

SEPHLI Final Report
Beth Blevins, MPH
October 31, 2006

Project Title

Expanding Preventive Healthcare for Children in Meigs County through Community Partnership

Abstract

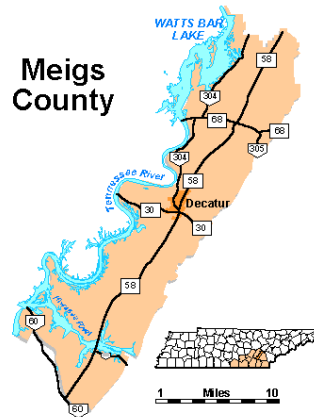
The purpose of this project was to raise awareness of the importance of preventative health care and increase the number of children that obtain a preventative health screening or well-child exam (EPSDT) in Meigs County. Originally, I planned to create a sub-committee of the Meigs County Health Council to be devoted solely to awareness and to improving the screening rate for Meigs County. However, after proposing the idea to the Meigs County Health Council, all of the council members were interested in the issue and wanted to participate in the project. Therefore, rather than creating a sub-committee, I worked with the entire Meigs County Health Council to complete this project.

Through a team approach, I worked closely with the faith-based community, regional and county health department staff and local physicians to add EPSDT (Early and Periodic Screening, Diagnosis and Treatment) services to an annual event sponsored by the Cottonport Church of God in Meigs County. Communication occurred primarily through face-to-face contact during meetings, but occurred occasionally via e-mail and telephone conversations. The event proved to be a successful venue for the project. 41 EPSDT exams were performed during the event. In addition, 243 children received backpacks, school supplies and new clothing.

This project provided me an opportunity to improve my assertiveness through challenging others, regardless of their status. This became evident through my interaction with regional management, facilitating project meetings, and making difficult decisions when needed.

This project also provided an outlet for personal and professional creativity. I utilized a different approach to offer a needed benefit to a local community.

Introduction



Meigs County has a total population of 11,718 with 3,299 children ages 19 or younger (Health Information Tennessee, 2005). In 2000, 3,692 people in Meigs County were enrolled in TennCare, with 1,929 of those on Medicaid (Health Information Tennessee, 2000). Nearly half, or 45.2%, of all TennCare enrollees are under the age of 20 and are potentially eligible for TENNderCARE, Tennessee’s EPSDT program. According to BlueCross BlueShield of Tennessee, Meigs County had a screening rate of 41.9% in April of 2006. This percentage indicates that the majority of children are not being seen by a physician for well-child screenings. Parents are waiting until children develop symptoms of an illness or ailment before making an appointment with their Primary Care Provider. My project aimed to change this by starting small and creating a convenient outlet for parents to take advantage of screening services.

How did the event begin? At one of our project meetings, I met Kern Eschette, minister of the Cottonport Church of God, who informed everyone of an upcoming event sponsored by the church. The event entitled, “Give a Kid a Chance” offers low-income children free school supplies, back-packs, and clothing. Free haircuts and oil changes are also available to better

prepare families for the upcoming school year. Kern noted that well-child exams would be appropriate to add to the list of services children receive during the event. It was the perfect setting to reach our target population, raise awareness in the community and provide needed EPSDT exams. All of the Health Council members agreed on this proposal and brainstorming occurred during our first meeting.

Project Description, Objectives and Methodology

The overall project goal was to raise awareness on preventative health care screenings and offer EPSDT services to families during a community event. Those who registered and attended “Give a Kid a Chance,” on August 5th were offered free EPSDT services. Project objectives included the following: The project committee will ...

1. Meet at least 4 times during the 2006 calendar year to discuss awareness event ideas.
2. Obtain local county health data for tracking and evaluation purposes by October 2006.
3. Plan one outreach event to increase preventative health awareness within Meigs County by October 2006.
4. Continue meeting annually following the 2006 calendar year to reassess community health needs.
5. Establish an annual opportunity to offer EPSDT screening services to the community by the end of the 2006 calendar year.

