MCH EPI Conference

State Title V MCH Needs Assessment Practice

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WILLIAM M. SAPPENFIELD: Juan Acuna was talking with the (inaudible) offices and what I meant -- the whole idea is you change that program hypothesis into program description. Essentially, what you're trying to do is describe the program by objective, which actually is very similar (inaudible) tries to do. And the reason I use the term hypothesis is, is because it's an assumption that what you do would work. And you're actually test the hypothesis by evaluating, are the objectives that you're targeting really changing what it's supposed to do. But if it does not, you're going to change your activities so that it does. So, just to help you, that whole idea of program hypothesis, take that as a program description. I hope that helps.

One of the states, I'm not referring to Maine, I understood there's an idea of (inaudible). They spent (inaudible) time focusing on what are their priorities, and with 10 percent on what to do about their priorities, and what their real problems were, and what they do were going to make a difference. And they want to change the proportion of how they spend their time as a report and the need to separate. And they were concerned the Feds might not feel that that's acceptable, appropriate. And I thought, we wanted to cover it, how intensely and how much time you spend on, can have balance getting the resources that you have. And I didn't--

We’re going to go ahead and wrap up early, so that you can get out early. I know we’ve given you a long day. So, how hard was it to crosswalk that problem analysis with defining and describing a program? Was that hard or easy? What’s that?

UNKNOWN SPEAKER: It took a little thinking, but it wasn’t.

WILLIAM M. SAPPENFIELD: It’s a little thinking, but it’s not that hard. Can you see how it can crosswalk over? Can you see how it could be important to make sure that what it is that you’re doing aligns with what your problem really is? It’s not that hard. Now, I got them in a single pair of line. You got to realize, you’re not going to do just one thing. So, there’s other things going on there. We had a real struggle at one of the tables which is, they couldn’t always come up with the exact program objective because they couldn’t come up with that characteristic that they want to change. And there’s this tendency to want to put a program objective up there, which is an activity. What’s the problem of having a program activity become your program objective? Is there a problem with that?

UNKNOWN SPEAKER: You’re measuring effort.

WILLIAM M. SAPPENFIELD: You’re measuring effort. So, you’re back to doing services and if I’m doing the services, I’m doing good things. And the problem with that is you come back to your policy objective and you’re not, for example,

you’re not increasing contraceptive use, so you then don’t know if it’s because the activity you’re doing is not changing the characteristic you wanted, or you chose the wrong thing that needed to change. So, it’s that dominoes. And as soon as you’re missing a domino, then you’re lost. And you’re back to doing what you’re doing with hope that somehow what’s down the line is just going to change. And that doesn’t always work.

Now, the other thing is, can you see how this would line up with the logic model? This is not two totally different things. Those outputs are really your program objectives. And those outputs lead to immediate outcomes and later outcomes, so it lines up perfectly. So that you can take an effective model, look at what effective model is supposed to do, and see if it lines up with your problem to make sure you’re choosing the right, effective program. We have this tendency, I got a teen problem, ah, this is an effective teen pregnancy program. I’m just going to do this problem. Well, my program may not fit your problem at all. We have a tendency on the program policy side to throw out good ideas, and just choose to do them and not take the time to crosswalk the possible things that we want to do with the problem that we have.

The other thing that you’ll notice is if you just find all your program by activities, you got all these activities that are off in a variety of directions. And so, at one point, you’re going to have to take those activities and combine them back in to programs and logic models, and realize certain programs may affect more than

one objective. And so, someone's got to be wise here and not dilute yourself so thin that you can't do anything. So, it does need to build back up and you do that through your logic model approaches. Other issues or questions that emerged.

UNKNOWN SPEAKER: How can we be certain that the program that we initiate is effective since we already know there's a downward trend and deep (inaudible) are raised. It couldn't just be part of a national trend, and we may not have any effect at all, but it may look we are. Or the national trend could go back up and maybe we are having a small effect but--

WILLIAM M. SAPPENFIELD: How do I determine things are effective? Well, the key is, you can't look at a single trend and determine if anything is effective. That's not a whole way of doing it. One of the things we try to do from program planning perspective is to do triangulation. If I have this activity that change, this characteristic that change, this sort of health status measure that moves towards that goal, then at least I know that I'm in alignment and that there is something that's going along with what I want. Does that mean it's truly effective? The answer is, no. But there's clearly the association that what I want to accomplish did help me get where I want to go.

