

Unpacking Evidence: What's Really Guiding Our Choices



National **MCH** Workforce
Development Center
Advancing Health Transformation

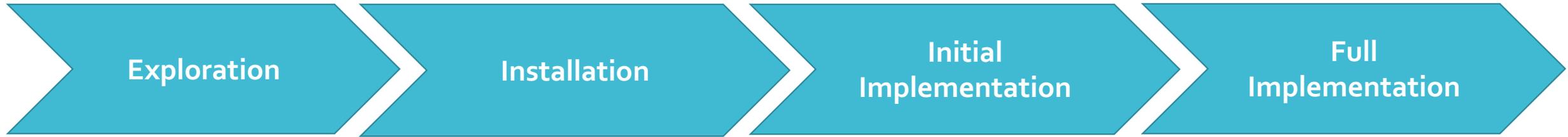


Learning Objectives

- Describe the three main types of evidence
- Describe how evidence comes in many forms, including the perspectives of people with lived experience
- Explain how the development and use of community generated evidence can and should complement other forms of evidence



The 4 “Es”



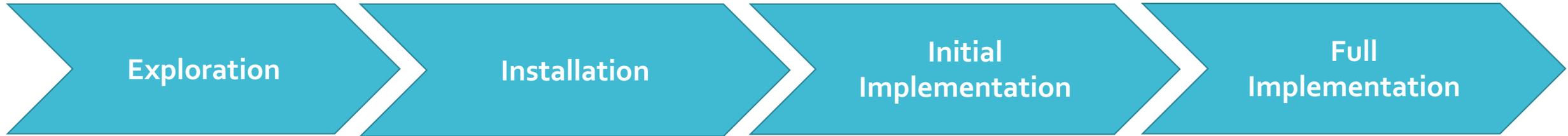
Building **Equity** in Processes and Outcomes

Engaging People who are Underrepresented/Experiencing Inequities

Critically Appraising and Generating Relevant **Evidence**

Evaluating to Learn and Improve

Implementation Stages



- Assess need
- Examine fit & feasibility
- Select innovation(s)

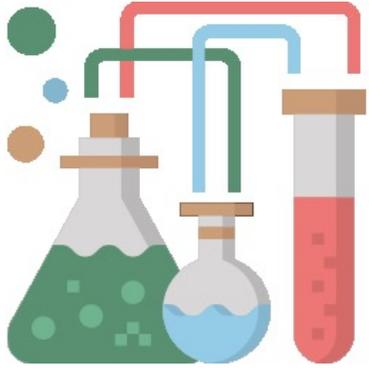
- Mobilize resources
- Generate buy-in
- Develop supports

- Initiate use of innovation
- Use data to improve supports

- Consistent use of innovations
- Client/Population outcomes



What Is Evidence?



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30/30 Form

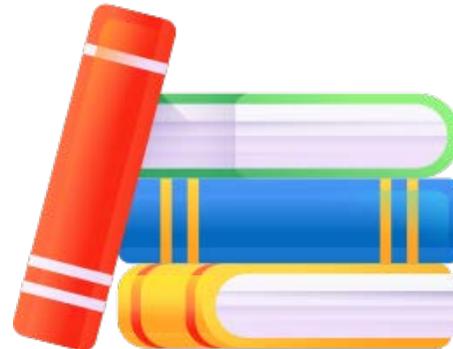
Date: State:

Aim Statement

Guidance: Maintaining project momentum is an ongoing process requiring continuous attention and communication. Use the below questions to track, align, and learn from your efforts.

1. What have we accomplished?
Reflect on the action items from last meeting. Each team member should briefly report on the action item(s) they took on. If tasks have not been completed, figure out how to move forward.
2. What have we each learned over the last 30 days? (consider new information, observations, insights, results of data analysis, etc.)
3. Does our proposed course still make sense? Do we need to adjust? Discuss any possible course correction needed, dates to be updated/implemented?
4. What (if anything) should we be communicating? To whom? Using what format? By when?
5. What will each of you do over the next 30 days? Who will do what, by when? What is the deliverable? Capture this in your action plan below.

