Title V Maternal and Child Health Services Block Grant 2017/2019 Interim Needs Assessment Report

Bureau of Family Health, Division of Bureau Operations

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Executive Summary

Process

Surveying service recipients and providers on an annual basis is now part of the Bureau of Family Health's (BFH) interim needs assessment infrastructure for soliciting feedback from stakeholders. BFH staff developed an electronic survey to explore the strengths and barriers related to the availability of maternal and child health (MCH) resources and services. Building on lessons learned in 2017, this year's survey was designed to ease completion, result in a larger sample size and provide information that was more actionable in the middle of the five-year state action plan. The survey (Attachment 1) was constructed in SurveyMonkey by the Bureau of Informatics and Information Technology (BIIT). A hyperlink to the survey was sent to over 100 MCH provider contacts with a request to complete the survey and share it with service recipients. A skip pattern was built into the survey, so respondents would get a specific set of questions depending on how they identified themselves. Included in the survey were questions on demographics, the availability of various MCH services and resources, barriers to the receipt of MCH services and resources, places people go for health information, discrimination in relation to MCH services and resources, health equity, and the survey format. For some questions, respondents were asked which populations were affected – women/maternal, perinatal/infant, or children ages 1 – 21 with or without special health care needs. The delineation by population was included to allow for more varied data analysis. The survey was open between March 23, 2018, and April 11, 2018. Survey findings will be used to inform the development of focus group questions to probe for more information about identified barriers. All findings will be used to inform programming and will be shared with stakeholders.

Findings

Responses to the survey were received from 15 service recipients or family members of service recipients and 91 service providers, for a total of 106 responses. For clarity, both service recipients and family members of service recipients will be referred to as service recipients for the remainder of this report. Service recipients were asked to identify their county of residence. Because of the limited number of responses from service recipients, only seven of 67 counties were represented. Service recipients were asked to identify which population describes them or those in their care out of four population groups – women/maternal, perinatal/infant, children ages 1 – 21, and a child or children with special health care needs (CSHCN). The categories for children ages 1 – 21 and a child or CSHCN were delineated for this question to allow for analysis of responses from service recipients who selected the child or CSHCN category. These two categories were not delineated for other survey questions to ease completion. Most service recipients selected the children ages 1-21 and women/maternal populations. Three service recipients selected the CSHCN population, and two selected the perinatal/infant population. Due to the sample size for the CSHCN category, analysis was not completed since the sample was too small to draw conclusions or make recommendations.

Providers were asked to identify the populations their program or organization serves, with the option to select up to four populations. Responses were fairly evenly distributed across all four population groups: 67 responses for children ages 1-21, 62 for women/maternal, 62 for CSHCN

and 56 for perinatal/infant. Geographically, responses were received from every county, with providers from Philadelphia and Allegheny counties submitting the most responses.

Thirty-two MCH services and resources were listed, and service recipients were asked how often they could get those services and resources, using a scale of: "not applicable," "never," "seldom," "about half the time," "usually" and "always." As part of the survey design, responses were given a numerical weighted average. The lower the average, the less often the respondent could get the service. The two most common and the two least common responses were identified based on the weighted averages. The services and resources service recipients could get least often were the availability of medical homes and services to reduce stress, such as respite. The services recipients could get most often were well-baby and well-child visits with a pediatrician or family doctor and pre-pregnancy care.

There was not a broad range of responses from providers when asked how often service recipients could get those thirty-two services and resources if they needed them. The services and resources providers indicated service recipients were least likely to get included services to reduce stress, such as respite and bullying prevention. The services and resources service recipients were most likely to get included information on preventing infant deaths and well-baby and well-child visits with a pediatrician or family doctor.

Service recipients were asked to choose barriers they might have experienced that prevented them from receiving services or resources. Barriers for each population group, women/maternal, perinatal/infant, and children 1 – 21 (with or without special health care needs), could be selected from a list of 21 options. The most common barriers among service recipients were "access to information" and "do not know what services and resources are available." "Do not know what services and resources are available" was the most common barrier for the women/maternal population and children ages 1-21 population. "Transportation" and "application forms too complicated" were the top barriers for the perinatal/infant population. Receiving incorrect eligibility information from providers was one response to an open-ended question about barriers.

Providers were asked about their perspectives on barriers preventing service recipients from receiving services or resources. For each population, providers selected from the same list of 21 barriers as the service recipients. The most common responses overall were: "do not know what services and resources are available" and "transportation." "Transportation" was the top barrier for the women/maternal population and the perinatal/infant population. "Transportation" and "do not know what services and resources are available" were tied as the top barrier for the children ages 1-21 population. The main themes in response to an open-ended question about barriers included transportation and financial issues.

Next, service recipients were asked where they physically go in their neighborhood or community for health information or discussion about health issues. Out of 11 options, the most common responses overall were government agencies (Women, Infants and Children [WIC], local health departments, etc.) and health clinics/hospitals. Government agencies was also the most common response for all the population domains. In response to an open-ended question about additional locations, one service recipient indicated there are no resources in their community and another reported going to other people for health information. From the

providers' perspective, the top places overall where service recipients physically went mirrored the service recipient responses. Open-ended responses by providers noted family and friends as sources of information.

Service recipients were then asked a question related to reasons people may experience or feel like they are experiencing unequal treatment when receiving services, and they responded to a list of 14 possible reasons. Income level and disability were the most common responses. Additional reasons provided in response to an open-ended question included (1) finding homes other than housing for families with young children and (2) many services are offered only to low-income individuals.

A question posed only to providers asked them to describe policies, training requirements or initiatives that have been or are being implemented by their organization to address cultural and linguistic humility or health equity. Responses from 37 providers indicated their organizations have attempted to increase culturally and linguistically appropriate materials and staff behaviors. Themes that emerged were training, having access to a language line, providing materials in various languages and hiring of bilingual staff. Eight providers reported their organizations included non-binary gender and sexual orientation data on demographic forms or received training on how to collect this data. Five providers shared that heir organization is working on obtaining a safe space designation or their partnering organizations are designated as safe spaces. Ten responses were related to developing a plan to address health equity or health disparities. The most common response was that the respondent's organization had at least one health disparities plan.

When asked how the survey process could be improved, providers reported that some of the questions were unclear, difficult to answer or could be interpreted in different ways. Themes that emerged in response to an open-ended question about anything providers wanted to add included the need to be more effective in sharing information with families, lack of resources, and various barriers that prevent people from receiving information and services.

Introduction

On behalf of the Pennsylvania Department of Health (Department), the BFH administers the Title V MCH Services Block Grant (Title V MCHSBG) from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). The mission of the Title V MCHSBG is to improve the health and well-being of the nation's mothers, infants, children and youth, including CSHCN, and their families.

As a condition of Title V MCHSBG funding, a comprehensive needs and capacity assessment is completed every five years. A needs assessment is a systematic process of collecting and examining information to acquire an accurate, thorough picture of the strengths and weaknesses of a state's public health system. Participants typically include providers, service recipients, the community, HRSA and the Department. HRSA encourages Title V MCHSBG grantees to conduct an interim needs assessment on an annual basis to inform programming. An interim needs assessment is a way for the BFH to continue to solicit feedback from providers and service recipients during reporting years between five-year needs assessments.

For the interim needs assessment for the 2017 Title V MCHSBG reporting year/2019 application year (2017/2019), the period of July 1, 2017, through June 30, 2018, providers receiving Title V MCHSBG funds, and their service recipients were surveyed to find out what is and is not working in how MCH services and resources are provided and accessed in communities across Pennsylvania.

Assessment is a core function of public health and is a way for the BFH to learn from stakeholders about the unique factors affecting the health of the MCH population. Ensuring providers and service recipients are engaged in the needs assessment process is essential because these stakeholders bring perspectives the Department may not have. In addition, conducting needs assessment helps the Department meet accreditation requirements set forth by the Public Health Accreditation Board.

The 2017/2019 interim needs assessment methodology, findings, limitations and conclusions are detailed below.

