2025 TITLE V MCH BLOCK GRANT KEY INFORMANT INTERVIEW RESULTS

Introduction

As a part of the federal Maternal and Child Health (MCH) Title V Block Grant, states are required to complete a comprehensive assessment every five years of the needs, desired outcomes, and system capacity for the MCH population. The results of this assessment are then used to establish the priorities that will guide the Title V program for the next five years. The State of Delaware's needs assessment process involves collecting information from stakeholders in a variety of ways, including gauging MCH workforce capacity, conducting focus groups with community members, carrying out a survey of stakeholders, and interviewing key MCH partners. Each source provides important perspectives, context, and data to help the Title V program identify priorities. This report is a summary of the findings of the Key Informant Interviews.

Methods

Staff from both the Delaware Department of Health and Social Services, Division of Public Health, Title V Maternal and Child Health Program and Forward Consultants developed the key informant interview questions. Seventeen (17) key informants who extensively work within one or more of the five maternal and child health population domains (i.e., Women's/Maternal Health; Perinatal/Infant Health; Child Health; Adolescent Health; and Children and Youth with Special Health Care Needs (CYSHCN)) were contacted for an interview. The key informants were selected by the Internal Steering Committee for Title V Needs Assessment, which comprises of nine staff members from the Delaware Division of Public Health who serve in varying roles in statewide maternal and child health programming. The key informants have varying levels of educational attainment and professional experience; they also represented agencies and organizations that generally operate statewide. All key informants were asked the questions posed below in italics. Based on the conversation flow, note that not all questions were asked of the key informants and the questions were not necessarily asked in this order:

- *We'd like you to think about [population domain] and all the priority areas that are identified by the federal Bureau of Maternal of Child Health. Thinking of both the Population Domains and the National Performance Measures, which does your organization play a role in addressing?*
    - *Can you tell me about some things your organization is working on in relation to the Population Domains and/or National Performance Measures?*
    - *What have been some of the strengths of this program?*
    - *What have been some gains in this area for Delaware?*
    - *What have been some challenges your organization has observed?*

- *Thinking about Delaware's [population domain], within this domain where do you see the greatest disparities?*
    - *In what ways do you believe these disparities can best be addressed?*
    - *What do you see as key strategies for addressing these disparities?*
    - *What are some potential solutions?*
    - *What resources would be needed?*
- *What do you feel are the greatest strengths of [population domain]?*
    - *Are these strengths sustainable?*
    - *Do you know of ways to improve these strengths?*
- *Do you know of any emerging issues pertaining to the [population domain]?*
    - *What are some leverage points/opportunities that exist to address this issue (e.g., existing initiatives, coalitions, etc.)?*
    - *What would be some challenges encountered?*
- *Thinking of maternal, child and family health in general, are there important or emerging needs in your community that are missing from our list?*

Of the 17 key informants, 14 (82.4 percent) ultimately completed an interview by Forward Consultants staff via Zoom between May 28, 2024 and June 12, 2024. For reporting purposes, the names of the key informants were omitted and each of them was assigned a number. Table 1 on the following page lists the key informants by the maternal and child health population domain on which they are considered to have experience and expertise. Note that 12 of the 14 key informants interviewed were able to share insights on more than one domain and each population health domain is represented by five or more key informants. Key results from the survey are emphasized in **bold** font.

Table 1. Key Informant Expertise and Experience by Maternal and Child Health Population Domain.

Key Informant	Women/ Maternal	Perinatal/ Infant	Child	Adolescent	CYSHCN
1			X	X	X
2	X			X	
3	X	X	X	X	
4	X	X	X		
5	X	X			
6	X	X	X	X	X
7	X	X			
8			X	X	X
9	X				
10			X		X
11	X			X	
12	X		X		X
13		X			
14	X	X	X		

Results

Prevalent Themes. Table 2 on page 5 summarizes the commentary given by the key informants into a "modified" SWOT analysis (i.e., Strengths, Challenges/Weaknesses, Opportunities/Solutions, and Emerging Concerns/Threats) by maternal and child health population domain. A summary of how each of these categories is defined as follows:

- **Strengths**: issues, resources, and/or initiatives that are highly familiar and/or utilized statewide; have considerable stakeholder engagement, collaborations, and expertise;
- **Challenges/Weaknesses**: issues on which there is limited awareness and/or a lack of current programming, collaborations, and expertise;
- **Opportunities/Solutions**: new initiatives and/or methods that have the potential to address the challenges/weaknesses identified; and
- **Emerging Concerns/Threats**: issues that have been identified recently (i.e., in the last one to three years) that may have an adverse impact on maternal and child health programming in the future.

