Tazewell County Priority Planning Day



May 17, 2012 9:00 AM – 4:00 PM Tazewell County Health Dept Tremont, Illinois



Agenda

- Welcome and Introductions
- MAPP Process Overview The last 7 months
- Assessment Reports and Key Findings
 - Local Public Health System Assessment (LPHSA)
 - Forces of Change Assessment (FOCA)
 - Community Health Status Assessment (CHSA)
 - Community Themes and Strengths Assessment (CTSA)
- Identification and Exploration of Strategic Issues
- Prioritization of Issues
- Goal Setting and Partnership Identification
- Next Steps

Steering Committee Members

Molly Cluskey Bradley University

Jerry Custer Heartland Healthcare Coalition

Farrell Davies Heartland FQHC

Krystal Deininger
 Tazewell County Community Development

Melinda Figge Pekin YWCA

Mike Godar Tazewell County Board of Health

Keith Knox
 Pekin Park District

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 Washington Chamber of Commerce

Tim Neuhauser Tazewell County Board

Kim Olar Tazewell County Probation

Gail Owen
 Regional Office of Education

Caterina Richardson Tazwood Mental Health Center

Jim Thompson We Care

Daryl Weseloh Minier Police

TCHD Staff: Sara Sparkman Sarah Fenton Amy Tippey

Mission

To promote and protect the public's health and well being

Values

- good data
- understanding our population
- good use of resources
- broad definition of health and prevention as priority
- good workforce
- access to services
- best practices
- access to information
- Transparency
- community involvement (over 600 community surveys)
- collaboration of LPHS partners (100 community partners)

MAPP Overview





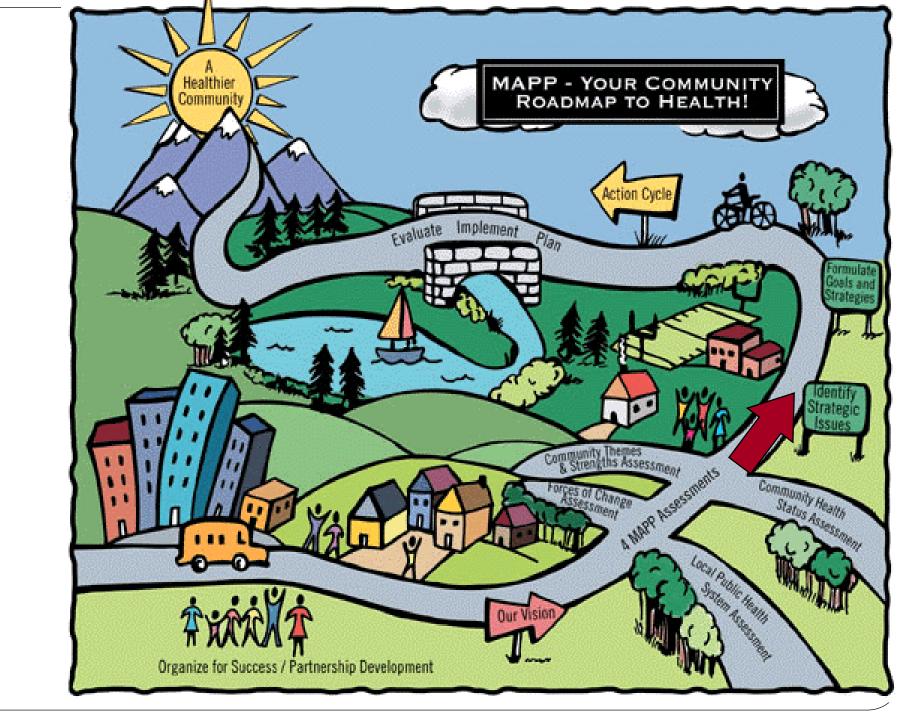


MAPP is:

- A community-wide strategic planning process for improving public health.
- A method to help communities prioritize public health issues, identify resources for addressing them, and take action.

