

Healthy People in Healthy Communities

A Community Planning Guide Using
Healthy People 2010



HEALTHY
PEOPLE
2010



Dear Community Leader:

More than 20 years ago the Nation embarked on a significant journey to make our communities healthier and happier places. Using the HEALTHY PEOPLE Initiative, which began in 1979, we have learned that we can make a difference. The current phase, HEALTHY PEOPLE 2010, has two overarching goals: to increase the quality and years of healthy life of all Americans and to eliminate disparities in health status. Its vision is deceptively simple: Healthy People in Healthy Communities. But to reach these goals, to achieve this vision, we must all work together—individuals and communities alike.

The road to improving health for all is wrought with obstacles. We cannot let our resolve fail. We must continue to work together to make certain the benefits of health are available to all.

This guide is designed to help you—someone who has decided to make your community a healthier place to live. This guide provides information about the steps involved in forming and running a healthy community coalition. It also includes “Strategies for Success,” to help you get activities started in your community, plus resources, references, and a one page ‘quick-aid’ with hints for putting HEALTHY PEOPLE 2010 to work for your community.

I applaud your efforts thus far and challenge you to forge ahead on the journey toward our ultimate destination, becoming an entire Nation of Healthy People.

Sincerely yours,

David Satcher, M.D., Ph.D.
Surgeon General

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Office of Disease Prevention and Health Promotion
Office of Public Health and Science
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U.S. Department of Health and Human Services. *Healthy People in Healthy Communities*.
Washington, DC: U.S. Government Printing Office, February 2001.

I. Is Yours a Healthy Community?

Are the people in your community as healthy and safe as they could be? If not, would you like to change that? This guide can help you make positive changes in your community, whether you are a physician, government official, business owner, truck driver, store clerk, retired person, or almost anybody else.

Indeed, this guide can help you:

Learn how to build and run a healthy community coalition;

Find information about your community on many health problems, such as drug abuse, teen pregnancy, depression, and infectious disease; and

Use HEALTHY PEOPLE 2010 to improve the quality of life of the people in your community.

But, first, take a moment to congratulate yourself. Because deciding to make this kind of change is an important first step to making your community a healthier and happier place in which to live, work, and play. And because *YOU* can make a difference!

What Is a Healthy Community?

A healthy community is one that embraces the belief that health is more than merely an absence of disease; a healthy community includes those elements that enable people to maintain a high quality of life and productivity. For example:

- A healthy community offers access to health care services that focus on both treatment and prevention for all members of the community.
- A healthy community is safe.



- A healthy community has roads, schools, playgrounds, and other services to meet the needs of the people in that community. (These items are often referred to as “infrastructure.”)
- A healthy community has a healthy and safe environment.

What Is HEALTHY PEOPLE 2010?

One tool to help a community create a dynamic vision for its future is HEALTHY PEOPLE 2010. HEALTHY PEOPLE 2010 is a comprehensive set of health objectives to be achieved over the first decade of the century. It is designed to serve as a roadmap for improving the health of all people in the United States. It includes national health promotion and disease prevention goals, objectives, and measures that can help serve as a model for you to develop your own goals and objectives to improve the health of everyone in your community.

Goal 1: Increase Quality and Years of Healthy Life

HEALTHY PEOPLE 2010 seeks to increase life expectancy and quality of life by helping individuals gain the knowledge, motivation, and opportunities they need to make informed decisions about their health. At the same time, HEALTHY PEOPLE 2010 encourages local and State leaders to develop communitywide and statewide efforts that promote healthy behaviors, create healthy environments, and increase access to high-quality health care. Given the fact that individual and community health are often inseparable, it is critical that both the individual and the community do their parts to increase life expectancy and improve quality of life.

Healthy People 2010: Understanding and Improving Health, 2nd Edition, November 2000.

HEALTHY PEOPLE 2010 was developed by citizens from throughout the Nation, in a multiyear process that was coordinated by the U. S. Department of Health and Human Services (HHS). For two decades, HHS has used HEALTHY PEOPLE objectives to improve the health of the American people. HEALTHY PEOPLE 2010 is the third set of health promotion and disease prevention objectives for the Nation.

HEALTHY PEOPLE 2010 is designed to achieve two overarching goals: (1) to increase the quality and years of healthy life and (2) to elimi-

Goal II: Eliminate Health Disparities

HEALTHY PEOPLE 2010 recognizes that communities, States, and national organizations will need to take a multidisciplinary approach to achieve health equity—an approach that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment, as well as data collection itself. However, the greatest opportunities for reducing health disparities are in promoting communitywide safety, education, and access to health care, and in empowering individuals to make informed health care decisions.

HEALTHY PEOPLE 2010 is firmly dedicated to the principle that—regardless of age, gender, race or ethnicity, income, education, geographic location, disability, or sexual orientation—every person in every community across the Nation deserves equal access to comprehensive, culturally competent, community-based health care systems that are committed to serving the needs of the individual and promoting community health.

Healthy People 2010: Understanding and Improving Health, 2nd Edition, November 2000.

nate health disparities. (A health disparity is a gap in the health status of different groups of people, in which one group is healthier than the other group or groups.) These two goals are supported by 467 objectives in 28 focus areas. For details, see www.health.gov/healthypeople/document/tableofcontents.htm.

