

Template for MAPP Process Phase 5



"Dedicated to Your Health"

**Delaware General
Health District**

www.delawarehealth.org



**United Way
of Delaware County**

Formulating Goals and Strategies for Delaware County, Ohio

1-3 West Winter Street
Delaware, Ohio
(740) 368-1700

Delaware County Health Status Report: Formulating Goals and Strategies

An Example Case with “Linkage and Access to Services”

Developing and sustaining a healthy community requires the efforts of many diverse civic, commercial and community organizations, as well as the efforts of individuals who live, work and play in Delaware County. An essential function of District boards of health is to assess the status of health in their communities and to present this information to the public in order to identify opportunities for health promotion and disease prevention.

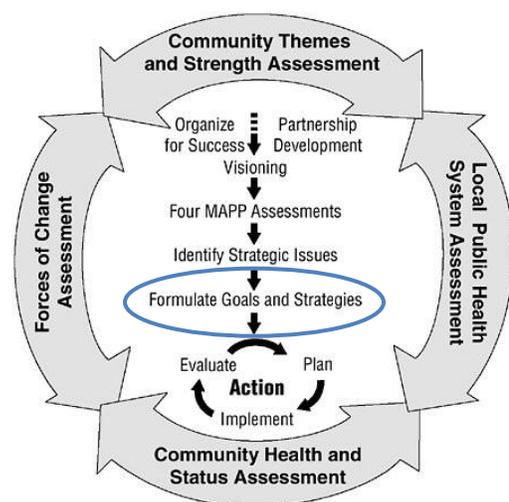
The Partnership for a Healthy Delaware County (PHDC) led by the Delaware General Health District (DGHD) is working to bring its vision of Delaware County to life – “A welcoming environment where all can thrive and enjoy emotional and physical wellbeing.” To help make this happen, PHDC is currently engaged in a Mobilizing for Action through Planning and Partnership (MAPP) process.

The MAPP process is developed and recommended by the National Association of County and City Health Officials (NACCHO). This process is a community-wide strategic planning tool for improving public health. It is a community driven which is designed to mobilize and engage, and create partnerships, planning, and action by our entire community.

As the next step in the MAPP Process (Phase 5), the following template was used to formulate Goals & Strategies in Delaware County.

How Can I Use This Document?

Delaware County has completed all of its assessments, and identified its three most significant health care priorities. We are in the process of formulating goals and strategies (highlighted in the MAPP process diagram to the right). This document details how we accomplished this for one of our three health priorities – “linkage and access to services.” Please feel free to read through it for inspiration and use any of the ideas and/or information. The sample provided is just a template and is an abridged version of our complete process results, which can be obtained by contacting Lux Phatak (lphatak@delawarehealth.org) .



