



Maternal Health Needs Assessment

Scott County Health Department | November 2017

Table of Contents

Purpose	2
Introduction	2
Method.....	3
Results	4
<i>Strengths</i>	11
<i>Opportunities</i>	13
<i>Threats</i>	16
Discussion	17
<i>Short-term Recommendations</i>	17
<i>Long-term Recommendations</i>	18
<i>Prioritization</i>	20
Conclusion	20
References.....	21
Appendices.....	22
Appendix I: Maternal Health Needs Assessment Interview Form	22

Purpose

The purpose of this report is to complete a needs assessment of maternal health, well-woman visits and post year preventive care with community partners that reviews census data, reviews relevant reports, summarizes data, and identifies resources for gaps in service/priorities. Scott County Health Department will use the information to develop action plans to address the needs identified.

Introduction

Scott County Health Department (SCHD) has a long history of service to the maternal health (MH) population in Scott County, becoming a Title V Maternal and Child Health agency in 2000, and has since worked in various capacities to either oversee service provision or participate as a community partner. In October 2016, SCHD took on full responsibility for the MH program, and in alignment with sound public health practice, SCHD leadership felt that the logical first step in planning and developing a new program was to complete a comprehensive assessment of the needs and assets related to MH in Scott County. During the summer of 2017, the SCHD Maternal, Child, and Adolescent Health (MCAH) team conducted an assessment of MH needs in the Scott County area. The needs assessment intends to highlight needs of Scott County residents and to direct activities and program development for the MH portion of Scott County's MCAH program, part of Iowa's state Title V block grant.

SCHD works to promote, protect and preserve the health through leadership, service, education and partnerships. SCHD has a rich legacy of service to the citizens of Scott County and a vision to see that Scott County is a safe and healthy community. SCHD is located within the Quad Cities area, and residents are able draw from the large pool of resources afforded by the greater metropolitan area. For the purposes of this survey, assessment of needs and resources was limited to the Scott County.

The MH program is interested in pursuing a distinct set of priorities for pregnant/postpartum women and their families through the MH Program as defined by the Iowa Department of Public Health (Scott County Health Department, 2016). These priorities are listed below.

Maternal Health Priorities

- A. Early entry into prenatal care (during the first trimester)***
- B. Medical homes for pregnant postpartum women***
- C. Immunizations during pregnancy (Tdap and influenza)***
- D. Dental visits (at least annually)***
- E. Infants exclusively breastfed through age 6 months***
- F. Well-woman visits, especially post year of pregnancy***
- G. Enhance quality of MH and well-woman services***

- H. Safe sleep environments for infants, and placing them on their backs to sleep.**
- I. Tobacco-free living**
- J. Connect women to providers and resources through care coordination, presumptive eligibility, local transportation and interpretation services (especially where disparities and barriers exist)**
- K. Provide the MH package of preventive direct care services, where gaps in service provision are clearly defined, which includes:**
 - **Medicaid risk assessment**
 - **Health education**
 - **Breastfeeding support**
 - **Postpartum follow-up**
 - **Psychosocial services**
 - **Individualized plan of care**
 - **Depression screening**

Method

SCHD staff conducted a cross-sectional research study that utilized a needs assessment process that collected quantitative and qualitative data with regard to MCAH health status, state and local capacity, partnerships, and collaboration within the Scott County area.

This assessment involved searching of resources and data about MH in Scott County. To develop a quantitative profile, census information, vital statistics, and hospital data was searched, collected and summarized. The assessment also involved interviews with MH stakeholders in the community to solicit information regarding their perceptions of MH needs in the areas they serve. Stakeholder groups were identified from the SCHD Provider Database maintained by the Child Health program, which is updated every 6 months or sooner as staff becomes aware of changes (Scott County Health Department, 2017). In addition to obtaining qualitative data, the interviews were designed to strengthen or build connections between the SCHD staff, community providers, and organizations within the Scott County area that may not have existed before the assessment.

Interviews with MH stakeholders were set for the months of June through August 2017 at the stakeholder's office or location. In the event a personal visit was not possible, a phone interview sufficed. SCHD developed an interview tool based on MH priorities and a classic Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis to guide the conversation (Appendix I: Maternal Health Needs Assessment Interview Form). Four SCHD staff members including the Community Health Coordinator (project director for MH program), Community Health Consultant (program support, care coordinator with MH program), Community Dental Consultant (I-Smile™ Coordinator) and a summer intern (a master's student with a focus on

MCAH) visited participants and facilitated the interviews. The participants that were approached for the interview included obstetrics and gynecology (OB/GYN) offices, family practice offices, the local federally qualified health center, dentists, Women, Infants, and Children (WIC) clinics, mental health providers, home visitation providers, lactation consultants, and a variety of community action/resource agencies. By interviewing a large pool of participants, SCHD hoped to obtain a wide variety of perspectives.

Finally, the SCHD MH team met to interpret the findings and build consensus with regard to the aim of the program going forward using quality improvement tools.

Results

Basic demographic information and vital statistics information revealed a quantitative profile of MH information for Scott County. Scott County has slightly higher educational levels and median household income than the rest of the state, but ironically, a higher percentage of the population lives in poverty. While the Scott County population is primarily white, significant percentages of residents are African American, Hispanic and Asian. Fewer people in Scott County are foreign born or speak a language other than English in Scott County as compared to the rest of the state.

