

MCH EPI Conference

State Title V MCH Needs Assessment Practice

December 8 – 11, 2008

JUAN ACUÑA: Good morning. I guess that we are now -- we are supposed to be, aren't we? They told me to give somebody a couple of minutes to clean up cups, but I don't see nobody cleaning no cups. So, I (inaudible). Good morning. My name is Juan Acuña, and I was a former MCH Epi Program CDC team leader. I moved two months ago to Florida International University in Miami.

UNKNOWN SPEAKER: Yes.

JUAN ACUÑA: Well, because of the weather. So, I am no longer with the CDC. I am enjoying (inaudible) past life of mine, which is academian, teaching at the College of Medicine there. But still, making the transition, I'm very preoccupied. I'm discussing with Cassie and Donna and with Bill, people you know a lot, about the process of needs assessment. And my view of the process of needs assessment as it happens (inaudible) is that it is, I think, one of the most important and one of the single most important single process that happens because if you take into account the impact of the needs assessment, we have, more or less, Michael, correct me if I'm wrong, but around \$600 million for (inaudible) and related problems (inaudible). Higher? Six-fifty? Six-sixty? Sixty-six? That's not a good number. Six hundred sixty-seven.

So, the whole point is that has to be matched by the states, plus many states do not stop at the matching level but pitch in from a few to a lot more money. So, we have several billion dollars that are influenced every single year by this process that takes -- it's part of the five-years (inaudible). I was part of one state needs assessment process, which was Louisiana. And afterwards, I kind of been visiting the states where assignees were, and you know which states are those, and where fellows are, and you know which states are those. So, we now cover some 20, more or less, couple of states program (inaudible). So we have a fair contact with the Title V programs.

We have found out the uniqueness of the process that Title V needs assessment becomes and how sometimes it is done and how sometimes you are overwhelmed by the amount of information that we gathered, the hard work because it has to be statewide and the (inaudible) settings. And then you now have a pile of information and you -- it's really hard to know what to do with it. But the most frustrating issue is really how to translate that into some actions. And if that is happening flawlessly, which is rare, then to translate it into change is, I would say, rare.

So, that is kind of what we, as with Bill and Donna were trying to put these together, is that you might see some familiar tools but the message underlying the training is going to be at all different. So, it is not only on needs assessment (inaudible) would be wrong trying to teach to the experts, which is you guys. So,

we would like to put some theoretical framework into what can be done but emphasize on the next steps which is how do we really end up in where we want to end up, which is making a change, making people's lives better, really improving the health of women and children.

It's not about programs, it's not about actions, it's (inaudible) those that we need to impact. And we know that sometimes the impact that we get could have the potential to be better. So I will stop there. I don't think somebody (inaudible) do not know Bill Sappenfield, that's what I thought. Same for Donna. So, yeah, I don't (inaudible) myself (inaudible).

So, anyway, I don't think that Bill Sappenfield or Donna Peterson need any introduction or presentation. If they do, please feel free to talk (inaudible) for a while. But I think that I want to share some of these (inaudible) before we start the training with Cassie, who you know, to give the perspective of how this idea originated.

So, I welcome you to this day and three quarters training. You're not going to take the two days (inaudible). So, we're not going to be ending tomorrow at five. And welcome, glad to see you all here. Thank you.