# **RoadMAPP to Health**

A Comprehensive Health Assessment for Chester County

Final Report – April 11, 2013



## **Outline**

- RoadMAPP Process and Participants
- Community Health Status Assessment
- Public Health System Assessment
- Forces of Change Assessment
- Community Engagement Assessment
- Strategic Questions and Themes



## **Preamble**

Chester County consistently ranks among the best places to live and raise a family, and is one of the most desirable locations in the Middle Atlantic region. The county blends the best of everything: beautiful countryside, a strong sense of pride and history, strong and stable employment, excellent primary and secondary education, high household incomes, and access to art and culture locally and in nearby major metropolitan cities. Through the tireless efforts of a dedicated group of health and social service providers, Chester County was ranked as the healthiest of Pennsylvania's 67 counties in 2010 and 2013.

#### Across nearly every measure, Chester County is a leader:

- ✓ County government is rated AAA by Moody's
- ✓ One of the top 40 wealthiest counties in the US
- √ Named #10 Best County in the US to Raise a Family by Forbes Magazine
- ✓ West Goshen Township named #11 in America's 100
  Best Small Towns by Money Magazine
- ✓ Unionville High School ranked #4 in the Commonwealth by US News
- ✓ More building permits were issued in Chester County between 2000-2009 than any other county in the Philadelphia region
- ✓ Median household income 68% higher than in PA

- ✓ A relatively low rate of poverty (3.9%)
- √ 48% of adults with a bachelor's degree compared to 26% in Pennsylvania
- ✓ Lowest unemployment rate (6.3% in 8/12) among the counties in Southeastern PA
- ✓ 91% of resident rate their health as good or excellent
- ✓ A low percentage (14%) of adults who smoke
- ✓ Only 0.9% of mothers did not receive prenatal care
- ✓ The lowest neonatal and infant mortality rates in Southeastern PA



# **Stakeholders and Participants**

• The RoadMAPP process began in 2011 with the Co-Chairs forming a cross-functional and representative group of health care organizations, social service agencies, funders, faith-based organizations, and local government agencies.

#### Co-Chairs:

Paul F. Huberty, Senior Vice President, The Chester County Hospital and Health System Margaret Rivello, Director, Chester County Health Department

**Brandywine Health Foundation** ChesPenn Health Services **Chester County Community Dental** Chester County Department of Aging Chester County Dept of Community Development **Chester County Community Foundation Chester County Department of Human Services** Chester County Drug and Alcohol Chester County Economic Development Chester County EMS Council **Chester County Food Bank** Chester County Fund for Women and Girls **Chester County Prison** Community Volunteers in Medicine Drexel University School of Public Health Family Service of Chester County Health Care Access

Health and Welfare Foundation Holcomb Behavioral Health **Human Services** La Comunidad Hispana Leland Leadership Group Life Transforming Ministries Maternal and Child Health Consortium Neighborhood Health Paoli Hospital Pennsylvania Department of Health Phoenixville Community Health Foundation Phoenixville Hospital The Clinic **United Way of Chester County** United Way of Southern Chester County West Chester University YMCA of Brandywine Valley

The Committee met monthly for 1½ years to complete the Assessment



## **RoadMAPP Process and Structure**

- The Committee selected Mobilizing for Action through Planning and Partnerships (MAPP) to serve as the basis for the assessment
  - MAPP is a community-driven strategic planning tool for improving community health
  - Developed by National Association of County and City Health Officials and the Centers for Disease Control and Prevention
  - Applies strategic thinking to prioritize health issues and identify resources to address them
  - The current gold standard for health assessments
  - Employs holistic community-based approach
  - Anticipates and manages change
  - Engages the community and creates community ownership for health issues
- MAPP is not a one-time endeavor—it is meant to be an ongoing cycle, maintaining and expanding the original partnership and continuing to address community health in whatever ways are necessary



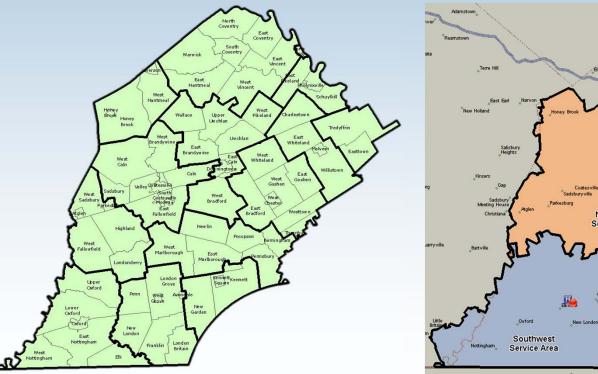
## **RoadMAPP Process and Structure**

• The MAPP process utilizes four assessments to guide decision making, prioritization of health needs, and development of the improvement plan.



## RoadMAPP Assessment vs. TCCHHS Service Area

- The RoadMAPP Assessment was conducted for the entire County of Chester (shown on the left). The resulting Implementation Plan for The Chester County Hospital and Health System focuses on its traditional service area shown on the right and home to more than 400,000 people.
  - The TCCHHS Service Area encompasses approximately 85% of the county and extends into western Delaware County.







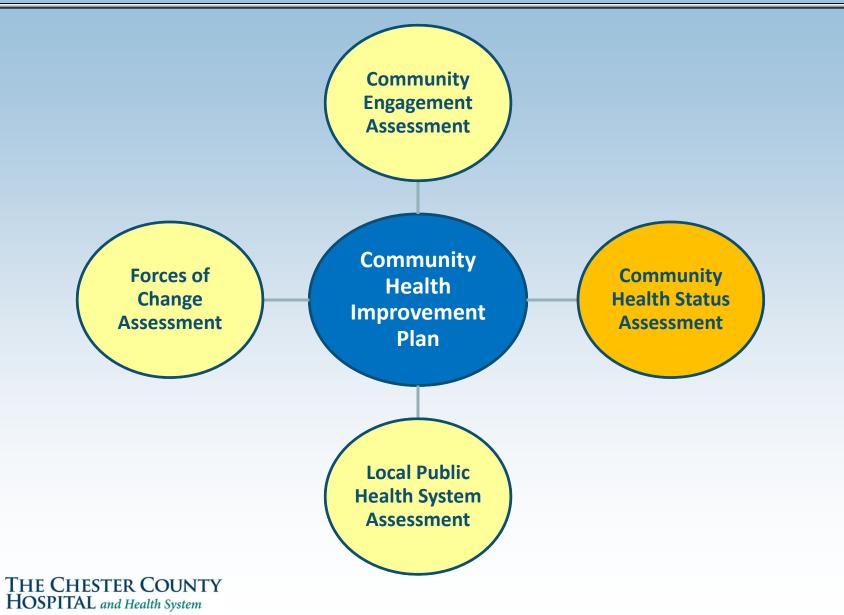
## RoadMAPP to Health Vision

The Committee developed the following Vision Statement to guide their efforts:

To become a community where partners assure conditions in which individuals can be healthy and where individuals are empowered to manage their own health.



