

Quarter 3 Evaluation Report: July 1 – September 30, 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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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.
- 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.

The logic model on Figure 1 shows the relationship between the resources, approaches and outcomes. The purpose of this report is to focus on the initial outcomes as detailed in Part A of the Evaluation Plan, i.e.:

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?

In addition, the Healthy Weight Awareness Campaign (HWAC) included **KeepMEWell** in their mailing and evaluation. Resulting data provides descriptive information on persons who qualify for the Maine Food Supplement Program – an identified target audience for **KeepMEWell**.

RESOURCES	APPROACHES / STRATEGIES	OUTCOMES The intermediate and long term outcomes are used for illustrative purposes only.		
		INITIAL	INTERMEDIATE	
		LONG TERM		
<p>Statewide Stakeholders</p> <ul style="list-style-type: none"> • Governor's Office • Public Health Systems • Legislature • Health advocates <p>Public Health Infrastructure:</p> <ul style="list-style-type: none"> • Maine CDC • District Coordinating Councils • Local HMIPs <p>KeepMEWell Partners:</p> <ul style="list-style-type: none"> • Maine 2-1-1 • Consumers for Affordable Health Care • Maine State Library • MaineCare <p>Contractors:</p> <ul style="list-style-type: none"> • University of New England • CD&M • InforME 	<p>Public Health Infrastructure and Partners encourage target audience* to use KeepMEWell through:</p> <ul style="list-style-type: none"> • Direct promotion • Collaborating with organizations <p>* Target audience is persons living in Maine who are uninsured or underinsured.</p>	<p>Increase in target audience's:</p> <ul style="list-style-type: none"> • Awareness of KeepMEWell • Access to KeepMEWell <p>Increase in number of collaborating organizations</p> <p style="text-align: center;">↓</p> <p>Uptake of the KeepMEWell by target audience*</p>	<p>Increased knowledge in target audience* of:</p> <ul style="list-style-type: none"> • Personal chronic disease risk factors • Actions that can reduce personal chronic disease risk factors • Local low cost healthcare services and community supports and programs available to help reduce disease risk 	<p>Increases in health-seeking / promoting activities by the target audience</p>

METHODOLOGY

Data for the quarter July 1 – September 30, 2010, was provided by local Healthy Maine Partnerships (HMPs); CD&M Communications; Division of Chronic Disease, Maine Center for Disease Control and Prevention (Maine CDC); and InforME. Qualitative analysis was completed at a district level.

Data from the Healthy Weight Awareness Campaign (HWAC) was provided by CD&M. The HWAC focused primarily on low-income families and / or individuals in Maine who qualified for the Maine Food Supplement Program. During the spring of 2010 the HWAC mailed out packages to 45,000 people in Maine who currently receive assistance from the Maine Food Supplement Program. Included in each package was a **KeepMEWell** brochure and magnet. Persons receiving the package were incentivized to complete and return a mail-in survey. The results from the survey were analyzed using descriptive statistics. Only **KeepMEWell**-relevant results are presented in this report.

RESULTS

1. CUMULATIVE WEBSITE USAGE: JANUARY 20 – SEPTEMBER 30, 2010

The following data summarizes the website usage for the first nine months:

- 4,406 unique visits to **KeepMEWell.org**.
- 2,605 health assessments completed. The majority (2,516) were completed with Maine zip codes.
- 1,049 visits to the “Where and How to Get Affordable Healthcare Services” page.
- 2,092 searches on the low cost healthcare services database were conducted. The majority of searches (1,969) were for Maine services.

Quarterly breakdown of usage is provided in Table 1. Figure 2 compares the website usage to the population distribution across the public health districts in Maine for the nine months following **KeepMEWell** statewide launch.

