

# Home Visiting Needs Assessments; What Data Can Inform Planning?

Home Visiting Investment Task Force Meeting  
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**COLORADO**  
Department of Public  
Health & Environment

# Overview



1. Data Everywhere
2. Needs Assessments
3. Potential Lenses



Data Everywhere

# CDPHE Data Covering the Lifespan

## Administrative Data

- **Birth Certificates** to **Death Certificates**
- Hospital Discharge Data
- Program Data: Family Planning, Newborn Screening, Oral Health, etc

## Surveillance Data

- **Pregnancy Risk Assessment Monitoring System** (& Birth Certificates)
- Child Health Survey □ **National Survey of Children's Health**
- **Health eMoms**
- Healthy Kids Colorado Survey; Behavioral Risk Factor Surveillance System Survey

# Data Portals

- Colorado Health Indicators

<https://cdphe.colorado.gov/workplace-safety/data-and-reports/colorado-health-indicators>

- VISION

<https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs>

- Kids Count

<https://datacenter.kidscount.org/data#CO/2/0/char/0>

<https://www.coloradokids.org/data/publications/kids-count-in-colorado-creating-a-path-forward-for-colorados-kids/>

- Early Childhood Leadership Commission; Early Milestones Colorado; Colorado Health Institute...



# Needs Assessments

# What is a Needs Assessment?

- A systematic way of determining the current state before developing solutions.
  - Determine "gaps" between current conditions and desired conditions
  - Looks at both needs and resources
- What it is not...
  - Telling communities what to do
  - The whole picture

# Statement on Structural Inequity

The Colorado Department of Public Health and Environment acknowledges that long-standing systemic racism, including economic and environmental injustice, has created negative health outcomes. These systems influence a person's health more than individual behaviors and affect marginalized communities, particularly people of color, more than other communities. To realize a future where all Coloradans have the opportunity to thrive, we must be leaders in undoing government policies and practices that have contributed to these inequities.



# Recent Needs Assessments

- Recently completed needs assessments
  - Maternal, Infant and Early Childhood Home Visiting (MIECHV)
  - Maternal and Child Health (MCH)
  - Preschool Development Grant, Birth through Five

# MIECHV Needs Assessment

- The MIECHV Program is authorized by Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)) and requires a needs assessment
- The needs assessment should: “identify at-risk communities as those counties with concentrations of the following indicators”



# Potential Lenses

# What Are Home Visiting Outcomes?

What are your thoughts?

According to the Administration for Children and Families, home visiting:

- helps prevent child abuse and neglect,
- supports positive parenting,
- improves maternal and child health, and
- promotes child development and school readiness

