

REVIEW OF TITLE V NEEDS ASSESSMENTS: PROMISING APPROACHES

Vivian Gabor

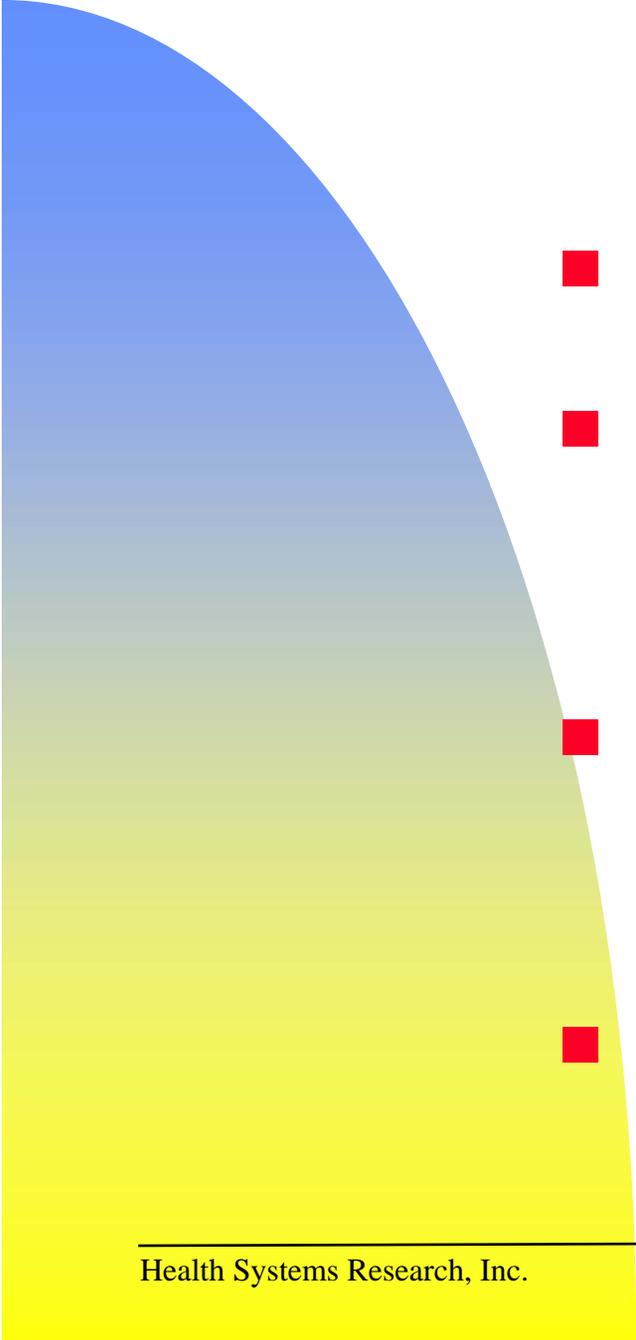
AMCHP Conference

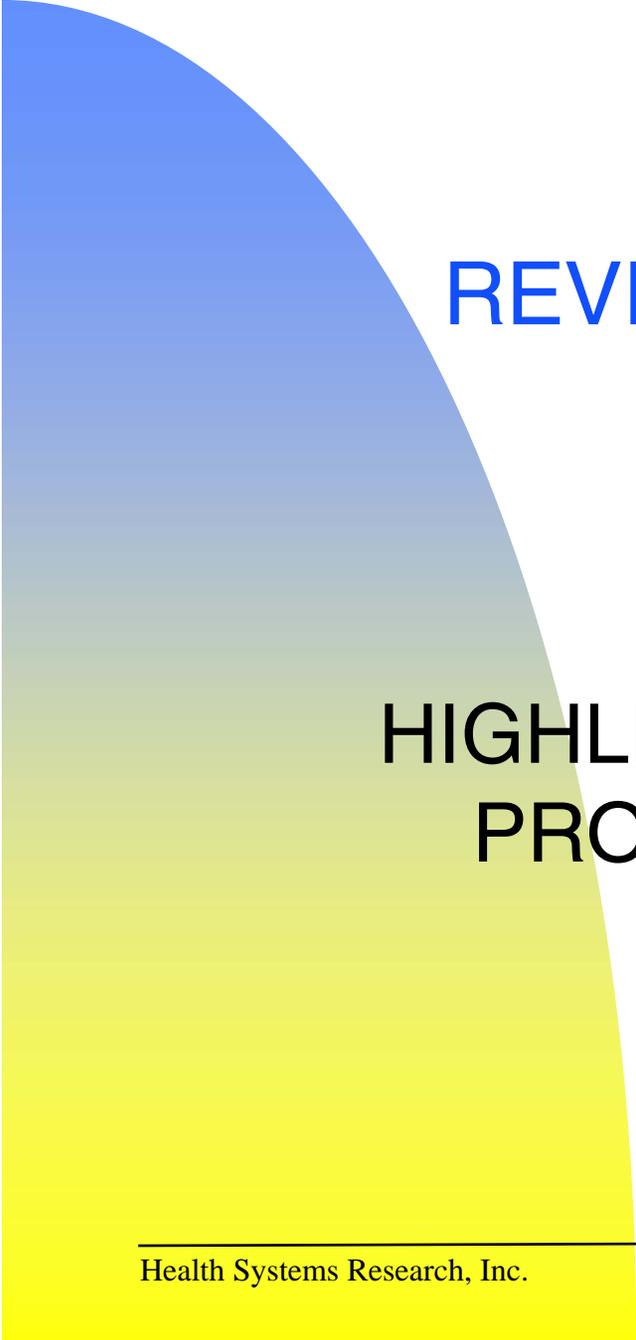
Washington, D C - February 28, 2004

MCHB RATIONALE FOR THE RESEARCH

- Need to Understand the State of the Art as Title V Moves to Core Public Health Functions
- Need to Help States Make the Five-Year Assessment Requirement a Useful Tool for Strategic Planning and Resource Allocation Decision Making
- Vehicle for Exchanging Ideas/Sharing Promising Approaches

STUDY DESIGN

- 
- Literature Review
 - Review and Abstraction of Selected States' 2000 Needs Assessments to Identify Useful Practices and Interesting Models
 - Review of Title V Applications/Annual Reports to Compare Needs Assessment Priorities to Services Provided
 - Generic Needs Assessment Template