Overall, for each SWOT category, the following are substantive themes given by the key informants across multiple domains:

- **Strengths**: sound collaboration among partners, especially the DHMIC; and availability of resources via the DE-Thrives website;

- **Challenges/Weaknesses**: housing instability; limited workforce; transportation issues; mental health issues; racial disparities; and limited access to oral care;
- **Opportunities/Solutions**: telehealth services; guaranteed basic income; potential to integrate or share electronic health records (EHRs) across platforms; House Bill 202 (i.e., the requirement of childcare providers to carry out developmental screening in order to attain or maintain licensure); and various types of training modules; and
- **Emerging Concerns/Threats**: food insecurity; limited access to Haitian Creole translators; substance misuse; and vaping.

Nuanced Themes. In addition, although the key informants tended to respond with similar themes in each of the SWOT categories, some of the themes were more nuanced across the categories. In particular:

- Although decreases in **adverse perinatal outcomes** (e.g., infant mortality) statewide was considered to be a strength, the key informants noted that **racial disparities** in such outcomes still persist, categorizing this as a challenge/weakness;
- Key informants also generally viewed **telehealth services** as an opportunity/solution for improving access to healthcare, especially in rural regions downstate. However, one key informant emphasized that the widespread **use of telehealth services** since the COVID-19 pandemic **cannot appropriately serve as a complete substitute for in-person visits**;
- **Guaranteed basic income** was cited by three key informants to be a promising opportunity to help alleviate or mitigate rising housing and food expenses. However, the key informants also recognized the challenges of **sustaining this effort**; and
- Within school-based health centers (SBHCs), there is fairly robust **care coordination** (e.g., referrals and follow-up) but not as much within other child health-related settings.

Appendices A, B, C, and D provide selected transcribed quotes by the key informants on Strengths, Challenges/Weaknesses, Opportunities/Solutions, and Emerging Concerns/Threats, respectively. For reference, the specific theme identified is listed with the key informant for each quote. Noteworthy comments by the key informant interviews are emphasized in **bold** font.

Table 2. Strengths, Challenges/Weaknesses, Opportunities/Solutions, and Emerging Concerns/Threats (Modified SWOT).

	Strengths	Challenges/Weaknesses	Opportunities/Solutions	Emerging Concerns/Threats
Women's/ Maternal Health	– DE-Thrives Website – DHMIC Partners and Meetings	– Housing Instability – Limited Workforce, especially downstate – Mental Health Services – Racism – Health Communication Accessibility – Transportation Issues	– EHR Integration – Guaranteed Basic Income – Medicaid Utilization – Medical Home – Mental Health Teams – Social Determinants of Health – Telehealth Services	– Food Insecurity – Limited Access to Haitian Creole Translators – Substance Misuse Issues – Syphilis – Telehealth Services as Substitute for In-Person Services
Perinatal/ Infant Health	– Addressing SDOH – DE-Thrives Website – Decrease in Statewide Perinatal Mortality – Kicks Count Initiative	– Housing Instability – Mental Health Services – Persistent Racial Disparities in Perinatal Mortality – Transportation	– Doulas/ Home Health Visiting Program – EHR Integration – Medicaid Utilization – Medical Home – Telehealth Services	– Substance Misuse Issues
Child Health	– Care Coordination (SBHCs)	– Lead Exposure – Limited Access to Oral Health Care – Mental Health Services – Limited Care Coordination – Vaccinations	– Conscious Discipline Training – Database Integration – Guaranteed Basic Income – House Bill 202	– Access to Childcare – Vaping
Adolescent Health	– Care Coordination (SBHCs) – Support for Sex Education	– Lack of Immunizations – Limited Access to Oral Health Care – Mental Health Services – Limited Access to Vision Screenings	– Care Mapping Training	– Vaping
CYSHCN	– Care Coordination	– Transition to Adulthood	– Care Mapping Training – House Bill 202	– Access to Childcare – Assessing Mental Health

