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

MCH Maternal & Child Health
Making Change Happen!

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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

MCH/Title V History

- **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 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

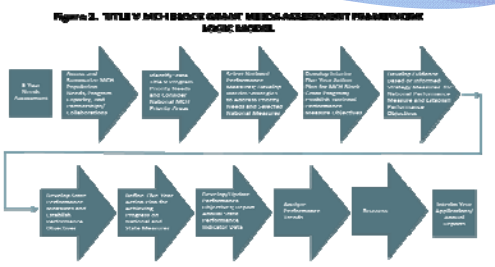
Needs Assessment: It's All About Managing Change

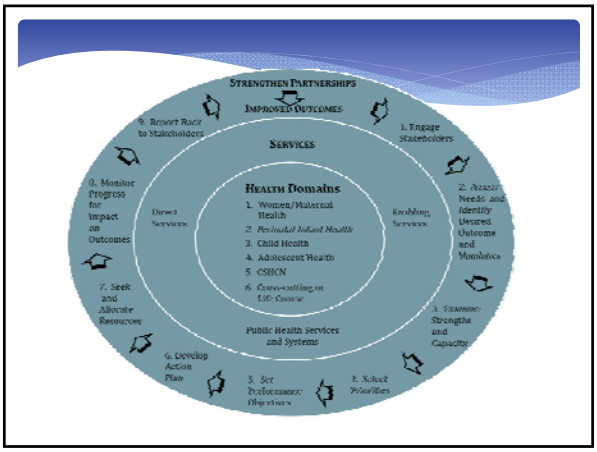
- Ultimately, needs assessment is about ***CHANGE***
- Anyone who believes nothing is changing in the nation and in the states must be taking a long nap

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





Development and Implementation of Five-Year State Action Plan

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

Activity	Timeline
Maternal and Child Health Public Survey of Perceived Needs	Dec 2013-May 2014
"Kick-off" Town Hall Meeting	June 2014
Internal MCH Meetings, Review of Data, and Selection of Proposed Priorities	July-December 2014
MCH Stakeholder Survey on Proposed Priorities	March - April 2015
Finalized and Aligned Priorities with MCH Population Domains	May 2015
Shared Findings with Partners and Stakeholders	May 2015
Developed Action Plans and Evidence-based Strategies	May – June 2015
Developing State Performance Measures	July 2015-ongoing
Needs Assessment…	Ongoing

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

MCH/Title V Public Input Survey Summary

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

Quantitative Findings

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

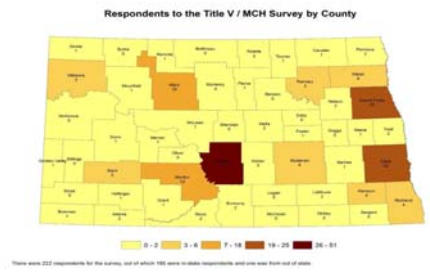
Challenges:

- 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?



Survey: *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:
  - 62% suggested developmental screening
  - 12% suggested perinatal regionalization
  - Adolescent well visit, smoking, and low-risk cesarean deliveries each received 8% of the votes

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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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

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