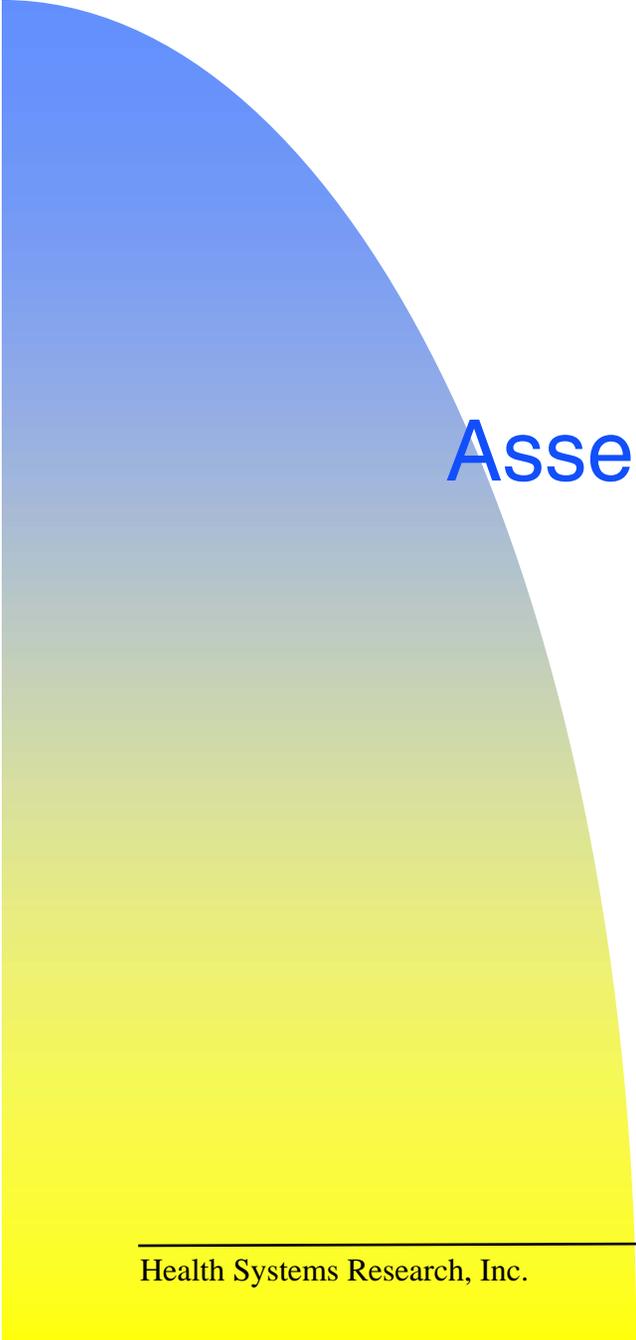


REVIEW OF STATE NEEDS ASSESSMENTS:

HIGHLIGHTS OF FINDINGS AND PROMISING APPROACHES

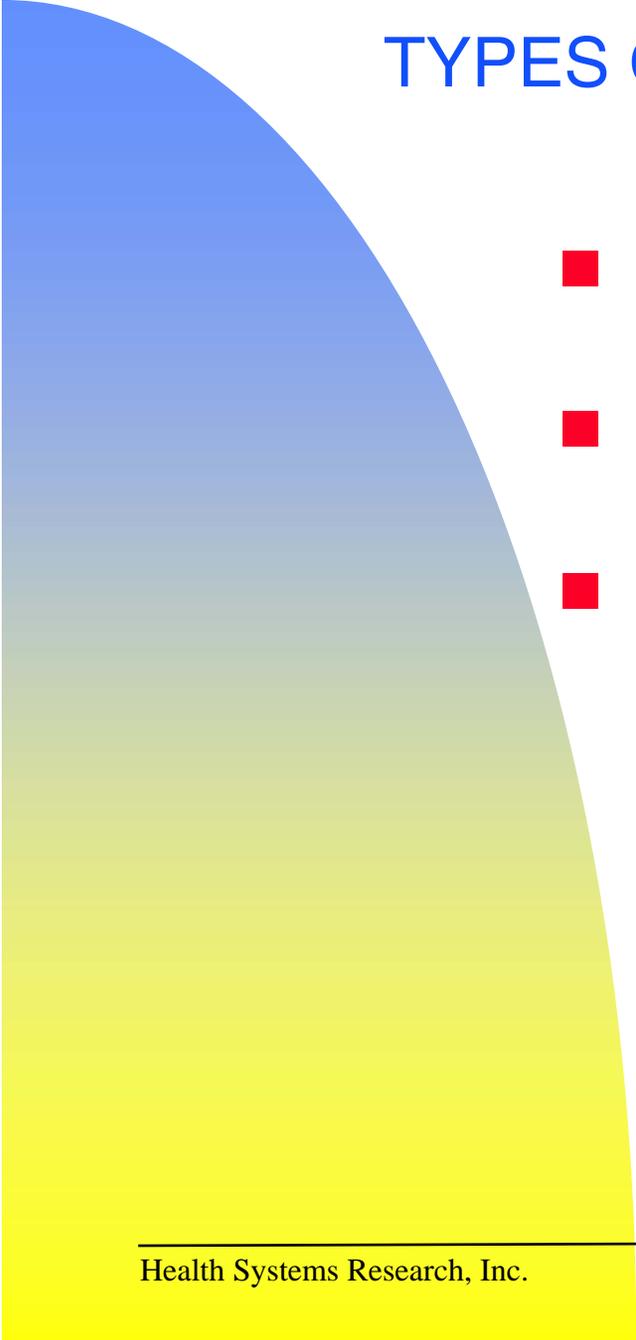
SUCCESSFUL NEEDS ASSESSMENT COMPONENTS

- Assessment of Health Needs: Indicators, Data Sources and Analysis
- Assessment of Capacity
- Setting Priorities and Putting it all Together
- A Participatory and Well Managed Process



Assessment of Health Needs:

Indicators



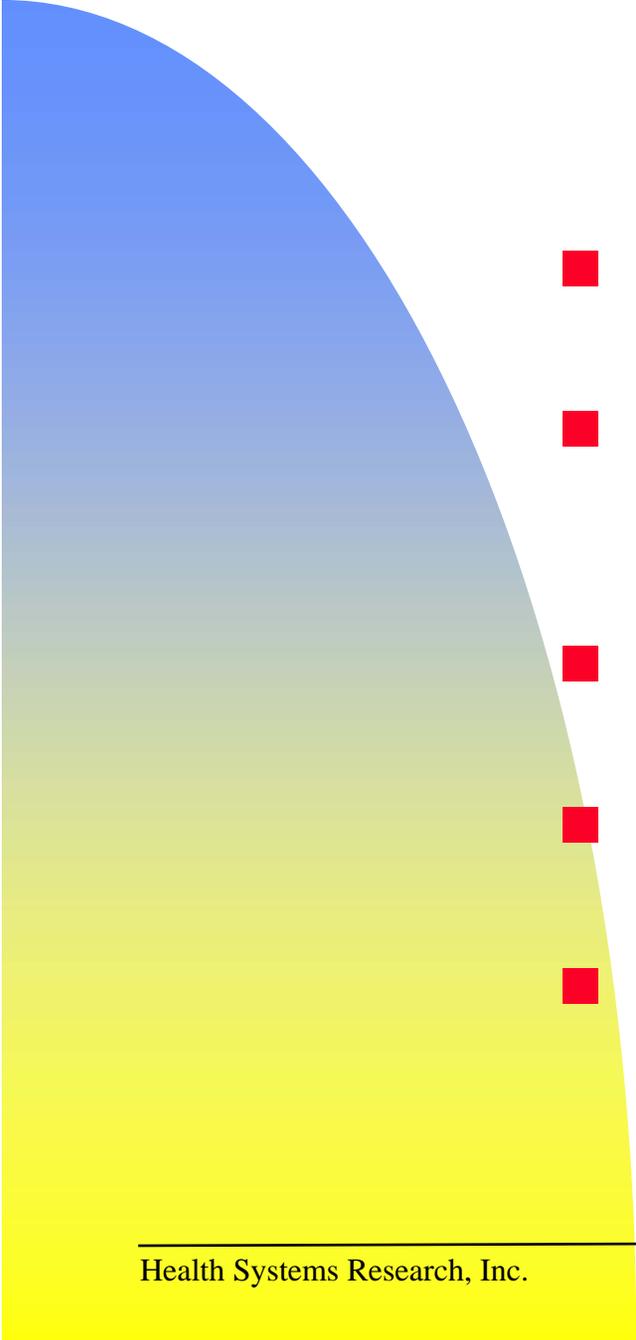
TYPES OF QUANTITATIVE INDICATORS

- Performance Measures
- Demographic Data
- Health Status and Outcomes

COMMON HEALTH INDICATORS FOR PREGNANT WOMEN AND INFANTS

- VLBW, LBW and Infant Mortality Rates
- % of 19-35 Month Olds Who Received Full Schedule of Age Appropriate Immunizations
- % of Mothers Who Breastfed at Hospital Discharge
- Birth Rate for Teenagers aged 15-17
- % of Women using alcohol, tobacco, or drugs before or during pregnancy

