Needs Assessment for First-Timers

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Title V Federal State Partnership Meeting
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Session Outline

1. Needs Assessment Guidance from Maternal and Child Health Bureau
2. Assembling the team
3. Analyzing existing data
4. Gathering new data
5. Assessing MCH capacity of organization
6. Methods for prioritizing needs, methods for selecting needs

Goal for Needs Assessment

Guide and inform decisions for program planning and development by:

- Describing strengths and needs of a target population
- Prioritizing programs and resources
- Assessing resources or assets of a community

Title V Needs Assessment Requirement

- Comprehensive statewide **Needs Assessment** conducted every 5 years (Will be due July 2025)
- Must cover all 5 required MCH population domains (Cross-cutting/ Systems Building is optional)
- Must include extensive stakeholder engagement
- Process supports **strategic planning**, **strategic decision-making**, and **resource allocation**
- Provides a way for Title V programs to benchmark where they are and assess progress over a five-year period

MCHB Needs Assessment Guidance

Move from a solely (quantitative, available) data-driven effort to conducting a comprehensive assessment of priority issues and stakeholder needs

Characteristics:

(i) A clear leadership structure for assembling data from both public and private sources, including data from family organizations);
(ii) Engagement of stakeholders representing diverse communities, including those that face the greatest barriers to access and inequities in outcomes, for soliciting meaningful programmatic input;
(iii) A structured and inclusive priority-setting process that involves the diverse communities and families identified above; and
(iv) Collaborative program planning, implementation, evaluation/assessment, and continuous quality improvement.

Overview of Needs Assessment Process

Assembling the Team

- Leading the needs assessment
  - Will there be an internal Title V staff leadership team?
  - Will there be an advisory committee?
    - If so, what is their role in the needs assessment and when/how often will they be involved in the process?

- Facilitating the work of the needs assessment
  - Do Title V program staff have the time and expertise?
  - Would it be beneficial and possible to hire a contractor?
  - What groups could partner to support the work?

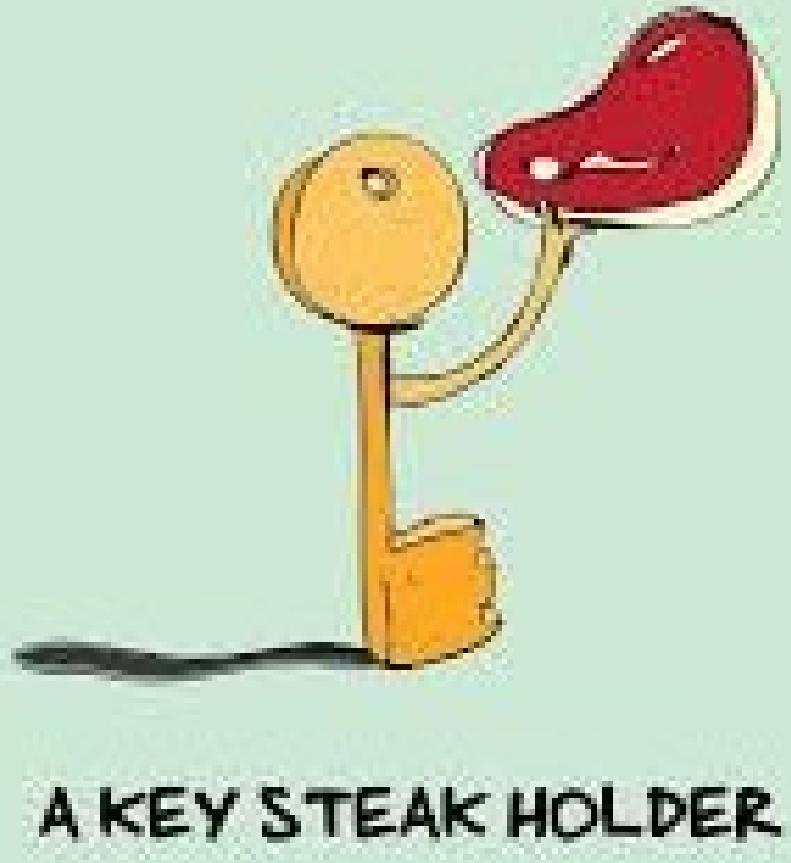
Advisory Committees

- Members should represent key stakeholders and groups → People or organizations interested in the results and what will be done with them

- People involved in program operations
  - Program administrators, managers, staff

- People or organizations served or affected by the program (positively or negatively)
  - Service recipients, family members, neighborhood organizations, community residents

- People who are in a position to decide and/or do something with the results
  - Program staff, funders, boards, legislators, policy-makers



Working with Advisory Committees

- Clearly delineate the role of the committee
- Be transparent about process and how final decisions will be made and who will make them
- Consider when and how often to convene based on responsibilities

- This should be a working group!
- Responsibilities might include:
  - Guide the development of the needs assessment plan
  - Identify who is missing from the table
  - Facilitate access to people, data, previous reports, complementary processes, etc.
  - Assist in gathering and interpreting data
  - Participate in needs prioritization
  - Partner to create solutions

