

Federal/State Maternal and Child Health Partnership

Technical Assistance Meeting

MCH Needs Assessment:

Concepts to Catalyst – Capacity to Competency

February 25 - 26, 2009

GWENDOLYN J. ADAM: Thank you, Cassie. I think it's really important before we get started, and I appreciate the introduction that Cassie gave me, although I don't know about you all, but it's (inaudible) your bio is read, and you're thinking, man, that's why I'm tired. Perhaps many of you have that experience. I know that it's been a long week, a rich week so far and we're only on Wednesday, but I also respect that there gets to be a saturation point in terms of new material, motivation, inspiration. Even great stuff at some point feels overwhelming.

So, in an effort to not miss your needs, as I'm talking about needs assessment, I want to set just some ground rules for the discussion that we're going to have in that I really want this to be a meaningful time for all of us. I have an agenda. I've worked really hard with Cassie, Michelle, and Ellen and the rest of the group to hopefully develop some content that will meet your needs, but I want you to feel free throughout the presentation including in my introduction to let me know what your needs are. If I'm going too fast, too slowly, if it's too hot, too cold, or some things I can do things about - others, I cannot--please feel free to enjoy yourselves if you are so inclined. If you need a break, let me know. Please feel free to get up and move around the room.

I told Cassie that one of the things that I needed to make sure that I could actually complete this talk today was a movable microphone. I had a lot of fears that I would actually fall off the stage during some point of the talk if I didn't, so here I am. So, if for any reason you need to have me go back up there in order to have this shared adventure be an enjoyable one, let me know.

Again, my name is Wendy Adam. I only typically go by Gwendolyn in circles that people don't know me. Every now and then, I have to throw around some weight with some of the physicians I work with because I'm a lonely social worker in a large pediatric department at Baylor College of Medicine. But for the most part, I've gone by Wendy, so please feel comfortable calling me that.

I do want to just take a moment to acknowledge a couple of people in the room. I think it's important when we get places to kind of examine how we got to where we are. So, here I am invited, albeit several days into this conference, to talk with you after lunch, after Milton Kotelchuck, after Michael Kogan's wonderful theatrics, here I am. But I'm here and so I acknowledge this opportunity and what I want to let you know is that there are some people and some things that have happened in my life to get me here.

So, the first thing I have to think is, gosh, how did I end up being the one that was here? So, I think and think and think and something pivotal in our adolescent health world, not to bring up a politically charged topic, abstinence-only education comes to mind. Why?

Because it was through abstinence-only education that I met Michelle Lawler and Cassie Lauver years and years and years ago when it was still--those funds were still administrated through their division.

And so, you never really know what happens. Perhaps our paths would have crossed at some point because this is my 12th year in faculty at Baylor and the LEAH program, which is funded by MCH, but I think I have to acknowledge it. And Cassie is one of my MCH mentors. I am also very involved in leadership education and I think it's really important for all of us to pause every now and then and give thanks to our mentors. And so, if you will join me, because many of you, I know, have been touched by the life and work of Cassie Lauver, please join me in thanking her for her efforts.

Okay, so here I am, abstinence-only education, Cassie, and I have to also acknowledge the presence of the branch chief for the training programs. Laura Kavanagh is here with us. And part of my talk today is going to be about joining the worlds of the MCH training programs and the Title V programs in meaningful ways around needs assessment. And so I think it is particularly pivotal to acknowledge that you have these two formidable MCH leaders, Cassie Lauver and Laura Kavanagh in the same room and dedicated to this purpose, and my work and the path that led me here has had them overlapping in mutual areas of support over the past years and we will be talking about that, so thank you also, Laura, for your work.

Okay, so, why are we here? Yes, thank you. So, what are we going to do? I have a goal that's lengthy and I do want to announce, too, that you have a lot of slides in front of you, ideally, some of which are in color. There's a shorter packet that are in color, with a model. If you start paging through that model, you will likely invite yourself out of the room well before the talk ends because it gets really chunky and really overwhelming pretty quickly.

The purpose of this talk is not to have you be an expert on this model but to instead look at the spirit behind what generated the model, and we'll be going into that a little bit. But essentially what we'll be looking at today is how to consider a framework for needs assessment and MCH programming that's meaningful, that depicts the interdependence there that is implied in having needs assessment and ongoing needs assessment be a part of the programming. We've heard a lot of wonderful and rich comments just today on how these things can overlap and work together and should be essentially interdependent and ultimately how this can work together to impact constituents at all different levels. So I have some specific objectives for the session. Ideally, that you all will be able to go away describing the role of a really meaningful, dynamic, rich, ongoing needs assessment process in your everyday MCH programming.

How many of you, by a show of hands, have been through at least one of the five-year needs assessments process? Terrific. How many have been through two? See, "We're still standing better than we've ever been," for those of you who know Elton John. I don't normally sing, but okay, so you've been through this process a couple of times and I

applaud your efforts and your commitment to this. We're looking at how do we develop a plan for using Title V Needs Assessment, this thing we call the five-year needs assessment, to be this integral driving force in how we stay in touch with what's really going on in our MCH populations and in our programs and how to use it to partner to meet multiple local, regional, state, national objectives all at one time, and to recognize how needs assessments summary that can bear the thing that you have to tackle after going through this multi-months, sometimes multi-year process in the five-year needs assessment can actually be a very useful tool in accomplishing many of these objectives. So those are my objectives for today.

As we've been through, the law clearly establishes why we have to do a needs assessment product every five years, recognizing that 2010 is upon us. Ideally, there are two main goals for the needs assessment process, which is that--it will contribute to improve outcomes and strength and partnerships. Many of you have been through it before. Is this happening? Are the needs assessments creating improved outcomes and strength and partnerships? By nod. Yeah, yes, no, we don't know, okay. We want to fundamentally be able to say yes to this question, that to have a process, a product, and an ongoing effort that will undoubtedly allow us to say yes to both of those; otherwise, why make the effort, right? Why do all of these needs assessment stuff unless we know for sure we have improved outcomes and strengthened partnerships?

