

Evaluation Report: Quarter 1, 2010



Healthy Maine Partnerships

Maine Center for Disease Control and Prevention

KEEP ME WELL!



Maine Center for Disease
Control and Prevention

An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

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April 2010

INTRODUCTION

The **KeepMEWell** online tool was developed to comply with Public Law 22 M.R.S.A., Part 2§411. It is both an online resource toolkit and health risk assessment that helps Maine residents assess their risk for chronic diseases, improve their health through education, and links them to local community support and programs that can help them decrease their risk of chronic disease and improve their health.

Accordingly, the goals of **KeepMEWell** are to assist Maine residents, especially those who are uninsured, underinsured, or experiencing health disparities to:

- Assess their risk for chronic disease;
- Receive feedback that promotes action to address identified health risks;
- Link to local community resources that assist residents in taking action to lower their risk for disease and improve their health; and
- Link uninsured and underinsured residents to healthcare services at no cost or sliding scale cost.

KeepMEWell key state partners include:

- Maine 2-1-1 database populates the health risk assessment reports with resources.
- Consumers for Affordable Health Care website provides a link for users to find out how to get affordable healthcare insurance.
- Local Healthy Maine Partnerships across the state of Maine who promote the use of **KeepMEWell** by partnering strategically with organizations such as libraries, community action agencies, adult education computer classes, health centers, town offices, food pantries, local worksites, public health nursing, immunization clinics, senior centers, and many more.

An Evaluation Plan was developed prior to the statewide launch of **KeepMEWell**. Relevant to this report is Part A of the Plan which was designed to answer the following questions regarding the initial outcomes.

1. What is the number and characteristics of users of the website?
2. What type, and how many, direct promotional activities were conducted by the public health infrastructure?
3. How many collaborative activities promoting **KeepMEWell** were supported by the public health infrastructure?

This report presents data from the first three months following the statewide launch.

METHODOLOGY

Data was provided by local Healthy Maine Partnerships (HMPs); CD&M Communications; Division of Chronic Disease, Maine Center for Disease Control and Prevention; and InforME. Descriptive qualitative analysis was completed at a district level.

RESULTS

WEBSITE USAGE

The following rudimentary website usage data suggests that the majority of persons (67%) visiting **KeepMEWell** are completing the health assessment:

- 2185 unique visits to **KeepMEWell**.
- 1466 **KeepMEWell** assessments completed with Maine zip codes.
- 445 visits to the “Where and How to Get Affordable Healthcare Services” page.
- 1162 searches on the low cost healthcare services database conducted for Maine services.

PROMOTION AND COLLABORATION ACTIVITY

The Division of Chronic Disease, Maine CDC is collaborating with the following partners:

- The Maine State Library System is promoting links to **KeepMEWell** for libraries in Maine.
- Hannafords is sharing the link on their employee intranet and all 50 Hannafords pharmacies in Maine are promoting **KeepMEWell** to the public through information sheets attached to prescriptions.
- The Office of MaineCare Services is promoting the website to providers and clients.

The state distributed approximately 1,000 brochures during presentations to existing and potential collaborating partners. Materials were included in existing mailing lists, such as Maine CDC’s mailing to 5,700 physicians, nurse practitioners, and physician assistants; and the Healthy Weight Awareness Campaign’s winter mailing to 43,000 persons receiving food stamps in Maine.

The state public health infrastructure, particularly the HMPs, have the responsibility of promoting **KeepMEWell** as a component of their comprehensive public health strategy aimed at improving the public’s health and quality of life through supportive policies and environments in Maine. Many of the successes of the HMP’s efforts lie in engagement at a community, rather than individual, level.

Statewide, the **Division of Chronic Disease** mailed materials to 5,700 physicians, nurse practitioners, and physician assistants; presented to the Maine Medical Association Public Health Committee, Quality Counts Board, Office of Elders Services Healthy Choices for ME Statewide Coordinating Committee, MaineCare Senior Management, Maine Osteopathic Association, and Maine Alliance of YMCA.

In the **Aroostook District**, Healthy Aroostook partnered with Field Land Senior Housing. Power of Prevention shared information at a senior wellness day in Caribou and a senior exercise class in Fort Kent. In the **Penquis District**, Partnerships for a Healthy Northern Penobscot distributed materials to Adult Education Family Literacy Program participants and to the Old Town Senior Citizen Club.