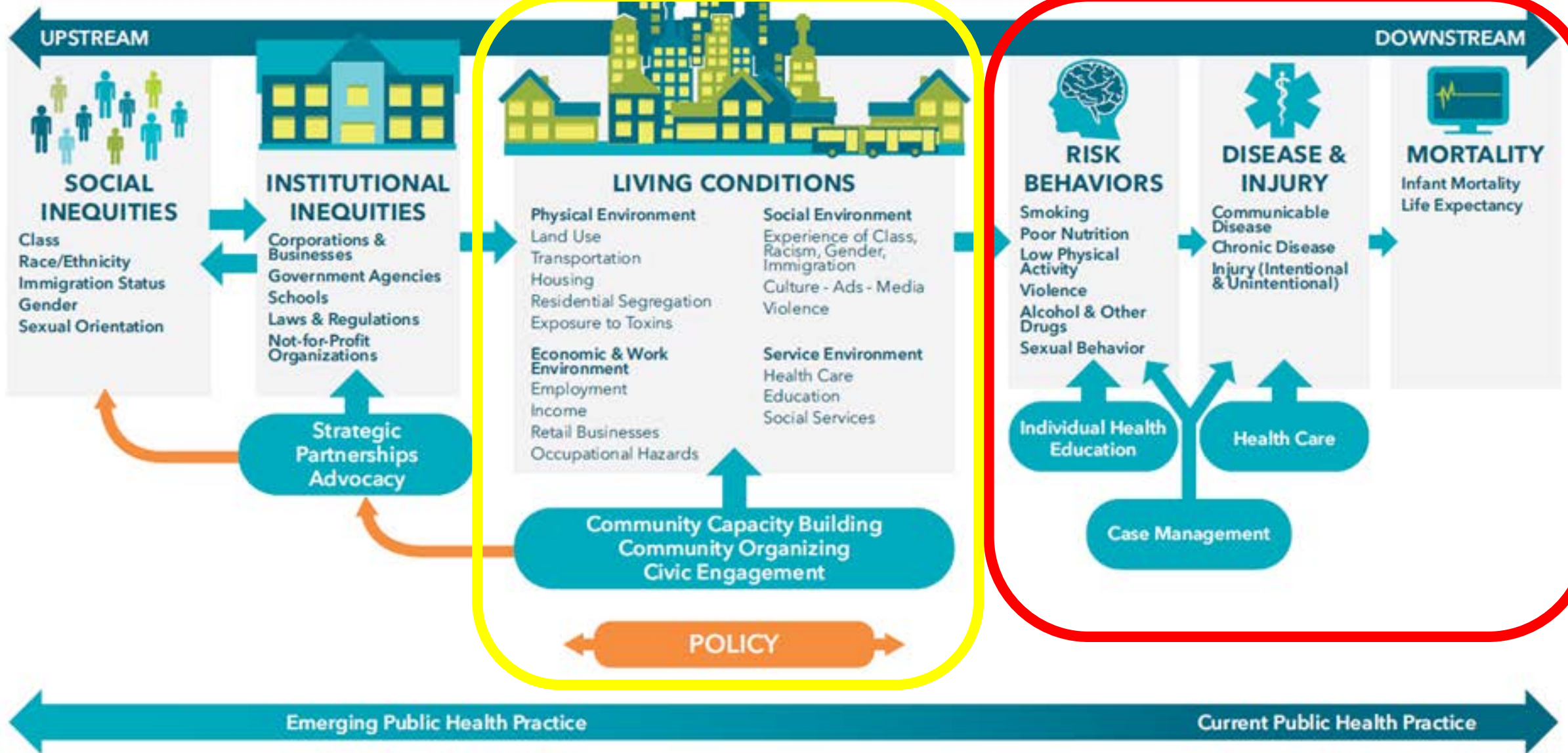


# What Are Indicators of HV Needs?

What are some domains or indicators that would help us identify families who could benefit from home visiting?

- HRSA defines risk as “communities ... with concentrations of the following indicators:
  - premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health;
  - poverty;
  - crime;
  - domestic violence;
  - high rates of high-school drop-outs;
  - substance abuse;
  - unemployment; or
  - child maltreatment.”

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES  
 BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



