



FINDINGS FROM SIX MOMS PARTNERSHIP® GOALS & NEEDS ASSESSMENTS

**BRIDGEPORT, CT
BURLINGTON, VT
LOUISVILLE, KY
NEW HAVEN, CT
NEW YORK, NY
WASHINGTON, D.C.**

FALL 2019



ELEVATE

A POLICY LAB TO ELEVATE MENTAL HEALTH AND DISRUPT POVERTY



Yale SCHOOL OF MEDICINE

WHAT IS THE MOMS GOALS & NEEDS ASSESSMENT?

The MOMS Partnership is committed to meeting mothers where they are. The MOMS Goals & Needs Assessment (GNA) is a survey that the MOMS Partnership co-creates with local partners and distributes in order for mothers in a community to share **what they want, what they need, and what goals they have for themselves and their families.**

Mothers, pregnant women, and adult female caregivers in five MOMS sites have participated in a GNA: Bridgeport, Connecticut; Burlington, Vermont; Louisville, Kentucky; New Haven, Connecticut; and New York City, New York. Additionally, in Washington, D.C., there has been a broader research effort — including parents and caregivers of any gender — that has served as an equivalent of the GNA.

Findings from **New Haven** include data from **2,279** GNAs administered between 2012 and 2017. For qualitative data findings — open-ended responses from mothers about their goals, parenting experiences, and self-care activities — **150** responses were randomly selected for analysis.

The **Bridgeport** MOMS GNA was administered in April and May 2019; findings include data from **135** eligible respondents, mothers of a child or children under 18 years of age from the Bridgeport community.

The **Vermont** MOMS GNA was administered in May and June 2019; findings include data from **138** eligible respondents, mothers of a child or children under 18 years of age who were currently receiving benefits through Reach Up (Vermont's TANF program), Reach Ahead, Reach First, or the Post-Secondary Education Program.

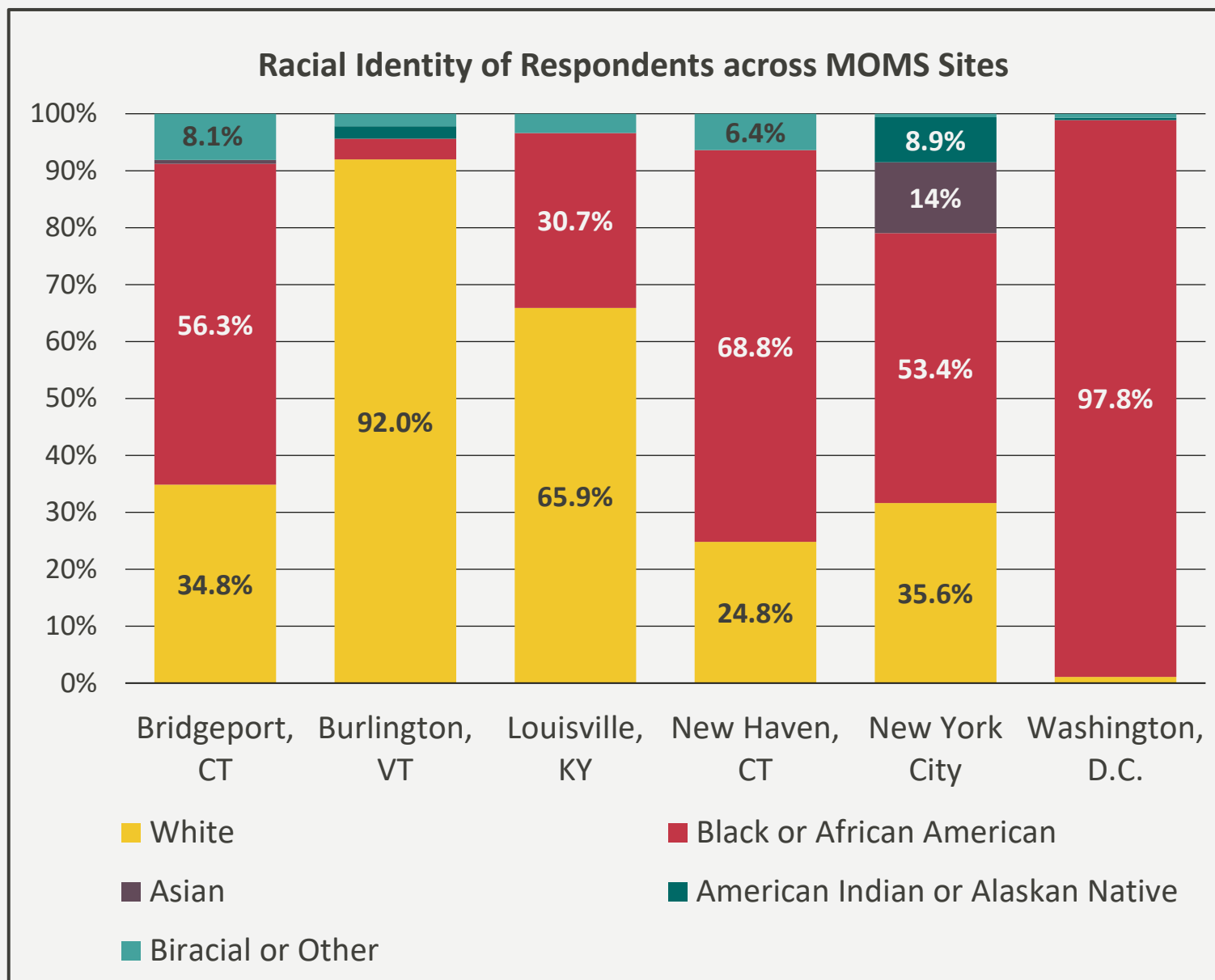
The **Kentucky** MOMS GNA was administered in July 2019; findings include data from **176** eligible respondents. The Kentucky MOMS GNA was completed specifically by justice-involved mothers — those currently incarcerated or under community supervision, including parole or probation — who were living or planning to live in the Greater Louisville Area.

The **New York City** MOMS GNA was administered in July and August, 2019; findings include data from **163** eligible respondents, mothers of a child or children under 18 years of age from the Brownsville neighborhood of Brooklyn, New York City.

Findings from **Washington, D.C.**, draw from **576** surveys designed and administered in collaboration with the D.C. Department of Human Services in early 2018. This survey research gathered baseline data on customers receiving TANF prior to the implementation of a new TANF policy in the District; customers were eligible if they were parents or primary caregivers of any gender. For purposes of simplicity, the survey is referred to here as the D.C. MOMS GNA.

WHO HAS PARTICIPATED IN THE MOMS GOALS & NEEDS ASSESSMENTS?

The GNA asks respondents about basic demographic data, like their age and racial identity. Both of these characteristics vary significantly across MOMS sites ($p < .001$).

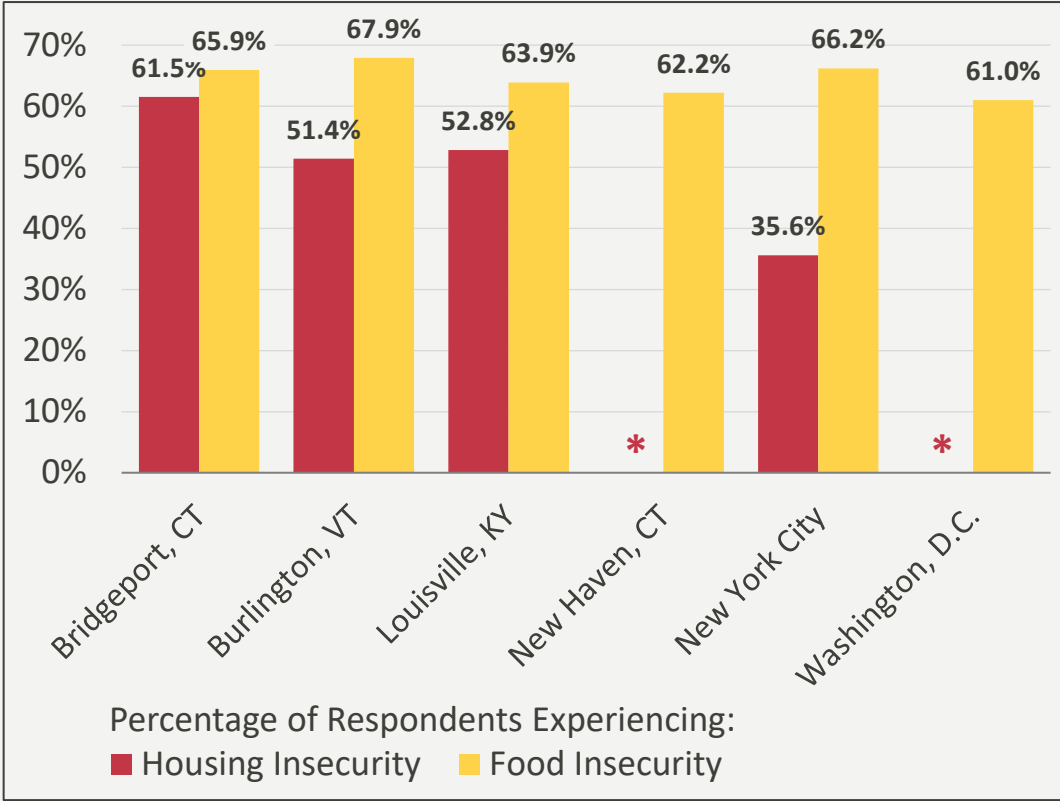


Average Age of Respondents across MOMS Sites:



HOW DO THE **NEEDS** OF RESPONDENTS VARY ACROSS SITES?

