



**FORCES**  
OF CHANGE

## **Forces of Change Assessment 2006**

The Forces of Change Assessment is the second of four major assessments utilized in the MAPP process.

### ***Purpose***

The purpose of the Forces of Change Assessment is to identify pending changes in the health care or social environment in Polk County that may affect the local health system.

### ***Goal***

The goal of the Forces of Change Assessment is to help community partners within the local health system to better anticipate and manage change in the environment in order to incorporate these findings into a Polk County Community Health Improvement Plan (CHIP).

### ***Method***

The Forces of Change Assessment is a qualitative assessment, conducted in the Sociological tradition in qualitative research methodology that uses words or phrases generated by techniques for systematic examination. The structured interview method, during which an interview guide with predetermined questions is used, was selected for several reasons. First, structured interviews allow the researcher to define the problem and questions (Guba and Lincoln, 1981). Another reason for structured interviews is they are likely to be used in situations in which representative samples of persons are asked identical questions about something that interests the researcher (Guba and Lincoln, 1981). In this case, key informants were asked identical questions regarding their perceptions of pending environmental changes impacting the local public health system in Polk County.

In order to insure accuracy in the interviews and to increase validity of the findings, member checking was incorporated into the process. Each interviewee was e-mailed a typed transcript of the interview notes, and given the opportunity to make changes or corrections to their answers. This technique for member checking is meant to validate the interviewee's responses for accuracy. These interview methods were selected due to their reputation for being several of the most respected of tools that an inquirer can use (Dexter, Guba, Lincoln, 1970). Also, interviews were chosen because they are systematically determined and the selected respondents are not in a position to throw away the questions (Frey & Oishi, 1995).

Key informants were identified based upon their leadership roles in the Alliance as well as county policy-makers and leaders within the community-at-large. Each of the interviewees were asked who they felt should also be interviewed. Participation in the interviews was voluntary. Each participant was assured confidentiality and anonymity during the process. In total, eighteen (18) individuals were identified and were interviewed. The transcript analysis method used was key-words-in-text (KWIC), during which the researcher determines all the places in a text where a particular word or phrase appears and maintains in context by a number of words before and after it. This process involves establishing categories (codes) then counting the number of times the categories appeared in the data. This procedure produces a quantitative data set that then can be analyzed with proper statistical procedures. This method calls for systematic, inclusive, exhaustive and consistent coding procedures. (Kelle, 1995) Categories each of the interviewees was asked to comment on include:

- 1) Federal, state, local legislation
- 2) Rapid technological advances
- 3) Changes in organization of health care services
- 4) Shifts in economic and employment forces, and
- 5) Changing family structures and gender roles

The main question asked of the interviewees was:

“Focusing on the future, what are you aware of that might impact the health of Polk County residents, in the next three to five years?”

Most of the interviewees asked for additional clarification for this question, therefore, examples from the above categories were provided to them as prompts.

For the purposes of this assessment, the future was described as “the next three to five years”. This time period was identified with the intention of the Forces of Change Assessment findings being incorporated into a 3-Year Community Health Improvement Plan (CHIP) where feasible.

**Results**

Table 2 provides quantitative results of the open-ended interview responses provided in the Forces of Change Assessment.

*Table 2  
Frequency of Responses - Forces of Change Questions*

33.3%	Access	Population Growth, Changing Demographics
23.4%	Policy	Federal, State, Local
16.1%	Resources	Infrastructure, Facilities, Financial
11.1%	Disease	Disease-related Illnesses
16.1%	Misc.	Employer-sponsored Insurance, Design

Quantitative analysis of the key words revealed that 33.3% of the interviewees expressed concern about **Access** to the local health system, specifically for the uninsured, underinsured, and most vulnerable populations, especially the elderly and children.

Aligned with the Access issue was **Population Growth and Demographic Changes**.

Here are some of their comments regarding access and changes in our population:

“We need to continue to pursue aggressive recruitment of health care professionals and doctors.”

“We need to look at our system holistically. We have rapid population growth, more people equals more need for public services.”

“Growth planning. We need to know who is coming into the community, so we can plan and educate them on where to go for health care. We need to expand our system to accommodate the growth.”

“Aging local demographics, aging population. We need to be proactive in finding well-planned solutions. We could be a testing ground for the rest of the state or nation.”

“Increasing immigration, especially of the limited English speakers. Population increasing in our county – we need to examine how we are growing, who is moving in and out of the county.”

“We need to increase the number of physicians. We also have increases in the number of uninsured residents.”

Twenty-three percent (23.4%) of respondents focused on **Policy**.

“Medicaid reform at the state level. This should be a local concern. We don’t know how this will impact our county yet. Historically our county has not been served well under a managed care model as is being proposed.”

“At the federal level there are cuts in Medicare and Medicaid which increases the state financial burden. We need to fund adequately for these programs to continue to have resources for improved health care access.”

“Medicaid reform will change the state. Medicare will affect more people in our county as the population ages. Long-term care resources will also be affected. We have population growth that is unbudgeted for.”

“We need to focus on infrastructure before development. Facilities planning. Policy, it’s a way of thinking.”

“The preferred drug lists that have been changed by Medicare. Policy-makers should not be making medication decisions.”

Sixteen percent (16.1%) of respondents focused on financial **Resources** currently available in the county.

“We now have the ½ cent sales tax revenues and the Health Care Alliance - this should improve access to health care.”

“We have the ½ cent sales tax which should be a positive influence if we can implement clinics, not just referral to the doctors alone. We need on-site, centralized care, where we can offer health education services as well as medical patient care.”

“The sales tax revenues will provide medical homes for the consumers.”

Eleven percent (11.1%) of respondents focused on specific **Disease-related illnesses**. Here are their comments:

“We have significant trends in childhood obesity, and a shortening of the length of time diagnosed obese and the link to chronic disease. For example, we are now seeing Type 2 diabetes in people in their 20’s and 30’s.”

“Smoking and substance abuse. The community needs to emphasize educating its citizens as a priority.”

Sixteen percent (16.1%) of responses did not fit into any major category. Those comments were:

“We need to improve our community designs, proper designs for health communities.”

“Through collaboration and building on the strengths of each organization, we can and should increase health awareness and increase prevention funding in the community.”

“Cost of health care coverage, small employers cannot afford to purchase.”