Title V Local Maternal & Child Health Needs Assessment

Summary Report
2018

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SUMMARY REPORT OVERVIEW

Michigan's 45 local health departments (LHDs) each receive Title V Block grant funds to address locally identified MCH needs. These Local Maternal and Child Health (LMCH) grants play an important role in building LHD infrastructure and supporting the delivery of programs and services. After the five-year needs assessment was completed in 2015, the Title V Steering Committee determined that it was important to support LHDs in realigning with the state's new priorities and performance measures, and to assure continuity of infrastructure, programs, and services at the local level. Thus, the MDHHS and the Michigan Public Health Institute (MPHI) partnered to facilitate a LMCH Needs Assessment. $15,000 was made available for LHDs, effective January 1, 2017 through September 30, 2017. 36 LHDs and the Northern Michigan Public Health Alliance completed the LMCH Needs Assessment, which resulted in the identification of strategic priorities to direct areas of focus for the coming years. This summary highlights key findings identified through a rich qualitative analysis of the 37 LMCH Needs Assessments.

TOP THEMES ACROSS STRATEGIC PRIORITIES

COMMUNITY RESOURCES

Ensure Culturally Appropriate Resources
Increase Awareness of Existing Resources
Reduce Barriers to Resources

ACCESS TO CARE

Address Lack of Available Providers
Decrease Barriers to Transportation
Identify Medicaid Related Barriers
Improve Navigation of Services & Systems
Minimize Barriers to Accessing Care

PRENATAL CARE

Improve Access to Prenatal Care
Increase Utilization of Services
Promote Healthy Birth Weight
Provide Education
Reduce Barriers to Prenatal Care

MENTAL HEALTH

Access, utilization and awareness of mental health services
Use of telehealth
Expanding behavioral health services

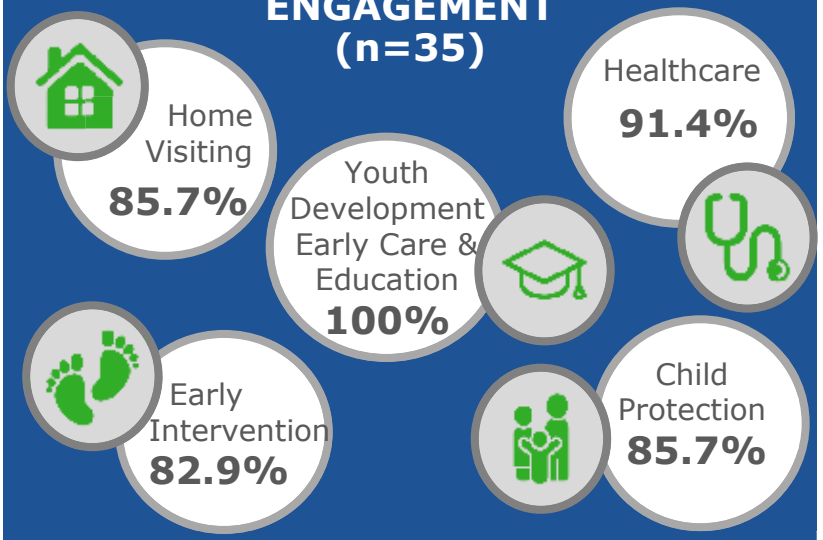
HEALTHY LIFESTYLE

Decrease barriers to accessing healthy foods
Decrease childhood obesity rates
Healthy nutritional practices in schools

OTHER THEMES

Reproductive Health, Education & Awareness, Tobacco Use, Breastfeeding, Child Abuse & Neglect, Substance Abuse, Social Support, Maternal Child Health System, Poverty, Oral Health, Preventable Mortality, Safety, Transportation, Health Equity, Childcare access, healthy environment & other

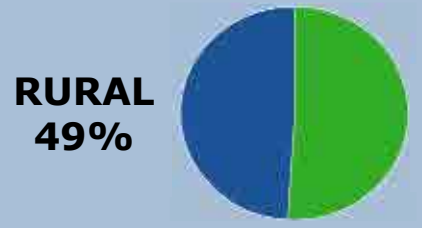
STAKEHOLDER ENGAGEMENT (n=35)



These were the most frequently engaged sectors in completing the Needs Assessment. The percentage depicts how many assessments engaged each stakeholder group.

*35 out of 37 LHDs completed the stakeholder engagement portion of the needs assessment

LOCAL HEALTH DEPARTMENT GEOGRAPHIC CLASSIFICATION* (N=37)



*Classification of local health departments as urban or rural was determined by the MSU Rural Health Institute, MDHHS, and Michigan Accreditation. Several health departments collaborated on one needs assessment and were both urban and rural.

INTRODUCTION

Michigan's Title V Maternal and Child Health (MCH) program operates under the vision of the Michigan Department of Health and Human Services (MDHHS) to promote better health outcomes, reduce health risks, and support stable and safe families while encouraging self-sufficiency. The Title V program is housed within the Bureau of Family Health Services (BFHS) and works collaboratively with the Children's Special Health Care Services (CSHCS) Division, which is housed within the Bureau of Medicaid Care Management and Quality Assurance. Title V funding is used to support both state and local MCH activities. At the state level, funding supports a wide range of MCH and CSHCS priorities and needs. At the local level, funding is distributed to health departments to meet locally-identified needs, particularly those that align with Michigan's national and state performance measures.[1] This report is funded in part by the Michigan Department of Health and Human Services with Title V Block Grant funds, supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

The Title V Block Grant (Title V) supports states in identifying and addressing the most pressing needs among women, infants, children, adolescents, and children and youth with special health care needs. In order to guide their efforts, states complete a comprehensive needs assessment every five years, as well as annual updates. For fiscal years 2016-2020 planning and as part of the federal Title V transformation, MDHHS leadership and a broad group of partners completed a statewide, five-year needs assessment to identify preventive/primary care service needs for the MCH population in Michigan. The findings of the needs assessment were used to identify strategic issues—that is, the most critical challenges that must be addressed in order to improve the health of Michigan's MCH population. MCH leadership selected priorities from the strategic issues based on data, knowledge of Title V program capacity, and the potential to leverage Title V funding to impact MCH outcomes. For 2016-2020, Michigan's seven priority needs were:

1. Reduce barriers, improve access, and increase the availability of health services for all populations
2. Support coordination and linkage across the perinatal to pediatric continuum of care
3. Invest in prevention and early intervention strategies, such as screening
4. Increase family and provider support and education for Children with Special Health Care Needs
5. Increase access to and utilization of evidence-based oral health practices and services
6. Foster safer homes, schools, and environments with a focus on prevention
7. Promote social and emotional well-being through the provision of behavioral health services

Across the five Title V population domains (women/maternal, perinatal/infant, child, adolescent, and children and youth with special health care needs) state action plans were developed to address National Performance Measures (NPMs) and State Performance Measures (SPMs) that align with each priority need. An action plan was also developed for crosscutting life course measures. Appendix B contains a summary of the NPMs and SPMs of focus for this assessment.

Local Maternal Child Health Needs Assessment Background

Michigan's 45 local health departments (LHDs) each receive Title V Block grant funds to address locally identified MCH needs. These Local Maternal and Child Health (LMCH) grants play an important role in building LHD infrastructure and supporting the delivery of programs and services. After the five-year needs assessment was completed in 2015, the Title V Steering Committee determined that it was important to support LHDs in realigning with the state's new priorities and performance measures, and to assure continuity of infrastructure, programs, and services at the local level. Thus, the MDHHS and the Michigan Public Health Institute (MPHI) partnered to facilitate a LMCH Needs Assessment and prioritization process. An additional $15,000 was made available to each LHD, effective January 1, 2017 through September 30, 2017. Each LHD had the opportunity to either accept or decline the additional funds. Accepting funding came with the expectation that each LHD would complete the full needs assessment, with training and technical assistance from MPHI and MDHHS. The main goals of the LMCH needs assessment were as follows:

[1] Definitions of terms used within this report are located in Appendix A.

- increase understanding of MCH status & disparities in MCH outcomes;
- deepen understanding of MCH needs as identified by community partners and families;
- identify the strengths and gaps in MCH infrastructure; use data to identify priority MCH needs;
- set clear goals and SMART objectives that respond to priority MCH needs; and
- implement evidence-based strategies to meet goals and achieve objectives.

Life Course Approach

The LMCH needs assessment was grounded in a life course approach, in keeping with the structure of the Title V Block Grant and the most recent state level assessment. For many years the State of Michigan has applied a life course approach to MCH projects and initiatives. A life course approach is used to support public health and community efforts to improve outcomes in health and equity. This approach was integrated across each phase of the LMCH Needs Assessment. For the purpose of this process, life course is defined as looking at "health as an integrated continuum and suggests that a complex interplay of biological, behavioral, psychological, social, and environmental factors contribute to health outcomes across the course of a person's life. It builds on recent social science and public health literature that posits that each life stage influences the next and that social, economic, and physical environments interacting across the life course have a profound impact on individual and community health" (https://mchb.hrsa.gov/training/lifecourse.asp). There are three core principles of a life course approach, as follows:

- A life course approach is based on a theoretical model that considers the full spectrum of factors that impact an individual's health, through all stages of life (e.g. pre-conception, infancy, childhood, adolescence, adulthood, childbearing age, elderly age)
- A life course approach focuses attention on health and disease patterns – shining a light on health disparities – across populations and over time
- A life course approach considers the trajectory of cumulative effects of family, social, psychological, economic, and environmental determinants

Figure 1 outlines the 6 phases of the life course that were integrated within each step of the LMCH needs assessment process. In addition to providing a guiding conceptual theory, life course was used to organize the collection and interpretation of assessment data.

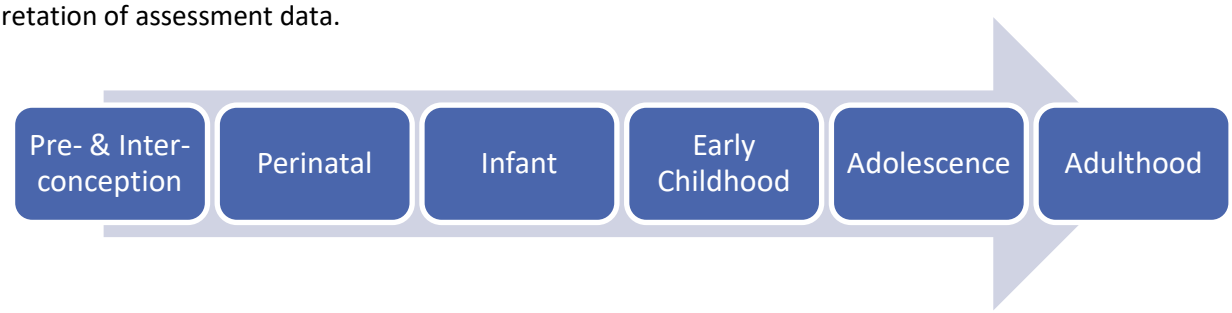


Figure 1: Phases of the Life Course

Mobilizing for Action through Planning & Partnerships Framework

The LMCH needs assessment was also grounded in a best practice model for health assessment and improvement planning used by local health departments across the nation called Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community-driven, planning process for improving community health developed by the National Association of County and City Health Officials' (NACCHO). The MAPP framework is an interactive process, comprised of six phases that are designed to improve the performance of public health systems. The first phase of the process involves organizing and actively engaging partners to create a realistic plan and timeline for the assessment. The second phase, visioning, guides the community through a collaborative process that leads to a shared community vision and common values. The four MAPP assessments; Community Themes and Strengths Assessment, Local Public Health System Assessment, Community Health Status Assessment, and Forces of Change Assessment, comprise phase 3 of the traditional MAPP process. In phase four, local health departments analyze the results of the completed assessments, and develop strategic issues facing the community. Phase five involves reviewing the strategic issues identified in phase four, developing goal statements related to those issues, and identifying strategies to address the identified issues. The

last phase of MAPP, Taking and Sustaining Action, involves developing an action plan to address goals and objectives, tracking implementation, evaluating progress, and shifting direction when needed.

Whereas the MAPP process includes a comprehensive look across all domains of public health, the LMCH needs assessment was focused on the MCH population. However, because the model, language, and approach are familiar to local health departments, it was selected as the starting point for the design of the assessment process.

Needs Assessment Design

In addition to the MAPP framework and life course theory, the LMCH needs assessment was informed by the Public Health Accreditation Board's (PHAB) Standards and Measures for local health departments, the National Public Health Performance Standards Program (NPHPSP), the MCH Essential Services, and a variety of other community health improvement tools and resources.

The LMCH Needs Assessment included 8 steps, which were introduced and completed in a stepwise fashion (see Figure 2). The Assessment included 3 of the 4 MAPP assessments, specifically the Community Themes & Strengths Assessment, Health Status Assessment, and System Assessment. The LMCH Needs Assessment did not include the Forces of Change Assessment due to time constraints, and the System Assessment was optional.

Figure 2: Steps of the Needs Assessment Process

The first of the three assessments that comprised the LMCH Needs Assessment was the Health Status Assessment. A Health Status Assessment answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?" [2] The purpose of this assessment is to understand a community's health status, by looking at population data. Each LHD received a state-level data workbook pre-populated with metrics depicting the overall health state of Michigan residents to use as a point of comparison shown in Appendix C. This workbook also disaggregated data where possible by race and ethnicity and other demographic characteristics. In addition to state-level data, local health departments utilized a local-level data workbook pre-populated with county, jurisdiction, or region level data to identify key health issues within their service area provided in Appendix D. Local Health Departments were also encouraged to use local-level quantitative data from other sources to supplement gaps in what was provided based on state data.

The second of the 3 assessments, Community Themes & Strengths, involved gathering input from community partners and community members about features of the community that support health and put health at risk across the life course; and health needs and concerns at each stage of the life course. This assessment was used to address gaps in quantitative data and engage community members in the needs assessment process. LHDs gathered data through focus groups, interviews, photo voice projects, and other methods for qualitative data collection.

The third assessment, the System Assessment, involved pulling together local MCH system partners to discuss the degree to which the maternal child health system had the necessary capacity to deliver essential services. The

[2] http://archived.naccho.org/topics/infrastructure/mapp/upload/chsa.pdf

assessment explored, through dialogue with system partners, the activities, competencies, and capabilities of the MCH system; and how essential MCH services were being provided to the community.

LHDs received training via webinar on each step of the process prior to completing each step within their respective agencies, and in partnership with external stakeholders. MPHI and MDHHS staff offered technical assistance and coaching for each step of the assessment. LHDs submitted documentation after each step, and received feedback both on strengths and opportunities to expand and further develop their assessment approach. This strategy was selected to make the process more manageable, to support the LHDs in distributing assessment activities across the timeline, and to support LHDs in building assessment capacity and expertise.

Purpose and Organization of Report

The purpose of this report is to describe the priorities that emerged at the local level through this assessment process in order to inform the next state level needs assessment. The next section of the report describes the methods used to identify common priorities. The findings section focuses on themes identified across assessments. The findings are followed by a discussion section that interprets the themes, and highlights implications for understanding maternal and child health priorities in Michigan. The report concludes with a recommendations section that offers suggestions for integrating these local findings into the next 5-year state-level Title V Needs Assessment.

Methods

At the end of the LMCH needs assessment process, each health department submitted a completed LMCH needs assessment tool found in Appendix E. This tool described each step of the process and the needs identified by the LHDs. In order to gain an understanding of priorities across LHDs in Michigan, MPHI completed a thematic analysis of key areas of the completed and submitted LMCH needs assessment tools.

Of the 45 LHDs in Michigan, all 45 accepted the additional funding to complete the LMCH needs assessment. Due to time constraints and staffing limitations, 42 of the 45 LHDs completed the full needs assessment. It is important to note, that the Northern Michigan Public Health Alliance (NMPHA), an alliance with a long history of cross-jurisdictional sharing and collaboration, requested to complete the LMCH needs assessment collaboratively, and thus submitted one LMCH needs assessment tool, that encompassed the needs and priorities for the six LHDs in the Alliance (Benzie-Leelanau, District #2, District #4, District #10, Grand Traverse, and Northwest Michigan). Additionally, three LHDs did not complete the full assessment, and one LHD was on a different timeline but completed the full assessment in early FY18. With these adjustments, there were 40 LMCH needs assessment tools submitted, and 37 of those tools were completed in full.

Local health departments prioritized up to 5 strategic issues (within Step 6 of the needs assessment process), which were referred to as strategic priorities. These priorities were then carried forward and used to develop a detailed action plan for each strategic priority. Local health departments developed SMART goals for each strategic priority, and outlined strategies to address each strategic priority in the final stages of the action planning process. The ***strategic priorities*** that each LHD developed were the focus of this analysis. Results, in the form of major themes across health department strategic priorities are described below. These results are intended to inform the next 5-year Title V Needs Assessment at the state-level.

