/learn/NS-CSHCN
National Survey of Children's Health (NSCH)	http://www.childhealthdata.org/learn/NSCH
National Survey on Drug Use and Health (NSDUH)	https://nsduhweb.rti.org/respweb/homepage.cfm
Pregnancy Risk Assessment Monitoring System (PRAMS)	https://www.cdc.gov/prams/
School-Based Health Care Census	http://www.sbh4all.org/school-health-care/national-census-of-school-based-health-centers/
Substance Abuse and Mental Health Services Administration (SAMHSA)	http://www.samhsa.gov/
USDA Economic Research Service	https://www.ers.usda.gov/
Youth Risk Behavior Surveillance System (YRBSS)	https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI

10. What process did you use to gather data for each measure? What resources did you use?

We conducted a focus group of parents (both men and women) who recently completed a parenting session called “Make Parenting a Pleasure.” We were able to tag on to their weekly sessions and just extend their group by one week. We provided child care and dinner for the families. There were about 16 participants. We also placed 3 community walls in the community. One was in the Health Department waiting room, one was located in the child care center at the YMCA and the third was located outside of each classroom and NEMSCA. One barrier to this was that we were not able to have a staff person direct people to the walls and as a result we did not get as many responses as I would have liked. We conducted an intercept survey at a health fair and also conducted photovoice. We had about 9 families participate in the photovoice, however, we just got our pictures back so that information is not reflected in this report but will be added in and shared with the group once it is available. Preliminary view of the photos support what the data says and what was collected via focus groups and intercept survey. In addition, we used data provided by the Michigan Department of Health and Human Services to inform much of our quantitative data. We also, used information from the Michigan Profile for Heathy Youth Survey, the US Census, American Communities Survey, and information from Great Start Collaborative data collection/assessment they conduct annually. I have attached the updated BCHD LCMH data workbook to reflect the information gathered from the above listed sites.

11. What data gaps did you encounter?

Local data on safe sleep practices. Data for the indicators on public health services and systems.

12. How will you address gaps in data?

It was very difficult with the time frame given and other job responsibilities to really focus on finding this information. The PRAMS information only breaks down to the state level and does not really give us a good idea of what it looks like for Bay County. Moving forward, coalition members will work on gathering this information for future use. We will begin by identifying programs that may collect this information, identify the contact for that program and then begin working with them to gather the data. If we cannot find a program that already collects this information we will begin discussion with programs that could

benefit from this data to determine if it would be feasible to collect the information and how best to collect it.

Use table 7 to summarize your observations of your Title V LMCH Data. Convene your community partners to review the data, and ask participants to describe what they notice in the data. Describe your partners' key observations under 'Findings.' Indicate the phase or phases of the life course emphasized in each finding, as well as the measure or specific data that informed the finding.

Table 7: Health Status Assessment - Key Findings

Findings	What phase(s) of the life course is (are) the focus of this finding?	What data informed this finding?
8% of Bay County residents have a motor vehicle.	Adulthood	U.S. Census American Communities Survey
Nearly 40% of middle school and 27% of high school students report experiencing bullying on school property and 20% report experiencing electronic bullying	Adolescence	MiPHY Survey
Not enough quality daycare for evening hours and special needs children. **Bay County has 61 licensed child care facilities (not including school programs) yet only 6 offer extended hours into the evening (between 7pm-11:45pm)**	Infant, early childhood	Focus Group Department of Licensing and Regulatory Affairs
Need more support/social groups for parents/families	Adulthood	Focus Group
53% of our population is female, 39% of that is women of childbearing age, 34% are single moms living in poverty, 32% of single moms living in poverty have a child under 5 years and 42% have a child under 18 years.	Early Childhood, Adolescence, Adulthood	MDHHS Population Trends and U.S. Census American Communities Survey
60% of 3rd and 4th graders are not proficient in math and over 50% of 3rd and 4th graders are not proficient in readings	Early Childhood	MSTEP

High rate of confirmed victims of child abuse and neglect (23.7/1,000)	Infant, Early Childhood, Adolescence, Adulthood	Child Protective Services
High rate of domestic violence (11.9/1,000)	Adolescence, Adulthood	Michigan Incident Crime Reporting
13%-20% of students reported their parents would not know if they came home	Adolescence, Adulthood	MIPHY Survey
Almost half of women who give birth are not married, 26% smoked while pregnant and only 8% were breastfeeding exclusively at 6 months despite 64% initiating breastfeeding	Pre- & inter-conception, perinatal, infant	WIC Statistics
Only half of middle and high school students report getting the recommended amount of weekly physical activity	Adolescence	MiPHY Survey
Only 13% of Medicaid births received a MIHP contact	Early childhood, adolescence	Medicaid Births with MIHP contact Map

Assessment 2: Community Themes and Strengths

The purpose of this assessment is 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; and
- Health needs and concerns during each stage of the lifecourse and for CYSCN.

This assessment is especially helpful in addressing gaps in your population health data. For example, if you do not have good data about the impact of place on health for your community (geographic disparities), you may want to focus on gathering community input about this issue. Similarly, if you do not have good data about a particular topic (e.g., breastfeeding, child care quality, perceptions of CYSCN) or population group (e.g., middle childhood, youth with behavioral health concerns), you could focus this assessment on that topic or population group.

These are the types of questions that you will answer through this assessment:

- What do you believe are the 2-3 characteristics of this community that promote health across the lifecourse?
- What are some specific examples of people or groups working together to improve maternal and child health in your community?
- What do you believe are the 2-3 most important issues that must be addressed to improve health across the lifecourse?
- What do you believe is keeping your community from doing what needs to be done to improve maternal and child health?

- What actions, policy, or funding priorities would be required to improve maternal and child health in your community?

In order to complete this assessment, you will gather original, qualitative data from community members. You may also use existing qualitative data collected by your organization or your partners. You have many options for collecting data, and the options you select should align with your capacity, what makes sense in your community, and the questions you want to answer. Several options are described below.

Community Input Wall

Community input walls are an easy, low cost way to gather perspectives anonymously from community members or people who spend time at a specific location. Post a large piece of paper, sticky wall, or poster board in a location where it will be seen by community members and/or clients. It could be posted during a community event, on the wall of a clinic, at a school or child care facility, etc. It should be large enough to cover a large space (e.g., 6 feet by 4 feet). Divide the paper into sections and write a key question at the top of each section (e.g., What about our community helps families stay healthy? What about our community makes it hard for families to stay healthy?). Leave markers by the wall and encourage community members to write down their ideas. If privacy is a concern, the question can be posted above a drop box, and feedback can be written on cards.

