Promoting Health for All:

An Action Planning Guide for Improving Access and Eliminating Disparities in Community Health

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The mission of the KU Work Group is to promote community health and development through collaborative research, teaching, and service.

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"We must remake the world. The task is nothing less than that. To be part of this great uniting force of our age is the crowning experience of our life."

-- *Mary McLeod Bethune* --

Preface

Our common vision is for communities in which all people live under conditions that promote health. Yet, public health research indicates that racial and ethnic minorities – including African Americans, Native Americans, Hispanic Americans, Asian Americans, and Pacific Islanders – are much more likely to die sooner, and to experience illness or injury than Non-Hispanic Whites. We work toward a day in which disparities in health outcomes are eliminated for all people.

Promoting health equality is a national priority. It is a focus of Healthy People 2010, the health objectives for the nation. With its REACH 2010 Initiative, the U.S. Centers for Disease Control and Prevention is conducting a multi-site demonstration program to help discover how communities can eliminate disparities in health. Under the auspices of the Bureau of Primary Health Care (BPHC/HRSA), the federal government is launching a Campaign for 100% Access and Zero Disparities, with the mission of providing primary health care for everyone and ending health disparities associated with race and ethnicity.

Setting the goal of eliminating disparities in health is bold, even audacious. This work is bigger than any one of us. It demands new levels of collaboration. It requires us to make lots of changes in many different aspects of our communities.

The purpose of this guide is to help support community initiatives that promote health for all, including those involved in improving health access and in addressing disparities in particular health outcomes. It outlines a process for involving those most affected by health access and disparities, and those most responsible, in planning for a common purpose. The focus is on identifying those community and systems changes—the new or modified programs, policies, and practices—that could make a difference. This guide (and future editions) are informed by what we are all doing to reduce health disparities, and by our learning about this important work.

Creating conditions to support health improvement for all requires broad-based efforts involving many different sectors or parts of the community. Often referred to as **community coalitions or partnerships**, these initiatives involve key community leaders, experts, and representatives of grassroots organizations who value health equality in our communities. They bring together representatives from health organizations, faith communities, schools, businesses, and other sectors of the community that share a concern about the problem of health inequality or have a stake in its solution. The aim of such initiatives is to foster changes in communities that promote health for all.

This planning guide offers many potentially valuable ideas for creating conditions that promote health for all. It outlines **community and systems changes** that local residents, health care providers, and broader agents and allies can make to address the related problems of health access and disparities in health outcomes. These include new or modified:

- **programs**, such as street outreach or peer support programs,
- **policies,** such as "health opportunity" zones that allow tax credits to support health improvement efforts in neighborhoods of concentrated poverty,
- and **practices,** such as increased after-hours care or access to culturally-appropriate services.

The community's **action plan** outlines what will happen to achieve its **vision** for health equality. How could health organizations be changed to help promote access and eliminate disparities in health outcomes? What changes in faith communities would help fulfill the mission? How can the business community do its part? What about schools? How about local government? How could community residents assist? Taken together, the proposed changes in all relevant sectors of the community provide a **blueprint for action**.

Each community has different assets and needs for improving access and eliminating disparities in health. A particular community's intervention for promoting health for all—the combination of programs, policies, and practices it seeks—will be unique. Together, we have a lot to discover about how much change in what conditions is required to "tip" health outcomes favorably.

Chapter 1 of this Action Planning Guide provides background information on key issues and concepts in planning. Chapter 2 offers an overview of the community planning process, with particular emphasis on how the community can clarify its vision, mission, objectives, and strategies for change. Chapter 3 provides help in considering which sectors of the community should be involved in the initiative. Chapter 4, the heart of this guide, assists in identifying particular community or systems changes that local communities will seek to improve access and eliminate disparities in health. Chapter 5 outlines a process for building consensus on community and systems changes to be sought. Chapter 6 offers guidance in listing action steps to finalize the community's unique action plan. Finally, Chapter 7 outlines a strategy for documenting progress in bringing about community and systems change and promoting celebration and renewal within the initiative.

The conditions that promote health, including access to health care, should be available to all. Our hope is that each community's planning efforts will help bring about the health equality that justice requires.

"The most certain test by which we judge whether a country is really free is the amount of security enjoyed by minorities."

-- Lord Acton,
The History of Freedom in Antiquity, 1907 --

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"Fortune sides with him who dares."

-- Virgil, Aeneid, c. 19 B.C. --

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Chapter 1
Community Planning for Health for All

With clarity of purpose, it is possible to address even a very complex issue like promoting health for all. This guide uses a process of action planning to help build consensus on what can and should be done to fit the unique needs and assets of local communities. The primary aim is to help communities specify the concrete ways in which they can take action to increase access and to eliminate disparities in health outcomes.

This chapter explores key background issues and concepts of the planning process. At the end of this chapter, we provide planning pages that can be used to help:

- listen to the community about issues and options,
- document the problem or goal,
- understand risk and protective factors affecting disparities in health,
- develop a framework for action,
- become aware of local resources and efforts,
- involve key officials and grassroots leaders,
- and create a supportive context for planning and action.

Listening to the Community about Issues and Options

Listening contributes to a better understanding of what the issues are and what can and should be done. It helps ground the planning in the lives of local people. Perhaps the most important preliminary step in action planning is to become familiar with the issues and context of the community. Leaders of local health equality initiatives begin by talking with people actually experiencing issues of health access and inequality, including those from racial and ethnic communities that are most affected.

As with any community organization effort, it is critical to listen before taking action. Connect with and listen to a variety of people. These should include those most at risk, and those interested in doing something about the goal of promoting health for all.

In addition to talking one-on-one, group leaders can use public forums or focus groups in which people express their views about the issues and what can be done about them. Such public meetings should be convened by and with people from different ethnic and cultural groups. This should represent income groups and social classes, and places or locations most affected in the community. This will expand available perspectives on issues and options for eliminating disparities in health.

Conducting listening sessions. One method of becoming familiar with the issues uses structured opportunities to listen to a variety of members of the community. These listening sessions go by different names including focus groups, public forums, social reconnaissance, or community meetings. Listening sessions are a straightforward and effective tool for gaining local knowledge about the issues and context. We recommend using these public forums to learn about the community's perspectives on local issues and options.

Listening sessions record information on five aspects:

- ✓ the problem or issue
- ✓ barriers and resistance to addressing the concern
- ✓ resources for change
- ✓ recommended solutions and alternatives
- ✓ current and past initiatives

Discussion leaders set a limited time for brainstorming each aspect, using newsprint or poster paper to record the product of discussions. Brief reports based on the findings can be used to publicize the issue in the media, thereby enhancing the credibility of the early developing initiative.

Documenting the Problem of Health Access and Inequality in Health Outcomes

In addition to hearing the community's perspective on the issue of health access and disparities, it is important to document relevant aspects of the problem using existing information sources. Health organizations, such as local public health departments or clinics, may have data that can be used to document the level of problems with access to health care and disparities in outcomes in your community. For example, data may be available on the percentage of local people who have health insurance. Perhaps public records can be used to create a scorecard for priority community health outcomes such as the number of new cases of infant mortality or HIV/AIDS.

Such information can be used to help document the level of the problem and to consider whether further action is necessary. Later, these data can be used to determine how effective your group was in addressing the problem. (A caution: Increased community awareness and activity may also bring changes in reporting, or other activities, that may make it difficult to conclude that there was an effect or that observed effects were due to the initiative.)

Some Risk and Protective Factors Associated with Access and Disparities in Health

Those most affected by health access and disparities include:

- ✓ consumers/local residents,
- ✓ health care providers,
- ✓ and broader agents of change (and their allies) in this effort.

A number of factors, if ignored, contribute substantially to risk. These conditions, if addressed, can help protect against disparities in health outcomes. Although our knowledge is incomplete, research and experience suggest some factors that may contribute to health access and disparities.

Table 1 (near the end of this chapter) provides a list of personal factors and environmental factors that may affect access and disparities in health. **Personal factors** may include:

- knowledge, skills, and history, such as language spoken and history of discrimination
- biological/genetic influences such as the type and degree of existing health or physical or mental disability.

Aspects of the social and physical environment may also affect health equality/disparities. Environmental factors may include:

- Availability and continuity of services
- Physical and communications access
- peer support and advocacy
- financial barriers and resources
- policies such as for insurance coverage
- poverty and living conditions

We can use this analysis of risk and protective factors (see Table 1) -- and our experience and knowledge of our local communities -- to identify promising strategies and tactics for increasing access and eliminating disparities in health.

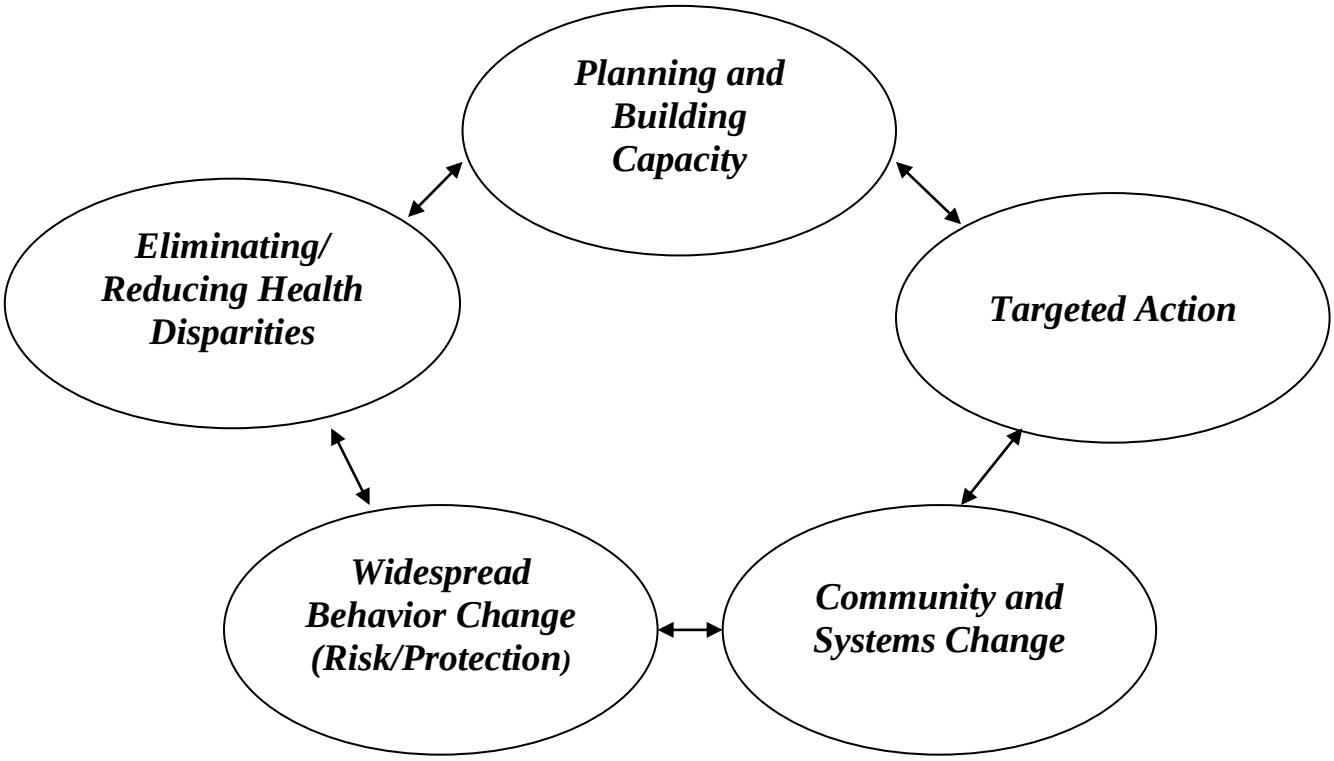
Developing a Framework for Action

A framework (sometimes known as a “model” or “theory”) helps guide the process of community action and change. How is our community to navigate the course from initial understanding and planning down the long road to improved health outcomes? A clear framework helps communicate the pathway for improvement, focusing local efforts on changing the conditions that affect health.

An illustrative "Framework for Promoting Health for All" follows. It has five interrelated phases:

- *planning and building capacity* (e.g., listening to the community, documenting the problem, building leadership)
- *targeted action* (e.g., community organizing, contacting key officials, advocacy, social marketing)
- *community and systems change* (e.g., bringing about new or modified programs, policies, and practices relevant to the mission in all appropriate sectors of the community)
- *widespread behavior change* in relevant risk behaviors (e.g., using condoms to reduce risk for HIV/AIDS/STDs) and protective behaviors (e.g., immunizations, physical activity)
- *eliminating/reducing disparities in health outcomes* (e.g., decreasing the incidence of low birthweight babies)

A Framework for Promoting Health for All



Each community develops its own framework (or model or "theory") for action. It creates a "picture" and explanation of how change and improvement can occur in the place. The community's framework reflects its unique goals, needs, assets, and situation.

Becoming Aware of Local Resources and Past and Current Efforts

It is also important to be aware of existing programs and resources that are already working to address the goal of promoting health for all. What policies and programs with similar purposes already exist in the community? Talk with health care providers, consumers, and broader agents and allies such as in faith communities or businesses. Gather information about the scope of existing services and their effectiveness. How many people (and whom) are they serving? Who was involved? Why? Can the programs or policies be made more effective?

Are there task forces or coalitions—past or current—involved in addressing issues related to health access and disparities? For *current* efforts, how many people are actively involved? Can the group become more effective? Were there *past* initiatives with a similar mission? Who was involved? Why? Why and how did their efforts end? Knowing local resources and the history and experience of past and current efforts is critical to successful planning.

Involving Key Officials and Grassroots Leaders

Any planning process should be *inclusive*. We recommend that the leaders of the health equality initiative arrange opportunities for participation by all those interested in changing a particular sector of the community, such as health organizations, faith communities, businesses, schools, or government. Key officials of each sector can be recruited, such as influential pastors of churches (for the Faith Communities sector) or the executive officer of a local hospital or clinic (for the Health Organizations sector). Similarly, leaders of grassroots community organizations should be recruited, such as those from neighborhoods and cultural communities most affected by the concern.

Participants should reflect the diversity of the local community. Coalition leaders must ensure that the planning group extends beyond service providers of relevant agencies. Are youth involved? Parents and guardians? Elders? People of different socioeconomic backgrounds? Are those from local racial and ethnic communities—such as African Americans, Hispanic Americans, Native Americans, Asian Americans, and Pacific Islanders—fully involved in planning? Their involvement can help create conditions that support health in their communities.

Creating a Supportive Context for Planning and Action

To be successful, initiatives require a context that supports ongoing planning and action. Several aspects of the group are particularly important, including its leadership, size, structure, organization, diversity, and integration.

Leadership refers to the process by which leaders and constituents work together to bring about valued change by setting priorities and taking needed action. Successful groups have a person or small group that has accepted responsibility for their success. Leaders should have a clear vision of conditions that might effect health for all, and the ability to attract others to the vision. They should also have the capacity for listening and other qualities that enable them to relate to others within the group. Good leaders have the courage, perseverance, and other attributes to help the group transform the community to better fulfill the vision. Although a single person may accept overall responsibility, effective organizations usually have a number of leaders who work with constituents to fulfill the group's mission.

The planning group must have a manageable **size** and **structure**. Most groups operate best with a maximum of 15 people. If many people are interested in working on the issues, the group can be structured into smaller groups, such as task forces organized by community sector (e.g., Faith Communities, Government) or function (e.g., Public Information, Advocacy). The task forces can report back to a coordinating council or the coalition as a whole.

Some groups use a "planning retreat" in which members can focus specifically on the goals and means of the initiative. This can be accomplished in one or more half or full-day sessions that involve all or key members of the initiative.

The **organization** of the planning group is also important. In larger groups or communities, action planning might initially be done in subcommittees or task groups that are organized around each sector of the community to be involved. For example, separate task forces might be set up for Health Organizations, Businesses, Schools, Faith Communities, and/or Government. In smaller groups or communities, action planning might be accomplished by the entire group.

The planning groups should be **diverse** and **integrated**. They should include officials from important sectors, such as local public health officials from the Health Organizations sector or employers from the Business sector. They also include people concerned about what is going on in the sector, such as grassroots leaders and advocates who are affected by and interested in bringing about change in their communities. The group must consider how the continuing participation of persons in positions of authority can be maintained -- while preserving the involvement of local residents with experience, but no official titles.

Planning sessions must be well publicized and open to members. Final review and approval of the coalition's action plan, as well as its vision, mission, objectives, and strategies, should be sought from the entire group.

Overall Tips on the Planning Process

Several overall aspects of the planning process are worth noting. These tips on planning are described below:

- ✓ ***Be Inclusive***
  Good planning is open to all who care about the issue of health access and disparities.

- ✓ ***Support Participation***
  Those involved should include those most affected (i.e., low income and culturally diverse residents of the community) and allies who can help make a difference (e.g., health care providers, advocates). Seek out key players with diverse viewpoints on the issue of health access and disparities. Once a diverse group of important players is at the table, it is important to get them to communicate with each other. Effective leaders often call on silent members during pauses in the discussion. They convey the value of each person's voice on the issues. Occasionally, it may be necessary to discourage an overly enthusiastic member from talking too much or dominating meetings. Leaders may do so by thanking them for their comments and indicating the importance of hearing from other members of the

group.

- ✓ ***Manage Conflict***
  If the group is effective in attracting diverse views, conflict among members may result. Group facilitators can recognize differences, perhaps noting the diverse experiences that give rise to divergent views. To resolve conflicts, leaders may attempt to elevate the discussion to a higher level on which there may be a basis for agreement. By reminding the group that we are all about the shared vision of health equality in our communities, leaders can help members find common ground.

- ✓ ***Use Brainstorming Rules***
  Group facilitators must avoid making judgments about ideas and suggestions. Brainstorming rules apply. All ideas (okay, *nearly* all) should be heard and noted without criticism.

- ✓ ***Be Efficient***
  Meetings should get as much done in as little (or much) time as needed. They should start and end on time. It may be helpful to have an agenda or to build a consensus at the beginning of the meeting about what will be accomplished, and in what time frame.

- ✓ ***Communicate Products of Planning***
  Planning should result in a useful product. Try to structure every planning session so that it results in a product, such as a list of issues or ideas. Show off the product at the end of meetings, distributing copies of the products of planning to all members.

- ✓ ***Offer Support and Encouragement***
  Finally, it is important to provide support and encouragement throughout the process of planning. Good planning takes time; it usually requires months to produce a detailed plan of action. Acknowledge the contributions of all participants, especially key leaders. Let the group know when it is doing a good job. Positive feedback feels good, particularly for those of us who are used to being criticized for our work.

A Summary and Look Ahead

The phases of community planning and action can be summarized as follows:

- Understanding and listening to the community
- Strategic planning: vision, mission, objectives, and strategies
- Developing an action plan
- Documenting progress and promoting celebration and renewal

Table 2 (near the end of this chapter) summarizes these phases and the products of community planning and action associated with them. Links to an Internet-based resource for practical information, the Community Tool Box, http://ctb.lsi.ukans.edu/, are also provided.

This chapter provided a background in some early issues and concepts of planning -- understanding and listening to the community. The next chapter provides an overview of the process of strategic planning, with particular emphasis on reviewing the group's vision, mission, objectives, and strategies for improving access and eliminating disparities in health. Later chapters address the topics of developing an action plan, documenting progress, and promoting celebration and renewal of the initiative.

