

**Federal/State Maternal and Child Health Partnership**

**Technical Assistance Meeting**

**MCH Needs Assessment:**

**Concepts to Catalyst – Capacity to Competency**

February 25-26, 2009

MICHELE LAWLER: You know, as John said I'm a nutritionist, and when we go to nutrition meetings they make us work. Our breaks are up and we're moving and exercising and everything, so just to give you a chance to do that. But -- and feel free to keep standing, but I think in the interest of time I'll go on and get started. And it's nice to be here today and to have this opportunity to talk a little a bit about the Division and State Community Health, or DSCH as we're fondly known. I think most of you in this room probably are somewhat familiar with us, as we are the division that provides national leadership, direction, administrative oversight for the Title V MCH program, as well as the States Systems Development Initiative or SSDI. If you were here Sunday night, John talked about the mission of the Maternal and Child Health Bureau. And the mission of the Division of State and Community Health is very similar to that of the Maternal and Child Health Bureau. And our mission is to work in partnership with states, primarily through the Title V Block Grant communities and grantees to assure continued improvement in the health, safety, and well-being of the MCH population. Sounds familiar? The functions of the Division of State Community Health: the DSCH staff service project officers to the 59 state and jurisdictional MCH programs -- the division is the primary liaison to the State MCH programs.

As Cassie mentioned, right now we are on the process of having an updated guidance being reviewed by the Office of Management and Budget or OMB. We go through this process every three years. And in preparing for this process, last May I believe it was, we convened a working group -- but some of you actually in this room were part of that working group. We like to get input from our state partners as well as academia and other folks involved in MCH in looking at the guidance and just see what updates might be needed.

In the fall, we released a Federal Register notice that was out for 60 days. And then, we submitted the OMB package early, very early January. There is a 60-day period for them to respond. We're hoping to hear soon. Definitely we'd like to have it approved and released by the April 1 release date for the Title V Information System. Also, important in the Division of State and Community Health is the tracking of state progress in meeting performance objectives. As you know, each year you have a face-to-face review, each August. We don't have vacations. We go on Block Grant reviews. But -- I know you all don't get them either, but anyway. One of the focus of the Block Grant review is really to look at your performance in your program data. It's really to look at how well you are doing in meeting your performance objectives. Also, the division takes an active role in coordinating the technical assistance opportunities as requested by states in jurisdictions.

In addition to the Title V MCH Block Grant we also administer the States Systems Development Initiative Program, which is the SSDI. For those of you who might be new and might be aware of SSDI, it's really a program that's designed to assist states in being able to collect and report complete data both in their five-year needs assessment and in their Title V MCH Block Grant and the performance data that you are asked to provide. In addition, we also provide administrative oversight for two cooperative agreements with AMCHIP. One is in its fourth of a five-year period, and that's the partnership for State Title V MCH leadership. And that's the big cooperative agreement that we have with AMCHIP. In addition, the State Public Health Coordinating Center for Autism Cooperative Agreement, which was just awarded last September, I believe, so that's fairly new. That was one of the pieces of the Combating Autism Act Initiative. In addition, we have responsibility for planning the annual Federal/State Partnership Meeting, and that includes this meeting -- you know we are a little off schedule, we know. We didn't have annual partnership meeting last October, so we're having our technical assistants meeting for fiscal year '09 of this month. And then in October, we will have our fiscal year 2010 partnership meetings. And as you know, the partnership meeting is one of two required meetings for the State MCH and Children with Special Care Needs Directors, so the other obviously being the Block Grant review in the summer.

Chris already talked about the Title V Information System. But the Title V Block Grant program has been a real leader in the electronic application submission

process. We were one of the first to actually move to that. And in fact, you know, I have to put a plug and [inaudible] had to catch up with us. But anyway, we are now integrated with them and, you know, you do submit your applications, your annual reports online using the TBIS. The system will go live, as Chris said, on April the 1st, and applications are due July 15. As you know, in these applications and annual reports, you report national performance measures, your state performance measures, national outcome measures if you have state outcomes measures, health status indicators, health system capacity indicators. And the annual data that you do report are available online for five years.

