



TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT

State Fiscal Year 2016/2017 (7/1/16 – 6/30/17) Interim Needs
Assessment Report

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EXECUTIVE SUMMARY

Process

For the interim needs assessment, an electronic survey was developed to gather feedback from stakeholders and service populations on important Maternal and Child Health (MCH) topics. Beginning in January 2017, Bureau of Family Health (BFH) created a list of top issues or concerns by population domain. A survey was conducted with these refined lists, which asked respondents to rank them from most to least important. The survey included several open-ended questions for respondents to explain their rankings and the issues for which they would want to receive support and why. Respondents were additionally asked to identify 1) themselves as a consumer or a service provider, 2) their county of residence, 3) the population served, as well as to provide feedback on the survey itself. The survey was constructed in SurveyMonkey by the Bureau of Informatics and Information Technology (BIIT) and sent out via email from the Title V resource account to over 100 contacts representing Title V internal and external stakeholders. Stakeholders were asked to have one to two representatives of their organization and three to five consumers complete the survey. The survey was open for three weeks in April, resulting in 54 responses, three of which identified as consumers. The survey results were sorted by top issues in each domain, which issue respondents would fund, and if there were any strengths or barriers that appeared in the text responses. A summary of the findings is below.

Going forward, this approach to soliciting feedback will be evaluated, including assessing the survey length, finding different ways to reach consumers, and building in more time for testing and follow-up.

MCH Population Needs

A draft of the survey questions used to collect the following information can be found in Attachment 1: Interim Needs Assessment Survey.

For the women/maternal domain, respondents ranked six issues resulting in the following top three:

- Home visiting/community health resources to help manage and improve health;
- Ability to find and see a doctor when you need to or get financial assistance for basic needs such as groceries and housing; and
- Treatment for substance use, such as drug or alcohol counseling.

Respondents supported funding home visiting/community health and access to health and social services. Lack of flexibility, lack of transportation and poverty were mentioned as potential barriers to obtaining services. Home visiting was recognized as being associated with positive outcomes and as a way to build trust and support. Ensuring doctor or health care access was viewed as a fundamental need important to all other aspects of living a healthy life and to mitigating disparities. Substance use treatment is needed as communities struggle with the impacts of the opioid epidemic.

For the perinatal/infant domain, respondents ranked 10 issues, resulting in the following top three:

- Testing and support services for babies who have developmental delays;

- Education and services to help prevent and care for premature babies; and
- Trying to understand and prevent the death of newborns.

Respondents supported funding newborn screening and early intervention, noting early detection and treatment allows children to thrive, decreases costs to society and demonstrates a strong cost/benefit ratio. Barriers to obtaining services were lack of insurance coverage, lack of providers or services within a reasonable distance, and opioid epidemic creating new challenges.

For the child domain, respondents ranked six issues resulting in the following top three:

- Information and support about healthy eating options and how to address food insecurity;
- Collaboration between home visiting programs and PCPs; and
- Trying to understand and prevent injury and death due to accidents or other preventable events.

Respondents supported funding health promotion activities related to nutrition/food security and injury prevention. While no barriers were identified, nutrition was viewed as a gateway to improved overall health.

For the adolescent domain, respondents ranked 14 issues, resulting in the following top three:

- Helping youth develop skills for social and emotional competence, including healthy coping skills;
- Supporting individuals, families and communities to make changes that will help youth be healthy and successful;
- Helping teenagers/young adults learn to cope with the effects of violence, abuse and other difficulties from their childhood (adverse childhood events/toxic stress/trauma, including generational trauma/violence and safety).

Respondents supported funding to help teenagers/young adults learn to cope with the effects of violence, abuse and other difficulties from their childhood, as well as supporting individuals, families and communities to help youth be healthy and successful. Noted barriers to positive outcomes for adolescents were substance use disorder, trauma, suicide and adverse childhood experiences.

For the children with special health care needs (CSHCN) domain, respondents ranked 11 issues, resulting in the following top three:

- Support for individuals, families and communities to make changes that help youth be healthy and successful;
- Identification and use of community resources; and
- Transportation.

Respondents supported funding the top issue and transportation. Barriers noted were that systems for both obtaining and maintaining services are ineffective, inefficient and complicated for families to navigate.

For the cross-cutting domain, respondents ranked 14 issues, resulting in the following top three:

- Screening and treatment for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues;
- Health disparities resulting from systematic obstacles to health based on race, ethnic group, religion, sexual orientation, gender identity, disability or geographic location; and
- Affordable and safe housing.

Respondents supported funding screening and treatment. As many of the issues listed in this population domain cross populations, service provider respondents were asked to identify in which of the population domains this might be more of an issue. The respondents identified these as low income, minority, rural and individuals with disabilities. There were no frequently mentioned barriers or strengths noted in this domain.

Key Findings

Findings indicate the following topics are a priority to stakeholders: access to health, social and support services; health disparities; prevention; screening, testing and early intervention; and awareness of community resources.

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). 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, consumers, the community, HRSA and the Department.¹ 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 consumers during reporting years between five-year needs assessments. For the interim needs assessment for State Fiscal Year 2016/2017 (SFY 16/17), the period of July 1, 2016 through June 30, 2017, providers receiving Title V MCHSBG funds and their consumers were surveyed to identify which topics these stakeholders perceived to be the highest priority among MCH populations. Ensuring providers and consumers are engaged in identifying challenges that impact MCH populations is important because these groups bring perspectives the Department may not have. Interventions developed in response to challenges faced by MCH populations are more likely to be effective if consumers are involved in the process.² The SFY 16/17 interim needs assessment methodology, findings, limitations and conclusions are detailed below.

METHODOLOGY

Survey Development

An online, electronic survey was developed to gather feedback from Title V MCHSBG providers and consumers on a variety of MCH topics. Beginning in January 2017, the Title V MCHSBG coordinator asked the BFH's division directors to gather feedback from program staff in their divisions on topics they perceived as the top current or emerging issues among MCH populations. Based on their observations, training opportunities, literature reviews, and interactions with providers and consumers, program staff prepared lists of topics that they perceived as most important to MCH populations and sent them to their division directors. Responses were compiled and submitted to the Title V MCHSBG coordinator who sorted all the topics received by domain, which include women/maternal, perinatal/infant, child, adolescent, CSHCN, and cross-cutting/life course. Descriptions of the domains are shown in Table 1: Domain Descriptions.

(1) "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.

(2) Vickers, Melissa Clark, and Nora Wells. "Nothing About Us Without Us." *Academic Pediatrics*, 2016, [www.academicpedsjnl.net/article/S1876-2859\(16\)30502-2/pdf](http://www.academicpedsjnl.net/article/S1876-2859(16)30502-2/pdf).

Table 1. Domain Descriptions

Domain	Description
Women/maternal health	The health of women prior to, during and between pregnancies (Services include, but are not limited to, preventive and primary care.) ¹
Perinatal/infant health	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 one year of age ¹
Child health	The health of a person from his or her first birthday through the 21st year ¹
Adolescent health	The health of people ages 10 through 19 ¹
Children with special health care needs (CSHCN)	The health of 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 ¹
Cross-cutting or life course	Public health issues that impact multiple MCH population groups ³ (Life course theory is a conceptual framework that helps explain health and disease patterns – particularly health disparities – across populations and over time. Instead of focusing on differences in health patterns based on one disease or condition at a time, life course theory points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups. Life course theory is population focused, and firmly rooted in social determinants and social equity models. Though not often explicitly stated, life course theory is also community- or place-focused, since social, economic and environmental patterns are closely linked to community and neighborhood settings.) ¹

The lists of topics were used to inform the development of an electronic survey to collect feedback from providers and consumers. The survey asked respondents to rank topics by domain on a numerical range in order of priority from most important to least important. The survey included additional open-ended questions for respondents to explain their rankings and to specify which topic should receive support and why. Additional survey questions asked respondents to indicate if they were consumers or providers, to provide their county of residence, and to note the population served if they were a provider. Respondents were also asked to provide feedback on the survey itself. 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.

