

From Needs Assessment to Strategic Action: The Important Journey

Regional Workshops

May and June 2006

Maternal and Child Health Bureau

Goals of the Session

- Together through presentations, dialogue and discussions, to help each state Title V program:
 - Focus on moving forward using its needs assessment as its guide
 - Adopt and embrace a program planning process
 - Identify its particular challenges in acting on new priorities and ways to approach and overcome them
 - Gain confidence in managing and effecting
CHANGE

Outline of Day One

- MCH Assessment, Planning, Implementation and Evaluation Cycle: Context and Purpose
- Priorities and Programs: Myths and Realities
- Challenges to Change: Small Groups
- Creating New Efforts, Plans
- From Priority to Action: Small Groups
- Keeping Strategic Plans Alive: Monitoring and Evaluation

MCH Assessment, Planning, Implementation and Evaluation Cycle: Context and Purpose



Public Health: MCH

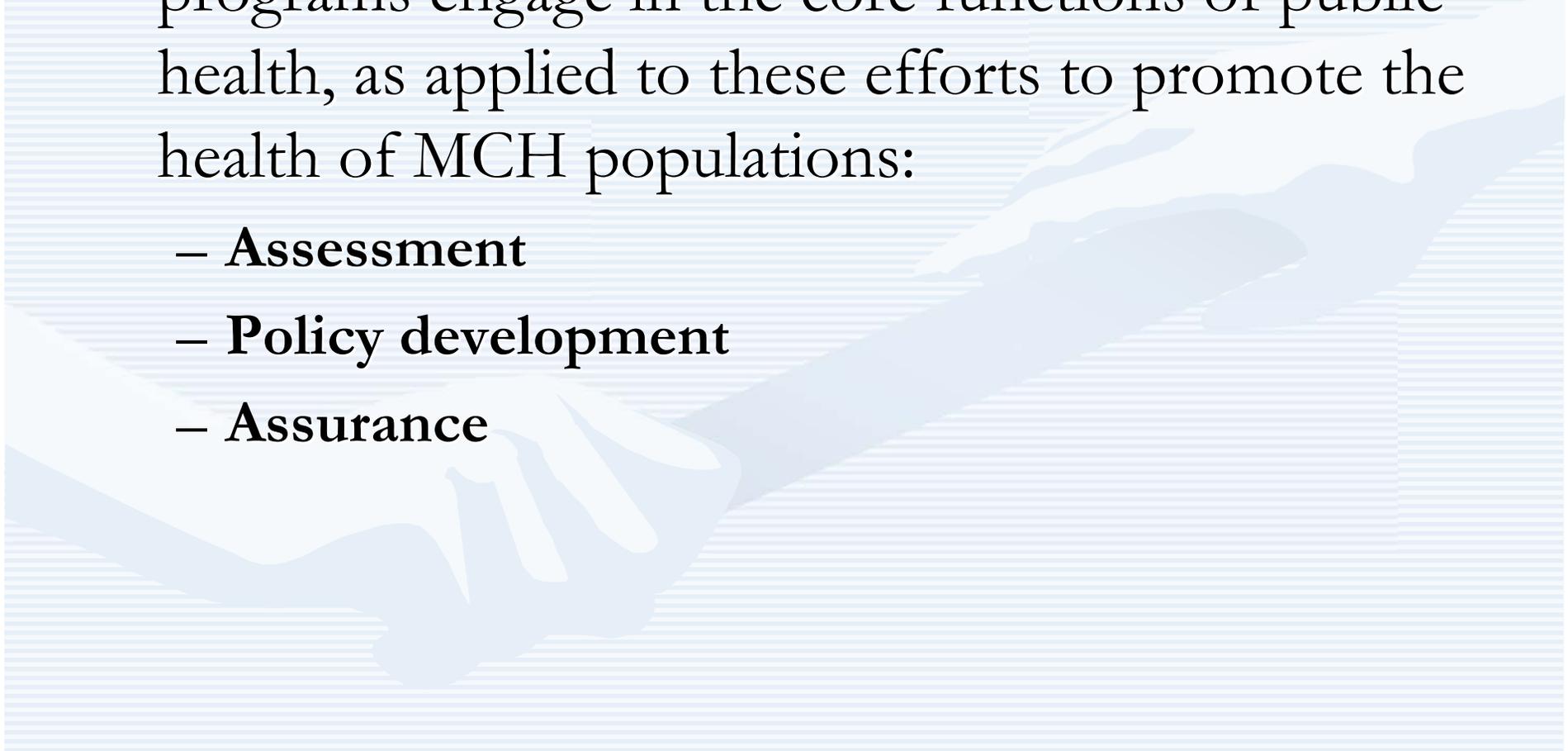
- *Public health* is what we do collectively as a society to create those conditions in which we can be healthy
- *Maternal and child health* is a fundamental component of public health efforts worldwide
- *Maternal and child health* in the US seeks to promote the nation's interest in improving the health and well-being of all children and their families