# MIECHV Needs Assessment Indicators: Maternal, Infant & Child Outcomes

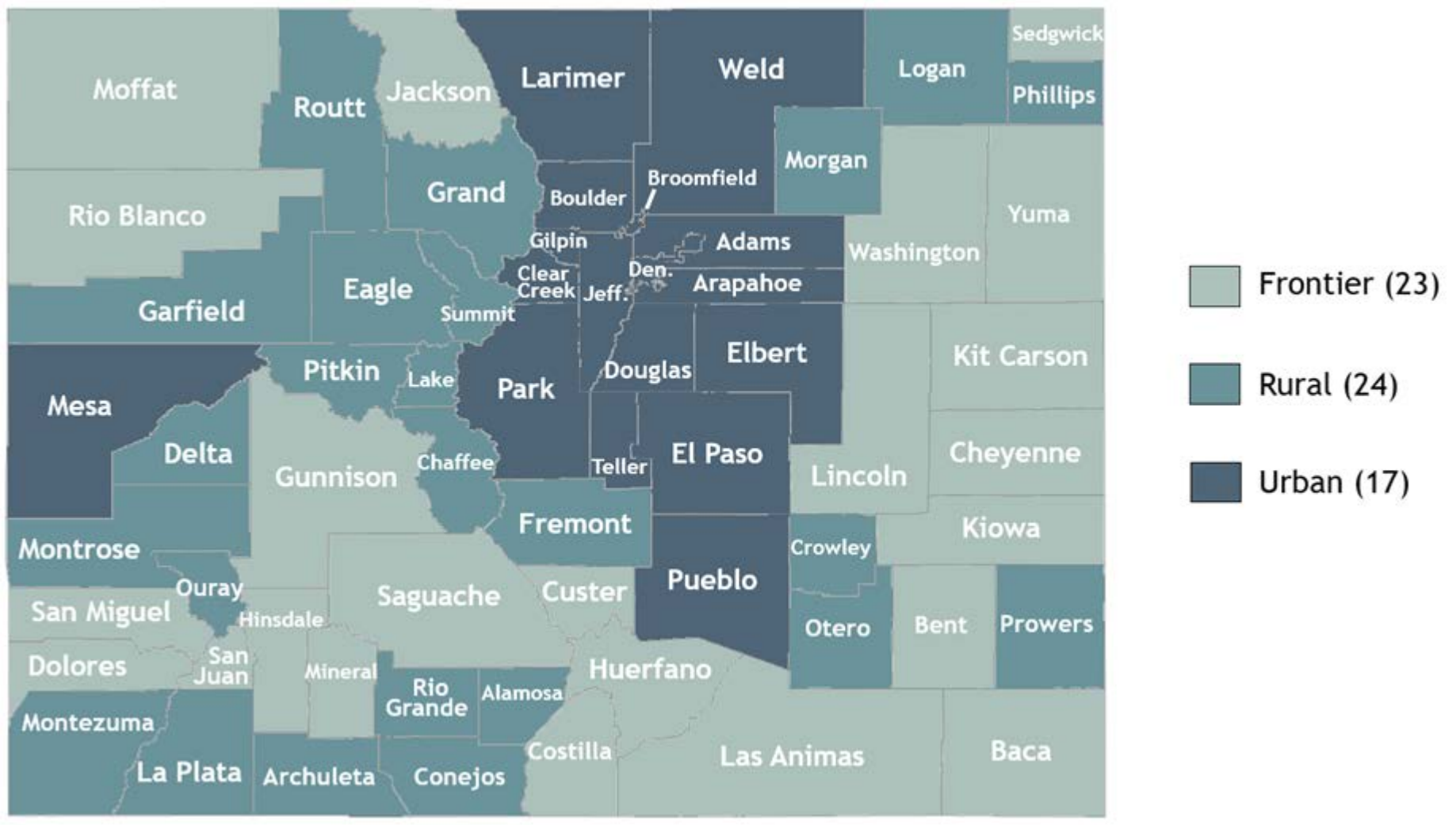
	Infant / Child	Maternal	Adult
Premature births	X		
Low birth weight	X		
Infant mortality	X		
Maternal risk factors		X	
Child deaths	X		
Child maltreatment	X		
Substance use disorder			X

# MIECHV Needs Assessment Indicators: Socio-Demographic Risks

	Infant / Child	Maternal	Adult
Child poverty	X		
Juvenile crime arrests	X		
High school dropout			X
Adult crime			X
Unemployment			X
Individuals below FPL			X

