

Federal/State Maternal and Child Health Partnership

Technical Assistance Meeting

MCH Needs Assessment:

Concepts to Catalyst – Capacity to Competency

February 25 – 26, 2009

DONNA PETERSEN: Who is that person? I was reminded I was running late once for a conference I was supposed to be on the welcoming panel, you know how they have all the dignitaries welcome everybody and I was running late. I had to drop the baby off at the day care this is how long it go this was, and it was snowing and I was up in Minnesota and the traffic was terrible and I get to the hotel and there's no where to park and, you know, how your stress level just, so I run in the door and I'm yelling, "Where's the Early Intervention Conference?" and they said, "Down there on the right." So I run down the hallway and I run in the room and the room was packed and all the people are lined up and there's one empty chair. And I thought, "Oh, God," you know, they're still kind of murmuring, so I figured they hadn't started yet. So, I go running up. I run up on the platform and I'm taking off my coat and I said, "God, I'm so sorry I'm late. It was just terrible. It's a horrible morning. The traffic and the snow and I hope I'm not too late to join in the welcome." And then I look and I realized I've no idea who these people are. And they're kind of looking at me and they said, "Well, if you would like to welcome the group, feel free," I said, "Well, gosh, who is the group?" and they said, "We're the association of RV Camp Owners." I said, "Well, that's just great," and I got up to the microphone and I said, "Good morning. I'm so happy to welcome you to -- is it the

annual meeting, yeah. The annual meeting. Great to have you here and I know you're gonna have a great time. You got a great agenda and great speakers." I realize, you know, all conferences are the same. You can give a welcome to anybody. And then I said, "You know, it's interesting to learn or to remember that there's an association for everything. Everything has an organization." I said, "Unfortunately, I'm not part of this one and I need to go next door." And of course by the time I get next door I'd missed the welcome, so, but at least I got the welcome out of my system.

So, good morning everybody. It's very nice to be in a room where I do recognize faces and I do know who you are and I think I'm in the right room and I understand you heard my name so often yesterday that you're probably tired of me already and maybe I should, maybe I should just quit and go home. Tell me about yesterday afternoon. My Friend Dr. Wendy Adam, I know put together a very, very comprehensive overview of a very complex model of Needs Assessment and planning the action. How was that? Don't worry that she's in the room. You can go ahead and say -- Was that helpful? I wasn't here obviously and I'm just curious. Can anyone give me a wow moment or a new insight? Did a light bulb go on? Oh, come on.

UNKNOWN SPEAKER: I could say something that--

DONNA PETERSEN: Wait, wait. My assistant--

UNKNOWN SPEAKER: Being somewhat new to the process I found the information regarding the living documentation of the Needs Assessment to be valuable in terms of not dusting it off every few years or so but renewing taking a look at it on an ongoing basis is a trophy and I think Wendy uses metaphors very nicely during the presentation the whole concept of the catalyst I think she took us through a little bit of chemical odyssey. I think it was very much appreciated in terms of the information prompting change in a very positive way.

DONNA PETERSEN: Good. Other thoughts? Oh, hang on. We got one back there. You need the microphone. Hang on a minute.

UNKNOWN SPEAKER: I thought that the schematics of the process and breaking out the various components and whatever were very helpful and actually one of my suggestions is if we can get those electronically to use in some of our own presentations of explaining to people what the hell is this, MCH Needs Assessment that your making us come to meetings for was very helpful and you know, added to the things that we already have from the guidance.

DONNA PETERSEN: Terrific. One more upfront. Thanks Wendy.

UNKNOWN SPEAKER: I think Wendy just built on at least from my perspective which is an older perspective of going through Needs Assessments several times emphasizing the paradigm shift that very honestly, Donna, you started for us down at Atlanta. You

know, we're one of the states that just did the pure data representation and in our best Needs Assessment we went through a good analysis of the needs and the prioritization but we didn't address at all in the Needs Assessment how we were going to intervene in the activities to address those needs and the relationships and the collaborative partnerships that we would establish were addressed in the annual plan. We never considered it part of the Needs Assessment. So, it's tying it much more together but this is a paradigm shift for us.

DONNA PETERSEN: Terrific and I didn't pay him to do that but it's the perfect segue to this, where I want to start here?

