

Title V Needs Assessment Webinar Series: Session II, Steps 1-3

Transcript

Shirley Payne (she/her), HRSA/MCHB/DSCH

Thank you so much for joining this webinar today we are super excited about this. The planning

- team. The planning committee has done a wonderful job. And putting this together, not just today. But, as you can see, it took effort, and some time to record the 1st session. So we hope you all were able to listen to that again, if not, no, worries the recordings there, and you're able to go back and take a listen. But it is such a wonderful presentation. And so we're hoping to be able to build off that for today. So we've got our colleagues and partners
- here, and peers as well. So thank you. To Mr. John Richards, Dr. Julie Prescott, and our Oregon team. We're looking excited in our workforce team as well. So again, we're so thankful for everybody that was able to join to today. Just as a little bit of a reminder, you know. You see a note from Dr. Carlos in the chat to just get out. Type your name in the state and where you're from. So we know who was all.
- And we can capture that as we go throughout. If you have any technology issues at all that pop up or anything that's going on with the presentation. Please direct those directly to Nolan Smith, who is on with us that is helping us navigate for today. And then just another little piece of housekeeping, just because we do anticipate to have quite a few folks on here while everyone is presenting, please. You know, we typically
- want to say, keep your cameras on, because we want to see your smiling faces. And all those things. But we ask that you do turn them off so we can save some bandwidth just to ensure that we can minimize any of the issues that we that we may have. So again, thank you all so much for being here again. I'm going to step away and I'm going to pass it over to John, and you can go ahead and get started, because again, I'm so excited for this presentation.
- Oh, well, you know what, John, before you do that we'll go just the agenda. A little bit here. We will go through, you know, John's going to kind of frame today for us, and then we'll also make we're going to go through, as you would have saw in your email like this. This presentation is going to cover steps one through 3 for the needs assessment process, and then we will certainly have QA. Throughout. But we will also make sure that we have built in office hours for
- for today. And that is a key tenant of these sessions. We serve any of the SSDI folks that may be on the line, you know that pause. Does a wonderful job and making sure there's ample time after meetings to be able to ask questions and just have that dedicated space for anyone that wants to stay. And so we wanted to model that here as well, just to make sure that anyone that is wanting to stay to have some more conversations or to get some specific questions.
- Answer, and we do have that space up for you to do so. Now, John, this time for real. I will pass it over to you.

John Richards

Right, thank you so much, Shirley.

- and I am so happy! We have been listening, the Bureau and its partners. It's Federal investments for it feels like it's been a year, but it really hasn't been that long. But we've been listening to hear all of your needs. And we are here really today to respond to those we've been listening to your successes and for the need for some support. And we've been working behind the scenes, provide the support. Starting with the last
- partnership meeting with the release of our MCHneeds.net website, and this scaffold of support, as you can see in this image. It is not a flash in the pan. It continues sort of from the beginning. Over here in the bottom, left all the way up to the top right? I cannot see the slides for some reason, so I am just sort of going blindly here, Erin, you and I can work on this together.
- I'm going to move on to the slide that has our next needs assessment Webinar series. So, as Shirley mentioned in session one we talked about there are 2 videos. Actually, there is a introduction to what is needs assessment.
- And then we also did a session on from needs assessment to the State action plan. And that's really looking at 2 case studies from States who've been very successful with this process
- today. Here, you see a session 2, we're going to talk about steps one through 3. This is really kind of exciting. We'll rejoin each other in about a month to talk about steps 4 through 6, and then at the partnership meeting in October. We're going to talk about ongoing needs, assessments and the last final steps here.
- So as we always like to do in the next slide. We talk about the needs assessment process.
- and the CDC has developed this nine-step evaluation model. That person MCHB has co-opted into the State. MCH. Block. Grant needs assessment cycle.
- There are 9 conceptual pieces. They are designated to happen individually and to coordinate and build off of each other, but they do overlap. And what's interesting, if you take a look at these 9 steps, and I'm not going to go through them all because we're going to go through them in detail later on. This sort of follows the plan, do study app. We plan by engaging and assessing.
- We also do by selecting our priorities. Looking at performance objectives, we study, we monitor our progress and we act. We report back to our partners and continue the cycle over and over again.
- So in the next slide, you can see our needs assessment resources with MCHneeds.net. This is based on that conceptual model, and you can see here the homepage, which is really the key, or one stop shop to resources.
- And then, in the next animation, you can kind of. See that there's new resources, including our videos.
- The next slide or animation shows tools and tricks that we already have. They're alphabetical. You can access them. We're going to talk about some of those later on today. And then finally, the last animation on the slide. We see that there are the resources from the field. And these are so important because you have developed these
- all right. Next slide. You know, we like to be evidence-based. So during the last AMCHP conference. In the spring we reached out to our MCH. And CYSHCN directors to see where they were in the process, and you can see there's a full range, the take home

messages, no matter where you are. We have resources for you during this presentation during the office hours, and we hope that you also get to share with each other

- next slide.
- So we also believe in a strengths-based approach. So let's talk. Let's start with what you're feeling good about. We hunted and gathered, we listened to you all, and then we sorted and classified. So you can kind of see here
- some of the things that you're feeling good about, proud of our partnerships.
- our workforce.
- the planning systems and structures that you have in place, data that you are collecting and data systems and your focus on health, equity and social determinants.
- In the next couple of slides here you can kind of see, here's our partnerships. There is a lot of meaningful connections with families and from communities or organizations that represent those families. I'm not going to read everything here, but the slides are available after the session, and I hope this gives you a rich idea of the partnerships that you have, and maybe some ideas to reach out to some new partners
- on the next slide. We talk about workforce. There is so much good collaboration, both internally within your agencies and across State lines. We're also seeing great leadership from the directors, the coordinators, and your team leads. There's a lot a lot to be proud of
- other things on the next slide, planning data and looking at health equity and social determinants. There has been great response rates from initial surveys that we are. We are seeing. Basically, we know that you are knee-deep in planning and doing
- on the next slide. And you see, I'm going through these very quickly. We asked, about what tools and resources are you using? Are there new approaches? You can see. Many of you are already doing the work of the needs, assessments from contracting out the process to using interns and developing committees.
- From all this work. We also see that there are new tools. There are a lot of surveys that are being developed either existing tools that you've used before, and you're reusing
- new tools that you've developed, based on needs, or, or, as we've heard there's been a lot of borrowing from other States jurisdictions and agencies.
- All right, that's our background. On the next slide. I want to give a quick review here.
- If we go back to our process. Step one engaging partners. We have to remember that this should happen early on in the process and throughout the entire process not a flash in the pan. This is where we get real. And we see the pressure points.
- all of these data points here also came from the AMCHP Conference, and these we reached out to not only the MCH and CYSHCN directors, but also SSDI. So we really feel we got a sense of what your pressure points were.
- There are no big surprises, and there's definitely nothing that we can't collectively handle.
- So again, you can just take a quick look here.
- But in our sorting and classifying
- 2 needs sort of arose. And those top needs were, how do we engage families, and how do we, meaningful, incorporate, lived experience into the needs assessment and then MCH programming.

