

*BUILDING TODAY FOR THE
FUTURE OF OUR COMMUNITY
HEALTH CENTERS:*
Environmental Assessment
Final Retreat

August 2, 2007

**Prepared by
Mid-Atlantic Association of
Community Health Centers**

AGENDA



- Purpose of the environmental assessment and information gathered
 - Review Bureau of Primary Health care goals for the environmental assessment;
 - Review the Delaware priority area;
 - Review the methodology for data collection and response rates;
 - Review information gathered from each stakeholder group;
 - Key Lessons.
- Moderated discussion for priority setting
 - Stakeholder Mapping
 - SWOT Analysis
 - Identify priority areas;
 - Identification of strategic action items;
 - Determine roles and responsibilities;
 - Identify resources;
 - Determine timeline.
- Wrap-Up
 - Next Steps from MACHC
- Adjourn

WHY WE ARE HERE



- The purpose of the Environmental Assessment is to identify opportunities and threats that have or will likely impact the underserved and the health centers.
- The final goal of this retreat is to identify a reasonable number of priorities for the health centers and MACHC to undertake, and to discuss strategies and actions related to these priorities.

WHY WE ARE HERE



- By the end of the day we should have:
 - Identified priority strategic issues;
 - Identified our action steps based on our strategic options;
 - Defined roles and responsibilities;
 - Identified resources;
 - Outlined our timeframes for completion.
- The priorities identified will be reviewed against current MACHC work areas for incorporation into the MACHC strategic plan.

PRIORITY AREA



- Identified in the EA Kick-Off Meeting held in March 2007, in Annapolis Maryland.
- *How are the Federally Qualified Health Centers in Delaware perceived by key state and local policy makers/officials and the communities that access their services?*

METHODOLOGY



- Stakeholder Analysis;
- Identification of potential stakeholders with Barbara DeBastiani;
- Surveyed FQHCs to identify priority areas for analysis;
- Final Stakeholder list included those from survey and first workgroup conference call;
- Total of 29 offices and organizations were targeted for the analysis;
- Analysis and Report Generated.

RESPONSE RATE



<u>Sector</u>	<u>Interview Requests</u>	<u>Completed Interviews</u>	<u>Response Rate</u>
Policy	9	2	22%
State Public Health and Social Services	5	4	80%
Local Public Health and Social Services	3	3	100%
Hospitals	5	5 (7)	100%
Chamber of Commerce	3	3	100%
Related Organizations	4	4	100%
Total	29	21 (23)	72%

POLICY



- Due to the low response rate of this group, the information presented should be interpreted carefully and is not a full representation of the policy stakeholder group.
- Lessons learned from this particular endeavor are important; first, timing is a crucial element with legislators. Second, the gatekeepers to policymakers are their staff. The policy stakeholders interviewed were very familiar with the roles of the health centers and supportive of their work.
- Stakeholders were positive and forthcoming with ideas for future collaborations with the health centers.

STATE PUBLIC HEALTH AND SOCIAL SERVICES



- While the state public health and social services offices were very familiar with the health centers, the differentiation in perceptions in the health centers service capacity and visibility needs to be addressed.

LOCAL PUBLIC HEALTH AND SOCIAL SERVICES



- Overall, local health officials see health centers as partners in public health. However, among the local public health officials, there was a differentiation between health centers and their perceived capabilities, services, and activity in the public health community. Not all health centers were viewed as being equal in this area, a perception that affected current working relationships and likely future collaborations.

HOSPITALS



- The hospitals in Delaware had an overall very positive view of the health centers, albeit limited in scope. Health centers should consider ways in which to expand their current relationships with hospitals to go beyond the scope of OB-Gyn care.