Summary of U. S. Census Bureau Estimates

Demographics	Scott County	State of Iowa
Population	172,474	3,134,693
Females	51.0%	50.5%
<ul style="list-style-type: none"> Child-bearing Age (women ages 15-44) 	33,155	591,759
<ul style="list-style-type: none"> Teen-aged (women ages 15-19) 	5,309	105,728
Households: 67,709	67,709	1,236,409
<ul style="list-style-type: none"> Persons per household 	2.46	2.42
<ul style="list-style-type: none"> Median Household Income 	\$55,114	\$53,183
Persons in Poverty	12.4%	11.8%
Education		
<ul style="list-style-type: none"> High school education or higher 	92.6%	91.5%
<ul style="list-style-type: none"> Bachelor's Degree or higher 	32.1%	26.7%
Diversity:		
<ul style="list-style-type: none"> Race/ethnicity: 		

○ White	86.4%	91.4%
○ Black or African American	7.6%	3.7%
○ American Indian/Alaska Native	0.4%	0.5%
○ Asian	2.4%	2.5%
○ Native Hawaiian/Pacific Islander	0.1%	0.1%
○ Two or more races	2.9%	1.8%
○ Hispanic/Latino	6.4%	5.8%
● Foreign Born Persons	3.7%	4.7%
● Language other than English spoken at home:	5.7%	7.4%

(United States Census Bureau, 2016)

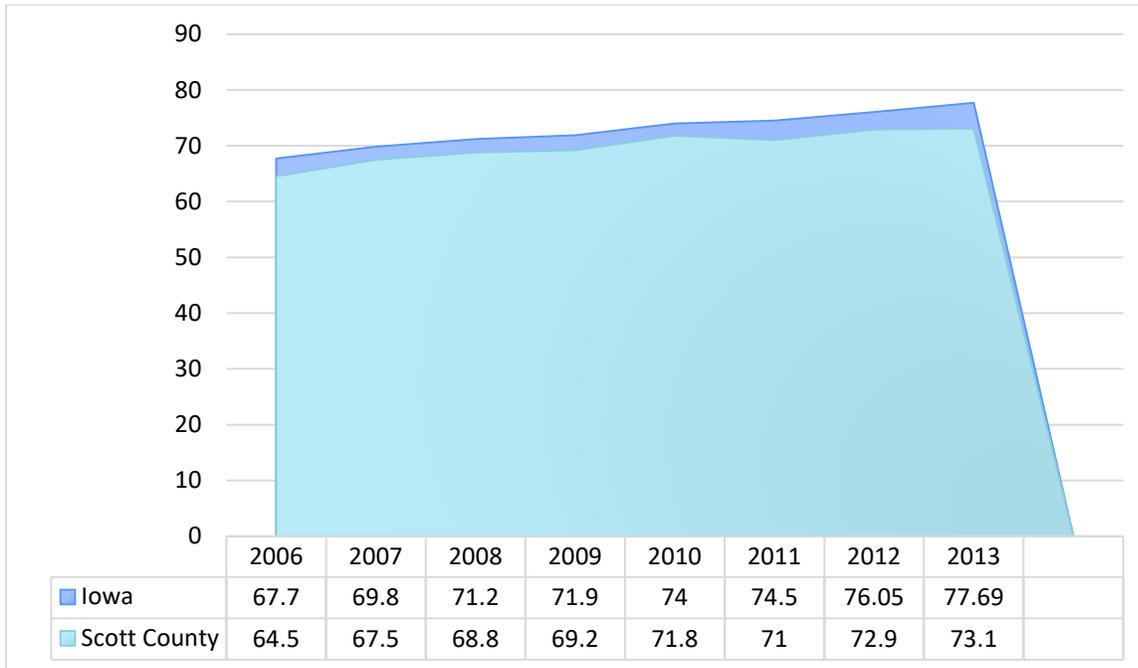
Summary of Vital Statistics

Indicator	Scott County	State of Iowa
Live Birth Rate <i>(rate per 1,000 population)</i>	13.0	12.6
Live Birth Rate for Mothers Under Age 20 <i>(rate per 1,000 live births)</i>	52.8	41.4
Out-of-Wedlock Live Births <i>(rate per 1,000 live births)</i>	426.1	352.3
Infant Deaths <i>(rate per 1,000 live births)</i>	2.7	3.7
Induced Termination <i>(rate per 1,000 population)</i>	2.7	6.8
Spontaneous Termination Rate <i>(rate per 1,000 population)</i>	0.1	0.8

(Iowa Department of Public Health, Bureau of Health Statistics, 2016)

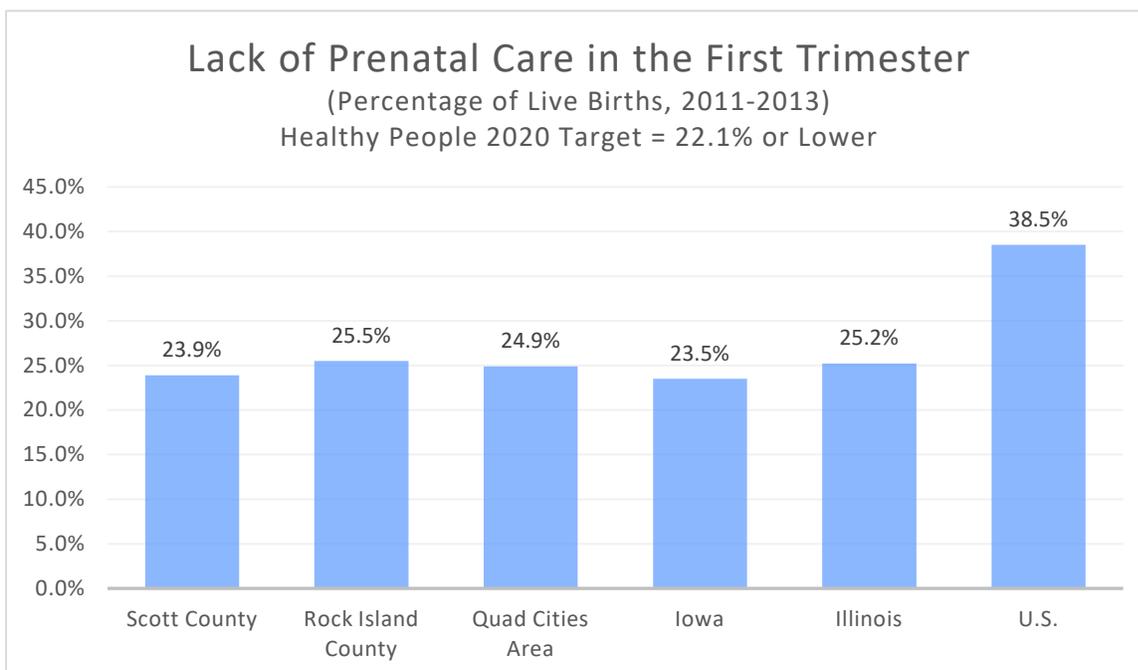
Rates of infant deaths and terminations (both spontaneous and induced) in are lower in Scott County than the rest of the state. Breastfeeding rates have trailed behind the rest of the state, but have been climbing steadily since 2006 (Iowa Department of Public Health, 2013).

