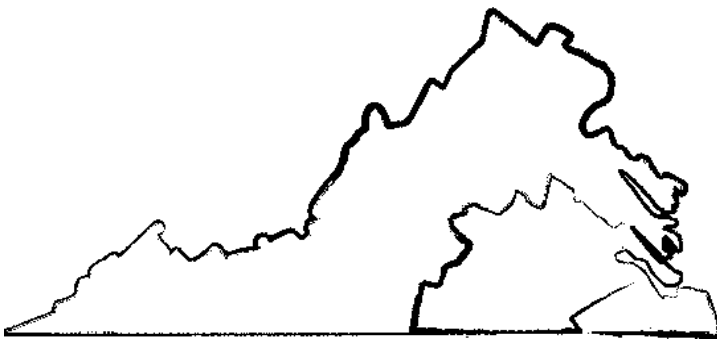

Maternal & Child Qualitative Health Needs Assessment

Prepared for:

Virginia Department of Health's
Office of Family Health Services

February 2010

Prepared by:



**Central Virginia Health
Planning Agency, Inc.**

1808 Coyote Drive, Suite 100
Chester, Virginia 23836
(804) 425-8867 • www.cvhpa.org

MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT
Table of Contents

EXECUTIVE SUMMARY 2

INTERVIEWS OF KEY STAKEHOLDERS 5

FOCUS GROUPS IN VIRGINIA’S FIVE HEALTH PLANNING REGIONS 40

EAST CENTRAL VIRGINIA..... 54

EASTERN VIRGINIA..... 63

NORTHERN VIRGINIA..... 73

SOUTHWEST VIRGINIA..... 82

WEST CENTRAL VIRGINIA..... 93

EXECUTIVE SUMMARY

In September 2009, the Virginia Department of Health's (VDH) Office of Family Health Services (OFHS), contracted with the Central Virginia Health Planning Agency (CVHPA) to conduct a qualitative needs assessment of populations served by Title V (Maternal and Child Health Block Grant). The CVHPA is a nonprofit organization with more than 30 years experience in health planning and needs assessment which assisted the OFHS with a similar needs assessment in 2004/05. The needs assessment is comprised two components: 1) interviews of key health provider, governmental, and organizational stakeholders that are involved with maternal and child health issues, and 2) a focus group conducted in each of the State's five health planning regions. The health planning regions are the same as Virginia's five perinatal councils' regions.

It should be noted this needs assessment reflects the opinions and insights at a particular point in time and policies/practices/circumstances may have altered somewhat since the needs assessment was conducted. Certain community and/or regional differences are apparent in this needs assessment though common themes between the interviews and focus groups emerged and are stated as follows:

Cost of Health Care

There is considerable concern over the current state of the economy and its impact on the health of families and children. Extensive job loss combined with increasing costs of healthcare has severely limited access to medical care and has placed increased strain on free or reduced cost services. Segments of the population whom five years ago traditionally did not need these services are now finding themselves necessary recipients. Increased demand, combined with fewer resources, is creating significant gaps in service for Virginia's lower income and/or uninsured populations. Medicaid reimbursement and enrollment continued to be a concern five years after the needs assessment conducted in 2004. While Medicaid reimbursement has improved for some areas of provider offered services, such as dental and pediatric care, there is still a significant need to either increase or provide reimbursement rates for mental health services and preventative care. Improvement in Medicaid and FAMIS enrollment has ensured provision of services to a larger portion of children but administrative problems still exist within the current programs. Health care reform was frequently mentioned as a possible solution to improve access for lower income and/or uninsured populations while also being a concern relative to payment rates and possible provider shortages.

Coordination, Communication, and Data Driven Collaboration

There continues to be a need for greater coordination and collaboration. Several times the healthcare system was noted as a complex, difficult, and demanding system in need of clarity and a central source for the disbursement of information. Many were concerned that services and information were available to populations in need but unattainable due to the complexity of the system. One of the primary roles identified for OFHS was that of a strong leader in the coordination of services, ensuring limited waste and duplication resulting in the most efficient use of resources possible while providing needed resources to fund community-based action. It

was also noted that the OFHS and VDH are good sources for data but could improve in their role as disseminators of information to better promote collaboration and best practices among the various organizations and programs. Communities and private organizations need to capitalize on their close proximity to populations in need by becoming strong collaborators in the promotion of health messages and initiatives. Greater and more unified communication needs to be implemented to promote a clear message of health and smart health behaviors, similar to the efforts put into place following the H1N1 pandemic concerns (i.e. dissemination of information from the VDH, radio messages, and collaboration amongst various organizations)

Prevention, Early Intervention, and the Promotion of Health

Participants across the state noted the need for increased preventive care, early intervention of disease, and stronger efforts in the promotion of health. Respondents noted that efforts to promote immunizations, early intervention, and dental care for children have improved health over the past five years. However, efforts are still needed to ensure diagnosis is followed by adequate treatment and continuity of care for those populations in need. Dental care continues to be a problem for pregnant women and adults unable to receive dental insurance under Medicaid. Access to preventive care is limited, particularly for adolescents and adult males who are often lost in the system. For all age groups, there is significant need to promote nutrition and active lifestyles while improving/providing the infrastructure needed to make healthy choices (i.e. sidewalks, grocery stores). Programs like “text4baby” and “Period of Purple Crying” were recommended as excellent models for the promotion and distribution of health information.

Vulnerable Populations

Low income families, minorities (African Americans, Hispanics, and others), non-English speaking peoples, residents of rural areas, and teenagers with mental health or substance abuse problems were viewed as having the greatest unmet needs. Also, many were concerned over the rise in immigrant populations and the cultural challenges facing them in regard to language barriers and well baby care. There was significant concern over the availability of financial access, transportation, and cultural barriers for this group. Improvements in cultural sensitivity, particularly due to VDH efforts, were noted as having been significant.

Access to Care

There continues to be a need for more providers and greater resources; especially in rural areas, areas with high incidence of substance abuse and mental health diagnosis, and for children with special needs. For many population sub-groups financial access is less of a barrier than availability of specialists. There are many excellent programs available offering the necessary services which have extensive waiting lists due to high demand and limited resources. Transportation continues to be a barrier to the accessibility of care and improvements are needed in some language services. There is still a need for prenatal care especially among teenagers and low-income women. There is a rise in single young mothers ill-equipped to care for their selves or their children and they require additional support in receiving services. Increased efforts to involve fathers in the care and support of their children, beginning during pregnancy, was identified as one way to provide that support.

This Executive Summary cannot begin to capture the rich information, insights, and recommendations provided by the more than seventy five highly informed individuals who were

consulted during the course of this needs assessment. We encourage all interested parties to read the entire report to gain greater insight into the community, regional, and statewide needs of women and their families in Virginia and recommendations to improve their health and well-being.

INTERVIEWS OF KEY STAKEHOLDERS

Introduction

Twenty-two key individuals representing health providers, governmental entities and organizational stakeholders with knowledge of various aspects of maternal and child health were identified by Office of Family Health Services (OFHS) staff. Note that one interview included three individuals; therefore, the findings represent the opinions of twenty-four individuals in twenty-two interviews. These stakeholders were interviewed during the period of October through December 2009 by staff of the Central Virginia Health Planning Agency, including Karen Cameron, Executive Director, Angie Lee, Assistant Director, and Jon Myers and Risa Tan, Health Planning Interns. Each interview was conducted using a standardized interview protocol and responses are detailed below under the major issue they pertain to (the issue is bolded). The bolded issues in the following summary are in order of their relative frequency of mention by those interviewed. The number of times when more than one person gave a similar response is indicated by the number following the response.

Summary of Findings

The interview protocol was structured to illicit responses relative to the overall environment as it relates to children and families, information relative to the specific populations served by Title V funding, the role of the OFHS in meeting the needs of these populations, and what should be the role of OFHS and other organizations to better meet the needs of families and children. Several themes emerged from these interviews:

OVERALL ENVIRONMENT

- There is a **rise in the number of uninsured** due to **loss of jobs and increasing healthcare costs**. A **large segment of the population**, particularly the uninsured, underinsured, and Medicaid recipients, are experiencing **limited access to medical, dental, and behavioral health care services**.
- **While progress has been made relative to obstetrical and other perinatal services**, these continue to require more attention and focus. Some respondents noted an increase in premature births and in low weight births. There are a **growing number of children born to single mothers**, who are likely to live in poverty and **not have access to necessary services**.
- More children are receiving medical and dental services due to increased enrollment in **Virginia's state children's health insurance program (FAMIS)**. However, there is a **critical shortage of pediatricians, pediatric specialists, support services, and dentists, particularly in rural areas**. In some areas **providers will not serve** children enrolled in either **Medicaid or FAMIS because of low relative reimbursement** (although there has been some increase in dental care reimbursement which has improved access).

- In addition to healthcare reform and the impact of the current economic environment relative to minimal access to affordable health insurance, another emerging issue is the **increased focus on/need for screenings & preventative care.**

SPECIFIC POPULATIONS

- There is a continued need for **improved coordination and identification of** required services for **children with special needs.** There is a **particular lack of providers (primary care, specialists, dentists, and behavioral health providers) available to serve this population.**
- A need exists for improved **transitional care** from childhood to adulthood; more attention is needed in **addressing developmental issues and the needs of children with disabilities.**
- In addition to **dental care, mental health and substance abuse services are in particularly short supply for low-income families** (the greatest need population). Services are especially **limited in rural health areas** and there is need to promote health student interest in these localities
- There is **growing concern** toward the increasing **Hispanic immigrant population and their ability to navigate the healthcare system. Progress in cultural sensitivity and linguistic access was observed,** though room for improvement exists.
- For all subgroups, **prevention and intervention services, particularly exercise and nutrition** was cited as a significant need. There is a need to focus on the impact of obesity on **health/cost and to address cultural issues relative to obesity.**
- Collaboration is advised between community organizations and the private sector to **increase healthy behavior awareness and to promote healthy choices/options.**
- For **adult men and women** there is a need for **improved access to preventative care;** awareness of healthy behavior and financial support.
- **Older adults** (65 and over) greatest needs center on access to **an array of medical, behavioral, dental, and supportive services to support quality of life and independence,** where appropriate.
- As expected, **low income and/or uninsured people, children with special needs (predominantly children with Autism), and illegal/undocumented immigrants populations** were of particular concern relative to getting their health needs met.

RECOMMENDATIONS

- Similar to the previous assessment, the greatest **areas for improvement by VDH** overwhelmingly appear to be in **ensuring adequate funding, case management, and education while improving coordination and collaboration** internally/externally. Nevertheless, the suggestions for achieving needed improvements are numerous.

- Policy development should focus on a **big picture level and emphasis improvement to exercise/diet** through education and social marketing, **collaborating with more organizations on both**.
- Overwhelmingly, those interviewed identified **the state/local government as needing to provide resources and to better use available funds** (including maximizing federal funds) **through providing leadership and encouraging partnerships**.
- **Communities** (including non-profit organizations, faith-based organizations, and others) were seen as **key to effective collaboration and implementation of services**, whereas, there appeared to be support for **private providers becoming partners and sharing in the provision of services and promoting health education** to all members of the community.
- **The greatest barriers** to achieving needed improvements were **overwhelmingly the cost of health care and insurance** and that **many with political influence appeared to be uninformed on health issues and their impact**.

ROLE OF THE OFFICE OF FAMILY HEALTH SERVICES

- **WIC, immunizations, Care Connection, family planning, and prenatal care (when available) at the local health departments** generally are **viewed favorably** by those interviewed. **Most individuals are unfamiliar** with VDH's services for adult men and older adults (65 and over).
- When questions were asked specifically about the OFHS it appeared that the answers were more about VDH than OFHS specifically, usually because the individual did not know the difference between the activities of one office versus another. However, **OFHS priorities should include: fostering collaboration; developing coordinated services statewide; and community education and outreach**.
- Ways in which **OFHS could better collaborate** includes: **increasing communication about initiatives/programs and being more proactive, as well as increasing collaborative activities to address identified community needs**. These have not changed significantly since the last assessment.
- Many suggested the need for shared data pertaining to **health assessment at the community level** (more comprehensive, including trends) **and workforce data, and program data feedback**. Several individuals noted that data from their programs are **currently being shared with VDH**.

The current economic environment, **as impacted by the recession and healthcare reform**, will have significant impact on the health of Virginia. **There is growing concern about an increasing number of uninsured/underinsured families** and their health needs. **Dwindling funding and government support** is a growing area of concern given the current and predicted increased demand for affordable services.

Overall, it appears that there is **significant support for prioritized planning and implementation based on community collaboration**. Those interviewed appeared to view

VDH/OFHS' role as providing leadership to these efforts, particularly in the areas of resource development, communication, and comprehensive health assessment and other data.

Participants

Amy Atkinson, Executive Director, Virginia Commission on Youth
Mimi Bender, CEO, Women's Health Virginia
Maria Brown, Director, Virginia Early Childhood Foundation
Tia Campbell, School Health Specialist, VA Dept. of Education*
Judith Cash, Deputy Director, VA Health Care Foundation
Cynthia Cave, Director of Student Services, Office of Special Education and Student Services*
Andrew Conyers, Commissioner, Virginia Department of Social Services
Doug Cox, Superintendent of Special Needs, Office of Special Education and Student Services*
Terry Dickinson, DDS, Executive Director, Virginia Dental Association
Sheryl Garland, VP, Department of Community Outreach- VCU Health System
Neal Graham, Executive Director, Virginia Community Health Care Association
Dr. Robert Gunther, President, Virginia Chapter of American Association of Pediatricians
Jill Hanken, Health Care Attorney, Virginia Poverty Law Center
Joe Hilbert, Executive Advisor to the Commissioner, Virginia Department of Health
Martha Kurgans, Women's Treatment Coordinator/Substance Abuse Specialist, Child and Family Services-Department of Behavioral Health and Developmental Services
Dr. Susan Lanni, Associate Professor of OB/GYN & Maternal Fetal Medicine & Medical Director of Labor & Delivery, VCU Health Systems
Rebecca Mendoza, Director of Maternal and Child Health, Virginia's Department of Medical Assistance Services
Cori Miller-Hobbs, Coordinator, Safe Kids of Virginia
Catherine Mohr, Director, Maternal and Child, VCU Health Services
Christopher Nye, Executive Director, Harrisonburg Community Health Center
Beth O'Connor, Executive Director, VA Rural Health Association
Luisa Soaterna, Governor's Latino Liaison, Governor's office
Marilyn B. Tavenner, Secretary of Health and Human Resources, Commonwealth of Virginia
Dana Yarborough, Community Support Specialist, Parent to Parent & VCU – Partnership for People with Disabilities

* Interview conducted together.

Summary of Responses

OVERALL ENVIRONMENT

1. What major changes/emerging issues over the last five years have had the most impact upon the health of families and children in Virginia?

Healthcare reform efforts and current economic environment

- More uninsured (loss of jobs and health insurance) has led to more health care problems to deal with; continued rise in health care costs & loss of employer-based health insurance - 5
- The recession - 2
- Financial struggles = lack of prevention (legislative requirements helping but still causing resistance as it is in the forefront of the media) - 2
- Cost and availability of affordable healthcare resources
- Changes in local health department's ability to provide services to low income women and a decreased level of services for well child, maternity, and preventative care due to a lack of funding.

Growth in SCHIP (FAMIS) enrollment and Medicaid

- Changes to enrollment in FAMIS (enroll as many kids as possible; significant improvement in number; pregnant women to 200% FPL; CPU efficient) – need to evaluate the actual utilization of this/setback-Medicaid documentation - 6
- SCHIP program expansions which have given greater coverage to pregnant mothers and children (and providers concerns with the reimbursement rate) – 4
- Increased Medicaid reimbursement has increased kids getting care - 2
- The increase in Medicaid payment with higher payments for certain codes
- Improvement in Medicaid eligibility
- More funding received for outreach programs (DMAS)
- Increased outreach projects to uninsured – provides care and increased attention to their needs throughout the State (can get Medicaid eligible signed up)
- Plan 1 – Medicaid funding for family planning for those who wouldn't qualify (good breadth of services, including sterilizations)
- Transition to Medicaid managed care particularly in the Greater Richmond area.
- The inability of Medicaid reimbursements to keep pace with rising expenses – in terms of delivery of care
- Increase in Medicaid reimbursement for doctors – patients then received more choice in where they could get care

Prenatal care and early childhood – some improvements; lots of needs

- Prenatal care – more attention and focus on this is needed – 4
- More premature birth infants, more in vitro births. All of these can lead to more long-term care needs. – 2
- Increase in low weight births
- Progesterone treatment for those with history of pre-term birth is now paid by Medicaid up front (reduces pre-term births)
- Changing infant mortality rate (increase then began to decrease) and a corresponding increase in infant mortality rate improvement
- There has been an emphasis on breast feeding
- Use of substances by pregnant mothers

- Recruitment of OB/GYNs and pediatricians
- Growing number of children born to single mothers – more likely to live in poverty and not have access to needed services
- More programs available for postpartum through the first few years of life
- Increases in the number of required immunizations prior to entering school

Medical and dental care improvements for children

- Some progress on dental care, particularly for children - 2
- Changes in when children are being diagnosed (earlier ages) i.e. Autism leading to more families with any given diagnoses to manage. We need more services for them. - 2
- The above is because of physicians being “quick to diagnose” – could be a misdiagnosis and just atypical development.
- Improvement oral health with greater pediatric improvement for the pre-K population
- Asthma (#1 chronic health need in schools; 10% of school age children have asthma)
- Pandemic flu preparation
- An increasing appreciation for developmental issues
- Obesity across age and the associated health effect

Mental health/substance abuse treatment needs and access issues

- Mental health issues of parents and children – 1
- Noted increase use of evidence based practices/more likely to get care – 2

Other issues

- Social determinants of health; increased recognition of addressing health issues at both clinical and non-clinical levels - 2
- A grant with the health department to treat chronic disease proactively (learning teams)
- Increase in cultural sensitive staff at local and state levels
- The smoking ban in Virginia
- Evaluation of school absentee rates
- Availability of care that is sensitive to the needs of young women and teens
- Improved collaboration between public health and other sectors providing health care and school systems
- Increasing need for care for expanding number of immigrant and non-English speaking women and families
- Growing number of undocumented Hispanic patients
- Educational and preventative government programs for early childhood
- Increased and continuing recognition to make systemic changes in health care facilities to prevent adverse outcomes (infections, errors)
- Unsure – has not been in Virginia long enough to answer this question

2. *What major emerging issues do you think will have the most impact upon the health of families and children in Virginia in the next 5 years?*

Healthcare reform and impact of current economic environment

- Financing the healthcare system/Politics/healthcare reform; if doesn't occur, there will be less insurance access and increased dental & health problems - 13
- Healthcare reform increases healthcare coverage and reduces cost - 5
- Increasing number of uninsured
- Poverty continuing for children and families
- Funding by donations as well
- Whether or not Medicaid reimbursements increase for providers to match the expenses – access barrier
- Virginia's conservative Medicaid program will not change – has negative impact on children

Increased focus on/need for screenings & preventative care

- An explosion of Autism - 2
- Diabetes - 2
- Obesity - 2
- The need for medical providers to screen patients for mental/behavioral health, increased awareness will increase demand (need code for post partum depression to get providers paid) - 2
- Need for preventative services
- New flu/virus (i.e. swine flu), swine flu is not good for children with disabilities
- Gardasil vaccine many reduce number of patients with pre-cancerous cervical lesions & management of pre-malignant lesions – may reduce pre-term births

Limited access to medical and dental care

- Issues related to immigrant populations – concerns relative to social services in particular, must have birth certificate to receive services – funding squeeze will make this issue worse - 3
- Specialty care access - 2
- OB/GYN practitioners and pediatricians need to be available in rural areas.
- Need maternity wards in rural areas.
- Earlier identification of children and the resulting stress on the supply of service
- Lack of mental health parity
- Shortage in the supply of healthcare providers
- Lack of dental care providers
- Need to monitor access to dental services for kids and lack of dental for adults