TABLE 1: WEBSITE USAGE DATA FOR QUARTERS 1, 2 & 3

WEBSITE USAGE DATA : 2010	QUARTER 1 January – March	QUARTER 2 April – June	QUARTER 3 July – September	QUARTER 1, 2 & 3 January –September
Unique Visits to KeepMEWell.org	2,185	1,211	1,010	4,406
Health Assessments Completed	1,466	663	476	2,605
Visits to "Where and How to Get Affordable Healthcare Service" webpage	445	329	275	1,049
Searches on the Low Cost Healthcare Services Database	1,162	583	347	2,092

FIGURE 1

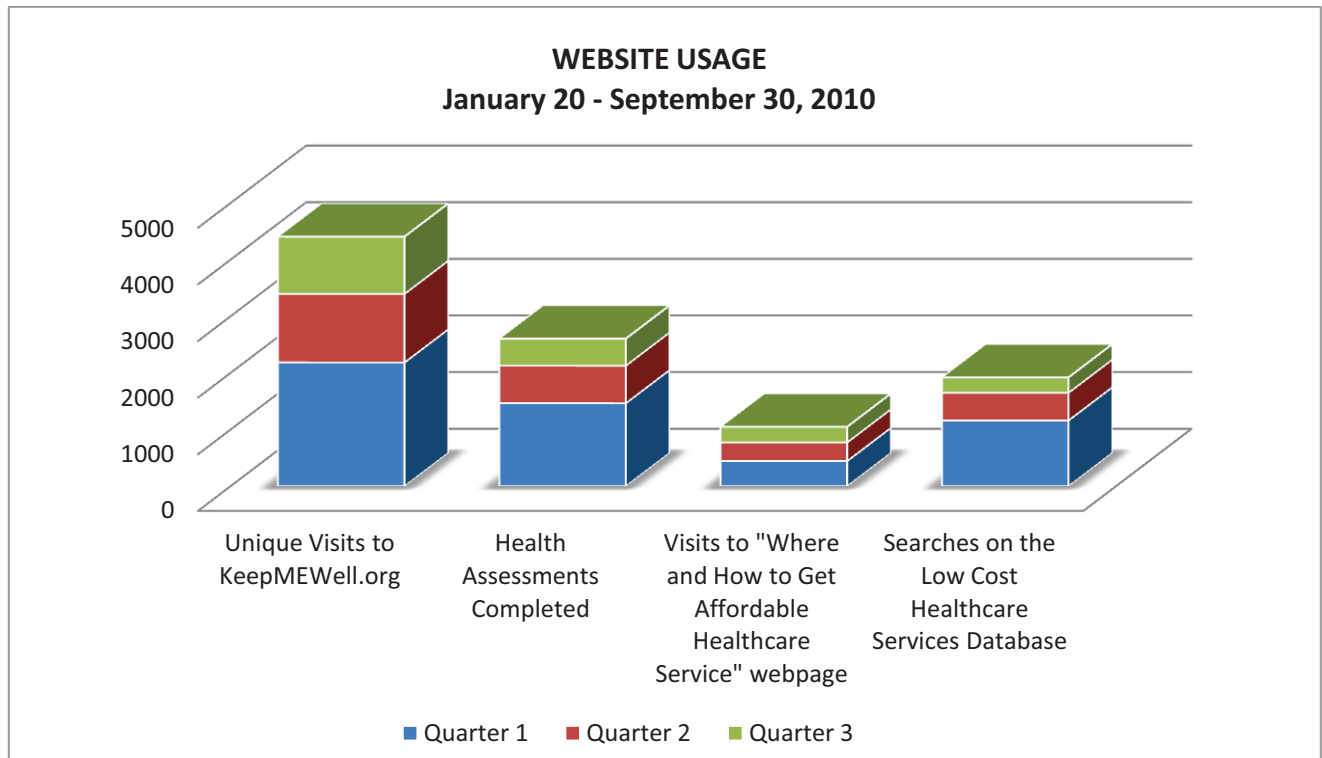
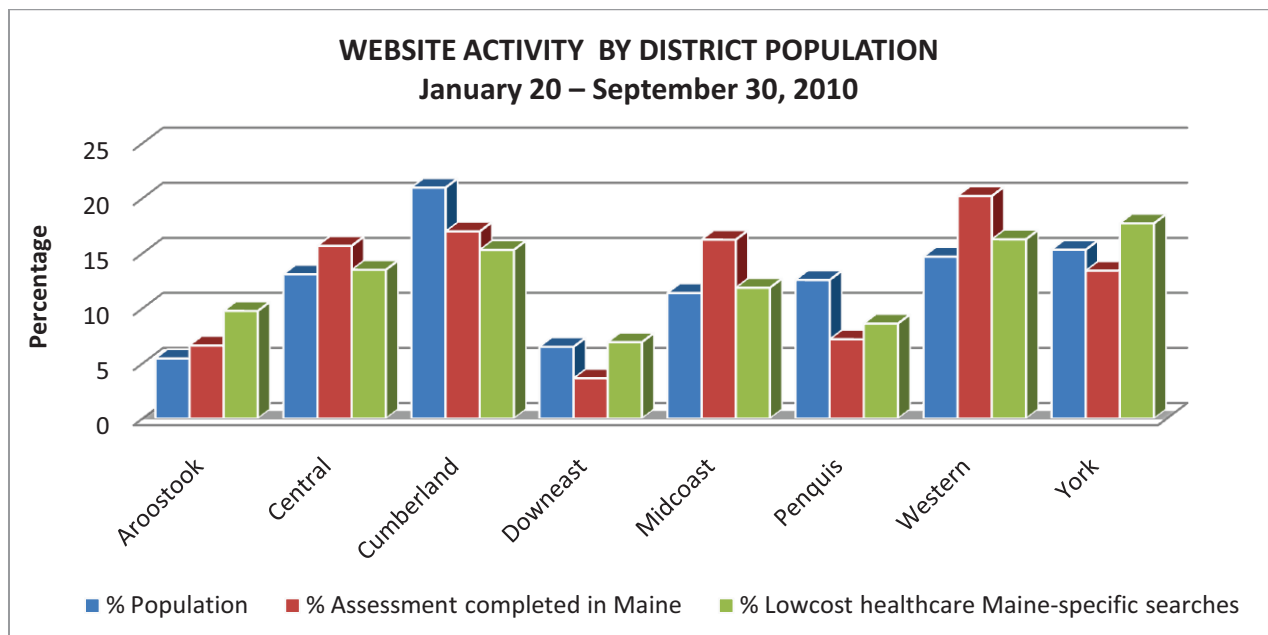


