

**HOLLERAN**

Community Health Research & Strategic Planning

**Cumberland and Salem  
County Departments of  
Health**

**MAPP “Forces of Change”  
Assessment**

*October 17, 2005*

## BACKGROUND

The Cumberland and Salem County Departments of Health, headquartered in Salem, New Jersey, requested that Holleran facilitate the “Forces of Change Assessment,” one of the four MAPP (Mobilizing for Action Through Planning and Partnerships) assessments. The purpose of the Forces of Change Assessment is to identify what is occurring or might occur that affects the health of the community and local public health system. The discussion focused on both Salem and Cumberland Counties.

The session took place on September 26, 2005 and lasted approximately three hours. Individuals from various social service agencies, not-for-profit organizations, health departments and other health agencies participated in the session, which was held at SJH Elmer Hospital. A full list of attendees can be found in the Appendices.

## FORCES OF CHANGE DISCUSSION

### *Identification of Forces*

Approximately two weeks prior to the scheduled session, attendees were contacted by e-mail from the Holleran facilitator. The purpose of the advanced communication was to provide the attendees with some background regarding the purpose of the session and to encourage come critical thinking prior to the session. A copy of the pre-communication document is found in the Appendices.

After several minutes of introductions and an “icebreaker” exercise, participants were debriefed on the purpose of the exercise and were provided with an explanation of what qualifies as a “force of change.” The attendees then dialogued about the forces of change they perceive to exist in Salem and/or Cumberland Counties. The following list outlines all of the various “forces” identified by attendees.

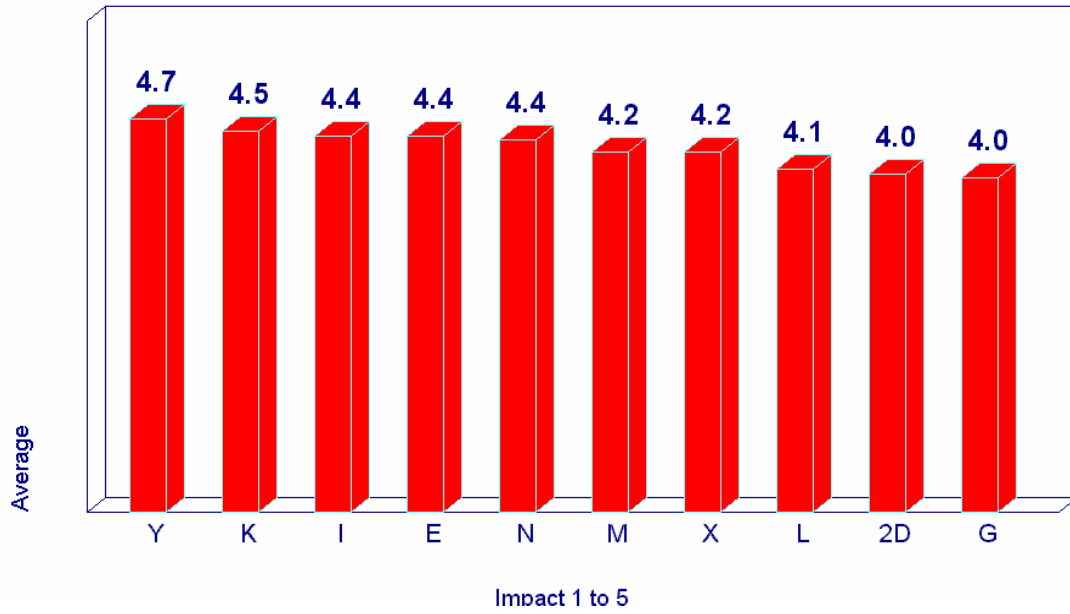
- A. Reduction in workforce (layoffs, closings)
- B. Cancer incidence and mortality rates
- C. Increase in Hispanic population
- D. Increase in jobs with hospital closings and new technologies
- E. Low education levels among residents
- F. 0-6 year old population vulnerable group (playing catch-up; parenting problems)
- G. Teen pregnancies
- H. “Brain drain”
- I. Transportation (availability, affordability)
- J. High incidence of sprawl
- K. Drug & Alcohol addictions
- L. Crime
- M. Lack of insurance/poor insurance coverage

