

Evaluation Summary 2010 Maternal and Child Health Regional Meetings

Regional Maternal and Child Health (MCH) Meetings were held in six locations around Montana in October and November of 2010. The PowerPoint presentation that summarizes the content of the meetings and notes from each of the meeting locations can be found at:

<http://www.dphhs.mt.gov/publichealth/mchept/regionalmeetings.shtml>. Following each meeting, participants were asked to complete a short, online evaluation of the meeting logistics and content. The summary of the evaluation results is below.

Location of meeting	Number of attendees	Number of completed evaluations	Percent of attendees who completed evaluation
Billings	12	11	92%
Butte	10	7	70%
Glasgow	5	4	80%
Great Falls	17	11	65%
Kalispell	15	9	60%
Miles City	2	1	50%
<i>TOTAL</i>	<i>61</i>	<i>43</i>	<i>70%</i>

This year the meetings were held in October and November. What is your opinion of the timing of the meetings?

	Number	Percent
Good time of year	20	47%
No preference on the timing	7	16%
Would prefer Spring (April-June)	4	9%
Would prefer late Summer/early Fall (July-September)	4	9%
Would prefer the beginning of the year (January-March)	2	5%
Other (<i>see comments below</i>)	6	14%

Comments:

N=43

- Just as long as it's not near the fall MPHA meeting or January
- Maybe November--not during flu shot season!
- Oct. & Nov. are busy flu shot seasons
- Public Health is busy year round anymore, so I think whenever it works for you and makes sense data and reporting wise.
- Time set aside during the Spring Conference?
- Wouldn't matter. I'm always busy.

What is your opinion of the length of the meetings (10 am to 3 pm)?

	Number	Percent
Just right	40	93%
Too short	1	2%
Other (<i>see comments below</i>)	2	5%

Comments:

N=43

- Conference call - linc might be just as effective and save travel costs and time!
- Could be longer to have time to deal with some specific issues. Right amount of time for info presented.

The regional meetings were held in several locations throughout the state (Glasgow, Miles City, Billings, Kalispell, Great Falls, and Butte). What is your opinion of the meeting location options?

	Number	Percent
Good variety of locations	41	95%
Would prefer to travel to Helena	1	2%
Other (<i>see comment below</i>)	1	2%

Comments: N=43

- How about rotating to different spots, i.e. Lewistown, Sydney, Missoula, Helena, etc.

Please rate the usefulness of the topics covered at the regional meetings.

Topic	Very useful	Useful	Not useful	No opinion
Opportunity for in-person discussion with Family and Community Health Bureau (State MCH program) staff	32 (78%)	8 (20%)	1 (2%)	
Opportunities for discussion with MCH staff from other counties	31 (76%)	9 (22%)	1 (2%)	
MCH Data Resources (online resources, new birth certificate format, etc.)	23 (56%)	18 (44%)		
MCH Block Grant Bits and Pieces (Pre-contract survey, Task Order, Application and Annual Report)	22 (54%)	19 (46%)		
2010-2015 New State Performance Measures	22 (54%)	18 (44%)	1 (2%)	
2010 MCH Needs Assessment and Topic Summaries	20 (49%)	20 (49%)	1 (2%)	
Family and Community Health Bureau Organizational Chart and Overview	20 (49%)	17 (41%)	3 (7%)	1 (2%)
Logic Models and Process and Outcome Evaluation Overview	14 (34%)	23 (56%)	2 (5%)	2 (5%)
History of Title V/MCH Block Grant	13 (32%)	24 (59%)	2 (5%)	2 (5%)

N=41

If there were other topics covered during the regional meeting that you found useful and are not listed above, please write them below.

- Clarification of the stats that are required by the program.
- Discussion of trends, community collaborations.
- Equal time for the different areas to share about their programs
- Having this meeting at the beginning of the contract year would be helpful, so we are more informed before we complete our needed paperwork and plan activities for the coming year. I think the use of available technology would be great...iLinc is a great interactive way of communicating information effectively and much more cost effective, since we are all on tight budgets!
- I cannot think of other topics, but maybe consider trainings on the required tools, best ways to get into clients buy in to the program, role playing (which I hate), but would probably be good for new PHN's and give the opportunity to see how others present the program.. Consider reinstatement of the New PHN orientation program at the State Level.
- I liked having time to talk to other health departments during breaks and the lunch hour. Especially since I was visiting with people I generally don't get to see very often.
- I really enjoyed the sharing time between the clinics. I found the information to be helpful.
- I wonder about going into more depth in some of the areas, i.e. completion of reports, formulas for doing so, etc.; taking a topic through the logic model that is relevant to practice; DPHHS Org chart; National organizations that

are focused on MCH, i.e. AMCHP, CITYMATCH, APHA-special section; etc. This was wonderful and this first being an intro to MCH. Thanks so much for putting the time and energy into this very valuable communication with the locals!

