



## EXECUTIVE SUMMARY

# PROCESS EVALUATION OF THE NATIONAL FRIENDLY ACCESS<sup>SM</sup> PROGRAM

ASPH/CDC project number S3591-24/24

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## *Background and Purpose*

Friendly Access<sup>SM</sup> was a national program designed to help health care delivery institutions and staff collaborate with community residents and stakeholders from the public and private sectors to improve access to, and use of, quality maternal and child health services. The long term objective of Friendly Access<sup>SM</sup> was to develop a proven process for system level change that could be adapted nationwide to prompt improvements in MCH care delivery and services, and ultimately, reduce health disparities and improve population health. Coalitions composed of providers, community representatives, and consumers in four pilot communities (E. Tennessee, Flint/Genesee County MI, Indianapolis IN, and Jacksonville FL), selected by a competitive process, came together to participate in research, training and strategic planning activities aimed at implementing data driven interventions to improve access to and use of healthcare for mothers and young children experiencing the greatest health disparities.

From 2002-2005, the National Friendly Access<sup>SM</sup> Program (NFA) facilitated the efforts of these community coalitions to follow a defined, data-driven process for assessing and addressing issues in their community that effect disparities in the access, use and experience of the local maternal and child health care system. In October 2005, the Association of Schools of Public Health through their Cooperative Agreement with the Centers for Disease Control and Prevention provided funds to continue the process evaluation of the implementation of the Friendly Access<sup>SM</sup> program model.

### *Goal*

The goal of this evaluation was mainly pragmatic: to understand the process each community undertook in carrying out Friendly Access<sup>SM</sup>, to explore what communities were able to accomplish during the project, and to assess what was sustained after the project was no longer externally funded. This evaluation focuses on the process each community enacted in an effort to catalogue accomplishments, challenges, and lessons learned. While the results are not intended to be generalizable to other projects or groups, there are lessons to be learned for other multi-site community-campus partnership models.

### *Objectives*

The process evaluation of the National Friendly Access<sup>SM</sup> Program set out to meet three objectives:

1. Determine to what degree communities were able to implement a project based on the Friendly Access<sup>SM</sup> program model, built on the methods of community-based participatory research and social marketing.

2. Discover to what extent each community developed the capacity to change the system of maternal and child health care.
3. Expand and refine the process evaluation of Friendly Access<sup>SM</sup> by:
  - Evaluating changes in the cohesion, collective efficacy, and influence of the coalitions since implementation of the Friendly Access<sup>SM</sup> program;
  - Obtaining the perspectives of coalition members and other key informants on the implementation of the Friendly Access<sup>SM</sup> model and the achievements and challenges in enacting systems change;
  - Assessing communities' use of data to support and develop strategic planning initiatives.

### *Topics Addressed by Project*

The evaluation collected and assessed information on a range of topics germane to the project. These included a description and understanding of the structure of each project's coalition and its evolution throughout the funded portion of the program; a cataloguing of unique project activities, accomplishments, and challenges; an examination of the use of data (assessed from program documents and key informant interviews); experiences with project activities and trainings; change over time in intention to participate, social capital, collective efficacy, satisfaction with coalition process, and costs and benefits of participation among project participants; perceptions of leadership (national and community level); perceptions of the project's impact, changes made in the communities, and lessons learned.

### *Process*

#### *Methods and Resources*

Both qualitative and quantitative methods were used in concert with triangulated data to meet the objectives of this evaluation. Methods included document review, modified focus groups (listening sessions), surveys, and key informant interviews. All research procedures used in this evaluation were reviewed and approved by the University of South Florida Social and Behavior Institutional Review Board.

The table below provides information on the data used in the evaluation; an explanation of the methods used for each resource follows.