- And then the need to cover the whole state accurately. How do we do this? What we have capacity challenges. How do we increase participation, especially when there is fatigue from surveys and focus groups.
- These arose. I am really happy as sort of the Mc. To move us from concept to action to introduce the next set of slides presented from our friends in Oregon, Kate Wilcox, Alison Potter, Alison, Martin, and Nurt Fisher. As they talk about their experiences, engaging partners and starting. This needs assessment process.
- So I'll hand the mic over to them. Thank you.

Allison Potter

Hi! Everybody! Can you hear me?

- I think. Yes, okay.
- Alright. Great. Hi! Everyone. My name is Alison Potter.
- I usually her pronouns, and I'm with the Oregon title 5 team.
- I'm going to speak a little bit. Well, I'm going to be joined by a couple colleagues, and I'll let them introduce themselves when they start presenting, but just really quickly, Oregon. We are one of a few states that have kind of a dual agency model. So
- I sit with Oregon health authority, and in the maternal child health Section and myself and my colleague Mary, are going to speak a little bit about our broad our community engagement Efforts to the broad maternal child adolescent population of Oregon, and then we'll hand it over to our
- partner at ocean, Dr. Alison Martin, who will talk about some more targeted community engagement efforts.
- So
- let me just jump in here. We don't have a lot of time. So
- we really wanted this time to approach things a little bit differently. We wanted to engage partners and community early on and throughout the entire process
- in the past. We put a lot of effort into community engagement during the data collection and analysis pieces
- and the prior prioritization. But we really wanted to start that in the planning phase and have that engagement drive the trajectory of the needs assessment.
- And also traditionally, we've engaged more of our professional partners. And we wanted to include
- that community and family members as well, and make sure that we really focus on their input
- so what we did was, we decided this year to contract, or this time around to contract with the partner.
- And we are contracting with Oregon State University. We are really utilizing this to combine our title, 5. Expertise with their expertise in community engagement and qualitative methods.
- And this also addressed some of the staff capacity challenges. We were facing and tackling the needs assessment.
- We also a big, exciting thing that we did was start an advisory group.
- and

- how we approach this is, we dedicated seats on this advisory group for family and community representatives. We have 6 seats dedicated to family community representatives. We had 2 youth representatives on there as well.
- And we dedicated 2 seats to tribal grantees
- and our 211 info warm line representatives. We have 2 seats for them, and we also had
- our local public health grantees. I think I skipped over them, and we had 4 seats for them, and then our title 5,
- and cah and ocean staff, as well as some Osu staff that are. We're facilitating the advisory group.
- And so we had a recruitment selection process. We wrote a job description for this. Oh, sorry. We're not quite to the next slide. We wrote a job description. For this we conducted a broad recruitment. We put an application out where we collected lived experience, and how applicants self-identified
- and we did interviews and selection and a selection meeting.
- And then,
- yeah, it was a really long process, but we were able to do our best at getting a broad representation on the advisory group. There's always challenges there with limited seats. And you're trying to represent a large population. We really focused on those that were most underrepresented, and we tried to have a broad reach geographically across the State.
- But our application did show. There's a lot of intersectionality between experiences and identities.
- And we tried to focus, too, on participants that were willing and able to look broadly at the community needs rather than focusing on specific interest areas.
- And we kept them engaged by
- providing support to the family and community members.
- We. We have a staff liaison with Oregon State, who works with all of our advisory group members and is always available to them.
- We provided payments, and we built into that payment time to prepare for meetings to meet with the liaison, to go over materials, ask questions.
- and
- we really
- have a focus on the community and family members role on that Advisory group, and they really inform decisions all along the way.
- Yeah, it's now going to turn it over to Nuri. He's going to talk a little bit more about what we've done since we've done that planning phase.

Nurit Fischler

Thanks, Alison.

- so hi! I'm Nurit Fishler. I am the title 5 Coordinator in Oregon, and
- happy to be here with all of you, and just pick up really quickly to.
- I guess what we want to express is that this engagement of community and partners really started upstream early for us with the Advisory group, their continuation throughout, but also is a

- key part of every step of the process for us. So just highlighting really quickly in our data collection and analysis. There are 3 methodologies that really focus on community and partner engagement. One is we do. We're doing an environmental scan of all of the assessments that have been done in communities around the State in the past 3 to 5 years, so that we start off listening to what communities have
- already told us about their needs. That's, of course, reflective of the pack
- of the fact that people are tired of saying same things again and again. So we want to start off listening to what people have already said. Then we're doing. We are doing a survey, and that survey has broad dissemination to partners, communities, and families around the State. We're really working all of our networks
- to try to get that out as broadly as possible, and it covers all 5 of our domains of work, and then our
- contractors at Oregon State University are doing a set of listening sessions where they worked with the advisory group to really look at what
- voices of communities do we need to raise up? Where are there real disparities where we've had less engagement in previous needs assessments, and we need to do more of a qualitative deep dig and listen to what those folks have to say. So those 3 are going on. Now then, the Advisory group, as we start pulling that together, the Advisory group will
- be continually involved in the interpretation of those findings. One of the things that we do in Oregon that may be a little different from other folks is that once we've done all of these different methodologies and the needs assessment. We develop what we call data tools. Those are ways that we pull in all of the needs assessment information that we've gotten into specific
- topical areas that help our partners to understand what came out of the needs assessment and advise us on how to select priorities. So the Advisory group is engaged right now in helping us think about, how do we design those data tools so that they'll be most useful.
- And as we move forward they're going to be helping us think about, how do we conduct that prioritization process? Who should be involved in that? And who should give input on those recommendations for the next 5 year priorities.
- So that's kind of the broad strokes of what we do with partner and community engagement. And I'm going to pass it over to our colleague, Dr. Allison Martin, from the Oregon Center for Children youth, special health needs. And Alison's going to talk a little bit about the specific deep dive that they're doing into community engagement with the shin population.

Alison Martin (she/her), OR CYSHCN

00:21:09

Thanks. Nurit.

- Hi, everyone! It's great to be here. My name is Allison Martin, and I'm here on behalf of my colleague, Cheryl Goardi, Kim and myself. I'm the assessment and evaluation manager for the Oregon Center for children and youth with special health needs.
- And as Nurit was saying, a primary way that we engage families and communities is through our participatory needs, assessment studies.

