Barry-Eaton District

Maternal Child Health Assessment

2026



Barry-Eaton District Health Department

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Methodology

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The Barry-Eaton District Health Department (BEDHD) conducted the 2025–2026 Local Maternal and Child Health (MCH) Needs Assessment to better understand the health needs, strengths, and priorities of pregnant individuals, children, and families in Barry and Eaton Counties. The assessment was guided by the National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework, which emphasizes community engagement, collaboration, and health equity throughout the assessment process.



Community Engagement

Community members and local partners played an important role in the assessment. Stakeholders helped guide the process by providing feedback on assessment activities and promoting survey participation.
To encourage broad community participation, BEDHD partnered with local organizations, coalitions, healthcare providers, and community groups to distribute surveys. Additional outreach occurred through social media, with participants eligible to enter an incentive drawing upon survey completion.

Data Collection

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The assessment combined both secondary data and primary data to provide a comprehensive understanding of maternal and child health in the community.

Secondary Data

Secondary data were obtained from a variety of state, local, and public health data sources to examine maternal health, child health, birth outcomes, health behaviors, healthcare access, and social factors that influence health.

Primary Data

Two surveys were conducted between August and November 2025.

Community Survey

73 completed surveys
Barry County: 47
Eaton County: 26

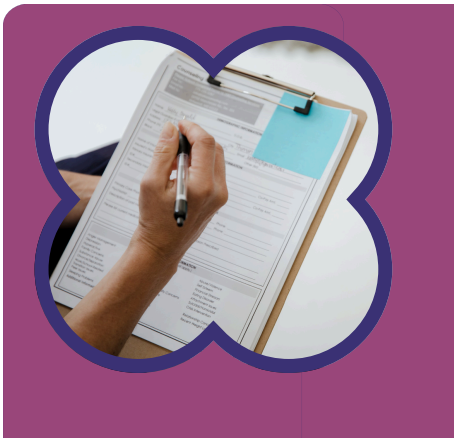
- Eligible participants were parents or guardians of children ages 0–18 years or individuals who had been pregnant or closely supported someone through pregnancy within the previous five years.
- Survey respondents ranged in age from 21 to 56 years (median age: 34 years).
- All respondents were 18 years of age or older.

Stakeholder Survey

18 completed surveys
Barry County: 7
Eaton County: 10
District-wide organizations: 1

- Organizations represented included healthcare providers, early childhood education, community nonprofits, faith-based organizations, doulas, libraries, and behavioral health providers.

Percentages throughout this report were calculated using valid responses for each survey question. Respondents who did not answer a specific question were excluded from analyses for that item; therefore, the number of responses varies by question.



Data Analysis & Priority Selection

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Survey results and secondary data were analyzed together to identify common themes, health disparities, community strengths, and gaps in services. Throughout the assessment, stakeholder feedback, including responses to open-ended survey questions and input shared during the assessment process, helped provide context for the quantitative data and identify community perspectives and emerging needs.

All available data were reviewed to identify potential priority areas. Potential priorities were evaluated based on:

- Community need and public health impact
- Existing resources and capacity
- Opportunities for collaboration
- Feasibility using the PEARL framework (Propriety, Economics, Acceptability, Resources, and Legality)

The final priority areas were selected through a data-informed review process that considered quantitative data, qualitative community and stakeholder feedback, and the ability to implement meaningful, evidence-based public health strategies. This approach ensured that community perspectives informed decision-making while resulting in priorities that are both evidence-based and actionable.

The following priority areas were identified for the 2025–2026 Local Maternal and Child Health Needs Assessment:

- **Awareness and Navigation of Services**
- **Mental Health Support for Parents and Children**
- **Health Education (including safe sleep, breastfeeding, and oral health)**

These priorities will guide future planning, partnerships, and evidence-based strategies to improve maternal and child health outcomes throughout Barry and Eaton Counties.

Secondary Data

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Maternal & Child Health Topic	Indicator	Source
Maternal & Infant Health	Breastfeeding Duration (WIC Participants)	WIC
	Breastfeeding Initiation (WIC Participants)	WIC
	Breastfeeding Continuation at 6 Months (WIC Participants)	WIC
	Adequate Prenatal Care	Michigan Vital Records
	Maternal Tobacco Use	Michigan Vital Records
	Maternal Education at Delivery	Michigan Vital Records
	Low-Risk Cesarean Births (First Birth)	Michigan Vital Records
	Low Birth Weight Rate	Michigan Vital Records
	Low Birth Weight by Maternal Age	Michigan Vital Records
	Teen Birth Rate (Ages 15–19)	Michigan Vital Records
	Infant Mortality Rate	Michigan Vital Records
Child & Adolescent Health	Childhood Mortality Rate (Ages 1–14)	Michigan Vital Records
	Asthma Hospitalizations (Ages 0–14)	MDHHS
	Routine Medical Check-Up (High School Students)	MiPHY
	Adolescent Vaccine Series Completion (Ages 13–17)	MCIR
	Child Vaccine Series Completion (19–35 Months)	MCIR
Behavioral Health & Wellbeing	Persistent Sadness or Hopelessness (High School Students)	MiPHY
	Adult Mental Health Not Good	BRFS
	Household Mental Illness Exposure (High School Students)	MiPHY
	Household Substance Use Exposure (High School Students)	MiPHY

Secondary Data Cont'd

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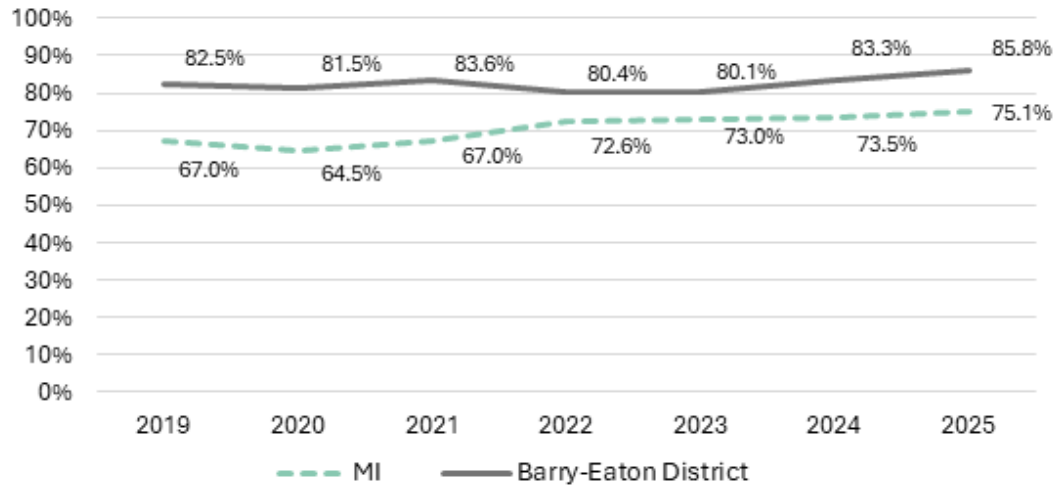
Maternal & Child Health Topic	Indicator	Source
Safety & Violence	Bullying on School Property (High School Students)	MiPHY
	Electronic Bullying (High School Students)	MiPHY
	Parental Support for Personal Problems (High School Students)	MiPHY
	Verbal Abuse by Adult (High School Students)	MiPHY
	Physical Abuse by Adult (High School Students)	MiPHY
	Confirmed Child Abuse/Neglect Rate (Ages 0–17)	MDHHS, CPS
	Domestic Violence Rate (All Ages & Genders)	MCIR System
	Domestic Violence Victim Rate (All Ages)	MCIR System
	Female Domestic Violence Victims	MCIR System
Environmental Health	Lead Testing Among Children Under 6 by Residence	MiTracking
	Elevated Blood Lead Levels Among Tested Children Under 6 (≥3.5 µg/dL, All Tests)	MiTracking
	Elevated Venous Blood Lead Levels Among Tested Children Under 6 (≥3.5 µg/dL)	MiTracking
Oral Health	Preventive Dental Visits Among Medicaid Enrollees (Ages 0–18)	MHDW
	Dental Utilization by Region	MHDW
	Dental Visits Among Women with Medicaid Coverage (Ages 18–44)	MHDW
	Dental Visit (High School Students)	MiPHY
Access to Care	Females Reporting Having a Personal Healthcare Provider	BRFS
	Child Health Insurance Coverage (Ages 0–18)	U.S. Census Bureau, SAHIE
	Child Medicaid Coverage (Ages 0–18)	MDHHS BPHI
	Births Covered by Medicaid	Michigan Vital Records
Social & Economic Factors	Children Living in Poverty (Ages 5–17)	U. S. Census Bureau, SAIPE
	Free/Reduced-Price Lunch Eligibility	Kids Count
	WIC Participation (Children Under 5)	Kids Count

Section 1A: Maternal & Infant Health

Sources:
- WIC
- Michigan Vital Records

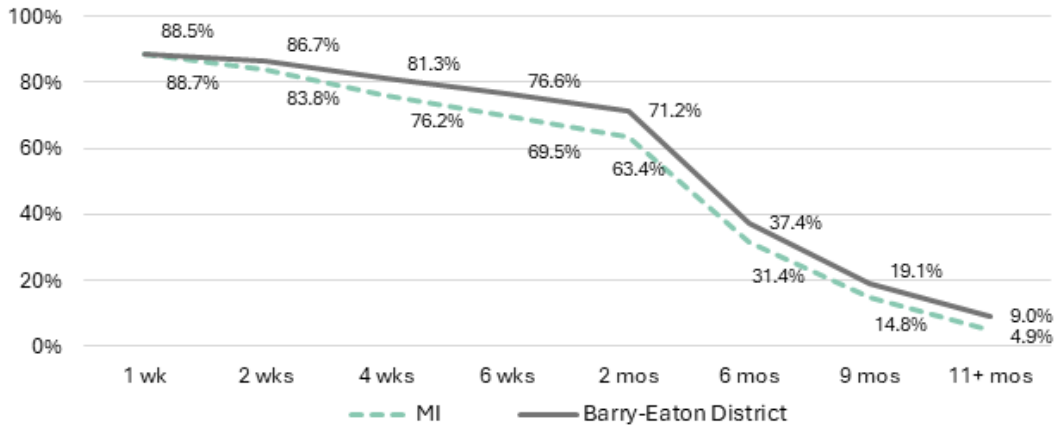
Percent of WIC Participants Initiating Breastfeeding



Data Note: Breastfeeding duration and initiation rates are point-in-time measurements taken from October of each year.

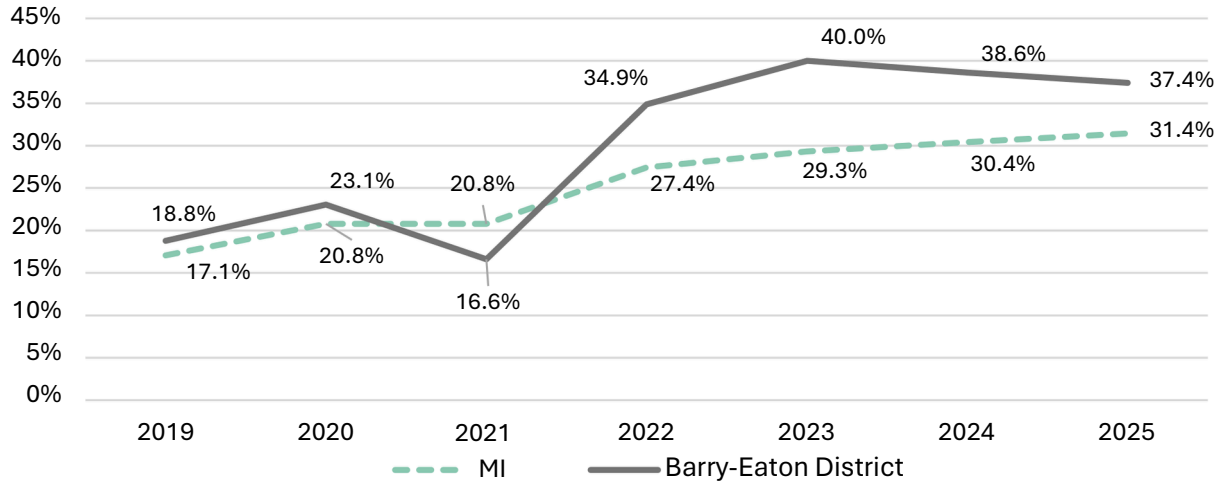
Among WIC participants in the Barry-Eaton District, 85.8% initiated breastfeeding in 2025 - higher than the Michigan rate of 75.1%. This represents the highest breastfeeding initiation rate since 2019.

Breastfeeding Duration Among WIC Participants Who Initiated Breastfeeding (2025)



The figure above shows breastfeeding duration among WIC participants who initiated breastfeeding. Patterns in the Barry-Eaton District closely mirror those observed across Michigan. Breastfeeding rates are highest at one week and decline steadily through six weeks. A more pronounced drop occurs between two and six months. By nine months, 19.1% of Barry-Eaton WIC participants continue breastfeeding, decreasing to 9.0% at 11 months or longer.

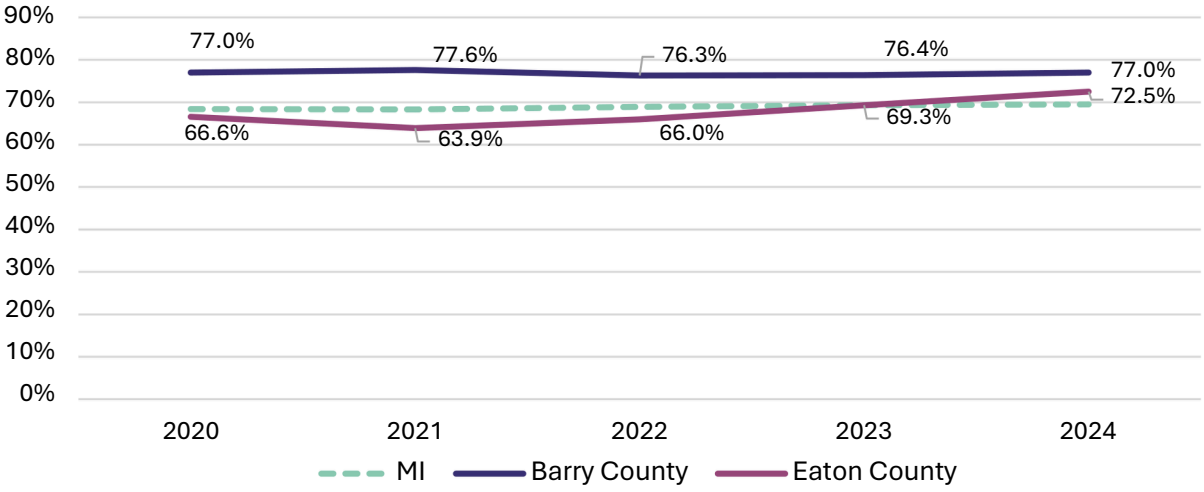
Breastfeeding Continuation at 6 Months Among WIC Participants Who Initiated Breastfeeding



Data Note: Breastfeeding duration and initiation rates are point-in-time measurements taken from October of each year.

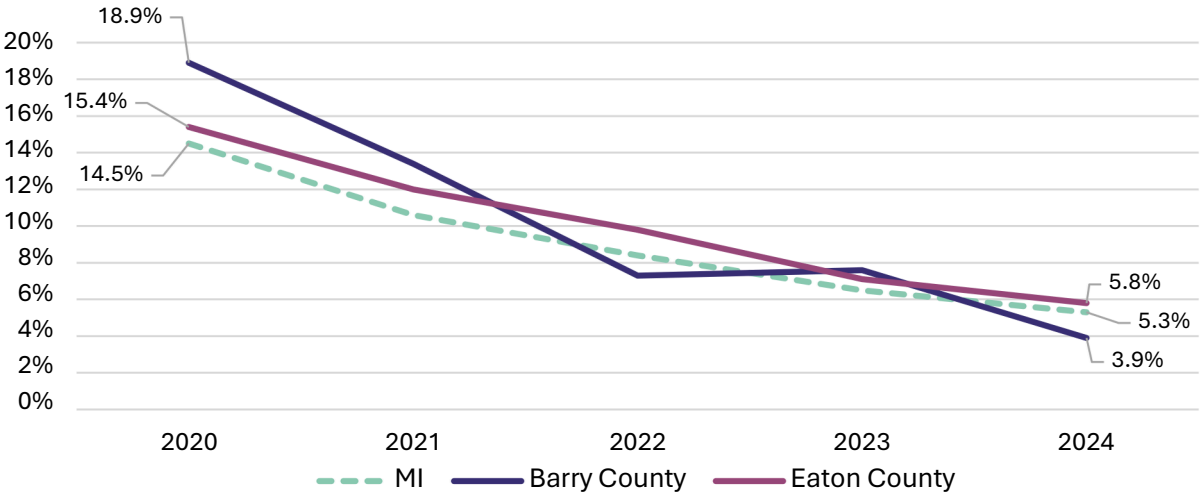
The figure above displays the percentage of WIC participants in the Barry-Eaton District and Michigan who continued breastfeeding at six months. While breastfeeding commonly declines between two and six months, this figure highlights six-month continuation trends over the past seven years. After remaining below 24% from 2019 to 2021, the percentage of Barry-Eaton participants increased to 34.9% in 2022 and has remained above 37% from 2023 through 2025.

Percentage of Live Births with Adequate Prenatal Care (3-Year Average)



- Adequate prenatal care is care that begins in the first four months of pregnancy with the appropriate number of visits for the infant's gestational age. The percentage of live births with adequate prenatal care in Barry County has remained steady between 76% and 77% from 2020 to 2024. Live births with adequate prenatal care has been steadily increasing in Eaton County, from 63.9% in 2021 to 72.5% in 2024.
- Both Barry and Eaton county have a higher percentage of live births with adequate prenatal care compared to the state of Michigan average.
- Early and regular prenatal care is very important for reducing pregnancy complications and supporting healthy birth outcomes for maternal and infant health.
- There are 27.5% of pregnant women in Eaton and 23% of pregnant women in Barry that are not receiving adequate prenatal care. This highlights opportunities for improving early and consistent prenatal service access.

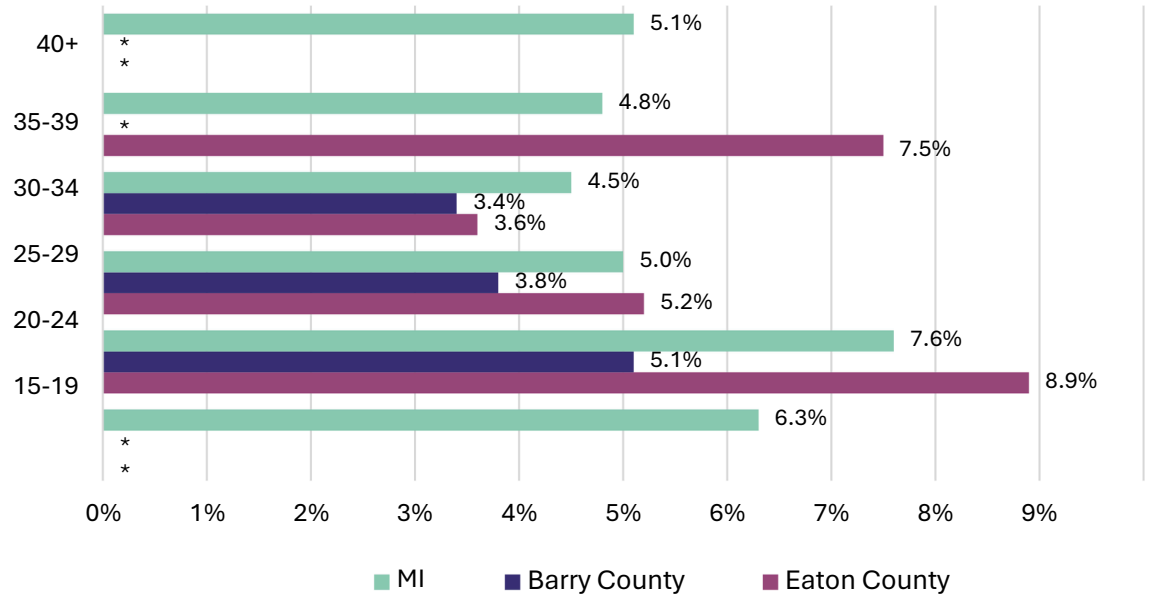
Percent of Live Births with Maternal Tobacco Use (All Ages)



Live births with maternal tobacco use has dramatically decreased since 2020 for Barry and Eaton residents. Eaton County maternal tobacco use dropped from 15.4% in 2020 to 5.8% in 2024. Similarly, Barry County maternal tobacco use dropped from 18.9% in 2020 to 3.9% in 2024. Maternal tobacco use increases risk of pregnancy complications and adverse outcomes for infants including:

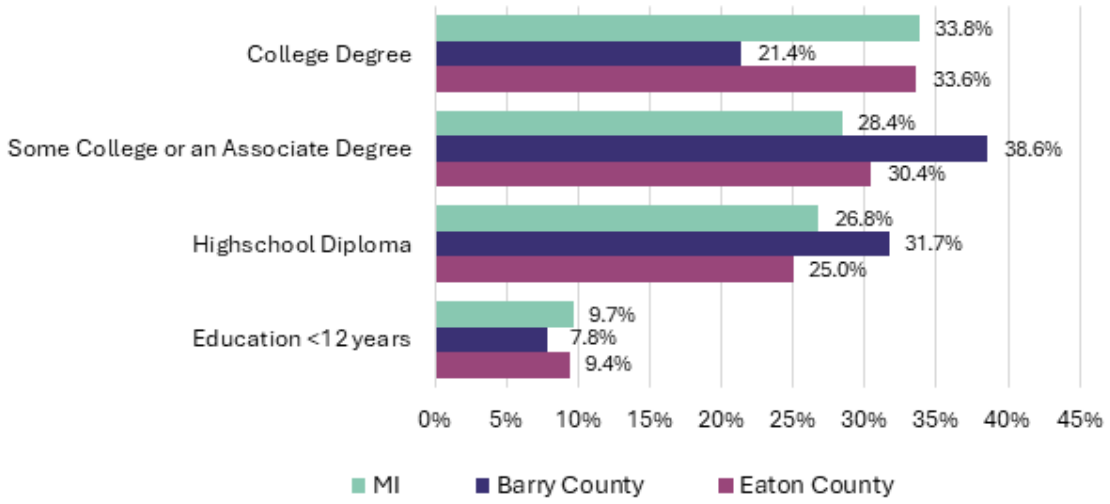
- Placenta Previa
- Placental abruption
- Premature rupture of membranes
- Adverse infant health outcomes such as: Cleft lip and palate, infant death, stillbirth, preterm delivery, restricted fetal growth, and sudden infant death syndrome (SIDS).

Percent of Live Births with Maternal Tobacco Use (2024)



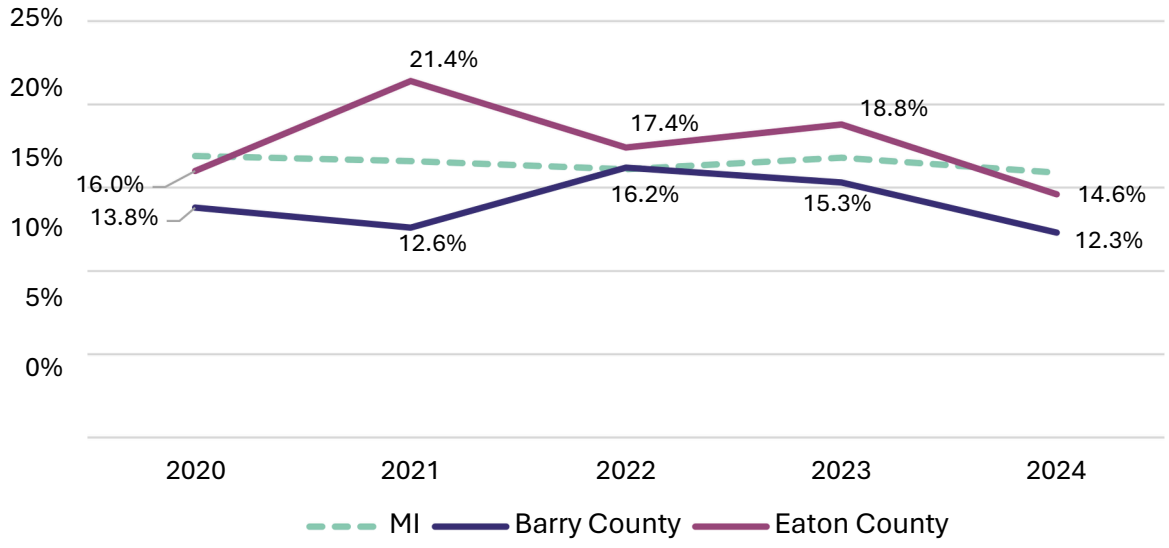
The visual above displays maternal tobacco use by age in 2024. The highest rate by age for Barry (5.1%) and Eaton (8.9%) residents as well as across the state of Michigan (7.6%) was seen for maternal ages 20 to 24 years.

