

2018 Community Health Assessment

Forces of Change Assessment

Linn County, IA



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Forces of Change Assessment

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. The Forces of Change Assessment (FOCA) is one of four assessments conducted within the MAPP process, aiming to identify all of the forces and associated opportunities and threats that may affect the local public health system (LPHS).

The National Association of City and County Health Officials (NACCHO), creators of the MAPP process, describe forces as trends, factors, or events within a community that have the potential to influence the overall health of a community. Forces may be identified by asking the following questions:

1. *What is occurring, or might occur, that affects the health of the community or local public health system?*
2. *What specific threats or opportunities are generated by these occurrences?*



NACCHO

Method

The MAPP Core Group, consisting of Linn County Public Health staff, organized and facilitated the FOCA subcommittee meeting on May 24, 2018 at Indian Creek Nature Center in Cedar Rapids. Participants received a FOCA Worksheet (Appendix A) prior to the meeting to begin brainstorming trends, factors and events that are currently affecting the community and LPHS. A total of 28 community leaders participated in the assessment (Appendix B).

The FOCA was modeled using tools outlined within the MAPP User's Handbook (NACCHO, 2013) and included the creation of an affinity diagram, prioritization activity and force field analysis in order to identify the top forces impacting the community. Prior to this event, Linn County Public Health staff completed a facilitation training developed by the Institute of Cultural Affairs entitled, Technology of Participation (ToP), which allowed staff to guide participants through the prioritization process and work together to identify opportunities and threats affecting the health of Linn County.

The meeting facilitator, Amy Hockett (*Epidemiologist, Linn County Public Health*), provided the welcome and overview to participants. The agenda was separated into three main sections: 1) small group affinity diagramming, 2) prioritization of forces and 3) force field analysis, which are further described in this report.

Affinity Diagram. The affinity diagram is a facilitation tool used to organize ideas generated by brainstorming. The diagram gathers multiple factors, events, or trends and organizes them into groupings based upon their natural relationships. Using the FOCA worksheet as a guide (Attachment C), all participants brainstormed a list of forces that affect the health of our community. Participants were asked to write their top three ideas on a half-sheet of paper and place on a large sticky wall on their side of the room. Facilitators, Kaitlin Emrich (*Assessment and Health Promotion Supervisor, Linn*

County Public Health) and Rachel Schramm (Senior Health Education Specialist, Linn County Public Health), read each of the half-sheets aloud to their group, asked for clarification (if necessary) and asked the group to remove duplicates.

Participants formed a line at the wall, and without talking to one another, began to organize ideas into clusters and columns on the sticky wall. Once all half-sheets were organized, the facilitators read the ideas aloud and worked with participants to communicate to the group why they believed specific half-sheets belonged, or did not belong, within a specific section until consensus was reached. The final step involved naming each cluster using a title encompassing all of the insights represented.

Prioritization of Forces. The facilitator placed all title cards (13) from the two boards onto one sticky wall to narrow down the topics into the top 10 forces. Each participant received 10 stickers to vote on the specific forces they believed to be most critical to the health of the community. Participants were not allowed to vote for a force more than once. The facilitators tallied the results and transferred the final categories onto large sticky-note paper in preparation for the force field analysis.



Results of the force category prioritization (*top ten in **bold***):

1. **Socioeconomic Determinants of Health & Related Impacts (25)**
2. **Mental Health Accessibility (22)**
3. **Education System Impacts (22)**
4. **Health Equity and Access (22)**
5. **Legislation/Funding (21)**
6. **Demographic Shift (19)**
7. **Food Systems & Insecurity (18)**
8. **Natural Environment (18)**
9. **Substance Abuse (18)**
10. **Built Environment (17)**
11. *Public Safety (16)*
12. *Impact of Trauma (15)*
13. *Community Perceptions & Stigma (14)*

The number in parenthesis behind the force title is the number of votes received during the prioritization activity.

