

Title V Maternal and Child Health 2020 Needs Assessment, Data Brief 5

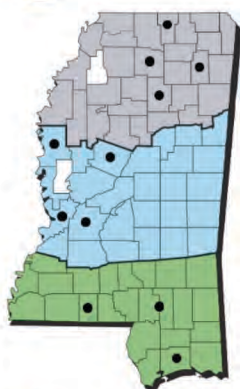
Adolescent Health Domain



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
	Maternal and Child Health (online)	Healthcare providers (online)	Adolescents (online)	YSHCN (online and paper)	Families of CYSHCN (online and paper)	Women	Participants	
Key MCH indicators provided to states	577	104	58 (176 total)	62	167	11 groups	75 participants	Representatives of local, state, public, and private group that work with MCH population 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.

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▶ What We Learned: Identified Needs



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

- Physical activity is limited among adolescents.
- Many communities do not have safe, affordable spaces for physical activity.
- Almost 55% of adolescent survey respondents reported exercising for at least 30 minutes for fewer than 5 days a week.



Inadequate and insufficient health and sexual health education

- Desire for school-based programs to be more comprehensive
 - Including discussion of pregnancy, sexually transmitted infections (STIs), safe sex, sexual abuse, and healthy relationships.
- Education should begin at younger ages.
- Key informants report quality of sex education highly variable from school to school.
 - Some instructors have little training on evidence-based curricula.

- Parents want resources to effectively discuss sexual health with their children.
- Adolescents need respectful, culturally competent, medically-accurate information regarding their sexual health.
- Health education, including sexual education, should be tailored to the disability population.
- In the absence of education, adolescents with disabilities, like all adolescents, may turn to peers or the internet for information.



Lack of or inadequate access to comprehensive reproductive health care, including for adolescents with disabilities

- Adolescents may feel embarrassed about discussing sexual and reproductive health, which is a barrier to accessing health care and health information.



Lack of or inadequate substance abuse treatment (smoking, alcohol, drugs) and prevention education

- Vaping, synthetic marijuana, marijuana, and alcohol

consumption are the substances described as commonly used by adolescents.

- Over 65% classified **vaping, smoking, smokeless tobacco** as moderate or big problems.
- Over 55% adolescent survey respondents classified **alcohol use and abuse** as a moderate or big problem.
- 48% classified **drug use and abuse** as a moderate or big problem.
- Unmet mental health needs, including depression and anxiety, may lead to substance abuse.
- There is a need for more comprehensive and effective school-based prevention education.
- Family and peers play an important role as adolescents often choose to engage in substance use if they see it in their homes and communities.



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

- Adolescents face a number of mental health crisis that include bullying, interpersonal violence, and suicide.
 - Over 65% adolescent

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survey respondents reported **depression and anxiety** as moderate or big problems.

- o Over 57% reported **bullying** as a moderate or big problem.
- Unmonitored access to social media, video games, and the internet perceived to contribute to adolescent mental and behavioral health challenges.
- Adolescents shared that it would be helpful to:
 - o Learn healthy coping strategies,
 - o Have access to therapy, and
 - o Have a relationship with a trusted adult to turn to for non-judgmental support.
- Adolescents are embarrassed to seek mental health support.
- Increasing access to school-based mental health services may address adolescent mental health needs.



Lack of supports for pregnant and parenting teens

- Teen pregnancy is perceived as an increasing issue due to lack of education and parental involvement.
- Pregnant teens may smoke and drink while pregnant which may negatively affect infant health.
- There may be a connection between teen pregnancy and

infant mortality.

- Adolescents may want to be pregnant because of lack of opportunities
 - o Adolescents have “nothing to do” and see parenthood as a rite of passage.
- For sex education to be effective and impactful, topics beyond STDs and contraceptives should be discussed, encompassing teens’ long term visions for their lives
 - o Pregnancy prevention should be tied to those goals.



Inadequate or insufficient preparation, information, and resources to support transition to adulthood (life skills, job preparedness)

- Adolescents want better preparation, information, and resources to support them to handle adult life
 - o Job training programs and life skills courses



Limited access to adult role models and mentors

- Adolescents need trusted adult role models and mentors.
- Some adolescents perceived they did not have these.



Inadequate or lack of comprehensive, affordable health and oral health care and insurance

- Adolescents who age out of Medicaid and cannot afford coverage or out-of-pocket costs have to go without oral health care.
- Orthodontics are not covered by public dental insurance.
- Over 24% of adolescent survey respondents **did not attend a preventive dental visit** in the past year.
- Older adolescents (early 20s) noted that they and many people in their communities earn too much money from their jobs to qualify for Medicaid but not enough money to afford insurance or the out-of-pocket costs of care.



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

- Barriers to adolescents accessing health care include:
 - o losing coverage once they become adults and Medicaid expires

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- o lack of resources and education to transition from pediatric to adult care
- 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



Discrimination, bias, and differences in quality of care based on race/ethnicity, socioeconomic status, marital status, age, insurance status/type, sexual orientation, and gender identity

- Individuals may receive poor-quality care as a result of their socioeconomic status and insurance status.

- Adolescents are in need of quality, respectful, confidential, teen-friendly health care
 - Including care related to physical, mental, and sexual health
- Barriers specific to Spanish Speaking/Latinx communities include:
 - inaccurate translation of paperwork
 - poor quality of interpretation
 - low-quality care available for children who are undocumented





What We Know: Federally Available Data

Adolescent Health Indicators	Value*	How does Mississippi compare to the U.S.?	How has Mississippi been doing?
Physical activity (4-6 days a week) – 12-17 years	27.8%	Worse	Trending slightly worse
Bullying (victimization)	24.3%	Worse	Trending worse
Adolescent well-visit	77.0%	Slightly worse	Trending better
Preventive dental visit – adolescent	88.9%	Better	About the same
Adolescent mortality	48.4 per 100,000	Worse	Trending better
Adolescent motor vehicle death	28.0 per 100,000	Worse	Trending better
Adolescent suicide	9.6 per 100,000	Slightly better	Mixed
HPV vaccination	49.6%	Worse	Trending better
Obesity – 10-17 years	19.2%	Worse	Trending worse
Household smoking – 12-17 years	21.2%	Worse	Trending slightly worse
Hospitalization for non-fatal injury – 10-19 years	204.4 per 100,000	Better	Trending better
Teen birth rate	31.0 per 1,000	Worse	Trending better

*Data values are most-recently available as retrieved from <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalPerformanceMeasures> and <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalOutcomeMeasures> and *National Survey of Children’s Health: childhealthdata.org*