HEALTHY PEOPLE 2010 also identifies a smaller set of health priorities that reflect 10 major public health concerns in the United States. These 10 topics highlight individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities. Examined together, they constitute a set of “Leading Health Indicators” that provides a snapshot of the health of the Nation and serves to provide guidance and focus for the public, media, and elected officials.

A health disparity is an inequality or gap that exists between two or more groups. Health disparities are believed to be the result of the complex interaction of personal, societal, and, environmental factors.

In a Snapshot...

HEALTHY PEOPLE 2010 identifies a set of health priorities that reflect 10 major public health concerns in the United States. These 10 Leading Health Indicators are intended to help everyone more easily understand the importance of health promotion and disease prevention. Motivating individuals to act on just one of the indicators can have a profound effect on increasing the quality and years of healthy life and on eliminating health disparities—for the individual, as well as the community overall.

Subject/Topic	Public Health Challenge
Physical Activity	Promote regular physical activity.
Overweight and Obesity	Promote healthier weight and good nutrition.
Tobacco Use	Prevent and reduce tobacco use.
Substance Abuse	Prevent and reduce substance abuse.
Responsible Sexual Behavior	Promote responsible sexual behavior.
Mental Health	Promote mental health and well-being.
Injury and Violence	Promote safety and reduce violence.
Environmental Quality	Promote healthy environments.
Immunization	Prevent infectious disease through immunization.
Access to Health Care	Increase access to quality health care.

For more on the Leading Health Indicators, go to <http://www.health.gov/healthypeople/LHI>.

You can select from one or more chapters in *Healthy People 2010* or use the Leading Health Indicators to help shape your own visions of where you want your community to be in the future. These broad visions can help shape your efforts to improve the health of your community.

You can use a variety of techniques, documents, and other resources to help you make a healthy community. This guide will briefly describe some easy-to-understand approaches that can help you get started or help you improve what you have already started.



HEALTHY PEOPLE 2010: 28 Focus Areas

1. Access to Quality Health Services
2. Arthritis, Osteoporosis, and Chronic Back Conditions
3. Cancer
4. Chronic Kidney Disease
5. Diabetes
6. Disability and Secondary Conditions
7. Educational and Community-Based Programs
8. Environmental Health
9. Family Planning
10. Food Safety
11. Health Communication
12. Heart Disease and Stroke
13. HIV
14. Immunization and Infectious Diseases
15. Injury and Violence Prevention
16. Maternal, Infant, and Child Health
17. Medical Product Safety
18. Mental Health and Mental Disorders
19. Nutrition and Overweight
20. Occupational Safety and Health
21. Oral Health
22. Physical Activity and Fitness
23. Public Health Infrastructure
24. Respiratory Diseases
25. Sexually Transmitted Diseases
26. Substance Abuse
27. Tobacco Use
28. Vision and Hearing

MAP-IT

II. A Strategy for Creating a Healthy Community

To begin to achieve the goal of improving health, a community must develop a strategy. That strategy, to be successful, must be supported by many individuals who are working together.

In much the same way you might map out a trip to a new place, you can use the MAP-IT technique to ‘map out’ the path toward the change you want to see in your community.

The process of creating a healthy community will take time, much effort, and many steps. This guide recommends that you MAP-IT—that is, Mobilize, Assess, Plan, Implement, and Track. This MAP-IT approach will help you understand and remember the specific steps you will need to take and the order in which you should take them. Keep in mind, though, that there is no one way to do this, and many of these steps will need to be taken again and again.

Mobilize individuals and organizations that care about the health of your community into a coalition.

Assess the areas of greatest need in your community, as well as the resources and other strengths that you can tap into to address those areas.

Plan your approach: start with a vision of where you want to be as a community; then add strategies and action steps to help you achieve that vision.

Implement your plan using concrete action steps that can be monitored and will make a difference.

Track your progress over time.

MAP-IT

Using this MAP-IT approach, your coalition can devise a step-by-step, structured plan that is tailored to your community's needs.

MOBILIZE Key Individuals and Organizations

Mobilize individuals and organizations into a community coalition that cares about the health of its community.

The first step in building a healthier community is to mobilize key individuals and organizations to form a communitywide coalition. Most communities already have health departments and other governmental agencies that are responsible for public health services. Many communities also have coalitions of key individuals and organizations that have organized to address specific issues, for example, block associations or neighborhood watch groups. These groups often represent diverse interests and resources for addressing issues that are vital to building and maintaining the health and stability of the *entire* community. A coalition will often, of course, work with the health department and other health organizations in the community. However, it can also help mobilize a wider range of other resources to address health issues.

A public health nurse in a small New England suburban community is greatly concerned about the alarming increase in obesity in school-aged children. She needs action models and guidance she can use to help her mobilize the community and put together a healthy weight educational program to use in the community and in the local public schools. The nurse needs to mobilize others in her community to act.

How do you organize such a coalition in your community? Usually, it is easier to engage potential coalition members around issues that are already of special concern to them and the community. Successful community coalitions have been built, for example, around

special issues such as substance abuse, HIV/AIDS, teen pregnancy, maternal and child health, environmental health, domestic violence, and neighborhood crime.

Coalitions have also been built around a broader range of issues, not all of which have yet become of the highest concern to community leaders. It is recommended that you have sufficient data to show community leaders that these issues are of real and immediate importance.