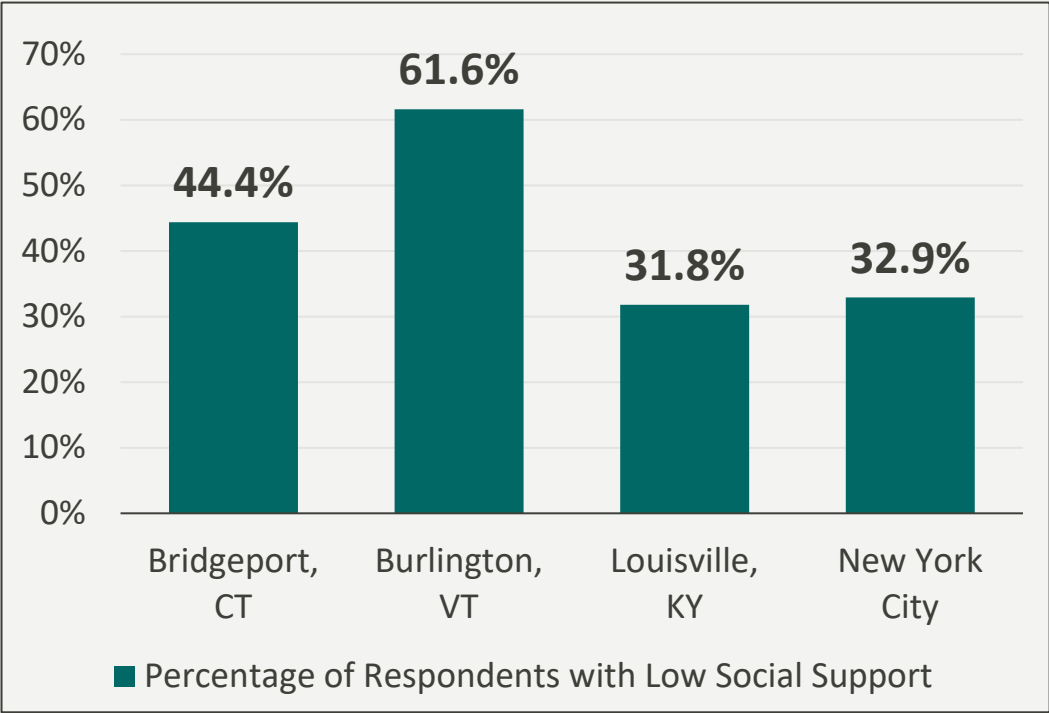
HOUSING AND FOOD INSECURITY



The percentage of respondents experiencing **food insecurity** was not significantly different across MOMS sites, but rates of **housing insecurity** varied significantly ($p < .001$).

* Housing insecurity data is not available for New Haven, CT, and Washington, D.C.

LOW SOCIAL SUPPORT

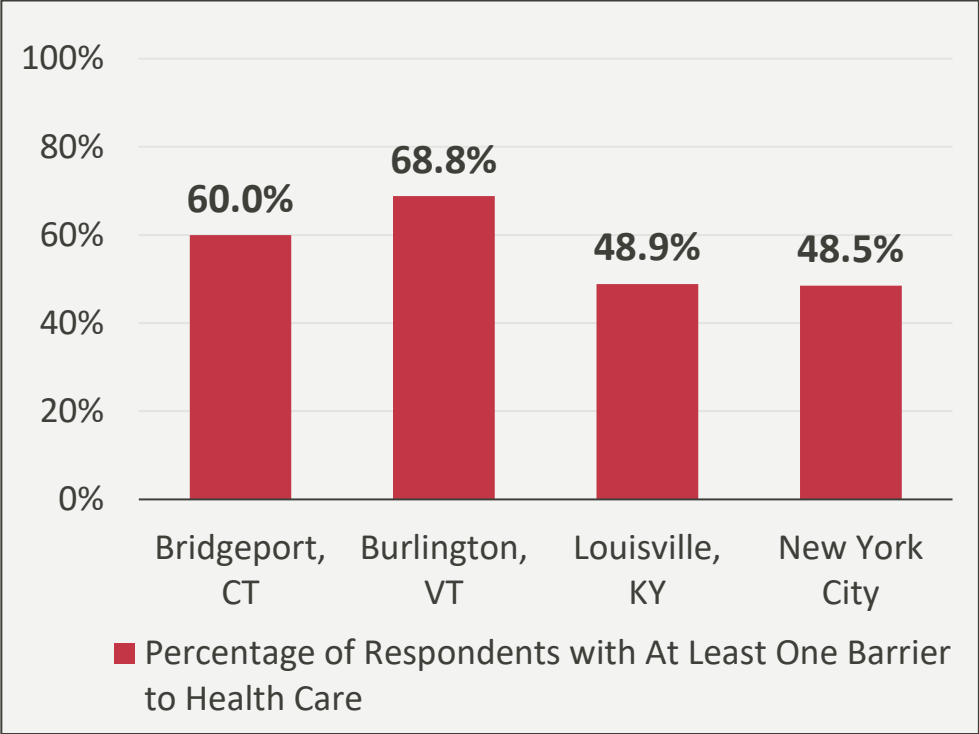


The percentage of respondents **with low levels of social support** varies significantly among sites ($p < .001$).

Social support data is not available for New Haven, CT, and Washington, D.C.

HOW DO THE **NEEDS** OF RESPONDENTS VARY ACROSS SITES?

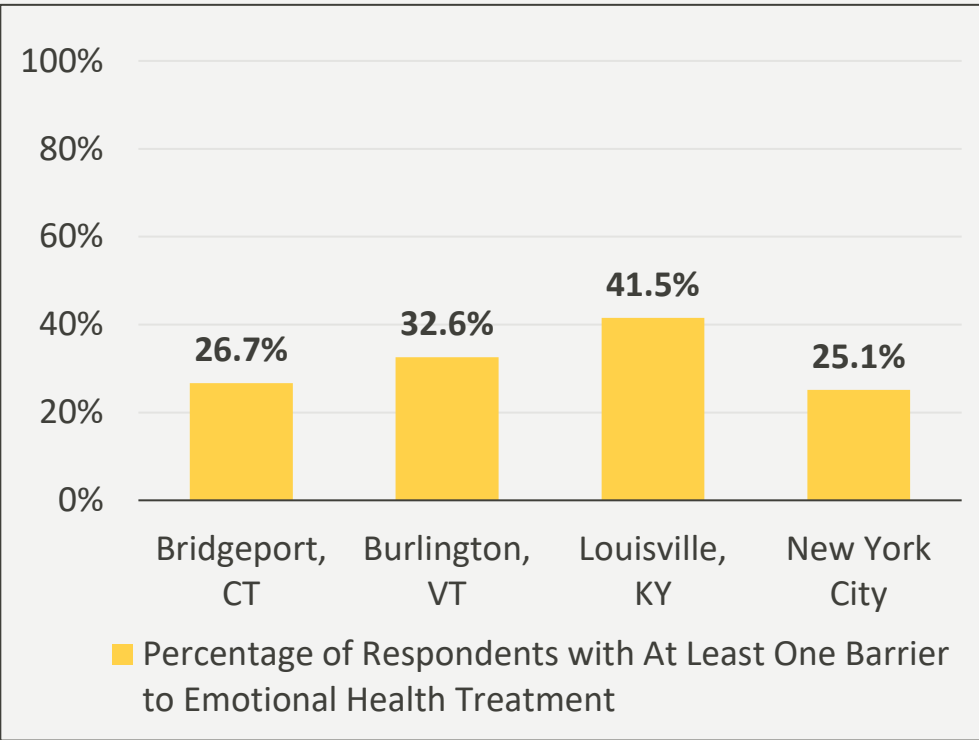
BARRIERS TO HEALTH CARE



The percentage of respondents who have experienced **barriers to health care** varied significantly across MOMS sites ($p < .001$).

