Preparing for the Title V Five Year Needs Assessment

State Panel

Title V MCH Federal-State Partnership Meeting

November 7, 2023
Puerto Rico Health Needs Assessment

Marianne Cruz-Carrión, MS
Maternal, Child and Adolescent Health Program
Population: 3,057,311

2023 IDB

MCAH Population

Infants

1 to 21 years

WRA

0.8%

20%

18%
MCH-Jurisdictional Survey

National Immunization Survey

MCH-Jurisdictional Survey & Federally Available Data

American Community Survey PUMS

National Vital Statistics System
5-YR Health Needs Assessment, 2020

**Community**
FQHCs: Socio-economic, lifestyles, prevention, health care access.

**Health Care Providers**
FQHCs: Challenges and barriers to provide services.

**Statistics**
Chi-square trend analysis, when available data

**Title V Participants and other data**
TV-Home Visiting Program and Youth Health Promoters, Medicaid, among others.
Ranked the needs.

**Stakeholders**
Developed priorities and strategies for State Action Plan.

**Title V Staff**
2021 to 2024 HNA Updates

Public Input
Stakeholders share their input regarding how well PR-TV is addressing needs.

State Action Plan PDSA
What went well and what did not? What can be improved and how? Successes, needs, challenges, and barriers.

X² Trend Analysis
Measures progress of all the indicators by domain.

TV Steering Committee
Review the Action Plan, adjusting it for the best approaches for the priorities.
2025
5-YR HNA
2025 5-YR HNA

Exploratory Survey Stakeholders

Statistical Analysis Available or new data sources

SDoH TV participants & data

Needs ranking Stakeholders

SAP 2025-2030 Steering Committee
KEEP IT SIMPLE
Marianne Cruz Carrión, MS
SSDI Coordinator
Maternal, Child and Adolescent Health
Puerto Rico Department of Health

(787) 765-2929 Ext. 4561
mariancruz@salud.gov.pr
www.salud.pr.gov/CMS/60
PO Box 70184 San Juan PR 00936
Collaborative and inclusive community-centric approaches for assessing maternal and child health needs

Examples from Arizona’s Title V needs assessment process

Martín F. Celaya, MPH
Bureau Chief, Bureau of Assessment and Evaluation
Arizona Department of Health Services
Presentation objectives

- Briefly describe Arizona’s communities
- Provide a brief overview of our previous needs assessment process
- Describe our approach for intentional partnership with tribal communities for community-centric maternal and child health needs assessments
- Present on our upcoming plans for the assessment
7.28 Million Population
(<60% in Maricopa County)

6th Largest State Land Size
(113,990 sq. mile)

14th Largest State Pop Size

Refugee Resettlement State
Cuba Ukraine Haiti
D.R. Congo Afghanistan Burma Syria

International Border with Mexico

Mining and Rural Communities
(10-20% pop)

27% Speak Language Other Than English at Home (9.5% LEP)

61,233 Migrant and Farmworkers
Arizona has become a majority minority state as seen in the percent of live births across racial/ethnic groups over the last decade.
Home to 22 Federally Recognized Tribes
Principles of the Assessment

1. **Listen to those not traditionally involved in statewide assessments**
2. **Centering the margins**
3. **Partner with community members and individuals with lived experience**
4. **Honor and Respect** the work others have done to assess the needs of Arizonans
5. **Assess** the root causes of health inequities
6. **Use** a life course development approach to understand health issues
7. **Take account** of the impact of social determinants of health
Arizona’s approach to the 2020 Title V MCH needs assessment

- 8 robust methodologies
- 7 dedicated epidemiologists and analysts
- 6 statewide partnership meetings
- 5 data sources
- 4 published reports
- 3 meaningful partnerships
- 2 data collection types
- 1 statewide steering committee
Intergovernmental agreements with the Navajo Nation

**Intergovernmental Agreement (IGA) with Navajo Nation for 5 years (2020-2025)**
- Its purpose was to strengthen state, tribal, and community partnerships for addressing the needs of its MCH population; systematically collect information utilizing a methodology that will result in priorities to improve health status; and incorporate findings into the larger Arizona Title V MCH Needs Assessment.
- Its objective was to conduct an MCH Needs Assessment for Navajo Nation to identify maternal and child health priority needs of the Nation.

