

AMCHP 2007 ANNUAL CONFERENCE

HEALTHY COMMUNITIES

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MCHB/Division of State and Community Health Block Grant Training – Providing Data to Tell the MCH Story

VIVIAN GABOR: Good afternoon. Thanks for sticking around. Well, I do want to ask you, how many of you saw that document that was sent to you, the Review of the 5-year Deeds Assessment? You get something in your mail. Well, my last slide today will talk to you about how you can get a copy of it. So, it's accessible on our Website. But it is something that we hope you'll be able to use in your next, planning and your next five-year needs assessment and in thinking about needs assessment even before you start planning. Today's panel, we spent a year, or about nine months, looking at the needs assessments in all the states, trying to look at the documents and see what they reflected about the process, and then realizing that of course documents are not live processes, but they're descriptions and limited in terms of how, when, who was involved. So we talked more in depth to 12 states about their needs assessments. And out of that came a mouse looking for a home. Here we go.

Out of that came a report that you all received, describe the variation across states and the process they use, clearly trying to highlight promising approaches, recommendations, and lessons learned. And I would say that, they are ideas

about what works, what doesn't work. Mostly comes from what states told us. It's not a best practice objective measurement about how what needs assessment process is related to improvements in outcomes in any objective way. But really, what processes work best for folks. So that's why we called them promising approaches as opposed to evidence-based best practices. For folks, I'm trying to try not to talk too much about the report. I want you to get a copy and look up, it's, there's a lot in there. There are tools that you can use in adapting your next needs assessment. I want to focus on the panelists today, but I'm going to briefly tell you about the study. I don't think I need to tell you about HSR where I work, we are now called HSR, an altarem company. So if you, see that word altarem, we were, we are now partnering with a parent company. So, when you see our badges, they're going to, in the future, they'll be much longer. But, we're the same folks. Judy Gallagher, Renée *Schwalberg, myself, Chris Botsco, Anne Hopewell, Beth Zimmerman, Jody Anthony. You probably have all worked with one or two of us, on one or two of these projects, if not more. We are really trying to encourage, and let you know that we are available to help you in your next needs assessment, both in terms of data analysis and in terms of thinking through strategically how you need to develop a process that will work for you.

These are, and I said, the teaching objectives. Basically, I want to let you know what's in the report, and want you to hear from the experiences of three states that I think exemplify why the process is as important as the numbers, or the data. I want you to motivate you to go back and read the report, learn more about

what other states that are not here today said and did and create the beginning of what I hope is a dialogue, a discussion, and a variety of formats at the regional level, formally or informally and at the national level, to share your experiences and talk about what worked.

The studies I mentioned was based on a review, an extraction of information from the documents you submitted from, we have 58, the 50 states, and eight jurisdictions. We did not have the Virgin Islands needs assessment, I think, because that was not available at the time of the study. And we held telephone discussions with 12 states. Any of those states here today? Well, thank you for your time. I think we learned a lot. Maybe you didn't get interviewed. Oh, Shavere. Three of them are here today clearly. Louisiana, California, and Washington State. There are other probably promising approaches in more states than 12, but we pick promising approaches based on reading the documents. And we're really glad that folks spent their time. And you'll see a lot more detail about the other nine states in the report.

Now what's process? And say what we defined as process, we looked at as process was, what and how did the state frame the concept of doing the needs assessment. What questions were asked, what outline was taken, what approach was taken, as well as what did they see as their goals? You'll hear today some different things about goals. In Washington State, they took a strength-based approach, looking at strengths, and how to move forward, towards positive

outcomes. In Louisiana, they divided up really, the needs assessment into five or six populations with intense data collection. And from the very beginning, made it part integral to management planning, so that needs assessment and strategic planning were well blended. And in California they took probably much more of a focus on local assessment than on any other state, being such a big state and each county being, having quite large populations. Blending capacity and needs assessment from the beginning in terms of data collection.

We also looked at leadership roles and structure. Who was involved, who on the team was involved in the leadership team. Was it a team, was it an individual, how was that structured, and how were the responsibilities defined? I was going to say, this is what we looked at. But we also, I think most importantly, I want you to remember these six things. Because these are the things that, that we think will really help to think about before you set out on the next needs assessment. Even before you begin. Stakeholder involvement, who do you want to involve internally at the state agency level, who are you going to involve on the outside? Do you want to ask them to prioritize needs, do you want to ask them to actually help you define it needs, do you want to do focus groups, surveys, interviews, how you're going to involve them after the process is over. The fourth area is selection of priorities. Folks who we talked to really talked about the importance of having a defined methodology for selecting priorities. I think you got some training on that before the five-year needs assessment on the Q-sort method. Probably, a few times, you've heard about the Q-sort method for married

people's (inaudible). People used some other methods, but they really, people felt very positive about having specific criteria for defining what is a priority so that everyone in the room could agree on what that meant, and on having a system for ranking them that was predetermined. So, making it as objective or common definitions as possible, in terms of priorities.