COMMON HEALTH INDICATORS FOR CHILDREN

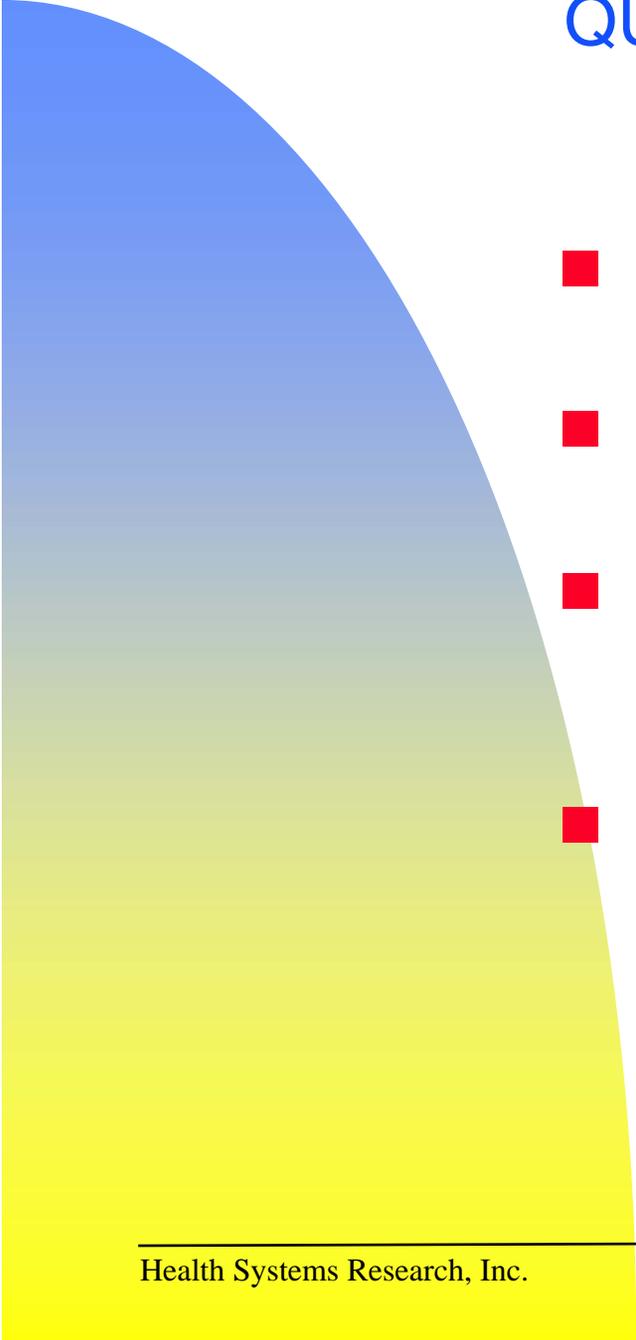
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- Percent of children without health insurance
 - Suicide death rate among youth aged 15-19 and adolescent homicide rate
 - Prevalence of obesity among children
 - Injury-related death
 - Percent of youth involved in fights at school

COMMON HEALTH INDICATORS FOR CSHCN

- Number of infants with birth defects
- Rate of childhood asthma
- Rate of hospitalizations and rate of deaths from asthma

EXAMPLES OF OTHER HEALTH INDICATORS

- Nutritional Risk Indicators
- Use of Child Safety Seats, Belts and Bike Helmets
- Prevalence of Birth Defects and Multiple Births, and Associated LBW and IMR
- % of Children Seeing a Dentist in Past Year

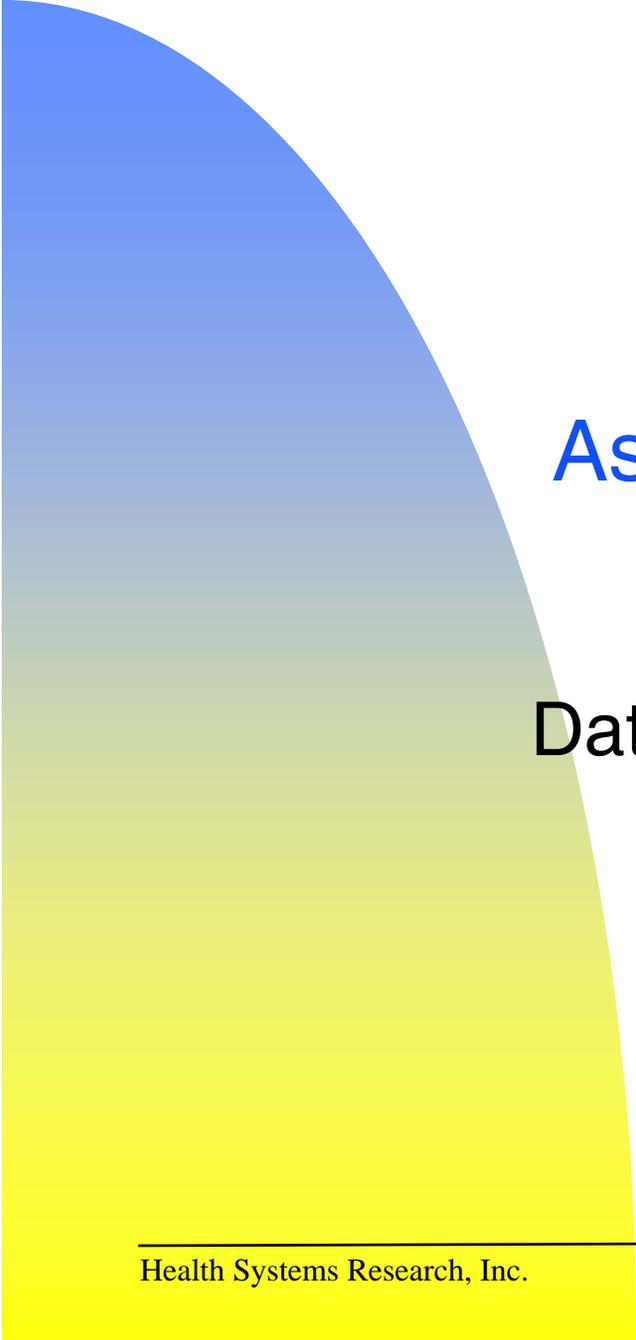


MORE EXAMPLES OF OTHER QUANTITATIVE INDICATORS

- Parental Involvement with Their Children
- Domestic Violence
- Substance Abuse Among Women Before and During Pregnancy
- Knowledge and Behavior Regarding Women's Use of Folic Acid During Childbearing Years

PROMISING QUALITATIVE INDICATORS

- Black Women's Views on Factors Affecting Poorer Pregnancy Outcomes Among Blacks
- Parental Perceptions of Stability and Overall Rating of the Health Status of their CSHCN
- Knowledge, Attitudes and Practices of Parents with Regard to their Relationships with their Adolescents



