

**Community Health Improvement Planning (CHIP)
"Creating Healthy Communities Together"**

May 17, 2012

Documentation of Work Products



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Process Narrative

The Community Planning Team met in facilitated session on Thursday, May 17, 2012 to craft a Community Health Improvement Plan (CHIP), building on the work previously done through the 2010-2011 MAPP (Mobilizing Action through Planning and Partnerships) community planning process. The meeting agenda included the following objectives:

- To develop community strategies to address the five priority issues identified through the 2010-2011 MAPP process
- To charter action around the community strategies
- To instill ownership of and commitment to the ongoing process of creating a healthy community together

Following welcoming remarks by West Central District Public Health Department representatives Shannon Vanderheiden and Cindy Glos, the participants self-selected into work groups to identify goals and objectives for the five strategic issues earlier identified during the MAPP community planning process. Two of the strategic issue workgroups decided by consensus to combine into one: Access to Health Care and Access to Mental Health Care. The four resulting work groups were:

- Domestic Violence/Child Abuse
- Access to Health Care (Dental, Mental and Primary Care)
- Disease Management and Prevention
- Healthy Pregnancy/Teen Pregnancy Prevention

This report documents the consensus decisions and written work products of those participants in attendance at the session.

2012 CHIP Objectives (grouped by strategic issue)

Strategic Issue	Outcome Objectives (SMART – Long term)	Impact Objectives (SMART – 2-5 years)	Process Objectives (SMART – 1-2 years)
<p>Domestic Violence/Child Abuse</p> <p>How do we eliminate domestic violence and child abuse in our communities?</p>	<ul style="list-style-type: none"> • Eliminate/Decrease aggressive coercive behavior by 2020 • Educating teens and youth— healthy relationships, substance abuse by 2020 • Bullying Conference/annual • Implementation in ALL schools • Reduce incidences of DV/Child Abuse by X% 	<ul style="list-style-type: none"> • One Door-One Stop available twice a month by 2015 • Decrease Domestic Violence in young women (Deborah’s Legacy) • Decrease the documented incidence of Bullying by 2015 • 	<ul style="list-style-type: none"> • 500 Fliers for One Door-One Stop in bathrooms by 12/31/12 • Increase One Door – One Stop accessibility and staffing by having open every other week – Transportation, Times, Location • Implementing school programs on DV and Sexual Assault • Stewards of Light Training—Increase # of people trained by XX (a minimum of two reps per agency trained by Spring 2013) • Increase attendance at Kids Carnival (parent child interactions; resources) by X% by March 2013 • Increase school participation in bullying programs • Engaging bystanders • One Door-One Stop Link: http://www.familyjusticecenter.com/News-Room/one-stop-center-for-victims-opened.html • Have Deborah’s Legacy up and running
<p>Access to Health Care</p> <p>How can we improve access to health care for our residents who are underserved or uninsured/underinsured? How do we work together to provide the resources for citizens with mental illness and support their families?</p>	<ul style="list-style-type: none"> • 1. Providing access to health care services (medical, mental, and dental) for those who currently do not have access 	<ul style="list-style-type: none"> • 1.1 Secure a planning grant for FQHC • 1.2 Increase the number of mid-level dental providers working in public health 	<ul style="list-style-type: none"> • 1.1a. Formalize a study group to prepare/plan for FQHC planning grant that will include Mental Health, Public Health, Dental, Primary Care – hospital, public health • 1.1b. Apply for FQHC planning grant • 1.2a. Collaborate/meet with Nebraska Dental Association and Nebraska Dental Hygienist Association • 1.2b. Assess the need for the mid-level providers in public health statewide • 1.2c. Collaborate with other Health Department Dental Clinic’s in Nebraska