So, I was joking with Dr. Hown said that I feel like I'm in doing this training since 1935 at least since 19, since 1990 I think I've been doing this and we've made tremendous progress, but there may still be a few of us at this stage I hope not but, you know, imagine a state MCH program that produces elegant tables filled with lots of data, table after table but very little analysis, no stakeholder input and no discussion of what the state might do about the problems that the data suggest. Okay? I hope no one's there but a lot of us were there.

Now, imagine a state program produces an elegant Needs Assessment complete with all the data and information gleaned from constituents. So, quantitative qualitative mix and there are clear areas of focus identified, but then when you get to those sections of the application that discusses priorities they don't relate back to those needs and those

areas of focus and in some cases looks suspiciously like the organization chart of the MCH program. And we know when we talk about change and we'll talk a little bit about it later that those are some of the hardest nuts to crack, because you've got people in positions with responsibilities and loyalty and, you know, commitment and passion for what they do and when they don't show up on those priority lists there's a great deal of anxiety created.

So, now we have the state MCH program elegant Needs Assessment quantitative and qualitative data, a full analysis of the nature and scope of needs. Priorities clearly derived from the analysis, but then when you look further down the application there's really no change in what the organization looks like, what the staffing looks like, how the resources are allocated and there are no clear plans to do anything new. Okay? Now, do we have to imagine these things? Have any of you lived these things? And what might these things have in common? Well, since you've been here since Sunday I'll cut you some slack.

One thing and why we're gonna talk about this today is there's a missing element there that at some point we have to stop and say what are we really able to do? What capacity do we have? What capacity do we have to engage in that full spectrum of activity that you learned about yesterday afternoon? What we used to consider the narrow Needs Assessment part which hopefully we'll now understand is the broader planning process the data, the constituency, partnering, the priority setting, the planning and the acting. Do we have capacity to do all of those things? And if we don't then

maybe that helps explain why we don't do all of those things. We aren't bad people. We don't mean to not do them. We don't deliberately not do them. Maybe we just don't have capacity to do them.

So, some things we do know. We understand very deeply they're part of who we are, they're part of our values system, our philosophy, our beliefs structure. We know that it is our job as MCH professionals to assure every child and family the opportunity to grow and thrive. That's our job. We know that. We know that that mission is pursued by a systematic and comprehensive collection of information that helps us understand what those children and families need. What kind of support and services and systems do they need? And we know again that those needs are revealed to us both through our systematic data collection systems, but also through what we do everyday which is going out and listening and looking and learning about what's going on in our community. We understand that and we do it, you know, deliberately, let's run the data and look at it. We do it just by being out and about in the community. Going out in the state, going to meetings like this.

We know and if you are with me at the December meeting that the folks who wrote over 89 which at the time seemed like, you know, horrific burden that we could never bear, they actually gave us a gift as those of you who were with me in December we've talked about this. They gave us the means to assure the mechanism to ensure we had the means. There is a requirement that we do this. I rather than view it as a burden but as a gift. We also understand now I think better than we did in 1990 that this isn't

something that we wake up every five years like Rip Van Winkle and say, "Time to do the Needs Assessment." We understand that this isn't on going living process. And that it's just identifying need, that's not it. That's part of it but it's what we do with those needs, how we turn them into plans and actions that really makes for the effort that we all engage in. We know all that. And we know, because we've been doing this together since 1990. We have made huge progress. We've made tremendous progress. Back then a lot of us had no staff who were, who were devoted to these tasks. In some cases we didn't even have access to the data in the agency. We certainly didn't have access to the data of other agencies.

And we've made huge progress. We now have staff, there are in some cases hold units devoted to data and policy analysis and planning. We have data sharing agreements. In some cases, we develop systems together so we don't have to have sharing agreements and complicated matching systems. We've done them collectively. And we have systematic ways to in an ongoing fashion gather qualitative information. We might have advisory boards. We might have community health planning councils. We may have partnership agreements where we meet periodically. We have put all of these things in place.

Where we seem to still struggle. We have all that good ground work in place. We have those building blocks. We have those tools, but it's difficult to turn those things into action, to say, "All right. I fully understand the problem or to the extent that I can, but I'm not quite sure what I can do about it". I may have some sense of what I could do about it

maybe there's more than one thing I can do about it and it's hard to get consensus on what the right direction is. It's hard for us to make some tough decisions, and sometimes it's because we aren't in the position to make that decision we have to have others make those decisions who maybe more or less willing or reluctant. That goes along with garnering political will for what we want to do. We find it difficult to manage change.

