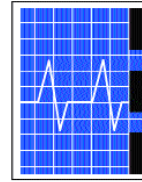


Healthy People and Healthy Communities

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Rural Health Institute

Healthy People ... Healthy Communities is a national health initiative which promotes the capacity of individual, families and communities to increase healthy behaviors and lifestyle choices and make informed consumer decisions. It strengthens community leadership and promotes the formation and enhancement of quality partnerships and infrastructure to meet local health and health care needs. It brings together the extension, teaching and research resources of the land-grant university system and its stakeholders to address health care issues.

Goal 1: Educate and empower individuals and families to adopt health behaviors and lifestyles.

Objectives

Provide ongoing opportunities for community-based education that encourage healthy individual and family behaviors.

Facilitate support systems for individual and family health behavior change. Identify and develop educational programs that address agricultural and forestry health and safety issues.

Goal 2: Educate consumers to make informed health and health care decisions.

Objectives

- ❖ Increase consumers knowledge of their health care options and the financing of these options (long term care; criteria for assessing various health care plans including managed care; traditional medical care systems such as Medicaid, Medicare and CHIP; and third-party payments).
- ❖ Expand consumers' knowledge of their health and health care rights and responsibilities.
- ❖ Increase consumers' skill in making health care decisions.

Goal 3: Build community capacity to improve health.

Objectives

- ❖ Encourage and promote leadership education that facilitates broad-based community involvement in leadership roles and community health decisions.
- ❖ Provide training and technical assistance in analyzing and assessing community health issues and policies.
- ❖ Facilitate planning and decision-making processes that create and sustain healthy communities.

National Network for Health

The National Network for Health provides technical assistance to a broad audience engaged in programs focusing on the health and safety of children, youth, families and communities.

This assistance includes web-delivered research-based information and educational materials; support for building health and safety collaborations; training; and the evaluation of network programs. Inter-university work supports the National Network for Health programs. Participation is open to all that wish to collaborate and to join one or more work groups.

National Network for Health Work Groups

- ❖ Coordinating Committee — guides the network planning and activities.
- ❖ Educational Resources Work Group—identifies and prepares research-based information for distribution
- ❖ Evaluation Work Group — evaluates the effectiveness of NNH and its products.
- ❖ Marketing Work Group — creates products that promote NNH Programs.
- ❖ Sustainability Work Group — marshals resources to enhance and sustain NNH.
- ❖ Training Work Group — collaboratively delivers health related training programs.
- ❖ Youth Health Curriculum Work Group — develops curricula for ages 5-19.
- ❖ Adolescent Sexuality, Pregnancy and Parenting Work Group — links organizations to identify and share topical resources.
- ❖ Healthy Lifestyles Work Group — identifies, reviews, approves and recommends resources that support healthy lifestyles.
- ❖ Healthy Policy Work Group — provides resources for education and empowering consumer and communities to affect health policy.
- ❖ Alcohol, Tobacco and other Drugs Work Group — provides a “first best step” in finding substance abuse prevention resources and links with sources of preventive intervention programming pertaining to alcohol, tobacco and other drug use among youth.
- ❖ Immunization Work Group — provides educational resources about immunizations.
- ❖ Agrimedecine Work Group — provides educational resources on agricultural safety and injury prevention.
- ❖ Community Health Work Group — provides training and technical assistance in analyzing and assessing community health needs.
- ❖ Violence Prevention Work Group — identifies, reviews and recommends resources, which prevent violence across the life span.

In 1999, the Healthy People... Healthy Communities Initiative and the National Network for Health merged into one management team with one set of goals and objectives and one work plan.

Plan of Action

Goal 1: Educate and empower individual and families to adopt healthy behaviors and lifestyles.

Many diseases and injuries are preventable or controllable. As a result, Americans are now gaining a greater appreciation for the role prevention plays in terms of their quality of life and dollars expended. With an emphasis on prevention, the individual must make important decisions regarding lifestyle choices such as choosing not to smoke, controlling dietary habits including weight, and participating in physical exercise.

Those who care for dependents (children, youth and elders) must also be educated to make informed health decisions for those in their care. For these individuals and their families, disease prevention and health promotion require access to health education primary care.

The idea that “accidents happen” is no longer an accepted concept. Accidents (unintended injuries) are the leading cause of death among children under the age of 18. Research has shown that injuries are preventable when people are educated about hazards and risk management and when engineering controls such as seat belts and airbags are incorporated and used.

