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Community Health Systems Development: Summary of a Workshop for Utah Officials July 6-7, 1995

Prepared for:

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Table of Contents

I. Introduction and Background

In October 1992, the Maternal and Child Health Bureau (MCHB) awarded Health Systems Research, Inc. (HSR) a three-year contract to provide 25 states with technical assistance in developing comprehensive systems of care for children and their families. The MCHB granted HSR a second three-year contract in July 1994 to provide technical assistance to an additional 28 states and U.S. territories. Utah is one of eight states selected to receive technical assistance under the first year of the second contract.

Utah officials requested technical assistance in meeting the objective of the MCHB-funded State Systems Development Initiative (SSDI) by assisting the Utah Department of Health's (DOH) Division of Family Health Services (DFHS) initiate and implement a community assessment and development process. An initial site visit was conducted in December 1994, during which HSR Project Director Ian Hill, Senior Associate John O'Brien, and Policy Associate Katherine Clayton met with key officials from DOH's DFHS, Health Care Financing, and Health Systems Improvement, as well as selected representatives from other agencies, to gather background information on health department programs and develop and discuss the scope of the technical assistance project.

At the conclusion of the site visit, Utah officials and HSR consultants determined that the state's systems development efforts would benefit greatly from the receipt of formal training on community health systems development. Therefore, Utah officials requested that HSR design and conduct a workshop for state and local officials on this critical process. Background information on Utah's SSDI project and the goals and objectives of the workshop are provided in the following sections.

A. Overview of Utah SSDI Project

In 1993, Utah's DFHS received SSDI funding from the MCHB to implement in-depth community assessment and development processes in two rural and two urban communities

in Utah. DFHS recognized the critical importance of involving local communities in the systems development process to ensure that they become active participants in developing improved systems of care for children.

When Utah was selected to receive technical assistance from HSR under its MCHB-sponsored project, DFHS staff saw the opportunity to use the technical assistance project to complement and support Utah's SSDI project. Utah officials requested that HSR assist them in launching the community development process in two of the four targeted SSDI areas (one rural and one urban region). Specifically, DFHS requested that HSR conduct a workshop to train state and local officials in the principles of community development and the skills needed to implement community-based systems development efforts.

B. The Design and Structure of the Workshop

To begin its preparations, HSR first worked to identify a consultant who could assist in planning and conducting the workshop for Utah officials. After speaking with a number of potential candidates, HSR retained the services of Paul McGinnis of McGinnis & Associates. Mr. McGinnis, a nationally-recognized expert in the area of community health development, possesses over ten years of experience working directly with communities under the auspices of such organizations as the Mountain States Group of Boise, Idaho and the Southwest Georgia Community Health Institute of Albany, Georgia.

In March 1994, preliminary work on the agenda for the workshop commenced. It was decided that the workshop should be conducted over a two-day period; the first day would be structured to accommodate a larger group of approximately 65 state and local guests while the second day would be tailored for a smaller group of 35 predominantly local officials. (A participant list is presented as Appendix A.) Utah officials expressed an interest in learning about community development through both didactic presentations and small group skills-building exercises. Therefore, HSR and its consultant decided to schedule formal presentations for the first day and plan small group exercises for the second day.

The overall goal of the workshop was to provide state and local participants with background information on community development and the skills needed to conduct community-based activities. Therefore, an agenda was developed to address such issues as coalition building, needs assessment, problem solving, systems planning, and strategy development. Efforts were also made to present information within the context of the SSDI project and to highlight systems development efforts underway in the participants' communities. The complete meeting agenda is presented in Appendix B. In addition, to enable participants to effectively follow the content of the workshop and to provide them with a resource document that they could consult over time, the consultant team developed a notebook for each participant. The notebooks included the agenda, selected background information and research literature on community development issues and processes, copies of overhead materials used during presentations, and instructions for group exercises.

Consultant Paul McGinnis and HSR Policy Associate Katherine Clayton conducted the workshop on July 6-7, 1995, in Salt Lake City. The workshop also was attended by MCHB Project Officer Joseph Zogby who participated in discussions throughout the two days and provided federal perspectives on issues discussed by the group. The remainder of this report presents a summary of the workshop.

II. Summary of Workshop Sessions

Thursday, July 6

8:30 a.m. Welcome and Background Information on the Workshop

During this opening session, DFHS Director Scott Williams welcomed the group, explained the impetus behind and the goals for the workshop, and emphasized that the workshop presented state and local public health officials with an opportunity to learn about community development. Dr. Williams also explained that by engaging in group exercises, participants would have an opportunity to develop skills to conduct community-based activities and define appropriate roles for state and local representatives. HSR Policy Associate Katherine Clayton provided an overview of HSR's MCHB-funded technical assistance project and Paul McGinnis reviewed the agenda for the workshop, explaining the various teaching and group process techniques that would be employed.

