

# RESULTS FROM THE 2020 DELAWARE TITLE V STAKEHOLDER SURVEY

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## Introduction

Every five years, as a part of the federal Maternal and Child Health Title V Block Grant, states are required to complete a comprehensive assessment of the needs, desired outcomes, and system capacity for the maternal and child health population, including children and youth with special health care needs. The results of this assessment are then used to establish the priorities that will guide the Title V program for the next five years (2021-2025).

Delaware's needs assessment process is collecting information from stakeholders in a variety of ways, including focus groups with community members, a survey of stakeholders, and key informant interviews with partners. Each source provides important perspectives, context, and data to help the Title V program identify priorities. This report is a summary of the findings of the Stakeholder Survey.

## Methods

Staff from the Delaware Department of Health and Social Services, Division of Public Health, Title V Maternal and Child Health Program created the survey (Appendix A). The survey distributed during the previous Title V needs assessment was used as a guide. Staff from John Snow, Inc. also provided input. The target audience was the Title V stakeholder email contact list maintained by the Title V program.

The survey was ultimately distributed to 851 stakeholders, after undeliverable email addresses were removed. Of those, 172 people accessed the survey, but 53 people either did not answer any questions (n=27) or answered only the first question or two (n=36). The remaining 109 survey responses were quite usable — they were made up of 104 completed surveys and five partially completed surveys (made it about halfway through).

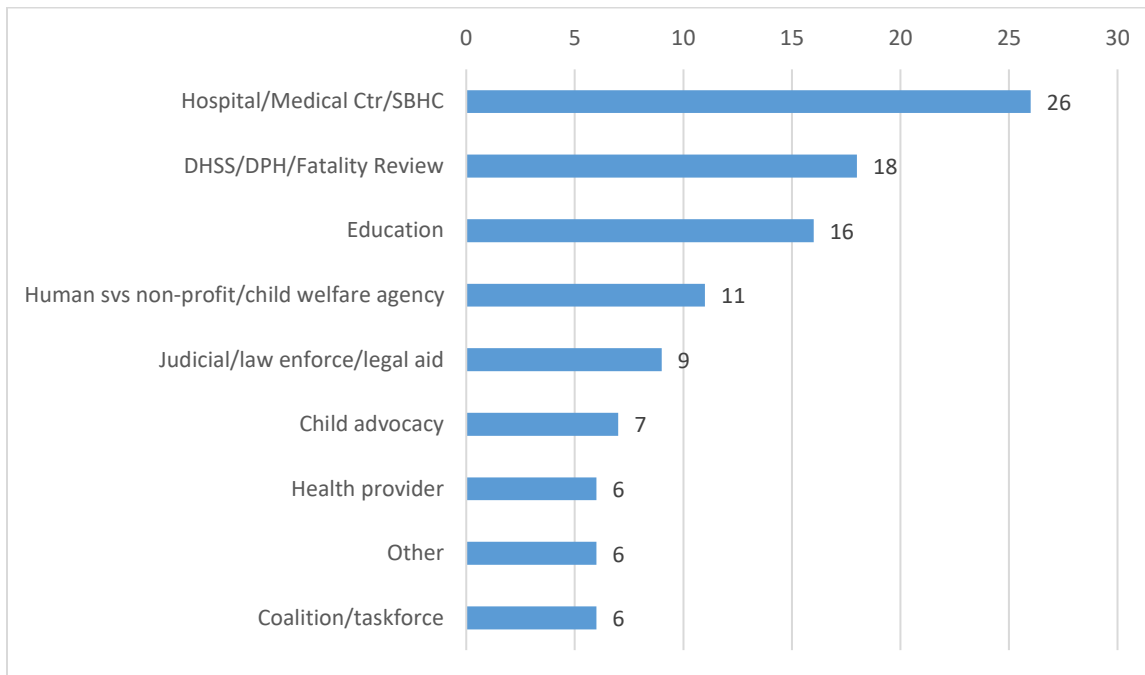
The analysis presented in this report is based on the 109 usable surveys, which represent a 13% response rate (109/851).