- So in 2020, we 1st tested using this type of approach with with our needs assessment process.
- We contracted with 2 community based organizations that specifically serve racially and ethnically minoritized communities in Oregon.
- And we wanted to test out this approach to kind of better understand the experiences of minoritized communities within the shin population, and a participatory approach means that ocean conducts the study in partnership with the community where the community members have
- have sort of
- decision-making partnership within the research process. And so what that looked like in our participatory needs assessment studies is that they co-developed the partnership agreement. So what we're each agreeing to be responsible for and how to work together.
- data collection methods and procedures, interpretation of results and report preparation and dissemination of findings. And in addition, the community organization collects the data.
- So the 2 organizations that we worked with in 2020 received \$60,000 each for that scope of work. And our website is on the slide. If you want to go to our website, the reports from each of those studies are on there.
- And so for 2025, we decided to conduct a 3rd participatory needs assessment with
- a different minoritized racial and ethnic community, and we focused on the Asian and Pacific Islander community, and how we engaged community-based organizations, how we engaged the community in preparing for this work was to work with the CBO
- who works with the API community. We met with them a couple of times to learn how chronic health conditions and disability are perceived within the API community
- Api community broadly, but then also specific Api communities.
- and then sort of what the organization knows about shin and their families within API communities that they serve. And then we also asked the organization to review a draft of our request for proposal that was based on our 2020 rfps, but that also incorporated discussion with the CBO, and we compensated them \$564 for their time on both activities
- based on their input, we decided to 1st release a request for information that sought to gauge organizational interest in the work and to ask applicants to identify which API communities or community they would focus on.
- And we had one organization respond to our RFI, and our practice is to only release requests for proposals to organizations who invested time in responding to our Rfi. And so that organization was the Asian Pacific American network of Oregon communities, United Fund or Apano for short, their logo's on our slide
- after we met with them, and they had an opportunity to review our 2020 needs assessment reports. They ultimately recommended that we focus solely on the Vietnamese community.
- They have 2 project coordinators, both who are bicultural and bilingual Vietnamese community members, and they also recruited 2 community leaders who are members of

the Vietnamese community, one of whom speak solely Vietnamese, and both are mothers of shin

- in our work. So far we've encountered expected and unexpected challenges, expected challenges sort of focused on IRB requirements.
- We're located at an academic medical institution and we have institutional review board requirements. They are lengthy. And
- we worked out a process with our our IRB, where we could have a alternate reduced intensity, and Vietnamese translated
- training for our Apano team members.
- But some unexpected challenges that we encountered 1st were related to translation costs and time. So when we were developing the budget for this, we expected that we would have materials that went out from our combined ocean upon a team that would need to be translated.
- But we didn't expect that we would need translation and interpretation within our team. And that's great. It's totally fine. It's just something that we hadn't planned for. And we are so grateful for the community leaders that we have, because they're amazing.
- So that had some extra coordination time and money costs with it. And then also, if we have any shin directors on this call or shin leadership. You saw an email that I just sent. We just launched our survey and were encountering some scamming problems.
- So we're in addition to sort of turning on a qualtrics function that we didn't know about. That verifies that has some steps to verify whether it's a bot or a human
- participating. We are reviewing some other resources, and I'm happy to share those as we kind of finalize our approach, if that is helpful. And so I think I'm either turning it over to back to John, or to some amazing colleagues that we have from housing and urban urban development.

John Richards

Yes, I think actually, our our HUD friends are are coming on next.

Lauren Mitchell

- Thank you, everyone, and thank you, Allison and John, for your work, and thanks, John, for the needs of assessment framework earlier. My name is Lauren Mitchell, and I am joining you from the Us. Department of housing and urban development, and I'm really happy to see Oha on the line. I got my start with maternal child health with a local Wic office in Oregon, and hearing about your work with the API
- and Vietnamese communities, is really fun to hear. So earlier John had mentioned and shared feedback from you all on wanting ideas on how to engage with families and incorporate lived experience into your needs assessment. So today, on the agenda.
- what we have on the agenda is to cover some HUD basics share with you some of our more people oriented programs. And help, you understand? Like the basics and getting started with working with your local HUD assisted organizations. So we can go to the next slide. Thank you.
- So who do we serve? We serve about 10 million individuals. And I wanted to highlight here that 3.3 million are children. So that's nearly 900,000 children aged 0 to 5. And this

is important because the program that I represent today is HUD strong families focused on health, and we try to bring

- resources to all of these families and children whether their health
- food, extra housing, assistance. And I'm going to go to the next screen.
- So with some of those programs, these 10 million. So folks interact with HUD programs ranging from ours all the way to some of our regulations and laws. The ones in black on the screen are, some relevant programs that we have that align a bit with maternal and child help that I thought might be of interest to you all. But today I'll only be focused on rental assistance and framing that to help shape your
- outreach and engagement efforts and homelessness and our more people oriented programs.
- So next slide.
- thank you. So I won't go through these 3 major types of rental assistance programs. But they will be sent in. Follow up in a document to you all, so you can take a closer look. But the major things I want you to keep in mind, for today's presentation is a housing agency, and multifamily, both of those
- provide families or individuals with the subsidy. But it's important to understand kind of like the basics and the goals of each of these entities, and how to connect with them, and who you're looking for, which I'll dive into later. So just for today, keep in mind housing agency and multifamily.
- So next slide.
- thanks. So we're going to move on to our people. Focus
- So next slide, please, and I'll start with the continual care. And our continual care program at HUD is basically across the United States. And we have this really handy tool on HUD Exchange, where you can see here on the right, where you can click on a state.
- and you can kind of drill down and see who's involved right? These continuum of care are also known as Coc, and they're basically networks within local communities that provide funding and assistance supportive services. They also help with things like, you see, job training, counseling addiction, and the staff at these places and the networks. They have
- work with families, one on one and individuals every day. So this is also this is one of the programs I wanted to highlight to consider when thinking about who to reach out to, especially in the housing and homelessness space. So next slide, please.
- So I mentioned earlier that today I'm joining from a community and supportive services. Ccs, here at HUD. My colleagues are also on the line, we on the line. We are a health team. And our Ccs program is
- basically known as the people you can see here on the starting from the right Ross, Fss and jobs plus are our 3 main funded programs. And they focus on a range of general health and wellbeing.
- Financial management and work readiness. And the programs on the far right are connect home, U.S.A. and HUD, strong families. One focuses on digital equity and then HUD, strong families focuses on education, economic empowerment and health. And
- we hosted a learning session recently with housing authorities, and their staff, so that ranges from service coordinators community health workers.

- case managers, and they shared with us some of the pressing. He health challenges that families face and they were ranked as like mental health, stigma, dental, and people also express an interest in being connected and collaborating with more local, maternal and child health programs.
- so I just want to
- express that there is interest to be connected with people like you. So next slide, please.
- So with the Coc, which, again, is the program. The local programs right? Focus on homelessness, supportive services. Beds.
- stuff like that. And css, so my program.
- Why you should consider us right, reaching. Consider us and housing authorities into your outreach. So again, service coordinator, coordinators who might have helpful insights for your needs, assessments or engagement efforts.
- Some sites also have very active, resident advisory groups. Working with those service coordinators. If you reach out to your housing agencies are kind of those people who work with the residents every day, and already have that established trust so that can be really helpful. We're looking to engage people with like lived experience. As you mentioned earlier. And again, I really want to emphasize that public housing authorities or agencies are very interested in connecting
- and also the continuum of care. Some of those organizations might also have a data that you might find useful, and that brings me into the next slide.
- So
- Cocs and public housing agencies, and the other word from earlier, multifamily, it's like they're on the ground they're everywhere. So how can you find them? Right. How can you find them? Who do you need to connect with?
- So HUD has this really handy tool online called the HUD Egis storefront? I took a screenshot here of the main menu where you can see like the topic categories. So once you click those and explore those
- data will come up and they'll come up in Gis files. But you'll also be able to download the data in a Csv file.
- So next slide, please.
- and I threw up a couple of examples of the more people focused programs I'm talking about today. So right now, you can see the screenshot of the Coc and in that little pop up they have data on the number of emergency shelter beds, people, transitional housing beds, rapid rehousing. They also keep track of
- adults, households with adults and children, households with only children, sheltered persons.
- and there's also Coc contact information listed there so that might be helpful when thinking about who to reach out to and trying to find the right person. And again I will stick around for the office hours, and I will also be this is one of the many 1st of many conversations. So if it seems like a lot I'll be around.
- I also wanted to show you this other screenshot. So these are programs of the multi family sites that are around the nation. And it's kind of the same, the same pop up right, the same data. So it has contact information. It'll tell you the management organization to reach out to.

