



Improving Maternal & Reproductive Health Services in the Naugatuck Valley

Stakeholder Perspectives and Recommendations for Action

Valley Maternal Health Coalition



Report prepared by Consultant:
Heidi Zavatore-Veth, PhD

December 2014

Support provided by:

The Valley Community Foundation

Acknowledgements

The Valley Maternal Health Coalition and the Naugatuck Valley Health District gratefully acknowledge a generous grant from the Valley Community Foundation that supported the development of the Coalition and this first phase of assessing the current state of maternal and reproductive health services in the Naugatuck Valley.

In addition, we would like to thank the following:

- ◆ the individuals and organizations who contributed to the research process:
 - Ayana Williams, Valley Diaper Bank, TEAM, Inc.
 - Cynthia Spears, Kimberly Vieira, & Tiffany Ramos, MIECHV/Early Head Start, TEAM, Inc.
 - the nurses, physicians, and other service providers who participated in the stakeholder research
 - the parents, caretakers and youth who shared their experiences and perspectives
 - Ashley Robinette, Evan Timme, & Kara Vendetti from the University of Connecticut MPH Program.

- ◆ the Valley Maternal Health Coalition members who have given generously of their time to advance the Coalition's work:
 - Heidi Biegel, Cornell Scott Hill Health Center
 - Rita Crana, Griffin Hospital
 - Irene Garib, Southwest Community Health Center
 - Thomas Hill, Optimus Health Center
 - Michele Holovach, MIECHV/Early Head Start, TEAM, Inc.
 - Deborah Horvath, Naugatuck Valley Health District
 - Brian Karsif, Yale School of Medicine
 - Pamela Lorenzo, Nurturing Families Network, VNA of South Central CT
 - Michael O'Reilly, Women's Health Center
 - Holly Major, Charger Health Center
 - Mary Osiecki, Cornell Scott Hill Health Center
 - Rupalini Rawal, Women's Health Center
 - Amy Shields, Naugatuck Valley Health District
 - Karen Spargo, Naugatuck Valley Health District

For further information about this report and the Valley Maternal Health Coalition, please contact:

Deborah Horvath, Assistant Director, Community Health Services
Naugatuck Valley Health District

Phone: 203-881-3255

Email: dhorvath@nvhd.org

Executive Summary

Valley Maternal Health Coalition

In response to rising rates of inadequate prenatal care among births to women in lower Naugatuck Valley towns as well as a decrease in the availability of local reproductive health services, the Naugatuck Valley Health District convened a Valley Maternal Health Coalition in early 2014. Supported by a Valley Community Foundation grant, this collaborative coalition of health and human service providers began its work by assessing the strengths and gaps of current maternal and reproductive health services in the region, with a focus on the towns of Ansonia, Derby, Seymour and Shelton.

Stakeholder Research Process

In addition to reviewing statistical data and sharing their knowledge of existing services, Coalition members commissioned an assessment of community stakeholder views about the availability and accessibility of Valley resources for maternal health and reproductive health. The research included interviews with parents and other community members, including 38 parents/caretakers who utilize the Valley Diaper Bank, 4 fathers who participate in the MIECHV/Early Head Start program, and 26 high school students. In addition, the research consultant interviewed health and human service providers, including 6 clinical providers, 10 nurses from the Valley Parish Nurse program, and 5 nurses from Valley middle and high schools.

Stakeholder Perspectives on Maternal & Reproductive Health Care in the Lower Naugatuck Valley

Community stakeholders identified numerous strengths and gaps in the existing maternal and reproductive health services available to Valley residents. Although access to health insurance was not identified as a problem for most interviewees, some individuals described insurance challenges that interfered with getting timely prenatal care and other reproductive health services. These challenges included delays in obtaining insurance early in a pregnancy, the loss of insurance post-delivery, or lack of eligibility for insurance among recent or undocumented immigrants.

While many interviewees said that they experienced no difficulty connecting with a healthcare provider, others stated that they did encounter problems in accessing prenatal and other clinical services. The reported problems included difficulty finding providers who would take Husky insurance, uncertainty about how to access low-cost services, concerns about confidentiality in utilizing reproductive health services, and barriers related to language accessibility and other communication issues. Interviewees pointed out that for those who need to travel to cities for high-risk prenatal or low-cost services, fear of travel can be a barrier as well as the time and money required.

