



Tribal Consultation Meeting  
July 28, 2020  
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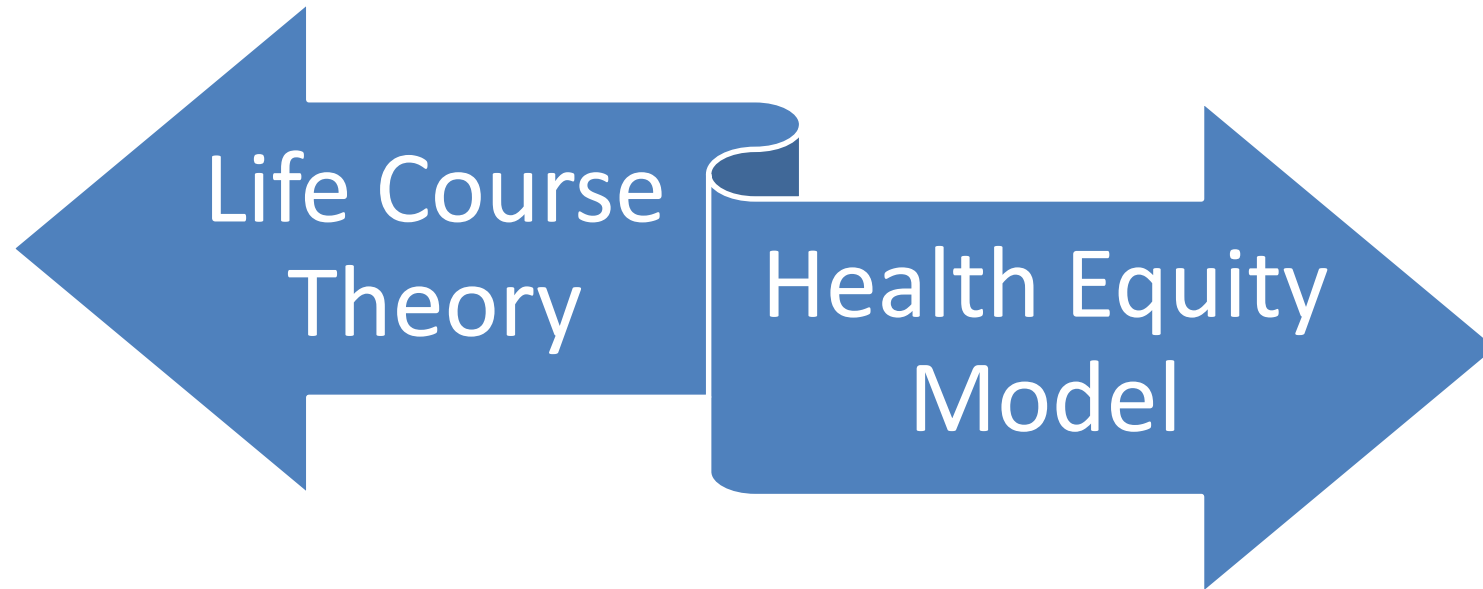
## **Office of Child and Family Services Needs Assessment 2020-2025**

Inform Priority Setting and OCFS  
Planning through integration of needs  
assessment findings and input from  
OCFS partners, families &  
individuals, and OCFS staff.

# Guiding Principles

- Evidence-based decision making
- Health Equity Lens
- Respond to emerging issues and trends that affect families and individuals
- Social Determinants of Health
- Input from diverse stakeholders and populations
- Do not reinvent the wheel
- Set realistic priorities and performance measures