Discussion

Despite their diverse set of professional skills and experience, the key informants interviewed typically mentioned similar – if not the same – themes on the perceived challenges/weaknesses in the State of Delaware's maternal and child health program. To some extent, the themes related to strengths, opportunities/solutions, and emerging concerns/threats were similar across the key informant interviews, especially among population domains that commonly overlap with one another (e.g., substance misuse for women's/maternal health and perinatal/infant health); House Bill 202 for child health and CYHCN; vaping for child health and adolescent health).

These findings, particularly the themes listed in Table 2 and excerpts given in the Appendices, will be comprehensively included as part of the discussion of statewide MCH priorities for the Title V Block Grant needs assessment.

Appendix A. Strengths

"We have community health workers in each of the schools in some capacity. So whether it's one day a week or it's five days a week, there's a community health worker that assists with all of those referrals. And that's been a key piece for sure." **- Key Informant 2*, Care Coordination (SBHCs)***

"We're seeing a significant decrease in [SIDS]. So Delaware is doing great in that area. We are actually now below the national average of number of deaths for births per year." – **Key Informant 4*, Perinatal Mortality***

"I think in Kick Counts, we have information. We have challenges with capacity. I think getting out the urgent maternal warning signs has been really good… I know that it was last summer when we got 1,500 of them out to offices across the state and packets and everything and gave them the downloads." – **Key Informant 5*, Kicks Count***

"All the social services and programs, all the programs that come to the DHMIC summit, that's ten booths. And just **making those connections a lot easier** between the healthcare organizations and the community organizations, community services, whether it be doula, or PIC, or DPH or any of these home visiting programs… **[it's] sort of like a centralized database or connection spot**." **- Key Informant 7*, DHMIC Partners and Meetings***

Appendix B. Challenges/Weaknesses

"**A prime example of this is lead detection. So there's a huge push to and there's some dollars that have been allocated to lead abatement in homes in specific areas, and we know the impact of lead exposure**. But even in terms of abatement or families that live in homes that are exposed with high levels of lead exposure, which pediatricians are just [maybe only having] those conversations with families versus another community where a pediatrician might be testing automatically?" – **Key Informant 1,** ***Lead Exposure***

"**I think that the limited English proficiency just adds another layer, and it's really challenging because just translation alone does not suffice**. For some families, that's assuming that families, whether it's in their native language, even if it's in their native language, that they are literate to read that in their native language. And so I think the department really could be intentional about a language access plan or developing some form of a communications plan as to how they would get information or disseminate information to families who are with limited English proficiency proficiencies, maybe utilizing community health workers or cultural brokers or some other tool to get information sharing out there." – **Key Informant 1,** ***Health Communication Accessibility***

"I would say a barrier for people is **finding accessible dental care**. And I would love to be able to have dental care in school-based health centers or even just more access to dental screenings, whether or not it's a professional that comes in a certain amount of times per year to do group screenings or whatever that is." – **Key Informant 2,** ***Limited Access to Oral Health Care***

"We will do well visits and vision screenings and then find **many, many kids who have vision deficits and then have difficulty getting connected with an eye doctor and following through and getting affordable glasses**. So I know 'Vision to Learn' has come into the schools, and then I know it's been really difficult the past couple years to get them back because of their own staffing issues. I think finding an optometrist and everything, but that was great. Having a van that comes and screens the kids in the school and then provides them the glasses, that was awesome. So more of those sorts of things." – **Key Informant 2,** ***Limited Access to Vision Screenings***