Live Births by Education of Mother at Time of Delivery (2024)



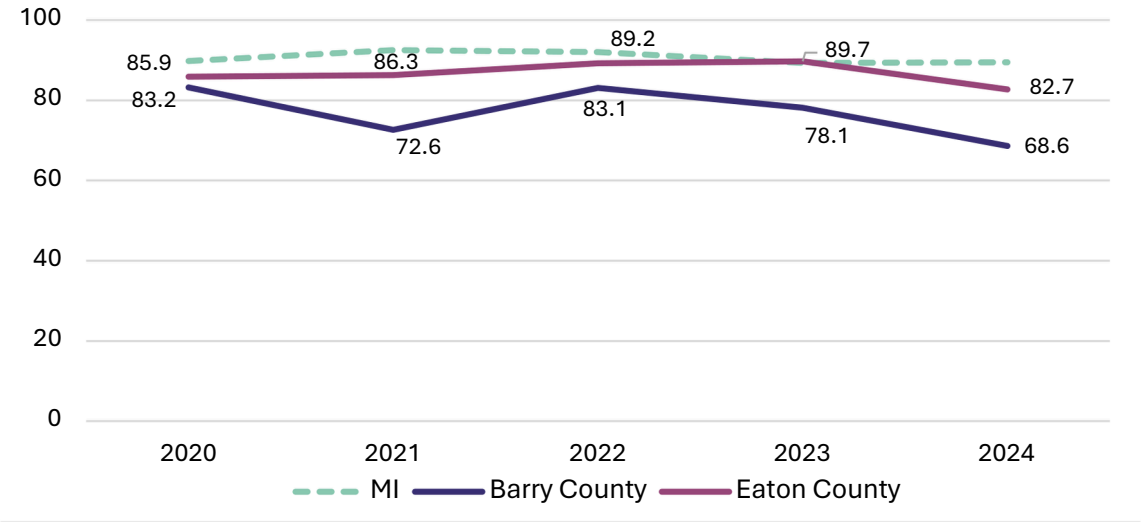
- Some mothers (38.6%) in Barry County had some college or an associate degree at the time of birth.
- Some mothers (33.6%) in Eaton County had a college degree at the time of birth.
- Education of less than 12 years was the least common among mothers at the time of delivery in 2024 in Barry County, Eaton County, and Across Michigan.

Percentage of Live Births that were Low-Risk but Resulted in a First Birth Cesarean Section



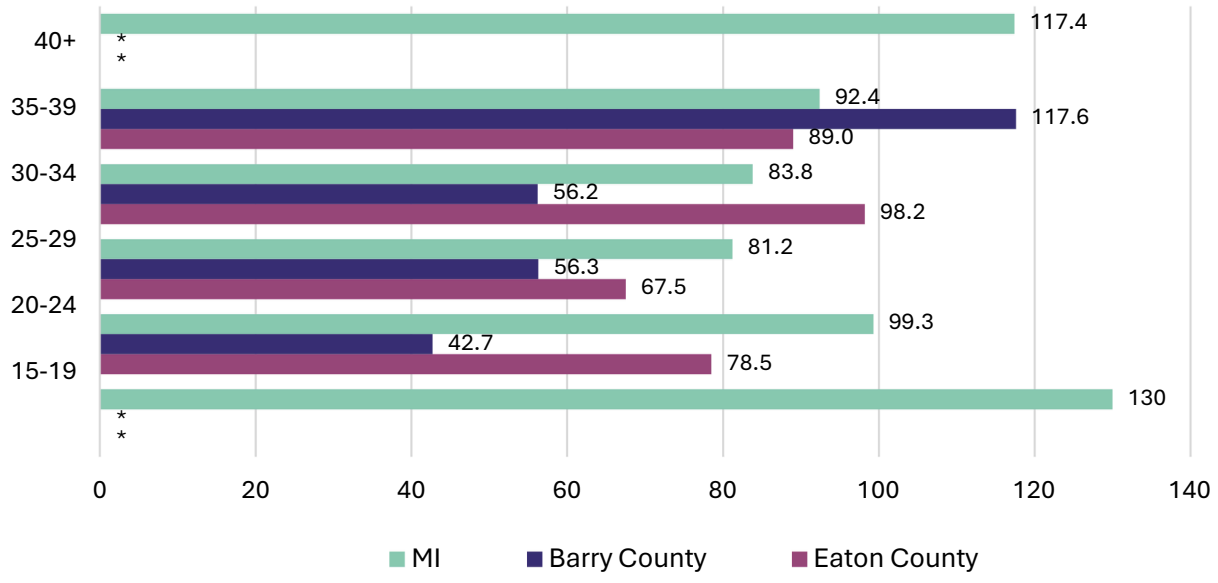
The percentage of live births that were low risk but resulted in a first birth c-section have overall decreased from 2020 to 2024 in Barry and Eaton County after fluctuating up and down over the past 4 years. While cesarean deliveries can be lifesaving when medically necessary, they can increase risks for mother and infant including infection and hemorrhage. Reducing unnecessary C-sections among low risk women can decrease maternal morbidity.

Low Birth Weight Rate Per 1,000 Live Births



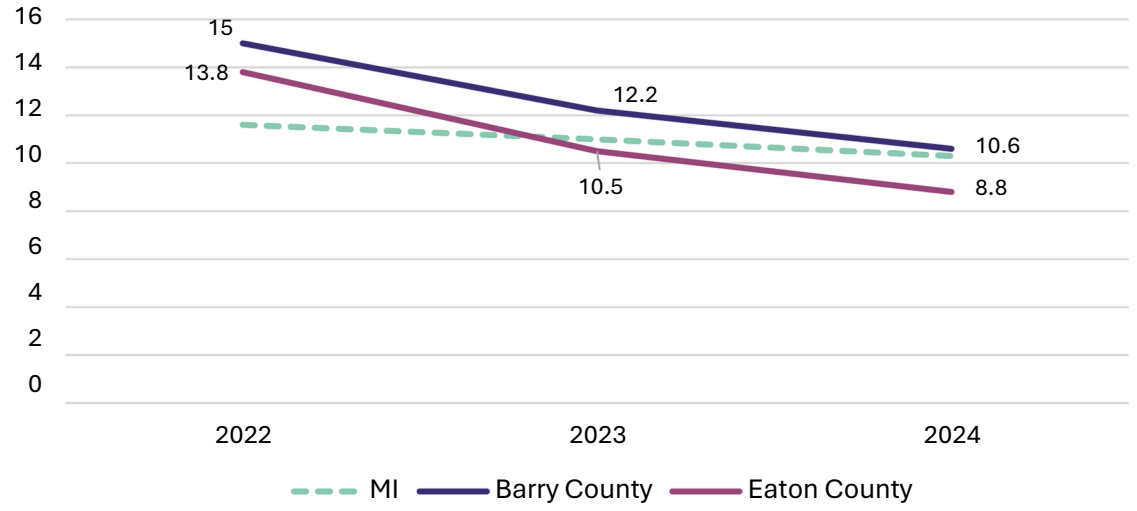
In 2024, the low birth weight rate in both Barry and Eaton counties was lower than the overall Michigan rate, with 68.6 per 1,000 live births in Barry County and 82.7 per 1,000 live births in Eaton County, compared to 89.5 per 1,000 live births statewide. Low birth weight is an important indicator of maternal and infant health, as infants born at a low birth weight are at increased risk for developmental delays, chronic health conditions, and infant mortality.

Low Birth Weight Rate per 1,000 Live Births by Age of Mother (2024)



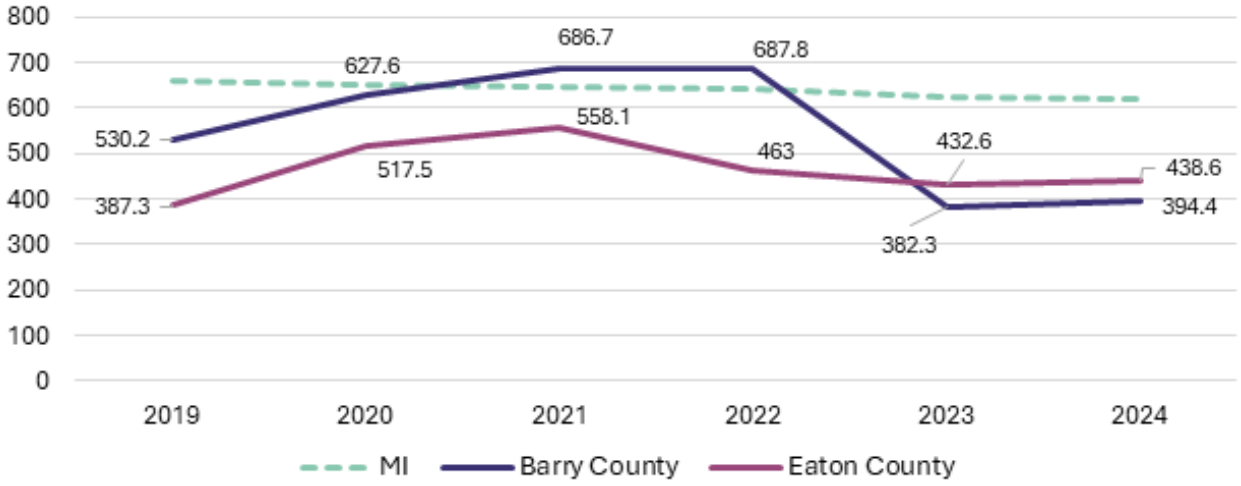
In 2024, the highest low birth weight rate in Michigan occurred among mothers aged 15–19 years, at 130 per 1,000 live births. In Barry County, the highest rate of low birth weight was observed among mothers aged 35–39 years, while in Eaton County the highest rate was among mothers aged 30–34 years. Examining low birth weight by maternal age is important because both younger and older maternal age groups can face increased risks for pregnancy complications, adverse birth outcomes, and infant health challenges.

Rate of live births born to women aged 15-19 per 1,000



- From 2022 to 2024, the rate of live births among women aged 15–19 years declined across Michigan and in Barry and Eaton counties. While Michigan experienced an overall decrease during this period, the decline was more substantial in both counties. In Barry County, the rate decreased from 15 births per 1,000 females aged 15–19 in 2022 to 10.6 per 1,000 in 2024.
- Similarly, in Eaton County, the rate declined from 13.8 per 1,000 in 2022 to 8.8 per 1,000 in 2024. Teen birth rates are an important public health indicator because adolescent pregnancies are associated with increased risks for adverse maternal and infant health outcomes, as well as social and economic challenges that can affect long-term health and well-being.

3-Year Average Infant Mortality Rate per 100,000

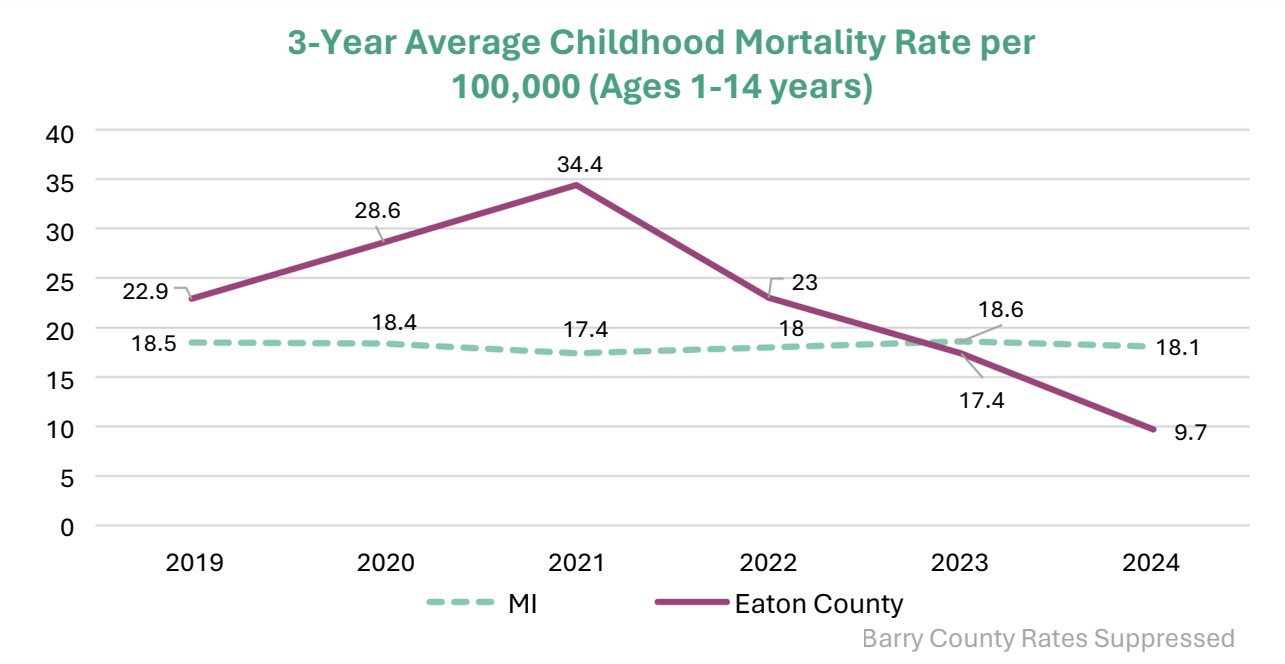


Infant Deaths include deaths of infants up to one year of age.

From 2019 to 2024, Michigan's three-year average infant mortality rate per 100,000 live births remained relatively stable. In contrast, Barry and Eaton counties experienced periods of increase followed by notable declines. Eaton County saw a substantial decrease in the three-year infant mortality rate from 2021–2022, while Barry County experienced a more dramatic decline from 2022–2023. By 2024, both counties had infant mortality rates well below the statewide rate, with Barry County at 394 per 100,000 live births and Eaton County at 439 per 100,000 live births. Infant mortality is a key indicator of community health because it reflects the overall health of mothers, access to quality healthcare, socioeconomic conditions, and the effectiveness of public health and prevention efforts.

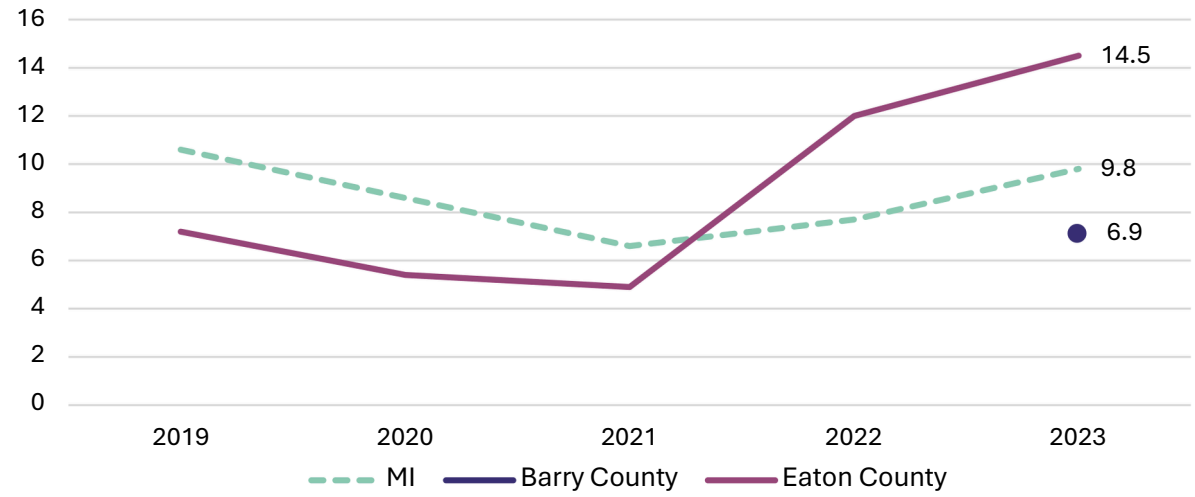
Section 1B: Child & Adolescent Health

Sources:
- Michigan Vital Records
- MDHHS
- MiPHY
- MCIR



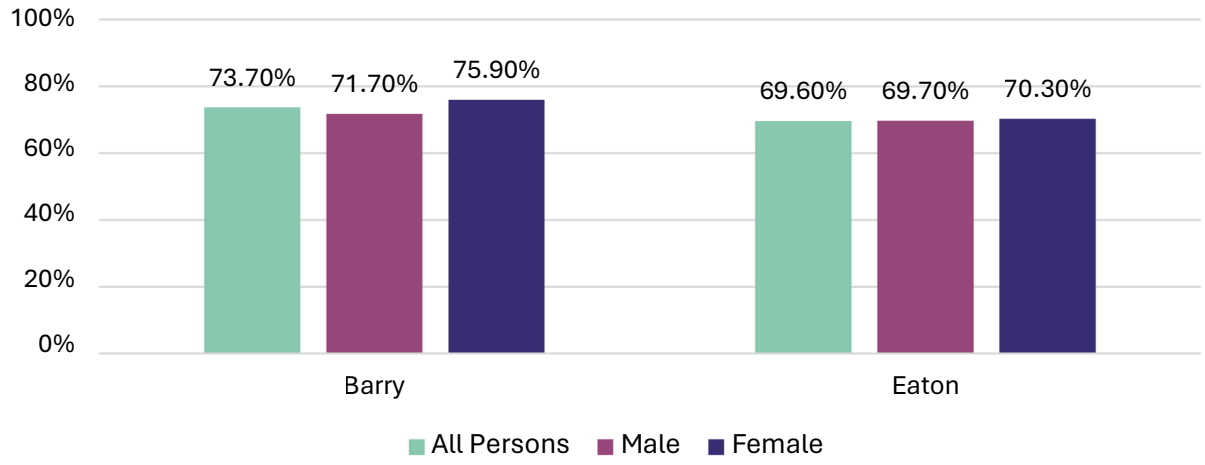
From 2019 to 2024, the three-year average childhood mortality rate among children ages 1–14 in Michigan remained relatively stable at approximately 18 deaths per 100,000 population. In Eaton County, however, the rate fluctuated more substantially, increasing from 23 per 100,000 in 2019 to a peak of 34 per 100,000 in 2021 before steadily declining to 10 per 100,000 in 2024, falling below the statewide rate. Childhood mortality is an important indicator of child health and community well-being, as it can reflect factors such as injury prevention, access to healthcare, chronic disease management, environmental safety, and broader social determinants of health.

3-Year Average of Children Hospitalized for Asthma Ages Birth to 14 Years (Rate per 10,000)



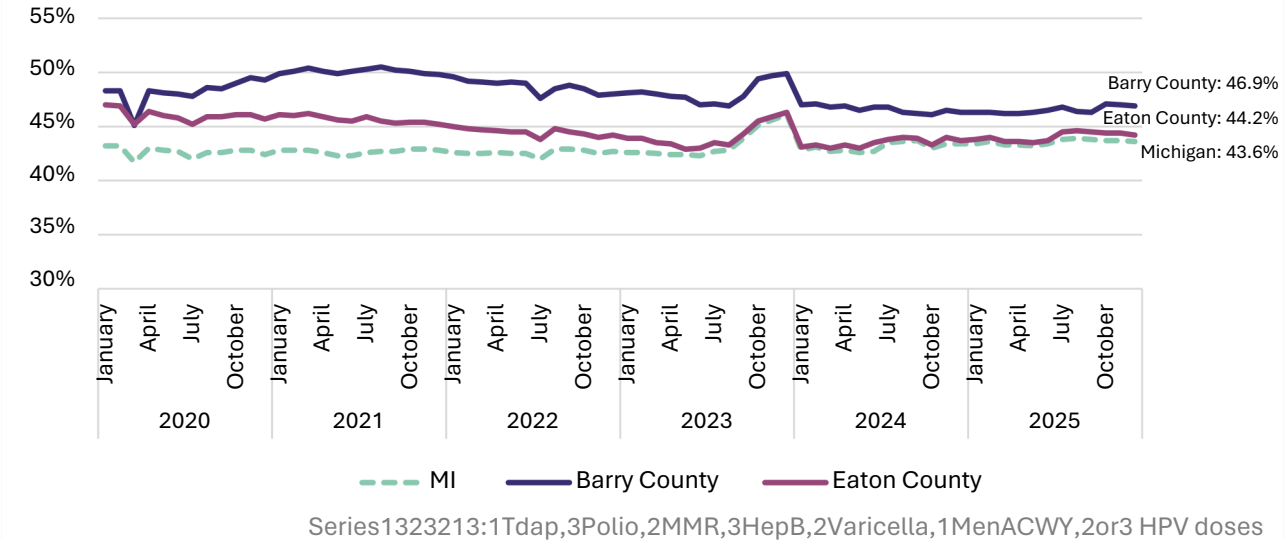
- From 2019 to 2023, the three-year average rate of children hospitalized for asthma among those ages birth to 14 years declined across Michigan through 2021 before increasing again by 2023.
- Eaton County followed a different trend, with rates decreasing from 7.2 per 10,000 in 2019 to 4.9 per 10,000 in 2021, followed by a sharp increase to 14.5 per 10,000 in 2023, exceeding the statewide rate.
- In Barry County, the 2023 rate was 6.9 per 10,000, remaining below the Michigan rate.
- Asthma hospitalization rates are an important indicator of child health because they can reflect asthma prevalence, environmental exposures, access to preventive healthcare, medication management, and the effectiveness of community asthma control efforts.

Percentage of High School Students who Reported Seeing a Doctor or Health Care Provider for a check-Up or Physical Exam When They Were Not Sick or Injured During the Past 12 Months, 2023-2024



- During 2023–2024, the majority of high school students in both Barry and Eaton counties reported seeing a doctor or healthcare provider for a routine check-up or physical exam within the past 12 months.
- In Barry County, 73.7% of students reported receiving preventive care. There was a larger disparity between male and female high school students reporting routine check-ups with higher rates among females (75.9%) compared to males (71.7%).
- In Eaton County, 69.6% of students reported receiving a check-up, with similar rates among males (69.7%) and females (70.3%).
- Preventive healthcare visits among adolescents are an important indicator of youth health and healthcare access, as routine check-ups support early identification of physical and mental health concerns, preventive screenings, vaccinations, and overall healthy development.

Percent of Adolescents 13-17 Years of Age who have Completed the 1323213 Vaccine Series

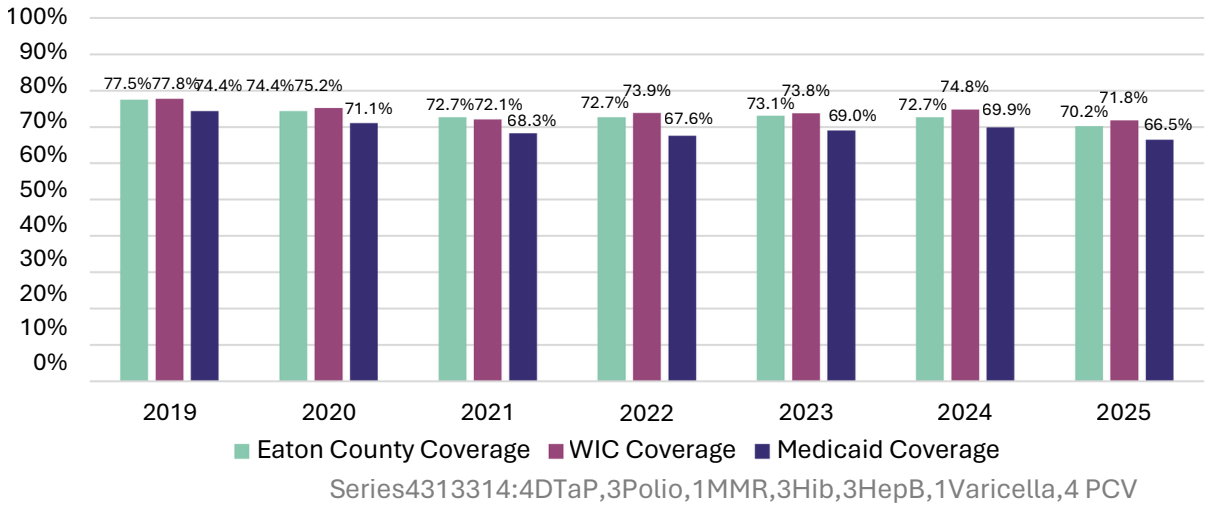


Series1323213:1Tdap,3Polio,2MMR,3HepB,2Varicella,1MenACWY,2or3 HPV doses

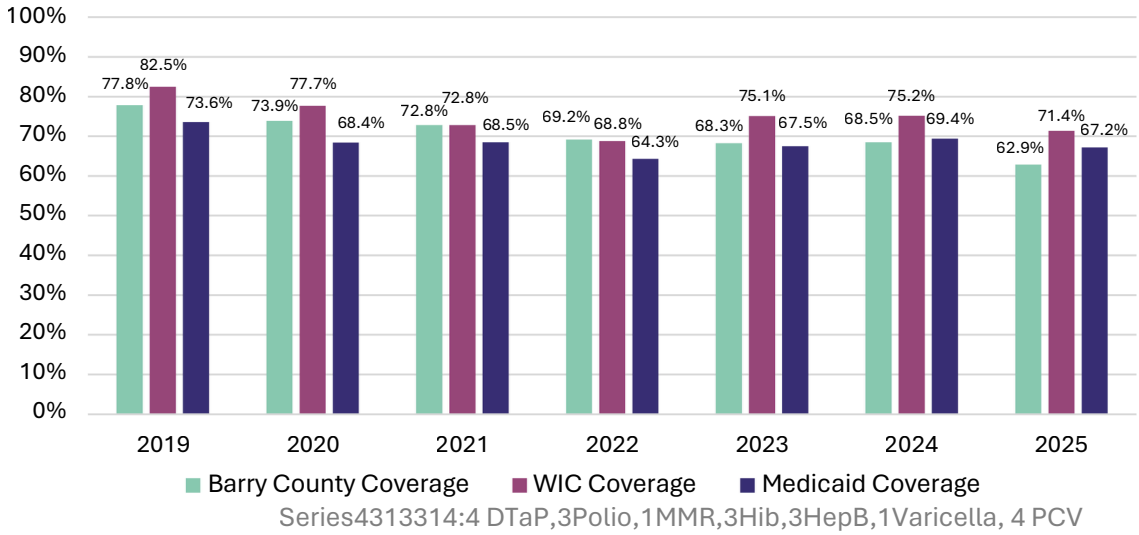
- The percentage of adolescents ages 13-17 who completed the recommended vaccine series remained relatively stable over time across Michigan, Barry County, and Eaton County. Most recently, vaccination coverage was 46.9% in Barry County and 44.2% in Eaton County, both slightly higher than the Michigan rate of 43.6%.
- Adolescent vaccination coverage is an important public health indicator because vaccines help protect against serious infectious diseases and reduce community transmission.



