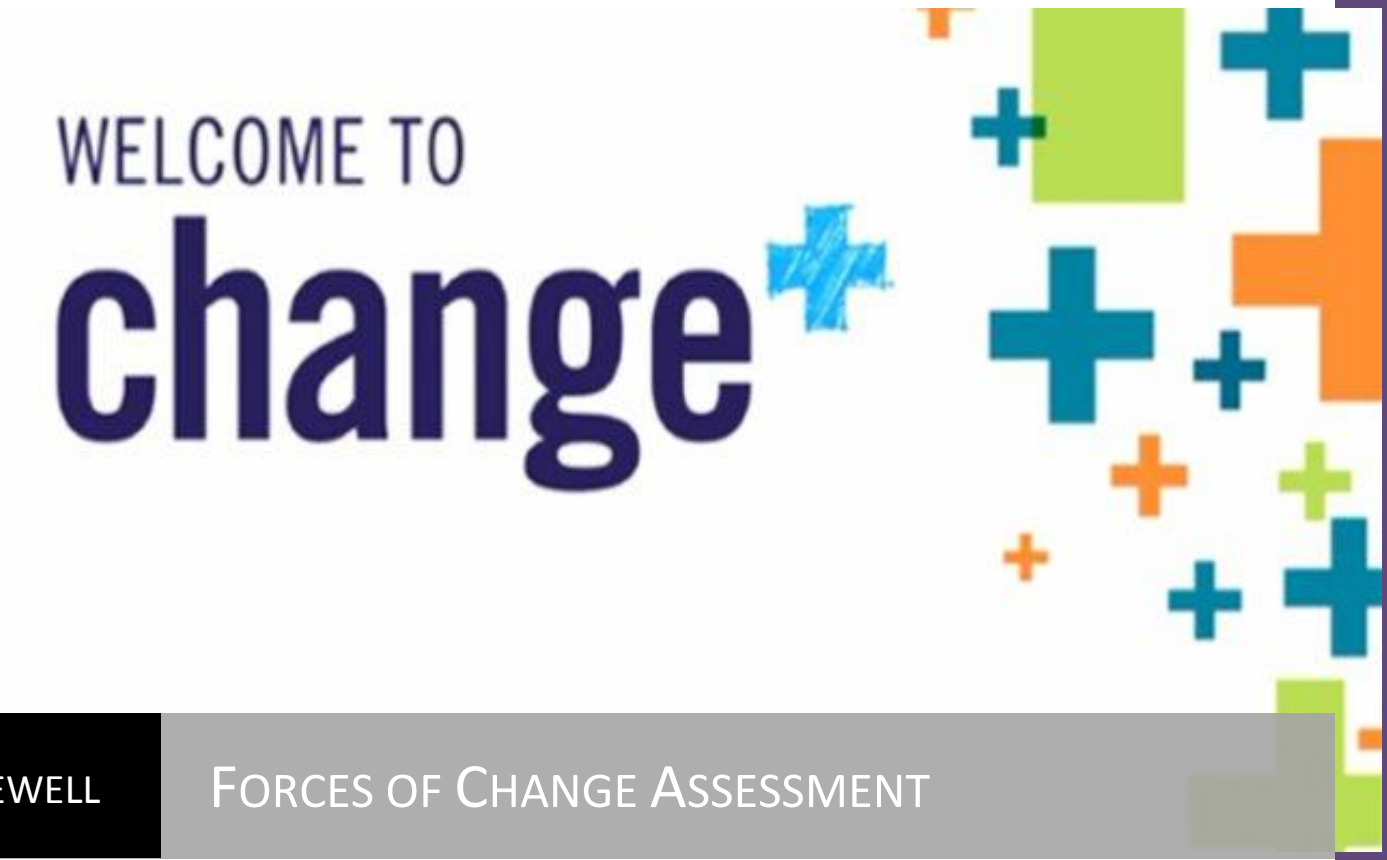
10/27/2015



TAZEWELL FORCES OF CHANGE ASSESSMENT

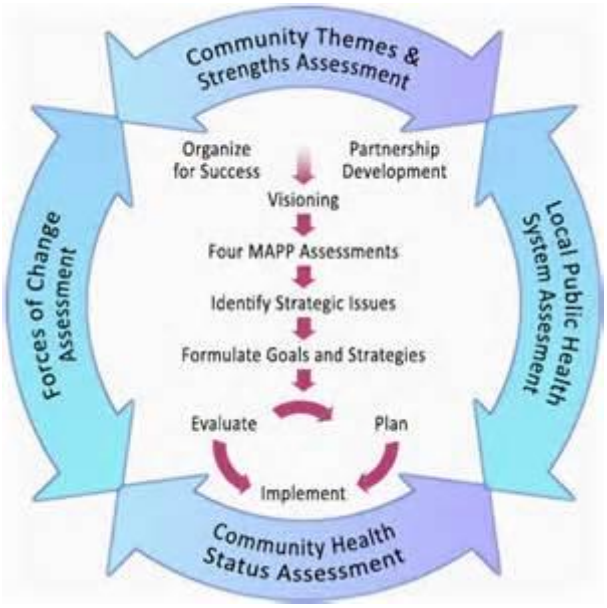
Tri County MAPP Assessments 2016 | Amy Fox

OVERVIEW

The Tri County MAPP Steering Committee is working to develop a Community Health Assessment (CHA) using the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the Ten Essential Public Health Services.