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Key Question

How do we define evidence to value the expertise of people with lived experience?





Whole Group Discussion



Why does it matter how we define evidence?



Implications of Evidence

What we constitute as evidence within the context of our work as public health professionals determines:

- What practices/innovations funders will fund
 - What research is prioritized and conducted
 - Whose voices are deemed credible and valuable
- 



What Works for Some, Doesn't Work for All

It amazes me that researchers and policy makers don't understand that the people we serve are experts in their own lives.

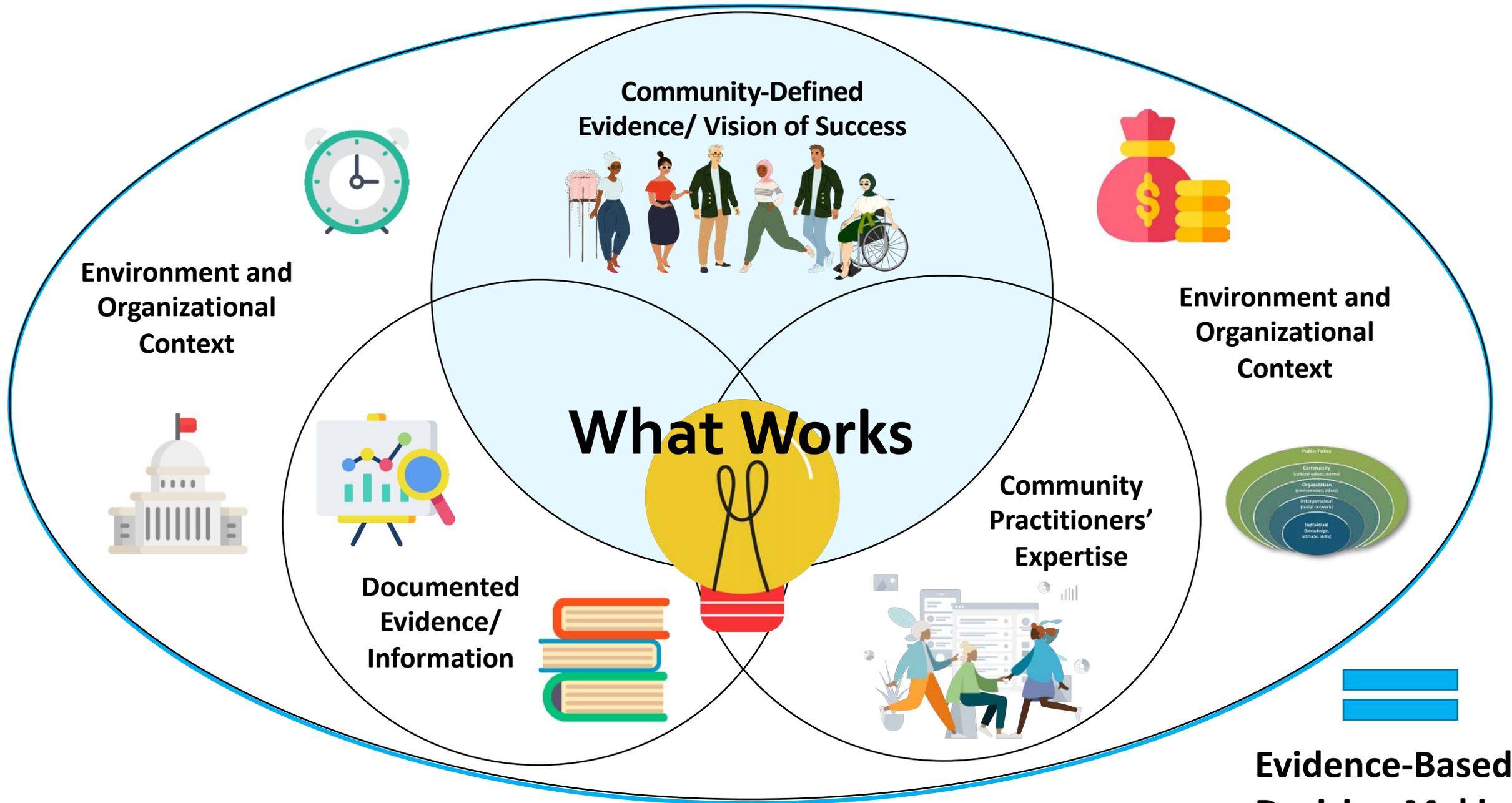
As clinicians we take a history and physical from someone and deem them competent to report symptoms and how they feel, **but not** solutions and how to address their health needs in the context of their own existence.

