

MAPP for a Healthy Future
Phase I – community health assessment
March 2008

MAPP Background

In April 2007 Nebraska Health and Human Services provided Public Health Solutions District Health Department (PHSDHD) some financial assistance to conduct a district-wide project designed to identify local health priorities and a plan to address them. PHSDHD chose to conduct 5 separate assessments in each of the counties in the district, a more labor intensive option, but one that would ensure greater public involvement and result in action plans that are more appropriate and effective in improving the health status in each county. PHS hosted 19 MAPP meetings in Fillmore, Gage, Jefferson and Thayer counties. The Saline County MAPP process branched from PHS' HRSA-funded project to identify health priorities, and included # meetings in combination between HRSA and MAPP. PHS coordinated the logistics of the meetings, but the products were driven by teams of local residents representing a variety of stakeholder types with interest in the health and welfare of the community. The assessment teams were organized in the fall of 2007 following intensive data collection and organization efforts in preparation for the formal assessment.

Jane Ford Witthoff (Health Director) and Marcy Bauer (Environmental Health/Epidemiology) have been the primary staff support for this project to date. This and reports of the selected activities of the Department efforts are included on the Department website, www.phsneb.org/MAPPforaHealthyFuture. Recruitment for the assessment meetings focused on the areas of Aging, Business, Children & Youth, Community Action, County Extension, Crisis, Dentists, Emergency Services/Local Law Enforcement, Faith-Based Organizations, Farming, Handicapped Services, Health Care Services (including Home Health, Hospitals, Clinics, Pharmacists, Health Specialists, Rural Health organizations, Mental Health, etc.), Local Government, Media, Schools, Service Clubs & Organizations, and Veterinarians.

MAPP Funding

The budget for the entire 5-county assessment project was initially \$11,000, with in-kind expenditures by PHSDHD expected in the areas of personnel, administrative costs, and indirect costs. All funds expended above and beyond this budget will come from the PHSDHD general fund allocation for the operation of a local health department.

Expenditures of PHSDHD from April 2007 – April 2008	
Staff	
Rent	
Other Direct Expenses	
TOTAL	

*in-kind expenses of assessment team members (time and travel) were not estimated

MAPP Activities/Implementation

The goal of the assessment project is to improve community health in ways and areas that the residents feel are priorities. The assessment teams began by outlining the factors influencing community health and the values that define a healthy county. PHSDHD compiled starter issue lists from county healthy statistics, survey responses, and the previous assessment team discussions. The teams reviewed the lists and narrowed them down to those health issues they considered to be priorities:

District-wide priority areas as a result of the MAPP process:

Issue	Details
Prevention: Chronic Disease and Crises	As a means of controlling/reducing cost of care
	Sedentary Lifestyles / Nutrition
	Prevention / Wellness Care
	Supporting Healthy Family Relationships
	Supporting a Healthy Elder Population
Behavioral Health	Including Drug and Alcohol Abuse
Accessibility/Availability of Health Services	Behavioral Health
	Cancer Treatment
	Other? (e.g. Medicaid Dental Services)
<i>Economic Impacts on Health*</i>	<i>Including Population Decline</i>

*PHS will most likely take a supporting role in addressing this issue given its complexity and cross-cutting nature.

Priority issues outlined by each county assessment team:

Fillmore	Sedentary Lifestyle / Nutrition (behavior triggers for obesity, heart disease)	
	Cancer (including cancer care)	
	Cost of Care (including elder care)	
	Population Decline	
	Behavioral Health	
Gage	Healthy Family Relationships (abuse prevention, enhancing families)	
	Mental Health	
	Drug/Alcohol Abuse	
	Obesity	
	Water Quality/Quantity (land use effects)	
Jefferson	Sedentary Lifestyle	
	Behavioral Health	
	Economic Impacts on Health	
Saline	Access to Health Care	
	Health Education, Information, Promotion	
Thayer	Drug/Alcohol Abuse	
	Elder Care	
	Preventive/Wellness Care	
	Cost of Care	

MAPP Team Accomplishments

The teams identified the pressures working for and against community health, and outlined a series of value statements to define the ideal for a healthy County (a district compilation is available in Appendix A). They agreed on a survey/interview tool designed to broaden and diversify the input pool during issue selection, and distributed the survey to fellow residents.