## **RoadMAPP Assessments: Health Status**



# **Demographic Profile**

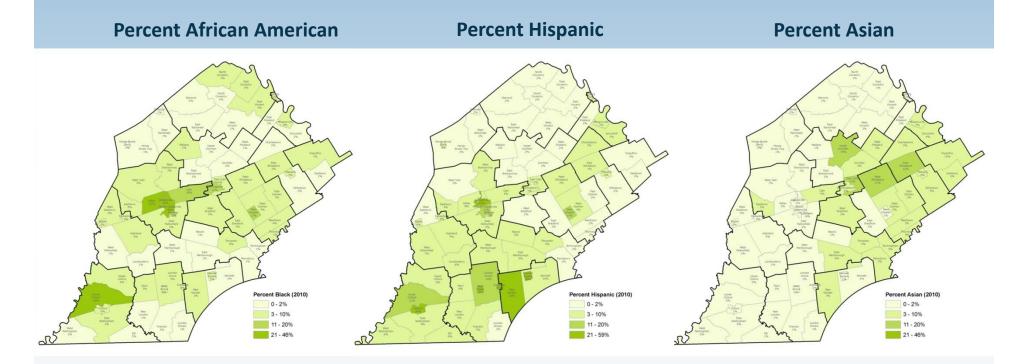
		Chester		
		<u>County</u>	<u>PA</u>	<u>U.S.</u>
Total Po	pulation	498,886	12.7M	308.7M
Median	Age (years)	39.3	40.1	37.2
Children	n 0-14 Years	20.4%	17.9%	19.8%
Adults 6	55+ Years	12.8%	15.4%	13.0%
Race/Ethnicity				
Caud	casian	82.1%	79.5%	63.7%
Hisp	anic	6.5%	5.7%	16.3%
Afric	an American	5.9%	10.4%	12.2%
Asia	n	3.9%	2.7%	4.7%
India	an/Alaskan	0.1%	0.1%	0.7%
Othe	er	1.5%	1.5%	2.3%



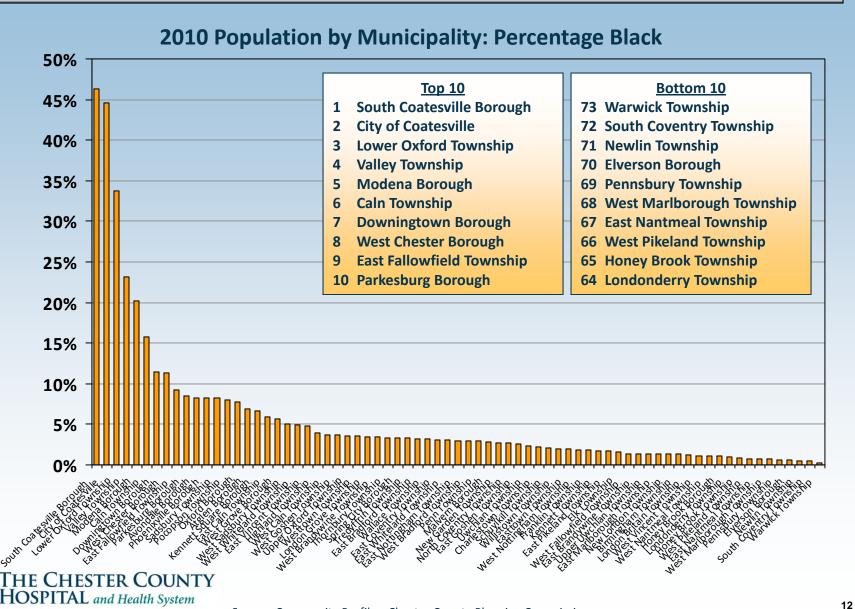
- Population growth over the next decade will be concentrated in the western half of the county.
- Population in the Boroughs and City of Coatesville tend to be younger than the county's overall population.
- The county's African American population tends to be concentrated in a few areas of the county; half of the population is located in just six municipalities.
- Similarly, the county's Hispanic population is concentrated in southern Chester County. According to the 2010 Census, nearly 60% of the population in Avondale and 50% of Kennett Square's residents are Hispanic.
- In 2010, there were more Hispanic residents (32,503) in Chester County than African American residents (29,388).
- More than one in ten residents (11.4%) in Chester County speak a language other than English at home.

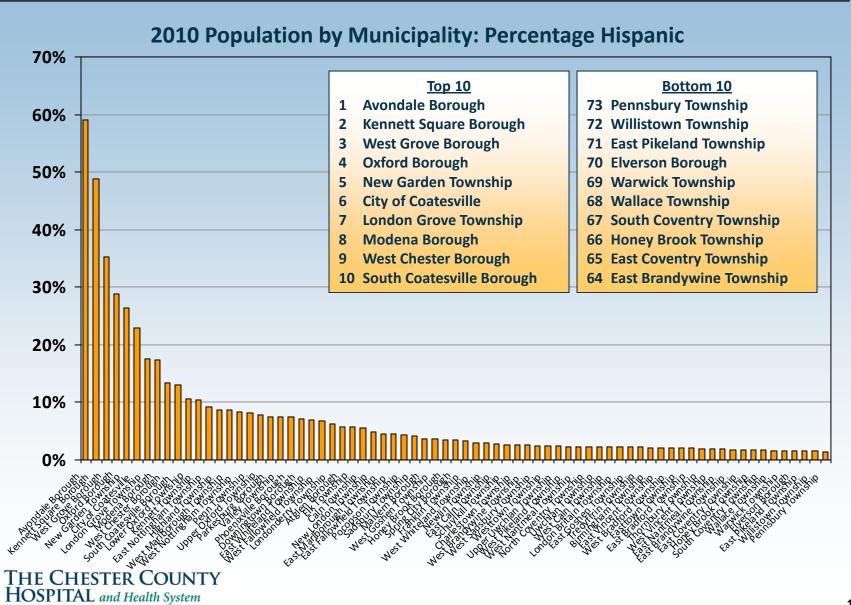


## **2010 Population by Municipality**





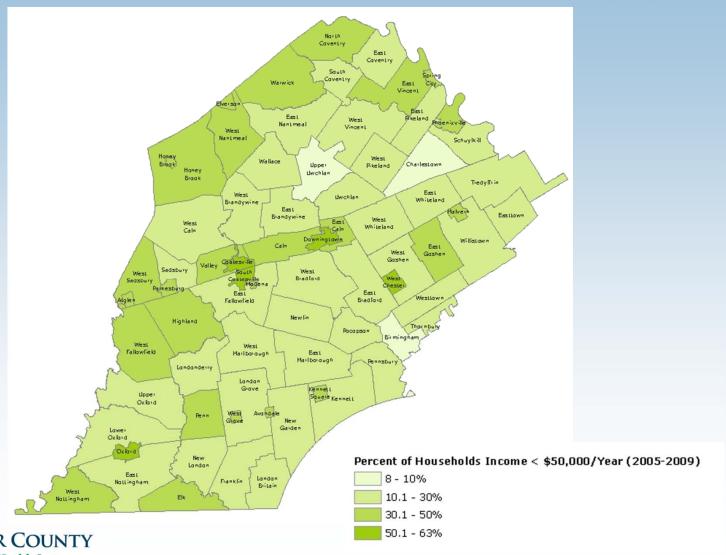




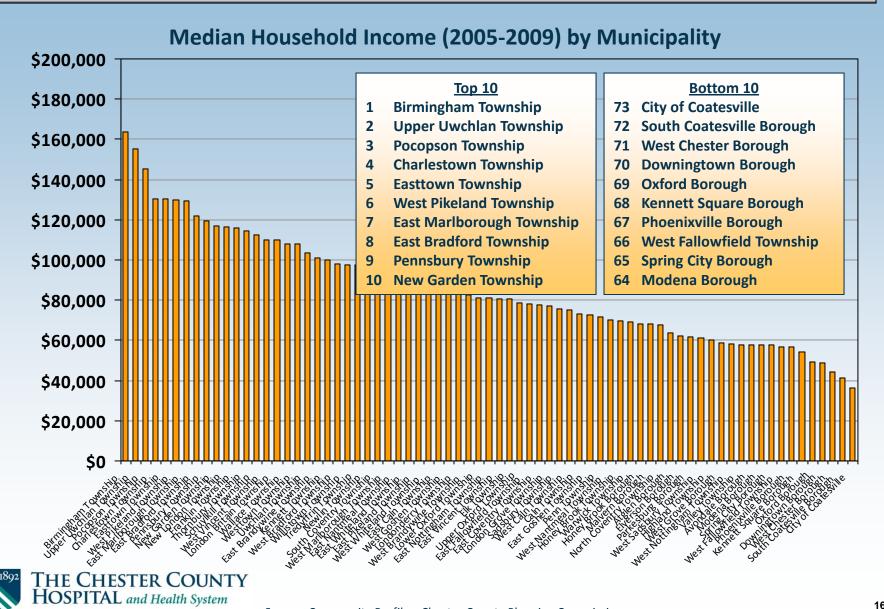
- Almost half (47.8%) of the adult population in Chester County graduated from a four-year college compared to 27.1% in Pennsylvania and 28.2% nationwide.
- Household income varies widely across the county from municipalities where 63% of households earn less that \$50,000 per year (Coatesville) to municipalities where over 90% of households earn in excess of \$50,000 (Charlestown).
- While county-wide 3.9% of families live in poverty, six municipalities have poverty rates in excess of 10%: Coatesville, South Coatesville, West Fallowfield, Modena, Avondale and Oxford.
- Unemployment rates in Coatesville, Modena and South Coatesville are significantly higher, and in some cases, double the rate for the county.