Percent of Children 19-35 months of age who have completed the 4313314 Vaccine Series in Eaton County by Coverage

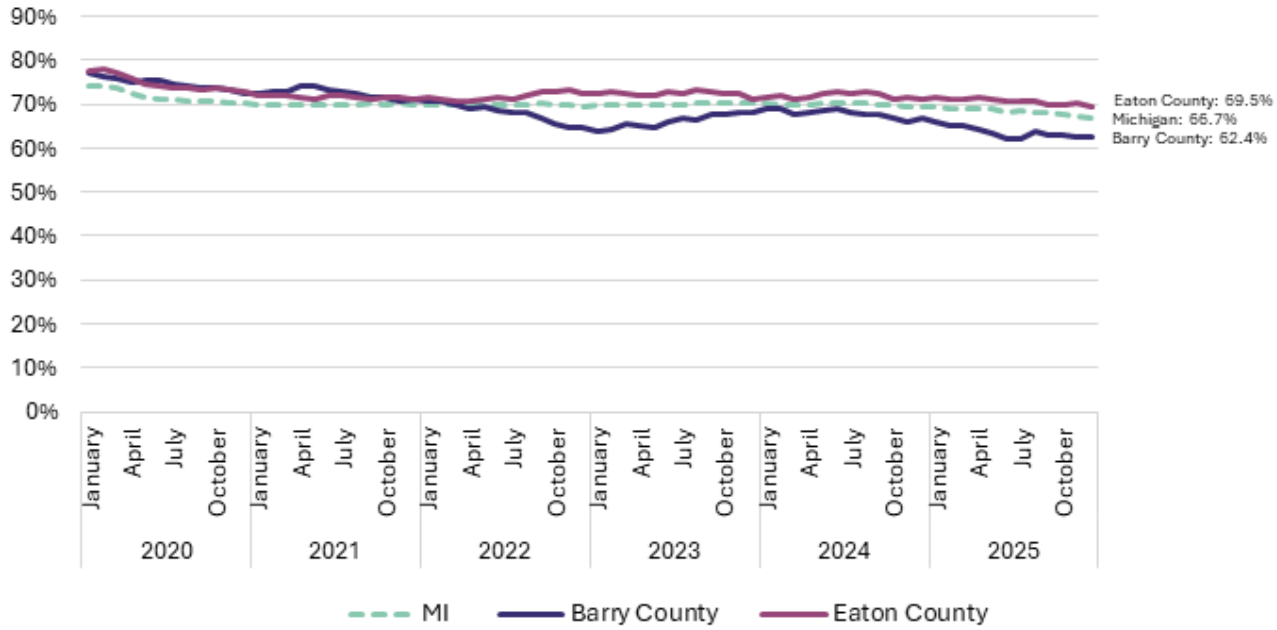


Percent of Children 19-35 months of age who have completed the 4313314 Vaccine Series in Barry County by Coverage



- From 2019 to 2025, vaccination coverage among children ages 19–35 months completing the recommended 4313314 vaccine series fluctuated across both Barry and Eaton counties, as well as among children enrolled in WIC and Medicaid.
- In Barry County, coverage has dropped from 77.8% in 2019 to 62.9% in 2025. WIC coverage was consistently higher than county and Medicaid coverage in most years.
- Similarly, in Eaton County, overall vaccination coverage dropped from 77.5% in 2019 to 70.2% in 2025. WIC coverage generally remaining slightly higher than county and Medicaid rates. Medicaid coverage in Eaton County also remained consistently lower, reaching 66.5% in 2025. Childhood vaccination coverage is an important public health indicator because immunizations protect children from serious vaccine-preventable diseases, reduce the risk of outbreaks, and support community immunity. Differences in vaccination coverage by insurance or assistance program status may also reflect disparities in healthcare access, preventive care utilization, and social determinants of health.

Percent of Children 19-35 months of age who have completed the 4313314 Vaccine Series by Quarter



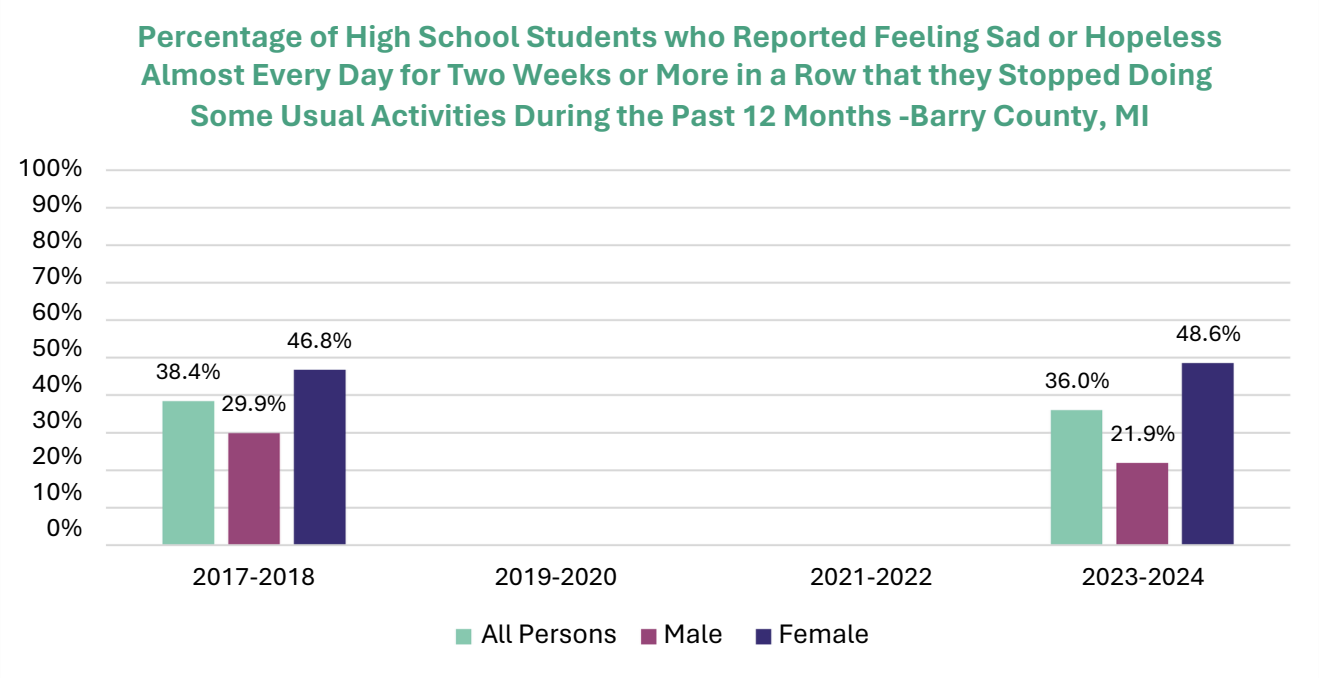
Series 4313314: 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV

- From 2020 to 2025, the percentage of children ages 19–35 months who completed the recommended 4313314 vaccine series generally declined across Michigan, Barry County, and Eaton County.
- Barry County experienced the most notable decrease during this period, falling from rates above the statewide average in 2020 to 62.4% in 2025, below both the Michigan rate of 66.7% and Eaton County's rate of 69.5%.
- Eaton County maintained vaccination coverage consistently above the statewide average throughout most of the time period, despite a gradual decline in recent years.



Section 1C: Behavioral Health & Wellbeing

Sources:
- MiPHY
- BRFS

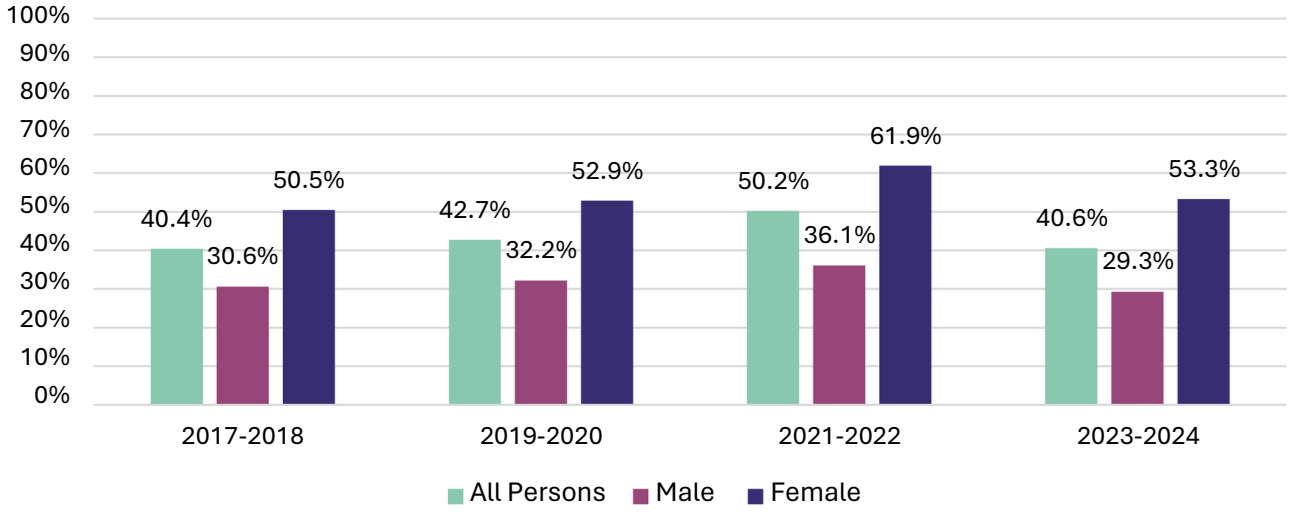


Note: The 2019-2020 and 2021-2022 MiPHY survey in Barry County did not receive enough completed surveys to report out data from those years, therefore it has been suppressed.

- A total of 36.0% of high school students in Barry County self-reported signs of depression in the 2023-2024 survey period.

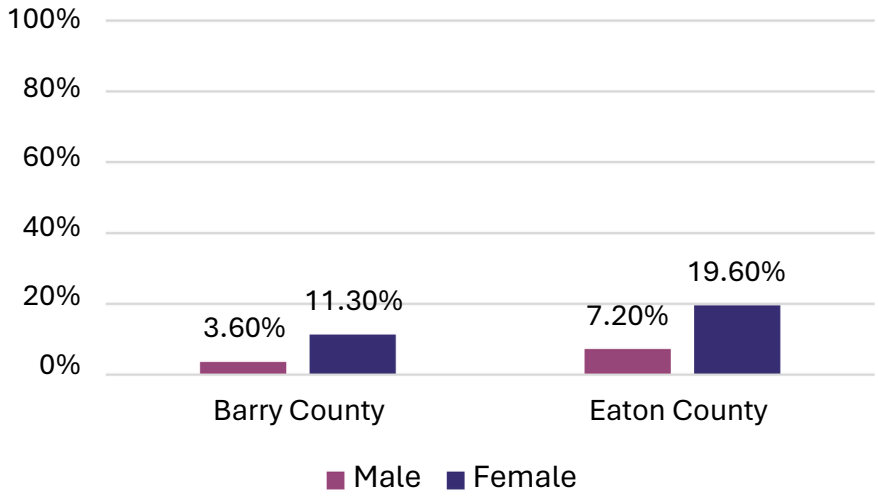
When comparing male and female high school students, females (48.6%) are over twice as likely to self-report signs of depression compared to male students (21.9%).

Percentage of High School Students who Reported Feeling Sad or Hopeless Almost Every Day for Two Weeks or More in a Row that they Stopped Doing Some Usual Activities During the Past 12 Months -Eaton County, MI



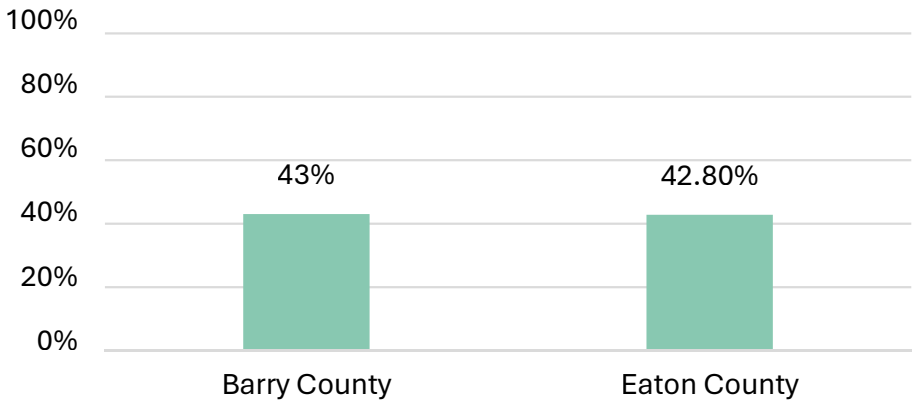
- During the 2023–2024 survey period, 40.6% of high school students in Eaton County self-reported signs of depression, representing a decrease from the previous survey period, when 50.2% of students reported signs of depression.
- Female high school students (53.3%) were more likely than male students (29.3%) to self-report signs of depression during the 2023–2024 survey period. This disparity has remained consistent across the previous three survey cycles.

Adult Reported Mental Health Reported as Not Good (2023-2025)



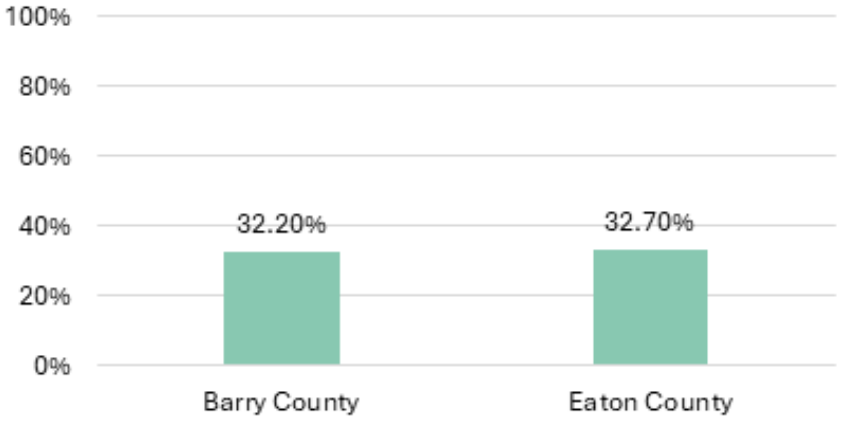
- In Eaton County, female adults (19.6%) were more than twice as likely as male adults (7.2%) to report that their mental health was ”not good”. Similarly, in Barry County, female adults (11.3%) were more than three times as likely as male adults (3.6%) to report poor mental health.

Percentage of High School Students who have Lived with Someone who was Depressed, Mentally Ill, or Suicidal, 2023-2024



- During the 2023–2024 survey period, more than 2 in 5 high school students in Barry County (43.0%) and Eaton County (42.8%) reported living with someone who was depressed, mentally ill, or suicidal.
- This metric is important because it shows that many students may be experiencing stress and mental health challenges at home, which can affect their emotional well-being, school performance, and overall quality of life.

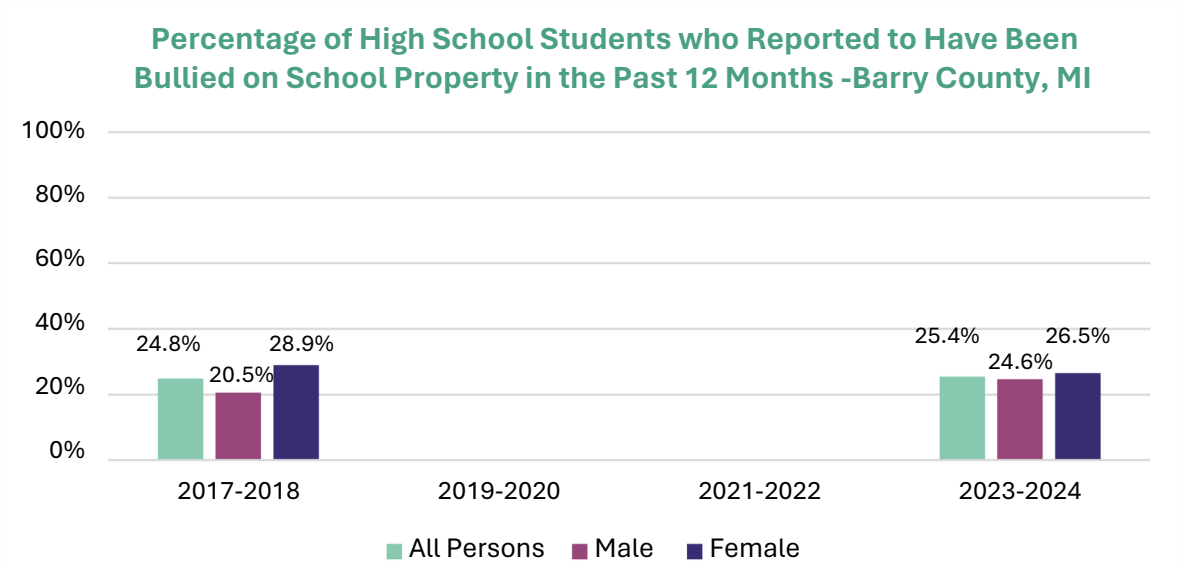
Percentage of High School Students who have Lived with Someone who was Having a Problem with Alcohol or Drug Use, 2023-2024



- During the 2023-2024 survey period, 32.2% of high school students in Barry County and 32.7% of students in Eaton County reported living with someone who was experiencing problems with alcohol or drug use.
- This metric is important because substance use within the home can create stressful and unstable environments for youth, potentially affecting their mental health, sense of safety, academic success, and overall well-being.

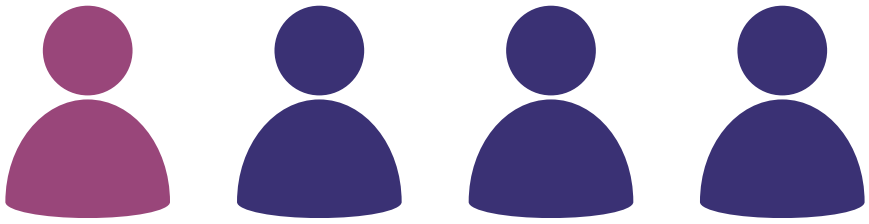
Section 1D: Safety & Violence

Sources:
- MiPHY
- MDHHS, CPS
- MCIR System



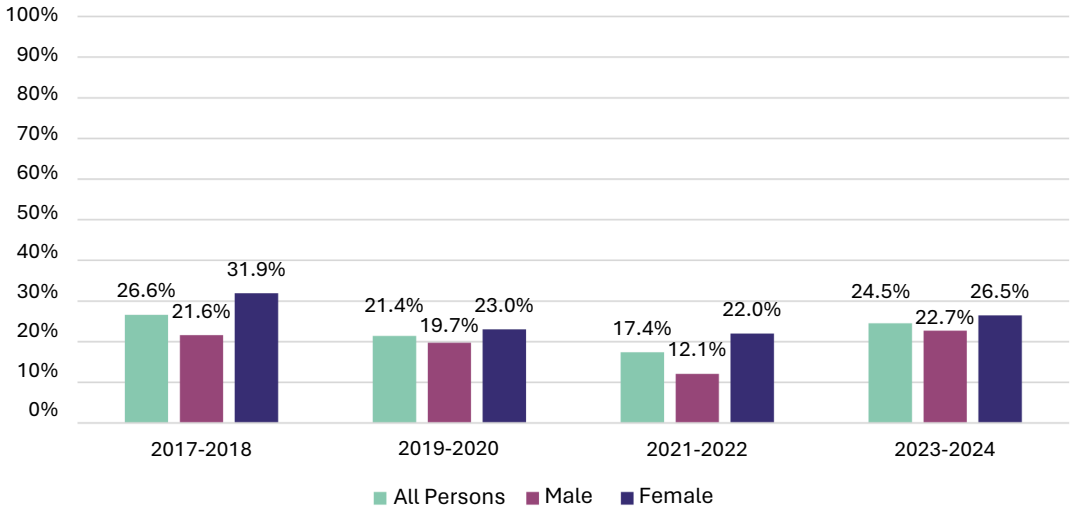
Note: The 2019-2020 and 2021-2022 MiPHY survey in Barry County did not receive enough completed surveys to report out data from those years, therefore it has been suppressed.

- The difference in bullying rates between male and female students has narrowed since the 2017–2018 survey period. While females previously reported substantially higher rates of bullying, rates are now much more similar between male and female students.
- This indicator is important because bullying can negatively affect students' mental health, sense of safety, academic performance, and overall well-being. Tracking bullying trends can help schools and communities identify needs for prevention, intervention, and student support efforts.



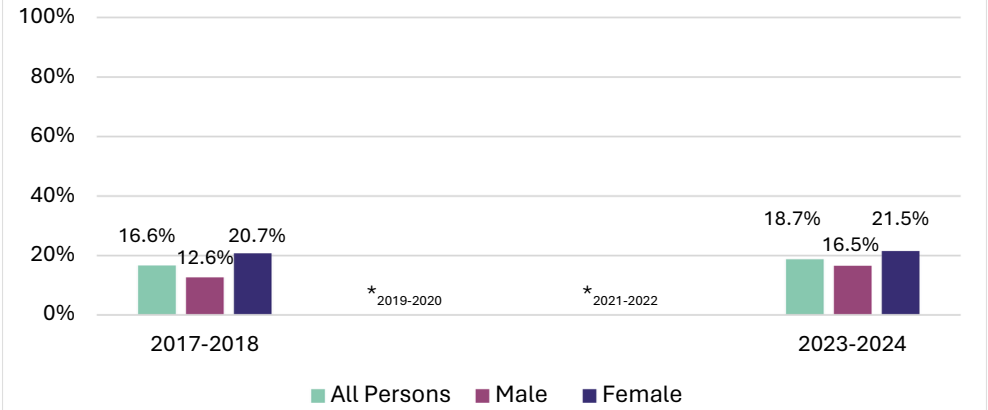
Approximately 1 in 4 high school students in Barry County reported being bullied on school property during the 2023–2024 survey period.

Percentage of High School Students who Reported to Have Been Bullied on School Property in the Past 12 Months -Eaton County, MI



- Approximately 1 in 4 high school students in Eaton County reported being bullied on school property during the 2023–2024 survey period.
- The difference in bullying rates between male and female students has narrowed since the 2017–2018 survey period. While females previously reported substantially higher rates of bullying, rates are now much more similar between male and female students.
- This indicator is important because bullying can negatively affect students' mental health, sense of safety, academic performance, and overall well-being. Tracking bullying trends can help schools and communities identify needs for prevention, intervention, and student support efforts.

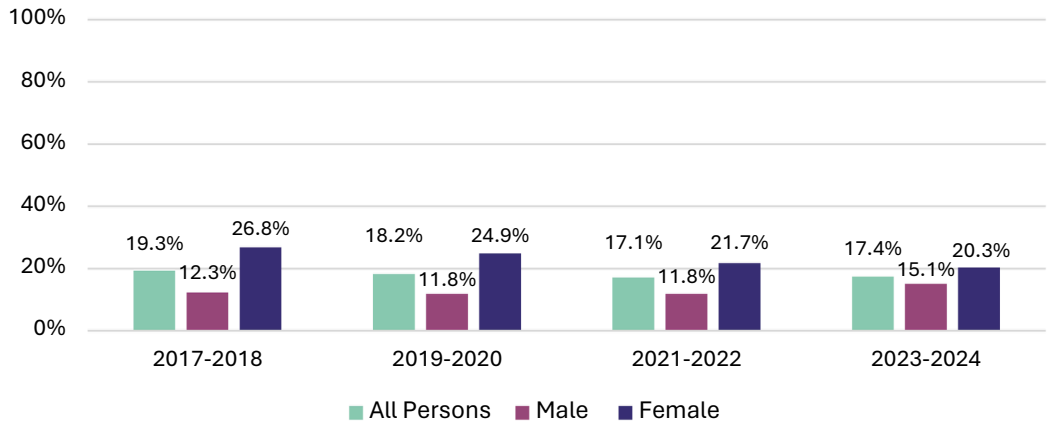
Percentage of High School Students who Reported Being Electronically Bullied in the Past 12 Months -Barry County, MI



Note: The 2019-2020 and 2021-2022 MiPHY survey in Barry County did not receive enough completed surveys to report out data from those years, therefore it has been suppressed.

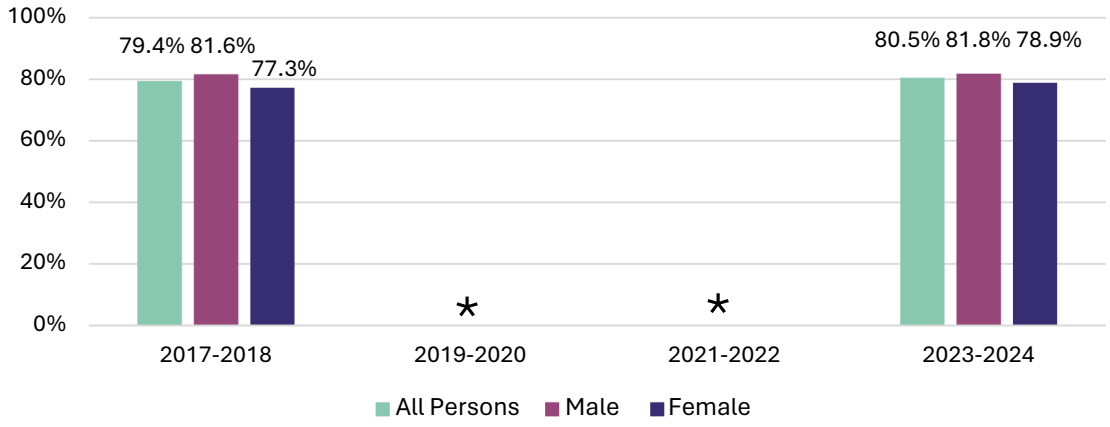
- Approximately 19% of high school students in Barry County reported being electronically bullied during the 2023–2024 survey period.
- Female students reported higher rates of electronic bullying compared to male students. Although this disparity has decreased since the 2017–2018 survey period, differences between male and female students still remain.
- This indicator is important because electronic bullying can negatively impact students' mental health, self-esteem, relationships, and overall sense of safety both in and outside of school.

Percentage of High School Students who Reported Being Electronically Bullied in the Past 12 Months -Eaton County, MI



- Approximately 17.4 % of high school students in Eaton County reported being electronically bullied during the 2023–2024 survey period.
- Female students reported higher rates of electronic bullying compared to male students. Although this disparity has decreased since the 2017–2018 survey period, differences between male and female students still remain.
- This indicator is important because electronic bullying can negatively impact students' mental health, self-esteem, relationships, and overall sense of safety both in and outside of school.