- Communicate, communicate, communicate
- Respect, train, and compensate non-workforce partners

Analyzing Existing Data

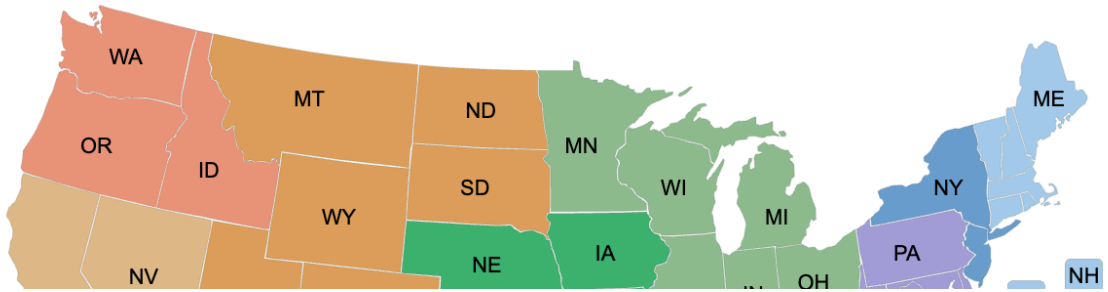
- Federally Available Data (FAD)
- State population data
  - Vital Statistics, Census
- National surveys
  - PRAMS, NSCH, BRFSS, YRBS
- Program utilization data
- Private sector or foundation data
  - Kids Count; Robert Wood Johnson County Health Rankings
- Other agency reports; related needs assessments
- Environmental scans of service and program availability
- Systems mapping, Geographic Information Systems (GIS) mapping

Explore the Title V Federal-State Partnership

As one of the largest Federal block grant programs, Title V is a key source of support for promoting and improving the health of the Nation's mothers and children. The purpose of the Title V Maternal and Child Health Services Block Grant Program is to create Federal/State partnerships that enable each state/jurisdiction (hereafter referred to as state) to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families.

National

National Data
FY 2021 Expenditures: $2,473,378,768



FY 2021 Expenditures

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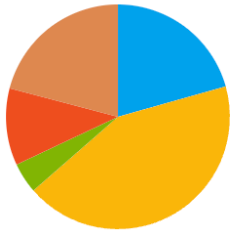

mchb.tvisdata.hrsa.gov/Home

UAB - Canvas | UAB - Box | Directory | BlazerNet | APEx | SOPHAS | DECE Web Transf... | Zoom | Datawrapper

U.S. Department of Health and Human Services www.hrsa.gov

HRSA Maternal & Child Health

Search TVIS

Search Tips Multi-Year Narrative Text Search

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Priorities and Measures

State Priorities
National Performance Measures
List of Evidence-Based or-Informed Strategy Measures
National Outcome Measures
State Performance Measures
List of State Performance Measures
State Outcome Measures
List of State Outcome Measures
National Performance Measures Distribution
National Performance Measures Dashboard

Quick Links
State Application/Annual Report
State Action Plan Table
State Contacts
State Hotlines
National Snapshot
State Snapshot
Title V-Medicaid IAA/MOU
Resources