Intercept Survey

Intercept surveys are a quick way to gather opinions on a targeted topic from many people. They are especially useful when you have a question for which most people will have a ready answer. Develop a short set of open-ended questions that can be asked of community members or clients during a quick (five minute) chat. Print the questions with space to write in answers, and bring them to events or places where families can be found. Approach potential participants with a quick spiel describing your purpose and ask if they would be willing to share their ideas. If they are willing, ask the questions, jot down their answers, and thank them for their help.

Photovoice

Photovoice is a helpful method for exploring experiences and perceptions of community members that focuses on images. They are especially helpful with people and groups who might be less comfortable talking about their experiences without the opportunity for reflection. Identify a group of community members who represent a particular perspective (e.g., adolescents, teen parents, children with special healthcare needs). Bring them together for a photovoice orientation. During the orientation, tell them that you want them to show the group with the community looks like from their eyes. Ask them to fill a disposable camera (or their phone) with photos that illustrate aspects of their community that help them stay healthy and things that put their health at risk. Give them a week or two to take pictures and have them turn their cameras in to you (or download their photos on your computer, upload them to a shared site). Develop the film (if applicable), keeping straight whose photos belong to whom. Bring the group back together and ask each person to pick a few pictures that best represent their answers to each of the questions. Go around the group and ask them to describe their pictures and what they meant to them. Carefully document the conversation in writing. Review the documentation and the photos for themes and bring those themes back to the group to check your understanding.

Focus Groups

Focus groups enable participants to react to ideas and build off of each other's comments. Focus groups are a quick way to gather various perspectives, and provide opportunities for focus group participants to share experiences. Focus groups are useful for exploring a specific topic (e.g., behavioral health, access to healthcare, developmental services) with a targeted group (e.g., first time parents, mothers recovering from substance abuse). Bring together a small group (8-10) of community members to respond to a specific set of questions. Identify a facilitator who can keep the group focused and make sure everyone has an opportunity to share their perspective.

Also identify a recorder who can take notes. Develop a small set of open-ended discussion questions (5-8) to guide the conversation. When the group convenes, share the purpose of the focus group, introduce participants, and encourage group members to keep the conversation confidential. Keep the conversation on track and moving forward, while remaining neutral and encouraging varied opinions. Try to conclude the conversation within an hour. At the end of the conversation, summarize main themes and ask the group if you missed any important ideas.

Town Hall/Community Meeting

Town hall meetings are meant to serve as an opportunity for open discussions among a large group of participants. A town hall meeting is an inclusive community meeting (60-100 people) comprised of various members of the community. Town hall meetings can be conducted multiple times in larger communities. These meetings require a strong facilitator and at least one recorder. They should be guided by a facilitation plan.

13. Please describe the methods you used to gather community input and your findings.

a. What method(s) did you choose?
We used a focus group, intercept survey, community walls and photovoice

b. What participants did you target (characteristics and how many) and why?
We tried to target people with varying backgrounds and characteristics. We wanted to garner input from individuals across the spectrum of ages and economic characteristics as they can provide unique perspectives on the health of our community. We had participants who are living in poverty and using assistance, we had lower income working families who may be eligible for some services but not all and are struggle to provide for their family. We also had participants who were not struggling financially or living in poverty. We utilized children (with parents' permission and supervision) for our photovoice. Children can definitely provide an interesting perspective of things and will let you know what they think.

c. What information gathering tools did you use?
The focus group was facilitated by a Community Health Educator with the Bay County Health Department with assistance from a staff member of the CAN Council to help take notes. The Community Health Educator asked the group 7 questions and elaborated on some responses if needed. Dinner and child care were provided for the participants and their families. Each participant also received a gift card to Meijer.

The intercept survey was conducted at a health fair. My intern at the Bay County Health Department asked people that attended the health fair a set of 5 questions about how our community helps or makes it harder for moms and babies to be healthy, and what we need to know to make it better.

Community Walls – 3 community walls were hung in 3 different locations. Once the walls were hung, we left them up for about a week. We were not able to staff the walls and direct people to them and as a result we did not get as many responses as I would have like.

Photovoice – This is still in process. 9 families were given a 35m disposable camera to take pictures of their environment where they live, work and play that either helps families be healthy or makes it harder for families to be healthy.

d. Describe the process you used to gather information.
Focus Group - The Great Start Parent Liaison recruited participants form a parenting class that was coming to an end. We gathered in the evening on the day and time the parenting class usually met. This

group was made up of both moms and dads which we felt would help provide a unique perspective on maternal and child health.

Intercept survey was conducted at a community health fair and targeted anyone who attended, but specifically focusing on those who had children. The health education intern asked moms and dads the 5 questions and recorded their responses.

Community Walls – 3 community walls were hung in 3 different locations. They were placed at the YMCA, Bay County Health Department waiting room and NEMSCA. Once the walls were hung, we left them up for about a week. We were not able to staff the walls and direct people to them and as a result we did not get as many responses as I would have like.

Photovoice – Participants were recruited through the Great Start Parent Liaison form a Homeschool network. This project is being conducted primarily by the kids with assistance and supervision from their parents. We conducted a photovoice orientation so the children and families understood what they were supposed to be taking pictures of. Once the film is developed we will then meet to have the kids explain why they took the pictures they did and how it represents (or doesn't) healthy communities.

Please use the following table (Table 8) to describe your findings. Organize your findings by the method(s) you used, and indicate if your finding reflects an opportunity for improvement or a community strength. Each bullet should reflect one finding. A finding might be phrased as follows: "Teen mothers said that it's hard to keep breastfeeding once they go back to school or work because there isn't time or space to pump." Try to keep your description to one sentence, but include enough detail that anyone would be able to tell who and what the finding is about. Each method will identify multiple opportunities for improvement and community strengths.

