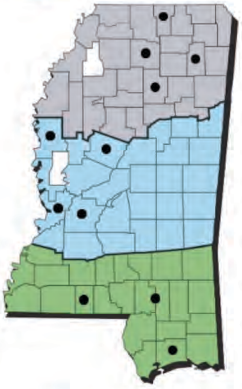
Title V Maternal and Child Health 2020 Needs Assessment, Data Brief 4

Child 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 region.

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. National indicator data show differences in outcomes based on child/youth's race, ethnicity, socioeconomic status, age, and type of insurance. Stakeholders expressed differences in access to services, treatment experiences, and perception of quality of care based on geographic location, race, ethnicity, socioeconomic status, primary language, disability status, and insurance type. 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.

2020 Needs Assessment: Child Health

What We Learned: Identified Needs

Lack of awareness of healthy nutrition guidelines and portion sizes

- The nutritional quality of school lunches has improved but students show preference for less healthy options.
- Healthy, affordable food options may be difficult for families to access. Fast food options are inexpensive and convenient.
- 50% survey respondents reported their children consume 2 or fewer servings of fruits and vegetables each day.
- Caregivers need education on healthy eating, appropriate levels of physical activity, and chronic disease prevention.

Lack of or inadequate access to mental health services that are comprehensive and age-appropriate

- Communities lack mental and behavioral health services for children and adolescents.
- Unmonitored access to social media, video games, and the internet may contribute to child mental and behavioral health challenges.
- Bullying in schools is a significant concern. Children may develop unhealthy coping strategies, such as physical violence.
- Increasing access to school-based mental health services may address child mental health needs.
- Early identification of mental health is important so proper interventions can be employed.
- Caregivers need resources and education on child mental health to support early identification of needs.

Lack of or inadequate access to affordable and safe options for physical activity

- Physical activity is limited among young children. Overuse of technology prevents physical activity in children.
- Almost 60% survey respondents reported their children exercise for at least 60 minutes/day fewer than 5 days each week.
- Safe and affordable recreational options are limited for some families. Gyms, parks, community centers, etc. are uncommon or too expensive. Some spaces are not safe due to lack of maintenance and high crime rates in some communities.

Lack of timely, appropriate, and consistent health and developmental screenings

- Developmental screening levels were low overall. The following differences in health and developmental screenings based on the age of the child were described:
  - Younger children were more likely to have had developmental and hearing screenings
  - Older children were more likely to have had vision, blood pressure, and blood sugar/diabetes screenings.

Limited access to affordable oral health care and insurance

- There is a shortage of oral health providers for children, especially in rural areas.
- Public dental insurance covers annual dental visits but no services beyond that. It is difficult to find providers who will accept this coverage.
- Untreated lip and tongue ties were concerning for

2020 Needs Assessment: Child Health

caregivers of infants. Difficulty breastfeeding, failure to thrive, and speech impediments were some of the challenges associated with untreated lip and tongue ties.

- Out-of-pocket costs for oral health services are prohibitive for many families. Providers often require multiple visits to address an oral health need.

Lack of comprehensive, family-centered, and culturally-competent health care

- Barriers to accessing care include:
  - o long waitlists for appointments, limited office hours
  - o distance between providers (desire for a one-stop-shop)
  - o lack of "sick" and "well" waiting rooms at pediatric practices
  - o referral processes that are difficult to navigate
- Navigation the health care system is frustrating. There is little collaboration and communication between providers. Communication with physician offices is poor.
- Barriers specific to the Spanish Speaking/Latinx communities include:
  - o inaccurate translation of paperwork
  - o poor quality of interpretation
  - o low quality care available for children who are undocumented

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

- Pediatric specialty health and oral health providers are scarce, especially in rural areas. It is difficult to access primary care for their children due to scheduling and wait lists.
- Access to services may be restricted by travel time, appointment schedules, and distance to providers. Access is especially difficult for working families with inflexible schedules and limited transportation options.
- 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

Lack of or inadequate smoking, alcohol, and substance use prevention education

- Children may begin smoking and using substances at young ages.
- Drugs and alcohol are widely available in many communities, including to school age children.
- School-based prevention education should be effective and begin at a young age.
- Children may smoke and use substances with their parents.

What We Know: Federally Available Data

Child Health Indicators	Value*	How does Mississippi compare to the U.S.?	How has Mississippi been doing?
Developmental screening – child (9-35 months)	18.6%	Worse	Trending slightly better
Physical activity – child (6-11years) (4-6 days per week)	20.6%	Worse	Trending slightly better
Preventive dental visit – child (6-11years)	86.1%	Worse	About the same
Household smoking – child (0-5 years)	20.3%	Worse	Trending better
Household smoking – child (6-11 years)	21.0%	Worse	Trending better
Child mortality	29.9 per 100,000	Worse	Trending better
Obesity – 2-4 years	14.5%	About the same	Trending slightly better
Child vaccination – 19-35 months	68.7%	About the same	Trending better
Hospitalization for non-fatal injury – child (0-9 years)	127.1 per 100,000	About the same	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 and National Survey of Children's Health: childhealthdata.org*