While it is sometimes possible to start building a coalition with a very general communitywide event (such as a town hall meeting or a media event), it is often necessary to target specific individuals and organizations and to work with them over a period of time until they become committed to working with you and others in the coalition.

Individuals. Many effective coalitions are built around a core of committed individuals. Coalition members must be willing to work, express themselves openly, and serve as catalysts to improve community conditions. The real key is to have members who have the energy, commitment, and willingness to collaborate with others to inspire and sustain action. Coalition members can be more easily motivated to work hard when they work in areas that they know are directly affecting their lives.

Organizations. Many individuals in effective coalitions come from and represent community organizations. These community organizations can include religious institutions, businesses, schools, social service programs, hospitals, clinics, community groups, unions, and the like. Local organizations are valuable because of their influence, their resources, their involvement in the community, and the respect they command. They can support needed actions and they can mobilize resources to help implement such actions.

MAP-IT

Helpful Hint: Talk to local businesses, charities, and religious organizations. They can be great members of your team.

One of the biggest challenges in creating a healthy community coalition is to sustain the members' involvement in the process. This challenge can be overcome in part by agreeing as early as possible on a vision for the community.

Creating a vision: Your vision should originate from your community's most important needs, values, and goals. It should be an idealized description of how *your coalition* would like *your community* to be. It should reflect the goals of the members of the coalition, and it should be consistent with their values.

Indiana - Healthy Hoosiers

The challenge of *Healthy Hoosiers 2000* is to use the combined strength of scientific knowledge, professional skill, individual commitment, community support, and political will in order to enable the citizens of Indiana to achieve their potential to live full, active lives. It means preventing premature death and preventing disability, preserving a physical environment that supports human life, cultivating family and community support, enhancing each individual's inherent abilities to respond and to act, and assuring that all Hoosiers achieve and maintain a maximum level of functioning.

Healthy Hoosiers 2000: Health Promotion and Disease Prevention Objectives, 1992.

The vision can be created at the very start of the process—for example, when you are mobilizing others to work with you. Creating the vision early on allows all members of the coalition to feel committed to the long-term process. There may be disagreements because of the different values or different expectations of various community leaders. It is important, nevertheless, for the coalition to work toward a consensus on the vision and to enter the next stage in the process with a common mission.

Roseville, California - California Healthy City Coalition

“We recognize that health improvement involves more than the diagnosis and treatment of disease. Rather, health results from the proper care of body, mind and spirit. To accomplish our vision, we will adopt a new view of health. We will shift from health care providers to the community for visionary direction; we will shift from State and Federal control, to local control; we will define health according to wellness instead of illness; we will focus on prevention and health promotion instead of acute, episodic treatment; leadership in our community will shift from autocratic to participative; and program implementation will shift from vertical to horizontal.”

Profiles of Participating California Healthy Cities and Communities, April 2000.

MAP-IT

ASSESS Community Needs, Strengths, and Resources

Assess the health issues of greatest importance in your community, as well as the resources and other strengths that you can tap into to address those health issues.

To get a better sense of what you *can* do, versus what you *would like to* do, you will need to take stock of the needs, strengths, and resources in your community. Because most healthy community coalitions will have limited resources to address all their needs, they must try to use their resources wisely. When coalition members work together to set priorities and to allocate resources to those priorities, they are far more likely to continue to participate in the process and to achieve measurable results.

An urban core neighborhood in Kansas City, Missouri, had become concerned about crime and safety. The neighborhood decided to do something, but wanted to know when its efforts made a difference. They decided to use HEALTHY PEOPLE 2010 objectives for assaults as their measure of success, and they began to collect crime reports for their neighborhood.

Using HEALTHY PEOPLE 2010 to get started: Before you can set priorities, you must first determine what issues you want to improve. What kinds of things might you look at? Appendix A lists the 10 Leading Health Indicators. These 10 topics represent the major public health priorities facing this Nation as a whole. Appendix B offers selected HEALTHY PEOPLE 2010 objectives to give you an idea of the kinds of health and community safety issues facing the Nation. After reviewing Appendices A and B and surveying coalition members, you can identify the health issues that your community would like to address. So, for example, your coalition may have 5 community-specific topics, plus 23 more from the HEALTHY PEOPLE

list that your coalition *wants* to work on. Can you work on all 28? Probably not. So, setting priorities becomes a must.

How to set priorities? Because resources for addressing issues will most likely be limited, your coalition may need to set priorities for where to begin. Setting priorities should be a matter of consensus; all coalition members should make an effort to agree on which issues will be addressed immediately and which will be put off until a specified later date.

Gathering and evaluating data: Whenever possible, either before or after you set priorities, gather and evaluate available information about the major health issues in your community. Data about some health issues may not be immediately available for your county, city, or neighborhood. When this happens, your coalition may have to collect the information for itself. See the inset and Strategies for Success sections for tips about where you can find the information you need. Whatever its source, it is important that your coalition have accurate information about what is really happening in your community so that you can clearly understand the community's needs and create a reasonable target for improvement. Be specific about who will gather what information from whom and when—and how it will be reported to the group.

Ideally, your coalition should obtain baseline information on each issue before it initiates any actions to address those issues. Baseline information comprises information gathered before an action or program is started. By comparing this information with information collected after you have begun some actions, you can determine how successful your actions have been. Evaluators from a university or government agency may be able to help your group deal with data analysis and measurement issues. Documentation of progress can be a strong tool for enhancing your coalition action.

