

## **MCH EPI Conference**

### **State Title V MCH Needs Assessment Practice**

December 8 – 11, 2008

WILLIAM M. SAPPENFIELD: It is an integrated process. In my opinion, most people will not be able to do the full needs assessment between now and the time it's due with the Feds. Not all the data will be there. Not all the analysis time is there. You will not be able to get through all of it. Realize it's an integrated process. And I love the way that we're talking about ongoing needs assessment now. It's not about every five years. It's an ongoing learning process.

Let's talk about some of the quick debates. Is needs assessment qualitative or quantitative?

GROUP: Both.

WILLIAM M. SAPPENFIELD: I will tell you, it depends on the question that needs to be answered. Frequently, it should require either qualitative or quantitative data. It is nice to have both. But it really depends on what the needs are and what you're trying to identify. But yes, generally, there should be both.

Is a needs assessment asset-driven or problem-driven? There's a lot of debate out there. I am not an expert. I don't know what my colleagues think. I tend to try

and put them both on the same map so that I have all the detail out there between asset-driven and problem-driven.

Is needs assessment an assessment or it's a surveillance needs assessment? A lot of confusion there. Surveillance is just a data system that corrects information. Assessment is a planning process. Surveillance can be used for assessment, but surveillance is not assessment, needs assessment. We talk already about -- is it one-time or ongoing? I'm hoping none of you will leave these two days, thinking needs assessment is something I do just every five years. This is a debate.

Is needs assessment something you do yourselves or can you contract it out? Always a debate. Thoughts? There are states who, in the past, have contracted out their needs assessment and contracted out fully. There is one state that I know where the university gave them back the needs assessment, and over the weekend the MCH director purchased a fifth of bourbon and sat back and corrected the needs assessment over the weekend before it went to the Feds the next week. Why did he have to do that?

Needs assessment is a planning process. It is critical decisions of your program of what you're going to do. No matter how good that contractor is, they cannot make your decisions for you. They cannot tell you what will or will not necessarily work in your department. The key here is you can contract for assistance. You can contract for technical assistance and consultation. You may contact for

certain type of work that needs to be done. But I don't believe you can contract out your decision making process. And if you're not engaged fully in that decision-making process, that contract may make the letter of the law but may not actually make a difference the next day.

Is needs assessment science or an art? I have a data people who always say it's a science. Needs assessment is a decision-making process. It's a value-driven process. It is an art. You may use science and data to help make informed decisions. And the more science and data you have, the better it is. But does that make it a science? And the answer is no, because it's a value-driven process.

Colin Powell came up with an interesting statement that I enjoy. He talked about how much information a decision maker need to be to be a good leader. He said if you had less than 40 percent of the information you needed when you make a decision, it's not hard. You're a poor leader. And if you had more than 70 percent of the information you needed, anybody could've made the decision. A good leader usually works between 40 to 70 percent of the information they need, and in that strive to make the best decision that they can. And in many ways, I actually think that applies very well to MCH. We will never have frequently more than 70 percent of the information. But we need to make sure we're up to at least at 40 percent range to make the good decisions that we need to make.

The last piece is it performance or is it pretty? I (inaudible) states do more to make their needs assessment look pretty and good and colorful, in maps, in numbers, and it sat on a shelf, and no one remembers it three years later except when the next needs assessment is due. The key in needs assessment is what's going to be different tomorrow after I finish this needs assessment planning process, and is -- are women and infants really going to benefit from what happens? We need to make sure we spend more effort on making sure that it's performance-driven -- and yes, it does need to look good. Our legislators or senators or congressmen look at the needs assessment. But it's really about performance that matters.

Closing comments from faculty, (inaudible) others? Everyone's ready for lunch. Enjoy your lunch. We're back in here when?

UNKNOWN SPEAKER: One.

WILLIAM M. SAPPENFIELD: One o'clock?

UNKNOWN SPEAKER: One o'clock.

WILLIAM M. SAPPENFIELD: One o'clock, and we'll get ready to be back into our groups.

Not everyone's here. But I'm going to go ahead and assume that we'll get started. What we're going to do now is step into case study two. This is one of those case studies where it's not going to be fun and easy. Prepare to roll up your sleeves. We're going to actually put you in the community and make you start doing a problem orient needs assessment on teen pregnancy. You have huge amount of data from (inaudible) County to help you answer all those important questions. The idea of this exercise is to let you work this program, and data people, do an actual exercise where you start trying to work through the data, try to figure out how a problem map would actually help you in looking at that data. And then we start moving to what our critical questions that we need to understand in (inaudible) County to actually address this issue.

We actually are going to block out about two hours of your time to accurately work through these pieces. We're going to be plugging in and out. Please call upon us. I'm going to go ahead and just get it started because some of you look like you may have most of you here. And some of you look like you may still be coming, but I don't know when they're coming since we're supposed to be starting now. It's about five minutes after.

Any questions at this point before we start into the case study? Well, thank you and we'll be around for questions. Is this for them all?

UNKNOWN SPEAKER: Yeah.

WILLIAM M. SAPPENFIELD: Interesting. Good. Why don't we go ahead and get started? I noticed by empty seats that we're still missing people, but we're not missing as many people as we could be. What I wanted to do first was go back, sort of, over the exercise and then, sort of, review the exercise and then take on questions before we go on to what's next.