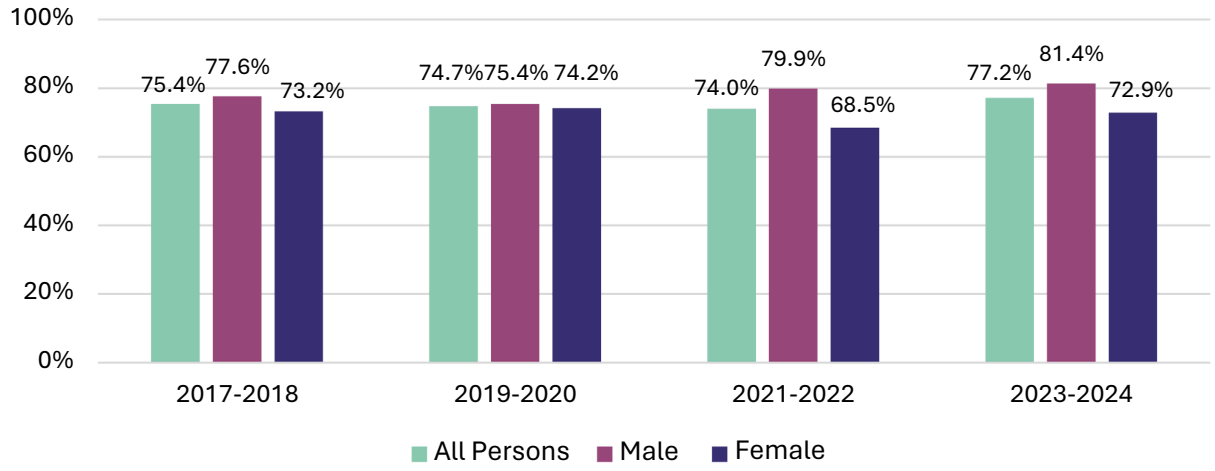
Percentage of High School Students who Reported they could Ask Their Mom or Dad for Help with Personal Problems -Barry County, MI



Note: The 2019-2020 and 2021-2022 MiPHY survey in Barry County did not receive enough completed surveys to report out data from those years, therefore it has been suppressed.

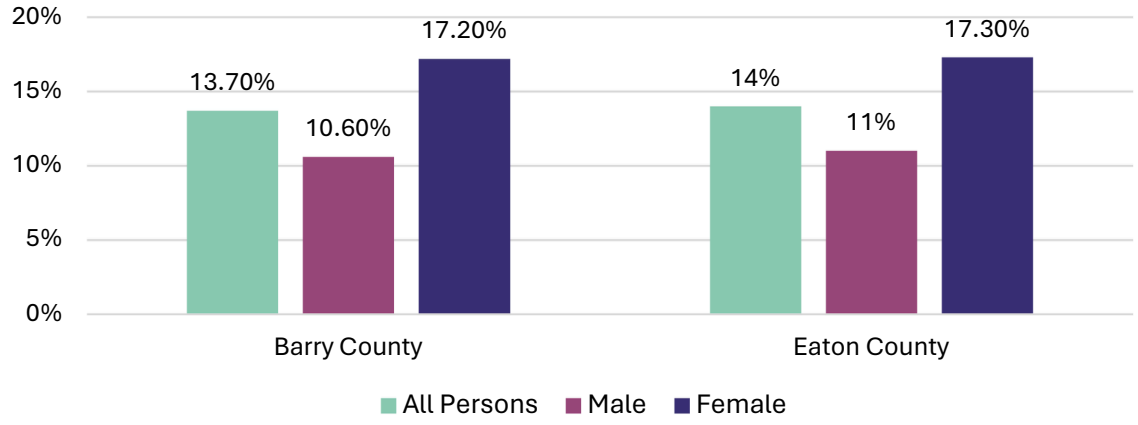
- The majority of high school students in Barry County (80.5%) reported that they could ask a parent or guardian for help with personal problems during the 2023–2024 survey period.
- There was little difference between male and female students in reported ability to seek help from a parent or guardian, although rates were slightly higher among males.
- This indicator is important because supportive relationships with parents or trusted adults can positively influence a student's mental health, coping skills, resilience, and overall well-being.

Percentage of High School Students who Reported they could Ask Their Mom or Dad for Help with Personal Problems -Eaton County, MI

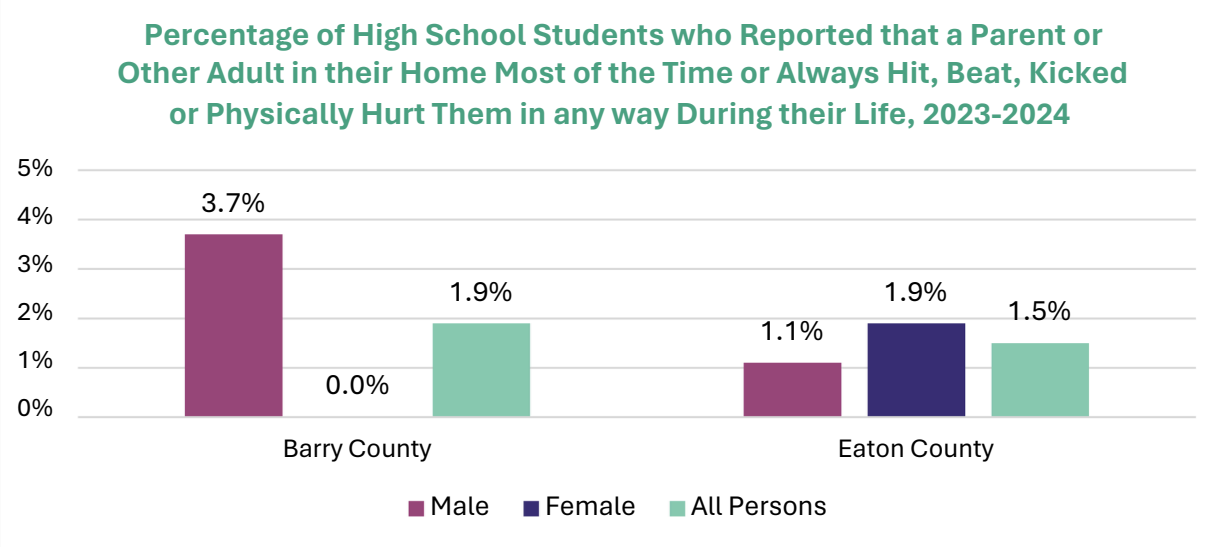


- The majority of high school students in Eaton County (77.2%) reported that they could ask a parent or guardian for help with personal problems during the 2023–2024 survey period.
- Male students (81.4%) were more likely than female students (72.9%) to report being able to seek help from a parent or guardian. This disparity has also been observed in previous survey years.
- This indicator is important because supportive relationships with parents or trusted adults can positively influence a student's mental health, coping skills, resilience, and overall well-being.

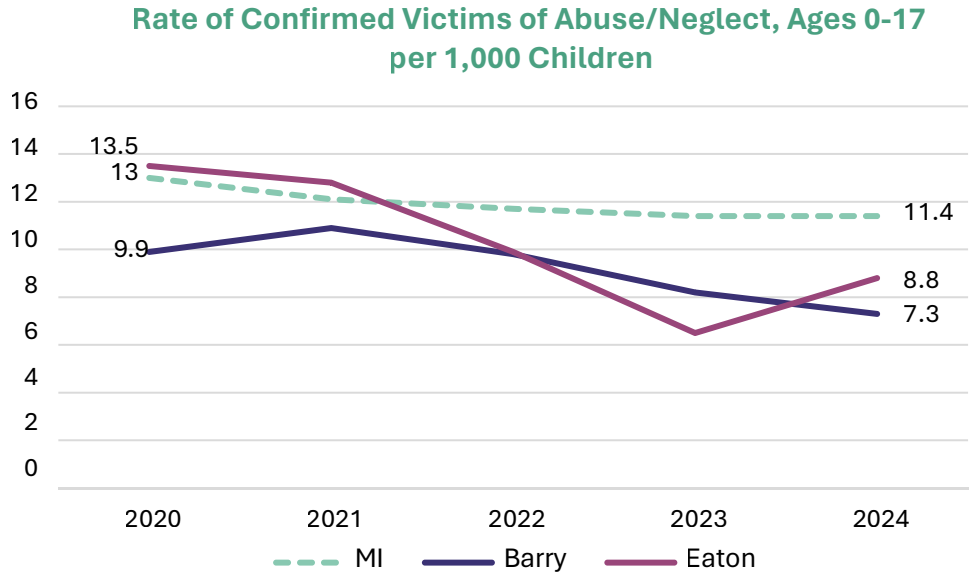
Percentage of High School Students who Reported that a Parent or Other Adult in their Life Most of the Time or Always Swore at them, Insulted them, or Put them Down during their Life, 2023-2024



- During the 2023–2024 survey period, approximately 14% of high school students in both Barry and Eaton Counties reported experiencing verbal abuse from a parent or another adult in their life.
- Female students were more likely than male students to report experiencing verbal abuse, with rates of approximately 17% among females compared to 11% among males.
- This indicator is important because exposure to verbal abuse can negatively affect a student's mental health, self-esteem, emotional development, and overall well-being. Monitoring this measure can help identify needs for family support services, prevention efforts, and mental health resources for youth.



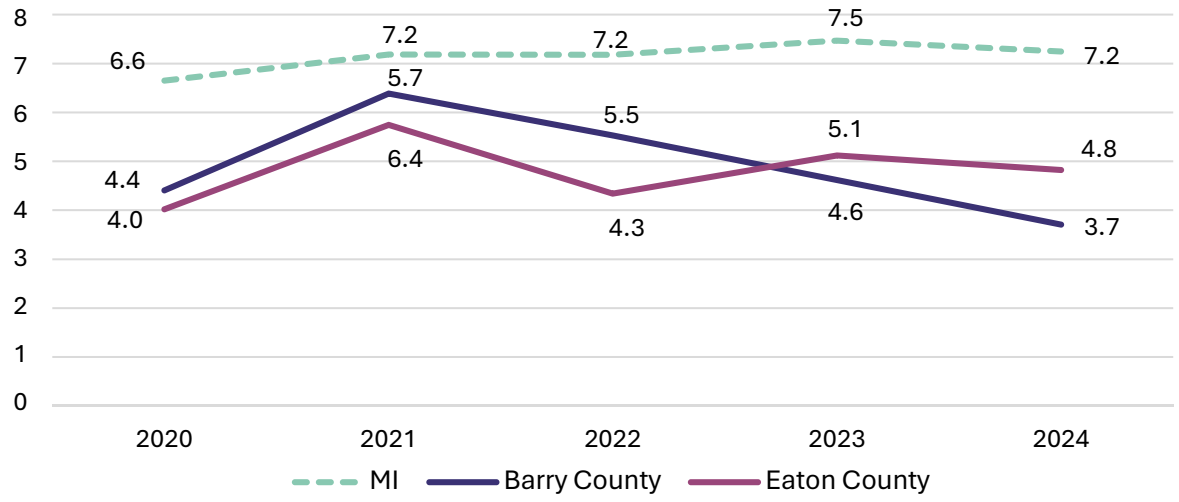
- During the 2023–2024 survey period, approximately 1.9% of high school students in Barry County and 1.5% of students in Eaton County reported experiencing physical abuse from a parent or another adult in their life.
- In Barry County, male students were more likely than female students to report experiencing physical abuse. In contrast, female students in Eaton County were more likely than male students to report experiencing physical abuse.
- This indicator is important because experiences of physical abuse can have lasting effects on a student's physical health, emotional well-being, sense of safety, and long-term development. Monitoring this measure can help communities identify needs for prevention, early intervention, and support services for youth and families.



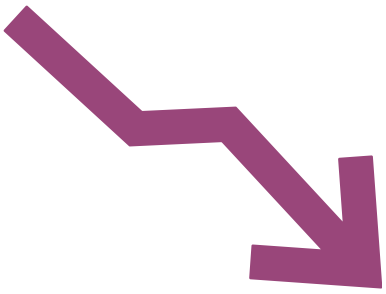
- Rates of child abuse and neglect among children ages 0–17 declined across Michigan, Barry County, and Eaton County between 2020 and 2024.
- Eaton County experienced the largest decrease, with rates declining from 13.5 per 1,000 children in 2020 to 8.8 per 1,000 children in 2024. Barry County also saw a decline, from 9.9 per 1,000 children in 2020 to 7.3 per 1,000 children in 2024.
- This indicator is important because child abuse and neglect can have long-term impacts on physical health, mental health, safety, and overall development. Tracking these rates helps communities monitor child well-being and identify opportunities for prevention, early intervention, and family support services.

Domestic violence is a significant public health and community well-being concern that can have **lasting impacts** on physical health, mental health, family stability, and overall quality of life. Tracking domestic violence rates across the population, as well as by gender and age, helps communities better understand which groups may be experiencing a greater burden and where prevention, support services, and outreach efforts may be most needed. Examining these patterns over time can also **help** local organizations, healthcare providers, and community partners **identify disparities**, **strengthen trauma-informed responses**, and **support safer, healthier communities** for all residents.

Domestic Violence Rate per 1,000 (All Ages & Genders)

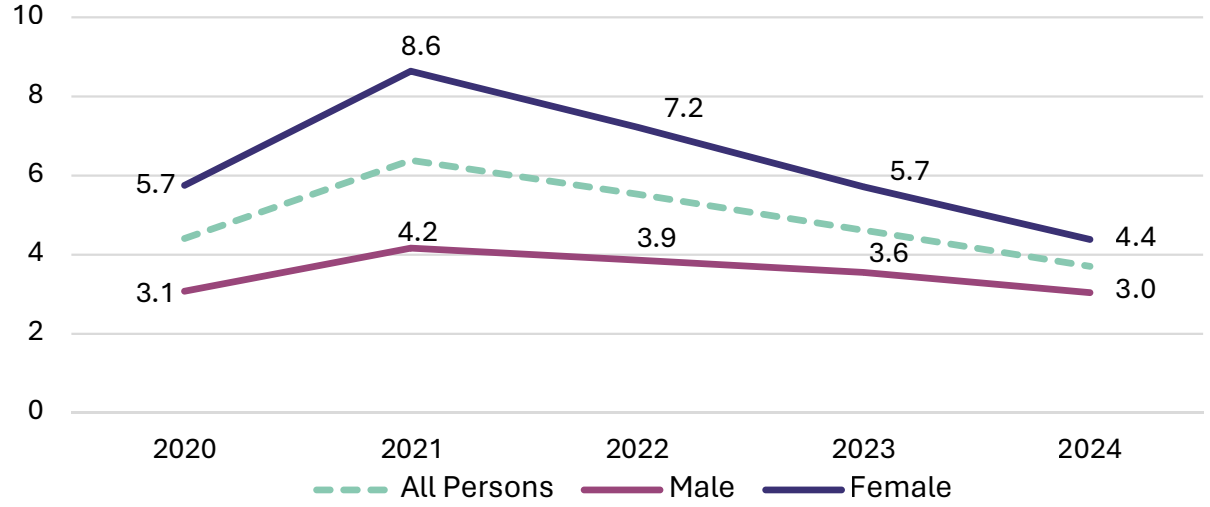


- Michigan consistently had a higher domestic violence rate per 1,000 population compared to Barry and Eaton Counties.
- Domestic violence rates in Eaton County fluctuated between 2020 and 2024, with the rate reaching 4.8 per 1,000 population in 2024.



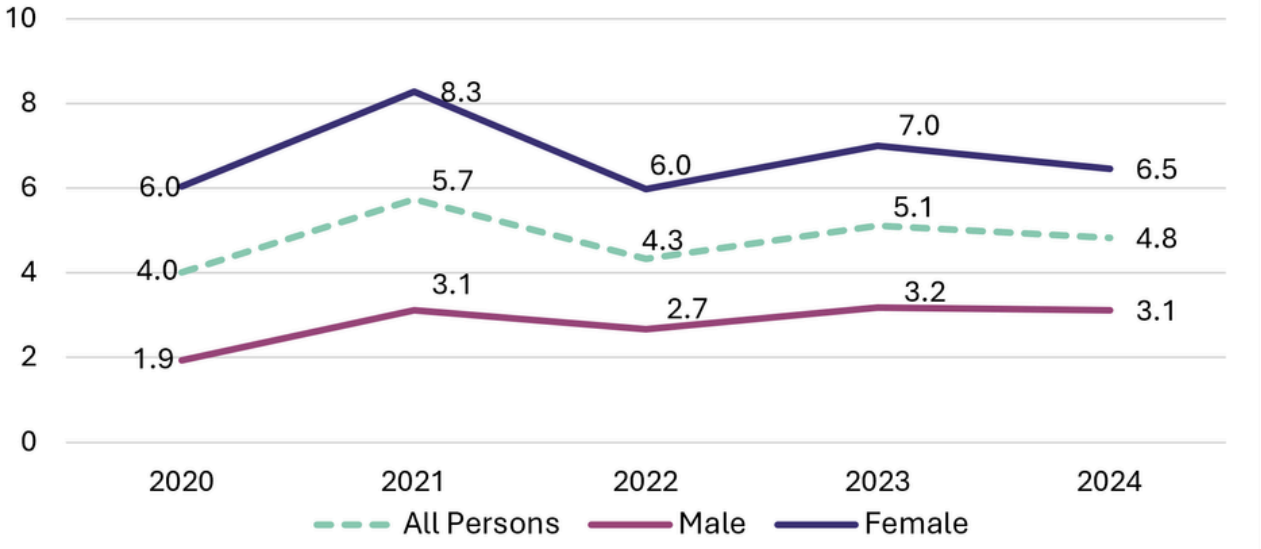
Barry County experienced a substantial decline in domestic violence rates, decreasing from 6.4 per 1,000 in 2021 to 3.7 per 1,000 in 2024.

Domestic Violence Victim Rate per 1,000 in Barry County, MI (All Ages) by Gender



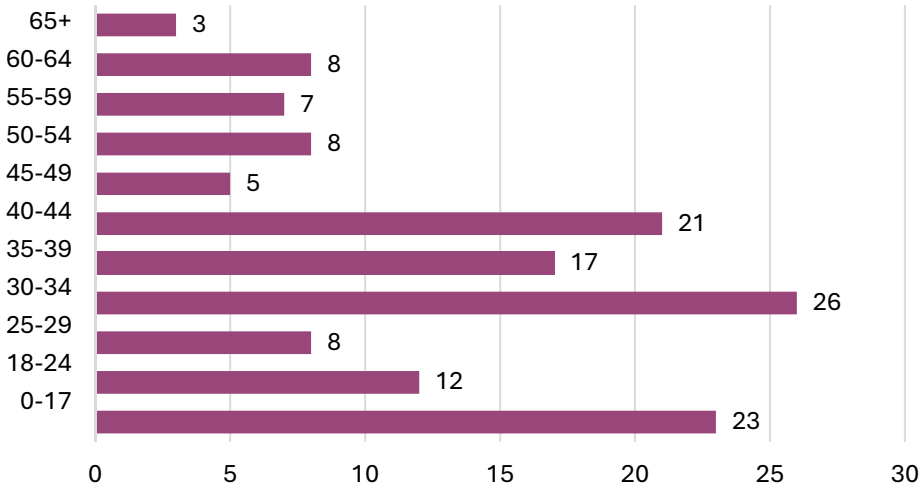
- In Barry County, domestic violence rates decreased between 2021 and 2024 for the overall population as well as for males and females separately.
- Females consistently experienced higher rates of domestic violence compared to males throughout the reporting period.
- However, the gap between female and male domestic violence rates narrowed over time, reaching its smallest difference in 2024, with rates of 4.4 per 1,000 among females and 3.0 per 1,000 among males.

Domestic Violence Victim Rate per 1,000 in Eaton County, MI (All Ages) by Gender

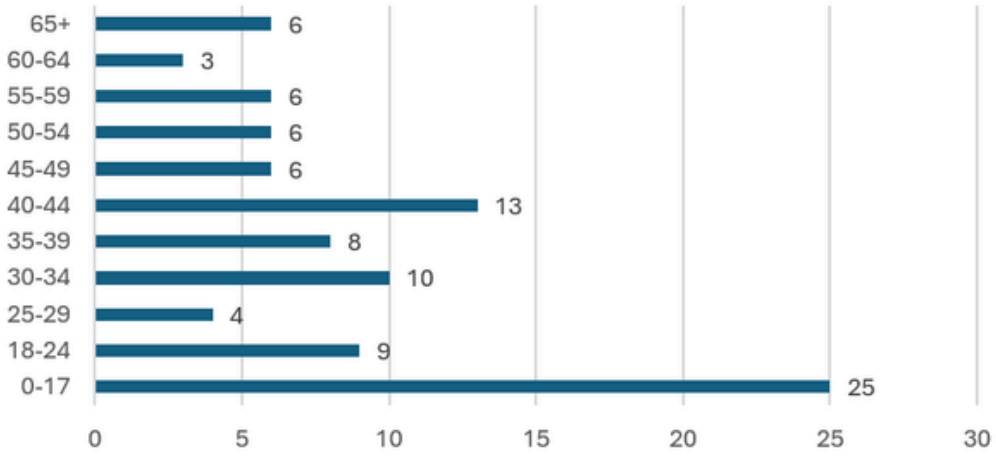


- Domestic violence rates in Eaton County fluctuated between 2020 and 2024. Throughout the reporting period, females consistently experienced higher rates of domestic violence compared to males.
- This disparity remained substantial in 2024, with a domestic violence rate of 6.5 per 1,000 among females compared to 3.1 per 1,000 among males.
- In 2024, females in Eaton County were more than twice as likely as males to be victims of domestic violence.

Female Victims of Domestic Violence Counts, Barry County, MI (2024)

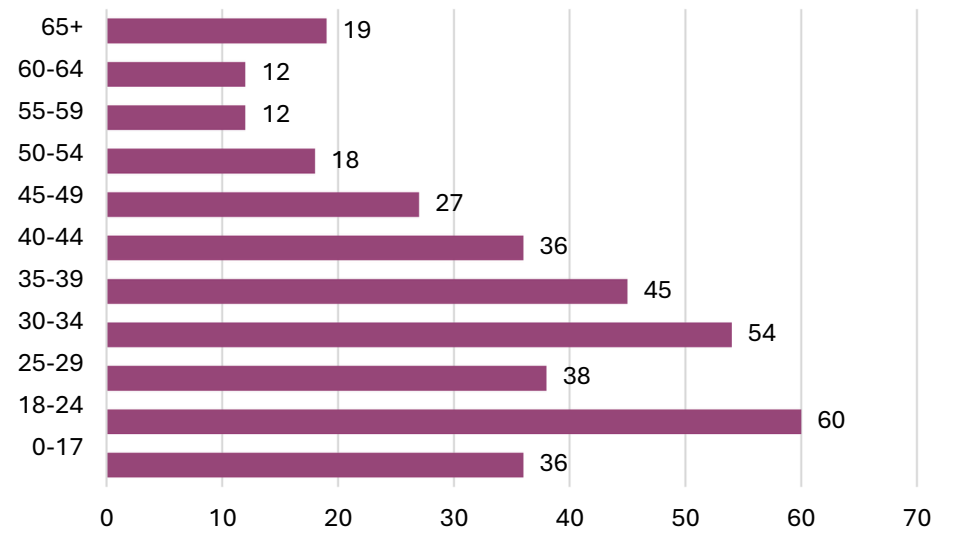


Male Victims of Domestic Violence Counts, Barry County, MI (2024)

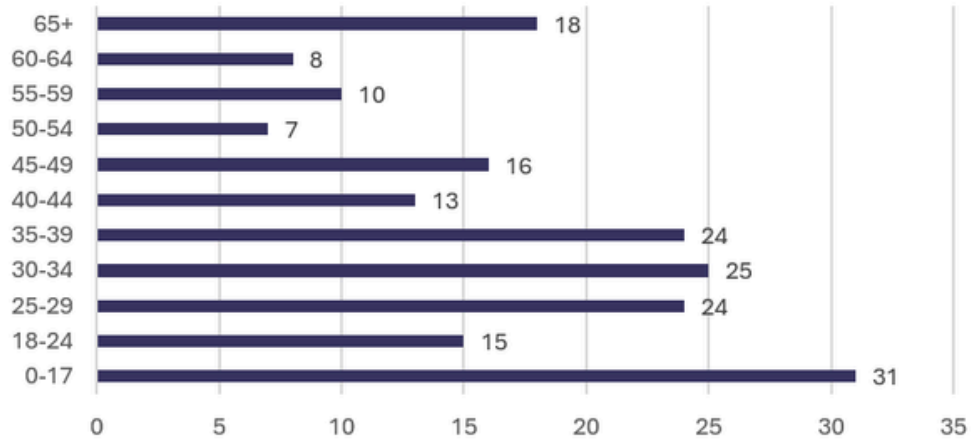


- In Barry County, the most common victim-to-offender relationship reported in domestic violence incidents was dating partners (boyfriend/girlfriend), accounting for 29% of cases. Parent relationships represented the second highest proportion (16%), followed by spouses (13%).
- Among all age and gender groups, females aged 30–34 represented the largest proportion of domestic violence victims in 2024, accounting for 11.1% of victims.

Female Victims of Domestic Violence Counts, Eaton County, MI (2024)



Male Victims of Domestic Violence Counts, Eaton County, MI (2024)



- In Eaton County, the most commonly reported victim-to-offender relationship in domestic violence incidents was dating partners (boyfriend/girlfriend), accounting for 27% of cases. Parent and spouse relationships were the second most common, each representing 12% of incidents.
- Individuals aged 0–17 years represented 13% of domestic violence victims in Eaton County in 2024.

Among all age and gender groups in Eaton County, females aged 18–24 accounted for the largest proportion of domestic violence victims in 2024, representing 11.4% of victims.

