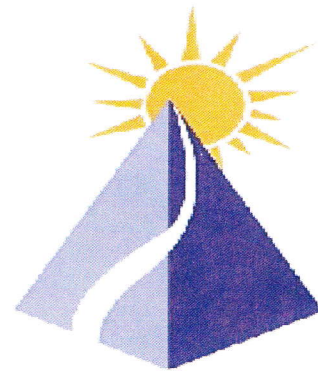


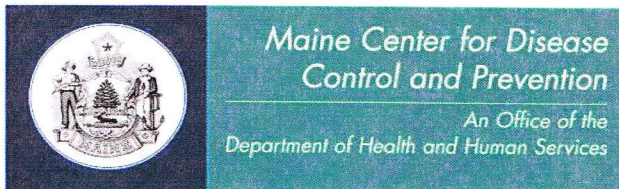
MAINE MAPP TOOLKIT

2010 Version 1



M A P P

MOBILIZING FOR ACTION THROUGH
PLANNING AND PARTNERSHIPS



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

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Overall Guidance Document March 2010

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Introduction

The purpose of this Toolkit is to offer assistance as you move forward to the close of your HMP's MAPP process. It is a supplement to the *MAPP Users Handbook*, original two day training on MAPP by NACCHO, Maine CDC's Orientation to Data training and MAPP listserv, and the extensive resources and technical assistance available through NACCHO's MAPP webpages and webinars.

The purpose of the checklists is for you to use as a self assessment of both the process and content of each of the Phases of MAPP. They are written so that no matter what stage of the MAPP process your HMP is at currently, the questions remain applicable.

The questions in the checklists are not to be considered required steps or outputs. They are designed to reflect on the *quality* of your process and products in order to achieve the intent of the MAPP process. This includes review of different types of data from different sources, engaging the community all along, and drilling down to root causes of problems for a strategic public health approach. After this it asks for an action plan that is time bound, measurable and feasible.

The Draft Template included in the Appendix is for those who like a *visual* picture of how the layout of the final product, to be provided to the State, *might* be put together. Essentially, it has to tell a story of the HMP service area, what was done and what conclusions were reached.

MAPP products from San Antonio are bundled as separate PDFs to look at one of a completed MAPP process. Here the items have been separated into a timeline, process report, conclusions and action plan [phase 6]. Phase 6 is not required to be finished by April 1, 2011, but can be, and will be revisited under the next RFP.

What the OLPH team appreciated about the San Antonio example was how well the strategic issues were identified in terms of root causes, framed as questions, and backed up by the summaries from all their assessments. The Action Plan is very concrete. It's a good example of what can be worked on, in the next RFP, to complete the MAPP process. If your HMP has already tackled Phase 6, this reflects the type of specific measurable objectives and responsible parties layout expected.

You and your District Liaison can discuss this Toolkit and the Checklists further. Thank you for all that you have done to move the MAPP process forward!

The OLPH Team

Community Health Improvement Plan
Using Mobilizing Action through Planning and Partnership [MAPP]
OLPH / Maine CDC Guidance 03/2010 for 04/2011 deadline

This document is a guide for Healthy Maine Partnerships in completing their Community Health Improvement Plan based on *Mobilizing for Action through Planning and Partnerships* [MAPP], the national public health strategic planning framework.

The content, narrative, tables and graphs, pictures, and style design of the written Community Health Improvement Plan [CHIP] is for each HMP to choose based upon the needs of the HMP, public health stakeholders, multiple audiences, and the community as a whole.

The basic components in the CHIP template for MAPP through Phase 5 listed below must be included to reflect all elements of the MAPP framework to that point.

Things to keep in mind:

- The CHIP should be a living document that tells a story of the communities in the HMP's service area. It should tell the story of who was involved and how the plan was created and how key issues were identified. It should have a limited number of strategic priorities. It should inspire!
- The Community Health Improvement Plan is to be shared and used by the HMP partnership, including its core organizational partners and key stakeholders. It should be user friendly either as a whole, and/or offer a separate executive summary for a wider more diverse audience, such as municipal officials and community members.
- Appendices, companion documents, and/or websites can be used for reference to more detailed results, data, and processes written up from the four MAPP assessments.
- The *MAPP Handbook* and website at www.naccho.org provide helpful worksheets and pointers.
- The CHIP's debut arrives shortly before the end of this RFP period. MAPP Phase 6, an Action Plan to guide implementation of the CHIP, is to be written or refreshed within the next HMP RFP period. This assures HMP flexibility to adjust the Action Plan to the impact of the new RFP, amend the CHIP if desired, link to District Health Improvement Plan activities where appropriate, and align with other plan schedules. It assures the CHIP won't be left on the shelf, as detailed responsibilities, processes and timelines will be named and results tracked.

Introduction

- Describe your communities' demographic and socio-economic characteristics, resources, public health partners, etc.
- Provide background context for your Community Health Improvement Plan - what MAPP's purpose is (strategic plan using a public health approach); community engagement, acknowledge other community health improvement planning processes.

Vision

- State your vision.
- See page 27 of the *MAPP User's Handbook* for guidance on formulating your vision statement.

The next two components should be in your preference of order.

Putting It All Together

- For Each Strategic Issue, list:
 - The Strategic issue in the form of a question
 - Key findings from each of the assessments that supports the strategic issue
 - Goal (this can be a 10, 5, or 3 year goal)
 - Strategy
- Notes:
 - Plan should include a minimum of 4 and no more than 12 strategic issues.
 - List your Strategic Issues in the form of a question
 - Strategic issues are *different* from identifying the health issues of a community. Please see the *MAPP Handbook* for identifying and formulating strategic issues.
 - Strategic Issues are identified after reviewing the key findings from the 4 assessments. See page 77 of the *MAPP Handbook* for a visual depiction of using the assessment information to formulate strategic issues.
 - Pages 96 and 97 provide definitions and examples of terms used in objective setting.

Assessment Information

- Community Themes and Strengths
 - Describe how you conducted the assessment.
 - Present your results. Charts and graphs are useful.
 - Identify and summarize your key findings.
 - Include tools and instruments used (example surveys, interview scripts, etc.)
- Community Health Status Assessment [CHSA]
 - Describe how you conducted the assessment.
 - List indicator, source of data, and year.
 - If you are only using the required indicators, you may simply include the Excel spreadsheet distributed spring 2009. You can put it in a format more usable for you and your community.
 - For additional indicators you can add the information to the 2009 Excel spreadsheet. E.g. more Census data; indicators cut by demographics to identify disparities in health for different populations in your service area, indicators for more detailed look at Community Themes/Strengths highlights.
 - Identify and summarize your key comments on the indicators.
 - When looking at the data, it may be helpful to look at:
 - How your area's data is different from the state and other areas
 - How your indicators fit together (I.e. rates of breast cancer morbidity and mortality compared to mammography rates)
 - You should have at least one key comment for each of the MAPP categories of indicators [*MAPP Handbook* pg. 56]. This offers a more balanced perspective if your HMP has more interest or experience in some areas than others.
- Local Public Health Systems Assessment
 - Convene a local group to review and discuss the district-wide Local Public Health Assessment as it relates to your own service area. What do the results of the LPHSA mean to you and your community? 3-5 key themes should be identified, written up and included in for the Phase 4 Strategic Issue identification.
- Forces of Change
 - Describe how you conducted the assessment.
 - Present your results.
 - Identify and summarize your key findings.

Other Information

- List of organizations and people who participated in the process.
- Include any additional information that was part of this process.

MAPP 2010 Review and Self Assessment Checklist

<p style="text-align: center;">Phase 1: MAPP Committee</p>	1	2	3	4	5
	We think this is a real strength of our MAPP process	We are satisfied with this aspect of our MAPP process	This is an area we want to improve	This aspect needs completion or improvement before completion of MAPP	If column 4 is checked, what are next steps?
Has the HMP staff, HMP Advisory/Governance Board and HMP's Lead Agency senior leadership discussed at any point the implications/impact of having a community health improvement plan for the HMP service area?					
Have core members of the MAPP Committee been identified and recruited?					
Has a public announcement or invitation to participate in the MAPP planning process been issued?					
Do active participants on the MAPP Committee include representatives other than HMP funded staff and/or the HMP's Advisory/Governance Board?					
Have professional service organizations been recruited for membership on or participation in Phase I MAPP Committee planning meetings?					
Have organizations representing or serving priority populations been recruited for membership on or participation in Phase I MAPP Committee planning meetings?					
Has the MAPP planning process itself been designed, and resources and tools identified by the Committee?					
Has the MAPP Committee review or use a readiness assessment before starting out?					
Do HMP staff play a leadership role on the MAPP Planning Committee? Is the process separate or folded into other planning processes of the Lead Agency or another entity?					
Does the MAPP Committee meet periodically during the entire MAPP process?					
Have the member of the MAPP Committee been acknowledged and its oversight role and process in the Phase 5 Community Health Improvement Plan?					

MAPP 2010 Review and Self Assessment Checklist

<p style="text-align: center;">Phase 2: Community Visioning</p>	1	2	3	4	5
	We think this is a real strength of our MAPP process	We are satisfied with this aspect of our MAPP process	This is an area we want to improve	This aspect needs completion or improvement before completion of MAPP	If column 4 is checked, what are next steps?
Has the MAPP Committee reviewed existing visioning statements or efforts to assure linkage?					
Has the Visioning process been designed to capture perspectives of organizations/individuals from different parts of the HMP service area beyond that of the HMP Advisory/Governance Board?					
Has the MAPP Committee designed the implementation of the Visioning process to assure that final results are representative of the HMP service area?					
Has the visioning process identified what is held in common within the service area?					
Does the Vision Statement include statements about core values?					
Does the Vision Statement emphasize a positive climate and does it support behaviors that contribute to the achievement of the Vision?					
Is the Vision Statement written in the future tense, and is it easy to read, understand and remember?					
Has the Vision been used on MAPP process documents to remind participants of the ultimate community goal that participants want to move towards?					
Would the MAPP Committee agree that the Vision Statement for the Community Health Improvement Plan moves beyond the HMP's own contract workplan or mission statement?					
Has a summary description of the process used to develop the Vision included in the Phase 5 written description of MAPP process in the Community Health Improvement Plan?					

MAPP 2010 Review and Self Assessment Checklist

<p style="text-align: center;">Phase 3: Community Themes & Strengths Assessment</p>	1	2	3	4	5
	We think this is a real strength of our MAPP process	We are satisfied with this aspect of our MAPP process	This is an area we want to improve	This aspect needs completion or improvement before completion of MAPP	If column 4 is checked, what are next steps?
Have you determined the most effective approaches to gather information from a cross section of the service area, including most towns of the service area?					
Have you facilitated the broadest participation possible in terms of demographic characteristics?					
Have you solicited information in at least 2 ways? (ie online, paper survey, community forum, photovoice, focus groups?)					
Have opportunities been created for <i>open</i> discussion to elicit community concerns, opinions, and comments in an <i>unstructured</i> way?					
Have you gathered information through existing groups' meetings or other networks already established w/in the service area, including civic organizations (ie leagues, clubs, veterans groups)?					
Has a question about quality of life (e.g. the social determinants of health) been included?					
Have you solicited information from people who are low literacy, who don't speak English very well or not at all, or who are perceived as hard to reach?					
Have you solicited information from students in schools and in area colleges?					
Have you solicited information through worksites?					
Have you solicited information through senior centers, residential retirement areas, retirees?					
Have you reached out to racial and ethnic minority populations through service organizations, social justice/advocacy organizations and/or social networks?					
Have you made efforts to include people with disabilities, including those in residential institutions?					
Have you reached out to gay, lesbian, bisexual and transgender friendly organizations/social networks?					
Did you map your service area assets?					
Did you compile opinion results into one central list?					
Did you share the results with the community?					
Did you summarize themes into a brief summary for use in Phase 4 (Strategic Issue Identification)					
Did you generate contacts from any new interested parties as a result?					

MAPP 2010 Review and Self Assessment Checklist

<p>Phase 3: Local Public Health System Assessment</p>	<p>1 We think this is a real strength of our MAPP process</p>	<p>2 We are satisfied with this aspect of our MAPP process</p>	<p>3 This is an area we want to improve</p>	<p>4 This aspect needs completion or improvement before completion of MAPP</p>	<p>5 If column 4 is checked, what are next steps?</p>
<p>Have you reviewed the district-level Local Public Health System Assessment [LPHSA] Draft Report with a group, either your MAPP Committee, your HMP Advisory Board, or other convened group of stakeholders from your own HMP service area?</p>					
<p>Has the group been effectively oriented to contribute an informed perspective on the delivery of the ten essential services delivered within the HMP service area?</p>					
<p>Has the group discussed the findings of the district LPHSA relative to how they apply to your own HMP service area, and the specific challenges and opportunities experienced in your own HMP service area?</p>					
<p></p>					
<p>Have the highlights of your discussion and a brief review of the district LPHSA findings been summarized into a brief user-friendly format that lists key issues ?</p>					
<p>Have you reviewed the results of your discussion about the HMP service area and the LPHSA findings this assessment alongside the results of the other assessments of Phase 3 during facilitation of the discussion during Phase 4: <i>Strategic Priority Identification</i>?</p>					
<p>Did you refer to the LPHSA findings in the written Comprehensive Health Improvement Plan (Phase 5?)</p>					

MAPP 2010 Review and Self Assessment Checklist

<p style="text-align: center;">Phase 3: Community Health Status Assessment</p>	1	2	3	4	5
	We think this is a real strength of our MAPP process	We are satisfied with this aspect of our MAPP process	This is an area we want to improve	This aspect needs completion or improvement before completion of MAPP	If column 4 is checked, what are next steps?
Have you established a subcommittee of HMP service area stakeholders who can systematically look at all data sources and understand the strengths/gaps, now – will they be available in five years?					
Is your CHSA subcommittee (or consultant) knowledgeable about data sources, analysis, interpretation and/or presentation?					
Have you chosen to include more indicators than the Required Core Indicators?					
Can you demonstrate you are using a systematic approach to keeping the health indicators in mind throughout the MAPP process (versus only during this assessment) ?					
Has your group chosen to review other local community health assessments to identify potential trends? Investigate data for comparisons?					
<p style="text-align: center;"><i>Optional: as an example the group could review for comparison purposes</i> District Health Indicator Comparison Tables: www.mainepublichealth.gov; Maine counties weighted/compared to only each other: www.countyhealthrankings.org Maine counties compared to peer counties and all US counties: www.communityhealth.hhs.gov</p>					
Based on the <i>Community Themes/Strengths Assessment</i> were additional indicators on topics your community identified as important reviewed or incorporated into the Assessment?					
Has your group discussed the issue of health disparities within the service area, and explore to the extent data is available what disparities might exist within the HMP service area, county or district?					
Does your group know, by looking at Census data, which towns in the HMP service area have the highest percent/number of vulnerable populations (i.e. highest percent of children < 5 yo.; number of veterans; percent of adults with < HS education)?					
Has your group displayed data in charts, graphs, and maps, and presented the corresponding narrative at least in one way understandable to community residents?					
Has your group identified a long term plan to monitor data measures/indicators over time, particularly if your HMP paid a contractor?					
Did you take the CHSA findings, identify challenges and opportunities related to health status, and summarize these for use during the Phase 4 step of Strategic Issues Identification?					

MAPP: 2010 Review and Self Assessment Tool

<p style="text-align: center;">Phase 3: FORCES OF CHANGE Assessment</p>	1	2	3	4	5
	We think this is a real strength of our MAPP process	We are satisfied with this aspect of our MAPP process	This is an area we want to improve	This aspect needs completion or improvement before completion of MAPP	If column 4 is checked, what are next steps?
Has the MAPP Committee reviewed the description of “forces” (as defined in MAPP) as the trends, factors, and events that are or will be influencing the health and quality of life of the community?					
Is the group that participates in the Forces of Change Assessment able to provide diverse perspectives across the HMP service area?					
If the group participating is not able to provide sufficient diversity of perspectives, have additional participants been recruited?					
Have individual perspectives been solicited prior to a group brainstorming perspective?					
Have brainstormed items been discussed, refined, consolidated into categories?					
Have key findings been organized into a user friendly summary document that can be used along with the 3 other assessment highlights when the Phase 4 step of Identification of Strategic Issues:					

MAPP 2010 Review and Self Assessment Checklist

<p style="text-align: center;">Phase 3: MAPP Assessments and Health Disparities</p>	1	2	3	4	5
	We think this is a real strength of our MAPP process	We are satisfied with this aspect of our MAPP process	This is an area we want to improve	This aspect needs completion or improvement before completion of MAPP	If column 4 is checked, what are next steps?
<p><i>Disparities in health outcome status of groups of people can differ from that of the majority of people for people who share a common characteristic, such as income, education status, age, gender, etc. "Poor health status is often associated with being a member of a population group whose definition has little to do with health per se" [Healthy Maine 2010]. People can also fall into more than one population group of this kind as well. To focus the question of disparities, we refer to those populations with an evidence base of disparities in health status that are named in Healthy Maine 2010: Opportunities for All. Illustrations of the impact of health disparities are available in the 2007 District Health Profiles (available at www.mainepublichealth.gov).</i></p>					
<p>As the MAPP Committee conducts and reviews every assessment, the opportunity exists to explore the differences of experience within vulnerable populations compared to the majority. While data on populations are sometimes only available at national, state, county, or school district level, MAPP Committees using a public health approach can attempt to crosscut statistical, community opinion, and LPHSA data to consider the experience of people in the HMP health service area as follows:</p>					
<p>Considering INCOME, are there any significant differences based on income group (e.g., those below poverty line)?</p>					
<p>Considering EDUCATION, are there any significant differences based on lifetime education status (e.g., adults 25 and over with less than a high school degree)?</p>					
<p>Considering AGE, are there any significant differences based on age, particularly in vulnerable age groups such as those less than 5, or over 65 years old?</p>					
<p>Considering RACE/ETHNICITY, are there any significant differences based on self reported racial or ethnic identity?</p>					
<p>Considering DISABILITY STATUS, are there any differences based on disability (physical, mental, etc.)</p>					
<p>Considering GENDER, are there differences based on being female or male?</p>					
<p>Considering SEXUAL ORIENTATION, are there differences based on being in sexual minority?</p>					
<p>Considering SIGNIFICANT LIFE EVENT, are there differences based on, for example, veteran status?</p>					
<p>Considering GEOGRAPHY, are there differences between the most dense or least densely populated populations (most urban or most rural)?</p>					
<p>If your committee asked the question of "who is experiencing disparities in our community?" and sought information from data sources, did you identify gaps in data and will your MAPP process consider strategies to try to capture data on these populations?</p>					

MAPP 2010 Review and Self Assessment Checklist

<p style="text-align: center;">Phase 4: IDENTIFY STRATEGIC ISSUES Step</p>	1	2	3	4	5
	We think this is a real strength of our MAPP process	We are satisfied with this aspect of our MAPP process	This is an area we want to improve	This aspect needs completion or improvement before completion of MAPP	If column 4 is checked, what are next steps?
Have you celebrated successes and the completion of all 4 assessments with your MAPP Committee?					
Have you summarized the final results from each assessment for easy review with your MAPP Committee? Are they satisfied that the results are sufficient to accurately reflect the HMP's communities' health?					
Is the MAPP Committee ready to rely on these results and process to date to guide the selection and adoption of priorities? Any other issues that might interfere?					
Will your MAPP Committee and your HMP Advisory Board support and back you up on this process and its results?					
Have you identified the criteria for who should be at the table for this Strategic Issue Identification session? (ie. geographic reach? sector? disparities?)					
Have you prepared the key results from each assessment for easy review by participants?					
Have you planned the process for, and will you use a facilitator with this session?					
Are participants in basic agreement about the distinction between a Strategic Issue versus other types of problems remedied by more attention or more resources?					
Have you discussed why each issue on the list and be able to explain why it should be considered strategic, and how urgent it is?					
Have you narrowed and consolidated the final list of Strategic Issues?					
Have you placed the issues in priority order? (ie logical; easiest to most complex; time-related?)					
Have you told participants about the next steps after having selected Strategic Issues, i.e., what happens in phases 5 & 6.?					
Have participants left the meeting understanding what will be done about those issues, especially if someone in the group is heavily invested? Is guidance/support offered to those who are disappointed?					

MAPP 2010 Review and Self Assessment Checklist

<p style="text-align: center;">Phase 5: SET GOALS & STRATEGIES step (and readiness for Phase 6)</p>	<p style="text-align: center;">1</p> <p style="font-size: small;">We think this is a real strength of our MAPP process</p>	<p style="text-align: center;">2</p> <p style="font-size: small;">We are satisfied with this aspect of our MAPP process</p>	<p style="text-align: center;">3</p> <p style="font-size: small;">This is an area we want to improve</p>	<p style="text-align: center;">4</p> <p style="font-size: small;">This aspect needs completion or improvement before completion of MAPP</p>	<p style="text-align: center;">5</p> <p style="font-size: small;">If column 4 is checked, what are next steps?</p>
<p>Does this step include the same people who participated in the Phase 4 meeting? If different, does it include additional stakeholders and/or [original] core MAPP Committee members? Have you informed them what will happen in Phases 5 & 6?</p>					
<p>Do group members understand that “strategy” here does not mean action steps, but alternative ways the community has to reach the vision and goal statements?</p>					
<p>Is your group ready to take this step and accepts that some strategies may be left behind? Has the group selected in advance (a) the decision-making method to be used to choose strategies and (b) what criteria will be used to put in order those that are chosen?</p>					
<p>Is the group clear that goals and strategies are for all participating organizations, not just the HMP?</p>					
<p>For each goal statement have several alternative strategies been proposed? Have you discussed possible barriers, what each would require in terms of activities needed; timelines; participation, resources and evaluation options?</p>					
<p>Will the group adopt all the priority strategies completely, or chunk them down into stages?</p>					
<p>Have you identified in advance who will write and approve the Phase 5 CHIP? Is it written as an outline of broad strategic courses of action on which there is broad (if not full) consensus?</p>					
<p>Have you agreed on which organizations’ names will be listed as lead authors on documents and press releases once the Plan debuts?</p>					
<p>Have you come to shared agreement on how much accountability is owed (and by who) to the community to assure the Plan is implemented? Have participating organizations agreed to be actively involved in implementation so that responsibility for the Plan is not overly diffused?</p>					
<p>Have you agreed on CHIP promotion and dissemination activities? Have you planned how to transition to Phase 6 before or after the next HMP RFP occurs?</p>					
<p>Have you asked participating organizations to adopt the Plan formally to show their support?</p>					