PHSDHD gathered and organized pertinent health and related data into County Health Profiles, and provided the profile to the assessment teams as another resource for using during issue identification and prioritization. The profiles included statistics in the following categories:

Demographics	Health Resource Availability	Environmental Health
Socioeconomics	Quality of Life	Social / Mental Health
Death	Behavioral Risk Factors	Maternal and Child Health
Illness	Preventive Health	Communicable Disease
Injury	Health Resource Availability	Community Perceptions about Health

The following is the meeting scheduled followed by the assessment teams. Meetings were generally held to 2-hours each, but several went long as needed and with permission from the team.

Location	Meeting	Purpose
Fillmore County	Nov 8, 2007	<ul style="list-style-type: none"> • Introduce MAPP • Identify Force of Change • Describe Community Health Values
Gage County	Nov 29, 2007	<ul style="list-style-type: none"> • Introduce MAPP • Identify Force of Change • Describe Community Health Values
Jefferson County	Nov 29, 2007	<ul style="list-style-type: none"> • Introduce MAPP • Identify Force of Change • Describe Community Health Values
Thayer County	Dec 4, 2007	<ul style="list-style-type: none"> • Introduce MAPP • Identify Force of Change • Describe Community Health Values
Fillmore County	Dec 6, 2007	Identify priority health issues
Gage County	Jan 15, 2008	Identify priority health issues
Jefferson County	Jan 17, 2008	Identify priority health issues
Thayer County	Jan 24, 2008	Identify priority health issues
Fillmore County	Jan 24, 2008	Develop strategies for selected issues
Thayer County	Feb 20, 2008	Develop strategies for selected issues
Gage County	Feb 26, 2008	Develop strategies for selected issues
Jefferson County	Mar 6, 2008	Develop strategies for selected issues
Gage County	Mar 7, 2008	Continue developing strategies for selected issues
Gage County	Mar 10, 2008	Discuss overall strategy development (with health coalition)
Fillmore County	Mar 13, 2008	Finalize strategy development (identify gaps, barriers, responsible parties)*
Jefferson County	Mar 17, 2008	Discuss overall strategy development (with health coalition)
Gage County	Mar 21, 2008	Finalize strategy development

* Other counties preferred to accomplish these tasks remotely.

The overall focus of the project was:

If we are to make _____ County a healthier place to live, work and play, what should our priorities be over the next 3-5 years?

Each meeting was designed to answer the following questions:

1. What is affecting the health of _____ County?
2. What does a healthy _____ County look like?
3. What are the most important health problems in _____ County?
4. What do we want to focus on or cause a change in regarding the top health issues selected by the group?
5. What resources and barriers currently exist for implementing the health improvement strategies selected?
6. What groups or individuals are best suited to implement the strategies?

MAPP for a Healthy Future Work Plan

Goal: Improve community health in the PHS District

Objectives and Tasks:

1. Organize community-driven assessment teams in each county by October 2007
 - > outcome: community assessment teams
 - a) Send mail invitations to residents representing at least 12 categories
 - b) Follow-up with key leaders and contacts with established relationships from each category
 - c) Host introductory meeting
 - > status: COMPLETE, November/December 2007
2. Conduct visioning and forces of change assessment by October 2007
 - > outcome: Vision (value) statements
 - a) Facilitate introductory meeting
 - b) Allow feedback period to adjust vision statements as needed
 - > status: COMPLETE, November/December 2007
3. Organize data on core health indicators by November 2007
 - > outcome: Community Profiles
 - a) Collect existing data
 - b) Design survey tool to collect data from other residents not already involved in the assessment project
 - c) Collect and analyze survey data
 - d) Incorporate into community profiles for each county
3. Identify priority health problems in each county by January 2008
 - > outcome: Issue Lists
 - a) Analyze forces of change, value statements, survey results, and core health data to generate initial issue lists for each county
 - b) Facilitate meeting to identify priority issues that have consensus support
 - > status: COMPLETE, October 2007
4. Draft action plan for each county by March 2008
 - > outcome: Action Plans
 - a) Incorporate forces of change, survey results, core health statistics into issue papers to initiate discussion about strategies
 - b) Facilitate meeting to generate strategies for addressing the priority issues
 - > status: COMPLETE, March 2008
5. Implement strategies in action plan by April 2008
 - outcome: health improvement
 - a) Gather feedback on resources, barriers, tasks, and responsibilities for each strategy
 - b) Establish responsible parties for each strategy
 - c) Provide feedback to assessment teams on strategy implementation
 - > status: IN PROGRESS

Next Steps:

1. PHS will provide the project report to stakeholders.
2. Responsible parties will implement their [portion(s)] of the action plan.
3. Responsible parties will be asked to report their progress to PHS for monitoring, adjustment, and evaluation.
4. PHS will provide whole-project feedback to stakeholders and BOH.

