COMMUNITY HEALTH PLANNING

PREFACE

The community health planning technical assistance effort in Oklahoma is a project of the Oklahoma Rural Research Demonstration Center (ORRDC). ORRDC is provided through a cooperative agreement between the Oklahoma Cooperative Extension Service, the University of Oklahoma Health Sciences Center, the Oklahoma State Department of Health, the Oklahoma State University College of Osteopathic Medicine in Oklahoma, and the U.S. Agency for Health Care Policy and Research.

The guidebook was developed from a grant received from the Southern Rural Development Center and was a cooperative effort of the Rural Health Projects, Inc. (NW AHEC), the University of Oklahoma Health Sciences Center, the Oklahoma Cooperative Extension Service, the Oklahoma Office of Rural Health, and the Oklahoma State Department of Health. Many thanks are given to the people who worked on the grant project: Richard Perry and Mary Jac Rauh with Rural Health Projects, Inc. (NW AHEC), Dr. Ray Goldsteen with the University of Oklahoma Health Sciences Center, Cheryl F. St. Clair, Dr. Gerald A. Doeksen, Stan Ralstin, and Jack Frye from the Oklahoma Cooperative Extension Service, Val Schott from the Oklahoma Office of Rural Health, Diane Biard-Holmes from the Oklahoma State Department of Health, and Michael Brown from the Oklahoma Primary Care Office.

The objective of the project was twofold: (1) to guide two pilot communities in Oklahoma in the development of a community health plan and (2) to share the process of community health planning with other Oklahoma communities through the availability of the guidebook and/or the resource team. The guidebook is designed as a working document that could be used by the Oklahoma Resource Team or local communities to guide them through the community health planning process. ORRDC is available to provide technical assistance to communities who wish to use the guidebook in a structured planning effort.

The objective of the community health planning process is to involve a cross-section of local citizens and leaders in health care decisions. Traditionally, health care decisions in local communities have been left up to the local providers, the hospital trustees, the physicians or the community health agencies or organizations that serve them. For effective local community health planning, local citizens and their leaders must take action to ensure that their communities provide health care that is "tailor-made" to local needs. The process of community health planning enables communities to do this to plan for their future health care needs locally.

This guidebook is available as a resource and reference manual only. It is meant to be utilized only as a guide through the community health planning process. Anyone utilizing the process of community health planning should modify the process and individualize the process to fit their circumstances and individual needs. Local leaders involved in the community health planning process will review their own community data, determine their own problems and priorities, design their own community health plan to meet their own needs, and determine their implementation steps and timetables.

The community health planning process described in the guidebook can be applied to any local community. It must be emphasized that this is not a new health planning guidebook. The Oklahoma process utilized materials from the many excellent health planning guidebooks and

did not reinvent the wheel. Rather, the resource team borrowed from those documents and developed a guidebook that works for them. References utilized in developing this guidebook are included in Appendix A (pgs. A1 - A2), which is not included in this conference package.
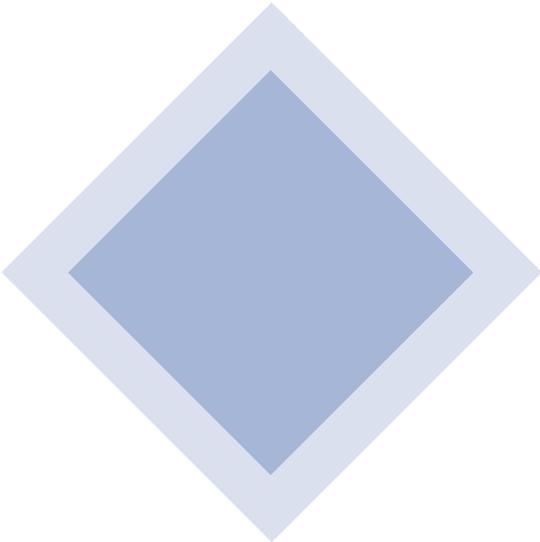
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Chapter One
An Overview of the Community Planning Process

The community health planning process is a strategic planning process and assists local communities:

    ᘉ to identify their health care needs;

    ᘉ to examine the social, economic and political realities affecting the local delivery of health care;

    ᘉ to determine what they want and realistically can achieve in a health care system to meet their needs; and

    ᘉ to develop and mobilize an action plan based on their analysis and planning.