mchb.tvisdata.hrsa.gov/Home/Resources
UAB - Canvas
UAB - Box
Directory
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APEx
SOPHAS
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Zoom
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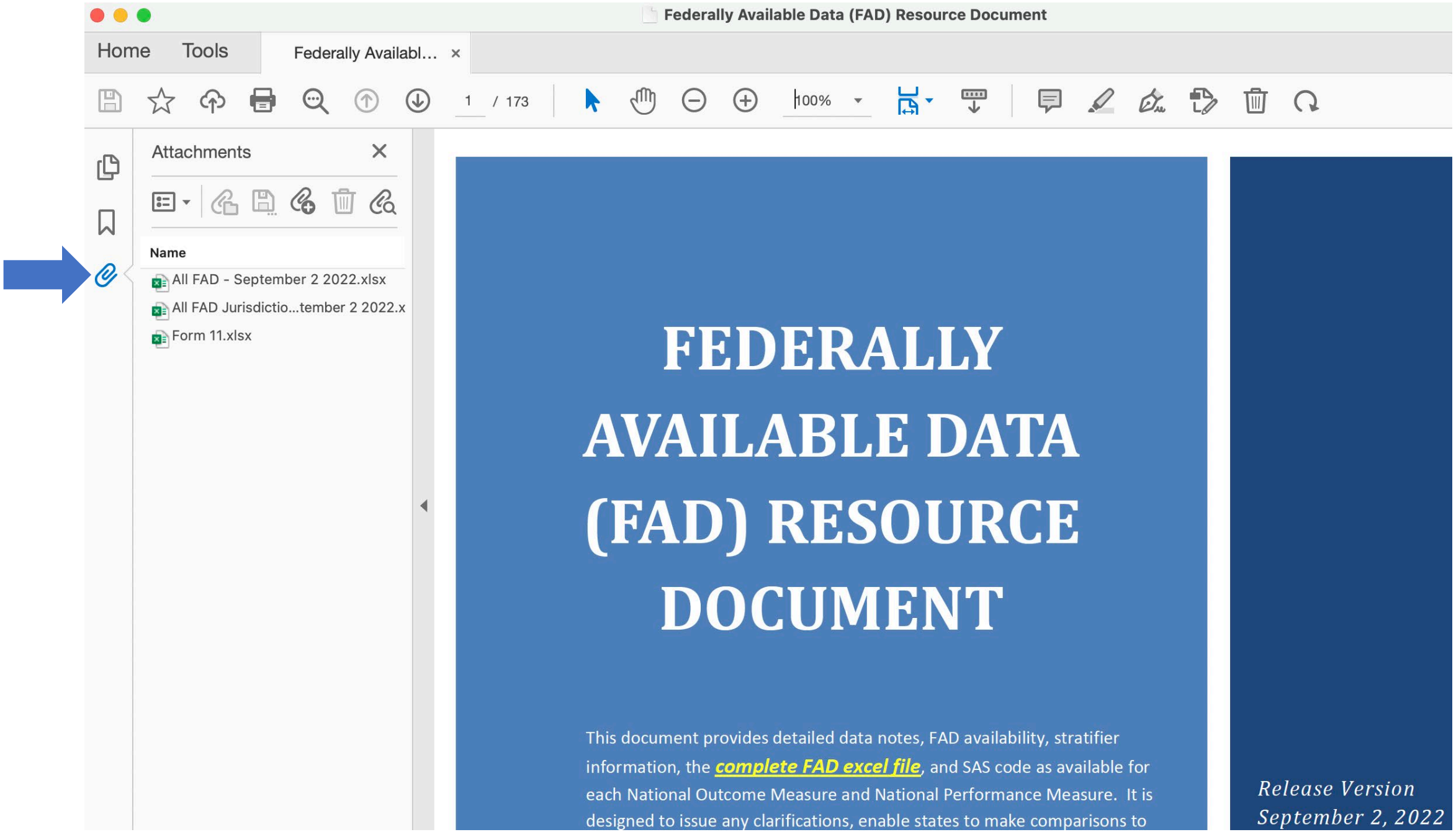
Title V MCH Services Block Grant Program Resource Page
The Title V MCH Services Block Grant Program is authorized under Title V of the Social Security Act to ensure the health and well-being of women, mothers, infants, children (including children with special health care needs), adolescents and their families. Originally authorized in 1935, Title V is the oldest public health program in our Nation.
The Title V MCH Services Block Grant to States Program Guidance is used annually by the 59 States in applying for Block Grants and in preparing the required Annual Report. The Guidance adheres to statutory requirements and promotes the use of evidence-based public health practices by States in developing a Five-year Action Plan that addresses identified MCH priority needs.
In order to reduce burden on the States, MCHB collects and provides the Federally Available Data (FAD) for the National Outcome Measures (NOMs) and National Performance Measures (NPMs). The FAD Resource Document provides the data, detailed data notes, availability status and stratifier information for each NOM and NPM.
Authorizing Legislation
Social Security Administration:
Title V – Maternal and Child Health Service Block Grant
Guidance and Documents
MCH Block Grant - Application/Annual Report Guidance
Block Grant – Supporting Documents
Federally Available Data (FAD) Resource Document


Federally Available Data (FAD) Resource Document
Home
Tools
Federally Availabl…
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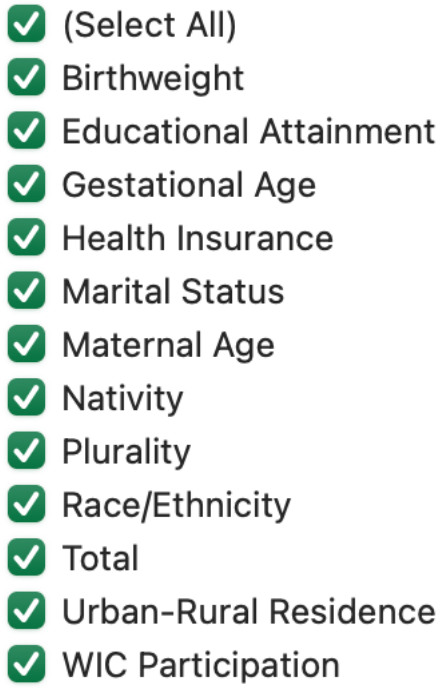
Attachments
Name
All FAD - September 2 2022.xlsx
All FAD Jurisdictio...tember 2 2022.x
Form 11.xlsx
FEDERALLY AVAILABLE DATA (FAD) RESOURCE DOCUMENT
This document provides detailed data notes, FAD availability, stratifier information, the complete FAD excel file, and SAS code as available for each National Outcome Measure and National Performance Measure. It is designed to issue any clarifications, enable states to make comparisons to
Release Version
September 2, 2022

