



Division of Family and Community Health Services 2014

## Title V Maternal and Child Health Five-Year Needs Assessment

# CONSUMER SURVEY RESULTS



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MEASUREMENT RESOURCES COMPANY

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## Overview: Maternal and Child Health Needs Assessment Consumer Survey

The Maternal and Child Health Needs Assessment Consumer Survey is an electronic survey sent to consumers who received services funded by ODH Division of Family and Community Health Services (DFCHS). A convenience sampling methodology was used as DFCHS stakeholders were asked to distribute the survey to the families that they served. A total of 616 respondents completed the survey.

The goal of the survey was to assess consumers' satisfaction levels of current services provided throughout the state and their thoughts on current unmet needs. The survey questions were tailored based on how participants identified themselves. Participants were classified as either parents of children under 1 and pregnant women; parents of children between the ages of 2-17 and adolescents; and parents of children with special health care needs. Because these groups are not mutually exclusive, some participants may be represented in all three groups. For the purposes of this report, all results will be looked at based on these three distinct population groups.

Participant zip codes were used to assign responses to one of ten regions across the state (see map). These regions correspond with the regions that will be used for the Needs Assessment Community Forums. Surveys were received from consumers in every region of the state. There was a fairly equal distribution across most regions. Of those who completed the survey, 18 percent (111) were completed by individuals who indicated residing in central Ohio (region 9). The least represented region was region 7, which only had 10 responses. Table 1 displays the number of responses that were captured from each region. It should be stressed the samples in each of the regions are too small to make generalized statements about the difference between regions. Generalizations about findings should be limited as participants were not randomly selected and may not represent all consumers throughout the state equally.



**Table 1. Survey Responses by Needs Assessment Regions**

Region	Responses	Percent	Region	Responses	Percent
1	24	3.9 %	7	10	1.6%
2	33	5.4%	8	68	11.0%
3	50	8.1%	9	111	18.0%
4	92	14.9%	10	47	7.6%
5	107	17.4%	Unknown	13	2.1%
6	61	9.9%	<b>Total</b>	<b>616</b>	<b>100%</b>

## Maternal and Child Health Block Grant Services Received

Maternal and Child Health (MCH) Block Grant provides funding for a variety of services to address the needs of Women and Children. The majority (74.7 percent) of participants had received at least one MCH service; however, 25.3 percent indicated that they had not received any of the services listed in the survey. Survey participants were most likely to have received hearing and vision screening (42.7 percent), WIC (39.2 percent), Help Me Grow Home Visiting (21.7 percent), Help Me Grow Early Intervention (21.1 percent), and Oral Health (20.0 percent). Services such as PREP, Metabolic Formula Program, Family Navigator, Ohio Infant Mortality Reduction Initiative, and Regional Sickle Cell Program had less than 10 participants respond to the survey. Table 2 displays the number and percent of survey responses who have ever accessed each service.

**Table 2. Programs Received by Survey Consumers**

Programs Received	Response Count	Response Percent
Bureau for Children with Medical Handicap (BCMh)	101	16.6%
Nurse home visits	65	10.67%
WIC	239	39.2%
Help Me Grow Home Visiting	132	21.7%
Help Me Grow Early Intervention	128	21.1%
Regional Infant Hearing Program	38	6.2%
Child and Family Health Services	82	13.5%
Hearing and Vision Screening	260	42.7%
Lead Poisoning Prevention and Healthy Homes	50	8.2%
Genetic Center Services	15	2.5%
Oral Health	128	21.0%
PREP	2	0.3%
Ohio Infant Mortality Reduction Initiative (OIMRI)	7	1.2%
Family Navigator	6	1.0%
Home visiting	41	6.73%
Regional Sickle Cell Program	8	1.3%
Metabolic Formula Program	5	0.8%
None of the above	154	25.3%
Total	609	

## Women and Infants

Thirteen percent of survey respondents were either expectant parents or parents of children under the age of one. Mainly the responses were generated by mothers or soon to be mothers. Only three fathers provided responses. These individuals were asked specific questions regarding their satisfaction level with existing services as it relates to prenatal and infant health.

As displayed in table 3, the average age of these respondents was 28 with a range of ages between 16 and 57 years old. Sixty-nine percent were white, 11 percent were black/African-American, and 10 percent were Hispanic or Latino. No other demographic categories were represented in the survey sample. Overall respondents were fairly educated, approximately 40 percent indicated having only a high school degree or less. The majority of survey respondents were working either full-time (33.8 percent) or part-time (13.8 percent) jobs. Eleven percent of parents expecting a child or parents with a child less than one year in age were unemployed and looking for work. Sixteen percent of respondents were unemployed and not looking for work.

As displayed in table 4, 60 percent of pregnant women or parents with a child under the age of one that took the survey received WIC services. Nearly forty percent of this population received Help Me Grow Home Visiting. One in five of this population received hearing and vision screening.