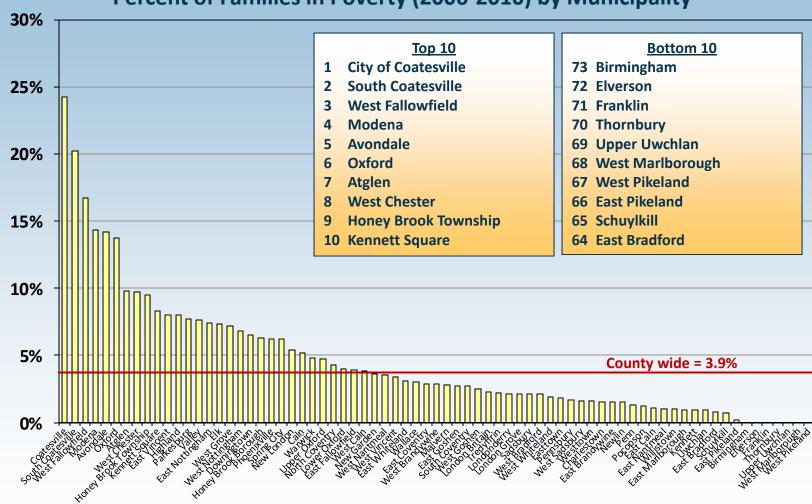
#### Percent of Households Earning Less than \$50,000/Year (2005-2009) by Municipality





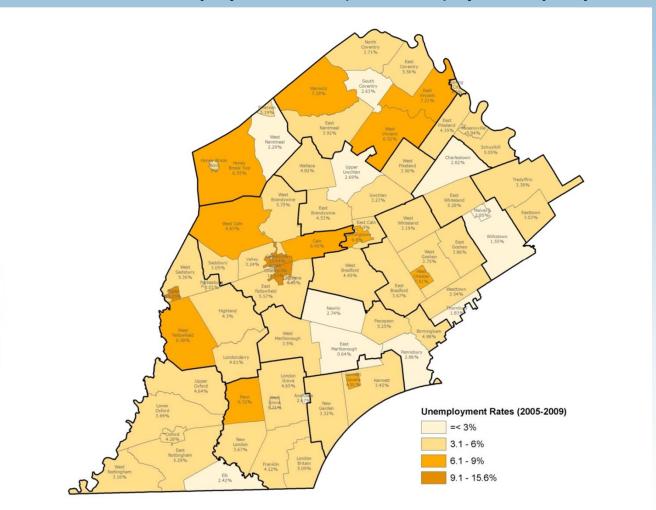


## Percent of Families in Poverty (2006-2010) by Municipality





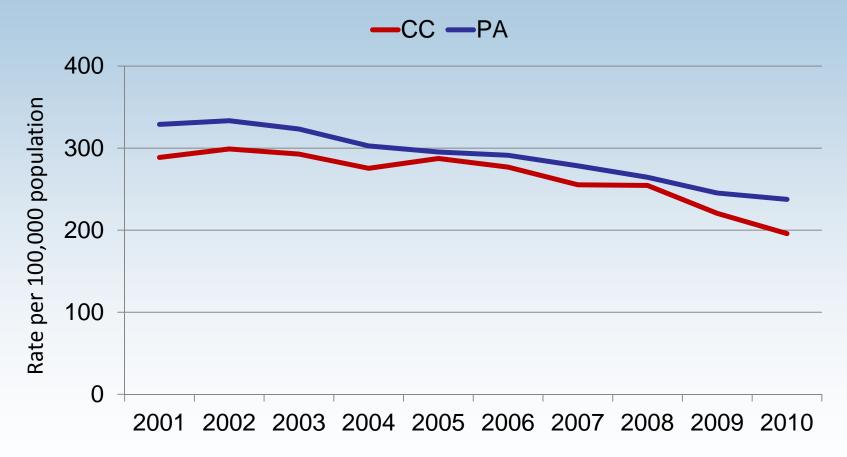
#### Historical Unemployment Rates (2005-2009) by Municipality





## **Health Status: Cardiovascular**

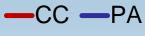
# Cardiovascular Disease Death Rate, Chester County and PA, 2001-2010

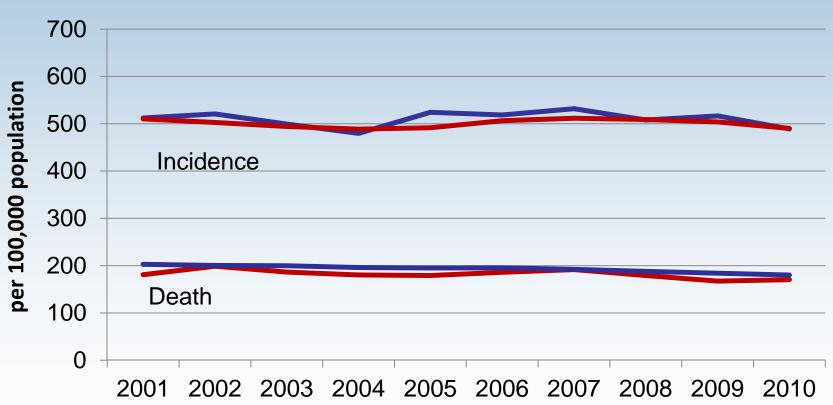




## **Health Status: Cancer Incidence**

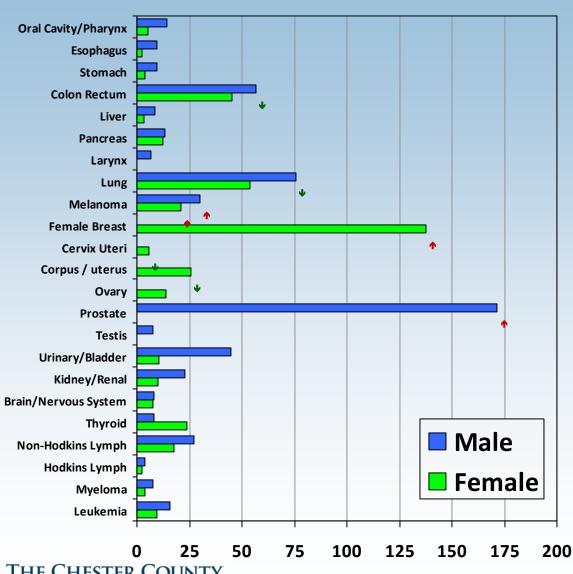
## Cancer Incidence and Death Rates, Chester County and PA, 2001-2010







## **Health Status: Cancer Incidence**



#### Age-Adjusted Cancer Incidence Rates in Chester County (Based on data from 2004-2008)

#### **Higher Cancer Incidence (Worse)**

- Melanoma Males & Females
- Female Breast
- Prostate

#### **Lower Cancer Incidence (Better)**

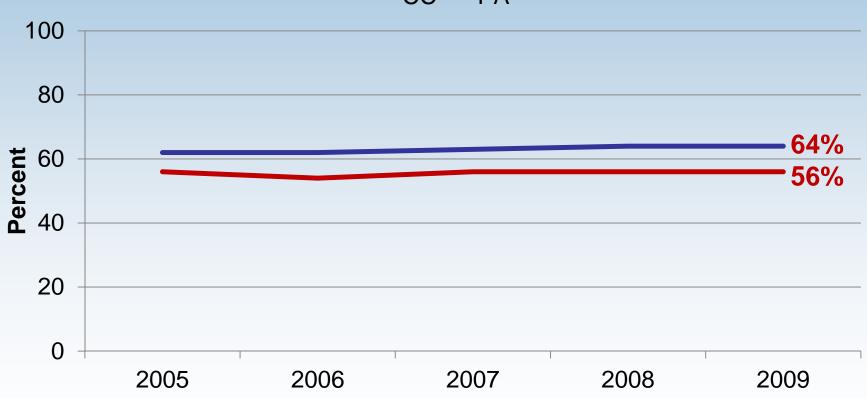
- Colon & Rectum Males
- Lung Males
- Cervix Uteri Females
- Corpus/Uterus Females
- Indicates a rate that is statistically lower than the PA rate (95% CI)
- Indicates a rate that is statistically higher than the PA rate (95% CI)