9:15 a.m. Community Health Development

To orient participants to the goals of the workshop, Mr. McGinnis presented an overview of the general principles of community development and what participants should anticipate as they approached working with their communities. Mr. McGinnis discussed ways to define a community and presented information on the process of involving community leaders and residents in development activities. The following definition of a community was offered:

> "A community is a geographic area in which a group of people share common interests, goals, and objectives, cooperate on common projects, and feel a sense of loyalty and identification."

The process of community development was defined in the following manner:

> "Community development is a process which attempts to infuse a proper sense of loyalty and identification in people to develop formal mechanisms that encourage cooperation in the pursuit of common goals."

In addition, the community development process was described as involving the following steps:

- Gathering people and identifying leaders;
- Eliminating risk of involvement;
- Providing participants with community development skills (e.g., listening and consensus-building skills);
- Determining what form of involvement is needed (e.g., town meeting versus smaller meetings);
- Discussing how to make things happen (i.e., make perception a reality); and
- Coordinating efforts among participants and organizations.

As communities begin to identify people interested in participating in development efforts, Mr. McGinnis emphasized that the persons who are ultimately selected to participate in the community coalition should demographically and geographically represent the characteristics of the community (e.g., urban versus rural residents). Persons organizing the effort also need to remember that they will have to provide participants with the skills needed to conduct assessment activities.

11:00 a.m. Community Organization Authority

During this session, Mr. McGinnis highlighted issues that local community-based planning groups should consider when initiating a community development process. He emphasized the importance of working with local authorities (e.g., board members of nonprofit corporations or elected officials) that are already established within the community infrastructure to promote development efforts. Mr. McGinnis noted, however, that local authorities may have obligations to their organizations that could conflict with the objectives of the community

development effort. To illustrate this point, Mr. McGinnis described two duties that local authorities are obliged to honor. These include:

- The Duty of Loyalty. The duty to refrain from engaging in personal activities that may injure or take advantage of the organization being represented; and
- The Duty of Due Care. The obligation to perform duties in good faith and always with consideration to the best interest of the represented organization.

Mr. McGinnis outlined the issues that local authorities and the organizations they represent need to consider as they decide whether to endorse a community development process. These include:

- Cost. Community organization authorities need to consider the costs of implementing the development project and determine whether the project is worthy of the required expenditure. This responsibility falls under the organization's Duty of Due Care obligations.
- Risks. Organizations assume a degree of risk as they implement community development processes. For example, the public may not want the same things as the local authority. Mr. McGinnis emphasized that if authorities are not willing to assume this type of risk, they should not involve communities in a participatory process.
- Communicability. Mr. McGinnis noted that people's willingness to participate and support community development efforts will be enhanced if the local authority can communicate the principles behind the effort clearly and effectively.
- Compatibility. It also is important for community development efforts to be compatible with other community initiatives; the process should supplement, not supplant, existing efforts.
- Complexity. Since some of the principles of the development effort may be complex and new to people, local authorities should invest time in making them understandable. Even though some of the terms may be unfamiliar, often people can relate to the general principles, given that they are a part of the community. Nonetheless, people's willingness to support community development efforts will increase if the ideas are easy to understand.

11:20 a.m. Planning for the Future

Having presented an overview of community development, this session was structured to grant participants an opportunity to apply the principles and objectives of the process to their own communities. The group was divided into four small sections to discuss the following questions:

- Why does the community need to engage in a community development process?
- Who will benefit from the work of the community development planning committee?
- How will the community be different following implementation of the community development process?
- Who will help the planning committee?
- Who or what will hinder the committee's efforts?

Each group was given one question to consider and reported their findings back to the large group.

In brief, participants thought that community development would enable their communities to obtain a better sense of their needs, strengths, and weaknesses; promote unity among community organizations and provide an opportunity for them to develop common goals for improving the health of children and their families; and allow communities to employ the strengths of individuals and organizations to develop solutions to existing problems and/or issues. Participants thought that a range of individuals and groups would benefit from and assist the process, including children, families, minority populations, health and social service providers, as well as businesses, churches, and educators. Those who might hinder the process, according to participants, included individuals that are comfortable with the status quo and do not believe that there are any problems that need to be addressed. A detailed list of answers to the above questions generated by participants is presented in Appendix C.

1:00 p.m. Raising Awareness and Engaging the Community

During this session, Mr. McGinnis reviewed how participants can prepare for their initial approach to the community. Mr. McGinnis emphasized the importance of preparation, noting that sponsors of the community-based initiative need to identify reasons why people should participate in the effort prior to any meetings. Equipped with these answers, the sponsors will be better able to convince community members to participate in the effort.

To help workshop participants understand the cognitive processes people undergo as they consider whether to participate in a community-based effort, Mr. McGinnis reviewed two social and product marketing theories. An explanation of these theories is presented below:

- AIDA Model. This model refers to four steps people take as they decide whether to accept or reject an idea or concept. Each letter of the acronym refers to one of these phases. The "A" refers to attention or awareness, the "I" refers to interest, the "D" refers to desire, and the second "A" refers to action. A community organizer can encourage participation in development activities by making people *aware* of the project; fostering an *interest* in the project by explaining why the development process is important; creating a *desire* to participate by identifying the benefits to be gained from participation, and, finally, encouraging people to take *action* by participating to their fullest capacity in the effort.

