

Transcript: From Needs Assessment to State Action Plan

Rebecca. Hi, welcome. My name is Rebecca Greenleaf. I'm Director of Learning at the National Maternal and Child Health Workforce Development Center. I'm very excited to be here with my colleagues today to talk to you about how to move from the needs assessment process to your state action plan.

So we're going to be talking today about how to translate data and information and evidence gathered during your needs assessment into action. Here's how we'll be spending our time together today. We're going to do a quick introduction so you know who has contributed to and been a part of this webinar planning process. We're going to talk to you about the needs assessment process and what that looks like. We'll talk about setting priorities.

I'll introduce a helpful tool that we might think that we think might help you with setting priorities called the impact matrix. We'll talk about building a state action plan, and then we'll share some next steps and some take home resources.

I've been really thrilled to have worked with several really fantastic colleagues as part of developing this presentation. So my picture is here. I'm with the National MCH Workforce Development Center. I'm joined by John Richards with the MCH Evidence Center and also by Kate Shale, who's the Indiana Maternal and Child Health Programs Director. We also had contributions and insight and ideas from Katrina Haes, the Wisconsin Title five director and Oscar Fleming, who worked with me at the National MCH Workforce Development Center.

We want to make sure you are aware of a resource that is free and available to you online. It is MCH needs.net. If you haven't been to that website before, and especially if you're early in your needs assessment kind of journey. If you haven't done a number of needs assessments in the past, I really encourage you to visit that website, check out the resources that are there. It is just full of information and tools and resources that can help you along through the suggested nine steps to needs assessment success. So if you haven't been already really strongly encourage you to check that out, I think you will find it useful.

Kate. Thanks, Rebecca. Hey everyone. I'm Kate Shedel joining from Indiana, and I just want to talk a little bit about the why behind this presentation. Um, if you haven't done a needs assessment, I was around in 2019 and it was one of the first projects that I worked on and I really had some guidance, but I didn't have all the guidance and knowledge that I needed. Boy did I wish I knew about MCH needs.net back in 2019.

Um, it is a really helpful tool. There's nine very clearly defined steps that you can work through. Um, I, I know that we're not going to spend a lot of time on every single one, but we just wanted to let you know some helpful tips and tricks to get you from that needs assessment into that next state action plan in 2025.

So, just to start, step one is all about engaging partners. Um, here in Indiana and in Wisconsin, we try to think about this in a couple of different ways. One, who do we already know? We already work with healthcare providers, we work with our local health departments, we work with our own team and all of the partners and people that our team know personally and professionally. We have our populations that we currently serve as well.

And so we thought let's tap on the people that we know and ask them to share anything that we're doing with the needs assessment. And so when we asked our partners to share, we were very intent intentional about, about branding this. We wanted to let them know this was from the Department of Health. We wanted to let them know this is part of our needs assessment. We wanted to hear from as many Hoosiers or native Indiana, Indiana folk from around the state and really thoughtfully plan any step of this process so that they knew who it was coming from and that they would hear back.

The other side of this is we thought about who do we miss? And that's people that maybe don't already use our services. They're people that we don't know maybe there historically under assess or underserved communities. And, and so we thought like, let's also be creative in reaching out to those partners. And so that's new partners that's using all of the social media to track down partners and communities we haven't connected with. We found new university partners. We found new organizations that we didn't really know before, and we really use social media to get this out as much as possible.

When we move into how you assess needs, there's really no roadmap for this, right? Every needs assessment for every single state and jurisdiction looks completely different. So we just wanted to share what we've done in both Wisconsin and Indiana and they look really similar, right? We in, in Indiana have collected our secondary data. So that's using what we already know. That's, you already have prams data, youth risk behavior, survey data, birth, this data. Um, what are your birth outcomes? Like, let's not ask questions about things that we already know about, maybe from those hospital records or other surveys that we ask.