Percent of Infants Breastfed in the Hospital



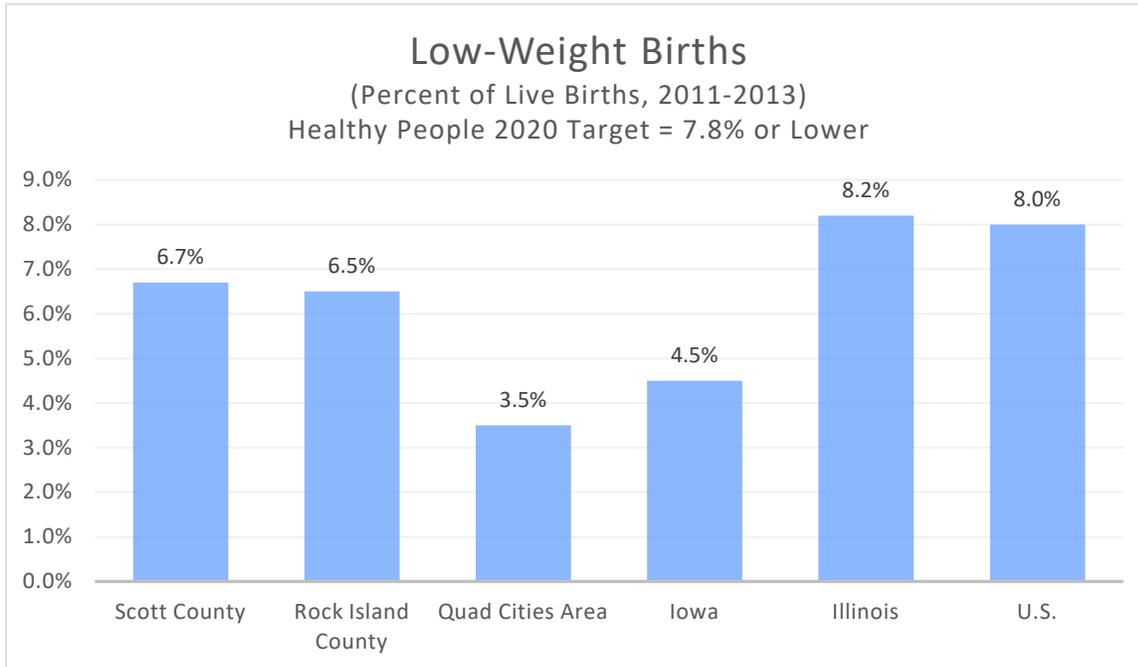
Lack of Prenatal Care in the First Trimester

The 2015 Quad City Community Health Assessment revealed that 23.9 percent of Scott County births did not receive prenatal care in the first trimester of pregnancy, compared to 23.5 percent in the state of Iowa and 38.5 percent in the United States. The percentage in Scott County is higher than the Healthy People 2020 target of 22.1 percent or lower. (Professional Research Consultants, Inc., 2015)



