MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

Maternal Child Health Assessment 2025
Listening Session Report

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Acknowledgements

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- Miner Convention Center
- St. Francis Healthcare System
- Teen Town
- Sullivan County Community Center
- Maryville Community Center
- Children's Mercy Research Institute
- Warrensburg Chamber of Commerce
- Noel Housing Authority
- Cox College
- Texas County Public Health
- MU Healthcare System
- Daniel Boone Public Library
- Ferguson Community Empowerment Center

Finally, we thank the broader Missouri community for their commitment to improving maternity and child health. Together, we can build a healthier future for families in our state.

Investing in maternal and child health leads to economic progress and healthier, stronger societies. ~ World Health Organization

Introduction

The Maternal Child Health (MCH) Listening Sessions, conducted for the Missouri Department of Health and Senior Services, gathered comprehensive community input for the state's Maternal Child Health Assessment (MCHA). Maternal and child health refers to the health and well-being of people of childbearing age, mothers, infants, children, and adolescents. This includes the period before pregnancy, during pregnancy, during and after childbirth, as well as the periods of infancy, early and middle childhood, and adolescence.

The listening sessions explored Missourians' perspectives on maternal and child health issues, providing critical insights into challenges, strengths, and opportunities across the state. The MCHA is intended to help guide state funding decisions related to maternal and child health needs, enhance service quality and accessibility, and foster better health outcomes for families. By incorporating community voices, the sessions identified actionable priorities to support evidence-based policymaking that benefits mothers, infants, children, adolescents, and families.

This report summarizes the listening session process, participant demographics, and key findings across six areas: services and programs, mental health care, pregnancy and postpartum experiences, barriers to access, children with special health care needs, and the role of public health departments. The report concludes with a summary of findings and insights.

Description of Listening Sessions

The Maternal and Child Health (MCH) Listening Sessions involved conducting large focus groups across Missouri to gather diverse community perspectives on maternal and child health needs, gaps, services, and barriers. Participants were recruited through targeted flyers (see below for an example), digital advertisements, collaborations with local public health departments, and partnerships with stakeholders such as the Ferguson Community Empowerment Center and Children's Mercy Research Institute. This approach ensured broad representation, capturing voices from various regions and backgrounds to provide a rich foundation for understanding statewide challenges.

The University of Missouri's Department of Public Health facilitated the sessions using open-ended questions informed by previous health listening sessions. The Listening Sessions aimed to explore maternal and child health challenges while identifying actionable opportunities for improvement. Further, they were meant to align with the Title V Maternal and Child Health Services Block Grant objectives.

Title V funding provides critical resources for improving health outcomes for mothers, children, and children with special healthcare needs. Insights from the Listening Sessions can help shape strategic priorities and funding decisions, addressing Missouri's most pressing health challenges while fostering alignment with national goals such as reducing disparities, improving access to care, and enhancing care coordination. This community-driven process exemplifies how local voices inform impactful policy and funding decisions to advance maternal and child health statewide.

Listening Session Process

Participants began each session by signing in and completing an informed consent form and demographic survey. After check-in, a facilitator from the University of Missouri opened the session with an introduction explaining the purpose of the discussion, what participants could expect, and the importance of maintaining confidentiality.

The introduction included an overview of Missouri's maternal and child health data developed by the Missouri Department of Health and Senior Services, providing context for the discussion. The introduction also reviewed what groups were associated with maternal and child health, including:

- 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) – Ages 0 to 21 years old

Other important terms were also presented and defined as part of the introduction:

- Community: A group of individuals living as a smaller social unit within the confines of a larger one due to common geographic boundaries, a common work environment, common interests, and other uniting factors.

- Children With Special Health Care Needs (CSHCN): Individuals at 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. This includes a wide variety of conditions: asthma, sickle cell disease, epilepsy, anxiety, autism, and learning disorders. Also, individuals may require more specialized health and educational services to thrive, even though each child's needs may vary.

- Medical Home: An approach to providing comprehensive, high-quality health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. Care coordination addresses interrelated medical, dental, mental and behavioral, social, educational, and financial needs to achieve optimal health and wellness outcomes.

Following the introduction, the facilitator asked participants questions about maternal and child health. These questions assessed what maternal and child health services and programs are available and missing in participants' communities and what prevents individuals and families from seeking these services. Questions also addressed the role of mental health in maternal and child health and asked what constitutes a positive pregnancy and delivery experience and a healthy postpartum period. Additional questions focused on children and youth with special health care needs and participants' experiences with a medical home. The Listening Session concluded with a question about the role of local/state health departments in addressing maternal and child health.