A community health needs assessment is a process that:
- Describes the state of health of the local population;
- Enables the identification of the major risk factors and causes of ill health; and
- Enables the identification of the actions needed to address these identified issues.

The MAPP process includes four assessment tools, as shown in the graphic below.



Within the MAPP process, there are four assessment tools. One of these assessment tools is the Forces of Change Assessment (FOCA). The FOCA is aimed at identifying forces – such as trends, factors, or events – that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors** are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the FOCA, participants answer the following questions:

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

PROCESS

The Assessment Methodology

On October 27th, 2015 a group of 34 individuals participated in the FOCA.

A facilitator, Julie Herzog of Tazewell County Health Department, walked the group through the following process:

1. The components of the FOCA were reviewed.
2. The large group worked on a SWOT analysis of the Public Health System. Results are included in Appendix A.
3. The large group worked on a SWOT analysis of the Community. Results are included in Appendix B.
4. The group was divided into 7 small groups by random order of registration. The 7 groups each started at a category of influence. Categories used in Tazewell County included: Social, Economic, Legal, Political, Technical, Scientific and Ethical.
5. Each small group took their initial category, listed relevant forces of influence and accompanying threats and opportunities.
6. After a specified period of time, the small groups moved to the next group category, and reviewed a collection of notes from a different small group adding their own thoughts.
7. Each small group then proceeded to review the new collection of notes and added to them through 5 rotations.
8. The group came back together as a whole group to discuss each of the categories of influence and forces, threats, and opportunities. (Results of all group work in Appendix C)
9. Major themes for each category were identified. (Appendix D- contains Summary and Vote Totals)
10. The group voted on the more pressing forces of change for the public health system in the next three to five years.

RESULTS

The Forces of Change (FOC) identified in this assessment represent important issues affecting Tazewell County, as well as the potential implications on the health and quality of life of community members and on the local public health system. Woodford County and Peoria County will conduct similar assessments and will be reporting those results in individual county specific documents.

The analysis of potential forces from all categories explored at the Forces of Change Assessment event resulted in the following major forces to be considered in further assessment and planning:

TOP 3 Forces of Change to Consider:

1. Lack for Mental Health Services- Including but not limited to lack of Psychiatric care for those with no insurance, lack of hospital beds for inpatient treatment, and limited access to services in general
2. Competing Health care beliefs and the spread of health misinformation
3. Instability of funding

To further describe the Forces identified, an article for each subject has been chosen to provoke further thought and discussion.

Articles were chosen based solely on the degree to which they were relevant to the discussion that occurred during the Forces of Change assessment. The articles are not about Tazewell County but are general articles relating to the Forces identified.

READINGS: Regarding Chosen Areas of Forces of Change

FORCE OF CHANGE AREA 1

LACK OF MENTAL HEALTH SERVICES

Understanding Lack of Access to Mental Healthcare in the US: 3 Lessons from the Gus Deeds Story

Posted February 6, 2014 by Shaili Jain, MD in Commentary, mental health care, News, Psychiatry, Uncategorized

From "60 Minutes," CBS Television, January 26th, 2014

Creigh Deeds: There's just a lack of equity in the way we as a society, and certainly as a government and insurance industry, medical industry, with the way we look at mental health issues.

Scott Pelley: Don't want to fund it. Don't want to talk about it. Don't want to see it.

Sen Creigh Deeds on 60 Minutes

Creigh Deeds: Absolutely. That– that's exactly right. But the reality is, it's everywhere.

If inadequate access to mental healthcare in the US is a disease, and I would argue that it can certainly be seen that way in terms of the toll it has taken on American society, then medical school did next to nothing to prepare me to understand its causes; or, to deal with them. After 15 years of treating thousands of patients with psychiatric disorders, I have long struggled to concisely understand and articulate the confluence of factors that determine why my patients do (or do not) have access to mental healthcare.

Recently, whilst watching *60 minutes* all that changed. From the story of a young man named Gus Deeds, a clear and concise picture emerged of cause and effect, depicting the factors that largely determine whether a patient in need of mental health care is likely to receive that care.

In this segment, Scott Pelley interviewed Virginia State Senator, Creigh Deeds, about his son Gus, who was 24 years old and had been living with serious mental illness. His struggle culminated, last November, in a tragic ending. The Deeds' predicament with their son was echoed by other family members of mentally ill children and adults who were also interviewed for this segment.