No one likes change. Many of you have heard me talk about my sister. My mother used to like to rearrange the living room furniture just for the heck of it and my sister would curl up in a fetal position for a week, because when she came home from school it wasn't the same. Some people really, really don't like change and it's hard to manage change.

And even if we have all those things in place really executing is often challenging for us. Why is that? If you're with us in December this is a slide I--Bill Sappenfield showed it, I showed it again and I'll show it again here. We have insufficient staff and they are over committed. We don't have political will either in our agency or outside of it. We are so busy doing what we're all ready doing, but it's hard to even imagine doing anything else. We may have strategic planning fatigue. We've done that before and it made not one wit of difference and I ain't doing it again. Okay?

We may not have the expertise to do what we need to do. In some cases we don't even really know what to do. The models haven't been tested. The interventions haven't been

tried. We're always begging for resources and it's often not as simple as is all I have to do is add A, there may be A through Z and how do I decide and all of these things paralyze us.

But perhaps these all really just boils down to the fact that it's very difficult to align what you're doing with what you want to be doing. The vision of where you want to go with the reality of what you actually can do. And in some ways doing Needs Assessments is a painful activity, because it reveals things to you that you know are true and then you go back home and hard to know what to do about it. Right? Difficult, difficult challenge.

So, for years I have preached this idea that a need alone does not a priority make, meaning just because you know you have a very high teenage pregnancy rate for example. You should not set that out as your priority until you have determined what if anything you can do about it, right? We've been talking about this for years and I think people get this now. But now I think we need to go one more step. And that next step is that if you don't have the ability to carry out the solution there's no point in making it a priority either, okay?

So, we go from I have a problem, boy, we have a bad problem, let's make that a priority. It's really a waste of your time if you don't know what you're gonna do about it. Now, we move to I have the problem, I have a solution, I've read the literature, I've talked to my colleagues in other states. This seems to work, but can I make it work? And you need all three of those things I think in order to truly identify something as a priority for you.

Because the reason we set priorities is to guide our plans and ultimately our monitoring and evaluation of our effectiveness at achieving those plan. That's why we do this. If all we had to do is say, "Here's everything that's wrong with the state" and then go back and do whatever, you know, that's easy, but that's not our job. Our job is to make, make a difference in the lives of children and families in our communities, that's our job.

Now, the fact to the matter is we are smart people and we are realists and we know there's only eight hours in the day or depending on your lunch, coffee breaks maybe only six and half, I don't know. So, things like you've identified a problem and finally somebody creates a task force, but you don't have anybody to put on it. You don't have anybody with the expertise or the time. You're not gonna put anybody on it. That might be an opportunity missed. If there's a grant opportunity and you don't have anybody to write it, you're not gonna write it. Another opportunity missed. And I think most of us now know we're not gonna make promises we can't keep. And again we might miss opportunities because communities are asking us. They want us to do something and we want so badly to say, "yes I'll help you." But if we know we can't, we're not gonna do that. All of that is a matter of capacity.

You are thinking about your capacity every time you are presented with an opportunity. Can I do this or not? Do I have the capacity to respond to the need or the opportunity or the challenge? You're doing this all the time. So, what is capacity? I love the dictionary. So, I love looking up how words are defined. So, this is how Webster's defines capacity. The ability to hold, receive, store or accommodate. Okay, so, a measure of content. So,

what is the capacity of this jar? All right. What's - I'm gonna buy a refrigerator, what's the capacity? Will it hold a pizza box? That's my important measure. Maximum production or output, what is the capacity of this air conditioning unit, which I wish was running in this room right now? Capacity is also legal qualification, competency, power or fitness. Does she have the capacity to lead? The power to grasp and analyze ideas and cope with problems. I wonder if we have the capacity to meet that challenge and lastly position or character assigned or assumed. That capacity rests within that position, okay?

So, how do we assess our capacity? How do we assess our reality? It is actually pretty simple. What at the end of the day can you do or not do? Can we accommodate? Are we fit? Are we competent? Do we have the power to cope with change and challenges? Do we have positional authority? Does the capacity rest with us and do we have the capacity to move? Now, we are putting this together someone said, "You know, it would be nice. We should just make a little guidebook about whatever MCH program should look like. What capacity it should have? And we said, "Boy, that'd be great. Let's put together the, here's what your MCH program should look like."

But the fact to the matter is one of our greatest strength is that we are not told what we are supposed to look like. We're allowed to look like whatever we want to look like.