The analysis process focused on identifying themes across strategic priorities identified through the LHD's assessment processes, as well as other key features of the needs assessment. The analysis process was guided by the following questions:

1. To what extent did LHDs engage a broad group of stakeholders in the needs assessment process?
    a. Which stakeholders and organizations did LHDs most commonly engage in the process? Which were the most difficult to engage?
    b. To what extent did LHDs engage both parents and those impacted by the root causes of inequity in the process?
2. How many of the LHDs completed the system assessment? Of those that completed the system assessment, which domains did the LHDs seem to have the capacity to most readily focus on?
3. Which modalities of collecting community input did LHDs most commonly use?
4. What were the common strategic priorities identified across LHDs?

The final 37 LMCH needs assessment submissions with steps 1-8 completed were uploaded to NVivo Version 11 for content analysis. MPHI researchers developed a coding structure derived from the LMCH Tool, and programmed the coding structure into NVivo. That coding structure can be found in Appendix F. The preliminary round of coding was divided up across three MPHI researchers. Once the first round of coding was complete, an abbreviated consensus coding process was completed.

RESULTS

Stakeholder Engagement

Local health departments who completed the LMCH Needs Assessment were asked to collaborate with community stakeholders across the MCH system to gain a comprehensive understanding of community needs and to strengthen system commitment to addressing priorities. Of the 37 completed LMCH Needs Assessments, 31 or 83.8% of LHDs stated they engaged existing groups of community stakeholders or system partners in MCH to complete their assessment. The existing groups who were engaged to guide the needs assessment process varied, however, Great Start Collaboratives and Great Start Parent Coalitions were frequently involved. The other six LHDs stated they did not have an established, broad group of MCH system partners who they engaged in the needs assessment process, but all six LHDs identified a strategy for inviting and gathering input from system partners or community stakeholders.

Figure 3 depicts the various types of community stakeholders who participated in the assessment process and how frequently they were engaged. Of the 37 completed LMCH Needs Assessments, 35 or 95.0% of LHDs defined the sector and name of community stakeholders who engaged in the LMCH Needs Assessment process. The sectors who collaborated most frequently with health departments in completing the needs assessment were youth development, early care and education, healthcare providers, home visiting programs, and child protection organizations.

Great Start Collaboratives and school districts were the most common groups to be listed as youth development, early care and education stakeholders. When the local health departments completed the stakeholder engagement portion of the health needs assessment tool, they were given the categories of Education, Education and Youth Development, and Early Care and Education. Due to the overlap in the types of organizations listed in these categories they were combined for thematic analysis.

Healthcare providers listed ranged from healthcare systems, healthcare provider groups, clinics, dental service providers, and individual healthcare providers. Of the 35 local health departments who listed the stakeholders they engaged, 32 health departments had at least one healthcare provider present to provide input into the LMCH Needs Assessment.

Stakeholders representing home visitation were the third most frequently engaged stakeholder group (85.7%), alongside child protection agencies (85.7%). The Maternal Infant Health Program (MIHP), Nurse Family Partnership Program, and Parents as Teachers were frequently mentioned as engaged stakeholders in the process. Child protection organizations listed included county Department of Health and Human Services offices, Child Protective Services, Foster Care, and child advocacy groups or coalitions.

Less frequently engaged stakeholders included transportation agencies and businesses. Transportation stakeholders mostly consisted of public transportation services. Transportation agencies, as well as businesses, were a part of the assessment process in 51.4% of completed assessments. Examples of business organizations included: the Chamber of Commerce, Kiwanis Club, and various businesses such as Detroit Edison, Dow Chemical and Pfizer, just to name a few.

Similarly, neighborhood organizations were also engaged less frequently compared to other stakeholder groups. Some examples of neighborhood organizations were resource or community centers, libraries, and community coalitions/associations.

Cultural organizations were the least common stakeholders engaged in the LMCH Needs Assessment. Engaged Cultural organizations included: migrant programs, Hispanic, Latino, African American and Asian organizations, an LGBTQ agency, and Tribal organizations.

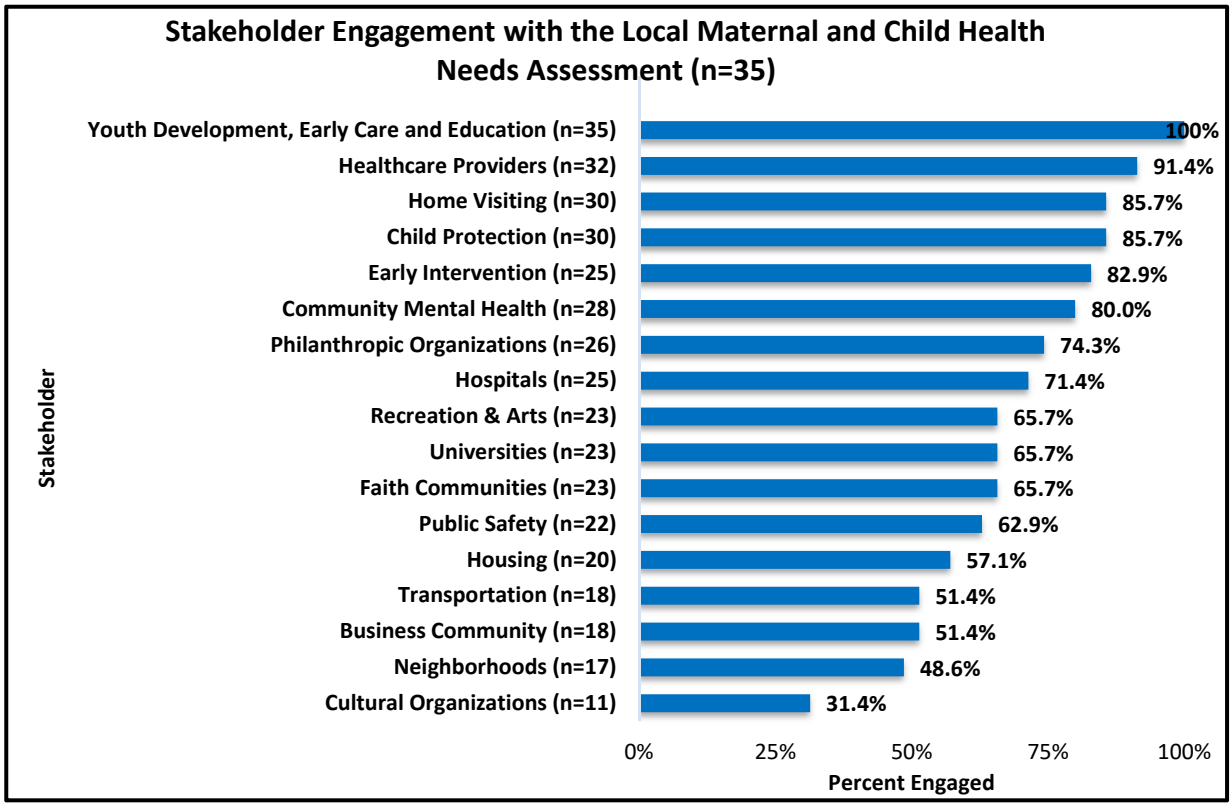


Figure 3: Stakeholder Engagement with the Local Maternal and Child Health Needs Assessment

Stakeholders such as: early intervention, community mental health, philanthropic organizations, hospitals, recreation and arts, universities, faith communities, public safety, and housing organizations were also engaged by health departments when completing the assessment.

Several representatives from specific populations were engaged in the LMCH Needs Assessment in an effort to gather unique cultural perspectives in the various steps of Assessment. Local health departments engaged representatives from: the Amish population, Saginaw Chippewa Indian Tribe, Hannahville Indian Community, and Sault Tribe of Chippewa Indians.

Additional stakeholders were engaged and categorized by LHDs in the 'other' category of the assessment. Such stakeholders included representatives from the following groups: substance abuse and prevention organizations, government agencies, support groups, counseling services, and food assistance organizations.

Lastly, the LDHs were encouraged to actively engage community members, parents, and families to ensure the needs assessment was well informed by the voices of those most impacted by the root causes of inequities. Local health departments overwhelmingly chose to engage members of Great Start Collaboratives and Parent Coalitions due to their access and involvement in MCH initiatives. Overall, 31 (83.8%) LDHs engaged community members, parents, and families to support the LMCH Needs Assessment.

Barriers to Stakeholder Engagement & Strategies to Mitigate

More than half of the health departments noted that it was difficult to establish relationships with potential partners or stakeholders, especially community members. Time constraints, scheduling conflicts, and an overall lack of funding to support participation were among the most commonly identified barriers. Additional barriers included being unsure how to meaningfully engage community members. Health departments noted challenges with keeping their interest and having clear ideas about how community members can help. Engaging diverse partners, burnout, and turnover of community partners and staff were also noted as major barriers to participation. Ten health departments specifically mentioned that parent/consumer/family/caregiver involvement was a challenge. These LHDs stated that parents were busy and often had competing priorities, which made it difficult for parents to participate, especially because childcare or participation incentives were not provided. Additionally, time was identified as a challenge with one health department stating that community members were more apt to complete a survey rather than attend meetings. Parents are often asked to engage by many community programs, which can lead to them feeling "harassed" or simply unwilling to participate.

Community Themes & Strengths and System Assessments

Maternal & Child Health Status Assessment

Of the 37 LHDs who completed the full LMCH Needs Assessment, all 37 completed the health status assessment. LHDs noted common data gaps. They noted a lack of state or community level data pertaining to the early and middle childhood phases of the life course. Additionally, while the Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) provides critical information about pregnancy, birth and early infancy, it is only available at the state level, making it difficult to use for local purposes. Finally, while the Michigan Profile for Healthy Youth (MiPHY) includes helpful information, the sampling strategy makes it less useful for jurisdictions that do not have robust participation.

Community Themes & Strengths Assessment

The most commonly utilized method to collect community input in the LMCH Needs Assessment was a community input wall which was utilized in 23 (62.2%) LMCH Needs Assessments. Community input walls required a large space where members from the community were able to post their comments and experiences to focus questions. Community input walls were placed in various location including: childhood and baby carnivals, primary care clinics, WIC clinics, immunization clinics, child care centers, food pantries, and community centers.

Eighteen (48.6%) LHDs used a survey method to collect perspectives from parents, post-partum mothers, WIC clients, and/or Great Start Collaborative members. These survey methods included traditional paper, electronic, telephone or intercept surveys. Intercept surveys are quick, paper surveys that participants are asked to complete due to their presence at an event or specific location. Seven LHDs used intercept surveys at events such as health fairs, kindergarten round-up, and Great Start Collaborative events, a community baby shower, and WIC clinics.

Seventeen (45.9%) LHDs chose to use one or more focus groups to collect community input for the LMCH Needs Assessment. Focus groups are a small group of 8 to 10 participants who are asked by a facilitator open ended questions used to gain a deeper understanding on a topic. Participants in focus groups conducted by the LHDs included: WIC

clients, low income families, parent support groups, home visiting clients, Early Head Start parents, and Hispanic parents.

Four (10.8%) LHDs utilized Photovoice, a method of capturing the community's experiences and perceptions through the use of photos, for the Community Themes & Strengths Assessment. Photovoice participants included: children, adolescents, teen parents, minority parents, single parents, and fathers. Participants were asked to take photos of what makes their community healthy, what could make them healthier, or what makes it hard for them to be healthy.

The method least utilized by LHDs to collect community feedback was the Town Hall Community Meeting. These meetings require an open discussion among a large group of community members (60-100 people). Only one LHD chose to host a Town Hall Community Meeting. The town hall community meeting consisted of all adult participants, mostly from healthcare or human service agencies. Participants were asked three questions: 1) What do you believe are characteristics of this community that promote health across the life span? 2) What do you believe are the most important issues that must be addressed to improve health? 3) What do you believe is keeping our community from doing what needs to be done to improve health?

Maternal & Child Health System Assessment

The LHDs were provided a pre-populated Maternal and Child Health System Assessment found in Appendix G. This tool was used to evaluate how well the maternal child health system delivers essential services. The purpose of completing the assessment was to assess the activities, competencies, and capabilities of the maternal child health system and how essential maternal and child health services are provided to the community.

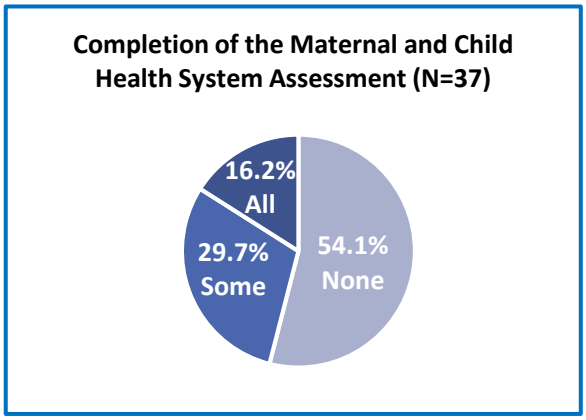


Figure 4: Completion of the Maternal and Child Health System Assessment

Completion of the Maternal and Child Health System Assessment was optional, and 54.1%, or 20 LHDs, chose not to complete the assessment. The Maternal and Child Health System Assessment was comprehensive and challenging to complete due to the system-wide focus and time required. However, 16.2%, or 6 LHDs, completed all 10 domains of the Maternal and Child Health System Assessment, and 29.7%, or 11 LHDs, chose to complete one or more domains of the assessment. Figure 4 provides an illustration of the percent of LHDs who completed none, some or all of the domains within the Maternal and Child Health System Assessment.

The 11 health departments who assessed one or more domains chose which domains to complete. Figure 5 displays which domains were most frequently completed. Domain 1, assess and monitor MCH health status to identify and address problems, was completed by 32.4% health departments and their partners. Domain 7, link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care, was filled out by 29.7% of health departments and their partners, and 27.0% completed domain 3, inform and educate the public and families about MCH issues.

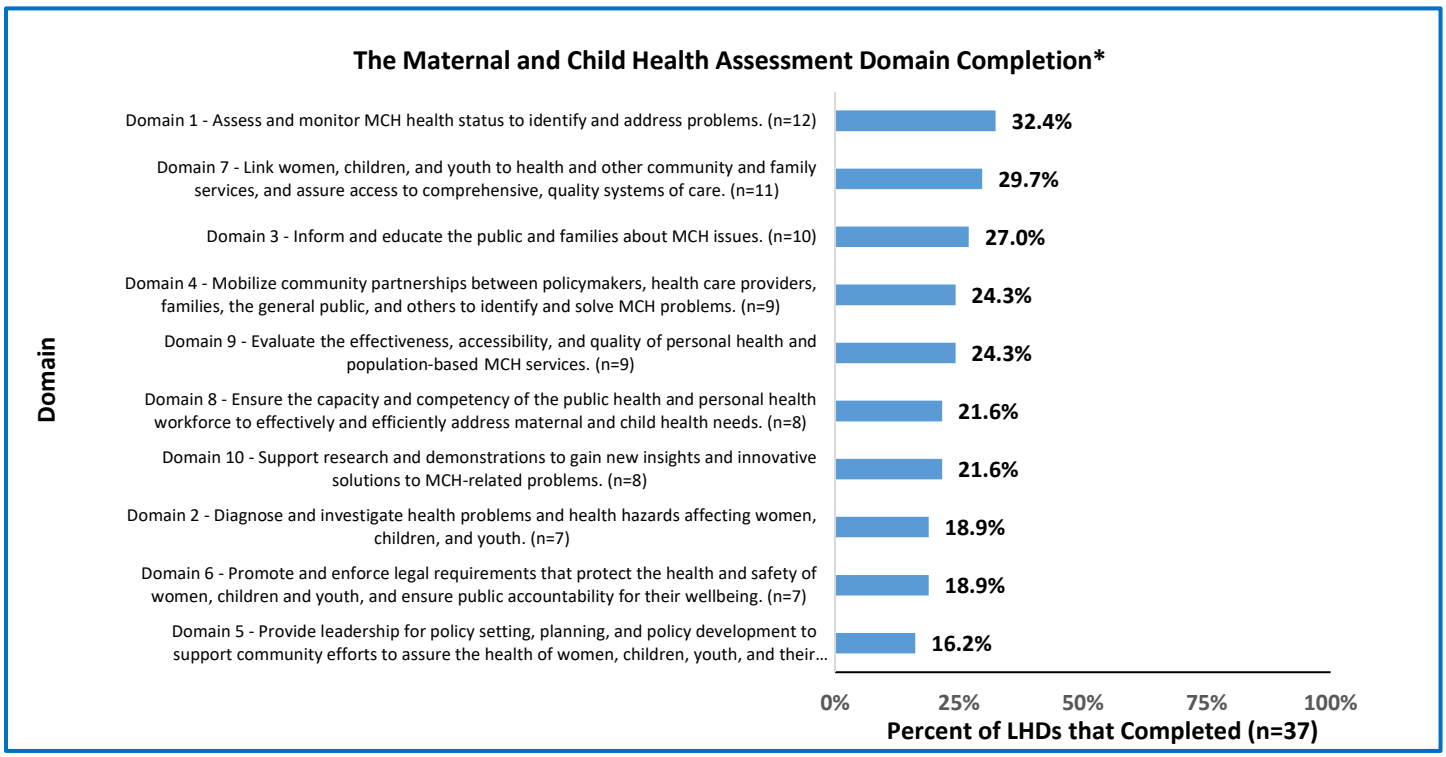


Figure 5: The Maternal and Child Health Assessment Domain Completion

Major Themes across Strategic Priorities

The strategic priorities identified by health departments were coded by theme to identify common priorities across departments, as well as variation. Strategic priorities were coded to multiple themes where appropriate. The themes were categorized based on the type of change targeted in the priority. A further description of each theme, including "other," is provided below.