"**I think there is this still a barrier with getting kids psychiatric treatment**, higher levels of care than we can really provide day to day in the wellness centers. And I think we see that both in the elementary and high school populations, whether or not it's getting the kids access to or into more intensive outpatient programming, that sort of thing. There's been a struggle, lots of behavioral issues all around and the kids and just finding the right resources for our staff and also for the schools and for the students to be able to help those kids stay in school." – **Key Informant 2,** ***Mental Health Services***

"The big issue we've had this year, especially in the elementary school-based health centers, is that the 'Vaccines for Children' program have not been allowing us to order certain vaccines that they feel have been wasted a lot in the past. So these are frozen vaccines like Varicella and the Pro Quad MMRV combo. And then also even polio and MMR by itself have been really limited. **So it's just been a big barrier for our school-based health centers to be able to provide vaccinations to the kids in the elementary schools**. **The COVID-19 years really put a lot of**

kids behind in their 4-year-old shots. So we do have a large chunk of kids who need those MMR polio, varicella T DAP shots, and we're easily accessing T dap, but not the combo vaccines and not the frozen vaccines. So at [our site], we've had meetings with vaccines for children to advocate for this, and **we've had the school-based health alliance advocate, and we've had the Department of Health advocate, and there just hasn't been any budging in it**. So we've have explored other options. We've looked into having a [mobile clinic] come, unfortunately, this school year, they were so booked that they weren't able to come to any of our schools. They were already booked at other sites in the community. And then for some of the schools we've just ordered out of our own funding to order private stock and vaccinate kids. It's just that the need is so big." – **Key Informant 2, *Vaccinations***

"**I think DPH is doing a really good job for the resources they have. I think the section is understaffed**. I don't think that that is unique to MCH, right? I think health departments as a whole tend to be understaffed. And so I think that's a priority to start because for all the innovation and initiative and programs that can be implemented, you have to have the staffing capacity to do it. So that's number one is we either need to increase the staff or increase the pay. I think that's critical. Now, people might say that's not related to maternal child health. I think it is because those are the people that are doing the work." – **Key Informant 4, *Limited Workforce***

"We're still seeing a higher [perinatal mortality] rate among Black and Hispanic infants. And we know that some of that has to do with some of our social determinants of health literacy and education." – **Key Informant 4, *Persistent Racial Disparities in Perinatal Mortality***

"**Mental health, access to mental health particularly. Particularly for people who are economically disadvantaged**. – **Key Informant 5, *Mental Health Services***

"If they're willing to put it into writing, there's something else going on there. **Racism is an issue in this state**. It's an issue in our hospitals. It's an issue. **We do not have the number of providers of either nurses or physicians of color that are able to demand the treatment and fairness**. And I will tell you that if you use the 'R' word, you get locked out of the hospitals. They do not want to hear it… even with evidence in their face, they do not want to hear it. They do not want to see it, and it's not a good thing. And we need to be more aware of it." – **Key Informant 5, *Racism***

"**I also think in those programs and also in adolescent health space, workforce is a huge challenge**. So thinking about home visiting, particularly the nurse side of the shop, huge competition in the market for nurses. This is a very specialized work stream. So if I go to nursing school, I may be really focused on hospital nursing, not community-based nursing." – **Key Informant 6, *Limited Workforce***

"I still think that our **biggest challenge is workforce**. We have, especially always, but especially since the pandemic really had trouble having a continuous full workforce across the board from medical assistance to nursing providers. So we go through periods where it gets better and then it will get tough again. **And I think that the pipeline for our workforce isn't what it used to be, and then we can see it limiting our care**. And especially as we've grown into Kent County, we have our site in Dover now. You can definitely see it's true across the board that I think that the

workforce shortages definitely affect the care that we can give, but especially in Kent County, like finding staff and providers to give the care that we need has been difficult." – **Key Informant 7*, Limited Workforce, especially downstate***