I was deeply saddened and perturbed by the story and although I had never met any of the people involved and had no inside knowledge of the situation, Senator Deed's narrative was all too familiar to my ears as a litany of causes for an avoidable tragedy: inadequate mental health resources; resistance to care by the patient; additional obstacles presented by insurance companies, and fragmented treatment options.

Watching the interview, my head reverberated with all the questions I had asked myself when attempting to provide care for patients with serious mental illness.

These were the types of questions that plagued me during the earlier days of my career. *Why am I not able to stop them falling through the cracks in the system? Why do I have to spend so much time persuading insurance companies to pay for their basic care? What am I doing wrong? What can I do better? Why does the opinion of their loved ones not seem to count?*

The causes behind inadequate access to mental health care in the US must be described with a terminology not taught in medical school. They hail from different worlds than the one in which I was trained: the worlds of law, healthcare policy, sociology and the insurance industry.

Gus Deeds and Craig Deeds, 2009

If this situation is going to change, the Gus Deeds story provides a tragic, teachable moment for all Americans.

Here are 3 key lessons we can all learn from what happened to the Deeds family.

#1 Despite reforms, mental health care services are inadequate or nonexistent to large segments of American Society

Access to mental healthcare starts with the premise that, if services are available and there is an adequate supply of services, then the opportunity to obtain health care exists, and a population may 'have access' to services. Unfortunately, this assumption of adequate supply cannot be made with regards to services provided by mental health professionals. There is a shortage of mental health professionals in the United States, And the situation is particularly dire in rural and underserved parts of the Nation. Add to this the fact that funding for community resources such as inpatient psychiatric beds and long-term behavioral health facilities has been shrinking for decades and it is not hard to imagine why the issue of access has become problematic for many who are in urgent need of psychiatric attention.

 # 2. Because of stigma and denial surrounding mental illness, patients who most need care don't always seek it

Stigma can be societal and manifest as discrimination towards people with mental health problems. A response from one of the other parents interviewed by Pelley, says it all: When Pelley asked her what the difference between being the mother of a child who has mental illness and the mother of a child who might have heart disease or cancer was, she answered with one word. *Sympathy.* Predisposing factors such as patient race, age, and health beliefs also influence an individual's decision to access mental healthcare. Specifically, in the case of those

living with serious mental illness, it is not uncommon for the patient to deny that he/she is ill and, therefore, think that they do not need help or medical treatment, i.e. they choose not to access mental healthcare. This denial brings with it a layer of complexity to interactions between mental health professionals and the patients they serve for, unlike many other illnesses, our patients may hide or not fully disclose essential aspects of his/her symptoms for fear of the consequences of such disclosures.

Another layer of complication is that federal and state laws, surrounding the involuntary hospitalization of individuals with mental illness, whilst designed to protect patient's rights, often leave loved ones and mental health professionals who understand the patient and their illness with no voice, and minimal sway and influence over decisions that get made in courts. This situation emphasizes why it is so important that mental health professionals have the necessary time to carefully evaluate patients; be able to provide them with the continuity of care they need so that they can, eventually, develop a trusting relationship with their patient. Often, it is through this trust that some aspects of denial can be challenged to ensure a better outcome for the patient. And this brings us to the next lesson

#3. Current insurance policies create barriers to patient access and encourage providers to offer reductionist mental health care services

The issues surrounding access to mental healthcare are further compounded by discriminatory, and often illegal, barriers to mental health and addiction services imposed by the health insurance industry. One of the most consistent debates that have raged in the psychiatric community, since the advent of managed care, has surrounded such insurance company policies and procedures.

Professional organizations have argued (successfully) that such policies appear to be designed to encourage psychiatrists to provide services that are reductionistic (as they are less time consuming and hence less expensive) and discourage approaches or treatments that: take more time; preserve continuity of care and build trust between patient and the professional caring for them. Americans with mental health disorders have been routinely discriminated against when they are required to pay higher copayments, allowed fewer doctor visits or days in the hospital, or made to pay higher deductibles than those that apply to other medical illnesses.

Whilst the signing of the 2008 Paul Wellstone and Pete Domenici Mental Health Parity Act has been viewed as breakthrough legislation to combat this discrimination it is important to note that the Act does not require employers to offer mental health or substance use disorder benefits, only that IF they are offered they must be offered on par with medical/surgical benefits. From 2014, under the Affordable Care Act, new individual and small group plans in and outside of the mandated insurances will be required to offer coverage. Barriers to the effective implementation of such requirements remain to be seen.

FORCE OF CHANGE AREA 2

COMPETING HEALTH BELIEFS

From Kane County Illinois Forces of Change Document:

Need for Education on Credible Information Sources to Strengthen Health Literacy

While the internet offers a wonderful opportunity to increase access to information, participants expressed concern that many websites may offer misleading or inaccurate information. As the internet becomes an increasingly important information source for the community, there is a need to educate community members about how to evaluate the credibility of information they find on the web. This is particularly important for health information, as many people are increasingly turning to websites for medical advice and self-diagnosis. The growing reliance on the internet for health and medical information can pose a threat if individuals do not know how to sift through information for accuracy or if they fail to seek attention from medical professionals because they have improperly diagnosed themselves based on inaccurate information.

