

MCHB/DHSPS

Healthy Start

Interconception Care Learning Community:

Readiness Assessment and Intro to Web-Based Tools

May 18, 2009

JOHANNIE ESCARNE: Good afternoon, my name is Johannie Escarne in the Maternal and Child Health Bureau. On behalf of the division I would like to welcome you to this webcast entitled "Readiness Assessment and Intro to Web-Based Tools". Before I introduce our presenters today I would like to make some technical comments.

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We're very pleased today to have Kay Johnson, Lisa LeRoy and Andrea Bland with us. Miss Johnson is the president of Johnson Consulting, Inc. and Ms. Brand is the project director for this contract. To allow time for the presentation we'll defer questions and answers to the question and answer session following the presentation. We encourage you to submit questions via email at any time during the presentation. If we don't have the opportunity to respond to your question during the broadcast, we will email you afterwards. Without further delay we'd like to welcome our presenters and the audience and begin the presentation.

ANDREA BLAND: Thank you. Hi, this is Andrea Brand, the project director for the community learning project. Before we begin today I want to go back and give a little overview of what this project is for those of you who couldn't join us in either of the other two webinars. It involves 99 Healthy Start grantees to improve interconception care through shared learning and individual quality improvement projects. One aspect at a time. Grantees will each have a home team of various Healthy Start stakeholders and a traveling team of five members of the home team who will attend the in-person learning community meetings. As a reminder the first learning community meeting is August 3 and 4 in Washington, D.C. Two of the home team members who we know should attend that meeting are the Healthy Start project director and the lead or supervisor case manager or care coordinator. As we've said in the previous webinars, grantees will choose from a key

topic area related to interconception care that they would like to improve. The project will have three learning cycles at which time a different topic will be the focus area for each of the nine months learning cycle period. Today's webinar is the third out of a series of four webinars that we've put together to help grantees prepare for our first meeting in August. Today's topic is covering readiness assessment. You'll learn what is a readiness assessment and how will it be helpful. This webinar and all of the webinars will be archived in the near future. We encourage you to check back with the website if you need to review those and we encourage you to do so. The next and final webinar that we have scheduled as part of the preparations for our meeting is on Thursday, June 4th at 2:00 eastern time and at that time we'll discuss content areas on which to focus your first learning cycle, as well as helping you determine your team formation, as these two are very related. And now, so I don't postpone this any further, I'd like to introduce Kay Johnson who will begin today's topic.

KAY JOHNSON: Thank you, Andrea. I'm delighted to have so many people joining us today. I think that we have 70 to 80 participants from Healthy Start sites all over the country and we're really pleased to be able to share more information with you to prepare for the learning community meeting that will be held in August. The topic that I'm going to address today is around readiness assessment and we're going to not only talk about it today, but there is actually a document that you can download so you'll want to be sure to do that if you have not done so already.

Next slide, please. The agenda and outline for what we're going to talk about today is first of all what is readiness and what is readiness assessment? How will it help our work together as well as how will it help the work that you do in your Healthy Start project? What tools will we use and then we'll take questions at the end of the next slide, please.

The focus of the ICC project is to advance the quality and efficacy of interconception care activities among Healthy Start grantees and communities. These are the activities that you carry out in your interconception care component as well as the things that you do that may affect your larger community. The second focused goal of our project is to improve each Healthy Start grantee's ICC component to better serve participants and achieving those goals will require that Healthy Start projects adapt and change. We're going to be learning about change together and learning about how to change together.

Next slide, please. So what is readiness? From the dictionary we know readiness is the state or quality of being ready, it's preparation, aptitude and willingness. All of those things will come into play both in what we're going to ask you to assess, as well as what you're going to be doing to get ready.

Next, please. What is organizational readiness? Organizational readiness is the State of preparedness for change. This is a concept that is widely used now by large companies and small not for profits. It's used in business and government. It's very similar to a lot of the thinking that you may have done about community readiness or issues of -- like that. But this is really about your organization, about your work environment, about how you do business is the way to say it. The questions that organizational readiness asks about is our organization ready change and am I ready to change and particularly am I ready to lead change?