- The Adoption Curve. The Adoption Curve identifies which segments of the market are likely to accept a new idea or concept first. According to this theory, each segment has different characteristics. The "innovators" are risk takers and the first group to accept a new idea; "early adopters" are the second group to accept a new idea and tend to be the opinion leaders in the community and inclined to try out new ideas; the "early majority" are more cautious and wait to see what the early adopters think of the new idea; the "late majority" tends to resist accepting new ideas; and the "laggards," resist change in general.

To demonstrate how to prepare for initial meetings, workshop participants were asked to engage in a group exercise called the spider-graph technique. The same four small groups were presented with a problem statement and asked to generate reasons why a member of their community should be interested in the issue and, in turn, want to participate in a community-based effort to address the issue. HSR Policy Associate Katherine Clayton and

DFHS staff Jan Robinson, Holly Balken, and Dianne Brown served as small group facilitators.

The problem that each group was asked to consider was what happens to pregnant teenagers who drop out of high school. As the group generated answers to this question, participants began to see how different segments of the community would be interested in the issue to varying degrees. The implications of a pregnant teenager dropping out of high school places strains on the teenager, the child, her family, and the community. For example, these teenagers often lose their earning potential, rely on public assistance and other health and social services, and are at-risk of having additional babies during their teenage years.

2:00 p.m. Forming a Community Planning Council

The steps community organizers should take when developing a community planning council were reviewed during this session. First, Mr. McGinnis discussed some general principles people should keep in mind as they form a planning council. For example, membership of the council should not exceed 12 persons so as to use people's time most effectively. Despite the limits placed on membership of the council, input from the community is gained by having members meet with community members and report issues raised by the community back to the planning council. Based on this input, the council develops an implementation plan.

In order to fully appreciate the dynamics of group process, Mr. McGinnis discussed the four stages of the process: forming, storming, norming, and performing. These stages are summarized below.

- Forming. When a group first meets, individuals get acquainted with one another and gradually form judgements about each other. As a result, cliques are formed. At the same time, individuals have a need to gain approval from the group. In addition, the group as a whole begins to ask the following questions:

  - Why are we here?

- What should we do?
- How will we get things done?
- What are our goals and objectives?

- Storming. As the group forms and grapples with the questions listed above, individuals encounter conflict. People tend to be competitive with one another and hidden agendas begin to surface. Overall, the group identity is low, people are uncomfortable, and the need for group approval declines during this stage. Once again, the group begins to ask a new set of questions:
  - Who is responsible for what?
  - What is the group structure?
  - What is the reward system?
  - Who is the leader?

- Norming. During this stage, cohesion among group members increases. People also become more willing to share their ideas, listen to feedback from other members, generate new ideas, and explore alternatives. The cliques dissolve and a team spirit begins to develop. At this point of the group process it is difficult to introduce new members without disrupting the group's development.

- Performing. During this final stage, an interdependence among members has been established. A commitment to members' ideas and a sense of group loyalty evolves. Typically, the group has established a level of synergy through which they engage in problem solving and become task oriented. Given the level of trust among members that has been established by this stage, the group is closed to new participants.

Following the presentation, the dynamics of group process were illustrated by having participants conduct personality self-assessments using a formal tool provided by Mr. McGinnis. The assessment is designed to assist group leaders understand the concept of personality differences and facilitate more effective planning and utilization of human resources. The tool divides personality types into four categories and illustrates the strengths, weaknesses, and needs of individuals who fall under each category. The four categories are: dominant, influencer, steady, and conscientious.

3:15 p.m. Needs Assessment Techniques

During this session, Mr. McGinnis reviewed the purpose of conducting a needs assessment and outlined six key building blocks of an assessment. Time also was spent discussing the varying techniques that can be employed to collect information, highlighting sources of primary and secondary data.

A needs assessment provides agencies and public officials with up-to-date information about citizen needs and preferences and, in turn, enables them to modify programs as deemed appropriate, set priorities, and develop plans for the future. The six key building blocks that are essential to conducting a community assessment are:

- Demographics;
- Health services/resources inventory;
- Vital statistics;
- Hospital discharge data;
- Health surveys; and
- Qualitative data.

Mr. McGinnis explained that because a range of techniques can be employed to collect data for a needs assessment, people need to consider which technique or combination of techniques are appropriate for their situation. The scope of the problem, the cost associated with conducting the needs assessment, the capabilities of those leading the initiative, and the characteristics of the population being described are factors to be considered.

In addition, assessments can be conducted that rely on analyzing existing information (secondary data) as well as new information (primary data). Examples of sources that contain valuable secondary data regarding maternal and child health include census and vital statistic records, Kids Count data from the Annie E. Casey Foundation, and data from

the Department of Education. Techniques for collecting primary data generally fall into one of three categories:

- Those mainly dependent upon observation combined with documentation (e.g., participant observation, case studies);
- Those mainly dependent upon some form of questioning of individuals (e.g., key informant interviews, surveys, the Delphi technique); and
- Those mainly dependent upon some form of gathering information from a group of people (e.g., nominal group exercises, forums, focus groups).