Table 8: Community Themes and Strengths – Key Findings

Method(s)	Opportunities for Improving MCH	Community Strengths
Focus Group	• More support/social groups for families • Increase awareness/knowledge of resources and how to access them • Education on affordable healthy eating and activities for youth/families to be involved in. • Affordable, quality day care especially during evening hours • Transportation • Bullying at school and in neighborhoods	• State Park, Imagination Station, Splash Park • Programs offered through the Bay ISD • MIHP, WIC, Early Headstart, MOPS, Beacon of Hope
Intercept Survey	• More Neighborhood policing • Reach out to more people – meet them where they are at • Clean up the community – trash, vandalism etc	• Riverwalk and rail trail • Summer food programs – Summer EBT, WIC Project Fresh, Free lunch program • Community Activities
Community Wall and Photovoice	Community Wall • Increase availability of fruits and vegetables and other healthy foods	• Riverwalk and rail trail • WIC Program • Clean Parks • Beacon of Hope • YMCA – Exercise – they have

	• Quality day care for 2nd and 3rd shifts • More school or community gardens Photo Voice: • Fast food restaurants, snacks and sugary food readily available – need to make healthier foods cheaper and available • Vandalism is bad – need to clean it up • Lots of cracked sidewalks, sidewalks that end at a certain spot • Market the Kroger Fresh Friends Program • Offer better food at concessions • Upper bay county – only a road leads to market – there is not sidewalk • Police station in upper bay county only patrols one square mile • Transportation to stores, bowling parks is very limited in upper Bay County- no busses run, no sidewalks and the sidewalks they have are in very poor condition • Need more things for kids to do. No day care center available in upper Bay County (within 30 mile radius) • Littering in parks and neighborhoods • Rusty or broken equipment at some playgrounds • Click here to enter text. • Click here to enter text.	an assistance program • Studio 23 will display your art work • Library – Imagination Station Program • Trails and parks where you can play and walk • City Market • Kroger Fresh Friends Program • Rail trail- walking and biking • Pinconning park and the nature trail • State Park/Spray Park • Accessible parks and beaches • • Click here to enter text.

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. Conducting the System Assessment helps 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?

Your maternal child health group will complete this assessment together through a facilitated discussion. This discussion will cover each essential maternal child health service, and it will be used to identify system strengths and opportunities for improvement. Large groups could from subgroups to tackle specific essential services.

14. Describe the process you used to complete the MCH System assessment.

a. What partners were at the table?
Bay County Health Department (Children's Special Healthcare Services and Maternal Infant Health Program), Bay-Arenac Intermediate School District, Child Abuse and Neglect Council, Bay Arenac Behavioral Health Authority, Great Start Collaborative Parent Liaison.

b. How did you facilitate an open discussion of each service with your partners?
I sent the excel spreadsheets to the group so that they could review the domains and come to the meeting prepared with ideas and suggestions ready to go. At the meeting I facilitated a group discussion/brainstorm and entered the comments directly into the spreadsheet.

c. What were the strengths and limitations of your process?
One strength of this process was the ability for people to review the questions/topics before the meeting took place. This allowed for the discussion run more smoothly as people were prepared to provide their information. Another strength is that everyone around the table works closely with one another and respects everyone's opinions. If we had any disagreements or questions over the information that was being provided it was presented very respectfully and we were able to work through it and move on relatively quickly.

I think the biggest Limitation was the lack of representation from other organizations. While the organizations that did attend are very important in maternal and child health, many others were missing from the table. I think timing was a problem due to the summer months and lots of people on vacations. We notice this during our regular meetings as well.

Please use the following table (Table 9) to describe your findings. Organize your findings by essential service, and indicate if your finding reflects an opportunity to improve the MCH system or an MCH system strength. Each bullet should reflect one finding. A finding might be phrased as follows: "Our health department has expertise in health policies and partners with community organizations to spread policies that support health." Try to keep your description to one sentence, but include enough detail that anyone would be able to tell who and what the finding is about. Each service will be associated with multiple opportunities for system improvement and system strengths.

Table 9: Maternal Child Health System Assessment – Key Findings

Essential Service	Opportunities for Improving the MCH System	Strengths of the MCH System
Assess and monitor MCH health status to identify and address problems.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Diagnose and investigate health problems and health hazards affecting women, children, and youth.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.

Inform and educate the public and families about MCH issues.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve MCH problems.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Provide leadership for policy setting, planning, and policy development to support community efforts to assure the health of women, children, youth, and their families.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Promote and enforce legal requirements that protect the health and safety of women, children and youth, and ensure public accountability for their wellbeing.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.	• Institute Trauma Imitative – Trauma Informed Families Program • Recruitment of Foster Families • Provide more trainings for foster families • Improve/Increase administrative support for programs • Reaching out to the people who qualify but are not using the programs and services or those that start and then stop • Finding alternate and unique ways to reach the transient/homeless population • Increase the number of offerings of the Making Parenting a Pleasure Program • Recruit more health care providers • Transportation – Bay Metro Busing, taxi services • Active involvement from health care system and elected officials • Building relationship with	• Make Parenting a Pleasure Program – Collaboration with CAN Council and Great Start Collaborative • Home Visiting Hub and Preschool Partnership • Foster Closet – provides assistance for initial expenses when families take in a foster child • Starting Strong Program- helps families connect with a medical home, assists setting appointments for families and helping them to keep their appointments. • MIHP social worker going into hospital to promote services mom/families may be eligible for (MIHP, WIC, Home visiting, Starting Strong etc.) • Children's Health Access – protocol in place with 211 to help navigate the families through obtaining health insurance and a medical home if needed.

	Citizens District Councils • Place based events – taking programs, services, outreach to where the people are at. • Better marketing to young families/moms who are low income with little to no support • Improve process for obtaining services – make it easier and less cumbersome for families • Faith Based Community involvement in coalitions	• Bay County is a Health Kids Dental County. • WIC working with homeless shelters to implement a policy for storing formula/baby food • Trusted Advisors Grant • Wraparound Program • Collaboration among all the different agencies • DVCRT group • GDC Family Network • Parent Ambassador training
Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Evaluate the effectiveness, accessibility, and quality of personal health and population-based MCH services.	• Including systems assessment in County Wide health assessment • Make sure staff of programs are getting the information form the surveys. • Get to the people who are in-between not just the really mad or really happy. • GSC embarking on a systems evaluation that GSC will use to evaluate systems change as a result of collaboration • Make evaluations available to all agencies and the community through HSCC and Arenac multipurpose collaborative • Place evaluations on websites/Facebook • Review feasibility of exchanging health information among organizations – common intake form	• Individual organizations conduct client satisfaction surveys and evaluations of specific programs and services • All systems have audits and accreditations • Agency and program policies and procedures are updated annually • Great Lakes Bay Health primary care and Bay Arenac Behavioral Health have ability to exchange information • Early Childhood programs and Great Start Readiness Programs conduct annual performance management and q1uality improvement on their programs.
Support research and demonstrations to gain new insights and innovative solutions to MCH-related problems**.**	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.

