Federal/State Maternal and Child Health Partnership

Technical Assistance Meeting

MCH Needs Assessment:

Concepts to Catalyst – Capacity to Competency

February 25 - 26

DONNA PETERSEN: All right. Dr. Adam, let's do it quick. Anyone want to share with us your discussion. Way in the back, let's hear from some new folks.

This is good for Wendy. She needs to slim down.

UNKNOWN SPEAKER: I feel obligated after the last round to stand up and say something since I got nominated. And by the time it got around to us, all the good ideas were taken. So I don't feel like anything we had to say was value added. So, we'll volunteer to go first this time.

As far as we're concerned, we have a couple of different states represented, so it's a little bit different. But one of the things that we felt that we can possibly do a better job at, as far as finding resource, is to even just look within our own agency in different bureaus. For example, our Chronic Disease Bureau is primarily funded from CDC programs, which have a lot of experience in logic models, population-based evaluations that we feel like we could benefit greatly from their knowledge base, now granted we have to provide some kind of care back to them as well. It's got to be a two-way street. So, even just looking internally is one thing that we thought about.

And another thing that we also mentioned was setting up programs with universities to pool in postdocs, graduate students, Masters' thesis projects. It's incumbent on us to have a research agenda set up so that they're not just kind of aimlessly wondering once they come over with us. But we feel like we could do a better job at bringing in some fresh eyes and young skills (inaudible) a little bit closer with our universities. But one of my thoughts is that sometimes I feel like we're trying to address 21st-century problems with a 20th-century workforce. So, definitely transitioning and trying to bring in those skills is something that we were particularly interested in.

DONNA PETERSEN: Excellent. Thank you. And then I (inaudible)

MARY FRANCES KORNAK: Hello. I'm Mary Frances Kornak, and I'm from the District of Columbia. And we already said that university collaboration is necessary. But we also - I also feel very heavy about community networks and watch groups that are in the community that have data as well as have some, although limited resources that they can possibly help with. There's also advisory councils like youth advisory councils or children with special healthcare needs advisory councils in the district. Then there's also special interest groups such as epilepsy and autism. And being in the district, we have access to larger amount of resources and other people, whether is money, it's always people. And then, one of the other things that I thought was important was local public health organizations. I know in the district, we have a public health organization that has

access to some data or had access to data and also access to resources such as people that could help with them - the assessment of community.

DONNA PETERSEN: Excellent.

GWENDOLYN J. ADAM: I should have run upstairs to get my running shoes. Just give me a moment.

UNKNOWN SPEAKER: Yeah. Our group wanted to emphasize the universities again but also the MCH training programs. We have two LEND programs in Ohio. CDC Fellows, Schools of Public Health, College of Sociology seemed - would be a very good connection because of - they deal with populations, analytic skills, family involvement.

One of the big things we were - we also thought about facilitation. You might go to nonprofits, looking at your United Way, your March of Dimes, those partners. We talked about your contract and get a lot of things, but we need to develop relationships so we can barter and trade because we have less money than we've had in the past, not that we've had much money in the past, but we have less now. And if we do that, we need to develop - to show them the value that MCH can bring to them, and then we can talk about trading TA and other skills as we partner together, so…

DONNA PETERSEN: Excellent. Wendy, John. Yeah, John Hurley.

JOHN HURLEY: I'm - we're moving out from Minnesota. This is going to come across as whining purposefully, and it's a variation of Tommy Smothers' "Mom Always Liked You Best." Within our organization, and I hope we truly are atypical, the Title V program is within the family health entity within the department. It is difficult to get the senior management of the department to look upon Title V, family health in general and Title V in particular, as policy experts as well as programmatic experts. It's just something that I know that you personally experienced when you're in (inaudible). And that's, I think, is a - I think it's a danger at this point in time because we are going through Healthcare Reform II. The two is in the Roman numeral II, not two as in a word - either of the words. And another specific example of that, I think, is - and this is something that Wendy and I discussed yesterday - and it has both an internal, within an organization, and external issues. And it's the bridge between a program that tries to approach issues from a systems perspective communicating with clinicians.

Internally, the example would be newborn screening and how the department views newborn screening as a laboratory program and, for some reason, forgets that there is a critical element called "follow up" that makes the laboratory part of it really look good. The external one, in terms of the example that Wendy and I were discussing, was Minnesota is very fortunate in that it has a number of training programs located in the Twin Cities. And we have very good working relationships with them but at least on one, the - a graduate nursing program to - for nurses who want to earn masters or doctorates to advance them as academically. They're primary interested in it from a clinical approach, and to try to build a bridge between public health and systems and students

who have just a sole interest in clinical matters is very difficult to accomplish. So, so much for Tommy Smothers.

DONNA PETERSEN: Do you even know who he's talking now? John used to be a friend of mine.

JOHN HURLEY: The first thing I want to do when I sit down, I'm going to - I'll make up a list. Donna Peterson, number one, get even.

DONNA PETERSEN: There was another hand way in the back. I used to like the Smothers brothers. Whatever happened to them? They were just in town I hear. So you missed him, John.

UNKNOWN SPEAKER: The Smothers?

DONNA PETERSEN: Yeah.

UNKNOWN SPEAKER: So, just a comment, I don't know if this has been mentioned, but as we look at capacity in our partners, many other grant from the programs also have to do needs assessments. And I know IN Vermont this year, the Title X Family Planning has to do a needs assessment. And I'm really excited because that's going to done before my needs assessment has to be done. And so, in a handful of other states

and also some other Title X recipients will have to do theirs next year, so just another place to go for information.

DONNA PETERSEN: Excellent suggestion. Anybody else?

UNKNOWN SPEAKER: And actually, I think you're the one who told me about the wonderful example instead of two birds with one stone, feeding two birds with one seed, the less violent thing, but that's what it sounds like you're talking about is strategically partnering around a shared initiative, needs assessment, to accomplish multiple things and multiple systems simultaneously. So, thank you.

DONNA PETERSEN: Well, again, I think we've come a long way recognizing that we have shared responsibilities and we don't always have to be competing. When we hired John Hurley, we hired him to be a child health policy consultant, I forget what your title was, and I got beat up by the local health departments who said, "We do child health policy. You don't do child health policy." And I thought, "Wait a minute. I don't think anybody is doing child health policy." That's the problem here. Why can't we all come together and figure out what it is we want to do, and John was masterful at bringing those folks along. Yes?

MARY GOLDBERG: Hi. My name is Mary Goldberg and I'm from California. In our group, we talked about who we could partner with. And, basically, we talked about subcontracting because that's typically what we do for help. We look at family, well, not

subcontracting but help with family organizations. Parent to Parent was a focus group that one state finds to be very, very helpful. They talked about the LEND program, MCH training, that that's a good resource. Another recommended faith-based organizations that they worked closely with them for additional assistance, and the one I loved was one state has picked up some volunteers, retired - not retired - laid-off engineers, and the engineer helped with, I guess, spreadsheets and all kinds of different tools that they're using in their needs assessment. But you can go to United Way, I guess the Web site, and look for people who can help you that have the skills that you need. And there are other organizations like in - what's that?