The fifth area, which some people accomplish, and I have to say many people, even the ones that we spoke to in our promising approaches, were not able to accomplish, which is integrating the needs assessment into program planning, making it not a one-time headache every five, or I should say, a long-term headache for every, that has to be produced every five years, but really making it a useful tool for program planning. But thinking about that at the beginning is an important, that process, and how it is integrated into program planning. We looked at it and we talked about it in terms of recommendations. And the sixth is ongoing needs assessment. And what is the ongoing needs assessment? How has the five-year needs assessment helped build performance measures and benchmarks for you to track your progress long-term?

Now I'm going to skip a lot of my findings because I do want to focus on the states today. I'll quickly go through what I picked out as key elements, which are probably not in order, any particular order, except things I wanted to make sure you heard today. Having your staff dedicated, committed, and having competent folks come together on this process was very important, folks said. Having a

clear conceptual framework from the outset really helped in terms of having a successful process. Good use of the data, having “widespread”—and I put that in quotes, that was differently defined for different states—but widespread participation and useful input by stakeholders. Using, when you're setting priorities, having an inclusive process with agreed-upon criteria and defined methodology. And then going back to stakeholders, keeping sight of why you even bothered to go beyond your team. It's both to increase how much you know about the needs, or the strengths and capacity of your system, and your, for serving the MCH population. But also to strengthen collaborative efforts with these partners both in your agency and outside of your agency.

So in thinking about your process, and once you do, remember that that's one of the key goals. You're going to want them there to support resources to address those priorities at the end of the day. Consultants, I just have to say that being a consultant myself, I don't mean to say, mainly, people talked about the importance of having consultants if there was expertise lacking or having someone objective to help work through the process. Facilitate meetings or help the leadership plan, if they weren't able to do it themselves, how that process should be decided. But, and I should say it with a strong but, a consultant should never replace the Title V staff involvement in the process. And it doesn't necessarily, it's not necessary in every state, but if you have one certainly, don't use it as because you don't have enough time to put it in yourself, I would say. That's what we heard.

When the process is over, share the results with the people who you think can help you get the resources to address those priorities. And then I would say whether, this is a recommendation that comes out of a few of the folks we talked to and certainly out of our experience working with the states, build your needs assessments priorities from the beginning, the process and the priorities into a strategic plan when you're finished, that informs how you managed your programs, informs how you're implementing your programs, how you're monitoring them and, or assessing or evaluating them, with benchmarks, the performance measures that you track over time as you implement the programs to address those priorities.

Now I was, before I left, maybe it was when I was, five minutes later, I said, oh, you know what I really want to say? It's, none of this, so I jot down to see if it's useful, as I was thinking before I left. Sometimes you're planning ahead to your slideshow. If you get nothing else out of today, I want, I'd like you to think about going back after this AMCHP meeting, and begin thinking and planning for the next year, five-year needs assessment center than he did last time. Because what everyone told me was, told us was that "We didn't have enough time. We're like running the race at the last six minutes. It's crazy. We could have done this, we could have done that, we could have created a concise summary." So, "And we really learned something about the process." So I would say, take some time. You probably, many people said they needed at least two years out to make this

process, you got to start running two years before it's due. So that would be 2008. And I would say, before that you need to start thinking about what is the process that I'm going to use? What's the leadership, what's the conceptual framework, and the other factors we talked about.

So, it may not be you need to do it on March 15. But you begin, you just begin planning for this in 2007. You begin to plan your process. And remember, it's not just a data exercise. Otherwise, make it useful for you. Don't, it's not something that's a requirement, it is a requirement for Maternal Child Health Bureau and perhaps to report to your states. But it's a process that can help you support your programs, strengthen your programs. And every process, you may not do the same process that California, Louisiana, or Washington, any of them have today. You need to build on the strengths that you have in your own staff and your own state in your own organization. But I think the ideas that they offer will be very useful and our report provided not only sort of a summary, like a research document, we provided a lot of quotes from folks in little case study experts. And we've also had an appendix which have tools that we stole. Well, I shouldn't say stole. We asked people if we could make PDF's, scan them, so that you could use, you could, you can copy, adapt, surveys they use, focus group tools, meeting agendas. So there's lots of useful stuff that we think you can learn from each other.

With that note, I will say, go ahead and learn from each other. Look at our website for the report, it's www.hsrnet.com. You can learn more about us. It's not up today. So don't look today, but it will be up early next week under what's new, which will be right on the home page, link to it. Thank you very much. And our first speaker today is Jan. You don't have to clap for me. (laugh) I'm going to move us along. Jan is the director in Washington State, of the office of maternal Child health. Excuse me. She is a registered nurse with a master of nursing, and clinical specialty and children with special healthcare needs. She's worked for the agency since 1990 in a variety of capacities. She's been the director now for the past six years. She used to be a consultant, and then director of program for kids with special healthcare needs.

Jan has been intimately involved, and you've probably known her in a variety of ways. I understand that she's leaving. Not this meeting, but she's leaving her stage, you see, very soon. So we're so glad that she can take the time today to share her experiences with us.