**Table 3. Parents of Children Under 1 and Pregnant Women Demographics**

<b>Median Age</b>	28
<b>Race</b>	
White	68.8%
Black/ African-American	11.3%
Hispanic	10.0%
Other	0.0%
<b>Education Level</b>	
Less than High School	9.0%
High School/ GED	32.8%
Some College/ Vocational School	23.9%
College Graduate	19.4%
Post College Graduate	9.0%
<b>Employment Status</b>	
Working full-time job	33.8%
Working part-time job	13.8%
Self-employed	2.5%
Working off and on	2.5%
Unemployed (looking for work)	11.3%
Unemployed (not looking for work)	16.3%
Retired	0.0%
Disabled	3.8%
Student	3.8%

**Table 4. Programs Received by Pregnant Women and Parents with Children 1 Year of Age and Younger**

Programs Received	Response Count	Response Percent
WIC	48	60.0%
Help Me Grow Home Visiting	30	37.5%
Hearing and Vision Screening	16	20.0%
Help Me Grow Early Intervention	13	16.3%
None of the above	13	17.3%
Bureau for Children with Medical Handicap (BCMh)	10	12.5%
Nurse home visits	10	12.5%
Oral Health	7	8.8%
Child and Family Health Services	6	7.5%
Family Navigator	6	1.0%
Lead Poisoning Prevention and Healthy Homes	6	7.5%
Regional Infant Hearing Program	6	7.5%
Metabolic Formula Program	5	0.9%
Home visiting	4	5.0%
Ohio Infant Mortality Reduction Initiative (OIMRI)	2	2.5%
Genetic Center Services	1	1.3%
Regional Sickle Cell Program	1	1.3%

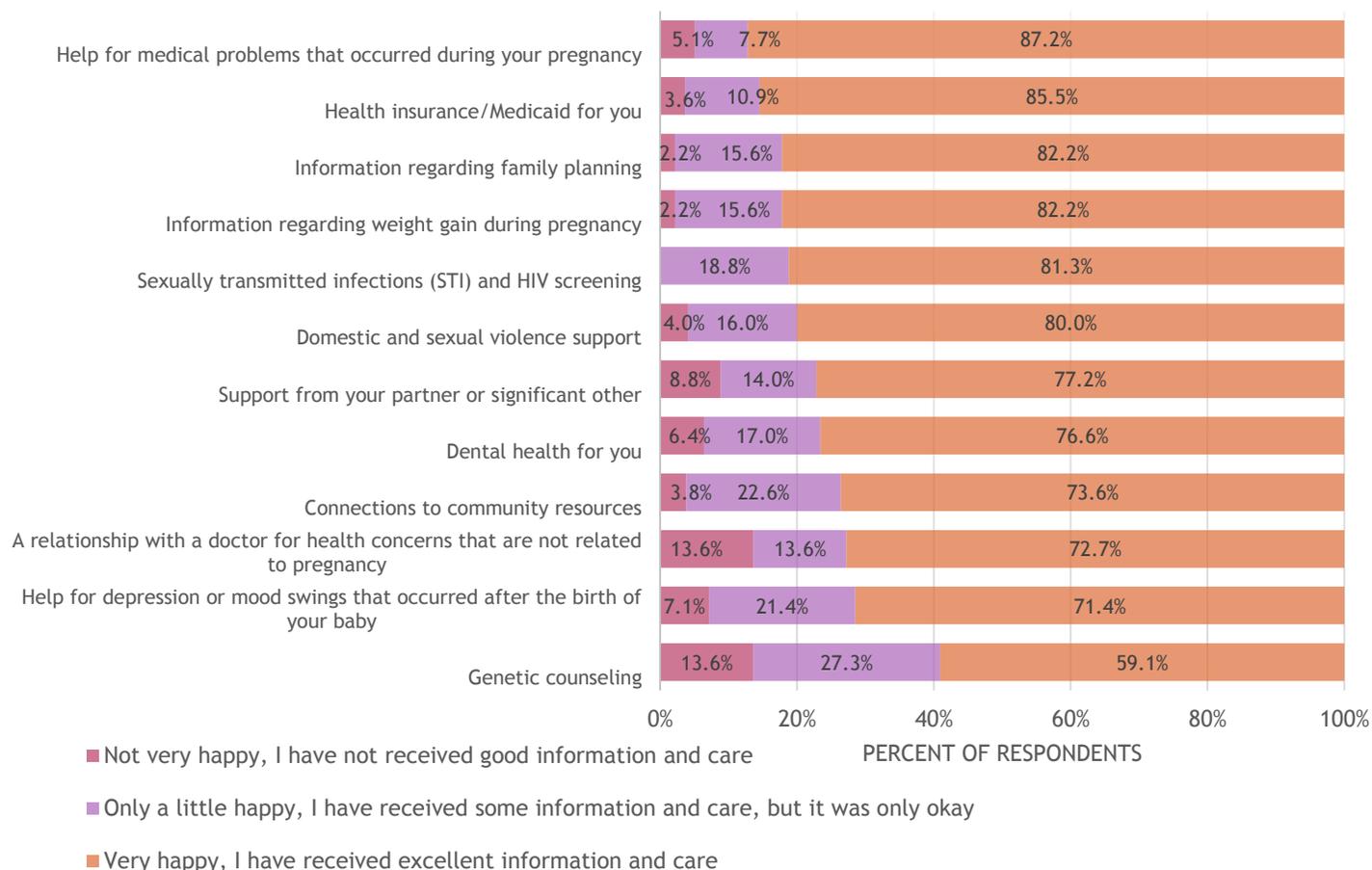
## Satisfaction with Women's Health Services and Care

Overall, pregnant women and women with infants who completed the survey are satisfied with most aspects of the MCH health services they have received which relates directly to their personal health. Table 5 provides the overall satisfaction score for each health issue and ranks them from highest-rated to lowest-rated. The closer the average score is to a 3, the higher the overall satisfaction with participants. Scores lower than 2.5 indicate an area that could use improvement. Figure 1 displays how many respondents indicated they were very happy, only a little happy, and not happy about the information and care they received regarding a variety of health issues that relate to pregnant women and mothers of infants.