**Maternal Health Needs Assessment (2021)**
- Its purpose was to provide an in-depth information on maternal health priorities in Arizona and to inform the Title V MCH and the Maternal Health Innovation Program with a focus on American Indian women in rural and urban settings.

**Intergovernmental Agreement (IGA) - Healthy Navajo K’é for 5 years (2023-2028)**
- Its purpose is to improve the health and well-being of Navajo MCH populations by assess and addressing their priority needs; reducing morbidity and mortality; improving access to quality MCH services for Navajo families; leverage partnership between ADHS and Diné College.
Reflections from our partnership

- **Build trust** with partners through **ongoing engagement** and regular touchpoints on matters that are important to them
- **Provide** technical assistance and support when invited to
- **Be transparent** on the purpose of the project and how the data will be used
- **Respect, value, and practice** data sovereignty principles
- **Incorporate flexibility** terms in agreements
- **Secure** financial sustainability and **commitment** for subsequent projects
- **Be accountable** and **recognize** past injustices
- **Be authentically humble** and practice **appreciative inquiry**
- **Share power** by deferring decisionmaking
- **Support** data dissemination activities outside of jurisdictions
- **Honor Indigenous Ways of Knowing**
Plans for the upcoming needs assessment

The Title V MCH Needs Assessment Steering Committee kicked off the needs assessment with its first meeting on April 17, 2023.

Twenty-three partners and organizations attended the meeting and provided a list of community groups to reach out to in the assessment.

Four family and youth advisors have been recruited to join the steering committee and the Navajo MCH Steering Committee.

Contracts established with Diné College and pending for Intertribal Council of Arizona and The University of Arizona.

---

**Early methodologies**
- Public health surveillance data
- Focus groups with select communities
- Semi-structured interviews with community leaders and individuals with lived experience
- Tribal needs assessments

**Later methodologies**
- Community forums at select locations with localized priority matrices
- Internal capacity assessment (CAST-V)

**Priority setting**
- Affinity diagrams
- RICE scoring method
- Selection of performance metrics
Thank you!

Martín F. Celaya, MPH
Bureau Chief
Bureau of Assessment and Evaluation
Arizona Department of Health Services
martin.celaya@azdhs.gov
(602) 542-2233
Title V Needs Assessment: Foundation of the Strategy Development Process

Amy Zapata, MPH
Director, Bureau of Family Health
Louisiana Department of Health – Office of Public Health
State Administrator, Social Security Act Title V Maternal and Child Health Block Grant

November 7, 2023
2015:

*How are we going to reach more people?*

hundreds and thousands → tens-of-thousands to millions
Shift: organize around strategies (vs. programs and services)

- BFH PROCESS
  - Identify & diagnose challenges
  - Identify, align resources & efforts
  - Build coordinated partnerships
  - Develop & test solutions
  - Spread & scale solutions
How do we know what we should work on?
Strategy development process (Bryson, 2011)
My go-to strategy “Big 4”

- What do we have to do?
- What are the external trends and pressures?
- What are people expecting?
- What do we have the capacity to do?

Identify strategic issues
My go-to strategy “Big 4”

- What do we have to do?
- What are the external trends and pressures?
- What are people expecting?
- What do we have the capacity to do?
My go-to strategy “Big 4” and Title V

- What do we have to do?
  - Title V mandates
  - Title V technical guidance
  - State laws and requirements related to grant, MCH populations, and/or public administration
  - Other must-do expectations
  - Others’ requirements for relating to Title V
My go-to strategy “Big 4” and Title V

• What are the external trends and pressures?
  • Data
    • What’s going up? Down?
    • What has had no attention?
  • “Wisdom”
    • How do we know what is important?
    • Who have we asked?
    • Who haven’t we asked?

• What changes are happening or coming?
  • Health system
  • Legislative

• Resources/assets
  • Maternal health blueprint
  • Sickle cell strategic plan
  • CYSHCN roadmap
  • Medicaid innovations

• What are the external trends and pressures?
2015 State Assessment Tool for Title V Engagement w Health Reform

- Used resource links within SAT
  - Very Helpful
- Helped us to “dive deep” to assess
  - Eligibility & Enrollment
  - Coverage & Insurance Benefits
  - Provider Networks & Network Adequacy
  - Continuity of Care
  - Partnerships between Title V, Medicaid, CHIP, Marketplaces & Other Key Stakeholders
Data and wisdom abound: use it!

