

The Networker

A quarterly publication of the Maine Network of Healthy Communities

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Issue 1

MNHC Launches Mentoring Program

This year, MNHC is launching its Mentoring Program, which will establish, promote and facilitate mentoring relationships between emerging community health coalition leaders and experienced coalition leaders.

Funded by a Maine Turning Point grant that is administered by the Maine Center for Public Health, the program is available to MNHC members. The program will not duplicate training services currently available through the Bureau of Health and other organizations, such as leadership training, board development, proposal writing, etc. Instead, MNHC mentors will focus on their own fields of expertise.

MNHC mentors will offer

1. A broad-based view of community health;
2. Referrals to existing resources; and
3. Experience and expertise in the following
 - Convening a Community Forum
 - Building the Partnership
 - Developing Community Structure
 - Leadership Development
 - Community Health and Quality of Life Assessment
 - Community-wide Planning
 - Community Action for Health and Quality of Life
 - Providing Data-based Information to Policy Makers; and
 - Monitoring and Evaluation

The MNHC Training and Capacity Committee is developing criteria for participation in the program. For more information, contact Susan Crippen at susancrippen@gwi.net.

Celebrating our members' successes....

Bucksport Community Health Advisory Committee

The Bucksport Community Health Advisory Committee was recognized for its development and implementation of a comprehensive community health plan last year in *Johns Hopkins Public Health*, the magazine of The Johns Hopkins Bloomberg School of Public Health. The article featured the partnership between the Community Health Advisory Committee and Hopkins doctoral candidate Mary Garza, and highlighted the importance of volunteers in the group's successes. (Continued on page 2)

In 2000, the Bucksport Community Health Advisory Committee received \$100,000 from Johnson & Johnson to develop and implement a comprehensive community health plan. The Johnson & Johnson program is highly competitive. Funding is awarded to 3 to 8 sites of the 1,000 community health centers across the US, which provide services to uninsured and low income individuals. Collaboration between Johnson & Johnson and Johns Hopkins gives doctoral candidates an opportunity to provide advice and technical assistance to recipients of Johnson & Johnson funds. In the case of the Bucksport Community Health Advisory Committee, Garza's primary role was to help identify evaluation models that can be used to chart the coalition's successes. This evaluation process is critical in seeking and securing future funding. In addition, Garza assisted the coalition in identifying funding to implement programs addressing the area's health needs.

"It wasn't hard...to measure the success of the Bucksport Community Health Advisory Committee. The group completed a 134-page comprehensive health plan for the town, recruited 140 volunteers for 10 subcommittees to address all aspects of the community's health, exceeded the goals they'd set for the Johnson & Johnson money, and won almost \$500,000 in new grants...."

Johns Hopkins Public Health, Fall 2002

Mary Jane Bush, Health Planning Director, credits the volunteers with the coalition's successes. She cites the Wellness and Fitness Subcommittee's success in collaborating with Eastern Maine Medical Center's Move & Improve Program to execute a strategy to improve the cardiovascular health of area citizens. Committee members sent over 200 letters to area businesses to increase participation in the Move & Improve Program. Additionally, the subcommittee organized a Health & Fitness Expo to promote participation by area residents and students. More than 400 students and 200 adults attended the Expo. According to data from Eastern Maine Medical Center, the number of residents who registered for the Move & Improve Program from the Bucksport area increased from 164 in 2001 to 569 in 2002.

Other accomplishments of the coalition's 10 subcommittees include:

- Partnering with Downeast Health Services to secure Healthy Maine Partnership funds to develop a Coordinated School Health Program for the Bucksport School Department;
- Partnering with Communities For Children to establish the Bucksport Youth Council, recipient of the 2002 Governor's Points of Light Award for Exemplary Maine Youth;
- Partnering with the Bingham Program and the University of Maine Center on Aging to study the housing and service needs of older adults;
- Partnering with Maine's Department of Transportation, Downeast Transportation Services, Crikelair Associates, and the Maine Health Access Foundation to complete a public transportation study and establish shuttle bus services;
- Partnering with Wellspring and Bucksport Family Medicine to provide local outpatient substance abuse services.

Bucksport Community Health Advisory Committee's Chairman, Tom Gaffney, saluted the work of the 140 volunteers in a *Bangor Daily News* article (October 22, 2002) and credits the volunteers' hard work with the group's accomplishments to date. Volunteer participation is growing. "I see it growing because of the word of mouth spread through the volunteers who are participating," he said. High levels of volunteer participation and initial successes are important for attracting additional funding to implement other portions of the community health plan. Gaffney notes, "When they see the kinds of commitments we have from the schools, the police, the town manager...it makes it more attractive for people to fund us."

MNHC Welcomes New Member

MNHC welcomed Fairfield's Community Response Team as a new member in December. Denise Delorie, Community Health Coordinator for the Town of Fairfield, will represent the group on the MNHC Board.

Initially, the Community Response Team (CRT) was formed to respond to a cancer cluster identified in 2000 by the Bureau of Health. At that time, the Bureau of Health requested the leadership of Greater Waterville PATCH to assist in the formation of a community response team to conduct a community health assessment and to develop a Comprehensive Health Action Plan. Governor King awarded the group \$25,000 to complete this work. Since then, the CRT has formed working committees, written mini grants, and secured funding from the Town of Fairfield and other organizations to implement parts of the Health Action Plan.

"The cancer cluster, that's what started the community looking at health and wellness in the community, but there were so many other issues as well," Delorie commented in the *Central Maine Sentinel* (December 26, 2002). In order to broaden the scope of the CRT and to maintain the momentum, CRT members have decided to form a Healthy Community Coalition. With the help of a start-up grant from the Bingham Program, Denise is confident that the citizens of Fairfield will continue to address quality of life issues in their town. Specifically, grant funds will be used to expand coalition membership, to include the economic development and business community, to increase citizen and youth participation, to develop a mission, vision and future goals, and to continue implementing the current Health Action Plan.

