



**Department  
of Health**

# **New York State Maternal and Child Health Needs Assessment, 2020-25**

**Community Partner Meeting  
2020**

# Welcome to our Community Partners

- Maternal Infant Community Health Collaboratives
- Maternal Infant Early Childhood Home Visiting programs
- School Based Health Centers
- Family Planning Providers
- Local Health Departments
- Adolescent Pregnancy Prevention Partners
- Healthy Start
- Perinatal Health Providers
- Perinatal Mood Disorder partners
- Early Care and Learning Partners
- SUNY Partners

# Background Information

# Maternal and Child Health Services Block Grant (Title V)

- Federal funding to support state/jurisdiction efforts to extend and improve health services for mothers and children
- New York State receives ~\$38 million per year in core federal funding for MCH services
  - Requires 4:3 funding match
- At least 30% of Title V funds must be spent on preventive and primary care services for children
- At least 30% must be spent on services for children with special health care needs

# Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Federal funding to support evidence-based home visiting services to expectant parents and parents of children up to school age living in at risk communities
- New York State receives ~\$8 million per year in federal funding for MIECHV
  - \$4 million allocated to Office of Children and Family Services (OCFS)
  - Requires state match: DOH funds \$3 million annually
  - OCFS funds \$23 million annually
- Last MIECHV Statewide Needs Assessment completed in 2010
- Submission of MIECHV Needs Assessment by Oct 1 was a condition of continued Title V and MIECHV funding

# Today's Goals

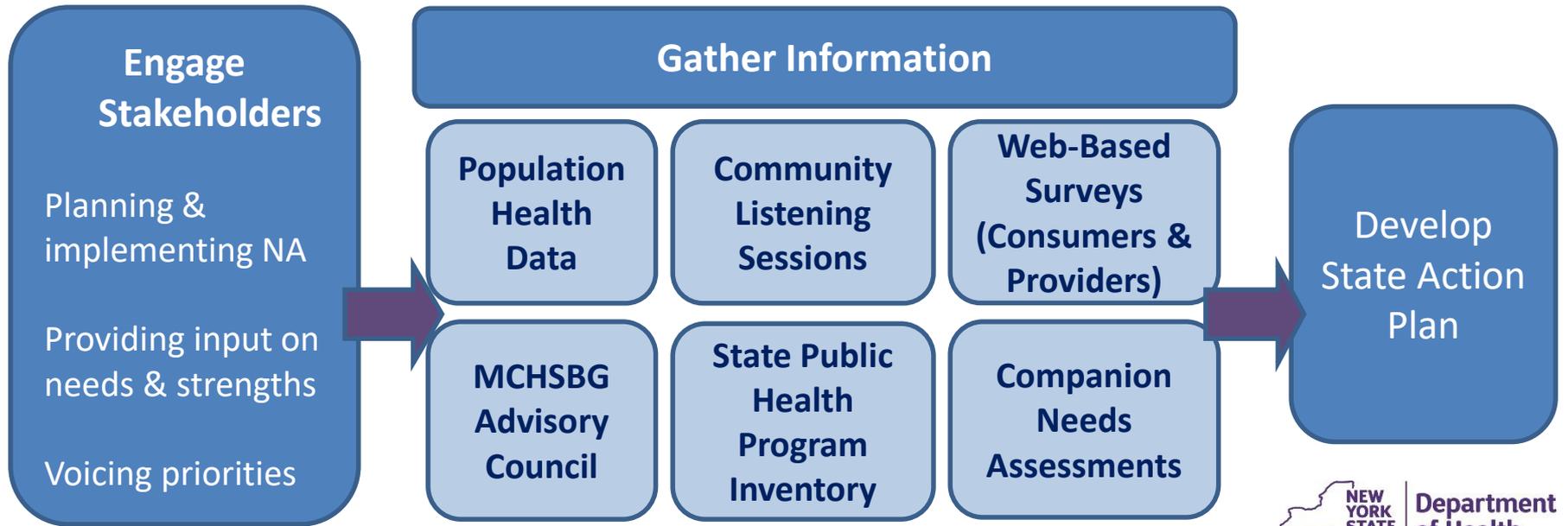
- Share feedback listening sessions
- Center the Community Voice
- Work together to create feedback loops