Let's start out with, what do you think about problem maps? What is -- what were some of the things that you like about having a problem map? What are the things that you like? Or a theoretical map of some sort. Any positives?

UNKNOWN SPEAKER: I think it makes it more visible. You know, it sort of forces the issue of sitting down and thinking through the problem and some of the related factors.

WILLIAM M. SAPPENFIELD: So it makes it more visible and you have to think through the problem and all the factors? So it makes that a little bit clear to people.

UNKNOWN SPEAKER: Right.

WILLIAM M. SAPPENFIELD: Other positives that you found? Yes, ma'am.

UNKNOWN SPEAKER: This is sort of building (inaudible). But it really underscores the complexity of the situation, so you don't get really -- you don't get myopic about what the solution might be.

WILLIAM M. SAPPENFIELD: So it makes people realize the full complexity of a problem so that you can't just turn around and say, this is the answer to this larger problem.

UNKNOWN SPEAKER: Right.

WILLIAM M. SAPPENFIELD: What else did you all like?

UNKNOWN SPEAKER: It could fill up the gap (inaudible).

WILLIAM M. SAPPENFIELD: It fill --

UNKNOWN SPEAKER: It fills up the gap.

WILLIAM M. SAPPENFIELD: It fills about the gap of what's missing.

UNKNOWN SPEAKER: Yeah.

WILLIAM M. SAPPENFIELD: So that you know what you don't have. So you're not caught into the trap of, well, this is the only information I do have. And finding out what you don't have is very important. What else?

UNKNOWN SPEAKER: I think it's supposed to explain to you (inaudible), what we mean by public health (inaudible). It has (inaudible) complexity and talking to people who are, like, wanting specific programs or are not (inaudible) people. It helps explain, well, this is what we do in public health (inaudible).

WILLIAM M. SAPPENFIELD: So it helps explain the public health approach by laying out all of the different factors and make people realize that we do more than just individual services, that we look at the whole range of complexity of what's going on with the problem to be more broad based in a public health approach?

UNKNOWN SPEAKER: Yes.

UNKNOWN SPEAKER: (Inaudible) sort of, we're laying a little bit short term meeting instead of a long term so we could begin to lay out the time frames for you (inaudible).

WILLIAM M. SAPPENFIELD: So the primary, secondary, tertiary sort of lays out time frame and relationships and where things are. Good. For me, as a data

person, one of the things I found really helpful was it actually told me the day that I should be trying to find, because sometimes, what you have is you keep running through what I can get, and no one tells me what is it that I need to be trying to look for. And so the map, to me, is a data person, starts challenging me beyond the data sets I know to saying, okay, so where am I going to find the information that I may not know? So I find that helpful.

UNKNOWN SPEAKER: And also, (inaudible) one approach, and that there's always something you can work on to make things better even if you (inaudible) the person who say, oh, I see peer group. And, you know, maybe if we could start a peer group at the school, even though we can't address some of the (inaudible) some of the major issues. There are some smaller things that we could work on. And you can, you know, it's not one (inaudible) to come up with the answer that needs a lot of involvement from our (inaudible).

WILLIAM M. SAPPENFIELD: So when you lay out the problem, there are areas where you really think you can have an influence. And so it lets you get some areas where you can succeed. The other thing it makes you realize is if you're working in one area, you may not have improvement in teen pregnancy, why? Because there's a whole bunch of other factors that afflict it. So you're -- even though you are trying your public health approach to be broad based, not all of that is in your purview.

And so, in some ways, it makes -- it gives you the opportunity if you consider these intermittent outcomes, it makes you get the chance to see where I am making progress even if the overall problem is not changing.

I mean, one of the struggles we frequently have in infant mortality -- in Florida, our infant mortality rate hasn't improved since 1996. So it gives the message to the public of, well, we're not working because there's been no more improvement. It's only through a multifactor map where I can say, yeah, we're not improving. But here are areas where we're making a difference and here are areas, frankly, where we're not making a difference in what are we in control of and what we are not in control of. So there is some of those (inaudible).

What are some of the problems and struggles or challenges that you had with the problem (inaudible)?

GROUP: None.

WILLIAM M. SAPPENFIELD: None? Ma'am?

UNKNOWN SPEAKER: You know, sometimes, we have a hard time distinguishing between secondary and tertiary.

WILLIAM M. SAPPENFIELD: And if you want to be detailed, you actually start drawing lines between each of the boxes. And it can get very complex. And it is hard to figure out what is secondary and tertiary. The way I usually try to do it is to type these level of factors and say, okay, do these factors directly affect these or do they go through some intermediate process? It's not perfect. And then, does it affect these instead of these? So the whole idea of the layering is trying to think through which factors it tends to affect most. If we're going to be very detailed and if you go to Mary Peoples-Sheps thinks she does put all the arrows in there. I have found, for people not used to problem maps, that put all the arrows and all the things in there, you all sort of glaze over. So I try to new people not to start out with all the lines.

UNKNOWN SPEAKER: (Inaudible) to make it logic model, not try to make it too linear, or too PRAMS associated with PRAMS kind of thing, because then you get hung up.

WILLIAM M. SAPPENFIELD: It is not linear. And some of these factors, one may affect another. And so, it can get very complex. Yes?