<p style="text-align: center;">Phase 6: Developing/Refining the Community Health Improvement Plan's ACTION PLAN [Before or After HMP RFP]</p>	1	2	3	4	5
	We think this is a real strength of our MAPP process	We are satisfied with this aspect of our MAPP process	This is an area we want to improve	This aspect needs completion or improvement before completion of MAPP	If column 4 is checked, what are next steps?
Have you reconvened and/or refreshed new partners to the MAPP Committee? Is this group to serve as the Action Plan development group or is there a group with a whole new membership?					
Has the group reviewed and discussed the Community Health Improvement Plan [Phase 5]					
Do lead agency, HMP contract workplans, other grant workplans, and/or District action plans, or current resource status, now seem to potentially impact your HMP's capacity/intention to pursue the existing CHIP vision/goals?					
Have you decided to adjust or update the existing Community Health Improvement Plan <i>before</i> initiating Action Plan development? If so have you informed the original MAPP Committee members in order to assure continued buy-in?					
Does the Action Plan draft lay out the three steps in specific but simple detail: (1) action plan(s) (2) implementation activities (3) evaluation?					
Does the Action Plan contain organization-specific actions or does it describe collective action from a number of organizations?					
Does the Action Plan include measurable outcome objectives as well as process objectives?					
Does the Action Plan identify the evidence-base for proposed interventions?					
Have you agreed on the responsible parties (groups, organizations, agencies) for each objective?					
Does the Action Plan identify opportunities for coordination to reduce duplication and maximize use of limited community resources?					
Have you agreed on which data will be used to measure progress and who will collect, compile and analyze it?					
Have you agreed on who "owns" the CHIP evaluation data and who has access to it and how it will be shared?					
Does the Action Plan identify ways to monitor coordination among all the diverse planning, implementation and evaluation activities?					
Have you revisited who will write and approve the written Action Plan and which organizations will be named leads and recognized for achieving progress towards goals?					

**MAPP Strategic Plan Template
for
Community Health Improvement Plan**
(covers through Phase 5)

Notes:

- *this is a sample layout for the MAPP Plan Report with key components arranged in a sample order*
- *you may wish to print off*
- *Photos and other design elements are to be determined by HMP*
- *A minimum number of pie charts, graphs or tables should be included*

COVER PAGE

**Strategic Component of the
Community Health
Improvement Plan**

**For the __HMP__
Service Area**

Notes:

- *If Plan has been developed collaboratively by HMPs, the cover page should indicate somehow all geographic areas included*
- *Decide if you want to place the HMP logo on the cover, back or inside page*

Acknowledgements Letter From HMP(s)

- Who we are
- special thanks to _____
- list of organizations and people who participated in this process
- funding sources

Executive Summary

- purpose of this document
- background/history: MAPP's framework/purpose;
- need for community engagement, other planning processes in area
- quick list of Strategic Issues
- comment on next steps

Introduction

- **Community Vision**
- **Community demographics and SES characteristics**
- **Comment on resources, strengths and assets**
- **Comment on vulnerable populations/disparities**

Note: if HMPs have collaborated at the district level, insert service area specific characteristics either here, or include such description in the appendix

Putting it All Together:

list of strategic issues/goals
(4-12 issues)

- **Strategic Issue framed in form of question**
- **Key findings from each of the assessments that supported selection of the strategic Issue**
- **Goal derived from Strategic Issue**
- **Strategy to address Issue**

Phase 3 Assessment:**Community
Themes & Strengths**

How assessment was conducted and by who

Results, incl. charts & graphs

Summary of key findings

Tools and Instruments named (included here or in appendix)

SAMPLE

Phase 3 Assessment:**Community
Health Status Assessment**

How assessment was conducted and by who

List of indicators, source, year

Summarize key comments on data

Need comments for each MAPP category of indicators

SAMPLE

Phase 3 Assessment:

Local Public Health System Assessment

*related to
individual HMP Service Area*

- summary description of district LPHSA findings and priorities
- How a review was conducted of District LPHSA findings by who and how
- Summary of 3-5 themes from discussion of EPHS delivery in local HMP service area

Phase 3 Assessment:

Forces of Change Assessment

- How assessment was conducted by who with who
- Summary of key findings

Phase 4 and Phase 5

Summary of process for Phase 4 & 5 conducted: by who, with who

Comments on process and criteria used to select issues and goals

SAMPLE

Phase 6 (pre Action Plan or Completed Action Plan)

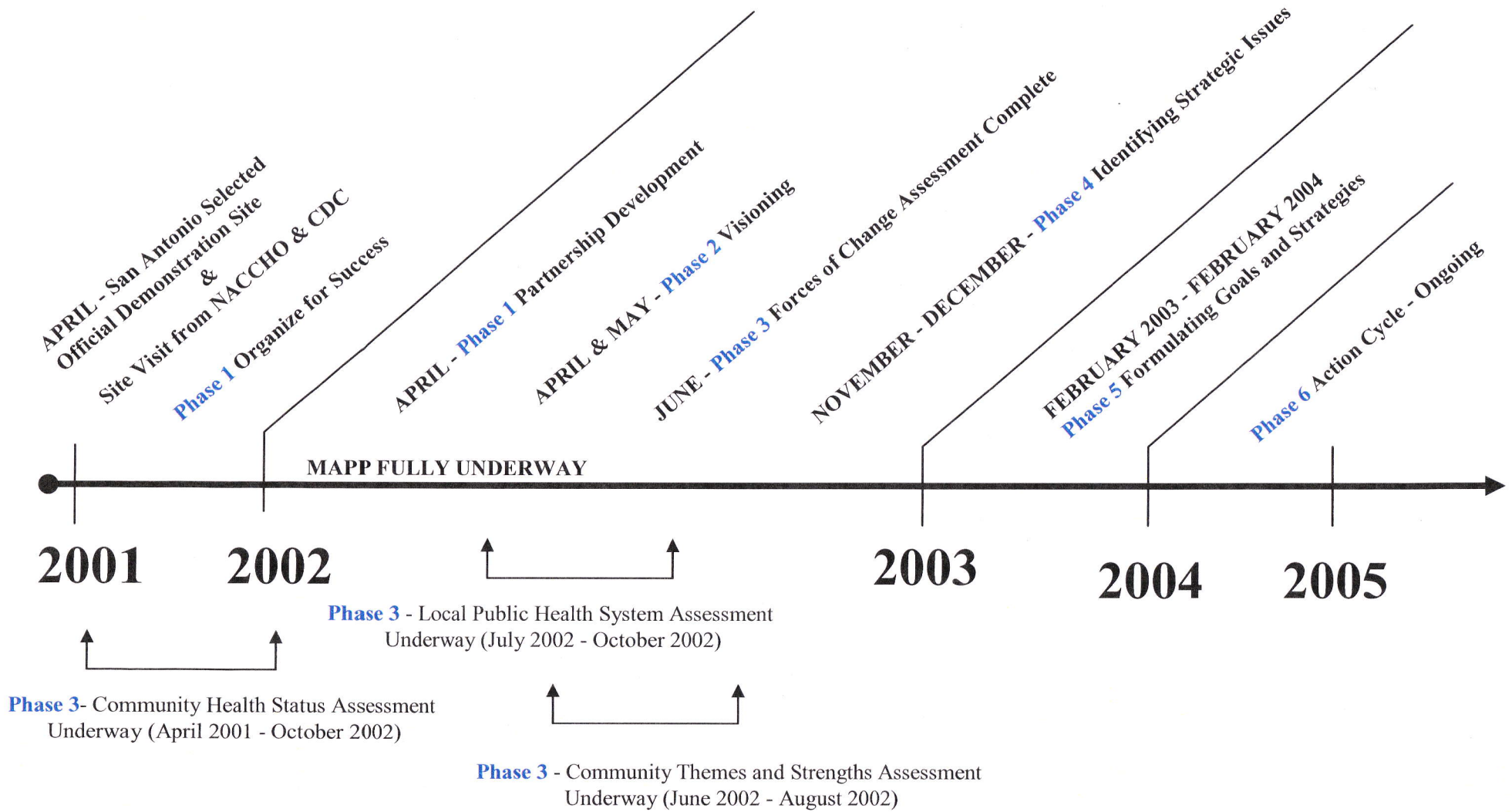
- **Timeline of progress steps**
- **Summary statement re written Strategic Plan and its use and dissemination**
- **Summary of written Action Plan status as of today**
(using MAPP Phase 6 “Plan, Implement, Evaluate” with measurable objectives and responsible parties) e.g.: not started; in progress; completed; requires revision, etc.

SAMPLE

Appendices

SAMPLE

Table 1: Time line San Antonio MAPP Process



MAPP in Action in San Antonio, Texas

Kathleen M. Shields, BS, CHES
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MAPP in Action in San Antonio, Texas

Abstract

San Antonio was selected as an official MAPP demonstration site by NACCHO in 2000. The San Antonio Metropolitan Health District (SAMHD), under the leadership of Dr. Fernando A. Guerra, agreed to facilitate the process. The MAPP process provided SAMHD, the local public health authority, a defined process for community health improvement, as well as a mechanism to help bridge the gap between public health and the community.

The San Antonio Metropolitan Health District organized a Core Planning Team to lead the MAPP process in April 2001. By October 2002 the Core Planning Team was expanded to a full community working group named the Alliance for Community Health in San Antonio and Bexar County (Alliance). The Alliance identified six strategic issues, which eventually became the basis of the Community Health Improvement Plan. The strategic issues are Public Policy, Data Tracking, Healthy Lifestyles, Promoting a Sense of Community, Access to Care, and Safe Environment.

San Antonio's MAPP experience has been successful in bringing together the public health system partners, and establishing public health priorities collectively. The MAPP process has resulted in the development of many new initiatives, and has given the Alliance the credibility needed to establish a new not-for-profit organization dedicated to community health improvement in San Antonio and Bexar County.

MAPP in Action in San Antonio, Texas

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Introduction

San Antonio was selected as an official MAPP demonstration site by NACCHO in 2000. The San Antonio Metropolitan Health District (SAMHD), under the leadership of Dr. Fernando A. Guerra, agreed to facilitate the process. MAPP would soon become a familiar name among many public health and social service organizations in San Antonio. The MAPP process provided SAMHD, the local public health authority, a defined process for community health improvement, as well as a mechanism to help bridge the gap between public health and the community. SAMHD became particularly interested in the concept of the public health system, which encourages proactive collaboration between public health partners. Over the course of the process (2000-2004), San Antonio would realize this collaboration to be the greatest benefit.

In April of 2001, the SAMHD began phase 1 (Organizing for Success and Partnership Development) by inviting representatives from eight local health and social service organizations to become part of the MAPP Core Planning Team, and begin implementation. The team included representatives from Annie E. Casey Foundation, Barrio Comprehensive Community Health Center, Bexar County Community Health Collaborative, City of San Antonio-Department of Community Initiatives, El Centro Del Barrio Community Health Center, San Antonio Independent School District, University Health System (the Bexar County Hospital District), and United Way of San Antonio and Bexar County. These organizations have maintained a long history of collaboration with SAMHD, and were a natural fit for the Core Planning Team. Eventually the Core Planning Team would expand into a full community working group, with participation from over 50 organizations, a more accurate representation of the public health system.