One example of the dangers of relying on inaccurate health information sources is the disconcerting trend of increasing resistance to immunization among parents who have been misinformed about the risks of vaccinating their children. This trend is due in part to the prevalence of websites with false information and opinions that are not grounded in evidence.

An essential aspect of health literacy is the ability to evaluate the accuracy of health information. Given the relatively rapid development of the internet as an information source, many internet users have received no formal training or education on how to assess the accuracy of information they read on the internet. This is again an example of the essential role libraries can play as partners in advancing community health and well-being. Librarians can leverage their positions as trusted sources of knowledge to educate community members about where they can go to seek accurate health information. However, while libraries are important partners for advancing health literacy, they cannot do this in isolation. Other community partners have important roles to play in advancing health literacy as well.

The health department also has an important role to play in guiding community members to accurate health information sources. Participants suggested that the health department should be marketed as the go-to source for health information for community members. One service the health department can provide to the community is a webpage with a list of reputable websites and information sources. Schools are another key partner in educating the community about health issues and training students to critically evaluate information they find on the internet. They can also leverage their communication with parents to help guide them to accurate information on health issues.

FOCA participants emphasized that increasing reliance on digital information sources should prompt a change in the way community partners communicate and share information with the public. Participants suggested that the health department should increase its social media presence to provide accurate information on current and trending health issues and community member questions. However, while much of the community is turning to digital information sources for health advice, it is also essential that the local public health system also continue to be cognizant of the digital divide to ensure that all community members have adequate access to reliable health information.

FORCE OF CHANGE AREA 3

FUNDING INSTABILITY

Impact of the Budget Impasse on Local Health Departments' Capacity to Protect the Public's Health

October 27, 2015

Created by Illinois Public Health Association

Ralph Schubert

The funding of local public health services is complex. In addition to many state-funded grants, federal funds that pass through state agencies, payments from health insurance plans (Medicaid and commercial insurance) and some direct federal grants, most local public health department are also supported by local property tax revenues and fees. However, the amount of revenue that comes from local sources varies widely.

The budget impasse is putting additional pressure on local public health revenue sources. Where local communities don't provide enough resources, local health departments are in serious trouble.

Local health departments provide a wide array of services to protect and promote the public's health, and they work closely with many other organizations in the communities they serve. Some of these services, like restaurant inspections, immunizing children, and investigation of disease outbreaks, are designed to prevent and control the spread of infectious diseases. Local health departments also help expectant and new parents get the information and services they need to give a newborn the best start in life and help their children grow into healthy adults. Local health departments are also concerned with helping people adopt lifestyles of healthy eating and active living in order to prevent the many chronic diseases that result from overeating and using tobacco. Seven of the 10 leading causes of death in Illinois are related to poor diets, inadequate exercise, and tobacco use, and more than 80 percent of America's health care spending is for the treatment of chronic disease.[1]

Recognizing the importance of social circumstances as significant influences on health, local health departments work in partnership with many other organizations to promote health. When community-based providers of these services – in education, social welfare, child care, behavioral health, and other sectors – suffer, the health of the public suffers as well.

The Illinois Public Health Association conducted a survey of local health departments to identify what steps have been taken to cope with the budget impasse. Seventy local health departments, representing 4.6 million people – one in every 3 Illinoisans – responded. After more than 120 days without a budget, local health departments, especially the ones that serve rural and impoverished communities with few other resources – are in dire straits. Here's what we found:

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[1] U.S. Centers for Disease Control and Prevention. Chronic Disease Overview. http://www.cdc.gov/chronicdisease/overview/. Accessed 26 October 2015. Last Updated 26 August 2015.

20 local health departments **have laid-off staff**

67 people (representing 63.1 FTE positions) have lost their jobs

These 20 local health departments serve 1.2 million people

13 local health departments **have reduced the length of the work week** (reduced employee hours)

On average, by 5.6 hours per week

These 13 local health departments serve 360,000 people

9 local health departments have **reduced the number of hours or days per week that they are open** to serve the public

On average, by 5.6 hours, or 0.6 days, per week

These nine local health departments serve 385,000 people

21 local health departments have reduced or suspended services

These 21 local health departments serve 2.1 million people

40 local health departments **may not be able to provide basic public health services to prevent or respond to outbreaks of infectious disease through June 30, 2016**. (There has been speculation that the budget impasse may not be resolved until Spring. A budget agreement is needed now to avoid a disruption in basic public health services.

These 39 local health departments serve nearly 2.4 million people – nearly 1 in 5 Illinoisans

<u>The cumulative impact</u>:

In December, 301,000 people may lose these basic services

By January, 734,000 people may not have these services

By February, 943,000 people may not have these services

By March, 1.17 million people may not have these services

By April, 1.24 million people may not have these services

By May, 1.5 million people may not have these services

By the end of June 2016, if the impasse is not resolved, 2.4 million people in Illinois – nearly 1 in 5 – may lack the protection of basic public health services.

