



DIVISION OF MATERNAL AND CHILD HEALTH

Needs Assessment Combined Focus Groups
and Executive Interviews: Aggregate Report

October 29, 2024 – January 30, 2025

Purpose: To gather community input to inform the MCH Title V Program Needs Assessment.

Services provided by the Facilitation Center at Eastern Kentucky University
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INTRODUCTION

The mission of the Division of Maternal and Child Health is to provide leadership, in partnership with key stakeholders, to improve the physical, socio-emotional health, safety and well-being of all Kentucky women, infants, children, adolescents and their families. The Division provides a variety of services, programs and initiatives that directly or indirectly impact the lives of Kentucky's families.

The Division partnered with the Facilitation Center at Eastern Kentucky University to conduct a qualitative, statewide Needs Assessment to complement quantitative data. The Needs Assessment was designed to 1) improve maternal and child health (MCH) outcomes and 2) strengthen state, local and community partnerships to address the needs of the MCH population. The assessment sought to capture an accurate and thorough picture of the state's public health system that can be used in response to the prevention and primary care service needs for all pregnant women, mothers, infants, children, including those with special healthcare needs and adolescents.

METHODOLOGY

The qualitative collection methods included focus groups and one-on-one executive interviews. The purpose of these meetings was to identify the beliefs, values and opinions of key representatives throughout the state in regard to health-related programs, successes or barriers impacting women, infants, children, including those with special healthcare needs and adolescents. Specific outcomes from these meetings included:

- List of maternal and child health initiatives that are working well
- Prioritized list of community needs by population
- Strengths and barriers to improving the priority needs
- List of actions to improve the priority needs

Overall, 101 individuals were involved in the study, representing urban and rural areas across Kentucky. Participants included, but were not limited to:

- Birth and foster parents
- Family Resource and Youth Services Center staff
- Kentucky Cabinet for Health and Family Service employees (e.g., Community Based Services, Medicaid Services; Behavioral Health, Developmental and Intellectual Disabilities)
- Law enforcement officers
- Mental health providers
- Owners/Operators of childcare centers
- Parents of children with special healthcare needs
- Physicians
- Regional Maternal and Child Health Coordinators
- Registered nurses
- State partners connected to various MCH programs and services (e.g., Education)

In addition, these individuals had experience and/or specialized knowledge of special or vulnerable MCH populations, including, but not limited to:

- Adolescents (10+) who have died or are struggling with suicidal ideation
- Adverse childhood experiences/trauma
- African American population
- Children and youth with special healthcare needs
- Families living in poverty
- Foster families
- Immigrant and refugee populations (multi-language learners)
- Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) population
- Low-income/resource families
- Morbidity rates
- Rural communities
- School-aged (5-18 years)
- Unhoused populations and/or group home/shelters

Focus Groups

A total of 91 individuals participated in six focus groups between November 2024 – January 2025 in three different cities, including: Bowling Green, Lexington and Somerset. The focus groups for Foster Parents, Maternal and Child Health Coordinators and Children with Special Healthcare Needs were conducted virtually to draw voices from across the state. Participants shared their thoughts verbally, through storyboarding, on flip charts and through a prioritization activity.

Questions varied slightly between the focus groups due to time constraints and participant backgrounds, but all were asked to identify maternal and child health problems or needs that were the most critical in their communities. The problems and needs were divided into six populations: Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Healthcare Needs and Cross Cutting. Once identified, participants were asked to select two or three problems or needs per population that must be an intense statewide focus of MCH over the next five years. Reports from each individual focus group have been provided separately.

Interviews

A total of ten executive interviews were conducted between October 28 and November 15, 2024. These interviews varied from 20-45 minutes in length and were conducted via video conference. Those interviewed were professionals across Kentucky who have a connection to maternal and child health. They were selected for their knowledge, diverse backgrounds and points of view.

The questions posed to this group of professionals were nearly identical to those asked during the focus groups. The full list of questions asked during these interviews can be found at the end of the report and an aggregate report of all ten interviews has been provided separately.

EXECUTIVE SUMMARY

The Kentucky Statewide Needs Assessment for Maternal and Child Health (MCH) was conducted to evaluate the current landscape of maternal and child health services, identify key challenges and strengthen partnerships between state, local and community organizations. This assessment, conducted every five years, provides crucial insights to inform the MCH Title V Program Needs Assessment, ensuring that resources and strategies effectively address the needs of all pregnant women, mothers, infants and children, including those with special healthcare needs.

A summary of the 2024-2025 Kentucky MCH Statewide Needs Assessment is provided below. The numbers in parentheses indicate the total number of individual interviews and focus group mentions.

Successful Maternal and/or Child Health Initiatives

1. Partnerships (37)
2. Regionally Based Programs (30)
3. Providers (28)
4. Early Intervention Services (15)
5. Health Access Nurturing Development Services (HANDS) (11)
6. Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (11)

Critical Problems and Needs by Population

WOMEN/MATERNAL HEALTH

1. Access to Care (20)
2. Education and Awareness (11)
3. Substance Abuse (6)
4. Stigma (5)

PERINATAL/INFANT HEALTH

1. Education (24)
2. Access to Care (7)

CHILD HEALTH

1. Access to Care (21)
2. Mental Health (14)
3. Health Education (10)

ADOLESCENT HEALTH

1. Mental Health (16)
2. Sexual Health (8)
3. Social Media/Screentime (6)

4. Bullying (5)
5. High Risk Behavior (5)

CHILDREN WITH SPECIAL HEALTHCARE NEEDS

1. Access to Care (35)
2. Family Supports (19)

CROSS-CUTTING

1. Access to Care (23)
2. Quality of Life (15)
3. Substance Use (11)
4. Public Health Crisis (9)
5. Mental Health (8)

Priority Statewide Focus

Women/Maternal Health

1. Access to Care
 - Access to resources and care for the uninsured

Perinatal/Infant Health

1. Access to Care
 - Perinatal care and post-partum support/screening without fear

Child Health

1. Education
 - On the Importance of Appointments

Adolescent Health

1. Education
 - Bullying

Children with Special Healthcare Needs

1. Access to Care
 - Awareness through Communications
2. Access to Care
 - Navigating the System

Cross Cutting Populations

1. Access to Care
2. Mental Health

Statewide Obstacles

1. Access (16)
2. Challenges Related to Rural Areas (9)
3. Diversity Barriers (8)
4. Awareness (5)
5. Lack of Funding (5)
6. Education (4)
7. State Laws and Legislature (4)
8. Substance Abuse (4)
9. Medicaid (3)
10. Societal Perception/Lack of Trust (3)
11. Socioeconomic Disparities (3)
12. Mental Health (2)
13. Quality of Life (2)

Statewide Opportunities

1. Collaboration (9)
 - Healthcare system
 - Local communities
 - Local health departments
 - Providers
 - School systems
 - Various stakeholders
2. Data (2)
 - Continue to gather data, specifically from targeted populations
 - Use evidence and stories to support initiatives

SUCCESSFUL MATERNAL AND/OR CHILD HEALTH INITIATIVES

Six focus groups were asked about successful initiatives. The numbers in parentheses (#) in the focus group column indicate the total number of mentions between the six focus groups, which can be greater than six since participants were divided into smaller groups for discussion. Because a number is six or greater, does not necessarily mean it was mentioned in all six focus groups. Those topics identified in all six focus groups are identified with an asterisk (*).

Participants were asked to identify successful maternal and/or child health initiatives. Their answers have been categorized by the researcher.

The numbers in parentheses (#) in the telephone interview column indicate the total number of participants who identified the same/similar successful initiatives.

The descriptions following Table 1 are a sampling of direct comments from the focus group and interview participants for the most frequently mentioned themes.

Table 1: Most Frequently Mentioned Successful Initiatives	
Focus Groups (#) Mentions	Telephone Interviews (#) Interviewed
Partnerships (34)*	Partnerships (3)
Regionally Based Programs (30)*	Childhood Mental Health Specialist Services (2)
Providers (28)	Early Intervention Services (2)
Early Intervention Services (13)	HANDS (2)
WIC (11)	
HANDS (9)	
Medicaid for Mothers and Children (6)	
Parent and Community Engagement (4)	
Cribs for Kids (3)	
Maternal Child Health/Health Department (3)	
Multi-lingual Services (3) <ul style="list-style-type: none"> Spanish speaking support (2) 	
Safe Sleep (3)	
Backpack Program – Food Banks (2)	
Car Seat Safety (2)	
Latch With Love (2)	
Little Learners Bus (2)	
Public Policy (2)	
Public School Migrant Advocates/Program (2)	

Partnerships (37)