CHAMBERS OF COMMERCE



- Overall, knowledge level of FQHCs among this group was moderate, as was their general perceptions of what health centers role was in the community. Health centers should examine their current affiliations to determine if they are capitalizing these relationships fully.
- Given that one of the primary goals of chambers of commerce is to facilitate networking and recognition of businesses in the community and state, health centers that have the goal of increasing their profile and recognition in the community at-large would do well to work with the chamber of commerce to assist in this area. There is significant opportunity with this group to educate and become more active.

RELATED ORGANIZATIONS



- Knowledge of FQHCs among this group varied significantly. There are significant coinciding interests among these organizations and the health centers. Furthermore these organizations do a good deal of work in the areas of policy and are linked to potential funding organizations.

KEY LESSONS



- Knowledge of Federally Qualified Health Centers is regional. People know of the health center closest to them, but may have limited or no knowledge of other centers. This was true for the business community and related organizations, hospitals, and local public health officials.
- Health centers were viewed as vital to the provision of prenatal health care services and there was overall interest in sustaining these programs and building upon these services. Noted issues related to these services is provider recruitment and hospital rights for FQHCs.
- Business opportunities exist with stakeholders, including non-traditional groups. Health centers interested in diversifying their patient base and payer mix should actively seek out and investigate these opportunities.

KEY LESSONS



- Stakeholders throughout the state need to be educated and better connected to the FQHCs.
- Greater visibility and participation of FQHCs within communities is needed. Participation should be consistent.
- Perceptions of Delaware health centers are not universally equal in terms of services provided, visibility in the community, and capacity. There is not a singular view of health centers as an industry, but stand alone ideas of individual health centers.
- Health centers are not consistently included in private-sector policy discussions regarding the uninsured or the underserved.

KEY LESSONS



- Knowledge is power!
- Many opportunities exist with this information!

PRIORITY SETTING



- The purpose of this next part of the retreat is to use the stakeholder analysis to determine priority areas to be addressed by the health center industry in Delaware.
- Goal is to come to a consensus on critical issues and resources that can be devoted to making an impact on our industry, develop strategic actions, delegate responsibilities and determine timelines for actions.

