STAKEHOLDER ENGAGEMENT IN WISCONSIN’S NEEDS ASSESSMENT PROCESS

Association of Maternal and Child Health Programs Needs Assessment Training
January 7, 2015
Wisconsin’s Needs Assessment
Stakeholder Groups

- Maternal and child health (MCH) professionals and parents/advocates
- MCH Advisory Committee
- Bureau of Community Health Promotion
- Family Health Section (FHS)
- Community groups
- Minority Health Program
Key Needs Assessment Activities
Engaging Stakeholder Groups

- Stakeholder Survey (April 2014)
- MCH Advisory Committee Meetings (June and October 2014)
- Community Input on National Performance Measure (NPM) Selection (October 2014)
- Bureau of Community Health Promotion (BCHP) Section Chief Interviews (October 2014)
- Family Health Section Input (Ongoing)
- Minority Health Program Listening Sessions (2014)
- Stakeholder Webinar (January 2015)
Stakeholder Survey – April 2014

- Web-based survey distributed to MCH professionals, parents, and advocates
- 434 respondents started survey (74% professionals; 26% parents or advocates); 287 completed survey (66%)
- Provided introduction to and background on MCH needs assessment process
- Collected information on:
  - Unmet and emerging health needs
  - Current activities
  - Capacity
  - Future of MCH
- Shared survey link on the MCH Program website
MCH Advisory Committee Meetings – June and October 2014

- Approximately 60 participants
- Facilitated group work, including:
  - Sharing background on needs assessment process and results from stakeholder survey
  - Additional brainstorming of unmet and emerging needs, as well as current and future strategies to address
  - Review of data profiles for each NPM, including Wisconsin trend data, national comparison data, and subpopulation analyses
  - Completion of a NPM prioritization matrix, assessing trend, magnitude, severity, preventability, capacity, and community support
Community Input on NPM Selection – October 2014

• The Lifecourse Initiative for Healthy Families (LIHF) funds collaboratives in four high-risk Wisconsin cities through an innovative community-academic collaboration is designed to reduce infant mortality
• Members of each collaborative ranked NPMs
• Information was integrated into final data synthesis
Section Chiefs were interviewed to assess opportunities for collaboration under new NPMS

- Chronic Disease and Cancer Prevention Section
- Nutrition and Physical Activity Section (including The Special Supplemental Nutrition Program for Women, Infants, and Children – WIC)
- Tobacco Prevention Section

Relevant NPMs included:
- Tobacco
- Oral health
- Nutrition and physical activity
- Breastfeeding
Family Health Section Input – Ongoing

- Regular needs assessment updates given at monthly Section meetings

- Activities included:
  - MCH Priority Area Work Groups
  - Completion of NPM prioritization matrix
  - Input on new state priorities and selected NPMs

- Section-wide participation in development of logic models and work plans, monitoring progress, coordinating strategies, etc. for MCH new priority areas is anticipated
Minority Health Program Listening Sessions – 2014

• Concurrent process to inform Minority Health Program Priorities for 2015-2020
• Staff collected information about statewide community health to inform Minority Health Program Planning, including:
  • Top concerns within community
  • Ways to improve life within community, including strategies to make healthier choices
• Focus groups included diversity in:
  • Race/ethnicity
  • Socioeconomic status
  • Geography
  • Sexual orientation
  • Disability
Stakeholder Webinar – January 2015

• Audience:
  • MCH professionals and parents/advocates (same population that was contacted to take stakeholder survey)

• Purpose:
  • Provide update on needs assessment process
  • Share new MCH Priority Areas and NPMs
  • Solicit feedback
Synthesizing Stakeholder Information for the Needs Assessment Leadership Team

- Summary document (matrix) prepared for Needs Assessment Leadership Team to inform selection of NPMs
- Document included information on the presence of key factors relevant to NPM selection:
  - Bad trend
  - Large magnitude
  - Existence of disparities across subpopulations
  - High severity
  - High preventability
  - High capacity
  - High community support
  - High priority for LIHF
  - High priority for MCH and FHS
  - Large number of current activities and strategies
  - Possible BCHP Partner
  - Healthiest Wisconsin 2020 Priority Area
  - Large number of local health departments working on topic

- Much of the data in this synthesis document relied on stakeholder input!
Contact Information

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