# **Health Status: Overweight**



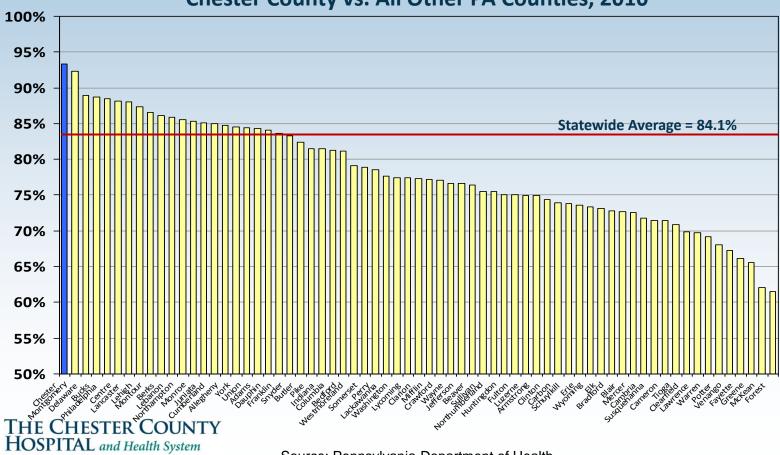






• Chester County ranked #1 in Pennsylvania for the number of mothers who did not smoke during the prenatal period.

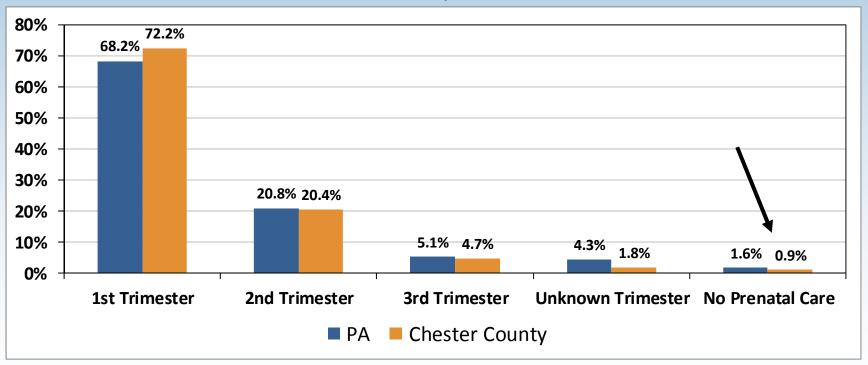
Percentage of Mothers Reporting No Smoking During Prenatal Period Chester County vs. All Other PA Counties, 2010



• Of the 5,513 births in Chester County in 2010, only 0.9% of mothers received no prenatal care.

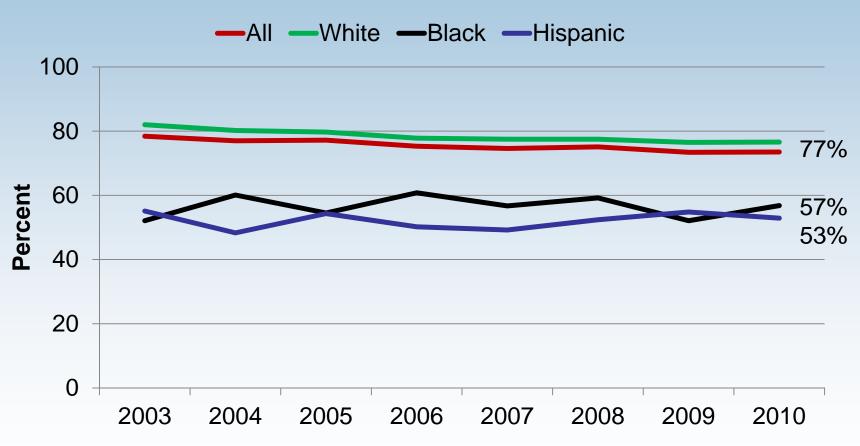
#### **Live Births by Trimester of First Prenatal Visit**

Chester County vs. PA, 2010





# Percent 1st Trimester Prenatal Care by Year and Race/Ethnicity, Chester County PA

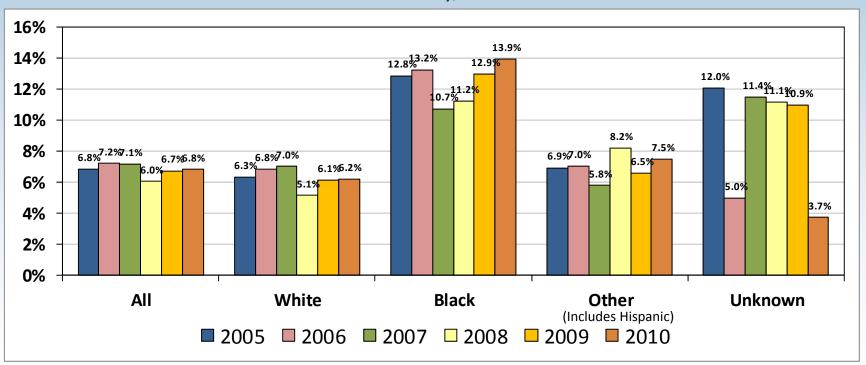




• The percentage of African American babies born with low birth weight is significantly higher compared to white and Hispanic babies.

### Percentage Low Birth Weight<sup>1</sup> Births by Race

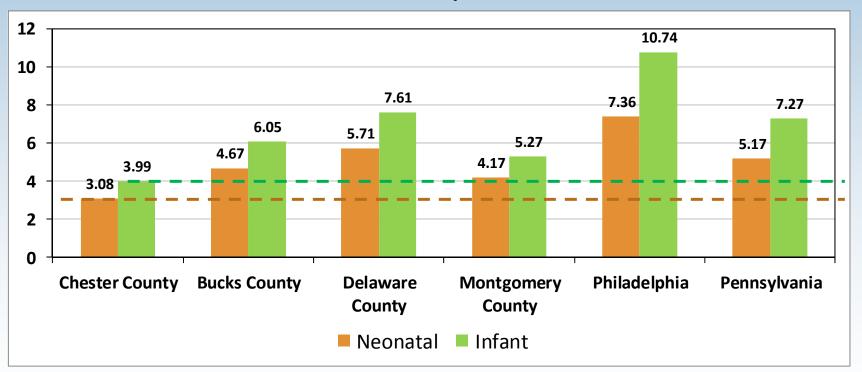
Chester County, 2005-2010





• Overall, Chester County has the lowest rates of neonatal and infant mortalities among the five counties in southeastern Pennsylvania.

#### Neonatal and Infant Deaths per 1000 Live Births, 2010

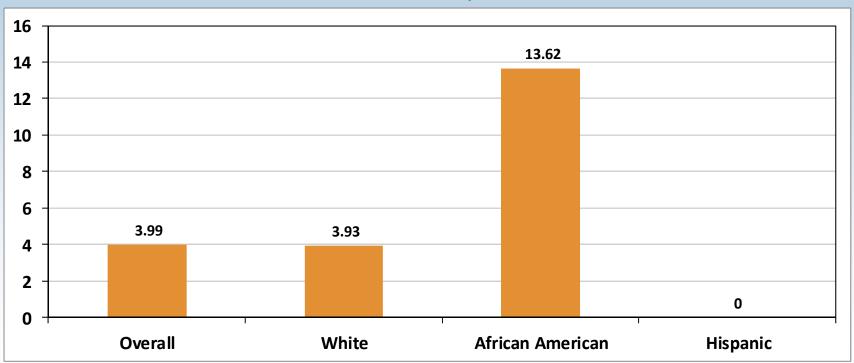




• Infant mortality rates in Chester County are also significantly higher for black infants than all other races/ethnicities tracked.

