Results from the 2018 Delaware Title V Stakeholder Survey

JUNE 6, 2018





Survey methods and response

Purpose: This survey was released to mark the mid-point of our Title V MCH grant cycle by reaching out to our stakeholders to gather feedback on the progress being made in the delivery of services to mothers, children and families in Delaware.

A link to the online survey was sent via e-mail by the Delaware Maternal and Child Health (MCH) Bureau to MCH stakeholders.

Stakeholders could invite colleagues to take the survey as well.

The survey was open and responses were collected from April 30, 2018 through May 15, 2018.

162 people accessed and began the survey; of these, 117 (72%) completed it.

Results for the 117 who completed the survey are presented here.

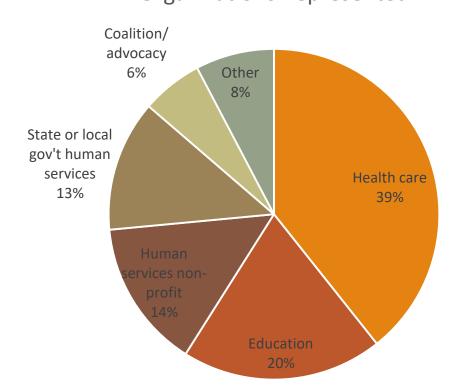
To maintain confidentiality, sometimes results are grouped into broader categories.

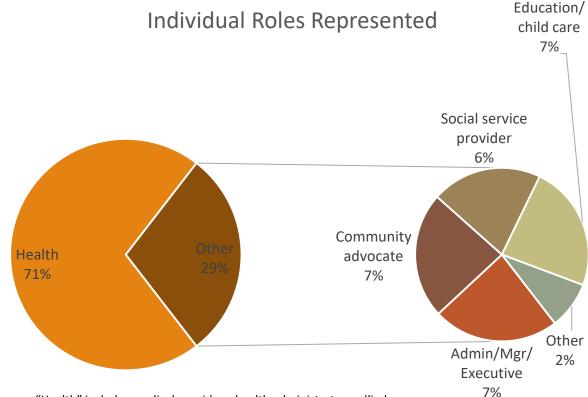




A variety of organizations were represented with most respondents working in health-care related roles.





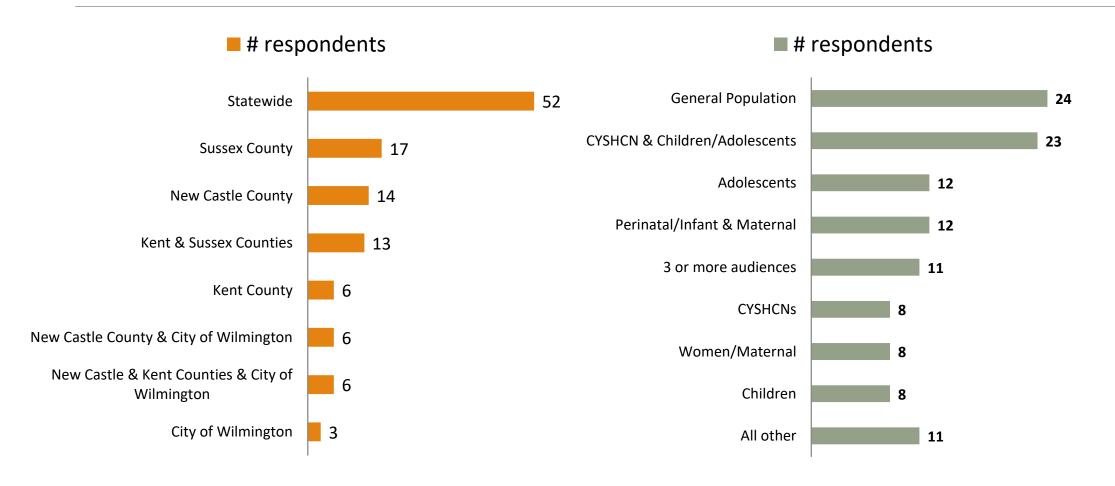


"Health" includes medical providers, health administrators, allied health professionals, public health professionals, those with multiple health-related roles.





Organizations/programs target a variety of audiences across the state.