Most community stakeholders stressed that much more than clinical care is required to improve maternal and reproductive health. Even as they identified existing resources provided by Valley agencies, schools and community groups, interviewees expressed a strong desire for additional opportunities for education and emotional support as well as for the material resources need to support healthy pregnancies and lives.

Recommendations for Action

After reviewing the stakeholder research results, the Valley Maternal Health Coalition members developed recommendations for action to sustain the region's reproductive health service strengths and to address the gaps identified, as summarized below.

Sustain and Improve Awareness of Existing Valley Services

- Sustain the current strengths of the Valley's maternal and reproductive health resources by providing continued support to existing programs that offer reproductive healthcare, education, and supportive services
- Compile a local maternal and reproductive health resource & referral directory and providing training in its use to providers and the public

Address Gaps in Availability and Accessibility of Valley Maternal & Reproductive Healthcare Services

- Collaborate with leadership of Griffin Hospital and Cornell Scott Hill Health Center to identify strategies for improving access to OB/GYN and reproductive health services within the Valley region
- Explore options with Planned Parenthood for returning services to the Valley
- Monitor reproductive health funding opportunities and prepare applications
- Explore options for offering training and support for providers regarding language and cultural accessibility issues in maternal and reproductive healthcare

Improve Opportunities for Education, Support Services, and Material Resources that Foster Maternal & Reproductive Health

- Include maternal and reproductive health training topics in training resource list to be compiled by the Valley Council for Health & Human Services and disseminate to the Valley schools, libraries, and community groups
- Explore development of training program for parents/caretakers about how to address reproductive health issues with children
- Investigate models for providing additional education, emotional health & social support services, particularly for underserved groups
- Examine options for expanding social work services in the Valley towns
- Increase awareness of need for health & hygiene supplies in Valley schools as well as for material resources for expectant parents in the region

Table of Contents

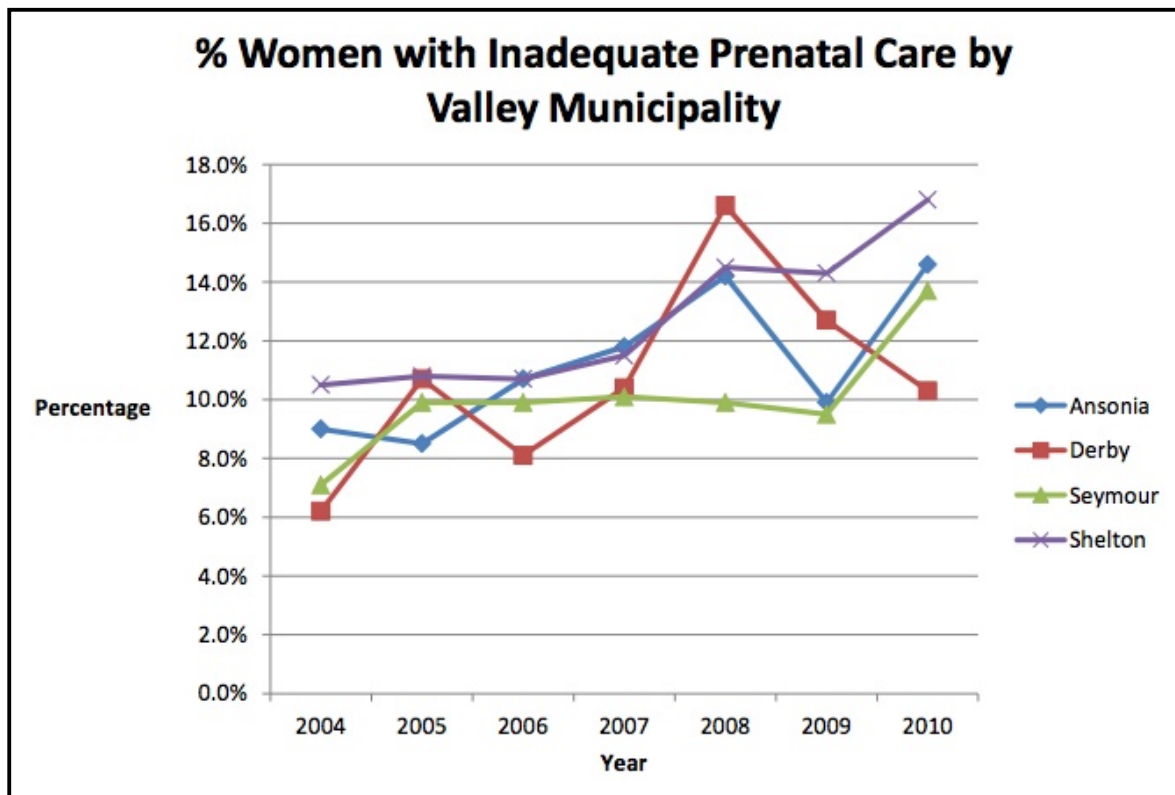
Acknowledgements	i
Executive Summary	ii
1. Valley Maternal Health Coalition	1
2. Stakeholder Research Process	3
3. Stakeholder Perspectives on Maternal & Reproductive Health Care in the Lower Naugatuck Valley	6
4. Recommendations for Action	15

