



Maternal and Child Health Focus Group

Grand County, 2013

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MATERNAL AND CHILD HEALTH FOCUS GROUP

GRAND COUNTY PUBLIC HEALTH

INTRODUCTION

Corona Insights is pleased to present this report of research findings for one focus group conducted in February, 2013, with 14 maternal and child health providers in Grand County. This research was designed to assess feelings, perceptions, and knowledge of maternal and child healthcare in the county. Specifically, Corona sought to identify the gaps in Grand County's current public health care programs when it comes to women and children.

This focus group was part of a health needs assessment conducted in Grand County to determine the current and future health needs of its residents. Other parts of this assessment have been reported in separate documents.

The following report includes a description of the project design, methodology, and implementation of the research, along with detailed focus group findings.

REPORT LAYOUT

This report is divided up into a number of major sections, which include the following:

- ➔ **Summary of Key Findings** – This section contains a brief overview of the key findings of the research.
- ➔ **Background and Methodology** – This section provides a detailed description of the approach used for this project in terms of goals, methodology, and demographic characteristics of respondents.
- ➔ **Detailed Research Findings** – This section contains findings of each step in the research process.
- ➔ **Appendix A: Moderator Guide** – The moderator guide used for this study is included in this appendix.
- ➔ **Appendix B: Grand County Maternal and Child Health Program Handout** – The handout used during this group is included in this appendix.

TOPICS EXPLORED IN THE FOCUS GROUPS

Participants spoke briefly about how public health programs in Grand County are *currently* meeting the needs of its mothers and children. Then, they completed an exercise to address specific priorities or “gaps” in maternal and child public health care and suggested areas for improvement. By the end of the group, the participants all voted on 3 “top priority” areas for maternal and child public health in Grand County. The process of arriving at these top 3 areas is laid out in further detail within the Detailed Research Findings section of this report.

SUMMARY OF KEY FINDINGS

Key findings produced from in-depth analysis of the focus groups are presented below. Detailed findings, which expand on the following key findings and include verbatim comments from interviewees, are presented later in this report.

The primary purpose of this focus group was to identify the top gaps or risks in Grand County's public health care programs when it comes to mothers and children. After a brief discussion and informal voting process, 3 top areas emerged:

- ➔ **Mental Health/Child Therapists.** By far, the biggest concern of the focus group participants was mental health and the lack of child therapists in Grand County. In fact, all 14 participants chose this as one of the top 3 risks for maternal and child health in the county. As a solution, several people said that they'd like to see services offered through the schools; however, some disagreed, saying that this remedy would leave out families and children who aren't of school age.

Since mental health is a multi-faceted topic, some points of discussion included:

- ⇒ *Transportation.* Due to a lack of local mental health providers, many Grand County residents must travel outside of the county to receive the services they need. Unfortunately, transportation to receive these services is a problem for lower-income families.
- ⇒ *School-based mental health services.* It was widely agreed that school-based services are limited in Grand County when it came to mental health. Unfortunately, schools appear to be understaffed and unable to provide "real services" (i.e., counseling) since school psychologists are overloaded with special education assessments.
- ⇒ *Age group prioritization.* Upon polling the group to see which age group should be a priority for Grand County Public Health when it came to mental health services, stakeholders were mixed. In the end, most wound up voting for the option "Parents/family" since they believed it encompasses all age groups *and* the family.

- ➔ **Single Source of Information.** According to participants, the second most important gap for maternal and child health in Grand County was the lack of a single source of information regarding local public health services, providers and contact information. Although stakeholders in this focus group "know how to get their families' needs taken care of," they agreed that everyone in Grand County needs to know how to find the services that they need and discover others that are available to them – ideally, through one single resource.

"I'm okay if the schools are involved, but I think it needs to be a comprehensive community approach, because you can't do everything through the schools."