- 211, a clearinghouse of resources
- Aetna SKY Insurance
- Brighton Center
- Care coordination
- Child Fatality Review Program (3)
 - Child fatality reviews are working well. Specifically, the way it is structured and relationships with community partners, especially in the schools, has been successful. Dr. Katie Green is a great addition and has added more of a behavioral health component to the program. She is great to work with.
- Child Protective Services
- Commission for Children with Special Needs
- Community Action, family team meetings (e.g., cut down on truancy)
- Crossroads Pregnancy Center
- Dr. Christina Howard is tremendous. She is actively practicing in the field and knows what's going on. Keep doing that!
- Early Childhood Council
- Family and Youth Resource Center Coordinators (FRYSC), helping to connect with services such as dental services
- Family Enrichment Center (e.g., childcare, free crisis care)
- Food banks
- Foundry
- Hope Center (Living Hope)
- Hope House Ministries, a program for women
- Immunization Work Group: This work group promotes immunizations statewide; it is working well
- Independent Living Services
- Kentucky Community Schools Initiative (KCSI)/Prichard Committee
- Kentucky Deaf Blind project
- Library/Book mobile
- Lions Club eye screenings
- Maternal Mortality Review
- One Parent Scholar House (2)
- Outreach in Spanish speaking community and housing

- Parent engagement meetings
- Pediatrician offices that are strong medical homes (e.g., Louisville)
- Pharmacists
- Regional Prevention Centers
- Shriners
- Special Olympics (e.g., Callaway County has an active Special Olympics group) (3)
- St. Gianna Crisis Pregnancy Home
- Young Lives, works with Family Care Center in Lexington for young mothers
- Youth Villages, a behavior therapist that will come to your house and to the day care

Regionally Based Programs (30)

- Adopting CredibleMind program (e.g., sharing in different ways; 45% of visitors between 12-17 – topics like bullying, anxiety and depression)
- Amazing Mom booklets distributed at OB/GYN and Labor/Delivery – part of Well Woman Clinics throughout the state
- Autism programs (e.g., Families on the Spectrum program in Paducah Region, Puzzle Pieces program for children and adults in Owensboro and Autism diagnostic center in Somerset) (3)
- Community Safety Baby Showers (2)
- Connected folks being strategically placed to help
- Diabetes program
- Down Syndrome of Louisville – but it is so far away from Oldham County!
- Family to Family Program (2)
- Grandparent support groups very active for 20 years in Owensboro
- Health Kids Clinic, limited areas
- Immunization Clinic
- Immunizations
- Kentucky Moms (e.g., baby showers) (2)
- Little Learners
- Low-cost clinics
- Medication Safety Programming (e.g., Lock Boxes)
- Parenting classes
- Parents as Teachers (e.g., screenings, home visits and referrals)

- Pregnancy centers
- Prenatal screening
- Road to Safety event for the summer (e.g., Grayson County)
- Schoolhouse Mobile Clinic
- Support groups (for families of children with special healthcare needs) in Pulaski County, but many are focused towards young children
- Step by Step, helps family to get services
- Summer feeding
- Warren County Public Schools Health Kids Clinic (e.g., immunizations, physicals and mental health therapists)

Providers (28)

- Access to clinics (e.g., Morehead to serve part of the rural areas)
- Access to mental health providers
- Access to providers in Louisville and Cincinnati areas
- Access to services and providers in Pulaski County, but there are still more kids than services – especially for ABA and speech
- Availability for specialists is better in Louisville
- Breastfeeding counselors
- Childcare Health under Maternal and Child Health consultants' free service
- Community health workers are phenomenal assets (3)
- Family planning clinics
- Hospital
- Mental health therapists
- Neonatal Abstinence Syndrome Clinic (NAS) at Cincinnati Children's Hospital providers
- Neurology clinics (3)
- Office for Children with Special Healthcare Needs (OCSHCN) clinic providers (9)
 - Audiology clinics (3); Autism clinics (3); Craniofacial clinics; staff at clinics
- Orthopedic clinics
- Therapy agencies

Early Intervention Services (15)

- Audiology screenings
- Child Care Assistance Program (CCAP)
- Early intervention services are very popular and very useful. Being able to identify those developmental delays early on is critical.
- First Steps is a good initiative – helps advocate for what kids need in preschool, but was not a strength for all participants (3)
- First Steps/KEIS (e.g., fast services and excellent services) (2)
- Head Start, helpful, but there are waitlists and you never know how long you will have a child (e.g., for foster parents) (2)
- Newborn screenings
- OCSHCN Early Hearing Detection and Intervention (EHDI) program
- Public preschool
- Visually Impaired Preschool Services (VIPS)
- We are starting to see a greater level of support with children with special needs, especially regarding hearing loss. Families are better able to acquire hearing aids and care.

Health Access Nurturing Development Services (HANDS) (11)

- Bilingual HANDS staff
- HANDS structure works very well
- HANDS works very well. I would say we as a state need to promote those services even more to expand it to the greater population.
- Prenatal outreach and education of HANDS and other programs

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (11)

- WIC continues to work well. The changes they made following COVID were beneficial.
- WIC is invaluable, especially with many children

“The WIC program is a vital service supporting the food system issues and injustices we have in this state.”

What common factors make all these initiatives so successful?

Focus group participants were asked to review their list of successful initiatives and identify common factors that made all those initiatives successful. Below are a few insights mentioned from the sessions.

- Affordability (e.g., HANDS free to client)
- Availability of services – understanding process for access and waitlists, some areas are quick to connect with services
- Collaboration (e.g. with foster parents)
- Community drive
- Creativity
- Data driven initiatives (e.g., documentation that supports priorities)
- Direct approach – dedicated yourself to programs and learning
- Flexibility (e.g., home visits, just-in-time curriculum personalized)
- Funding (e.g., MCH program funding and a point person to lead the initiative as a driver for the community)
- Genuine care and knowledge (e.g., when providing services)
- Goals that are clear and data driven (e.g., communicated to team, partners and community; values and purpose create buy-in; and needs based)
- Leadership (e.g., MCH program champions, supportive health departments who are willing to try new programs and solutions-oriented)
- Partnerships (e.g., communication and feedback once goals are met, shared goals are a powerful motivator with provider offices and strong networks)
- Professional development (e.g., MCH expanding knowledge through trainings and certification and reaching out to learn more about unknown areas)
- Support from community
 - Attending community events
 - Community drive
 - Direct connection with primary care provider health alerts
 - Individuals
 - Publicity through media like local radio stations, podcasts and Facebook advertising
 - Relationships – who you know and what they know, and linkage/relationships build up over time
 - Word-of-mouth
- Trust (e.g., research-based program integrity)
- Willingness to work with foster parents as they are the person working with a child 24/7

CRITICAL PROBLEMS AND NEEDS BY POPULATION

Participants were asked to identify the most critical problems or needs for various populations. Participants organized their ideas by population, but their individual answers within each population have been categorized by the researcher.

The tables below compare critical programs identified by focus and interviewees by number of mentions. The numbers in parentheses (#) in the focus group column indicate the total number of mentions between the six focus groups, which can be greater than six since participants were divided into smaller groups for discussion. The numbers in parentheses (#) in the telephone interview column indicate the total number of participants who identified the same/similar successful initiatives.

Women/Maternal Health

Table 2: Most Frequently Mentioned Critical Problems and Needs for Women/Maternal Health	
Focus Groups (#) Mentions	Telephone Interviews (#) Interviewed
Access to Care (12)	Access to Care (8)
Education (8)	Community Support (3)
Communication (4)	Education and Awareness (3) • Including stigma
Stigma (4)	Substance Abuse (3)
Substance Abuse (3)	Poverty (2)
Doula Services (2)	Quality of Care (2)
Mental Healthcare (2)	Racial Disparities (2)
	Mental Health Crisis (1)
	Past Trauma (1)

Most Frequently Identified Problems/Needs: Women/Maternal Health

The following problems or needs were identified in both the focus groups and interviews at a higher rate than other topics. The ideas are listed in priority order, based on the frequency of the ideas. The descriptions following the categories are a sampling of direct comments from the focus group and interview participants.

ACCESS TO CARE (20) (Twelve related topics emerged in the focus groups and eight by interviewees.)

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Access to care (9)
 - Doula services and at reduced cost (2)
 - For uninsured (e.g., working poor)
 - Lack of prenatal and postnatal care (e.g., stigma is a barrier) (2)
 - Maternal care deserts. Access to care is a big need.
 - Pelvic floor therapy
 - Prenatal and postnatal in rural counties (2)

- Prenatal/preventative care (e.g., OBGYN, dental and mammograms)
- Access to clinical services (3)
 - Access to postpartum mental health services (2)
 - Proximity to nearby professionals is a problem, especially with specialized care. We need to close the gap via telehealth. However, the pipeline of providers is also a real concern.
- Access to contraceptive care
- Access to resources (4)
 - It's difficult to get to resources
 - Lack of breastfeeding (e.g., knowledge and resources)
- Transportation (4)

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Lack of providers
- Managed Care Organizations (MCO)
 - Lack of education on MCOs (e.g., what incentives can be offered)
- Undocumented population (2)
 - Lack of health insurance for undocumented women
- Translation services

EDUCATION and AWARENESS (11) *(8 related topics emerged in the focus groups and 3 by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Communication of available programming and services (5)
 - Lack of awareness of available services and programs for employees and participants
 - There's a disconnect with getting the available resources to those who need it