<p>Disease Management and Prevention</p> <p>How can we create a culture of prevention so our communities' citizens lead healthy lifestyles?</p>	<ul style="list-style-type: none"> • By 2020, increase proportion of worksites that offer an employee health promotion program to their employees will by 50%. • By 2020, Increase the proportion of employees who participate in employer sponsored health promotion activities by 50%. • By 2020, increase proportion of communities including, elementary, middle and high schools that provide comprehensive school health education health literacy to prevent health problems in: unintentional injury, violence, suicide, tobacco use and addiction, alcohol and other drug use to 10 schools. • 	<ul style="list-style-type: none"> • By 2016, 25% more worksites will have offered employees with worksite wellness programs. Assess successes/failures of pilot program and make refinements. • By 2016, 25% more employees will actively participate in employee worksite wellness programs. • By 2016, increase in implementation of health promotion strategies determined by partnerships. • 	<ul style="list-style-type: none"> • Will establish a worksite wellness partnership with the chamber of commerce, etc by the end of year 1. • Baseline survey will be done to determine how many worksites have program or access to existing data in 1st quarter. • Actual implementation/pilot(s) a couple of worksites to start a worksite wellness program. • Will provide training to _____ of employers on benefits of worksite wellness. Identify resources that are already available locally. • Survey of employee to access interest in participation. Baseline needed on how many employees already participating. • Will provide and encourage employees to participate in basic screening such as HRA's and others. Will define "Active Participation." • Will form partnerships with several agencies, CHIP, etc to move forward with improving health literacy. • Will secure funding for effort and develop specific best practice strategies. • Define health literacy and prioritize health education topics based on data. Determine best way to evaluate.
<p>Healthy Pregnancy / Teen Pregnancy Prevention</p> <p>How can we increase the number of healthy pregnancies and prevent teen pregnancy in our communities?</p>	<ul style="list-style-type: none"> • Reduction of teen pregnancies by?? % through prevention • Reduction of infant mortality and birth defects through adequate prenatal care X% 	<ul style="list-style-type: none"> • Increase public presentations for teen pregnancy prevention by 10 per year • Increase the percentage of women who seek early/adequate prenatal care by 10% 	<ul style="list-style-type: none"> • Develop education program for community presentations focusing on teen pregnancy prevention by May 2013 • Establish a community based referral list by July 2012 for prevention objects: Teen preg prevention & prenatal care • Examine prospect of establishing a community Teen Preg Prevention Coalition by Oct 12

Strategic Issue: Domestic Violence/Child Abuse

Goal: How do we eliminate domestic violence and child abuse in our communities?

Problem: The number of domestic violence calls (rate/1000) was more than double the State rate in 2007. Median household income in all three WCDHD counties is lower than that of the State. Drug law violations and total arrests are higher in the WCDHD service area than the State rates. Substance abuse is an underlying cause of domestic violence and child abuse.

Current Resources	Gap Analysis	Benefits	Outcome Objectives (SMART – Long term 2020)	Impact Objectives (SMART – 2-3 years)	Process Objectives (SMART – 1-2 years)	Comments
<ul style="list-style-type: none"> • Communication between agencies • CDVIP • Child Well-Being • Bridge of Hope-Darkness to Light • Stewards of Children • CAP • Healthy Start • SANE-SART (nursing) • Bully Education • Sexual Harassment Education • Protection Order • Community Collaboration and Commitment • One Door—One Stop • Interagency Meetings 	<ul style="list-style-type: none"> • Less funding • Social Norms/Cultural (what happens in my home, stays in my home)/ • Generational • Breaking the Silence • Not knowing our neighbors • Fear and Apathy • Isolation • Re-unification • Reporting and Follow-up of Child Abuse • Alcohol and Substance Abuse • Males less likely to report • Lack of Public Awareness of severity of issue 	<ul style="list-style-type: none"> • Education— Education— Education!!! ☺ • CASA-Court Appointed Special Advocate • Deborah’s Legacy Houses (transitional) • Interagency Meetings • Retention of Agency Employee Networking • Utilizing one vehicle for collaboration • Breaking the silence education • http://www.stepup speakout.org/ • RDAP Training • Home Visitation Programs 	<ul style="list-style-type: none"> • Decrease DV • Educating teens and youth—healthy relationships, substance abuse by 2020 • Bullying Conference/annual • Implementation in ALL schools • Reduce incidences of DV/Child Abuse by X% 	<ul style="list-style-type: none"> • Increase accessibility and staffing for One Door-One Stop by having it every other week by XX • Decrease Domestic Violence in young women (Deborah’s Legacy) • Decrease the documented incidence of Bullying by 2015 	<ul style="list-style-type: none"> • Implementing school programs on DV and Sexual Assault • Stewards of Light Training—Increase # of people trained by XX(a minimum of two reps per agency trained by Spring 2013) • Increase attendance at Carnival (parent child interactions; resources) by X% by March 2013 • Increase school participation in bullying programs • Engaging bystanders • One Door-One Stop Link:http://www.familyjusticecenter.co 	<ul style="list-style-type: none"> • http://www.d2l.org/site/c.4dICIJOkGcISE/b.6035035/k.8258/Prevent_Child_Sexual_Abuse.htm • http://www.d2l.org/site/c.4dICIJOkGcISE/b.6143709/k.F02C/Stewards_of_Children_ONLINE_Training.htm