# Needs Assessment Frameworks

## NYS Title V 5-Year Needs Assessment, 2020-2025

### Needs Assessment Goals & Framework:

Data Driven – Evidence Based- Family & Community Involvement - Equity & Inclusion – Maintaining & building on existing MCH infrastructure & capacity - Alignment with NYS Prevention Agenda



**OVERARCHING GOALS & FRAMEWORK**

data-driven  
evidence-based  
stakeholder involvement  
family & community involvement  
maintain and build on key public health infrastructure

**IDENTIFY STAKEHOLDER ENGAGEMENT**

**Identify our key stakeholders**  
(Families & Consumers; Community organizations; other MCH-serving state programs in and outside DOH)  
**Identify specific actions to ensure stakeholders are involved in each step of Needs assessment:**

- 1) Planning the process;
- 2) Providing input on needs & strengths;
- 3) Reviewing findings/ setting priorities

**SOURCES OF INFORMATION & METHODS**

Population and  
County Health  
Data

Home Visiting  
Program Data

Substance Use  
Treatment  
Data

Community  
Listening  
Forums

Stakeholder  
Input

Companion  
Needs  
Assessments

Online Surveys

Key Informant  
Interviews

**IDENTIFY  
COMMUNITIES  
WITH  
CONCENTRATIONS  
OF RISK**

**ASSESS QUALITY  
AND CAPACITY OF  
HOME VISITING  
PROGRAMS**

**IDENTIFY ASSETS  
AND GAPS OF  
HOME VISITING  
SERVICES**

**IDENTIFY  
CAPACITY OF  
SUBSTANCE USE  
TREATMENT AND  
COUNSELING  
SERVICES**

**COMPILE NEEDS  
ASSESSMENT UPDATE**

**UPDATE MIECHV  
STATE PLAN TO DIRECT  
RESOURCES TO  
COMMUNITIES WITH  
GREATEST NEED**

**PRESENT RESULTS TO  
COMMUNITIES**

**DEVELOP  
RECOMMENDATIONS  
BASED ON NEEDS  
ASSESSMENT UPDATE**

**DISCUSS  
RECOMMENDATIONS  
WITH STATEWIDE  
HOME VISITING  
WORKGROUP**



# Data Sources

**Community Listening Sessions:** 720 participants in 18 counties and at Akwesasne with people of the St. Regis Mohawk nation

**Consumer Survey:** 322 respondents from 49 of 62 counties

**MCH Provider Survey:** 774 respondents from all 11 regions in NYS

**MCH Program Inventory:** Information from DOH programs serving MCH populations to demonstrate and assess current public health infrastructure & capacity.

**Population Health Data:** 100+ indicators across six population domains

- Standardized national performance and national outcome measures
- Tailored state performance measures
- Sources include: Vital Statistics, SPARCS, NSCH, BRFSS, YRBS

# Listening Session Methodology

Population	# Sessions	# Participants
Adolescents	9	154
Families of CYSHCN	3	39
General Adults	15	297
Home Visiting Participants/ Eligible	10	230
<b>TOTAL</b>	<b>37</b>	<b>720</b>

- Current contractors volunteered to host listening sessions in the communities they serve and selected which population
- DOH provided discussion topics and prompting questions
- Hosts returned summaries, demographics of participants, and scribe notes
- DOH coded scribe notes to identify common themes