In addition to receiving 7,750 promotional materials – posters and brochures - the local HMPs approached a total of 287 potential collaborating organizations and were successful in establishing a collaborative partnership with 234 organizations.

COMPLETED ASSESSMENT

Data from the local HMP promotion and collaboration activity logs (see Appendix A for district summaries) were analyzed with data from the completed health assessments (see Appendix B for district summaries).

1. BY DISTRICT

Figure 1 below illustrates the distribution of assessments completed by districts. The results are in keeping with the population sizes of each district, i.e., districts with larger populations have a higher concentration of respondents. This is shown in Figure 2 below where the percentage of assessments completed in each district is compared to the percentage of population in the district. For example, 5.4% of the people in Maine live in the Aroostook District. It is comparative therefore that 5.5% of **KeepMEWell** assessments were completed by persons living in the Aroostook District.

FIGURE 1

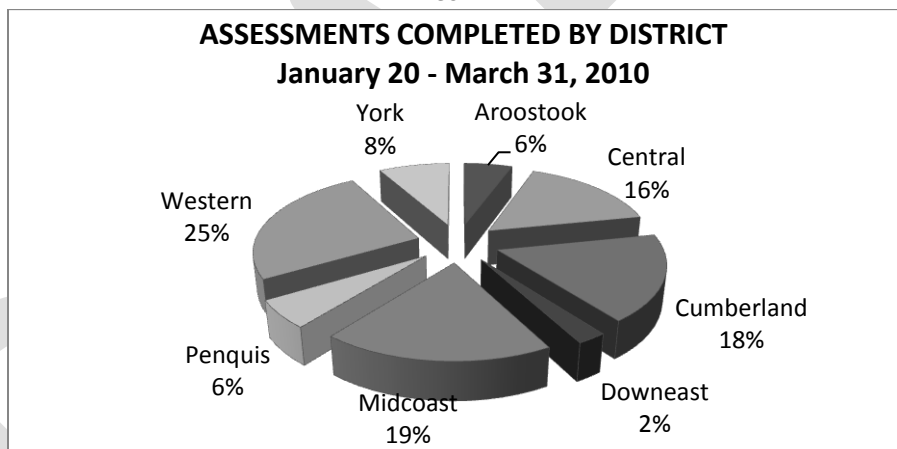
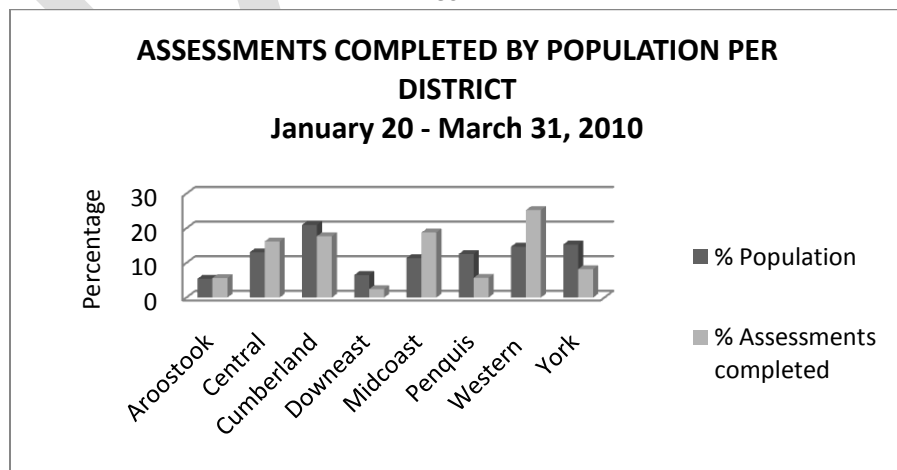


FIGURE 2



2. DEMOGRAPHICS

Across the state, the majority of the persons who completed the assessment were female (72%) with an average age of 48 years. There was very little variance across the districts. Respondents tended to rate their health as “very good” or “good”.

KeepMEWell was developed to target persons who were uninsured or underinsured. 68% of persons completing the assessment reported being employed for wages (range from 57% in the Cumberland District to 81% in the Central District). Statewide, less than 20% reported having no insurance or having private insurance with high deductibles (range from 12% in the Aroostook District to 38% in the Downeast District).