We took this information and sort of compiled it to say, what don't we know? And we did a statewide survey that went out in both November and December of last year in 2023. And like I said, we used social media and we used all the people that we may have not known and got it out as far as we can. Our survey got to over 9,000 households and just two months.

So we're taking all of that data, we're finding out what we know, and then we're using sort of those big topics that we learned to dive into focus groups. We're going to have focus groups around the state with different populations where we dig in and ask more intentional questions. Um, so we can use that to get to our priority measures for 2025. And then again, as we get closer to 2025, we'll look at our secondary data and determine what else do we know what's new? Did anything change since we first started this process as it spans to maybe even three years for everyone?

Um, Wisconsin did another survey in the middle of that. They did, they too did a community survey, but they're assessing their own organizational survey as well. They're adding in a survey that went to direct care or clinical providers. Um, and then they too are doing some focus groups and secondary data analysis. So don't forget to use what you already know and use that as a launching pad for when you do your actual needs assessment.

Alright, as we move into step three, it's all about examining your strengths and capacities. And let me just say you cannot do this alone. Like no one person at your health department should be solely responsible for the needs of assessment. It is massive. You have to bring in a team. You need to really clearly define roles and responsibilities.

Something that's helped us here in Indiana is we have a leadership team. So those are sort of our core Title V members. Our, our Title V director, our shin director our Title V coordinator and a few other folks. Um, our epi and and that's our leadership team. But then we also have a steering committee. And that involves, about 50 other people that are all somehow Department of Health staff that are touched by Title V, whether they get their salaries from it, they're working on one of our old national performance or state performance measures. You name it, they're involved in Title V.

And then we also have some external folks that contribute as well. So we have community partners. They helped us take a pilot survey. So is, is this a question that we want to ask our community? Do these questions make sense? Does this translation into Spanish also read the same way we thought it would? And so we have another layer that involves community members in the process as well.

Um, we have set a timeline for us that's a simple Gantt chart. It outlines what our, you know, January, 2023 to July of 2025 look like to sometimes we fall behind. Absolutely. Um, we just adjust and regroup and reset a timeline. Um, but I will say this, please know that every single state and jurisdiction is going through the same exact thing. Phone a friend, ask an expert, do not do this alone.

Um, selfishly in 2020, I was very far behind and I could not have done this without the help of a few other Midwestern states that shared their process that walked me through this. For those of you who are brand new to the needs assessment, feel free to copy and steal anything. We have, we in Indiana, we're happy to share the survey we developed or any of our focus group guides. Um, we'll be sure to connect you with those because we know it is a very heavy lift and you cannot do this alone.

Alright, and here's where I just want to share some of the things that we've learned, because we all know the struggle is real. You are doing a needs assessment on top of running a currency action plan on top of all the other work that you're already doing. And so if you work in public health, I know it's hard but here's what we know, right? For the 2025 needs assessment, you've got some, some guidance, but it's limited guidance, which in a way is really great because it

allows you as a state to share, to do the needs assessment exactly the way that makes sense for you.

But at the end of this assessment, you must select one national performance measure per population domain. So that's a minimum of five national performance measures. Let me just tell you, there is no maximum limit on national and state performance measures. And I speak from experience because in 2020, Indiana selected 18 national and state performance measures. Everything cannot be a priority.

Let me just say this because if you pick 18, that means 18 different things that you have to track and measure and fund, and sometimes it just doesn't make sense to have that many. So please think very critically of do we need more than five? Um, and then lastly, yes, the nice thing is you have to pick these universal measures. That's two of your five. And then if there's anything else that's really not represented in that national performance measure list, you can have the freedom to create a state performance measure that just allows you to focus in on something that's very important to your state or jurisdiction.

Here's where I just, Katrina and I both really wanted to share what we have learned in going through this in 2020. Um, don't choose an NPM first and then try to adapt your needs assessment to it. Like genuinely go out to your community and ask them what their needs are and don't say he, here's a list of, you know, all the national performance measures. Which ones should we work on? Because sometimes you miss the things that you're not asking, right? That's a very sort of guided question too.

