



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

## **2025 MCH Needs Assessment Stakeholder Convening**

Health.Mo.Gov



# Title V MCH Services Block Grant



<https://www.youtube.com/watch?v=DMvDHW6XG3c>

# Frameworks for Addressing the Needs of MCH Populations



## Life Course Perspective

The life course perspective recognizes the opportunity to prevent and control diseases at key stages of life and acknowledges social and economic risk factors.



## Trauma-Informed Approach

A trauma-informed and responsive program, organization or system realizes the widespread impact of trauma; understands potential paths for recovery; recognizes the signs and symptoms of trauma; and integrates trauma responsiveness into policies, procedures and practices.



## Social Drivers of Health

Social Drivers of Health are conditions in the environment where people are born, live, work, play, worship, and age that affect a wide range of health, functioning and quality of life outcomes and risks.  
“Community-level factors”

# The New MCH Performance Measures





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# Missouri Maternal- Child Health Data

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Karen Harbert and Taufah Ahmed  
February 27, 2025

# Terms and Definitions

- **Age Groups:**
  - **Women of Childbearing Age** – Ages 15 to 49 years old
  - **Infants** – Babies less than 1 year old
  - **Children** – Ages 1 to 19 years old
  - **Adolescents** – Ages 13 to 19 years old
- **Children With Special Health Care Needs (CSHCN)** – Children with an increased risk for chronic physical, developmental, behavioral or emotional health conditions and often require health care beyond what is required for children and youth generally.
  - Includes a wide variety of conditions, such as asthma, sickle cell disease, epilepsy, anxiety, autism and learning disabilities.
  - Ages 0 to 21 years old

# Strengths of Missouri MCH

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graph TD; A[Strengths of Missouri MCH] --> B[FIMR]; A --> C[Robust Workforce Development Strategy]; A --> D[Strong commitment to data-driving programming and ensuring access to many data sources]; A --> E[Medicaid Coverage of Doulas];
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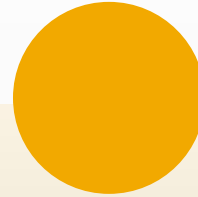


## **FIMR**

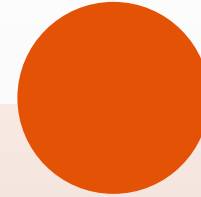
Fetal Infant  
Mortality Review



## **Robust Workforce Development Strategy**



**Strong  
commitment to  
data-driving  
programming and  
ensuring access  
to many data  
sources**



## **Medicaid Coverage of Doulas**

Effective on or after  
October 1, 2024

# Improved Outcomes

**Non-Medically Indicated Early Elective Deliveries: 5.0% (2013) to 2.0% (2021)**  
Per 100

**Infant Mortality: 6.6 (2016) to 5.8 in (2021)**  
Per 1,000

**Neonatal Mortality: 4.2 (2016) to 3.5 (2021)**  
Per 1,000

**Preterm-related Mortality: 223.5 (2016) to 167.0 (2021)**  
Per 100,000

**Teen Births: 25.1 (2015) to 16.9 (2021)**  
Per 1,000





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# Missouri Maternal- Child Health Data

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Venkata Garikapaty and Karen Harbert  
February 27, 2025

# DHSS MCH Epidemiology Staff

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# Overview

- **Needs assessment** is a systematic process to acquire an accurate picture of the strengths and weaknesses of a state or jurisdiction's public health system, and essential in identifying the most appropriate programs and policies to promote the health of women, children, adolescents and their families

# Purpose of Needs Assessment

Gather information to identify the need for:



Preventive and primary care services for pregnant women, mothers and infants up to age one



Preventive and primary care services for children



Services for children with special health care needs



Cross-cutting and systems changes



The findings help develop a five-year action plan for the grant.

# Needs Assessment Process

Focus group sessions were held in all geographic regions in the State and targeted diverse communities

**Focus Groups**

Missouri Maternal-Child Health Survey offered to residents in English and Spanish languages

**Online Survey**

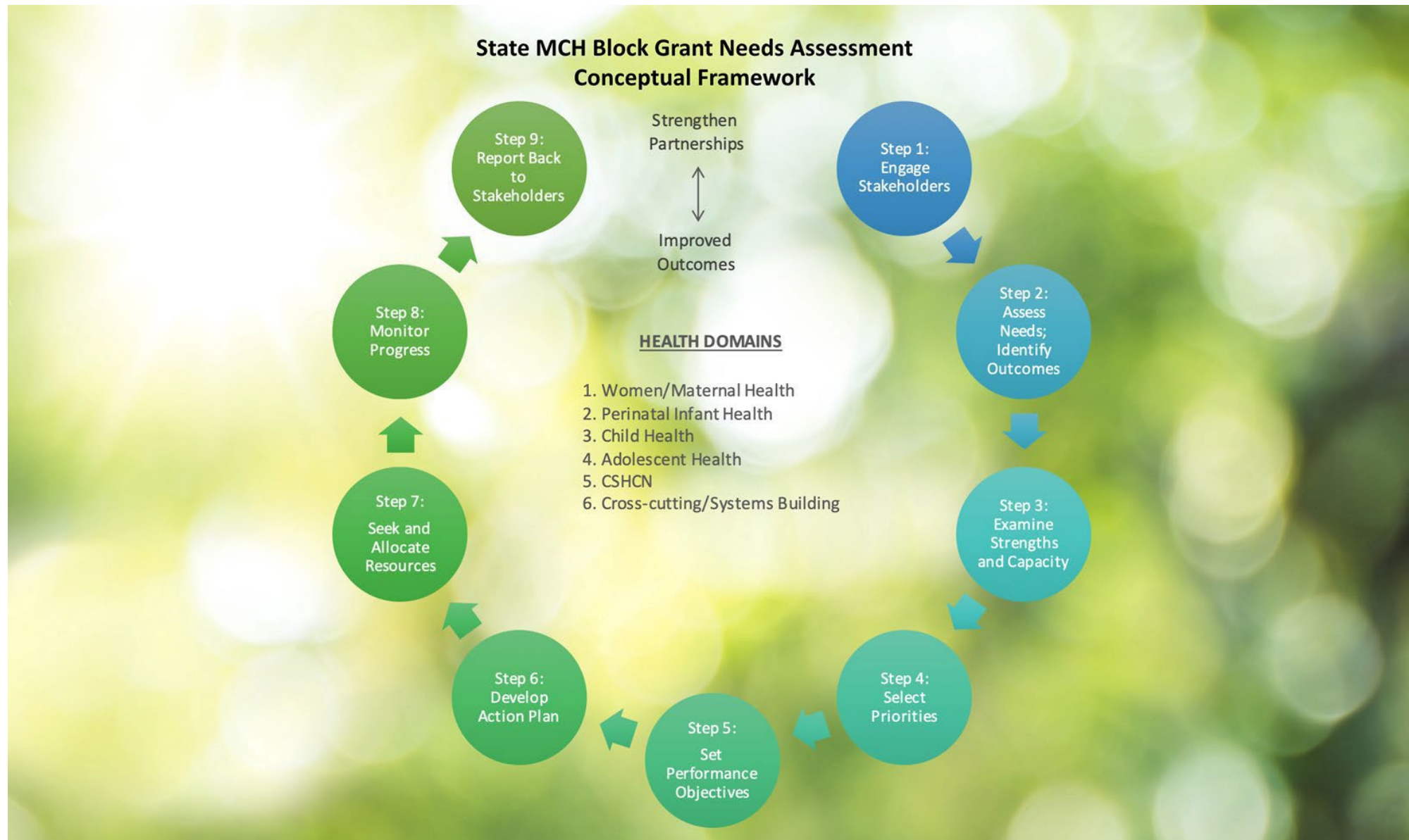
Review of Missouri MCH indicators at the county or regional level

County-level rankings of health risk

**Public Health Surveillance Systems**

Missouri MCH stakeholders review needs assessment data and develop priorities

**MCH Stakeholder Convening**



Source: MCH Needs Assessment Toolkit, <https://www.mchneeds.net/framework.php>

# Overview of Quantitative Analysis



The needs assessment incorporated measures using different geographic units, such as census tracts, ZIP codes, and regional data



30 measures covering a wide variety of data across maternal and child health, including cross-cutting and systems measures



County-level was the most granular unit that was widely available



Each measure was analyzed with a statistical technique of z-scores

# Z-Scores 101

- **Putting Different Measures on the Same Scale:** Z-scores convert various measurements into a common language, so you can compare things like percentages, counts, or rates directly
- **Understanding How Unusual Each Score Is:** They show how far a score is from the average, making it easy to see which areas stand out as higher or lower than expected
- **Ranking Needs Consistently:** By standardizing the data, z-scores allow you to create clear, comparable rankings across different measures to help prioritize action





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# Missouri MCH Data Sources

# Title V MCH Data Sources

## BRFSS

**Behavioral Risk  
Factor  
Surveillance  
System**

## Vital Statistics

**Missouri Vital  
Statistics**

**National Vital  
Statistic System**

## YRBSS

**Youth Risk  
Behavior  
Surveillance  
System**

## PAMR

**Pregnancy-  
Associated  
Mortality  
Review**

# Title V MCH Data Sources

**ACS**

**American  
Community  
Survey**

**PRAMS**

**Pregnancy Risk  
Assessment  
Monitoring  
System**

**NSCH**

**National Survey  
of Children's  
Health**

**AHR/CHR**

**America's  
Health Ranking  
  
County Health  
Ranking**

# Maternal and Child Health Data Sources

## Missouri Maternal-Child Health Data Platform

This dashboard includes data related to maternal-child health in Missouri. It aggregates data from a variety of sources. Data may be analyzed by year, race, ethnicity, and sex.

## Pregnancy Associated Mortality Review (PAMR)

PAMR includes data regarding deaths during pregnancy, childbirth, and the postpartum period up to 365 days from the end of pregnancy. Information about medical encounters, vital statistics, autopsy reports, social media postings, and/or other relevant records are reviewed by a panel of experts in maternal-child health. The most recent data available is 2020.

## Pregnancy Risk Assessment Monitoring System (PRAMS)

Mothers who are Missouri residents and recently delivered a live-born infant during the preceding 2-6 months are eligible to participate in the PRAMS survey. The data collected includes information on the mother's health before, during, and after pregnancy, as well as on her child. The data can be stratified by various demographic categories.

## Risk Appropriate Care

Risk-appropriate care, or perinatal regionalization, is a strategy to improve health outcomes for pregnant women and infants. Having a coordinated system helps to ensure pregnant women and infants at high risk of complications receive care at a birth facility that is best prepared to meet their health needs. Data on the levels of maternal and neonatal care for birthing facilities in the state is available.

## Missouri Public Health Information Management System (MOPHIMS)

MOPHIMS provides a means for users to access public health-related data to help define Missourians' health status and needs. This system includes Community Data Profiles, Missouri Information for Community Assessment (MICA), and Environmental Tracking databases. Data can be disaggregated on a variety of variables, including race, ethnicity, and geography.

### Profiles

MICA

Births

Deaths

Patient Abstract System (PAS)

Behavioral Risk Factor Surveillance System (BRFSS)

County-Level Study (CLS)

Healthcare-Associated Infection Reporting (HAI)

ESSENCE

### Related Links



<https://health.mo.gov/data/mch-sources.php>



**The Missouri Public Health Information Management System (MOPHIMS) provides a common means for users to access public health related data to assist in defining the health status and needs of Missourians.**



### **Community Data Profiles**

Community Data Profiles are available on various subject areas and provide data on 15-30 indicators for each geography selected.

- Maternal, Infant and Child Health Profiles
- Chronic Disease Profiles
- Injury Profiles
- Death Profile
- Hospital and Emergency Room Visit Profiles
- Special Demographic Profiles
- County-Level Study Profiles



### **Data MICAs**

The Missouri Information for Community Assessment (MICA) allows users to summarize data, calculate rates, and prepare information in a graphic format.

- Maternal, Infant and Child Health MICAs
- Chronic Disease MICAs
- Injury MICA
- Death MICA
- Hospital and Emergency Room Visit MICAs
- Population MICA
- Medicaid/TANF MICAs



### **Environmental Tracking**

The Missouri Environment Public Health Tracking (EPHT) program was developed to assist the public, communities, policymakers, and scientists, answer fundamental questions about the relationships between environmental exposures and health effects. Data on this site also include hazard and disease surveillance.

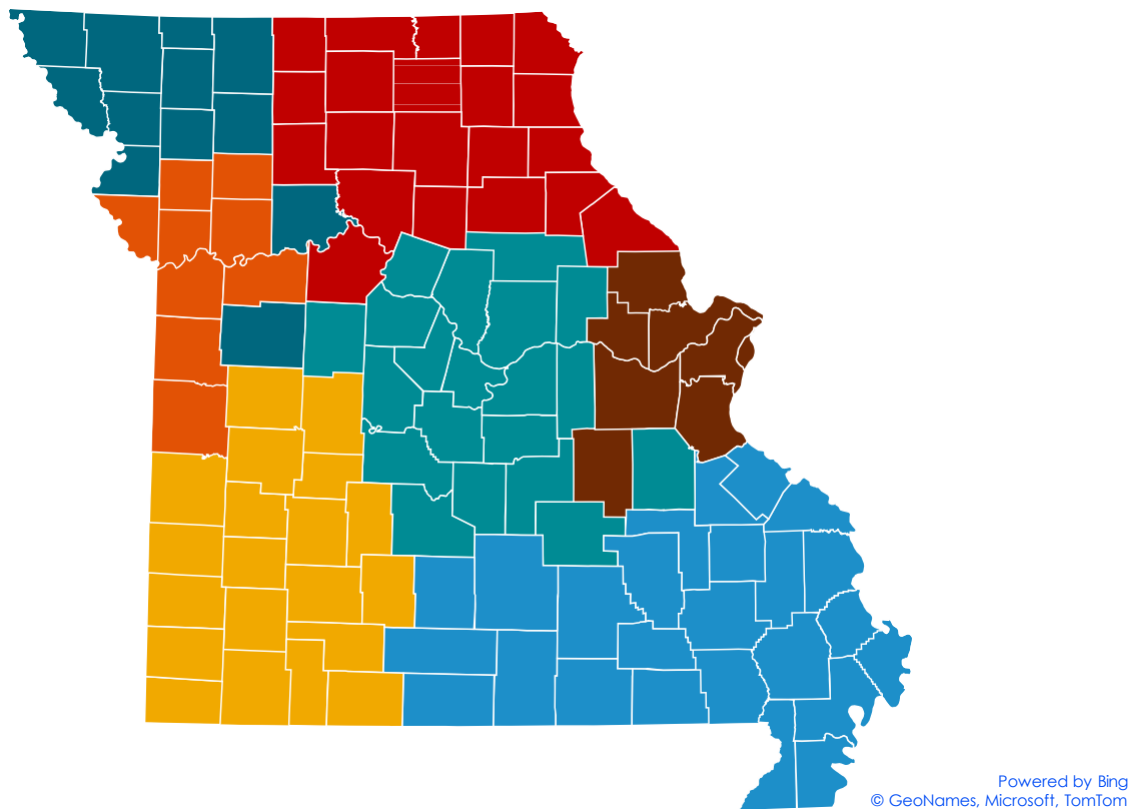
- Health Data
  - Blood Lead Levels
  - Asthma
  - Birth Defects
  - Myocardial Infarction

<https://healthapps.dhss.mo.gov/MoPhims/MOPHIMSHome>

# Missouri's Population

- 6.2 million people
- 1.1 million women of childbearing age (18-44)
- 83% white, 12% Black, 5% all others including multiple races
- 1.3 million children
- 5% Hispanic/Latino
- 287,000 children with special health care needs

# 2023 Birth Statistics



BRFSS Region	Live Births (%)
Northeast	2,763 (4%)
Northwest	2,645 (4%)
Central	7,753 (12%)
Southeast	6,243 (9%)
Southwest	11,026 (16%)
Greater Kansas City	14,798 (22%)
Greater St. Louis	21,837 (33%)
Missouri	67,065



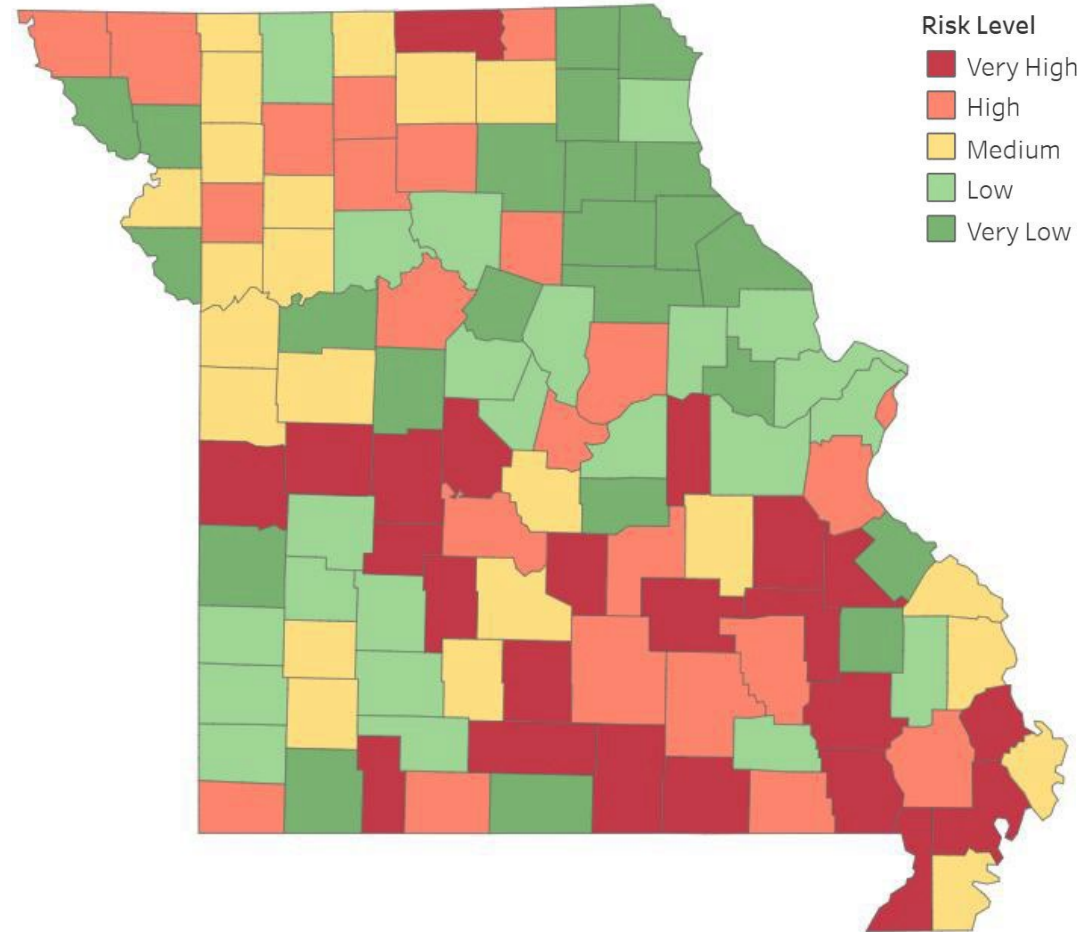
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# Women's and Maternal Health



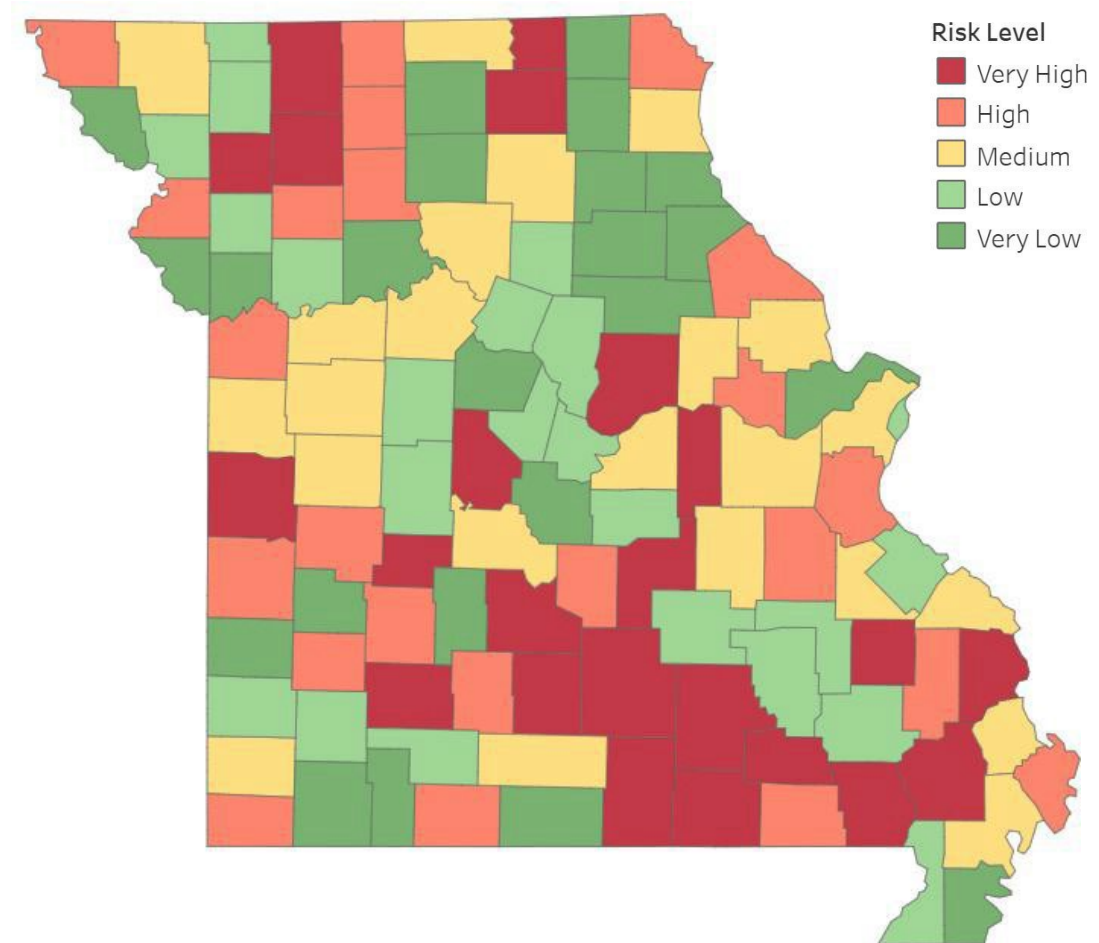
# Women with Poor or Fair Health

- Percentage of women ages 18-44 reporting fair or poor health
- Statewide average: 14%
- Range: 1% (Clark) to 36% (Hickory)
- Source: County Level Study 2022



