



2020 MCH
Needs
Assessment
Summary
DRAFT

October 2019



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Prevention and Community Health

Office of Family and Community Health Improvement

Surveillance and Evaluation Unit

101 Israel Rd. SE

Tumwater, WA 98501

Bradley Klos

360.236.2532

Bradley.klos@doh.wa.gov

Report Authors

Jeff Sinanian

Justin Weisser

Ashley Nguyen

Bradley Klos

Contents

- Executive Summary..... 1
- Introduction and Background 3
- Local Health Jurisdictions Needs Assessments 4
 - Background 4
 - Regional Characteristics 4
 - Impact of Social Determinants of Health for All Populations 5
 - Services/Care 5
 - Women of Childbearing Age/Pregnant Women 6
 - Children and Adolescents 6
 - Children and Youth with Special Health Care Needs 6
 - Strengths 7
- Facilitated Discussions 8
 - Methods/Background 8
 - Themes related to Needs and Gaps..... 9
 - Systems and Infrastructure 9
 - Diversity and Equity 9
 - Access to Services 9
 - Children and Youth with Special Health Care Needs 10
 - Basic Needs 10
 - Mental and Behavioral Health 11
 - Women 11
 - Fathers 11
 - Strengths 12
- Key Informant Interviews 13
 - Methods/Background 13
 - Themes related to Needs and Gaps..... 13
 - Systems and Infrastructure 13
 - Mental and Behavioral Health 14

Diversity and Equity	14
Access to Services	14
Basic Needs	15
Children and Youth with Special Health Care Needs	15
Children and Adolescents	15
Women’s Health	16
Substance Use Disorder	16
Discovery Survey	17
Methods/Background	17
Survey Respondents.....	18
Themes related to Needs and Gaps.....	19
Social Connectedness.....	19
Basic Needs	20
Access to Healthcare and Social Services	21
Behavioral/Mental Health	22
Women.....	23
Children and Youth	24
Children and Youth with Special Health Care Needs	24
Considerations and Acknowledgements	25

Women, children and families need the kind of support from their communities at large that will promote them to feel safe and strong in their abilities to thrive. Families need support, both within their own circle, and in the community.

– Discovery Survey Respondent

Executive Summary

In order to gather information on the needs of children, mothers, and families in Washington, the Office of Family and Community Health Improvement reached out to local health jurisdictions (LHJs), community partners, key informants, and the public. Qualitative information about maternal and child health was collected and analyzed from a number of sources:

- Facilitated discussions with the Department of Health (DOH) and program partners, which emphasized the needs, gaps, and strengths of state-funded programming available for maternal and child health.
- LHJ needs assessment reports, which catalogued LHJ and community needs and capacity to work with populations served by the Maternal and Child Health (MCH) Block Grant, as well as a qualitative summary of local needs.
- Key informant interviews of state and community leaders representing specific populations, interests, and regions of the state.
- “Discovery Survey” responses from the public. This survey asked two open-ended questions to establish the needs of women, children, and families.

The four qualitative data sources presented in this brief have many shared themes:

- **Families** across the state are struggling with **cost of living** and their health and wellness are negatively impacted. In the public survey, the impacts of the social determinants of health often preceded specific healthcare needs. In all data sources people speak of need for economic security and the challenges of poverty.
- **Housing, childcare, transportation, and food security** tops the list of essentials needed to ensure women, children and families could live their most healthy lives.
- **Access to Care and Services** is also universally discussed. Families need access to care; being covered by insurance, with costs that are affordable, in a network that has providers for all of the services they need for physical, behavioral, mental health, and specialty care. Participants also stress the needed services be trauma informed.
- **Cultural humility and serving marginalized populations** is prominent in all data sources. Participants express a need for services that respect diversity, acknowledge and train for cultural awareness, have adequate language services, are non-discriminatory, and have a culturally representative workforce.
- **Disparities** among tribal communities, women and children of color, LGBTQ community, people who are differently-abled, and rural vs urban communities are of concern for participants.
- **Mothers and Women of Childbearing Age** need comprehensive care throughout their lifetime – preconception care, including OB/GYN care, family planning, early prenatal

care, and intensive support during and after pregnancy, and on into parenting children to adulthood.

- **Infants, Children, and Adolescents** need providers in their communities to care for them who specialize in their unique developmental opportunities and challenges. They need providers who can make referrals to any care needed including developmental screening. Mental and behavioral health services from infancy to adulthood should be integrated and easy to attend.
- **Children and Youth with Special Health Care Needs (CYSHCN)** and their families need adequate screenings and services that are accessible across the state. CYSHCN need all the services the general public need with providers that are competent in the care of CYSHCN. This includes access to childcare, recreation and other services.
- **Community and social supports** are central to the health of all members. Families need communities of caring and programs to help when they struggle.

Introduction and Background

To inform the Maternal and Child Health Block Grant five-year needs assessment and state priorities, the Office of Family and Community Health Improvement gathered information from local health jurisdictions (LHJs), community partners, key informants, and the public.

The Maternal and Child Health Block Grant is part of Title V of the federal Social Security Act. The grant requires each state to conduct a five-year needs assessment that will help guide the direction of maternal and child health programs.

This document is intended to describe the most prominent themes and general sentiment around the health needs of mothers, infants, children, CYSHCN, youth and adolescents. The following sections describe the qualitative data sources, methods, and results. Throughout this document, direct quotations from needs assessment participants are displayed in colored, italicized text.