Um, sometimes it's okay to stop working on an ESM. Don't forget those evidence-based strategy measures that can change over your five years. So if you pick one and you set it and you feel like you really finished it, great, close it down and start something new. But don't change it and feel like, oh my gosh, I'm just disrupting or stopping work that's already happening. Because that work can still happen, even if it's not something that we're measuring through our Title V needs assessment. And that is something that I really wish someone would've told me as.

Um, you don't have to balance all of the emotions and thoughts and feelings of so many people like Title V work can continue even if it is not one of those five national performance measures. Um, number three, you're going to balance a lot of opinions, a lot of political views. That's just the nature of our work. Um, if you had any comments on the new guidance coming out like we did, it was like, why are we not going to continue oral health? Or why are we not going to continue our breastfeeding work? Or why, why isn't this a priority anymore? It can still be a priority.

I think most of us in public health know, just because you taught um, people to use a seatbelt doesn't mean everyone's using a seatbelt anymore. There's still work to be done. So be sure to just try to take all of those opinions with a grain of salt and say, okay, we know that and this is really where we're focusing for the next five years. And again, I can't say it enough, don't pick every single national and state performance measure. It is a lot around this time of the year

when you're trying to put in the application to say, oh, how do we measure all 18 of these and what improvements did we make? And so if you want to do less detail sheets, just pick the right number of national performance measures.

Two more things just as we go to your post needs assessment, really Katrina, and I wanted you to think about where are we right now and where do we want to be in five years? So kind of think outside of those national performance measures. And so if we know this is something we want to focus on in five years, what sort of milestones or key steps need to happen for us to get there? And then think about your national performance measures. So once you know, here's what we heard from our community and we need to improve that, what sort of are things that we know have to happen to make that improvement in our state? And so then you can select those national performance measures.

And lastly, give yourself grace. Like not everything has to be figured out by June, 2025. If you heard you know, any of those social determinants of health are the top needs in your state. So say transportation is our number one need and we can't get to our doctor's appointments and we can't do anything for our family without transportation. Um, but you haven't explored this before. Use the first year to explore, to study, to make partnerships, to learn from them and plan really what my lane is as a department of health when it comes to transportation of families.

And so I wish, again, someone had told me this is you don't have to have everything figured out by the time you submit your state action plan, but you are allowed to really use that first year as a planning year and set those ESMS that go alongside your state performance measures and national performance measures. And then lastly, it takes time to see change. I think we all know this in public health, but just a reminder from our friendly National Workforce Development Center, that implementation process can take two to five years. And so you cannot expect to see that within a year or two, but set some really realistic goals over five years and you will be set up for success. So with that, I will pass it back over to Rebecca.

Thanks Kate. I want to um, echo Kate's earlier comment about you don't have to do this alone and point out that a resource that is available to you is the National Maternal and Child Health Workforce Development Center. So we are a federally funded national technical assistance center whose mission is to support Title V, our Title V colleagues, our Title V partners in all of their work. And we do that at no cost to them. And by focusing on a couple of kind of core areas that we think is important for Title V professionals to have and that we have observed over the past about 10 years can be really helpful for folks who are trying to do their jobs well.

Um, we specifically focus on systems exploration, managing change, identifying evidence, figuring out implementation plans, and then how to do so equitably. Um, and in by engaging individuals who have lived experienced women and children and families that we serve out there in the field. Um, we're based out of the University of North Carolina in Chapel Hill. We support states in a cohort every year in a group of about six states. We support states one-on-one. Um, and we'll just jump on the phone anytime and talk to you about your needs

assessment process or action planning or strategic planning or anything that might be of use to you.

So our website is down here in the corner. You can reach out to me at any time. Um, and I think my, my email is at the end. Um, and please, please do not hesitate to call on you. Nothing makes us happier than when we hear from a new Title V person who wants to work with us.