Next, please. So in the next two slides I'm going to talk about the core kinds of changes that will be called for in the ICC learning community project and how we might measure some of your readiness for those. You're going to be changing and improving the way

your work is done. You're going to be adopting evidence-based and best practices related to interconception care and maternal depression and some of you to case management and care coordination. You're going to be using the quality improvement model. That will be a change for many of you, using the model itself around quality improvement might mean a whole different way of doing business. You're going to apply new tools and strategies. That might mean a different way to work with clients in the home. It might mean a different staff arrangement, it might mean a new interconception care screening tool. A whole array of things about new tools and strategies and we expect that you'll be developing new leadership styles. The experience, as you know, from the webinar that Lisa LeRoy led a couple of weeks ago, the experience of people who participate in quality improvement projects and things like our learning community and learning collaboratives is that they do develop new leadership styles and do all of the things above.

Next, please. I just in looking at all of this I was really struck by how much the literature on this captures this message from the Obama campaign, change you can believe in. That if you don't believe in the change that you're trying to achieve, the chances are very good that you won't achieve it. And a more theoretical mold Rogers, who is the father of the fusion of innovation. Many of you have heard about the fusion of innovations and Rogers wrote the book in the 1950s and issued renewed versions of it since. When you're trying to get innovations adopted the perceptions of those individuals making the change are more important than expert opinion. Change you can believe in.

Next, please. People are more likely to change on the basis of several things and several beliefs. You are more likely to change and we know this again from about 60 years of studies, if there is the -- the change is about a discrepancy and you believe in that difference, that doing this is going to make a difference. That you need to make a change

to a new way of doing things. The second thing that people need to believe is that it's appropriate for them. It's a new way of doing things, will be right for us, it will fit with our work. It will be Healthy Start-like in its nature and this is going to be a good thing. The third thing you have to believe is in the efficacy. You have to think that if other people can do this, so can we. This is something that actually works. The fourth thing you have to believe in is a concept they call valence. I think of this one is will the juice be worth the squeeze? Will this really matter to our work? Will it be a really enhanced benefit for us? Finally, you're going to have to believe that this is something that is supported by people who are like you. So you would be saying to yourself, we believe the people who are promoting this change. We see our peers doing this and we want to do it. We want to walk the talk.

Next, please. So we're going to ask you right now, and in a poll, an online poll do you feel ready to change the way you do your Healthy Start ICC work? And we want you to send us your responses yes or no. And we're just going to do a quick poll in a moment. The webinar will show the results of this poll. While you're thinking about this question, do you feel ready to change to do the ICC Healthy Start work let me tell you about the notion of change in the context of your ICC work. We're talking a lot about change today and we asked ourselves and others asked us getting ready for this what's the change we're talking about here? Each Healthy Start project is going to be asked to change the way they do this work and that is the change you should be thinking about. You may not have exactly determined what you are going to change. You might be thinking about staff training or ways of linking to the community or different ways of engaging consumers or as we talked about earlier, new evidence-based tools. Any of those might be the change but -- that you specifically work on for the next nine months or in one of the cycles as we go forward but the overall change we're asking you to tell us about your beliefs in is are you ready to

change the way you do your Healthy Start interconception care work. When we get to talking about the organizational readiness tool we'll also be saying that's the same change that we have found. So are we ready with our results? May not be ready with our results. Let me say a little bit more about the context for this change. We know that you are going to be getting ready as you come to us in August to do a lot of work there on the ground, but it is going to take some kind of preparedness. The reason we're talking about the organizational change today is that we want you to actually do a more formal assessment. But right now our results tell us that 23% of you actually -- 23 responses, actually, of everyone who responded said that they are ready to change the way that they do business. Only 23 of you responded but all 23 of you that responded say you do feel ready to change the way you do your Healthy Start interconception care work. That's really exciting. I wish more people would have participated in the poll. You may be away from your desk and listening in today.

So next slide, please. Let's talk a little bit about what are the factors that affect readiness and contribute to an overall influence of change. What you see now is a diagram that's showing those factors. The content of the change, the context of the change, the actual change process and the individual attributes. I'll show you on the next few slides a little bit more about each of these four areas.

Next, please. So the factors that affect organizational readiness for change are the motivational readiness of the leader and the staff, the individual characteristics of the staff, the institutional resources and the organizational climate and whether or not it supports change.

Next slide, please. So what you can see in this slide is a little diagram of the things I just showed you. If you look on the right-hand side these are the things I just showed you, the motivation of individuals, including leaders and staff, the climate of the organization, what the individuals bring to it in terms of skills and characteristics, not just their motivation but also what they bring to it in terms of skills and the organizational resources. So the things on the bottom lead to having the capability or what we might call the capacity for change and the two things on the top are about a commitment to change and what the research tells us is that both of those things are essential to being ready for change.

Next slide, please. So how would we know if we had motivational readiness of the leaders and the staff? First of all they would perceive a need for improvement. They would be saying to themselves in our work and our results could be better. We could do a better job. A second way would be people see an opportunity for change. They would think there are better ways of doing business that will work for us, that will work for our clients, our customers, our consumers in the case of Healthy Start. And the third way we would tell if there were motivational readiness was whether or not people felt pressured to change and internal pressure, I know I have and perhaps many of you have worked in an environment where you said we just can't keep going on like this, we have to change the way we do things and also feeling external pressures maybe that your funders say you must change. In this case it is not exactly say the funders say we must change but certainly we know the fact that MCHB is committed to having all of you do this work with us brings some external pressure. What's the second set of factors that affect organizational change?

Next, please. They are individual characteristics. Here on slide 14 you see some of these. Individuals would be adaptable, they would feel I'm open to change, learning and

using new approaches is easy for me. The second would be efficacy. I have confidence in my own ability to do better or to make change. They would have a desire to grow, feeling I want to update my knowledge or skills. I try to keep up with things. I like to do things at the top of my game. Willingness to use my influence on others is another feeling that individuals would have. They would feel that I'm a leader and I want to play a role in shaping the opinions of others. And finally, attitude. People who would say I'm open to doing things differently in my job are individuals who are ready for change.

Next, please. The third set -- the third area and set of readiness factors are clustered under institutional resources. Do you feel you have the people you need to do the work? Do you have the physical resources? Thinking for our office space and our equipment is adequate. Do you have training resources? Do you feel that staff training and development are a priority and that they're going to be provided in a way that supports this work? And finally, technological capacity, feeling we have access to computers, to email and other technological tools, we need to do our work. It may be that webinars come under that category.

Next, please. Finally, thinking about the organizational climate. There needs to be a shared mission and vision for the work. Some of you may have that already. Some of you may be developing it. But thinking there is a clear action plan here, we know where we want to go and in your case this might have to do with your community action plan and/or your inside the Healthy Start project plan. Another factor, openness to change. People in an open organizational climate perceive it's easy to change procedures and processes in our organization. There is communication where people perceive that there are formal and informal channels of communication that work well in our organization. Staff cohesiveness. Where staff can try new things and leaders respect professional

judgment and finally stress is a factor in organizational climate. People feel it's tough to work here with so many pressures, that influences their sense that they're ready for more change and to do new things.

Next slide, please. One of the things you might feel after I've read that long list is we can't say yes to all of those things. I don't have the resources I need. Or maybe we don't have the communication inside our organization or maybe I don't have confidence in my ability to do this. What we need to reassure you is you cannot fail on organizational readiness or an organizational readiness assessment. No organization is perfect and this whole process is about supporting you and helping you improve the way you do things, not to assume that you are perfect at the beginning. And we have confidence that the interconception care learning community process will improve your organization's readiness and capacity for change as we go forward. Not to feel that you can somehow fail on this assessment. You might be asking yourself what is the value of organizational readiness assessment for grantees?

Next slide, please. Well, one thing that we believe this can do is to help you be successful. So that you would gain insights into your organization beyond the ICC learning community activities, as well as about them. That you would be able to assess your organization's growth and progress over time. We've selected a tool that has been used in a lot of different organizations and they've been able to use it before, during and after the change to assess how they're doing. It would also help assess individual readiness for change for you in particular as a leader who is going to help others go through this change process. And it is information that can help inform team development.

Next slide, please. The assessment not only can help you as a Healthy Start grantee we think I can help overall the learning community by guiding the technical assistance efforts that we put together for you, by improving the potential for change by helping us be realistic about where people are starting, to again be a tool to measure before, during and after the learning community work, to be evaluating of how far we go and enhance leadership development. We know leadership development is a priority for Healthy Start grantees and we think this can help.

Next slide, please. So one of the things in preparing for this we took note of is that even in the Fortune 500 CEOs are not always effectively managing change and not always feeling they are as ready as they want to be. And this is in a survey of Fortune 500 chief executive officers about what they perceived of standing in their way of their organizational implement of affecting change. Half of them felt the engagement of middle managers to drive the change was a challenge. Nearly half felt that change management skills and experience in senior managers was not all they hoped it would be from where they were starting. 45% were thinking about collaboration as a challenge. Almost 40% about communication around the nature of the change and the benefits of the change and a third about the alignment of performance measures and rewards to the change. We think that all of these things are some of the similar challenges that you might be feeling and that people might perceive stand in the way of change and the interconception care learning community is designed to help you address these things. It is also worth noting that a lot of these things, and when this study was reported they said a lot of these things are under the influence of the chief executive officer and a lot of them can be influenced and improved by leadership.

Next slide, please. So I would say what's important is what people think they can do together. Their shared confidence and collective capacity is a quote that was a conclusion of an article that looked at over 80 organizational readiness assessment tools. Again, what they found is what's important is what people think they can do together. Their shared confidence and their collective capacity. I think that applies here both in terms of your -- inside your own organization, your Healthy Start project as well as across the learning community.

Next slide, please. So the next steps that we see for us in our project, and engaging with you, are two parts. One is that we are going to be asking you to actually assess the readiness of key individuals of the Healthy Start project director and one other staff person to actually use a validated assessment tool, which we've made ready for you and adapted slightly for Healthy Start. That again the project director and one other person would complete the assessment. If you would like to have more people complete the assessment we're open to that but we really need a project and staff person to do it. And to be done in the next four weeks so we would like you to do this and get it back to us by June 19th. If you haven't had a chance to download or look at this validated assessment tool it has 24 questions. It is on one piece of paper. So it's not a big job. It is a job we ask you to make time to do in the next four weeks. The second part of organizational readiness in our learning community will be an opportunity to assess team readiness. We'll be using the CityMatCH readiness tent. It will be prepared and ready for this project by the August meeting and a woman will be doing some teaching about how to use the readiness tent when we're at the August meeting and then that will be something that you can take home and do with the home team after the learning community meeting in August.

Next slide, please. So we are delighted to have all of you on the phone with us today and on the Internet with us today. I'm sorry it's on the Internet, not the phone. And I and Andrea and Lisa are here to answer questions at this time. Before we open it up to questions I want to say two things. One is that if you have something specific you need more direct input on, you can send an email message to Andrea. Her email address is Andrea Brand @ Abt Associates.com. We look forward to your questions now. And certainly when you are feeling you need to ask something that's outside of this call, we would be happy to welcome a question by email. Can we open it up to questions?

ANDREA BRAND: Yes, thank you, Kay. Most of the questions right now, first one I would like to reiterate that the August meeting will be August 3 and 4 and it will be held at the Marriott Wardman in Washington, D.C. A save the date is on its way. It should be out in about a week or so. That is the information. The save the date will be emailed to project directors in the near future.

The next question that came in is where is the tool? That's the question that keeps coming up. The tool is posted on the mchcom.com website. So where everyone downloaded their slides you can get a copy of the tool right there.

>> It's that URL web address on the slide right now?

>> Yes, exactly, mchcom.com, that's the website.

>> Let me see. I think I've answered all the questions. So far.

>> We've had several but I think those were the only questions that have come insofar.