Other issues

- Broader scope of patient care and change to a population focus (i.e. restaurant smoking ban – looking at policy changes & social determinants) - 2
- An increase in cultural sensitivity
- Increasing focus of improving quality
- Increases in community-based care instead of residential placements
- Change in population- the aging population may decrease the focus on M+C and the evolving diversity of the population

- Increased emphasis on the medical home concept- a connection to the patients to allow for a coordinated care at higher quality
- Programs for encouraging health professionals to serve under-populations are incentivized
- Expansion of non-physician medical services including NP's and PA's
- Telemedicine
- Grow partnerships around the 15 month pregnancy, prenatal care, and early childhood needs

3. *What are the one or two most pressing health needs of families and children that impact health status and what can be done to address them?*

Financially limited access to healthcare

- Access to healthcare services (no ability to pay or on waiting list for services for up to 20 years depending on their needs and diagnosis; those in poverty not covered by Medicaid in VA) – 7
- Insurance reform – concerns with elderly, prenatal, early childhood, help with navigating new health insurance products - 4
- Need to extend Medicaid waiver for pregnant women from 6 weeks to 2 years – Virginia has not applied for this but it is available. - 2
- Providers less willing to take Medicaid & FAMIS
- Medicaid managed care companies not following up on EPSDT requirements – lack of accountability
- Gap between eligible and affordable care (uninsured college-aged individuals)
- People are getting “lost” moving from Medicaid to FAMIS

Limited (non-financial) access to medical and dental care

- A better understanding of systems and the best use of health systems - 3
- Medical students are not steered to rural areas; financial incentives are not there for these specialties in rural areas - 2
- Limited ability to receive care and the ability to understand the best way to receive care (Quality and access together); understanding what is needed to take care of themselves – should start this understanding at a much younger age - 2
- Access to preventative services – particularly to address obesity - 2
- Access to prenatal care - 2
- Lack of availability of family care practitioners and pediatricians.
- Access to primary care - 2
- Availability and nontraditional hours for working parents and themselves to physicians (does not interfere with their work obligations) – they will not avoid healthcare or do not need to take time off and jeopardize their employment
- Not enough providers

Lifestyle/health education issues

- Increased focus on obesity, what services can we afford to limit the impact, don't know how to address the cultural acceptance of obesity as the norm (certain minority

populations); private payers don't cover nutrition consults for patients who aren't diabetics – 5

- Life styles emphasis prevention and change by pushing fiscal and physical education and social initiatives which promote healthy behavior (nutrition) - 3
- Promoting family development; keeping families intact; kids need healthy parents to care for them; better support for mother and child post-partum - 3

Child healthcare and access

- Cost of institutionalizing children with disabilities (\$370M spent on children in institutions versus \$46M utilizing homecare) - 2
- Immunizations – need to be 100% compliant – 2
- Better care coordination for kids, there is a huge disparity among SES when it comes to continuity of care for children – 2
- Getting more kids in medical homes - 2
- Unified screening and scheduling for providers (currently unaligned, more providers and families need to become aware of set schedules of care for kids
- Lack of early identification and a lack of the appropriate services following identification
- Mental health issues in children
- Chronic health conditions – parents and children
- Infant mortality
- Parenting for at risk children

Immigration and cultural barriers

- Immigrant kids = language barriers (need more culturally sensitive services)
- Older established Hispanic families need help keeping up with the changes and the possible effect on changes on undocumented families
- The new migrant Hispanic families need help moving through the systems and the application process

Other issues

- Substance use - 3
- Social issues and mental health issues - 2
- Understand importance of healthcare and how it related to all aspects of life – “big picture” view
- H1N1 flu
- Integrating services and altering how we think about health problems (is something a medical issue or a social issue and what is the best forum to tackle it)
- Expansion of community based primary care – decrease use of ED

SPECIFIC POPULATIONS

4. What are your greatest health concerns relative to the following populations in Virginia? (e.g. access to dental services, mental health services, substance abuse, chronic disease, cancer, etc.)

Infants (up to 1 year)

Prevention and intervention services

- Should be screened for developmental delays and problems/early intervention services needed (current system inadequate; one indicated that early intervention system needs to be looked at; long lists – priority should be based on actual function & not just prematurity) - 6
- Immunizations (need to receive all) - 6
- Nutrition (appropriate) - 4
- Need healthcare education for parents (e.g. families will recognize the importance of healthcare) - 2
- Preventative services

Prenatal care

- Need to improve infant mortality (promotion of safe sleep, dial back into prenatal care, breastfeeding, smoke free homes) – 3
- Access to prenatal care especially for low income women -2
- Decrease pre-term and low-birth weight - 2
- Substance using mothers; the affect on health and the bonding of mother/child
- Prematurity and all the issues associated with that

Access to medical and dental care

- Need for dental health (educate pregnant women & mother) -3
- Need for primary care, pediatricians, and family care providers in rural areas
- Development needs , getting access to resources if they need it
- The inability of pediatricians to see Medicaid children
- Lack of pediatric respirators in preparation of a flu pandemic

Appropriate Medical care

- Need to have follow up visits following discharge (currently lacking the resources)
- Getting appropriate well baby care especially among low income families and families with a low level of education who are unaware of their healthcare needs
- Increase in upper respiratory infection
- Need to have a medical home
- SIDS

Other issues

- Support for the parents through education and better interconnectedness with organizations and services - 3
- Young mother (13-14 years old) that impacts the health of babies
- Get rid of telephonic interpretation
- Child abuse and neglect
- Lack of a medical home

Children

Prevention and intervention services

- Nutrition -10
- Obesity - 8
- Access to physical activity (including neighborhoods) - 8
- Perform developmental check-ups -6
- Continue to receive further immunizations/underimmunized -6
- Need to learn good health habits (nutrition and physical activity, safety) -3
- Need to have greater involvement by school systems to reach uninsured children and to deliver care – 2
- Provide training for basic care (e.g. support systems in place to ensure responsibility for a long, healthy, happy life
- Children should be protected against infectious agents (e.g. swine flu)
- Limited preventive care in rural locations
- Accident prevention
- Need a growth and developmental focus
- Screenings

Access to medical and dental care

- Dental care/access to dental care – 3
- Limited continuity of care (well baby checks are not consistent with all families and some providers are off schedule)- 2
- Access to health insurance
- Lack of medical home
- Children with Medicaid are unable to find a pediatrician and are unable to get care
- Lack of pediatric respirators in preparation for a flu pandemic

Mental health and substance abuse treatment service issues

- Access to mental health services (& early detection) - 5
- In utero exposure to substances (from mother) and the psychological impact of a substance using mother
- Mental health issues
- Prevalence of ADHD (e.g. misdiagnosed or undiagnosed)

Lifestyle issues

- Need for parental education and support
- Greater opportunities for social development prior to kindergarten are needed
- Stress reduction
- Less TV time
- Need more exercise and better nutrition

Other issues

- Increased occurrence of asthma - 2
- Prevalence of allergies

Children with special health needs

Coordination & identification of needed services

- Need continuity of care- 5
- Coordination of services to ensure efficient and effective care is given - 4
- Care in school systems (some problems in meeting these children's needs) - 3
- Need specialists to ensure appropriate places of care are available for patients - 3
- Children at risk for needing special services are not being detected early and EPSDT enforcement
- More training for providers on identification of children with special needs

Access to health and dental care

- Legislation that provides access and financial resources - 5
- Need for all therapies (especially speech and occupational therapy) - 4
- Funding to enrich effective programs to limit the waiting list - 3
- Access, especially because of limited providers, to dental care (particularly who will anesthetize them) -3
- Inequity in access to services - 2
- Lack of providers even for those with waivers - 2
- Need for more specialist care (including allied health professionals) in rural locations - 2
- Lack of primary care physicians/physician manager (medical home)
- Ensuring services are available to children with special needs regardless of location (e.g. connecting underserved population with providers in other locations through telemedicine or other interactive means)
- Adequate reimbursement rates for the providers who serve this subgroup

Family support & advocacy

- Need support for parents of these children so they have the resources to advocate for their child and navigate system - 4
- Dealing with cultural stigmas
- Families without adequate time and resources to provide care
- More community health workers supporting the parents (e.g. teaching parents how to cope and deal with the increased requirements of these children)

Mental health services

- Mental health – 2

Other issues

- Establishing healthy lifestyle patterns (e.g. diet and exercise)
- Ongoing research for improvement in care and in the facilities providing care
- This subgroup are at risk for developing other health issues

Adolescents (up to age 21)

Health education and initiatives regarding risky behaviors

- Peer pressure (including drinking, smoking, drugs, other substance abuse) - 7
- STD (sexually transmitted disease) education/family planning - 4

- Promote greater understanding for necessity of healthcare, the consequences of violence, and their impact of ego - 2
- Improve the kind of health education provided to pre-teens and teens so they understand their bodies and how they can maintain good health - 2
- Provide equal health education in schools from locality to locality, have health professionals provide this training - 2
- Need for diet and nutrition exercise education in schools
- Need the knowledge to make good, responsible health choices for general health, sexual behavior, and drug/alcohol abuse
- More media involvement surround flu shot education
- More education need

Prevention and intervention services

- Nutrition – 6
- Obesity - 5
- Yearly physical with focus on developmental changes (transition from pediatrics to adult medicine) – 4
- Establishing healthy lifestyle patterns (diet and exercise)- 5
- Early identification/intervention of medical needs
- Pregnancy prevention (avoid planned group pregnancies “pregnancy clubs”) - 3
- Second round of immunizations - 3
- HPV vaccine immunization
- Accident prevention

Mental health and substance abuse treatment

- Alcohol/substance abuse (including smoking) - 3
- Mental health issues/treatment (including suicide) - 3
- Behavioral health - 2
- Eating disorders

Access to medical and dental services

- Medical homes for kids aging out of foster care
- Lack of available primary care providers in rural health areas
- Increase the number of providers with training in adolescent medicine is critical
- Increased outreach to the uninsured/underinsured adolescent population

Other issues

- Encouraging appropriate routine care (many pediatricians are not sensitive to the needs of teens and do not know how to initiate conversations; adolescents are not comfortable asking pediatricians critical questions in an environment containing young children) - 2
- Repeat pregnancies
- Bad nutrition choices available (e.g. in schools and in the community where fast food restaurants are more convenient in lower socioeconomic neighborhoods)

- Coordination/relationship between public health, public education, and private providers

Adult women

Prevention and intervention services

- Preventative care (women not getting it for themselves and follow-up after screenings should improve) - 10
- Provide knowledge of chronic disease/heart disease prevention/identification -2
- Family planning - 2
- Routine scheduled care
- Teach women to consider their personal health important in order to ensure good care/support for families
- Promote knowledge of preventative healthy behavior
- Promote a clear health message that identifies what healthy behaviors are and the importance of preventative medicine

Lifestyle issues

- Help adult women develop healthier lifestyles despite busy schedule (e.g. nutrition, exercise, stress, substance abuse, smoking) - 13
- Promote personal responsibilities
- Reduce violence between intimate partner - 2

Medical and dental care access

- Routine access to primary care and dental care -3
- Access to primary care home – 3
- Lack of available OB/GYN and dentists in rural health areas - 2
- Cancer (between ages of 30-50)
- Healthcare needs for low and middle income women (free clinics cannot meet this need alone)
- Bring healthcare to where women are (e.g. work, location of religious practice, community health fair, and nontraditional healthcare hours for clinics/physician offices, etc)
- Advocacy, especially for those who cannot afford care
- Education on accessing and using medical services properly

Mental health and substance abuse treatment

- Substance abuse/access to substance abuse services - 4
- Mental health/depression services - 4
- Lack of available providers in rural health areas - 2

Prenatal care

- Early and regular prenatal care (particularly those at high risk) - 7
- Promote use of multi-vitamins with folic acid for all women of child bearing age

Adult Men

Prevention services

- Not taking appropriate care of personal health (e.g. need screenings) - 11
- Need lifestyle change resources (e.g. nutrition counseling and exercise) - 3
- Need to be more involved in family planning/reproductive health education - 3
- Health information needed especially around preventative medicine
- Recognize acute illness (CAD, CVA awareness)
- Unequal emphasis on women's health compared to men's health
- Accident prevention
- Violence awareness including homicide
- Behavioral health

Mental health and substance abuse treatment

- Substance abuse/access to substance abuse services - 3
- Mental health including suicide prevention/depression - 3
- Lack of available providers in rural health areas - 2
- Depression from unemployment

Access to medical and dental services

- Lack of available dental providers (especially noted rural health areas) - 3
- Need programs to deal with increased in chronic disease - 3
- Cost/lack of affordable services – 2
- Lack of available mental health providers in rural areas

Older adults (65 and over)

Access to medical, behavioral health, and dental services

- Lack of mental health providers - 5
- Need more long term care resources (especially in rural areas) i.e. nursing home care, affordable assisted living, home care, - 4
- Lack of transportation for members of this age group who can no longer drive - 3
- Need coordination of health care and social services – 2
- People are living longer and therefore require more services particularly for those with disabilities (including vision, hearing, and physical disabilities) - 2
- Lack of providers willing to accept Medicare and Medicaid in rural areas
- The difference in payment rate for mental/physical Medicare services is too great
- Lack of special needs care for this age group
- Limited Medicare providers
- Increased out-of-pocket costs especially for prescriptions
- Lack of advocacy when working with medical issues

Medical and dental care needs

- Prevalence of Alzheimer's - 3
- More prescription compliance is needed (ensure prescription abuse doesn't occur) - 3
- A cohesive regiment of care - 2

- Insure healthcare workforce is properly trained to deal with the elderly
- More need for 1:1 services
- Cancer care (particularly prostate)
- Long terms effects of previous substance abuse
- Chronic disease

Lifestyle issues

- Caring for themselves and grandchildren, this subgroup needs education for childrearing (safe sleep, nutrition, etc) - 4
- Need to understand their own resources and how to stretch them - 2
- Need for social interaction - 2
- Exercise and activities that would allow them to live independently to delay the need for residential care (e.g. provide business opportunities to keep this group active) - 2
- Cultural stigma to aging
- Transitional housing

Other issues

- Need to provide care focused on living independent lives at home - 4
- Need to improve long term care facilities
- Financially exploited, need ombudsman to protect this group

Prevention services

- Need annual screenings and physicals
- Nutrition education
- Flu and pneumonia vaccines
- Medicare needs to pay for more preventative procedures
- Less education of this group

5. *Are there specific subgroups within these populations that are of the most concern?*

Low income &/or uninsured people

- Low income -7
- People who are uninsured often have a more difficult time assessing care and are more vulnerable - 2
- Uninsured/underinsured
- Homeless people all over the sate and all healthcare issues related to homelessness

Children, particularly disabled/special needs

- Children with disabilities and special needs, especially Autism, need better access to affordable medical and dental care - 6
- Children with chronic disease
- Infants
- Homeless/foster children
- Early childhood (e.g. prenatal to age 5)
- Teenagers need better coping mechanisms and the ability to manage stress

Minority populations (in general)

- Illegal/undocumented immigrants (they are lost in the system), prenatal coverage available but other care often is not - 6
- Many groups have a language barrier with caregivers/cultural awareness/cultural sensitive approaches

Black persons/African Americans

- Particularly those with diabetes and chronic care management - 2
- Disproportionately impacted by pregnancy complications - 2

Hispanics/Latinos

- Limited health literacy- 2
- Cultural and linguistic barriers to provider comprehension- 2
- Individuals on prescription medication
- Diabetics
- Inner city populations

Women

- Pregnant women need prenatal care (particularly women with previous pregnancies and/or with substance abuse) - 4
- Teenage pregnancies are too socially acceptable
- Single mothers

Other population groups/issues

- Elders with chronic disease - 3
- Obese people - 3
- Rural population needs -2
- In rural areas there is not enough providers accepting new patients who are dependent on Medicare and Medicaid - 2
- People of limited education who are less able to develop solutions to their problems or unable to seek/obtain the help they need (access, education, support) - 2

6. Of the populations you are familiar with, what are the biggest barriers or gaps in meeting their health needs?

Limited access to medical and dental care

- Lack of access (PCP or specialty care, incl mental health; not taking Medicaid) - especially in rural areas - 10
- General lack of accessibility in terms of remote communities: lack of transportation and telemedicine - 4
- Lack of health system education and understanding (don't know what to ask or who to ask) - 4
- Limited awareness of resources - 2

- Language and cultural barriers- providers sometimes seen as standoffish or detached by Hispanic persons - 2
- Lack of resources (jobs don't provide dental insurance) - 2
- Waiting lists
- Capacity of the system
- Lack of availability of mental health services
- Nutrition services for pregnant patients

Cost of healthcare and insurance

- Costs (underinsured and uninsured); Virginia is falling behind even more; health care cost is too high and irrational – 9
- Medicare and Medicaid payment systems do not encourage people to get preventative care - 3
- Public funding not supporting children who need home care
- The underinsured

Lack of health education

- Lack of education; more health education in general needed - 2
- Knowledge of importance of good healthcare
- Providers ignorant/naïve about substance abuse
- Apathy, complacency
- Lack of personal responsibility for their own health or parents responsibility of their child's health
- Need education materials that are extremely basic for patients
- Families don't understand the necessity for immunizations (they've never seen major outbreaks)
- Cultural acceptance of obesity and other poor behaviors as normative

Other issues

- Difficulty with transition for children between pediatricians to adult practitioners, particularly for those with disabilities. Practitioners both don't have the skills needed and need more training or they are just not available (need more specialized physicians) - 3
- Some Community Services Boards not committed to serving children's needs (only provide what is required by code)
- Impact of substance abuse on lives
- Safety (global) involving relationships and social challenges
- Providers unwilling or do not have time to screen patients effectively
- Communities not organized to promote activity
- The way societies look at families with kids being #1 but a disproportionate focus on parents (interims of taking time from work or family to get the necessary care, family medical forms can be a barrier to getting care)

7. What specific suggestions do you have for achieving needed improvements?

For VDH?

- More funding, case management, and education on healthcare - 6
- Better coordination- don't duplicate programs and give proper coverage to underserved areas - 5
- Create a more strategic approach to health of Virginia and use that strategy as statewide collaboration and set priorities and leadership to address healthcare needs. - 3
- Get back into primary care direct services (in areas that lack services) - 3
- Incentive programs to encourage primary care, mental health, and dentist providers to serve in rural areas/where needed. - 2
- Become more culturally aware and have more bilingual resources available (try to target more of the front line, i.e. receptionists) - 2
- Provide more education and programs starting at a younger age for prevention - 2
- More marketing on behalf of the health department/promote Plan First & other programs - 2
- Training of healthcare providers in disabilities including dentists and physicians
- Require basic provider training on substance use, prescribing practices, intervention with drug abuse clients in an appropriate manner
- Provide program on financial resources (financial planning)
- Need more public health roles
- Fixing Medicaid/Medicare payment system
- Promoting public health with healthy eating and activity
- Identify proactive ways to address obesity
- Listen to the voice of the pediatric provider community
- Better sharing of data and a lessening of the red-tape that results in a 3-6 month delay in sharing data
- Pooling different resources to pay for coordination among several teams (i.e. better connection among collaborators with the VDH)
- Advocating covering all children
- More school nurses (this is the only healthcare that some children ever get)
- Work with other departments, such as Education and Behavioral Health, to address problems in culturally sensitive way
- Expand Safe Routes to Schools program (VDOT funded) & incorporated into ARRA VDH grant
- Can do more collaboration with training and education for providers to meet specific needs.
- Local government takes leadership from State and does not look at specific needs of the area
- Same people are always used to be on advisory councils; they should vary and diversify this group to improve expertise of these councils.
- Public health does not have the visibility in VA that it has in other States, this is the State Administration fault from dismantling programs that used to fall under VDH i.e. dental program was more robust within local health departments and is no longer
- Need more dental schools in Virginia

- Increased partnerships with the health professions schools which would add value to VDH's programs and would expose these students to public health
- Improve clinic services and hours if funding available
- Currently doing a good job on improving health awareness
- Take a proactive role in education i.e. consumer education office (health, financial resources, and advocate role)
- Look at the array of services they provide and don't provide those services already provided in the private sector
- Focus on preventative medicine, public health (population health), and emergency preparedness
- Understand local health systems & work force issues & be a driver

In general?