Disease and injury in the agricultural community is particularly notable. Research since 1990 has identified agriculture, including the occupations of forestry and fisheries, as one of the most hazardous industries in the United States. Accidents involving farm machinery cause an estimated three-fourths of all farm fatalities. Farmers and farm workers suffer from high rates of respiratory disease, noise-induced hearing loss, skin disorders, certain cancers, chemical toxicity, and heat-related illnesses. These industries do not have the infrastructure necessary to educate their workers on health and safety issues. In these rural occupations, there is often no clear distinction between the work and home environments. As a result, children and other family members are exposed to the same occupational hazards as the workers. For these reasons, agriculture and related industries are considered among the most dangerous occupations.

The concepts of disease and injury prevention can be incorporated in the home, at work and in the community. The Cooperative Extension System has traditionally provided health education for individuals, families and communities. The

identification of health issues as an important component was identified early in the formation of Extension. The 4-H youth development program even identified health as a significant concern when it was designated as one of the 4-H's. Family and consumer science has traditionally addressed such health issues as food safety and nutrition. Specialists in agricultural engineering traditionally delivered the concepts of farm safety.

Cooperative Extension's programs in agricultural and natural resources, 4-H youth development, and family and consumer sciences have expanded the traditional emphasis to incorporate cutting-edge health and safety issues. Entities within the Cooperative Extension System have formed partnerships with medical sciences to address these critical issues. Today's programs address cancer education, environmental health issues, teenage pregnancy, protective clothing and equipment for farm workers, and agribusiness. Likewise, comprehensive programs have been developed to address farmers, farm workers, farm families and farm youth as well as the healthcare providers who serve agricultural communities.

Objective 1

Provide ongoing opportunities for community-based education that encourages healthy individual and family behaviors.

Action Steps

- ❖ Identify all FTE's working in health and safety disciplines in each state Extension Service and establish a database of skills.
- ❖ Identify and screen Cooperative Extension System programs on personal lifestyle and behavior decisions through a survey of state program leaders, Extension health and safety specialists, and related specialists.
- ❖ Develop a clearinghouse for storing health and safety programs that address similar issues, needs assessment, effective program delivery strategies, train-the-trainer materials, and evaluation instrument materials and place materials on the initiative web site.
- ❖ Develop a systematic plan for creating or enhancing health and safety program and curriculum development for diverse audiences.
- ❖ Utilize train-the-trainer models, satellite downlinks, on-line, teal audio programs, audio-video conferencing, and other technologies to train trainers and individual learners are professional meetings.
- ❖ Develop and announce an annual schedule of training opportunities. Provide technical assistance on program evaluation to support program development and to document outcomes of selected projects.

Objective 2

Facilitate support systems for individual and family health behavior change.

Action Steps

- ❖ Identify and screen a list of potential referral systems that provide support for individuals and families around health issues.
- ❖ Create a clearinghouse of national, state or local support systems (e.g., support groups for persons living with chronic disease behavioral enhance programs, work-site support groups).
- ❖ Showcase effective educational programs that incorporate support systems within and outside the Cooperative Extension System (e.g., lay healthy advisors/educators, peer group educators).

Objective 3

Identify and develop educational programs that address agricultural and forestry health and safety issues.

Action Steps

- ❖ Identify all FTE's working in the agricultural health and safety disciplines in each state Extension Service and establish a database of skills.
- ❖ Create a database of collaborating partners in the health sciences and they're agricultural health and safety-related programs.
- ❖ Identify and screen Cooperative Extension System programs on agricultural health and safety through a survey of state agricultural and natural resources program leaders and related specialists.
- ❖ Develop a clearinghouse for storing agricultural health and safety programs that address emerging issues, needs assessment, effective program delivery strategies, train-the-trainer model, satellite downloads, on-line, real audio programs, audio-video conferencing, and other technologies to train trainers and individual learners at professional meetings.
- ❖ Develop and announce an annual schedule of agricultural health and safety training opportunities. Provide technical assistance on program evaluation to support program development and document outcomes of selected projects.
- ❖ Identify and screen a list of referral systems that provide support for members of the agricultural community around health issues.
- ❖ Create a clearinghouse of national, state or local support systems (e.g., support groups ofr persons whose health and well being are affected by the agricultural workplace).
- ❖ Showcase effective agricultural educational health and safety programs that incorporate support systems within and outside the Cooperative Extension System (e.g., lay health advisors/educators, peer group educators).

Outcomes

- ❖ Individuals will understand their responsibility in making healthy lifestyle choices.
- ❖ Individuals will understand the concepts of risk related to lifestyle choices and the potential outcomes of not making positive health choices.
- ❖ Individuals will be better prepared to take responsibility for healthy lifestyle decisions at all points of the life continuum.
- ❖ Individuals and families will practice healthy lifestyle strategies at all stages of the life cycle.

Goal 2: Educate consumers to make informed health and healthcare decisions.

