TITLE V
MATERNAL AND CHILD HEALTH SERVICES
STATEWIDE NEEDS ASSESSMENT

RESEARCH PLAN AND TIMELINE
OCTOBER 2019

CONTENTS

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BACKGROUND

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The Title V Maternal and Child Health Services Block Grant Program is funded by the U.S. Department of Health & Human Services, Health Resources and Services Administration (HRSA). The grant funding helps Maryland fund programs that promote and improve the health and well-being of mothers, children, including children and youth with special needs, and their families.

Every five years, each state is required to complete a comprehensive assessment of the health of children, mothers, and families in the state, in order to fulfill a requirement of the Title V Maternal & Child Health (MCH) Block Grant. The purpose of this assessment is to review the health needs of mothers, children, including children and youth with special health care needs, and their families.

Grant activities focus on the needs of five populations, although many programs address the needs of several of the following groups:

1. Women, Pregnant Women, and Mothers
2. Infants
3. Children
4. Adolescents
5. Children and Youth with Special Health Care Needs

HRSA GRANT REQUIREMENTS

Health Needs and Priorities

The first step of the planning requirement is to assess the current health needs of the populations and establish priority areas to address. This is addressed through our initial meeting with the Steering Committee and key informant interviews to be conducted with service providers throughout the state.

National Performance Measures

Each state is required to select a minimum of five National Performance Measures (NPMs) for programmatic focus based on identified priority needs. The selected priorities may address a single population group or multiple groups and should reflect the unique needs of the state. In addition, the identified priority needs should address areas in which a state believes that targeted interventions can result in needed improvements to its healthcare delivery systems.

Evidence-Based Strategy Measure

For each selected NPM, each state must develop at least one Evidence-based or –informed Strategy Measure (ESM) to assess and demonstrate the impact of its strategies on the NPM.

State Performance Measures

In addition, States develop State Performance Measures (SPMs) to address the priorities identified through the comprehensive Needs Assessment. These measures address priority needs not addressed through the selected National Performance Measures (NPMs).

National Outcome Measures

National Outcome Measures (NOMs) cross all population domains and reflect maternal and child health (MCH) population health status. The measure is meant to be a sentinel health marker, selected for monitoring because of its increasing prevalence or the need to move forward on the measure in the MCH field. Selection of an NOM is optional.

THE 2019 MARYLAND TITLE V NEEDS ASSESSMENT

This document outlines the research and reporting activities associated with the 2020 Needs Assessment and development of the five-year plan that will include program activities for years 2021 to 2026. The project includes a mixed-methods approach that relies on established, national datasets such as the Behavioral Risk Factor Surveillance System (BRFSS) and Pregnancy Risk Assessment Monitoring System (PRAMS), as well as key informant interviews, public comment and stakeholder planning sessions. The methods outlined in this plan are designed to include feedback from a variety of stakeholders and the public in order to engage those who are most impacted by the programs in the planning efforts.

A Steering Committee has been established by the Maryland Maternal and Child Health Bureau (MCHB) to oversee the project. The Steering Committee includes representatives of three offices within MCHB, the Family and Community Health Services (OFCHS), Office of Quality Initiatives and the Office of Genetics and People with Special Healthcare Needs (OGPSHCN). Regular, monthly updates will be provided to MCHB and the Steering Committee. A mid-project workshop and presentation will inform the Steering Committee of our findings mid-project and offer an opportunity for the researchers to incorporate the committee's feedback in subsequent research activities.

INITIAL MEETING

Analytic Insight's team members met with the Steering Committee and MCHB for a kick-off meeting and planning session on September 26, 2019. During this meeting, Steering Committee members offered input on the priorities and needs within the populations they serve and completed a brief survey to assess the National Performance Measures, State Performance Measures and National Outcome Measure selections.

SELECTED NATIONAL PERFORMANCE MEASURES

During the project's initial meeting with the Steering Committee, committee members discussed each of the National Performance Measures (NPMs) and selected those each member believed were priorities for inclusion. NPMs were selected to address known needs of the target populations, incorporate current priorities of the programs and ensure coverage of each population domain, including Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children and Youth with Special Health Care Needs and areas that incorporate two or more population areas (Cross-Cutting/Life Course).