- Policy development areas should focus less on individuals and have more organizations involved in collaborating at the big picture level - 3
- Exercise and diet emphasis; creating safe environments; increase investment in neighborhoods of need; people need to take care of themselves and avoid hospitalizations - 3
- Focus on general population education and social marketing; health literacy -2
- Improve funding for public support and Medicaid (improve wider net of people) - 2
- The flow of government decision making makes it difficult to get the same access to healthcare services from one local government to the next. People will move to a specific locality based on access to services.
- Promoting the concept of the medical home
- Taking the profit out of healthcare insurance – insurance companies should have to be non-profit organizations.
- More competition among insurance companies
- Providers need cultural broker
- Ensuring adequacy of providers
- Resources for providers to give mental health services
- Better sharing of data and a lessening of the red-tape that results in a 3-6 month delay in sharing data
- Streamline the data sharing among organizations
- Integrate health and social services and other community services
- Offer services in the community as a organizational combined effort
- Encourage health council development in localities to breakdown silos and make a plan, leverage limited resources to take a proactive role in the health of their community
- Don't rely solely on schools to fix the problem
- Private payers to cover nutrition services (more problem for middle income)
- Develop comprehensive plans for addressing mental health needs

8a. What role might federal, state, or local governments play to make this happen?

Create partnerships/improve coordination & collaboration

- Better collaboration between the three areas to ensure programs maintain their initial focus and the organizations are streamlined across the state - 5
- Better use of available funds - 4
- Local governments should get together to talk about how to respond to healthcare - 2
- Regional healthcare forum to bring interests together - 2
- Seeking partnerships and collaborations
- State and local work together to increase immunizations
- Government could foster collaboration amongst State entities, and public, and private entities
- Engaging local governments more as partners for not just money or other in kind resources dedicated to the health of communities

Provide Resources

- Change Legislation – don't just tell us, provide resources; maximize federal funding - 6
- Provide program for kids walking to school, provide bike racks at the schools - 2
- Spend more money on home care for children versus spending money on institutionalizing children for their healthcare needs
- Education system – take a look at the resources there
- Fix Medicaid/Medicare payment system so that it is equitable
- Governments could subsidize day care for families with children to keep parents working (& keep them insured)
- Reauthorize AHAC and give appropriate funding to it
- Better payment system to physicians
- Invest resources in prevention
- Planning resources at the local level needed
- Subsidies should be directed towards healthy foods
- State policymakers coming together to maximize the dollars flowing into the State

Leadership/advocacy/planning

- Create training programs to encourage medical and other healthcare students to go into rural areas; influence future supply of providers to serve underserved areas & increase primary care providers - 2
- Addressing non-medical factors that affect health (social determinants); state and local work to create healthier environments – 2
- Provide training opportunities in rural areas
- Federal: health reform
- Create an agency to take ownership of fetal alcohol syndrome program
- State policy makers should attend outreach events; provide continued support
- Smarter sites creation
- Policy to impact capacity must come from leadership at a state level

Other roles

- Socialized Medicine
- Mandate insurance be non-profit organizations
- Board of Medicine – CME requirements

- Expansion of National Health Service Corp
- Fluorination of water in some rural areas
- Create incentive and maintain access to enter pediatric field
- Increase diversity in the workforce
- Mandate the sharing of data
- Federal – policy to allow insurance companies to sell across state lines
- Medicaid coverage
- Comprehensive benefits
- Support for innovation and replication for successful approaches
- Mandate provision of nutrition services by insurers
- Support HAV (Healthcare for All Virginians) platform

8b. What could community organizations contribute? (e.g. non-profit organizations, Faith-based organizations, etc.)

Collaboration/implementation of services

- Be a part of the collaborative efforts and planning (community health centers, free clinics, etc) - 2
- Foundation and Not For Profit organizations should focus together on prevention and education opportunities; provide accurate information and how to navigate the health system - 2
- Great partnerships – can take action where State agencies cannot always
- Make sure that they are collaborating with each other, not work in silos

Advocacy/leadership

- Advocacy, Advocacy, Advocacy; Get more politically engaged and informed to make health care a priority - 4
- Promoting family and support (mental health if only the fact you have someplace to go for support) - 2
- Rural communities can promote providers to come to their area (organizations collaborating together to build rural residency program - affordable housing, offset student medical loans, good community welcome)
- Great trainers
- Change the Medicaid policy which forces organizations to charge non-Medicaid patient if they charge Medicaid patients
- Encourage involvement of fathers (more “boot camps for Dads”)
- Create creative approaches – can be used elsewhere, no systematic way of finding these approaches and replicating these. We are reinventing the wheel often.
- Encourage abstinence (particularly among girls)
- A place to convene the community

Resources

- Access to families (hold a forum) in churches, non-profits - 4
- Best practice models sharing - 2
- Vital for information gathering for state feedback for next step
- Community groups could provide nutrition and parenting programs

- Healthy cooking classes
- Dollars are spent mostly on research; more money should come back to the community in such things as education.
- Not For Profit organizations need to do more to educate community
- Should take advantage of the trust built within the community by these orgs
- Health bus
- Parrish nursing
- Caring for congregations
- Churches could put in playgrounds and have people supervise them
- Needs Assessments need to be done to help other organizations and local government to meet the needs
- Volunteers, mentoring, family engagement
- Federal funding available if large clinics want it
- Sportsbackers and others continue to promote physical health/after school physical activities
- Gyms offering income-based services
- Provide a continuum of pregnancy prevention (abstinence to birth control)

8c. What role could the private sector play? (e.g. hospitals, physicians)

Provide resources/healthcare services

- Better unification in care and payment (provider doesn't know all the ways to get the money from the system as a local liaison to help them navigate the system will allow for better opportunity to serve the community) - 2
- Physicians need to identify obesity and other issues early
- Provide school nurses
- Report substance exposed infants to social services/CSB (hospitals)
- Tangible health resources (e.g. AED)
- Businesses should invest in their communities by providing good jobs
- Develop further creative methods of help (Bon Secours Care-a- van)
- Businesses - gyms offering income-based services; be more flexible relative to time for exercise (sponsoring classes, walking groups, Tia Chi); keep work hours reasonable
- Provide better care in rural areas
- Willingness to leverage resources
- Prepare for continuum of care and pay for performance system
- Adopt standards of care/improve practice patterns
- Need technology improvements that feed to all providers outside of the health systems

Advocacy/leadership

- Hospitals should use their influence to set a tone in the community and in physician behavior - 2
- Hospitals should try to be more like a community hospital and less like a chain model. The community doesn't feel like they are as likely to help you with the chain model.

- Advocacy
- More facilities and physicians in rural areas need to be willing to host residents – need more mentors. These facilities and physicians can be more welcoming.
- Continue doing what they are. Often the only ones giving care
- Business interests need to promote business case for health reform
- Fast food restaurants to promote healthy options
- Grocery stores need to make healthy foods available to low-income families

Promote patient, provider, and community education

- Need more outreach that requires time and money – this is not a money maker - 2
- Role of personal responsibility for family planning/ diet and exercise – 2
- Business community needs to get more involved. Promoting employee and family screening and healthy lifestyle choices, health fairs, health opportunities in the workplace, etc. This would also provide support in the workplace for healthy lifestyle choices. - 2
- Medical job fairs
- CPR/First Aid training
- More messages regarding impact of dental health on physical health

Collaboration/involvement in partnerships

- Partnering with local organizations and the health departments to improve the health of the community - 3
- More collaborative approaches – reaching out to partners that they have not collaborated with – UVA/VCU have done this but others can; more sharing between professional groups (dentists doing blood sugars and blood pressure). - 3
- Identify problem areas
- Support HAV (Healthcare for All Virginians) coalition
- Hospitals need to take a look at their community benefit and see if they really are meeting those. Are they really following up on their screening activities? Some of these dollars could go into local case management as a partnership.

9. *What are the barriers achieving needed improvements in Virginia? (Interviewer will prompt relative to where the barriers are - State, local, etc.)*

Cost of healthcare and insurance

- Sad state of the economy – all organizations are stretched thin -9
- Conservative mindset; not supportive of meeting needs of low income people - 4
- Lack of adequate resources/lack of money - 3
- Funding - Need to raise taxes to support these services - 2
- Perception that there is no money
- Reimbursement and supply of providers not based on rational reasons or need
- Virginia Medicaid payment system needs to be overhauled
- Virginia General Assembly could put down the required match for AHAC (Area Health Center) program – could receive federal funding if VA matched these funds:

- funds are for training physicians, placing MDs in rural areas, and ensuring areas who have difficulty recruiting healthcare providers receive those resources.
- Market based competition driven by the business of medical care rather than community need

Political influence

- Legislature – i.e. attempt to repeal motorcycle helmet law, no local health taxes; uninformed on health issues and impact - 4
- Political will; lack of political will and health champions - 2
- There is definitely political will to do what is necessary (just conflicting priorities) - 2
- Interest groups fighting for resources and their agenda - 2
- Policy makers are not educated enough on the issues
- New administration may not choose to fund socially beneficial programs
- Frequent turnover of governors means frequent policy changes
- Need to go to a two term governor to have long-range planning and implementation

Lack of healthcare education/initiative

- Lack of information; difficulty in getting health messages to stand out - 2
- Attitudes relating to disabilities (don't see them as people first and/or do not believe that they are good contributing members of society)
- Better prioritization of the issues
- Cultural and language barriers
- Free case management for families that need it
- Misinformation of what providers are “required” to do
- Stigma
- Mobilize the public to understand the importance of the issues

Other issues

- Look at best practices (i.e. lead poisoning, hearing deficit, and preparation for college)
- Belief that everything is personal responsibility – don't want government to take away personal freedoms, therefore, do not want legislation in place to regulate healthcare
- Access – too many parts
- Lack of data about populations in need of help
- Good data that could and should be shared
- Technology
- Workforce Supply
- Need creativity – have community residents learn about needs & fill them

ROLE OF OFFICE OF FAMILY HEALTH SERVICES

10. Of the populations you are familiar with, what does VDH do well in meeting the needs related to health of the following?

Infants (up to 1 year)

- WIC (a few noted a little outdated though) - 13
- Immunization registry - 5
- A lot of screening (doing a great job with newborn hearing screening and hospital screening before discharge, mandates for immunizations) - 5
- Resource mother program - 4
- Well baby clinics - 3
- Great website with a lot of information - 2
- Infant mortality programs (strong coalition formed) - 2
- Low income safety seat program
- Spanish materials and free resources for them
- SIDS/suffocation/burns data & programs
- Mothers mentoring program
- Prenatal clinics
- Safety education program
- Immunizations
- Unsure
- family planning, other education for pregnant and new moms
- Looking at creative ways to partner with universities for Bright Futures Child Development programs
- Bright Futures
- Regional Perinatal Councils
- Starting to get information to mom's about dental disease
- FAMIS
- No insurance co-pays for well-child visits

Children (1-11)

- WIC - 6
- Immunizations - 6
- Dental program - working in schools in communities on dental education/prevention; sealant programs, varnish, community fluorination - 2
- Healthy Families (Young, first time mothers learning how to take care of their baby preventing child abuse)
- Low income safety seat program
- Spanish materials and free resources for them
- SIDS/suffocation/burns data & programs
- Mothers mentoring program
- Well baby clinics
- Safety education program
- Transitions between infant and toddler
- Decent registry (could be expanded or made more accessible)
- Care Connection program
- Unsure
- Chronic healthcare needs

- Work with school nurses and Department of Education
- Data reporting
- Great website with a lot of information
- Educational brochures and resources
- Bright Futures
- FAMIS
- Better connections with private providers

Children with special health care needs

- Care Connection for children (only for those with physical disabilities) - 6
- Unsure - 2
- Great website with a lot of information
- Injury and violence division provides funding support for training on safety seats with follow-up class (in hospital setting)
- Maintain good registry then expand it and market it, should be accessible to others in the community and Medicaid
- Special needs clinics do a good job
- Behavioral health care
- Good outreach at school age level
- Resources for chronic health care needs
- Active in consortium of groups for awareness/support
- WIC
- Immunization
- Pediatric Connections (contract with VCU)

Adolescents (12 to 18)

- Confidential conception services/family planning - 5
- HPV vaccination - 3
- Injury prevention 5 year plan – best practice ideas - 2
- Rape and violence programs are effective (eScape program- violence prevention) - 2
- Unsure - 2
- Suicide information programs - 2
- Family life education resources - 2
- Smoking and (2) obesity program
- Adolescents that use/abuse substances are more likely to use/abuse as adults
- HIV/AIDS information
- Good public awareness
- Resource Mothers
- Marriage before the carriage program
- STD counseling
- Educational resources
- Plan 1
- Bright Futures (for teen parents)

Adult women

- Prenatal care - 6
- WIC (counseling and funding); now includes fresh fruits and vegetables - 5
- Unsure - 5
- Cancer screenings (breast and cervical) - 4
- Family planning - 4
- Money for low socioeconomic community health care centers - 2
- Family planning programs - 2
- CDC grant allowed for programs for suffocation/falls/injury/spinal cord injury/brain injury prevention and treatment, etc. for VDH and other organization to implement services
- Social work visits (post-partum) dependent on locality
- Perinatal depression
- Intimate partner violence
- Awareness about chronic disease but programmatically driven
- Outreach education to providers for issues affecting adult women
- pregnancy services
- Breast and Cervical Cancer early detection program
- Nutrition services

Adult men

- Unsure, needs to be publicized more - 12
- Fatherhood campaign - 2
- Awareness about chronic disease (1 but programmatically driven) - 2
- CDC grant allowed for programs for suffocation/falls/injury/spinal cord injury/brain injury prevention and treatment, etc. for VDH and other organization to implement services
- Prostate cancer screenings
- Quit Smoking Program
- STD services and counseling
- Male suicide prevention

Older adults (65 and over)

- Unsure – needs to be publicized more - 13
- CDC grant allowed for programs for suffocation/falls/injury/spinal cord injury/brain injury prevention and treatment, etc. for VDH and other organization to implement services
- Flu shots
- Ensure safe hospitals and nursing homes – most frequently used by older adults

All groups – local services in health departments, particularly dental, where available; VDH is successful when building coalitions (can't do it alone)

11. How could the resources of the Office of Family Health Services be best used to improve the health status of women and children? Specific areas might include planning, directly providing services at the local or state level, policy development and research, quality assurance, surveillance (monitoring data and trends), evaluation (of programs, etc.), assurance that needed services are available, promoting and enforcing laws related to health, helping build coalitions and collaborations around specific health issues.

What should be the priorities?

Foster collaboration/coordination statewide

- Research – provide annual reports, partnering with universities to stay ahead of the curve - 2
- Stronger coordination of care - 2
- Unify care (ensure providers and community are aware of clinical schedule)
- Develop collaborations, increases opportunities for transmission of information
- More screening programs that connect more with harder to reach groups and connect to the resources available in the community
- Building coalitions and collaborations
- Coordination of programs and services at the local level

Community education and outreach

- Contraceptive services to battle the rise in young moms who are not prepared for pregnancy - 2
- More educations and clinics accessible (increase staff/hours) - 2
- Need to fund more nonprofit organizations
- Assurance that needed services will be available
- Child obesity
- Strengthen family parenting programs
- Promote prenatal care and healthy babies
- Community education programs
- Cultural broker- need someone who is trained and is not just a member a particular ethnic group
- Work with community groups such as Healthy Families
- Support development of community based services
- Education and preparation for preventative health

Comprehensive planning

- Look at mental health disabilities instead of focusing so much on only physical disabilities - 2
- Surveillance of trends - 2
- Child Development Clinics: rethink your bang for your buck with this; can use this money on direct services possibly
- Hearing Aids: policy or legislation to require insurance companies to pay for them
- Create a responsible agency/department to address fetal alcohol syndrome
- Greater emphasis on key public health campaigns

- Promoting and enforcing laws related to health
- Public health should not be political but based on science and research

Expansion of and more effective use of resources

- Public awareness campaign; more effective messages - 2
- Resources directed back to primary care; thru them or someone else, particularly in underserved areas - 2
- Research translational to specific programs and projects; develop action plans from best practices research and promote it - 2
- Show how funds are being divided as services are being cut on local level
- Fund local government projects by policy
- Funding to provide services
- Policy Development and Research
- Ensuring needed services are available and planning go together
- More help from VDH in the school systems

Other priorities

- Quality assurance
- Identify who else at state-level (such as minority health) and local health departments that need to be involved in initiatives
- Make providers available (loan programs are too few to impact)
- Public health should be built back up to 1970s and 1980s funding and depth of programs available
- Emphasis on awareness of WIC
- Prevention is most important and should remain a priority
- Advocacy for more benefits for women and children
- Providing services, where needed
- Not familiar with the Office

COLLABORATION WITH VDH (not to be asked of VDH interviewees)

12a. Have you collaborated with the Office of Family Health Services?

- Yes - 17
- No - 4

12b. If so, in what way? Please describe your experiences, include with whom and for how long the collaboration lasted.

- Served on advisory committee for them - 7
- Collaborated for Grants with them - 6
- Collaborated on clinical projects (WIC, family planning, resource mothers, care connection, 800 Quit Now, dental) - 5
- Shared data - 4
- Workgroups/taskforces - 3
- Chronic disease program - 2

- Directed complaints
- Offered educations and rural health training
- Provided clinical services
- Emergency preparedness/pandemic response
- Getting messages out to public/private schools
- Epidemiology
- Suicide prevention
- Planned programs with them
- Office supported conferences for their organization
- Attended some conferences
- Resource Mothers program
- Bright Futures curriculum development
- High risk OB telemedicine project
- Home visiting consortium (6yrs)
- Smart Beginning collaboration
- Collaborated in developing a home visiting community
- Infant mental health services
- Perinatal Access Program
- Dropout prevention study
- Suicide prevention/children's mental health
- Children special needs group

13. How could the Office of Family Health Services better collaborate with your organization to meet your mission and the needs of the populations you serve?

- Communication/marketing about new initiatives/prevention programs; be more proactive - 3
- Need to know more about what they do and what their mission is, not just specific programs as they come out - 2
- Looking for more proactive results (lots of priorities & little results) - 2
- Better collaboration among associated groups (Education Department, DMAS, etc) - 2
- Collaborate on programs (e.g. use food stamps to get healthy foods out) - 2
- More funding
- More staff
- Streamline focus of responsibilities
- Jointly writing grants to federal government for healthcare needs (healthcare gets left out of many grants)
- More joint projects
- Use data to actually drive their programs and not just report data back to CDC
- Don't collaborate but could collaborate with them on getting pediatricians available in rural areas.
- VA Latino Advisory board could offer advice to the VDH as to needs of the community
- Better integration of internal systems
- Limit data sharing restrictions

- Involve grant partners from the onset to ensure a smoother process and a better fit
- Providing primary/dental care at the local level
- Home visiting support to pregnant women and new parents provided by the Health Dept. is a critically important function of MCH.
- Maintaining regular communications so they are aware of new initiatives and new opportunities for partnering – within the Department they should collaborate more internally as well. Their Division structure does not facilitate good services or program planning as it could be
- Promote similar agenda; advocate for improvements, particularly for low-income individuals
- Funding projects together
- By encouraging, on the state level, local community health departments become active members of local Smart Beginnings
- Organized regular annual meeting to create a similar focus and engagement (like the efforts put into H1N1)
- Meetings for health topics (health watch dogs)
- Helping to enhance education for women and parents
- Market educational resources available
- Continue providing information
- Field legislative requests
- Don't know. They are doing what they can but they seem to be burdened with too many issues. They understand what the providers are up against.