As a community-wide health improvement process, MAPP does the following:

- Includes a comprehensive assessment phase that identifies local public health strengths, challenges and unmet health-related needs;
- Emphasizes primary prevention;
- Strengthens partnerships among healthcare providers, public health professionals, and other stakeholders;
- Mobilizes community members to identify and act on strategic health issues; and
- Institutionalizes a collaborative approach to planning, implementing and evaluating community health improvement strategies.



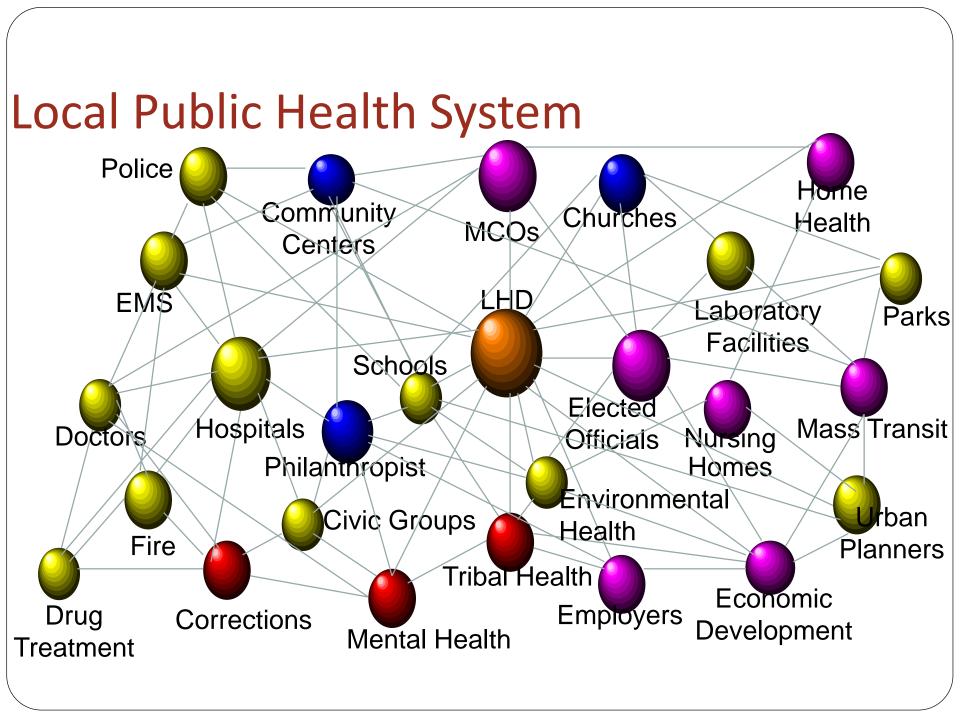
MAPP Overview



Three Keys to MAPP



- Strategic Thinking
- Community Driven Process
- Focus on the Local Public Health System



Collectively the Four Assessments



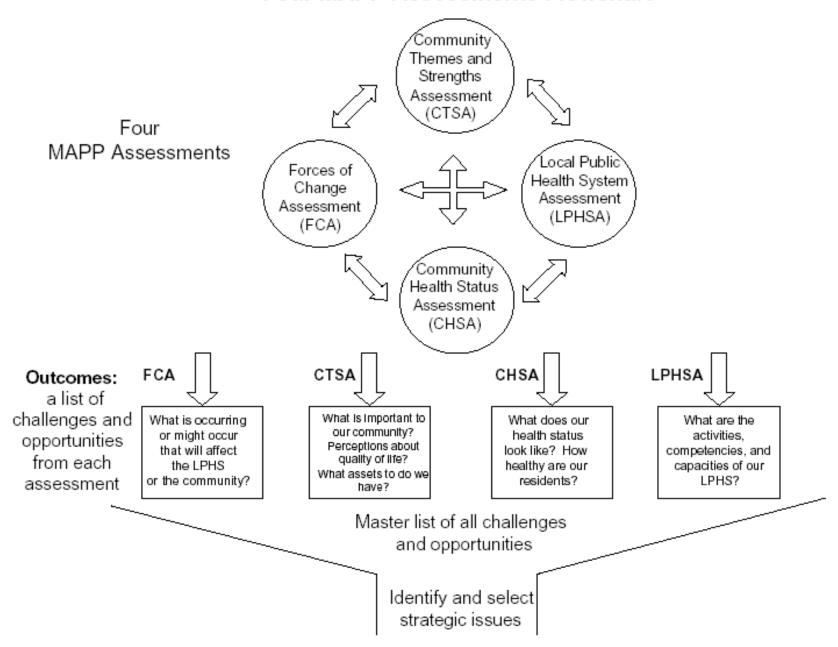
- Provide insight on the gaps between current circumstances and vision.
- Serve as the source of information from which the strategic issues, strategies, and goals are built.