3. AWARENESS MEDIUM

The health assessment asks respondents “How did you hear about **KeepMEWell**”. Response options include: brochure / card, mailing, newspaper, newsletter, email, radio and website. Electronic mediums appeared more effective in motivating the public to complete the assessment. No data was available on persons who did not complete the assessment. Figure 3 below highlights differences in reported awareness mediums according to districts. Email was more frequently reported in the Aroostook and Midcoast Districts. Respondents from the Western District reported newspapers more frequently as the medium through which they heard about **KeepMEWell**.

Figures 4 and 5 compare the local HMP direct promotional activity and the number of respondents who reported the promotional activity as the medium of awareness. For example, local HMPs in the Western District accounted for 42% of all reports of newspaper articles published about **KeepMEWell** by local HMPs. 42% of persons completing the assessment in the Western District reported newspapers as the medium through which they found out about **KeepMEWell**. This relationship does not hold for other districts such as Central, Cumberland and Penquis where the local HMPs reported not publishing articles in newspapers, however, respondents in those areas reported newspapers as an awareness medium. Possible explanations for this disconnect may be (i) additional promotional activities undertaken by state or HMP collaborating organizations; or (ii) reporting error.

In the **Central District**, Greater Somerset Public Health Collaborative trained health educators to do 1 hour group meetings for people taking **KeepMEWell** who want assistance.

In the **Cumberland District**, computers are available for the public to complete assessments with staff assistance at the local YMCA.

In the **Downeast District**, Union River Healthy Communities featured **KeepMEWell** prominently on their Myhealthfinder.org website.

In the **Western District**, the Healthy Community Coalition worked with physicians’ offices and other hospital affiliate organizations.

In the **Midcoast District**, Knox County Community Health Coalition presented with Governor Baldacci at the statewide launch of **KeepMEWell**. Access Health collaborated with Midcoast Hospital / Healthline; Midcoast Hunger Prevention Project; Spectrum Generations and more partners in the District.