Depending on where we sit and what problems we face, right? That's one of the greatest things about this program to me. We work in partnership with our friends at the MCHB. We recognize our role in contributing to goals at the federal level. They

recognize our ultimate responsibility to the citizens and the families of our states and we are allowed to organize and function in response to those needs and circumstances of those states. When Dr. Audrey Nora was the bureau director she used to love to say, "If you've seen one MCH program, you'll see one MCH program". And that's true. Not one of you looks like anybody else. We vary tremendously state by state. The size of our population, what our terrain looks like. Who lives there? What is our history? What are our cultural values? What are our economic circumstances? What does our environment look like? All these things are very different and again, you want to be responsive to those nuances and those differences in your states. And then we organize ourselves very differently either ourselves or the way we are organized within the state structures that we work within.

So for instance who of you as MCH directors report directly to whoever is the health officer or the commissioner whatever you call them? Who in this room as the MCH director reports directly to the commissioner? One, two, three, you don't count. You're an assistant commissioner. Okay, about six, five or six. Who reports to an assistant commissioner or whatever you call it in your state? One, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve. So, about twice that and how about another layer below that. So, right there, that's a distinct, that's a very different model. Where you sit changes everything.

And then what else is aligned with you? Who here has what they would consider just sort of a pure MCH program? It's just the Title V Block Grant and the state match. One.

Okay? So, that's not a workable model except for John. Who has WIC aligned with them? Okay, a lot but not everybody. Who has a family planning program aligned with them? Okay, more. How about the immunization program? Only a few. Led, few and, you know, if you were looking you'd see there are different hands popping up every time I ask this. Do you have mental health aligned with MCH? One, two. School health? Wow, okay. Home visiting? Substance abuse? There are others. Oral health? Breast and cervical cancer screening? What am I missing? Facilities planning? And then what else is in the department where -- Oh, and I forgot is CSHCN aligned with MCH. Okay. Who doesn't have that arrangement whether they're in a separate agency? Okay, there's still a few.

And then what else is in the health department? I have been in health departments where the medicare program is in the health department and I've been where it's not. I've been in health departments where the state hospitals. The state psychiatric hospitals are in the health department and where it's not. I've been in health departments where the mental health substance abuse programs were in the health department and others where they are not. I was in the health department where the juvenile justice administration was in the health department. And now we've seen a lot of health departments lose their environmental health capacity to a sort of EPA conglomerate, right? And I didn't even ask how many of you are in health departments where the health officers is a cabinet level position versus those of you in large umbrella agencies?

So, this is like a long apology for why we didn't put that guidebook together. And regardless like everything else we do, everything on that schematic that you went through yesterday we don't do any of these things alone. We never do anything alone. We must be afraid of being alone, I don't know. We are masters at building partnerships supporting and nurturing coalitions finding people to do things with us. Persuading people to do things for us. We're brilliant at this and we have to be, because we have this huge responsibility and very limited resources. So, we know we've got to get others working with us and we're very, very good at this. So, when we think about capacity we don't only have to think about what we do alone. So, let's stop for a minute and think about what we need in order to better meet the needs of our populations. What capacity might we need? So, we're gonna actually try to put this little guidebook together here today.

So, at the first level what do we need within our office whatever that is and we've already seen that you vary enormously. But within whatever that is whatever we know and love and call MCH what do we need in that, in that cluster? What would we need within sort of the home office if you will? Whatever agency we sit in? What might we need within our partner state level agencies? What might we need down at the local level, whatever that is in your state. What might we need within our communities both our usual, what I call the usual suspect partners and perhaps some nontraditional partners and then lastly, what would it be like in a way of capacity in those bodies that make the decisions that affect us, the leadership of our agency, the folks and the governor's office, the folks and the legislature. Okay?

Now to make this easy we're gonna look at this in three groupings, if you will. We're gonna start with skill sets, what are the skill sets we need, we're gonna move to resources and I'll tell you right now that isn't just dollars. There are lots of resources and it's not just money. And then we're going to look at interest.