Table 1

Some Risk and Protective Factors That May Be Related to Disparities in Health

I. Personal Factors

A. Experience

1. Knowledge and Skill

Consumers/Local Residents	*Health Care Providers*	*Broader Agents/Allies*
✓ Knowledge (e.g., of preventive health practices, self-care, resources for health care) ✓ Beliefs (i.e., about causes and consequences of health behaviors and outcomes, e.g., effects of diet, physical activity) ✓ Skill (e.g., in accessing available services, advocating for needed services, language spoken) ✓ Education and training (e.g., years of formal education)	✓ Knowledge (e.g., of local culture, client health needs) ✓ Beliefs (e.g., about what consumers value) ✓ Skill (e.g., cultural competence, languages spoken) ✓ Education and training (e.g., extent and adequacy of training)	✓ Knowledge (e.g., of the problem of access/disparities) ✓ Beliefs (e.g., about how our health is bound up in that of others)

2. Experience and History

Consumers/Local Residents	*Health Care Providers*	*Broader Agents/Allies*
✓ Experience with health systems (e.g., discrimination in seeking services) ✓ History of prior health care experiences (e.g., pain, no improvement) ✓ Cultural norms and religious practices (e.g., diet, healing practices)	✓ Experience with service provision (e.g., respect shown to consumers) ✓ History of working with consumers (e.g., hostility, no improvement)	✓ Community norms for racial and ethnic harmony (e.g., history of race/ethnic relations) ✓ History of collaboration in public problem solving (e.g., involving those most affected and those most responsible)

B. Biology/Genetics

Consumers/Local Residents	
✓ Type and degree of existing health (e.g., preexisting conditions, risk markers) ✓ Mental or physical ability (e.g., mobility impairment; psychiatric disability; cognitive ability) ✓ Chronic illness (and requirements for care)	✓ Gender (e.g., women or men may be more at risk for particular health outcomes) ✓ Age (e.g., infants, adolescents, or older adults may be more at risk for particular health outcomes) ✓ Genetic predisposition (e.g., diabetes)

II. Environmental Factors

Consumers/Local Residents	*Health Care Providers*	*Broader Agents/Allies*
✓ Communication access/barriers (e.g., language spoken) ✓ Physical access/barriers (e.g., transportation) ✓ Competing requirements to participation (e.g., child care; work) ✓ Living conditions (e.g., homelessness, adequate housing, heat/cooling, clean drinking water) ✓ Poverty/financial resources (e.g., not enough money for basic needs, for needed health services)	✓ Availability and continuity of services and support (e.g., continuity of care from providers; peer support) ✓ Communication access/barriers (e.g., available interpreters) ✓ Human resources (e.g., too few providers for need; availability of providers from ethnic community) ✓ Physical access/barriers (e.g., distance and physical access to facilities) ✓ Time costs (e.g., waiting time for service; convenient hours of service) ✓ Financial barriers and resources (e.g., not enough money for needed health care, for prevention) ✓ Policies (e.g., requirements for insurance coverage, co-payments, refusal of service)	✓ Social support and ties (e.g., through neighbors, faith communities) ✓ Public accommodations for participation (e.g., available child care, transportation) ✓ Employer accommodations and policies (e.g., workplace health services; flextime policies to permit participation; health insurance policies) ✓ Government policies (e.g., distributive policies that assure access to care) ✓ Poverty and deprivation (e.g., policies supporting economic development, education, and housing in neighborhoods of concentrated poverty)

Table 2

Phases of Community Planning and Action	Products of Community Planning and Action	Related Resources from the Community Tool Box [http://ctb.lsi.ukans.edu/]
Understanding and Listening to the Community	◆ Listening Sessions and Public Forums ◆ Documenting the Problem or Goal ◆ Identification of Risk/Protective Factors and a Framework for Action ◆ Knowledge of Community Assets ◆ Involvement of Influential People ◆ Involvement of People affected by the Problem ◆ Leadership Building Plan ◆ Organization Structure ◆ Action Committees	◆ 3.3 (Chapter 3, Section 3)-- Conducting Public Forums ◆ 3.4 – Collecting Information About the Problem ◆ 3.8 – Identifying Community Assets and Resources ◆ 7.6 – Involving Influential People in the Initiative ◆ 7.7 – Involving People Most Affected by the Problem ◆ 13.1 – Developing a Plan for Building Leadership ◆ 9.1 – Organization Structure: An Overview ◆ 9.3 – Developing Multi-Sector Task Forces or Action Committees for the Initiative
Strategic Planning: Vision, Mission, Objectives, and Strategies	◆ Vision ◆ Mission ◆ Objectives ◆ Strategies ◆ Targets of Change ◆ Agents of Change	◆ 8.1 – VMOSA: An Overview ◆ 8.2 – Developing Vision and Mission Statements ◆ 8.3 – Creating Objectives ◆ 8.4 – Developing Successful Strategies ◆ 18.3 – Identifying Targets & Agents of Change
Developing an Action Plan	◆ Framework for Collaboration ◆ Community and Systems Changes to be Sought ◆ Knowledge of What is Important to Constituents ◆ Identification of Action Steps	◆ 1.6 – Working Together for Healthier Communities ◆ 8.5 – Developing an Action Plan ◆ 8.6 – Learning What is Important to You r Constituents ◆ 8.7 – Identifying Action Steps: Getting Down to the Nitty-Gritty
Documenting Progress and Promoting Celebration and Renewal	◆ An Evaluation System ◆ System for Maintaining Quality of Performance ◆ Celebrations ◆ Plan for Social Marketing ◆ Plan for Institutionalization	◆ 36 – Evaluating Comprehensive Community Initiatives ◆ 38 – A Framework for Program Evaluation ◆ 40 – Maintaining Quality Performance ◆ 41 – Rewarding Accomplishments ◆ 45 – Social Marketing of Successful Components of the Initiative ◆ 46 – Planning for Long-Term Institutionalization

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Planning Page

Listening to the Community

Please review the ideas in this chapter. As appropriate, use these planning pages to conduct listening sessions in the community. This will help refine your group's understanding of the problem or issue, barriers and resistance to addressing the concern, resources for change, and recommended alternatives and solutions.

Your group might arrange community meetings or focus groups in which to consider these issues. Be sure to include a variety of people, including local residents, health care providers, and others interested in doing something about the problem of health access and disparities.

The Issue of Health Access and Disparities

How is access to health care a problem in this community? How are people in our community less healthy than those in other places? What are the consequences? Who is affected? How are they affected? Are there related issues of concern (e.g., lack or decent jobs, education, housing)? Who cares about this problem? Are these issues of widespread concern?

Barriers and Resistance

What key individuals or groups might oppose efforts to promote health access and equality? Can they be involved effectively? What other barriers might limit the effectiveness of the initiative? How can the barriers and resistance be overcome? How should we use this information to guide our planning for action?

Resources for Change

What resources, skills, tools, and other capacities are needed to address the mission of promoting health access and equality? Who has these? What local individuals or groups could contribute? What financial resources and materials are needed? Where might the money and materials to obtained?

Resources Needed: ***Potential/Existing Sources:***

People/Organizations:

Financial:

Materials:

Solutions and Alternatives

What are some ideas for furthering the goal of health for all in light of the anticipated barriers and resources? These ideas may provide an initial indication of what solutions might be acceptable to the community. (The group will refine these ideas in its action plan, described in later chapters of this guide.)

Planning Page

Documenting the Problem

Please review the ideas in this chapter. As appropriate, use this planning page to focus your group's efforts to document problems with health access and disparities in your community.

Your group might collaborate with officials of local health departments, hospitals, or clinics to obtain existing data that could be used to document the problem.

Health Access

Local health departments, hospitals, or clinics may have data on access to health services. What percentage of local residents have a specific source of ongoing health care? What percentage receive health care on a regular basis? What percentage have received appropriate preventive health services (e.g., health screenings, immunizations)? How do the levels and trends compare with those of similar communities? What barriers in health systems (e.g., clinics, hospitals) seem to limit the reach of existing services (e.g., wait lists, limited money)? (The National Health Interview Survey includes questions that could be used or adapted to better understand health access.)

Health Disparities

Public health records provide information on health outcomes (e.g., newborns with low birth weight) for the community. What is the estimated rate for priority outcomes (e.g., infant mortality)? How do the levels and trends compare with those of other communities? What disparities do we see? Who (e.g., which racial, ethnic, and income groups) seem to be bearing the brunt of them? Describe the communities most affected and the extent to which they are affected (i.e., provide a community health profile with data on incidence/prevalence, demographics, etc.). (County and city public health agencies, hospitals, and clinics may have data on community-level indicators.)

Planning Page

Identifying Risk and Protective Factors and Developing A Framework for Action

Please review the ideas in this chapter. As appropriate, use this planning page to refine your group's understanding of risk and protective factors that may affect the mission of promoting health for all. Also, outline (draw a picture and explain briefly) the framework for action (or model or "theory" of change) that your community initiative will use to address its mission.

Your group might use interviews with community leaders and outside experts and models provided by others (see, for example, Table 1 for Risk and Protective Factors and the illustrative "Framework for Promoting Health for All").

Potential Risk and Protective Factors

What *personal factors* affect equality/disparities in health in this community? These may include knowledge, skills, and history, such as language spoken and history of discrimination, and biological/genetic influences such as the type and degree of existing health or physical or mental disability. What *environmental factors* affect health for all? These may include availability and continuity of services, physical and communications access, financial barriers and resources, peer support and advocacy, policies such as for insurance coverage, and poverty and living conditions. How can we use this analysis of risk and protective factors—and our experience and knowledge of our local communities—to identify promising strategies and tactics for increasing access and eliminating disparities in health outcomes?

Framework for Action

Is the community initiative already using a framework for action (or model or "theory" of practice) to guide its efforts? If appropriate, how can (should) it be adapted? What is the logical path from initial understanding and planning to improvements in more distant outcomes in health? How can this framework for action help guide our group's efforts?

Planning Page

Becoming Aware of Local Resources and Efforts

Please review the ideas in this chapter. As appropriate, use this planning page to refine your group's understanding of existing programs and resources as well as current and past efforts of groups with a similar mission of promoting health for all.

Your group might use interviews with community leaders to help with these questions. Informants might be drawn from leaders in health organizations, faith communities, business, schools, and government, as well as grassroots leaders in neighborhood and cultural communities particularly affected by the concern.

Existing Programs and Resources

What are the existing programs and resources for promoting health access and equality? How many people (and whom) are they serving? Do these services and programs meet local needs? Can their services be made more effective through local support, advocacy, and/or other means?

Current and Past Initiatives

Are there task forces or coalitions *currently* involved in promoting health access and equality? If so, who are they? How many people are actively involved? Are these groups as effective as they can be? Were there *past* initiatives with a similar mission? What was their focus? Achievements? Why and how did their efforts end?

Planning Page

Involving Key Officials and Grassroots Leaders

Please review the ideas in this chapter. As appropriate, use this planning page to refine your group's understanding of which key officials and grassroots groups should be involved in the initiative.

Your group might use interviews with community leaders to help with these questions. Informants might be drawn from leaders in health organizations, faith communities, business, schools, community and cultural organizations, and government, as well as grassroots leaders in neighborhoods and cultural communities particularly affected by the concern.

Key Officials

Who can make things happen on this issue? What individuals are in a position to create (or block) change? What previous experience do they have with the issue of health access and disparities? What contact people from the initiative would be most successful in getting these key officials to become involved in the initiative? Consider involving those who may initially be for (or against) the initiative.

Key Officials to be Involved	Contact People from the Initiative

Key Grassroots Leaders

What communities (specific neighborhoods and ethnic or cultural communities) are particularly affected by this concern? What issues/events are they currently organized around (e.g., neighborhood safety)? What individuals and groups make things happen in these neighborhoods and cultural communities? What previous experience do they have with the issue of health access and disparities? What contact people from the initiative would be most successful in involving members of these communities?

Key Grassroots Leaders	Contact People from the Initiative

Planning Page

Creating a Supportive Context for Planning

Please review the ideas in this chapter. As appropriate, use these planning pages to consider how your group will position itself for success. In particular, note the leadership of the planning group and its preferred size and structure, organization, and plans for integration of key leaders and people affected by the concern.

Leadership

Has a person or small group accepted responsibility for the initiative's success? Consider how the leaders can enhance their vision of health access and equality in the community. How can the leaders attract others to the vision? How can the leaders enhance their skills to relate to others within the group? How can the group select for and support those with the courage, perseverance, and other attributes necessary to help transform the community?

Group Size and Structure

What is a manageable size for the planning group? If more people wish to be involved, what structure will be used to include them? Perhaps the planning group might be composed of a smaller executive or steering committee which would report to the whole group.

Group Organization

How will the planning group be organized? In larger groups or communities, planning might initially be done in subcommittees or task groups organized around community sectors, such as business or faith communities, or functions, such as public information or advocacy. In smaller groups or communities, this work might be done by the entire group.

Group Diversity and Integration

How will diversity and integration of differing perspectives be assured? How will influential people be involved? How will other local residents affected by the concern be included? How can the continuing participation of those with resources and authority be maintained while preserving the involvement of other local people with experience but no official titles?

Chapter 2
Planning Overview: Vision, Mission, Objectives, Strategies, and Action Plans

When groups develop a plan for action, they decide what they hope to accomplish and how they are going to get there. These decisions may be reached in strategic planning, the process by which a group defines its vision, mission, objectives, strategies, and action plans. This chapter provides an overview of these broader planning considerations and explains what is involved in creating or refining a group's vision, mission, objectives, and strategies for promoting health for all. It also helps clarify considerations about where the group will direct its efforts: who is at risk and who is in a position to help with the issue.

Use the information gathered for the previous chapter to guide the initiative's strategic planning. For example, how can documented evidence of problems with access to health care and disparities in health outcomes be used to form the mission and objectives? How will the community's voice (as heard in listening sessions) influence the action plan?

In this chapter, we provide planning pages that your initiative may use to refine its vision, mission, objectives, strategies, and targets and agents of change. Later sections of the guide will be devoted to preparing detailed action plans that identify community and systems changes to be brought about to fulfill the community's vision and mission for promoting health for all.

At the end of this chapter, we provide an outline for an "Action Planning Workshop". Structured as two one-half day retreats, this may be adapted to fit your community initiative's interests, needs, and constraints.

An Overview of Strategic Planning

A complete strategic plan consists of five elements (V.M.O.S.A.):

- **V**ision
- **M**ission
- **O**bjectives
- **S**trategies
- **A**ction Plans

Each is described below.

Vision

A **vision** communicates the *ideal conditions* desired by and for the community. A group concerned about access and disparities in health might use brief phrases such as the following to capture its vision: "Health for all," "Healthy neighborhoods," "Health equality," or "Justice and health in the neighborhood." Vision statements should convey the community's dream for the future. Vision statements should be: a) shared and felt by members of the community, b) diverse, reflecting a variety of local perspectives, c) uplifting to those involved in the effort, and d) easy to communicate (it should fit on a T-shirt).

Mission

The **mission** describes *what* the group is going to do, and *why*. The mission might refer to a problem, such as disparities in health, or a goal, such as promoting health for all. The mission statement must be: a) concise, b) outcome-oriented, such as the outcome of reduced disparities in health, and c) inclusive, not limiting in the strategies or sectors of the community to be involved. (Although the vision and tactics will be unique to your community, the mission, objectives, and strategies for improving access and eliminating disparities may be influenced by the granting agency that provides financial support to the initiative.)

A **mission statement** or statement of common purpose for addressing health access and disparities might look something like one of these:

- "To reduce disparities in health outcomes through community education, enhanced health services, and advocacy."
- "To promote health for all people through collaborative planning, community action, and health and systems change."
- "To serve as a catalyst for health justice in our neighborhood."

Objectives (or Broad Goals)

Objectives or broad goals refer to *specific measurable results* of the initiative. They include: a) key behavioral outcomes, such as increased use of appropriate preventive services and primary health care, b) related community-level outcomes, such as the proportion of people with regular access to health care and the incidence of specific priority health outcomes such as infant mortality or HIV Infections/AIDS, and c) key aspects of the process, such as adopting a comprehensive plan for improving access and eliminating disparities. Objectives set specified levels of change and dates by when change will occur. Example objectives include:

a. By the year 2005, increase by 50% the percentage of children, two years of age, that are appropriately immunized (childhood immunization).
b. By the year 2010, increase by 40% the percentage of local residents who have a specific source of ongoing health care (overall access to health care).

The objectives must be **S.M.A.R.T.** + **C.**:

- **S**pecific (clear)
- **M**easurable (within the limits of the measurement systems now or potentially available)
- **A**chievable (at least potentially)
- **R**ealistic (this can actually be done given adequate resources)
- **T**imed (specific about when they will be achieved)
- **C**hallenging (pushing for big enough changes to address the community's concern)

A group's **objectives** for reducing disparities in health outcomes will likely refer to the specific behaviors and outcomes of particular concern such as obtaining needed preventive services or having a specific source of ongoing health care. Adapted to reflect local priorities, needs, and assets, the objectives may appear like those that follow:

- By the year 2005, increase by 50% the percentage of children, two years of age, that are appropriately immunized (childhood immunization)
- By the year 2006, increase by 30% the percentage of HIV-infected persons identified through enhanced outreach strategies in the community (HIV Infection/AIDS)
- By the year 2006, increase by 60% the percentage of women 50+ having a mammogram in the past two years (breast cancer)
- By the year 2008, increase by 50% the percentage of people with diabetes who in the last year had a foot examination (diabetes)
- By the year 2008, reduce by 25% the percentage of adults and youth that smoke tobacco products (cardiovascular diseases)
- By the year 2010, decrease by 30% the percentage of newborns with low birth weight (infant mortality)
- By the year 2010, increase by 40% the percentage of local residents who have a specific source of ongoing health care (overall access to health care)

Strategies

Strategies refer to *how* the initiative will be conducted. Types of broad strategies include building coalitions among community groups and organizations, community or neighborhood organizing, social marketing, and media and policy advocacy. More specific strategies might include providing information and enhancing skills, modifying access and barriers, and modifying policies. A group should consider using a diverse array of broad and specific strategies to meet its objectives

and fulfill its mission. The proposed strategies should be consistent with what is known about planned change with communities, organizations, and individual behavior.

A particular initiative's broad **strategies** or components may be influenced by the funding source or by the usual meaning of "coalition": People from different sectors of the community working together on a common mission.

A coalition's *broad strategies* might include the following:

- ✓ Use social marketing and media advocacy to promote public awareness of the disparities in health outcomes and to help establish health equality as a major priority.
- ✓ Build a community coalition that involves all relevant sectors of the community in promoting health for all.
- ✓ Enhance peer support and grassroots involvement in promoting community health.
- ✓ Promote coordination and integration of existing services and resources for promoting health.
- ✓ Advocate for changes in programs, policies, and practices to improve access and eliminate disparities.

The initiative's *specific strategies* for changing individual and organizational behavior will likely involve the following:

- ✓ providing information and enhancing skills
- ✓ modifying access and barriers
- ✓ enhancing services and support
- ✓ altering incentives and disincentives
- ✓ modifying policies.

Although your group's mission, objectives, and broad strategies may be influenced by outside funders, its action plan will reflect your community's unique vision, goals, concerns, and experiences.

Action Plans

Action plans describe how strategies will be implemented to attain the objectives. They refer to *community and systems changes* to be sought **and** *specific action steps* to be taken to bring about changes in all relevant sectors of the community. Later chapters will focus on ways to select changes in programs, policies, and practices to be sought by the initiative. They will also clarify how to describe action steps that indicate what actions will be taken (what), the responsible agents (by whom), the timing (by when), resources and support needed and available, potential barriers or resistance, and with whom communications about this plan of action should occur. Example community and systems changes and action steps for identified changes are provided in later chapters.

Identifying Targets and Agents of Change

When the group has determined where it is going and how it is going to get there, it will focus on key actors whose behaviors, if changed, would contribute to the mission. Clarifying whose behavior must change to address the issue of health access and disparities will be useful in later planning for action.

Potential **targets of change** include all local residents and potential consumers of health services, including those who may be at particular risk for health disparities. They also include those whose action (or inaction) contributes to the problem (and its solution), such as health care providers and broader agents and potential allies from faith communities, business, schools, community and cultural organizations, and government who do (or should) care about the issue of disparities in health outcomes.

Potential **agents of change** include all those in a position to contribute to the solution, such as local residents, health care providers, and family members and peers. They also include those who have a responsibility to contribute to the solution, including leaders from faith communities, business, schools, community and cultural organizations, and government.

Summary

This chapter outlined key ideas in strategic planning that may be used to review (and perhaps revise) the broad strategic plan. The planning pages that follow provide an opportunity to apply these ideas to your own community's efforts to promote health for all.

Planning Page

Refining Your Group's Vision, Mission, Objectives, and Strategies

Please review the ideas in this chapter. As appropriate, use these planning pages to refine your group's vision, mission, objectives, and strategies for improving access and eliminating disparities. Please note that if you are applying for grant funds, the mission, objectives, and/or strategies may be somewhat or fully predetermined by the funder.

Vision

Vision statements describe the ideal condition desired for the community. They convey the community's dream for the future. They should be shared, diverse, uplifting, and easy to communicate. Example vision statements are: "Health for all" or "Justice and health in the neighborhood."

Please list vision statements that capture the dream of your group:

Mission

The mission statement describes the common purpose of the group. It describes what the group intends to do and why. It must be concise, outcome-oriented, and inclusive. An example mission statement is: "To decrease disparities in health outcomes through community education, health services, and advocacy."

Please state the mission of your group:

Objectives (Broad Goals)

Objectives state the broad goals toward which the group's activities are directed. Objectives describe how much of what will be accomplished by when. They refer to *specific measurable results* and state the time frame for accomplishments. Objectives must be specific, measurable, achievable, realistic, timely, and challenging. Please list the objectives of your group, inserting the appropriate dates and target percentages:

- ✓ By the year ___,
- ✓ By the year ___,
- ✓ By the year ___,

Strategies

Strategies describe how the objectives are going to be met. Broad strategies for promoting health for all include: building community coalitions, community or neighborhood organizing, social marketing, and media and policy advocacy.

Specific strategies related to changing individual and organizational behavior include: a) providing information and enhancing skills, b) modifying access and barriers, c) enhancing services and support, d) altering incentives and disincentives, and e) modifying policies.

Please list the broad and specific strategies to be used by your group.

Planning Page

Refining Your Group's Choice of Targets and Agents of Change

Please review the ideas in this chapter. As appropriate, use this planning page to refine your group's choice of targets and agents of change.

Targets of Change

Targets of change include all local residents and consumers of health services, including those who may be at particular risk for health disparities (e.g., those living in areas of concentrated poverty). (Targets of change are those who by their actions or inaction contribute to the problem or solution). Possible targets of change include: local residents, health care providers, members of faith communities, business, schools, community and cultural organizations, and government who should care about the issue of health access and disparities in health.

Please list the targets of change for your group.

Agents of Change

Agents of change are those who are in the best position to contribute to the solution, such as local residents and health care providers. They may also include those who have a responsibility to contribute to the solution, such as business or religious leaders. Possible agents of change include: family and peers, health care providers and health advocates, members of faith communities, businesses, schools, community and cultural organizations, and government who care about the issue of health access and disparities.

Please list the agents of change for your group.

Action Planning Workshop(s):
An example outline using two half day working sessions

Overall Process: An effective action planning session allows a diverse group of participants to:

1. Clarify common purpose—Through listening, gathering and reviewing data, and building a shared vision and mission.
2. Generate and critique options—Through consideration of risk and protective factors, broad and specific strategies, and the community's framework for action, it identifies particular changes in communities and systems (i.e., new or modified programs, policies, and practices) to be sought to achieve the mission.
3. Obtain consensus about community and systems changes to be sought—Through ballot voting about the importance and feasibility of proposed changes, or by having participants use "dots" to register preferences for changes to be sought.
4. Decide how to proceed as a group—Through open discussion, the group identifies action steps (i.e., who will do what by when) to bring about the identified changes.

