

Navigating Services and Supports

FAMILIES KNOW HOW TO FIND, ACCESS, AND UNDERSTAND WHAT SERVICES ARE AVAILABLE TO THEM

Why It's Important

Coordinated and efficient systems of care for women, children and families are needed to achieve the best possible health outcomes and to thrive, but do not exist or are out of reach for many. Because systems are not always easy to navigate, many families may not know what programs and services are available to them. Additionally some families may choose not to enroll for other reasons, such as the services available don't actually meet their need(s), aren't culturally relevant, or there is distrust in the system or service.

Recent data from the Children's Defense Fund shows that:

- 82% of eligible children were not enrolled in Child Care Assistance
- 50% of eligible uninsured Minnesotans were not enrolled in MinnesotaCare or Medical Assistance
- 31% of eligible Minnesotans were not enrolled in SNAP (e.g. food stamps)
- 20% of eligible families were not enrolled in WIC
- 27% of eligible children were not enrolled in WIC
- 28% of eligible children were not enrolled in the School Meal Program²

A person or family's ability to navigate services and supports should involve a person-centered approach through which families and individuals connect with needed services. Community health workers, care coordinators, and patient navigators are currently embedded in systems and help people overcome barriers to receiving services. Despite those efforts, families with complex and chronic conditions often navigate health and social service systems independently, taking on the burden of locating programs and providers available to them and their families. When thinking about how systems could be re-designed for easier use by families, there are some important considerations:

- Designing better systems that are easier to navigate should happen in partnership with families and individuals who actually use them.
- Well-designed systems shouldn't need to be 'navigable' when they are created by and for the user; they should operate smoothly and intuitively.
- People do not seek out a specific program, they seek out a needed service. When we seek to improve system navigation, we need to think about what the user is actually looking for and how they are searching to meet their need.

Better integration and coordination of providers and systems would improve the experience and health outcomes of families in Minnesota.

Two major systems navigation themes emerged in the Title V Needs Assessment Discovery Survey:

- Individuals and families knowing what services and resources are available to them.
- Individuals and families being able to easily access and maintain those services and resources.

"Families require access to resources in order to live stable and healthy lives. Our system lacks resources and personnel to help families navigate basic needs and to find a path to greater self-sufficiency." –Needs Assessment Discovery Survey Respondent

While anecdotes from statewide providers, families, and program staff consistently indicate that services and supports are unavailable, unknown, or hard to access; there is no statewide data that defines actual systems-level service gaps and barriers.

Focus on Health Equity

Limited English Proficiency

One of the populations facing the greatest challenges navigating systems are those with limited English proficiency and immigrants, especially those who are undocumented or other immigrants who do not qualify for services. These barriers also impact U.S. citizen children who are part of mixed status families.

“Immigrants and their families face unique barriers to basic health care and nutrition assistance, including laws that restrict even lawfully present immigrants’ access to federal means-tested benefits. Immigrants and their children- many of whom are U.S. citizens- are less likely to use programs like SNAP or Medicaid even when they are eligible, due to confusing rules and immigration-related concerns.” – Madison Hardee, Senior Policy Analyst & Attorney for CLASP

People Living with Disabilities

One in four U.S. adults has a disability. People with disabilities need access to health care to stay well, active and be part of their community. However, accessing health care can be challenging for some people with disabilities.³ The CDC reports that adults with vision disabilities experienced the least access to health care (i.e. insurance coverage, primary care provider, unmet health care need due to cost, and routine check-up in the past year). Health care systems should be inclusive of people living with disabilities so that everyone has the same opportunities to participate in all aspects of their life.

American Indian Communities & Tribal Nations

Eleven Tribal Nations offer culturally relevant services, but are often unknown or ignored as potential referral resources by outside providers and therefore American Indian families may not receive the best possible services.

People Living in Greater Minnesota

Finally, services tend to be scarcer in rural areas, which can make them difficult to locate and access.

Additional Considerations

Improving systems for women, children and families is important as attempting to navigate health care or social service systems can cause harm and be a traumatic experience in and of itself.

Discovery Survey Results

In the summer of 2018, Minnesota’s Title V Maternal and Child Health Needs Assessment distributed a Discovery Survey asking people living in Minnesota, “What are the biggest unmet needs of women, children, and families in your community?” More than 2,700 people responded. Navigating services and supports was mentioned 88 times in our Needs Assessment Discovery Survey when we asked community members, policy makers, Maternal and Child professionals, etc. what was the greatest unmet needs of women, children and families in your community.

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment Team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person's ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation— which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

1. Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved [05/01/2019] from www.childhealthdata.org. CAHMI: www.cahmi.org
2. Bridge to Benefits. Children's Defense Fund. Retrieved 3/29/2019. http://mn.bridgetobenefits.org/About_Us2
3. Disability and Access to Health Care. CDC. Retrieved 5/11/2019. <https://www.cdc.gov/features/disabilities-health-care-access/index.html>

Child and Family Health Division
Title V Maternal and Child Health Needs Assessment
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3589
health.cfhcommunications@state.mn.us
www.health.state.mn.us



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