Ten NPM priority areas were selected among those most prioritized by the greatest number of members. The following selection of NPMs were reviewed and approved by the Title V Program Manager.

National Performance Measure		Population Area*	Steering Committee Members Prioritizing NPM
Selected:			
NPM 5	Safe Sleep	PIH, AH	12
NPM 9	Bullying	AH, CSHCN, CH	12
NPM 3	Risk-Appropriate Perinatal Care	PIH	10
NPM 4	Breastfeeding	W, PIH	10
NPM 10	Adolescent Well-Visit	AH	10
NPM 13.1	Preventive Dental Visit - Pregnancy	W	10
NPM 14.1	Smoking - Pregnancy	W, PIH	10
NPM 11	Medical Home	CSHCN	9
NPM 2	Low-Risk Cesarean Delivery	W, PIH	8
NPM 12	Transition	AH, CSHCN	8
Not Selected:			
NPM 13.2	Preventive Dental Visit - Child/Adolescent		8
NPM 14.2	Smoking - Household		5
NPM 1	Well-Woman Visit		4
NPM 6	Developmental Screening		4
NPM 8.1	Physical Activity - Ages 6 through 11		4
NPM 8.2	Physical Activity - Ages 12 through 17		3
NPM 15	Adequate Insurance		3
NPM 7.1	Injury Hospitalization - Ages 0 through 9		0
NPM 7.2	Injury Hospitalization - Ages 10 through 19		0

* W=Women/Maternal Health, PIH=Perinatal/Infant Health, CH=Child Health, AH=Adolescent Health, CSHCN=Children with Special Health Care Needs.

SELECTED STATE PERFORMANCE MEASURES

The Steering Committee was asked to name their priorities for the selection of State Performance Measures (SPMs). Responses were grouped into topic areas and the following table shows the number of members' SPM preferences in each category.

State Performance Measure Topics	Steering Committee Members Prioritizing SPM Topic Area
Infant Mortality Disparities	5
Substance Use	5
Maternal Mortality Disparities	4
Mental and Behavioral Health	3

Through discussions with the Title V Program Manager, the focus for the SPM selection was narrowed to infant mortality disparities and substance use, with a focus on opioid abuse. Specific measures will be developed after gathering key informant interviews and further discussion with, and feedback from, the Steering Committee and Program Manager.

NATIONAL OUTCOME MEASURES

The inclusion of National Outcome Measure (NOM) is optional, and the majority of Steering Committee members believed it important to include such a measure to represent Maryland's progress and focused efforts in an area where health needs are increasing. Two areas of interest emerged from the Steering Committee: Sleep-related Sudden Unexpected Infant Death (SUID) rate and the adolescent mortality rate for adolescents ages 10-19. Through discussions with the program manager, the SUID rate was selected as Maryland's NOM for this grant cycle.

METHODOLOGY

The Needs Assessment is structured in six stages. The first stage is the Planning Stage and includes the initial meeting with the Steering Committee and this document outlining the research planning. In Stage 2, we gather existing data from a variety of data sources to better understand the population needs, available services and disparities in access or health. Stage 3 consists of data collection, including key informant interviews and public forums. At this point in the research, we meet with the Steering Committee to gather their feedback on the data gathered to date. Stage 4 focuses on identifying priorities through strategic planning sessions with key stakeholders across the state and continuing to gather feedback from the public. Stage 5 is reserved for public comment and will include an online survey, accessible through the Internet and optimized for access using any mobile device. The final stage, Stage 6 is for report development.

The methodology will gather feedback from the public, service providers and other stakeholders selected by the Steering Committee. Throughout the project, regular updates to the steering committee ensure that the committee is kept informed regarding project progress, as well as any obstacles encountered as the project is implemented.

SECONDARY DATA COLLECTION

This study will assess the data used to measure outcomes for the NPMs and SPMs by other states and evaluate the applicability of those indicators to the activities, policies and populations under study in Maryland. We will track health outcomes from the previous five-year needs assessment in order to measure change as a result of actions that were developed as part of those plans, comparisons between Maryland and similar states and, where possible, key differences between regions and subgroups within Maryland.

