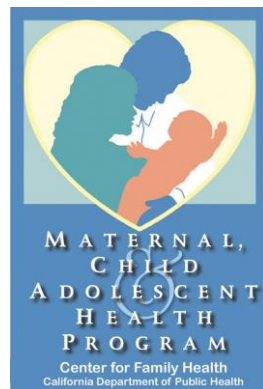


Local Maternal, Child and Adolescent Health Jurisdiction Needs Assessment Guidelines 2010-2014



Presented at the MCAH Action Meeting
on May 20, 2008



Table of Contents

<u>Topic</u>	<u>Slides</u>
Title V Needs Assessment Overview	4-9
10 Public Health & MCAH Essential Services	10-18
Needs Assessment Guidelines	19-59
mCAST-5 History & Background	60-64
mCAST-5 Guidelines	65-77

Title V Local MCAH Jurisdiction Five Year Needs Assessment Overview



Today's Learning Objectives

- Overview of the Title V Needs Assessment Process
- Gain a better understanding of the Ten Public Health Essential Services Framework
- Review the guidelines for the 2010-2014 Local Needs Assessment
- Provide an overview of the local capacity assessment process
- Discuss availability of technical assistance and other resources available to assist local health jurisdictions in conducting their needs assessment



Title V Maternal and Child Health Block Grant

- Primary source of federal support for improving the health and well-being of mothers and children
- Title V MCH Block Grant reporting requirements mandate completion of an annual report/application that specifies:
 - needs of the State MCH population
 - programs and policies implemented to meet those needs
 - monitor progress toward achieving federal and state performance outcome measures
 - management/expenditure of funds
- Every five years a comprehensive statewide needs assessment must be conducted of the MCH population



Needs Assessment Conceptual Framework

- Decentralize statewide needs assessment process by having each local jurisdiction conduct a needs assessment
- Key Goals
 1. Build local jurisdiction needs assessment capacity
 2. Obtain extensive stakeholder input at the local level
 3. Identify “needs” that may have been missed by only analyzing state level information
 4. Focus local MCAH efforts by having each jurisdiction identifying priority areas they will focus on during the next five years



Major MCAH Needs Assessment Components

- Have local jurisdictions conduct a needs assessment
- State Title V Agency summarize local level needs and priorities
 - Provide summary to local jurisdictions and stakeholders
- Analyze both local jurisdiction qualitative information and statewide quantitative epidemiologic data
- Assess State Title V Agency capacity
- Involve external stakeholders, state administrators, and State Title V agency staff in the prioritization of needs
- Obtain public input on needs assessment report



Focus of Needs Assessment

- 2005-2009 Needs Assessment
 - Capacity assessment conducted, but major focus was on identifying MCAH population needs and establishing priorities.
- 2010-2014 Needs Assessment
 - Review and update as needed identification of MCAH population needs and priorities
 - Major focus will be on assessing local and State MCAH program capacity to carry out the delivery of the 10 essential public health services to the MCAH population
 - Identify gaps and ways to address the gaps
 - Identify areas of strength, including where we can coordinate and maximize resources
 - Articulate to decision-makers the status of MCAH public health capacity

Orientation to the Essential Public Health Services & 10 MCAH Essential Services

A Little History...

- Three core functions (1988 IOM Report)
 - Assessment
 - Policy Development
 - Assurance
- Core Functions Steering Committee (1994)
 - *Public Health in America* statement