FIGURE 2



2. PROMOTION AND COLLABORATION ACTIVITY: QUARTER 3, 2010

The Division of Chronic Disease, Maine CDC continues to collaborate 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.

During the third quarter, the state undertook a targeted chronic disease campaign which consisted of mailings to low SES households and placement of newspaper advertisements in the six Maine counties: Aroostook, Piscataquis, Hancock, Washington, Knox and Franklin. The focus was on reaching households with people who were uninsured, underinsured, or at risk for being uninsured and had a chronic disease. Approximately 30,434 brochures and magnets were mailed and 44 newspaper advertisements were placed.

Healthy Communities of the Capital Area HMP approached local libraries and other organizations including Hubbard Free Library, Cumston Public Library, State of Maine Library, Lithgow Public Library, Gardiner Public Library, South China Public Library and the Buker Center.

St Croix Healthy Communities HMP continued to distribute KMW materials at the senior citizen fair, farmer's markets, food pantries, and Meals for Me.

Partnerships for a Healthy Northern Penobscot HMP distributed KMW tear offs at the Riverfest in Old Town.

In addition to receiving 1,910 promotional materials – posters and brochures - the local HMPs approached a total of 158 potential collaborating organizations and were successful in establishing a collaborative partnership with 124 organizations¹.

3. COMPLETED ASSESSMENT: QUARTER 3, 2010

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). Only 70% of HMPs submitted completed logs (see Appendix D for list of HMPs who submitted logs).

3.1. BY DISTRICT

Figures 3 and 4 illustrate the distribution of assessments completed by districts. Unlike previous quarters, the results are not proportional to the population sizes of each district. For example, while only 5.4% of people in Maine live in Aroostook District, 16% of **KeepMEWell** assessments were completed by persons living in Aroostook District.

¹ Only 68.9% of HMPs reported activity for the quarter.