So, when we think about needs assessment, I have a not-so-hidden agenda, both for now, literally this afternoon, and for ultimately when we do our needs assessment,

which is that we spend our time meaningfully. If you walk out of here saying, "So what?" or "Boy, I wish I would have gone to the zoo instead," this was a waste of time, all right? I love the zoo. My four-year-old is there right now. I would love to be there. But I want this to be meaningful and I want your time doing MCH needs assessment to be meaningful, that we actually create an impact that affects the lives of the MCH constituents that we want to serve. We can do that now, ideally, and then I want to have that order-it-again feeling. In our family, what we talk about, you go out to a restaurant you say, how--would you order again? Like, would you pick that same thing again? The food, it's a really kind of quick and dirty assessment as to, hey, did you like what you ate? I want to create an experience of you having the order-it-again feeling here and ultimately work together with you to establish some processes whereby constituents in your needs assessment, people who actually participate--you, yourselves, your colleagues, the folks you partner with--would have that order-it-again feeling and to introduce a concept, several concepts actually and a framework for organizing this, for making these things happen, for looking at needs assessment in a way that is meaningful, practical, logical, hopeful, all right?

So, Cassie, how many days do we have? Anyway, thank you. A few courtesy last long. That's good. I used to talk to people about the reason why I went into academia was because I considered it sort of an open mic. Like, I'm not really good at swearing and I can't stay up very late but, you know, so the comedy circuit just wouldn't work out for me, but this could actually be helpful.

So, anyway, we want to do all those things. Where do we turn? So I was thinking and thinking and thinking, lots of meetings, talking with Cassie, different things. How do we do all this in one talk? Where to turn? And so, of course, amusement parks and chemistry, all right? Now I remind you that I'm a social worker, also a parent, many of my examples will be drawn from the wisdom of my interactions with my four-year-old son. So, amusement parks and chemistry absolutely make sense as to how we can get it.

Needs assessment is orientation. How many of you have actually, let's say in the last 10 years, gone somewhere, not necessarily an amusement park, but it comes to mind, where you went up to one of those boards and you were trying to figure out where you are and all you are doing is you're scanning around looking for the little "you are here" thing? Has anybody done that? Thank you. Okay, so you can relate to this. I was worried that I was actually the only one who would actually go up and sort of look for that. It's sort of like, you know, how you get that kind of like, finally, I found where I'm going. I found where I am. It's an orientation. And so the amusement park comes to mind as one way to guide us through this experience.

Needs assessment needs constant updating. Okay, so you're walking around the amusement park and you come to a sign and then every time you come to a sign, even after walking around and walking around and going to lots of different places, that spot's still in the same place, not very helpful, right? You're still exactly where you are and you know one of the sign was lying, right? If you go to all different places, it looks very

different and the dot's still the same, it was lying or it's not accurate or you're not sure, you still feel lost.

You see, stagnation is the same thing when we're looking at needs assessment as being lost or at least unsure. And so as we move into thinking about MCH needs assessment, if what we have is sort of the same needs assessment, we just kind of tweak it a little bit while they were talking in the interim years, those updates to the needs assessment, or every five years. If it doesn't look fundamentally different, not on every measure, not on every population group, not all your methods, but if you don't have an updated flavor of what's going on, you're looking at the same spot time after time after time, even though there's lots of movement occurring. So it's a point of reference. It's a guide, it's not the destination.

A lot of times in MCH when you think about, okay, we're coming up with five-year needs assessment, five-year needs assessment as if it is the destination, like we'll get it done, put it on the shelf, and go on a vacation, right? Now, yes, we need to recoup from the process, it's very labor-intensive, but to look at it as a guide, not just for that getting through the 2010, but for our ongoing programming because seeking to find your place even on the map in an amusement park, a mall, wherever you're looking at that map, you get sort of familiar, right? So, then when you're walking around, you still might not know exactly where you are, but you're like, oh yeah, I saw there was that sign on there or, oh yeah, that building was there. And so you start to get this orientation. So as we think about needs assessment in MCH, as you go through the process, you're going to

think, oh okay, well, this came up in this population group. I think I have a sense of maybe what's going on here. I'm going to ask some different questions. So you start to become familiar with the surroundings. If not now, then when with needs assessment?

I mean, honestly, I turn on the news--perhaps some of you have this experience--I look in the paper or get on CNN.com, I'm thinking, what big announcement did I miss yet this morning? And it's like 6:00 a.m. What have I missed that's already happened that affects things like access to care, family experiences, the economy? In a time of incredibly significant changes that are happening minute by minute, day by day, significant changes. That points to an even greater potential impact of needs assessment. Needs assessment is action, not product or destination. I talked about it.

There's a very big difference between needs assessment as a noun and a verb, and what we're going to be talking about today is that verb thing, the movement, needs assessment, an ongoing process, finding your way around the amusement park, and being so in touch with your MCH population and your MCH programs and your MCH mission and your MCH performance measures simultaneously that you keep oriented.

Needs assessment thrives on relationship building and is lonely alone. We don't want to have this lonely little processes. And for those of you who have actually worked on the document, I've only been on the other side of it, you know, the reviewer side, so I know my experience is very limited. It's kind of like never having written a grant before but being a reviewer--no. Even if you haven't written a needs assessment, you haven't

written a grant, if you've written any kind of a grant, any local foundation grant on up to a Title V Block Grant, you know. It's like a whole different way of living, right, when you're writing a grant.

And so, there is very much this experience of finishing a product, and you do, you turn in the product through Chris and to Cassie. But it's really about the relationship building that happens during needs assessment because those relationships become powerful tools for continuing to stay oriented as all of these things are changing, and we're going to talk about that.

Now, I said there were two things that were going to help clarify this: amusement parks and chemistry. Again, I'm a social worker, how many other social workers are in the room just by a raise of hands? Okay, a couple of us. I don't know about your social work training; it did not include a minor in chemistry for me. I don't know if anyone else did. So there may be some folks and particularly in medicine or nursing that may have a lot more training in chemistry than me, but so I had to kind of question my own sanity. And as a mental health provider, I do that typically several times a week, actually, to look at, why am I going to use some kind of chemistry analogy in training folks on needs assessment? Because it makes sense, that's why. And so then I thought, well, let me just check myself and see, maybe it really doesn't make sense.

So, in the spirit of the New Year's resolution, which was to get rid of all things unnecessary, I was going through these boxes in the garage, tossing out all sort of stuff

and I came upon my chemistry notebook from high school, okay? How many of you remember stoichiometry? Does anybody, like, remember that? Okay. There was some sort of unique pleasure I had in learning stoichiometry such that I kept my notebook. And this has been a couple of decades now that I kept this notebook. And I thought chemistry is so neat. So that made me feel like I can use a chemistry example throughout our talk, just because I have my chemistry notebook, not because I mastered it, not because I was particularly good or got any additional training in it, but I have my notebook.

