Results: 2016-2020 Maternal and Child Health Needs Assessment

Overview

Every five years, the Colorado Maternal and Child Health (MCH) Program is required by Title V Block Grant funding to conduct a statewide needs assessment of the health and well-being of Colorado’s women, children and youth including children and youth with special healthcare needs and their families. The goal of the needs assessment is to collect and examine data to inform the selection of seven to ten MCH priorities that will drive state and local public health work for the next five years with the overall aim of leading to a measurable improvement in the health of the MCH population.

Advisory Group

An eleven-member Advisory Group, in addition to a Project Manager, is responsible for guiding the development and implementation of the needs assessment process and to determine the final priorities. Nine of the members are MCH staff working at the Colorado Department of Public Health and Environment, and two members are from Tri-County and Summit County Departments of Public Health, respectively.

Using a best practice and mixed methods approach, the Advisory Group designed a needs assessment process that involved the collection of quantitative and qualitative data to assess maternal and child health status and state and local capacity. See the illustration below.

MCH Needs Assessment Process

[Diagram of the MCH Needs Assessment Process]

- **Colorado MCH Mission and Strategic Direction**
- **MCH Block Grant Funding**
- **State and Federal Legislative Requirements**
- **HRSA Proposed National Performance Measures**
- **Current MCH Priority Efforts**
- **Advisory Group and Key Principles**

- **2012 State Trend Analysis**
- **2013 Colorado Health and Environment Assessment**

- **Qualitative Data**
- **Stakeholder Engagement Meetings**
- **Stakeholder Surveys Oct. 2014**

- **Advisory Group Input**
- **2014 State and Local MCH Public Health Work**

- **Existing Resources and Initiatives**

- **Identification of Colorado MCH Priorities**
  Submitted in July 2015

- **Advisory Group Capacity Assessment Prioritization Process**
  Nov. 2014 - Jan. 2015

- **HP2020 Comparison Data**
- **MCH Issue Briefs**
Quantitative Data

The following key quantitative data was collected, synthesized and considered in prioritizing MCH issues:

- Comparisons of Colorado indicator data with Healthy People 2020 indicator data and targets,
- 2014-15 local public health agency priorities,
- 2014 Colorado Health and Environmental Assessment, and
- Issue briefs on the following topics:
  1. Unintended pregnancy
  2. Mental health among women of reproductive age
  3. Substance use among women of reproductive age
  4. Infant mortality
  5. Early childhood obesity
  6. Immunization
  7. Child/adolescent injury
  8. Child and youth obesity
  9. Mental health among children and adolescents
  10. Substance use among adolescents
  11. Oral health
  12. Children and youth with special health care needs

Qualitative Data

Stakeholder input is critically important to the needs assessment process. The health status of the MCH population, the capacity of local communities to address priority MCH issues, and the availability of systems and supports for children and youth with special health care needs throughout Colorado were explored through 12 regional stakeholder meetings and 235 surveys.

The data collected from state and local partners was coded, synthesized and considered in the prioritization of MCH issues along with the quantitative data.

- Twelve regional meetings were facilitated statewide with 291 participants representing local public health, health care, education, community-based organizations, families and youth.
- Family leaders and youth completed 235 surveys at youth and family summits on what they thought were the most important issues facing the MCH population.
Prioritization Process

The prioritization process was designed using best practice methods and commonly used criteria. Phase one was designed to assist Advisory Group members in narrowing from 48 to 19 potential priorities. In phase two, Advisory Group members determined the final seven priorities.

Key criteria used throughout the prioritization process included:

- Alignment with MCH mission and scope
- Federal requirements
- Incidence/prevalence
- Severity
- Health equity
- State and local capacity
- Availability of evidence-based/informed strategies
- Feasibility of population-based approaches
- Cost of potential strategies
- Ability to make a measurable impact in the short- and long-term
Results

The Advisory Group identified 19 potential priority health needs through the needs assessment process.

The input collected from the regional stakeholder meetings and surveys informed and aligned with the 19 priority health needs and, in most cases, with the final priorities.

<table>
<thead>
<tr>
<th>Phase 1: Potential Priority by Federal Population Domain</th>
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<tbody>
<tr>
<td><strong>Maternal/Women Health</strong></td>
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<tr>
<td>Well-woman care (as part of mental health for women)</td>
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<tr>
<td>Mental health including pregnancy-related depression</td>
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<tr>
<td><strong>Perinatal/Infant Health</strong></td>
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<tr>
<td>Breastfeeding (as part of the early childhood obesity prevention priority)</td>
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<td>Safe sleep</td>
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<tr>
<td>Reducing disparities in infant mortality among the African-American population</td>
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<tr>
<td><strong>Children and Youth with Special Health Care Needs</strong></td>
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<td>Medical home</td>
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<td>Transition</td>
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<td>Respite</td>
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<th>Phase 2: Final Priorities</th>
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<tr>
<td>Women’s mental health including pregnancy-related depression</td>
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<tr>
<td>Reducing disparities in infant mortality among the African-American population</td>
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<tr>
<td>Early childhood obesity prevention</td>
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<tr>
<td>Developmental screening and referral systems building</td>
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<tr>
<td>Youth systems building with a focus on bullying, youth suicide and substance use prevention</td>
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<tr>
<td>Medical home for children and youth with special health care needs</td>
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<tr>
<td>Substance use/abuse prevention among the MCH population including marijuana, prescription drug abuse, alcohol and smoking (Specific focus to be determined)</td>
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Next steps

State MCH Implementation Teams, in partnership with key stakeholders, will begin action planning in June for work spanning the next three to five years. State MCH priority implementation will begin October 2015.

Local public health agency partners will begin action planning in March 2016 and priority implementation in October 2016.