

SECTION 5: SELECTION OF STATE PRIORITY NEEDS

METHODOLOGIES FOR RANKING/SELECTING PRIORITIES

IDENTIFY NEEDS

Quantitative data analyses and qualitative data collected through statewide focus groups were reviewed by the NAW. Using these data, the NAW identified 55 needs among women and infants, children, and children with special health care needs. This list of needs included all identified themes from the qualitative data, most of which were also supported by quantitative data analyses. When a need that was not identified as a theme in the qualitative data was considered by the NAW to be either a serious threat to maternal and child health in Georgia, this need was also included.

CONDUCT SURVEYS

Two surveys were conducted to determine if greater consensus could be reached on which of the 54 identified needs were most likely to be among the top priority needs in Georgia. After both surveys were completed, only needs that were selected among the top fifteen needs by at least 20 percent of all respondents received consideration at the Title V Priority Needs Selection meeting. Needs that did not meet this requirement are identified in the preceding table.

MEDICAL SOCIETY AND DISTRICT HEALTH DIRECTOR SURVEY

On April 14, 2010, the Georgia district health directors; representatives from the Georgia Chapter of the American Academy of Pediatrics, Georgia Academy of Family Physicians, and Georgia Obstetric and Gynecological Society; and Division of Public Health staff working with MCH-related programs were convened for a meeting. The purpose of this meeting was for participants to learn about the mission and activities of the participating organizations and to discuss commonalities that could be leveraged for improved collaboration. This meeting presented an opportunity for feedback on which of the 54 needs may be most important. At the conclusion of the meeting, a survey listing all 54 needs was distributed to each participant. The instructions were to select the 15 needs the respondent thought to be most important for Georgia. This survey was completed by 45 respondents.

ALL EMPLOYEE SURVEY

An online survey was created and distributed to all Division of Public Health staff working in Atlanta and throughout Georgia to ensure all staff had an opportunity to participate in the 2010 Needs Assessment. The survey was created and administered using Survey Monkey®. The survey consisted of a listing all 55 needs with the instruction to select the 15 needs the respondent thought to be most important for Georgia. The order of the needs was randomized for each respondent to reduce any potential instrumentation bias.

To notify staff to the availability of the survey, a link to the survey was sent via e-mail on May 14, 2010, by the Director of the Division of Public Health. The e-mail was distributed by Director of the Division of

Public Health to increase the likelihood that staff would read the e-mail and participate in the survey. A reminder was sent to all staff on May 24, 2010. The survey closed on May 28, 2010.

This survey was completed by 311 respondents. While the 311 respondents constitute a convenience sample, there was near equal participation between Atlanta-based staff and staff located throughout Georgia. Most respondents (62.7 percent) indicated that they had “some” or “much” expertise in maternal and child health. Information about the respondents is included in the table below.

Characteristics of Respondents to the Division of Public Health All Staff Survey	
Characteristic	Percent of Respondents
Years of Employment with the Division of Public Health	
0 to 3 years	30.2
4 to 7 years	19.6
8 to 11 years	14.5
More than 11 years	35.7
Supervisory Role	
Manager	44.7
Non-Manager	55.3
Expertise in Maternal and Child Health	
None	7.4
Little	18.6
Some	37.0
Much	25.7
Very Much	11.3
Workplace	
Central Office	53.9
Public Health District	46.1

HOST TITLE V PRIORITY NEEDS SELECTION MEETING

The Title V Priority Needs Selection Meeting was planned for June 3 and 4, 2010. Invitations were distributed to representatives from non-profit organizations, providers, parents of children with special health care needs, academic institutions, and public health district staff. A list of all participating organizations is included in Appendix E. One week prior to the Title V Priority Needs Selection Meeting, confirmed attendees received a list of the 44 needs that were to be considered and the quantitative and qualitative data included in *Section 3. Strengths and Needs of the Maternal and Child Health Population Groups* of this document beginning on page 64.

During the first day of the meeting, participants were asked to assess the 44 maternal and child health needs identified through the data analysis process on five criteria using a scale ranging in value from one (lowest value) to five (greatest value). The criteria, rationale, and a description of the scoring used are included in the table below.