And then, just as one more check to make sure I wasn't completely losing my mind in this, I ran the idea by Cassie and I told her I'm going to use this orientation around amusement parks and chemistry. And here's where the brilliance of the Cassie response came in and please correct me if I misquote you. She said something to the effect of, "As long as we're not advocating for toxic playgrounds, you're pretty much okay."

And so, lessons from chemistry. The name of this workshop is Concepts to Catalysts, all right? So, I wanted to figure out, if I'm talking about catalysts, what do I really mean? And catalysis is the process in which the rate of the chemical reaction is increased by means of a substance known as a catalyst. Basically, your action toward impacting and meeting needs can be increased by needs assessment. Ultimately, we want to use needs assessment to get something to happen, not just to be able to describe what is happening. And so, this idea of catalyst kept coming up and pieces of the process can

actually cause change in and of themselves. You don't have to just get to the end of it, interpret it, and then make decisions. The actual process of assessing needs well, of making those partnerships, of building those relationships, of accessing information, and understanding it, potentially trying to implement it, that whole process, the actual implementation of the process of needs assessment can change systems. So the process becomes the content.

Another lesson from chemistry, unlike other agents that participate in the chemical reaction, the catalyst is not consumed by the reaction itself. The catalyst may participate in multiple chemical transformations. So, essentially, what I'm looking at here is that MCH needs assessment is not and shouldn't be consumed by the process. It's not like just going through the five-year needs assessment should swallow up all your interest in assessing needs or extinguish that desire to know. And there is that Pandora's Box phenomenon, where if you keep asking questions, you're going to suddenly identify needs and more needs and more needs and more needs and what are we going to do about those? It's a product and a process and the needs assessment should only be considered independently to become interdependent. Meaning, yes, you turn in to meet the obligations of Title V, this five-year needs assessment document, but it should only be considered in conjunction with how it fits with your programming, your year-end, year-out programming to become interdependent.

Here, it now gets big. When I'm using words like catalysis and autocatalysis, it gets a little nutty, but it was really very helpful for me to think about what we're trying to

accomplish with the needs assessment. I'm hoping it is for you as well. The general feature of catalysis is that the catalytic reaction has a lower rate-limiting free energy change to the transition state than the corresponding uncatalyzed reaction resulting in a larger reaction rate at a lower temperature.

My simple take on that was we get more impact for less energy, all right? More impact for less energy. So, in a time of incredibly scarce resources, even though we have some emerging new resources, in general, we have scarce resources. We need more impact for less energy or less use of resources.

The needs assessment is a powerful tool in being able to do that. It also serves to assure that we can document that efficiency, that we can compete. We can be held accountable. We can know with some sense of confidence that the way that we are trying to impact our population is either effective or it's not and we're going to make changes based on that.

All right, now here's a tricky thing about needs assessment and that's true for chemistry as well. The mechanistic origin of catalysis is complex, this whole catalyst idea. And catalysts can affect reactions in chemistry in one of three ways. It can in needs assessment as well. It can affect it favorably, where everybody has sort of warm, fuzzy feelings afterwards, everybody is building effective partnerships, sharing data, linking new systems. It is glorious and people end up singing after the needs assessment

process. How many of you, by a show of hands, have had that experience? We have a couple. Dr. GWENDOLYN J. ADAM: Nugent, okay, there we go in the back, wonderful.

Okay, so it does happen. It may be rare. Now, the second way needs assessment can affect a system is it can form specific intermediates that are not produced naturally. My understanding of that was, it can bridge together people who perhaps reluctantly form partnerships or just kind of unique and unnatural combinations of folks.

Maybe you're sitting across the table in this needs assessment discussions, planning things with people you've never met before that are down the hallway from you in the Department of Health because they're in a different program, they're in the other programs, okay? These unnatural combinations of folks, they can produce partnerships and collaborations around the shared process. So, if you can invite them into the needs assessment process by making it worth their while, suddenly you've got these partnerships that would never have happened otherwise, possibly just for the needs assessment, but ideally for sharing resources, planning, and impacting shared populations.

Because the bottom line is the kids that we see in our clinics or that we're trying to get immunized, they go to school, a lot of them, right? Some of them are in the child welfare system. Some of them have mental health needs. There's all this overlap of systems. And so, I think one of the things we look at is, in needs assessment, what are these unnatural partnerships giving us in terms of opportunity? And it can be an intervention in

and of itself; needs assessment can. By virtue of you having to address all this different population groups and subpopulation groups and all the different initiatives that MCH focuses on, it can create partnerships that would never happen in very powerful ways, but that in and of itself can have an impact on not just MCH's system but on these other systems as well.

Milt's talk has everything to do with this. We have a shared life course. The people we serve have a shared life course. So, how do we use needs assessment to just naturally identify ways that that happens? So, the other way, it can be glorious, it can have this kind of strange partnerships that could have powerful impact that never have been, or it can cause into death of a cell. Hopefully, not of the people involved in the assessment. That's not at all part of this talk, but although sometimes when you look at the things you have to do to complete it, perhaps that seems like an option, but causing lyses to the cells.

Effective needs assessment can point out when it is time to stop when the current form or focus of an intervention is no longer supported. It's a sort of needs assessment's job, right? Especially now, even if it's a favorite program, even if it was your conceptual baby when you first started out an MCH practice and the thought of eliminating it, just because the data says it's like you got to reinterpret the data and then you call Michael Kogan and say, "There's got to be another way to read this, I know I'm missing something," because you're so committed to the program.

If it's not working and your needs assessment is done well, you should know that. That's the whole purpose of needs assessment. And the reason why is not because it's a program evaluation. The reason why it's not working is because it doesn't fit the needs anymore. Maybe you had a great program, maybe the needs are just such that it doesn't fit them anymore. You can identify through needs assessment what is no longer prioritized or demonstrating the impact it needs to, and that's where program evaluation needs assessment go hand in hand. Maybe it's not effective, maybe it doesn't fit the needs. It could be either or both of those things. But this death, lysis of a cell or death of a program, it is essential sometimes in responding to a well-done needs assessment. It's what can make the needs assessment process a little scary for collaborating partners because it's like, oh no, what if you find out that this no longer fits the priority need and then do I have a job or what happens to all this work? It can be threatening. Are these people's experiences in general that they can kind of (inaudible)? I'm seeing some nods, okay.

