



ISSUE BRIEF

Data to Action: Needs Assessment, Performance Measurement, and Practice

The AMCHP Role

The Association of Maternal & Child Health Programs (AMCHP) is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

AMCHP supports state maternal and child health (MCH) programs and provides national leadership on issues affecting women and children.

We work with partners at the national, state and local levels to expand medical homes; provide and promote family-centered, community-based, coordinated care for children with special health care needs; and facilitate the development of community-based systems of services for children and their families.

Needs Assessment: Data for Action

Needs assessments should begin with an overarching context or framework that can be used to pull the pieces together. Figure 1 is one way to conceptualize the needs assessment process. The steps are not linear, but rather likely to happen concurrently or cyclically. However, data should come at the beginning stages rather than selecting priorities and then looking for data to support them. Engaging stakeholders can happen throughout the process.

Data gathering and analysis feed into the overall needs assessment process of identifying needs and gaps for MCH populations, assessing capacity to address those needs, to accomplish the main goals of the needs assessment, which are to set MCH priorities for the next five years, select performance measures to monitor progress on the priorities, and create a state action plan. In the process of MCH Needs Assessment, consider elements of the national “MCH operational theory”, including the 10 essential MCH public health services, the MCH / Title V pyramid, and the Title V Block Grant Transformation. Consider also the framework for the practice of MCH at the state level, the state’s existing priorities, the Title V indicators, and the Title V programs themselves. You may also wish to consider how health reform implementation impacts your state program, service delivery models, and the health of the MCH population in your state.



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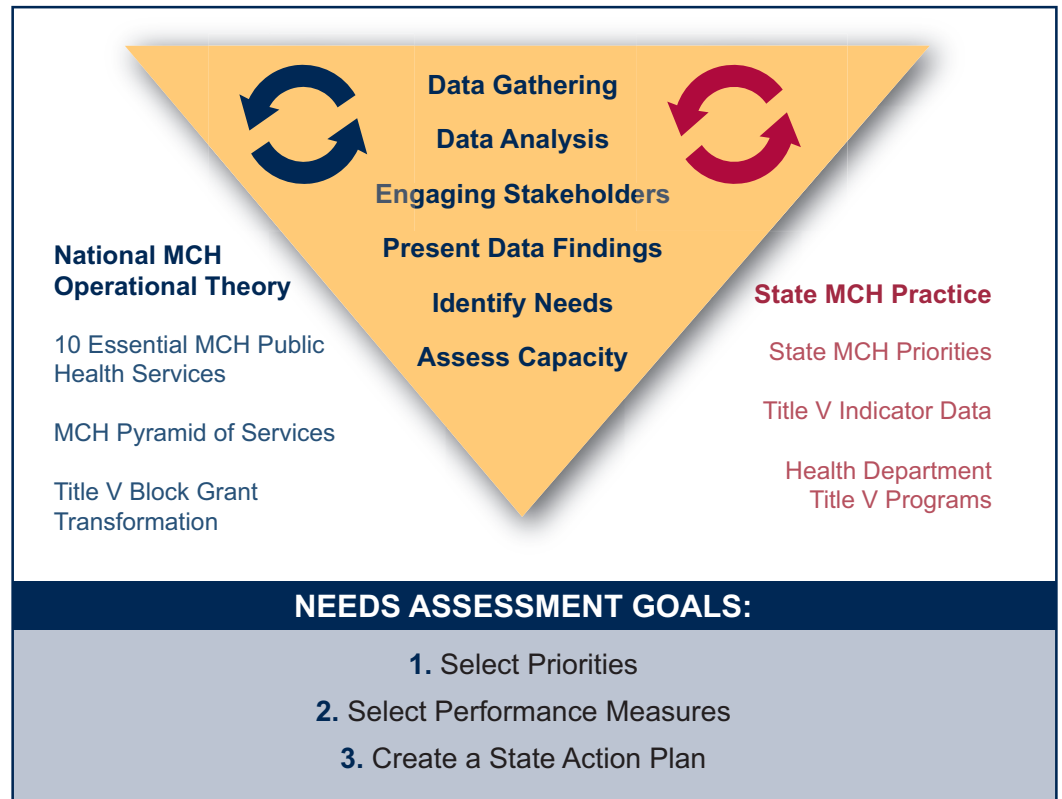
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Stakeholder Engagement in the Needs Assessment Process