4:15 p.m. Community-Wide Meeting

During this final session of the first day, each of the four small groups was led through a mock community-wide meeting. The topic of the meeting was preselected: participants were asked to consider what the State of Utah can do to help children reach their full potential. Once again, HSR's Katherine Clayton and DFHS' Jan Robinson, Holly Balken, and Dianne Brown served as group leaders.

The group leaders implemented the following steps of the community-wide meeting:

- Step 1: Silent generation of ideas in writing. The group leaders asked individuals to generate answers to the question at hand. Participants were instructed to work independently and quietly, and record their answers in brief phrases or sentences on an index card.
- Step 2: Round-robin recording of ideas. Having allowed sufficient time for people to record their ideas, the group leaders recorded the ideas, each of which had letters assigned to them (e.g., A, B, C), on a flip chart. In a round-robin fashion, participants were asked to share one idea at a time until all the ideas were presented.
- Step 3: Serial discussion of ideas for clarification. Once all the ideas were recorded, the group leaders reviewed each, asking for clarification when needed.
- Step 4: First preliminary vote. The group leaders distributed a pre-printed index card with the numbers 5,4,3,2,1 written down the left side of the card. Participants were then asked to prioritize the ideas presented by the group by

placing the item letter of what they considered to be the top five most important ideas next to the respective numbers. The group leader then recorded each person's weighted choices on the flip chart and identified the group's top five priorities.

- Step 5: Break and merge for preliminary votes. The small group leaders met with Mr. McGinnis to create a master merged list of priorities and recorded the list on a flip chart.

- Step 6: Small group reports and second-round clarification. Participants assembled and the small group leaders reported their groups' findings, providing a brief explanation of their ideas.

- Step 7: Final community vote. Participants were given five sticker dots to place next to items on the merged master list. Voters were permitted to place all their dots next to one idea if they felt that that idea was the most important, or divide them up in another manner.

- Step 8: Announcement of results. After tallying the sticker dots, Mr. McGinnis announced the results. The group's top five positions on how the State of Utah can enable children to reach their full potential are listed below.

    - Promote living wage jobs
    - Teach parenting skills
    - Assure quality, affordable child care
    - Increase expenditures per pupil/decrease class size
    - Promote high self-esteem in home and school

To help workshop participants conduct a similar meeting on their own, a manual on how to conduct a community visioning meeting was included in the notebooks. A script for conducting the meeting is presented as well as a discussion on how to manage a meeting and improve attendance. In addition, sample invitation letters, public fliers, and press releases were provided in the notebooks.

Friday, July 7

9:00 a.m. Community Presentations

During this session, representatives from two of the four pilot communities selected to participate in the SSDI project presented an update on their plans for implementing community development in their areas. Prior to these presentations, however, Jan Robinson gave an overview of Utah's SSDI project. Ms. Robinson explained that the focus of the SSDI project was two-pronged: (1) to develop a strong statewide constituencies in support of the importance of preventive and primary health care services to all Utah children and (2) to facilitate community development and assessment processes in two urban and two rural communities. By year two of the project, state officials had begun working with the health officers from the Uintah Basin and Utah County. A summary of issues reported by representatives from these areas is presented below.

- Uintah Basin County. The Uintah Basin tri-county area is located in the rural, northeast portion of the state. Uintah Basin Public Health Department's Health Officer, Joseph Shaffer, first presented an overview of the local health department, including the range of services and programs provided to residents, and information on the demographics and health status of the population. Second, Mr. Shaffer described the status of work being conducted to complete an Apex Protocol for Excellence in Public Health (APEXPH) planning process. Uintah Basin had completed the first component of APEX -- the organizational capacity assessment -- in the early 1990s and began implementing the second component on community process in late 1994 with the support of a small APEX contract with the Utah Department of Health. Through implementing the second component of APEX, Uintah Basin identified the need to engage community support in the development process. Mr. Shaffer reported that health status indicator data had been gathered and will be finalized in the near future. He described plans to establish a community health committee in each of the three counties in his area, and begin a community development process after gaining skills from the workshop being conducted by HSR.

- Utah County. Utah County is located in an urban portion of the state, south of Salt Lake City along the Wasatch Front. During their presentation, Utah County Health Department's Family and Personal Health Director, Lori Barber, and Health Promotion/Injury Control Director, Clark Swenson, provided an overview on Utah County's efforts to implement a community assessment and planning process. This process also used the APEXPH

planning model, with some funding being provided from a small APEX contract with the Utah Department of Health. Ms. Barber gave an overview of the demographics and health status of the population in their county and described some of the services provided by their health department. As part of this health department's community assessment and information gathering effort, staff developed and administered a brief written survey regarding health care issues and concerns, to a sample of local community leaders and consumers. This information was then presented at the health department's initial meeting of the Community Health Committee, along with secondary data regarding community demographic, socio-economic and health status indicators. Mr. Swenson described plans to conduct two additional community health committee meetings to identify and prioritize health issues.