1. Valley Maternal Health Coalition

Motivation for a Valley Maternal & Reproductive Health Coalition

During planning for Early Childhood initiatives in the lower Naugatuck Valley, participants noticed a disturbing increase in the town-wide percentages of women who received inadequate prenatal care between 2000 and 2010. Increasing rates of chlamydia, a sexually-transmitted disease that can have significant implications for maternal and child health, also raised questions about reproductive health needs in the region.

At the same time, the region's health and social service system experienced the withdrawal and elimination of several programs and agencies, which reduced the accessibility of some resources to support parents and families. In March 2013, the Shelton office of Planned Parenthood closed, further limiting the local services for reproductive health information and care.



Data Source: CT DPH Annual Registration Reports. Multi-Year Comparison of Pregnancy Indicators by State, Town, Health District. Table 4. <http://www.ct.gov/dph/cwp/view.asp?a+3132&q=394598>

Due to these concerns, the Naugatuck Valley Health District (NVHD) submitted a grant application to the Valley Community Foundation (VCF) to develop a collaborative coalition to address the availability and accessibility of reproductive health services in the Valley, including attention to prenatal care and the prevention of sexually transmitted diseases. This objective was incorporated into the Access to Care priority area of the Naugatuck Valley Community Health Improvement Plan, released in August 2013 by the NVHD and the Valley Council for Health & Human Services. In the fall of 2013, the NVHD received the VCF grant to convene a coalition and conduct an assessment of maternal and reproductive health services, with a focus on four Valley towns (Ansonia, Derby, Seymour and Shelton.)

“Early and adequate prenatal care helps to promote healthy pregnancies through screening and management of a woman’s risk factors and health conditions, as well as education and counseling on healthy behaviors during and after pregnancy.”


Prenatal Care Utilization,
Child Health USA 2013,
Maternal Child Health
Bureau, HRSA

Coalition Purpose

The Naugatuck Valley Health District invited over twenty health and social service providers in the region to participate in the Coalition. Over the past year, the Coalition has met six times to review existing data, share knowledge, design research activities, and develop recommendations for ways to improve existing services and address gaps in resources.

“The purpose of the Maternal Health Coalition is to bring together a group of individuals with a vested interest in reproductive health who will assist in the identification of gaps and barriers to reproductive health care services in the Valley, and aid efforts to address identified issues, and provide awareness and education to the community.”

--Valley Maternal Health Coalition Charter, 2014



Valley Maternal Health Coalition Members with Consultant

2. Stakeholder Research Process

Determining Priorities and Methods for Research

In order to use the grant funds for assessing stakeholder views of the Valley's maternal and reproductive care services most effectively, Coalition members reviewed available sources of information and shared their knowledge of the region's service system. Initial meetings included presentations of state Department of Public Health data by NVHD interns and staff members as well as discussions of existing programs and services.

Through this review of statistical trends and current services, the Coalition prioritized several key areas for further investigation. These included:

- parent perspectives regarding the accessibility and quality of services, including the specific concerns of uninsured, undocumented, and non-English speaking residents
- health provider perspectives about the strengths and challenges of the existing service system
- the reproductive health services and resources available to middle and high school students

The research consultant contracted by the NVHD worked collaboratively with Coalition members to design research strategies that would address these areas of interest and that could be completed within the grant time and funding framework.

Research Components

1. Individual Interviews with School Nurses

School nurses at the middle and high schools in the four Valley towns covered by the grant were invited to give their input on the health needs of Valley youth, particularly as they relate to reproductive health. The consultant completed interviews with 5 school nurses, which lasted between 15 and 30 minutes. The interviews were conducted in person at the school sites, with the exception of one telephone interview.