Phase IV: Identify Strategic Issues

Strategic Issues - Fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision.

<u>Health Problem</u> - A situation or condition of people or the environment measured in death, disease or disability which is believed will exist in the future and which is considered undesirable. (APEX-PH, August 1996)

Four MAPP Assessments Flowchart



Phase V: Formulate Goals and Strategies



- Form goal statements related to strategic issues
- Identify strategies for achieving goals

Phase VI: The Action Cycle



- Plan
- Implement
- Evaluate

Steps in Planning

1. Organize for action

- Create a group responsible for ensuring that the MAPP process is sustained.
- Create small subgroups around each goal and its selected strategies.

2. Develop Measureable Objectives

- Valid and reliable,
- Directly associated with the achievement of the strategy,
- Link performance to the expected improvement,
- Tighten rather than diffuse accountability,
- Responsive to changes in expected results, &
- Provide timely feedback at a reasonable cost.



Steps in Planning

- 3. Establish accountability for achieving objectives
 - Identify...
 - a plan for accountability.
 - linkages, address gaps, and ensure small groups are working effectively.
- 4. Develop action plans
- 5. Review action plans for opportunities for coordination

Each organization should identify how the goals, strategies, and outcome objectives can be incorporated into their organizational mission statements and plans.



Implementation



- 'Doing it'
- Taking steps defined in the action plan
- Getting the word out



Community Health Themes and Strengths Assessment







Community Themes and Strengths Assessment

Identifies

- Themes that interest and engage the community
- Perceptions about quality of life
- Community assets

What is important to your community?

How is quality of life perceived in our community?

Method/Process

- Conducted by Bradley University
- Using Web-based and paper surveys
- Approximately one month of data collection
- Over 600 Usable Surveys by the end of collection
- A Convenience Sample was used
- Bradley Students actively involved in the process and implementation