FIGURE 3

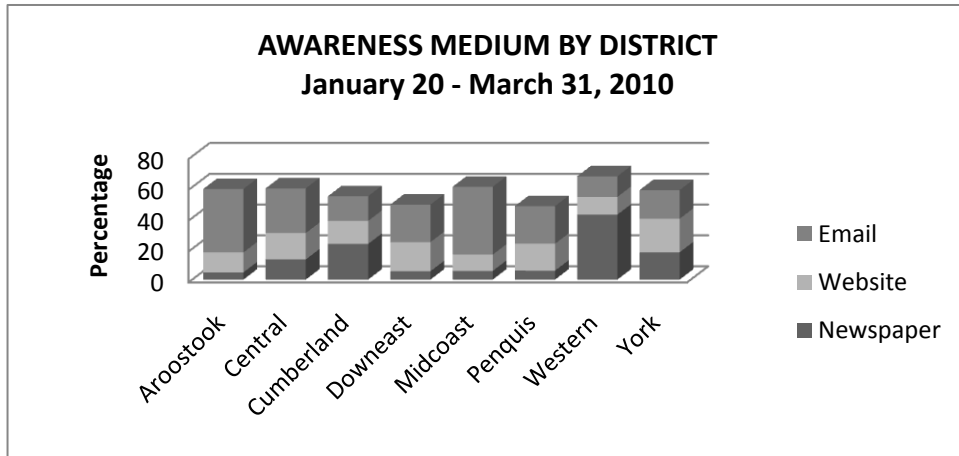


FIGURE 4

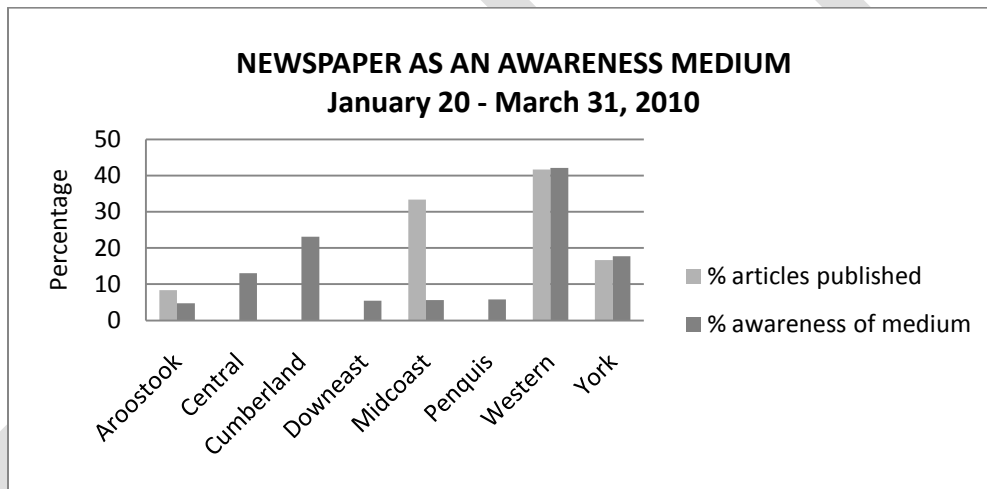
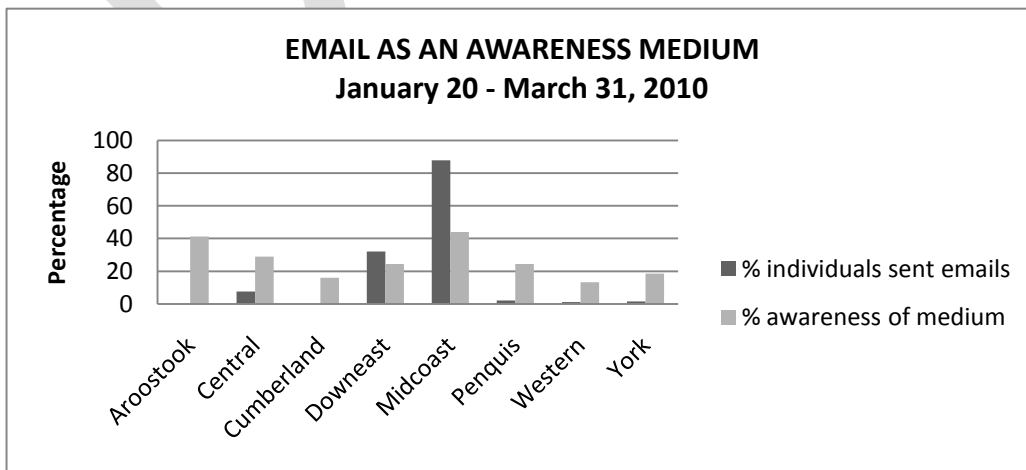


FIGURE 5

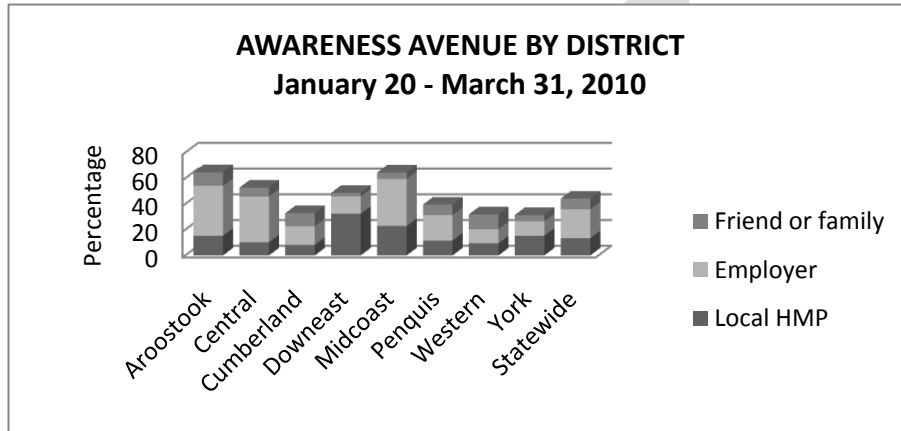


4. AWARENESS AVENUE

The health assessment asked respondents “From whom did you hear about **KeepMEWell?**”

Response options included: employer, local HMP, friend / family member, and healthcare provider. With the exception of respondents from the Downeast, Western and York Districts, the most frequently reported awareness avenue was employer (23%). This ranged from 11% in Western and York Districts to 39% of respondents in the Aroostook District. Downeast and York respondents most frequently cited their local HMP as the awareness avenue. The most frequently cited awareness avenue in the Western District was friends / family.