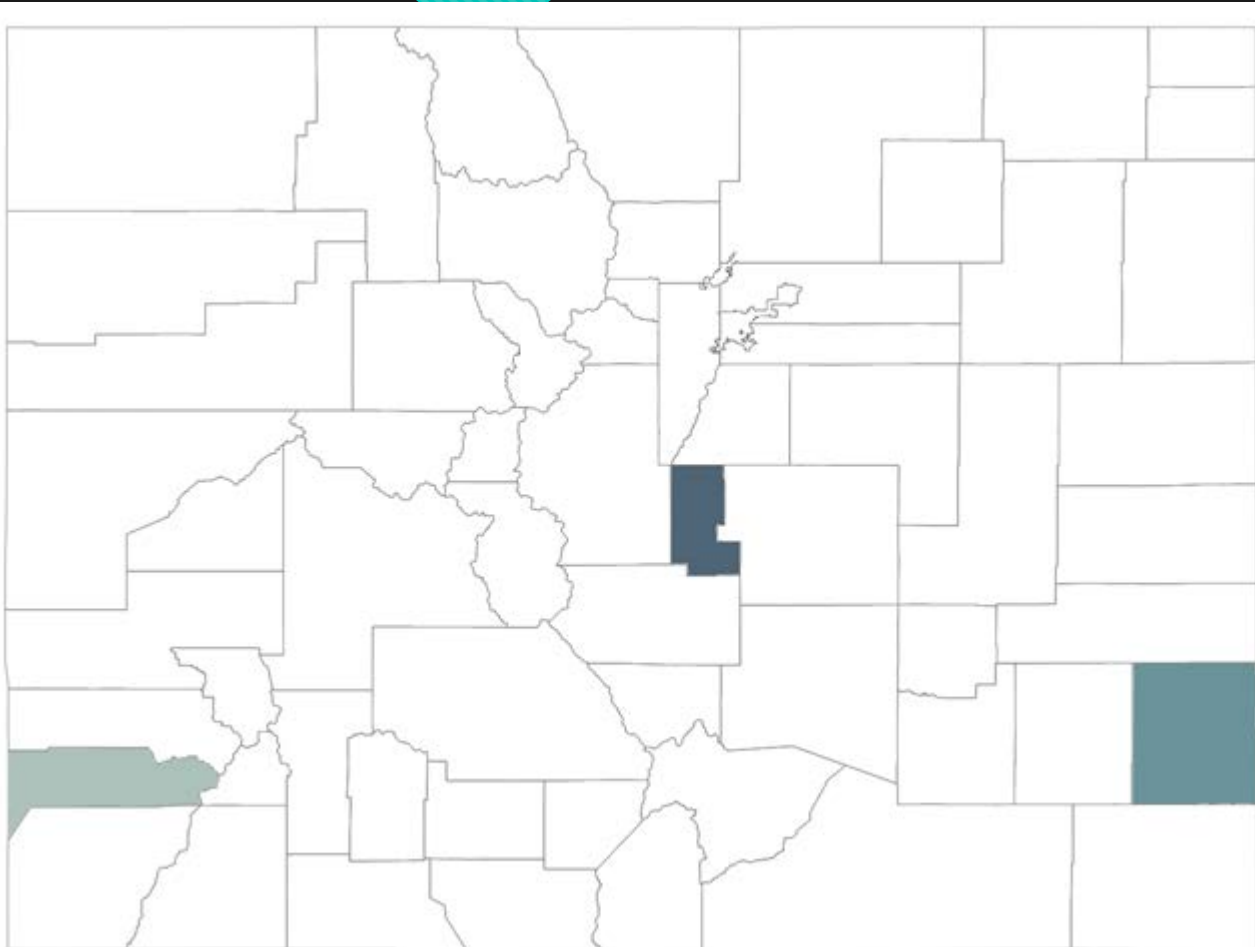


# Population Density



# Maternal & Child Health: Preterm Birth

(% of live births <37 weeks)