Force Field Analysis. The final activity of the FOCA is the force field analysis. The analysis aims to identify both opportunities and threats posed by each force category. The final 10 forces were written on large flip-chart paper and placed throughout the conference room. Each participant had five minutes to spend at each flip-chart to write a list of specific opportunities or threats associated with each force category (See Appendix B for responses).

Findings

LCPH staff compiled results of the force field analysis and organized them into six categories, which are described in further detail below:

<p>Active Transportation</p>	<p>Active transportation is any self-propelled, human-powered mode of transportation, such as walking or bicycling. Safe and convenient opportunities for physical active travel expand access to transportation networks for people without cars. Active transportation also serves as an opportunity to tackle physical inactivity, a leading contributor to rising rates of obesity, diabetes, heart disease, stroke and other chronic health conditions. An estimated 65.1% of adults in Linn County reported being overweight or obese (2015).</p> <p><u>Challenges</u>: urban-sprawl and low-density developments lead to less access for transit and active transportation options; community builds for existing middle and upper-class residents and doesn't do enough for the low-income population; expensive to build and maintain.</p> <p><u>Opportunities</u>: overlap with sustainability efforts; increase awareness and interest; build overall health and community; political will; transit-oriented development; community spaces; energy efficiency.</p>
<p>Child Health</p>	<p>Improving the well-being of mothers, infants and children are an important public health goal around the world. A child's well-being determines the health of the next generation and can help predict the future public health challenges for families, communities and the health care system.</p> <p><u>Challenges</u>: hunger and food insecurity among students; physical safety of students in the classroom (gun-violence); mobility of students between schools throughout the school year; housing instability among students; mental health status on children; impact of school consolidation on neighborhoods; impacts of these factors on a child's ability to learn.</p> <p><u>Opportunities</u>: partnerships with schools to deliver curriculum and services; continuation and growth of programs to support the food insecure (Operation Backpack, pantries); robust early learning program around healthy lifestyles; accessible early learning and preschool; coordinate services with homeless students liaison.</p>
<p>Crime/Violence</p>	<p>Violence is a serious public health problem – eroding communities by reducing productivity, decreasing property values and disrupting social services. Survivors of violence often suffer physical, mental and emotional health problems for the rest of their lives.</p> <p><u>Challenges</u>: concerns about the potential for school violence; adverse childhood experiences (ACEs); violence; racism; the community and</p>

	<p>organizations understanding the connection between preexisting conditions and the cycle of violence; substance abuse.</p> <p><u>Opportunities:</u> working across sectors to address issues.</p>
Housing	<p>Poor housing conditions are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries and poor mental health. The issue of safe and affordable housing also appeared in the 2015 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).</p> <p><u>Challenges:</u> lack of housing options within Linn County for residents with physical or mental disabilities; burden of high student mobility and housing insecurity on the community.</p> <p><u>Opportunities:</u> exploring options for creating Permanent Supportive Housing (PSH) which combines low-barrier affordable housing, health care and supportive services to help individuals and families lead more stable lives; working across sectors to address the issues.</p>
Mental Health	<p>Mental health is more than the absence of mental disorders – it is a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, work productively and are able to make a contribution to their community. Mental health can influence the onset, progression and outcome of other illnesses and often correlates with health risk behaviors such as substance abuse, tobacco use, physical inactivity and other chronic conditions.</p> <p><u>Challenges:</u> stigma associated with receiving treatment; lack of mental health providers and prescribers in Linn County (specifically child psychiatrists); lack of resources for individuals and families impacted by mental health; barriers and limitations associated with Medicaid; addressing underlying issues.</p> <p><u>Opportunities:</u> increase provider and health coverage; mental health first aid trainings; cross-sector trainings between social services and law-enforcement; trauma-informed approach; take a preventive emphasis on mental health for the community.</p>
Policy	<p>Public health policy creates community, statewide and nationwide conditions that promote health, prevent disease and encourage healthy behaviors across the entire population.</p> <p><u>Challenges:</u> federal legislative threats related to the natural environment, Supplemental Nutrition Assistance Program (SNAP) and the Affordable Care Act (ACA); state-level legislative actions to privatize Medicaid; access</p>