FIGURE 3

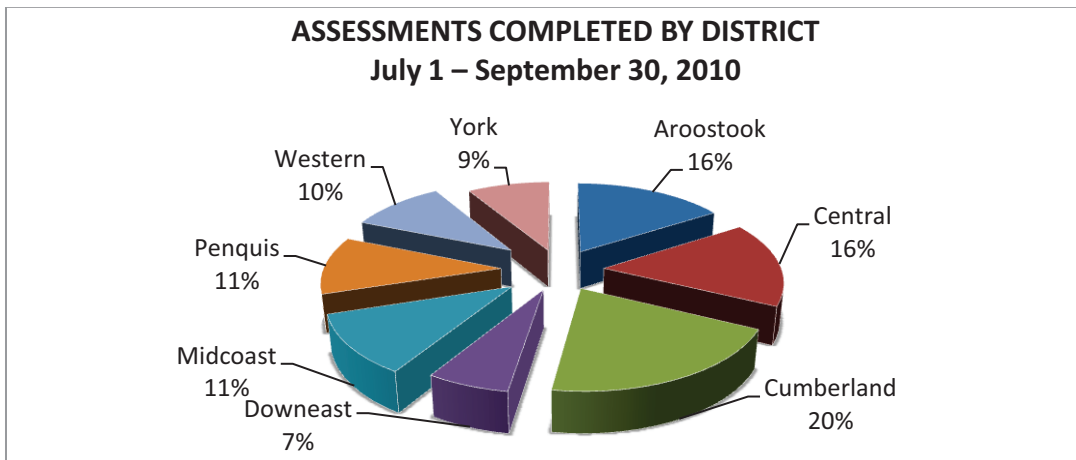
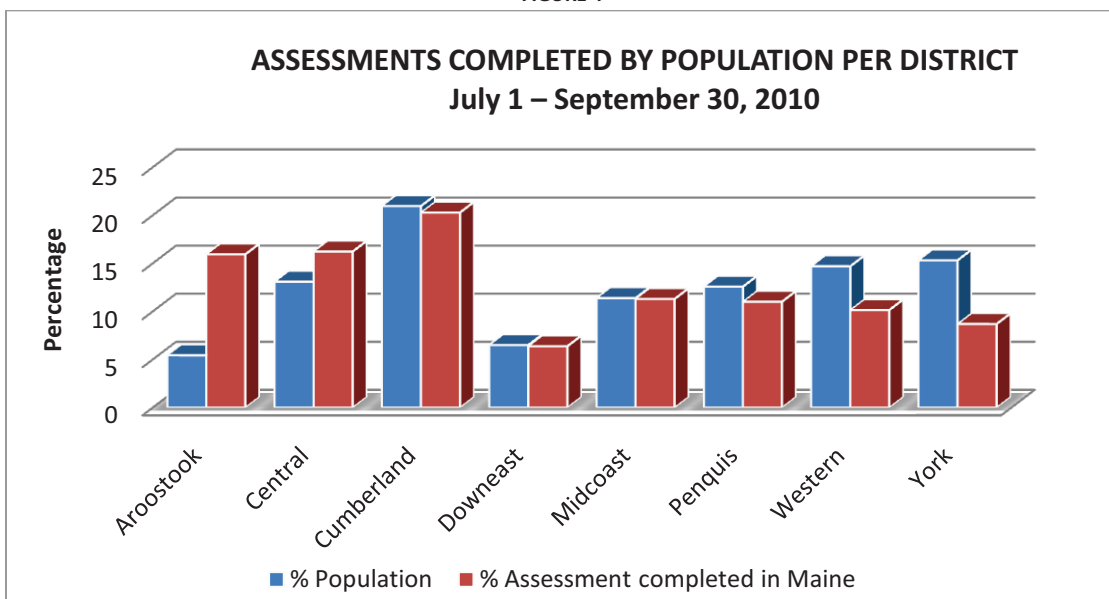