Throughout the Listening Session, as participants responded to the facilitator's questions, members of the facilitation team documented participant responses on a large white pad in the front of the room and on a laptop. The white pad notes were meant to allow the audience to see how their experiences were being captured. Subsequently, all notes were used for the analysis of the Listening Sessions. Individuals received a $25 gift card in recognition of their time participating in the Listening Sessions, along with a meal provided before or after the session.

Participants

The Maternal Child Health Listening sessions engaged 227 participants through 18 sessions conducted across Missouri (Cape Girardeau, Columbia, Fredericktown, Houston, Jefferson City, Kansas City, Macon, Maryville, Milan, Miner, Osage Beach, Springfield, St. Louis, Warrensburg). These sessions ensured diverse geographic representation spanning urban, suburban, and rural communities. By capturing voices from various locations, the sessions illuminated the challenges and opportunities related to maternal and child health across the state. Information about the participants is provided below.

Age & Gender

Individuals 18 years of age or older were eligible to participate in the Listening Sessions. Participants ranged in age from 19 to 88 years, with an average age of 43. These age ranges reflect various stages of life, from young adulthood to older adulthood. These intergenerational representations provided valuable insights into maternal and child health experiences across different phases of life.

The gender composition of the Maternal and Child Health (MCH) listening sessions reflects the focus on those most impacted by MCH issues. With 86.4% female participants, the sessions captured valuable perspectives from mothers and caregivers central to maternal and child health outcomes. Male participation (13.6%) added perspectives from fathers and partners, highlighting shared maternal and child health care responsibilities.

Race/Ethnicity and Income

The reported race/ethnicity and household income of Listening Session participants are presented in the tables below.

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%**

| Annual Household Income	Percentage
less than $25,000	0.05%
$25,000 to $49,999	17.30%
$50,000 to $99,999	34.00%
$100,001 to $199,999	29.10%
more than 200,000	0.05%
Prefer not to Answer	19.50%
Total	**100.00%**

County of Residence & Veteran Status

Geographically, the sessions included participants from 47 of Missouri's 115 counties. Counties such as Adair, Boone, Jackson, Scott, Stoddard, and Texas were among those represented, reflecting a commitment to capturing regional and demographic diversity. Only two of the 227 participants identified as veterans.

Data Analysis Process

After the Listening Sessions concluded, the University of Missouri research team employed a qualitative, iterative approach to analyze and interpret participants' shared experiences. This process was designed to identify patterns within the data and translate these findings into actionable insights. The analysis began with coding the transcribed discussions, followed by thematic analysis to categorize responses into overarching themes. Key concepts, such as "access to care" and "health literacy," were systematically tagged and refined into broader themes, like "community resources" and "barriers to access." This iterative approach ensured that the final themes accurately reflected the diverse experiences, challenges, and priorities expressed by participants across Missouri.
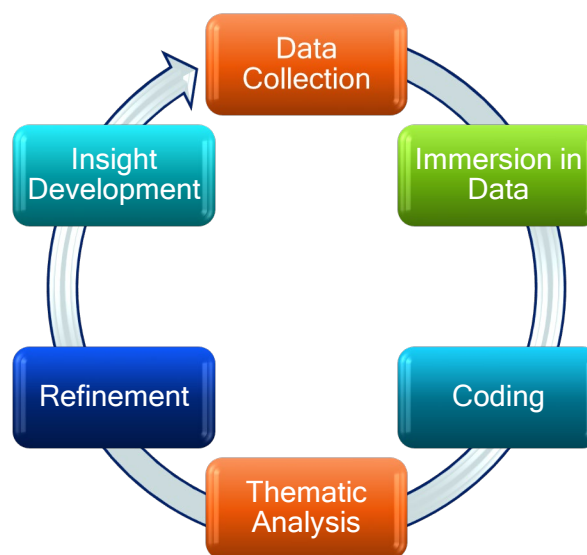
The Listening Sessions result provides a detailed understanding of the diverse experiences, challenges, and priorities expressed by communities across Missouri. This comprehensive process lays the groundwork for identifying actionable insights that reflect participants' voices and lived realities. The following sections present the key findings from the sessions.

Key Findings

Maternal and child health is a cornerstone of community health and well-being. The following summary of key findings offers a closer look at the available maternal and child health services and programs, the critical gaps, and the barriers preventing access to essential maternal and child health based on responses collected during all 18 listening sessions.