STEP 6: Identify Strategic Issues

Use the key findings identified in steps 4 and 5 to identify strategic issues impacting maternal and child health in your community. Strategic issues are the most critical issues that, if addressed, would improve health. The question you will answer during this step is:

- Based on your data, what are the major issues that affect maternal and child health in your community?

Your partners will play a key role in completing this step. You will convene your partners and work together to review key findings from all three assessments and to identify themes that tell the story of maternal child health in your community. Findings that seem to be related to a shared underlying issue will be clustered together, and a theme will be developed that describes what these clustered findings have in common.

15. What process did you use to identify themes?
I presented the information collected from all the data (health status, themes and strengths, systems assessment) to the GSC and acted as the facilitator of the discussion. As I went through the presentation, coalition members would as questions and have some discussion surrounding the information being presented. As questions and discussion were taking place I was keeping notes on what was being observed and discussed by the group. Following the presentation, I asked the group resonated with them, what they thought about the information they were presented with, what stuck out to them or what they thought might be missing. I did have to occasionally prompt the group with some of the information I took down as the discussions were happening naturally during the presentation. As the group was answering these questions, I made a list of their responses and we were able to identify our themes.

16. What partners and/or community members played a role in identifying these themes?
Bay County Health Department, Bay Arenac ISD, Parent Representatives, Parent Liaison, NEMCSA Early Head Start, McLaren Bay Region, BAISD – Early Childhood Spec., Bay-Arenac Behavioral Health

Use Table 10 to describe the themes your partners identified using your data. There is not a specific number of themes you must identify, but be sure to use data from all three assessments and look for themes across each stage of the life course. An example of a theme is 'Breastfeeding rates are low, especially among women living in poverty, there are few supports for breastfeeding in our community, and our MCH system lacks the necessary partnerships to build better supports for breastfeeding.' For each theme, note the specific findings that led to this theme.

Table 10: Identifying Themes

	What themes did you see across your findings?	What key findings led you to identify this theme?
Theme 1	Families, especially single moms, want more support and to know about all the different resources in the community	34% of single moms live in poverty 32% have children under 5 years of age 42% have children under 18 years of age Parents aren't learning about resources available to them Only 13% of Medicaid births received a MIHP contact. Organizations need to go to where the families and single moms are to market programs and provide services Parents stated they need more support/social

		groups where they can just talk with other parents and not be judged or fearful Moms like the programs offered through the Bay ISD and WIC, MIHP, Early Head start, MOPS, Beacon of Hope Parents feel not everyone is aware of all the resources available to them Parents wish there was a better, more streamlined process to obtain all the services they qualify for. We do not regularly reach out to lower income families when conducting our Community Health Needs Assessment. Place based events
Theme 2	Breastfeeding mothers need more support both in the hospital and when they return home	Only 64% of moms initiate breastfeeding in the hospital Only 8% are still breastfeeding exclusively at 6 months Only 80% of hospitals provide breastfeeding moms with supplemental feedings Only 40% of hospitals teach patients not to limit suckling time 60% of hospitals provide pacifiers to breastfeeding infants Only 20% of hospitals provide new staff with appropriate breastfeeding education Only 40% of hospitals current staff with appropriate breastfeeding education Only 40% of hospitals do not receive infant formula free of charge
Theme 3	Violence/Safety – People do not feel safe within their community	Bay County has a rate of 23.7 confirmed victims of child abuse and neglect Bay County has a domestic violence rate of 11.9 as compared to 9.2 in Michigan. About 40% of middle and 27% of high school student report being bullied on school property 20% report being bullied electronically Community members wish there was more community policing – report they don't feel safe going out at certain times, letting kids play outside unsupervised, going to certain areas. Sidewalks are either none existent or in very poor condition

		Buses stop running at 6:00pm
Theme 4	Parents want to be able to provide their healthy food options	Parents want to see more school and community gardens Parents want education on affordable health eating and activities for their families to be involved in Parents reported wanting to see an increase in the availability of fruits and vegetables
Theme 5	Quality childcare is often unaffordable and not available for all working shifts.	There is only one licensed day care center that is available in Northern Bay County There are only two licensed day care provider that offers after hours care and there is a waiting list for them.

After identifying underlying themes that affect maternal and child health in your community, rephrase themes as strategic issues. Strategic issues are written as questions that need to be answered in order for a community to achieve its vision. This process helps groups 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. An example of a strategic issue is 'How can we reduce barriers to breastfeeding?' List your strategic issues in Table 11.

Table 11: Strategic Issues

Theme	Strategic Issue
1	What can we do to increase support and awareness of resources available to for families, especially single moms?
2	How can we make sure breastfeeding moms have the support they need to be successful both while in the hospital and when they go home?
3	What can we do to increase the safety of our community (neighborhoods, parks and recreation areas?
4	How can we support our families to ensure children are safe and being treated well?
5	How can support families who need access to affordable and safe child care for all shifts (1st, 2nd, 3rd)
6	What can we do to help families provide healthy food options, especially fresh fruits and vegetables, to their family?

In order to identify a manageable number of strategic issues to address, work with your partners identify priorities. There are multiple prioritization strategies you could use, but it is critical that your partners have an equitable opportunity to contribute to the prioritization process. A combination of voting and discussion is an effective way to make sure decisions are well informed. You may wish to consider various criteria when selecting priorities, for example you may wish to consider if addressing the strategic issue will have an impact across the lifecourse and the feasibly of taking action to address the strategic issue. Also assess if the strategic issue is related to a Title V National or State performance measure.

17. What method did you use to prioritize?
Ranking and discussion – Due to a time factor and the difficulty of getting a meeting scheduled, ranking and initial comments were collected via a survey monkey. That information was compiled and brought to the next GSC meeting. At this meeting we further discussed the rankings and came to a consensus on what strategic issues we would address.