STRATEGY PROCESS

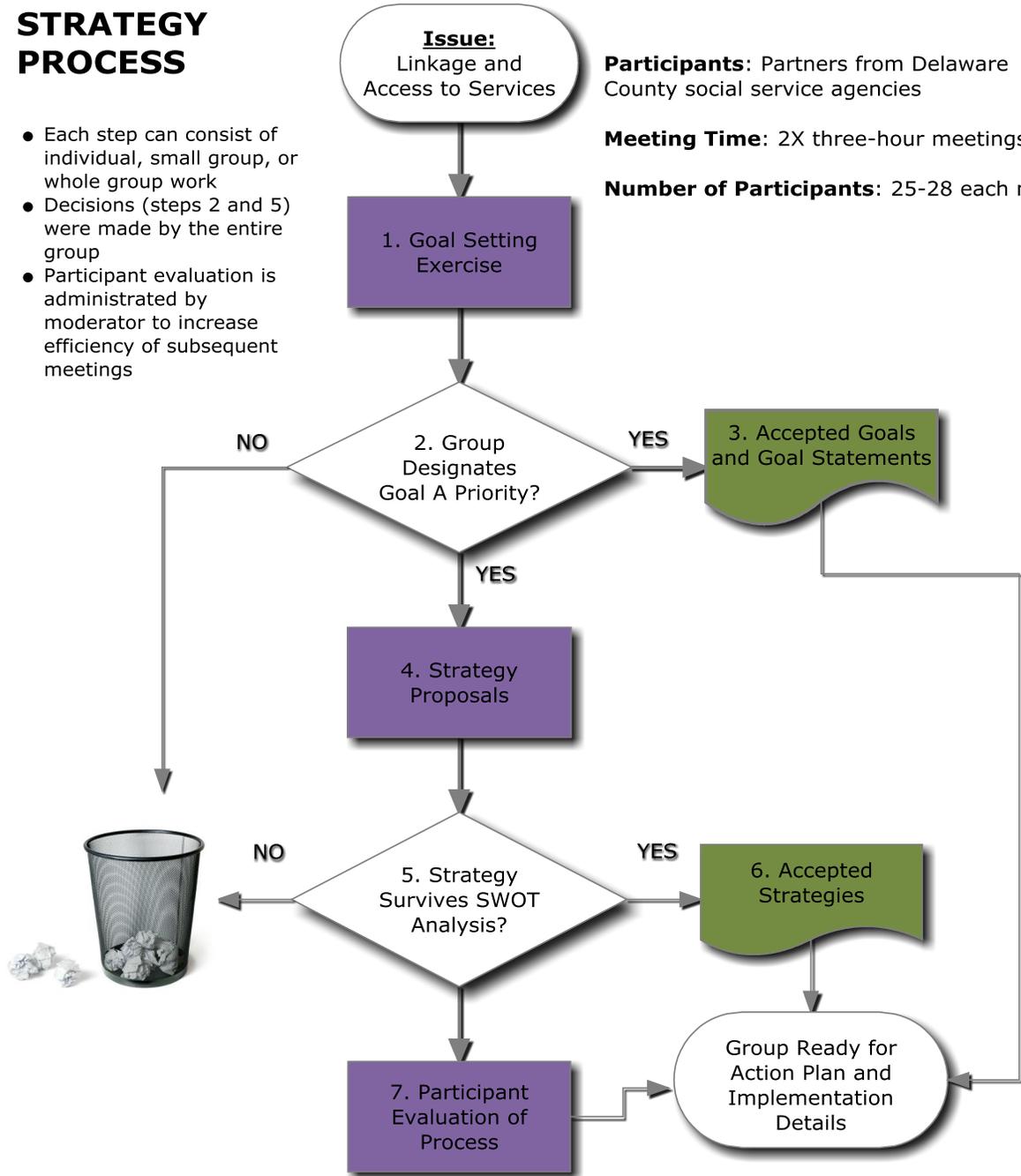
- Each step can consist of individual, small group, or whole group work
- Decisions (steps 2 and 5) were made by the entire group
- Participant evaluation is administered by moderator to increase efficiency of subsequent meetings

Issue:
Linkage and Access to Services

Participants: Partners from Delaware County social service agencies

Meeting Time: 2X three-hour meetings

Number of Participants: 25-28 each meeting



Each step of this process is discussed further on the following pages.

STEP 1 – GOAL SETTING EXERCISE (Day 1)

In this step, participants were first presented with an overall vision for Delaware County.



A welcoming environment where all can thrive and enjoy emotional and physical wellbeing

Participants were also informed for the meeting's identified strategic issue. Linkage and access to services was previously identified as one of the most pressing issues in Delaware County.

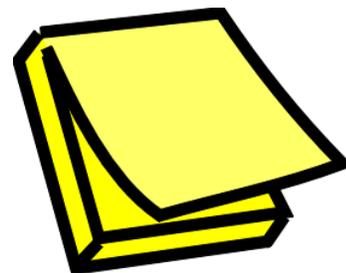


How do we recognize and meet the needs of our diverse population and ensure access to the health and social service system? This includes, but is not limited to, the following populations: aging, minorities, imprisoned, homeless, uninsured, working poor, special needs, gay and lesbian and vulnerable.