"Everybody that comes in needs to know where to find social services, needs to know where the physician's office is, needs to know how to contact public health. That's what we need in our community. We need a simple solution like that. We need a single source of information."

→ **Parent Education Coordinating.** Stakeholders in this focus group also agreed that, while Grand County has the resources available to provide parenting classes for its residents, the primary problems surrounding parent education was a lack of coordination and awareness. Additionally, health care providers in the group admitted that they were “clueless” when it came to local parenting classes; as a result, they weren’t able to refer local parents to these resources. Stakeholders also agreed that apathy is an obstacle to local parents’ involvement in these classes, thereby making persuasion another source of difficulty in this area.

“I think I’d have a lot of parents who’d be interested in going (to parenting classes) but didn’t know when it’s taking place.”

→ **The group discussed other public health gaps for Grand County mothers and children that were not selected as a “Top 3” issue.** These gaps are listed below and are also discussed in greater detail in the Detailed Research Findings section of the report.

- ⇒ Life skills for parents
- ⇒ Speech therapy
- ⇒ Parent and patient education
- ⇒ Strengthening home visitation
- ⇒ Expanding Horizons programs
- ⇒ Teen pregnancy education
- ⇒ Supplemental prenatal coaching

BACKGROUND AND METHODOLOGY

Corona Insights was retained in 2012 by the Grand and Summit County Public Health departments to conduct a joint assessment of public health needs.

This report includes findings strictly from the key person focus group of maternal and child health providers in Grand County. Other research that is part of this health needs assessment is reported separately and includes a review of existing research and other secondary data; a community survey of residents; an informal survey of Spanish speaking residents, two focus groups with Grand County residents, an online questionnaire with stakeholders; and a retreat facilitation to review all findings and recommendations with key stakeholders in Grand County, with the goal of developing a list of priorities for future efforts.

Note that some of this year's research built upon processes and outcomes from previous research, but it was also updated to make sure new issues and needs facing the counties today were addressed.

PROJECT SCOPE

Corona Insights conducted one focus group in Granby, Colorado. All participants worked in roles that impact maternal, infant, and child health in Grand County. The group took place at the Granby Public Library on February 6th, 2013 from 11:30am – 1:30pm.

Grand County Public Health handled all aspects of the recruiting process. Ultimately, recruiting was successful with a total of 14 participants in attendance for the entire focus group. It should be noted that two additional attendees joined the focus group at the halfway point, but did not participate.

FOCUS GROUP PARTICIPANTS

Characteristics of the group are summarized below, based on information that was collected during the introductory remarks of the group. The numbers in parentheses on the chart indicate the number of times a particular response occurred.

Number of Participants	14
Gender	Female (14)
Occupation	Childcare Employee (1) Department of Social Services Employee (1) Director of Grand Beginnings (1) Family Doctor (2) Granby Dental (Assistant) (1) House Bill 1451 Coordinator (1) Medical Assistant (1) Nurse (3) Nurse Practitioner (1) Preschool Director (1) Preschool Teacher (1)

FOCUS GROUP MODERATION

Moderator: Kevin Raines, principal at Corona Insights, moderated the focus group. Kevin is a very experienced moderator and has been involved with other research that is part of this health needs assessment. He is also the overall project manager for this engagement.

Moderator's Guide: The focus group moderator's guide was assembled by Corona Insights based on input from Grand County Public Health. This guide was used as a standard but flexible guideline for discussion in that the moderator had the option to diverge from the guide and improvise if appropriate. A copy of the guide is provided in Appendix A of this report.

LOGISTICS

Focus Group Recording: Corona Insights set up audio- and video-recording equipment in order to effectively capture participants' feedback during the focus groups. The tape was then viewed to accurately capture verbatim comments from participants.

Incentives: Although participants were not given monetary incentives for their participation in the focus group, Grand County Public Health provided lunch and beverages for those in attendance.