Public Health: MCH

- Focus is on the **POPULATION**
- Emphasis is on **PREVENTION**
- Orientation is toward the **COMMUNITY**
- Efforts are directed at **SYSTEMS**
- Overarching role is one of **LEADERSHIP**

Public Health Functions

- As fundamental public health programs, MCH programs engage in the core functions of public health, as applied to these efforts to promote the health of MCH populations:
 - **Assessment**
 - **Policy development**
 - **Assurance**



MCH Essential Services

1. **Assess and monitor** MCH to identify and address problems
2. **Diagnose and investigate** health problems and hazards
3. **Inform and educate** the public and families about MCH issues
4. **Mobilize community partnerships** between policymakers, health care providers, families, the general public to identify and solve MCH problems
5. **Provide leadership** for priority-setting, planning and policy development to support community efforts

MCH Essential Services

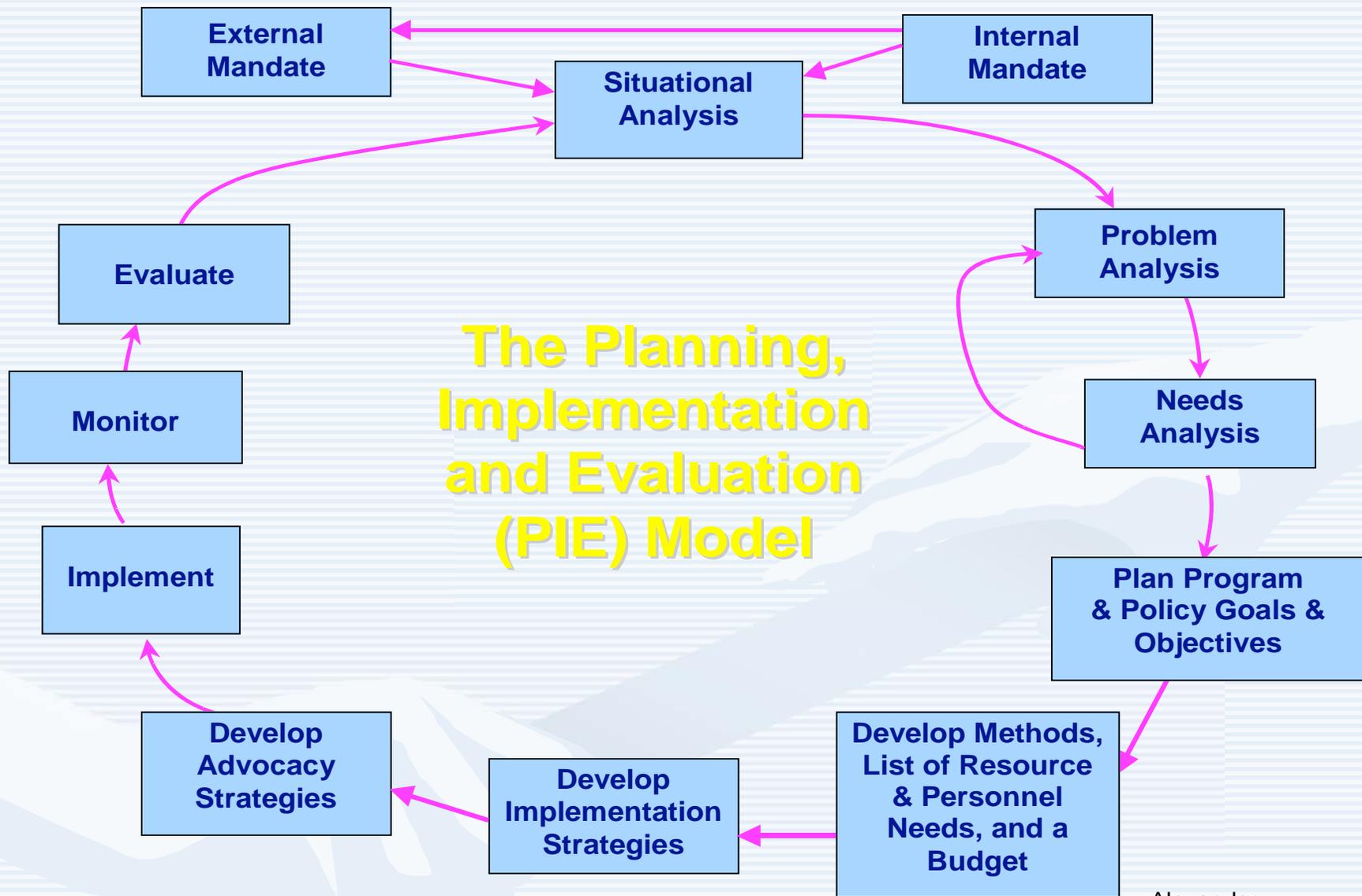
6. **Promote and enforce** legal requirements
7. **Link** women, children and youth to health and other community and family services and assure access to comprehensive, quality systems of care
8. **Assure the capacity** and competency of the public health and personal health work force
9. **Evaluate** the effectiveness, accessibility and quality of personal health and population-based services
10. **Support research** and demonstrations

