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# MCH Needs Assessment : An Overview

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# Public Health: MCH Example

- Focus is on the **POPULATION**
- Emphasis is on **PREVENTION**
- Orientation is toward the **COMMUNITY**
- Efforts are directed at **SYSTEMS**
- Overarching role is one of **LEADERSHIP**

# Overview

- Needs Assessment as Applied to Maternal and Child Health
- Frame of Reference, Title V State Programs in the United States
- Analytic and Political Process
- Assessment to Assurance to Monitoring

# Public Health Assessment

- As public health programs, public health programs engage in the core functions of public health, as applied to promote the health of populations:
  - **Assessment**
  - Policy development
  - Assurance
  - Organized as 10 essential MCH services

# MCH Assessment

- Long History: 1912 charter establishing the Children's Bureau
- State Title V agencies must conduct comprehensive needs assessments every 5 years, to identify and monitor MCH priorities and performance measures
- MCH assessments are to be population-based and community-focused

# Needs Assessment

- Needs Assessment is:
  - essential to identify the most appropriate programs and policies to promote the health of women, children, adolescents, and their families
  - a fundamental element of any program planning activity
  - about *change*

# Needs Assessment

- Needs Assessments are ***data-driven***
- BUT, in recognition of the ***politics*** of policy-making, program development and resource allocation in public health, needs assessments must also engage and involve the community of interest, the ***stakeholders***



# Needs Assessment

Needs Assessments try to bridge:

The science and the politics

- The data and the values of the community

- The needs and the strategies for their solution

All within a comprehensive planning process

# MCH Needs Assessment

- Needs assessment is an ***ongoing process***
- The 5 year MCH assessment should be a point at which the ***process is revisited and formalized*** for current and future planning
- This 5 year assessment should also ***suggest focused assessment activities in the intervening years***

# Needs Assessment

Parameters of needs assessments can vary

- Statewide or in specific communities?
- Entire population or particular population groups?
- All of MCH or just certain aspects?
- Any health issue or focused topics?
- Independent or in collaboration with other groups?

# Involving Stakeholders

- Essential to the entire needs assessment process that we involve and engage stakeholders early on and throughout the process
- What we do in public health is ultimately about the public, it needs public buy in that a problem exists or about our solution to the problem

# Involving Stakeholders

- For MCH they typically include:
  - Other state agencies, including sister programs within the MCH state agency
  - Local health departments and other local government agencies
  - Providers and facilities serving MCH populations
  - Professional organizations

# Involving Stakeholders

- For MCH they typically include:
  - Community-based and advocacy organizations
  - Funders and/or elected officials
  - Clients of service programs
  - The media
  - The public at large

# Involving Stakeholders

Stakeholders can help to:

Identify the full scope of needs

Interpret available data or collect new

Sort out priorities

Identify and select solutions

Build consensus

Advocate for needed changes

Support overall efforts

# Sources of Data

- Four major data sources:
  - Population-based data (vital records, census)
  - Surveillance systems and survey data
  - Program or service data
  - Public forums or focus groups
- Direct public, media and political sources (anecdotal)
- Resource inventories or other processes for assessing capacity



# Sources of Data

## Population-based Data

- Census
- Vital Records
  - Births
  - Deaths
  - Fetal Deaths

# Sources of Data

## ■ Surveillance Systems & Survey Data:

Ongoing targeted state surveys:  
SLAITS, BRFSS, YRBS,  
PRAMS

Communicable disease and  
registry data

## ■ Special Surveys

# Sources of Data

## ■ Program and Service Data

- MCH direct services data
- MCH-related contracted services data
- Data from other sister programs & agencies that extend to a larger population

# Sources of Data

- Program and Service Data
  - Children with Special Health Care Needs
  - Newborn Screening
  - WIC
  - Family Planning
  - School-based Clinics
  - Prenatal Clinics
  - Immunization Programs

# Sources of Data

- Program and Service Data
  - Medicaid
  - Education (special ed, lunch & breakfast programs, graduation rates)
  - Social Services (child abuse adoption, foster care, child care)
  - Mental Health and Substance Abuse
  - Justice (adult and juvenile)

# Sources of Data

## Public Forums and Focus Groups

- Town Meetings and Public Forums
- Focus Groups
- Anecdotal Data
  - Concerned citizens
  - Media reports
  - Elected officials