Local Health Jurisdictions Needs Assessments



Figure 1 Most used words in submitted LHJ Needs Assessment narratives

Background

As part of the MCH five-year needs assessment, we asked each of the 35 LHJs to complete a brief report which outlined the status of their local MCH population, touching on needs and gaps, as well as strengths and opportunities found in their populations. They were also asked to assess their capacity to address the identified needs or to leverage the strengths inherent to improve health outcomes for the people living in their jurisdictions. Information provided in the LHJ reports is intended to give a local perspective on the challenges and opportunities facing maternal and child health programs.

Regional Characteristics

Many of the specific needs reported by LHJs have less to do with the geographic location of the LHJ but rather the **degree of “rurality” and isolation**, or conversely the degree of urbanity and population density of the LHJ.

The more rural you get, the more difficult [access] is, especially if a family is experiencing any kind of transportation barriers ... [in particular] rural access [creates challenges] for both farm workers and refugees and non-refugees.

In more urbanized LHJs the **gaps in wealth** make finding affordable housing more difficult, facilitate “food deserts” – areas where fresh produce and other healthy foods are scarce, and add to stress levels in vulnerable families.

Impact of Social Determinants of Health for All Populations

All LHJs describe need and gaps which cut across all populations. Many of these can fall into the category of “social determinants of health.”

... as a community, there has been a significant impact due to historical patterns of high rates of both unemployment and poverty.

Lack of access to affordable housing is reported across the state from the wealthiest urbanized counties to very rural counties.

Homelessness is driven by a statewide housing crisis. LHJs report homelessness among children and adolescents. Families are living in shelters, split up living among friends and relatives, in vehicles, and in non-permanent shelter such as tents or on the street.

Poverty and lack of economic security impact the MCH population and families’ ability to meet basic needs. This is reported across the state and in many urban counties. Additionally, the wealth gap strongly affects lower income families in a negative manner. While lower wage jobs are available in areas such as Seattle, Tacoma and Spokane, the income does not cover the cost of living.

Affordable child care for working and middle class families is lacking, with rural counties disproportionately impacted. Childcare for shift-work is complicated by the lack of availability outside the standard 6:00 a.m. to 6:00 p.m. hours most childcare facilities maintain. One LHJ points out half of a single mom’s income will typically go to childcare for two children.

Transportation issues are identified by many LHJs, especially those in rural settings. The lack of affordable and reliable transportation impacts the ability to attend medical appointments, as well as presents an obstacle to employment.

Services/Care

Access to care is identified as a barrier to community health. This is impacted by provider shortage and which forms of payment, specifically Medicaid, the provider accepts.

In general there is a need for expanded service capacity for all populations related to MCH health and wellbeing, such as access to medical and behavioral health care.

Mental and behavioral health, often cited together, and oral health care are identified by the majority of LHJs as being high priorities. Many LHJs indicate their communities lack basic services in these fields. Others report that while basic services may be available, specialized care is not.

Women of Childbearing Age/Pregnant Women

Access to health care for women is identified by most LHJs as a priority. Many of the least populous counties report having no or only one provider to meet these needs. Likewise, in more rural areas, access to both general practice services and obstetric care are scarce.

Racial and ethnically diverse counties note that women of color have less access to services that meet their needs than non-Hispanic white women. In addition, women with more financial resources have less difficulty in obtaining services than those without.

Substance use disorder is a critical issue and one that is on the rise. In addition to opioid use, other drugs such as marijuana, methamphetamine, alcohol and smoking/vaping tobacco products are mentioned. It is also noted by some LHJs that substance use disorder, including tobacco use, is higher in women of color and who have lower income.

Children and Adolescents

Many LHJs report increasing rates of **vaping** among adolescents. This is seen as a major set-back given the recent success in reducing tobacco use in this age group. Marijuana use is also reported as a topic of concern in this age group.

Bullying is identified as an issue among teens and older children, especially among the **LGBTQ** population.

Children and Youth with Special Health Care Needs

Lack of access to local services for CYSHCN is seen throughout the state in all but the most populous counties. Even in some of the more affluent urban counties, there is limited ability to access care and health promotion services. Lack of mental/emotional health providers and oral health providers, while identified in all MCH populations, are especially pronounced for CYSHCN.

Children and young adults with special needs often wait for months for access to therapies they need and sometimes, such as with ABA therapy, they never do get it.

Emotional and mental health of parent caregivers of CYSHCN is an issue identified by LHJs. This reflects the lack of mental/behavioral health services in the MCH population and is especially difficult for families with CYSHCN.

Strengths

One strength noted by most LHJs is their **ability to partner** with other governmental, private, non-profit, and faith based groups; and to leverage resources to serve the MCH population in their communities.

Strong community involvement is cited as an asset by many LHJs, including parents as strong advocates and partners. Community commitment to supporting families is prevalent.

Many LHJs reported that they are **developing their workforce** with continuing education opportunities and specialized trainings to stay abreast of issues and concerns relating to the MCH population in their communities. Adverse Childhood Experiences training is mentioned as a useful tool that is shifting the care paradigm.

Vaccination coverage is seen as a success for some LHJs. Adequate and appropriate immunization of the CYSHCN population is identified by LHJs as a priority issue that is being addressed.

Many LHJs report a good working relationship with their **Women, Infants, and Children Supplemental Nutrition Program (WIC)**. In some of the smaller LHJs, WIC is the primary way they interact with the MCH population. **Breastfeeding** is strongly promoted in WIC. High breastfeeding initiation rates is mentioned by many LHJs as a strength.