So as Kate has kind of shared, you will have a lot of data to sift through at the end of your needs assessment process. And it really is, as she said, too much for one person to really analyze and make decisions about on their own. Um, it really takes a team of individuals to figure out major needs and challenges to address and how to prioritize the resources, the human resources, the financial resources of your team so that you can be effective over the next five years.

I'm going to share with you a tool that's called the impact matrix. And we developed this or have been using this at the Workforce Development Center for a couple of years. We first started, or, or first really started applying it to needs assessment because I used to work for North Carolina's Title V program and I've also had the opportunity to be a reviewer for the block grant review process. And so had had an opportunity to visit a number of different states, talk to them about their block grant application and proposals.

Um, and what I observed in North Carolina and what I observed very often in the field was that folks weren't always sure why they were funding what they were funding or why they were offering programs that they were offering or why policies were in place. Maybe they weren't sure if a policy was a real policy or kind of a, it is just always been that way policy. And so we decided that it would really help a lot of folks to give them time and space to step back and evaluate the programs and services and policies and really assess the impact that they might be making on the populations that we serve.

Um, so I'm going to introduce and share with you two ways you might use this impact matrix. So one is really for this big picture thinking, and one is really stepping back broadly thinking about your Title V program at a systems level. And then considering how well are all of the collective policies and programs that you're offering, how well are those things addressing the priority needs that emerged from your needs assessment. Are they in alignment with your needs assessment? Are they related to things that maybe have just always been done and maybe they aren't as pressing right now?

Are those still programs, policies, the priorities that emerged in this recent needs assessment? And then you might think about how do those priority needs align with the MPMs, the state priorities, and really importantly, what's feasible within your political context? What's feasible within your environmental organizational content with your staffing constraints? What do you have the power to change right away? Um, and what might take more work to change down the road? And then you might consider those things and how those things align your priority needs and then evaluate how that relates to your current Title V activities. And if they align, fantastic

great and if they align, but it's a lot, that's something to think about. And if they don't align, that's also an opportunity for consideration.

So at that point you might consider of your Title V activities, what do you keep, what do you edit and what do you delete? And really this is happening at kind of the broad, big, big picture level. How do all of your Title V activities relate to these priority needs from your needs assessment? And then you might also think about this in relation to your current activities, how you're actively using your Title V resources and funding right now. And just looking at what you're already doing right now, you might look at how do they relate, how do these activities relate to the new priorities identified in your needs assessment? How do these activities align with the NPMs, the state priorities? And what you can feasibly do in your environment, in your state, given the context, how does that make sense? And then what might you keep edit or delete based on what you've learned from these conversations? And so we have a really simple table and this will be posted on MCH needs.net this handout that really is just an algorithm.

And so we're sharing here two kind of fun, silly examples of algorithms just so that you know how algorithms work, but it's basically just a series of questions to prompt conversation and help you arrive at a decision one way or the other. So these conversations won't be about movies or donuts, but these examples I hope illustrate how an algorithm like this might work. Here is one way you might use this tool, this impact matrix, this table to consider your own Title V needs and your own Title V priorities. And one way is to create an algorithm for your different Title V activities by population domain. So you might just consider, for example, four children with special healthcare needs. Is this program that we have is this program that maybe is related to medical home, is it aligned now with our priority needs? And you would say, well, yes or no, or maybe part of it is, some of it is.

And then you might have that conversation with your staff and then say, h well based on, you know, this conversation and based on what we know now about needs assessment results and priorities of the folks that we serve, should we keep doing this program? Should we adapt this program? Should we let go of this program? Or do we maybe need a totally different program to support children and youth with special healthcare needs in accessing medical homes? And you could do the same thing for the other five population domain areas and work through the worksheet in this way.

The second part of the worksheet helps you think about the future state, the state you would like to see your Title V program moving to down the road if your programs and your policies and your services are effective in the long term. So you would, again, gather your staff and then have conversations about what areas of our work or what areas of programs and services out here in our state would continue to benefit from Title V support, financial resources, human resources, other resources, how does that connect to our overall mission, our priorities, our values that we're just clarified as part of that needs assessment process.