2. Individual Interviews with Parents

Although the original grant application envisioned conducting focus groups with parents, Coalition members suggested that the most effective way to obtain parent input would be to conduct interviews with parents who utilize the Valley Diaper Bank based at TEAM, Inc. in Derby. As parents and caretakers arrived for their monthly diaper pick-up in August, they were approached regarding the purpose and process of the interview. Those who were willing and able to participate were interviewed in a private room with a play area and snacks available for children. All interviewees were given a \$5 gift card for their participation.

The consultant completed 38 interviews with parents/caretakers from Ansonia, Derby, Seymour and Shelton. Several interviews were conducted in Spanish and one in a combination of English and French. These open-ended interviews, lasting between 10 and 25 minutes, covered the following topics:

- experiences obtaining care during pregnancy, including perceived strengths and challenges of accessing services
- experiences obtaining reproductive health services outside of pregnancy
- perceptions regarding areas for improvement in maternity and reproductive health services in the region

Of the parents and caretakers interviewed at the Valley Diaper Bank site, only one was a father. Most interviewees were mothers, accompanied by a few grandmothers. As a result, the Coalition discussed ways to obtain further information on the perspectives of fathers. Since the MIECHV/Early Head Start program in the Valley has only recently begun recruiting men for a fathers' group, the program's director recommended that the home visitors interview fathers during their in-home consultations. Home visitors conducted brief interviews with 4 additional fathers.

3. Individual & Group Interviews with Providers

The Coalition and consultant decided to develop a survey to obtain provider input, as we believed that this format would prove easiest for OB/GYN providers to fit into their schedules. A letter from the Coalition accompanied the invitation to participate in the survey, which could be filled out on-line or on paper. Invitations were mailed to 13 private OB/GYN practices and 7 additional community health centers and hospital programs.

Due to the lack of response from providers, the consultant and NVHD staff decided to shift strategies. With the assistance of a coalition member, the consultant arranged brief individual interviews with 6 health care providers. In addition to these OB/GYN providers, the consultant conducted a group interview with 10 nurses from the Valley Parish Nurse program to obtain their perspectives on access to care from the

community level. One additional interview was conducted with a community provider familiar with health outreach through religious communities in the region.

4. Group Discussions with Youth

Due to limitations on the time and funds available, the Coalition did not envision being able to conduct interviews with middle and high school students. During the consultant's interview with one school nurse, however, a group of 6 high school students informally expressed their views.

In addition, during this time period the consultant had the opportunity to work on a project to investigate youth needs as part of the Naugatuck Valley Community Health Improvement Plan. She conducted group interviews with a total of 20 high schools students regarding their health needs and concerns, which included reproductive health issues. These findings were presented to Coalition members along with the research components directly supported by the Maternal Health Coalition grant.

STAKEHOLDER RESEARCH SNAPSHOT

Parent and Community Members Interviews

- 38 Parents, Valley Diaper Bank participants
- 4 Fathers, MIECHV/Early Head Start participants
- 26 High School Students (Ansonia High School & Valley Youth Leaders)

Health & Human Service Providers Interviews

- 6 clinical providers
- 10 nurses from Valley Parish Nurse program
- 5 middle and high school nurses

Input from health & human service providers represented on Coalition

3. Stakeholder Perspectives on Maternal & Reproductive Health Care in the Lower Naugatuck Valley

During group and individual interviews, community stakeholders identified strengths and gaps in the accessibility of pregnancy and reproductive health services in the lower Naugatuck Valley. Detailed notes from these interviews were analyzed for key themes, which are summarized below.