Using the FAD Excel File

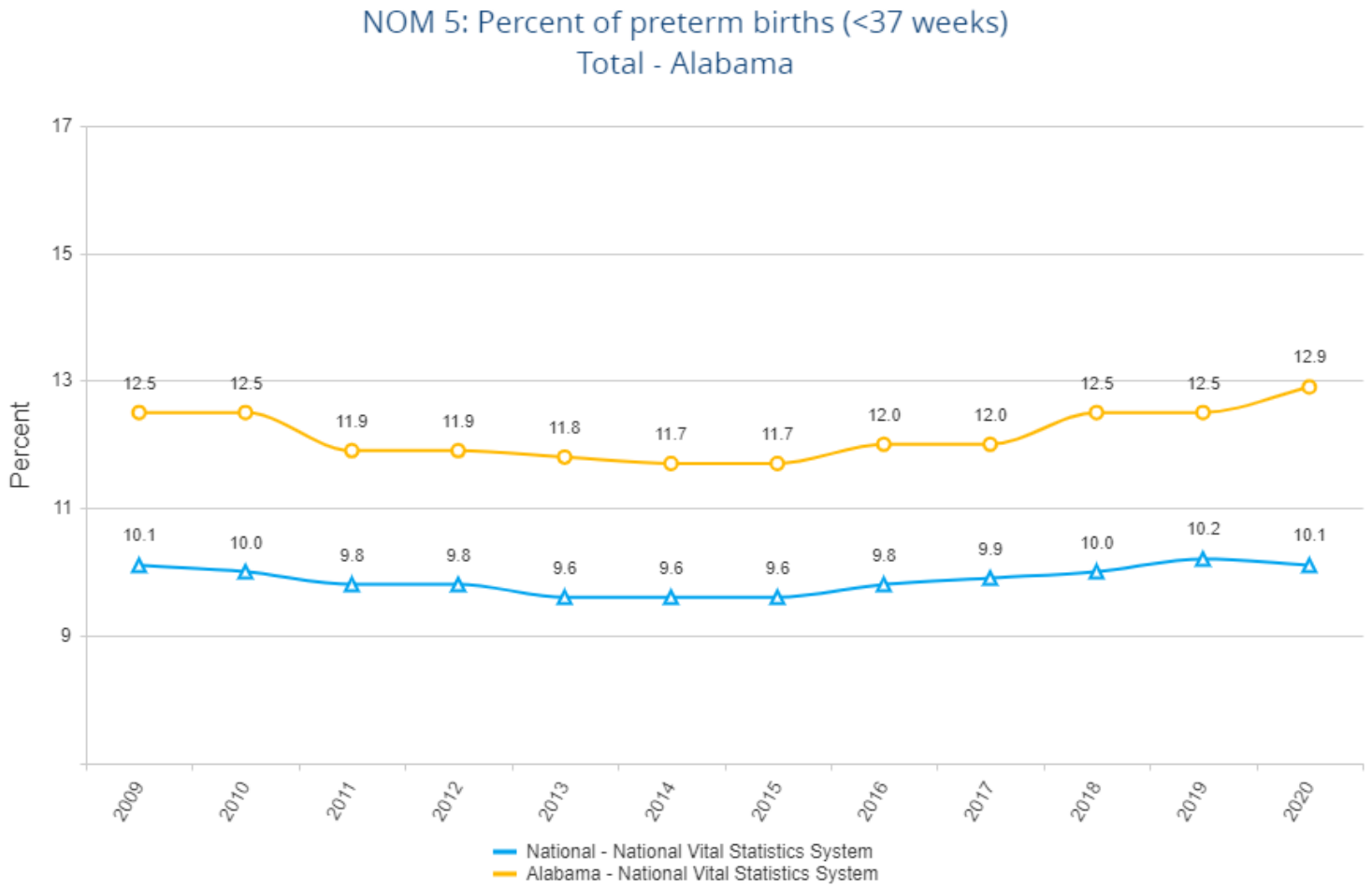


- Provides U.S. and state data for NPMs and NOMs
- Data can be stratified by various sociodemographic factors to support identification of disparities
- Provides analyses of trends over time and comparison to U.S., including statistical significance
- Sample size issues may mask disparities – trends can be informative

