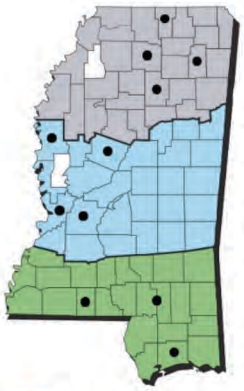
Title V Maternal and Child Health 2020 Needs Assessment, Data Brief 2

Maternal/Women's Health Domain

Mississippi State Department of Health

This data brief is one of a six-part series that describes the methods and findings from Mississippi's 2020 Title V Maternal and Child Health Needs Assessment. For more information on Title V Maternal and Child Health and needs assessment, please see Data Brief 1: 2020 Needs Assessment Overview and Methods. Additional data briefs in the series present findings for other maternal and child health population domains.

How did we collect information?



The Mississippi State Department of Health partnered with the Applied Evaluation and Assessment Center at the University of Alabama at Birmingham (UAB) School of Public Health to conduct the 2020 needs assessment. UAB collaborated with The University of Southern Mississippi Institute for Disability Studies, Mississippi Community Education Center, and the Family Resource Center of North Mississippi to promote needs assessment activities. Needs assessment methods encouraged broad stakeholder engagement and included focus groups, key informant interviews, surveys, and analysis of Federally Available Data.

All elements of the data collection plan were designed to be accessible and encourage participation from a diverse population.

- *Focus group locations*

Colors indicate counties from which responses were received and are categorized by public health

Broad Stakeholder Engagement

Federally Available Data	Surveys					Focus Groups		Key Informant Interviews
Key MCH indicators provided to states	Maternal and Child Health (online)	Healthcare providers (online)	Adolescents (online)	YSHCN (online and paper)	Families of CYSHCN (online and paper)	•Women •Parents/caregivers of infants, children, and adolescents •Adolescents/young adults		Representatives of local, state, public, and private group that work with MCH population
	577	104	58 *(176 total)*	62	167	11 groups	75 participants	20 interviewees
	Total stakeholders engaged: 1,239							

**Some respondents did not meet age established range for adolescents; these responses were analyzed with the general Maternal and Child Health survey.*

Health Equity and Disparities

Promoting equity and reducing disparities in outcomes are core values for the Mississippi State Department of Health and the Title V MCH Needs Assessment. Indicator data show differences in outcomes based on race, ethnicity, socioeconomic status, education, and insurance status and type. Stakeholders expressed differences in access to services, treatment experiences, and perception of quality of care based on race, ethnicity, socioeconomic status, geographic location, education, marital status, insurance status, and type, sexual orientation, and primary language. Health disparities not only affect groups facing inequities, but also limit overall improvements in quality of care and the health status for the broader population, resulting in unnecessary costs. All Mississippians benefit when we promote equity and reduce disparities through policies, practices, and organizational systems.

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Discrimination, bias, and differences in quality of care based on race/ethnicity, socioeconomic status, marital status, age, disability status, insurance status/ type, primary language, sexual orientation, and weight

- Individuals may receive poor quality care as a result of their socioeconomic and insurance statuses.
- Health care providers do not listen to and include patients in decision making. The health care system is not patient or family-centered.
- Spanish Speaking/Latinx communities experience language-related barriers to care:
  - o inaccurate translation of paperwork
  - o poor quality of interpretation
- The quality of care available for individuals, including children, who are undocumented was perceived to be poor.

Inequitable access to health resources based on race/ ethnicity, socioeconomic status, geographic location, and education

- Barriers to health care and health maintenance include:
  - o socioeconomic status
  - o education
  - o neighborhood crime and safety
  - o relationships
  - o childcare
  - o policies and politics
  - o literacy
  - o equitable educational opportunities
- Health care workforce shortages limit access to care within a reasonable distance, especially for specialty care.
- Quality of care may be poor, especially in rural areas. Provider education is needed on evidence-based care, cultural competence, and resources available in the community.
- Restrictions in scope of practice for advanced practice providers further limits access to care.
- Lack of transportation, lack of awareness of available resources, and fragmented systems of care are barriers to accessing care.

Lack of or inadequate access to supports for health and wellness, including education; affordable and safe options for physical activity; and healthy foods

- Individuals want to be physically active but many do not have access to safe, affordable spaces for physical activity.
- Physical activity is limited
  - o nearly 79% of family survey respondents reported exercising 30 minutes per day for fewer than 5 days per week
  - o nearly 25% reported no days at all.
- Healthy, affordable food options may be difficult to access. Fast food options are inexpensive and convenient.
- Adults are not meeting healthy nutrition guidelines
  - o nearly 62% of family survey respondents reported only eating 1-2 servings of fruits or vegetables per day;
  - o nearly 47% of family survey respondents reported drinking 4 or fewer cups of water per day.
- The general population is in need of health education and improved health literacy to increase preventive behaviors.
- Overeating may be a coping mechanism for unaddressed mental health needs.