• Analyze data on NPMs, NOMs, other indicators
  • Assess trends and changeability
  • Contrast data with current activities
  • Contrast activities against the BFHs strategy for change

• Review findings from recent assessments
  • Public health accreditation SHA/SHIP
  • MIECHV, Title X, other grant
  • Office on Women’s Health/other listen
  • GeauxFar
  • Whole Health Louisiana state plan
  • Medicaid reports, RFPs, and legislative audits
  • LDOE state plans and legislative audits
  • DCFS state plans and legislative audits
Data and wisdom abound: use it!

- Review existing reports and studies (a small sample of past 3 years!!)
  - CDR, PAMR, DAFR, PRAMS, LBDMN, Sickle Cell, others
  - Whole Health Louisiana reports
  - 2021 Act 210 report (assessment of women’s health activities)
  - Baby Bond study report
  - Louisiana Commission for the Deaf strategic plan and interpreter workforce needs assessment
  - Sickle cell registry preliminary research and findings
  - Healthy Moms, Healthy Babies Advisory Council of 2018 Report published 2020
  - Louisiana Perinatal Mental Health Task Force Policy Brief published 2022
  - Study Commission on Maternal Health and Wellbeing Report published 2023

- Use (and build!) the boards, commissions, councils
My go-to strategy “Big 4” and Title V

• What are people expecting?
  • Advocates
  • Legislators
  • Funders
  • Public ... community
  • Professional associations
My go-to strategy “Big 4”

- What do we have to do?
- What are the external trends and pressures?
- What are people expecting?
- What do we have the capacity to do?

Identify strategic issues
Framework for planning the assessment

The various methods used in the needs assessment will aim to understand the needs from 3 key "constituencies":

- State authorities
- Service providers
- MCH populations and the community based organizations (including informal networks) who represent their voices
What does it take?

Role is to “ROW”
EFFICIENCY

“STEER”
EFFICIENCY & EFFECTIVENESS

“STEER” & “SERVE”
OTHERS + DEMOCRATIC & CONSTITUTIONAL VALUES

How are decisions really made?

How does “the system” work?

Whose interests are represented? Whose are missing?

Will it make a difference?

What is our role?

Different capacities than historical roles.

Strategists. Conveners. Facilitators. System Accountability. “....Lasting and widespread benefit.”

Zapata, 2022
“Grow human potential”

Dr. Michael Lu, 2014
MCH Needs Assessment Toolkit: 2023 Update

Five-Year Title V Needs Assessment. The challenges of the maternal and child health (MCH) system are complex. To create solutions to address these challenges it is important to understand the systems and the interrelated components of the system that shape health. The five-year needs assessment process allows state Title V programs to begin to understand the complexity of these challenges, identify needs, and select priority areas of focus.

To build upon the needs assessment process, the MCH Evidence Center and MCH Navigator, National MCH Workforce Development Center, the Association of Maternal and Child Health Programs, and CityMatch developed this toolkit, now in its second version, to help Title V agencies use tools to dig deeper into the complex system surrounding the health of the MCH population.

Start Learning Here

Watch the short video, State MCH Block Grant Needs Assessment: Conceptual Framework, for a summary of the needs assessment process. This video provides an introduction to the nine steps of the Title V needs assessment process.
Watch the short video, State MCH Block Grant Needs Assessment Conceptual Framework, for a summary of the needs assessment process. This video provides an introduction to the nine steps of the Title V needs assessment process.

Use the links below to continue learning about needs assessment:

- Learn More. What the MCH Block Grant Guidance Says
- Connect with Us. Share Resources and Feedback

This toolkit was developed as a partnership funded by the Maternal and Child Health Bureau under the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Read more...
And the list goes on... and on...
1. ENGAGE PARTNERS

INTRODUCTION

On Your Mark: Start Here with Grounding Concepts and the Evidence Base

Essential in conducting the needs assessment is to engage community partners early on and throughout the process. Title V agencies need strong partnerships and effective coalitions to assist in all remaining eight steps of the process. It is expected that MCH programs will have ongoing communication with partners throughout the needs assessment process and continue to engage with such partners during interim reports every 4 years.