Somewhere along the health professions lost our way and think we know better than the people we serve, when their lived experience probably is more important than our population-based knowledge.

-Monica R. McLemore, PhD, MPH, RN

Can't Build
a Strong
House on a
Broken
Foundation

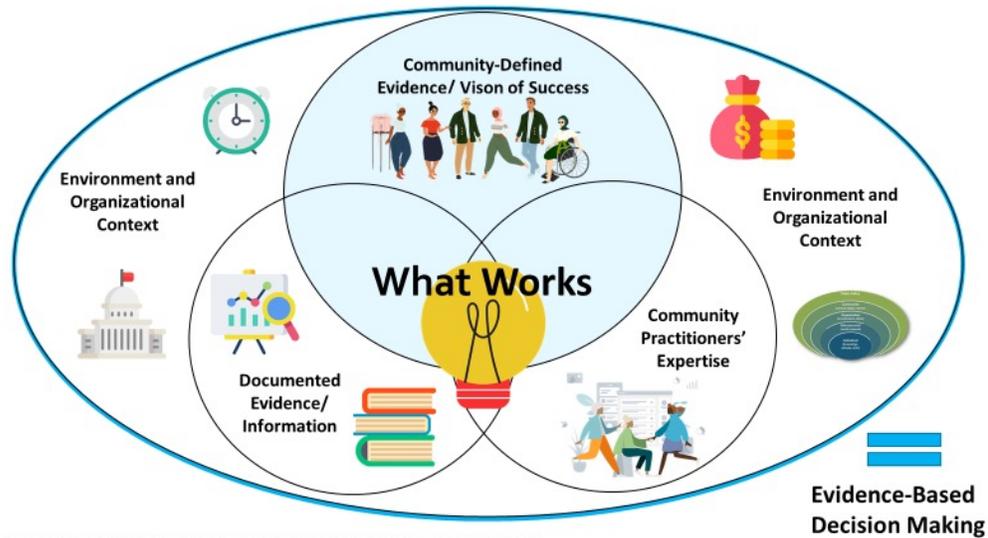




Based on Community Centered Evidence-Based Practice Approach from the National Latin@ Network and Jacobs et al. 2012

**Evidence-Based
Decision Making**

Community-Defined Evidence

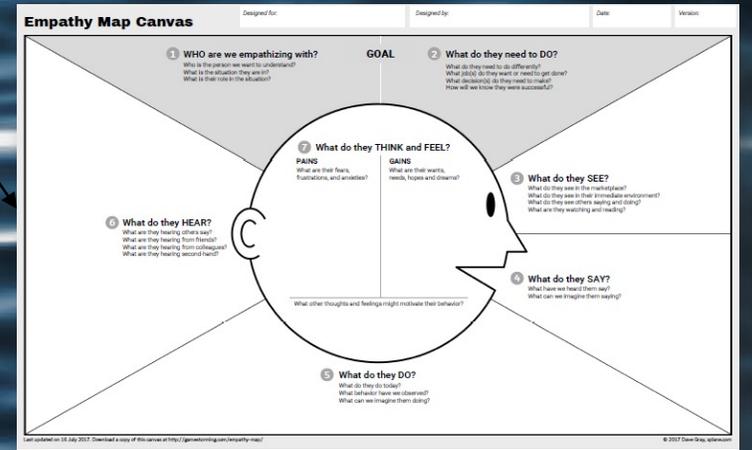


Based on Community-Centered Evidence-Based Practice Approach from the National Latino Network and Jacobs et al. 2012

Community-defined evidence is a set of practices that communities have used and found to yield positive results as determined by **community consensus** over time. These practices may or may not have been measured empirically but have **reached a level of acceptance by the community**.