AI will also conduct a literature review of other studies or data conducted by states, cities or communities like Maryland, as well as research of best practices, strategies and actions that have been implemented to better serve mothers and children. AI may develop case studies detailing successful implementation activities for action priorities.

KEY INFORMANT INTERVIEWS

AI will conduct approximately 50 interviews with the Maryland Department of Health, service providers and community organizations, local health departments, other state agencies, policymakers, and any internal and external partners at the discretion of the MDH and MCHB project team. AI will work with the project team to obtain a list of any relevant individuals or groups that we should contact for initial interviews.

These interviews will focus on identifying key priorities for the next five years and will include funding initiatives that improve the availability, accessibility and quality of primary and specialty care services for women, infants, children, and adolescents, as well as children and youth with special health care needs, particularly those who are low-income and/or at-risk pregnant women. AI will consult with the Needs Assessment Steering Committee of the Maryland Department of Health's Maternal and Child Health Services Bureau to develop the key informant interview guide and ensure that the questionnaire covers all important topics.

The key informant interview guide drafts are provided as Appendix C.

PUBLIC FORUMS (NOVEMBER 18-22, 2019)

Four public forums will be held between November 18 and November 22 of 2019 in order to collect early public feedback regarding the Maryland residents maternal and child-health related needs. A second series of four public forums will be held between April 7 and April 12 of 2020 to gather additional feedback on population needs.

The forums give Maryland residents the opportunity to have their voices heard and share their opinions and suggestions directly with Maryland representatives, services providers and organizations, health departments and other state agencies and policymakers. In addition to the forums, the public will also have the opportunity to participate through an online survey and comment period.

The goal of the public forums is to inform the public about the Title V needs assessment taking place and to gauge the public's understanding of the needs and priorities for the next five years. To ensure that residents are made aware of the forums, AI will provide key informants with information about the public forum to be distributed to their clientele or shared through social media outlets. Additionally, AI will provide a flyer and advertisement template for MCHB to publish on their website, through email, and for distributing invitation flyers to the selected cities at the discretion of the project team and relevant officials.

AI will work with the project team to determine the best locations that provide central, well-known facilities convenient and accessible for the participants. Refreshments will be provided at each session.

The public forums will be live-streamed to maximize the participation opportunities for those unable to attend in-person. Information about tuning in to the stream will be provided in the advertising materials.

The locations for the public forums and strategic planning sessions were selected to include both urban and rural areas of the state, Western Maryland and the eastern shore, and to cover as much of the geographical area as possible in order to maximize access for residents across the state.

1. Baltimore

2. Annapolis

3. Allegany County

4. Gaithersburg

5. Prince George County

6. St. Mary's County

7. Salisbury

8. Easton
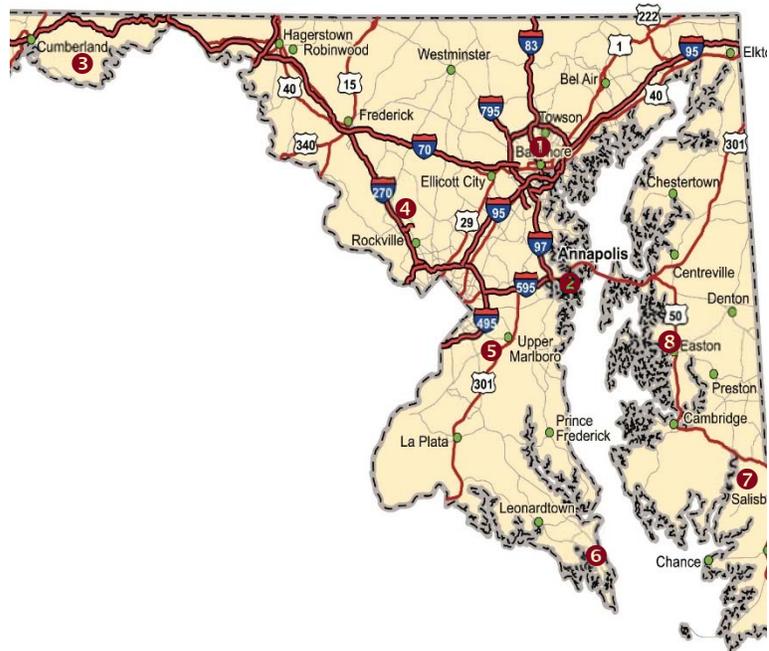
STRATEGIC PLANNING SESSIONS REGARDING CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

