

Needs Assessment Policy Review

About Technical Assistance Briefs. The MCH Evidence Center provides ongoing technical assistance (TA) to Title V agencies related to the emerging evidence base, strategies, and measures related to many topics interconnected with National Performance Measures and other critical topics in MCH. *Technical Assistance Briefs* are an outcome of these TA sessions that are designed to act as *conversation starters* in thinking about programs that can be developed to address issues. These briefs are not meant to be comprehensive; full analyses of the NPM topic areas are provided in [Evidence Analysis Reports](#).

The Center makes these customized briefs available during TA and on the program website to identify evidence-based/informed strategies, promising practices, examples of ESMS from the field and peer-reviewed resources. Please [contact us](#) if you would like us to develop a similar report for topics that you are working on.

Overview. The following information comes from [MCHneeds.net](#), a resource and database to assist Title V agencies with their Needs Assessment process and the [TVIS](#) website.

Examples of states that incorporated policy review into their Needs Assessment:

Oregon – Conducted assessment of adolescent health policy including a tracking system for major policy changes.

Oregon – Surveyed partners on capacity questions related to family/youth engagement in program/policy development and decision-making at state and local levels.

Louisiana – Developed a task force around maternal mental health that completed an environmental scan around policy and legislation that existed to increase optimal perinatal mental health outcomes.

Kansas – Data System (Data Application and Integration Solutions for the Early Years ((DAISEY)): used to run reports on monthly/quarterly basis to share with community policy makers.

Wisconsin – Staff survey completed with select capacity/skill questions around policy development, policy change, and policy implementation.

DC – Assessed health outcome data with a lens to guide policy and decision making.

Michigan – Guidance provided to local health departments on leadership for policy setting, planning, and policy development to support community efforts in improving health outcomes and moving to change policy to improve health equity outcomes.

Minnesota and **Missouri** – Needs assessment process utilized the social ecological model (SEM), a systems model in which multiple levels of influence (individual, interpersonal, organizational, community, and policy) impact the health of communities.

Colorado – Completed an environmental scan of points for racial equity related to policy, practices and systems changes implemented at the program, division and department level.