All right. So what happens is, as in chemistry, catalysts aren't consumed by the reaction in chemistry, but they can become inhibited, deactivated, or destroyed by secondary processes because there are different experiences that people have in going through needs assessment, whether they're fears, whether they're realistic fears, whether they're inadequacies, whatever they are, the process of going out in the systems to talk to stakeholders isn't always received that well, all right? It can feel threatening. It can feel like, uh-oh, they're coming in, Big Brother, right? Looking in. It can be unwanted,

unwarranted, problematic, not everybody will applaud your investment in knowing their needs.

Cultural competence here cannot be overstated, the need for cultural competence because looking at understanding the specific cultural, sub-cultural unique groupings, values, customs, priorities and needs. Even as you're talking about engaging with them in Needs Assessment is critical to you being received well as you do Needs Assessment. The resistance can inhibit, alter or deactivate a comprehensive and really accurate representation of needs. It can--even if you ultimately get a good product like you have a nice narrative, got some good data to seemingly support what you're talking about, you can totally miss the mark in the Needs Assessment if there isn't a way to truly engage other people in this process effectively.

People have experiences like this--I just appear talking about chemistry because I think it's kind of cool. So, I promise we're almost through with the chemistry sites, although isn't it kind of neat how there's an overlap? I have to say I was pretty excited about it. Anyway, you'll have to let me know if it works because perhaps it's one of those ideas that was a really good idea and is no longer working or prioritize and GWENDOLYN J. ADAM: psshhhht out goes (inaudible) to that cell.

Anyway, there's energizing for the long run. A single chemical reaction is said to--have undergone autocatalysis, or be autocatalytic, if the reaction product is itself the catalyst for that reaction. The way it applies to Needs Assessment is if in completing the Needs

Assessment people gets so energized about understanding people's needs, about really having a way to link what we're doing in the programming side back to a stated need, about being able to describe with numbers and with qualitative text, with partnerships that are new and unique--if there is a way to suddenly energize other people and other systems about that process such that they're committed to it even once you've turned in your five year Needs Assessment and you go through your review process and make all your modifications and you're sort of closing the book, then we have an autocatalytic process. We've gotten some energy going around Needs Assessment, about really connecting people and programs, about connecting needs and priorities, about allocating resources in a way that makes sense based on what we found in the Needs Assessment. We've sort of created this way of encouraging people to understand, assess, meet needs, go out, understand some more, assess, meet needs--that's where the dynamic process gets involved.

And so finally, if you have a whole set of these kind of chemical reactions going on, they can become collective autocatalytic. And what that means is they become self-sustaining in lots and lots of other places. So, if you think about your opportunity in MCH Needs Assessment--and I would underscore the five-year Needs Assessment as an opportunity--can potentially have an impact in other systems such that they go out and they're increasing their capacity by understanding what they are and are not doing well, by understanding how their understanding of their needs is either adequate or inadequate, asking tougher questions involving new partners, you can have an impact in MCH on all sorts of other systems that then become self sustaining over time. We--

and I said that we can collectively work together to become self-sustaining population-changing, need-understanding-and-impacting machines. There's sort of a superhero element to it. I know. And I'm an idealist because I think it's important, because the kids and the families and the grownups are important.

We can't not know what we know. Once you go through a Needs Assessment process that is actually effective, you're changed by that unless you somehow block it out. Once you learn something, once you know how to count, you don't know--you can't not know how to count anymore. It's sort of the whole--you learn how to ride a bike you can't forget how to it. You might be a little rusty every now and then, but you're fundamentally changed. And I do a lot of work in the community in experiential education, because I think with kids and youth and grownups--I have a four year old. When grownups have the experience of something and you can connect with it physically, mentally, emotionally, you're changed. So, Needs Assessment can be like that. Once you know what it's like to have a population group that you have been trying to impact on the state level for years and years and years and then you go out and you do a really good job of engaging partners from the community, you get buy-in from the stakeholders who matter in that community, you get really good data and people are excited about it and talking about it, you're changed. You do your job differently because suddenly you know, "Hey, Needs Assessment matters." We can't make decisions or allocate resources in the same way before. So, then if someone comes to you and says, "Allocate this," the question becomes: On what needs are we basing this allocation? On what needs and what data are we making the decisions that we're making?

So, amusement parks and chemistry. I think it's a phenomenal fusion. It won't necessarily sell books but maybe it will change some people's perspectives or, ideally in this audience, just underscore the values and the ideas you already have. Because what I'm talking about is not rocket science although it is chemistry--which is fairly close in my mind--but it is about values and it is about integrity. And it is about accountability, and it is about enthusiasm because what we do matters. And so, as I considered all these different values about Needs Assessment and some of these piece that we're talking about, conceptual models come to mind which for some people have the same sort of intestine--what it was that Michael's comments is sort of an intestinal response when you think conceptual models some of them are like, [makes sounds], okay?

And actually, the birth of the conceptual model that we've been talking about happened over a series of events that started last May in the work group that Cassie pulled together with Donna Petersen, who will be here tomorrow--many of you have worked with her for a number of years--and lots of different members of the field to look at the Needs Assessment process. And so, the conceptual model I've been talking to you about that ideally will, you know, pull together some of the ideas that I just had gone through with you has been a work in progress over time. But hopefully, we'll fuse these ideas of the orientation part of navigating an amusement park with this powerful catalyst idea from chemistry.

So, in a world filled with way too many models already, why in the world would we need a conceptual model that blends MCH Needs Assessment and programming? You know, because I was working on this model and put a lot of energy, I am not a really good graphics person and slides and that sort of thing. So, I noticed as I was getting ready for this talk I was spending hours and hours and hours doing all this work on these slides and then I thought, "You know, why am I doing this conceptual model? I got to back up a little bit."