Facilitated Discussions

Methods/Background

To gather information for the maternal and child health needs assessment, the Department of Health conducted facilitated discussions with eight groups of state and community partners, representing the populations served by the MCH Block Grant:

- American Indian Health Commission – Maternal and Infant Health Workgroup
- Home Visiting Advisory Committee
- Essentials for Childhood Steering Committee
- CYSHCN Communication Network
- WA State Interagency Fatherhood Council
- Graduation, Reality And Dual-role Skills Program (GRADS) Instructors
- Office of Family and Community Health Improvement
- Washington State Perinatal Collaborative (WSPC)

This summary reflects the needs, gaps, and strengths of the MCH population in Washington State, as determined by the facilitated discussion participants.



Figure 2 Most used words in Facilitated Discussions notes

Themes related to Needs and Gaps

Systems and Infrastructure

Systems coordination and referrals are often mentioned, specifically around a need for systems to share information, and having current referral information accessible to providers and the families.

Innovative programming, mostly referring to telehealth or technology-based remote services, presents a possible solution to regional service provider shortages.

Provider shortage impacts most communities in terms of location, limited types of insurance accepted, and provider capacity to take on new patients.

Diversity and Equity

Known disparities exist along racial, ethnic, language, economic, LGBTQ, and immigration status, and need to be addressed.

Indigenizing data so that it is relevant to tribes.

Equity is not fully understood: education, awareness, data, cultural competencies, [...], capacity building

Equity gaps [in populations] of color

Discrimination and its impact on health and service access is a barrier and stressor for MCH marginalized and underserved populations.

Impact of racism on body, life course, and health and birth outcomes

Training on diversity, equity, and cultural humility is needed for all providers.

Recognize different kinds of families and adapt services for [them]. Don't get locked into typical families. [Put] more focus on families that look different (same sex, generational, different cultures, blended families)

A diverse workforce is needed that reflects the communities it serves; both culturally and linguistically.

[There is a] lack of diversity in who is providing services ([we need to] match providers with communities)

Access to Services

Healthcare needs include access to affordable, quality health care, regardless of location, language spoken, or insurance coverage. Participants highlight healthcare costs and the coverage gap between those who qualify for Medicaid and those who are uninsured or underinsured.

Home visiting is viewed as viable intervention model that has an impact on social determinants of health and resilience. Some view home visiting as too limited or underfunded, fragmented, or carrying a negative stigma.

Reconnecting women to care postpartum (expanding home visiting to maternal care)

Social services like parenting training, domestic and family violence intervention, family planning and prevention services are a need in the MCH community.

Children and Youth with Special Health Care Needs

CYSHCN and their families experience significant barriers to accessing services. Screening, therapeutic treatments and support are significantly impacted by provider shortages, especially in remote areas.

[We need] multiple supports for families of kids with disabilities, especially kids with challenging behaviors, including those who don't reach eligibility for special services

Access to health care and other services: For some CYSHCN and their families, financial eligibility is a barrier to accessing health care and other support services. Additionally, there can be long waitlists to access care for this population.

Transitioning of care from CYSHCN pediatric to adult specialty services can be disruptive to the person with special health care needs and their support system.

Some systems only focus on younger children

Training for providers: Inadequate numbers of providers are trained on needs specific to the CYSHCN population.

Basic Needs

Housing: Citing homelessness and economic concerns, participants emphasize the importance of affordable housing for low- and middle-income populations. For families in crisis, there is a need to have appropriate, accessible shelters.

Shelters often segregated by gender and age – families needing shelter can't always find housing at the same location due to these policies.

Poverty/economic security: Participants reference several ways to work toward economic security and reduce poverty, including adding more jobs with living wages, job training, and better family leave policies.

Childcare: Families need affordable, quality childcare with flexible scheduling.

Childcare: affordable, inclusive for CYSHCN

Mental and Behavioral Health

Mental health is a concern, and the MCH population needs more services, support, and providers. Reducing the stigma surrounding **behavioral health** is an ongoing process.

[There is] no place to send people struggling with substance abuse or mental health; the system doesn't have capacity

Social support is a need in the MCH community. These include resources such as “peer-to-peer support” and building networks in communities.

Trauma informed services should be integrated into all community services, health care systems, and government.

Suicidal ideation among youth in Washington State is a serious concern.

Consider a child's mental health early on, offer behavioral therapy when necessary, and provide ongoing support throughout the person's life span.

Women

Postpartum care: Support during the “fourth trimester” is lacking or absent. More postpartum care will allow providers to check in with mothers about their mental health and other medical issues.

With pregnant women carrying future generations, I think that it is really important we do more about taking care of women. They are setting the life course of future generations.

Doulas: Invest more in doula care. Participants cite Open Arms Perinatal Services as an organization with a strong community-based doula program.

Substance use disorder: There needs to be more ongoing support for pregnant and new mothers who are misusing drugs, such as opioids and marijuana, or dealing with addiction. This care should be culturally appropriate for the individuals served, such as American Indian and Alaska Native populations.

Mental health: Women and pregnant people should feel supported and be able to access mental health services, especially during the perinatal and postpartum periods. Economic stressors can also impact parents' mental health.

Fathers

Inclusion of fathers: Public health should be more inclusive of fathers. This can be accomplished through targeted outreach and by offering more programs and services to fathers, who have different needs and require support too.