FIGURE 4



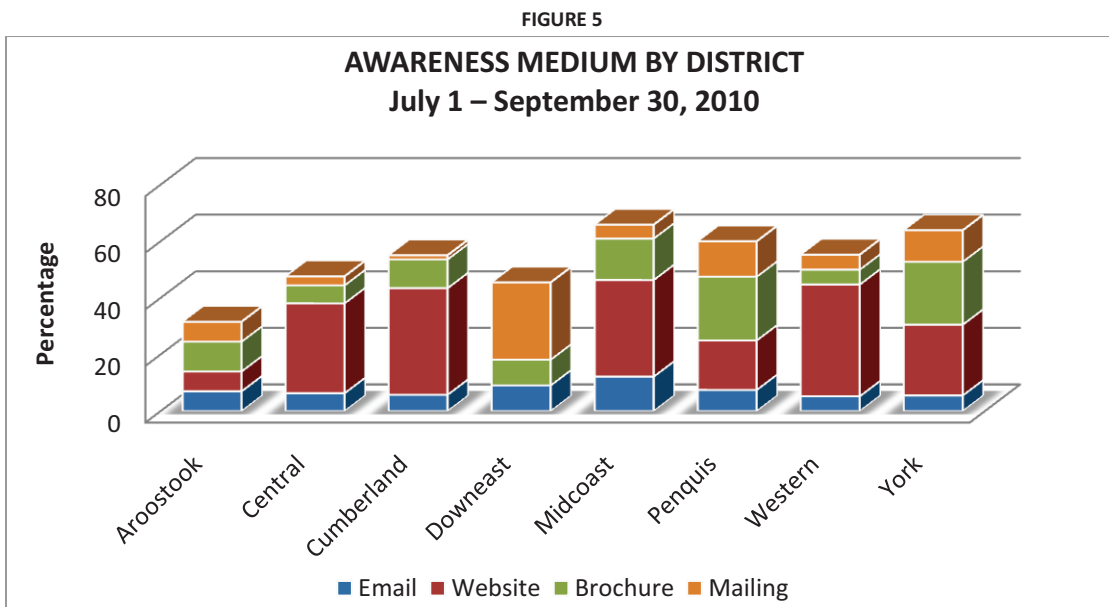
3.2. DEMOGRAPHICS

Across the state, the majority of the persons who completed the assessment were female (75%) with an average age of 45 years. There was very little variance across the districts. Respondents tended to rate their health as “very good” (32%) or “good” (42%).

KeepMEWell was developed primarily as a tool for Maine residents who were uninsured or underinsured. 61% of persons completing the assessment reported being employed for wages. Statewide, approximately 29% reported having no insurance or having private insurance with high deductibles.

3.3. AWARENESS MEDIUM

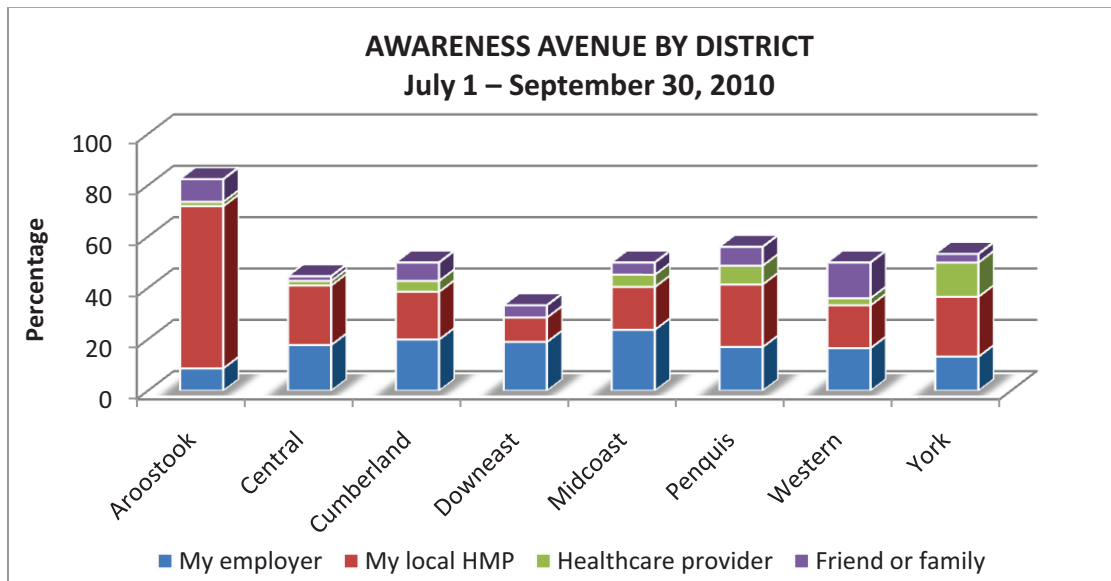
The health assessment asks respondents: “How did you hear about **KeepMEWell**?” Response options include: brochure / card, mailing, newspaper, newsletter, email, radio and website. Figure 5 highlights differences in reported awareness mediums according to districts. Unlike previous quarters, different mediums appear to have different efficacy across districts. In the Central, Cumberland, Midcoast and Western districts, electronic mediums such as emails continue to be the most effective awareness medium. Brochures are the most frequently reported awareness medium in the Aroostook and Penquis districts. Both email and brochures appeared equally effective in the York district. Downeast district is unique in having mailing as the most common awareness medium. The trend away from electronic mediums in the Aroostook, Penquis and Downeast districts are likely attributable to the state mailing and newspaper advertisements that occurred in those areas in July/August 2010. No data was available on persons who did not complete the assessment.



