

## **AMCHP 2007 ANNUAL CONFERENCE**

### **HEALTHY COMMUNITIES**

March 3rd to 7th, 2007

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

JAN FLEMING: --that described activities for each part of the population for this particular priority. It also connected to other public health agendas. And these are all finished now, with the exception of one priority. And they're on track to be looked at every November. Or December, it's kind of a quieter time of the year. And we'll look at the data, we'll look at the activities, and update them in that way.

So, what's this done for us? It's moved us from looking at needs to looking at priority outcomes. And looking at broad priority outcomes in terms of what's our piece of helping the population get healthy or stay healthy. Extremely useful in framing issues. During the process, our health officer, Dr. Maxine Hayes, called over and said, "I have to do a presentation on the public health role in child abuse. Can you help us? Can you help me?" We said, "Sure." And we picked out the priority related to optimal mental health and healthy relationships, priority on early identification, screening and intervention, the priority on access to quality healthcare, and put a story together on here's what we do in public health to promote health and prevent child abuse and neglect. We don't work directly with

the kids who are abused and neglected. That's another state agency. But here's our role.

So we are constantly using them in this way. The documents are helpful, were much more integrated. We have two or three cross division new efforts going, from the beginning. One is related to HPV, one is related to preconception health, where different parts of our division have a piece of that. We've come together at the beginning of getting started on it to talk and meet and continue to work. It's used for guidance in all of our MCH sections. They're all doing their own strategic planning and connecting what they're doing with our priorities. And we're using them in a week and a half to make some pretty important budget decisions. We have got to stop doing something in our office because our budget is just too tight. And so in the past, we would have looked at, well, what can we cut or what can we shave? And we can't shave anymore because it will really reduce the quality. So what I've asked managers to do is look at the activities that they are doing and what could they give up.

And based on looking at all the priorities, how does what they come up with fit with one or more priorities? And how will it impact the performance measures related to those priorities? Because it may be that it'll influence a performance measure so much that we can't meet that performance measure. So this is giving us a way to kind of weave through and do our budget process a little bit

differently. It's not going to be the greatest meeting a week from next Wednesday, but it'll be an important meeting.

So my final three take-home messages are, have the courage to try something new, and do what works for you. We were ready for this approach. I don't know that all states are because we're all so different. And then involve stakeholders in a meaningful way. Our stakeholders really liked that they didn't have to come to an extra meeting that everyone could participate, and we didn't just pull out select people. And they really felt a part of it. And then, finally, make the needs assessment part of your ongoing strategic planning. Make it work for you. So I don't know if that's 15 minutes, but I'm sorry for pressing.