<ul style="list-style-type: none"> • RDAP Hotline • Safety Bear (Kindergarten) • 	<ul style="list-style-type: none"> • Restraining Order (time passes before court—loss of immediacy) • Interagency Meetings • SANE-SART—Not a lot of nurses—very hard subject to deal with—expensive 				<p>m/News-Room/one-stop-center-for-victims-opened.html</p> <ul style="list-style-type: none"> • Have Deborah's Legacy up and running • 500 Fliers for One Door-One Stop in bathrooms by 12/31/12 • 	
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ACTION PLAN TITLE: Stewards of Children Training

Coordinator: Helenann Mesmer

Team Members:

Context – Our intent and why this is important:

Representation of each agency to participate in training for Stewards of Children through Bridge of Hope. It is important because we must increase awareness of child sexual abuse and ways to identify, report, prevent, recognize, respond and deal with victims of child sexual abuse.

2013 Victory – (measurable...)

3/2013 – 100% participation in training

Benefits to be realized:

- Increased awareness
- Decreased incidence
- Is this measurable?

Who will be involved?

- Agencies – (see below) not specific names yet – see pages 11 & 12 in booklet

What cautions do we need to keep in mind?

- Personal issues may arise
- Different agencies = different schedules
- More reports does not mean more incidences
- False reports?

Resources in hand:

- Training is available already
- Coordinator to contact Matt Fosket - liaison

Resources still needed:

Implementation Steps:

1. Call Matt – can you handle this?
2. Identify agencies – Contact person at each viable agency
3. Sandry MP United Way will compile data – list
4. Workshops scheduled

Start Date

5/31/12
5/12

End Date

Who

Me

Links to other activities:

Keys to Success:

<p>ACTION PLAN TITLE: One Door, One Stop</p> <p>Coordinator: Becky Hoaglund Team Members: Mahaila Botts, Jill Vaughn, Mindy Hansen</p>				
<p>Context – Our intent and why this is important:</p> <p>Build a relationship with ODOS team and help promote their efforts</p>				
<p>2012 Victory – (measurable...)</p> <p>To let all the residents of counties served know about ODOS by December 2012</p>		<p>Benefits to be realized:</p> <ul style="list-style-type: none"> • Victims’ knowledge of services • Time management for victims & providers and better use of funds • Less overlap 		
<p>Who will be involved?</p> <p>Representatives from schools, & RDAP, HHS, Prodius, CPS, CWB, Health Department, County Attorney, Legal Aid, etc.</p>		<p>What cautions do we need to keep in mind?</p> <ul style="list-style-type: none"> • Overstepping boundaries with original team • Being conscious & respectful of original intent & their marketing campaign 		
<p>Resources in hand:</p> <ul style="list-style-type: none"> • Collaboration • Location 		<p>Resources still needed:</p> <ul style="list-style-type: none"> • Funding • Staffing • Location 		
<p>Implementation Steps:</p> <ol style="list-style-type: none"> 1. Personal contact (Becky Hoaglund) to Tonya Folk – Surveys, data assessments & quality improvements to add to initial efforts 2. make copies and distribution lists for flyers 		<p>Start Date</p> <p>5/18/12</p> <p>Dependent upon conversation with Tonya</p>	<p>End Date</p> <p>5/18/12</p>	<p>Who</p> <p>Becky and Tonya</p>
<p>Links to other activities:</p>		<p>Keys to Success:</p>		

