

Proceedings
Interstate Ten Steps Collaborative
2013 Meeting

Appendix C: World Café



Development Stage: Best Practices / Potential Strengths

- Develop a brand (name, messaging, colors, etc.)
- Build a Diverse, Strategic Team (including community and consumers)
- Develop and adopt organizing policies and procedures
- Consider motivations / incentives for participation
- Assess needs of community / Listen to consumer voice!
- Identify resources (money, people, etc.)
- Clarify aim / mission and vision
- Identify obstacles
- Think about timing (support of leadership? Politically feasible?)
- Assess / build the passion
- Develop clear, time-situated objectives (including some low-hanging fruit)
- Identify partners
- Identify champions
- Create a workplan
- Make it pretty
- Make it easy for critical partners to participate
- Agree upon communication norms (shared language, frequency, duration, etc.)
- Clarify roles and responsibilities
- Have fun!
- Measure baseline
- Encourage creativity and innovation (but don't re-invent the wheel)
- Think strategically
- Align with current priorities
- Develop measures, and best practices for documentation and data collection
- Develop evaluation plan
- Develop a brand (name, messaging, colors, etc.)
- Build a Diverse, Strategic Team (including community and consumers)
- Develop and adopt organizing policies and procedures
- Consider motivations / incentives for participation

Development Stage: Barriers / Potential Weaknesses

- Pessimism
- Champions are too busy
- Developing feasible measures
- Lacking funding
- Lack of urgency among key decision makers
- Gaps in infrastructure within and between systems

Consideration Stage: Best Practices / Potential Strengths

- Name the problem
- Explore available models (and contact your colleagues at the Interstate Collaborative)
- Assess passion
- Consider the big picture
- Assess needs of community / Listen to consumer voice!
- Identify resources (money, people, etc.)
- Clarify aim / mission and vision
- Identify obstacles
- Think about timing (support of leadership? Politically feasible?)
- Assess / build the passion
- Develop clear, time-situated objectives
- Identify partners
- Identify champions
- Assess capacity
- Consider available models
- Consider pros and cons
- Consider alternatives (What will happen if you do? What will happen if you don't?)

Consideration Stage: Barriers / Potential Weaknesses

- Fear of change / unknown
- Lack of will / interest

- Real or perceived scarcity of required resources
- Antithetical / opposing corporate forces
- Social norms

Evaluation: Best Practices / Potential Strengths

- Measures are best established in Developing Phase, in close alignment with objectives and activities.
- Measure change over time.
- Ensure shared interpretation of operational definitions.
- Carefully craft what results will be shared, how, by whom, and when.
- Offer a user-friendly data management tool
- Use data as a driver and teacher
- Consider existing data sources
- Use evaluation results to gain support (funding, etc.)
- Value process and outcome results
- Offer incentives for participation
- Share data with integrity and fidelity
- Humanize results for sharing; Put a human face on the work
- Refrain from rushing to judgment; Be thoughtful in interpreting results
- Include quantitative and qualitative methods
- Share results after consideration, but soon enough to learn from it
- Engage epidemiologists in state DPH and universities
- Consider audience, and what results are relevant to them.
- Possible Measures for state Ten Steps' programs include: number of facilities participating in program, number of hospitals on BFUSA 4-D pathway, number of target population trained, facility-level exclusivity and initiation rates, media hits, etc.

Evaluation: Barriers / Potential Weaknesses

- Data fatigue
- Low response rates
- Too much data / meaningless data
- Fear of how data will be used
- Lack of expertise in developing, collecting and/or analyzing evaluation measures
- Not knowing what to measure

Evaluation: Who to Engage

- Hospital Association
- State Public Health (Medicaid, Dept. of Welfare, State DHHS, Racial/Ethnic Associations)
- CDC
- Local PH
- Hospitals
- Q1 groups
- Universities
- Faith Based
- Coalitions
- Advocacy groups
- All providers/educators
- Public
- Insurers/MCO's
- Funders & Foundations
- Media
- Legislators/Elected
- Dyad/Families customers
- Regulators
- Stakeholders

Implementation Stage: Best Practices / Potential Strengths

- Continue to engage a strategically diverse core team
- Continue to engage a strategically diverse advisory group
- Use continuous communication
- Deploy brand / market program
- Offer continuous education in various forms to teach potential stakeholders about the program
- Encourage / facilitate healthy competition and collaboration
- Facilitate communication among participants (summit? Shared measures?)
- Maintain fidelity to mission, vision and program plan
- Be adaptive to the needs of participants
- Meet in-person when possible
- Emphasize equity, diversity and cultural competence
- Use talking points for core team and advisory committee
- Collaborate with Hospital Association, Professional Organizations and other groups that could benefit from / provide benefit to the program
- Remember "what's in it for me" for each stakeholder, especially potential participants (facilities)
- Celebrate successes
- Monitor progress
- Offer technical assistance to facilities
- Provider referrals to supporters / helper groups / instructors
- Promote high-quality, Code-compliant education for providers
- Stay positive, especially to outsiders
- Make facility participation free and voluntary
- Build / understand consumer demand
- Engage WIC
- Engage BF Coalitions
- Focus on ALL babies, all families. Not just BF.
- Clarify how legislation, policy and public program supports Ten Steps implementation
- Market and use social media with consistent, accurate and culturally-competent messages
- Making the "business case" / Demonstrating return on investment

Implementation Stage: Barriers / Potential Weaknesses

- Failure to meet objectives
- Slow-building momentum
- Sustainable funding
- Staff turnover at hospitals
- Resistance to change
- Mission ambiguity / creep
- Stops & Starts
- Real and perceived "lone rangers"
- Medical Record inflexibility
- Lack of leadership
- Competing priorities
- Unwillingness to align finances with objectives
- Fear of cost of implementation
- Competing corporate interests
- Hospital culture
- Negative social norms around BF
- No / low FTEs

Implementation: Who to engage

- Providers
- Nurses
- Moms & families
- Quality Improvement Advisors
- Hospital leadership
- WIC
- Community orgs
- Birth workers
- Peer counselors
- Media
- Dietitians
- Marketing Departments