18. What three to five strategic issues will you address?
1. What can we do to increase support and awareness of resources available to for families, especially single moms?
2. What can we do to increase the safety of our community (neighborhoods, parks and recreation areas?
3. How can we support our families to ensure children are safe and being treated well?
4. How can support families who need access to affordable and safe child care for all shifts (1st, 2nd, 3rd)

The following charts provide space to document your conversation about each strategic issue you prioritize. This information will help you identify goals and strategies in the next step of the assessment process. Think broadly about each issue when you are completing the tables. If you need additional space, please provide a narrative in the space below each table.

Table 12: Priority Strategic Issues

Strategic Issue 1: 1. What can we do to increase support and awareness of resources available to for families, especially single moms?	
How will addressing this strategic issue have an impact across the life course?	Addressing this issue will help families receive the services they need to have a healthy family. When families have access to the programs and services they need they it will impact everyone in their family and their children will be able to grow up in a loving, safe household where all their needs are met.
What assets does your community have that will support addressing this strategic issue (consider current activities, available resources, community support)?	Multiple coalitions that work together to spread the word about programs and services that organizations within the community have to offer. A robust Human Services Collaborative Council that can ensure programs and services are shared among all community organizations Trusted advisors grant that allow for another avenue to reach parents about services they may be eligible for receiving. Great Lake Bay Moms community calendar

	Great Start Collaborative Parent Liaison Pregnancy to Preschool Partnership Home visiting Hub
What potential barriers are there to addressing this issue?	Getting the information of programs and services from community organizations and out to the community in a timely manner Getting to the individuals that need the services that are not on social media or do not have access to the internet Funding for support groups and systems for families.
How does this strategic issue relate to Title V performance measures, if at all?	This strategic issue will increase the awareness and utilization of programs and services that directly relate to all the State Title V performance measures.
Why did you prioritize this strategic issue?	If we can make sure all families are aware of how to utilize current resources we may be able to help with some of the other needs identified. If families have resources available and can reduce stress and trauma some of the other issues may be alleviated Single moms usually don't have resources or support which puts them at high risk for abuse/neglect
Strategic Issue 2: What can we do to increase the safety of our community (neighborhoods, parks and recreation areas?	
How will addressing this strategic issue have an impact across the life course?	If our neighborhoods are not safe children cannot go outside to play and be active. If our parks and recreation areas are not safe parents will not take their children to them to play and be active. This can all lead to unhealthy children not only in terms of obesity, but increases stress and behavior problems as well. By addressing this issue, parents will feel better about letting their kids go outside to be active and more willing to take their kids to parks and playgrounds.
What assets does your community have that will support addressing this strategic issue (consider current activities, available resources, community support)?	City Parks and Recreation Department Citizen District Councils Bay City Department of Public safety has a Community liaison Volunteer Service Organizations

What potential barriers are there to addressing this issue?	Funding Staffing/By in form stakeholders Resources
How does this strategic issue relate to Title V performance measures, if at all?	N/A
Why did you prioritize this strategic issue?	If our neighborhoods are not safe children cannot go outside to play and be active. If our parks and recreation areas are not safe parents will not take their children to them to play and be active.
Strategic Issue 3: How can we support our families to ensure children are safe and being treated well?	
How will addressing this strategic issue have an impact across the life course?	This strategic issue directly affects children across the life span. Children who are abused and neglect, or are bullied have many other behavioral, mental and social and emotional health issues later in life.
What assets does your community have that will support addressing this strategic issue (consider current activities, available resources, community support)?	Child Abuse and Neglect Council of the Great Lakes Bay region – Programs and presentations for parents and youth Neighborhood Resource Center and McLaren Bay Region – Safe Journey Program YWCA Empowering Girls Program Bay ISD Michigan Model for character education Girls on the Run Okay2Say Program
What potential barriers are there to addressing this issue?	Organizations approval of programs/presentations form CAN Council to youth Ability to get into schools to talk with youth about bullying Attendance at education events Funding for media /education campaigns
How does this strategic issue relate to Title V performance measures, if at all?	N/A

Why did you prioritize this strategic issue?	We have a very high rate of confirmed child abuse and neglect cases, as well as removals from homes. Bullying is also very present in our schools and electronically with 66% of middle school students reporting being bullied (39% at school and 22% electronically
Strategic Issue 4: How can support families who need access to affordable and safe child care for all shifts (1^{st}, 2^{nd}, 3^{rd})	
How will addressing this strategic issue have an impact across the life course?	By increasing the number of quality, safe and affordable licensed child care facilities with hours that cover all shifts, more parents may be able to find better employment. More employed parents will help them provide better for their families and, at the same time help with the economy. When families are not stress about employment or child care, their overall health will improve and so will other aspects of their life.
What assets does your community have that will support addressing this strategic issue (consider current activities, available resources, community support)?	This issue is part of multiple community groups plans There is interest among community organizations in pursuing licensing options for child care with alternative hours Discussions are in place regarding private day cares for employees of certain organizations Discussions are in place with how we can focus on the non-privatized child care settings
What potential barriers are there to addressing this issue?	Reimbursement rates for participating families and child care centers Long process / regulations Would we have interest among the community to open or become licensed as a child care facility with alternative hours
How does this strategic issue relate to Title V performance measures, if at all?	Could possibly address Title V performance measure 2 – safe sleep
Why did you prioritize this strategic issue?	Childcare is extremely important and knowing that your child is in a safe, educational, healthy environment is necessary for mothers/families to be successful members of our community. The more access to affordable childcare will improve employment options for parents that will help all the other strategies Making sure their child is being properly cared for while they are away is a huge concern for many working families, especially when they require childcare outside of the typical 9-5 times.

Strategic Issue 5: Click here to enter text.	
How will addressing this strategic issue have an impact across the life course?	Click here to enter text.
What assets does your community have that will support addressing this strategic issue (consider current activities, available resources, community support)?	Click here to enter text.
What potential barriers are there to addressing this issue?	Click here to enter text.
How does this strategic issue relate to Title V performance measures, if at all?	Click here to enter text.
Why did you prioritize this strategic issue?	Click here to enter text.

STEP 7: Develop MCH Goals and Objectives

In this step, you will develop goals and objectives to measure progress toward addressing each strategic issue. **Goals** are broad statements of what you hope to achieve. For example, if your strategic issue is 'How can we reduce barriers to breastfeeding?' your goal might be 'To ensure all women have the support they need to continue breastfeeding as long as they choose.'