Health care in this country is going through a period of rapid change, and Americans are increasingly concerned about access, quality and cost. New approaches to healthcare delivery are being discussed and developed. Most notable is managed care. While considered as a means of controlling cost, there is evidence that costs are again beginning to escalate. In addition, the Balance Budget Act of 1997 created changes in Medicare and Medicaid and initiated a children's health insurance program. The aging of our population also has expanded the need for long-term care options. In order to maintain the quality of their need, more information about the range of public and private healthcare options and how to use and finance these options needs to be available.

Furthermore, healthcare providers and consumers are being asked to adopt new paradigms of health care. Increasingly, emphasis is being placed on self-care and the need for individuals to be proactive for their own health. Consumers need to increase their skill and confidence in making sound self care decisions such as when to seek professional care and when and how to safely and effectively apply home treatment. A strong provider/patient partnership is being recognized as essential to quality care, and in order to build this partnership, consumers need to know their rights and responsibilities as patients. Individuals also need to learn how to effectively communicate with healthcare providers and make decisions regarding tough issues such as treatment alternatives, advanced directives, and power of attorney for health care. Strong decision-making skills are essential to make informed consumer health choices.

Objective I

Increase consumers' knowledge of their health care options and the financing of these options, (long term care; criteria for accessing various health-care plans including managed care; traditional medical care system such as

Medicaid, Medicare and CHIP; and third-party payments).

Action Steps

- ❖ Inventory existing Extension System consumer health education resources and gaps.
- ❖ Collaborate with the National Network for Health in providing educational materials and resources via the Internet.
- ❖ Provide in-service training for Extension personnel. Provide consultation and technical assistance.

Objective 2

Increase consumers' skill in making health care decisions. Provide train-the-trainer models of education to Extension personnel and community collaborators regarding consumer decision-making.

Outcomes

- ❖ Individuals know how to assess health information and make financial decisions regarding health care.
- ❖ Youth are better prepared to take responsibility and make decisions regarding their own health.
- ❖ Individuals are able to make informed decisions about when to use health care professionals and when to apply safe and effective home treatment.

Goal 3: Build community capacity to improve health.

It is critical that the Cooperative Extension System be part of cutting-edge approaches to improving community health. This goal embraces the basic premise of the healthy communities movement being implemented in more than 1,500 communities in more than 50 countries. The premise is that "well-informed" people, working together in an effective process, can make a profound difference in the health and quality of people's lives within communities.

At the same time, the healthy communities movement recognizes that genetic factors, personal lifestyle behaviors, and living and working environments impact health. Thus, education, housing, employment, job skill training and retraining, public transportation, recreational opportunities, healthy and clean environments, and access to health duration and preventive services are keys or "building blocks" to good health. In addition, communities are impacted by federal, state and local health policies. Efforts to improve community health will therefore seek to engage business and industry, government, service organizations, healthcare payers, and citizens in inclusive community decision-making processes that strengthen and support the building blocks and healthy communities.

Objective 1

Encourage and promote leadership education that facilitates broad-based community involvement in leadership roles for community health decisions.

Action Steps

- ❖ Inventory leadership models and curricula that stress inclusive and participatory approaches.
- ❖ Create an annotated bibliography describing the above resources.
- ❖ Provide blueprints for identifying and engaging community-based partners who have stake in community health.

Objective 2

Provide training and technical assistance in analyzing and assessing community health issues and policies.

Action Steps

- ❖ Inventory technical assistance resources that assess community assets and needs. Inventory policy education resources useful for health planning deliberations.
- ❖ Create an annotated bibliography describing the above materials. Identify policy education and technical assistance resource teams with experience in analysis and assessment of community health issues and policies (e.g., Community Solutions for Rural Health, Hometown Health, Healthy Communities, Operation Rural Health Works, etc.).

Objective 3

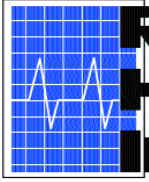
Facilitate planning and decision-making processes that create and sustain healthy communities.

Action Steps

- ❖ Expand the annotated bibliography on community health planning materials.
- ❖ Implement operation Rural Health Works including demonstration sites and nationwide replication.
- ❖ Secure funding to provide educational/technical assistance in support of community health efforts.
- ❖ Establish linkages with other agencies, organizations and programs (e.g., Community Campus Partnerships for Health, Work Force Preparedness Initiative, Coalition for Healthy Cities and Communities, a Community Solutions for Rural Health, Operation Rural Health Works, Planned Approach to Community Health, etc.).

Outcomes

- ❖ Partnerships and coalitions have been formed at the local, state and federal levels to expand resources for people and communities.
- ❖ Community leaders have the knowledge and skills needed to assess and address health concerns. Local health and healthcare concerns are being addressed, and local healthcare infrastructure is improved as a result of involving community leaders, health providers and consumers in an ongoing community decision-making process.
- ❖ Communities have developed solutions to accommodate people with disabilities and limited resources.



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