UNKNOWN SPEAKER: Service Corp.

MARY GOLDBERG: Service Corp of Retired Executives was another one. I know in my program, we were falling way behind in data entry. Imagine, well, we've now switched over to online entry but data entry. So, I went to another program and they were able to help. So, like someone else said, just to reiterate, to look around your own environment, there maybe people that can help you. But I did like the idea of going to the retired folks or the laid-off people for skills that you may need.

DONNA PETERSEN: All right. Okay. So some good thoughts about what skill capacity we might need. Very rich discussion and great ideas, and I think we will gather up those sheets and collate them and make them available not only to the training programs but to all of you if you'd like them back. I'm sure the bureau would be happy to do that, right,

bureau folks? Okay. So let's move to resources because now we thought about skills and talents and attributes of people, now let's think a little bit about - oh, let me just comment here that, I didn't do it nor did you do it. You didn't link these things to specific need areas or program areas because you don't have to. It's sort of what is the basic potpourri of skills you need available and you need to know what you have, what assets do you have, so that as you start identifying the needs and the problems in the community, you can start making those matches because, again, remember what I said, if you can't do anything about it, there's very little point in putting it out there as a priority or holding yourselves up to be accountable for something that you have not much hope of being accountable for. And obviously, things change as we go along, so you want to always have a handle on what assets you have.

So let's talk a little bit about resources; and yes, it would be lovely to have more money, a number of you have mentioned that and it's always the topic of conversation when we come together, and you certainly want to be thinking about it. As you come up with your plans, you're going through your needs assessments, hopefully you're doing this in an iterative way, so you're kind of getting the sense of what's going on, you're reading the literature, you're talking to your colleagues about what you might do about it, you're thinking about your own capacity. Then you start thinking about, "All right. Who might fund an effort like this," and you ought to be thinking about that. What's the calendar of going to the legislature for request? Is that realistic in your state right now? Is there an agency like the bureau or CDC or somebody else? And it'll be interesting to watch how all this money, stimulus money, plays out. And it's kind of loose right now and it's hard

to figure out where it's going to be, but it's going to be somewhere and it would be nice if some of it were with you. So, this is a good time to be thinking about the things you always wanted to do, that you actually know what you want to do but don't have the means. Is there a foundation which gets back to the grant writing skill set or is there a partner agency who might share an interest in this who has money for that thing? So, again, it's something that you want to be thinking about. And then the other thing we've got to think about, and it's hard to do, but can we stop doing something else in order to fund something new? And the comment earlier, a number of you said, "We got to have evaluation skills." We have to, the comment was I think, prove what we're doing has worth. Well, I'd say you better prove to yourselves that what you're doing matters and it's effective. And if it's not, maybe it's time to stop doing that thing and invest in something else. And that's right here with you. That's not anybody else. That's something you have to figure out.

And again, it's not just the money, but it's things like time. You may have the skill set on your staff, but do they have any time to apply that skill to this new issue or this new challenge? And again, it's your own staff. If you've got folks in your chronic disease branch, do they have any time? Do your local grantees have any time? Do your community partners have any time? Who has time, so sort of excess capacity? Are there other things they could be doing? And then related to that is this whole notion of, "Do you have capacity where you no longer have need?" So we built capacity around need. And now that need either exists to a lesser extent or is no longer as important as some other needs. And do you have skill sets lying around that aren't necessarily applicable to what it is you're trying to do? And this is the big challenge of changing

what we we're doing and what we do together and what we do as individuals. Who's doing what? How are they spending their time? And people will fill their time, right? They'll be busy. Particularly, when you walk around, they're very busy. But are they doing anything that really matters anymore? And sometimes, little things like putting people in a room and saying, "All right, what are the three stupidest things you do?" And people were happy to tell you because they do a lot of stupid things. They fill out Form 30, right? Well, I'm busy filling out this form. Well, we haven't looked at that form in years. Or I'm busy doing this or I'm busy doing that. Is that really what we need you to be doing?

And then how do you deploy new ideas and get new strategies out? People talk about networking the networks, about engaging folks. Who are your local agents? Do you have media markets? Do other agencies have local offices? And again, you're very different. Not every state has the same configurations. Some of you have local health departments that are agents of the state. Some of you have autonomous local health departments. Some of you don't have local health departments or only in certain areas of the state. So who else is out there in the community? Can you work through your schools? Can you work to your hospitals? And obviously, we're delighted that you're talking about academic partners both - that's where Wendy and I sit and live - but where are they? They tend to be located in the urban areas. And if that's not where your needs are, are they somewhere else or do they have branch campuses or what's the connectivity there? How do you get these ideas out?

And then to what extent do you have a sense of what your local delivery capacity is, not just yours but sort of the larger community? Who's out there delivering the services, big S services? I think John Hurley's point was a good one. If we're viewed as service deliverers, then it's hard to have any credibility as policy level analysts and systems developers. So, people say, "Well, you're just paying for the prenatal care visits." Well, no, I'm not, but a lot us are and what's going on out there. And do you routinely conduct resource inventories as part of your needs assessment?

So I just want to talk a little bit about that because I'm not sure everybody does this anymore. We used to do this when we were heavily involved in service delivery and some of us still are. But there are certainly people out there being served by somebody somewhere, and that might be something you want to know. So, are people getting what they need in what level and what form? And is there, again, is there underutilized capacity? Do you have a clinic comparable to another clinic, and this one serving three times the clientele, and it's not just because they're better and more efficient, or do this people have time on their hands that they could be doing some other things?

And you can do this kind of resource inventories lots of different ways now. It's easier now with the Internet. You can develop a quick survey online. You can call them up. I know a couple of states that I'm aware of do audits where they actually go into clinics and review records and time logs and look at patient flow and get a sense of what's going on out there. Or again, if you fund them and they have to present some kind of plan to you, you may ask them to give you more feedback maybe than you're getting

now - somebody, what did you talk about, sub-recipient monitoring? What's going on out there and what information are you asking them to report? If you fund them, that's easier to do.

And again, what you want to learn is what are they offering to whom, at what level of intensity, with what kind of coordination efforts, with what kind of follow up, at what cost, or are there eligibility restrictions, where, when, and by whom. Simple stuff, but sometimes it's very revealing to actually say what's going on out there. Somebody mentioned GIS earlier, and we've all seen this, where you map where need is and then you map where the resources are and they don't map, right? It's like completely different boxes on your grid and you wonder how that happened. But again, what's going on out there and where might you have some capacity to do some different things? Okay.