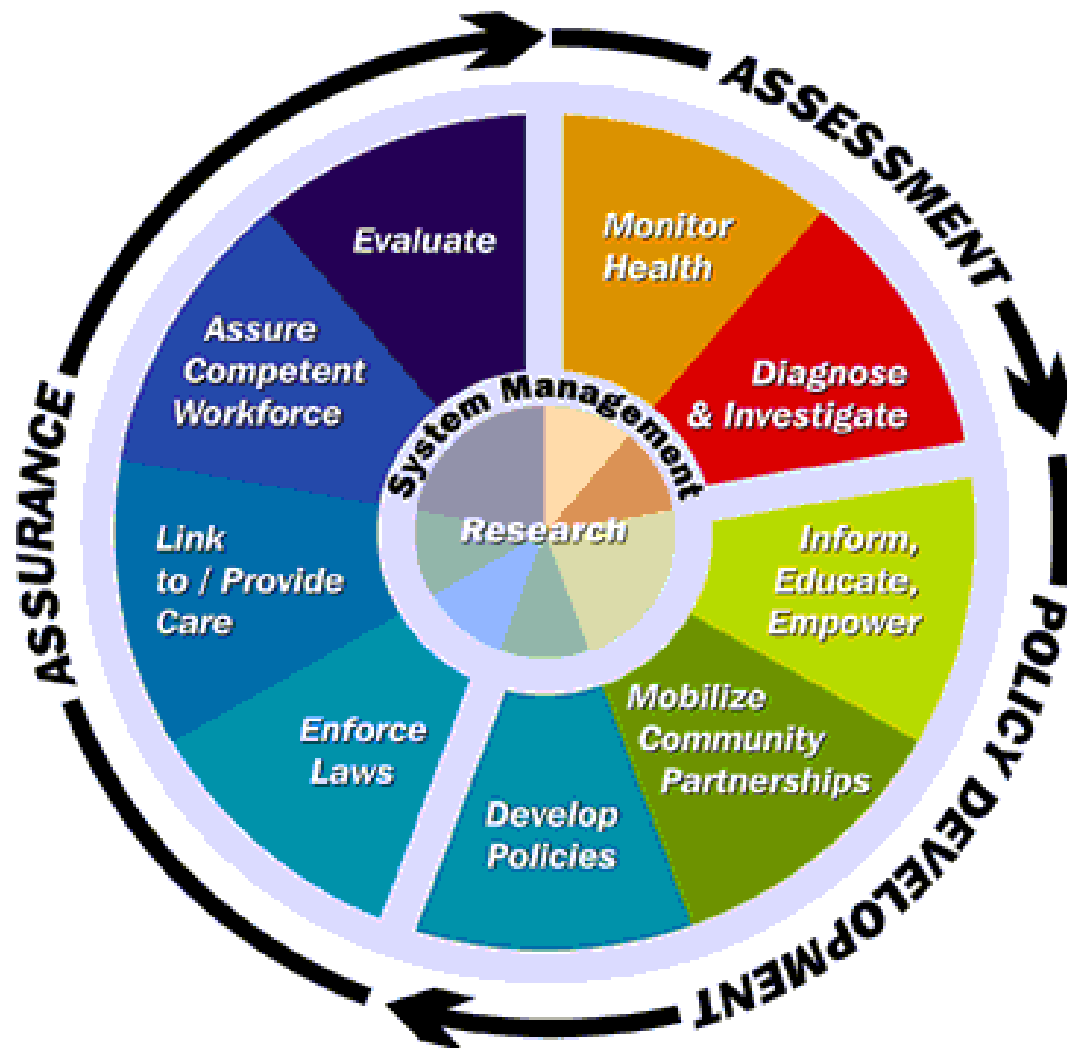
Essential Public Health Services

- Developed by the Core Public Health Functions Steering Committee (1994)
- Used as a foundation for the National Public Health Performance Standards Program (NPHPSP) instruments
- Provides a foundation for any public health activity



Essential Services of Public Health

- Monitor health status
- Diagnose and investigate
- Inform, educate, and empower
- Mobilize community partnerships
- Develop policies and plans
- Enforce laws and regulations
- Link people to needed services / assure care
- Assure a competent workforce
- Evaluate health services
- Research



EPHS for the MCAH population

- Special vulnerability of women, infants, children and adolescents recognized as early as 1912
- Consensus document on core public health functions in the context of MCAH developed by:

MCHB

AMCHP

NACCHO

CityMatCH

ASTHO

JHU-CAHPC



The EPHS for MCAH “in English”

1. Assess and monitor maternal and child health status to identify and address problems (*Or “what’s going on in our state/community? Do we know how healthy women, children and adolescents are?”*)
2. Diagnose and investigate health problems and health hazards affecting women, children and youth (*Or “Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?”*)
3. Inform and educate the public and families about maternal and child health (*Or “How well do we keep all people and segments of our state informed about maternal and child health issues?”*)



The EPHS for MCAH “in English”

4. Mobilize community partnerships between policymakers, health care providers, families, the general public and others to identify and solve maternal and child health problems (Or *“How well do we really get people and organizations engaged in health issues?”*)
5. Provide leadership for priority-setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families (Or *“What policies promote maternal and child health in California? How effective are we in planning and in setting health policies?”*)
6. Promote and enforce legal requirements that protect the health and safety of women, children and youth and ensure public accountability for their well-being (Or *“When we enforce health regulations are we up-to-date, technically competent, fair and effective? Does the public view MCAH as a community priority?”*)



The EPHS for MCAH “in English”

7. Link women, children and youth to health and other community and family services, and assure access to comprehensive care
(Or “Are women ,children and youth receiving the medical care they need?”)
8. Assure the capacity and competency of the public health and personal health workforce to effectively address maternal and child health *(Or “Do we have a competent public health staff? How can we be sure that our staff stays current?”)*
9. Evaluate the effectiveness, accessibility and quality of personal health and population-based maternal and child health services
(Or “Are we doing any good? Are we doing things right? Are we doing the right things?”)
10. Support research and demonstration to gain new insights and innovative solutions to maternal and child health-related problems
(Or “Are we discovering and using new ways to get the job done?”)