MAP-IT

Helpful Hint: *Work with your evaluator early and often. This will help you keep tabs on your community’s program.*

Resources: Once you have identified your community’s major areas of concern and need, develop a list of strengths and resources. The list can include available technology, communication, “infrastructure” (such as supermarkets, roads, bus lines, housing, and office space), funding, professional expertise, and data. Don’t think of money as your only resource. Every community has a wealth of non-monetary resources that can be used to address areas of concern. Information, too, is a resource. And a strong partnership with State and local governmental agencies may help to ensure that the data you will need are available and obtainable on a timely basis.

Downers Grove, Illinois

“We’ve been able to do some pretty remarkable things without very much money simply by knowing who had what and who could share their resources. Good Samaritan Hospital did the writing, the municipal government did the printing, and the newspaper did the distribution, and it didn’t cost anybody any additional money.”

A Message to America from America’s Communities: A Call to Action, January 2000.

The value of working with strong community-based organizations should not be underestimated. Local businesses, service organizations, medical associations, civic groups, faith communities, and community leaders are themselves resources that should be identified. Groups such as these are vital to the success of community efforts—because of what they know about the community as well as *whom* they know.

PLAN for Action

Once you have set your priorities and gathered your data, you will need to *plan* your approach. This involves creating an action plan with concrete steps and deadlines.

With your vision as your guide, create an action plan with concrete steps that will help you achieve that vision.

ACTION PLAN:

The plan of action should include action steps, assignment of responsibility, information collection, and a timeline. Objectives should have specific targets. What, specifically, do you want to achieve? For example,

A social worker in a rural town is concerned by the increase in reported child endangerment cases attributed to the use of methamphetamine by parents. The town has also seen an increase in the number of household fires in trailer park homes. The social worker contacts local police officials to help the local community health coalition develop an action plan.

Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

Target: 30 percent.

Baseline: 15 percent of adults aged 18 years and older engaged in moderate physical activity for at least 30 minutes 5 or more days per week in 1997 (age adjusted to the year 2000 standard population).

MAP-IT

The target is a measurable outcome that you want to achieve within a given amount of time. HEALTHY PEOPLE 2010's timeframe is the decade but you may want to work in smaller increments. Wherever possible, each objective should be measurable. While it is possible to have a target that cannot be directly measured, such as self-assessed quality of life, perceived safety, and the like, you will have difficulty assessing your progress without some degree of measurability. It is important early on to determine how you will measure such a target so that you can properly track your progress.

An important note about target setting: Be realistic! If drug abuse is running at 25 percent among high school kids in your community, don't set the target at 0 percent by next year. Setting unrealistic targets sets you up for a demoralizing failure that can jeopardize your coalition, as well as your achievement of the vision.

Action steps: What concrete actions will you take to achieve the target? For example, do you intend to invite the mayor and city or county council plus local media people to a 5K run/walk to promote your coalition's efforts? Could the schools offer "adult nights" at their athletic facilities? How will you collect data on this? Will you need monthly reports? How will those be collected and by whom?

Don't hesitate to spend time—a good deal of time—identifying the specific action steps needed to reach your desired targets. The more specific you can be, the better. And recognize that some objectives may be too big at first glance to achieve in a single action step. For example, reducing infant mortality is an objective that may require numerous action steps over several years to achieve a very small targeted improvement.

Action steps may be developed independently or as part of an overall strategy. Strategies can be helpful for topics that may be controver-

sial in your community because they allow disparate groups to work toward the same goal while following unique paths. This approach allows coalition members to find their own comfort level and still work as part of the coalition.

Strategies can serve as umbrellas under which all coalition members can contribute in some way to a given target. And don't forget to include ongoing data collection in your action plan—often called monitoring because it refers to the collection of data.

Assignment of responsibility: Which member or members will complete which action steps or part of the action steps? For example, who will take responsibility for planning the 5K run? Who will create the program to teach abstinence?

The action plan also needs to indicate who will be responsible for overseeing and following up on specific action steps. Assigning specific individuals to well-defined and agreed-upon roles will facilitate the action plan. It also will help the coalition members feel that they are important parts of the team, with responsibility to fulfill their roles and help realize the vision.

A timeline: How much time will it take for each part of the plan to be completed?

An important note about setting deadlines and/or schedules: If it is February 1, don't expect to plan a communitywide 5K run by March 1 and have all the dignitaries there. There simply isn't enough time. So be realistic! Maybe by March 1 you could have in place the list of dignitaries to be invited and your plan for the run. Remember, failing to prepare is preparing to fail.

MAP-IT

IMPLEMENT the Action Plan

Initiate action: Once the action plan is established, coalition members can begin to implement the strategies and action steps set forth in the plan. Coalition members who have accepted responsibility for specific tasks will need to complete those tasks in a timely manner, consistent with the schedule agreed upon in the action plan.

This part of the process is helped by having a diversified and cooperative group of community leaders who share the same vision. For example, having the school superintendent as a coalition member and supporter of the healthy community initiative could make it easier to implement proposed actions in the schools.

After the Columbine tragedy, concerned citizens in Lafayette, Louisiana, formed a community task force on the prevention of violence in schools. In concert with local school officials and psychologists, the task force proposed closer monitoring of cases of anger and early intervention with professional help to defuse potentially dangerous situations. HEALTHY PEOPLE 2010's Focus Area on Injury and Violence Prevention has been helpful as a guide for assessing workable solutions.