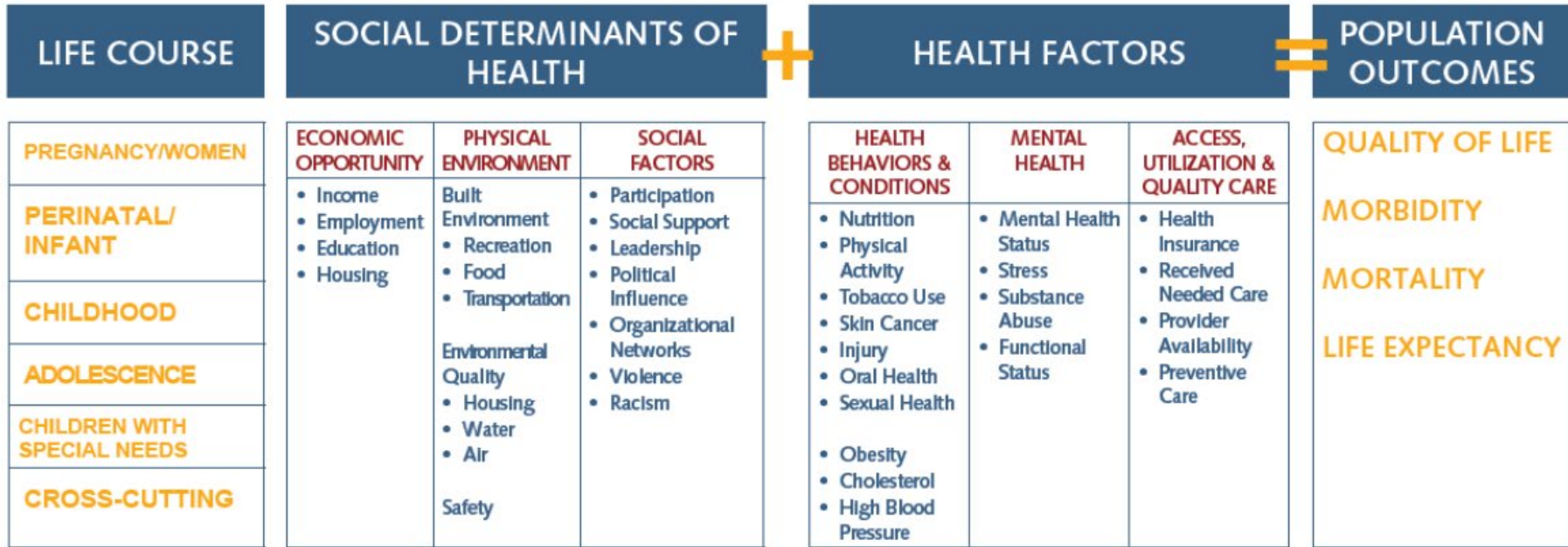
# Guiding Frameworks



# Health Equity

## An Explanatory Model for Conceptualizing the Social Determinants of Health

NATIONAL INFLUENCES  
GOVERNMENT POLICIES  
U.S. CULTURE & CULTURAL NORMS

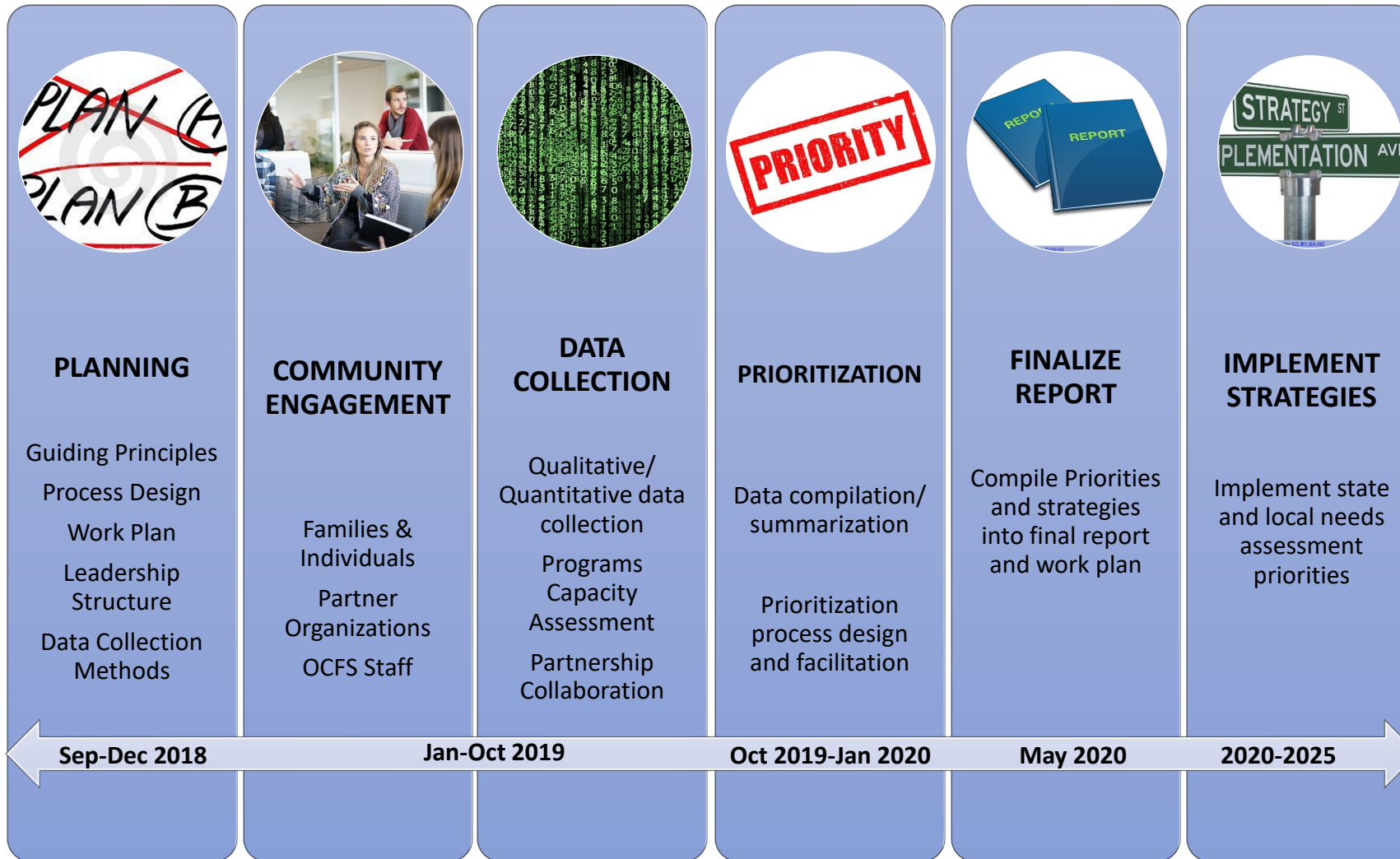


### Public Health's Role in Addressing the Social Determinants of Health

- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating organizational environments that enable change
- Data collection, monitoring and surveillance
- Population-based interventions to address health factors
- Community engagement and capacity building

# Leadership Roles

- ❑ **Needs Assessment Project Team:** OCFS staff/contractors who organize, inform and/or implement the process.
- ❑ **OCFS Advisory Committee:** OCFS Program Leaders who inform the process and priorities, as well as serve a pipeline to Partner Organizations and Families & Individuals.
- ❑ **MCH Impact Team:** Department of Health Interagency partners who inform and make final decisions on process and priorities.
- ❑ **Partner Organizations:** Organizations, agencies, etc. who the Department of Health should and do work with, and can provide a voice to help the assessment regarding partnerships and services and programs that should be supported in order to provides services and programs to families and individuals.
- ❑ **Families & Individuals:** This includes women, mothers, children, youth, infants, children with special needs who are the populations served by OCFS programs and partner organizations and inform the priorities.



