

# ec HealthNet Strategic Planning Retreat

JULY 2004 • SUMMARY REPORT

Since January 2004, a committed group of professionals have devoted countless hours to thoroughly assessing the community health needs in Clarke, Kemper, Neshoba, and Newton counties. These professionals include representatives from area hospitals, health care clinics, community colleges, local health departments, mental health agencies, community development agencies, human services agencies, and other agencies dedicated to improving community health. This partnership, entitled EC HealthNet (short for East Central Mississippi Health Network), is committed not only to assessing community health needs, but also to developing a workable strategic plan for fostering positive change in these counties.

## BUILDING SUSTAINABLE COMMUNITIES

Several factors are critical for rural communities to offer a better quality of life for residents. Quality health care infrastructure is a necessary component of any thriving community capable of positioning itself for the future. Communities also depend on quality human resources through adequate educational opportunities, access to technology, and a broad-based civic engagement. This creates an environment that supports healthy lifestyles for residents.

## VISION

Retreat participants envision the perfect community in which community health is optimal. Page two reflects the outcomes of this process.

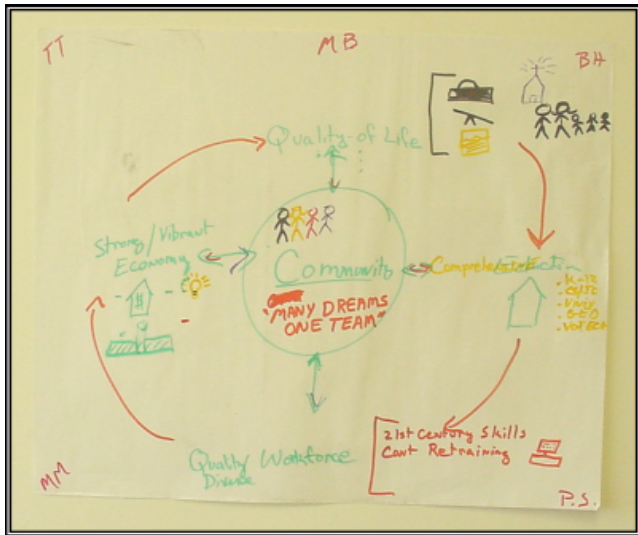
## CORE VALUES

After completing the community portraits, the group identified common themes and values of the pictures. The following core values were identified:

In its efforts toward its mission, the EC Health-Net hopes to promote the following:

- Access to health care for all residents
- A family-centered approach
- Working together
- Increased knowledge
- Improved quality of life
- Increased quality of the health care workforce
- Sensitivity to culture and faith
- Support for a strong economy
- Community leadership
- Reduced barriers to access (such as transportation)
- A hope and a vision for community health care
- Prevention as an important component of health care (such as safety, nutrition, recreation)

# What is a healthy community?



A healthy community includes everyone.



Communities, that live, learn, work, play, and worship together stay together and prosper



A Vision of Hope



## MISSION STATEMENT

Once the foundation of core values and dreams was established, the partners developed a mission statement to guide the overall initiative. The following mission is the finished product of that effort:

*EC Health-Net: Networking to improve the health of all residents of rural East Central Mississippi through a community-based approach.*

## DEVELOPING AN ACTION PLAN

Developing a plan of action, like planning a journey, involves three key components:

1) knowing where you are, 2) having a clear picture of where you want to go, and 3) defining a route between the two. All three are essential to getting to the desired destination.

## KNOWING WHERE YOU ARE

From January to May 2004, the Network was engaged in a comprehensive community health assessment. This assessment process was composed of a number of individual elements, including an economic impact study, a telephone survey to more than 1,600 county residents, a survey of health care professionals, a study of health care coverage, and four community forums. Information from each of these components was compiled into a notebook for the retreat participants.

## DECIDING ON A DESTINATION

Good preparation involves planning with the end in mind. Few of us would begin a journey without having a determined destination. With a number of health concerns facing the region, the Network set out to determine which of these to address first. The partners had already decided to address both a prevention/health promotion area and an issue within health care access. Thus, the focus would consist of two distinct themes.

In each of the two areas, each participant identified two concerns the Network might address. These responses were compiled to create a list of concerns for health prevention and a list for health care access. Participants were then given three different colored dots representing three weighted votes. Red represented their first choice, blue their second choice, and green their third choice. Participants prioritized the list by placing a dot next to the concern they felt the Network should consider addressing as a first priority. The charts below indicate both the initial lists for both areas and a record of the votes, including the number of first, second, and third votes for each item, along with the total number of votes.