Local Effects

“The quality of our Family Case Management program continues to erode. We are no longer offering many of the extra home visiting services we have historically provided. We are having much more difficulty in maintaining Communicable Disease services with nursing staff reductions required by cuts to the FCM grant. We recently experienced a disease outbreak and relied heavily on 4 key individuals, who gave up all other duties during that time. Historically, we would have had enough staff to provide services without interruption.

“It is ONLY because of our cash reserves from our Home Health and Hospice programs that we can continue to operate.”

“We are working with fewer staff due to attrition and we are reluctant to hire replacements because of the budget impasse. That has created a much heavier workload for remaining staff.”

“We have not filled any vacant nursing positions and that has made it difficult to meet client needs.“

“If funding is not received soon, the health department will be unable to provide immunizations, Family Case Management, protection against foodborne illness, mosquito abatement, and many other nursing and environmental health services that our county residents rely on the health department to provide.”

“Our clients fear that the health department might not survive.”

“Our public health and WIC clinics have been filled to capacity. People have left un-served and frustrated, due to fewer staff and reduced hours. Some have to return to sometimes be forced to leave again without being served. Many working-poor families cannot access services or are forced to take off work to come during limited hours since we no longer provide evening clinic hours. Some who have taken off work have not been able to be served and many of these people cannot ask for more time to take off from their jobs. The remainder of health department staff have had to assume additional duties adding to staff stress, frustration and reduced morale.“

“I am not yet sure that we will be able to provide the LHPG services without the state funds or without borrowing. It is a day-by-day analysis.”

“We are only existing because we have a strong Home Health program. But we have had to borrow to make payroll. If we have to close our doors, many older clients will have no one to care for them. We are operating with the bare amount of staff now. We are still fulfilling our responsibility but I don't know for how long.”

“We have cut everything possible out of budget and asked staff for suggestion. My staff now take out their own trash. Unless we get more from the county, we will be reducing work hours and closing on Friday starting in January.”

“We are trying to continue to serve our clients. As people resigned, I was able to maintain fairly well, until September when I had a negative balance of $43,000. If this continues, I will have lay-offs by the beginning of the year.”

“We have3 positions we have not been able to fill.”

“We are on at least a six-month hiring freeze, which will greatly challenge all direct services.”

“There is additional need that could be met but we have frozen positions that are vacant while we await resolution of the budget impasse. Staff have very high caseloads and are in many cases performing their regular role as well as one or more other new duties. How long we continue to operate as we are will depend on how much risk that the Board of Health and the County Board want to assume as we move forward with the impasse.”

“We are receiving calls with people trying to access human service providers but are frustrated without being able to reach them due to staff cut backs. Watching budget and local funds closely and warning that there could be cut backs in some of our state funded grant programs.”

“Our county has had among the highest teen pregnancy and sexually-transmitted infection rates in Illinois. Last year was the first year we saw the teen pregnancy rate decrease from approximately 13 to 9 percent. We believe the decrease was due to the Teen Pregnancy Prevention Program in our public schools. Without this program I fear rates will spike again. We currently hold an sexually-transmitted infection clinic twice a week. In 2014 we served over 1,100 patients. Without the Local Health Protection Grant, we will not be able to continue this service.”

“If this budget is cut in half we anticipate that we will have to significantly reduce hours or lay-off half of our staff of 55 people.”

“Operating without a budget puts the future of my organization in peril. Continuing to perform program activities on the premise of good faith that we might be reimbursed at a later date could lead to the exhaustion of all operating funds and the ultimate demise of the Health Department. What do you do when there is no balance to continue with operating expenses? We are all playing a dangerous game with the already insufficient cash reserves we have on hand. If we have to make cuts at least we can make plans if we are informed right now. We are all left to guess how to plan for a year we are already 4 months into.”

“We have not been able to fill positions as people have left for retirement or taken other jobs. We currently are without an APORS (Infant high risk nurse), a nurse case manager for HealthWorks, and a WIC nutritionist. This week we have one sanitarian retiring which we will not be able to hire for without the LHPG funding.”

“We only have one or two sites open on any given day and clients have to drive substantial distances (up to 50 miles in some cases) to receive services.”

“The waiting time for appointments has increased to 60 days.”

“Clients have to travel further for the services. The problem is that there's very little transportation available here in a rural area.”

“Beginning January 2016 we will start laying off staff that are providing services under specific unfunded state grants. Services and deliverables identified in unfunded state grant agreements will cease at this time. Currently this includes unfunded Local Health Protection Grant, Family Case Management, ITFC, SWE, West Nile Virus and Childhood Lead Poisoning Prevention services. We hope to continue provision of WIC, Public Health Emergency Preparedness and minimal LHPG core services.”