Health system is very 'mother oriented' – need to include dads, too
Residential substance use treatment facilities for moms and babies (such as opioid treatment) don't always include visitation rights for fathers.

Strengths

In Washington State, the MCH population is a priority, participants say. Strengths they describe include:

- Washington State is a **compassionate, innovative place with progressive policies**
- The governor and state legislature typically **champion MCH initiatives**
- Strong partnerships exist within communities and between local organizations and state agencies
- State-led or state-run initiatives and programs, such as the Maternal Mortality Review Panel and Breastfeeding Friendly Washington are strong
- **Wide health care coverage** exists in the state, particularly as a result of Medicaid expansion
- Public health work is **data-informed**

Key Informant Interviews



Figure 3 Most used words in Key Informant Interview notes

Methods/Background

DOH reached out to key informants who have insight into the status of the maternal and child health population. Nineteen key informants were selected from LHJs, tribal communities, communities of color, community leaders, providers, advocates, and subject matter experts. Individuals were asked about needs, gaps, strengths, emerging issues and populations being missed in regard to maternal, child and family health. At the time of this report additional interviews are still expected.

Themes related to Needs and Gaps

Interviewees' responses to the questions about mothers, children, and families often apply to the general population. Interviewees often use the terms 'needs' and 'gaps' interchangeably; they are grouped together in this section.

Systems and Infrastructure

Most often interviewees refer to established systems and infrastructure in regard to maternal, child and family health. They identify a need for coordination of services and systems available in the community and some type of referral infrastructure. Often they refer to the needs of direct service providers and the providers' lack of knowledge about existing services and who to refer to.

[We] need [a] cross-sector digital referral and communication tool Right now [we] have to know the number, name of person, how they want to receive the referral – fax or something else – and then if there is staff turnover you have to relearn all of this – [this is] true for the 100+ people you might refer to in the community.

Many also suggest that members of the community have trouble finding referrals on their own, and that they need support in navigating the system.

Coalitions and collaborations are an opportunity for organizations to work together to address shared goals.

Provider skills training is a need; specifically related to equity in healthcare and trauma informed care.

Mental and Behavioral Health

Interviewees describe the systems of mental and behavioral health as inadequate, needing more trauma informed approaches, and having gaps in addressing youth suicide, bullying, and resilience.

[We need to address the] increasing needs in mental health, social emotional needs ... [and] social isolation. [Especially concerning are] families who don't have needed social supports and resulting childhood behavior issues

Mental health needs and access [is] often dependent on your insurance. [It is] much harder to get mental health services if you have private insurance in Yakima. In Western WA it's the opposite. It's hard to tell parent of suicidal kid there is no psychiatrist available to help.

Diversity and Equity

Diversity, discrimination, and equity are often mentioned when discussing communities. Interviewees mention multiple barriers to families of marginalized groups, including fear among immigrant communities, needing competent language services, as well as needing cultural humility from providers.

[We need a] strong standard for everyone deserving care and respect for who they are – culture, race, language, sexual orientation – all are valued in this state and emphasized in equity for care.

[There are] huge concerns about our immigrant [populations] ... [there is] so much fear which is impacting how they are thinking about services for their kids ... people dropping out of [Early Intervention] or Medicaid ... [due to the fear] of interfacing with institutions with all the xenophobia.

[There is a] lack of diversity in the workforce at the treatment level: our treatment level clinicians are mostly white. [They] do not represent the families that they serve.

[The] Health District needs to become a better partner with communities of color and learn better skills to connect with these populations. [There are] many efforts in this area, but have to work more to really collaborate and cooperate together. [We have] stepped up equity training in the Health District and in the community to become more sensitive to these issues.

Access to Services

Access to both health and social services is a challenge for families. This challenge is made worse by the prohibitive cost of healthcare for both under and uninsured families. Shortages in providers, inadequate reimbursement for practitioners/services, parenting education needs, and need for home visiting services are all mentioned.

Basic Needs

Families are struggling with housing, childcare, poverty, cost of living, transportation, access to healthy foods, and economic security. Many children are homeless or do not have a stable place to live. Resource stretched families may be forced to choose between paying for daily basic needs and prioritizing health and self-care.

Economic stability and stress [is] playing out for families living underneath the poverty level and those struggling to keep up with housing costs and other costs of living wages not supporting them. [Even with] two working parent [and] multiple jobs

[There are] food deserts [resulting in] problems with access to affordable and healthy food.

Children and Youth with Special Health Care Needs

CYSHCN and their caregivers can usually receive needed screenings, but the distance to those and other services can be prohibitive. Specialized services, regular therapeutic treatments, access to respite care, and mental/behavioral health services for the population are harder to access for those living in remote areas. Those in more urban areas struggle with transportation and long waiting lists.

Families with CYSHCN for whom English is not their first languages are not having their needs met or having those needs incorporated into policy initiatives such as Healthy People 2020. There is talk about addressing health disparities but policies aren't changes and resources are not allocated to it in MCHB Title V program [a federally-funded program dedicated to statewide maternal and child health].

[There is a definite] growing need for mental and behavioral health services for children with behavioral disabilities including [autism spectrum disorder] ... [as well as a] need for [applied behavior analysis] providers in rural areas.

Children and Adolescents

Children and adolescents need specialized care in addition to a stable medical home. Access to oral and mental health also are concerns throughout the state.