So, first task that I want you all to do at your tables, if you are a table of two, you might want to join another table, I just want you to brainstorm for a while, just at your table. Grab a piece of paper you can write on the flip chart paper if you want. And what I wanted you to do now is focus only on the central office. Whatever that is you called the MCH Central Office. What skill sets do you think, you would like to have and you don't have to be restricted or limited in anyway, don't worry about where they're gonna come from. Don't get bogged down and do I need one epidemiologist or four, I don't really care about that. Do you need epidemiology skills, put it on the list. Think about the entire needs assessment process that you spent the afternoon going through. What do I need to do all those things, again not bodies, but skill sets. What are the skill sets I need in the central office to do my job. Do you understand what I want you to do? All right, have at it. Murmur, murmur, murmur. And elect somebody from your table to give us a few highlights back.

All right everybody, my lovely assistant Wendy, Dr. Adams will now roam the room. And anyone that wants to share - I forgot to show this one. Anyone that wants to share some

highlights, things you thought of that you might not have thought of right here, good a volunteer. If you could stand up - would you mind standing up?

UNKNOWN SPEAKER: I don't mind standing up.

DR. DONNA PETERSEN: Thank you.

UNKNOWN SPEAKER: Actually I'm really happy when I have a microphone. If I had any talent I'd be, you know, on stage I'd be there. Okay, basically what we did is we talked about the skills that we need to run the MCH programs, but what it came down to is identifying all the areas in the organization. So, we talked about leadership skills, how important it is to have really strong leadership skills, someone who can negotiate with other organizations who really builds relationships with other agencies within the departments and with the stake holders and the outside groups. So, we thought that was really important the leadership to build the organization and to keep it going. Along with the leadership we thought communication was a really important skill that this person has to be able to communicate within the departments between the departments within the different branches. And also, important to communicate down to the staff, so the staff knows what's going on. A lot of times we're so busy doing our own thing. We're not really aware of what is going on with the whole department. Legislative and legal skills, you have to have someone who is very good at reading the bills and doing analysis with the bills and can get to the attorneys for advice when we need it. Analytical skills are really, really important. Someone-- you have to have people who can write

well, who can edit well, and who can analyze documents. Grant writing was another skill that many of the groups thought was important that we would have data analysis. Not just data collection, but data analysis and to know how to retrieve data, because they are a lot of areas where we have the data, but we're not sure how to get it, because we're so big. So, data analysis to the point where it comes down to advising the programs exactly what we need and what is happening so too the analysis is really important there. IT, we have to have people who can help us with our computers, because that's always a challenge in phones and equipment and all of that. One of the things that we talked about was in some departments they call them sub-recipient monitoring. And those are the skills there to track all of the reports that are coming in and to track site reviews and audits and track reports - you really just maintain a general operationalize skills. So, day to day monitoring budget is a huge, huge deal that we have to have somebody who is really, really skilled with budgets. And you know, many times that some managers are really in charge of all of these, but you really have to have these kinds of skills and you have someone who can manage all of that in pull it together. So, those were some of the skills we talked - we also talked about the importance of case management and utilization management. Some departments are still authorizing services and then tracking the kids. So, that's about it, I think. Editing in budget, writing, data, but we're really got back to the communication, we thought that was really important that to have those - to build those relationships, so that it's easier to get your work done and that you can help each other and have a better product and build a stronger program.

DONNA PETERSEN: Good

UNKNOWN SPEAKER: Okay.

DONNA PETERSEN: Another table?

UNKNOWN SPEAKER: Well in addition to what our previous tables talked about, I think we also talked about the need for consumer involvement and advocacy. We talked about and of course that includes everything from our families of course to providers and our partners around the state that work with our MCH populations. We also talked a little bit about having some expertise in policy development and analysis, really being able to take a move from what we have learned to putting it into action. And I guess the other piece that, I mean you guys covered quite a bit, you did a very good job. The other thing I guess really was looking at the networking of the networks. The communication piece is key, but I think we've all sort of identify. We have so many different groups that are really focusing on specific aspects of maternal and child health services, that we need to figure out a way to coordinate that in some manner. And then we have the leaping tall buildings in a single bound. We had magic I think was the other key. The shell game I think came up too, so anyway.

DONNA PETERSEN: Thank you. Wendy and then in the back after her.

KRIS: Good morning my name is Kris and I'm from Anchorage Alaska and I'm the parent services manager and following up on your comments about families. I think what we really need to do in on needs assessment from the family perspective and the parent perspective is truly drill down at that level and we need great recruiters. We need great interviewers, negotiators, mediators, people who can talk to the families, truly find out what they need, not what we us program people think is what they need and that is an absolutely essential piece from the ground and programmatic level, but recognizing - I know I'm not at the 30,000 foot level, but I think it is really, really important that we have people who can talk to families, negotiate with families, evaluate their needs and bring it all together. And that's what will make a truly strong needs assessment piece.