(3) "Title V Maternal and Child Health Services Block Grant Program." *HRSA-MCHB*. US Department of Health and Human Services, 01 Dec. 2016. Web. 10 July 2017.

Survey Dissemination

The survey was distributed via email to over 100 points of contact for county and municipal health departments and other service providers from the following programs: family planning, LGBTQ support, safe sleep, newborn screening, breastfeeding support, child rehabilitation, cystic fibrosis support, medical home, shaken baby, in-home care coordination and referral to services, sickle cell disease, and spina bifida. Organizations were asked to have one to two representatives, as well as three to five consumers, complete the survey. The survey was open from April 5, 2017, through April 21, 2017.

Data Analysis

The survey resulted in a large volume of qualitative data. The results were analyzed by focusing on the three topics in each domain the respondents indicated were the highest priority. Demographic information, strengths and barriers, and feedback on the survey itself were also analyzed. The data analysis process is described below.

Demographics

The survey asked stakeholders to identify as a consumer or provider and to note their county of residence. Stakeholders who identified as providers were asked to list the counties in which they provided services and the populations they served. Responses were counted and categorized by consumer or provider, the counties of residence, counties served by providers and population served. The response rates were calculated for each demographic category and the counties and geographic regions with the highest response rates were identified.

Priorities

There were six questions, one for each domain, that asked respondents to rank topics in order of priority. The rating average for each topic within each domain was calculated using a SurveyMonkey formula, which was $(X1W1 + X2W2 + X3W3 \dots XnWn) / \text{total responses} = \text{rating average}$, where X is the response count for answer choice and W is the weight of ranked position. The closer the rating average was to 1, the higher the priority. The SurveyMonkey-generated data summaries were reviewed and the raw data was cleaned so it did not include any information that did not make sense or appeared to be entered in error. Next, the summaries were reviewed and the top three topics in each domain were identified.

The survey asked stakeholders to explain why they chose the three highest-ranking topics. Phrases or responses that showed up more than once were highlighted and that information was used to identify themes related to the reasons why respondents chose the three highest-ranking topics. Responses were grouped together by theme.

The survey asked respondents to identify one topic in each domain as the issue for which they would choose to receive any kind of support. For each domain, the topic identified by respondents as the issue they would target for support was identified and corresponding phrases or responses that showed up more than once were highlighted to make it easier to identify themes associated with respondents' responses for selecting the issues for support.

Strengths and barriers

While none of the survey questions explicitly asked about strengths and barriers related to receipt of services or factors that support positive outcomes, the BFH believed utilizing survey responses to identify these factors would provide valuable insights that could be used to inform programming. Qualitative responses provided were reviewed and the strengths or barriers to services provided for the MCH populations for each domain were determined.

Survey feedback

The answers for the feedback questions at the end of the survey that asked respondents to identify: 1) important issues or services missing from the survey, 2) why those services are important, 3) anything they would like to add, and 4) thoughts on how the survey process could be improved were summarized. Responses were reviewed to identify the issues respondents felt were missing and why those issues were important to them. These responses were then grouped into the following categories: quality of care issues, systemic issues and other issues. Responses related to additional information respondents wanted to include or how the survey process could be improved were also summarized.

FINDINGS

Demographics

Fifty-four survey responses were received. Demographic information collected indicated three responses were from consumers, fifty-one responses were from providers, and no responses were received from non-residents of Pennsylvania. Providers were also asked to identify the population they served and provide a list of counties where their services were provided. Responses were received from respondents who reside in 23 counties, which were reflected in Table 2: Demographics. Two respondents did not indicate a county. Eleven responses were received from Allegheny County, which had the highest number of responses from any county for this survey. As shown in Table 2: Demographics, many responses came from stakeholders who were located in the southcentral and southeast regions of Pennsylvania.

Table 2. Demographics

Demographics					
County	Number of Responses from Providers	Number of Responses from Consumers	Continued... County	Number of Responses from Providers	Number of Responses from Consumers
Allegheny	11	-	Lebanon	1	-
Berks	1	-	Lehigh	3	2
Cambria	5	-	Monroe	1	-
Chester	2	-	Montgomery	1	-
Columbia	1	-	Montour	1	-
Crawford	1	-	Northumberland	1	-

Cumberland	2	1	Perry	1	-
Dauphin	4	-	Philadelphia	3	-
Delaware	2	-	Snyder	1	-
Erie	1	-	Washington	1	-
Lancaster	2	-	York	2	-
Lawrence	1	-	N/A	2	-
Total Responses: 54					
Responses from providers: 51 = 94% of responses					
Responses from consumers: 3 = 6% of responses					
Responses from non-residents of Pennsylvania: 0 = 0% of responses					
No county listed: 2					

Findings were grouped by each of the six domains, including women/maternal, perinatal/infant, child, adolescent, CSHCN, and cross-cutting/life course. Each domain summary includes the number of respondents who ranked the topics, the percentage of respondents who ranked the topics, the list of topics respondents were asked to rank in order of priority, the rating average, the response count, the number of respondents who answered the question, the number of respondents who skipped the question, a summary of the three highest priority issues identified by the respondents, themes in the responses related to why respondents thought those topics were most important, comments from respondents that support the themes, and topics respondents felt needed support the most.

Domain: Women/Maternal

For the first question in this domain, 47 respondents (87 percent) ranked six topics in order of priority to them. The order of priority, topics, rating averages, and response counts are shown in Table 3: Women/Maternal Domain Topics.

Table 3. Women/Maternal Domain Topics

Priority	Topic	Rating Average	Response Count
1	Home visiting/community health resources to help manage and improve health	2.40	45
2	Ability to find and see a doctor when you need to or get financial assistance for basic needs such as groceries and housing [access to health and social services]	2.41	46
3	Treatment for substance use, such as drug or alcohol counseling	3.14	45
4	Ability to get, understand and use birth control [access to and use of contraception]	4.16	45
5	Postpartum depression, dealing with feelings of sadness after the birth of a child	4.36	47
6	Stress management	4.56	45
	Answered question: 47 respondents = 87% of respondents		
	Skipped question: 7 respondents = 13% of respondents		

Priority 1: Home visiting/community health resources

The first issue identified as important was that home visiting/community health resources were needed to help manage and improve health. In home visiting programs, a service provider goes to a family's house to share information about available services and provide education and support about health concerns. The rating average for this priority was 2.40. A total of 37 respondents (82 percent of respondents who ranked this priority) indicated this issue was one of their top three priorities. A theme that emerged was many families were overwhelmed with managing their health care. A respondent explained, "families ... are overwhelmed with the number of visits required for services, having someone come to their home is helpful for them, and helpful for the provider to have a complete picture of the family and how they function within the community. In a home visit a person can open up more easily about the needs of the individual or family. An observant provider can also assess the home setting for other needs the family is unaware of."

Another theme identified as a reason home visiting was important to respondents was that home visiting has been shown to be effective. Respondents commented, "home visiting programs have shown through evidence to have a positive outcome on the families' health" and "home visiting has been shown to reduce poor birth outcomes among women." Another respondent mentioned that "home visitors can build trust and offer education and support around a wide range of physical and psychosocial health issues rather than one specific health issue."

The need for home visiting due to lack of transportation was a third reason for why home visiting was important. It was noted "many people need help with getting to medical providers. Many people have no reliable and consistent transportation even with [the Medical Assistance] Transportation Program. They need more flexibility and access to resources in the local rural communities."