UNKNOWN SPEAKER: Well, for me, it seem pretty clear on this (inaudible) that it do not (inaudible) directly related to the issue. You have (inaudible), you get pregnant. You use contraception, you might not. But on the secondary, it's more related to I. I connected my stool. I have good (inaudible) connection and

(inaudible). I have these risk factors, and then tertiary, one sort of community outside myself.

WILLIAM M. SAPPENFIELD: And they do seem to move that way from the problem to the individual to the media, environment beyond. So there is that leveling that occurs that you see in a multilevel approach.

UNKNOWN SPEAKER: And then we also -- on the precursors. We (inaudible) on the social determinants of health. We started adding to those two, like, poor housing in between the level. And that's the thing with the (inaudible).

WILLIAM M. SAPPENFIELD: Now, one of the other problems that someone (inaudible) I have a problem. You're not giving me data on a lot of these things. Did any of you encounter these problems? Is that real life? But the key is, the difference with the problem map, (inaudible) the first time I can tell you that I actually don't have all the information. And so you can now, as a decision maker, see the information I do have and the information I don't have. So it goes back to that Colin Powell statement I told you, you know? When you had 70 percent of the information, anybody could make the decision. And it makes us realize that frequently, in public health, it's not that simple, okay?

Using this, the next thing you're trying to do – well, you start trying (inaudible) fill out date. Did you have problems finding data on the direct pieces? Are you finding a fair amount of data on the direct?

UNKNOWN SPEAKER: Yes.

UNKNOWN SPEAKER: Yes.

UNKNOWN SPEAKER: Yes.

WILLIAM M. SAPPENFIELD: Did you find a lot of data on the tertiary pieces? You found some data. You had – census data in some data. Where was your – biggest missing gap?

UNKNOWN SPEAKER: (Inaudible)

WILLIAM M. SAPPENFIELD: Is that a problem?

UNKNOWN SPEAKER: Yes.

WILLIAM M. SAPPENFIELD: What is it in most of your programs that you're trying to affect?

UNKNOWN SPEAKER: (Inaudible)

WILLIAM M. SAPPENFIELD: This is actually the group we try to affect. So this is the problem area where we actually have the least amount of data. It's the area that we try to doing most of our things to fix. And it's the area we have the least amount of data. So do you realize what that does in our public health planning? It affects our needs assessment. And what else it does it affect? It affects our evaluation, because what we're doing is we're finding ourselves measuring these things or these other big things that don't change very quickly, and so we can't really get.

So the other reason I like this is it starts making me think what information do I need to start working towards? How do I get this type of information? Do I have to get to the literature? Do I have to get it to logic models of program of effectiveness? How do I start to learn this information gap? Because this is where -- I don't know about you all, but this is where I've been struggling for the last decade or more in most of our pieces. And we're trying to step into these pieces, and they're not easy to do. Anything else on the problem map?

UNKNOWN SPEAKER: It was hard to see in your data, whether it's the children you worked with that (inaudible) what you say in general, there's a fewer pregnancy. You don't know it because you did this one program (inaudible) community because you don't go closer to children if she was pregnant, too.

WILLIAM M. SAPPENFIELD: So, the other piece gets to be as you --causation from your community data is often hard to determine. And that's why we're having a balance between what the literature says that works and what you see in your own data is essential because it's in that triangulation between the literature and your own data and your problems that you can have more confidence in what's going on. Now, as you start to put your data out here, you notice that there was one sort of problem with a lot of the data. What was the problem, especially on the program side that you encountered?

UNKNOWN SPEAKER: Evaluation.

WILLIAM M. SAPPENFIELD: Evaluation. Did you find a lot of evaluation data?

GROUP: No.

WILLIAM M. SAPPENFIELD: Is that real life?

GROUP: Yes.

WILLIAM M. SAPPENFIELD: Is that a problem?

GROUP: Yes.

WILLIAM M. SAPPENFIELD: Now, help me understand, is needs assessment and program evaluation the same thing?

GROUP: No.

WILLIAM M. SAPPENFIELD: You know, when most people don't focus on program evaluation, every (inaudible) time they do their five-year needs assessment all of a sudden comes up, I don't have an evaluation data. And do you know the bureau doesn't have a clear step that actually requires you to evaluate your last five-year planning cycle? You just sort of start your new one. The old one is over with. Whatever happen, it's done, and we're just going to start this new one.

Now, let's be clear. You've done your annual monitoring. You had to put your performance measures in. I understand that. But do you understand the problem with that? What's the problem with just starting a new next needs assessment? You're making the same mistakes again, you may do things the same way, and they may work just as well as they did the last time, however it is that they work. So, I would encourage you, as you think about your needs assessment, that you may actually want to back up. Before you start planning what you're going to do now, you may actually want to evaluate, five years out, how did your last needs assessment work? How did your last performance evaluations work? What were

the strengths? What were the weaknesses? How did you do on your priorities? Should they be considered priorities in the next round? You think that sort of review could be helpful before you start launching into another needs assessment?

UNKNOWN SPEAKER: Yeah.