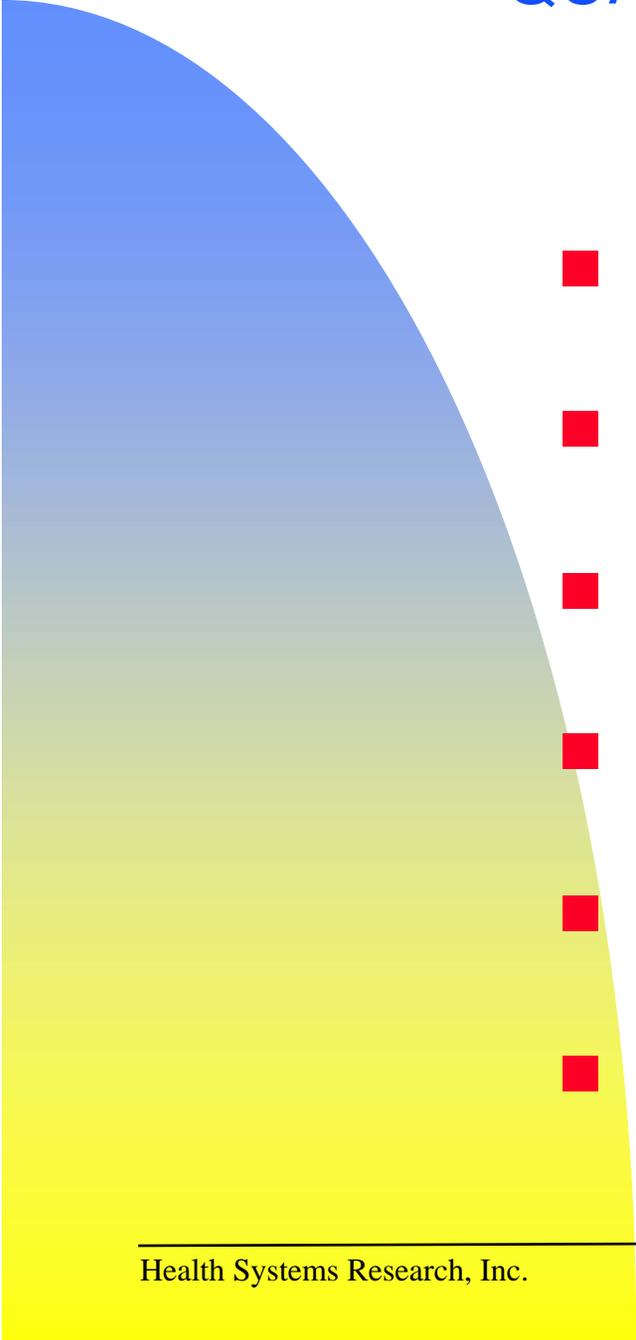
Assessment of Health Needs:

Data Collection and Analysis

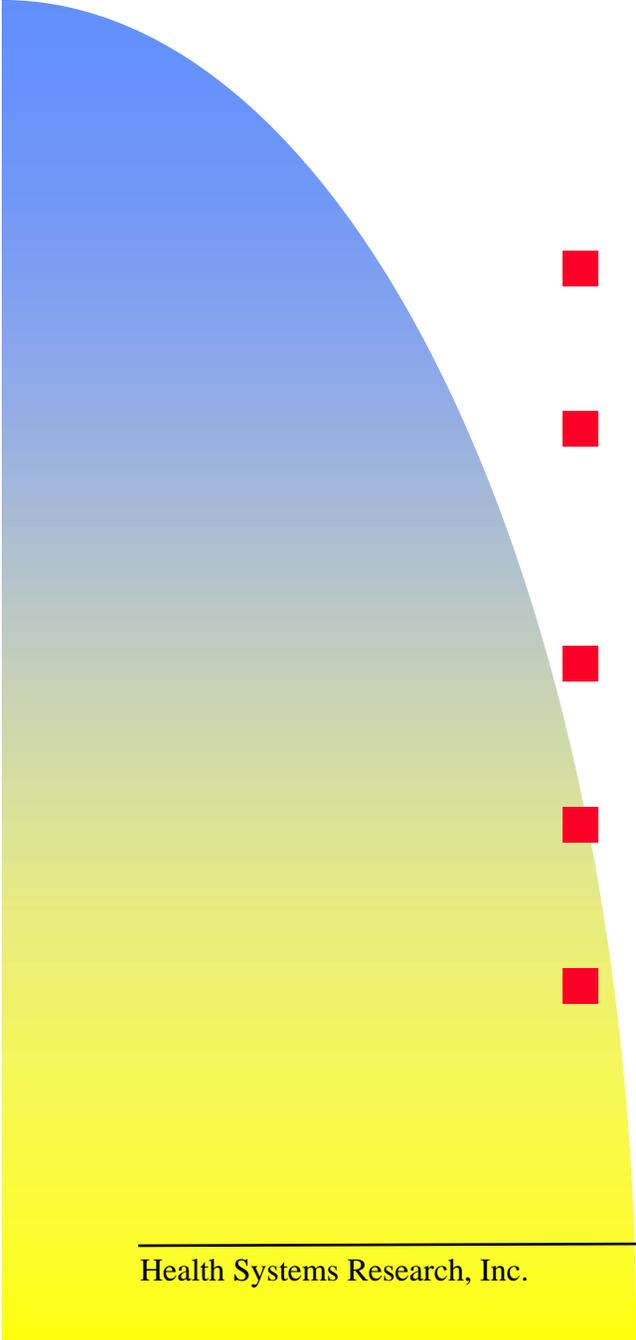
ELEMENTS OF SUCCESSFUL DATA COLLECTION AND ANALYSIS

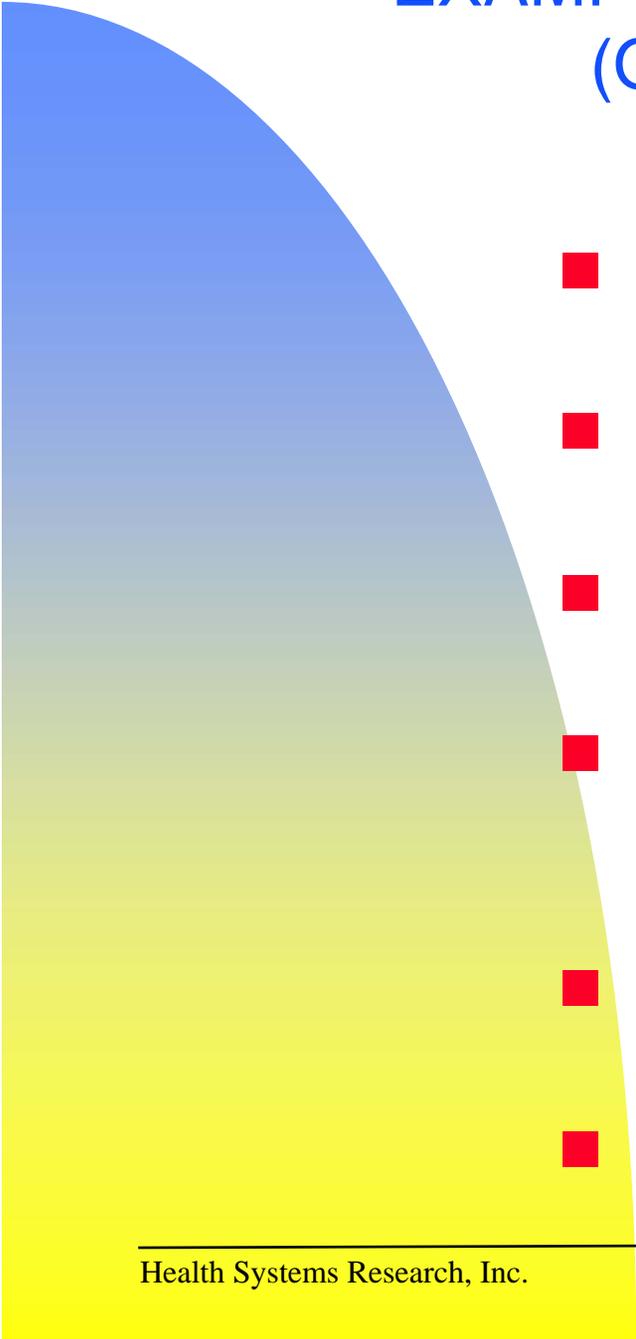
- Begin by Compiling and Reviewing Relevant Available Data --including from other Public Agencies and MCH-related Organizations
- Use Both State-level and More Geographically Targeted-Level data (when available)
- Focus on Data Needed to Present Detailed Picture of MCH Needs (including identification of primary data collection needed to fill gaps)
- Use Both Quantitative and Qualitative Studies