Resource inventories, good needs assessment, tools like GIS really help you get a sense of where your assets are at the local level and, again, might give you a sense of where you have gaps or maybe the potential to add something to the mix, develop some new linkages, modify the client service mix out there, because you have the state level view. And you can say, "I need to perhaps shift some of these resources," but you have to know what's going on out there before you start making those decisions.

Okay, so if you figure that out, if you figure out you have an area in need of enhancement, as I put up here, or maybe something that needs to diminish and

something else needs to expand, how do you get those folks to do that? Because they don't want to change any more than you do. They are people down there who are happily doing the job they've been doing it for 20 years, thank you very much. And that's what I do every day when I come in. And if you tell me I have to do something different, either just, frankly, don't want to do it or I'm frightened because what does that mean? And if I've been doing this and, now, you want me to do that, does not mean you didn't like me when I was doing that? And people have feelings about these things. They get invested in these things. And obviously, if you fund them, it's a lot easier. So, you can say, "We're not going to fund that anymore, we're going to fund this." But even then, you don't want to do that without some conversation. Why are we doing this? Tell me what you think about this. Tell me what you're seeing in this community. Here's what we're seeing, here's what your community told us, now we want to hear from you. And they will often surprise you. Ask them, "I want you to help me work through this. Here's what I see. Tell me what you think." They will often surprise you. Your own staff will often surprise you if you give them a chance to participate and think through these things. And obviously, if there's a way to create change through a carrot approach and not a stick, it's a heck of a lot easier. So, for instance, if you fund them to do one, two and three, and now you want them to add four, well, maybe they really want to do five. So, okay, if you'll do four, I can let you do a little bit of five. Right? Or, if they really have always hated one and you don't really want them doing one anyway but you don't tell them that, you say, "Well, all right, you push me up against the law." I'll let you stop doing one if you'll allow to do four. Instead of saying, "You're going to do this, you're going to do," you know? Find a way to make it something that's palatable to them,

something that they're going to want to do and be eager to do. Especially if they've helped you worked through it, they're going to be far more invested in the outcome in the process.

Now, a lot of what goes on in our communities, we don't fund. So, they might be funded by other parts of our agency, in which case, some of these partnerships that you've already been developing in order to optimize skill sets might come in handy here because you might say, boy, it would be helpful to us if while you're having them report back on what they're doing for you, they also reported back on these couple of things for us. There's ways to back in to it from the performance measurement accountability issue. I was just at a university the past few days and they were talking about how to get faculty to do new things. And if you think you have trouble getting people to change, go to an academic environment where the reason people go in to academia is because nobody has - there isn't anybody telling them what to do, right? And the guy used the example, he said, "If you start monitoring how many days a week I wear a tie, I'm going to start wearing a tie every day." It's pretty simple. And in a way, he's right. What you measure gets changed. What you monitor, people pay attention to. If you're not asking your local agencies to consider policy issues, they may not. They may, but you won't know that they're doing it. If you say, sometimes it's as easy as just saying we're going to start gathering these data. And then remember you have to give it back to them because people like feedback, and they like to know that they've done a good job. Okay? And again, do it in a positive way. Reward them rather than punish them for not doing it.

And then the other thing, I know we don't have a lot of money, but in some cases, it doesn't take a lot of money to get people interested in considering some other things. You may not have real authority, but you might offer some seed money. You can maybe put out a competitive grant and try to get the best ideas out there and then some way to exchange them or you might – somebody touched about contracting, you can get people to do things. I remember one thing we did when I was in the Minnesota Department of Health. We were trying to get our local communities to be thinking about what was going on around pregnancy and delivery in early infancy, sort of us saying, "Well, here's all the data we have, read it." We wanted them to be thinking about it but also giving us feedback on – from the grounds. What's going on out there? So, we came up with this kind of dumb idea, but it worked. It was to give every county $1 for every birth that had occurred in that county the year before. And for that money – and in some counties, it wasn't a whole lot. Others, it was pretty significant. And here's the deal. We want you to get a group of folks together. We'll give you the data. We want you to look at it. We want you to get some input. Why do you think these numbers look the way they do? What can you tell us about what's going on out there? And then develop some plan and a strategy. And it actually worked because it was money that they wouldn't have had, they could buy food with it, they can have a chicken dinner, bring everybody together and have a conversation. It was very effective. We had 67,000 births in the state. And for $67,000, I got beautiful plans from every county. So, sometimes it doesn't take a lot of money to get people to help you think through what are the resources out there and what are the opportunities to utilize those resources.

GWENDOLYN J. ADAM: Donna, can I make a quick comment on that to kind of reinforce that.

DONNA PETERSEN: Yes, you may, Dr. Adam.

GWENDOLYN J. ADAM: I'm putting my adolescent health hat for just a minute. We did something that ended up being phenomenally successful in ways that we never could have been creative enough to actually design in one of our youth programs. I'm the program director of a youth leadership program that's a very experiential community-based, multi-site, multi-service funded program, and we were really trying to get at the heart of how do we get youth and how do we get adults to effectively connect with youth, and to foster youth ideas and youth investment in building programs and partnerships between youth and adults.

And so, in one of our community-based programs, we said, "Okay, we're going to let the youth try to orchestrate getting youth feedback." And we gave them a volunteer activity where they could go out and take as many of these open-ended survey items that they could get completed within a two-week period. We offered this volunteer opportunity to, I think, it was 74 youth across several different groups. Thirty-nine of the kids said yes, we'll go do it. And in a two-week time period, they brought back 875 completed youth surveys on how to better get youth and adults to connect. All right.

Now, I live in Houston. It's a big city. But over 800 of them, we analyzed them for completeness and accuracy, and there was a 97 percent completion rate on these items. The data was phenomenal. And it was free. And the kids did the work. And they felt empowered, and it wasn't an intervention with these youths to go out and feel like they were actually bringing back feedback that we wanted to pay attention to. So, just to let you know that the youth can do this as well, and they're excited about it, and it builds assets in them as well too. Thanks, Donna.

DONNA PETERSEN: Great. Thank you. So, now, on your table, you have a piece of paper that says case examples. And I was listening to my daughter, who has a radio show on McAlister Radio every Tuesday afternoon, if you want to tune in, you can hear her on the Web. So, I was thinking songs, so that's why these all have little song titles. But what I've done here is I came up with five scenarios that I think you should find one that's familiar, at least, at your table.

And, again, I want you to look at this from the perspective of what capacity do you need to address this issue, either skills or resources at this point. So, the first one talks about how, for years, a lot of your money has gone to large academic health centers in your state and you're not sure that's a good use of those dollars anymore. What skills or resources might you need to deal with that?