Talking about Needs Assessment, why do we need one of these in MCH? And there's lots of GWENDOLYN J. ADAM: villains demonstrated the life course model and showed Donna's model. There's lots of different models in MCH that relate and this is not an exclusive one by any stretch that I'm going through but I was thinking about MCH and why we need a model because MCH work is people, process, products, income--out income, yeah, MCH workers' income. Let me just be clear, it is income--impact, outcome and accountability. It's national and state and regional and local. It involves formal designated partners and informal partners. It has requirements in every constituency involved, all right? And this is all happening simultaneously. So, if you focus on one part of the system you're likely leaving out some part of another system. If you're focusing only on what's going on in the state level, there's probably some national initiative you're not necessarily buying into in the right way. And if you're focusing only on mandates within your state, you might be missing a national one or vice versa.

There's a lot of this going on in MCH work, right? You've got kids. You've got mothers. You've got fathers. You've got newborn screening. You got (inaudible) health. You got pregnant. It's just like crazy, right? We're multidimensional and focused because it is a life-course experience. We don't stop at any one stage because we shouldn't. In systems, if you change anything in one part, it's going to affect the other part. So it's complicated what we do in MCH. If we put our investments of energy, time, money, resources, priority et cetera in the adolescent health, what are we doing in prenatal care? You get the sense of what we're talking about. You're living in the sense of what I'm talking about.

Recognizing, understanding and documenting these changes is fundamental to accountability, but with limited resources of all kinds--strategy, collaboration, working together--those kinds of things takes a precedence in a way that is unheard of. The multi-model benefits to everyone involved become essential. Needs Assessment methodology provides a way for us to accomplish all the different parts of MCH work, okay? All those different parts of MCH work with all the parties or constituents represented while addressing all of those requirements and monitoring for them or being accountable. You see, the way that we organize to meet all those different competing needs and different populations and stuff is really good Needs Assessment. That's ongoing and integrated into the programming. So I thought, "Hmm, we might need one". If done optimally, Needs Assessment and MCH program are interdependent. They're inseparable. They are fused. They inform each other. They're a circular continuum. I don't know how many ways to describe it. They have to be kind of one

step. It's a beautiful dance--feeding off of each other, if they're done well. If they're not done well, it is a really thick book somewhere on your shelf, all right?

Needs Assessment is a process of being. You are in a state of Needs Assessment pretty continually, not necessarily the formal five-year report writing, okay? There's a real big difference between writing a report and assessing needs. The process I'm talking about is the process of being versus the process of being on the shelf, okay?

One sounds pretty interesting. The other sounds like a job. We as formal MCH folks must be strategic. We have to be effective. We have to be clear. We have to be able to be accountable for public health. That's a big job. It's a big job. So, we need a model to try to keep these essential pieces--factors, methods, the ways that we're doing things, processes--accessible and real. Because if we can understand how it works and we can describe it, well, not necessarily with the model that I'm talking about but something that really makes and makes sense for you, this will make sense to me. And it pulls together a lot of pieces but something that you can put your passions behind, something that you can put your energies behind and that you and your colleagues can make happen. If we can do that and we can involve stakeholders in the process, we can accomplish our MCH mission.

And so, we need a model, in my estimation, to demonstrate this critical interdependence of how we, at the same time, are knowing and doing. There's a synergy involved there--knowing what we need to do and actually doing it and then being able to describe what we need to do and document when we do it. That's this dance I'm talking about. And

well done Needs Assessment is part of your ongoing processes. It's an opportunity for multimodal collaboration and strategy. If not during the five year Needs Assessment when you have actually a federal mandate that comes out and says, "You have to do this," then what better reason to go down to your colleague that you don't necessarily know well in the department and--or someone else outside the department--and say, "Hey, I've got to do this thing. You ever got one of these federal things that you got to do. Can you just come to our meeting?" and that sort of thing. It's about building partnerships in opportune times. And so the Needs Assessment becomes an opportunity for this kind of multimodal collaboration. It's also a framework for assuring that we connect and we create things and we construct things that are for our benefit and our population's benefits and other people's--our colleagues.

So, I'm going to draw your attention--well, first of all let me just ask if there's any questions on anything I've gone through? Are people still with me? Are people still awake? We're resonating with folks coming to this back of the room. People are sitting up like, [makes noise]. Just come back here. Hopefully, I'm not making you guys too dizzy up here. We're going to go through if there aren't any other questions, comments. No? Is this connecting with what people are experiencing? Can I hear anybody say anything like, "Hey, yeah, this is what I've experienced. It's now what I'm experiencing." Any comments at all for some who's been through the Needs Assessment process. Dr. GWENDOLYN J. ADAM: Nugent?

DR. NUGENT: I think, what I can relate to the most was when we walked through this process that you were changed. You don't come out being the same person and change your outlook and effect this immediately (inaudible).

GWENDOLYN J. ADAM: Great. Thank you. Yes?

UNKNOWN SPEAKER: I like your mandatory (inaudible) but it's not my experience because I think you left out (inaudible) part which is a lot of (inaudible) and the applications define (inaudible). So, the way that it alters slightly your metaphoric basis is instead of using inorganic chemistry, (inaudible) biochemistry (inaudible) the overall probability (inaudible) --

GWENDOLYN J. ADAM: That's really good. And if I had kept--if I had taken a microbiology class and then kept the folder, I might have been really good with that. But I appreciate the comment, and you make a really good one in that this is all happening amidst a breathing, living, changing, modifying system, organism, life force, whatever you want to--so, I appreciate the comment, and I think it would be a very good modification.

What I would like you to do is to just--first of all draw attention that you have sort of the pretty colors slide packet in addition to the slide packet and each one of the model slides that we're going to go through as we walk through this model are on the color slides because they're really hard to see and they're not sequential. So, I'll be talking

about pieces of this as we go through, and we are going to be taking a break in about 10 minutes. Okay?

So, as we look at a model--you look at your model--basically, what we have is on the top half of the model, we have MCH programs represented. On the left side, we've got maternal and child health bureau federal and the state on the right. On the bottom half of the model, we've got MCH partnerships. This can be state, local, federal et cetera. The whole left side of the model refers to some of the federal side of things, national side of things, big initiatives, could be regional as well but anything outside your state, essentially, or encompassing your state, but a federal look. The right side of the model, overall, looks at the state experience. And then, if you flip to the next one--it'll come up next to my slides--there's an inner circle that represents MCH programming overall. And there you will see the MCH pyramid, and I know there were some debate as we were developing different variations of the model to look at, you know, are the population groups the center or are the services the center? But just for the sake of going through the model and explaining it, I'm going to step outside of that debate for a minute because you'll see reflected the four levels of the pyramid and then the population groups, including all four that are defined in the Title V legislation, all right? So, just as a means of orientation in this model and this is going to be a progressive thing. So, this is going to start to make hopefully more sense as we go through it but for now I'm just kind of orienting you to the basic areas of this model.