AI will conduct eight strategic planning sessions with service providers to assess the health needs of children and youth with special health care needs and identify and prioritize key findings from the data collection stage, particularly regarding the selected NPMs with a special emphasis on health equity in underrepresented and underserved populations. Sessions will be held in each of the eight areas described for the public forums and are scheduled for November 18 through 22, 2019.

Following an introduction to the assessment and planning process, participants will break into small groups and discuss actions the community and specific organizations can take to address each NPM goal for about 10-15 minutes. Each group will complete action cards detailing the ESM they believe would best address each need.

Once each small group completes their action cards, we discuss the results as a larger group to determine consensus and feasibility of the selected ESMs. The rationale for the selections, needed resources, timeline and additional details will all be discussed. The moderator and note taker review and document each proposed action on a white board or large post-it note paper as they are discussed with the larger group. This exercise is then repeated for each identified goal.

On each action card, we ask participants to provide the specific actions that need to be taken to address the goal, the rationale behind their selection, resources that will be needed to complete the proposed action, a potential timeline to complete the proposed action and any additional information.

PRESENTATION AND WORKSHOP

AI will facilitate an in-person presentation of the key findings to date, with a special emphasis on children and youth with special health care needs, for the Steering Committee at a centralized location. Following this presentation, AI will also facilitate a workshop with the project team to establish goals for the next phase of the research. This presentation and workshop will also be available online as a webinar for additional stakeholders and appropriate personnel who are not available in person. This meeting will be held in December of 2019.

STRATEGIC PLANNING SESSIONS OF WOMEN AND MATERNAL HEALTH, INFANTS, CHILDREN AND ADOLESCENT HEALTH

AI will conduct strategic planning sessions to identify and prioritize key findings from the data collection stage, particularly regarding the selected NPMs with a special emphasis on health equity in underrepresented and underserved populations. Eight groups will focus on women and maternal healthcare needs and eight groups will focus on infant, children and adolescent healthcare needs.

These groups will follow the same format as the Planning Sessions on children and youth with special health care needs outlined previously. Following an introduction to the assessment and planning process, participants will break into small groups and discuss population needs and ESMs to address those needs related to each NPM for about 10-15 minutes. Each group will complete an action card for each NPM. Once each small group completes their action cards, we discuss the ESMs and their rationale as a larger group.

The sessions are scheduled for March 15 through March 30 of 2020.

PUBLIC COMMENT PERIOD

April 12 through April 26 of 2020 is reserved for a public comment period. AI will consult with the Steering Committee to determine what materials to offer to the public for viewing and comment. These materials may include the presentation materials or other documentation of secondary data results or Planning Session outcomes.

A brief online survey will be developed for additional public feedback during the public comment period. The survey may be offered in Spanish, with the help of MCHB staff.

REPORTING

Several reports will document the findings of the needs assessment and planning process.

Needs Assessment with Priority Areas and Recommendations

AI will provide a comprehensive Needs Assessment Report. A draft Needs Assessment Report will be provided by May 11, 2020. After receiving comments from the Title V Project Manager, the final version will be provided by May 18, 2020.

The Needs Assessment Report will include:

- ❖ Executive Summary that describes the key findings and recommendations;
- ❖ Introduction providing the history and goals of the project;
- ❖ Methodology section documenting our mixed-methods approach;
- ❖ Detailed findings including relevant breakdowns by population or geographic area where appropriate, statistical significance and a narrative explanation of each finding;
- ❖ Detailed findings and qualitative analysis of any interviews, public forums and strategic planning sessions;
- ❖ Priority areas to address critical health needs of the populations under study and recommendations for policy and programmatic changes to address these needs; and
- ❖ Appendices including interview guides, moderator guides, references and other documentation of the sources, methods and protocols used.