- N. Poverty levels
- O. Nutrition levels (obesity, few places for exercise/recreation)
- P. Affordable housing
- Q. Perception of rural Southern Jersey having no problems
- R. Grassroots efforts to prevent growth/construction (Salem Co.)
- S. Behavioral health (change in delivery system, lack of specialists, needs for children)
- T. Specialists across all fields
- U. Vulnerability associated with nuclear power plant
- V. Emergency preparedness drawing focus away from other health needs
- W. Increase in elderly population across next five to 10 years
- X. Fuel costs (vehicle and housing fuel)
- Y. Funding (across the board)
- Z. DYFS System (positive change; more interventions, education for parents)
- 2A. "211" System
- 2B. Success By Six Initiative
- 2C. Educational Institutions (partnering, working to offer more)
- 2D. Overlap in efforts/services; lack of coordination
- 2E. Riverwalk Initiative
- 2F. New Jersey After Three Program

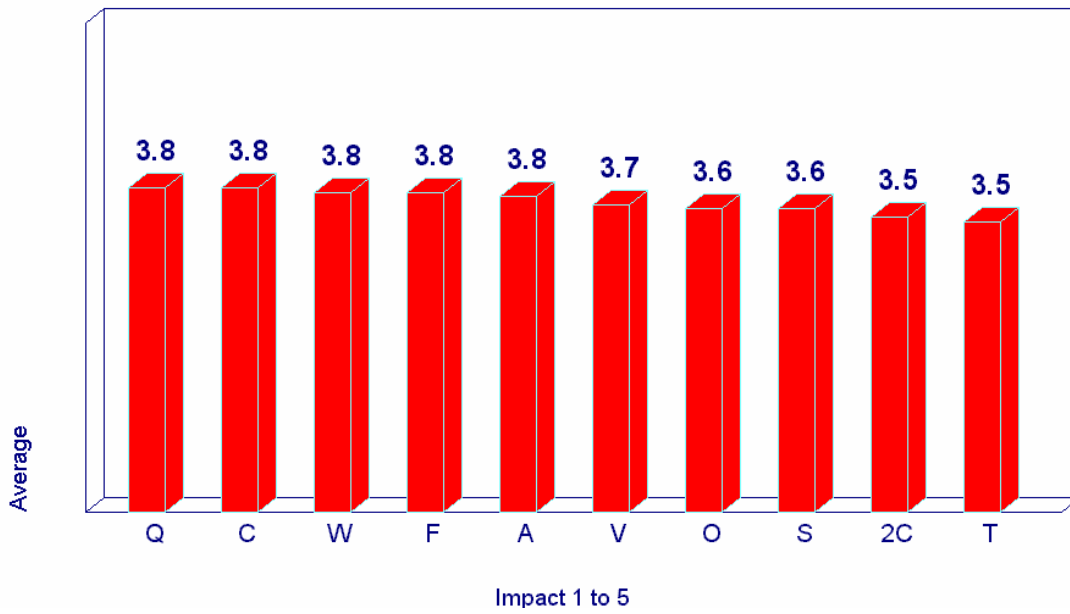
After discussing each of the above forces, the way in which each impacts the local community and the relationships among forces, the group participated in a prioritization exercise. Participants utilized a wireless keypad technology to rate each of the above forces on a 1 through 5 scale (1=No impact; 5=Significant impact). The following graphs reveal the average rating for each force. As shown in the first graph, the top ten rated forces are as follows. The force with a ranking of "1" (Funding) was rated as having the most significant impact on the community.