<b>Data Source</b>	<b>Sampled Entities</b>	<b>Information collected</b>
Document review	Meeting minutes, attendance logs, quarterly and status reports, deliverable attachments, and field notes (if available) submitted by each community. Analysis conducted by PI and research assistant	Description of structure of the coalition/project as it evolved and catalogue of activities, accomplishments, challenges, and how data were used
Listening sessions	Project directors provided list of individuals to invite; invitations mailed to up to 25 people per community. Sessions were conducted as focus groups and were completed and analyzed by PI and co-investigator.	General impressions of Friendly Access, structure of coalition, leadership, relationship to national office, experience with Disney training, data collection, changes implemented in community, advice for other communities
Coalition follow-up survey	Emailed invitations to coalition members with available email addresses; invites sent to over 200 across all four communities. Responses were analyzed by research assistant using SAS; results interpretation was carried out by the PI	Intention to participate in Friendly Access, social capital, collective efficacy, satisfaction with coalition processes, costs and benefits of participation
Key informant interviews	Purposeful, unique cases sampling; 21 individuals who played critical roles in the operation of Friendly Access <sup>SM</sup> , including project director(s), evaluation coordinator(s), coalition chair, and a representative of the fiscal agent. The PI and co-investigator conducted the interviews and data analysis.	Impact of project, structure/governance, leadership, challenges encountered, assessment of project activities, use of data, progress toward medical visit and system changes, lessons learned

*Document Review.* The document review is intended to meet the evaluation goal of determining the degree to which the community implemented a project based on the Friendly Access<sup>SM</sup> program model. The purpose of the document review was two-fold: to understand the structure of the coalition/project as it evolved and to catalogue the activities accomplished, challenges encountered, and understand how data were used. Documents examined for each community included available committee and subcommittee meeting minutes,

monthly/quarterly reports submitted to the national office in fulfillment of deliverable requirements, and field notes.

A review of the literature on program document review indicated a number of approaches to undertaking a document review (i.e., Speer & Zippay, 2005; Beery et al, 2005). Because one focus of this evaluation was to understand how the structure to carry out the program evolved, a grid of meetings held, and participants and organizations represented was designed. Further, deliverable reports and committee meeting minutes submitted throughout the funded period of the project (August 2002-August 2005) were examined to document the work that occurred with particular attention to project activities and accomplishments, data collection and analysis, and challenges encountered along the way. This involved developing a list of attributes related to the categories of interest that were used by the evaluation graduate assistant to flag relevant passages within documents. The principal investigator reviewed this first pass through the documents to verify selections and when needed worked with the assistant to ensure completeness. The assistant compiled flagged passages by category into a separate documents; the principal investigator further synthesized this information into tabular and narrative summaries.

*Listening Sessions.* Listening group sessions were held in each Friendly Access<sup>SM</sup> community one to two months prior to cessation of program funding from the national office. The sessions were held to allow members of the local coalitions an opportunity to provide feedback on their experiences, both positive and negative, in designing and implementing Friendly Access<sup>SM</sup> in their local community.

Potential participants were identified by the project director in each community. Evaluation staff mailed each individual an invitation to take part and a copy of the consent form to review prior to the session. Each session was audio-taped and two evaluation staff members took detailed notes while another moderated the discussion. The questions used in the listening sessions are provided in Appendix A. Narrative analysis of the listening sessions focused on information rich responses to questions. This involved composing content summaries from the detailed notes taken during the session, with additional verification of quotes from the transcripts, using analytic categories addressed in the interview guide. Summaries arranged by analytical categories were constructed by evaluation staff and reviewed by another investigator to ensure accuracy and completeness. Cross-case analysis is used to group answers from different people to the interview questions and to elucidate perspectives on central issues (Patton, 1990).

*Follow-Up Coalition Survey.* The baseline coalition survey and the scales within it were designed to measure project influence and collective efficacy and were adapted from an instrument used by the Florida Prevention Research Center for use in their Sarasota Demonstration Project (Forthofer et al., 2000, 2001). The

instrument was further adapted and customized for baseline assessment in each Community Friendly Access<sup>SM</sup> Project in 2003. To facilitate potential respondents' participation in 2006, the follow-up coalition survey was shortened, reducing the number of items from 90 to 53.

The follow-up coalition survey focused on the collective efficacy of coalition members and the costs and benefits of participation in the coalition. Collective efficacy is defined as group members' perceptions about the group's ability to (1) work together in a well-coordinated, organized manner to achieve an objective; (2) work together to create desirable short-term and long-term changes in the community; and (3) access and use resources in the community to help achieve an objective. The individual community reports in Appendix B supply a full explanation of the variables used in the survey.