All health issues regarding Women's health received high overall satisfaction scores. More than 85 percent of the women reported that they were happy with the help for medical problems that occurred during pregnancy and their health insurance. The two health issues with the lowest scores were help for depression or mood swings that occurred after the birth of the baby (28 percent of respondents indicated only a little or not happy with service) and genetic counseling (40 percent reported only a little or not happy with service).

<b>Table 5. Satisfaction Scores for Women's Health Issues</b>	<b>Mean</b>
Help for medical problems that occurred during your pregnancy	2.8
Health insurance/Medicaid for you	2.8
Sexually transmitted infections (STI) and HIV screening	2.8
Information regarding family planning	2.8
Domestic and sexual violence support	2.8
Dental health for you	2.7
Support from your partner or significant other	2.7
Information regarding weight gain during pregnancy	2.7
Connections to community resources	2.7
A relationship with a doctor for health concerns that are not related to pregnancy	2.7
Help for depression or mood swings that occurred after the birth of your baby	2.6
Genetic counseling	2.5

**FIGURE 1. SATISFACTION WITH WOMEN'S HEALTH ISSUES**



### Health Disparities for Women and Infants

Data previously collected and analyzed by the state shows that health disparities exist for women and infants. In particular, minority women and infants and families experiencing poverty often have worse health outcomes compared to other women and families.

The sample size for minority pregnant women and parents with children one-year-old and younger was too small in this sample to be able to detect any significant disparities in satisfaction level. However, significant differences were detected for different age groups. Older women were significantly less likely to report high levels of satisfaction towards the information and care they received about weight gain during pregnancy. Younger women were significantly less satisfied with the support they had from their partner and significant other.

### Unmet Needs for Women's Health

If a participant identified themselves as a pregnant woman or a woman with a child one-year-old or younger, they were asked an open-ended question as to what unmet needs they were

experiencing as it related to their health. Fifty-nine of the 77 women who completed the survey provided a comment to this question. Of those who commented, 85 percent reported that they currently were not experiencing any unmet needs. The following other issues were mentioned once by the respondents.

- Reduction in SSI benefits. Having trouble getting help to pay for health care.
- Dealing with anxiety and depression during pregnancy.
- Proper care for cesarean incision and recovery after cesarean delivery.
- Preparation for birth.
- Dealing with fatigue.
- Access to an OB/GYN that is not a region-wide conglomerate -- desire to be treated by a single provider, not a different one at each visit.
- Dental care.
- Stomach pains.
- Dealing with asthma.
- Managing and family and working.

### Satisfaction with Infant Health Services and Care

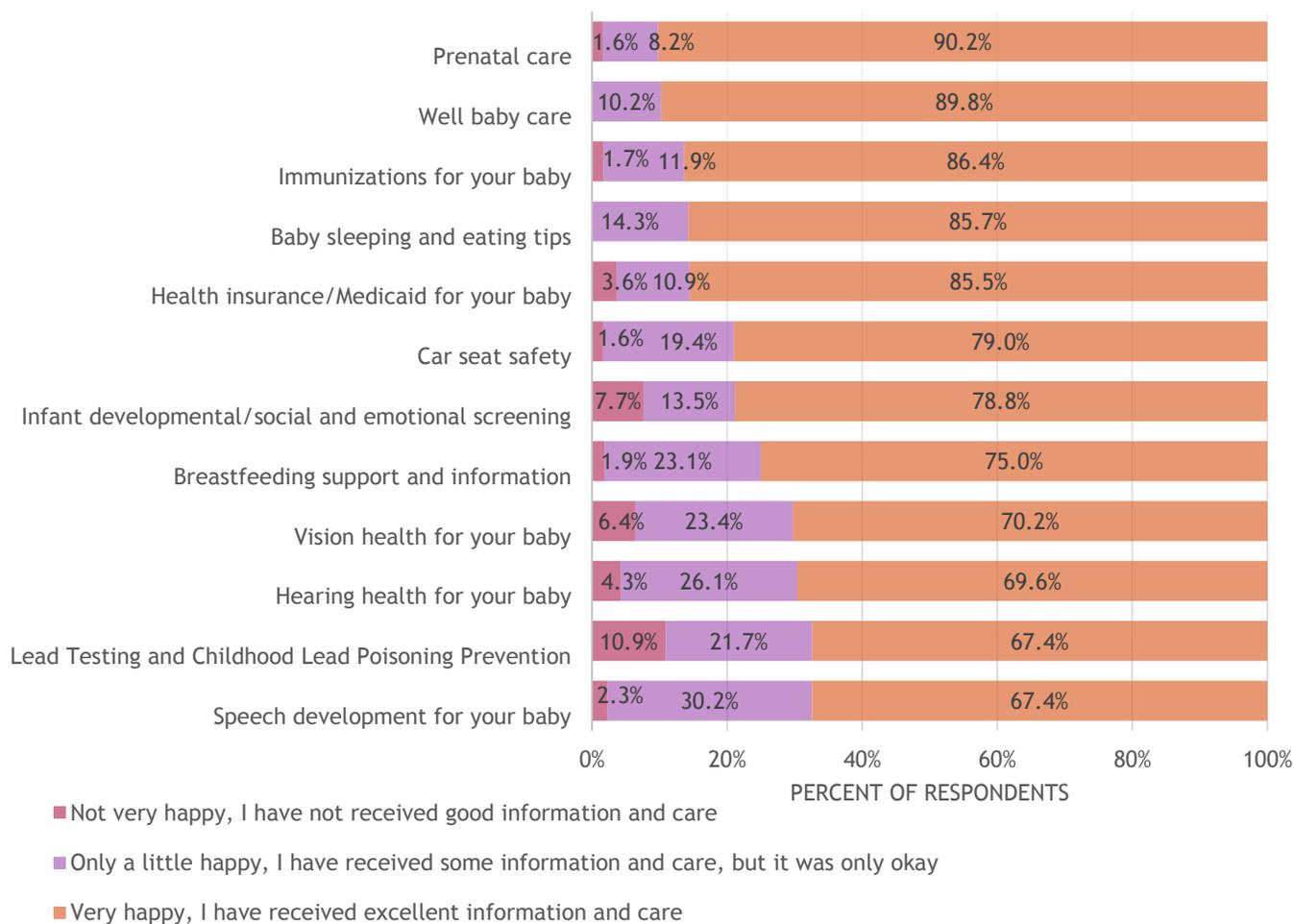
Overall satisfaction ratings for issues related to infant health received slightly less positive ratings compared to the issues related to women's health. However, the majority of parents with infants were fairly satisfied with the care and services their infants received. Overall, parents with infants who completed the survey are satisfied with most aspects of the MCH health services they have received that relates directly to their infant's health