3.4. 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. Figure 6 below highlights differences in reported awareness avenues according to districts. Statewide, the most frequently reported organization was “local HMP” (49%) and “employer” (31%). This is the first quarter where healthcare providers were in the top five most reported awareness avenues. This is particularly evident in the York district. Across districts, approximately 8% of respondents reported hearing about **KeepMEWell** from their healthcare provider.

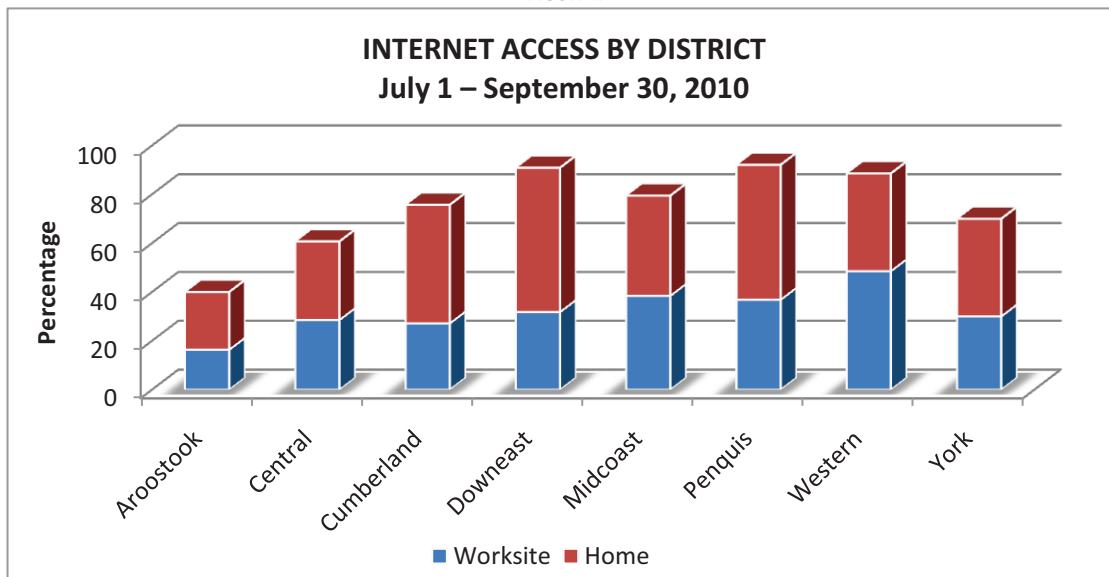
FIGURE 6



3.5. Internet Access

Figure 7 below highlights differences in internet access according to districts. The majority of persons reported using the internet at work (34%) or at home (45%) to complete the health assessment. The biggest variation in internet access was reported in the Downeast District where 32% of respondents reported accessing the internet at work and 59% accessing it at home.