Priority 2: Access to health and social services

The ability to find and see a doctor when an individual needs to, or get financial assistance for basic needs such as groceries and housing [access to health and social services] was chosen by 34 respondents as one of the top three highest-priority issues in this domain, which was 74 percent of respondents who ranked this priority. The rating average for this priority was 2.41. Respondents also indicated the reasons why this issue was important. The most common reason given for this was that access to health and social services was viewed as a basic need. A respondent noted, "in the hierarchy of needs, safe and adequate housing, food, utilities and transportation are paramount to ensure women are able to care for their families' many other needs." Another respondent felt that "these needs should ALWAYS be addressed in other aspects of care as basic needs to maintain a healthy lifestyle."

Another reason that emerged in indicating why this was a priority was that access to health and social services was particularly challenging in rural areas. A respondent explained, "access to quality medical care is important and challenging in the more rural areas of [Pa]." In addition, another respondent said there were "few resources in rural communities."

Financial issues were another theme present in the reasons for choosing access to health and social services. One respondent noted, "many of our families have financial issues on top of a

child with chronic disease. Any outside help for these families to cover medications and some household needs is lacking.”

Priority 3: Treatment for substance use

Treatment for substance use, such as drug or alcohol counseling, was identified by 27 respondents (60 percent of respondents who ranked this priority) as one of their top three issues in terms of importance. The rating average for this priority was 3.14. A theme that emerged was the intense impact of substance abuse on communities. Respondents reported that “knowing there is an opioid epidemic in the country which hit the county pretty hard, this issue is very important to ensure women and families have access to treatment” and “drug abuse is increasingly impacting personal and family health.” Respondents also shared that “substance abuse is overwhelming all around us and has far reaching effects on families and community members. Treatment facilities have low success rates.”

Issues that Need Support

Providers and consumers were also asked which issues they would select to receive any kind of support. A total of 15 respondents indicated access to health care/access to specialty services/transportation was the issue in most need of support within the women/maternal domain. It was noted that specific populations, such as spina bifida, pediatric, disabled and others, were particularly challenged with finding and gaining access to care. Respondents also said transportation was often a significant issue.

Home visiting was the issue eight respondents said needed support. Respondents felt home visiting should be selected to receive support because it has been proven to be effective. Evidence has demonstrated its value.

Three respondents felt community health programs and care coordination were in need of support. Responses show the importance of community health support and care coordination for at-risk communities. A respondent noted, “care coordination often challenges the abilities of the sickle cell patient to keep up with medical appointments and treatments.” Another reported that “community health programs work well to serve at-risk communities when there is support and well-executed systems in place to address a specific health issue or risk.”

Strengths and Barriers

Identified as a strength, home visiting was recognized as being associated with positive outcomes and was a way to build trust and support with consumers. Ensuring access to doctors or health care was viewed as a strength and a fundamental need in respect to all other aspects of living a healthy life and mitigating disparities. Respondents acknowledged barriers to obtaining services in this domain that included lack of flexibility, lack of transportation and poverty. Difficulty accessing substance use treatment was identified as another barrier, as communities struggle with the impacts of the opioid epidemic.

Domain: Perinatal/Infant

For the first question in this domain, 38 respondents (70 percent) ranked 10 topics in order of priority to them. The order of priority, topics, rating averages and response counts were shown in Table 4: Perinatal/Infant Domain Topics.

Table 4. Perinatal/Infant Domain Topics

Priority	Topic	Rating Average	Response Count
1	Testing and support services for babies who have developmental delays [early identification of the need for intervention services]	3.69	36
2	Education and services to help prevent and care for premature babies	4.38	37
3	Trying to understand and prevent the death of newborns [infant mortality]	4.39	36
4	Services and treatment for babies born exposed to certain substances such as alcohol or drugs [Fetal Alcohol Syndrome (FASD) and Neonatal Abstinence Syndrome (NAS)]	4.75	36
5	Newborn screening	5.11	38
6	Lack of access to specialists/treatment centers in rural areas	5.17	36
7	Lack of insurance coverage for diagnostic testing (e.g., hearing diagnostic evaluations and genetic testing)	6.03	37
8	Information and help to create safe sleep areas and promote safe sleep behaviors to prevent accidental deaths	6.30	37
9	Services trying to understand why babies pass away with no clear cause, often called sudden infant death syndrome, and how to prevent it [Sudden Unexpected Infant Death (SUID)/Sudden Infant Death Syndrome (SIDS)]	6.92	36
10	Education and support to help prevent birth defects caused by the Zika virus, a virus carried by mosquitos that can cause very specific birth defects if a woman is pregnant or gets pregnant while and after being sick	8.08	36
	Skipped question: 16 respondents = 30% of respondents		
	Answered question: 38 respondents = 70% of respondents		

Priority 1: Early identification of the need for intervention services

Testing and support services for babies who have developmental delays [early identification of the need for intervention services] was identified by 20 respondents as one of the three most important issues to them, which was 56 percent of respondents who ranked this priority. The rating average for this priority was 3.69. A primary theme that emerged for this issue was testing and support services lead to better outcomes for children. A respondent mentioned that “research shows early intervention has significant impact on the development of the child.” Another felt “early detection and intervention can improve outcomes and save money.” Newborn screening can help detect genetic diseases for early and necessary treatment. This testing allows for early intervention to affect positive change. Additionally, respondents said another important reason for early identification of the need for intervention services was to save money, because conditions were harder to treat later on in a child’s life. It was also noted there were not enough

developmental pediatricians. Respondents felt education and having qualified professionals instructing others was a priority.

Priority 2: Education and services to help prevent and care for premature babies

Education and services to help prevent and care for premature babies was identified by a total of 12 respondents (32 percent of respondents who ranked this priority) as one of the highest-priority issues in the perinatal/infant domain. The rating average for this priority was 4.38. A theme that emerged as a reason for choosing this issue was the importance of prevention. A stakeholder noted, “preventing preterm birth gives the babies the best start in life and saves so much money to be used for other services.”

Priority 3: Infant mortality

Sixteen stakeholders (44 percent of all respondents who ranked this priority) identified trying to understand and prevent the death of newborns [infant mortality] as one of the three highest-priority issues. The rating average for this priority was 4.39. One of the primary themes that emerged was the importance of prevention strategies to reduce infant deaths. A respondent noted that “addressing the multitude of factors that lead to excess infant mortality including unplanned pregnancies, inadequate birth spacing, inadequate use of 17-alpha-hydroxyprogesterone caproate [progesterone medicine that can help prevent preterm birth] for mothers with a previous premature infant, teen pregnancies, maternal substance use, maternal obesity, unsafe sleep environments, and racial and economic disparities in health care and social supports are effective approaches to address many health disparities.”

Another theme was the need to understand infant mortality. Respondents noted, “we need to understand infant mortality so we can correct and prevent” and “understanding why this happens can help to institute preventative care.”

Issues that Need Support

Five respondents identified newborn screening as one of the issues most in need of support. Respondents noted newborn screening has a high benefit per the low cost of the screening.

Early intervention was also identified by five stakeholders as one of the issues most in need of support. A stakeholder noted, “testing is needed before the child turn[s] [three] years old and they are more ready to enter the mainstream education system. Additional education and access to head start programs may also be a way to improve the system of getting children the [Early Intervention] services they need.” Another respondent remarked, “early detection and intervention continues to be extremely effective in assisting young children to realize their potential. The quality of the services received in those early years can affect the child's quality of life for the rest of their life. Therefore, it would probably have the greatest effect for the largest population.”

Stakeholders also identified support for families with CSHCN/babies with developmental delay as an issue that needs support. “In the long run it is cost effective and allows people to be self-sufficient, and lowers costs to society and healthcare,” was a comment from a respondent.

Infant mortality prevention was identified by five respondents as an issue in need of support. A stakeholder believed it was “critical to improve outcomes for infants in the community as a basic right of human life. This again can impact other issues on the list.” Another felt “this issue touches all of the other issues.”