DE Selected Priorities by Population Domain

Population Domain	Health Priority
Women/Maternal Health	Increase the number of women who have an annual well-woman visit to optimize the health of women before, between and beyond pregnancies.
Perinatal/Infant Health	Improve breastfeeding rates (initiation and duration).
Child Health	Increase healthy lifestyle behaviors (healthy eating and physical activity). Improve rates of developmental screening in the healthcare setting using a validated screening tool.
Children and Youth with Special Health Care Needs	Increase the percent of children with special health care needs with a medical home.
Adolescent Health	Decrease rates of bullying by promoting development of social and emotional wellness.
Cross-cutting Health Issues	Increase the percent of children who are adequately insured. Improve the rate of oral health preventive care in pregnant women and children.





Assessment of current priorities

There are currently 8 maternal and child health priority areas. The survey asked respondents to assess the degree to which they agreed with four statements:

- "There is a strong desire among stakeholders in Delaware to address this issue"
- "There are adequate resources available to address this issue"
- "There is progress being made in Delaware regarding this issue"
- "There are evidence-based strategies/programs to address this issue"

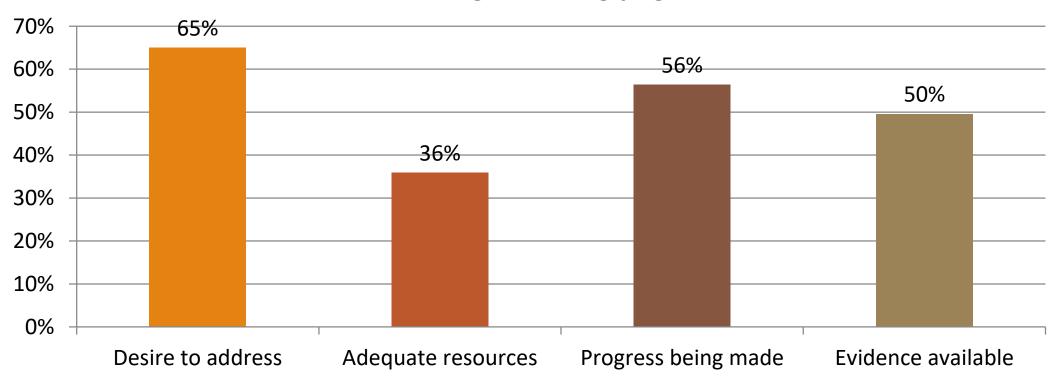
The same questions were asked a few years ago, also on a survey of MCH stakeholders; that data was used to help set the current priorities.

The current results are summarized in the next nine charts; one chart per priority area plus one additional chart to allow for the breakout of the Oral Health priority.