Community Resources: A total of ***14*** LMCH Needs Assessments indicated that access to, or awareness of, community resources was a priority for their community. Although many of the LHDs did not specify their target population, one LHD identified single moms as a target population for increasing utilization of community resources. Words such as coordinate, promote, support, and collaborate were used in these priorities to describe the role of MCH partners in increasing access to community resources so that community members can meet their basic needs. Additionally, one of these priorities highlighted need to ensure community resources are culturally relevant, and several highlighted removing barriers to accessing services, such as barriers related to transportation and language.

Increasing awareness and providing education about available community resources were prioritized through some assessments. More specifically, increased awareness of WIC services was a common theme. Other priorities highlighted increasing awareness of community programs, events, classes, educational opportunities, health and wellness opportunities, preventative health care screenings or services, and data reinforcing the importance of a healthy lifestyle.

Access to Care: A total of ***13*** LMCH Needs Assessments selected strategic priorities focused on improving access to care. Some focused on improving navigation of MCH services and systems in their communities. Navigation specific priorities included increasing the number of community health workers available to help clients navigate the healthcare system. Others focused on increasing the number of local providers available in the community (i.e. Vaccine for Children Program or VFC providers and Medicaid providers). Still others prioritized identifying and decreasing barriers to accessing care in communities. They prioritized minimizing barriers clients encounter when attempting to access medical appointments and/or resources, or improving access to culturally-relevant healthcare resources. Some LMCH Needs Assessments specified transportation as being one of the most significant barriers to care currently existing within their communities.

Prenatal Care: A total of ***13*** LMCH Needs Assessments prioritized prenatal care. Some LHDs prioritized increasing access to and utilization of prenatal care, postpartum services, and community resources. Adequacy of prenatal care was specifically targeted by some, which identified first trimester prenatal care or the number of prenatal care visits as a priority. Other priorities spoke to reducing barriers to adequate prenatal care such as lack of providers, transportation, and poverty. Increasing awareness about adequate prenatal care was a reoccurring theme. Additionally, healthy birth weight of the mother and infant were priorities selected in a few assessments. Finally, one health department selected the priority of decreasing NAS or Neonatal Abstinence Syndrome, which occurs when an infant withdrawals from narcotics that were introduced in the womb.

Mental Health: Approximately one third, or ***12***, of the LMCH Needs Assessments chose an aspect of mental health as a strategic priority. The Assessments that identified mental health highlighted opportunities for improvement in mental health services such as access, utilization, and awareness. In regard to access, rural communities, children, and adolescents were among the populations of focus. Many of the strategic priorities emphasized utilizing tools and resources to increase access, such as telehealth. Other notable areas included improving the affordability of mental health services and expanding behavioral health services. Utilization of mental health services was identified as a strategic issue, with an emphasis on eliminating barriers. Further, awareness of mental health services, which influences utilization, was an area of focus.

Healthy Lifestyle: A total of ***12*** LMCH Needs Assessments focused on healthy lifestyles for mothers and babies. These priorities focused on decreasing barriers to accessing healthy foods, in an effort to specifically decrease childhood obesity rates. Some priorities focused on expanding education on healthy nutritional practices in school-based settings, specifically. Other priorities focused on healthy lifestyles broadly and included creating opportunities for physical activity.

Reproductive Health: In total, ***11*** LMCH Needs Assessments identified strategic priorities focused on improving the reproductive health of women in their communities. Some prioritized expanding education to adolescents about reproductive health and sexual behaviors. Others identified the need to promote family planning across the community. They prioritized leveraging existing services and offerings within the community, as well as promoting healthy reproductive practices, like birth spacing intervals. One rural health department prioritized providing a greater number of reproductive health services at no cost or reduced cost for adolescents.

Education & Awareness: Education and awareness related strategic issues were prioritized by ***9*** LMCH Needs Assessments. These priorities were focused on providing education, classes, and messaging to audiences such as parents, pregnant women, and the overall community. Topics for included healthy lifestyle choices and behaviors, nutrition, smoking cessation, safe sleep, well-child care, and adolescent sexual health. In addition, two counties identified priorities related to addressing gaps in obtaining an education or skills training to pursue employment.

Tobacco Use and Smoking: Smoking, especially during pregnancy, was a strategic priority identified by ***8*** LMCH Needs Assessments. These priorities focused on increasing supports for tobacco cessation generally and among specific populations, such as pregnant women.

Breastfeeding: A total of ***6*** LMCH Needs Assessments prioritized increased breastfeeding support in their communities. Some targeted a system change, such as expanding breastfeeding education or improving access to lactation support, whereas others targeted a change in behavior, such as increasing breastfeeding initiation, duration, or exclusivity.

Child Abuse & Neglect: Decreasing child abuse and neglect in their communities was prioritized in the context of ***5*** LMCH Needs Assessments. These priorities focused on collaborating with community partners to support families, and connecting families facing multiple stressors with supportive services. Lastly, one assessment mentioned wanting to strengthen the Five Protective Factors in their communities.

Substance Abuse: A total of ***5*** LMCH Needs Assessments selected strategic priorities focused on addressing and preventing substance abuse. These priorities focused on strengthening provider networks to improve access to

services to address substance abuse, as well as providing adolescents with the education and skills necessary to minimize risky behaviors.

Social Support: A total of ***5*** LMCH Needs Assessments, both urban and rural, prioritized improving social support for women, youth, and children. These priorities spoke to linking families together, reducing social isolation, and supporting community members through anxiety and depression, for example.

Maternal and Child Health System: Strategic priorities focused on improving care coordination across patients, services, and providers were selected in ***4*** LMCH Needs Assessments. Of these, one highlighted the need to involve community members in discussions about the MCH system in order to provide better services.

Poverty: A total of ***4*** LMCH Needs Assessments determined that decreasing poverty was a priority for their jurisdiction. Of the four that highlighted the importance of addressing poverty to improve health outcomes, each chose a different audience of focus for interventions, including rural communities, Hispanic youth, and children. One prioritized promoting collaboration in the development of sustainable programs and resources to address poverty within the community.

Oral Health: Oral health was specified as a strategic priority in ***4*** LMCH Needs Assessments. Although the intended audiences were different for each strategic priority, they focused on increasing access to dental care. Populations of focus included the Medicaid population, uninsured, pregnant women, children, and the overall community.

Preventable Mortality: Preventing unnecessary or early death among infants, children, and youth was a priority selected by ***4*** LMCH Needs Assessments. One LHD stated they planned to reduce the number of accidents that lead to preventable mortality, specifically.

Safety: Safety was selected as a strategic priority in ***4*** LMCH Needs Assessments, with a focus on safety of infants and children. These priorities included reducing adverse events in the community, reducing accidents and injuries, and ensuring community members had the essentials to live a safe and healthy life.

Transportation: A total of ***4*** LMCH Needs Assessments prioritized providing safe and reliable transportation to residents to promote health. Of these four health departments, two specifically mentioned needing to minimize transportation barriers, and the other two more generally described transportation as an issue. Local health departments specified the need to decrease barriers to transportation in order to increase residents' overall access to care.

Health Equity: Health equity was specifically referenced in strategic priorities in ***3*** LMCH Needs Assessments. One of these priorities focused on ensuring families were being treated equitably whereas the other two priorities emphasized the importance of changing policy to promote health equity and reduce structural inequities.

Access to Childcare: Increased access to quality childcare that is affordable and available during all shifts was identified as a priority in the context of ***3*** LMCH Needs Assessments.

Healthy Environment: There were ***2*** LMCH Needs Assessments that selected priorities related to lead poisoning. One health department targeted improving testing, whereas another health department focused on reducing the number of lead poisoned children within the county.

Other: Other various strategic priorities were selected that were specific to their communities that did not directly align with other LHD priorities.

The most common themes that emerged from the strategic priorities were access to care, access to and awareness of community resources, and prenatal care. Access to care was the most frequently identified strategic priority and highlighted a lack of available providers, a need to decrease barriers to transportation, address Medicaid related barriers, and improve navigation of services and systems. Increasing awareness, reducing barriers, and ensuring existing community resources are culturally relevant were reoccurring themes among strategic priorities. Additionally, access to prenatal care was emphasized as a need.

SUCCESS STORIES

While each LMCH Needs Assessment followed a similar path, each jurisdiction tailored the process in unique ways. This section highlights just a few of the successes noted in the LMCH Needs Assessments; however, it is by no means an exhaustive description of how the process was implemented across the state. Kalamazoo County Health and Community Services (KCHCS) went above and beyond to gather community input, implementing focus groups, community input walls, and intercept surveys. They used what they learned in partnership with community organizations to identify 12 strategic issues and select 3 strategic priorities. They drew from a wealth of qualitative data collected directly from community residents, involved residents in the prioritization process, and developed strategic priorities to directly impact the needs community residents identified. KCHCS had great success in garnering authentic community engagement.

Additionally, St. Clair County Health Department utilized their assessment findings to communicate and inform their community about MCH needs by creating an engaging infographic, which they shared broadly in their community. Similarly, the Ottawa County Department of Public Health created an infographic-style PowerPoint to inform their community and Board of Health about the LMCH Needs Assessment and the strategic priorities that were identified as a result of the assessment.

Finally, The Northern Michigan Public Health Alliance (NMPHA) completed a joint LMCH Needs Assessment that involved 6 health departments (District Health Department No.2, District Health Department No.4, District Health Department No.10, Benzie-Leelanau District Health Department, Grand Traverse County Health Department, and the Health Department of Northwest Michigan). The NMPHA has a long-standing relationship and established collaborative agreements, which supported their ability to complete the LMCH Needs Assessment in such a collaborative manner. The NMPHA was able to convene numerous stakeholders from various agencies and organizations to take a deep dive into the needs and gaps in MCH systems and services in the NMPHA jurisdiction. A success of the NMPHA was their ability to identify overarching needs resulting in strategic priorities across the northern region of Michigan. The NMPHA strategically used the LMCH Needs Assessment to continue fostering cross-sector, regional collaboration and buy-in, while also taking a deep dive into identifying needs and gaps at the regional level.

CHALLENGES & LIMITATIONS

The two most significant challenges identified by LHDs when completing the LMCH Needs Assessment were the short timeline of the assessment and the minimal amount of funds awarded to LHDs to complete a robust needs assessment. Local health departments encountered challenges in their ability to convene an inclusive and extensive group of community partners and stakeholders to provide input on the needs assessment due to the short timeline of the assessment. Additionally, the small amount of funds awarded for the needs assessment limited the amount of incentives and supports the LHDs could provide to community members to gather their feedback (i.e. food, gas cards, childcare stipends, etc.) and also presented challenges in supporting enough FTE for LHD staff to be responsible for the completion of the needs assessment.

An overarching limitation to the analysis of needs assessment findings was the variability in which LHDs submitted their final LMCH Needs Assessment Tool. Some LHDs removed various portions of the physical tool, and others submitted additional supporting documents that were incompatible with the NVivo software that was used to analyze the large amount of qualitative data. Inferences and decisions in certain instances had to be made to ensure accurate and inclusive data from each LHD were included. Additionally, there was variability the quality of submitted needs assessments. As a result of the short timeframe, limited resources, and variation in capacity across LHDs, some completed more detailed and comprehensive Needs Assessment Tools than others. Similarly, LHDs varied in the degree to which there was a clear link between assessment data and strategic issues. It is not uncommon for preconceived notions of need or concerns about funding stability to enter into the process of selecting priorities, and those factors may have played a role for some LHDs.

Further, access to local-level data was a barrier for LHDs, as well as a lack of access to epidemiology staff to analyze and interpret data. Access to data was specifically mentioned as a barrier by eight LDHs. Lack of access to local-level data focused LHDs on certain types of issues and population groups, while excluding others from consideration. Some LHDs mentioned they attempted to minimize this challenge by including contextual information from stakeholders and community members to supplement quantitative data gaps.

Similarly, LHDs varied in access to an inclusive group of partners. Most built from a group that focused on issues of pregnancy, infancy, and/or early childhood. However, middle childhood and adolescent populations were not as well represented in the group of stakeholders that informed the process and made decisions. Similarly, children and youth with special healthcare needs were not as robustly represented as other population groups.

Finally, a few of the LHDs did not complete the full LMCH Needs Assessment. As a result, the findings are not inclusive of every jurisdiction in the state.

DISCUSSION

Recommendations

The LMCH Needs Assessment enabled LHDs to convene local stakeholders and gather meaningful information about MCH in their communities. Local health departments were able to engage their partners to explore multiple types of assessment data to identify both needs and strengths of the MCH population.

At the time of publication of this report, MDHHS is in the preliminary stages of planning for the next Title V 5-year needs assessment. The results of this process can be used to bring the local perspective to the state needs assessment. Such an approach will enable Michigan to gain a broader understanding of MCH issues in the State, and will strengthen the not only the next 5-year needs assessment, but the MCH system in Michigan, as a whole.

Outlining Priorities

Although each completed Maternal and Child Health Needs Assessment was different and highlighted specific needs within each city or county, statewide trends emerged. Figure 6 illustrates the various strategic priority areas that were identified in the assessments, categorized within the stages of the life course. As the figure shows, some strategic priorities were specific to one life course stage, whereas others pertained to multiple stages or the entire life course. The most frequently addressed stage of the life course was pre- and inter-conception.

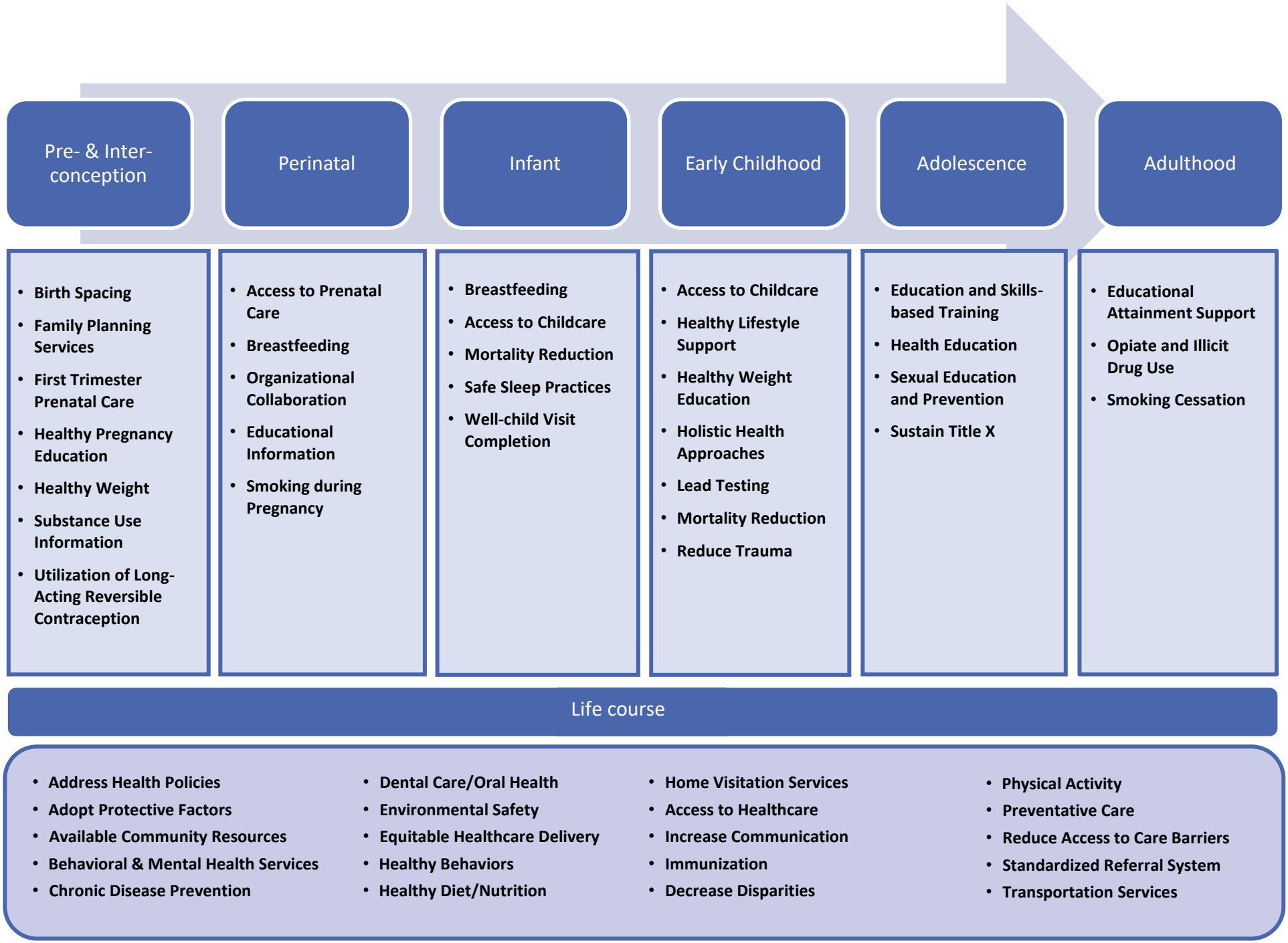


Figure 6: Priorities Across the Life Course

CONCLUSION

The next 5-year needs assessment for Michigan will be completed in 2019. The identified strategic priorities will direct maternal and child health programs, initiatives, and activities from FY2020-2025. The strategic intent of completing the LMCH Needs Assessment was to gather rich data from the local-level, to carry up to inform Michigan's selection of priorities. The results detailed in this report will be directly used to inform the next 5-year needs assessment for Michigan. This will help ensure Michigan is using local-level input and data to inform identification of needs and strengths across the state.