Strengths and Barriers

No strengths were identified but barriers include the following: lack of insurance coverage, lack of providers or services within a reasonable distance, and the opioid epidemic creating new challenges.

Domain: Child

For the first question in this domain, 34 respondents (63 percent) ranked six topics in order of priority to them. The order of priority, topics, rating averages, and response counts were shown in Table 5: Child Domain Topics.

Table 5. Child Domain Topics

Priority	Topic	Rating Average	Response Count
1	Information and support about healthy eating options and how to make sure a family has enough food [nutrition/food security]	2.97	33
2	Collaboration between home visiting programs and primary care providers	3.26	34
3	Trying to understand and prevent injury and death due to accidents or other preventable events	3.36	33
4	Information and support to help children reach and stay at a healthy weight [obesity]	3.42	33
5	Safe schools and neighborhood programs	3.67	33
6	Testing for children to prevent or identify lead poisoning	4.33	33
	Answered question: 34 respondents = 63% of respondents		
	Skipped question: 20 respondents = 37% of respondents		

Priority 1: Nutrition/food security

An issue determined to be one of the three most important was information and support about healthy eating options and how to make sure a family has enough food [nutrition/food security], which was selected by 22 respondents (67 percent of all respondents who ranked this priority). The rating average for this topic was 2.97. Based on the responses, nutrition and food security were seen as important since low socio-economic status often correlates with poor nutritional options. Respondents expressed that nutritional food options should be made available to all families. A respondent shared that “families with low income are often forced to make a choice between healthy foods and paying utilities[;] making healthy foods available and affordable can eliminate that burden.” Another said, “families who can have healthy affordable foods available without worrying about food insecurities will have significantly less stressors in their household.” “Patient education, low income and lack of nutritional support services offered through insurance are barriers to healthy eating,” was another comment.

Food as a basic need and right was a second theme in the reasons why nutrition and food security was one of the most important issues. Respondents noted, “no one should be hungry” and “nutrition is key to survival and good health.” In addition, “Maslow's hierarchy of needs clearly states access to healthy food is a foundation toward self-actualization. [It] is a basic human need no family should be without. We have areas with no access to fresh food in Lancaster County.”

Priority 2: Collaboration for home visiting programs and primary care providers

Another issue identified as one of the highest-priority issues was collaboration between home visiting programs and primary care providers, which was selected by 19 stakeholders (56 percent of all respondents who ranked this issue). The rating average for this priority was 3.26. One theme that emerged in the reasons why this was important was that collaboration between home visiting programs and primary care providers benefits both entities. A respondent felt “there should be better collaboration between these systems. They are complimentary in some respects, especially among home visiting programs which use nurses. Public health nurses are in the community and are the eyes and ears for understanding and assessing social determinants.” Another respondent also shared, “home visitors can provide a lot of insight to PCPs (primary care providers) for what families who struggle need to ensure they keep their appointments, adhere to treatment, [and] stay healthy.” Also, “maximizing both in-office and in-home providers impact theoretically could result in synergistic effects that improve health and reduce costs.” Another comment was “both are important to families’ well-being and the linkages need to be strengthened.”

Priority 3: Prevent injury and death due to unintentional injuries

Trying to understand and prevent injury and death due to unintentional injuries was selected by 17 respondents (52 percent of all respondents who ranked this priority) as one of the highest-priority issues. This rating average for this priority was 3.36. A primary theme for why this was important was because accidents were the most common cause of death in children, and it was important to understand these kinds of accidents to prevent them. A respondent shared that the “number one cause of death in children is accidents, so knowledge may prevent these events.” Additional comments included “one of the leading causes of death in this population” and “injury and accident prevention -- this is particularly important in our urban environment where there are a myriad of potential safety difficulties.”

Issues that Need Support

Respondents identified reducing obesity/improving nutrition/food security as one of the issues in most need of support. One of the themes in the 12 responses was the need for funding for nutritional services. Respondents felt funding to clinics that support nutritional services was needed because traditional insurance does not support nutritional services.

Seven stakeholders indicated prevention of injuries/accident prevention/safety was another issue that needs more support in the child domain. Accidental injuries impact a substantial number of children. Since accidental deaths were the leading cause of death among children, respondents were attuned to this statistic and viewed it as a need for support.

Three respondents felt lead poisoning prevention was also in need of support. No single theme emerged in the reasons why this was important. One respondent explained, “lead poisoning

would need support in terms of identification, testing and remediation. Many homes in Pa. are older [than] 1979, which puts residents at risk. Also, the water children are exposed to in a school setting should be tested on a regular basis, as evidenced by Butler Area School District.” In addition, another respondent said, “lead poisoning has devastating consequences if undetected and untreated.”

Strengths and Barriers

Nutrition was viewed by respondents as a gateway to improved overall health. No barriers to obtaining services in this domain were identified.

Domain: Adolescent

For the first question in this domain, 31 respondents (57 percent) ranked 14 topics in order of priority to them. The order of priority, topics, rating averages and response counts were shown in Table 6: Adolescent Domain Topics.

Table 6. Adolescent Domain Topics

Priority	Topic	Rating Average	Response Count
1	Helping youth develop skills for social and emotional competence, including healthy coping skills	4.80	30
2	Support individuals, families and communities to make changes that will make it more likely for youth to be healthy and successful	5.58	31
3	Helping teenagers/young adults learn to cope with the effects of violence, different types of abuse and other difficulties from their childhood [adverse childhood events/toxic stress/trauma, including generational trauma/violence and safety]	5.69	29
4	Involving families in programs, services and community supports geared towards teenagers/young adults	6.00	30
5	Supports for young adults to help them become more independent and achieve goals such as higher education/training, employment and independent living	6.71	31
6	Suicide prevention	7.19	31
7	Sexual and reproductive health education	7.43	30
8	Quality community-based programs promoting healthy youth development, including youth/social justice activities	7.45	31
9	Alternatives to drug and alcohol use	7.74	31
10	Intimate partner violence/healthy relationships	8.10	31
11	Supports to help young adults transition from child to adult health care services	8.65	31
12	Teen driving safety	9.53	30
13	Learning about long-acting reversible contraceptives and birth control and being able to get them [LARC education and access]	9.63	30
14	Parenting education for sexually-active boys and teen fathers	9.93	30
	Skipped question: 23 respondents = 43% of respondents		
	Answered question: 31 respondents = 57% of respondents		

Priority 1: Social, emotional, and coping skill development

One of the issues in the top three most important was helping youth develop skills for social and emotional competence, including healthy coping skills, which was selected by 13 stakeholders (43 percent of all respondents who ranked this issue). The rating average for this priority was 4.80. A theme in the responses on why this issue was important to respondents was that coping skills support healthy youth development and lead to positive outcomes in adulthood. As one respondent remarked, “there are numerous benefits of teaching adolescents how to cope, and about their emotions from a young age (as toddlers) to increase their chance of becoming a healthy functioning adult.” Another thought that “healthy coping skills can assist individuals from developing addictions and habits that negatively affect the quality of life for the individual, family and community.” Likewise, another respondent said, “the necessary coping skills have the potential to deter many of the bad decisions.”

The second theme in the responses on why this issue was important was that emotional competence impacts many spheres, including relationships, workplace and the world at large. A respondent observed, “youth need to be supported to have affect-appropriate peer interactions to ensure success as young adults in their relationships with peers including intimate partnering/relationships.”

Priority 2: Supporting individuals, families, and communities

Supporting individuals, families and communities to make changes that will help youth be healthy and successful was one of the top three issues selected by 13 respondents (42 percent of all respondents who ranked this issue). The rating average for this topic was 5.58. A theme in the reasons why this issue was selected was the need to leverage community resources. One stakeholder remarked, “linking families with appropriate community resources is often overlooked because of lack of resources and time, but a very important component of health care.”