Population County	Adolescents	Families of CYSHCN	General Adults	Home Visiting
Akwesasne (St. Lawrence)			X	
Albany	X			
Bronx	X*		X*	
Broome			X	X
Chautauqua				X
Erie				X*
Greene		X		
Jefferson		X	X	
Kings				X*
Lewis			X	
Monroe	X		X*	
Nassau	X		X	X*
New York		X*		
Niagara	X*			
Oswego			X*	
Queens			X*	
Richmond				X*
Rockland			X*	X*
St. Lawrence	X		X**	

\*Included participants for whom English is not their primary language

\*\*Included participants who spoke English and ASL

# Thank You to the Listening Session Hosts!

- Albany County Dept. of Health
- BronxWorks
- Buffalo Prenatal-Perinatal Network
- CAMBA, Inc.
- Chautauqua County Department of Health
- Community Health Center of Richmond
- EOC of Nassau County
- Greene County Public Health Department
- Healthy Baby Network
- Lower Hudson Valley Perinatal Network
- Mothers & Babies Perinatal Network
- North Country Prenatal/Perinatal Council
- Northern Manhattan Perinatal Partnership
- Planned Parenthood of Central and Western New York
- Public Health Solutions
- REACH CNY
- The Health Initiative (St. Lawrence County)
- Visiting Nurse Service of New York Nurse-Family Partnership

# Listening Session Findings

# Theme One: Lack of awareness of resources and services in the community

*"There is help but you have to know where to find it and that is the hard part."*

*"I encourage people to enroll into whatever program is offered because through that you can be connected to other services that might be available in the community."*

*"If it was not for finding myself in a shelter due to a domestic violence situation, I would have not known about resources in my community and I do not feel like that is a good thing."*

*"You hear about services too late, you're already struggling."*



## Theme Two: Transportation Barriers

*"We have the [...] county bus that goes around, but there's not a lot of them. There are big gaps in the day when you either have to spend your whole day... go early and spend your whole day waiting for your appointment. So you waste a lot of your day, that you [could] have worked or done something else."*

*"I have to let one bill go if I have to go to Buffalo [for medical care]."*

*I have to wait for my husband to get home to go shopping or do anything."*

*"Public transportation; they come when they want to."*



## Theme Three: Availability and accessibility of services and amenities in the community

*"I am a mother of three special needs kids. I have to travel to Buffalo 8-15 times a month because there are no pediatrician offices for my son."*

*"A lot of people are afraid to get services, if they use drugs, they think their baby will get taken away."*

## Theme Four: Poverty and issues of the working poor

*"I just went back to work and am barely getting by."*

*"If you are making a 'livable wage' you can't qualify for certain services. The system is made for us to fail. If you do improve, you lose services, you fall back."*

*"A lot of people don't qualify, you know what I mean? They just get right on the cusp of not qualifying or qualifying. So I feel like someone should take a bigger look at that because there are other expenses people have..."*

*"If I worked all my money would go to childcare"*



# Theme Five: Supports for parents & families

*"I felt welcome at prenatal visits when they introduced themselves and included me [dad] in the conversation. The doctor let me know as a father how much I can help. Included both of us."*

*"I had a c-section and was alone at home. I did not have help."*

*"I have no family support in this country."*

*"Even with ... family around it is still needed to have a support specific to the mother."*

# Theme Six: Social support & social cohesion

*"I feel like I need someone to listen like my friend"*

*"Coming together in the community to build each other up"*

*"Everybody needs to talk even for one second or ten minutes. Even boys"*

*"I don't think people value spaces to vent and talk. That's why I really enjoy the fatherhood program."*

*"It's good when someone can guide you. More people you can talk to, more mentors and role models to give feedback on behavior for personal growth."*

*"Back in the old days, neighbors watched out for others' children"*

# Theme Seven: Health care access & quality

*"I feel like we should have more African American counselors. Because the counselors that are there, I feel like the students don't feel comfortable talking to them "*

*"I've skipped appointments for myself because I can't afford the co-pay."*

*"We need more compassion and empathy, people who can actually understand us."*

*"Doctor ordered Rx that was OTC so insurance would cover it, but Medicaid denied it because you can buy it OTC. I can't afford the \$15."*