Lack of or inadequate access to comprehensive, family-centered, and culturally-competent reproductive and well-woman health care and education, including for women with disabilities

- Public insurance may not cover all necessary exams and tests, both during pregnancy and for

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general reproductive health.

- Women would like to have their reproductive choices respected by their providers. They are not confident they receive accurate information from providers, especially regarding C-sections and family planning.
- Women were aware of various birth control options available to them but wanted to receive more information about the benefits and risks of each type.
- Women would like to access tubal ligations more easily.
- When a specific type of birth control does not meet a woman's needs it can be difficult to try another when public insurance lapses.
- Survey respondents were less aware that the health department could provide longer-acting and more reliable birth control methods, such as IUDs, implants, patches, rings, and injections, than they were of the provision of condoms and oral contraceptives.
- Women would like more reproductive health education covering safe sex, communicating with partners, STIS, healthy pregnancies, what to expect during labor and birth, and postpartum mental health.
- Health education should be culturally sensitive and tailored to the Latinx/Spanish Speaking community. For example, prenatal care should incorporate trusted female community partners to maximize utilization.

Lack of or inadequate access to comprehensive mental health services (prevention, crisis care, postpartum)

- There is a shortage of mental health service providers across the state. Mental health services may be unavailable to those who are uninsured, underinsured, or are covered by Medicaid, especially in rural communities.
- Emergency psychiatric care may be available in some communities but non-urgent and preventive mental health services are not.
- Domestic violence is a significant concern in many communities. Available services may not protect victims from their abusers.
- Postpartum depression and anxiety are common. Stigma surrounding mental health and fear of having children taken by the Mississippi Department of Child Protective Services (MSCPS) may prevent individuals from seeking care when they need it.
- The Latinx/Spanish Speaking population may experience stigma around mental health. Education on seeking treatment for mental health and postpartum depression is important.
- Spanish speaking women may not have access to any mental health providers, especially in rural areas, due to the language barrier.

Lack of or inadequate substance abuse treatment (smoking, alcohol, and drugs) and prevention education, including detox, addiction, and rehabilitation/recovery services

- Rehabilitation is difficult to access for individuals with limited resources. There is a need for community support groups, especially for those in recovery.
- Individuals suffering from addiction and those in recovery may receive low quality care due to provider bias.
- Substance use may be a coping mechanism for stress and other untreated mental health needs.
- Tobacco products and illicit drugs, including opioids, are widely accessible and available to adults and adolescents.
- Opioid use is not perceived as being a significant issue in Mississippi.

Inadequate or lack of comprehensive, affordable health and dental insurance

- 14% of survey respondents reported that they or someone in their house did not have health

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insurance; the most common reason stated for not having health insurance was that it is too expensive.

- Many people earn too much money from their jobs to qualify for Medicaid but not enough to afford insurance or the out-of-pocket costs of care.
- Oral health care is unavailable or limited in many communities, requiring stakeholders to travel long distances to access care. Stakeholders may have limited options because many providers do not accept public dental insurance.
- The out-of-pocket costs of oral health services are cost-prohibitive for many families. Providers often require multiple visits to address an oral health need.
- Over 30% of survey respondents reported that they or someone in their house did not have oral health insurance.

High levels of maternal mortality

- Focus and investment on prevention is important to address maternal mortality, including women having access to care before and between pregnancies to manage chronic conditions and become educated on adopting positive health behaviors that impact health outcomes.
- Social determinants of health were reported as the predominant underlying causes of maternal mortality. This includes:
  - o housing insecurity
  - o low level of adult health literacy
  - o educational attainment
  - o unemployment/ underemployment
  - o poverty
  - o food insecurity
- Women experience high levels of stress associated with housing insecurity, financial responsibilities, intimate partner violence, and racial discrimination. Stress may lead to poor health outcomes for mothers.
- Provider shortages, including for prenatal care and high-risk maternity care, are common around the state, especially in rural communities. Access is further limited for low-income women.

What We Know: Federally Available Data

Maternal/Women's Health Indicators	Value*	How does Mississippi compare to the U.S.?	How has Mississippi been doing?
Well-woman visit	61.6%	Worse	Mixed
Low-risk cesarean delivery (first births)	30.8%	Worse	Trending better
Early elective delivery	2.0%	Same	Trending better
Severe maternal morbidity	198.2 per 10,000	Worse	Trending worse
Pregnancy-related mortality	22.1 per 100,000	Worse	Trending worse
Preventive dental visit – during pregnancy	21.2%	Worse	NA
Smoking – during pregnancy	8.9%	Worse	Trending better
Early prenatal care	78.5%	Better	Trending better
Neonatal abstinence syndrome (NAS)	3.0 per 1,000	Better	Trending worse
Teen births	31.0 per 1,000	Worse	Trending better

**Data values are most-recently available as retrieved from https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalPerformanceMeasures and https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalOutcomeMeasures*