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
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 \textit{discrepancy} between a desired & the actual state.

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

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