Health care barrier data is not available for New Haven, CT, and Washington, D.C.

BARRIERS TO MENTAL HEALTH CARE

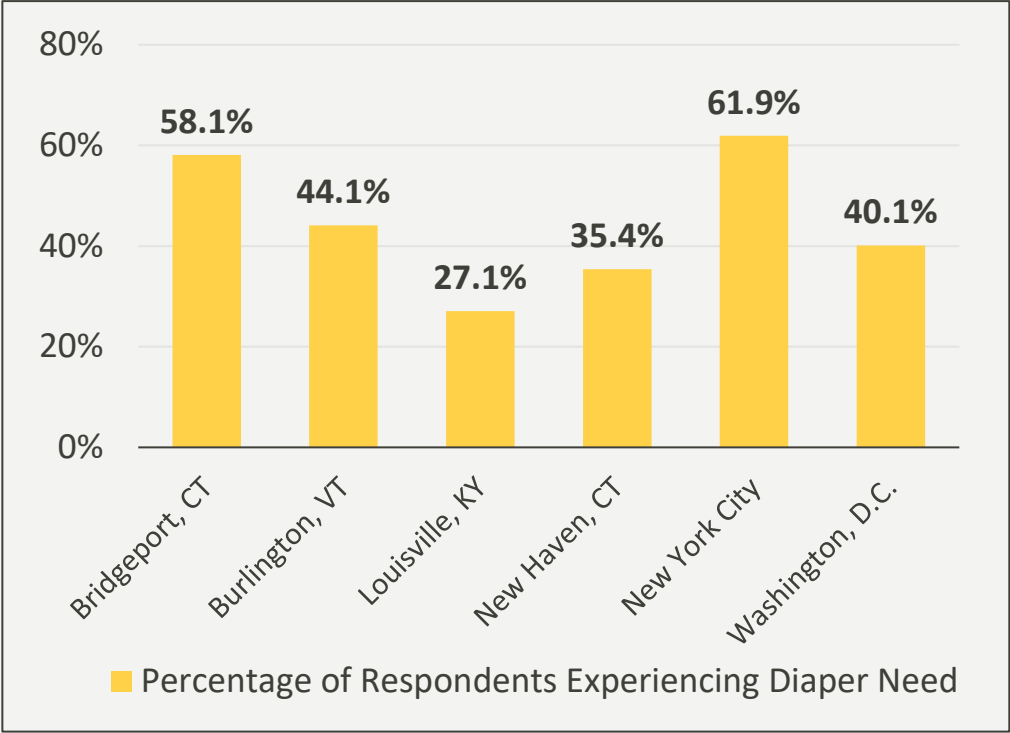


The percentage of respondents who have experienced **barriers to mental health care** varied significantly among MOMS sites ($p = .0056$).

Mental health care barrier data is not available for New Haven, CT, and Washington, D.C.

HOW DO THE **NEEDS** OF RESPONDENTS VARY ACROSS SITES?

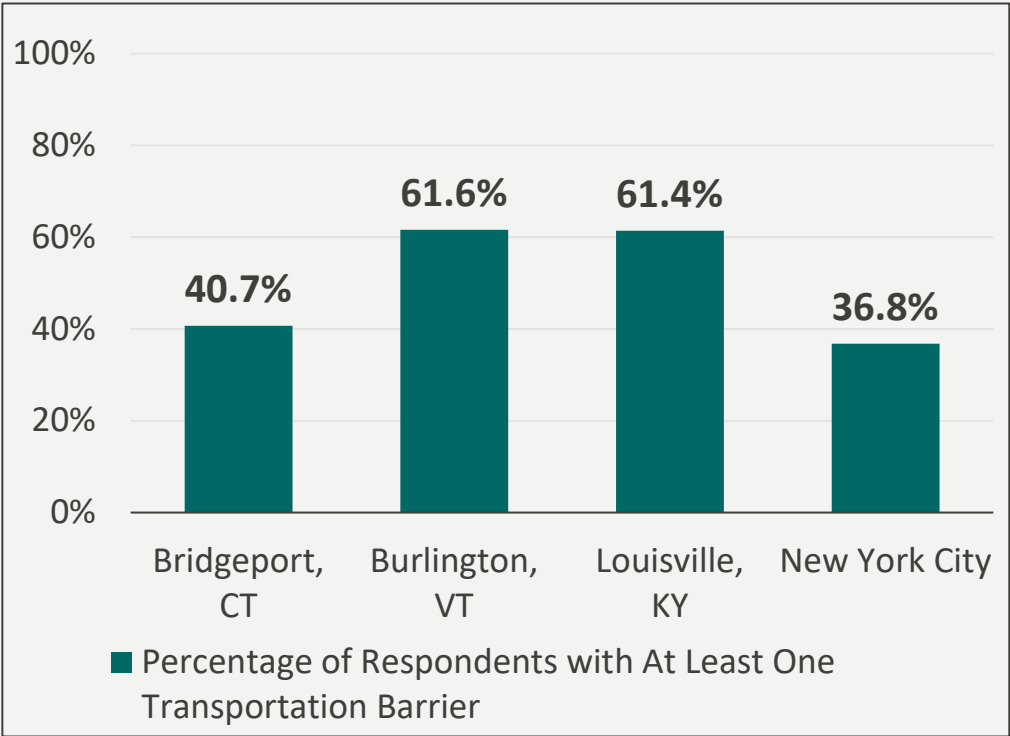
DIAPER NEED



The percentage of respondents who experienced **diaper need** varied significantly across MOMS sites ($p = .0062$).

Percentages reflect diaper need among respondents who reported having a child or children in diapers.

TRANSPORTATION BARRIERS

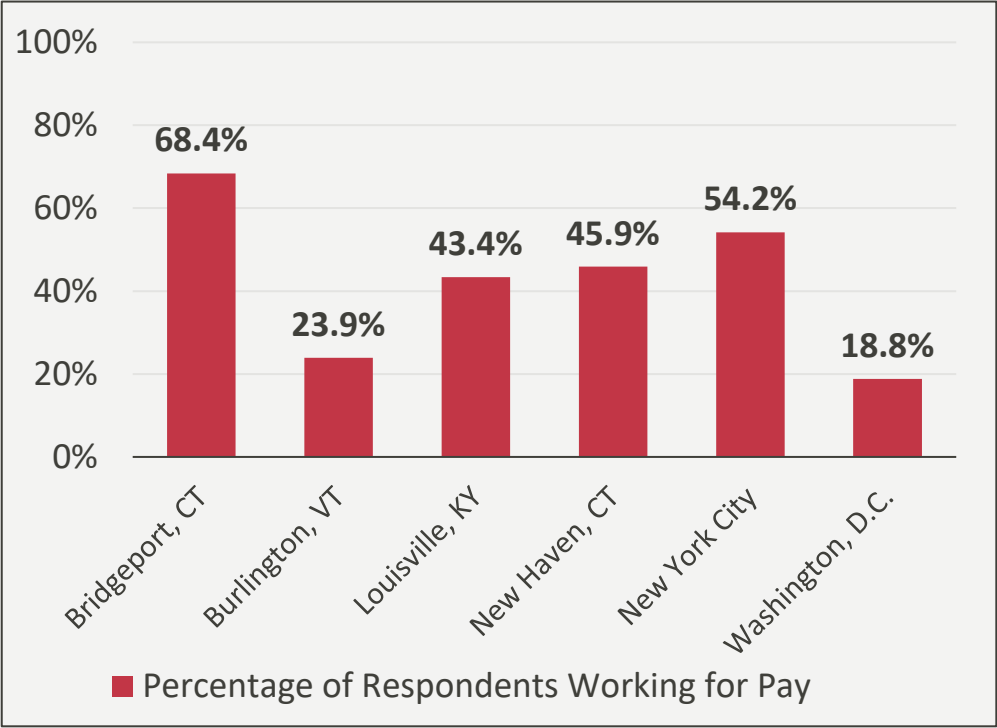


The percentage of respondents who have experienced **barriers to transportation** varied significantly among MOMS sites ($p < .001$).