Evaluation staff used Ultimate Survey Enterprise .NET version 3.0.4 (Prezza Technologies, Inc.) to prepare and administer the follow up survey via the Internet. Blinded email invitations were sent to the members of each community's coalition for which an email address had been recorded in submitted membership lists. The email requested willing participants to access a URL to take part in the survey; responses were completely anonymous. Survey administration included two follow up attempts, following the Dillman Total Design Method (Dillman, 1978). Two weeks after the emailing of the initial invitation, all potential respondents received a second email of the invitation and URL; a third attempted contact was sent 10 days after the second email. Data were collected from May 31 through June 30, 2006.

*Key Informant Interviews.* Key informant interviews were conducted to obtain the perspective of individuals intimately and regularly involved with the community projects. Because of the truncated funding period for the National Friendly Access<sup>SM</sup> Program, key informants were selected based on their ability to provide a broad overview of the community's participation in the project and to augment information from the listening sessions conducted just prior to the end of project funding. Key informants across all communities were asked the same set of questions during an interview that lasted 1-2 hours. The interview guide used in the key informant interviews is provided in Appendix C.

Narrative analysis of key informant interviews focused on information rich responses to questions. This involved composing content summaries from transcripts using analytic categories addressed in the interview guide. Summaries arranged by analytical categories were constructed by the principal investigator and reviewed by the co-investigator to ensure accuracy and completeness. Cross-case analysis is used to group answers from different people to the interview questions and to elucidate perspectives on central issues (Patton, 1990).

## *Outcomes of Each Objective*

The first objective assessed by the evaluation was to determine to what degree program communities implemented a project based on the National Friendly Access<sup>SM</sup> program model. Evaluation evidence suggests each community was successful in creating a structure as required by the program (although each struggled with what they viewed as a too rigid structure), but the loss of program funding halted progress in implementing the seven-phase program model at about the halfway point. Each community formed a coalition, collected baseline data for its community assessment, and took part in program trainings (including quality service training at the Disney Institute), but at phase four of the model (strategic planning), each took a different path. The detailed assessment of each community in the final report provides a thorough accounting of internal and external factors that affected the performance of the coalitions and the challenges each encountered. Briefly, only one community produced and implemented an explicit strategic plan to address problems in health care access and use. Two of the communities developed action plans to guide the continued efforts of their projects, and the other community diverted its attention and energies toward another separate but related project for which its coalition had received funds.

The second objective was to discover to what extent each community developed the capacity to change the system of maternal and child health care. Given the program was not fully implemented, it is difficult to truly assess outcomes for this objective. However, listening sessions and key informant interviews in each community yielded two positive factors that indicate enhanced community capacity: increased collaborations and the creation of data sets valued by the communities. Each community indicated involvement with Friendly Access<sup>SM</sup> increased awareness of maternal and child health issues and provided the opportunity to create new, and strengthen existing, collaborations. In most of the communities, the program's requirement that key organizations involved in the delivery and support of maternal and child health services be included resulted in organizations that regarded one another as competitors working with each other, some for the first time ever. While the challenge of collecting the data was perceived differently by each community, all recognized it as a resource from and for their Friendly Access<sup>SM</sup> efforts and indicated it would be useful for future collaborations and endeavors.

The third objective was to expand the process evaluation of the project by evaluating change in coalition functioning over time, obtaining perspectives from project participants on achievements and challenges of carrying out the program, and assessing the use of data to support strategic plans and initiatives. This objective was met primarily by additional data collected for this evaluation. Results from the follow-up coalition surveys were used to compare to the baseline assessment of each coalition to understand changes in perceptions of collective efficacy and influence due to project participation. In general, the

results from the follow-up coalition survey were reflective of the unique challenges and opportunities each project community faced with Friendly Access<sup>SM</sup>. The cross site findings indicated Community Friendly Access<sup>SM</sup> projects experienced slight declines in their perceptions of ability to work together, efficient use of member resources, and benefits of participation in Friendly Access<sup>SM</sup> from the start of the project until a year after the cessation of national level funding. Most consistently, and least surprisingly, each community noted a decline in personal intentions to participate in Friendly Access<sup>SM</sup> from baseline to follow-up. This finding was not unexpected given the loss of national-level funding, coupled with the decline in regular communications, the lack of deliverables to submit for the project, and the varying activity level of each community at the time. One of the more suggestive findings was that for all communities, the perceptions of the costs of participating in Friendly Access<sup>SM</sup> declined or remained unchanged from baseline to follow-up. In spite of the many challenges faced by each at the community level and the decline of funding over the course of the three years of the project, the costs of participating in Friendly Access<sup>SM</sup> over time dropped for participants.