Assessment of Maternal and Child Health Needs Used at Title V Priority Needs Selection Meeting		
Criterion	Rationale	Values
Seriousness of Issue	Consider the potential for this issue to result in severe disability and death in the state.	1 = Problem is not life threatening or disabling to individuals or the community. 2 = Problem is not life threatening but is sometimes disabling. 3 = Problem can be moderately life threatening or disabling. 4 = Problem can be moderately life threatening, but there is strong likelihood of disability. 5 = Problem has high likelihood of death and disability.
Economic and Social Impact	Consider the increased monetary costs, such as health care, social services, employers, productivity, society, associated with issue in the state.	1 = Economic / societal cost is minimal. 2 = There is some potential increased costs. 3 = There is likely to be moderate increased costs. 4 = There is likely to be substantial increased costs. 5 = There are great economic and societal costs.
Political Will to Address Issue	Consider the degree to which local and state political will supports action necessary to impact issue.	1 = Political will is absent at the community or state level. 2 = Political will is present at a low level in the community. 3 = Political will is present at a moderate level in the community. 4 = Political will is present at a high level in the community, and a low or moderate level at the state level. 5 = Political will is present at a high level in both the community and at the state level.
State's Ability to Impact, Prevent or Improve It	Consider the degree to which an issue can be impacted, prevented or improved through a state effort.	1 = The issue can't be prevented, improved, impacted. 2 = The issue can be impacted, prevented, or improved in a low to moderate way but requires resources beyond those that are already present in the state. 3 = The issue can be impacted, prevented, or improved in a significant way but requires resources beyond those that are already present in the state. 4 = The issue can be impacted, prevented, or improved in a low to moderate way with existing resources. 5 = The issue can be impacted, prevented, or improved in a significant way with existing resources.
If you could address only one need, how important is this one?	Consider this need in light of the other needs.	1 = Not important 2 = Somewhat important 3 = Moderately important 4 = Highly important 5 = Essential to address

Meeting participants were assigned to specific tables. Prior to assigning scores, table discussion occurred to allow the sharing of expertise, ideas, opinions, and points of view. However, each person

individually scored each of the 44 needs. To help make this task more manageable, the 44 needs were assessed in four sessions with eleven needs assessed per session. The number of assessments received varied by group as attendance changed throughout the day (Session 1: 50 completed surveys, Session 2: 51 completed surveys, Session 3: 48 completed surveys, Session 4: 54 completed surveys). An attendee was required to participate in the group discussion for his/her assessment to be accepted and included in the overall total score. Following data entry, an average for each need by criterion was determined. Once the average by criterion was determined, weights were applied and a sum calculated. Prior to the meeting, the NAW assigned weights to criterion to allow those criteria that were determined to be more important to have greater influence than the other criterion. Weights ranged from one to three. Economic and social impact received a weight of one; seriousness of the issue and importance of this need were assigned a weight of two; and political will and the ability to impact, prevent, or improve the need were assigned a weight of three. All needs considered by attendees were ranked in descending order by total weighted score.

During the second day, the results of the scoring exercise were shared and discussed. In the same table groups as on the first day, there was peer-to-peer conversation about the results followed by a conversation with the Title V MCH and CSHCN directors for Georgia. Also shared with the meeting participants were the ten selected priority needs. The selected needs strongly mirrored the results of the work from the previous day. The meeting participants and Title V MCH and CSHCN directors discussed each need to ensure clarity, appropriate wording, and consensus.

LIST OF POTENTIAL PRIORITIES

The following table lists all items considered for inclusion as state priority needs. Items are sorted by their weighted score as assigned by the attendees at the Title V Priority Needs Selection Meeting. For each item, brief comments are provided as to the reason for not selecting the need. The selection of Georgia's ten priority needs follows the scoring from the Title V Priority Needs Selection Meeting with some exceptions that are explained in the table.