Methods

Survey Development

An online, electronic survey was developed to gather feedback from Title V MCHSBG providers and service recipients on what is working and not working in how MCH services and resources are provided and accessed in communities across Pennsylvania. The survey was organized around sets of questions including basic demographics, services and resources offered or accessed, barriers to services and resources, sources of health information, health equity, and feedback on the survey itself.

To ease completion, a skip pattern was built into the survey, so respondents received a specific set of questions, depending on how they identified themselves. This approach allowed for fewer questions to be directed to service recipients to increase the response rate for this population.

The survey questions were drafted by BFH staff and sent to division directors for feedback. Their feedback was incorporated prior to dissemination of the survey. The Department's BIIT constructed the survey in SurveyMonkey and provided a live collection link to be disseminated. The survey is included as Attachment 1, Interim Needs Assessment Survey, to this report.

The design of the 2017/2019 interim needs assessment survey was informed by feedback received from stakeholders who completed the interim needs assessment survey during the previous year. In response to recommendations and challenges, the 2017/2019 survey included fewer questions, was written at the fifth-grade reading level and was organized around only three population domains, including women/maternal, perinatal/infant and children 1 – 21, including CSHCN. Descriptions of the domains are shown in Table 1: Population Domain Descriptions.

Table 1. Population Domain Descriptions.

Population Domain	Description
Women/maternal:	The health of women prior to, during and between pregnancies (Services include, but are not limited to, preventive and primary care.)
Perinatal/infant:	Perinatal as the period of gestation between 28 weeks or more to seven days or less after birth and the health of infants, who are children less than 1 year of age
Children 1-21, including children with special health care needs (CSHCN):	The health of a person from his or her first birthday through the 21st year. CSHCNs are children who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount that goes beyond that which is required by children generally.

Source: "Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report - Appendix of Supporting Documents". US Department of Health and Human Services. Web. 14 December 2017.

Survey Dissemination

The survey was distributed via email to over 100 provider contacts in the MCH system of care, including those funded by the Title V MCHSBG and grantees receiving other funding comprising the MCH state match. These grantees provide services to MCH populations through a range of programming, including, but not limited to, adolescent health, family planning, LGBTQ support, safe sleep, newborn screening, breastfeeding support, technology assistance, child rehabilitation, cystic fibrosis support, medical home, brain injury, care coordination and referral to services, sickle cell disease, and spina bifida. Organizations were asked to complete the survey and share it with three to five service recipients. The survey was open from March 23, 2018, through April 11, 2018.

Data Analysis

Demographics: The survey asked stakeholders to identify as a service recipient or provider. Those who identified as a service recipient were asked to note their county of residence and describe themselves or those for whom they provide care by selecting up to four population groups, including women/maternal, perinatal/infant, children ages 1-21, and a child or CSHCN. Stakeholders who identified as providers were asked to identify the populations their organization or program served by selecting from the same four population groups, as well as identifying the counties in which they provided services. Responses were counted and categorized by service recipient or provider, the counties of residence for service recipients, the four populations describing service recipients or those for whom they provide care, and the populations and counties served by providers. The response rates were calculated for each demographic category and the counties with the highest response rates were identified.

MCH services and resources: Thirty-two MCH resources and services were listed and service recipients were asked how often they can get those services and resources, using a scale of: "not applicable," "never," "seldom," "about half the time," "usually" and "always." As part of the survey design, responses were given a numerical weighted average. The weighted average was calculated using the following formula, where w is the weight of the answer choice and x is the response count for the answer choice: $(x_1w_1 + x_2w_2 + x_3w_3 ... x_nw_n$ /Total. "Never" had a weight of one, "seldom" had a weight of 2, "about half the time" had a weight of 3, "usually" had a weight of 4, and "always" had a weight of 5. "Not Applicable" (N/A) responses did not factor into the weighted average. The lower the average, the less often the respondent could get the service. The two most common and the two least common responses were identified based on the weighted averages. Responses were also counted and categorized by respondent type.

Barriers: Respondents were asked to identify barriers that prevent service recipients from accessing services and resources across three population groups. The list of barriers included 21 options in the following categories: access, financial, structure, individual and other. Responses were counted and categorized by respondent type and population domain. The two most common responses overall were identified based on the total number of responses for each option on the list. The most common responses by population domain were also identified.

Sources of health information: Respondents were asked where service recipients physically go in their neighborhood or community for health information or discussion about health issues. Out of 11 options, the two most common responses were identified based on the total number of responses for each option on the list.

Reasons for unequal treatment: Service recipients were asked a question related to reasons people may experience or feel like they are experiencing unequal treatment when receiving services, and they responded to a list of 14 possible reasons. The most common responses were identified based on the weighted averages. Additional reasons provided in response to an open-ended question were summarized.

Health equity: Providers were asked to describe policies, training requirements or initiatives that have been or are being implemented by their organization to address cultural and linguistic humility or health equity, such as 1) increasing cultural and linguistic appropriate materials and staff behaviors; 2) including non-binary gender and sexual orientation data on demographic forms; 3) obtaining safe space designation; or 4) developing a health equity plan. A spreadsheet was created with five columns, one for each of the four categories above and one column for other responses that did not fit into any of the four categories. Each open-ended response was put in at least one column, as appropriate. Responses that showed up more than once in each category where highlighted, themes were identified and responses were grouped by theme. Lastly, the response rate was calculated for each category.

Survey feedback: Two open-ended questions at the end of the survey asked respondents 1) if there was anything they wanted to add and 2) how the survey process could be improved. Responses showing up more than once were highlighted, themes were identified and responses were grouped together by theme.

Limitations

Several limitations were identified that potentially had an impact on the methodology and findings.

Sample size: The sample size of 106 respondents was small. Findings may have been different with a larger sample size more representative of the target population. This was noteworthy because needs assessment findings are often used to inform program development for Title V MCHSBG programs.

Timeframe to complete the survey: The window of opportunity for stakeholders to submit feedback through the survey was very limited. The survey was open for two and a half weeks, which likely contributed to the lower-than-anticipated response rate. If the timeframe for respondents to submit the survey was open for longer than two and a half weeks, more people could have had an opportunity to complete the survey.

Survey development: The services and resources, barriers and places people go for health information that respondents could select were limited to the list provided by BFH staff. The most common responses may not have been identified as such if respondents were more involved in identifying the lists of services and resources, barriers and places people go for health information. In addition, the number of items on each list may have impacted the weighted averages. Shorter lists may have shown more consensus, and longer lists may have shown a wider range of responses.

Limited access to service recipients: Another limitation was that the BFH did not have direct access to service recipients. The survey was emailed directly to over 100 providers, who were asked to complete the survey and disseminate it to service recipients. Service recipients were surveyed in this way because providers were more likely to have access to service recipients' accurate email addresses. In addition, providers have pre-established relationships with service recipients that may have made it more likely for service recipients to complete the surveys. Unfortunately, service recipients were underrepresented, as only 15 service recipients completed the survey in comparison to the 91 providers who completed it. The service recipient sample size was too small to draw any conclusions or be used to make recommendations.

Technical issues: Until the last day the survey was open, the survey could only be completed once per IP address. Although this issue was resolved the day it was brought to the attention of BFH by a provider, it may have impacted the number of service recipients who could have completed the survey.

Format: The survey was only available in an online format. Respondents needed access to the internet, which may have prevented some stakeholders from participating, including those impacted by poverty or anyone with limited access to the internet.

Findings

Findings were grouped by question, including demographics, MCH services and resources, barriers, reasons for unequal treatment, sources of health information, health equity, and survey feedback. Results are further delineated by respondent type and population domain, as appropriate.