## Results

- **Sample Description**

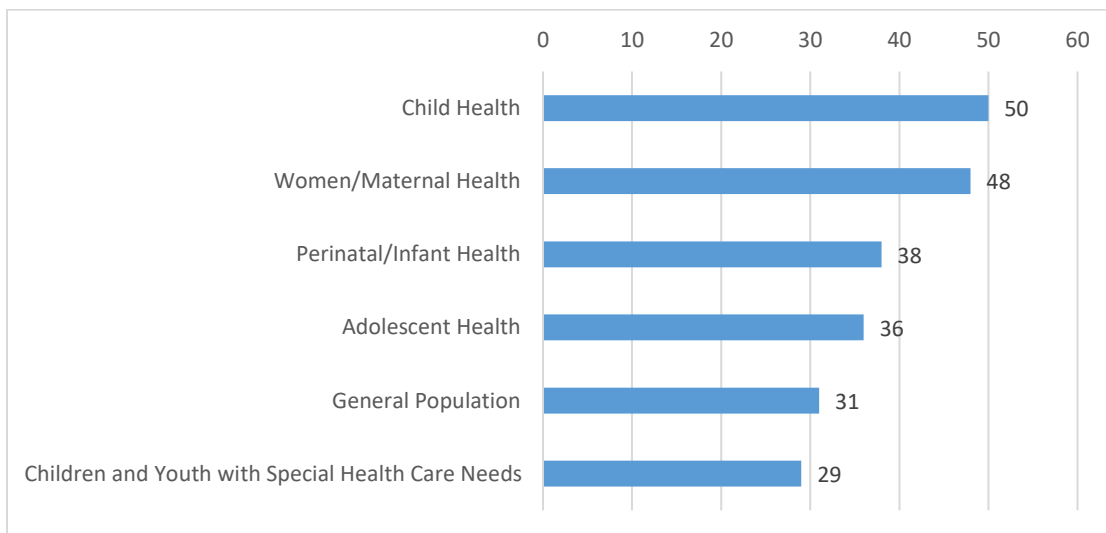
The respondents were from a good mix of organizations (Figure 1). Organizations were from various sectors: 24% (26/109) from medical, 17% from government (18/109), 15% from education (16/109), and 10% from human services nonprofit or child welfare (11/109). The most common role was health care provider (41%, 45/109); however, 20% of health care providers also endorsed other roles, such as advocates or academic researchers.

**Figure 1: Organizations Represented in the Sample (n=109)**



All population health domains were represented in the sample (Figure 2); 53% of respondents work with more than one target population or population health domain. Geographically, just over half said they and their organizations work statewide (57%, 62/109). Just under 20% work in New Castle County and/or Wilmington (19/109, 17%), and just over 20% work in Kent and/or Sussex counties (24/109, 22%).

**Figure 2: Population Health Domains Represented in the Sample (n=109)**



- [Assessment of the National Performance Measures \(NPMs\)](#)

As noted in the methods, for each of 19 NPMs, respondents were asked to rate the degree to which they agreed there was awareness in the state of the NPM as an issue, a desire to work on it, and progress being made on the NPM. For 14 NPMs — in other words, most NPMs — the majority of respondents had a positive view of community awareness of the issue and a desire to address it (ranging from 58% to 82%; Table 1).

Assessment of progress was not as positive as awareness and desire. However, there were seven NPMs for which over 70% agreed there was awareness of and a desire to address the issue, with over 50% agreeing that progress had been made (blue text in Table 1). Safe sleep and breastfeeding were clearly the most successful of the NPMs on this three-level scale.

For these five NPMs, few thought there was awareness of the issue and a desire to address it: oral health in pregnancy, transition, and prevention of hospitalization for injury in children and adolescents. Not surprisingly, few thought progress had been made regarding these NPMs.

**Table 1: Rating the NPMs in Terms of Community Awareness, Desire to Address, and Progress**

<b>NPM</b>	<b># Responses</b>	<b>Number (percent) Agree There Is Awareness of AND Desire to Address Issue</b>	<b>Number (percent) Agree Progress Has Been Made on Issue</b>
Safe sleep	109	80 (73%)	72 (66%)
Breastfeeding	108	81 (75%)	70 (65%)
Smoking — pregnant women	106	87 (82%)	62 (58%)
Developmental screening	108	71 (66%)	60 (56%)
Well-woman visit	109	75 (69%)	56 (51%)
Smoking in household	106	77 (73%)	55 (52%)
Risk-appropriate perinatal care	109	65 (60%)	54 (50%)
Adequate insurance coverage	106	81 (76%)	51 (48%)
Bullying	108	84 (78%)	50 (46%)
Physical activity in children	108	81 (75%)	48 (44%)
Adolescent well visit	108	71 (66%)	47 (44%)
Medical home	108	66 (61%)	45 (42%)
Preventive dental visit — children/adolescents	107	62 (58%)	44 (41%)
Physical activity in adolescents	108	74 (69%)	44 (41%)
Low-risk cesarean deliveries	109	45 (41%)	37 (34%)
Injury hospitalization prevention —adolescents	108	48 (44%)	34 (31%)
Injury hospitalization prevention — children	108	51 (47%)	34 (31%)
Transition	108	49 (45%)	32 (30%)
Preventive dental visit — pregnant women	107	39 (36%)	23 (21%)

A simplified list of 15 NPMs was presented, and respondents were asked to pick which — up to seven — they thought were the most important to address (Table 2). Adequate insurance garnered the most votes (64, or 59%); all the other NPMs garnered significant support of at least 20 people. However, only three others were supported by a majority: developmental screening, well-woman visit, and risk-appropriate perinatal care. Interestingly, the two areas most successful in terms of awareness, desire, and progress — breastfeeding and safe sleep — did not rank as highly.