TOPIC IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Breastfeeding (e.g., knowledge and resources)
- Health education in schools
 - Education is critical upfront. Health education in the school system is needed.
- Prenatal education (3)
 - Focusing on perinatal health and the importance of vaccine protection for pregnant moms, so their babies are also protected, is a critical need. There is a lot of misinformation about vaccinations.
 - Pregnant women don't understand how much what they do impacts their children after the fact. A lot of people who are parenting could use more education about the safest way to parent.
- Teenager education
 - Education on newborn and prenatal health, especially for teen moms, is needed

SUBSTANCE ABUSE (6) *(Three related topics emerged in the focus groups and three by interview.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Drinking
- Smoking/Vaping
 - New OB Training – if smoking/vaping or drinking in 1st trimester, continue to do so that baby does not go through withdrawal

- Substance abuse (2)

STIGMA (5) *(Four related topics emerged in the focus groups and one by interview.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Stigma

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Stigma for accepting support/services (e.g., WIC) (2)
- Substance abuse and stigma
 - Better prenatal care for mothers (e.g., stigma is a barrier)
 - For methadone management
- Stigma of being female
 - Controversial nature of being female (e.g., stigma, judgment)
 - Limits prenatal care for mothers

Perinatal/Infant Health

Table 3: Most Frequently Mentioned Critical Problems and Needs for Perinatal/Infant Health	
Focus Groups (#) Mentions	Telephone Interviews (#) Interviewed
Education (19) <ul style="list-style-type: none"> • Includes Car Seat Safety, Safe Sleep and Breastfeeding Education 	Education (5)
Access to Care (4)	Access to Care (3)
Pre-Term Deliveries (2)	Black Infant Mortality Rate (1)
Stigma (2)	Child Abuse (1)
Sanitation (1)	Food Insecurity (1)
	Substance-exposed Newborns (1)

Most Frequently Identified Problems/Needs: Perinatal/Infant Health

The following problems or needs were identified in both the focus groups and interviews at a higher rate than other topics. The ideas are listed in priority order, based on the frequency of the ideas. The descriptions following the categories are a sampling of direct comments from the focus group and interview participants.

EDUCATION (24) *(Nineteen related topics emerged in the focus groups and five by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Milestone education and cultural differences
 - Education on how important this period is to the child's development
 - Development (e.g., physical, social-emotional) education is needed

- I don't think people understand how critical the time period between birth through three years old is. How do we get individuals to apply the knowledge we are attempting to provide?

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Breastfeeding education
 - Information and consultation at low or no cost
 - Lack of lactation consultants/encouragement to breastfeed
- Car seat safety (e.g., education, access and hospitals not checking car seats – liability and training issues) (2)
 - Car seat safety (e.g., hospitals not checking car seats – liability and training issues) (2)
 - Hospitals asking for car seats (e.g., moms leaving hospital without car seats)
- Child safety education (e.g., child proofing, guns and pools)
- Safe sleep education (e.g., cultural differences and “equipment”) (6)
 - Cultural differences
 - Making sure Safe Sleep policies followed in hospital (e.g., rooming in, mom sleeping with the baby)
 - Safe sleep cribs
 - Safe sleep education and “equipment”
- Vaccination hesitancy by families based on false information, is a problem
- We've taken health education out of the education system

ACCESS TO CARE (7) *(Four related topics emerged in the focus groups and three by interviewees.)*

TOPICS IDENTIFIED DURING A FOCUS GROUP AND INTERVIEW

- Access to clinical staff. Screenings need to be readily available and the ability to act on screening results effectively and efficiently is needed.
- Access to care, especially specialized healthcare. There is a lack of providers especially outside of the big counties in Kentucky.
- Care for complications (e.g., extra ultrasounds, missing work to attend multiple visits and access)
- Holistic medication
- OB/GYN deserts - prenatal care needs to be taken to the people in the counties where they live
- Perinatal care
 - Early detections
 - Nutrition (e.g., breast milk, formula and allergies) (2)
 - Prenatal care
- Utilization/Lack of prenatal care

Table 4: Most Frequently Mentioned Critical Problems and Needs for Child Health	
Focus Groups (#) Mentions	Telephone Interviews (#) Interviewed
Access to Care (12)	Access to Care (9)
Health Education (7)	Mental Health (8)
Mental Health (6)	Abuse and Neglect (3)
Lack of Family Support Network (3)	Collaboration (3)
HANDS Program (2)	Health Education (3)
Well Child Versus Sick Child (2)	Obesity (2)
Funding for Safety Coordinator (1)	

Most Frequently Identified Problems/Needs: Child Health

The following problems or needs were identified in both the focus groups and interviews at a higher rate than other topics. The ideas are listed in priority order, based on the frequency of the ideas. The descriptions following the categories are a sampling of direct comments from the focus group and interview participants.

ACCESS TO CARE (21) *(Twelve related topics emerged in the focus groups and nine by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Access to better healthcare and providers (3)
 - Culturally sensitive care for immigrants and non-English proficient communities
 - Greater access for children with special healthcare needs (e.g., transparent list of therapists that accept Medicaid and trauma informed care access) (5)
 - Lack of school nurses
 - Lack of well care in general (e.g., annual exam, basic sick care)
 - Limited access to schools and preschools with speech therapy (2)
 - Mental health services for all children regardless of background and circumstances (2)

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Cost – sickness/illness and the cost of the visit and time off work
- Decline in immunization rates
- Inconsistent access of community resources. Counties across Kentucky don't have access to the same resources or the same quality of resources.
 - There are not enough doctors to diagnose special needs. There are waiting lists for therapists, even in Fayette County. Outside of the larger counties is much worse.
- Lack of medical home

MENTAL HEALTH (14) *(Six related topics emerged in the focus groups and eight by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Access to mental health services (2)
 - Access to mental health services for all children regardless of background and circumstances
 - Lack of highly skilled mental health providers
 - Mental health is the largest barrier for children, including access to providers. Our families and caregivers need to understand that children as young as eight years old, know the word suicide. Children can also struggle with these feelings, but don't always have the words to describe what they are feeling.
- Social/Emotional health concerns (2)

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Lack of residential facilities
- Parents need more resources about how to talk to their children about mental health, suicide, etc. It needs to be on their radar and know how to answer questions in a way that fosters future conversations and doesn't shut it down and prohibit future conversations.
- Physical health and psychological health need to be considered. We are seeing more problems with anxiety, depression and general stress in this age group.
- Provider stability
 - Continuing to repeat their trauma to new providers
 - No commitment to child who may struggle with attachment
 - Providers move around, which negatively impacts children that are attached to them
 - Providers not held to same commitment/standard to children

HEALTH EDUCATION (10) *(Seven related topics emerged in the focus groups and three by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Health education: forming the foundation for good decision making and lifelong positive behaviors is needed
 - Awareness of early childhood development milestones
 - Education on the importance of appointments
 - Lack of nutrition and health education
 - Learning gaps and developmental milestones

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Generational patterns
- Importance of vaccinations
 - Decline in immunizations
 - We continue to have vaccination issues and people not wanting to vaccinate their children, especially since COVID. It's across the board (e.g., Flu, HPV and standard kindergarten shots). People aren't seeing vaccination as important and/or they aren't trusting the safety of them as much.
- Kinship raising
- Lack of general caregiver healthcare knowledge
 - Media package guidelines have changed so current communication channels do not count
 - Need mobile units for kids and a communication plan to communicate public healthcare plan
 - Schools are overwhelmed with their own communication guidelines
- Setting appropriate screentime boundaries

Table 5: Most Frequently Mentioned Critical Problems and Needs for Adolescent Health

Focus Groups (#) Mentions	Telephone Interviews (#) Interviewed
Mental Health (9)	Mental Health (7)
Sexual Health (5)	Bullying (4)
Absenteeism and Truancy (2)	Social Media/Screentime (4)
High Risk Behaviors (2) <ul style="list-style-type: none"> Includes substance use 	High Risk Behaviors (3) <ul style="list-style-type: none"> Includes substance use
Parent Involvement (2)	Sexual Health (3)
Social Media/Screentime (2)	Belonging/Community (2)
Bullying (1)	Absenteeism (1)
Cultural Awareness (1)	Healthy Lifestyle and Obesity (1)
Driving Skills (1)	Career Pathways (1)
Hygiene (1)	Self-care (1)
Not College/Career Ready (1)	

Most Frequently Identified Problems/Needs: Adolescent Health

The following problems or needs were identified in both the focus groups and interviews at a higher rate than other topics. The ideas are listed in priority order, based on the frequency of the ideas. The descriptions following the categories are a sampling of direct comments from the focus group and interview participants.

MENTAL HEALTH (16) *(Nine related topics emerged in the focus groups and seven by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Mental health, especially anxiety and depression and access to care are critical problems (4)
 - Mental health issues, such as isolation and depression are increasing at an overwhelming rate for this age group
- Providers
 - Lack of mental health resources for children/adolescents
 - Lack of school counselors and psychologists (2)
- Suicide
 - Lots of mental health issues go untreated, such as depression and anxiety

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Eating disorders hospitalization rates are increasing. There aren't resources in Kentucky for treatment of eating disorders.
- Lack of motivation

- Parent modeling importance
 - Need for culture shift with parents/adults to set example for positive mental health habits (e.g., good sleep, media boundaries and self-care)
- Provider workload
- Self-esteem issues
- Social and emotional wellbeing
- Young black girls are struggling with mental health and growing up

“Suicidality has doubled over the past 10 years in this population. Firearms are most commonly used, followed by hanging and overdose. Twenty percent of middle and high school kids have suicidal ideation.”