Summary Report

AI will provide a report of priority areas and recommendations to be approximately 20 pages in length. When developing recommendations in particular, we will work closely with the Title V Project Director and the Steering Committee to ensure that policy and implementation strategies are practical for the Maryland Department of Health, Maternal and Child Health Bureau and within the scope of the research. These conversations may lead to additional statistical analysis to ensure that the results provided address the questions and concerns of both policy makers and service providers.

A draft Summary Report will be provided by May 11, 2020. After receiving comments from the Title V Project Manager, the final version will be provided by May 18, 2020.

Five-Year Action Plan

The comprehensive Five-Year Action Plan will provide strategies to address the population health needs as determined through the Needs Assessment, based on the Title V goals, the NPMs, SPMs, NOM and ESMs selected. The report will provide goals to address the needs of each of the five populations, a timeline and strategies for work-plan development, and incorporate customized communication tools for community outreach.

A draft Five-Year Action Plan will be provided by June 22, 2020. After receiving comments from the Title V Project Manager, the final version will be provided by July 3, 2020.

DISSEMINATION AND COMMUNICATION PLAN

A plan for the dissemination and communication of results will be developed in conjunction with the Title V Project Manager and Steering Committee. This plan will incorporate findings from the Public Forums to identify the topics of greatest interest and concern to the public and identify best practices in distributing news and information about program changes and other actions resulting from the Needs Assessment. The Plan will be provided by June 30, 2020.

TIMELINE

Task or Deliverable	Completion Date
Kick-Off Meeting	9/26/2019
Formal Research Plan	10/11/2019
Key Informant Interview Guide Draft	10/11/2019
Conduct 50 Key Informant Interviews	11/6/2019
Logistics and Develop Materials for Public Forums	11/15/2019
Conduct 4 Public Forums and 8 Special Health Care Needs Sessions	11/18 – 11/22/2019
Update to Project Team and Workshop/Webinar	12/18/2019
Conduct 2 Strategic Planning Sessions in each of 8 Areas	3/16 – 3/27/2020
Conduct 4 Public Forums in each of 4 Areas	4/13 – 4/16/2020
Data Analysis / Public Comment Period	4/27/2020
Final Needs Assessment Report	5/18/2020
Final Priority Areas and Recommendations	5/18/2020
Final 5-Year Action Plan	6/15/2020
Final Presentation with Recommendations	6/16/2020

APPENDIX A: TITLE V NEEDS ASSESSMENT INTERVIEW GUIDE
DRAFT: 10-11-2019

The following Table of Contents shows the progression of the interview and offers an overview of the topics covered. Control-click within the table below will take you to the designated section of the questionnaire.

Note that most respondents will not address all sections of the questionnaire, instead selecting the areas closest to their area of expertise.

CONTENTS

Introduction

Hello, my name is _____. I'm calling from Analytic Insight. We're conducting interviews on the needs of Maryland's Title V Services on behalf of the Maryland Department of Health, Office of Quality of Initiatives in the Maternal and Child Health Bureau. We have an appointment to speak. Is this still a convenient time?

Before we get started, let me tell you a little about the interview process.

    A. First, the purpose of this study is to learn about Title V health services and your needs, as well as identifying key priorities over the next five years. These key priority areas will be the focus of initiatives that improve the availability, accessibility and quality of primary and specialty care services for women and children.

    B. I'm going to be recording our interview using a smart pen that links my notes to an audio recording. After using them to develop a report, the recordings will be deleted. Do I have your permission to record this conversation?

    C. Do you have any questions for me before we get started?

1. I have here that you are the _____ (title) at _____ (organization). Is that correct?

    a. How long have you been in this position?

WOMEN AND MATERNAL

My questions today will focus on the needs of women, infants, children including children and youth with special health care needs, and adolescents, as well as gaps in services and the barriers that are encountered by underrepresented and underserved populations. You'll notice that I have a series of questions on a variety of topics. If any of these topics do not apply or are not within your scope of expertise, let me know and we will skip that section.

The first series of questions focus on the needs associated with women and maternal health.

2. What are the largest gaps in service for women and maternal health?

    a. Do these gaps differ for women of color?

    b. Do these gaps differ for women with low-income?