The community health planning process involves cooperation among people, organizations and institutions to pursue common goals. The process is designed to answer three questions:

    1. Where is the community now?

    2. Where does the community want to be?

    3. How will the community get there?

The process should be started when community citizens have a shared need or vision for health care, when community leaders can be mobilized to take action, when a local citizen is willing to become the community facilitator, and when a resource team or facilitating group can be identified to assist the community through the process.

The community health planning process must be "community-driven." The community, as represented by the community leaders, must "own" or "drive" the process; it should be community-based, not hospital-based or health care provider-based. Local community residents and the community leaders must come forth — a current knowledge of the health care industry is not necessary — this process is about local people solving local problems. The local community hospital and community health care providers should be involved and have input into the process and should support and "trust" the process. But ultimately, the community must provide the energy and commitment.

The definition of community is important to this process. A community is a place where individual citizens' basic health needs are met. In this respect, a person may live in one place, but link with another place to meet health care needs. This linkage makes up the greater community. The Community Health Steering Committee will have to define their health care "community." A community could be a single town and its surrounding agricultural area, or it may be a cluster of towns that collaborate to solve their health problems and needs. In other cases, the health community may be the entire county area. When defining a health care "community," the community leaders should consider the following:

    ᘉ Do the leaders have a shared vision and/or need?

℔ Are there current health linkages that can be strengthened, such as hospitals that share common administration or service delivery?

℔ Is there evidence of past cooperation among towns?

℔ Is there a shared problem or common set of needs now or anticipated in the next few years?

℔ Will the process increase the capacity of the citizens to meet or provide health care needs?

(Community capacity could be increased through an enlarged population, economic or power base that generates more revenue or political clout or through an enlarged medical market area for a particular service; collaboration could achieve a critical mass that could enable the garnering of more resources, grants, etc.)

℔ Can a collaborative process be sustained?

℔ Will the benefits of shared planning be greater than the risks?

The defined "community" is determined by current and anticipated health care linkages and the citizens' willingness to implement a health care plan.
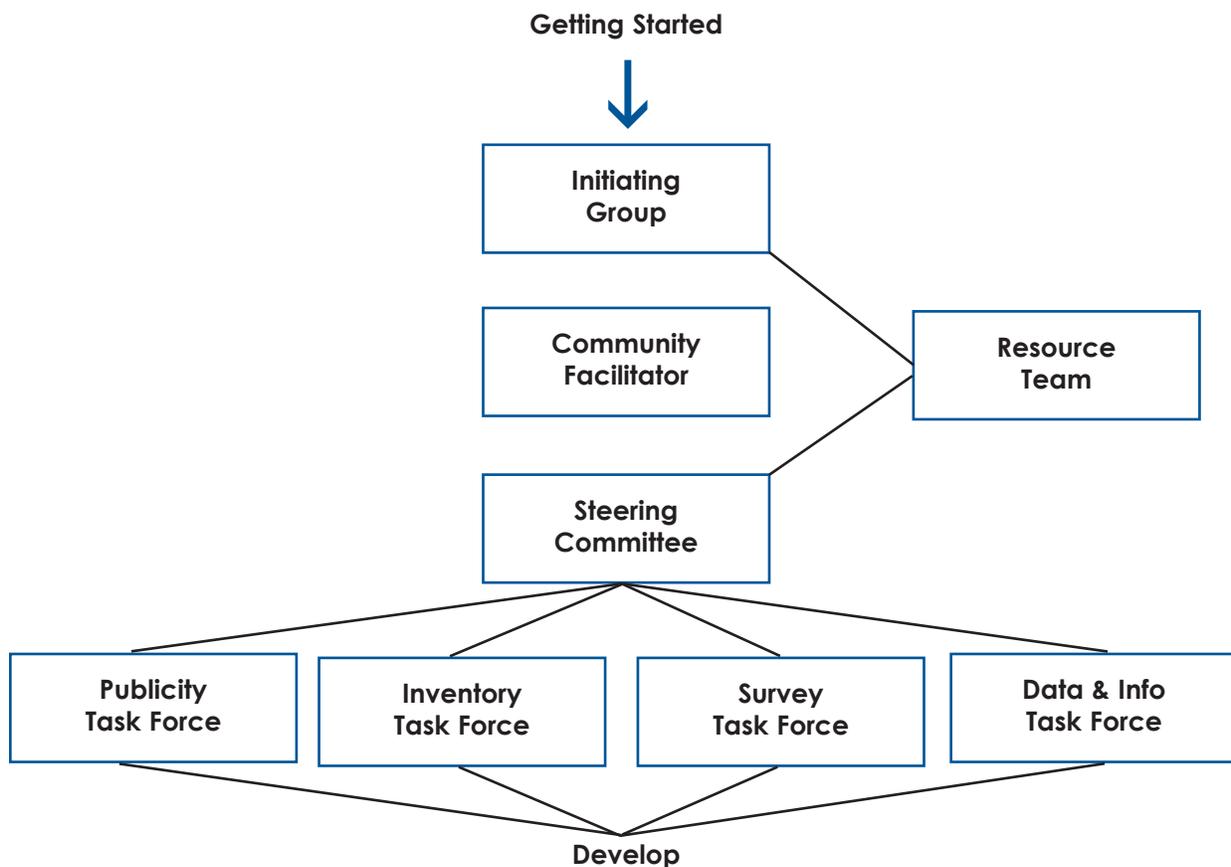
The community leaders must be willing to assess the citizens' perceptions of available health care services and, when appropriate, those health care services and needs that are not currently being met. Community leaders must analyze and identify key issues facing the community and realistically evaluate what is feasible. The resource team can provide technical assistance in the identification and evaluation of the key issues.