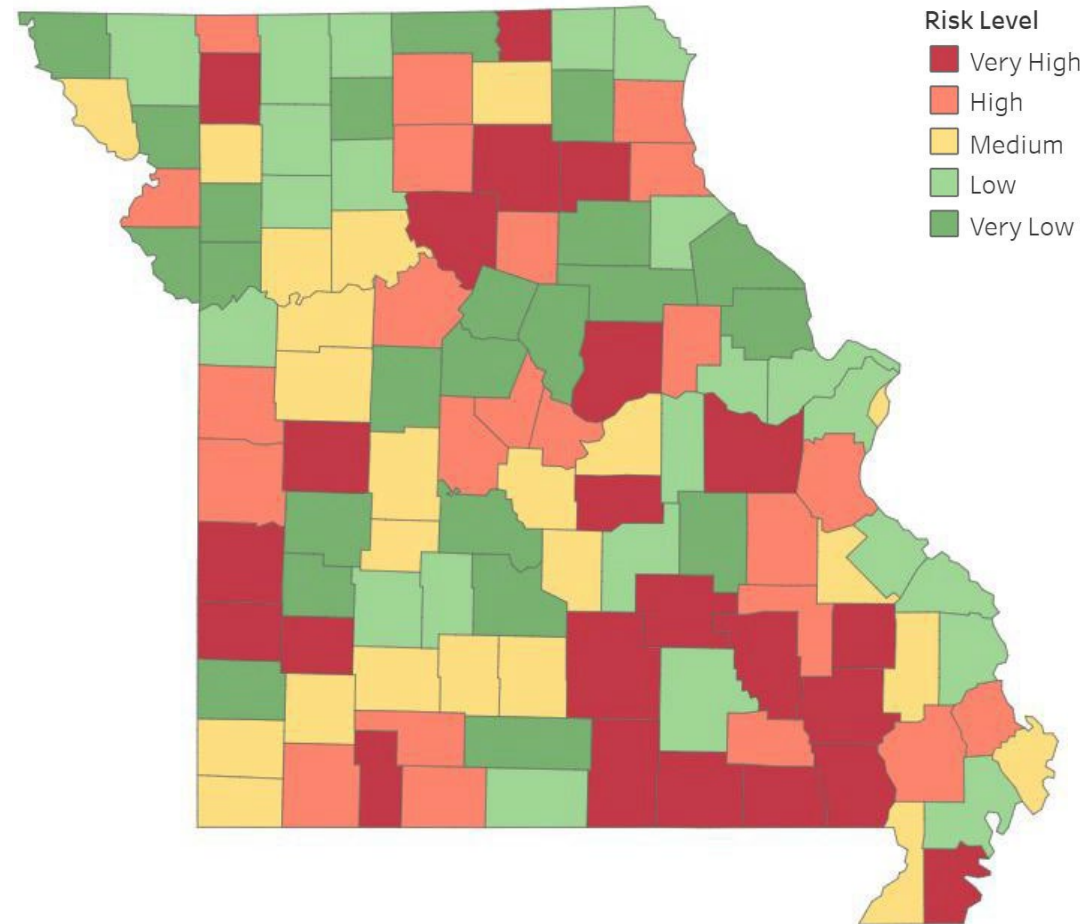
# Poor Mental Health Days

- Percentage of women ages 18-44, who in the past 30 days, reported 14 or more days of poor mental health
- Statewide average: 26%
- Range: 6% (Monroe) to 51% (DeKalb)
- Source: County Level Study 2022



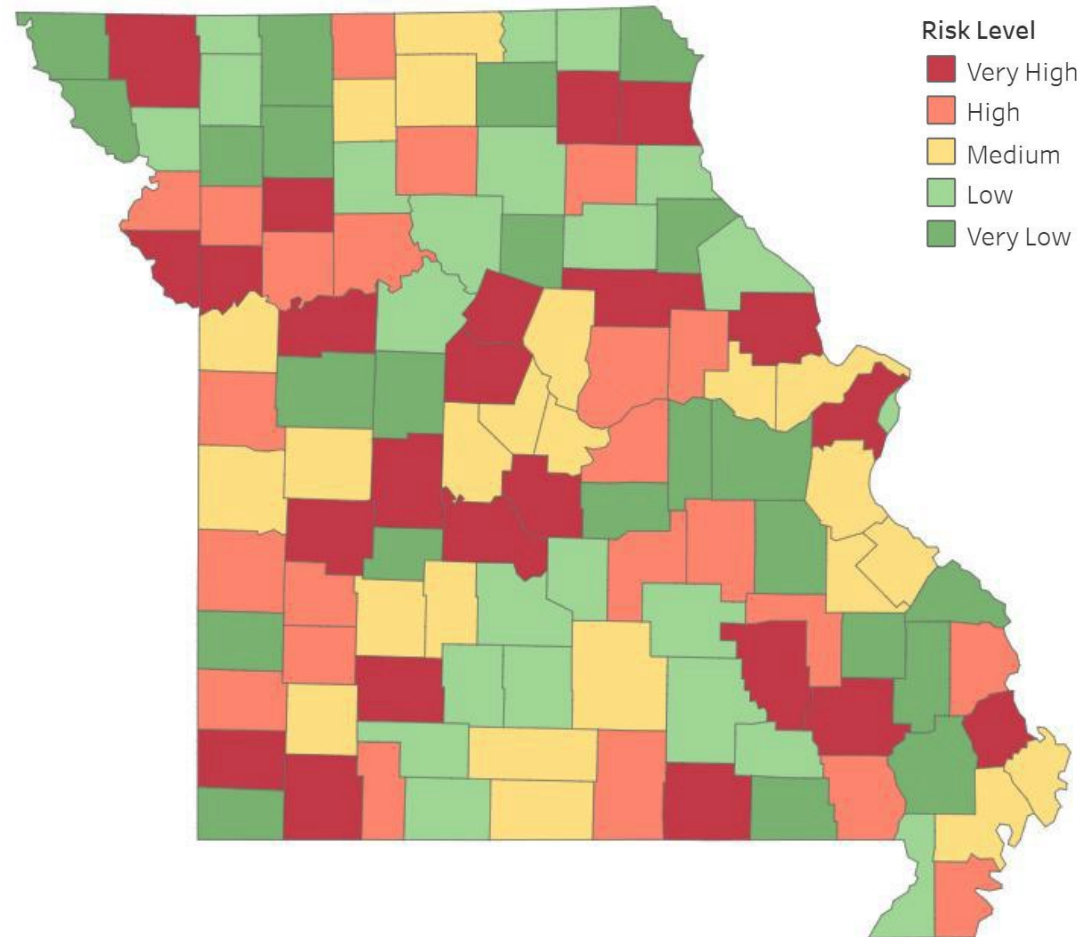
# Adult Obesity

- Percentage of women ages 18-44 that reports a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>
- Statewide average: 35%
- Range: 14% (Audrain) to 69% (Schuyler)
- Source: County Level Study 2022



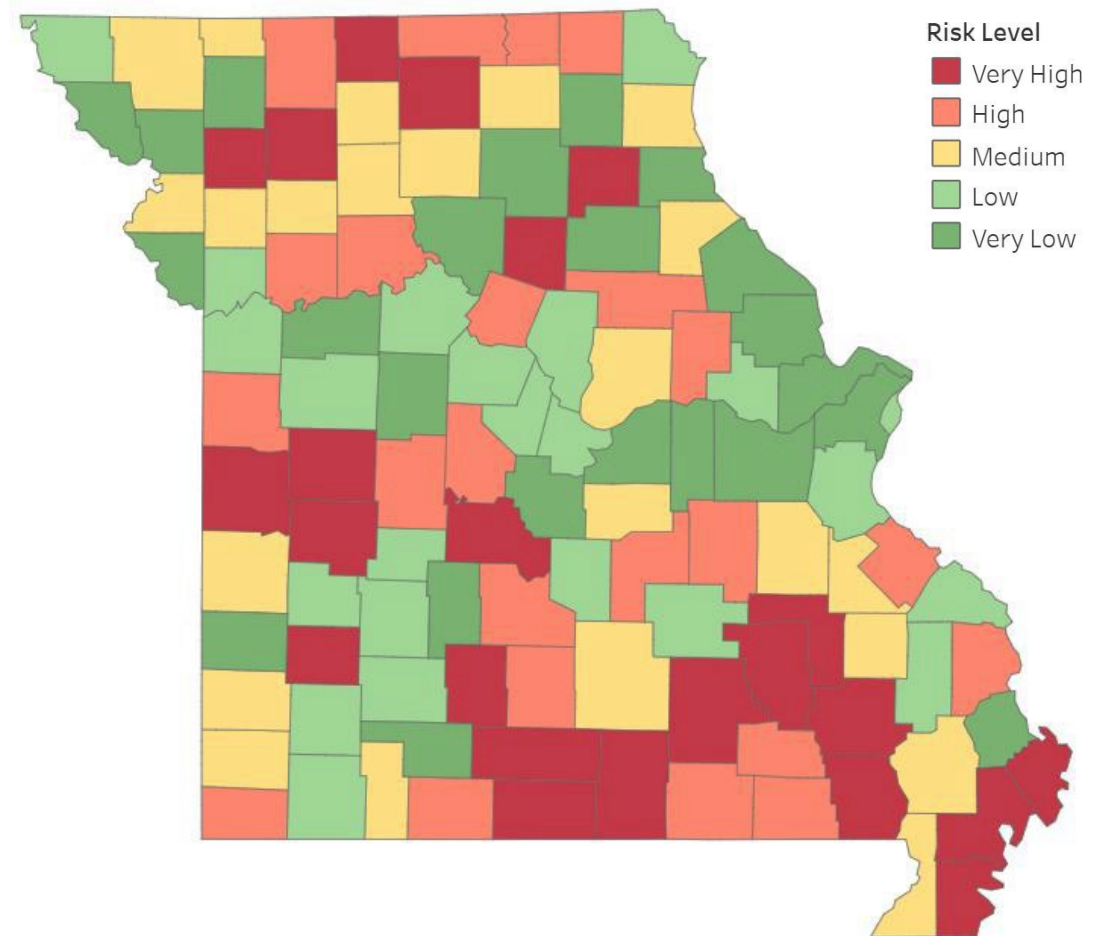
# Excessive Drinking

- Percentage of women ages 18-44 reporting binge or heavy drinking
- Statewide average: 7%
- Range: 0% (Atchison) to 21% (Benton)
- Source: County Level Study 2022



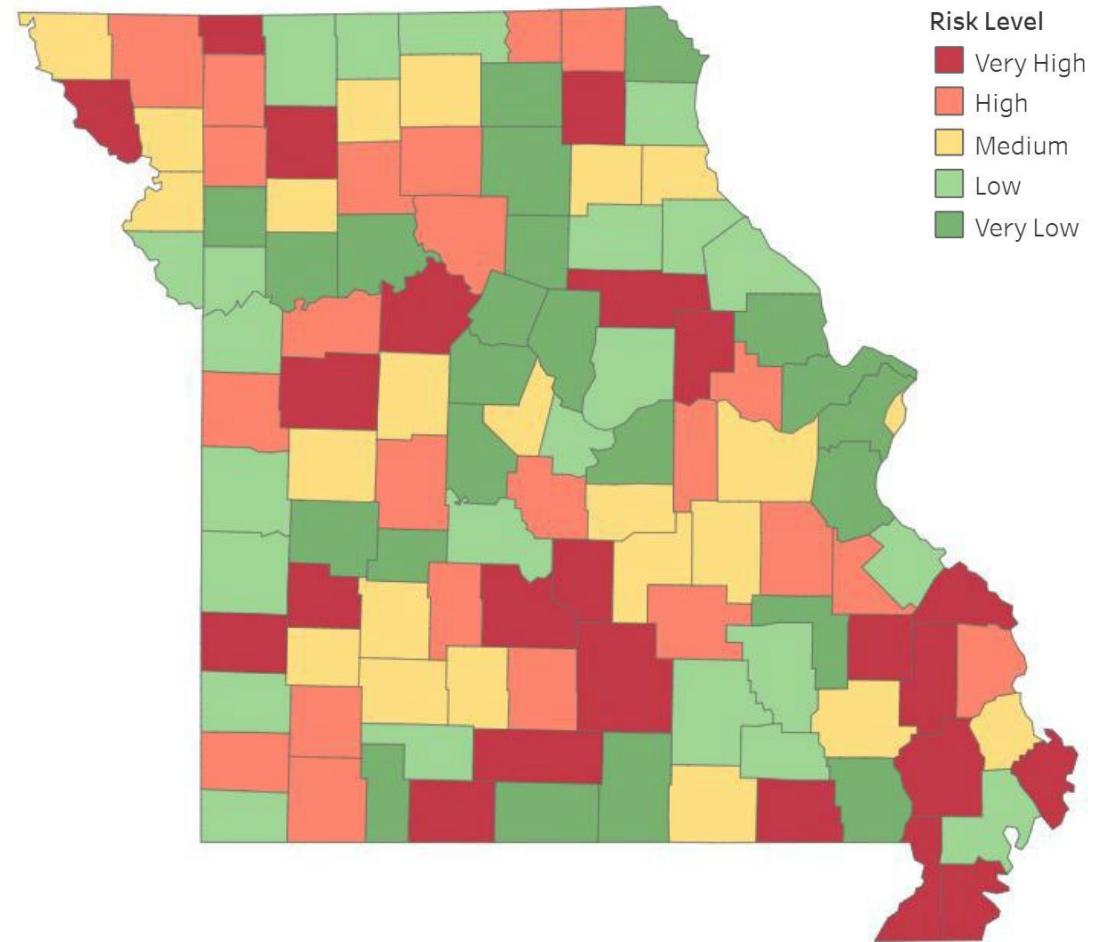
# Adult Smoking

- Percentage of women ages 18-44 who are current smokers
- Statewide average: 12%
- Range: 1% (Holt) to 45% (Wayne)
- Source: County Level Study 2022



# Physical Inactivity

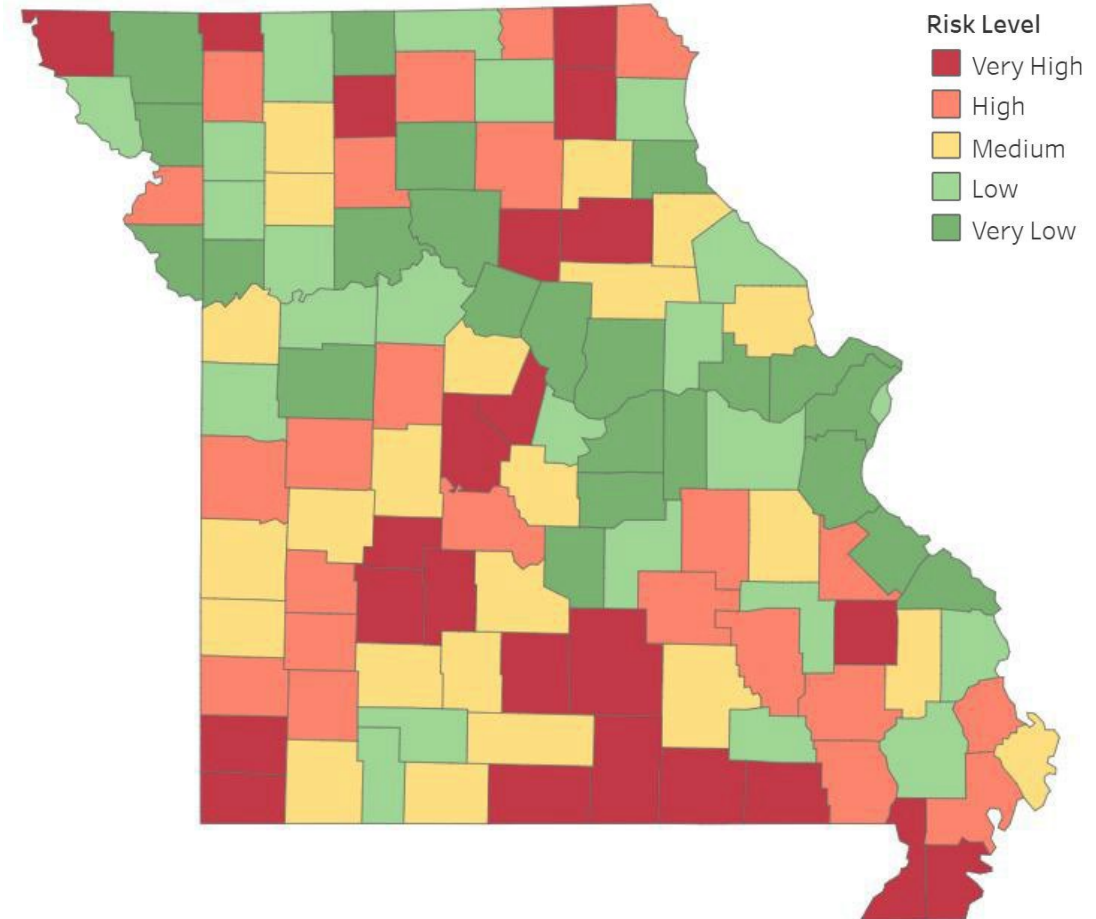
- Percentage of women ages 18-44 reporting no leisure-time physical activity
- Statewide average: 18%
- Range: 8% (Lincoln) to 48% (Bollinger)
- Source: County Level Study 2022





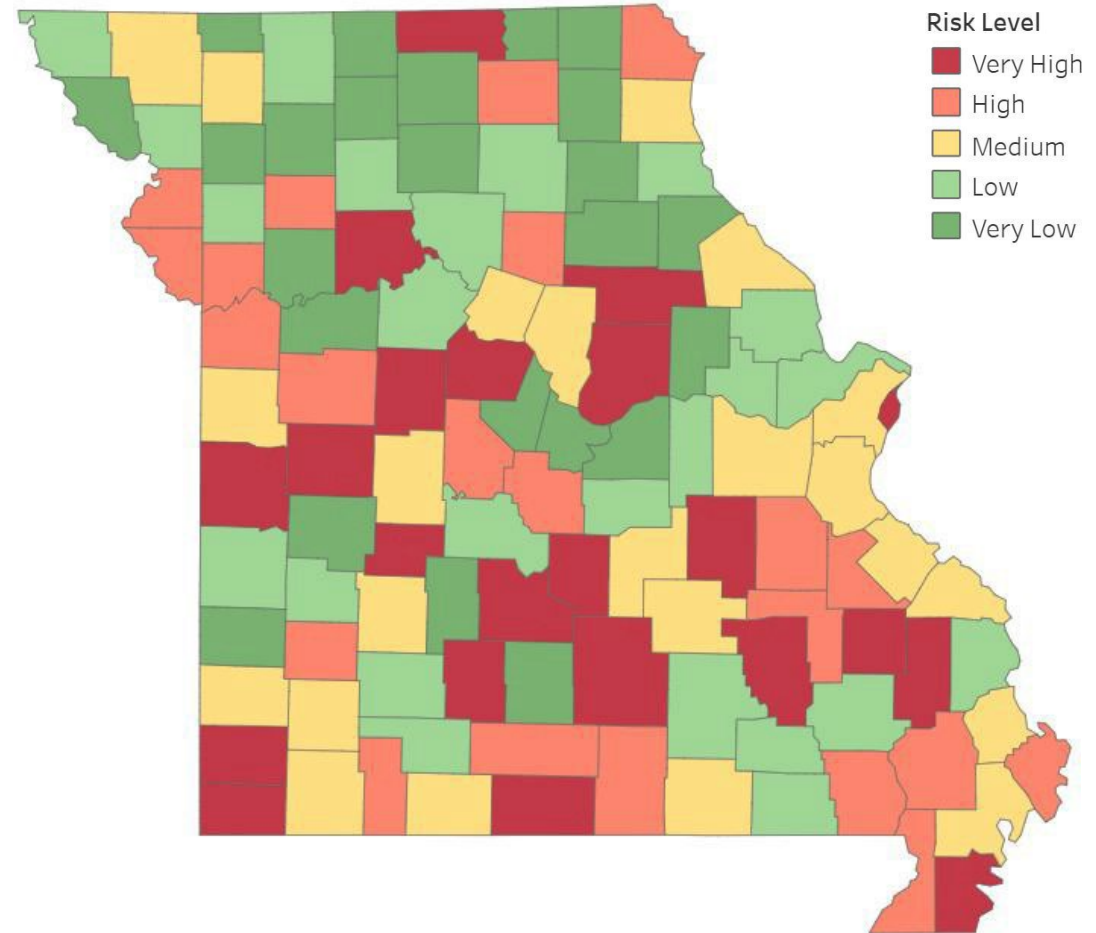
# Uninsured - Adults

- Percentage of women ages 19-44 who are without health insurance
- Statewide average: 13%
- Range: 5% (Andrew) to 38% (Scotland)
- Source: American Community Survey 5-Year Estimate, 2019-2023



# Unemployment Rate

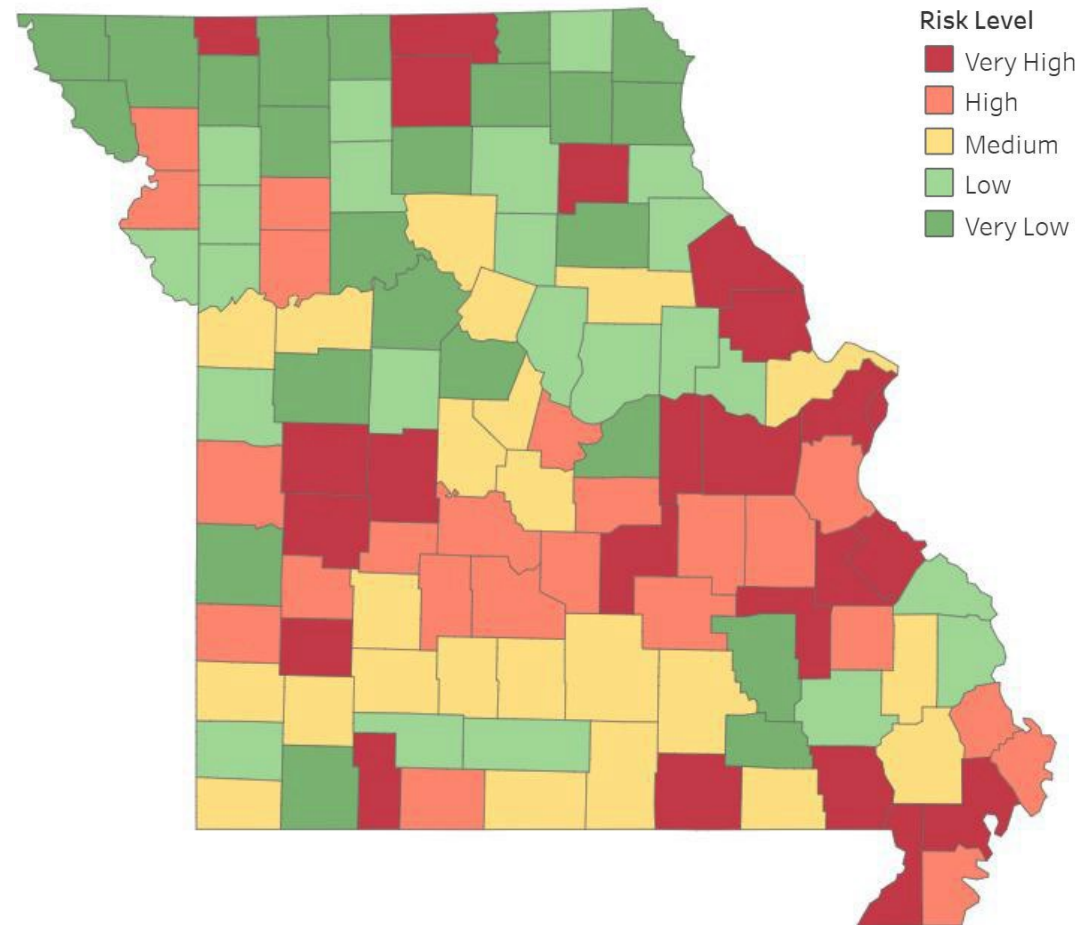
- Unemployment rate of women ages 20 to 64
- Statewide average: 4%
- Range: 0% (Dallas) to 17% (Hickory)
- Source: American Community Survey 5-Year Estimate, 2019-2023





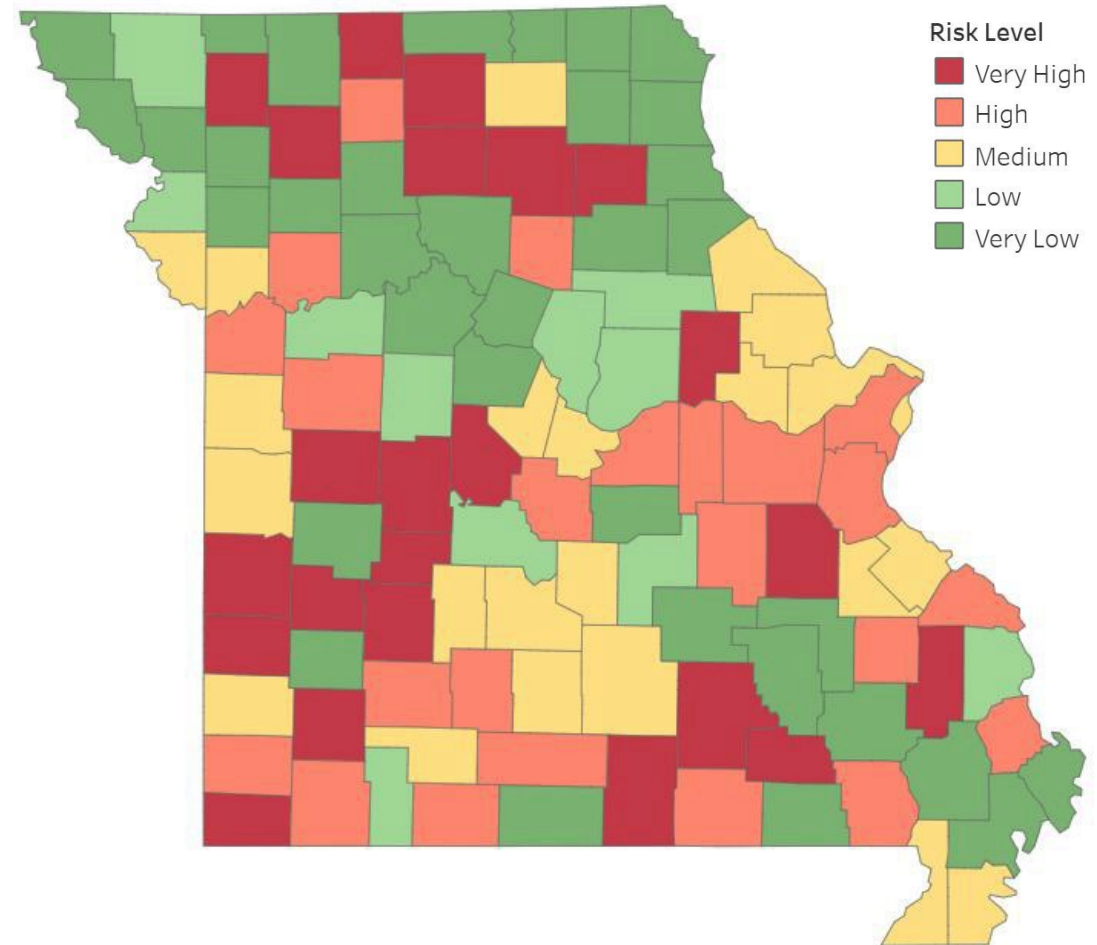
# Injury Deaths – Women Ages 18-44 Years