And then who might we want to work with to achieve this work and to get to this future state? And we want to think about their obvious collaborators. And then also not obvious

collaborative. And you might remember Kate shared a great example of Indiana, of sharing the folks that they had typically partnered with and then also wanting to partner with folks they haven't worked with before. Folks who, who, who had not historically been engaged in the needs assessment process, folks who didn't use their services. Um, so those are kind of your non-obvious collaborators. And then the last step in this conversation and using this tool is to consider for each kind of program or policy or service, how do we move from the current state to the future state. And so we would consider and talk with our staff about what could we potentially achieve if we decide to keep this program or this policy or this service? What might we lose if we keep or adapt or let go of or create a new service? Where would we feel lost? Where might we have, you know, a hard time letting go of things where who might be upset if we let go of something or adapted something or created something new? And then what could we make better? What pains could we relieve if we keep something or if we adapt something or if we let it go, or we, we create something new? And that's a hard, some of those are hard conversations to have.

You'll find that for many individuals, especially folks who have maybe worked in Title V for a long time, you know, they may have worked on a specific program or policy for years and years and years and maybe know the families that are beneficiaries of that service and maybe have heard from those families about how valuable that is. And that might absolutely be true, and there may still be reasons to adapt that program going forward or to maybe let go of that particular program and create something new that might feel different to those families. So at the Workforce Development Center, we use a lot of tools and there are pros and cons to that, but I, what I like to really emphasize is that any tool that you use is really about the conversation. And what we're inviting you to do is gather your staff and then talk about what's going well, what's not going well, where do we want to be in the future, and then what do we need to do to get there.

So if that feels like it might be useful to you, fantastic, you can contact us and we can help you work through that. Or you can access this tool on the MCH needs.net website and give it a go on your own. I'm going to turn it over to my colleague John from the MCH Evidence Center. Oh my gosh, thank you so much, Rebecca. I love to follow the Workforce Development Center because I feel the evidence center and Workforce Development Centers are true sisters and partners and collaborators. So our website here is MCH evidence.org. We keep it really simple. We love resources, we love to put resources up, we love to experiment with new ways to use tools to help that translation process from what we know works or what we think might have a chance to work to actually implementing it within the realities and the contextual needs of your state or jurisdiction.

So like the MCH Evidence Center, we are actually paid to help you out there in the states and jurisdictions. You are not alone. You can call us, you can email us, you can use our website at any time. And we are really here to provide that scaffold of support to help you all. So, like workforce development, we offer customized technical assistance. We have resources, we have a lot of reports that we do. We look at, we hunt and gather what works and we sort and classify of what is working in the field. We do our national performance measure reports, we look at

ESMs. There is a whole lot of thinking going on in our center that we want to share with you. So I'm going to be talking about how we're translating into the next section of this needs assessment process.

So we've moved from selecting priorities to, okay, we know what we need to start working on. How do we set those performance objectives? This is sort of a critical moment in that process where we sort of shift our focus. Today I'm going to talk about two things. I'm going to talk about the process we've had so far in implementing and more, even more importantly, measuring Title v's efforts. It's one of those cases where we know you are doing great work out there. We see the effects, we just need to make sure that everybody is telling their Title V story and there's going to be a one two approach. And what I, I'll share with a combination of resources and ideas, things that we have currently, and some really new exciting materials coming out for the, the new MCH block grant. So stay tuned. So where, where have we been? Um, let's, thank you Kate. Um, where have we been in the past?

Let's look at the ESMs and let's look over time. So about five years ago, if we look at the evidence, about 33% of those evidence-based strategy measures we're actually evidence-based. We were starting, but only about one out of every three. We could actually have a direct link to what works. Uh, as of last year, that number was 50%, and that is a great improvement over a five-year period when we know that usually the literature shows that it takes at least 12 years for new ideas to come into the evidence base and to actually work their way into practice. So I would say, and I would challenge anybody to, to naysay against this, is that MCH is leading the charge in understanding the evidence base and how to implement it. The flip side of ESMs and the flip side of doing work is measuring that work. How, how do we tell the story? And at the evidence center we use a results-based accountability approach in which we look at how much did we do, how well did we do it, and what was, what were the outcomes?

