

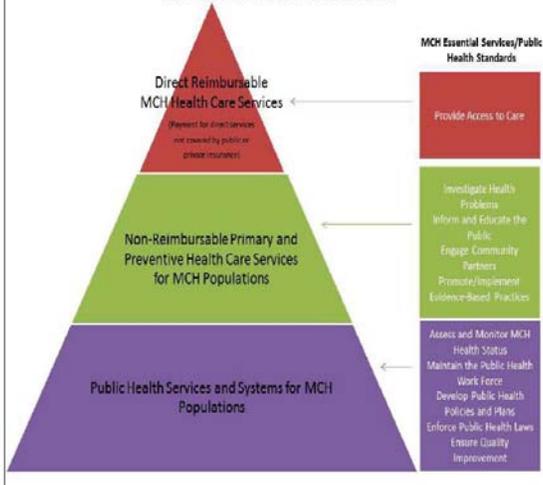
Iowa Title V Needs Assessment

MCH/FP Fall Conference
October 14-15, 2014

Vision of Title V

Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

Public Health Services for MCH Populations: The Title V MCH Services Block Grant



3.0 Performance Measures



- Chose 8 National Performance Measures from list of 15 developed by MCHB
- Develop 5 State Performance Measures for unique needs of Iowa

Data Detail Sheets

- Topics areas for data detail sheets were based on performance measures and responses to the question:
'What defines a healthy MCH/CYSHCN population?'
- How are they being used?
 - Priority Setting
 - Stakeholder meetings
- Content
 - Background section
 - Health and/or Economic Impact
 - Current Status (trends, benchmarks, Iowa vs. Nation, geography, etc.)
 - Current activities in Iowa
 - Related Performance Measures
 - Proposed Needs Statements

Data Detail Sheet Topic List - **CH**

- Adolescent Health
- Bullying*
- Community Level Environment
- Developmental Screening*
- Health Care Access
- Health Insurance
- Home Environment
- Medical Home*
- Mental Health*
- Nutrition
- Oral Health Care
- Physical Activity-Obesity

**Developed by CHSC and IDPH*

Data Detail Sheet Topic List - **CHYSCN**

- Care Coordination
- Data Sharing
- Family Involvement
- Integrated Systems
- Performance Financial Incentives
- Transitions

Data Detail Sheet Topic List - **MH**

- Health Care Access
- Health Insurance
- Health of Women of Reproductive Age
- Mental Health
- Nutrition
- Oral Health Care
- Prenatal Care
- Reproductive Life Planning
- Work Environment

Focus Groups

Child Health:

3 Focus Groups
1 Individual Interview
Total participants: 15

Maternal Health:

4 Focus Groups
4 Individual Interviews
Total participants: 24



Focus Groups

Questions

- Reason used services
- Staff easy to talk to
- Received care coordination
- Services didn't meet needs
- Additional services needed
- Access to services
- Community problems
- Others who would benefit
- Community solutions

Data Detail Sheets

- Teen pregnancy
- Workplace issues
- Health insurance
- Mental Health
- Family Planning
- Breastfeeding
- Child Health
- Maternal Health

Other codes

- Transportation
- Interpretation
- Food security
- Home visits
- WIC
- Other PH services
- Legal status / immigration
- Other comments
- Key quotes

Sample of FG Themes

- Challenges accessing the healthcare system
- Food security is a challenge
- Women face issues in the workplace

'Cus there's issues that I have right now and trying to get into the doctor's office. Or I have to go into the doctor's office to get a referral to go to this other doctor..... Before the changeover I could just call this other doctor and get it done but nope now I need to go get a referral – CH Client

They were like "we can't schedule your appointments all together no more" so now we have to do everybody separately. I'm not going to do that and its going to make it harder for me. I already have a whole bunch of appointments. – CH Client

Even though I live at home with my mom, my mom doesn't necessarily help me out at all like I mean she's excited that I'm pregnant yadayadaya. but I mean I lost my job with me being pregnant and everything and it's just I have to figure out how to figure out how to feed myself and I get WIC which helps out a lot but it's just not quite enough throughout the week so that's where I'm more kind of struggling trying to keep myself feed and food. – MH Client