The first task of the Core Planning Team was to identify the target area for the MAPP process. Instead of targeting a specific area, the team agreed to open it up to all of Bexar County, which

covers approximately 1,258 square miles and includes 1.4 million people. Since the implementation of MAPP would require funding, efforts began to secure the needed resources. Initially, the SAMHD identified three internal staff positions to spend time on the MAPP project as needed. From April 2001 to December 2002, these staff would lead the Core Planning Team in developing the Vision, conducting the four MAPP Assessments, and identifying the Strategic Issues. SAMHD quickly realized that MAPP would require the dedication of full time staff, and began to explore staffing options. SAMHD was interested in someone with expertise in community collaboration, meeting facilitation, and planning, implementing, and evaluating community based health programs. In December 2002, the SAMHD secured funding for a full time staff person, and hired a MAPP Manager with the necessary skills. In addition, the Core Planning Team met with the Bexar County Community Health Collaborative (BCCHC), a local non-profit organization, to discuss partnership opportunities for completing a vital piece of the MAPP assessments. The BCCHC planned to conduct the *2002 Community Health Assessment*¹, collecting valuable behavioral health data.

The main work on the MAPP process was postponed until the Community Health Status Assessment was started. Meanwhile, staff from SAMHD continued to make presentations about MAPP to the community in an effort to enlist partnership support. Finally, in April 2002, almost a year after the Core Planning Team was established, the project was fully underway. The lengthy start up period was consistent with most other MAPP users in the country. Apparently, the development of local funding and preparing the community for this undertaking requires some months to achieve.

Approach

As the process developed, the SAMHD led a series of discussions identifying common community health values and a health vision for the San Antonio metropolitan area. The discussions included members of the Core Planning Team, as well as other key leaders from

public health and social service. Eventually, the information gathered during the discussions was compiled by SAMHD into a vision, value statements, and a mission statement. Once approved by the Core Planning Team, these became the basis for the rest of the MAPP process. (See **Results and Outcomes** Section for Community Vision, Community Values, and Mission.)

Following the Visioning process (phase 2), the Core Planning team devised a plan to complete all of the MAPP Assessments. The assessment process (phase 3) took approximately nineteen months to complete, beginning in April 2001 and ending in October 2002. The **Community Health Status Assessment (CHSA)** took the longest to complete, lasting the entire nineteen months. This assessment was conducted in two parts. The first part was performed by the Bexar County Community Health Collaborative (BCCHC) as noted earlier, and focused on behavioral health data. BCCHC contracted with a team of public health and academic professionals from the University of Texas School of Public Health, University of Texas Health Science Center, and Our Lady of the Lake University to perform the assessment. To augment this data the San Antonio Metropolitan Health District contributed the second part of the CHSA, the *2001 Annual Health Profiles Report*². This report compiles valuable information about the overall population through careful analysis of birth and death records, communicable disease reports, school statistics, environmental assessments, and a host of other data sources.

The **Local Public Health System Assessment (LPHSA)** took approximately four months to complete. The Core Planning Team chose to use the National Public Health Performance Standards Survey (NPHPSS) to complete the LPHSA. In order to accomplish this, 31 “key informants” from 12 different agencies were asked to assist in completing the survey. The Core Planning team organized a series of 10 work-sessions to complete the NPHPSS, and invited key informants to participate in the work sessions. Since the NPHPSS is based on the 10 Essential Services of Public Health, each of the work sessions was dedicated to an Essential Service. Key

informants were solicited based on the nature of the Essential Service, and their expertise. A representative from SAMHD facilitated each of the work sessions. Key informants included representatives from the state and local public health departments, community based clinics, non-profit organizations, and hospital systems. Once the survey was completed it was submitted to the Centers for Disease Control and Prevention for analysis.

The **Community Themes and Strengths Assessment** took approximately three months to complete. For this assessment the Core Planning Team chose to use the sample survey provided in the MAPP tool. The 28-question survey solicited community level perceptions and opinions on personal health and quality of life. Responses were obtained from residents by administering the survey throughout the community at shopping malls, community meetings, health fairs and similar venues. The survey was also mailed to contact persons of neighborhood associations. In addition to the survey, the Core Planning Team convened focus groups to gather qualitative data from residents on health issues and quality of life.

Finally, the **Forces of Change Assessment** took one month to complete. The Core Planning Team served as the primary respondents, by participating in a brainstorming session led by a professional facilitator. During the session, the team produced a matrix of “Forces” that affect the community. The “Forces” were listed as Events, Factors or Trends. In addition, the Core Planning Team identified opportunities and threats for each of the “Forces” identified.

Once the assessments were completed, the Core Planning Team compiled all of the data into a series of presentations and posters in preparation for the next phase, “Identifying Strategic Issues”. At this point, the Core Planning Team recognized the need to expand into a full community working group, and began brainstorming potential participants. The decision to expand during this phase was pivotal. The Core Planning Team knew that the future success of

MAPP depended on the identification and investment of the public health system partners. This could be accomplished by facilitating their involvement in identifying the strategic issues, and ultimately developing the community health improvement plan.

Phase 4, “Identifying Strategic Issues”, began in October 2002 and was completed in December 2002. For this phase, the MAPP Core Planning Team of twelve was expanded to include over 100 individuals representing 57 organizations. In addition, the effort was renamed “Alliance for Community Health in San Antonio and Bexar County (Alliance)”, in an effort to develop greater local interest and to indicate that the process was moving toward a collaborative action cycle. The participants invited represented a variety of agencies such as hospitals, clinics, community-based organizations, schools, churches and many other entities that contribute significantly to preventing disease, prolonging life, and promoting physical health and mental health. The member organizations are outlined in *Table 1: Alliance for Community Health in San Antonio and Bexar County Member Organizations*.

The first step of phase 4 was to organize a meeting of the Alliance to present the results of the four MAPP Assessments. During this meeting, the Core Planning Team delivered detailed presentations on the findings from each of the assessments. In addition, each of the participants received a packet of information including assessment strategies, tools, and results. The Core Planning Team also displayed posters summarizing each of the assessment findings. Once the assessment results were shared, the Alliance was tasked with identifying the MAPP strategic issues. Facilitators from United Way of San Antonio and Bexar County agreed to lead this process using group facilitation methods from **ToP® Technology of Participation**³. The ToP® techniques specialize in bringing large groups to consensus. This process required two meetings, which took place over two months. The facilitators first assisted the Alliance in compiling a list of key challenges that must be overcome in order for a community health planning effort to

succeed. The Alliance then compiled a list of assets from which to draw on in order to accomplish the community vision and values. The key challenges, assets, and assessment results became the framework for identifying the strategic issues. The facilitators finally assisted the Alliance in identifying six strategic issues that eventually became the basis of the Community Health Improvement Plan. The six strategic issues were: “How do we affect public policy?”; “How do we track change?”; “How do we encourage healthy lifestyles?”; “How do we promote a sense of community?”; “How do we assure access to care?”; and “How do we provide a safe environment?”. The success of phase 4 can be attributed to the effectiveness of the ToP® techniques and facilitators, and to the dedication of the many public health partners in the Alliance.

The SAMHD secured funding to hire a full-time manager for MAPP during phase 4. This became critical for managing and maintaining the Alliance’s involvement in the rest of the MAPP process. The first task of the MAPP manager was to develop a strategy for phase 5, “Developing Goals and Strategies”. To accomplish this, the Alliance members were asked to form committees for each of the strategic issues, and were tasked with formulating goals and strategies. Between February 2003 and February 2004 the committees each met on a monthly basis to develop the goals and strategies. The MAPP manager was responsible for overseeing all committee activities in this process, and required full time involvement. Each committee’s goals and strategies were then compiled into a Community Health Improvement Plan (CHIP). This plan provides a connection between the current reality and the vision, and provides a comprehensive picture of how local public health system partners will achieve a healthy community.

The strategic issue committees required significant commitment from the members of the Alliance. The committees met monthly for one year to develop the CHIP. Each committee consisted of 8 to 20 members, with recruitment ongoing. In addition to the monthly committee

meetings, the Alliance met quarterly to receive committee updates and track the progress of MAPP. Each committee initially spent a significant amount of time further defining their strategic issue. Since the strategic issues each represented a broad concept, there was a need to fully understand their complexity. For example, the Access to Care committee used ToP® facilitation methods to determine why many individuals in San Antonio do not access health care. The result is outlined in the *Table 2: Consensus Workshop to Define the Issue of Access to Care*. The committees then began the process of identifying goals and strategies to address each strategic issue. The MAPP manager prepared a rationale for each strategic issue based on the results of the MAPP assessments. The rationale helped guide the committees in developing their approach. (See **Results and Outcomes** Section for Rationale on each strategic issue.)

In February 2004 the goals and objectives for each strategic issue were finalized, and phase 6 (The Action Cycle) began. The Public Policy committee set out to develop a process for identifying and advocating important health policy issues. In addition, the committee recognized a need to disseminate information to public health partners on important policy issues. The Track Change committee set out to conduct an inventory of existing health data tracking systems in order to develop a comprehensive index of relevant health indicators. They will then build an on-line data warehouse to hold the index of indicators, and seek out resources to develop an on-line, interactive community health report card. The Healthy Lifestyles committee set out to facilitate infrastructure improvement and environmental change in support of physical activity, by working collaboratively with existing local programs. The Sense of Community committee set out to identify the components of a supportive community, and develop methods for promoting a sense of community among the Alliance members and ultimately within the community. The Access to Care committee set out to define the issue of access to health care in San Antonio and Bexar County, and better understand the delivery system for health services in the community. In addition, they will work to identify the gaps in health care services, and seek out resources to

collaboratively fill the gaps. Finally, the Safe Environment committee set out to create a community-based environmentally concerned coalition to carry out the “Protocol for Assessing Community Excellence in Environmental Health (PACE-EH)”⁴ process. The PACE-EH process, developed by NACCHO, will assist our community in identifying and assessing environmental health priorities.

Results or Outcomes

Phase 2 resulted in the development of the following Community Vision, Community Values, and Purpose/Mission.

Community Vision:

A safe, healthy and educated community in which all individuals can achieve their optimum physical, cultural, social, mental and spiritual health- today, tomorrow, and *en el futuro*.

Community Values:

1. Our children should have a loving family capable of caring for their physical, mental, emotional and spiritual needs.
2. Our community should be supportive of the efforts of families to rear healthy and well-adjusted children.
3. Our residents should be equipped with the knowledge, education and means to adopt healthy behaviors and lifestyles.
4. As we reach adulthood, we should all take ultimate responsibility for maintaining our own physical, mental, emotional, and spiritual health.
5. Everyone in our community should have access to quality, affordable health care.
6. Our community values quality education, meaningful job skills, and plentiful employment opportunities as the means to ensure a reasonable standard of living, health, and well-being.
7. All residents have a right to personal safety, both inside and outside the home.