So four quadrants, and you can kind of see here, two pie charts. Uh, one you can kind of see is very, very blue and a little bit of a little more, little less of green. This was five years ago when most of the measures we had out there were counts. We were counting the number of providers we had trained, the number of web hits we had as of last year. You can kind of see that blue has shrunk. And we're looking at reach satisfaction, short-term outcomes that are directly linked to Title V. This is an exciting paradigm shift in the field and we think it's going to continue into the next generation of, of measures here. So let's move on and, and really talk about the new universal measures. Um, at the evidence center, we are coming up with all kinds of new tips and tricks. Talking about building upon what we've already talked about in how do you know if a measure works? How do you know if it is adaptable or adoptable? Uh, how do you identify what you've already done?

If you have an ESM, is it, is it a good measure that is, does it align with the, the National Performance Measure itself? We offer direct assistance there with our TA and our website. Here's where I'm really kind of excited, we will be developing, actually in the next week or so, we'll be releasing a whole set of 19 new evidence accelerators, one for each of the new national performance measures and one for each of the standardized measures that are, are state-

based, but with, data that is exec, accessible. This is kind of cool too because we're expanding our MCH best database from about 250 resources and strategies that we know work to over 500. Also, we have, you know how we love to work with RMCH navigator to come up with micro learning. We have a series of videos coming out called MCH Strong and those are going to be a nine minute approach to each of the new measures to help you, whether you are at the state level, whether in your in your own community, wherever you are in in the situation, you can understand what these new measures are and how you can start implementing them on a state or a local basis. All of this is still based on the four quadrants of measurement that we have here, measuring, you know, the quantity, the quality, and then those outcomes down below the fold to see as anyone better off. We're really excited about this. So let's take a look. I always like to think of us as superheroes.

Title V is a group filled with superheroes. So let's start with some Samurai suggestions. These are the things that we know work. Uh, we know that we want our strategies to be meaningful. We want our activities to be measurable and we want to, to track improvements that are movable. So our three m's. So under the meaningful category, of course, we gotta start with the science. Is this evidence-based? Is it as evidence informed? Following that, and this is really critical, is your ESM is your program, does it have a direct relationship to the national performance measure or the state measure?

This is where I always tell people, don't just lump all of your programs dealing with women health, women's health under the well woman visit. That does not help anybody. We really need to show what we are doing to advance that specific, measurement. And this is where you also have to be realistic. Is it feasible? Does it fit within your state or jurisdiction? Does it meet your population? Needs these two together go hand in hand? Does it have community buy-in? It doesn't help if you are doing, projects that aren't being received by the populations that, that you are hoping to have impact with. And then this is something you really have to ask yourself just because you can measure something right now, will it change over time? If you are looking at, the percent of, of adolescents who are in a well-woman visit and your state or jurisdiction is really high there, you might not see meaningful change over time. So you might want to look at some other form of measurement. And then we always have to remember to look at those disparities and gaps, everything that we can do to improve health equity. Remembering that sometimes focusing on a specific population group can have the potential of making big changes in overall state or jurisdiction wise. Uh, data, when we get into the measurable part, you know, we're looking for counts, percentages rates, they, they kind of go up, counts not as good as percentages. Rates are great. Really be specific about your indicator, your numerator and denominator on those very detailed detail sheets.

I know it takes a while to put together, but it's really important to really think through, does our denominator make sense? Uh, are we talking about a percent that can change over time? Is it specific and does it show what Title V is doing? And then we get to our movable piece. Is it sensitive over time and is it effective with multiple population groups? These are what I call the Samurai suggestions. If you get through these, you are a superhero in your own right. However, on our next slide we're going to see our ninja knowledge measure what matters. Again, sort of

following up on what Kate says, it doesn't help if you have 154 ESMs and they're all just measuring counts, you might need to count that internally, but you don't need to use that as a measure for Title V across your whole agency. Uh, use proximal measures that really show significance.