RESEARCH APPROACH

Rather than conducting a traditional focus group, Corona took a somewhat different approach to this discussion in order to gauge the top three priority areas or gaps in public health care for Grand County mothers and children. Instead of adhering to a prearranged set of questions, the moderator executed an approach that was fluid, dynamic and relied primarily on participant feedback.

First, the moderator passed out a handout of current maternal and child public health programs in Grand County and participants discussed how these programs were currently meeting its residents' needs in these areas. Then, these stakeholders were asked to indicate the top four "gaps" or priorities for maternal and child health program enhancement, improvement, or creation. After a brief discussion, participants voted on the top three public health gaps for mothers and children, resulting in a final list of the top three priorities in Grand County according to this group.

It is also worth noting that, for this group's purposes, health was defined broadly as: "Any program or initiative from pre-conception to the age of 18 that aids in the development of a child into a healthy, happy, and productive adult."

DETAILED RESEARCH FINDINGS

STEP 1 – DOCUMENTING CURRENT GRAND COUNTY PUBLIC HEALTH PROGRAMS

First, participants were given a list of current public health programs serving Grand County mothers and children. The list was formatted as a timeline and indicated the ages served by each program. The original handout is presented in Appendix B.

In order for participants to fully understand the programs being offered in the county, some stakeholders also offered descriptions about these programs to others in the group who lacked information or knowledge. Upon asking for additions or modifications to the existing worksheet, participants mentioned the following:

➔ Program Modifications:

- ⇒ Cavity Free at Three accommodates preconception to age 3.
- ⇒ Dolly Parton Imagination Library benefits children up to the age of 5.
- ⇒ Early Intervention serves children up to age 3.

➔ Program Additions:

- ⇒ Creating Lasting Family Connections addresses middle school aged children and their parents.
- ⇒ Issues with Teen Parents serves parents who are teenagers.
- ⇒ Promoting Safe and Stable Families serves children ages 0 through 18.
- ⇒ Child Find serves ages 3 to 18.
- ⇒ Preschool/School System

STEP 2 – IDENTIFYING GAPS IN PUBLIC HEALTH CARE

At this point in the discussion, the moderator asked participants to think about programs that could be created, enhanced or improved in order to fill the gaps in public health care for Grand County mothers and children. Stakeholders then indicated the top 4 things that they would do to better serve this demographic on their handouts and the age group that they would ideally target.

After tallying the feedback from all 14 participants, the moderator and a Corona Associate developed a visual “wishlist” for this group and the programs they’d like to see in Grand County. Although the moderator tallied the results on an easel pad during the group, a graphic display of this data is presented below in Table 1-1. The numbers in parentheses on the chart indicate the number of times a particular response occurred if mentioned by more than one participant.

TABLE 1-1. GAPS IN MATERNAL AND CHILD PUBLIC HEALTH PROGRAMS IN GRAND COUNTY

Ages Served											
Preconception	Conception	Birth	3 months	6 months	1 year	2 years	3 years	5 years	8 years	12 years	18 years
Community care clinics for non-insured clients to include community volunteers from medical community											
Comprehensive mental health services for all ages											
Expand A.C.H.E.S.											
Improved network/knowledge for parents to know of services including medical (2)											
Mental health services											
More parenting classes (3)											
Pediatrician											
Stable, safe housing											
Expanding parenting classes - focus on parent/infant interactions and importance of social/emotional health											
Baby delivery in Grand County											
Prevent teenage pregnancy (3)											
Prenatal services											
Improved communication and follow up with primary care providers											
Coordination of Horizon and child fund with primary care physicians and early childhood programs											
Medication education for parents of chronically ill children											
Optometrist/optomologist that takes Medicaid											
Child/parent transportation services											
Improve response time of Horizons when referring patients											
Expand Bright Beginnings (3)											
Newborn home visits (4)											
Expand Reach out and Read											
Increased funding for early childhood care and learning											
Young child therapist (community based)											
Dolly Parton library for preschool/childcare centers											
More behavioral (ages 2 - 6)											
Full time counselors in all schools											
Local mental health professionals/counseling services											
School special ed program											
Better mental health services for children (2)											
Universal preschool											
Speech therapy											
Anxiety											
Expand mental health (grade - high school)											
Improved literacy											
Truancy											
Teenage anxiety											

After seeing the voting results, participants then spoke specifically about the public health issues that were mentioned several times. These included: Horizons programs, mental health, specialized services and parent education.