The second one is that your money gets pulled with other state money that then goes out to the local level and it's kind of hard to track your dollars. And you'd love an ability

to have more say over how your dollars are spent locally to address some new needs. What capacity do you need? You got a great staff, but they were hired years ago for a different kind of program. Now, what do you do?

Four, you funded the same three programs for years and you can tell us a lot about what they're doing, but people in legislature now are asking for what positive change have those programs made. What capacity do you need to respond? And then the last one is you've done a wonderful needs assessment and you've identified some emerging issues that you really don't know a whole lot about yet because they're emerging. So how can you figure out what you might do about that?

So, the task is you can pick any one or do a couple, whatever you want to do, just kind of work through. What capacity do you need to deal with these kinds of situations? And I'm hoping some of them are – I hope they're familiar. They ought to be. Pretty typical. Okay? That make sense? Pick one, work through it. Take about 15 minutes and then we'll hear back.

DONNA PETERSEN: All right, I'm going to ask my lovely assistant, Dana, did anyone address the first scenario? Who wants to tell us about that? Yes? You guys back there?

VALERIE BERGER: Hi, Valerie Berger from Maine. We talked about number one and used an example of it in our state that we have historically contracted for outreach education for perinatal care providers, both nurses, physicians, et cetera. And I think we

find that the person who does this work still just travels around and does four different things of each of the same thing every year. And so, we were talking about how might we change that. And I think that the most helpful point was in terms of contracting to have an evaluation of that. And with a good evaluation, you've got your information that either tells you the others is really worth while and needs to continue, or it tells you that portions of it are important and maybe it then gives both parties something to work on to modify.

DONNA PETERSEN: Excellent. Thank you. Did anyone look at the second one? A couple of girls did.

UNKNOWN SPEAKER: Hi, everybody. The second one was very perplexing, but we realized that in our states that many times, it's difficult to have the power to say no. Many times, you've got to look at what your agencies are doing in kind. In our group, we were looking to kind of go on our Webs and things that are posted that talks about the completion of their applications, the timing when they complete it, and looking at who else was giving that agency the same money that you're giving them, and that maybe they could streamline and kind of worked to improve collaborations among themselves that with the money you are giving and they're giving, they can partner to reach the same region or reach the same target group.

And certainly, looking at how you would look to redo applications of agencies that come to you and that you grantee moneys to. Lisa, I think, brought up about funding

application that they would have to reapply and look at how they would justify continued funds. And also, use some of those reports that we get to look at data, how they are tracking or they are reaching their target agency to justify as to why you were given that same funding or less, and also having the ability to say, no, we really have a needs assessment in our department, can we do this any longer?

And also, we're finding they need to go to competitive applications and really becoming competitive as to who would apply. And another was brought up about, if you don't have money, sometimes if you can't give them funds or give them actual dollars, you can give them technical assist. The very thing that you were subcontracting to do, say, one of your workers or someone that you know that could give them a TA to that agency and really question the utilization of funds, start looking into the, really, micromanagement, which is more things to do. But to make sure that other funding sources are given if they're really doing what they say they are doing with it. Did I leave anything out? Okay.

DONNA PETERSEN: Excellent. Anybody else who looked at two that wants to – this table over here – well, yeah. You here, and then we'll go back there. Go ahead. No. Wendy.

JACQUELINE JOHNSON: Jacqueline Johnson from Tennessee. Tennessee has local health departments and so thus Virginia, who's sharing the table with us. Rhode Island, on the other hand, has local community health agencies, but could simulate some of that with the local health departments. We're just talking about it, needing the state to

come up with the priorities. But in order to do that, we would have to have data from those local agencies to prove, number one, that their programs were not effective, if that's what we thought that they were not effective. And also, to have evidenced-based practices to show them what our new priorities would be, and then having them as stakeholders to help us develop those priorities, and then we can get better buy-in, and also letting them develop their plans for the local areas based on the needs out of that priority.

DONNA PETERSEN: Great. Thank you. Now, back up here.

GWENDOLYN J. ADAM: He's good. I think I scared him.

DONNA PETERSEN: No, you didn't.

GWENDOLYN J. ADAM: Sorry, Sam.

DONNA PETERSEN: Did she scare you? No.

SAM: No. Come on.

GWENDOLYN J. ADAM: All right. Thank you. It's all about reconciliation. Okay.

SAM: Thanks, Wendy. I guess we were sort of looking at it from a perspective in our state where we've made a shift from our direct services to population-based services in our state regional areas. And one of the challenges, of course, is that you have people who've invested a lot of time, energy, passion in those direct services. And to have a shift to population-based really has been a challenge for a lot of reasons. And I think part of what we were talking about is really is that whole issue of staff development, of really doing some training and looking at how to really give people some different skills that maybe they already have but don't recognize or can just find a way to shift to some existing targeted activities. That's probably one of the things that we really are going to have to look at in our capacities for that purpose.

DONNA PETERSEN: Excellent.

SAM: Texas.

DONNA PETERSEN: Back to Catherine.

CATHERINE BRADLEY: Catherine Bradley from Oregon. So, Minnesota and Oregon were at the table and we're both in a similar situation in terms of our local agencies really have probably more money than they get from the state. It varies. Some do and some don't. But the state dollars really aren't that much. Our ability to actually require their reporting back is very limited.

Minnesota actually now has a Block Grant that bundles all of their public health dollars that even makes it more difficult to figure out where things go. And so, it's more that we're in a (inaudible) world than a stick world. And so, we just talked about some of the challenges and issues about that, the importance of TA. And we're trying to do some work in Oregon around shared outcomes. We started with perinatal health and actually brought our county partners to the table and decided that if we had two things that we were going to work on, what would they be? And through about a year and a half process came to the decision or pre-conceptual health and maternal depression.

But it is a real challenge because as we've done this exercise with our local partners in particular, at a state we work and our very attentive to Title V or some of our defending agencies, and they're attentive to their local commissioners. So, there's a whole different group to work with out there. But fascinating to hear experiences from another state.

DONNA PETERSEN: Terrific. Who looked at scenario three? Didn't like that one, huh? How about scenario four? Yes? You guys did?

GINA LUGAR: Gina Lugar from Louisiana. I just wanted to share an experience related to situation three. And we encountered this with hurricanes Katrina and Rita. Oftentimes, in the public health unit, you have dedicated staff that are there for 25-plus years. And most of our services have been preventive health screening, maybe family planning, et cetera.

Well, in a time of a disaster, you are that safety net. And all of a sudden, you're managing special need shelters with high-level medical needs. So, what happens to that skill set when what you're doing is (inaudible) screening, et cetera, there is a loss of those skills. So, we recognized that and we develop the competency trainings, whereby we had to go back, retrain the doctors, the nurses, and other ancillary staff who we drew upon to work in these special needs shelters to basically retrain them on care of the medically fragile persons. So, I mean, it's something that we really need to consider.