Implement your plan by taking concrete actions that will make a difference.

Another key to implementation is monitoring or routine tracking of events. For example, if your action plans calls for weekly reports to be created by a given group on a set topic, monitoring will let you know that this is, indeed, occurring. A good monitoring system will help you understand if the action plan is being implemented as

anticipated. Also, remember that it is best to plan how to monitor an initiative *before* the initiative has begun.

Helpful Hint: Remember, bringing about change may take weeks, months, or years. Don't lose sight of what you set out to do—improve your community.

Implementation of most action plans to improve the health of a community will require patience. Organizing community groups and getting people involved in your community's action plan may take longer than you expect. Maintaining a positive outlook and a healthy reserve of patience will help the members of your coalition overcome initial disappointments.

Staying the course that you and the other coalition members have agreed upon can be very rewarding. It often leads to positive changes that can strengthen your pride in your community.



MAP-IT

TRACK Progress and Outcomes

Tracking is a two-part step. First, you will need to analyze or evaluate all the data you have collected to determine your progress. Then you will need to report your progress.

Progress reviews: As the implementation of your action plan moves forward, it is important to inform the rest of the community of the progress being achieved. You can hold meetings, often called progress reviews, to communicate the progress being made in your community. Examples of some ways to structure and conduct these reviews can be obtained from the Office of Disease Prevention and Health Promotion in the U.S. Department of Health and Human Services, Washington, DC. (See Resources for more information.)

In Polk County, Iowa, Healthy Iowans 2010 informs business, government, nonprofit and citizen leaders about local performance on Leading Health Indicators. Based on available data, leaders have mobilized disparate groups to work together on priorities. Healthy Iowans 2010 will allow them to track performance and hold leaders accountable for

Evaluation and tracking are vital to the long-term success of your coalition's efforts. If the coalition doesn't document its actions, it may be ineffective; your coalition may not be able to determine if what it is doing is improving your community's health concerns.

Continuing support: Monitoring and continuing support can allow you to keep things on track. One convenient way to handle this step is to hold regularly scheduled meetings in which everyone reports on actions taken, no matter how small. This kind of ongoing support can help keep members interested and involved in the mission, so

that the vision can be achieved. Also, remember to celebrate small successes along the way to your larger goal. Your members will be more likely to stay involved if they can see that their efforts not only are making a difference, but are appreciated. And using the local media—school or city papers, television, radio, coalition member newsletters—can be an effective way of letting the whole community know about your efforts.

I've learned about MAP-IT: Now what?

Don't be afraid to reread the MAP-IT steps again and again. Getting started can appear complex, but it's not really; there are many ways to get started. For example, you can talk to your neighbors and friends, contact your city or town officials, visit with local civic organizations, or speak with community-related departments at your local colleges and universities.

As you begin your journey, remember these three things:

- The change you seek may take weeks, months, or years to achieve. So don't be discouraged if things seem to move more slowly than you would like. Try to set short-term and intermediate goals, in addition to longer term goals. In this way, every member of the coalition can feel a sense of accomplishment as you move step by step toward your overall objective.
- Sometimes people have bad days. They won't always share your enthusiasm. They may back out of commitments. And they may make honest mistakes. Try not to be disheartened and remember why, in the first place, you decided to work to make your community a healthier and a better place.

MAP-IT



- You are limited only by your own imagination and the strength of your resolve, as an individual and as part of a group. There are more resources, in ourselves and in our communities, than we often realize. And when those resources are more fully mobilized, the possibilities are enormous—even though it may take time before those possibilities become realities.

III. Strategies for Success

For individuals choosing to take this incredible journey, the path may, at times, be difficult. Fortunately, others have journeyed down similar paths and have found strategies that worked. The following pages are intended to help smooth over difficult issues from different perspectives. Good luck on your journey!

Strategies for Success: *Community Members*

How to get started:

- Talk to your neighbors, civic leaders, elected officials, and others to see which issues they feel are most pressing and who they feel would be most interested in helping.
- Call your appropriate local officials and ask for information about initiatives or activities that are already underway in your community.
- Pick up the business section of the phone book and call the outreach officers of local care agencies to help you get your ideas going.

Don't be afraid to:

- Get to know the people around you.
- Ask local business and government employees to participate.

Resources (where to get more help):

- healthfinder® Web site - the Federal gateway to health information (www.healthfinder.gov).
- Community Health Status Indicators Web site (www.communityhealth.hrsa.gov/).
- Your local health department.
- The police department.
- Your local library.

To find people in your community who can help, try...

- The Parent Teacher Association (PTA) of your children’s school.
- The local Chamber of Commerce, Rotary Club, Boys’ and Girls’ Clubs, neighborhood association, religious group, university or community health clinic, or local community health services office.
- Nonprofit organizations concerned with the issues facing your community.

Strategies for Success: *Health Professionals*

How to get started:

- Speak with your patients about forming local groups to target problems that you think are important in your community.
- Use your professional contacts, such as medical societies or professional associations, to find other health professionals concerned about improving the health of your community.
- Contact other health professionals (such as physician assistants, nurses, dentists, pharmacists, dietitians) and the nearest health department about ways in which you can lend support to community-based health issues.
- Speak to the media, local civic groups, religious organizations, and other concerned citizens about issues that may be important in your community.