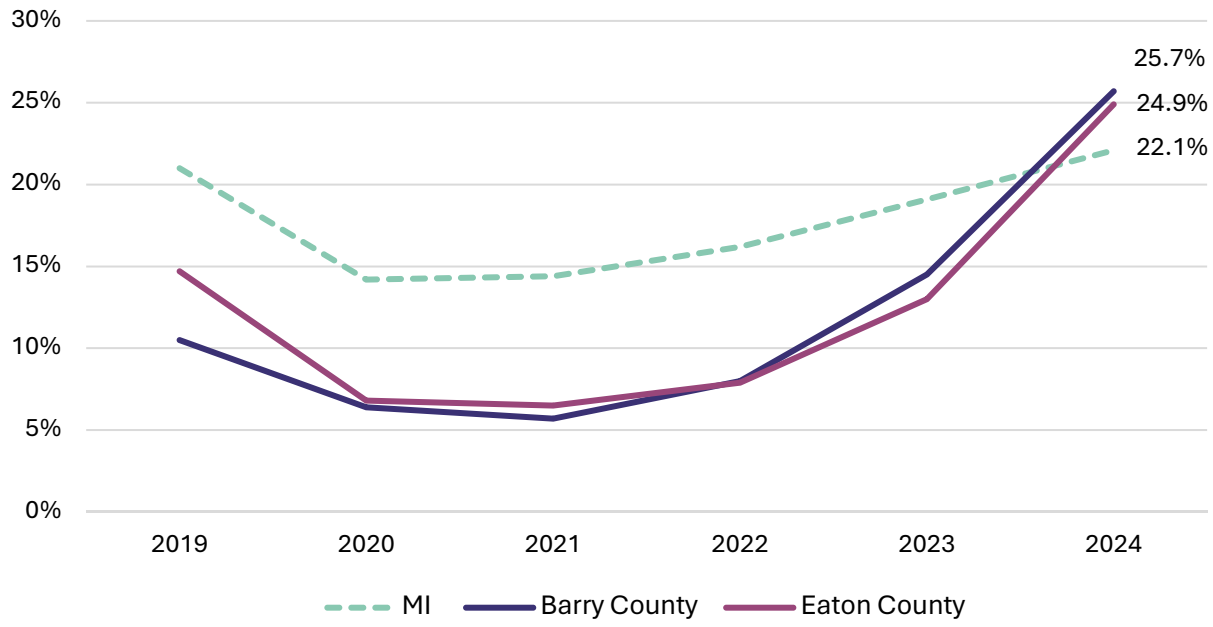
Section 1E: Environmental Health

Sources:
- MiTracking

In Michigan, children must be tested for blood lead levels at 12 months and 24 months of age or by 72 months of age (age 6) if there is no record of a previous test
Children must also be tested:

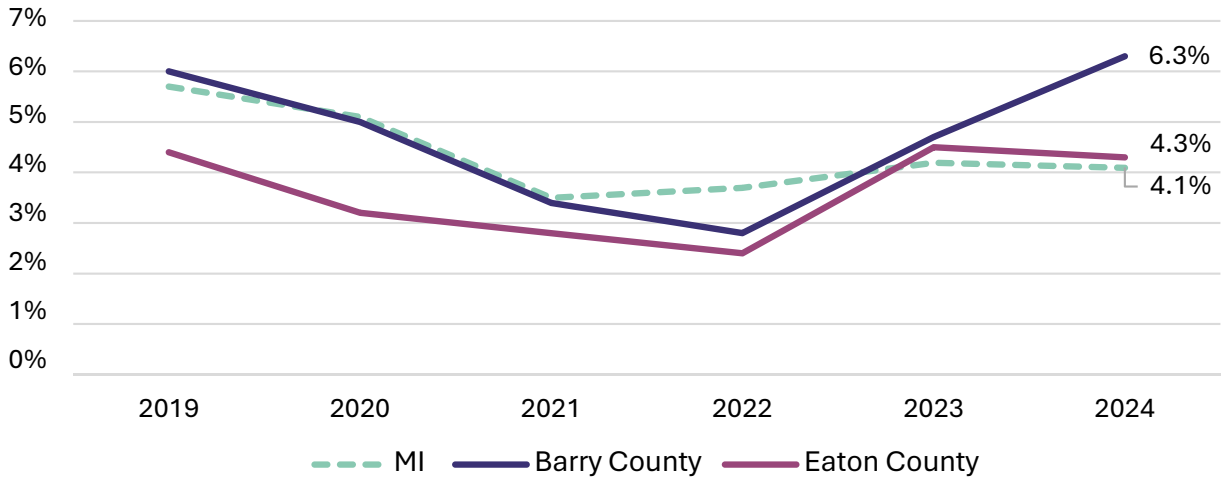
- At age 4 if they live in one of the 82 cities and townships designated by MDHHS as high risk. The list of high risk jurisdictions can be viewed at MI Lead Safe.
- At least once between their most recent test and age 72 months if they are at high risk because they live in a home:
  - Built before 1978.
  - Where other children with elevated blood lead levels live.
- Within three months of when a physician or parent determines that they are at high risk.

Percentage of Children Under 6 years Old Tested For Lead by Residence, 2019-2024



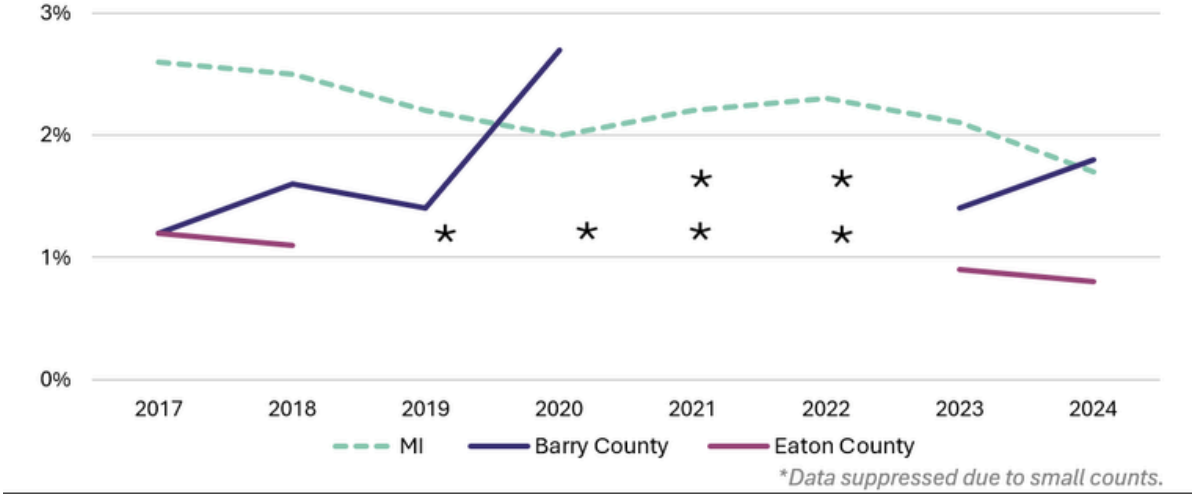
Following a decline in the percentage of children under age 6 tested for lead between 2020 and 2021, testing rates have steadily increased each year. In 2024, nearly 1 in 4 children in both Barry and Eaton Counties were tested for lead exposure, exceeding the Michigan statewide rate of 22.1%. Continued increases in testing may reflect growing awareness of the importance of early detection and prevention of childhood lead exposure.

Percentage of Tested Children Under 6 years Old with Elevated Blood Lead Levels (≥3.5 µg/dL) by Residence, 2019-2024 (All test Types)



Among children under age 6 who were tested for blood lead levels (BLLs), the percentage with elevated levels (≥3.5 µg/dL) is shown above. Barry County experienced a steady increase in the percentage of children with elevated BLLs from 2022 to 2024, reaching 6.3% in 2024. This was notably higher than both Eaton County (4.3%) and the Michigan statewide rate (4.1%). These findings highlight the continued importance of lead exposure prevention, early identification, and follow-up interventions for young children.

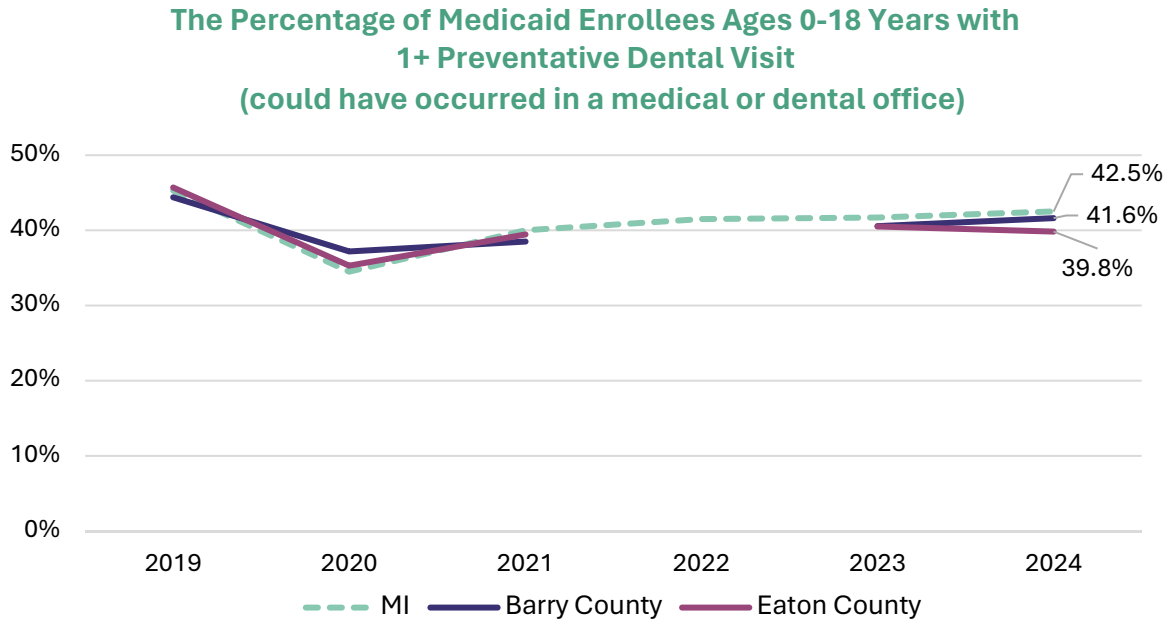
Percentage of Tested Children Under 6 years Old with Venous Elevated Blood Lead Levels (≥3.5 µg/dL) by Residence, 2019-2024



All elevated child blood lead tests (≥3.5 µg/dL) identified through capillary screening should be confirmed with a venous blood test. The data above show the percentage of children under age 6 with confirmed elevated venous blood lead levels. In 2024, less than 1% of children in Eaton County had an elevated venous BLL, compared to 1.8% in Barry County and 1.7% statewide in Michigan. Confirmed venous testing is an important step in identifying true lead exposure and ensuring children and families receive appropriate follow-up and intervention services.

Section 1F: Oral Health

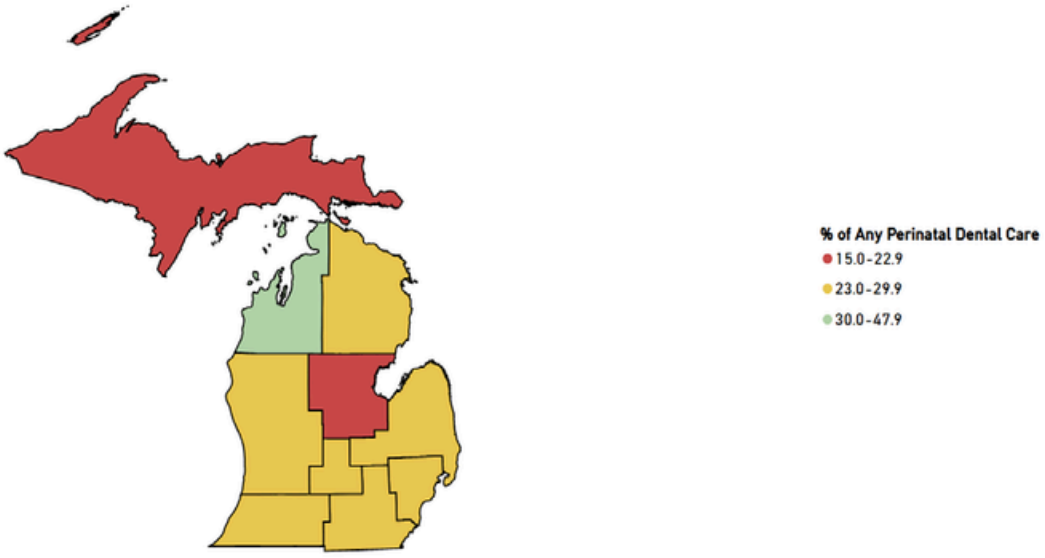
Sources:
- MHDW
- MiPHY



Following a decline in 2020, the proportion of Medicaid enrollees aged 0–18 years with one or more preventive dental visits has steadily increased in Barry County, Eaton County, and across Michigan. In 2024, rates were relatively similar across all three areas, with approximately 40–43% of Medicaid-enrolled children and adolescents receiving a preventive dental visit. These visits, which may occur in either medical or dental settings, play an important role in supporting oral health, early identification of dental concerns, and overall child well-being.

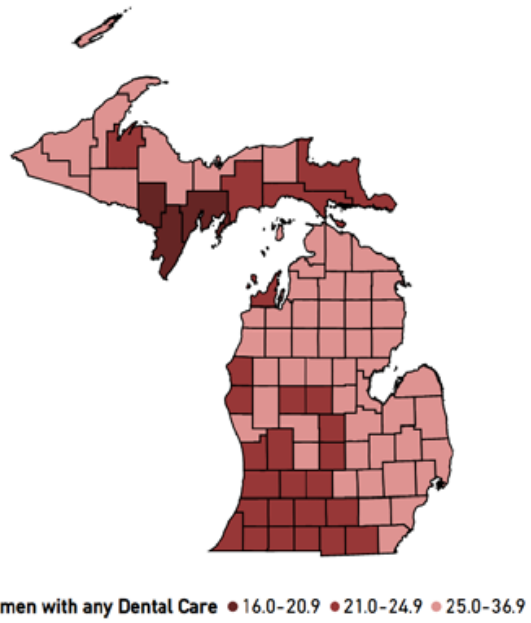


Pregnant People Dental Utilization by Greater Prosperity Region or Alliance, Reporting Data: Oct 2024-Mar 2025

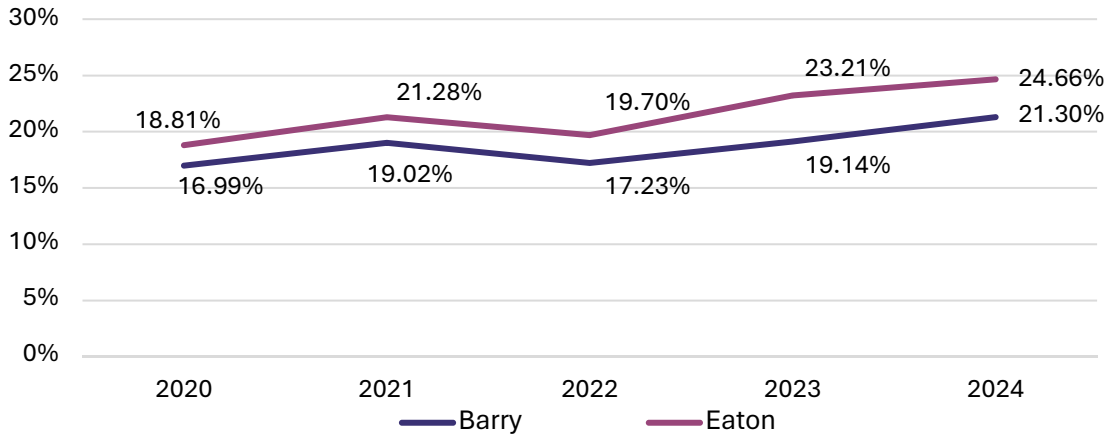


In the West Michigan Prosperity Alliance region (Barry County), approximately 1 in 4 pregnant individuals (24.4%) received any perinatal dental care, while 14.7% received preventive perinatal dental care. Similarly, in the South Central Prosperity Region (Eaton County), 23.9% of pregnant individuals received any perinatal dental care and 13.5% received preventive dental care during the perinatal period. Access to dental care during pregnancy is an important component of maternal health, as oral health can impact both pregnancy outcomes and overall well-being for parents and infants.

Percentage of All Women (18-44) with 3+ Months Medicaid Coverage with a Dental Visit by County, 2024

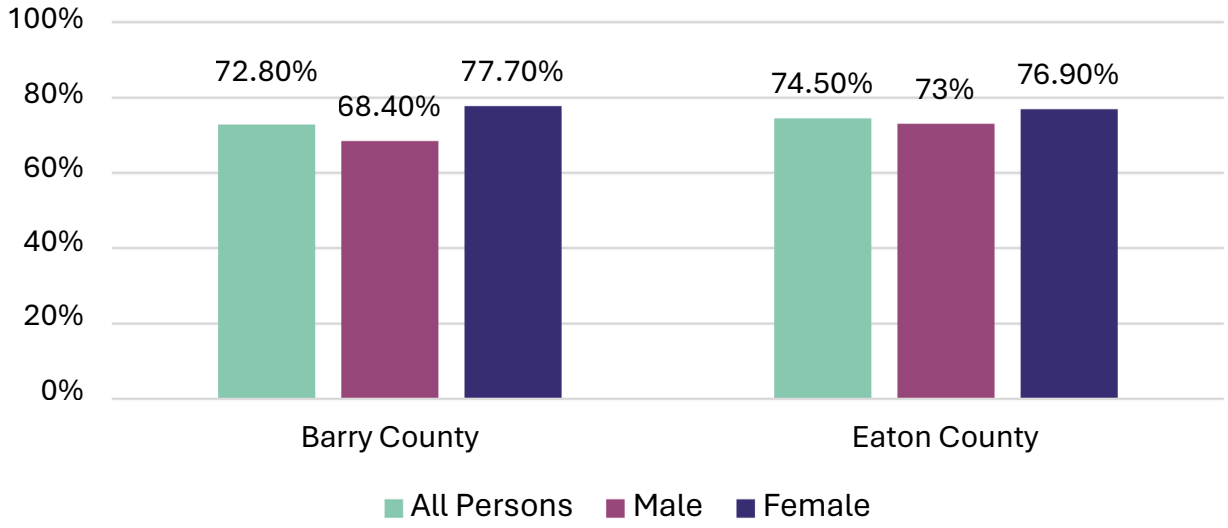


Percentage of All Women (18-44) with 3+ months Medicaid Coverage with a Dental Visit



Since 2020, the percentage of women with at least three months of Medicaid coverage who had a dental visit has increased in both Barry and Eaton Counties. In Barry County, the percentage rose from 17.0% in 2020 to 21.3% in 2024, while Eaton County increased from 18.8% to 24.7% over the same period. These upward trends may reflect improved access to oral health services and increased utilization of preventive care among women enrolled in Medicaid.

Percentage of High School Students who Reported Seeing a Dentist for a Check-Up, Exam, Teeth Cleaning, or other Dental Work during the Past 12 Months, 2023-2024



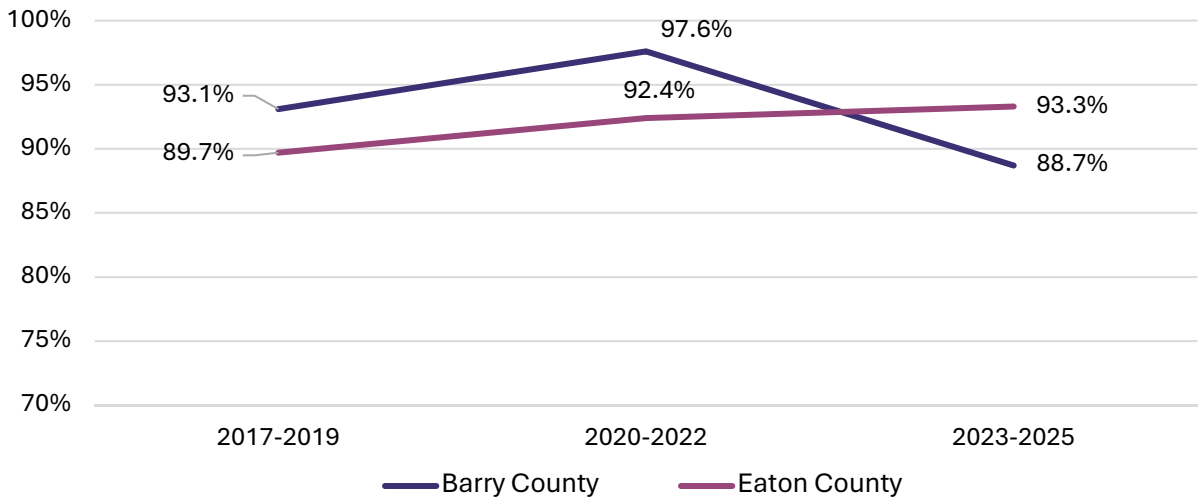
Approximately 3 in 4 high school students reported seeing a dentist for a check-up, exam, teeth cleaning, or other dental care within the past year during 2023–2024. Rates were similar in both counties, with 72.8% of students in Barry County and 74.5% in Eaton County reporting a dental visit. In both counties, disparities by sex were observed, with female students more likely than male students to report receiving dental care. Regular dental visits during adolescence are important for maintaining oral health and supporting overall health and well-being.

Section 1G: Access to Care

Sources:

- BRFS
- U.S. Census Bureau, SAHIE
- MDHHS BPHI
- Michigan Vital Records

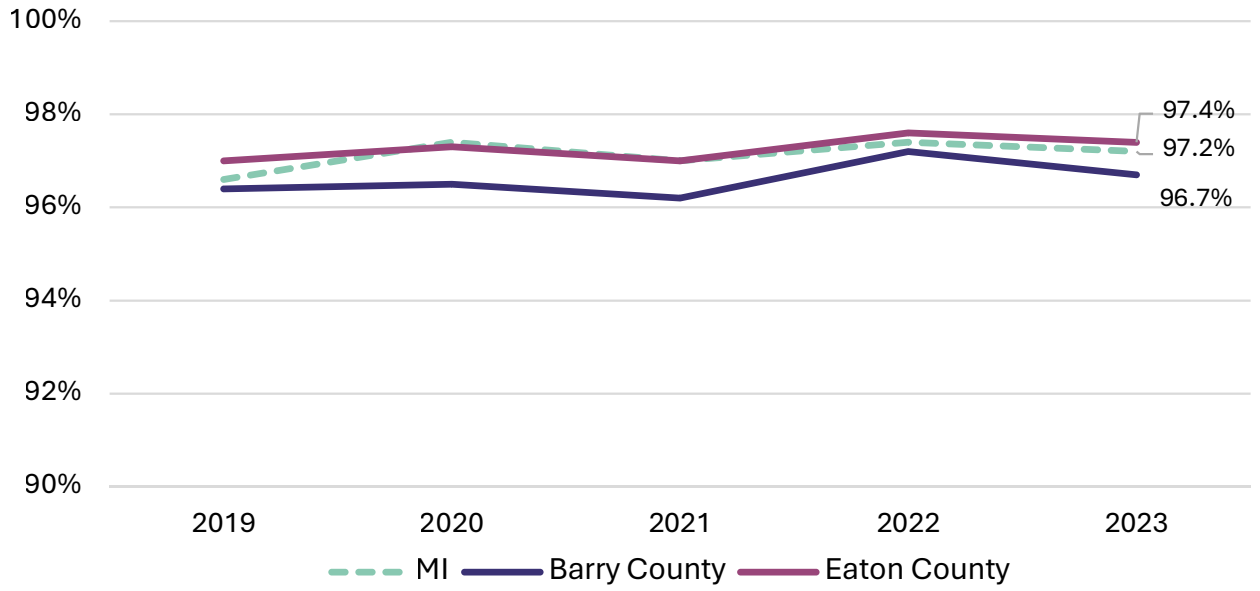
Percentage of Adult Females Reporting to Have at Least One Person They Think of As Their Personal Doctor or Health Care Provider



The 2023–2025 Behavioral Risk Factor Survey found that the percentage of adult females reporting they have at least one person they consider their personal doctor or health care provider has steadily increased in Eaton County since the 2017–2019 survey period. In contrast, Barry County experienced a decline of about 9 percentage points from 2020-2022 to 2023-2025. Having a regular health care provider is an important factor in accessing preventive care, managing chronic conditions, and supporting overall health outcomes.