The group then began a brainstorming session, following the procedures listed below:

1. Sticky notes and pens were distributed to participants and the following questions were presented on a flip chart/PowerPoint:

- a. *What needs to happen to ensure that linkage and access to service is achieved in our community?*
- b. *Why do you think access to services is lacking in Delaware County?*
- c. *How would you know there is access?*
- d. *What needs to happen to ensure that linkage and access to service is achieved in our community?*
- e. *Why do you think access to services is lacking in Delaware County?*
- f. *How would you know there is access?*



2. Participants were instructed to write one response per sticky notes.
 - a. Participants were to write as many responses as they can think of.
 - b. Participants were instructed to write all responses and not filter any of their ideas.

3. Once every participant had completed writing his/her response on the sticky notes, they were asked to go to a blank wall and randomly place the sticky notes on the wall.

4. Participants were then asked to **silently** approach the wall where all the sticky notes were placed and arrange them into groups of similar statements (for example, “Do not speak/understand English” was placed next to “Language barriers”). Individuals were free to move sticky notes that others have placed in a category if they felt it better fits in another category. *CAUTION – the group members will gradually begin to back away from the wall. Encourage all members to review the wall until all are satisfied with the classifications.*



Once everyone had backed away from the wall and returned to their seats, the facilitator led the group through a consensus exercise.

1. The facilitator read each of the groups of sticky notes aloud and asked the group to develop a “title” or “heading” that described the content of the responses. All group members had to agree to the heading.

Some of the major categories and their corresponding sticky notes statements are listed below and on the following page as an example.

Affordability/Poverty/Lack of Insurance

- Income threshold that might exclude some from services
- Lack of money (poverty)
- Lack of insurance
- Money
- Affordable and available daycare
- Funding cuts have decreased access to service
- Reproductive health care very limited access to low-income
- Not affordable
- Working poor cannot afford healthcare –very limited services available
- Working poor or not insured having access to dentist or doctors
- Fees for some resources

Language Barriers

- Language barrier
- Do not speak/understand English
- Not able to communicate the need of a service
- Hearing/vision issues that reduce ability to access resources
- Cultural barrier – system resistance to change

Fear of System/Social Stigma

- Stigma of seeking help
- Pride/stigma attached to some services
- They are unable to admit that they need the services
- Stigma
- They are embarrassed by the process – whether lack of literacy, the way they are treated, etc.
- Never had to ask for help before
- Fear of systems (immigrants)
- Afraid of authorities (being reported as neglectful)
- People are private and don't want people to know their business. They don't realize the confidentiality that occurs
- Afraid to ask for help

Transportation and Funding Support

- Lack of transportation
- No means of transportation
- No means of transportation
- Some clients need free transportation
- Transportation to some degree, but this had improved
- Difficult for people to come from Big Walnut area to Delaware City
- Affordable transportation
- Public transportation
- Transportation
- No access or fund for transportation
- Public transportation
- No transportation
- Better transportation services
- Lack of transportation
- Lack of transportation

Knowledge/Awareness/Lack of Education

- Lack of education/knowledge
- Knowledge of resources
- Don't know who to ask or where to get services
- Provider lack of knowledge/use of the online database
- Ignorance of available services by those who need them
- Lack of awareness of what is available
- Not aware of services available within a community
- Lack of awareness of Helpline 2-1-1
- Public opinion (education) knowledge
- Lack of knowledge of what services are available
- Don't know they're eligible
- May be aware of resource but unsure how to access resource
- Lack of awareness of the services
- They don't know the services exist
- Lack of knowledge of available services
- People don't know they are "eligible" for the service"
- There may be so many agencies/services that they don't know which is/are pertinent
- Lack of understanding how to access the service
- Not sure how to access service
- Don't know how to access services
- Lack of awareness of available resources
- Lack of information
- Unaware services are available
- Lack of information (don't know where to go)