MCH Leadership

- We share the mission of public health but in many ways our task is both more intensive and more diffuse
- We are responsible, in some ways, for every public health aspect of the lives of a large and often vulnerable population group
- Our successful advocacy for this population group can effect everyone

MCH Program Leadership

- MCH programs, with their tremendous responsibility and sweeping scope, must be meticulous in determining the best strategies for achieving the greatest outcomes with the fewest resources
- This means that program leaders must pay serious attention to each element of the planning process and monitor its progress



The Planning, Implementation and Evaluation (PIE) Model

Alexander

MCH Needs Assessment

- Note that we can begin with a **mandate** or with your own needs assessment results
- You have each just completed a comprehensive, statewide, population-based assessment of needs across the MCH spectrum of responsibilities
 - You examined various data sources
 - You engaged stakeholders representing your constituencies
 - You considered possible solutions and their likely effectiveness
 - You deliberated and ultimately settled on a set of **priorities**

MCH Assessment

Note that Needs Assessment is part of an ongoing planning cycle that enables us to

1. assess problems, needs, assets and strengths
2. develop and implement solutions
3. allocate resources
4. evaluate activities
5. monitor performance
6. begin anew, back to #1

Public Health Assessment

- “It is the responsibility of every public health agency to regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems”

IOM 1988 *The Future of Public Health*

MCH Assessment

- The nature of the mission of MCH

“ . . . to assure the health of all mothers and children . . . ”

requires that MCH programs engage in ongoing monitoring and assessment of trends in population characteristics, health status indicators, risk factors, health system attributes, and the availability and accessibility of quality services for MCH populations

MCH Assessment

- Needs Assessment in MCH is essential to direct our decisions toward the most appropriate programs and policies to promote the health of women, children, adolescents, and children with special health care needs, and their families
- Needs Assessment in MCH is a fundamental element of any program planning activity
- Needs Assessment in MCH is about *change*

MCH Planning

- Good!
- Because MCH strategic planning is also about *change*
 - Changing direction
 - Changing efforts
 - Changing staffing
 - Changing resources
 - Changing outcomes
 - Changing lives

MCH Planning

- Needs assessment is an inextricable part of planning and both are *ongoing processes*
- The five year needs assessment provides a point in time for re-engaging your constituencies, reassessing plans and strategies and charting new courses based on identified needs
- The plans that evolve from your assessment should also include ongoing assessment

MCH Planning

- Planning is a cycle that never ends
- We assess, we plan, we implement, we monitor, we evaluate, we document performance, all the time, often at the same time
 - because we recognize the dynamic nature of MCH
 - because we wish to be good stewards of the public's trust
 - because we must address priorities within limited resources

MCH Planning

- Your five-year needs assessment was an essential element in your plan and should guide all other efforts for the next five years
- Further, the process you used to conduct and complete the needs assessment contains several key elements that you will want to maintain

MCH Planning

- You engaged stakeholders
- You utilized the scientific knowledge base
- You recognized the politics of MCH and that *needs are values*
- You considered solutions
- You identified priorities
- You established measures of your performance

Keep Stakeholders Involved!