Internally focused team projects



Who's ultimately impacted?



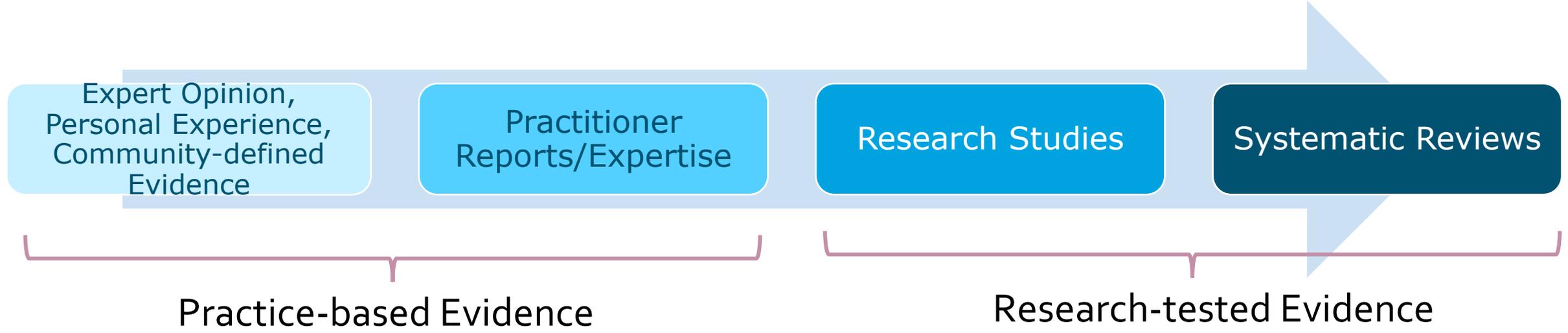
Key Question

How do we define evidence to value the expertise of those with lived experience?





What types of evidence typically guide your work?





Gallery Walk

- Where do you typically get your evidence from?
- Who usually participates in identifying/using evidence and then making decisions based on this? Who would you like to have participate in these processes?
- Where could you use more support to identify and/or use evidence?
- What else would you like to learn about identifying/using evidence?





Discover What's Out There



Evidence Reports



- Customized report in specific topic area(s)
- Includes other state measures (ESMs) relevant to project work
- Effective practices working in other states relevant to project work
- Resources from the MCH Digital Library relevant to project work

 **Measures and Strategies around Improvement of Systems of Care for Child and Youth with Special Health Care Needs (CYSHCN)**

Resources for Michigan

QUERY

Identifying measures and best practices around Improvement of Systems of Care for CYSHCN.

This report is designed to act as a conversation starter. The MCH Evidence team is available to examine any portions of this report in more detail, as well as explore potential implications for improvement of systems of care for CYSHCN in Michigan. Please don't hesitate to reach out for further discussion.

Included in this report:

- 1) ESM's developed by other states
- 2) Evidence-based strategies pulled from both AMCHP's Innovation Station and What Works for Health
- 3) Evidence-based resources drawn from the MCH Digital Library

1. ESMs Developed by Other States

ESM: Program Integration. These ESMs have been chosen by other states to address practices for CYSHCN systems of care. You can review the ESMs to see if any resonate with your goals. Evidence Center staff are available to talk through how you could modify select ESMs to serve your needs in Michigan.