8. Air, water and food in our environment will meet or exceed Federal standards.
9. Our community values a sense of celebration, leisure activities, green space and recreational areas that support and encourage people of all ages to socialize and engage in physical exercise.
10. All residents should have a clean, uncrowded, appropriately ventilated, and structurally sound place to live that is conducive to good health.
11. Our residents value partnerships and collaborative efforts that maximize community resources in promoting and assuring community health.
12. Our community will ensure a caring environment that provides for the sick and the disabled, and engages the elderly in life affirming activities.
13. Our community supports the principle of environmental justice-- the belief that no population should be forced to shoulder a disproportionate burden of negative health and environmental impacts of pollution or other environmental hazards.
14. Our community promotes improved health for all residents through reoccurring assessment of our local public health system and the encouragement of community input.

Purpose/Mission:

To promote good health and quality of life for all Bexar County residents by:

1. Preventing and controlling disease, injury, and disability,
2. Encouraging healthy behaviors and lifestyles,
3. Protecting the environment, and
4. Assuring accessible, affordable and effective health care, through the efficient utilization of available resources.

The following rationale was developed for each strategic issue based on the results of the MAPP assessments.

Rationale: “How do we affect Public Policy?”

The Local Public Health System Assessment identified “public health policy development” as a weakness within San Antonio’s public health system. In addition, many of the public health challenges identified in the other MAPP assessments require solutions that are dependent on policy change. This prompted the Alliance to designate “public policy” as a high priority strategic issue. When residents of San Antonio and Bexar County were asked to identify major issues impacting the health and well being of the community, the following theme sets were reported.

- The need for a living wage for poor people and higher minimum wage for young people.
- The geographic and socioeconomic dividing line through the center of the county.
- The lack of adequate resources for mental health and the inappropriate use of the criminal justice system.
- The large segment of the population without access to health care.

These findings suggest that advocacy and policy change may be needed in order to see improvements. (Information taken from the Community Themes and Strengths Assessment, Focus Groups.) The Forces of Change Assessment identified several factors and trends that may only be improved with policy change. Some of the factors affecting public health were the 78th Texas Legislative Session, the projected State budget shortfall, the uneven distribution of medical providers in the community, the slow economy, and the limited water supply. Some of the trends affecting public health were the shift in public health funding to readiness, the growing economic and health disparities, the rapidly increasing health and medical malpractice insurance costs, the increasing support for a smoking ban, and the increasing prevalence of chronic illnesses. These factors and trends each have public policy implications, and the “Public Policy” Committee of the Alliance has an opportunity to develop a coordinated process to educate public health partners, as well as leverage support for change.

Rationale: “How do we track change?”

Based on the MAPP assessments, the Alliance identified a need to improve the sharing and dissemination of health data within San Antonio and Bexar County. The Community Health Status Assessment, although thorough, lacked important morbidity and behavioral health data. In addition, the sharing of data between organizations was limited. This led the Alliance to identify data tracking and data sharing as a high priority for the future. The Local Public Health System Assessment identified several strengths and weaknesses in the carrying out of the essential public health services in the community. Some of the weaknesses included community partnerships, fostering innovation, and evaluation of the local public health system. These weaknesses could each be improved upon with coordinated data tracking. In order to achieve this, the “Track Change” Committee seeks to establish a data warehouse of community health indicators. This would encourage active partnerships, creative and innovative technology, and would offer several opportunities to better evaluate the public health system.

Rationale: “How do we encourage healthy lifestyles?”

Encouraging Healthy Lifestyles was determined to be a high priority health issue based on the results of the MAPP assessments. The 2002 Community Health Assessment¹ measured twelve indicators of healthy lifestyles. Key findings from this assessment identified that San Antonians need to get more physically active and lose weight. Assessment results reported that twenty-five percent of Bexar County residents are obese, and that exercise and food choices are areas for improvement. According to the 2001 Annual Health Profiles Report², the five leading causes of death for adults age 45 and older in Bexar County include cancer, heart disease, diabetes, cerebrovascular disease, and chronic liver disease. (These findings were consistent in the 2002 Health Profiles as well.) These chronic diseases are often associated with unhealthy lifestyle choices, such as poor nutrition and lack of physical activity. The problem of unhealthy lifestyles is also an issue for children, as Bexar County has seen an increase in the incidence of Type 2 Diabetes in children. The Community Themes and Strengths Assessment, an assessment of

Bexar County resident opinions, identified *Obesity* as the most important risk behavior facing the community. In addition, residents of Bexar County identified *Diabetes* as the most important health problem in our community. The Local Public Health System Assessment identified several strengths that could support this priority. Some of the strengths included the availability of health promotion and health education activities, and the identification of populations with barriers to the system. This finding reinforces that there is infrastructure in place to support this priority issue, and ensures that programs can be tailored appropriately to the groups with the greatest need.

Rationale: “How do we promote a sense of community?”

“Creating a sense of community” was identified as a high priority issue based on several findings in the Community Themes and Strengths Assessment, as well as the Forces of Change Assessment. Creating a sense of community requires a shared set of values and behavior standards, neighborliness and a commitment to the common good. Volunteerism is another indicator important in creating a sense of community. The Community Themes and Strengths Assessment found that 47% of survey respondents reported no monthly volunteerism or just 1-5 hours of volunteer time. When asked whether or not there were networks of support for individuals and families within their community, 41% of survey respondents reported “strongly no”, “no”, or “neutral”. When residents were asked whether they individually and collectively can make the community a better place, 63% reported “strongly no”, “no”, or “neutral”. Most importantly, when residents were asked if there was an active sense of civic responsibility and engagement, and civic pride in shared accomplishments, 60% reported “strongly no”, “no”, or “neutral”. Two major theme sets emerged from the focus group discussions that relate to creating a sense of community. First, the need to create a sense of community was evident when public health partners reported that people who need services, such as the poor, are not treated with respect by health care personnel/professionals. The second theme recognized that people could participate in the life of the community if they look for opportunities. As reported in the Forces

of Change Assessment, there has been an “erosion of community spirit”. In addition, continued high immigration from Latin America, and movement of public housing from the inner city to higher socioeconomic areas may further strain the sense of community in the future.

Rationale: “How do we assure access to care?”

Access to health care was identified as a priority issue following the completion of the MAPP assessments. The Community Health Status Assessment identified several challenges facing the community related to access to care. The challenges identified include: improving access to care, eliminating health disparities, preventing chronic diseases, discouraging risk-taking behaviors, reducing teenage pregnancy, and promoting healthy lifestyles. The Forces of Change Assessment also identified several factors and trends that lead to a lack of access to health care. The factors identified were the large segment of the population with low wages and without health care, the uneven distribution of medical providers in the community, and the inappropriate use of the emergency rooms for care. The trends identified were the growing economic and health disparities, the inadequate funding for mental health, the rapidly increasing health and medical malpractice insurance costs, and the decreasing health literacy. Each of these could be improved with better access to health care services. The Local Public Health System Assessment identified three weaknesses related to the problem of access to care. The weaknesses include identifying the personal health service needs of the population, assuring linkage of people to personal health services, and the evaluation of personal health services. During focus group discussions, three major theme sets emerged related to access to care. The first theme stated that although we have some of the best resources and health care services, there are many segments of the population that cannot take advantage of them. The second theme stated that a lack of money prevents or limits the kind of health care services a person can receive. In fact, the 2002 Community Health Assessment¹ reported that 19.6% of individuals in San Antonio and Bexar County do not have health insurance, and approximately 17.3% of individuals in San Antonio were below the poverty level. The third theme stated that the people who need services, such as the poor, are not treated

with respect by health care personnel/professionals. Each of these themes speaks to the complexity of the problem of access to care, and solutions will require a collaborative approach.

Rationale: “How do we provide a safe environment?”

Providing a safe environment was determined to be a high priority based on several of the MAPP Value Statements, and the results of the Forces of Change Assessment. The following Value Statements, which were established to guide the MAPP process, highlight important environmental health concerns. Value Statement 7 - All residents have a right to personal safety, both inside and outside the home. Value Statement 8 - Air, water and food in our environment will meet or exceed Federal standards. Value Statement 10 - All residents should have a clean, uncrowded, appropriately ventilated, and structurally sound place to live that is conducive to good health. Value Statement 13 - Our community supports the principle of environmental justice-the belief that no population should be forced to shoulder a disproportionate burden of negative health and environmental impacts of pollution or other environmental hazards. The Forces of Change Assessment identified events, trends and factors that have had a negative environmental impact on our community. The events are the terrorist attacks, the war on terrorism, the smallpox threat, the West Nile Virus, Mad Cow Disease, and Foot and Mouth Disease. The trends are the limited water supply, and the declining local air quality. The factor identified is the significant number of older homes with lead based paint in our community.

Several of the ideas represented in the CHIP required additional resources. In addition, the Alliance lacked formal governance and structure to adequately support the committees. As the committees moved into the Action Cycle, this became a threat to their sustainability. The Alliance began to explore ways to improve its infrastructure. The Alliance began discussions with the Bexar County Community Health Collaborative (BCCHC), a local not-for-profit organization comprised primarily of local hospital systems, to explore ways of working together. The BCCHC and the Alliance are both dedicated to community health assessment and planning,

and often had overlapping initiatives, however they differ in membership and structure. In order to explore the possibilities of working closer together, a task force was established including representatives from each. Over the course of eight months, the task force developed a proposal to merge. The strengths and differences of the two organizations can be viewed side by side in ***Table 3: A Merger of Two Strong Organizations***. The proposal recommended that the Alliance and BCCHC become “The Health Collaborative: An Alliance for Community Health Improvement”, a new not-for-profit organization that will bring together grassroots organizations, public health, and the healthcare systems to maximize resources. In addition, the new organization would provide structure, governance, membership and funding to ensure a sustainable future for community health improvement. The proposed merge is scheduled to take place in 2005.

The MAPP process has resulted in several initiatives, all of which are currently under development. The first new initiative is the development of an interactive web-based community health monitoring system. The Alliance envisions a relational database of indicators searchable by geography. This involves the identification of available community health indicators, and the development of a website to host the indicators. The identification of the indicators is nearly complete, and the development of the host website is currently underway. Another initiative is the development of the Community Health Environmental Coalition (CHEC). The CHEC has been established to carry out the PACE-EH⁴ process, and is expected to complete PACE-EH in 2005. The PACE-EH process plans to address the dangers of home toxins through education and outreach. Another new initiative is the development of a series of trainings on advocacy, health care, and legislation. The Public Policy committee has taken on this initiative, and has already conducted the first event entitled, “Symposium on the State of Health Care and Legislation in Texas”. This symposium highlighted the impact of state legislative decisions on health care in San Antonio. The Public Policy committee currently has plans to continue the series with a

future training on advocacy in relation to state and local politics. Finally, the MAPP process has initiated the possibility of establishing a new not-for-profit organization dedicated to community health improvement in San Antonio and Bexar County. The new organization, a merge between the Alliance and the BCCHC, will continue using the MAPP process to guide health improvement efforts.

Discussion

San Antonio's MAPP experience has been successful overall in bringing together the public health system partners, and establishing public health priorities collectively. Never before had the SAMHD brought together so many public health partners in a sustained effort toward community health improvement. The Alliance and its committees have maintained long term working relationships, and plan to continue in order to secure the resources necessary to carry out the community health improvement plan. The MAPP process has resulted in the development of many new initiatives, such as an interactive on-line community health data warehouse for Bexar County, a Community Health Environmental Coalition, and a partnership of public policy experts that will train the public health system partners on advocacy and health policy. In addition, the MAPP process has given credibility to the Alliance, and helped leverage the merge with the BCCHC, which will establish a new not-for-profit organization dedicated to community health improvement in San Antonio and Bexar County.