Although committee members agreed on the idea of offering exams at an annual event, there were numerous obstacles I had to overcome. First and foremost, Department of Health regional management had to approve the event. This was a challenge. Offering a confidential exam in a public setting was a significant concern, in addition to transporting supplies and medical equipment to a secondary location. Secondly, taking public health services to the

community instead of the public coming to our clinics was a foreign concept and difficult for many to process. This offered me the opportunity to utilize my assertiveness skills and propose a logical compromise. Instead of bringing the exam to the event site, why not transport the children from the event site to participating clinic sites during the event? This allowed for increased patient privacy, comfort for the providers and convenience for the parents. Volunteers from two local churches provided church vans and transported children less than one mile to three clinic sites. Parents signed a permission slip during the registration process to relieve any event volunteers from liability during transportation. This idea was approved by management and we were able to begin event planning immediately.

An additional barrier I faced was staffing. It was very difficult to recruit staff to work during the weekend. I especially faced a challenge with nursing staff. The regional nursing director was hesitant to agree to the project and this caused reluctance from county nurses. Again, I had the opportunity to exercise my leadership skills. I met with the nursing director and explained the benefits of the project. I emphasized how important each volunteer was, including the nurses. In the end, the project had more than enough volunteers. Individual staff members were not overwhelmed during the event, as each member was assigned a specific duty. A valuable lesson was learned. In any given event, each and every volunteer is valuable and should be treated as such.

Finally, I faced the challenge of staff fulfilling their traditional roles rather than the functions they were assigned that day. I created an organizational chart for the event, but it was difficult for staff to follow a different chain of command. I struggled with how to handle this issue. I talked with one individual and explained that although I appreciated their help, their system would not be appropriate for the project. I also had to make some tough decisions

regarding what certain individuals would do during the event and where they would be stationed. On the day of the event, I could have been even more assertive and made decisions differently. However, next year's event is sure to run more smoothly.

Planning for the event was quite an adventure. We met with Pastor Kern Eschette several times to get an idea of the event layout and flow. We allotted space for the TENNderCARE booth and transportation site. We reviewed all of the registration applications prior to the event and color-coded them per clinic site. Color-coding made transportation easier and provided each provider an estimate of how many patients they could expect. We used three colors; red, blue and green, for the three clinic sites. We were able to evenly disperse the applications so that each provider had an ample amount of patients.

Results

The event was a success! We met all of our original goals and created an opportunity to offer EPSDT exams annually in Meigs County. A total of 250 children registered for the event. 243 children attended the event and received backpacks and school supplies. 41 EPSDT exams were performed. While the number of exams is small in comparison to the amount that attended, it is quite impressive for our first attempt to offer the exams during an event. The number of exams performed also reflects several children that were up to date on their well-child exams.

During our follow-up meeting, we realized that many parents did not take advantage of the screening service after receiving their child's free school supplies. Next year we plan to offer the exam before incentive items are dispersed. It was suggested that the EPSDT be their ticket to any free incentives at the event site. Either option should increase the number of exams performed. We also plan to use some type of drawing as an incentive. Children that get an exam, or parents that provide proof of the exam, are put into a drawing for a gas card or gift

certificate. Overall, I anticipate these small changes will yield much larger results for next year's event.

Below is a breakdown of the EPSDT data following "Give a Kid a Chance":

Clinic Sites	TennCare Patients	Non-TennCare Patients - Private Insurance	Non-TennCare Patients - No Insurance	Total Exams
Meigs County Health Department	12	1	4	17
Dr. Shane Roberts	10	2	0	12
Dr. Manvesh Sinha	12	0	0	12

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During the planning process, my mentor truly groomed my leadership skills. She provided me with positive criticism and suggested ways to improve in specific areas. She was instrumental in the success of my personal leadership development, as well as the project as a whole. Because of my mentor, I felt more confident in my decisions and delegated responsibility to members of my project team. I also realized that leading by example gains respect from those you supervise, and is vital to project management.