3. What are the barriers for women to access maternal health care?

    a. What are the barriers for women of color?

    b. What are the barriers to care for women with low-income?

4. What services or initiatives are working well?

WELL-WOMEN VISIT

My next questions focus on well-women visits.

5. What barriers make it difficult for women to see their primary care physician for routine check-ups?

6. How comprehensive are routine check-ups?

    a. If not comprehensive: What is missing? (Probe for discussions around diet, exercise, nutrition, smoking, alcohol or drug use, mental health issues, sexual history, and intimate partner violence.)

7. Do you think the quality of care received by women differs based on their race or income level?

8. Are women aware of the importance of annual well-women visits?

    a. If no: What are your suggestions to better inform women about the importance of their annual well-woman visit?

LOW-RISK CESAREAN DELIVERY

My next questions are about low-risk cesarean deliveries.

9. What are the reasons for low-risk cesarean deliveries? (Probe for patient preference.)

10. Does your local hospital participate in a quality improvement process to reduce low-risk cesarean deliveries?

11. What are your outreach activities to women who are low-risk and want a cesarean delivery?

    a. What outreach activities are needed?

    b. What outreach activities have been most impactful?

BREASTFEEDING

Now I would like to talk about needs related to breastfeeding.

12. What gaps exist around breastfeeding?

13. What are the barriers to breastfeeding?

    a. Do women of color encounter different barriers?

    b. Do women with low-income encounter different barriers?

14. How are women educated on the importance of breastfeeding?

    a. What's missing?

    b. What's been most impactful?

15. Have staff from your organization completed breastfeeding education training?

16. Does your organization provide or refer women to a breastfeeding support group?

    a. What are your reasons?

    b. Are these support groups impactful?

    c. Do you have any suggestions to improve use of breastfeeding support groups?

PREVENTIVE DENTAL VISITS

I have several questions about preventive dental visits for pregnant women.

17. What gaps exist around preventive dental visits?

18. What are the barriers to obtaining preventive dental visits?

    a. Do women of color encounter different barriers?

    b. Do women with low-income encounter different barriers?

    c. What are the barriers for adolescent pregnant women?

19. How are dental services for pregnant women coordinated?

20. What information is provided to pregnant women about preventive dental visits?

21. What are your suggestions to increase the number of pregnant women who receive preventive dental care?

22. What are your suggestions to increase awareness of expanded Medicaid coverage for adult dental health care services more generally?

SMOKING AND PREGNANCY

My next questions focus on the smoking and pregnancy.

23. What strategies or practices do physicians use to encourage pregnant women to stop smoking?

    a. How are pregnant women being educated on the risks and adverse effects associated with smoking?

24. Are there gaps in the available services to help pregnant women stop smoking? (Probe for specific gaps.)

25. Are their certain populations or demographics of women who are more likely to smoke while pregnant?

    a. What barriers exist for these women?

    b. How can information be tailored to this group to encourage cessation?

26. Do you have any other suggestions to further encourage pregnant women to not smoke?

INFANTS AND YOUNG CHILDREN

In this next section, our questions will focus on the needs of infants and young children.

27. In general, what are the largest gaps in service for infants?

    a. Do these gaps differ for infants of color?

    b. Do these gaps differ for low-income families with infants?

28. What are the largest gaps in service for young children?

    a.   Do these gaps differ for young children of color?

    b.   Do these gaps differ for low-income families with young children?

29. What barriers exist for families with infants?

    a.   What barriers of care are present for infants of color?

    b.   What barriers of care are present for low-income families with infants?

30. What barriers exist for families with young children?

    a.   What barriers of care are present for young children of color?

    b.   What barriers of care are present for low-income families with young children?

31. What services or initiatives are working well?

RISK-APPROPRIATE PERINATAL CARE

I have a few questions about risk-appropriate perinatal care.

32. What are the gaps in services for risk-appropriate perinatal care?

33. What are the barriers to accessing services or support for families with high-risk infants?

    a.   Are there additional barriers for families of color?

    b.   Are there additional barriers for low-income families?