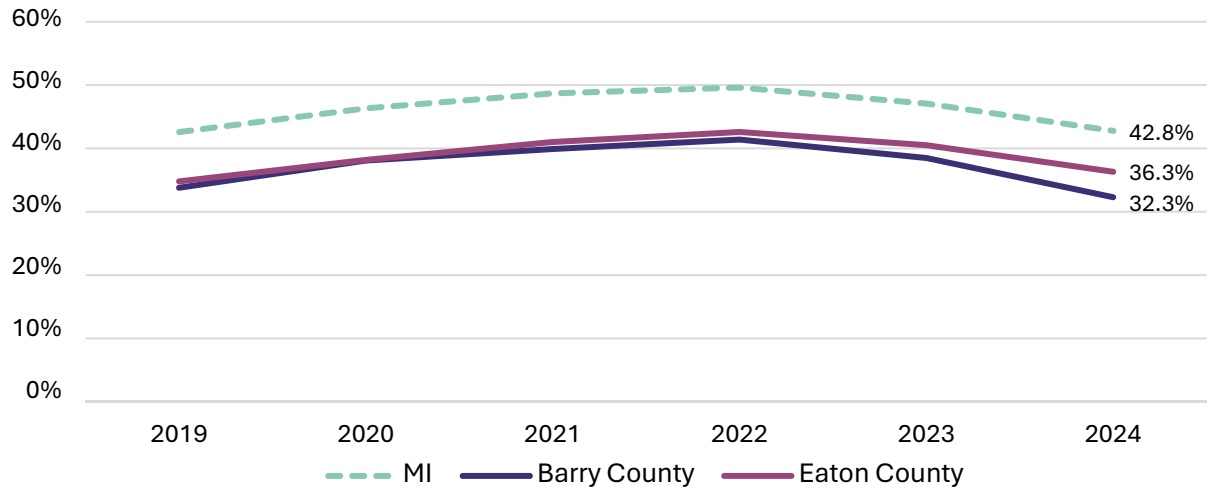


Percentage of Children Ages Birth to 18 with Health Insurance



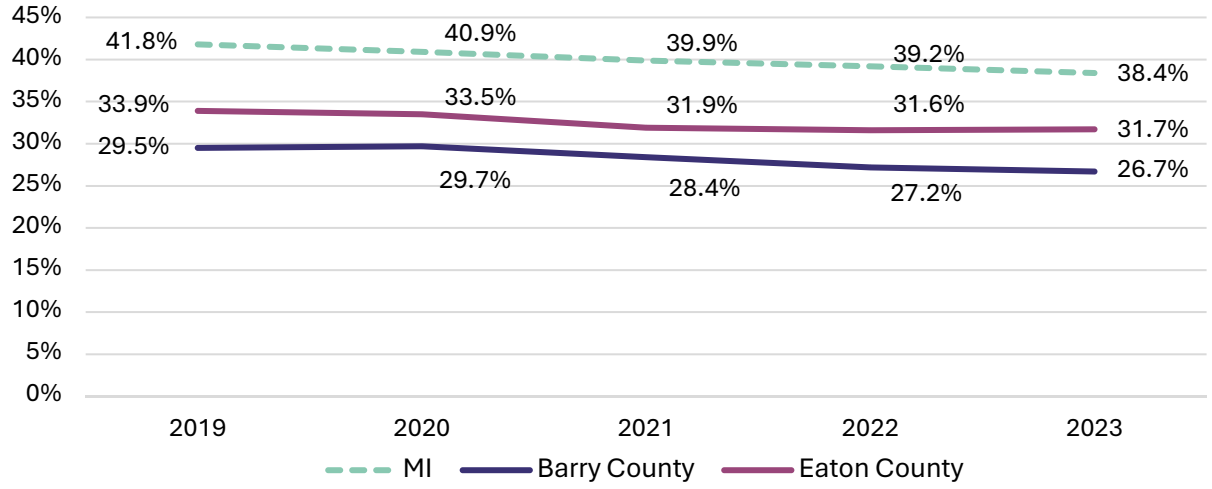
Since 2019, the percentage of children from birth through age 18 with health insurance coverage has fluctuated slightly over time but has consistently remained above 96% in Barry County, Eaton County, and across Michigan. In 2023, coverage rates in all three areas were approximately 97%, indicating that the vast majority of children had access to some form of health insurance. Maintaining high rates of health insurance coverage is important for ensuring children have access to preventive care, routine check-ups, immunizations, behavioral health services, and timely medical treatment when needed.

Percentage of Children Ages Birth to 18 Insured by Medicaid



In 2024, approximately 43% of children in Michigan were insured through Medicaid. Rates were lower in both Eaton County (36%) and Barry County (32%). All three areas experienced a notable decline in the percentage of children covered by Medicaid since 2022. Changes in Medicaid enrollment may reflect shifts related to post-pandemic eligibility redeterminations, household income changes, or transitions to other forms of insurance coverage. Monitoring children's insurance coverage remains important to ensure continued access to health care services and reduce barriers to care.

The Percentage of Live Births Covered by Medicaid (3-Year Average)



In 2023, approximately 38%of live births in Michigan were covered by Medicaid, compared to about 32% in Eaton County and 27% in Barry County. Medicaid coverage during pregnancy and childbirth plays an important role in supporting access to prenatal care, delivery services, and postpartum care, making continued monitoring of coverage trends important for maternal and infant health outcomes. The decline in Medicaid-covered live births may reflect a combination of factors, including changes in insurance coverage patterns, post-pandemic Medicaid eligibility redeterminations, demographic shifts, and changes in household income levels.

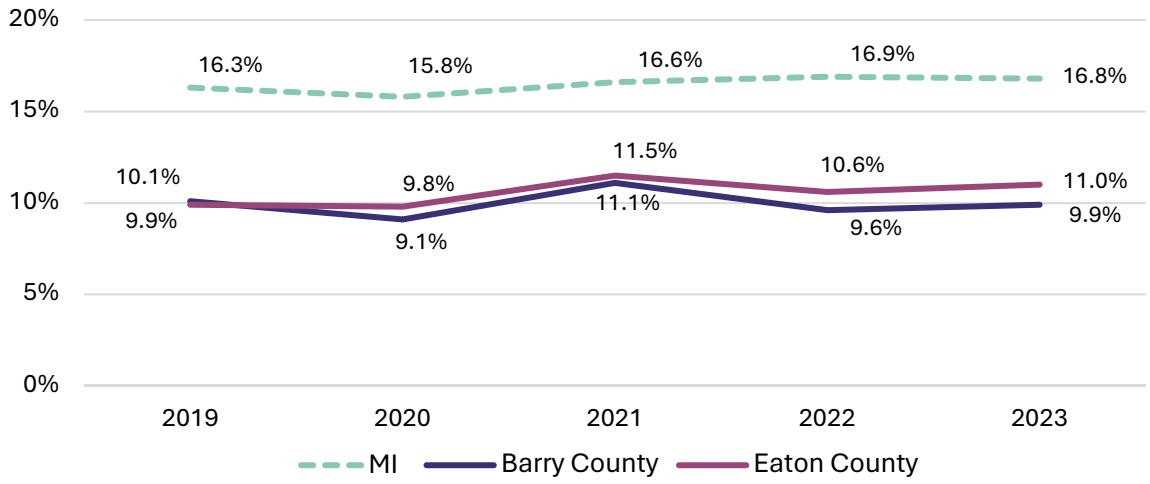
The percentage of live births covered by Medicaid steadily declined between 2019 and 2023 in Barry County, Eaton County, and across Michigan.

Section 1H: Social & Economic Factors

Sources:

- U.S. Census Bureau, SAIPE
- Kids Count

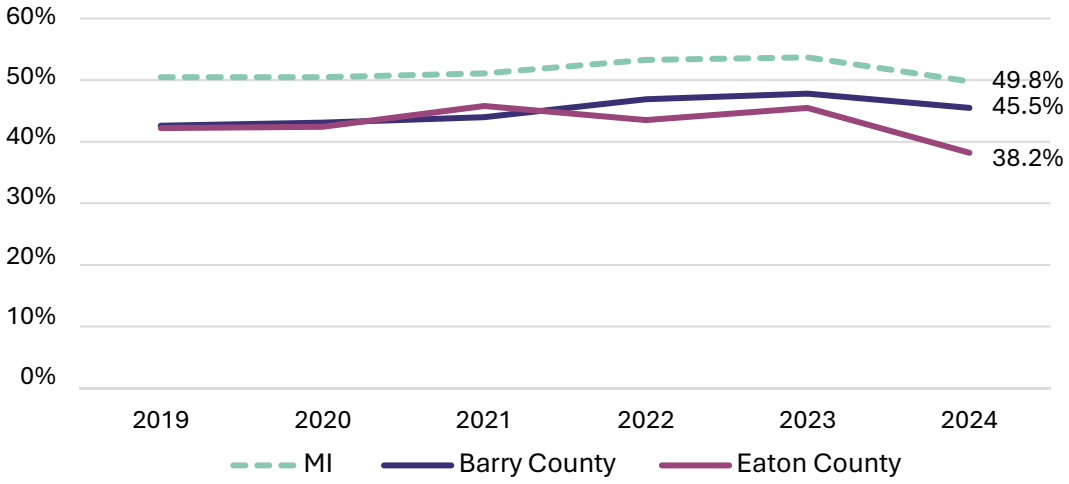
Percentage of Children Ages 5 to 17 who Live Below the Poverty Threshold



Rates in Barry and Eaton Counties were consistently lower during this period, ranging between 9 and 12%. In 2023, 11% of children ages 5-17 in Eaton County and 10% in Barry County were living below the poverty level. Although both counties had lower rates than the state overall, childhood poverty remains an important social determinant of health that can impact access to stable housing, nutritious food, educational opportunities, health care, and overall well- being.

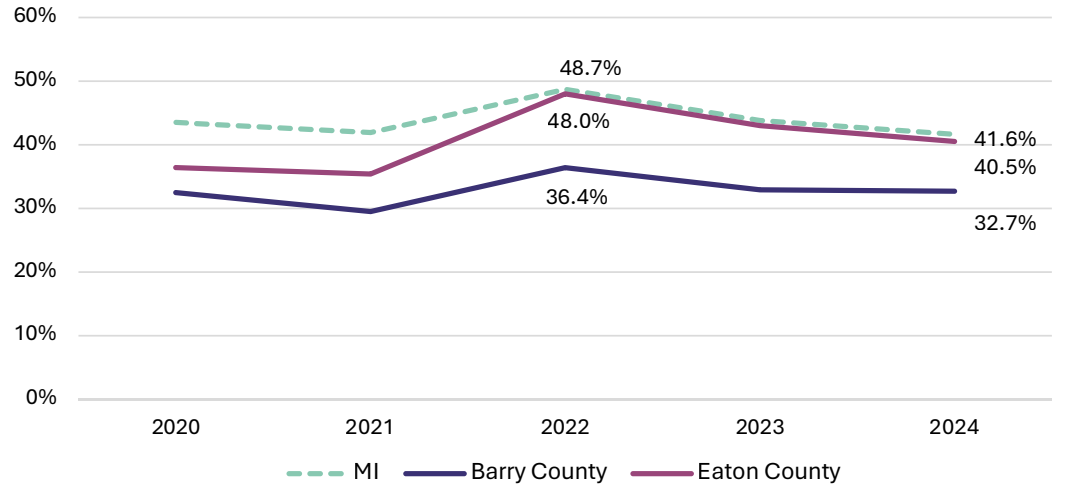
From 2019 to 2023, the percentage of children ages 5-17 living below the poverty threshold remained relatively stable in Michigan at approximately 16-17%.

Percentage of Students Previously Eligible for Free or Reduced-Price Lunch



In 2024, approximately 1 in 2 students in Michigan had previously been eligible for free or reduced-price lunch. Rates were somewhat lower in Barry County, where 46%of students were eligible, and lower still in Eaton County at 38%. Since 2019, the percentage has remained relatively stable across all three geographies, although Eaton County experienced a notable decline from 46% in 2023 to 38% in 2024. Eligibility for free or reduced-price lunch is commonly used as an indicator of household economic need and can help reflect broader patterns related to food security and socioeconomic conditions among children and families.

Percentage of Children Under 5 Years Receiving Women, Infants, and Children (WIC) Program Benefits



The percentage of children under age 5 receiving Women, Infants, and Children (WIC) program benefits fluctuated between 2020 and 2024 across Michigan, Barry County, and Eaton County. All three geographies reached peak participation levels in 2022, followed by slight declines in subsequent years. In Eaton County, the percentage of children receiving WIC benefits decreased from 48% in 2022 to 41% in 2024, while Barry County declined from 36% to 33% over the same period. WIC participation trends may reflect changes in program eligibility, enrollment, awareness, or household economic conditions. The WIC program plays an important role in supporting nutrition, healthy development, and access to resources for young children and families.

Section 2: Community Survey

Barry-Eaton District Health Department
Be Active • Be Safe • Be Healthy

The Community Maternal and Child Health Survey was conducted in 2025 to better understand the experiences, needs, barriers, and strengths of children and families in Barry and Eaton Counties. The survey gathered feedback from community members on topics related to prenatal and postpartum care, health care access, mental health screening and support, parenting experiences, service utilization, and family well-being. Findings from the survey provide valuable insight into the lived experiences of families and help identify opportunities to strengthen programs, services, and supports that promote maternal and child health across the region.

Additional survey findings are included in Appendix A.

A total of 73 community members completed the Community Maternal and Child Health Survey. Because respondents were not required to answer every question, the number of responses varies across survey items. Percentages presented throughout this section are based on the total number of respondents for each individual question.

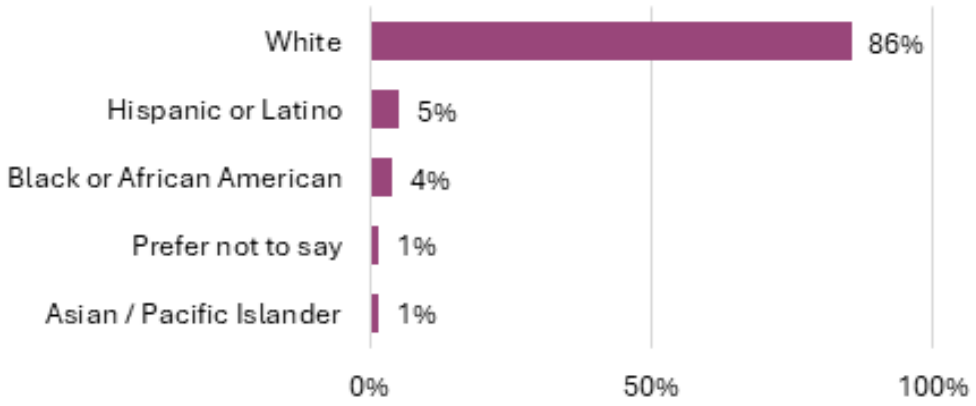


Section 2A: Community Survey Indicators

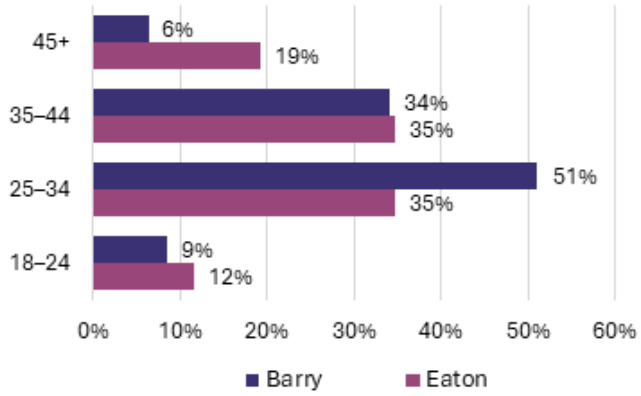
Maternal & Child Health Topic	Indicator
Demographics of Survey Respondents	Race/Ethnicity
	Age
	Gender
	Relationship to Child
Prenatal & Healthcare Access	Child Insurance Coverage
	Child Has Regular Health Care Provider
	Access to Prenatal Care
	Prenatal Care Location
	Postpartum Visit Within 12 Weeks
	Dental Visit During Pregnancy
Maternal Experience & Quality of Care	Emotional Support During Pregnancy
	Emotional Support Postpartum
	Felt Respected by Providers
	Perceived Impact of Identity on Care
Health Screening & Support	Screening During and After Birth
	Timing of Mental Health Screening
	Provider Asking About Mental Health
Pregnancy & Birth Experiences	Pregnancy Experiences
	Pregnancy/Birth/Postpartum Complications
Infant Safety	Safe Sleep Practices
Service Use & Barriers	Service Use
	Reasons for Not Using Services
	Helpful Services Used in the Past Year
	Difficulty Accessing Services
Parenting & Family Wellbeing	Support Received After Birth
	Parenting Support Network
	Needed Family Supports and Programs
	Parenting Stress
	Sources of Parenting Stress

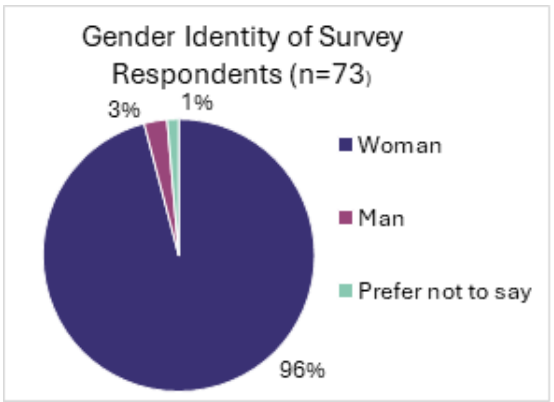
Section 2B: Demographics of Survey Respondents

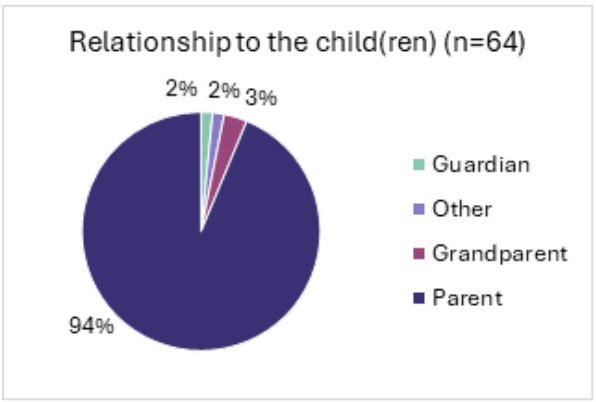
Race and Ethnicity of Respondents (n=73)



Age Distribution of Respondents (n=73)

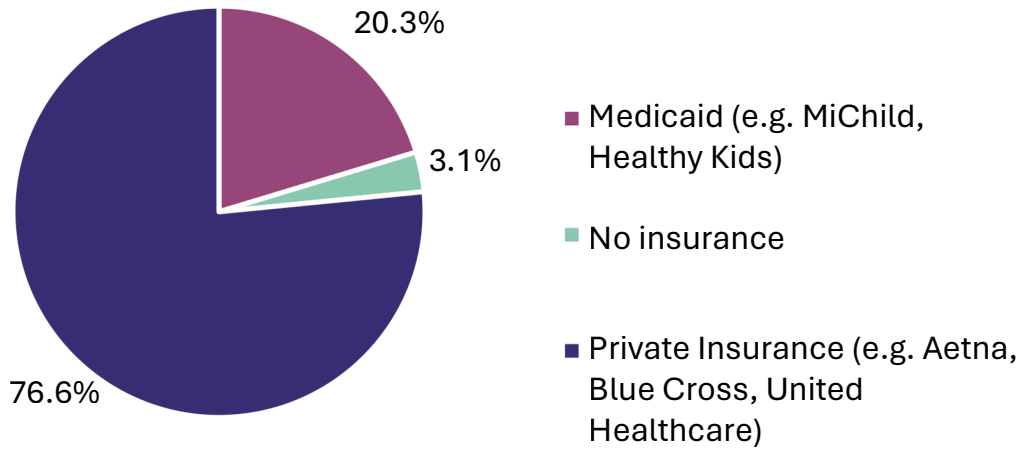






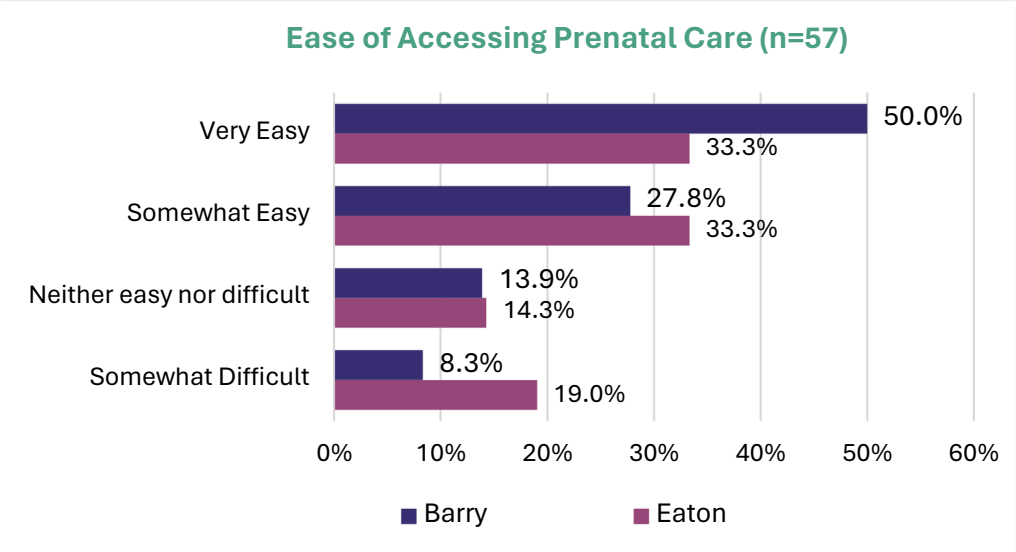
Section 2C: Prenatal & Healthcare Access

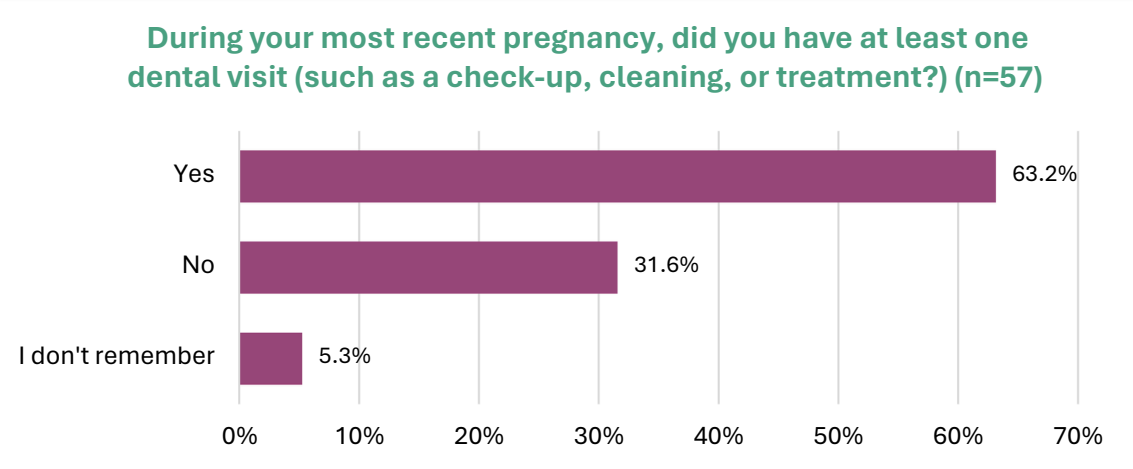
What kind of insurance does your child(ren) have? (n=64)



- 20.3% reported their child(ren) are covered by Medicaid (e.g., MIChild, Healthy Kids, etc.), while 76.6% reported coverage through private health insurance (e.g., Aetna, Blue Cross Blue Shield, UnitedHealthcare).
- 96.9% of respondents reported that the child(ren) in their care have health insurance coverage.





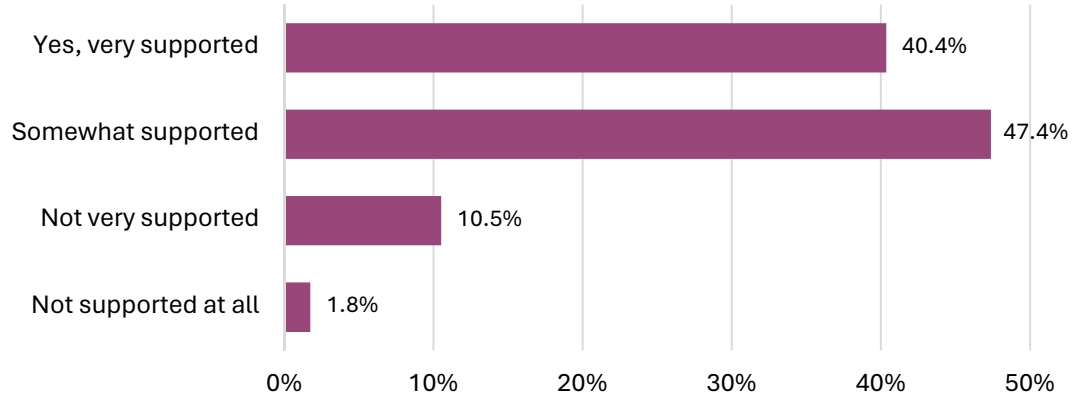


- Majority of respondents, 95% in Eaton County and 100% in Barry County, reported receiving a postpartum visit within 12 weeks of birth.
- Majority of residents in Barry County (78%) and Eaton County (66%) report it is very easy or somewhat easy to access prenatal care. Unfortunately, 19% in Eaton County reported that accessing prenatal care was somewhat difficult.
- Majority of residents in Barry County (61%) and Eaton County (71%) received prenatal care from an OB/GYN. Next most common in both counties was a midwife, by 28% in Barry County and by 19% in Eaton County.
- Among Barry and Eaton County resident respondents, the majority (63.2%) reported that during their most recent pregnancy they had at least one dental visit.

100% of respondents reported their child(ren) that they are responsible for have regular health care provider or clinic visits for check-ups.

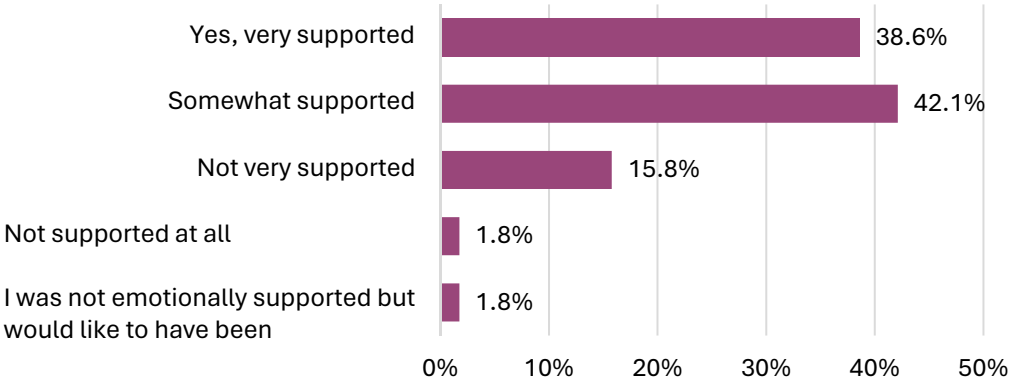
Section 2D: Maternal Experience & Quality of Care

Did You Feel Emotionally Supported During Pregnancy? (n=57)



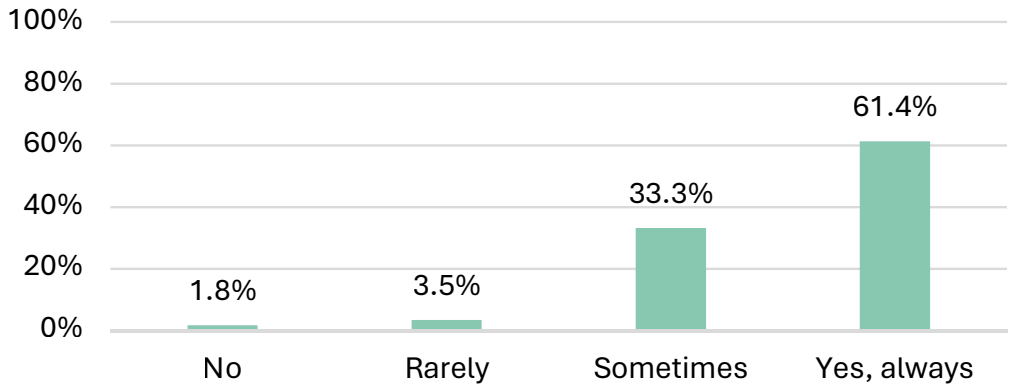
The majority (88%) of respondents reported feeling very or somewhat emotionally supported during pregnancy.