Stakeholders are essential in multiple areas:

- Helping you identify the full scope of needs
- Helping you sort out priorities
- Helping identify and select solutions
- Helping to shape the plan/effort
- Helping build awareness of the effort
- Helping to build acceptance
- Helping advocate for needed changes
- Supporting your overall efforts

Involving Stakeholders

Advisory Committees

- Though not an insignificant amount of work, assembling various stakeholders into formal advisory committees can pay enormous dividends
 1. it engages people in the process
 2. it buys you much good will (you care!)
 3. it can address opposition head-on
 4. it legitimizes the entire process

Strength in Numbers

- Remember that the quality of your efforts is directly related to the quality of your data
 - Are you gathering what needs to be gathered?
 - Do existing data bases give you what you need?
 - Do you need to develop new data systems?
 - Do you have the capacity to continually improve the quality of your data and to analyze it effectively?
 - Do you have the data you need to monitor your efforts and assess your performance?
 - Are you communicating your data routinely?

Setting Priorities: Revisit them!

- Size of the problem
- Seriousness of the problem
- Availability of interventions
- Effectiveness of interventions
- Economic feasibility
- Community perception of the problem
- Acceptability of the intervention to the public
- Legality of the intervention
- Political issues related to the problem
- Propriety/scope of responsibilities
- Adequacy of funding/existing sources of funding

Levels of Priorities

Last time we met we considered having several virtual lists of priorities:

- The A list reflects the needs that were discussed and debated by your stakeholders and that will ultimately reflect the values of this broad constituency
- The B list includes those things that you will do whether they appear on the A list or not (e.g. (mandated programs))

Setting Priorities

- The C list then includes those things that emerge in the data gathering or the needs analysis phase that aren't on the B list and don't quite make the A list because you just don't know enough about the issue yet
- These might be viewed as *developmental* needs
- These might also suggest the need for targeted needs assessment efforts

Selecting Solutions: Keep At it!

- “Need” alone does not a priority make
- We MUST determine whether or not we can do anything about the need and what precisely it is we can and wish to do
- Only then can a need achieve *State Priority* status