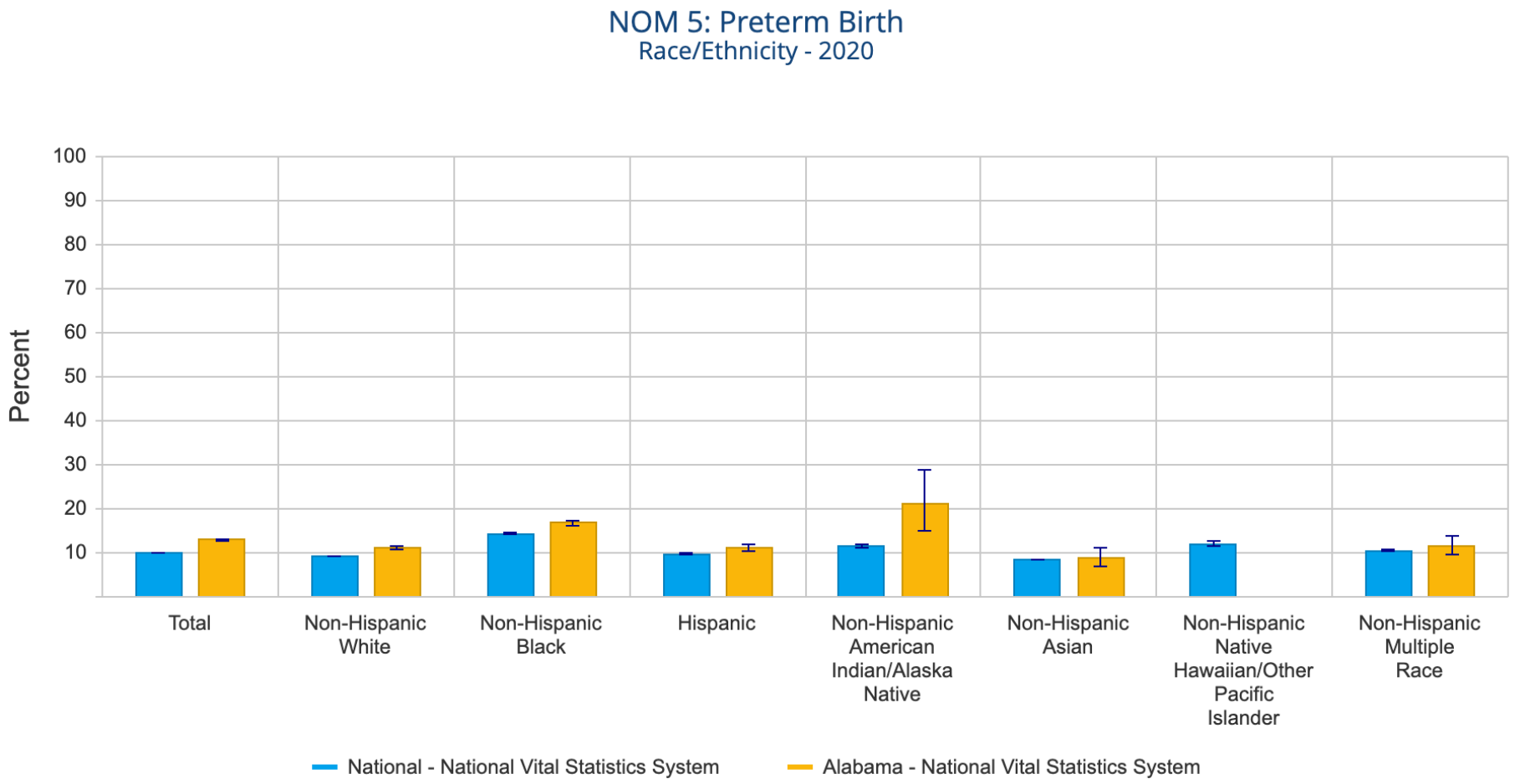
Green = Significantly higher performance than US overall or improvement over time
Gray = Not significantly different than US overall or over time
Orange = Significantly lower performance than US overall or worsening over time
White = Statistical test not completed due to lack of SE or one or more estimates

Measure	Measure Name	State	Base Estimate	Estimate 2	Estimate 3	Estimate 4	Estimate 5	Estimate 6	Estimate 7	Run Line	Absolute Δ Base to Current Year (see Color Key for Significance)	Absolute Δ Last to Current Year (see Color Key for Significance)	Absolute Δ State to US (see Color Key for Significance)
OM-9.1	Infant mortality	US	5.9	5.9	5.8	5.7	5.6	5.4			-0.5	-0.2	
OM-9.1	Infant mortality	AL	8.3	9	7.4	6.9	7.7	7			-1.3	-0.7	1.6

Using TVIS Data Charts – Overall Values



Using TVIS Data Charts – Stratifiers



Selecting Indicators to Analyze

- With so much data available, the challenge may be prioritizing which ones to analyze and present.

- Selected NPMs and associated NOMs?
- Indicators aligned with other state efforts?
- MCH population profiles with most familiar indicators?
- Geographic areas of interest? Stratified by socio-demographics?
- All? Other ideas?

Gathering New Data

- Once existing data are reviewed, gaps in knowledge and missing voices provide direction for new data-gathering
- Identify key groups to reach and community members/partner organizations that will facilitate access → lean into the advisory committee
- May require MOU/MOA or other formal mechanisms to provide compensation for administrative burden, time, and expertise
- Trust brokers can provide warm hand-offs and open doors
- Engaging diverse stakeholders and those facing greatest barriers to access and disparities in outcomes in meaningful partnerships takes deliberate, respectful, and thoughtful effort