DONNA PETERSEN: Great. Thank you.

UNKNOWN SPEAKER: I would like to add along with everything that has been discussed so far is - with regard to the EPI Ps we do need someone in our program who knows how to evaluate programs, because as the money gets cut more and more, we have to prove that what we are doing is effective. So, whenever we are building our strategic plan or reevaluating our strategic plan we need to build in the evaluation piece of everything that we do. We definitely need good clerical support, because as we know we would love to have some money to be able to type up what we write and etcetera. With regards to the communication piece, not only is the IT support important, but we also believed that we need someone who is good with the health education piece. And even marketing what we do - you know, I had given an example, you know with me

being in clinical medicine for 15 years, we have a totally different view of what public health is about. And often times, we don't educate the community on what services we really have to offer unless they are the ones who utilize it. So, we need to really work on that as well and also someone to manage our website as well. With regard to the fiscal piece, we definitely need someone who - not only is good with budgeting, but also with contracts, contracts design, contracts monitoring and also with the purchasing piece as well. And the biggest thing that we talked about was the importance of making sure that we have our own professional development, because often times we are so busy designing programs for others that we don't look internally and so, we talked about the work force development. Developing the core competencies, and what are those core competencies that are needed for MCH leaders. And we talked about professional development with the cultural competency, portion of it. The communication skills, teaching skills, grant writing skills and we edit the legislative piece of it, because often times we come in to this position, but not knowing how to navigate the legislative arena. So, definitely we need to utilize the MCH leadership training academy, they do have their wonderful training website, the competency training that we need to incorporate that, because if we understand who we are working with and their leadership skills and what can they do and what can they contribute to the group that we can better manager our own programs.

DONNA PETERSEN: Excellent. Thank you.

ANNETTE PHILIPS: Good morning I'm Annette Philips from Florida, sort of continuing on that family thing. We felt we had to have youth and we had to have some mavens who know how to use twitters and blogs and all of those other kinds of things that are gonna help us to be able to really get good feedback. We wanted an economist, because we feel like we've got to look at bottom line now more than ever. We wanted all of the programmatic expertise that we could find. We want a cultural competence and we wanted translators. Translating from - not just language translation, but other real understanding about what's going on in communities. And we also felt like that we needed both the visionary big picture people and we need some detail people and we need to think about how do we tie in with the academics and how do you - have your staff be able to be a part of helping to groom and grow. The kinds of staff that we need for the future as well as getting new theory, so and all the other things that people have said.

DONNA PETERSEN: Great. Thanks Annette.

DENISE BURNET: Good morning, my name is Denise Burnet and I'm from Montana and following a earlier presentation theme, our table decided to go using the letter C, which I learned to day humor has a silent C and there's several other words that have silent C with them, so we're gonna start out with creativity, especially when you're dealing with lack of resources, communication, capacity to achieve feedback and mentoring, which is mentoring with silent C, organization, which, you know core organization. We also think that flexibility is very important if there's always changing

policy as changing staff. Knowledge of information technology and what it can do for you bridging that gap, social marketing, ability to reach the general public as well as target populations, for example adolescents and ability to achieve consumer participation, knowledge of health, health care prevention and systems of care. And we had a discussion about how, you know if there's - they sacrifice the young here, but you know your asking how many people here under 30 and I was saying, it's hard to have those skill sets, I have spent 14 years getting to the point where I can understand prevention and health care. Partnering is very important, community based approaches, humor which is wonderful. What's the last one to say, information glut. How to - how to take all this information and not muck in the trenches, but actually do something with it, be decisive and be active. Anything else?

DONNA PETERSEN: Excellent. Anybody else?

GWENDOLYN J. ADAM: I just want to make a brief comment as I'm noticing the richness of what you all were able to accomplish in a relatively short period of time and kind of building on the theme that we talked a lot about yesterday. I want to somehow get this information to the training programs, because it - what you all are talking about is exactly what is reflected in the guidance that the bureau puts out for the training programs. It is absolutely the spirit and intent of the guidance that Laura and crew set out for us for the training programs. And for you all to be able to articulate so very clearly in such a short period of time, the specific skill sets that the MCH work force needs. This content needs to get back to the training programs directly from you,

because I think it will again reinforce and invigorate the training programs who are already doing a lot of work to try to partner with you all in various shapes and fashions. But to be able to get the specific information about, for example leadership competencies and grant writing and changing initiatives into policy change. Those are the kinds of pieces of work that I think will start to build some of these bridges, so just want to kind of interject that, there was hand up.