**Table 2: Assessment of the Most Important NPMs — Pick the Top Seven Most Important**

NPM	Number (percent) Times Ranked in the Top Seven
Adequate insurance coverage	64 (59%)
Developmental screening	63 (58%)
Well-woman visit	58 (53%)
Risk-appropriate perinatal care	56 (51%)
Physical activity (children, adolescents)	52 (48%)
Safe Sleep	48 (44%)
Bullying	43 (39%)
Breastfeeding	39 (36%)
Medical home	37 (34%)
Preventive dental visit (pregnant women, children)	37 (34%)
Adolescent well visit	36 (33%)
Smoking (pregnant women, in household)	36 (33%)
Low-risk cesarean deliveries	26 (24%)
Transition	23 (21%)
Hospitalization for injury (children, adolescents)	20 (18%)

The survey asked about the relative importance of the NPMs in a second way. For each population health domain, the associated NPMs were listed, and respondents were asked to select the most important one. The results aligned with the rankings just described (Table 2).

Most important NPM within each domain (Table 3):

- Women/Maternal Health: Well-woman visit (70/105, 67%)
- Perinatal/Infant Health: Risk-appropriate perinatal care (59/104, 57%)
- Children’s Health: Developmental screening (43/104, 41%)
- Adolescent Health: Adolescent well visit (26/104, 25%), bullying (25/104, 24%)
- Children and Youth with Special Health Care Needs: Medical Home (42/104, 40%)

For four population health domains, the top-rated measure(s) garnered substantially more support than the next most frequently rated NPM. This was particularly true for women’s/maternal health, where the well-woman visit garnered five times more support than low-risk C-section. In the perinatal/infant health domain, risk-appropriate care garnered 2.6 times more support than safe sleep. For children, their top NPM had 1.5 times more support than adequate insurance. For adolescents, the top two domains had 1.7 times more support than the third most frequently selected NPM (physical activity). For children and youth with special health care needs, the pattern was a little different. The second most important NPM — adequate insurance — was a closer second, garnering 35% of the votes.

**Table 3: Assessment of the Most Important NPMs — Pick the Most Important by Domain**

Population Health Domain/NPM	Number (percent) Times Selected Most Important Within the Domain
<b>Women/Maternal Health</b>	70 (67%)
• Well-woman visit	14 (13%)
• Low-risk cesarean section	13 (12%)
• Smoking	8 (8%)
• Preventive dental visit	
<b>Perinatal/Infant Health</b>	
• Risk-appropriate perinatal care	59 (57%)
• Safe sleep	23 (22%)
• Breastfeeding	22 (21%)
<b>Children’s Health</b>	
• Developmental screening	43 (41%)
• Adequate insurance	28 (27%)
• Physical activity	16 (15%)
• Medical home	5 (5%)
• Preventive dental visit	5 (5%)
• Smoking	4 (4%)
• Hospitalization for injury	3 (3%)
<b>Adolescent Health</b>	
• Adolescent well visit	26 (25%)
• Bullying	25 (24%)
• Physical activity	15 (14%)
• Transition	13 (13%)
• Adequate insurance	12 (12%)
• Smoking	6 (6%)
• Hospitalization for injury	4 (4%)
• Medical home	2 (2%)
• Preventive dental visit	1 (1%)
<b>Children and Youth with Special Health Care Needs</b>	
• Medical home	42 (40%)
• Adequate insurance	36 (35%)
• Transition	26 (25%)

- **Views on the Most Important Things People Need or Lack**

Respondents were given a chance to more openly describe the needs of the people in the communities in which they work. Table 4 and Figure 3 each contain a compilation of responses to this question: What are the top three most important things that women, children, and families need to live their fullest lives? Responses were a clear call to address social determinants of health (SDOH); all 88 respondents noted one or more aspects of SDOH.