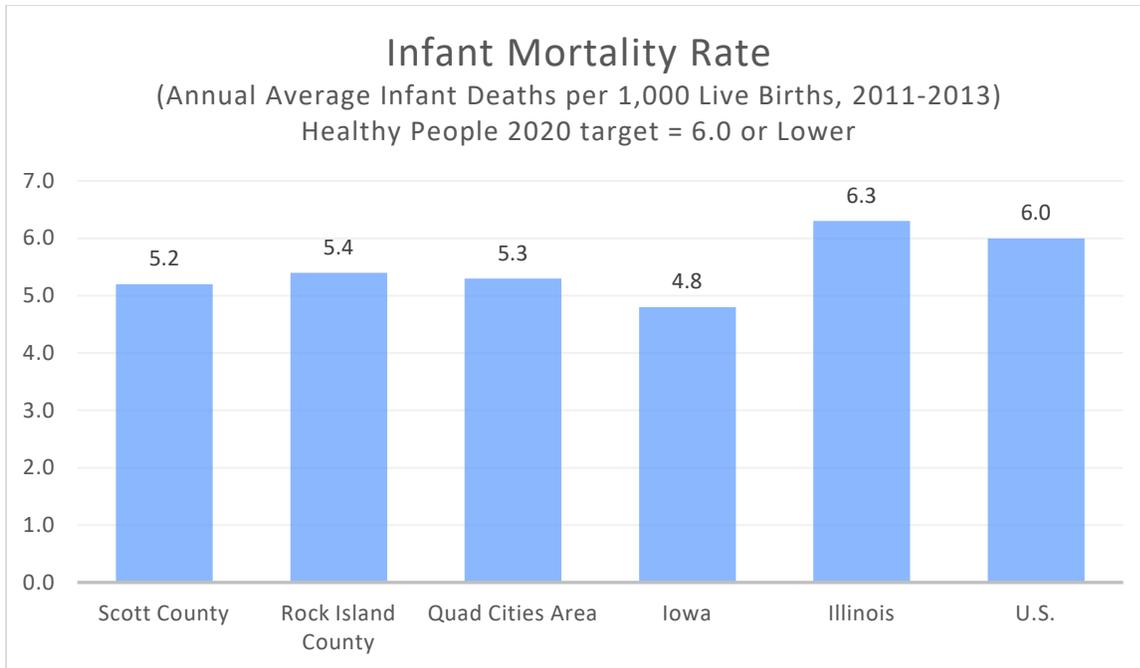
Low-Weight Births

Six percent of live births in Scott County were low-weight, compared to 6.6 percent in Iowa and 8 percent in the United States according to the 2015 Quad Cities Community Health Assessment. The percentage in Scott County falls below the Healthy People 2020 target of 7.8 percent or lower. (Professional Research Consultants, Inc., 2015)



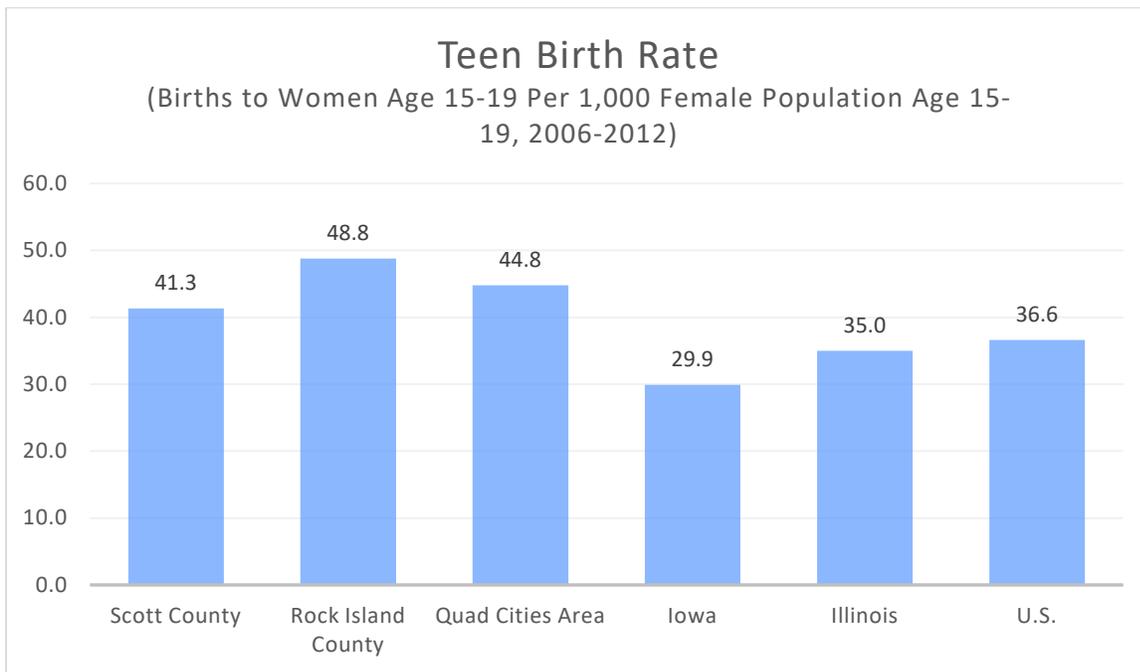
Infant Mortality Rate

The 2015 Quad Cities Community Health Assessment showed that Scott County has an infant mortality rate of 5.2 per 1,000 live births, compared to 4.8 in Iowa and 6.0 in the United States. This rate falls below the Healthy People 2020 target of 6.0 or lower. (Professional Research Consultants, Inc., 2015)



Teen Birth Rate

Scott County had a teen birth rate of 41.3 for births to women ages 15 to 19 per 1,000 female population for years 2006 to 2012. Comparatively, Iowa had a teen birth rate of 29.9 and the U.S. had a rate of 36.6 according to the 2015 Quad Cities Community Health Assessment. (Professional Research Consultants, Inc., 2015)



Provider/Community Organizations Interview Findings:

The team interviewed healthcare providers and community organizations from June through August 2017. In order to obtain their perspectives on the MH needs observed among their patients, a SWOT analysis was used. This process identified what the community is doing well and where services can be improved, as well as what barriers exist to community members within MH in the Scott County area. All but one of the interviews were conducted face-to-face to provide open communication. Participants of the survey are listed below.

Interview Participants

Participant	Interviewee(s)	Date Interviewed
Psychology Health Group, Davenport, IA	Kristine Oswald LISW	June 2, 2017
Genesis Health Group Durant, Durant, IA	Dr. Mark Iltis and Staff	June 20, 2017
Genesis Visiting Nurses Association, Bettendorf, IA	Michelle Cullen, RN and Tera Weets	June 21, 2017
Pregnancy Resources, Davenport, IA	Annetta Cooper	June 26, 2017
Fearless Birth Services, Davenport, IA	Megan Reed, Doula	June 28, 2017
Family Care Partners, Bettendorf, IA	Chasidy Mejia-Biswell, RN	June 29, 2017
Bettendorf Pediatric, Bettendorf, IA	Vicki Rowlands, ARNP	July 5, 2017
Community Health Care, Inc. – Edgerton Obstetrics and Gynecology (OB/GYN) and Special Supplemental Program for Women Infants and Children (WIC) Davenport, IA	Nicole Johnson	July 7, 2017
Genesis Birthcenter, Davenport, IA	Julie Grothusen, RN, Julie Cutler and Sue Page, Lactation Consultants	July 10, 2017