- Rate of deaths due to injury per 100,000 women ages 18-44
- Statewide average: 45 per 100,000
- Range: 0 (Atchison) to 114 (Iron)
- Source: Missouri Vital Statistics, 2019-2023



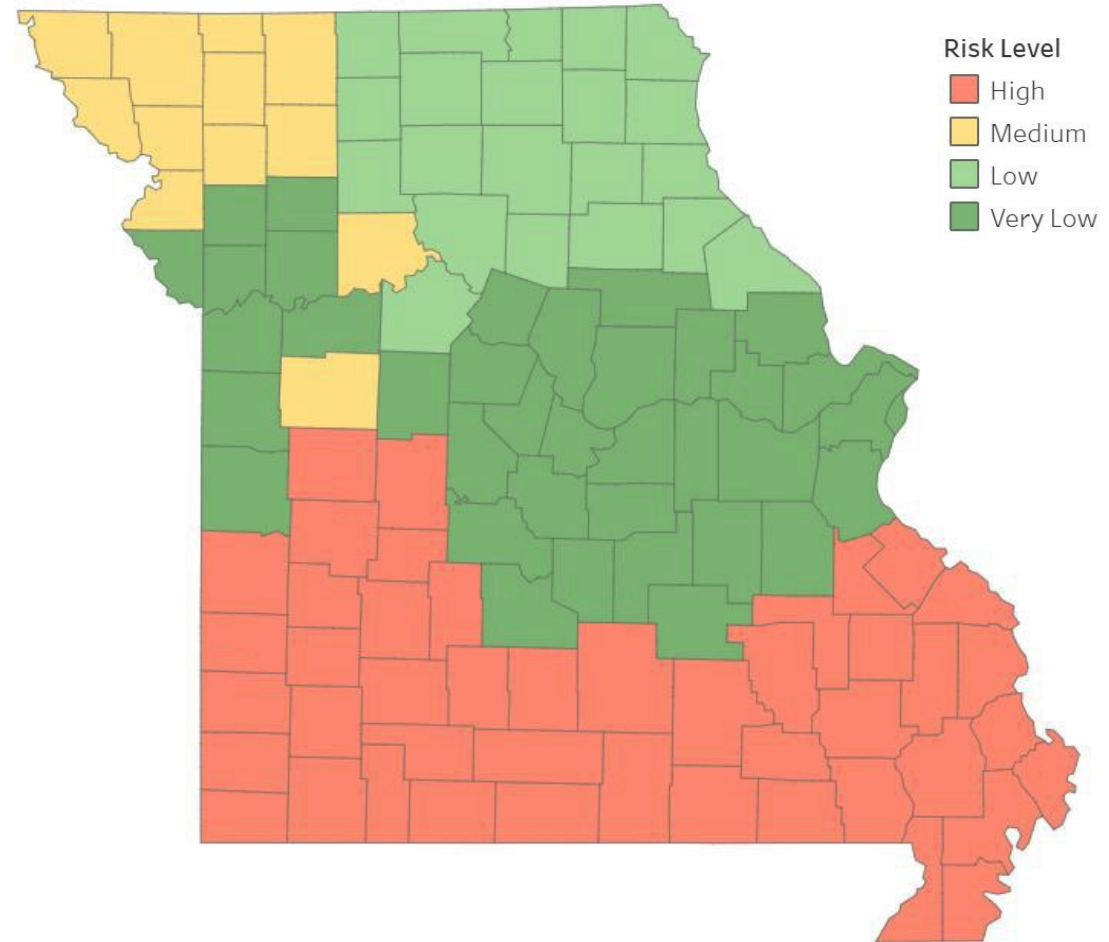
# Suicide Deaths – Women Ages 18-44 Years

- Rate of deaths due to suicide per 100,000 women ages 18-44
- Statewide average: 9 per 100,000
- Range: 0 (Andrew) to 84 (Mercer)
- Source: Missouri Vital Statistics, 2019-2023



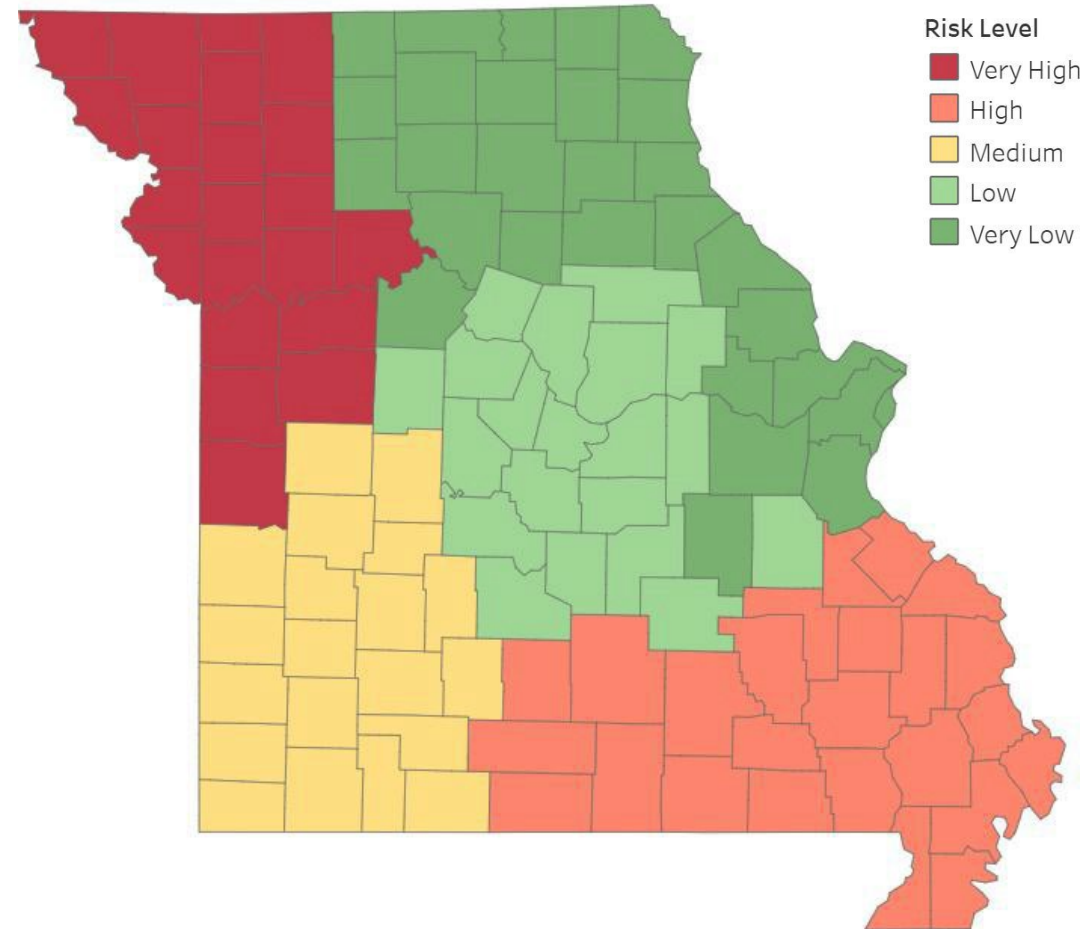
# Dental Visit During Pregnancy

- Percentage of women who had a dental visit during pregnancy
- Statewide average: 47%
- Range: 35% (Southeast) to 52% (Greater St. Louis)
- Source: Missouri PRAMS 2021-2023
- *Due to only having regional data, this measure has 4 risk categories*



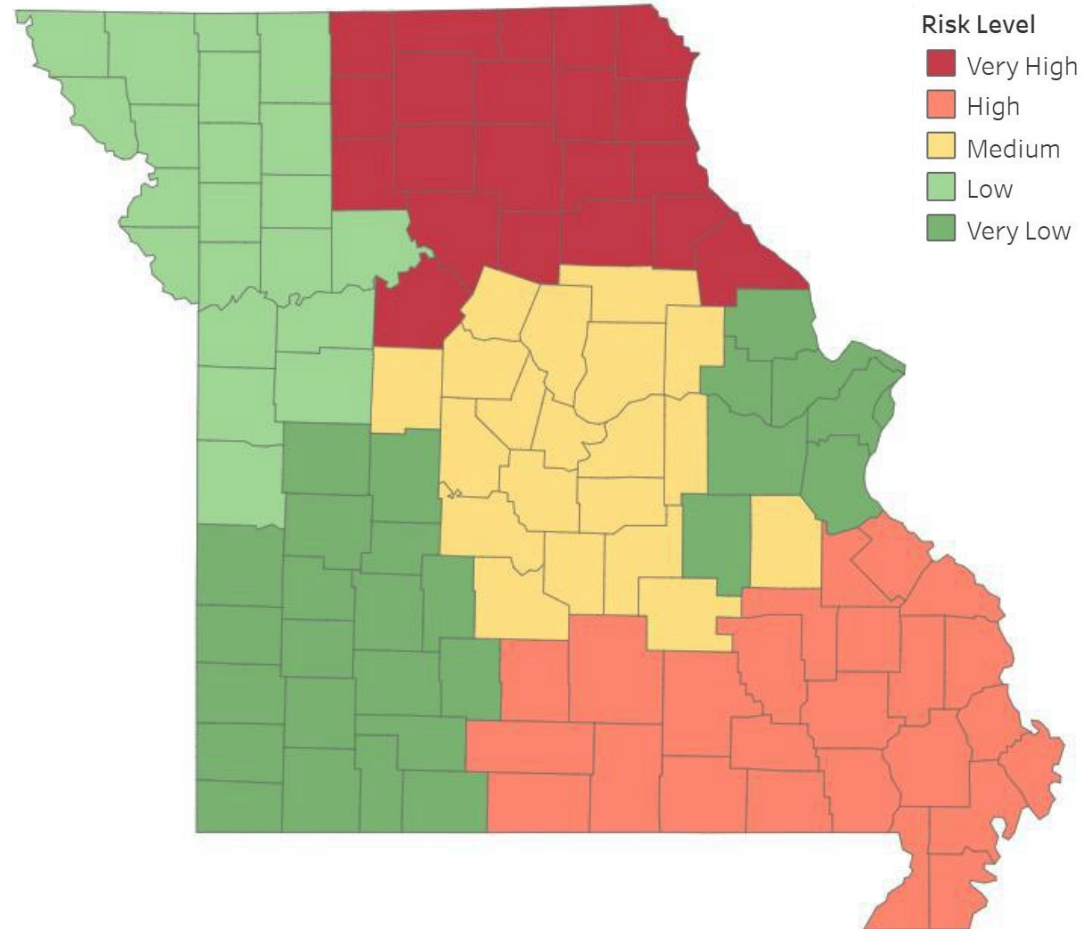
# Health Care Visit Before Pregnancy

- Percentage of women who had a health care visit in the 12 months before pregnancy
- Statewide average: 66%
- Range: 61% (Greater Kansas City) to 72% (Northeast)
- Source: Missouri PRAMS 2021-2022



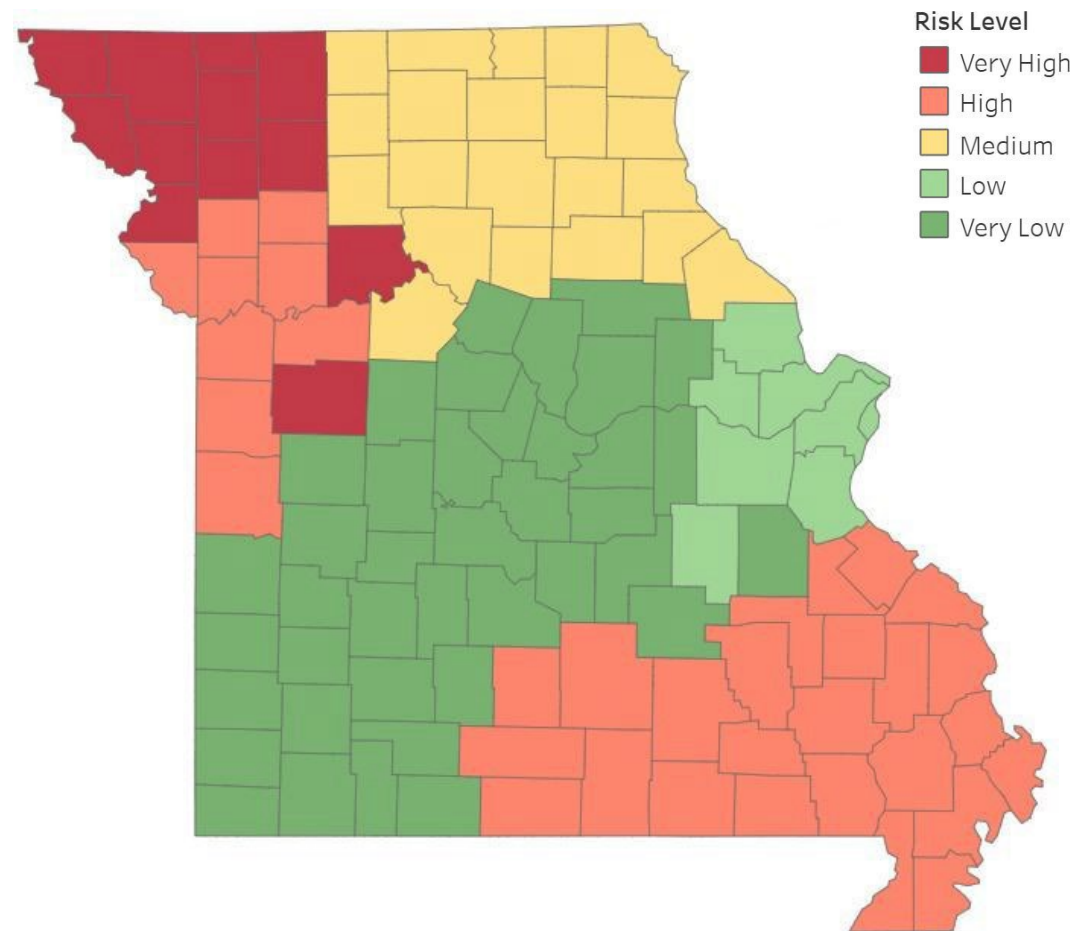
# Postpartum Checkup

- Percentage of women who had a postpartum checkup
- Statewide average: 89%
- Range: 86% (Northeast) to 91% (Greater St. Louis)
- Source: Missouri PRAMS 2021-2023



# Postpartum Depressive Symptoms

- Percentage of women who reported having postpartum depressive symptoms
- Statewide average: 15%
- Range: 12% (Southwest) to 20% (Northwest)
- Source: Missouri PRAMS 2021-2023





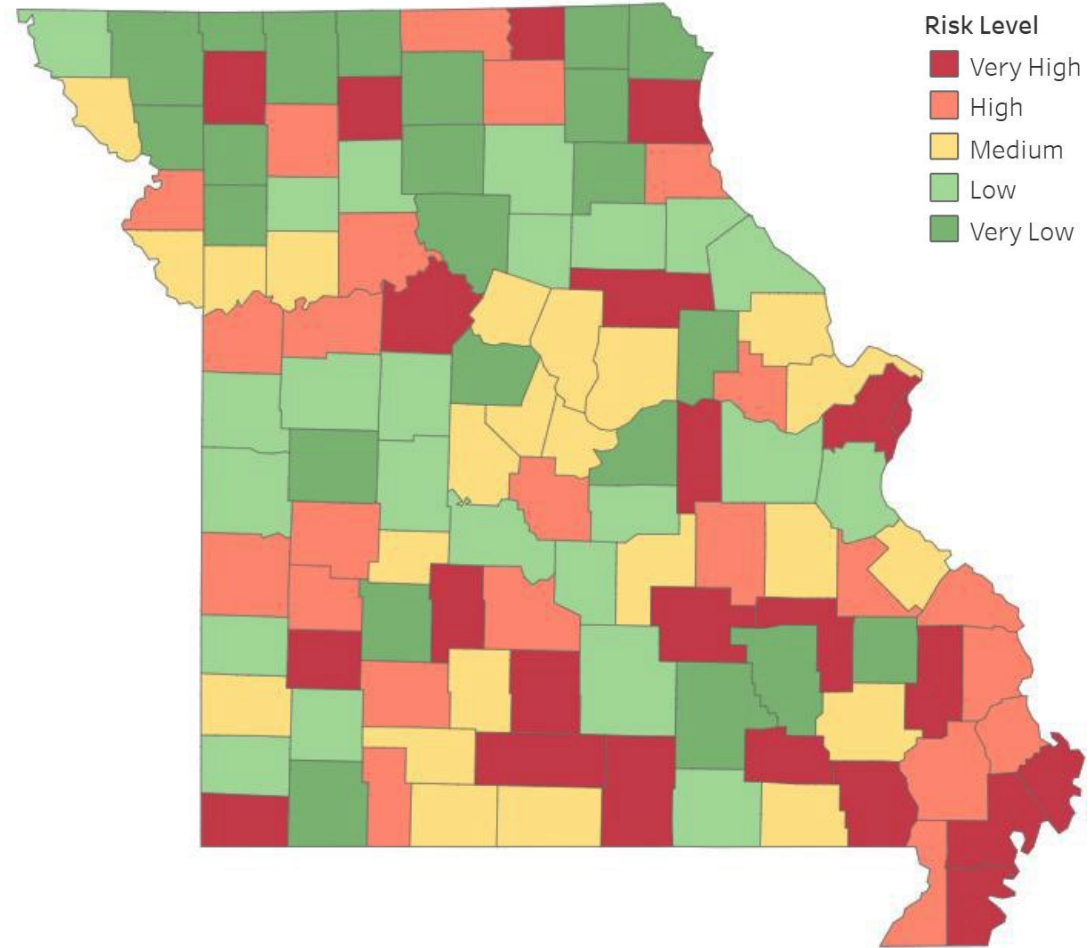
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## **Perinatal/Infant Health**



# Infant Mortality Rate

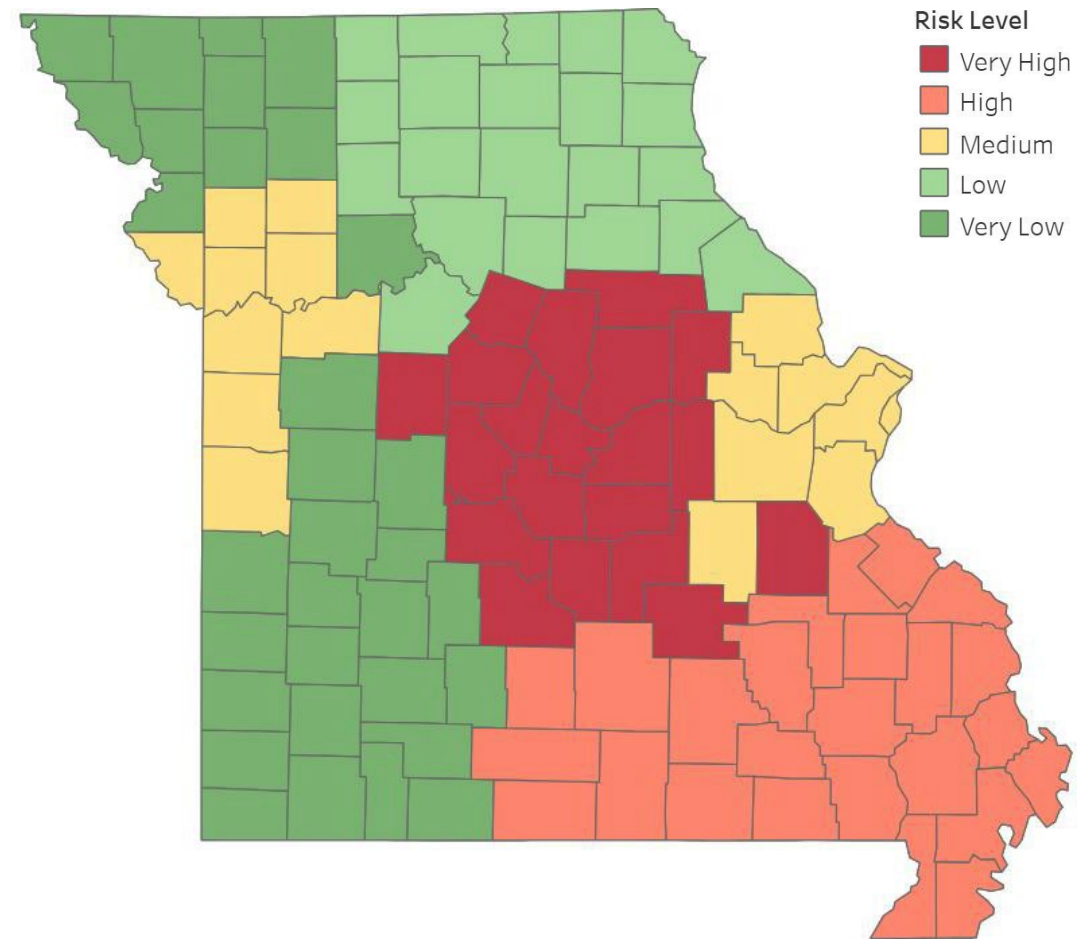
- Rate of infant deaths (within 1 year) per 1,000 live births
- Statewide average: 6 per 1,000 live births
- Range: 0 (Chariton) to 18 (Dade)
- Source: Missouri Vital Statistics, 2019-2023





