

Northeast Nebraska Partnership for Healthy Communities
Community Health Improvement Plan (CHIP)
Review and Approval Meeting

Wayne Fire Hall
Tuesday, May 21, 2013
9:30 am - 2:30 pm

Documentation of Work Products and Decisions Made



Session objective - To confirm community plans to address needs in the arenas of:

- Access to healthcare
- Aging issues
- Focus on prevention
- Maternal child health

Process Narrative

Community leaders and planners from Wayne, Dixon, Thurston and Cedar Counties met at the Wayne Fire Hall on Tuesday, May 21, 2013, to continue planning for healthy communities in Northeast Nebraska. The intent of the meeting was to confirm goals and objectives for the Community Health Improvement Plan (CHIP) and to further the effective mobilization and support of the Community Impact Teams.

The agenda for the 4-hour session was as follows:

1. Welcome/Context
2. Impact Team meetings/Report out
3. Resource Gap Analysis/Recommendations for Action
4. Confirmation of Decisions Made
5. Offers and Requests
6. Adjournment and Evaluations

This report documents the observations, insights and work products of the group generated during the facilitated work session.

Progress to Date - Impact Team Reports

Impact Team	Key Accomplishments	Key Challenges to Date	Going Well	What We Have Learned
<p style="text-align: center;">Aging Issues</p>	<ul style="list-style-type: none"> • Resource directory • Participation – good turnout for meetings • Plan in place 	<ul style="list-style-type: none"> • Lack of interested parties • Gaps? • Carryover outside of the meetings – lack of time • Lack of data or broken down data 	<ul style="list-style-type: none"> • Impact Team individuals • More involvement & increased info gathering from each organization 	<ul style="list-style-type: none"> • Major undertaking • Networking • Will need to work on getting better data • PHD support is necessity to make this plan happen
<p style="text-align: center;">Focus on Prevention</p>	<ul style="list-style-type: none"> • Developed goal statements • 6 meetings with good attendance • Developed 2 objectives with 3 strategies • Received 3 memorandums of understanding and 1 POD plan 	<ul style="list-style-type: none"> • Group was challenged to work together/understand each other • Extremely broad topic to narrow down • Work the meetings into our daily schedules • Learn the MAPP process quickly “on the fly” • There are other participants that want to attend meetings but not able • 	<ul style="list-style-type: none"> • Partner commitment • Meeting new partners to work together • Commitment to improve health of our community • Attendance at meetings – hard process to work through • Persistence • 	<ul style="list-style-type: none"> • Change isn’t easy • Opportunity to affect change; set up foundation • Easier to work as a group/team than as individuals • This is really hard/hard work/cooperation to put this all together

Progress to Date - Impact Team Reports (continued)

Impact Team	Key Accomplishments	Key Challenges to Date	Going Well	What We Have Learned
<p>Maternal Child Health</p>	<ul style="list-style-type: none"> • Regular meetings • Plan completed • Good representation/variety of area agencies • Increased awareness among team member agencies re: issues 	<ul style="list-style-type: none"> • Time to meet • Coordination of days/times to meet • Volume of data overwhelming to identify focus • Basically a new process/concept – huge project 	<ul style="list-style-type: none"> • Good working relationships – team worked well together • All members had a voice – consensus was able to be reached • All areas of focus addressed • Julie R. is an amazing facilitator – was instrumental in pushing the team in completing the process 	<ul style="list-style-type: none"> • Team members learned other members/responsibilities • Many, many other things that should/could be done • What is our role in this process – organization – champion • Increased relationship with health department & resources available through HD
<p>Access to Healthcare</p>	<ul style="list-style-type: none"> • Goals in place • People came to meetings – active participation • Plan in place • Identified key issues/problems 	<ul style="list-style-type: none"> • Getting variety of organizations together – felt some were missing – tribes, other counties • Seeing entire service as a large community • Data didn't match/ not all there/ info limited/skewed • Small sample size • Resources – not enough providers, clinicians, funding 	<ul style="list-style-type: none"> • Organized • Timeline • Continuity of group • Turn out for meetings – 5-10 each time • Quality meetings – made progress – productive meetings • Punctuality – everyone on time and able to finish on time 	<ul style="list-style-type: none"> • Communication – important – need more people/agencies • People listened – help learn English • More about needs in our community • Long process – good but long – back and forth debates ongoing • Think in community, not just our own organization