SEXUAL HEALTH (8) *(Five related topics emerged in the focus groups and three by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Access to information
 - More information about sexual health is needed (2)
 - Access to misinformation about sex
- Family planning education among teens
 - Access to contraception is a huge problem
 - Abstinence Law is a major barrier. Sexual and reproductive health education in schools is needed.
 - Kentucky has the 4th highest teen pregnancy rate in the country
 - Repeat teen birth rate is high

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- High rates of sexually transmitted infections
- Knowledge and safety on gang activity and sex trafficking
- Lack of parent involvement (e.g., moms believing it is okay to not know who they father is or not having them involved).

SOCIAL MEDIA/SCREENTIME (6) *(Two related topics emerged in the focus groups and four by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Internet safety and social media
 - Unsupervised access to the internet
 - Screentime without parental controls in place
- Health impacts
 - Amount of time in front of a screen is causing more anxiety in teens
 - Getting off screens
 - Lack of sleep because of screentime overuse

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Gaming and what it's teaching youth about how to interact with other humans
- Social media influence (2)

BULLYING (5) *(One related topics emerged in the focus groups and four by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Cyber-bullying (e.g., Internet safety and social media) (2)

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Bullying in the schools (2)
- Social norms have changed. Bullying, particularly online bullying, is a major concern. They are using suicide as a point to jab, saying things like, "you might as well kill yourself."

HIGH RISK BEHAVIOR (5) *(Two related topics emerged in the focus groups and three by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Safety and risky behavior

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Increased use of high-risk behaviors such as, drug-use, vapes, marijuana, etc.
- Substance use and misuse (2)
 - Unintentional overdose (e.g., pills, fentanyl laced) has risen
- Tobacco use, including vapes/chewing tobacco
- Vaping
 - Vaping, which consists of two issues: 1) a lot of teenagers that are vaping and 2) misinformation about the risk and underestimating the risk of vaping.
 - Vaping, synthetic drugs, drug use in general and education and prevention

Table 6: Most Frequently Mentioned Critical Problems and Needs for Children with Special Healthcare Needs

Focus Groups (#) Mentions	Telephone Interviews (#) Interviewed
Access to Care: Adequate Care Locally and in Rural Areas (30) • Includes Access to Specialized Therapies and Medical Home Model	Support (7)
Advocacy Resources/Family Supports (11)	Access to Care (5)
First Steps Referrals (3)	Early Identification (1)
Presentation of Diagnosis (2)	
Access to Foster Homes (1)	
Education (1)	
Equipment Maintenance (1)	
Identification of Special Needs Children (1)	
Increased Diagnoses of Autism (1)	
Mental Health (1)	
More Special Education Teachers (1)	
Bullying (2)	
Stigma (1)	

Most Frequently Identified Problems/Needs: Children with Special Healthcare Needs

The following problems or needs were identified in both the focus groups and interviews at a higher rate than other topics. The ideas are listed in priority order, based on the frequency of the ideas. The descriptions following the categories are a sampling of direct comments from the focus group and interview participants.

ACCESS TO CARE (35) (30 related topics emerged in the focus groups and five by interviewees.)

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Access to care in rural areas
 - Follow up in the community is needed. For those who go out of state, being able to implement the treatment plan without local providers in the community who can help is difficult.
 - Lack of pediatric specialists in Eastern Kentucky and rural areas
 - Opioid and Meth crisis, especially in Eastern Kentucky – impacts the ability to get the kids services

- Access to specialized therapies, there are not enough practitioners available (e.g., autism, neurodiversity, occupational, speech and physical) (9)
 - Based on special needs
 - Excessive wait list for ABA, Speech, OT and PT
 - Families are having to travel a lot out of state to get the services they need, especially for access to specialists (2)
 - Need to send specific resources that will support the individual, versus sending a list of everything that overwhelms the family
 - Not enough autism specialists to refer to and long wait lists, causing families to give up
 - Not enough nutrition services available in the state

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- ADA complaint facilities
- Fetal alcohol syndrome services
- Healthcare costs
- Medicaid
 - Compensation for Medicaid is not high enough for providers
 - Need for more dental providers, especially in rural areas with higher rate of providers who don't take Medicaid
 - Screenings (e.g., developmental, autism)
- Medical Home Model
 - Better case management is needed, e.g., poor communication
 - Care coordination services and/or Medical Home – need to move towards this model
 - Doctors don't get notes from dietician, so they don't know the plan
 - Electronic Health Record System doesn't communicate with Norton or University of Kentucky, which is a safety risk
 - Missing wrap around services/education (e.g., talking with parents about bullying and abuse)
 - Physicians may not refer to OCSHCN because they serve as the patients' medical home and if they are referred, there is no communication back to the medical home
 - Safety risks between pharmacy and doctors and SSHCN Clinic (e.g., language barriers and communication barriers)
 - Transitioning services to adult programs at OCSHCN (e.g., connect to doctors and acclimation to adult services)
- Language Barriers
 - Language barriers – some families don't speak English or Spanish, leaving out families (our basic paperwork to begin services is only in English/Spanish (e.g., Swahili, Kinyarwanda are other key languages)
 - Patients not getting connected to clinic due to language barriers or cultural differences
- Nutrition Services
 - Ability for nutritionists and primary care to collaborate would be helpful - increase # of visits if needed or more urgent needs; can get services in some parts of the state, but no follow-up and doctors don't get notes from dietician, so they don't know the plan
 - Insurance companies don't recognize dieticians as doctors, so they can't be billed for services
- Tele-health
 - Tele-health appointments for individuals with autism is not always effective
- Transportation
 - Transportation to appointments; particularly in rural areas or those far away from hubs like Louisville

FAMILY SUPPORTS (19) *(Twelve related topics emerged in the focus groups and seven by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Advocacy resources (e.g., improve family support, resources and opportunities) (3)
 - Connecting with resources to build programs back up (e.g., Lexington/Somerset office not doing as much as they used to)
 - Help navigating the system
 - Lack of care coordination
 - School staff not having information needed to make proper referrals (Individualized Education Programs (IEPs) – families not able to advocate for their own rights)
 - Services for teens and young adults are lacking
 - Understanding providers
- Family supports (8)
 - Across state lines
 - Aging parents
 - Including families as partners; need more time and involvement from community and peers in making medical decisions (e.g., families with language barriers)
 - It's hard for the families to take care of kids and get help in the home. Residential facilities won't take high-acuity youth. Many have to go out of state and are separated from their families. Many end up in foster care or non-traditional placement (e.g., emergency departments, social worker offices and hotel rooms at a state park with social workers). These youth aren't getting treatment and are in limbo.
 - No nursing for families on the waiver for children on ventilator – causing fatigue for families
 - Respite care
 - Waivers
 - Within school districts
- Cultural responsiveness (3)
 - Families lack trust in the general process – hesitant along the way
 - Overcoming barriers for immigrant children; gap for immigrants both related to language barriers and early intervention promotion; need more collaboration of First Steps and Primary Care Providers (PCPs)
 - We need to be more inclusive
- Social Model of Care (5)
 - More support groups are needed
 - Parents are training others on how to operate a ventilator; not qualified to train others
 - Residential facilities won't take high-acuity youth
 - We need a social model of care where those with special needs are not expected to change, but that the environment (e.g., school, communities, etc.) are an empathetic safe space for them
 - We rely a lot on the education system to support families who have a child with special healthcare needs

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Bullying (2)
 - Bullying often goes unaddressed in schools and other areas where juveniles are
 - More education on how to deal with bullying (e.g., initial reaction to pull kids out of schools)
- Community engagement
 - Struggling to get parents to volunteer in local offices at the Family 2 Family (F2F) program
- Funding
 - Schools saying they don't have funding or staff to provide services to children
 - Decreased funding from federal government for some programs

Cross-Cutting

Participants were asked to identify the critical problems or needs that crossed into multiple populations. Their responses have been categorized by the facilitator below.

Table 7: Most Frequently Mentioned Critical Problems and Needs for Cross Cutting Issues	
Focus Groups (#) Mentions	Telephone Interviews (#) Interviewed
Access to Care (19) • Includes Access to Dental Care	Quality of Life (7)
Public Health Crisis (8) • Includes Health Literacy	Access to Care (3)
Mental Health (7)	Adverse Childhood Experiences (1)
Injury Prevention (5)	Dental Healthcare Issues (1)
Quality of Life (8)	Mental Health (1)
Substance Use (10)	Public Health Crisis (1)
Language Barriers (4)	Public Health has Limited Funding (1)
Childcare (3)	Skin Color Disparities (1)
Social Services (3)	Substance Use (1)
Child Abuse and Neglect (2)	Stigma and Shame Related to Suicide (1)
Sexual Health (2)	
Socio-Economic Disparities (2)	

Most Frequently Identified Problems/Needs: Cross Cutting

The following problems or needs were identified in both the focus groups and interviews at a higher rate than other topics. The ideas are listed in priority order, based on the frequency of the ideas. The descriptions following the categories are a sampling of direct comments from the focus group and interview participants.