The most frequently cited needs were for access to high-quality health care, including having adequate health insurance that reduced barriers to primary and specialty care. Quality health care was described



as coordinated, with appropriate follow-up and referral. Economic improvement, primarily in the form of greater household income and income/work stability, was often cited as crucial, as was proper nutrition (food security and quality) and exercise; safe and affordable housing; mental health services and support; and adequate, affordable, and flexible child care.

**Table 4: Categorized Open-Ended Responses to the Question: What are the Top Three Most Important Things That Women, Children, and Families Need to Live Their Fullest Lives?**

<b>Number of Mentions</b>	<b>Top Three Important Things That Women, Children, and Families Need to Live Their Fullest Lives? (n=88)</b>
<b>35</b>	<b>HEALTH CARE ACCESS AND ADEQUATE INSURANCE</b> <i>Access to insurance/education about insurance, access to preventive services, specialty care, better access for infants/toddlers/CYSHCN, more medical providers (shortage), Medicare for All — including males' access to Medicare</i>
<b>32</b>	<b>HEALTH CARE QUALITY</b> <i>Proper and timely care; case management; prevention care; medical home; wraparound/integrated/follow-up care; appropriate referrals; continuing health care after adolescence; access to high-quality, standardized, unbiased care</i>
<b>37</b>	<b>ECONOMIC IMPROVEMENT</b> <i>Job opportunities, livable wage, access to adequate resources, SDOH, financial security, remove poverty, increase subsidies, quality education and job skills, safety from violence</i>
<b>23</b>	<b>NUTRITION AND EXERCISE</b> <i>Access to healthy food, food security, knowledge/understanding/education around healthy lifestyle (self-care, nutrition, exercise), neighborhood food options, food and water — pathway to overall health</i>
<b>23</b>	<b>HOUSING</b> <i>Affordable housing, stable housing, safe and affordable housing, accessible housing</i>
<b>15</b>	<b>MENTAL HEALTH AND SUBSTANCE USE</b> <i>ACES awareness, trauma-informed care, decrease substance use, access to AOD treatment, education on smoking cessation, ban vaping, mental health services, suicide prevention, emotional support for healthy relationships (including for women in recovery)</i>
<b>14</b>	<b>FAMILY SUPPORT AND CHILD CARE</b> <i>Safe and affordable child care, flexible (extended hours, weekends) child care, engaged parents/family, parental education on how to keep kids healthy, family empowerment, fatherhood involvement, increased family time, breastfeeding education, safe sleep messaging, get rid of free O/D medication, more self-sufficiency and fewer handouts</i>
<b>8</b>	<b>HEALTHY COMMUNITIES</b> <i>Ministering to overall needs, supportive communities, equitable communities, safe places to live and work, social support systems, healthy and thriving communities</i>

Number of Mentions	Top Three Important Things That Women, Children, and Families Need to Live Their Fullest Lives? (n=88)
5	<b>ORAL HEALTH IS HEALTH CARE</b> <i>Dental screenings and treatment, Medicaid coverage for dental (adults), dental medical home, oral health, medical and dental care</i>
5	<b>RESPIRE CARE</b> <i>Family medical leave, support for grandparents/caregivers raising children, information/resources/respice for caregivers of CYSHCN</i>
4	<b>OTHER</b> ( <i>transportation, reproductive health, CYSHCN services</i> )

