

2015

Forces of Change Assessment



Introduction

The Forces of Change Assessment is aimed at identifying forces, such as trends factors, or events, that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major interstate.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the Forces of Change Assessment, participants answer the following questions:

- "What is occurring or might occur that affects the health of our community or the local public health system?"
- "What specific threats or opportunities are generated by these occurrences?"

Methods and Results

The North Central Health District conducted their assessment in November and December of 2014. Due to scheduling and time constraints it was decided that a brainstorming questionnaire would be sent out via email in lieu of holding a meeting. A total of 20 individuals across the district office were surveyed (65% response rate) representing the following areas: administration, business office, human resources, quality improvement, epidemiology, infectious disease, preparedness, nursing, environmental health, children's services, nutrition, and information technology. The questionnaire answers were aggregated into overarching themes categorized as Themes and Specific Concerns and sent out via email for further comments. The results of this assessment will be used to guide work during strategic planning. Figure 1 shows the results of the assessment.

Conclusions

Several forces of change have been identified, creating awareness within North Central Health District. Specifically, the forces around social, economic, staff, and program changes were identified as particularly strong.

| | Figure 1: Forces of Change |
|-----------------------|---|
| Theme | Specific Concerns |
| | Cost |
| Insurance changes | Education Needs |
| | Uninsured |
| Healthcare | Access in rural areas |
| | transportation |
| | Changes to healthcare system (EMS, hospitals, etc) |
| | Cost |
| Competition | Traditional public health services |
| Program Improvement | Accreditation |
| | Quality Improvement |
| | Leadership Support |
| Funding | Additional funding sources needed |
| | Loss of program funding |
| | Increases to external costs (fees, fringe, indirect) |
| | Redistribution of funds |
| | Silo funding, improvement not occuring due to funding |
| | restrictions |
| | Adequate performance appraisals |
| Staff | Aging Workforce |
| | Lower than market compensation |
| | Recruitment |
| | Retention |
| | Morale |
| | Lack of support |
| Government | Government changes (i.e., Macon/Bibb Consolidation) |
| | Instability |
| | · · · · · · · · · · · · · · · · · · · |
| | Mistrust |
| | Large size |
| | Guidance/Communication delays Politics |
| | |
| Public Health Mission | Need rebranding Need staff buy in |
| | · |
| Chronic Discoso | Expanding roles |
| Chronic Disease | Incidence Increasing |
| Technology | Cyber Security |
| | Needs improvement |
| | Training |
| | Social media |
| | Program requirements have limited support |
| Education | Cost increases |
| | Rates decreasing |
| Unknown Threats | Infectious disease |
| | Funding Loss |
| | Weather |
| | Natural Disaster |
| | Terrorism |
| Population | Rural vs. Urban |
| | Urban areas increasing in size |
| | Rural areas getting smaller |
| | More diverse population |
| | Belief system changes and differences |
| Supply shortages | Pharmaceuticals |