Strategic Issue: Access to Health Care (Including Mental Health)

Goal: How can we improve access to health care for our residents who are underserved or uninsured/underinsured? How do we work together to provide the resources for citizens with mental illness and support their families?

(Problem) Current Baseline or Data to support the need for the goal: According to the BRFSS, 16.1% of WCDHD residents age 18-64 reported having no health care coverage or insurance and 13% of WCDHD residents reported being unable to see a physician due to cost. Both rates are higher than the State.

Additionally, geography and lack of transportation limit access to health care in the WCDHD service area. Two of the three counties have frontier population densities, and the three counties cover nearly 4,000 square miles. Most of the area’s health services are located in North Platte and public transportation is available on a limited basis in North Platte; however, there is no other public transportation system in the region. Many low-income and elderly residents do not have access to other transportation services to access health care.

The participants of the Local Public Health System Assessment stated that access to care for citizens with mental illnesses is of high priority for this area. Hospitalization for psychosis and mental health illnesses are higher in Lincoln County than the State average. WCDHD suicide mortality rates and alcohol-related deaths are higher than the State.

Current Resources	Gap Analysis	Benefits	Outcome Objectives (SMART – Long term) 5 years	Impact Objectives (SMART – 2-3 years)	Process Objectives (SMART – 1-2 years)	Comments
<ul style="list-style-type: none"> Family Planning Services # of Physicians ER Services Good Ambulatory Services Access to hospital dentistry with Maple Park and Dr Simpson Vaccine Services at 	<ul style="list-style-type: none"> Lack of Knowledge for parents Lack of knowledge when it comes to prevention Financial Resources Underinsured Dental – huge need not enough dentists accepting Medicaid or willing 	<ul style="list-style-type: none"> Less costly in the long run Healthier community Less work absence due to sickness/illness Increase productivity Healthier community to 	<ul style="list-style-type: none"> 1. Providing access to health care services (medical, mental, and dental) for those who currently do not have access 	<ul style="list-style-type: none"> 1.1 Secure a planning grant for FQHC 1.2 Increase the number of mid-level dental providers working in public health 	<ul style="list-style-type: none"> 1.1a. Formalize a study group to prepare/plan for FQHC planning grant that will include Mental Health, Public Health, Dental, Primary Care – hospital, public health 	<ul style="list-style-type: none"> WCDHD Board approves the support and collaboration on the work of this strategic issue. (6/27/12)

<p>WCDHD for uninsured and underinsured</p> <ul style="list-style-type: none"> • Preventive Dental Services at WCDHD and care • Good Hospital in Community • Urgent Care • Partial Program for Mental Health at GPRMC • Good Behavioral Health System at GPRMC • Good access to mental health services in the community 	<p>to work on payments or lack of money to pay</p> <ul style="list-style-type: none"> • Attitude of community (Entitlement attitude) • Lack of knowledge on healthier life style (fast food over healthier foods) • Community behavior – learned behavior such as not eating healthy • “Survival Mode” culture • We blame the clients instead of thinking how we can change our way or our resources • Transportation – Handy Bus but it still costs • Fewer and fewer volunteers for services such as rural ambulance services • Long Term Care Services – only 	<p>encourage new business growth</p> <ul style="list-style-type: none"> • Smarter, healthier next generation • Other cultures will feel more welcomed in community • Happier people 			<ul style="list-style-type: none"> • 1.1b. Apply for FQHC planning grant • 1.2a. Collaborate/meet with Nebraska Dental Association and Nebraska Dental Hygienist Association • 1.2b. Assess the need for the mid-level providers in public health statewide • 1.2c. Collaborate with other Health Department Dental Clinic’s in Nebraska 	
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	<p>certain # of beds for Medicaid pts – long waiting lists</p> <ul style="list-style-type: none"> • Younger Population moving away • Cost of healthcare • Lack of interpreters in health services or bilingual materials for them • Access to Medicaid – not providing prenatal care • Same communication with the community • Collaboration with dentists and physicians • Lack of mental health for children – GPRMC does 15 and above, they transfer to Lincoln, Kearney, Scottsbluff • General access to primary care • # of primary care physician’s • Weakness of availability early on to health services 					
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ACTION PLAN TITLE: Access to Dental, Mental, and Primary Care Services