**Figure 3: Top Three Important Things Women, Children, and Families Need to Live Their Fullest Lives? (n=88)**

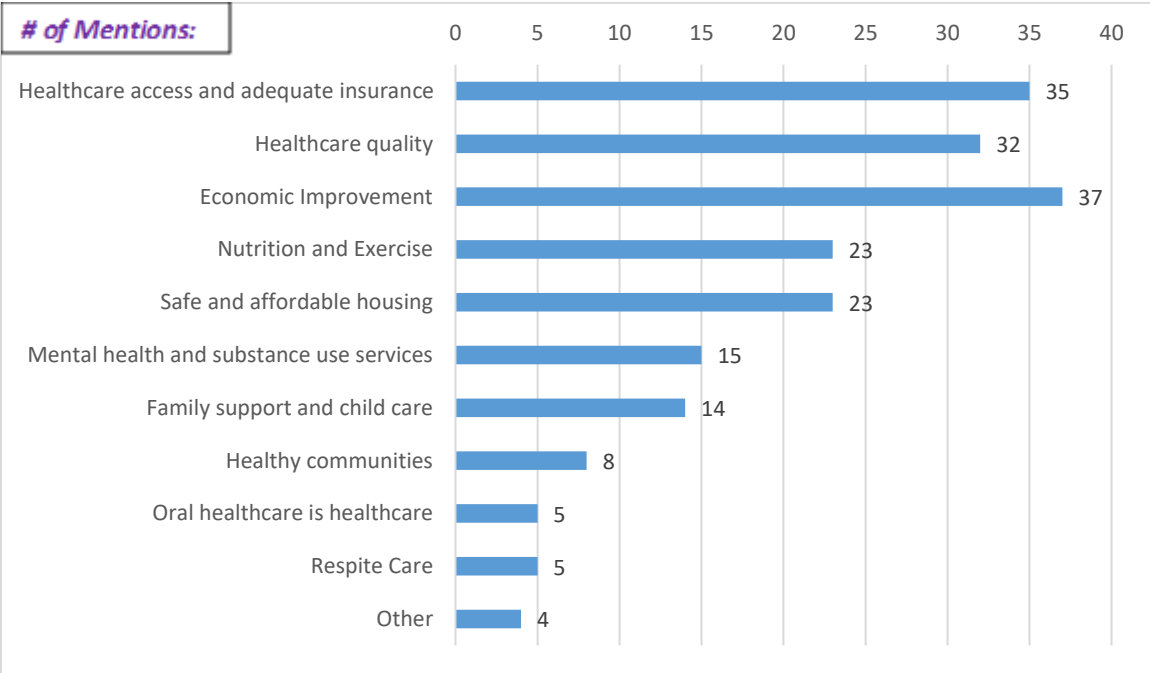
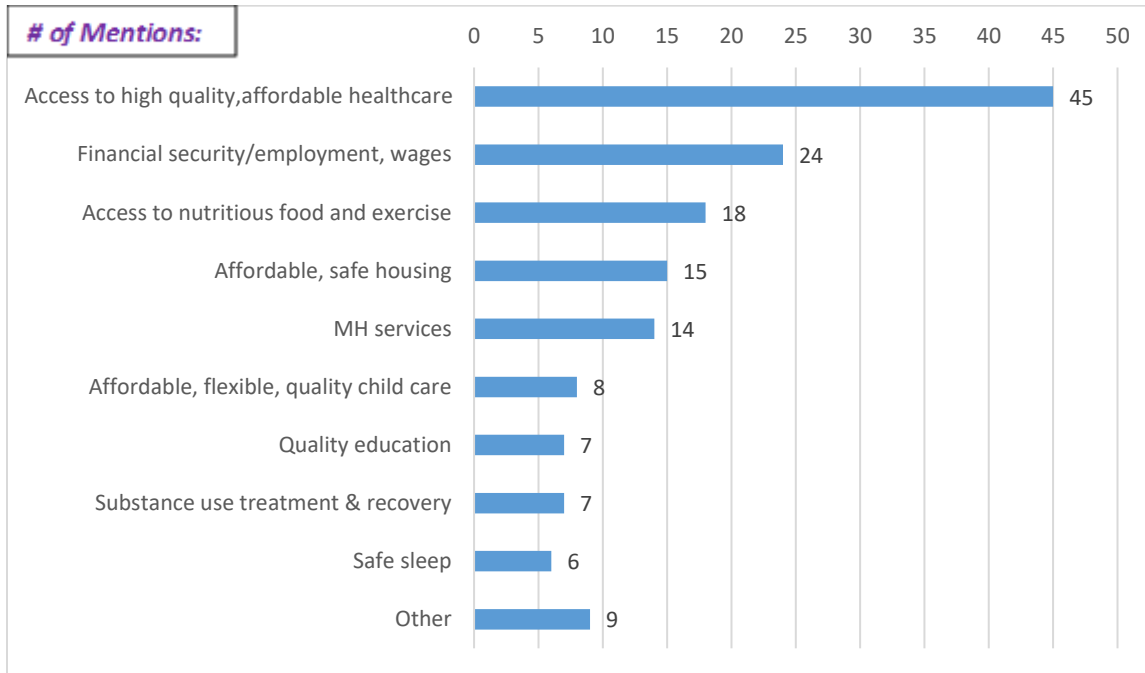


Figure 4 contains a compilation of responses to a related question: What are the top three unmet needs of women, children, and families in your communities? The results were essentially a mirror image of responses to the top needs. This consistency of response implies that these opinions are firmly held.

**Figure 4: Top Three Unmet Needs of Women, Children, and Families in Your Communities? (n=92)**



## Conclusion

When asked to look back over the last several years, most respondents agreed that there was awareness of most of the NPMs and a desire to address them. There was less consensus on progress being made. However, two NPMs — breastfeeding and safe sleep — were deemed the most successful, as the majority of respondents felt that there was desire, awareness, and progress being made.