Georgia's Top Priority Needs and Other Needs Considered for Inclusion

		Stakeholder Scores from Title V Priority Needs Selection Meeting						
		How serious is the issue	Economic and social impact	Political will	Ability to impact, prevent, or improve	How important is this one need?	Total	
		Weights						
Rank	Need	2	1	3	3	2		Reason for Not Selecting as a Priority Need
1	Decrease the rate of deliveries resulting in infants weighing less than 2,500 grams.	4.5	4.5	3.3	3.3	4.1	41.4	Combined with need #2 into one priority need.
2	Decrease the infant mortality rate.	4.7	4.0	3.1	3.4	4.0	41.1	Selected as a top priority need.
3	Increase the percent of pregnant women who receive adequate prenatal care.	3.9	3.8	3.6	3.4	3.9	40.4	Addressed in National Performance Measure #18.
4	Reduce motor vehicle crash mortality among adolescents 15 to 17 years of age including increase seat belt use.	4.5	3.3	3.6	3.6	3.3	40.4	Selected as a top priority need.
5	Decrease rates of obesity among children and adolescents.	3.6	3.9	3.5	3.2	3.8	38.8	Selected as a top priority need.
6	Increase the availability of family planning services.	2.9	3.9	3.2	3.8	4.1	38.8	This need was not selected as a priority need due to the changing circumstances for family planning in Georgia. In January 2011, Georgia Medicaid will implement a women's health waiver. This waiver will have a significant and as yet undefined impact in Georgia. Title X is administered in Georgia by the MCH Program. While not a priority need, Title V will work with Title X and Medicaid to ensure that all opportunities created by the implementation of the waiver are seized.
7	Reduce repeat adolescent pregnancy.	3.3	4.0	2.9	3.7	4.0	38.4	Selected as a top priority need.
8	Ensure that infants are raised in a safe environment that reduces injury.	3.7	3.3	3.2	3.5	3.5	38.0	Combined with need #2 into one priority need.
9	Increase developmental screening for children in need.	3.2	3.5	3.1	3.6	3.6	37.2	Selected as a top priority need.
10	Reduce the rate of unintended pregnancy among all women under 25 years of age.	3.2	3.7	2.9	3.4	4.0	37.2	Assessed political will to address the need averaged less than a score of three. This need can be addressed through National Performance Measure #8. For women 18 to 24 years of age, this need is associated with need #6, which was selected as a top priority need.
11	Improve the maternal and child health surveillance and evaluation infrastructure.	2.6	3.3	3.0	3.9	3.6	36.4	Selected as a top priority need.
12	Increase the percent of children, including children with special health care needs, who have a medical home.	3.4	3.3	3.1	3.4	3.4	36.4	Selected as a top priority need.
13	Improve childhood nutrition.	3.1	3.4	3.2	3.4	3.4	36.2	Selected as a top priority need.

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Rank	Need	Stakeholder Scores from Title V Priority Needs Selection Meeting						Reason for Not Selecting as a Priority Need
		How serious is the issue	Economic and social impact	Political will	Ability to impact, prevent, or improve	How important is this one need?	Total	
		2	1	3	3	2		
		Weights						
14	Increase awareness of the need for preconception health care among women of childbearing age.	3.2	3.3	3.1	3.6	3.2	36.2	Selected as a top priority need.
15	Reduce risk-taking behaviors among adolescents through education and injury prevention messages.	3.7	3.1	3.1	3.3	3.2	36.1	The issue is too broadly focused. Total score ranked outside of the top ten.
16	Reduce the rate of maternal mortality.	4.1	3.2	2.9	3.0	3.4	36.0	Prevalence/impact in Georgia is limited. Total score ranked outside of the top ten.
17	Improve the health care system through improved coordination of services.	2.9	3.2	3.0	3.4	3.9	35.8	The issue is too broadly focused. Assessed seriousness of need averaged less than a score of three. Total score ranked outside of the top ten.
18	Increase the number of qualified medical providers who accept Medicaid and who serve children with special health care needs.	3.4	3.5	3.0	3.2	3.5	35.7	Selected as top priority need to ensure that the needs of CSHCN were represented among top priority needs.
19	Reduce the adolescent pregnancy rate, especially among Hispanic adolescents.	3.2	3.6	2.7	3.3	3.7	35.4	Assessed political will to address the need averaged less than a score of three. Total score ranked outside of the top ten. This need can be addressed through National Performance Measure #8. This need is associated with need #6, which was selected as a top priority need.
20	Promote coordination of medical coverage to identify and address coverage gaps, reimbursement issues, and variable definitions of medical reimbursement.	3.1	3.4	3.1	3.0	3.5	35.1	The issue is too broadly focused. Total score ranked outside of the top ten.
21	Decrease the percent of children and adolescents exposed to violence including homicide among Black and Hispanic male youth.	4.0	3.5	2.9	2.7	3.3	34.9	One of five needs with an average assessed seriousness of the need of four or greater. However, assessed political will to address the need and ability to impact, prevent, or improve need averaged less than three. Total score ranked outside of the top ten.
22	Increase the number of deliveries with appropriate birth spacing.	3.1	3.4	2.8	3.3	3.3	34.8	Assessed political will to address the need averaged less than a score of three. Total score ranked outside of the top ten. This need is associated with need #6, which was selected as a top priority need.
23	Increase the percent of women who choose a birth control method following pregnancy.	2.7	3.3	2.8	3.6	3.5	34.8	Assessed political will to address the need averaged less than a score of three. Total score ranked outside of the top ten. This need is associated with need #6, which was selected as a top priority need.