- And just as a tip when you're looking for your local housing authority, or Coc or multifamily the keywords you want to find are service coordinators, resident services, anything that says, supportive services. Those are usually like the the people focused groups within those sites who can help direct you and to wrap everything up. My colleague Veronica helms.
- does a whole lot of maternal and child health work here at Hyde.
- and I will go ahead and pass it back to you guys so you can take a look at that info later on.

John Richards

Oh, my gosh, Lauren, thank you so much. I think you are going to be my new, personal, best friend.

- How does a partner that you know we are excited to work with not only during the needs assessment, but really over the course of the next 5 years. As we look into a more SDOH focus in the programs that are coming up with this new iteration of the block. Grant so hopefully, this is the 1st conversation of of many, and I'm glad we we got to talk to you before the rest of our partners have
- and also I want to just pull us back to the work that Oregon highlighted, as always, the scans and surveys, the listening sessions. They really support the goal of participatory community driven processes. Their data and tools are great, and they lead us to step 2, which is assessing the needs
- which is all the population based data surveillance systems and surveys programs of services and forums and focus groups. And you know, before I introduce our next 2 speakers, the 2 needs that popped up here were, how do we organize and align qualitative and quantitative data?
- And there was a desperate need, and I say, desperate for training to do qualitative research demonstrations of various methods, softwares, programs that can be used. And we love that because our next 2 guests, Julie Prescott and Keriann Uesugi, are going to talk about that with their quick start guide. So I hand it over to the 2 of you.

Keriann Uesugi

Thanks, John, can we have the next slide?

- Hi, Ron, we just wanted to introduce ourselves and explain why we're talking about qualitative data. Today I'm Keriann Uesugi, the health scientist in the division of State and Community Health.
- My PhD was mixed methods. I incorporated qualitative methods from the very beginning doing work in Tanzania and Zimbabwe related to infant young child feeding.
- I continue to do qualitative data and
- research in my postdoc and then doing a lot of focus groups and doing a lot of formative research to develop different interventions for pregnant women and postpartum women around weight gain and weight loss during those respective periods. And now I still do qualitative data analysis, because I'm reading all of your block grant reviews. And I am doing

- sort of systematic content analysis a lot of times. And you'll you're actually going to see a few presentations that I've worked on at City Match this year, utilizing some of these skills. So that's me, and I'll hand it over to Julie.
- Sure.

Julie Preskitt

I'm honored to be here today, especially to get to hang out with all of you wonderful leaders in title 5 and to co-present with Carrie Ann is i just a dream. So I'm Julie Prescott. I am a faculty member here in Alabama. I'm at the University of Alabama, at Birmingham or UAB

- and UAB School of Public Health.
- But I actually cut my teeth in Title 5. I'm an old occupational therapist by original training worked in in a children's hospital here in our State of Alabama, and then worked in the children with youth with special health care needs program in our state before I came to academics. So again, just like Keriann, my career throughout all the different spaces has definitely involved
- both quantitative and qualitative work. Hopefully, purposely designed like a mixed methods program. And I continue to do that today. We I work with a group of wonderful people here at UAB and beyond
- where we do really extensive needs assessment and program evaluation work. Some. That's certainly with state and community organizations and beyond. And I don't think I can think of a single example where we haven't incorporated qualitative data in with the quantitative.
- So really an important thing, we're excited to talk about it. I'm supposed to start the disclaimer, which is, and you'll see here that we, Keriann and I were laughing as we planned this, that this is a fireside chat. Or maybe it was John who coined that. So if you came today expecting a really research intensive, you know, research presentation, I'm sorry to disappoint you and spoiler alert. That's not what we're going to do.
- If you want to talk in more detail about how you might design a qualitative mixed methods research project that you're going to publish in some journal of mixed methods. Research. Let's talk in another space. And I'll also pull in another colleague, because that's probably not me.
- But we are here to help think through qualitative and really to reduce the scaries, if you will, about what it could be to include qualitative data and gathering lived experience data in more qualitative ways that, you know, are not necessarily always the 1st thing that we think about sometimes when people are used to looking at numbers. So I don't know. That's my start of the disclaimer, and I'm not sure, Carrie Anne, if you want to add to that or move on so.

Keriann Uesugi

Well, just to add that we're all in an applied space. This is data to action type work. We need to do things

- in a way that gets us important information that's done in an appropriate manner. But at the same time we're action oriented and not as a you know we're not publication

oriented. So just keeping that in mind and putting yourself in the right perspective, I think, helps

- alleviate some of the concern about what you may or may not be experienced in when you're engaging in this work.
- So the next slide
- just quickly, I think we're in a great space and
- 2024 where qualitative researchers aren't trying to rationalize the usefulness of qualitative data. Everybody knows why it's important. It essentially helps us to see what is the why and how, behind the what you're finding in your quantitative data. You don't get that richness of detail and understanding of how things are coming to be without
- collecting and analyzing qualitative data at this point. And again, it's that action-oriented. We're collecting this data to help inform programming. What do participants feel about this and that and getting their feedback on things, and then making that a continuous cycle. All of that is a reason why you need to feel comfortable, doing qualitative
- research
- in an applied setting.

Julie Preskitt

Sure. So I'll pop back in and talk a little bit about methods. So, as I said before, we're not thinking about this in a strictly research approach. It is important to think about ways that you would do these things. So that you have something to work with on the backside. So we're not trying to say that you don't follow some basics and some guidelines.

- But what we want to be sure people understand is that you don't want the perfect to get in a way, in the way of really good quality information that can inform you in your planning processes, and also you're the accountability that you bring back into communities. So you know, it doesn't absolve you from doing things the right way. But recognizing that, you know, we're working in communities in an applied setting is important. So
- we thought we'd start off. We heard our friends from Oregon. What a wonderful presentation! Who. They talked a bit about their listening sessions. And so that's certainly one of the ways.
- It's 1 of the staple ways that you might do qualitative work. So this 1st section of I was about to say bullets. But I guess those are arrows are some of the things that you, the, you know, most common actors. So thinking about listening sessions and focus groups.
- both of those are just simply ways that you would collect data from several people at one time. That might be that you have people around a zoom room. That's 1 way to do that, and reducing barriers for people to travel in, and the time that that might take to do that. But it also might be people in person and having good conversations
- there. So, and the difference between a focus group and a listening session is is really quite small. Focus groups tend to be a bit smaller groups. They're a bit more purposely formed. You're looking to have somewhere between 8 and 12 people around a table, and those are usually very purposely recruited. So there's a lot of work on the front end

to determine who you need to have in the room and doing some targeted recruitment there, whereas listening sessions might be a bit more loosely convened.