Again, remember you are telling your Title V story. This is whether it's in an ESM, whether it's in your, the narrative. You really want to show what are the title V dollars doing to make a difference. I love alliteration. You can see here we have to ponder population versus performance. So population measures are good as long as they are not looking at everybody across your whole population domain. We don't want the total number of women in the state who do X, Y, or Z Population should be short term and it should be very focused. What is Title V doing? The women who are enrolled in a Title V program, for example they, these ESMs are very good at supplementing your performance, what you are actually doing, but they should not be used exclusively. Another alliteration is achieving alignments. Just making sure that your ESMs match up with your NPM, which match up with your priority topic areas. It doesn't help if you're all over the board here because you won't have that sense of being able to go from this is where we started, this is our baseline data and these are the, the achievements that we've made over these five years. And then striving for scale. Make sure that your strategies have the best potential to advance that NPM.

Think about it on the level. It might be based in science, it might have worked in other places, but if you are not doing a project at a level enough that is effective to really adapt or to advance change, you might have to go back to the, the drawing board and think, do we revise it or do we just increase? Do we put more funding? Do we, do we look at more outreach, more communication. That scale is really important to make sure you're going to get the desire that you want. Alright, moving on from Ninja Knowledge. Three ideas that we have. I have the best ideas should be evidence-based, and we have a lot of evidence-based resources on the right we have our MCH best database where you can find resources. We have our national ESM summary and then every year we look at every ESM that every Title V agency writes and sort of we give you a, a pulse, how are you doing? How does it, what, what does the evidence show? Does it have the potential to affect change? And how does it fit in with your whole Title V program? So these are resources that come out annually. Um, we're really excited to think about what they're going to look like next year. The best ideas are also results based. So here you see a population tool and a performance tool we call the turn the curve tool. This is our population tool where we start looking at the data and taking steps backward. If this is what the data shows, well what is the root cause analysis? Well, if these are the root causes, who are the partners that we can attack? If these are the partners, what are the programs that we can come up with? And then how do we link it to the evidence and how do we link it, to a system that promotes health equity?

On the right, you see our ESM quadrant measurement tool. This is really the performance, really this is a tool that you can download from the evidence website to find if we can measure a number, I bet you we can look at reach. If we can look at reach, I bet you we can sort of stretch our understanding or our collection data, collection tools to look at satisfaction. And if we look

at all these, maybe we can eventually get to behavior change. So this is a tool that sort of helps you along that continuum. Really great tools that you can download and the best ideas finally are emerging. These are our new evidence accelerators that will be coming out. Uh, one for all the National Performance Measures. And you can see there's on the left hand side, you can see we have some overview information. This, this will be available as a downloadable PDF, but also available on the website. And on the right you can kind of see our evidence continuum for, across all of these, we've come up with at least 300 different strategies that are evidence-based

In this case, You can see, for the postpartum visit, mental health screening, we have quite a number of strategies and for contraception use, we have fewer strategies, but quite a number in that moderate and scientifically rigorous, categories which really are going to affect change the, the most likely. Moving on, here we go. We have given you a lot of information. Now we're at the state action plan, developing that plan and each of us has a little piece of advice.

Kate. Sure, thanks John. Um, just wanted to say again that there are so many other states and jurisdictions that can serve as a resource. Both Rebecca and John, the evidence center and the National Workforce Development Center are just a really rich source of resource of, of information and help, which is why I selfishly invited them to present with me today. Um, and then sorry, but [hrsa.gov](https://www.hrsa.gov) has every single state action plan table on their website. And so if you're looking for a place to start or just to understand who else might be working in the same space or thinking about some of those same national or state performance measures as you like, go online and click every state and just browse through their state action plan. I actually did this myself in 2020 so I could have some sort of knowledge of if I was aligned with some other folks and like on the right track. So please feel free to use this amazing resource just to navigate what everyone else is doing around the us.