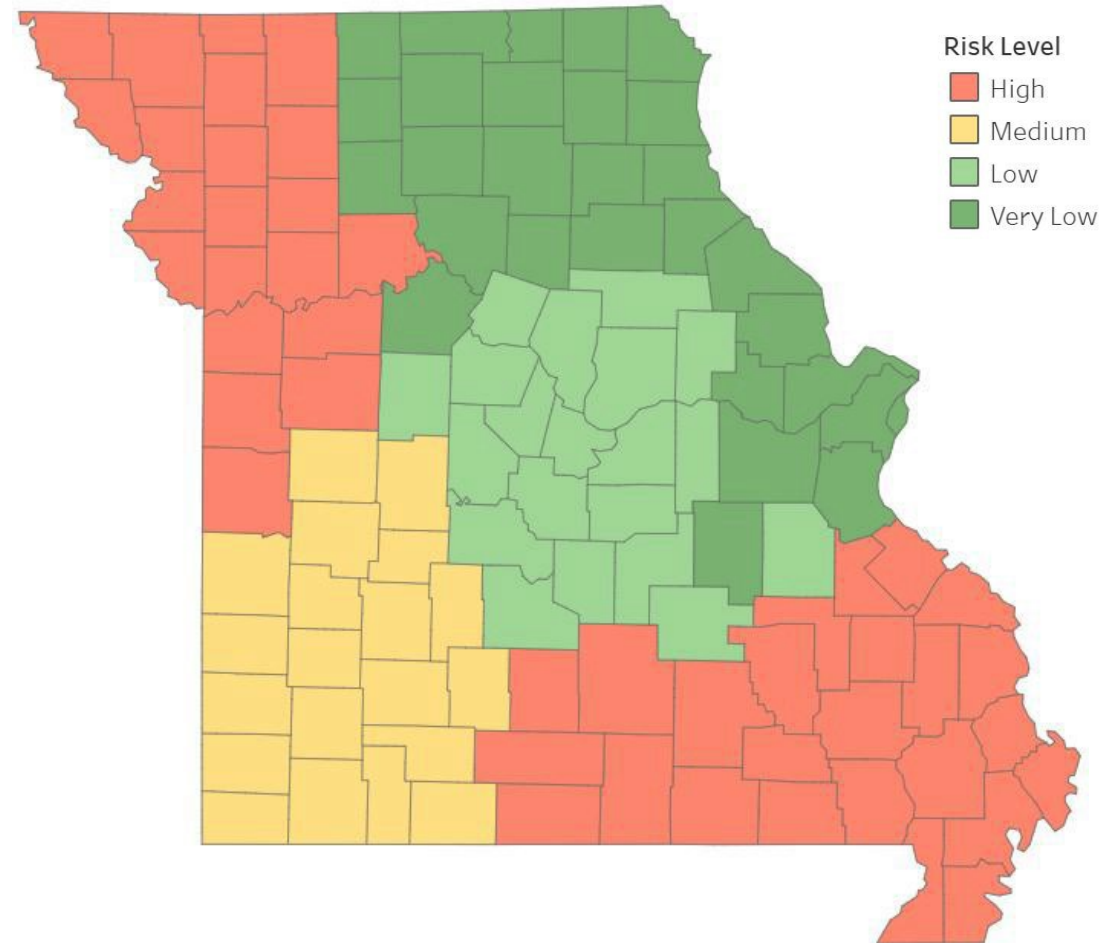
# Safe Sleep Infants Placed to Sleep on Back

- Percentage of infants placed to sleep on their backs
- Statewide average: 83%
- Range: 78% (Central) to 89% (Northwest)
- Source: Missouri PRAMS 2021-2022



# Infants Ever Breastfed

- Percentage of infants who were ever breastfed
- Statewide average: 90%
- Range: 80% (Southeast) to 92% (Greater St. Louis)
- Source: Missouri PRAMS 2021-2023
- *Due to only having regional data, this measure has 4 risk categories*



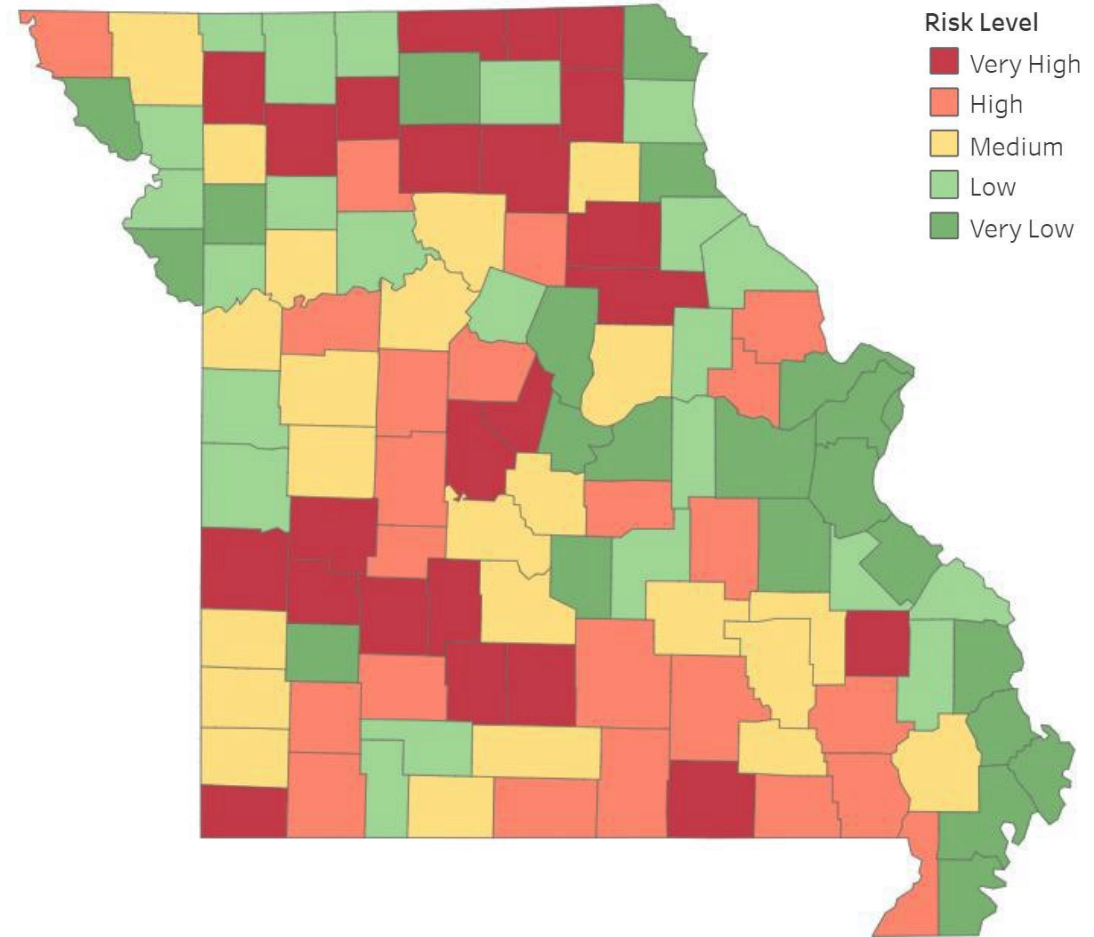


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## Children's Health

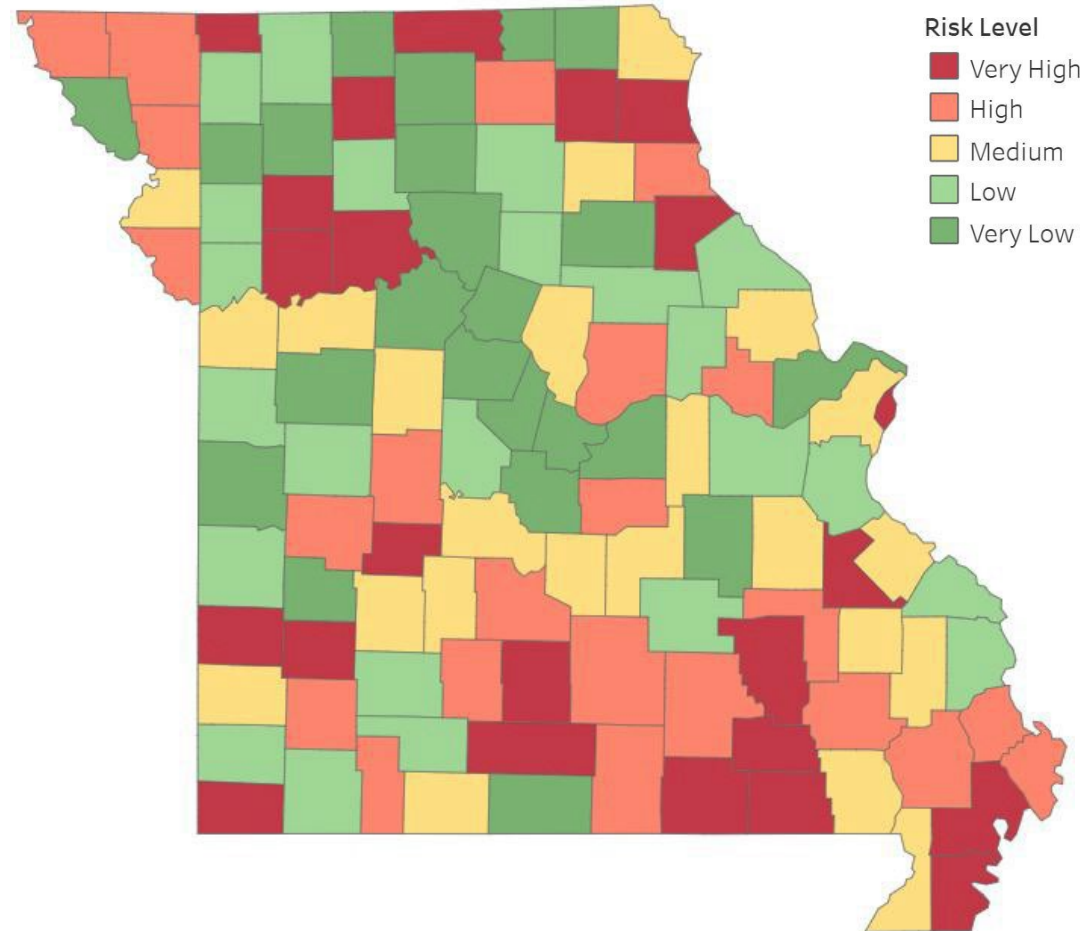
# Uninsured Children <19 Years

- Percentage of children who are without health insurance
- Statewide average: 6%
- Range: 1% (Sullivan) to 45% (Scotland)
- Source: American Community Survey 5-Year Estimate, 2019-2023



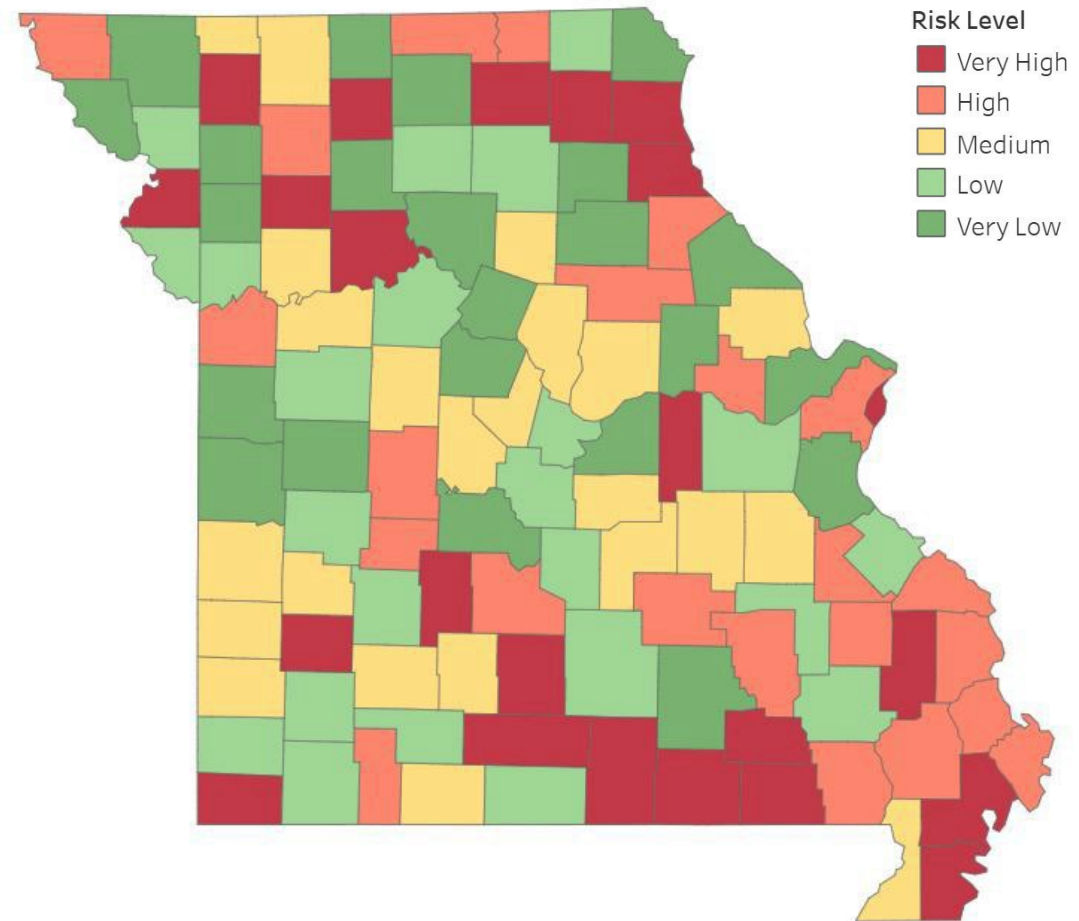
# Injury Deaths - Children <18 Years

- Rate of deaths due to injury per 100,000 people under 18 years old
- Statewide average: 14 per 100,000
- Range: 0 (Chariton) to 66 (Benton)
- Source: Missouri Vital Statistics, 2019-2023



# Child Mortality Rate

- Rate of deaths per 100,000 people under 18 years old
- Statewide average: 57 per 100,000
- Range: 11 (Cooper) to 152 (Dade)
- Source: Missouri Vital Statistics, 2019-2023



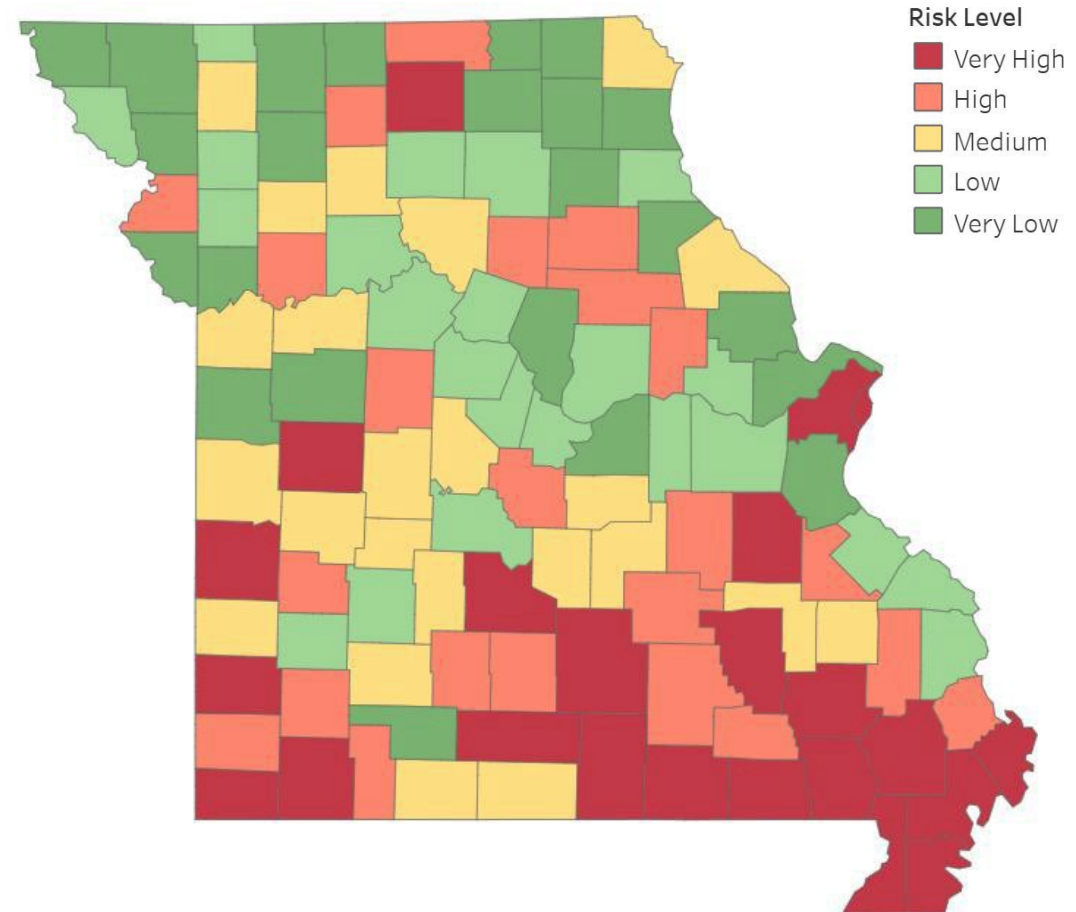


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# Adolescent Health

# Adolescent Birth Rate

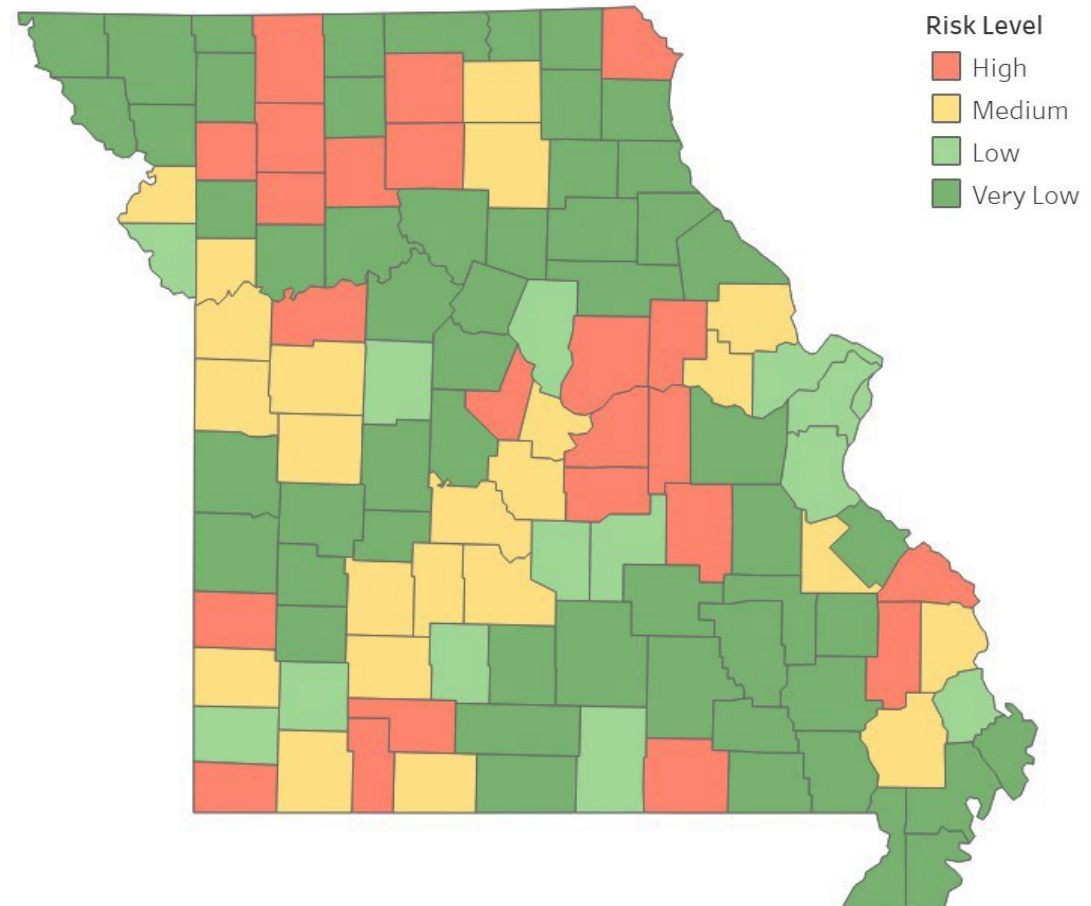
- Rate of births per 1,000 females between ages 10-19
- Statewide average: 9 per 1,000
- Range: 3 (St. Charles) to 26 (Pemiscot)
- Source: Missouri Vital Statistics, 2019-2023





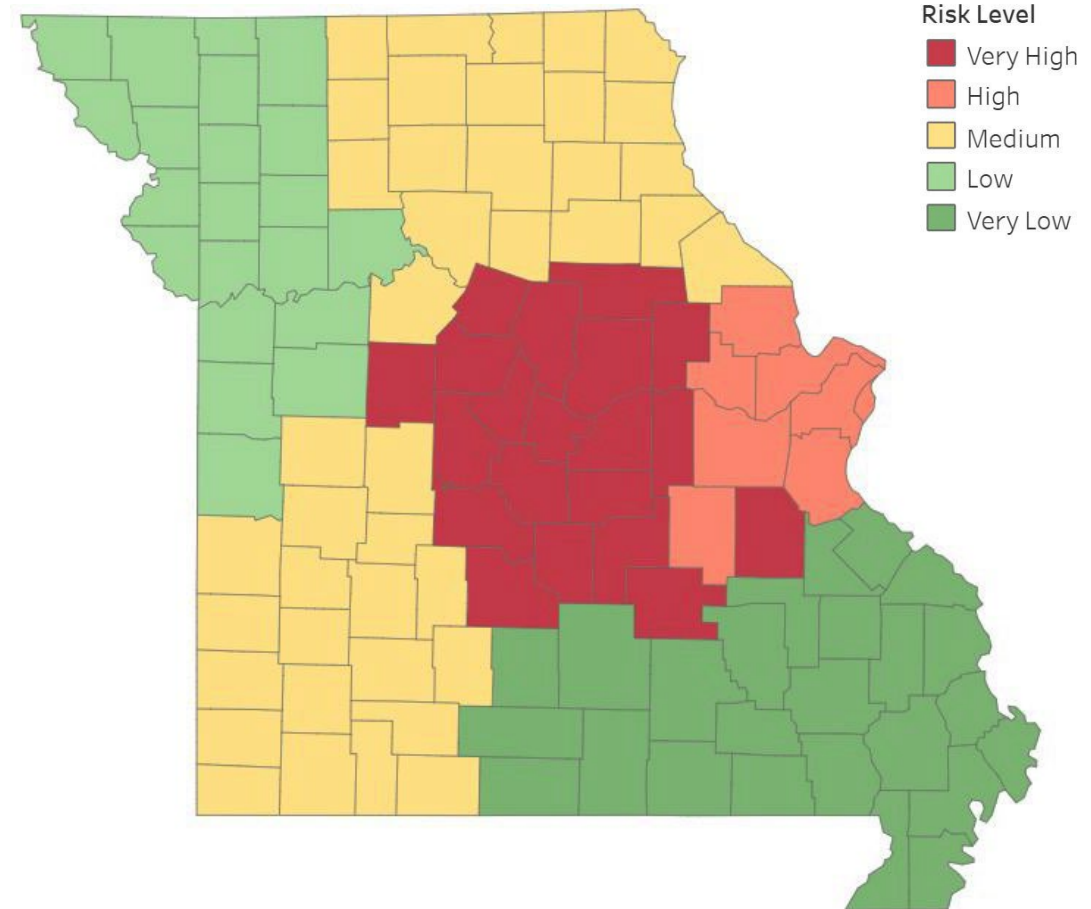
# Suicide Deaths – Children < 18 Years

- Rate of deaths to suicide per 100,000 people under 18 years old
- Statewide average: 3 per 100,000
- Range: 0 (Andrew) to 29 (Caldwell)
- Source: Missouri Vital Statistics, 2019-2023
- *This measure has 4 risk categories due to a large number of counties having a rate of 0 per 100,000.*



