

2025 TITLE V MCH BLOCK GRANT STAKEHOLDER SURVEY 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 Stakeholder Survey.

Methods

Staff from the Delaware Department of Health and Social Services, Division of Public Health, Title V Maternal and Child Health Program created the survey. The survey distributed during the previous Title V needs assessment was used as a guide with additional input provided by staff at Forward Consultants, LLC. The target audience was the Title V stakeholder email contact list maintained by the Title V program. The survey was emailed to 571 stakeholders, of which, 62 (10.9 percent) completed the survey. Key results from the survey are emphasized in **bold** font.

Results

Stakeholder Representation. Despite the limited number of stakeholders who completed the survey, the respondents comprised a diverse set of organizations and roles (Tables 1 and 2, respectively). Moreover, the respondents represented the five population health domains evenly (Figure 1) and were proportionally representative of each region of the state with many respondents reportedly working at the statewide level (Figure 2).

Table 1. Respondents’ Self-Reported Organizations Represented.

Organizations	<i>n</i> = 62
Department of Health and Social Service or Department of Health	17 (27.4%)
Human services nonprofit	9 (14.5%)
Hospital or medical center	7 (11.3%)
Education	5 (8.1%)
School based wellness center	5 (8.1%)
Child advocacy (e.g., child abuse prevention)	2 (3.2%)
Community health center (e.g., federally qualified health center)	2 (3.2%)
Parent-child center	2 (3.2%)
Other	13 (21.0%)

Table 2. Respondents' Self-Reported Role Within Organization.

Role	<i>n</i> = 62
Public health professional (e.g., health educator, community health worker)	22 (35.5%)
Healthcare provider (e.g., physician, nurse, dentist)	13 (21.0%)
Social service provider (e.g., social worker, mental health counselor)	8 (12.9%)
Community advocate	6 (9.7%)
Hospital or health system administrator	5 (8.1%)
City/county administrator	2 (3.2%)
Childcare provider/early education teacher	2 (3.2%)
Academic researcher	1 (1.6%)
Other	20 (32.3%)

Figure 1. Population Health Domains Reported by Respondents.

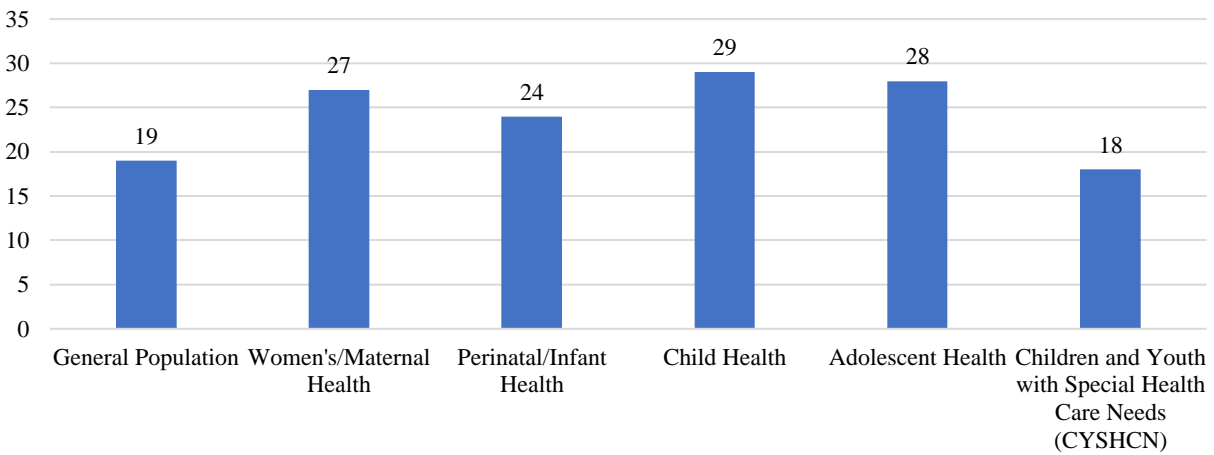
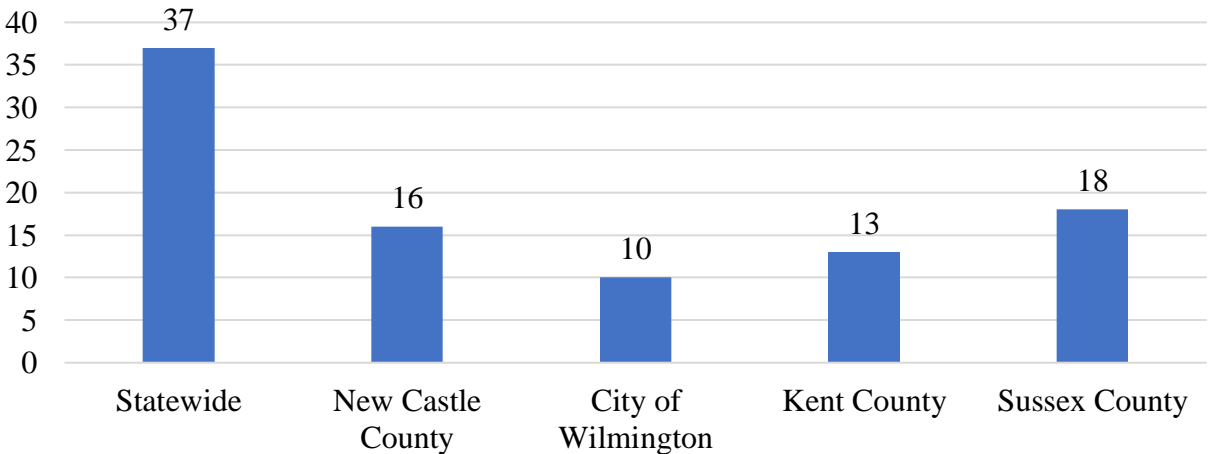