And as background for this, before we go to the next slide for you to look at, in order to do those two things that we wanted to accomplish with Title V Needs Assessment, which is to improve outcomes and to strengthen partnerships, the work group that I talked about earlier that Cassie called together worked collaboratively to modify steps that had been identified that you go through in the Needs Assessment process for MCH. So it's 10 steps--to ensure things like it fulfills the legislative requirements. So if you're going to get through this Needs Assessment process ultimately we want to make sure it fulfills the legislative requirements, that it builds collaboration, that it integrates competing needs and priorities, it looks at understanding different resource needs. It also has a way to address capacity--which our entire talk tomorrow's going to be on capacity--and it looks at integrating this idea of a comprehensive and dynamic approach to Needs Assessment so that it's not a stand-alone piece. So, it is right for a stage model. So, if you are flipping through the model stages, the second larger circle represents the 10 stages. And then there are four processes involved--and I got to see if I can do this. So, you've got the 10 stages around here in the Needs Assessment process, and this is all going to be very familiar to you, ideally, when you're looking at the guidance for the Needs Assessment, because this is all explained in detail in there. So, the 10 steps that we're going to go through in the model are all around this outer circle, okay? There's four quadrants in the model. Remember this whole side is state, this whole side is national, this pie part is MCH programs--formal MCH programs, and down here are the partnerships, okay?

And so as we move through these stages--and these are not absolute, either in order they're very fluid. They impact and relate with one another, but these are the 10 stages that you'll see articulated in the Needs Assessment Guidance. In each quadrant is the major areas of focus in the Block Grant Reporting from year to year, so you'll recognize some of these titles, and also in the Needs Assessment. And we're going through this. Are people with me still? Even those who are not conceptual, I'm trying to, kind of, do this piece by piece. Bear with me. Okay. So modeling--I'm really, very, very much a proponent for doing what we say we're going to do, because I have a young child; because I work with adolescents. You know, if you're not true to your word with an adolescent, forget it, for those of you who work with or on behalf of them. So modeling, if we make meaning out of content--if our process of learning about Needs Assessment can produce this feeling that Dr Nugent talked about--can actually produce meaningful content and an understanding of how to use it, then we actually have something that's pretty powerful, that wow effect. And I am going to get back to the model. I see some of you, like "Okay, we didn't really talk about the model." We're going to go through it but we're going to be using a live example that ideally will have an impact not just for this training but outside of the training, because usefulness is at the experience of the invited. That's sort of beauty is in the eye of the beholder. Usefulness is in the experience of the invited. I'm inviting you to partner with me for the next, I don't know, 2 hours or however long we have, to go through this model and to go through this experience. But it will only be meaningful if it's meaningful to you all. And you can take it and do something with it, not necessarily the model but the concepts; the catalyst experience. Because when stakeholders are present, in each moment there's an

opportunity. And I mentioned earlier that I'm on faculty on one of the training programs, the LEAH Program at Baylor College of Medicine.

How many--are there any other training program representatives here? Besides Laura, obviously, okay, thank you. All right, so you are some of my stakeholders, okay, because you're Title V folks, children with special health care need folks, GWENDOLYN J. ADAM: data folks, the Title V community overall, federal and state. So, we're going to be using a very live example of Needs Assessment and a specific process to make this meaningful. Ideally, this content--ideally meaningful ref for right now into and elucidate some of the points, but also so that you can have an impact, sitting here today, on an important part of MCH programming. Chris DeGraw did a really great job, kind of, giving you an overview this morning of the training programs. There are lots of different training programs and research programs that are investments of the bureau.

And how many of you have worked with a training program? Not necessarily as a formal staff or faculty member, but collaboratively. That you've actually worked with somebody on a--okay. Many of you, excellent, okay. One of the, kind of, basic charges of the training program: is to prepare an MCH workforce, okay? These are MCH leaders. The leadership component was talked about a lot this morning that there's a real emphasis on MCH leadership competencies. I'll talk about that in a little while. But it is our charge as training programs, under the auspices of the MCH training bureau to prepare workforce that is--going to go out and not just contribute to MCH or change the field through research and teaching and clinical practice and public health, but also

specifically to support the work of the state Title V programs and related MCH programs' organizations. So that is, kind of, the backdrop of the training portfolio. The MCH leadership competencies were developed in large part--a lot of people worked on them over the years, and kind of honing in on "What do we really mean by MCH leadership?" Laura pooled together a work group of folks within MCH across all different programs, some outside of MCH formally and worked for number of different years on iterations of what is now the MCH Leadership Competency Document version 2.0, which was released at AMCHP last year--no, 2007.

And I was on that work group as was our project director AI GWENDOLYN J. ADAM: Horgenroder. Anybody else in this room on this workgroup? I can't see anybody else, no. Okay. But as part of the process of developing those competencies, Laura articulated a plan very clearly that we--and the group very much supportive of this--where the competencies would actually get out to the MCH community and broadly to the MCH community, not just in our own little training program or research programs. And so, part of what I agreed to do was--because of the collaborative work I've done with Cassie, is use their mutual support of each other across divisions to try to get the GWENDOLYN J. ADAM: leisure competencies into a Title V community. And I've done a lot of work down at the Pacific with folks from the Pacific, which--raise your hands if you are here from the Pacific, made that long flight over. Yes good to see you all--around developing a project for not just assessing whether or not the leadership competencies could be usable down there, but to get a sense of how can even having a project where we raise awareness about the leadership competencies start to get a

shared energy around bringing this product of the training programs to the Title V community. So, we have this Pacific project now, specifically in an effort to address an encouragement to take this to the Title V community because we have the endorsement of both Laura and Cassie on that. Another thing that, kind of, is a backdrop for--and this is actually going somewhere, is conversations with Cassie and Donna. So we've talked a lot about--you see I'm from the training program side. I'm again, sort of, I'm the only one in the room besides Laura that, sort of, represent the MCH training program. And so it does happen that we collaborate with each other, because I've been working with Cassie for all these years and all different PTA projects and reviews and that sort of thing. We talked about just lots of ideas about, what is it that, sort of, is getting in the way possibly of there being more of that. Many of you have worked with training programs, but why isn't it an interdependent process? Why isn't it that whenever you all have a Needs Assessment coming up that the first people you think about, "Hey, let's get all of our training program folks around the table," and many of you probably do. But what gets in the way of that? And I was talking with Donna Petersen, and she said, "You know, when I was a Title V director, sometimes I'd put in a call to our training programs--and this was years ago--and they'd say, you're a title who? You're a, you're a what?" And this is before, sort of, I think Laura's investment in pushing this along--this collaboration along. But I think the statement was that there isn't always the intended interdependence of the MCH programs and the Title V community, and there'd been a lot of discussions. I think a couple of years ago, Laura gave a really powerful talk at the partnership meeting about how unique it is to have a training program and the Title V service in the same bureau because of this intended interdependence.