# Community Engagement

## Communication

- Kick-off webinar in January
- Monthly newsletter through MailChimp
- Spring partner meetings: Rapid City, Pierre, Pine Ridge, Sisseton, and Sioux Falls
- Promotion of needs assessment at other meetings
- Fall partner meetings



# Community Engagement

## Data

- Partner survey
- Data briefs
- Partner meeting summary
- Youth survey
- Community survey
- Focus groups
- Secondary data

# Data Collection

## Youth Survey

659 Participants:

78% Female

97% English language

Age:

12% 11-13 years

55% 14-16 years

33% 17-18 years

Grade:

22% 5th – 8th grade

42% 9th – 10th grade

35% 11th – 12th grade

Race/ethnicity:

85% White

7% American Indian

8% Two or more races and other

94% Non-Hispanic

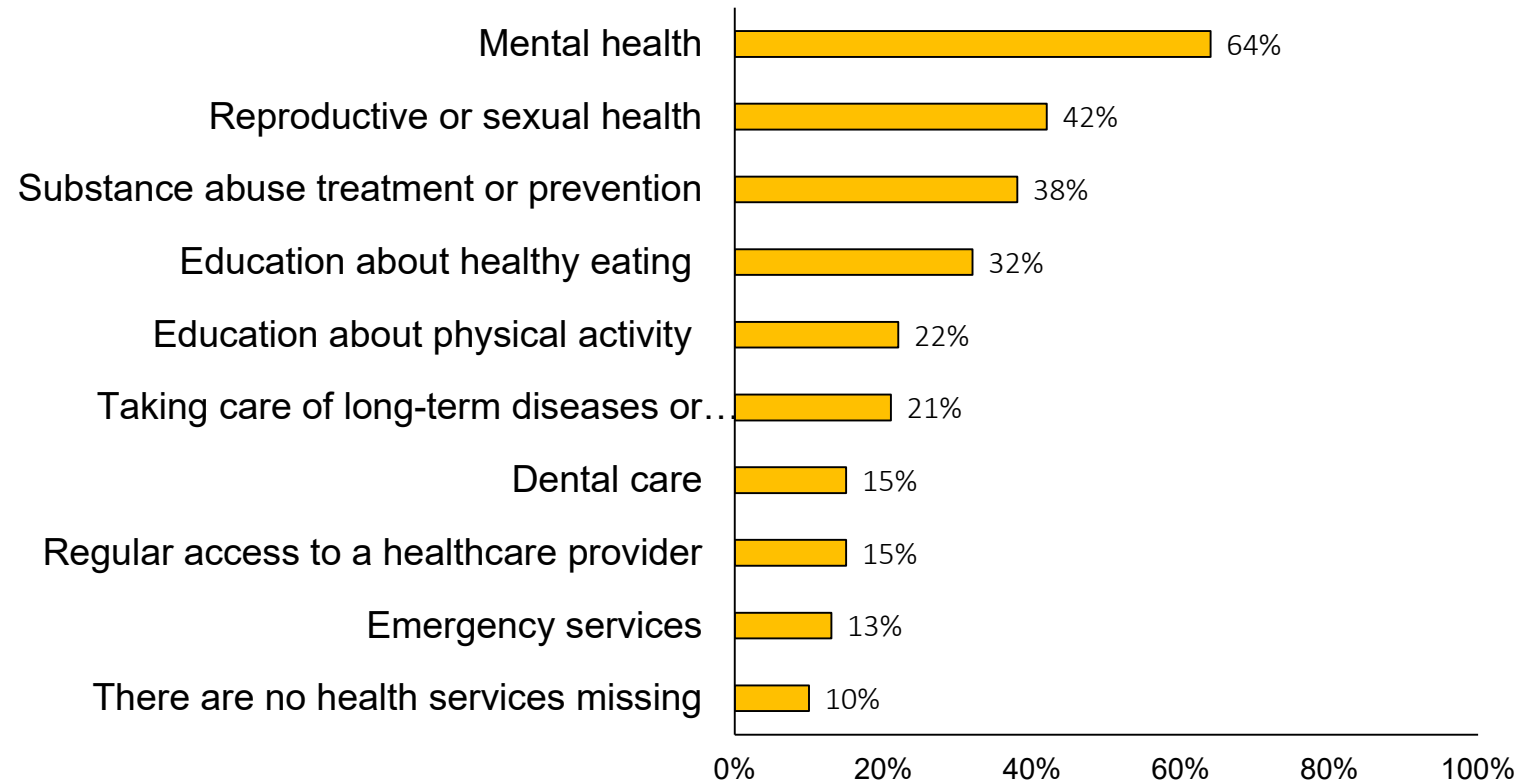
# Youth Survey

Percent of participants selecting health concerns in the top five:

	All Ages
<b>Suicide</b>	<b>84%</b>
<b>Bullying</b>	<b>68%</b>
<b>Substance use</b>	<b>61%</b>
<b>Sexual health</b>	<b>55%</b>
<b>Physical activity and nutrition</b>	<b>51%</b>
Injuries from car crashes	43%
Immunizations	43%
Adequate health insurance	35%
Obesity	34%
Transition to adult care	31%
Access to care in medical home	29%
Adolescent well-visits	24%
Oral health	22%

# Youth Survey

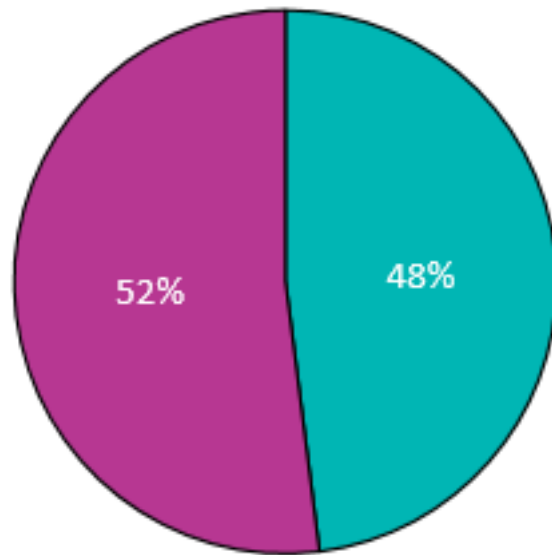
**Percentage of participants that felt resources in each of the areas was lacking in their geographical area**



# Youth Survey

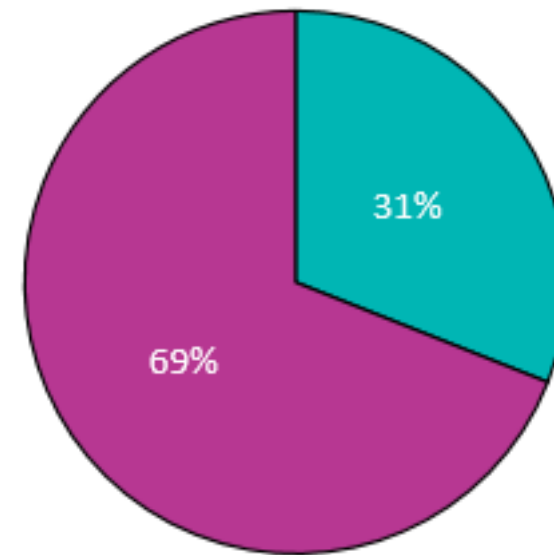
**Figure 12.** Whether or not participants would take a sex education courses if one were offered in their community by whether they had previously taken a sex education course.

Participant had already taken sex education course



■ No ■ Yes

Participant had never taken sex education course



■ No ■ Yes

# Community Survey

903 Participants (1,020 - 117 with no demographics):

- 92% Female
- 65% Married or in domestic partnership
- Household income:
  - 31% Less than \$30,000/y
  - 26% \$30,000 - \$49,999/y
  - 43% Over \$49,999/y
- Number of children in household:
  - 30% No child
  - 43% 1 or 2 children
  - 27% 3 or more children
- Race/ethnicity:
  - 74% White
  - 23% American Indian
  - 3% Other races