Title V Local MCAH Jurisdiction Needs Assessment Guidelines 2010-2014



Learning Objectives

- Significance of the Local Needs Assessment
- Identify Sections of the 2010-2014 Needs Assessment report
- Bonus Feature: The Making Of...

Needs Assessment: Definition

- Systematic collection and examination of information to make decisions to formulate a plan for the next steps leading to public health action (CDC)
 - Inclusiveness of process
 - Rigor of data collection and analyses
 - Integration of findings



Top Ten Reasons for Conducting a Needs Assessment

- 10: Conducting a Needs Assessment is fun (yeah, right!).
- 9: You like waking up in the middle of the night and the 2010-2014 Needs Assessment Guidelines is an excellent late-night reading material.
- 8: Local MCAH Directors who conduct a local Needs Assessment are really smart, solve problems and love chocolate. At least one is correct for any given time.
- 7: It will look good on your resume.
- 6: Your local Needs Assessment report will impress your colleagues in other agencies, departments and divisions.
- 5: It will help you pass any programmatic audit.
- 4: You get an opportunity to meet colleagues and network.
- 3: It provides an opportunity to collaborate.
- 2: To understand the state of the art as MCAH moves to core public health functions.
- 1: To provide a clear, evidence-based guidance for strategic planning and allocating resources in the next five years.

Deconstructing the Needs Assessment

Main components:

- Re-examining health priorities
 - Analysis of 27 health status indicators
 - Analysis of other health indicators
 - Qualitative information
- Capacity assessment
 - Capacity of the MCAH system
 - Stakeholder input
 - 10 MCAH Essential Services
 - New tool: modified Capacity Assessment for State Title V (mCAST-5) (10 instruments)

Needs Assessment Report

- Twenty pages maximum
- Long narratives are not necessary
- Use tables and bullets whenever possible
- Maximize your resources
 - FHOP
 - Peers
 - Nurse consultants
- Report Due Date: **JUNE 30, 2009**

Stakeholders: A Vital Resource

- **Significance**

- To gain knowledge and insights from multiple perspectives who provide and/or benefit from MCAH services
- To engage them in visioning and planning
- To promote community ownership of identified problems
- To build foundation of trust for future collaborations
- To create compatible objectives for health promotion activities among agencies working on a particular problem
- To identify and mobilize community expertise and leadership

- **Stakeholder input**

- Required for capacity assessment process
- Optional for all other sections

Technical Assistance

- Website www.ucsf.edu/fhop
 - Electronic version of guidelines, worksheets, attachments, and mCAST-5 tool
 - Data for the 27 health status indicators
 - Electronic version of 2004 needs assessments
 - Planning guide and other tools
- Training and on-going assistance
- Point of contact
- Feedback on draft assessments
- Newsletter



2010-2014 Local Needs Assessment Report

1. Summary/Executive Report
2. Mission Statement and Goals
3. Planning Group and Process (Optional)
4. Community Health Profile
5. Health Status Indicators
6. Local MCAH Problems/Needs
7. MCAH Priorities
8. Capacity Assessment
9. MCAH Capacity Needs
10. MCAH Capacity Assets (Optional)



Comparison of 2004 and 2009 Local Needs Assessment

Contents	2005-2009 Needs Assessment	2010-2014 Needs Assessment
Executive Summary	Yes	Yes
Planning Group	Yes	Optional
Stakeholder Input	Yes	Required for mCAST-5; optional for all other sections
Mission Statement & Goals	Yes	Yes; can update last assessment
Community Health Profile	Yes	Yes; can update last assessment
Community Resources Assessment	Yes	No
27 Health Status Indicators	Yes	Yes; new analysis required, more user-friendly worksheet
Other Health Status Indicators	Optional	Optional
Problems/Needs	Yes	Yes; can update last assessment
Priorities	Yes	Yes; suggested worksheet, can update last assessment
Problem Analysis	Yes	No
Capacity Assessment	Yes	New tool – mCAST-5
Capacity Needs	No	Yes; suggested worksheet
Capacity Assets	No	Optional

Section 1: Summary/Executive Report (1-2 pages)

Purpose: To provide readers with a summary of key points of your local needs assessment

- Brief description of process
- Highlights of 27 health status indicators
- Highlights of capacity needs
- Brief description of emerging issues

Section 2: Mission Statement and Goals (1 page)

Purpose: To communicate the purpose and vision of your MCAH program to your stakeholders and to the public

- State the mission and goals
- Describe how they were developed



Section 3: Planning Group and Process (Optional) (1 page; Worksheet A)

Purpose: To partner with public health leaders and experts to create an inclusive needs assessment process