Demographics

One hundred and six survey responses were received. Demographic information collected indicated 15 responses (14 percent) were from service recipients, 91 responses (86 percent) were from providers, and no responses were received from non-residents of Pennsylvania, as reflected in Table 2: Demographics. Responses were received from service recipients who reside in seven counties, including Allegheny, Elk, Jefferson, Lebanon, Lehigh, Northampton and Philadelphia, as shown on Table 3: Counties Where Service Recipients Reside and Providers Provide Services. Service recipients were asked to select one or more options that describe them or those for whom they provide care. Most service recipients selected "women/maternal" and "children, ages 1-21" (10 and 11, respectively). Only a few responses were received for "perinatal/infant" (2) and "a child or CSHCN" (3), as shown in Table 4: Description of Self or Those for Whom Service Recipients Provide Care.

Providers were asked to identify the populations their program or organization serves, with the option to select up to four populations. Responses from 88 providers were evenly distributed across all four population groups: 67 responses for children ages 1-21, 62 for women/maternal, 62 for CSHCN and 56 for perinatal/infant, as shown on Table 5: Populations Providers Serve. Geographically, responses were received from every county with Allegheny submitting the most responses (23), as shown on Table 3: Counties Where Service Recipients Reside and Providers Provide Services. Eight providers indicated they provide services statewide, and four indicated they provide services out of state.

Table 2. Demographics.

Answer Choices	Responses	
Service recipient or family member of a service recipient	14.15%	15
Service provider/partner	85.85%	91
Non-resident of Pennsylvania	0.00%	0
	Answered	**106**
	Skipped	**0**

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

Table 3. Counties Where Service Recipients Reside and Providers Provide Services.

County	Provider	Service Recipient
Adams	6	-
Allegheny	23	3
Armstrong	8	-
Beaver	9	-
Bedford	5	-
Berks	12	-
Blair	7	-
Bradford	4	-
Bucks	13	-
Butler	8	-
Cambria	6	-
Cameron	6	-
Carbon	9	-
Centre	6	-
Chester	14	-
Clarion	3	-
Clearfield	9	-
Clinton	5	-
Columbia	5	-
Crawford	7	-
Cumberland	8	-
Dauphin	12	-
Delaware	13	-
Elk	5	4
Erie	9	-
Fayette	7	-
Forest	3	-
Franklin	6	-
Fulton	4	-
Green	4	-
Huntingdon	8	-
Indiana	8	-
Jefferson	8	3
Juniata	7	-
Lackawanna	12	-

County	Provider	Service Recipient
Lancaster	13	-
Lawrence	8	-
Lebanon	10	1
Lehigh	19	1
Luzerne	9	-
Lycoming	6	-
McKean	3	-
Mercer	7	-
Mifflin	6	-
Monroe	8	-
Montgomery	11	-
Montour	8	-
Northampton	13	1
Northumberland	6	-
Perry	6	-
Philadelphia	27	2
Pike	7	-
Potter	4	-
Schuylkill	10	-
Snyder	5	-
Somerset	3	-
Sullivan	5	-
Susquehanna	8	-
Tioga	5	-
Union	5	-
Venango	8	-
Warren	7	-
Washington	9	-
Wayne	7	-
Westmoreland	9	-
Wyoming	6	-
York	9	-
Statewide	8	-
Out of State	4	-
Answered	**89**	**15**
Skipped	**17**	**91**

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

Table 4. Description of Self or Those for Whom Service Recipients Provide Care.

Answer Choices	Responses	
Women/maternal	66.67%	10
Perinatal/infant, which means the weeks immediately before and after birth, up to 1 year of age	13.33%	2
Children, ages 1-21	73.33%	11
A child or children with special health care needs	20.00%	3
	Answered	**15**
	Skipped	**91**

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

Table 5. Populations Providers Serve.

Answer Choices	Responses	
Women/maternal	70.45%	62
Perinatal/infant, which means the weeks immediately before and after birth, up to 1 year of age	63.64%	56
Children, ages 1-21	76.14%	67
Children with special health care needs	70.45%	62
	Answered	**88**
	Skipped	**18**

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

MCH Services and Resources

A total of 12 service recipients (80 percent of service recipients who completed the survey) and 69 providers (76 percent of providers who completed the survey) indicated how often service recipients can get a variety of services and resources as needed on a scale of "not applicable," "never," "seldom," "about half the time," "usually" and "always". The two most common and the two least common responses were identified based on the weighted averages.

Service recipients: Responses were on a range between a weighted average of 2.20 and 4.73. The services and resources service recipients could get least often were availability of medical homes and services to reduce stress, such as respite. Services recipients could get most often were well-baby and well-child visits with a pediatrician or family doctor and pre-pregnancy care. The list of MCH services and resources and service recipients' responses are reflected in Table 6: MCH Services and Resources, Responses from Service Recipients.

    Least Available

    Availability of medical homes: A weighted average of 2.20 indicated availability of medical homes was a service or resource service recipients could get least often. Out of 12 responses, seven (58 percent) indicated N/A, which could signal they have not

sought out or were aware of this service or resource. Five respondents felt this service or resource was available about half the time, or less often, as reflected in Table 6: MCH Services and Resources, Responses from Service Recipients.

Services to reduce stress, such as respite: A weighted average of 2.33 showed the second least available service or resource, as reported by service recipients, was services to reduce stress, such as respite. Responses were evenly divided among never, usually, and N/A.

Most Available

Well-baby and well-child visits with a pediatrician or family doctor: Service respondents reported well-baby and well-child visits with a pediatrician or family doctor was the service or resource they could access most easily, documented with a weighted average of 4.73.

Pre-pregnancy care: Pre-pregnancy care, with a weighted average of 4.71, was the service or resource service recipients could access most often after well-baby and well-child visits with a pediatrician or family doctor.

Providers: There was not a broad range of responses from providers when asked how often service recipients could get those same services when needed. Responses were on a range between 2.91 and 4.07. The services and resources providers indicated service recipients were least likely to get included services to reduce stress, such as respite and bullying prevention. The services and resources providers indicated service recipients were most likely to get included information on preventing infant deaths and well-baby and well-child visits with a pediatrician or family doctor. Provider responses are reflected in Table 7: MCH Services and Resources, Responses from Providers.

Least Available

Services to reduce stress, such as respite: Sixty-six providers indicated this was one of the least available services, as reflected by a weighted average of 2.91.

Bullying prevention: Bullying prevention was the second least available service or resource. It had a weighted average of 3.00. Thirty-two providers (48 percent of providers who responded to this question) felt this service or resource was available about half the time or less frequently.

Most Available

Information on preventing infant deaths: Feedback from 68 providers resulted in a weighted average of 4.07 for this service or resource, making it the most available service according to providers.

Well-baby and well-child visits with a pediatrician or family doctor: A weighted average of 4.05 showed that this service or resource was the second most available.

Table 6. MCH Services and Resources, Responses from Service Recipients.

	Never	Seldom	About Half the Time	Usually	Always	N/A	Total	Weighted Average
Well-baby and well-child visits with a pediatrician or family doctor	0	0	0	3	8	1	12	4.73
Pre-pregnancy care	0	0	0	2	5	5	12	4.71
Newborn screening information	0	0	0	2	4	6	12	4.67
After pregnancy and between pregnancy care	0	0	0	3	3	6	12	4.50
Services and treatment for babies born with health issues related to drug or alcohol exposure/use	0	0	0	3	1	8	12	4.25
Prenatal care	0	0	1	2	2	6	11	4.20
Parenting information	0	1	1	4	5	1	12	4.18
Well visits with a primary care provider or family doctor	0	2	0	4	6	0	12	4.17
Infant feeding, including breastfeeding support	0	0	1	3	2	6	12	4.17
Creating safe sleep areas	0	2	0	3	5	2	12	4.10
Assistance getting, understanding and using birth control	1	0	1	2	4	4	12	4.00
Services addressing intimate partner/domestic violence	0	1	1	3	3	4	12	4.00
Diagnostic testing as a result of newborn screening (e.g., follow-up hearing testing and genetic testing)	0	1	0	3	2	6	12	4.00
Information on preventing infant deaths	0	1	1	5	2	3	12	3.89