WILLIAM M. SAPPENFIELD: Or I will say -- I've been doing it for years, and we've never actually done that ourselves. Well, I haven't been there long enough now, but I do think evaluating what happened the last time, now that (inaudible) many years out and say, okay, so what's going to happen this next time, and are we going to be different, and how are we doing in those priorities? Because theoretically, some of those priorities might be select if you think again. So, it might be helpful to evaluate some of those priorities. But the problem is that planning cycle. We do the needs assessment, we do the planning, we somehow get the budget, but we never do the evaluation. And then you come to your needs assessment and what really happens is you all of sudden now, "I got to do my evaluation. I got to do my needs assessment. I got to do my planning. And I do it all within two years of my five-year cycle, and then I take vacation for three years." It's true. I mean, it's what the Feds require and you do what's urgent. The key is you need to be able to start stretching those pieces out. Evaluation doesn't need to be what you think about, what your next plan and your next needs assessment. It needs to be built in from the start. And I don't want to say that

because evaluation, remember, looks back. It looks back and say, how effective are we, or were we?

The problem with needs assessment is it's not about looking back. Needs assessment is trying to look where do we need to go. Now, I need to know where I'd been and what work to figure out where I need to go, but they are not the same. It cannot be done well in the same time period. They compete for the same resources, and so you'll do neither of them well. So, think about those pieces in your process. Now, you work through and a lot of you struggled on important questions. Why was that a struggle? I actually had to sit down in several tables and say, "So, what do you really mean, Bill, by important questions? Why is that a struggle?" Did you have lots of questions? I mean, that's the real key is. You sit there and you look at the data you have and you look at the map, and all of a sudden, for the first time, you see there's this huge gulf of information I don't know. And a lot of is nice to know information. The way I look at it, though, is you're going to have 40 or 50 questions. There is not enough staff to answer those questions. Someone needs to choose those questions, and if I had those answers, I know in my planning I would do something differently. And from a needs (inaudible) prospective, I think sometimes those questions are probably more important to answer than a lot of the other stuff that we deal in needs assessment because that's what's going to help you determine what it is I'm going to work on for the next five years and how I'm going to get there. So, the key is to think through, what really is critical?

So, let's just talk about what were some of the questions you came up with. Give me one of your better important questions that you all came up with. Yeah, I'm actually talking to this table. You're ignoring me. I got the message. I can go to a different table.

UNKNOWN SPEAKER: Well, I think our favorite question was you're looking at the data that showed the rates by the different communities in (inaudible) County. And so, our question was, what is the difference between the towns with the lowest rates and the towns with the highest rates?

WILLIAM M. SAPPENFIELD: So, you saw the geographic, the disparity was there, and you wanted to understand why do you have geographic disparity?

UNKNOWN SPEAKER: Right.

WILLIAM M. SAPPENFIELD: And so, one of the critical questions from your perspective is, could you do some sort of regional analysis that would let you look at those geographic disparities and see if there's some message in there or were they defined by other risk factors and they just happen to be how the population is distributed? And that would be helpful because -- how would you use that information?

UNKNOWN SPEAKER: Well, if -- (inaudible) community (inaudible).

WILLIAM M. SAPPENFIELD: So, the whole idea, if you can figure out communities where things were working and not working, maybe you could have lessons learned that could be shared across those communities. And sometimes you can find that. Many times, geographic disparities just really just defined by the population various and the populations, or what frequently happens in smaller analysis is the confidence limits are so wide, you can't figure out how much was significant and not significant. But that can be that play out. You want to explain that disparity if you're going to do planning. It's good.

Another question. Who wants to share a question that you came up with? Give us a good question.

UNKNOWN SPEAKER: We chose that, why (inaudible) to have sex at an early age?

WILLIAM M. SAPPENFIELD: Why the teens (inaudible) to having sex at an early age? That's an excellent question. Why do you want to know?

UNKNOWN SPEAKER: That is the root cause of the problem, so--

WILLIAM M. SAPPENFIELD: The root cause is that idea of initiation. So, the better I could understand initiation, the better off I am. Now, is that a question that you need to answer specifically in (inaudible) County, or is that a question where you could go off to the literature and try to see how the literature talks about initiation of teen sexual activity? Which--

UNKNOWN SPEAKER: In (inaudible) County.

WILLIAM M. SAPPENFIELD: So, (inaudible) study in (inaudible) County?

UNKNOWN SPEAKER: Yeah.

WILLIAM M. SAPPENFIELD: So, you think it's different in (inaudible) County than in (inaudible) County?

UNKNOWN SPEAKER: It cannot be the same. (Inaudible) the county we're working on.

WILLIAM M. SAPPENFIELD: Right.

UNKNOWN SPEAKER: And (inaudible) probably differentiate (inaudible) County.

WILLIAM M. SAPPENFIELD: Okay. Well, you probably going to want to do mix, to be honest. You probably going to want to look at the literature to see what others are finding. So, if you go out to try and study that, you'd be able to figure out whether it's playing in your community. Because to be honest, guys, most of us can afford to go after new illogic causes for factors. We need to really try to understand if the factors we know from the literature are really what's going on in communities because most of us aren't funded at level to do that level of intense research. But that could be very helpful because if I'm trying -- if I delay sexual activity, I could postpone the whole piece. That's good. Other questions? Our early finishers. Give us one of your important questions.

UNKNOWN SPEAKER: One is, what can we learn about peer pressure?

WILLIAM M. SAPPENFIELD: What can we learn about -- what do you want to know about peer pressure?