Did You Feel Emotionally Supported During the Postpartum Period? (n= 57)



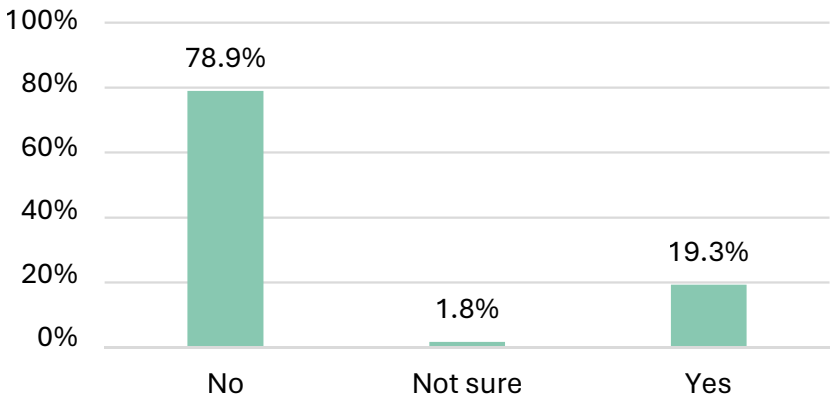
Emotional support remained high during the postpartum period, with 81% of respondents reporting they felt very or somewhat supported. However, nearly 20% of respondents reported feeling not very supported or not at all supported emotionally during the postpartum period.

Did you feel respected and listened to by your healthcare provider(s) during pregnancy and birth? (n=57)



- The majority (61.4%) of respondents reported feeling respected and listened to by their healthcare provider(s).
- However, approximately 1 in 3 respondents reported that they only sometimes felt respected and listened to by their healthcare provider(s), highlighting an opportunity to further strengthen patient-provider communication and trust.

Did you feel your race, income, language, or insurance status impacted the care you received? (n=57)

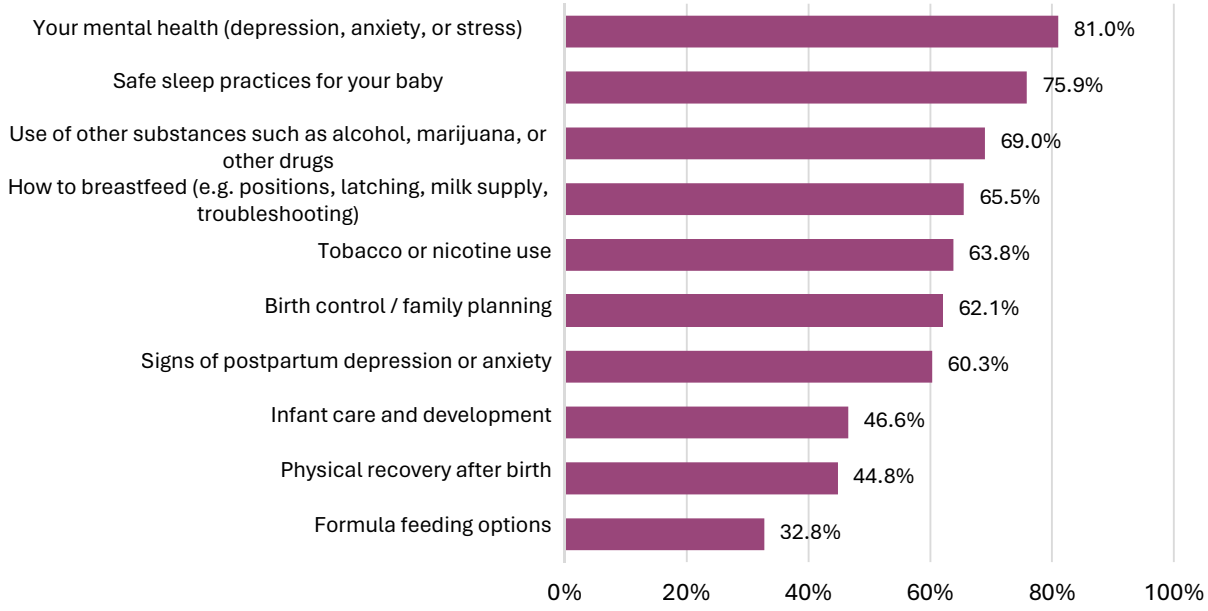


Nearly 1 in 5 respondents reported they felt their race, income, language, or insurance status impacted the care they received.

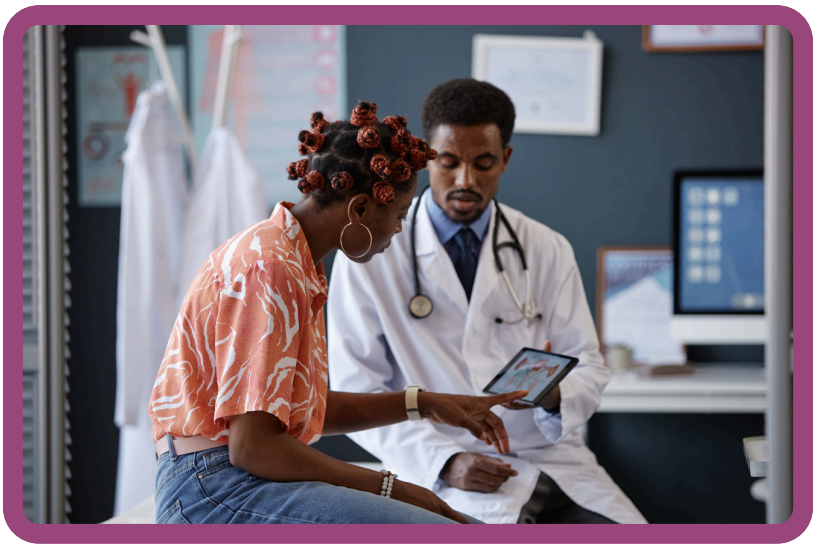


Section 2E: Health Screening & Support

During your pregnancy or after giving birth, were you asked or screened by a healthcare provider about any of the following? (Select all that apply) (n=58)

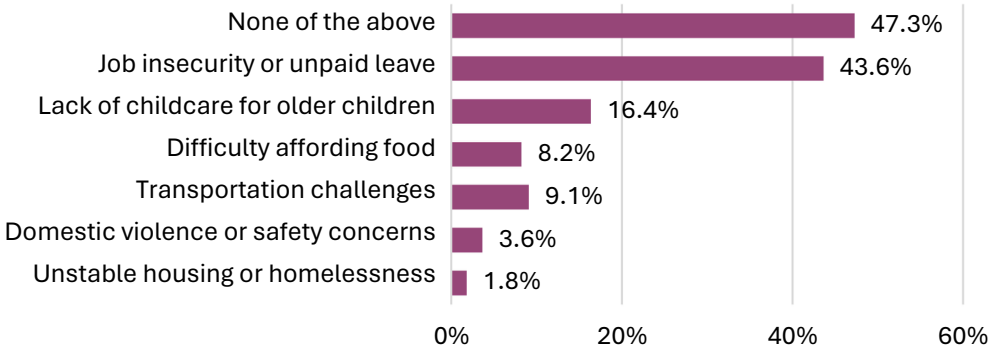


- Screening for mental health conditions is recommended for all perinatal women, including those who are pregnant and up to 12 months postpartum. 81% of respondents reported being screened for their mental health during pregnancy or postpartum.
  - 3 in 4 respondents that were screened for mental health reported the first screening took place during pregnancy (Appendix A - Figure 5).
- 3 in 4 respondents reported being asked by a healthcare provider about safe sleep practices for their baby.
- Less often respondents were screened or asked by a healthcare provider about formula feeding options (33%), physical recovery after birth (45%), and infant care and development (47%).



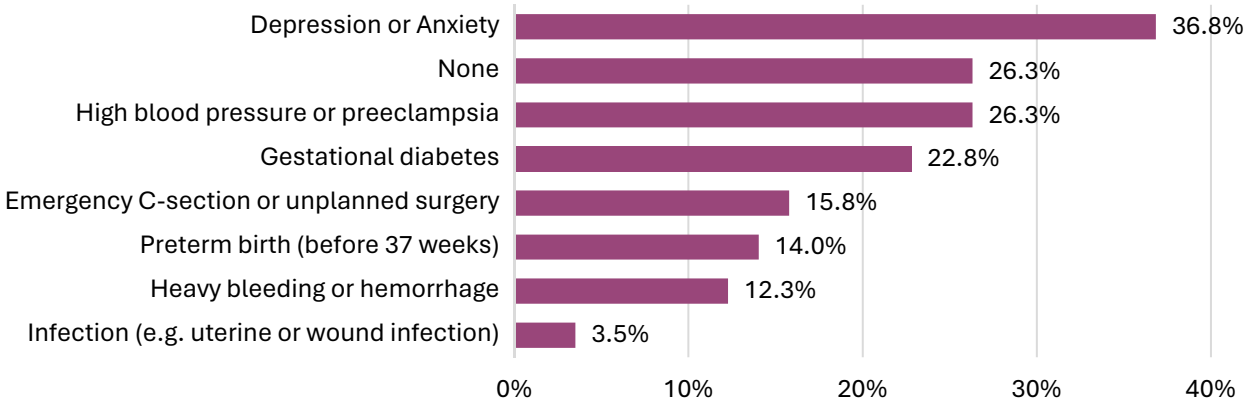
Section 2F: Pregnancy & Birth Experiences

During your pregnancy, did you experience any of the following? (Select all that apply) (n=55)



- 44% of respondents reported job insecurity or unpaid leave during their pregnancy. This was further noted in the open-ended questions when asked 'What would have made your postpartum experience better?'.
- Many respondents noted that receiving paid leave, leave for partner, longer leave for breastfeeding and bonding would have made their postpartum experience better.

Did you experience any complications during your pregnancy, birth, or postpartum? (Select all that apply) (n=57)

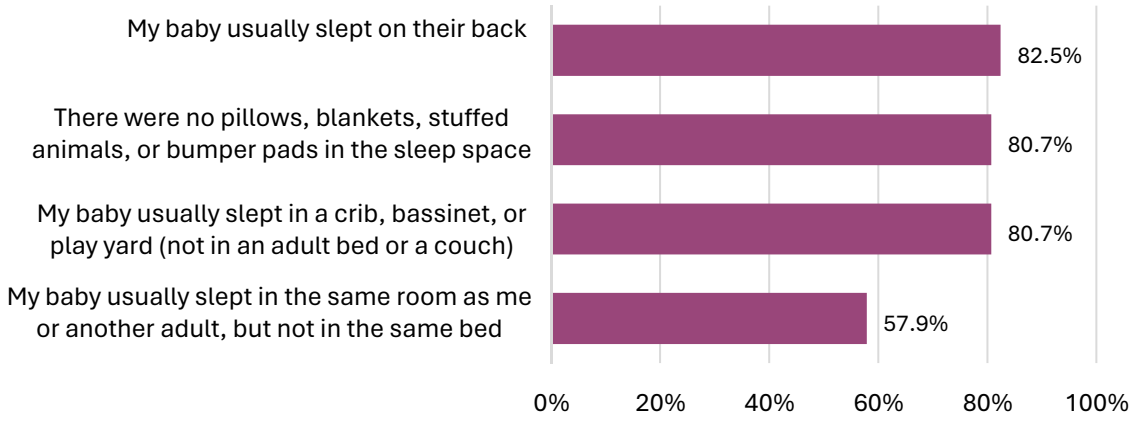


- Over 1 in 3 respondents reported experiencing depression or anxiety during pregnancy, birth, or postpartum.

Many respondents noted that receiving paid leave, leave for partner, longer leave for breastfeeding and bonding would have made their postpartum experience better.

Section 2G: Infant Safety

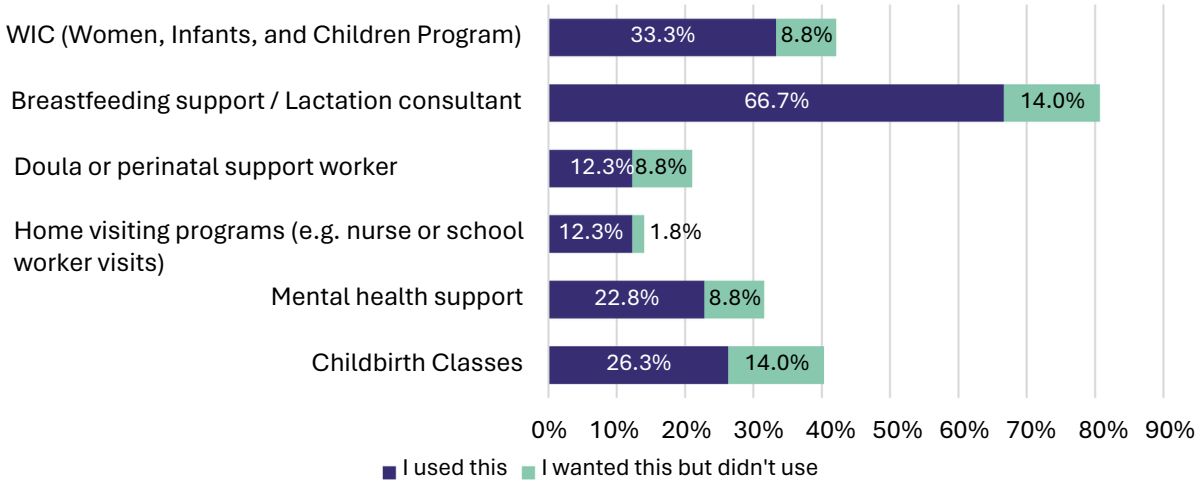
Thinking about when your baby was under 1 year old, which of the following were true about their usual sleep environment? (Select all that apply) (n=57)



- Safe sleep practices are important for infant safety. The majority of respondents report practicing many infant sleep practices that follow national recommendations including baby sleeping on back, no pillows or stuffed animals in their sleep space, and baby not sleeping in the adult bed or couch.

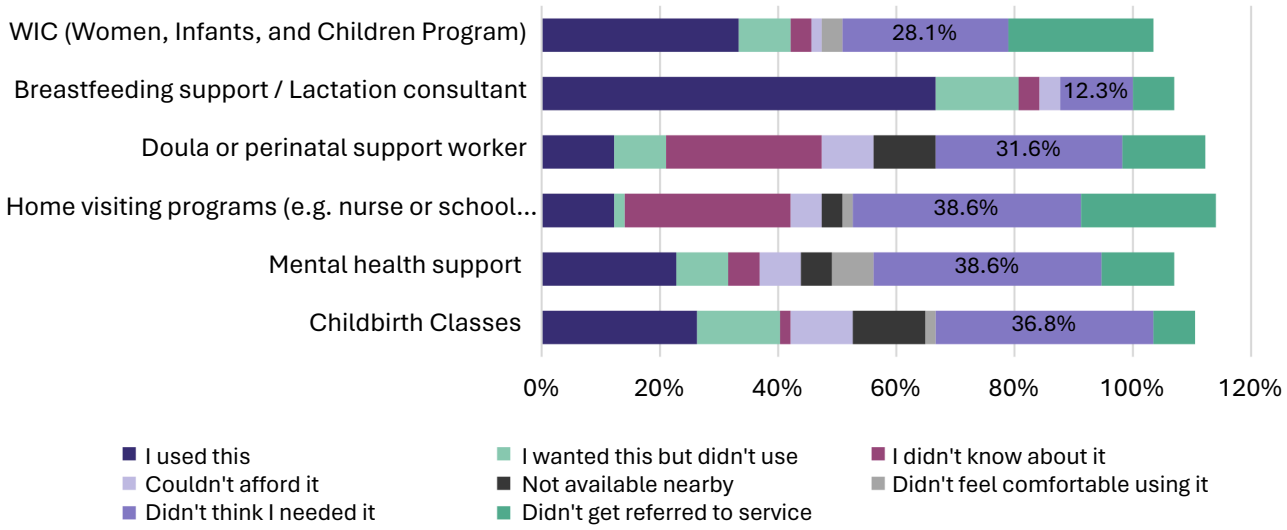
Section 2H: Service Use & Barriers

For each service, please indicate whether you used it or wanted it but didn't use it (n=57)



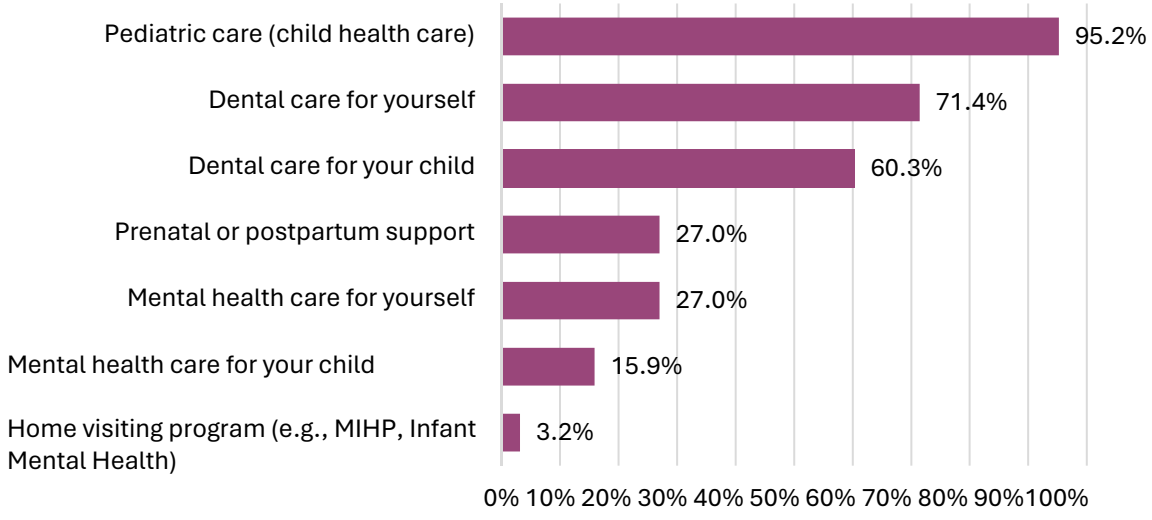
- The most used or desired service amongst survey respondents was breastfeeding and/or lactation support (81%).
- 66.7% of survey respondents reported to have used breastfeeding support and/or a lactation consultant.
- 14% report to have wanted breastfeeding or lactation support services but did not use.

For each service, please indicate why you didn't use it (Survey respondents were able to select more than one option) (n=57)

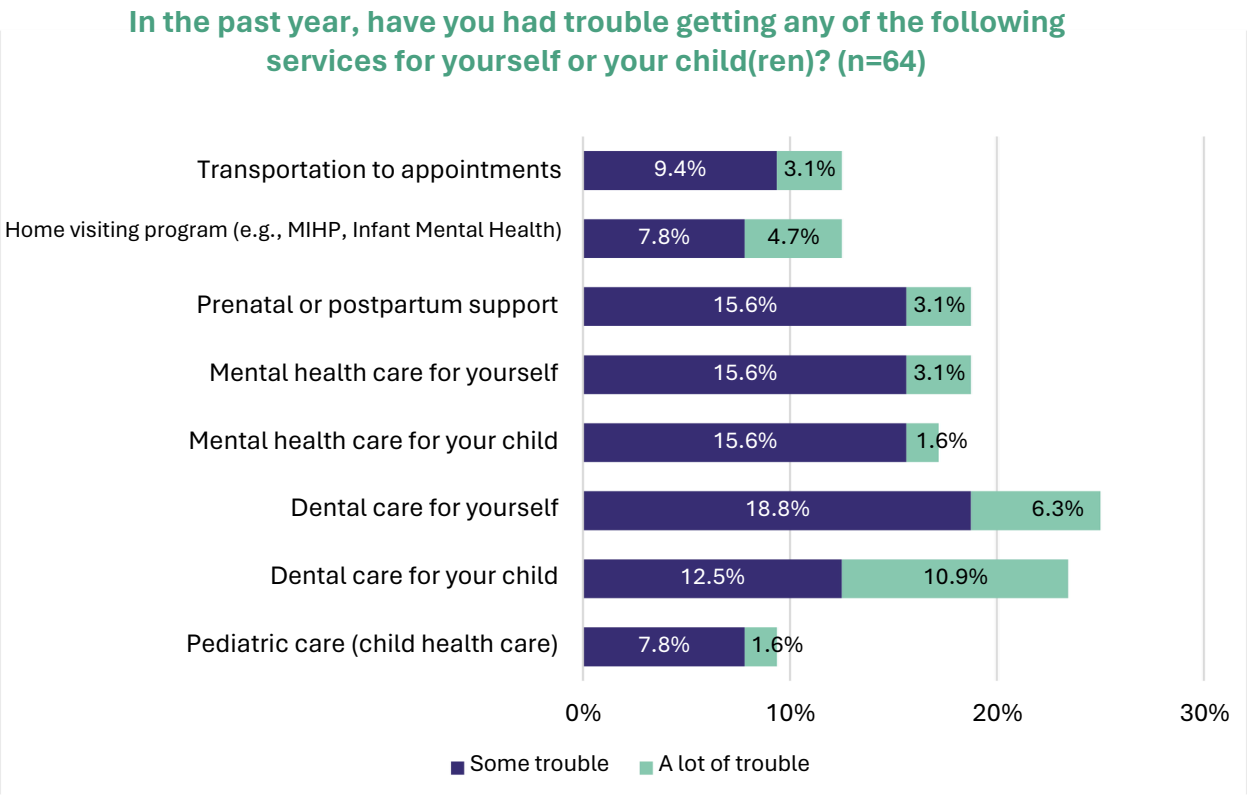


Among the 19 survey respondents that didn't use breastfeeding support or a lactation consultant, 36.8% reported they didn't use it due to thinking they didn't need it, 21.1% didn't get referred to service, 10.5% didn't know about it, and 10.5% couldn't afford it.

Which of the following services have you or your family used in the past year and found helpful? (Select all that apply) (n=63)



The most helpful service to respondents and their families was pediatric care reported by 95.2% of respondents. The second most reported helpful service was dental care for parent or guardian taking the survey (71.4%) and third was dental care for their child (60.3%).

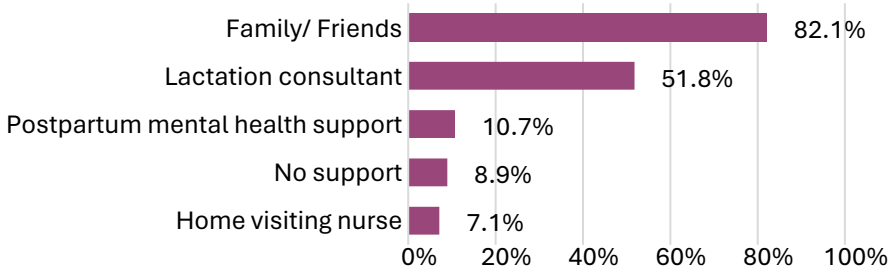


The top two services respondents had trouble getting (reporting some trouble or a lot of trouble) were dental care for themselves (25.1%) followed by dental care for their child (23.4%).

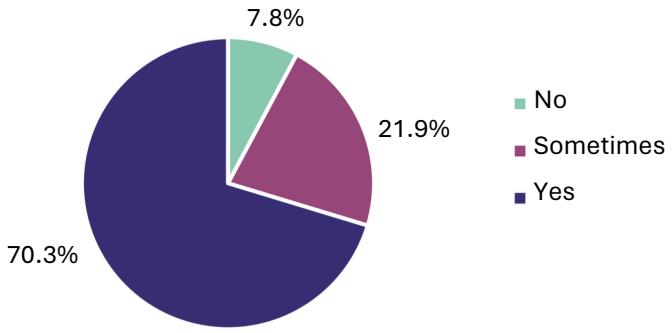


Section 2I: Parenting & Family Wellbeing

What support did you receive after birth? (Select all that apply) (n=56)

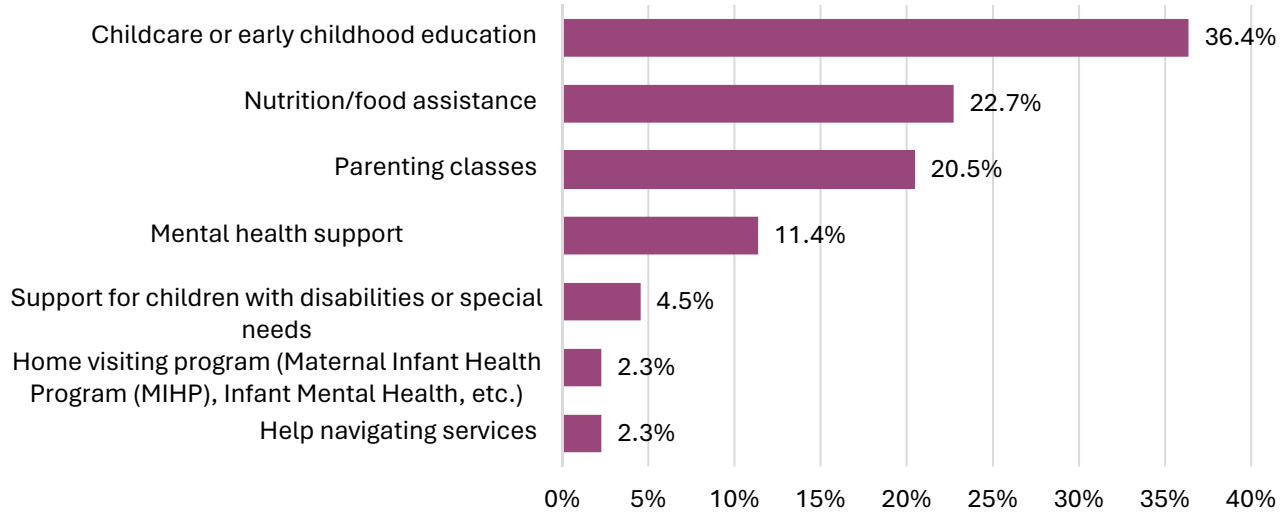


Do you have friends, family or community members you can turn to for parenting support or advice? (n=64)



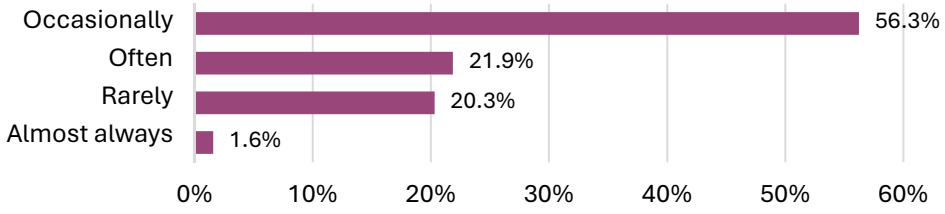
- Social support is important for connection and wellbeing during and post pregnancy. 82.1% of survey respondents reported they received support from family and friends after birth.
- Regarding friends, family, or community members they can turn to for parenting support or advice, 70.3% reported to have someone in their life.
- Despite many survey respondents reporting the use of services and having support in the community, 8.9% of respondents reported receiving no support after birth and 7.8% report not having friends, family or community members to turn to for parenting support or advice.