[There are] concerns around technology ... [especially the] impact [of] screen addiction, youth mental health concerns, suicide ideation/attempts, lack of belief in the future, [and the] need for diverse examples of what youth can do with their lives

There are challenges across many parts of the state to [access] medical homes for kids, especially those on Medicaid ... there are areas where because Medicaid reimbursement is so much lower than Medicare, practices won't take kids on Medicaid which reduces pediatric access to medical home.

[There is a need for] access to timely behavioral and mental health [for] all levels of mental health. What we see in our area is that kids with milder symptoms won't even get screened into mental health agencies ... [they] have to wait until kids get really bad. Part of the issue is capacity. Some clinics (particularly migrant health

and [federally qualified health centers]) have embedded behavioral health services – we need more of this.

Women's Health

Women need competent seamless health services that easily progress through the milestones of having and raising a family. Access to care before, during and after pregnancy is essential.

[We] have lost important support for moms in first few days to continue breastfeeding and other postpartum issues when they are overwhelmed and in the first two weeks of 'hormonal hurricane.'

In rural communities, we are seeing real challenges in rural hospitals opting out of delivering babies except in emergencies. Moms may now have to drive long distances for OB care.

Substance Use Disorder

Substance use disorder is a direct threat to the health and wellness of women, children and families. Opioids and smoking during pregnancy are most often mentioned when interviewees discuss substance use.

[There is a] growing substance use disorder with big impact on children and infants, and moms using. [There is an] increasing rate of Neonatal Abstinence Syndrome ... [we] need targeted education to moms who are substance using – in treatment or not – for healthy deliveries.

Drug abuse treatment needs far more support to deal with the issue. [There is] limited support [making] relapse chance high. [Drug abuse treatment] needs to be looked at as a medical model similar to cancer treatment ... [with] wrap around support, good doctors, [and] access to services. [We] need changes in the law to get needed services. The people making decisions either are seeing this with stigma or have a lack of understanding about the needs.

Discovery Survey



Figure 4 Most used words in Discovery Survey responses

Methods/Background

DOH surveyed the general public about the needs of the MCH population. It was distributed through community organizations, listservs, and advertisements on social media. The survey was available online in English and Spanish. The survey received 1,114 responses and was open for one month. It asked two simple questions:

- 1) What is the most important thing that women, children, and families need to live their fullest lives?
- 2) What are the biggest unmet needs of women, children, and families in your community?

Survey Respondents

Responses to the survey came from all counties in Washington.

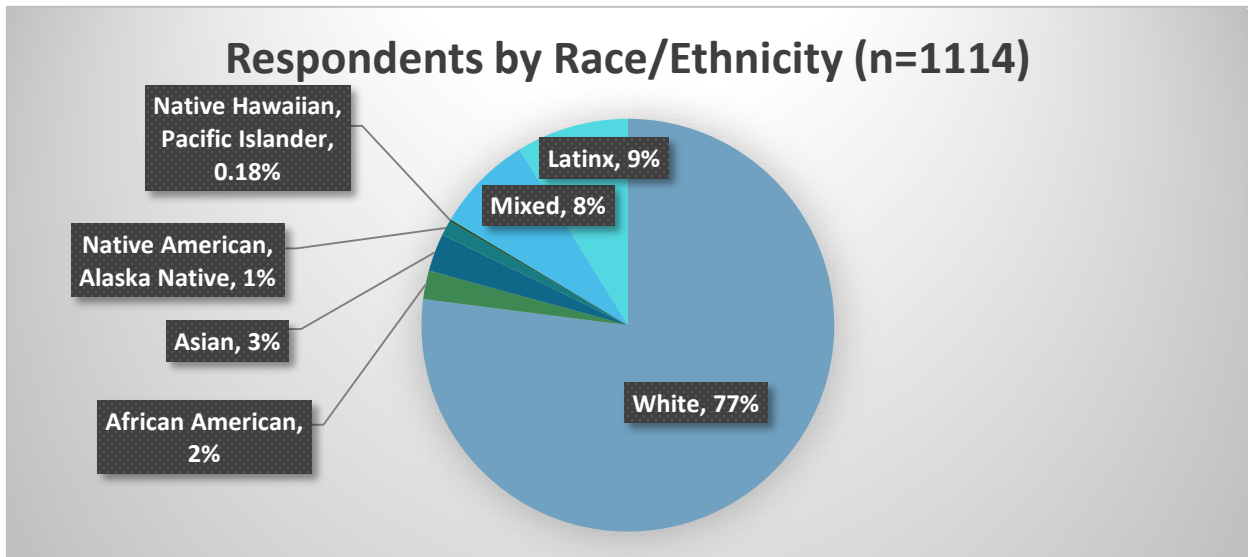


Figure 5 Respondents to Discovery Survey by Race/Ethnicity

Survey respondents were more likely to be white not identifying as Latinx and over the age of 24.