The state, you know, as part of this, I mean, I know we ask you all to provide a lot of data and a lot of information, but those data are really very helpful for state, regional and national comparisons. And they can be accessed through the URL that you see here, and if you have better memory than I do, you're welcome to log in with that. Personally, I go in through the NCHB Web site and on the left there's data, click on that. And then you'll see Title V information -- well now you see Maternal Child Health Block Grant. And click on that and it will take you right to it. So a little bit easier way. Is there any one in this room that is not aware that every five years states are required to conduct a comprehensive statewide needs assessment? If not, we need to talk. But definitely after this meeting you will be aware of it, because the afternoon and tomorrow really will focus on technical assistance around doing the needs assessment. You know, needs assessment is an ongoing process, but now you're really getting the point of thinking about how you're going to put your document together and how you're going to report on

that. And so, we have some wonderful speakers that will be with us over the course of the meeting.

Priority areas -- if you have not already gathered the analysis of Title V performance data across states within individual states over time, it's a really top priority within the Division of State and Community Health. And not only is the information very helpful for you, it helps us in really looking at it to determine national MCH priorities to be better able to direct resources to address some of priorities. I'm also going to put a plug in here for Chris mentioned the state snapshots. How many of you have gone into the state snapshots? Good, good. Well there is a link on the Title V Information System. And if you go into that, you will see that for each state there's national performance measures, selected state performance measures, number of individuals who are serving, outcome measures, you know, a real sampling of the data that you're providing. And that's for each state, which is nice for you to look at for your state. But it's also nice sometimes to be able to, sort of, look at other states, other states that might be comparable to you in size, other states in your region. And one of the new features on it is at the end, there is a list MCHB-supported grants, discretionary grants. So, it really gives you a nice idea of what grants have been awarded in your states. There is a link to the abstract. You can click on that and really find our some information. So, I think it's, you know, really been a nice tool, and I encourage you to use that. The nice part about it is it used to be in hard copy and we've gone to electronic. The system all that information you give us is posted

November 1st and within a week or two, your snapshot is updated. So it really is very current information and it's based on the information that you provided in your Block Grant application and annual report. We've heard a lot --those who of you who were here for the AMCHP meeting, we heard a lot about identifying promising practices. And this is really very important. You know, we know that states like to learn from each other, and you learn best from each other. And we want to do whatever we can to facilitate that. So, we learn a lot at the Block Grant reviews. We also spend a lot of time looking at some of your performance reporting. And if there's an area that the state may be doing very, very well in, trying to look at some of the activities within that state to see, you know, what is it? Is there a practice there that maybe would be helpful to other states that might yield some promising results, so -- those of you who are in Region VIII which is my region. Now, I'm always encouraging you to share what you're doing with the other states. Because the main question I get is, how are other states handling this problem? And me, with my faulty memory I just can't always remember. I may remember what they're doing. I just don't remember the state that's doing it. And lastly, coordinating technical assistance, both to individual states as part of your application there's form 15. And you have to -- that's a preliminary step. That's just thinking about some things, areas where you need technical assistance. Reviewers talk about that. They may suggest traditional areas, but still to actually request technical assistance you have to go into the [MCHTAprojects.com](http://MCHTAprojects.com) Web site. And there's a form there and you have to click on the form and you have to actually fill that out.

Now some people say, "I don't understand them." We've already put it on form 15. What did you put on form 15 is just some very general information, areas that you think you need technical assistance. When you actually go into the Web site, it's much more detailed as far as who you would like to provide the technical assistance which you really hope to accomplish, and it allows you some time to really see where your needs are, because sometimes things do change throughout the year. We also work the other divisions and offices within MCHB and HRSA. And, you know, sometimes we participate on the regional conference calls, but as we're always encouraging, if there are some things that you'd like to hear about other programs just let us know. We can arrange to have folks from those offices, those programs contacts, to participate also on those conference calls. I thought the story Chris gave earlier was just a perfect example of the recognition, the increasing awareness of the wealth of data that TVIS contains. And, you know, we're getting lots of hits from .edus, .govs, many end-users of the Title V MCH Block Grant researchers, your academic institutions, public health programs, your graduate students, your interns, federal state policymakers, you know, Congress, some of your state legislators, federal state local government agencies, stakeholders, professional organizations, associations, general public.

So, it is really important that sometimes at your Block Grant review, a reviewer will say, you know, you're doing these wonderful things but you haven't really

given yourself enough credit for it. And that's one of the reasons why it is so important to be as descriptive as you can, because you have a wide audience that's really going in and looking at that. And I know, I know, we need to give you more characters so you can tell us all those good things that you did, congratulations. The Title V MCH Block Grant program went through an office management and budget part review, which is program assessment rating tool review in 2008. We were one of the first federal programs to go through it in 2002 and received a rating of moderately effective, which is a very good rating. But congratulations and I think you all should give yourselves a hand. This year you received a rating of effective, give yourself a hand. This is -- let me not, you know, most of us tend to be goal-oriented. So effective, sounds like, well you should be getting effective. But really is the highest achievable rating, and less than 20 percent of your federal programs are rated as performing at an effective level. If you're really interested in the part review and you want to see the document, the Web site is here, [www.expectmore.gov](http://www.expectmore.gov). And just talking -- it really is an accomplishment and in the OMB review, they did cite that the program has shown positive effect. And that there are strong and effective collaborations that have been established between federal, state, local, and private sector entities concerned with MCH.