State	ESM
IA	ESM 11.1: The percent of CYSHCN served by DCHH Regional Centers who have a Shared Plan of Care
ID	ESM 11.1: Percentage of pediatric patients assessed for having a special need or being in need of clinical services
WA	ESM 11.1: Percentage of Medicaid-enrolled children and youth with special health care needs receiving services funded by the state Title V CYSHCN program whose records are matched with the state Medicaid (Health Care Authority- HCA) database
CT	ESM 11.1: Percent of CYSHCN who have a comprehensive care plan in place as evidence that they are receiving care in a well-functioning system
NJ	ESM 11.1: Percent of CYSHCN ages 0-18 years served by Special Child Health Services Case Management Units (SCHS CMUs) with a primary care physician and/or Shared Plan of Care (SPoC)
AS	ESM 11.1: Percent of CSHCN families who received care coordination services from CSHCN staff in the past year.
CO	ESM 11.1: Percent of children and youth with special health care needs (CYSHCN) who receive MCH-funded care coordination services and have an interagency shared plan of care for the agencies that selected the medical home priority
OR	ESM 11.1: Number of REACH teams that created a plan by which care information for targeted CYSHCN are shared between health care providers and educators.
NV	ESM 11.1: Number of public outreach events to educate the CYSHCN population about how to access and benefits of medical home portal in the past year
NC	ESM 11.1: Number of policies, practices, and resources changed to support improved outcomes for CYSHCN by counties implementing Innovative Approaches strategies.
LA	ESM 11.1: Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition
OH	ESM 11.1: Number of new stakeholder groups that share information about the importance of patient-centered medical homes (PCMH) with families with children with special health care needs (CYSHCN).
MT	ESM 11.1: Expansion of Parent Partner Services for CYSHCN
IA	ESM 11.2: The number of care coordinators serving CYSHCN who received trainings about the Shared Plan of Care.
VA	ESM 11.2: Percentage of CYSHCN served by the VA CYSHCN Program who report having a medical home
LA	ESM 11.2: Percent Title V CYSHCN clinics provided with parent liaisons



When Considering Evidence , Ask Yourself

Are the racial/ethnic groups affected by the issue represented “at the table”?

What about it works?

How does it work?

- How will it affect each group?
- How will it be perceived by each group?

In what contexts does it work?

For whom does it work, and **for whom does it not work**?

- Does it ignore or worsen existing disparities or have other unintended consequences?



Team Discussion

- 1) Reflect on the list of targets for action your team identified earlier and select one to focus on. What evidence do you already have to support this target for action?
- 2) What evidence do you still need? Where might you find this?
- 3) What changes might you make to your processes for identifying/developing, assessing, and using evidence to make them more equitable?





Debrief

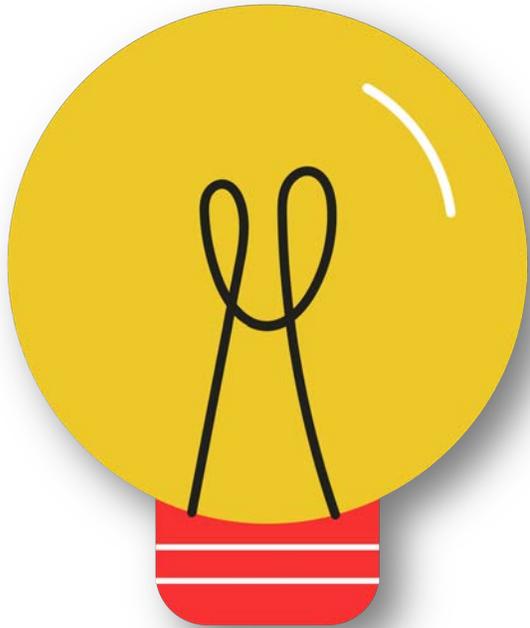
- What are some key takeaways from your team discussion?
- What questions do you still have?





Key Takeaways

- Evidence comes in many forms, including the perspectives of people with lived experience
- Expanded development and use of community generated evidence can and should complement other forms of evidence
- To advance equity, our processes for gathering, generating, assessing, and using evidence must be equitable





Additional Resources

- Racial Equity Impact Assessment:
<https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>
- IDEAS Impact Framework™:
<https://developingchild.harvard.edu/innovation-application/innovation-approach/>