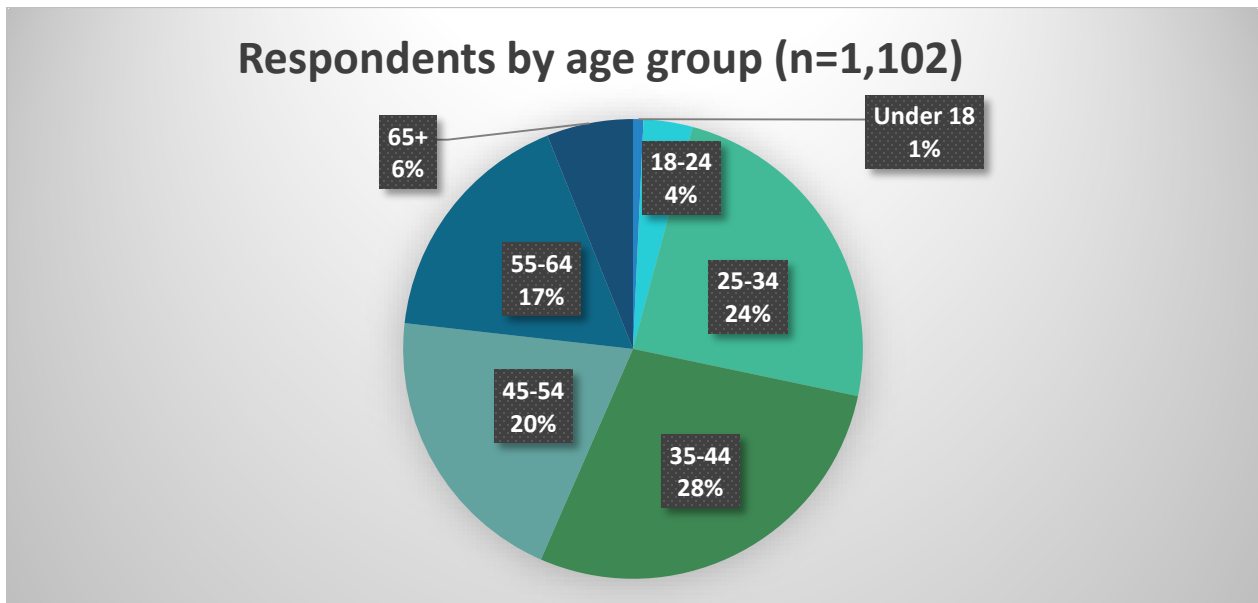


Figure 6 Respondents to Discovery Survey by age group.

Parents and those caring for CYSHCN were a prominent group of respondents. Healthcare, community based organization, and nonprofit workers were well represented.

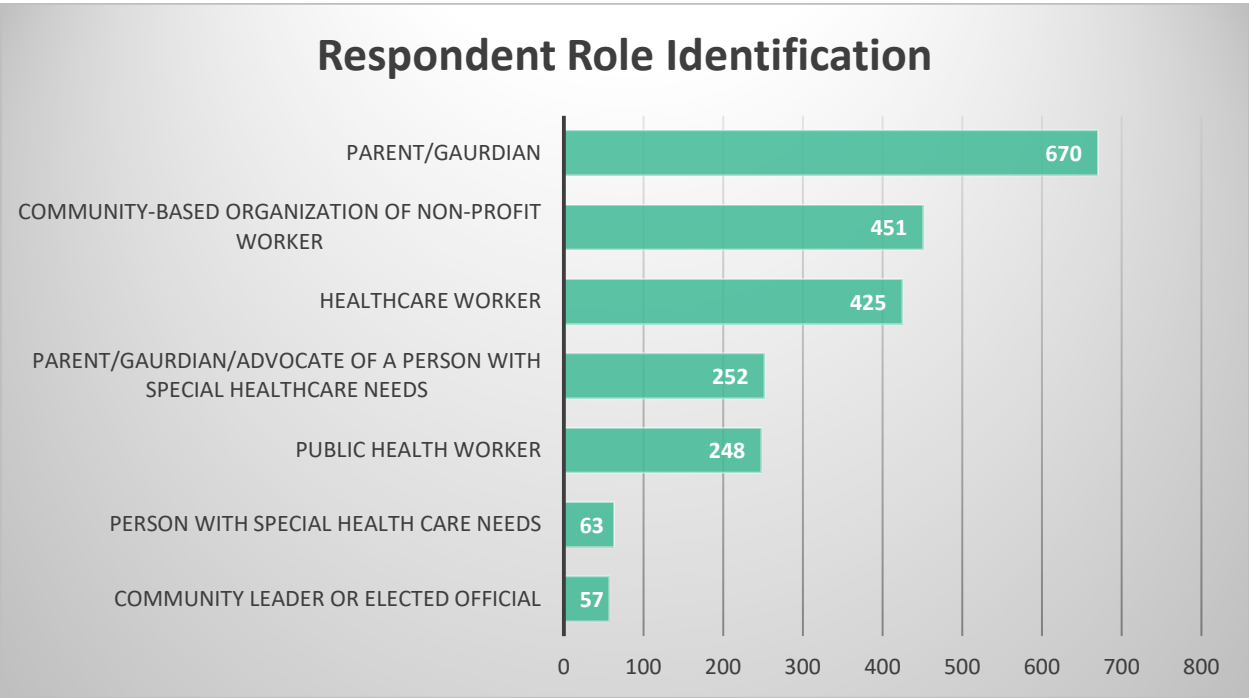


Figure 7 Respondents to Discovery Survey by role identification.

Themes related to Needs and Gaps

Answers to survey questions vary widely from one word answers such as “Love,” to detailed paragraphs describing multisector challenges and deficiencies. Respondents refer to clear challenges and daily struggles to raise healthy, nourished, secure, and resilient families.

To feel worthy of being seen, heard and respected. This is possible in part through a connection to a sense of safety – via stable/trusting relationships -provider/ personal, safe environments, support for intimate partner violence, stable housing, food security, etc.

Social Connectedness

The most prominent theme in survey responses are around social supports. People most often refer to a need for “caring” and “support.” They mention the need for people to be able to rely on their social networks and communities to support their resilience and growing families.