	Never	Seldom	About Half the Time	Usually	Always	N/A	Total	Weighted Average
Services to prevent injuries and violence, including self-harm	0	1	1	3	2	4	11	3.86
Substance use treatment, such as drug or alcohol counseling	0	0	1	4	0	7	12	3.80
Early intervention: early identification of the need for testing and support services for babies with developmental delays	0	2	0	3	2	4	11	3.71
Home visiting	1	0	2	3	2	3	11	3.63
Sexual health education	1	2	0	3	3	3	12	3.56
Support to navigate the system of care for children with special health care needs	1	1	1	2	2	5	12	3.43
Mental health services	1	1	3	3	2	2	12	3.40
Specialists and treatment centers	0	2	3	4	1	2	12	3.40
Programs that help youth develop social, ethical, emotional, physical and cognitive skills needed during adolescence and to transition into adulthood	2	1	2	3	3	1	12	3.36
Wellness services, such as those to increase healthy eating and physical activity	1	2	2	4	1	2	12	3.20
Lead poisoning prevention	2	0	3	4	1	2	12	3.20
Support for quitting smoking	1	1	0	4	0	6	12	3.17
Pregnancy or birth-related depression services	0	2	2	3	0	5	12	3.14

	Never	Seldom	About Half the Time	Usually	Always	N/A	Total	Weighted Average
Training for parents/caregivers on care coordination	2	1	2	2	1	4	12	2.88
Bullying prevention	1	3	3	2	0	3	12	2.67
Transition to adult health care system support	2	2	2	2	0	4	12	2.50
Services to reduce stress, such as respite	4	1	1	3	0	3	12	2.33
Availability of medical homes	1	2	2	0	0	7	12	2.20
							Skipped	94
							Answered	12

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

Table 7. MCH Services and Resources, Responses from Providers.

	Never	Seldom	About Half the Time	Usually	Always	N/A	Total	Weighted Average
Information on preventing infant deaths	0	8	7	16	27	10	68	4.07
Well-baby and well-child visits with a pediatrician or family doctor	3	3	4	23	22	12	67	4.05
Newborn screening information	3	3	8	18	25	11	68	4.04
Prenatal care	3	5	4	20	22	14	68	3.98
Well visits with a primary care provider or family doctor	3	3	5	27	19	11	68	3.98
Early intervention: early identification of the need for testing and support services for babies with developmental delays	3	6	5	17	25	12	68	3.98

	Never	Seldom	About Half the Time	Usually	Always	N/A	Total	Weighted Average
Specialists and treatment centers	2	3	12	19	23	10	69	3.98
Assistance getting, understanding and using birth control	3	4	5	23	19	13	67	3.94
Sexual health education	2	5	10	19	21	9	66	3.91
Pre-pregnancy care	3	4	6	20	17	16	66	3.88
Infant feeding, including breastfeeding support	4	5	9	14	23	13	68	3.85
Support for quitting smoking	3	6	6	26	17	8	66	3.83
Creating safe sleep areas	4	5	10	17	22	9	67	3.83
After pregnancy and between pregnancy care	3	3	7	25	13	16	67	3.82
Parenting information	2	5	15	18	20	8	68	3.82
Services addressing intimate partner/domestic violence	3	7	8	24	17	8	67	3.76
Diagnostic testing as a result of newborn screening (e.g., follow-up hearing testing and genetic testing)	5	6	7	20	20	11	69	3.76
Wellness services, such as those to increase healthy eating and physical activity	2	8	15	13	18	12	68	3.66
Pregnancy or birth-related depression services	4	7	7	21	14	14	67	3.64
Mental health services	2	10	10	19	14	10	65	3.60

	Never	Seldom	About Half the Time	Usually	Always	N/A	Total	Weighted Average
Support to navigate the system of care for children with special health care needs	3	11	10	16	17	11	68	3.58
Services and treatment for babies born with health issues related to drug or alcohol exposure/use	4	9	11	15	16	13	68	3.55
Home visiting	4	11	11	11	19	10	66	3.54
Lead poisoning prevention	6	8	11	15	18	10	68	3.53
Transition to adult health care system support	3	10	14	14	16	11	68	3.53
Availability of medical homes	3	10	11	15	14	15	68	3.51
Services to prevent injuries and violence, including self-harm	4	14	8	19	15	7	67	3.45
Programs that help youth develop social, ethical, emotional, physical and cognitive skills needed during adolescence and to transition into adulthood	2	13	14	12	14	13	68	3.42
Substance use treatment, such as drug or alcohol counseling	4	11	12	18	11	12	68	3.38
Training for parents/caregivers on care coordination	3	15	14	12	10	13	67	3.20
Bullying prevention	5	13	14	9	7	18	66	3.00
Services to reduce stress, such as respite	6	20	8	13	7	12	66	2.91
							Answered	**69**
							Skipped	**37**

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

Barriers to Receiving MCH Services and Resources

A question about barriers that might have prevented service recipients from receiving services or resources across three population groups resulted in responses from 10 service recipients (67 percent of service recipients who completed the survey) and 63 providers (69 percent of providers who completed the survey). The list of barriers included 21 options in the following categories: access, financial, structure, individual and other. For each population, respondents could select an entire category, shown in bold font in Table 8: Barriers Reported by Service Recipients, or individual barriers in each category.

Most Common Responses by Respondent Type and Population Domain

Service recipients: Responses from service recipients were on a range between one and eight responses. The most common barriers overall among service recipients were "access to information" and "do not know what services and resources are available," with eight responses each.

> **Women/maternal:** Service recipients reported the top barrier for accessing services for the women/maternal population was "do not know what services and resources are available" (six responses). The following barriers received five responses each: "access," "physical access" and "financial."

> **Perinatal/infant:** In this domain, responses ranged between zero and two. The barriers service recipients selected most often include "access," "physical access," "access to information," "do not know what services and resources are available," "transportation," and "application forms too complicated." Each of these barriers received two responses.

> **Children 1-21 (with or without special health care needs):** Top barriers identified by service recipients include "do not know what services and resources are available" and "access to information" (eight responses and six, respectively).

Receiving incorrect eligibility information from providers was the only response to an open-ended question about barriers.

Providers: Providers were asked about their perspectives on barriers preventing service recipients from receiving services or resources. Responses were on a range between three and 50, with the most common responses overall being "do not know what services and resources are available" and "transportation" as shown on Table 9: Barriers Reported by Providers.

> **Women/maternal:** The top barriers in this domain were "transportation," identified by 41 providers, and "do not know what services and resources are available" selected by 37 providers.

> **Perinatal/infant:** "Transportation" was selected by 33 providers as a barrier for the perinatal/infant population. Meanwhile, 28 providers thought "out of pocket costs" were the top barrier for this population.

Children 1-21 (with or without special health care needs): "Do not know what services and resources are available" and "transportation" were tied as the top barriers for this population group with 44 responses each.

The main themes in response to an open-ended question about barriers included transportation and financial issues.

Table 8. Barriers Reported by Service Recipients.

	Women/maternal	Perinatal/infant	Children 1-21 (with or without Special Health Care Needs)	Total
Access to information	5	2	6	8
Do not know what services and resources are available	6	2	8	8
Access:	5	2	3	6
Physical access	5	2	3	6
Transportation	4	2	5	6
Financial:	5	1	3	5
Needed service not offered by provider	2	1	4	4
Application forms too complicated	4	2	4	4
Feels embarrassed about getting services	4	0	1	4
No service available	1	0	2	3
Structure:	2	1	3	3
Not eligible for services	2	1	3	3
Language barriers	1	0	2	2
Lack of insurance	2	1	1	2
Needed services not covered by insurance	1	1	2	2
Out-of-pocket costs	2	1	2	2
Individual:	2	0	2	2
Feels staff are not helpful	2	0	1	2
Feels services are not helpful	1	1	1	1

	Women/maternal	Perinatal/infant	Children 1-21 (with or without Special Health Care Needs)	Total
Discrimination (if sensed by service recipients)	1	1	1	1
Other: (if reason does not fit in any category above)	0	0	1	1
			Skipped	**96**
			Answered	**10**

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

Table 9. Barriers Reported by Providers.