Table 6. Satisfaction Scores for Infant Health Issues	Mean
Well-baby care	2.9
Prenatal care	2.9
Immunizations for your baby	2.9
Baby sleeping and eating tips	2.9
Health insurance/Medicaid for your baby	2.9
Car seat safety	2.8
Infant developmental/social and emotional screening	2.7
Breastfeeding support and information	2.7
Hearing health for your baby	2.7
Speech development for your baby	2.7
Vision health for your baby	2.6
Lead Testing and Childhood Lead Poisoning Prevention	2.6

provides the overall satisfaction score for each health issue and ranks them from highest-rated to lowest-rated. The closer the average score is to a three, the higher the overall

satisfaction with participants. Scores lower than 2.5 indicate an area that could use improvement. Figure 2 displays how many respondents indicated they were very happy, only a little happy, and not happy about the information and care they received regarding a variety of health issues that relate to infant health.

**FIGURE 2. SATISFACTION WITH INFANT HEALTH ISSUES**



Parents were highly satisfied (approximately 90 percent of respondents) with the prenatal and well-baby care that they have experienced. Approximately, one in three respondents were only a little happy or not happy with the lead testing (32 percent), vision health (30 percent), speech development (32 percent), and hearing health (30 percent) for their baby.

This lower response is likely caused by the trend that higher educated respondents were more likely to report lower satisfaction with vision health, hearing health, speech, lead testing and well-baby care. It could be the more education a parent has, the higher the expectations they have for these services. In addition to these differences by education level, the results indicated that older women were more likely to be less satisfied with the well-baby care, health insurance for their baby, and lead testing.

## Unmet Needs for Infant Health

If a participant identified themselves as a pregnant woman or a woman with a child one-year-old or younger, they were asked an open-ended question as to what unmet needs they were experiencing as it related to their baby's health. Fifty-nine of the 80 parents who completed the survey provided a comment to this question. Of those who commented, 88 percent reported positive comments about the care they receive for their baby or indicated that they currently were not experiencing any unmet needs. The only other issues that were addressed more than once were concerns regarding a child's breathing and sinus issues. The following other issues were mentioned once by the respondents.

- Earlier interventions for babies with vision issues, especially babies with medical conditions that are comorbid with CVI or other vision issues.
- Difficulty finding a good doctor.
- More information on how medical issues work with the baby.
- More information shared during well visits with the physicians instead of having to seek it out oneself.
- More information regarding normal infant breathing.
- Social-emotional development.

## Early Childhood, School-Aged Children, and Adolescents

Forty-two percent of survey respondents were either parents of children between the ages of 2 and 17 or were adolescents themselves. The majority of the responses were generated from women (82 percent). Fifty-one males completed the survey. Only five of the respondents were younger than 19, placing them in the adolescent category. These individuals were asked specific questions regarding their satisfaction level with existing services as it relates to children and adolescent health.

As displayed in table 7, the average age of these respondents was 37 with a range of ages between 14 and 67 years old. Seventy-five percent were white, 11 percent were black/African-American, and 3 percent were Hispanic or Latino. Four individuals represented other ethnicities. Overall respondents were fairly educated, as less than 16 percent indicated having only a high school degree or less. The majority of survey respondents were working either full-time (49.2 percent) or part-time (13.9 percent) jobs. Only 8 percent of parents with children between the age of 2 and 17

<b>Median Age</b>	37
<b>Race</b>	
White	74.6%
Black/ African-American	10.7%
Hispanic	3.2%
Other	2.0%
<b>Education Level</b>	
Less than High School	1.9%
High School/ GED	14.0%
Some College/ Vocational School	25.1%
College Graduate	33.5%
Post College Graduate	17.2%
<b>Employment Status</b>	
Working full-time job	49.2%
Working part-time job	13.9%
Self-employed	4.0%
Working off and on	1.23%
Unemployed (looking for work)	7.9%
Unemployed (not looking for work)	10.3%
Retired	0.4%
Disability	2.8%
Student	4.4%

were unemployed but looking for work. One in ten of the respondents were unemployed and not looking for work.