>> Let me say when you get to the tool, it is going to have a lot of questions that will be similar to the kinds of things I was talking about earlier. It will ask you questions, you know, like -- it will ask you to whether you agree from strongly agree to strongly disagree and the top leaders in this organization are walking the talk. We need to improve the way we operate in this organization. Or the change in job assignments will increase my feelings of accomplishment or this change will benefit me. Or I believe the proposed organizational change will have a favorable effect on our operations. So we're asking you to answer questions that really are about your perceptions. Perception of where you are, where your organization is, what your sense of how you would like to change. And we chose this instrument, A, because of its simplicity and asking you directly to give us your responses to 24 statements and your perceptions. But it also, as we've mentioned, because it's been validated that it will help us get a sense of which grantees may be more ready for organizational change than others. So we really are looking forward to hearing from all 99 grantees about this and seeing what you think you want to be focused on in terms of your change process.

>> Thank you, Kay. A very important question came up. Where should the tool be sent once its completed?

>> It actually is on the document. It will be something that you can print out, make your Xs with a pen. Basic good old-fashioned technology and it will be faxed back to Andrea. Her fax number is on the document that you downloaded. You'll download a two-page document and just fax them back. That will be straight forward.

>> Thank you, Kay. There are a couple of questions around the problem of archives. Again, as we mentioned before we're working very diligently to get the archives up. Hopefully they'll be available in the near future on the website mchcom.com and we hope to get them up as soon as we can. We're working diligently to get the archives of the last two webinars up as soon as we can.

>> I also see a question here about the topics for the learning community.

>> Yes.

>> We did share those in the first webinar, the March 24th webinar. I know that Lisa addressed them again but it bears repeating so let me remind you that the currently proposed topics for the learning community are interconception care risk screening, case management, family planning, primary care linkages, maternal depression and healthy weight. Those are the six that are currently proposed. And the next webinar will go into that into considerably more detail. And give you more examples of how -- what you might do under a particular topic. And Lisa and Andrea will be leading that one and giving a lot more examples and details to help you be thinking about which of these topics you might like to select. So if you look back to the -- in the near future when the archives are posted you can look at the March 24th, the first webinar and then the webinar on quality improvement also gave an example in the area of family planning and an example in the area of risk screening of how this might play out as a topic for your change process, for your quality improvement projects.

>> Finding other questions? Thank you, Kay. Yes. In referencing the organization, are you referring to the Healthy Start project or the grantee agency in which the project resides?

>> There is a hard question. I think generally we're thinking about the organization being the Healthy Start project. But it may be that the relationship between, if you will, the sponsoring organization and the project itself are so intertwined that you can't really tease that out in terms of your perception. So in a sense, again, we're asking you to report on your perceptions and on your beliefs, and so if you perceive that as one thing with the sponsoring organization and the project, then you won't need to tease that out because this is really about what you perceive the organization to be. But in general I think we were thinking the Healthy Start project.

>> Thank you, Kay. In addition to the Healthy Start project director can you offer suggestions about who the second person should be to complete the tool?

>> Well, it's been our observation that as we're looking toward people who might be on the team, someone who works in the inter-- staff person who works in the interconception care component. Maybe someone who is a case manager, someone who supervises the case manager, but somebody who is working in a staff role who is going to be influenced by this change. Someone who works in a staff role related to interconception care and is going to be an active participant and be strongly affected by this change. That would be based on how the tool is designed, that would be the kind of person you would be thinking about. If you would like to get someone who is a consumer who is very active in this work with you, or someone who is otherwise part of your organizational leadership but not staff who is a community member, we aren't opposed to doing that but we're asking now that

the project director and a staff person who would be affected by the change be the two key people who complete it.

>> Thank you. As oh point of clarification, when you ask about organization readiness are you speaking about our Healthy Start organization or the sponsoring organization that we're part of? I'm an employee of a large organization and also the project director for Westside Healthy Start. I have less control over access than I do Healthy Start.

>> This is a little like a one we spoke about a few minutes ago. And I would certainly perceive when you're thinking about that larger organization, about access, in this case in particular, I would say you're probably responding in the context of Westside Healthy Start. But again, it's what you perceive that organization to be. I think that the change is most going to come in terms of influencing the Westside Healthy Start and not the way access does business. I know a little bit about that project. That's an easier one for me to use as an example.