**Health Promotion.** From this process, obesity as a health promotion concern was identified. Strategies for tackling this challenge would also be effective in wrestling with the health issues surrounding diabetes, hypertension, and to some extent, depression and cancer. Nutrition, fitness, and education on healthy lifestyles would also address the obesity issue.

HEALTH PROMOTION PRIORITIES

ISSUE	FIRST	SECOND	THIRD	TOTAL
<b>OBESITY</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>8</b>
Diabetes	2	4	1	7
Education-healthy lifestyles	3	1	2	6
Substance abuse	2	1	2	5
Nutrition/fitness		1	2	3
Teen pregnancy		3		3
Cancer			3	3
Hypertension	1		1	2
Depression			2	2
HIV/AIDS, STDs				0

HEALTH CARE RESOURCES PRIORITIES

ISSUE	FIRST	SECOND	THIRD	TOTAL
<b>Recruitment/Retention/Training of health care professionals (combined with "keeping health care local (1-3-2)" and "health care work force training (1-0-0)"</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>12</b>
Emergency/after-hours care	6		1	7
Medication costs/abuse	2	2	1	5
Community education/awareness	2		3	5
Non-emergency transportation		2	5	7
Cost of health care and insurance		2	2	4

**Health Care Access.** Using the same process as in health promotion, the partners identified six key concerns the Network might address. Again, following the prioritizing exercise, the group determined that recruiting, retaining, and training health care professionals was closely tied with health care workforce training and with using local health care services. This became the first priority for health care access.

## MAPPING THE JOURNEY

Having realistic outcomes is one of the essential steps to improving health care, since these outcomes will serve as guides in the planning process. Outcomes should include long-term, intermediate, and short-term goals. Long-range goals focus on the big picture of what conditions need to change. Intermediate goals answer the question, “What behaviors need to change in order for the condition to change?” Short-term goals focus on the skills or knowledge needed to cause these desired behavioral changes. Thus, outcomes are written, beginning with long-term outcomes, moving to intermediate outcomes, and ending with short-term outcomes.

Once outcomes are developed, identify resources and activities to foster the skills and knowledge necessary to reach short-term goals. These activities become the road map linking where we are to where we want to be.

Participants designed a logic model that outlined basic outcomes for both the obesity initiative and recruitment/retention/training initiative. In addition, the groups identified specific activities needed to reach the outcomes. The process for identifying the activities was similar to the initial process of identifying priorities. Each participant suggested two activities for addressing obesity and two activities for recruitment, retention, and training of health care professionals. Since the latter of these issues involved a broad scope of potential activities, partners were asked to provide two activities in each of the three areas: recruitment, retention, and training. These suggestions were compiled to eliminate duplication and prioritized to determine the first initiatives to address.

The first activity to address obesity the Network selected was a community walking program. All participants agreed this was a positive step for the Network to

### **OBESITY ACTIVITY SUGGESTIONS**

*Exercise:*

- o Walking program (all partners echoed this response)

*Nutrition:*

- o Educate
- o Develop a campaign for persistent and consistent message
- o Map the trails and exercise facilities and develop a promotional brochure

undertake. To address recruiting, retaining, and training issues, ECHN decided to implement a Boy Scouts Health Career Explorers’ Club in each of the four counties. Work groups, or committees, began developing work plans based on these two proposed activities. A work plan, or “Plan of Action,” includes overall objective(s), steps necessary to complete the objective(s), person responsible for each step, and a realistic deadline for completing each step.

## RECRUITING, RETAINING, AND TRAINING HEALTH CARE PROFESSIONALS

### Initial list of suggested activities

#### *Recruitment*

- Make direct contacts with University of Mississippi Medical Center and other health professional training facilities.
- Contact Mississippi students studying health care in other states’ programs.
- Explore increased participation in the J1 Visa Program for foreign doctors.
- Support all network members’ recruitment efforts; have at least three or four other area providers come for introductions during the interview process.
- Join efforts on attending recruitment conferences.
- Develop a health care speakers’ bureau to encourage participation in health care fields.
- Assist in finding doctors who are willing to locate in rural areas.
- Develop a marketing campaign through the Chambers of Commerce.
- Work with the Mississippi Development Authority to provide communities that would entice professionals to work and live in the community.
- Make communities eye-appealing through civic club involvement.
- Increase scholarships for those pursuing health careers(2).
- Promote Rural Health Corp programs designed at recruiting promising students into health careers (Rural Medical Scholars, Rural Health Explorers, Scholarships).
- Develop ways to track potential health care students in K-12; provide incentives to college students (scholarships, etc.) and employment incentives (2).
- Participate in health career day in high schools (3).
- Build Boy Scout Health Care Explorer Program in the region.