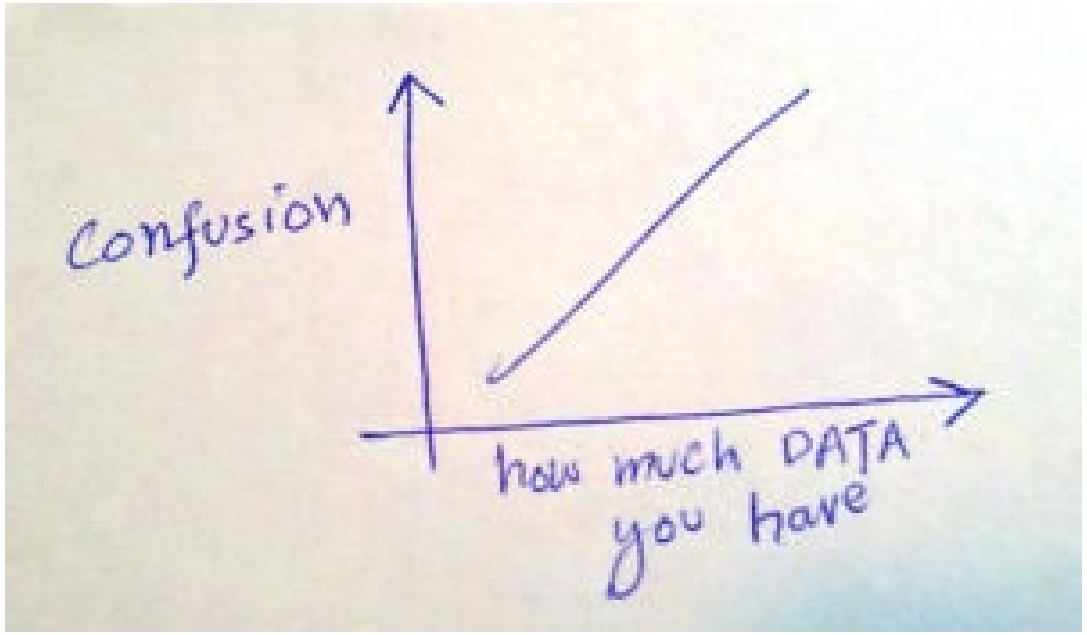
Common Methods for Gathering Data from the Public

- Surveys
  - Considerations: expertise in question design, delivery format, language and reading level, opportunity to pilot, access to a sample, response rate vs. trends, opportunities to partner with other initiatives/add questions
- Structured Groups
  - Loosely convened: Listening sessions, town halls (come one, come all)
  - Formally convened: Focus groups (purposefully recruited)
  - Access to participants; expertise in interview guide development, facilitation, and analysis; opportunity to pilot; overall cost; incentives; community facilitators or co-facilitators (will need training to avoid bias)
- Key Informant Interviews
  - Support to identify key informants; need for a warm introduction; see last bullet above in structured groups

Data Presentation for Stakeholders

Telling the story so that people can actually make decisions about priorities

Don’t Create “Data Daze”



https://painepublishing.com/measurementadvisor/guide-keeping-sanity-amid-much-data/

https://memegenerator.net/instance/37722377

Tame your inner “Data Puking Dragon”*
… or at least put it on a diet!

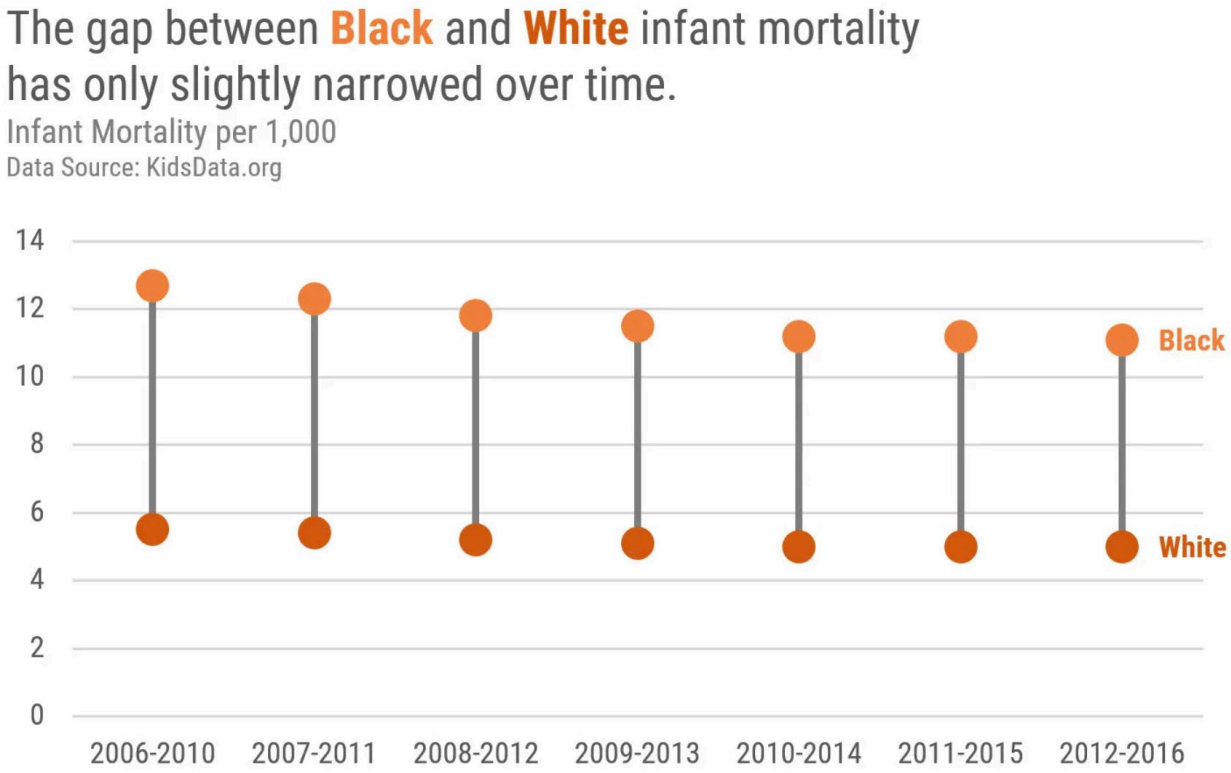
- You aren’t writing a data report or results section of a paper
- You are facilitating a conversation that tells a story
- Forget the trees and focus on the forest

