This is a sampling of some of the more common data points for consideration in a comprehensive needs assessment (required of every CAHC/SWP at least every three years). Not every data point needs to be included but, the more robust the overall needs assessment is, the more information you will have to design services and supports that draw youth to your CAHC/SWP, and that meets client needs.

**Risk Behavior Survey (required when serving adolescents):**

The **Michigan Profile for Healthy Youth** (MiPHY) is the most common adolescent risk behavior survey that CAHC/SWP programs use as part of their overall needs assessment. The MiPHY is an online health survey offered by the Michigan Departments of Education and Health and Human Services, which provides results on health risk behaviors including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health in grades 7, 9, and 11; and measures risk and protective factors most predictive of alcohol, tobacco, and other drug use and violence.

Survey data is available at the county level, if enough schools participate. Data is available at the local school/district level, but you must request the data directly (it will not be on the website). Make sure your browser isn’t blocking pop-ups or the reports won’t generate:

https://mdoe.state.mi.us/schoolhealthsurveys/externalreports/countyreportgeneration.aspx

The YRBS (although generalizable if enough students participate) is typically not favored as a risk behavior survey for the purposes of the needs assessment of your target population. However, the Detroit YRBS may be used for schools in the Detroit area if enough students participate to make the results generalizable. Data is not available by school level.

As a last resort, work with the school to implement a risk behavior survey if none exists for your target population. Contact your assigned Agency Consultant for technical assistance.
**CAHC/SWP Data:**

**Risk Assessments:** Review top risks and consider including data from the Risk Disparity Tool to identify disparities in risk among sub-populations.

**Diagnosis Codes:** Review the most frequent diagnosis codes (as applicable to the model).

**Client Satisfaction Surveys/Comment Cards:** If open-ended questions on unmet needs or services that clients would like to see are included on the survey/cards, review these results for ideas.

**Community Advisory Council/Youth Advisory Council:** What do these advisory boards have to say about need/unmet need, services and health education that could be addressed by the CAHC/SWP?

**Parent/Teacher/Staff Surveys:** These simple surveys can be a great source of information on need that either the data doesn’t show, or can add meaning to other data. Meetings, focus groups, or other forms of input from these partners can provide perspective on need that may not be found elsewhere.

**School Organizations:** What type of input can you get from active student and/or parent organizations about need? Input can be informal, but can still generate ideas on services and educational programming that would interest students and that parents would support.

**Local School Data:**

**School Absences:** Absences are tracked differently in every school/school district. Some schools may be able to provide much more detailed information than others. Schools may be willing to share school suspension data, but some are reluctant to do so.

**Chronic Conditions:** Some schools may be able to provide detailed (aggregate) information on number and type of various chronic conditions present among students in the school.

**Other School Data:** Having strong relationships with administrators and other key staff members is critical to acquiring data that may be beneficial. As schools more completely understand the services a CAHC/SWP provides, what data is needed, how the data will be used – and as CAHC/SWP staff better understand data limitations and concerns – the greater the likelihood will be of acquiring data useful in telling the story of the needs of youth in your target population.

**Other School Data (available online):**

A wealth of information available by ISD, local school district, and school building at [www.mischooldata.org](http://www.mischooldata.org) including enrollment, M-STEP scores, and rates of dropout, economically disadvantaged students, free and reduced-priced lunch rates, special education students, chronic absenteeism, and more. Much data is available by sub-population e.g., race, gender, homelessness, students with disabilities, etc.
Community Health Data/Vital Statistics:

**County Immunization Report Cards** (updated quarterly):
http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914_68361-321114--00.html

**Lead Testing Surveillance Data, by County:**
https://www.cdc.gov/nceh/lead/data/state/midata.htm

(latest data available on time of print)

**Preventable Hospitalizations (Ambulatory Care Sensitive Hospitalizations), STI Rates, Teen Pregnancy and Birth Rates and Other Data:**

MDHHS Vital Statistics, Community Health Information:
https://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp#Counties

Under the County List menu, select the County for which you are seeking data and click on “Tables.” The page will populate with a list of commonly-referenced data points that can be selected for review. Some data may also be available for local communities with 10,000+ population.

**Census Data:**
Both the US Census Bureau’s Quick Facts https://www.census.gov/quickfacts/fact/table/US/PST045216 and American Fact Finder https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml are valuable data resources. Find the latest available statistics on a range of social, economic, educational and select health indicators.

**Health Resources & Services Administration Shortage Area Designations:**
Go to https://bhwhrsa.gov/shortage-designation/what-is-shortage-designation and, on the right hand side of the page, click on HPSA Find and/or MUA/P Find to locate current Health Professional Shortage Areas and Medically Underserved Areas.

**Healthy Michigan Plan Enrollment Statistics (includes County Enrollment Breakdown & Plan Enrollment):**
http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_66797---00.html

Additionally, local government, non-profit and service organizations may have other local data to share:
For example, hospitals likely have data on most frequent diagnoses, top reasons for emergency department visits and more for youth in the target population. Police departments and courts may be able to provide information on juvenile “crime” indicators including minors in possession, tobacco violations and more. Some data can be found online, but local agencies may have more “real-time” data. Local non-profits and coalitions may have data relative to their respective missions that can round out a comprehensive needs assessment. Hospitals, local health departments, and many local United Way chapters conduct needs assessments or behavioral risk factor surveillance surveys (of adults) that may be worth reviewing for a more complete picture of family and community health, and how this may impact the health of your target population.