“We expect staff layoffs at beginning of January 2016 without state budget. Lots of questions about the legalities of failing to deliver grant agreement obligations for a portion of the grant period due to insufficient funds. Does this affect the funding level of grant? Will it affect our ability to apply successfully the following year?”

Forces of Change Assessment

October 27th, 2015

Attendees:

NAME	AFFILIATION
Amy Fox	Tazewell County Health Department
Ann Campen	Tazwood Center for Wellness
Bonnie Jones	Tazewell/ Woodford Headstart
Brittany Ott	Unity Pt. - Il. Institute of Addiction Recovery
Cord Crisler	Illinois American Water Co.
Curt Fenton	Citizen
Dan Baer	Tremont Medical Center- Retired
Darlene Hammond	Pekin Hospital
Dawn Cook	Tazewell County EMA
Denise Urycki	GITM
Don Volk	City of Washington PD
Ed Bartzelberger	Tazwood Center for Wellness
Erica Mutchler	Pekin Kiwanis
Hillary Aggertt	Woodford Co. Health Department
Jeff Baldi	Tazewell County Coroner
Julie Herzog	Tazewell County Health Department
Julie Ludlum	Premier OB
Karen Collins	Indiana State University
Karla Burress	Tazewell County Health Department
Kim Barman	Hopedale Hospital and Well. Center
Kim Keenan	GITM Foundation
Kim Olar	Tazewell County Probation
Mandy Luczkowaik	OSF Family Birthing Center
Marcia Becker	Pekin Hospital
Melinda Figge	Pekin YWCA
Melissa Adamson	Peoria City/County Health Department
Pamela Anderson	City of Pekin
Sara Sparkman	Tazewell Teen Initiative
Sarah Smith	Tazewell County Advocacy Center
Stacie Ealey	21st Century Schools
Tim Vega	OSF Health Management
Tricia O'Neal	Tazwood Center for Wellness
Vikki Thompson	Good Beginnings
Xiaojian Gao	Caterpillar Global Environmental Affairs

APPENDIX A

SWOT Analysis of the Public Health System

Strengths	Weaknesses
Variety of Hospitals Specialized Care Finances Foundations and Not For Profits Collaborations Pro Active Education Programs Health Department- Proactive Planning and Implementation Utilization of Nurse Practitioners	State Budget Crisis Closing Doors Reduction of Services Layoffs Decrease in Psychiatric Services Lack of Shared Vision Take Knowledge too Quickly to Action Underserved Environments Person "centric" Transportation End of Life Planning Access to Services Access to healthy affordable food River Divide- Unfamiliar Areas Competitive Initiatives- Duplication
Opportunities	**Threats**
Social Media Further Cross Sector Collaboration Understanding of Economic Classes Appropriate People at the Table Illinois Youth Survey Accountability Theory Based Practice Environmental Regulation and Air Quality Utilization of Nurse Practitioners Common Initiatives with Individual Identity	Forced Collaboration- State and Federal Match Dollars Misinformation- Rapid Spread Appropriate People at Table Distrust of Law Enforcement, Institutions and Government Social Media- Volume and Information Failure to Identify Programs that Fail City Planning for denser development- People Moving to lesser populated areas

Affordable Care Act

Information Spread

APPENDIX B

SWOT Analysis of the Community

Strengths	Weaknesses
School Districts Park Districts Faith Based Community Local Businesses moving in Employment Opportunities Family Friendly Environments Youth Sports Same Communities, Low Crime History of volunteerism/ giving	Lack of Diversity School Districts Cultural Knowledge/ Sensitivity Green Space- Bike Paths Knowledge of resources Smaller towns Food Deserts Online Medical Appointments hard for some Senior Needs around Technology Adult Dental Care Transportation of Seniors Mental Health Services
Opportunities	**Threats**
Perceived Quality of Life Generational Poverty Determine how community is perceived by others Cost of Living Senior Needs – Long term Care planning Local Facilities- Satellite Offices Going into Neighborhoods Creative ways to reach people Bring back Hope Education of Services and How to Access True Collaboration Buy-In from the targeted community Develop Relationships Don't give up on Neighborhood work too soon Determine what people need and want Longer service hours- nights and weekends Qualitative analysis	Generational Poverty Affordability of Senior Care Access to basic Needs Lack of intact family units Childcare crisis Perception of wasting $ - pulling services too soon Legalization of Marijuana Social Media Hopelessness Layoffs Funding cuts State budget- lack there of Children born into poverty are higher in Single Parent House. Unintended Consequences of Policies and Decisions

APPENDIX C

Tri-County MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
SCIENTIFIC			
Junk Science facilitated by social media	Move to self care vs. medical care Lack of immunizations due to beliefs- religious, scientific, or popular Inaccurate information Blindly following Extreme Marijuana legal/ illegal/ medical	Increase knowledge Add cautions	
Changing Beliefs or standards with Mammograms	Ignoring what we know about- diet/ exercise/ overall health We know a lot we do not apply Good Exercise—why bus kids to school? Diagnosis of Autism/ ADHA- true?	Advances in gene therapy	
Social Media Video Games Desensitizing	Lack of understanding scientific study Scientific data shows that systems aren't working	Being more aware of credible and scientific knowledge "why" and "how" to substantiate claims Redesign systems 2 hours of TV per day	
Evidence Based Practice	Information that is presented is not evidence based practice Vaccination vs. Autism	Education	
Manipulation of Science	Health of community suffers	Trusted source	