- Increase health care career exposure for K-12 students (2).
- Explore and implement successful programs that have been used in other K-12 schools.

**Retention**

- Educate/update the community on professional health care.
- Offer and publicize free screening days.
- Develop marketing strategies to promote the region in a positive way.
- Promote a positive community/quality of life (2).
- Emphasize job security.
- Compare local health care salaries to those in other areas.
- Make salary commensurate with productivity.
- Develop regional network employer leadership program.
- Develop regional network employer education program.
- Coordinate network-wide activities for providers to increase social connections to community (socials, etc.).
- Keep region progressive in healthcare.
- Host annual health care workers celebration banquet.
- Organize local incentives.
- Work with employers to provide incentive programs to employees who stay with the employer.

**Training**

- Provide scholarships for current employees to upgrade educational skills (2).

- Provide assistance with continuous education/training.
- Enhance education/training of workforce.
- Establish community education initiatives.
- Develop lasting communications with outside organizations who have a stake in the health care industry.
- Create a pamphlet that identifies all health care scholarship opportunities.
- Assist professionals in finding scholarships.
- Provide “on-the-job” training.
- Provide a center for continuing education (3).
- Develop technology to enhance continuing education opportunities (tele-medicine, on-line training, interactive video, GE education grant).
- Tap into community colleges and senior colleges for training resources.
- Coordinate and host specific training seminars for health care professionals (2).
- Link with the University of MS Medical Center for training programs.

**BUILDING PARTNERSHIPS**

Overcoming challenges and achieving goals require community involvement. No single organization or individual can effectively tackle broad community issues. This is true for EC Health-Net’s efforts as well. With the complexity of health issues facing the four-county region, the Network needs many diverse partners to accomplish its overall mission of fostering a healthier community.

While the Network currently enjoys broad agency participation, the partners recognize the need to include other partners for even greater impact and success.

**RECRUITMENT/RETENTION/TRAINING STRATEGY PRIORITIES**

<CONDENSED LIST WITH VOTING RECORD>

	FIRST	SECOND	THIRD	TOTAL
<b>RECRUITMENT</b>				
K-12 career exploration/career mapping	7	3	0	10
Develop recruiting/marketing plan	2	3	1	6
<b>RETENTION</b>				
Community marketing plan	2			2
<b>TRAINING</b>				
Create local CME training center		1		1
Use technology training (telemedicine, distance education, Internet, interactive satellite, etc.)		2	6	8

**OBESITY**  
POTENTIAL PARTNERS

<b>POTENTIAL PARTNERS</b>	<b>SELF-INTEREST(S)</b>	<b>POTENTIAL ASSET(S)</b>
Private providers	Marketing strategy, promote overall health	Credibility, input
Chambers of commerce	Community development	Public relations, direct contact with business and professionals
Schools and boards	Healthy kids learn better. Stronger communities	Access to kids and families
Faith-based organizations (centers, newspaper)	Healthier people, health awareness	Credibility, communication
Nutrition centers	Access to programs	Better nutrition
Low income housing/elderly	Education on better standard of living, behavioral changes	Education to residents
Restaurants (chains, associations, private)	Customer relations, those seeking better meals/menus	Healthier menu
Industry	Healthier employees, reduced lost days, cost savings	Education and usage, employee incentives
Dept. of Human Services	Mission	Programs, expertise
Private fitness centers	Members	Expertise, facilities
TV/radio/newspaper (public service announcements)	Mission (PSA)	Community outreach
Professional associations	Mission, membership	Expertise, programs, resources, networking
Community colleges	Enrollment	Access to students, expertise, resources, facilities

## RECRUITMENT/RETENTION/TRAINING PROFESSIONALS

### POTENTIAL PARTNERS

POTENTIAL PARTNERS	SELF-INTEREST(S)	POTENTIAL ASSET(S)
UMMC	Placement, referrals, continuity, fulfillment of mission	Manpower, expertise, credibility, technology
Meridian tertiary market	Referrals, continuity	Manpower, resources, funding
Political	Growth of community, support	Funding, resources
Local industry	Available health care, cost, safety, increased productivity	Referrals (clients), business, money
Corporate	Business, money, image	Funding, network links
Professional associations	Mission, membership	Training, resources
Foundations	Mission, image	Funding
Media (TV, radio, newspaper, web, email)	Exposure, communication	Communication, marketing, publicity, training resources
Chamber of Commerce	Healthier workforce, community development	Contacts, professional and political connections, promote local community
Civic clubs	Exposure, missions	Financial capital
Economic development	Improve community	Financial, marketing, communication
Local government	Mission, function	
National programs		

Identifying potential partners is easy, but sometimes gaining their involvement is not. One way to strengthen recruiting efforts is to consider each potential partner in light of (1) the specific interests the partner may have in being involved and (2) the specific assets the partner might bring to the group. At the retreat, attendees identified potential new partners for each of the two proposed initiatives, giving attention to both potential self-interests and specific assets of each partner. Following is a summary of each initiative.

