The North Dakota Title V / Maternal and Child Health (MCH) 2016-2020 Needs Assessment

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Objectives
- Discuss the Title V/Maternal and Child Health (MCH) Block Grant history and transformation
- Discuss the process and findings of the needs assessment, emerging issues in MCH in North Dakota, and the future implications of these findings in the context of the Title V Block Grant
- Review and emphasize the role of partnerships in the methods and reach of the 2016-2020 Title V/MCH needs assessment and in the programmatic activities of the Title V/MCH Program in the state

The Roots and Evolution of MCH/Title V

- 1912 – The Federal Children’s Bureau
- 1921 – The Sheppard-Towner Maternity and Infancy Act
- 1935 – The Social Security Act
  - Title V of the Social Security Act is the longest-standing public health legislation in American history.
- 1981 – The MCH/Title V Grant becomes a “Block Grant”
- 1989 – Increased Accountability
  - Needs Assessment became a statutory requirement

MCH/Title V History

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MCH/Title V Today
- The MCH/Title V Grant supports a range of services to ensure the health of the nation’s mothers, infants, children, including children and youth with special health care needs and their families
- 59 States/jurisdictions receive grant funds
- MCH Transformation 3.0 – Moving the Needle

Triple Aims of MCH/Title V Block Grant Transformation 3.0
- Reduce Burden
- Maintain Flexibility
- Increase Accountability
  - New federal performance measures
  - New state priorities as identified through the needs assessment process
What is a Needs Assessment?

- Systematic collection and examination of information to make decisions to formulate a plan for the next steps leading to public health action
- A needs assessment process is used to set program priorities and allocate resources

Why an MCH/Title V Needs Assessment?

Needs Assessment is part of an ongoing planning process that enables us to:
- Assess problems, needs, assets, and strengths
- Develop and implement solutions
- Allocate resources
- Evaluate activities
- Monitor performance

Why an MCH/Title V Needs Assessment?

- The assessment is a quantitative and qualitative data driven process.
- More importantly:
  - It is our responsibility to seek, to know, to act and to be held accountable

Needs Assessment: It’s All About Managing Change

- Ultimately, needs assessment is about CHANGE
- Anyone who believes nothing is changing in the nation and in the states must be taking a long nap

Needs Assessment is about the OPPORTUNITY for CHANGE

- Opportunity to change direction
- Opportunity to change efforts
- Opportunity to change resources
- Opportunity to change outcomes
- Opportunity to change lives

Needs Assessment Framework
North Dakota’s MCH/Title V Needs Assessment: 2016-2020

Our Mission

To improve the health of North Dakota's MCH population through a comprehensive assessment and planning process that is of value to the greater MCH community.

North Dakota’s MCH Population Services

- Preventive and primary care services for pregnant women, women of reproductive age, and infants up to age one year
- Preventive and primary care services for children
- Family-centered, community-based services for children and youth with special health care needs and their families

Public Health Services for the Title V/MCH Population

MCH/Title V Needs Assessment Framework

1. Engage stakeholders
2. Assess needs, desired outcomes, and identify mandates
3. Examine strengths and capacity
4. Select priorities
5. Seek resources
**MCH/Title V Needs Assessment Framework**

6. Set performance objectives  
7. Develop an action plan  
8. Allocate resources  
9. Monitor progress for impact outcomes  
10. Report back to stakeholders

**Data Sources**

- Census Bureau data  
- Surveillance of vital statistics/vital records  
- Input of families and consumers, through qualitative surveying  
- Surveys (national and state) (e.g. Youth Risk Behavioral Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), and National Survey of Children’s Health (NSCH))  
- Input of Title V/MCH program staff  
- Community health data

**Steps for North Dakota Needs Assessment Process**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Maternal and Child Health Public Survey of Perceived Needs</td>
<td>Dec 2013-May 2014</td>
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<tr>
<td>“Kick-off” Town Hall Meeting</td>
<td>June 2014</td>
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<tr>
<td>Internal MCH Meetings, Review of Data, and Selection of Proposed Priorities</td>
<td>July-December 2014</td>
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<td>MCH Stakeholder Survey on Proposed Priorities</td>
<td>March - April 2015</td>
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<td>Finalized and Aligned Priorities with MCH Population Domains</td>
<td>May 2015</td>
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<tr>
<td>Shared Findings with Partners and Stakeholders</td>
<td>May 2015</td>
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<tr>
<td>Developing State Performance Measures</td>
<td>July 2015-ongoing</td>
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<tr>
<td>Needs Assessment...</td>
<td>Ongoing</td>
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**MCH/Title V Public Input Survey Summary**