And, again, it goes back to the competency training, even within our programs. We have to take refresher courses, we need to know what's up to date, what are the tools available to us, et cetera. So, it kind of goes back to making sure that we continue to work on our own professional development.

DONNA PETERSEN: Excellent. Great example. Who looked at scenario four? Who wants to tell us about it?

AMANDA BENNETT: Hi, I'm Amanda Bennett from Illinois. And scenario four was about programs that have been in place for a long time and have lots of information available. But because I've been around for a while, the legislature is starting to question whether they're effective and whether they should be continued. We have Illinois and Ohio at this table, and both of our states identified this as something that's relevant that we're dealing with. And we really saw it as needing capacities kind of in two stages.

The first stage being figuring out whether or not we really think the program is working and using the information to do maybe a different type of evaluation, whether it be cost-benefit analysis or just a deeper look at the information that's available involving people with deep program knowledge to make sure we're asking the right questions about the program and evaluating the right things, especially if an evaluation plan wasn't built-in as part of the development of the program. If we're kind of coming to the evaluation site late, we need to make sure that the people who are looking at the program are looking at the right things and the things that are most important. So, that's really the first stage, is to figure out if we actually believe the program works and if we think it should be kept going.

And if not, also the capacity, too, I guess, think innovatively and identify new programs that maybe could take the place of just to not just eliminate the program and leave nothing in its place, but to come up with something new that's a promising or a best practice that could be switched there. And then the second stage being convincing the legislature of whatever we come up with. So, that would be, we would need a capacity for advocacy and choosing the right spokesperson to really bring what we have discovered to the legislature and convince them.

DONNA PETERSEN: Excellent. Is there anybody else who looked at four?

MARGARITA ODO: Hi, I'm Margarita Odo. I'm from the Northern Mariana Islands, Hawaii. It says Hawaii right there. Anyway, so we looked at it and we thought the capacity we need was to conduct an assessment or an evaluation of these existing programs. And we were also looking at cost analysis like money saved in the long-term for having these programs, and then the positive outcome measures. The assessment may come out really good, but if the person delivering the message to the legislature is not effective, so we were also looking at good communication skills for this part.

And then another one was for the capacity to look up funding opportunities and then write the grant. Write it so that we can come out with other ways to fund this program still. Thank you.

DONNA PETERSEN: Wonderful. Thank you.

MARGARITA ODO: And my team is American Samoa, Pennsylvania, and someone from region nine.

DONNA PETERSEN: In the back again.

UNKNOWN SPEAKER: (Inaudible). My group is Michigan, California, Connecticut, and Vermont (inaudible).

DONNA PETERSEN: Hmm. That's a group.

UNKNOWN SPEAKER: I just have another comment to make. One of the things that I'm noticing, I can't really say I'm a neophyte in the public health arena anymore. But in the legislative arena, I am. And what I find is that we have to learn the language that they speak to get our message across, because I find the feel good, this is nice and wonderful, we're saving lives, hoorah, doesn't work. And what I found in certain presentations, what caught their attention after we told them why you would want to do it, it really came down to the data and the financial savings.

So, I think we have to always look at what we feel is necessary versus nice and have the data to support it, but you better come with the physical piece of it because they hear that, or what's in it for you, even though we know we're trying to deal with our maternal child population, but we have to figure out their language and what will get their attention. And again, the evaluation piece is big. In Louisiana, we have a huge budget deficit, and you heard our governor and how we're not getting more money. So, again, we have to make hard decisions. And when I had to look at the programs that I oversee, I put down the nice and the necessaries. And out of the necessaries, what is really working? Because at the end of the day, we'll see less monies. And I need to make sure that I continue what I know needs to be sustained. And then, on the nice side, which one really works. So, again, we have to figure out their language and to talk their language when speaking to them.

DONNA PETERSEN: Yep.

UNKNOWN SPEAKER: The other thing that gets the attention of the legislature is independent advocacy groups, people writing letters, people showing up to visit their legislator, and they have much more clout than you do, because they don't work for the state health department.

DONNA PETERSEN: That's right. That's right. There was a hand up over here.

UNKNOWN SPEAKER: Just one more thing real quickly. A lady at our table from New York said you have to be sure and remind them what will happen if those services go away.

DONNA PETERSEN: Right. Okay. Who looked at the last scenario? Nobody. All right. Did you hear what you just did? I mean, you just did - we kind of brought it full circle. So all of the things we had - oh, wait a minute. Stop, wait.

UNKNOWN SPEAKER: We are on the (inaudible) at this table.

DONNA PETERSEN: Uh-oh, scenario six.

UNKNOWN SPEAKER: So, in all deference to your daughter who chose the songs, we're a table of music aficionados here.

DONNA PETERSEN: Uh-oh.

UNKNOWN SPEAKER: And so we did a medley theme. And it starts with “Help,” “I Need Somebody,” then it moves into “Helter Skelter,” and then it goes to “Come Together.”

DONNA PETERSEN: Wonderful.

UNKNOWN SPEAKER: So, in our scenario, it was made up of insurance rates are going up, people are falling off their benefit packages and they’re changing, including Medicaid, and the MCH Block Grant has been cut in half and declining.

So, we came up with some of the same themes, and I should say that my state is - my table is Marinara Islands. I’m from Alaska. We have Puerto Rico, Washington, and Florida, who’s incredibly rich in resources and is not the reality for the rest of (inaudible).

But we talked about finding those pediatricians and OBs who delivered the legislators’ children, who cared for them, and make them go…

DONNA PETERSEN: I like that.

UNKNOWN SPEAKER: …with families…

DONNA PETERSEN: I like that.

UNKNOWN SPEAKER: … and Phyllis uses this, looking at which sword you're going to die on. It's important to have swords that you're willing to die on. And then find out what was on the campaign platforms of those legislators and find the one thing that might relate to women, children, and family health, and beat it death and give them data so that they have something to focus on. And then really focusing, looking with your partners, as well as consumer and family advocacy. I think that those are going to be the groups that we're going to rely upon heavily. So, sorry. Thank you for indulging.

DONNA PETERSEN: Excellent. I like your medley. We'll all burst into a song in a few minutes. So you did exactly what I hope you would do, which is go back to some of those skills. But you also went back to what you learned from Dr. Adam yesterday because you talked about many of the parts of that assessment spectrum: having data, doing evaluations, cost-effectiveness, economic analysis, professional development, technical assistance. I mean, all the tools in your arsenal. So that was great. And, again, I didn't pay them, but we segue nicely into the last capacity that I want to talk about this morning, which is interest, which, again, is sort of the political will part of all of this, okay?