	<p>to mental health services for Medicaid patients; and education funding; science-based curriculum not required to be taught in schools.</p> <p><u>Opportunities</u>: planning and zoning for health; incentivizing healthy mobile food vendors and entrepreneurs; provide education about health policy to community leaders and policymakers.</p>
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Summary and Next Steps

The FOCA report will be posted online for review along with three additional assessments that make up the MAPP process. LCPH will take the lead in incorporating information from the MAPP assessments and comments from the public into a revised Community Health Improvement Plan (CHIP). Additional information may be found at: <https://www.linncounty.org/753/Together-Healthy-Linn>.

Together! Healthy Linn Forces of Change Assessment

May 24, 2018 (Thursday) 9:00 AM – 12:00 PM

Indian Creek Nature Center – Auditorium

5300 Otis Road SE, Cedar Rapids, IA



Participant List

1	Jeff Hanson	Alliant Energy
2	Barb Gay	Area Substance Abuse Council (ASAC)
3	Rod Dooley	Cedar Rapids Community School District
4	Sandi Fowler	City of Cedar Rapids
5	Dale Todd	City of Cedar Rapids
6	Eric Holthaus	City of Cedar Rapids
7	Stephanie Schrader	City of Cedar Rapids
8	Karla Twedt-Ball	Greater Cedar Rapids Community Foundation
9	Linda Gorkow	Hawkeye Area Community Action Program (HACAP) Food Reservoir
10	Sofia Mehaffey	Horizons
11	Doug Elliot	Eastern Iowa Council of Governments (ECICOG)
12	Laura Seyfer	IowaBIG
13	RaeAnn Gordon	Iowa State University Extension & Outreach
14	Pramod Dwivedi	Linn County
15	Julie Stephens	Linn County
16	Tricia Kitzmann	Linn County
17	Jim Hodina	Linn County
18	Ruby Perin	Linn County
19	Ashley Balius	Linn County
20	Chris Kivett-Berry	Linn County
21	Chris Thoms	Linn County – Food Systems Council
22	Phil Wasta	Med Quarter
23	Melissa Cullum	Mercy
24	Nichelle Cline	Kirkwood Community College
25	Kathleen Collier	Kirkwood Community College - Heritage
26	Lori Weih	Unity Point – Cedar Rapids
27	Leslie Wright	United Way
28	Katie Frank	Public Defender

References:

1. Centers for Disease Control and Prevention (2011). Impact of Built Environment on Health. <https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf>
2. Centers for Disease Control and Prevention (CDC) (2005). The Role of Public Health in Mental Health Promotion. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a1.htm>
3. Centers for Disease Control and Prevention (2017). Violence Prevention. <https://www.cdc.gov/violenceprevention/index.html>
4. Krieger, J.; Higgins, D.L. (2002). Housing and Health: Time Again for Public Health Action. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447157/>
5. National Association of City and County Health Officials (NACCHO). September 2013. Mobilizing for Action through Planning and Partnerships (MAPP): User's Handbook.
6. National Conference of State Legislatures (2017). Public Health. <http://www.ncsl.org/research/health/public-health-and-prevention/public-health.aspx>
7. National Health Care for the Homeless Council (2018). Permanent Supportive Housing. <https://www.nhchc.org/policy-advocacy/issue/permanent-supportive-housing/>
8. Office of Disease Prevention and Health Promotion (2018). Maternal, Infant, and Child Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>
9. Perdue, Wendy Collins; Stone, Lesley A.; Gostin, Lawrence O. (Sept 2003). The Built Environment and Its Relationship to the Public's Health: The Legal Framework. American Journal of Public Health. 96(9): 1390-13944. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447979/>
10. Robert Wood Johnson Foundation (2018). Built Environment and Health. <https://www.rwjf.org/en/our-focus-areas/topics/built-environment-and-health.html>
11. Rutherford, A.; Zwi, Anthony B.; Grove, Natalie J.; Butchart, Alexander (2007). Violence: a priority for public health? Part 2. Journal of Epidemiology in Community Health; 64:764-770. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2659998/pdf/764.pdf>
12. World Health Organization (2018). Mental health: strengthening our response. <http://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Appendix A: Affinity Diagrams