With the Title V Block Grant Transformation, the needs assessment journey is not changing much; it is more that the destination is changing. Instead of embarking on needs assessment to see where your state’s priority areas will be, we know more about where Title V programs need to go: aligning your priorities with eight national performance measures in addition to selecting state performance measures. How will you give your stakeholders a map to orient themselves to your start and end points? Stakeholder engagement begins with identifying your stakeholders; they may differ by Title V populations, goals and health outcomes. Appropriate engagement may mean providing information, facilitating two-way communication, and ongoing engagement; selecting where you want to be on the engagement continuum will depend on factors like potential contribution, willingness to engage, influence and necessity of involvement.

FIGURE 1: Capturing the Context of Title V Needs Assessments



Stakeholder Engagement

- Who are your stakeholders?
- What does engagement look like?
- Who have you had trouble reaching?
- What can you do with the information you gather?
- How do you manage stakeholder expectations?

Prioritizing Needs and Gaps

To really understand the needs and gaps of MCH populations requires more than just data analysis; these data need to be synthesized into information for decision-making. Comparing MCH population data to Healthy People 2020 goals to see where you are meeting, close to meeting, and really far from meeting the goals by groups such as age, income, insurance, and race/ethnicity is one strategy to synthesize information. Another strategy is to use multiple measures to tell the whole story of a health issue. One example is breastfeeding; examine initiation, duration, exclusivity, and baby-friendly hospitals to understand needs and gaps in capacity. Another strategy is to break apart components of a composite measure to see what is driving your overall estimate. An example is to break apart the core outcome for CYSHCN of partnering in decision-making, including: How often did providers discuss the range of treatment options? How often did they encourage you to ask questions/raise concerns? How often did they make it easy for you to ask questions/raise concerns? How often did they consider and respect your choices?

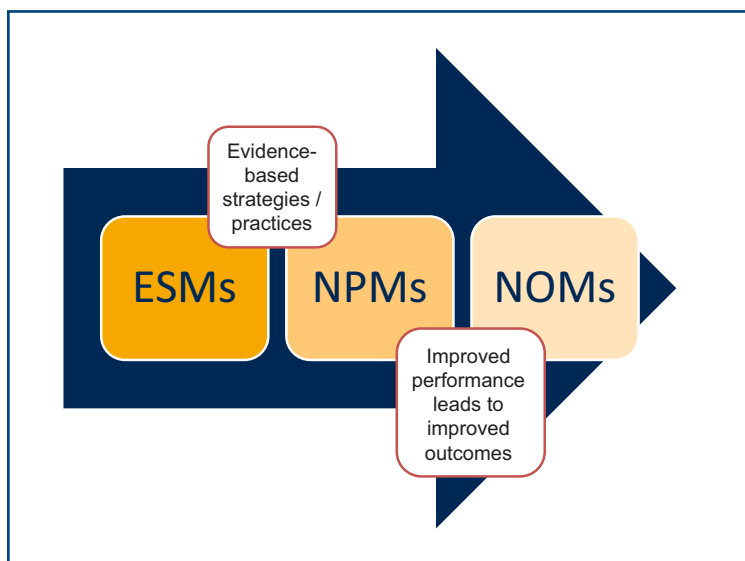
Performance Measurement: Demonstrating Impact

Selecting Title V priorities is a complex process, but a key criterion that will assist with implementing Title V Block Grant Transformation is the consideration of what Title V can do to impact a given priority. Impact, in this context refers to the performance and outcome measures from the new Title V Block Grant Transformation measurement framework.