Coordinator: Shannon Vanderheiden, WCDHD Director

Team Members: Dental, Mental Health, Primary Care, Hospital, and Public Health

5/17/12 – Shannon Vanderheiden WCDHD, Jaymie Hilliard ESU 13, Katy Pedersen WCDHD, Marcia Boumann GPRMC, Brie Hoffman WCDHD, Sharon Steele, Jean Kay WCDHD, Sally Brecks WCDHD, Dave Palmer

Potential FQHC Beginning Group: Dr. Lindley, Shannon Vanderheiden, WCDHD Board, Greg Neilsen, Physician Champion w/GPRMC, Dr. Trent States, Dr. Simpson, Kathy Seacrest Region II, Luke McConnell

Recommendation of Collaborative Partners Invitee List: School’s – new superintendent in North Platte, All area school superintendent’s, St. Pats Superintendent, Our Redeemer School, Platte Valley Christian Academy, Home School association, ESU 16, Head Start, WCDHD Board Members, Community Leaders, County Commissioners, Region II Human Services, Lutheran Family Services, Luke McConnell, Sara Schaffer, Voices 4 Families,

Context – Our intent and why this is important:

- To be able to apply for the FQHC planning grant, a community group will help secure the grant

Victory – (measurable...)

Submit the application for Fall 2012

Benefits to be realized:

1. Health of Community
2. Central Health Care Services location
3. Improve access (comprehensive)

Who will be involved?

See Collaborative Invite List and FQHC Beginning Group

What cautions do we need to keep in mind?

1. Not the answer to everything
2. Level of funding is not secure

Resources in hand:

- WCDHD has already drafted the planning grant application
- Nebraska Primary Care Association – Nancy Thompson

Resources still needed:

- Community buy in outside this group
- Build the plan that shows lack of access – prove the need
- Educate stake holders

Implementation Steps:

	Start Date	End Date	Who
HIPSA Score designation	Now 5/17/12	1 st part of June	Marcia and Shannon
WCDHD board discussion/approval	6/27/12	6/27/12	Shannon Vanderheiden
FQHC Planning Committee	7/1/12	Ongoing	Shannon Vanderheiden

Review 2011 Application/Critique WCDHD Executive Committee Meeting Prove the NEED and EDUCATE stakeholders	7/1/12 5/17/12 7/1/12	7/30/12 5/17/12 Ongoing	Planning Committee Shannon Vanderheiden Planning Committee
Links to other activities: <ul style="list-style-type: none"> • Improve disease prevention/management • Improve healthy pregnancy/teen pregnancy 	Keys to Success: <ul style="list-style-type: none"> • Community buy in • Buy in from providers • Collaborative effort within the group and broad based support 		

**Maybe to include in Planning Grant: Collaborating with other health dept districts

PURPOSE STATEMENT: Apply for a planning grant for the FQHC

MEASURABLE VICTORY: Complete and Submit FQHC grant by Fall 2012

CONVENOR: Shannon Vanderheiden, WCDHD Director

NEXT STEPS: Talk to boards and convene a planning committee

Strategic Issue: Disease Management and Prevention

Goal: How can we create a culture of prevention so our communities' citizens lead healthy lifestyles?