Priority 3: Helping teenagers/young adults learn to cope

Helping teenagers/young adults learn to cope with the effects of violence, abuse and other difficulties from their childhood (adverse childhood events [ACES]/toxic stress/trauma including generational trauma/violence and safety) was identified by 11 respondents (38 percent of all respondents who ranked this issue) as one of the three most important issues in the adolescent domain. The rating average for this topic was 5.69. Respondents acknowledged trauma can linger for a long time and impact many areas of a person’s life. A respondent noted, “unaddressed trauma impacts all aspects of a young person's life including -- learning, higher education, ability to function in hierarchical work environments, childbearing, and childrearing...” Another shared, “the new research into the long-term effects of trauma on children and young adults shows trauma significantly affects all areas of development. Appropriate trauma-based treatment and counseling are important for the wellbeing of the child/youth and also for the whole family and community.”

Issues that Need Support

Respondents deemed that helping teenagers/young adults learn to cope with the effects of violence, abuse and other difficulties from their childhood one of the issues in need of support, which may include financial support. A theme in the responses of why this issue was selected

was the need for mental health services. One stakeholder reported “trauma-based therapy has the potential to positively affect many children and youth who are exposed to situations less than optimal. Mental Health services continue to be difficult to access, and are not of equal quality across the state of [Pa]. Many families in rural areas have little access to Mental Health services, and are told to take their child to the Emergency Room to access urgent intervention. This is not an acceptable solution to the problem of increased need for quality Mental Health services. Some areas of Pa have no in hospital services for children, and children are shipped a long distance from family in order to receive the treatment they need. Leaving the process of reintegrating into society and school in a haphazard state that is dictated by insurance approval or denial of services.”

Another top issue respondents felt needed support was support for young adults to help them become more independent and achieve goals, such as higher education/training, employment and independent living. These types of support activities affect other issues and problems, so supporting youth to become independent can also be associated with reducing other problems. A respondent explained, “I feel it would help mitigate many other issues that stem from an unstable home and work life.” Another said, “education and journeying with youth to assist them in becoming independent, will, by nature of those decisions assist in reducing some of the other ills listed above.”

Strengths and Barriers

No strengths were identified, but barriers to positive outcomes in this domain include the following: drug abuse, trauma, suicide and adverse childhood experiences.

Domain: Children with Special Health Care Needs

For the first question in this domain, 32 respondents (59 percent) ranked 11 topics in order of priority to them. The order of priority, topics, rating averages and response counts were shown in Table 7: Children with Special Health Care Needs Domain Topics.

Table 7. Children with Special Health Care Needs Domain Topics

Priority	Topic	Rating Average	Response Count
1	Support for individuals, families and communities to make changes that will make it more likely for youth to be healthy and successful	4.90	31
2	Identification and use of community resources	5.13	32
3	Transportation	5.19	31
4	Training for parent/caregivers on coordinating care for child	5.29	31
5	Caregiver stress	5.42	31
6	Respite, a temporary break for caregivers	5.94	31
7	Non-medical transition to adulthood -- refers to supports for youth, such as self-advocacy training, to help them become more independent and achieve post-secondary goals such as higher education/training, employment and independent living	6.33	30
8	Medical transition to adulthood -- refers to supports to help youth transition from pediatric to adult providers	6.63	30

9	Child care while caregiver attends educational sessions, appointments or advocacy meetings	6.67	30
10	Bullying	6.87	30
11	Sexual and reproductive health education	7.40	30
	Answered question: 32 respondents = 59% of respondents		
	Skipped question: 22 respondents = 41% of respondents		

Priority 1: Support for individuals, families, and communities

An issue identified by 13 respondents (42 percent of all respondents who ranked this topic) as one of the highest-priority issues in this domain was support for individuals, families and communities to make changes that will make it more likely for youth to be healthy and successful. The rating average for this topic was 4.90. A theme that emerged in the responses was that healthy youth development positively impacts many areas of life, including improving health, achieving goals/success, obtaining financial stability, and reducing crime and violence. A respondent observed, “As a child approaches adulthood, services for special needs are very different and the child/adolescent will need to learn how to navigate the system to access the services they need.” Another insightful comment was, “[CSHCN] often have emotional needs greater than their physical needs, and if those needs are addressed appropriately, the individual can better advocate for their physical needs.”

Priority 2: Identification and use of community resources

Identification and use of community resources was identified by 11 respondents (35 percent of all respondents who ranked this topic) as one of the most important issues. The rating average was 5.13. Respondents felt consumers needed assistance accessing resources because they either do not know about available resources or they do not know how to find them. Access to community resources was very important because they support basic human needs.

Priority 3: Transportation

Transportation was identified by 12 respondents as one of the three most important issues. The rating average was 5.19. A respondent noted, “this is an issue in our county. It is rural in a lot of places and there are not good transportation [options] available.” Another reported, “transportation is a major barrier to medical care for people with disabilities. Many lack financial resources to travel to appointments, have mobility limitations that make travel difficult, and live in rural areas where disability transport shuttles and public transportation is non-existent.”

Issues that Need Support

Respondents selected caregiver stress as one of the issues most in need of support, which may include, but not be limited to, financial support. The number of responses received for this issue was five. A respondent felt, “we as medical [personnel] must take the time to identify when care givers are being pushed to their limits and offer support services. [Too] many cases of children with special needs receive inappropriate care. We have all been quick to point the finger, but for many we have never walked a day in their shoes. We must provide support for these caregivers so these children do not have to suffer because of the caregiver stress.”

Strengths and Barriers

Strengths were not identified, but barriers noted were that systems for both obtaining and maintaining services were ineffective, inefficient and complicated for families to navigate.

Respondents also noted patients need money to pay for transportation, which becomes a barrier to accessing services.

Domain: Cross-cutting/Life course

For the first question in this domain, 29 respondents (54 percent) ranked 14 topics in order of priority to them. The order of priority, topics, rating averages, and response counts were shown in Table 8: Cross-cutting/Life Course Domain Topics.

Table 8. Cross-cutting/Life Course Domain Topics

Priority	Topic	Rating Average	Response Count
1	Screening and treatment for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues	3.48	29
2	Differences in the health of different groups of people as a result of systematic obstacles to health based on race, ethnic group, religion, sexual orientation, gender identity, disability or geographic location [health disparities]	5.55	29
3	Affordable and safe housing	6.10	29
4	Better and clearer communication about healthy behaviors, health services and supports in your area	6.25	28
5	Drug/alcohol abuse prevention and education	6.55	29
6	Screening for and access to dental services	7.39	28
7	Insurance coverage for medication	7.97	29
8	Data management for effective public health programming	8.04	28
9	Expanding the use of motivational interviewing	8.41	29
10	Bullying prevention and support	8.69	29
11	Lesbian/gay/bisexual/transgender/queer specific services	8.86	29
12	Information on the importance of newborn screening and newborn hearing screening	9.21	29
13	Ability to use streaming, such as Skype, FaceTime or other similar programs, to access hard to find health care providers and specialists [access to telehealth services]	9.32	28
14	Help quitting smoking	9.36	28
	Answered question: 29 respondents = 54% of respondents		
	Skipped question: 25 respondents = 46% of respondents		

Priority 1: Screening and treatment

One of the top three issues identified by 13 stakeholders (36 percent of all respondents who ranked this topic) was screening and treatment for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues. The rating average was 3.48. The responses indicate screening was of paramount importance. A respondent indicated that “identifying needs is the first step in treatment. An individual’s freedom from harm and access to treatment of substance abuse and behavioral health are as important as their physical health.” Another said, “mental stressor by one individual can cause a downward spiral in households.”