This section examines the availability and awareness of community resources, the pivotal role of mental health support, and the challenges surrounding pregnancy, delivery, postpartum care, and services for children and youth with special health care needs (CYSHCN). Additionally, it discusses the shared experiences and perspectives related to the concept of medical homes and the role of local and state health departments in supporting maternal and child health. These findings highlight the needs and priorities of Missouri's communities, providing a foundation for future actionable recommendations to guide future health initiatives and funding decisions.

Important Available Services & Programs

Participants across Missouri identified numerous programs as important to supporting maternal, child, and adolescent health, providing vital resources for families from pregnancy to adolescence. The most frequently discussed services and programs are listed below:

- **WIC (Women, Infants and Children):** Discussed during most listening sessions, participants regarded WIC as a cornerstone for nutrition resources and support for expectant mothers and infant health. WIC programs in some parts of the state provided additional resources for the community.

- **Head Start** and **Parents as Teachers:** Participants often referenced these programs for their focus on early education, intervention, and parental guidance.

- **Local County Health Department**: Local health departments were often discussed because they provide immunizations, medical screenings, and support during pregnancy.

- **Transportation:** Discussed as important for all mothers, children, and caregivers, transportation was discussed as essential for individuals and families to access maternal and child health services.

- **Food:** Participants emphasized the importance of accessible food programs like SNAP, the Free and Reduced School Lunch Program, and community-based solutions, such as food pantries and community gardens.

- **Postpartum Care**: Support services, particularly mental health care, lactation support, home visits, and peer support groups, were highlighted as essential for mom, baby, and family well-being,

- **Family Planning**: Comprehensive family planning resources, such as contraceptive programs and reproductive health clinics, were noted for their role in empowering informed decisions and fostering well-being.

Participants also discussed many local community-based organizations focusing on maternal child health, such as the Uzazi Village in Kansas City. As one participant stated:

Uzazi Village in Kansas City has been a game-changer for our community. Their culturally competent approach to maternal and child health services ensures that every family, regardless of their background, feels supported and empowered.

Despite the many programs, services, and resources available across the state, service gaps remain, impacting the most vulnerable populations.

Missing Services & Programs

The following services and programs were mentioned often as not available in communities:

1. **Mental Health Support:** Participants noted the shortage of accessible mental health services and providers for mothers and children, particularly postpartum mothers, adolescents, and younger children.

2. **Childcare:** Childcare was frequently discussed as missing, often in the context of not being available to help parents attend healthcare appointments for themselves or their children. Specialized childcare (for children and youth with special health care needs, for example) was also discussed as unavailable in many communities.

3. **Transportation**: Transportation was often noted as not available, particularly for rural and underserved areas. This includes personal and public transportation. Lack of transportation prevents individuals and families from accessing services and maintaining employment.

4. **Cost-Effective Services:** Participants discussed the scare availability of affordable options for many health and social services, such as dental care, childcare, and prenatal care.

5. **Community Outreach and Education:** Participants noted there was often a lack of a centralized place or way to access information. As such, community awareness impacted the ability of many participants to know where to access maternal and child health services.

Gaps in service and program availability and accessibility were perceived as disproportionately impacting low-income families, rural residents, immigrants, and underrepresented populations, limiting their ability to access essential MCH services. While the availability of crucial services and programs are critical in supporting maternal, child, and adolescent health, discussions also highlighted the importance of mental health services.

The Role of Mental Health

Participants discussed the role of mental health services in promoting health and well-being for mothers, infants, children, and adolescents, the availability of these services in their communities, and the barriers preventing access to care. Their responses reflect the interconnectedness of mental health and overall health, and the need to address gaps in accessibility and support. In communities across Missouri, participants shared stories underscoring the pivotal role of mental health in maternal, child, and adolescent well-being. The need for mental health services emerged as a critical theme in the Listening Sessions. Participants described a patchwork system of care, where services are scattered and stretched thin, leaving many families without the consistent support they need.

Stories shared by community members painted a picture of the struggles faced by families when mental health resources are unavailable or inaccessible. One participant described the importance of addressing mental health with a striking metaphor, *"If the plane is going down, you put the mask on yourself first. If you can't help yourself because you are so depressed, you can't help anybody else."* Another emphasized the ripple effects of mental well-being, saying, *"Stable mental health enables optimal maternal, child, and adolescent health."* The listening sessions highlighted several specific needs and barriers related to mental health services.

Mental Health Programs & Services

While some participants discussed having access to virtual counseling, others talked about relying on local counseling centers, public health departments, or community-based programs for counseling. However, while appreciated, these resources often fell short of meeting the demand in most communities, highlighting gaps. Participants also discussed a lack of substance use treatment and mental health education programs.