Discovery Survey Results

	Stated Need
1	Access to Health Care (includes general, oral and mental)
2	Transportation
3	Insurance
4	Awareness of Need for Healthy Behavior
5	Nutrition
6	Poverty
7	Mental Health
8	Parenting
9	Oral Health
10	Language Barriers



Region 1:
 1. Access
 2. (tie) Care Coordination / Language Barriers / Awareness of Need for Healthy Behavior

Region 2:
 1. Transportation
 2. (tie) Access / Awareness of Need for Healthy Behavior

Region 3:
 1. Access
 2. Cost of Care
 3. Insurance

Region 4:
 1. Access
 2. Insurance
 3. Transportation

Region 5:
 1. Access
 2. (tie) Transportation / Insurance

Region 6:
 1. Access
 2. (tie) Transportation/ Insurance

Adolescent Health Coordinators
 1. Access
 2. Support
 3. Poverty

Child Health Specialty Clinics

- Data Detail Sheets
- 19 Key Informant Interviews
- Six Focus Groups
 - 3 groups with families of children and youth with special health care needs (CYSHCN) ages 0-21 years
 - 1 group with families teens and young adults 12-21 years
 - 1 group with Latino families of CYSHCN ages 0-21
 - 1 group with health care, social work, childcare and other types of providers.
- Six interviews with families of CYSHCN that we don't currently serve

Child Health Specialty Clinics

- Focus Group Locations
 - Bettendorf: families of CYSHCN 0-21 years
 - Creston: families of CYSHCN 0-21 years
 - Dubuque: families of youth and young adults 12-21 years
 - Mason City: health care, social service, and child care providers
 - Ottumwa: families of CYSHCN 0-21 years
 - Storm Lake: families of Latino CYSHCN 0-21 years

Child Health Specialty Clinics

Key Informant Interviews and Topics

Participants: Iowa Medicaid Enterprise, Iowa Department of Education, Iowa Primary Care Association, Iowa Center on Health Disparities, etc.

- Family Involvement
- Medical Home
- Transition to adulthood
- Data sharing
- Integrated Systems of Care
- Children and youth mental health
- Care Coordination
- Performance and Financial Incentives

Where to find these lovely Data Detail Sheets?

- Available on the IDPH website
- Will be linked to relevant needs statement in the prioritization survey

Prioritization Process Timeline

Date	Activity	
10/6-10	Pilot survey	Core Team
10/13	Leadership reviews survey – final edits	Leadership Team
10/14-15	Introduce process @ MCH/FP Fall Conference	Sarah Mauch
10/28	Introduce process at CHSC Conference	Anne Crotty
11/17	Send survey link to stakeholder list	Core Team
12/8	Close prioritization survey	Core Team
12/9-14	Evaluate Responses	Core Team
12/15	Leadership meeting – finalize rankings	Leadership Team

Prioritization Process

- Who will be solicited for input?
 - Stakeholder list developed by Leadership Team
- Online Survey
 - Needs statements & 6 Criteria
- Rank and Score Results
- Priorities selected by the Leadership Team

Examples of Needs Statements

- Insufficient strategies to enable the dental delivery system to assure access to care for the MCH population
- Lack of support to maintain breastfeeding beyond the initial few weeks of life and to positively promote the decision of low income mothers to breastfeed.
- Lack of developmental screening and surveillance in the earliest years of life to address social-emotional developmental delays and family risk factors.

See last page for full list

Prioritization Criteria

Shorthand name	Definition	Definition of Values
Number of individuals affected	The number of individuals impacted by the problem	1=few individuals affected 5=many individuals affected
Economic Impact	The extent to which addressing the problem could reduce the financial burden on the community or state.	1= little economic impact on community/state 5= great economic impact on community/state
Degree of Demographic Disparity	The degree of disparity among different populations as it relates to the problem.	1= low disparity among different populations 5= high disparity among different populations