#### **Infant Mortality Rate per 1000 Live Births**

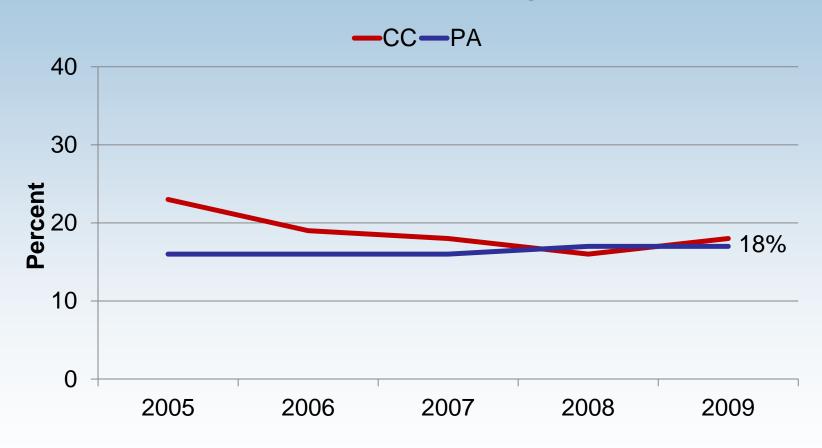
Chester County, 2010





# **Health Status: Drug/alcohol use**

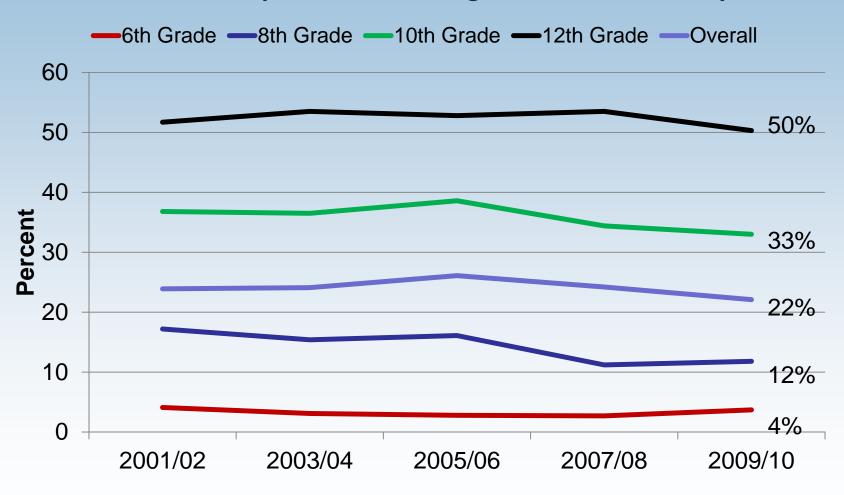
# Percent of Adults Who Participated in Binge Drinking on One or More Occasions During the Past Month





# **Health Status: Drug/alcohol use**

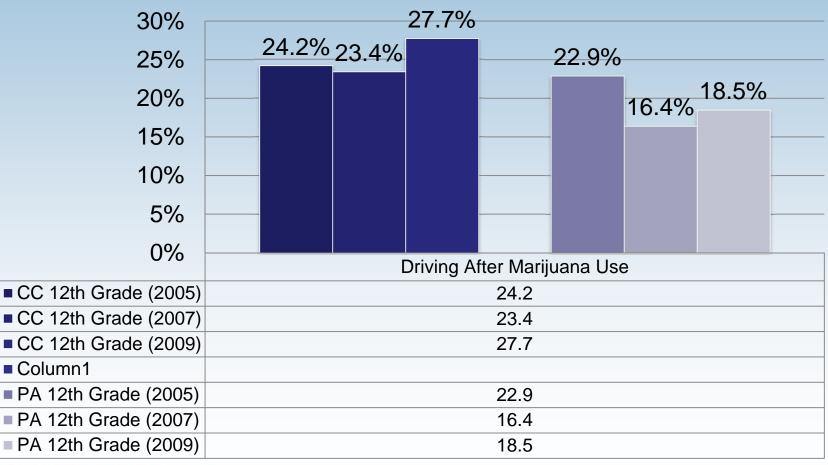
### **Chester County Adolescents Using Alcohol in Past 30 Days**





# **Health Status: Drug/alcohol use**

# Percent of 12th Graders Reporting Driving Under the Influence of Marijuana 2005, 2007 and 2009





## **Health Status: Crime**

• Chester County's rate for Liquor Law Violations in the highest in southeastern Pennsylvania and the rate for DUI Offenses is second highest.





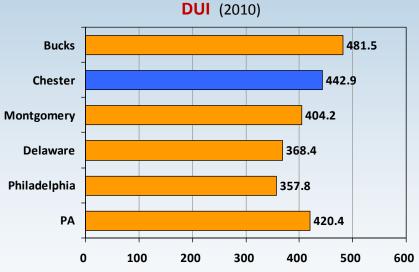
100

50

130.1

150

#### Crime Rates per 100,000 Population – Part 2 Offenses





PA

200

## **Health Status: Other**

- Gonorrhea cases have increased in recent years, from 102 in 2009 to 182 in 2011, for a 78.4% increase.
- Based on 2008 data for Chester County, Falls are the most frequent cause of injuries that require hospitalization. For those over 75 years of age, Falls account for 72% of injuries that require hospitalization.
- While smoking among adults has declined consistently, the percentage of adults smoking in Pennsylvania remains above the national average.
- Tobacco use (of all kinds) among middle school and high school children declined significantly between 2000 and 2009.
- Cigarette sales in Pennsylvania declined by 28 percent between 2002 and 2009.



# **RoadMAPP Assessments: Public Health System**



# **Public Health System**

- The Public Health System Assessment focuses on all organizations and entities within the community that contribute to the public's health
- Structure for assessment comes from the 10 Essential Public Health Services
  - The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of the local public health system
  - Developed by a CDC work group in 1994
- 1. Monitor health status to identify and solve community health problems.
- 2. Diagnose and investigate health problems and health hazards in the community.
- 3. Inform, educate, and empower people about health issues.
- 4. Mobilize community partnerships and action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.

- 6. Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- 8. Assure competent public and personal health care workforce.
- 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- 10. Research for new insights and innovative solutions to health problems.



# **Public Health System: Map Layers**

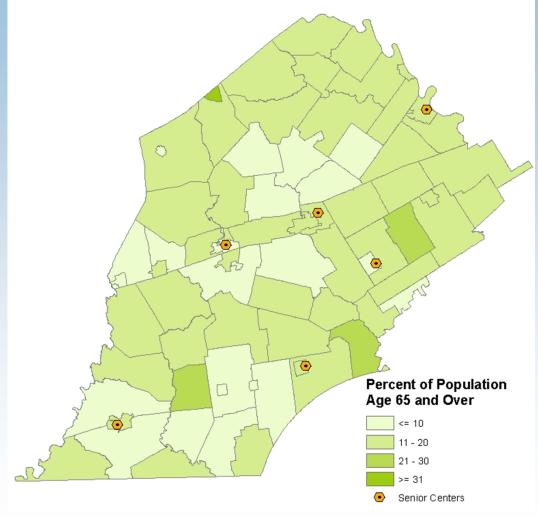
- To help assess the public health system, a team developed GIS-based maps to analyze proximity of services to various population groups. Map layers included:
  - Adult care facilities
  - Drug/alcohol
  - Education centers
  - Emergency shelters
  - Family centers
  - Food
  - Head Start
  - Healthy Start
  - Hospice
  - Hospitals/clinics/urgent care
  - Intellectual and Developmental Delay
  - Information/referral agencies

- Libraries
- Medical offices
- Mental health
- Senior centers
- WIC offices
- Workforce development
- Youth development
- Transportation
- Age
- Race/Ethnicity
- Income
- Population density



