

**VERMONT MATERNAL AND CHILD
HEALTH NEEDS ASSESSMENT
TITLE V AND MIECHV**

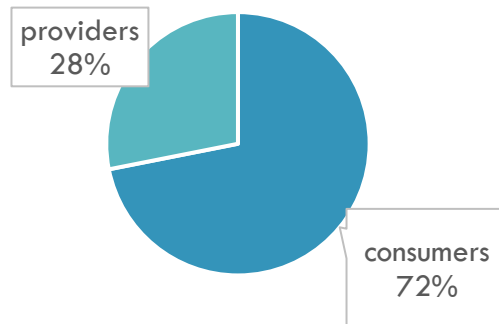
April 2020

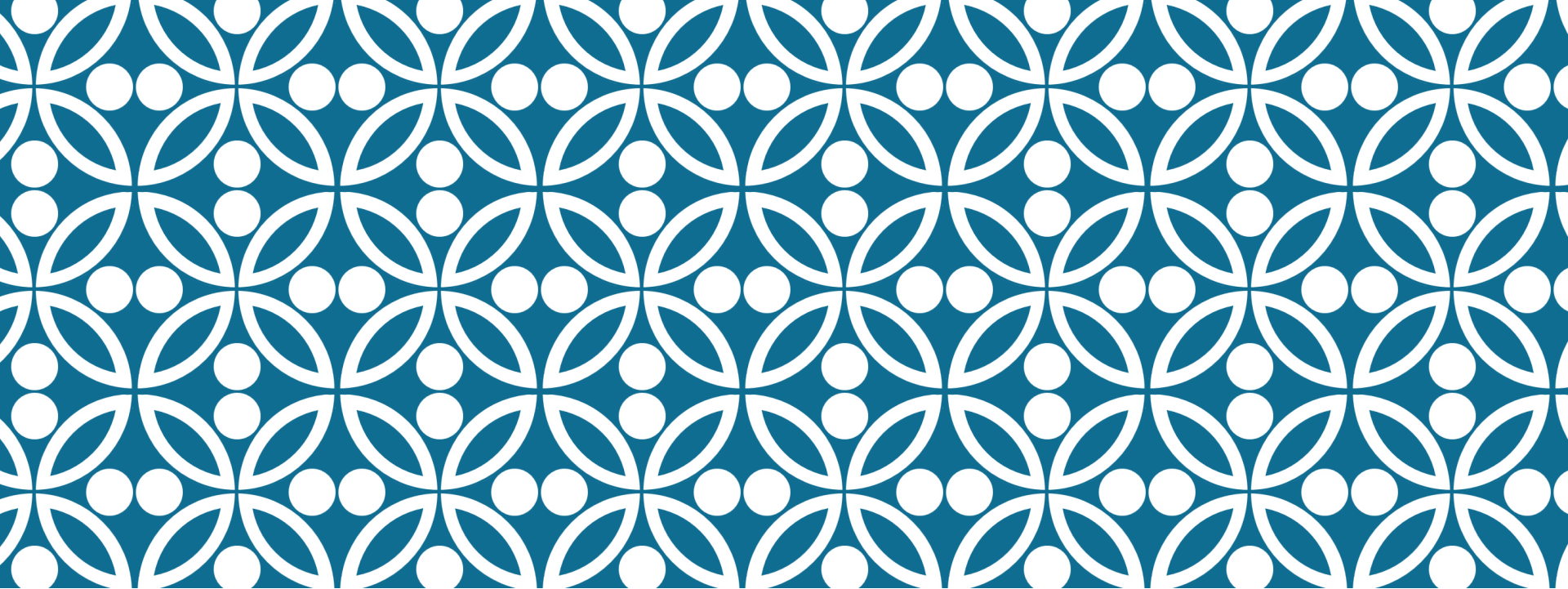
NEEDS ASSESSMENT DATA COLLECTION CONTACTS

- 17 stakeholder interviews
- 10 provider focus groups with 85 providers
- 5 consumer focus groups with 32 consumers
- 332 Community Survey Responses, including 29 from “only providers” and 303 from consumers

Total assessment data collection contacts:

466






COUNTY INDICATOR DATA

HEALTH RISKS BY POPULATION-LEVEL INDICATOR

County	Household Income	Social Vulnerability	Food Insecurity	Uninsured	Primary Care availability	MH provider availability	Substance use	At-Risk Youth	Domestic Violence Orders	Child Mortality	Preterm birth	Teen birth rate	Low birthweight	Health Factors	Adverse Health Outcomes		
Addison							1										
Bennington									1		2		1	3			
Caledonia	3																
Chittenden							1										
Essex	1	3	2	1		2		1		1				1			
Franklin					3	3	1					2			1		
Grand Isle					1	1	1										
Lamoille				3	2												
Orange																	
Orleans	2		1	2				2	3	2	1	1	2	2	2		
Rutland		1						3	2	3					3		
Washington																	
Windham		2	3														
Windsor												3	3				

