Six Considerations Planning Tool

Centering People with Lived Experience When Exploring Solutions

Aims: The Six Considerations Planning Tool supports Title V and other maternal and child health (MCH) teams and individuals to intentionally center and partner with people with lived experience when considering potential solutions to challenges facing 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.
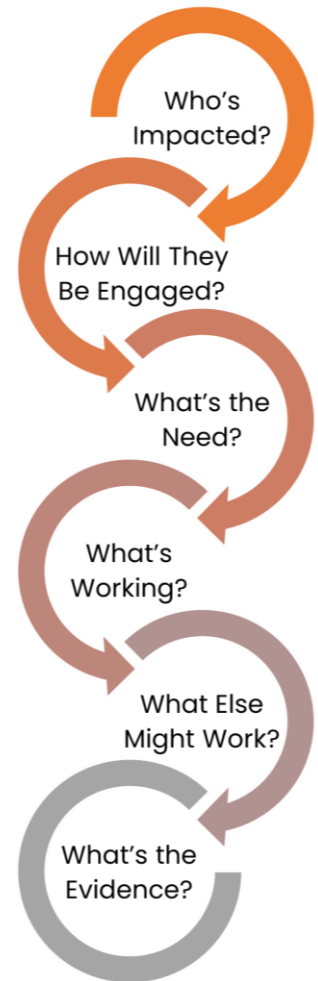
The goal of this tool is to ensure that decision making processes include and are guided by the priority populations[1] impacted by these solutions. Recognizing that many Title V agencies are already doing extensive work to engage people with lived experience, this tool focuses on how these populations 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 the tool helps 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:

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 questions "How do we know this? Whose perspectives are we missing?". 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 priority population impacted by your MCH challenge? Based on your answer, proceed to the following steps:
   a. If your response does not center the priority population, identify and document who else you should include in future brainstorming conversations. Do you already have

Who's Impacted?

How Will They Be Engaged?

What's the Need?

What's Working?

What Else Might Work?

What's the Evidence?

Six Core Consideration Questions

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[1] In this tool, the term "priority 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.

This tool is informed by the concepts presented in the NIRN Hexagon Tool.

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.

b. If your response centers the priority 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.

> *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 "priority population" for the remainder of the tool. To guide your discussion, complete the tables below:

Who is the priority population impacted by this MCH challenge?

Perspective Check: How do we know this? Whose perspectives are we missing?	Who else should we talk to?

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How will they be Engaged?

Throughout the entire solution brainstorming process, it is critical that you are centering the perspectives of the priority population impacted by the MCH challenge at hand. As Dr. Monica McLemore said, "the people we serve are experts in their own lives". 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 with communities by intentionally centering their perspectives and being guided by their needs. To guide your discussion, complete the tables below:

How will the priority 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 centered throughout all decision-making processes?*

Perspective Check: How do we know this? Whose perspectives are we missing?	Who else should we talk to?

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What's the Need?

When considering the needs of the priority 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 priority population?
• How was the priority population engaged to assess this need?
• How do members of the priority population perceive their need?

Perspective Check: How do we know this? Whose perspectives are we missing?	Who else should we talk to?

What's Working?

Once you have identified the needs to address, the next step is look to the priority population 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 the identified needs are already working for and within the priority population?

Perspective Check: How do we know this? Whose perspectives are we missing?	Who else should we talk to?

What Else Might Work?

Once you have considered what is already working for the priority population, it is time to consider other solutions happening both inside and outside of your jurisdiction that may address these needs. Sources could include, but are not limited to, programs from other jurisdictions, repositories like AMCHP's Innovation Hub, 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 priority population?

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Perspective Check: How do we know this? Whose perspectives are we missing?	Who else should we talk to?

What's the Evidence?

Once you have explored what is already working for the priority population and considered other potential solutions, pause and reflect on the evidence you used to inform your conversation. Did you primarily on one type of evidence or did you use examples of all three types of evidence (research[1], contextual[2], and experiential evidence[3])? 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 center the experiences and voices of the priority population through the types of evidence you consider?

[1]**Research 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).

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[2]**Contextual 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).

[3]**Experiential 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](#)". *Note: To access the course, you will need to create a free CDC TRAIN account.*

References

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