What types of support or programs would be helpful for your family? (n=44)



When asked what support or programs would be helpful for families, the top three were childcare or early childhood education (36.4%), nutrition/food assistance (22.7%), and parenting classes (20.5%).

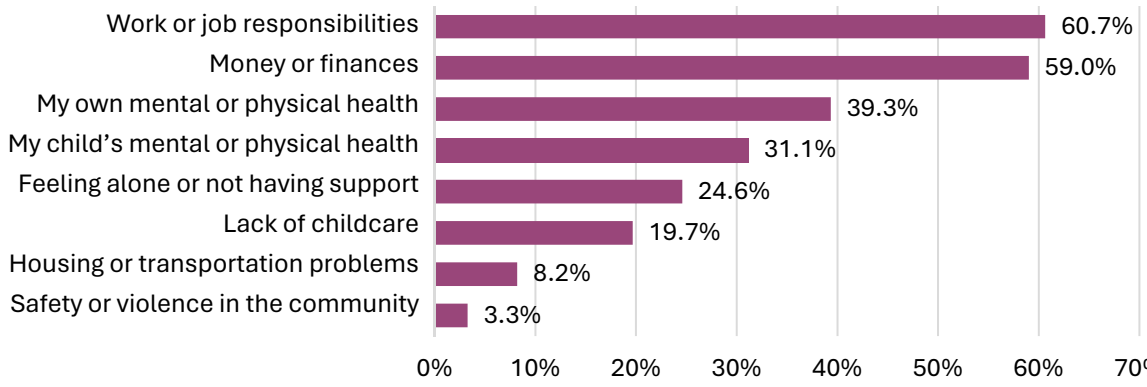
How often do you feel stressed or overwhelmed in your role as a parent? (n=64)



When asked how often respondents feel overwhelmed or stressed in their role as a parent, 56.3% reported occasionally, 21.9% reported often. Fewer respondents reported rarely feeling stressed or overwhelmed (20.3%).

When asked what support or programs would be helpful for families, the top three were childcare or early childhood education (36.4%), nutrition/food assistance (22.7%), and parenting classes (20.5%).

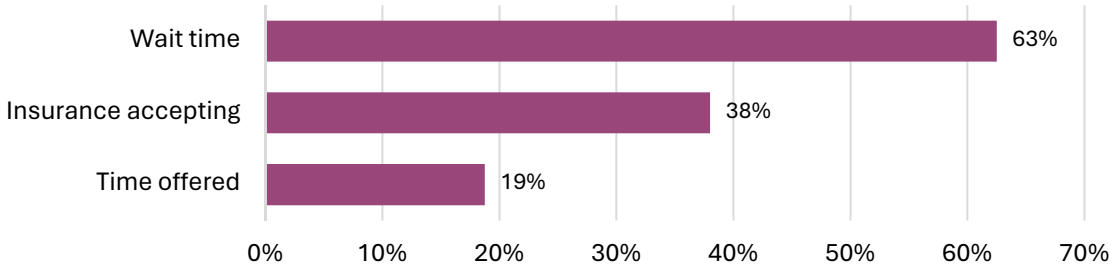
What are the main sources of stress for you as a parent or guardian? (Select all that apply) (n=61)



The top sources of stress reported by respondents were work or job responsibilities (60.7%), followed by money or finances (59%), and their own mental or physical health (39.3%).

Section 2J: Survey Open-Ended Responses

Challenges Faced by Survey Respondents When Seeking Maternal and Child Health Care -Top 3 (n=16)



Open-ended responses by survey respondents were summarized into themes for a quantitative look at the top challenges faced when seeking maternal and child health care. The number one challenge was wait times in the district, followed by challenges with services accepting insurance, and third was the times offered by scheduling not matching availability for parent or guardian many noting work obligations.

Section 3: Stakeholder Feedback Survey

Barry-Eaton District Health Department
Be Active • Be Safe • Be Healthy

The Maternal and Child Health Stakeholder Feedback Survey was conducted to gather perspectives from organizations and professionals serving children and families in Barry and Eaton Counties. A total of 18 stakeholders provided insight on community strengths, priority maternal and child health concerns, barriers to accessing services, gaps in care, and opportunities for future investment and collaboration. Findings from the survey help provide context to community data and support the identification of priorities and strategies to improve maternal and child health outcomes across the region.

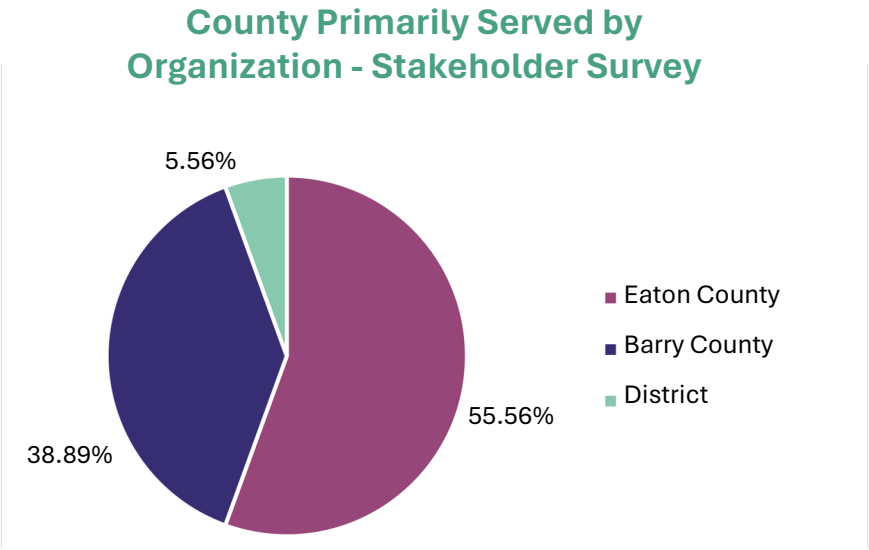
Additional survey visuals and findings are included in Appendix B.

Maternal & Child Health Topic	Indicator
Stakeholder & Organization Characteristics	Organization Type
	Primary County Served
Perceived Child & Maternal Health Needs	Top Child Health Concerns
	Top Maternal Health Needs
Barriers to Care & Services	Common Barriers to Accessing Services
	Service Access Challenges (Qualitative)
	Barriers to Public Benefits Access (Qualitative)
	Perceived Access to Key Services
Future Priorities & Investments	Disproportionately Impacted Populations (Qualitative)
	Recommended Funding & Investment Priorities (Qualitative)

Section 3A: Stakeholder & Organization Characteristics

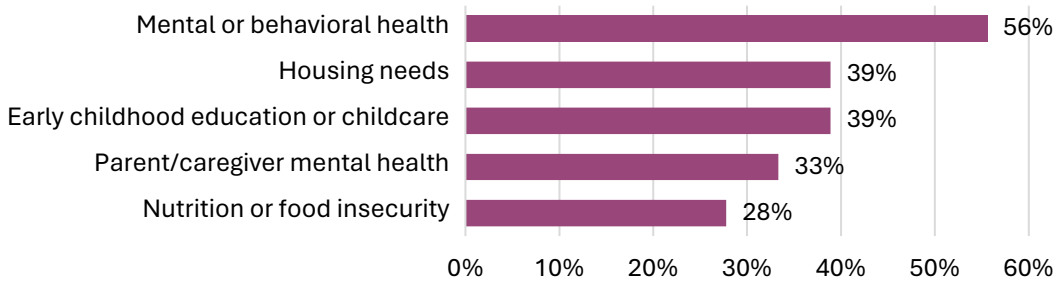
Organizations participating in the survey include:

- Healthcare (hospital, clinic, OB/GYN, pediatrics)
- Early childhood education
- Community nonprofits
- Faith-based organizations
- Doula Services
- Libraries
- Behavioral health services



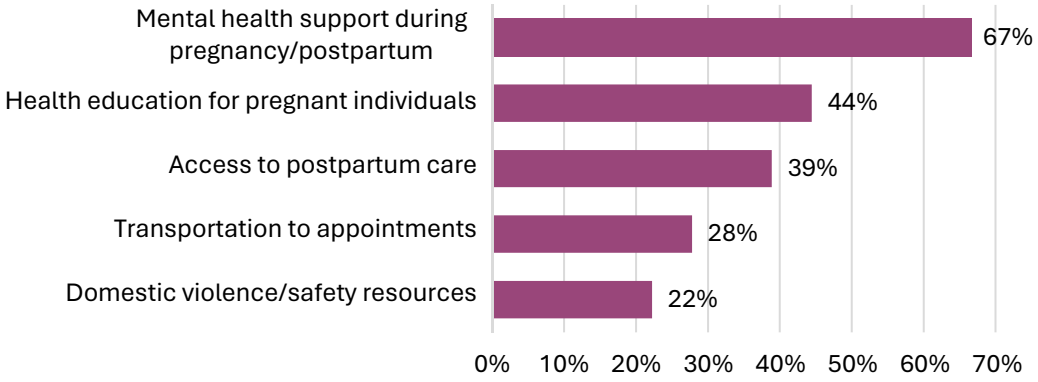
Section 3B: Perceived Child & Maternal Health Needs

In your opinion, what are the greatest child health or wellbeing concerns (ages 0-18)? (Select up to 3) -Stakeholder Top 5



Based on experiences and interactions, organizations in the community have identified the top child health or wellbeing concerns they see in their organization or in the community. The top perceived concern impacting youth aged 0 to 18 years in the community is mental or behavioral health (56%), followed by housing needs (39%) and early childhood education or childcare (39%).

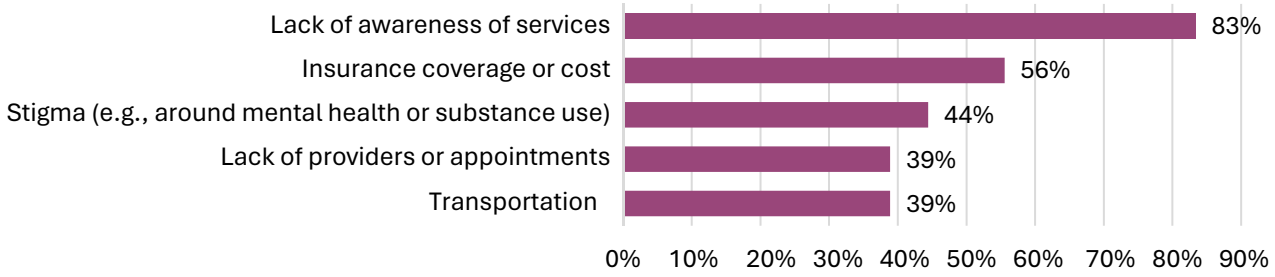
In your opinion, what are the most urgent maternal health needs in your community? (Select up to 3) -Stakeholder Top 5



Organization representatives were also asked about their perceived top maternal health needs in their community based on experiences and interactions. The top perceived need was mental health support during pregnancy and/or postpartum (67%), followed by health education for pregnant individuals (44%), and access to postpartum care (39%).

Section 3C: Barriers to Care & Services

What barriers do you commonly observe for pregnant people or parents accessing services? (Select all that apply) -Stakeholder Top 5



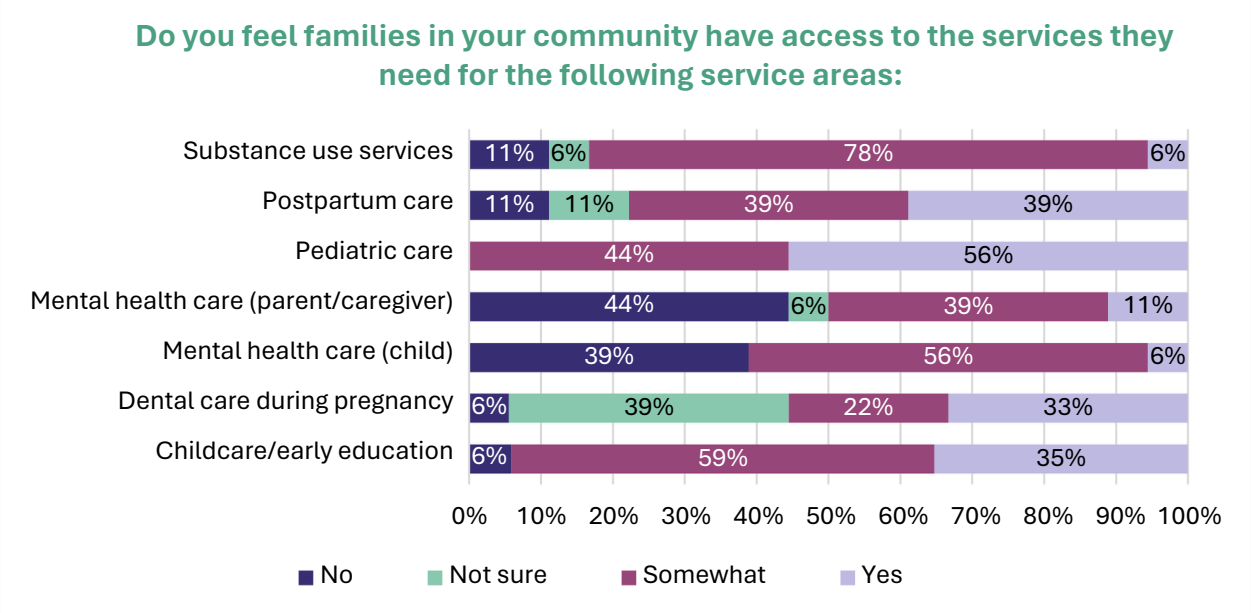
Regarding specific barriers for pregnant people or parents accessing services, the top observation by organizations was lack of awareness of services available (83%), followed by insurance coverage or cost (56%), and stigma (44%) related to mental health or substance use.

Stakeholder-Identified Service Access Challenges and Contributing Barriers

For access challenges for maternal and child services, stakeholders most frequently cited structural barriers including provider shortages, insurance acceptance limitations, and long waitlists particularly for adult and child mental health services (Appendix B – Table 1).

Stakeholder- Identified Barriers to Accessing Public Benefit Programs (WIC, SNAP, Medicaid)

Stakeholders most frequently cited lack of awareness and administrative complexity as barriers to public benefit enrollment. Stigma, transportation challenges, and restrictive income eligibility guidelines- particularly affecting ALICE households-were also noted as limiting program utilization (Appendix B – Table 2).



- Pediatric care was the most accessible service area. More than half of responding organizations (56%) said families have access, the remaining 44% said "somewhat," and no one said "no" or "not sure."
- Mental health care was the least accessible, especially for parents and caregivers. Organizations most often said families in the community lack access to mental health care for parents/caregivers (44% "no," 11% "yes") and for children (39% "no," 6% "yes"). Only 6% to 11% of organizations said families have full access to either.
- Substance use services were seen as only partially accessible. Most organizations (78%) answered "somewhat," while just 6% said "yes" and 11% said "no." This suggests services exist but aren't fully meeting needs.

Section 3D: Future Priorities & Investments

Reference Appendix B - Table 3 & 4

Pediatric care was identified as the most accessible service area.

Appendix A

Figure 1.

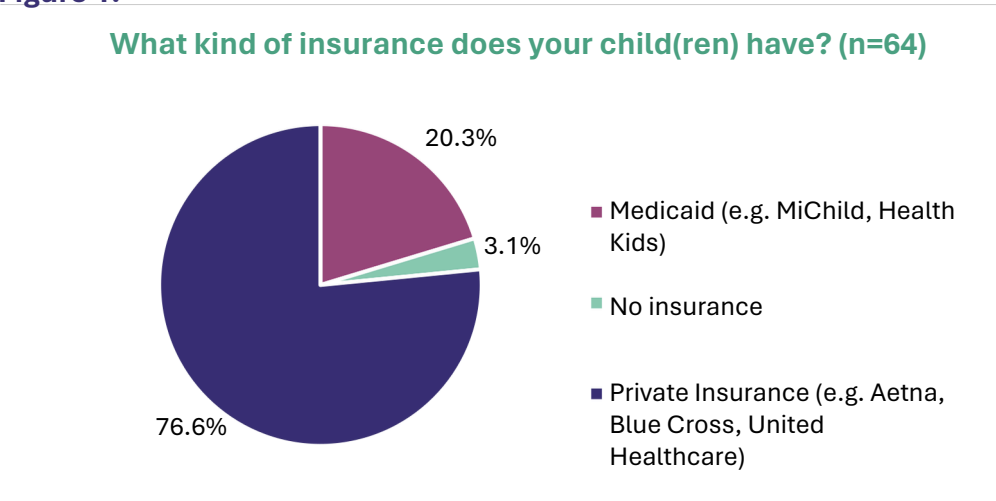


Figure 2.

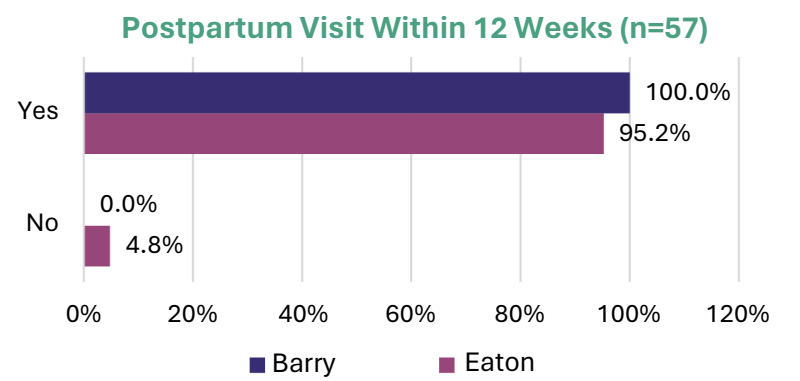


Figure 3.

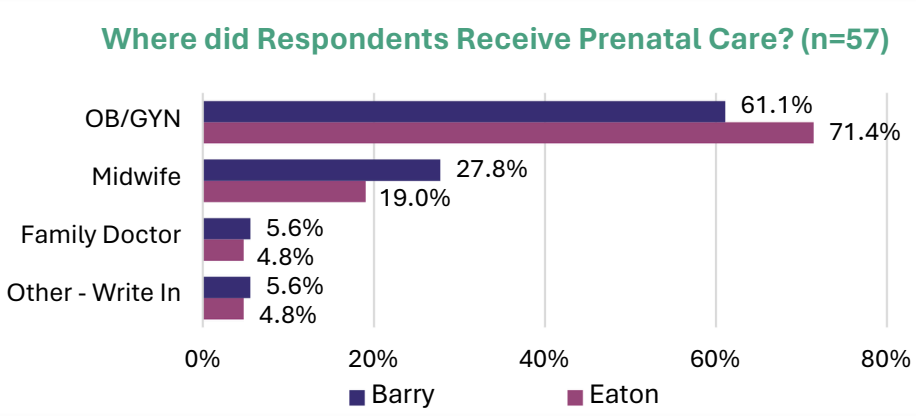


Figure 4.

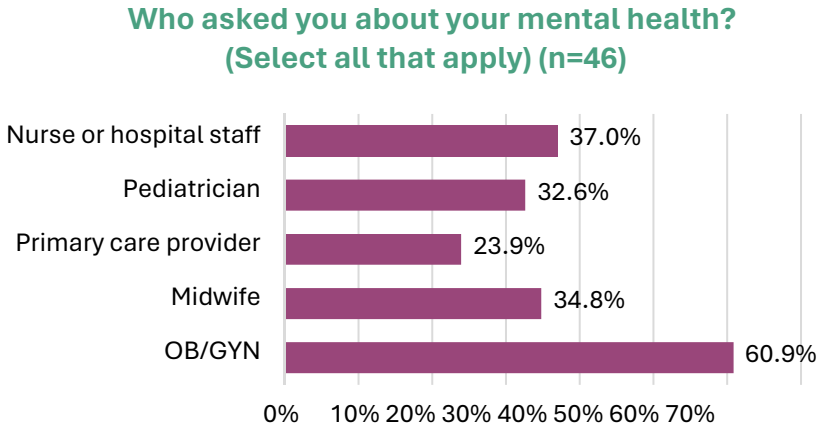
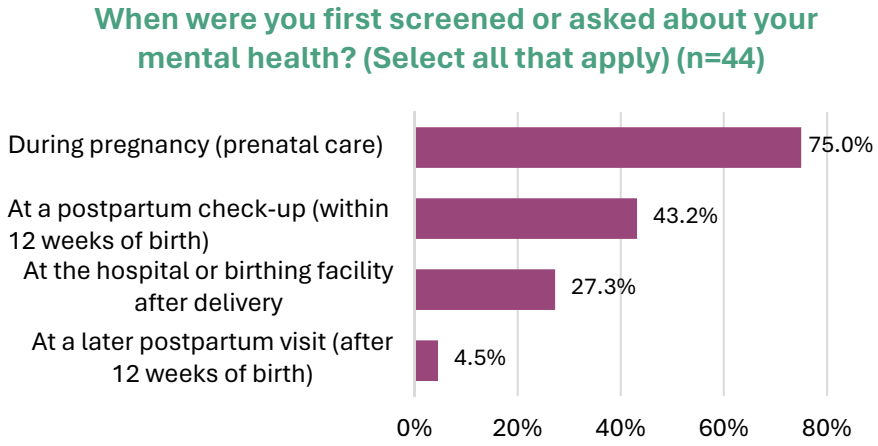


Figure 5.



Appendix B.

Table 1

Stakeholder-Identified Service Access Challenges and Contributing Barriers	
Service Area	**Key Barriers Identified by Stakeholders**
Adult Mental Health	Navigation challenges; Limited provider availability; Insurance acceptance; Eligibility restrictions; Delays in psychiatric referrals; Lack of awareness
Child Mental Health	Provider shortages; Insurance acceptance; Long waitlists; Geographic location barriers
Postpartum Care	Cost; Limited provider prioritization; Access to follow-up services
Preventive Healthcare	Cost; Transportation barriers; Lack of childcare
Childcare/Early Education	High cost; Limited availability; Long waitlists; Dependability concerns
Medicaid Services	Limited provider participation

Table 2

Stakeholder- Identified Barriers to Accessing Public Benefit Programs (WIC, SNAP, Medicaid)	
Barrier Theme	**Specific Issues Identified by Stakeholders**
Lack of Awareness	Unaware of available programs; Lack of understanding of eligibility; understanding of how to apply
Administrative Complexity	Complicated applications; Reapplication after denial
Stigma & Shame	Embarrassment; Fear of judgment
Eligibility Gaps (ALICE)	Income slightly above thresholds impacting eligibility
Transportation Barriers	Difficulty physically accessing services
Provider Availability (Post-Eligibility)	Limited providers accepting benefits

Table 3

Stakeholder-Identified Populations Disproportionately Impacted by Maternal and Child Health Challenges	
Population Group	**Themes Identified**
Low-Income/ALICE Households	Most frequently cited group; Includes families just above eligibility thresholds accessing and affording services
Families living in rural regions	Transportation barriers; Limited provider availability
English Language Learners	Language and navigation barriers
Single-Parent Households	Financial and logistical strain
Racial/Ethnic Minorities	Language and cultural barriers

Stakeholders consistently identified low-income households, particularly families just above eligibility thresholds as most impacted by maternal and child health challenges. Rural families, young parents, racial/ethnic minorities, and English language learners were also highlighted as experiencing disproportionate barriers.

Table 4

Stakeholder-Recommended Priorities for Future Funding and Investment	
Priority Area	**Specific Recommendations**
Mental Health Services	Expand adult and child mental health services; Reduce delays; Increase funding
Transportation Supports	Improve access to medical and social services
Doula & Perinatal Supports	Increase awareness of Medicaid-covered doula services; Expand access
Postpartum & Parent Education	Postpartum care; Parenting education; Life skills education
Childcare Access & Affordability	Expand access beyond income thresholds; Universal childcare concept; Increase public support
Eligibility Reform	Broaden income guidelines; Create tiered benefit systems
Outreach & Enrollment Support	Improve awareness; Navigation assistance for WIC, SNAP, Medicaid

Stakeholders prioritized mental health services, transportation, postpartum supports, and expanded childcare access for future investment. Many emphasized the need to broaden income eligibility criteria and improve outreach and enrollment support to better serve families who fall between poverty thresholds and financial stability.