Tri-County MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
SCIENTIFIC contd.			
Religious or Political Beliefs	Clouds Scientific research	education	
Scientific Breakthroughs in Treatment			

Tri-County MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
SOCIAL			
Aging Population	Increasing needs of Seniors Lack of facilities and resources	Potential business Increase senior services Larger medical facility	
Relocation/ loss of young people	Limited employment pool Decreased tax base Less appealing to locate	Economic development	
Increased diversity	Lack of knowledge Ineffective communication Stereotypes	Education about stereotypes Create networking opportunity and relationships Embrace differences to create open mindedness	
Veteran Population	Mental health issues Addiction issues Homelessness Health care	Transportation system Resources and services Bring services to the Vets	
Growing Poverty	Poor health Lack of access Lack of education Increase need for services	Education regarding better outcomes Programs and services Access	

Tri-County MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
SOCIAL contd.			
Loss of Community or sense of Neighborhood	Lack of social support Too much info makes for distrust and contributes to fear and stigma	Neighborhood based services	
Increase percent of aging population that cannot do as much as they used to…	People moving across the river Making our communities smaller		
Parents work and are not the primary teachers	Parents not knowing or caring to teach kids values Financial irresponsibility- debt of the family Kids unaware	Teaching values to preschoolers and on up	
Small community hospital to have resources available to serve diverse community and patients being able to communicate with diverse staff Seeing more bariatric	Medical levels of care decreasing as a result of communication barriers, increased costs, and increased related diseases		
Electronic health records.	No technology, don't know how to access technology	Services and date in electronic form better able to compile	

Tri-County MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
ETHICAL			
Ethical Standards in healthcare	Psychiatric services for those uninsured are being cut Lack of inpatient beds for mental health cases # vs person Are we able to treat in the best way	Collaboration	
Marijuana	Medical use vs. recreational use Identification of use as a crime Perception marijuana is not bad like alcohol etc.	Education and discussion	
Aging	Lack of resources End of life planning, cost of medicines, food availability Taking care of parents/elders sandwich generation		
Quality vs. quantity of life – we have many life saving abilities – how does that affect us in the long run?	Transportation Dr./clinics not taking Medicaid or social security		
Identify the norms of a small level to determine ethics	Not focusing on target population needs Making decisions based on profit and not what's ethical for individuals	Study target population needs Individuals having choice for their ethics with ripples occurring could be benefit or detriment	
Bandaid effect- covering up root causes Of problem, quick fix, need to target core problem	Progression of illness Cost to system Damage control vs. prevention Funding requirements of block treatment	Reduce repeat hospital visits Focus on prevention/ intervention at earlier stages. Build follow up/ linkage	

Tri-County MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
ECONOMIC			
Replacement of high paying jobs	Over reliance on certain large/ regional employers	New trades and industry Medical field	
Cost of higher education	Lack of job opportunities Inability of training to meet job needs Ability to get/ repay loans	Focus on understanding population health	
ACA causing people to be scheduled for less hours because business having to provide insurance	Threat of layoffs		
No real regulation of pharmaceutical costs	Causes lack of access to needed medication Cost of medications increasing		
Instability of funding	Over reliance on government funding	Merging public and private funding Blended/ braided funding Tom Shoes model	

Tri-County MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
ECONOMIC			
Stigma attached to funding priorities	Lack of funding directed to safety net issues such as mental health and substance abuse	Improve public awareness of the prominance of the issues in their own families and communities to help change funding decisions Reduce demonizing Create new policies	
Marketing can change public perception	Lack of awareness is driving funding and charitable giving	Have drug companied who advertise in the state fund public education	
Employment and layoffs	Decrease income= inability to meet basic needs Fewer insured. More underinsured Less programs and services Increase need for programs and services Availability of jobs for new college grads is not good	Merging public and private funding One-stop shops in largest area of need	
Childcare assistance and access	Not having a safe place for kids Decrease workforce have to stay home Decrease staff experience Decrease education/ physical activity of kids Cost	Affordable programs Work with build relationships with parents Advocacy of importance	