Obviously, there are other standards for effectiveness that need to be measured, and you need to go through that process. One could argue, though, if the program that you're using has already been demonstrated to be an effective

program, and you're now using an evidence-based program, you can have more assurance that that evidence-based program did accomplish those results. And if you don't start with an evidence-based program, then the burden is going to be upon you to do some sort of evaluation that increases the amount of evidence for that effectiveness, and you can't only use those objectives. But I would tell you, that would be a really nice problem to have. If I have a program that can tell you, that changed everything up the line, and now I have to determine if it's effective, I'll sign up for that. It's when I got a program that I've been doing, and have little change here, and no change up here, and they say, "So, Bill, what am I doing wrong?" I don't like signing up for those, because those are a lot more challenging. Because what happens in our programs, we try to make things simple, and frequently our problems are complex. Good question, yes, Dick.

DICK: I think working through the exercise, we worked the cross, we did the crosswalk--

WILLIAM M. SAPPENFIELD: Yes.

DICK: --is that -- okay. But we thought we did pretty well until we got to the secondary, tertiary precursor and operational objectives.

WILLIAM M. SAPPENFIELD: Uh-huh.

DICK: And it was a little hard for me, if you're really focusing on your secondary, tertiary precursor, you have to give up your service intent for the moment in order to figure out what operations can you do to change this. And it might be very different from just providing service.

WILLIAM M. SAPPENFIELD: You noticed all of a sudden that your services may not actually be in line with what it is that you're attempting to try and do. Is that a problem?

DICK: Yes.

WILLIAM M. SAPPENFIELD: It is. That means you have a problem and it means you need to really look at your services. And that's the whole idea of moving from specific services to objective because, I'll say it again, we have a tendency to want to do what we've always done. And what we do is good, but we can't always tell you what the good is. And so, we'll spend lots of time trying to figure out what good it really did versus trying to figure out what it is that we're trying to do. I'll say it again, we'll spend lots of time trying to figure out the good of what it is that we did versus trying to figure out what is it we're trying to accomplish and how do we get there.

And so, part of the benefit of trying to define more of your program by objectives is it builds in the environment that you're in a learning environment and we need

to determine what is going to work best. Now, there are some essential services that just need to be done. I think we do not want perinatal intensive care units to go away, okay? So, I'm not trying to say that there are not clear things that are truly effective that we need to be maintained, so I'm not saying that. But it's when we're in this zone or we're doing things and we're not sure how they're effective, that we should start being uncomfortable. And we need to move from the zone, we either know it does work, or it doesn't work. We can't stay in the zone of public accountability if we're not doing things and we're not really sure what it's doing. Does that – Dick was that the--

DICK: No, I'm just trying to think of another example, rather than thinking about how we can go (inaudible) terms, we chose one of the disparity piece--

WILLIAM M. SAPPENFIELD: Uh-huh.

DICK: -- to have them working. So, maybe, if you address the disparities, we don't necessarily try to increase the capacity of services. When we work on the problem, how can we get those parts of our population that have higher pregnancy rates, and understand what they can do to lower those rates, where utilization of the service is only one thing --

WILLIAM M. SAPPENFIELD: Right.

DICK: There are lots of other interventions that we could go and operationalize, there may be more impact than trying to increase the service.

WILLIAM M. SAPPENFIELD: And there also may be more assets there that if you could support the assets, you would have less problems on the services side, if you could do those pieces. Let me give you an example, and I'll do a commercial since there's a little bit of time. One of the nice things that the BRFSS in 2002 and 2004 had contraceptive use among women on the core BRFSS, many of you may not know that. But to Florida's ultimate surprise, we found out that we actually had some of the lowest contraceptive use rates in the country. We actually had no idea why it was a problem. So, we actually discovered a new problem for the state.

The other discovery we have, wide racial disparities in that, and our southeastern sister states don't. So, it does bring up these questions. So, we've been doing family planning services. We do them for a while, does that mean we're not doing our family planning services right? Are we not reaching the right market? Are we discovering that family planning only reaches low income women? And what happens is, we discovered that family planning and contraceptive use is a problem for the whole population, and that we've not been doing a population-based approach to contraceptive use? That doesn't mean that we need to stop doing Title X, it means we need to sort of reassess what is the problem, what is it

that we're trying to do and revisit that. Of course, you can imagine in the current political climate, that's a real easy topic to have at a large level.

But I use it as an example where we're finally getting better measurements, and our better measurements may help us really rethink about what is it we do, how is it we do it, and what is it we're trying to intend. Does that make -- because otherwise, we would still stay there only thinking about family planning as that Title X program where we're providing services. And contraceptive use is bigger than just Title X and a Medicaid family planning would. I thought – Steve?

