



MCH 2015 - Meeting 2 Evaluation Results

January 29, 2010

Pregnant Women and Infants

25.0% (8)

CYSHCN

25.0% (8)

Children and Adolescents

50.0% (16)

Have you used the website www.datacounts.net/mch2015? Yes: 96.3% (26) No: 3.7% (1) Not Sure: 0.0% (0)

1. Organization and Accommodations	Excellent	Very Good	Good	Fair	Poor	N/A	Average
a. Overall organization/structure	67.6% (23)	23.5% (8)	8.8% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.59
b. Pre-meeting communication	61.8% (21)	23.5% (8)	14.7% (5)	0.0% (0)	0.0% (0)	0.0% (0)	4.47
c. Website	50.0% (16)	34.4% (11)	12.5% (4)	0.0% (0)	0.0% (0)	3.1% (1)	4.39
d. Meeting facilities	61.8% (21)	29.4% (10)	8.8% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.53
e. Lunch and snacks	58.8% (20)	32.4% (11)	8.8% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.50

Comments and Suggestions:

It would have been good for facilitator to have a more structured plan to guide the discussion and more the process along.

Regarding website, used only once. Great info, I just like hard copy better.

Ramada facility was much more accomodating and user-friendly than SRS Learning Center.

The website was extremely helpful. Thank you! Gary did a great job in responding to our questions with stats! The lunch was fantastic and healthy. The breakfast food was so good. Thank you for leaving it for our grazing! Donita was an excellent facilitator.

2. How strongly do you agree with each of these statements?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Average
a. I understand the objectives of the MCH2015 priority-setting process and my role in this process.	60.6% (20)	39.4% (13)	0.0% (0)	0.0% (0)	0.0% (0)	4.61
b. The informational resources and data indicators provided were relevant to the priority-setting process.	55.9% (19)	44.1% (15)	0.0% (0)	0.0% (0)	0.0% (0)	4.56
c. From the data session and resources provided, I have a sufficient understanding of the indicators used for priority-setting.	51.5% (17)	48.5% (16)	0.0% (0)	0.0% (0)	0.0% (0)	4.52
d. The workgroup composition was sufficiently inclusive and representative of MCH populations and viewpoints.	51.5% (17)	36.4% (12)	6.1% (2)	6.1% (2)	0.0% (0)	4.33
e. I felt comfortable expressing my views.	63.6% (21)	30.3% (10)	6.1% (2)	0.0% (0)	0.0% (0)	4.58
f. All members of the workgroup were included in the decision-making process.	64.7% (22)	32.4% (11)	2.9% (1)	0.0% (0)	0.0% (0)	4.62
g. The decisions reached accurately reflected the consensus of the stakeholders.	61.8% (21)	32.4% (11)	5.9% (2)	0.0% (0)	0.0% (0)	4.56
h. The identified priorities and their associated strategies/action steps will help improve the health of Kansas women, infants, children, and youth over the next five years.	64.7% (22)	35.3% (12)	0.0% (0)	0.0% (0)	0.0% (0)	4.65
i. I/my organization will support these priorities over the next five years.	72.7% (24)	24.2% (8)	3.0% (1)	0.0% (0)	0.0% (0)	4.70

Comments and Suggestions:

It went much smoother this year.

There were no youth/adolescents in the group.

The workgroup, I felt, lacked diversity. It was a pretty homogenous group. There could have been others included that I feel would have offered diff. views. -Not the workgroup I asked to serve in; not much knowledge or passion in this workgroup. See comments below. I applaud the diversity of the committee members when it comes to the community makeup (rural vs urban) and (state vs. local). However I do wonder if it would add to the conversation to have more diversity within the areas of race, ethnicity, and age. This is my second experience with the process and this was a definite improvement when compared to the first time around (MCH 2010). Jon did an excellent job.

Cannot speak for the leadership but feel I had a real voice in identification, and I see how our work contributes to the outcome. We will certainly affect the outcome through our work.

3. What part of the process have you found to be the most valuable? Why?

The networking of people from different walks of professions, learning about areas that I may not have been aware of before.

Listening to other people expressing their views.

Small group collaborations.

Jean was awesome at moving us forward!

The group process of interpreting the available data and having the opportunity to ask for more information/interpretation before being asked to identify priorities.

Networking and sharing of ideas and information as well as facilitators' compilations of information gathered.

The networking with others in the MCH field and information sharing has been great!!

Having an outstanding facilitator! I liked the breakout sessions and how we worked thru issues. Also, Jamie Kim's research was bar-none!

I thought both the meetings were very well organized - the group stayed on tasks - had pertinent handouts, etc. Connie and staff were great.

I really enjoyed the opportunity to have "homework" on the prioritization of indicators between the first and second meetings. I thought it really helped to focus our conversation in the 2nd meeting.

Learning from others

The data and group discussions in order to address our priorities.

Indices identification and prioritizing. Why: It was an education in how the process works.

The processing

Meeting and understanding what CYSHCN

Interacting with people.

Reviewing the data and networking with other maternal child health experts and advocates.

The results.

The discussion/interactive process of coming up with not only priorities, but strategies as well. Also, brief summaries with discussion of data.

Networking

Conversations

Input from various individuals. Ideas of what I can do in my own practice.

Conversation and relationship-building, creating understanding. Data, prep and facilitation in my group all were strong.

4. What part of the process have you found to be the least valuable? Why?

Found the process very beneficial to self and the things I support in the community.

Drilling down specific language was tedious and not totally useful.

Sometimes I felt that out discussion went in circles and we were just restating what others have said. The afternoon session for identifying strategies was pretty nebulous for me.

All was great. One small thing - can we put the agency a person works for on their table name plate? (sketch)

In the strategy discussion we seemed to talk a bit in circles due to the overwhelming magnitude of the challenges presented. I am not sure how to improve this necessarily.

"Simple" identifiers for documents. I learned that when there is a folder with lots of papers they should be color coded or well marked with an identifier. I had problems keeping up with which papers we reviewed.

nothing

No breaks.

5. Are there any other comments or suggestions you would like to share?

Thank you for the opportunity to come, enjoy, learn and share.

Very well coordinated

Very good!

Can't wait to be a part of solution!

Reporting off of each of the priority groups, allow more time for the priority groups to work through their strategies.

Thank you for your concerns and work!

I was personally frustrated to be asked to sit in a workgroup that was/is not my expertise. I am very passionate about my job and area I serve and it was disappointing to not be able to participate with that workgroup. I feel I could have offered much more "expert" knowledge or thoughts in my own area and have been able to feel like a better contributing member of the panel of experts. *I would like to see more meetings related to the actual MCH block grant and how to report on these priorities.*

Great food!

The facilitator was very organized and did a wonderful job keeping us on track.

Include a strategy relating to suicide prevention.

Thank you.

This was an outstanding process. Kudos KDHE, staff. And I have high standards about planning.