1. OBTAINING HEALTH INSURANCE

STRENGTHS

- ✓ Most residents have health insurance, or are eligible to apply
- ✓ Naugatuck Valley Health District programs & other Valley nonprofits assist residents in connecting with insurance services

GAPS/CHALLENGES

- ◆ Some parents report delays in obtaining insurance at outset of pregnancy, postponing entry into prenatal care
- ◆ Loss of state insurance coverage post-delivery for women on Husky can limit postpartum and inter-conceptual care
- ◆ Residency requirements delay eligibility for insurance for some individuals; undocumented residents not eligible for coverage
- ◆ Logistical barriers to application process, including long waits on phone or online challenges
- ◆ OB/GYN offices are not always able to offer assistance with insurance application process or referrals
- ◆ Privacy concerns about application information requirements, due to immigration status or custody/child support concerns

Although lack of access to health insurance is not a major concern in the region, especially in light of healthcare reform, some parents did indicate that insurance gaps and delays made it difficult for them to obtain vitamins or prenatal services early in a pregnancy or to access contraceptive and other services after delivery. One mother, for example, said that the cost of more effective contraceptive methods was prohibitive for her when she lost her

"My brother's girlfriend was waiting for her insurance to go through. She didn't get prenatal care until three months. She had tried places with a sliding scale and the lowest was \$300 for her vitamins and things; she couldn't afford it."

Parent

"It'd be great if we could get the insurance paperwork going in the office. We need to get the insurance ball rolling."

Clinical provider

Husky coverage after her delivery. Some providers communicated a desire to find ways to connect patients with insurance assistance more promptly and effectively.

Recent immigrants and undocumented residents continue to experience insurance eligibility barriers. Several interviewees shared examples of undocumented women who had to rely on obtaining birth control from their home countries or who went without costly contraceptive and other reproductive health services, which in some cases resulted in unplanned pregnancies or untreated health issues. Parents who were eligible for insurance also reported fears about how the information gathered in insurance applications might be used or confusion about various elements of the application process.

"The whole web site for state insurance is very confusing! General, family practitioner--I don't know what the terms are."

Parent

"[Undocumented residents] wait until they get gravely ill and then go the Emergency...They don't look for services because they are afraid. Many immigrants are coming into the community. We have to keep speaking up."

Parent (translated from Spanish)

2. CONNECTING WITH PRENATAL & REPRODUCTIVE HEALTH CARE PROVIDERS

STRENGTHS

- ✓ Many parents, especially those well-established in the community, reported little difficulty finding OB/GYN providers
- ✓ Valley nonprofits play vital role in connecting families with services, as do WIC & Healthy Start programs at Naugatuck Valley Health District
- ✓ Informal networks of family & friends are important source of referrals
- ✓ Most parents reported positive experiences with hospital care
- ✓ Griffin-affiliated OB/GYN providers provide care for uninsured, low-income patients on rotating basis
- ✓ One school-based health center (Charger Health Center, Ansonia High School) that provides reproductive health information and services

GAPS/CHALLENGES

- ◆ Considerable number of parents reported difficulty finding local providers who accept “state” or Husky insurance
- ◆ Lack of high-risk pregnancy services within the Valley
- ◆ No low-cost community health clinic provides maternity services in the Valley
- ◆ Limited awareness about services offered by Cornell Scott Hill Health Center in Ansonia
- ◆ Lack of clarity about how to access OB/GYN services for uninsured & low-income families provided by Griffin Hospital-affiliated providers on a rotating basis; no centralized source for information & referrals
- ◆ Maternity services not integrated with primary care, making it difficult for families to access preventive care, prenatal care, and pediatric care easily through one medical home
- ◆ Loss of Planned Parenthood office in Shelton, with confidential services for contraception, STDs, pregnancy, and other reproductive health concerns
- ◆ Loss of community centers helpful in connecting families, especially newcomers, with services
- ◆ Perception among parents that some providers do not have a positive approach to serving “state”-insured families; a few providers identify need for staff members to better communicate a welcoming attitude to patients
- ◆ Physical environment of offices and clinics not always appealing
- ◆ Providers do not always engage fathers during prenatal appointments
- ◆ Most Valley schools do not have school-based health center and many school districts have policies limiting reproductive health services & information provided by school nurses employed by towns
- ◆ Limited personnel and privacy in school health offices makes it more difficult for nurses to provide confidential services
- ◆ Some school nurses expressed concern that young men may not feel comfortable approaching female nurses and may have fewer places to turn
- ◆ Young people voiced concern that personal physicians may not keep information confidential or that the use of insurance will mean parents become aware of the services & medications utilized
- ◆ Number of reception staff and clinical staff able to communicate with non-English speakers is very limited in most Valley OB/GYN practices
- ◆ Little outreach and communication about services is offered in languages other than English or at neighborhood sites frequented by immigrant groups

Valley providers and parents agreed that even though the region boasts a local hospital and other health resources, some significant challenges exist in accessing prenatal care and reproductive health services, even for those with health insurance coverage. A substantial number of parents interviewed described difficulties with finding providers who would accept “state” or Husky insurance. Some mothers related that they had to call many offices and that providers did not generally offer suggestions about where else they might look. Others stated that they felt that providers treated them differently because they did not have private insurance. Several fathers commented they would like providers to be more welcoming to men and inquire about their concerns during prenatal visits.