Resource Gap Analysis

Impact Team/ Resources		Access to Healthcare	Aging Issues
Human	In hand	<ul style="list-style-type: none"> • Core group of participants - commitment 	<ul style="list-style-type: none"> • AAA trained SHIIP volunteers in communities • Local clergy
	Gaps	<ul style="list-style-type: none"> • Communication within the agencies” 1) Turnover, 2) Delivery of communication 	<ul style="list-style-type: none"> • Needs assessment for education • Offer education programs for seniors about services • Continuous data collection and evaluation (local) • Set up electronic communication system: 1) Wiggio, 2) Dropbox • Continuous data collection and evaluation (local)
Financial	In hand	<ul style="list-style-type: none"> • Technology • Infrastructure • Clearpoint software 	<ul style="list-style-type: none"> • Project Manager software
	Gaps	<ul style="list-style-type: none"> • Funding: 1) Staff time, 2) Mileage, 3) Supplies, 4) Postage 	<ul style="list-style-type: none"> •
Political Will/ Influence	In hand	<ul style="list-style-type: none"> • Federal mandate: 1) Hospitals, 2) NNPHD 	<ul style="list-style-type: none"> •
	Gaps	<ul style="list-style-type: none"> • The unknown of the Affordable Care Act 	<ul style="list-style-type: none"> •
Formal Commitments	In hand	<ul style="list-style-type: none"> • Hospital commitment: 1) Software purchase, 2) Staff hours 	<ul style="list-style-type: none"> •
	Gaps	<ul style="list-style-type: none"> • Formal organizational commitment: 1) Participation, 2) Attend meetings, 3) Designated staff 	<ul style="list-style-type: none"> •
Other?	In hand	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	Gaps	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Impact Team/ Resources		Focus on Prevention	Maternal Child Health
Human	In hand	<ul style="list-style-type: none"> • Institutional knowledge • Prevention Partners 	<ul style="list-style-type: none"> • CHW's at NNPHD • Interpreter/translator program at PMC
	Gaps	<ul style="list-style-type: none"> • Time constraints for Impact Team members • Families with limited resources 	<ul style="list-style-type: none"> •
Financial	In hand	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Some educational materials
	Gaps	<ul style="list-style-type: none"> • Competing goals for resources • 	<ul style="list-style-type: none"> • Financial commitment to hire or contract I's and T's & CHW's • Financial commitment to buy materials
Political Will/ Influence	In hand	<ul style="list-style-type: none"> • National and local organizations 	<ul style="list-style-type: none"> • Connections for advocacy
	Gaps	<ul style="list-style-type: none"> • Unknowns in Health Reform 	<ul style="list-style-type: none"> • Connections for advocacy • Data platform for advocacy
Formal Commitments	In hand	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • CFIMR CCC
	Gaps	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Commitment from partners to do the activities • MOU's to report the activities
Other?	In hand	<ul style="list-style-type: none"> • Identify prevention training curricula • How will we recruit the community to help with this process? 	<ul style="list-style-type: none"> • Health literacy awareness
	Gaps	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Data collection tools • SOP on how to report data •

Plans for Community Mobilization

IMPACT TEAM MOBILIZATION PLAN for AGING ISSUES			
Coordinator(s): Lindsey Schulan – NNPHD, convener Team Members: Darby W., Shellee H., Leslie S., Lindsey S, Deb S., Coleridge Police, Emerson Nursing Home			
Implementation Steps:	Start Date	End Date	Who
1. DHHS assistance, Nursing home, Assisted Living, Independents 2. Senior Centers – AA on A 3. HUD housing 4. Churches – shut-ins 5. Coffee’s 6. Wiggio – technology 7. Develop survey – needs assessment if necessary			Austin P Goldenrod Hills – Sec 203
Links to other activities: Nursing home Director’s meeting, SHIIP, Caregivers – families, Goldenrod Hills	What cautions do we need to keep in mind? AA on A - CCC	Keys to Success:	
Next Meeting Date: Where: Other information:			

IMPACT TEAM MOBILIZATION PLAN for FOCUS ON PREVENTION

Coordinator(s):

Team Members:

Implementation Steps:		Start Date	End Date	Who
<ol style="list-style-type: none"> 1. Identify facilitator or co-facilitators 2. Facilitator may be the person who is most closely associated with the objectives & strategies, i.e. Kim – Closed PODS, Julie – infection control 3. NNPHD & PMC can use their facilities for meetings 4. Set up doodle survey for next meeting in July 5. Identify more Prevention Partners 6. Develop commitment from Partners 7. Need to recruit original “Focus on Prevention” members to come to meetings 				
Links to other activities:	What cautions do we need to keep in mind?	Keys to Success:		
<p>Next Meeting Date:</p> <p>Where:</p> <p>Other information:</p>				

IMPACT TEAM MOBILIZATION PLAN for ACCESS TO HEALTHCARE

Coordinator(s): Mirian A., Sandy, B.