An **objective** is a specific, measurable, achievable, relevant, and time-phased statement of what you hope to achieve by when. Your objective should reference both your baseline level of performance and your performance target in measurable terms. For example, if your goal is 'To support breastfeeding in all settings where women live, work, and play' you could set an objective such as 'By September 30, 2019, increase the percentage of WIC clients who breastfeed at 6 months from 15% to 20%.'

Table 13: Goals and Objectives

Strategic Issue	Goal	Objective					
		By [date]	[who] will	[increase, decrease]	[measure] from	[baseline value] to	[target value]
What can we do to increase support and awareness of resources for families, especially single moms?	To ensure all families, especially single moms, have access to family support and resources available to them.	September 30, 2018	Bay County Health Department will	increase	The number of families that enroll in the Maternal Infant Health Program	78	81
What can we do to increase support and awareness of resources for families, especially single moms?	To ensure all families, especially single moms, have access to family support and resources available to them.	September 30, 2018	The Great Start Collaborative Parent Liaison and the CAN Council will	Increase	The number of families that participate in the Strengthening Families Support group form	0	3
What can we do to increase the safety of our community (neighborhoods and parks/recreation areas)?	To ensure that our community is a safe place for families to live, work and play.	March, 1 2019	The Bay City Public Safety Department and the Sheriff's Office	Increase	The number of times they patrol areas where parks and playgrounds are located throughout the week from	0	At least 3 times a week
How can we	To ensure	September	Organizations	Decrease	The rate of	23.7	22.9

support our families to ensure children are safe and being treated well	children are safe and being treated well	30, 2019	within the Great Start Collaborative will		confirmed child abuse and neglect cases from		
How can we support our families to ensure children are safe and being treated well	To ensure children are safe and being treated well	September 30, 2018	Organizations within the Great Start Collaborative will	Decrease	The percent of middle school youth who report they are being bullied either at home or electronically from	66%	55%
How can we support families who need access to affordable and safe child care for families that work all shifts	To ensure families have an affordable and safe place to care for their children while they are at work	September 30, 2020	Organizations within the Great Start Collaborative will	Increase	The number of licensed child care providers that offer extended hours or 3rd shift hours for families.	1	3

STEP 8: Identify Strategies and Develop an Action Plan

In this step you will identify how you will achieve each goal identified above. Remember the public health pyramid through this step, which includes direct services, enabling services, and infrastructure building (core public health services), and carefully consider what strategies will have the greatest impact on addressing your strategic issues and achieving your goals. Also consider what phases of the life course your strategies address. Consider how outcomes at one phase of the life course can be impacted by earlier phases of the life course or across generations. As you identify strategies, be sure your strategies are evidence-based or evidence-informed. If you are pursuing an innovative strategy, it will be important for you to think through your evaluation strategy.

Begin by brainstorming potential strategies for addressing each strategic issue. For example, if your strategic issue is 'How can we reduce barriers to breastfeeding?' you could brainstorm strategies such as increasing the number of workplaces with breastfeeding policies, expanding the number of health department staff trained as lactation consultants, developing feeding plans with MIHP clients, and so forth. Once you have a list of potential strategies, prioritize your list considering each strategy's potential impact and the evidence base. Be judicious in how many strategies you select.

19. What process did you use to identify potential strategies?
We looked at our strategic issue and the goal we created and asked the questions, "What can we do about this?" and "How can we affect this issue?" For each goal we brainstormed and made a potential list of ideas/actions/strategies that could possibly affect the strategic issue and goal

20. How did you determine which strategies to prioritize?
Once the list was completed the individuals identified their top 3 strategies. We the had some discussion on the feasibility and importance of being able to accomplish those strategies. If there was a tie or a couple strategies within 1 or 2 votes we had more discussion and then voted again among those specific strategies. This process was relatively easy and everyone pretty much agreed on the strategies. This group of people has been working together for a long time and they really respect each other and their opinion so I think that made it easier. We never had a situation where someone was really adamant about a strategy.

21. Will you be pursuing promising strategy that lacks an evidence base? If so, describe your evaluation strategy.
Yes. Data for strategies in which there is a program or service being implemented will be collected from that program or service. Some of our strategies involve promotion of programs and services. Such strategies will be evaluated based on data collected from the program itself as well as collecting qualitative data from the participants via focus groups or surveys. Strategies in which it will be difficult to collect quantitative data, quantitative data will be collected to determine if a change was seen. Evaluation processes will be established during the meeting and planning phases of each strategy.

Use Table 14 to identify the strategies you will use to achieve each of your goals. Describe the strategy, the phase of the life course it will target, and the level of the public health pyramid it will target. Also indicate if this is a strategy that will be implemented using Title V LMCH funding.

Table 14: Strategies for Achieving Goals

Goals	Selected Strategy or Strategies	Phase of Life Course Targeted	Type of Service	LMCH Funded (yes, partial, no)
To ensure all families, especially single moms, have access to family support and resources available to them	MIHP staff meets with moms being discharged at the hospital after giving birth Marketing campaign to promote programs and services via social media, flyers, advertisements, outreach events, mailings etc. Provide referral information to other community organizations to refer clients to the programs Utilize trusted advisors to talk with moms about the MIHP program	Perinatal	Enabling Services	Partial
To ensure that our community is a safe place for families to live, work and play.	Implement park clean up days Increase Police Patrolling in neighborhoods and parks Initiate neighborhood watch programs	Cross-Cutting/Lifecourse	Enabling Services	No
To ensure children are safe and being treated well.	Marketing campaign to promote programs and services via social media, flyers, advertisements, outreach events, mailings etc. Utilize Trusted Advisors to help	Cross-Cutting/Lifecourse	Enabling Services	Partial

	families access resources Continue to Implement the Make Parenting a Pleasure program and expand to include parent support after completing the program Education campaign for adults and youth on bullying (what to do if you are being bullied, if your child is the bully or if your child is being bullied)			
To ensure families have an affordable and safe place to care for their children while they are at work	Research this issue in other county's or states and see what they are doing Community discussions (who is this a problem for, what is your solution right now, is anyone interested in becoming a licensed child care provider) Explore private child care – Child care that in established within an organization or employer	Early- to Mid-Adulthood	Public Health Functions and Infastructure	No
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

Develop an action plan for each strategic issue that describes the specific steps you will use to achieve your goals and objectives through your selected strategies. Use the action planning template below. You will want an action plan for each strategic issue. 'Action steps' are the steps that will be necessary to implement the strategy. For example, if your strategy is 'complete infant feeding plans with MIHP clients,' your action steps might include adapting a feeding plan template, training MIHP staff in using the feeding plan template, testing the feeding plan with a set of clients, adapting the feeding plan, training MIHP staff on revisions, discussing

feeding plan use during staff meetings, gathering client input on feeding plans, and supporting/monitoring mothers' use of feeding plans after infant birth. The 'timeline' field should be used to indicate when each action step will begin and end, and the 'stakeholders/responsible person' field should be used to indicate who will support each action step and ensure each action step is complete. The 'output' field should be used to indicate how you will know that the action step was completed. For example, if your first action step is 'adapt a feeding plan template' your output (or measure of success) might be 'By 11/1/17, the MIHP feeding plan template will be approved and shared with all MIHP staff.'