Many participants shared personal anecdotes highlighting the lack of routine mental health screenings during pregnancy and postpartum. Participants discussed this service should be as standardized as physical health checks. One mother shared:

> *I have had three pregnancies, but I was never asked about my mental health. I did get treatment, but it was only because I asked. Just like they take your blood pressure, they should ask you about mental health at least once in your pregnancy.*

While addressing these key gaps is essential, participants also highlighted significant barriers that prevent individuals and families from accessing the mental health services they need, further compounding the challenges in their communities.

Barriers to Mental Health Care Access

Accessing mental health care remains a significant challenge for many families across Missouri, with barriers that often prevent basic support from reaching those in need. Participants identified a range of obstacles, including a shortage of providers, cultural stigma, and the financial burden of care, all of which contribute to a system that feels out of reach for many.

1. **Lack of Providers**: The most frequently cited barrier to mental healthcare was a lack of providers, with participants reporting long wait times and limited availability of qualified professionals.

2. **Distrust and Stigma**: Participants discussed that stigma related to mental health issues discouraged individuals from seeking help.

3. **Cost**: High costs were noted as an obstacle that made mental health services unaffordable for many families.

Participants shared stories of the impact of these gaps and barriers. *"We have to be okay to make others okay,"* one participant remarked, capturing the essential role of caregiver mental health in family dynamics. Another reflected, *"A mentally healthy mom (and/or dad) is better equipped to handle daily demands,"* emphasizing the cascading benefits of addressing mental health for entire families.

The listening session discussions about mental health revealed a need for systemic improvements in mental health services, with a focus on three key areas to ensure healthier outcomes for mothers, children, and adolescents across Missouri:

1. **Accessibility**

2. **Affordability**

3. **Preventative Mental Health Care**

Pregnancy, Delivery, & Postpartum Care

The journey of pregnancy, delivery, and postpartum care is pivotal in shaping maternal and child health outcomes. Participants reflected on what constitutes a positive pregnancy and delivery experience, emphasizing the importance of supportive environments, accessible resources, and personal autonomy in decision-making. Participants highlighted the critical role of postpartum care in ensuring the health and recovery of both mother and baby, identifying key supports that contribute to successful outcomes. However, many participants shared stories of barriers, including financial stress, limited access to care, and a lack of social and systemic support, underscoring the challenges that families face during this transformative time. This section explores these experiences, the resources that promote positive outcomes, and the obstacles that hinder well-being during pregnancy, delivery, and postpartum.

Positive Pregnancy & Delivery

A positive pregnancy and delivery experience is shaped by access to supportive resources, informed decision-making, and a sense of personal autonomy, all of which empower mothers to feel confident and cared for during this critical time. For many participants, a positive pregnancy and delivery experience is rooted in education, autonomy, and support. During the Listening Sessions, attendees highlighted the importance of being informed about available resources and understanding their rights during delivery. One participant shared, *"It wasn't until my third child that I knew I had certain rights during delivery,"* underscoring the value of education in empowering mothers. Others emphasized the importance of being heard and supported by providers and family members, with one emphasizing the value of, *"...being heard and supported by providers and family members,"* and another expressing the importance of relationships, saying, *"Knowing who is delivering the baby makes for a positive pregnancy. Both my labors, I had a doctor who I had never met."*

Support systems such as doulas and midwives were often mentioned, while personal autonomy and decision-making power, during the delivery process, were also discussed. Additionally, participants stressed the value of broader support networks, such as the positive impact of family, social workers, and care coordinators on the delivery experience.

Support & Resources for Postpartum Care

The postpartum period was described as a critical time requiring support to ensure mothers' and babies' health and well-being. Participants emphasized the importance of numerous accessible resources; the following are the ones most frequently mentioned:

1. **Follow-up Care:** Deemed one of the most essential postpartum resources.

2. **Lactation Support**: Mentioned as crucial for overcoming breastfeeding challenges.

3. **Home Visitation Programs**: Valued for providing personalized guidance and support.

4. **Nutritional Support**: Regarded as necessary for ensuring access to healthy and sufficient food options.

5. **Mental Health Services**: Recognized as critical for addressing postpartum psychological challenges.

6. **Paid Leave:** Considered integral for mother-baby bonding and recovery with less financial strain.