- It was an informative opportunity that I'm pleased to have participated in. I believe it will ultimately be helpful. I also appreciated not having to travel far for this meeting.
- It was very useful to see that everyone else has a strong connection between immunization services and the MCH Block grant. I appreciated the discussion about FICMR. I think that was a great learning experience both ways as I think there are activities that were done by FICMR that aren't always credited to that work, but that do impact public health, specifically MCH.
- Oral Health Program
- This wasn't exactly a topic but was very useful - the introductions where each county talked about what MCH activities they are doing.

Would you recommend that the Family and Community Health Bureau hold MCH regional meetings in the future?

	Number	Percent
Yes	41	100%

If you would like the MCH program to have regional meetings in the future, how often would you like them to be held?

	Number	Percent
Once a year	37	90%
Every two years	4	10%

N=41

How do you plan to use the information covered in the MCH regional meetings? (Responses are categorized.)

Everyday Work

- In my everyday work with MCH.
- I plan to apply it to my every day work life.
- It will help me to do my work better and to understand the reasons some of the areas are needed
- I liked learning the history of MCH, variety of use in different counties. I liked meeting the state dept heads. Use this information in my everyday work.

Share with Staff, Commissioners, and Stakeholders

- I plan to take it back to our MCH staff
- We will have a planning session with MCH staff and review what other sites are doing and make changes with our program as needed.
- Disburse to MCH staff.
- Share with the rest of the staff; incorporate some of the relevant data into grant applications; put some of the info into the orientation manual for new home visiting staff. It would be great for DPHHS, FCHB to have an online module for orientation to public health in Montana. Several states have done this and it would be nice to include in orientation of staff. We are seeing the aging public health workforce begin to retire and there isn't a uniform orientation out there.
- Disseminate to all PHHV staff
- Share with staff to give a perspective of hx; how everyone works together etc.
- Share with my staff and utilize the information during annual budget reviews. I will also share this information with the Board of Health as well as the three new commissioners in our county.
- helpful in communications with county commissioners when approaching them re additional funding for the county program
- More information to help the Commissioners understand what MCH and public health are for. Helps to direct some of the things that I can do with the grant. Going over the reporting format is always helpful

because sometimes I have been unsure if I was doing it correctly.

- I am going to double check my practice and make sure I am completing each item as the grant requires and I will be using the information presented to educate my local stakeholders about the history of the program and hopefully create agency-wide buy in.
- I will review it with my administrator. I may also contact other counties with the same chosen measure as us to compare activities. I will share it with our immunization QI team for informational purposes. The resources provided will also be used for program planning for future activities.

Program Planning, Development, Budgeting, and Reporting

- I would like to use this information to better serve the families in our area, to assess the services we provide and ensure they are necessary and of good quality.
- Program development, staff training. It is useful to know what other counties are doing. It gave me some good ideas and thoughts and things to pursue.
- Will use data for grants, community support. Good to have overview of website, which is greatly changed.
- Planning for outreach activities and organizing data for reports
- Will use this information in planning for next year
- Helpful in planning.
- budget and money use, programming use
- Improve my yearly report. Lots of ideas on where to search for information which I plan to use especially since our department is making a strategic plan.
- We got some great ideas from the other MCH programs. We'll be implementing some of the things we heard, especially in the area of doctor referrals.
- Our office is looking at getting a VISTA volunteer to put together the Oral Health Program for the schools.

Reporting

- Use for the end of the year report
- It will help with the reporting process.
- to help fill out the grant attachments
- I have now a better understanding of how to show the use of my funds and what areas they apply to.
- Reporting
- It will help with my MCH reporting-and make it more relevant

Better understanding of grant requirements

- I am new to the workings of the MCH grant. This meeting gave me a stronger background in the purpose and uses of the grant.
- It helps me know what the grant requires
- it helps me understand the grant better and services provided

Other

- To interact with other health departments that are working on the same choices for evaluation.
- To follow what is going on with our program and the changes that are made. I feel anything new that I can learn is always positive!

What would you recommend changing about the regional meetings? (Responses are categorized.)

Location

- If occurs in Billings again would recommend different venue with better parking etc.
- parking was difficult, another location may be better
- Parking was definitely a detriment--different location?

Timing

October and Nov. are busy times for Health Dept.'s because of the flu clinics.

More Time for Discussion

- Give more time for talking with the people from other counties. Perhaps setting up a specific time to do that would be helpful. Maybe right after we do the intros and talk about what we do. Perhaps we could break into small groups according to how we use the MCH money or perhaps you could solicit areas of interest before the meeting that we could discuss in small groups.
- More time for discussion of selected topics. Good to hear the variety of ways to approach things in different communities.

- Please allow more time for discussion in the middle of the day. And slow down in the afternoon. The afternoon information felt rushed.
- Leaving a little time open to actually visit with some of the other sites regarding problems or issues.
- Maybe less slide show and more interaction and exchange. Add new information and do not review everything covered by past meeting.