ACCESS TO CARE (23) (Nineteen related topics emerged in the focus groups and four by interviewees.)

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Access to care (3)
 - Access to care (e.g., transportation, doctors, etc.)
 - Healthcare deserts (2)
 - Well care prior to emergency services
- Access to Dental health (7)
 - Accessibility of dental care for those on Medicaid
 - Cost
 - Dental healthcare issues, such as a shortage of dentists, oral surgeons or orthodontists and pediatric dentists that take Medicaid

- Lack of dental providers that accept Medicaid (e.g., tooth decay being considered chronic disease)
- Limited dental providers accepting new patients
- Understanding the importance
- Lack of providers (3)
 - Lack of provider and public education of available services
 - Lack of providers, especially in rural areas
 - Lack of Medicaid providers

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Access to transportation (4)
 - Access to care and doctors
 - Not getting non-emergent transport service for adoptive families
 - Transportation to appointments
- Medicaid (2)
 - Expanded income threshold for programs
- Medical home for every child
- Prenatal nurses
- Rural service providers
- Vaccination clinics in the community

QUALITY OF LIFE (15) *(Eight related topics emerged in the focus groups and seven by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Access to nutritious foods (3)
 - Affordability of healthy food
 - Lack of access to farmer's markets and fresh food
 - Schools are providing hot dogs and pizza for school lunch and not fresh fruit, vegetables and good sources of protein
- Early childhood nutrition (3)
 - Food insecurity, including access to infant formulas
 - Lack of Folic Acid
 - WIC is a good initiative; however, it is contributing to the problem when we provide juice and cereal for infants
- Lack of housing, homelessness
 - Affordable housing in rural and urban centers
 - Safe and adequate housing (e.g., ten kids in a two-bedroom house)
 - Safe home resources

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Lower quality of life of society
 - Children come home without parents present. They are preparing their own meals because parents are working.
 - Food deserts
 - No time to cook a fresh meal
 - Obesity and unhealthy lifestyles are public health problems
 - People working multiple jobs to support their families

- Poverty (2)
 - Poverty in both rural and urban populations
 - Poverty leads to a lack of access

SUBSTANCE USE (11) *(Ten related topics emerged in the focus groups and one by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Alcohol use education (2)
- Substance abuse

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Addiction
- Drug treatment, funding and access
- Impact on prenatal health
- Prevention
- Smoking/Vaping (2)
 - Vaping, secondhand smoke and access to THC and synthetics

PUBLIC HEALTH CRISIS (9) *(Eight related topics emerged in the focus groups and one by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Public health crisis
 - It is not just providers; the public health problem needs to be a top priority addressed as a society. We are in a public health crisis. We need a multi-sectorial process to address this.

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Increase health literacy (2)
 - Health literacy and factual information
- Not following immunization schedules
- Public health has limited funding
- Vaccination clinics in the community, neighborhood and schools

MENTAL HEALTH (8) *(Seven related topics emerged in the focus groups and one by interviewees.)*

TOPICS IDENTIFIED DURING FOCUS GROUPS AND INTERVIEWS

- Mental health (5)
- Education access
 - Mental health education access

TOPICS IDENTIFIED DURING A FOCUS GROUP OR INTERVIEW

- Behavioral health needs
- Long wait times
- Stigma and shame related to suicide

OVERALL PRIORITY, STATEWIDE FOCUS AREAS WITH FOLLOW UP DISCUSSION

Up until now, the needs and priorities have been themed and categorized by frequency of mentions. This section looks at the priorities as set by the participants.

Participants were asked to prioritize their list of problems and needs and identify two or three that should be an intense, statewide focus for the Division of Maternal and Child Health over the next five years. Focus group participants prioritized their ideas by population through a dotting activity or verbally by groups, depending on time. Interviewees were also asked to identify statewide priorities, which were primarily prioritized by statewide need instead of by populations impacted. During the analysis, these priorities were combined in the cross-population category as they were identified at the statewide level across populations.

Each priority need identified in the table uses the focus group's exact words and also lists the focus group where it was identified. Please note, not all focus groups identified a priority for each population, so there may not always be priorities from each of the six focus groups. Priorities identified by an asterisk (*) were specifically chosen by focus groups for further discussion, which included the list of questions below. Due to a lack of time, many did not have adequate time to thoroughly answer the follow up questions, but some basic concepts were captured.

- What are the barriers to tackling those priority issues? What is standing in the way of making this better?
- What actions would improve (or begin to improve) these problems in your county/region?
- What services or initiatives currently exist that address the problem, but needs to be expanded?

Strengths, barriers, actions and expansions were also identified in the interviews but were not always directly tied to the priorities. These can be found in the Executive Interview Aggregate Report.

Women and Maternal Health

Table 8: Priorities by Populations | Women and Maternal Health

Priority	Source
Inability to access resources*	Lake Cumberland District Health Department Focus Group
Lack of care for the uninsured*	Barren River District Health Department Focus Group
Lack of prenatal care	Maternal and Child Health Coordinators Focus Group
Better prenatal care	Foster Parents Focus Group
Prenatal Methadone management	Foster Parents Focus Group

Women/Maternal Health: Highest Ranking

Inability to Access Resources and Lack of Care for the Uninsured

Barriers to Tackling the Issue

- Funding for resources
- Health literacy

- Lack of knowledge
- Lack of programs
- Language
- Legislation/Policies
- Money
- Stigma and fear
- Transportation

Population Health-Focused Actions

- Community partners (e.g., mental health, healthcare providers)
- Funding
- Increased awareness
- Lower cost of Marketplace insurance plans
- Lowering income guidelines
- Universal healthcare

Existing Services or Initiatives that Need to be Expanded

- Expand Federally Qualified Health Centers (FQHC)
- Health Department
 - HANDS
 - WIC
- Knowledge of programs
- KYNECT/Marketplace
- More free clinics

Perinatal/Infant Health

Table 9: Priorities by Populations Perinatal/Infant Health	
Priority	Source
Perinatal care*	Fayette County Health Department and Barren River District Health Department Focus Groups
Post-partum support/screening without fear*	Lake Cumberland District Health Department Focus Group
Preterm deliveries	Maternal and Child Health Coordinators Focus Group
Safe Sleep education and “equipment”	Fayette County Health Department Focus Group

Perinatal/Infant Health: Highest Ranking

Perinatal care and Post-partum Support/Screening Without Fear

Barriers to Tackling the Issue

- Cost
- Insurance
- Lack of education
- Lack of providers
- Lack of support
- The fear and stigma
- Time off work
- Transportation

Population Health-Focused Actions

- Cultural competency
- Education on timing of prenatal care
- Family planning
- Support groups
- Utilizing community partners

Existing Services or Initiatives that Need to be Expanded

- Child Protective Service (CPS) is utilizing nontraditional programs such as Alternative Response (i.e., not an investigation) and Family Preservation Program
- Maternal nutrition
- Medicaid
- WIC starts before birth (publicity)

Child Health

Table 10: Priorities by Populations Child Health	
Priority	Source
Education on importance of appointments*	Lake Cumberland District Health Department Focus Group
Generational patterns*	Barren River District Health Department Focus Group
Lack of nutrition and health education	Maternal and Child Health Coordinators Focus Group

HANDS program needs more money and extended time	Fayette County Health Department Focus Group
Mental health	Foster Parents Focus Group

Child Health: Highest Ranking

Education on Importance of Appointments

Barriers to Tackling the Issue

- Mistrust of providers after COVID
- Stigma
- Transportation

Population Health-Focused Actions

- After work or during school times
- Providers offering appointments

Existing Services or Initiatives that Need to be Expanded

- Provider follow-up

Adolescent Health

Table 11: Priorities by Populations Adolescent Health	
Priority	Source
Bullying*	Barren River District Health Department Focus Group
Lack of mental health resources	Lake Cumberland District Health Department Focus Group
Lack of parental involvement	Barren River District Health Department Focus Group
Mental health	Maternal and Child Health Coordinators Focus Group
Safety and risky behavior	Maternal and Child Health Coordinators Focus Group
Suicide	Fayette County Health Department Focus Group
Vaping	Barren River District Health Department Focus Group

Adolescent Health: Highest Ranking

Bullying

Barriers to Tackling the Issue

- Cyber-bullying
- Fear of reporting
- Lack of services
- Not being taken seriously (e.g., lack of enforcement)

Population Health-Focused Actions

- Education
 - How it effects individuals
 - What it is and looks like
- Support for kids being bullied

Existing Services or Initiatives that Need to be Expanded

- None identified

Lack of Mental Health Resources

Barriers to Tackling the Issue

- Adverse childhood experiences
- Behavioral health
- Bullying
- Domestic violence
- Generational patterns
- Lack of access
- Maternal and child health issue
- Stigma
- Suicide

Population Health-Focused Actions

- Normalizing mental healthcare
- Action to improve problems
- Lack of mental health resources
- Mental health education access
- Services need to be expanded
- Suicide prevention

Existing Services or Initiatives that Need to be Expanded

- Expand service in juvenile detention
- Proactive family approach
- School based services