- 149 Respondents  
- Highest response from local public health, state agencies, hospitals  
- Highest responses from urban counties  
- Greater need for input from:  
  - Rural areas and tribal communities  
  - Policymakers, disability services, county social services, third-party payers, families, schools, etc.

**MCH/Title V Public Input Survey Summary**

- Health education, transportation and access are challenges  
- Health education, access, drug rehabilitation are top recommendations to improve health of MCH populations  
- Additional support needed for American Indians and western North Dakota

**By MCH Population Group:**

- Support needed for **pregnant women, mothers, and infants**: drug rehabilitation, health education and access  
- Support needed for **children and adolescents**: drug rehabilitation, nutrition and parenting  
- Support needed for children and youth with special health care needs (CYSHCN): access, insurance and medical home
Quantitative Findings

Successes:
- Improvement in appropriate level of hospital care for low birth weight babies (45% in 2008 to 75% in 2013)
- 100% follow-up of newborns screened
- Decrease in motor vehicle crash fatalities from 3.4 per 100,000 in 2010 to 0 per 100,000 in 2013
- Decrease in teen pregnancies from 13 per 1,000 in 2010 to 10 per 1,000 in 2013

Challenges:
- Increase in the incidence of sexually transmitted infections (17.4 per 1,000 in 2013 – historical high)
- Obesity in women of ages 18 through 44 (37%)
- Smoking in pregnancy (15% in 2014)
- Breastfeeding at 6 months rate (45%) lower than national average (50%)
- Infant mortality disparity

Quantitative Findings

Challenges:
- Decrease in Medicaid enrollees receiving periodic screenings
- Decrease in the number of families receiving support from an evidence-based home visiting program
- Obesity in childhood (36% in 2013)
- Decline in oral healthcare services utilization in the Medicaid population
- Depressive symptoms and bullying among adolescents
- Transition and access to medical homes for children with special healthcare needs

Quantitative Data Driven Priorities

- Smoking during pregnancy
- Breastfeeding at 6 months
- Infant mortality by race
- Unintentional injuries from motor vehicle crashes
- Obesity in childhood
- Bullying/Depressive symptoms
- Care within a medical home
- Transition into adulthood
- Adequate insurance coverage
- Oral health

Stakeholder Survey 2: Did we get it right?

- 83 Percent of respondents agreed with selected priorities
- Of the 38 individuals not agreeing with the selected priorities, 34 offered alternate priorities:
  - 61% suggested developmental screening
  - 12% suggested perinatal regionalization
  - Adolescent well visit, smoking, and low-risk cesarean deliveries each received 8% of the votes

Survey: Did We Get It Right?
Final National Priority Areas Selected

- Well woman care
- Breastfeeding
- Safe sleep
- Injury
- Physical activity
- Medical home
- Transition
- Oral health

Next Steps

- Evidence-based strategy measures development
- Development of 3-5 State Performance Measures
- Implementation of evidence-based strategies
- Ongoing needs assessment and input from families, partners, and stakeholders

We Need You!

To:
- Explore issues and come up with fresh ideas
- Network, share ideas, and best practices
- Assist with decision-making
- Inform public health practice
- Understand local needs and wants
- Encourage local buy-in and ownership in projects
- Achieve more sustainable results
- Better understand community perceptions
- Establish more open communication channels and gain trust

What Will You Get Back?

- Increased knowledge and understanding of our state’s MCH/Title V needs and programs
- Improved communication channels
- Generation of new ideas
- Relationship Building – Coordination, Collaboration, and Integration

Questions/Comments

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Thank You!
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Resources

The 2015 Needs Assessment and 2016 Block Grant Application:
http://www.ndhealth.gov/familyhealth/ND_Title_V-
FY_2016_Block_Grant_Application_and_FY_2014_Annual_Report.pdf