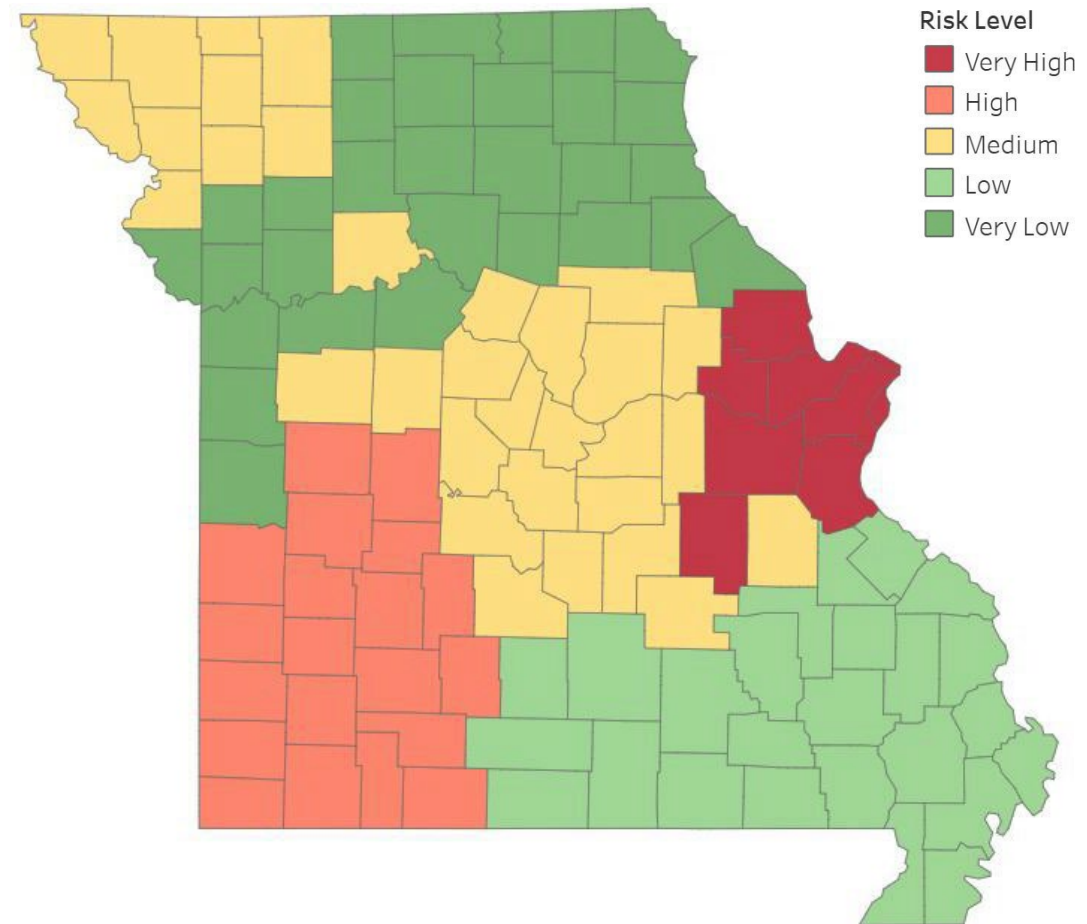
# Bullying Victim

- Percentage of 6<sup>th</sup>-12<sup>th</sup> graders who ever had rumors/lies spread about them at school in the past 3 months
- Statewide average: 41%
- Range: 35% (Southeast) to 42% (Central)
- Source: Missouri Student Survey, 2024



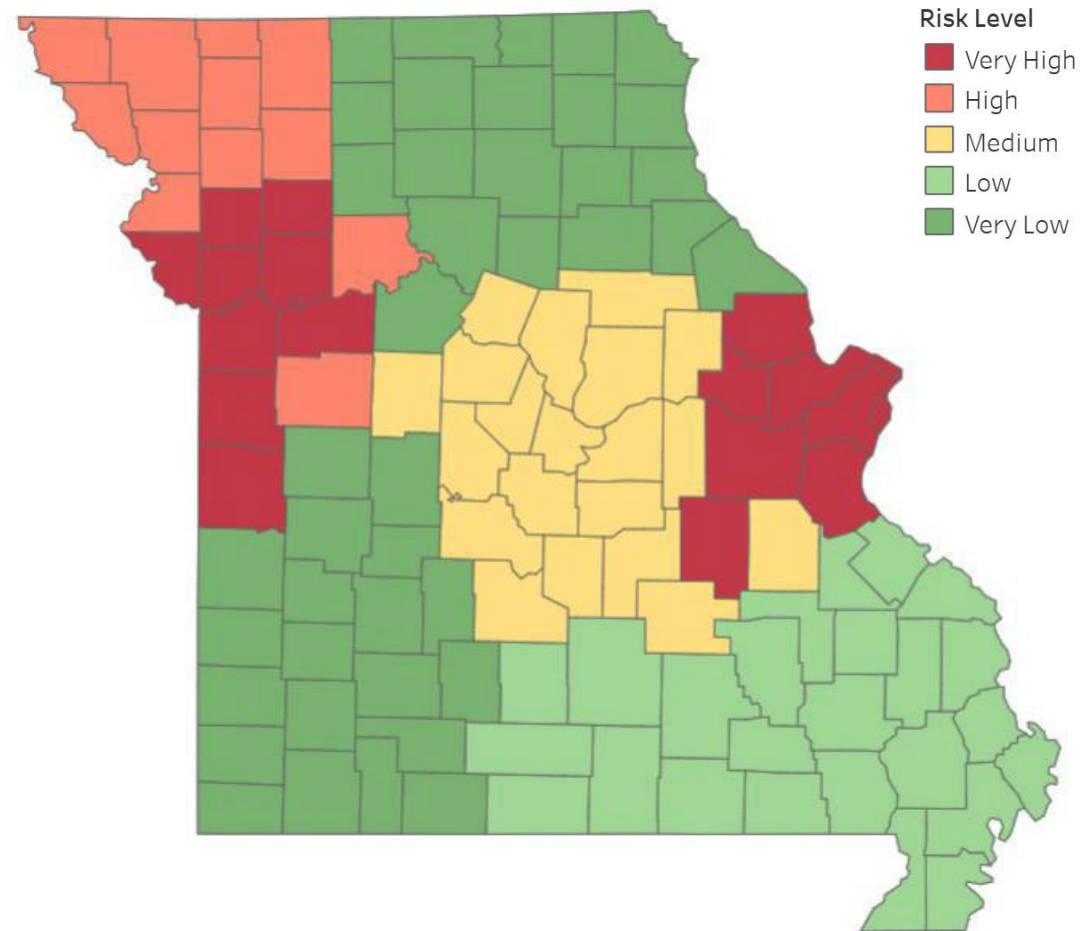
# Adolescent Depression

- Percentage of 6<sup>th</sup>-12<sup>th</sup> graders who reported feeling hopelessness
- Statewide average: 17%
- Range: 14% (Northeast) to 19% (Greater St. Louis)
- Source: Missouri Student Survey, 2024



# School Days Missed

- Percentage of 6<sup>th</sup>-12<sup>th</sup> graders who missed school due to safety concerns
- Statewide average: 10%
- Range: 7% (Southwest) to 14% (Greater St. Louis)
- Source: Missouri Student Survey, 2024

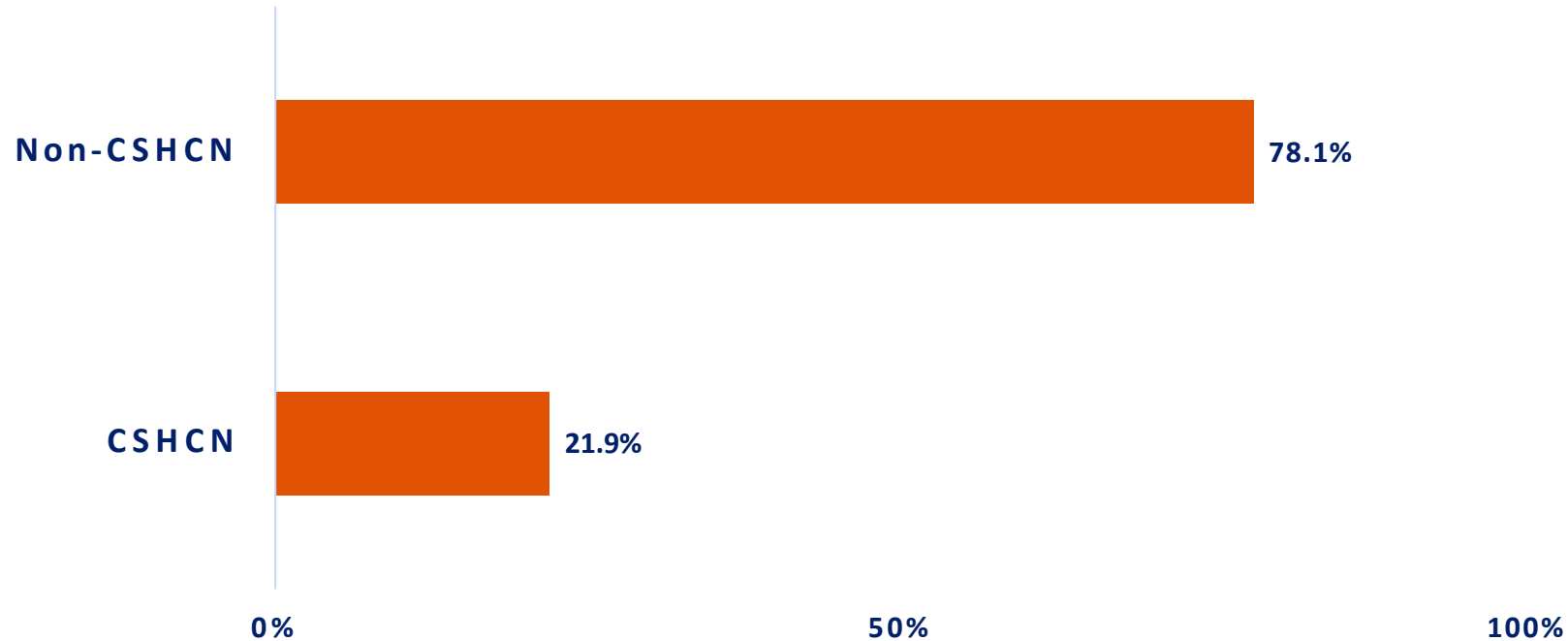




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# Children with Special Health Care Needs

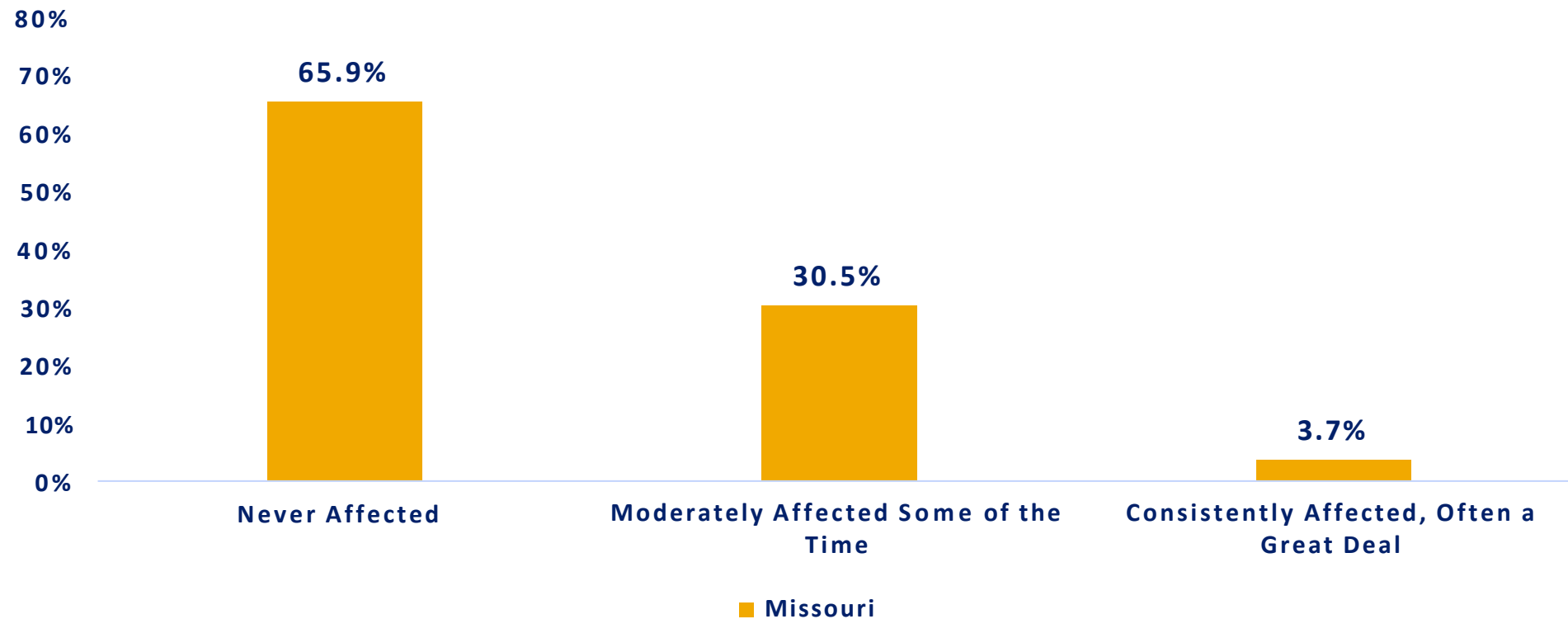
# Children with Special Health Care Needs (CSHCN)\* (Ages 0-17 Years)



Source: 2022 National Survey of Children's Health, Indicator 1.11

\* Based on CSHCN Screener

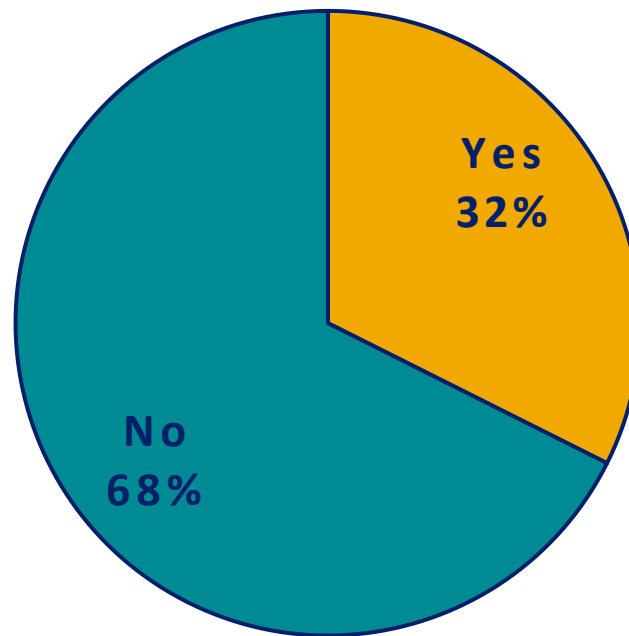
# Does this child have health conditions that affect their daily activities during the past 12 months? (Ages 0-5)



Source: 2022 National Survey of Children's Health, Indicator 1.12

# Developmental Screening\* in the Past Year, Age 9-35 months

Did the child receive a developmental screening using a parent-completed screening tool in the past 12 months, age 9-35 months?



Source: 2022 National Survey of Children's Health, Indicator 4.10

\*Parent-completed screening tool



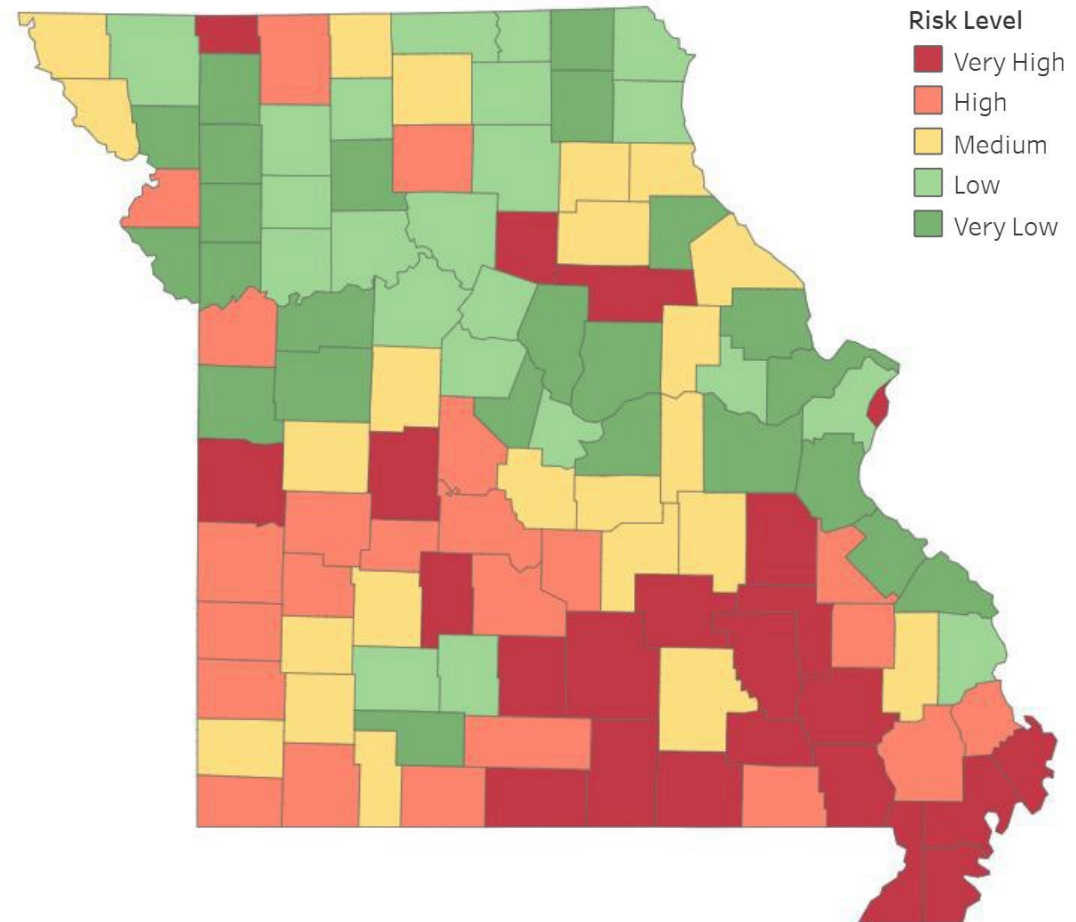


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# Cross-Cutting / Systems Building

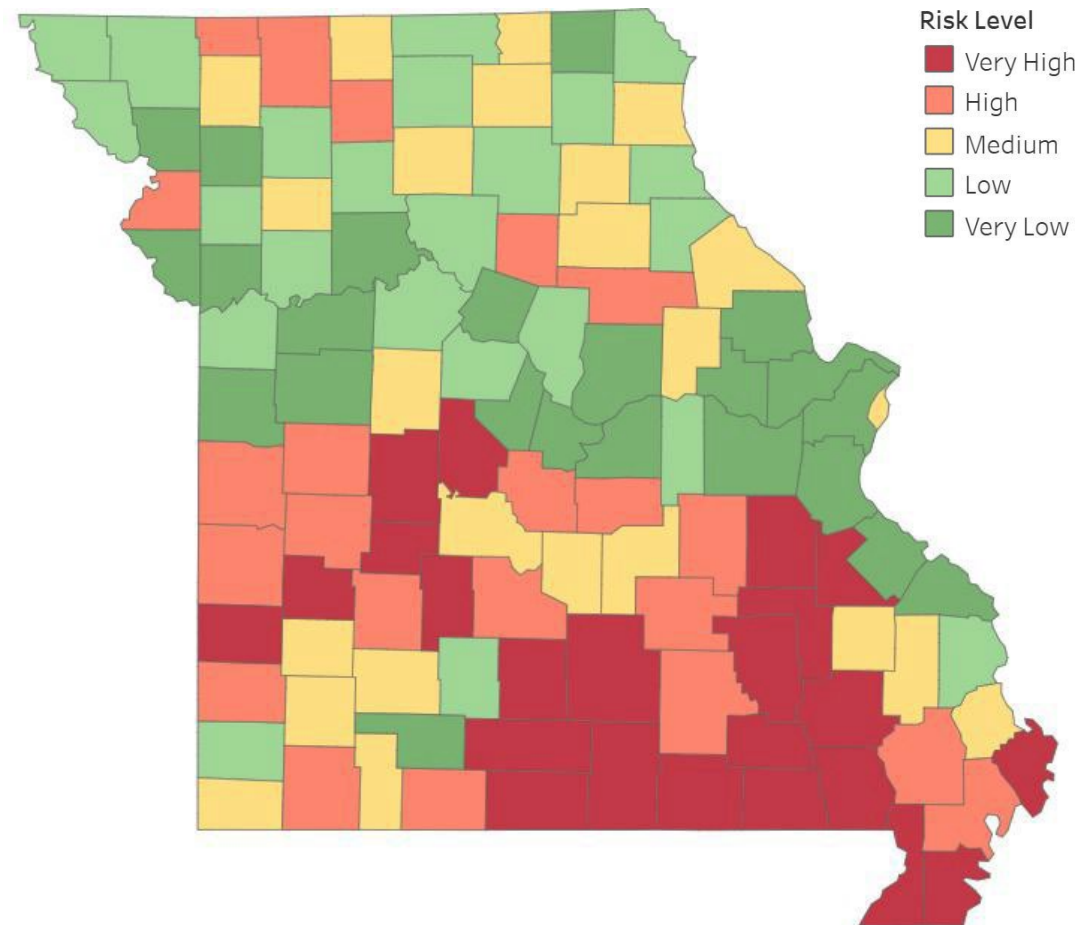
# Food Insecurity - Children

- Percentage of children under 18 years old who are food insecure (lack access at all times to enough food for an active life)
- Statewide average: 19%
- Range: 9% (St. Charles) to 36% (Pemiscot)
- Source: Feeding America 2022; Map the Meal Gap



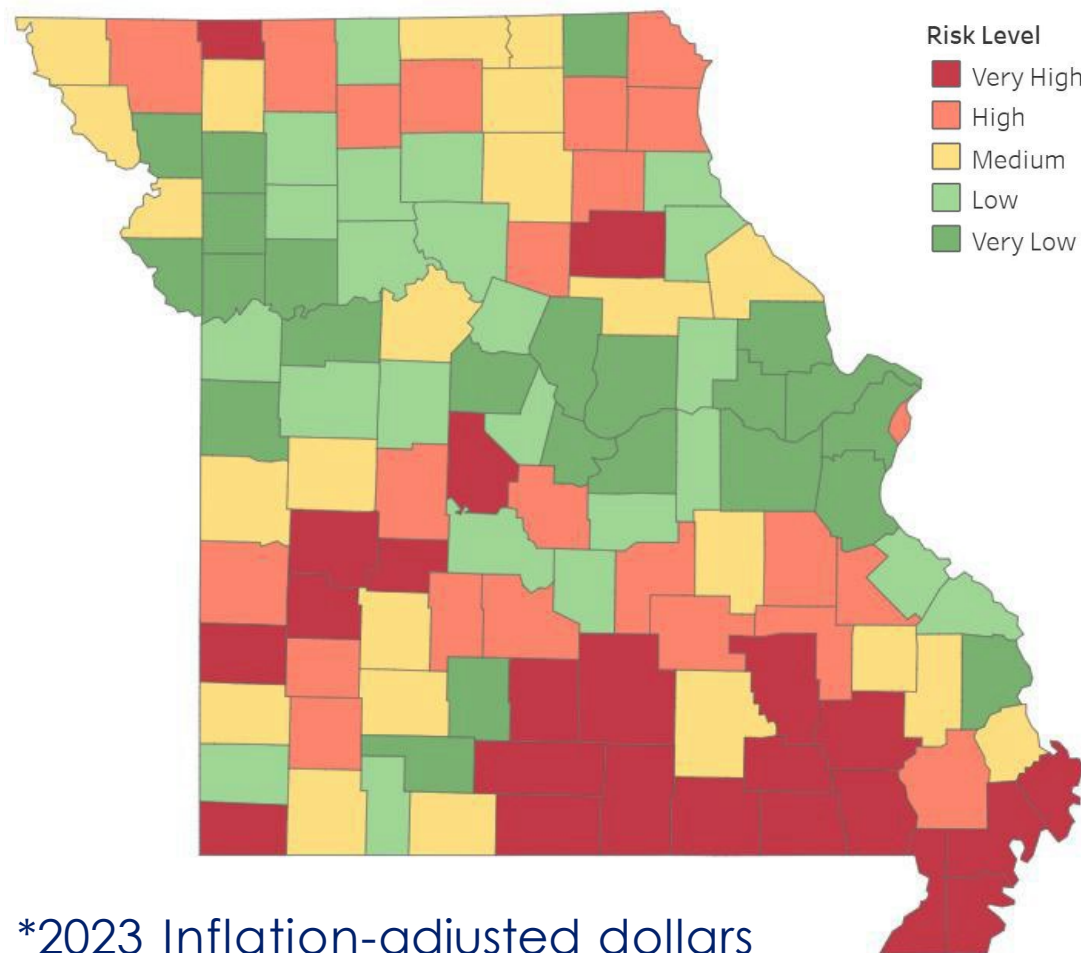
# Food Insecurity - Overall

- Percentage of all individuals who are food insecure (lack access at all times to enough food for an active life)
- Statewide average: 15%
- Range: 10% (St. Charles) to 23% (Wayne)
- Source: Feeding America 2022; Map the Meal Gap