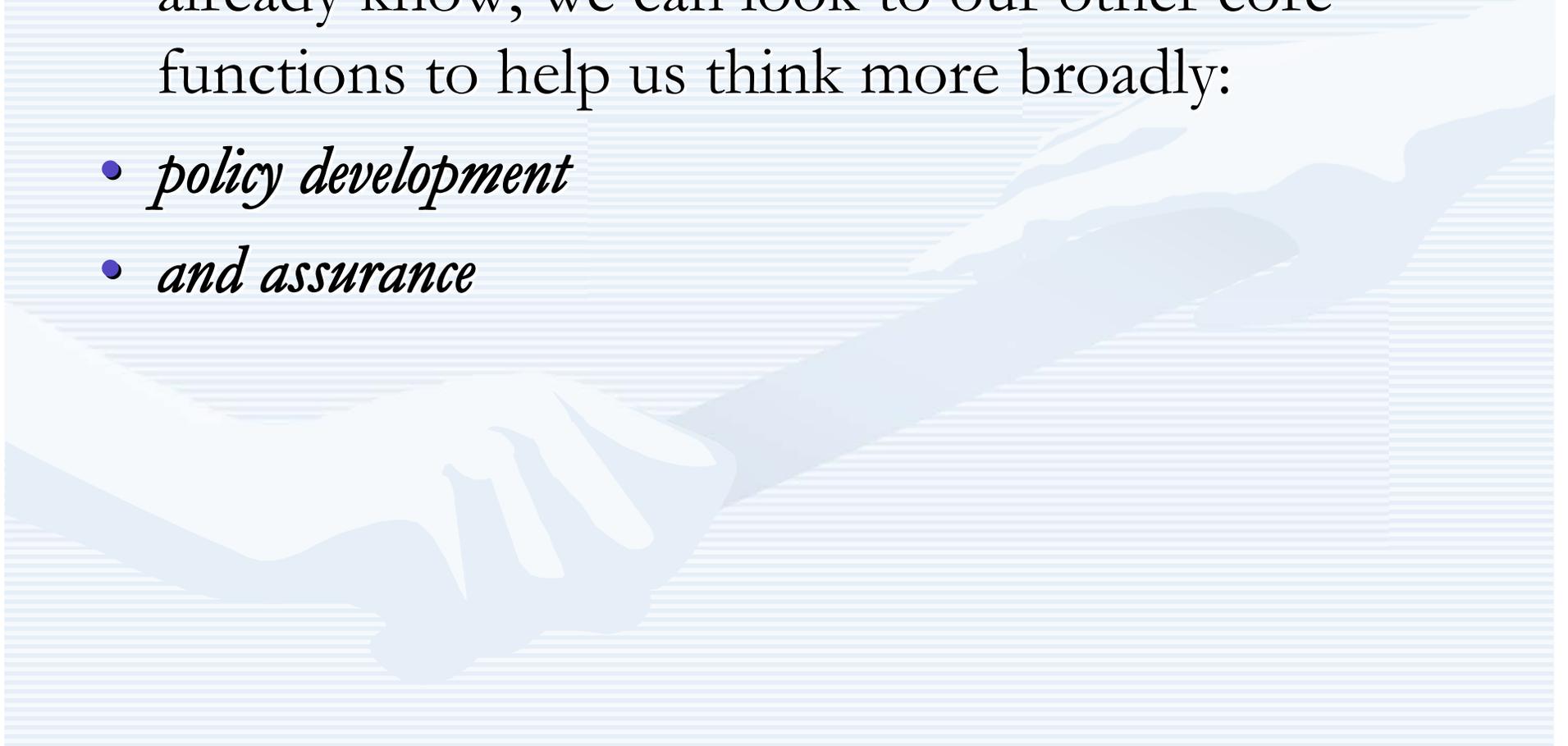
Selecting Solutions

- Having determined the priority given that you believed you could achieve some improvement in an identified need, you still need to determine the appropriate effective, efficient and acceptable strategy to move forward
- It is too easy (and very wrong) to assume that the only possible solution is to do more of what you already do
- Many of your stakeholders and your own staff will be guilty of the same crime: “if only we had more (fill-in-blank)”

Selecting Solutions

To avoid the narrow vision of that which we already know, we can look to our other core functions to help us think more broadly:

- *policy development*
- *and assurance*



Selecting Solutions

Policy Development:

- “every public health agency should exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting use of the scientific knowledge base in decision-making about public health and by *leading in developing public health policy*”

IOM 1988

Selecting Solutions

- Needs were identified through this process that are not within your purview
- While it will be your tendency to dismiss them or to eliminate them from consideration, the fact that you now know about them places the responsibility on you to at least alert someone else to the problem
- *Leading in policy development* includes informing responsible parties and advocating for appropriate and necessary levels of change

Selecting Solutions

What might people care about in their communities? To whom should you refer the issue?

- Crime
- Education quality
- Industrial pollutants
- Environmental concerns
- Jobs, transportation

When the Responsibility is Not Your Own

- Many of these issues “belong” to other agencies, agencies that do not share your population, prevention, systems philosophy
- Part of your leadership role is engaging other partner agencies to assume their own leadership roles with these issues – difficult to do
- Part of your job is figuring out who should take the lead on what issue . . .
- Engaging them early and often, helps

Selecting Solutions

Assurance:

- “Public health agencies should assure their constituents that services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities, by requiring such action through regulation, or by providing services directly”

IOM 1988 *The Future of Public Health*

Selecting Solutions

- We can therefore ASSURE health by:
 - Setting targets for action and then:
 - Directly providing services through our local offices or through contracts with other entities
 - Collaborating with others in systems development efforts
 - Regulating the services provided by others or regulating the problem or promoting quality improvement
 - Educating professionals, providers or the public
 - Advocating with others for policy and program change
 - Gathering data to inform efforts in key areas

Program Planning

- Program planning includes all of these things: the needs assessment, the statement of priorities, the selection of solutions, the development of the plan of action, the allocation of resources, and the design of a monitoring, evaluation and performance measurement system
- It is NOT sufficient to “complete” an assessment of need, bind it, and put it on a shelf
- You might as well have not done it at all
- Remember, *program planning* is all about *change*

Planning Change

- Plans must be clear, directive and measurable
 - What do you intend to achieve?
 - For whom?
 - By when?
 - How?
- The implementation of these plans must be deliberative and monitored closely
 - Who is responsible for carrying out these plans?
 - On what schedule is the strategy reviewed for success?
 - How is the progress of the process measured and communicated?