STAKEHOLDER MAPPING

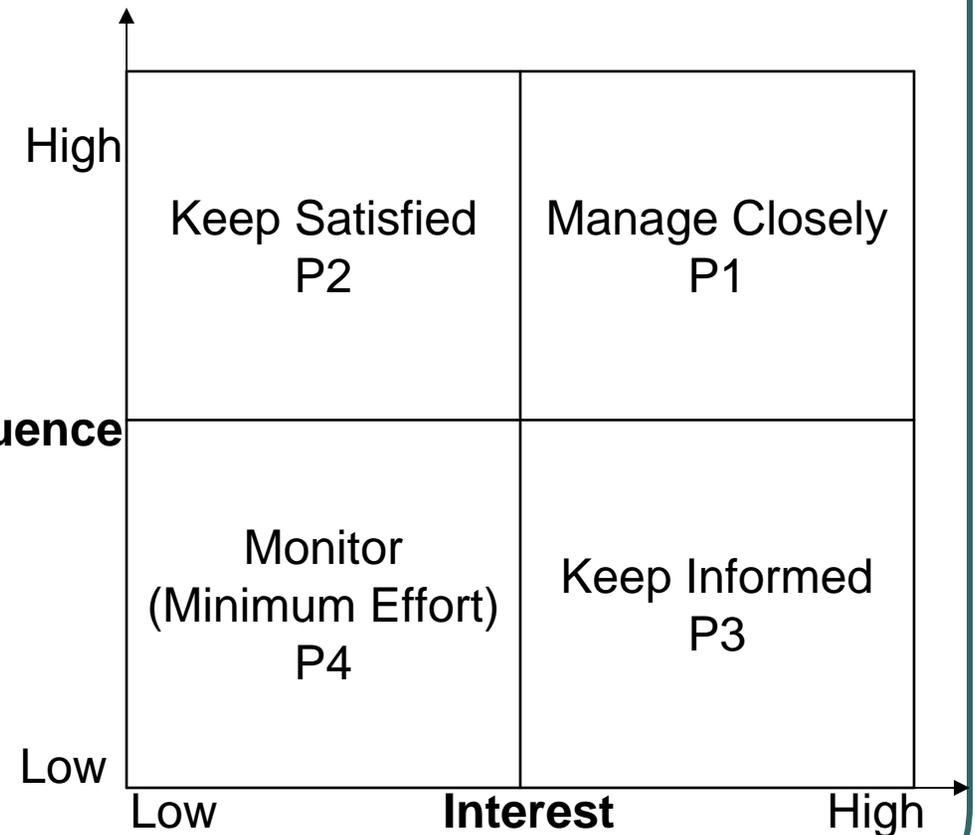


- The following process will help us to define who are our priority stakeholders and how to approach our future communications and interactions.
- Looking at each of the stakeholders (either as individual offices or groups), determine who goes into what category.

STAKEHOLDER MAPPING



- **High Influence – Interested People:**
Those people whom you must fully engage and make the greatest efforts to satisfy
- **High Influence – Less Interested People:** People with whom you should put enough work in to keep them satisfied, but not so much that they become bored with your message
- **Low Influence – Interested People:**
These people should be adequately informed, and talk to them to ensure that no major issues are arising. These people can often be helpful with the details of a project
- **Low Influence – Less Interested People:** Monitor, but do not bore them with excessive communication



STAKEHOLDER MAPPING: QUESTIONS TO CONSIDER



- What are the interests of your Priority 1 stakeholders (P2, P3, P4)? How do their interests intersect with your interests?
- What will you do to manage and inform your Priority I stakeholders? What about your other stakeholders?
- Are there areas of interest among your stakeholders that overlap?

SWOT



- In thinking about the stakeholder analysis findings and recommendations for Delaware health centers, what are the important strengths, weaknesses, opportunities and threats to health centers?
- How do the strengths, weaknesses, opportunities or threats impact the un/underserved? Health center services? Health center reimbursement or payer mix?
- What strength, weakness, opportunity or threat do you have influence or control over? What do you not have influence or control over?

SWOT



- Strengths

- Weaknesses

- Opportunities

- Threats

PRIORITY ISSUES



- Based upon our discussions so far, using the note-cards provided, please write 1 to 2 priority areas that you think should be focused on.
- Consider the following:
 - What are the priorities found in the SWOT to address in the short term?
 - In the long term?

EXAMPLE PRIORITY ISSUES



- 1. Visibility - redefining the health center image & increasing presence. Strategies can be varied for different stakeholders;
- 2. Business Opportunities – small businesses, hospitals;
- 3. Policy and Advocacy work – higher level involvement with legislators and working groups, legislative or policy driven agendas;
- 4. Improved Operations – CQI & access redesign programs to improve capacity and overall operations.

STRATEGIC ACTIONS & ROLES



- | ● Priority Issue: | | ● Roles |
|-----------------------|--------|---------|
| ● Strategic Action 1: | —————> | ● ? |
| ● Strategic Action 2: | —————> | ● ? |
| ● Strategic Action 3: | —————> | ● ? |
| ● Strategic Action 4: | —————> | ● ? |
| ● Strategic Action 5: | —————> | ● ? |



RESOURCES NEEDED

- What resources are needed to address each priority area?
- What resources are you able to commit to address these priorities?
- What partnerships need to be fostered in order to obtain all the resources needed?

TIMELINE FOR COMPLETION



- Aim for achievable outcomes within-one year.
- For strategies with long term goals, after one-year these should be revisited and evaluated.
- **Priority/Strategy Timeline:**
 - Strategic Action 1:
 - Strategic Action 2:
 - Strategic Action 3:
 - Strategic Action 4:
 - Strategic Action 5:

THANK YOU!



MACHC would like to thank everyone who attended today's retreat. Your ideas and commitment to the environmental assessment process has been invaluable.