# Community Survey Infants

Unmet needs affecting <i>infants</i> :	Overall	Sex	Income	Race	Marital Status
Access to quality affordable daycare	58%	F > M	--	W > AI	--
Affordable health insurance	40%	--	--	W > AI	--
Safe and affordable housing	39%	--	Lo > Hi	AI > W	Not > M
Parenting education and support	32%	--	Hi > Lo	--	--
Substance use prevention & treatment for parents & caregivers	30%	--	Hi > Lo	AI > W	--
Access to mental health services for pregnant women or new mothers	25%				
Access to healthy food	21%				
Access to transportation	18%				
Access to healthcare	14%				
Understanding cultural differences	9%				

# Community Survey Children 1-9 Years of Age

Unmet needs affecting <i>children</i> :	Overall	Sex	Income	Race	Marital Status
Safe and affordable housing	43%	--	Lo > Hi	AI > W	Not > M
Parenting education and support	36%	--	Hi > Lo	W > AI	M > Not
Affordable health insurance	35%	F > M	--	W > AI	M > Not
Substance use prevention & treatment for parents & caregivers	32%	M > F	Hi > Lo	--	M > Not
Access to healthy foods	30%	--	--	--	--
Supportive family and friends	24%				
Access to mental health services	22%				
Access to dental care	21%				
Access to healthcare	19%				
Access to transportation	15%				
Understanding cultural differences	8%				



# Community Survey

## Adolescents 10-19 Years of Age

Unmet needs affecting <i>adolescents</i> :	Overall	Sex	Income	Race	Marital Status
<b>Life skills training</b>	<b>61%</b>	--	--	--	--
<b>Substance use prevention &amp; treatment</b>	<b>41%</b>	--	Hi > Lo	--	M > Not
<b>Access to mental health services</b>	<b>39%</b>	F > M	Hi > Lo	W > AI	M > Not
<b>Youth voice in decisions affecting them</b>	<b>28%</b>	F > M	Lo > Hi	AI > W	Not > M
<b>Safe and affordable housing</b>	<b>26%</b>	F > M	--	--	Not > M
Supportive family and friends	24%				
Affordable health insurance	19%				
Access to healthy food	17%				
Access to healthcare	11%				
Access to dental care	10%				
Access to transportation	8%				
Understanding cultural differences	6%				

# Community Survey Women

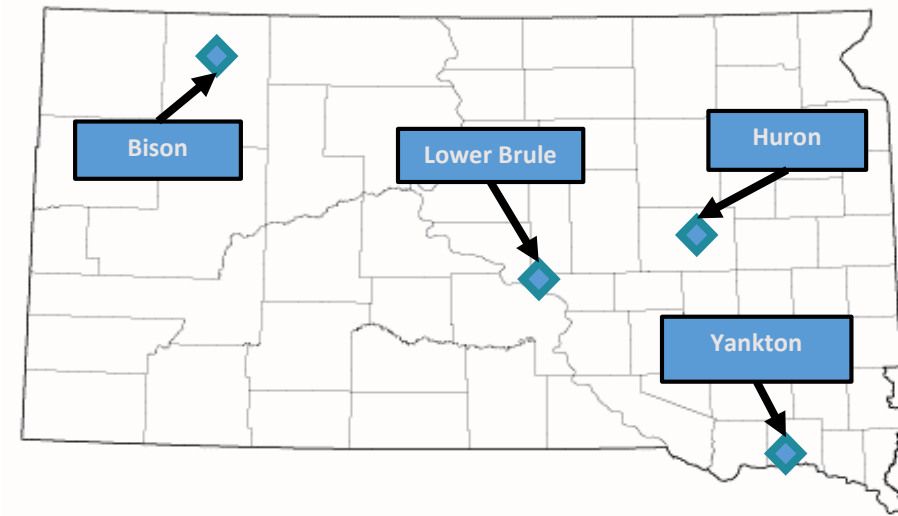
Unmet needs affecting <i>women</i> :	Overall	Sex	Income	Race	Marital Status
Being without a job or having a job that doesn't meet family needs	56%	--	--	--	--
Affordable health insurance	39%	--	--	W > AI	--
Access to mental health services	36%	--	Hi > Lo	W > AI	M > Not
Safe and affordable housing	34%	--	Lo > Hi	AI > W	Not > M
Parenting education and support	24%	--	--	--	--
Substance use prevention and treatment	24%				
Access to healthcare	20%				
Supportive family and friends	17%				
Access to healthy food	14%				
Access to transportation	12%				
Access to dental care	12%				
Understanding cultural differences	4%				