Highest % by county designation

**Dolores** 40%

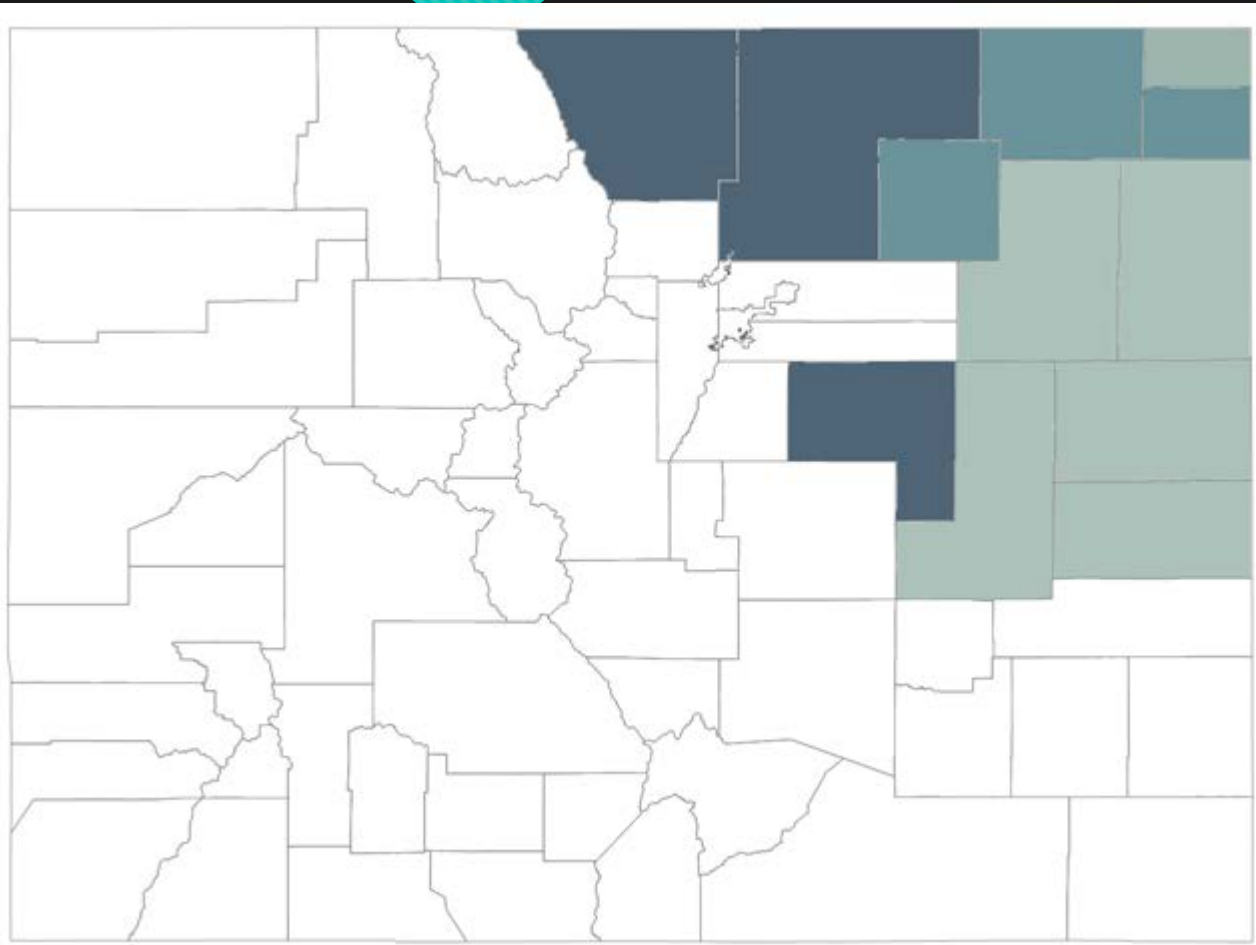
**Prowers** 16.8%

**Teller** 14%

Source: Birth Certificates, CDPHE, Vital Statistics, 2019

# Maternal & Child Health: Illicit Drug Use

(prevalence of illicit drug use excluding marijuana in the past month (regional data))



Highest prevalence by region  
(4.4)