MAJOR KEY INFORMANT THEMES

- ❖ Vermont's investment and eagerness for interagency/ multi-stakeholder high quality collaboration is evident at the leadership level
- ❖ These leaders may be more optimistic about the success of collaboration and/or integration than those working on the ground level
- ❖ Key ingredients of successful coordination/ partnership with MCH that stakeholders spoke about include:
 - effective leadership
 - Intentional relationship building
 - Efforts to find a common language when values/ approaches differ
 - Agreement about the benefits of prevention and value of “upstream” approaches for Vermonters

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- ❖ 10 groups with 85 participants
 - ❖ Groups were held in Springfield (2), Manchester, Waterbury, and Burlington and included participants from all VT counties.
 - ❖ Providers included MCH coordinators, CIS coordinators, MIECHV nurses and supervisors and other home visiting program staff, primary care and OB/GYN physicians and nurses, MCH Children with Special Health Needs staff, Parent Child Centers, school nurses, and community organizations (mental health, early childhood, youth)

PROVIDER FOCUS GROUP FINDINGS

- ❖ Providers at every level demonstrated significant commitment to their specific roles and to the work of supporting parents, children, and families
- ❖ Providers value and rely on close coordination across numerous kinds of services to be effective.
- ❖ How well coordination works varies from role to role and region to region.
- ❖ Providers feel the stress of many workforce needs: short staffing, low compensation/ benefits in some roles, limited flexibility that impedes effectiveness (such as shifts scheduled 8-5 when families need evening/ weekend support or policies against texting with clients)
- ❖ Housing was the #1 basic need providers identified for Vermonters, followed by transportation and food.
- ❖ Some providers wondered whether it is time for MCH to consider a name change— they see an increasing number of fathers, have roles serving whole families, etc.
- ❖ Most providers described serving increasingly complex populations where multiple conditions impact health. Client complexity increases needs for a well-coordinated system with many partners, effective staffing and support (to mitigate burnout), and flexibility to be creative in how needs are addressed.
- ❖ Many spoke to the benefits of primary care medical homes, the DULCE model, and home visiting in effectively meeting complex needs.



5 groups included 32 participants:

- ❖ Immigrant/ refugee parents in Burlington

- ❖ VT Rays High School Youth

- ❖ PCAVT Parent Support Group- Caledonia County

- ❖ Clarina Howard Nichols Center Moms Group- Lamoille County

All consumers received a \$20 incentive for their participation

CONSUMER GROUP FINDINGS

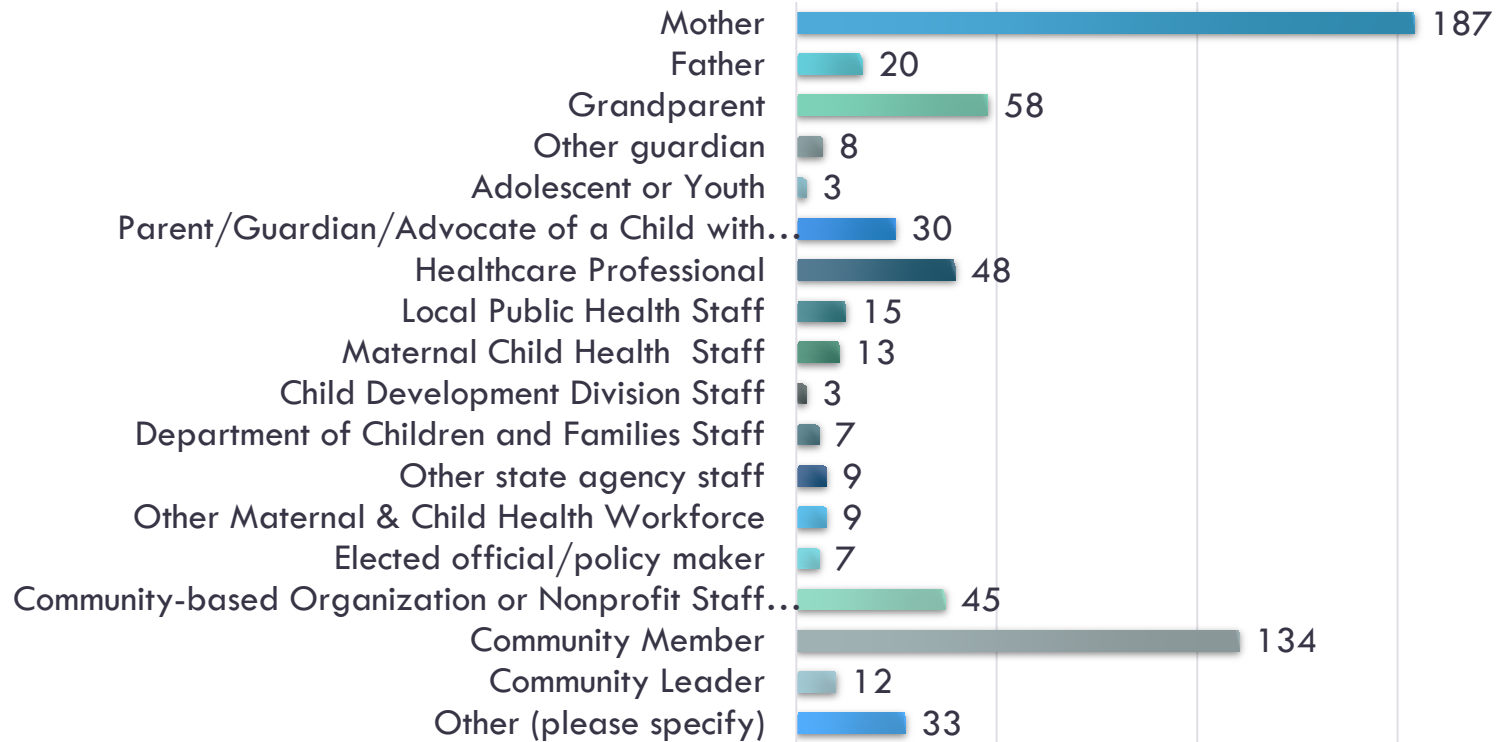
- ❖ Adult consumers who participated were all in highly vulnerable populations groups (low-income, minorities, histories of trauma, etc).
- ❖ Many were parents of children with special health needs (although groups were not organized with this in mind)
- ❖ Addressing basic needs was a significant topic for all adult participants— providers were most likely to name “housing” as the #1 need— consumers were more likely to name jobs/stable income sources as the #1 need.
- ❖ In open-ended discussion, access to dental care was a major concern.
- ❖ In open-ended discussion, difficulty getting appointments, managing insurance, finding specialist providers, navigating systems were concerns.
- ❖ In both in-person groups and consumer survey comments, people spoke about wanting and highly valuing **formal and informal relationships** and see these as a chief contributor to health and wellness.

COMMUNITY SURVEY

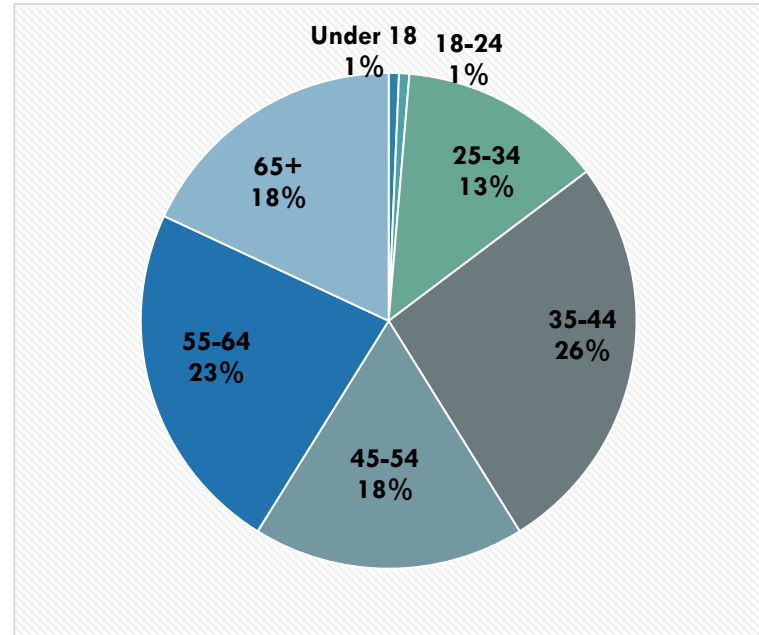
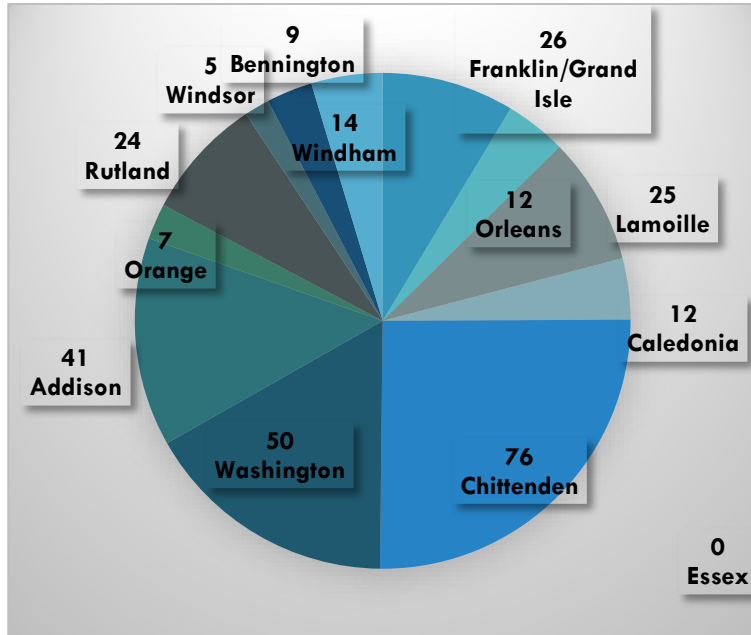
- ❖ 332 people completed surveys
- ❖ Survey responses covered every county except Essex
- ❖ 29 survey respondents only identified as service providers (not parents, grandparents, caregivers, etc).
- ❖ Respondents provided an additional 192 short-answer responses to open-ended questions about needs, barriers, places they get health information, and emerging issues.