Figure 2. Geographic Area of the Population Served.



Awareness, Progress, and Desire toward Addressing National Performance Measures

(NPMs). The respondents were asked which of the maternal and child health (MCH) population domain(s) best describe(s) the target audience for their program/organization. Each MCH population health domain comprises of multiple NPMs with specific NPMs being represented across more than one MCH population health domains (e.g., the Medical Health NPM is situated under the children and youth special health care needs (CYSHCN), child health, and adolescent health domains). Table 3 lists the count of respondents by NPM. As some NPMs are situated under multiple MCH population health domains, certain NPMs have a larger number of respondents as compared to other NPMs that may have fewer respondents (e.g., 57 respondents (91.9 percent of the total) were asked to speak to the Preventive Dental Visit NPM while 38 respondents (61.3 percent of the total) were asked to speak to the Safe Sleep NPM.

Table 3. Count of Respondents by NPM.

NPM	MCH Population Health Domain	n = 62
Preventive Dental Visit	Women/Maternal, Child, Adolescent	57 (91.9%)
Medical Home	CYSHCN, Child, Adolescent	52 (83.9%)
Housing Instability	Perinatal/Infant, Women/Maternal, Child	50 (80.6%)
Perinatal Care Discrimination	Women/Maternal, Perinatal/Infant	46 (74.2%)
Transition	CYSHCN, Adolescent	46 (74.2%)
Bullying	CYSHCN, Adolescent	46 (74.2%)
Developmental Screening	Child	39 (62.9%)
Childhood Vaccination	Child	39 (62.9%)
Physical Activity	Child	39 (62.9%)
Food Sufficiency	Child	39 (62.9%)
Adolescent Well-Visit	Adolescent	39 (62.9%)
Mental Health Treatment	Adolescent	39 (62.9%)
Tobacco Use	Adolescent	39 (62.9%)
Adult Mentor	Adolescent	39 (62.9%)
Postpartum Visit	Women/Maternal	38 (61.3%)
Postpartum Mental Health Screening	Women/Maternal	38 (61.3%)
Postpartum Contraception Use	Women/Maternal	38 (61.3%)
Risk-Appropriate Perinatal Care	Perinatal/Infant	38 (61.3%)
Breastfeeding	Perinatal/Infant	38 (61.3%)
Safe Sleep	Perinatal/Infant	38 (61.3%)

Although the number of respondents asked about each NPM may differ (as given in Table 3), the percentage results involving awareness, progress, and desire on the NPMs were reported across all NPMs. As given in Table 4A, most respondents provided a strongly agree or agree response that Delaware stakeholders have awareness of the NPM. Overall, no one population health domain (i.e., women’s/maternal health, perinatal/infant health, child health, adolescent health, and CSYHCN) had its constituent NPMs reporting higher (or lower) percentages of awareness as

compared to other population health domains. Note that when asked, **relevant respondents either stated that they strongly agree or agree that Delaware stakeholders have awareness of four NPMs: perinatal discrimination, breastfeeding, food sufficiency, and mental health treatment.** Conversely, when asked, relevant respondents reported that the **adult mentor and transition NPMs have the least awareness** among Delaware stakeholders.