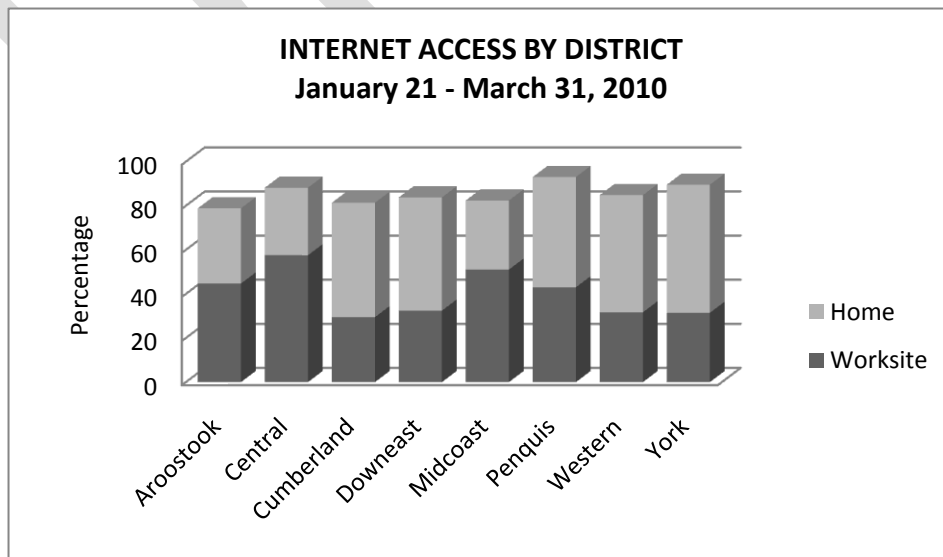
FIGURE 6



5. INTERNET ACCESS

The majority of persons reported using the internet at work (41%) or at home (44%) to complete the health assessment. The biggest variation in internet access was reported in the Cumberland District where 29% of respondents reported accessing the internet at work and 52% accessing it at home.

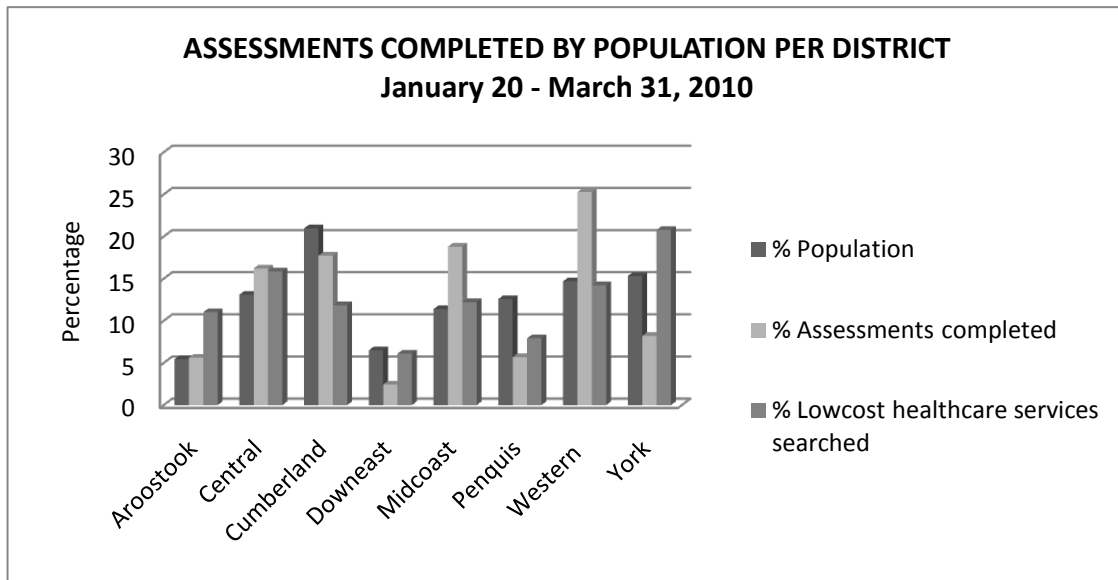
FIGURE 7



SEARCHES FOR LOW COST HEALTHCARE SERVICES

Users are able to search a database for low cost healthcare services in their area. Figure 8 below compares the percentage of population in each district with the percentage of assessments completed and the percentage of low cost healthcare services searches completed (see Appendix C for district summaries). The most frequently searched healthcare topic was “medical care” in all districts except for Aroostook and York, where “prescription drugs” was the most frequently searched healthcare topic.