Participants also expressed the importance of compassionate and culturally competent providers, access to safe cribs, parenting education, and ongoing community support to help mothers navigate this period effectively. Despite the positive aspects shared, participants also outlined significant challenges that many mothers face during pregnancy and postpartum. Limited access to services and financial stress were recurring themes. The lack of continuity of care and feeling unsupported were particularly challenging too. One participant remarked, *"Knowing who is delivering the baby"* was critical to feeling safe and prepared, yet many described experiences of unfamiliarity and rushed interactions with healthcare providers.

Common Barriers

The barriers to achieving a healthy pregnancy and postpartum period were consistent across sessions:

1. **Lack of Access to Care**: Participants frequently mentioned challenges in accessing timely prenatal and postpartum care due to long wait times and provider shortages.

2. **Financial Stress**: The high cost of services and programs and the lack of paid leave or workplace accommodation were cited by participants as barriers to maternal and child health.

3. **Lack of Awareness**: Many participants felt uninformed about their options and rights, leading to missed opportunities.

4. **Limited Support Networks**: Families without adequate social or professional support struggled to navigate the demands of parenthood.

The discussions on pregnancy, delivery, and postpartum care illuminated both gaps in current systems. Participants emphasized the need for greater education, support, and access to care. As one participant noted, *"A healthy postpartum period sets the stage for a thriving family."*

Children & Youth with Special Health Care Needs

Children and youth with special health care needs (CYSHCN) face unique challenges that require tailored services, coordinated care, and comprehensive support systems. During each Listening Session, we reminded participants that CYSHCN includes individuals at an increased risk for chronic physical, developmental, behavioral, or emotional health conditions—such as asthma, sickle cell disease, epilepsy, anxiety, autism, and learning disorders—who often require additional medical and educational services beyond what is needed for children and youth generally.

Evert child's needs may vary significantly, highlighting the importance of specialized and adaptable care to help them thrive. Beyond the commonly cited programs such as First Steps, Parents as Teachers, and the public school system, participants acknowledged several other valuable resources such as:

- Special Learning Centers (such as the Thompson Center at the University of Missouri) for educational and therapeutic support.

- MO Family to Family and Camp Wonderland for peer support and sensory-friendly activities.

- Knights of Columbus for financial aid.

- Accessible playgrounds for recreational opportunities.

While these services were appreciated, participants emphasized gaps such as early diagnostic evaluations, mental health support for families, and adequate funding for community-based programs. Many noted that rural families face additional challenges due to distance and limited availability of local services. Overall, participants expressed concerns about the lack of accessibility to these critical services and the burden placed on families navigating fragmented systems. The following sections examine the three most significant barriers to CYSHCN healthcare identified during the discussions.

Accessibility of Specialized Health Services

Listening Session participants voiced concerns about the limited accessibility of specialized health services for children and youth with special health care needs (CYSHCN). A minority of participants identified CYSHCN resources available in their communities, such as the Parents as Teachers program, First Steps, and the public school system. While these programs were valued, many participants expressed frustration with gaps in service and program availability. Participants felt that, too often, these services fell short of meeting the extensive needs of CYSHCN and their families. One participant explained, *"I don't feel like they are supported or included enough or at all. Difficult!"* Participants repeatedly highlighted three barriers experienced by CYSHCN:

1. **Absence of a centralized system to access medical, educational, and social services.**

2. **Insufficient outreach and advocacy related to available resources and services.**

3. **Funding and cost constraints**

One of the most significant challenges identified was the scattered nature of care, where parents often become the primary coordinators for navigating medical, educational, and social services. Families pointed to the absence of a centralized system to access programs and services, which left them feeling isolated and unsupported. Frequently emerging in listening sessions, parents described compounding barriers – inadequate advocacy and outreach about existing resources. Parents expressed frustration with limited outreach efforts by health systems and community organizations, with one parent stating, *"We didn't know anything about CYSHCN. This resource needs to be published more—published in doctors' offices, NICU, newspapers, social media. Raise awareness to this!"*

Participants called for a proactive approach to outreach, one that ensures families are informed about available resources, reducing the burden of seeking help in an already overwhelming system. The other barrier that rose to the

top of conversations about programs and services for CYSHCN and their families was the prohibitive costs of services and programs. Inadequate funding and financially burdensome expenses of programs and services for CYSHCN were recurring themes in discussions. Participants stressed how restrictive income caps exclude middle-income families from financial support. *"There shouldn't be a cap on your income—we are not surviving!"* one parent shared, reflecting the strain many families face.

High costs for therapies, specialized equipment, transportation, and long waitlists further limit access. Even when services like private nursing or developmental therapies are available, participants noted that out-of-pocket expenses often render them unattainable. This financial burden leaves many parents feeling trapped in a system that they described as "*prioritizing eligibility criteria over actual need*."

