

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

JAIME SLAUGHTER: So, our overall goals for the Louisiana Needs Assessment were to develop the priority needs for 2005, and to compare those 2005 priority needs to the previous needs assessment in 2002. And our big, I guess our biggest goal was to tie our priority needs to a strategic and operational plan. So to really come out of this process with a working document that would carry us through the next five years. So, just in terms of our framework, we broke our MCH population down into five groups. We had the perinatal group, which was maternity, and went through age 1. We had a child health group, which overlapped the perinatal a little bit, so it went from birth to about age 6. And we had the adolescent group, which went through age 6 to 21. And then we had an oral component. And one of the reasons why we did that is because we had a oral health program for our maternity population.

And although oral is not a population itself, we do have a lot of focus in that area. And then finally, we have the Children with Special Healthcare Needs group. So, we had a steering committee, which included nine people. So the MCH and the Children with Special Healthcare Needs program administrators, we had our

child health medical director, we had our CDC assigned MCH epidemiologist, our MCH assistant administrator, our maternity medical director, and the medical director of our adolescent School of Health Initiative, our Oral Health Program Director, and our needs assessment coordinator. The Steering Committee was responsible for the work plan writing the final document that was submitted to MCHB, and identification of the stakeholders.

And then also, even though the five groups performed their own needs assessment, we also created certain standardized documents. So we wanted all the different groups to have one method of prioritizing their needs. So, each of the five groups in our needs assessment was led by the appropriate steering committee, so these were the people who were responsible for making sure that their needs assessment gets done, and organizing it, and creating their little mini steering committee. And I was the one with the whip after these five people, to make sure they got their stuff done. And then, so, like I said, each of the five groups have their own process for conducting their needs assessment. And, the groups were responsible for their data collection. So, obtaining the secondary and the primary data that they needed, the analysis of this data, and, the recommending of possible priority needs.

And one of the things that we did was, each of the subgroups were required to come up with three priority needs of their own group. And, their top three names would go on to at the final stage, we would have all, so it's five groups, 15 needs

from those five groups. And we would bring in, you know, key stakeholders, and discuss them, like each group presented, you know, why did they pick these top three needs? And then we had overall discussion, and then we voted as a group on our top 10 needs.

So, each of the subgroups were also assigned an MCH epidemiologist to help systematically review the existing databases and the state and national data and other reports. And I think this is really helpful because with a work plan and with needs assessment, you're really trying to tie your data to action. And, I think you really want to make sure that you have someone who really understands the data and can explain the data. And so that's one of the reasons why we decided to have an MCH epidemiologist with each one of the working groups. The subgroups were able to pay I think closer attention to the needs of their population because they were able to sort of design their needs assessment to their specific group. And at the lower levels, bring in more stakeholders and have more people, more mouths at the table without, more people bringing their input without making it too chaotic at the top level, I think. And so yeah, there was greater representation at the table, I think it, by us having done it this way.

Just for an example, in our perinatal health group, we developed a perinatal needs assessment template. We call it the peanut. And we did this to ensure more of a systematic assessment of the regional vision and goals for the perinatal population. So, also had the perinatal health priority needs, and we

wanted to also have strategies, that, from the regional level for addressing their health needs.

And this template had the following pieces. It had, you know, like prenatal care data, it had, each year, well, every three to five years the MCH program publishes a MCHB data book with statistics on prenatal care, infant mortality, low birth weight, and other outcome measures. We created data worksheets to help some of the community members and team members down at the regional level, to go through their data. Because not everybody, and one of the things is not everybody understands data. When you just look at it, data can be overwhelming. I'm an epidemiologist, and I think data is overwhelming. So, we really wanted to make sure that people could understand what they were looking at. We had a needs identification worksheet, and a prioritizing worksheet. And then one of the things that we really want to do was have people list out what solutions did they think about?