## **KEEPING THE END IN MIND**

To ensure the group stays on track, it is important to check progress along the way. As an on-going monitor of success, the group developed an Evaluation Plan based on the selected outcomes.

Thus, progress can be measured not only by watching a Plan of Action take effect and celebrating completed steps along the way, but also by measuring the concrete outcomes as defined within the Evaluation Plan. This important process of measuring will help guide the Network toward success, recognizing and allowing for course corrections as needed.

### ***Recommendations Made to the ECHN***

#### ***Partners following the Retreat:***

- Review and “fine tune” the logic model.
- Develop a complete Plan of Action for each of the two selected initiatives. Assign deadlines and responsibilities to each step.
- Have each work group present its plan to the whole Network looking for missing steps, potential duplication across groups, or potential links across groups.
- Review the Evaluation Plan, further solidifying measurement of outcomes and processes involved. Check the Plan of Action to ensure that evaluation steps are integrated into the plan.
- Review and revise the previous tables, adding agencies/organizations and identifying key contacts for each potential partner.
- Develop a one-page fact sheet describing the Network and its goals to serve as talking points when approaching new potential partners.
- For each of the partners above, solicit volunteers from existing partners who are willing to make a personal contact with that potential agency within a given time period to encourage participation.

## **NEXT STEPS**

EC Health-Net will apply for a three-year implementation grant to help deliver the aforementioned plans for recruitment, retention, and training.



# Appendix

**Please see recommendations on previous page regarding incomplete sections.**

## EC Health-Net Obesity Prevention

Inputs	Outputs		Outcomes		
	Activities	Participation	Short-term	Intermediate	Long-term
<i>Resources committed to address the situation</i>	<i>Activities supported by the resources invested</i>	<i>Individuals or groups who participate in the activities</i>	<i>Attitude</i>  <i>Learning that results from participation</i>	<i>Behavior</i>  <i>Actions that result from learning</i>	<i>Conditions that change as a result of action</i>
Community Health Centers  Health Dept.  MSU Extension Service  School Nurses  Hospitals  Providers  Colleges	Community Walking Program	Faith-based  Worksite • Employers • Employees  Schools • Kids • Parents  Adults  Senior Citizens	Benefits of exercise  Consequences of not exercising  How to develop a healthy fitness routine  Safety: • Proper equipment • Physician's care  Proper use of facilities	Regular exercise	<b>Primary Goal = Reduced incidents of obesity</b>  Reduced diabetes and hypertension  Managed diabetes: • Blood sugar maintained • Reduced amputations  Health Care cost reduction  Increased productivity/ fewer lost days
<b>Contextual Factors</b>					

## EC Health-Net Explorer's Club

Inputs	Outputs		Outcomes		
	Activities	Participation	Short-term	Intermediate	Long-term
<i>Resources committed to address the situation</i>	<i>Activities supported by the resources invested</i>	<i>Individuals or groups who participate in the activities</i>	<i>Attitude</i>  <i>Learning that results from participation</i>	<i>Behavior</i>  <i>Actions that result from learning</i>	<i>Conditions that change as a result of action</i>
EC Health-Net Partners  MSU Extension Service  School Nurses  Colleges <ul style="list-style-type: none"> <li>• Service learning</li> <li>• Workforce training</li> </ul> Boy Scouts Explorers Club-Newton Co.  Rural Health Corp <ul style="list-style-type: none"> <li>• Rural Medical Scholars</li> <li>• Rural Health Explorers</li> <li>• Scholarships</li> </ul> MS Hospital Association – Career center	Career Exploration – Boy Scouts Explorer's Club expanded to all four counties	Teenagers in EC Health-Net region	Local high school students learn about a variety of health care professions	Youth participate in health career track	Local youth pursue health care careers in EC Health Net region
<b>Contextual Factors</b>					

**PLAN OF ACTION**  
**TASK FORCE: K-12 CAREER EXPLORATION**

OBJECTIVE: Implement "K-12 Career Exploration" in Grades 9-12 in Each County by October 30, 2004.