The Title V program will need to select eight performance measures across six MCH population health domains; these measures will assist Title V programs in determining how well they are able to address key health issues for MCH populations to ultimately impact MCH outcomes. Figure 2 is one way to visualize the measurement framework, and indicates two overarching assumptions of the framework: 1) Existing evidence-based or evidence-informed strategies or practices can impact performance measures in the target population and 2) Improved performance leads to improved outcomes, which is supported by concrete linkage of performance to outcomes.

One consideration for priority-setting is what the Title V program is already doing to impact an identified need. To the extent possible, states should use data to describe the impact or potential impact of prioritizing and intervening in a given area. Some strategies that may aid decision makers include generating impact estimates based on the known efficacy of an intervention and the prevalence of the outcome in your population, calculating the population attributable fraction for intervening on a given risk factor, and calculating projected return on investment of a given strategy to address a potential priority.

FIGURE 2: Measurement Framework



Identification of Needs and Capacity Gaps

What do your existing performance measures say about the needs of MCH populations?

How do your data compare to HP2020 goals?

What are the desired outcomes for MCH population groups?

What other contextual factors will be important?

What are the strengths of your program?

How do you demonstrate strengths with program data?

What are your current resources, activities, and services?

Practice: Selecting and Implementing Evidence-Based Practices

The component of the measurement framework related to practice is the design of State-initiated Evidence-based or -informed Strategy Measures (ESMs). Although in terms of impact they come before performance measures and outcome measures, they are likely to be identified last, as strategies to impact the state's performance measures resulting from the priority-setting process. ESMs are essentially measures of state actions taken to impact performance and outcome measures. The ESMs are ideally based on a set of evidence-based or evidence-informed practices; in other words, practices in public health or other social and behavioral sciences that have been shown to work.

There are many sources that compile existing practices to improve MCH outcomes, including best, evidence-based, evidence-informed, and other categorizations of practices.

Setting Priorities

What criteria do you use to prioritize needs?

How have your priority setting processes worked in the past?

What does it mean to make something a priority?

The evidence of effectiveness, ability of others to replicate, and opportunity for adaptation may vary by source. AMCHP and other organizations have compiled and made practices available through open-access portals. AMCHP resources include Innovation Station and a compendium of practices to improve birth outcomes; a maternal health compendium is expected next year.

Other sources of evidence-based practices may be restricted access. These include the scientific literature and the Cochrane review. Journal access at state and local health departments may be limited, but university partnerships and student interns can provide helpful assistance. Going a step further, a Title V program may wish to initiate expert consultation with universities to assist with analyzing and summarizing the literature on potential practices.

Title V Block Grant Transformation and the CoIIN Model

Although the transformation of Title V has introduced a strengthened framework for moving from needs assessment to performance measurement to evidence-

based practice, this framework is very similar to the Collaborative Improvement and Innovation Network for Infant Mortality (CoIIN). Like CoIIN, Title V Block Grant Transformation stresses the selection and implementation of evidence-based or evidence-informed strategies in order to impact a set of measures and includes an action plan that identifies the key drivers for each strategy, and process, performance, and outcome measures; some new NPMs were generated from the CoIIN in Regions IV and VI. All of the strategies in the Infant Mortality CoIIN are tied to an ultimate goal of impacting an MCH outcome. However, there are some differences, including CoIIN's emphasis on a quality improvement (QI) approach, whereas for Title V Block Grant Transformation, no explicit requirement to use QI or rapid cycle improvement strategies exists. CoIIN is also time-limited for action and improvement. Further, Title V Block Grant Transformation emphasizes accountability in addition to improvement. However, the similarities have led some states to look across Title V and initiatives like CoIIN to see where they have overlap and can maximize effort and impact.

Acknowledgments

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Finding Best Practices – Open Source

AMCHP Innovation Station: best, promising, and emerging practices from MCH programs

MCH Library at Georgetown: search for best practices in MCH

NACCHO Model Practices Database: programs, resources and tools from local health departments

The Community Guide: program and policy interventions proven effective, cost information

Child Trends' What Works/LINKS database: over 650 programs with at least 1 randomized, intent-to-treat evaluation to assess child or youth