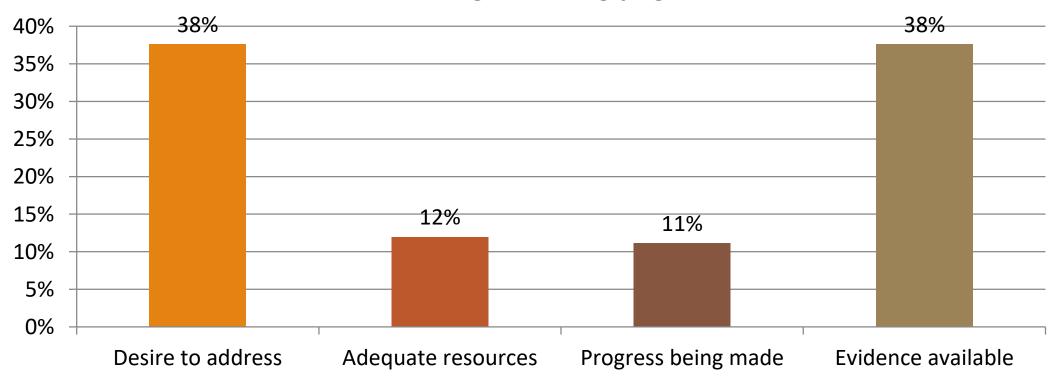
Priority Area: Well Woman Care







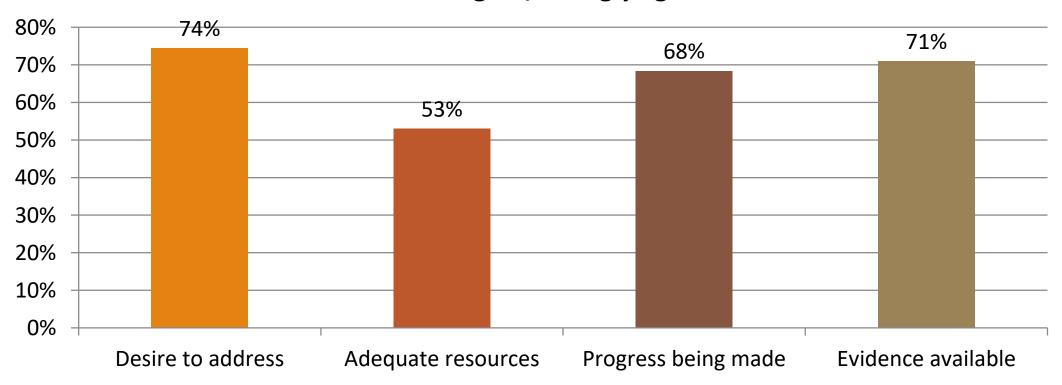
Priority Area: Oral Health for Pregnant Women