Tri-County MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
Technical			
Virtual Healthcare	Access Evidence based treatment Coverage and cost Lack of true face to face communication Over use of resources Standing orders Imbalance of healthcare, poverty, elderly, children	Access Connection to appropriate services Reaching remote populations Confidentiality Coverage and cost, speed Greater knowledge Take technology to them Record consistency NP to the community	
Electronic Medical Records	Lack of coordination/ communication across systems	greater opportunity for coordination of care	
Social media info 24/7	Misinformation	Greater knowledge to the people	
Growing use of web-based services for health management such as fit bit and my fitness pal	Lack of access to the technology Poor program design Generational gaps	Person taking more responsibility for their health behaviors/ exercise and eating Fast food apps/ restaurants provide nutritional info	
Movement to web for all access to health systems	Doesn't give access to a human being Our elderly poor may not have the skills		
Self Diagnosis	Misinformation Increased worrying may cause mental health issue Decrease medical care due to wrong self diagnosis Distrust in the health care provider	Decrease in waste fraud and abuse Increase awareness of credible sources Increase relations/ communications between doctor and patient	

MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
LEGAL			
Health care and legal system related to mental health is not set up to work together (chicken and egg)	HIPPA cookie cutter law Band aid fixes and reactionary	Linking legal aid to health opportunities Have legal move to qualitative measurements View the bigger picture	
Treatment based action vs. incarceration	Lack of funding Time to redirect Offenders and professionals Public safety and crime Stuck worldview	Drug court and mental health court Cost effective Follow through/positive outcomes Minimize domino effect Improve second chances	
Loop holes	Child custody Drug alcohol Mental health Disabilities No accountability	Breaking the cycle Creating a better quality of life Better communication	
Legalization of marijuana	Missed messages to youth Increase use Safety of others	Strict guidelines More education Guidelines on use state wide	
Immigration reform	Taxing our health system	Serve an under represented community	

MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
LEGAL			
Environmental regulation	Opposition from industry	Create jobs Increase productivity	
Business should have a direct responsibility to public health	Substance abuse	Marketing	
% of African Americans incarcerated exceeds all other demographics	Limited numbers of males in the population/increase in STD rates	Education	
Historical legal practices impacting multiple generations	Poverty gap widening due to legal policies		
Agriculture subsidies have impacted availability of food as a commodity	Lead to unhealthy food growing practices	Education	
War on Drug and collateral damage	Leads to punishment instead of treatment	Change in policy	
Role of lawsuits	Decisions are make based on lawsuits	Protect public from unsafe practices	

MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
Political			
Affordable Care Act	Lack of understanding of underdeveloped and under-engineered system	Guidance steps mandated for goals Focus on population health Outcomes vs. service visits	
Electoral cycles	No consistency Too much change	More time to build	
Serving our own interest not the community good	Leave out those without a voice Poor, elderly, children	Provide opportunity to have a variety of voices at the table	
Funding	No money Lack of coordination of available resources Measuring to determine effectiveness give successful initiatives preference	Focus of funding and money allocated to the true need and not based on statistics alone	
Government guidelines being strict	Leave out those that do not qualify but not enough to thrive	Person/ family centered approach	

MAPP Process 2015

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS Or Community	Opportunities Created to the LPHS or Community	Score
Political			
Vulnerable populations are pawns in political negotiations	Health impacts of terminating supportive services		
Political climate and history of Illinois Chicago vs. downstate	Lack of knowledge of Geographic's underserved downstate programs	Term limits Create awareness of the issue Empathy of others Legislature need to work together	
Lack of accurate information driving public opinion and political decisions	Social media/ media/ internet Potential income driving decisions "Medical marijuana taxes" Influence of politicians on public health Vaccination threats vs. public health	Unified and informed messages Public health awareness campaign of public health issues	
Influence of faith community on public policy	Sectarian point of view	Values driven passion and commitment to change	
Current state of our state	Politicians in power struggle with lack of agreement		

APPENDIX D

Summary of Major Themes for Each Force

Political:

- **Agree on information and not putting out facts**
- **Instability of Funding and Resources**
- **Vulnerable Populations- Elderly, Children, Those living in Poverty do not have a voice**

Legal:

- **Unintended Consequences of Policies and Laws**
  - **Agricultural Subsidies- unhealthy food growing**
  - **Chemicals**
  - **Environmental Regulations**
  - **No incentive to grow consumable food crops**

Technological:

- **Electronic Medical Records**
  - **Not accessible to all**
  - **Missing information**
- **Tele-Health Virtual Health Care**
- **Availability of Information with no quality control: Self Diagnosis**

Economic:

- **Employment Concerns**
  - **Layoff**
  - **Affordable Care Act- preventing some employers hiring more staff**
  - **Ability to find work**
  - **Childcare access**
- **Instability of Funding- Special Populations not being served**

Ethical:

- **Aging population**
- **Marijuana**
- **Mental Health Services**
    - **Psychiatric loss**
    - **Lack of Beds for placement**
- **Patient Centered Services**

Social:

- **Aging Population**
- **Communities being attractive for family**
- **Diversity – Cultural Differences**
- **Special Populations**
    - **Vets**
    - **Those living in Poverty**
    - **Developmental Disabilities**

Scientific

- **Social Media- Accuracy of Information**
    - **Desensitizing**
- **Competing Healthcare Beliefs**

32 Combined Votes

16 Votes

24 Combined Votes