Priority 2: Health disparities

Differences in the health of different groups of people as a result of systematic obstacles to health based on race, ethnic group, religion, sexual orientation, gender identity, disability or geographic location [health disparities] was ranked by 15 respondents (41 percent of all respondents who ranked this topic) as one of the top three issues in the cross-cutting/life course domain. The rating average for this issue was 5.55. A theme in the responses indicates a need for further assessments on health disparities. A stakeholder noted, “We want clear, well-collected data - not to show what we want it to, but to gather a picture of what various groups are dealing with and/or where disparities and inequities exist.” Another stakeholder remarked, “health disparities is important to understand. Only with identifying them, can we work to change them.” In addition, it was important to “Identify the obstacles in health based on race, ethnicity, race, age, gender. Find equality in health so we as a community all benefit when we receive the same care.” “LGBT [is not] represented in this area like it could be or would be if we were in a big city,” was another comment.

Priority 3: Affordable and safe housing

Another high-priority issue identified by 6 respondents (17 percent of all respondents who ranked this issue) was affordable and safe housing. The rating average for this priority was 6.10. A theme in the responses was the connection between lack of safe and affordable housing with poverty and violence. A respondent explained, “housing is the issue our families are most concerned about and high costs worsen the effects of poverty.” Another commented, “there is so much room for improvement, particularly when you look at the overwhelming increase in gun violence in the past several years.”

Issues that Need Support

Issues respondents indicated needed support the most included screening and treatment for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues.

Strengths and Barriers

Providers indicated consumers who had low incomes, were a minority, resided in rural areas or had a disability may experience additional challenges related to screening and treatment for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues.

Survey Feedback

Respondents were asked to identify any issues they felt were not covered by the survey that should have been covered. Respondents indicated the following quality of care issues were missing: the need to work with providers to improve the quality of prenatal and postpartum care; pediatric follow-up visits for infants and children; and education of early childhood education providers.

Some of the systemic issues respondents indicated were missing include: the state of the child protective service system in Pennsylvania; creating a system of supports that could be easily accessed by individuals and families (from Social Security, Medical Assistance, public assistance programs, waiver services, transportation and transition services) without having to submit different forms and supporting documents; wrap-around services for families

experiencing health infirmity; diagnosis-specific services; and support for individuals (and their families) with moderate to severe intellectual abilities, including access to "sheltered workshops."

Other issues respondents indicated were missing include: immunization; preventing, recognizing, and reporting child abuse; being underinsured; student loan forgiveness for individuals providing services in this area; the underutilization of licensed clinical social workers (LCSW) in family health planning; and education and access to healthy, well-balanced diets.

Respondents were also asked if there was anything they would like to add. They appreciated the opportunity to provide feedback to the BFH. They also indicated the survey was too difficult to complete.

In an open-ended question about how the survey could be improved, respondents indicated the survey was too long, had too many options and was too complicated for consumers.

LIMITATIONS

Several limitations were identified that potentially had an impact on the methodology and findings. The sample size of 54 respondents was small. Findings, particularly the issues deemed most important, 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.

The window of opportunity for stakeholders to submit feedback through the survey was very limited. The survey was open for three 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 three weeks, more people could have had an opportunity to complete the survey.

The topics respondents could rank were limited to the list provided by BFH staff. The topics identified as priorities may not have been identified as such if respondents could have added topics to be ranked.

Another limitation was that the BFH did not have direct access to consumers. The survey was emailed directly to over 100 service providers, who were asked to complete the survey and disseminate it to consumers. Consumers were surveyed in this way because providers were more likely to have access to consumers' accurate email addresses. In addition, providers have pre-established relationships with consumers that may have made it more likely for consumers to complete the surveys. Unfortunately, consumers were underrepresented, as only three consumers completed the survey in comparison to the 51 providers who completed it. The consumer sample size was too small to draw any conclusions or be used to make recommendations.

The response rate and amount of detail provided per response dropped significantly over the course of the survey questions. Of the 54 respondents who started the survey, only 29 completed the questions associated with the cross-cutting/life course domain, which was located toward the end of the survey. This lower response rate affects the accuracy of findings for that domain.

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.

The number of topics respondents were asked to rank varied by domain and may have impacted rating average scores. If more topics were available to choose from, there may have been less consensus among the respondents. In addition, the average rating scores varied widely by domain; there was a range of rating average scores assigned to top priorities between different domains. Rating averages that were closer to one indicated there was more consensus among respondents. Rating averages that were further away from one indicated less consensus.

The survey design, including the length, the number of options and the level of complication may also have contributed to the overall response rate and the decreasing response rate over the course of the survey questions.

CONCLUSION

Feedback received in response to the BFH's interim needs assessment survey was helpful in identifying issues impacting MCH populations in Pennsylvania that stakeholders consider a priority.

Key Findings

Findings indicate the following topics are a priority to stakeholders: access to health, social and support services; health disparities; prevention; screening, testing and early intervention; and awareness of community resources.

Access to health, social and support services

Several themes emerged from the survey findings, one of which was that access to health, social and support services was a priority to survey respondents. As indicated through stakeholder feedback, access to services in Pennsylvania communities can be impacted by numerous factors, including, but not limited to, geography, socioeconomic factors and special health care needs. This theme appeared three times in the women/maternal domain. First, it was identified by stakeholders as one of the top three highest priority issues in that domain. Next, in the first priority in the women/maternal domain, home visiting/community health resources, respondents noted that lack of transportation was one of the reasons why home visiting was important. Stakeholders identified access to services as one of the issues they would choose to receive any kind of support. Lastly, lack of transportation was identified as one of the barriers to obtaining services. Transportation was identified as one of the highest priorities in the CSHCN domain as well as a barrier to positive outcomes for CSHCN. In the perinatal/infant domain, lack of insurance coverage and lack of providers and services were identified as barriers. Respondents indicated that access to services was important because it was a basic need to maintain a healthy lifestyle.

Respondents noted specific populations, such as people with special health care needs, were particularly challenged with gaining and accessing care. Improving access to care, particularly for people with special health care needs, was identified by stakeholders as an issue they would select to receive any kind of support in the women/maternal domain. Respondents felt geography had an impact on access to care. Specifically, respondents reported that access to quality care was more challenging in the rural communities of Pennsylvania in comparison to the urban and suburban regions.

Health Disparities

Stakeholders indicated addressing the negative impact of health disparities was a priority. This was a theme in two domains. The need to address health disparities was identified as one of the top priorities in the cross-cutting/life course domain. Stakeholders expressed concerns about health challenges due to race, ethnicity, race, age, geography, socioeconomic status, sexual orientation and gender identity. Consumers who are stigmatized due to any of these factors experience worse outcomes than consumers generally. In the perinatal/infant domain, respondents indicated that support for CSHCN, specifically for infants with developmental delay, was an issue in that domain they would choose to receive any kind of support because, in the long run, it was cost-effective and allows people to be self-sufficient. Respondents suggested supporting CSHCN to become self-sufficient may result in a reduction of health disparities experienced by CSHCN.

Prevention

Respondents indicated that prevention was a priority in three domains. In the child domain, injury prevention was chosen as one of the top priorities, and, in addition to lead poisoning prevention, it was identified by stakeholders as one of the issues they would choose to receive any kind of support. Topics related to coping skills were selected by stakeholders as two of the three highest priority issues in the adolescent domain: 1) helping youth develop skills for social and emotional competence, including healthy coping skills and 2) helping teenagers/young adults learn to cope with the effects of violence, abuse and other difficulties from their childhood. Helping teenagers/young adults learn to cope with the effects of violence was also identified by stakeholders as one of the issues they would choose to receive any kind of support in the adolescent domain. Respondents indicated healthy coping skills are a protective factor that can reduce the likelihood of youth developing addictions and increase their chances of becoming healthy, functioning adults. Stakeholders selected infant mortality prevention as one of the issues they would choose to receive support in the perinatal/infant domain.