Children with Special Healthcare Needs

Table 12: Priorities by Populations | Children with Special Healthcare Needs

Priority	Source
Improve internal and external communication and awareness related to clients, opportunities and resources*	Special Healthcare Needs Parents Focus Group
Navigating the system*	Barren River District Health Department Focus Group
Access to care based on special needs	Lake Cumberland District Health Department Focus Group
Autism screening and next steps	Fayette County Health Department Focus Group
Availability of community resources	Maternal and Child Health Coordinators Focus Group
Improve family support, resources and opportunities	Special Healthcare Needs Parents Focus Group
Lack of adequate care locally	Maternal and Child Health Coordinators Focus Group
Lack of providers	Special Healthcare Needs Parents Focus Group
Providers Lack of referral knowledge	Special Healthcare Needs Parents Focus Group

Children with Special Healthcare Needs: Highest Ranking

Improve Awareness Through Communications

Barriers to Tackling the Issue

- Access to electronic health records system
- Language barrier at doctor appointments
 - Multiple languages being spoken
 - Not enough qualified interpreters

Population Health-Focused Actions

- Forging a clinical operations or “leasing” providers/clinics in conjunction with UK and/or Norton so that providers who are already seeing a large Medicaid population can see patients as a part of their main work assignments, within their usual electronic health records and as a part of their main production/compensation goals
- Get more people and teens involved in Family 2 Family programs
- Having a one pager that summarizes services that are provided
- Improve family support resources and opportunities

- Launch an educational/awareness campaign to develop the foundation first. Ensure that people are aware of the services that already exist and focus on educating the population on ways to improve these various health outcomes.
- Provide more interpretation
- Streamline processes

Existing Services or Initiatives that Need to be Expanded

- CyraCom, services need to be improved, better call quality
- More interpreters on staff
- Telehealth

Navigating the System

Barriers to Tackling the Issue

- Lack of knowledge of resources
- Lack of screeners
- Lack of services (e.g., occupational therapists, physical therapists, speech therapists)

Population Health-Focused Actions

- Early childhood screenings
- Incentive for those working with special needs children
- Promote 211 and other resources

Existing Services or Initiatives that Need to be Expanded

- First Steps (KEIS)
- HANDS
- Respite

Cross Cutting

Focus group participants were asked to identify the critical problems or needs that impact cross population healthcare needs.

*Needs that were prioritized by focus group participants for statewide focus by the Division of Maternal and Child Health over the next five years are identified by an **asterisk**.

Statewide focus priorities identified by interviewees that should be an intense, statewide focus for the Division of Maternal and Child Health over the next five years are **bolded**.

The number in parentheses indicates the priority combined between Focus Groups and Executive Interviews.

See either Focus Group or Aggregate Executive Interviews reports for additional information pertaining to each priority.

Table 13: Priorities by Populations | Cross Cutting

Priority	Source
Access of care (7) <ul style="list-style-type: none"> Access of Care (3) Expanded income threshold for programs (3)* Medicaid 	Barren River District Health Department, Fayette County Health Department and Foster Parents Focus Groups and Executive Interviews
Mental health (5)*	Barren River District Health Department, Foster Parents Focus Groups and Executive Interviews
Substance abuse and addiction (4)*	Barren River District Health Department and Maternal and Child Health Coordinators Focus Groups and Executive Interviews
Revise and expand current MCH programs (3)	Executive Interviews
Collaboration and partnerships (2)	Executive Interviews
Education (2)	Executive Interviews
Obesity (2)	Executive Interviews
Domestic violence, child abuse and neglect (2)*	Barren River District and Fayette County Health Department Focus Groups
Health literacy and factual information	Barren River District Health Department Focus Group
Language barriers at doctors' appointments	Lake Cumberland District Health Department Focus Group
Mental health education access*	Fayette County Health Department Focus Group
Social media comparisons	Barren River District Health Department Focus Group

Cross Cutting: Highest Ranking

Access to Care (7)

Barriers to Tackling the Issue

- State/Federal guideline restrictions

Population Health-Focused Actions

- Increase guideline restrictions

Existing Services or Initiatives that Need to be Expanded

- Lobbying for increase of guideline restrictions

Mental Health (5)

Barriers to Tackling the Issue

- Access – limited therapists, especially age (e.g., over six) and needs are factored in
- Lack of transportation, especially when travelling across the state to find therapist
- Long wait times impact development
- Medicaid – therapists walking away from accepting it; changes from foster to adopted child

Population Health-Focused Actions

- Action to improve problems
- Behavioral health
- Expand Medicaid regionally
- Language barriers at doctors' appointments
- Mental health education access
- More providers that accept Aetna
- Services need to be expanded
- Suicide prevention

Existing Services or Initiatives that Need to be Expanded

- More residential facilities (e.g., concern of harm and it can be days before they can get a bed)

STATEWIDE OBSTACLES

Participants were asked to identify the greatest obstacles the Division of Maternal and Child Health (MCH) has to overcome in the next five years to improve maternal and child health in Kentucky. These reflect the combined responses from focus group members and interviewees.

Access (16)

- Access!
- Access to care (e.g., lack of providers of all sorts)
- Cost of services
- Easily accessible info, that multiple groups have access to the board – we work collaboratively but also in silos at times
- Foster and adoptive parent life is a roller coaster of emotions. Make life easier with less hoops to jump through.
- Lack of providers (e.g., from diagnostics, autism specifically, to early intervention providers)
- Need more providers
- Need to move foster children up higher in wait lists since they move around a lot – it could decrease the number of times a child is moved or help their return home be more successful
- Need to utilize services in a shorter time (2)
- Overall health is a priority in our area (e.g., mental, physical, sexual, etc.)
- Smaller community that can't afford or staff all services needed. Travel to bigger towns a hardship.
- The earlier they are received the less likely there will be disruptions
- Transportation for families
- Transportation to and from appointments; lack of birthing hospital or specialist in county; time it takes to get labs might deter patients from seeking testing sexually transmitted diseases (STDs) at our location as other provider office can return labs quicker

Challenges Related to Rural Areas (9)

- Access to care and resources
- Lack of providers/hospitals/doctors
- Demographics
- Healthcare affordability
- Lack of safe housing
- Need for health literacy
- Pulaski – very big county, covers a lot of land, very varied clientele and patients, lots of languages
- Socio economic status disparities

- Some places (bigger cities) have resources whereas some neighboring counties are very rural and services are minimal, if any.
- Transportation difficulties
- Utilities considered a privilege

Diversity Barriers (8)

- Barriers to everything (social health) including education
- Consistently providing the same content in multiple languages – often times we will have some pieces available in Spanish and English and other just in English. Specific to our area, we have a need for more Ukrainian translations
- Fear of releasing personal information about their citizenship status
- Large Hispanic population
- Many different cultures (e.g., keep in mind Hispanics, Asian, Muslim and Chinese)
- Pulaski – very big county, covers a lot of land, very varied clientele and patients, lots of languages
- We do have diverse populations within many of our communities

Awareness (5)

- Communication
- Lack of awareness of programs
- Listserv with relevant stakeholders for networking
- Knowledge of resources available passed along to community
- Sharing information – making everyone aware of what we can offer to them

Lack of Funding (5)

- Funding and trainings
- How do we allocate funds/resources accurately to move our health initiatives forward?
- How do we move forward?

Education (4)

- Continued education and incentives to practice healthy life choices
- Education regarding prenatal appointments (e.g., having access to public resources to help with mom, baby and family)
- Lack of education about issues

State Laws and Legislature (4)

- DPH and MCH are socialistic work and are met with negativity all the time in this current legislature

- Given the recent election, there will likely be changes at the federal level. How the new administration will impact the state and these programs is to be determined.
- It is to be determined how state laws, funding, resources and support for these programs will be impacted
- It'll be harder to be honest about the potential drivers of suicide (e.g., gender identity, etc.) under the new administration. It'll be harder to talk about and harder to report in a state report.
- Legislative environment
- Make up of our legislature
- State laws and current legislature

Substance Abuse (4)

- Drug epidemic
- Substance misuse in pregnancy and the impact on children

Medicaid (3)

- Medicaid restrictions limits access to care
- Need for Medicaid providers
- Reimbursement rates reduce available providers to low working poor

Societal Perception/Lack of Trust (3)

- Culture of not trusting science
- Debunking misinformation
- Lack of trust in vaccines
- Public perception has set us back from doing prevention work
- Societal mindset of what public health is and isn't. It's changed over the last ten years. Perception versus reality issues.
- Societal skepticism
- The perception of the health department and the services they provide. It's not valued since Covid. There is a belief that we are out to get people. It's a real big public relations problem.
- Trust has been diminished

Socioeconomic Disparities (3)

- High poverty
- Need to look at each region individually – what works in Western Kentucky may not work in Eastern or Central Kentucky

- People want to do the best for themselves and their children, financial barriers prevent them from doing so; so many people have to overcome throughout life and challenges could have been prevented with better resources and support early in life; more resources and support to families and children leads to thriving society and is worth the investment by local, state and federal governments

Mental Health (2)

- Mental health issues
- Mental health services and protective factors for prevention

Quality of Life (2)

- Housing
- Population growth

Individual Ideas

- Keep in mind foster parents are the biggest help in identifying problems and solutions to barriers
- PACES (Positive and Compensatory Experiences)
- We need to think about our work in a different mindset than we have in the past. How do we reach our outcomes in a new way? We've done the same thing for the past thirty years.
- WIC should be offered to everyone, lower middle class is struggling

STATEWIDE OPPORTUNITIES

Focus group and interviewees were asked to identify the greatest opportunities for the Division of Maternal and Child Health (MCH) in the next five years to improve maternal and child health in Kentucky. The number in parentheses indicates the number of people who shared the same/similar idea.