And if you've been a student of policy analysis, people speak of the window, the policy windows will open, and you had best to be prepared to go through that window and take advantage of the opportunity. Related to that is the softening up process because, as

we know, it may take years to go from when you've identified an issue and a solution, it may take years to garner the political will to actually have that happen. Who wore a seatbelt the last time they drove a car? Why?

UNKNOWN SPEAKER: The car beeps.

DONNA PETERSEN: The car beeps. Is that why you put it on, to stop the annoying beep? I sing along with my beep. It's the law. How long did it take us to get that law?

UNKNOWN SPEAKER: It's not the law in New Hampshire.

DONNA PETERSEN: Well, it ain't the law in a lot of places.

UNKNOWN SPEAKER: It is not the law in New Hampshire.

DONNA PETERSEN: Yeah, there are still a few states where it's not a primary offense.

UNKNOWN SPEAKER: Just (inaudible).

DONNA PETERSEN: You're the only one? Did Florida finally do it? Okay. How long did it take from when we knew seatbelts would save lives to when we got those laws enacted in most every state? Why aren't you the "Live Free or Die" state? So that would be consistent. Okay. It may take years, so you've got to have some patience. We got to

put that on our list of attributes - patience. But we can't flag in our efforts. So we got to keep that, the softening up process, we can't let it go. We got to work on it because the policy window will eventually appear and you got to be able to jump through it.

And I don't know if Milt discussed this yesterday, but one of the great works that he did with the - did he talk about this? Which I always go back to is - and it's sort of a simple notion, but we forget it sometimes. We need the knowledge base, which is the data, we need the strategy, which is the solution we want to impose, and we need the political will. We have to have all of these things. So, as a result then, part of your capacity assessment has to be what's the level of political will around this issue?

Now, again, part of this depends on the issue. Are there issues that are harder to champion than others in our field? Are there any issues that are difficult? Like what? Well, how…

UNKNOWN SPEAKER: (Inaudible) the administration.

DONNA PETERSEN: I'm sorry, what?

UNKNOWN SPEAKER: Reproductive health issues.

DONNA PETERSEN: Reproductive health. People don't like - yes.

UNKNOWN SPEAKER: Prevention.

DONNA PETERSEN: Prevention. What else? Oh, come on. Bill?

BILL: Surveillance (inaudible).

DONNA PETERSEN: Surveillance. John.

JOHN: At least up until the current time, I would say early childhood services across the board.

DONNA PETERSEN: Mm-hmm. Okay. We have many of the hot button issues sitting right in MCH, whether it's the family planning program, surveillance, youth violence, STDs, child, whose rights prevail, parental versus the society? We have all kinds of stuff that we dealing with. And depending on who's in office or who's controlling the party or what's going on in the state, these issues will be more or less challenging to you to champion. And then, of course, the other issue is, are there ever other things going on that distract or detract from your issue? You may be humming along just fine and then other things happen. Does that ever happen? And it can be from the loony to the ridiculous, that you then have to spend your energy running over to legislature and trying to diffuse, right? So it's like you're busy trying to work on your agenda, other things come up.

But it really gets back to how prepared are you to seize the window when it opens. So, have you accumulated enough of the knowledge base that Milt talked about? Do you have the evidence? Have you sustained a coalition of support? As Dr. Penny was saying, your going over there may or may not have any effect, but if constituents and people who vote go over and champion these issues, it's a lot easier. And, again, have you engaged in that softening up process? We know we can't lobby, but we can certainly educate and inform. And I know it depends on who's running your agency or the administration's policies on whether you can even go within five miles of the state capitol, but sometimes you can. Or if you can't, your partners can, your coalition members can.

So, who's going to meet - I love that idea - finding out who delivered their babies. And, you know, who's doing that surveillance, detection work, and then who's going in there, reminding them of how important that event was in their lives and it's important in the lives of other people.

And then, are you looking out for those events that focus attention on your issue? Because they happen and they often garner a lot of media support. Having octuplets through infertility treatments garners a lot of media attention. And if you wanted to do something about infertility, whether you're for it or against it or want to fund it or don't want to fund it, that's an opportunity because people's attention is focused now on that issue. If there's attention focused on the issue and there's a policy window and everybody's scrambling and you're not prepared, you've missed a huge opportunity.

And I know sometimes we can't be prepared for everything, but you ought to have a sort of running list of those things that really matter to you, that you see repeatedly emerging as you go out and do your needs assessment activities, which you now do routinely, not only every five years. And when you think about, you're engaging folks and what is the nature of this problem and who does it affect and what are the potential solutions or what capacity do I - you're thinking about this all the time. You ought to have a running list of where you're ready to go once you have the political will. You got to be ready.

And I remember my very first job in the Maryland Department of Health. My boss had been interested in the health of incarcerated youth. For, like, 15 years, this had bothered him enormously, that we had these troubled kids and they were troubled - they were in trouble just in trouble. They were in trouble - he did a little informal poll and found out that most of those kids, those incarcerated kids had already been known to the health department in one way or another. Either the mental health folks or the kids with special needs folks or the early home visiting, early intervention, they were known to us. And now we've got them captive. We should at least be able to address their underlying health concerns while they're captive in the facility. And could he get anywhere near those facilities or anywhere, he couldn't. But it was an issue for him and he kept at it and he kept at it and he kept at it and, God bless, Maternal Child Health Bureau, you came out with some RFP for something that looked like it would fit. And I was a little plucky master's student who needed a job and, boom, and we got money and we went in and it was unbelievable what we were able to do.

We also needed the political will because who wants to fund health care for juvenile delinquents, right? But we were able to get the data and the interest and we had a couple of things go on at one of the facilities that brought all of these stuff together. So, if you've ever experienced it, you know what I'm talking about. You got to be ready. You got to be ready.

So interest is certainly the interest of the elected officials because they're the ones who control the resources and ultimately make the decisions. But it also speaks to the interest of the public, which hopefully, we now all understand. It's the without which, not, you know? If we can care about something deeply, passionately, fervently, if the public yond, you won't get political interest. If you don't have public, if they don't care about this issue, they don't care about this issue. And that's why it's so important that as we go through the process that Wendy discussed eloquently with you yesterday, that we always have our eyes back on what's going on in those communities, what do you think, what do parents think, what do kids think, what do people that serve those populations think? And then, of course, the people that you work with and you partner with and you fund. Interest is at all the levels that we deal with, all the levels.

Now, again, thankfully, this all comes together. This is exactly what we've been doing in increasingly sophisticated fashion since 1990. We're gathering the data. We understand that the numbers we collect don't tell us everything. One, we don't collect everything we could or should, and that's partly because we got a - the surveillance thing looms large.