Team Members: Victor Zarate, Sonyaking, Stacy

Implementation Steps:		Start Date	End Date	Who
1. Share by email partners' information		Now	Sept. 2013	NNPHD
2. Identify potential partners, other meetings and planning in the area		June	September	Partners, Impact Team
3. Organize the Access to Care meeting		September	September	NNPHD
4. Plan the "Big Impact Team Meeting"		October	October	Impact Team NNPHD
Links to other activities:	What cautions do we need to keep in mind?	Keys to Success:		
Next Meeting Date: Where: Other information:				

IMPACT TEAM MOBILIZATION PLAN for MATERNAL CHILD HEALTH

Coordinator(s): Katie, Julie

Team Members: Laura, Barb, Dusti

Implementation Steps:		Start Date	End Date	Who
<ol style="list-style-type: none"> 1. Each organization will review the plan & decide what they can offer to the plan. 2. Identify what partners are already using and how. Look for health literacy level 3. What kind of data is already being collected 4. Do we want subcommittees for difference areas of need? 5. Present plan to CCC and CRT for review 6. Enlist the interest and potential involvement of regional hospitals 7. Research materials already available 8. Develop SOP for partners 9. Identify and talk with potential partners and stakeholders 				
Links to other activities:	What cautions do we need to keep in mind?	Keys to Success:		
<p>Next Meeting Date: July 11 – Noon – 2 at NNPHD</p> <p>Where:</p> <p>Other information: Bring your lunch</p>				

Confirmation of Decisions Made

1. Verbal commitment has been given for moving forward with the Community Health Improvement Plan
2. Communication is key to success
3. We need to engage more partners
4. The CHIP plan is endorsed by community consensus (as demonstrated by a show of support through the use of “Gradient of Agreement” cards)
5. We need to keep in mind the critical role of advocacy in light of current social and political trends impacting community health.

Offers and Requests (Networking opportunities for NNPHC partners)

Offers

What: GIS and Clear Point Project Management software application
Who: NNPHD
When: June 2013 – next MAPP & CHA 2015
Where: NNPHD office – 215 N. Pearl, Wayne
How: To be announced in June
Why: Collect data (ongoing) and track progress on CHIP

What: Community Health Worker course – 3 hours
Who: NNPHD/Community College
When: Fall semester
Where: Norfolk/Telehealth
How: Register and evaluate
Why: Because it supports all local progress

What: “Medicare, Mysteries No More” program
Who: Sandy Preston – spreston2@UNL.EDU
When: Make a contact and meetings can be set

What: Nutrition Programs
Who: Sandy Preston - spreston2@UNL.EDU
When: Make a request and programs can be scheduled

Requests

What: Data, stats, reports, program info
Who: From agencies & institutions, medical and healthcare providers in Cedar, Dixon, Thurston and Wayne Counties
When: Ongoing after training
Where: NNPHD office
How: Electronic system
Why: To track progress of CHIP

What: Each partner invite and hopefully bring one new member to the process!!!

What: More info on Community Health workers
Who: PMC

Both an Offer AND Request

What: Department of Health and Human Service Economic Assistance programs and Medicaid
Who: Stacy Schenk - 402-375-7055 – stacy.schenk@nebraska.gov
When: Now and in the future
Where: All counties in the MAPP process
How: Develop partnerships – share information of upcoming changes
Why: To assist with sharing information with all who need it. Affordable Care Act information – Medicaid programs are transitioning to Medicaid and long-term care. The other economic assistance programs (ADC, SNAP, Childcare, Energy Assistance, etc.) will remain with Children and Family Services. This process will be rolling out and information will come from our communications team and through the web sites. The application process will be changing. Tell clients not to change what they are doing until we share with them what they will need to do . Information will be sent to them and shared with you. In June we are (community support Specialists – all of us) are going to meet about

the power point presentation we are bringing out to agencies and clients. Contact me to have me come out to present that to your agencies/clients. Utilize me as a resource for questions, etc.

Offer - I meet in all counties so if you need meeting space for your partners if you tell me ahead of time I may be able to reserve space for your meeting in one of our various offices depending on the date/time and size of the group.

Request – You all to share information I’ve shared with you and that I’m available for presentations since there is only one of me. You help me to reach those I can’t on my own.

Respectfully submitted,
D. Burnight, CTF
Facilitated Resources
debburnight@gmail.com

Participant Evaluations

Averages of participants' responses are listed for each question in ***Bold Italic Type***

	<i>Strongly Disagree</i>			<i>Neutral</i>			<i>Strongly Agree</i>	<i>Average Score</i>
1. Overall, I am satisfied with today's session.	1	2	3	4	5	6	7	<i>5.8</i>
2. The topics chosen for discussion were appropriate given our goals for meeting today.	1	2	3	4	5	6	7	<i>6.0</i>
3. The physical environment was conducive to my participation.	1	2	3	4	5	6	7	<i>6.2</i>
4. The facilitation structure contributed to my participation.	1	2	3	4	5	6	7	<i>6.5</i>
5. The facilitator's presentation style contributed to my participation.	1	2	3	4	5	6	7	<i>6.6</i>
6. The time allowed for this session was appropriate.	1	2	3	4	5	6	7	<i>6.4</i>
7. The exercises/activities we completed were engaging.	1	2	3	4	5	6	7	<i>6.4</i>
8. I was comfortable with the pace of the session.	1	2	3	4	5	6	7	<i>6.5</i>

Comments:

- Printed materials stated meeting started at 9:30 AM, but it didn't start until 10
- Very good facilitation!!