	Women/maternal	Perinatal/infant	Children 1-21 (with or without Special Health Care Needs)	Total
Do not know what services and resources are available	37	27	44	**50**
Transportation	41	33	44	**49**
Out-of-pocket costs	33	28	37	**42**
Language barriers	36	22	32	**41**
Needed services not covered by insurance	27	24	33	**37**
Application forms too complicated	28	16	28	**35**
Physical access	21	20	31	**34**
Lack of insurance	29	20	23	**34**
Access to information	21	14	24	**33**
Not eligible for services	23	17	21	**29**
Feels embarrassed about getting services	22	10	13	**25**
Needed service not offered by provider	16	11	20	**24**
Access:	10	6	10	**16**
No service available	11	11	13	**16**
Financial:	11	8	13	**16**

	Women/maternal	Perinatal/infant	Children 1-21 (with or without Special Health Care Needs)	Total
Feels staff are not helpful	12	7	9	**15**
Discrimination (if sensed by service recipients)	13	7	12	**15**
Feels services are not helpful	12	5	6	**13**
Other: (if reason does not fit in any category above)	6	5	7	7
Structure:	2	1	4	**4**
Individual:	2	0	2	3
			Answered	**63**
			Skipped	**43**

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

Sources of Health Information

Responses were received from 11 service recipients (73 percent of service recipients who completed the survey) and 61 providers (58 percent of providers who completed the survey) in response to a question concerning where service recipients physically go in their neighborhood or community for health information or discussion about health issues. There was a wide range of responses with the most common responses overall being government agencies (women, infants and children [WIC], local health departments, etc.) and health clinics/hospitals. Government agencies was also the most common response for all the population domains.

In response to an open-ended question about additional locations, one service recipient indicated there are no resources in their community and another reported they go to other people for health information.

Most Common Responses by Respondent Type and Population Domain

Service recipients: Overall, government agencies (women, infants and children [WIC], local health departments, etc.) was selected by eight service recipients as the top source of health information out of 11 options. Health clinics/hospitals followed closely behind with six responses, as shown on Table 10: Sources of Health Information Identified by Service Recipients.

> **Women/maternal:** Service recipients reported government agencies, which received six responses, was also the top source for health information for the women/maternal

population. Health clinics/hospitals were the second most popular option with four responses.

Perinatal/infant: In this domain, responses ranged between zero and three. Government agencies was the most common response, as indicated by three service recipients. Tied for having the second most common response were health clinics/hospitals and community-based organizations, with two responses for each.

Children 1 – 21 (with or without special health care needs): Eight service recipients felt that government agencies were the top source of health information for children ages 1-21. Following closely behind were health clinics/hospitals with six responses.

Providers: Overall, providers felt health clinics/hospitals (58) and government agencies (56) were the top places service recipients went for health information or discussion about health issues. Responses were on a range between three and 58, as shown on Table 11: Sources of Health Information Identified by Providers.

Women/maternal: Health clinics/hospitals and government agencies each received 48 responses, making them the most common response for the women/maternal population for this question.

Perinatal/infant: The pattern for most common responses continued in the perinatal/infant population, with health clinics/hospitals receiving 42 responses and government agencies receiving 38 responses.

Children ages 1 – 21 (with or without special health care needs): Providers thought health clinics/hospitals were the top place where service recipients went for health information concerning children ages 1-21 (51 responses), followed by community-based organizations (44 responses).

Table 10. Sources of Health Information Identified by Service Recipients.

	Women/maternal	Perinatal/Infant	Children 1-21 (with or without Special Health Care Needs)	Total
Government agencies (Women, Infants and Children [WIC], local health departments, etc.)	6	3	8	8
Health clinics/hospitals	4	2	6	6
Faith-based organizations	2	1	3	3

	Women/maternal	Perinatal/Infant	Children 1-21 (with or without Special Health Care Needs)	Total
Community-based organizations	3	2	2	3
Schools	0	0	3	3
Virtual/internet groups	3	1	1	3
Libraries	2	1	2	3
Advocacy organizations	1	1	2	2
Barber shops/hair salons	2	0	2	2
Other	2	0	1	2
Face-to-face groups	1	1	1	1
			Answered	**11**
			Skipped	**95**

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

Table 11. Sources of Health Information Identified by Providers.

	Women/maternal issues	Perinatal/infant	Children 1-21 (with or without Special Health Care Needs)	Total
Health clinics/hospitals	48	42	51	58
Government agencies (Women, Infants and Children [WIC], local health departments, etc.)	48	38	39	56
Community-based organizations	42	31	44	53
Schools	15	10	41	45
Advocacy organizations	28	18	36	43
Faith-based organizations	30	13	24	38
Virtual/internet groups	28	18	32	38
Face-to-face groups	14	7	17	25

	Women/maternal issues	Perinatal/infant	Children 1-21 (with or without Special Health Care Needs)	Total
Barber shops/hair salons	15	6	9	18
Libraries	11	6	9	14
Other	2	2	3	3
			Answered	61
			Skipped	45

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

Unequal Treatment

Service recipients were asked to share their perspectives about why people may experience or feel like they are experiencing unequal treatment when receiving services. A list of 14 possible reasons were provided, and service recipients were invited to indicate how often they felt like they were treated worse than other people when receiving services or resources mentioned earlier in the survey. For reasons that did not apply, stakeholders were instructed to select "never." If stakeholders felt there was a reason that they did not see on the list, there was an opportunity to enter it under "other."

Eleven responses (73 percent) were received from service recipients out of the 15 who completed the survey. The range of responses was between a weighted average of 1.00 and 2.80. Income level and disability were the most common responses as shown on Table 12: Reasons for Unequal Treatment.

Income level: A weighted average of 2.80 indicted income level was the most common reason people experienced unequal treatment. Out of the 10 people who scored this option, seven felt income level was a reason why people experienced unequal treatment at least half the time.

Disability (physical, mental, behavioral): The second most common reason service recipients felt they were experiencing unequal treatment was disability (physical, mental, behavioral), as reflected by a weighted average of 2.33 and selected by nine stakeholders (60 percent of service recipients). Four respondents felt disability was a reason they received unequal treatment at least half the time.

Two additional reasons were provided in response to an open-ended question for service recipients who selected "other." "Finding homes other than housing for families with young children" and "many services are offered only to low-income people" were the responses.

Table 12. Reasons for Unequal Treatment.

	Never	Seldom	About Half the Time	Usually	Always	Total	Weighted Average
Income level	2	1	5	1	1	10	2.80
Disability (physical, mental, behavioral)	3	2	3	0	1	9	2.33
Insurance status (Medicaid/Medical Assistance, lack of health insurance, etc.)	3	3	2	0	1	9	2.22
Race	7	1	1	1	0	10	1.60
Ethnic group	7	2	0	0	1	10	1.60
Other	3	0	1	0	0	4	1.50
Age	7	0	2	0	0	9	1.44
Specific health condition (i.e., HIV/AIDS or obesity)	7	1	1	0	0	9	1.33
Sexual orientation	9	1	0	0	0	10	1.10
Substance use	9	1	0	0	0	10	1.10
Immigration status	9	0	0	0	0	9	1.00
Language or accent	9	0	0	0	0	9	1.00
Gender identity	9	0	0	0	0	9	1.00
Religion	9	0	0	0	0	9	1.00
						Skipped	95
						Answered	11

Source: Pennsylvania 2017/2019 Title V MCHSBG Interim Needs Assessment.

Health Equity

A question addressed to providers asked them to briefly describe policies, training requirements or initiatives that have been or are being implemented by their organization to address cultural and linguistic humility or health equity, such as 1) increasing culturally and linguistically appropriate materials and staff behaviors: 2) including non-binary gender and sexual orientation data on demographic forms; 3) obtaining a safe space designation; or 4) developing a plan to address health equity or health disparities.