*"If you have a lifestyle they don't agree with, they won't respect you."*



# Theme Eight: Community & Environmental safety

*"I see syringes in the stairs, in the elevators, this is a big need in my building."*

*"I have to cover my kids' eyes as they walk through the park."*

*"I want a community where they can grow up and know that they're safe and can go anywhere they want to go and trust the adults in their community. Right now I am scared for my kids..."*

*"Hope I'm not in the wrong place at the wrong time."*

# Theme Nine: Housing

*"I don't feel there's a system in place to make sure landlords treat you like human beings."*

*"Kids are sleeping on top of each other because there's no room in the houses. It's crazy."*

*"Have been waiting for 15 years to get Section 8 certificate."*

*"I invite my landlord to come and see his property but he doesn't come."*

*"Large families stuck in small townhouses- unable to find housing."*



# Theme Ten: Healthy eating

*"There is never enough to go around. We go to soup kitchen, pantries but there needs to be more."*

*"All fast food is in the hood."*

*"Food truck brings you healthy food and you don't have to have a car."*

*"Going to a food pantry I should not have to eat expired food."*

*"We need more healthy food in the hood all hoods have crappy food."*

# Population Data

# MCH by the numbers: no change

(flat or fluctuating)

- Preterm births
- Well woman visits
- Preconception counseling
- Post-neonatal mortality
- Delivery of high- risk infants in Level III+ birthing hospitals

- Daily physical activity for children
- Child abuse and maltreatment
- Heroin and injection drug use among teens
- Care in a medical home

- Treatment or counseling for children's mental or behavioral conditions
- Transition to adult health care for youth with special health care needs

# MCH by the numbers: **getting worse**

- Severe maternal morbidity
- Postpartum depression
- Prenatal preventive dental care
- Opioid use in pregnancy
- Neonatal Abstinence Syndrome

- Tooth decay
- Child & Adolescent Obesity (age 10-17)
- Daily physical activity for teens

- Electronic (vaping) product use by teens
- Adolescent Depression
- Adolescent Suicide mortality

# MCH by the numbers: getting better

- Maternal mortality
- Teen Pregnancy
- Early prenatal care
- Alcohol use in pregnancy
- Infant mortality
- SIDS/SUID
- Breastfeeding
- Lead poisoning
- Early childhood obesity (age 2-4)

- Newborn hearing follow-up
- Childhood Immunizations
- Developmental screening
- Children's preventive dental visits
- Health insurance enrollment

- Child mortality
- Household secondhand smoke
- Bullying
- Adolescent mortality
- Teen cigarette & alcohol use
- Adolescent motor vehicle injury mortality

# Community Solutions

# NYS women and girls asked for...

- Better supports and services related to family planning, pregnancy, birth, & postpartum care
- More resources & coping supports for maternal depression
- More continuous support in the postpartum period beyond a single medical visit
- Increased & more extended access to doulas, midwives, home visiting, and breastfeeding support services
- Longer paid leave for both mothers & fathers
- More peer support groups for women & families
- Supports for co-parenting, conflict resolution, & healthy partner relationships.

# NYS expectant and new parents asked for...

- More family supports in the postpartum period - doulas, home visitors, community health workers, breastfeeding support, depression support
- Tangible aid for basic supplies: diapers, car seats, baby items & clothing
- Family-friendly homeless shelters
- More parenting education classes & resources on infant care, infant development, childproofing & safety, behavior & discipline, and bonding
- More parenting support groups.
- More classes & programs specifically for fathers, including single fathers, more parenting support groups
- More community activities to help new parents get out of the house.
- Support for returning to work - longer paid parental & sick leave for both mothers & fathers
- Affordable, reliable, safe, & trusted childcare providers - especially for parents working second and third shifts and variable schedules.