HORIZONS PROGRAMS

Upon speaking in more detail about Horizons programs in Grand County, it became clear that these stakeholders wanted to see these services improved for individuals with, or at risk of, developmental disabilities. More specifically, most participants agreed that the program is limited due to recent cuts in staff and hours. These cuts have resulted in the agency providing limited resources – something that all participants agreed could be improved. In addition to more operational capacity, participants agreed that Horizons simply “need(s) more money.”

Furthermore, stakeholders discussed “things that collide with Horizons,” such as Supplemental Security Income applications. Many agreed that these applications are laborious, and are therefore preventing some Grand County families from applying for SSI that would enable them to utilize Horizons services. Yet another participant mentioned that Horizons simply needs to improve its coordination with other health care providers, especially when it comes to goal-setting and creating a holistic approach for each child. By coordinating better, this participant argued, Horizons would improve its service as a direct result.

- ➔ “We’re kind of inhibited by the current aspect of how the program is operating itself. They were reduced in hours and staff, and so I think a lot of our angst is coming from them being limited.”
- ➔ “I know families that would apply for SSI, but the process is so laborious.”
- ➔ “The goals that are being set with the child – if that could be coordinated better so there was a holistic approach to the child and everyone who’s interacting with that child understood what that child’s goals were.”

MENTAL HEALTH

When it came to mental health, all participants agreed that this is a public health gap in Grand County – one that has only grown wider as needs in this area have increased over the past 5 years. In fact, stakeholders conceded that not only is the lack of mental health providers a problem for children in their area, but it is also not a particular strength of the adult community either. While some said that they are disgruntled with current services at Colorado West, others agreed that transportation to receive mental health services is an additional barrier for low-income families. Some other highlights of this discussion included:

- ⇒ ***School-based mental health services.*** One specific area that stakeholders discussed in depth was school-based mental health services. Most agreed that these services are extremely limited, especially considering the fact that, despite there being one mental health therapist in the area, she alternates days at different schools. Participants also felt as though this therapist is overburdened by special education assessments and can’t provide any kind of mental health services on a regular basis. One even added that, in order to see this provider, “It’s got to be a pretty hardcore issue in general, because she doesn’t have time to see the kids who could just use some support.” It is worth noting here that participants also acknowledged that West Grand High School doesn’t have a school counselor.
- ⇒ ***Ideal structure of mental health programs.*** When asked how mental health services would ideally be structured for children in the county, participants offered conflicting viewpoints. Some agreed that they’d like to see mental health services offered through the schools since they have the best centralized resources to best serve children in the community. Transportation was also a consideration for these stakeholders, and as one added, “When you talk about providing mental health services within the schools, the kids are *there*.”

Still, there were other participants who raised concerns about providing mental health services primarily through Grand County schools. Some were worried about limiting these services to children only and “not including the family.” Others, however, shared that they would be concerned about younger children who are not yet of school age being able to receive the mental health care that they need. Others simply didn’t believe that offering mental health services through the schools would be sufficient; instead, as one said, “...it needs to be a comprehensive community approach, because you can’t do everything through the schools.”

- ⇒ **Age group prioritization.** Towards the end of this discussion, the moderator then put this group to a vote regarding which age group should be a priority when it comes to mental health. Of the 14 participants, 6 said they’d serve children ages 6 to 11, 4 voted for ages 12 to 18, and the remaining stakeholders voted for the option “Parents/family” since, as one put it, “Parents and family encompasses 0 to 18.” To this statement, all participants were in agreement – they couldn’t choose just one age group to prioritize when it came to mental health services.