DONNA PETERSEN: A hand up I think.

KATHY MESSENGER: Kathy Messenger from Massachusetts, we focused a lot also.

DONNA PETERSEN: Oh, can you stand up Kathy?

KATHY MESSENGER: Yes, sorry. On the attributes of staff as well on the couple that haven't enough to good mentioned we're one - we want - we need people that have a passion a belief in the mission that hopefully love their job, because it's often painful. Humor is huge, it is capital letters, also resilience and a willingness to be able to learn on how to live within the bureaucracy and also to be sometimes very creative in moving around it. People that are self starters that have their own competency, are team players not solo experts. They can take initiative, but also they can communicate what they're doing and they know when to check back in, so they do not become, I think we used the word both Maverick and loose cannon. So, which are - that they are really -

this is the kind of people regardless of what particular or critical or computer or writing skills that they have.

DONNA PETERSEN: Thanks Kathy. Anybody else?

MARGARITA: Hi, hi, morning. I'm Margarita from the Island of Guam. Being far away from America, we would like all that was mentioned and we do have them in some way within our nurses and our social workers, our community workers, but for me being in Academia and Health Care, having new blood into the system, because sometimes they see it different from their view, from straight from school and how they see themselves in the community being the consumers. And having a person that's been with the department and with the grant itself, the program. It helps the MCH see from young to present and past - or not past but current. It really helps new managers and having the providers like everyone said and the families in the system - and we are a lot of - I know special health care needs programmers have their own personal interest in it and it - that's what builds the MCH is having that experience in their staff. And data - with the new technology really the person that can gather and analyze and helps a lot with the whole system other than the needs assessment, so from a different - so everything that was said plus more is all needed.

DONNA PETERSEN: Thank you. Behind you and then over here. This is all great.

JOANNE SMITH: Good morning my name is Joanne Smith and I represent the DC Department of Health and our table was unique, we didn't plan this to happen. Represented at our table was the Virgin Islands, Puerto Rico, and the Federated States of Micronesia. And you may wonder why is that unique, but we're all kind of --hmm? Marshal Islands, I'm sorry I stand corrected. We're all unique, because we are small local health departments that almost we're two roles sometimes as a local and as a state's. What we did is we recreated a wish list and many of things already said we're already on the wish list, because we thought, we're gonna do a needs assessment. What kind of skills we want, so yes he went every data research sack. We want college interns especially graduate students to help us with the work to bring in as, as mentioned before a new perspective. We want budget, we want policy analysts. We want subject matter experts. We need a facilitator to organize the group and someone with leadership skills not only to motivate us, but to keep us on task. And one thing we thought about, we need GIS analyst. We really need that and we want to map out what's going on with our communities. We looked at family and community representatives. We need somebody to help us with the legislative branch. We need communicating -- people in the communication field. We thought about writers, editors, we mentioned before. And most importantly to bring out together, I want to make sure our document is relevant and culturally confident.

DONNA PETERSEN: Small is still great. Was there another one over here? Got one more. We want to hear from everybody.

DAVE GOODMAN: Good morning I'm Dave Goodman from Georgia. I'm an EPI and so, the very first thing on our list was EPI. And a lot of what we had on our list - we were worried, because we come up with this really long list, but most of it has been covered by folks already. I think some of the things that I'd add is - we talked about strategic planning skills, especially ones that would support an understanding of the processes and make it real for folks in their day to day work. We also - communication skills have been mentioned, but we were thinking in terms of communication skills, the ability to sustain communications with stake holder groups and between groups within the agency and also to communicate the information that's needed for encouraging participation in the processes like for the needs assessment, but also to provide feedback on findings. We talked about change management, hopefully nobody is getting in the fetal position. Grant writing was mentioned, but we're also thinking about professional writing and definitely I would be reiterate the ability to translate data into program relevant information. Critical thinking skills and the ability to synthesize data from different sources. And looks like the last one we got here is qualitative analytic skills.