Table 4A. Among Delaware Stakeholders, There Is Awareness of Need to Address NPM.

Awareness	% Strongly Agree or Agree
Perinatal Care Discrimination	46 (100.0%)
Breastfeeding	38 (100.0%)
Food Sufficiency	39 (100.0%)
Mental Health Treatment	39 (100.0%)
Developmental Screening	38 (98.0%)
Childhood Vaccination	38 (97.7%)
Postpartum Visit	37 (97.5%)
Physical Activity	37 (95.5%)
Safe Sleep	36 (95.4%)
Tobacco Use	37 (95.3%)
Postpartum Mental Health Screening	36 (94.9%)
Adolescent Well-Visit	37 (94.9%)
Risk-Appropriate Perinatal Care	36 (94.4%)
Housing Instability	47 (94.4%)
Bullying	43 (94.2%)
Medical Home	46 (87.5%)
Postpartum Contraception Use	32 (85.5%)
Preventive Dental Visit	47 (82.8%)
Transition	36 (79.3%)
Adult Mentor	30 (77.8%)

With regard to progress among Delaware stakeholders toward addressing the NPMs (Table 4B on the following page), **housing instability had by far the lowest percentage of relevant respondents providing a strongly agree or agree response** (17.9 percent). Furthermore, similar to the results involving awareness, the relevant respondents reported that **Delaware stakeholders have the least desire to address the adult mentor and transition NPMs** (Table 4C on the following page). Finally, like awareness, no one population health domain had its constituent NPMs reporting higher (or lower) percentages of progress or desire among relevant respondents as compared to other population health domains.

The exhaustive list of results for awareness, progress, and desire is given in Appendix A. For each NPM, the most commonly chosen response in each category is highlighted in light gray.

Table 4B. Among Delaware Stakeholders, There Is Progress to Address the NPM.

Progress	% Strongly Agree or Agree
Developmental Screening	35 (89.9%)
Safe Sleep	33 (86.4%)
Childhood Vaccination	33 (83.9%)
Tobacco Use	31 (79.2%)
Food Sufficiency	30 (75.7%)
Breastfeeding	27 (72.2%)
Medical Home	37 (71.8%)
Postpartum Visit	27 (71.4%)
Adolescent Well-Visit	26 (66.0%)
Physical Activity	25 (64.9%)
Risk-Appropriate Perinatal Care	24 (64.4%)
Postpartum Mental Health Screening	24 (62.5%)
Transition	26 (56.4%)
Bullying	26 (55.6%)
Perinatal Care Discrimination	24 (52.8%)
Postpartum Contraception Use	19 (51.0%)
Mental Health Treatment	20 (50.0%)
Preventive Dental Visit	27 (46.8%)
Adult Mentor	15 (38.5%)
Housing Instability	9 (17.9%)

Table 4C. Among Delaware Stakeholders, There Is Desire to Address the NPM.

Desire	% Strongly Agree or Agree
Mental Health Treatment	38 (97.9%)
Physical Activity	38 (97.7%)
Safe Sleep	51 (97.5%)
Postpartum Visit	38 (97.5%)
Breastfeeding	37 (97.4%)
Postpartum Mental Health Screening	38 (97.3%)
Risk-Appropriate Perinatal Care	38 (96.9%)
Childhood Vaccination	36 (95.2%)
Adolescent Well-Visit	36 (94.6%)
Developmental Screening	36 (93.7%)
Housing Instability	46 (92.5%)
Food Sufficiency	35 (91.7%)
Perinatal Care Discrimination	51 (90.0%)
Tobacco Use	41 (89.5%)
Bullying	39 (85.3%)
Medical Home	33 (85.0%)
Postpartum Contraception Use	33 (84.8%)
Preventive Dental Visit	31 (80.2%)
Transition	35 (75.0%)
Adult Mentor	26 (68.3%)

Unknown Awareness, Progress, and Desire toward Addressing National Performance Measures (NPMs)