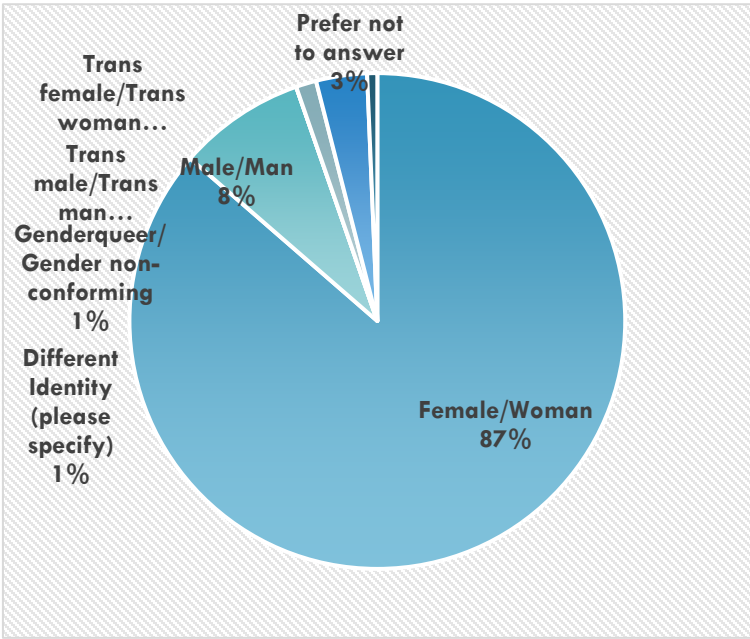
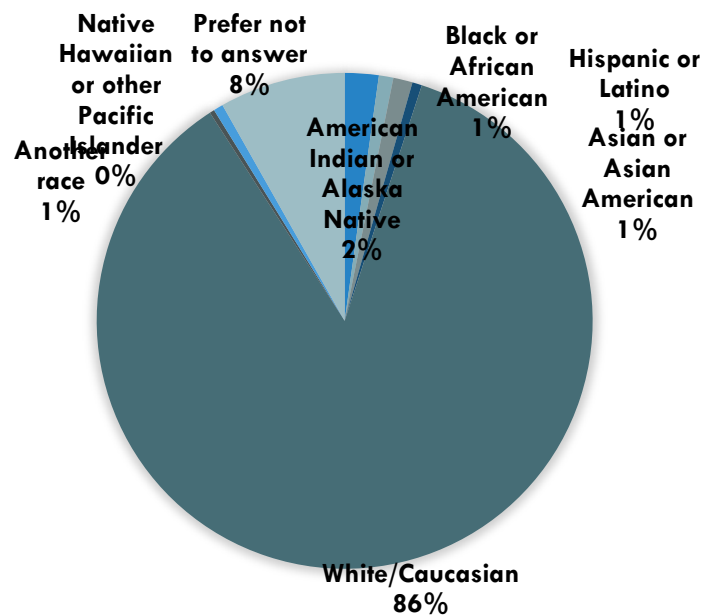
Q5: RESPONDENTS' ROLES (MULTIPLE RESPONSES ALLOWED)