Planning Change

- The data you have gathered through your needs assessment, from which you determined your priorities, provides critical information from which to set measurable program objectives, which then allow you to evaluate your efforts
- *State Performance Measures* are one important tool we use to document our intent and ultimately evaluate our success
- To what extent are your performance measures linked to your priorities and, even more importantly, to your plans?

Planning Change

- The data you have gathered through your needs assessment, from which you have determined your priorities, also provides the basis from which to allocate resources, either to localities, if you have such a structure, or through any grants or contract mechanism you employ
- Per county? Per capita? Based on level of need?
Based on capacity?

Strategic Action

- Everyday another generation of babies is born
- Everyday the future of MCH is in your hands
- From this point on, you must utilize every trick at your disposal to move forward a plan of strategic action thoughtfully designed to address the needs you identified, to attend to the priorities you set, to achieve improvement in your performance measures and to make life better for every child and family, community and institution in your state
- No one else is going to do this . . .

Priorities and Programs: Realities and Myths



Topics of This Session

- Acknowledge difficulties in the process of moving from Needs Assessment to Strategic Action
- Discuss four myths surrounding our “important journey” specific to MCH planning

- 
- Focus is on the **POPULATION**
 - Emphasis is on **PREVENTION**
 - Orientation is toward the **COMMUNITY**
 - Efforts are directed at **SYSTEMS**
 - Overarching role is one of **LEADERSHIP**

Some Realities

- Hard to move to population focus when state mandates keep us in the direct service business
- The uninsured population keeps growing
- Staff knowledge and skills for preventive and population-based initiatives may be weak
- Sharing resources with health education, wellness, planning/evaluation or data folks is hard

More Realities

- If \$ goes to local community agencies, there's a tendency to serve only those who walk into their doors.
- Not very many people can truly articulate what systems-building or a systems approach is.
- MCH/CSHCN directors and staff are often hired for their content expertise and maybe managerial skills; leadership skills may not have been a factor.

More Realities

- Competing priorities – emergency preparedness, reorganization, legislative priorities
- Continual erosion of financial resources
- Staff turn-over (or no staff turn-over)
- MCH funds spread all over several departments
- Need for more epidemiological support
- Difficult to engage consumer and provider communities

Myths

- The 10 Priorities per state are the real priorities.
- The time and effort put into writing the Annual MCH Block Grant means that a state has developed a strategic plan.
- National and State Performance Measures are the true targets for our state efforts.
- The planning cycle moves from one step to the next in a continuous process.