34. Are there other racial or ethnic disparities present related to risk-appropriate perinatal care?

35. Do women of color receive the same level of risk-appropriate perinatal care?

    a.   What are your reasons?

    b.   What about women with low-income, do they receive the same level of care?

36. What activities do you do or know about to educate women on risk-appropriate perinatal care?

    a.   What's missing?

    b.   What's been most impactful?

SAFE SLEEP

My next questions are regarding safe sleep practices.

37. What factors contribute to unsafe sleep practices (probe for not placing on back, incorrect or no advice on safe sleep practices, bed sharing, soft bedding, demographics such as age, race and education level)

38. How are families educated on safe sleep practices?

    a.   What services are needed?

    B.   Are educational materials, messages and counseling provided in culturally appropriate ways?

If no, what are your suggestions to ensure education messages are reaching their intended audience?

INJURY HOSPITALIZATION (AGES 0-9)

Now I'd like to talk about injury hospitalizations of young children ages 0 to 9.

39. What are the main reasons for injury hospitalizations for this age group?

40. How are parents educated about car seat safety?

41. What services are offered or provided following a case of child maltreatment?

42. What activities are provided related to Targeted Injury-Prevention?

43. Are self-inflicted injuries common for this age group?

PHYSICAL ACTIVITY (AGES 6-11)

I have a couple questions related to physical activity among young children 6 to 11 years old.

44. Are there gaps in providing opportunities for physical activity among young children?

45. What are the barriers to physical activity for this age group?

46. How is physical activity promoted or encouraged for families with young children?

    a. What services or programs are needed in your area?

    b. What programs have had the greatest impact?

PREVENTIVE DENTAL VISITS (ALL CHILDREN)

Now I'd like to talk a little more about preventive dental visits for all children.

47. What gaps exist around preventive dental visits for children?

48. What are the barriers to obtaining preventive dental visits for children?

    a. Do families of color encounter different barriers?

    b. Do families with low-income encounter different barriers?

    c. Are their different barriers for families with young children versus adolescents?

49. How are preventive dental services coordinated for families?

50. What are your suggestions to increase the number of children receiving preventive dental visits?

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

Our next series of questions will focus specifically on children and youth with special health care needs.

51. In general, what are the largest gaps in service for children with special health care needs?

    a. Do these gaps differ for children of color?

  b. Do these gaps differ for families with low-income?

52. What are the barriers to services for families with children with special health care needs?

  a. What additional barriers do families with children of color encounter?

  b. What additional barriers exist for families with low-income?

53. What services or initiatives are working well?

DEVELOPMENTAL SCREENING

I have a few questions about the developmental screening process.

54. How are children screened for developmental delays?

55. Are there gaps in services available to help families access developmental screenings?

56. What are the barriers to accessing screening for developmental delays?

  a. What barriers exist for children of color?

  b. What barriers exist for families with low-income?

57. What is working well?

58. Do you have any suggestions to improve early identification and referral of developmental delays?

MEDICAL HOME

Now I have some questions about medical homes. A medical home is defined as an approach to providing primary care that is patient-centered, a partnership among practitioners, patients, and their families, comprehensive, coordinated across all elements of the health care system, and accessible

59. In your experience, are most families with children with special health care needs aware of the medical home approach to care?

60. How are families made aware of the medical home approach?

  a. Are additional outreach efforts needed?

  b. What efforts have had the greatest impact on increasing awareness?

61. About what percentage of families with children with special health care needs have a coordinated medical home approach?

62. What are the gaps in services for families who are using the medical home approach?

63. What are the barriers to implementing the medical home approach?

  a. What additional barriers are there for families of color?

  b. What are the barriers for families with low-income?

64. What training is available to health providers who would like to implement the medical home approach?

a. Is there a need for additional training? (Probe for what type of trainings are needed.)

TRANSITION

Now I'd like to talk about health care transition services.

65. What are the barriers to successfully transitioning a child with special health care needs from pediatrics to adult health care?

a. How are these barriers different for families of color?

b. How are these barriers different for families with low-income?

66. How are families made aware of existing services that can help facilitate health care transition?

a. Are there gaps in the existing services? (Probe for specific areas.)

b. What efforts have had the greatest success in increasing public awareness?