"Definitely transition. I do think that there are a lot of resources around that. It's just maybe coordinating them or trying to figure out how to synergize get the synergistic effect of what all of them together, what we have. **But I do think that there is a lack of understanding for transitions and where to go next, especially for our kiddos who you're going into adults and just trying to find those services**. So whether they're even out there or not, we typically try to get our kiddos to think about transition right around 16 and then 18. And then you're supposed to really have transitioned over into adults, but we kind of let them stay until 21 because they really don't have those supports or they don't know what to do, especially if you're complex cases. **But I would think transition for me is the one we don't have a lot of resources for**." – **Key Informant 8*, Transition to Adulthood***

"Well, **because Medicaid doesn't cover dental*, so a lot of patients just don't have dental insurance and they're going to the ER with tooth infections or abscesses and very poor dentition**. I mean, some of these patients, especially if their history of amphetamine use and what not, just horrible dentition, which does increase their risk for preterm delivery. I mean, it's not good for prenatal health, but I know LaRed has dental, which is great, but I believe they're pretty busy from the few patients that I've seen. They're booked out quite a bit. So dental services are a problem. **It's not just access but it's probably more so the insurance. I mean, dentists are pretty booked out**. If I miss my routine screening, they're pushing me out another six months. So yeah, that is an issue." – **Key Informant 9*, Limited Access to Oral Health Care***

"I don't think there's anything new. One of the common things for some of our patients is '**I can't get here. I just don't have the transportation**.' And we try to provide it to them, and I don't know how." – **Key Informant 9*, Transportation***

"While we are a small state and we all know who the key players are, there's still a lot of siloing that's happening. And I think what's really particularly challenging with the developmental screening legislation in particular is that it is specific to childcare centers. And so a lot of work is being done to make that happen, but developmental screening happens in a lot of other settings as well. **And so how that is integrating and mapping onto that other work and those other settings is really not clear. And if it's not clear to me as a professional, then it's not clear to families.** And so I think we're running the risk of having duplicative or possibly non responses from families across these different settings that also are engaging in regular developmental screening?" – **Key Informant 10*, Limited Care Coordination***

* Although this key informant stated that "Medicaid doesn't cover dental", dental services are covered by Medicaid.

Appendix C. Opportunities/Solutions

"**We provide a training called care mapping**… **it allows families to identify, map out all of the individual's resources and supports that are necessary just to care for their child**. And it's a good visual to identify who should be a part of this conversation for a medical home, who should be a part of the conversation or who should be included. As we're talking about the care for our children, we also provide a training around Care Notebook. And the Care Notebook is another tool that just allows families to document all of medication log what DME durable medical equipment supplies are necessary, so that if anyone picks up that book, they know how to provide the care and support for that individual." – **Key Informant 1, *Care Mapping***

"DPH has a home health visiting program. I think it is modest in terms of its outcomes, and I think outcomes can be strengthened when, and truth be told, if I didn't know someone and they needed to come to my home, I might be hesitant. 'Who are you? Where are you coming to my house?' And so I think it's really important for us to train caregivers and health professionals that come from people's communities and shared live experiences. **I think that's going to really help make that connection for people to have greater trust in what's being done**. So I think looking at how do we train diverse and inclusive health professionals from the communities. **We've made some great strides with doulas, our Division for Medicaid and Medical assistance, we now have reimbursement for doulas**. We're looking at reimbursement in the postpartum period, again, because that's addressing mom's health, not just through the pregnancy, but in that first 12 months after delivering." – **Key Informant 4, *Doulas/Home Health Visiting Program***

"And so we know that with the guaranteed basic income, between 30 and 40 percent went to food and housing right away. So we know that when if a patient is struggling, that housing and food may be the first to go, and we know that when they're supported housing and food is going to be addressed…that is where I think the winning area is a case management with some type of financial stipend. Now, **the challenge of course is how do you provide that every year**?" – **Key Informant 4, *Guaranteed Basic Income***

"**So we are doing a lot to address social determinants of health, which I would imagine all of our healthcare systems are doing**. **I would think that we're all aligned and that if we address also determinants of health, we're going to improve the health outcomes.** And so our case managers are now focusing on housing stability, transportation, employment, food security, and sometimes that's what's actually addressed in the first couple of interactions. Before it might be take your prenatal vitamins, exercise and move when you can. Let's address our social determinants of health, baby's otherwise doing well, but how are we managing your stress levels and how are we making sure that you're going to be healthy for the duration of pregnancy and postpartum?" – **Key Informant 4, *Social Determinants of Health***