UNKNOWN SPEAKER: We want to have -- from some of the qualitative or the focus groups, some of the comments from some of the youth just about everyone gets pregnant, it's okay, always pressure us, whatever. But there was just a sense of if the cultural influences were pretty strong and it was more we know about that before we can understand how do we intervene with programs and what's the work that we could do on your side.

WILLIAM M. SAPPENFIELD: And how would you use that information -- and (inaudible) better understood peer pressure?

UNKNOWN SPEAKER: I think -- well, for me, I think if we could have a better understanding of peer pressure, we have a better opportunity of engaging the youth in the conversation about what might be ways to influence that differently to work with parents, to work with schools, as well.

WILLIAM M. SAPPENFIELD: Cool. Going back to the question here, is that something that you need to know specifically from (inaudible) County, or do you need to understand the dynamics of peer pressure from the literature, do you need to do some mixed combination of both?

UNKNOWN SPEAKER: Probably, mixed combination of both.

WILLIAM M. SAPPENFIELD: Okay. Good. Can you see how these questions could be more useful in terms of planning out what you're trying to do? And so, we're trying to get you into these modes of thoughts. Because -- will this actually help you think about strategies? Because what they'll do -- the better you understand your problems, the more clearer you want to understand. So, how are these strategies really affecting these factors? Other questions. How hard was it to summarize the problem? Easy or difficult, hard?

UNKNOWN SPEAKER: (Inaudible) to summarize the problem.

WILLIAM M. SAPPENFIELD: Do you think it's helpful to do that?

UNKNOWN SPEAKER: Once we have the certain questions, we can say you know where you're focusing on is -- I don't know. Yes.

WILLIAM M. SAPPENFIELD: How many people doing needs assessment feels like they've really done a good job of summarizing the problems from their needs assessment? Again, I want to bring that up because many times, what I've done is I've read a lot, but the summaries don't always help me know what I need to do next. And if we talk about how needs assessment should be cohesive, action-oriented, tight-knit in my next step with my plan, those summaries, to be honest, are part of a transition because that could become your communication message and probably the biggest message that most people are going to hear. And I'm not talking about the outside audience. I'm talking about those who are doing the actual planning pieces, because mainly, planning pieces are not data people. They are not going to weigh through all those pages of data that I gave you to see if you concluded the right things. They're going to look for the (inaudible) to head it off. And so, those summary statements are very important. Yes, sir?

UNKNOWN SPEAKER: I'm just going to answer the question, the other question we have is, why the teen pregnancy rate, the birth rate reversed around 1990,

and there was some important policy change, and maybe we could do more of that (inaudible), but we couldn't find (inaudible).

WILLIAM M. SAPPENFIELD: Well, she may never forgive me, but I'll put her on the spot. Lorie, do we understand why the teen pregnancy problem got worse in the '90s and why it's now better?

UNKNOWN SPEAKER: I (inaudible) decreasing trend and has been increasing contraception and increasing way (inaudible) use of better contraception and about order (inaudible) the late initiation.

WILLIAM M. SAPPENFIELD: And if you didn't hear that, we'll explain that. The first part and important part is we really don't fully understand why they increased. Okay? Let's be clear. This is nationwide. It got worse over a very long time period with a substantial increase as a major public health problem, and we still really don't fully understand why it went up. Is that a problem? That's going on in our states, too, so we need to recognize that, and the literature's a good place to find it out. The reason it's going down is it's a combination of further contraceptive use and a little bit of abstinence. And (inaudible) telling the reanalysis, it used to set equal, and the reanalysis used in the National (inaudible) very much can score three quarters to 80% is really related to contraceptive use and not abstinence. And that's important to understand as we talk about what we need to do about abstinence and is abstinence working, it's

important that we understand those pieces. But yes, understanding the life trends go up and go down are very important and it's a very good (inaudible) question to ask in needs assessment. You would hope that would be one that we would answer. And I would say, most states probably don't cover that well in their needs assessment. Before we start talking about how problem analysis now fits in the planning, any other comments, questions about needs assessment?

UNKNOWN SPEAKER: What if the (inaudible) was a comparison to the state or to the nation or to the (inaudible) objectives? So, I have no way to put this into the context of what might be a problem? I mean, a problem compared to other parts of the country or to other--

WILLIAM M. SAPPENFIELD: So, the problem is you want to try to put it in context of everything that's going on.

UNKNOWN SPEAKER: Right.

WILLIAM M. SAPPENFIELD: And the key is you may want to try to figure out how to do that as best as you can. But remember, this is a value judgment. You're trying to choose for your state the 10 priorities or five to 10 priorities that really are important to you. And so, once you choose those priorities, you may be doing worse or better in the state, you may actually choose a priority where you're one of the betters in the country. So, probably it gets to be really where do

you want to be marshalling your efforts for improvements. So, yes, it's always good to sell it yourself in context.

UNKNOWN SPEAKER: And the other piece of that -- you didn't have this in the data -- is to (inaudible) ethnicity.

WILLIAM M. SAPPENFIELD: Right.

UNKNOWN SPEAKER: And the thing that was very frustrating for us, for those of us who live in states with quite large Latino population was they didn't break this out by ethnicity. And so, that - we thought that there's a lot that we couldn't tell the state.