Thinking ahead about which of the NPMs are (now or will be) the most important, there was a strong consensus that adequate insurance coverage, developmental screening, well-woman visits, and risk-appropriate perinatal care were priorities. The adolescent well visit and a medical home for children and youth with special health care needs were also important.

However, these NPMs should not be considered just individually, but rather within a broader context of the social determinants of health that respondents also identified. By synthesizing the information, some key insights were determined, including the following: Without insurance with good benefits, such as through an employer, and enough income to afford deductibles and copayments (or having more affordable deductibles and copayments), it will be challenging to make progress on well-woman visits, adolescent well visits, and the other priority NPMs. The stress of financial, nutritional, and housing insecurity takes a toll on the mental health and well-being of the people whom respondents serve.

# Appendix A: Delaware Title V Stakeholder Survey

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Shortname / Alias: Q1\_Organization

ID: 105

## 1) How would you describe your organization? (Please select one.)

- Hospital or medical center
- Human services nonprofit
- Department of Health and Social Services or Department of Health
- Child welfare agency
- Judicial agency
- Child advocacy (e.g., child abuse prevention)
- Parent-child center
- Community health center (e.g., federally qualified health center)
- School-based wellness center
- State or local taskforce
- Education
- Coalition/network
- Other (write in): \_\_\_\_\_

Shortname / Alias: Q2\_Role

ID: 106

## 2) What is your role within your organization? (Please check all that apply.)

- Hospital or health system administrator
- Health care provider (e.g., physician, nurse, dentist)
- Social service provider (e.g., social worker, mental health counselor, guidance counselor)
- Public health professional (e.g., health educator, community health worker, program manager)
- City/county administrator

- Community advocate
  - Child care provider/early-education teacher
  - Academic researcher
  - Other (write in): \_\_\_\_\_
- 

Shortname / Alias: Q3\_Target Audience

ID: 107

**3) Which of the following best describes the target audience for your program/organization? (Please check all that apply.)**

- Women's/maternal health
- Perinatal/infant health
- Child health
- Adolescent health
- Children and youth with special health care needs (CYSHCN)
- General population (please explain):  
\_\_\_\_\_

Shortname / Alias: Q4\_Geography

ID: 108

**4) Please indicate the geographic area of the population you serve. (Please check all that apply.)**

- New Castle County
- City of Wilmington
- Kent County
- Sussex County
- Statewide

Validation: Max character count = 50

ID: 109

5) What is the name of your organization or program? (Optional)

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## Assessment of NPMs

ID: 7

### 6) National Performance Measure 1: WELL-WOMAN VISIT

**Goal: To increase the number of women, ages 18 through 44, who have an annual preventive medical visit. A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease, to optimize the health of women before, between, and beyond potential pregnancies.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

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## 7) National Performance Measure 2: LOW-RISK CESAREAN DELIVERIES

**Goal: To reduce the number of cesarean deliveries among low-risk first births. Cesarean delivery can be a lifesaving procedure for certain medical conditions. However, for most low-risk pregnancies, cesarean delivery poses avoidable maternal risks of morbidity and mortality, including hemorrhage, infection, and blood clots — risks that compound with subsequent cesarean deliveries.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )



ID: 15

**8) National Performance Measure 3: RISK-APPROPRIATE PERINATAL CARE**

**Goal: To ensure that higher-risk mothers and newborns deliver at appropriate hospital levels and that very low birth weight (VLBW) infants (< 32 weeks gestation) are born in only Level III or IV facilities.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

### 9) National Performance Measure 4: BREASTFEEDING

**Goal: To increase the proportion of infants who are breastfed and who are breastfed exclusively through six months of age. The American Academy of Pediatrics recommends all infants (including premature and sick newborns) exclusively breastfeed for about six months, as human milk supports optimal growth and development by providing all required nutrients during that time. Breastfeeding strengthens the immune system and reduces the risk of respiratory infections, gastrointestinal illness, and sudden infant death syndrome (SIDS), and it promotes neurodevelopment. Breastfed children may also be less likely to develop diabetes, childhood obesity, and asthma.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

ID: 23

**10) National Performance Measure 5: SAFE SLEEP**

**Goal: To increase the number of infants placed to sleep on their backs, on a separate, approved sleep surface, and without soft objects or loose bedding. Sleep-related infant deaths, also called sudden unexpected infant deaths (SUIDs) are the leading cause of infant death after the first month of life and the third-leading cause of infant death overall. Sleep-related SUIDs include sudden infant death syndrome (SIDS), unknown cause, and accidental suffocation and strangulation in bed.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