Cornerstone Family Dentistry, Davenport, IA	Mindy Hochgesang and Staff	July 12, 2017
Women's Choice Center, Bettendorf, IA	Vicki Tyler	July 13, 2017
Family Resources, Inc. Davenport, IA	Susan Earp	July 14, 2017
Iowa State University Extension and Outreach, Bettendorf, IA	Jennifer Best	July 17, 2017
The Group – Obstetrics and Gynecology Specialists, P.C., Davenport, IA	Beth Carlson, MSN, Midwife and Mary Johnson, ARNP	July 25, 2017
BirthRight, Davenport, IA	Ellen	July 26, 2017
Lutheran Services in Iowa (LSI), Davenport, IA	Jennifer Praet and Scott Caldwell, LISW	July 27 th 2017
The Center for Alcohol and Drug Services (CADS), Inc. Davenport, IA	Krystle Krauss	July 27, 2017
UnityPoint – Trinity Lactation Consultants, Bettendorf, IA	Lisa Carroll, Kaitlyn Girskis, and Rebecca Clark	August 23, 2017

The MCAH team at SCHD was pleased with the willingness of local organizations and offices to participate. Some interviews were not possible as some attempts to reach participants were unsuccessful, or they did not call back to set up appointments. Thanks to the assistance from many healthcare providers and community organizations in the Scott County area, a substantial amount of qualitative data was collected with regard to MH. The interviews completed throughout the Scott County area have shown themes regarding services that work well for residents, and areas where additional services are needed or enhancement of services may be beneficial.

Below is a summary of the strengths, weaknesses, opportunities and threats identified during provider and organization interviews with specific discussion regarding many of the themes that emerged.

Strengths

This section provides a list of areas within MH that are done well in Scott County. This section contains strengths within the entire Scott County area and is not limited to just SCHD.

Resources are plenty in Scott County compared to the rest of the state. Most community partners have been in the community for years, have developed long-standing relationships with SCHD, and are very collaborative and helpful. Many resources and support groups exist for different issues that may arise within MH in Scott County. Of all the resources in Scott County, there are a few that have a particularly strong role in supporting MH.

- Home visitation services provide a variety of programs and services to support MH. Organizations include Genesis Visiting Nurses Association (VNA), Lutheran Services in Iowa (LSI), and UnityPoint at Home.
- The Special Supplemental Program for Women Infants and Children (WIC) has two locations in Scott County that are open 5 days per week. One interviewee noted that, “WIC is a great resource and are very non-judgmental.”
- Community Health Care, Inc. (CHC) is a federally qualified health center that provides many services through four clinics within Scott County. These include supportive services like presumptive eligibility determinations, care coordination, linkage to transportation, language interpretation with Vietnamese and Spanish translators onsite, and outreach services for homeless and at risk populations. Educational services provided by CHC include nutrition services through WIC, diabetes management (BMI measured), alcohol/substance abuse screening, domestic violence screening, health education, and breastfeeding support (by midwives on staff with the Edgerton OB/GYN clinic and WIC). Clinical services offered by CHC include OB/GYN care, post-partum follow-up, behavior health services, medical examinations and checkups, dental examinations and checkups, and onsite pharmacy.

Weaknesses

This section highlights aspects of the Scott County community that need strengthening to support MH. While services exist for some of the areas listed, they need enhancements to be successful in the Scott County.

- Resources: There are so many resources are available, but there is not enough knowledge of all of them, and people do not know where to go.
- Breastfeeding support and knowledge: While there are support groups and lactation consultants to help with breastfeeding support, they are not able to reach all mothers. Because the WIC breastfeeding peer counseling program will not continue in Scott County after September 2017, the breastfeeding support gap widens in the area.
- Mental health services: Often getting in to see a mental health care provider can take well over 8 weeks.
- Transportation: Many mothers and families do not have access to transportation, or money to get access to transportation or they suffer from other barriers that make it impossible to get their necessary scheduled appointments.
- Gap in prenatal care before 20 weeks pregnant: It is very difficult to get high risk mothers into prenatal care before 20 weeks, which is a critical time for health of the mother and the child. Waiting lists as long as 8 weeks were reported with OB/GYN providers for women to start prenatal care. There may not be enough OB/GYN providers to get women in to start prenatal care within the first 20 weeks of pregnancy.
- Lack of health education for nutrition, diabetes, and obesity: Women of childbearing age are often unaware of good nutritional practices to keep their bodies strong and healthy even before pregnancy. There is a lack of good nutrition and physical activity education even in adolescence. The only Planned Parenthood within the Scott County area closed on July 1, 2017 due to cuts in funding. They provided limited services until their supplies and budget run out, however this leaves a large gap in women's health services. It is still unknown who within the community will be able to pick up these services and/or where these patients will go now.
- Some offices filter patients by insurance type: Many providers' offices will not take Medicaid patients and this causes an influx of Medicaid patients for the providers that do not filter by insurance coverage.
- Parenting education: There are very few support systems for parents to learn about how to parent.
- Lack of consistent MH messaging: Health information is constantly changing. Inconsistencies in information provided and misinformation given to patients has been identified.

- Reaching at risk women: Those who need the services most are difficult to find and may struggle to maintain consistent communication. Often patients of high risk populations face many different barriers that may cause them to have poor access to care, be lost to follow-up after receiving care, unable to continue care, or just difficult to find to offer knowledge of the services the community provides. Michele Cullen of the Genesis Visiting Nurses Association said “We follow up with 71-75 percent of births at Genesis, however, we know this includes very few of the high risk population mothers and babies. Finding a way to improve follow up to these families would be beneficial.”