Representatives from both local health departments noted that the workshop had provided them with tools and information that will facilitate their continued community development work.

10:00 a.m. Priority Setting

During this session, Mr. McGinnis demonstrated how to consolidate the key items that were raised during the needs assessment exercise conducted on Day One into a summary matrix format. This exercise was designed to assist planning councils in setting priorities.

As an example, Mr. McGinnis presented information obtained from a case study of a county in Georgia. Mr. McGinnis had worked with officials from Grady County to conduct a needs assessment process through which 10 children and youth issues had been identified as problematic. Following a discussion of these issues, participants were asked to rank the importance of the issues to the welfare of the community by using the priority matrix. The matrix is configured so that each issue is compared to the others and, within each comparison, people must choose which issue is more important. Priorities are then determined by how many times an issue is selected to be most important.

11:00 a.m. Generating Options

During the first half of the session, Mr. McGinnis reviewed four methods of policy formation. Participants were then divided into small groups and, with the four categories of policy formation in mind, were asked to consider ways to address a specific child health problem. For example, one group was asked to develop policy-based strategies to increase the number of children under two years of age that are fully immunized. A summary and example of the four approaches to forming policy are presented below. A listing of the options generated by each of the small groups is presented in Appendix D.

- Direct/monetary. Under this approach, the government tries to influence personal behavior and health practices by providing direct services. For example, states may enhance AFDC payments for families whose children are properly immunized.

- Indirect/monetary. Conversely, under this approach, the government attempts to influence behavior by contracting with other providers to render direct services. For example, a state may institute a policy to promote immunizations by operating a subsidized immunization program.

- Direct/non-monetary. Policy is shaped under this approach through the provision of direct, non-monetary incentives such as rules, mandates, and licensing standards. For example, states may require mothers to have their children immunized before receiving AFDC checks.

- Indirect/non-monetary. Under this method, policies are formed through indirect, non-monetary means, such as educational, informational, and promotional campaigns. For example, states may conduct outreach to educate mothers about the importance of immunizing their children.

1:00 p.m. Problem Solving and Decision Making

The process of group problem solving involves steps taken to achieve identified goals and objectives. At the beginning of this session, Mr. McGinnis outlined these steps. He explained that, first, groups define the problem by analyzing how things are as compared to the group's standard of how things should be. Second, groups begin searching for alternative solutions to the problem. Next, the group begins planning for the implementation and evaluation of selected solutions and carrying out the plan. Finally, groups assess the results of their plan.

Following the presentation, participants once again divided into small groups to engage in a problem solving exercise. Participants were asked to read a four-sentence story describing the sequence of events leading up to a store robbery. After reading the description once, people were asked to answer 11 questions about the robbery without conferring with others in their group or referring back to the story line. A group leader then collected and scored peoples' answers. While their answers were being scored, each small group collectively answered the 11 questions. The group scores also were calculated.

In this exercise, the groups answered more questions correctly than individuals. Mr. McGinnis noted that groups always score better than individuals, illustrating the potential that group decision making and problem solving holds.

2:30 p.m. Coordinating Resources

During this final exercise, participants were given an opportunity to apply some of the group process skills (e.g., priority setting, problem solving, consensus building) they learned during the workshop to a hypothetical situation. Participants were asked to read a case study about the fate of a rural community hospital. According to the story line, the rural community hospital was in financial trouble and was considering two options: (1) transferring ownership to a for-profit, physician-owned clinic and hospital located in an urban setting 30 miles away, or (2) expanding its system of services to include the acquisition of a nursing home, emergency medical service system, and primary care delivery system. In addition, the case study presented information that was collected from a needs assessment process. Findings from this assessment were summarized according to how each option affected specific issues (e.g., survival of the community hospital, the mission of the hospital, financial losses, new technologies, stability, personnel, etc.).

The small groups were asked to consider the impact each option would have on the selected issues and reach a consensus on the overall effect. To do this, participants applied many of the group process skills discussed at the workshop.

4:30 p.m. Monitoring Your Performance

Mr. McGinnis briefly reviewed techniques participants can employ to monitor their performance as they implement the development and assessment process in their communities. Mr. McGinnis reviewed ways to make a committee work effectively, including paying mind to stating the committee's purpose clearly, selecting appropriate people to serve on the committee, encouraging participation at the meetings, and recording and distributing minutes to committee members. Conversely, Mr. McGinnis noted that a committee's inability to effectively implement the factors that lead to success will contribute to its failure.

4:45 p.m. Evaluation and Wrap-Up

During the final session, participants were asked to fill out an evaluation form that had been prepared by HSR and were given an opportunity to share their comments on the workshop with one another. The evaluations indicated that the workshop succeeded in improving participants' understanding of community development and how to engage in a planning process. In addition, participants agreed that the workshop clearly defined the steps involved in conducting such a process, thereby facilitating their task of implementing a similar process in their communities.