In addition to agree/disagree Likert responses, the survey offered respondents a “Don’t Know” option for the perceived awareness, progress, and desire of Delaware stakeholders toward each NPM. Table 5A shows that **almost half (48.7 percent) of relevant respondents said that they do not know the awareness of Delaware stakeholders vis-à-vis the adult mentor NPM. Similar results involving the percentage of “Don’t Know” responses were reported on both progress (Table 5B) and desire (Table 5C) among Delaware stakeholders toward addressing the adult mentor NPM (69.2 percent and 53.8 percent, respectively). In addition, the preventive dental visit NPM was the second most highly reported NPM on which the relevant respondents stated that they did not know Delaware stakeholders’ perceived awareness, progress, or desire (29.8 percent, 52.6 percent, and 33.3 percent, respectively).**

Table 5A. There Is Awareness of Need to Address NPM. (% Don’t Know)

Awareness	% Don’t Know
Adult Mentor	19 (48.7%)
Preventive Dental Visit	17 (29.8%)
Postpartum Contraception Use	8 (21.1%)
Adolescent Well-Visit	8 (20.5%)
Transition	9 (19.6%)
Medical Home	10 (19.2%)
Postpartum Mental Health Screening	7 (18.4%)
Risk-Appropriate Perinatal Care	7 (18.4%)
Breastfeeding	6 (15.8%)
Tobacco Use	6 (15.4%)
Housing Instability	7 (14.0%)
Bullying	6 (13.0%)
Childhood Vaccination	5 (12.8%)
Safe Sleep	4 (10.5%)
Postpartum Visit	3 (7.9%)
Mental Health Treatment	3 (7.7%)
Developmental Screening	3 (7.7%)
Physical Activity	3 (7.7%)
Perinatal Care Discrimination	3 (6.5%)
Food Sufficiency	1 (2.6%)

Table 5B. There Is Progress to Address the NPM. (% Don't Know)

Progress	% Don't Know
Adult Mentor	27 (69.2%)
Preventive Dental Visit	30 (52.6%)
Adolescent Well-Visit	18 (46.2%)
Transition	21 (45.7%)
Risk-Appropriate Perinatal Care	17 (44.7%)
Medical Home	21 (40.4%)
Postpartum Mental Health Screening	15 (39.5%)
Postpartum Contraception Use	15 (39.5%)
Childhood Vaccination	15 (38.5%)
Tobacco Use	15 (38.5%)
Breastfeeding	14 (36.8%)
Physical Activity	13 (33.3%)
Safe Sleep	12 (31.6%)
Mental Health Treatment	12 (30.8%)
Bullying	14 (30.4%)
Perinatal Care Discrimination	13 (28.3%)
Housing Instability	13 (26.0%)
Postpartum Visit	8 (21.1%)
Developmental Screening	7 (17.9%)
Food Sufficiency	7 (17.9%)

Table 5C. There Is Desire to Address the NPM. (% Don't Know)

Desire	% Don't Know
Adult Mentor	21 (53.8%)
Preventive Dental Visit	19 (33.3%)
Risk-Appropriate Perinatal Care	11 (28.9%)
Transition	13 (28.3%)
Postpartum Mental Health Screening	10 (26.3%)
Adolescent Well-Visit	10 (25.6%)
Tobacco Use	10 (25.6%)
Medical Home	13 (25.0%)
Postpartum Contraception Use	9 (23.7%)
Breastfeeding	8 (21.1%)
Safe Sleep	7 (18.4%)
Bullying	8 (17.4%)
Housing Instability	8 (16.0%)
Childhood Vaccination	6 (15.4%)
Postpartum Visit	5 (13.2%)
Perinatal Care Discrimination	6 (13.0%)
Mental Health Treatment	4 (10.3%)
Physical Activity	4 (10.3%)
Developmental Screening	4 (10.3%)
Food Sufficiency	2 (5.1%)

Most Important NPM to be Addressed. Respondents provided assorted responses on which NPM they each considered to be the most important within each domain (Table 6). With that said, the respondents disproportionately chose **postpartum mental health screening and housing instability** (women’s/maternal health domain); **housing instability and risk-appropriate perinatal care** (perinatal/infant health domain); **housing instability, food sufficiency, developmental screening** (child health domain); **mental health treatment and adolescent well-visit** (adolescent health domain), and **medical home and transition** (CYSHCN domain) as the most important NPMs to be addressed.