- There could be more people in a listening session than you might have in that smaller 8 to 12 it might be kind of a throw the door open. Come, one, come all, or it could be, and we'll talk about this in a few minutes about sampling. Perhaps there's some groups that already exist, and you have the opportunity to drop in on those individuals and listen to them and learn from them
- another really common thing that you hear is a key informant interview. Sometimes you might have heard this as a semi-structured interview, and so key informants are just that these are people that have some really key information that they can share with you. And these are typically done in a 1-on-one fashion. So you really want to hear from one individual. Sometimes there's some flexibility there, but it usually is
- most often in. In my experience we use this type of a way of getting qualitative information for talking to specific subject matter. Experts, people who are hard to gather together sometimes that's providers, sometimes that's youth. But again, that's typically the same kind of idea that you're asking questions and understanding together. But it's usually in a 1-on-one.
- just a quick nod to photo voice. I know a lot of in previous conversations that you all have had. You've probably talked about photo voice and some wonderful examples from states and jurisdictions are that are using photo voice. It's a bit of a trendy way. So we'll just give a nod that this is a wonderful way that people can include photos of their community and express feelings using photo with some narrative.
- So we won't go into this an extensive format today. But if you were going to use it for your needs. Assessment you want to think about, you know the purpose and who would be doing that, and how you'll use that later.
- One last comment around methods is that there's we call this the little known, because sometimes when people think qualitative, they do kind of go big and think, oh, I have to think about focus groups or listening sessions, or the like.
- but many of you have surveys. Many of you are doing surveys. And so obviously with surveys. Yes, sometimes communities are over surveyed, or they're tired of surveys. You want to have something for all. And so certainly a lot of people like the clicks. And I just click, click, click! But having some opportunities for some limited open ended responses you probably don't want to survey full of those. But that's an opportunity where people who really want to share something more than click. A button
- might type responses to you, and in our experience. You get some really incredibly detailed, wonderful responses in this way. And you could. This is qualitative data. These are people sharing their experiences with you that way, and also meeting notes. If there are advisory committees.
- advocacy groups, folks who have meeting minutes and meeting notes that might be shared with you. You can also do some synthesis there. So all this to say, there are many ways to go about it. You know some of the staples that you're seeing there with focus groups, listening sessions and key informant interviews are a great way to get started. Don't forget about the other ways.

- And I think one of the big things to say. You heard our friends from Oregon talk about the unexpected costs which can also be time. It does take time to do these things.
- There's a lot of work with planning and logistics, and then there's time on the backside to be sure that you really are able to use the data that you gather, and then the analysis. So you don't want to run yourself to a point that that probably really disrespectful thing would be to talk to individuals and have them give of their time, and then not have had adequate time to analyze it on the backside and actually use it for your planning.
- So yeah, we probably talk a little bit more about that. And unless you have anything you want to add, there, Carrie Anna, we can move to the next slide.

Keriann Uesugi

- Thanks, Julie. Yeah, we can go to the next slide. So once you've, you know, determined that you're going to be conducting key informant interviews or focus groups, or what have you? You you'll have to put together a discussion guide. And, as Julie mentioned before this term, semi-structured, this is something that you know is a really helpful thing to do is if you're going to be conducting similar focus groups or listening sessions, it's helpful to have this guide that has the same set of questions.
- It sort of takes the facilitator out of the conversation. You know what you're going to be asking, and you're asking in a standard way. And as Julie and I were talking a lot of our discussion guys in the past have boiled down to like 3 main questions that you're probably asking in your needs assessment, too. It's probably topic specific related to the population of people that you've gathered for your listening session. Your key informant interview or your
- your focus group. And so you've got a particular topic or a particular population. You're asking them about barriers or challenges that they're having. You're also asking about strengths or successes, or facilitators. What are you proud of?
- And then the last question is often, what do you propose we do about XY, or Z. Whatever the topic may be, and it can really boil down to that simple a set of questions that you may be asking, and then it helps you organize the analysis on the other end. If you've got it structured in this way.
- the next slide
- and I'll send it back to Julie.

Julie Preskitt

- So right? So thinking about sampling. So the the goal for the qualitative work is not necessarily a randomized sample. And I know that might go against what you might think for. Some of our more research oriented type work.
- So you really are trying to understand about specific issues. Perhaps you really want to do a deep dive around certain areas, that of interest. Or perhaps you've noticed some. If you've looked at your quantitative data. Perhaps you've looked. Notice that there are certain groups that might not be represented. Well, there, or perhaps there's some questions that you have, and they're just gaps that you want to fill.
- So because of that, you're really thinking carefully about. Well, who do I need to talk to? Where are they? How can I get, you know, with those individuals? So you're not really

trying to with qualitative work. The idea is not to create a random sample. Necessarily, you're not trying to generalize to everyone's experience in the entire state. You're really trying to get that deeper, richer understanding around issues or from specific

- populations. And we know how important it is in the new guidance and the block grant guidance needs assessment. Guidance talks about really hearing from lived experience, but also people whose voices might not always
- be easily heard around some of the table. So you know, sampling can be purposes, which is what I've just been saying. That you're very, you know, you know, on per, you're looking for specific types of individuals and groups. And it can also be convenient. So you know there are plenty of opportunities where we we heard from our friends at at HUD just now about talking to those resident advisors, and they have these advisory committees already, and residents.
- advisor councils. What a wonderful opportunity to to make some inroads and have an opportunity to join one of those meetings and talk to those individuals.
- Yes, you're not going to ever say that that's representative of the experiences of everyone in your State. But it's a great opportunity to hear from a group that's already convened. And there's some trust built.
- The other thing that we really wanted to highlight is how important it is to think about compensation. And by compensation that can mean a lot of things. It could be money. It could be other types of incentives. But you know most of us are in meetings, and someone's paying for us to be there for our time and expertise. And the same goes through for the non professionals. People with lived experience, families, family representatives, youth
- who might be in these meetings with you, giving up their time and expertise. And it's important to think about appropriate compensations. I know that can sometimes be a challenge in State government. We can talk about this in the office hours, too, but there are wonderful ways that you can partner with other organizations in your community that can perhaps support that.
- And we have in parentheses that with qualitative analyses, that we'll go into a bit more in momentarily. You're really looking for more of a saturation point. And what we call for that. What that really means is we're beginning to hear the same thing over and over. We're not really beginning to hear new things new.
- you know, new data, new themes that might emerge from the data set. Now, given the fact that this is a comprehensive needs assessment, and there's some time here, and just other limitations that that could happen. You may not actually reach that. And that's a great thing to know is recognizing. What do we learn? What have we learned? What do we continue to want to learn more about, because, remember, there's plenty of opportunity for ongoing needs assessment.
- And so reminding yourself that it's okay to have that parking lot and those things that will point you to next steps. So, hoping for a saturation point, but recognizing that, you know, if you don't get there, that's okay. It just sets you up for the next steps, and ongoing needs assessment.
- I don't know if you want to add there, Keriann.

Keriann Uesugi

Think we can keep moving.