Opportunities

This section outlines factors to expand or add that would benefit the Scott County Community the most. The following are ideas for programs where gaps in care were observed. The MH grant would help most significantly in breastfeeding education and support, client education, provider education, resource coordination, care coordination with schools, mental health services, and linkage to transportation.

Breastfeeding Education and Support

With the loss of the Scott County WIC’s Breastfeeding Peer Counseling Program, the need will become even greater for more advocacy, education and support for breastfeeding. Possible opportunities for breastfeeding support are:

- Establish an outpatient breastfeeding clinic.
- Offer breastfeeding classes and knowledge of lactation consultants as a resource.
- Engage fathers and support systems to help support in breastfeeding.
- Home visits for every mother and baby to reach high-risk populations.

Offer breastfeeding education with linkage to oral health, nutrition, and obesity.

Client Education

With regard to health education, four main topic areas were identified as a need for greater attention among the MH population.

- Oral health: Education about dental visits at least annually, promotion of dental visits for baby at first tooth or at least by age one, and education of benefits of breastfeeding on oral health is needed.

- Health education classes or one-on-one counseling: Offering more health education in adolescence is an area of opportunity in Scott County. This could be enhanced with greater collaboration and connection with school districts.
- Parent education: Opportunities to enhance parenting education includes basic parenting classes, specialized parent education for specific populations and cultures, and peer/family life coaching-related to parenting.
- Family Planning education: Family planning education is paramount. Jennifer Best with Iowa State University Extension office said, “We can’t have a conversation about health of any kind without asking about family planning, and many providers and patients feel uncomfortable even bringing up this topic.”

Provider Education

- Cultural competencies: Language issues, cultural differences, religious backgrounds, and other cultural issues present challenges in the health care environment. Ensuring that providers understand how to address these differences in a sensitive manner is an important step. Training providers to engage, connect and build relationships with more mothers, especially those in high risk populations that are being missed, could be helpful. Linking providers to existing phone and online interpretation services like STRATUS, which provides access to translators of more than 150 languages, may be necessary.
- Lunch and learn sessions for providers and organizations: These could allow for providers and organizations to stay current on what is happening in health and to provide a universal messaging across Scott County. Developing the Scott County “way” of how to talk about and educate about MH issues for all providers, social service providers, nurses, and others could be explored during these sessions. For example, Genesis reported offering training for no cost to providers on the Period of Purple Crying and having over 75 attendees. Training nurses in more areas could also be valuable because they interact more with patients. In doctors’ offices, instead of daily television and advertisements, the MH program could provide messages about healthy practices and current information about immunizations, family planning, and breastfeeding support. This would remain consistent with information presented in provider lunch and learns and the brochures provided in examination rooms to deliver a consistent Scott County message.

Resource Coordination

- Educational materials: Recommending a universal series of brochures from a credible source, like the WHO or NIH, with current information placed in provider offices so that patients can choose based on their needs while they are waiting. This could help with consistency of the messages and information given. It could align with the county provider trainings given so that all information patients are receiving, whether verbal or written, is the same. This could lessen the issue of misinformation that occurs with increased use of the internet and social media today.
- Resource linkage: Gathering all resources for MH within the area, maintaining a database, and creating printable lists for each type of resource could help clients navigate where to seek assistance. Creating a county-wide collaborative list of services could eliminate frustration, lack of knowledge and loss to follow-up of certain resources.

Coordinating Care with Schools

- Health education in adolescence: Adolescence is a critical time to learn about health education. Teen pregnancy has decreased in the community within the past few years, a trend that needs to continue. Enhancing school nurse services is a potential avenue to explore. School nurses received favorable reviews from providers and consumers, but their time is limited. The providers interviewed felt that closer linkages with schools via school nurses could enhance maternal and child health. This could include immunizations, referrals to healthcare providers, and other health education programs to enhance MH by bringing prevention services into schools.
- Preventive versus reactive approaches: Creating more coordination with the community school districts allows for earlier learning of good healthy behaviors. Studies have shown that teaching about healthy life styles, mental health and sexual health at earlier ages can improve health outcomes later in life (Dudley, Cotton, & Peralta, 2015). Schools can play an important role in the education and promotion of healthy behaviors among children. As with most educational interventions, most teaching strategies taken from intervention studies lead to positive changes in schoolchildren's healthy behaviors. Incorporating health and wellness into the school culture and environment can help close the academic achievement gap. It is difficult to learn when children are unhealthy. Health is a basic need that needs to be acknowledged first.

Mental Health Resources

- Social workers or MH nurses co-located in doctors' offices could help to fill the gap of time before seeing mental health care provider. Supportive services they could provide include listening visits to fill the wait time gap and home visits.
- Linkage to mental health providers could be an important part of resource coordination for the MH program.
- Education on mental health, such as collaborating with the National Alliance on Mental Illness (NAMI) campaign and sharing those messages, could help address stigma related to mental health and postpartum depression.

Transportation

- Linkage to existing transportation vendors will be an important component of care coordination for MH clients with Medicaid coverage. Increasing client's knowledge of transportation services available through their Medicaid Managed Care Organization (MCO) is necessary.
- Organizing transportation for clients or providing bus passes/taxis could be helpful for those in need of transportation to appointments. This could expand the services to clients not covered by Medicaid or other insurance providers that do cover transportation. Increasing access to transportation could increase access to MH services.

Threats

Several factors beyond the control of SCHED could place MH strategies at risk. Despite the lack of control, SCHED can prepare plans for when these threats occur.

- Costs: Limited acceptance of clients with Medicaid by providers can be an issue due to low reimbursement rates and administrative hassles related to Medicaid and MCOs.
- Funding: Cuts to healthcare and public health funding of programs and services that support MH can be a barrier.
- Capturing those of high-risk populations: If clients are not seeking care, or are not knowledgeable of the existing services, how can they be helped? In addition, if they do not know of the importance of healthcare and check-ups how can that be promoted?