Screening, testing and early intervention

Findings indicate that screening, testing and early intervention can have a significant impact on health outcomes and was a priority to stakeholders. Early intervention screening was chosen by respondents as one of the top three highest priority issues in the perinatal/infant domain. Early intervention was important to stakeholders because it can improve outcomes for children. It also saves money because conditions are more expensive to treat later on in a child's life. Two issues in the perinatal/infant domain that respondents would select to receive any kind of support are newborn screening and early intervention. Testing, such as newborn screening, during the first month of an infant's life can detect genetic diseases. Early treatment of genetic diseases can result in better, lifelong outcomes for the infant. It was also a low-cost strategy in relation to the

significant benefits to infants. In the cross-cutting/life course domain, respondents indicated screening and treatment for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues was one of the highest priority issues in that domain and the issue they would choose to receive any kind of support.

Awareness of Community Resources

Another key finding was stakeholders identified the community as critical in impacting the health status of MCH populations and viewed awareness of community resources as a priority. Community resources was a topic that was identified by stakeholders to be one of the top priorities in the women/maternal domain and also an issue stakeholders would choose to receive any kind of support. Identification and use of community resources was one of the highest priorities in the CSHCN domain. Supporting individuals, families and communities to make changes that would make it more likely for youth to be healthy and successful was one of the highest priorities in both the adolescent and CSHCN domains. Stakeholders commented that linking families with community resources was often overlooked because of lack of time, but was an important component of health care.

Current and Future Programs

Many issues respondents indicated were most important to them are already being addressed by the BFH. The BFH's State Action Plan includes strategies that address home visiting, newborn screening, falls prevention, interpersonal violence reduction, interventions for LGBT youth, health disparities, access to health care services, provision of service coordination, resources and information to families of CSHCN, infant mortality, and preterm births. The BFH has developed mentoring and bullying prevention programming aimed at improving coping skills for adolescents.

Top issues identified by respondents that are important but are not reflected in the current State Action Plan include treatment for substance abuse, early intervention for developmental delays and transportation.

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 and data analysis. External stakeholders included Title V MCHSBG providers and consumers. By completing the survey, stakeholders provided valuable insights on priorities for MCH populations. Their feedback will be used to identify desired outcomes and programmatic goals.

Recommendations

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

- **Use survey findings to inform program development and implementation.** Findings indicate the following topics are a priority to stakeholders: access to health, social and support services; health disparities; prevention; screening, testing and early intervention; and awareness of community resources.

- **Develop a shorter survey for future interim needs assessments.** Respondents indicated the survey used during the SFY 16/17 interim needs assessment was too long.
- **Engage a larger proportion of stakeholders, especially consumers, to increase the survey sample size.** The three responses received from consumers was not sufficient to draw conclusions.

Next Steps

Going forward, the BFH is committed to engaging stakeholders, such as consumers and providers, in future assessments. The process used and findings discovered will lay the groundwork for future needs assessment efforts. This approach to soliciting feedback (including the survey length), finding diverse ways to reach consumers, 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 population.

DISSEMINATION

The interim needs assessment findings will be shared with stakeholders, providers, consumers and BFH staff. The Executive Summary was included in the Title V MCHSBG 2016 Report/2018 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.

Introduction

The Pennsylvania Department of Health (DOH), Bureau of Family Health (BFH), receives funding from the federal government through the Title V Maternal and Child Health Services Block grant. These funds are used to provide support and services for six groups (women, infants, children, adolescents, children with special health care needs, and health needs across a person's lifetime). To make sure support and services are provided in the areas with the highest need, the BFH is asking for you to complete this questionnaire. The questionnaire should only take about 10 minutes of your time. This survey is being distributed to consumers of services and providers; the question will state if it pertains to only one of these groups.

This will be anonymous. Do not include your name or any other personal information in this questionnaire. Please turn in the completed questionnaire by ##/##/2017.

This questionnaire is set up in the six health care related groups mentioned above (women, infant, children, adolescents, children with special health care needs, and health needs across a person's lifetime), with a list of issues in each section. Take a moment to think about how important or necessary each of these issues are to you, your family, or the population served by your organization (providers only). Then rank the issues in each group with one (1) being the most important to you and moving to higher numbers for those less important. After you've ranked the issues in each group, there will be two follow up questions to help the BFH understand why these services are more important to you, your family, or the population served by your organization.

Thank you for your time and for helping to improve health care services across Pennsylvania.

1. I am responding as a:

- Consumer and resident of Pennsylvania
- Service provider/partner
- Non-resident of Pennsylvania

2. In order to better understand what services may be needed in certain areas, please identify your county of residence:

Questions 3 and 4 are for service providers/partners only. If you are not a service provider/partner, please leave them blank.

3. Population(s) served:

4. List county/counties where service(s) is/are provided:

5. Put the following issues in order of most (1) to least (6) important to you.

<input type="text"/>	Ability to get, understand and use birth control [access to and use of contraception]
<input type="text"/>	Ability to find and see a doctor when you need to or get financial assistance for basic needs such as groceries, housing, etc. [access to health and social services]
<input type="text"/>	Home visiting/community health resources to help manage and improve health. Home visiting programs are when a service provider goes to a family's home to share information about services that are available and to provide education and support to fami
<input type="text"/>	Treatment for substance use, such as drug or alcohol counseling
<input type="text"/>	Stress management
<input type="text"/>	Postpartum depression, dealing with feelings of sadness after the birth of a child

6. Take a moment to think about the issues you listed as the three most important to you (the issues listed as 1, 2 and 3). In a few sentences, explain why these are important to you.

Issue 1	<input type="text"/>
Issue 2	<input type="text"/>
Issue 3	<input type="text"/>

7. If you could only pick one issue from this list to receive any kind of support, which one would you pick?

8. Why did you pick that issue?

Infant Health

9. Put the following issues in order of most (1) to least (10) important to you.

Trying to understand and prevent the death of newborns [infant mortality]

Testing and support services for babies who have developmental delays [early identification of the need for intervention services]

Services trying to understand why babies pass away with no clear cause, often called sudden infant death syndrome, and how to prevent it [SUID/SIDS]

Services and treatment for babies born exposed to certain substances such as alcohol or drugs [Fetal Alcohol Syndrome (FASD) and Neonatal Abstinence Syndrome (NAS)]

Education and services to help prevent and care for premature babies

Education and support to help prevent birth defects caused by the Zika virus, a virus carried by mosquitos that can cause very specific birth defects if a woman is pregnant or gets pregnant while and after being sick

Information and help to create safe sleep areas and promote safe sleep behaviors to prevent accidental deaths

Lack of access to specialists/treatment centers in rural areas

Lack of insurance coverage for diagnostic testing (e. hearing diagnostic evaluations, genetic testing)

Newborn screening

10. Take a moment to think about the issues you listed as the three most important to you (the issues listed as 1, 2 and 3). In a few sentences, explain why these are important to you.