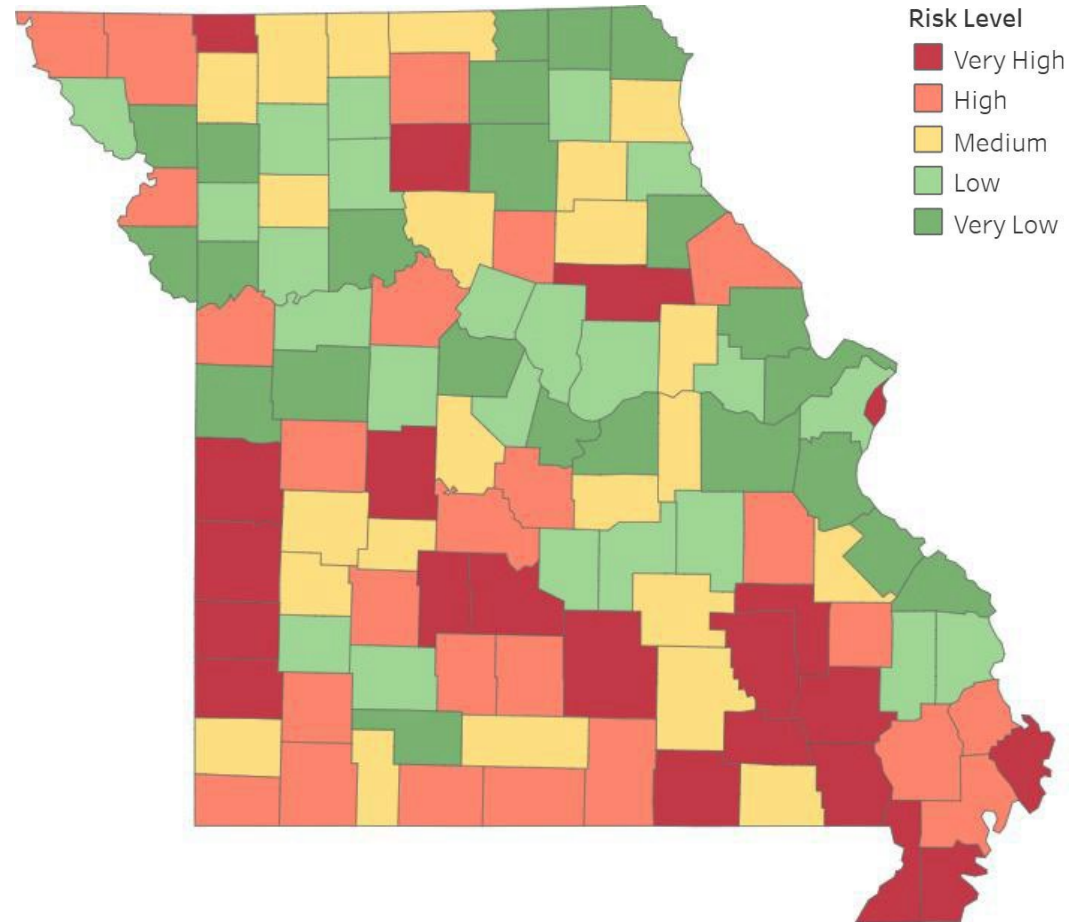
# Median Household Income

- The income where half of households in a county earn more and half of households earn less.
- Statewide average: \$65,920\*
- Range: \$33,084 (Hickory) to \$102,912 (St. Charles)
- Source: American Community Survey 5-Year Estimate, 2019-2023



# Children Below Poverty Level

- Percentage of children under 18 years old below the poverty level
- Statewide average: 16%
- Range: 4% (Schuyler) to 37% (Carter)
- Source: American Community Survey 5-Year Estimate, 2019-2023



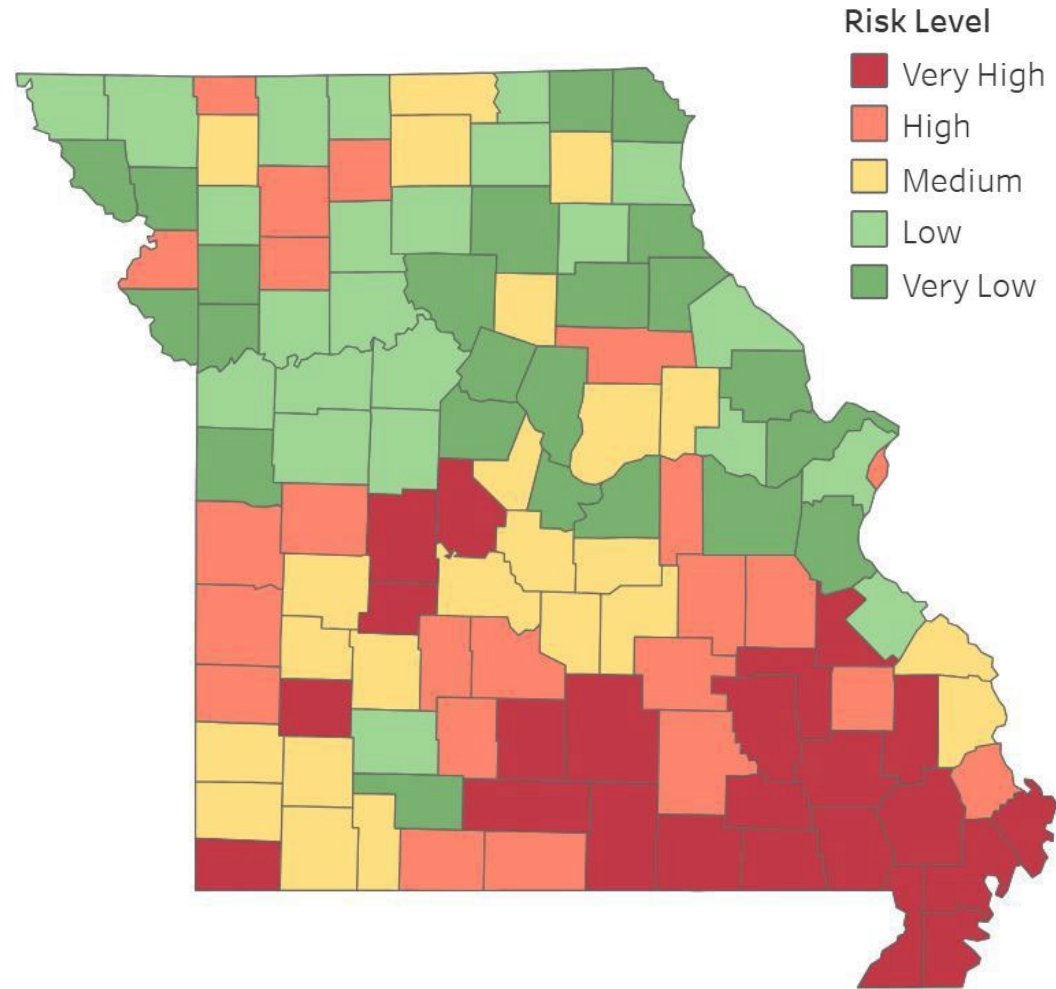


MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

# Overall County Rankings

# Overall County Ranking – Very Low Risk

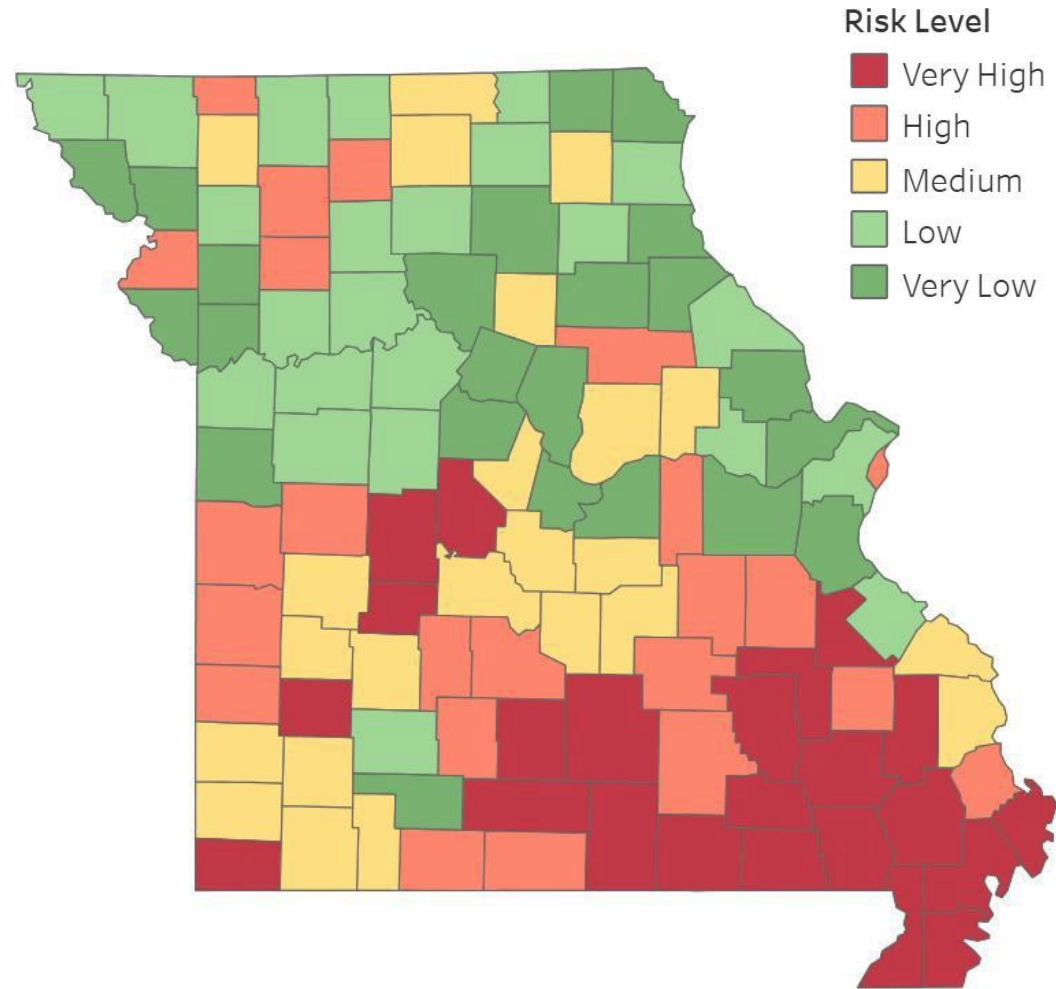
- Andrew
- Boone
- Cass
- Chariton
- Christian
- Clark
- Clay
- Clinton
- Cole
- Cooper
- Franklin
- Holt
- Howard
- Jefferson
- Lincoln
- Macon
- Marion
- Monroe
- Osage
- Platte
- Ralls
- Scotland
- St. Charles





# Overall County Ranking – Low Risk

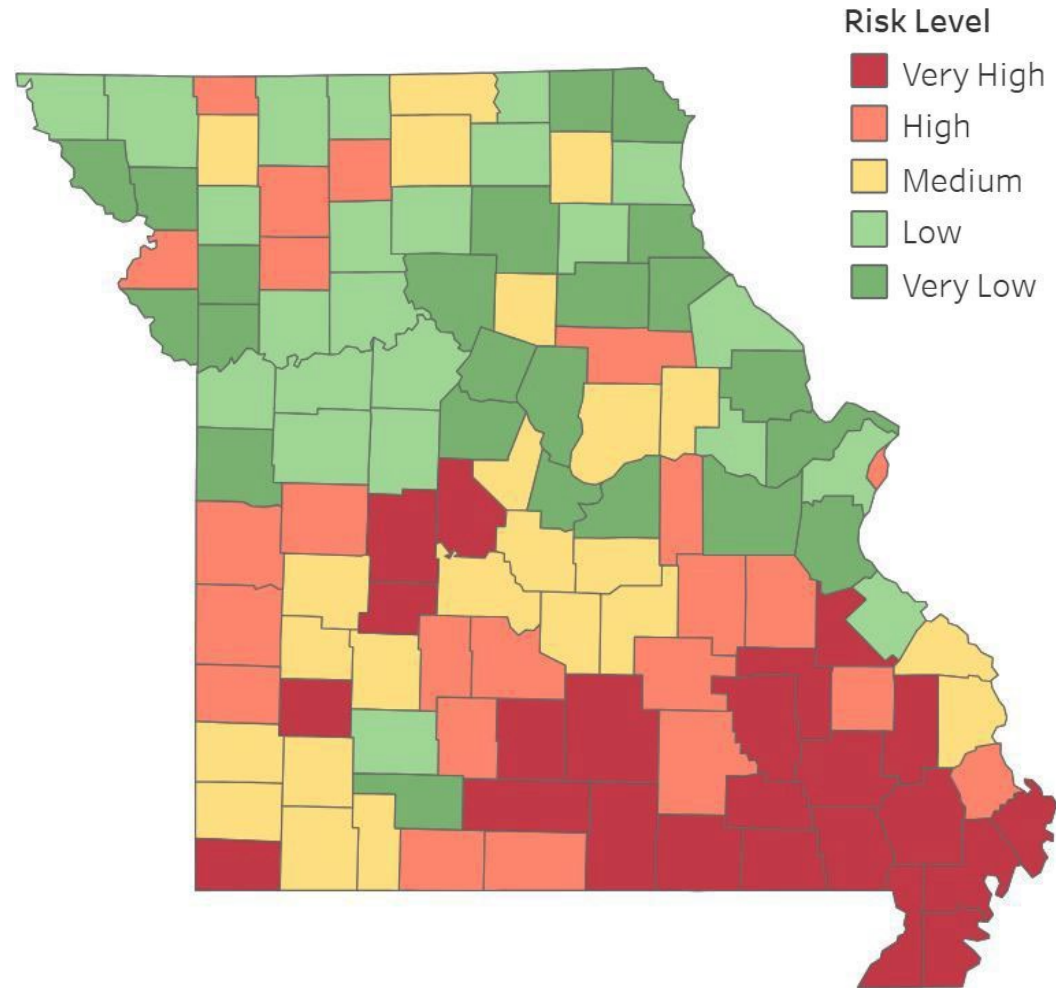
- Adair
- Atchison
- Carroll
- DeKalb
- Greene
- Harrison
- Jackson
- Johnson
- Lafayette
- Lewis
- Linn
- Livingston
- Mercer
- Nodaway
- Pettis
- Pike
- Ray
- Saline
- Schuyler
- Shelby
- St. Louis
- Ste. Genevieve
- Warren





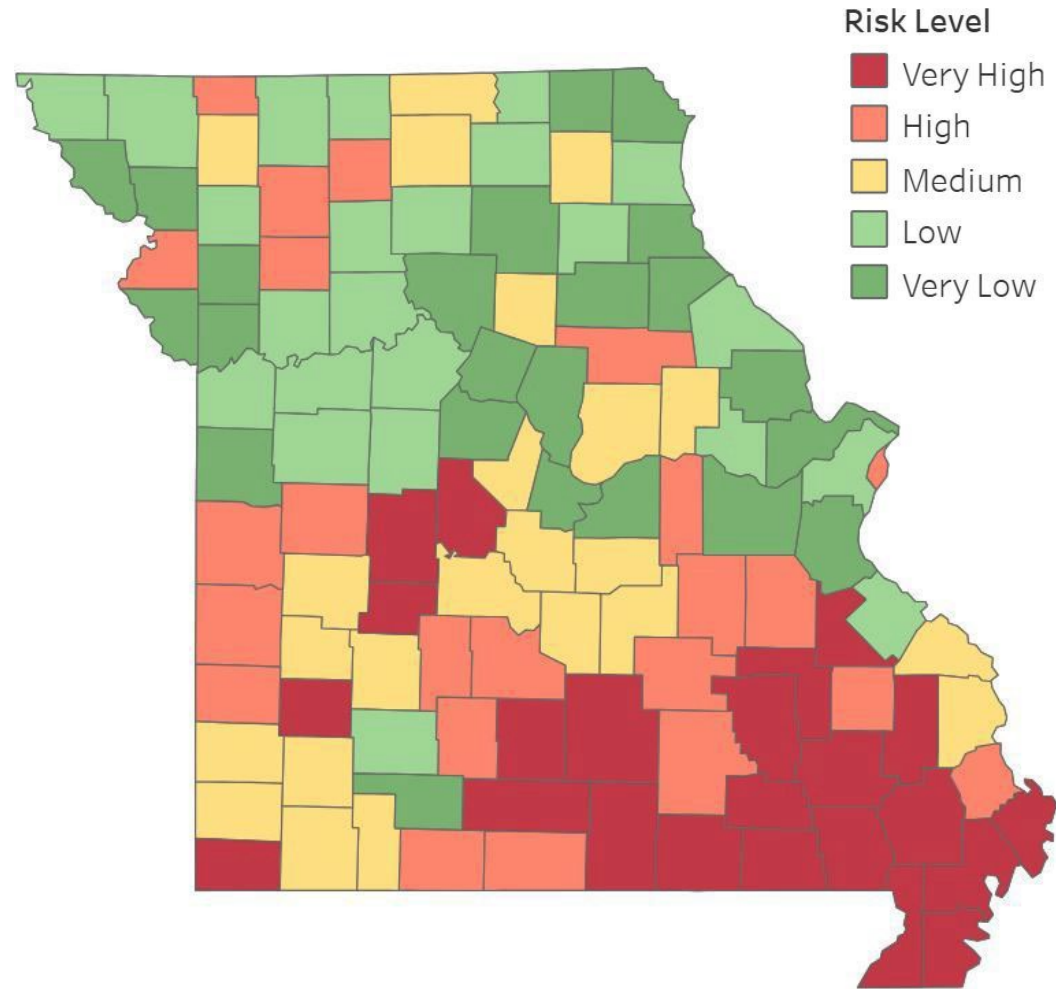
# Overall County Ranking – Medium Risk

- Barry
- Callaway
- Camden
- Cape Girardeau
- Cedar
- Gentry
- Jasper
- Knox
- Lawrence
- Maries
- Miller
- Moniteau
- Montgomery
- Newton
- Perry
- Phelps
- Polk
- Pulaski
- Putnam
- Randolph
- St. Clair
- Stone
- Sullivan



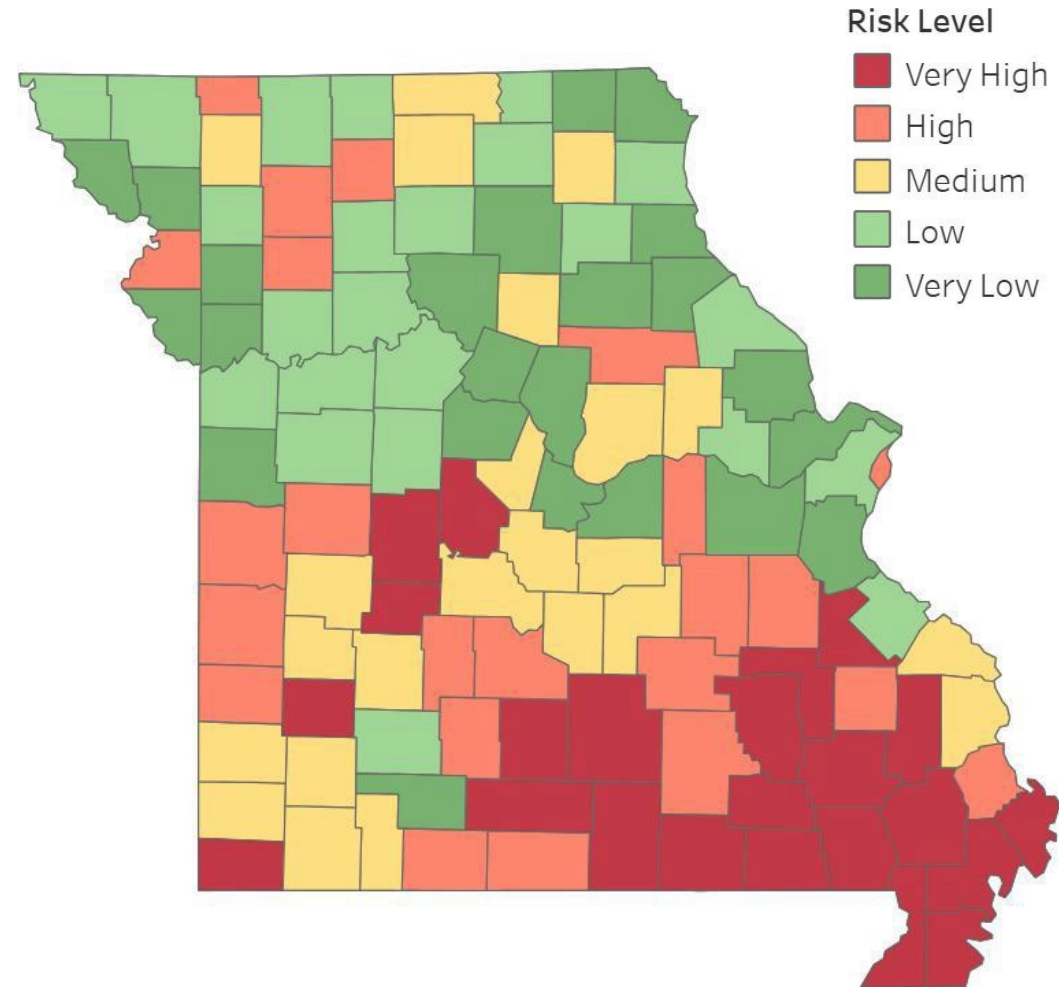
# Overall County Ranking – High Risk

- Audrain
- Barton
- Bates
- Buchanan
- Caldwell
- Crawford
- Dallas
- Daviess
- Dent
- Gasconade
- Grundy
- Henry
- Laclede
- Madison
- Ozark
- Scott
- Shannon
- St. Louis City
- Taney
- Vernon
- Washington
- Webster
- Worth



# Overall County Ranking – Very High Risk

- Benton
- Bollinger
- Butler
- Carter
- Dade
- Douglas
- Dunklin
- Hickory
- Howell
- Iron
- McDonald
- Mississippi
- Morgan
- New Madrid
- Oregon
- Pemiscot
- Reynolds
- Ripley
- St. Francois
- Stoddard
- Texas
- Wayne
- Wright





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**SENIOR SERVICES**

## Other MCH Issues

# MCH Workforce

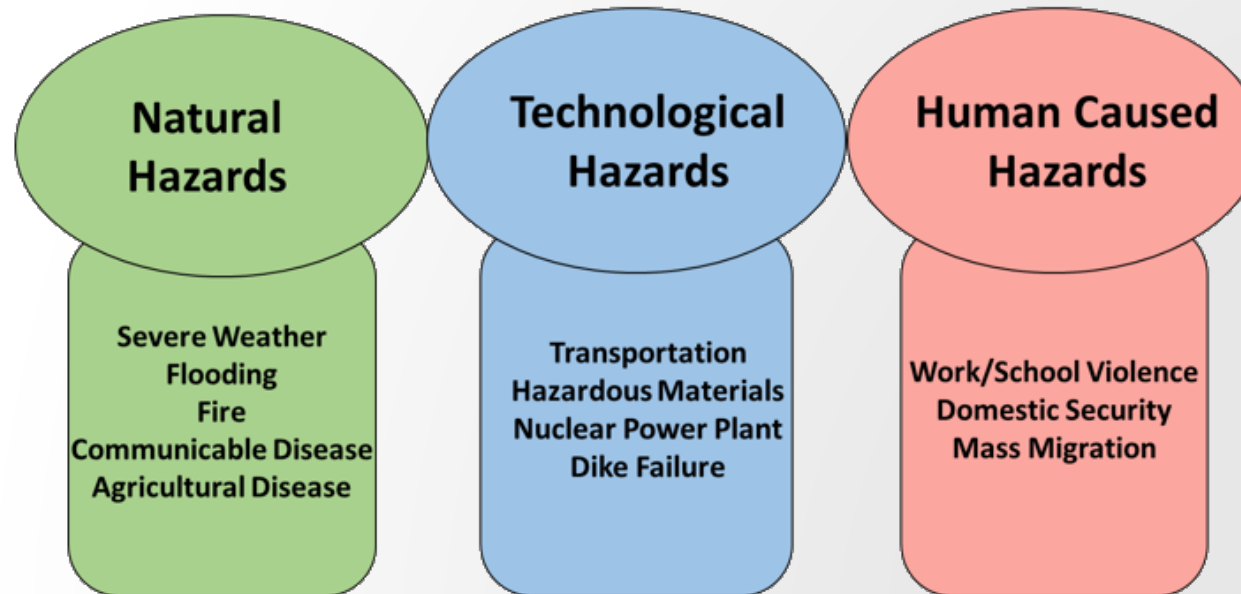
- Gender: 91% women
- Race: 55% White, 15% Black, 19% Hispanic/Latino
- Age: Under 31 years old 11%, 31-50 years old 51%, 51+ years old 38%
- Education: 39% bachelor's, 30% master's, 5% doctorate
- Public Health Degree: 89% do not have a degree in public health

Source: Public Health Workforce Interests and Needs Survey (PH WINS) 2021,  
<https://phwins.org/national>

# MCH Emergency Preparedness

- No data is currently available regarding the level of emergency preparedness for the MCH population.
  - Missouri PRAMS started collecting this information in 2024. Baseline data is expected in the next several months.
- 
- a) I have an emergency meeting place for family members (other than my home).*
  - b) My family and I have practiced what to do in case of a disaster.*
  - c) I have a plan for how my family, and I would keep in touch if we were separated.*
  - d) I have an evacuation plan if I need to leave my home and community.*
  - e) I have an evacuation plan for my children in case of a disaster (permission for day care or school to release my child to another adult).*
  - f) I have copies of important documents like birth certificates and insurance policies in a safe place outside my home.*
  - g) I have emergency supplies in my home for my family such as enough extra water, food, and medicine to last for at least three days.*
  - h) I have emergency supplies that I keep in my car, at work, or at home to take with me if I must leave quickly.*

# Emergency Preparedness & Response



[MCH Emergency Preparedness & Response Resources](#)

# Family Engagement & Partnership

- Honoring lived experience
- Mutually respectful collaboration
- Shared goals and decision making
- Doing “with” others rather than “to” others
- Culturally and linguistically responsive relationship-building
  - Honor strengths, culture, traditions, and expertise
- Connect with people from diverse backgrounds
- Bi-directional communication



# Family Engagement & Partnership

## Foundational Skills - MCH leaders will:

Solicit and implement input from people with lived experience in the design and delivery of clinical or public health services, program planning, materials development, program activities, and evaluation. Also, compensate participants as appropriate for such services.