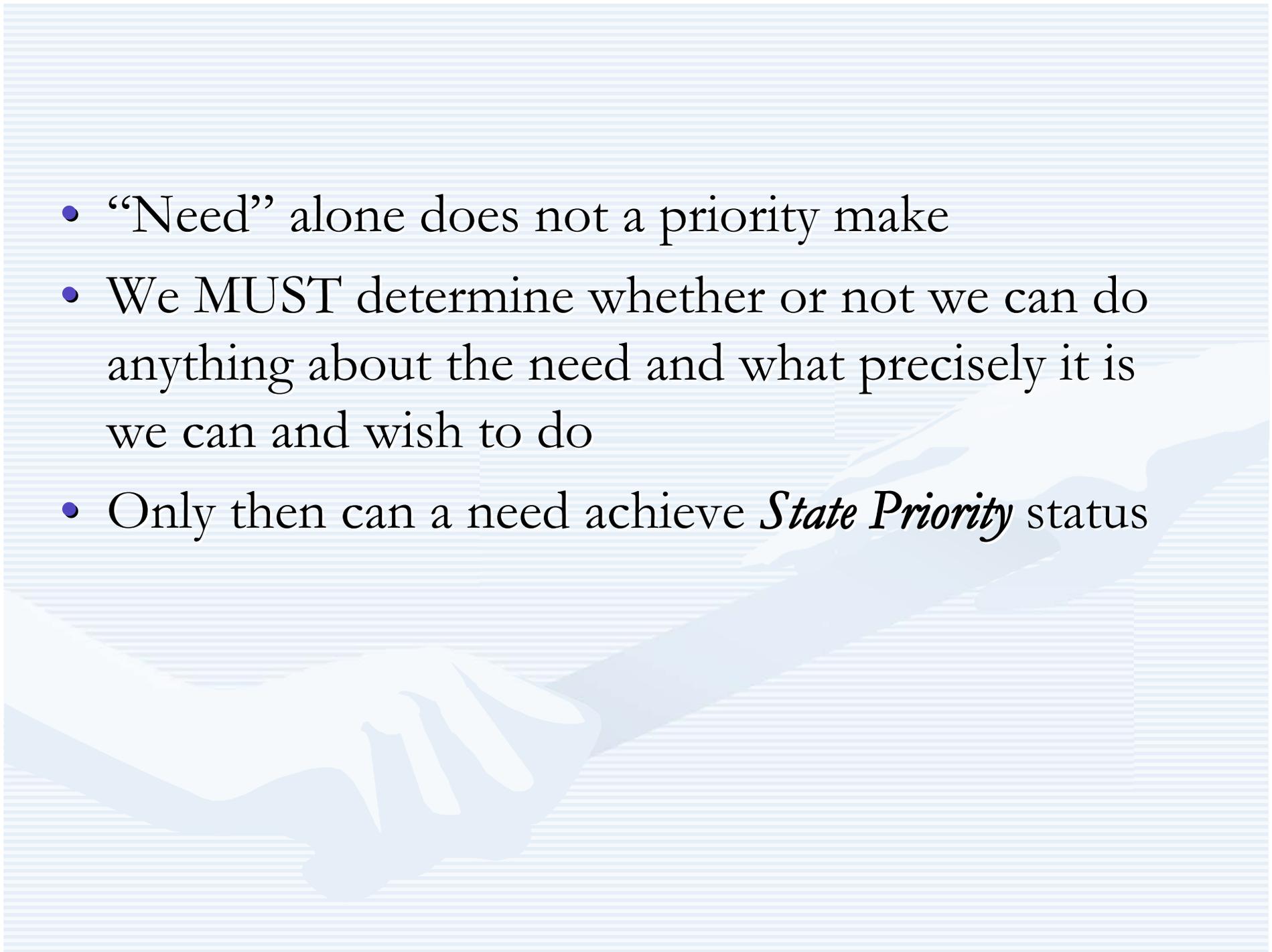
Myth #1 - The 10 Priorities per state are the real priorities.

- Responses from states show great variations.
- Some have very specific priorities such as: “reduce teen pregnancy,” where others have general priorities such as “pregnant women and young children will thrive.”
- Are there subsets or more specific focus areas within these priorities?

Who Chose the Priorities and How?

- Did you have A, B and C lists?
- Did you have strong advocates for some issues and not others?
- How “noisy” were the stakeholders?
- Were there political decisions beyond your control?
- Did the 30/30 MCH requirement play into decisions?
- Were you pressed for time?
- Would you make different choices today?

- “Need” alone does not a priority make
- We MUST determine whether or not we can do anything about the need and what precisely it is we can and wish to do
- Only then can a need achieve *State Priority* status



Myth #2 - The planning cycle moves from one step to the next in a continuous process.

- The planning cycle is definitely a continuous process. There is no true beginning or ending.
- It rarely moves directly from one step to another.
- It is more likely to bounce around or move back and forth between steps before moving forward again.

Myth #3 - National and State Performance Measures are the true targets for our state efforts.

- Implementation of the MCH Performance Measures came about due to several federal requirements.
- 1981 – MCH funds became Block Grants
- 1989 - OBRA 89 required states to undertake a statewide needs assessment process and to formulate a plan for T-V funds based on needs.

MCH Performance Measures

- 1993 - Government Performance and Results Act (GPRA) required federal agencies to establish performance measures that were linked to budgets.
- 1998 – MCHB incorporated performance measurement into the reporting requirements of all states.

MCH Performance Measures

- These PMs have served MCH well.
- With electronic data system and website, one can summarize data across states and see trends.
- 18 National Measures were developed in partnership with states and others.
- 10 State-defined PMs provide opportunity to individualize measures and advance the field by addressing emerging areas.

MCH Block Grant Narrative

- Much of the Block Grant requires the reporting of annual performance, outcome, health status and developmental measures.
- For each National and State Performance Measure, a narrative describing past and current activities and future plans is written.
- These narratives are extremely useful.