- |  |
|--|
| <ol style="list-style-type: none"> <li>1. Funding (Y)</li> <li>2. Drug &amp; Alcohol addictions (K)</li> <li>3. Transportation (availability, affordability) (I)</li> <li>4. Low education levels among residents (E)</li> <li>5. Poverty levels (N)</li> <li>6. Lack of insurance/poor insurance coverage (M)</li> <li>7. Fuel costs (vehicle and housing fuel) (X)</li> <li>8. Crime (L)</li> <li>9. Overlap in efforts/services; lack of coordination (2D)</li> <li>10. Teen pregnancies (G)</li> </ol> |
|--|

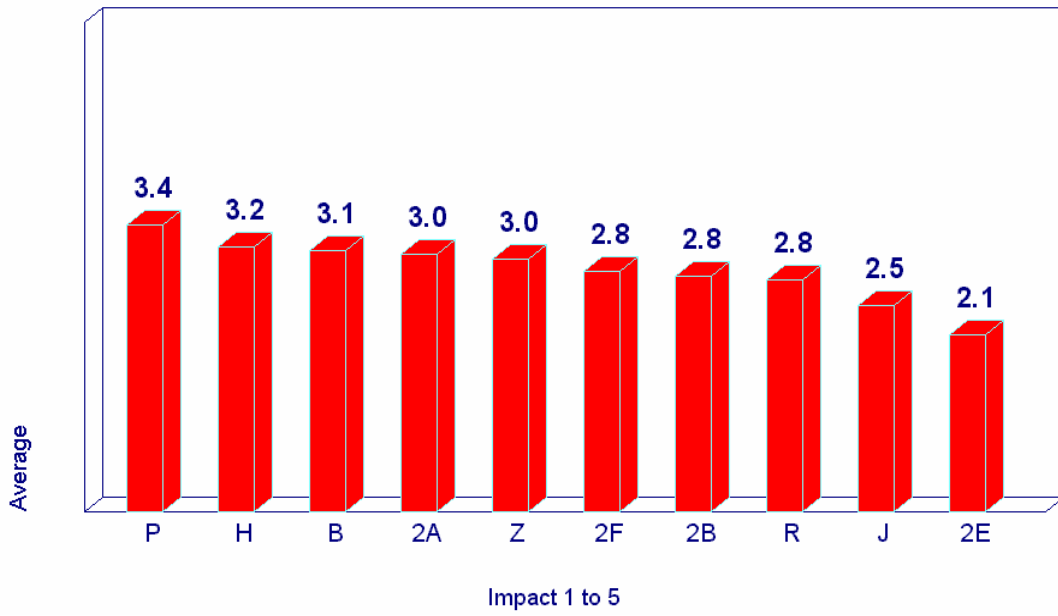
Average Response to all Polls



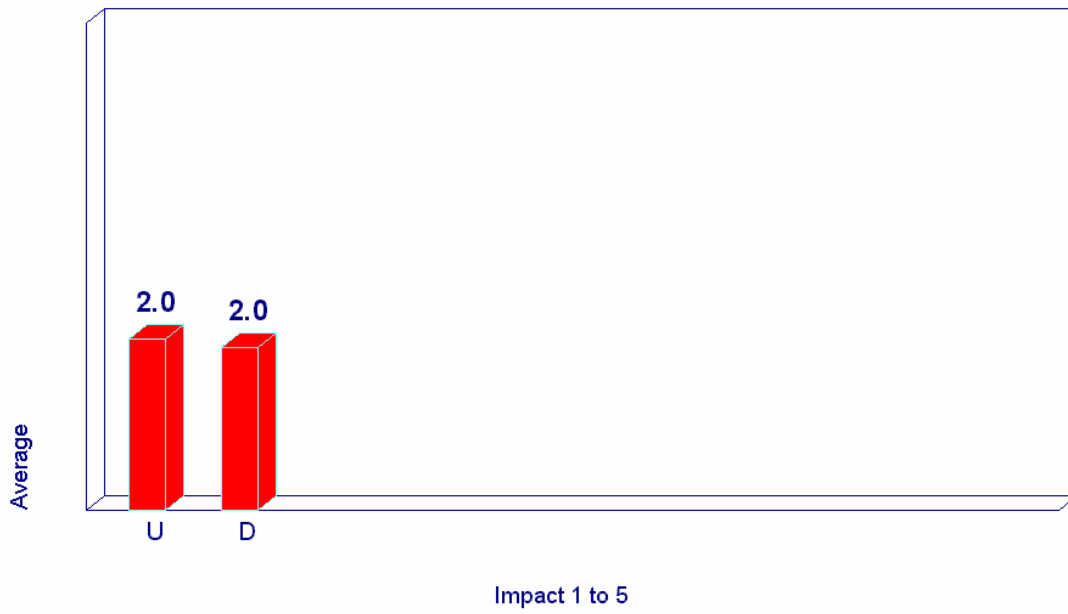
Average Response to all Polls



Average Response to all Polls



Average Response to all Polls



### *Identification of Threats and Opportunities*

The participants engaged in a dialogue about the threats and opportunities associated with each of the top ten forces. The first five forces were discussed during the session, while the feedback related to the second five was obtained via email. The following tables identify the threats and opportunities associated with each of the top ten rated forces.

<b>1. Funding</b>	
<b>Threats Posed</b>	<b>Opportunities created</b>
<ul style="list-style-type: none"> <li>• Grants taken away</li> <li>• Sustainability problems</li> <li>• Money not there for treatment</li> <li>• Prioritizing/other programs lose out</li> <li>• Lack of awareness of current grants/services funded by grants</li> </ul>	<ul style="list-style-type: none"> <li>• May lead to a cut in wasteful funding; require examination of current funding</li> <li>• Increases in collaboration/ partnerships</li> <li>• Better/improved grant writing</li> </ul>

<b>2. Drug &amp; Alcohol Addictions (tobacco included)</b>	
<b>Threats Posed</b>	<b>Opportunities created</b>
<ul style="list-style-type: none"> <li>• Negative health impact</li> <li>• Negative impact to families and community</li> <li>• Safety issues</li> <li>• Infant health/mortality</li> <li>• Domestic violence</li> <li>• Second-hand smoke (lung cancer)</li> </ul>	<ul style="list-style-type: none"> <li>• More cost effective to treat the D&amp;A problem than associated problems (crime, etc.)</li> <li>• Drug court system has been effective (treatment rather than incarceration)</li> <li>• Has led to increase in collaboration</li> <li>• Opportunity to emphasize prevention</li> </ul>