Collaboration (9)

- A partnership between providers and MCH would be valuable to move the needle forward in these areas
- Continue to get communities involved in outcomes. The solutions are in the community. MCH can be the conduit for the community. Don't be so rigid in how it's done, but focused more on what outcomes you want to walk away with. Be willing to be flexible depending on the community you are working with, in terms of how you reach those desired health outcomes.
- Healthcare system collaboration
- Local health departments provide a valid and important service. More folks do trust those local departments. The structure is there. Relationships are there with local communities. Align the local health departments more consistently across the state, so that a consistent message and resources are provided.
- Maximize relationships with KY Youth Advocates (KYA), Prichard Committee and Facelt
- Partner with local communities
- Partner with school systems
- Partner with the healthcare systems to support funding, resources, deliverables
- Partnerships with various stakeholders (e.g., Office for Children with Special Healthcare Needs, UK)

Data (2)

- Continue to gather data, specifically from targeted populations
- Use evidence and stories to support initiatives

Individual Ideas

- Boost social media initiatives to educate and be innovative
- Build on our past laurels
- Capitalize on champions who will help this work move forward
- OCSHCN – FCF Home Improvement Coordinator (HIC) program, care coordination, transition and language barriers
- OCSHCN – Specialty access and more specialty services
- The focus groups they are conducting will hopefully help to identify the needs of the populations more intentionally. What supports are needed? Hear it from the source. Lived experience should be at the table.

Important Additional Factors

The focus group participants were given an opportunity to share additional thoughts through an anonymous written survey.

REGIONAL DIFFERENCES

Focus group participants were asked, “What’s important to keep in mind about your region as we work towards improving maternal and child health statewide?”

Fayette County Focus Group

- Easily accessible info, that multiple groups have access to the board – we work collaboratively but also in silos at times
- Continued education and incentives to practice healthy life choices
- Many different cultures (e.g., keep in mind Hispanics, Asian, Muslim and Chinese)
- People want the best for themselves and their children, financial barriers prevent them from doing so; so many people have to overcome throughout life and challenges could have been prevented with better resources and support early in life; more resources and support to families and children leads to thriving society and is worth the investment by local state and federal governments.

Lake Cumberland District Focus Group

- Challenges related to rural areas, e.g., lack of doctors, hospitals, transportation, resources, healthcare affordability, demographics
- Drug epidemic
- Education regarding prenatal appointments
- Having access to the public resources to help with mom, baby and family
- It is a rural area with needed help in health literacy
- Knowledge of resources available passed along to community
- Language barriers
- Large Hispanic population
- Medicaid restrictions limits access to care
- Mental health issues
- Our rural areas have geographical barriers that reduce access to care, this is complicated by lower SES and affordable transportation. Safe housing and utilities often are considered a privilege.
- Pulaski – very big county, covers a lot of land, very varied clientele and patients, lots of languages
- Reimbursement rates reduces available providers to low working poor
- Rural areas without access
 - Access to care
 - Lack of providers

- Limited access to lots of the resources of larger areas
- Transportation difficulties
- Safe sleep
- Substance abuse
- Transportation for families
- WIC should be offered to everyone, lower middle class is struggling

Barren River

- Access!
- Diversity – barriers to everything (social health) including education
- High poverty
- Housing
- Lack of education about issues
- Lack of transportation
- Listserv with relevant stakeholders for networking
- Need of Medicaid providers
- Population growth
- Smaller community that can't afford or staff all services needed. Travel to bigger towns a hardship.
- Some places (bigger cities) have resources whereas some neighboring counties are very rural and services are minimal, if any.
- We do have diverse populations within many of our communities

DIFFERENCES BY GROUP

Foster Parents

Focus Group participants were asked, "What's important for the Department of Public Health/Maternal and Child Health to keep in mind about foster children, foster parents and/or birth parents as they work towards improving maternal and child health statewide?"

- Access to services – the earlier they are received the less likely there will be disruptions
- Foster and adoptive parent life is a roller coaster of emotions. Make life easier with less hoops to jump through.
- Keep in mind foster parents are the biggest help in identifying problems and solutions to barriers
- Need more providers
- Need to move foster children in wait lists since they move around a lot – it could decrease the number of times a child is moved or help their return home be more successful
- Need to utilize services in a shorter time frame (2)

Maternal and Child Health Coordinators

Focus Group participants were asked, "What's important for the Department of Public Health/Maternal and Child Health to keep in mind about your region as they work towards improving maternal and child health statewide?"

- Consistently providing the same content in multiple languages – often times we will have some pieces available in Spanish and English and other just in English. Specific to our area, we have a need for more Ukrainian translations
- Continuity of healthcare; navigation of healthcare services; lack of knowledge of community based and clinical resources from both community and healthcare providers; focus on mental health needs, social determinants of health factors
- Funding and trainings
- Mental health services and protective factors for prevention
- Need to look at each region individually – what works in Western Kentucky may not work in Eastern or Central Kentucky
- Overall health is a priority in our area (e.g., mental, physical, sexual, etc.)
- Sharing of information – making everyone aware of what we can offer to them
- Transportation
 - Cost of services and fear of releasing personal information about their citizenship status
 - Lack of birthing hospital or specialist in county
 - Time it takes to get labs might deter patients from seeking testing for sexually transmitted diseases (STDs) at our location as other provider office can return labs quicker
 - Transportation to and from appointments

Special Healthcare Needs Parents

Focus Group participants were asked, "What's important for the Department of Public Health/Maternal and Child Health to keep in mind your region as they work towards improving maternal and child health statewide and specifically, children and youth with special healthcare needs?"

- Rural areas and lack of public transportation
- Some areas have more providers than others

ADDITIONAL COMMENTS

At the conclusion of the interview and focus groups, participants were given the opportunity to share anything they weren't directly asked or if there was anything they shared but wanted to reiterate. Below are their final thoughts. The number in parentheses indicates the number of people who shared the same/similar idea.

- Autism clinics, especially diagnostic, need to be in every OCSHCN office
- Barriers and struggles: SB 150; limitations and inconsistencies on how we can spend MCH funds; unclear package descriptions and expectations for Nurturing Thriving Minds package; approved materials and resources list should be updated to specifically include CODE RED Mental Health Crisis Plan and 988 Suicide and Crisis Lifeline; also, I would like to see the package expand to work outside the school system.
- Breastfeeding consultation full-time at every health department
- Can foster children receive priority for entering public preschool programs?
- Child abuse education to address cultures
- Gender identity issues with children
- Good session today
- Great job!
- HIV-STI education in schools
- I definitely feel a strong sense towards domestic violence victims, as I have personally endured this, I think just keeping options open for those victims and reassurance will help
- I really enjoyed brainstorming with others
- I would like to see more referrals from office to F2F Hic and the P2P programs and better understanding of these programs and what the F2F P2P program can provide. OCSHCN has a lot of new staff and would like to see F2F involved more within OCSHCN.
- KCHIP Medicaid funding, expand services to have people apply in schools
- Need more funding to help out community with program and packages
- Nice job facilitating
- No, I felt very comfortable and thought it was a very productive meeting
- None, I shared pretty much everything
- Presenters were incredible!!
- SB 150 – limits our ability to collect health data from youth; the only option is to try to survey youth outside the school system which can be challenging as youth are a protected class and often need parent consultation; thus, with this bill public health cannot make data driven decision to bring in resources to our communities if we are unaware of what risky behaviors, thoughts and perceptions youth have in regard to various behaviors
- Substance abuse education in schools
- Thank you for hosting and listening to us

- The approval/disapproval process needs looked at, it is hard to do our job with so many disapprovals, we are good stewards of money and sometimes it is so discouraging that we get denied, we need continuing education/conference approvals
- There are many opportunities to strengthen the injury prevention and health content of HANDS curriculum as it now exists; the relationship part of it is already superb
- This has been very informational
- Underlying issues: Substance use, housing, jobs
- We need more mental health providers and dentists that except Aetna
- You all did a great job!

FOCUS GROUP PARTICIPANTS

The focus groups brought together 91 individuals with a professional or personal connection to MCH, including MCH Coordinators, health department staff, other related professionals and parents.