**Cheyenne, Kit Carson,  
Lincoln, Sedgwick,  
Washington, Yuma**

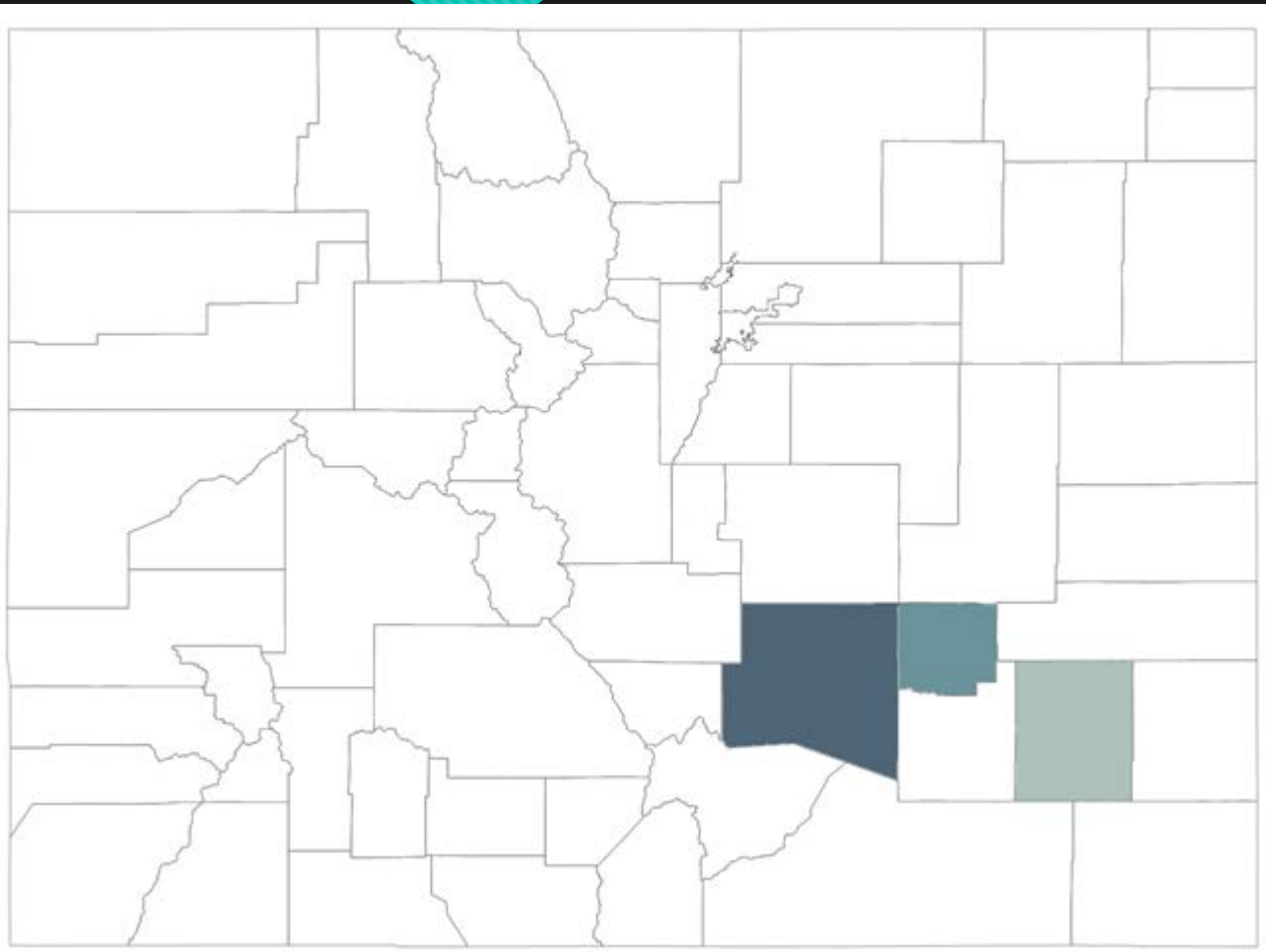
**Logan, Morgan, Phillips**

**Elbert, Larimer, Weld**

Source: SAMHSA, NSDUH, 2012-2014 via HRSA

# Socio-Economic: Poverty

(% of population living below 100% Federal Poverty Level)