Elimination of all barriers that each individual faces is difficult, hampering access to care, and resulting in clients lost to follow-up.

Discussion

Scott County is home to a diverse population of women who may experience different barriers and have different needs. As the Scott County MH program progresses, it will be important to be mindful of this and be willing to adapt approaches to fit the needs of individual women.

Within MH in Scott County there are many opportunities that can be addressed. While the list of opportunities can be quite overwhelming, they have been broken up into short-term and long-term opportunities for improvement. The following are recommendations for short-term, less costly activities or interventions that could provide short-term outcomes. The following section will also outline recommendations for longer-term MH outcomes. Short-term outcomes are directly tied to the intervention, while long-term improvements are less directly attributed. In general, short-term outcomes are measured at the end of the project period, and refer to changes in knowledge, attitudes, or behaviors. They can include reports of behaviors that participants intend to change or motivation to change. Long-term outcomes are measured a year or several years after program completion and include changes in conditions, policies, or organizational structure. Short-term and long-term outcome are related and build on each other.

Short-term Recommendations

There is much room for improvement of MH in Scott County. Some recommendations for short-term, less costly outcomes include coordination of resources and transportation services.

➤ **Coordination of Resources:**

Gathering all MH resources within the area and having a database or print out of each resource and the information that a patient would find most helpful in navigating where they can/need to go next.

Eliminating frustration (patient and provider), lack of knowledge and loss to follow-up by could be achieved by creating a countywide collaborative list of services. The Scott County Kids NEST program, administered by the Genesis VNA and Hospice, already has a resource that coordinates all helpful maternal and child health resources in Scott County. Better promotion of this document and increased providers knowledge regarding existing resources and referral mechanisms is needed. Lunch and learn sessions for all providers, clinics, and community organizations in Scott County could improve this and encourage knowledge of the resources that already exist.

Having a universal series of materials from the World Health Organization or National Institutes for Health (NIH) with current information to put in examination and waiting rooms would allow patients to choose, based on their needs, what to read while they

are waiting. This helps with consistency nationwide of the messages and information given out. This can be consistent with the county provider trainings given so that all information patients are receiving whether verbal or written is the same. This will lessen the issue of misinformation presented with increased use of the internet and social media today.

Digital screens in doctors' offices could, instead of daily television and advertisements, provide messages about healthy practices and new up to date information on areas of interest (i.e. immunizations, family planning, breastfeeding support and practices etc.). This would remain consistent with information presented in provider lunch and learns and the brochures provided in examination rooms to deliver a consistent "Scott County Message."

➤ Transportation services:

All participants of the needs assessment mentioned that transportation is an issue. Transportation services already exist within the county, but responsibility for coordination has shifted to insurance MCOs, however not many of the participants in this needs assessment knew about the services provided through them.

Better coordination of this service would be beneficial for providers, staff and community organizations to know as they can refer their patients to their insurance providers for transportation services or can schedule the transport for their patients themselves. Perhaps including this in lunch and learns or having MCOs come to providers' clinics and organizations to talk about these services would be helpful.

Long-term Recommendations

There are many areas that would benefit from new programs or expanding existing services within the Scott County community.

- Breastfeeding:

Because the WIC Breastfeeding Peer Counseling Program in Scott County ended in September of 2017, it is important to fill this gap for breastfeeding support and education as soon as possible. Breastfeeding rates have steadily increased in Scott County within the past few years, however for this to continue, the community needs to continue providing more support, education, after birth home visits, as well as finding a way to capture those mothers of high-risk populations that currently missed.

Dr. Mindy Hochgesang and lactation consultants at both hospital systems recommended that a breastfeeding clinic would be helpful. This could also provide another resource

for prenatal care so that more mothers are educated about the importance of health even before life begins; a “one stop shop” of sorts for breastfeeding support and MH education within the community. Scott County still lags behind the rest of the state in breastfeeding rates, but with the proper supports and interventions, this can affect the health of mothers, infants and families now and into the future. Healthy babies become healthy adults who have more healthy babies. Health needs to be a priority from before life begins.

- Preventive Health Education:

Much of public health is providing education and services before something happens to prevent poor health outcomes. For the long-term future of public health within the Scott County area, it would be extremely beneficial to better collaborate with the community school districts and make this a priority. Research has shown that creating more coordination with the community schools districts allows for earlier learning of good healthy behaviors. Teaching about healthy life styles, mental health and sexual health at earlier ages can improve health outcomes later in life. Now is the time to start strengthening the existing connections with the community school districts that exist and reaching out further to those that have yet to collaborate. This intervention has the potential to directly affect the most individuals and improve health outcomes of Scott County into the future.

- Mental Health:

Finally, all participants of the interviews identified a huge need within mental health. Many mothers are experiencing postpartum depression and while nurses can identify the signs and symptoms of this during a well checkup or a home visit, the wait time to get into a mental health provider remains at 4-8 weeks or longer. While SCHED cannot change the mental health care provider shortage, it can provide a service that bridges the gap between when a patient needs mental health services, and when the patient actually gets in to see a mental health care provider. Listening visits with licensed clinical social workers or providing licensed clinical social workers (LISW) within already existing clinical settings, will provide the opportunity to fill the wait time gap.

All participants of this needs assessment had great ideas in programming strategies or easy, cost effective solutions to the problems previously outlined within MH in Scott County. There are many opportunities to improve health outcomes in the Scott County community. The three recommendations above have the potential to make an impact within Scott County.