Planning group vs. Stakeholder group

– Planning group

- Includes individuals whose interests, expertise, and experience represent broad range of MCAH issues
- Same group of individuals would be involved in process planning and decision making
- Optional
- Describe planning group and how it was recruited/selected
- Briefly describe the planning process



Section 3: Planning Group and Process (Optional) (1 page; Worksheet A)

Worksheet A: MCAH Stakeholder Input Worksheet (p. 28)

- Required for mCAST-5
- Complete if you used stakeholders in other sections (optional)

MCAH Jurisdiction: _____

Stakeholder Participant's Initials	Organizational Affiliation	Sector Represented	Section Provided Input On					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
G.W.B.	Department of Social Services	B				x		x

Sector Represented – Code Description

- A State/local health department (internal partner within agency)
- B Other state/local agency (Social Services, Education, Justice, Board of Supervisors)
- C Health provider (dentist, nurse, doctor, nutritionist, counselor, promotora, outreach worker)
- D Individual or family (community member unaffiliated with any organized community agency)
- E Community-based organization (local, non-profit organizations)
- F State or nationally affiliated non-profit organization (local chapter of MOD, ACS, foundation)
- G School, academia (PTA, School Board, university)
- H Professional organization/association (AMA, ADA, ACOG, etc.)
- I Faith-based organization (ministry, church group)
- J Other (trade and business sector, media and communications, marketing)



Section 4: Community Health Profile (2-6 pages)

Purpose: To provide a broad context of the community and how local MCAH program operates within the local public health infrastructure

- Describe how your program functions within local public health department
- Describe how your programs functions within local MCAH system
- Describe your jurisdiction
- Describe stakeholder input, if it was obtained (optional)



List of 27 Health Indicators

1	Fertility Rates per 1,000 Females (Ages 15 to 44)
2	Teen Birth Rate per 1,000 Females (Ages 10 to 14, 15 to 17, 18 to 19)
3	Percent Low Birth Weight (Live Births)
4	Percent Very Low Birth Weight (Live Births)
5	Percent Preterm Births (< 37 Wks Gestation)
6	Percent of Births Occurring within 24 Months of a Previous Birth (Entire Population by Age)
7	Percent of Teen Births to Women Who Were Already Mothers
8	Perinatal Death Rate
9	Neonatal Death Rate per 1,000 Live Births (Birth to < 28 days)
10	Post-Neonatal Death Rate per 1,000 Live Births (> 28 Days to 1 Year)
11	Infant Death Rate per 1,000 Live Births (Birth to 1 Year)
12	Death Rate per 100,000 (Ages 1 to 14 and 15 to 19)
13	Percent Prenatal Care in First Trimester (Live Births)
14	Proportion of Women (Age 15 to 44) with Adequate Prenatal Care (Kotelchuck Index)



List of 27 Health Indicators (continued)

15	Percent of Women Who Were Exclusively Breastfeeding at the Time of Hospital Discharge
16	Percent of Children and Adolescents (Ages 0 to 19) without Health Insurance
17	Percent of Children (Ages 2 to 11) without Dental Insurance
18	Percent of Children (Ages 2 to 11) Who Have Been to the Dentist in the Past Year
19	Percent of Children and Adolescents (Ages 5 to 11 and 12 to 19) Who Are Overweight
20	Rate of Children (Ages 0 to 4 and 5 to 18) Hospitalized for Asthma per 10,000
21	Rate per 1,000 Females (Ages 15 to 19) with a Reported Case of Chlamydia
22	Rate of Children (Ages 5 to 14 and 15 to 19) Hospitalized for Mental Health Reason per 10,000
23	Rate of Hospitalizations for All Non-Fatal Injuries by Age Group (Ages 0 to 14 and 15 to 24)
24	Rate of Non-Fatal Injuries Due to Motor Vehicle Accidents (Ages 0 to 14 and 15 to 24)
25	Number of Children Living in Foster Care for Selected Month (July)
26	Percent of Children (Ages 0 to 19) Living in Poverty
27	Percent of Females (Ages 18 or Older) Reporting Intimate Partner Physical Abuse in Last 12 Mos.