WILLIAM M. SAPPENFIELD: And the message that you're saying there is your priority is at a state level may not be overall is teen pregnancy a problem, you may choose that geographic or racial or other disparity is now your priority that needs to be addressed, and that's part of that value piece that needs to be there. We didn't fully cover that, but that's one of those pieces that needs to be there. Again, it may not be to overall as a problem, it may be the disparity is where you think you should be focusing.

UNKNOWN SPEAKER: Right.

WILLIAM M. SAPPENFIELD: And again, that's another one of those value judgments and the partners and stakeholders you have need to be able to piece that out and make sure that that's included. Good points. Other comments or questions? Yes, sir?

UNKNOWN SPEAKER: Just as a general question because this came up on the issues of individual risk factors, but overall, the question is it would be nice to identify which one of the risk factors contribute more to the problem. And even though you had individual data on the risk factor, there were some of the pregnancy instances have (inaudible) risk factor and which ones contributed more would be top candidates for intervention if you knew which ones (inaudible).

WILLIAM M. SAPPENFIELD: That's a good point. The question he's trying to say is, okay, most of these risk factors we're looking at in terms of prevalence but not necessarily how that risk factor contributes to the next part of the problem. There's not a risk factor analysis. The nice thing about problem (inaudible), if you want to do that, is if you summarize from the literature, you can actually do affect measures that you put in there that show you which ones with greater prevalence have more impact. And there are ways to try to work on imperfect population of (inaudible) risk and other ways to try to do that. So, you can take this sort of map and try to quantify those pieces. You want to do that in a way, though, that doesn't lose all of your audience, but that may be one of the discussions that you

really need to have. In other words, not every prevalence up here equally impacts these activities. And so, you need to understand those relationships. And regretfully, for most problems, we can't just plug that all into a simple regression analysis. And, in fact, if there -- in layers, you really aren't supposed to necessarily put them all in the same regression analysis.

So, just to let you know, those who are (inaudible) oriented, there are some ways to quantify some of those relationships and that's part beyond the scope of what we're going to try and cover today and tomorrow. But yes, that's very important to think about. Other comments and questions? Did Cathy make it back yet? We have a comment for Cathy -- or question. So, let me know when Cathy gets back maybe we can fill that out to her. Anything else before we move on to the next part? What we're going to try to do now is talk about. So, how is this problem analysis lined up with planning? And we have a little bit extra time, so Donna and others are going to help me with that. Yes?

UNKNOWN SPEAKER: (Inaudible) last time we tried to explain needs analysis -- - explain needs assessment. So, it was good to see that concept put into this problem statement of individual (inaudible).

WILLIAM M. SAPPENFIELD: So, we need to talk about strengths as well as deficits. And the key is we need to understand those relationships. On that problem piece, we made it very simple, but there may be more complexity to that.

But it is very important that we think about the strengths, as well as the deficits, especially as we talk about some of these behaviors.

UNKNOWN SPEAKER: Well, before using the -- from the evaluation point of view, because you emphasized the fact that we need to be doing this every year before the needs assessment. How are we really going to use this population (inaudible) to kind of (inaudible) about a few results that are (inaudible) while the programs that are much more individual level and really attribute (inaudible) and a lot of failures to individual programs that are later based on the specific problem (inaudible).

WILLIAM M. SAPPENFIELD: Well, in an ideal world, which is where I currently (inaudible) we're not ideal yet. Obviously, you have performance measures. And the hope would be is you'd have, in my opinion, measures that you look that support that performance measure. So, if you're making progress, not making progress, it's getting worse, not getting worse, my hope is that in that process, you would have selected certain others of these factors that you want to track along with those performance measures. You may not turn them into the Feds, but those would be the measures that you would hope that would help show you the progress that you're trying to make on that performance piece.

So, for example, if smoking among pregnant women was your performance measure, if it's (inaudible) or slowly going down, are there other measures

behind that that you would like to know? Like, is it because more women are smoking before they get pregnant, so you may want to go to BRFSS data or to your risk factor survey data or other data and look to see what's happening among women who are smoking even before they got pregnant. So, is it the overall prevalence of smoking that's not changing or changing or is the quit rates that I'm getting? Can I estimate that very accurately from PRAMS? Is it my quitting component that's not having a difference or is it both? And then, if it is of those two factors, I might want to start looking at the population.

So, I guess I'm trying to say is, on your priorities, it's not simply, is my measure getting better or worse, it's getting those other things that I need to understand to know why it is doing what it's doing. Does that make sense? And my hope is that your problem analysis would help you glisten, one, what data is available (inaudible) and then, also, can I track it over time? Is that -- in other words, if I know this background information and I choose teen pregnancy as, say, as my outcome, then I can look to see what data I have here regularly and I can use that as my background measures to talk about what's changing over time related to the measure that I've chosen. Have I lost people on that one?

Okay. Other comments, questions? None of these -- one of the things that you all said was, "The data doesn't come the way the map is, so it was very, very hard to start taking this data and putting it in the map because the data doesn't come that way." And I think we just need to recognize that that's -- the whole process of

needs assessment planning is going to be that messy because the way things come to us don't always stand in. Some of that mess -- this is going to go over to our next presentation piece because now we're going to talk about the linkage of assessment to planning. And it is going to be a little bit messy because we now finished our prioritization of our needs. We've now gone into problem analysis so we start to understand the problem.