APPENDICES:

A. DEFINITIONS

- **Activity**: A set of actions taken to implement a strategy or intervention.
- **Community Health Assessment:** "The terms 'community health assessment (CHA)' and 'community health needs assessment (CHNA)' are used interchangeably to refer to the process of community engagement; collection, analysis, and interpretation of data on health outcomes and health correlates/determinants; identification of health disparities; and identification of resources that can be used to address priority needs."[3]
- **Direct Services**: Preventive, primary, or specialty clinical services to pregnant women and children, including children with special health care needs, where Maternal and Child Health Services Block Grant funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. (Title V Guidance)
- **Enabling Services**: Non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where Maternal and Child Health Services Block Grant funds are used to finance these services. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach. (Title V Guidance)
- **Evidence-based Strategy Measures (ESMs)**: Intended to hold states accountable for improving quality and performance related to the National Performance Measures and related public health issues. ESMs will assist state efforts to more directly measure the impact of specific strategies on the National Performance Measures. (HRSA.org) ESMs are process measures that indicate an intervention is being implemented as designed.
- **Family/Consumer Partnership**: The intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course. (Title V guidance)
- **Goal**: A broad statement of what a community, service, program, policy or intervention hopes to achieve.
- **Health Disparities:** Health outcomes seen to a greater or lesser extent between populations.
- Health disparities may be related to race, ethnicity, sexual identity, socioeconomic status, age, disability and geographic location. It is important to recognize the impact that social determinants have on health outcomes of specific populations. (Healthy People 2020)
- **Intervention**: A set of services, programs or strategies designed to produce behavior change or improve health status among individuals or a population.
- **Life Course:** The life course approach to conceptualizing health care needs and services evolved from research documenting the important role early life events play in shaping an individual's health trajectory. The interplay of risk and protective factors, such as socioeconomic status, toxic environmental exposures, health behaviors, stress, and nutrition, influence health throughout one's lifetime. (HRSA)
    - A life course approach emphasizes a temporal and social perspective, looking back across an individual's life experiences or across generations for clues to current patterns of health and disease, while also recognizing that both past and present experiences are shaped by the wider social, economic and cultural context. (WHO)
    - The phases or stages of the life course can be defined in a variety of ways. The following stages are used for the purposes of this assessment. Note that these stages overlap and are defined by a combination of age and developmental accomplishments:

        Pre/Inter-conception: The period either before or between pregnancies. The childbearing years include the timeframe between physical maturity and the beginning of menopause, approximately 20 to 44.

        Perinatal: The period beginning with 22 completed weeks (154 days) of gestation and ending with seven completed days after birth. (WHO)

[3] Centers for Disease Control and Prevention. Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants, Atlanta, GA: Office of Surveillance, Epidemiology, and Laboratory Services, 2013, p1

Infant: Includes both the neonatal period (birth-27 days of life) and the post-neonatal period (1 month- 1 year). (HRSA) This period is also sometimes defined as the period between birth and the acquisition of key developmental skills such as acquisition of language or the ability to walk.

Early Childhood: Period of development following infancy and preceding puberty.

Adolescence: Period of development beginning with puberty and ending with physical maturity.

Adulthood: Period of time beginning with physical maturity.

- **National Outcome Measures (NOM):** Indicators of health status for the MCH population; NOMs monitor the impact by National Performance Measures (Title V Guidance)
- **National Performance Measures (NPMs)**: A set of population-based measures which utilize state-level data derived from national data sources for which state Title V programs will track prevalence rates and work towards demonstrated impact. NPMs address key national MCH priority areas. (Title V Guidance)
- **Needs Assessment**: A process to understand the strengths and needs of the health service system within a community or population. For maternal and child health purposes, needs assessment efforts may consider: 1) health status, 2) health service utilization, 3) health systems capacity, and 4) population/ community characteristics and contextual characteristics.
- **Objectives**: A statement of intention with which actual achievement and results can be measured and compared. SMART objectives are specific, measurable, achievable, relevant and time-phased. (Kansas Maternal and Child Health)
- **Outputs**: The products, goods, and services which result from an activity/strategy/intervention that indicate successful implementation of an activity/strategy/intervention.
- **Preventive Services:** Activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions.
- **Priority Needs:** Title V legislation directs states to conduct a state-wide MCH Needs Assessment every 5 years to identify the need for preventive and primary care services for pregnant women, mothers, infants, children, and Children with Special Health Care Needs (CSHCN). From this assessment, states select seven to ten priorities for focused programmatic efforts over the five-year reporting cycle. (Kansas Maternal and Child Health)
- **Public Health Services and Systems:** Activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, in addition to the 10 essential public health services. (Title V Guidance)
- **Strategic Issues:** The major challenges facing maternal child health in your community. If these issues were addressed, your community would see improvements in maternal child health.
- **Strategy:** A plan of action or policy designed to achieve a goal.
- **Target Region/Community:** The geographic area served by the health department.
- **Title V Maternal and Child Health (MCH):** Enacted by Congress in 1935 as part of the Social Security Act, the only legislation to promote and improve the health of all mothers and children. Title V authorized the creation of the MCH and CSHCN programs, providing the infrastructure to achieve this mission. (MCH Navigator)
- **Women's/Maternal Health:** Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. (WHO)

B. NATIONAL PERFORMANCE MEASURES/STATE PRIORITY MEASURES

Michigan Title V MCH Block Grant (2016-2020)
Selected NPMs, ESMs, SPMs, and State Priorities

No.*	National Priority Area	National Performance Measure (NPM)	MCH Population Domain	State Priority Need	Evidence-based Strategy Measure (ESM)
1	Well-woman visit	Percent of women with a past year preventive medical visit	Women/Maternal Health	Reduce barriers, improve access, and increase the availability of health services for all populations	Increase the percentage of women aged 18-44 who have *ever* discussed reproductive life planning during a visit with a doctor, nurse, or other health professional
3	Perinatal regionalization	Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)	Perinatal/Infant Health	Support coordination and linkage across the perinatal to pediatric continuum of care	Number of Centering Pregnancy® sites in Michigan
4	Breastfeeding	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months	Perinatal/Infant Health	Support coordination and linkage across the perinatal to pediatric continuum of care	Increase the percentage of Baby-Friendly designated birthing hospitals in Michigan
6	Developmental screening	Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool	Child Health	Invest in prevention and early intervention strategies, such as screening	Create a strategic plan for a statewide developmental screening system
I10	Adolescent well-visit	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year	Adolescent Health	Reduce barriers, improve access, and increase the availability of health services for all populations	Of health care providers who complete the Motivational Interviewing web course and subsequently complete the Motivational Interviewing professional development training, the percent who report an increase in skills in effectively counseling youth on changing risky behaviors
11	Medical home	Percent of children with and without special health care needs having a medical home	CSHCN	Increase family and provider support and education for Children with Special Health Care Needs	Percent of families that indicate care coordination and family partnership are working well within their primary or specialty care provider setting
12	Transition	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care	CSHCN	Increase family and provider support and education for Children with Special Health Care Needs	Percent of local health departments with a transition policy in place
13	Oral health	A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	Cross-cutting/Life course	Increase access to and utilization of evidence-based oral health practices and services	Number of students who have received a preventive dental screening through the SEAL! Michigan program

	State Priority Area	State Performance Measure (SPM) *Being finalized in 2016 per HRSA requirements*	MCH Population Domain	State Priority Need	
S1	Lead prevention	Percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial positive capillary test	Child Health	Foster safer homes, schools, and environments with a focus on prevention	
S2	Safe sleep environments	A) Percent of infants put to sleep alone in their crib, bassinet or pack and play and B) Percent of infants put to sleep without objects in their crib, bassinet or pack and play	Perinatal/Infant Health	Foster safer homes, schools, and environments with a focus on prevention	
S3	Depression across the Life Course	A) Percent of high school students who report feeling sad or hopeless almost every day for 2 or more weeks in a row, to the extent they stopped doing usual activities during the prior 12 months; and B) Percent of women enrolled in MIHP who are screened for maternal depression	Cross-cutting/Life course	Promote social and emotional well-being through the provision of behavioral health services	
S4	Provision of medical services and treatment for children with special health care needs	Percent of CYSHCN enrolled in CSHCS that receive timely medical care and treatment without difficulty	CSHCN	Reduce barriers, improve access, and increase the availability of health services for all populations	
S5	Immunizations	A) Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4:3:1:3:3:1:4 series) and B) Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus (HPV) vaccine	Cross-cutting/Life course	Invest in prevention and early intervention strategies, such as screening	

C. HEALTH STATUS ASSESSMENT TOOL – STATE WORKBOOK

Demographics

	US	State
YEAR(S)	2015	
DATA SOURCE	ACS 5yr Est	
TRENDS		
TOTAL POPULATION	316,515,021	
RACE		
AI/AN	2,569,170	
Asian/PI	16781560	
African American	39,908,095	
White	232,943,055	
Two or more races	9,447,883	
Other	14,865,258	
ETHNICITY		
Hispanic/Latino	54,232,205	
Non-Hispanic/Latino	262,282,816	
GENDER		
Male	155,734,280	
Female	160,780,741	
EDUCATION, 25+ yrs		
<High School	28,229,094	
HS Grad/GED	58,722,528	
Some College	44,529,161	
College Grad+	79,981,739	
POVERTY STATUS		
At or above poverty	260,870,507	
Below poverty level	47,749,043	
AGE		
Persons under 5 yrs	19,912,018	
Persons 5-14 yrs	23,181,768	
Persons 15-17 yrs	30,590,039	
Persons under 18 years	73,683,825	
OTHER		
Population 25+ yrs	211,462,522	
Population 18-24 yrs	31,368,674	
Population 16+ yrs	251,221,309	

Health Outcomes

Phase	Measure
Pre- and Inter-Conception	% of women aged 20-44 reporting their general health as fair or poor
	% of women with a live birth who had a healthy weight prior to pregnancy
Perinatal	% of live births with a low birth weight <2500g
	% of women with a singleton live birth who achieved the recommended weight gain during pregnancy
	Rate of babies that were pharmacologically treated for neonatal abstinence syndrome (NAS)
Infant	Deaths before 1 year of age per 1,000 live births
	% of women who had a live birth who experienced depressive symptoms after pregnancy
	Birth Defect Rates per 10,000 live births
Childhood	Number of deaths per 100,000 Individuals aged 1-14 years
Adolescence	Rate of live births born to women aged 15-19 per 1,000
	% of 9-12 graders who felt sad or hopeless, almost every day for two weeks or more in a row, to the extent they stopped doing usual activities during the prior 12 months (SPM)*
	Number of deaths per 100,000 Individuals aged 15-19 years
Early- to Mid-Adulthood	% of adults who were ever told they had hypertension
	% of adults who were ever told they had diabetes
	% of adults who report poor physical health days for at least 14 of the past 30 days
	% of adults who report that their mental health was not good for at least 14 of the past 30 days
	Years of potential life lost before age 75 per 100,000 population

Health Behaviors

Phase	Measures
Perinatal	% of women who smoked during pregnancy
Infant	% of infants placed to sleep on their backs
	% of infants put to sleep alone in their crib, bassinet or pack and play (SPM)
	% of infants put to sleep without objects in their crib, bassinet or pack and play (SPM)
	% of infants who are ever breastfed (NPM)
	% of infants breastfed exclusively through 6 months (NPM)
Adolescence	% of adolescents, ages 12 through 17, who consume an average of 5 or more servings of fruits and vegetables per day in the past 7 days
	% of adolescents, ages 12 through 17, who are bullied on school property or electronically (email, chat rooms, instant messaging, websites, or texting) in the past 12 months
	% of adolescents ages 12 through 17 who are physically active for at least 60 minutes per day on all 7 days in the past 7 days
	% of adolescents who smoked cigarettes or cigars one or more times in the past 30 days
	% of adolescents who used marijuana, cocaine, heroin, or club drugs* one or more times in the past 30 days **includes ecstasy, GHB, ketamine, rohypnol, nitrous oxide, and LSD*
	% of 9th-12th graders who reported use of any form of contraception to prevent pregnancy during last sexual intercourse among students who are sexually active

Community Health

Phase	Measures
Perinatal	% of women with a live birth who completed an Associates, Bachelor's, Master's, or other Post-Secondary Degree
	% of children ages 0-17 years who live in a household where someone smokes (cigarettes, cigars, or pipe tobacco)
Childhood	% of children living in households with incomes less than 200% of the federal poverty level
	Rate of confirmed victims of abuse/neglect, ages 0-17 per 1,000 children
	% of 4th graders scoring advanced or proficient on English Language Arts
	% of 4th graders scoring advanced or proficient on Math
Adolescence	% of students who could ask their mom or dad for help with personal problems
	% of students who graduate with a regular diploma 4 years after starting 9th grade
Life Course	% of adults who were always/usually/sometimes worried about having enough money to pay their rent/mortgage in the past year
	% of adults who were always/usually/sometimes worried about having enough money to buy nutritious meals
	Domestic Violence Rate per 1,000 population
	Number of reported violent crime (group A**) offenses per 1,000 population
	% of households with no vehicle available
	% of children ages 0-17 years whose parent reported that they usually or always felt their neighborhood/community was safe for children
	High concentrated disadvantage (% of households with children <18 that are located in census tracts with a high level of concentrated disadvantage (public assistance, unemployment, female head of HH, under FLP)
	% of individuals who perceive that their general health is good, very good, or excellent
	% of adults 18-44 with a high school education/GED or greater
	% of population 16+ who are unemployed and looking for work
	% of adults who had three or more adverse childhood experiences
	% of households located in a food desert
	Homelessness rate among adults
	Residential segregation - black/white
	Pre 1970 housing stock
	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
	Among workers who commute in their car alone, the percentage that commute more than 30 minutes

Footnote***The FBI has defined "Group A" offenses using the following criteria:*
1. The seriousness or significance of the offense.
2. The frequency or volume of its occurrence.
3. The prevalence of the offense nationwide.
4. The probability of the offense being brought to law enforcement's attention.
5. The likelihood that law enforcement is the best channel for collecting data regarding the offense.
6. The burden placed on law enforcement in collecting data on the offense.
7. The national statistical validity and usefulness of the collected data.
8. The national UCR Program's responsibility to make crime data available not only to law enforcement but to others having a legitimate interest in it.