Section 5: Health Status Indicators (Worksheet B)

- Quantitative analysis on 27 indicators using worksheet
 - Compare your rate with State rate
 - Compare your rate with Healthy People (HP) 2010 rate
 - Compare your current rate with rate from previous years (trend)
- All data is posted on FHOP's website
- FHOP will populate state and HP 2010 data on worksheet; you will need to complete other cells
- Significance test not appropriate for small numbers (small numbers are statistically unreliable)
- This analysis will help determine what indicators you choose to list in Section 6: Local MCAH Problems/Needs

Section 5: Health Status Indicators

- Other health status indicators (optional)
 - Other Quantitative analysis (worksheet B)
 - Other data sources
 - This analysis will help determine what indicators you choose to list in Section 6: Local MCAH Problems/Needs



Section 5: Health Status Indicators (Worksheet B)

Health Status Indicators

Worksheet B (Required)

MCAH Jurisdiction:

#	Indicator Description	Value			Local Rate Compared to:			
		Numer.	Denom.	Rate	State Rate	HP 2010 Rate		Past Years
1	Fertility Rates per 1,000 Females (Ages 15 to 44)							
2	Teen Birth Rate per 1,000 Females (Ages 10 to 14, 15 to 17, 18 to 19)							
3	Percent Low Birth Weight (Live Births)							
4	Percent Very Low Birth Weight (Live Births)							
5	Percent Preterm Births (< 37 Wks Gestation)							
6	Percent of Births Occurring within 24 Months of a Previous Birth (Entire Population by Age)							
7	Percent of Teen Births to Women Who Were Already Mothers							
8	Perinatal Death Rate							
9	Neonatal Death Rate per 1,000 Live Births (Birth to < 28 days)							
10	Post-Neonatal Death Rate per 1,000 Live Births (> 28 Days to 1 Year)							
11	Infant Death Rate per 1,000 Live Births (Birth to 1 Year)							
12	Death Rate per 100,000 (Ages 1 to 14 and 15 to 19)							
13	Percent Prenatal Care in First Trimester (Live Births)							
14	Proportion of Women (Age 15 to 44) with Adequate Prenatal Care (Kotelchuck Index)							
15	Percent of Women Who Were Exclusively Breastfeeding at the Time of Hospital Discharge							
16	Percent of Children and Adolescents (Ages 0 to 19) without Health Insurance							
17	Percent of Children (Ages 2 to 11) without Dental Insurance							
18	Percent of Children (Ages 2 to 11) Who Have Been to the Dentist in the Past Year							
19	Percent of Children and Adolescents (Ages 5 to 11 and 12 to 19) Who Are Overweight							
20	Rate of Children (Ages 0 to 4 and 5 to 18) Hospitalized for Asthma per 10,000							
21	Rate per 1,000 Females (Ages 15 to 19) with a Reported Case of Chlamydia							
22	Rate of Children (Ages 5 to 14 and 15 to 19) Hospitalized for Mental Health Reason per 10,000							
23	Rate of Hospitalizations for All Non-Fatal Injuries by Age Group (Ages 0 to 14 and 15 to 24)							
24	Rate of Non-Fatal Injuries Due to Motor Vehicle Accidents (Ages 0 to 14 and 15 to 24)							
25	Number of Children Living in Foster Care for Selected Month (July)							
26	Percent of Children (Ages 0 to 19) Living in Poverty							
27	Percent of Females (Ages 18 or Older) Reporting Intimate Partner Physical Abuse in Last 12 Mos.							
Optional Topics								
You may include other MCAH topics in your local needs assessment. Examples of optional topics are below. If your jurisdiction has data on these or other topics, your findings could be very helpful to the State in its statewide needs assessment.								
1	Percent of children/adolescents who report at least 20 minutes of physical activity 3 or more days per week.							
2	Number and percent of children 19 to 35 months of age who have received full schedule of age appropriate immunizations.							
3	Incidence of vaccine-preventable diseases.							
4	Indicators of mental health problems, e.g., suicide, depression, etc.							
5	Rate/issues regarding perinatal substance abuse.							
6	Rates/issues regarding gestational diabetes.							
7	Issues regarding oral health, such as rates of sealant application in children, access to dental care, rate of children who have seen a dentist prior to starting school, etc.							
8	Indicators of youth resiliency, such as a close relationship with a caring adult, high expectations, and opportunities for meaningful participation.							
9	Others?							



Section 6: Local MCAH Problems/Needs (2-7 pages)

Purpose: To do a more in-depth analysis on problems/needs that can be used for selecting priorities

- Qualitative analysis (optional)

Based on quantitative and/or qualitative data

- Major problems can include
 - Indicators that are significantly worse than State rate and/or HP 2010 rate
 - Indicators that have worsened over time
 - Indicators that show differences by age and/or racial subgroups
 - Priorities from 2004 needs assessment that have worsened or not improved
 - New health issues identified after 2004 needs assessment
- Analyses from Section 5 may generate a long list of problems/needs in your jurisdiction
- Shorten the list to one that is manageable



Section 6: Local MCAH Problems/Needs (2-7 pages)

- Describe stakeholder input, if it was used
- Describe the major problem/need
- Describe the social and environmental context of the problem (optional)
- Include any access to care issues (optional)

Section 7: MCAH Priorities (1 page; Worksheet C)