### 11) National Performance Measure 6: DEVELOPMENTAL SCREENING

**Goal: To increase the number of children who receive periodic developmental screening, using a parent-completed screening tool. Early identification of developmental disorders is critical for the well-being of children and their families. It is an integral function of the primary care medical home. The American Academy of Pediatrics recommends that all children be screened for developmental delays and disabilities during regular well-child doctor visits at 9 months, 18 months, and 30 months.**

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
There is an AWARENESS among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong DESIRE among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial PROGRESS being made in Delaware regarding this issue	( )	( )	( )	( )	( )

ID: 35

**12) National Performance Measure 7.1: INJURY HOSPITALIZATION PREVENTION AMONG CHILDREN**

**Goal: To decrease the rate of hospital admissions for nonfatal injury among children ages 0 through 19. Unintentional injury is the leading cause of child and adolescent mortality, from ages 1 through 19. For those who suffer nonfatal severe injuries, many will become children with special health care needs. Reducing the burden of nonfatal injury can greatly improve the life trajectory of infants, toddlers, and adolescents — resulting in improved quality of life and cost savings.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue among <b>CHILDREN</b> (0-9 years)	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue among <b>CHILDREN</b>	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue among <b>CHILDREN</b>	( )	( )	( )	( )	( )

**13) National Performance Measure 7.2: INJURY HOSPITALIZATION PREVENTION AMONG ADOLESCENTS**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue among <b>ADOLESCENTS</b> (10-19 years)	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue among <b>ADOLESCENTS</b>	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue among <b>ADOLESCENTS</b>	( )	( )	( )	( )	( )

**14) National Performance Measure 8.1: PHYSICAL ACTIVITY AMONG CHILDREN**

**Goal: To increase the number of children and adolescents who are physically active. Regular physical activity in children and adolescents reduces the early-life risk factors for cardiovascular disease, hypertension, Type II diabetes, and osteoporosis. In addition to aerobic and muscle-strengthening activities, bone-strengthening activities are especially important for children and young adolescents, because most of the peak bone mass is obtained by the end of adolescence.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue among <b>CHILDREN</b> (6-11 years)	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue among <b>CHILDREN</b>	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue among <b>CHILDREN</b>	( )	( )	( )	( )	( )

**15) National Performance Measure 8.2: PHYSICAL ACTIVITY AMONG ADOLESCENTS**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue among <b>ADOLESCENTS</b> (12-19 years)	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue among <b>ADOLESCENTS</b>	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue among <b>ADOLESCENTS</b>	( )	( )	( )	( )	( )

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**Encouragement Note: Halfway through the NPMs — keep going!**

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**16) National Performance Measure 9: BULLYING**

**Goal: To reduce the number of adolescents, ages 12 through 17, who are bullied or bully others. Current estimates suggest nearly 30% of American adolescents reported at least moderate bullying experiences as the bully, victim, or both. Studies indicate bullying experiences are associated with several behavioral, emotional, and physical adjustment problems. Emotional and behavioral problems experienced by victims and bullies may continue into adulthood and produce long-term negative outcomes, including low self-esteem and self-worth, depression, antisocial behavior, drug use and abuse, criminal behavior, and more.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

**17) National Performance Measure 10: ADOLESCENT WELL VISIT**

**Goal: To increase the number of adolescents who have a preventive medical visit. As adolescents move from childhood to adulthood, they assume greater individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors (unsafe sexual activity; unsafe driving; use of tobacco, alcohol, and illegal substances) is a critical health issue during adolescence. An annual preventive visit may help adolescents adopt or maintain healthy habits and behaviors, avoid damaging behaviors, manage chronic conditions, and prevent disease.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

**18) National Performance Measure 11: MEDICAL HOME**

**Goal: To increase the number of children with and without special health care needs who have a medical home. Providing comprehensive and coordinated care to children in a medical home is the standard of pediatric practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventive care and immunizations, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic or disabling conditions.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

**19) National Performance Measure 12: TRANSITION**

**Goal: To increase the percentage of adolescents with and without special health care needs who have received services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence. Poor health has the potential to negatively impact the academic and vocational outcomes of youth and young adults. Over 90% of children with special health care needs live to adulthood but are less likely than their nondisabled peers to complete high school, attend college, or be employed. Health and health care are cited as two of the major barriers to making successful transitions.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

**20) National Performance Measure 13.1: PREVENTIVE DENTAL VISIT (PREGNANT WOMEN)**

**Goal: To increase the number of pregnant women who receive a dental visit while pregnant. Oral health is a vital component of overall health. Preventive dental care in pregnancy is also recommended by the American College of Obstetricians and Gynecologists (ACOG) to improve lifelong oral hygiene habits and dietary behavior for women and their families.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