And we used this with our Louisiana and infant mortality reduction initiative, which is, in our nine regional, our nine public health regions, plus Orleans parish. So it was like we were having 10 little many needs assessments going on at the same time. And these initiatives are fetal and infant mortality review network, which already has that stakeholder park built in with the community action team. And then it also has, you know, your physicians and, you know, the hospitals and nurses and that kind of thing also, built in.

So, yeah, each of the subgroups engage their stakeholders differently, but all incorporated stakeholders' views and use the needs of process to build a relationship with stakeholders. And what I mean by that is I think there's already relationships that you have with the community. And so, for example, with the perinatal health group, we took advantage of our fetal and infant mortality review teams that have that community action piece built in, and we wound up expanding them. And so, the needs assessment was a really great time for us to take those relationships, make them stronger, and add to them.

So, in other, I guess example from a different subgroup, in terms of stakeholder input was our child health group, which, they used three types of input provider, consumer and community input. And for the provider input, they developed and utilized an online survey, which asked healthcare professionals to rank the top child health needs, activities and strategies for addressing these needs, and assess the capacity to meet the priority of the child health needs. And actually, Tracy Hubbard was, at the time, she was the coordinator for our child health group. And she was one of the people that came up with this provider survey.

For the consumer input, we wound up using the National Survey on Children's Health because it does, it is a telephone survey that winds up asking, you know, it's asking the parents to report on the health of their children. So we use that as consumer input. I mean, yeah, parental feedback. And then for the community

input, we also did little mini regional assessments, using a template sort of similar to the peanut for the perinatal. And, in this one we used children advocacy groups and the children's coalition and other, and faith-based organizations.

So, after we had our 10 priority needs, the MCH program embarked on the development of a working document. We really wanted something that would just carry us through the next five years, and outline, you know, our future plans. And so, since we have a lot of strong personalities, which is good, because that means (laugh) that, you know, you have a lot of good ideas. (laugh) And you love everybody, but you want to make sure that every single person on your team walks out of the room alive. We hired a facilitator to keep a discussion flowing when we, you know, started getting on, getting a little too heated, and to make sure we stayed on topic. So, our working document identified our action steps. And I think what's really important is the people responsible for overseeing the action steps, and making sure that there is a plan for each action step.

And it identified the timeframe deadline for accomplishing these actions, and measures for evaluating completion of the action steps. And so you really want to make sure that the action steps that you are putting for your priority needs are measurable. Because you don't want to, you know, three years from now, when you're monitoring, and someone asks you, how are we doing on our priority means, not be able to actually know how are you doing? You know.

So, I think this is about the time when all the staff was ready to kill me because, this was really the hardest part of it. Not that the needs assessment was easy, but, this was the part where if you didn't have a measurable outcome, you saw me again until you had a measurable outcome. So, and I know some people felt like they were back in school because this was homework. It was short turnaround homework. And, part of their homework was to, were these following questions. You know, what specific actions will it take to carry out the objective? Who will be in charge of carrying out the specific action? Who will participate? How long will it take to complete the action step, and what is the deadline for the action step? How will we measure whether or not we've done this action step to that benchmarks and ultimate outcome? So and it's really important to have benchmarks that may be for short intervals, short timeframe benchmarks, and then having an ultimate outcome, which your benchmarks eventually lead to.

And then finally, allow the MCH program staff to take the liberty to make comments that range from, this is a pipe dream, to, depending upon the results, we may need to do something else, or rethink this. So, my recommendations are, don't be intimidated. I know a lot of you have gone through the needs assessment process several times. This was my first time going through the needs assessment. And, I will say that overall, I did enjoy it. There were times when I thought I was going to pull my hair out, but Louisiana's needs assessment is my baby. I felt like I gave birth on July, 2005 when it was finally submitted. Be creative, but don't reinvent the wheel on everything. Look at your old needs

assessment and see what works really well. See what you thought could have been improved upon and what was missing. Use the resources and the stakeholders that you currently have. The needs assessment process is a chance for you to build more resources. And, then also, use an operational plan to link your priority needs to measurable objectives.