And the next question is how does it fit to my plan? And I think the key gets to be, from a program perspective, is deciding what defines your program. Just as we had what is the definition of a health problem, you need to spend a little bit time defining, so what do you mean when you say it's a program? Is a program what's written in statute? Is it the actual services that you provide, or is the program the objectives that you're trying to reach and what you need to do to reach those objectives? So we're going to talk about that.

So, here's the problem analysis. Ignore the upside down stuff because most of you will spend time trying to read it. But in our problem analysis, we decided at the bottom that the problem is "I have death due to poisoning consumption." Next, that death happens because, for some reason, that child actually ingested that poisoning. And then the next factor that led to death was somehow they gained access to that poison. So, for example, if you took death to prescription medications, somehow they got access to that prescription medication, is it

because it was sitting around? Is it because they could gain access to it? What were some of those reasons? I chose something simple so we can talk about it.

The idea of that problem analysis that you can then flip it around and now have a program hypothesis, an idea of what you're working on. My program hypothesis now is that I want to reduce child poison deaths. The way I'm going to think about reducing that is by trying to figure out how to reduce poison consumption, and then my activity may be that I think childhood containers or how I'm going to affect that. You might decide that adults have more problems opening those containers than children. There actually have been studies that support that that maybe true for certain populations. But the idea I use as example, since it's fairly simple, is to tell you -- talk about how your levels of your problem analysis actually can come back to being part of the levels of the program of what you're trying to do. And if you look at strategies to reduce poisoning, your problem analysis levels give you some ability to think in that parameter. Is it perfect? The answer is no. But it does give you insight of how your program is supposed to affect each of those different components.

What is our program hypothesis? The idea of a program hypothesis is that instead of defining the program specifically by the activities I do on an everyday basis is by trying to define it by the objectives of what it is I'm trying to accomplish through the program. What is the advantage of that? The advantage of that is because, then, if I'm not being successful in changing those objectives,

what can I do? I can redefine the activities that I'm doing. If I define my program by the activities I do, when do I know I need to change my activities? Do you understand what I'm trying to suggest? How do you know when you no longer do that activity? I mean, you have to have some sort of objective, something you're trying to reach. And many programs don't always have that level of clarity. And so, more and more evaluations trying to push things down if you talk about measuring what it is that you're trying to accomplish to make sure your program is doing that. And if you do that, the problem analysis and pieces in the logic model start fitting nicely into this framework of what you're trying to (inaudible) you're doing and are you reaching those pieces.

So, by a program hypothesis, the idea is you're going to talk about what is it that I'm trying to change in my community. By policy, what do I change, am I trying to reach the recipients in my program? What sort of characteristics am I trying to change in those recipients, and then the activities that I'm trying to do to do that. Now, most programs, if you have a logic model, will lay a lot to those pieces out. But the idea is, if I do this activity, I'll change these characteristics that will change the program people's (inaudible) health status that somehow improves overall community and what that relationship is. And you're all used to these definitions that I'm not going to spend a lot of time, but you can try to lay those definitions out.

What I do want to talk about is the goals related to the community level, the policy pieces, the program and the operational pieces. The number of objectives always tend to increase the lower down the level you are. However, the timing of when change happens goes the other way. You tend to do things right away expecting these things to happen later. Your control of what happened is better down here. You tend to have less control up there because you're usually doing few activities for big things that are happening. And then, what's interesting from the data side, usually from the data side, I have this data and I have that data, and I usually don't know this data in between. Is that a problem? Yeah. This is where you're really thinking the action is meeting the road.

So I put this up here as we talk about our program because it goes back to the same thing with the problem analysis. We're missing the middle data. That's the same thing that actually happens in the programs when we're talking about programs, just like with the problem analysis. We're missing the middle data and what we can try to effect. So, how would a problem analysis on teen pregnancy like this help us define a teen pregnancy prevention program? Any thoughts? Look at your -- the problems in (inaudible) county. You had your problem map in this sort of line. How would it help you? I know one of you said that the problem with teen pregnancy in (inaudible) county was really use of contraception and access to services and knowledge in health policy was the issue. How would this help you talk about defining a program?

Well, obviously, what you would like to be doing is some idea of where is use of contraception, and you'd like the data that talks about where that is. You'd also like the data pieces on access to confidential services and you'd like to know where we are, and you need (inaudible) that needs to improve, then you need to find how that would happen and what programmatic activities would take and how that's impacted. If you think the issue is health policy related, then your strategy may be the need to address the conflicting opinions about what needs to happen within this area that's acceptable to the community to try and address these issues. I'm getting some nods and then I'm getting some stares.

How are we talking about -- doing with linkages here? Now, as you get in these linkages -- I'll come back to that --okay, we've talked about the advantages of defining the problem. Again, you could take one of these logic models, and the whole idea here is you do have some of your outcomes. I've listed them all in a list for our perinatal program. You might want to talk about what are your long-term outcomes, what are your short-term outcomes. But I do talk about my outputs, which end up being those activities that I can do. So, the same levels of objectives and what we're talking about can fit in the logic models of what it is you're trying to carry out. So, we're not talking about totally separate analysis. We're talking about how do I transform what I had in my problem analysis and see how it relies with the programs of what I have. In the same piece, it's missing -- is you're missing the capacity pieces of, do you have a pieces in your program here to do these connections?