SPECIALIZED SERVICES – SPEECH THERAPY

In talking about specialized services, stakeholders agreed that speech therapy was a priority for Grand County children. In fact, most participants didn’t seem to know what services (if any) were available in this area. One stakeholder told the group that, “If kids are of school age, only in the school is where they can receive those services. So preschool kids...either they have to choose to go to an independent speech therapist provider, or they have to go to the preschool at the district to receive those services.” To this statement, participants agreed that speech therapy services in the area need to be expanded to include more providers and more private pay options.

PARENT EDUCATION

All participants agreed that parent education and engagement is a public health gap in Grand County – especially when it comes to communication, awareness and persuasion. Although the County has resources, including a parent/children training course called Incredible Years, one of the problems in this area is that Grand County residents aren’t aware that these resources are available. Additionally, health care providers themselves, including nurses in the focus group, weren’t familiar with these parenting courses and therefore weren’t referring local parents. One nurse in the group said, “As a provider, we have no clue if these classes are being offered.” This led several of the participants to acknowledge a desire for better coordination and a centralized source of information regarding public health care services in Grand County.

When it came to persuading Grand County parents to attend parenting courses or take advantage of local resources in this area, stakeholders also agreed that apathy is an obstacle to these parents’ involvement. Oftentimes, this apathy spans generations, and is something that health care providers were well aware of. Unfortunately, as one said, “It’s the way it’s always been.”

- ➔ “I think I’d have a lot of parents who’d be interested in going (to parenting classes) but didn’t know when it’s taking place.”
- ➔ “I think a lot of it also comes down to are the parents interested? And how much participation are you going to get from the parents? Because we can talk until we’re blue in the face, but if you’re not interested...”

OTHER PUBLIC HEALTH GAPS

At this point in the discussion, the moderator gave everyone in the focus group the opportunity to “make their plea” regarding any other public health gaps that hadn’t yet been addressed. Although several stakeholders didn’t mention any additional topics they’d like to discuss, some of the other issues that participants briefly acknowledged included the following:

- ⇒ **Messaging.** One participant pled for stakeholders to use consistent messaging to families in Grand County.
 - > “So no matter if they go to the doctor, the school nurse, the principal, or social services, how can we make sure we’re giving the same message about engaging your children, about school readiness, about having medical needs met? I think we can improve that. And we’re all willing and ready to take that on.”
- ⇒ **Single source of information.** Although the need for a single source of public health information was discussed briefly at other points in the focus group, one stakeholder revisited the issue while “pleading her case” to the group. This single source was discussed mainly in regards to parent and patient education and coordination.
 - > “Everybody that comes in needs to know about where to find social services, needs to know where the physician’s office is, needs to know how to contact public health. That’s what we need in our community. We need to have a simple solution like that. We need to have a single source of information.”
- ⇒ **Teen pregnancy.** One participant added that teen pregnancy was a primary public health gap in Grand County.
 - > “The one that jumps out at me a lot is teen pregnancy and if we can get more education out there”
- ⇒ **Home visitation.** Two participants mentioned that home visitation should be “honored” as one put it, since it was mentioned several times in participants’ top 4 public health gaps.
 - > “I do think the home visitation, that some kind of home visitation is a program that’s lacking up here. Could be strengthened or expanded.”
- ⇒ **“Baby 101”.** As a subset of the parent education that had already been discussed, many participants added that they’d like to see some sort of “Baby 101” course offered by Grand County Public Health.
 - > “...Something too around parenting classes around how do you give babies medicine? I don’t know what to call it? Practical education for new parents taking care of babies?”
 - > “Even how to give your child medicine...you hear lots of parents saying ‘They won’t take it.’ Well, a 2 year old doesn’t really have a choice. I think that’s part of the home visitation, parent education.”
- ⇒ **Supplemental Prenatal Coaching.** One participant added that she would like to see Grand County mothers receive additional coaching from other resources besides their doctors.