Highest % by county designation

**Bent** 33.9%

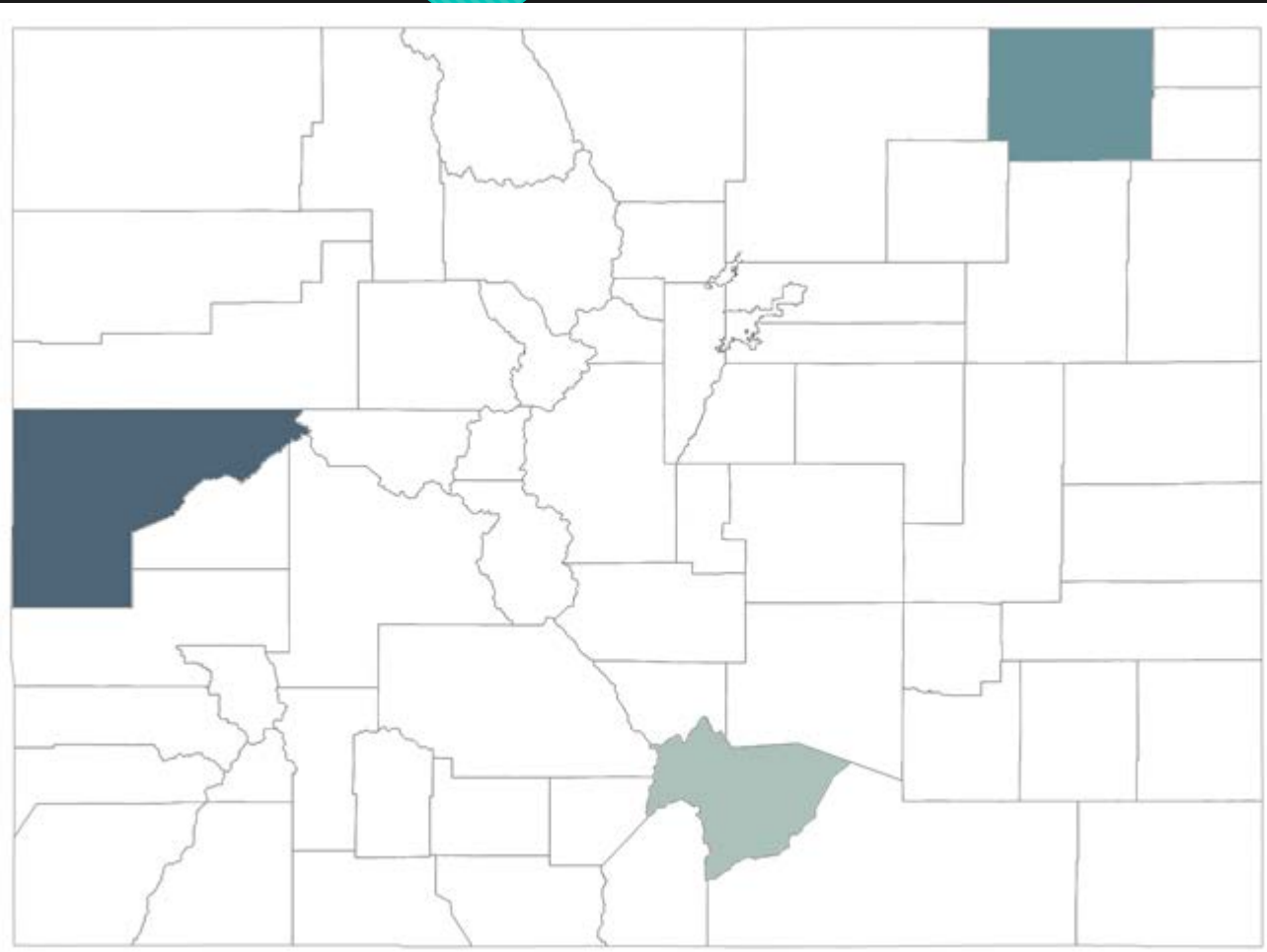
**Crowley** 44.3%

**Pueblo** 17.2%

Source: U.S. Census Bureau, 2018

# Child Health: Child Maltreatment

(rate of maltreatment incidence per 1,000 children (ages 0-17))