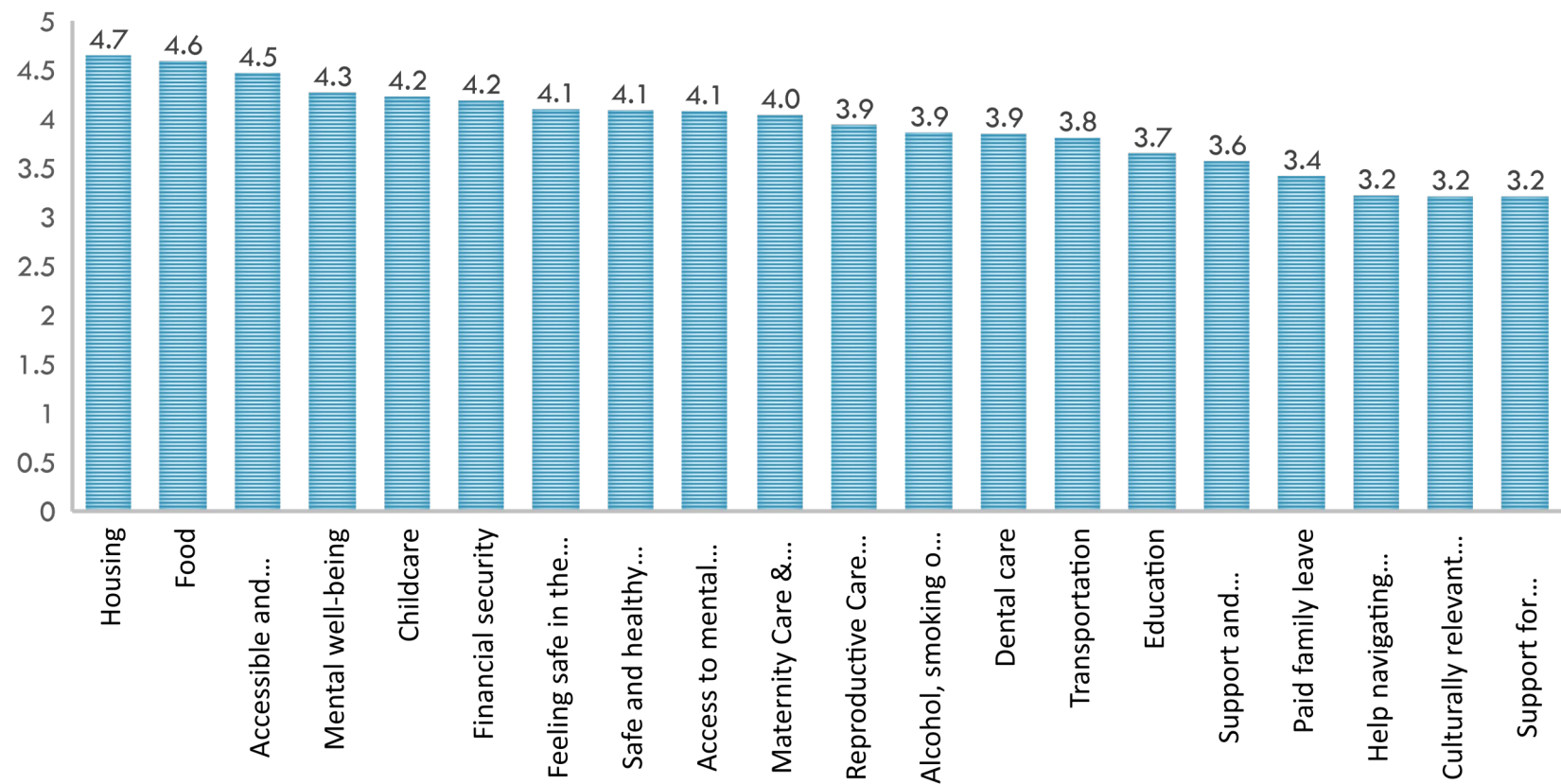
Q6: SURVEY RESPONDENTS BY COUNTY AND AGE



