Taking Action After the Needs Assessment: How to Implement Change in Your Community

CHA Pre-Assembly
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Overview of Will County
Overview of Will County

- Changing landscape
  - Population 681,545 (2011)
  - Hispanic/Latino population doubled since 2000
  - Senior population is increasing
  - 6.3% live below poverty level
  - Unemployment is 10.1%
- Healthcare providers
Overview of Mobilizing for Action through Planning and Partnerships (MAPP) Process
Overview of MAPP

Phase 1: Organize for Success/Partnership Development

Phase 2: Visioning

Phase 3: Community Health Status Assessment (CHSA)
Phase 3: Community Themes & Strengths Assessment (CTSA)
Phase 3: Local Public Health System Assessment (LPHSA)
Phase 3: Forces of Change Assessment (FOCA)

Complete Four MAPP Assessments: List the challenges and opportunities from each of the four assessments.

Phase 4: Identify Strategic Issues
Phase 5: Formulate Goals and Strategies

Phase 6: Action Cycle
Will County MAPP Partners

Adventist Bolingbrook Hospital
American Cancer Society
American Heart Association Midwest Affiliate
American Lung Association, Greater Chicago
AOK Network
Aquino Clinical Services
Aunt Martha’s Youth Services
Bridges to a New Day, NFP
Catholic Charities
Center for Economical Development (Three Rivers Educational Partnership – TREP)
Chestnut Health Systems
Service INC., Child and Family Connections #15
Child Care Resource and Referral Agency
Community Service Council of Will County, Inc
Crete Monee School District 201
Crisis Line of Will and Grundy County
Easter Seals of Joliet Region, Inc.
Edward Hospital
Greater Joliet Area YMCA
Governor’s State University
Guardian Angel Community Services
Harvey Brooks Foundation
Healthy Childcare Illinois
Housing Authority of Joliet
Image Builders
Joliet Junior College
Joliet Township
Joliet Township High School/YESS (Youth Experiencing Success in School)
Lewis University
Linden Oaks at Edward

Lutheran Social Services of Illinois
Morning Star Mission Ministries
NAMI Will-Grundy (National Alliance on Mental Illness)
National Hook-up of Black Women, Inc.
New Life Church
Northern Illinois Food Bank
Provena Home Care
Provena Saint Joseph Medical Center (Presence Health)
Senior Services Center of Will County
Silver Cross Hospital
Stepping Stones, Inc.
Three Rivers Manufactures’ Association
Trinity Services, Inc.
U of I Extension – Kankakee, Will Grundy Co.
United Way of Will County
University of St. Francis
University of St. Francis Health and Wellness Center
Will County Center for Community Concerns
Will County Community Development Division
Will County Community Foundation
Will County Community Health Center
Will County EMA
Will County Executive’s Office
Will County Forest Preserve District
Will County Health Department
Will County LAN
Will County Land Use Community Development
Will County Residents
Will County Sheriff’s Office
Will County State’s Attorney’s Office
Will Grundy Medical Clinic
Workforce Investment Board of Will County
In Will County, every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.
Strategic Issues – Relationship Diagram

- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Community Health Status Assessment
- Local Public Health System Assessment
- Strategic Issue
Lack of services for youth due to budget cuts/recreation for teens

The #5 prevalent health condition as reported by survey respondents was overweight/obesity

Community Themes and Strengths Assessment

Community Health Status Assessment

Forces of Change Assessment

Chronic Disease

Local Public Health System Assessment

Outreach and health promotion would be more effective if members of targeted communities were trained and directly involved in service delivery.

In 2007, the leading cause of death in Will County is heart disease (26.4%); the largest portion of these deaths was due to coronary heart disease.

In 2010 County Health Rankings, 26% of Will County adults were listed as obese, with a BMI over 30.

Surveillance is very strong for immediate health threats, but not for chronic disease (where there is no mandate for reporting.)

The #6 prevalent health condition as reported by survey respondents was diabetes

The #5 prevalent health condition as reported by survey respondents was overweight/obesity

Lack of services for youth due to budget cuts/recreation for teens
# Goals and Objectives