Conclusion

This project represents the value of teamwork, community partnerships, and determination. Through working as a team, we were able to offer a needed service to a low-income population in a convenient and confidential manner. All children, regardless of income, left the event better equipped to begin the upcoming school year. Parents and families also benefited from the free clothing and oil changes.

This project has the potential to make a larger impact on the Meigs County community each and every year. It also presents the possibility of hosting a similar event in each of our counties in the Southeast region. Through working on this project I had the opportunity to make

a difference in the lives of 41 children. My current position primarily consists of program management. I enjoy my current position, but the satisfaction I received from this project far outweighs any presentation I have ever given or any report I have ever completed. To see results immediately and to know each child received quality healthcare is worth all of the barriers I had to overcome. I plan to continue this project annually and network with other counties in hopes of future expansion.

Leadership Development

I have learned numerous things about leadership development through completing this project. Primarily, I learned that although a project has never been attempted, that does not indicate it will fail or is impossible. Often times I have an idea or thought, but never vocalize it or follow-through due to fear of rejection or failure. Great leaders simply cannot allow themselves to be restricted by fear. I want to be more creative in my thinking and act on my intuition when I realize potential success. I also realized that working with other agencies and organizations can be challenging. In keeping with each agency's mission and goals, it is important to work within certain parameters. This may mean using a variety of methods to accomplish a common goal.

Since the beginning of this project, I aimed to improve several leadership skills. First and foremost, I wanted to become more assertive. I have struggled with this leadership skill for most of my professional career. I have improved this skill with every stage of project planning and implementation. I was assertive with upper management when proposing my project. I took the lead on persuading those that doubted the project proposal. I presented project information to the Meigs County Health Council monthly. All of these tasks allowed me to make more decisions

with confidence, despite limited information and resources. I made necessary decisions in order for the project to succeed. In the end I stood by my decisions, even when others were uncertain.

In addition to assertiveness, I have improved my delegation skills. Instead of doing everything that needed to be done for this project, I quickly learned that delegating tasks was crucial. Determining how and to whom to delegate was a challenge, so I looked to my mentor for her observations. She observed that I tried to take on too many tasks, when they would be better handled by someone in the Meigs County community. I needed to spread the work load among my project committee members and thus relieve myself of certain tasks. She was absolutely right. Delegating tasks caused the project to run more smoothly and project responsibilities were accomplished more quickly than if I had attempted to do them all myself.

In reflection, I could have further improved in delegation. I constantly felt the burdens of ensuring things were done correctly. However, there were instances when the delegated task was not accomplished or was accomplished late. This caused me to revert back to doing much of the tasks myself. In retrospect, I should have continued to delegate in a more appropriate manner. Maybe the task was not appropriate for that individual, or maybe they were not clear on their duties. I should have further explored these options and made necessary changes early in the planning process.

Overall, I am certain that I have improved in assertiveness, confident decision making, and delegation. However, I recognize my weaknesses. I know that without continued improvement, I am sure to fall short of my leadership goals. My experience with SEPHLI has opened my eyes to other's perceptions. I now view leadership as a continual goal. I anticipate my leadership development will continue to mature with future management experience.

APPENDICES

A Meigs County Health Council Agenda, April 10

B Meigs County Health Council Agenda, May 11

C Meigs County Health Council Agenda, June 12

D Meigs County Health Council Agenda, July 13

E Meigs County Health Council Agenda, August 14

F Meigs County Health Council Agenda, September 15

G Final Report Reviewers 16

Meigs County Health Council

**P. O. Box 188
Decatur, TN 37322
Phone: (423) 240-8633**

Edgar Jewell, Jr., Chairperson

AGENDA

**April 21, 2006
Decatur Community Room
12:00 NOON EST**

- I. Meal**
- II. Call to Order/Introductions – *Eddie Jewell, Chairperson***
- III. Approval of Minutes for March 10, 2006 - *Eddie Jewell***
- IV. Old Business**
 - A. Fitness Center Update**
 - B. Mammography Coach**
- V. New Business**
- VI. Announcements**
- VII. Presentation – *Beth Blevins, TENNder Care***
- VIII. Set next meeting/Adjourn
(May 12, 2006)**