I was on a task force once, something about prevention, and I kept talking surveillance. And the guys from the Bureau of Criminal Apprehension, it was the one time they would perk up in the day when I would talk about surveillance. And then I realized, they meant, you know, in unmarked cars with - you know you need to engage your constituents, you know you need to form those strong stakeholder coalitions, and you know you need to gauge political will. You know how sometimes - do you ever have this experience where you're ready to go, you have all the data, everybody's ready to go, but something tells you this isn't the right time to go to the legislature? We used to talk about how there are some things you don't want to open up. We say his about Title V. We don't want to open up Title V right now. Because what happens when you open it up? All kind of slimy, crawly things, right?

So sometimes, you don't want to open. You might be ready to go, you got everything, but you don't want to open it up. So it works both ways. You got to gauge, you know, at what risk do I open up this issue or this piece of legislation? A lot of us have programs that we have authority for in statute, and they might have been written a long time ago and they might be archaic now. And you know you want to move them forward but sometimes you just don't want to do that. So, gauging where the political interest might be, good interests, it might be not good interests, you need to know that.

So, in fact, while we think about this sort of interest/political will thing as perhaps the most challenging. Perhaps it's really not because I think we're pretty good at this. And I think we do have those issues that are near and dear to us that we champion and we're

passionate about and we're waiting and we're waiting to seize those moments. And it's -- we're good at the political -- we can stick our finger up and see which way the winds are blowing. And we know, again, what's going on in our agencies and can I go there, can't I, what do I have to do? I think we're pretty good at this. Sometimes the harder part is back home. Okay, so I made all this happen and now I come back to the sort of quietly angry mob in the office that doesn't want to do things differently, all right? And so, managing change within our teams is a huge challenge for us. And this is a theme we picked up on now over, I think, the past two or three of these training sessions because it really is a difficult task. I loved how, in the morning, the first skill capacity that was raised was leadership skills. We've got to have leadership skills, and you talked about these things.

And I don't know how many of you were at the leadership institute when Pete Ginner spoke, he was brilliant, and he made this comment, "At the end of the day, what leaders do is really just two things: They set organizational direction and they create organizational culture." And then he posed the question, "Which of those two do you think is more important?" Which is more important? Culture, okay? Is that the easier one to accomplish? No. That's why we all have elegantly bound strategic plans on our shelves that set organizational direction, but things don't happen because we have not addressed organizational culture. And I think that culture really dictates ultimately our capacity to change and move forward.

So, organizational culture, I found this defined as the attitudes, experiences, beliefs, and values of an organization. It's the organizational culture. Another way to say that -- the

values and the norms that are shared by members of an organization and that control how they interact with each other and with stakeholders outside the organization. That's the culture of the organization. So, if you think about it, is your organization a change-ready organization? Is it change-positive? Is part of the value and the norm system, beliefs, is that that we are on the move, we are always changing, always moving forward? Is that your culture? A strong change-ready culture is comprised of staff that respond based on their alignment with organizational values and where they do things because they believe those are the right things to do as opposed to a weak change-ready culture where there is very little alignment with organizational values, and control, therefore, must be exercised through extensive procedures and bureaucracy. Which of you live in which organization? Do you even know what the organizational values are? We got some -- oh, I'm sorry. Are they good? We may know what they are. Yes, Susan.

SUSAN: We know what they say they are.

DONNA PETERSEN: She said we know what they say there. Okay, but do they live them, do they breathe them? And this is a challenge for state government offices which are built as institutions for a reason. You want them institutionalized. You don't want them all over the place. But it makes it difficult for us, especially in the kind of times we are in now, to move and maneuver. So your organization might be more on the weak side, but you can create a different culture within MCH. You really can. This is something leaders can do. It's not enough to just set the direction; you got to work on the culture, okay? And it's nurtured through leadership. Culture is nurtured through

leadership. The vision has to be very, very clear. Not necessarily the plan, but where are we going? What's the vision? What is the fundamental belief and passion and purpose that drives this organization? What kind of commitment do you demonstrate as leaders to those -- that vision and that culture? Do you live it? Can you -- or should you modify the organizational structure to support cultural change? A couple of years ago when we had these trainings, we talked about even just moving people around -- again, no one likes change. Well, so do you want -- the first change you hit them with is the total change in their job responsibility? How about just moving them to a different office and let them get over that and survive it? And then you can maybe give them another one. Sometimes it's just moving people around and realigning who they sit nearby and get them away from the woman who just, all day long, and -- because no one's getting any work done. Think about how do you support that kind of change? What behaviors do you reward? How do you instill positive kind of action?

Select and socialize the newcomers and terminate the deviants. Leap tall buildings with a single vat. Wouldn't you love to do that? Now, unfortunately, we're in systems that don't always allow us to do that, but you can change your culture, say you sort of give all the love over here and you withhold it -- you always liked my brother better than me. Sometimes people will get a message: Where does the love go in this organization? Oh, it goes to these new people with all those energy and great ideas. And then, at the same time, though, you got to be sensitive to tensions between organizational interests and values and individuals. Not everybody comes in totally aligned with your vision and the values of the organization. We are a collection of individuals who bring our own

experiences and beliefs, and that's okay, that makes for a rich group of people. To tackle some of these problems, you have to be sensitive to that. Not everybody's comfortable with where you're going in this organization. But they got to know you're going somewhere. So, again, what do you do when you run into a wall, you're ready to go, but you're missing something? You don't have all the right information. You don't have all the right plans. You don't have the will. You can't get the skill sets you need, frustrating. And a lot of us have these days. But, again, you don't have to give up on these things. Maybe they just need to go to the back of the list. And it's what we've been talking about for years when we talk about needs assessment. All right, you go out there, you talk to communities, these issues emerge. Everyone's excited about them, but if you don't know what to do about them, they got to go to the back of the list. You don't throw them away. They just go to the back or maybe on a different list. They're on a softening-up list where we need to learn a little more or try to find the skill set we need. If we can't find it today, then maybe we'll find it in the next year. Or maybe we can start building some interests either at the population community level or within our elected officials.

You will identify needs and issues that aren't yours. We know this. If you do needs assessment well, if you're open and you're listening and you're observing, you're going to hear things that aren't your job, aren't your problem, but they are problems to the community. And if it's a housing issue, if it's a jobs issue, if it's a crime issue, and all of these things are growing dramatically in our communities. Florida is pretty bad right now, but I don't think we're alone. Our homeless population is skyrocketing. People are

losing jobs left and right. Crime rates go up. That's okay. There are things you can do about those things. You can be an advocate and a champion for others, just like you need them to do that for you. You will identify needs that are yours but for which no great solution exists. I would argue that we still really don't know what to do about obesity. We're still struggling with that to do about preterm birth. I don't know who's got math problems in their states and what you do about that. And we could sit here and make lists all day long. And then you will identify needs that are yours, where you do have a solution but you just don't have the capacity. You don't have a local delivery network. You don't have the skills sets. You don't have the time. You don't have the will, okay? So, what do you do with these? They remain issues and they can be priorities, but they require a different kind of response. So they might need an advocacy response as I said. If it's a housing, crime, transportation, jobs, it might need an advocacy response. If it's the next one -- yes. Oh, hang on a minute. Wendy. Hurry, Ivana, hurry.