Sticky Wall #1

Built Environment & Physical Infrastructure	Public Safety	Mental Health Accessibility	Health Equity & Access	Food Systems	Substance Abuse	Education System Impacts	Legislation Funding	Natural Environments	Demographic shift	Socioeconomic Deter. Of Health
Built environment	Violence	Abuse (mental, physical, emotional)	Health insurances changes/ access to affordable healthcare	Food Access	Opioid concerns	Education	Federal roll back of established programs and funding	Improving trend in air quality	Increase in # of refugees in Linn County	Aging workforce and skilled labor avail.
Built environment access to walkable spaces and resources	Feeling Safe	Lack of mental health beds in state of Iowa	Health equity	Many students on meal is at school	Drug epidemic	Affordable education	Federal Funding	Flooding – Natural Disasters	Increase in ELL Families	Increase age of farmers
Access to Parks/Gardens	Increase in Violence	Mental Health of Students is a growing concern among students	Increase in free clinic utilization – clinic visits + meds (financial asst.)	Food Wastes is 20% of waste in landfill	Changing perceptions of marijuana use	CRCSD school closures	Political Environment	Climate Change esp. heat events	REF Health	Employment oppor. Change
Walkable Community	Increase in community violence	State Child mental health planning	Inequitable access to healthcare	Food insecurity	Meth use increasing	Healthy eating education	Changes to private philanthropy	Water quality issues	Migrant Pop. Increase	Lack of Skilled Workforce
Available Transportation	School Violence	Increase in Dementia	Healthcare Available	Diverse Food System	Drug/ substance/ addiction/ abuse	National school shooting events & impact	Farm Bill	Declining levels in pour drinking water aquifer	Cultural pop. Change increase	Jobs/Employment
Active Transportation opportunity	Human Trafficking	Mental health services are limited	Medicaid/ Insurance coverage, cost	Access to affordable food, other basic needs	Incarceration creating barrier to services	Lack of state funds for education	State Funding	Drift from AG Spray	Aging pop.	Change in Economy
Infrastructure interruption causing long term lack of service		Isolation	Changes in Medicaid		Medical Marijuana	School Violence		Deteriorated quality of surface water	Growing pop.	Increase in low-income families

Sticky Wall #1

Built Environment & Physical Infrastructure	Public Safety	Mental Health Accessibility	Health Equity & Access	Food Systems	Substance Abuse	Education System Impacts	Legislation Funding	Natural Environments	Demographic shift	Socioeconomic Deter. Of Health
Access to information through the internet		Mental health services – changes in Medicaid	Sickness/Flu		Increase in medication availability assistance treatment (for addiction)	Literacy is stagnant of slightly improving			Community engagement	Housing affordability
		Increasing use/availability of telehealth service	MCH - IM			Political action or non-action causing movement			Lack of inclusion	Available child care
						Mental health of students is a growing concern among schools				Iowa code and effect of efficiency in homes
						Many students only meal at school				Allowing access to housing