III. Final Steps to Technical Assistance

Prior to conducting the workshop, Utah officials requested that HSR consider strategies for providing ongoing technical assistance after the completion of the workshop. They anticipated that the four pilot SSDI communities would likely need help and advice in resolving specific problems that might arise while implementing their community development processes. HSR, Mr. McGinnis, and Utah officials discussed the possibility of providing follow-up consultation with each pilot community via conference calls. HSR tentatively agreed to conduct two conference calls, each with the pilot areas. Given the scheduling of the workshop and the local initiatives, it was anticipated that calls with Uintah

Basin and Utah County might need to occur in December 1995, and calls with the other two pilot communities might be needed between January and April, 1996.

Following the workshop, the consultant team met with the core SSDI staff and MCHB Project Director Joseph Zogby to debrief and discuss the final steps of the technical assistance project. DFHS Director Scott Williams remarked upon the usefulness of the information and materials presented during the workshop and confirmed the need for follow-up technical assistance. To the extent that the budget under HSR's project permits, the group agreed to schedule follow-up phone consultations with the pilot communities according to the schedule proposed above.

Appendix A: Participant List

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Division of Family Health Services

Community Health Systems Development Workshop

Utah Law & Justice Center
Salt Lake City, Utah
July 6-7, 1995

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Appendix B: Workshop Agenda

Utah Department of Health
Division of Family Health Services

Community Health Systems Development Workshop

Utah Law & Justice Center
Salt Lake City, Utah
July 6-7, 1995

Annotated Agenda

Through a combination of presentations, directed discussions, and small group exercises, this two-day workshop will explore in-depth the fundamental concepts of community health systems development and expose participants to the technical skills needed to conduct community-based activities. Participants attending either one or both days of the workshop will acquire knowledge and skills that can be applied to community systems development efforts in Utah. Throughout the workshop, systems development training will be provided within the context of the state's changing health care environment and the Division of Family Health Services's (DFHS) federally-funded State Systems Development Initiative (SSDI).

Thursday, July 6

The first day of the workshop has been structured so that the workshop leaders -- Paul McGinnis of McGinnis & Associates and Kerry Clayton of Health Systems Research, Inc. (HSR) -- can first provide participants with contextual information about the workshop and Utah's SSDI project. Next, Mr. McGinnis will review the fundamental components of community systems development and review some of the key steps that must be taken during the community development process. During the final session of Day One, participants will have an opportunity to apply the techniques and skills acquired during prior sessions during a mock community-wide meeting.

8:00-8:30 a.m. **Registration and Continental Breakfast**

Participants are asked to register during this time and invited to enjoy a continental breakfast.

8:30-9:15 a.m. **Welcome and Background Information on the Workshop**

Format: Presentation

Content: Scott D. Williams, MD, MPH, Director of DFHS, will welcome participants and briefly explain the impetus behind and the goals for the workshop. HSR Policy Associate Kerry Clayton also will welcome the group and provide an overview of the federally funded technical assistance project that is supporting the workshop. Paul McGinnis will briefly review the agenda for the workshop, explaining the various teaching and group process techniques that will be employed. Mr. McGinnis also will highlight important sections of the notebook that will be used over the course of the workshop.

9:15-10:45 a.m. **Community Health Development**

Format: Presentation

Content: To orient the group to the goals of the workshop, Paul McGinnis will present an overview of the general principles of community development and what participants should anticipate as they approach working with their communities. Mr. McGinnis will address the following issues: (1) defining communities and community development, (2) ethical approaches to community development, (3) the process stages of a community development model, (4) fostering citizen involvement, and (5) breaking through barriers as they arise.

10:45-11:00 a.m. **Break**

11:00-11:20 a.m. **Community Organization Authority**

Format: Presentation and Discussion

Content: During this session, Mr. McGinnis will explore the responsibilities that fall upon organizations that engage in community development. Mr. McGinnis will discuss the importance of the sponsoring organizations working

with residents when implementing community initiatives.

11:20 a.m.-12:00 p.m. **Planning for the Future**

Format: Small Group Discussion

Content: Having received an overview of community development, this session will allow participants to begin applying the principles and objectives of the process to their communities. The group will be divided into four small sections to discuss the following questions: (1) Why does a community need to engage in this process? (2) Who will benefit from our work? (3) Who will help us? and (4) Who will hinder us?

Following the small group discussions, each group will briefly report back to the large group on issues discussed.

12:00-1:00 p.m. **Lunch**

1:00-2:00 p.m. **Raising Awareness and Engaging the Community**

Format: Presentation and Small Group Exercise

Content: During this session, Mr. McGinnis will discuss how participants can prepare for their initial approach to the community, reviewing the tools that organizers will need. Basic social and product marketing theory will be presented, including the AIDA (awareness, interest, desire, and action) model and the Adoption Curve.

Following the presentation, participants will engage in a group exercise (the spider-graph technique) which demonstrates strategies to solicit community participation in development activities, noting the importance of being prepared to motivate people. This exercise teaches participants to recognize and draw upon community members' differences when organizing a group response to a problem or issue.