Transportation barrier data is not available for New Haven, CT, and Washington, D.C.

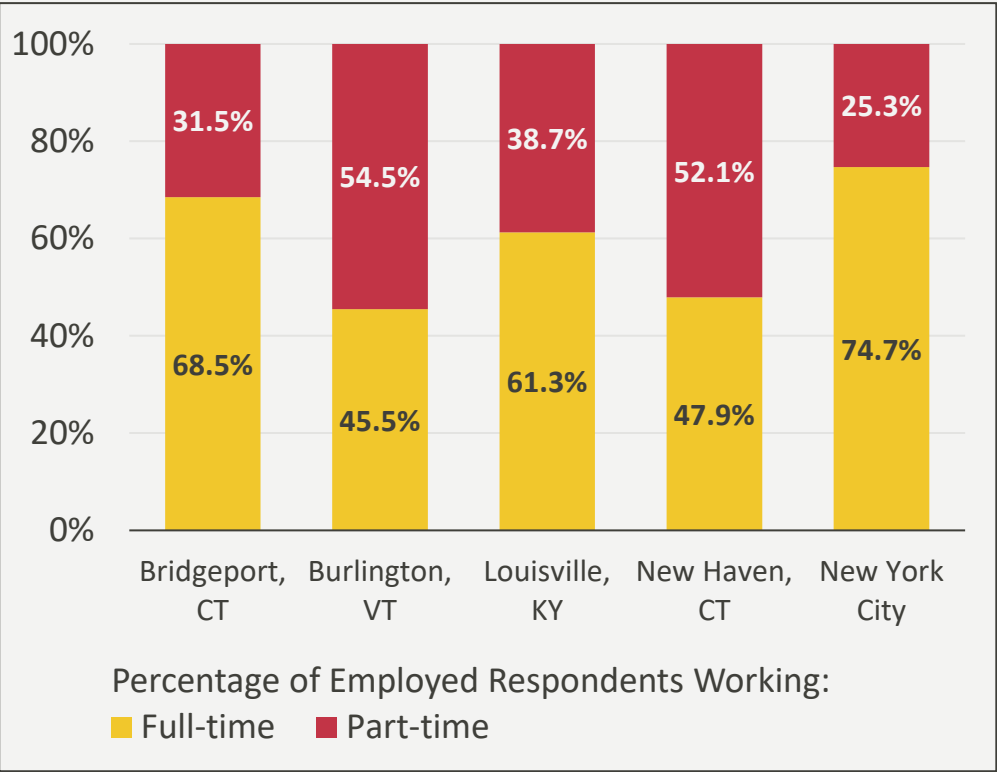
HOW DO THE **NEEDS** OF RESPONDENTS VARY ACROSS SITES?

EMPLOYMENT



The percentage of respondents who were **employed** varied significantly across MOMS sites ($p < .001$).

FULL-TIME AND PART-TIME EMPLOYMENT

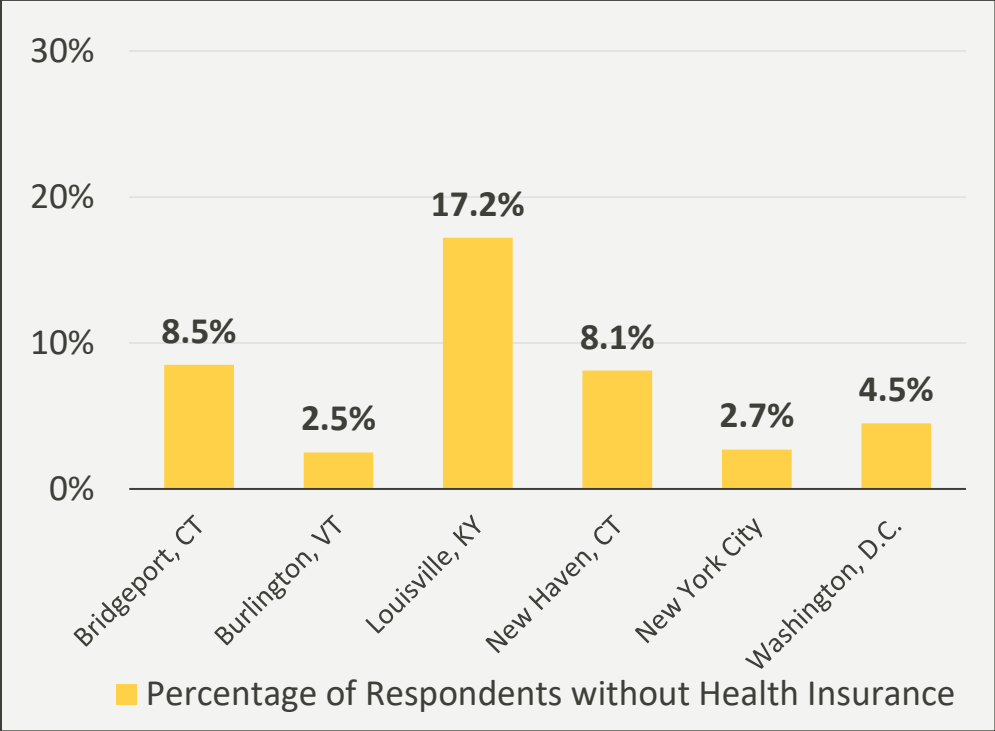


The percentage of employed respondents who reported working **full-time or part-time** varied significantly among MOMS sites ($p < .001$).

Full- vs. part-time employment data is not available for Washington, D.C.

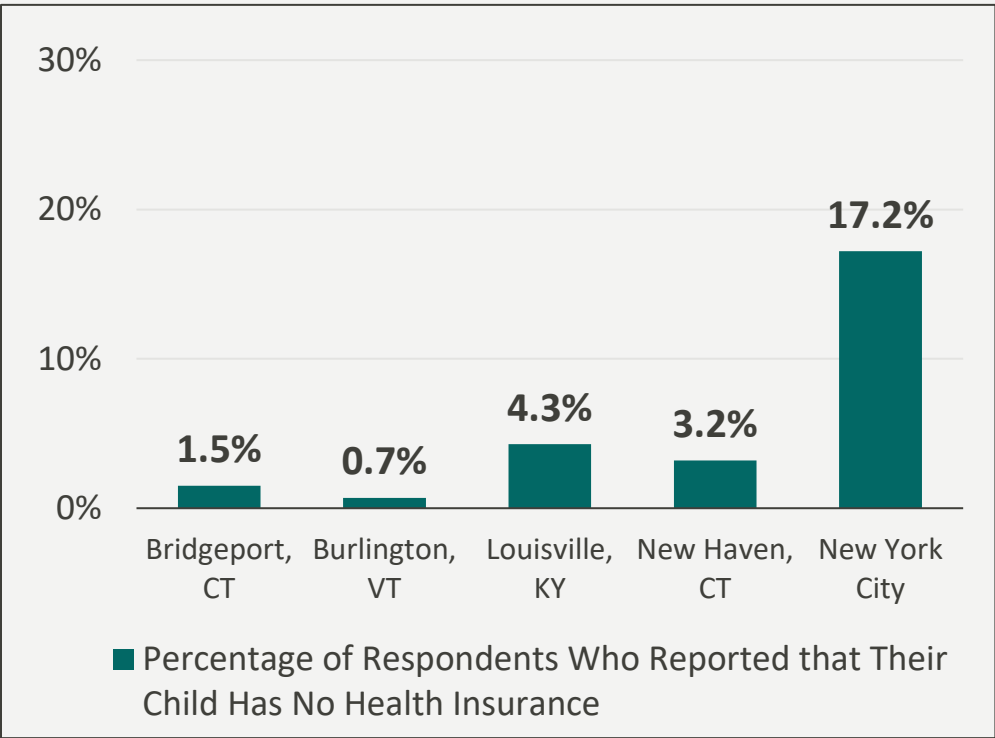
HOW DO THE **NEEDS** OF RESPONDENTS VARY ACROSS SITES?

HEALTH INSURANCE



The percentage of respondents who reported having **no health insurance** varied significantly across MOMS sites ($p < .001$).