Don't be afraid to:

- Carry the themes of your patients' problems over to your coalition work.

Resources (where to get more help):

- healthfinder® Web site - the Federal gateway to health information (www.healthfinder.gov).
- Your local medical school/college or public health library.
- Hospital research resources.
- National, State, and local medical associations.
- Local health department.

Strategies for Success:

Local Government and University Partners

How to get started:

- Call neighborhood association members or civic groups (for example, Boy and Girl Scouts, Kiwanis) and ask them to sit in on meetings to find out what's important in your community.
- Go to the local schools and religious institutions to find out if anyone is working with your community on important public health issues.
- Ask within your department/office/workplace if any of your colleagues are already working to help address issues in your community.



Don't be afraid to:

- Be explicit about the commitments you can make and those you can't.
- Listen and act on the basis of community concerns.
- Explain to the community partners the role of your expertise in the overall process.

Resources (where to get more help):

- healthfinder® Web site - the Federal gateway to health information (www.healthfinder.gov).
- Nonprofit organizations concerned with the issues facing your community.
- The Parent Teacher Association (PTA) of your children's school.
- References and Resources (see page 27).

References and Resources

Community coalitions can turn to the following documents, Web sites, and organizations for additional assistance in developing, implementing, and evaluating action plans to improve the health of their communities.

References

Adams, B. *Building Healthy Communities*. Report commissioned by the Pew Partnership for Civic Change, Charlottesville, VA: Suzanne W. Morse, Publisher, 1996. (Available 804-971-2073/ fax 804-971-7042.) See www.pew-partnership.org. Accessed January 31, 2001.

Centers for Disease Control and Prevention (CDC). *A Guide to the Selection and Utilization of Selected Health Assessment and Planning Models to Improve Community Health and to Contribute to the Achievement of the Year 2000 Objectives*. Washington, DC: U.S. Department of Health and Human Services (HHS), 1991.

CDC. *Planned Approach to Community Health: Guide for the Local Coordinator*. Atlanta, GA: HHS, Public Health Service (PHS), CDC, National Center for Chronic Disease Prevention and Health Promotion, 1995.

Coalition for Healthier Cities and Communities. *A Message to America from America's Communities: A Call to Action*, January 2000. See www.healthycommunities.org. Accessed January 31, 2001.

Denver, A.G.E. *Community Health Analysis. Global Awareness at the Local Level*. Gaithersburg, MD: Aspen Publishers, 1991.

Duhl, L. J. *The Social Entrepreneurship of Change*. Lanham, MD: Pace University Press, 1995.

Duhl, L.J. The Healthy City: Its Function and Its Future. *Health Promotion*, May 1986, 55-60.

Florida Department of Health Communications and Health Promotion Office. *Building Healthy Communities Together*. Tallahassee, FL: 1997.

Health Forum. *Best Practices in Collaboration to Improve Health: Creating Community Jazz*. San Francisco, CA.

Health Forum. *Healthier Communities Action Kit* (Modules 1 and 2). San Francisco, CA.

Indiana State Department of Health. *Healthy Hoosiers 2000: Health Promotion and Disease Prevention Objectives*. Indianapolis, IN: 1992.

Making Citizen Democracy Work: A Primer on Healthy Communities. *National Civic Review*, Vol. 86, No.1. San Francisco, CA: Jossey-Bass, Spring 1997.

McKnight, J. and Kretzmann, J. *Building Communities From the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. Chicago, IL: ACTA Publications, 1993.

National Center for Health Statistics. *Healthy People 2010 Review 1997*. Hyattsville, MD: HHS, PHS, 1997. See www.cdc.gov/nchs. Accessed January 31, 2001.

Twiss, J. and Pepper-Kittredge, C. *Profiles of Participating California Healthy Cities and Communities*. Center for Civic Partnerships, April 2000.

U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services*, 2nd ed. Washington, DC: HHS, 1996.

Weaver, J. Healthy Communities, the National Civic League's Model for Collaboration to Improve Community Health. *Health Progress*, May-June 1996, Catholic Health Association.

Resources

Coalition for Healthier Cities and Communities has a resource guide that may also be helpful in mobilizing communities toward improving their health. See www.healthycommunities.org. Accessed January 31, 2001.

HHS. *Healthy People Progress Reviews*. Office of Disease Prevention and Health Promotion. See www.odphp.osophs.dhhs.gov/pubs/hp2000/prog-rvw.htm. Accessed January 31, 2001.

HHS. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. Two vols. Washington, DC: U.S. Government Printing Office, November 2000. See www.health.gov/healthypeople. Accessed January 31, 2001.

Norris, T., et al. *Community Indicators Handbook*. Boulder, CO: Tyler Norris Associates, Inc., 1997. (Available 303-444-3366, fax 303-444-1001.)

Norris, T., et al., *Facilitating Community Change*. Boulder, CO: Community Initiatives, 2000. See www.communityinitiatives.com. Accessed January 31, 2001.

Ontario Healthy Communities Coalition Central Office. *Healthy Cities/Healthy Communities: A Catalogue of Healthy Cities/Communities Initiatives From Around the World*. Toronto, Canada: 1993. (Available from Ontario Healthy Communities Coalition Center Office, 180 Dundas Street, West, Toronto, ON M5B2E7, Canada; 416-408-4841 or 1-800-766-3418/fax 416-408-4843.)