Background Work Before the Session/Workshop:

- ***Listening sessions*** *with a variety of people including those most affected*
- ***Documenting*** *the issue or problem, including data on the problem of health access and disparities in specific health outcomes*

Session/Day One (1/2 Day)

8:30 Continental Breakfast

9:00 Welcome and Introductions

9:20 Overview of the Action Planning Process

9:30 VMOSA …. What is VMOSA (Vision, Mission, Objectives, Strategies, Action Plans)?

9:45 Vision: Promoting Health for All: Creating your own community's vision

10:15 Mission: What are we trying to accomplish and why?: Stating your mission.

10:45 Objectives: How much of what will we accomplish by when? Creating your objectives.

11:15 Strategies: How will we get there: Identifying a set of broad and specific strategies.

12:15 Questions/ Wrap Up: Group Summarizes Accomplishments of Session/Day One

12:30 Adjourn

Product of Session/Day One*:* A new (or renewed) statement of the group's Vision, Mission, Objectives, and Strategies. (These may require review or approval by a broader group.)

Homework Before Session/Day Two*:* Review the "Inventory of Potential Community and Systems Changes to Improve Health Access and Eliminate Disparities in Health." Bring recommended changes to be sought: a) by specific strategy (i.e., providing information and enhancing skills, modifying access and barriers, enhancing services and support, altering incentives and disincentives, and modifying policies) and b) by community sector (e.g., Health Organizations, Faith Communities, Government).

Day Session/Two (1/2 Day)

9:00 Review of Session/Day One and Overview of Session/Day Two

9:15 Identifying Targets and Agents of Changes: Who should benefit? Who can contribute?

9:30 Identifying Community and Systems Changes: By Strategy (work in small groups of 6-8 organized by strategy)

10:15 Small Group Reports

10:45 Identifying Community and Systems Changes: By Sector (work in small groups of 6-8 organized by sector)

11:15 Small Group Reports

11:45 Building consensus on community and systems changes to be sought (e.g., using dots, voting)

12:15 Next Steps:

- Building Consensus/Seeking Approval from the larger group (if appropriate)
- Identifying Action Steps for each change to be sought (who will do what by when)
- Plan for Documenting Progress and Promoting Celebration and Renewal

12:45 Questions/ Wrap Up: Group Summarizes Accomplishments of Session/Day Two

1:00 Adjourn

Product of Session/Day Two: A set of community and systems changes (i.e., new or modified programs, policies and practices to be sought in each relevant sector of the community (e.g., Health Organizations, Faith Communities, Government).

"The difficulties of life will not be solved by absolutes, but will be solved in the tough engagement of relating one to another, whether it is a family or in a community or in a church or in the world."

-- Bishop Stith,
Pianist, Jazz innovator, Teacher --

Chapter 3
Working Together to Promote Health for All: Involving Key Sectors in the Community's Framework for Action

The purpose of this chapter is to envision how the community can better work together to improve access and eliminate disparities in health. More specifically, we will consider how certain community sectors, such as health organizations or faith communities, can be involved (and transformed) in implementing your community's "Framework for Action."

Community sectors are those parts of the community that will help the group fulfill its mission. Some sectors, such as faith communities or cultural organizations, are selected since they provide a good way to reach local people who are at particularly high risk for problems with health access and disparities. Other sectors, such as health organizations or local government, are included since they offer a way to involve people who have an interest or responsibility for addressing the issue of disparities in health outcomes.

Use the information gathered in the previous chapters to guide your initiative's choices about key sectors to be involved. For example, what does your analysis of potential barriers, resistance, assets, and resources suggest about which parts of the community should be involved? Through what parts of the community can we best reach the targets of change or those who should benefit? Through what sectors can we best engage the agents of change or those who can contribute to the mission?

This brief chapter involves several important activities. They include:

Step 1: Review the targets and agents of change (and the analysis of risk/protective factors) identified in the previous chapter. These are the people whom your group hopes to influence and involve in its efforts.

Step 2: Review the diagram on the next page of the community sectors involved in an example coalition the "Lincoln Coalition for Health Equality." Consider which of these (or other) sectors of the community might be most useful in promoting health for all in your community. Modify the chosen sectors as appropriate. Delete or add new ones to fit your community's special needs, resources, barriers, and experiences.

Step 3: Use the Planning Page in this chapter to identify the sectors that your initiative will use. Each sector should help reach your group's targets of change and/or involve your selected agents of change. Your organization's own particular sectors will reflect the overall vision, mission, objectives, and strategies, as well as local resources, barriers, threats, and opportunities.

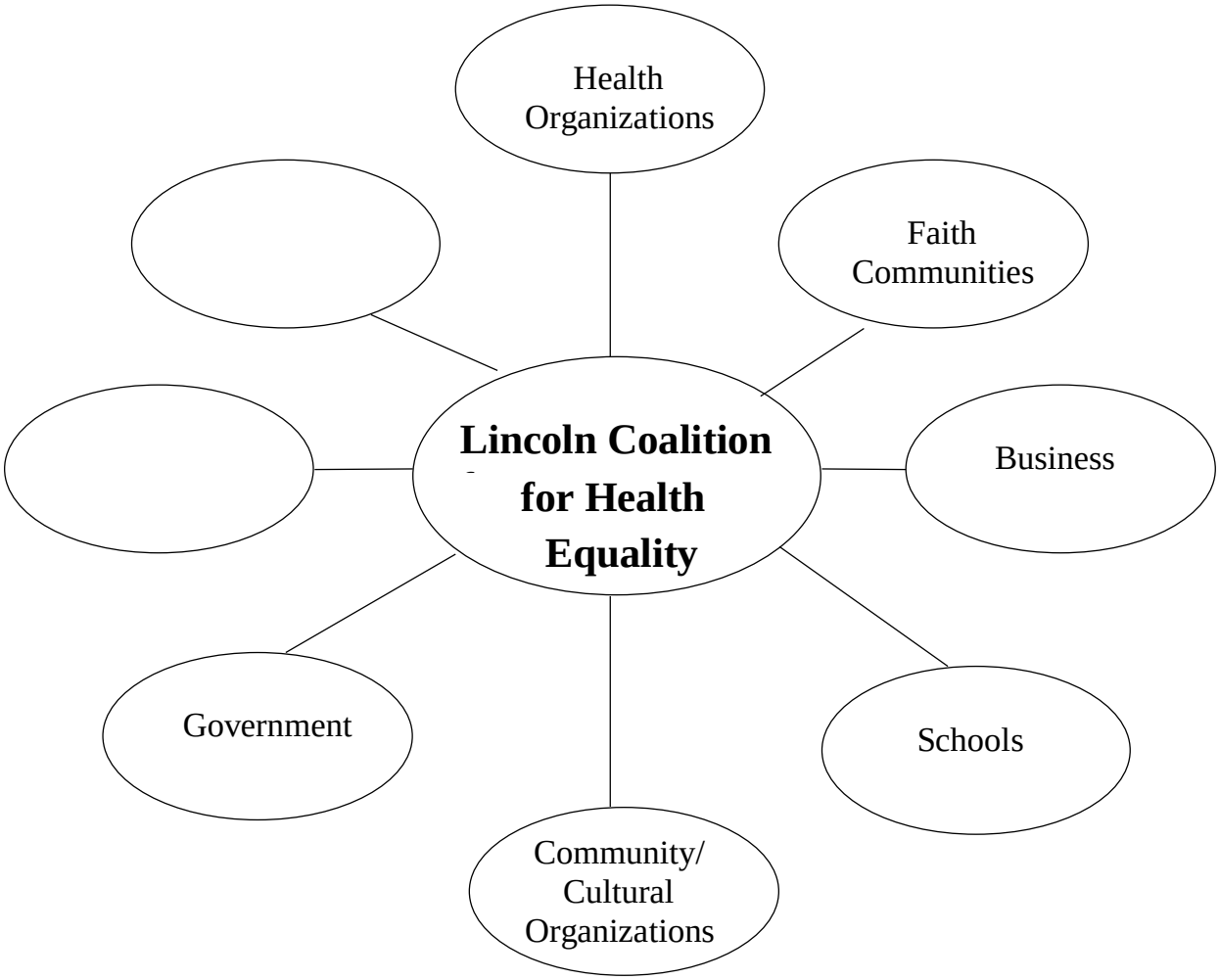
Step 4: In preparation for the next important chapter on preparing an action plan, review the example community changes that could be sought in each sector. Consider how these changes could work together in a comprehensive and concrete vision for improving access and eliminating disparities in our communities.

Working Together to Promote Health for All:

Some Key Community Sectors in an Example Coalition

Here is a diagram of community sectors that might work together to reduce disparities in health outcomes. These are the community settings or groups through which this potential example, the "Lincoln Coalition for Health Equality," fulfilled its mission.

Which community sectors should be used to address your group's mission? Which of these offer good prospects for changing behaviors and involving community members with a concern for the problem of health access and disparities?

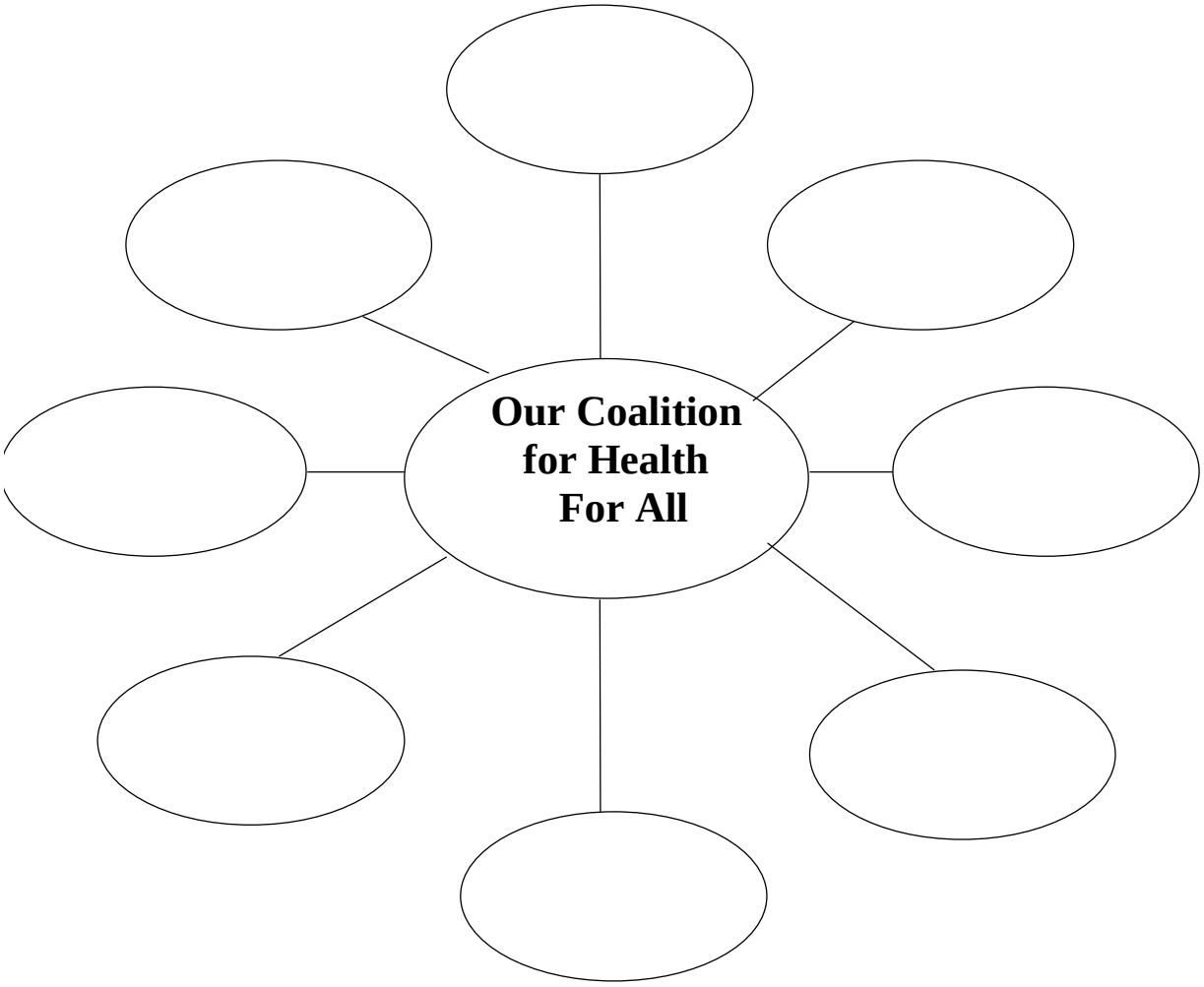


Planning Page

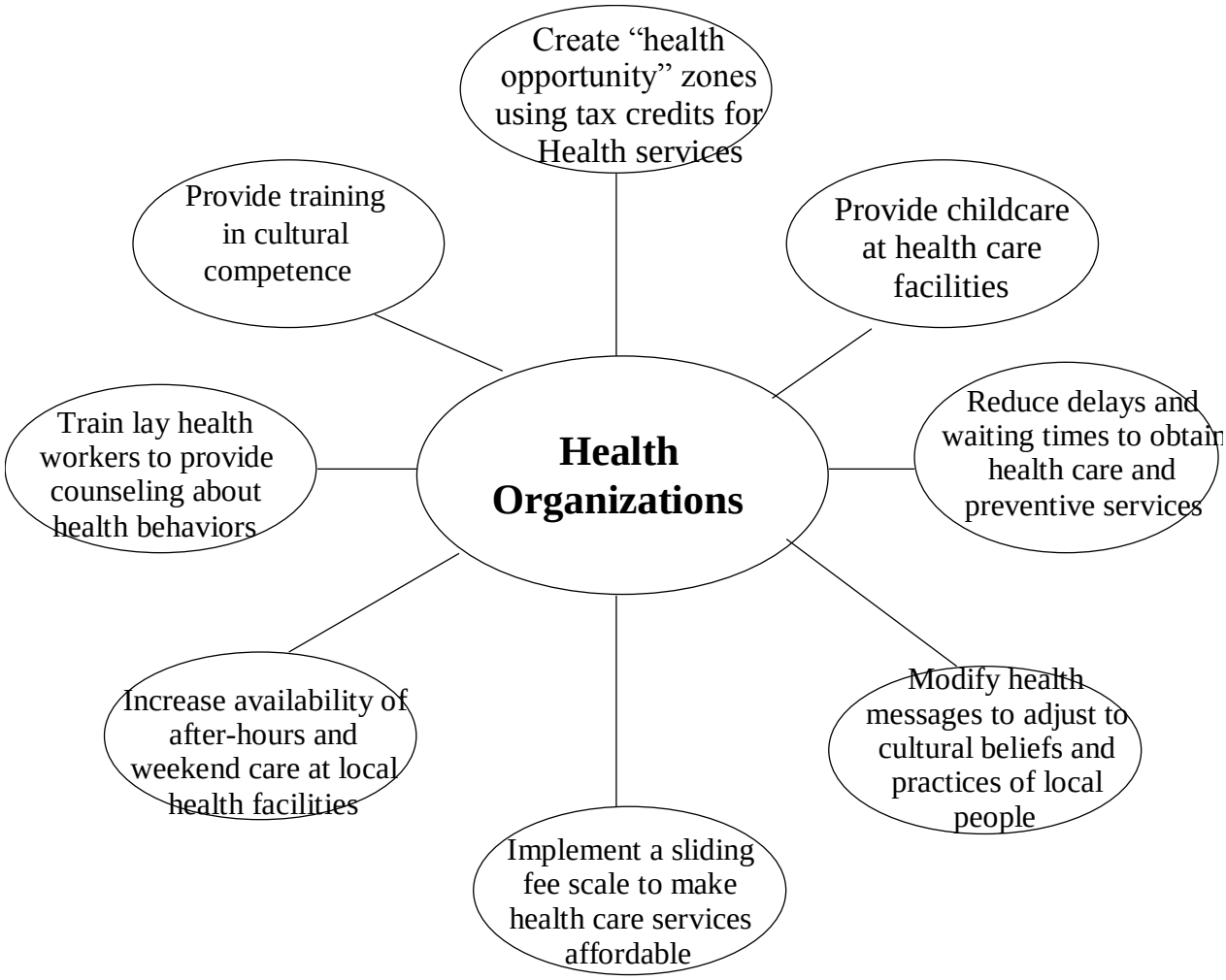
Choosing Community Sectors to be Involved in the Effort

Please review the diagram for the example "Lincoln Coalition for Health Equality" on the previous page. As appropriate, use this page to list proposed sectors of the community in which *your* group can and will have influence. Some potential sectors include health organizations, faith communities, business, schools, community and cultural organizations, government, and other contexts for reaching those at risk and involving those able to help.

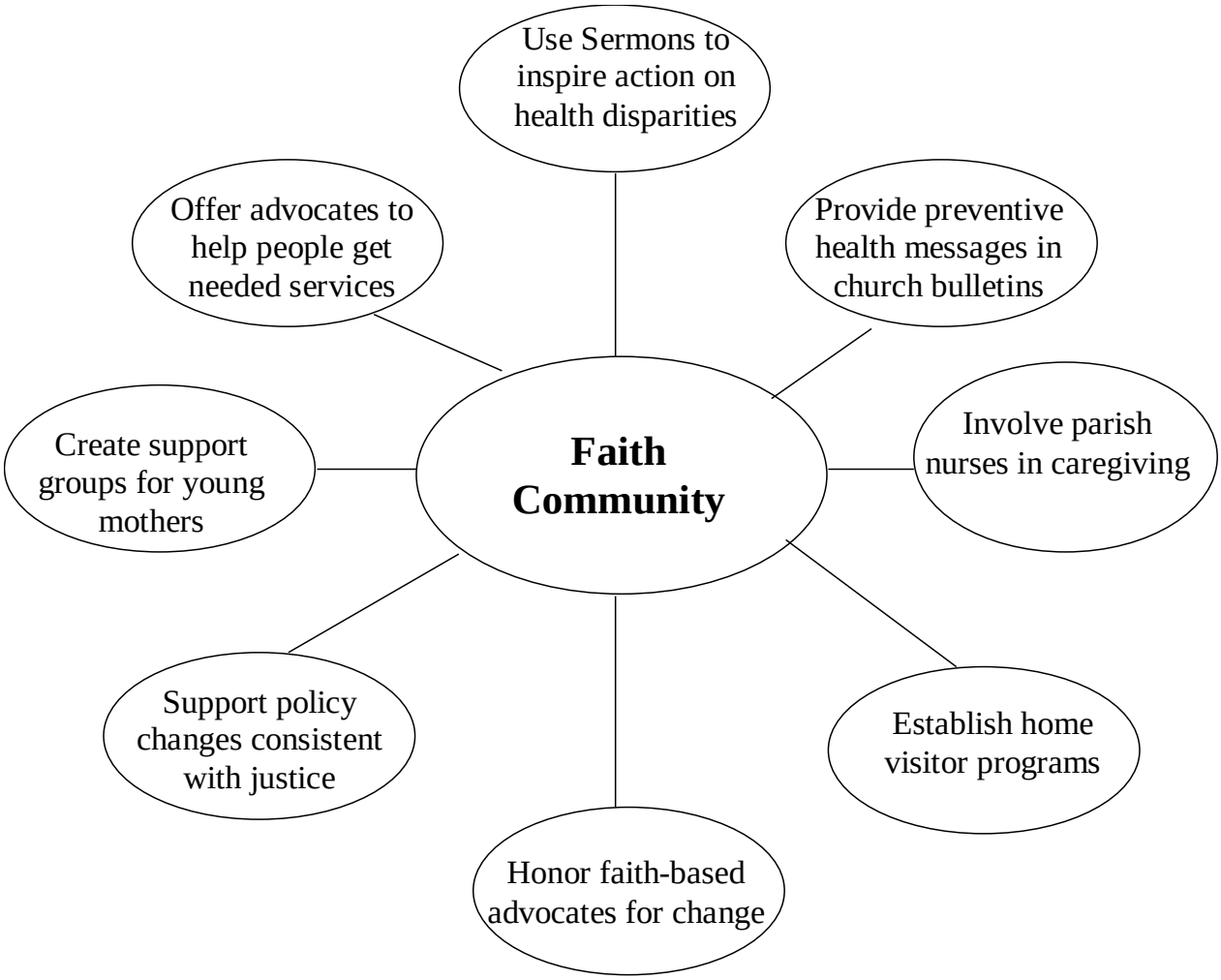
Review the targets and agents of change identified in the previous chapter. Consider the following questions: Does the sector provide a way to reach large numbers of people at risk to issues of health access and disparities? Does it help connect with community members who have an interest or responsibility for promoting health for all? Is this part of the community important to the group's mission? Is it feasible to involve this sector in the group's efforts? What other sectors (e.g., media, military) could or should be involved?