# Sources of Data

## Resource Inventories: assess capacity:

- Identify services available from variety of providers
- Reveal gaps in services (elements, geography, accessibility, continuity)
- Identify under-utilized capacity (missed opportunities)
- Optimize capacity given needs identified

# Sources of Data

Resource inventories ***do not***

- Indicate need
- Evaluate quality
- Assess effectiveness of services within the larger system



# Sources of Data

- **State Level:** resource inventories assess about overall capacity
  - State-level programs in operation
  - Eligibility for the programs
- **Local Level:** inventories more specific
  - Within communities, specific services available
  - Type and nature, hours, accessibility

# Needs as Values

- From various data sources many patterns, issues, & needs emerge
- How do we sort them out?
- Typically look for some level of *discrepancy* between a desired & the actual state
- Remember, needs are expressions of what we *value; needs are values*

# Needs as Values

- Needs: value judgments that suggest problems for specific population groups or in specific communities
- Needs, as reflections of values, are subject to disagreement and debate
- For needs to be useful in policy and program planning there has to be agreement that they reflect real and important problems

# Setting Priorities

- ***Segmenting*** the needs into natural categories:
  - Women & infants; Children, children & adolescents; Children with special needs
  - Rural, urban & frontier
  - Cultural or ethnic groups
  - Primary, secondary & tertiary prevention

# Setting Priorities

***Criteria*** for selection of priorities

Primarily concerned with ***size*** and the ***seriousness*** of the problem

- Size: extent of the problem, numbers affected directly, numbers affected indirectly
- Seriousness: urgency, severity, economic loss, potential impact on the population (SARS) or on family groups (homicide)

# Setting Priorities:

- Availability of interventions
- Effectiveness of interventions
- Economic feasibility
- Community perception of the problem
- Political issues related to the problem

# Selecting Solutions

- Not enough to identify something as a problem or a high priority need
- We **MUST** determine whether we can do anything about the need and what precisely it is we can and wish to do
- Only then can a need achieve ***State Priority*** status

# Selecting Solutions

To avoid the narrow vision of that which we already know, we can look to other core functions to help us think more broadly:

Essential MCH services



# Selecting Solutions

- Needs will be identified that are not within your purview
- The fact that you know about them places responsibility on you to at least alert someone else to the problem
- ***Leading in policy development*** includes informing responsible parties & advocating for appropriate & necessary levels of change

# Selecting Solutions

## ■ Public Health ASSURES by:

- **Directly providing services** through local offices or state health department clinics
- **Contracting with other entities** to provide direct services
- **Regulating** services provided by others or regulating problem or promoting **quality improvement**
- **Educating** professionals, providers or the public
- Collaborating with others in **systems development** efforts
- **Gathering data** to inform efforts in key areas

# Priority Need Identified: Childhood Obesity

MCH Essential Services	<b>Consider the Possibilities . . .</b>
Provide services directly	Population screening; nutrition counseling; weight management programs; community fitness programs
Contract with others	Negotiate a contract to Weight Watchers to develop and provide weight management programs to children
Regulate the activity	Ban vending machines in schools; require nutrition labeling of all fast food products; restrict advertising; require green spaces in communities of certain size
Educate public, providers, etc	Develop media campaigns on the importance of nutrition and physical fitness; educate providers to screen all children and counsel parents
Systems development	Convene schools, health providers, media, food establishments, health clubs, sports orgn's to devise solutions
Data improvements	Develop population-based data system to monitor & track weight status on children, dietary intake, fitness

# Critical Phases in Needs Assessment

- Start-up Planning
- Operational Planning
- Data Gathering
- Needs Analysis
- Capacity Assessment
- Program and Policy Development
- Resource Allocation
- Performance Measurement
- Evaluation

Petersen, DJ and GR Alexander. Needs Assessment in Public Health: A Practical Guide for Students and Professionals. 2001, Kluwer Academic/Plenum Publishers, New York.

# Needs Assessment

Needs Assessment is a critical element of what we do as leaders in Public Health

Good needs assessments:

- inform our decision-making processes
- engage our partners and constituents
- help foster accountability
- support and confirm our systems development and leadership roles