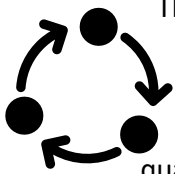


TITLE V INTERIM NEEDS & CAPACITY ASSESSMENTS

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 began in 2023. For more information on the plan and timeline, see [this overview](#). In order to continually assess the health of women, birthing and pregnant people, infants, children, adolescents, and children with special health care needs 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 priorities identified in the five-year needs and capacity assessment; assessment of qualitative data collected through stakeholder engagement and 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 and the Bureau of Family Health’s capacity as the Title V administrator. Health equity remains an overarching framework of the Bureau’s needs assessment activities and is continually considered, including when evaluating data, conducting focus groups and key informant interviews, 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 partners, 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.

The Department of Health’s Bureau of Family Health has a mission to equally protect and equitably promote the health and well-being of pregnant people, their partners, their children, and all families in Pennsylvania.

The Bureau of Family Health and its Title V Program acknowledge that systemic racism, other forms of oppression, and social, environmental, and economic inequities contribute to poor health outcomes and have a greater impact on health than individual choices, behaviors, or access to healthcare. These factors and experiences of discrimination impact a person’s health throughout life and can result in trauma that impacts health across generations. Certain communities and groups that have experienced historic and ongoing discrimination and oppression often experience a higher burden of negative health outcomes as compared to others. It is important to note that these differences in health outcomes by race, ethnicity, income, gender identify, sexual orientation, and other characteristics are the result of systematic, unfair, and unjust circumstances.

Changes in health status, 2024 public input survey responses, and feedback from focus group discussions are summarized below. The extent to which needs are addressed by existing Title V priorities is also noted. Title V is committed to promoting system-level change to address the social determinants of health and advance health equity.

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?
<p>Women's/Maternal Health*</p> <p><i>*This domain encompasses health before, during, and after pregnancy and includes non-binary and transgender birthing people</i></p> 	<p>Reduce or improve maternal morbidity and mortality, especially where there is inequity</p>	<ul style="list-style-type: none"> - Maternal morbidity rates increased and mortality rates remain high; Black-white racial disparity in maternal mortality and morbidity - Mental health conditions and substance use disorder identified as lead causes of pregnancy-related and associated death - Increase in percentage of people receiving routine preventive care - Minimal change in prenatal and postpartum care receipt and Black-white racial disparity in care receipt persists 	<ul style="list-style-type: none"> - Accessible care before, during, and after pregnancy - Social support during the postpartum period - Paid parental leave and affordable childcare - Lactation support and resources on parenting/infant care - Increased focus on meeting family needs and social determinants of health 	<p>Existing priority and associated strategies encompass the identified needs and notable changes in health status, but strategies may need to be expanded or evaluated.</p> <p>Additional strategies that aim to address maternal mental health and postpartum support may be identified.</p>
<p>Infant/Perinatal Health</p> 	<p>Reduce rates of infant mortality (all causes), especially where there is inequity</p> <p>Improve the percent of children and youth with special health care needs who receive care in a well-functioning system</p>	<ul style="list-style-type: none"> - Black-white racial disparity in infant mortality - Gradual increase in rates of breastfeeding initiation and continuation at six months - Increase in percentage of infants sleeping on separate surface without loose bedding and percentage placed to sleep on back - Minimal change in rate of low birthweight or preterm births 	<ul style="list-style-type: none"> - Parent/caregiver support and education on infant care and caregiver mental and behavioral health - Accessible healthcare for infants and their parents/caregivers 	<p>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.</p> <p>Additional strategies that help families thrive and advance development of protective factors among parents and caregivers may be identified.</p>
<p>Child Health</p> 	<p>Reduce rates of child mortality and injury, especially where there is inequity</p>	<ul style="list-style-type: none"> - Minimal change in nonfatal hospitalization rate among children ages 0 to 9; Increase in rate of mortality among children ages 1 to 9 - Black-white racial disparity in child mortality and injury hospitalization persists - Receipt of routine preventive healthcare has not yet reached pre-pandemic levels 	<ul style="list-style-type: none"> - Support and education for parents/caregivers of children on health needs and care decisions - Access to preventive and specialty healthcare - Improved access to education and support to promote early childhood development 	<p>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.</p> <p>Identification of specific strategies that aim to address mental, behavioral, and developmental health is still ongoing.</p>
<p>Adolescent Health</p> 	<p>Improve mental health, behavioral health, and developmental outcomes for children and youth with and without special healthcare needs</p> <p>Reduce rates of child mortality and injury, especially where there is inequity</p>	<ul style="list-style-type: none"> - Black-white racial disparity in adolescent mortality and significant increase overall - Continued increase in prevalence of self-reported depression and suicidal ideation - Decrease in nonfatal injury hospitalizations among youth ages 10 to 19 	<ul style="list-style-type: none"> - Access to mental and behavioral health services and support, including support for substance use disorder and depression - Improved access to preventive healthcare, including reproductive healthcare - Adolescent health literacy - Non-clinical community support 	<p>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.</p> <p>Strategies that address mortality may be identified. Strategies promoting access to mental and behavioral health services and supports are in development.</p>
<p>Health of Children with Special Health Care Needs</p> 	<p>Improve mental health, behavioral health, and developmental outcomes for children and youth with and without special health care needs</p> <p>Improve the percent of children and youth with special health care needs who receive care in a well-functioning system</p>	<ul style="list-style-type: none"> - Bullying and experiences with trauma/adverse childhood experiences - Minimal change in percentage of youth who receive care in a well-functioning system or who have a medical home - Decrease in rate of Neonatal Abstinence Syndrome (NAS) 	<ul style="list-style-type: none"> - Access to care navigators that can coordinate healthcare and referrals - Increased education and non-clinical social support for families/caregivers 	<p>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.</p> <p>Identification of strategies addressing care navigation and family support is ongoing.</p>