UNKNOWN SPEAKER: I'm stuck on this one because one of -- on that second set priorities that for which there is no good intervention. Preterm birth just raised a red flag for me because we got that, I think we all got that as an issue. We got that as a serious issue in Indiana. And there are interventions. There are interventions that are effective of -- sort of. And that's the problem. We've got better prenatal care, both educating providers and having them do a more comprehensive prenatal care including substance use, review, and getting people to stop smoking and drinking and other things, and educating the public to get them to get into prenatal care earlier. And have pregnancy testing to help women identify and know how important it is to get there. And so there

are things that we think are the right thing to do, but as far as moving the whole state -- health status, it doesn't move it very much.

DONNA PETERSEN: Right.

UNKNOWN SPEAKER: But we can't either politically, or very honestly, programmatically have no desire to say, "It's too tough to solve. We'll just going to give up on prenatal care and we got to do other things." We have to address it as best we can even though there's not -- we don't have a silver bullet, so that's the other challenge we have.

DONNA PETERSEN: That's a fair assessment. My point was that you not don't do anything about it, but that it might require a different kind -- you may not stop doing those things while you engage in other activities to try to figure out, and I said early preterm birth rate deliberately. We know a lot about preterm births. The early one, we're really kind of stymied on. So it doesn't mean to do nothing and throw your hands up in the air. But it might mean a greater investment in some more research or more data gathering or new kind of partnerships or new kind of investigations to try to get a better handle because as we've all said all morning, we have less money now. We have lots more scrutiny. We got to do a better job. And so, again, what skill sets do you need, what capacity do you need to address those kind of problems when you have all these other pressures on you? And there's a hand up in the back. Wendy. And I always have to put up something like that just for my late husband (inaudible).

ROBERT: My name is Robert. I'm from Oklahoma and I have a research background. And in a situation like this, I would see the need to share the information you find with the appropriate parties. It might be that something goes beyond your ability to address within your job, but there might be other state agencies that could address it or even private non-profits, who knows. I take a kind of holistic view of the people that we serve. And I think that even though we might not be able to address the problems ourselves, we could perhaps find those that could.

DONNA PETERSEN: Absolutely. And that's why, again, we don't do things alone. We don't do them in isolation. And why you can't go out de novo every time and try to figure out who these people might -- you need to have these relationships ongoing so that you've got these opportunities to communicate and have these kind of conversations. And then the third might require some infrastructure changes which, again, the point of all this is I don't think you should ever be shy about including capacity building priorities on your priority list. Your priority -- the other thing you send in to the folks at the bureau, they don't all have to say, "solve child abuse, stop teen pregnancy, clean the air." I mean, they can say, "We need more infrastructure to build the skills we need to address these and other problems that will emerge."

There's nothing wrong with that. You can do that. And you probably should do that, because as we said before, if I tell you I'm going to monitor whether or not you're wearing a tie, you're going to start wearing a tie. If I put up here that one of my priorities is to build my skill capacity in these areas, I'm going to work on it. And if you don't do it,

you'll be forever bemoaning the fact that you don't have those skills and those capacities. So there's nothing wrong with that. So, once you are done, or throughout this needs assessment, if you take anything away from this, it's to be thinking about what would have helped me to have had to address this, or what would I like to have in the future -- what are the capacities I need, the skill sets I need, the resources I need? And don't be afraid to include them in your list so that you have a reason to address them and get them done. Billy, are you raising your hand or shielding yourself from the spotlights? Wait for Wendy.

BILLY: I need to craft this a little carefully, having a new stage of long-term continuity in this work. But I think it's important in a diplomatic and alliance way to talk about our own positions and maybe even a little bit about the structure above us. It's a very difficult challenge, but it's part of the culture conversation we were having. Recreational reorganizations happen -- and maybe they're not that great, but they happen a lot in state government, and the last one may have been a disaster and you may find yourself in a, what feels like a hostile environment and the old ways is about change is great when it's being done by you but not when it's being done to you. But the mere fact that the last one happened recently means the next one may come pretty soon, too. And particularly, if you have extramural allies, that may be a window to get some program back that got sent down the street or change your boss if that's the primary problem, and figuring out how to diplomatically get that into the mix of conversations, hoping that the window will open, I think is worth keeping in mind, too.

DONNA PETERSEN: Don't put that on your federal priority. All right, we're getting close. I'm going to finish up here quickly. Now, I think to the point you are making earlier, you're right. You got to do the best you can. And we all know the perfect is the enemy of the good -- the other thing is that everything is the enemy of something, and you can't do it all. So you're going to have to pick what you're going to do and try to do that as well as you can. I think it's far better to do a few things well than a lot of things poorly. And so, it's part of this tension between how comfortable am I with what I'm doing and how effective am I? And, again, it gets back to, do we have the skill set to be doing that kind of evaluation? And I love how many of mentioned, it's not just program outcome evaluation, but cost evaluation, what's the benefit I derive given the cost? Because that is what the legislators want to know, and it's what you ought to want to know because you're trying to manage a portfolio of resources to get the best outcome that you can. And part of it is just being honest with yourself and with others around you about what you can and can't do and what it would take for you to do more. If you like what I'm doing, if I'm showing a positive result, then let's move on that, far better to kind of make something good great, than say, okay, well, that's good, now we'll go do something else good, and we never get to great. So we got to be honest about that.

I don't have time to go into this, but again, we've sort of alluded to it. It's not just what we do, it's in the larger system, and so sort of the next level of capacity assessment would be looking outside of your direct sphere of influence and figuring out where else does capacity exist? We're not going to do that today. But I am going to end with if you want, you could start building that capacity assessment 101 guidebook by thinking

about as you identify those priorities and needs that are programmatic or population or issue-specific and just start looking at them from this perspective: What skill sets do I have in the central office or what I'd like to have to help address that problem? What skill sets and resources do I have out in my local network, whatever that is, in the service delivery system? What partners and resources exist around those issues? And what's the level of political will or interest around those issues? It might start helping you build a picture, a clearer picture of where do you really have capacity to make a difference and to be effective. So that's really what we wanted to talk about here this morning. I hope we've given you a little taste of this idea. I would tell to thy own self be true. You got to look in the mirror at the end of the day, you know what you can do, what you're capable of doing. Please think about your capacity. Please don't feel bad about saying, "I can't do that right now." Be realistic and don't be shy. You can go ahead and include these things when you're coming up with your priorities and your issues. And I wish you all the best because we all need you. Thank you.