Meigs County Health Council

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Edgar Jewell, Jr., Chairperson

AGENDA

May 12, 2006
Decatur Community Room
12:00 NOON EST

- IX. Meal
- X. Call to Order/Introductions – *Eddie Jewell, Chairperson*
- XI. Approval of Minutes for April 21, 2006 - *Eddie Jewell*
- XII. Old Business
 - A. EPSDT Clinic
- XIII. New Business
- XIV. Presentation – *Candy Montut, Nancy's House*
- XV. Announcements
- XVI. Set next meeting/Adjourn
(June 9, 2006)

Meigs County Health Council

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Phone: (423) 240-8633

Edgar Jewell, Jr., Chairperson

AGENDA

June 9, 2006
Decatur Community Room
12:00 NOON EST

- XVII. Meal
- XVIII. Call to Order/Introductions - *Eddie Jewell, Chairperson*
- XIX. Approval of Minutes for May 12, 2006 - *Eddie Jewell*
- XX. Old Business
 - A. EPSDT Clinic
- XXI. New Business
- XXII. Announcements
- XXIII. Set next meeting/Adjourn
(July 14, 2006)

Meigs County Health Council

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Decatur, TN 37322
Phone: (423) 240-8633

Edgar Jewell, Jr., Chairperson

AGENDA

July 14, 2006
Decatur Community Room
12:00 NOON EST

- XXIV. Meal
- XXV. Call to Order/Introductions - *Eddie Jewell, Chairperson*
- XXVI. Approval of Minutes for June 9, 2006 - *Eddie Jewell*
- XXVII. Old Business
 - A. EPSDT Clinic
- XXVIII. New Business
- XXIX. Announcements
- XXX. Set next meeting/Adjourn
(August 11, 2006)

Meigs County Health Council

**P. O. Box 188
Decatur, TN 37322
Phone: (423) 240-8633**

Manvesh Sinha, Chairperson

AGENDA

**August 4, 2006
Decatur Community Room
12:00 NOON EST**

- XXXI. Meal**
- XXXII. Call to Order/Introductions – *Manvesh Sinha, Chairperson***
- XXXIII. Approval of Minutes for July 14, 2006 - *Manvesh Sinha***
- XXXIV. Old Business**
 - A. EPSDT Clinic**
- XXXV. New Business**
- XXXVI. Announcements**
- XXXVII. Set next meeting/Adjourn
(September 8, 2006)**

Meigs County Health Council

P. O. Box 188

Decatur, TN 37322

Phone: (423) 240-8633

Manvesh Sinha, Chairperson

AGENDA

September 8, 2006

Decatur Community Room

12:00 NOON EST

- XXXVIII. Meal**
- XXXIX. Call to Order/Introductions - *Manvesh Sinha, Chairperson***
 - XL. Approval of Minutes for August 4, 2006 - *Manvesh Sinha***
 - XLI. Old Business**
 - A. "Give a Kid a Chance" Update**
 - B. Water Fluoridation Letter**
- XLII. New Business**
 - A. Presentation - *Beth Blevins, Tennder Care***
- XLIII. Announcements**
- XLIV. Set next meeting/Adjourn
(October 13, 2006)**

Final Report Reviewers

- 1) Six in the City - Fellow Group Members
 - a. Dorothy Cilenti
 - b. Denise Pavletic
 - c. Mary Fechtel
 - d. Meg Ridley
 - e. Tim Powell
- 2) Lois Cousin, Administrative Assistant, Community Health Councils
- 3) Beth Delaney, CHES, BHIAT Coordinator