Partners can help to identify the full scope of need, interpret available data or collected data, sort our priorities, identify and select solutions, build consensus, advocate for

Read More. Importance and Barriers

Dig Deeper. What the Research Says

The MCH Evidence Center has reviewed the literature to find strategies for engaging community partners. Note that the research literature uses the term “stakeholders” at the current moment, although common usage reflects the more inclusive term “community partners”:

- Morton KL, Atkin AJ, Corder K, et al. Engaging stakeholders and target groups in prioritising a public health intervention: the Creating Active School Environments (CASE) online Delphi study. BMJ Open 2017;7:e013340. doi: 10.1136/bmjopen-2016-013340. Conclusions: This novel approach to engaging a wide variety of stakeholders in the research process was feasible to conduct and acceptable to participants. It also provided insightful information relating to how stakeholders prioritise interventions. The approach could be extended beyond the specific project to be a useful tool for researchers and practitioners.
There are a number of strategies that can be used to involve community partners in the five-year needs assessment in an equitable manner. These include:

- **Identifying and prioritizing all partners.** It is important to identify and prioritize all partners, including those who are most marginalized or underrepresented. This may require outreach to diverse community organizations and groups.
- **Creating opportunities for meaningful participation.** Partners should have meaningful opportunities to participate in the needs assessment process, from defining the scope of the assessment to developing and implementing recommendations. This may involve using a variety of engagement methods, such as focus groups, surveys, and community meetings.
- **Providing accessible information.** Partners should have access to clear and concise information about the needs assessment process, its purpose, and how they can participate. This information should be available in multiple languages and formats, as needed.
- **Building trust and relationships.** It is important to build trust and relationships with partners throughout the needs assessment process. This can be done by being transparent and responsive to partner feedback, and by honoring the time and expertise that partners contribute.

Here are some specific strategies for engaging organizations led by people with lived experience:

- **Identify and reach out to organizations led by people with lived experience in the community.** This can be done through networking, online searches, and word-of-mouth.
- **Build relationships with leaders of organizations led by people with lived experience.** This can be done by attending their events, volunteering with their organizations, and meeting with them individually.
- **Provide organizations led by people with lived experience with opportunities to participate in the needs assessment process.** This can be done by inviting them to join the steering committee, conducting interviews with their members, or hosting focus groups with their clients.
- **Support organizations led by people with lived experience in their efforts to address the community's health needs.** This can be done by providing them with funding, technical assistance, or other resources.

By taking these steps, Title V agencies can help ensure that all partners have an opportunity to participate in the needs assessment process and that their voices are heard.
These tools and examples have been developed by the National MCH Workforce Development Center or collected by the MCH Digital Library:

- **Appreciative Inquiry.** A tool that focuses on how to build on existing strengths and how to engage stakeholders to create change. This tool can also be used in Step 4 (Selecting Priorities) and Step 5 (Setting Performance Objectives).
  - Overview and facilitator script
  - Tool template: PDF | Word document (editable)

- **How to Engage Stakeholders Tool.** As part of the Cottage Center for Population Health's evaluation toolkit, this tool is part of their Engage Stakeholders page that provides background, case studies and tools to use.

- **Network Mapping and Analysis.** A tool to identify what partnerships and collaborations exist within the MCH system. This tool helps identify potential gaps and opportunities to engage stakeholders.
  - Brief video overview of the tool
  - Scenario for using the tool

- **Successful Engagement with People who have Lived Experience.** National MCH Workforce Development Center. The purpose of this workbook is to provide detailed steps for professionals who seek to authentically engage with people who have lived experience to improve policy, services, supports, systems of care, health outcomes, etc. This document provides guidance for setting the stage in order to create trusting relationships and engage individuals with lived experience early in the beginning of your work.
  - English
  - Spanish
  - Videos from MCHwork microlearning program

- **Youth Engagement:**
  - Example of why and how to partner with youth (AMCHP)
  - Examples of youth engagement through youth centered care, focus groups/listening sessions, partnerships, and advisory structures

**Dig Deeper. Resources from the MCH Digital Library**

These resources have been collected by the MCH Digital Library:

- **Engage Stakeholders Concept Guide.** Middlesex-London Health Unit. This tool provides a five-step process for identifying, prioritizing, planning, standardizing, and applying findings related to stakeholders.