Sticky Wall #2

Community Perceptions and Stigma	Food Insecurity	SDOH Impact	Impacts of built/ natural environment on health	Access to Services	Equity	Legislation	Emerging Epidemics	Impact of Trauma
Urban rural disconnect	Food insecurity	Increase in number of families with barriers	Built environment (transportation, planning, access)	Access to services (cost, transportation)	Health inequities	Abortion laws	Opioid drug use, gateway	ACEs
Government distrust	Food insecurity	Insufficient childcare	Climate change	Unfriendly, complex Medicaid system	Inclusion (persons with special needs, elderly)	Legislation re: access to women's reproductive health	Gun violence	Trauma impacts of youth to older adults
Negative preconceptions of people in hunger	Access to enough healthy food options	Resources to assist most vulnerable with housing (behavior, environmental, structural)	Water quality	Cost of Healthcare	Age race ethnic disparity in health outcome	No state def or CHW role		PTSD (veterans, women)
People not accessing services due to fear	Farm bill - SNAP changes	Lack of affordable housing for ECI populations	Soil health	Transportation Issues	Cultural and language differences	Farm bill SNAP change		
Pride to ask for resources (Seniors, Rural)	Proposed SNAP cuts	Energy burden (economic)	Pesticides	Access to mental health services	Healthcare for immigrant and refugees	Changes in marijuana laws and attitudes		
Stigma (bedbugs, hoarding)		Increase in single parent household percentages	Built environment	Limited funding for public health services	Increasing immigrant and refugee population			
Medical apartheid		Misuse of pesticide	Pests of public health concern, no resources for Integrated Pest Management	Very limited funds for prevention work	Ongoing BLM movement and efforts to improve equity			

Sticky Wall #2

Community Perceptions and Stigma	Food Insecurity	SDOH Impact	Impacts of built/natural environment on health	Access to Services	Equity	Legislation	Emerging Epidemics	Impact of Trauma
Local narrative		Mobility rates (people frequently leaving or being forced out of homes/neighborhoods)	Interior mold	Improved community collaborations				
		Increased public health response to nuisance (environmental, hoarding, substandard housing)	Elementary schools consolidation (less active transportation/neighborhood)	TAV				
		Increasing focus on SDOH						
		Social Determinants of Health						

Appendix B: Force Field Analysis

Socioeconomic Determinants of Health

Threats	Opportunities
Poor Housing: Increased threats of chronic health conditions with vulnerable population = health inequity	Focus on housing with holistic approach – Indoor air quality, Energy, Weatherization, CDBG Funding (Coordinated approach)
Public Health Nuisance – Poor pest response ex: bed bugs, pesticide poisoning misuse, roaches pest of public health concern.	Use TAV connect
College debt – upward mobility	Develop policy/standard to set min public health standards
Increase need for social services	Connection with mental health
Lack of funding support for social services/organization services	Develop new and innovative way to engage the spectrum of the population on issues
Complex Services	Permanent supportive housing increases access for all (safe, affordable housing)
Conflicting eligibility	Business/education/workplace partnerships to provide training and job skills for a greater workforce
Short term services don't create long term change	Walkable neighborhoods
Lack of housing options for folks with physical/mental disabilities – need support	

Mental Health Accessibility

Threats	Opportunities
Lack of mental health providers	Increase access
Lack of resources for individuals and families impacted by mental health	Increase provider and health coverage
Lack of mental health prescribers	Increase telehealth for psychiatry access
Barriers and limitation with Medicaid	Change in political climate and leadership
Hoarding	Mental health first aid trainings
Mental health affects students ability to learn	Law enforcement collaboration/training
Lack of child psychiatrists in community	Coordinated approach between health, housing and mental-social health
Mental health funding is in peril and decrease in access and services	Access center
We do not address underlying issues	Trauma informed care trainings/approaches
We do not have a preventative emphasis and comprehensive system of coordinated care	Schools can provide access to mental health services
	Legislative support is needed