# **Public Health System: Mapping Examples**

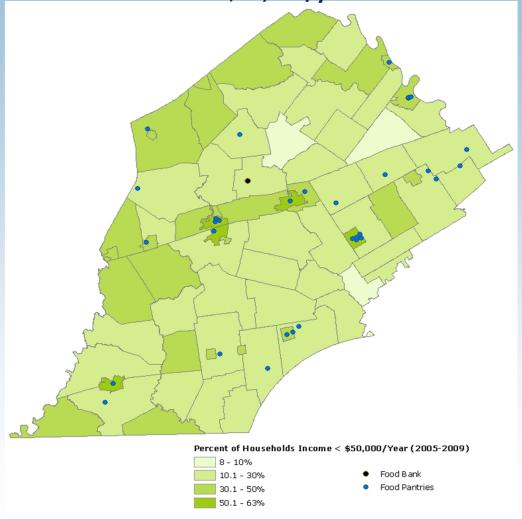
Distribution of population age 65+ and location of senior centers





# **Public Health System: Mapping Examples**

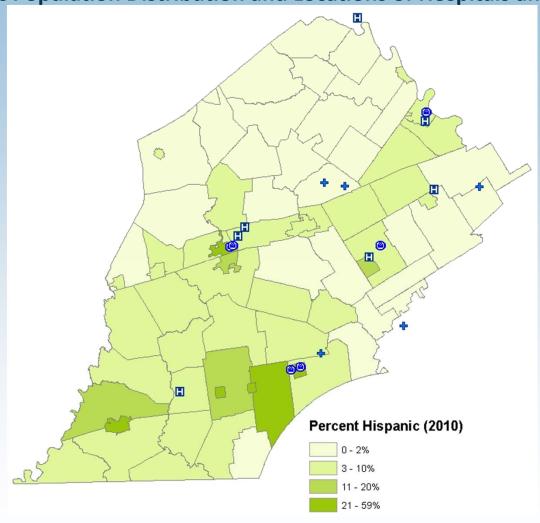
Percent of Households with Income <\$50,000/year and location of food resources





# **Public Health System: Mapping Examples**

**Hispanic Population Distribution and Locations of Hospitals and Clinics** 





# **Public Health System: Key Findings**

- Need for a centralized source of all available health and source services—must be accessible, well publicized, etc.
- Additional need for case management to navigate various systems—could be same as agency above (addresses systemic need)
- Increase cultural competence for African American community—find champions within existing communities to increase ability to communicate message(s)
- Increase resources for undocumented populations (becoming more restricted over time)



# **RoadMAPP Assessments: Forces of Change**



## **Forces of Change**

• The Forces of Change assessment identifies 1) Factors, 2) Trends, and 3) External Events that will influence the delivery and access to health and social services

#### Factors

 Discrete elements, such as community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway

#### Trends

 Patterns over time, such as migration in and out of a community or technological changes

#### Events

 One-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation



# **Forces of Change: Factors**

Factors	Challenges	Opportunities
<ul> <li>Public transportation is a problem (large, dispersed, urban/rural geographies)</li> </ul>	<ul> <li>Everyone needs a car</li> <li>Services are far away</li> <li>Expensive to have satellite offices</li> </ul>	<ul> <li>Working on trails</li> <li>Walkable communities</li> <li>Mobile vans</li> <li>Technology to monitor health in the home</li> </ul>
<ul> <li>Hidden and dispersed poverty throughout the county; newly poor individuals/families</li> </ul>	<ul> <li>Lack of awareness</li> <li>Invisible poverty (underemployed)</li> <li>Lack of ongoing giving (seasonal, food donations, etc.)</li> </ul>	<ul> <li>Decrease stigma of "need"</li> <li>More advocacy for mixed housing</li> </ul>
<ul> <li>High stress/fast paced schedules</li> </ul>	<ul> <li>Fear of job loss</li> <li>Complexity (technology, global issues)</li> </ul>	<ul> <li>Walking reduces stress</li> <li>Build in rewards for rest and relaxation</li> </ul>



# **Forces of Change: Trends**

Trends	Challenges	Opportunities
<ul> <li>Decreased government funding</li> <li>More competition for limited resources</li> </ul>	<ul> <li>Weak private funding (economic impact, financial markets)</li> </ul>	<ul> <li>Collaboration</li> <li>Efficiencies, increased cost control and use of best practices</li> <li>Increased accountability – are the resources being put to their best possible use?</li> </ul>
<ul> <li>Immigration and increasing cultural diversity</li> </ul>	<ul> <li>Changing complexion of county</li> <li>Discrimination</li> <li>Communication issues</li> <li>Health care (no preventative)</li> </ul>	<ul><li>Community enrichment</li><li>Strong work ethic</li></ul>
Aging baby boomers	<ul> <li>Sandwich generation</li> <li>Increased need for health care</li> <li>Aging in place</li> <li>Delayed retirement</li> </ul>	<ul><li>Opportunity for volunteers</li><li>Intergenerational familial help</li></ul>
<ul> <li>Economic pressures – increase in poverty and foreclosures</li> </ul>		

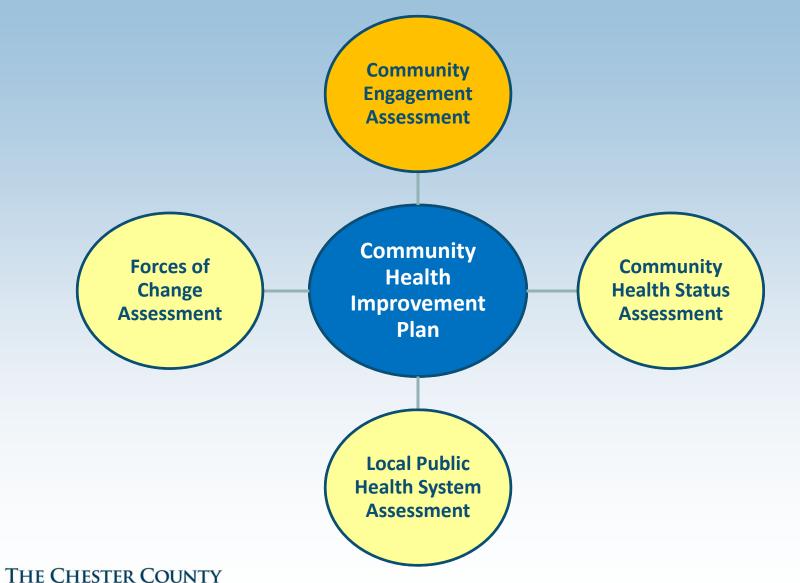


# **Forces of Change: Events**

	Events	Challenges	Opportunities
•	Passage of the Affordable Care Act	<ul> <li>Magnitude</li> <li>Still somewhat undefined</li> <li>Need for training of first line responders</li> <li>Capacity for primary care</li> <li>Doesn't cover everyone</li> <li>Enduring need for safety net</li> <li>Finding time/incentive for collaboration</li> </ul>	<ul> <li>Advocacy</li> <li>Expand coverage (undocumented)</li> <li>Educators give skills to navigate</li> </ul>
•	High Tech Act	<ul> <li>Mandated investments</li> <li>Some organizations not inclined to share information</li> <li>State health insurance exchange / cost of changing infrastructure</li> </ul>	<ul> <li>Availability of data to effectively manage populations</li> <li>Opportunity for self-management</li> <li>Sharing of information among providers</li> <li>Better outcomes</li> <li>Collaboration</li> </ul>
•	Transitions in Care / Navigation Systems		<ul><li>Coordination of care</li><li>Groups come together to advocate</li></ul>



# **RoadMAPP Assessments: Community Engagement**



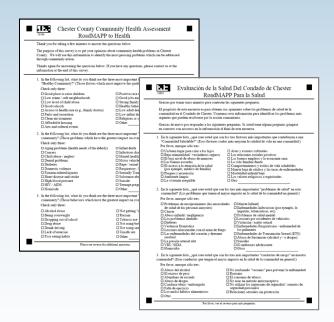
# **Community Engagement**

• To engage the broader community in the discussion, the RoadMAPP Committee held 10 facilitated Town Hall meetings between September-October 2012 and also implemented a Community Health Survey