DONNA PETERSEN: Good. Thank you. All right. Excellent, excellent and I always know I can count on this group. You never fail to rise to the occasion. I want to comment before I move on though, because I think Kathy made an interesting point that there are skill sets, but and it wasn't only your table a number of you also talk more about attributes and just sort of intrinsic characteristics and I'm wondering how many of the

state personnel system job descriptions include those sorts of things. So do you say we're looking for someone with humor, perseverance, tenacity?

UNKNOWN SPEAKER: Absolutely I-

DONNA PETERSEN: Wait, we have to capture every, kernel?

UNKNOWN SPEAKER: Within the confines of what we can do on our Form 30 or whatever form it is, I do add those attributes and when I interview people I definitely check in with them about that, especially humor, flexibility and the ability to work independently, but communicate back with supervisors. So, that's almost more important than the degrees they have, so, and some of our jobs.

DONNA PETERSEN: Do others agree, I mean, that's why I'm making the point - I think that's ...

UNKNOWN SPEAKER: Because they can learn the skills.

DONNA PETERSEN: Over to Susan and wait 'til you have the mic.

UNKNOWN SPEAKER: Sorry. I also think that many cases state job description classifications are totally irrelevant. They aren't talking about what we need at all, so I don't really need a nurse consultant three when the nurse consultant three job

description is talking about somebody who's out there running an immunization clinic, I really need something different. So, job descriptions and you can't hire unless you have a job description and it fits one of these classifications, that's a problem too.

DONNA PETERSEN: Thanks Susan. Up here Wendy?

UNKNOWN SPEAKER: Our position descriptions don't include humor, flexibility and those kind of characteristics, but we do use practical applications as part of our interviewing process, so you get a sense of how people will deal with situations and we look for that kind of thing.

DONNA PETERSEN: Excellent. Dick did you ever gonna and then in the back.

DICK: Yeah, I think we can wrap the attributes all into one word and as I get into this you can all join me supercalifragilisticexpialidociousness "ness" make it an attribute with the T on the end all nested together.

DONNA PETERSEN: Let me think it a universal MCH cape that we have applicants put on and let us see if they could wear it and fly around do a little jumping jacks.

UNKNOWN SPEAKER: I guess I was sitting here and thinking as we were describing skill sets and listening to everyone else that we need to remember that our community partners which includes families and youth have these skills and we can tap into to

people outside of our staff to do some of this work and I think we forget that. We think about as I listen to everybody we're talking about how we're gonna do it. And the best way to get people invested and what you want to do is involve them from the beginning, so just remind people that a lot of families and youth have these skill sets also.

DONNA PETERSEN: Exactly. And I didn't pay her either, but great segue, because chances are you don't have all these skill sets right now in your agency, but they may exist elsewhere, perfect. They may exist within the agency somewhere. They may exist in other agencies, your local partners, your grantees, community folks, clearly families and youths should be on this list as well and then we've already mentioned the academic institutions. I mean, I remember years and years and years ago when we were just venturing out into this notion of, you know talking to real people out in the community. It was sort of a scary thing, because we always just locked ourselves into the state office building and did whatever it was we did. And we knew we needed somebody who could do that, who have that kind of personality and rapport and you know could go out and actually get people to engage in these kind of discussions. And we knew we didn't have anybody like that.

So, I just started asking around the department and low in the hall there is - that this people exist, so they found her, I think she was working in cancer control or something and she was kind of bored, so she was happy to come and help us to go out and we had to prep her, we had to teach her with MCH wasn't what we were looking for, but she had the right skill set, the right personality characteristics to go out and engage various

community groups. So, these people exist, they're out there and I think the comment about they are also out in the community, is absolutely true. So, what I want you to do now, it won't take as long. Pick a couple of those skill sets that you may not have now and think about where you might find them. Do they exist at all? And if it does exist at all, can you gain access to it? Can you gain it easily? Is it someone down the hall that you know you could call upon or maybe or maybe not. You know, sometimes there are skills in your agency that you can't get. And again, I mentioned earlier I think we've made progress, but I remember in the early '90s not being able to get the data that was right in the department, that I needed to do my job. It was - why can't I have this? So, you know - which is sort of mind-boggling, but are there - do those things still exist, are there skills in your agency that you can't get a hold of? So, just take a few minutes to think about the things you have been discussing and think about if you don't have it now could you find it somewhere and how easily would it be to get it if you found it and then have somebody else ready to give us some thoughts. We'll just take about 10 minutes to do that, okay? I just say I've seen a lot of you going out it's probably a break time, why don't we go ahead and take the break, so finish up your discussion, take a break.