- > “What I was thinking was something supplemental for people who need something more than what they get from their doctor. Like the Prenatal Plus program, I’m not suggesting that program, but there’s a lot of pregnant women who could use a lot more coaching than once a month in the doctor’s office in the beginning of the pregnancy.”

STEP 3 – VOTING FOR TOP 3 PUBLIC HEALTH GAPS

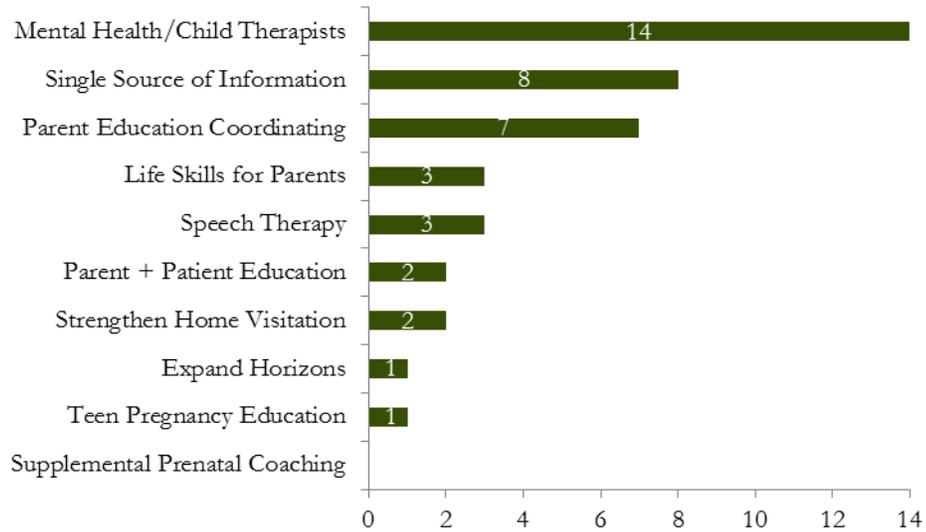
Throughout Step 2, the moderator kept a running list of the issues discussed by stakeholders, and ended up with a final list of top public health gaps for mothers and children in Grand County. This list is displayed below in Table 1-2 in no specific order. It is important to note that, due to their similar nature, some gaps were grouped together upon agreement from the participants.

TABLE 1-2. FINAL LIST OF TOP MATERNAL AND CHILD PUBLIC HEALTH PRIORITIES FOR GRAND COUNTY

Single Source of Information <ul style="list-style-type: none"> •Parent Education Coordinating •Parent + Patient Education
Mental Health/Child Therapists
Expand Horizons
Teen Pregnancy Education
Speech Therapy
Life Skills for Parents <ul style="list-style-type: none"> •Strengthen Home Visitation
Supplemental Prenatal Coaching

Using the answer choices presented above, the moderator asked participants to vote for their top 3 public health priorities in Grand County. The results are presented below in Table 1-3. (Note: votes add up to 41 since one participant only listed 2 top choices).

TABLE 1-3. VOTING RESULTS FOR TOP MATERNAL AND CHILD PUBLIC HEALTH PRIORITIES



Therefore, according to this group, the top 3 public health gaps for Grand County mothers and their children are as follows:

- ➔ **Child Therapists/Mental Health**
- ➔ **Single Source of Information**
- ➔ **Parent Education Coordinating**

It is worth noting that both “Single Source of Information” and “Parent Education Coordinating” fell under the umbrella of “Parent + Patient Education,” something that stakeholders discussed at length during the focus group.

APPENDIX A: MODERATOR'S GUIDE

WELCOME AND BACKGROUND ON THE FOCUS GROUP (1 MINUTE)

Welcome. Thank you for making time to be here today. My name is Kevin Raines and I am with Corona Insights, a local market and demographic research firm. Our firm was retained by Grand County Public Health to gather opinions about maternal and child health care here in Grand County.