FIGURE 8



LIMITATIONS

This data represents the initial promotional and collaborative activities and uptake of **KeepMEWell** and as such cannot be representative of future trends or patterns.

Local HMPs have limited ability to offer direct service to the public and therefore their ability to support individual community members using the website is limited. Thus, the evaluation is limited to quantifying the overall uptake of the website and the promotional activities of the HMPs to engage partners and the public.

KeepMEWell does not store identifying details of persons accessing the website and / or completing the health assessment. Because of this, survey results are anonymous and it is therefore not possible to track individual behavior change.

APPENDIX A: SUMMARY OF PROMOTIONAL AND COLLABORATIVE ACTIVITY

	Maine CDC & Partners	Aroostook HMP=2	Central ¹ HMP=4	Cumberland HMP=4	Downeast HMP=5	Midcoast HMP=4	Penquis HMP=4	Western HMP=4	York HMP=3
Population served (Census 2008 estimates)		71,676	172,336	276,047	85,636	149,988	165,612	193,475	201,686
DIRECT PROMOTIONAL ACTIVITY									
Number of materials distributed by CD&M	11,031	500	2,100	800	1000	1,200	600	1,000	750
Number of newsletters distributed (including electronically).	1	0	9	0	1	1	1	1	5
Number of articles published in newspapers.	1	1	0	0	0	4	0	5	2
Number of advertisements published in newspapers.		0	4	0	0	3	0	0	0
Number of individuals sent emails promoting KeepMEWell .		0	179	0	32	2,072	50	25	35
Number of articles mentioning KeepMEWell published on state and local HMP websites.	5	1	1	0	3	2	3	1	0

¹ For the purposes of this evaluation, Sebasticook Valley Healthy Communities Coalition is included in the Central District

	Maine CDC & Partners	Aroostook HMP=2	Central ¹ HMP=4	Cumberland HMP=4	Downeast HMP=5	Midcoast HMP=4	Penquis HMP=4	Western HMP=4	York HMP=3
COLLABORATING ACTIVITY									
Number of potential collaborating organizations approached.	11	4	54	8	30	95	28	42	26
Number of new collaborating organizations that have agreed to promote KeepMEWell.	10	1	23	56	24	56	23	22	26

APPENDIX B: SUMMARY OF COMPLETED ASSESSMENTS BY DISTRICT

AROOSTOOK	CENTRAL	CUMBERLAND	DOWNEAST	MIDCOAST	PENQUIS	WESTERN	YORK
Population served (Census 2008 estimates).							
71,676	172,336	276,047	85,636	149,988	165,612	193,475	201,686
Total number of assessments completed.							
85	245	268	37	284	86	382	124
Most frequently reported employment status.							
Employed For Wages (64.2%)	Employed For Wages (79.1%)	Employed For Wages (58.4%)	Employed For Wages (65.9%)	Employed For Wages (76.5%)	Employed For Wages (62.26%)	Employed For Wages (58.8%)	Employed For Wages (44.85)
Number with private insurance with high deductibles.							
3	16	39	11	18	10	46	10
Number who self pay for health costs.							
7	26	24	3	31	13	36	21
Most frequently reported avenue of awareness (from whom did you hear about KeepMEWell).							
My employer	Other	Other	Other	Other	Other	Other	Other
Most frequently reported medium of awareness (how did you hear about KeepMEWell).							
Email	Email	Other	Email	Email	Other	Newspaper	Other

AROOSTOOK	CENTRAL	CUMBERLAND	DOWNEAST	MIDCOAST	PENQUIS	WESTERN	YORK
Most frequently reported place of internet access (where are you taking this assessment).							
Work site	Work site	My home	My home	Work site	My home	My home	My home

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APPENDIX C: SUMMARY OF LOW COST HEALTHCARE SEARCHES

AROOSTOOK	CENTRAL	CUMBERLAND	DOWNEAST	MIDCOAST	PENQUIS	WESTERN	YORK
Population served (Census 2008 estimates).							
71,676	172,336	276,047	85,636	149,988	165,612	193,475	201,686
Total number of searches completed.							
121	174	130	67	134	87	156	228
Most frequently searched healthcare topic.							
Prescription Drugs	Medical Care	Medical Care	Medical Care	Medical Care	Medical Care	Medical Care	Prescription Drugs