14. What kind of data does your organization collect that is pertinent to family and children's health?

- None - 3
- Outcome measures including immunizations, vaccines, flu rates - 2
- Parents advocate for healthcare/education services – evaluate their happiness with their system and any issues.
- Profile on uninsured
- Data from grantees about services provided to under-/uninsured
- Unintentional injury data
- Smoking data for pregnant women
- Special needs healthcare registry
- Developmental delays registry
- Smoking cessation hotline data
- Collect data on how many pediatricians offer services to various insurance connections
- Claims data for all issues (limited by services that are not billed)
- Substance abuse
- Mental health
- Informal surveys (who are the healthcare providers of school age children)
- How women get healthcare information
- Women's focus group data

- Information about programmatic research
- Patient information
- Utilization data including diagnosis
- Immunization data
- Prematurity data
- Study on childhood obesity
- TANF
- Medicaid
- Food stamps
- Energy programs
- Dental outreach program data - # fillings, cleanings, etc
- Study on correlation between teeth lost and mental health status (depression)

15. *What kind of data would be mutually advantageous to share between your organization and the Office of Family Health Services?*

- Needs assessment data; more comprehensive data on health status and trends and not just morbidity and mortality data; status, services currently and the gaps (community needs assessment) – across and at the State Level - 3
- Community Needs Assessments could be used comparatively if done across the State
- Workforce data - 2
- Eventually data on the health indicators of parents involved in Smart Beginnings
- A report of what is going on in VA
- Minority health disparity data: diseases that most affect them
- Gap of those injured: those not seen in the ED, those seen by their PCP or those killed
- Would like feedback on the data that is shared to them
- Data about shortage of providers: primary care and OBGYN
- Share data as to the participation of provider in Medicaid
- Infant mortality
- Immunization
- Info about mutually served clients
- # of providers in specific areas
- # of Medicaid and uninsured
- Mental health & dental status
- Effects of H1N1: collecting attendance levels, reporting absenteeism and school closures
- Some type of analysis that looks at children's health indicators, could be Shared with not only facilities but school systems as well
- Parenting program data
- Tie data to some of their goals, would like to have a conversation about this

For those that have shared data in the past, what has been your experience?

- They are very open to sharing data - 3
- Difficult to share data (though one of the best) because of the months it takes to formalize an agreement

- Website data has been very useful
- Some data they would like to share but simply have been unable to

COLLABORATION WITHIN VDH (to be asked of VDH interviewees)

16. Do you routinely collaborate with the Office of Family Health Services?

- No, routinely collaborate with the community but indirectly
- Yes

17. How could the Office of Family Health Services better collaborate with your Office or Division to meet the needs of the populations you serve?

- They do a great job!
- Keep Commissioner's office informed on what the Office is doing – don't assume they know

18. What kind of data does your organization collect that is pertinent to family and children's health?

- Infant mortality
- Prenatal care utilization
- Preventative care utilization
- Vaccine utilization

19. What kind of data would be mutually advantageous to share between your organization and the Office of Family Health Services? For those that have shared data in the past, what has been your experience?

- Summary reports of the Office's different surveys (e.g. BRFSS)
- Partners data outcomes (i.e. CHIP)
 - Are the resources working?
 - Utilization data of outside partners

CLOSING

20. Is there anything else you would like to add?

- The staff values family input as well as staff input. They ask key parents to participate in meetings
- VDH needs resources, leadership and direction to do more than they are currently doing
- Preventative care needs to be focused on as well (smoking cessation, cholesterol screening, diet and nutrition, school nutrition, screenings in general)

- Partner with schools for healthy lifestyle training and education
- Needs to set priorities; recommend prenatal care and decreasing teenage pregnancy
- More dentists are interested in working in public health (should take advantage of interest)

FOCUS GROUPS IN VIRGINIA’S FIVE HEALTH PLANNING REGIONS

Introduction

From mid-October through the end of November 2009, the CVHPA staff conducted five focus groups with representatives from each of Virginia’s health planning regions. The State’s regional perinatal council staff arranged for the focus group meeting sites and invited participants identified by the OFHS. Each focus group invitation list included a representatives involved with maternal and child health issues within the region to provide opinions on needs and gaps in service for the following population groups: infants (up to 1 year), children (1-11), children with special health care needs, adolescents (12 to 18), adult women, adult men, and older adults (65 and over). Suggestions for improvement and involvement by state/local/regional government, community, and private sector were offered by the five focus groups. The following provides a summary of the overall findings of each focus group by question, in alphabetical order. It is important to note that these reflect opinions and insights at a particular point in time and policies/practices/circumstances may have changed slightly since the focus groups were conducted.

East Central Virginia: October 22, 2009- held at Henrico Health Department, Henrico, VA

Eastern Virginia: October 27, 2009- held at E.V. Williams Hall (Eastern Virginia Medical School), Norfolk, VA

Northern Virginia: October 14, 2009- held at Inova Juniper Program Training Center, Springfield, VA

Southwest Virginia: November 17, 2009; held at Carilion New River Valley Medical Center, Christiansburg, VA

West Central Virginia: November 6, 2009; held at Albemarle County Office Building, Albemarle, VA

Summary of Findings

The following is a summary of the findings statewide. Note that each perinatal group provided detailed information for their area relative to these and other issues and provided concrete suggestions on how to better meet the needs identified. Regional focus group summaries follow this overall summary.

OVERALL HEALTH ENVIRONMENT

What major health-related change or changes over the last five years have had the most impact upon the health of families and children in Virginia?	
Region	Summary Findings
Overall	<ul style="list-style-type: none">Financial difficulties resulting from the economic downturn has had a major impact upon the health of families and children in Virginia. A larger portion of the population is now seeking

	<p>free/reduced services and families are facing greater financial strain impacting their mental and physical wellbeing. Additionally, organizations offering services for this specific population are receiving less funding.</p> <ul style="list-style-type: none"> • In the past five years great strides have been made in improving culturally sensitivity but more effort must be made to meet the needs of an increasing Hispanic population. • Mental health and substance abuse needs have increased significantly and there is limited access to care, particularly non-pharmaceutical care. • Teen and unwed pregnancy is on the rise in several areas of Virginia (specifically, but not limited to, immigrant families). Contributing to an increase in low weight infants and single mothers ill-equipped for motherhood. More efforts to include fathers in childcare and development need to be made.
<p>East Central Virginia</p>	<ul style="list-style-type: none"> • Improvements have been made in prenatal care but limited financial and health care provider resources have lead to fragmentation and gaps in services. This lack of resources has been further impacted by the increase in poverty and the subsequent rise in use of free/reduced services. • There have been improvements in cultural sensitivity but there is still room for improvement in training healthcare providers, including fathers' role in their children's health and meeting the needs of the ever increasing Hispanic population. • There is fragmented care among providers and the areas they serve which has allowed for an unacceptable gap in care in regards to both location and specialty (including mental health care). • Access to dental care and prevention has improved for children but continues to get worse for adults.
<p>Eastern Virginia</p>	<ul style="list-style-type: none"> • Teen pregnancy rates are rising and little prenatal care or second births are common. There is a need to educate this group about safe sex and good childcare. • Rise in autism is a concern, as well as the availability of services and public perception. Current fears about immunizations and autism (which is scientifically unfounded) need to be addressed. • Mental health and substance abuse issues, particularly for children, adolescents, and their families, are significant. Health provider practice has not caught up with research. • Public health needs a solid message of health that address the needs of infants and mothers as well as issues surrounding obesity, limited preventive care, and access to services in poor economic times. There is a great deal of public confusion about good health. Efforts to address this in the past five years have not succeeded in reaching the

	target population.
Northern Virginia	<ul style="list-style-type: none"> • The downturn in the economy and resulting budget reductions have increased the need for services and basic human needs while reducing organizations' ability to respond to those needs. • There has been increased numbers of low birth weight infants, multiple births, immigrant mothers, and single mothers resulting in a greater need for supportive maternal and child related services. • While improvements have been made relative to culturally appropriate care and language services, changes in the economy have had a particularly negative impact on immigrant families.
Southwest Virginia	<ul style="list-style-type: none"> • Substance abuse/mental health are significant problems amongst pregnant women, impacting the health of newborns and mothers' ability to properly care for their infants. • An increase in the number of teen pregnancies. It is culturally acceptable in some communities to give birth at a young age and these young mothers are ill-equipped to properly take care for an infant. • Over prescribing of medication is common because of a lack of resources, time constraints, and a limited number of providers, resulting in physicians targeting the symptoms and failing to treat the root cause. • A rise in complicated family dynamics and few children are being born to intact families; often there is a great deal of financial or behavioral problems surrounding these births.
West Central Virginia	<ul style="list-style-type: none"> • The healthcare system has grown in complexity - currently too complex and fragmented. Few people understand how to navigate the system and those who do try are overwhelmed by the difficulty. Support services are available to only a few people. • There has been an increase in poverty resulting in an increased need for free/reduced services by those who previously did not need them. • A serious lack of providers for certain services (such as behavioral health) has been recognized over the past 5 years. This is partly due to a lack of resources and partly due to a reimbursement system that does not recognize certain sub-specialties. • Mental health issues and stress have become the norm and have not been addressed.

What major emerging issues do you think will have the most impact upon the health of families and children in Virginia in the next 5 years?

Region	Summary Findings
--------	------------------

<p>Overall</p>	<ul style="list-style-type: none"> • The primary emerging issue facing Virginia in the next five years will be the outcome of healthcare reform and the impact of job losses and the poor economy on families. • Poor nutrition, obesity, and inactive lifestyles will continue to impact the health of families and children in Virginia. • The complexities of the healthcare system and the emergence of electronic medical records will impact the health of families and children in Virginia in the next 5 years.
<p>East Central Virginia</p>	<ul style="list-style-type: none"> • The future impact of health care reform and universal care should it occur. • The role of men in families will emerge as a major issue in the next five years. There is a need to both recognize and support the importance of intact families with equal respect to the roles of men and women. It is necessary to focus on family planning and including men in women's and child's health.
<p>Eastern Virginia</p>	<ul style="list-style-type: none"> • Economic challenges - changes in national healthcare reform, job loss, and changes in the financing of certain services available to low income families will have considerable impact on the lives of Virginians. • Educational policies are currently unfavorable to promotion of health and support of young mothers.
<p>Northern Virginia</p>	<ul style="list-style-type: none"> • The bad economy will have long-term consequences (which will be more severe the longer it takes to turn around) on the health of families and children, due to cuts in or losses of services and families' economic status (e.g. loss of health insurance benefits, struggle for basic necessities). • Dramatic growth in autism diagnosis will result in significant increases in need for services by this population.
<p>Southwest Virginia</p>	<ul style="list-style-type: none"> • Poor nutrition, obesity and inactive lifestyles will continue to impact the health of families and children, resulting in increased incidence of types II diabetes or other health complications from overweight mothers • More people than ever are uninsured and unable to get care. Specifically, there is difficulty in receiving medications for both the uninsured and the insured (limitations by insurers).
<p>West Central Virginia</p>	<ul style="list-style-type: none"> • Health reform may either save the system or increase difficulties by further fragmenting care. Regardless of the outcome, healthcare reform, should it pass, will have far reaching effects on the health of families. • The rise in the immigrant population will strain services and reinforce

	<p>the emerging issue of health care as a right or a privilege.</p> <ul style="list-style-type: none"> An emerging issue is the streamlining of services which requires a central data source with online medical records. The current state of duplicative procedures and paperwork will need to be addressed.
--	--

What are the one or two most pressing health needs of families and children in your region that impact health status and what can be done to address them?	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> Preventative care for all age groups is a pressing need of families in Virginia, including addressing both the availability of preventative services and educating people on the need for good health. A strong message must be delivered to communities through socially receptive means (likes churches and school) There is a need to remove financial access as a barrier to health and provide care to those under economic pressure (whether insured or uninsured). A part of the financial barrier stems from weak collaboration between organizations and duplicative services. Addressing this fragmentation may reduce the unmet health needs of Virginia.
East Central Virginia	<ul style="list-style-type: none"> The active involvement of men in women’s and children’s health issues was identified as a pressing health need of families. Virginia needs to focus less on physician directed services and further incorporate other healthcare professionals into providing care. Stronger collaboration between various healthcare providers will allow for gaps in services to be filled and increase available resources.
Eastern Virginia	<ul style="list-style-type: none"> The most pressing health need mentioned by this group is the need to give children proper care and support. Families need to appreciate children as a lifetime commitment and insure they receive proper healthcare. Preventative care and education needs to begin at a younger age and use a vehicle of transmission that will be well received by the target populations (like churches and early school grades)
Northern Virginia	<ul style="list-style-type: none"> Financial access (for both uninsured and underinsured) Focus on prevention before intervention
Southwest Virginia	<ul style="list-style-type: none"> Substance abuse is the most pressing need faced by Southwest Virginia. This area is experiencing economic pressure that is reflected in the limited education (both health and otherwise) received by local

	population. Many people do not receive a high school degree and few understand their health needs regardless of schooling level.
West Central Virginia	<ul style="list-style-type: none"> Families and children need insurance options that are affordable and empower them to make good healthcare discussions. Insurance options for both medical and dental care are needed. Parents need to learn how to advocate for their families' needs or be connected to services that can navigate and take control of a highly complex system.

SPECIFIC POPULATION HEALTH NEEDS

What are your greatest health concerns relative to the following populations in your region? (Reflects all populations addressed. Response relative to specific population groups included in detailed focus group summaries by region.)	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> Need for preventative care, obesity reduction, active lifestyles, substance abuse services, and mental health services appropriate to specific age groups. Childcare education for both parents and grandparents (whom are taking on greater roles in the care of infants and children). Need for accessible services, financial aid, and continuity of care for many of these age groups (specifically children with special needs).
East Central Virginia	<ul style="list-style-type: none"> Need for preventive care across the population groups with a specific emphasis on the value of pre-conception health and early screening. Affordable healthcare and provider availability remain a concern for several of these population groups, specifically children with special needs and adult women. Mental health services and substance abuse services are needed by many of the populations groups.
Eastern Virginia	<ul style="list-style-type: none"> Prevention services and health education across all age groups. Physical activity and appropriate nutrition were particularly important. Family (including both parents) involvement in the medical and mental health of children. Safe child care is needed for infants and children under the care of either parents or grandparents Services aimed at adolescents, as there are considerable issues confronting this age group in regard to gang violence, mental health, pregnancy, and limited preventative health education (among others). Dental care is needed for nearly all populations due to both limited

	access and financial support.
Northern Virginia	<ul style="list-style-type: none"> • Need for good nutrition, early intervention, and prevention services cut across all age groups. As a result, obesity and health care costs are growing issues. • Mental health and substance abuse services, including age-specific providers, are needed across most age groups • There are growing numbers of special needs children who need a range of services that are currently difficult to access and/or pay for.
Southwest Virginia	<ul style="list-style-type: none"> • Significant need to improve care for infants, children, children with special needs, and adolescents, they often are not receiving the services they need and follow up care is limited. There are limited resources (providers/services) to provide care to those with specialty needs. • Substance abuse, particularly among mothers. • Poor nutrition and obesity is a common thread among the population and more needs to be done to educate individuals about healthy life choices.
West Central Virginia	<ul style="list-style-type: none"> • There is an overarching need to improve the health of these populations by increasing preventive care, reducing obesity, increasing activity, and providing appropriate mental care. • There is some concern that adult women/men are not grasping the role of birth control in family planning and the importance of intact families in building healthy futures. • Concern was raised over the fragmented, disjointed nature of care currently provided. For many populations this is a major barrier to receiving the right care in a timely fashion.

Are there specific subgroups within these populations that are of the most concern?	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> • Indigent/low income populations • Immigrant populations • Minority populations
East Central Virginia	<ul style="list-style-type: none"> • All of the populations are of equal concern
Eastern Virginia	<ul style="list-style-type: none"> • Minority population, particularly African Americans in poverty, • Poor people, disabled people, and pregnant women applying for Medicaid

Northern Virginia	<ul style="list-style-type: none"> • Immigrants • Low-income • Cultures that take care of family- some question as to the continuity of this care and whether it is accurate and of high quality • Older parents who are immigrants and are not qualified for free care
Southwest Virginia	<ul style="list-style-type: none"> • Bilingual population • Populations that are unable to afford services and/or don't know how to get assistance
West Central Virginia	<ul style="list-style-type: none"> • Indigent/poor population • Immigrant population • Racial disparities in maternal child health outcomes (race in infant mortality is based on the race of the mother regardless of the father; therefore, impact of black infant mortality may be even higher than reported)

Of the populations you are familiar with, what are the biggest barriers or gaps in meeting their health needs?	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> • Limited financial access and an unawareness of or inability to navigate the “system” which can provide free/reduced care • Economic barriers result in limited transportation options, limited nutrition options, and minimal preventative care. A weak community infrastructure combined with economic restrictions result in poor health choices despite efforts to educate the population on healthy behavior. • Government programs in place to offer aid to families under economic strain are often themselves a barrier to access due to the difficulty in getting and maintaining enrollment for services and benefits.
East Central Virginia	<ul style="list-style-type: none"> • Lack of resources to pay for services or a lack of awareness of free or affordable options. • There is a lack of personal responsibility resulting in individuals who do not seek care either because they find the system too complex to navigate or because they are not aware of the care that is needed. • Transportation in rural areas.
Eastern Virginia	<ul style="list-style-type: none"> • Economic barriers are in place that restricts good nutrition and healthcare prevention efforts. The infrastructure for healthy choices is not available to families.

	<ul style="list-style-type: none"> • Medicaid eligibility is often denied, applications are lost, and inappropriate denials for government programs occur. Other government programs like social services and unemployment insurance appear to restrict aid to people in need of help, often to a catastrophic end.
Northern Virginia	<ul style="list-style-type: none"> • There is limited access to transportation, daycare, education, and preventative health services. • There is a fear amongst certain populations (transient population) that receipt of care would carry legal consequences. • There is considerable difficulty in getting and maintaining enrollment in Medicaid services. Yearly reapplication is a barrier given a transient population and unfamiliarity with Medicaid qualifications.
Southwest Virginia	<ul style="list-style-type: none"> • Accessibility - Individuals cannot afford services, get to services, and/or understand what services are available or are unable to access them (transportation & financial barriers). • There is a cultural gap either from pride or long-held beliefs. Translation services are either too cumbersome or unavailable.
West Central Virginia	<ul style="list-style-type: none"> • Financial and transportation access are significant barriers • Limited translation of health education into behavior which bars healthy options from being sought

What specific suggestions do you have for achieving needed improvements? In general?	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> • Fund programs that work and evidence-based/cost-effective practices and providers. • Use social media and websites to educate teens about safe sex and substance abuse cessation. Programs like YouTube and Facebook can offer fun, interactive ways to get kids involved in community health concerns. • Virginia needs to improve Medicaid’s “ease of use” and support sub-specialty services which are needed
East Central Virginia	<ul style="list-style-type: none"> • Virginia needs to support professionals who may be able to provide health care and/or education in a more cost effective way and ensure policies are not in place that unnecessarily limit productive citizens.
Eastern Virginia	<ul style="list-style-type: none"> • None provided

Northern Virginia	<ul style="list-style-type: none"> • There is a need to pass the healthcare reform bill. • More emphasis needs to be placed on outreach after crisis intervention, ensuring that families in need receive preventative healthcare and the basic necessities of life. • Personal responsibility and choice need to be fostered. The difficulties facing healthcare are too complex to be solved by financial reform alone and people need to live healthier lifestyle and properly prepare for future health needs.
Southwest Virginia	<ul style="list-style-type: none"> • Use social media and websites to educate teens about safe sex and substance abuse cessation. Programs like YouTube and Facebook can offer fun, interactive ways to get kids involved in community health concerns. • Continued funding of programs that work.
West Central Virginia	<ul style="list-style-type: none"> • Virginia needs to simplify Medicaid and recognize currently unbillable sub-specialties which are needed (e.g. child mental health) • Increase use of evidence-based providers and electronic medical records

What specific suggestions do you have for achieving needed improvements? For VDH?	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> • Take a strong leadership role to ensure coordination and efficiency of services between local organizations and programs. • Serve as a central hub for information and services allowing for minimal waste and duplication. Improvement of the VDH website would go helpful in allowing better access to healthcare information • Increase the availability of public health nurses either by promoting new opportunities or offering tuition assistance. • Expand the “text4baby” program to further educate new moms and spread other healthcare information.
East Central Virginia	<ul style="list-style-type: none"> • VDH needs to decide its leadership role and become a stronger coordinator of services within local communities and reduce duplicative programs • There needs to be an increase in family planning and a provision for sex education at a younger age.
Eastern Virginia	<ul style="list-style-type: none"> • Policymakers need to improve the programs currently in place to become more efficient and effective.