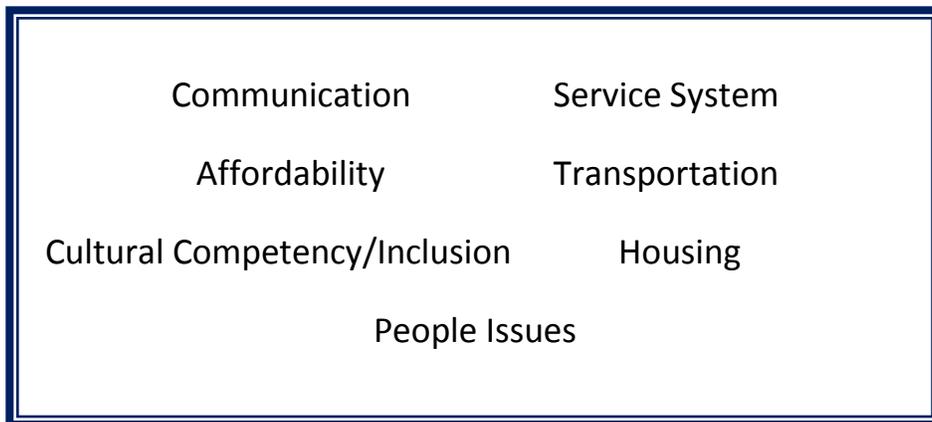
Communication/Lack of Information Sharing

- Limited time spent on getting to know each other's services at meetings like Family First Council
- Need for centralized information center
- Agency fragmentation
- Website with all agencies/services provided linked to County website, maybe even Chamber?
- Website with all agencies/services
- Advertisement of services where the clients would be
- Marketing – public unaware of all services available
- Lack of marketing
- No central media source that most access
- Information sharing
- Publicizing, central referral system, better communication among service providers
- Word of mouth doesn't always work

Other initial collections of sticky note goals also included the following:

- Local Media
- Service System
- Housing Concerns/Availability
- Local Emergency Shelter Availability
- Limited Services/Funding for Services
- Accessibility
- Quality of Services/Public Perception of Services
- Patients are Overwhelmed/Stressed/Lack Family Support

While participants took a break, these numerous sticky note groups were consolidated into seven overarching categories. The results of the consensus exercise are shown below:

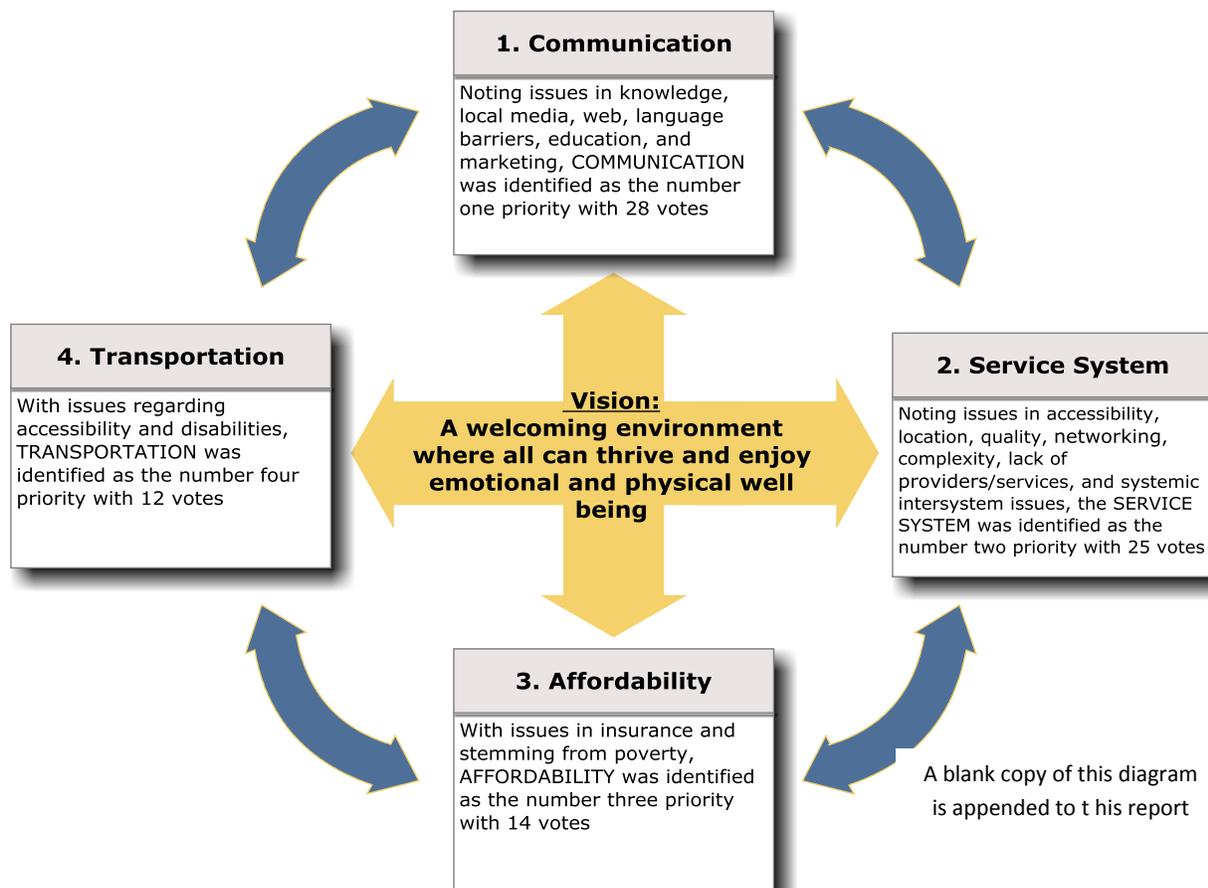


STEP 2 – GOAL PRIORITIZATION

Prioritization Process – Large Group.

1. Each participant was given four stickers dots to place next to those categories that he or she consider most important.
 - a. *A participant could potentially place his or her votes in any manner that they pleased (e.g., one dot next to each of the four categories, or all four dots next to one category they were particularly adamant about).*
2. The categories that received the most votes were determined as the prioritized goals.

The result of this voting process prioritized the categories in the following manner so as to identify the four areas we would pursue further with strategy development:



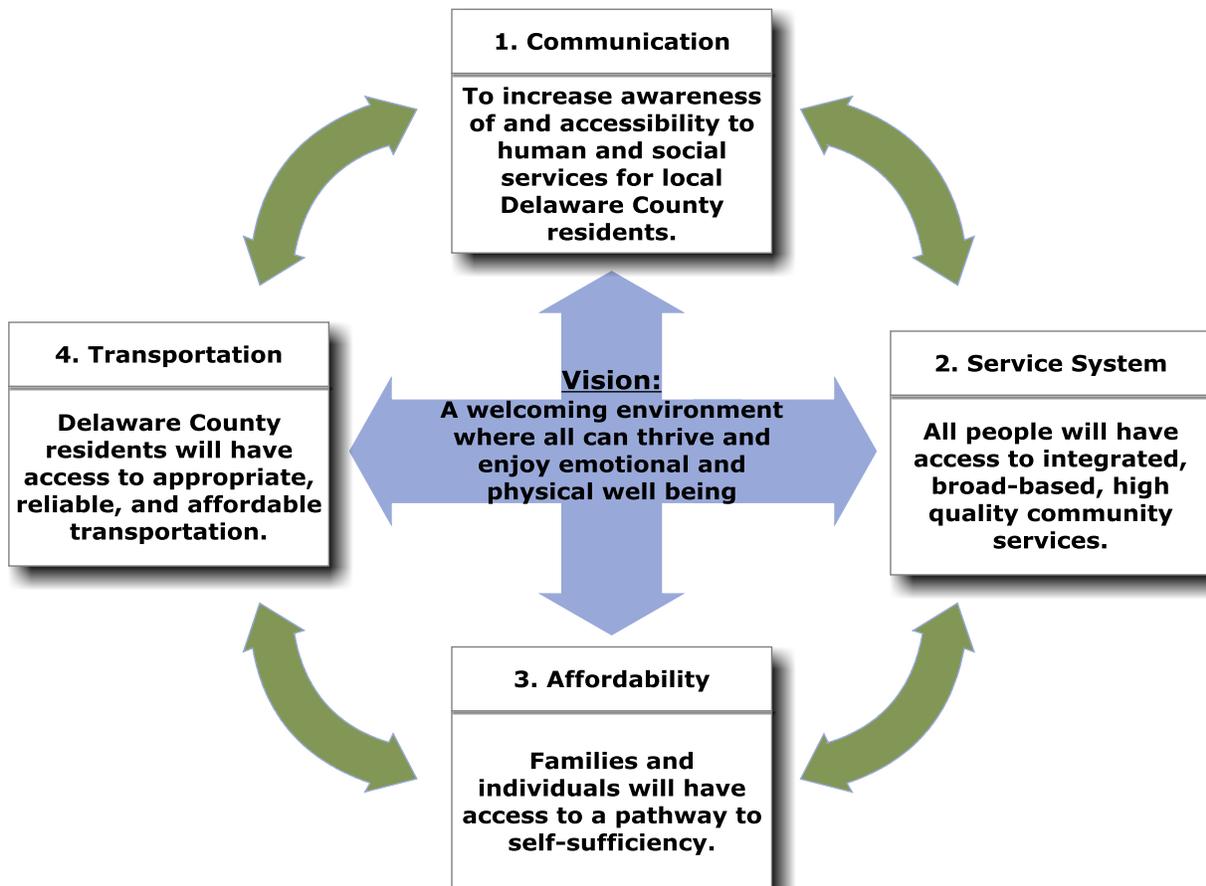
STEP 3 – ACCEPTED GOALS AND GOAL STATEMENTS