As displayed in table 8, more than one in two parents with children between the ages of 2 and 17 that took the survey received WIC services. Forty-five percent of this population received Hearing and Vision Screening. Approximately one in three parents received Help Me Grow Home Visiting and Help Me Grow Early Intervention. Additionally, a quarter of the parents received BCMH and oral health.

**Table 8. Programs Received by Parents of Children Ages 2 to 17**

Programs Received	Response Count	Response Percent
WIC	133	51.0%
Hearing and Vision Screening	114	43.7%
Help Me Grow Home Visiting	80	30.7%
Help Me Grow Early Intervention	77	29.5%
Bureau for Children with Medical Handicap (BCMh)	56	21.5%
Oral Health	60	23.0%
Child and Family Health Services	43	16.5%
Nurse home visits	30	11.5%
Regional Infant Hearing Program	26	10.0%
Lead Poisoning Prevention and Healthy Homes	25	9.6%
Home visiting	15	6.1%
Genetic Center Services	3	1.1%
Regional Sickle Cell Program	3	100%
Family Navigator	2	0.8%
Ohio Infant Mortality Reduction Initiative (OIMRI)	1	0.4%

## Satisfaction with Early Childhood, School-Aged Children, and Adolescent Health

Overall, parents of children between the ages of 2 and 17 have varied attitudes about the health services and information they are receiving as it relates to their children. Table 9 provides the overall satisfaction score for each health issue and ranks them from highest-rated to lowest-rated. The closer the average score is to a three, the higher the overall satisfaction with participants. Scores lower than 2.5 indicate an area that could use improvement. Figure 3 displays the percentage of respondents who indicated they were very happy, only a little happy, and not happy about the information and care they received regarding a variety of health issues that relate to their children's health.

The health-related issues that received the highest satisfaction ratings typically were related to traditional health care services (i.e. well child care, immunizations and acute care). Dental and vision

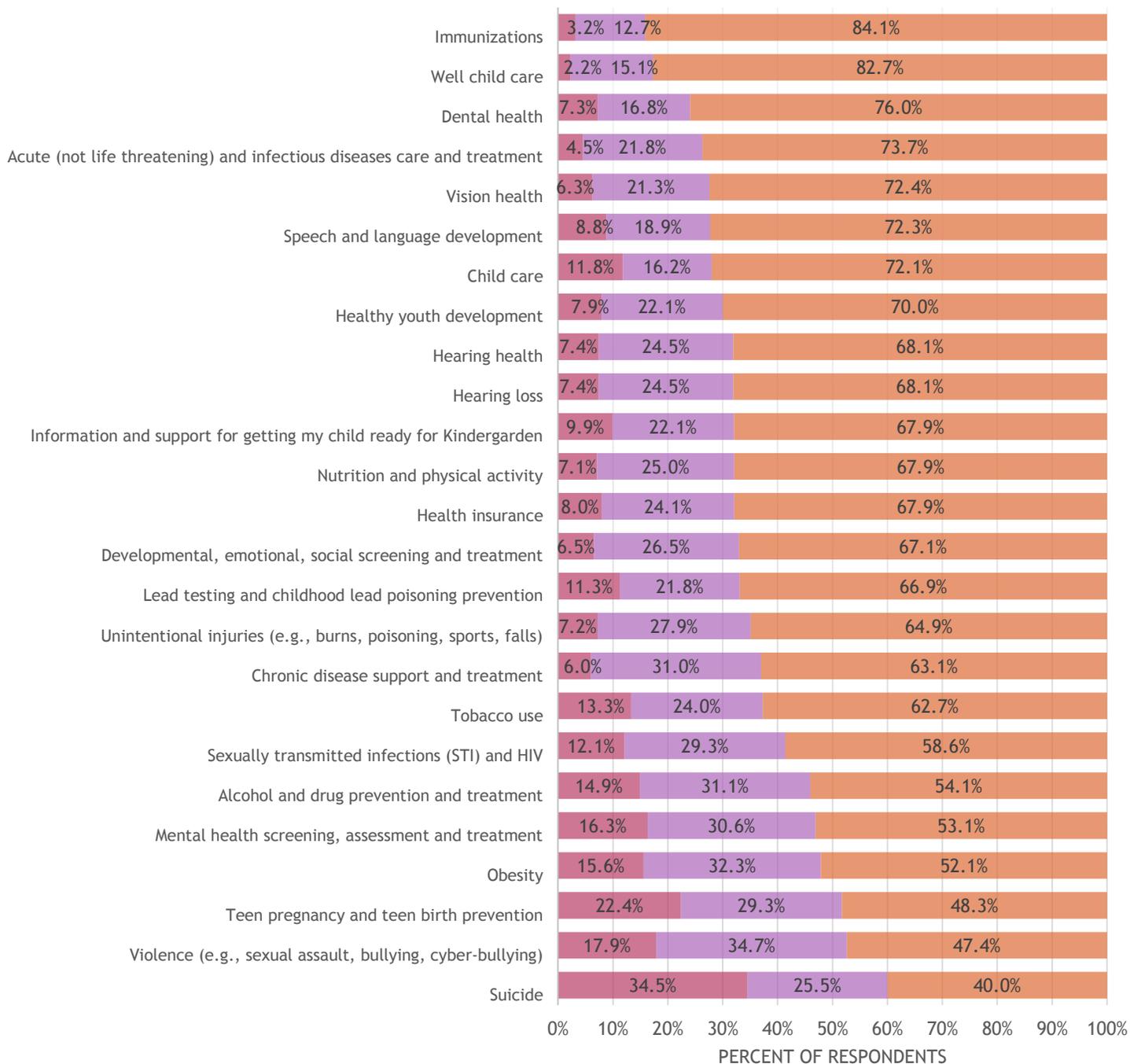
health received overall high satisfaction scores. Three out of four respondents were satisfied with the well child care, immunizations, and dental health.