Before we get started, I'll give you an introduction about what we're going to do tonight and the reasons that we're doing it.

This focus group is part of a health needs assessment being conducted in Grand County to determine the current and future health needs of residents here. The feedback we get tonight will be combined with other research we've conducted regarding health care in Grand County.

One of the priorities that came out in our research with the public was the area of maternal, infant, and child health, defining 'child' as anyone under 18. This is a public concern, so we'd like to learn more about it from the people who actually deal with these issues professionally. Grand County Public Health is interested in identifying the gaps in Grand County's public health care programs when it comes to mothers and children.

LOGISTICS (1 MINUTE)

So that's the big picture. Now let's talk about how this process will work. We'll be here for about two hours. Please help yourself to refreshments if you haven't done so already. If you want to get up to get more to eat or drink, or go to the bathroom, feel free to do so. We do have people observing to take notes, and we are also audio taping and videotaping the session for reporting purposes.

Given the purpose of the group and the fact that many of you work in related fields and probably know each other, we can't say that this discussion is confidential, but your name won't be attributed to any particular quotes or positions in our final report.

GROUND RULES (2 MINUTES)

Have any of you have participated in a focus group before?

This is kind of like a focus group, but it's got a little twist since you're all practitioners and/or experts in your field, and I'll talk about that in a moment.

The rules to a typical focus group are simple: I would bring up a topic, and I'd want to get your thoughts and opinions. Sometimes I'll ask a question and we'll just go around the table and get everyone's thoughts, and other times I'll just wait for anyone to answer. Feel free to respond to something that someone else says, and feel free to disagree, but please show respect for others even if you disagree with their opinions. There are no wrong answers. At certain points during our discussion I may poll the group to determine how many of you agree or disagree about a certain issue. This will be done to summarize opinions for reporting back to the client.

Keep in mind that we want everyone to participate. If you're not talking, I'll eventually notice and ask you for your opinions. On the other hand, if you're the only one talking, please recognize that and give others a chance to participate.

Finally, I may politely interrupt if you're talking about something that strays off our topics. No disrespect is intended if I do this, but we have a lot to accomplish tonight so we need to stay focused so we can make sure that we don't need to keep you beyond our scheduled time together.

So what's the twist? Well, the twist today is that we're going to do one exercise and then we're going to delve into detail about your collective answers. So instead of questions, we're going to do a lot of discussion and processing of your answers to this exercise.

INTRODUCTIONS (10 MINUTES)

First, let's briefly introduce ourselves, using a "one minute biography." In one minute or less, tell us the important facts about yourself: your first name, occupation, and how you came about working in a job that impacts maternal, infant, and child health.

TIMELINE EXERCISE (20 MINUTES)

We'll begin by asking some questions about maternal and child healthcare programs in Grand County.

First, we're going to start with an exercise. We're looking to find the main risks and gaps in health programs that Grand County children and their mothers are facing. Let's define health broadly for the purposes of today's discussion. I would propose to define it as follows:

Any program or initiative from pre-conception to the age of 18 that aids in the development of a child into a healthy, happy, and productive adult.

1. I'm going to pass out a worksheet with a timeline on it reflecting various developmental stages children go through, from preconception to 18 years old. On the bottom part of the worksheet, we also have a list of programs that are currently available for mothers and children of various ages in Grand County. This list is probably not exhaustive, but we think we have a pretty comprehensive list.
 - ➔ First, using the definition of health programs that I just offered, are we missing any program or initiative that's significant in scale or impact?
 - ➔ Okay, now comes the main exercise. What we'd like from you is to identify the **four** top priorities for maternal and child health program enhancement, improvement, or creation on your worksheet. Write it in the gold box, and following the example of the other programs, draw a little timeline arrow for the ages you would cover in this effort. Please be as specific as possible in regard to child/maternal needs these programs should address as well as the ages of the children these programs should serve (if relevant). For example, some areas for improvement might be things like immunizations for newborns or substance abuse prevention amongst teens.