**21) National Performance Measure 13.2: PREVENTIVE DENTAL VISIT  
(CHILD/ADOLESCENT)**

**Goal: To increase the number of children, ages 1 through 17, who have received a dental visit in the last year. Oral health is a vital component of overall health and remains the greatest unmet health need for children. Insufficient access to oral health care and effective preventive services affects children’s health, education, and ability to prosper.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don’t know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

**22) National Performance Measure 14.1: SMOKING (PREGNANT WOMEN)**

**Goal: To decrease the number of women who smoke during pregnancy. Women who smoke during pregnancy are more likely to experience fetal death or deliver a premature or low-birth-weight baby.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

**23) National Performance Measure 14.1: SMOKING (HOUSEHOLD)**

**Goal: To decrease the number of children who live in households where someone smokes. Adverse effects of parental smoking on children have been a clinical and public health concern for decades. Children have an increased frequency of ear infections; acute respiratory illnesses and related hospital admissions during infancy; severe asthma and asthma-related problems; lower respiratory tract infections; and sudden infant death syndrome.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )



**24) National Performance Measure 15: ADEQUATE INSURANCE COVERAGE**

**Goal: To increase the number of children who are adequately insured. Inadequately insured children are more likely to have delayed or forgone care or lack a medical home. They are also less likely to receive needed referrals and care coordination or receive family-centered care.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know</b>
There is an <b>AWARENESS</b> among Delaware stakeholders of the need to address this issue	( )	( )	( )	( )	( )
There is a strong <b>DESIRE</b> among Delaware stakeholders to address this issue	( )	( )	( )	( )	( )
There is substantial <b>PROGRESS</b> being made in Delaware regarding this issue	( )	( )	( )	( )	( )

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## Select the Most Important NPMs

Validation: Max. answers = 7 (*if answered*)

ID: 2

**25) Which of the 15 National Performance Measures do you feel are most important for Delaware's Title V Maternal and Child Health program to address?**

**You can select up to seven measures.**

- Well-woman visit
- Low-risk cesarean deliveries
- Risk-appropriate perinatal care
- Breastfeeding
- Safe sleep
- Developmental screening
- Injury hospitalization
- Physical activity
- Bullying
- Adolescent well visit
- Medical home
- Transition
- Preventive dental visit
- Smoking
- Adequate insurance

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## Population Health Domains

Shortname / Alias: Q25\_WomenMatHlthChoice

ID: 94

**26) Please select ONE Performance Measure you think is the most important to be addressed for Women's/Maternal Health:**

- Well-woman visit
- Low-risk caesarian delivery
- Preventive dental visit
- Smoking

Shortname / Alias: Q26\_PerinatalInfantChoice

ID: 95

**27) Please select ONE Performance Measure you think is the most important to be addressed for Perinatal/Infant Health:**

- Risk-appropriate perinatal care
- Breastfeeding
- Safe sleep

Shortname / Alias: Q27\_ChildChoice

ID: 96

**28) Please select ONE Performance Measure you think is the most important to be addressed for Child Health:**

- Developmental screening
- Injury hospitalization
- Physical activity
- Medical home
- Preventive dental visit

- Smoking
- Adequate insurance

Shortname / Alias: Q28\_AdolescentChoice

ID: 98

**29) Please select ONE Performance Measure you think is the most important to be addressed for Adolescent Health:**

- Injury hospitalization
- Physical activity
- Bullying
- Adolescent well visit
- Medical home
- Transition
- Preventive dental visit
- Smoking
- Adequate insurance

Shortname / Alias: Q29\_CYSHCNChoice

ID: 99

**30) Please select ONE Performance Measure you think is the most important to be addressed for Children with Special Health Care Needs:**

- Medical home
  - Transition
  - Adequate insurance
-

Validation: Max word count = 30

Shortname / Alias: Q30\_Top3FullLives

ID: 101

**31) What are the top THREE important things that women, children, and families need to live their fullest lives?**

**Please summarize these top three things in one or two words (or short phrase) each.**

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Validation: Max word count = 30

Shortname / Alias: Q31\_Top3UnmetNeeds

ID: 102

**32) What are the top THREE biggest unmet needs of women, children, and families in your community?**

**Please summarize these top three needs in one or two words (or short phrase) each.**

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Validation: Max word count = 500

Shortname / Alias: Q32\_Comments

ID: 103

**33) Please provide any additional comments you may have.**

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Thank You!

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