"I love the fact that we do now have the teams that are going out to the encampments and dealing with both substance use and mental health issues. I think that's an amazing program." – **Key Informant 5, *Mental Health Teams***

"I've been talking a lot with the three Medicaid MCO perinatal case managers to make sure that we're doing a better job collaborating, communicating for those patients that do have Medicaid,

which is about half of our prenatal patients have one of the Medicaid MCOs, **making sure we're really utilizing all of the Medicaid services that's available because we do have in-house social work and family health ambassadors that can help link patients to housing or those supplies, Medicaid, transportation**." – **Key Informant 7*, Medicaid Utilization***

"We have breastfeeding peer counselors that are from the WIC grant sponsored. We try to keep two things on site that patients might need uniquely to our patient population when available. We have formula on site. We have the safe sleep sack that we give out. We have 'Reach Out and Read' where we give books out. We have behavioral health counselors that we can reach out to. So it's really in patients that have a lot of challenges navigating the healthcare system and having to go one place for their baby, one place for their postpartum, go somewhere else to see a breastfeeding peer counselor go somewhere else to see a social worker **maybe when you can come to one place and get all of your needs met. I think that that is a unique way and strength to deliver care, especially for maternal child health**." – **Key Informant 7*, Medical Home***

"If it was a shared system, that would be very, very beneficial. Oftentimes, they're coming in, we have no information sometimes, and we're just trying to identify risks and identify what we need to do for the patient. We may be missing something that patient should have stayed and get delivered, had induced, or we didn't know that they were HIV positive, who knows what. **So that would be a huge, huge thing. If somehow there could be some kind of connection there with an EMR or help getting [a shared EHR]**." – **Key Informant 9*, EHR Integration***

"**One of the probably best telehealth [methods] is mental health.** You often don't need an exam. You just don't. So having that, and also patients may feel comfortable in their own house, comfortable in their own office. They're going into this mental health office, and maybe they're feeling insecure or whether they're feeling safer there or safer at home. But I think one of the more suitable things is the mental health visit with telehealth… I've done it personally. Just it's easy to do." – **Key Informant 9*, Telehealth Services***

"**I know we had mentioned earlier in the call this idea of having one kind of universal database**, **something where we could really see each individual row and see where children are progressing through the life course, especially if they have developmental delay and are going from say, Part C to Part B in addition to something like that.**" **- Key Informant 10*, Database Integration***

"So a lot of my work over the past few years has been surrounding the passing of House Bill 202 around the universal developmental screening and childcare centers. **So definitely I know nationally there's a lot of excitement about the fact that Delaware has this legislation and that there is now codified language that is focused on developmental screening in our state and to support the early identification of developmental delay and disabilities more broadly**. So I think that that is a particular strength for the state." – **Key Informant 10*, House Bill 202***

"[It would be ideal] to have a trainer come to Delaware and train every person who works for DHSS and works with people who's a people facing person and maybe the people who supervise

them as well. It costs about $7,000 to bring a trainer to Delaware. It's a drop in the bucket. **And then having everyone trained in conscious discipline,** and they might say, what the heck is this training? Why am I doing this? **And then they take it and they say, 'I would be a better partner, wife, husband, mother, human being… truly, it teaches you tier one supports and interactions as a human being'**… a goal is for everyone to have this training who is interacting with our programs and partners and supporting them." – **Key Informant 12, *Conscious Discipline Training***

Appendix D. Emerging Issues/Threats

"**And with children and youth with special healthcare needs, there's sometimes this assumption that because you're an individual with a disability, that you too don't experience mental health challenges like everyone else does… I think we should look at that for all children and youth as special healthcare needs and actively assess their mental health and their family's mental health as caregivers**. **And that should be ongoing**. That's something that should be embedded in every interaction. Maybe it's something that comes up through the medical home through that care coordination, but how are we assessing the mental health of our children and youth with special healthcare needs? And then once we assess it, what resources are available to them and are they able to access those resources in order to improve mental health?" – **Key Informant 1,** ***Assessing Mental Health***