Direct & Enabling Services

Phase	Measures
Perinatal	% of women who received prenatal care in the first trimester
	% of Medicaid eligible pregnant women participating in MIHP
	% of first-time, low risk births that resulted in cesarean section deliveries
Infant	% of Medicaid enrolled infants at 15 months who received each of their recommended well child visits
	% of women enrolled in MIHP who are screened for maternal depression (SPM)
Childhood	% of children 19-35 months who completed the series of recommended vaccines (4:3:1:3:3:1:4 series) (SPM)
	% of Medicaid enrolled children, aged 3-6, who received each of their recommended well child visits
	% of children under 3 years old in high risk populations who receive lead testing
	% of children less than 72 months of age who receive a venous confirmation testing within 30 days of an initial positive capillary test (SPM)
	% of children enrolled in Medicaid *(or Healthy Kids Dental..?),* ages 1-17, who had a preventive dental visit in the past year (NPM)
	% of children ages 10 months - 5 years who were screened for developmental, behavioral and social delays using a parent-reported standardized screening tool during a health care visit in the past 12 months.
	% of children with and without a special health care needs having a medical home (NPM)
	% of CYSHCN enrolled in CSHCS that receive timely medical care and treatment without difficulty (SPM)
Adolescence	% of adolescents 13-17 years who have received 3 or more doses of HPV vaccine (SPM)
	% of adolescents with special health care needs whose families report the community-based service system is organized so they can easily use it
	% of Medicaid enrolled adolescents, ages 12 through 17, with a preventive medical visit in the past year (NPM)
	% of adolescents with and without special health care needs who received services necessary to make transitions to adult health care (NPM)
Early- to Mid-Adulthood	% of women, aged 18-44, with a past year preventive medical visit (NPM)

Public Health Services and Systems

Phase	Measures
Pre- & Inter- Conception	% of low income women of reproductive age that have access to a family planning clinic
Perinatal	% of birthing hospitals that are baby friendly in your area
	% of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) (NPM)
	Birth hospital scores related to breastfeeding
Infant	% families with children 0-3 receiving evidence based home visitation services (NFP, HFA, EHS, PAT)
	% of workplaces with lactation policies
Childhood	% of licensed childcare providers that serve reimbursable meals
	% of children 0-17 who are insured
	% schools with a healthy food and beverage policy
Adolescence	% of middle schools providing comprehensive sexual education* information **includes educating adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS.*
Early- to Mid- Adulthood	Number *(or rate per hospitalizations)* of hospital stays for ambulatory-care sensitive conditions
Life Course	% of adult population with health care coverage
	% of employers offering health insurance coverage to employees
	Ratio of population to primary care physicians
	Ratio of population to dentists
	Ratio of population to mental health providers

D. HEALTH STATUS ASSESSMENT TOOL – COUNTY WORKBOOK

Demographics

	US
YEAR(S)	
DATA SOURCE	
TRENDS	
TOTAL POPULATION	
RACE	
AI/AN	
Asian/PI	
African American	
White	
Two or more races	
Other	
ETHNICITY	
Hispanic/Latino	
Non-Hispanic/Latino	
GENDER	
Male	
Female	
EDUCATION, 25+ yrs	
<High School	
HS Grad/GED	
Some College	
College Grad+	
POVERTY STATUS	
At or above poverty	
Below poverty level	
AGE	
Persons under 5 yrs	
Persons 5-14 yrs	
Persons 15-17 yrs	
Persons under 18 years	
OTHER	
Population 25+ yrs	
Population 18-24 yrs	
Population 16+ yrs	

Health Outcomes

Phase	Measure
Pre- and Inter- Conception	% of women aged 20-44 reporting their general health as fair or poor
	% of women with a live birth who had a healthy weight prior to pregnancy
Perinatal	% of live births with a low birth weight <2500 g
	% of women with a singleton live birth who achieved the recommended weight gain during pregnancy
	Rate of babies that were pharmacologically treated for neonatal abstinence syndrome (NAS)
Infant	Deaths before 1 year of age per 1,000 live births
	% of women who had a live birth who experienced depressive symptoms after pregnancy
	Birth Defect Rates by County of Maternal Residence per 10,000 live births
Childhood	Number of deaths per 100,000 Individuals aged 1-14 years
Adolescence	Rate of live births born to women aged 15-19 years
	Number of deaths per 100,000 Individuals aged 15-19 years
Early to Mid-Adulthood	% of adults who were ever told they had hypertension
	% of adults who were ever told they had diabetes
	% of adults who report poor physical health days for at least 14 of the past 30 days
	Years of potential life lost before age 75 per 100,000 population

Health Behaviors

Phase	Measures
Perinatal	% of women who smoked during pregnancy
Infant	% of infants placed to sleep on their backs
	% of infants put to sleep alone in their crib, bassinet or pack and play (SPM)
	% of infants put to sleep without objects in their crib, bassinet or pack and play (SPM)
	% of infants who are ever breastfed (NPM)
	% of infants breastfed exclusively through 6 months (NPM)
Childhood	Consider any local data related to healthy eating or physical activity you may have
Adolescence	% of adolescents, ages 12 through 17, who consume an average of 5 or more servings of fruits and vegetables per day in the past 7 days
	% of adolescents, ages 12 through 17, who are bullied on school property or electronically (email, chat rooms, instant messaging, websites, or texting) in the past 12 months
	% of adolescents ages 12 through 17 who are physically active for at least 60 minutes per day on all 7 days in the past 7 days
	% of adolescents who smoked cigarettes or cigars one or more times in the past 30 days
	% of adolescents who used marijuana, cocaine, heroin, or club drugs* one or more times in the past 30 days **includes ecstasy, GHB, ketamine, rohypnol, nitrous oxide, and LSD*
	% of 9th-12th graders who reported use of any form of contraception to prevent pregnancy during last sexual intercourse among students who are sexually active

Community Health

Phase	Measures
Perinatal	% of women with a live birth who completed an Associates, Bachelor's, Master's, or other Post-Secondary Degree
Childhood	% of children living in households with incomes less than 200% of the federal poverty level
	Rate of confirmed victims of abuse/neglect, ages 0-17 per 1,000 children
	% of 4th graders scoring advanced or proficient on English Language Arts
	% of 4th graders scoring advanced or proficient on Math
Adolescence	% of students who could ask their mom or dad for help with personal problems
	% of students who graduate with a regular diploma 4 years after starting 9th grade
Life Course	Domestic Violence Rate per 1,000 population
	Number of reported violent crime (group A**) offenses per 1,000 population
	% of households with no vehicle available
	High concentrated disadvantage (% of households with children <18 that are located in census tracts with a high level of concentrated disadvantage (public assistance, unemployment, female head of HH, under FLP)
	% of individuals who perceive that their general health is good, very good, or excellent
	% of adults 18-44 with a high school education/GED or greater
	% of population 16+ who are unemployed and looking for work
	% of households located in a food desert
	Homelessness rate among adults
	Residential segregation - black/white
	% Pre-1970 housing stock
	Average daily fine particulate matter in micrograms per cubic meter (PM2.5)
	Among workers who commute in their car alone, the percentage that commute more than 30 minutes

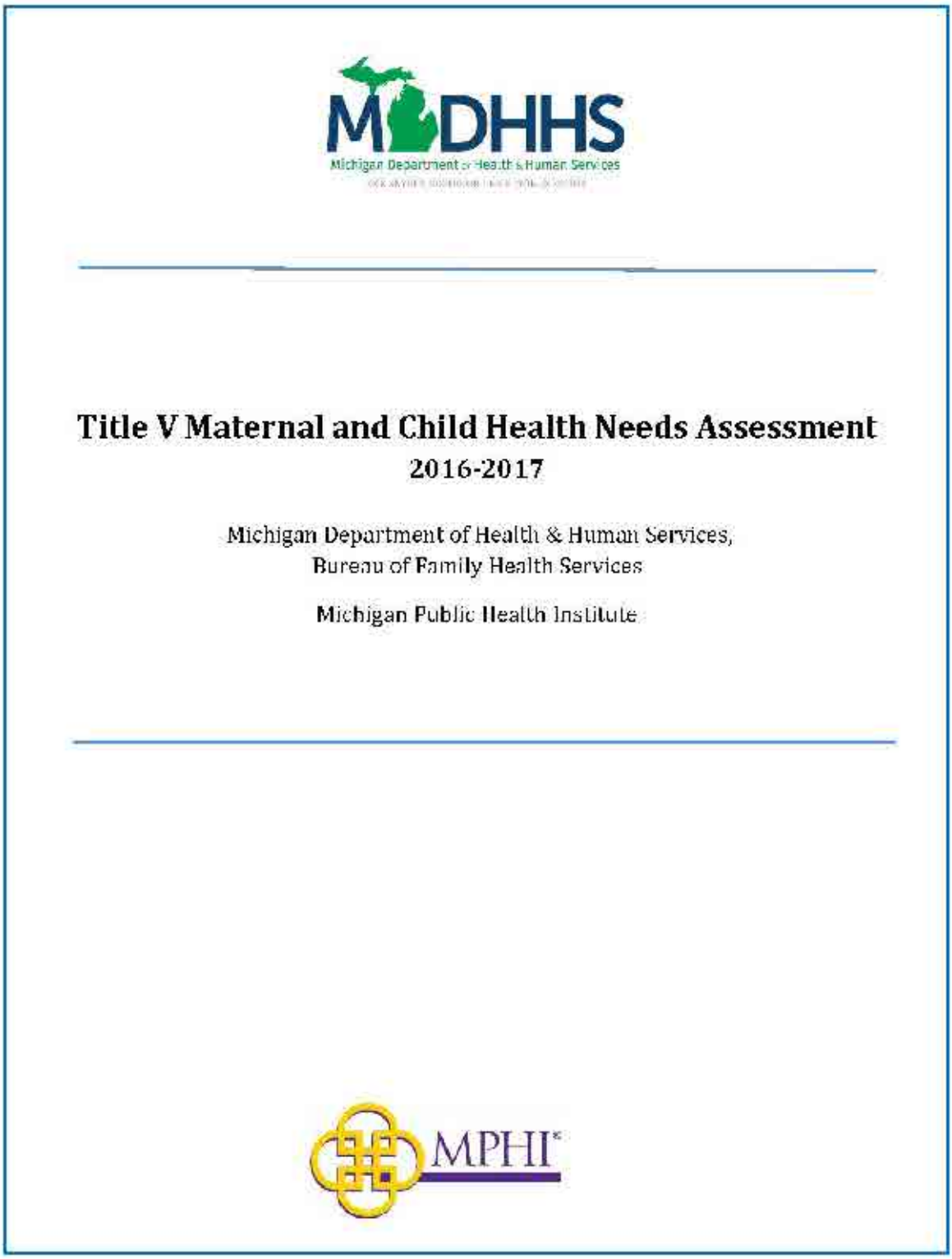
Direct & Enabling Services

Phase	Measures
Perinatal	% of women who received prenatal care in the first trimester
	% of Medicaid eligible pregnant women participating in MIHP
	% of first-time, low risk births that resulted in cesarean section deliveries
Infant	% of Medicaid enrolled infants at 15 months who received each of their recommended well child visits
	% of women enrolled in MIHP who are screened for maternal depression (SPM)
Childhood	% of children 19-35 months who completed the series of recommended vaccines (4:3:1:3:3:1:4 series) (SPM)
	% of Medicaid enrolled children, aged 3-6, who received each of their recommended well child visits
	% of children under 3 years old in high risk populations who receive lead testing
	% of children less than 72 months of age who receive a venous confirmation testing within 30 days of an initial positive capillary test (SPM)
	% of children enrolled in Medicaid *(or Healthy Kids Dental),* ages 1-17, who had a preventive dental visit in the past year (NPM)
	% of CYSHCN enrolled in CSHCS that receive timely medical care and treatment without difficulty (SPM)
Adolescence	% of adolescents 13-17 years who have received 3 or more doses of HPV vaccine (SPM)
	% of adolescents with special health care needs whose families report the community-based service system is organized so they can easily use it
	% of Medicaid enrolled adolescents, ages 12 through 17, with a preventive medical visit in the past year (NPM)
	% of adolescents with and without special health care needs who received services necessary to make transitions to adult health care (NPM)
Early- to Mid-Adulthood	% of women with a past year preventive medical visit (NPM)

Public Health Services and Systems

Phase	Measures
Pre- & Inter- Conception	% of low income women of reproductive age that have access to a family planning clinic
Perinatal	% of birthing hospitals that are baby friendly in your area
	% of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) (NPM)
	Birth hospital scores related to breastfeeding
Infant	Do you have an active FIMR team in addition to a Child Death Review team within your jurisdiction?
	% families with children 0-3 receiving evidence based home visitation services (NFP, HFA, EHS, PAT)
	% of workplaces with lactation policies
Childhood	% of licensed childcare providers that serve reimbursable meals
	% of children 0-17 who are insured
	% schools with a healthy food and beverage policy
Adolescence	% of middle schools providing comprehensive sexual education* information **includes educating adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS.*
Life Course	% of adult population with health care coverage
	% of employers offering health insurance coverage to employees
	Ratio of population to primary care physicians
	Ratio of population to dentists
	Ratio of population to mental health providers

E. LOCAL MATERNAL & CHILD HEALTH NEEDS ASSESSMENT TOOL



MDHHS
Michigan Department of Health & Human Services

Title V Maternal and Child Health Needs Assessment
2016-2017

Michigan Department of Health & Human Services,
Bureau of Family Health Services

Michigan Public Health Institute

MPHI

Table of Contents

Background Information

The Title V Maternal and Child Health (MCH) program in Michigan operates under the vision of the Michigan Department of Health and Human Services (MDHHS) which aims to "develop and encourage measurable health, safety, and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families." The federal Title V program is funded and administered by the Health Resources and Services Administration (HRSA), and operates under the vision of creating "a nation where all mothers, children and youth, including Children with Special Health Care Needs (CSHCN), and their families are healthy and thriving." In Michigan, Title V funding is administered through the Bureau of Family Health Services and the Children's Special Health Care Services (CSHCS) Division. This funding is used to support both state and local MCH activities that align with priority needs.

Every five years, MDHHS completes a comprehensive MCH needs assessment as part of Title V program requirements. The results of the needs assessment are used to select state priorities, and these priorities are aligned with federal performance measures. Funding is directed toward services that are designed to improve performance on these measures and address state priorities. Three types of services are supported:

- Direct Services
- Enabling Services
- Public Health Functions & Infrastructure

Local MCH needs and priorities vary across the state, and local communities may have needs that are not captured by the state priorities or state selected federal performance measures. In order to understand local needs and priorities, MDHHS asks that Local Health Departments (LHDs) receiving Title V funding through Local MCH (LMCH) agreements, complete an assessment of their community needs and align their LMCH objectives and strategies with those needs.

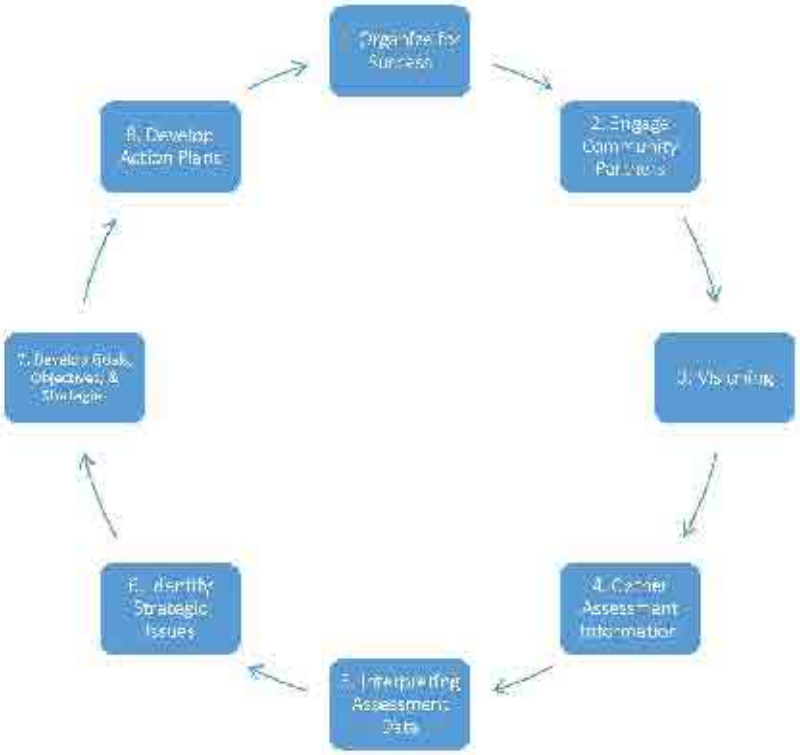
Needs assessments may be carried out using a variety of methodologies. Some LHDs complete Community Health Assessments (CHAs) or partner with local non-profit hospitals on their Community Health Needs Assessments (CHNAs), which may include a robust MCH assessment. Others may complete an MCH assessment that includes an examination of population data, community input, and/or an examination of MCH infrastructure. For some LHDs, existing assessment activities may be sufficient to inform the selection of Title V priorities, and this instrument may provide ideas for supplementing existing activities. Other LHDs may not have a formal MCH needs assessment at present. Those LHDs can use this tool to step through the needs assessment process, focusing on MCH needs only or focusing on MCH needs as part of a broader CHA.

By completing this tool, or using this tool to supplement an existing process, LHDs will be able to identify:

- MCH outcomes where the community is strong and opportunities for improvement;
- Disparities in MCH outcomes;
- The perspective of community partners and families regarding MCH needs;
- Strengths and gaps in the MCH infrastructure within the community;
- Priority MCH needs; and
- Strategies for improving MCH infrastructure and outcomes.

The needs assessment process is designed to align with both the Title V MCH Needs Assessment model and the National Association of City and County Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) model. See Figure 1 for an overview of the steps in the process.

Figure 1: Title V Needs Assessment and Planning Process



The most critical features of a comprehensive needs assessment are: (1) partners are engaged in the process, especially those most impacted by the forces creating health inequities; (2) multiple types of data are used to identify both strengths and needs; (3) the process is completed <u>without pre-determined outcomes</u>, such that evidence is used to select priorities and set objective targets; and (4) strategies for improvement are grounded in evidence-based public health practice.

Definitions

Activity: A set of actions taken to implement a strategy or intervention.