Cynae Adams	Andrea Halbert	Brittany Prater
Ivy Alexander	Janie Hamm	Jessica Price
Marley Allender	Renae Hardin	Tammie K. Ratliff
Shelley Baird	Jessica Harris	Elizabeth Reece
Devenna Bales	Addie Hernandez	Lynnett Renner
Melinda Barkley	Jessica Johnson	Tonya Richardson
Kimberly Bays	Nickie Jones	Trey Robertson
Nicole Bichir	Whitney Jones	Noell Robinson
Brooke Bingham	Ashley Keown	Sarah A. Russ
Laci Bishop	Susan Kincaid	Tamsen Ryan
Matthew Blecher	Joanne Kruer	Priscilla Schwartz
Selina Blick	Sherida Langford	Jennifer Shoemake
Natasha Bowmer	Leandra Langley	Kaitlyn Slaughter
Kareyn Brummett	Kelly Lariscy	Danielle Sipple
Carrie Bunch	Ashley Lillard	Amanda Smith
Wilma Bunnell	Catherine Lowe	Stephanie R. Smith
DeAnna M. Butler	Stefany Vaughn Mack	Alisa Stanley
Amy Carder	Jamisen Manley	Alissa Stice
Madison Castle	Lara Mattingly	Beth Thomas
Aracelia Chay Yac	Deborah Mayberry	Melanie Turner
Christine Curtis	Teresa McSween	Mary Ramsey
Melissa Estep	Sabrina Merrick	Amanda Sandlin
Sherri Estes	Sheila Minton	Amy Tomlinson
Amber Faulkner	Keli Nelson	Leslie Vass
Elizabeth Garland	Tah Nutter-Blair	Lynn Vincent
Brilynne Gibson	Samantha Peebles	Gail Wigginton
Sondra Gilbert	Julie Peoples	Shayne Wigglesworth
Ann Marie Gonzales	Kathy Perkins	Laura Woodrum
Courtney Greenlee	David E. Peterson	Tracy Woods
Megan Gulla	Susan Pollack	
Rita Hageney	Melissa Poynter	

Focus Group: Geographic Regions Represented

- Barren County (3)
- Barren River District (5)
- Bourbon County (1)
- Boyle County (1)
- Fayette County (4)
- Floyd County Health Department
- Grayson County (1)
- Green River District (2)
- Hart County (1)
- Jessamine County (1)
- Kentucky River District (1)
- Lake Cumberland District (18)
- Laurel County (1)
- Lexington (1)
- Lincoln Trail District (1)
- Louisville (6)
- Madison County (1)
- Metcalfe County 91)
- Oldham County
- Owensboro
- Paducah
- Pennyryle District (2)
- Prestonburg
- Pulaski County (3)
- Somerset (4)
- Warren County (7)
- WEDCO District (1)

INTERVIEW PARTICIPANTS

Ten interviews were conducted via video conference call with professionals across Kentucky who have a connection to maternal and child health. They were selected for their knowledge, diverse backgrounds and points of view related to maternal and child health. The interviews were 30 minutes and took place between October 28 and November 15, 2024.

Allison Adams

Chief Operating Officer
Foundation for a Healthy Kentucky

Dr. Joseph Bargione

Associate Professor
UK HealthCare

Brandon Cobb

Kentucky State Police

Andrea Day

Director
Kentucky Department for Community Based Services
Division of Child Care

Dr. Janeth Ceballos Osorio

Associate Professor
UK HealthCare, Department of Pediatrics, Division of
General Pediatrics

Dr. Mandakini Sadhir

Division Chief of Adolescent Medicine
UK HealthCare

Melissa Sparks

Assistant Director
Clark County Health Department

Jim Tackett

Branch Manager
Kentucky Department of Education

Judy Theriot

Medical Director
Kentucky Department for Medicaid Services

Beck Whipple

Suicide Prevention Coordinator
Kentucky Department of Behavioral Health

Interviewee: Geographic Region Familiarity

- Central Kentucky (6)
- Louisville metro area/Jefferson County (2)
- Northeastern/Northern (1)
- Statewide (4)
- Southern (1)

Interviewee: Experience or Involvement with Maternal and Child Health

In addition to occupational titles, the following details were gathered from participants to further highlight their background and expertise. The numbers in parentheses indicate the number of people who shared the same/similar idea.

- Administrative oversight of programs
- Adolescent medicine
- Bounce Coalition
- Cabinet employee
- Child Fatality Review
- Criminal, missing persons, victim or crisis intervention
- Division of Childcare
- Executive, legislative, policies and funding
- Family support systems
- First Steps
- HANDS program (3)
- Kentucky Department of Education (KDE)
- KY State Police
- Lactation services (2)
- Licensed Psychologist
- Local Health Department
- Maternal health dashboard (e.g., postpartum visit rates, maternal morbidity, etc.)
- Maternal Morbidity and Fatality Review Team
- Maternal Mortality Review Committee
- Medicaid
- Pediatrician (3)
- Public health space

Appendix

- Quality improvement for hospitals' maternal health
- Safe Sleep campaign
- School health
- Suicide
- Support group for Hispanic families of children with special needs
- Teen health: primary care and specialty services
- WIC (2)

Experience and Specialized Knowledge of Special/Vulnerable Maternal and Child Health Populations

- Adolescents (10+) who have died or are struggling with suicidal ideation
- Adverse childhood experiences/trauma (2)
- Birth-three years old
- Black maternal lives due to morbidity rates
- Children with special needs (2)
- Chronic medical conditions
- Domestic violence
- Homeless, group home/shelters, foster care
- Immigrants
- Lactation support, specifically with impoverished communities and marginal populations
- LGBTQ population (2)
- Low-income/resource families
- Multi-language learners, English as second language, not-English proficient families (2)
- Prenatal
- School-aged (5-18 years)
- Sexual health
- Substance abuse (2)
- Suicide prevention
- Teen health (2)
- Youth

NEEDS ASSESSMENT QUESTIONS

Below are the questions asked during the focus group sessions and interviews. The questions for the focus group of Maternal and Child Health Coordinators and the Children and Youth with Special Healthcare Needs sessions were slightly altered and those changes have been noted.

FOCUS GROUPS

Needs

1. What maternal and child health initiatives are working well in your area?
2. What factors have made these initiatives successful?
3. What maternal and child health problems or needs are the most critical in your county or region?
4. What are the most critical problems/needs in your county/region for the following populations?
 - Women/Maternal Health
 - Adolescent Health
 - Perinatal/Infant Health
 - Children with Special Healthcare Needs
 - Child Health
 - Cross Cutting (multiple populations)
5. For each category, which 2 or 3 of these must be an intense, statewide focus of MCH in the next 5 years?

Small groups selected one priority issue and then answered the following questions based on that topic.

6. What are the barriers in these areas? What is standing in the way of making this better?
7. What actions would improve (or begin to improve) these problems in your county/region for the population health?
8. What services or initiatives currently exist that address the problem, but needs to be expanded?

Exit Survey

Participants were asked to write their answers to the following questions and leave them with the facilitator.

8. What geographic region do you represent?
9. What's important to keep in mind about your region as we work towards improving maternal and child health statewide? (*Rephrased for the Maternal and Child Health Coordinators session, "What's important for the Department for Public Health and Maternal and Child Health to keep in mind about your region as they work towards improving maternal and child health statewide?" Rephrased for the Children with Special Needs session, "What are the greatest obstacles OCSHCN has to overcome in the next 5 years to improve the health of children and youth with special healthcare needs in Kentucky?"*)
10. Any additional comments? Anything you didn't feel comfortable verbally sharing with the group? Or anything already stated, but you'd like to reiterate? (*Rephrased for the Children with Special Needs session, "What are the greatest opportunities OCSHCN can maximize in the next 5 years to truly be successful in improving the health of children and youth with special healthcare needs in Kentucky?"*)

INTERVIEWS

Below are the questions asked by the interviewers. In some cases, follow up questions were asked for clarity or to give the participant an opportunity to expand on their response.

Background

1. What is your experience or involvement with maternal and child health?
2. How many years have you been working or involved in maternal and/or child health?
3. What regions of the state are you most familiar with when it comes to maternal and child health?
4. Are there any special or vulnerable maternal and child health populations you have experience with or that you would consider a specialty area? If so, which population(s)?

Needs

5. What maternal and/or child health initiatives are working well?
6. What are the most critical problems or needs for the following populations:
 - Women/Maternal Health?
 - Perinatal/Infant Health?
 - Child Health?
 - Adolescent Health?
 - Children with Special Healthcare Needs?
7. What are the most critical problems or needs that cross into multiple populations?
8. Thinking about the problems and needs you've shared, which two or three of these should be an intense statewide focus of MCH in the next five years? Please elaborate or share examples of why each should be a focus.

Deeper Discussion into Prioritized Needs

9. What strengths does Kentucky have to tackle those priority issues?
10. What are the barriers to tackling those priority issues? What is standing in the way of making it better?
11. What population health-focused actions would improve (or begin to improve) those priority issues?
12. What services or initiatives currently exist that address those priority issues, but need to be expanded?

Statewide Opportunities and Obstacles

13. What are the greatest obstacles DPH/MCH has to overcome in the next five years to improve maternal and child health in Kentucky?
14. What are the greatest opportunities DPH/MCH can maximize in the next five years to truly be successful in improving maternal and child health in Kentucky?
15. Any additional comments I haven't asked you? Or anything already stated, but you'd like to reiterate?