<table>
<thead>
<tr>
<th>STRATEGIC ISSUE/HARM HEALTH PROBLEM</th>
<th>STRATEGIC ISSUE QUESTION</th>
<th>GOAL</th>
<th>OUTCOME OBJECTIVE</th>
<th>IMPACT OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of Services and How to Access Them</td>
<td>What needs to be done in order to make and keep Will County residents informed about services available to promote health, wellness, and safety in Will County?</td>
<td>GOAL #1</td>
<td>By 2015, the score for the Essential Public Health Service model standard 3.11 (&quot;provision of community health information&quot;) will improve by 10% (Baseline Will County Local Public Health Systems Assessment 2009, Essential Service #3.1.1 -- Scored 44%)</td>
<td>• By 2011, a committee of Will County providers will establish a collaborative to improve the promotion of health, wellness, and safety programs and services through improved communication. • By 2013, increase the capacity for communications and marketing strategies of Will County providers, by providing capacity development training to 25% of providers serving Southern and Eastern Will County.</td>
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<td>GOAL #2</td>
<td>By 2015, the percent of people who report not having a primary care provider/ primary health care home will decrease to 12% (Baseline BRFSS 2008: 14.3%)</td>
<td>By 2013, a consortium of Will County providers will be established to improve access to health care for Will County residents.</td>
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<td>GOAL #3</td>
<td>By 2015, the number of people who report having a negative perception of behavioral and/or substance use disorders will be reduced. (Baseline to be determined)</td>
<td>• By 2012, the collaborative will establish baseline data for the community’s perception of behavioral health and substance use disorders. • By 2013, the collaborative will have developed a social marketing campaign to target misperceptions of behavioral health and substance use; including information on what is typical and atypical in human development.</td>
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<table>
<thead>
<tr>
<th>STRATEGIES FOR GOAL #1</th>
<th>STRATEGIES FOR GOAL #2</th>
<th>STRATEGIES FOR GOAL #3</th>
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<tbody>
<tr>
<td>• Develop a marketing plan and strategies</td>
<td>• Build on the current workgroup and identify necessary members</td>
<td>(a) Gather information/data for baseline</td>
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<tr>
<td>• Collaboration with area colleges, technology and marketing institutions</td>
<td>• Establish the consortium formally (memorandum of agreement, meeting schedule)</td>
<td>• Conduct a county-wide survey - include a question such as, “If you receive services, do you feel stigmatized by the people you receive services from?”</td>
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<tr>
<td>• Develop capacity building training program through research and best practices for marketing</td>
<td>• Work with the Community Health Center, Aunt Martha’s, Clinics to educate the community as part of a social marketing campaign</td>
<td>• Work with health department epidemiologist</td>
</tr>
<tr>
<td>• Explore expansion of existing resources for a county-wide communication system (database of programs and services including recreational and other community identified needs).</td>
<td>• Explore the option of insurance companies, clinics and pharmacists as partners in the collaborative</td>
<td>• Tap into existing resources to survey the community</td>
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<tr>
<td>• Update communication technology</td>
<td>• Explore funding opportunities and enhance collaboration</td>
<td>(b) Develop Marketing/Communications Campaign</td>
</tr>
<tr>
<td>• Establish a two-fold communications plan</td>
<td>• Develop and implement a marketing/communications plan to educate residents on the importance of primary care provider</td>
<td>• Work with advertising or marketing departments within the county; tap into state campaign</td>
</tr>
<tr>
<td>o Part 1: a marketing plan targeting residents to increase their knowledge about what services are available and how they can access these services</td>
<td></td>
<td>• Collaborate with existing shareholders (doctors, schools, business leaders, churches, programs, etc)</td>
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<tr>
<td>o Part 2: a communications plan targeting providers to improve inter-agency communication and information sharing, and to promote the creation of a well-linked, well publicized communicative system of providers in Will County</td>
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<td>• Provide information to Will County policy makers to advocate change</td>
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<td>• Consider a pilot of the campaign in a specific geographical or cultural community (for example, Hispanic Community)</td>
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Lessons Learned

- Create co-coordinators (partnership) for shared workload and visible working leaders
- Create co-chairs for MAPP Steering Committee for credibility and balance of power
- Invest adequate time in “Organizing for Success” and “Setting Goals and Strategies”
- Balance the work – just because you **can** doesn’t mean you **should**!
- Allocate sufficient time to planning in order to be effective in implementation
Lessons Learned

- Understand the different roles of hospitals, public health and other community sectors
- Balance of power in action teams – gave ownership to community
- Be clear about expectations within the process (i.e. groups will not only identify needs but also carry out action plans)
- It’s important to have a timeline and schedule meetings in advance
Action Cycle
Action Cycle

Plan

Evaluate

Implement

ACTION CYCLE
Organizational Structure

- Leadership
- Action Teams
- Staffing

Plan
Organizational Structure

Executive Committee

Action Team
Access to Care

Action Team
Awareness of Services

Action Team
Prevention and Management of Chronic Care Issues

Action Team
Systems Collaboration & Linkage

Monitoring and Evaluation Team
(Action Team Co-Chairs and Community Partners)
Action Team Successes/Challenges

- Awareness of Services
  - Structure
  - Initiatives explored
  - Successes
  - Challenges

Implement
### Definition of Stigma

The President’s New Freedom Commission on Mental Health defines stigma as “a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness.”

Stigma leads others to avoiding living, socializing, or working with, renting to, or employing people with mental disorders. It deters the public from seeking and wanting to pay for care. Responding to stigma, people with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment.

Stigma affects more people than you think, and has a greater impact on younger people. Addressing stigma in the community and educating people about mental/behavioral health is vital in the process of empowering people to reach recovery.

### Accomplishments

- Hosted Annual Anti-Stigma Symposium
- Built website: WillFindHope.org
- Received Award for Excellence Grant
- Student projects have been picked up and used by organizations in the community.

### Will County Anti-Stigma Collaborative

**Joliet Junior College & Will County MAPP Collaborative**

Every person has value, no matter what they are struggling with.