Key Findings

See Handout

Local Public Health System Assessment

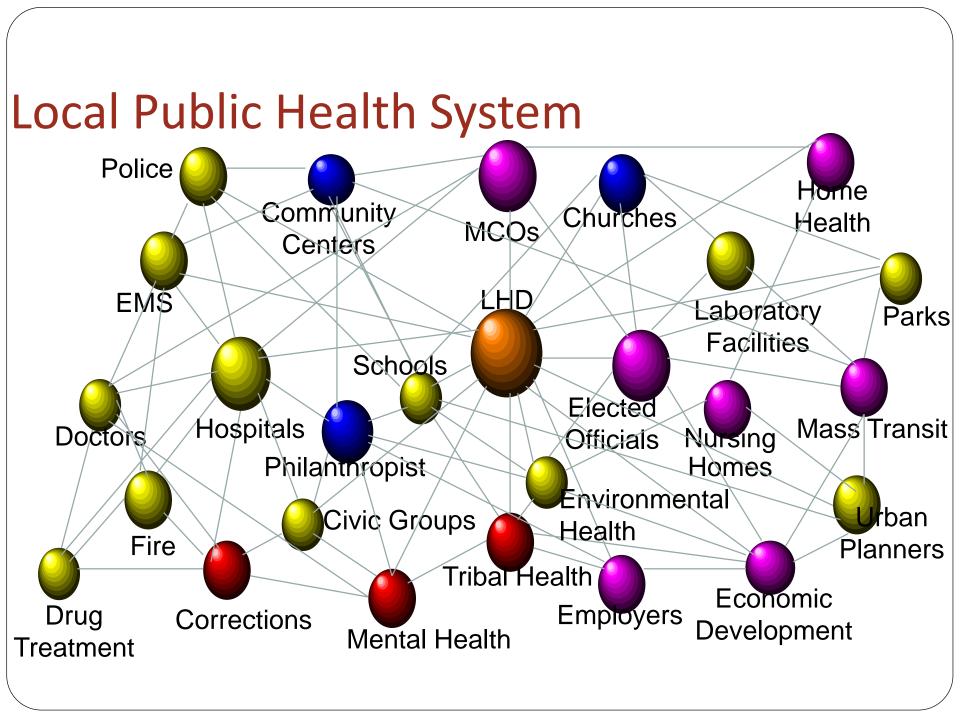


Local Public Health System Assessment



Measures the capacity of the local public health system to conduct essential public health services

What are the components, activities, competencies, and capacities of your LPHS? How are the essential services being provided to our community?



The Essential Public Health Services

- 1. Monitor health status
- Diagnose and investigate health problems
- 3. Inform, educate and empower people
- 4. Mobilize communities to address health problems
- Develop policies and plans

- Enforce laws and regulations
- 7. Link people to needed health services
- 8. Assure a competent workforce public health and personal care
- 9. Evaluate health services
- 10. Conduct research for new innovations

Method/Process

- Prior to the assessment retreat on September 30, 2011, all registered participants were invited to participate in a webinar orientation Participants were then broken into five groups; each breakout group was responsible for conducting the assessment for two essential services as follows:
- Each group was staffed by a trained facilitator and one or two recorders. Score cards were displayed and counted manually to capture participant scores for each measure.
 Following the facilitation of the assessment and scoring of measures, a debriefing was held with staff to discuss how the process worked in each group.

Group 1

- EPHS 1 Monitor health status to identify community health problems.
- EPHS 2 Diagnose and investigate health problems and health hazards in the community.

Group 2

- EPHS 3 Inform, educate, and empower people about health issues.
- EPHS 4 Mobilize community partnerships to identify and solve health problems.

Group 3

- EPHS 5 Develop policies and plans that support individual and community health efforts.
- EPHS 6 Enforce laws and regulations that protect health and ensure safety.

Group 4

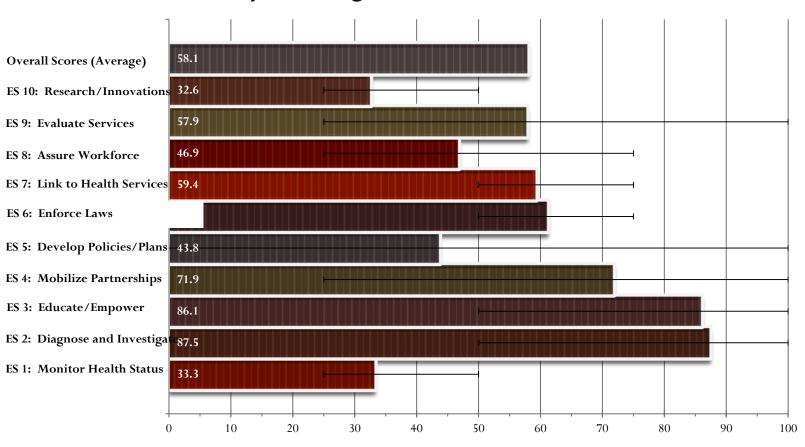
- EPHS 7 Link people to needed personal health services and assure the provision of health services.
- EPHS 9 Evaluate effectiveness, accessibility and quality of personal/population-based health services.

Group 5

- EPHS 8 Assure a competent public and personal health care workforce.
- EPHS 10 Research for new insights and innovative solutions to health problems.