Table 15: Action Plan

Strategic Issue 1:	What can we do to increase support and awareness of resources for families, especially single moms?			
Goal:	To ensure all families, especially single moms, have access to family support and resources available to them.			
Objective:	September 30, 2018 the Bay County Health Department will increase the number of families that enroll in the Maternal Infant Health Program from 78 to 81. September 30, 2018 the Great Start Collaborative Parent Liaison will increase the number of families that participate in the Strengthen Families Support group from 0 to 3.			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
MIHP staff meets with moms being discharged at the hospital after giving birth	Set schedule for MIHP Social Worker to meet with postpartum moms in the hospital	Monthly	Bay County Health Department – MIHP Social Worker and Maternal and Child Health (MCH) Services Manager	Schedule is created
	MIHP Social Worker meets with postpartum moms to determine eligibility	3 days a week	Bay County Health Department MIHP Social Worker – MCH Services Manager	Eligibility is determine
	Hospital sends referral of eligible moms to MIHP	Daily	MIHP Social Worker, McLaren Bay Region	Referrals are sent
	MIHP Representative reviews referrals to ensure eligibility	Daily	MIHP Representative, MCH Services Manager	Eligibility is verified

	Referrals given to MIHP Social Worker and/or Nurse to schedule appointment	Daily	MIHP Staff, MCH Manager	Appointments are scheduled
	MIHP staff meet with client	As scheduled	MIHP staff and MCH Services Manager	Appointments are documented and client receives need care /services/information
Marketing campaign to promote programs and services via social media, flyers, advertisements, outreach events, mailings etc.	Promotional information is created (flyers, ads, Facebook posts etc.)	Weekly	Health Educator, MCH Manager	Promotional materials are created
	Facebook posts are scheduled	Bi-weekly	Health Educator, MCH Manager	MIHP information is posted on Facebook
	MIHP information is mailed out to all medical and community providers	Yearly – beginning of FY	MCH Services Manager	Medical and community providers receive MIHP information
Promote the Strengthening Families Support group to families who participate in the Make Parenting a Pleasure program.	Provide information on the Strengthening Families Support group	Weekly during the program	Great Start Collaborative Parent Liaison, CAN Council Facilitator	Families receive the information about the support group
	Provide a sign-up sheet for Strengthening Families at the last session of the program	End of the program	Great Start Collaborative Parent Liaison, CAN Council Facilitator	Families will be signed up for the Strengthening Families Support group

Strategic Issue 2:	What can we do to increase the safety of our community (neighborhoods and parks/recreation areas)?			
Goal:	To ensure that our community is a safe place for families to live, work and play.			
Objective:	March, 1 2019 the Bay City Public Safety Department and the Sheriff's Office increase the number of times they patrol areas where parks and playgrounds are located throughout the week from 0 to at least 3. By Sept. 30, 2018 organizations within the GSC will increase the number of park clean up days from 1 a year to 2 a year.			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
Increase Police Patrolling in neighborhoods and parks	Set initial meeting with Bay City Department of Public Safety and Bay County Sheriff's Office to propose the strategy	February 30, 2018	Bay County Health Department	Meeting is scheduled – Minutes from Meeting
	Discussion meetings with Bay City Department of Public Safety and Bay County Sheriff's Office to determine the feasibility of patrolling	March, 2018 – June, 2018	Bay County Health Department, Bay City Department of Public Safety, Sheriff's Office, City Parks and Recreation Department	Discussion meetings are scheduled and held – Agendas and Minutes
	Schedule planning / implementation meetings	July, 2018 – January, 2019	Bay County Health Department, Bay City Department of Public Safety, Sheriff's Office, City Parks and Recreation	Planning meetings are scheduled and held – Agendas and Minutes

Strategic Issue 2:	What can we do to increase the safety of our community (neighborhoods and parks/recreation areas)?			
Goal:	To ensure that our community is a safe place for families to live, work and play.			
Objective:	March, 1 2019 the Bay City Public Safety Department and the Sheriff's Office increase the number of times they patrol areas where parks and playgrounds are located throughout the week from 0 to at least 3. By Sept. 30, 2018 organizations within the GSC will increase the number of park clean up days from 1 a year to 2 a year.			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
			Department	
	Promotion of increased police patrolling	February, 2019 – March, 2019	Bay County Health Department, Bay City Department of Public Safety, Sheriff's Office, City Parks and Recreation Department	Promotional materials are created and distributed
Implement park clean up days	Planning meetings	January, 2018	Bay County Health Department, Department of Public Works, City Parks and Recreation Department, United Way, Citizen District Councils	Meetings Scheduled and implemented – Agendas and minutes
	Set dates for park clean up days	March, 2018	Bay County Health Department, Department of Public Works, City Parks	Dates are set and marketed