San Antonio's MAPP process also faced many obstacles in implementation. The limited staff and lack of funding made it difficult to maintain day-to-day operations of the Alliance and the committees. The large number of strategic issues and the broad nature of each issue became overwhelming to the Alliance and the committees. The lack of formal structure within the Alliance made it difficult to secure additional funding to sustain itself, and the organizational and political barriers within the public health system have challenged the development and sustainability of the MAPP initiatives.

Although these obstacles have challenged MAPP implementation, the SAMHD and the public health system partners endured. The MAPP process brought greater visibility to the many community health challenges facing the community, and highlighted the important community assets that are often overlooked. It introduced a new technique for public health planning, and enlisted the support of the many partners within the public health system. Most importantly it highlighted the importance a community health improvement planning, and opened the door to many partnership opportunities in the future.

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Table 1: Alliance for Community Health in San Antonio and Bexar County

Member Organizations

Alamo Area Council of Governments	Metropolitan Planning Organization
Alamo Breast Cancer Foundation	Mission Road Development Center
American Cancer Society	Mexican American Physicians Assoc.
American Diabetes Association	Our Lady of the Lake University
American Heart Association	Parent-Child, Inc.
Any Baby Can	Physicians Management Services
Archdiocese of San Antonio	Presa Real
Avance San Antonio	San Antonio Metropolitan Ministries
Barrio Comprehensive Family Health Care Center	San Antonio Area Foundation
Cancer Therapy & Research Center	San Antonio College
Catholic Charities of San Antonio	San Antonio Making Connections
Center for Health & Environmental Justice	San Antonio Metropolitan Health District
Child Guidance Center	San Antonio Neighbors Together
CHRISTUS Santa Rosa Health Care	San Antonio Public Library
City of San Antonio Environmental Services	San Antonio Water Systems
City Public Service	South San ISD
City of San Antonio Emergency Medical Service	Southwest Mental Health Center
Daughters of Charity San Antonio	Texas Department of Health–Region 8
Edgewood ISD	United States Air Force
Edwards Aquifer Authority	United Way of San Antonio & Bexar County
El Centro del Barrio	University Health System
Family Service Association of San Antonio	University of Texas at San Antonio
Greater SA Chamber of Commerce	University of Texas Health Science Center at Houston, School of Public Health
Greater SA Hospital Council, Inc.	University of Texas Health Science Center at San Antonio
The Health Collaborative	
Jefferson Neighborhood Association	University of the Incarnate Word
Mental Health Association in Greater San Antonio	Veterinary Medical Assoc. of Bexar County
Methodist Health Care Ministries	VIA Metropolitan Transit
Methodist Health Care System	Western Hills Christian Church

Table 2: Consensus Workshop to Define the Issue of Access to Care

Workshop Question: What are the primary reasons that a large part of the population in our community is not receiving health care services?

Fear of the Unknown	Provider Created Gaps	Economic Factors	Complexity of the System	Competing Priorities of the consumer	Special Needs not Addressed (Patient)	Rural Strain on System
<ul style="list-style-type: none"> • Fear – No problem as long as it isn't detected 	<ul style="list-style-type: none"> • Long waiting time • After hour services not available • Lack of communication between provider and client 	<ul style="list-style-type: none"> • Under-insured • Cost of care • No insurance • Undocumente d -cannot qualify for indigent programs • Money • Undocumente d and public charge 	<ul style="list-style-type: none"> • Uneducated about services provided • Lack of education • Don't know how to access • Difficulty in understanding Medicaid/CHIP • Lack of understanding the importance • Intimidation - \$\$ - past experience 	<ul style="list-style-type: none"> • Health care is a low priority • Not a priority - unless acute • Multiple priorities • Have to work, no time • Other life issues more important 	<ul style="list-style-type: none"> • Person or Parent is mentally ill/ & de-institutionalized • Substance Abuse problem 	<ul style="list-style-type: none"> • Out of county – no services available in rural areas

Table 3: A Merger of Two Strong Organizations

The Alliance for Community Health

- A coalition of local organizations working to develop and implement a community health improvement plan for San Antonio and Bexar County.
- Organized and facilitated by the San Antonio Metropolitan Health District.
- Includes broad community participation, such as community clinics, non-profits, faith-based organizations, neighborhood associations, local foundations, hospital systems, school districts, universities, and the City of San Antonio.
- Follows a nationally recognized strategic planning process called Mobilizing for Action Through Planning and Partnerships (MAPP).
- Performs a series of community health assessments to guide strategic planning.
- Relies on public health partners and community members as decision makers.
- Addresses a variety of strategic health issues based on the recommendations of the Alliance members.
- Creates ownership for public health issues within the community.
- Participation open to any individual or organization interested.

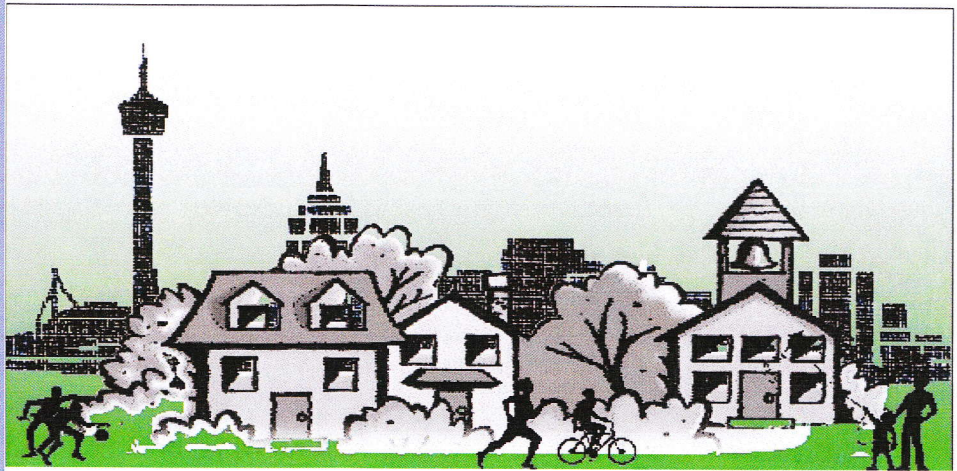
The Health Collaborative

- A collaboration among public and private health-related organizations working to assess and improve the health status of the residents in Bexar County.
- Has established 501(c)3 status
- Garners diverse and stable funding.
- Has organizational and staffing infrastructure.
- Has committed strategic and funding partners.
- Demonstrates sustainability.
- Benefits from senior executive community leadership.
- Focuses resources on a small number of targeted issues.

Community Health Improvement Plan

Community Health Vision

A safe, healthy and educated community in which all individuals can achieve their optimum physical, cultural, social, mental and spiritual health- today, tomorrow, and *en el futuro*.



Mission

The Alliance for Community Health in San Antonio and
Bexar County

To promote good health and quality of life for all Bexar County residents by:

- Preventing and controlling disease, injury, and disability,
- Encouraging healthy behaviors and lifestyles,
- Protecting the environment, and
- Assuring accessible, affordable and effective health care, through the efficient utilization of available resources.

For More Information Contact :

San Antonio Metropolitan Health District
332 West Commerce
San Antonio, Texas 78205

Phone: 210-207-6030

Fax: 210-207-8999

Email: kshields@sanantonio.gov

COMMUNITY HEALTH IMPROVEMENT PLAN

ALLIANCE FOR COMMUNITY HEALTH IN SAN ANTONIO AND BEXAR COUNTY (ALLIANCE)

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**MOBILIZING FOR ACTION THROUGH
PLANNING AND PARTNERSHIPS**

STRATEGIC ISSUE: HOW DO WE AFFECT PUBLIC POLICY?

Rationale: The Local Public Health System Assessment identified “public health policy development” as a weakness within San Antonio’s public health system. In addition, many of the public health challenges identified in the other MAPP assessments require solutions that are dependent on policy change. This prompted the Alliance to designate “public policy” as a high priority strategic issue. When residents of San Antonio and Bexar County were asked to identify major issues impacting the health and well being of the community, the following theme sets were reported.

- The need for a living wage for poor people and higher minimum wage for young people.
- The geographic and socioeconomic dividing line through the center of the county.
- The lack of adequate resources for mental health and the inappropriate use of the criminal justice system.
- The large segment of the population without access to health care.

These findings suggest that advocacy and policy change may be needed in order to see improvements. (Information taken from the Community Themes and Strengths Assessment, Focus Groups) The Forces of Change Assessment identified several factors and trends that may only be improved with policy change. Some of the factors affecting public health were the 78th Texas Legislative Session, the projected State budget shortfall, the uneven distribution of medical providers in the community, the slow economy, and the limited water supply. Some of the trends affecting public health were the shift in public health funding to readiness, the growing economic and health disparities, the rapidly increasing health and medical malpractice insurance costs, the increasing support for a smoking ban, and the increasing prevalence of chronic illnesses. These factors and trends each have public policy implications, and the “Public Policy” Committee of the Alliance has an opportunity to develop a coordinated process to educate public health partners, as well as leverage support for change.

Committee Chairperson – Ed Codina (Methodist Health Care Ministries)

Co-Chairperson – Kay Peck (Scientific Marketing LLC)

Members – Cam Messina (Voices for Children), Dale Eastman (Alamo Breast Cancer Foundation), Dawn Dixon (Any Baby Can), Dennis Thomson (Alamo Breast Cancer Foundation), Holly Cassells (University of the Incarnate Word), Gary McWilliams (University Health System), Jason Mata, Jennifer Billbrey (Planned Parenthood), Kathy Geurink (University of Texas Health Science Center at San Antonio), Magda de le Torre (University of Texas Health Science Center at San Antonio), Mary McGehee (University of Texas at San Antonio), Pete Monod (Archdiocese of San Antonio), Ruth Stewart (Community Member), Toni Van Buren (United Way), Vicki Perkins (CHRISTUS Santa Rosa Health Care), Yolanda Cantu (University of Texas Health Science Center at San Antonio)

Short Term Goals (1 year)

Goal 1 – By December 31, 2004, the “Public Policy” Committee will develop and implement a process for disseminating important policy information to the members of the Alliance.

Short Term Objectives (1 year)

Objective 1.1 – By December 31, 2004, the “Public Policy” Committee will develop and maintain an electronic bulletin of important policy issues at the local, state, and federal level to be distributed to Alliance members.

Objective 1.2 – By December 31, 2004, the progress of the “Public Policy” Committee will be documented and posted quarterly on the San Antonio Metropolitan Health District, MAPP website.

Objective 1.3 – By December 31, 2004, the “Public Policy” Committee will develop a process for providing technical assistance and support to community health partners on public health policy issues.

Objective 1.4 – By December 31, 2004, the “Public Policy” Committee will compile a referral list of local health advocacy groups to be distributed to community health partners.

Goal 2 – By December 31, 2004, the “Public Policy” Committee will coordinate at least one training opportunity related to health policy advocacy or development to community health partners in San Antonio and Bexar County.

Long Term Goals (3 year)

Goal 3 – By December 31, 2006, engage the *Alliance* in advocating and/or endorsing policy issues which support the Vision and Values of the Alliance.