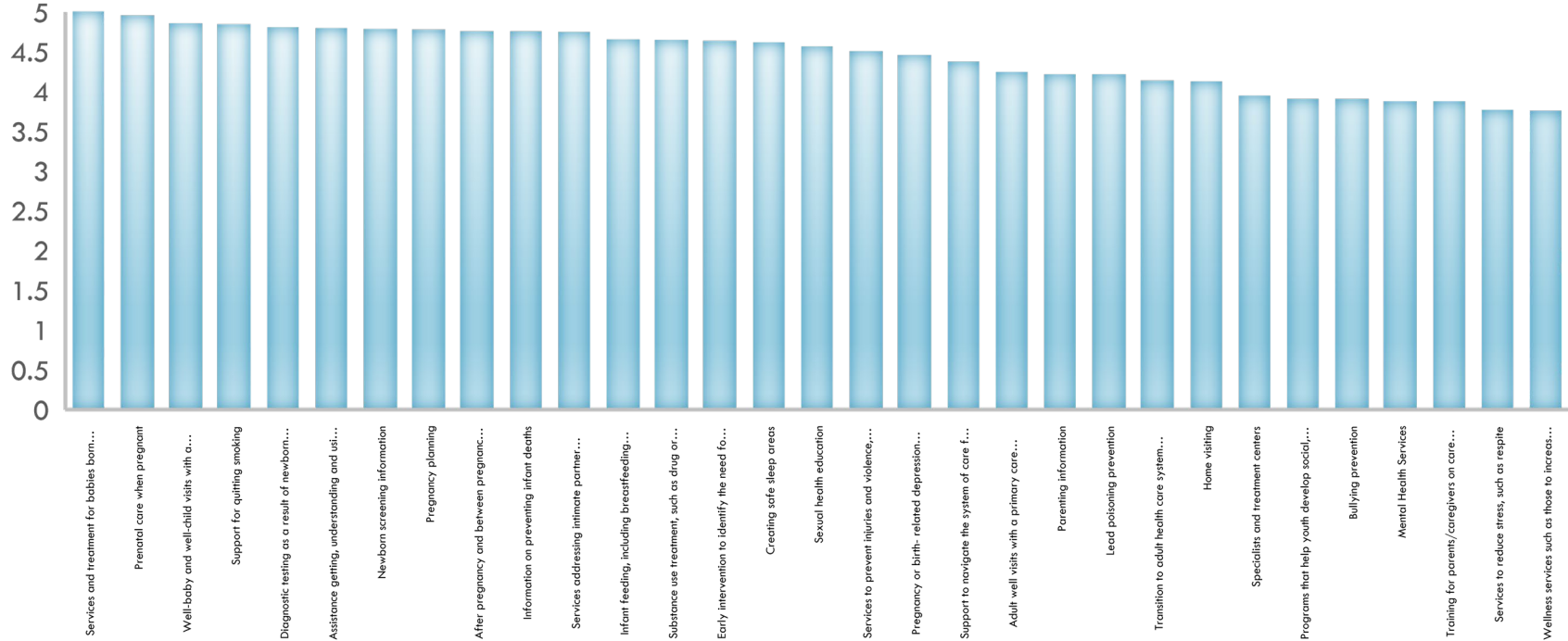
Q8: RACE/ETHNICITY AND GENDER OF SURVEY RESPONDENTS



Q1: WHICH FACTORS ARE THE MOST CRITICALLY NECESSARY FOR WOMEN, FAMILIES AND CHILDREN TO THRIVE?



Q2: CAN YOU AND YOUR FAMILY GET MATERNAL AND CHILD HEALTH SERVICES IF YOU NEED THEM?



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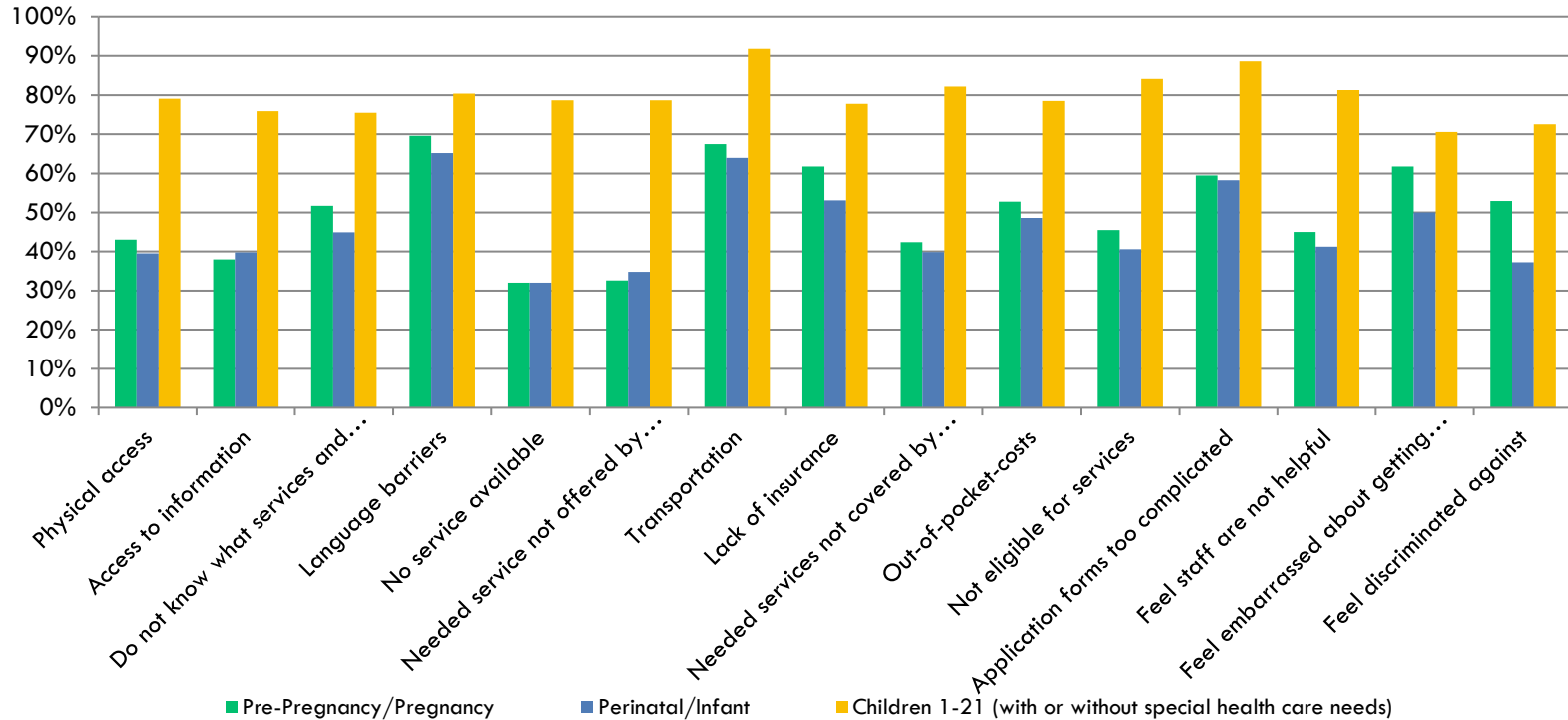
Most accessible services