The findings on CYSHCN programs and services revealed a system often described by families as challenging to navigate. Parents shared that they frequently had to act as the primary coordinators of care, managing medical, educational, and social services without a centralized framework to guide them. One parent expressed frustration about this added responsibility, stating, *"Never felt like it was coordinated care—mother has to be coordinator and advocate."* This lack of integration was described as leading to stress, missed opportunities for holistic support, and significant exhaustion.

Medical Home

During the Listening Sessions, participants were introduced to the concept of a medical home, which is defined as a comprehensive approach to delivering high-quality, accessible, family-centered, and coordinated health care. This model integrates medical, dental, mental, social, and educational needs to achieve optimal health outcomes. Despite its potential to provide compassionate and culturally effective care, the idea of a medical home was unfamiliar to most Listening Session participants. Often, in the Listening Sessions, if someone understood or was familiar with the term, the person worked in the social services field.

Participants who discussed the medical home concept reacted with optimism about its potential, but they also highlighted several barriers to its implementation. One participant expressed a longing for such a model, saying,

> *I'd love some comprehensive care—where healthcare professionals visit you in your home so that they can gauge where you come from and what your real needs are—and then they speak to specialties, etc., for you so you don't have to keep repeating yourself.*

However, among the few who had experience with medical homes, challenges such as lengthy waitlists, high costs, and limited integration of dental and mental health services were common. Participants pointed out four other systemic issues preventing the establishment of effective medical homes:

1. **Lack of Awareness:** Many families were unaware of the existence or potential benefits of medical homes, which suggests a need for better information dissemination through public service announcements, social media, and community outreach programs.

2. **Resource Constraints:** Limited availability of services, such as dental care and mental health support, hindered the effectiveness of a medical home coordinated care effort.

3. **Access and Affordability Issues:** High costs and inadequate funding posed significant barriers.

4. **Limited Accessibility:** Families without insurance, paid leave, or transportation found it difficult to access the integrated care offered by medical homes. Folks from rural communities, in particular, reported severe gaps in resources and infrastructure, including mobile health services.

Despite these challenges, some participants identified related programs that could contribute to a medical home model, such as telehealth services and community health workers. Programs like Head Start and clinics such as FQHCs (Federally Qualified Health Centers) were also recognized as valuable. However, participants noted they often failed to provide comprehensive, coordinated care envisioned in a true medical home.

The discussions around the medical home concept highlighted its potential to transform care for families, particularly those with children and youth with special health care needs (CYSHCN). However, significant gaps in awareness, funding, and accessibility need to be addressed to make this model a reality for Missouri communities. As one participant summarized, *"People don't see the need in having a PCPC [patient-centered primary care] due to urgent care and other facilities that people can go to for acute care,"* underscoring the lack of familiarity with and access to such integrated care systems.

Role of the Health Department

Participants in most Listening Sessions emphasized the important role of local and state health departments in prioritizing funding and education to advance maternal and child health. While local health departments were viewed as direct providers of services and community engagement, state health departments were seen as architects of guidelines, regulations, and overarching frameworks. This section delves into the perceived responsibilities of these agencies, highlighting their complementary roles in raising awareness, addressing systemic gaps, and improving access to essential services.

Funding and Education as Priorities

Funding was consistently identified as a critical responsibility of local and state health departments. Participants stressed the need for sustained financial support for programs like WIC and Show Me Healthy Women, highlighting the health department's role in mitigating barriers created by insurance companies. One participant remarked, "*The health department should counter the barriers created by insurance companies*," underscoring the importance of financial interventions to eliminate income-based restrictions.

Education emerged as another key focus. Participants discussed the need for health literacy initiatives, public service announcements to disseminate critical information, and community assessments to identify gaps in care. One participant noted, *"We can't give you that information unless you ask us. How do we know what to ask if this is new to us?"* highlighting the need for outreach and accessible resources.

Raising Awareness & Access

Many listening sessions emphasized the responsibility of raising awareness and improving access to available resources. Participants advocated for information hubs, culturally competent outreach, and partnerships with

community organizations, such as faith-based institutions and schools, to effectively disseminate information. Barriers like transportation challenges, staff shortages, and lack of childcare were frequently mentioned, with participants urging health departments to address these obstacles to ensure equitable access to services.