Other

- Rotating locations, so staff can see what other counties work with, etc.; showcase special projects in MCH that are working across the state; go into more depth now that the overview has occurred, and an online module would be great!
- As stated before...iLinc. As professionals we meet at least at the Spring Conference..or add this into the conference agenda?
- You may want to check with other sites for AV set up and what is already there, so you don't have to haul so much AV equipment. We have a white board, white paper holders/hangars, projector, and screens already available. Less hassle for you, But I must say you did it very efficiently!
- Can't think of anything but maybe more information about FICMR.
- Less paper (seemed wasteful of trees and state money). Maybe let people look at info up on screen and then encourage them to pick up handouts in back if needed.
- I liked how it was done. I appreciated the multiple choices in sites and dates. I really am glad that you were able to travel to us and to see our work arena. One thing I would like to see happen in the future is for state staff to visit the local health department when we do a meeting in that town. The site I attended met away from the department, but several of us went to see the local department afterwards and that was valuable. I know there are travel and time constraints, but if for no other reason than building rapport, it would be a good thing for state staff to see the physical local departments. If doing regional meetings yearly is not possible, I think every other year would probably be OK also. At a minimum, it should be at least every 5 years, linked to the assessments in some way.
- Have the meeting closer to the parking! Maybe send out a pre-meeting survey to capture questions or concerns the locals may have.

Nothing

- Nothing. It was great.
- Nothing - it was very good. It was really important that you came out to us!
- Nothing! It was great and we were very happy that we didn't have to travel! ! !
- This was among the best DPHHS program meetings I have ever attended. I am not sure what I would change - really probably nothing. The DPHHS staff were very enthused and supportive. I do not work directly with MCH but oversee the division so I learned a lot from this meeting. The descriptive term I came back from the meeting with is collaborative.....I felt the absolute desire of the state staff to partner and be collaborative in providing services to the maternal and child population in our counties.
- Our setting was good, quiet.
- I was happy with the way it was carried out.
- NA
- nothing
- None
- Not a thing.
- nothing really.
- I don't have anything to change.

What topics would you like to see covered if there are future regional MCH meetings?

- Updates on same information.
- what information to provide to home visiting services (postpartum)
- The data piece is very useful. Sharing of how different counties report is useful.
- information on new programs available--information about dental program very interesting
- I thought the topics covered were great.
- Sharing resources and handouts, a speaker on an area of MCH- maybe a nurse who works primarily with cleft babies to give feeding advice, or someone promoting interaction between parent and child i.e. baby

would not have bottle propped up and while mom watches tv, or counselor who could give suggestions on how parents with dysfunctional childhoods could learn new role models/ways to parent.

- Recreational drugs currently being used in the NW. Good speaker out of Spokane that would be willing to come and talk. She spoke at the Rocky Mountain Childbirth conference this year.
- Best Practices
- Importance of preconception counseling related to expanded intervals of pregnancies. More info on resources; journal article reviews; meaningful reporting; provide us with more of the data comparison across the state; showcase special projects that are happening in different communities.
- Evidence based practice in home visiting.
- More talk on collaborations, maximizing resources. Grant sources. Advocacy for public health.
- Standardize the home visitation process
- more on logic models- this was a new concept for me- 1st time ever presented and so I am not sure I will apply this information as it was fairly brief.
- All information was great
- How to overcome the barriers facing small counties. And not by using a big county's program example but by using a successful small county's example.
- More on FICMR and local projects that other HD are working on.
- Appropriate use of MCH funds What's new Home Visiting
- Same range of topics. Community Assessment examples may be helpful.
- Again, training for more efficient productivity, new nurses training, Maybe more focused on PHHV and how it works in other counties.
- FICMR information
- this was great
- I am disappointed that our state is so far behind the Nation in coordination around FASD. I attended the National SAMHSA conference in Nashville last spring - ALL of the states are so organized around this issue (even the poor southern states have State Coordinators). Our state has one of the highest rates of alcohol abuse and one of the lowest rates of programs. We are learning more and more and more about the problems created by maternal drinking. Why do we not, as a public health issue, focus more on FASD? Additionally I would hope these meetings could be a place where state focus could be discussed, not just information given.
- NA
- Updates as they need to be covered, especially a review of the DPHHS structure. Best practice examples of activities that fall under the different measures. More examples of correctly completed reporting forms. (I think sometimes we make things too hard at the local level!) Activities and trends on a national level. More discussion, ideas, best practices on how to obtain community assessment data.
- I'm sure there are more topics that you considered than there was time for. You can share those ideas next year.
- Continue to discuss the history of the Block Grant, its funding and how it is administered at the state level. It may seem "old info"...but a refresher is always good to know. It is good to hear how other offices use the funding, what programs they have in place and how to assimilate that information into the reports.
- I would like more information as to how to conduct a community needs assessment. I really don't know how to effectively do one and wonder how other counties do theirs.