1. Participants were then encouraged to break into four groups
2. Each group focused on one of the four priorities.
3. Within these groups they were asked to create a goal statement to help guide them as they developed strategies.

Goal Statements Should Be:

- ✓ Broad, brief statements of intent that provide focus or vision for planning
- ✓ Warm and fuzzy
- ✓ Non-specific
- ✓ Non-measurable
- ✓ Hard to attain
- ✓ EXAMPLE: "All children in Delaware will be born healthy"
- ✓ Can also consider root causes

The goal statements are listed below:



STEP 4 – STRATEGY PROPOSALS FOR EACH GOAL

Based on these goals statements, each group began recording any possible strategies that could be used in achieving each goal. The groups were given thirty minutes to achieve this, and went about it in different ways. Some groups preferred to first focus on root causes and then develop strategies from this analysis, whereas other groups preferred to launch straight into strategy proposals. Either method was acceptable.

1. Small groups were provided with the following questions to help them brainstorm strategies:
 - a. *Does this strategy attack the root cause?*
 - b. *Is it a powerful method of change?*
 - c. *Will the strategy distribute benefits widely in the community? (Consider age, gender, race, income and disability)*
2. These strategies were collected at the end of the day and posted to an online survey form. Participants were then encouraged to not only add additional strategies to their group, but also read through the materials of other groups and propose additional strategies for them as well.

For the sake of brevity we have included the initial strategy proposals for just “Communication.”



STEP 5 – SWOT ANALYSIS (Day 2)

The next step for the participants was to evaluate the proposed strategies using Strengths-Weaknesses-Opportunities-Threats (SWOT) Analysis. Each participant was given the following handout to help guide them through the process:

Key SWOT Questions

STRENGTHS to implement this Strategy

- What do we do exceptionally well?
- What advantages do we have?
- What valuable assets and resources do we have?
- What do we as partners identify as our strengths?



WEAKNESSES to implement this Strategy

- What could we do better?
- What might this strategy receive complaints about?
- Where are we vulnerable?



OPPORTUNITIES to implement this Strategy

- What opportunities do we know about, but have not addressed?
- Are there emerging trends on which we can capitalize?



THREATS to implement this Strategy

- Are weaknesses likely to make us critically vulnerable?
- What external roadblocks exist that block our progress?
- Is there significant change coming in Delaware County?
- Are economic conditions affecting our financial viability?