Prioritization Criteria

Shorthand name	Definition	Definition of Values
Severity of Issue	The extent to which this problem affects the health and well-being of a population.	1= there is little impact on the health of the population 5= there is great impact on the health of the population
Family Impact	The extent to which this problem has a great impact on families (i.e. quality of life, functionality).	1= there is little impact on the family 5= there is a major impact on the family
Systems Change	The extent to which addressing this problem maximizes and leverages opportunities for systems change.	1= little opportunity to change the system involved 5= major opportunity to change the system involved

Online Survey

- [Link to survey](#)

Scoring and Ranking the Results

- Stakeholders Complete Surveys
 - Rate each needs statement in terms of all criteria (okay to skip ones outside of expertise)
- Analyze by various stakeholder groups
- Interpret results

Selecting Priorities

- Leadership meeting on Dec 15th with CHSC and IDPH
- Priorities determined for Iowa
- Select 8 National Performance Measures from list of 15
- Develop 5 State Performance Measures

Additional Criteria

- The IDPH/CHSC Leadership Team will consider additional criteria during the final prioritization:
 - Motivation to change (i.e. political will, department priority)
 - Issue can be tracked and measured
 - Effective intervention is available
 - Iowa's capacity to address the issue

THE ULTIMATE QUESTIONS....

What defines a healthy MCH/CYSHCN populations
in Iowa?

How do we achieve the vision?

Title V Needs Assessment – Prioritization Process Summary

Background Information

Since May, staff from the Bureau of Family Health, the Oral Health Center and Child Health Specialty Clinics have been working to conduct the 5-year needs assessment for the Title V Maternal and Child Health block grant.

The Title V block grant is undergoing a transformation to reduce burden, maintain flexibility and improve accountability. As a result, new performance measures have been proposed, which were lined up against the current national and state performance measures, as well as the Association of Maternal and Child Health Programs' Life Course Metrics. This crosswalk guided the development of broad topic areas used to create Iowa's data detail sheets (DDSs). The DDSs will now serve as a springboard for stakeholder input and priority setting.

Data for the DDSs were gathered from a variety of state and national sources, as well as through a series of focus groups conducted with Iowa's MCH agencies. Focus groups were conducted in multiple languages with 39 clients. Information obtained through the focus groups was combined with the quantitative data into the DDSs to provide a more client focused perspective.

Each data detail sheet consists of 6 sections:

- Background;
- Health and/or Cost Impact;
- Current Status;
- What is being done in Iowa?
- Related Performance Measures;
- Needs statements.

The DDSs are meant to provide a more robust context for the MCH situation and to be used in determining areas for prioritization.

Next Step

Based on the information gathered for the DDSs, a series of needs statements were developed. And this is where you come in! The next step in the needs assessment is to solicit input from our stakeholders. A survey will be sent on November 17th for stakeholders to rank the needs statements based on six criteria:

Number of Individuals affected:	The number of individuals impacted by the problem. 1= few individuals are affected 5= many individuals are affected
Economic Impact:	The extent to which addressing the problem could reduce the financial burden on the community/state. 1= little economic impact on community/state 5= great economic impact on community/state
Degree of Demographic Disparity:	The degree of disparity among different populations as it relates to the problem.

1= low disparity among different populations
5= high disparity among different populations

Seriousness of Issue: The extent to which this problem affects the health and well-being of a population.
1= there is little impact on the health of the population
5= there is great impact on the health of the population

Family Impact: The extent to which this problem has a great impact on families (i.e. quality of life, functionality). Examples include child cannot attend school or parent cannot work due to problem.
1= there is little impact on the family
5= there is a major impact on the family

Systems Change: The extent to which addressing this problem maximizes and leverages opportunities for systems change.
1= little opportunity to change the system involved
5= major opportunity to change the system involved

Each need statement will have links to the relevant DDSs. If you would like to review them ahead of time, they are also available on the IDPH website at www.idph.state.ia.us/TitleVNeedsAssessment. We ask that all prioritization surveys be completed by December 8th.

The results of this prioritization process will lead to the selection of national and state performance measures and the development of a 5-year state action plan for Iowa to work toward optimal health for women, infants, children, adolescents, and children and youth with special health care needs.

More information

If you would like more information on the process thus far and future plans, please contact Sarah Mauch in the Bureau of Family at IDPH.

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