>> Thank you, Kay. Should the assessment tool be completed by one person per site or by all the collaborators?

>> This is an individual assessment tool. That's a good question, though, to get us back to how are we going to know about organizational readiness from one or two people completing it? That's actually the way this tool is designed and it is how it's been validated. So we are asking again the project director and one other staff person at a minimum complete this instrument and complete the assessment and fax it back to us. When we get to the point after the August meeting of doing the readiness tenting that is based on an adaptation of a CityMatCH tool then you'll be engaging the whole home team

and other collaborators but that will be at a point after which you've formed your team and you know what your change is focused on and you know what your topic is and then it will be more of a collaborative endeavor. We'll have a team-wide assessment but right now we want this individual assessment that does serve as a valid predictor for organizational readiness and capacity for change.

>> Is there a curriculum that you recommend for the change?

>> There will be a curriculum, yes. There is a curriculum that is developing and in some sense it's what would be called in the quality improvement collaborative world as a change package and it starts with those topics that I mentioned earlier, the core content topics, and then that there would be sub-topics under each of those. So, for example, when Lisa talked about the family planning example on the quality improvement call, thinking about how you would link to partners in the community, might be one set of changes the group of grantees would carry out. Another might be changing the way they do their family planning interactions during home visits, so those would be two different changes but there will be a curriculum that supports both and remember, there will not only be a curriculum but there will be a group of teams you'll be going through this process with together. Once we get to August and you've chosen your topics and sub-topics, there will be curricula to support that work and there will be also a group of teams and ongoing technical assistance around those individual topics.

>> Okay. Now kind of getting back to the webinars in general. Should all Healthy Start staff or case managers be attending the webcasts?

>> We have left this decision, obviously, to each project. Particularly in terms of deciding who was available or who was most relevant to the work. Ideally every Healthy Start project would be represented on the webinars and be able to be listening. Again, the advantage of doing this way is that the archives will be available for other staff and other members of the team to look at as you go forward. And so it's value-added to listen to it live in some sense but I think in reality if people look at it later they still get the same content and have an opportunity to absorb what was presented in the webinars in their own time.

>> Thank you, Kay. There are quite a few questions regarding accessing the tool. A few people have gone onto the website and can't seem to find the tool. I will -- I'm trying to find out exactly where it's located so that everyone can have exact directions to where to access it. There was also a question regarding whether the tool could be emailed to project directors. Right now it's being posted on mchcom.com but if that is not the best way, then we'll go ahead and try to email it to project directors if needed but I'll try to find the exact location of where the tool is located.

>> There is no reason from our point of view that this couldn't be directly emailed to the project directors. That would certainly work. It is a two-page PDF. It's not a big thing for you to receive as a document or for you to download and print. Accessing it from the web isn't necessary because it isn't a big document and it would be easy to email it if that would work for people.

>> I see a question here about -- from peg Dublin, the question is wouldn't we be more effective if the whole Healthy Start team is involved in choosing the topic for change?

>> Absolutely, yes. We're assuming that you will engage a team in -- engage part of the team, at least, in choosing the topic for change. That you will particularly after Andrea and Lisa go through the next webinar about the topics, you might be leaning in one direction or another but you might get more information in that webinar which really helps you feel strongly about one of these topics over another. And when you see what the sub-topics are, you might see oh, there is something definitely we want to change. There is something we need to work on under that primary care linkages. I didn't know that was included in that maternal depression topic. When you see the details underneath this I think you'll have a better sense about what topics might be more relevant for you. Our vision is and the time line that we previously shared our vision is that at that point you would pick one of these broad topics and you would be picking your team around that. And that you would be picking both traveling team members and home team members so that you would be thinking about that topic and getting ready for August. So you will, in effect, have from early June until early August, two whole months, after you've seen that topic webinar to get people together and talk about the topics and figure out who ought to be on the team. We hope we've really allowed enough time for you to do that work.

>> Thank you, Kay. We keep talking about the tool and someone has asked what is the name of the tool.