The final report provides specific information on the achievements and challenges encountered by each community. There were some common threads across the communities, particularly regarding challenges. One challenge identified by all was the loss of national level funding. Whether seen as a problem for community project sustainability or as crippling the national office, the loss of program funding was a psychic and material blow to the communities. The National Friendly Access<sup>SM</sup> Program deliberately structured project funding to decline over time and informed communities they would be responsible for obtaining sustaining funds, but ultimately, the program was not funded at levels expected and the cuts came sooner than anticipated.

Another challenge for all of the communities was engaging and retaining consumers in their initiatives. While Flint/Genesee county appeared the most successful in keeping consumers involved, they also provided a stipend to attract consumers and could build on a history of active community-based/grassroots organization involvement. East Tennessee found it difficult to gain involvement of community representatives (as well as consumers) of their 16 county region and attributed this to geographical differences in health care issues and priorities. Jacksonville had some success including consumers and made special efforts to seek their input at their strategic planning retreat; Indianapolis achieved sporadic involvement through focus groups.

Each community noted problems with some aspect of the health care system they were in that occurred during the course of funded activity for Friendly Access<sup>SM</sup>. For Jacksonville, it was the firing of the Duval county health center directors before pediatric data collection began. In Flint/Genesee county it was the lack of buy-in on Friendly Access<sup>SM</sup> from health care organization due to the existence of established customer service programs. Indianapolis encountered a

reorganization of the Wishard Health system, and East Tennessee was distracted by disenrollment from the state's Medicaid system TennCare. Such structural level disruptions cannot be prevented, but they point to the difficulties in trying to address and enact change within dynamic systems.

Another challenge identified by all of the Friendly Access<sup>SM</sup> communities pertained to the projects' relationships with the National Friendly Access<sup>SM</sup> program office. Each community noted communication difficulties with the national office, either a lack of regular communication or sometimes contradictory communication. Efforts to address these issues by instituting regularly scheduled conference calls, establishing a Blackboard system to facilitate within and across community communication electronically, and the protocol of transmitting communication through the project officer and project director had limited success. While the conference calls were helpful in providing regular communication, the calls were held with project staff and depended on them conveying relevant information to the wider project. During data collection for this evaluation, the Blackboard system was mentioned by only one project participant in one community—its effect on communication was minimal as evidenced by its virtual lack of use. The communities also reported feeling misunderstood or frustrated by national office feedback on their work. Flint/Genesee county and East Tennessee in particular noted within project documents and through some key informant interviews that they felt stymied in meeting the expectations of the national office.

Finally, regarding each community's use of data, despite different timelines in securing secondary data and completing collection of consumer prenatal and pediatric surveys, each community compiled the data required by the national program, but used it somewhat uniquely in each case. The National Friendly Access<sup>SM</sup> program provided a data analysis model and training to community teams on analyzing their data and actively encouraged additional data collection as deemed needed by each community. The use of data ranged from simple to complex; from the identification of problems that could be addressed with a quick fix to multiple presentations of the data to stakeholders and potential partners to its use as the focus of an all-day retreat to plan project interventions. The community that developed a strategic plan was able to compile its baseline data quickly and used it during a strategic planning retreat to identify critical needs within its care system and to set priorities for interventions. Two of the communities engaged in additional analyses of the consumer data, in one case making efforts to link it to birth certificate data, and in another segmenting analysis by care site and race. The final report provides details on the challenges each community faced in collecting and using its data.

### *Evaluation*

Factors contributing to the success of this evaluation included competent staff (co-investigator and graduate assistant), cooperative and passionate community

project participants who gladly participated in surveys and provided candid responses to interviews and listening sessions, and the funding and support of the ASPH/CDC Cooperative Agreement. The co-investigator provided consistent, reliable support and effort on the project, serving as a sounding board for ideas and contributing to the development of data collection instruments, as well as the collection and analysis of data. The graduate assistant had the difficult and tedious task of combing through each community's project documents and handled this and other grant-related tasks with grace and aplomb. In addition to providing the funds to carry out the work of this grant, the support of the ASPH/CDC Cooperative Agreement also allowed for time to devote to writing manuscripts from the Friendly Access<sup>SM</sup> data that are currently in various stages of review.