- So I'm going to touch on, start talking about a little bit about, you know, once you've collected your data. How do you begin to think about your analysis? And we've tried to boil down some essential steps. The 1st is again, remember, this isn't an academic research study. This is a very
- data to action, applied approach to things so essentially, your 1st step is to read the data hopefully. At least 2 people are looking at the same transcripts or meeting notes or set of data, so that you know more than one set of eyes is looking at it and starting to understand what the data is telling you. And second step is sorting or grouping the data by themes such as topics, ideas, or concepts.
- This is called coding your data, where you are starting to attach a theme or an idea to a section of text so that you can look at multiple text segments together to really understand what people are trying to say about a particular thing. And then, after you've coded all the topics and ideas that's when you part, start to put it together, you synthesize and you summarize. You have to describe your sample again, because
- it's not representative. You have to let you know you have to understand who you talk to and who it is. Who was it that was saying these things?
- You can use your discussion guide. To help guide your overarching sections like a whole section on barriers, is a real easy way to begin to group your issues so you might have a bigger section of barriers. And then underneath that you've got several concepts relating to the different barriers that people are bringing up. And then you use your transcripts to help pull out, quotes to illustrate the themes that you were finding.
- So that's really the essence of what qualitative analysis looks like giving you. This is exactly how I've done focus group analysis. And this is what Julie's done. So you know, this is a standard approach.
- You conduct your focus group. You've taken notes because you've got 2 to 3 people in the room. One's probably facilitating. The other ones are taking down notes. Yes, you probably are recording it. But you're also taking down the notes so that after the focus group you can all come together and debrief
- using the notes for you, discussing and summarizing the themes right there when it's fresh. And this is a big chunk of your analysis. Right there is can happen within, you know, 30 min after a focus group on the next day. And then yes, you may have your recordings transcribed and things like that. That.
- that can also be useful for summarizing, if it's not completely clear from your debrief session. But also that transcript helps you pull out the quotes that you might not have been able to capture verbatim, although I got really fast at taking notes at focus groups back in the day, and I could nearly get everything verbatim. After a while. Next slide.
- So some people in in the at Amp, we're asking about qualitative analysis software and becoming more familiar with it. Just wanting to give you my experience with this, the key functions of software.
- my 1st comment is to use whatever software is available, affordable or supported, and this has changed for me in different settings. I had Atlas, Ti and Grad School, and then I worked at University of Illinois, Chicago, and we had deduced. And now I'm at HRSA. And

I asked, what do other people use? And they said we use in vivo? So that's what I'm using now. So it's whatever, if you feel like you need, it is whatever you have most ready access for. There's none better than another.

- and a key function is to store and manage your data.
- You can open up your files and you can highlight text. And then you can right click, and you can develop a code for that text segment.
- There's lots of different ways to do that. And then, once you've coded all your data inside the software, you can do queries and say, please find all text segments that have this code. You can even do. Please find all text segments that have this code and this other code, etc, lots of different
- search functionalities. There is even visualizations that you can do with software. I've never done it. That's what I classify as all the other fancy things that I've never found a need for. Because I'm not doing a five-year PhD dissertation solely with qualitative data.
- I can't help you with those fancy things, but I can tell you what's helpful now. But you can also do those same things, that same attaching, sorting, coding, identifying codes or themes with word processors you can use the highlight function. You can use the comments. I've done this as well. You can also
- have everything in a spreadsheet to do matrix analyses where you have the text documents down the 1st column, and you are coding. You have the codes across the top, and you can assign a code to the text segment. And Julie's actually going to give a nice example of that. Right now.

Julie Preskitt

- Next slide. So we just this is for an example purpose. Again, you know many of our most of our brains, and you teach young children about sorting early on and putting like things together. So this is an example of qualitative data that came in as an open ended. Write in comment in a survey. And so why did you become a teacher? So this is an example of what we might call inductive coding. So we didn't really start with any codes already. We didn't really know what we were going to get.
- And so we just read the data and began to create buckets in our mind. So again. This could be done in an excel spreadsheet. A word document. You know one comment per row, and you can see in the far right of the slide. I've color coded these different themes, and you know you would want to have a little more detail about what that means. But so you know everything that's in that nice blue color at the top. You can look over in the right in comments and see where we've coded. Okay, that's where we saw
- this particular theme.
- And so again, this is really simple. And so it doesn't have to be hard. You can do a whole lot more. But this is just one example that gives you an idea of. I didn't start off with a set of codes. I'm just reading my data and together hopefully with a partner you would code through like this. And you can create, what you see, based on what emerges from the data.
- Another alternative would have been the other way around if we were doing something more detail. So perhaps we already knew these codes on the right. Maybe we got some

information from A from a survey somewhere else, where people had clicked buttons and

- and said, You know, they gave them a multiple choice option. And these were the top 3 things that came out in your quantitative data. And then you wanted to look back. And maybe you had a focus group. And so you might go into it looking for these things.
- But at the end of the day doesn't really matter. This inductive deductive, unless you want to be in a class. What we're just trying to show you is that a lot of this really is about sorting and seeing what hangs together to tell the picture. Where you're looking in this case, why did you become a teacher?
- Okay.
- we'll go ahead and move to the next slide.

Keriann Uesugi

Yeah, I know we're running behind time. But we promised to share

- at least a visual of what qualitative software can look like.
- So I'm going to share my screen.
- This is in vivo like I said, this is what I'm using now. I use it primarily. I import all of your annual application. Annual reports as word documents I make. EJ, create them for me, and then I import them into in vivo. So I have a file for every
- 59 of you, and then I can go in. This would be the slow way to do it. I actually use some of the functionalities around automatic coding. But I can go in and open any narrative. This is, I'm going to pick on Illinois because I used to
- work in Illinois.
- and I can open it up.
- So say, you have 5 focus group transcripts as files here. You're reading through it
- straight through. And you want to code it.
- you open it up.
- and it looks pretty much like the Pdf does. And so you're reading it and say, you want to assign a code to this sentence, you just highlight it right? Click it. You can do code. Selection code in vivo means every word that you've highlighted becomes the code. I don't want to do that. I never do that. I usually have a small phrase.
- and you can see these are other codes that I've created before, and now I'm creating a new one. Demo code.
- So that is now coded with the term demo. And then, after I've gone through and coded everything you can.
- some of it. And Vivo lets me see
- for the text. I'm looking at it. Lets me see what codes have been assigned to it.
- All those taking time.
- Just going up here if you go to explore. This is where you can do your different queries. If I wanted to query all the text with the different.
- I don't know what this is doing. The codes that I was talking about the explore button lets me do those queries?
- so it it can be. The fundamental functions are similar across all software programs, importing files, reading the files, coding text segments and then

- querying codes are all going to be the same kind of very similar functions across all qualitative software. These are all the codes I've created. But this section here is coded with Demo. So that's it gives you visualizations of what's been coded like. I said before, I have options to do queries with different codes.
- I can look to see how frequently codes are used. I can do text searches for all of the files that I have. So there's a lot of different functions that are pretty intuitive at the basic level. Again, once you get into the higher level functions, you have to research how to do those a little bit more, and whether or not that's worth your time to learn about, I'm going to stop sharing
- and go back to
- Julie.