Finding and accessing services can also be difficult for those who do not speak English as their primary language, since not all OB/GYN offices consistently provide interpreter services or have administrative or clinical staff members who speak other languages. Providers stated that patients usually bring someone who can serve as a translator, but they did not address the potential downsides of family members or friends translating for patients, particularly in the area of reproductive health.

Both providers and parents expressed concern about the fact that low-income parents without insurance feel the need to travel to Bridgeport, Waterbury or New Haven for affordable maternity services. Clinical providers described the challenge of patients arriving under emergency circumstances at Griffin Hospital when no pregnancy records were available to clinicians because the mother was receiving prenatal care outside of the Valley. Parents and nonprofit agency representatives alike were unsure about how uninsured, low-income families might access affordable services through the Griffin OB/GYN network. Parents also lamented the fact that women with high-risk pregnancies need to travel further for care. A few mothers, however, expressed a personal preference for a hospital outside of the Valley due to a variety of factors, including their prior hospital experiences or views of hospital policies.

The recent loss of the Planned Parenthood site in the Valley was a significant cause of concern for parents and providers since it provided low-cost, confidential services such as pregnancy testing, contraception, STD testing and prevention services, and other supports in an accessible location. Interviews with school nurses, parents, and youth indicated that they felt that many youth and adults would not know where to turn for assistance if they suspected being pregnant or if they needed assistance with

“I didn't find it hard to find a doctor.”

Parent

“It was very hard to find a doctor that takes state insurance.”

Parent

“If you don't have insurance, there's fear of stepping in a doctor's office because you're gonna have a bill come.”

Parent

“There are a lot of Valley residents that don't speak much English, like my mom. So that makes it hard for them.”

Parent

contraception, sexually transmitted disease, and other reproductive health concerns.

Many interviewees were uncertain about which of these services might be available at Cornell Scott Hill Health Center in Ansonia.

"I've told neighbors to go to Planned Parenthood. I wouldn't know where to send them now...Some people don't know all the cities."

Parent

"Planned Parenthood, that's where my mother took me when I first got my period. That was in reach...Teenagers need someone to talk to. They would talk to you there."

Parent

Some high school students expressed fears about whether their personal physicians would keep their questions about pregnancy, contraception, STDs or other reproductive health issues confidential or whether using insurance for such services meant that their parents would be informed. One interviewee indicated that she felt less comfortable going to the Planned Parenthood office in Bridgeport because she believes it is the site of frequent protests.

Interviewees indicated that much more could be done to spread word about the clinical and other services currently available within the healthcare system and at the community level. One Valley parish nurse suggested that pediatricians might be able to play a role in connecting mothers with prenatal and reproductive health services. Parish nurses and other interviewees said more outreach could be done through religious communities and other existing community programs.

A number of interviewees pointed out that the lack of a local physical site to serve as a recognized center of prenatal and reproductive health services poses a significant barrier. Interviews with stakeholders and Coalition members indicate considerable confusion regarding how to access Griffin's services for uninsured, low-income women. One provider suggested creating an information line that would more easily connect people with the prenatal providers and other resources. Several interviewees also recommended exploring the possibility of establishing a physical site for Valley maternity services, which would be accessible by public transportation.

3. TRAVELING FOR SERVICES

STRENGTHS

- ✓ Valley Transit and other medical ride services
- ✓ Some individuals report comfort with travel outside the Valley, since they have moved into the region from a neighboring city

GAPS/CHALLENGES

- ◆ Insufficient travel options for accessing health care and related resources
- ◆ Time and cost of travel, especially when traveling to cities for health centers and high risk services in cities
- ◆ Challenges of traveling and going to appointments with children
- ◆ Some parents report fear of traveling to cities and neighborhoods with which they are not familiar
- ◆ Young people may not have funds or comfort level to travel outside Valley for reproductive health services
- ◆ For undocumented or those with expired automobile registrations, fear of being stopped by police when traveling by car

Clinical and nonprofit service providers in the Valley recognize the long-standing challenges for families regarding travel for health care within and beyond the region. Several providers expressed concern that the time and cost of travel to nearby cities adversely affects the timeliness and frequency of prenatal care for some women.