Community Health Assessment - "The terms 'community health assessment (CHA)' and 'community health needs assessment (CHNA)' are used interchangeably to refer to the process of community engagement; collection, analysis, and interpretation of data on health outcomes and health correlates/determinants; identification of health disparities; and identification of resources that can be used to address priority needs." (U.S. Centers for Disease Control and Prevention. *Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants*, Atlanta, GA: Office of Surveillance, Epidemiology, and Laboratory Services, 2013, p1)

Direct Services - preventive, primary, or specialty clinical services to pregnant women and children, including children with special health care needs, where MCH Services Block Grant funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. (Title V Guidance)

Enabling Services - non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where MCH Services Block Grant funds are used to finance these services. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach. (Title V Guidance)

Evidence-based Strategy Measures (ESMs) – intended to hold states accountable for improving quality and performance related to the NPMs and related public health issues. ESMs will assist state efforts to more directly measure the impact of specific strategies on the NPMs. (HRSA.org) ESMs are process measures that indicate an intervention is being implemented as designed.

Family/Consumer Partnership – The intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course. (Title V guidance)

Goal – A broad statement of what a community, service, program, policy or intervention hopes to achieve.

Health Disparities - health outcomes seen to a greater or lesser extent between populations. Health disparities may be related to race, ethnicity, sexual identity, socioeconomic status, age, disability and geographic location. It is important to recognize the impact that social determinants have on health outcomes of specific populations. (Healthy People 2020)

Intervention: A set of services, programs or strategies designed to produce behavior change or improve health status among individuals or a population.

Life Course – The life course approach to conceptualizing health care needs and services evolved from research documenting the important role early life events play in shaping an individual's health trajectory. The interplay of risk and protective factors, such as socioeconomic status, toxic environmental exposures, health behaviors, stress, and nutrition, influence health throughout one's lifetime. (HRSA)

A life course approach emphasizes a temporal and social perspective, looking back across an individual's life experiences or across generations for clues to current patterns of health and disease, while also recognizing that both past and present experiences are shaped by the wider social, economic and cultural context. (WHO)

The phases or stages of the life course can be defined in a variety of ways. The following stages are used for the purposes of this assessment. Note that these stages overlap and are defined by a combination of age and developmental accomplishments:

Pre/Inter-conception: The period either before or between pregnancies. The childbearing years include the timeframe between physical maturity and the beginning of menopause, approximately 20 – 44.

Perinatal: The period beginning with 22 completed weeks (154 days) of gestation and ending with seven completed days after birth. (WHO)

Infant: Includes both the neonatal period (birth-27 days of life) and the postneonatal period (1 month-1 year). (HRSA) This period is also sometimes defined as the period between birth and the acquisition of key developmental skills such as acquisition of language or the ability to walk.

Childhood: Period of development following infancy and preceding puberty.

Adolescence: Period of development beginning with puberty and ending with physical maturity.

Early- to Mid-Adulthood: Period of time beginning with physical maturity.

National Outcome Measures (NOM) – indicators of health status for the MCH population; NOMs monitor the impact by National Performance Measures (Title V Guidance)

National Performance Measures (NPMs) – A set of population-based measures which utilize state-level data derived from national data sources for which state Title V programs will track prevalence rates and work towards demonstrated impact. NPMs address key national MCH priority areas. (Title V Guidance)

Needs Assessment: A process to understand the strengths and needs of the health service system within a community or population. For maternal and child health purposes, needs assessment efforts may consider: 1) health status, 2) health service utilization, 3) health systems capacity, and 4) population/ community characteristics and contextual characteristics.

Objectives: A statement of intention with which actual achievement and results can be measured and compared. SMART objectives are specific, measurable, achievable, relevant and time-phased. (Kansas Maternal and Child Health)

Outputs: The products, goods, and services which result from an activity/strategy/intervention that indicate successful implementation of an activity/strategy/intervention.

Preventive Services: Activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions.

Priority Needs: Title V legislation directs states to conduct a state-wide MCH Needs Assessment every 5 years to identify the need for preventive and primary care services for pregnant women, mothers, infants, children, and CSHCN. From this assessment, states select seven to ten priorities for focused programmatic efforts over the five-year reporting cycle. (Kansas Maternal and Child Health)

Public Health Services and Systems: activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. (Title V Guidance)

Strategic Issues: The major challenges facing maternal child health in your community. If these issues were addressed, your community would see improvements in maternal child health.

Strategy: A plan of action or policy designed to achieve a goal.

Target Region/Community: The geographic area served by the health department.

Title V Maternal and Child Health (MCH): Enacted by Congress in 1935 as part of the Social Security Act, the only legislation to promote and improve the health of all mothers and children. Title V authorized the creation of the MCH and CSHCN programs, providing the infrastructure to achieve this mission. (MCH Navigator)

Women's/Maternal Health: Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. (WHO)

STEP 1: Organize for Success

The purpose of this step is to structure a planning process that builds commitment, engages participants as active partners, utilizes participants' time well, and results in a plan that can be realistically implemented. Organizing is a critical step in ensuring a successful and productive needs assessment process.

1. In addition to meeting the requirements of HRSA's Title V grant, describe your agency's overarching goals as you complete this maternal and child health needs assessment process.
   Click here to enter text.

This assessment and planning process must be completed in partnership with a group of individuals and organizations who have a stake in the health and well-being of families. This group should be led by a small leadership team who can make decisions and coordinate the process.

2. Does the community have a broad group of MCH system partners who will engage in the needs assessment?
   ☐ Yes ☐ No

   a. ***If yes,*** please describe the group's name, the organization that coordinates the group, membership, structure, role of your LHD, and work this group has completed together.
      Click here to enter text.

   b. ***If no,*** what steps will you take to convene MCH system partners to complete this assessment?
      Click here to enter text.

3. Who will be a part of the small leadership team who will make decisions and coordinate the assessment? Name each individual, their organization, position, and why they were selected to be a part of the team. *Please also identify your team leader that MDHHS can communicate with regarding the MCH Needs Assessment.*
   Click here to enter text.

4. Please indicate the extent to which community members most impacted by the root causes of health inequity will be authentically involved in this assessment process.
   Click here to enter text.

Developing a timeline for the MCH assessment process is crucial to success. This process should take no longer than nine months. Complete the table below with approximate deadlines for when each step will be completed internally. If your community has already completed certain parts of this process, use the check the boxes next to the text 'we have completed this step' to indicate what your community has done.

Table 1: MCH Assessment Timeline

Description of Activity	Months (using a 9 timeline)								
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.
Organize for Success (2 weeks)	☐ We have completed this step								
Identify the goals of the assessment	X								
Identify a partnership group	X								
Establish a leadership team	X								
Develop a workplan and timeline	X								
Identify strengths and barriers	X								
Engage Community Partners (2 weeks)	☐ We have completed this step								
Identify partners, including parents	X								
Develop invitation materials & a contact list	X								
Invite participation	X								
Visioning (4 weeks)	☐ We have completed this step								
Set a date, time, and location for a kickoff meeting		X							
Send out invitations		X							
Prepare an agenda		X							
Hold kickoff meeting and complete visioning process		X							
Draft vision and values		X							
Finalize Vision and Values		X							
Gathering and Interpreting Assessment Information (3 months)									
Maternal Child Health Status Assessment	☐ We have completed this assessment								
Identify who will work together to compile population data		x							
Compile population data			x						
Plan and conduct a meeting to review population data and identify findings				x					
Community Themes and Strengths Assessment	☐ We have completed this assessment								
Select qualitative data collection methods and design procedures				x					
Determine who will be responsible for collection and train them				x					
Collect data and summarize key findings				x	X				
Summarize key findings					X				
Maternal Child Health System Assessment	☐ We have completed this assessment								
Plan and invite participants to complete the system assessment				X					
Complete the system assessment					X				

Summarize findings from the system assessment					X				
Identify Strategic Issues (1 month)	☐ We have completed this step								
Identify potential strategic issues Discuss issues-why they are strategic and urgency						X X			
Consolidate strategic issues Arrange issues in priority order						X X			
Formulate Goals and Strategies (1 month)	☐ We have completed this assessment								
Develop goal statements							X		
Develop strategy alternatives and barriers							X		
Explore implementation details							X		
Select and adopt strategies							X		
Planning for Action (2 months)	☐ We have completed this assessment								
Organize for action and develop objectives								X	
Develop action plans								x	X
Prepare for evaluation / determine the methodology									X
Gather evidence and justify conclusions* Share results*									
Modify action plans*									

* These steps continue after the planning process is complete

Table 2: Identification of Barriers

What are the potential barriers to a successful assessment process? How might they be overcome?

Barriers	Ways They Can Be Addressed
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Table 3: Identification of Strengths

What are the strengths you and your partners bring to this assessment process? How might they be used to strengthen this assessment?

Strengths	Ways They Can Be Used
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

STEP 2: Engaging Community Partners

Please identify the community partners that will complete the assessment process. Include participants' names. Select participants that will provide a broad range of perspectives; represent a variety of groups, sectors, and activities within the community; and bring the necessary resources and enthusiasm to the table. *Give careful consideration to identifying the most appropriate participant(s) from each organization.*

Table 4: Identify and Organize Participants

POTENTIAL PARTNERS	ORGANIZATION NAME(S)	PARTICIPANT NAME(S)
Education and Youth Development	Click here to enter text.	Click here to enter text.
Recreation and Arts	Click here to enter text.	Click here to enter text.
Healthcare Providers	Click here to enter text.	Click here to enter text.
Hospitals	Click here to enter text.	Click here to enter text.
Public Safety	Click here to enter text.	Click here to enter text.
Home Visiting	Click here to enter text.	Click here to enter text.
Early Intervention (i.e. Early On)	Click here to enter text.	Click here to enter text.
Education	Click here to enter text.	Click here to enter text.
Community Mental Health	Click here to enter text.	Click here to enter text.
Early care and education	Click here to enter text.	Click here to enter text.
Housing	Click here to enter text.	Click here to enter text.
Transportation	Click here to enter text.	Click here to enter text.
Child Protection	Click here to enter text.	Click here to enter text.
Philanthropic Organizations	Click here to enter text.	Click here to enter text.

Universities	Click here to enter text.	Click here to enter text.
Faith community	Click here to enter text.	Click here to enter text.
Neighborhood organizations	Click here to enter text.	Click here to enter text.
Cultural organizations	Click here to enter text.	Click here to enter text.
Business community	Click here to enter text.	Click here to enter text.

OTHER PARTNERS	ORGANIZATION NAME	PARTICIPANT NAME
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

5. Have you identified families to engage as a partner in this process?
   ☐ Yes ☐ No

   a. ***If yes,*** how will you ensure families' participation is meaningful and supported?
      Click here to enter text.

   b. ***If no,*** why will families not be engaged in this process?
      Click here to enter text.

6. If you have any gaps in identified partners, please identify those gaps, explain why these partners cannot be engaged in this process, and the implications of their absence.
   Click here to enter text.

7. Describe your process for inviting partners and families to become involved in this assessment. What process did your community use to identify the partners to involve in this process? How did you recruit participants?
   Click here to enter text.

STEP 3: Visioning

During this step local maternal child health system partners and community members will come together to describe what they envision for maternal child health in their community. This shared vision will establish common ground and serve as a touchpoint throughout the assessment process.

Your vision will be developed by your broad group of community partners through a facilitated conversation. Use the questions below to guide discussion. The ideas raised through the discussion will result in words and phrases that can be used to articulate your community's vision for maternal and child health.

Table 5: Developing Vision and Value Statements

VISION Questions	VALUE Questions
Imagine yourself in this community 10 years in the future. If we are successful, how will our community support health across the life course?	How do we need to interact with one another to achieve our vision?
Click here to enter text.	Click here to enter text.
What are the important characteristics of a community that supports health across the life course?	What type of climate will be necessary to support interacting with one another in an effective way?
Click here to enter text.	Click here to enter text.
Ten years from now, what would we want the local newspaper to say about maternal and child health in our community?	What are some partnership principles we want to set to ensure we are working effectively to achieve our vision?
Click here to enter text.	Click here to enter text.

☐ We have an existing vision ☐ We have described our values

Use the words, phrases, and main ideas in the table above to draft a vision and set of values. Gather feedback from your partners, tweak your vision and values, and describe your vision and values in response to the next two questions.

8. What is your vision for maternal child health in your community?
   Click here to enter text.

9. What values will guide your process?
   Click here to enter text.

STEPS 4 & 5: Gathering & Interpreting Assessment Information

In order to describe your community's maternal and child health strengths, assets, and needs, you will complete three assessments:

- Maternal Child Health Status Assessment
- Community Themes and Strengths Assessment
- Maternal Child Health System Assessment

Assessment 1: Maternal Child Health Status Assessment

The purpose of this assessment is to review population health data to identify:

- Health issues where your community faces disparities by race/ethnicity, gender, income, geography, or other factors.
- Health issues where your community is facing more troubling outcomes when compared with the state.
- Health issues where your community is observing a negative trend.

In order to complete this assessment you will identify, to the best of your ability, data on a series of measures selected for their importance to understanding MCH within communities. The measures selected for this assessment link to the priorities that have been identified on both the state and national level for Title V. It also includes other key measures for understanding health from a lifecourse perspective. The specific measures will be provided in a separate document. Additionally, communities are encouraged to use other sources of population health data relevant to the MCH population. For example, local or regional Perinatal Periods of Risk (PPOR) analyses may be informative.

Table 6 lists sources of population data that may be helpful.

Table 6: Sources of Population Data

Source	Web Link
American Community Survey	https://www.census.gov/programs-surveys/acs/
BRFSS	http://www.cdc.gov/brfss/
Bureau of Primary Health Care/Health Center Program	https://apps.hrsa.gov/
Childhood Lead Poisoning Prevention Program (CLPPP)	http://www.michigan.gov/lead/0,5417,7-310--30527--,00.html
Common Core of Data	https://nces.ed.gov/ccd/
Consumer Assessment of Healthcare Providers & Systems (CAHPS)	http://www.ahrq.gov/cahps/index.html
County Health Rankings; Local Area Unemployment Statistics (LAUS)	http://www.countyhealthrankings.org/app/michigan/2015/measure/factors/22/map
County Health Rankings; The Uniform Crime Reporting (UCR) Program	http://www.countyhealthrankings.org/app/michigan/2015/measure/factors/43/data
Feeding America	http://map.feedingamerica.org/county/2013/overall/michigan
Maternal Infant Health Program (MIHP)	http://www.michigan.gov/mihp/
Michigan Care Improvement Registry (MCIR)	https://www.mcir.org/
Michigan Vital Statistics	http://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944_4669_4681--,00.html
National Assessment of Educational Progress (NAEP)	http://nces.ed.gov/nationsreportcard/
National Child Abuse and Neglect Data System (NCANDS)	http://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands

National Health and Nutrition Examination Survey (NHANES)	http://www.cdc.gov/nchs/nhanes/
National Health Interview Survey	https://www.cdc.gov/nchs/nhis/
National Immunization Surveys	http://www.cdc.gov/vaccines/imz-managers/nis/
National Survey of Children with Special Health Care Needs	http://www.childhealthdata.org/learn/NSCSHCN
National Survey of Children's Health (NSCH)	http://www.childhealthdata.org/learn/NSCH
National Survey on Drug Use and Health (NSDUH)	https://nsduhweb.rti.org/respweb/homepage.cfm
Pregnancy Risk Assessment Monitoring System (PRAMS)	https://www.cdc.gov/prams/
School-Based Health Care Census	http://www.sbh4all.org/school-health-care/national-census-of-school-based-health-centers/
Substance Abuse and Mental Health Services Administration (SAMHSA)	http://www.samhsa.gov/
USDA Economic Research Service	https://www.ers.usda.gov/
Youth Risk Behavior Surveillance System (YRBSS)	https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI

10. What process did you use to gather data for each measure? What resources did you use?
    Click here to enter text.

11. What data gaps did you encounter?
    Click here to enter text.

12. How will you address gaps in data?
    Click here to enter text.

Use table 7 to summarize your observations of your Title V LMCH Data. Convene your community partners to review the data, and ask participants to describe what they notice in the data. Describe your partners' key observations under 'Findings.' Indicate the phase or phases of the life course emphasized in each finding, as well as the measure or specific data that informed the finding.

Table 7: Health Status Assessment - Key Findings

Findings	What phase(s) of the life course is (are) the focus of this finding?	What data informed this finding?
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Assessment 2: Community Themes and Strengths

The purpose of this assessment is to gather input from community partners and community members about:

- Features of the community that support health and put health at risk across the lifecourse; and
- Health needs and concerns during each stage of the lifecourse and for CYSCN.

This assessment is especially helpful in addressing gaps in your population health data. For example, if you do not have good data about the impact of place on health for your community (geographic disparities), you may want to focus on gathering community input about this issue. Similarly, if you do not have good data about a particular topic (e.g., breastfeeding, child care quality, perceptions of CYSCN) or population group (e.g., middle childhood, youth with behavioral health concerns), you could focus this assessment on that topic or population group.

These are the types of questions that you will answer through this assessment:

- What do you believe are the 2-3 characteristics of this community that promote health across the lifecourse?

- What are some specific examples of people or groups working together to improve maternal and child health in your community?
- What do you believe are the 2-3 most important issues that must be addressed to improve health across the lifecourse?
- What do you believe is keeping your community from doing what needs to be done to improve maternal and child health?
- What actions, policy, or funding priorities would be required to improve maternal and child health in your community?