Julie Preskitt

- We just wanted to give you. I know we're again. We're a bit tight on time, and we have more to cover today. So we wanted to give, not miss the opportunity to share some examples, so we won't spend much time here. But I just want to pull your attention again. This is a messy slide, but we wanted you to see it all in one spot.
- So this is an example. Loosely based on some work in our state, and another one around the topic of breastfeeding. And you can see on the left the quantitative data and so we had a couple of of important indicators.
- You know, able to look at what the State's value was, how that, compared to the United States how the State was trending over time. And then we were able to look in more detail through our fad analyses.
- that about specific disparities that you see. So that indicated to the needs assessment team that we needed to spend a little bit more time, and we needed to learn more. So on the on the right side, you see the qualitative data, and these are the themes that emerged out of some focus groups. This where these date. Most of these data came from.
- and you can see in the bolded area the theme itself, with some examples underneath, a little bit more detail about what that really meant, and in the bottom you can see a highlighted poll quote. So these are sometimes we call golden nuggets things that really, that come out here. And so you can see some information
- and understood a bit more about this, this particular participant talking about how important it would have been. And this was a her to have classes beforehand, and you know. But while she was pregnant, instead of everything happening when she had already delivered so all of that information taken together. If you'll do next slide
- next slide, please.
- This was an example of how this became formulated as a need statement. So, rather than just saying, our breastfeeding rates are low or low breastfeeding rate, low initiation low. This gave more detail into what the actual need statement became. Having more idea about lack of access to breastfeeding education, and supports with a bit more detail here.

- So it's you can see that it's more than just the idea of breastfeeding that we need to improve our breastfeeding rates. This got into a little bit more about the what and the why
- and next slide, please.
- Another example, postpartum depression very quickly. At the time that these data were collected there were some fairly limited data around this and around, related to postpartum screening available only through a particular home visiting program. Again, on the right side you see the themes that came out of some not only talking with providers, but also individuals themselves with lived experience. And again, a poll quote at the bottom.
- about a young person, and I would definitely encourage you to read this. When you have a little bit more time. But really expressing that while the person received a screening they didn't feel like this really captured
- that that she can. Did have issues. With postpartum depression next slide, please.
- And again, this informed a potential need statement that was certainly including around postpartum depression. But when you really read through all the information on that previous slide, it had much more to do with broader mental health services and access to those more comprehensively. So that's an example of how you might pull together those different pieces. Quantitative, qualitative and really craft a need statement that is a little bit more detail than you would have gotten if you didn't do both qualitative and quantitative.
- So okay, I think, that's the last that we have here, and we'll pass ourselves on to our friends, doing step 3.

John Richards

Alright. Oh, my gosh, Julie, carry on! Thank you. I feel smarter after listening to the 2 of you. It sort of makes me think about ways that this is going to change in the future, how AI might play a role of it, and how it really is, you know, looking at. Carry on your comment here, back to Jason, that you know

- a lot of this is still manual. And how will this go into the future. How will we progress? But you did take the scaries out so your fireside chat was perfect. Thank you so much.
- I know everyone. We're running a little over. But we have time in the office hour section, so just real quickly moving us before we get there. One final stop along the way is Step 3. Looking at our own internal look at our challenges, the desired learnings that we have when we're looking at the quality services that we want to provide both direct enabling and public health.
- And, as always, you know, there's a full list here, but the top needs, and on the next slide we can see
- looking for tools to help an overworked workforce. We understand this a lot with competing priorities in political climates. Oh, my gosh! We understand all of that.
- and ways to keep our staff engaged, resources to help stay ahead of the curve and not feel overwhelmed. So our final guest today is a Rebecca Greenleaf who is the director of learning at the Workforce Development Center, and she is going to show us some ways to sort of

- address these needs and combat these other scaries in a new way. So, Rebecca, I'm going to hand it over to you.

Rebecca Greenleaf

Thanks, John. Great to be here, everyone great to see so many familiar names in the participant list and the chat. I know we've been talking at you for a long time, so I hope you will feel empowered to stand up and do some jumping jacks, or stretch, or whatever you need to do to keep yourself alert until we get to the office hours.

- So I am Rebecca Greenleaf. I'm with the National Maternal and Child Health Workforce Development Center. We're based at the University of North Carolina in Chapel Hill.
- and we are a free technical assistance service that is funded by the maternal and Child Health Bureau to support all of our title V. Friends and partners. And we've been doing that since about 2013. We love nothing more than partnering with States, and we partner with most states and most jurisdictions at this point.
- But if we haven't worked with you, what we do is offer training and consultation and coaching to teams of title 5 professionals and their state agency partners, their family partners, their community based partners really around 5 key areas. So we focus on change management
- systems, thinking systems, integration evidence based decision making and implementation applied implementation. You sometimes hear. And we do all of that with a foundation of family and community engagement and health equity. So we work with states and groups, or one on one, and we try to attend conferences like the Amthip Conference and city matching places like that and connect with our title 5 folks there when we can.
- I want to talk to you today about 2 specific tools, and if you've worked with us at all, you know that we love a tool, and what we really love is just an opportunity for a guided or a facilitated conversation. And so often, when we say tool, we're really just saying, here's a list of questions, or here's a table that we've made that you can use with your team, that we think might be helpful for you, as you think through
- some of the different things that you might be doing or changing, or prioritizing, or assessing or strategizing about over this next 5 year cycle.
- So the 1st one, if you saw kind of the pre work video that was sent and that is at the top of MCHneeds.net. The 1st tool is not a really creative name, but it's called, Keep adapt, let go and create. And we created this, as Julie said, I cut my teeth in Title 5 in North Carolina.
- I'm embarrassed to say in the late 19 nineties, and I recall and I have observed a number of Black Grant reviews in my time close to Title V. So I remember when I worked for Title 5. And, as I've observed, many other State black Grant reviews that
- programs and title. 5 folks often talk about funding that has been set and well established, and is often very difficult to change. There are legacy programs that are in place, and folks know that they can't change them. It's this is the way we've always done it. It's very difficult to change them. And so this tool is designed to facilitate a conversation about that. And we really.

- I wanted to elevate it again, because this is a good time to have that conversation as you're working on your needs assessment, as you're thinking about your New 5 Year plan. So
- here are some of the questions you'll work through if you decide to do this with your team or with some state agency partners or family partners. So you'll look at your needs, assessment results, and the priorities that were identified, and you might have a conversation with how about how well those align with your current title? 5 activities? Are you funding things? Are you working in those areas, or are there new priorities and new needs that have been identified.
- And then you'll talk about how well those needs align with the available national performance measures with state priorities and with what you will really have the power and capacity to do in your own organization and in your state, and maybe the political or broader environments.
- And then you'll talk about which areas identified or what parts of your title 5 work would continue to benefit. You should keep doing those things.
- are there things that we should maybe adapt and do differently. Here's my favorite one. Are there things we should let go of? Is there funding? We should pull back because we're just not getting what we want out of it? Or is there a program our staff is doing that we're not seeing results that someone else could take on that really has lived its best life. And we can now sunset that and move on.
- So let go is really critical. Or do we need to create a new program, or a policy, or a stream of services, or a new partnership, in order to respond to these newly identified priorities and needs.
- And then, having that conversation with your partners and with your team can really help you prioritize your work for a year or 5 years, or for the foreseeable future. And so I say, Tool, but it's pretty straightforward. The next slide shows the 1st page.
- And really you can see that we're talking about what areas would benefit from continued title 5 resources. How does that work connect to your overall priorities and values?
- And then who are obvious partners and collaborators, and who might be our not obvious partners and collaborators. Who might we need to reach out to that we don't normally work with.
- And then the second page of this tool
- is a little bit kind of big picture thinking, and it gets you to have these harder conversations that really require. Sometimes these change management skills to talk about? How do we get from our current state to our future state?
- So if we keep, or adapt, or let go or create something, what could we gain?
- What might we lose? What loss might we experience? What pain might we cause? And then what pain or difficulty might be relieved? So I see that John's dropped that in the chat. It's also on MCHneeds.net, and if you have questions about that, please reach out. We're happy to help you facilitate that conversation, or talk with you about what that might look like. No, we're ready. We can go to the next slide.
- I also want to talk to you about appreciative inquiry which I think a lot of people have heard of at this point, and it's 1 i really love, because it is a positive strength based

approach for organizational change. And the way I like to think about this is, you know how, if one thing goes bad in your day, or you know you have something bad happened. It's so easy to quickly be like gosh! And this other bad thing happened, and this other thing, and the world is awful. And now I'm super depressed.