COMMONLY USED QUANTITATIVE DATA SOURCES

- 
- PRAMS
 - Behavior Risk Factor Surveillance Survey
 - National Survey of CSHCN
 - National Immunization Survey
 - Youth Risk Behavior Survey
 - Vital Records

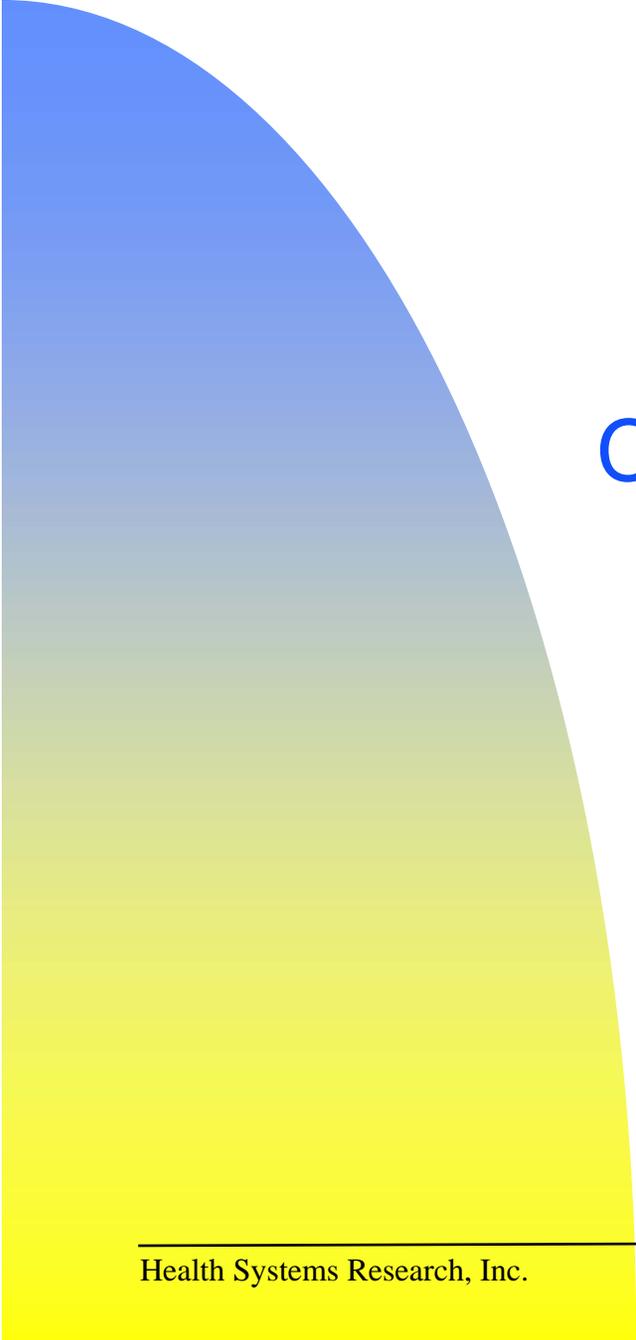
COMMONLY USED QUANTITATIVE DATA SOURCES (CONT.)

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- Birth Defects Registry
 - School Survey (on Health Behaviors, Risks and other Status Indicators)
 - Early Intervention Program
 - Insurance Claims Data
 - Hospital Inpatient Discharge Data



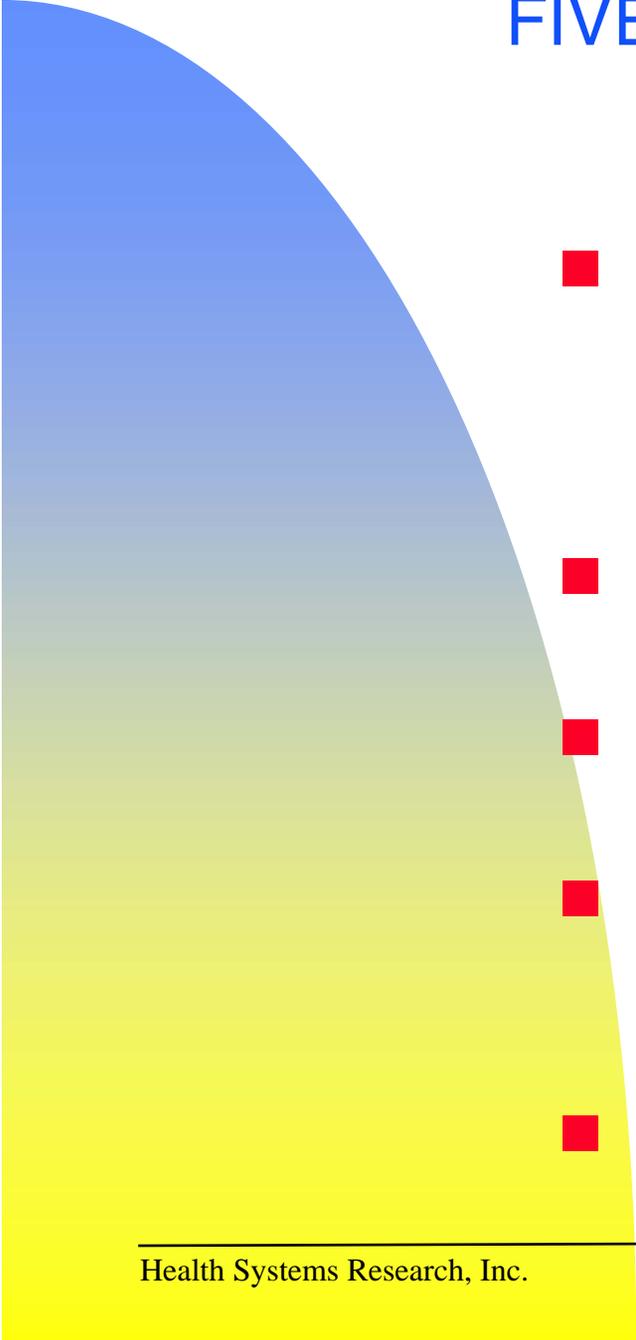
EXAMPLES OF OTHER DATA SOURCES (Quantitative and Qualitative)