Appendix A: Values, Forces of Change

Forces of Change Discussion Format:

1. Residents were provided with pre-set categories, each with examples of trends, characteristics, and/or events that described 'forces' acting on health in their county:
 - Lifestyles and Values
 - Energy, Environment and Transportation
 - Government (international, national, state, local)
 - Economy (international, national, state, local)
 - Community Sustainability
 - Population Changes
2. Residents were asked to discuss each item listed, providing clarification as needed.
3. Residents were offered multiple opportunities to add, delete, comment on, or amend any of the forces listed.

Format of Forces of Change presentation (sample):

International, National, State, Local Government & Policies		
+	Free Immunization services [clinics]	Good for Fillmore County to have them available
+/-	Medicare	Relied on, but lots of uncertainty, confusion, instability (\$), unfairness in allocations between states
-	People not held accountable for actions	Locally the laws aren't always upheld or it falls to other entities to deal with (schools), consequences not felt at the family level

Values Discussion Format:

1. Residents were provided with examples of values statements drawn up by organizations in their county and by MAPP assessment teams in other areas.
2. Residents were asked to begin listing values statements describing what they viewed as important components of a healthy community.
3. Residents were asked to approve a final compilation of values statements.

Values statements for each county:

Fillmore County	Gage County	Jefferson County	Saline County	Thayer County
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Appendix A: Values, Forces of Change

Is a community where....

<ul style="list-style-type: none"> ▪ The small town feel is valued and preserved. ▪ There is strong leadership. ▪ Citizens are involved in the local government and legislative process. ▪ There is trust in local government, resources (health, business, etc.). ▪ There are high standards for professionals and community projects. ▪ There is awareness of resources available (health, business, etc.). ▪ There is recognition for and pride in assets. ▪ Youth and schools are valued. ▪ Wealth and land transition planning is a priority. ▪ Agriculture is valued as a profession. ▪ Opportunities for economic expansion, youth attractors are seized. ▪ Cost of living is affordable. ▪ There is communication 	<ul style="list-style-type: none"> ▪ The environment is clean, healthy, and beautiful. ▪ Housing is clean, safe and affordable. ▪ Residents are active and safe. ▪ The residents are empowered to be healthy, physically, mentally and emotionally. ▪ Residents actively participate in government at all levels. ▪ Residents and leadership are proactive in preventing and addressing community issues. ▪ Families are valued and strong, and supported in the workplace. ▪ Child care is high-quality and affordable. ▪ There are willing volunteers. ▪ Veterans and their families are valued, cared for. ▪ Schools are modern, equipped with valued teachers and the latest technology. ▪ Law enforcement is adequately supported and 	<ul style="list-style-type: none"> ▪ There are adequate support services exist for those who need it (elders, families, minorities, etc.). ▪ Growth is a reality (population, jobs, businesses, etc.). ▪ Strong mutual aid relationships are sustained. ▪ Residents and agencies work together, within the county and with adjacent communities. ▪ Quality of life is high. ▪ Quality of the environment is high. ▪ Residents have access to high quality housing choices. ▪ First response system is reliable, serves entire population. ▪ Families are strong. ▪ Medical care, including mental health, is accessible to all. ▪ Healthy living is valued (exercise, nutrition, etc.). ▪ There are safe, high quality roads and sidewalks. ▪ Residents are active in 	<p style="text-align: center;">[Crete]</p> <ul style="list-style-type: none"> ▪ Cultures are integrated ▪ There is 24-hour urgent care ▪ There is a central location for public health information and communication (preventative health services) ▪ There is a multi-purpose community center ▪ Elected officials are engaged in community vision ▪ There is a plan for downtown ▪ Individuals take personal responsibility for community health <hr/> <p style="text-align: center;">[Friend]</p> <ul style="list-style-type: none"> ▪ There is community spirit ▪ Youth are involved and active ▪ There is community growth (business, population, etc.) ▪ Health care education is valued and provided ▪ Elder care is valued and provided 	<ul style="list-style-type: none"> ▪ Housing is safe, healthy, and affordable. ▪ Community pride shows through the residents and street-fronts. ▪ The residents care, about each other and the community. ▪ There is safety and security. ▪ Residents are supported by a strong faith network. ▪ Community/civic groups are strongly supported by – and supportive to – local residents. ▪ Families are strong, supported. ▪ Local leadership – town, county, and faith-based – is strong, receptive. ▪ Environment is clean. ▪ There is cooperation county-wide. ▪ Housing is safe, healthy, and affordable. ▪ Long-term care services are available for all who need them. ▪ Transportation services
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Appendix A: Values, Forces of Change