In order to complete this assessment, you will gather original, qualitative data from community members. You may also use existing qualitative data collected by your organization or your partners. You have many options for collecting data, and the options you select should align with your capacity, what makes sense in your community, and the questions you want to answer. Several options are described below.

Community Input Wall

Community input walls are an easy, low cost way to gather perspectives anonymously from community members or people who spend time at a specific location. Post a large piece of paper, sticky wall, or poster board in a location where it will be seen by community members and/or clients. It could be posted during a community event, on the wall of a clinic, at a school or child care facility, etc. It should be large enough to cover a large space (e.g., 6 feet by 4 feet). Divide the paper into sections and write a key question at the top of each section (e.g., What about our community helps families stay healthy? What about our community makes it hard for families to stay healthy?). Leave markers by the wall and encourage community members to write down their ideas. If privacy is a concern, the question can be posted above a drop box, and feedback can be written on cards.

Intercept Survey

Intercept surveys are a quick way to gather opinions on a targeted topic from many people. They are especially useful when you have a question for which most people will have a ready answer. Develop a short set of open-ended questions that can be asked of community members or clients during a quick (five minute) chat. Print the questions with space to write in answers, and bring them to events or places where families can be found. Approach potential participants with a quick spiel describing your purpose and ask if they would be willing to share their ideas. If they are willing, ask the questions, jot down their answers, and thank them for their help.

Photovoice

Photovoice is a helpful method for exploring experiences and perceptions of community members that focuses on images. They are especially helpful with people and groups who might be less comfortable talking about their experiences without the opportunity for reflection. Identify a group of community members who represent a particular perspective (e.g., adolescents, teen parents, children with special healthcare needs). Bring them together for a photovoice orientation. During the orientation, tell them that you want them to show the group with the community looks like from their eyes. Ask them to fill a disposable camera (or their phone) with photos that illustrate aspects of their community that help them stay healthy and things that put their health at risk. Give them a week or two to take pictures and have them turn their cameras in to you (or download their photos on your computer, upload them to a shared site). Develop the film (if applicable), keeping straight whose photos belong to whom. Bring the group back together and ask each person to pick a few pictures that best represent their answers to each of the questions. Go around the group and ask them to describe their pictures and what they meant to them. Carefully document the conversation in writing. Review the documentation and the photos for themes and bring those themes back to the group to check your understanding.

Focus Groups

Focus groups enable participants to react to ideas and build off of each other's comments. Focus groups are a quick way to gather various perspectives, and provide opportunities for focus group participants to share experiences. Focus groups are useful for exploring a specific topic (e.g., behavioral health, access to healthcare, developmental services) with a targeted group (e.g., first time parents, mothers recovering from substance abuse). Bring together a small group (8-10) of community members to respond to a specific set of questions. Identify a facilitator who can keep the group focused and make sure everyone has an opportunity to share their perspective. Also identify a recorder who can take notes. Develop a small set of open-ended discussion questions (5-8) to guide the conversation. When the group convenes, share the purpose of the focus group, introduce participants, and encourage group members to keep the conversation confidential. Keep the conversation on track and moving forward, while remaining neutral and encouraging varied opinions. Try to conclude the conversation within an hour. At the end of the conversation, summarize main themes and ask the group if you missed any important ideas.

Town Hall/Community Meeting

Town hall meetings are meant to serve as an opportunity for open discussions among a large group of participants. A town hall meeting is an inclusive community meeting (60-100 people) comprised of various members of the community. Town hall meetings can be conducted multiple times in larger communities. These meetings require a strong facilitator and at least one recorder. They should be guided by a facilitation plan.

13. Please describe the methods you used to gather community input and your findings.

a. What method(s) did you choose?
Click here to enter text.

b. What participants did you target (characteristics and how many) and why?
Click here to enter text.

c. What information gathering tools did you use?
Click here to enter text.

d. Describe the process you used to gather information.
Click here to enter text.

Please use the following table (Table 8) to describe your findings. Organize your findings by the method(s) you used, and indicate if your finding reflects an opportunity for improvement or a community strength. Each bullet should reflect one finding. A finding might be phrased as follows: "Teen mothers said that it's hard to keep breastfeeding once they go back to school or work because there isn't time or space to pump." Try to keep your description to one sentence, but include enough detail that anyone would be able to tell who and what the finding is about. Each method will identify multiple opportunities for improvement and community strengths.

Table 8: Community Themes and Strengths – Key Findings

Method(s)	Opportunities for Improving MCH	Community Strengths
Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.

Assessment 3: Maternal and Child Health System Assessment

The Maternal and Child Health System Assessment assesses the degree to which the maternal child health system has the necessary capacity to deliver essential services. Conducting the System Assessment helps answer the following questions:

- What are the activities, competencies, and capabilities of the maternal child health system?
- How are essential maternal child health services being provided to the community?

Your maternal child health group will complete this assessment together through a facilitated discussion. This discussion will cover each essential maternal child health service, and it will be used to identify system strengths and opportunities for improvement. Large groups could form subgroups to tackle specific essential services.

14. Describe the process you used to complete the MCH System assessment.

    a. What partners were at the table?
    Click here to enter text.

    b. How did you facilitate an open discussion of each service with your partners?
    Click here to enter text.

    c. What were the strengths and limitations of your process?
    Click here to enter text.

Please use the following table (Table 9) to describe your findings. Organize your findings by essential service, and indicate if your finding reflects an opportunity to improve the MCH system or an MCH system strength. Each bullet should reflect one finding. A finding might be phrased as follows: "Our health department has expertise in health policies and partners with community organizations to spread policies that support health." Try to keep your description to one sentence, but include enough detail that anyone would be able to tell who and what the finding is about. Each service will be associated with multiple opportunities for system improvement and system strengths.

Table 9: Maternal Child Health System Assessment – Key Findings

Essential Service	Opportunities for Improving the MCH System	Strengths of the MCH System
Assess and monitor MCH health status to identify and address problems.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Diagnose and investigate health problems and health hazards affecting women, children, and youth.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Inform and educate the public and families about MCH issues.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve MCH problems.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Provide leadership for policy setting, planning, and policy development to support community efforts to assure the health of women, children, youth, and their families.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Promote and enforce legal requirements that protect the health and safety of women, children and youth, and ensure public accountability for their wellbeing.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.

Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Evaluate the effectiveness, accessibility, and quality of personal health and population-based MCH services.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
Support research and demonstrations to gain new insights and innovative solutions to MCH related problems.	• Click here to enter text. • Click here to enter text. • Click here to enter text.	• Click here to enter text. • Click here to enter text. • Click here to enter text.

STEP 6: Identify Strategic Issues

Use the key findings identified in steps 4 and 5 to identify strategic issues impacting maternal and child health in your community. Strategic issues are the most critical issues that, if addressed, would improve health. The question you will answer during this step is:

- Based on your data, what are the major issues that affect maternal and child health in your community?

Your partners will play a key role in completing this step. You will convene your partners and work together to review key findings from all three assessments and to identify themes that tell the story of maternal child health in your community. Findings that seem to be related to a shared underlying issue will be clustered together, and a theme will be developed that describes what these clustered findings have in common.

15. What process did you use to identify themes?
    Click here to enter text.

16. What partners and/or community members played a role in identifying these themes?
    Click here to enter text.

Use Table 10 to describe the themes your partners identified using your data. There is not a specific number of themes you must identify, but be sure to use data from all three assessments and look for themes across each stage of the life course. An example of a theme is 'Breastfeeding rates are low, especially among women living in poverty, there are few supports for breastfeeding in our community, and our MCH system lacks the necessary partnerships to build better supports for breastfeeding.' For each theme, note the specific findings that led to this theme.

Table 10: Identifying Themes

	What themes did you see across your findings?	What key findings led you to identify this theme?
Theme 1	Click here to enter text.	Click here to enter text.
Theme 2	Click here to enter text.	Click here to enter text.
Theme 3	Click here to enter text.	Click here to enter text.
Theme 4	Click here to enter text.	Click here to enter text.

Theme 5	Click here to enter text.	Click here to enter text.
Theme 6	Click here to enter text.	Click here to enter text.
Theme 7	Click here to enter text.	Click here to enter text.
Theme 8	Click here to enter text.	Click here to enter text.
Theme 9	Click here to enter text.	Click here to enter text.
Theme 10	Click here to enter text.	Click here to enter text.

After identifying underlying themes that affect maternal and child health in your community, rephrase themes as strategic issues. Strategic issues are written as questions that need to be answered in order for a community to achieve its vision. This process helps groups transition from data analysis to action planning. Strategic issues are meant to be broad, which allows for the development of innovative, strategic activities as opposed to relying on the status quo, familiar, or easy activities. An example of a strategic issue is 'How can we reduce barriers to breastfeeding?' List your strategic issues in Table 11.

Table 11: Strategic Issues

Theme	Strategic Issue
1	Click here to enter text.
2	Click here to enter text.
3	Click here to enter text.
4	Click here to enter text.
5	Click here to enter text.
6	Click here to enter text.
7	Click here to enter text.

8	Click here to enter text.
9	Click here to enter text.
10	Click here to enter text.

In order to identify a manageable number of strategic issues to address, work with your partners identify priorities. There are multiple prioritization strategies you could use, but it is critical that your partners have an equitable opportunity to contribute to the prioritization process. A combination of voting and discussion is an effective way to make sure decisions are well informed. You may wish to consider various criteria when selecting priorities, for example you may wish to consider if addressing the strategic issue will have an impact across the lifecourse and the feasibly of taking action to address the strategic issue. Also assess if the strategic issue is related to a Title V National or State performance measure.

17. What method did you use to prioritize?
    Click here to enter text.

18. What three to five strategic issues will you address?
    Click here to enter text.

The following charts provide space to document your conversation about each strategic issue you prioritize. This information will help you identify goals and strategies in the next step of the assessment process. Think broadly about each issue when you are completing the tables. If you need additional space, please provide a narrative in the space below each table.

Table 12: Priority Strategic Issues

Strategic Issue 1:	
How will addressing this strategic issue have an impact across the life course?	Click here to enter text.
What assets does your community have that will support addressing this strategic issue (consider current activities, available resources, community support)?	Click here to enter text.
What potential barriers are there to addressing this issue?	Click here to enter text.

How does this strategic issue relate to Title V performance measures, if at all?	Click here to enter text.
Why did you prioritize this strategic issue?	Click here to enter text.
Strategic Issue 2:	
How will addressing this strategic issue have an impact across the life course?	Click here to enter text.
What assets does your community have that will support addressing this strategic issue (consider current activities, available resources, community support)?	Click here to enter text.
What potential barriers are there to addressing this issue?	Click here to enter text.
How does this strategic issue relate to Title V performance measures, if at all?	Click here to enter text.
Why did you prioritize this strategic issue?	Click here to enter text.
Strategic Issue 3:	
How will addressing this strategic issue have an impact across the life course?	Click here to enter text.
What assets does your community have that will support addressing this strategic issue (consider current activities, available	Click here to enter text.

resources, community support)?	
What potential barriers are there to addressing this issue?	Click here to enter text.
How does this strategic issue relate to Title V performance measures, if at all?	Click here to enter text.
Why did you prioritize this strategic issue?	Click here to enter text.
Strategic Issue 4:	
How will addressing this strategic issue have an impact across the life course?	Click here to enter text.
What assets does your community have that will support addressing this strategic issue (consider current activities, available resources, community support)?	Click here to enter text.
What potential barriers are there to addressing this issue?	Click here to enter text.
How does this strategic issue relate to Title V performance measures, if at all?	Click here to enter text.
Why did you prioritize this strategic issue?	Click here to enter text.
Strategic Issue 5:	
How will addressing this strategic issue have an impact across the life course?	Click here to enter text.

What assets does your community have that will support addressing this strategic issue (consider current activities, available resources, community support)?	Click here to enter text.
What potential barriers are there to addressing this issue?	Click here to enter text.
How does this strategic issue relate to Title V performance measures, if at all?	Click here to enter text.
Why did you prioritize this strategic issue?	Click here to enter text.

STEP 7: Develop MCH Goals and Objectives

In this step, you will develop goals and objectives to measure progress toward addressing each strategic issue. **Goals** are broad statements of what you hope to achieve. For example, if your strategic issue is 'How can we reduce barriers to breastfeeding?' your goal might be 'To ensure all women have the support they need to continue breastfeeding as long as they choose.'

An **objective** is a specific, measurable, achievable, relevant, and time-phased statement of what you hope to achieve by when. Your objective should reference both your baseline level of performance and your performance target in measurable terms. For example, if your goal is 'To support breastfeeding in all settings where women live, work, and play' you could set an objective such as 'By September 30, 2019, increase the percentage of WIC clients who breastfeed at 6 months from 15% to 20%.'

Table 13: Goals and Objectives

Strategic Issue	Goal	Objective					
		By [date]	[who] will	[increase, decrease]	[measure] from	[baseline value] to	[target value]
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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STEP 8: Identify Strategies and Develop an Action Plan

In this step you will identify how you will achieve each goal identified above. Remember the public health pyramid through this step, which includes direct services, enabling services, and infrastructure building (core public health services), and carefully consider what strategies will have the greatest impact on addressing your strategic issues and achieving your goals. Also consider what phases of the life course your strategies address. Consider how outcomes at one phase of the life course can be imparted by earlier phases of the life course or across generations. As you identify strategies, be sure your strategies are evidence-based or evidence-informed. If you are pursuing an innovative strategy, it will be important for you to think through your evaluation strategy.

Begin by brainstorming potential strategies for addressing each strategic issue. For example, if your strategic issue is 'How can we reduce barriers to breastfeeding?' you could brainstorm strategies such as increasing the number of workplaces with breastfeeding policies, expanding the number of health department staff trained as lactation consultants, developing feeding plans with MIHP clients, and so forth. Once you have a list of potential strategies, prioritize your list considering each strategy's potential impact and the evidence base. Be judicious in how many strategies you select.

19. What process did you use to identify potential strategies?
    Click here to enter text.

20. How did you determine which strategies to prioritize?
    Click here to enter text.

21. Will you be pursuing promising strategy that lacks an evidence base? If so, describe your evaluation strategy.
    Click here to enter text.

Use Table 14 to identify the strategies you will use to achieve each of your goals. Describe the strategy, the phase of the life course it will target, and the level of the public health pyramid it will target. Also indicate if this is a strategy that will be implemented using Title V LMCH funding.

Table 14: Strategies for Achieving Goals

Goals	Selected Strategy or Strategies	Phase of Life Course Targeted	Type of Service	LMCH Funded (yes, partial, no)
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

Develop an action plan for each strategic issue that describes the specific steps you will use to achieve your goals and objectives through your selected strategies. Use the action planning template below. You will want an action plan for each strategic issue. 'Action steps' are the steps that will be necessary to implement the strategy. For example, if your strategy is 'complete infant feeding plans with MIHP clients,' your action steps might include adapting a feeding plan template, training MIHP staff in using the feeding plan template, testing the feeding plan with a set of clients, adapting the feeding plan, training MIHP staff on revisions, discussing feeding plan use during staff meetings, gathering client input on feeding plans, and supporting/monitoring mothers' use of feeding plans after infant birth. The 'timeline' field should be used to indicate when each action step will begin and end, and the 'stakeholders/responsible person' field should be used to indicate who will support each action step and ensure each action step is complete. The 'output' field should be used to indicate how you will know that the action step was completed. For example, if your first action step is 'adapt a feeding plan template' your output (or measure of success) might be 'By 11/1/17, the MIHP feeding plan template will be approved and shared with all MIHP staff.'

Table 15: Action Plan

Strategic Issue 1:	Click here to enter text.			
Goal:	Click here to enter text.			
Objective:	Click here to enter text.			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
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	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Strategic Issue 2:	Click here to enter text.			
Goal:	Click here to enter text.			
Objective:	Click here to enter text.			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
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	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Strategic Issue 3:	Click here to enter text.			
Goal:	Click here to enter text.			
Objective:	Click here to enter text.			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
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	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Strategic Issue 4:	Click here to enter text.			
Goal:	Click here to enter text.			
Objective:	Click here to enter text.			
Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
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Strategies	**Action Steps**	**Timeline**	**Stakeholders/Responsible Person**	**Output**
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Tying the MCH Needs Assessment to the LMCH Plan and Work Plan

The components of the MCH Needs Assessment correlate with the LMCH Plan and work plan. For example, Q1 of the LMCH Plan asks for your priority MCH needs, which you will identify in Step 6 of this process. Use information from Table 12 to describe your priority MCH needs, as well as highlights from the data you collected and analysis you completed in steps 4 and 5. Similarly, Q2 asks you to identify health disparities in your community and how they relate to the priorities you selected. Steps 4, 5, and 6 will provide the information you need to respond to Q2.

Additionally, many of the fields included in the action plans also appear in the LMCH workplan. The objectives, strategies, stakeholders/responsible persons, and outputs specified in your action plans can be used to complete your workplans. Additionally, in table 14 you will have identified the phase of the lifecourse and type of service for each strategy, which can also be helpful in completing your LMCH workplan and budget.