Participants then once again broke into their small groups to now perform the SWOT analysis on as many strategies as they could in the allotted time. Once the SWOT analyses were complete, each small group presented their strategies to the entire room and each strategy was voted on for adoption or rejection. The SWOT analysis of "Communication" strategies are included below as an example:

Goal #1 (Communication)

Strategy #1: Evaluate current ways of how "people access"

		<i>INTERNAL</i>	<i>EXTERNAL</i>
P O S I T I V E	Strengths	<ul style="list-style-type: none"> ●Broad based partnering to look at issue ●Centralized gateway - updated 24/7 (211) ●All the colleges now in the county 	Opportunities <ul style="list-style-type: none"> ●Tap into OWU and other University interns for marketing projects (there is a volunteer/service fair at OWU each year at the beginning of the academic year) ●Potential Helpline Event
	Weaknesses	<ul style="list-style-type: none"> ●Minimal marketing resources 	Threats <ul style="list-style-type: none"> ●Who's gonna do it?
N E G A T I V E			

APPROVED

A blank copy of this diagram is appended to this report

Goal #1 (Communication)

Strategy #2: Research opportunities for cross marketing

		<i>INTERNAL</i>	<i>EXTERNAL</i>
P O S I T I V E	Strengths	<ul style="list-style-type: none"> ●Positive inter-agency relationships ●Helpline - list of all agencies ●currently meetings - opportunity for information sharing 	Opportunities <ul style="list-style-type: none"> ●Info fair annually for agencies to learn more about each other - "virtual" ●Council Communicator ●Agencies' web sites link to 211
	Weaknesses	<ul style="list-style-type: none"> ●Awareness level of info sharing meetings and venues ●awareness of community calendars 	Threats <ul style="list-style-type: none"> ●time and \$\$\$\$\$ ●building ongoing/institutionalized ways to build awareness
N E G A T I V E			

APPROVED

Goal #1 (Communication)
Strategy #3: Research social marketing tools

		<i>INTERNAL</i>	<i>EXTERNAL</i>
<i>P O S I T I V E</i>	Strengths	<ul style="list-style-type: none"> ●young population is more amenable ●some research has been done 	<ul style="list-style-type: none"> ●there is a target population for this type of marketing
	Weaknesses	<ul style="list-style-type: none"> ●time to monitor ●hard to get people to sign up to be ? 	<ul style="list-style-type: none"> ●is it really utilized for agencies ●how applicable ●more of a social tool
<i>N E G A T I V E</i>			

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Goal #1 (Communication)
Strategy #4: Research what works in surrounding counties and other agencies

		<i>INTERNAL</i>	<i>EXTERNAL</i>
<i>P O S I T I V E</i>	Strengths	<ul style="list-style-type: none"> ●statewide assignments ●each agency has their own top 10 list 	<ul style="list-style-type: none"> ●OWU or another college to do research ●determine how people want to access
	Weaknesses	<ul style="list-style-type: none"> ●who will coordinate 	<ul style="list-style-type: none"> ●research could steer us the wrong way ●getting info from other organizations areas ●missing population --> are we asking the right people
<i>N E G A T I V E</i>			

REJECTED

STEP 6 – ACCEPTED STRATEGIES/NEXT STEPS

The final product of these steps was a collection of approved strategies for each of the goals. These strategies will be explored further as they are integrated into a community action plan.