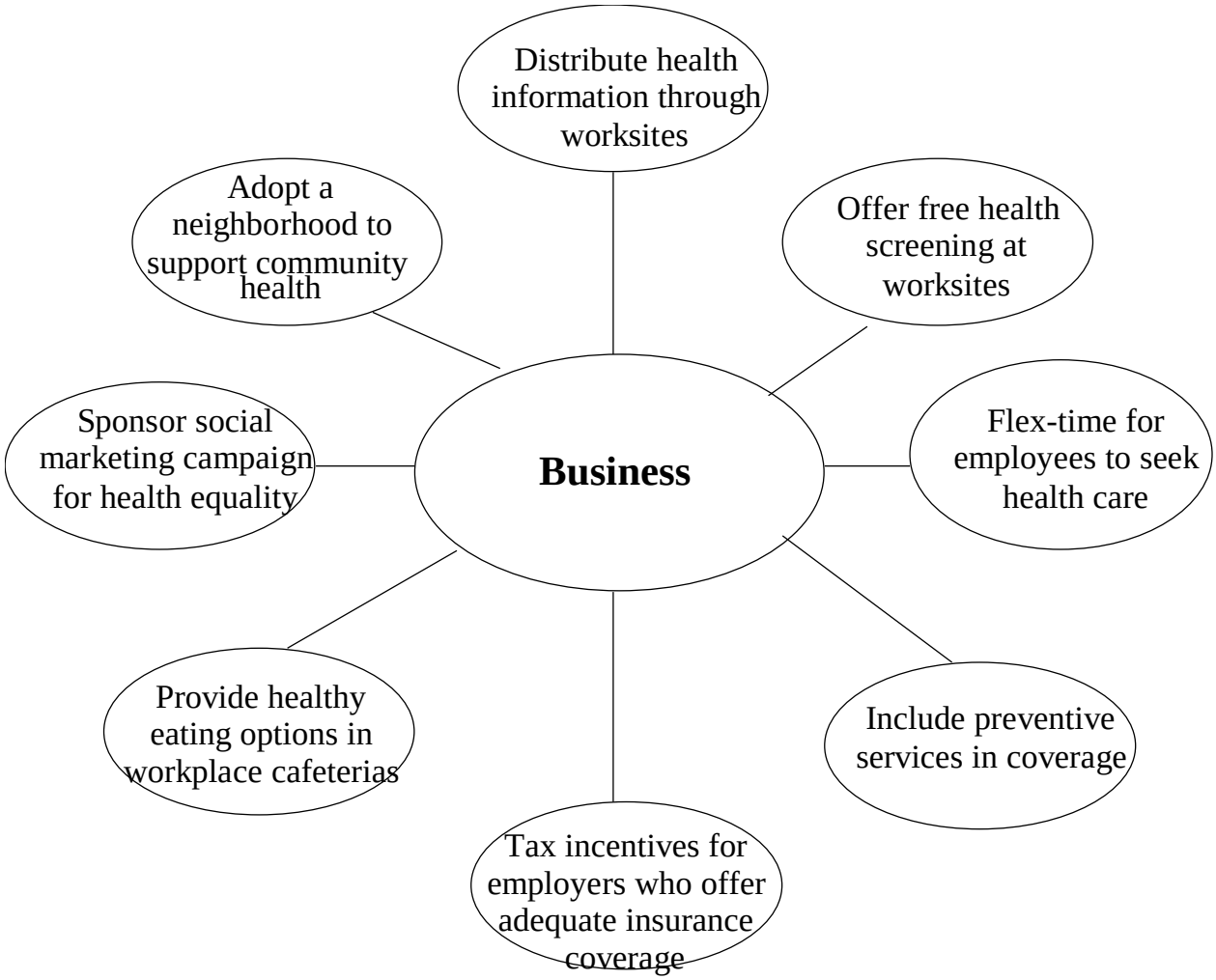
Envisioning a Community Working Together to Promote Health for All: An Example of Community and Systems Changes in Health Organizations



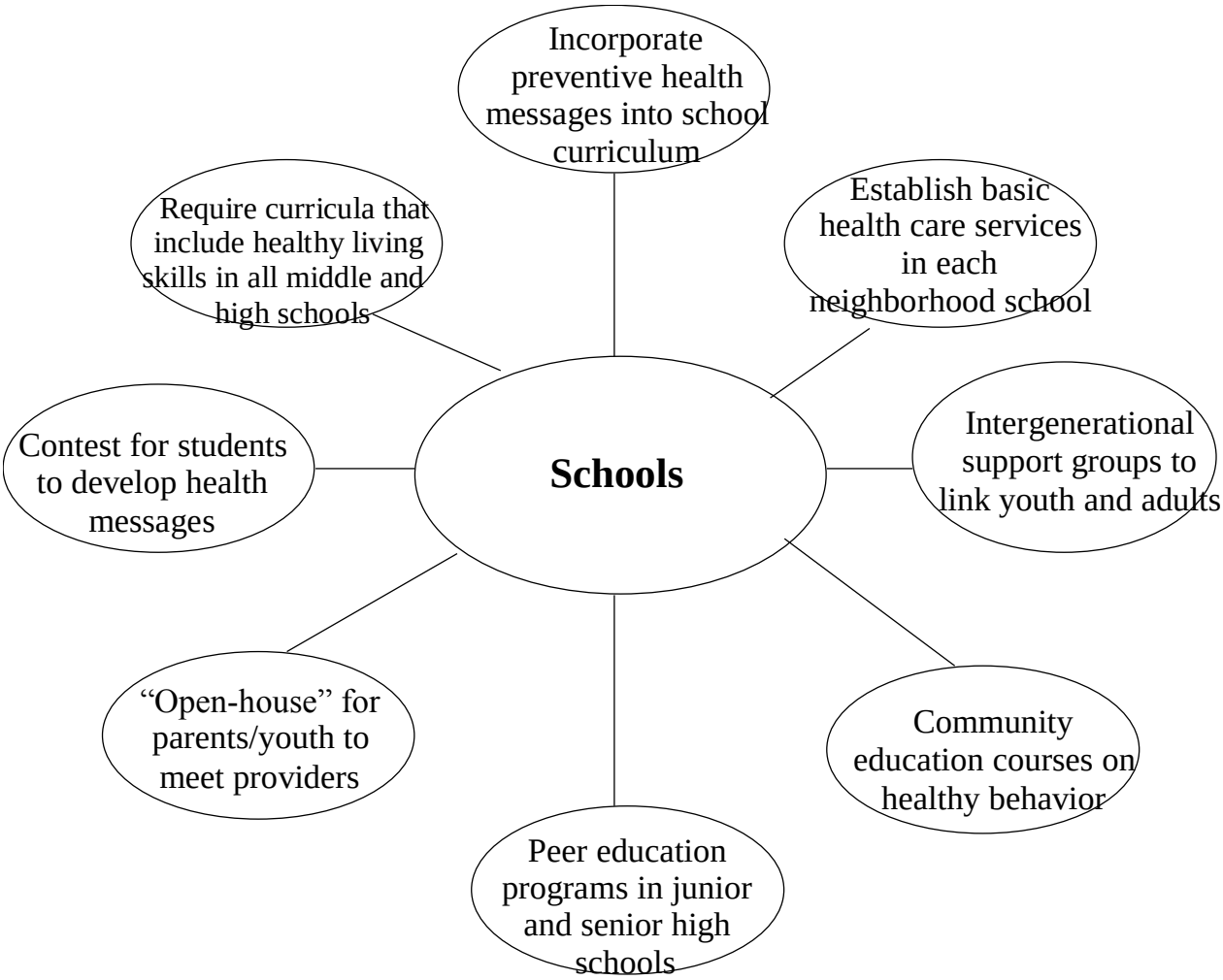
Envisioning a Community Working Together to Promote Health for All: An Example of Community and Systems Changes in Faith Communities



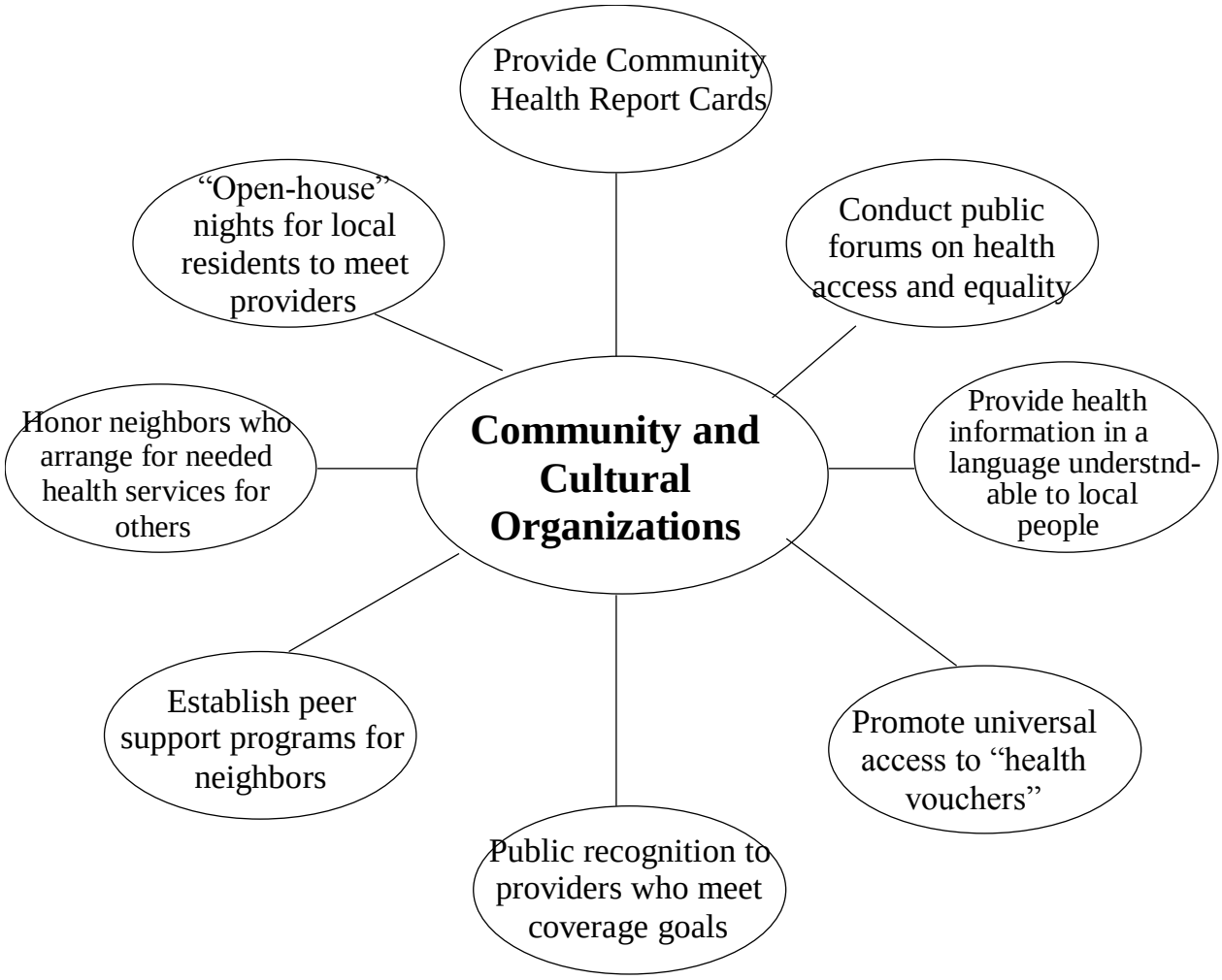
Envisioning a Community Working Together to Promote Health for All: An Example of Community and Systems Changes in Business



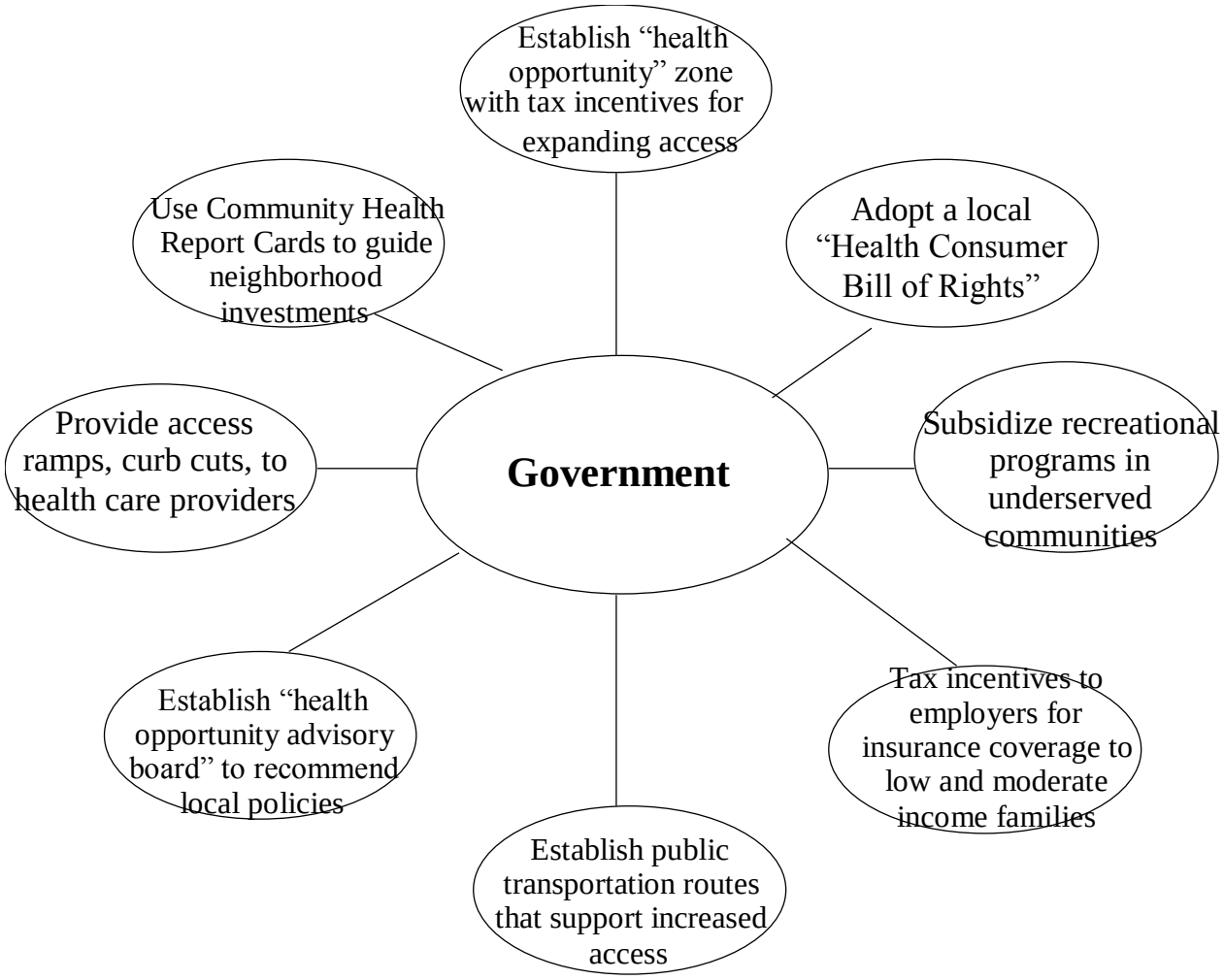
Envisioning a Community Working Together to Promote Health for All: An Example of Community and Systems Changes in Schools



Envisioning a Community Working Together to Promote Health for All: An Example of Community and Systems Changes in Cultural Organizations



Envisioning a Community Working Together to Promote Health for All: An Example of Community and Systems Changes in Government



"The time is always right to do what is right."

-- Dr. Martin Luther King, Jr. --

Chapter 4
Preparing Your Action Plan: Using an Inventory to Identify Community and Systems Changes to be Sought

This chapter is the absolute heart of action planning. Its purpose is to help guide the choice of community and systems changes that your group will seek in each relevant sector of the community. To address the mission, your group may attempt to change programs, policies, and practices within health organizations, faith communities, business, schools, community and cultural organizations, government, and other relevant community sectors.

Use the information gathered in the previous chapters to guide your initiative's choices for community and systems changes to be sought. For example, what does the community's framework for action and understanding of barriers and resistance suggest about which particular strategies and tactics to use? In light of the choices of targets and agents of change (and the sectors through which they can be reached and engaged), which changes should be sought in particular sectors of the community?

This chapter provides an inventory of possible changes that your group might seek. Ultimate decisions about what changes or improvements to pursue rest with your community. For an example of the product of action planning, see the sample Community and Systems Changes in Chapter 3. This provides an illustration of the types of community and systems change the initiative might seek in relevant sectors of the community.

The purpose of this chapter is to help you identify the factors in your community that, if strengthened or changed, would increase the chances of attaining your goals. The potential changes to be sought are directed at many different levels of the community. Some address the behaviors of local residents or health providers, while others seek to change the behaviors of influential people, such as leaders in faith communities, business, or government.

The process consists of four steps:

Step 1: Review (modify and expand) the Inventory (or "menu") of Potential Community and Systems Changes. They are stated as objectives for change and divided into five specific strategies:

1. Providing information and enhancing skills
2. Modifying access and barriers
3. Enhancing services and support
4. Altering incentives and disincentives
5. Modifying policies

Within a specific strategy, there is a "menu" of possible changes related to general access/disparities and to particular health outcomes (e.g., HIV, CVD). Taking into account the health issue(s) your community is addressing, carefully scan the inventory and mark those community and systems change factors that seem relevant to your situation. Then brainstorm to see if you can identify others not listed in the inventory. Frame the proposed objectives as descriptions of changes in the environment that could be observed, using language in the inventory as a guide.

Step 2: List the community and systems changes identified in Step 1 on the Worksheets provided for each of the five specific strategies.

Step 3: Using abbreviated key words, transfer (and adapt) the community/systems change objectives from the Worksheets to the appropriate Sector Clusters (e.g., Health Organizations, Government).

We strongly encourage planners to involve as many stakeholders as possible in the process described in this chapter. For example, a planning group of 20 could break into diverse work teams of 5 people. Once all of

the steps were completed, those smaller teams could review and exchange their respective findings, and rationales, with one another. This exchange of ideas could then serve as the basis for a planning team's recommendations to the broader coalition.

Step 4: Finally, using the community's "framework for action," (see Chapter 2) draft a simple flowchart (one page) which shows how the planned changes in communities and systems fit together, forming pathways that lead logically to widespread behavior change and eliminating/reducing health disparities.

A key question: What combination of changes in programs, policies, and practices are necessary to make a difference with the mission of promoting health for all?

Inventory of Potential Community and Systems Changes for Improving Health Access and Eliminating Disparities in Health

Part A. Providing Information and Enhancing Skills -- Some Potential Changes to Be Sought

General Access/Disparities:

1. ___ By XX, conduct a social marketing campaign that encourages each of us to act on behalf of the health of all of us.
2. ___ By XX, increase the availability of health information in a language that is understandable to local people (e.g., reading level, native language).
3. ___ By XX, provide culturally-appropriate information to encourage local people to seek needed health care, follow up on self care, and use preventive health practices (e.g., screenings, healthy diet choices) in their daily lives.
4. ___ By XX, modify health messages to adjust to the cultural beliefs and practices of local people (e.g., emphasis on caring role of elders).
5. ___ By XX, use public service announcements and other media strategies to promote use of the existing Children's Health Insurance Program (CHIP).
6. ___ By XX, provide training in for local health care providers skills of cultural competence (e.g., respectful communication) with particular emphasis on disparities among certain ethnic and racial groups.
7. ___ By XX, establish shared health information systems to help keep in contact with hard-to-locate consumers (e.g., the homeless, those who move frequently).
8. ___ By XX, provide public service announcements to encourage getting health screenings (e.g., HIV/AIDS, breast cancer) and other preventive health services (e.g., immunizations).
9. ___ By XX, increase use of consumer reminders to encourage follow up on health care routines for those who might particularly benefit (e.g., those with limited education or income, those with a history of not following through with their own health care).
10. ___ By XX, use Community Health Report Cards and media releases to increase knowledge about local problems with health access and disparities (e.g., lower rates of immunizations; higher rates of diabetes).
11. ___ By XX, implement computerized (or manual) information tracking systems to help remind consumers and providers of needed preventive services (e.g., screenings), health care (e.g., follow-up treatment), and self-care (e.g., weight control, diet).
12. ___ By XX, incorporate preventive health care messages (e.g., smoking cessation advice, oral health practices, protection from STD's) into school curricula.
13. ___ By XX, train local residents as lay health advocates to help neighbors better identify illness and injury requiring medical attention and to help secure local resources for health care.
14. ___ By XX, use media advocacy strategies to emphasize how much alike are those with and without health insurance (e.g., most have a job, children), and the consequences of not having health insurance for all.
15. ___ By XX, conduct public meetings and forums on improving access and eliminating disparities in health located in churches, schools, libraries, shopping malls, and other public settings.
16. ___ By XX, conduct a local media campaign to promote awareness of single easy-to-remember emergency numbers (e.g. emergency number refrigerator magnets) to allow prompt emergency care services (e.g., how to get an ambulance).
17. ___ By XX, provide information that is tailored to specific ages and sub-groupings of local cultures and ethnicities about best practices for improving health status (e.g., ways to encourage screenings for breast and cervical cancer).
18. ___ By XX, increase the number of free or low-cost continuing education classes available for adults concerning health risks and increasing positive healthy behaviors.
19. ___ By XX, establish and publicize a toll free health hotline in local communities to provide information about multiple health issues (e.g. HIV/STD, pregnancy, diabetes, cancer, tooth decay and tooth loss, cardiovascular diseases), and local resources for screening and treatment.
20. ___ By XX, use advertising on local public transportation (e.g., buses) to increase knowledge about symptoms and risk factors for health issues affecting the local community (e.g., diabetes, cardiovascular disease, HIV).
21. ___ By XX, train and support lay health advocates to go with neighbors to health care providers to help ensure that they get the services they need.
22. ___ By XX, train youth ministers to provide effective health curricula to young congregation members.