Problem: Childhood obesity in our district is much higher than national and state average. Two of the five risky behaviors identified in the 2009-2010 BRFSS and MAPP Community Themes and Strengths Survey were (1) being overweight; and (2) poor eating habits. Other indicators include adult and youth overweight/obesity rates, tobacco usage rates, chronic heavy drinking, and high cholesterol and high blood pressure. The hospitalization rate for area residents is higher than the State rate; and the WCDHD region has a higher rate of death due to coronary heart disease than the State.

Current Resources	Gap Analysis	Benefits	Outcome Objectives (SMART – Long term) 5 years	Impact Objectives (SMART – 2-3 years)	Process Objectives (SMART – 1-2 years)	Comments
•	•	•	<ul style="list-style-type: none"> • By 2020, increase proportion of worksites that offer an employee health promotion program to their employees will by 50%. • By 2020, Increase the proportion of employees who participate in employer sponsored health promotion activities by 50%. • By 2020, increase proportion of communities including, 	<ul style="list-style-type: none"> • By 2016, 25% more worksites will have offered employees with worksite wellness programs. Assess successes/failures of pilot program and make refinements. • By 2016, 25% more employees will actively participate in employee worksite wellness programs. • By 2016, increase in implementation 	<ul style="list-style-type: none"> • Will establish a worksite wellness partnership with the chamber of commerce, etc by the end of year 1. • Baseline survey will be done to determine how many worksites have program or access to existing data in 1st quarter. • Actual implementation/pilot(s) a couple of worksites to start a worksite wellness program. • Will provide training to _____ of employers on benefits of worksite wellness. Identify resources that are already 	•

			<p>elementary, middle and high schools that provide comprehensive school health education health literacy to prevent health problems in: unintentional injury, violence, suicide, tobacco use and addiction, alcohol and other drug use to 10 schools.</p>	<p>of health promotion strategies determined by partnerships.</p>	<p>available locally.</p> <ul style="list-style-type: none"> • Survey of employee to access interest in participation. Baseline needed on how many employees already participating. • Will provide and encourage employees to participate in basic screening such as HRA's and others. Will define "Active Participation." • Will form partnerships with several agencies, CHIP, etc to move forward with improving health literacy. • Will secure funding for effort and develop specific best practice strategies. • Define health literacy and prioritize health education topics based on data. Determine best way to evaluate. 	
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ACTION PLAN TITLE: Disease Prevention and Management – Health Literacy/Health Educ.

Coordinator:

Team Members: Sophe, Maria, Tammy, Mandy, Brian, Judy

Context – Our intent and why this is important: Important for a change to take place, and the education behind the change. This is one piece of the process and individuals need to know their role and why...and effects of not following health lifestyle practices.

2014 Victory – (measurable...)
 -Have a local partnership to help move in the direction to make change, a community based push.
 -Identifying the issues
 -Developing an effective message for the partnership.

Benefits to be realized:
 -Having the community come together and rally around one topic/issue.
 -Success stories.
 -See success from increased participation

Who will be involved?
 -Schools, parents, community, health care systems, public health, worksites, other health based coalitions.

What cautions do we need to keep in mind?
 -There are some topics that may be controversial that groups may not want to address.
 -Could be the wrong message at the wrong time.
 -Other priorities arise.

Resources in hand:
 -Have a training process in place.
 -Coalitions are already formed.
 -National state and local information available.
 -Decision makers

Resources still needed:
 -Funding
 -Community buy-in
 -Local champions

Implementation Steps:

-Re-establish partnerships, expand coalition members.

Start Date

Already going

End Date

2014

Who

Mandy

-Defining what health literacy is and prioritizing health education topics based on data and determining the best way to evaluate.

