

## **Criteria for Nebraska MCH/CSHCN Needs Assessment Developed on October 23, 2014**

The following is a summary of the work done by the Nebraska MCH/CSHCN Needs Assessment Committee (NAC) in agreeing on a set of Criteria for use in setting priorities among the issues/problems identified by its five workgroups. Criteria were weighted by the NAC group using a scale of 1 to 3 with 3 being the most important.

### **1) The Problem is Worse than the Benchmark or Increasing**

**Definition:** A benchmark is defined as the standard by which something can be measured or judged. Getting worse means that the problem identified is statistically significantly worse in Nebraska when compared to a benchmark such as the U.S. average value or the Healthy People 2020 objective. It also incorporates the concept that even if there is not a significant difference when compared to a benchmark, the problem has been getting significantly worse over time, i.e., the trend is in the wrong direction.

**Criterion Weight:** 1

**Rating Scale:**

- 1= No significant difference between Nebraska's indicator value and the benchmark and no negative trend
- 2= Nebraska's indicator value is worse than the bench mark but significantly improving
- 3= Nebraska's indicator value is better than the benchmark level but getting worse
- 4= Nebraska's indicator value is worse than the bench mark and not changing
- 5= Nebraska's indicator value is significantly worse than a benchmark and getting worse

### **2) Disparities Exist Related to Health Outcomes**

**Definition:** This criterion indicates that one or more population subgroups as defined by race, ethnicity, income, gender, disability, geography, immigration status, or language barrier have significantly worse illness/condition or service access when compared to the general population. This criterion is meant to include the concept of "health equity". Health Equity is the absence of systematic disparities in health between groups with different levels of underlying social advantage/disadvantage—that is, wealth, power, or prestige.

**Criterion Weight:** 1

**Rating Scale:**

- 1= All subgroups are proportionally affected
- 3= Known disparity exists
- 5= Strong evidence of long standing/historical inequities resulting in documented disparities in outcomes

### **3) Strategies Exist to Address the Problem/An Effective Intervention is Available**

**Definition:** This criterion is based on whether evidenced-based/informed or promising strategies exist that are likely to improve outcomes. Strategies encompass programs, practices, and policies that affect individuals, groups of individuals, or entire communities. This criterion is intended to incorporate two concepts: 1) the importance of evidence based/informed strategies and 2) the importance of primary prevention strategies that are intended to lead to changes in outcomes.

Evidence based/informed means the strategies have been proven effective by established objective investigation(s). A promising strategy is one that has demonstrated the potential to foster effective and innovative public health practice. This criterion acknowledges that effective strategies are tailored for the target population(s) and necessitate community involvement in the implementation of the strategy.

**Criterion Weight:** 3

**Rating Scale:**

- 1= No known intervention likely to be effective
- 2= Promising strategies exist but effectiveness unknown
- 3= Promising strategies shown to be potentially effective
- 4= Preventative strategies shown to be potentially effective
- 5= Evidence-based preventative strategy shown to be effective

**4) Societal Capacity to Address the Problem**

**Definition:** Successful implementation of health interventions requires inter-relationships between people, institutions, services, and the broader social and political environment. The ability of these factors to successfully interact for a common goal can be considered community capacity.

An additional concept is that the environment is supportive of directing resources towards improving outcomes associated with this problem. It includes the importance of the issue to community members and/or policy makers, the potential for communicating the importance of the problem to these groups, existing momentum and an ability to leverage other existing resources.

**Criterion Weight:** 2

**Rating Scale:**

- 1= No evidence of any capacity to address the problem
- 2= Capacity and support are not available but there is potential to develop
- 3= Capacity and support exist but are limited or of unknown duration
- 4= Capacity and support are growing
- 5= Strong evidence that the context supports and will continue to support addressing the problem

**5) Severity of Consequences**

**Definition:** This means that the problem identified could result in severe disability or death. Even though some health indicators may have improved due to effective interventions, these interventions must be sustained to avoid severe negative outcomes. An example of this would be the importance of sustaining an effective immunization program to avoid the reemergence of vaccine-preventable diseases.

**Criterion Weight:** 2

**Rating Scale:**

- 1= Problem is not life threatening or disabling to individuals or 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 and there is also a strong likelihood of disability
- 5= Problem has a high likelihood of death or disability