<b>3. Transportation (availability and accessibility)</b>	
<b>Threats Posed</b>	<b>Opportunities created</b>
<ul style="list-style-type: none"> <li>• Negative impact on employment</li> <li>• Negative effect on treatment with patients</li> <li>• Access to services</li> <li>• Basic necessities</li> <li>• Assumption that “will never work”</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity for new business in transportation industry</li> <li>• Increase opportunity for partnerships/ collaboration</li> <li>• Learning/ sharing best practices from other communities</li> </ul>

<b>4. Low education levels</b>	
<b>Threats Posed</b>	<b>Opportunities created</b>
<ul style="list-style-type: none"> <li>• “Doomed” to low paying jobs</li> <li>• Psychological impact of low education (self esteem)</li> <li>• Professional positions taken by those from outside community</li> <li>• Discourages business growth</li> <li>• Impact on family income</li> <li>• Cyclical</li> </ul>	<ul style="list-style-type: none"> <li>• Can only get better</li> <li>• Larger corporations partnering with education institutions</li> <li>• Has encouraged growth in educational offerings/ degrees</li> <li>• Increase in scholarships/ loan forgiveness; tuition reimbursement (School Counts)</li> <li>• AVID Program</li> </ul>

<b>5. Poverty levels</b>	
<b>Threats Posed</b>	<b>Opportunities created</b>
<ul style="list-style-type: none"> <li>• Increased crime</li> <li>• Live “on edge” without income</li> <li>• Don’t seek healthcare (insurance, affordability)</li> <li>• Access of healthcare</li> <li>• Dropout rates because going to work</li> <li>• Generational cycle</li> <li>• Complacency; perception of “deserving” it</li> <li>• Special populations among low/ no income (Mental health pop; racial groups, ethnic groups)</li> </ul>	<ul style="list-style-type: none"> <li>• More opportunities to succeed</li> <li>• Learning from other systems/ change in government philosophy</li> <li>• Qualify for a number of grant opportunities</li> </ul>