Eight out of the 25 items received overall satisfaction ratings of 2.5 or less suggesting significant room for improvement in these areas. Many of these issues are contributing factors that lead to unhealthy outcomes later in a child's life. These things include information and care around obesity, tobacco use, teen pregnancy, mental illness, accident prevention, sexually transmitted diseases, substance abuse, violence prevention, and suicide prevention. Less than half of the participants reported being very happy with the information

Table 9: Satisfaction Scores for Children and Adolescent Health Issues	Mean
Well child care	2.8
Immunizations	2.8
Acute (not life threatening) and infectious diseases care and treatment	2.7
Dental health	2.7
Vision health	2.7
Child care	2.6
Speech and language development	2.6
Developmental, emotional, social screening and treatment	2.6
Health insurance	2.6
Healthy youth development	2.6
Hearing loss	2.6
Nutrition and physical activity	2.6
Information and support for getting my child ready for Kindergarten	2.6
Hearing health	2.6
Lead Testing and Childhood Lead Poisoning Prevention	2.6
Chronic disease support and treatment	2.6
Unintentional injuries (e.g., burns, poisoning, sports-induced, falls)	2.6
Tobacco use	2.5
Sexually transmitted infections (STI) and HIV	2.5
Alcohol and drug prevention and treatment	2.4
Mental health screening, assessment and treatment	2.4
Obesity	2.4
Violence (e.g., sexual assault, bullying, cyber-bullying)	2.3
Teen pregnancy and teen birth prevention	2.3
Suicide	2.0

and care they have received for their child around teen pregnancy, violence issues, and suicide.

**FIGURE 3. SATISFACTION WITH EARLY CHILDHOOD, SCHOOL-AGED CHILDREN, AND ADOLESCENT HEALTH**



■ Not very happy, I have not received good information and care

■ Only a little happy, I have received some information and care, but it was only okay

■ Very happy, I have received excellent information and care

## Health Disparities for Children Age 2-17

Data previously collected and analyzed by the state shows that health disparities exist for children. In particular, minority children and children experiencing poverty are often found to have worse health outcomes compared to other children.

Interestingly, non-minority respondents were slightly less satisfied with the services received compared to minority responses. However, the sample for minority parents with children between the ages of 2 and 17 was too small to test for significance. A significant relationship was found between a respondent's age and education level: the older and more educated a respondent the less satisfied they were with their health care for their children.

## Unmet Needs for Early Childhood, School-Aged Children, and Adolescents

If a participant identified themselves as a parent of a child between the ages of 2 and 17, they were asked an open-ended question as to what unmet needs they were experiencing in relation to their child's health. One hundred and forty-seven (147) of the 261 parents answered this question. Of those who commented, 67 percent reported that they currently were not experiencing any unmet needs. A major theme that was expressed by many parents revolved around screening and treatment for mental health and behavioral health. Early education (kindergarten readiness), access to dental services, affordable health insurance, bullying, and healthy eating were also commonly mentioned unmet needs. The following other issues were mentioned once by the respondents.

- Acid reflux
- Diabetes
- Fetal alcohol
- Coordination between health practitioners and parents upon the birth of child
- Sleep
- Hearing and vision screening
- Puberty
- Truth about negative effects of immunizations
- Distance to medical providers offices in rural communities
- Different treatment from providers due to receiving Medicaid

Only one adolescent provided a comment related to their specific unmet needs. This young person responded that they are dealing with housing issues.

## Children with Special Health Care Needs

Fifteen percent of survey respondents identified themselves as parents of children with special health care needs. The majority of the responses were generated from women (94 percent). Five males completed the survey. These parents were asked specific questions regarding their satisfaction level with existing services as it relates to children with special health care needs.

As displayed in table 10, the average age of these respondents was 40 with a range of ages between 23 and 67 years old. Eighty-one percent were white, 9 percent were black/African

American, and 1 percent were Hispanic or Latino. Two individuals represented other ethnicities. Overall respondents were fairly educated, as less than 9 percent indicated having only a high school degree or less. The majority of survey respondents were working either full-time (51.6 percent) or part-time (17.6 percent) jobs. Only 4 percent of parents with children with special health care needs were unemployed but looking for work. Close to six percent of parents were receiving disability. A little more than one in ten of the respondents were unemployed and not looking for work.

As displayed in table 11, approximately one in two parents with children with special health care needs received Hearing and Vision Screening, Help Me Grow Early Intervention, and WIC. More than one-third received BCMH and Help Me Grow Home Visiting. A quarter of respondents with children with special health care needs received nurse home visits.