STEVE: Bill, I was wondering, when we (inaudible) on doing evidence-based practices, a lot of the evidence-based practices that you made so often in the East Coast may not working in border communities like Arizona or the West Coast, where it's very multicultural. And so, the very fact that you are using this evidence-based practice that is being established in southern conditions, and with southern time, in the southern region, and you expose that (inaudible) well, this is an evidence-based practice that I'm replicating and not emphasizing on evaluation, how do you know that's really kind of (inaudible)?

WILLIAM M. SAPPENFIELD: That goes back to that problem analysis. First, did that intervention that you're talking about is evidence-based, does it fit the problem that I have in my community? And part of that fitting could the cultural differences, and what's going on, and what's going on. The other thing is, I might

have to do something, but you're then saying, I still may have an obligation that I need to test and make sure that this effective intervention from some other population actually has some impact (inaudible). And the objectives we're talking about from a program perspective would be a minimum that you would want to see isn't having the change that you would want. So, yes, I mean, just because it's evidence-based in one place, doesn't mean it will fit your problem, fit your population, or have the effect that you would want. However, it maybe better than something that is just put together, maybe.

Well, we're reaching the end, any sort of closing questions, comments? Again, I want you to see that, again, the whole idea of needs assessment is it's only one step in the larger planning process. Do not forget the planning process. It is that one big step, but it's a step. It only leads you to the next piece. And if you can't talk about how my needs assessment is going to affect my plan and how it has input, then you need to sit back and look at your process to see how those fit. Or otherwise, your needs assessment is a -- not a waste of time because you have awareness to your legislators -- but short of that, it's a waste of time. What's going to be different to FIMR? There was a closing question that was going to Cassie and that she (inaudible) on me --

UNKNOWN SPEAKER: (Inaudible)

WILLIAM M. SAPPENFIELD: So, we're in the closing. Well, the question got to be asked, one of the states said, "Well, Bill, we fit into your problem. We spent 90 percent of our resources trying to choose our priorities, and only 10 percent trying to understand it. Would we, as the Feds, or would the feds accept us changing that ratio so that more of the time is spent on understanding the problem than choosing our priorities?" And Cassie's response is, we are not prescriptive. We are asking states to impart a planning process that defines what the needs are of the state, and how they need to get there and define that. So that, generally, how you spend that time and what that process is, is a state chosen activity. And as long as you meet the requirements that are generally put in for the needs assessment, the guidance, you should be fine. And that the bureau is very accepting of the processes that states have chosen. Did that -- did you hear -- is that a good answer? Okay, closing comments, Juan? Donna?

JUAN ACUNA: Just one comment, (inaudible) the issue of evidence-based --

WILLIAM M. SAPPENFIELD: Are you going to step up here?

JUAN ACUNA: I just want to comment on this further, because this is part of the morning. The evidence-based is used, in my opinion, too much too often by persons that might know too little on what that really means. So, everybody says, oh yeah, that's evidence based. Well, what do you mean by that? So, I guess that's something, anything would be evidence-based. I am the source of

evidence for telling you what you should be eating tomorrow at home. I'm a very poor source of evidence.

WILLIAM M. SAPPENFIELD: I would vouch for that.

JUAN ACUNA: Yeah. Qualifying the evidence without several other complex parameters is as inadequate as not being evidence-based at all. To make matters more complex and more complicated, some people are talking now of being evidence-based as opposed to being science-based. Well, who can tell us what good science means from the perspective of your state, or your state? So, there are some guidelines and there are some parameters, but when applied, they might not totally fit your needs. So, being evidence-based is okay. Being evidence-based, being the evidence bad or good, that is the issue. So, we're going to expand on those concepts tomorrow because a part of the problem mapping, is not only getting the map complete, but making sure that each one of those boxes actually do represent something and that there is a good sense of knowledge that there is indeed a relationship. And how important is that relationship to the final problem that you're trying to solve.

So, this is just to set the stage for what we're going to be talking and covering in the morning tomorrow which is kind of an add on of this, which is a process could become far more complex and complicated if you put it into the perspective of

what you really -- or need, or might need in your particular state. So, you're always just --

WILLIAM M. SAPPENFIELD: Donna, do you have any closing comments.

DONNA PETERSON: No. Just that we're back at 8:00?

WILLIAM M. SAPPENFIELD: We're back at 8:00 in this room. Fresh start, fresh presenters and a good time. Thank you all for a good day.