And so, anyway, all of this is a backdrop that led to discussions at the MCH planning group around “How can the Title V programs potentially involve some of the MCH training programs in the Needs Assessment process? How could we facilitate that?” Both Laura and Cassie participated in a project that we’re doing currently in our LEAH program around involving the Title V community and the training community in collaboration. And so what I want to do--talked about the training program--is I’m going to ask you before we go to break. There is a worksheet in the middle of each of your tables, and it’s not really long. It’s got essentially six items. It’s going to ask for some input from you around the collaboration between and among the Title V MCH programs and the training community. Because what I can assure you of is that there is a lot of support from the bureau for this. And practically speaking, it does happen that training programs are doing a lot of good work with MCH programs. But it varies quite widely from state to state. And so, I’m taking this opportunity to ask you to please complete this--and I will be collecting this at the end of today, because this data is going to ideally be very powerful on impacting this collaboration. So if you’ll take a few minutes, fill this out. You do not need to put your name on it, but please complete that. If there are any questions, let me know and then we’ll just talk about it for a couple of minutes and go to break.

By the sounds of things it sounds like you’ve, kind of, transitioned, or have you just talked for a couple of minutes about this in general of where you table landed on a scale of one to 10 with 10 being super dooper strongly ideal, sort of, interdependent

relationship with the training programs, and then representing a few of the barrier to collaborating and then opportunities or ideas, all right? So just talk about it for a few minutes and then we will talk about that and go to a break, okay?

Okay, I hate to interrupt the dialogue, sounds like it's productive, but I'd love to hear just some general reactions to completing these items. First of all, I need general reactions-- easy, hard, interesting, boring, out of context, really helpful, changed my life forever. I'm going to write a bumper sticker, collaborate with the training program, anything. Yes?

UNKNOWN SPEAKER: (Inaudible)

GWENDOLYN J. ADAM: -Okay, terrific thank you.

UNKNOWN SPEAKER: (Inaudible)

GWENDOLYN J. ADAM: On the items or on the idea?

UNKNOWN SPEAKER: Collaboration (inaudible)

GWENDOLYN J. ADAM: Okay absolutely great thank you.

UNKNOWN SPEAKER: Not to be undone by your metaphor, the (inaudible) we came up with one of our own, that some of my GWENDOLYN J. ADAM: ships has (inaudible)

MCH training has become a certain direction and sort of program in terms of assessing need and training really, really articulating what benefits might be there.

GWENDOLYN J. ADAM: Terrific. Thank you, great comment

Yes, ma'am.

UNKNOWN SPEAKER: (Inaudible) but it's not organizational (inaudible). What's your objective (inaudible)?

GWENDOLYN J. ADAM: Okay, great. But there's not this, kind of, interdependence, the spirit of it.

UNKNOWN SPEAKER: You really felt, you know, very (inaudible).

GWENDOLYN J. ADAM: Great, thank you. Yes and we will be talking a little bit about that because--and this is one of the areas where I talked to you before about how sometimes Needs Assessment can feel a little threatening. I mean, here we've got the chief of the training branch and the head of the division that administers the Block Grant in the same room as I'm raising this Needs Assessment, and you guys are saying, "Yeah, we're supposed to be probably--we're kind of down and the training program is supposed to do it, and I'm one of the training programs. And I don't know where Texas is, but, you know, are we--there we go--right here in front of me.

So, I'm raising questions that could be perceived as threatening and what I want to say is a lot of the training programs are doing a lot of incredible work, with Title V programs, MCH. It's not at all about, "Oh, there's this horrible disconnect, and we're all doing it badly, okay?" It's about looking at if the intent of having the MCH training programs and in the bureau is to have this kind of interdependence, in terms of work force preparedness, technical assistance, mutual support, then is there an area to improve? And so I appreciate so much the gentlemen's comments up here about, yeah there's a lot of area to improve. Does it mean we're doing a bad job? No. Does it mean that we can all mutually benefit from somehow renewing a sense of energy and focus and maybe gaining a new awareness about it? Absolutely, and that's the intent of this. It's not to say, oh anybody is doing a bad job, but that there are always ways that we can potentially optimize this kind of collaboration. So, in general, did any table or area average above seven? Okay, excellent, great, a couple. How about, show up hands for the five to seven area? Okay. Three to five? Okay. Two to three? Okay. And then one? Zero? None in there? Okay. Lots of variability, and that's kind of what the sense is in the field, that there's a lot--there are some areas where it's incredibly strong than other areas.

My hope is that after today's dialogue and going through the Needs Assessment training process and looking at how Needs Assessment can actually be dynamic and integrated in the programming we will go back with some ideas on how to help make this happen. And my commitment to you as a training program person is to work with Cassie and Laura and take this information back to my fellow training program folks and

somehow get it out there and say, "Look, here is the ideas that the state programs have, representative of Title V, children's special health care needs, data folks, everybody here in the room. Now how can we make this happen with mutual investment in a different way? So, primary barriers, just a few ideas that people have. We'll get to the way of this happening. Time, absolutely. Distance, yeah, not every state has a training a program and you even, you know, in Texas we like to think we're so big and we are, but you know a three, four, five-hour drive between training programs and the Department of Health is significant, so, yeah, time, all sort of things. Other ideas, barriers yes ma'am?

UNKNOWN SPEAKER: (Inaudible).

GWENDOLYN J. ADAM: Okay, yeah having sort of a shared project, idea, initiative, vision et cetera are getting people to rally around the same thing. Any other major barriers that came up, yes?