2:00-3:00 p.m. **Forming a Community Planning Council**

Format: Presentation and Large Group Exercise

Content: During this session, Mr. McGinnis will review the steps community organizers should take when developing a community planning council. These stages of group development include: forming, storming, norming, and performing. Mr. McGinnis will use a set of pre-planned meeting agendas to review each of these stages. Mr. McGinnis also will discuss how to train community planning councils and develop volunteer contracts that outline what is expected of people participating in the organized effort. Finally, to demonstrate the dynamics of group process, participants will be asked to conduct a personality self-assessment. Through this exercise, participants will learn to appreciate the important contributions individuals can make to a group process.

3:00-3:15 p.m. **Break**

3:15-4:15 p.m. **Needs Assessment Techniques**

Format: Presentation

Content: During this session, Mr. McGinnis will review the six key building blocks of a community needs assessment process, highlighting sources of primary and secondary data. Participants will learn about how and when to use certain types of assessments. Different techniques such as network analysis, case study, participant observation, and focus groups will be explained and resource documents will be cited.

4:15-5:30 p.m. **Community-Wide Meeting**

Format: Small Group Exercise

Content: During this session, Mr. McGinnis will lead the group in conducting a community-wide meeting. The group will be divided into four small groups, each of which will have a designated facilitator.

Friday, July 7

The objective of the second day of the workshop will be to further develop participants' community development and group process skills through various exercises. During the morning session, representatives from the two communities selected under the SSDI project to pilot the community development process will provide an update on their progress and comment on their plans for the near future. Following this session, participants will learn additional group process techniques and conduct a final exercise through which they will apply all the skills learned during the workshop to a comprehensive case study.

8:30-9:00 a.m. **Continental Breakfast**

9:00-10:00 a.m. **Community Presentations**

Format: Group Presentations and Discussion

Content: Representatives from the two SSDI pilot communities -- Uintah Basin and Utah County -- will provide participants with an update on their plans for implementing community development in their regions. The communities will comment on steps taken and future plans.

Following the presentation, the larger group will have an opportunity to ask questions and comment on issues discussed by the presenters.

10:00-10:45 a.m. **Priority Setting**

Format: Group Exercise and Discussion

Content: During this session, participants will engage in a variety of group exercises that will teach them how to consolidate key items raised during the needs assessment exercise conducted on Day One of the workshop into a summary matrix format. This process will be demonstrated through using a case example presented by Mr. McGinnis.

10:45-11:00 a.m. **Break**

11:00 a.m.-12:00 p.m. **Generating Options**

Format: Discussion and Small Group Exercise

Content: Paul McGinnis will first review various methods of policy formation (e.g., monetary/non-monetary, direct/indirect). Following this, participants will break into four small groups and be asked to identify policy options based on a selected child health case example.

12:00-1:00 p.m. **Lunch**

1:00-2:30 p.m. **Problem Solving and Decision Making**

Format: Presentation and Small Group Activity

Content: This session will begin with Paul McGinnis reviewing the basic principles of problem solving and decision making. Participants will then break into small groups and be asked to apply the decision making principles to a short case study. Finally, the dynamics of group decision making will be demonstrated by using the Sherlock exercise.

2:30-4:15 p.m. **Coordinating Resources**

Format: Small Group Exercise

Content: During this session, participants will be given a comprehensive case study which incorporates the group process and community development principles taught during the workshop. The case will present options for changes in ownership/sponsorship of a health organization. A list of issues for consideration will be displayed and the group will be asked to reach a consensus about which of the strategies to employ.

4:15-4:30 p.m. **Break**

4:30-4:45 p.m. **Monitoring Your Performance**

Format: Presentation

Content: Paul McGinnis will review techniques that participants can employ to monitor their performance in the community development process. A check list of issues to evaluate will be provided.

4:45-5:00 p.m. **Evaluation and Wrap-Up**

Format: Group Discussion

Content: During this final session, participants will be asked to fill out an evaluation form. Kerry Clayton will facilitate a discussion through which feedback on the workshop will be obtained.

Appendix C: Planning for the Future Exercise

Question #1: ***Why does the community need to engage in a community development process?***

A. People have a lot of passion and frustration about children and youth issues.
B. There is a need for more accurate information on the community's needs, strengths, and weaknesses as well as a need for organizations to share this type of information with each other.
C. People need skills and leadership in accessing the power structure.
D. People and organizations need to acquire organizational and group facilitation skills.
E. The process will help unite the community and generate support.
F. The process will help the community develop goals for addressing problems and/or issues and also will help individuals develop a sense of accomplishment; people also will be motivated to do more because "success breeds success."
G. Encourages people to look for solutions to problems rather than just focusing on the problem
H. Capitalizes on individual strengths
I. Facilitates developing goals for the health of children and youth
J. Brings factions of the community together
K. The process is a good forum to redefine peoples' roles and responsibilities; fosters developing a seamless system.