67. Are school nurses trained on transitioning children to adult health care services?

68. What are your suggestions to increase the number of providers who specialize in transition?

69. What's working well?

70. What needs to be addressed?

ADOLESCENTS

In this next section, our questions focus on the needs of adolescents.

71. In general, what are the greatest unmet health needs of adolescents?

a. Do these needs differ for adolescents of color?

b. Do these needs differ for families with low-income?

72. What are the barriers to accessing services for adolescents?

a. What additional barriers exist for adolescents of color?

b. What additional barriers exist for families with low-income?

73. What services or initiatives are working well?

74. What services would you like to see improved?

ADOLESCENT WELL-VISIT

I'd like to start with some questions about adolescent well-visits.

75. What are the barriers that make it difficult for adolescents to see their primary care physician for routine check-ups?

76. How comprehensive are routine check-ups?

    a. If not comprehensive: What is missing? (Probe for discussions around diet, exercise, nutrition, smoking, alcohol or drug use, mental health issues, sexual history, and intimate partner violence.)

77. Do you think the quality of care received by adolescents differs based on their race or income level? What are the reasons for these disparities? How can they be best addressed?

78. Are adolescents aware of the importance of annual well-visits?

    a. If no: What are your suggestions to better inform adolescents about the importance of their annual well-visit?

    b. Do you think it is more impactful to inform adolescents or their parents about the importance of annual well-visits?

BULLYING

I have some questions on bullying.

79. How would you define bullying?

80. As you may know, bullying has increased nationwide and statewide over the past several years. What are the reasons for this increase?

81. What initiatives or programs currently address bullying?

    a. What's missing?

    b. What's had the greatest impact?

82. How are bullying and suicide related?

    a. What suicide prevention strategies have been implemented?

    b. What suicide prevention strategies are most impactful?

    c. What resilience strategies are used for adolescents at high risk for suicide?

83. What other suggestions do you have to deter bullying?

INJURY HOSPITALIZATION (AGES 10-19)

Now I'd like to talk about injury hospitalizations of adolescents ages 10 to 19.

84. What are the main reasons for injury hospitalizations for this age group?

85. How are adolescents educated about safe driving practices?

86. What services are provided following a case of child maltreatment?

    a. What additional services are needed?

87. What activities are provided related to Targeted Injury-Prevention?

    a. What additional services are needed?

88. Are self-inflicted injuries common for adolescents ages 10 to 19?

    a. What suicide prevention strategies are provided if an adolescent presents at the hospital with a self-inflicted injury?

    b. What additional programs or services are needed?

PHYSICAL ACTIVITY (AGES 6-11)

I have a couple questions related to physical activity among adolescents aged 12 to 17 years old.

89. What are the gaps in programs providing opportunities for physical activity among adolescents in your area?

90. What are the barriers to physical activity for this age group?

91. How is physical activity promoted to adolescents?

    a. What's missing?

    b. What has been most impactful?

ALL POPULATIONS

My last questions are focused issues that affect all families.

SMOKING-HOUSEHOLD

First, I'd like to discuss the impacts of smoking in family households.

92. What strategies or practices do physicians use to encourage family members to stop smoking around their children?

93. What programs are currently in place in your area to educate families on the risks and adverse effects associated with smoking?

94. What additional services or programs are needed to help family members stop smoking?

95. What are the barriers to accessing these programs or services?

    a. What are the barriers for families of color?

    b. What are the barriers for low-income families?

    c. How can information be tailored to specific groups to encourage cessation?

96. Do you have any other suggestions to further encourage families to not smoke around their children?

ADEQUATE INSURANCE

Finally, I have just a couple questions about adequate insurance coverage.

97. What barriers are present for women and families without health insurance?

98. What barriers are present for women and families who are under-insured?

99. How do those without health insurance receive care?

100. What are your suggestions to ensure health insurance is more accessible?

101. How has the all-payer system helped expand access to health care?

WRAP-UP

102. In conclusion, is there anything else that you would like us to know about the healthcare needs of women, children or families that we have not talked about?

Thank you for taking the time to speak with me today!