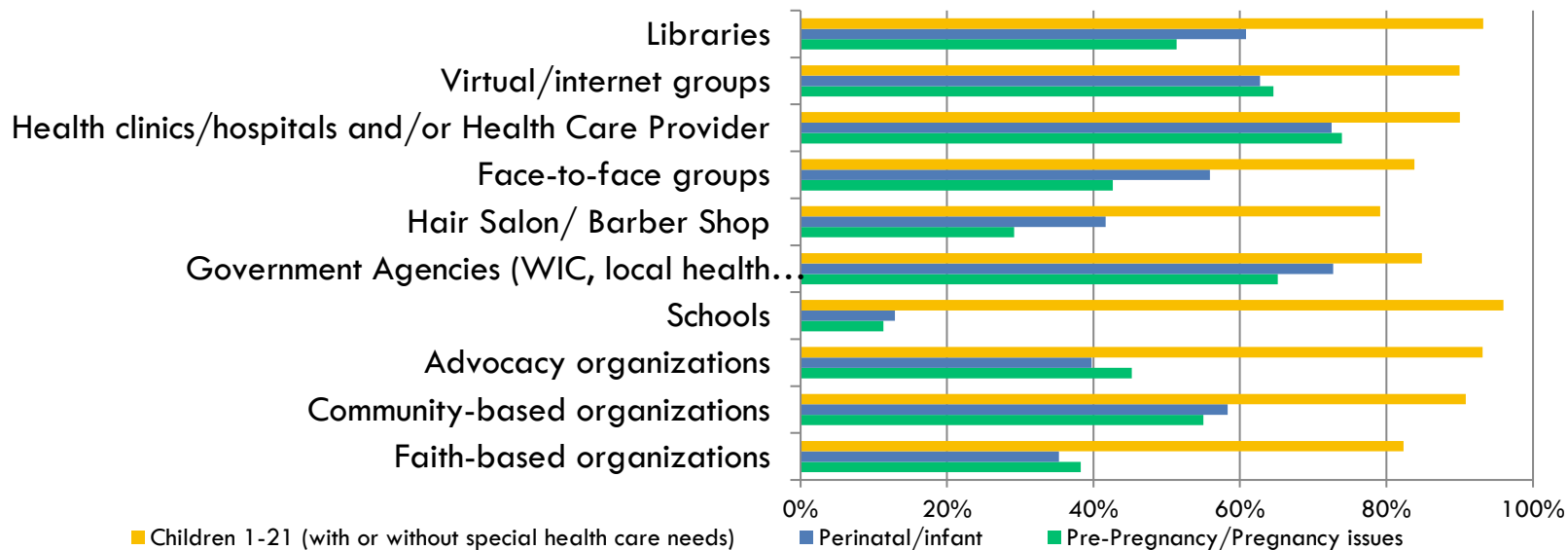
1. Services and treatment for babies born with health issues related to drug or alcohol exposure/use
2. Prenatal care when pregnant
3. Well-baby and well-child visits with a pediatric provider or family doctor/provider
4. Support for quitting smoking

Least accessible services

1. Wellness services such as those to increase healthy eating and physical activity
2. Specialists and treatment centers
3. Home visiting
4. Transition to adult health care system support

Q3: WHICH BARRIERS PREVENT YOU OR YOUR FAMILY FROM RECEIVING SERVICES OR RESOURCES?