ACTION STEPS: What steps are needed for the success of this objective?

<b>WHAT NEEDS TO HAPPEN?</b>	<b>WHO WILL BE RESPONSIBLE FOR COMPLETION OF STEP?</b>	<b>WHEN IS COMPLETION EXPECTED?</b>	<b>HOW WILL SUCCESS BE MEASURED?</b>
Contact Boy Scouts of America and invite to next meeting.	Tim Thomas will contact Bryan Sinclair.	By the end of next week July 30, 2004	Contact made
Meet with Bryan Sinclair to outline program.	Board	August 16, 2004	Dates set
Identify county sponsors.	Board	August 16, 2004	Secure 3 more sponsors (Newton already has sponsor)
Meet with school principals, guidance counselors, career discovery instructors, and superintendents.	County sponsors	August 23, 2004	School buy-in
Recruit students.	County sponsors	October 1, 2004	Minimum of 12/county (club)
Program planning.	County sponsors	October	Dates set; Program planned
"Kick-off" meeting with sponsors, recruits, and parents; pre-survey	County sponsors	October	Sponsors, recruits, parents in attendance
Explore outside funding, incentives, etc.	County sponsors	Ongoing	Secure community involvement, assets
Monthly meetings	County sponsors	Monthly	Dates set, attendance, report to Network monthly
Post- survey	County sponsors	May 2005	50% of enrolled complete 75% of program and enter into career track

**PLAN OF ACTION**  
**TASK FORCE: Walking Program**

OBJECTIVE: \_\_\_\_\_

ACTION STEPS: What steps are needed for the success of this objective?

<b>WHAT NEEDS TO HAPPEN?</b>	<b>WHO WILL BE RESPONSIBLE FOR COMPLETION OF STEP?</b>	<b>WHEN IS COMPLETION EXPECTED?</b>	<b>HOW WILL SUCCESS BE MEASURED?</b>

## Explorer's Club – EC Health-Net

### Program Evaluation Planning Worksheet

OUTCOME	INDICATOR(S)	DATA SOURCE	DATA COLLECTION METHOD	GOAL
<p><b>SHORT-TERM</b></p> <p>If EC Health-Net implements an Explorers' Club, then teenagers will learn about health care careers including:</p> <ul style="list-style-type: none"> <li>• Options</li> <li>• Education requirements</li> <li>• Benefits</li> </ul>	<p>Participation</p> <p>Attendance</p> <p>Length of involvement in program</p>	Club	<p>Attendance</p> <p>Rosters</p> <p>Minutes</p>	<p>By May 2005</p> <ul style="list-style-type: none"> <li>• 100 students will be enrolled</li> <li>• An average of 50% attend each month</li> <li>• At least 50% attend at least 75% of sessions</li> </ul>
<p><b>INTERMEDIATE</b></p> <p>If Explorer's Club participants learn about careers, they will move to career tracks.</p>	<p>Career tracks are defined as participation in:</p> <ul style="list-style-type: none"> <li>• Allied health programs</li> <li>• HOSA</li> <li>• Post secondary majors</li> <li>• College prep courses for high schoolers</li> <li>• Rural Medical Scholars</li> <li>• Rural Health Explorers</li> <li>• Student trainers</li> <li>• Shadowing</li> <li>• Ameri Corp</li> <li>• Service learning</li> <li>• Choices software</li> </ul>	Self Report	Annual Survey	<p>By May 2006:</p> <p>50% of those completing the Explorers Club program are actively participating in the health career track</p>
<p><b>LONG-TERM</b></p> <p>If students participate in the health career track, they will pursue a health care career.</p>	<ul style="list-style-type: none"> <li>• Completion of a health care certificate program or degree program</li> <li>• Post-secondary health care track</li> <li>• Graduate or professional health care</li> <li>• Employed in a health care career</li> </ul>	Self Report	Annual Survey	<p>By May 2009:</p> <p>40% of students active in a health care career track will be pursuing a health care career</p>
	<ul style="list-style-type: none"> <li>• Graduate or professional health care</li> <li>• Employed in a health care career</li> </ul>			

# Walking Program – EC Health-Net

## Program Evaluation Planning Worksheet

OUTCOME	INDICATOR(S)	DATA SOURCE	DATA COLLECTION METHOD	GOAL
SHORT-TERM				By May 2005
INTERMEDIATE				By May 2006:
LONG-TERM				By May 2009:

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