Provide training, mentoring, and other opportunities to people with lived experience, and community members, to lead advisory committees or task forces. Furthermore, seek training and guidance from these groups to inform program and care development.

Demonstrate shared decision-making among individuals, families, and professionals using a strengths-based approach to strengthen practices, programs, or policies that affect MCH populations.

Assess and tailor recommendations to social, educational, and cultural issues affecting people with lived experience.

Celebrate individual and family diversity and provide an open and accepting environment.

Recognize that organizational and system-level policies and practices may impact people with lived experience as well as acknowledge the role that people with lived experience can play in influencing policy and practice.

# Family Engagement & Partnership

## Advanced Skills - MCH leaders will:

Collaborate with organizations that are led by people with lived experience to build and deepen involvement across all MCH programs.

Use feedback from people with lived experience, and community members, obtained through focus groups, surveys, community advisory boards, and other mechanisms as part of the project's continuous quality improvement efforts. Monitor and assess the program overall for effectiveness of partnerships between professionals and people with lived experience.

Ensure that perspectives from people with lived experience are actively informing the development, implementation, and critical evaluation of MCH research, clinical practice, programs, and policies.

Assist health care professionals, organizations, and health plans to develop, implement, and evaluate models of family-professional partnerships and direct partnerships with self advocates.

Incorporate content about partnerships between people with lived experience and professionals into health professions and continuing education curricula and assess the impact of this training on professional skills, programs, and policies.

# **MATERNAL AND CHILD HEALTH LISTENING SESSIONS**



Public Health  
University of Missouri

Listening  
Sessions on  
**MATERNAL & CHILD  
HEALTH**

How do you feel  
about maternal and  
child health in your  
community?

**We want to hear from you!**

Your input will help us understand what  
programs and services are needed to  
improve the health of all Missourians.



SCAN TO REGISTER

**REGISTRATION  
YOUR WAY**

Call (573) 207-2710  
or scan the  
QR code to register online.

**JULY 18**

Warrensburg Chamber of Commerce  
Jack Moore Community Room  
100 S. Holden  
Warrensburg, MO 64093

5:30 PM | Meal served  
6 - 8 PM | Maternal & Child Health Listening Session

Free meal and \$25 Visa  
gift card for attendees!

In-person event only

**- REGISTRATION REQUIRED -**



Public Health  
University of Missouri

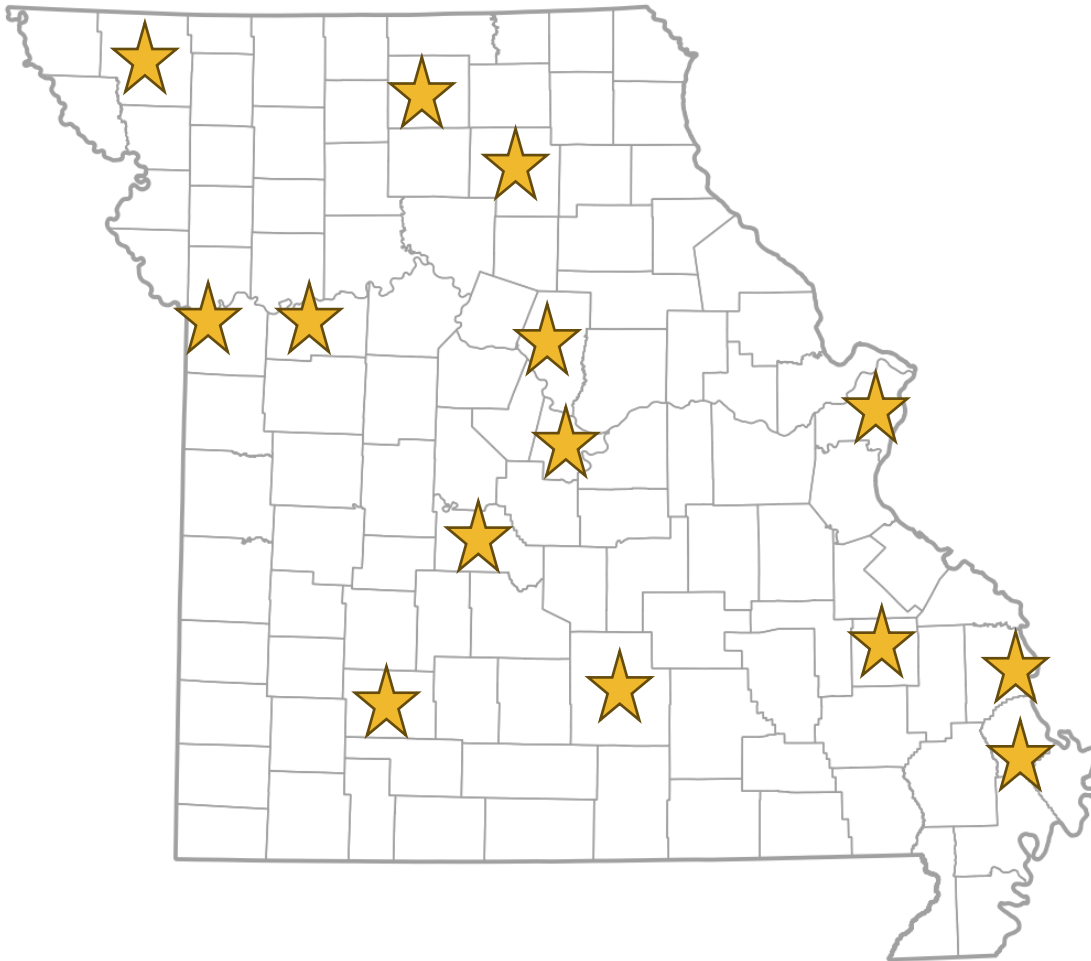




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## Locations

- Cape Girardeau
- Columbia
- Fredericktown
- Houston
- Jefferson City
- Kansas City
- Macon
- Maryville
- Milan
- Miner
- Osage Beach
- Springfield
- St. Louis
- Warrensburg



# 227 MISSOURIANS PARTICIPATED



Age	
19-88	Average 43 years

Gender	
Female	86%
Male	14%



# 227 MISSOURIANS PARTICIPATED



Race/Ethnicity	Percentage
White	70.1%
Black	20.4%
Hispanic	3.8%
Other Race	3.8%
Multi-racial	1.4%
Declined to Answer	0.5%
Total	100%



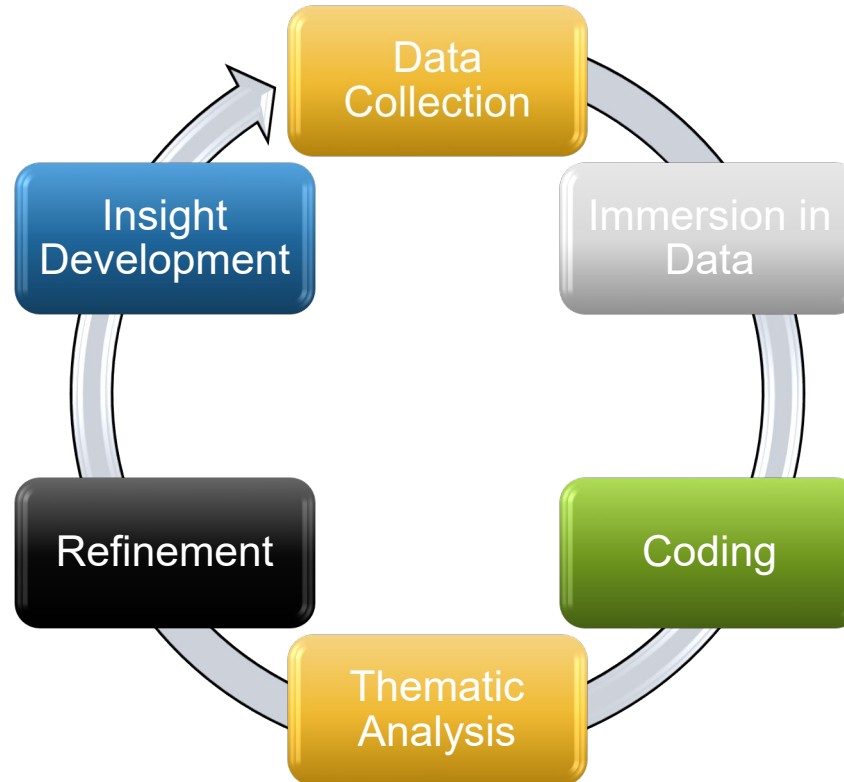


# QUESTIONS?

- What are the services and programs in your community that are important for supporting maternal, child, and adolescent health?
- What services and programs that support maternal, child, and adolescent health are *missing* in your community?
- How are Children and Youth with Special Health Care Needs (CYSHCN) supported in your community? What is your experience with accessing coordinated care for CYSHCN in your community?
- What do you think the local/state health department's role or responsibility is in addressing maternal and child health issues? How should your local/state health department best provide information about maternal child health to the communities they serve?



# DATA ANALYSIS



# IMPORTANT MATERNAL AND CHILD HEALTH SERVICES

WIC (Women,  
Infants and  
Children)

Head Start/Parents  
as Teachers

Local County  
Health Department

Transportation

Food (SNAP, Free  
and Reduced  
Lunch)

Postpartum Care  
(Lactation Support,  
Home Visits,  
Support Groups)

Family Planning



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# MISSING MATERNAL AND CHILD HEALTH SERVICES

Mental Health  
Support

Childcare

Affordable/Accessible  
Services

Transportation

Community Outreach  
and Education



# MATERNAL AND CHILD MENTAL HEALTH BARRIERS

Lack of Providers

Distrust and Stigma

Cost



# POSTPARTUM CARE - SUPPORTS



Follow-up Care



Lactation  
Support



Home Visitation  
Programs



Nutritional  
Support



Mental Health  
Services



Paid Leave



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# CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS



Absence of centralized system to access medical, educational, and social services



Lack of outreach and advocacy related to available resources and services



Funding and cost constraints



# ROLE OF HEALTH DEPARTMENT IN MATERNAL AND CHILD HEALTH



Funding



Public  
Education



Raising  
Awareness



Expanding  
Access



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# INSIGHTS

1

Strengthening  
Community  
Engagement

2

Advancing  
Maternal Child  
Health Actions and  
Services

3

Removing Barriers  
to Access



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MISSOURI DEPARTMENT OF  
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# MCH REDCap Survey Results

February 27, 2025

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Taufa Ahmed

# **MCH Survey Purpose**

- Public input from any Missouri resident that helps identify barriers they face and their opinions on priorities for MCH in Missouri
- Questions included:
  - Demographics
  - Biggest barriers to accessing health care in your community
  - Priorities for MCH in Missouri

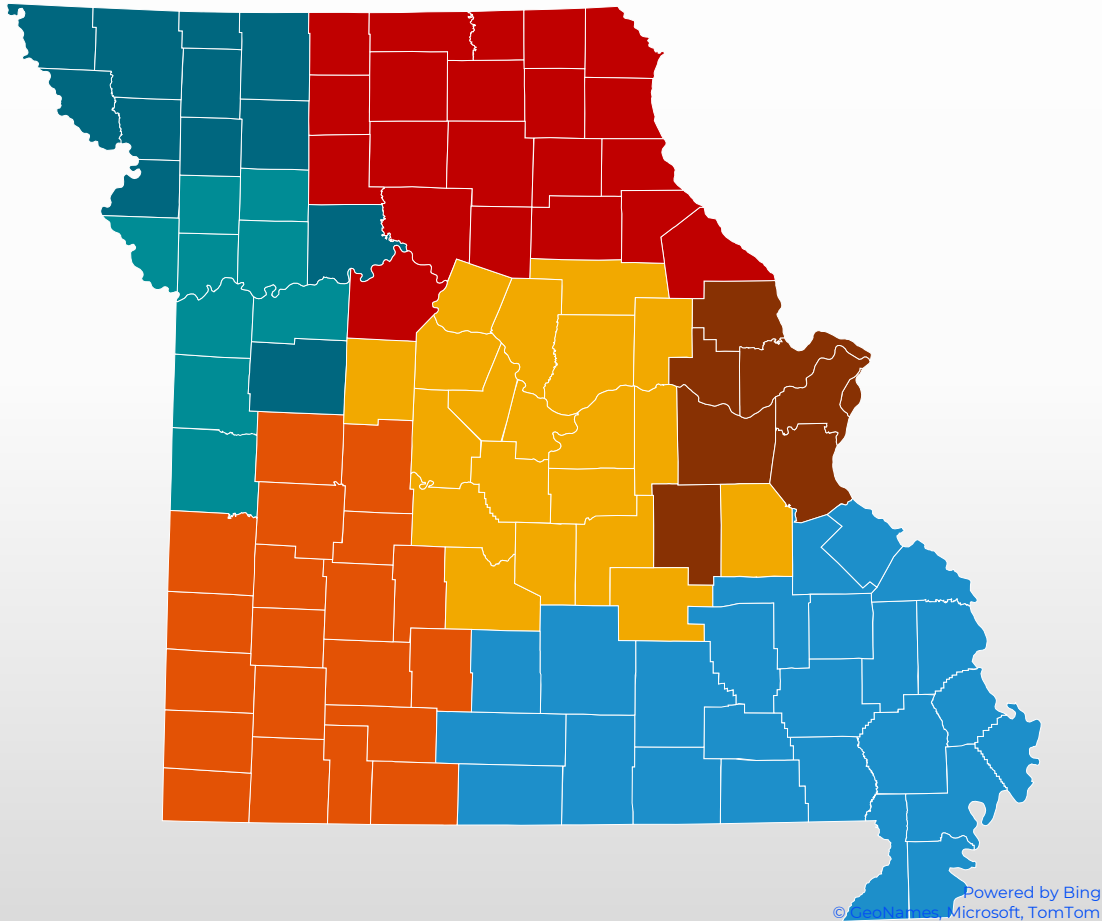
# MCH Survey Responses

- Results collected: December 10, 2024 – February 5, 2025
- Participation from 111 / 115 counties

**Complete Surveys**

**1053**

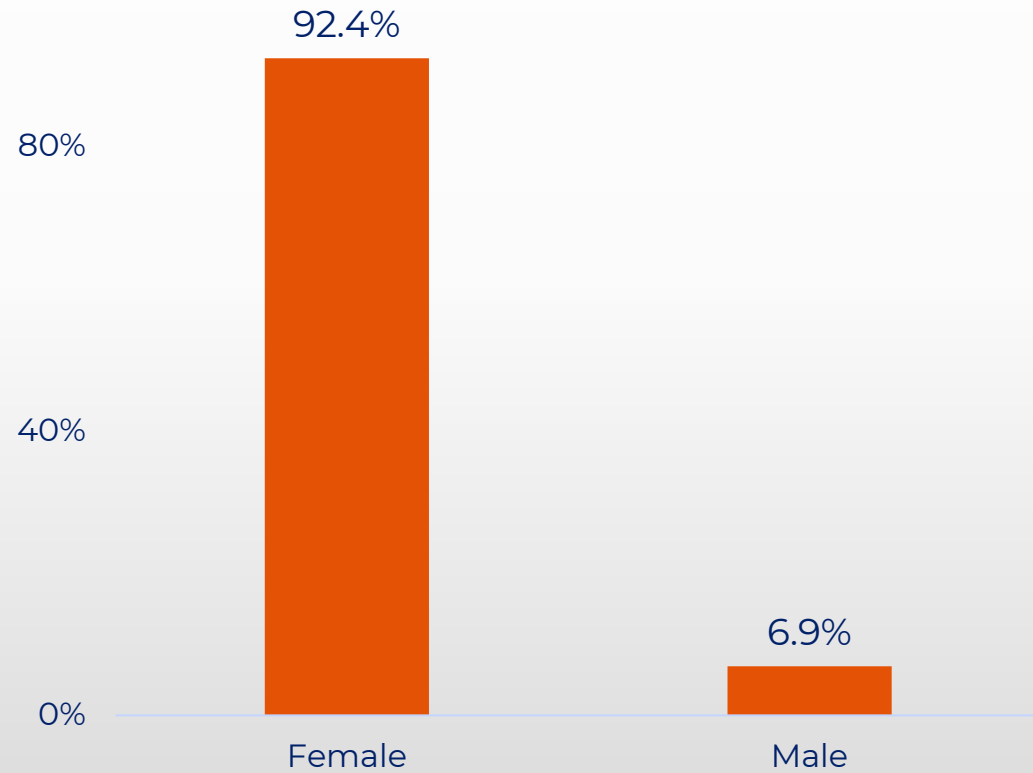
# MCH Survey Responses



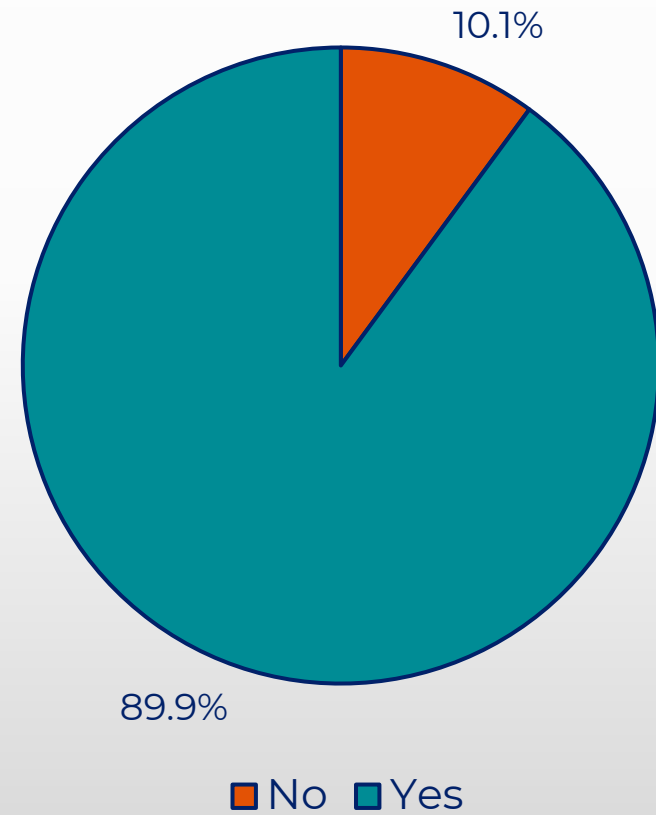
BRFSS Region	Responses
Southeast	223
Central	203
Northeast	196
Southwest	186
Greater Kansas City	100
Greater St. Louis	87
Northwest	55