23. ___ By XX, _____
24. ___ By XX, _____
25. ___ By XX, _____

Specific to Cardiovascular Diseases (CVD):

26. ___ By XX, disseminate information, that lacks medical jargon and shows the links between diet, hypertension, tobacco use, and obesity AND chronic diseases such as diabetes and cardiovascular diseases.
27. ___ By XX, monitor and provide public feedback (e.g., use a Community Health Report Card) on community levels of nutrition and health status.
28. ___ By XX, provide individual feedback to community members on nutrition and health status (e.g., use a Personal Health Report Card as an assessment tool that includes corrective actions/alternatives to risk behaviors).
29. ___ By XX, provide information to local policy makers about the impact of chronic diseases (e.g. diabetes, cardiovascular disease) on health and health care costs in their community and how they affect certain segments of the community more than others.
30. ___ By XX, replace tobacco and alcohol advertising with advertisements promoting healthy habits (e.g., physical activity).
31. ___ By XX, provide guides in local restaurants that describe the healthy meal alternatives offered there.
32. ___ By XX, provide information to encourage all places of employment to offer free health risk appraisals and follow-up counseling to their employees as part of the benefits package.
33. ___ By XX, provide information about health promotion (e.g., physical activity, diet, tobacco) through local media, civic groups, churches, schools, shopping malls, and other community places.
34. ___ By XX, improve health screening for cardiovascular diseases, nutrition counseling, and fitness opportunities (including information on resulting benefits) through local churches.
35. ___ By XX, distribute low-fat menus and recipes at local supermarkets tied to current sales items offered by local retailers.
36. ___ By XX, _____
37. ___ By XX, _____
38. ___ By XX, _____

Specific to HIV/STDs:

39. ___ By XX, incorporate preventive health care messages (e.g. protection from STDs and HIV) into school curricula.
40. ___ By XX, conduct workshops with parents and local youth leaders on talking to youth about sexuality, contraception, and transmission of HIV/STD.
41. ___ By XX, distribute HIV/STD prevention information to organizations and businesses that serve or hire adolescents.
42. ___ By XX, provide literature, in multiple languages, regarding HIV/STD transmission to all gynecologists, obstetricians, and pediatricians for distribution at local health facilities.
43. ___ By XX, educate health providers on how harm associated with injection drug use can be reduced (e.g., clean needles).
44. ___ By XX, create a local media task force to prompt HIV/STD prevention messages and available local services on TV, radio, and newsprint.
45. ___ By XX, _____
46. ___ By XX, _____
47. ___ By XX, _____

Specific to Infant Mortality:

48. ___ By XX, provide a series of classes for expectant mothers that will emphasize abstinence from drug and alcohol use, weight expectations, breast feeding, prevention of SIDS, and importance of prenatal care for mother and child's health.
49. ___ By XX, provide (support) sexuality education in local junior and senior high schools to reduce risk for pregnancy.
50. ___ By XX, increase social marketing efforts (e.g., media campaigns) regarding the effects of substance abuse and smoking on pregnant women, the benefits of breast-feeding, and ways to prevent SIDS.
51. ___ By XX, develop and distribute multi-cultural curricula for use by teenage girls to reduce risks for pregnancy.

52. ___ By XX, develop materials to be distributed at all birthing centers about the benefits of breast-feeding and the need to lay a baby on its back when laying it down to sleep.
53. ___ By XX, _____
54. ___ By XX, _____
55. ___ By XX, _____

Specific to Immunization:

56. ___ By XX, establish a local system to track and publicize immunization progress for all children and the subsequent impact on the community's health, with analysis of differences associated with race and ethnicity.
57. ___ By XX, provide educational information about the benefits of having a child fully immunized in accordance with immunization schedules, to be distributed by all health care providers in the community.
58. ___ By XX, conduct periodic assessments of the level of immunization coverage in the community using the CDC's Clinic Assessment Manual and Clinical Assessment Software Application.
59. ___ By XX, implement a local social marketing campaign for child and adult immunizations in every physician's office, clinic, and health care center in the community.
60. ___ By XX, promote the collaboration of health organizations with local grocery stores in order to distribute informational stuffer's in each customer's bag during National Infant Immunization Week.
61. ___ By XX, _____
62. ___ By XX, _____
63. ___ By XX, _____

Specific to Breast and Cervical Cancer:

64. ___ By XX, establish health curricula in junior high and high schools that promote awareness of breast and cervical cancer and its prevention (e.g., self-examination techniques, connection between genital warts, HPV, and cervical cancer, importance of regular screening).
65. ___ By XX, increase multi-cultural information messages about the strong link between early detection of breast and cervical cancer (e.g., mammograms, cancer screenings) and resulting benefits (i.e., increased survival rates).
66. ___ By XX, increase information messages about the strong link between contracting HPV (genital warts) and developing cervical cancer.
67. ___ By XX, distribute materials that remind women to perform breast self-examinations on a monthly basis.
68. ___ By XX, establish breast cancer education programs in senior centers and retirement communities, with access to preventive services and support.
69. ___ By XX, _____
70. ___ By XX, _____
71. ___ By XX, _____

Specific to Diabetes:

72. ___ By XX, increase multi-cultural information messages that show links between having diabetes AND a high-fat diet, hypertension, a lack of physical activity, and obesity.
73. ___ By XX, replace fast food and candy ads with advertisements promoting healthy habits and resulting benefits.
74. ___ By XX, provide guides in local restaurants that describe the healthy meal alternatives offered there.
75. ___ By XX, increase availability of health screenings for diabetes, nutrition counseling, and fitness opportunities through local churches, including traditionally African-American and Latino churches.
76. ___ By XX, distribute low-fat menus and recipes at local supermarkets tied to current sales items offered by local retailers.
77. ___ By XX, incorporate awareness programs for juvenile diabetes into standard health curricula at local junior high and high school levels, including information about risk factors, symptoms, and management.
78. ___ By XX, offer awareness seminars about Type II diabetes at local senior centers and retirement communities.
79. ___ By XX, _____
80. ___ By XX, _____
81. ___ By XX, _____

Specific to Oral Health

82. ___ By XX, incorporate preventive dental care messages (i.e., the importance of daily brushing with fluoridated toothpaste, flossing, regular check ups) into school curricula.

83. ___ By XX, disseminate information on links between oral health and chronic health problems at local health and dental clinics.
84. ___ By XX, conduct seminars on the oral health needs of the elderly and the need for oral and pharyngeal cancer screenings at local senior centers and churches.
85. ___ By XX, use media resources to increase knowledge of the availability of affordable and accessible public dental programs.
86. ___ By XX, _____
87. ___ By XX, _____
88. ___ By XX, _____

Specific to Other Health Outcomes (Please Specify):

89. ___ By XX, _____
90. ___ By XX, _____
91. ___ By XX, _____

Part B. Modifying Access and Barriers—Some Potential Changes to Be Sought

General Access/Disparities:

1. ___ By XX, increase availability of after-hours and weekend care through local primary care and dental care providers.
2. ___ By XX, locate permanent sources of health care in under-served communities (e.g., establish a neighborhood clinic).
3. ___ By XX, increase availability of affordable child care for those seeking health care.
4. ___ By XX, increase access to affordable transportation for those seeking health care.
5. ___ By XX, establish mobile clinics to deliver health services in areas where those who would most benefit live (e.g., neighborhoods of concentrated poverty).
6. ___ By XX, expand availability of health screenings provided through the workplace and other congregate sites (e.g., senior centers, Head Start sites).
7. ___ By XX, take advantage of all health visits as opportunities to provide appropriate preventive health services (e.g., immunizations, dental sealants) and health screenings (e.g., pap test, mammograms).
8. ___ By XX, remove all exclusions to needed health services (e.g., for illegal immigrants living or working in the community).
9. ___ By XX, establish public transportation routes that reach local health care facilities and run during times when service is available.
10. ___ By XX, provide needed transportation from rural or remote areas to appropriate treatment centers (e.g., over ground, air, or water).
11. ___ By XX, increase the availability of safe places for walking, recreation, and other forms of social and physical activity.
12. ___ By XX, ensure access to needed health services and products (e.g., prescription drugs) for those with chronic conditions (e.g., hypertension).
13. ___ By XX, expand availability of high-quality emergency medical services to needed areas (e.g., rural or remote communities, urban core neighborhoods).
14. ___ By XX, expand availability and affordability of rehabilitative and long-term care (e.g., nursing home care, home health and related home-based care, adult day care, hospice care) for those who might benefit.
15. ___ By XX, increase the number of health care providers who speak the language of local people (e.g., Spanish language in communities with Latina, Mexican American, and Puerto Rican populations).
16. ___ By XX, increase the number of health care providers who serve consumers receiving Medicare and Medicaid benefits.
17. ___ By XX, conduct home visits to provide access to community members who might particularly benefit from available preventive services (e.g., immunizations) and health care.
18. ___ By XX, modify physical access to local sources of health care for people with physical disabilities (e.g., provide access ramps or elevators to offices of health care providers).
19. ___ By XX, establish a referral program between school nurses and local clinics to enable/encourage youth access to services.
20. ___ By XX, coordinate pre-release or after-care community programs to familiarize those in prisons with local health care resources.
21. ___ By XX, _____
22. ___ By XX, _____
23. ___ By XX, _____

Specific to Cardiovascular Diseases (CVD):

24. ___ By XX, increase access to smoking cessation programs and nicotine replacement drugs for those smokers who cannot afford them.
25. ___ By XX, reduce financial or access barriers for community members to participate in physical activity (e.g., subsidize fees for parks, recreation, and fitness classes; promote mall walking programs).
26. ___ By XX, develop partnerships for promoting healthy physical activity among local businesses, American Heart Association chapters, county or city health departments, educators, sporting goods retailers, and others.
27. ___ By XX, increase access and transportation to public recreational facilities, smoking cessation programs and support groups, and programs for weight control.
28. ___ By XX, encourage physical activity by improving the safety of public parks and facilities and expanding their capacity and hours of service.

29. ___ By XX, partner with local radio and TV personalities to air minority-focused health campaigns in the local community.
30. ___ By XX, _____
31. ___ By XX, _____
32. ___ By XX, _____

Specific to HIV/STD's:

33. ___ By XX, make condoms available for free or a minimal cost at local pharmacies and businesses that are open in the evenings and on weekends.
34. ___ By XX, provide anonymous testing and free counseling for HIV and other sexually transmitted diseases at local health facilities during evening and weekend hours, regardless of age.
35. ___ By XX, ensure access to needed health care services and products, such as prescriptions drugs, to those with chronic conditions (e.g., HIV/AIDS).
36. ___ By XX, establish mobile clinics to deliver health services and products to those unlikely to use traditional health facilities (e.g., injection drug users).
37. ___ By XX, modify written materials for prevention of HIV/STD to increase access by those with poor reading skills or vision.
38. ___ By XX, provide culturally and linguistically appropriate counseling and testing for HIV/STD.
39. ___ By XX, implement or enhance current street outreach services including referrals to counseling and testing, drug treatment, harm reduction training, and related services.
40. ___ By XX, _____
41. ___ By XX, _____
42. ___ By XX, _____

Specific to Infant Mortality:

43. ___ By XX, increase access to facilities that can provide appropriate follow-up care for low birth weight babies.
44. ___ By XX, increase access to low-cost or free early and adequate prenatal care.
45. ___ By XX, increase access to preconception counseling that encourages women to maintain a healthy weight and increase their intake of folic acid.
46. ___ By XX, implement an outreach program to get preventive health services (e.g., counseling, contraceptives) and early health care to adolescents who may be at particular risk for pregnancy.
47. ___ By XX, implement an outreach program to get prenatal care to populations that are less likely to seek it out (e.g., African-Americans, Latinos).
48. ___ By XX, conduct home visits to continue educating families about the benefits of breast feeding and the importance of laying a child on his or her back to prevent Sudden Infant Death.
49. ___ By XX, _____
50. ___ By XX, _____
51. ___ By XX, _____

Specific to Immunization:

52. ___ By XX, develop an outreach program in which public health officials visit convenient places (i.e., libraries, community centers, grocery stores, senior centers, churches, preschools) to give out free or low-cost immunizations.
53. ___ By XX, increase the follow-up services for children who miss the opportunity to immunize.
54. ___ By XX, provide public transportation vouchers to parents to use when trying to get their child to meet an appointment to immunize.
55. ___ By XX, _____
56. ___ By XX, _____
57. ___ By XX, _____

Specific to Breast and Cervical Cancer:

58. ___ By XX, conduct complimentary breast cancer screenings at local retailers, YWCAs, churches, and schools.
59. ___ By XX, require Medicare and Medicaid to fully reimburse health organizations for yearly mammography and pap smear tests in women of appropriate ages.
60. ___ By XX, increase outreach efforts to screen African-American women for breast cancer through churches and social/community organizations.
61. ___ By XX, _____

62. ___ By XX, _____
63. ___ By XX, _____

Specific to Diabetes:

64. ___ By XX, facilitate access to blood glucose monitoring equipment and insulin products to those with diabetes who cannot afford them.
65. ___ By XX, create a mobile health clinic to serve those with diabetes and diabetes-related disorders (i.e., kidney disease, high blood pressure, ulceration and amputations, blindness, end-stage renal disease).
66. ___ By XX, enlist local nurses to conduct home visits to monitor blood glucose levels for low-income or homebound individuals with diabetes.
67. ___ By XX, _____
68. ___ By XX, _____
69. ___ By XX, _____

Specific to Oral Health

70. ___ By XX, increase access to dental sealant procedures for children whose families cannot afford them.
71. ___ By XX, develop an outreach program (i.e., mobile dental clinic) in which dental care providers go to easily accessible places in the community to conduct dental screenings for a nominal fee.
72. ___ By XX, implement an outreach program to provide oral and pharyngeal cancer screenings to populations less likely to seek them out or who are at higher risk (e.g., elderly, those using dentures, African-Americans and Latinos, tobacco and alcohol users).
73. ___ By XX, require Medicaid and Medicare to fully reimburse dental care providers for biannual check ups and preventive services and procedures.
74. ___ By XX, alleviate fear of dental visits and professionals by inviting dental care providers to visit classrooms and tell children about what they do and what to expect at their biannual check ups.
75. ___ By XX, _____
76. ___ By XX, _____
77. ___ By XX, _____

Specific to Other Health Outcomes (Please Specify):

78. ___ By XX, _____
79. ___ By XX, _____
80. ___ By XX, _____

Part C. Enhancing Services and Support--Some Potential Changes to Be Sought

General Access/Disparities:

1. ___ By XX, establish peer support programs that involve racial and ethnic minorities from local churches as advocates for their neighbors to receive needed health care.
2. ___ By XX, increase the number of lay health workers from under-served communities on staff with local health care providers.
3. ___ By XX, increase the number of lay health workers who can provide counseling about health behaviors (e.g., stopping smoking, reducing problem drinking, reducing dietary fat, reducing tooth decay and tooth loss) and resulting benefits.
4. ___ By XX, increase the number of lay health workers who can provide home health and homemaker visits to local people who need them.
5. ___ By XX, increase screenings and modify programs to reduce risk of transfer of sexually transmitted diseases from place to place (e.g., across neighborhoods; within prisons; from treatment institutions to destination neighborhoods).
6. ___ By XX, increase availability of bilingual staff members and language interpreters in health care providers (e.g., primary care, emergency services).
7. ___ By XX, modify outreach programs to reach those who might particularly benefit from health care and preventive services (e.g., those with less than 12 years of education, those of low income, those who speak another language, those who lack transportation, the elderly).
8. ___ By XX, increase availability of affordable health screenings (i.e., for breast and cervical cancer, HIV/AIDS, diabetes, vision, oral health).
9. ___ By XX, modify services to reduce the first contact time for those receiving emergency services who are most at risk (e.g., living in communities or neighborhoods of concentrated poverty).
10. ___ By XX, establish basic health care services (e.g., immunizations, dental, screenings) in each neighborhood school for all attending children and their parents/guardians, relatives, and neighbors.
11. ___ By XX, enhance service systems for children and adults with special health care needs (e.g., disabilities, chronic illnesses).
12. ___ By XX, increase food pantries, commodity food distribution, and other programs to ensure that all children and adults have enough good food to eat.
13. ___ By XX, distribute information on available and affordable health care and preventive services in communications with those applying for unemployment or public assistance.
14. ___ By XX, establish a "healthy opportunity advisory board" to recommend local health care policies to the governing body.
15. ___ By XX, establish a Neighborhood Health Corps to provide opportunities for apprenticeships for future health workers and door-to-door basic screenings in communities that might best benefit.
16. ___ By XX, establish intergenerational support groups to link youth and adults who experience similar health conditions to provide support and education (e.g., asthma, drug and alcohol addiction).
17. ___ By XX, incorporate awareness of cultural orientation into protocols for standard clinic visits to help communicate healthy habits from a specific cultural perspective.
18. ___ By XX, train health care providers in sensitivity when serving youth clients and addressing their health concerns (e.g., HIV/STDs, pregnancy prevention, juvenile diabetes).
19. ___ By XX, _____
20. ___ By XX, _____
21. ___ By XX, _____

Specific to Cardiovascular Diseases (CVD):

22. ___ By XX, establish a monitoring and support program for high risk clients who are implementing recommended lifestyle changes (e.g., starting low fat diets, stopping smoking, starting physical activity).
23. ___ By XX, provide community education courses on healthy eating, physical activity, and prevention and cessation of tobacco use.
24. ___ By XX, increase availability and affordability of fitness and weight control programs for low and moderate income community members.
25. ___ By XX, _____

26. ___ By XX, _____
27. ___ By XX, _____

Specific to HIV/STD's:

28. ___ By XX, require preventive counseling services for all sexually active people diagnosed with HIV/STD regarding transmission, potential health complications, and how to incorporate healthy behaviors to protect themselves and their partners.
29. ___ By XX, incorporate HIV/STD counseling into substance abuse treatment programs.
30. ___ By XX, promote harm reducing methods of injection drug use (i.e., availability of needle exchange program, bleaching kits, alternate routes of administration, methadone, substance abuse programs) to care-seeking injection drug users in local emergency rooms and health clinics.
31. ___ By XX, require HIV/STD counseling for all individuals entering the local, state and federal prison systems.
32. ___ By XX, integrate risk reduction/testing services into those offered at mental health clinics and runaway and homeless shelters.
33. ___ By XX, _____
34. ___ By XX, _____
35. ___ By XX, _____

Specific to Infant Mortality:

36. ___ By XX, increase the number of lay and professional health care providers who provide referral services to women who are at-risk for low birth weight babies.
37. ___ By XX, develop (or enhance) programs (e.g., WIC) that help women obtain vitamins and food to acquire and maintain healthy weight gain during pregnancy.
38. ___ By XX, develop food pantries and social service programs to provide complete nutrition to people in need, especially for mothers and infants.
39. ___ By XX, increase screening of pregnant women for problems with amniotic fluid or maternal blood disorders.
40. ___ By XX, increase the number of facilities that provide comprehensive prenatal care.
41. ___ By XX, establish a program with health care agencies and public schools to provide access to prenatal care for pregnant teenage girls.
42. ___ By XX, _____
43. ___ By XX, _____
44. ___ By XX, _____

Specific to Immunization:

45. ___ By XX, increase the number of doctor's offices and health clinics that provide free or low-cost immunization.
46. ___ By XX, improve coordination of immunization services and programs between the community and state levels (e.g., a state-wide tracking and follow-up computer system contributed to by each community).
47. ___ By XX, increase the number of health clinics that provide an adequate number of well-child visits in order to reduce missed opportunities to immunize.
48. ___ By XX, _____
49. ___ By XX, _____
50. ___ By XX, _____

Specific to Breast and Cervical Cancer:

51. ___ By XX, train health professionals to routinely inquire about clients' health related behaviors (e.g., breast self-examination in women, sexual risk behaviors) and provide related support and appropriate referrals.
52. ___ By XX, establish the practice of health providers sending postcard reminders for annual mammography and pap smear appointments.
53. ___ By XX, establish a local support group for women with breast and cervical cancer.
54. ___ By XX, _____
55. ___ By XX, _____
56. ___ By XX, _____

Specific to Diabetes:

57. ___ By XX, establish and support peer educator programs in youth organizations, middle schools, and high schools to encourage healthy living skills (e.g., nutrition, physical activity).
58. ___ By XX, enlist local health providers to voluntarily provide talks at local senior centers and multi-cultural organizations about the importance of nutrition and physical activity.
59. ___ By XX, ensure that health providers offer comprehensive services for all patients with diabetes that includes secondary prevention (i.e., controlling glucose, lipid and blood pressure levels) and tertiary prevention (i.e., prevention screening for diabetes complications).
60. ___ By XX, _____
61. ___ By XX, _____
62. ___ By XX, _____

Specific to Oral Health

63. ___ By XX, increase the number of dentists that accept Medicaid and Medicare dental coverage by increasing reimbursement for services.
64. ___ By XX, increase the number of public health centers that provide dental care.
65. ___ By XX, train school nurses to detect signs of tooth decay and gum disease in students they serve and refer them for appropriate services.
66. ___ By XX, enlist area dental care providers, in conjunction with drugstores and state and national dental associations, to sponsor check ups at multi-cultural community centers and distribute toothbrushes, fluoridated toothpaste, and dental floss.
67. ___ By XX, provide and promote the opportunity for children to brush their teeth after lunch during the school day.
68. ___ By XX, _____
69. ___ By XX, _____
70. ___ By XX, _____

Specific to Other Health Outcomes (Please Specify):

71. ___ By XX, _____
72. ___ By XX, _____
73. ___ By XX, _____

Part D. Altering Incentives and Disincentives--Some Potential Changes to Be Sought

General Access/Disparities:

1. ___ By XX, reduce delays and waiting time in obtaining health care and preventive services (e.g., immunizations, screenings).
2. ___ By XX, increase sanctions for health care providers who refuse treatment to those needing services or acceptance of their insurance plans (e.g., Medicaid or Medicare).
3. ___ By XX, provide bonus grants or outcome dividends to communities that improve disparities in population-level health outcomes (e.g., investment in a Community Health Trust proportional to improvements in the rate of infant mortality for the neighborhood/city).
4. ___ By XX, include effective clinical preventive services (e.g., health screening for cervical cancer) among the services routinely covered by insurance.
5. ___ By XX, ensure adequate reimbursement or increased HMO capitation rates to health care providers who provide good service to local people in neighborhoods of concentrated poverty or lower health status.
6. ___ By XX, promote universal access to "health vouchers" with which all consumers can obtain important preventive health services (e.g., immunizations, pap tests, mammograms, dental sealants).
7. ___ By XX, provide public recognition to neighbors who arrange for needed health services for others (e.g., honoring local people who take mothers and babies for wellness checkups).
8. ___ By XX, hold "open house" nights at local hospitals, clinics, churches, shopping malls, and community-based organizations to provide an opportunity for community members to meet local health providers and learn of resources available.
9. ___ By XX, offer tax incentives to expand health and dental care facilities that serve those most in need (e.g., low income).
10. ___ By XX, offer tax incentives to health care facilities that use sliding fee scales based on income and family size and allow payment plans that make services affordable.
11. ___ By XX, offer tax incentives to health care providers that incorporate appropriate and comprehensive prevention education into every health care visit (e.g., prevention of HIV/STDs, symptoms of diabetes, hypertension, and stroke).
12. ___ By XX, _____
13. ___ By XX, _____
14. ___ By XX, _____

Specific to Cardiovascular Diseases (CVD):

15. ___ By XX, provide incentives for employers to make cholesterol and high blood pressure screenings available in the workplace.
16. ___ By XX, decrease premiums for individuals who regularly screen their cholesterol and blood pressure.
17. ___ By XX, provide public recognition for programs that promote physical activity throughout the life span.
18. ___ By XX, _____
19. ___ By XX, _____
20. ___ By XX, _____

Specific to HIV/STD:

21. ___ By XX, lobby for increased resources for prevention services for HIV based on local need and comparative costs of preventive services versus lifetime health care.
22. ___ By XX, provide grants to community health agencies to provide condom distribution in places outside the health agency.
23. ___ By XX, offer graduate or continuing education credit to teachers, health care providers, etc., to encourage completion/teaching of sexuality education.
24. ___ By XX, _____
25. ___ By XX, _____
26. ___ By XX, _____.