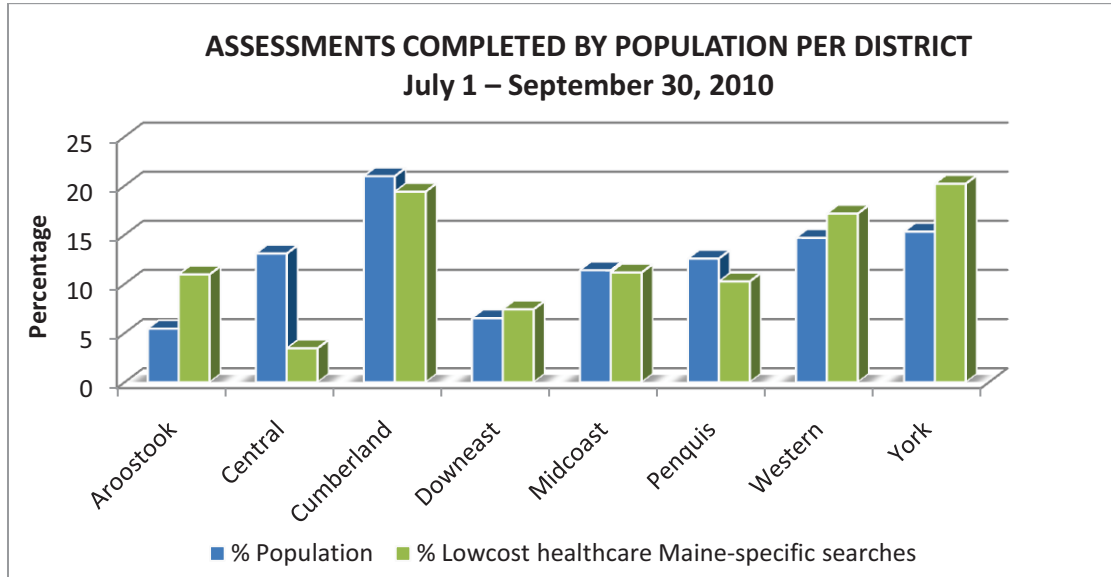
FIGURE 7



4. SEARCHES FOR LOW COST HEALTHCARE SERVICES

Users are able to search the database for low cost healthcare services in their area. Figure 8 below compares the percentage of population in each district with the percentage of low cost healthcare services searches completed (see Appendix C for district summaries). Only searches conducted for services in Maine are included in the chart. The most frequently searched healthcare topic was “medical care”.

FIGURE 8



5. HEALTHY WEIGHT AWARENESS CAMPAIGN MAIL-IN SURVEY

5.1 DESCRIPTION

The Healthy Weight Awareness Campaign, developed in 2002, is a social marketing campaign that has been designed to provide Maine families with information and steps they can use to keep themselves and their children healthy and active. The primary goal of the HWAC is to reduce Maine’s growing obesity / overweight epidemic. The design, implementation, and evaluation of the HWAC is a collaborative effort by the University of Southern Maine Muskie School and the Physical Activity, Nutrition and Healthy Weight Program at the Maine CDC.

The campaign focuses primarily on low-income families and / or individuals in Maine who qualify for the Maine Food Supplement Program. In the spring of 2010 informational materials were mailed to approximately 45,000 households. A total of 2,899 (6.44%) voluntarily returned a completed survey providing feedback on the materials they received. **KeepMEWell** brochure and magnet were included in the mailing packages.

5.2 RESULTS

Most Popular Materials

Of the materials, the Fruit & Vegetable brochure (57.25) and magnet (40.9%) was ranked the most useful, followed by the **KeepMEWell** brochure (28.1%) and magnet (23.5%).

*Intention to Visit **KeepMEWell***

Respondents who use the internet were asked “Will you or a family member visit **KeepMEWell.org**?” The majority (71.5%) intend to visit **KeepMEWell**.

Reasons given for not intending to visit the website included having previously accessed the site or not having access to the internet.

Internet Access

The following table summarizes the respondents’ answers to the question “Where do you use the internet?” The majority of persons (89.4%) accessed the internet. The most common place of access was the respondents’ home (51.9%).

TABLE 2: LOCATION OF INTERNET ACCESS

WHERE	TOTAL	PERCENTAGE OF TOTAL RESPONSES
At Home	1,904	51.9 %
At the Library	442	12.1 %
At Someone Else’s Home	398	10.9 %
At Work	293	8.0 %
Other (college, school, child’s computer, cell phone)	242	6.6 %
I Don’t Use the Internet	387	10.6 %

LIMITATIONS

Promotional And Collaborative Activities

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.

Healthy Weight Awareness Campaign

The mail-in survey was done with a self-selected segment of the population of households that participate in the Maine Food Supplement Program. Respondents were motivated to read and use HWAC materials and messages, and are in no way representative of the entire population of Maine families that participate in the Maine Food Supplement Program.