Purpose: To identify which problems/needs will receive targeted efforts for improvement within the next five years

- You are not required to establish new priorities
- If you establish new priorities
 - Option 1: Use Worksheet C1 to set your priorities
 - Option 2: Use FHOP's Worksheet C2 to set your priorities
 - Option 3: Use your own methodology (and describe what it is)
 - Then complete Worksheet C3
- If you do not establish new priorities
 - “Copy and paste” what was previously reported in your 2004 needs assessment into Part B of the worksheet
- Describe stakeholder input, if it was obtained (optional)



Section 7: MCAH Priorities (Worksheet C1 - Optional)

MCAH Needs Prioritization Worksheet (Optional)

Problem/Need	No. of Individuals Affected	Seriousness of Issue	Economic Impact	Has Indicator to Track & Measure	Impact on Downstream Issues	Degree of Demographic Disparity	Current Interventions Apply	Ease in Addressing issue	Resource to Address Problem	Level of Priority for Community	Total Points	Priority Ranking
	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low		



Section 7: MCAH Priorities (Worksheet C2 - Optional)

FHOP'S Tool for Prioritizing Health Indicators (Optional)

Criterion #1:					Criterion #5:				
Criterion #2:					Criterion #6:				
Criterion #3:					Criterion #7:				
Criterion #4:					Criterion #8:				

Indicator	Rating Using Prioritization Criteria: C1 below corresponds to Criterion #1 above, C2 to Criterion #2, etc. If using a "weighted" method, record the agreed upon weights in the line below each criterion number. Assess each indicator using each criterion. Enter your score (1=does not apply, 2=applies, 3=strongly applies) in the box corresponding to the indicator and its criterion. If using a weighted method, multiply the score by the criterion weight and then enter the weighted score in the box.								Total Scores
	C1	C2	C3	C4	C5	C6	C7	C8	
	1.								
2.									
3.									
4.									
5.									
6.									
7.									



Section 7: MCAH Priorities (Worksheet C3 - Required)

Priority 1.

Priority 2.

Priority 3.

Priority 4.

Priority 5.

Priority 6.

Priority 7.

Priority 8.

Priority 9.

Priority 10.

Section 8: Capacity Assessment

- Purpose
 - To understand the local MCAH infrastructure
 - To generate discussion and collaboration within the MCAH system
 - To determine where strengths, weaknesses, opportunities, and threats lie
 - To improve and better coordinate MCAH activities
 - To optimize current capacity
 - To provide detailed basis for policy and funding decisions

Section 8: Capacity Assessment

- Provides a “snapshot” of existing capacity of MCAH *system*, not just MCAH *program*
 - MCAH system consists of local MCAH program and all other organizations that serve MCAH population
- Requires stakeholder input
- Based on 10 MCAH Essential Services
- mCAST-5 is not scored; there are no right or wrong answers
- Separate presentation on mCAST-5 instructions to follow

Section 9: MCAH Capacity Needs (1 page; Worksheet E)

Purpose: To identify which capacity needs will receive targeted efforts for improvement within the next five years

- Describe the stakeholder input you used to complete the mCAST-5
- Briefly summarize major themes from your SWOT analyses
 - structural resources
 - data/information systems
 - organizational relationships
 - competencies/ skills
- Prioritize your capacity needs
 - Option 1: Use Part A of the worksheet
 - Option 2: Use your own methodology (and describe what it is)
- Complete Part B of the worksheet



Section 9: MCAH Capacity Needs (Part A of Worksheet E)

Part A (Optional). The intent of this step is to identify from the list of Capacity Needs identified through the mCAST-5 a set of priority areas to address in the near term. Given the local context (e.g., funding cuts, hiring freezes, political will...) how realistic is it to focus on this capacity need? See Section 9 of the guidelines for instructions on completing this worksheet.

Capacity Need	Importance 5=high 3=moderate 1=low	Minimal Cost 5=high 3=moderate 1=low	Minimal Time 5=high 3=moderate 1=low	Commitment 5=high 3=moderate 1=low	Feasibility 5=high 3=moderate 1=low	Total Points	Priority Ranking



Section 9: MCAH Capacity Needs (Part B of Worksheet E)

Part B (Required). Copy the top 5 to 10 capacity needs (e.g., as ranked in Part A above) and provide your analysis below. Bulleted points are preferred over narrative descriptions.