Establishing hiking and biking trails, sponsoring the series "How Healthy is Your Home", implementing coordinated school health, and teaching good nutrition and the dangers of tobacco use are among the top issues addressed by the response team. Next, the goals are to renew the team's recruitment efforts, develop an asset map to chart housing, economic development, education, and health assets in the community, and to develop a long range plan for the group.

"This public/private funding of the Healthy Community Coalition model may be of value to other communities interested in improving the quality of life of their citizens."

*Denise Delorie
Community Health Coordinator
Community Response Team*

"Buy-in and commitment from the town have been very important to the success of the Community Response Team," Delorie notes. The current town council and town manager see the Healthy Community Coalition concept and the position of Community Health Coordinator as two valuable assets in their community, serving employers, town government and local citizens. Core funding of the part-time

Community Health Coordinator is allowing Fairfield to build a strong volunteer base and to seek funds for specific projects. According to Delorie, "This public/private funding of the Healthy Community Coalition model may be of value to other communities interested in improving the quality of life of their citizens."

Healthy Community Principles

From *Healthy People in Healthy Communities: A Dialogue Guide*, by Tyler Norris and Linde Howell.

Communities across the nation are using a variety of change models and planning processes to work together to achieve their vision of improved health. Regardless of the approaches taken to meet their challenges, the following principles are guiding the most successful initiatives.

A broad definition of “health.” Health is not the absence of disease. Health is defined broadly to include the full range of quality of life issues. It recognizes that most of what creates health is lifestyle- and behavior-related. Other major factors are genetic endowment and the socio-economic, cultural and physical environment. Health is a by-product of a wide array of choices and factors – not simply the result of a medical care intervention.

A broad definition of “community.” By using as broad a definition as possible of what makes up a community, individuals and partnerships can address their shared issues in the most fruitful way possible. Communities can be based on faith, perspective, land and professions, as well as being determined by geographic lines.

Shared vision from community values. A community’s vision is the story of its desired future. To be powerful and inspiring, a community’s vision should reflect the core values of its diverse members. A vision is not just a statement on the wall – it is a living expression of shared accountability to priorities.

Address quality of life for everyone. Healthy communities strive to ensure that the basic emotional, physical and spiritual needs of everyone in the community are attended to.

Diverse citizen participation and widespread community ownership. In healthy communities, all people take active and ongoing responsibility for themselves, their families, their property and their community. A leader’s work is to find common ground among participants so that everyone is empowered to take direct action for health and influence community directions.

Focus on “system change.” This is about changing the way people live and work together. It is about how community services are delivered, how information is shared, how local government operates, and how business is conducted. It’s about resource allocation and decision-making, not just “nice” projects.

Build capacity using local assets and resources. This means starting from existing community strengths and successes and then investing in the enhancement of a community’s “civic infrastructure.” By developing an infrastructure that encourages health, fewer resources will need to be spent on “back end” services that attempt to fix the problems resulting from a weak infrastructure.

Benchmark and measure progress and outcomes. Healthy communities use performance measures and community indicators to help expand the flow of information and accountability to all citizens, as well as to reveal whether residents are heading toward or away from their stated goals. Timely, accurate information is vital to sustaining long-term community improvement.

Characteristics of Healthy Community Coalitions

Healthy community coalitions provide a new local community structure that can organize and mobilize community resources. They provide a place where local citizens can pitch in and fix what’s wrong in their communities. The result can be impressive.

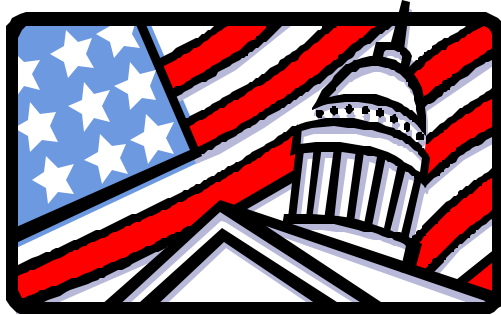
Healthy Community coalitions can:

- Reduce fragmentation and duplication of local services
- Provide coordination of existing services
- Monitor and evaluate the quality of local services
- Assess the need for new services in the community
- Raise public awareness about new service needs
- Advocate for new services
- Generate fiscal and personnel resources to bring new services to the community

Healthy Community coalitions provide a process that local citizens can use to address local issues and concerns. The table below compares common problems with community service systems and the outcomes that Healthy Community coalitions can bring about through the collaborative work of local citizens.

Common Problems in Community Service Systems	Competent Community Service Systems: The Healthy Community Model
Duplication of effort	Coordination
Fragmentation	Holistic Approach
Lack of Planning	Integrated multi-sector planning
Competition	Cooperation / Collaboration
Lack of / Limited information	Accessible information for clients, providers and caregivers
Sense of powerlessness	Empowered / Advocacy
Passive / Reactive	Proactive
Crisis orientation	Preventive
Over-professionalism	Use of professionals plus existing informal supports
Can't deal with emergent problems	Can problem-solve new issues
Disconnected from clients and community	Links to clients and community: programs developed based on stated need
Competitive scramble for limited resources	Maximization of resources: Joint development of new resources

From *The Spirit of the Coalition*, by Bill Berkowitz and Tom Wolff.



MNHC Hosts Hall of Flags Reception

***On Monday, February 3, from
8:00 a.m. to noon, MNHC will host a
reception in the Hall of Flags of the
Capitol Building. Please come and see
what our member coalitions have
accomplished in their communities!***

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