Distinct and Interconnected Roles

Participants identified distinct yet interconnected roles for local and state health departments. Local health departments were viewed as community-focused entities responsible for providing direct services, evaluating community health trends, and promoting awareness about county-level resources. One participant explained, "*They should be aware of resources available in the county, the barriers occurring, and work to provide awareness and advertising of those resources and referrals.*"

State health departments, by contrast, were viewed as providing overarching support. Participants expected state agencies to set guidelines, facilitate communication with local departments, and address structural issues such as workforce shortages and systemic gaps. Many also called for improved collaboration between state and local agencies to align priorities and foster better outcomes. The participants often underscored the essential roles of local and state health departments in bridging systemic gaps, improving access, and promoting community well-being. Whether through funding programs, raising awareness, or creating structural frameworks, participants saw these agencies as pivotal in advancing maternal and child health. As one participant stated, *"The main role of the health department is to make sure that they are meeting the needs of the community and work to ensure that if there are areas that are not being met."*

Insights

The Maternal and Child Health listening sessions revealed significant opportunities to enhance maternal and child health outcomes across Missouri. Participants highlighted gaps in services, systemic barriers, and the critical need for improved engagement between health departments and communities. Addressing these challenges requires strategies grounded in evidence-based practices. This section outlines targeted strategies in three key areas:

1. **Strengthening community engagement**

2. **Advancing maternal child health actions and services**

3. **Removing barriers to access.**

Strengthening Community Engagement

Participants emphasized the need to build stronger connections between health departments and communities to raise awareness about available resources and foster trust. Effective engagement strategies should focus on culturally competent outreach, accessible information hubs, and consistent feedback mechanisms. Such efforts can help bridge communication gaps and ensure that families are informed and empowered.

Strategies

1. **Develop Culturally Tailored Outreach Programs:**
   a. Establish multilingual and culturally competent health education initiatives targeting diverse populations.
   b. Employ community health workers to serve as trusted liaisons.

2. **Implement Digital and Community-Based Information Hubs:**
   a. Create centralized online platforms with comprehensive MCH resource directories.
   b. Partner with local organizations to distribute printed materials in underserved areas.

3. **Host Regular Community Health Forums:**
   a. Conduct open forums and focus groups to gather feedback and share updates on health programs.

4. **Leverage Technology for Broader Reach:**
   a. Use social media and mobile apps for real-time updates on services and health tips.
   b. Expand telehealth services for educational consultations.

5. **Enhance Public Awareness Campaigns:**
   a. Launch campaigns featuring success stories and testimonials to build credibility.
   b. Highlight key services such as WIC, mental health resources, and postpartum care.

Strengthening community engagement through these strategies could improve trust, awareness, and participation in maternal and child health programs. The next section focuses on actionable insights for future services and programs.

Maternal Child Health Actions & Services

Improving maternal and child health requires investments in preventative services, mental health support, and infrastructure expansion. The following strategies address gaps in current services and emphasize the need for innovative and sustainable programs that meet the diverse needs of families across Missouri.

Strategies

1. **Invest in Preventative Care and Early Intervention:**
   a. Support early prenatal care, developmental screenings, and routine maternal mental health evaluations.
   b. Enhance programs like First Steps to address developmental delays more effectively.

2. **Expand Maternal Mental Health Resources:**
   a. Provide postpartum mental health services such as counseling, hotlines, and group therapy for the first six months to one year.
   b. Integrate routine mental health screenings into all stages of maternal care.

3. **Enhance Support for children and youth with special health care needs (CYSHCN):**
   a. Increase funding for medical homes to provide coordinated care for children with special needs.
   b. Train healthcare providers in trauma-informed and culturally competent care.

4. **Build Healthcare Infrastructure in Rural Areas:**
   a. Establish mobile clinics and telemedicine hubs to serve rural communities.
   b. Incentivize healthcare providers to work in underserved areas.

5. **Support Workforce Development:**
   a. Recruit healthcare professionals through scholarships and competitive salaries.
   b. Train care coordinators and community health workers to address growing service demands.

Expanding preventive care and investing in infrastructure and mental health support can address long-standing maternal and child health service gaps. With these improvements, health departments can focus on removing persistent barriers to access.

Removing Barriers to Access

Barriers such as financial strain, transportation challenges, and provider shortages disproportionately affect families' access essential health services. Removing these obstacles is critical to ensuring equitable health outcomes for all Missourians.

Strategies

1. **Reduce Financial Barriers:**
   a. Expand Medicaid eligibility and simplify application processes.
   b. Offer sliding-scale fees for services not covered by insurance.

2. **Improve Transportation Access:**
   a. Provide subsidized or free transportation for medical appointments.

b. Partner with rideshare companies or establish shuttle services in rural areas.