CHILD HEALTH INSURANCE

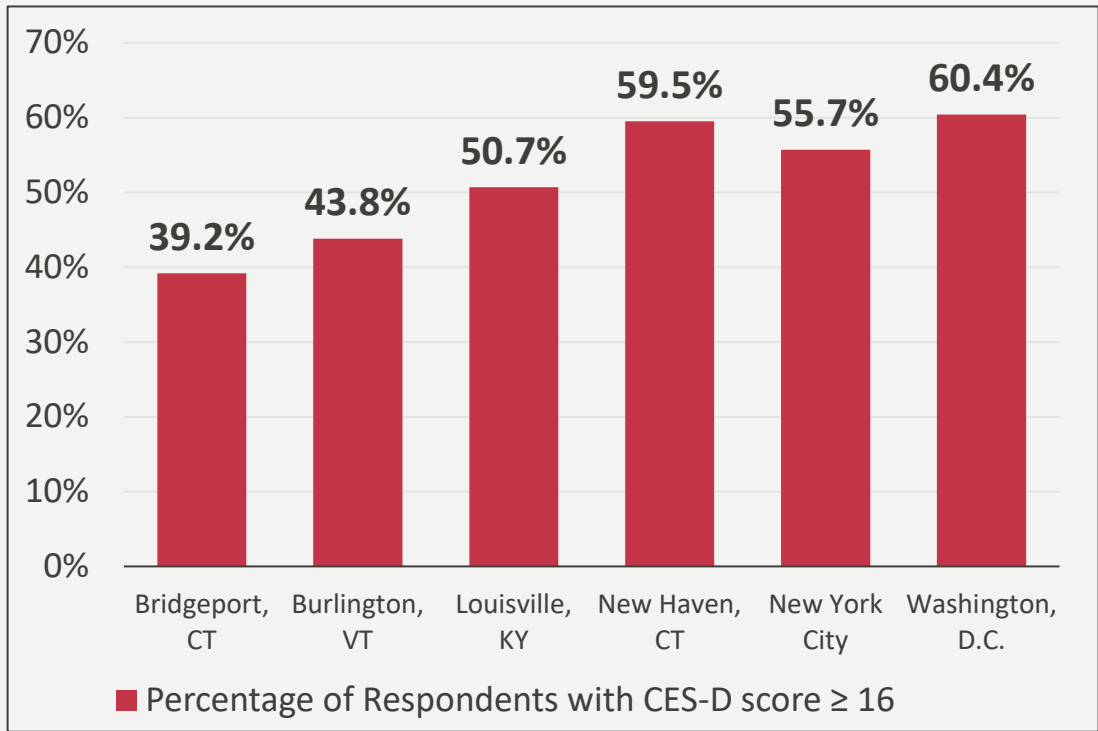


The percentage of respondents who reported having **no health insurance for their child** varied significantly among MOMS sites ($p < .001$).

Child health insurance data is not available for Washington, D.C.

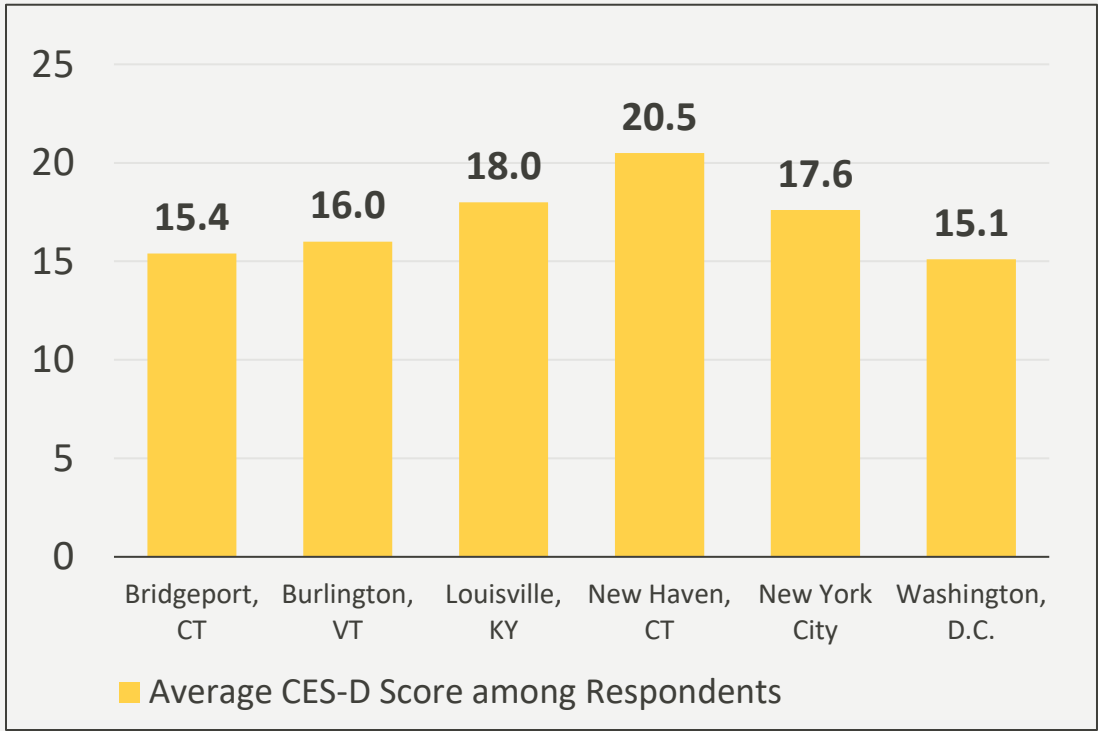
HOW DO THE **NEEDS** OF RESPONDENTS VARY ACROSS SITES?

RISK FOR DEPRESSION



The percentage of respondents **at risk for clinical depression** — indicated by CES-D score ≥ 16 — varies significantly among sites, including when controlling for race and age ($p < .001$).

