**Training Course in MCH Epidemiology**

**Minneapolis, June 3 PM, 2011**

**Approaches for Priority-Setting Group Exercise**

This afternoon’s lecture outlined the process that Georgia underwent to develop an initial list of issues to be prioritized for their 2010 Needs Assessment (***Approaches for Priority-Setting*,** slides 73-75. The process resulted in 44 needs, from which 9 were selected as state priorities using a process we will discuss later.

Using select quantitative data sources that were provided to stakeholders in GA during this process, you will work in a group of about 8 people to construct and carry out a method for selecting 8-10 top priorities for the state from the 18 top-rated needs in Georgia (narrowed down from 44 due to time constraints). After the exercise, we will compare your group’s list of 8-10 needs to the final list of 9 generated by the Georgia team.

You will have the following resources available to you:

* List of the top 18 MCH/CSHCN Needs prioritized by the Georgia team (see p2 below)
* Quantitative data sheets related to the 18 top priority needs (2 copies per group)
* Title V National Performance and Outcome Measures for Georgia (see pp 3-4 below)

Your group can choose one or more of the following criteria to develop and carry out a quantitative approach that results in the selection of the 8-10 most important needs for Georgia:

1. Magnitude
2. Trend
3. Severity
4. Preventability
5. Goals
6. Priorities
7. Acceptability
8. Other criteria of your choice

By the end of the time period, your group should be prepared to share with the rest of the participants your answers to the following questions:

a. What were the 8-10 top priorities chosen by your group?

b. What were the steps in your analytic strategy for priority-setting? Please include the rationale for each step and the pros and cons of your strategy.

c. What were the limitations of the data that were provided to you?

d. What other pieces of data would have made your priority-setting process more informed?

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**Georgia Top 18 Priority Needs by MCH Population Group**

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| **Pregnant Women, Mothers, and Women of Child-Bearing Age** | **Infants** **(Under 1)** | **Children** **(1-21)** | **Adolescents** | **CSHCN** | **Cross-Cutting Issues** |
| * Reduce the rate of unintended pregnancy among all women under 25 years of age
* Increase the percent of pregnant women who receive adequate prenatal care
* Increase the availability of family planning services
* Reduce the rate of maternal mortality
* Increase awareness of the need for preconception health care among women of childbearing age
 | * Ensure that infants are raised in a safe environment that reduces injury
* Decrease the infant mortality rate
* Decrease the rate of deliveries resulting in infants weighing less than 2,500 grams
 | * Decrease rates of obesity among children and adolescents
* Increase developmental screening for children in need
* Improve childhood nutrition
 | * Reduce the adolescent pregnancy rate, especially among Hispanic adolescents
* Reduce repeat adolescent pregnancy
* Reduce motor vehicle crash mortality among adolescents 15 to 17 years of age including increase seat belt use.
* Reduce risk‐taking behaviors among adolescents through education and injury prevention messages
 | * Increase the percent of children, including children with special health care needs, who have a medical home.
* Increase the number of qualified medical providers who accept Medicaid and who serve children with special health care needs.
 | * Improve the maternal and child health surveillance and evaluation infrastructure
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| **Title V - Maternal Child Health National Performance Measures** | **GA****2009 Results** | **GA****2014 Goal** |
| The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs. | 100.0% | 100% |
| The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey) | 54.0% | 60% |
| The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey) | 51.0% | 56.3% |
| The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey) | 61.2% | 67.5% |
| Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey) | 91.0% | 100% |
| The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence. | 37.0% | 40.9% |
| Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B. | 76.7% | 79% |
| The rate of birth (per 1,000) for teenagers aged 15 through 17 years. | 27.1 | 23.2 |
| Percent of third grade children who have received protective sealants on at least one permanent molar tooth. | 39.0% | 40.6% |
| The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.  | 3.2 | 2.8 |
| The percent of mothers who breastfeed their infants at 6 months of age. | 40.5% | 48.2% |
| Percentage of newborns who have been screened for hearing before hospital discharge. | 99.1% | 99.9% |
| Percent of children without health insurance. | 10.9% | 10.6% |
| Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile. | 30.6% | 29.8% |
| Percentage of women who smoke in the last three months of pregnancy. | 7.6% | 6.7% |
| The rate (per 100,000) of suicide deaths among youths aged 15 through 19. | 4.3 | 3.8 |
| Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates. | 73.0% | 74.8% |
| Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester. | 69.7% | 71.5% |
| **Title V - Maternal Child Health National Outcome Measures** | **GA** **2009 Results** | **GA****2014 Goal** |
| The infant mortality rate per 1,000 live births. | 7.8 | 7.3 |
| The ratio of the black infant mortality rate to the white infant mortality rate. | 2.2 | 1.9 |
| The neonatal mortality rate per 1,000 live births. | 4.9 | 4.5 |
| The postneonatal mortality rate per 1,000 live births. | 2.9 | 2.8 |
| The perinatal mortality rate per 1,000 live births plus fetal deaths. | 7.0 | 6.6 |
| The child death rate per 100,000 children aged 1 through 14. | 19.7 | 17.4 |

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|  | Indicators for the annual reporting year may be unavailable or provisional at the time of reporting and may be updated or finalized throughout the year. Please contact the State for details about the indicator data. Objectives for 2014 were not provided by states for the 2011 application, since new state performance measures are being created because of the 2010 needs assessment.  |
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| Source: Maternal and Child Health Bureau (https://perfdata.hrsa.gov/mchb/TVISReports/Snapshot/snapshot.aspx?statecode=GA) |