Social support. As a mother of an infant, I don't always feel like I have the support socially to live my best life. I believe this is a result of lack of childcare options and lack of understanding on maternal mental health in the community.

A village, most especially a single mom. Direct involvement and support of others with a vested interest in the welfare of our children and the physical and emotional health of the entire family unit. Families need to feel less isolated and secure in knowing that there is a community there to help when needed.

Strengthen bonds among family members that can support their growth and success. In addition, support from the community organizations needs to be accessible to fulfill their needs.

A healthy and supportive community with access to high quality, equitable early learning programs, health care, a reduction in the number of Adverse Childhood Experiences/Adverse Community Environments and a building of resilience and capacity.

Peer to peer support in the community is important, especially when family support is limited. Being connected to peers helps to increase productivity and possibly open opportunities for jobs.

Basic Needs

When asked what mothers, children, and families need, respondents list basic needs such as food, water, and shelter.

A place to live and food in their belly without having to worry about how they are going to afford the bills that go with it every month.

Economic Security: Poverty and Employment Opportunities

Families need economic security. People feel stretched financially and basic costs of living are not being met. Often families are dealing with poverty due to lack of living wages, under or unemployment. Many are faced with the need to prioritize basic survival over healthcare and wellness.

My husband and I need fair wages and prices so we can raise our children and have time for self-care and exercise and enough money just to cover mortgage/car and basic bills.

Support. Support comes in many forms – emotional, financial, logistical. I have two young children, 1 and 4. My husband and I are both well-educated professional educators with decent jobs and paying for childcare, healthcare, put a huge strain on the budget. Which leaves fewer resources to take care of ourselves and our children. AND we have grandparents in town to help. And it's still a challenge.

Affordable options. The income to expense cost ratio is heavily off balance. It should never come to whether your child is seen by a doctor or has food and shelter After all necessary bills are paid for including the high healthcare costs, there isn't enough money to have food, new clothing (be real please, kids go through clothes like they are made of tissue paper), diapers and formula Almost feels like the departments of the government want people to be struggling to live and breathe.

Housing

Mothers, children and families struggle to find adequate, affordable and safe places to live. Respondents describe needs beyond a “roof over their head,” citing the environment, safe neighborhoods, and opportunities for physical activity and family recreation.

Safe and stable housing— it's a foundation to raise healthy, strong and resilient

children and families.

Access to affordable, safe homes and communities to live, high-quality, accessible and affordable healthcare and income-producing jobs or financial programs that ensure families financial needs are met.

Environmentally, affordable safe places to live free from violence. Good education, parks and recreation, community support. Good food resources and utility programs.

Childcare

Many families have a hard time finding and paying for childcare. When childcare is available, it is expensive. It often has restrictions on age, schedule for working families, or doesn't accept children with disabilities, special needs, or with disruptive behavior.

Affordable quality childcare. Flexible job opportunities for women to work and still be able to feel as though they are able to put their family first. For children, specific social-emotional tools that will teach emotional intelligence. How to deal with failure, frustration, anger, hurt, sadness, excitement.

... there's a huge unmet need for affordable child care. Parents need affordable, reliable, safe child care options so they can work well-paying and satisfying jobs to provide for their families.

Transportation

Many families cannot attend their health appointments and care for their families with the current state of public transportation in their communities. Rural and isolated transportation options may be restricted to small areas, operate on schedules and routes that do not fit working families' daily needs, or lack intercounty connections for those who need to travel far distances for specialized care.

Transportation assistance to get to [appointments] with special needs kids and access to therapies.

Women cannot get to [doctor's] appointments, early intervention, education service, because they do not have a car or they cannot afford to have a bus card. Sometimes the family does not live on a bus route and therefore cannot leave their neighborhood to get support they need.

Some families have transportation issues preventing them from completing health care not only for children but themselves. Public transportation has limitations. Also have issues with childcare, even just for an appointment and keeping appointments.

Access to Healthcare and Social Services

Those who answered the survey express significant challenges to accessing services in their local area.

A healthy support system for mental health, physical health. Access to resources and local opportunities. If we have help with the hard stuff life is a lot more enjoyable.

Healthcare access is considered a basic need by respondents. Many mention barriers to care including schedules and being treated with cultural humility, empathy, and a mind toward trauma informed care.

Access to high quality health care and provider choice in rural areas, including routine care available "after hours" or on weekends.

**Easy* access to quality healthcare by professionals who have received *extensive* anti-bias education and training. Stop killing Black birthing persons*

Access to Culturally Relevant Health Services free from structural racism, with practitioners who are supportive partners with cultural humility who have an understanding of their own implicit biases and how that bias impacts the clients that they serve.

Social and health services like parenting classes, domestic and family violence intervention, family planning and home visiting services are a need in the MCH community.

Support. Families need support, both within their own circle, and in the community. Home visitors often act as an important support to families with young children and first time parents. Being able to set families up with different supports in the community is vital to the health and wellbeing of families.

[Fathers] often feel helpless and left out because they do not know what to do to help. Parents need to learn early how to get through the difficult situations and can begin learning at the time of birth (or prior) and making parenting and childbirth classes affordable would go a very long way in helping that.

Community based programs addressing substance use, gang activity and other forms of community violence, including sexual violence are among some of the top unmet needs....