Responses were received from 43 providers (47 percent of providers who completed the survey). Thirty-seven providers (86 percent) who replied to the question indicated their organizations have attempted to increase culturally and linguistically appropriate materials and staff behaviors. Themes that emerged were the provision of training, having access to a language line, providing materials in various languages and the hiring of bilingual staff.

Eight providers (18 percent of providers who completed the survey) reported their organizations made progress on including non-binary gender and sexual orientation data on demographic forms. The provision of training to collect this data was a theme that emerged in the responses.

Regarding safe space designations, five providers (12 percent) shared that their organization is working on obtaining a safe space designation or their partnering organizations are designated as safe spaces. Three providers indicated they received training that informed their efforts to create a safe space.

Ten responses (23 percent) were received related to developing a plan to address health equity or health disparities. A theme that emerged in this category was that respondents' organizations had at least one health disparities plan. One respondent commented, "All new programs are developed with a plan to address health disparities and programming attuned to health equity (including advocacy efforts, appropriate collection of information and linkages to a variety of resources)."

Lastly, three responses (3 percent) were received that did not fit into the categories above, including Amish home visits, LGBT non-friendly work environment and assessing the seven principles of a healthy home. Due to their brevity and unclear context, interpretation of these responses was very limited.

Survey feedback

In an open-ended question about how the survey could be improved, 27 responses (34 percent of survey respondents) were received. Themes that emerged were that some of the questions were unclear, difficult to answer or could be interpreted in different ways. One of the responses was "Given the wide range that our organization covers, the first part was difficult to answer. Families in some locations have good access to services while others do not."

Twenty-three stakeholders (26 percent of survey respondents) responded to an open-ended question asking if there was anything they would like to add. Themes emerging in response included the need to be more effective in sharing information with families, lack of resources, and various barriers that prevent people from receiving information and services. Some of the positive feedback included that "The services provided through the Title V Maternal and Child Health Services Block Grant are very much appreciated by our clients. Our home visitors provide valuable education to families on so many environmental health topics, and there is no other program out there like ours. We appreciate being a part of this important work!"

Conclusion

Key findings

Key findings from the 2017/2019 interim needs assessment include the following:

Services and resources related to well-baby and well-child visits, pre-pregnancy care, and information on preventing infant deaths were available most often. When asked how often service recipients could access thirty-two MCH services and resources listed in the survey, respondents indicated services and resources related to well-baby and well-child visits, pre-pregnancy care, and information on preventing infant deaths were available most often.

The MCH services and resources that could be accessed least often were the "availability of medical homes," "services to reduce stress, such as respite" and "bullying prevention." Out of the thirty-two services and resources listed in the survey, respondents indicated "availability of medical homes," "service to reduce stress, such as respite," and "bullying prevention" could be accessed least often by service recipients.

Access is the most common barrier preventing service recipients from receiving services and resources. Presented with 21 barriers that might prevent people from receiving services or resources, respondents selected barriers that applied to each of the three populations, including women/maternal, perinatal/infant, and children 1-21 with or without special health care needs. Respondents indicated access to information, knowing what services and resources are available, and transportation were the most common ways access was a challenge to them.

Health clinics/hospitals and government agencies are the primary places service recipients go for information about health issues. Listed in the survey were 11 options for places service recipients may physically go in their neighborhood or community for health information or discussion about health issues. Respondents selected all places they thought applied. Overall, the most common responses were health clinics/hospitals and government agencies.

The primary reasons service recipients indicated they experienced unequal treatment was due to income level and disability. Service recipients were presented with 14 reasons people may experience or feel like they are experiencing unequal treatment when accessing MCH services and resources. Service recipients reported income level was the most common reason they experienced unequal treatment, followed by disability as the second most common reason.

Provision of training was the primary method providers are using to address health equity. Providers were asked to describe policies, training requirements or initiatives implemented by their organization to address cultural or linguistic humility or health equity. The most common theme in the open-ended responses was the provision of training for staff.

Stakeholder Engagement

Feedback from stakeholders is an essential component of the BFH's interim needs assessment efforts. According to HRSA, stakeholder engagement is critical to a successful needs assessment and should occur throughout the needs assessment process. Both internal and external stakeholders were engaged in the process. Internal BFH staff were involved in the survey design. External stakeholders included Title V MCHSBG providers and service recipients. By completing the survey, stakeholders provided valuable insights on the availability of MCH services and resources. Their feedback will be used to identify desired outcomes and programmatic goals.

Recommendations

Based on the findings, it is recommended that BFH and stakeholders consider the following:

Consider the availability of well-baby and well-child visits, pre-pregnancy care, and information on preventing infant deaths as indicators that the health system in Pennsylvania is structurally sound. These services and resources are focused on prevention, demonstrating resources were invested appropriately, where they can have the maximum impact. Investment in prevention rather than treatment of health conditions is more cost-effective, since it is more expensive to treat health conditions than prevent them. Preventive services also lead to a higher quality of life, as they prevent and detect diseases in the early stages, when they are easier to treat. Therefore, the use of preventive services reduces the risk for illness and disability.

Explore ways to make service recipients aware of existing resources. Being unaware of existing services and resources was one of the challenges experienced by service recipients. It may be beneficial for the BFH and stakeholders to identify novel approaches to address this gap. Best practices can be shared with all stakeholders. Likewise, it might be worthwhile to identify a point person in each region willing to disseminate information to stakeholders in their region and statewide.

Invest in partnerships, particularly those impacting transportation. Factors impacting access to MCH services and resources likely impact access to employment, education and other spheres in service recipients' lives. Improving conditions in one area will have a positive impact on other areas. Transportation was a core challenge, so engaging stakeholders who can resolve transportation challenges may lead to improved access to MCH services and resources, as well as improved outcomes in employment and education, among other areas.

Consider how health clinics/hospitals and government agencies can be leveraged to disseminate information about harder-to-access services. Since health clinics/hospitals and government agencies are the places that service recipients are most likely to turn to for health information, these organizations may be in the best position to share information with providers and service recipients, particularly about services and resources respondents indicated were harder to access, such as services to reduce stress, medical homes and bullying prevention.

Provide training to staff in the MCH system of care on implicit bias and discrimination. Providers reported the provision of training is the most commonly used approach to address health equity. Service recipients felt the primary reasons they experienced unequal treatment when attempting to access MCH services and resources were income level and disability. Training for staff may lead to the development of policies and practices aimed at eliminating implicit bias and discrimination.

Use survey findings to inform program development and implementation. Findings indicate access to services and resources is the top barrier for service participants.

Engage a larger proportion of stakeholders, especially service recipients, to increase the survey sample size. The 15 responses received from service recipients were not sufficient to draw conclusions.

Comparison of 2017 versus 2018 interim needs assessment

Approach: In 2017, the BFH conducted its first interim needs assessment through the development of a survey to identify topics stakeholders consider a priority. A survey was used in the 2018 interim needs assessment as well. The purpose was to get a sense of what is working and not working in how MCH services and resources were provided and accessed in communities.

Demographics: Responses were received from 54 stakeholders in 2017, three of which were from service recipients and 51 from providers. Geographically, respondents were concentrated in the southcentral and southeast regions of Pennsylvania. In 2018, the response rate improved substantially: 106 responses were received, 15 from service recipients and 91 from providers. Every county was represented in the provider responses, compared to the 23 counties in the previous year's survey.

Key findings: The surveys addressed different topics – the 2017 survey was about priorities, and the 2018 survey was about the availability of MCH services and resources. Therefore, question data is not comparable. The 2017 survey findings indicated the following topics were a priority to stakeholders: access to health, social and support services, health disparities, prevention, screening, testing, and early intervention, as well as awareness of community resources. In 2018, survey findings indicated access to services and resources is a major challenge for service recipients.

Survey feedback: Stakeholders indicated the survey was too long and complicated in 2017. In 2018, stakeholders indicated some of the questions were unclear, difficult to answer or could be interpreted in different ways. However, they appreciated the opportunity to provide feedback.