SUMMARY OF MAJOR THEMES FROM ALL DATA SOURCES



NEED FOR
CONNECTION,
REDUCED ISOLATION,
AUTHENTIC
RELATIONSHIPS



CONSUMERS
IDENTIFIED
EMPLOYMENT/
INCREASED WAGES,
JOB STABILITY AS THEIR
#1 OR #2 NEED



LACK OF DENTAL CARE
(OR ACCESS TO
DENTAL CARE) WAS
IDENTIFIED BY EVERY
GROUP



CONSUMERS
IDENTIFIED QUESTIONS
AND CONCERNS
ABOUT VACCINES AND
GAPS IN SERVICE FOR
MIDDLE INCOME
FAMILIES



PROVIDERS SAID
HOUSING WAS THE
BIGGEST UNMET BASIC
NEED, FOLLOWED BY
TRANSPORTATION AND
FOOD

BARRIERS, GAPS & EMERGING ISSUES

COORDINATION INTEGRATION COLLABORATION ALIGNMENT PARTNERSHIP

- Agreement that Vermont is generally doing its best to coordinate services and at the same time observations that there are regional differences in how well services are coordinated
- Challenges and successes for roles of each provider
- Benefits of building relationships with key players and regular meetings
- Need to create “common language”
- Difficulty integrating data systems, forms, and related consent requirements
- Value of leadership in integration
- Screening (for early intervention, SUD use, mental health and postpartum depression, etc.) is frequently a topic where providers notice inconsistencies or differences in approach/values

CHILDREN WITH SPECIAL HEALTH NEEDS



Access to care issues



Transitioning from one age group/
kind of provider to another isn't
seamless



Parents and providers want and
lack adequate respite (insufficient
staff, funding, program resources)



MANY KINDS OF
PROVIDERS AGREED
MEDICAL HOMES BASED
IN PRIMARY CARE
WORK WELL



MANY EXPRESSED A
WISH FOR SYSTEMS
THAT ARE LESS
FRAGMENTED OR
SILOED



PROVIDERS AND
CONSUMERS ARE
FRUSTRATED WITH
INSURANCE OBSTACLES



PROVIDERS AND
CONSUMERS WANT
LESS PAPERWORK



PROVIDERS WANT DATA THAT
ISN'T AVAILABLE AND/OR
MORE INTEGRATED AND
STREAMLINED DATA SYSTEMS

DISCUSSION ABOUT THE SYSTEM OF CARE

HOME VISITING



CONSUMERS APPRECIATE
AND VALUE HOME VISITING
SERVICES



HOME VISITING NURSES
ARE STRONGLY
CONNECTED TO THE
POSITIVES OF THE CARE
THEY PROVIDE



PARTICIPANTS HAD A DIVERSITY OF
IDEAS ABOUT HOW WELL
VERMONT'S 5-STRANDS OF HOME
VISITING WORK TOGETHER,
ADDRESS NEEDS, ARE DUPLICATIVE



MANY CHALLENGES
WERE IDENTIFIED ABOUT
PROVIDING OPTIMAL
CARE TO PARENTS WITH
SUBSTANCE USE
CONCERNS—INCLUDING
CHALLENGES
COORDINATING WITH
DCF, ADAP AND OTHER
PROVIDERS



PROVIDERS DO NOT
HAVE A UNIFORM
APPROACH TO
ADDRESSING ALCOHOL
AND MARIJUANA USE IN
PREGNANCY



VAPING WAS
COMMONLY
MENTIONED AS AN
EMERGING ISSUE

SUBSTANCE USE AND TREATMENT

MATERNAL AND CHILD HEALTH WORKFORCE

Capacity issues (vacant positions, need for additional staff) contribute to staff stress

Questions about roles and approved workplans

Wish for greater autonomy or flexibility

A range of impressions of supervisors' effectiveness

Direct service staff identify low compensation, lack of benefits, limited potential for growth as contributing to turnover



We learned a lot about immigrant and refugee populations— and almost nothing about people of color who are not immigrants or refugees



Schools were discussed as a setting for some kinds of services, but Vermont's educational system was largely absent in results



Opioid use is still on people's radar, but these issues were not as much of a focal point as they would've been even a year or two ago

WHAT DIDN'T COME UP