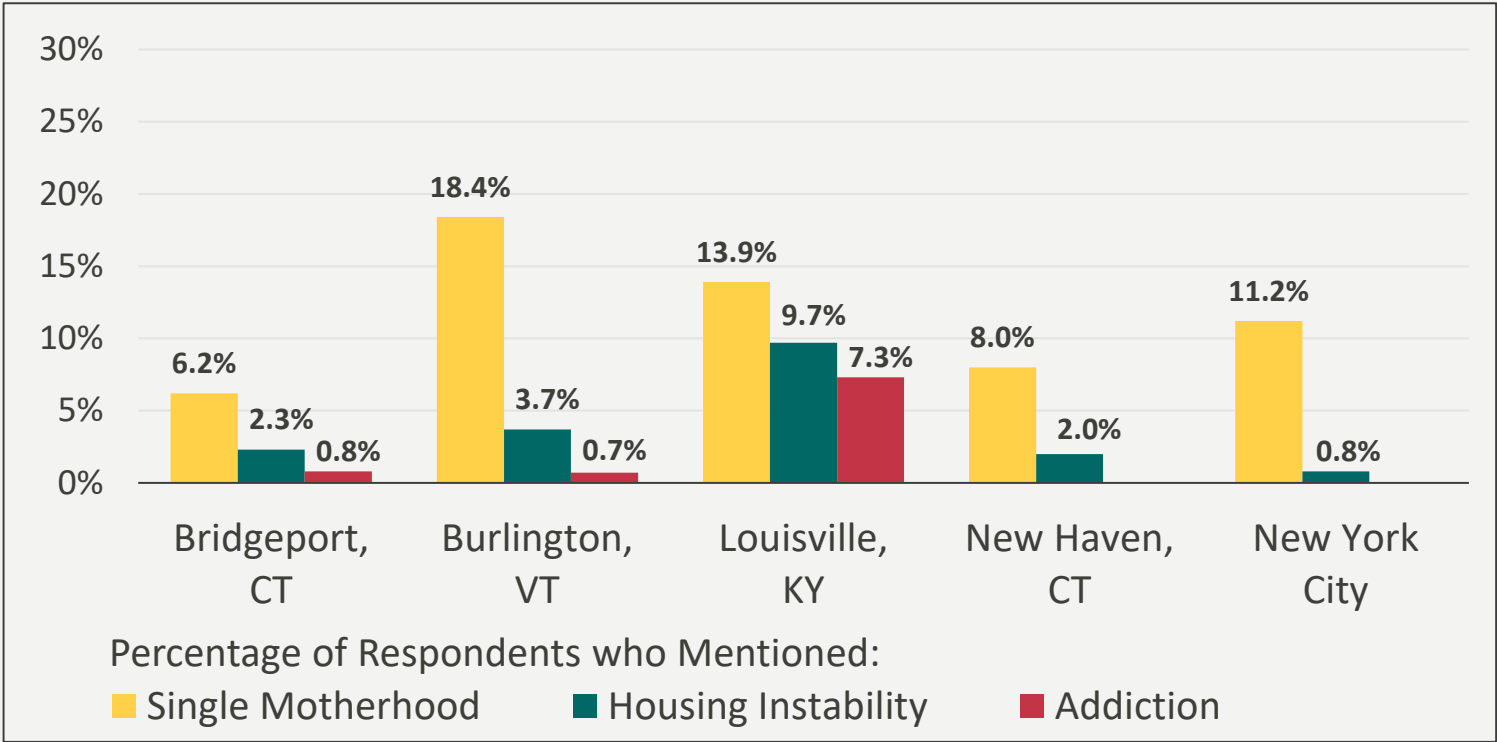
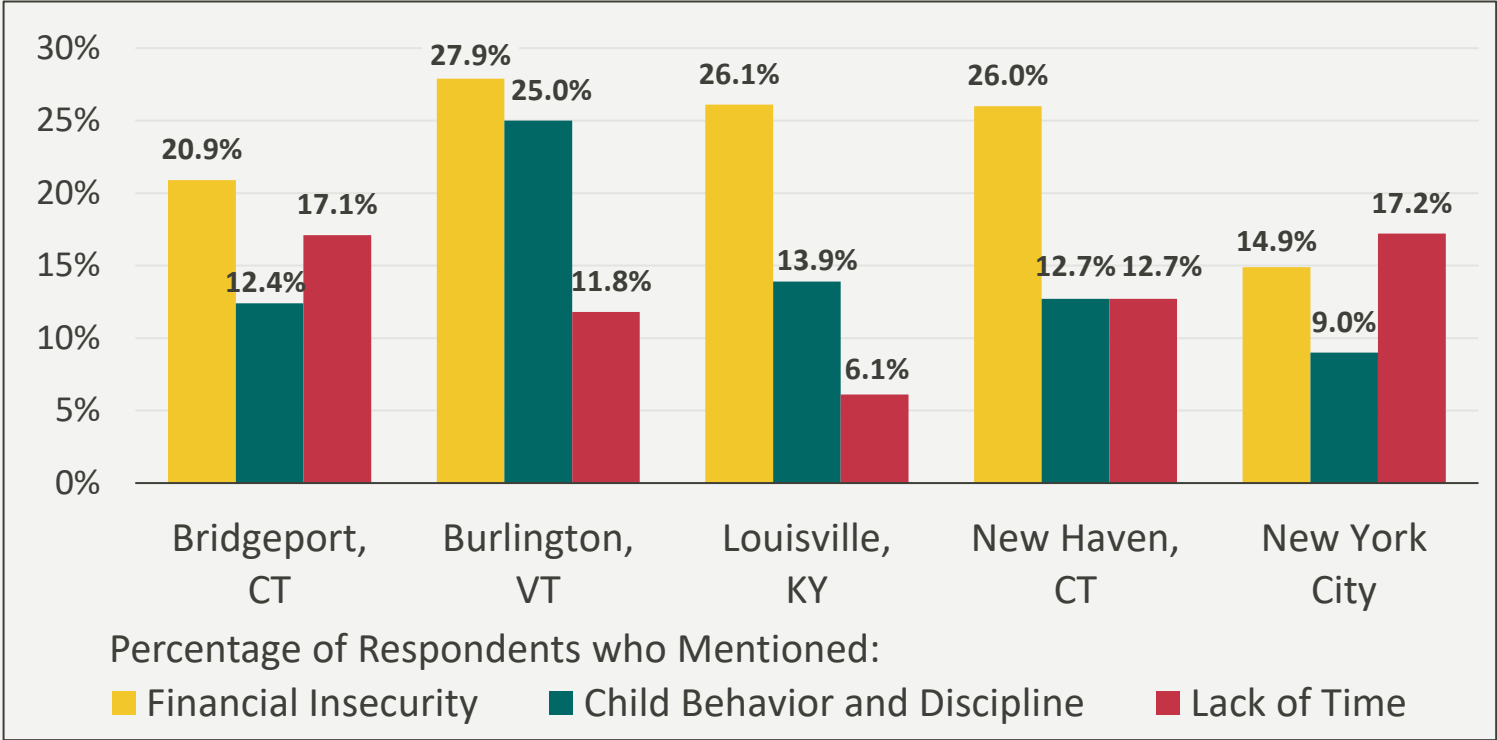
DEPRESSIVE SYMPTOMS



Average level of **depressive symptoms** — indicated by CES-D scores — varies significantly among sites ($p < .001$). Controlling for the effects of race and age on CES-D, however, these differences are no longer significant.