# Community Survey CYSHCN

Unmet needs affecting <u>CYSHCN</u> :	Overall	Sex	Income	Race	Marital Status
Access to specialists	46%	--	--	--	--
Lack of transition care	33%	--	--	AI > W	--
Parenting education and support	33%	--	Hi > Lo	--	--
Communication between support services & health care providers	32%	--	--	--	--
Access to mental health services	24%	--	--	--	--
Access to healthcare	23%				
Affordable health or dental coverage	23%				
Safe and affordable housing	19%				
Access to transportation	17%				
Supportive family and friends	13%				
Substance use prevention and treatment	7%				
Access to healthy food	6%				
Access to dental care	5%				
Understanding of cultural differences	4%				

# Focus Groups

Bison: co-parents  
Lower Brule: Native  
American women  
Huron: single parents  
Yankton: youth



Priorities	Common Themes Across Focus Group Sites
Mental, social, and behavioral health	<ul style="list-style-type: none"> <li>• Need for more suicide prevention programs and education</li> <li>• Expand mental health services and raise awareness of existing services</li> <li>• Concerns about confidentiality and trust, embarrassment and judgment were barriers to accessing counseling services</li> </ul>
Drug, alcohol, and tobacco use	<ul style="list-style-type: none"> <li>• Issues with methamphetamine and alcohol misuse</li> <li>• Need to expand and improve local alcohol and chemical dependency treatment options and substance misuse prevention programming</li> </ul>
Sexual health	<ul style="list-style-type: none"> <li>• Need for sexual health education</li> <li>• Continued education throughout middle school and high school</li> <li>• Content suggested includes consent, healthy relationships, sexually transmitted infections, and contraceptives</li> </ul>
Physical activity and nutrition	<ul style="list-style-type: none"> <li>• Need for a free or low-cost local wellness center or gym</li> </ul>
Afterschool programs and extracurriculars	<ul style="list-style-type: none"> <li>• Need for targeted programming, particularly topic-focused programs teaching life skills</li> </ul>



# Final Priorities linked to NPMs and SPMs

Priority	MCH Population Domain	NPM or SPM
Safe sleep	Perinatal/Infant Health	NPM 5 Safe sleep
Parenting education and support	Child Health	NPM 6 Developmental screening
Access to care and services	CSHCN	NPM 11 Medical home
Adolescent suicide/mental health	Adolescent Health	NPM 7.2 Injury hospitalization
Mental health and substance abuse	Women/Maternal Health	NPM 1 Well-woman visit
Sexual health/healthy relationships	Adolescent Health	SPM 1
Data sharing and collaboration	Cross-Cutting	SPM 2

# SD PRAMS: Pregnancy Risk Assessment Monitoring System: *A Statewide Survey*



## Purpose of PRAMS

- To assess maternal attitudes and behaviors before, during and after pregnancy
- To provide data for guidance on DOH programs, MCH Block Grant performance measures & compare trends over time

## Previous and Current Studies

- 2014 PRAMS-like Survey:  
<http://doh.sd.gov/documents/statistics/2014-SD-PRAMS.pdf>
- 2016 PRAMS-like Survey: data collection completed – keep eyes open for report later in 2018
- 2017-2020 PRAMS

# South Dakota 2017-2018 PRAMS

- Surveillance Data Report for American Indian Mothers by Reservation Counties
- No information on Tribal affiliation is obtained in PRAMS
- Data from these reports may provide Tribes with information on attitudes, behaviors and health of these mothers