<b>Median Age</b>	40
<b>Race</b>	
White	81.3%
Black/ African-American	8.8%
Hispanic	1.1%
Other	2.2%
<b>Education Level</b>	
Less than High School	0.0%
High School/ GED	8.3%
Some College/ Vocational School	29.8%
College Graduate	33.3%
Post College Graduate	16.7%
<b>Employment Status</b>	
Working full-time job	51.6%
Working part-time job	17.6%
Self-employed	5.5%
Working off and on	1.1%
Unemployed (looking for work)	4.4%
Unemployed (not looking for work)	12.1%
Retired	1.1%
Disability	5.5%
Student	3.3%

**Table 11. Programs Received by Parents of Children with Special Health Care Needs**

<b>Programs Received</b>	<b>Response Count</b>	<b>Response Percent</b>
Hearing and Vision Screening	46	50.5%
Help Me Grow Early Intervention	45	49.5%
WIC	45	49.5%
Bureau for Children with Medical Handicap (BCMh)	41	45.1%
Help Me Grow Home Visiting	34	37.4%
Nurse home visits	23	25.3%
Regional Infant Hearing Program	19	20.9%
Oral Health	15	16.5%
Lead Poisoning Prevention and Healthy Homes	14	15.4%
Child and Family Health Services	11	12.1%
Home visiting	9	9.9%
Genetic Center Services	5	5.5%
Family Navigator	2	0.8%
Regional Sickle Cell Program	1	1.1%
Metabolic Formula Program	1	1.1%

### **Satisfaction with Children with Special Health Care Needs Health**

Parents of children with special health care needs are only moderately to not very satisfied with the health services they have received for their children with special health care needs. Table 12 provides the overall satisfaction score for each health issue and ranks them from highest-rated to lowest-rated. The closer the average score is to a 3, the higher the overall

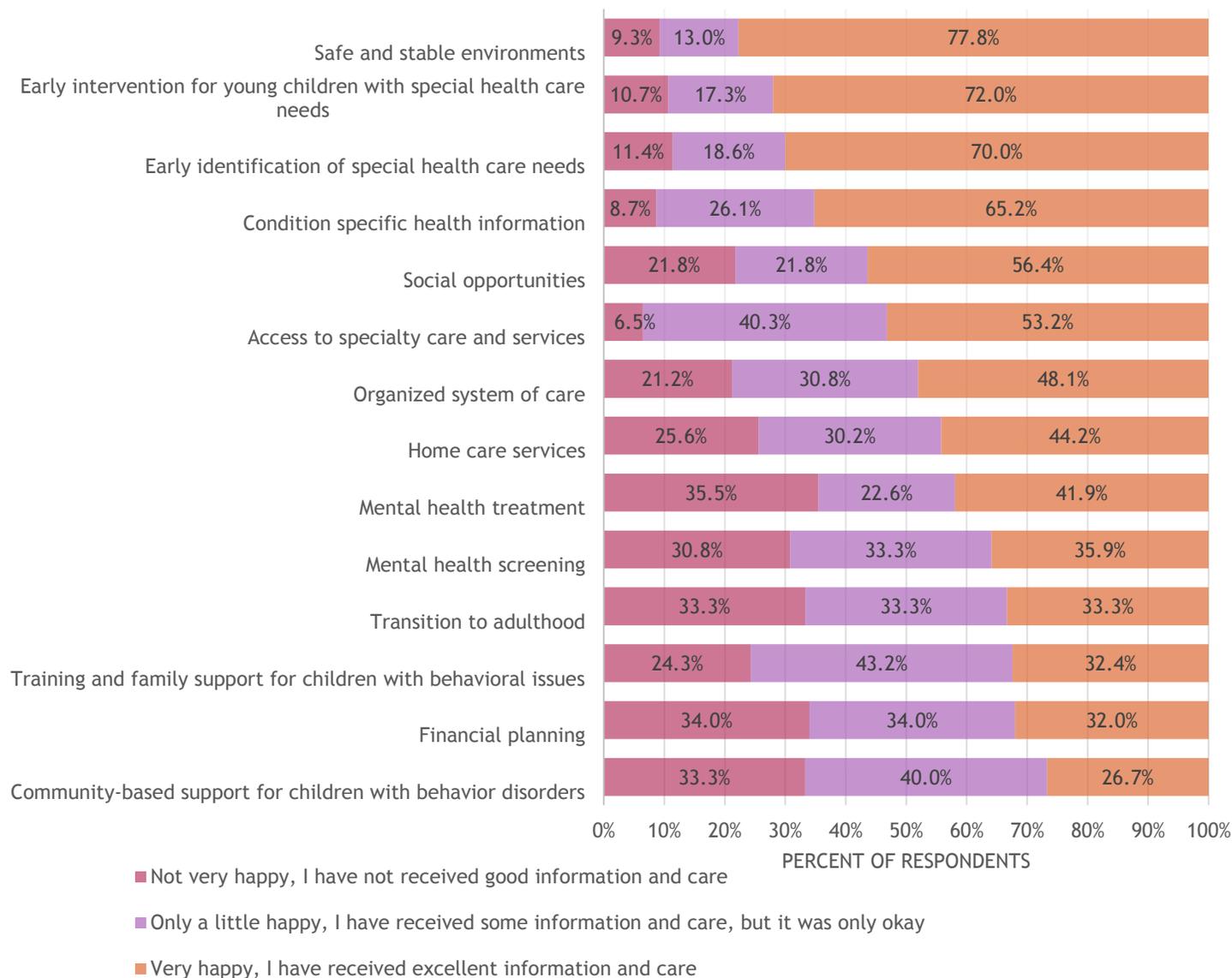
satisfaction with participants. Scores lower than 2.5 indicate an area that could use improvement. Figure 4 displays the percentage of respondents who indicated they were very happy, only a little happy, and not happy about the information and care they received regarding a variety of health issues that relate to their children's health.