Implementation, Monitoring, & Ongoing Improvement

Assessment and planning are most effective when they are considered continual processes. Once your plans are complete and implementation begins, monitor progress toward both your 'measures of success' (or anticipated output) and 'objectives.' These are more proximal measures of change that can tell you if your action plans are being implemented as intended and having the outcomes you intended. If implementation is off track or the strategies you selected are not working as you anticipated, make strategic and well planned adjustments. Additionally, as other MCH needs are identified in your community, consider adjusting your priorities, goals, and objectives in order to address emerging concerns.

F. STRATEGIC ISSUE CODING STRUCTURE

Strategic Priorities (Table 12)

1. Access to Care
    a. Navigating Services and Systems
    b. Barriers to Accessing Care
        i. Transportation
    c. Lack of Providers
    d. Medicaid Related Barriers
2. Access to Child Care
3. Breastfeeding
4. Child Abuse and Neglect
    a. Prevention
5. Community Resources
    a. Increase Awareness
    b. Reduce Barriers
    c. Culturally Appropriate
6. Preventable Mortality
    a. Childhood
    b. Infant
    c. Youth
7. Education
8. Health Equity
    a. Policies
9. Healthy Environment
    a. Lead
10. Healthy Lifestyle
    a. Exercise
    b. Nutrition
    c. Healthy Weight
11. Immunizations
12. MCH System
    a. Care Coordination
    b. Community Engagement
13. Mental Health
    a. Access to Mental Health
        i. Utilization of Mental Health Services
    b. Awareness of Mental Health Services
    c. Anxiety and Depression
14. Oral Health
15. Other
16. Poverty
17. Prenatal Care
    a. Access
    b. Healthy Birth Weight

c. Utilization of services
d. Reduce Barriers
e. Education

18. Reproductive Health
    a. Utilization of services
    b. Affordability
    c. Adolescent Reproductive Health
    d. Family Planning
        i. Birth Control
        ii. Birth Spacing
        iii. Promotion
19. Safety
20. Smoking
    a. Maternal Smoking
    b. Tobacco Cessation
21. Social Support
22. Substance Abuse
    a. Disorder Prevention
23. Transportation
    a. Barriers
    b. Access to Transportation

Other Codes

24. Group of Community Partners (Q2)
    a. Yes
    b. No
25. Barriers to Engagement (Table 2)
    Broad significant barriers that come up, drop in this large code
26. Stakeholder Engagement (Table 4, Q5)
    a. Education and Youth Development
    b. Recreation and Arts
    c. Healthcare Providers
    d. Hospitals
    e. Public Safety
    f. Home Visiting
    g. Early Intervention
    h. Education
    i. Community Mental Health
    j. Early Care and Education
    k. Housing
    l. Transportation
    m. Child Protection
    n. Philanthropic Organizations
    o. Universities

p. Faith Communities
q. Neighborhoods
r. Cultural Organizations
s. Business Community
t. Other
u. Families
    i. Yes
    ii. No

27. Community Themes and Strengths Methods (Q13a)
    a. Community Input Wall
    b. Intercept Survey
    c. Photovoice
    d. Focus Groups
    e. Town Hall/Community Meeting
    f. Other
28. System Assessment (Table 9)
    a. Completion
        i. All
        ii. Some
        iii. None
    b. Domain Completed
        i. **Domain 1** - Assess and monitor MCH health status to identify and address problems.
        ii. **Domain 2** - Diagnose and investigate health problems and health hazards affecting women, children, and youth.
        iii. **Domain 3** - Inform and educate the public and families about MCH issues.
        iv. **Domain 4** - Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve MCH problems.
        v. **Domain 5** - Provide leadership for policy setting, planning, and policy development to support community efforts to assure the health of women, children, youth, and their families.
        vi. **Domain 6** - Promote and enforce legal requirements that protect the health and safety of women, children and youth, and ensure public accountability for their wellbeing.
        vii. **Domain 7** - Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.
        viii. **Domain 8 -** Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.
        ix. **Domain 9** - Evaluate the effectiveness, accessibility, and quality of personal health and population-based MCH services.

x. **Domain 10** - Support research and demonstrations to gain new insights and innovative solutions to MCH-related problems.

29. Phase of the Life Course Addressed
    a. Phase of the Life Course Targeted (Table 14)
        i. Pre- & Inter-Conception
        ii. Perinatal
        iii. Infant
        iv. Early Childhood
        v. Adolescence
        vi. Adulthood
        vii. Life Course

G. SYSTEM ASSESSMENT TOOL

Domain 1: Assess and monitor maternal and child health status to identify and address problems
1.1 Participate in or conduct a collaborative process resulting in a comprehensive Maternal Child Health (MCH) assessment.
1.1.1 Participate in a maternal and child health partnership to assess MCH needs.
Does your community regularly bring together a group of MCH partners to better understand MCH needs in your community?
Does your group include traditional and non-traditional MCH partners?
Does your group include community members?
What partners are missing?
1.1.2 Complete a MCH assessment.
Has your community completed a MCH assessment?
Have your completed a local community health assessment with a strong MCH component?
What were the success and challenges associated with the process?
What changes or resources might make future assessments more efficient and impactful?
Were assessment data sufficient to understand MCH needs across the life course?
What data were collected?
What gaps were noted?
Were community members involved in the assessment?
Were community members' views gathered?
Were community members engaged in the assessment process?
1.2 Collect and maintain reliable, comparable, and valid data that provide information on maternal and child health conditions, and on the health status of the population.
1.2.1 Collect primary and secondary data on MCH status.
Does your community's have the capability it needs to collect primary and secondary MCH data?
What are the strengths in your capability?
What are the gaps?
Do you partner across MCH serving agencies to share data?
Are there new ways you could partner around data sharing?
Does your community have the information it needs to get a "complete picture" of health across the life course?
1.2.2 Provide reports of primary and secondary data to other organizations and the community.

Are results of primary and secondary data collection and analysis shared with other agencies within your local public health system and members of your community?
Who receives this information and who else might benefit from the information?
Are data reports improved so that they are more usable by other MCH organizations and the public?
How is feedback gathered and used to make improvements?
1.3 Analyze MCH data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect maternal and child health.
1.3.1 Analyze and draw conclusions from MCH data.
Does your community have the capacity to comprehensively analyze MCH data at the community level?
Who is responsible?
How frequently are data reviewed?
What kinds of results are produced?
What are the gaps?
How do you include environmental, social, and economic factors in your analysis?
Does your community have a comprehensive process for reviewing findings and drawing conclusions based on the MCH data?
Has your community identified underlying factors or trends (clusters, health problems, behavioral risk factors, environmental public health hazards, or social and economic conditions that affect maternal and child health in the community) by reviewing data?
What was unexpected or surprising?
1.4 Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.
1.4.1 Use data to recommend and inform public health policy, process, programs, and/or interventions.
Does your community actively use MCH data to inform policies and programs?
How are various groups, agencies, and stakeholders throughout the community involved in this process?
Domain 2: Diagnose and investigate health problems and hazards affecting women, children, and youth.
2.1 Identify environmental hazards and prepare reports on risk conditions and behaviors
Is the maternal and child health system able to investigate outbreaks of infectious disease?
Consider the last time an infectious disease outbreak had to be investigated in the local community?
Were roles and responsibilities clear?

Were procedures clear?
What worked well?
What could have been improved?
Is the maternal and child health system able to investigate non-infectious diseases, environmental, and/or occupational hazards?
Consider the last time a non-infectious disease or environmental/occupational hazard was investigated?
Were roles and responsibilities clear?
Were procedures clear?
What worked well?
What could have been improved?
2.2 Conduct population surveys and publish reports on risk conditions and behaviors
Is the maternal and child health system able to conduct surveys to identify risk conditions and behaviors related to maternal and child health?
What organizations have created and distributed surveys?
What topics have been covered?
Are their gaps in this type of surveillance?
Does your MCH system have the capacity to analyze the data received from population surveys?
Does your community use survey data as extensively as you could?
Does your MCH system have the capacity to report survey findings back to your community?
2.3 Provide leadership in maternal, fetal/infant, and child fatality reviews.
Does your MCH system have the capacity to conduct maternal fatality reviews?
If so, what community members and partners make up the review team?
Are there specific community members, stakeholder, or partners who provide leadership and/or oversight in this area?
Does your MCH system have the capacity to conduct child fatality reviews?
If so, what community members and partners make up the review team?
Are there specific community members, stakeholder, or partners who provide leadership and/or oversight in this area?
Does your MCH system have the capacity to conduct fetal and infant fatality reviews?
If so, what community members and partners make up the review team?
Are there specific community members, stakeholder, or partners who provide leadership and/or oversight in this area?
Domain 3: Inform and educate the public and families about maternal and child health issues.
3.1 Provide MCH expertise and resources for informational activities such as hotlines, print materials, and media campaigns, to address MCH problems such as teen suicide, inadequate

prenatal care, accidental poisoning, child abuse and domestic violence, HIV/AIDS, DUI, helmet use, etc.
Does the MCH system give community members they information they need to protect and improve maternal and child health?
What dissemination strategies are used?
What topics are covered?
Does the MCH system give maternal and child health information to community members in a way that is useful, meaningful, and understandable?
What steps are taken to make sure materials are culturally and linguistically appropriate?
Does the MCH system take action to continually improve how it provides information?
How is feedback gathered and from whom?
How are materials improved?
3.2 Implement, and/or support, health plan/provider network health education services to address special MCH problems- such as injury/violence, vaccine-preventable illness, underutilization of primary/preventative care, child abuse, domestic violence-delivered in community settings (e.g., schools, child care sites, worksite).
Do MCH partners support health education in health care settings?
How could coordination of health education strategies delivered in health care settings be improved?
Do MCH partners support health care providers in developing their understanding of the programs and services available in community settings?
3.3 Implement, and/or support, health education services in non-health care settings to address special MCH problems- such as injury/violence, vaccine-preventable illness, underutilization of primary/preventative care, child abuse, domestic violence.
Do MCH partners support health education in non-health care settings, such as child care centers or schools?
How could coordination of health education strategies delivered in non-health care settings be improved?
Do MCH partners support non-healthcare, child and family serving organizations in developing their understanding of the programs and services available in the community?
Domain 4: Mobilize the community to identify and solve maternal and child health problems.
4.1 Engage with MCH system partners and the community to address MCH needs.
Do strong partnerships/groups/coalitions exist within your community to address specific MCH problems?
Do coalitions address MCH issues that arise at each phase of the life course?
Are community members active participants?
Are all necessary partners active participants?

Are these groups effective at raising community wide support for public health issues?
How could their effectiveness be improved?
Does the MCH system have the expertise to engage and mobilize the community?
Do MCH partners share their expertise to improve community engagement?
4.2 Support community members and community leaders in engaging in conversations about policies and strategies that with improve MCH.
Is the community engaged in discussions about specific policies or strategies to improve MCH?
In what ways could community members be more involved in these processes?
Are governing entities, boards, and elected officials engaged in discussions about specific policies or strategies to improve MCH?
In what ways could these officials be more involved in these processes?
Domain 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.
5.1 Develop and implement a community-wide plan or plans to improve MCH.
Does the MCH system engage partners to identify priority MCH needs?
Does this process consider the range of MCH concerns and is it inclusive of each stage of the life course?
Is this process driven by assessment data?
Does this process broadly include system partners and community members?
Does the MCH system engage partners to develop a plan or plans to address priority MCH needs?
Does the plan include measures of implementation and measures of outcomes?
Does the plan include mutually reinforcing activities that are strategically aligned across MCH system partners?
Does the plan specify roles, responsibilities, resources, and a timeline for implementation?
Does the MCH system monitor plan implementation and provide regular updates to partners?
How have data been used to update the plan?
What communication strategies are most effective?
5.2 Support the development and implementation of policies that protect and promote MCH.
Does the MCH system engage with the policy process at the organizational, local, state, and federal level?
Does the MCH system use a broad set of strategies to support the policy process?
How could MCH system partners become more involved in the policy process?
Do MCH system partners keep the public informed of the MCH impact of policy changes?
Could new strategies be implemented?
Domain 6: Promote and enforce legal requirements that protect the health and safety of women, children and youth, and ensure public accountability for their wellbeing.

6.1 Review existing laws that impact the health of women, children, and youth, and work with elected or appointed officials to update laws when needed.
Do local MCH system partners review existing laws and consider the impact on women, children, and youth?
What tools are used?
What factors are considered?
Who is involved?
Do local MCH system partners provide information to governing entities and officials when updates to laws or proposed laws are needed?
6.2 Educate the community on laws that impact the health of women, children, and youth.
Are the maternal and child health laws clearly understood by those who enforce them?
What training is provided?
What gaps in training are noted and how might they be addressed?
Are community members and regulated agencies in the community provided information about laws that impact MCH and how to comply with them?
Which agencies in your community are regulated and would therefore need to comply with public health laws?
What education strategies are most effective?
What gaps in community education about laws have been noted and how might they be addressed?
6.3 Monitor and enforce compliance with laws that impact the health of women, children, and youth.
Are public health laws and policies regarding family and child-serving programs enforced throughout the community in a consistent manner?
Who monitors and enforces laws related to MCH?
How is enforcement carried out?
Are there up-to-date, written procedures for enforcing public health laws in the community?
Domain 7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.
7.1 Identify gaps in access to health care services and service capacity for a range of services for MCH populations.
Have MCH system partners identified gaps in service capacity to a range of services for MCH populations?
Has the MCH system identified barriers to accessing MCH services?
How has this information been gathered?
To what extent have clients been engaged in identifying barriers?

Has the MCH system identified un-served and under-served MCH populations within the community?
How have partners been involved in identifying these populations?
How are these data shared among partners?
7.2 Identify strategies to improve access to a range of services for MCH populations.
Has the MCH system identified factors that contribute to poor access to services?
Has the MCH system engaged a broad set of partners in improving access to services?
Are there new types of partners that could help address gaps?
Has the MCH system taken action to increase access to services for women, children and youth?
Has the MCH system put in place formal agreements (MOA or MOU) or improved processes to reduce barriers to access?
Has the MCH system put in place formal agreements (MOA or MOU) or improved processes to reduce barriers to access?
Domain 8: Assure the capacity and competency of the public health and personal health workforce to effectively address maternal and child health needs.
8.1 Promote careers in maternal and child health.
Does the MCH system have partnerships with schools, colleges/universities, or other programs to promote careers in MCH?
What other partnerships could be formed?
Does the MCH system implement strategies to connect with the future workforce?
8.2 Establish competencies, assess the MCH workforce, and offer professional development opportunities for MCH professionals.
Has the MCH system identified competencies for MCH professionals across a variety of careers?
Have the competencies of the MCH workforce been assessed?
What sectors of the workforce have and haven't been assessed?
What gaps have been identified?
Does the MCH workforce have adequate professional development opportunities?
Domain 9: Evaluate and improve the effectiveness, accessibility, and quality of maternal and child health services.
9.1 Evaluate programs, interventions, policies, and procedures to understand implementation and effectiveness.
Does the MCH system evaluate its programs and interventions?
What successes and opportunities have been identified?
What gaps in evaluation are noted?

Does the MCH system evaluate its policies and procedures?
What successes and opportunities have been identified?
What gaps in evaluation are noted?
Are evaluation findings used to make decisions about MCH programs, interventions, policies, and procedures?
What evaluations have been most useful?
How could the utility of evaluations be improved?
Does the MCH system report evaluation results to clients and the broader community?
9.2 Use data to continuously improve programs, interventions, policies, and procedures.
Do MCH system partners use data to identify opportunities improve MCH programs, interventions, policies, and procedures?
Does the MCH system use input from customers to guide improvement efforts?
In what ways is consumer feedback collected and analyzed?
How do agencies use that feedback?
Does the MCH system use formal quality improvement methods and tools to guide improvement efforts?
Domain 10: Support research and demonstrations to gain new insights and innovative solutions to maternal and child health-related problems.
10.1 Provide MCH expertise and resources to support research on programs and services for women, children, adolescents, and families.
Do MCH system partners participate in research projects designed to help improve the health of women, children, and youth in the community?
Do MCH system partners have the knowledge and capacity to ensure that people who participate in research studies are protected (physically, mentally and emotionally) when they are involved in research activities?
Does the MCH system communicate with the state health department, local health departments and other maternal and child health partners about lessons learned from participation in research studies?
10.2 Identify and use the best available evidence for making informed maternal and child health practice decisions.
Does the MCH system ensure that current research findings are reviewed and thoughtfully considered for changing current maternal and child health programs or practices?
Does the local MCH system use the best available evidence for implementing new approaches in addressing and understanding MCH?
What programs have been revised to use evidence-based practices?
Does the MCH system adapt or tailor evidence-based practices to your unique community?

Does the MCH system let the public know about research findings and how those findings may affect the health and wellbeing of community members?
How is the information shared in an understandable way?
How could information sharing about research findings be improved?