Goal 4 – By December 31, 2006, the “Public Policy” Committee will develop a proactive process for identifying a platform of policy issues for the Alliance to support each year. (Open to local, state, and national policy issues)

Goal 5 – By December 31, 2006, the Alliance will assist local organizations in developing advocacy plans in support of community health policy issues.

Evaluation Plan:

- The “Public Policy” Committee will track policy-related correspondence to the Alliance and other community health partners.
- The “Public Policy” Committee will produce a flow chart outlining the process for receiving technical assistance from the committee.
- The “Public Policy” Committee will produce a list of local health advocacy groups to distribute when appropriate.
- The “Public Policy” Committee will track attendance at all committee sponsored training events.



STRATEGIC ISSUE: HOW DO WE TRACK CHANGE?

Rationale: Based on the MAPP assessments, the Alliance identified a need to improve the sharing and dissemination of health data within San Antonio and Bexar County. The Community Health Status Assessment although thorough, lacked important morbidity and behavioral health data. In addition, the sharing of data between organizations was limited. This led the Alliance to identify data tracking and data sharing as a high priority for the future. The Local Public Health System Assessment identified several strengths and weaknesses in the carrying out of the essential public health services in the community. Some of the weaknesses included community partnerships, fostering innovation, and evaluation of the local public health system. These weaknesses could each be improved upon with coordinated data tracking. In order to achieve this, the “Track Change” Committee seeks to establish a data warehouse of community health indicators. This would encourage active partnerships, creative and innovative technology, and would offer several opportunities to better evaluate the public health system.

Committee Chairperson – Steve Blanchard (Our Lady of the Lake University)

Members – Tony Arrey (City of San Antonio, Dept. of Community Initiatives), John Berlanga (San Antonio Metropolitan Health District), Mary Ellen Burns (United Way), David Cappelli (University of Texas Health Science Center at San Antonio), Rachel Harris (El Centro del Barrio), Richard Harris (University of Texas at San Antonio), Bruce Jennings (University Health System), Mary McGehee (University of Texas at San Antonio), Dennis Moreno (City of San Antonio, Dept. of Community Initiatives), David Neathery (University Health System), Elaine Neenan (University of Texas Health Science Center at San Antonio), Kay Peck (Scientific Marketing LLC), Nicole Rogers (San Antonio Metropolitan Health District), Bill Spears (University of Texas at Houston, School of Public Health), Jane Steffensen (University of Texas Health Science Center at San Antonio), Griselda Stevenson (Texas Department of Health)

Long Term Goal (3 year)

Goal 1: By December 31, 2006, establish an on-line warehouse of community health data for San Antonio and Bexar County.

Long Term Objective (3 year)

Objective 1.1: By December 31, 2006, the “Track Change” Committee will establish partnerships with existing community based organizations to support the development of the data warehouse. (Organizations such as the Alamo Area Information System-AACIS)

Short Term Objectives (1 year)

Objective 1.2: By June 30, 2004, the “Track Change” Committee will adopt or develop a conceptual framework to guide the development of the data warehouse.

Objective 1.3: By June 30, 2004, the “Track Change” Committee will conduct an inventory of existing community health data indicators for San Antonio and Bexar County, and will select a list of community health indicators to be included in the data warehouse for a community health report card.

Long Term Goal (3 year)

Goal 2: By December 31, 2006, the Alliance will serve as an advisory council for organizations conducting community health assessments, and data tracking projects in San Antonio and Bexar County.

Long Term Objective (3 year)

Objective 2.1: The “Track Change” Committee will serve as advisors to The Health Collaborative in developing the 2006 Community Health Assessment.

Evaluation Plan:

- The “Track Change” Committee will document progress toward the development of the community health data warehouse.
- The “Track Change” Committee will produce a list of appropriate indicators to include in the data warehouse.
- The “Track Change” Committee will develop an on-line data warehouse, and an on-line community health report card.
- The “Track Change” Committee will document all presentations made to prospective partners.
- The “Track Change” Committee will make recommendations during the development of the Health Collaborative’s “2006 Community Health Assessment”.



STRATEGIC ISSUE: HOW DO WE ENCOURAGE HEALTHY LIFESTYLES?

Rationale: Encouraging Healthy Lifestyles was determined to be a high priority health issue based on the results of the MAPP assessments. The Health Collaborative's 2002 Community Health Assessment measured twelve indicators of healthy lifestyles. Key findings from this assessment identified that San Antonians need to get more physically active and lose weight. Assessment results reported that twenty-five percent of Bexar County residents are obese, and that exercise and food choices are areas for improvement. According to the 2001 Health Profiles, the five leading causes of death for adults age 45 and older in Bexar County include cancer, heart disease, diabetes, cerebrovascular disease, and chronic liver disease. (These findings were consistent in the 2002 Health Profiles as well.) These chronic diseases are often associated with unhealthy lifestyle choices, such as poor nutrition and lack of physical activity. The problem of unhealthy lifestyles is also an issue for children, as Bexar County has seen an increase in the incidence of Type 2 Diabetes in children. The Community Themes and Strengths Assessment, an assessment of Bexar County resident opinions, identified *Obesity* as the most important risky behavior facing the community. In addition, residents of Bexar County identified *Diabetes* as the most important health problem in our community. The Local Public Health System Assessment identified several strengths that could support this priority. Some of the strengths included the availability of health promotion and health education activities, and the identification of populations with barriers to the system. This finding reinforces that there is infrastructure in place to support this priority issue, and ensures that programs can be tailored appropriately to the groups with the greatest need.

Committee Members:

Anna Caballero McAndrew (American Cancer Society), Anne Connor (Methodist Healthcare Ministries), Eva Wedholm (Avance), Gloria Johnson (San Antonio Metropolitan Health District), Joan Miller (Bexar County Community Health Collaborative), July Moreno de Lopez (American Heart Association), Lady Romano (San Antonio Area Foundation), Marianne Kestenbaum (Smart Growth San Antonio), Mike Farrell (USAF, Brooks AFB), Pam Williams (San Antonio Metropolitan Health District), Scott Ericksen (Metropolitan Planning Organization), Sharon Shumpert (San Antonio Metropolitan Health District), Sue Cunningham (University of Texas Health Science Center at San Antonio), Virginia Mika (UTHSCSA)

Short Term Goals (1 year)

Goal 1: By December 31, 2004, develop a marketing/educational message on healthy lifestyle behaviors, and develop an appropriate dissemination plan.

Goal 2: By December 31, 2004, partner with the Bexar County Community Health Collaborative to mobilize resources to encourage environmental improvements* that support physical activity.

Short Term Objectives (1 year)

Objective 2.1: By December 31, 2004, partner with the Bexar County Community Health Collaborative to develop a committee of community partners focused on planning for environmental improvements that support physical activity.

Objective 2.2: By December 31, 2004, conduct at least four meetings of the committee for environmental improvements for physical activity.

Objective 2.3: Encourage at least 2 committee members to participate in the Metropolitan Planning Organization's (MPO) long term transportation planning process to encourage environmental improvements in the current transit system, to be completed by December 31, 2004.

(**Environmental improvements* include but are not limited to building adequate sidewalks, developing bicycle and pedestrian infrastructure, and increasing community parks.)

Long Term Goal (3 year)

Goal 3: Develop a long-term action plan addressing environmental improvements for physical activity to be in place by December 31, 2006.

Evaluation Plan:

- The committee will produce a marketing/educational message on healthy lifestyle behaviors, and will develop a marketing/dissemination plan.
- The Alliance will partner with the Bexar County Community Health Collaborative's Fit City/Fit Schools initiative to develop and coordinate a committee of community partners focused on planning for environmental improvements that support physical activity.
- The committee will document all progress during its development.
- The committee will produce a long-term action plan addressing environmental improvements that support physical activity.



STRATEGIC ISSUE: HOW DO WE PROMOTE A SENSE OF COMMUNITY?

Rationale: “Creating a sense of community” was identified as a high priority issue based on several findings in the Community Themes and Strengths Assessment, as well as the Forces of Change Assessment. Creating a sense of community requires a shared set of values and behavior standards, neighborliness and a commitment to the common good. Volunteerism is another indicator important in creating a sense of community. The Community Themes and Strengths Assessment found that 47% of survey respondents reported no monthly volunteerism or just 1-5 hours of volunteer time. When asked whether or not there were networks of support for individuals and families within their community, 41% of survey respondents reported “strongly no”, “no”, or “neutral”. When residents were asked whether they individually and collectively can make the community a better place, 63% reported “strongly no”, “no”, or “neutral”. Most importantly, when residents were asked if there was an active sense of civic responsibility and engagement, and civic pride in shared accomplishments, 60% reported “strongly no”, “no”, or “neutral”. Two major theme sets emerged from the focus group discussions that relate to creating a sense of community. First, the need to create a sense of community was evident when public health partners reported that people who need services, such as the poor, are not treated with respect by health care personnel/professionals. The second theme recognized that people could participate in the life of the community if they look for opportunities. As reported in the Forces of Change Assessment, there has been an “erosion of community spirit”. In addition, continued high immigration from Latin America, and movement of public housing from the inner city to higher socioeconomic areas may further strain the sense of community in the future.

Committee Chairperson –Rick Doucette (Archdiocese of San Antonio, Office of Social Concerns)

Members – Barbie Hernandez (Mexican American Physician Association), Bill Spears (School of Public Health), Bob Martindale (SMM Ministries), Esther Cantu (United Way), Franki Martin (Presa Real), Jessica Schroyer, Lee McDonough (San Antonio Metropolitan Health District), Magda de la Torre (University of Texas Health Science Center at San Antonio), Nicole Rogers (San Antonio Metropolitan Health District), Ron Morales (San Antonio Making Connections), Roberta Sparks (San Antonio Library), Stephanie Keller (UTSA-Dept. of Psychology)

Short Term Goals (1 year)

Goal 1: By December 31, 2004, identify strategies to develop a sense of community.

Short Term Objectives (1 year)

Objective 1.1: By December 31, 2004, identify the components of a supportive community.

Sub-Objective 1.1.a: Participate in a consensus workshop in order to specify the resources, skills, and capacities needed to support a strong sense of community.

Objective 1.2: Develop a vision statement outlining the identified components of a supportive community.

Objective 1.3: Develop a process that involves the community in prioritizing needs.

Sub-Objective 1.3.a: Define the community to be addressed.

Sub-Objective 1.3.b: Determine the community’s capacity to develop a sense of community by creating an asset map of the community’s individual, organizational, and institutional resources and strengths.

Sub-Objective 1.3.c: Define the goals, objectives, and scope of a community-based assessment.

Sub-Objective 1.3.d: Develop assessment tool(s) and techniques for soliciting community input on what provides a sense of community.

Objective 1.4: Develop a process that focuses resources effectively.

Sub-Objective 1.4.a: Create issue profiles through adopting a standardized format or organizing the assessment information and developing a summary statement for each issue identified.

Sub-Objective 1.4.b: Rank the issues using defined ranking criteria.

Sub-Objective 1.4.c: Set priorities for action based on feasibility and current community capacity.

Goal 2: By December 31, 2004, identify and assess target partners to assist in promoting a sense of community.

Short Term Objectives (1 year)

Objective 2.1: By December 31, 2004, create a set of criteria to be used to identify organizations interested in partnering with MAPP to promote a sense of community.