The highest ranked health-related issue for this population was information and care related to safe and stable environments. Three out of four parents indicated a high level of satisfaction. Early intervention for young children with special health care needs, early identification, and condition specific health-related information also received relatively high satisfaction scores.

Ten out of the 14 items listed received overall satisfaction ratings of 2.5 or less suggesting an average rating of only a little satisfied or not satisfied. The most negatively rated issues were related to support for family and children with special health care needs, where only one out of four parents provided positive ratings towards the quality of the services and information. Parents also reported less than positive attitudes towards financial planning, mental health treatment and screening, homecare services, and an organized system of care.

<b>Table 12. Satisfaction Scores for Children with Special Health Care Needs</b>	Mean
Safe and stable environments	2.7
Early intervention for young children with special health care needs	2.6
Early identification of special health care needs	2.6
Condition specific health information	2.6
Access to specialty care and services	2.5
Social opportunities	2.4
Organized system of care	2.3
Home care services	2.2
Mental health screening	2.1
Training and family support for children with behavioral issues	2.1
Mental health treatment	2.1
Transition to adulthood	2.0
Financial planning	2.0
Community-based support for children with behavior disorders	1.9

**FIGURE 4. SATISFACTION WITH CHILDREN WITH SPECIAL HEALTH CARE NEEDS HEALTH**



### Health Disparities for Children with Special Health Care Needs

Data were analyzed to determine if there were any differences between racial and ethnic groups, age of parents, and education level of parents. Non-minority respondents were slightly less satisfied with the services received compared to the responses by minority respondents on several items. Social opportunities was the only issue where minority parents with children with special health care needs reported lower satisfaction than those of white parents. However, the sample for minority parents with children with special health care needs was too small to test for significance. A significant relationship was found between a

respondent's age and education level and the satisfaction level with home care services: the older and more educated a respondent, the less satisfied they were with the services and information they receive regarding home care services. In addition, the older the parent, the less satisfaction level they had regarding access to specialty care and services for their children.

### Unmet Needs for Children with Special Health Care Needs

To determine the identified unmet needs for children with special health care needs, responses from parents of children with special health care needs regarding the unmet needs of children were analyzed separately. Forty-five of the 91 parents answered this question. Of those who commented, 46 percent reported that they currently were not experiencing any unmet needs. A major theme that was expressed by many parents revolved around quality health insurance that covered the needed services. In addition, mental health services and treatment, vision, speech and hearing services were also identified by several parents. The following other issues were mentioned once by the respondents.

- Reliable and reputable home health care/ nursing care
- Resources in the community
- Costs for special needs modifications
- Local support groups for families in rural communities
- Teachers/ caregivers being informed and knowing how to handle chronic health issues

### Summary

Based on the MCH Needs Assessment Consumer Survey responses, it appears that satisfaction of services related to women's health is fairly strong. More than 70 percent of pregnant women or women who had a baby under the age of one indicated that they were very happy with the care and information for almost all the services related to their health. The only service that received slightly lower satisfaction ratings was genetic counseling. In addition, 85 percent of the respondents reported they were currently not experiencing any unmet needs related to their personal health. There was no consistent theme identified as an unmet need for this population based on survey responses of consumers who are pregnant or have an infant.

Parents with an infant who have received MCH services appeared to be very satisfied with the majority of services related to infant health. Every topic listed received a fairly high satisfaction rating. One in three respondents were only a little happy or not happy with the lead testing, vision health, speech development, and hearing health for their baby. No major themes regarding unmet needs were identified by the open-ended response of parents of infants.

In general satisfaction scores decreased as a child ages and/or the health issues become more complicated. Parents with children ages 2 to 17 reported satisfaction with routine health information such as well visits, immunizations, acute care, dental, and vision health. Less than positive satisfaction scores were given for information and care around social

determinates and other issues that can cause unhealthy outcomes in the future. These include things like obesity, tobacco use, mental health screening, teenage pregnancy, violence, and suicide prevention. Common identified unmet needs reported by parents of children between 2 and 17 included: screening and treatment for mental health and behavioral health, early education (kindergarten readiness), access to dental services, affordable health insurance, bullying, and healthy eating.

Parents with children with special health care needs were much more likely to report unmet needs compared to other parents. Seventy-one percent of health topics relating specifically to children with health care needs received moderate to low satisfaction score. These parents appeared to be satisfied with safe and secure environments, early identification, and early intervention services for their children. Parents were less satisfied with support for family and children with special health care needs, financial planning, mental health treatment and screening, homecare services, and an organized system of care. Respondents indicated unmet needs for their children with special health care needs as quality health insurance that covered the needed services, mental health services and treatment, vision, speech and hearing services.

Across all population groups surveyed, parents reported that mental health treatment and health insurance were unmet needs. However, the health insurance satisfaction was directly correlated with an individual's education level and age, with the older and more educated being less satisfied than the younger and less educated.