

Five-Year Needs Assessment Process

Every five years, Mississippi's Title V Maternal and Child Health (MCH) Program conducts a statewide needs assessment to identify current health issues for MCH populations, including women/mothers, infants, children, adolescents, and children and youth with special health care needs, and their families. During the MCH Needs Assessment process, the MCH Program selects 7-10 priorities overall and identifies key measures to monitor progress on each priority for each MCH population.

Measures of Progress

There are several different measures used by MCH Programs to monitor progress for MCH populations:

National Outcome Measures (NOMs)

These measures are long-term indicators of health status, quality of life, and preventable morbidity and mortality for MCH populations. These measures reflect meaningful changes in the health of MCH populations but often take many years of sustained efforts to see improvement.

National Performance Measures (NPMs)

These measures are intermediate or medium-term indicators of clinical health system practices, health behaviors, and social determinants of health. These measures reflect changes in practices and behaviors that influence the health of MCH populations. Improvement may be noticed within a few years of implementing new efforts. Two universal NPMs are required for all states.

Standard Measures / State Performance Measures (SPMs)

These measures are also intermediate or medium-term indicators of clinical health system practices, health behaviors, and social determinants of health. These measures are used by MCH Programs to develop individualized State Performance Measures to monitor changes specific to the state efforts.

Evidence-Informed Strategy Measures (ESMs)

These measures are short-term indicators of implementing evidence-informed strategies by the Title V/MCH Program and its partners. These measures reflect changes in efforts and the immediate impact of these efforts to promote improvements in performance and outcome measures. Changes in these measures should be noticeable each year when implementing new efforts.



Domain: Women/Maternal Health

| Priorities | National Outcome Measures (NOMs) | National Performance Measures (NPMs) | Standard Measures |
|---|---|--------------------------------------|--|
| Reduce Maternal Morbidity and Mortality | Maternal MortalityWomen's Health StatusPostpartum DepressionPostpartum Anxiety | Postpartum Visit (Universal) | Early Prenatal CareWell-Woman Visit |

Domain: Infant/Perinatal Health

| Priorities | National Outcome Measures | National Performance Measures | Standard Measures |
|-------------------------|---------------------------|-------------------------------|---------------------|
| | (NOMs) | (NPMs) | |
| Reduce Infant Mortality | Infant Mortality | Safe Sleep | Early Prenatal Care |
| | Postneonatal Mortality | | |
| | SUID Mortality | | |

Domain: Child Health

| Priorities | National Outcome Measures (NOMs) | National Performance Measures (NPMs) | Standard Measures |
|--|---|---|--|
| Improve Access to Family- Centered, Comprehensive Care, including Oral Health Care | Children's Health Status Flourishing – Young Child Flourishing – Child/Adolescent | Medical Home (Universal) – Family Centered Care | UninsuredAdequate InsuranceForgone Health Care |
| Increase Access to Timely, Appropriate, and Consistent Health, Developmental, and Behavioral Health Screenings | School ReadinessChildren's Health Status | Developmental Screening | UninsuredAdequate InsuranceForgone Health Care |



Domain: Adolescent Health

| Priorities | National Outcome Measures | National Performance Measures | Standard Measures |
|--|--|---|---|
| Improve Access to Family-Centered, Comprehensive Care, including Oral Health Care Increase Access to Timely, Appropriate, and Consistent Health, | National Outcome Measures (NOMs) Children's Health Status Flourishing – Child/Adolescent Teen Births Adolescent Mortality Adolescent Motor Vehicle Death | Mational Performance Measures (NPMs) Medical Home (Universal) – Family Centered Care Transition Adolescent Well-Visit | Uninsured Adequate Insurance Forgone Health Care Uninsured Adequate Insurance |
| Developmental, and Behavioral Health Screenings | Adolescent Motor Verlicle Death Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Child Obesity Adolescent Depression/Anxiety Flourishing – Child/Adolescent | | Forgone Health Care |

Domain: CYSHCN Health

| Priorities | National Outcome Measures (NOMs) | National Performance Measures (NPMs) | Standard Measures |
|---|--|--|--|
| Ensure Medical Homes to Close the Gaps in Health (CYSHCN) | Children's Health Status Flourishing – Young Child Flourishing – Child/Adolescent CSHCN Systems of Care | Medical Home (Universal) – Care Coordination Transition | UninsuredAdequate InsuranceForgone Health Care |



Domain: Cross-Cutting

| Priorities | National Outcome Measures | National Performance Measures | Standard Measures |
|----------------------------|--------------------------------|-------------------------------|-------------------|
| | (NOMs) | (NPMs) | |
| Ensure Quality Health Care | Women's Health Status | None | None |
| for All Mississippians | Children's Health Status | | |
| | Flourishing | | |
| Ensure Integrated Systems | Women's Health Status | None | None |
| of Care and Interagency | Children's Health Status | | |
| Data Sharing | Flourishing – Young Child | | |
| | Flourishing – Child/Adolescent | | |
| | CSHCN Systems of Care | | |

Note: National Performance Measures have not been created for the cross-cutting domain, nor are states required to create State Performance Measures for these priorities.