In parent interviews, many acknowledged such concerns but several mothers pointed out that they also avoided travel to unfamiliar cities and neighborhoods out of fears for their safety or concerns that they might get lost. In addition, some noted that traveling by car could prove challenging for fear of getting pulled over by police. For those who do not have valid registrations due to undocumented status or expired registrations, this possibility has serious implications. School nurses also indicated that the further young people have to travel for reproductive health services, the less likely they will be to access such services.

"If they can't walk or afford a bus pass, they really are doing without services."

School Nurse

"I won't go to New Haven or Bridgeport. It's scary. You gotta take the bus and you don't know where you'll end up."

Parent

4. HEALTH EDUCATION, MENTAL HEALTH, AND SOCIAL SUPPORT

STRENGTHS

- ✓ Clinical providers and hospitals offer some individual & group education
- ✓ Middle and high school health education classes address some reproductive health issues, though amount and approach vary
- ✓ Education, outreach, mental health & support services offered through Valley's health and human service agencies

GAPS/CHALLENGES

- ◆ Insufficient awareness of existing services in these areas
- ◆ Many mothers identified need for more information about pregnancy, contraception, STDs, parenting, self-care, and overall health issues
- ◆ Some providers feel that women may avoid or delay prenatal care because they do not recognize its importance or they do not want to accept the reality of a pregnancy
- ◆ Fathers expressed need for more information about pregnancy and birth as well as contraception and STDs
- ◆ High schools students expressed a desire for improved health education in schools, including more detailed information on reproductive health and more engaging teaching techniques
- ◆ Individual health education teachers in schools vary in their knowledge and comfort levels with regarding to teaching reproductive health
- ◆ Parents of teenagers do not always know how to address or teach about pregnancy and reproduction
- ◆ No services available that are tailored to needs of pregnant & parenting teens
- ◆ Social work and guidance resources in schools are not sufficient to meet mental health needs of students; social work staffing at Griffin Hospital also limited
- ◆ Mothers and fathers expressed interest in more mental health support, including screening and treatment for postpartum depression and dealing with the stresses of parenting and peer support groups; some fearful of potential consequences of reporting mental health needs
- ◆ Very limited availability of educational and support services in Spanish and other languages

According to interviewees, Valley residents require much more than access to clinical services to improve maternal and reproductive care. They expressed the view that men and women need more education about pregnancy and reproductive health across the life span. In addition, they emphasized the need to increase services that address mental health and provide social support to youth, adults, and families. Fathers emphasized that men also need information and support, asking for educational materials that are “men-friendly” and not only geared toward women.

Although school nurses and health educators provide Valley youth with health

"There is a lack of education on the kids' part. I am open, honest with them, but am surprised of what they don't know...I don't know where they get misinformation but sometimes I think there's lack of parental education too."

School Nurse

"Healthcare providers could do a lot more education-wise. It's a scary thing, pregnancy, and going through all the emotions. It would be nice if there were more classes, groups—not just childbirth classes."

Parent

"I see so many teen moms. It would be nice if there were more for them."

Parent

education, Valley high school students who participated in group discussions stated they want more detailed information on a host of reproductive health issues and more engaging teaching. They expressed interest in assemblies featuring teens who had experienced pregnancy or health challenges. They also liked the idea of outside speakers coming to their classes, as they might feel more comfortable with outside trainers in some cases. School nurses emphasized that parents have conflicting feelings about addressing these issues with their children, and may need support and training to learn how to address the health and developmental needs of their middle and high school students.

In addition to this emphasis on education to improve reproductive health, interviewees expressed serious concerns about how

emotional health issues affected Valley youth and adults. School nurses and youth stated that stress, anxiety, depression and other emotional health concerns play a huge role in influencing student experiences and decisions including those related to reproductive health, yet school social work and counseling resources are insufficient to meet the need. Several nurses and mothers said that they would like to see educational and supportive services that are tailored to the specific needs of Valley teens who become pregnant, contract sexually transmitted diseases, or are parenting.