Strategic Issue 2:	What can we do to increase the safety of our community (neighborhoods and parks/recreation areas)?			
Goal:	To ensure that our community is a safe place for families to live, work and play.			
Objective:	March, 1 2019 the Bay City Public Safety Department and the Sheriff's Office increase the number of times they patrol areas where parks and playgrounds are located throughout the week from 0 to at least 3. By Sept. 30, 2018 organizations within the GSC will increase the number of park clean up days from 1 a year to 2 a year.			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
			and Recreation Department, United Way, Citizen District Councils	
	Contact Service organizations for volunteers to help with the park clean ups	Monthly before clean up date	Bay County Health Department, Department of Public Works, City Parks and Recreation Department, United Way, Citizen District Councils	Volunteers are signed up to help with park clean ups
	Promote park clean up days among the community for volunteers	Monthly before clean up date	Bay County Health Department, Department of Public Works, City Parks and Recreation Department, United Way, Citizen District Councils	Promotion distributed via flyers and social media, Volunteers are signed up.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Strategic Issue 3:	How can we support our families to ensure children are safe and being treated well			
Goal:	To ensure children are safe and being treated well.			
Objective:	September 30, 2019 organizations within the Great Start Collaborative will decrease the rate of confirmed child abuse and neglect cases from 23.7 to 22.9 September 30, 2018 organizations within the Great Start Collaborative will decrease the number of youth who report they are being bullied from 66% to 55%			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
Refer families to parenting programs and other child abuse and neglect programs	Promote CAN Councils Make Parenting a Pleasure Program	As needed when program is scheduled	CAN Council, GSC Parent Liaison	Organizations are sharing and promoting the program and families are signing up
	Trusted Advisors are talking to other families and parents about the program and referring them	As needed when program is scheduled	CAN Council, GSC Parent Liaison	Program is being promoted an families are signing up
	Promote any other parenting programs (Love and Logic) available to families,	As needed when programs are scheduled	Bay County Health Department, GSC Neighborhood Resource Center	Programs are being promoted and parents are signing up
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Education campaign for adults	Research what other	January, 2018	Bay County Health	List of initiatives/programs

Strategic Issue 3:	How can we support our families to ensure children are safe and being treated well			
Goal:	To ensure children are safe and being treated well.			
Objective:	September 30, 2019 organizations within the Great Start Collaborative will decrease the rate of confirmed child abuse and neglect cases from 23.7 to 22.9 September 30, 2018 organizations within the Great Start Collaborative will decrease the number of youth who report they are being bullied from 66% to 55%			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
and youth on bullying (what to do if you are being bullied, if your child is the bully or if your child is being bullied)	communities are doing		Department, Bay ISD, CAN Council	etc.
	Create education materials	March 2018	Bay County Health Department, CAN Council, Neighborhood Resource Center, Bay ISD, YWCA	Materials Created
	Created Education/Media campaign	April, 2018 –May, 2018	Bay County Health Department, CAN Council, Neighborhood Resource Center, Bay ISD, YWCA	Campaigned launched
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Strategic Issue 4:	How can we support families who need access to affordable and safe child care for families that work all shifts			
Goal:	To ensure families have an affordable and safe place to care for their children while they are at work			
Objective:	By September 30, 2020 organizations within the Great Start Collaborative will increase the number of licensed child care providers that offer extended hours or 3rd shift hours for families from 1 to 3			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
Research this issue in other county's or states and see what they are doing	Look at other states and countys to see if they have a similar issue	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Community discussions (who is this a problem for, what is your solution right now, is anyone interested in becoming a licensed child care provider)	Coordinate sub-committee to address this strategy	March, 2018	Great Start Collaborative, Great Start For Quality Resources, Parent Liaison, Bay County Health Department, DHHS	Sub-Committee developed
	Schedule sub-committee meetings	March, 2018	Great Start Collaborative, Great Start For Quality	Meeting Schedule created

Strategic Issue 4:	How can we support families who need access to affordable and safe child care for families that work all shifts			
Goal:	To ensure families have an affordable and safe place to care for their children while they are at work			
Objective:	By September 30, 2020 organizations within the Great Start Collaborative will increase the number of licensed child care providers that offer extended hours or 3rd shift hours for families from 1 to 3			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
			Resources, Parent Liaison, Bay County Health Department, DHHS	
	Research the process for becoming a licensed child care facility	May, 2018	Great Start Collaborative, Great Start For Quality Resources, Parent Liaison, Bay County Health Department, DHHS	Process for licensing is identified and shared with sub-committee
	Plan community discussions	January, 2019	Great Start Collaborative, Great Start For Quality Resources, Parent Liaison, Bay County Health Department, DHHS	Community discussion process is finalized
	Set dates for community discussions	February, 2019	Great Start Collaborative, Great Start For Quality Resources, Parent Liaison, Bay County Health, DHHS	Schedule is created and shared

Strategic Issue 4:	How can we support families who need access to affordable and safe child care for families that work all shifts			
Goal:	To ensure families have an affordable and safe place to care for their children while they are at work			
Objective:	By September 30, 2020 organizations within the Great Start Collaborative will increase the number of licensed child care providers that offer extended hours or 3rd shift hours for families from 1 to 3			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
			Department	
	Hold community discussions	Beginning March, 2019	Great Start Collaborative, Great Start For Quality Resources, Parent Liaison, Bay County Health Department, DHHS	Discussions are held and documented
	Follow-ups are conducted with interested individuals who want to become a licensed child care facility	September, 2019	Great Start Collaborative, Great Start For Quality Resources, Parent Liaison, Bay County Health Department, DHHS	Follow-ups are conducted and process for licensure begins.

Tying the MCH Needs Assessment to the LMCH Plan and Work Plan

The components of the MCH Needs Assessment correlate with the LMCH Plan and work plan. For example, Q1 of the LMCH Plan asks for your priority MCH needs, which you will identify in Step 6 of this process. Use information from Table 12 to describe your priority MCH needs, as well as highlights from the data you collected and analysis you completed in steps 4 and 5. Similarly, Q2 asks you to identify health disparities in your community and how they relate to the priorities you selected. Steps 4, 5, and 6 will provide the information you need to respond to Q2.

Additionally, many of the fields included in the action plans also appear in the LMCH workplan. The objectives, strategies, stakeholders/responsible persons, and outputs specified in your action plans can be used to complete your workplans. Additionally, in table 14 you will have identified the phase of the lifecourse and type of service for each strategy, which can also be helpful in completing your LMCH workplan and budget.

Implementation, Monitoring, & Ongoing Improvement

Assessment and planning are most effective when they are considered continual processes. Once your plans are complete and implementation begins, monitor progress toward both your 'measures of success' (or anticipated output) and 'objectives.' These are more proximal measures of change that can tell you if your action plans are being implemented as intended and having the outcomes you intended. If implementation is off track or the strategies you selected are not working as you anticipated, make strategic and well planned adjustments. Additionally, as other MCH needs are identified in your community, consider adjusting your priorities, goals, and objectives in order to address emerging concerns.