"It seems like it's more easily accessible for them. **We have kids doing it like sixth graders in the bathroom vaping every morning**. So it's like, I don't know where they're getting it. And they're interested in the flavors. And that's all the things that you hear in DARE class, it's happening." – **Key Informant 2,** ***Vaping***

"Yeah, the big issue is substance use disorder. **Without question, I can answer that right away.** I think we're seeing it on the post side of COVID. Well, I think one, it's been masked because it wasn't talked about. **And then I think COVID exacerbated or just really highlighted a lot, whether the parts of the healthcare system that worked or the parts of the healthcare system that has challenges that we were able to cover up but could no longer**. And I think with substance use disorder, people found ways to manage it or it wasn't being reported. And when we started to see that rise, we were intentional. So I think that's big is that if the data's being collected and people are reporting it and people are speaking about it in the same way as any other health condition people are, when I say comfortable, we more likely hear about diabetes, hypertension, heart disease, cancer, substance use disorder has to be in the same breath." - **Key Informant 4,** ***Substance Misuse Issues***

"I think the one we haven't seen, the issues that I have not heard of us seeing the issues related to syphilis yet down here. **The increase in syphilis, I think that's something we need to make sure is on the radar and something that we are watching on a regular basis from a public health perspective**. I know from the materials and stuff that I knew that that was going to be a big issue, and I know that our next local meeting is going to be our regional meeting focusing on that." – **Key Informant 5,** ***Syphilis***

"But to me, **one of the saddest transitions has been mental health to telehealth**. And we just reviewed one case that we could not determine either if it was a suicide or if it was related to the pregnancy, but she had all of her mental health care over a three-year period by telehealth. And it is very sad to me that I fear that the provider missed something because she had a visit with her provider a week before she died of an overdose, and that something wasn't right. We had one woman who died, she died of head injuries after using drugs and crashing into a telephone pole. And so she had that injury. But when I was able to get an informant interview with her mother, her mother said that her daughter had mental health issues. She had them for a long time that only being able to do them by telehealth did not work for her. And she did. She didn't continue with it because it wasn't helping. So there's so many large issues that need to be addressed that

we are not getting at." – **Key Informant 5,** ***Telehealth Services as Substitute for In-Person Services***

"WIC is very helpful for food insecurity and I think something that a lot of our patients rely on, but **we definitely still see food insecurity and then just making sure that they have all the supplies needed**. Especially the one thing that we really, two things we focus on are car seat and safe sleep. So having a crib or a pack and play ready to go while they're pregnant and making sure that they have access to social services that can get them any barriers that they have." – **Key Informant 7,** ***Food Insecurity***

"**We have a much bigger Haitian Creole population now than we used to have**, especially in Kent County. We have a lot of things that are available in Spanish, **but we don't have very many community health workers or things available, materials available in Haitian Creol**e. And then the other part of it is that we see a lot of patients, establishing their prenatal care much later if they're completely new to Delaware, they're calling for their first appointment much later in their pregnancy. Whether it's because they're not sure about their insurance or they don't see a need necessarily culturally or whatever, then the norm is sort of for them. So we see a lot of that late to care, I think more than we used to." – **Key Informant 7,** ***Limited Access to Haitian Creole Translators***

"**We're seeing a decrease in access to childcare all around**. And for families of children with disabilities, whether they have a medical need or not, it is much more difficult to find access to during the day care. So families can go to work. It's a huge, huge need. It's a tremendous need. **So once they're five schools are there, but from birth to five, it's heartbreaking, really, that many families have to make the difficult decision that if they're in a two-parent family or if they're in with mom and grandmom, mom and an aunt, I mean, you get it. Someone has to stay home because they're not able to find care. So that's hard**." – **Key Informant 12**, ***Access to Childcare***