Specific to Infant Mortality:

27. ___ By XX, provide grants to agencies that will provide training and services in preconception counseling to reduce risk for low birthweight and infant death.
28. ___ By XX, provide baby supplies (e.g., diapers, baby bottles) to women who attend prenatal care appointments.
29. ___ By XX, provide dietary supplements as an incentive to maintain nutritional requirements in pregnant women.

30. ___ By XX, _____
31. ___ By XX, _____
32. ___ By XX, _____

Specific to Immunization:

33. ___ By XX, collaborate with local businesses or industries to underwrite the costs of immunizations.
34. ___ By XX, provide public recognition to all health care providers who meet community coverage goals.
35. ___ By XX, provide grants to health care providers to develop tracking systems across the community, as well as a follow-up system to keep parents informed about where their child is on the immunization schedule.
36. ___ By XX, _____
37. ___ By XX, _____
38. ___ By XX, _____

Specific to Breast and Cervical Cancer:

39. ___ By XX, provide incentives (e.g., reduced insurance premiums) to women who routinely get mammography and pap smear tests.
40. ___ By XX, provide incentives to health care providers who have outreach breast cancer screening programs that specifically target African-American (and other) women at risk.
41. ___ By XX, _____
42. ___ By XX, _____
43. ___ By XX, _____

Specific to Diabetes:

44. ___ By XX, establish incentive programs for hospitals, clinics, and health facilities to include screenings for complications associated with diabetes.
45. ___ By XX, establish incentives (e.g., free publicity, mini-grants) to engage health care providers in community-wide education regarding the complications associated with diabetes.
46. ___ By XX, establish an ongoing system to provide public recognition to restaurants that offer low-fat and low-sugar alternatives on their menu (e.g., a monthly column in the Food or Living section of the local newspaper).
47. ___ By XX, create a community-wide contest for youth to develop messages to encourage more healthy living (e.g., nutrition, exercise, participation in screenings) and feature winners in the local media.
48. ___ By XX, _____
49. ___ By XX, _____
50. ___ By XX, _____

Specific to Oral Health

51. ___ By XX, establish incentives for community youth centers to conduct dental care classes and provide tooth care kits to participants.
52. ___ By XX, provide grants to dental care providers to conduct restorative oral health services for patients without dental insurance.
53. ___ By XX, provide tax incentives to water supply companies to offset the cost of fluoridating water.
54. ___ By XX, _____
55. ___ By XX, _____
56. ___ By XX, _____

Specific to Other Health Outcomes (Please Specify):

57. ___ By XX, _____
58. ___ By XX, _____
59. ___ By XX, _____

Part E. Modifying Policies--Some Potential Changes to Be Sought

General Access/Disparities:

1. ___ By XX, provide state or county tax incentives (e.g., tax abatement) to employers who offer adequate insurance coverage to low-income and moderate-income employees.
2. ___ By XX, use city tax revenues to subsidize costs for low-income families to obtain comprehensive insurance coverage (i.e., for primary health care, prescription drugs, eyeglasses, dental care, and mental health care or counseling).
3. ___ By XX, reduce eligibility requirements so that all who need health care receive it (e.g., including those with pre-existing conditions).
4. ___ By XX, expand adoption of flextime work policies among employers to permit workers and their families to seek needed health care.
5. ___ By XX, create insurance pools that reduce the cost of coverage for all living in concentrated areas of underserved (i.e., neighborhoods of concentrated poverty).
6. ___ By XX, publicly finance subsidies for expanding the number of people covered by insurance (and/or for the comprehensiveness of coverage) for those living in concentrated areas of underserved.
7. ___ By XX, lobby insurance companies and the state legislature to include coverage for the cost of appropriate clinical preventive health services (e.g., immunizations, screenings for breast or cervical cancer, counseling for preventive health practices) as part of all insurance policies.
8. ___ By XX, increase reimbursement by insurance agencies for counseling interventions (i.e., to stop smoking, improve diet, get screenings, have regular dental check ups).
9. ___ By XX, change provider policies so that all consumers have a primary care provider who helps ensure continuity of care.
10. ___ By XX, modify admission, scholarship, and support policies of schools of medicine, nursing, dental, and allied health to increase the number of health care providers who come from under-represented racial and ethnic groups.
11. ___ By XX, change state and federal laws to expand those required by law to evaluate (and serve) anyone seeking care (currently this may be limited to hospital-based emergency departments).
12. ___ By XX, establish local (state and federal) policies that reward communities for marked increases in the proportion of people who have health insurance (e.g., provide outcome dividends to Community Health Trusts).
13. ___ By XX, pass a local "Health Consumer Bill of Rights" to ensure that any person can walk into a health care provider and receive needed care in their community.
14. ___ By XX, revive Federal and State policies to subsidize funding of health and dental care facilities and providers based on the community's resources and low-income population.
15. ___ By XX, designate city resources to creatively subsidize recreational programs (i.e., provide scholarships to low-income individuals) to increase participation by residents living in underserved communities.
16. ___ By XX, establish city/state policies to create "healthy opportunity" zones that allow tax credits for establishing neighborhood-based primary health facilities.
17. ___ By XX, establish handling fees on alcohol and tobacco products at the point of sale for revenue to be rebated to "healthy opportunity" zones.
18. ___ By XX, establish a basic, yet comprehensive, insurance program for residents of "health opportunity" zones.
19. ___ By XX, _____
20. ___ By XX, _____
21. ___ By XX, _____

Specific to Cardiovascular Diseases (CVD):

22. ___ By XX, obtain third-party reimbursement for counseling for prevention of cardiovascular diseases, including smoking cessation and increasing physical activity.
23. ___ By XX, enact local government policies (e.g., tax rebates) to encourage the establishment of supermarkets in low-income communities to increase the availability and affordability of healthy foods.
24. ___ By XX, use tax incentives (e.g., industrial revenue bonds) to promote worksite and neighborhood recreational facilities when there is new business construction (e.g., site construction plans).
25. ___ By XX, provide zoning, tax rebates, and other financial incentives to encourage the use of land for recreational purposes.
26. ___ By XX, increase taxes on tobacco and alcohol products and use the money to fund advocacy and prevention programs in the community.

27. ___ By XX, _____
28. ___ By XX, _____
29. ___ By XX, _____

Specific to HIV/STDs:

30. ___ By XX, change policies to permit needle exchange programs in areas where there is concentrated injection drug use.
31. ___ By XX, change cooperative agreements among health care providers to prohibit refusing treatment of an individual based on their HIV status.
32. ___ By XX, adopt client confidentiality policies so that adolescents could be screened and receive treatment for STDs and HIV without parental consent.
33. ___ By XX, clarify parental consent laws for youth's access to health care services such as contraception.
34. ___ By XX, increase the availability of free drug treatment programs.
35. ___ By XX, _____
36. ___ By XX, _____
37. ___ By XX, _____

Specific to Infant Mortality:

38. ___ By XX, change provider coverage and practices to include comprehensive preconception screening and counseling and comprehensive prenatal care (including risk assessment, treatment for health conditions that increase likelihood of infant mortality, and education).
39. ___ By XX, require businesses to provide time off for an adequate number of prenatal visits.
40. ___ By XX, require hospitals and birthing centers to conduct bloodspot screening and any follow-up treatment needed.
41. ___ By XX, _____
42. ___ By XX, _____
43. ___ By XX, _____

Specific to Immunization:

44. ___ By XX, create policies that change the tracking of immunizations from the first grade or kindergarten to when the immunizations are supposed to occur in accordance with recommended immunization schedules (e.g., by age two years).
45. ___ By XX, require local hospitals to develop a database of children born into the hospitals that will also track their immunizations.
46. ___ By XX, provide a reduction in rates of insurance for children who are fully immunized in accordance with immunization schedules.
47. ___ By XX, _____
48. ___ By XX, _____
49. ___ By XX, _____

Specific to Breast and Cervical Cancer:

50. ___ By XX, change third-party reimbursement policies to encourage counseling for prevention of breast and cervical cancer, including self-examination techniques and regular screenings.
51. ___ By XX, change practice protocols to encourage the education of breast self-examination and the need for annual mammography and pap smears as part of a woman's routine workup for primary care.
52. ___ By XX, require that all STD clinics also provide cervical cancer screening services and education.
53. ___ By XX, provide tax incentives for insurance programs that reimburse clients who choose experimental preventive procedures in extreme circumstances (e.g., voluntary mastectomies, tamoxifen).
54. ___ By XX, _____
55. ___ By XX, _____
56. ___ By XX, _____.

Specific to Diabetes:

57. ___ By XX, change third-party reimbursement policies to encourage counseling for prevention of diabetes, including nutrition and increasing physical activity.
58. ___ By XX, mandate that all public restaurants and cafeterias offer low-fat and low-sugar menu items.
59. ___ By XX, change practice protocols to encourage education of dietary habits, physical activity, and potential

complications (i.e., blindness, amputations, ESRD) of diabetes as part of routine workups for primary health care.

60. ___ By XX, _____
61. ___ By XX, _____
62. ___ By XX, _____

Specific to Oral Health:

63. ___ By XX, increase insurance coverage for dental sealants and restorative dental care.
64. ___ By XX, increase the subsidization of dental care coverage for low income families.
65. ___ By XX, require community water supply companies to fluoridate water.
66. ___ By XX, _____
67. ___ By XX, _____
68. ___ By XX, _____

Specific to Other Health Outcomes (Please Specify):

69. ___ By XX, _____
70. ___ By XX, _____
71. ___ By XX, _____.

Worksheet for Potential Community and Systems Changes to be Sought

Names of Contributors: *Date:*

Changes that Provide Information and Enhance Skills:

Worksheet for Potential Community and Systems Changes to be Sought

Names of Contributors: *Date:*

Changes that Modify Access and Barriers:

Worksheet for Potential Community and Systems Changes to be Sought

Names of Contributors: *Date:*

Changes that Enhance Services and Support:

Worksheet for Potential Community and Systems Changes to be Sought

Names of Contributors: *Date:*

Changes that Alter Incentives and Disincentives:

Worksheet for Potential Community and Systems Changes to be Sought

Names of Contributors: *Date:*

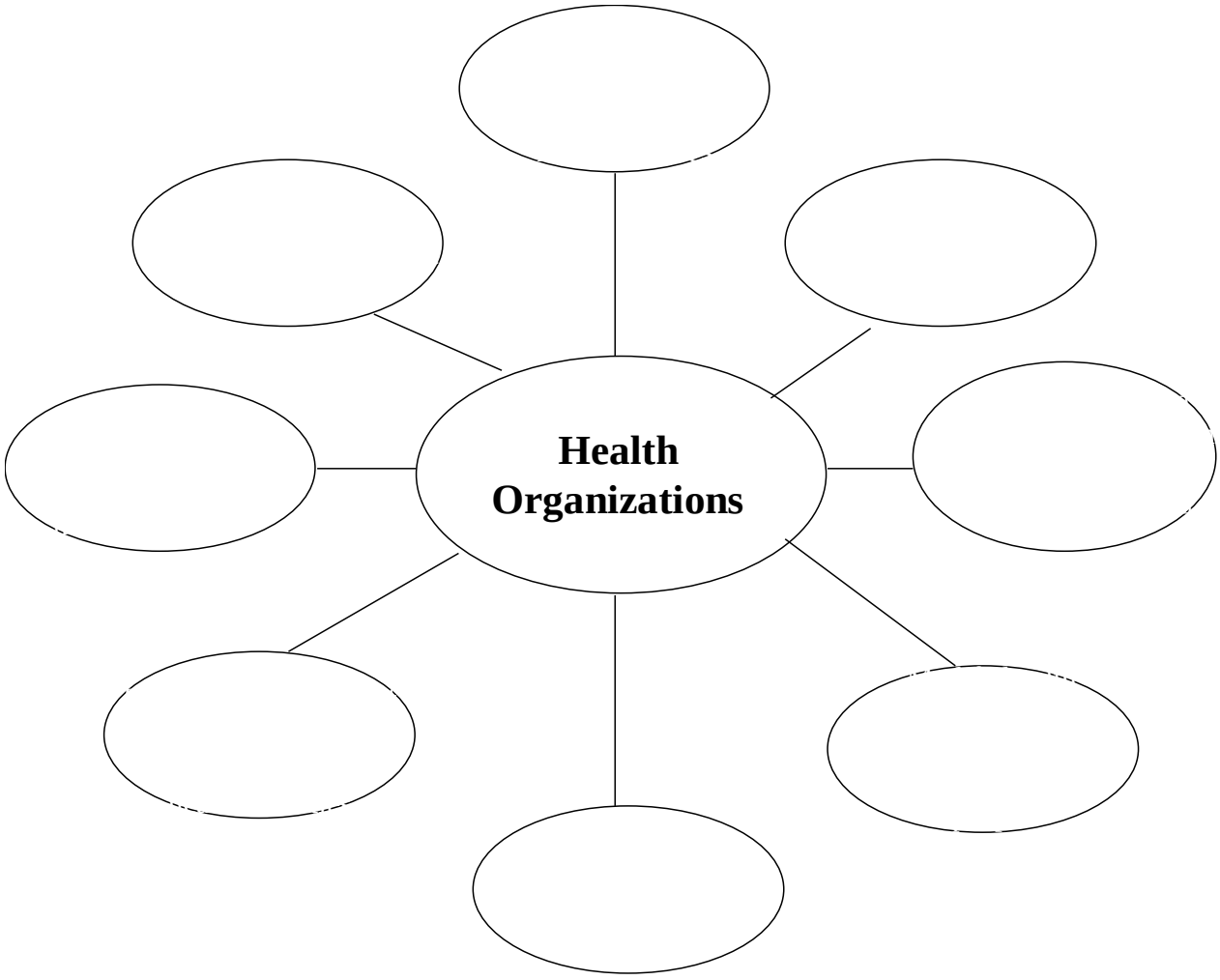
Changes that Modify Policies:

Planning Page for Your Community

Community and Systems Changes in Health Organizations

Please review the inventory you created using the worksheets earlier in this chapter, and list tentative changes to be sought in your community's health organizations. Consider all the contexts in which people receive health services including hospitals, clinics, public health organizations, health education programs, physicians' offices, other places where health care is provided, and health is promoted.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of promoting health for all? Are the proposed changes feasible? What more could or should health organizations do?

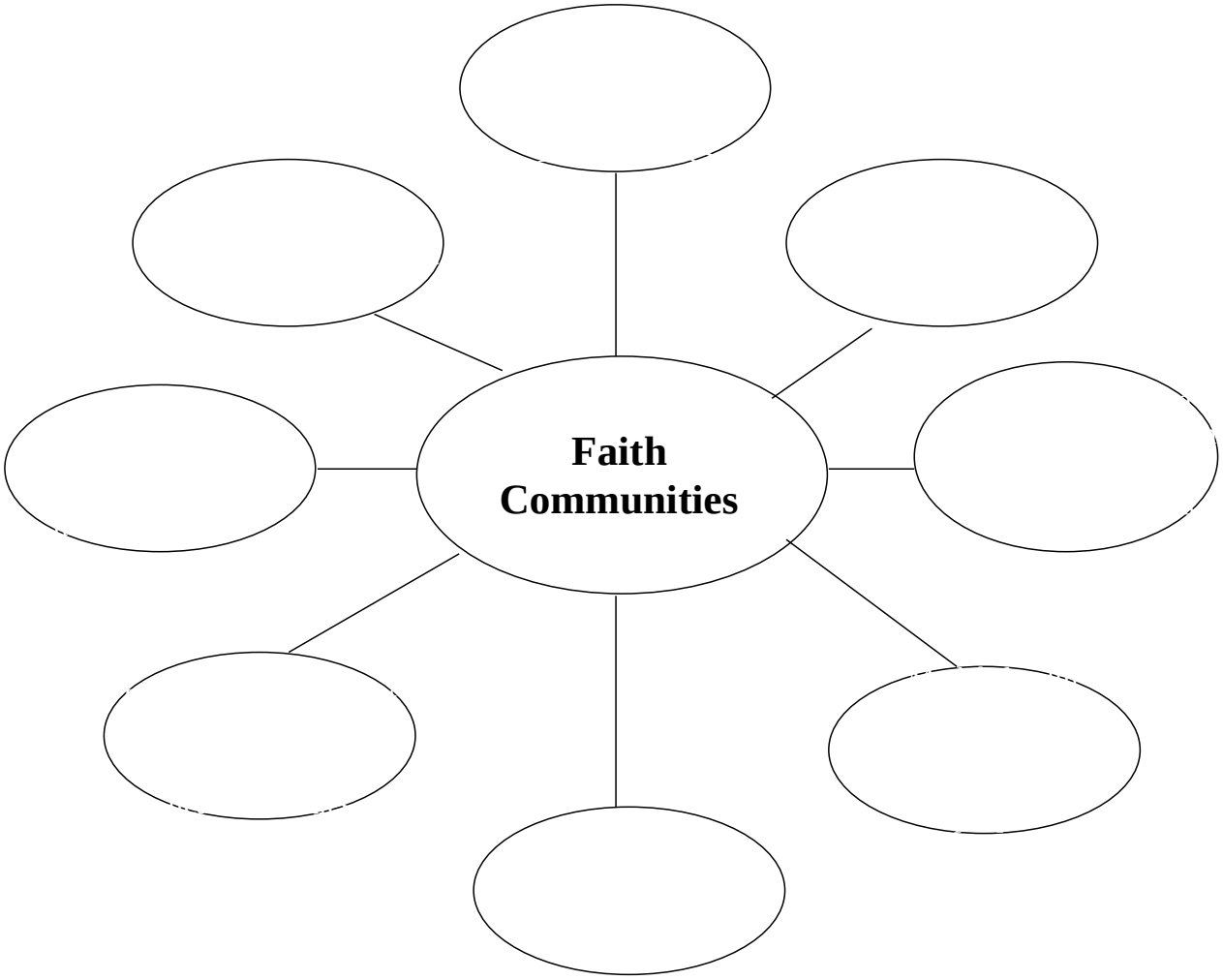


Planning Page for Your Community

Community and Systems Changes in Faith Communities

Please review the inventory you created using the worksheets earlier in this chapter, and list tentative changes to be sought in your community's religious organizations. In particular, consider those organizations, such as Black or Hispanic churches, which can help the initiative reach culturally-diverse groups.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of promoting health for all? Are the proposed changes feasible? What more could or should religious organizations do?