Education System Impacts

Threats	Opportunities
Funding Cuts (restructure of how schools receive money)	Mental health partnerships with schools
Numerous elementary school closures slated (CRCSD)	Backpack programs (food assistance)
Potentials of major school violence	Health education programs
Dipartites across districts	Increase breadth perspective (well-rounded education)
Curriculum restrictions (not teaching science based curriculum)	Partnership: Life skills after school
School Closures	Robust early learning program around health lifestyles
Lack of parent engagement and/or involvement (don't feel valued)	Accessible early learning and pre school
Teachers spread too thin	Schools can be a way to make health services accessible to students
Trauma experienced – teachers not always able to address	Leveraging volunteers of older adults to mentor young learners
Safe schools are necessary for effective student learning	Parent involvement / engagement through navigators
High rates of student mobility <ul style="list-style-type: none"> – In and out of schools throughout the school year – SDOH, Housing instability 	Increase work with homeless students liaisons
Academic year 16-17 – 888 students faced homelessness in Linn County	

Health Equity and Access

Threats	Opportunities
People not getting services early enough	Improved equity will improve health outcomes
Confidentiality in rural areas not being followed if even by perception	Cross sector groups are focusing on equity
Healthcare not targeted or meeting the needs	Ability for org. to work together
Need good data and shared learning	Reach out to immigrant populations
Many different populations – inquire complex solutions → many languages, cultures	Schools can provide accessibility to health services
Legislative threats, like non-ACA compliant plans	Provide education; re:navigation of health insurance systems
Unaffordable	Training for general population and healthcare system for disabilities
At state level the health data for Iowa, Linn looks pretty good. Have to look at cohort data (age, race, ethnicity) and then the disparity is evident	Improved collaboration between health, housing and social services
Insurance systems are sometimes impossible to navigate	
Ability of students to learn	
Too many hoops even when we have it	
Failure to address substandard	
Lack of cultural awareness	

Legislation Funding

Threats	Opportunities
Trade wars	Collaboration for a common need
Continued perpetuation of myth of big government	Farm bill
Relaxation of environmental constraints	Dem Government
Decrease utilization of health care services	Education
Invalidation of populations impacts (women and health, teens and gun violence)	Elections this fall (2018 mid-terms)
Legislation without funding	Increase in mobilization – change legislation
Environmental degradation due to decrease in services/maintenance	Listening and understanding – to find the common human goal
Lost work efforts resulting from policy reversal	Local resources and decision-making to increase prevention efforts
Fragmented solutions	Smart resources allocation
Unintended consequences	Technological advancements to drive efficiencies
Unfunded Mandates	

Demographic Shift

Threats	Opportunities
Not enough services or access to services available	Greater diversity/cultural experience
Greater stress on public health system	Greater perspectives skillsets
Depletes Resources	Welcoming community if diverse
Mental health impact if people don't feel included	Interests in dense built environment and support for walk/bike ability
Greater need for social services	Engage older adults in the public health process
Community not welcoming or embracing diversity	Greater diversity of ideas and resources
Under-served aging population	Inclusion in the workforce and increase in economic impacts
Understanding of new/emerging needs	Fresh ideas and perspectives
Inadequate translation – language and culture barriers	
Personal/local bias	

Food Systems

Threats	Opportunities
Lack of enough food	Farmer Apprentice programs
Lack of support to food the hungry (lack of funds)	More access to farmers market for low-income families
Farm families experience food insecurity too	Collaborations education to serve the hungry
Increase in family stress	Strong interest in local food – how can we connect with high risk cohort
Lack of understanding the value of our economy	Ability to highlight local food initiatives
Health problem (diabetes, etc)	Connection between food systems and health
Too much of one category – need healthy variety	Create more community gardens
Lack of healthy food choices	Ways to divert food waste: food rescue and compost
Educational impact if children are hungry	ADA gardens
Stigma of hunger	Zoning- Exclude new fast food locations near schools
Lack of awareness of the work done to feed the hungry (player's collaborative systems etc.)	Encourage healthy food stores in food deserts
SNAP changes	Encourage/incentivize healthy mobile food vendors/entrepreneurs
Lack of understanding of importance of local foods	Food prep and meal planning education that is connected to local food systems
Keeping 1 st ave Hy-Vee Viable	
Processed foods/high sugar and sodium	
Increase age of farmers and decrease in diverse farms (farmland being gobbled up by production)	
Malnutrition	
Food Waste	
Food Deserts	