	<ul style="list-style-type: none"> • There is a need for collaboration among different services (including education, health, and social services) to advocate for the needs of the population.
Northern Virginia	<ul style="list-style-type: none"> • There is a need to increase the use and availability of public health nurses. VDH should make an effort to promote this field either through new opportunities or tuition assistance. • It is important that VDH serve as central hub for healthcare information and services. This will allow for a stronger continuity of care with minimal waste and duplication. The VDH website needs to be improved to allow better access to information and services.
Southwest Virginia	<ul style="list-style-type: none"> • Expand the “text4baby” to further educational efforts for everyone from providers, families, communities, kids, parents. VDH could expand this program beyond pregnant mothers and spread other health messages.
West Central Virginia	<ul style="list-style-type: none"> • VDH should put resources into programs and areas proven to be of use to the people of Virginia. • Ensure case management for children and others who have limited access to home visits • After hour access clinics as an alternative to emergency department visits will help ensure affordable and sensible care is available.

What role might federal, state, or local government play to make this happen?	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> • Governments need to make resources available and facilitate collaboration amongst the various programs and services. • Provide a clear and concise message of “health” to the people of Virginia.
East Central Virginia	<ul style="list-style-type: none"> • Improve Medicaid
Eastern Virginia	<ul style="list-style-type: none"> • Government should take a stronger stance toward the dissemination of data, ensuring that a clear, simple message is available to the public about healthcare needs and the information that is currently available. • Make resources available and partner to implement.
Northern Virginia	<ul style="list-style-type: none"> • None provided
Southwest Virginia	<ul style="list-style-type: none"> • Do not cut programs geared toward prevention and offer programs that provide decision making education.

	<ul style="list-style-type: none"> • Provide substance control incentives by raising tobacco and alcohol tax and maintaining the current drinking age.
West Central Virginia	<ul style="list-style-type: none"> • Be a source for a consistent, concise health message to the people of Virginia

What could community organizations contribute?	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> • Look for more ways to collaborate, eliminate waste, and increase funding. • Serve as a central source for dissemination of information and use their reputations and positions to advocate for healthy behaviors.
East Central Virginia	<ul style="list-style-type: none"> • Provide support programs to keep families intact • Continue to support populations in the community that have special needs • Bring these groups to the planning table for collaborative efforts
Eastern Virginia	<ul style="list-style-type: none"> • Allow regional areas to utilize money in a way that is most effective to them
Northern Virginia	<ul style="list-style-type: none"> • None provided
Southwest Virginia	<ul style="list-style-type: none"> • Churches can be a central source for the dissemination of information. They can provide good collaboration in the community and promote wellness • Look for ways to do more with less money by promoting collaboration, eliminating duplications, and finding non-traditional sources of funding (like donations of paper products)
West Central Virginia	<ul style="list-style-type: none"> • Provide an infrastructure and a message that promotes good health - informing individuals what the indicators of a healthy life are and providing environments which encourage health.

What role could the private sector play?	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> • Should use evidence based healthcare and develop strong programs to improve the health of Virginia

East Central Virginia	<ul style="list-style-type: none"> • Reduce gender bias within their facilities and allow for the promotion of intact families
Eastern Virginia	<ul style="list-style-type: none"> • None provided
Northern Virginia	<ul style="list-style-type: none"> • None provided
Southwest Virginia	<ul style="list-style-type: none"> • Use evidence-based programs • Develop a program like “Periods of Purple Crying” to educate parents before discharge from the hospital to promote safe sleep and proper childcare
West Central Virginia	<ul style="list-style-type: none"> • None provided

ROLE OF OFFICE OF FAMILY HEALTH SERVICES

How could the resources of the Office of Family Health Services be best used to improve the health status of women and children?	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> • The Office of Family Health Services should serve as a healthcare coordinator amongst the different programs and organizations. Use their position to provide relevant, readily accessible data to other organizations to allow for best practices. Work with Department of Behavioral Health Services to improve behavioral health care for women, children, and families. • Become a more consumer friendly source of healthcare information to reduce the complexities that are often a barrier to good care; develop a less duplicative system of paperwork to improve efficiency and reduce consumer barriers. • Increase access to contraceptives and provide more educational programs geared toward well baby care.
East Central Virginia	<ul style="list-style-type: none"> • The Office of Family Health Services needs to coordinate programs and services to provide a continuity of care based on best practices and supported by sensible payment structures
Eastern Virginia	<ul style="list-style-type: none"> • Local data, by ZIP code, is needed • Mental health data monitoring for children especially psychotropic drug use
Northern Virginia	<ul style="list-style-type: none"> • The Office of Family Health Services could be more consumer friendly in regards to the process and the accessibility. If there were central intake systems, for at least the county system, there would a

	reduction in the duplicative paperwork
Southwest Virginia	<ul style="list-style-type: none"> • Coordinate services between the Department of Behavioral Health and the Office of Family Health Services to look at the issues of substance abuse and mental health affecting communities • Look for best practices and programs available in other areas. Develop a full time position to find and modify effective health programs that can be implemented in Virginia
West Central Virginia	<ul style="list-style-type: none"> • Increase access to contraception, continuity of care among early childhood programs, provide stress/anger management programs targeted toward fathers, and provide support to health care providers by working toward improving training and reimbursement

What should be the priorities of the Office of Family Health Services?	
Region	Summary Findings
Overall	<ul style="list-style-type: none"> • Comprehensive and coordinated health education done at a local or regional level • Work closely with providers to ensure that adequate, accessible, efficient, and coordinated care is available, particularly to those in greatest need.
East Central Virginia	<ul style="list-style-type: none"> • None provided
Eastern Virginia	<ul style="list-style-type: none"> • Comprehensive and coordinated health education done at a local or regional level
Northern Virginia	<ul style="list-style-type: none"> • None provided
Southwest Virginia	<ul style="list-style-type: none"> • None provided
West Central Virginia	<ul style="list-style-type: none"> • Work closely with providers to ensure that adequate, accessible, efficient, and coordinated care is available, particularly to those in greatest need.

EAST CENTRAL VIRGINIA

Date of Focus Group: October 22nd, 2009

Focus Group Area: East Central Virginia

Attendees:

Markot Ackermann- Homeward
Laura Allen- Children's Hospital of Richmond
Sumaira Anainv- Richmond City Health Department
Sherry Black- Children's Hospital of Richmond
Lemar Bowers- First Things First of Greater Richmond
George Carter- City of Richmond-Sickle Cell
Shirley McAdoo-Dodson- Family Maternity Center of Northern Neck
Brendalin Riedlinger - CHIP of Richmond
Lisa Sharpe- Henrico Doctors' Hospital
Rose Singleton- Richmond City Health Department
Lisa Spector-Dunaway- CHIP of VA
Trisha Steiniger- 211 United Way
Don Stern, M.D.- Richmond City Health Department
Kimberly Tucker- St Joseph's Villa
Kelly Williams- VA Dental Hygienists' Association
Roselyn Zahradka- Southside Regional Medical Center

OVERALL HEALTH ENVIRONMENT

1. What major health-related change or changes over the last five years have had the most impact upon the health of families and children in Virginia?

Summary findings:

- **Improvements have been made in prenatal care but limited financial and health care provider resources have lead to fragmentation and gaps in services. This lack of resources has been further impacted by the increase in poverty and the subsequent rise in use of free/reduced services**
- **There have been improvements in cultural sensitivity but there is still room for improvement in training healthcare providers, including fathers' role in their children's health and meeting the needs of the ever increasing Hispanic population.**
- **There is fragmented care among providers and the areas they serve which has allowed for an unacceptable gap in care in regards to both location and specialty (including mental health care).**
- **Access to dental care and prevention has improved for children but continues to get worse for adults.**

Specific comments:

There has been an increase in the sickle cell education. Despite very effective sickle cell education focus in previous years there is a need to focus on education again. Every generation needs this education and they need it to be fashioned in a manner that reflects the changes in the population. Additionally there has been a change in the availability of physicians capable of treating sickle cell and its related health concerns. Fewer avenues of care despite an increase in consumer selection of care providers

There is focus on addressing disparities and the diseases within particular populations, such as mortality and cancer for African American.

The changing demographics in regards to the growth of the Hispanic population (now the largest minority) and the extent to which the government is integrating this change into policy.

There has been an increase in the elderly population

There is a shift in VA policies in regards to the ban on smoking in restaurants and bars.

Change related to the availability of the HPV vaccine and the limitations of its usefulness due to cost and its rigorous vaccine schedule.

We have seen an increase in poverty in VA and its projected downward spiral. We have seen an increase in use of services by populations that previously would not have needed these services.

There has been a stronger focus on the 0-3 population with a greater amount of organizations serving them. There is still a long way to go but it is on the radar

There has been a tremendous change in the regulatory mandate for Head Start. Now more groups are concerned with health needs. These non-health focused programs are stepping up to the plate to ensure care is available to kids; however, they don't always have the resources they need to do that. Education services are becoming more involved in health issues.

Over the last five to ten years there has been a great deal of effort to strengthen families, (absent fatherhood ties into obesity, mortality, and low birth weight). We have seen an increase in attention directed toward prevention, holistic families, and cooperative parenthood (effects health of the mother as well).

There has been greater access to service through the development of 211.

The challenges encountered in regards to health and money is huge. There has been an increased emphasis on participation of fathers, developmental screening, home visiting agents in the home, and there are still significant barriers to care because of limited resources. The increased outreach in the home and the need for further outreach is very important because it allows a far more effective care connection to form between the services and the patients.

The influence of the internet in terms of where population is getting information or how they seek out the information has been huge. It has changed the patient role in healthcare and to some extent it has made the delivery of care more difficult when misinformation occurs.

There has been a huge push toward prevention in dental care and a greater effort in educating mothers about the importance of dental care to the child. There are very few dental resources for adults in the Richmond area though there has been a large focus on providing care to children.

In the last five years or so education for the preterm mothers had improved. An increase in late prenatal care or no prenatal care has been observed for some pregnant women. Pregnancy rates are not decreasing for young adult, single women. Welfare is not a disincentive to young women and homeless women are not getting the care they need. VA has not been getting through to some young women that pregnancy doesn't make a life easier. So teen pregnancy rates may be going down but pregnancy rates for young women have been increasing while the duration between pregnancies has been decreasing. Education for family planning is not getting through to all women.

There has been an increased rate of obesity.

There is fragmented care among the providers and areas they serve (better clinical management but still fragmented care across areas and races). There is a difference in what the private sector is doing and what municipalities are doing. Each office runs their programs differently and there is not uniform occurrence across the state

There has been a loss of delivery service in an area the size of Delaware. There is no incentive for the hospital to reconsider reinstating these services because mal-practice insurance cost decreased by over half because of this change. There have been more prevalence in child mental health issues but no one is available to provide them.

A new paradigm of obstetric care moving toward centering pregnancy (group prenatal care), there is a similar model for breast feeding groups. It creates a support system for pregnant women.

There has seen a growth in mental health issues and a system which does not provide a lot of time to do all the education. There are attempts to target important issues to the patients but there are not enough resources available in the community.

2. What major emerging issues do you think will have the most impact upon the health of families and children in Virginia in the next 5 years?

Summary findings:

- **The future impact of health care reform and universal care should it be granted.**
- **The role of men in families will emerge as a major issue in the next 5 years. There is a need to both recognize and support the importance of intact families with equal**

respect to the roles of men and women. It is necessary to focus on family planning and including men in women's and child's health.

Specific comments:

The eventual health care revision and the impact of universal care on the system should universal care be granted

There has been/will be an increase in Emergency Room use.

There is an increased unplanned pregnancy, an increase teen pregnancy, an increased occurrence of STDs.

- *Not all issues are a result of barriers to the access, affordability, acceptability, accommodation, or availability rather it's a function between the relationships between women and our community (excluding the rural efforts).*

Hopelessness and poverty will continue to be huge issues.

The necessity and role of intact families will be an emerging issue in the health of maternal and child.

- *Provide support for the families during this important time*
- *Maintain families to help keep kids out of poverty and in school systems*
- *Need to stop overlooking the man in the family*

There needs to be a focus on family planning and inclusion of the men in the pregnancy to keep them connected to women's health and the child

We need to remove the bias toward women; guys are interested in the birth of a child and want to be involved but there are too many subtle messages keeping them away from the family

3. What are the one or two most pressing health needs of families and children in your region that impact health status and what can be done to address them?

Summary findings:

- **The active involvement of men in women's and children's health issues was identified as a pressing health need of families**
- **Virginia needs to focus less on physician directed services and further incorporate other healthcare professionals into providing care. Stronger collaboration between various healthcare providers will allow for gaps in services to be filled and increase available resources.**

Specific comments:

The most pressing need is to actively involve men in women and children's health issues (how can you duplicate Boot camp for Dads in other areas to encourage that behavior)

Tendency to blame the individual not the system, the media focused on issues

Not enough funds, but should start earlier in the system to makes changes. Go into these families and break the cycle

VDH has put a great effort into areas of need for dental health but more could be done if dentistry allowed for greater aid in underserved areas. Access is the not the problem rather is it the ability to give aid on the part of dental health providers. (Dental hygienist are not allow to provide care, there are barriers to the provision in part because of Medicaid reimbursements)

There is a need for VA to become less physician centered and instead focus on what other healthcare professionals (dental, nutritionists, and social workers) can offer. There needs to be a collaborative connection between the various types of professionals and we need to use that collaboration to fill the gaps left by the lack of certain professionals – loosening of the regulations that hold back emerging professionals from giving aid

SPECIFIC POPULATION HEALTH NEEDS

4. What are your greatest health concerns relative to the following populations in your region? (e.g. access to dental services, mental health services, substance abuse, chronic disease, cancer, etc)

Summary findings:

- **Need for preventive care across the population groups with a specific emphasis on the value of pre-conception health and early screening.**
- **Affordable healthcare and provider availability remain a concern for several of this population groups, specifically children with special needs and adult women.**
- **Mental health services and substance abuse services are needed by many of the populations groups.**

Specific comments:

- infants (up to 1 year)
 - *Development intervention and immediate follow-up (have been strides in this area with new codes which allow for payment of these services)*
 - *Make sure professionals understand the need for early screening and ensure those services are reimbursable*
 - *Compliance on the part of parents to get the kids to the providers (personal/support in place/transportation/ systemic road blocks- those who need help and ask for it need to get the help they ask for)*
 - *Chances to get help decrease without a partner*
 - *Advocacy*
- children (1-11)
 - *Asthma increase in this population*

- *Dental cavities are the number one reason why kids miss school*
- *Nutrition*
- *Increase in ADHD*
- *Scheduled immunization in the beginning followed by spread out immunization schedule creates a problem because children don't see a doctor on the regular basis*
- *Mentor kids that age*
- *Return to the values of the past and you will fix the current issues facing our society (improving the family structure)*
 - *Poverty has become something different (a deserving attitude)*
 - *However, people in poverty today are no longer in a pot together instead they often feel isolated in a world where media images focus on materialism and wealth*
- *children with special health care needs*
 - *Affordable health care*
 - *There needs to be better coverage by the insurance companies*
 - *Cut backs have lead to less people available in certain areas of health care (politicians are not in tune with special diseases in the community)*
 - *Be purposeful about what we are going to do and what we need to do*
- *adolescents (12 to 18)*
 - *Mental health*
 - *Substance abuse services*
 - *Healthy relationships*
 - *Transition training into adulthood*
 - *Pre-conception health*
- *adult women,*
 - *Transportation- getting to and from*
 - *Emphasis on perinatal health and education (relationship between the partner)*
 - *Health insurance*
 - *Mental health*
 - *Education of the family*
- *adult men*
 - *Men going through the loss of an infant or a pregnancy (the need there is huge) support for bereaved father*
 - *Exclusion of fathers from the birth of a child needs to end*
 - *Men need more primary care emphasis*
- *Older adults (65 and over)*
 - *Medication*
 - *Independence, be able to take of themselves and adapt to the lifestyle changes they are going through*

5. Are there specific subgroups within these populations that are of the most concern?
(Examples might include: low-income, disabled, immigrants, etc. Follow up with-who they are and why these populations are of concern)

Summary findings:

- All of the populations are of equal concern

6. Of the populations you are familiar with, what are the biggest barriers or gaps in meeting their health needs?

Summary findings:

- Lack of resources to pay for services or a lack of awareness of free or affordable options.
- There is a lack of personal responsibility resulting in individuals who do not seek care either because they find the system too complex to navigate or because they are not aware of the care that is needed.
- Transportation in rural areas.

Specific comments:

Affordability: when you know a doctor's bill will be high there is an immediate reaction to not seek care.

Awareness of free or affordable services is limited.

System is so complex there is not a concerted effort on the patient's part toward taking responsibility to get care or navigate the system.

A lack of personal responsibility and hopelessness which limits care, independent of degree of access in the system.

Limited access in rural areas

Limited funds for local programs

Fewer resources

Transportation in rural areas

7. What specific suggestions do you have for achieving needed improvements?

- In general?

Summary findings:

- **VA needs to support professionals who may be able to provide health care and/or education in a more cost effective way and ensure policies are not in place that unnecessarily limit productive citizens.**

Specific comments:

More programs like boot camp for dads need to be available to support strong families.

Look at the supporting professionals who may be able to provide the health education in more cost effective way (denial hygienists, nutrition, etc).

VA needs to look at policy that adversely impacts the future (felonies on simple things shouldn't ruin lives that inevitably can be productive).

- **For VDH?**

Summary findings:

- **VDH needs to decide its leadership role and become a stronger coordinator of services within local communities and reduce duplicative programs**
- **There needs to be an increase in family planning and a provision for sex education at a younger age.**

8. a. What role might federal, state, or local government play to make this happen?

Summary findings:

- **Improve Medicaid**

b. What could community organizations contribute? (e.g. non-profit organizations, faith-based organizations, etc.)

Summary findings:

- **Provide support programs to keep families intact**
- **Continue to support populations in the community that have special needs**
- **Bring these groups to the planning table for collaborative efforts**

c. What role could the private sector play? (e.g. hospitals, physicians)

Summary findings:

- **Reduce gender bias within their facilities and allow for the promotion of intact families**

9. a. How could the resources of the Office of Family Health Services be best used to improve the health status of women and children?

Summary findings:

- **The Office of Family Health Services needs to coordinate programs and services to provide a continuity of care based on best practices and supported by sensible payment structures.**

Specific comments:

Coordinate programs and service to provide a continuity of care

Focus on what works; use evidence based medicine

Address policy to make payment structure more sensible

Support intact families

Provide training for health professional to work cross culturally

Office of family health services should be more conscious of gender bias (Title V came out with some statements that emphasized the importance of including men)

Improve dental care to keep students in school, there needs to be education component to emphasis the importance of healthy teeth

EASTERN VIRGINIA

Date of Focus Group: October 27, 2009

Focus Group Area: Eastern Virginia

Attendees:

Katina Barnes- The UpCenter, Resource Mothers
George Harden- 2-1-1 Virginia, Planning Council
Donald Lewis- Children's Hospital of The King Daughters
Betty Wade Coyle- Prevent Child Abuse Hampton Roads
Lisa Davies-Morris- Navel Medical Center Portsmouth
Mary Ann Notoriann - Old Dominion University, School of Nursing
Amy Paulson- CINCH/Eastern Virginia Medical School
David Trump- Health Director, Peninsula Health District
Cleriece Whitehall- Project Link
Ticorea Williams- Riverside Regional Medical Center
Jackie Yetko- Eastern Virginia Planning Council

OVERALL HEALTH ENVIRONMENT

1. What major health-related change or changes over the last five years have had the most impact upon the health of families and children in Virginia?