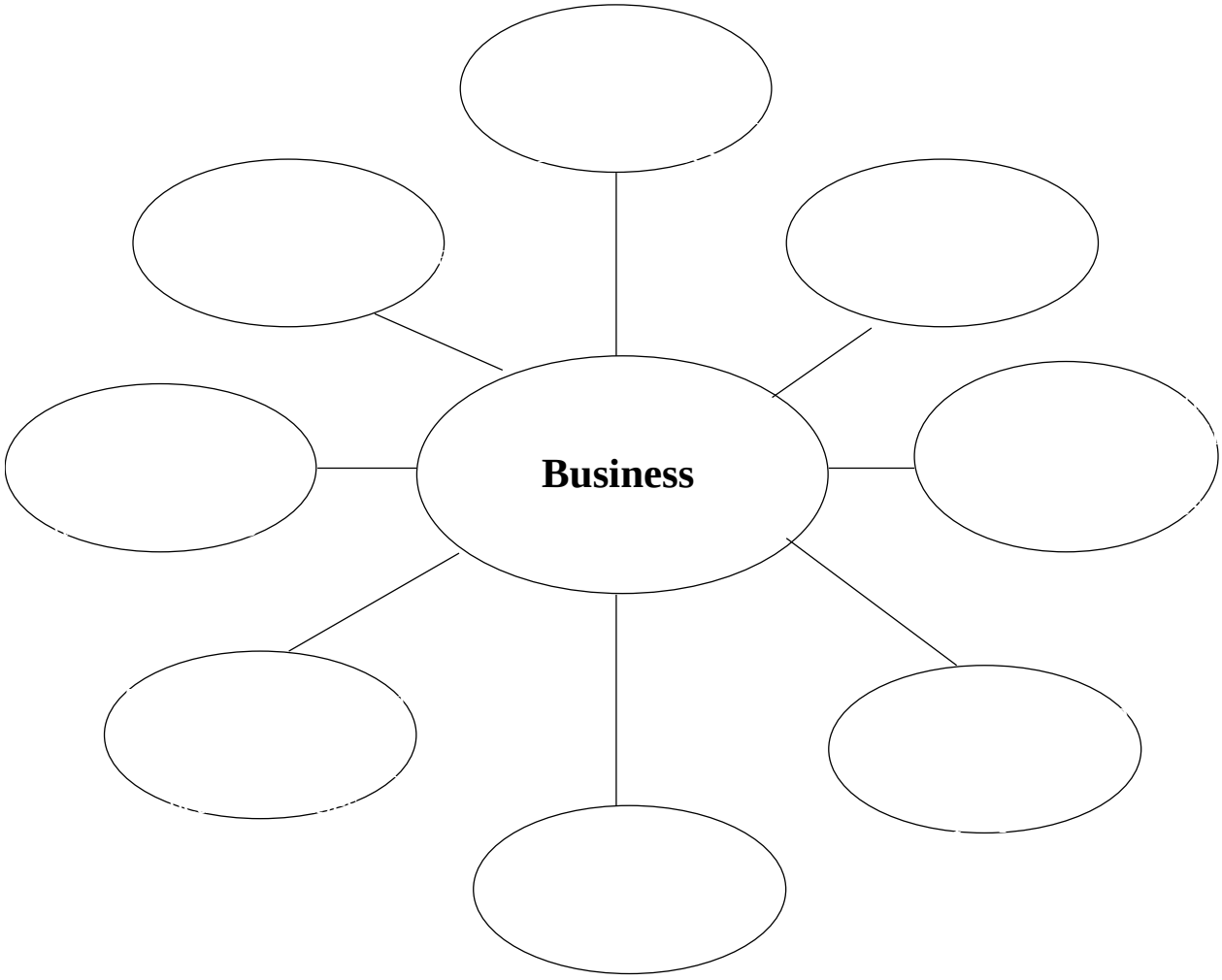


Planning Page for Your Community

Community and Systems Changes in the Business Community

Please review the inventory you created using the worksheets earlier in this chapter, and list tentative changes to be sought in the business community. Consider changes that can occur in businesses that employ local residents.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of promoting health for all? Are the proposed changes feasible? What more could or should the business community do?

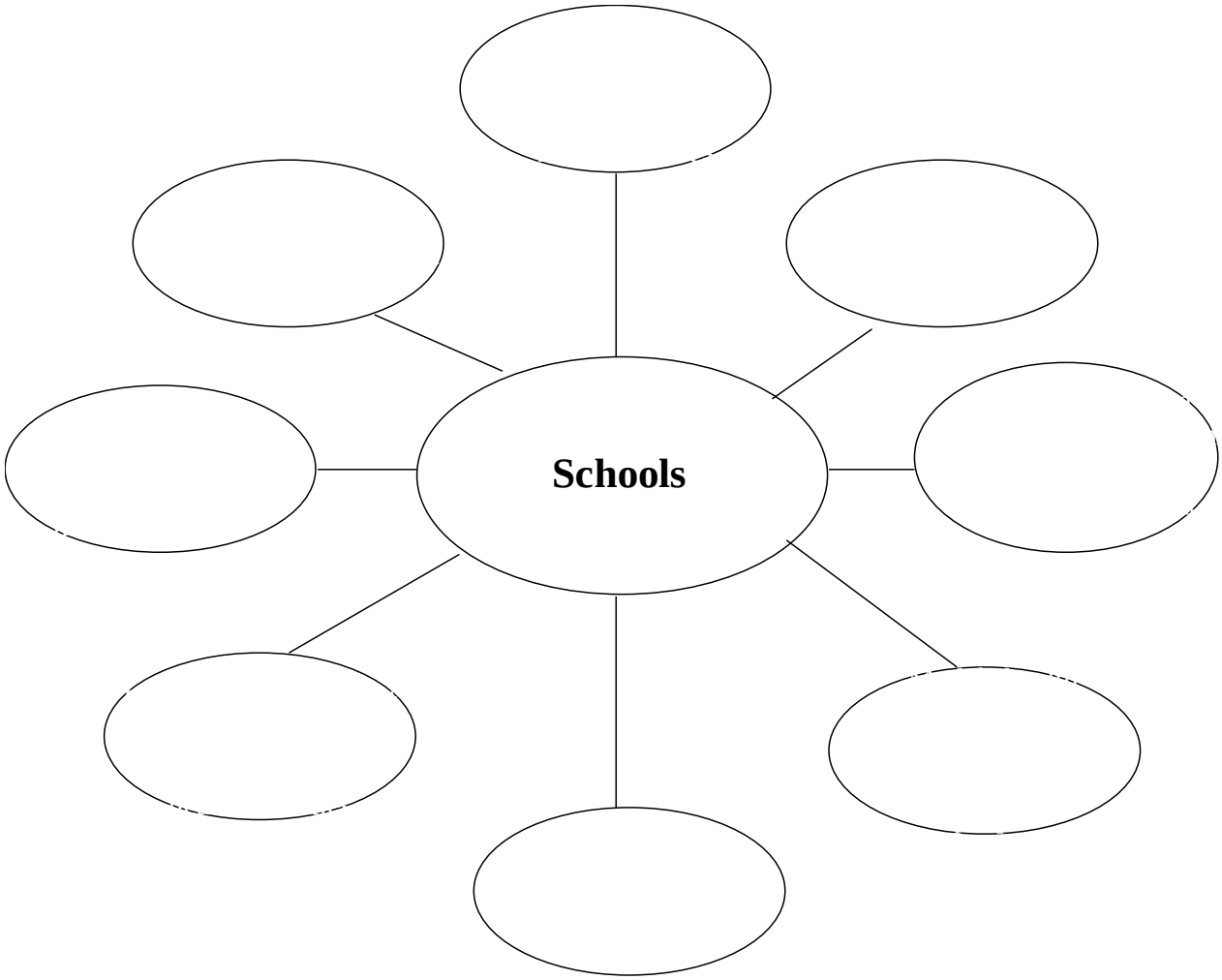


Planning Page for Your Community

Community and Systems Changes in Schools

Please review the inventory you created using the worksheets earlier in this chapter, and list tentative changes to be sought in your community's schools. Consider changes that can occur at the elementary, middle, high school, technical school, and college levels.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of promoting health for all? Are the proposed changes feasible? What more could or should schools do?

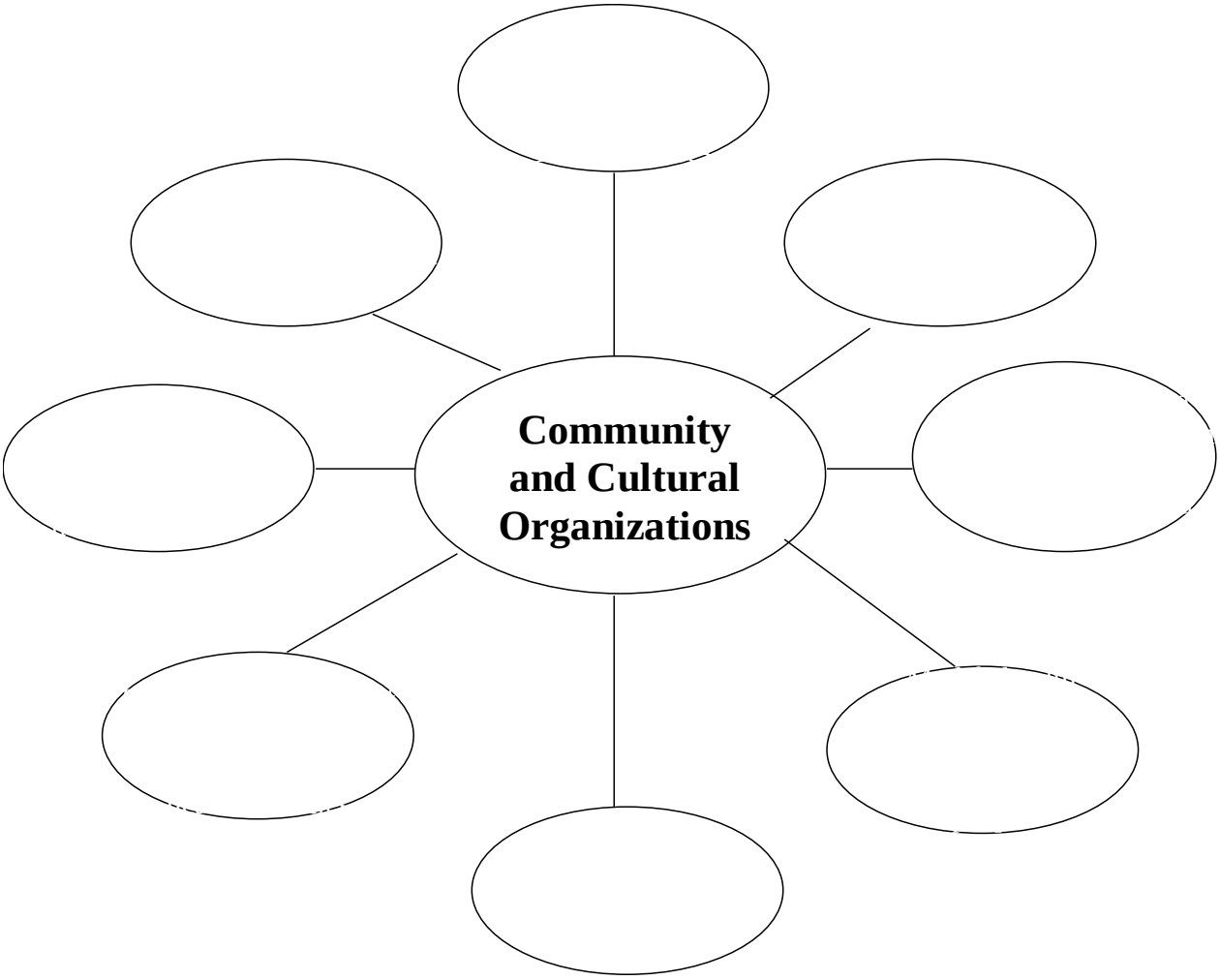


Planning Page for Your Community

Community and Systems Changes in Community and Cultural Organizations

Please review the inventory you created using the worksheets earlier in this chapter, and list tentative changes to be sought in local community and cultural organizations. Consider the different types of human service and other organizations serving youth, adults, and older adults in the community. Also consider potential contributions of social organizations, such as senior centers, and cultural organizations, such as those serving particular racial or ethnic groups.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of promoting health for all? Are the proposed changes feasible? What more could or should community and cultural organizations do?

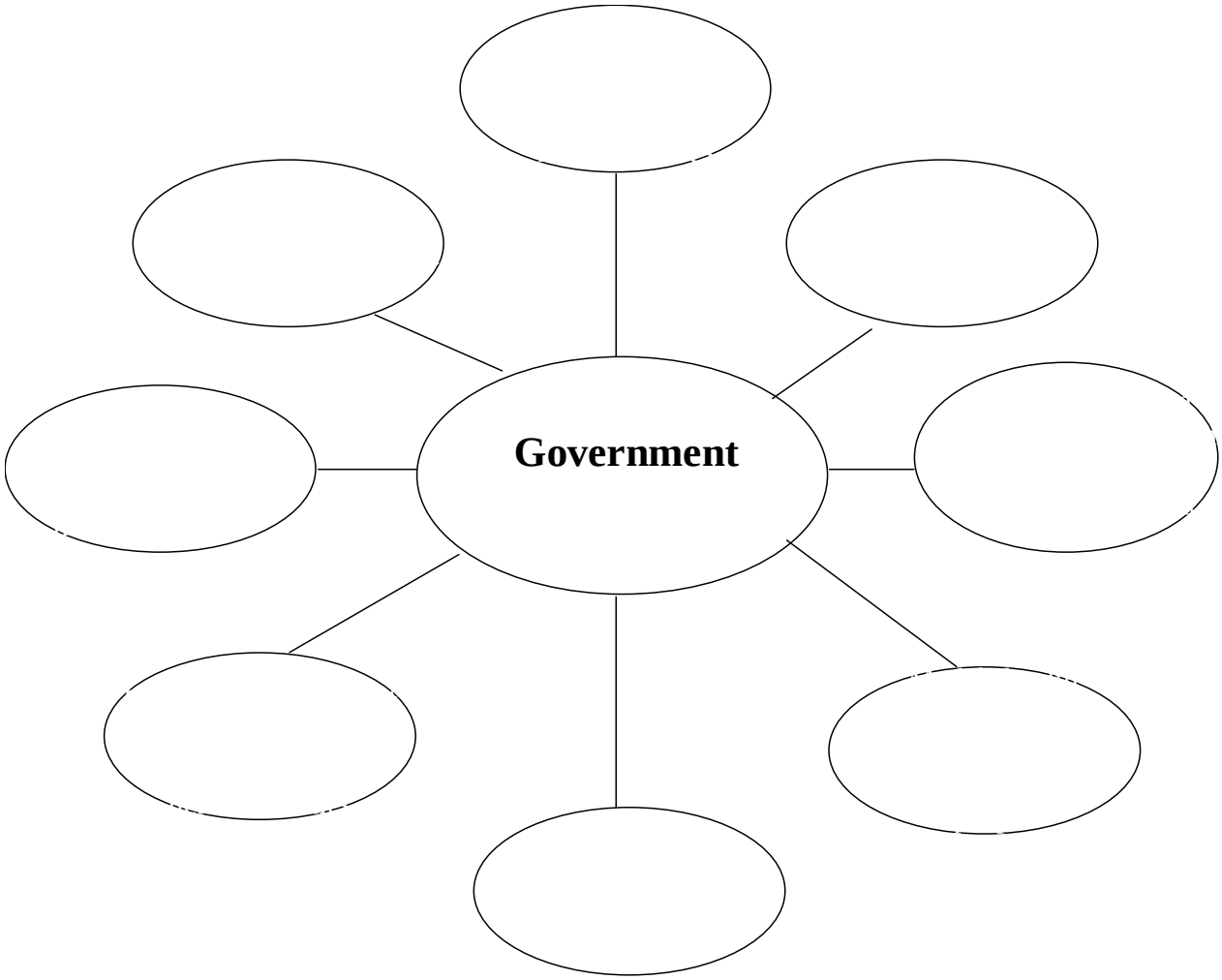


Planning Page for Your Community

Community and Systems Changes in Government

Please review the inventory you created using the worksheets earlier in this chapter, and list tentative changes to be sought in your community's government. Consider the variety of government organizations, including those providing welfare, regulatory, and basic city services. Consider relevant government agencies, including administrative offices and executive and legislative bodies at local, county, and state levels.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of reducing promoting health for all? Are the proposed changes feasible? What more could or should government and its agencies do?

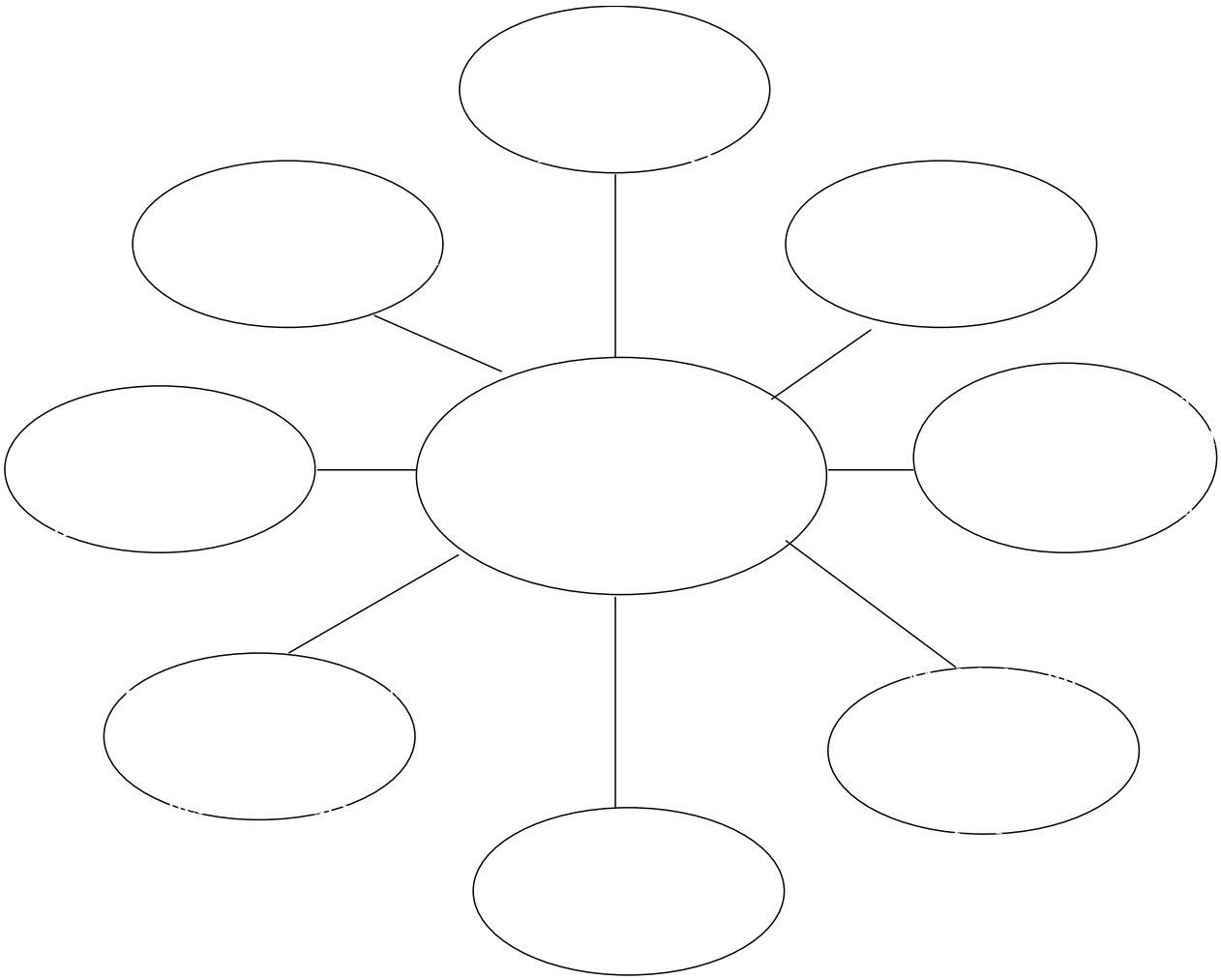


Planning Page for Your Community

Community and Systems Changes in Other Relevant Sectors

Please review the inventory you created using the worksheets earlier in this chapter, and list tentative changes to be sought in other relevant sectors of your community. Consider the different types of organizations and places that could make a difference (e.g., media, military, law enforcement, human service agencies).

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of promoting health for all? Are the proposed changes feasible? What more could these parts of the community do?



Chapter 5
Refining Your Action Plan: Building Consensus on Proposed Changes

The purpose of this chapter is to help guide final choices of changes to be sought by the initiative. We outline a process for building consensus among group members about proposed changes to be sought. The process consists of checking the proposed changes for completeness, using a survey (or more informal review) to build consensus, and securing a formal decision from the entire group.

Step 1: Checking the Proposed Changes for Completeness

The group should review proposed changes for each sector, and for all sectors taken together. To review the proposed changes in each community sector, we recommend asking two questions:

- ✓ Taken together, do these proposed changes maximize this sector's contribution to the mission of promoting health for all?
- ✓ What other changes in programs, policies, or practices could or should be made in this sector?

To review the entire set of proposed changes for all sectors, we suggest asking:

- ✓ Would all the changes, taken together, be sufficient to reduce problems with health access and eliminate disparities to desired levels?
- ✓ What other changes in programs, policies, or practices could or should be made in the community or system?

Answers to the questions will contribute to a more complete set of proposed changes.

Step 2: Using a Survey (or More Informal Review) to Build Consensus

To help attract and preserve commitments, it is important to build consensus on the changes to be sought. The group may use a survey to review the proposed changes. This can also be done less formally, such as with one-on-one or small group conversations. We recommend listing all the proposed changes, organized by community sector, along with questions about their importance and feasibility for addressing the mission of promoting health for all.