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Rank	Need	Stakeholder Scores from Title V Priority Needs Selection Meeting					Total	Reason for Not Selecting as a Priority Need
		How serious is the issue	Economic and social impact	Political will	Ability to impact, prevent, or improve	How important is this one need?		
		2	1	3	3	2		
		Weights						
24	Increase the percent of children under the age of five who receive a preventive dental examination.	2.9	3.2	2.8	3.4	3.4	34.2	Assessed seriousness of this need and political will to address the need averaged less than a score of three. Total score ranked outside of the top ten. This need can be addressed through National Performance Measure #9.
25	Improve awareness of publicly-funded health care and enabling service options (WIC, PeachCare, Medicaid, Early Head Start, Babies Can't Wait).	2.3	2.8	3.1	3.8	3.0	34.1	Assessed seriousness of this need and economic and social impact of the need averaged less than a score of three. Total score ranked outside of the top ten.
26	Educate parents about the impact of unhealthy lifestyles on child health and development.	3.1	3.2	2.7	3.2	3.3	33.9	The issue is too broadly focused. Assessed political will to address the need averaged less than a score of three. Total score ranked outside of the top ten. Parents may be engaged through activity plans for several national performance measures.
27	Reduce the rate of obesity among women of childbearing age.	3.4	3.3	2.8	3.0	3.2	33.7	Assessed political will to address the need averaged less than a score of three. Total score ranked outside of the top ten.
28	Reduce the rate of emergency room visits resulting from infant falls.	3.4	2.9	2.7	3.2	3.0	33.5	Assessed economic and social impact of the need and the political will to address the need averaged less than a score of three. Total score ranked outside of the top ten. This need is associated with need #2, which was selected as a top priority need.
29	Ensure the availability of mental health screening and treatment, when necessary, among children and adolescents.	3.1	3.5	2.5	3.0	3.5	33.3	Assessed political will to address the need averaged less than a score of three. Total score ranked outside of the top ten.
30	Improve nutrition among women of childbearing age.	2.9	2.9	2.7	3.2	3.3	32.8	Three criteria upon which the need was assessed averaged less than a score of three. Total score ranked outside of the top ten.
31	Reduce rates of Chlamydia among women 18 to 21 years of age.	3.0	3.0	2.4	3.4	3.1	32.8	Assessed political will to address the need averaged less than a score of 2.5. Total score ranked outside of the top ten.

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		How serious is the issue	Economic and social impact	Political will	Ability to impact, prevent, or improve	How important is this one need?	Total	
Rank	Need	2	1	3	3	2	Reason for Not Selecting as a Priority Need	
32	Increases services and health education for foster parents and children known to child protective services.	3.0	2.9	2.5	3.3	3.0	32.4	Assessed economic and social impact of the need and the political will to address the need averaged less than a score of three. Total score ranked outside of the top ten. Parents may be engaged through activity plans for several national performance measures.
33	Increase the availability of breastfeeding support and education.	2.1	2.6	2.7	3.7	2.8	32.0	Three criteria upon which the need was assessed averaged less than a score of three. Assessed seriousness of this need averaged less than a score of 2.5. Total score ranked outside of the top ten. This need can be addressed through National Performance Measure #11.
34	Increase the ability of schools and the educational system to support the needs of children with special health care needs to maximize potential educational achievement and participation with other children in a regular school environment.	2.5	3.1	2.9	3.2	2.7	31.7	Three criteria upon which the need was assessed averaged less than a score of three. Total score ranked outside of the top ten.
35	Increase the supply of specialty providers including physicians, audiologists, and physical and occupational therapists.	3.0	3.4	2.6	2.6	3.1	31.3	The issue is too broadly focused and Title V has limited influence over provider supply. Assessed political will and ability to impact, prevent, or improve the need averaged less than a score of three. Total score ranked outside of the top ten.
36	Increase parenting skills.	2.8	3.1	2.4	3.1	3.0	31.0	Assessed seriousness and political will to address the need averaged less than a score of three. Political will to address the need averaged less than a score of 2.5. Total score ranked outside of the top ten. Parents may be engaged through activity plans for several national performance measures.
37	Increase community acceptance of breastfeeding.	2.0	2.6	2.8	3.5	2.7	30.9	Four criteria upon which the need was assessed averaged less than a score of three. Assessed seriousness of this need averaged a score of two. Total score ranked outside of the top ten. This need can be addressed through National Performance Measure #11.
38	Increase available and appropriate transportation to facilitate children with special health care needs access to services.	2.8	2.7	2.7	2.9	2.9	30.7	All criteria upon which the need was assessed averaged a score less than three. Total score ranked outside of the top ten.