*Avinash Kaushik. Occam’s Razon Blog

https://painepublishing.com/measurementadvisor/too-much-data-will-kill-a-presentation-heres-how-to-turn-your-data-into-your-own-ted-talk/

Interpret, Summarize, and Visualize

- Use charts, tables, and graphs sparingly and tell people what they mean
  - Not everyone is data and chart-savvy – and this is great!!!
  - Any more than 15 seconds trying to decipher your visualization is ineffective
  - Use descriptive titles



https://stephanieevergreen.com/4-chart-types-that-fight-for-equality/

Maternal/Women's Health Indicators	Most Recent Value	Comparison to U.S.	State Trend	Disparities Indicated
NPM 1: Well-woman visit	69.5%	About the same	Not provided	No
NPM 2: Low-risk cesarean delivery (first births)	22.8%	Better	Trending worse	Yes
NOM 1: Early prenatal care	71.6%	Worse	Trending worse	Yes
NOM 6: Early term birth	29.0%	About the same	Trending worse	Yes

Adolescent Health Indicators	Most Recent Value	Comparison to U.S.	State Trend	Disparities Indicated
NPM 7.2: Non-fatal injury hospitalizations	164.9 per 100,000	Better	Trending better	Yes
NPM 8.2: Physical activity (everyday)	13.3%	About the same	Consistent	N/A*
NPM 9: Bullying (victimization)	22.7%	Better	Trending better	Yes
NPM 9: Bullying (perpetration)	9.2%	About the same	Consistent	Yes

Putting Data Together For Use

- Coherent, short summaries across all sources are essential for understanding, discussion, and reaching decisions
- Combining and organizing data for presentation is a prelude to prioritization
- The better this is accomplished, the smoother the prioritization process should go

Topic: Breastfeeding

Quantitative Data:

Perinatal/Infant Health Indicators	Value	How does Alabama compare to the U.S.?	How has Alabama been doing?
Breastfeeding – ever	68.1%	Worse	About the same
Breastfeeding – exclusively through 6 months	20.6%	Worse	Trending better

Qualitative Data:

- Many women stakeholders said they had preferred to breastfeed, but felt it was unsustainable without support and had to switch to formula.
- Lack of support from providers and older family members, as well as encouragement to use formula was reported.

> *... breastfeeding was a huge thing for me. I got so overwhelmed and so aggravated. I just basically gave up, but – 'cause I just didn't know what to do. I think that if I had maybe had some classes beforehand, while I was pregnant, and then maybe some after also, I probably wouldn't have needed WIC for formula and stuff.*

- Lactation support was available for most women immediately after delivery (especially in hospitals), but long-term support was unavailable in the community, especially for women who do not qualify for WIC or other support services.
- Some participants shared that the WIC benefit they received was not enough to feed their infant, especially if they were also breastfeeding.

Prioritizing Identified Needs

- Findings from comprehensive needs assessment identify a broad set of needs – far more than could be addressed by just one organization
- Title V program uses transparent method or process to rank the broad set of identified needs
- Title V program selects 7 to 10 highest MCH priority needs that it will address
- Highest priority needs are then aligned to existing NPMs, or SPMs are created

What happens if it's not your circus, not your elephants?

- Not all identified needs may be in your purview
  - Shouldn't just dismiss these – now that you know about them, it is your responsibility to at least alert someone else to the problem
  - Some needs may be a better fit within the mission of another agency or group
  - Must engage partner agencies to address these issues – they will thank you for sharing and adding to their own needs assessments ☺
- Leading in public health includes informing responsible parties about identified needs

Methods for Prioritizing and Selecting Needs

- Simple Methods
  - Group consensus
  - Simple voting (yes/no; “dot democracy”; budgets, rounds)
  - Drag-and-drop; simple sort (points for presence and placement)

- Multiple Criteria Rating
  - Establish criteria important for decision-making
  - Determine if any criteria are essential or more important than others to final decision
  - Rate based on how addressing each need meets criteria