- ➔ It can be a new program, an improved version of an existing program, or an expanded existing program. Think about it in terms of having new resources to augment or improve the existing system that you see on the sheet.
- ➔ Please also rank the top four priorities that you choose in terms of importance, where 1 is “most important” and 4 is “least important”. Keep in mind, this ranking is relative to the four issues you’ve chosen specifically regarding maternal and child health, not regarding health care gaps in general.
- ➔ When you’re finished, give us your paper and you can relax or take a break. We’ll put everything together on one big sheet and then we’ll talk about it. I’ll give you 15 minutes.

BREAK (5-10 MINTES)

[During this break, moderator will list the various gaps on a whiteboard or some other visual aid to prepare participants to “vote” on the group’s top four gaps/priorities]

GAPS IN MATERNAL AND CHILD PUBLIC HEALTH PROGRAMS (45 MINUTES)

2. Before we get into what you wrote down, let’s talk briefly about how public health programs in Grand County are *currently* meeting the needs of mothers and their children.
 - ➔ What programs (if any) do you think are particularly successful in this area? In your opinion, what makes them successful?
3. Now, let’s talk more specifically about the four priorities or “gaps”. We’ll talk about the various programs that people offered.
 - ➔ Why did you choose this as one of the top four maternal and child health needs in Grand County?
 - ➔ Are there any programs currently in place to address this need? Is this need an improvement, an augment, or an entirely new program?
 - ⇒ If an improvement, what do you think needs to be changed/improved/enhanced about this program?
 - ⇒ If not already existing, what do you envision a program looking like to address this need?
 - ➔ How urgent do you think it is to address this need in the near future?
 - ⇒ What repercussions do you foresee if this gap is *not* addressed in the near future?
4. Now, let’s talk more specifically about the various age groups. Does anyone want to make an argument for emphasizing a particular age group?

VOTING -TOP FOUR PUBLIC HEALTH GAPS (10 MINUTES)

Our next goal is to try and identify - to the best of our ability - the top four public health program gaps for mothers and children in Grand County, as chosen by the **group as a whole**. To do that, we'll run through the list of priorities provided by all group members, and ask each person to vote four times – once for each of what you would choose to be the top four public health priorities for mothers and children in Grand County.

[Moderator: run through list of group's priorities and count votes for each one. Narrow list down to top four public health gaps for mothers and children as chosen by the group]

TOP FOUR PUBLIC HEALTH GAPS – IN-DEPTH DISCUSSION (20 MINUTES)

Now that we have our top four public health priorities for mothers and children in Grand County, let's talk about them. Do you think they complement each other? If these four were made a priority, would they be effective?

CONCLUSION

Thank you very much for your time! This information will be very useful to the County as it considers how to best continue to serve and communicate issues in maternal, infant, and child health.

APPENDIX B: GRAND COUNTY MATERNAL AND CHILD HEALTH PROGRAM HANDOUT

		Ages Served										
		Preconception	Conception	Birth	3 months	6 months	1 year	2 years	3 years	5 years	8 years	18 years
Medicaid Presumptive Eligibility												
PALNS												
Planned Parenthood												
Pregnancy Resource Center												
	WIC											
	Immunizations											
	Patient Navigator											
	Cavity Free at Three											
	Newborn Home Visits											
	Bright Beginnings											
	Dolly Parton Imagination Library											
	Early Intervention CO											
	Meeting Milestones Initiative											
	PPPEs											
	Pyramid Plus Approach											
	A.C.H.E.S. Program											
	Horizons programs											
	House Bill 1451											
	Lifeskills consultants											
	Love & Logic (PRC & Social Services)											
	Reach out and Read											
	Incredible Years											