Table 6. For Each Domain, NPM Selected as Most Important to be Addressed.

Women’s/Maternal Health	n = 38 (%)
Postpartum Mental Health Screening	14 (36.8%)
Housing Instability	10 (26.3%)
Perinatal Care Discrimination	8 (21.1%)
Postpartum Visit	5 (13.2%)
Preventive Dental Visit	1 (2.6%)
Postpartum Contraception	0 (0.0%)
Perinatal/Infant Health	n = 38 (%)
Housing Instability	14 (36.8%)
Risk-Appropriate Perinatal Care	9 (23.7%)
Perinatal Care Discrimination	6 (15.8%)
Safe Sleep	6 (15.8%)
Breastfeeding	3 (7.9%)
Child Health	n = 39 (%)
Housing Instability	11 (28.2%)
Food Sufficiency	10 (25.6%)
Developmental Screening	9 (23.1%)
Medical Home	6 (15.4%)
Preventive Dental Visit	2 (5.1%)
Physical Activity	1 (2.6%)
Childhood Vaccination	0 (0.0%)
Adolescent Health	n = 39 (%)
Mental Health Treatment	16 (41.0%)
Adolescent Well-Visit	8 (20.5%)
Medical Home	5 (12.8%)
Adult Mentor	5 (12.8%)
Transition	2 (5.1%)
Bullying	1 (2.6%)
Tobacco Use	1 (2.6%)
Preventive Dental Visit	1 (2.6%)
Children and Youth with Special Health Care Needs (CYSHCN)	n = 31 (%)
Medical Home	17 (54.8%)
Transition	13 (41.9%)
Bullying	1 (3.2%)

Questions Involving Needs. When asked “What are the *top three important things* that women, children, and families need to live their fullest lives?”, the top five most frequently stated themes by percentage of comments reported were **housing (26.0 percent); access to healthcare (16.0 percent); mental health (10.7 percent); food (8.7 percent); and financial stability (7.3 percent)**. A word cloud of themes is provided in Appendix B1.

In addition, when asked “What are the *top three biggest unmet needs* of women, children, and families in your community?”, the top five most commonly listed themes by percentage of comments reported were **housing (29.1 percent); access to healthcare (15.8 percent); food security (13.3 percent); mental health (6.1 percent); and ability to have a living wage (5.5 percent)**. A word cloud of themes is given in Appendix B2.

Additional Comments. The following are selected statements given by stakeholders when asked to provide additional comments:

- “Very much appreciate that Delaware is trying to prioritize what women, children and families need to be able to access equitable living standards.”
- “**Delaware needs to be more aware of available resources for families** of different situations like HMG for DV, homelessness, language barriers.”
- “We need to **invest in the importance of mental health, housing and food resources** throughout Delaware in order for children and families to prosper.”
- “It all snowballs. **Minimum wage won't pay for childcare or rent let alone both.** The stressor that this starts off a family with can be insurmountable.”
- “**Childbirth Education and Doula Services and Home Birth Midwifery Care should be included in coverage** for all women and should be at a rate that makes it feasible for the provider to provide.”
- “We are proud of our work to promote developmental screening to all children during well-child visits. Early identification and intervention support children to reach their full potential.”
- “**Sussex County still has a huge access gap for Hispanic and Haitian women** who struggle to access insurance and who's main resource for prenatal care (FQHC) lack solid dependable hospital relationships for safe coordinated care.”
- “**We need to emphasize the importance of focus on health equity and address social determinants of health working with community-based organizations to maximize resources.**”
- “Years ago, we had a push to educate those working with families on contraception, this program was a great resource for families and staff and since it is no longer as accessible,

we see increased number of women who are not supported or properly educated in this area and staff who cannot access training to support families better.”

- **“Better coordination and collaboration across agencies providing medical, social services and educational supports** - more of a comprehensive wraparound approach to support children and families. More targeted case management to support those in need.”