- Population-based Health Risk Screening Data
- Universal Newborn Screening Data
- Family Voices Survey of Parents with CSHCN
- Planning Documents from local and regional public health agencies or MCH coalitions)
- Focus Groups with Special Populations
- Health Provider Surveys

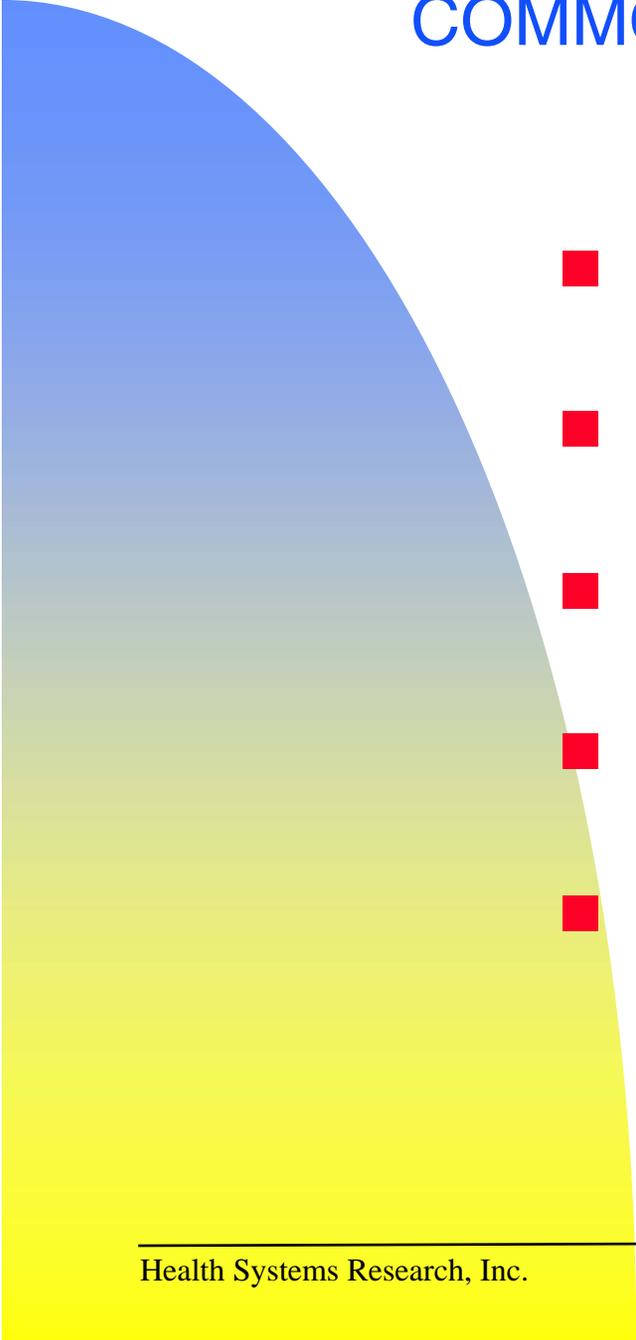


Capacity Assessment

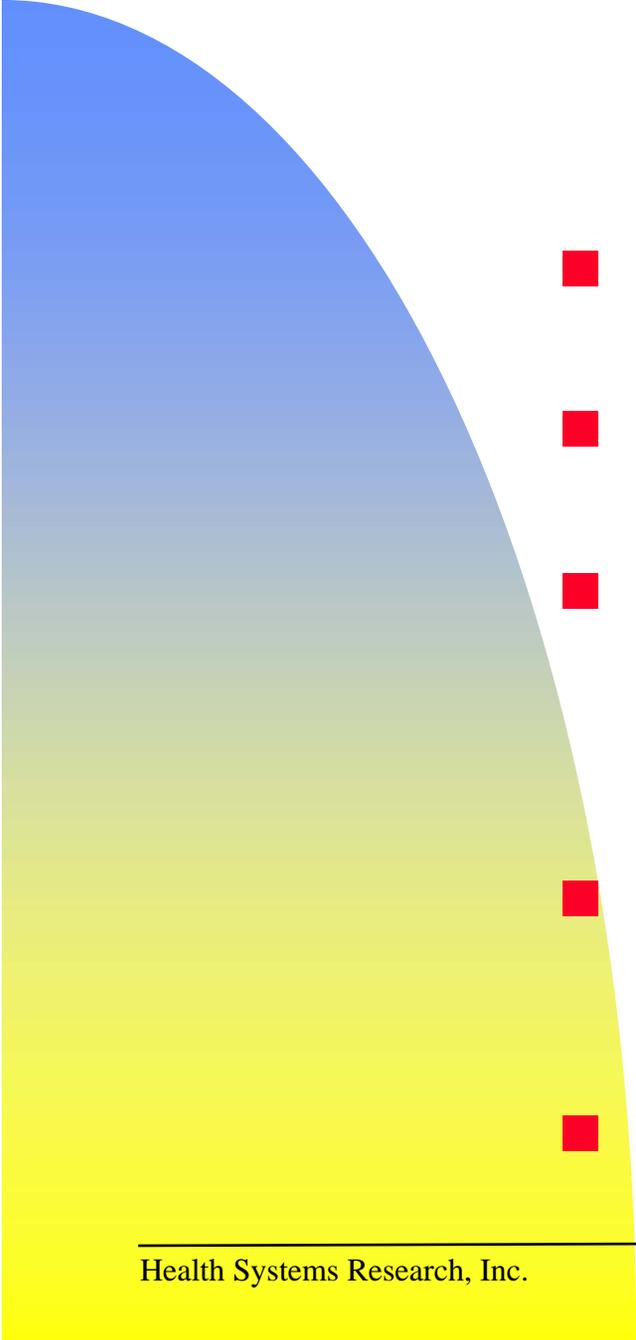
STATE MCH CAPACITY ASSESSMENT: FIVE KEY LEVELS OF ANALYSIS

- 
- Availability of Services (Direct Health Care, Enabling, Population-Based and Infrastructure-Building)
 - Accessibility and Quality of Available Services
 - Community Assets and Service Capacity
 - Environmental/Policy Changes Affecting MCH Policy and Planning
 - Internal Organizational Capacity