Summary findings:

- **Teen pregnancy rates are rising and little prenatal care or second births are common. There is a need to educate this group about safe sex and good childcare**
- **Rise in autism is a concern as well as the availability of services and public perception. Current fears about immunizations and autism (which is scientifically unfounded) needs to be addressed.**
- **Mental health and substance abuse issues, particularly for children, adolescents, and their families, are significant. Health provider practice has not caught up with research.**
- **Public health needs a solid message of health that address the needs of infants and mothers as well as issues surrounding obesity, poor preventive care, and access to services in poor economic times. There are is a great deal of public confusion about good health. Efforts to address this in the past five years have not succeeded in reaching the target population.**

Specific comments:

The important changes are in the developments in research including the ACE (adverse child experiences) study relating to child abuse and neglect as it related to healthcare issues. The field may not have acknowledged this. We are in the dark ages for so many things. Children's mental health is a huge issue. The practice has not caught up with the research. Other issue relating to Norfolk – concerns with rate of Autism in children, ADD, PTSD, and trauma in children and early brain development.

Increased recognition of trauma for children and women and an increase in trauma to these populations including more violence in their neighborhoods. Those populations are also affected by mental health and substance abuse disorders.

There are more teenagers being impacted by dual diagnosis mental health disorders and substance abuse affecting their children and parenting skills. The teenage pregnancy rate is starting to rise again. There are more 12, 13, and 14 year olds that are pregnant (average age for teen pregnancy is 17 years old). Education for the community is needed again. There are more referrals coming from the middle schools now, not just from the high schools. Older guys are preying on these young age groups and there are incidents of incest as well.

There is a steady increase in premature births. The concern with that is infant mortality. There is an ongoing challenge with obesity in children. There is not much progress in outcomes in teens and younger adults - to intervene you have to think years down the road. At the government level, we must do things now and across the continuum. We need to focus more on prevention

There should be a focus on the issues relating to infant mortality including the issues around prenatal care and all of those things associated with that (addressing smoking, immunizations, obesity, hypertension, and basically keeping mom's healthy). Once the babies are born, the key issues are preventing infectious disease, ensuring immunizations are completed, and improving autism misinformation. There is a need to mount a campaign about real facts particularly about immunizations relating to autism. Otherwise we are going to have old childhood disease coming back. Safety is a key issue. Automobile accidents are still the leading cause of death in kids. The other areas that are key issues include childhood obesity, smoking leading to all types of respiratory problems in kids, and SIDS campaign (back to sleep campaign) needs to be reinvigorated. Fear is missing in our population today by parents. We need to have a powerful clear message about all of these campaigns that have more of an impact that is a culturally appropriate message. We can't be afraid to make people mad and let them know that they are relaying incorrect information about health. Redefinition is a leading reason for the increase in autism. Mental retardation is not politically correct. People are not following through with suggestions that you offer them because of lack of resources that are available including no money.

Teenage pregnancy is rising (some having their second child) and no prenatal care. There is a rise in c-section rates. There are more c-sections than vaginal deliveries. A lot of new mothers are refusing immunizations are being refused for lack of education.

There is a generalized increase in stress from the economy, violence, multiple things, difficulty finding care that people need impacting health of families in general. There has been a decrease in programs and decrease in acceptability for stress and anger management programs. Therefore there is increasing the level of stress for the lower socioeconomic population. There is a lag in getting knowledge and research into practice in the area of maternal and child. There is a need for improvement for both providers and consumers practice.

The majority of our problem comes from lack of knowledge and that people do not feel that they need parenting skills. Some of these problems are cultural, we do not provide enough ways of educating people, and we only come out with one way of educating the public. We need economic resources to get people the services (insurance, transportation, etc.). Livability has changed. A lot of livability is generational, grandparents are taking care of children and they have different expectations as they were raised a different way. Different cultures have different problems with this but they are similar and need to be addressed. There are not metropolitan resources in Eastern Virginia even though it is considered a metropolitan area (16 different jurisdictions). We can get a person to NYC for a procedure quicker than we can get someone resources in the Eastern Virginia area. The jurisdictions neither talk to each other nor do they collaboratively work with each other. Our state government gets better or worse depending on who is in office. Their focus changes from health to capital projects and there is always a different focus when there is a change in office. This does strange things to families who are trying to access services and they may go away with different politicians. We are not as strong in prevention. We do not follow through even if there is a prevention plan. We don't have the tenacity to maintain a preventative plan even if it's a good plan.

The SIDS campaign/ back to sleep program has really helped. There has been a quite an increase in single active duty becoming pregnant. There are more single pregnant women without resources. For infant mortality, there needs to be a focus on some of the negligence in medical care that happens when moms are having their babies and need to hold doctors accountable for their bad care. (i.e. treating infections that could prevent infant death).

Prevention messages are conveyed but the targeted audiences either do not view them as important and/or do not make necessary behavior changes. Infant death shows concerns with access to care issues. Infant mortality should stay the state focus and should be the focus outside of just this group. People are not taking these messages to heart with the educational campaigns. There is a lot of misinformation out there including the internet. There needs to be some way of improving this and improving the healthcare system overall. There should be better access to care particularly prenatal and postnatal. No insurance leads to inability to do so even with good intentions to do so. The free clinics are not serving children.

2. What major emerging issues do you think will have the most impact upon the health of families and children in Virginia in the next 5 years?

Summary findings:

- **Economic challenges - changes in national healthcare reform, job loss, and changes in the financing of certain services available to low income families will have considerable impact on the lives of Virginians.**
- **Educational policies are currently unfavorable to promotion of health and support of young mothers.**

Specific comments:

National healthcare reform, changes in economy, and more job loss.

The change in politicians will lead to a change in focus.

What gets paid for changes which impact what services are available to families.

The paper mill is closing in Franklin. This will be devastating to the community on so many levels including the local economy.

The education policy will stress the maternal/child community and is less than sympathetic to the young mother that has gotten pregnant. As those policies continue to be less favorable to continued educational success, it will have an affect on health status.

The schools are becoming less about health and physical education programs as they are focused on “no child left behind” policies.

3. What are the one or two most pressing health needs of families and children in your region that impact health status and what can be done to address them?

Summary findings:

- **The most pressing health need mentioned by this group is the need to give children proper care and support. Families need to appreciate children as a lifetime commitment and that they receive proper healthcare.**
- **Preventative care and education needs to begin at a younger age and use a vehicle of transmission that will be well received by the target populations (like churches and early school grades)**

Specific comments:

Access leads to everything and is the front door to the system. We need to improve this. Solving this for children does not solve anything. We must solve access for the entire family.

If people do not know the right thing to do, they will not do it. We need to get clear messages out there.

Behind this is the issue of parent’s rights versus children’s rights. Children have lost priority and we need to do some shifting.

There is a fragmented system. No one can compare statistics across the region or the State. We are working in a vacuum. We need the State to provide leadership and say we must use the same systems.

People that are pregnant should want the child for the long haul, not for the fun time period (the wrong reasons). This is an issue that we need to address, children should be wanted and having children should be a choice. Family life education needed in the public schools. We need to talk about basic parenting skills, responsibility, and relationships. Inappropriate relationships lead to child abuse and neglect often times. We need funding to make these services possible and make education and access possible. Leadership prioritization for these services is needed.

For those children with one parent in the military who gets deployed. The child is definitely affected. We need to create stable environments for these and all children.

The whole idea of prevention that we don't have is important. Knowing is not doing. Need to offer different services than the ones that we always have. We need new solutions to the problems. We should not be doing the same thing we always did if it has not been working. We need to be collecting data and analyzing it, showing outcomes that we want to achieve particularly for prevention.

There is only one prevention program for pregnancies in Portsmouth. Choice enters into this decision; all the valid reasons in the world have not prevented pregnancies. Attempts are made to prevent second pregnancies through support structures, education on birth control, checkups at 6 weeks, and follow-up/case management. How can we give them other choices in their life before this first pregnancy? Provide support before 3rd grade and throughout their life increasing resiliency through parent and family intervention. We can use satellite interaction with kids if their parents are deployed for military families that are separated. We need to address those teens that want to be pregnant because they want someone to love and they think it is going to be easy through parental education. We need to develop better support systems for them and mentors.

One successful program is a school based adolescent health program, Florida has a good model. It reduces the drop-out rate, provides access to birth control, and other viable types of health services and education. We are not very good at education and not consistent with it. We need to pick five or six messages and then just drill out those messages. We could educate providers in places like churches. The pulpit is a great place to educate. We could take on childhood obesity in a sermon. We need to be innovative in how we educate like Sunday mornings. We could include this health information to teach in the educational processes of these new ministers that are just learning and coming out.

People don't want to hear the problem; they want to hear the solution. We need to tell them something that we are willing to do. We must have something hands on, like baby dolls to see how these choices impact them. We need more help from the State to make it more available, not just local initiatives making it more global.

SPECIFIC POPULATION HEALTH NEEDS

4. What are your greatest health concerns relative to the following populations in your region? (e.g. access to dental services, mental health services, substance abuse, chronic disease, cancer, etc)

Summary findings:

- **Prevention services and health education across all age groups. Physical activity and appropriate nutrition were particularly important.**

- **Family (including both parents) involvement in the medical and mental health of children. Safe child care is needed for infants and children under the care of either parents or grandparents**
- **Services aimed at adolescents, as there are considerable issues confronting this age group in regard to gang violence, mental health, pregnancy, and limited preventative health education (among others)**
- **Dental care is needed for nearly all populations due to both limited access and financial support.**

Specific comments:

- **infants (up to 1 year)**
 - *Safe sleeping environment, nutrition, immunizations, safety in general including car seats. Prevention for children of all ages*
 - *Engaging the two parents for all ages*
- **children (1-11)**
 - *Engaging the two parents for all ages, prevention for children of all ages*
 - *Safety, neglect across the board, early brain development important and they need early social interaction, physical activity, proper nutrition, simplify the message to the parents so they know exactly what they should do, need for nutritional meals in the schools, exercise in the schools, quality childcare, asthma treatment.*
- **children with special health care needs**
 - *Early recognition of their diagnoses, suitable providers, mental health*
 - *Social and emotional needs, need resources to provide these services*
 - *Dental care for these kids – they cannot get services in regular office, often need services in hospital – financial resources not available*
- **adolescents (12 to 18)**
 - *There are men having multiple babies with multiple women thinking it is cool. We need to change their view to seeing a sense of responsibility as men/ adolescents.*
 - *Safety, exercise, lack of family/life education, not appropriate family/life education depending on locality, violence prevention and gang education needs to be addressed, obesity,*
 - *Mental health promotion and services, suicide prevention, bullying prevention, substance abuse access to care for this population needed,*
 - *Better transition from their pediatricians to regular screenings/primary care treatments/HPV, more uninsured in this age group,*
 - *Preventative care education for their parents, concern with dropout rate – need programs to improve the number who stays in school l- lack of education leading to lack of work leading to lack of insurance, hopelessness because of their environmental surroundings, social determinants, transmission of STDs,*
- **adult women**
 - *Dental care,*

- *Lack of insurance more likely than any other group that is uninsured,*
- *Preventative care, obesity, segmented care for women (pregnant, etc.), not treated holistically, no continuum of care for women, preconception programs should be available to all child-bearing age as well as prenatal education*

- **adult men**
 - *Dental care*
 - *Engaging the two parents for all ages, Focus education for the dads too, over half of women less than 24 years of age are unmarried and the State has to identify the fathers with those receiving state funding. We can get the fathers involved at that point. There needs to be a societal change in mindset for women not to have a baby with a man just to try to keep a man. Involve them more in the lives of their children and prosecute those who are not involved in accepting the responsibility of raising their children/supporting them (harsher penalties for child support and those with multiple children).*
 - *Obesity, preconception health, chronic health needs, access to affordable care needed, ensure that men know the importance of healthcare, need to break through the macho/ego for men, need to reframe our healthcare messages for men, teach men that their bad habits affects the health of their baby too, not just the mom's baby*

- **Older adults (65 and over)**
 - *Grandparents are raising kids leading to stress, economics affects them, they don't qualify for certain funding, mental health issues, who are their support systems?*
 - *They needs case managers to navigate the healthcare system, maintaining independence for the elderly person, need to develop support systems, develop affordable support for in home living, continuum of care*

5. Are there specific subgroups within these populations that are of the most concern?
(Examples might include: low-income, disabled, immigrants, etc. Follow up with-who they are and why these populations are of concern)

Summary findings:

- **Minority population, particularly African Americans in poverty,**
- **Poor people, disabled people, and pregnant women applying for Medicaid**

Specific comments:

- *Poor, disabled, those applying for Medicaid and pregnant and waiting for approval,*
- *Immigrant community increasing in pockets, language barriers are there and need translation services, refugee resettlement,*
- *Gay, lesbian, transgender, bisexual teens/adolescents have high risk for mental health issues, suicide and violence – need more services in this area for this population,*
- *AIDS patients need medical care and resources for rent, transportation, and medications,*

- *Minorities particularly African Americans in poverty not receiving good quality services with lots of crime in those areas in public housing, they have access issues*

6. Of the populations you are familiar with, what are the biggest barriers or gaps in meeting their health needs? (Examples might include: insurance coverage; delays in receiving Medicaid eligibility; access to providers/mental health/substance abuse treatment; transportation; literacy; translators)

Summary findings:

- **Economic barriers are in place that restricts good nutrition and healthcare prevention efforts. The infrastructure for healthy choices is not available to families.**
- **Medicaid eligibility is often denied, applications are lost, and inappropriate denials for government programs occur. Other government programs like social services and unemployment insurance appear to restrict aid to people in need of help often to a catastrophic end**

Specific comments:

Economics and how it impacts health – the cheaper meats versus the best types of meat are expensive equals poor health choices, the dollar menu, or not having a grocery store in your neighborhood at all, We need to develop nutritional choices in neighborhoods,

Appropriate housing for those with respiratory needs

Lack of well built environment/social determinants causing barriers, public transportation system not sufficient,

Lost applications for those applying for aid, inappropriate denials for government programs, unemployment insurance, social services feels that it is their job to keep people out instead of trying to get people in, social services don't see their role as an advocate, long waits for those with catastrophic illnesses and they can die waiting for approval of services

We are not focused on prevention. If I can't pay my bills this month, I have to be at least five days behind before I can get help, we have setup system to see folks more and more behind and then they are more likely to be denied for that.

Medicaid is denied often in this area because Virginia's Medicaid's eligibility, payment, and reimbursement programs are a big problem.

Translation barrier

7. What specific suggestions do you have for achieving needed improvements?

- **For VDH?**

Summary findings:

- **Policymakers need to improve the programs currently in place to become more efficient and effective.**
- **There is a need for collaboration among different services (including education, health, and social services) to advocate for the needs of the population.**

Specific comments:

- *Prevention in the schools, educate policy makers, policy and leadership from the top to help streamline and make more effective the programs that we already have, they need to step up in a more proactive way in an advocacy role, need to collaborate to make things happen between departments of health, education, and social services, need to get back to doing public good,*

8. a. What role might federal, state, or local government play to make this happen?

Summary findings:

- **Government should take a stronger stance toward the dissemination of data, ensuring that a clear, simple message is available to the public about healthcare needs and the information that is currently available.**
- **Make resources available and partner to implement.**

Specific comments:

There is a lot of data collected and we need to have resources to get the data out to the community and others who could use it. Provide clear, simple messages to the public about the data that is collected already about the community.

Commitment about what the long term focus (message) is going to be and just do it. Provide funding for that focus.

Ability to make policy changes that affect larger groups than the individuals.

Fund state and local health departments particularly for surveillance of obesity, could partner with educational department

b. What could community organizations contribute? (e.g. non-profit organizations, faith-based organizations, etc.)

Summary findings:

- **Allow regional areas to utilize money in a way that is most effective to them.**

10. a. How could the resources of the Office of Family Health Services be best used to improve the health status of women and children? *Specific areas might include planning, directly providing services at the local or state level, policy development and*

research, quality assurance, surveillance (monitoring data and trends), evaluation (of programs, etc.), assurance that needed services are available, promoting and enforcing laws related to health, helping build coalitions and collaborations around specific health issues.

Summary findings:

- **Local data, by ZIP code, is needed**
- **Mental health data monitoring for children especially psychotropic drug use**

Specific comments:

Local data is needed, more useful by zip code

Mental health data monitoring for children especially psychotropic drug use, prevalence and outcomes

b. What should be the priorities?

Summary findings:

- **Comprehensive and coordinated health education done at a local or regional level**

Specific comments:

Comprehensive and coordinated health education, doing it at the local level, better access to care

We should look at what can be done at a regional level to make the most impact?

NORTHERN VIRGINIA

Date of Focus Group: October 14th, 2009

Focus Group Area: Northern Virginia

Attendees:

Veronica Aberle- Public Health Nurse, Alexandria Health District

Andrea Adelman- Family Resource Coordinator, Infant and Toddler Connection; Fairfax/Falls Church

Erina Balderrama, RN - Care Connection for Children

Debby Byrnie- FIMR Coordinator, Northern Virginia Regional Perinatal Council

Jamie Carter- Director, Northern Virginia, Northern Virginia 211 Program

Lori Cooper- Director, Northern Virginia Regional Perinatal Council

Subarna Dharia, MD - Pediatrician, Children's Medical Associates (Fairfax)

Kathy Donovan, RN- Reston Hospital

Maria Eugenia del Villar

Polly Fitzgerald- Naomi Project

Leslie Kronz- INOVA Health System

Marie Kodadek, MD- George Mason University Nursing School

Carol Miller- Center for Well-Being

Brenda Mohile- Fairfax Neonatal Associates

Laura Suzuki- Fairfax Health District, Maternal & Child Health

OVERALL HEALTH ENVIRONMENT

1. What major health-related change or changes over the last five years have had the most impact upon the health of families and children in Virginia?

Summary findings:

- **The downturn in the economy and resulting budget reductions have increased the need for services and basic human needs while reducing organizations' ability to respond to those needs.**
- **There has been increased numbers of low birth weight infants, multiple births, immigrant mothers, and single mothers resulting in a greater need for supportive maternal and child related services.**
- **While improvements have been made relative to culturally appropriate care and language services, changes in the economy have had a particularly negative impact on immigrant families.**

Specific comments:

In the perinatal counsel, membership has diminished and there has been a lot of turnover (current members are overwhelmed).

There has been a rise in women and children with no/limited basic resources (utilities, home, and food)

Over the last five years, between the recession and demographic changes in the community there has been great deal on stress put on the community.

Trends in the past 5 years suggest that budget reductions have impacted programs ability to serve their targeted populations. Organizations have had to make cuts in programs where previously they never would have, because of that some organizations are no longer capable of providing past services.

The system is too fragmented and there are disparities in the accessibility of services because of insurance restrictions.

There is not enough awareness of the many groups and services available, though it is better then it once was.

There has been an increase in survival, increase in multiples births, and an increase in diversity. The biggest challenge to the population is the lack of health insurance or limited health insurance. Families are not mentally or financially prepared for the survival of a 23 week baby.

Women are still not taking folic acid as they should and are not using safe sleep practices (though this may be due to the new identification system used in infant mortality). There is rising concern over the advanced age, obesity, and limited perinatal education of new mothers.

Because of budget cuts to some programs, there has been a ripple effect on other programs. Programs limiting one type of service put an undue strain on similar services offered by other programs. People have less access to services in an environment of rising conceptions and Hispanic numbers.

There has been tremendous growth in the number of children (0-3yrs old) served by the Infant and Toddler Connection (about a 10% growth every year). According to the State, they under serve those less than a year old and are uncertain as to why that is so. During this fiscal year their focus is on increasing service to that age group.

There have been trends suggesting increased numbers of premature births, increased diagnosis of asthma, and an increased occurrence of multiple births.

There has been an increase in the rate of multiples births particularly an increase in women giving birth to twins and losing one. There is not enough support for parents losing children.

Mothers are ill-prepared for taking an infant home regardless of socio-economic status.

There are positive trends surrounding cultural competency, resulting in better response by the community.

There has been an increased use of language services particularly Spanish. Language services are under high demand. For Spanish language service alone (plus contract work) it takes 500 volunteers to service the system 24/7 and it's still a challenge.

Some Hispanic families have left the country or moved back in with other family members. Some Hispanic family members are moving back to their countries and others are sending the babies home so that they may stay and work. These shifts in geographic locations are affecting the family dynamic.

2. What major emerging issues do you think will have the most impact upon the health of families and children in Virginia in the next 5 years?