August

On-going

Coalition

Links to other activities:

- Bullying
- Healthy Pregnancy
- Domestic Violence
- Access to health care
- Access to mental health services

Keys to Success:

- Advertise success stories
- Getting people to talk about success stories
- Families to talk about what they learn from the program, how they used it etc...
- Policy at the district level to require health education
- Identifying a successful model, it opens up the opportunity for more funding.
- Solicit community support and recruit volunteers

Strategic Issue: Healthy Pregnancy/Teen Pregnancy Prevention

Goal: How can we increase the number of healthy pregnancies and prevent teen pregnancy in our communities?

(Problem) Current Baseline or Data to support the need for the goal:

WCDHD’s infant mortality rate and incidence of pre-term birth and birth defects are higher than the State rates. All three counties have a higher number of teen births than the State. Pregnant women in the WCDHD service area are less likely than Nebraska women overall to begin receiving prenatal care in the first three months of pregnancy. Nearly half (48%) of all deliveries at GPRMC are Medicaid eligible. 50 births out of 1000 are to teens ages 15– 19 State Wide (2005 national statistics)

County

Teen pregnancy: 60 per 1000 ages 10-17

Substantiated abuse and neglect: 8.7 per 1000 children

Infant mortality: 5.9 per 1000

Birth defects: 1.5% of total county

20.6% smoking in Lincoln County State 14.1%

Current Resources	Gap Analysis	Benefits	Outcome Objectives (SMART – Long term 2020)	Impact Objectives (SMART – 2-3 years)	Process Objectives (SMART – 1-2 years)	Comments
<ul style="list-style-type: none"> • Strengths • Women’s Resource Center • Family Planning • WIC • Healthy Start • Medicaid • ADC/Food Stamps • Food Banks • ResCare • Workforce Development 	<ul style="list-style-type: none"> • Lack of services available to middle income families • Lack of in-home services • Lack of funding • Not enough prevention services • Shared data • Attitude and perceptions of teen pregnancy 	<ul style="list-style-type: none"> • Reduce abuse and infant mortality • Reduced unintended pregnancies • Elimination of childhood hunger • Elimination of childhood obesity 	<ul style="list-style-type: none"> • Reduction of teen pregnancies by X% through prevention • Reduction of infant mortality and birth defects through adequate prenatal care X% 	<ul style="list-style-type: none"> • Increase public presentations for teen pregnancy prevention by 10 per year • Increase the percentage of women who seek early/adequate prenatal care by 10% 	<ul style="list-style-type: none"> • Develop education program for community presentations focusing on teen pregnancy prevention by May 2013 • Establish a community based referral list by July 2012 for 	<ul style="list-style-type: none"> •

<ul style="list-style-type: none"> • RDAP • NEP • Medical Professionals 					<p>prevention objects: Teen preg prevention & prenatal care</p> <ul style="list-style-type: none"> • Examine prospect of establishing a community Teen Preg Prevention Coalition by Oct 12 	
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ACTION PLAN TITLE: Teen Pregnancy Prevention Coalition

Coordinator: Rachel Stahr

Team Members: School counselors, Region II, Church youth groups, youth representatives, PFHS, WCDHD, RDAP, GPRMC, Healthy Start, WRC, school RN's

Context – Our intent and why this is important:

To decrease teen pregnancy rate

2012 Victory – (measurable...)

Recruitment campaign by October 2012

Benefits to be realized:

- Lower teen pregnancy rates
- Collaboration of community resources

Who will be involved?

Team members stated above, peers (other teens)

What cautions do we need to keep in mind?

- Time commitment
- Burn-out
- Direction of coalition – mission

Resources in hand:

- Available space
- Some knowledge
- Training resources

Resources still needed:

- Meeting place
- Leadership
- Mission statement

Implementation Steps:

Start Date

End Date

Who

1. Identifying members
2. Contacting members (list phone or email)
3. Establish meeting location/times
4. Coalition to meet
5. Mission, goals, etc...

5/12
10/12
12/12
11/12, 1/13?
1st meeting

10/12
 12/12
 Ongoing
 Ongoing

PFSH
 Group
 Group
 Group
 Group

Links to other activities:

Grant opportunities??

Keys to Success:

Setting/maintaining/meeting goals, keeping minutes to measure success