Highest rate by county designation

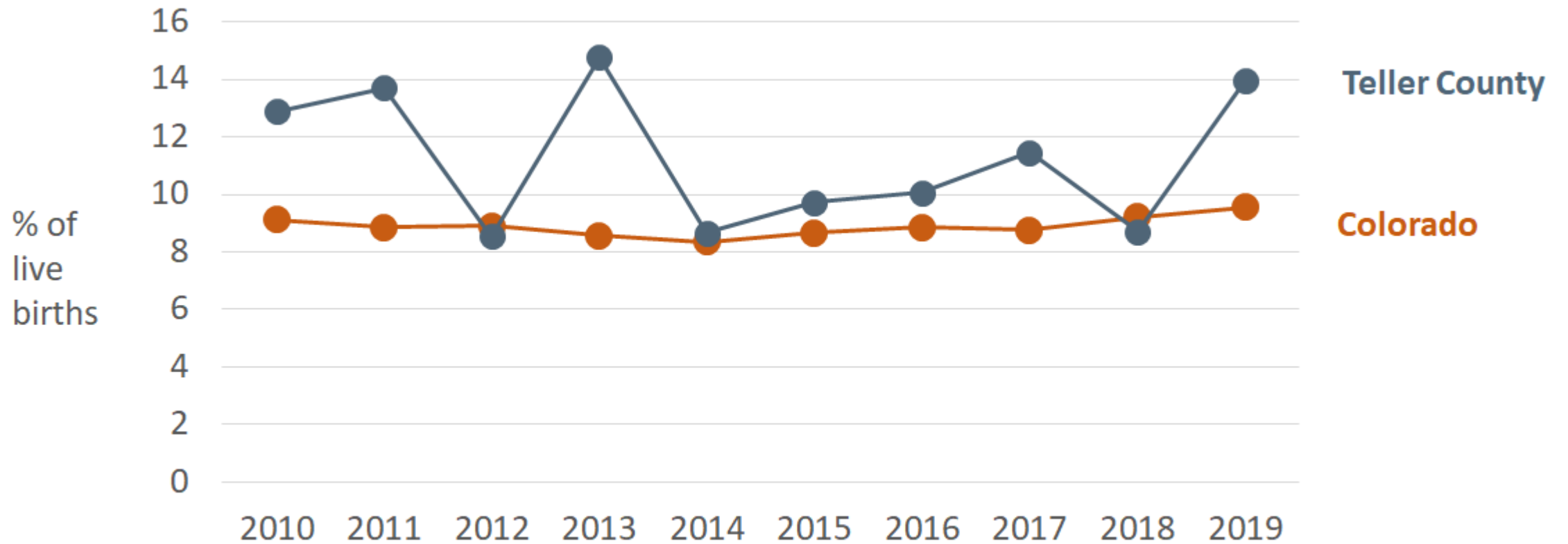
**Huerfano** 27.4

**Logan** 29.5

**Mesa** 19.9

Source: CDHS, 2018 via Kids Count

# Preterm Birth Over Time



Source: Birth Certificates, CDPHE, Vital Statistics, 2019

# Identifying Priority Populations

- Criteria focus on health/medical disparities or inequity
  - worse than average outcomes
  - higher than average risk, incidence, prevalence, morbidity
  - below average receipt of services or participation rates
    - “intrinsically” hard to reach
    - inadequate recognition or implementation of effective targeted strategies
- But practical criteria also must come into play
  - big enough population for program to have impact
  - known or readily identifiable strategy(ies) and channel(s) to reach segment
  - affordability

# Questions?



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