Objective 2.2: By December 31, 2004, construct a list of organizations that may be interested in partnering with MAPP to promote a sense of community.

Objective 2.3: By December 31, 2004, contact organizations to see if they meet the established criteria and are interested in partnering with MAPP to promote a sense of community.

Objective 2.4: By December 31, 2004, develop a statement of why the business community would benefit from being partners with MAPP to promote a sense of community.

Objective 2.5: By December 31, 2004, develop list of how the business community could benefit from being partners with MAPP to promote a sense of community.

Objective 2.6: By December 31, 2004, identify a group of 4 to 6 potential business partners willing to partner with MAPP to promote a sense of community.

Objective 2.7: By December 31, 2004, work with business partners to establish how business partners can be involved and benefit from partnering with MAPP to promote a sense of community.

Objective 2.8: By December 31, 2004, develop a statement of why the faith community would benefit from being partners with partnering MAPP to promote a sense of community.

Objective 2.9: By December 31, 2004, develop list of how the faith community could benefit from being partners with partnering MAPP to promote a sense of community.

Objective 2.10: By December 31, 2004, identify a group of 4 to 6 potential faith community partners

willing to partner with MAPP to promote a sense of community.

Objective 2.11: By December 31, 2004, work with business partners to establish how faith community partners can be involved and benefit from partnering with MAPP to promote a sense of community.

Evaluation Plan:

- The committee will produce a vision statement outlining the components of a supportive community.
- The committee will produce criteria to help identify interested organizations.
- The committee will construct a list of possible business partners and religious partners.
- The committee will develop a list of reasons why the business community and the religious community would benefit from partnering with MAPP.
- The committee will develop a plan for how the business community and the religious community can partner with MAPP.



STRATEGIC ISSUE: HOW DO WE ASSURE ACCESS TO CARE?

Rationale: Access to health care was identified as a priority issue following the completion of the MAPP assessments. The Community Health Status assessment identified several challenges facing the community related to access to care. The challenges identified include, improving access to care, eliminating health disparities, preventing chronic diseases, discouraging risk-taking behaviors, reducing teenage pregnancy, and promoting healthy lifestyles. The Forces of Change Assessment also identified several factors and trends that lead to a lack of access to health care. The factors identified were the large segment of the population with low wages and without health care, the uneven distribution of medical providers in the community, and the inappropriate use of the emergency rooms for care. The trends identified were the growing economic and health disparities, the inadequate funding for mental health, the rapidly increasing health and medical malpractice insurance costs, and the decreasing health literacy. Each of these could be improved with better access to health care services. The Local Public Health System Assessment identified three weaknesses related to the problem of access to care. The weaknesses include, identifying the personal health service needs of the population, assuring linkage of people to personal health services, and the evaluation of personal health services. During focus group discussions, three major theme sets emerged related to access to care. The first theme stated that although we have some of the best resources and health care services, there are many segments of the population that cannot take advantage of them. The second theme stated that a lack of money prevents or limits the kind of health care services a person can receive. In fact, the Health Collaborative's 2002 Community Health Assessment reported that 19.6% of individuals in San Antonio and Bexar County do not have health insurance, and the 2001 Community Health Status Assessment, reported that approximately 17.3% of individuals in San Antonio were below the poverty level. The third theme stated that the people who need services, such as the poor, are not treated with respect by health care personnel/professionals. Each of these themes speaks to the complexity of the problem of access to care, and solutions will require a collaborative approach.

Committee Members: Ana Maria Garza (El Centro del Barrio), Carol Silvas (CHRISTUS Santa Rosa), Catherine Ozer (Mental Health Association), Christy Gonzalez (Physicians Management Services), Dawn Kelly (Health Start), Debbora Thompson (Barrio Comprehensive Family Health Care Center), Dr. Ann Burgardt (City of San Antonio, EMS), Juanita Simmons (University Health System-CareLink), Kari Rusk (Services by Vital Signs), Kay Chiodo (Services by Vital Signs), Larry Mejia (Daughters of Charity San Antonio), Lisa Black (Mental Health Association), Martin Acevedo (Texas Lawyers Committee), Nancy Offill (UTMB), Randy Hyde (Methodist Healthcare Ministries, Dixon Clinic), Rita Ayala (Community First Health Plans), Rita Macias (SAMHD Immunizations Division), Ron Morales (Making Connections San Antonio), Sr. Michele O'Brien (CHRISTUS Santa Rosa), Suzanna Garza (SAMHD), Terri Jones

Short Term Goals (1 year)

Goal 1: By December 31, 2004, develop and maintain a committee of community health partners to address access to care issues specific to San Antonio and Bexar County.

Goal 2: By December 31, 2004 collaborate with the Public Policy committee to coordinate at least one training opportunity related to health policy and access to care, in order to educate and inform community health partners of the complex issue of access to care.

Long Term Goals (3 year)

Goal 3: By December 31, 2006 support and collaborate with public health partners on efforts to identify and pursue grant funding to address access to health care services in San Antonio and Bexar County.

STRATEGIC ISSUE: HOW DO WE PROVIDE A SAFE ENVIRONMENT?

Rationale: The Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) is a process that includes the creation of a community-based environmentally concerned coalition that can perform multi-level interventions, profile the community's environmental health status, develop and prioritize action plans to address environmental concerns, and ultimately address the existing environmental gaps in environmental health for San Antonio. The PACE-EH process is carried out through the creation of a Community Health Environmental Coalition (CHEC). Through the CHEC, the City of San Antonio will be better prepared to address the community's environmental health concerns by maximizing community participation and ownership, maintaining an environmental health focus in San Antonio, and committing multi-organizational resources to the CHEC efforts as needed. The role of CHEC is to provide direction and guidance in pursuit of enhancing the environmental health situation in San Antonio and thus improve the quality of life of life for all. This can be done by collaboratively defining project focus and target areas, assigning a Community Environmental Health Assessment Team (CEHA), and working together in implementing, evaluating, and re-directing the project's strategies.

CHEC Members:

Sam Sanchez, R. S. (San Antonio Metropolitan Health District), Geary Schindel, P. G. (Edward's Aquifer Authority), Catherine Rainwater, PhD (Our Lady of the Lake University, Department of Biology), Justin Rodriguez (Jefferson Neighborhood Association), Liza Meyer (Help Keep San Antonio Beautiful, Inc.), Rebecca Gray (American Lung Association), Darrell Glasscock (San Antonio Housing Authority), Adria Bodour, PhD (University of Texas at San Antonio, Department of Environmental Sciences), Kenneth Beasley (San Antonio Water System), Michael Charlton, PhD, CHP, CSP, CHMM (University of Texas Health Science Center at San Antonio, Department of Environmental Health and Safety), Jerry Morrissey (Sierra Club Alamo Group), Tony Arrey (Department of Community Initiatives), Kathy Shields, CHES (San Antonio Metropolitan Health District).

Short-term Goals (1 year)

Goal 1: To collaboratively define needed community capacity and target area(s) of intervention by November 2004.

Objective 1.1: To complete Task 1 (Determine Community Capacity) of the PACE-EH process by January 2004.

Objective 1.2: To complete Task 2 (Define and Characterize the Target Community) of the PACE-EH process by May 2004.

Goal 2: To assemble the information needed to successfully develop a Community-based Environmental Health Assessment (CEHA) by November 2004.

Objective 2.1: To complete Task 3 (Assemble a CEHA Team) of the PACE-EH process by November 2004.

Objective 2.2: To complete Task 4 (Define the Goals, Objectives, and Scope of the Environmental Assessment) of the PACE-EH process by November 2004.

Objective 2.3: To complete Task 5 (Generate a List of Environmental Health Issues) of the PACE-EH process by November 2004.

Objective 2.4 To complete Task 6 (Analyze the Environmental Issues with a Systems Framework) of the PACE-EH process by November 2004.

Objective 2.5: To complete Task 7 (Develop Locally Appropriate Indicators) of the PACE-EH process by November 2004.

Objective 2.6: To complete Task 8 (Select Standards Against which Local Status Can Be Compared) of the PACE-EH process by November 2004.

Long-term Goals (2 year)

Goal 3: Implement and analyze the Community-Based Environmental Health Assessment in defined intervention area(s) by November 2005.

Objective 3.1: To complete Task 9 (Create Environmental Issue Profiles and Perform the Environmental Assessment) of the PACE-EH process by November 2005.

Goal 4: Address identified environmental health concerns within the intervention area(s) by November 2005.

Objective 4.1: To complete Task 10 (Rank the Environmental Issues) of the PACE-EH process by November 2005.

Objective 4.2: To complete Task 11 (Set Priorities for Action) of the PACE-EH process by November 2005.

Objective 4.3: To complete Task 12 (Develop Appropriate Action Plan(s)) of the PACE-EH process by November 2005.

Goal 5: Implement an evaluation methodology to monitor the PACE-EH process for the identified intervention area(s) by November 2005.

Objective 5.1: To complete Task 13 (Evaluate Progress and Plan for the Future) of the PACE-EH process by November 2005.

Evaluation Plan:

- The CHEC will document progress towards each task within the PACE-EH process.
- A Community Environmental Health Assessment (CEHA) team will be established.
- The CHEC will produce a list of measurable environmental indicators.
- The CHEC will develop and utilize an environmental database.
- The CHEC will generate Issue Profiles for the specific environmental health issues identified through the PACE-EH process.
- The CHEC will conduct monthly meetings.

Objective 2.3: To complete Task 5 (Generate a List of Environmental Health Issues) of the PACE-EH process by November 2004.

Objective 2.4 To complete Task 6(Analyze the Environmental Issues with a Systems Framework) of the PACE-EH process by November 2004.

Objective 2.5: To complete Task 7 (Develop Locally Appropriate Indicators) of the PACE-EH process by November 2004.

Objective 2.6: To complete Task 8 (Select Standards Against which Local Status Can Be Compared) of the PACE-EH process by November 2004.

Long-term Goals (2 year)

Goal 3: Implement and analyze the Community-Based Environmental Health Assessment in defined intervention area(s) by November 2005.

Objective 3.1: To complete Task 9 (Create Environmental Issue Profiles and Perform the Environmental Assessment) of the PACE-EH process by November 2005.

Goal 4: Address identified environmental health concerns within the intervention area(s) by November 2005.

Objective 4.1: To complete Task 10 (Rank the Environmental Issues) of the PACE-EH process by November 2005.

Objective 4.2: To complete Task 11 (Set Priorities for Action) of the PACE-EH process by November 2005.

Objective 4.3: To complete Task 12 (Develop Appropriate Action Plan(s)) of the PACE-EH process by November 2005.

Goal 5: Implement an evaluation methodology to monitor the PACE-EH process for the identified intervention area(s) by November 2005.

Objective 5.1: To complete Task 13 (Evaluate Progress and Plan for the Future) of the PACE-EH process by November 2005.

Evaluation Plan:

- The CHEC will document progress towards each task within the PACE-EH process.
- A Community Environmental Health Assessment (CEHA) team will be established.
- The CHEC will produce a list of measurable environmental indicators.
- The CHEC will develop and utilize an environmental database.
- The CHEC will generate Issue Profiles for the specific environmental health issues identified through the PACE-EH process.
- The CHEC will conduct monthly meetings.