Results

Summary of Average EPHS Performance Scores



Based on Table 4: Summary of Contribution and Performance Scores by Model Standard: Field Test Report

Key Findings

Quadrant A

High Priority

Low Performance

Quadrant B

High Priority

High Performance

- Population Based Community Health Profile
- Public Health Policy Development
- Lifelong Learning, Continuing Ed, Training and Mentorship
- Evaluation of Population Based Health Services
- Evaluation of the Public Health System

(lowest score areas bolded)

Access to current Technology to Manage Display,

Analyze and Communicate Population Health Data

Community Health Improvement Process

Involvement in Improving Laws, Regulations and

Ordinances

Workforce Assessment Planning And Development

Public Health Leadership Development

Fostering Innovation

Link to Higher Education

Capacity to Initiate Research

Identification of Threats, Surveillance

Constituency Development

Community Partnerships

Identify Populations with Barriers to Service

Evaluation of Personal Health Care Services

(areas we are performing well)

Health Education and Health Promotion

Health Communication

Risk Communication

Plans for Public Health Emergencies

Review and Enforcement of Law, Regulations and

Ordinances

Public Health Workforce Standards

Laboratory

Quadrant D

Low Priority
Low Performance

Quadrant C

Low Priority
High Performance

LPHSA Areas of Improvment

- 1.1 Population Based Community Health Profile
 - Regular Community
 Assessment
 - Update Health Status Information
 - Make the Information Available

- 5.1 Government
 Presence at Local Level
 - Support Local Public
 Health to make sure
 essential public health
 services are carried out
 - See that local public health becomes accredited
 - Assure that public health has needed resources

LPHSA Areas of Improvement

- 8.3 Life-long Learning Through CE, Training and Mentoring
 - Support and Identify Training Needs
 - Build a Competent
 Public Health Workforce
 - Create and Support Academic Partnerships
 - Culturally Competent and able to Understand Social Determinants of Health

- 9.1 Evaluation of Population Based Health Services
 - Evaluate Gaps in Service
 - Clients Perception of Services
 - Are Goals being Attained
 - Plans for Improvement

LPHSA Areas of Improvement

- 9.3 Evaluation of Local Public Health System
 - How well is the system working
 - Identify Priority Areas
 - Continuously Make
 Plans for Improvement
 and Growth of the
 System

Forces of Change Assessment



Forces of Change Assessment

- Identifies forces that are occurring or will occur that will affect the community or the local public health system
- Focuses on issues broader than the community including:
 - -Uncontrollable factors that impact the environment in which the LPHS operates
 - -Trends, legislation, funding shifts, politics, etc.



What is occurring or might occur that affects the health of our community or LPHS? What specific threats or opportunities are generated by these occurrences?

Method/Process

During this phase, participants engage in brainstorming sessions aimed at identifying forces. Forces are broad and all-encompassing, and include trends, events, and factors.

<u>Trends</u> are patterns over time, such as migration in and out of a community or a growing disillusionment with government.

<u>Factors</u> are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.

<u>Events</u> are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Top Results By Category

Legal- No issues with Votes

Ethical- Unfunded Mandates and Unfunded Needs (16)

<u>Scientific-</u> Minimal Votes

Environmental- Minimal Votes

<u>Technological-</u> Minimal Votes

<u>Social-</u> Personal versus Government Responsibility

(increase personal prevention measures) (21)

Mental Health services decrease (11)

Political- State Budget Crisis (13)

Changing Healthcare System (10)

Economic- Delayed or Absent Payment from State (15)

Affordable Health Care Act (10)

Number of Votes in ()

Key Findings

Common Themes Identified in Conversation by Forces of Change Participants

- ✓ Mental Health Services Needed
- ✓ Unstable Service Levels are Happening Due to Cuts
- ✓ Difficulties are Arising in Attracting and Keeping the Best Employees Because of the Economic Climate
- ✓ There is an Increased Need for Prevention Personal Responsibility and Accountability Needs Stressed
- ✓ Attracting and Keeping Young People In our County as a Balance to the Aging Population will Require:

Vocational Education/ Skills Development/ Employment Opportunities
Need a Built Environment/ Infrastructure in <u>All</u> Communities for the
Population to Grow- Examples: Park Districts, Sidewalks, Grocery Stores

Community Health Status Assessment





Community Health Status Assessment

Analyzes Data about

- Health status
- Quality of life
- Risk factors

How healthy are our residents?
What does the health status of our community look like?