Please visit our website WillFindHope.org for more information on how to get involved!
Evaluation

Data
- Identifying new data needs
- Updating existing data (monitoring)

Evaluation
- MAPP Collaborative
- Progress reports

Monitoring
- InsightVision
## Monitoring Tool – InsightVision

### Issue: Reduce Childhood Obesity (PI: CO)

<table>
<thead>
<tr>
<th>Community Health Status</th>
<th>Prior Period</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI:CO: Minimize Childhood Obesity</td>
<td>22.0%</td>
<td>21.3%</td>
<td>-0.7%</td>
<td>14.5%</td>
<td>Year 2012</td>
</tr>
<tr>
<td>PI:CO: % of Children in School who are Obese</td>
<td>78%</td>
<td>90%</td>
<td>12%</td>
<td>Year 2012</td>
<td></td>
</tr>
</tbody>
</table>

| PI:CO: % of students participating in physical activities | 73% | 76.5% | 3% | 80.3% | Year 2012 |
| PI:CO: Improve Child Nutrition and Reduce Calories Consumed | 72% | 78% | 6% | 90% | Year 2012 |

| PI:CO: % of available food meeting nutritional goals | 46% | 68% | 22% | Year 2012 |
| PI:CO: Number of opportunities for physical activity | 1 | 7 | 6 | Year 2012 |

### Community Implementation

<table>
<thead>
<tr>
<th>Name</th>
<th>Prior Period</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI:CO: Promote Family Nutrition &amp; Fitness to Parents &amp; Kids</td>
<td>68%</td>
<td>69%</td>
<td>1%</td>
<td>76%</td>
<td>Year 2012</td>
</tr>
<tr>
<td>PI:CO: % Parents offering nutritional lessons</td>
<td>12</td>
<td>14</td>
<td>2</td>
<td>12</td>
<td>Year 2012</td>
</tr>
</tbody>
</table>

| PI:CO: Family fitness classes offered every month | 13% | 16% | 3% | 16% | Year 2012 |
| PI:CO: Improve School Nutrition & Fitness Activities | 944 | 876 | 78 | 800 | Sep '06 |

| PI:CO: % of Students Getting Presidential Fitness Award | 7 | 6 | 1 | Year 2012 |
| PI:CO: Increase Neighborhood Recreational Fitness Services | 7 | 6 | 1 | Year 2012 |

### Community Process & Learning

<table>
<thead>
<tr>
<th>Name</th>
<th>Prior Period</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI:CO: Develop &amp; Advocate for School &amp; Family Fitness Policies, Plans</td>
<td>76%</td>
<td>90%</td>
<td>3%</td>
<td>100%</td>
<td>Year 2012</td>
</tr>
<tr>
<td>PI:CO: % of Family fitness policy completed</td>
<td>81%</td>
<td>88%</td>
<td>7%</td>
<td>90%</td>
<td>Year 2012</td>
</tr>
</tbody>
</table>

### Evaluate

InsightVision

Monitoring Tool – Strategy Maps

Will County Awareness Strategy

Outcomes
- Awareness of Available Services
  - Improved Health and Well-being of Youth & Adults
  - Reduce Inappropriate Use of ER or In-Patient Care
- Understand a Health Care Home
  - Increase People Who Have a Primary Care Medical Home

Community Implementation
- Increased Use of Available Health & Wellness Resources
  - Excel at Providing Community Health & Wellness Information
- Creatively Promote Health Information Resources via Marketing & PR
  - Use Website to Connect People to Available Services in a Timely Manner

Processes and Learning
- Improve System Linkages for Cross-Sector Referrals and Resource Availability
  - Increase System Linkages for Cross-Sector Referrals and Resource Availability
- Expand the Action Team to Increase BH/SU Disorders Collaboration
- Expand Awareness of Services to Address BH/SU Disorders
  - Optimize Community Efforts in Addressing BH/SU Disorders

Community Assets
- Promote & Expand Mental Health First Aid Programs
- Engage Schools & Communities in Programs to Increase Understanding of M/B Health Issues
- Improve System & Data Integration for Orgs addressing M/B Health Issues
- Collect and Analyze Data to Understand BH/SU Disorders & Launch Targeted Interventions
- Hospitals Engage BH/SU Disorder Organizations in ER Screening Programs
- Reduce ER visits due to B/S issues
- Reduce Prevalence of SU among Adults & Youth
  - Adult & Youth Abusing Substances
- BH/SU Disorders are Prevented and Appropriately Managed

Reduce Stigma Related to B/S Use Disorders
- Increase the Willingness of People to Get Help or Refer Others who Need It
- Increase the Understanding of the Public Regarding BH/SU Disorders
- Optimize the Care Received for BH/SU Disorders
Action Cycle

Plan

Evaluate

Implement

ACTION CYCLE
Lessons Learned

- Community engagement
- Different knowledge levels of community members – be clear in explaining process and expectations
- Use existing data
- Time constraints – this is no one’s full time job
- Role of hospital – equal partner in process
Lessons Learned

- Accept new partners throughout the process
  - Welcome them
  - Educate them
- Combine existing resources for maximum efficiency and effectiveness
- Implement and monitor progress of action plans
- Be FLEXIBLE: things will change, but the goal is to improve the health of the community