John. And then also I am the tool man, so I have to talk about tools. We did talk about the Turn the Curve tool, but this is one of about 50 tools that are on [MCH needs.net](https://mchneeds.net). Uh, the tool that Rebecca showed is also there along with tools that have been developed either from academic institutions, from other type five agencies or have just sort of been percolating for years that are being tested out for the first time. If you go to [MCH needs.net](https://mchneeds.net), these tools are available in one place, alphabetically, they're also available by each of the nine process steps here for needs assessment. And finally, you can access tools that specific states and jurisdictions are using in their own needs assessments so you can sort of see what they're doing, the data that's coming out of it. And you know this, the imitation is definitely the best form of flattery. You can just borrow or steal, use them however you can. Uh, but you can find that all on [MCH needs.net](https://mchneeds.net).

Rebecca. Thanks John. Um, one more tool that might be helpful to you is the 30 30 tool. Um, this is more of a project management tool that helps you track progress on an activity or toward a goal over time. It's named 30 30 because ideally you would meet for 30 minutes every 30 days and kind of review what is it you're trying to achieve, what are the next steps, who's responsible, what are the deadlines for achieving those next steps and so on. Um, and we sometimes hear that just a really simple project management kind of documentation tool is really helpful. Again, you can adapt it in whatever way you don't have to meet for 30 minutes

every 30 days. Whatever works for you and for your team is fine. Um, but this will also be available on MCH needs.net and encourage you to check that out if you haven't already. Right? Thank you. Um, we, like I said, there is a lot of information, there are a lot of resources, there are a lot of tools that you can use to go from sort of that, okay, I worked so hard to collect all of this really rich data in our needs assessment.

Kate. Now what do I do with it? Because that is a very hard step and I am, I'll overhear laughing to myself because I did not create a slide for Seek and Allocate resources because silly me, I didn't want to talk about a budget. But once you know what those national performance measures are, make sure that you're, you're allocating that funding in your Title V budget. Like you are putting resources from Title V or maybe even state dollars behind those to make sure that they are well sourced and well-staffed and that people are working on those priorities moving forward from 2025 to 2030. Um, the last thing I just want to leave you all with is that once you set the state performance or state action plan and you have all of your measures and you have your ESMs, like the needs assessment doesn't really stop between 2025 and 2030. And I hate to be that bearer of bad news, but this, if you continue to think about this cycle of how you're measuring air impact, how you're sharing what you know, how you're engaging the community and what you've learned and making improvements and doing it better and working again with the community it helps you go into 2030s needs assessment.

And so I feel really proud of what Indiana has been able to do between 2020 to 2025 because we never lost sight of the fact that we started our 2020 needs assessment far too late. And so we started this needs assessment in 2023 so that we had this time to very thoughtfully think, Hey, what worked, what didn't work? What are we going to include in the next needs assessment cycle that we wish we would've done or we wish we had more time for, or we just didn't get enough feedback on this, or we know we have to work on something like housing or transportation or some of these big measures, you know, food security that are coming in the new national performance measure set, that we aren't the only person in town doing that. And so how do we build partnerships? How do we have these conversations leading up to changes in our next needs assessment? So, you know, measure your impact, share this with everyone that you know, post your findings to your website.

That's something we very intentionally have done. Report back to your partners and just involve them in the plan because you know, what we realized is all of that work that we did in 2020 has made the 2025 needs assessment so much easier. We already have the partners and the people and advocates in our corner because we very you know, transparently shared what we learned. And so just something to think about is once you sort of wrap the application in July of 2025, don't forget the work is always ongoing. And so we really hope this was helpful for you all today. Thank you so much for joining us in this series and if you have any questions or want to connect with any of us, our emails are here on the screen. Thanks very much for your time today.