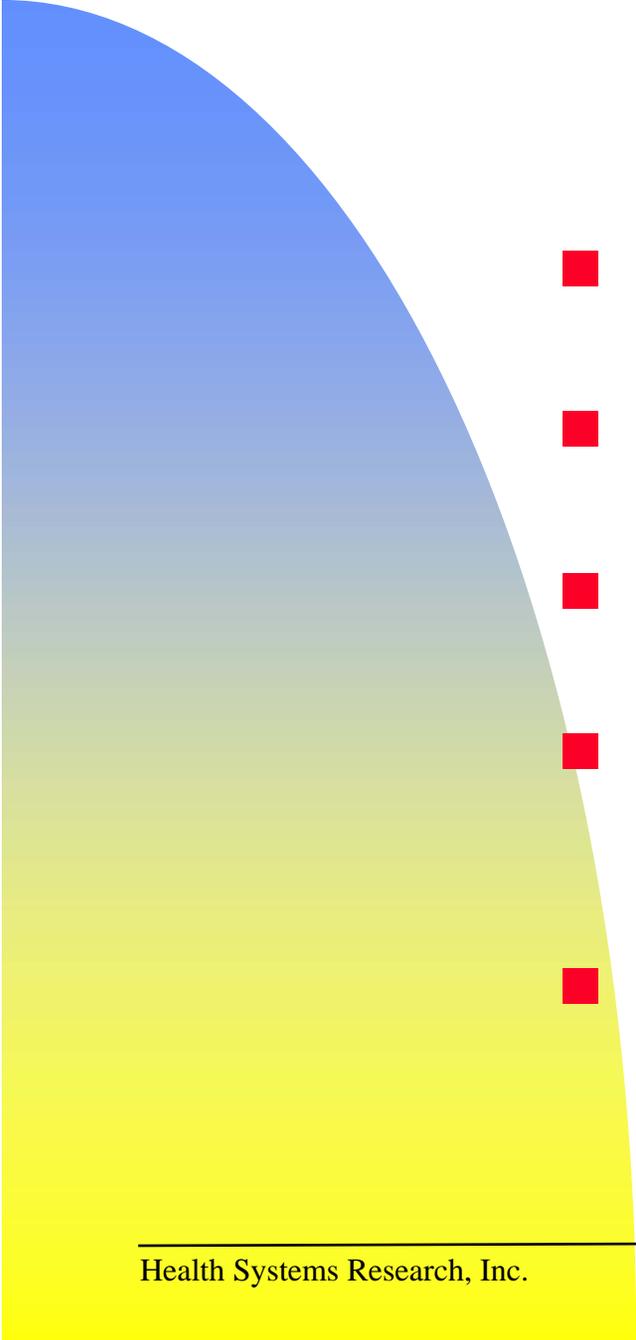
AREAS OF CAPACITY ASSESSMENT COMMONLY ADDRESSED BY STATES

- 
- Availability of Direct and Enabling Services*
 - Accessibility of Services for CSHCN
 - Infrastructure for Data Collection and Analysis
 - Quality Assurance Functions
 - Parent/Consumer Engagement in MCH Planning and Services (Including Minority Groups)

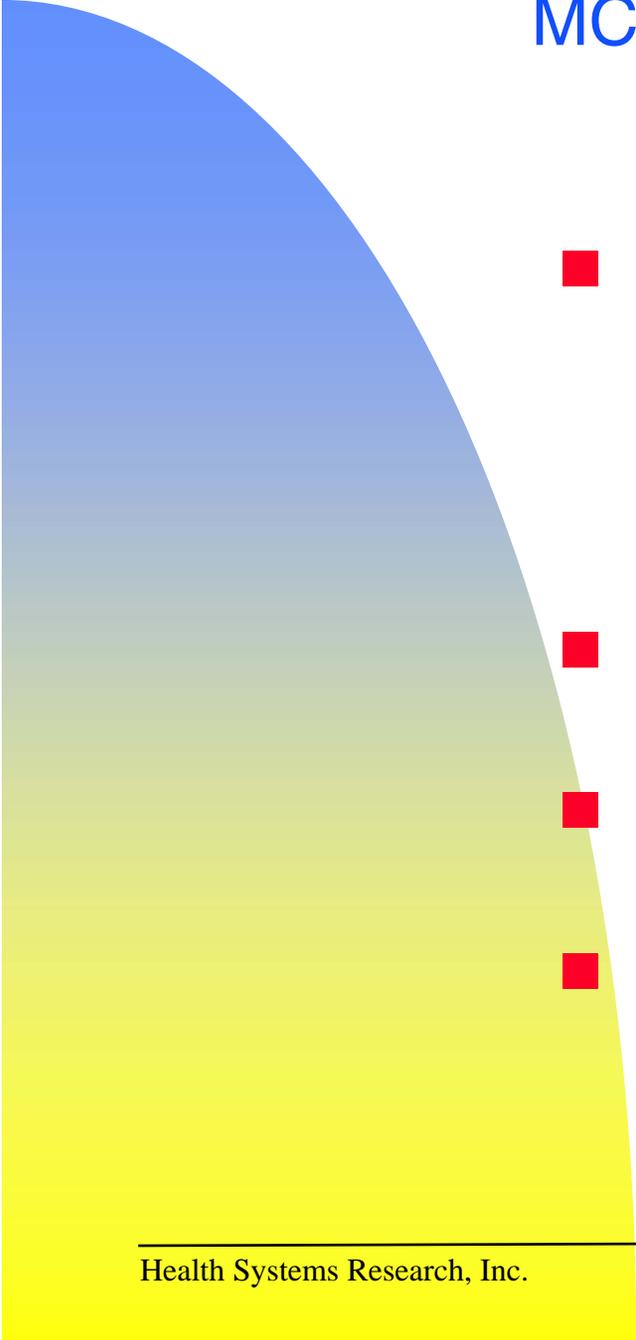
TYPES OF DIRECT SERVICES COMMONLY ASSESSED

- 
- Availability of Individual Providers
 - Available of Primary Care Services
 - Availability and Accessibility of Primary and Specialty and Subspecialty Services for CSHCN
 - Availability of Mental Health Services for Children
 - Family Planning Services

TYPES OF ENABLING SERVICES COMMONLY ASSESSED

- 
- Insurance Coverage
 - Availability of Outreach Services
 - Availability of Case Management Services
 - Availability of Support Services for Families of CSHCN
 - % of WIC Eligible Population Served

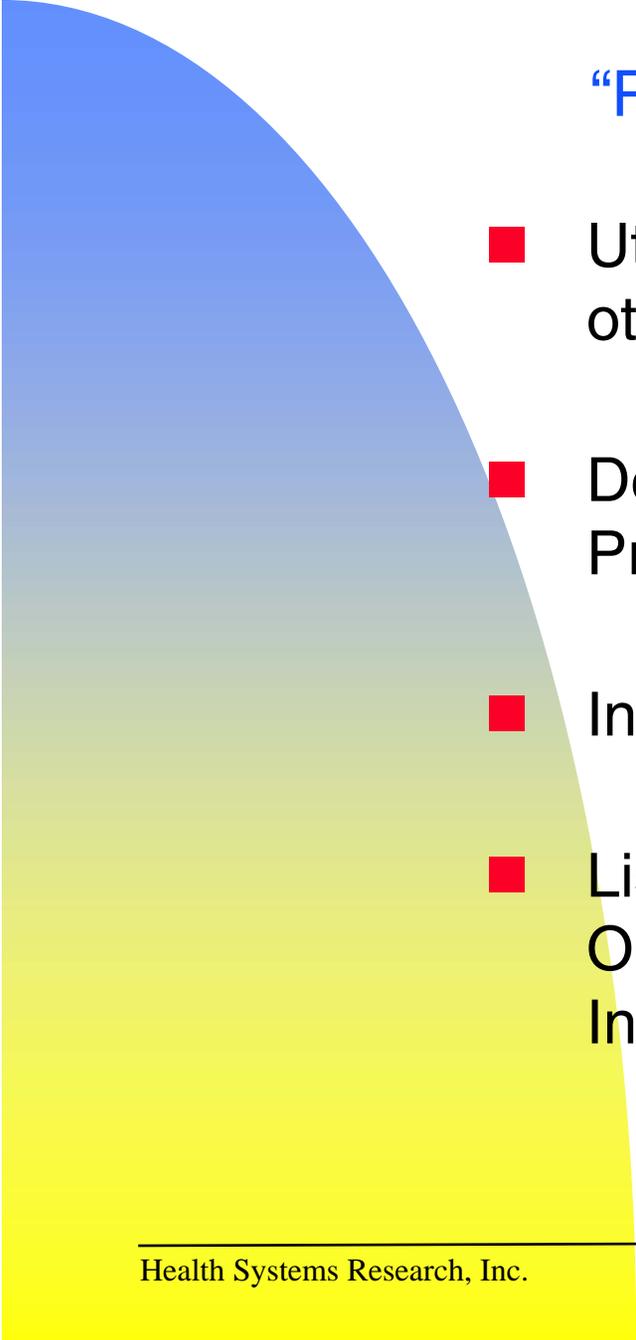
PROMISING ARAS FOR MCH CAPACITY ASSESSMENT