3. **Address Social Determinants of Health:**

a. Increase access to affordable housing, childcare, and nutritious food.

b. Develop programs like diaper banks and formula distribution for low-income families.

4. **Expand Provider Availability:**

a. Recruit and train more healthcare professionals, including lactation consultants and mental health providers.

b. Incentivize specialists to work in underserved regions.

5. **Streamline Care Navigation:**

a. Implement centralized case management systems for families accessing multiple services.

b. Train community health workers to guide families through available programs.

Addressing these barriers will enable families to access the care they need without hardship. These efforts, coupled with enhanced engagement and expanded services, create a pathway for improving maternal and child health outcomes statewide.

Summary of Session Themes

The Maternal and Child Health (MCH) listening sessions provided valuable insights into the needs, challenges, and priorities of families across Missouri. As participants shared their experiences, several recurring themes emerged, reflecting common barriers and opportunities for improvement in maternal and child health services. These themes highlight the interconnected nature of issues such as access to care, mental health support, resource awareness, and the role of systemic structures in shaping health outcomes. The following summary synthesizes these recurring themes, offering a cohesive view of the challenges and opportunities identified during the assessment.

Services and Programs

1. **Resource Awareness and Accessibility**: Many participants emphasized the need for greater awareness of existing programs, such as WIC, Parents as Teachers, and First Steps, and highlighted the difficulty in navigating these resources.

2. **Mental Health Support**: The lack of accessible mental health services was frequently mentioned, particularly for maternal and adolescent mental health.

3. **Childcare Availability**: Insufficient affordable childcare options emerged as a consistent barrier for families, limiting their access to other essential services.

4. **Transportation Barriers**: Transportation challenges, especially in rural areas, hindered access to vital programs and healthcare facilities.

5. **Financial Constraints**: High costs associated with healthcare services, limited insurance coverage, and eligibility restrictions excluding middle-income families from critical support.

Mental Health Services

1. **Critical Role of Mental Health**: Participants consistently stressed the importance of mental health for mothers, children, and adolescents, linking it directly to family well-being.

2. **Lack of Providers**: Shortages of mental health professionals created significant barriers, especially in rural areas, where waiting times were excessive.

3. **Stigma and Awareness**: Cultural stigma and insufficient outreach discouraged families from seeking mental health services.

4. **Limited Postpartum Support**: Participants identified a critical gap in postpartum mental health services, including counseling and therapy.

5. **Cost and Insurance Challenges**: The high cost of mental health care and inadequate insurance coverage, further limited access.

Pregnancy, Delivery, and Postpartum Care

1. **Importance of Education**: Education about pregnancy rights, available resources, and postpartum care was consistently highlighted as vital for positive experiences.

2. **Support Systems**: The presence of doulas, family support, and care coordinators was seen as critical for successful pregnancy and postpartum outcomes.

3. **Access to Follow-Up Services**: Participants emphasized the need for comprehensive postpartum follow-ups for mothers and infants.

4. **Barriers to Continuity of Care**: Disruptions in care, particularly during transitions between providers, were a recurring challenge.

5. **Financial and Workplace Challenges**: Limited paid leave and high medical costs were identified as significant stressors for new mothers.

Children & Youth with Special Health Care Needs (CYSHCN)

1. **Fragmented Systems**: Families reported a lack of coordinated care, with parents often acting as primary advocates and navigators for their children.

2. **Awareness Gaps**: Many participants were unaware of existing resources or how to access them, emphasizing the need for better outreach and education.

3. **Insufficient Funding**: Limited funding restricted access to specialized services, especially for families slightly above income eligibility thresholds.

4. **Rural Accessibility**: Geographic disparities left rural families with limited access to CYSHCN-specific services, such as therapists and specialized providers.

5. **Challenges with Education Systems**: Parents highlighted the difficulties of securing individualized education plans (IEPs) and navigating school supports.

Role of Local & State Health Departments

1. **Funding and Resource Allocation**: Participants viewed funding as a critical role for health departments, particularly for programs like WIC, mental health services, and childcare.

2. **Awareness and Outreach**: Many called for health departments to lead efforts in raising awareness of available resources through public service announcements and information hubs.

3. **Community Assessments**: Conducting regular assessments to identify gaps in maternal and child health services was seen as a key responsibility.

4. **Collaborative Partnerships**: Participants emphasized the need for local and state health departments to work together to create cohesive policies and programs.

5. **Direct Community Engagement**: Local departments were expected to engage directly with communities, providing culturally competent programming and services while addressing specific local needs.