Factors contributing to challenges in carrying out this evaluation were few, but significant. The funding cycle for this project overlapped with new extensive duties assigned to the principal investigator and coincided with an organization disruption at her workplace; this resulted in reduced effort on the project in the first year. In addition to this, expected staffing for the evaluation was not reached when a personnel member budgeted in the grant left the research center creating a void in the evaluation and the other project on which the principal investigator was assigned. These factors combined to require a no cost extension for an additional year to carry out the project. Another challenge in carrying out the evaluation was repeated delays in obtaining verbatim transcriptions of key informant interviews.

One issue that perhaps contributed to both the success and challenge of this project was the principal investigator's role as both an insider and outsider evaluator. As a full time employee of the National Friendly Access<sup>SM</sup> program from before the selection of project communities until the end of program funding, the principal investigator was actively involved in site selection, training, technical assistance, and the development of the national evaluation and data collection tools. The principal investigator's position as a "known quantity" may have biased the responses and participation of community project members in this evaluation. On the other hand, unlike the national project officers assigned to each Community Friendly Access<sup>SM</sup> project, the principal investigator was not involved in the day-to-day conduct of each community project and seemed accepted by evaluation participants in the project communities as someone open to both accolades and critiques of the program.

### *Benefits of the Evaluation*

There are numerous benefits to different audiences from this evaluation. For schools of public health this evaluation contributes to our understanding of the challenges in carrying out community-based, campus/community partnership work. While each community faced challenges unique to its situation, the cross-community challenges identified in this evaluation point toward the importance of

considering macro level factors (funding, consumer participation, communication, and health system upheavals) in carrying out such work.

Benefits to the key collaborators, specifically the community projects, include a cataloguing of project accomplishments and challenges faced, the opportunity to provide input and be heard about experiences with the project, and the opportunity to reflect on Friendly Access<sup>SM</sup> and consider alternative approaches to carrying out it or other similar projects. At its heart, the Friendly Access<sup>SM</sup> program was an effort in community/campus partnership both within each community, and between each community and the national program office, so the lessons learned in carrying it out will be beneficial in furthering understanding of how to make future partnerships fruitful.

The benefit of this evaluation to federal partners, specifically the Centers for Disease Control and Prevention who served as the flow-through agency for the Congressional earmark money that sustained the program and the legislators who advocated for the federal appropriation, is an honest accounting of the activities, experiences, and processes used to consider and address large scale system change, albeit in the face of declining funds.

### *Lessons Learned*

Despite moving through just half of the Friendly Access<sup>SM</sup> program model there are important lessons to be extracted from the communities' experiences with Friendly Access<sup>SM</sup> that have implications for future related endeavors.

Flexibility—each community identified the need for greater flexibility in establishing the structure for their projects; in this case, one size did not fit all. While it was the intention of the National Friendly Access<sup>SM</sup> program to partner with the communities in carrying out Friendly Access<sup>SM</sup>, more dialogue on how to customize the Friendly Access<sup>SM</sup> model to the unique situation and existing structures in each community may yield more positive outcomes in the future. Related to this, the timeline for enacting the project, specifically for collecting baseline data, was very ambitious and in future renditions could be adapted to the circumstances in each community. Timelines should help guide the smooth flow of program activities and provide goals for progress, but should also be flexible enough to accommodate unanticipated problems. When it became clear that Friendly Access<sup>SM</sup> would not have the level of funding that was expected and planned for, the program should have adjusted activities and expectations to reflect the reality of the situation. One way to achieve more consistent timelines is to require all participating communities to collect required secondary data before moving forward with other project activities (including the involvement of community partners); each pilot community encountered delays in obtaining this data during the funded period of the program, slowing their progress.

Proactive outreach and communication—the troubles with communication between the NFA program and each community point to the need for more and better strategies for communicating and partnering with project communities. Findings from the evaluation suggest actively soliciting the communities regarding technical assistance needs might catch issues before they become problems and could work to establish a more equal partnership between the national office (as funder) and communities (as grantees) by putting technical assistance responsibilities squarely on the national office. Regularly scheduled project site visits may also create the climate for honest dialogue about project requirements, progress, and assistance needs.