>> Very good question. I might have put that in my slides. It's the organizational change recipients beliefs scale. Organizational change recipients belief scale. This is a tool, the original instrument was published, a nice summary of the validation in 2007 and the site to the article and a link is actually in the document that you'll download. And it is proven useful, as we said, in assessing organizational readiness as well as the adoption in institutional change. The before, during and after. It's been validated in multiple settings,

different types of organizations, public and private, not for profit, big organizations, big companies, and small community-based organizations, in health settings, in engineering organizations, a whole array of organizations where this has been studied and validated. And it's, you know, designed to help measure the buy-in and think about barriers to successful change and as the foundation for you to begin your work. So we picked it for that reason. We looked at quite a number of different ways to go with this and we thought that this would be something that would be quick for you to do but that also wouldn't just be an exercise. We actually could use the data productively now and throughout our process to help support you and for you to be informed and have it available for your own thinking about management and work and the change process.

>> Thank you, Kay. A question about the traveling team. Would it be possible to rotate the traveling team so that all involved would get a chance to participate in the D.C. meetings?

>> Well, I see why that makes sense from one point of view and I guess what I would say it isn't going to be one traveling team. There will be a team that travels this August and that would be the team that's focused on the topic you pick for this cycle. So if you picked maternal depression as the topic for you for this cycle, you would bring a team of people who were going to work on the maternal depression, change and quality improvement process. You would bring them in August and you would work with that team traveling at home for nine months. And then let's say the next cycle you picked something else all together. Let's say I'm just going to take another one of these even though it may not be on the list the next round. Let's say the next time you really wanted to focus on case management. You might see a very different both traveling team and home team for working on case management than for maternal depression. Who you would bring as

your traveling partner for maternal depression might be very different than who you would bring if you were working on healthy weight. You might bring someone who is part of your maternal depression services network. You might bring someone who is a community expert in a healthy weight or obesity campaign in your community or someone who is linked to family planning or primary care. Who you bring will be very much grounded in who your topics are, recognizing that we do have a core of people from the Healthy Start project. You'll be picking a couple of other people to travel who really are perhaps outside your organization and really a community partner, a consumer, someone else who is relevant to the topic. And we expect that that will change.

>> Question came in so will we be working on all of the topics?

>> No, you'll be working on one of these topics in this -- between -- in the nine months between -- well, starting soon but then really starting your change work in August and working on that topic and sub topic for nine months. You could repeat it. You might say okay, we did one round on risk screening and we made a lot of progress but we want to change and improve even more in that area and you might decide to do it again. But you might -- we expect these topics will change over the course of the three cycles.

>> Thank you, Kay, for clarifying that. Just a couple questions came in about the archives again and just wanted to repeat that we're working diligently to put the archives up. They'll be available in the next couple of weeks hopefully, in the near future. But we understand a lot of you -- some of you were not able to access the first two webinars and we're working to make sure that you will be able to see those archives in the near future.

>> I don't think I see any other questions right now. Kay, do you have anything else that you need to -- you wanted to add or follow up with?

>> I guess I would just say something we haven't mentioned maybe in a couple of webinars, a couple of times when we've talked with you is also just a reminder that when we get to the August meeting, there also will be -- we have an expert workgroup who will be supporting us in this and that there will be technical assistance ongoing and that nine months when you're working on a topic and we've been able to recruit some of the really top level people thinking about preconception, inner conception, maternal depression and some other topics we have here and figure out how to have them support your work as we're going forward to we're in this partnership and really thinking about it as a partnership with all of you and you, in turn, with your community partners and we hope to engage people appropriately and to really have you feel supported in this as we go forward. So help us help you complete the organizational readiness assessment and we'll look forward to being with you in another webinar in June.

>> Of course, there are a few questions that came in.

>> Good.

>> First how do you pick a sub topic and what is the difference between a topic and a subtopic?