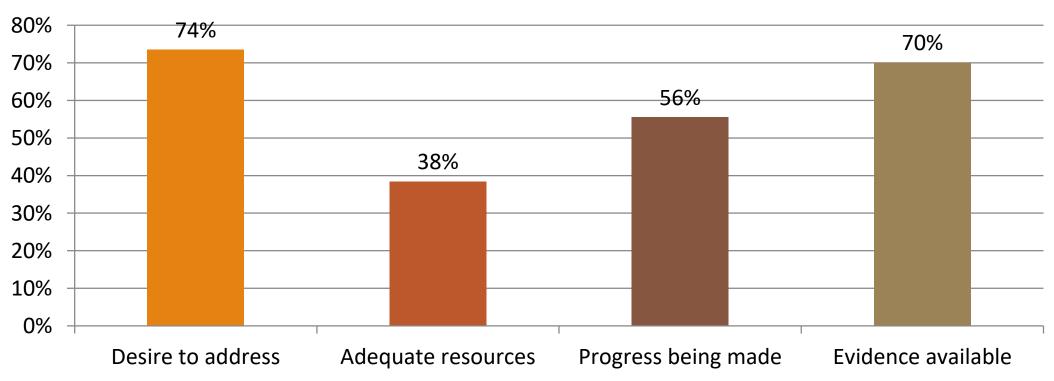
Priority Area: Breastfeeding







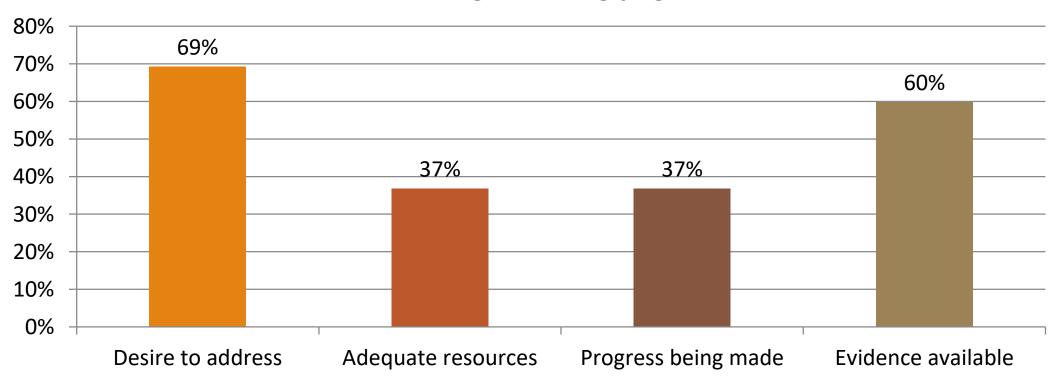
Priority Area: Developmental Screening







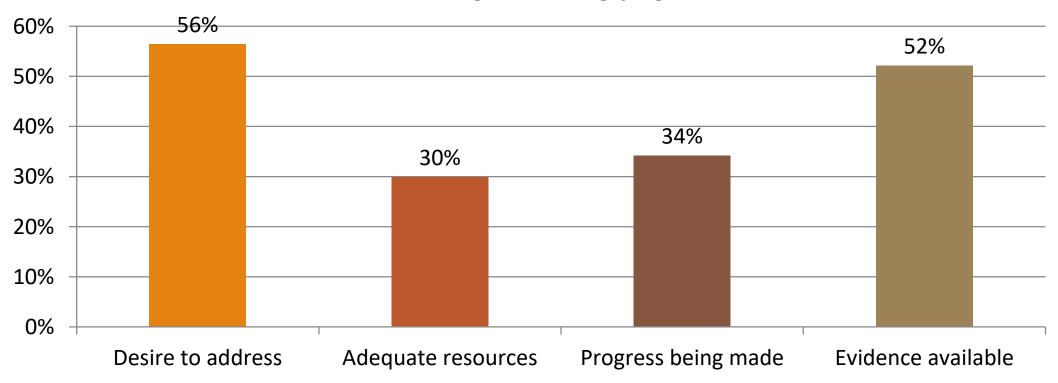
Priority Area: Child/Adolescent Physical Activity







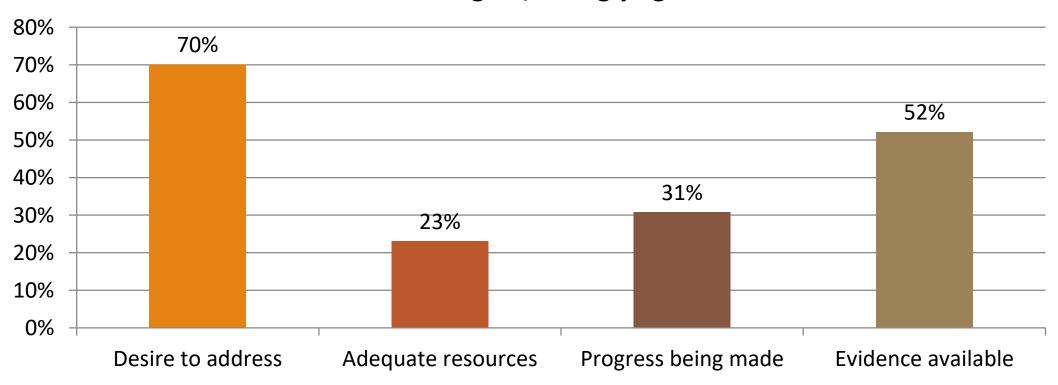
Priority Area: Oral Health for Infants/Children