Task Force on Community Preventive Services. *Guide to Community Preventive Services: Systematic Reviews and Evidence-Based Recommendations*. (This resource for effective population-based interventions is currently under development. Components are published as they are completed. See www.thecommunityguide.org for availability.) Accessed January 31, 2001.

The *Healthy People 2010 Toolkit* is an excellent reference source for using the objectives in setting priorities for healthy community initiatives. The tips, examples, tools, and resources can help local coalitions manage and sustain the development and implementation process. See www.health.gov/healthypeople/state/toolkit. Accessed January 31, 2001.

Workgroup on Health Promotion and Community Development. *Community Tool Box*. Lawrence, KS: University of Kansas. See <http://ctb.lsi.ukans.edu/>. Accessed January 31, 2001.

Appendix A

Leading Health Indicators (* See Appendix B for specific objectives.)

Physical Activity

Regular physical activity throughout life is important for maintaining a healthy body, enhancing psychological well-being, and preventing premature death. Regular physical activity decreases the risk of death from heart disease, lowers the risk of developing diabetes, and is associated with a decreased risk of colon cancer. Regular physical activity helps prevent high blood pressure and plays a role in decreasing existing high blood pressure. (Objectives 22-2, 22-7*)

Public Health Priority: Promote daily physical activity.

Overweight and Obesity

Overweight and obesity raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and endometrial, breast, prostate, and colon cancers. Obese individuals may also suffer from social stigmatization, discrimination, and lowered self-esteem. (Objectives 19-2, 19-3c*)

Public Health Priority: Promote good nutrition and healthier weights.

Tobacco Use

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires - combined. Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases. Smoking during pregnancy can result in miscarriages, premature delivery, and sudden infant death syndrome. Environmental tobacco smoke (ETS) increases the risk of heart disease and significant lung condition, especially asthma and bronchitis in children. ETS is responsible for an estimated 3,000 lung cancer deaths each year among adult nonsmokers. (Objectives 27-3b, 27-1a*)

Public Health Priority: Prevent and reduce tobacco use.

Substance Abuse

Alcohol and illicit drug use are associated many of this country's most serious problems, including child and spousal abuse; sexually transmitted diseases including HIV infection; teen pregnancy; school failure; motor vehicle crashes; rising health care costs; low worker productivity; and homelessness. Alcohol and illicit drug use also can result in substantial disruptions in family, work, and personal life. (Objectives 26-10a, 26-10c, 26-11c*)

Public Health Priority: Prevent and reduce substance Abuse.

Responsible Sexual Behavior

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus (HIV) that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs. (Objectives 25-11, 13-6*)

Public Health Priority: Promote responsible sexual behavior, including abstinence.

Appendix A

Mental Health

Mental health is a state of successful mental functioning, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and one's contribution to society. Approximately 20 percent of the U.S. population are affected by *mental illness* during a given year; no one is immune. Of all mental illnesses, *depression* is the most common disorder. More than 19 million adults in the United States suffer from depression. Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year. (Objective 18-9b*)

Public Health Priority: Promote mental health and well-being.

Injury and Violence

More than 400 Americans die each day due primarily to motor vehicle crashes, firearms, poisonings, suffocation, falls, fires, and drowning. The risk of injury is so great that most persons sustain a significant injury at some time during their lives. (Objectives 15-15, 15-32*)

Public Health Priority: Promote safety and reduce violence.

Environmental Quality

An estimated 25 percent of preventable illnesses worldwide can be attributed to poor environmental quality. In the United States, air pollution alone is estimated to be associated with 50,000 premature deaths and an estimated \$40 billion to \$50 billion in health-related costs annually. Two indicators of air quality are ozone (outdoor) and environmental tobacco smoke (indoor). (Objectives 8-1a, 27-10*)

Public Health Priority: Promote healthy environments.

Immunization

Vaccines are among the greatest public health achievements of the 20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities. Immunizations against influenza and pneumococcal disease can prevent serious illness and death. Pneumonia and influenza deaths together constitute the 6th leading cause of death in the United States. (Objectives 14-24, 14-29a, b*)

Public Health Priority: Prevent infectious disease through immunization.

Access to Health Care

Strong predictors of access to quality health care include having health insurance, a higher income level, and a regular primary care provider or other source of ongoing health care. Persons with health insurance are more likely to have a specific source of care and to have received appropriate preventive care. (Objectives 1-1, 1-4a, 16-6a*)

Public Health Priority: Increase access to quality health care.

Appendix B

This appendix presents selected HEALTHY PEOPLE 2010 objectives that may be of special interest to healthy community coalitions. (A “developmental” objective does not yet have a data system or data set available for measuring how the Nation is doing on that objective. Efforts are underway to develop such data systems and data sets.)

Communities

- 6-12 (Developmental) Reduce the proportion of people with disabilities reporting environmental barriers to participation in home, school, work, or community activities.
- 7-9 (Developmental) Increase the proportion of hospitals and managed care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.
- 7-11 Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.
- 8-28 (Developmental) Increase the number of local health departments or agencies that use data from surveillance of environmental risk factors as part of their vector control programs.
- 18-3 Reduce the proportion of homeless adults who have serious mental illness.
- 19-18 Increase food security among U.S. households and in so doing reduce hunger.
- 21-9 Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.
- 25-13 Increase the proportion of Tribal, State, and local sexually transmitted disease programs that routinely offer hepatitis B vaccines to all STD clients.