# Demographic Information

**Participant's Gender**

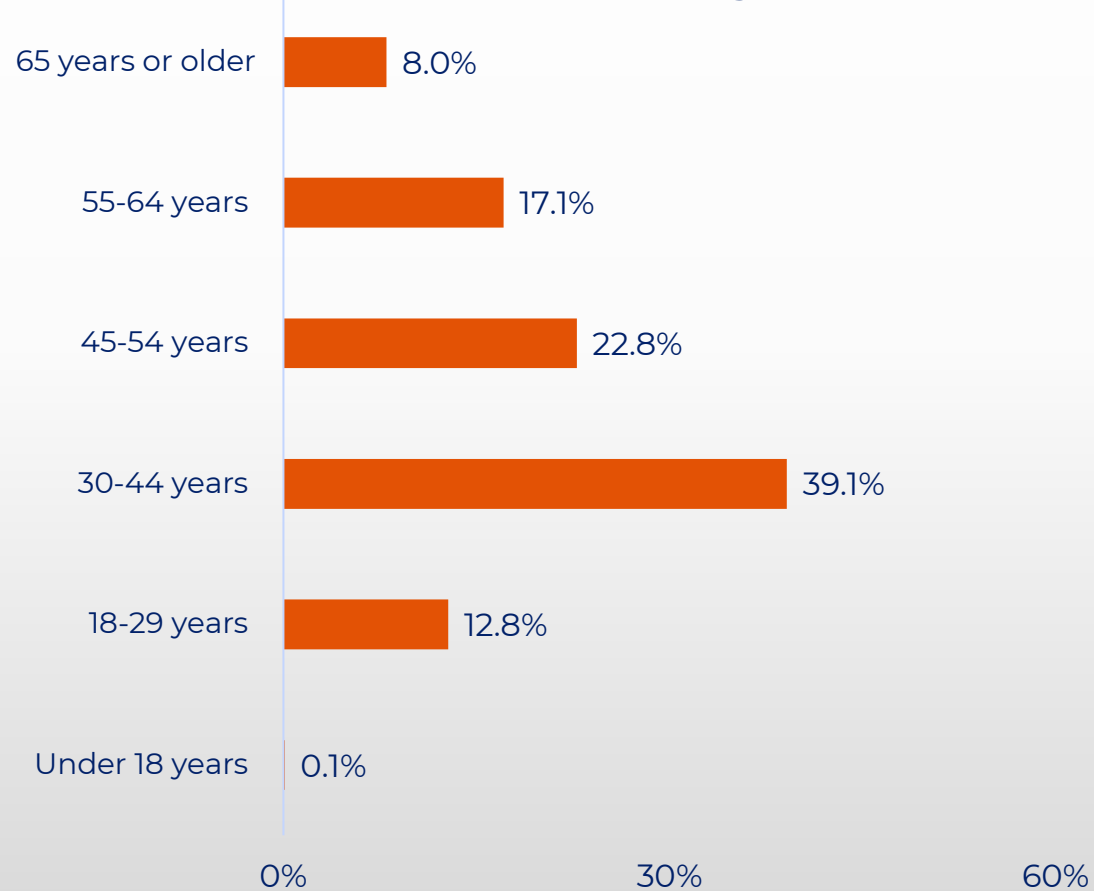


**Are you a parent?**

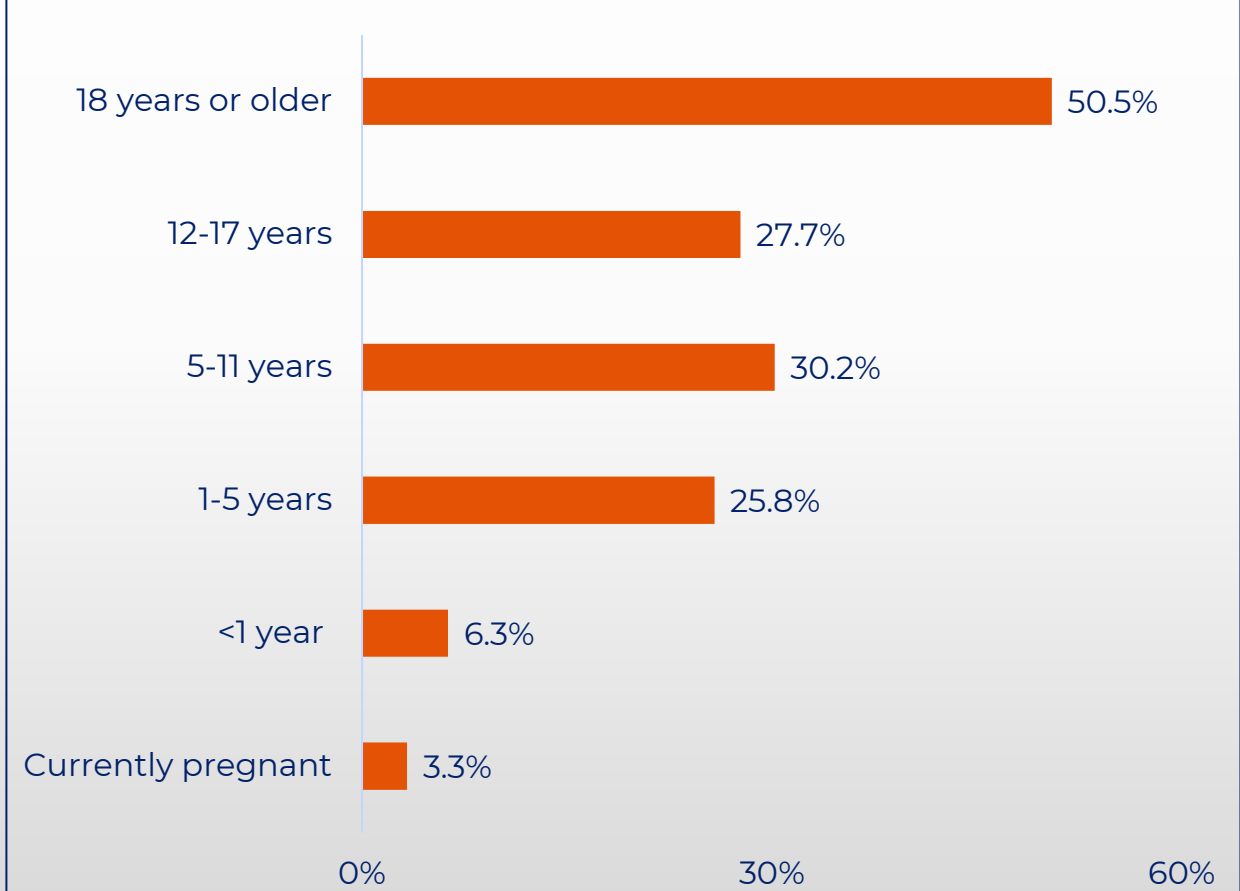


# Demographic Information

## Participant's Age

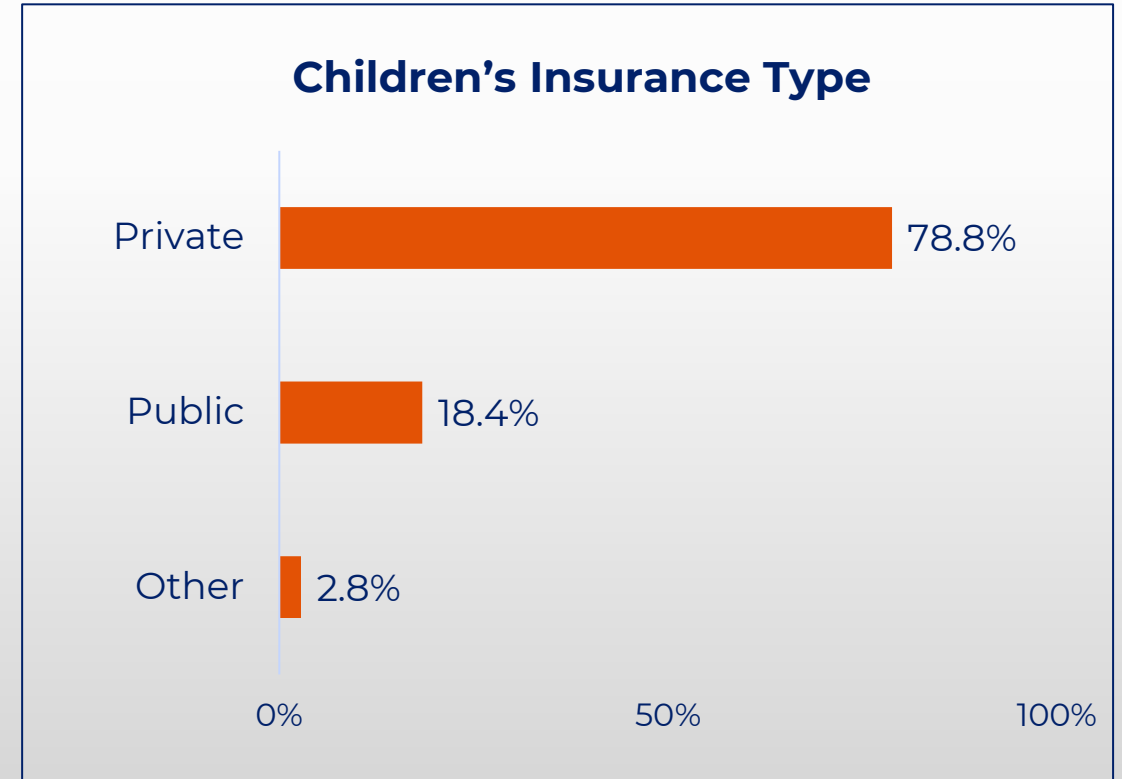
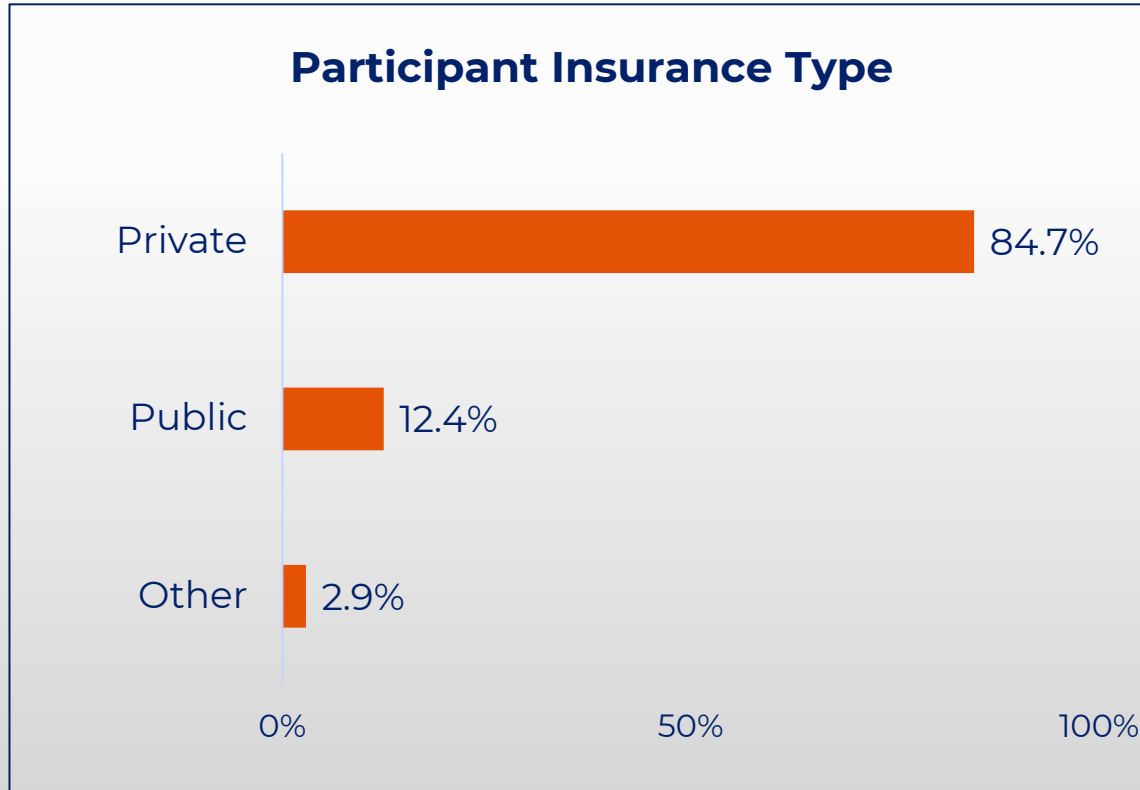


## Age Group of Children



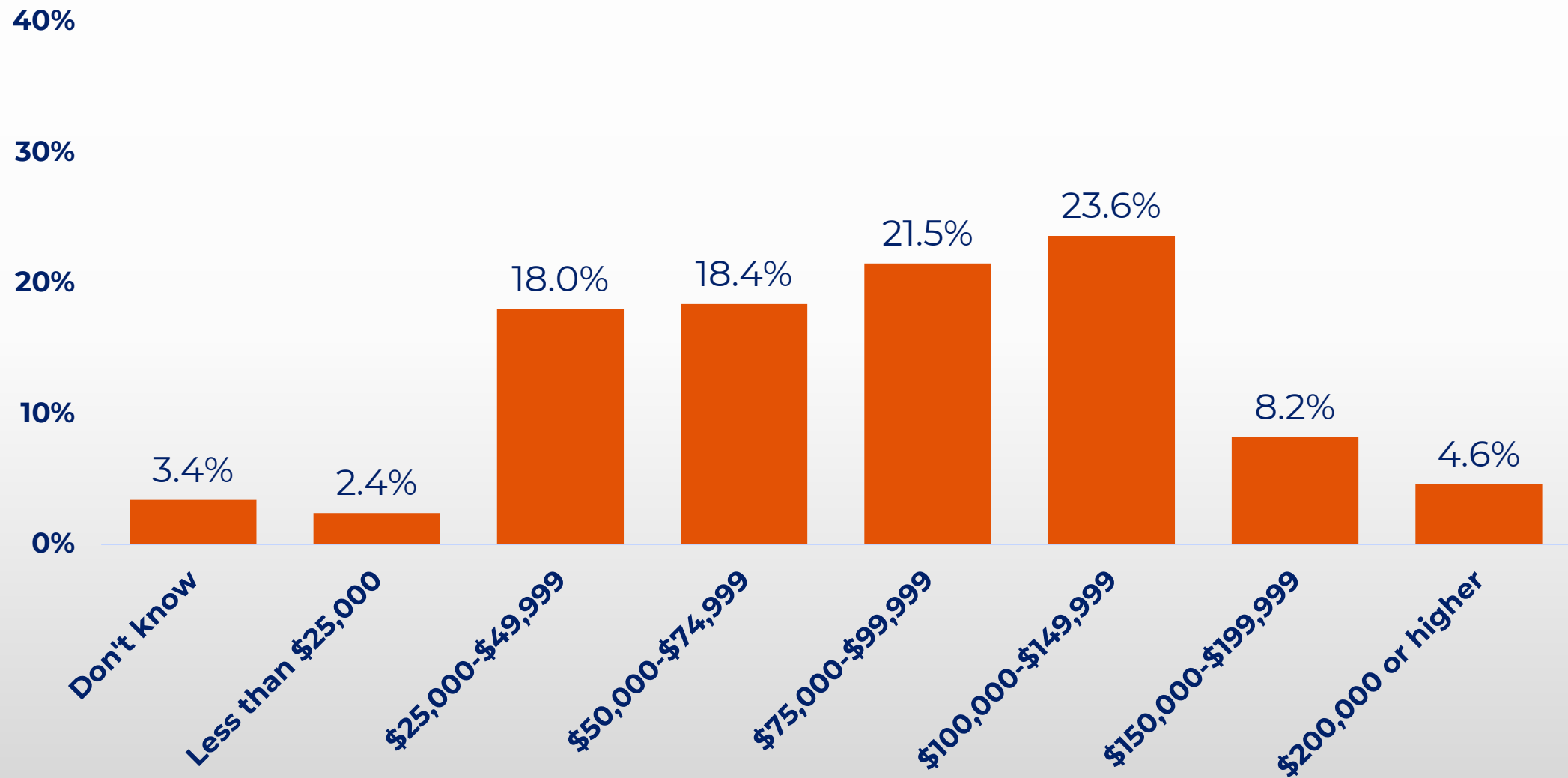
# Demographic Information

- **95.2%** of participants had health insurance
- **87.7%** of participant's children had insurance



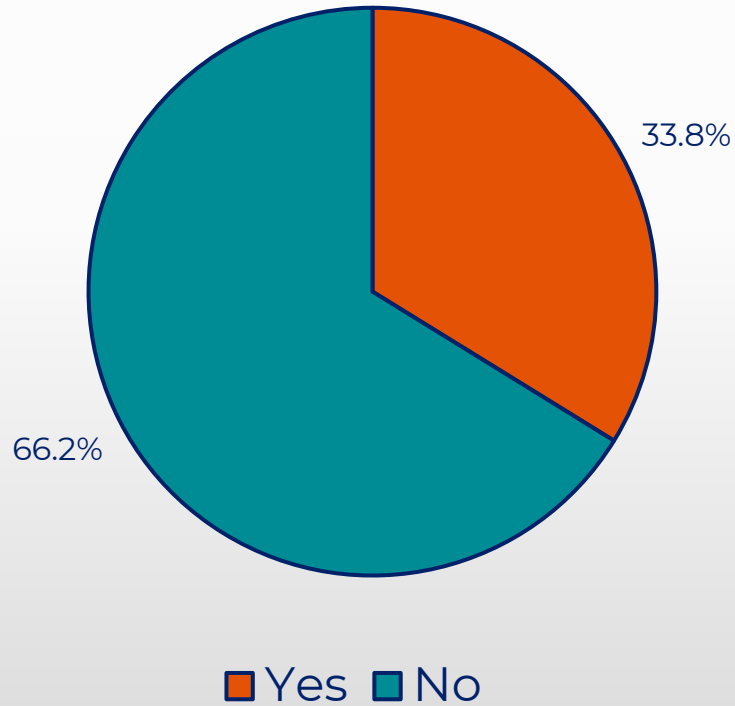


# Annual Household Income

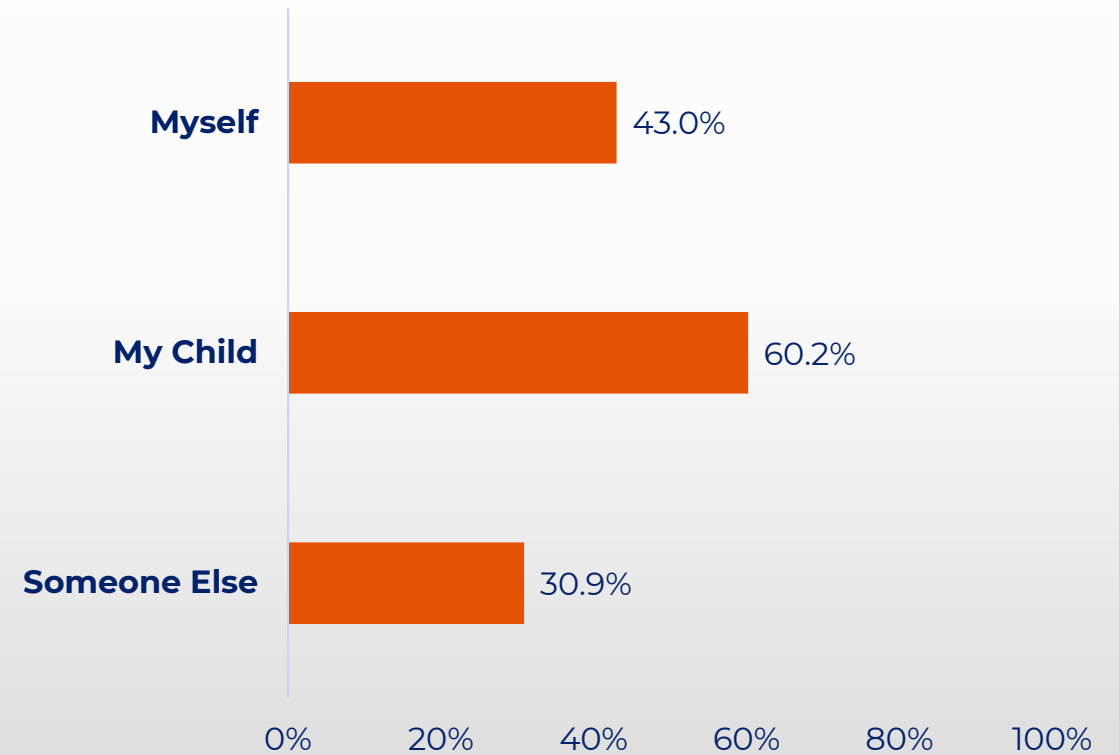


# Special Health Care Needs

**Does anyone in your household have special health care needs\***



**Family member with Special Health Care Needs**



\*Includes anyone who needs more medical care, including prescription medication, mental health services, or specialized therapy.

# What do you think are the biggest barriers to accessing health care in your community?

Barriers	N (%)
Cost	851 (81.5%)
Lack of Provider Availability	533 (51.1%)
Couldn't Take Time off School/Work	531 (50.9%)
Lack of Health Insurance	420 (40.2%)
Lack of Access to Transportation	356 (34.1%)
Insurance Not Accepted	294 (28.2%)
Previous Negative Experiences w/ Health Care	251 (24.0%)
Unaware of Services Offered	230 (22.0%)
Too Far Away	199 (19.1%)
Immigration Status	52 (5.0%)
Other	34 (3.3%)
Cultural/Religious Beliefs	22 (2.1%)

\*Missing n=18

## Other Barriers

- Long wait times
- Mental health services not available
- Insurance benefits unclear, do not understand the benefits well enough
- Dealing with paperwork with health care was difficult
- Facilities understanding and implementing what is needed for those with disabilities (taking more time to explain procedures, equipment)

- Lack of communication from facilities, not returning phone calls, or pharmacy refill requests
- Judgement
- Lack of resources
- Lack of specialized providers
- Challenges with Medicaid – infant and early childhood providers

# Which areas do you think the Missouri Department of Health and Senior Services should focus on?

Priorities (Part 1)	N (%)
Access to behavioral and mental health care	614 (58.9%)
Access to primary care	368 (35.3%)
Dental care / oral health	330 (31.7%)
Substance use prevention and treatment (including alcohol)	324 (31.1%)
Housing instability	268 (25.7%)
Access to specialist care	262 (25.1%)
Healthy eating & active living	235 (22.6%)
Pregnancy and postpartum care	233 (22.4%)
Food security	224 (21.5%)
Women's health	218 (20.9%)
Strengthening families	200 (19.2%)
Suicide prevention	193 (18.5%)
Transportation	190 (18.2%)

# Which areas do you think the Missouri Department of Health and Senior Services should focus on?

Priorities (Part 2)	N (%)
Support for children and youth with special health care needs	182 (17.5%)
Child development	176 (16.9%)
Reducing health disparities	167 (16.0%)
Adolescent health	126 (12.1%)
Immunization	118 (11.3%)
Domestic violence / intimate partner violence	117 (11.2%)
Breastfeeding	92 (8.8%)
Violence prevention	53 (5.1%)
Tobacco prevention and cessation	47 (4.5%)
Safe infant sleep	46 (4.4%)
Injury prevention	32 (3.1%)
Other	22 (2.1%)

\*Missing n=20

## Other Priorities

- Access to autism resources and providers
    - Education on medical versus educational autism
    - Funding for services (therapies), diagnosis and support
  - Cost transparency of services
  - Dementia risk factors and preventions
  - Insurance – understanding benefits and accessing services
  - Affordable childcare
- Environmental health
  - School funding for special health programs especially in remote areas
  - Food assistance amount per month isn't sufficient to cover increasing food prices
  - Education for diabetic lifestyle
  - Improve process for ADHD screening for minors

## Anything else to share?

"I feel transportation is a big obstacle in our rural community. If you are on Medicaid there is transportation available by appointment only, though I have found that Clients are having trouble with them showing up even after the appointment has been scheduled."

"Access to reliable, affordable childcare continues to be a significant barrier for families in our county. It is especially problematic for those families who work 'non-traditional' hours, such as evenings, early mornings, or nights."

"More promotion is needed for the Show Me Healthy Women and Wise Woman programs."

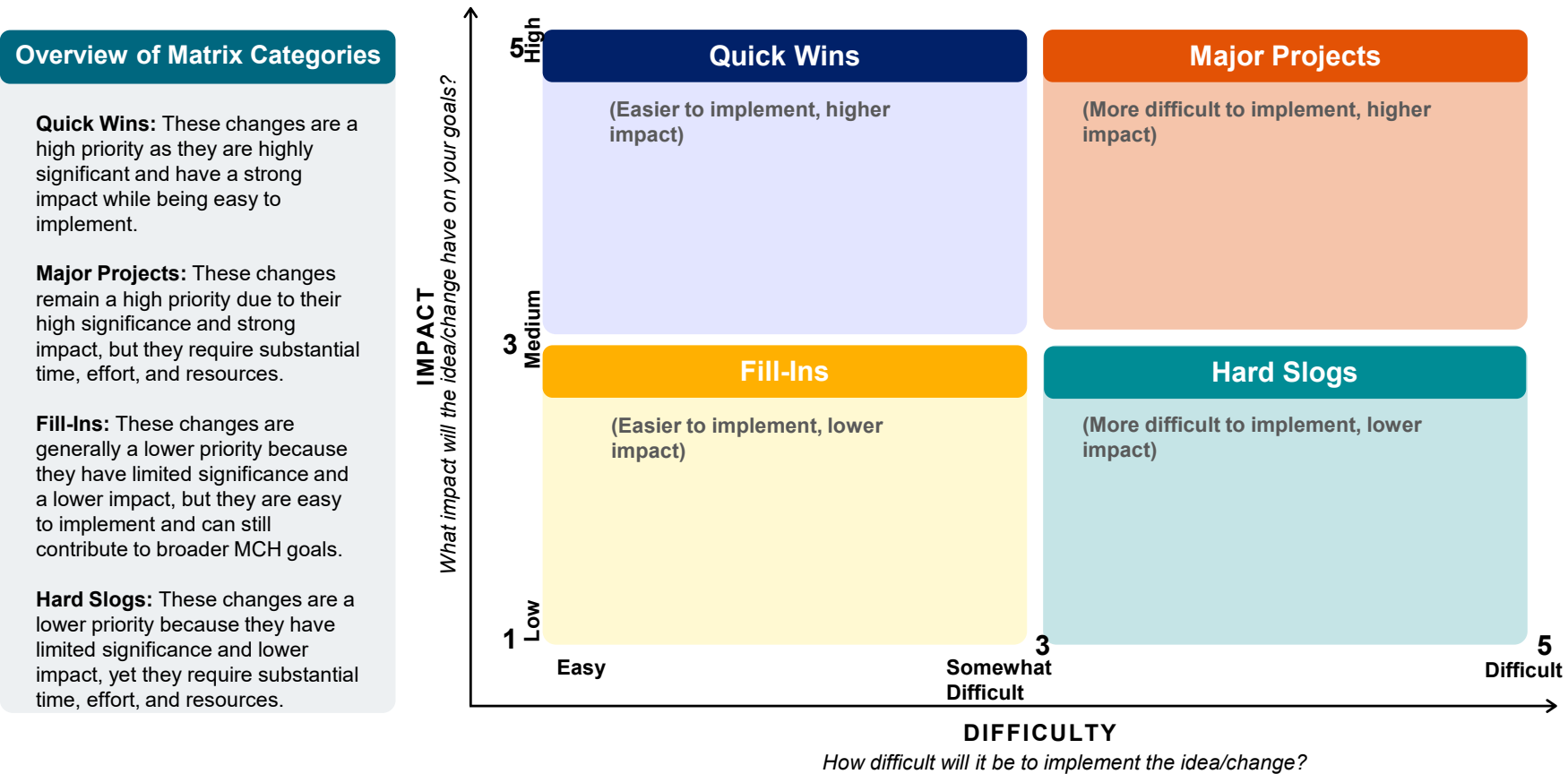
"As a previous state social worker, mental and behavioral health services for children and services for children with disabilities were in high need but had few resources."

"Continuity of care is important-many aspects are disconnected and that becomes very frustrating for people to try to navigate, so they give up and do not get the care they need."



# Population Domain Impact Matrix

## Impact Matrix





MISSOURI DEPARTMENT OF  
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# Questions?

## CONNECT WITH US

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