Natural Environment

Threats	Opportunities
Increase in health impacts of environmental degradation	Makes community more inviting
Climate related weather events <ul style="list-style-type: none"> – Soil degradation re: nutrition – Usability of environmental resource (water, land, air) 	Increase sustainability education
Economic impacts: Ability to develop and grow business	Increase conservation economic benefits smart resource use
Ability to enjoy the natural environment (lakes and river)	Increase community partners that focus on improving the natural environment
Threats to be active outdoors (asthmatics, COPD)	Increase federal state and local policies that protect the natural environment
Natural Disasters	To educate: provide land/supplies to populations unable to grow their own food
Urban Sprawl	Public and political support
Climate Change	Increase winter activities...
	Increase narrative/connection to public health
	Capitalize on existing resources (rivers, lakes, community character)

Substance Abuse

Threats	Opportunities
Adverse health impact affects <ul style="list-style-type: none"> - Employment and economic development - Inability to hire skilled labor - Keeping families together - Stigma of substance abuse/users 	Increase = community mobilization
Increase in crime	Strong community interest to address problems/challenges
Criminal history- Following those who have become sober – creating barriers – perpetuating cycle continued use of crack/meth/heroin/opiates	Legislative support to enact policy
Insurance companies refusing to pay cost of meds to get people off of drugs	Increased education early
Increase costs of emergency services and increase use	More collaboration to serve those with substance abuse issues
Being too prescriptive = hurting/impacting those who need opioids	Community wide efforts
Not addressing underlying issues that contribute – ACEs, violence, racism (population not understanding the underlying)	Break down barriers between races... this issue is not race related
	Address/reduce stigma
	Treat addiction as a chronic health condition
	Give individuals in recovery opportunities for training (job) and employment

Built Environment

Threats	Opportunities
Sprawling/ Low density= less biking, walking, transit, access and increase in energy, water and GHG	Control (reduce fossil fuel use)
Existing and Building for middle and upper-class and drives out an existing population	Increase awareness and interest
Expensive	Positive demographic changes (millennial and retirees like it)
Threatens valuable farmland	Increase health and community
Noise, Light issues	Political Will
Space Constraints	Ability to connect to community
Underutilization	Aesthetics and fit
Less neighborhood community w/ consolidation of schools and decrease in community services in various areas	Build with active transportation in mind
Expensive to maintain	Public transportation in mind (complete streets)
	Public Transportation Infrastructure
	Parklets
	Transit oriented development
	Energy efficiency improvements in low-income neighborhoods/homeowners
	Community spaces



Forces of Change Brainstorming Worksheet

This two-page worksheet is designed to help participants in preparing for the Forces of Change Assessment on May 24, 2018 from 9:00am-12:00pm. In preparation for the meeting, please reflect on any events, trends, or factors that affect the health of our community or the local public health system. The overall question that will be answered during this activity is, **“What is occurring or might occur that affects the health of residents or the Local Public Health System?”**

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events and factors.

- **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 a jurisdiction’s proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change outside of your control that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?



Forces of Change Brainstorming Worksheet (Page 2)

Using the information from the previous page, list all brainstormed forces, including factors, events and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____



Together! Healthy Linn Forces of Change Assessment

May 24, 2018 (Thursday) 9:00 AM – 12:00 PM

Indian Creek Nature Center – Auditorium

5300 Otis Road SE, Cedar Rapids, IA

Objective: Identify all the forces and associated opportunities and threats that can affect, either now or in the future, the community and local public health system.

Agenda:

1. Introduction
2. Brainstorm
3. Small group affinity diagram
4. Break
5. Prioritize forces
6. Break
7. Force field analysis
8. Adjourn