

The page features a decorative graphic on the right side consisting of three overlapping circles in shades of blue, arranged vertically. Two thin blue lines cross the page diagonally, one from the top-left to the bottom-right, and another from the top-right to the bottom-left, intersecting near the center.

Facilitation of Title V- Maternal & Child Health Statewide Priority Assessment Retreat

**Report to the North Dakota Department of
Health**

- Kim Senn, Director of Family Health
- Tammy Gallup-Millner, Director of Children's Special Health Services

February 2, 2010

Presented by Deb Nelson, DLN Consulting, Inc.

Introduction

DLN Consulting, Inc. was selected to facilitate the statewide planning retreat to identify new priority areas for the next five year period of the Title V – Maternal and Child Health (MCH) program. This retreat was held February 2, 2010 in the Pioneer Room of the North Dakota State Capitol.

Approximately 80 people from a cross-section of health disciplines attended and participated in the planning session.

Planning

Kim Senn, the director of Family Health, and Tammy Gallup-Millner, the director of Children’s Special Health Services, put considerable time and effort into the planning for this retreat. In addition to working with Department of Health staff, Tammy and Kim met with Deb Nelson and Lydia Camp of DLN Consulting, Inc. in a pre-planning meeting on December 1, 2009. During this session, the process Deb uses to build consensus during planning sessions was discussed and laid out. An agenda was developed and tools were identified for the participant packets. A second pre-planning conference call was held on January 19, primarily to touch base as a follow-up to the December meeting.

Morning Session

Deb Nelson welcomed everyone to the session, provided an overview of the day’s activities, and introduced Kim Senn, director of Family Health. The morning session was devoted to orienting the participants to Maternal and Child Health. Dr. Michael Fraser, CEO of the Association of Maternal and Child Health Programs, opened the session with an excellent presentation on the federal pulse toward MCH. Ms. Senn provided a good picture of the overall data affecting MCH, which was followed by data presentations from a number of ND Department of Health staff working with the three populations within the MCH program:

- Families, pregnant women, mothers, and infants to age 1
- Children and adolescents age 1 to 24
- Children and Youth with Special Health Care Needs

The retreat was adjourned for lunch following the data presentations. During the lunch period, Lydia and Deb rearranged the room from a classroom setting to a small group setting.

Afternoon Session

The afternoon session was dedicated solely to the identification of priority items in the MCH area. The goal was to identify approximately ten priorities, with target populations, by the end of the session. Approximately 70 people participated in the afternoon session.

Small Group Formation

Lydia handed out a small card with a picture of an animal on it to every participant once they were seated after lunch. They were told that, on signal, they were to find all other animals representing their group solely through voicing the sound of the animal in their pictures. The object was for all animals of the same species to seek one another out through the identifying noises. There were ten different animals. Once all groups had been formed, it was discovered that there were three groups smaller than the other six. One of these groups, the seals, was asked if they would be willing to join either the horses or the lions. This resulted in nine small groups.

Getting to Know the Individuals in Each Group

Deb implemented an activity that was designed for small groups to quickly get to know all the participants in the group. After all participants were seated at their respective “animal” tables, Deb announced it was time for a “30-Second Monologue.” Each person was given 30 seconds to tell those at their table their names, who they represented, and anything they wanted to share that was not work related. Time was called after 30 seconds and the next person had 30 seconds for his/her introduction. Monologues continued in this fashion until each person had the chance to make a self-introduction.

Brainstorming Warm Up Activity

The groups were informed that the afternoon’s tasks would begin with a brainstorming activity. The basic rules of brainstorming were reviewed:

1. No critical judgment
2. Quantity, not quality is desired
3. “Free wheeling,” or the art of not holding back, is welcomed
4. Improvement is the ultimate goal.

A warm-up activity was conducted to demonstrate how the brainstorming works. Each group was asked to come up with as many ideas as they could for using a paper clip. The groups were allowed 60 seconds for this exercise. One person in each group was asked to simply jot down the number of ideas (not writing down the actual ideas.) Each person in the group, in turn, was asked to voice an idea. When people ran out of ideas as they went around the group, they were to say “pass,” until all ideas or 60 seconds were exhausted.

The remainder of the afternoon was devoted to the brainstorming and consensus-building exercise. The steps for this exercise is outlined below:

1. Each participant was asked to individually and using the information (data) provided earlier that day, write down as many priorities as they could in the next five minutes. No discussion was to take place during this activity.
2. Each group was asked to choose a recorder. The recorder’s job was to place all ideas on the flip chart as they were voiced.

