

TITLE V INTERIM NEEDS & CAPACITY ASSESSMENTS

WHAT IS THE PURPOSE OF TITLE V INTERIM NEEDS & CAPACITY ASSESSMENTS?

From 2018 to 2020, Pennsylvania’s Title V Maternal and Child Health Services Block Grant Program conducted its [five-year needs and capacity assessment](#). The assessment included evaluation of maternal and child health status through quantitative analysis of state data, collection and analysis of qualitative data through focus groups and surveys, and engagement of stakeholders across Pennsylvania to assess, identify, and rank priority health needs among the state’s women, pregnant people, infants, children, adolescents and children with special health care needs. During this assessment, the Bureau of Family Health also evaluated its capacity to serve the maternal and child health populations. As a result of the five-year needs and capacity assessment, [seven maternal and child health priorities](#) were identified to guide the state’s work from 2021 to 2025. The next five-year needs and capacity assessment will begin in 2023.

Pennsylvania’s Title V program recognizes that the health needs of women, pregnant people, infants, children, adolescents, and children with special health care needs in the state will evolve and change during that period. In order to continually assess the health of the maternal and child health populations in the state, the Title V program conducts ongoing needs assessment activities. Ongoing needs assessment activities are considered “interim” because they occur between five-year needs and capacity assessments.

WHAT ARE THE COMPONENTS OF INTERIM NEEDS ASSESSMENTS?



There are three primary components of ongoing needs assessment activities: engagement of stakeholders to characterize maternal and child health status in the state, identify emerging issues, and inform development and implementation of strategies linked to the new priorities identified in the five-year needs and capacity assessment; assessment of qualitative data collected through stakeholder engagement and available quantitative state data to further characterize the health status of the maternal and child health populations; and evaluation of the maternal and child health system as a whole and the Bureau of Family Health’s capacity as the Title V administrator. Health equity remains an overarching framework of the Bureau of Family Health’s needs assessment activities and is continually considered, including when evaluating data, identifying focus group and key informant interview participants, and when assessing workforce capacity. Health equity is achieved when all people can attain health and wellness.

HOW DO INTERIM NEEDS ASSESSMENTS AFFECT ME?

Ongoing needs assessment activities provide the Bureau of Family Health with an opportunity to identify persistent and emergent maternal and child health issues affecting your community or network of care and to evaluate whether the [existing action plan](#) continues to address the priority needs of [women, pregnant people, infants, children, adolescents](#), and [children with special health care needs](#) in the state. Results of the assessments will inform [programming and strategies](#) that the Bureau of Family Health implements throughout the state to promote and improve health and well-being among maternal and child health populations. Maternal and child health stakeholders, including providers, clients, service recipients, and any Pennsylvanian can contact the Title V program at RA-DHPATITLEV@pa.gov to learn more about the assessment or to identify opportunities to participate, such as by responding to a survey or participating in a focus group or listening session.

Changes in health status and feedback received from 2021 public input survey respondents and focus groups participants are summarized below. The extent to which needs are addressed by existing Title V priorities is also noted.

NEEDS ASSESSMENT UPDATE:

TITLE V POPULATION DOMAIN	EXISTING PRIORITIES	PERSISTENT NEEDS AND NOTABLE CHANGES IN HEALTH STATUS	UNMET NEEDS IDENTIFIED BY STAKEHOLDERS	NEEDS ADDRESSED BY EXISTING PRIORITIES AND STRATEGIES?
Women's/Maternal Health 	Reduce or improve maternal morbidity and mortality, especially where there is inequity	<ul style="list-style-type: none"> - Black-white racial disparity in maternal mortality and morbidity - Increasing prevalence of gestational diabetes and hypertension - Increasing prevalence of self-reported depression during pregnancy 	<ul style="list-style-type: none"> - Support and services for mental health - Accessible care before, during, and after pregnancy - Access to health care services, including preventive care 	 Existing priority and associated strategies encompass the identified needs and notable changes in health status.
Infant/Perinatal Health 	Reduce rates of infant mortality (all causes), especially where there is inequity Improve the percent of children and youth with special health care needs who receive care in a well-functioning system	<ul style="list-style-type: none"> - Black-white racial disparity in infant mortality - Breastfeeding and safe sleep practices - Percentage of pre-term and low birthweight births 	<ul style="list-style-type: none"> - Parent/caregiver education and support - Availability of safe and affordable childcare for infants - Postpartum support and education for parents and caregivers - Lactation and breastfeeding/chest-feeding support 	 Existing priorities and associated strategies encompass many of the needs and notable changes in health status, but strategies may need to be expanded or evaluated. Additional strategies that aim to advance development of protective factors among parents/caregivers may be identified or developed.
Child Health 	Reduce rates of child mortality and injury, especially where there is inequity	<ul style="list-style-type: none"> - Black-white racial disparity in child mortality - Decrease in the percentage of children reported to be in excellent or very good health - Increase in the percentage of children not receiving needed mental or behavioral health care - Bullying among children ages 6 to 11 	<ul style="list-style-type: none"> - Support for children who experience neglect, abuse, or other adverse childhood experiences - Mental and developmental health resources, services, and support - Access to dental health care 	 Existing priorities and associated strategies encompass many of the needs and notable changes in health status, but strategies may need to be expanded or evaluated. Identification and development of specific strategies that aim to address mental, behavioral, and developmental health outcomes is ongoing.
Adolescent Health 	Improve mental health, behavioral health, and developmental outcomes for children and youth with and without special healthcare needs Reduce rates of child mortality and injury, especially where there is inequity	<ul style="list-style-type: none"> - Black-white racial disparity in adolescent mortality - Increasing suicide rate and prevalence of self-reported depression, particularly among gay, lesbian, or bisexual youth - Slight decrease in percentage of physically active youth - Bullying, particularly among youth identifying as gay, lesbian, or bisexual 	<ul style="list-style-type: none"> - Mental health (including social and emotional health) - Safe activities/opportunities to socialize - Sexual and reproductive health services 	 Existing priorities and associated strategies encompass the identified needs and notable changes in health status. Reproductive health strategies are linked to a separate priority addressing health equity.
Health of Children with Special Health Care Needs 	Improve mental health, behavioral health, and developmental outcomes for children and youth with and without special health care needs Improve the percent of children and youth with special health care needs who receive care in a well-functioning system	<ul style="list-style-type: none"> - Bullying and experiences with trauma/adverse childhood experiences - Significant decline in the percentage of children with special health care needs with a medical home - Support for infants with Neonatal Abstinence Syndrome (NAS) - Prevalence of tooth decay/cavities 	<ul style="list-style-type: none"> - Access to care, including specialty care - Care Coordination - Increased parent/caregiver education and awareness about available resources and services - Training and support among providers and hospitals on successful referral of families to needed services - Increased education and support for families 	 Existing priorities and associated strategies encompass many of the identified needs and notable changes in health status, but strategies may need to be expanded or evaluated. Identification and development of specific strategies that aim to address trauma and bullying is ongoing. Strategies promoting improved access to medical homes, family support, and referral will also be considered.

For additional information, please refer to the Needs Assessment section of Pennsylvania's Title V Maternal and Child Health Services Grant 2020 Report/2022 Application.