Question #2: ***Who will benefit from the work of the community development planning committee?***

A. Children and teenagers
B. Families
C. The community
D. Minority populations
E. The disabled population
F. The elderly population
G. The health care system
H. Health and social service providers
I. State and local officials
J. Businesses
K. Educators and schools
L. Churches
M. The judicial system
N. The economy
O. The environment
P. Crime/social pathology
Q. Parks & recreation
R. Human services
S. Boy Scouts/Girl Scouts

T. Advocacy groups
U. Future generations
V. Other communities

Question # 3: ***How will the community be different following implementation of the community development process?***

A. A product will have been developed
B. People will have begun to talk and network with each other
C. There will be an Increased understanding of persons' and organizations' perspectives and the roles each can play
D. There will be a strengthened sense of community; groups will be less polarized
E. Individuals well have a better appreciation of the systems operating in their community
F. Children and families will assume more responsibility for their health and implementing a health system that addresses their needs
G. The economy of the community will have improved
H. New community leaders will have been identified

Question #4: ***Who will help the planning committee?***

A. Child advocates
B. The business sector
C. Families who need services
D. The media
E. Civic clubs
F. Family-oriented agencies
G. School teachers
H. Elected officials/community leaders
I. Health providers

Question #5: ***Who or what will hinder the committee's efforts?***

A. Individuals and organizations that are comfortable with the status quo
B. People who do not think there are any problems
C. Limited financial resources; competing resources and/or agendas
D. Groups that fear government intrusion into local, private affairs
E. Reluctance to assume responsibility and "take more on."

Appendix D: Generating Options Exercise

Problem #1 Women are showing up to delivery having not received PNC

- Direct/Monetary (provide/purchase)

1. Provide office of family service workers at hospitals to help orient women at the hospital (especially non-English speaking women)
2. Increase home visiting/outreach staff through State's MCH division
3. Change eligibility criteria for Medicaid

- Indirect/Monetary (tax/subsidize)

1. Grant tax break to provider who care for uninsured pregnant women
2. Provide car seats or other baby items as incentive to receive PNC
3. Give women travel vouchers for medical visits and delivery
4. Provide free child care during visits
5. Add $25/month to AFDC if woman enters and continues PNC

- Direct/Non-Monetary (prohibit/require)

1. Require providers to treat a certain amount of low income patients

- Indirect/Non-Monetary (inform/implore)

1. Develop TV spots
2. Distribute advertisements to providers
3. Provide information on PNC at welfare offices

Problem #2: *Poor Immunization Rates among Two-Year Olds*

- Direct/Monetary

1. Increase AFDC to families who adequately immunize children
2. Contract CHS to provide immunizations to non-English speaking communities

- Indirect/Monetary

1. Maintain subsidized immunization program
2. Develop sliding fee scale for immunization

- Direct/Non-Monetary

1. Decrease AFDC money to client if child is under-immunized
2. Have schools mandate at registration or graduation 2nd MMR
3. Require day care (licensed and unlicensed) centers' attendees to be immunized

- Indirect/Non-Monetary

1. Expand immunization sites
2. Develop non-traditional immunization sites
3. Conduct outreach to inform, provide access (e.g., media campaign)
4. Support and/or develop partnerships to establish integrated service delivery models

Problem #3: *Poor Bicycle Helmet Usage*

- Direct/Monetary

1. State purchases and gives away helmets with all bicycle purchases
2. Provide incentives, such as tickets to redeem for prizes, as a reward for wearing a helmet

- Indirect/Monetary

1. Provide helmets
2. Give money voucher to bicycle purchaser
3. Give helmet to all children who complete immunizations
4. Grant tax rebate to parents with children's helmet receipt
5. Helmet recycling

- Direct/Non-Monetary

1. Legislate helmet usage
2. Fine parents of children who do not wear helmets
3. Require sale of helmet with bicycle purchases

- Indirect/Non-Monetary

1. Conduct media campaign
2. Have a bicycle Rodeo; give helmets away and educate about safety issues
3. Include printed information on helmet use in well child information
4. Place warning tags on all bicycles about the danger of riding without a helmet
5. Get helmet companies to develop "cool" helmets
6. Sponsor a demonstration of daredevil bike riding with safety equipment
7. Conduct parent education in which behavior modeling is taught

Problem #4 Poor Health Care Access and Utilization Among Adolescents

- Direct/Monetary

    1. Operate school based or linked clinics
    2. Implement extended hours at clinics
    3. Sponsor a teen health fair

- Indirect/Monetary

    1. Create a tax on soda, for example, to fund school-based or community adolescent health center
    2. Distribute free bus passes or vouchers to health clinics

- Direct/Non-Monetary

    1. Require wellness clinic certification to participate in extracurricular activities and obtain driver's license
    2. School health curriculum

- Indirect/Non-Monetary

    1. Eliminate parental consent requirement
    2. Develop incentive awards (e.g., JAZZ tickets)
    3. Involve celebrities in youth activities
    4. Encourage providers to advocate youth health issues
    5. Inform/educate providers regarding teens
    6. Conduct peer counseling program
    7. Grant high school credits to students who work in the school clinic