Behavioral/Mental Health

In addition to needing social connections, respondents cite the need for professional behavioral and mental health support. They note the lack of services, especially specialized care for CYSHCN, children, and adolescents in their area. Many describe an inability to access behavior and mental health care due to a variety of barriers. These include finding providers who take their insurance, accept new patients, and respect diversity.

Mental health care that is preventative, culturally informed, and available when needed.

Mental health services – healthcare that covers mental health services or providers. Postpartum home visitation support to assess, prevent, and/or connect families experiencing mental health issues to services

Access to appropriate mental health supports for mothers/parents - especially for at-risk populations (e.g.: NICU and special needs parents) and supports for families to learn about normal and abnormal child development.

Access to mental health aid and de-stigmatizing mental health problems is really important. I've personally suffered from anxiety and depression following the birth

of my oldest daughter and it limited my ability to bond with her, made me get frustrated more quickly, etc. I eventually got help and am in a much better place, but I worry that other moms (especially low income moms who have even more stressors in their lives) are suffering – and that can also have a huge impact on their kids.

Women

Services to women and mothers are a need. Many respondents refer to challenges women and mothers face in accessing healthcare, caring for their families while maintaining equitable access to employment, and thriving.

Adequate paid maternity and paternity leave programs

Women are forced to go back to work too soon after having a baby. Leaving both the children and their mothers with an emotional deficit.

More options for part-time and reduced hour schedules would allow parents more options to continue to contribute to the workforce, financially support their families and simultaneously nurture an environment where parents and children are able to build the safe, low-stress, healthy environments that will nurture them as people.

Opportunities for employment that is very accommodating to single parents with children

Women are forced to choose between their children/families and their careers. Women are required to put in sick time for pregnancy related illness which takes away from their vacation/sick [leave] post-delivery. Women are forced to go back to work sometimes days/weeks after delivery due to fear of losing their jobs/lack of income and forfeit their much needed rest and bonding with their newborn.

Prenatal care that is free or affordable, accessible to everyone in all parts of the state, and culturally competent is identified as a need and an opportunity for a good start for a family's health.

*Cuidado de salud garantizado antes, durante y despues del embarazo.
(Guaranteed health care before, during and after pregnancy.)*

... access to healthcare and prenatal health care with adequate translation services

Support before and during pregnancy. During pregnancy many families are unable to afford prenatal classes that help them deal with labor, delivery, and early postpartum. They are not completely informed regarding what to expect and therefore make decisions that have the potential to affect their family life in the future.

Postpartum care and services are frequently mentioned as a needed support. Women and families need to be cared for after pregnancy with a wide range of services and community support. Many respondents mention the need for support to help raise children and support mothers in this intense time in their family's life.

Opportunity to be fully supported post birth.

Mother's need more postpartum care and assessments. More focus needs to be put on mom's mental health.

Ongoing postpartum care that encompasses both the physical, mental and financial changes that follow after having a baby

We need home visiting nurses to follow up with families after they leave the hospital so they are getting the best care. Also we need advocates for non-English speaking families so they can get proper care postpartum.

Children and Youth

Many people refer to children as vulnerable and needing extra care. Older children may not have the access to regular healthcare compared to kids under five years old. Youth are described as resilient but have emerging mental health and substance use disorders.

There's a lack of resources for childhood mental illness. Speaking personally, if I'd known where to look for local services for my daughter earlier in her life (5-12?), I think our family would have experienced less turmoil and certainly a better relationship than we have now.

We have an epidemic of depression and anxiety in youth at the middle and high school level. We do not have enough psychiatric professionals that serve youth, need social workers in our K-12 public schools, and greater awareness of the impact of mental health on students' ability to be successful academically in school.

Children and Youth with Special Health Care Needs

Families and advocates of CYSHCN feel frustration and face many challenges getting referrals and services they need.

My son has autism. There is a lot of push for early intervention, which plunges a child into the special education system. Now he is incapable of independent living, has the reading capability of a 5th grader and somehow doesn't qualify for services. There is no plan for him

Access to mental health services and services for special needs kids. Specifically autism services (diagnosis and treatment) are hard to come by.

Childcare that's available, affordable, and high quality. This includes supporting children with special needs who need diapering far past age three and need supported care past age 12.

Considerations and Acknowledgements

The responses to the Discovery Survey and discussions included big, complex issues. The next challenge will be to identify what issues to focus Maternal and Child Health Block Grant work on.

- What specific priorities will enable us to have the greatest impact on maternal and child health in our state, and meet the requirements of the grant?
- In addition to the block grant, we must also consider in what other ways this information may be useful for decision making in Washington State.
- It will be a challenge to consider all of the issues that people have identified as most important and the biggest unmet needs as we establish statewide priorities that “stay in our lane” of health-related work, and meet grant requirements for selecting specific performance measures.

The four data collection methods represented above attempted to include as many voices and perspectives from as many geographic and community levels as possible. It is important to acknowledge that some groups, regions, and populations may have been more easily included or more broadly represented than others during the data collection process. Facilitated discussions, key informant interviews, and LHJ responses were dependent on pre-existing relationships and access to communication pathways with DOH. Additionally, respondents to the Discovery Survey were limited to those with internet access, were more likely to be non-Hispanic white, and over 24 years old.

The Department of Health appreciates the time and contributions of those who participated in the data collection for this needs assessment.

On the positive side, we have a strong ability to provide service to our community that is exponentially enhanced by the solid community partners and the strength of our volunteers.

– Local Health Jurisdiction Needs Assessment