# NYS parents asked for...

- Accessible & family-friendly transportation options for families with strollers, wheelchairs, & multiple children
- Parks & playgrounds with safe equipment where families can go safely
- Activities & centers with age-appropriate activities for children & families
- Community policing, adult supervision, safe spaces & after school programs
- Financial stability & opportunities to grow financially for their children
- Better supports for working parents
- Mentoring, encouragement, & positive relationships for children
- A better sense of community - help to care for each other & children
- More community events for socializing & connection

## NYS teens asked for...

- Age-appropriate community activities for teens
- Fitness centers and community areas for exercise
- Education on financial literacy and life skills
- Positive mentors
- Compassion and respect from health care providers
- Providers from their community who look like them and speak their language
- Better housing for their families

# NYS families of children & youth with special health care needs asked for..

- More help from providers for finding, accessing, and navigating programs, services & activities
- Better provider follow-up on referrals
- More accessible transportation for wheelchairs
- More specialist providers, including PT, OT, speech therapy, pediatric specialists, and pediatric dentists
- More community programs & services for differently abled children
- More respite care & breaks for parents
- More peer support groups for parents
- Help navigating insurance, more affordable insurance/ lower co-pays, better coverage for prescriptions & other services
- More compassion and empathy from health care providers

# More ideas from NYS communities...

- Education about financial literacy/ life skills (budgeting, taxes, credit, etc.)
- Events for people in the community to connect & socialize
- Walkable, pedestrian-safe sidewalks & roads, more trees & greenspace
- More sources for affordable, healthy, fresh food - including in schools
- Community gardens
- Remove unhealthy foods/ fast food sources & advertisements
- More farmer's markets (some emphasized selling food versus crafts)
- Remove bars, liquor stores, alcohol in convenience stores, & alcohol ads
- Clear air and water, less trash in the streets, less noise pollution
- Programs for cleaning up parks/ public spaces
- More garbage cans
- Sexual education/ consent taught in schools
- More courtesy, kindness, empathy and trust among community members



**How is this  
information being  
used?**

# Maternal Child Health Priorities

1. Increase **awareness of resources and services in the community** among families and the providers who serve them
2. Address equity, bias, quality of care, and barriers to **access to health care services** for women and families, especially for communities of color and low-income communities
3. Availability, accessibility, and coordination of **community services** for families and youth, including children and youth with special health care needs and their families, with a focus on communities most impacted by systemic barriers including racism.
4. Enhance **supports for parents and families**, especially those with children with special health care needs, and inclusive of all family members and caregivers
5. Enhance **social support and social cohesion opportunities** for individuals and families who experience isolation as a result of systemic barriers including racism, across the life course
6. Increase access to **affordable fresh and healthy foods** in communities.
7. Address **community and environmental safety** for children, youth, and families.
8. Acknowledge and address the fundamental challenges faced by families in **poverty** and near-poverty, including the “working poor” as a result of systemic barriers, including racism.
9. Increase the availability and quality of **affordable housing**.
10. Address **transportation barriers** for individuals and families

# Shared with State Agency Partners

- Agriculture and Markets
- Council on Children and Families (CCF)
- Division of Criminal Justice Services (DCJS)
- Developmental Disabilities Planning Council (DDPC)
- Department of State (DOS)
- Office of Addiction Support and Services (OASAS)
- Office for Children and Family Services (OCFS)
- Office of Mental Health (OMH)
- Office for People with Developmental Disabilities (OPWDD)
- Office for Temporary and Disability Services (OTDA)
- Office of Victim Services (OVS)
- State Education Department (SED)
- Across NYS Department of Health

# Next Steps

Please share with community partners:

Other community based organizations

Community leaders

Community members including the people you serve.

Continue to get and use each other's feedback

# Resources

Link to Application and Needs Assessment Report:

[https://www.health.ny.gov/community/infants\\_children/maternal\\_and\\_child\\_health\\_services/](https://www.health.ny.gov/community/infants_children/maternal_and_child_health_services/)

Questions:

Reach out to your contract manager or contacts with whom you work!

# Thank You!