Method/Process

- Scan of available data Sources
 - Heart of Illinois United Way
 - Illinois Youth Survey (IYS) Data
 - Behavioral Risk Factor Surveillance System (BRFSS)
 - Community Health Status Report
 - County Health Rankings
 - Census Data
 - Illinois Project for Local Assessment of Need (IPLAN)
 - Illinois Cancer Registry

Results/ Key Findings

- High Lung Cancer Rate- Exceeds National and Illinois
- High Smoking Rate Exceeds National and Illinois
- High Suicide Rate- Exceeds National and Illinois
- High Rate Infant Mortality- Exceeds National and Illinois
- Increasing Low Birth Weights- Exceeds Healthy People Targets
- Increasing Premature Births- Exceeds Healthy People Targets

Source Community Health Status Report and County Health Rankings

Results/ Key Findings

- High Rate of Obesity
- High Rate of Physical Inactivity
- Teen Births
- High Rate of Poor Physical and Mental Health Days
- 12% of Population Does not have Access to Healthy Foods
- Very Poor Ratio of Mental Health Providers for Population
- Poor Ratio of Dental Providers for Population

Source: County Health Rankings

Results/Key Findings

- Large increase of those living in poverty
- Increase in divorces
- Food Deserts in Southern Tazewell and Northern Tazewell around 12,500 population in these areas
- Two areas Washington and Pekin Determined to be High Risk Areas for Preterm Birth
- 23% of 6th Graders and 19% of 8th Graders Report Physical Bullying
- 16% of 10th Graders and 9% of 12th Graders have attempted Suicide

Sources- Census, USDA, IDHS, Illinois Youth Survey

- According to the Illinois Youth Survey, twenty-three percent of 8th and 10th graders and 18% of 12th graders admitted to feeling so sad or hopeless that they stopped their usual activities for a two week period during the last year.
- Higher Rate than Illinois of Women who Smoke while Pregnant

(BFRSS 2010)

- 8.9 Percent with Diabetes
- 28% with High Blood Pressure
- 35% with High Cholesterol
- 16.7% reported no dental care for at least 2 years
- 31% reported over a year since last Dental Cleaning

Source: IPLAN, IYS and BRFSS

- 50.5% report physical activity does not meet recommended guidelines
- 22% report no Exercise of any kind
- 30.5% report 2 or more days a month feeling sad, blue or depressed
- 16% Reported as Smokers
- 54% started smoking before 18
- 33% consider themselves Overweight
- 33% consider themselves to be Obese
- 54% report trying to lose weight

Source: 2010 BRFSS

ILLINOIS YOUTH SURVEY 2010

- 60% of those surveyed live in a home with both parents
- 41% of 6th graders receive free or reduced lunch
- By 12th Grade 39% feel getting alcohol to be easy
- 16% of 12th Grades feel Smoking is not very wrong at all
- 7% of 6th, 15% of 8th, 24% of 10th and 36% of 12th graders report using alcohol in the past month
- 12% of 10th and 17% of 12th graders report using marijuana in the last month
- ~ 8% of 10th grader and ~10% of 12th graders have used prescription drugs without doctor approval in past year

Identifying and Prioritizing Issues

Defining Strategic Issues

Prioritization Criteria

- <u>Size</u> of the problem (how many it impacts in the county)
- Disparities related to a particular population
- Seriousness of not addressing now
- Potential available resources or assets to address
- The opportunity or likelihood that if addressed, you could see progress or impact in the next 3-5 years.
- Others?

Goal Setting

Partnership Identification

Next Steps