6. Lack of insurance/poor insurance coverage	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Unreported/under-reported illnesses</li> <li>• Providers less willing to move into area and access low-income pts.</li> <li>• Residents can't access services</li> <li>• Seek medical help at later stages of disease</li> <li>• Emergency care becomes primary care</li> <li>• Increased morbidity/mortality</li> </ul>	<ul style="list-style-type: none"> <li>• Provide/develop services for this group</li> <li>• Develop partnerships with agencies that may provide services</li> <li>• Current push to get individuals covered</li> <li>• Potentially more governmental grants</li> <li>• Create county center for health insurance counseling (linkage to services, "one stop shop")</li> </ul>

7. Fuel costs (vehicle & housing fuel)	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Not enough money for residents to pay bills</li> <li>• Money not left for other necessities</li> <li>• Transportation an even greater problem than already is in the area</li> <li>• Increased burden on fire companies, EMTs</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in car pools, use of public transportation</li> <li>• May find other, better means of heating home</li> <li>• Potential increase in assistance from oil companies</li> <li>• Emergency legislative support to help low-income families</li> </ul>

8. Crime	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Residents feel unsafe</li> <li>• High murder rate</li> <li>• People move out of high crime areas</li> <li>• Outdoor activities decrease as crime increases</li> <li>• Businesses not wanting to operate in high crime areas</li> </ul>	<ul style="list-style-type: none"> <li>• Development of rehabilitation programs for offenders</li> <li>• Develop education programs for kids/teens to prevent crime</li> <li>• Current available funding for gang awareness and prevention</li> <li>• Formation of neighborhood watches</li> <li>• May lead to programs that offer housing, job training, etc. upon release from incarceration</li> <li>• Drug use treated as a serious medical problem</li> <li>• Introduction of "drug courts" into the judicial system</li> </ul>

<b>9. Overlap in services/ efforts; lack of coordination</b>	
<b>Threats Posed</b>	<b>Opportunities created</b>
<ul style="list-style-type: none"> <li>• Waste of money and time</li> <li>• Competing for number of limited clients</li> <li>• People “falling through the cracks”</li> </ul>	<ul style="list-style-type: none"> <li>• May lead to more collaboration/ partnerships and increased communication</li> <li>• Potential to develop master list of all resources in the county with contact persons</li> </ul>

<b>10. Teen pregnancies</b>	
<b>Threats Posed</b>	<b>Opportunities created</b>
<ul style="list-style-type: none"> <li>• Uneducated mothers, unable to care for children</li> <li>• Increased welfare benefits</li> <li>• High teen pregnancy rates often linked to high STD rates</li> <li>• Daycare services hard to find/afford</li> <li>• Current administrations only focus on abstinence education</li> <li>• Increase in depression among teen parents</li> </ul>	<ul style="list-style-type: none"> <li>• Development of educational programs to prevent teen pregnancies</li> <li>• Schools might become more open to alternatives to traditional sex education programming</li> <li>• Initiate after-school and weekend programs for all ages to keep them involved in healthy activities</li> </ul>

## **RECOMMENDATIONS**

The forces identified during this brainstorming session should be reviewed again when strategic issues are being identified. For example, if a strategic issue of lack of insurance coverage/poor insurance coverage is identified, then the impact of low-paying jobs in the area needs to be considered. Each force will impact the partnership’s ability to implement and follow-through with action plans, therefore integration of the forces into the community health improvement plan is integral. Some of the forces of change identified during the session may be unique to the current assessment, while others may also appear during one of the other three MAPP assessments. While all identified forces should be noted, those ranked as having the most significant impact on the community should be given heightened attention. Additionally, the relationship each force has with the others should not be ignored. For example, “crime” as a force truly has an impact on drug and alcohol abuse, business opportunities and many other areas aside from mere resident safety.