Prioritization

As the SCHED MH team met to review and analyze the results using a prioritization matrix, certain concepts began to stand out. These include: education linkage, breastfeeding support, resources to reach high-risk population, and mental health. The group was most drawn toward the need to maintain a MH resource list, and link clients with available services. The recommendation that seemed least feasible was MH services in schools. The group felt that breastfeeding support could be implemented within the community, as well as a development and maintenance of a resource guide. Awareness of the needs will be a challenge to overcome in the community. This could be accomplished through continuing education events and/or through individual meetings. Offering MH direct services will help to fill the gaps pregnant and post-partum women particularly with listening visits, nursing assessments, and breastfeeding education, preferably within an organization already serving women.

Conclusion

This report provides a summary of needs faced within MH of the Scott County, Iowa area. The hope is that this information will provide important guidance to the SCHED as they plan for the current MH project period. Participants are facing important issues regarding access to services, transportation, health education, and coordination of community services. They shared very compelling evidence from the field to support their requests for changes in the current state of service provision.

The SCHED has the capability to provide gap-filling services through the MH program that may help women overcome some of the needs identified in this assessment. Providing psychosocial services such as depression screening and listening visits would assist with mental health needs. Providing breastfeeding support through one-on-one health education and breastfeeding classes would help support mothers to successfully breastfeed their infants. Nursing assessments together with Medicaid risk assessment, substance abuse screening, individualized plan of care, and post-partum follow-up would help support the overall health of mothers and babies. SCHED plans to add a maternal health nurse that will begin offering these services, ideally co-located with WIC or an OB/GYN office, in second half of fiscal year 2017.

While many of the issues identified cannot be fully addressed in the upcoming MH program activities, this needs assessment serves as a guide to help prioritize and to begin to address them. With new partnerships and knowledge gained, SCHED's MH program is well on its way.

YOUR HEALTH.
Our priority.

References

- Dudley, D. A., Cotton, W. G., & Peralta, L. R. (2015). Teaching approaches and strategies that promote healthy eating in primary school children: a systematic review and meta-analysis. *International Journal of Behavioral Nutrition and Physical Activity*, 12 (28). Retrieved from <https://doi.org/10.1186/s12966-015-0182-8>
- Iowa Department of Public Health. (2013). *Breastfeeding Incidence*. Des Moines, IA: Data and Reports. Retrieved May 31, 2017, from <https://idph.iowa.gov/Portals/1/Files/WIC/Iowa%20Breastfeeding%20Incidence%20for%202006-2013.pdf>
- Iowa Department of Public Health, Bureau of Health Statistics. (2016). *2015 Vital Statistics of Iowa*. Des Moines, IA: State of Iowa. Retrieved December 16, 2016, from https://idph.iowa.gov/Portals/1/userfiles/68/HealthStats/vital_stats_2015.pdf
- Professional Research Consultants, Inc. (2015). *2015 Community Health Needs Assessment*. Retrieved November 30, 2017, from <http://quadcities.healthforecast.net/2015%20Community%20Health%20Assessment%20Report%20-%20Quad%20Cities%20Area.pdf>
- Scott County Health Department. (2016). *FFY2017 Maternal Child and Adolescent Health Program Request for Proposals (RFP)*. Des Moines, IA: IowaGrants.gov.
- Scott County Health Department. (2017). *Provider Database*. Davenport, IA: Title V Maternal Child and Adolescent Health Program.
- United States Census Bureau. (2016). *Quick Facts for Scott County Iowa*. Washington, DC: United States Department of Commerce. Retrieved December 16, 2016, from <https://www.census.gov/quickfacts/table/PST045215/00>

Appendices

Appendix I: Maternal Health Needs Assessment Interview Form



Maternal Health Needs Assessment Interview Form

Date Completed: [Click here to enter a date.](#)

BUSINESS CONTACT INFORMATION

Business Name	
Address	
Phone	
Fax	
Email	
Website	

Contact Name	
Title	
Phone	
Email	

HOURS OF OPERATION

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

POPULATION SERVED

Ages	
Income Requirements	
Other Criteria	

INSURANCE ACCEPTED

<input type="checkbox"/> Iowa Medicaid <input type="checkbox"/> Amerigroup <input type="checkbox"/> AmeriHealth Caritas Iowa <input type="checkbox"/> UnitedHealthcare
<input type="checkbox"/> Others (please list):

MATERNAL HEALTH SERVICES PROVIDED CHECKLIST

General Services (Check If Provided)	Description
<input type="checkbox"/> Presumptive Eligibility Determination	
<input type="checkbox"/> Care Coordination	
<input type="checkbox"/> Home Visit for Care Coordination	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Interpretation	
<input type="checkbox"/> Social Work Home Visit	
<input type="checkbox"/> Nutrition Services	
<input type="checkbox"/> Diabetes Management	
<input type="checkbox"/> Counseling for Obesity	
<input type="checkbox"/> Domestic Violence Screening	
<input type="checkbox"/> Alcohol/Substance Abuse Screen	
<input type="checkbox"/> Counseling for Alcohol/Substance Misuse	

Preventative Direct Care Services (Check If Provided)	Description
<input type="checkbox"/> Medicaid Prenatal Risk Assessment	
<input type="checkbox"/> Health Education	
<input type="checkbox"/> Breastfeeding Support	
<input type="checkbox"/> Postpartum Follow-up	
<input type="checkbox"/> Depression Screening	
<input type="checkbox"/> Psychosocial Services	
<input type="checkbox"/> Individualized Plan of Care	

SWOT ANALYSIS OF MATERNAL HEALTH SERVICES IN SCOTT COUNTY

Internal	
Strengths	Weaknesses

Examples: human resources, financial resources, activities and processes, past experiences

External	
Opportunities	Threats

Examples: future trends, economy, funding resources, demographics, legislation, local/national/international events