3. Individually, and without discussion, small group participants were asked to move around the group, one by one, and give the first brainstorm idea, moving on to the second person, etc. until all participants had given their first idea. Instructions were to then move on to the second idea, and then third, etc. until all ideas were shared and written down. Participants were given explicit direction not to try to analyze if ideas meant the same unless they were the same verbiage.
4. When all ideas were written down, group members were told they could seek clarification on anything they did not understand or for which they needed more information. This allowed for an opportunity to discuss the ideas with the rest of the group.
5. The next step was instruction to cross out any ideas that had the same meaning but were not written exactly the same.
6. Each group was then told to create an alpha-list of all priorities that had not been crossed out, beginning with "A" and moving through the alphabet until all ideas were assigned a letter. If there were more than 26 ideas, the 27th was assigned a "AA" and so on.
7. Voting cards were handed out to each person in the small groups. The voting card had five blank lines, each next to a numerical list starting with a "5" at the top to a "1" at the bottom. Everyone was asked to choose, individually, the five most important priorities from the group's list. The letter corresponding with the most important idea was to be placed in the line next to the number "5" and so forth until the fifth most important idea was placed on the line next to the number "1".
8. Groups were then asked to select someone who would add up all the numbers assigned to the various letters.
9. All listed priorities that did not receive votes were crossed off.
10. Group members were asked to take a second voting card and, from the remaining ideas on their flip charts, think about which priority ideas were most important to the people of North Dakota. Step 8 was completed a second time.
11. Each small group was asked to identify the five priorities that had received the most votes. These five priorities were to be written out on a new flip chart paper. Tie votes were to be listed, allowing for more than five priorities in some groups.
12. Each group was then asked to identify the target population each of their priorities addressed and write the target population next to the priority.

13. Each group was asked to select another spokesperson to present the group's priorities to the large group. All groups then presented their ideas.
14. As a large group, duplicate ideas were identified, and by vote, decisions were made as to which duplicate ideas were to be kept. During this time, small groups had the opportunity to clarify the intent of their priority statements.
15. After crossing out all duplicates, large group voting commenced. Each person was given 5 sticker "dots." Everyone was told they could use their dots to vote in any way they wished. They could vote for five ideas or use their dots in any combination up to five votes for one idea.
16. The top 10 priorities were identified and announced (attached).

Closing

Deb thanked everyone for their participation in the day's activities. She announced that Kim and Tammy would send the priorities to them. Deb then turned the final moments of the retreat over to Kim. Kim gave the participants the "next steps" for the priorities at the state level, thanked everyone for their excellent participation, and adjourned the retreat.

**MCH PLANNING
PRIORITIES AS VOTED ON BY ASSESSMENT GROUP
February 2, 2010**

Top Ten Priorities Identified by Consensus

# Votes Received	Priority	Target Population*
23	Insurance access that is comprehensive, accessible, and affordable for all	All
18	Mental health services (screening, access, referral, Dx, Tx)	All
18	Medical Home (comprehensive, coordinated care)	All
18	Improve and increase transition services for youth to age 18 <ul style="list-style-type: none"> - Compliance with seatbelt usage - Graduated Drivers License (GDL) - Youth involvement - Scared Straight programs - Awareness of underage drinking and driving 	2,3
17	Reduce all violence (domestic, sexual, bullying, cyber bullying, school)	All
17	Increase school nurses/child care health consultants	2,3
16	Increase injury prevention efforts for unintentional injuries (motor vehicle crashes, GDL law, distracted driving)	2
16	Access to care for all populations including Native American and rural, and specialty care (nurses, physicians, PT, OT, SLP)	All
16	New baby home visit/follow up/post partum/breast feeding	1,2
15	Obesity/physical activity/healthy eating	All

Others Receiving Votes

# Votes Received	Priority	Target Population*
13	Access to care (financial, geography, availability of providers, mental health, specialty care, and services) -- <i>similar to priority in top 10</i>	All
11	Screening assessment & treatment (mental health, CSHCN, pregnant women)	All
10	Implement pre-conceptual and inter-conceptual care (smoking, nutrition, alcohol, violence, SIDS, parent education)	1
9	Form and strengthen partnerships including parents with Native American groups in North Dakota	All
5	Early ID of special health care needs (brain development, new born, development, mental health, autism screenings)	All
4	Increase federal poverty level percentage for Medical Assistance & Healthy Steps	All
4	Care coordination, case management plus prenatal program	All
3	Healthy youth development to promote healthy choices (i.e., mentorship)	2
3	Preventive care	All
2	Mandated comprehensive health education for school age (i.e., drugs, sex, alcohol)	2
1	Establish graduated drivers license	2
1	Reduce pre-term delivery births	1
1	Universal support and early pregnancy care for pregnant to post-partum women	1

Offered for Consideration – No Votes

Priority	Target Population*
Improve access to prenatal care	1
Caregiver shortage for CSHCYN due to aging population – less people to provide care for respite and childcare	All
Improve school-based programs	2,3
Pregnancy education	1,2
Services to the American Indian population	All
Mental health/suicide prevention	All
Bullying, sexual assault, school violence	2, 3
Increased outreach to rural areas	all

Offered for Consideration – Combined With or Contained Within Other Priorities

Priority	Target Population*
Parent education (divorce, brain development)	All
Obesity	All
Increase number of school health nurses	2, 3
Incentives for pediatric practice for medical home model	All
Increase screening assessment for all	All
Increase access to health care to include specialty and mental health	All
Reduce childhood obesity	2
Nutrition and physical activity	All
Access to specialty care	All
Uninsured/under insured families	All
Improve access and quality of medical specialists – including mental health services	All
Address no insurance and underinsurance <ul style="list-style-type: none"> - develop plan for young adults that are no longer eligible under their parents' insurance - benefits counseling 	All
Target obesity and overweight messaging	All
Increase the number of medical home practices	All
All children have public/private insurance	All
Medical homes/health home	All

*Target populations are designated by the following numbers:

- 1: Families, Pregnant Women, Mothers and Infants to Age One
- 2: Children & Adolescents Age 1-24
- 3: Children and Youth with Special Health Care Needs (CSHCN)