- It's very, very easy to kind of quickly let those bad things accumulate, and on the same side, if you force yourself to say, but let me look at the positive that one bad thing happened. But I experienced this good thing, and I saw my friend and I got coffee, and the bus was on time, and then, whatever it was, it's easy to shift your whole perspective, and we can do that programmatically, too. So that if we focus, I think on the negative and then the negatives in our programming and our data, it's sometimes easy to miss
- the best in people, the best in organizations, the best in the world around us. So using appreciative inquiry in your strategic planning process or in your needs, assessment process is a way to build and support on what's already working well within your organization, where you have momentum, where staff is feeling good, where staff is motivated and really, instead of
- focusing on the negative thinking about being critical, diagnosing problems, it it changes, it flips the script in in a more positive way
- we'll go to the next slide.
- So here are the underlying assumptions. I should say, too, this is attributed to, and there's a list of resources on the last slide.
- Dr. Cooper Rider, who is a professor at Champlain University in Vermont, and there's a whole book on this and a number of online resources available. So if you're at all interested, you'll have those resources and please reach out to us. And we can help you kind of facilitate this process. So here are the underlying assumptions. Human systems grow in the direction of how you spend your time, or how you consistently ask about
- when you share your personal story when you're vulnerable. Personal bonds form.
- What's powerful is people's dreams and their wishes and their creative energy. And if we focus on things that are working well already, our outcomes will improve. So our action and what we spend our time and energy on follows our attention and what we are focused on.
- So this is a little diagram coming next of what that looks like.
- Define. It's a 4 or 5 depending on how you look at this define is the 1st step, and that's when you, you define what it is you want to talk about. You create your affirmative topic, and I'll show an example in just a second, and then you move from discover. So here's when you talk about what's going. Well, now, where do we have momentum? Where are we seeing the needle move? What do Staff feel excited about? What is their kind of political will to focus on right now? So all that is the discover phase.
- And then you talk about dream like, if we could create anything we wanted to, what would we do here? What would this program look like, or what would this policy say, or how could we serve people differently? And that's kind of a really fun dream stage.
- And then we talk about design, and we get a little bit more into what would that look like? And what would that actually mean? Who would we have to partner with? How would we have to shift resources and then deliver starts us to get into what are the next

steps that we can take to do that together? And what this looks like in practice. And you can do this online or virtually

- in person. Nope, is that the same thing online or in person? You know. I hope you know what I'm trying to say. We can do it on the computer, or we can do it face to face what that looks like face to face is a bunch of people, and it works well with a large group of partners from again, state agencies, family representatives, community based organization representatives having flip charts and having sticky notes, and doing brainstorming, and getting
- all of those perspectives into the into the space. And so you design some questions and put them on flip charts.
- have people brainstorm and put them on sticky notes. Move your sticky notes around and create some themes, and then use that to create work groups or a strategic plan action line items to figure out how to move forward. So here's an example we have worked with on this next slide over the past couple of years.
- Quite a few States that are interested in kind of revisiting their request for proposal, their RFP. Processes. And so they want to reach new groups, make sure that their process is easy and accessible for community based organizations. Maybe they want to work new groups that they haven't worked with before. Maybe the historically marginalized or groups that they just.
- you know, they haven't historically been giving money to. And they want to think about, are we doing this fairly? Is there a way we could do this? That would be better both for our community based partners and for our title 5 staff.
- And so the defined question here was
- when community based organizations apply for our State title 5 funds. What are we doing? Well.
- and that was the 1st stage, and then people, just you know, if this was online, or if this was in in person, would put on all of their sticky notes, here are the things that we're doing well. And we're geographically diverse. Or we have a lot of different types of populations, representatives, or the process is seamless, or the application is easy, whatever they're doing well.
- And then, on the next step
- they would talk about, discover. And so we would say, What bright spots do we already have that encourage community groups to apply?
- And then, on our next step, we would talk about what would be an ideal process. What would this look like if we could create this in in any way that we wanted to, what would that look like for our staff? What would that look like for our community based organizations and our partners.
- What would we create if we could do anything?
- And then
- we would move to the design phase and we talk about? What partners, what collaborators might we invite that we don't have at the table today that could help us think of ways to improve our process.

- How can we change our current process to move it closer to this dream stage that we talked about? And then what are the 1st few things we might do. What are the 1st few steps that we might try?
- So, as I mentioned, all of those things would feed into then a work group or a strategic plan, or a 5 Year Action plan and I'd love to talk to more of you about that. So it's a little more complicated than that. But I want what I want you to take away from appreciative inquiry is that it's a strengths based approach.
- It makes space for the perspectives of a lot of different people to participate. You, your partners, your staff, family and community based organizations. And it can be used as part of this, as we've said a couple of times of moving data, moving needs and community based evidence
- into action into a strategic plan or something else. So here are a number of online resources that you might find helpful. If you're at all interested in this.
- And then on the next slide, I think I have my email. As I mentioned, we're at Unc. In Chapel Hill. We are a free service that is available to any title V professional. Across the country. We love nothing better than to be called on by you to facilitate appreciative inquiry, or facilitate the keep, adapt, create, let go, tool, or to brainstorm with you about what would be a better
- more appropriate tool for whatever it is you're trying to work on, so please don't hesitate to reach out. I'd love to hear from you, and thank you for your time this afternoon.
- Back to you, John, with 4 min to go.

John Richards

Oh, my gosh, Rebecca, thank you so much, and I hope everybody felt the energy I usually, after about 20 min in a presentation. I start to crumble, and today I feel energized, and we have been going for an hour and 20 min. So I know we were going to move over to our office hours a little earlier. But

- thank you all for staying for so long. And
- thanks to our presenters, but specifically to those of you out in the field. We want to open this up to talk about. Well, 1st of all, let's not forget that this is not the only moment that we have
- to talk about these. We are going to look at steps 4 through 6 in just about a month.
- Hopefully, everybody will be completely recovered from the block. Grant submission at that point, and will be even deeper into the needs assessment process. And then, you know, looking forward to step 7 and 9, and ongoing assessment at the partnership meeting.
- So let's
- talk. I see that.
- Pause is put in here a
- call for questions and comments, and I would love to hear
- where you are in the process. Or if you have questions for any of our presenters.