MCH Block Grant Narrative

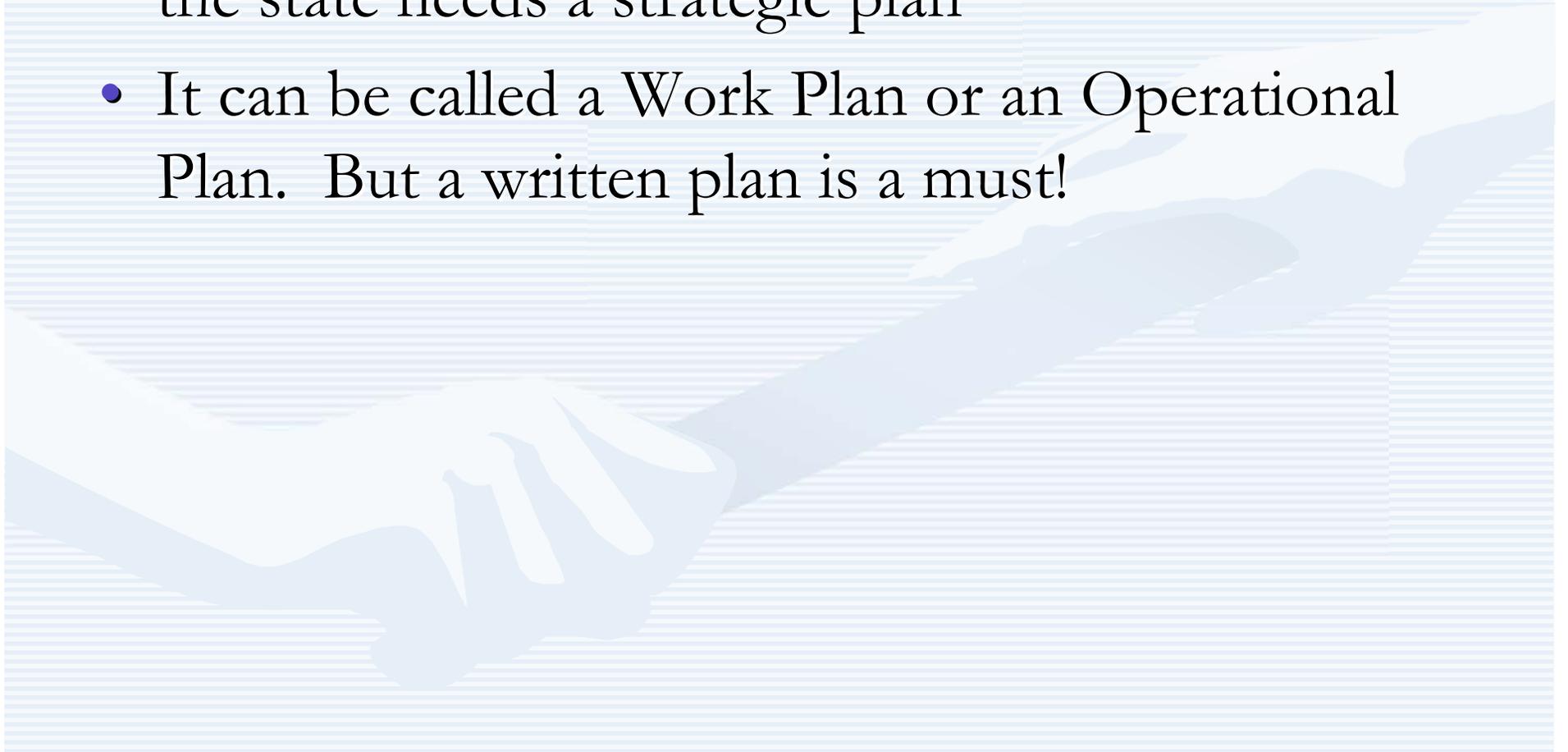
- However, at the state level , few staff would say that improvement in a given PM is directly related to just the MCH programs efforts.
- States need more discrete targets that feed into the PMs to measure their activities.
- State Performance Measures can do this. But there isn't enough of them.

Myth #4 - The State's Annual MCH Block Grant is a Strategic Plan.

- The MCH Block Grant narrative describes: what states are doing around the National and State Performance Measures, the capacity of the state and certain systems efforts.
- It does not require a set of defined measurable goals, objectives, activities or discrete process/outcome measure related to the priorities and related agreed upon solutions/strategies.

States Need Strategic Plans

- To truly to make progress on a state's priorities, the state needs a strategic plan
- It can be called a Work Plan or an Operational Plan. But a written plan is a must!



Small Group Discussion I

- Random assignment to groups
- Groups elect a recorder/spokesperson
- Respond to the questions on the handout
- Prepare to report back to the larger group

Small Groups Report Back

Lunch!