Issue 1

Issue 2

Issue 3

11. If you could only pick one issue from this list to receive any kind of support, which one would you pick?

12. Why did you pick that issue?

13. Put the following issues in order from most (1) to least (6) important to you.

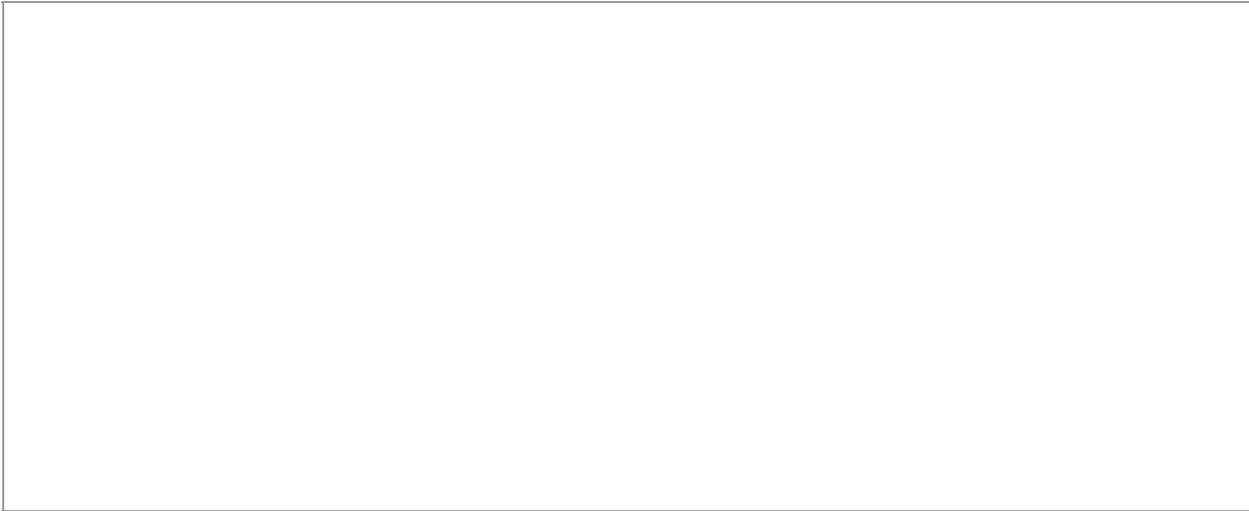
<input type="text"/>	Trying to understand and prevent injury and death due to accidents or other preventable events
<input type="text"/>	Information and support to help children reach and stay at a healthy weight [obesity]
<input type="text"/>	Information and support about healthy eating options and how to make sure a family has enough food [nutrition/food security]
<input type="text"/>	Safe schools and neighborhood programs
<input type="text"/>	Testing for children to prevent or identify lead poisoning
<input type="text"/>	Collaboration between home visiting programs and PCPs

14. Take a moment to think about the issues you listed as the three most important to you (the issues listed as 1, 2 and 3). In a few sentences, explain why these are important to you.

Issue 1	<input type="text"/>
Issue 2	<input type="text"/>
Issue 3	<input type="text"/>

15. If you could only pick one issue from this list to receive any kind of support, which one would you pick?

16. Why did you pick that issue?



Adolescent Health

17. Put the following issues in order from most (1) to least (14) important to you.

<input type="checkbox"/>	Helping teenagers/young adults learn to cope with the effects of violence, different types of abuse and other difficulties from their childhood [adverse childhood events/toxic stress/trauma including generational trauma/violence and safety]
<input type="checkbox"/>	Involving families in programs, services and community supports geared towards teenagers/young adults
<input type="checkbox"/>	Helping youth develop skills for social and emotional competence, including healthy coping skills
<input type="checkbox"/>	Quality community-based programs promoting healthy youth development, including youth/social justice activities
<input type="checkbox"/>	Intimate partner violence/healthy relationships
<input type="checkbox"/>	Learning about long-acting reversible contraceptives and birth control and to be able to get them [LARC education and access]
<input type="checkbox"/>	Sexual and reproductive health education
<input type="checkbox"/>	Suicide prevention
<input type="checkbox"/>	Teen driving safety
<input type="checkbox"/>	Supports for young adults to help them become more independent and achieve goals such as higher education/training, employment and independent living
<input type="checkbox"/>	Supports to help young adults transition from child to adult health care services
<input type="checkbox"/>	Parenting education for sexually-active boys and teen fathers
<input type="checkbox"/>	Alternatives to drug and alcohol use
<input type="checkbox"/>	Support individuals, families and communities to make changes that will make it more likely for youth to be healthy and successful

18. Take a moment to think about the issues you listed as the three most important to you (the issues listed as 1, 2 and 3). In a few sentences, explain why these are important to you.

Issue 1	<input type="text"/>
Issue 2	<input type="text"/>
Issue 3	<input type="text"/>

19. If you could only pick one issue from this list to receive any kind of support, which one would you pick?

20. Why did you pick that issue?

21. Put the following issues in order from most (1) to least (11) important to you.

<input type="text"/>	Respite, a temporary break for caregivers
<input type="text"/>	Caregiver stress
<input type="text"/>	Transportation
<input type="text"/>	Child care while caregiver attends educational sessions, appointments or advocacy meetings
<input type="text"/>	Sexual and reproductive health education
<input type="text"/>	Non-medical transition to adulthood -- refers to supports for youth, such as self-advocacy training, to help them become more independent and achieve post-secondary goals such as higher education/training, employment and independent living
<input type="text"/>	Medical transition to adulthood -- refers to supports to help youth transition from pediatric to adult providers
<input type="text"/>	Bullying
<input type="text"/>	Training for parent/caregivers on coordinating care for child
<input type="text"/>	Support individuals, families and communities to make changes that will make it more likely for youth to be healthy and successful
<input type="text"/>	Identification and use of community resources

22. Take a moment to think about the issues you listed as the three most important to you (the issues listed as 1, 2 and 3). In a few sentences, explain why these are important to you.

Issue 1	<input type="text"/>
Issue 2	<input type="text"/>
Issue 3	<input type="text"/>

23. If you could only pick one issue from this list to receive any kind of support, which one would you pick?

24. Why did you pick that issue?

25. Put the following issues in order from most (1) to least (14) important to you.

<input type="checkbox"/>	Screening and treatment for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues
<input type="checkbox"/>	Differences in the health of different groups of people as a result of systematic obstacles to health based on race, ethnic group, religion, sexual orientation, gender identity, disability or geographic location [health disparities]
<input type="checkbox"/>	Lesbian/gay/bisexual/transgender/queer specific services
<input type="checkbox"/>	Screening for and access to dental services
<input type="checkbox"/>	Affordable and safe housing
<input type="checkbox"/>	Better and clearer communication about healthy behaviors, health services and supports in your area
<input type="checkbox"/>	Expanding the use of motivational interviewing -- a goal-oriented, client-centered counseling style -- by home visitors and other service providers
<input type="checkbox"/>	Data management for effective public health programming
<input type="checkbox"/>	Help quitting smoking
<input type="checkbox"/>	Drug/alcohol abuse prevention and education
<input type="checkbox"/>	Insurance coverage for medication
<input type="checkbox"/>	Ability to use streaming, such as Skype, FaceTime or other similar programs, to access hard to find health care providers and specialists [access to telehealth services]
<input type="checkbox"/>	Information on the importance of newborn screening and newborn hearing screening
<input type="checkbox"/>	Bullying prevention and support

26. Take a moment to think about the issues you listed as the three most important to you (the issues listed as 1, 2 and 3). In a few sentences, explain why these are important to you.

Issue 1	<input type="text"/>
Issue 2	<input type="text"/>
Issue 3	<input type="text"/>

27. If you could only pick one issue from this list to receive any kind of support, which one would you pick?

28. Why did you pick that issue?

Question 29 is for service providers/partners only. If you are not a service provider/partner, please leave it blank.

29. For the above three issues, please indicate if there is a population domain for which this might be more of an issue.

Feedback

30. Are there any issues or services that are important to you that you feel were missing from this questionnaire? What are these services? Why are they important?

31. Do you have anything you would like to add?

32. How could this survey process be improved?

Conclusion

Thank you for your time!

We thank you for taking the time to provide your feedback. When we have tabulated the results, we will be providing all stakeholders with a summary of the information we collected. We anticipate the

results will be shared during the summer of 2017 via the Bureau of Family Health website and will also be included in the Title V Maternal and Child Health Services Block Grant 2016 Annual Report/2018 Application.