Discussion

These results suggest that the respondents generally affirm that the relevant Delaware stakeholders within each MCH population health domain have an awareness, and to a slightly lower extent, progress and desire to address each NPM. Two NPMs tended to have the most pronounced results as compared to the other NPMs: **adult mentor and housing instability**. Adult mentor was by far the NPM that the respondents reportedly did not know the extent of Delaware stakeholders’ awareness, progress, nor desire to address. Moreover, housing instability was documented as the most important NPM to be addressed in the perinatal/infant health and child health domains and the second highest in the women’s/maternal health domain. Housing was also the most common theme given by respondents when asked about important things individuals need to live fullest lives as well as unmet needs of individuals within communities.

These findings will be comprehensively included as part of the discussion of statewide MCH priorities for the Title V Block Grant needs assessment.

Appendix A. Among Delaware Stakeholders, There Is [Awareness of the Need, Desire, Progress] to Address the NPM.

		Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
NPM 1: Postpartum Visit (n = 38)	Awareness	-	1 (2.6%)	23 (60.5%)	11 (28.9%)	3 (7.9%)
	Desire	-	1 (2.6%)	18 (47.4%)	14 (36.8%)	5 (13.2%)
	Progress	-	9 (23.7%)	18 (47.4%)	3 (7.9%)	8 (21.1%)
NPM 2: Postpartum Mental Health Screening (n = 38)	Awareness	-	2 (5.3%)	13 (34.2%)	16 (42.1%)	7 (18.4%)
	Desire	-	1 (2.6%)	10 (26.3%)	17 (44.7%)	10 (26.3%)
	Progress	-	9 (23.7%)	12 (31.6%)	2 (5.3%)	15 (39.5%)
NPM 3: Postpartum Contraception Use (n = 38)	Awareness	-	5 (13.2%)	16 (42.1%)	9 (23.7%)	8 (21.1%)
	Desire	-	5 (13.2%)	16 (42.1%)	8 (21.1%)	9 (23.7%)
	Progress	-	12 (31.6%)	8 (21.1%)	3 (7.9%)	15 (39.5%)
NPM 4: Perinatal Care Discrimination (n = 46)	Awareness	-	-	27 (58.7%)	16 (34.8%)	3 (6.5%)
	Desire	-	5 (10.9%)	15 (32.6%)	20 (43.5%)	6 (13.0%)
	Progress	2 (4.3%)	14 (30.4%)	13 (28.3%)	4 (8.7%)	13 (28.3%)
NPM 5: Risk-Approp Peri Care (n = 38)	Awareness	-	2 (5.3%)	19 (50.0%)	10 (26.3%)	7 (18.4%)
	Desire	-	1 (2.6%)	16 (42.1%)	10 (26.3%)	11 (28.9%)
	Progress	-	8 (21.1%)	10 (26.3%)	3 (7.9%)	17 (44.7%)
NPM 6: Breastfeeding (n = 38)	Awareness	-	-	15 (39.5%)	17 (44.7%)	6 (15.8%)
	Desire	-	1 (2.6%)	12 (31.6%)	17 (44.7%)	8 (21.1%)
	Progress	1 (2.6%)	6 (15.8%)	12 (31.6%)	5 (13.2%)	14 (36.8%)
NPM 7: Safe Sleep (n = 38)	Awareness	-	2 (5.3%)	13 (34.2%)	19 (50.0%)	4 (10.5%)
	Desire	-	1 (2.6%)	11 (28.9%)	19 (50.0%)	7 (18.4%)
	Progress	-	4 (10.5%)	15 (39.5%)	7 (18.4%)	12 (31.6%)
NPM 8: Housing Instability (n = 50)	Awareness	-	3 (6.0%)	18 (36.0%)	22 (44.0%)	7 (14.0%)
	Desire	-	4 (8.0%)	16 (32.0%)	22 (44.0%)	8 (16.0%)
	Progress	9 (18.0%)	21 (42.0%)	6 (12.0%)	1 (2.0%)	13 (26.0%)
NPM 9: Developmental Screening (n = 39)	Awareness	-	1 (2.6%)	7 (17.9%)	28 (71.8%)	3 (7.7%)
	Desire	-	3 (7.7%)	7 (17.9%)	25 (64.1%)	4 (10.3%)
	Progress	-	4 (10.3%)	13 (33.3%)	15 (38.5%)	7 (17.9%)
NPM 10: Childhood Vaccination (n = 39)	Awareness	-	1 (2.6%)	14 (35.9%)	19 (48.7%)	5 (12.8%)
	Desire	-	2 (5.1%)	13 (33.3%)	18 (46.2%)	6 (15.4%)
	Progress	1 (2.6%)	3 (7.7%)	13 (33.3%)	7 (17.9%)	15 (38.5%)

		Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
NPM 11: Preventive Dental Visit (n = 57)	Awareness	2 (3.5%)	5 (8.8%)	22 (38.6%)	11 (19.3%)	17 (29.8%)
	Desire	2 (3.5%)	6 (10.5%)	17 (29.8%)	13 (22.8%)	19 (33.3%)
	Progress	5 (8.8%)	9 (15.8%)	10 (17.5%)	3 (5.3%)	30 (52.6%)
NPM 12: Physical Activity (n = 39)	Awareness	-	2 (5.1%)	17 (43.6%)	17 (43.6%)	3 (7.7%)
	Desire	-	1 (2.6%)	16 (41.0%)	18 (46.2%)	4 (10.3%)
	Progress	2 (5.1%)	7 (17.9%)	14 (35.9%)	3 (7.7%)	13 (33.3%)
NPM 13: Food Sufficiency (n = 39)	Awareness	-	-	14 (35.9%)	24 (61.5%)	1 (2.6%)
	Desire	-	4 (10.3%)	11 (28.2%)	22 (56.4%)	2 (5.1%)
	Progress	1 (2.6%)	7 (17.9%)	19 (48.7%)	5 (12.8%)	7 (17.9%)
NPM 14: Adolescent Well-Visit (n = 39)	Awareness	-	2 (5.1%)	13 (33.3%)	16 (41.0%)	8 (20.5%)
	Desire	-	2 (5.1%)	11 (28.2%)	16 (41.0%)	10 (25.6%)
	Progress	1 (2.6%)	7 (17.9%)	6 (15.4%)	7 (17.9%)	18 (46.2%)
NPM 15: Mental Health Treatment (n = 39)	Awareness	-	-	8 (20.5%)	28 (71.8%)	3 (7.7%)
	Desire	-	1 (2.6%)	8 (20.5%)	26 (66.7%)	4 (10.3%)
	Progress	3 (7.7%)	11 (28.2%)	8 (20.5%)	5 (12.8%)	12 (30.8%)
NPM 16: Tobacco Use (n = 39)	Awareness	-	2 (5.1%)	11 (28.2%)	20 (51.3%)	6 (15.4%)
	Desire	-	4 (10.3%)	7 (17.9%)	18 (46.2%)	10 (25.6%)
	Progress	1 (2.6%)	4 (10.3%)	15 (38.5%)	4 (10.3%)	15 (38.5%)
NPM 17: Adult Mentor (n = 39)	Awareness	-	5 (12.8%)	10 (25.6%)	5 (12.8%)	19 (48.7%)
	Desire	1 (2.6%)	5 (12.8%)	8 (20.5%)	4 (10.3%)	21 (53.8%)
	Progress	2 (5.1%)	5 (12.8%)	5 (12.8%)	-	27 (69.2%)
NPM 18: Medical Home (n = 52)	Awareness	1 (1.9%)	5 (9.6%)	17 (32.7%)	19 (36.5%)	10 (19.2%)
	Desire	1 (1.9%)	6 (11.5%)	11 (21.2%)	21 (40.4%)	13 (25.0%)
	Progress	2 (3.8%)	7 (13.5%)	15 (28.8%)	7 (13.5%)	21 (40.4%)
NPM 19: Transition (n = 46)	Awareness	2 (4.3%)	6 (13.0%)	18 (39.1%)	11 (23.9%)	9 (19.6%)
	Desire	2 (4.3%)	7 (15.2%)	12 (26.1%)	12 (26.1%)	13 (28.3%)
	Progress	2 (4.3%)	9 (19.6%)	11 (23.9%)	3 (6.5%)	21 (45.7%)
NPM 20: Bullying (n = 46)	Awareness	-	3 (6.5%)	13 (28.3%)	24 (52.2%)	6 (13.0%)
	Desire	-	7 (15.2%)	12 (26.1%)	19 (41.3%)	8 (17.4%)
	Progress	4 (8.7%)	10 (21.7%)	14 (30.4%)	4 (8.7%)	14 (30.4%)

Appendix B1. Top Three Important Things Women, Children, and Families Need to Live Their Fullest Lives.



Appendix B2. Top Three Biggest Unmet Needs of Women, Children, and Families in Community.