Summary findings:

- **The bad economy will have long-term consequences (which will be more severe the longer it takes to turn around) on the health of families and children, due to cuts in or losses of services and families' economic status (e.g. loss of health insurance benefits, struggle for basic necessities).**
- **Dramatic growth in autism diagnosis will result in significant increases in need for services by this population.**

Specific comments:

The obvious impact of health care reform; unless the economy changes quickly the effects will be dramatic upon the health of women and children.

Charities not getting enough contributions because of the downturn; the healthcare community will feel the effects of that soon.

School system budget cuts changed the way the children enter the system resulting in increased stress on healthcare workers.

All aspects of economy affect the family, if economy doesn't improve provision for healthy life will not occur because you can't address healthcare in bubble

Basic needs of families and mothers are not being met. Families are in crisis mode so prevention is not reaching these families. Longer term medical needs are not being addressed because individuals reaching for help are focused on fulfilling basic needs first. Organizations, therefore, are not able to meet medical needs and that connection is not being forged.

There have been a significant number of rapid pregnancy repeaters who are in crisis mode and are having premature babies (unplanned baby in families looking for comfort)

Families who have lost a job and health insurance are accessing programs they have never had to use before, a different type of poverty.

A fair number of working people who are trying but just don't have insurance with enough benefits.

Early diagnosis of autism and its eventual effect on the health care system.

Hospitals have decreased patient education, directly affecting nursing education.

3. What are the one or two most pressing health needs of families and children in your region that impact health status and what can be done to address them?

Summary findings:

- **Financial access (for both uninsured and underinsured)**
- **Focus on prevention before intervention**

Specific comments:

There has been a decrease in transmission of HIV thanks to education but they can't seem to penetrate with folic acid campaign. There needs to be sustainability to these programs (folic acid is not high on the list).

Child care needs to improve and become safer. Families leave their child with anyone regardless of quality. It is difficult to have subsidized child care. Most provisions are for families just around federal poverty level (FPL) and the quality of care isn't high. Too many providers of childcare are not licensed and have not been educated regarding safe sleep

Nutrition for small babies is not good; caregivers think they can give the children anything to eat (very difficult to cross those cultural gaps).

Fathers are not educated to provide care to children.

Pediatricians should be doing the health education, but there is not enough money or time to address the issues.

We need to get patients out of the hospital quicker to prevent spread of swine flu.

SPECIFIC POPULATION HEALTH NEEDS

4. What are your greatest health concerns relative to the following populations in your region? (e.g. access to dental services, mental health services, substance abuse, chronic disease, cancer, etc)

Summary findings:

- **Need for good nutrition, early intervention, and prevention services cut across all age groups. As a result, obesity and health care costs are growing issues.**

- **Mental health and substance abuse services, including age-specific providers, are needed across most age groups**
- **There are growing numbers of special needs children who need a range of services that are currently difficult to access and/or pay for.**

Specific comments:

- **infants (up to 1 year)**
 - *Unsafe sleep practices*
 - *Poor nutrition for mother and child*
 - *Timely immunizations*
 - *Obesity, parents just keep feeding children when they don't know what else to do*
 - *Pediatric and sub-specialty follow-up*
 - *Across the board- costs, access, transportation*
- **children (1-11)**
 - *No child supervision*
 - *Stimulation (gap between education and playgroups, interaction),*
 - *Well baby care (limited early diagnosis)*
 - *Lack of continuous care*
 - *Increased number of children being diagnosed but there is a limitation imposed by the lack of providers for their subsequent care needs*
- **children with special health care needs**
 - *Access to care*
 - *Cost of medication*
 - *Therapies, there is limited access and funding for families*
 - *People are afraid to hit their insurance cap, so they refused early care. They don't realized that avoiding early care will greatly diminish later quality of life while potentially increasing later costs*
 - *Reducing or recognizing the stigma in children with disabilities*
 - *Hearing impairment*
 - *Children may get appointments and recommendations but parents do not follow through with care (parents feel guilty for their failure to birth healthy children)*
 - *Mental health*
- **adolescents (12 to 18)**
 - *Mental health, children are clueless*
 - *No place to refer for child mental health (huge gap)*
 - *Suicide rates are on the rise, suicide attempts as also increasing (Latina girls in particular)*
 - *Postpartum depression on rise*
 - *Peripartum depression (no place for referral, providers don't want to screen because there is no place to refer these people too)*
 - *STDs (oral)*
 - *Eating disorders*

- *Obesity and nutrition (very hard to have a change when parents simply cannot provide healthy food), nutrition has to be culturally sensitive with an awareness of different behaviors amongst cultures and families*
- *Gun safety, there has been a rise in guns in the home*
- *Drugs and alcohol*
- *There has been an increase in gang activity and subsequently an increase in pregnancy amongst women who try to use pregnancy as a way out of gang related activity*

- **adult women**
 - *Know the importance of preventative health care*
 - *Access to birth control*
 - *Family planning, not easy to access so it becomes an insurance issue (health departments offer care, however, depending on the organization is you might have to qualify)*
 - *Health literacy - the ability to understand across social-economic status (system literacy)*
 - *The ability to read prescription medication and management of the drug regime*
 - *Money for co-pays and healthy visits, access to affordable insurance where they can go for preventative care (some companies are not even covering preventative care)*
 - *Mental health & dental health (incredibly hard to get access)*
 - *Cap on mental health and any health care, the fight for the money on the providers side*
 - *Might get preventive care access but can't always get care beyond that*
 - *Cancer survivor - difficult to access insurance because of pre-existing condition, obesity and lifestyle*

- **adult men**
 - *Same care concerns for men (excluding the women specific issues)*
 - *Smoking*
 - *Depression over job-loss*
 - *Less access to health care than women*
 - *Men are not willing engage in preventative care*
 - *Much less likely to access mental health*
 - *Gap in education for the importance of health in men*

- **Older adults (65 and over)**
 - *Loss of their Medicare benefits*
 - *Medication cost and literacy*
 - *Have to plan for living a lot longer*
 - *Lack of geriatricians*
 - *No interim care for people in this age group; they may need care for rehab and may live alone but cannot get the help they need (lack of support across socio-economic status)*

- *Lack of money for women in this age group who retire*

5. Are there specific subgroups within these populations that are of the most concern? (Examples might include: low-income, disabled, immigrants, etc. Follow up with-who they are and why these populations are of concern)

Summary findings:

- **Immigrants**
- **Low-income**
- **Cultures that take care of family- some question as to the continuity of this care and whether it is accurate and of high quality**
- **Older parents who are immigrants and are not qualified for free care**

6. Of the populations you are familiar with, what are the biggest barriers or gaps in meeting their health needs? (Examples might include: insurance coverage; delays in receiving Medicaid eligibility; access to providers/mental health/substance abuse treatment; transportation; literacy; translators)

Summary findings:

- **There is limited access to transportation, daycare, education, and preventative health services.**
- **There is a fear amongst certain populations (transient population) that receipt of care would carry legal consequences.**
- **There is considerable difficulty in getting and maintaining enrollment in Medicaid services. Yearly reapplication is a barrier given a transient population and unfamiliarity with Medicaid qualifications.**

Specific comments:

Limited: transportation, daycare, education, preventative health services

Fear of accessing the system, those who could receive care are afraid of the legal consequences, transient population in Fairfax (hard to keep in contact)

Medicaid eligibility- lots of resources so there is an improvement in access. But there is a lapse in yearly reapplication because of transient movements. The number one question often asked is "How do I get on Medicaid?"

- *The newly unemployed or just above the FPL*
- *Educating families who could qualify for special waivers*
- *Educating providers about these programs (special waivers)*

7. What specific suggestions do you have for achieving needed improvements?

- **In general?**

Summary findings:

- **There is a need to pass the healthcare reform bill.**
- **More emphasis needs to be placed on outreach after crisis intervention, ensuring that families in need receive preventative healthcare and the basic necessities of life.**
- **Personal responsibility and choice need to be fostered. The difficulties facing healthcare are too complex to be solved by financial reform alone and people need to live healthier lifestyle and properly prepare for future health needs.**

Specific comments:

Have to pass the Healthcare reform bill

There needs to be more value placed on what people contribute to the community (the people who have may not be contributing enough- we have singled out the people who have come for a better life and are working their butt enough)

Health care reform may not be the catch all given some of the complex decisions deal with health care (greater pressure on living wills and priorities)

Education incentives to providers in the communities to increase the ability of the healthcare community to deal with its population

More emphasis place on targeted outreach after a crisis intervention (food pantry, after the ER)

- **For VDH?**

Summary findings:

- **There is a need to increase the use and availability of public health nurses. VDH should make an effort to promote this field either through new opportunities or tuition assistance.**
- **It is important that VDH serve as central hub for healthcare information and services. This will allow for a stronger continuity of care with minimal waste and duplication. The VDH website needs to be improved to allow better access to information and services.**

Specific comments:

Strengthen the continuity of care to ensure that efforts are not wasted in a complex approach (family case management assistance, targeting people are high risk)

Public health nurses: VDH needs to try to increase of pool of people and to support public health nursing

- *Do a study on why people are not going into public health nursing, home health people and some economic solutions*
- *The expense of getting a MPH versus the award*
- *Bring new opportunities for entering into public health*
- *Health worker funding (tuition assistance or a new degree that combines the public health aspect with nursing that gives a good return on investment)*

Department of health needs a website that is clearer in accessing services- easier user access (service selection menu)

Single source of information- 211 if people know about it can help you reach services for local, regional, state, national (not enough know about it).

- *Bad online database but calling is effective. State put a lot of money into a central hub- so they need to spread this network out, make sure agencies update their information with 211 and get connected in*

11. a. **How could the resources of the Office of Family Health Services be best used to improve the health status of women and children?** *Specific areas might include planning, directly providing services at the local or state level, policy development and research, quality assurance, surveillance (monitoring data and trends), evaluation (of programs, etc.), assurance that needed services are available, promoting and enforcing laws related to health, helping build coalitions and collaborations around specific health issues.*

Summary findings:

- **The Office of Family Health Services could be more consumer friendly in regards to the process and the accessibility. If there were central intake systems, for at least the county system, there would a reduction in the duplicative paperwork.**

Specific comments:

The constant need for paper work may be a limitation.

Easy access at the local level, perhaps a portfolio that can be moved from place to place (example: day labor for three locations may not be willing to fill papers out for pregnant wife looking for care)

SOUTHWEST VIRGINIA

Date of Focus Group: November 17th, 2009

Focus Group Area: Southwest Virginia

INTRODUCTION

Attendees:

Mary Lou Hutton- Early Intervention Coordinator, Cumberland CSB

Kathi Kiser- Fetal and Infant Coordinator, Southwest Virginia Regional Perinatal Council

Barbara Pack- Manager, Community Outreach, Carillion Health System

Dr. Manny Peregrino- NICU Medical Director, Carillion Health System

Dr. Sue Thacker- retired nursing educator, Virginia Community College System

Denise T. Yopp, MS, CSAC- Program Director, Bethany Hall, Inc. Residential Substance Abuse Treatment Center

OVERALL HEALTH ENVIRONMENT

1. What major health-related change or changes over the last five years have had the most impact upon the health of families and children in Virginia?

Summary findings:

- **Substance abuse/mental health is a significant problem amongst pregnant women, impacting the health of newborns and mothers' ability to properly care for their infants**
- **An increase in the number of teen pregnancies. It is culturally acceptable in some communities to give birth at a young age and these young mothers are unequipped to properly take care for an infant.**
- **Over prescribing of medication is common because of a lack of resources, time constraints, and a limited number of providers, resulting in physicians targeting the symptoms and failing to treat the root cause.**
- **A rise in complicated family dynamics and few children are being born to intact families. Often there is a great deal of financial or behavioral problems surrounding these births.**

Specific comments:

The biggest impact is the increase of substance abuse amongst women and the impact on mothers and their babies.

Agree with increase in substance abuse. Infants are being discharged earlier and earlier. Premies are getting better quicker and doing well for the most part.

Also agrees with substance abuse, we have lost sight of what a normal physiological birth are (c-sections, early inductions), there are complications from this. This is two-sided; people are requesting this and providers are offering this. Many women want births to be quick, no pain, physicians want a controlled atmosphere, there are many issues contributing to this problem. There are more home births because natural births are not offered to them.

Prescription drug abuse has increased, cigarette use has increased, but poly-drug abuse is very common. Pulaski has the highest number of smoking moms.

Mental health issues are seen a lot including substance abuse issues. Many mothers have multiple prescribed meds and are self-medicating with both these and illegal drugs. There is a lack of intact families; it is rare to have a married couple with no mental health issues having a baby. These families are then not complying with the medical regimen of having a high need infant after discharge or the infant is at risk for dying.

There is an increase in teen pregnancy (14 to 16 years old). There are complicated family dynamics seen with these teen moms.

Babies are born with substance abuse withdrawal. There are repeat NICU babies frequently because of issues related to STDs, substance abuse, or behaviors (financial, mental health stress causing these). There is an increase in this compared to those with congenital defects as seen 5 years ago. There are more moms on multiple psychotropic meds. This hinders breastfeeding opportunities. Moms are so caught up in their own world that they are unable to be educated about their new babies.

Primary care doctors are overprescribing for these moms and OBs are just continuing these meds through pregnancy. Doctors are seemingly treating symptoms and not treating the root cause of the problem. Half the group felt that there are very few beds for pregnant women for substance abuse rehab. One person knows that there is a facility with resources for these women available. There seems to be a lack of information about resource availability among health care providers.

Agree with substance abuse increasing in the community. Babies are being delivered in withdrawal now. There is a lack of flexibility in pregnant women's work environments for the ability to get time off for prenatal care. Society's roles are causing women to have children at a certain age as an expectation whether they are ready or not with lack of support, etc. This leads to many single parents. This extends across all socioeconomic lines. Now there are all types of technologies to have babies whenever you want whether or not you are married with in vitro, surrogate moms, etc. The H1N1 visiting restrictions (less than 18 years old restricted from the hospital) have caused friends of teen moms not to be able to visit. As a result, they cannot wait to get discharged so they can show off their baby. Their babies are viewed as a prize. It is the culture in some communities to prove your womanhood by having a baby as a teen (14-16 years old) and then to wait a long while before having another baby.

There has been an increase in c-sections, early inductions, and the use of pain medications. There is also the notion of “psychiatric polypharm” seen now. “Polypharm” is multiple different psych medications given after two days of psychiatric evaluation. This could be from lack of time, warehousing, and so many patients to see and not enough doctors. They try to do a good job with what they have. People are put on medications that they cannot afford. They will be noncompliant and return to the hospital very soon. There is not a lot of counseling services offered. The private facilities are seeing this more than the CSBs because the CSBs have case managers to facilitate meeting the person’s full needs. An increase in substance abuse has also been seen.

2. What major emerging issues do you think will have the most impact upon the health of families and children in Virginia in the next 5 years?

Summary findings:

- **Poor nutrition, obesity and inactive lifestyles will continue to impact the health of families and children, resulting in increased incidence of types II diabetes or other health complications from overweight mothers**
- **More people than ever are uninsured and unable to get care. Specifically, there is difficulty in receiving medications for both the uninsured and the insured (limitations by insurers).**

Specific comments:

There is a need to focus on nutrition, obesity and lack of activity in pediatrics and the mom’s of pediatric age. Moms are now 200-300 pounds and are having c-sections. Babies are then at risk for complications.

Kids want to stay inside and play video games/computers, TV is passé. Moms are putting soda in baby bottles (sugar and caffeine affects the children). Cultural trends from being not active is a bigger problem causing type II diabetes in kids and other issues.

Infants can have low blood sugar at birth, can go on to have diabetes themselves, or can have poor lung development caused by increased weight of the mother. Vaginal deliveries of babies of large moms can have injury to their shoulders.

Economy is increasing homelessness particularly nontraditional homeless persons. More uninsured. There is difficulty with insured babies and moms getting their insurer to pay for certain medications. There are more denials of medications that are “not on the list” and the patient will not take the medication if they cannot pay for it. This could be a result of over-prescribing.

Mental health issues will be expanding even more.

Intact families continue to decrease and issues with non-intact families will continue to increase.

3. What are the one or two most pressing health needs of families and children in your region that impact health status and what can be done to address them?

Summary findings:

- **Substance abuse is the most pressing need faced by Southwest Virginia.**
- **This area is experiencing economic pressure that is reflected in the limited education (both health and otherwise) received by local population. Many people do not receive a high school degree and few understand their health needs regardless of schooling level.**

Specific comments:

Mental health and substance abuse is a big issue. This region has the highest number of substance abuse in delivering mothers.

Economic stress in the area is causing financial stress on the region.

There is a culture of substance abuse, they start really young.

There is educational deficiency in the area, many people work in plants and did not finish school.

Health literacy is an issue even if you can read or write. You may not know that you don't understand it or you may not want to admit that you don't understand it. There is a need for health education that is understandable to the entire community.

SPECIFIC POPULATION HEALTH NEEDS

4. What are your greatest health concerns relative to the following populations in your region? (e.g. access to dental services, mental health services, substance abuse, chronic disease, cancer, etc)

Summary findings:

- **Significant need to improve care for infants, children, children with special needs, and adolescents, they often are not receiving the services they need and follow up care is limited. There are limited resources (providers/services) to provide care to those with specialty needs.**
- **Substance abuse, particularly among mothers.**
- **Poor nutrition and obesity is a common thread among the population and more needs to be done to educate individuals about healthy life choices.**

Specific comments:

- infants (up to 1 year)
 - *Nutrition*

- *Importance of breastfeeding and breastfeeding without substance abuse, there is a low rate of breast feeding in this area and it is not supported in the hospital, formula companies are still handing out free formula in the hospital, there is one “baby friendly” hospital in the state of Virginia in Culpepper, we should mimic what this hospital is doing.*
- *We should look at what is the push for moms to go back to work after having a baby, working stops breastfeeding.*
- *We need to have safe sleep environments for infants.*
- *Well care follow-up needed.*
- *Substance abusing moms are hard to follow, they move around a lot.*
- *Immunizations – children are not getting them regularly, parents do not want immunizations, fear of Autism being caused by immunizations.*
- **children (1-11)**
 - *Well care follow-up needed.*
 - *Substance abusing moms are hard to follow.*
 - *Obesity is a concern.*
 - *Eye care – children are needing glasses but not getting them.*
 - *Dental care – dentists who take Medicaid are hard to find, diet and nutrition is poor and they are developing cavities. They need the event to return called “Mission of Mercy”. The free clinics need more dental services*
 - *Immunizations – children are not getting them regularly, parents do not want immunizations, and there is a fear of Autism being caused by immunizations.*
 - *Physical activity is lacking – one school has no recess time. They are hoping to improve their SOL scores*
- **children with special health care needs**
 - *Kids who are technology dependent need home care and appropriate providers, particularly nursing providers.*
 - *It is hard to get to see a specialist here; you would need to go to Charlottesville or Roanoke. This is a very long drive for families and difficult for those with no transportation or ability to understand what to do. Care connection clinics are bringing some specialists to the area but are not able to meet the needs of the community fully.*
 - *Transportation is an issue overall. Even if there is transportation provided, some people will not go because of cultural issues (male drivers – dads/boyfriend don’t want their wife/girlfriend in that situation).*
- **adolescents (12 to 18)**
 - *Teen pregnancy (family support cannot always be there, sometimes they are not available at all, mother and even the grandparents could be substance abusers, or the grandparents are overriding the current health education being provided to the parents).*
 - *Substance abuse issues*
 - *Social network is from technology instead of actual socialization with people. They need live social skills.*

- *Many of these individuals on medications*
- *Nutrition is a problem.*
- *There are many working parents.*

- **adult women**
 - *Emotional and financial support needed*
 - *Domestic violence – this is a cultural thing that if she is married and is abused, she should not leave the husband (for religious or cultural views – the preacher has told them to stay).*
 - *Obesity is an issue. Nutrition needs to be addressed.*
 - *Unplanned pregnancy is still an issue. Moms have said that they were not using birth control but they were not trying to get pregnant or the doctor said that they cannot get pregnant.*
 - *Substance abuse and mental health are issues. Mental health needs will increase with the war (especially PTSD). This war will be worse than previous wars. High rates of suicide seen now.*

- **adult men**
 - *Substance abuse is also an issue.*
 - *Young teen moms are hooked up with older men.*
 - *Career counseling is needed. They are getting out of high school and they don't know what to do next with their lives.*
 - *Mental health and substance abuse needs will increase with the war (especially PTSD). This war will be worse than previous wars. High rates of suicide seen now.*

- **Older adults (65 and over)**
 - *Substance abuse increased.*
 - *Poly-medications - keeping them straight is difficult.*
 - *Grandparents parenting their grandchildren – education needed for what are the new health rules.*
 - *Delayed retirement is happening now.*
 - *Layoffs of older adults – what is next for them?*
 - *Support for grandparents raising little children – they are not healthy enough to do this, do not have the energy level to do this, they may have elderly parents themselves.*
 - *Figuring out what services are available to them and learning how to navigate the system.*

5. Are there specific subgroups within these populations that are of the most concern?
(Examples might include: low-income, disabled, immigrants, etc. Follow up with-who they are and why these populations are of concern)

Summary findings:

- **Bilingual population**

- **Populations that are unable to afford services and/or don't know how to get assistance**

Specific comments:

Bilingual population needing services especially growing Hispanic population.