Related to this, communication channels should be clearly established—no one person should serve as the conduit of information on behalf of a group. Communication was critical for Friendly Access<sup>SM</sup>, and failures with it from both the national and community sides created challenges for the successful progress of the program. From the national office side, the communication protocol that required all interactions with communities go through the assigned project officer, while meant to enhance efficiency, may have sometimes hampered or confused communication. From the community side of things, it was three years into the implementation of the program before the national office discovered that one of the community's coalition rarely received information from its project director who kept a tight rein on the transfer of information. Designating teams of 2-3 individuals who have the authority to speak on behalf of the national office and the same for each community may have helped to avoid these problems.

Data management—the National Friendly Access<sup>SM</sup> Program intended to create a national network of communities working to change the culture of maternal and child health care delivery through data based interventions. Baseline data collection on the perspectives of consumers was an integral part of the program and because the data were to be used by the community (for assessment and planning) and the national office (for evaluation) a web-based data entry system was developed concurrently with data collection to allow immediate access to compiled data. This data entry system was fairly complex and took much longer to implement and debug than was expected. Since raw data were not shared with other communities, a simpler mechanism for compiling the data (such as by an Access database) was all that was necessary to allow each community access to its data and facilitate national office use of the data, and would have avoided the delays experienced by the pilot communities.

In addition, any future endeavor like Friendly Access<sup>SM</sup> should rethink the dual use of data for both community assessment and program evaluation. The need to collect baseline data should not supersede or negate efforts to understand the process of community involvement and program implementation. The evaluation plan guiding the work of the communities was designed to assess a long-term program that didn't actually come to fruition, and evaluation activities during the initial few years of the project were necessarily focused on baseline data

collection to assist the communities in understanding the challenges of health care access and use, less on understanding the process of carrying out the project. The decline in funding, difficulties in piloting and collecting baseline data, and the reductions in evaluation personnel at the national office meant little attention was paid to the process each community engaged in to implement Friendly Access<sup>SM</sup> until funds for this evaluation were granted.

Clarify concepts—results from this evaluation suggest two important concepts of the Friendly Access<sup>SM</sup> approach were under-defined: *community* and *systems change*. It seems the term community could and did refer to multiple levels/aspects of community and also had many definitions within Friendly Access<sup>SM</sup>. Community at various times referred to the name of the town/region of the projects, the service area selected by projects, the groupings of people in committees for the project, the health care organizations involved in the project, the grassroots or community-based organizations involved in the project, and the consumers who were using the health care system.

The concept of systems change was perhaps even less defined. To some degree, the selection of a service area was meant to establish the parameters of the system, but those areas were unique for each community: selected zip codes, one county, 16 counties, and four community clinics. With multiple meanings of what was being referred to as the system in each community, it was also difficult to precisely define system change. This was further hampered by the many levels at which systems change might be aimed: policy, training, quality assessment/monitoring, information/outreach, to name just a few. Future versions of Friendly Access<sup>SM</sup> should require each project to fully define what community means for the project and the extent and level of system change it will try to enact.

Some of the broader lessons of Friendly Access<sup>SM</sup> include understanding extra efforts are required to truly implement a participatory research framework. Friendly Access<sup>SM</sup> had noble intentions of trying to foster the partnerships and collaboration needed for a community-based participatory project, but was hampered by its own design which essentially dictated how and what the communities would accomplish and a strict timeline for completion. This design led to the development of a paternalistic style of interaction at times between the national office and pilot communities, evidenced by some of the findings in this evaluation. While needed for accountability, the very structure of the program, with communities applying for a grant sub-award created an imbalance in the relationship between the national office and community projects. Since the communities were not actually at the table as Friendly Access<sup>SM</sup> was being developed, they were put in the position of having to respond to what the national office developed and offered them. Efforts at true community/campus partnership and participatory research may require a reframing of how Friendly Access<sup>SM</sup> can be carried out.

The National Friendly Access<sup>SM</sup> Program set out to enact a bold vision on an ambitious timeline: to change the culture of maternal and child health care in ways that would increase consumer access, use, and satisfaction with services that would ultimately lead to more appropriate and timely use of services and in the long term, better outcomes for women and children. While the lessons from Friendly Access<sup>SM</sup> and its evaluation may not be new, it bears repeating that such large scale initiatives require substantial attention to tangible (staff, money) and intangible (communication, time) resources in order to succeed. Despite the many challenges enumerated within the final report, a great deal was learned within each community and each made modest steps toward addressing access and use issues in their area. Most significantly, each built new partnerships and created data sets to explore challenges in access to and use of maternal and child health care, establishing the foundation for future collaborations, interventions, and successes.