So what is Bill trying to let me learn here? All I'm trying to say is, all that problem analysis and all that work up fits quickly into selecting programs from logic models that are effective to try and show how those two interconnect, and will that program that you're selecting really affect the problem pieces that you identified in your state. And the key is do you have the capacity to be able to pull off those pieces?

So you have almost what I call three pillars. You have your problem analysis, you have your review of effective strategies, and you have your capacity pieces. And what you'll try to do is crosswalk them to figure out, do I have effective strategies that match the capacity of what I have versus what my problem is defined in my community and will they, in combination, work together to affect the ultimate priority that I had? Is that -- people follow that?

Now, one of the discussions that happened earlier that we didn't talk about in the needs assessment. Your examples here I gave you are the community level. Part of it is because we spent all that time developing at the community level, you probably don't realize the hours that took to actually develop those exercises and to just change them to be (inaudible) with far more hours than I actually had to be able to volunteer to do that.

But one of the questions gets to be is, well -- I sat at one of the tables here and they said, "Well, it looks to me, Bill, like local level experts need to do this planning. And so I don't really need to be working through this problem analysis because it's really the local level people who need to do this." Now, the problem with that strategy is what? How many states just give local level money to work on teen pregnancy prevention with no definition on how it can be spent? Does anyone do that? So, you can't sit there and say, "Well, this problem analysis needs to happen at the local level alone," because you don't give the flexibility for the local people to match interventions with dollars in capacity and problem.

So you do need to go through this problem piece, but you do need to have that flexibility in your analysis to realize you're going across your county. So, when I talk about the (inaudible) of a problem analysis to capacity to affect in this, you need to factor in a whole another dimension of, so is it true in all of my counties? Is it true in some of my counties? Do I need to offer it to everybody? Do I need to offer it to only certain risk populations? Do I need to offer it to certain geography?

So I guess what I'm trying to tell you now is the complexity here is large. But the problem analysis tries to outline that your pieces and decisions you're making are going to best fit with what you're trying to do. Donna, would you help rescue me and have a discussions with me? Where are you in your thought process?

I think Bill has done a really nice job getting us to think beyond just the data collection and information gathering parts. And hopefully, you're getting this as a whole another very important step in really articulating and understanding the complexity of the problems that you identified. So, now, the step is, okay, what do we do about that? We have a good understanding of the problem, now we need to be moving into (inaudible) strategies and then developing a plan. And again, this is one of those things that sounds easy, and I'm sure there are people in the room that can do this really well. And I know there are people in the room that really don't know how to do this or aren't comfortable with it. And it's the specificity of writing objectives that help you understand a problem like this.

So it's kind of (inaudible) the question you said before, well, what about the evaluation? So I'm trying to reduce death from poisonings. I may or may not be able to achieve that, but if I had an objective that was very, very clear about deaths from poison consumption, reduction is my goal. And my objective was reducing access to poisons among children. I might be able to show that I did that. So, that's why this step is really, really important.

When you put this up, thought, it was funny, my first thought was, ooh, is it really ingestion that leads to the death? Well, yeah, obviously. But is there something between the ingestion and the death? Depending on who's in the room.

WILLIAM M. SAPPENFIELD: What response can we do in immediate period?

Right. So, depending on who's in your stakeholder room, death due to poisoning, people might lead to, well, we need a better emergency responses.

WILLIAM M. SAPPENFIELD: And that's really -- you don't see the whole tree of the problem analysis. You're only seeing part of the tree.

But again, that's what (inaudible) me about why this is such a useful exercise to think about, there are many things that contribute -- even to something that's seemingly straightforward as death due to poisoning. It sounds a lot easier than teen pregnancy but has its own level of complexity. So that's why this becomes really, really important in thinking through -- and I think we're going to have

WILLIAM M. SAPPENFIELD: Have an exercise.

(inaudible) exercises. (Inaudible) there is a point to this exercise, which again, thinking about what is it I'm ultimately trying to do, what is it I am likely able to do down to the very specific, what do I think I can accomplish in a short period of time. And that all gets back to what you learned through the initial part of the needs assessment process, what have you then discovered through the analysis of the problem, your review of the literature. And I like how he kept pressing you, would we really need to know that here? I mean, is it -- do I need to do a survey

here or do I just need to go and see what's been done in the larger level and try it out here?

So this -- the next exercise becomes an important one in helping me fix through how I frame those objectives. And again, you've got to do it at this stage because, otherwise, you have no hope of evaluating them. If we get done five years from now and say, "Okay, let's see how well did we do reducing deaths," and maybe they did go down. But if you had no objective, we don't know what you did or how effective you were in achieving it.

WILLIAM M. SAPPENFIELD: And your objectives may be wrong and you need to change your objectives. Now, it does go back to one of the earlier points we said as one group does the needs assessments, another group does the planning. Can you see how that doesn't always work? Who needs to do the problem analysis are the people who are developing the plan because the only way to have the plan and the problem to stick together is to walk through the exercise. We're going to put you into your case study. This next one is fairly short. I'm not trying to push you to the limit of being overly specific. I want you to understand the connection to the process. It should take you about 15 to 20 minutes. Then we'll do a quick wrap up for today. And then I think Michael Kogan is going to come on -- is gonna be with us tomorrow. Oh, I think (inaudible) tonight. We'll let you all out early. We'll save Michael for tomorrow.