Working poor need help. This includes those in between the ability to get assistance and having means and those who have means but who don't know how to get assistance.

6. Of the populations you are familiar with, what are the biggest barriers or gaps in meeting their health needs? (Examples might include: insurance coverage; delays in receiving Medicaid eligibility; access to providers/mental health/substance abuse treatment; transportation; literacy; translators)

Summary findings:

- **Accessibility - Individuals cannot afford services, get to services, and/or understand what services are available or are unable to access them (transportation & financial barriers).**
- **There is a cultural gap either from pride or long-held beliefs. Translation services are either too cumbersome or unavailable.**

Specific comments:

Figuring out what services are available to them and navigating the system.

Transportation (including no child seat to transport their child if they do have a car).

Pride – don't want to access services even when they are available.

There is a growing multi-cultural presence (immigrants and refugees) in the hospital. It is difficult to find translation services. The language line is very difficult to use and very cumbersome. This causes health information not to be communicated thoroughly. A lack of effective communication that can lead to a fatal outcome or care that is against the cultural/religious needs of the patient.

Coordination of services or not knowing where services are

Financial access to medications or they do not have the basic economic resources.

The baby is not their priority always; day to day survival causes them to look like they don't care about the child even if that is not the case.

7. What specific suggestions do you have for achieving needed improvements?

- In general?

Summary findings:

- **Use social media and websites to educate teens about safe sex and substance abuse cessation. Programs like YouTube and Facebook can offer fun, interactive ways to get kids involved in community health concerns.**
- **Continued funding of programs that work.**

Specific comments:

- *Use of social media to educate teens (i.e. using the Cause application on Facebook like a business referral, YouTube videos that are educational but funny like condom use, have contests for kids to make these videos)*
 - *Roanoke has programs for birth control and activities about good decision making in life – need continued funding for these programs (don't just teach abstinence in these programs)*
 - *Website use – i.e. “Stopsubstanceabuse.com”, community solutions and getting the community to own the problem*
- For VDH?

Summary findings:

- **Expand the “text4baby” to further educational efforts for everyone from providers, families, communities, kids, parents. VDH could expand this program beyond pregnant mothers and spread other health messages.**

Specific comments:

- *Mandated substance abuse testing needed for pregnant women, not criminal but with recommendations and treatment options (focus on counseling not just medications).*
- *Education needed for everyone from providers, families, community, kids, pregnant mom, etc. There is a free “text4baby” program that is an educational program. Moms will get education through texts that are sent to them daily. VDH could expand this program to beyond the pregnant mother with other messages and other people (i.e. teens prior to pregnancy, etc.). The cell phone carriers agreed to provide this service free and this is a pilot program started since November 2009.*

8. a. What role might federal, state, or local government play to make this happen?

Summary findings:

- **Do not cut programs geared toward prevention and offer programs that provide decision making education.**

- **Provide substance control incentives by raising tobacco and alcohol tax and maintaining the current drinking age.**

Specific comments:

Do not cut programs geared toward prevention

Do not make programs abstinence only – offer programs with decision making education

Explain to employers the importance of prenatal care for their employees

Raise tobacco, alcohol tax to make it out of reach to kids

Do not lower the drinking age

b. What could community organizations contribute? (e.g. non-profit organizations, faith-based organizations, etc.)

Summary findings:

- **Churches can be a central source for the dissemination of information. They can provide good collaboration in the community and promote wellness**
- **Look for ways to do more with less money by promoting collaboration, eliminating duplications, and finding non-traditional sources of funding (like donations of paper products)**

Specific comments:

Promote wellness in the community

Doing more with less money – there will be a strain on the community involvement - need to look at opportunities to collaborate and eliminate duplication

Access to the knowledge of resources, not always up to date and not always current in 211, people do not know 2-1-1 exists

More and more churches are getting involved like parish nurses, especially larger churches – this is a good resource to use

Churches can make donations, not necessarily financial donations, but things like journals or paper products

Sororities are involved in philanthropic activities that help in the community

IHN Network opportunities in Roanoke - Families live at a church for one week then another church for another week – educate the church about healthcare education so they can share this information

c. What role could the private sector play? (e.g. hospitals, physicians)

Summary findings:

- Use evidence-based programs
- Develop a program like “Periods of Purple Crying” to educate parents before discharge from the hospital to promote safe sleep and proper childcare

Specific comments:

Programs about baby’s development and crying in NC – Duke Endowment (called “Periods of purple crying”) – teaching how to deal with crying and not to shake their baby – could do this statewide and expand this to safe sleep, they show videos of the babies crying before discharge and what the cry means

Use evidence-based programs across the State

Private sectors could promote wellness programs

12. a. How could the resources of the Office of Family Health Services be best used to improve the health status of women and children? Specific areas might include planning, directly providing services at the local or state level, policy development and research, quality assurance, surveillance (monitoring data and trends), evaluation (of programs, etc.), assurance that needed services are available, promoting and enforcing laws related to health, helping build coalitions and collaborations around specific health issues.

Summary findings:

- Coordinate services between the Department of Behavioral Health and the Office of Family Health Services to look at the issues of substance abuse and mental health affecting communities
- Look for best practices and programs available in other areas. Develop a full time position to find and modify effective health programs that can be implemented in Virginia

Specific comments:

Testing for substance abuse needed – policy development, get Department of Behavioral Health to work together with the Office of Family Health Services to look at this and other issues, better coordination between the two offices.

Create more efficiency within the State, difficult to find the appropriate person to talk to about your need.

Challenge to have the State Health Commissioner to serve at the discretion of the Governor, they can only implement a program for a year before there is a change and they can never

accomplish anything – there is no continuity of priorities or policies; could stagger the term of the Commissioner to provide continuity or make it apolitical.

Term of the Governor should not be just one because they are just getting started when he or she is now replaced. You never know if their programs would be effective.

Very interesting and effective programs out there – have someone's full-time job be to search for these and to see how these best practices might work for us. Has it been successful or has anyone done anything about the current problem(s)? Give people options related to problems especially since we have limited resources. Then you do not need to work out the kinks in the program because other people already have – should be able to put your resources into sustaining the program instead i.e. Central Line Infection Tool Kit

National Institutes of Health – do they have best practices? There are other resources from CDC and the major foundations (Kaiser, etc.) and they have a list of best practices and how they have worked well in the community. This can be used by anyone on their websites.

WEST CENTRAL VIRGINIA

Date of Focus Group: November 6, 2009

Focus Group Area: West Central Virginia

Attendees:

Sharon Fay- FIMR Coordinator, West Central Perinatal Council
Lisa Godwin- Partnership for Children Coordinator, Children Youth and Family Services
Evelyn Harker- Nursing Manager, Birthcenter, Centra Health System
Carolyn Jacques- Vice President of Nursing, Centra Health System
Denise Kology- FIMR Coordinator, University of Virginia
Juliana van Olphen Fehr- Director, Nurse-Midwifery, Shenandoah University
Joan Phelp- United Way of Central VA 211, Vice President of Community Impact
Kim Price- Director, Women's and Children's Services, Centra Health System
Laura Raynor- Fellow, Department of Neonatology, University of Virginia
Karen Shepard- Executive Director, Monticello Area Community Action Agency
Robert Sinkin- Division Director, Department of Neonatology, University of Virginia

INTRODUCTION

OVERALL HEALTH ENVIRONMENT

1. What major health-related change or changes over the last five years have had the most impact upon the health of families and children in Virginia? Please give me only one to start. After going around, are there any other changes not mentioned?

Summary findings:

- **The healthcare system has grown in complexity - currently too complex and fragmented. Few people understand how to navigate the system and those who do try are overwhelmed by the difficulty. Support services are available to only a few people.**
- **There has been an increase in poverty resulting in an increased need for free/reduced services by those who previously did not need them.**
- **A serious lack of providers for certain services (such as behavioral health) has been recognized over the past 5 years. This is partly due to a lack of resources and partly due to a reimbursement system that does not recognize certain sub-specialties.**
- **Mental health issues and stress have become the norm and have not been addressed.**

Specific comments:

There has been a decrease in accessibility of healthcare services

Increase in poverty

Increase in c-sections

There has been a transition of funding from local sources to federal sources for Ob-Gyn care which has been difficult.

- *expected great result from this change (mainly because of the services put into place and the roles/people/ put into place)*
- *expects positive outcomes as a result*
- *have to be very careful with fund control*
 - *the lack of funding for education (staff),*
 - *STABLE (stabilization program to stabilize babies after birth eliminated)*

Not a great deal of latitude to define needs but there is latitude in how it is done, the privatization of medicine has affected the population (originally a better connection between the patient and care but currently the burden is on the providers so the patients don't get all the resources that are provided)

Need for culturally sensitive prenatal care

Complexity of the healthcare system as it has grown. It is now too complex and fragmented. If you don't know how the system works or have an advocate it is fairly over-whelming. (Support services can't do the job perfectly; message is hard to get across)

Economic times are causing people to seek help who have never needed it before and in many cases these people do not quality

Behavioral health is not reimbursed in this state; behavior developmental pediatrics billing as a subspecialist is not recognized. This is a restraint on trade and services.

Insurance companies let the babies go to the proper care sources but then when the preterm baby is stable they won't let the babies go back to the family because of expense.

- *Erosion in the system of perinatal regionalization, the financing of healthcare, taking care of high-risk specialty care but there has been a refusal of insurers for back transfers to home facility or to the proper care sources. So the tertiary centers are full and there is a lack of space for new babies even local.*

Increase in technology and the use of it, use of email for patients, website info, and other technologies to be in contact with the patient even if they can't come in and see you. So much information it's hard for people to know where to go and too much information to make a decision (not sure of validity of information).

Increased families in crisis just complicate mental health; Socio-economic issues make it harder to deliver efficient and proper care. Used to be an occasional situation now "people without" mental health issues are the exception (this is seen across economic levels and more than economic factors contribute to this). What are the factors behind all the chaos?

Families in crisis, asked to do more and more with less resources. More dysfunctional families, more mental health issues and not many resources for Medicaid or self pay.

The lack of mental health services poses a real challenge (including whole behavior abuse spectrum)

2. What major emerging issues do you think will have the most impact upon the health of families and children in Virginia in the next 5 years?

Summary findings:

- **Health reform may either save the system or increase difficulties by further fragmenting care. Regardless of the outcome, healthcare reform, should it pass, will have far reaching effects on the health of families.**
- **The rise in the immigrant population will strain services and reinforce the emerging issue of health care as a right or a privilege.**
- **An emerging issue is the streamlining of services which requires a central data source with online medical records. The current state of duplicative procedures and paperwork will need to be addressed.**

Specific comments:

Health reform will it add value to the system or will it make it worse by fragmented care.

The fundamental emerging issue is the right of access to healthcare

The rise in immigrants (illegal or otherwise) and whether they have the right to healthcare

There is great need for interpreter services; currently interpreters are not always provided, particularly for an ob-gyn service where a husband or a phone interpreter adds to the vulnerability of the situation (need a culturally sensitive trained interpreter)

There is a need for reduction in duplication of services and patient histories. If all the information were provided through a central source those duplications are not necessary.

Central data source to allow for benchmarking

There should be online medical records for immunizations

Low income and minority family experience so much trauma from lack of resources that they have more than medical issues which concern them. We need to wrap around services to ensure a medical health assessment is undertaken to make a complete medical check-up

3. What are the one or two most pressing health needs of families and children in your region that impact health status and what can be done to address them?

Summary findings:

- **Families and children need insurance options that are affordable and empower them to make good healthcare discussions. Insurance options for both medical and dental care are needed.**
- **Parents need to learn how to advocate for their families' needs or be connected to services that can navigate and take control of a highly complex system.**

Specific comments:

Behavioral health issues, families under stress, accessibility issues

Insurance for people who fall out of the priority level and other who are underinsured; culturally sensitive care

Families need to feel in control of their life- essentially they feel out of control in their lives (power needs to move from down to up, giving patients power over their healthcare experience). Engage people in their own health

We need to teach parents to be an advocate for their children and also empower children in their own health. We cannot rely on a busy education system to take of our children's health

There needs to be affordable dental care for pregnant women and people in general. There should be greater emphasis on preventative dental care.

SPECIFIC POPULATION HEALTH NEEDS

4. What are your greatest health concerns relative to the following populations in your region? (e.g. access to dental services, mental health services, substance abuse, chronic disease, cancer, etc)

Summary findings:

- **There is an overarching need to improve the health of these populations by increasing preventive care, reducing obesity, increasing activity, and providing appropriate mental care.**
- **There is some concern that adult women/men are not grasping the role of birth control in family planning and the importance of intact families in building healthy futures.**
- **Concern was raised over the fragmented, disjointed nature of care currently provided. For many populations this is a major barrier to receiving the right care in a timely fashion.**

Specific comments:

- **infants (up to 1 year)**
 - *Not breast feeding*
 - *Who you send them home with, are caregivers trained*
 - *Support in the family (safe environment, smart people, proper tuition)*
 - *Immunizations (are they getting them, refusing them)*
 - *Consistent care-givers*
 - *Brain stimulation*
 - *That they are wanted*
 - *Car seats used properly and if they have them*
 - *Child abuse*

- **children (1-11)**
 - *Obesity*
 - *Lack of exercise*
 - *Homelessness*
 - *More eyesight issues and potential hearing problems due to technology*
 - *Children who are not being diagnosed or improper diagnoses*
 - *Need a universal screening for developmental issues*
 - *Need for self-esteem*
 - *Resources for children making a transfer in education – i.e. transition for home to pre-k*
 - *Child abuse*
 - *Peer violence*
 - *Continuity of care (consistent preventative care)*
 - *Create an atmosphere for children to be active*

- **children with special health care needs**
 - *Greater utilization of institutions than special services (a lacking need),*
 - *Preventing special needs*
 - *Early intervention*
 - *Transition to an adult and the role of special health needs (transition from pediatrics to adult care)*
 - *Lack of special respite care (kids at home)*

- **adolescents (12 to 18)**
 - *Respite care*
 - *Substance abuse*
 - *Driving (abuse and txt)*
 - *Community activities to give adolescents a guided role (not sports alone with mild supervisor)*
 - *Empowering kids to play a strong role in the community*
 - *Building character in children*
 - *Volunteers for non-profit*
 - *Need purpose and to be needed*

- **adult women**
 - *Women not comprehending the role of birth control in family planning*
 - *Provide knowledge and direction for identifying community resources and services*
 - *Health education access/fragmentation*
 - *Affordable care*
 - *Services missing for the 20-29 yr olds who have health issues from their teens*
 - *Access to contraception*

- **adult men**
 - *Parenting*
 - *Same issues (not including prenatal) as women*
 - *Self worth due to economic issues*
 - *Multiple families with several different partners*
 - *A lot of focus with programs centered on women and children so maybe there should be more focus on the men's role*
 - *Less likely to go in for preventative care and screenings*
 - *Lack of check for men who may have STDS*
 - *Fair number of resources available for women with children but the resources are not available for men with children*
 - *Not enough resources for an intact family or if there is no child in the family*

- **Older adults (65 and over)**
 - *Being able to afford healthcare*
 - *Fear and depression in this age group (mental health issues)*
 - *Positive activities or opportunities to reinforce self worth*

5. Are there specific subgroups within these populations that are of the most concern? (Examples might include: low-income, disabled, immigrants, etc. Follow up with-who they are and why these populations are of concern)

Summary findings:

- **Indigent/poor population**
- **Immigrant population**
- **Racial disparities in maternal child health outcomes (race in infant mortality is based on the race of the mother regardless of the father; therefore, impact of black infant mortality may be even higher than reported)**

6. Of the populations you are familiar with, what are the biggest barriers or gaps in meeting their health needs? (Examples might include: insurance coverage; delays in receiving Medicaid eligibility; access to providers/mental health/substance abuse treatment; transportation; literacy; translators)

Summary findings:

- **Financial and transportation access are a significant barriers**

- **Limited translation of health education into behavior which bars healthy options from being sought**

7. What specific suggestions do you have for achieving needed improvements?

- **In general?**

Summary findings:

- **Virginia needs to simplify Medicaid and recognize currently un-billable sub-specialties which are needed (e.g. child mental health)**
- **Increase use of evidence-based providers and electronic medical records**

Specific comments:

Simplify Medicaid

Increase access to evidence based providers (mechanisms to make sure providers can make that cut)

Recognize sub-specialties are needed particularly for child mental health

There is a real need for Electronic Medical Records for drug control

- **For VDH?**

Summary findings:

- **VDH should put resources into programs and areas proven to be of use to the people of Virginia.**
- **Ensure case management for children and others who have limited access to home visits**
- **After hour access clinics as an alternative to emergency department visits will help ensure affordable and sensible care is available.**

Specific comments:

Put your money where it's been proven to work

Case management program for children and visiting nurses/doctors where access is limited (missing a degree of continuity) support and expand where appropriate where home visits will be useful

Ensure payers will pay for home health

Cultural competence

Put money back into dental health

After hour access clinics (too often heavy duty meds given in the ER)

8. a. What role might federal, state, or local government play to make this happen?

Summary findings:

- **Be a source for a consistent, concise health message to the people of Virginia**

Specific comments:

We bombard people with health messages depending on the State's focus at the time. One consistent concise health message from the State to the people would be best. A single portal of health and a single message

b. What could community organizations contribute? (e.g. non-profit organizations, faith-based organizations, etc.)

Summary findings:

- **Provide an infrastructure and a message that promotes good health - informing individuals what the indicators of a healthy life are and providing environments which encourage health.**

Specific comments:

Communities need to get healthier and people need to know what good health is (a message to the uninformed as to the indicators of good health)

Volunteerism

Infrastructure for good health (meeting rooms, sidewalks, health fairs)

c. What role could the private sector play? (e.g. hospitals, physicians)

None provided (see above).

13. a. How could the resources of the Office of Family Health Services be best used to improve the health status of women and children? *Specific areas might include planning, directly providing services at the local or state level, policy development and research, quality assurance, surveillance (monitoring data and trends), evaluation (of programs, etc.), assurance that needed services are available, promoting and enforcing laws related to health, helping build coalitions and collaborations around specific health issues.*

Summary findings:

- **Increase access to contraception, continuity of care among early childhood programs, provide stress/anger management programs targeted toward fathers, and**

provide support to health care providers by working toward improving training and reimbursement.

Specific comments:

Increase contraception access

Weight control

Stress management and anger management programs that are targeted towards fathers

Improve continuity of care for early childhood

Does smart beginnings include the right early health development (proper health indicators and health indicators)

Proper training of providers dealing with development

Proper reimbursement of providers

Reimbursement for evidence based practice

b. What should be the priorities?

Summary findings:

- **Work closely with providers to ensure that adequate, accessible, efficient, and coordinated care is available, particularly to those in greatest need.**

Specific comments:

Need to work closely with providers to see that proper steps are taken to improve health

Educating health care providers, get more providers educated to provide care and the faculty to train them. In sections that have high level of need, providers should be close to public transportation or within walking distance.

Controlled used of technology, purposeful use and coordination