- **Engage Stakeholders Learning Module.** Boston University. As part of the evaluation section of the MPH Modules, this page provides case studies, outlines major stakeholder groups, and provides a stakeholder checklist.

- **Identify and Engage Possible Partners.** Rural Health Information Hub. This toolkit focuses on diverse representation of community residents and organizations.

- **Identifying and Determining Involvement of Stakeholders.** Centers for Disease Control and Prevention. This two-page factsheet provides a simple process for engagement of stakeholders.
These tools have been collected by AMCHP and the MCH Evidence Center:

› **California: Introduction to Needs Assessment and Engaging Stakeholders.** California Title V partnered with the University of California, San Francisco's Family Health Outcomes Project to develop this webinar and introductory resources.

› **Colorado: Needs Assessment Design Overview Visual.** Colorado has used a visual presentation to both gather information and to engage partners in the work. The modes of data collection include data from partners, listening sessions with key stakeholders, discussions with core partners including tribes, and regional listening sessions with community organizations and agencies.

› **Oregon: Partner Voices Key Questions.** These are the key questions that were used to both gather information and to engage partners in the work. The modes of data collection included data from partners, listening sessions with key stakeholders, discussions with core partners including tribes, and regional listening sessions with community organizations and agencies.

› **Oregon: Youth Engagement on Surveillance and Assessment Tools.** As part of Oregon’s assessment and surveillance tools, Title V engaged youth in focus groups, surveys, and other methods. The report discusses what health topics are most important to them, whether or not the survey speaks to these needs, and how better design assessment to speak to their needs and strengths.

› **New Mexico’s Title V CYSHCN Program: Using the National Standards as a Framework for Engaging Stakeholders.** For an increased understanding of how Title V programs are implemented, this case study offers strategies and best practices for reaching systems of service for CYSHCN.

Dig Deeper. Share Your Work

Share Your Stories and Strategies

Please take a moment to share your stories and strategies related to Step 1 of your needs assessment that you would like highlighted on this page. By sharing your stories, you help to document the needs assessment process for use by other Title V agencies during this cycle and will help preserve this knowledge for needs assessment processes in the future.

Share your stories and strategies here

Stories and Strategies for Peer-to-Peer Learning

These stories and strategies have been collected by AMCHP and the MCH Evidence Center related to Step 1:

› **Oregon Key Stakeholder Panel Discussion for Needs Assessment Specific to Children and Youth with Special Health Care Needs.** OCCYSN invited professionals representing a wide range of organizations and institutions that serve CYSHCN (e.g., Coordinated Care Organizations, pediatric provider member organizations, county Developmental Disability, providers that serve CYSHCN) and representatives of families of CYSHCN to participate in a facilitated discussion on December 10, 2014. The discussion focused on the needs of CYSHCN and the capacity of Oregon’s system of services to address these needs. Participants also recommended priority areas of focus for OCCYSN for the next 5 years. We included these recommendations in our priority area data tools used for our state prioritization process. Contact Alison Martin at marisal@ohsu.edu, 503-494-5435 for information.
And the list goes on... and on...
Time to Get to Work...

Step 1: Engage Stakeholders

Step 2: Assess Needs; Identify Outcomes

Step 3: Examine Strengths and Capacity

Step 4: Select Priorities

Step 5: Set Performance Objectives

Step 6: Develop Action Plan

Step 7: Seek and Allocate Resources

Step 8: Monitor Progress

Step 9: Report Back to Stakeholders

Health Domains:
1. Women/Maternal Health
2. Perinatal Infant Health
3. Child Health
4. Adolescent Health
5. CSHCN
6. Cross-cutting/Systems Building

Strengthen Partnerships

Improved Outcomes

...and Share Your Successes!

MCHneeds.net
jrichards@ncemch.org