For each change to be sought, we recommend asking:

- ✓ Is this proposed change *important* to the mission of reducing disparities in health outcomes?
- ✓ Is the proposed change *feasible*?

A format that you could use in your own survey (or informal review) follows. The circles show sample responses to the survey items:

Example Survey

Proposed Changes in Health Organizations	**How Important is it to…**					**How Feasible is it to…**				
	Not at All				**Very**	**Not at All**				**Very**
1. Provide training in cultural competence (e.g., respectful communication) for health care providers in the local clinic.	1	2	3	(4)	5	1	2	(3)	4	5
2. Change policies to create "healthy opportunity" zones that allow tax credits for establishing neighborhood-based primary care facilities.	1	2	3	(4)	5	1	(2)	3	4	5

Chapter 6
Finalizing Your Action Plan: Listing Action Steps for Proposed Changes

Surveys (or other opportunities to influence priorities) should be provided to all key audiences for the group. These include community members, representatives of funding sources, and experts in addressing health access and disparities. Collect completed questionnaires and compute an average rating for importance and feasibility for each proposed change.

The results can be used to help guide final choices. Proposed changes with high importance and high feasibility ratings should be given higher priority for action; those with lower importance or feasibility, a lower priority. It may be helpful to set a cutpoint for choosing priorities. For example, perhaps only those proposed changes with an average rating of 4.0 or higher on importance, and 3.00 or higher on feasibility might be included on the final action plan.

An additional tool you may want to utilize for this is http://www.conceptsystems.com. This suite of software tools is designed to support activities for sorting and rating concepts (e.g., proposed actions) among a large number of stakeholders, using the Internet when they cannot meet in person. Tailored reporting tools are also provided, making it possible to produce final reports of findings efficiently.

Step 3: Securing a Formal Decision from the Entire Group

Seek formal approval of the proposed changes by the membership of the group. A one-half day action planning retreats or working sessions can be used very effectively.

The *entire* membership should have the opportunity to make a decision on changes to be sought. Seek consensus. Use a formal vote to resolve disputes about specific changes only when necessary. Arrange for a vote of the entire membership on the complete action plan, recording the votes for and against.

Summary

This chapter described a process for helping build consensus on the complete list of proposed changes to be sought by the initiative. The next chapter describes how to convert these proposed changes into a final action plan (complete with action steps).

The purpose of this chapter is to help prepare action steps for each community or systems change sought by your group. We recommend defining only the *major* action steps needed to attain each proposed change. It is not necessary to list all the action steps--list only the more critical steps required to create the desired change in program, policy, or practice.

Step 1: Identify Major Action Steps for Each Change

The action steps detail what will occur, in what amount, by whom, and by when. To prepare action steps for your action plan, define the following for each proposed change:

- ✓ what actions will be taken (what)
- ✓ the responsible agents (by whom)
- ✓ the timing (by when)
- ✓ resources and support needed and available
- ✓ potential barriers and resistance
- ✓ with whom communication about the plan should occur

Step 2: Review Based on Earlier Analysis

Use the information gathered in the previous chapters to guide your initiative's action steps for bringing about identified community and systems changes. For example, what does your analysis of assets and resources suggest about responsible agents (by whom)? How can your understanding of potential resources and barriers be used to plan action steps and outline a communications plan?

Step 3: Finalize and Communicate the Plan

A comprehensive action plan--proposed changes and related action steps--helps communicate to important audiences that the group is clearly organized. It helps demonstrate that the group understands what is needed to be effective in bringing about change.

The complete action plan includes action steps for each change to be sought. Organize the changes by community sector, listing each proposed change, and related action steps, in the order in which they are expected to occur.

The example that follows illustrates how to list action steps for a specific change to be sought in the Health Organizations sector.

Community Sector: Health Organizations

(An Example)

(Use this page to outline action steps for each identified change to be sought in each community sector.

Community Sector: *Health Organizations*

Community Change to be sought: *By 2002, the community health clinic will provide childcare for its clients.*

Actions	By Whom	By When	Resources and Support Needed/Available	Potential Barrier or Resistance	Communication
What needs to be done?	**Who will take actions?**	**By what date will the action be done?**	**What financial, human, political and other resources are needed? What resources are available?**	**What individuals and organizations might resist? How?**	**What individuals and organizations should be informed about these actions?**
By January 2001, a clinic subcommittee will be established to create a child care facility at the clinic.	Clinic Director, Clinic Patrons, Residents	January 2001	Information about the expected number of children to be served. Survey about service barriers are available.		All community service agencies, residents, and clinic patrons
By March 2001, space will be identified for child care and cost estimates to convert it to a child safe and welcoming environment.	Sub-committee with Staff Support	March 2001	Financial officer's cost projections are needed. Staffing cost and recent building rehabilitation costs are available.	Financial officer may resist if cost is perceived to be too high.	Clinic staff and patrons, and residents
By May 2001, all necessary regulatory permits will be obtained. Staffing plans will be developed.	Staff, Contractor, Clinic Patrons	May 2001	Contractor	City staff may resist providing permit because it may appear to intensify the use of the site.	Clinic staff and patrons, and residents
By July 2001, space modifications will be completed and space available for staffing and use.	Contractor, Clinic Director, Clinic Patrons	July 2001	Redeployment of staff time to provide childcare will be needed.	Staff may resist if care is not seen as a function of the job	Clinic staff and patrons, residents, and all community service agencies

Planning Page for Your Community

Action Steps for Identified Changes

Use this page to outline action steps for each identified change to be sought in each community sector.

Community Sector: _____
Community or Systems Change to be Sought: _____

Actions	By Whom	By When	Resources and Support Needed/Available	Potential Barrier or Resistance	Communication
What needs to be done?	**Who will take actions?**	**By what date will the action be done?**	**What financial, human, political and other resources are needed? What resources are available?**	**What individuals and organizations might resist? How?**	**What individuals and organizations should be informed about these actions?**
By _____					
By _____					
By _____					
By _____					

"A man who removes a mountain begins by carrying away small stones."

-- Chinese Proverb --

Chapter 7
Documenting Progress and Promoting Celebration and Renewal

The purpose of this chapter is to suggest how community initiatives might *document* and *evaluate* progress toward its mission, and promote celebration and renewal in the group, as appropriate. It is important to *evaluate* the success of the group in achieving the mission. Information about accomplishments can be used to help understand, celebrate, and improve the effort.

It is particularly useful to document the unfolding of community and systems changes on this long path toward greater health equality. We recommend recording the changes that occur periodically (perhaps monthly) to monitor the "small wins" and accomplishments along the way. This documentation process can be used to better understand factors that affect change, and to make adjustments. It can also help remind us to celebrate accomplishments, and promote ongoing learning about this important work.

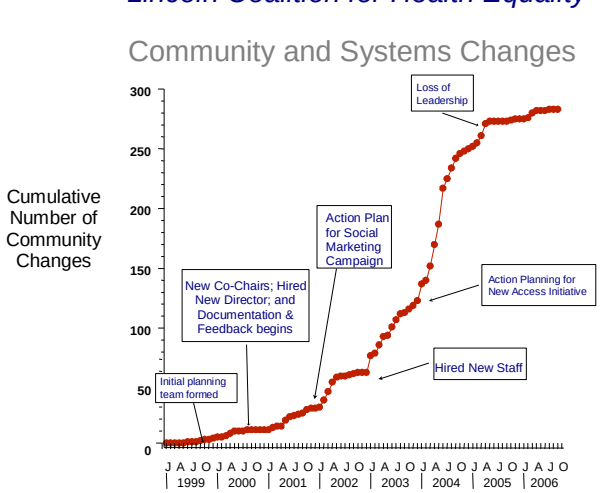
Documenting Progress

Consider creating a graph or "picture" of accomplishments for the initiative that shows the accumulation of community and systems changes that actually occurred. You might use a graph to show how the group is doing in creating an environment to promote health access and equality.

Figure 1 shows example data for a fictitious "Lincoln Coalition for Health Equality." Community and systems changes are displayed in a cumulative record: the onset of each new change is added to all previous changes in programs, policies, and practices. For example, let's assume that two new changes (e.g., a new street outreach program; a change in service hours at the local clinic) occurred in October 1999. When added to the prior total of 10 community changes, the new cumulative total would be 12 community and systems changes.

Figure 1

Cumulative records help us see trends in rates of community and systems change. For the hypothetical "Lincoln Coalition" (see Figure 1), marked increases in the rate of community changes (i.e., sharp increases in the slopes of trend lines) were associated with several factors. These included: a) new co-chairs, director, and documentation and feedback (after April 2001), b) action planning for a social marketing campaign (about January 2002), c) hiring new staff (about January 2003), and



d) action planning for the new access initiative (about February 2004). A marked drop in the rate of community and systems changes was associated with a loss of leadership (about March 2006).

These data can help us address a key question: *What factors affect the rates of community and systems change facilitated by community initiatives?* Over the past decade, our KU Work Group has examined the patterns of community change -- and the factors that affect them -- with over 30 community initiatives for health and development. Our research suggests seven factors that appear to affect rates of community and systems change:

1. Having a *targeted mission* (i.e., a clear vision and common purpose)
2. *Change in leadership* (i.e., a loss of leadership often decreases rates; a change in leadership may increase rates)
3. *Action planning* (i.e., identifying specific community and systems changes to be sought, and by when, may be the single most important thing that can be done)
4. Hiring *community mobilizers or organizers* (i.e., those with responsibility for bringing about community change)
5. *Technical assistance* (i.e., particularly with action planning and intervention)
6. *Documentation and feedback* (i.e., information on rates of community and systems change provided regularly to leadership and constituents)
7. *Making outcome matter* (e.g., bonus grants for high rates of change; outcome dividends for improvements in community-level indicators).

There is an even more fundamental question that these data can help address: *Under what conditions are community and systems changes associated with improvements in more distant community-level indicators of improvement?* Figure 2 displays hypothetical data showing how these data can be used to examine a possible association between rates of community and systems change and changes in more distant outcomes (e.g., immunization rates; incidence of low-birthweight babies). When (as in the example) changes in the community-level indicator (i.e., immunization rates) are correlated with accumulated community and systems changes related to the mission (i.e., to increase immunization rates), a causal relationship is suggested. (Note: Without more formal experimental designs that help rule out alternative explanations, this relationship is only suggested, not demonstrated, since other factors could have caused the observed changes in outcomes.) Nevertheless, these and other related data (e.g., duration of changes) can help us examine this fundamental question: Under what conditions are community and systems changes associated with improvements in more distant community-level indicators of improvement?

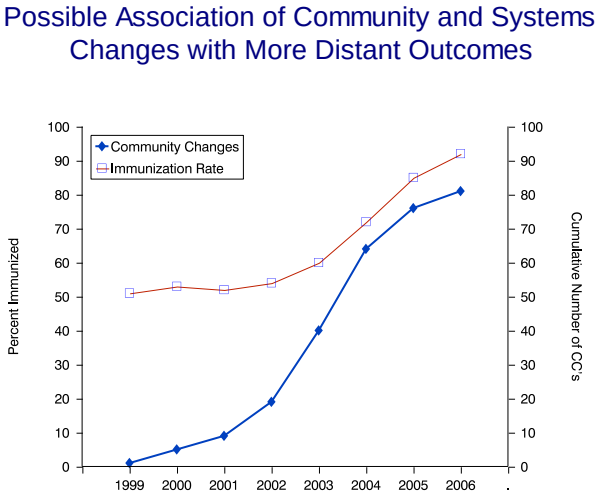


Figure 2

For details on the community documentation system used by our KU Work Group, see the Internet-based Community Tool Box [http://ctb.lsi.ukans.edu/]. Use the search engine or Table of Contents to go to the chapters and sections on "Evaluation." Or, use the very helpful gateway sections on "Evaluating Comprehensive Community Initiatives" and "Framework for Program Evaluation."

Promoting Celebration and Renewal

Even the most effective initiatives can benefit from reflection on their accomplishments. Arrange for ongoing review and discussion of group progress on the proposed changes. When new and important changes occur (e.g., a long-awaited policy change by a major employer), celebrate them! Celebrations can take the form of honoring those responsible—for instance, giving a small party for the "champions of change."

Data can also be used to promote critical reflection and adjustments. The review of progress should involve all relevant audiences for the group, including local residents, health care providers, local agents and allies, funding partners, and outside experts in health access and disparities. Invite consideration of the importance of the accumulated changes to the group's mission. Communicate with all relevant audiences how their feedback was used to modify the action plan--or even the broader vision, mission, objectives, and strategies--of the group.

Review the action plan at least annually. Ongoing, revise the list of proposed changes to correspond to new opportunities and challenges. For example, when situations change in health care organizations or government, the group should consider how the action plan might be modified. Use the inventories found in this guide to help identify new changes to be sought that can *renew* your organization's efforts. You might use "sticky notes" on an Action Planning Bulletin Board to display how the plan is a **living, growing blueprint for change**.

Why This Matters

There is a common misconception that one must design and implement "a program" to bring about a big vision such as "promoting health for all." This action planning guide shows that rather than launching a single, definable program, a more promising pathway to population health improvement involves cementing together hundreds of individual community and systems changes.

Focusing on these "small wins" (i.e., those community and systems changes that will make a difference) instead of creating "the perfect program" has many advantages. For example, focusing on small wins:

- Rewards outcomes, not actions
- Provides multiple opportunities for celebration
- Allows coalition partners to work together by asking each other to do their part while not demanding that everyone be locked into a single course of action
- Provides a sensitive measure of progress, which can be monitored periodically to support improvement and accountability

There is a particularly significant implication of the shift in orientation from "a program" perspective to one focused on accumulating community and systems changes: It increases the coalition's flexibility and responsiveness to change over time. A community coalition or partnership that thinks of itself as running "a program" might find it difficult to redesign or reinvent itself should outside forces change, and the strategy no longer work. This can feel as though the rug were pulled out from under the coalition, be extremely demoralizing to the effort, and fatal to its evaluation.

By contrast, a coalition that aims to bring about a set of strategically chosen community and systems changes is more flexible. When outside forces shift or barriers are encountered, the natural response is to revisit the list of prioritized changes and generate a renewed course of action. This kind of adaptability is important because it allows coalition members to constantly align their targeted actions with existing activities in the community, and with external influences occurring at regional, state, and national levels.

Maintaining these types of alignments is the key to bringing about rapid, planned change throughout a community. It also provides a credible response to traditional criticisms from scientists and evaluators who may see existing activities and secular trends in systems as "confounding" effects that obscure the evaluation of a coalition's work. Rather, this community change approach recognizes (even embraces) the interactive influences on the coalition's action plans.

We recommend reframing a coalition's work to be that of being a **catalyst for change**—helping bring about of a series of community and systems changes related to the mission, rather than the delivery of a single program or service. This shifts the evaluation conversation from questions about attribution (e.g., What outcomes did the coalition produce?) to ones about contribution (e.g., How did the coalition help?). The good news is that most stakeholders who understand the complexity

of our mission—and the need for collaboration—seek answers about contribution, not attribution.

Summary

This final chapter outlined a strategy for documenting community and systems changes over time and providing feedback on progress to the membership and funding sources. It also highlighted the importance of celebration and renewal. We emphasized the importance of initiatives modifying their action plans periodically to respond to new challenges and opportunities. Annual retreats offer a convenient time for the group to re-invent the Action Plan, and itself.

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"Magnify the small, increase the few… In the universe, great acts are made up of small deeds."

-- Lao Tsu, Tao Te Ching --

Epilogue

This guide has posted markers on the winding road of planning for health access and equality in our communities. The process of action planning consists of several major sets of activities, including:

- ✓ Convening a planning group in your community that consists of:
  - Key officials
  - Grassroots leaders
  - Representatives of key sectors
  - Representatives of ethnic and cultural groups
- ✓ Listening to the community
- ✓ Documenting the problem of access and inequality in health
- ✓ Identifying risk and protective factors
- ✓ Developing a framework for action
- ✓ Becoming aware of local resources and efforts
- ✓ Refining your group's vision, mission, objectives, and strategies
- ✓ Refining your group's choice of targets and agents of change
- ✓ Determining what community sectors should be involved in the solution
- ✓ Developing tentative lists of changes to be sought in each sector
- ✓ Building consensus on proposed changes
- ✓ Outlining action steps for proposed changes
- ✓ Documenting progress on bringing about community and systems changes
- ✓ Renewing your group's efforts along the way

When you complete these activities, *celebrate* (for now)! You have developed a **blueprint for action**.

Myles Horton, the late founder of the Highlander Center, talked about "making the road by walking." The work of transforming communities and systems to promote health for all will be made by joining with local people who care enough to make needed changes.

As we do this important work, we realize that we walk the path of those before us. And, eventually, with those who will carry on this cause after we are gone.

Disparities took a long time to develop. They will not be eliminated over night. Our hope is that, working together, we can create communities that support the health of all of us.

"Doing things right means living as though your grandchildren would also be alive, in this land, carrying on the work we're doing right now, with deepening delight."

--Gary Snyder --

Glossary of Terms

The following is a list of terms used frequently in this Action Planning Guide:

Access: The ability or right to use a resource (e.g., health care services, public transportation).

Action Plans: Descriptions of specific changes to be sought in communities and systems related to a common purpose and who will do what by when to bring them about.

Agents of Change: Individuals (e.g., local residents, agency officials) who are in a position (or have responsibility) to help solve a problem or achieve a goal.

Altering Incentives and Disincentives: Changing the consequences (e.g., increasing available social praise/disapproval or public recognition, reducing time costs, increasing financial rewards) to increase/decrease the likelihood of behaviors (e.g., getting immunizations) and outcomes (e.g., immunization and disease rates).

Barrier: Any element of the physical or social environment that effectively prevents (or makes more difficult) an individual gaining access to a resource (e.g., lack of transportation to health care facilities, a policy that restricts access to health care for people with pre-existing conditions).

Coalition or Partnership: People from different sectors or parts of the community working together on a common mission or purpose.

Community Change: New or modified programs (e.g., street outreach), policies (e.g., flextime at work to take a sick child to get health care), or practices (e.g., more convenient hours of service) that are brought about by the initiative's participants and are related to the mission.

Community Sectors: The parts or channels of influence in the community (e.g., Health Organizations, Faith Communities, Government) that the community changes are enacted through.

Decision-Making: How the group clarifies issues, considers alternatives, and makes choices about what it should do.

Disparities: Inequalities in the distribution of valued goals (e.g., health) and access to resources for achieving those goals (e.g., use of health care or preventive services).

Enhancing Services and Support: Actions or conditions that increase the amount, quality, availability or accessibility of services (e.g., health care, preventive health services) and support (e.g., emotional, physical, tangible assistance) from professionals (e.g., service providers) and lay people (e.g., family, friends, those sharing common experiences).

Health Care Providers: Individuals who promote and offer health care services (e.g., lay health workers, doctors, nurses, physician's assistants).

Mission: Describes the common purpose; What the group is going to do and why (e.g., "Promoting health equality through advocacy and community education").

Modifying Access and Barriers: Action or conditions that create opportunities and remove barriers for individuals to participate in activities related to the mission (e.g., changing practices to reduce waiting times, providing street outreach programs that serve people where they are).

Modifying Policies: Actions or conditions that change regulations, mandates, distribution of resources, and other policies related to the mission; policy changes may occur in any sector (e.g., private business, public agency) and at any level (e.g., local business or corporate office, local or state government).

Objectives: Broad goals that refer to specific measurable results of the initiative; They indicate how much of what will be accomplished by when (e.g., "By 2003, increase by 40% the number of children receiving appropriate immunizations by two years of age.").

Providing Information and Enhancing Skills: Actions or conditions that disseminate information, increase knowledge, and enhance competencies related to the mission through various means (e.g., personal communication, pamphlets, training workshops, courses).

Risk/Protective Factors: Aspects of the person/group (e.g., experience and history, biological or genetic factors) and the environment (e.g., modeling, social reinforcement, barriers and opportunities, poverty/financial security) that can increase or decrease the likelihood that a person or group engages in a behavior (e.g., tobacco use, physical activity) or experiences the problem or condition (e.g., cardiovascular disease).

Strategies: How the mission and objectives will be accomplished; Includes broad strategies (e.g., community coalitions, advocacy, social marketing) and specific strategies for behavior change (e.g., providing information and enhancing skills, modifying access and barriers, enhancing service and support, altering incentives and disincentives, modifying policies).

Systems Change: Changes in programs, policies, and practices at a level broader than the community (e.g., from neighborhood to city, from a particular agency to the service system at the city or state level).

Targets of Change: Individuals (e.g., local residents, elected or appointed officials) whose action or inaction contributes to the problem; Those who directly experience the problem/concern (e.g., HIV/AIDS) or are at higher risk for it (e.g., gay men, injection drug users).

Underserved Populations: Groups of people who receive fewer needed services and resources to achieve a goal (e.g., health, financial security) than others; This may be due to many factors including race and ethnicity (e.g. being African-American or Hispanic American), socioeconomic status (e.g., living in poverty, social class), living situation (e.g., being homeless), and geographic location (e.g., living in a rural area).

Vision: A dream for the way things can (and should) be; Brief statements that communicate the ideal conditions desired by and for the community.

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About the KU Work Group

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About the Community Tool Box

For thousands of pages of practical tools for promoting community health and development, see our related web site, the Community Tool Box http://ctb.ku.edu

"Injustice anywhere is a threat to justice everywhere."

-- Dr. Martin Luther King, Jr. --