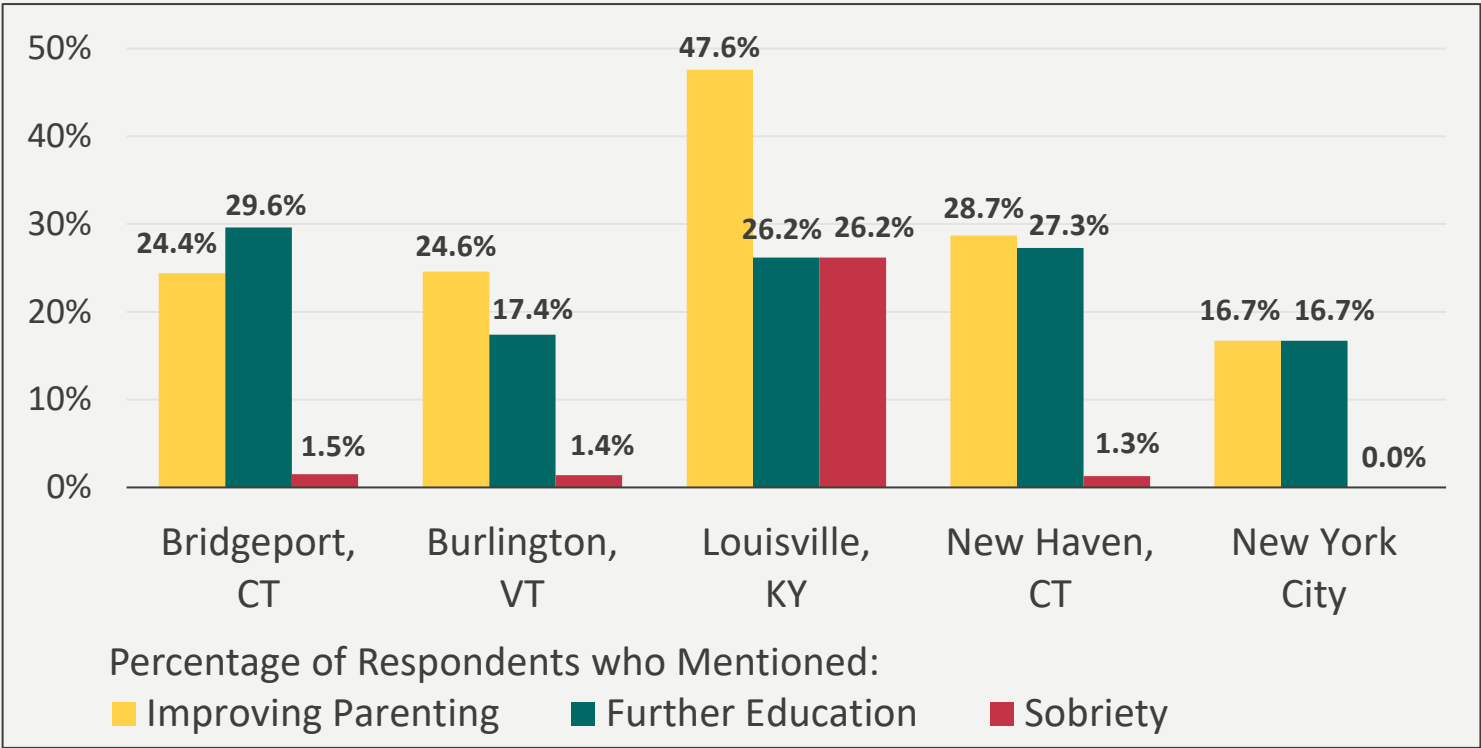
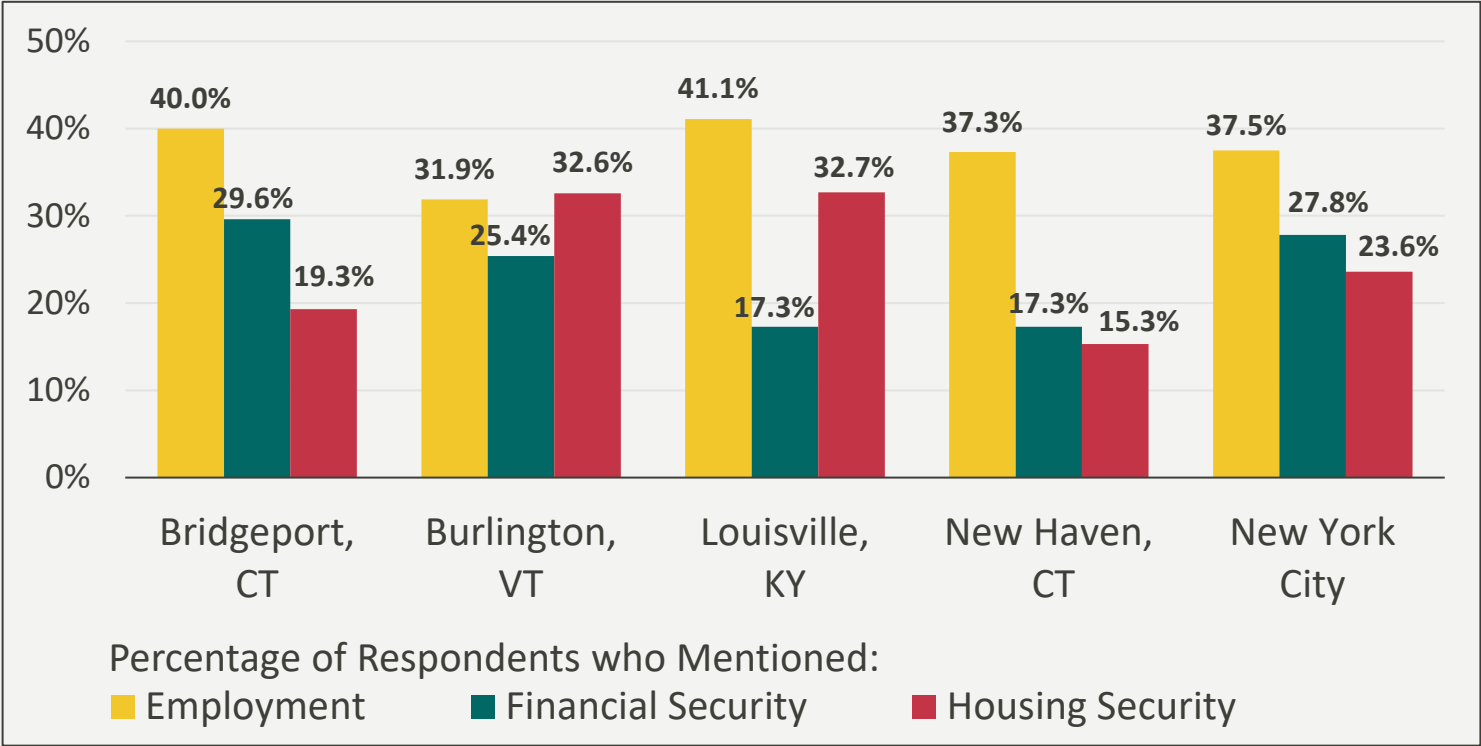
WHAT CHALLENGES DO RESPONDENTS ACROSS SITES EXPERIENCE?

In describing the challenges that they face as parents, mothers across sites share a number of experiences in common, like financial difficulties; other challenges, like addiction, varied more widely across sites.



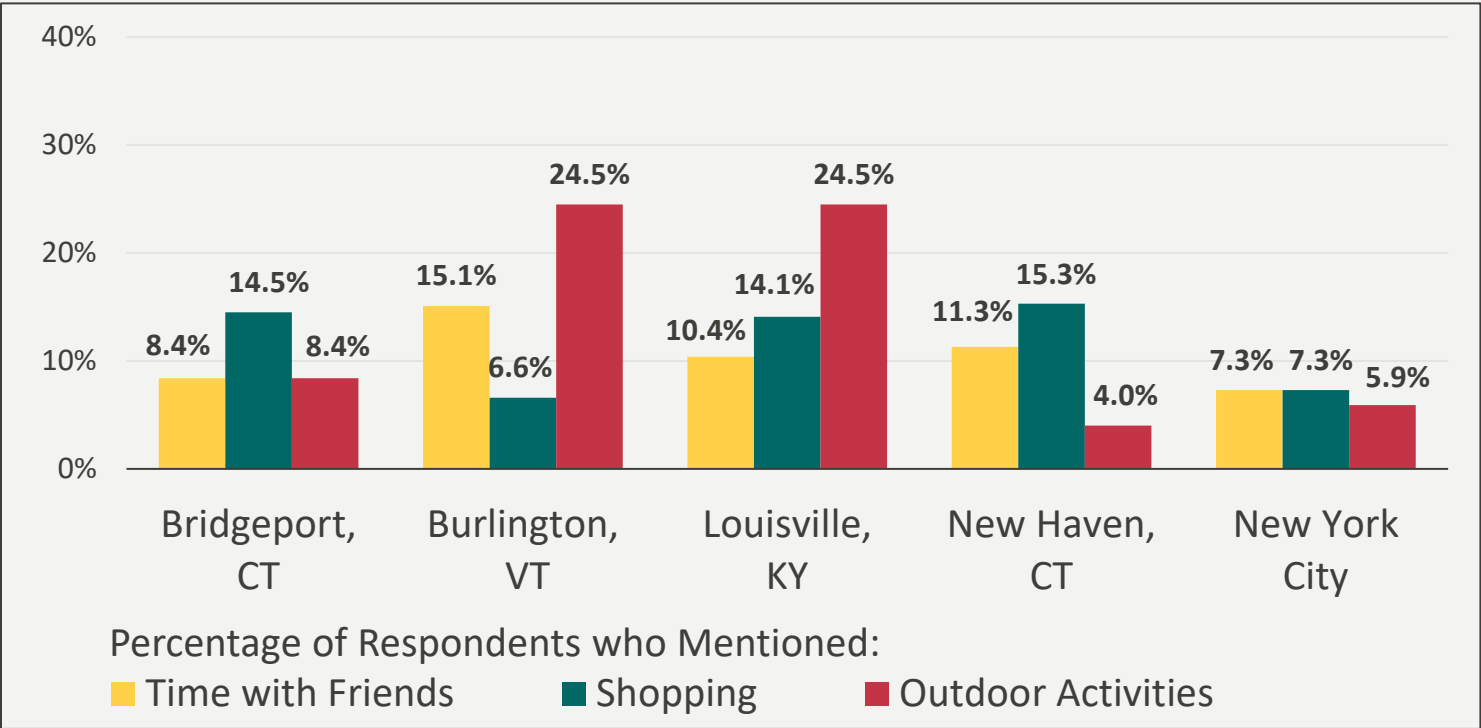
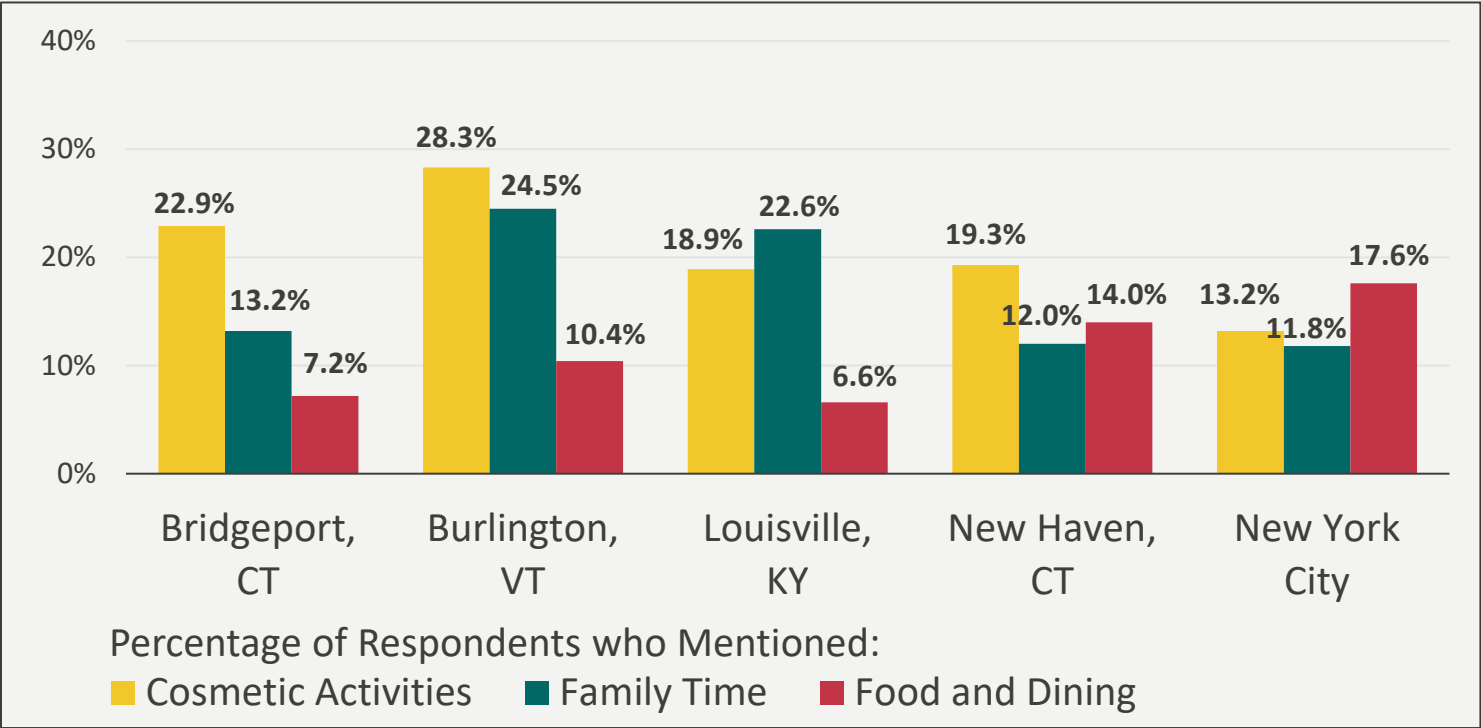
WHAT GOALS DO RESPONDENTS ACROSS SITES HAVE?