# 10 Town Hall Meetings 7 Conducted in English and 3 in Spanish Total Participants = 198

Host Organization	<u>Location</u>
Alianza	Phoenixville
Communities that Care	Phoenixville
Coatesville Ctr for Comm Health	Coatesville
CYWA	Coatesville
Community Mental Health	West Chester
St. Agnes Day Room	West Chester
Joseph's People	Downingtown
Head Start	Kennett Square
Second Presbyterian Church	Oxford
Parkesburg Point	Parkesburg

#### Community Engagement Survey English & Spanish, Paper & Online Total Participants = 888



The RoadMAPP process included input from more than 1000 members of the community



#### "What Makes a Community Strong?"

- A strong sense of community;
   people caring for one another
- Positive, skilled leadership
- Pride, hope, mutual respect
- Integration of diversity, i.e., lack of racism
- Good schools education as a priority
- Good jobs
- Safe and affordable housing

- Safety (i.e., low crime)
- Accessible, affordable transportation
- Activities for youth; activities for families
- Parental involvement
- Recreational space(s)
- Strong social programs and services;
   assistance when you need it



#### "What are the challenges this community faces?"

- Lack of leadership over tough issues
- Lack of understanding that what works in one community may not work in another
- Jobs: number, types and location of jobs don't match local populations
- Housing: Lack of safe and affordable housing
- Transportation (including lack of taxi services)
- High taxes
- Racism

- Poor communication from community leaders (locally and county-level)
- Lack of health insurance or inadequate insurance
- Affordable health care
- Teen pregnancy
- Inadequate social services
- Mental health services
- Substance Abuse treatment
- Not enough free/affordable programs and activities for young people and/or families



While common challenges were heard across most groups, there were a few critical issues that were frequently mentioned at specific locations.

#### In Coatesville

The need to address issues of violence and trauma

Concern over the quality of and access to healthcare

#### In Coatesville and Parkesburg

While issues of crime were mentioned by all groups, there were specific concerns expressed in these communities about being killed, kidnapped and/or raped

#### In Phoenixville

Concern over the quality of care and prejudice/bias



While the challenges were heard across most groups, there were a few critical issues that were frequently mentioned by specific groups.

#### **Among Hispanics**

Issues of communication

Too few Spanish-speaking health care providers

Too few translators

Consequentially, a lack of sufficient explanation of health issues, care and treatment

#### **Among African Americans and Hispanics**

Prejudice and discrimination in the delivery of health services
Insensitivity from healthcare professionals
Dismissive and disrespectful behavior
Racism from police



#### What are the health challenges this community faces?"

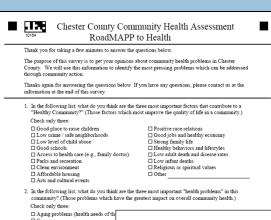
- Lack of leadership in addressing health issues
- Individual feelings of powerlessness,
   "collective depression" in certain
   communities
- Access to services
- No insurance or inadequate insurance for poor and recently unemployed
- Physicians unwilling to take certain insurance coverage
- Location of services need to travel to get there and no transportation
- Weeks and/or months to get an appointment

- Inadequate levels of specialty care (e.g., dental, addiction services)
- Issues in quality of care
- Competence of providers
- Discrimination in care and treatment of poor, Black and Hispanic individuals
- Poor care for those without insurance
- Inadequate resources that impact quality of care - "Can't get a person on the phone."
- Misallocation of public resources (e.g., health versus open space)



#### **Community Health Engagement Survey**

- A survey was designed and fielded in both **English and Spanish**
- Available online and through a paper survey
- Assistance was provided to those with reading comprehension difficulties
- Nearly 900 surveys were completed during September & October 2012



☐ Child abuse / neglect ☐ Dental problems
☐ Diabetes

☐ Domestic violence

☐ High blood pressure

☐ Homicide

Check only three:

☐ Alcohol abuse

☐ Lack of exercise

☐ Poor eating habits

☐ Being overweight

☐ Dropping out of school □ Drug abuse ☐ Drunk driving

☐ Firearm-related injuries

☐ Heart disease and stroke

3. In the following list, what do you thin community? (Those behaviors which

#### Evaluación de la Salud Del Condado de Chester RoadMAPP Para la Salud

Gracias por tomar unos minutos para contestar las siguientes pregunta

El propósito de esta encuesta es para obtener sus opiniones sobre los problemas de salud de la comunidad en el Condado de Chester. Usaremos esta información para identificar los problemas más urgentes que pueden resolverse por la acción comunitaria.

Gracias de nuevo por responder a las siguientes preguntas. Si usted tiene alguna pregunta, póngase en contacto con nosotros en la información al final de esta encuesta.

- 1. En la siguiente lista, ¿qué cree usted que son los tres factores más importantes que contribuyen a una "Comunidad Saludable?" (Esos factores cuales más mejoran la calidad de vida en una comunidad.) Por favor, marque sólo tres: ☐ Artes y eventos culturales
  ☐ Las relaciones raciales positivas
  ☐ Los buenos empleos y la economía sana
  ☐ La vida familiar fuerte
  - ☐ Un buen lugar para criar a los hijos ☐ Baja criminalidad / vecindarios seguros ☐ El bajo nivel de abuso de menores
- ☐ Las buenas escuelas ☐ El acceso a la atención de la salud (por ejemplo, médico de familia)
- ☐ Parques y recreación ☐ Ambiente limpio
- En la siguiente lista, ¿qué cree usted que son los tres más importantes "problemas de salud" en esta comunidad? (Los problemas que tienen el mayor impacto en la salud de la comunidad en general.) Por favor, marque sólo tres:
- ☐ Problemas de envejecimiento (las necesidades ☐ Muerte Infantil de salud de las personas mayores)
- □ Cáncer
  □ Abuso infantil / negligencia
  □ Los problemas dentales
  □ Diabetes
- ☐ Violencia Doméstica
- Lesiones relacionadas con el arma de fuego ☐ Las enfermedades del corazón y derrame
- ☐ Enfermedades Infecciosas (por ejemplo, la

☐ Comportamientos y estilos de vida saludables ☐ Muerte baja de adultos y las tasas de enfermedades

☐ Mortalidad infantil bais

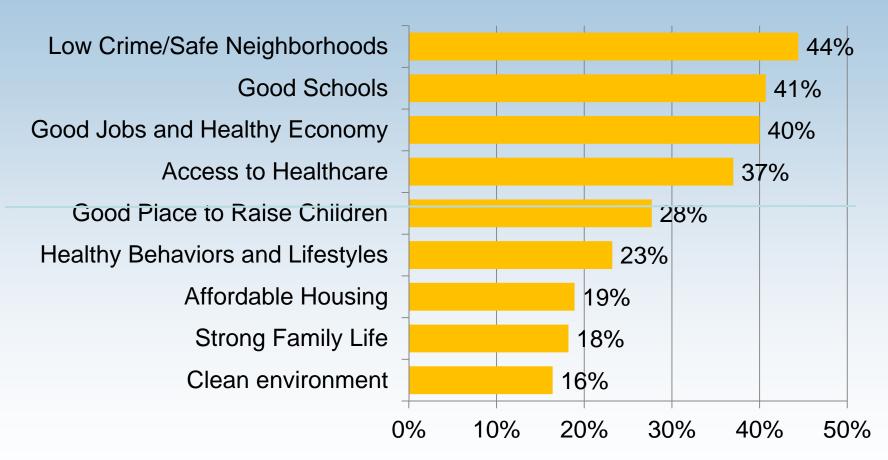
- los pulmones
- ☐ Suicidio ☐ El embarazo adolescente
- comunidad? (Esas conductas que tengan el mayor impacto en la salud de la comunidad en general.) Por favor, marque sólo tres:
- ☐ Abuso del alcohol
- ☐ Abandono de escuela
  ☐ Abuso de drogas
  ☐ Conducir ebrio / embriagado
  ☐ Falta de ejercicio
  ☐ Los malos hábitos alimenticios