Similarly, adult interviewees frequently stated that they would like better access to mental health services, social support groups, and other ways to improve their emotional and physical health. Parents often emphasized their desire to be healthy overall—to improve their nutrition, to find ways to get exercise, to cope with stress—rather than focus on pregnancy or reproduction in isolation. Parent acknowledged concerns about revealing their mental health challenges, out of fear that they would be seen as unfit parents. One mother suggested having an anonymous phone line for parents to call.

"We need more services for postpartum depression...I've been on a waiting list for 2 months!"

Parent

"I think they need program where women can speak up and tell what they feel. That helps them feel better, feel like a person...You need someone, somewhere to talk to, to spend time with, especially if you feel depressed."

Parent

Interviewees who did not speak much English said they would love to have educational and supportive services accessible in their primary language, along with outreach to their neighborhoods and communities to inform people about services. One Spanish-speaking mother stressed, for example, that the Internet is not sufficient as a method. She suggested creating Spanish-language flyers to place in neighborhood shops and community sites and disseminating newsletters or radio announcements. Another interviewee pointed out that some communities train members of local religious communities or civic groups to inform people about opportunities for services. Those familiar with undocumented residents shared that informed word of mouth may be the most effective with some individuals, especially those who have reasons to fear and mistrust officials.

5. MATERIAL RESOURCES AND ECONOMIC DISTRESS

STRENGTHS

- ✓ Some Valley nonprofit agencies provide resources to expecting parents and families, including food, clothing, diapers, etc.
- ✓ Some Valley churches and religious communities gather baby clothes and other items for expecting women and families
- ✓ School nurses provide some health & hygiene supplies to students

GAPS/CHALLENGES

- ◆ Parents are not sufficiently aware of existing resources
- ◆ Parents need additional resources, including maternity clothes, safe furniture & equipment for infants, food and other supplies
- ◆ School nurses need additional support to meet student need for hygiene & health supplies
- ◆ Parents would like assistance connecting with affordable child care early in pregnancy
- ◆ Employment training, counseling and assistance for mothers and fathers to improve their economic opportunities

For many of the parents interviewed, having a healthy pregnancy and life was related as much to the material circumstances of their lives as to the health care they received. It is not clear to what extent private OB/GYN offices are able to help connect patients with such services, but parent interviews suggest that agencies like TEAM often play a vital role through their programs.

School nurses emphasized that students come to them for health and hygiene supplies not only because they forget them, but because they cannot afford them. They would like to increase access to such supplies, yet also wish to balance this desire with the goal of encouraging young people to develop responsibility for their own needs and choices.

4. Recommendations for Action

After reviewing the findings from research with community stakeholders, Valley Maternal Health Coalition members developed key recommendations for action to sustain the region's service strengths and begin to address the gaps identified. The Coalition plans to continue to partner with community providers and agencies to advance these recommendations, summarized below.

Sustain and Improve Awareness of Existing Valley Services

- Sustain the current strengths of the Valley's maternal and reproductive health resources by providing continued support to existing programs that offer reproductive healthcare, education, and supportive services
- Compile a local maternal and reproductive health resource & referral directory and providing training in its use to healthcare providers, public health & human service providers, and representatives from diverse community groups

Address Gaps in Availability and Accessibility of Valley Maternal & Reproductive Healthcare Services

- Collaborate with the leadership of Griffin Hospital and Cornell Scott Hill Health Center to identify strategies for improving access to OB/GYN and reproductive health services within the Valley region
- Explore options with Planned Parenthood for returning services to the Valley
- Monitor funding opportunities in health and reproductive health and prepare applications with community partners as they arise
- Explore options for offering training and support for providers regarding language and cultural accessibility issues in maternal & reproductive healthcare services

Improve Opportunities for Education, Support Services, and Material Resources that Foster Maternal & Reproductive Health

- Include maternal and reproductive health training topics in training resource list to be compiled by the Valley Council for Health & Human Services and disseminate to schools, libraries, churches, and other community groups
- Explore development of training program for parents/caretakers about addressing reproductive health issues with children, which could be offered through PTA/PTO and other community organizations
- Investigate models for providing additional education, emotional health and social support services identified as needs by community members, particularly for underserved groups
- Examine options for providing funding and support to expand social work services in the Valley towns
- Work with Valley Council for Health & Human Services members and civic & volunteer groups to increase awareness of need for health & hygiene supplies in Valley schools as well as for material resources for expectant parents in the region (including maternity clothing, baby furniture, etc.)