In describing the **goals** that they face as parents, mothers across sites share a number of aims in common, like finding employment; other goals, like improving parenting skills, varied more widely across sites.



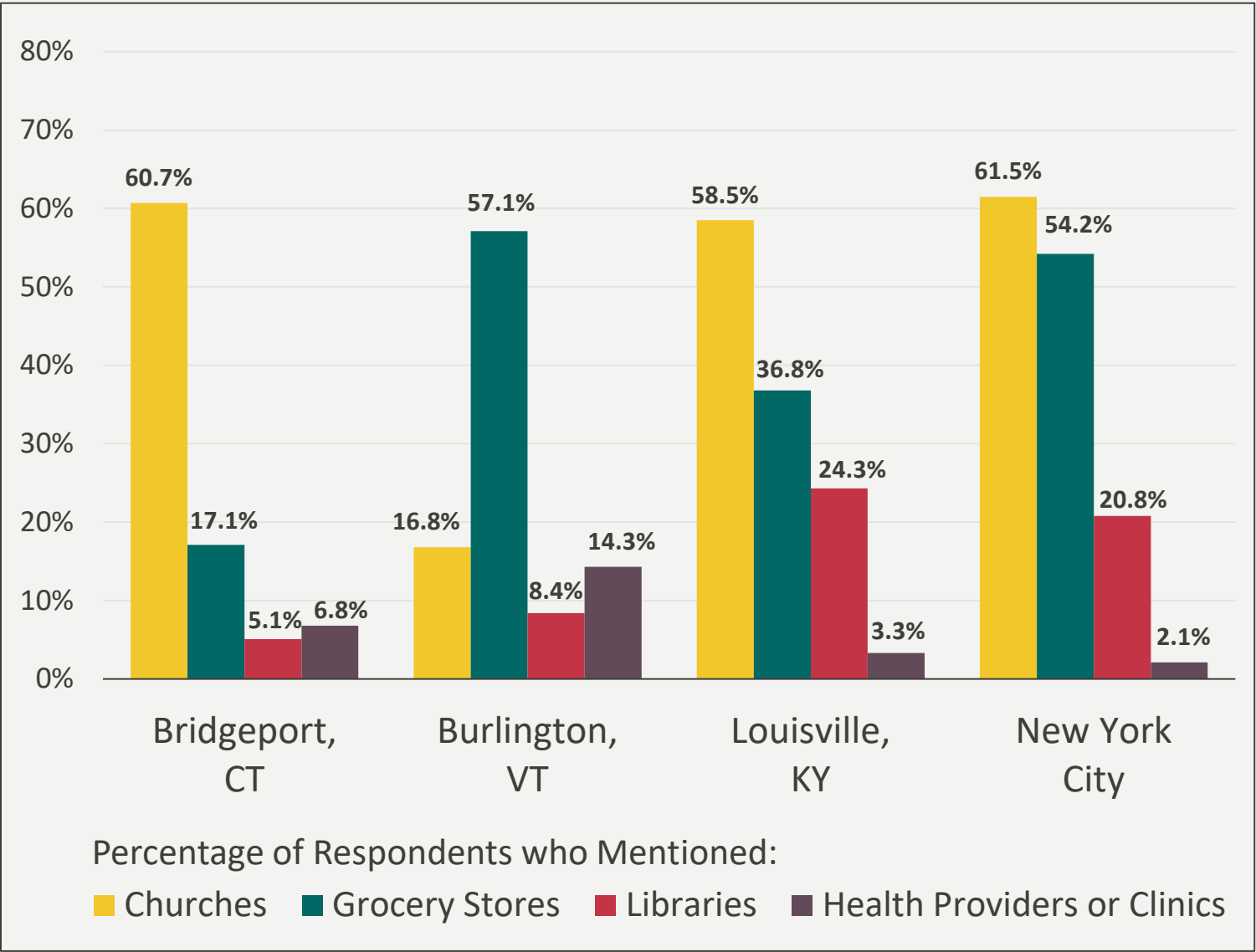
WHAT BRINGS JOY TO RESPONDENTS ACROSS SITES?

In the GNA, respondents were asked to share the last activity they did for themselves. Mothers across sites share a number of **self-care** activities, including cosmetic activities like a manicure or hair cut, while others, like outdoor activities, vary by community.



WHERE DO RESPONDENTS ACROSS SITES FEEL WELCOME AND COMFORTABLE?

In listing **places in the community** where they feel welcome and comfortable, mothers across sites expressed different preferences: more than half of mothers in Bridgeport, Louisville, and New York City mentioned churches, while more mothers in Vermont preferred grocery stores than any other location.



WHAT ARE THE **NEXT STEPS** FOR THE MOMS PARTNERSHIP®?

The findings of the MOMS Goals & Needs Assessments have strongly informed the delivery of the MOMS intervention in New Haven, CT and Washington, D.C., where MOMS services are underway. Similarly, the findings of the Goals & Needs Assessments will be used to tailor MOMS services in Burlington, VT and Louisville, KY — both set to launch in early 2020 — as well as in Bridgeport, CT and New York City.

The Goals and Needs Assessments offer a window into the diverse needs, goals, and experiences of mothers in each site, laying the foundation for each program's Impact Evaluation: the rigorous, multi-generational evaluation of the impact of MOMS services for participants and their families. The role of the Impact Evaluation is to surface reliable evidence that MOMS causes changes in the lives of the women served— in areas where change is needed, and wanted, most.

Looking forward, the comparative analysis of Impact Evaluations across sites— in the context of these Goals and Needs Assessments— will help to furnish the body of knowledge on how to most effectively generate outcomes for families through mental health.

Ultimately, Elevate aims for the MOMS Partnership to be a useful and sustainable resource in each community and to help improve the lives, mental health and wellbeing, and connectedness of mothers who live there. The rigorous research and analysis at the core of MOMS are critical to achieving this mission.

For more information, please visit
elevate.yale.edu and moms.yale.edu



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