**Six Considerations Planning Tool**

*Centering People with Lived Experience When Exploring Solutions*



**Aims:** The Six Considerations Planning Tool supports Title V individuals and teams to intentionally center and partner with people with lived experience when considering potential solutions to challenges facing maternal and child health (MCH) populations. It does this by helping teams/individuals:

1. Brainstorm and document potential solutions
2. Identify other partners and individuals who should be included in the solution generation process.

The goal of this tool is to ensure that decision making processes include and are guided by the primary populations[[1]](#footnote-1) impacted by these solutions. Recognizing that many Title V agencies are already doing extensive work to engage people with lived experience, this tool focuses on how these populations can be centered specifically during the solution generation process.

**Instructions:**

This tool is to be used by individuals and teams when brainstorming and exploring potential solutions to a given MCH challenge. The tool is intended to be used multiple times when exploring solutions to a given MCH challenge, as one of the goals of the tool is to identify who should be included in future conversations.

Either individually or with your team, complete the table below for each of the six consideration questions. For each question, follow the steps below:

Six Core Consideration Questions

1. Draft a response to the question based on what you and your team currently knows.
2. Pause and complete the Perspective Check by answering the question “How do we know this?”. The purpose of this check is to create space to think about where your answer is coming from. Does your response consider or include the perspectives of the primary population impacted by your MCH challenge? Based on your answer, proceed to the following steps:
	1. If you realize that your response does not center the primary population, identify who from that population you should include in future brainstorming conversations. Do you already have existing relationships with these individuals, or will new relationships need to be cultivated? Once these questions are answered, document and move to the next step.
	2. If you feel that your response does center the primary population, document how and then move to the next step.
3. Brainstorm who should be included in future solution generating conversations and record this in the respective table column.
4. Make note of other information you might want to gather in the respective table column.

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| --- |
| *The following sections of the tool are to serve as a discussion guide. During your discussion, take notes in the respective spaces on the tables below. As a reminder, this tool can be used multiple times when discussing solutions for a given MCH challenge, for example when new groups or individuals are added during subsequent conversations.* |

**Who’s Impacted?**

When presented with an MCH need or challenge, the first step in the process of considering potential solutions and the evidence to support those solutions is to clarify who exactly is impacted by this challenge. This group is referred to as the “primary population” for the remainder of the tool. To guide your discussion, complete the tables below:

|  |
| --- |
| *Who is the primary population impacted by this MCH need or challenge?* |
|  |
|

|  |  |  |
| --- | --- | --- |
| *Perspective Check:* How do we know this? | Who should be included in future conversations? | What other information might we need? |
|  |  |  |

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**How will they be Engaged?**

Throughout the entire solution brainstorming process, it is critical that you are directly connecting with and centering the perspectives of the primary population impacted by the MCH challenge at hand. As Dr. Monica McLemore said, “[the people we serve are experts in their own lives](https://www.aafront.org/black-history-month-interview-monica-mclemore/)”. As such, it is critical that they are partners in identifying needs, brainstorming solutions, and making decisions about what approach to implement. This type of engagement involves [power sharing](https://healthequityguide.org/strategic-practices/share-power-with-communities/) with communities by intentionally centering their perspectives and being guided by their needs. To guide your discussion, complete the tables below:

|  |
| --- |
| *How will the primary population be engaged in the solution brainstorming and selection process?*  |
|  |
| * *Who should be included in the process?*
 |
|  |
| * *What support will they need?*
 |
|  |
| * *How will you ensure their voices are informing the decision-making process?*
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|  |
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|  |  |  |
| --- | --- | --- |
| *Perspective Check:* How do we know this? | Who should be included in future conversations? | What other information might we need? |
|  |  |  |

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**What’s the Need?**

When considering the needs of the primary population, it is vital that this population is involved in the need assessment process. Title V professionals are well positioned for this step, as much of our work centers on and is grounded in the needs assessment process. To guide your discussion, complete the tables below:

|  |
| --- |
| *What are the needs of the primary population?* |
|  |
| * *How was the primary population engaged to assess these needs?*
 |
|  |
| * *How do members of the primary population perceive their needs?*
 |
|  |
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|  |  |  |
| --- | --- | --- |
| *Perspective Check:* How do we know this? | Who should be included in future conversations? | What other information might we need? |
|  |  |  |

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**What’s Working?**

Once you have identified the need to address, the next step is look to the primary populations you will be serving to see what practices and approaches are already working to address these needs. To guide your discussion, complete the tables below:

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| --- |
| *What approaches to address these needs are already working for/within the primary population?* |
|  |
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|  |  |  |
| --- | --- | --- |
| *Perspective Check:* How do we know this? | Who should be included in future conversations? | What other information might we need? |
|  |  |  |

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**What Else Might Work?**

Once you have considered the primary population you will be serving to identify what is already working, it is time to consider other solutions happening both inside and outside of your jurisdiction that may address this need. Sources could include, but are not limited to, programs from other jurisdictions, repositories like [AMCHP’s Innovation Hub](https://amchp.org/mch-innovations-database/), peer reviewed literature, clearinghouses, and toolkits. To guide your discussion, complete the tables below:

|  |
| --- |
| *What other solutions exist, within our jurisdiction and in others, that might address the needs of the primary population?* |
|  |

**What’s the Evidence?**

|  |  |  |
| --- | --- | --- |
| *Perspective Check:* How do we know this? | Who should be included in future conversations? | What other information might we need? |
|  |  |  |

Once you have explored what is already working for the primary population and considered other potential solutions, pause and reflect on the evidence you used to inform that conversation. Did you primarily rely on one type of evidence or did you use examples of all three types of evidence (research1, contextual2, and experiential evidence3)? Using a combination of different types of evidence when making decisions ensures that you are making comprehensive choices. To guide your discussion, respond to the questions below:

|  |
| --- |
| *What types of evidence were you exploring when brainstorming potential solutions during the “What’s Working?” and “What Else Might Work?” consideration sections?* |
|  |
| *Moving forward, how can you better balance the types of evidence you considered while also centering the voices of the primary population?*  |
|  |

**1Research Evidence:** Information resulting from systematic and methodical ways of gathering data using various study methods and ongoing evaluations. It includes evidence from systematic reviews, experimental (e.g., randomized control trials), quasi-experimental (e.g., longitudinal), and non-experimental (e.g., pre-/post-test) study designs (Puddy & Wilkins, 2011).

**2Contextual Evidence:** Evidence which is derived from actors that address whether a strategy is useful, feasible to implement, and accepted by a particular community (Puddy & Wilkins, 2011**).** This also includes community-defined evidence – a “set of practices that communities have used and found to yield positive results as determined by community consensus over time” (Martinez, 2008; Martinez et al., 2010).

**3Experiential Evidence:** Evidence which is derived from the insight, understanding, skill, and expertise of professionals and people with lived experience (PWLE) accumulated over time (Puddy & Wilkins, 2011).

**Continue Your Learning**

To learn more about the Six Considerations Planning Tool, check out the accompanying short e-learning course “[Shifting Power in Practice: Strategies for Centering People with Lived Experience When Making Evidence-Based Decisions](https://360.articulate.com/review/content/9ad45ae4-5ad6-498b-a5e8-493e3585399c/review)”. *Note: To access the course, you will need to create a free CDC TRAIN account.*

**References**

Blogger, A. A. F. (2019, February 25). Black history month interview: Monica McLemore • Abortion Access Front. Abortion Access Front. Retrieved February 8, 2023, from <https://www.aafront.org/black-history-month-interview-monica-mclemore/>

Martínez, K. (2008). Culturally defined evidence: What is it? And what can it do for Latinas/os? El Boletin (Newsletter of the National Latina/o Psychological Association), Fall/Winter.

Martínez, K., Callejas, L., & Hernandez, M. (2010). Community-Defined Evidence: A Bottom-Up Behavioral Health Approach to Measure What Works in Communities of Color. *Report on Emotional and Behavioral Disorders in Youth*, 10 (1), 11-16. <https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/imce/documents/Community%20Defined%20Evidence.pdf>

Metz, A. & Louison, L. (2018) The Hexagon Tool: Exploring Context. Chapel Hill, NC: National Implementation Research Network, Frank Porter Graham Child Development Institute University of North Carolina at Chapel Hill. Based on Kiser, Zabel, Zachik, & Smith (2007) and Blase, Kiser & Van Dyke (2013).

Puddy, R. W. & Wilkins, N. (2011). Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness. Atlanta, GA: Centers for Disease Control and Prevention.

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1. In this tool, the term “primary population” is inclusive of people with lived experience and collectively refers to all individuals and groups directly impacted by an MCH challenge as well as the potential solutions to that challenge. [↑](#footnote-ref-1)