☐ Otro

- □ Enfermedades infecciosas (por ejemplo, la hepatitis, tuberculosis, etc)
  □ Problemas de salud mental
  □ Lesiones por accidentes de vehículos
  □ Violación / asalto sexual
  □ Enfermedades Respiratorias / enfermedad de las sublueses.
- ☐ Enfermedades de Transmisión Sexual (ETS) ☐ Abuso de Sustancias (alcohol y / o drogas)
- ☐ No recibiendo "vacunas" para prevenir la enfermedad UN o recibiendo "vacunas" para prevenir la enfermedi
  □ Racismo
  □ El consumo de tabaco
  □ No usar un método anticonceptivo
  □ No utilizar los cinnurones de seguridad / asientos de seguridad para niños
  □ Relaciones sexuales sin protección

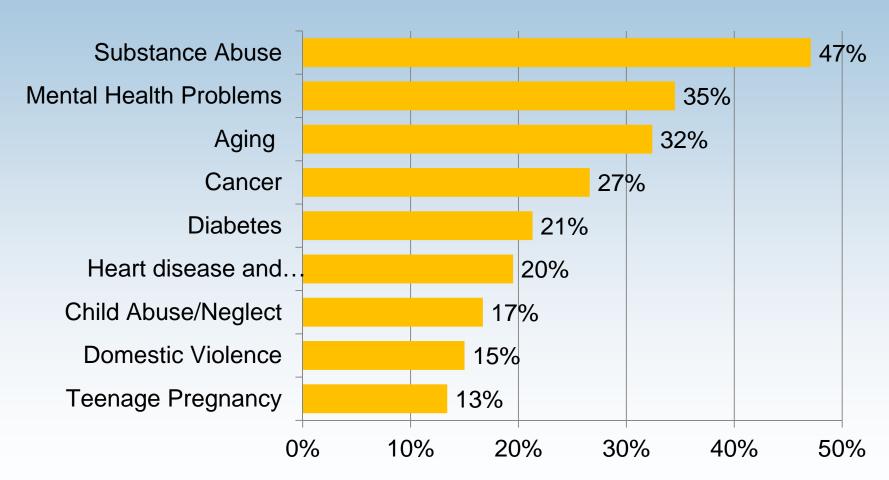


What do you think are the three most important factors that contribute to a 'Healthy Community'?



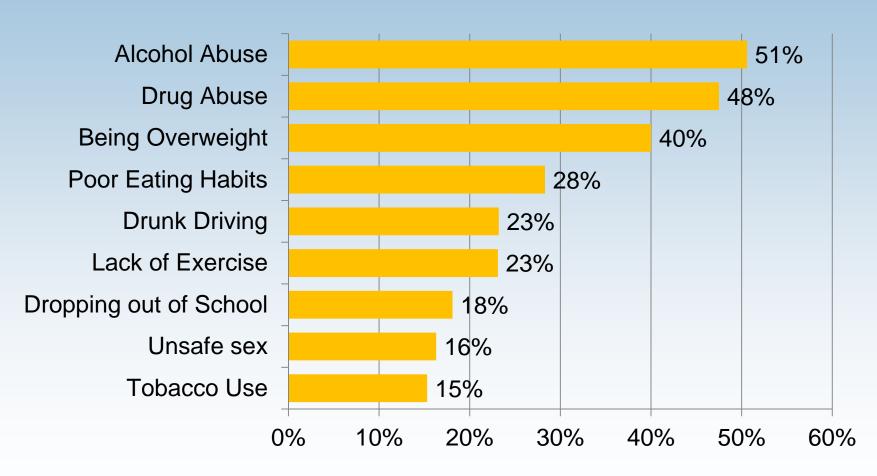


# What do you think are the three greatest 'health problems' in this community?





# What do you think are the three greatest 'risky behaviors' in our community?



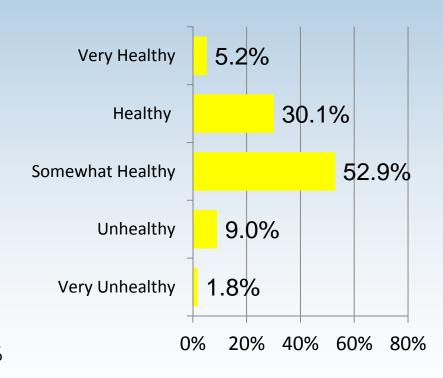


"How would you rate...

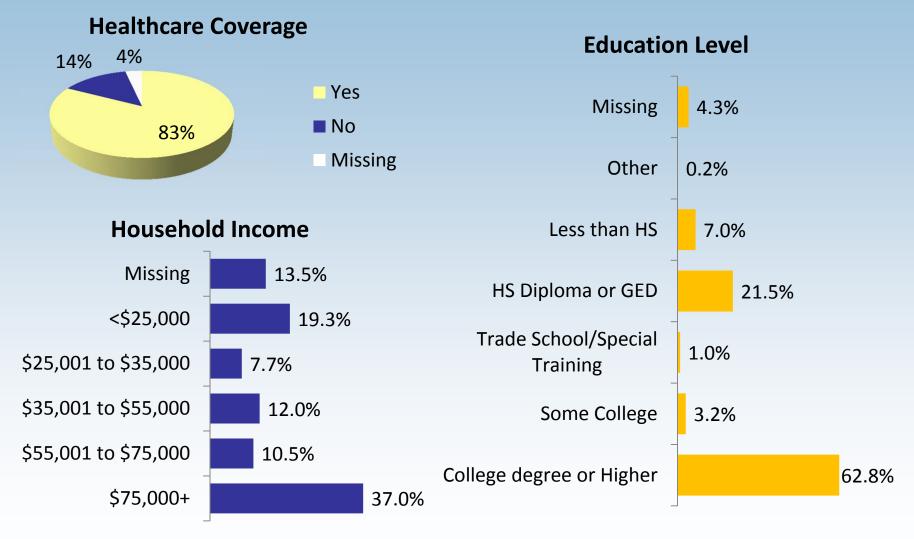
#### ...your own health?"

# Very Healthy Healthy 49.7% Somewhat Healthy Unhealthy 4.3% Very Unhealthy 1.1% 0% 20% 40% 60% 80%

#### ...the community's health?"









# **Development of Strategic Questions and Themes**



## **Strategic Questions and Themes**

#### Question #1

- How can the community expand the concept of cultural competence to ensure access and use of services?
  - Ensure early and adequate prenatal care for all women
  - Ensure compliance with health screening recommendations
  - Create an environment in which cultural competence is the norm
  - Ensure that all persons living in our community will have access to and utilize high quality, affordable health and social services

#### **Question #2**

- How can the community partner to provide a seamless, highly coordinated network of services that address an individual's physical and behavioral health issues?
  - Increased coordination among health and human service providers
  - Increase number of patients/clients that are jointly managed across systems



## **Strategic Questions and Themes**

#### **Question #3**

- How can the community increase awareness of and education about health and social services to help them meet their basic needs?
  - Increase employer benefit programs
  - Increase commitment to improve individual health

#### **Question #4**

- How can the community encourage and support individuals to take action in their own health management and well-being, including prevention?
  - Create environment in which health and social service resources and information are readily accessible
  - Public education regarding health and social services that are available to the community



# **Strategic Questions and Themes**

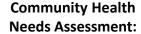
#### **Question #5**

- How can community leaders help create supportive environments to ensure the health and safety of their communities?
  - Ensure that community leaders understand the issues related to health and social services specific to our community
  - Link community leaders to perceptible improvements in community health outcomes.



#### **Conclusion**

- RoadMAPP Health Assessment
  - Community Health Status Assessment
  - Public Health System Assessment
  - Forces of Change Assessment
  - Community Engagement Assessment
- Strategic Questions & Themes
  - Cultural Competence
  - Coordinated Network of Services
  - Awareness and Education
  - Personal Health Management
  - Community Leadership



Implementation Plan FY2014