UNKNOWN SPEAKER: (Inaudible) communication. Part of it is the time (inaudible) So I think it's a challenge that we the we all have specific answers (inaudible) moving forward. Sometimes it's just a little hard (inaudible) to find that (inaudible).

GWENDOLYN J. ADAM: Okay, great thank you. I recently had the experience--I'll get to you in one second--of interfacing with a number of our Title V leaders in region six around this issue, and what came up time and time again was, you know, when this,--

“Wendy, when we need consultation on a specialty topic or an initiative, we go to the folks at the university down the street or we go to the local programs, because we have relationships with them.” There are built-in ways to effectively communicate with them, and so part of our job working on the training program side, working collaboratively with you all, is to--how do we build some of those routes of communication? Ideally some of the feedback you gave on the sheet today will help start our understanding in the training program side of, “Is my idea as you all have?” I saw him right back here.

UNKNOWN SPEAKER: (Inaudible) relationship?

GWENDOLYN J. ADAM: Okay, thank you. Yes, it's critical. Yes sir?

UNKNOWN SPEAKER: (Inaudible) program that's virtual not necessarily, say, I work around the (inaudible). And so, we don't get that kind of number of requests to go to MCH (inaudible)?

GWENDOLYN J. ADAM: Okay. Great. Thank you. Yeah, there is this sort of fundamental awareness piece. Some of the feedback I've heard from Title V folks have been “Oh, I didn't even know who you were. I don't what LEAH is, or I don't know what LEND is or I don't know, you know, the different training programs,” because there's just all these different acronyms and all these different things and it's hard to keep up with that and on the flipside, when you talk to some of the training program folks who are like, “I know I'm supposed to know who my Title V director is, but I think it was sort of

vacant for a while and there was an acting, I don't know who it is." And so it's against sort of about building awareness. I think that the--what is this, state snapshots--is that the name of it? Now that they pull up the MCH investments in the area that is a fundamental, a huge leap forward in trying to build some of these collaborations, so when you go home or get online and look at your state's snapshot, you have a way to now access really quickly, what are some of the other MCH investments in the area. Yes, ma'am?

UNKNOWN SPEAKER: (Inaudible). And some of them are (inaudible). It's not something that you do, some of them (inaudible) are national and others are in their area or regional and it's a (inaudible) and that's a different kind of thing, the local, regional schools of health. And most of the students (inaudible).

GWENDOLYN J. ADAM: Well I think it's an excellent point and the training programs are all different from one another. And so, as you think about ways to maximize what it is this collaboration could potentially give you to think creatively and to think exponentially. So, think about I'm going to be creative, I work with these folks in the pacific a lot, it's not in region six. But we have built some really great working relationships facilitated by Cassie, because other shared investment in some areas of MCH programming. You have the same opportunity.

There are only seven LEAH programs in the country for adolescent health. Every state and territory has adolescent health issues, every one of them. There's only seven of us.

Okay? And I can promise you there's plenty of need to go around. It's not like if you're from a region that has a LEAH, but you connect with one of the other LEAH programs that we're going to say, "Hands off, that's my state." Or "That's a state in my region." We really are invested in trying to promote a shared kind of collaborative agenda, so to think exponentially.

How about ideas or opportunities based on these little many needs assessment that I gave you for collaboration? We've talked about building some creative partnerships and developing ways to raised awareness and also communication. What are some other specific ideas that came out to some of your discussions and ways to collaborate, right now, that would be meaningful. Mm hmm.

UNKNOWN SPEAKER: (Inaudible)

GWENDOLYN J. ADAM: Wonderful.

UNKNOWN SPEAKER: (Inaudible)

GWENDOLYN J. ADAM: Perfect example. The comment was that their LEND program had contacted them and offered to have some of the students help them with the children special health care need survey as a class project. Perfect example. Any other ideas? Maybe things you're doing or potential ideas that would be really helpful? Here, yeah.

UNKNOWN SPEAKER: (Inaudible)

GWENDOLYN J. ADAM: Great. Thank you. Yes, the needs assessment process both the five-year needs assessment and then this ongoing dynamic process is an incredibly wonderful opportunity to partner with the training program because they are collecting data on all of their different constituents at any given time. They've got research projects going on issues of fundamental importance to MCH programming.

And so, again, looking at how does just raising the question about what we can do together start to change a system. Yeah, I mean, you can decide today everyone of you that before you go any further on your needs assessment for 2010, an MCH training program or representative or more than one could be around the table on those discussions. And that would be one change. A decision you could make today, they could have a fundamental impact on this collaboration. So next year, if we got together and I ask you this, then suddenly it's like, okay it's not this elusive training program, it's Joe who's on our advisory board on this needs assessment. So absolutely, we're at seven. Is there a way we can improve? Uh-huh. But we've got a seven now and we had a two last year. Those kind of changes are the opportunities we're talking about.

So, how have the items that you completed and discussed impacted your thinking about collaboration with MCH training programs? If it's changed at all, your ideas about

collaboration, raise your hand at all, if it's change any part of it. Terrific. Thank you. You had a hand up too?

UNKNOWN SPEAKER: Well, I was just going to say, you know, this is (inaudible) position less than a year, so this is also (inaudible) so even the fact that I know exist now (inaudible).

GWENDOLYN J. ADAM: Okay. Terrific. But awareness is key. I mean, if you don't even know there's MCH training programs out there, how are you going to collaborate with them? It's like you're reaching into space and hope you get something. Great, wonderful comment. Okay. How is this activity impacted your motivation to strength and collaboration with MCH training programs. Raise your hand if you feel like in some way it's motivated you to look at or at least consider strengthening those?

UNKNOWN SPEAKER: (Inaudible)

GWENDOLYN J. ADAM: Oh sure, thank you. The request was to repeat the comment. He was just making the comment that he's been in this position less than a year and that this is all sort of new information for him. And so, to look at, when you're new to MCH, the whole idea of just learning about or becoming aware of the MCH training programs can have a huge impact. So sometimes, the way I use that is, sometimes in assessing needs, you give people basic information they didn't even know existed that

can somehow allow them to make choices that they didn't even know they got to make, okay?

So I was asking about, raise your hand if the activity has impacted your motivation to at least consider collaborating with the training program in a different way? Probably about half, okay, or more. So, how does this activity apply to an understanding of MCH needs assessment and its integration and programming? And with that, kind of the cliff hanger, we'll take a 15 minute break.