- 
- Assessing the System as a Whole (Medicaid, SCHIP, Early Intervention, Special Education, Services for CSHCN, Screening Systems, etc.)--NOT Just MCH Services
 - Cultural Competency
 - Community-level Capacity Assessment
 - Internal Organizational Capacity Assessment (CAST-5)



PUTTING IT ALL TOGETHER:

Synthesizing Findings and
Prioritizing Needs



CRITICAL ASPECTS OF “PUTTING IT ALL TOGETHER”

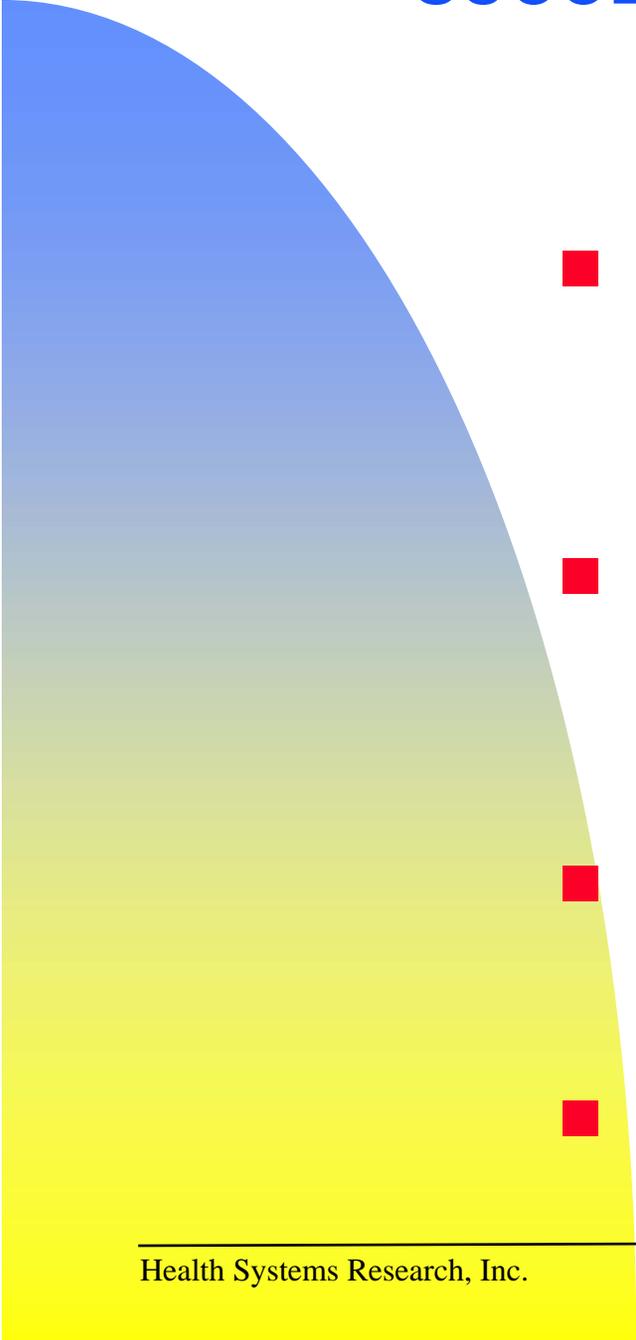
- Utilize Input from Local Constituencies and other Stakeholders
- Define Protocol and Criteria for Ranking and Prioritizing Needs
- Integrate Capacity and Needs Analysis
- List Priorities that Address Health Status and Outcome Goals, Service Capacity, and Internal Agency Capacity.



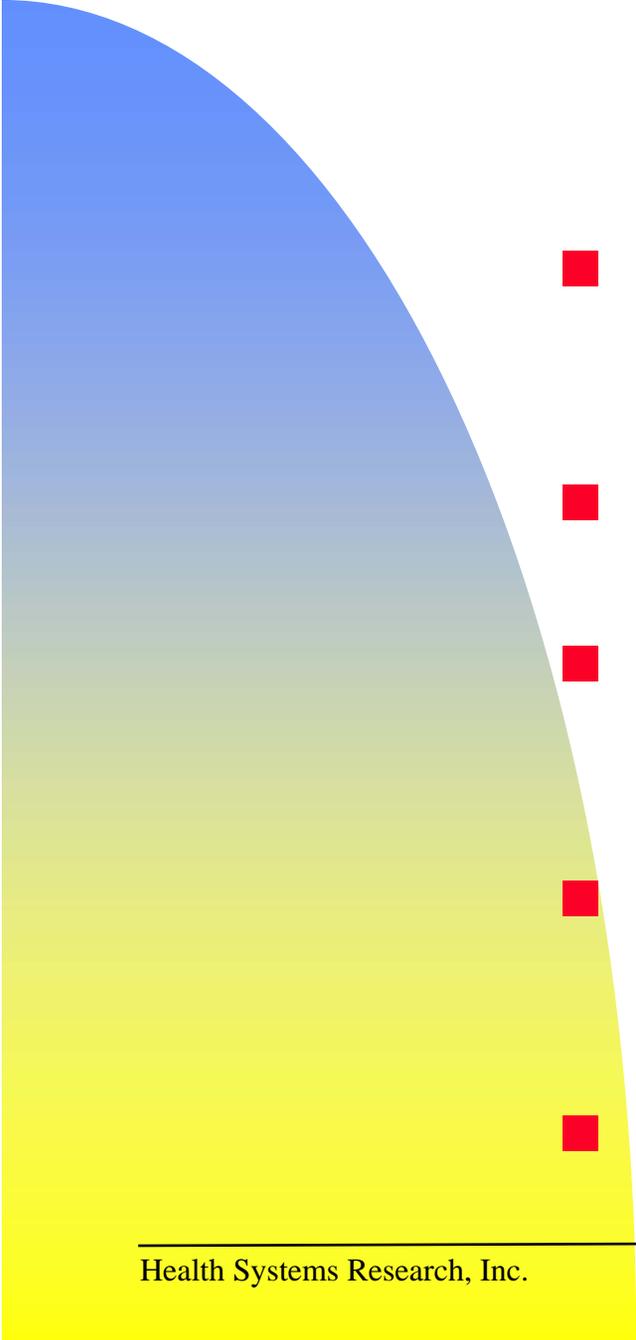
THE PROCESS MATTERS

NOT JUST THE PRODUCT

FOUR CRITICAL CHARACTERISTICS OF SUCCESSFUL STRATEGIC PLANNING

- 
- Make a Plan for the Whole Process, and Designate Clear Leadership, Responsibility and Oversight
 - Involve the Right People--Including Diverse Perspectives and Expertise in Data Analysis and Epidemiology
 - Coordinate with Ongoing Public Health Planning Efforts (State and Community Level)
 - Link Assessment Findings to Identification of Priorities and Resource Allocation

CHALLENGES

- 
- Getting Beyond the Traditional Indicators and Data Sources
 - Using Qualitative Data Most Effectively
 - Incorporating Local Findings and Involving Local People Throughout
 - Assessing Capacity, Especially at the System Level
 - Linking Needs Analysis to Capacity Assessment