>> When you're able to get to the archives you'll see Lisa's structured two very nice examples there. Let me just say, for example, if you had the topic of interconception care risk screening, the subtopic you might pick is finding the right tool. You might not have

confidence that the tool that you're using is evidence-based. So maybe the sub topic area you're going to work on is improving the tool that you're actually using. And another subtopic might be to change the way that staff are trained in doing interconception care risk screening. That would be perhaps a different process than the tool. And another subtopic like family planning, it may be that where you are with your family planning work, the most important thing you think you need to do would be to engage with family planning partners across the community. So that would be your change work for that nine-month period. Others of you might feel like you have good, strong community partnerships going on there already but you don't feel like the script or the protocol that case managers are using to communicate with consumers about family planning is as strong or evidence-based as it could be so it might be, again, that you're figuring out how to change the protocol for engaging women in the interconception period for talking about family planning. Those would be different things but they are small steps toward improvement and again that's what in particular Lisa will be helping to guide and others as we get with the curriculum and as Andrea and Lisa show you next time both the core topics and the subtopics where you might see particular things that you would like to improve.

>> Thank you again. Thank you, Kay. Could you please give the contact information again for the questions for Andrea?

>> It's Andrea underscore Brand @ ABTASSOC.com.

>> Thank you, Kay. Regarding the technical assistance to grantees after the August meeting, will they be conference calls, webinars, or what and how frequently will these T.A.s be offered to sites?

>> Yes, they will be conference calls, they will be webinars and what? We're not all sure what all of what it will be but certainly it will be conference calls and webinars and there will be some individual contacts with grantees. Some of that will be, perhaps, say, for example, a webinar for everybody who is working on healthy weight. And then it might be a conference call with people who are working on a particular subtopic around healthy weight. And then we might just do a check-in with you as an individual Healthy Start project. Again, you'll be clustered for learning with people who are working on similar topics and subtopics and the real learning community is about engaging with those other people to hear how they're doing their work, to hear how they're making their change, to share with one another what the barriers and obstacles and opportunities for success are as you go through that nine-month period of change. It is that shared learning that is really the strength of this work and we'll be engaging our expert workgroup in that process. If you were able to be on the quality improvement webinar and if not please take a look at it, but you'll hear how some other people who have been in the quality improvement projects really see the importance of the collaborative aspect of this. So many of you are doing really good work and really strongly have something to give to other grantees and we're going to create the means for you to do that. For you to share those lessons learned and communicate with one another on an ongoing basis.

>> Thank you, Kay. We were told that I.T. expansion would be important to carrying this out. Can we have additional T.A. on these applications for funding and deciding what we need -- what we need when we don't know yet what our topics are?

>> Oh, well, the -- as we're designing the T.A., we will know more about that. Not sure -- I mentioned I.T. today but I'm not sure what this person is referring to. What I would say is that Abt is designing almost a web portal for supporting you in your work, for you to have

question and answers space, for you to have a forum, discussion questions, a whole series of things that will be online tools for you to use. We are not going to introduce those until we get to August after you've selected your topics and your subtopics but there will be a lot of easily accessible and user friendly online tools for you to use as you go forth with this work. I've seen a preview of it. It is strong. It will be adaptive as you go along. The people that Abt who have built this are first rate and really thinking about how it can support your work. So that's one thing I know that will be a valuable part of this as we go forward.

>> Thank you, Kay. There is a question about if we found the tool and we have gone on the website to try to look for it. We're still trying to locate the tool but if we cannot access the tool we'll be able to email it to project directors. As soon as we can access it we can then email it to product directors if we're not able to locate it on the website.

>> Can we do it either way?

>> Yes.

>> Okay.

>> We'll make it accessible both ways.

KAY JOHNSON: Sure. Okay. I don't think I see any other questions. Andrea or Lisa, do you have anything else to add?

>> No, thank you.

KAY JOHNSON: Okay. Wait. We've already answered that question. Okay. Well then on behalf of the Division of Healthy Start and Perinatal Services I would like to thank our

presenters and the audience for participating in the webcast and the Center for Advancement of Distance Education at the University of Illinois-Chicago School of Public Health for making this technology work. Today's webcast will be archived and available in the near future on the website at mchcom.com. We encourage you to let your colleagues know about the website. Thank you and we look forward to your participation in future webcasts.