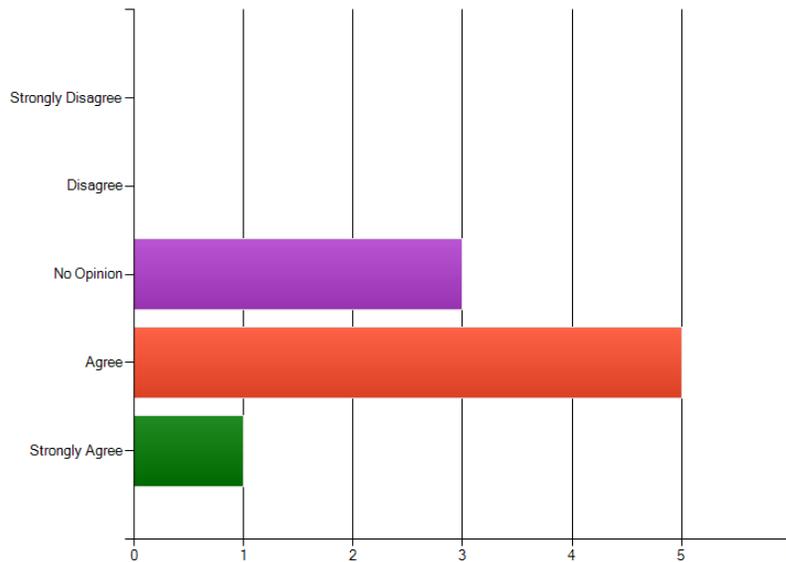
STEP 7 – PARTICIPANT EVALUATION OF PROCESS

As a final part of our process, we asked participants to take an anonymous online survey to help us assess how we had done and what we could do better in the future. Select comments and our intended adaptations are shown below:

Feedback	After Action Steps
Some participants were confused about the role they were playing in this phase of the MAPP process and the United Way Needs Assessment	We would start the process by presenting a summary of the MAPP process and United Way's expectations to bring everyone on the same page. We had provided a summary report for the participants' review before the meeting.
It became apparent that participants did not have enough time for discussion during the SWOT analysis	We recommend doing two, four-hour meetings, or a single eight-hour meeting for this process (instead of the two, three-hour meetings we used). This additional time would allow for greater discussion during the process. To compensate for our lack of time earlier, we will dedicate forty-five minutes of the action plan phase to reconsider the progress so far, and provide an opportunity to add strategies to each goal if the participants want to.
Some participants commented that they felt not all agencies in the county were represented	Not all agencies invited to the meetings attended, but for the future we request participants to suggest additional agencies that they think should be present by contacting Lux Phatak.
Some participants did not like having two split meetings and would prefer to accomplish everything in a single day	When developing the action plan, we intend to have a single, eight-hour meeting.

Participants also expressed praise for our facilitator, Ruth Shrock, whom we would like to thank for her guidance and expertise, allowing us to effectively move through the process.

The process used to develop the goals and strategies was effective.



*I can't think of a better process . . .
When will we do future steps?*

We came up with some great ideas and shared them with the larger group. Everyone seemed comfortable in sharing their ideas.

We would also like to thank all of the Delaware County agencies that sent participants:

- | | |
|--|---|
| Action for Children | Family and Children First Council |
| Big Brothers Big Sisters | Family Promise |
| Boy Scouts of America - Simon Kenton Council | Girl scouts - Ohio's Heartland Council |
| Central Ohio Mental Health center | HelpLine of Delaware and Morrow Counties |
| Community Action Partnership | Heritage Day Health Centers |
| Concord Counseling Services | Job and Family Services |
| Council for Older Adults of Delaware County | Legal Aid Society of Columbus |
| Court Appointed Special Advocates for Children | Marion Shelter Program |
| DATA Bus | Maryhaven |
| Delaware Area Career Center | Mental Health and Recovery Services Board of Delaware and Morrow Counties |
| Delaware City Schools | People in Need, Inc. of Delaware County Ohio |
| Delaware County Juvenile Court | Smith Clinic |
| Delaware General Health District | The Salvation Army |
| Delaware Speech and Hearing Center | Turning Point |
| Directions for Youth and Families | |

Please feel free to use any component of this report for your own organization. If you have any questions about the process we used, please feel free to contact:



Lux Phatak, MS
Assessment Coordinator
lphatak@delawarehealth.org
740-203-2081

Prepared by: David Gatz & Lux Phatak

Delaware General Health District

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TEMPLATES

EXTERNAL

Opportunities

Threats

INTERNAL

Strengths

Weaknesses

POSITIVE

NEGATIVE