<p>between communities, particularly for emergency services.</p> <ul style="list-style-type: none"> ▪ There is partnership, cooperation between cities/villages and the county, particularly for law enforcement. ▪ Each citizen has access to prompt emergency care by trained EMTs. ▪ There is adequate transportation (medical). ▪ Preventive health is valued. ▪ There is affordable health care for all. ▪ There are adequate mental health resources. ▪ Veterans in particular receive quality health care. ▪ The cities, towns and villages are a viable size. 	<p>funded.</p> <ul style="list-style-type: none"> ▪ Mental Health services are adequately supported and funded. ▪ There is economic support for non-profit service providers. ▪ There are ample transportation alternatives that are accessible to all, particularly those with limited mobility. ▪ There is a strong, diverse economy. ▪ Public health and wellness are valued. ▪ Health care is affordable and accessible for all. 	<p>all levels of government to ensure that rural issues are addressed.</p> <ul style="list-style-type: none"> ▪ There is sustained growth for the Jefferson Community Health Center in its service to the residents. 	<ul style="list-style-type: none"> ▪ There is supplemental funding for health care <hr/> <p style="text-align: center;">[Wilber]</p> <ul style="list-style-type: none"> ▪ Transportation is adequate ▪ Immigrants are integrated into the community ▪ There is economic development ▪ There is adequate health care for all ▪ There is a central “brain trust” for community health (e.g. Saline County Improvement Association) ▪ There is strong spiritual leadership 	<p>are available for all those who need them.</p> <ul style="list-style-type: none"> ▪ The school system is valued. ▪ Residents are aware of and active in government at all levels. ▪ Thayer County Health Services is thriving, supported. ▪ Recreation services and programs are available.
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Appendix B: Initial Issues Lists

Format of Initial Issues List (sample):

Issue	Details	Source(s)
Alcohol abuse	<ul style="list-style-type: none"> ▪ Higher chronic drinking rate than NE (5.3% versus 4.8%) ▪ Higher alcohol death rate than NE (36.0 versus 35.5) 	<ul style="list-style-type: none"> ▪ NHHSS County Profile ▪ Survey (6% listed drug and alcohol abuse as priority issues) ▪ Forces of Change (teen alcohol/drug use emphasized)
Obesity	Higher than NE (25.2% versus 22.4% of those 18 and older)	<ul style="list-style-type: none"> ▪ NHHSS County Profile ▪ Forces of Change (obesity in youth) ▪ Survey (14% listed obesity as priority issue)
Mental Health	Higher than NE rating not good for MH (10.1% versus 9.5%)	NHHSS County Profile

* this format was not used in Saline County.

Issue Selection Format:

1. PHS outlined an initial issues list based on county health profile statistics, values and forces of change dialogues, and survey results.

2. Residents were presented with initial issues list and asked to individually identify what they felt were the top 5 most important issues. Selection criteria was kept very simple:
 - the issue is locally relevant/significant
 - actionable strategies can be developed to address the issues
 - the issues are not already being adequately addressed

3. PHS facilitator compiled the results, and listed them for the group to see. Those issues that were selected by multiple people were marked as such.

4. PHS facilitated a discussion about the new issues list, reminding them of the selection criteria, and allowing them to artificially boost, downgrade, combine, add or eliminate issues from the list. This 'back-and-forth' discussion was carried out repeatedly until trends emerged and priority issues were agreed on.

5. In some counties, off-line discussions resulted in some reservations about items accepted onto the priority issues list. This resulted in some group reevaluation and redrawing of the priority issues list, all of which was open to the entire assessment team. This was most common with very large issues that were not directly relating to *health*, such as poverty and population decline.

Appendix C: Strategies

Appendix D: Sample Survey