Capacity Need	How this capacity could be improved (include any short term or long term strategies)	Potential challenges on improving this capacity (e.g., impact on local MCAH services, stakeholder concerns, availability of resources)	How other local organizations, local jurisdictions, or the State MCAH Program can help improve this capacity



Section 10: MCAH Capacity Assets (Optional) (1 page)

- In bulleted format, list any assets your program can offer to other organizations, jurisdictions, or the State MCAH program

Recap of Deliverables

Section		Number of Pages	Required Worksheet	Optional Worksheet
1	Summary/Executive Report	1-2		
2	Mission Statement and Goals	1		A
3	Planning Group and Process (Optional)	1		A
4	Community Health Profile	2-6		A
5	Health Status Indicators		B	A
6	Local MCAH Problems/Needs	2-7		A
7	MCAH Priorities	1	C3	A; C1 or C2
8	Capacity Assessment		A; D	
9	MCAH Capacity Needs	1	E (Part B)	A; E (Part A)
10	MCAH Capacity Assets (Optional)	1		A

Due Date: June 30, 2009



2010-2014 Local Needs Assessment Evaluation

- Evaluations
 - Your feedback
 - What you liked
 - What you didn't like; what was difficult
 - Suggestions for next five year needs assessment
 - Will be sent out sometime July 2009
- Reporting back
 - Summary of local needs assessments
 - Summary of evaluations
 - April 2010 (tentative)



2010-2014 Local Needs Assessment

The Making of...

2010-2014 Guidelines: Goals

- **Balance**

In-depth and comprehensive analyses

VS.

Varying amounts of resources

- **Flexibility:**

- Optional sections
- Suggested worksheets

- **Consistency**

- Consistent reporting format

- **Involvement**

- Stakeholders



Planning Group Activities

- Review Needs Assessments conducted by Title V states and territories
- Review of 2005-2009 Needs Assessment Guidelines
- Review Select 2005-2009 Local Needs Assessment
- Draft 2010-2014 Local Needs Assessment Guidelines



Stakeholder Input

– Internal

- Epi staff
- Policy Development staff
- Program Standards staff
 - Nurse consultants

– External

- FHOP
- Local MCAH Directors
 - Terri Nikoletich, City of Long Beach
 - Sandra Rosenblum, Marin County
 - Olivia Kasirye, Sacramento County



Title V - Five Year Needs Assessment Proposed 2008 Timeline

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<u>MCAH Branch</u>												
Develop guidelines	●				●							
Train MCAH directors					●							
<u>FHOP</u>												
Release county-level data				●								
Train & assist MCAH directors				●								
<u>MCAH Directors</u>												
Conduct assessments					●							



Title V - Five Year Needs Assessment Proposed 2009 Timeline

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<u>MCAH Branch</u> Summarize assessments & evaluations										●		
<u>FHOP</u> Train & assist MCAH directors Review assessments for completeness						●						
							●		●			
<u>MCAH Directors</u> Conduct assessments Evaluate process						●						
							●		●			

Modified Capacity Assessment for State Title V (mCAST-5) History & Background

mCAST-5 History and Background

- **Why look at capacity?**
 - To determine where strengths, weaknesses, opportunities, and threats lie in meeting the 10 MCAH Essential Services
 - To improve and better coordinate MCAH activities
 - To provide detailed basis for planning, policy and funding decisions

mCAST-5 History and Background

- CAST-5 was selected because it is...
 - Based on the 10 MCAH Essential Services
 - Adaptable; could be tailored to assess local-level capacity
 - Flexible; can be administered in a variety of ways based on existing resources
 - Inclusive
 - An educational tool
 - Appropriate for long-term strategic planning
 - \$\$\$\$Free\$\$\$



Background - Public Health Functions and CAST-5

- 1988, IOM: set of core public health functions (assessment, policy development, and assurance)
- 1994 CDC: 10 Essential Public Health Services (10 EPHS)
- 1995, John Hopkins University, Child and Adolescent Health Policy Center, 1995: discipline-specific framework for 10 EPHS
- 1998, Association of Maternal and Child Health Programs and the Women's and Children's Health Policy Center of the John Hopkins University: Capacity Assessment for State Title V (CAST-5)

Modified CAST-5

Innovation on Process Indicators:

- Inclusive of the local MCAH system
- Simpler language

Input for Innovation:

- FHOP
- Local MCAH Directors
- MCAH staff

mCAST-5 Guidelines



mCAST-5 Guidelines: Introduction

- Assess the current level of MCAH system's capacity
 - Look at the MCAH system (all organizations in your jurisdiction that serve the MCAH population)
 - Think about your MCAH system's ability to carry out a particular function right now (a “snapshot”)
- One instrument, or set of Process Indicators, for each of the 10 MCAH Essential Services
- Electronic versions will be available on FHOP's website



mCAST-5 Guidelines: Preparation

- Before you begin:
 - Read through the list of 10 MCAH Essential Services (Attachment A)
 - Read through the instructions
 - Discuss with your team who or what comprises your MCAH system
 - Individuals
 - Local-level agencies
 - State-level agencies
 - National agencies