Next Steps

First, survey responses, which indicated access to services and resources is the top barrier that service recipients experienced, will be used to inform the development of focus group

questions. The purpose of the focus groups will be to identify systemic strengths and challenges. Going forward, the BFH is committed to engaging stakeholders, such as service recipients and providers, in future assessments. The process used, and findings discovered will inform future needs assessment efforts. This approach to soliciting feedback (including the survey length), finding diverse ways to reach service recipients, and building in more time for testing and follow-up will be evaluated. Findings will be used to inform the ongoing evaluation of the health status of MCH populations.

Dissemination

The interim needs assessment findings will be shared with stakeholders, providers, service recipients, and BFH staff. The Executive Summary was included in the Title V MCHSBG 2017 Report/2019 Application. This document will be posted on the Department's website. In addition, an email will be sent to providers to notify them of the availability of findings and direct them to the Department's website.

Contact Info

For questions about the report, please contact the BFH through the Title V Resource Account at: RA-DHPATITLEV@pa.gov.

Title V Maternal and Child Health Services Block Grant Interim Needs Assessment Survey (HD02075S)

2017 Report/2019 Application

Introduction: The mission of the Title V Maternal and Child Health Services Block Grant is to improve the health and well-being of the nation's mothers, infants, children and youth (including children and youth with special health care needs), and their families. The Bureau of Family Health, Pennsylvania Department of Health, is tasked with carrying out this mission in Pennsylvania. Part of fulfilling this mission is regularly reaching out to service providers, service recipients and their families to find out what is working and not working in how maternal and child health services and resources are provided and accessed in communities across Pennsylvania.

Instructions: To support the Bureau of Family Health in achieving the mission of the Title V Maternal and Child Health Services Block Grant, we ask that you please take about 10 minutes of your time to complete the following survey. Your input is essential. The information gathered will be used to inform Pennsylvania's 2017/2019 Title V Annual Report and Application. The survey is anonymous, so please do not include your name or any other personal information in this questionnaire.

The survey is organized into four sets of questions: basic demographics, services (offered or accessed), community resources and barriers to service. If you are a service recipient or family member of a service recipient, you will get one set of questions; if you are a provider, you will get a different set of questions. Please complete the survey by April 11, 2018.

An asterisk (*) denotes a required response.

* 1. I am responding as a: (Select one.)

  ◯ Service recipient or family member of a service recipient

  ◯ Service provider/partner

  ◯ Non-resident of Pennsylvania

Title V Maternal and Child Health Services Block Grant Interim Needs Assessment Survey (HD02075S)

Service recipient or family member of a service recipient

2. So that we can better understand what services and resources are available in certain areas, please identify your county of residence. (Select one.)

[   ]

3. Please select any or all of the following options that describe you or those for whom you provide care. (Select one or more options.)

☐ Women/mother

☐ Perinatal/infant, which means the weeks immediately before and after birth, up to 1 year of age

☐ Children, ages 1-21

☐ A child or children with special health care needs

Title V Maternal and Child Health Services Block Grant Interim Needs Assessment Survey (HD02075S)
Service recipient or family member of a service recipient

4. These are some maternal and child health services and resources that may be available in your community. How often can you and your family get these services if you need them?

	Never	Seldom	About half the time	Usually	Always	N/A
Assistance getting, understanding and using birth control	○	○	○	○	○	○
Sexual health education	○	○	○	○	○	○
Pre-pregnancy care	○	○	○	○	○	○
After pregnancy and between pregnancy care	○	○	○	○	○	○
Prenatal care	○	○	○	○	○	○
Pregnancy or birth-related depression services	○	○	○	○	○	○
Well visits with a primary care provider or family doctor	○	○	○	○	○	○
Well-baby and well-child visits with a pediatrician or family doctor	○	○	○	○	○	○
Home visiting	○	○	○	○	○	○
Services to reduce stress, such as respite	○	○	○	○	○	○
Mental health services	○	○	○	○	○	○

	Never	Seldom	About half the time	Usually	Always	N/A
Substance use treatment, such as drug or alcohol counseling	○	○	○	○	○	○
Support for quitting smoking	○	○	○	○	○	○
Services addressing intimate partner/domestic violence	○	○	○	○	○	○
Services to prevent injuries and violence, including self-harm	○	○	○	○	○	○
Parenting information	○	○	○	○	○	○
Information on preventing infant deaths	○	○	○	○	○	○
Newborn screening information	○	○	○	○	○	○
Early intervention: early identification of the need for testing and support services for babies with developmental delays	○	○	○	○	○	○
Services and treatment for babies born with health issues related to drug or alcohol exposure/use	○	○	○	○	○	○
Creating safe sleep areas	○	○	○	○	○	○
Specialists and treatment centers	○	○	○	○	○	○
Diagnostic testing as a result of newborn screening (e.g., follow-up hearing testing and genetic testing)	○	○	○	○	○	○
Infant feeding, including breastfeeding support	○	○	○	○	○	○
Wellness services, such as those to increase healthy eating and physical activity	○	○	○	○	○	○
Lead poisoning prevention	○	○	○	○	○	○

	Never	Seldom	About half the time	Usually	Always	N/A
Programs that help youth develop social, ethical, emotional, physical and cognitive skills needed during adolescence and to transition into adulthood	○	○	○	○	○	○
Transition to adult health care system support	○	○	○	○	○	○
Bullying prevention	○	○	○	○	○	○
Training for parents/caregivers on care coordination	○	○	○	○	○	○
Availability of medical homes	○	○	○	○	○	○
Support to navigate the system of care for children with special health care needs	○	○	○	○	○	○

Title V Maternal and Child Health Services Block Grant Interim Needs Assessment Survey (HD02075S)

Service recipient or family member of a service recipient

5. Here is a list of barriers that might prevent people from receiving services or resources. For each population, select all barriers or groups of barriers that you, as a service recipient or family member of a service recipient, have experienced.

	Women/maternal	Perinatal/infant	Children 1-21 (with or without special health care needs)
Access:	☐	☐	☐
Physical access	☐	☐	☐
Access to information	☐	☐	☐
Do not know what services and resources are available	☐	☐	☐
Language barriers	☐	☐	☐
No service available	☐	☐	☐
Needed service not offered by provider	☐	☐	☐
Transportation	☐	☐	☐
Financial:	☐	☐	☐
Lack of insurance	☐	☐	☐
Needed services not covered by insurance	☐	☐	☐
Out-of-pocket-costs	☐	☐	☐
Structure:	☐	☐	☐
Not eligible for services	☐	☐	☐
Application forms too complicated	☐	☐	☐
Individual:	☐	☐	☐
Feels services are not helpful	☐	☐	☐
Feels staff are not helpful	☐	☐	☐
Feels embarrassed about getting services	☐	☐	☐
Discrimination (if sensed by service recipients)	☐	☐	☐
Other: (if reason does not fit in any category above)	☐	☐	☐

6. If you selected Other, please list any additional barriers.

Service recipient or family member of a service recipient

7. Where do you physically go in your neighborhood or community for health information or discussion about health issues or health information? For each population, select all places that you think apply.

	Women/maternal issues	Perinatal/infant	Children 1-21 (with or without special health care needs)
Faith-based organizations	☐	☐	☐
Community-based organizations	☐	☐	☐
Advocacy organizations	☐	☐	☐
Schools	☐	☐	☐
Government agencies (Women, Infants and Children [WIC], local health departments, etc.)	☐	☐	☐
Health clinics/hospitals	☐	☐	☐
Barber shops/hair salons	☐	☐	☐
Virtual/internet groups	☐	☐	☐
Face-to-face groups	☐	☐	☐
Libraries	☐	☐	☐
Other	☐	☐	☐

8. If you selected Other, please list any additional locations.

Service recipient or family member of a service recipient

9. Listed below are some possible reasons why people may experience or feel like they are experiencing unequal treatment when receiving services. For each reason below, please select how often you have felt like you were treated worse than other people when receiving any of the services or resources mentioned earlier in the survey. For those that do not apply, select "Never." If there's a reason you do not see here, please enter it under "Other."