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- 25-14 (Developmental) Increase the proportion of youth detention facilities and adult city or county jails that screen for common bacterial sexually transmitted diseases within 24 hours of admission and treat STDs (when necessary) before persons are released.
- 25-15 (Developmental) Increase the proportion of all local health departments that have contracts with managed care providers for the treatment of nonplan partners of patients with bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia).
- 26-23 (Developmental) Increase the number of communities using partnerships or coalition models to conduct comprehensive substance abuse prevention efforts.
- 27-13 Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places and worksites.

Access to Health Care

- 1-6 Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members.
- 3-12 Increase the proportion of adults who receive a colorectal cancer screening examination.
- 3-13 Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.
- 12-15 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.
- 14-24 Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least 5 years.
- 14-29 Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

Appendix B

Worksites

- 7-5 Increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees.
- 8-17 (Developmental) Increase the number of office buildings that are managed using good indoor air quality practices.
- 10-6 (Developmental) Improve food employee behaviors and food preparation practices that directly relate to foodborne illnesses in retail food establishments.
- 20-2 Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity.
- 20-9 Increase the proportion of worksites employing 50 or more persons that provide programs to prevent or reduce employee stress.
- 20-11 (Developmental) Reduce new cases of work-related, noise-induced hearing loss.
- 22-13 Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs.
- 23-1 (Developmental) Increase the proportion of Tribal, State, and local public health agencies that provide Internet and e-mail access for at least 75 percent of their employees and that teach employees to use the Internet and other electronic information systems to apply data and information to public health practice.
- 26-8 (Developmental) Reduce the cost of lost productivity in the workplace due to alcohol and drug use.
- 27-12 Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.

Schools

- 7-2 Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infec-

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- tion; unhealthy dietary patterns; inadequate physical activity; and environmental health.
- 7-4 Increase the proportion of the Nation's elementary, middle, junior high, and senior high schools that have a nurse-to-student ratio of at least 1:750.
- 8-20 (Developmental) Increase the proportion of the Nation's primary and secondary schools that have official school policies ensuring the safety of students and staff from environmental hazards, such as chemicals in special classrooms, poor indoor air quality, asbestos, and exposure to pesticides.
- 14-23 Maintain vaccination coverage levels for children in licensed day care facilities and children in kindergarten through the first grade.
- 15-31 (Developmental) Increase the proportion of public and private schools that require use of appropriate head, face, eye, and mouth protection for students participating in school-sponsored physical activities.
- 19-15 (Developmental) Increase the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at schools contributes to good overall dietary quality.
- 22-8 Increase the proportion of the Nation's public and private schools that require daily physical education for all students.
- 22-10 Increase the proportion of adolescents who spend at least 50 percent of school physical education class time being physically active.
- 22-12 (Developmental) Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).
- 27-11 Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.

Appendix B

Environmental Health

- 8-5 Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.
- 8-11 Eliminate elevated blood lead levels in children.
- 8-12 Minimize the risks to human health and the environment posed by hazardous sites.
- 8-15 Increase recycling of municipal solid waste.
- 8-18 Increase the proportion of persons who live in homes tested for radon concentrations.
- 8-22 Increase the proportion of persons living in pre-1950s housing that has been tested for the presence of lead-based paint.

Health Communication

- 11-1 Increase the proportion of households with access to the Internet at home.
- 11-2 (Developmental) Improve the health literacy of persons with inadequate or marginal literacy skills.
- 11-3 (Developmental) Increase the proportion of health communication activities that include research and evaluation.
- 11-4 (Developmental) Increase the proportion of health-related World Wide Web sites that disclose information that can be used to assess the quality of the site.
- 11-5 (Developmental) Increase the number of centers for excellence that seek to advance the research and practice of health communication.
- 11-6 (Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skills.

Using HEALTHY PEOPLE 2010

Documenting progress can achieve three things. First, it can keep coalition members interested and motivated because they will be able to see real changes in the community that result from the actions of the coalition. Second, it can generate interest from those who have had reservations about or lacked awareness of your efforts, and thus help you broaden your coalition. And, third, it can demonstrate to those who fund community efforts that your initiative is working to improve your community.

You may be wondering *how* to use the HEALTHY PEOPLE 2010 objectives after you've determined which issues are most important in your community.

Here are three simple steps you can take:

Step 1 Decide on which issue your community wants to focus its efforts.

How: There are many ways to determine which issue to address. For example, you can talk to your neighbors and friends about what is important to them, or get information about health problems from local health agencies.

Step 2 Get a copy of *HEALTHY PEOPLE 2010* and identify the objectives that relate to your community issue.

How: Contact your local health department or library or search on the Internet at www.health.gov/healthypeople.

Step 3 Use the objectives and background data in *HEALTHY PEOPLE 2010* to set goals for your community efforts.

How: Pick objectives and information based on your group's understanding of the conditions in your neighborhood or community. Using the help of a health professional, such as a public health officer, is strongly recommended for this step.

Step 4 Begin to design your action plan, based on the objectives you have chosen.

How: Design programs, policies, or activities so that they will help make improvements in the health of your community.



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