mCAST-5 Guidelines: Capacity Considerations

- Capacity areas to consider:
 - Structural resources
 - Financial, human, and material resources
 - Policies and protocols
 - Other resources that form the groundwork for the performance of an Essential Service
 - Examples – supportive environment for data-sharing; access to training programs in data collection and data management
 - Data/Information systems
 - Technological resources; state of the art information management and data analysis
 - Examples – MIS system linking population-based data to program data; standardized definitions and categories in systems of data collection and transmittal

mCAST-5 Guidelines: Capacity Considerations

- Capacity areas to consider (continued):
 - Organizational relationships
 - Partnerships
 - Communication channels
 - Other types of interactions and collaborations with public and private entities
 - Examples – relationships with professional associations; relationships with non-Title V state programs and agencies
 - Competencies/Skills
 - Knowledge, skills, and abilities of Title V staff and/or other individuals/agencies accessible to the Title V agency (i.e., borrowed or purchased staff resources)
 - Examples – analytic skills; understanding of quantitative and qualitative research methods

mCAST-5 Instrument: Major Components

- Major components of each instrument:
 - Process Indicators – ways to carry out a particular Essential Service
 - Adequacy ratings – how well your MCAH system is able to perform that function, or Process Indicator
 - Strengths, weaknesses, opportunities, and threats (SWOT) analysis

mCAST-5 Instrument: Major Components

- **S**trengths – what allows or supports you to perform the Essential Service; an asset
- **W**eaknesses – what prevents you from performing the Essential Service; what you need to perform it; a deficiency; a capacity need
- **O**pportunities – a chance to do something that would help your system carry out the Essential Service; something that is possibility due to the right set of circumstances
- **T**hreats – something that could disrupt or dismantle your system's capacity or interrupt the provision of services; could be internal or external



mCAST-5 Guidelines: Reminders

– Keep in mind:

- This is a self-assessment
- There are no right or wrong answers
- You are not being scored
- The value of the mCAST-5 lies in the discussion it stimulates and to inform state and federal MCAH of the impact of cuts to MCAH
- The process of rating capacity is to get you thinking about your system's strengths, weaknesses, opportunities, and threats which will inform your SWOT analysis
- The most important part of the mCAST-5 is the SWOT analyses
- One of the main purposes of doing a capacity assessment is to build a basis for better policy and funding decisions

mCAST-5 Guidelines: Completing the Instrument

- Then, for each instrument:
 - Read through all the Process Indicators for that instrument
 - Determine the level of adequacy for each Process Indicator
 - Use the examples, or list of questions, under each Process Indicator to generate discussion with your team members
 - The questions are discussion points only. All questions might not apply. Skip the ones that don't.
 - The questions are not a checklist. They do not represent all the elements needed for a high adequacy rating.
 - Give a rating for each Process Indicator
 - “1” = weak; for example, your MCAH system needs additional staff or resources to perform that Process Indicator
 - “4” = strong; your MCAH system currently has the capacity to perform that Process Indicator

mCAST-5 Guidelines: Ratings

- One way of thinking about the ratings
 - “1” = **0% to 25%** of the Process Indicator is being performed
 - “2” = **26% to 50%** of the Process Indicator is being performed
 - “3” = **51% to 75%** of the Process Indicator is being performed
 - “4” = **76% to 100%** of the Process Indicator is being performed



mCAST-5 Guidelines: Completing the Instrument

- Use the “Notes” box:
 - Notes from your discussion to use for SWOT analysis
 - Other comments
 - Alternate viewpoints
- After rating all the Process Indicators for that instrument
 - Complete the SWOT analysis
 - Capture as much as you can and be as specific as possible
 - Use bullets to list strengths, weaknesses, opportunities, and threats
 - Review SWOT with team members before moving on
 - The SWOT analysis will be used for Section 9: MCAH Capacity Needs
 - » Summarize major themes
 - » Prioritize capacity needs



mCAST-5 Guidelines: What to Submit

- Submit only one instrument per Essential Service
 - If you have multiple completed instruments, consolidate them into one
 - Include adequacy ratings, notes, and SWOT analyses
 - Submit electronically

mCAST-5 Facilitator Tips

- Notes for facilitators (Attachment C)
 - Start thinking about how to conduct the capacity assessment
 - Who the stakeholders are
 - How to structure the meetings
 - Work in large group or break off into smaller groups
 - How to distribute and collect materials
 - How to record responses; how to come to consensus
 - How to maximize use of time and resources
 - Distribute materials at least one week ahead of meeting(s)
 - More information on AMCHP's website at <http://www.amchp.org/topics/a-g/Downloads/CAST-5%20materials/CAST-5-faciliator.pdf> (also listed on Attachment C; note – “facilitator” is misspelled)