Identifying Criteria for Multiple Criteria-Based Ranking Prioritization

- Criteria represent values of the Title V program
  - Ground needs within the context of the organization, community, and larger environment
- Establishing criteria sets the framework for making decisions
- Only include what "matters" and what actually will be considered and what raters can reasonably be expected to know
- Can include two-level rating if advisory group will contribute to final decision, but a smaller/internal group will make final decisions
  - Can have different criteria for each phase if advisory committee and internal group will have different/specific knowledge and considerations

Common Criteria

- Aligns with mission of the organization
- Aligns with national/state goals
- Potential to promote health equity
- Magnitude of the problem – importance based on data
- Trend is worsening or stagnated
- Perceived preventability
- Effective interventions or potential solutions exist
- Cost feasibility

- Fits current staffing – people available to work on the issue
- Time feasibility (immediacy of potential resolution or time as a resource)
- Is a current program priority or currently funded activity
- Political/community acceptability
- State or agency political will
- Important issue to the heart

Defining Criteria and Consistency of Rating Scales

- Defining criteria takes careful wording to assure raters understand what each criterion represents

- Definitions establish the direction of the rating scales

- Scales should always be in a consistent direction that provides meaning
  - Both ends of scale should always be the same (1 is always low and 5 is always high)
  - Direction Consistency – make sure scale provides the same interpretation of high and low (high = “good”; low = “bad”)

Example: Do this, not that!

Criteria	Definition	Scale
Cost	How much monetary resource would be required to meet the need	1 = Low to 5= High
Time	How much staff time would be required to meet the need	
Importance	How important addressing the need is to the agency/community based on data	

	Cost	Time	Importance	Total Score
Need 1	1	1	5	7
Need 2	5	5	2	12

?? meaning

Criteria	Definition	Scale
Cost feasibility	How realistic it would be for organization to address need based on monetary resources that would be required	1 = Low to 5= High
Time efficiency	How realistic it would be for the organization to address the need based on the amount of staff time that would be required	
Importance	How important addressing the need is to the agency/community based on data	

	Cost Feasibility	Time Efficiency	Importance	Total Score
Need 1	5	5	5	15
Need 2	1	1	2	4

Makes sense

Another Solutions for Scales

Avoid direction and scale problems by applying scale based on extent to which addressing the need meets the criterion

Mission compatibility	The need aligns with program mission
Cost feasibility	Addressing the need is realistic based on the financial resources that would be required (or based on the program's budget)
Impact	Addressing the need would make a difference for the community based on magnitude and trend shown in the data
Health equity potential	Addressing the need would promote health equity and reduce disparities in outcomes based on socio-demographic factors

1 = Need does not meet criterion
2 = Need slightly meets criterion
3 = Need partially meets criterion
4 = Need mostly meets criterion
5 = Need fully meets criterion

Multiple Criteria-Based Rating Strategies

- **Simple Sums**
  - Several criteria important; none more important than others
- **Critical Criterion**
  - Several criteria; one essential ("must meet")
- **Weighted Sums**
  - Several criteria; varying importance; none essential

Comparing Methods for Establishing Need Priorities

- **Simple Methods**
  - Easy and fast for shorter lists
  - Easy to see patterns
  - May be too simplistic for complex needs
  - May not adhere to how organization makes decisions

- **Multiple Criteria-Based Rating Methods**
  - Must consider need across multiple dimensions
  - Good for more complex needs
  - Deeper thought required and may fractionate
  - May recognize some criteria as more important than others
  - May recognize one criteria as essential, but then may result in removing some needs from consideration

Assessing MCH Capacity of Title V Program

- Consider the following:
  - Organizational structure of the Title V program
  - FTEs within the Title V program
  - Expertise of the Title V program staff and any workforce development efforts or needs
  - Other programs within the Health Department that are working on issues that touch MCH populations
  - Other state agencies or community partners working on initiatives that touch MCH populations
  - Opportunities to partner with federal programs and universities for faculty support and/or student internships

Resources

- AMCHP Innovation Station - https://amchp.org/innovation-hub/
- AMCHP- https://www.youtube.com/watch?v=q0NRngqwqEg&t=1
- HRSA- https://www.youtube.com/watch?v=DMvDHW6XG3
- MCH Block Grant - https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-block-grant
- MCH Block Grant Guidance - https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadContent?fileName=BlockGrantGuidance.pdf&isForDownload=False
- MCH Block Grant Appendices - - https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadContent?fileName=BlockGrantGuidanceAppendix.pdf&isForDownload=False

Resources

- MCH Library - https://www.mchlibrary.org/
- Strengthening the Evidence Based for Maternal and Child Health Program - https://www.mchevidence.org/
- MCH Self-Assessment Tool - https://www.mchnavigator.org/assessment/
- MCH Leadership Competencies - https://mchb.hrsa.gov/programs-impact/focus-areas/building-mch-leaders-mch-workforce/leadership-competencies
- MCH Navigator - https://www.mchnavigator.org/
- The National Maternal and Child Health Workforce Development Center - https://mchwdc.unc.edu/