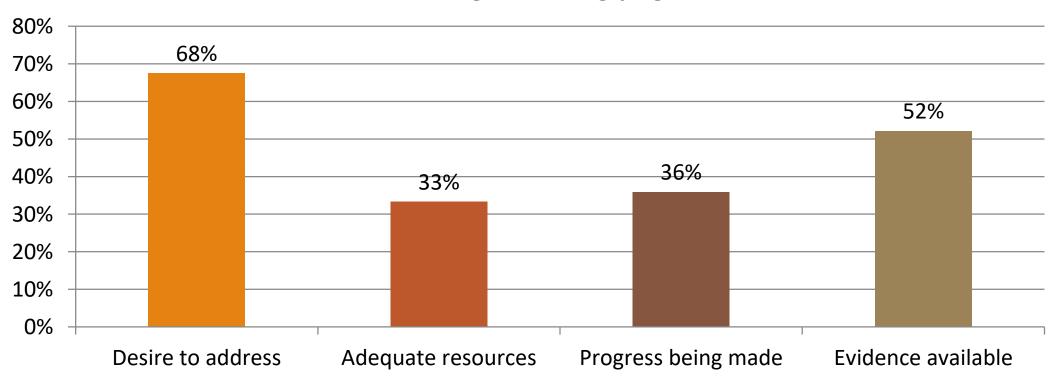
Priority Area: Bullying







Priority Area: CYSHCN* Medical Home

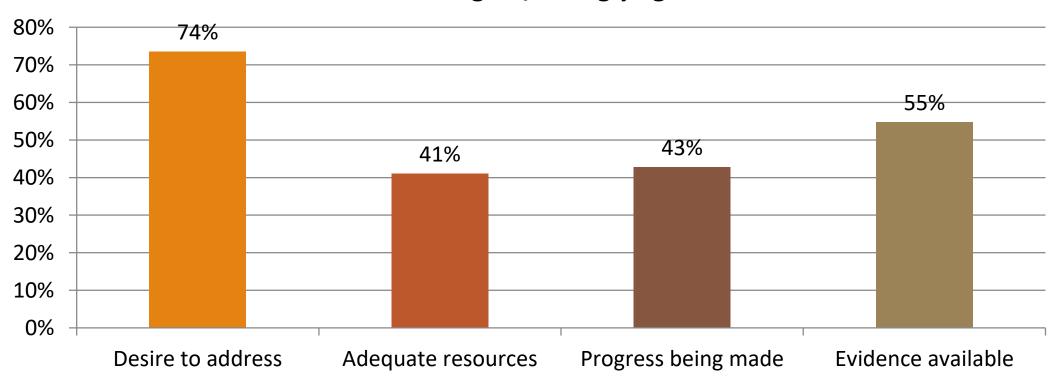


^{*}Children and Youth with Special Health Care Needs





Priority Area: Access to Adequate Insurance







Key points from assessment of the current priority areas

The weakest assessments were of the two oral health priorities:

• Particularly for oral health for pregnant women, few thought there was desire (38%), adequate resources (12%), progress being made (11%), or evidence available (38%).

The strongest assessment was for breastfeeding:

 Most thought there was desire to address (74%), adequate resources (53%), progress being made (68%), and evidence available (71%).

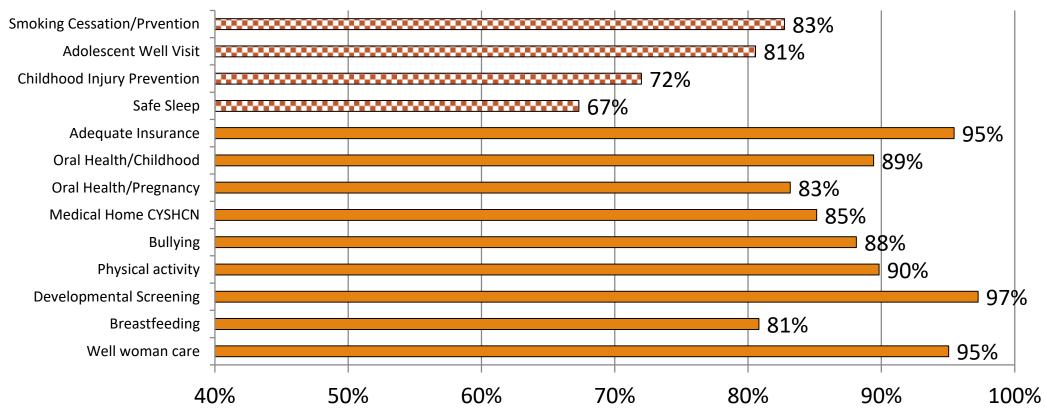
For the other five priorities (well woman care, developmental screening, physical activity, bullying, CYSHCN medical home, and adequate insurance):

- The vast majority believe there is strong desire to address them;
- Resources are not adequate;
- Progress is being made with regards to developmental screening (56%) and well woman care (56%)





Stakeholders were also asked to assess whether the 8 current areas (solid orange) or 4 new areas (red checker) should be priorities.



Graph presents the percent of respondents who checked, "yes, still a priority" for current areas (solid orange bars), or "yes make priority" for new areas (red checked bars)





Key points regarding maintaining or having new priorities

The vast majority (on average, 89%) thought the current priorities should remain priorities.

- Respondents were strongly in favor of maintaining focus on oral health for pregnant women (83%) and for children (89%)
- Strongest endorsements (>=95%) were for: well women care, access to adequate insurance, and developmental screening.
- Breastfeeding has the "lowest" endorsement (still a <u>very high 81%)</u> perhaps because the most progress has been made.

The four suggested areas were rated highly, but smaller majorities (on average, 76%) would make them priorities.

A limitation is that the survey did not ask respondents to rank or trade off priorities.





Next Steps:

- •Analysis of these results and additional related data will be used to evaluate our progress and determine changes to our State Action Plan for the remaining grant cycle (2 years).
- •We will review our strategies and measures for each priority area and determine if changes are needed.
- •Information gathered from these and other sources will help to inform our approach to the next Title V Needs Assessment Project which will kick off in 2019.
- •The next Needs Assessment effort will also include a statewide effort of gathering community input through key informant interviews, focus groups, and stakeholder surveys.
- •An additional assessment effort will be carried out with the same approach for our families with children with special health care needs.





THANK YOU

Questions/Comments

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