	Never	Seldom	About half the time	Usually	Always
Race	○	○	○	○	○
Ethnic group	○	○	○	○	○
Immigration status	○	○	○	○	○
Language or accent	○	○	○	○	○
Income level	○	○	○	○	○
Insurance status (Medicaid/Medical Assistance, lack of health insurance, etc.)	○	○	○	○	○
Gender identity	○	○	○	○	○
Sexual orientation	○	○	○	○	○
Religion	○	○	○	○	○
Substance use	○	○	○	○	○
Disability (physical, mental, behavioral)	○	○	○	○	○
Specific health condition (i.e., HIV/AIDS or obesity)	○	○	○	○	○
Age	○	○	○	○	○
Other	○	○	○	○	○

10. If you selected Other, please list any additional reasons.

Service provider/partner

11. Identify the populations your program or organization serves. (Select one or more options.)

☐ Women/maternal

☐ Perinatal/infant, which means the weeks immediately before and after birth, up to 1 year of age

☐ Children, ages 1-21

☐ Children with special health care needs

12. Check the county where your program or organization provides services. (Select all that apply.)

☐ Adams	☐ Elk	☐ Montour
☐ Allegheny	☐ Erie	☐ Northampton
☐ Armstrong	☐ Fayette	☐ Northumberland
☐ Beaver	☐ Forest	☐ Perry
☐ Bedford	☐ Franklin	☐ Philadelphia
☐ Berks	☐ Fulton	☐ Pike
☐ Blair	☐ Greene	☐ Potter
☐ Bradford	☐ Huntingdon	☐ Schuylkill
☐ Bucks	☐ Indiana	☐ Snyder
☐ Butler	☐ Jefferson	☐ Somerset
☐ Cambria	☐ Juniata	☐ Sullivan
☐ Cameron	☐ Lackawanna	☐ Susquehanna
☐ Carbon	☐ Lancaster	☐ Tioga
☐ Centre	☐ Lawrence	☐ Union
☐ Chester	☐ Lebanon	☐ Venango
☐ Clarion	☐ Lehigh	☐ Warren
☐ Clearfield	☐ Luzerne	☐ Washington
☐ Clinton	☐ Lycoming	☐ Wayne
☐ Columbia	☐ McKean	☐ Westmoreland
☐ Crawford	☐ Mercer	☐ Wyoming
☐ Cumberland	☐ Mifflin	☐ York
☐ Dauphin	☐ Monroe	☐ Statewide
☐ Delaware	☐ Montgomery	☐ Out of state

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Service provider/partner

13. These are some maternal and child health services and resources that may be available in your community. How often can your service recipients and their families get these services if they need them?

	Never	Seldom	About half the time	Usually	Always	N/A
Assistance getting, understanding and using birth control	○	○	○	○	○	○
Sexual health education	○	○	○	○	○	○
Pre-pregnancy care	○	○	○	○	○	○
After pregnancy and between pregnancy care	○	○	○	○	○	○
Prenatal care	○	○	○	○	○	○
Pregnancy or birth-related depression services	○	○	○	○	○	○
Well visits with a primary care provider or family doctor	○	○	○	○	○	○
Well-baby and well-child visits with a pediatrician or family doctor	○	○	○	○	○	○
Home visiting	○	○	○	○	○	○
Services to reduce stress, such as respite	○	○	○	○	○	○
Mental health services	○	○	○	○	○	○
Substance use treatment, such as drug or alcohol counseling	○	○	○	○	○	○
Support for quitting smoking	○	○	○	○	○	○
Services addressing intimate partner/domestic violence	○	○	○	○	○	○
Services to prevent injuries and violence, including self-harm	○	○	○	○	○	○
Parenting information	○	○	○	○	○	○
Information on preventing infant deaths	○	○	○	○	○	○
Newborn screening information	○	○	○	○	○	○

	Never	Seldom	About half the time	Usually	Always	N/A
Early intervention: early identification of the need for testing and support services for babies with developmental delays	◯	◯	◯	◯	◯	◯
Services and treatment for babies born with health issues related to drug or alcohol exposure/use	◯	◯	◯	◯	◯	◯
Creating safe sleep areas	◯	◯	◯	◯	◯	◯
Specialists and treatment centers	◯	◯	◯	◯	◯	◯
Diagnostic testing as a result of newborn screening (e.g., follow-up hearing testing and genetic testing)	◯	◯	◯	◯	◯	◯
Infant feeding, including breastfeeding support	◯	◯	◯	◯	◯	◯
Wellness services, such as those to increase healthy eating and physical activity	◯	◯	◯	◯	◯	◯
Lead poisoning prevention	◯	◯	◯	◯	◯	◯
Programs that help youth develop social, ethical, emotional, physical and cognitive skills needed during adolescence and to transition into adulthood	◯	◯	◯	◯	◯	◯
Transition to adult health care system support	◯	◯	◯	◯	◯	◯
Bullying prevention	◯	◯	◯	◯	◯	◯
Training for parents/caregivers on care coordination	◯	◯	◯	◯	◯	◯
Availability of medical homes	◯	◯	◯	◯	◯	◯

	Never	Seldom	About half the time	Usually	Always	N/A
Support to navigate the system of care for children with special health care needs	○	○	○	○	○	○

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Service provider/partner

14. Here is a list of barriers that might prevent people from receiving services or resources. For each population, select all barriers or groups of barriers that you think apply to the populations your program or organization serves.

	Women/maternal	Perinatal/infant	Children 1-21 (with or without special health care needs)
Access:	☐	☐	☐
Physical access	☐	☐	☐
Access to information	☐	☐	☐
Do not know what services and resources are available	☐	☐	☐
Language barriers	☐	☐	☐
No service available	☐	☐	☐
Needed service not offered by provider	☐	☐	☐
Transportation	☐	☐	☐
Financial:	☐	☐	☐
Lack of insurance	☐	☐	☐
Needed services not covered by insurance	☐	☐	☐
Out-of-pocket-costs	☐	☐	☐
Structure:	☐	☐	☐
Not eligible for services	☐	☐	☐
Application forms too complicated	☐	☐	☐
Individual:	☐	☐	☐
Feels services are not helpful	☐	☐	☐
Feels staff are not helpful	☐	☐	☐
Feels embarrassed about getting services	☐	☐	☐
Discrimination (if sensed by service recipients)	☐	☐	☐
Other: (if reason does not fit in any category above)	☐	☐	☐

15. If you selected Other, please list any additional barriers.

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Service provider/partner

16. Where do your service recipients physically go in their neighborhood or community for health information or discussion about health issues or health information? For each population, select all places that you think apply.

	Women/maternal issues	Perinatal/infant	Children 1-21 (with or without special health care needs)
Faith-based organizations	☐	☐	☐
Community-based organizations	☐	☐	☐
Advocacy organizations	☐	☐	☐
Schools	☐	☐	☐
Government agencies (Women, Infants and Children [WIC], local health departments, etc.)	☐	☐	☐
Health clinics/hospitals	☐	☐	☐
Barber shops/hair salons	☐	☐	☐
Virtual/internet groups	☐	☐	☐
Face-to-face groups	☐	☐	☐
Libraries	☐	☐	☐
Other	☐	☐	☐

17. If you selected Other, please list any additional locations.

Service provider/partner

18. Briefly describe what kind of policies, training requirements or initiatives have been or are being implemented by your organization to address cultural and linguistic humility or health equity, such as 1) increasing culturally and linguistically appropriate materials and staff behaviors, 2) including non-binary gender and sexual orientation data on demographic forms, 3) obtaining a safe space designation, or 4) developing a plan to address health equity or health disparities.

Conclusion

19. How could this survey process be improved?

20. Is there anything you would like to add?

Conclusion

Thank you for taking the time to complete the survey. Your input is essential. The information gathered will be used to inform Pennsylvania's 2017/2019 Title V Annual Report and Application.