Also cited was that the program has shown improvements in the scope and quality of evaluations conducted since the 2002 part review. So this is one of the areas that was noted as a weakness in 2002, in one of the areas that we have

really, kind of, concentrated on. And here are some of the recently completed evaluations. The assessment and evaluation of Title V Block Grant programs, infrastructure building activities final report. And this was the report that was done by Health Systems Research which is now out there. Some of you may have participated in the focus groups that were conducted at one of partnership meetings. This study was really done for internal review, but it has been helpful in helping us know the areas where states were engaging in infrastructure building. Another report is meeting state MCH needs, a summary of state priorities and performance measures. And this report was done by the [inaudible] Center at UNC Chapel Hill. Dr. Victoria Freeman is here. Victoria, wave your hands, everybody knows you. She has actually spoken at a couple of the skills building sessions that we had at previous AMCHIP meetings. And she did a webcast, an MCHCOM.com webcast in May of last year on this. And this was a study where we really went into your -- the priority needs identified in your 2005 needs assessment and compared them with those that we were able to extract from the 2000 needs assessment. And really were able to see some areas of emerging priorities, areas where there's more emphasis, and areas where maybe states have shift -- I won't say shifted away but maybe didn't, you know, rank as highly among the 10 or so identified priorities. This report actually is posted on the TA project Web site. And then there were four evaluation reports completed by Mathematica in May 2008. Again this was a study done for internal use, but it involved four different areas. And one was the assessment of data notes for both the Title V MCH Block Grant and then also for the Discretionary Grant. And one

thing that did come out was that while states are using a lot of the notes, a lot of times you can't find the year of the data or what the data sources are. So, that is one of the reasons that as Chris described to you earlier, we're now going to have a way in TBIS to have you fill in that information. It's very helpful when you're looking at the data reported to really have a better sense of where the data come from. Also, another report was an assessment of the MCH Block Grant State Performance Measures related to obesity. As you know, the last time we updated the guidance in 2006, we added a new performance measure. And so we wanted to see how states were doing with that, and we're always looking to refine our state performance measures where possible. And then, lastly there was a report on analysis of Family Participation Performance Measures in the MCH Block Grant and just MCHB discretionary grant programs. Some future efforts, and 2008 part review findings indicated a continuing need to determine what actions are required to improve the percent low birth weight births. And we have three objectives in our part improvement plan. One is to develop a program performance measure that targets ratio of racial and ethnic disparities in low birth weight infants. Also to promote evidence based practices to reduce the incidents and better understand the causes of low birth weight and to conduct a technical review and evaluation of State Title V MCH priority needs, state performance measures and promising practices. And we have some ongoing work with the SCHIP center looking at current trends from the delivery of very low birth weight infants at appropriate level hospitals, as well as state efforts and existing data capacity around preconception health and oral health care and access.

Quickly I'm going to conclude because I know I'm going getting -- I'm running out from my time. But will the project officers for the DSCH please stand up, so the folks can, kind of, see where you are. For Region I its Ellen Velpe, Regions II and VII it's Cory Palmer, there in the back, Scott Snider. He is project officer for Region IV, Dr. Kissher Hismith who's just come into her chair is project officer for Region III, Pamela Houston who's not with us today is the project officer for Region V, Casey Blaufer, yes she is a division director but she's also project officer for Region VI and IX. I'm the project officer for Region VIII. Carol O'Toole is the project officer for Region X. And never to be outdone by the MCH pyramid we have our own pyramid, and some like it because these pictures are getting a lot outdated. And they're looking better and better every year, but as you can see we do spend a lot time on the phone, you know, with our states. Scott Snider is the project officer for the SSDI program. And Florence O'Doncarra, Florence would you please stand there in the back. All of you, I know, recognize her name and have dealt with her on numerous occasions. She provides tremendous support to the office and she's the one who manages the list served. And, you know, we very much value the partnership that we have with you, this is a federal state partnership. And we enjoy working with you and really look forward to having continued good relations with you Thank you all so much.