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		Stakeholder Scores from Title V Priority Needs Selection Meeting							
		How serious is the issue	Economic and social impact	Political will	Ability to impact, prevent, or improve	How important is this one need?	Total		
		Weights							
Rank	Need	2	1	3	3	2		Reason for Not Selecting as a Priority Need	
39	Increase family support for parents.	2.5	3.0	2.5	3.0	2.8	30.2	Three criteria upon which the need was assessed averaged less than a score of three. Total score ranked outside of the top ten. Parents may be engaged through activity plans for several national performance measures.	
40	Improve physical activity among women of childbearing age.	2.7	2.7	2.3	3.1	2.9	30.1	Four criteria upon which the need was assessed averaged less than a score of three with the average score for political will less than 2.5. Total score ranked outside of the top ten.	
41	Improve support for transportation to medical appointments.	2.7	3.2	2.4	2.7	2.8	29.5	Four criteria upon which the need was assessed averaged less than a score of three with the average score for political will less than 2.5. Total score ranked outside of the top ten.	
42	Increase the proportion of parents who believe they are a partner in the care of their children with special health care needs.	2.0	2.0	2.1	3.3	2.5	27.6	Three criteria upon which the need was assessed averaged less than a score of 2.5. Assessed seriousness of this need averaged a score of two. Total score ranked outside of the top ten.	
43	Increase opportunities for children with special health care needs to participate in routine activities with other children of the same age/developmental stage.	1.9	2.3	2.4	3.0	2.5	27.1	Four criteria upon which the need was assessed averaged less than a score of three with the average score for seriousness less than two. Total score ranked outside of the top ten.	
44	Reduce lifetime and current marijuana use.	2.2	2.2	2.3	2.8	2.1	26.4	Four criteria upon which the need was assessed averaged less than a score of 2.5. Total score ranked outside of the top ten.	
Not Ranked	Increase the percent of parents who report reading to young children.								These needs did not accrue at least 20 percent of all votes in two surveys to assess potential priority needs. Given the limited support for these needs through survey responses, they were not assessed at the Title V Priority Needs Selection Meeting.
Not Ranked	Decrease appointment wait times to see health care providers.								
Not Ranked	Decrease the rate of late preterm (34 to 36 weeks gestational age) deliveries.								
Not Ranked	Improve transition to adult care providers from pediatric providers.								

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		Stakeholder Scores from Title V Priority Needs Selection Meeting							
		How serious is the issue	Economic and social impact	Political will	Ability to impact, prevent, or improve	How important is this one need?	Total		
		Weights							
Rank	Needs	2	1	3	3	2		Reason for Not Selecting as a Priority Need	
Not Ranked	Increase awareness of and screening for post partum depression.							These needs did not accrue at least 20 percent of all votes in two surveys to assess potential priority needs. Given the limited support for these needs through survey responses, they were not assessed at the Title V Priority Needs Selection Meeting.	
Not Ranked	Increase parent satisfaction with the services they receive for their children with special health care needs.								
Not Ranked	Increase the percent of women who gave birth who consumed an appropriate amount of folic acid prior to conception.								
Not Ranked	Increase the proportion of infants placed on their backs to sleep especially among African American women.								
Not Ranked	Reduce smokeless tobacco use.								
Not Ranked	Reduce the rate of deliveries via Cesarean section.								