APPENDIX A: SUMMARY OF PROMOTIONAL AND COLLABORATIVE ACTIVITY BY DISTRICT

		Maine CDC & Partners	Aroostook ² HMP=2/2	Central ^{2,3} HMP=3/4	Cumberland ² HMP=2/4	Downeast ² HMP=3/4	Midcoast ² HMP=4/4	Penquis ² HMP=2/3	Western ² HMP=3/4	York ² HMP=2/3
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	30,434	0	480	150	230	100	0	0	0	950
Number of newsletters distributed (including electronically).		8,325	7	0	3	2,402	0	0	2	251
Number of articles published in newspapers.		0	0	0	0	0	0	0	2	0
Number of advertisements published in newspapers.	44	1	20	3	4	2	0	0	0	0
Number of individuals sent emails promoting KeepMEWell .		0	0	0	1,182	2,446	0	0	179	0
Number of articles mentioning KeepMEWell published on state and local HMP websites.		0	6	0	3	3	0	0	2	3

² HMPs = number of HMPs who submitted logs / number of HMPs in the district

³ For the purposes of this evaluation, Sebasticook Valley Healthy Communities Coalition is included in the Central District

Maine CDC & Partners		Aroostook ² HMP=2/2	Central ²³ HMP=3/4	Cumberland ² HMP=2/4	Downeast ² HMP=3/4	Midcoast ² HMP=4/4	Penquis ² HMP=2/3	Western ² HMP=3/4	York ² HMP=2/3
COLLABORATING ACTIVITY									
Number of potential collaborating organizations approached.		10	17	0	103	8	4	4	14
Number of new collaborating organizations that have agreed to promote KeepMEWell .		7	13	18	43	22	1	11	9

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 with Maine zip codes.							
167	395	428	92	409	181	509	338
Most frequently reported employment status.							
Employed For Wages (53%)	Employed For Wages (59%)	Employed For Wages (61%)	Employed For Wages (54%)	Employed For Wages (67%)	Employed For Wages (63%)	Employed For Wages (77%)	Employed For Wages (60%)
Number with private insurance with high deductibles.							
30%	17%	11%	8%	15%	8%	9%	2%
Number who self pay for health costs.							
11%	14%	17%	6%	11%	15%	12%	15%
Most frequently reported avenue of awareness (from whom did you hear about KeepMEWell).							
Local HMP (63%)	Local HMP (23%)	Employer (20%)	Employer (19%)	Employer (24%)	Local HMP (24%)	Employer (17%)	Local HMP (23%)
Most frequently reported medium of awareness (how did you hear about KeepMEWell).							
Brochure (11%)	Website (32%)	Website (38%)	Mailing (27%)	Website (34%)	Brochure (23%)	Website (39%)	Website (25%)
Most frequently reported place of internet access (where are you taking this assessment).							
My Home (24%)	My Home (32%)	My Home (49%)	My Home (59%)	My Home (41%)	My Home (55%)	Worksite (49%)	My Home (40%)

APPENDIX C: SUMMARY OF LOW COST HEALTHCARE SEARCHES 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 searches completed using Maine zip codes.								
	35	31	67	35	31	38	42	46
Most frequently searched healthcare topic.								
Immunization (19%)		Medical Care (57%)	Medical Care (24%)	Medical Care (81%)	Dental (35%)	Medical Care (47%)	Medical Care (38%)	Medical Care (42%)

APPENDIX D: LIST OF HMPS WHO SUBMITTED LOGS FOR QUARTER 3, 2010

District	HMP Name
Aroostook	Healthy Aroostook
Aroostook	Power of Prevention
Central	Greater Somerset Public Health Collaborative
Central	Greater Waterville PATCH
Central	Healthy Communities of the Capital Area
Central	Sebasticook Valley Healthy Communities Coalition
Cumberland	Healthy Casco Bay
Cumberland	Healthy Portland
Downeast	Bucksport Bay Healthy Communities Coalition
Downeast	St Croix Healthy Communities
Downeast	Healthy Peninsula
Midcoast	ACCESS Health
Midcoast	Healthy Lincoln County
Midcoast	Healthy Waldo County
Midcoast	Knox County Community Health Coalition
Penquis	Bangor Region Public Health and Wellness
Penquis	Partnerships for a Healthy Northern Penobscot
Western	Healthy Communities Coalition
Western	Healthy Oxford Hills
York	Coastal Healthy Communities Coalition
York	Partners for Healthier Communities