A local community facilitator is necessary to provide an interface between the resource team and the local Community Health Steering Committee. This connection is vital for arranging meetings, mailing notices, contacting people, writing and distributing publicity, providing continuity, and nurturing local leadership and participation.

The use of this guidebook as a model of the community health planning process can help to facilitate and guide a community through the planning process. The guidebook describes a set of activities that involves the community and the resource team. The resource team for the pilot projects consisted of representatives from the Oklahoma State Department of Health, the Oklahoma Office of Rural Health, the Area Health Education Center (AHEC), the Oklahoma Cooperative Extension Service, and the University of Oklahoma Health Sciences Center. The goal of the resource team is to create an interagency resource team available to assist Oklahoma rural communities with community health planning and to create a process for rural communities to use to enhance local health care systems. The resource team offers technical assistance to the local community with the development, presentation and analysis of data and information, surveys, and health services and facilities as well as with analytical skills, facilitation skills and strategic planning skills.

The community health planning process is outlined in Figure 1 and begins with a group of citizens of a community becoming interested in reviewing and analyzing the health care system of the community. This group of citizens is the initiating group (Figure 1). Often, this may result from a change in the current health care delivery system such as the loss of a physician or a hospital or a change in the type of services or facilities offered. A community that is not currently experiencing changes or problems in their health care system can also benefit from community health planning by enhancing or improving the current system or by being prepared for future

FIGURE 1. STRATEGIC HEALTH PLANNING

Getting Started

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                    │  Initiating │
                    │    Group    │
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                                         ┌─────────────┐
      ┌─────────────┐                    │  Resource   │
      │  Community  │                    │    Team     │
      │ Facilitator │                    └─────────────┘
      └─────────────┘
                    ┌─────────────┐
                    │   Steering  │
                    │  Committee  │
                    └─────────────┘

┌──────────┐  ┌──────────┐  ┌──────────┐  ┌──────────┐
│ Publicity│  │ Inventory│  │  Survey  │  │Data & Info│
│Task Force│  │Task Force│  │Task Force│  │Task Force │
└──────────┘  └──────────┘  └──────────┘  └──────────┘
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Develop

changes and developments in health care. The initiating group of citizens will form a Community Health Steering Committee to work through the process of community health planning to develop a health plan, implement the plan and continue the process annually.

An individual or an organization will need to take the lead role and become the Community Facilitator to maintain communications. The Community Health Steering Committee, through the Community Facilitator, will work closely with an outside resource team. The utilization of an outside resource team is necessary as the resource team is trained in the community health planning process and has health sector expertise. The resource team also has contact with other agencies who may be able to provide special technical assistance and other resources. An economic impact of the health sector will be prepared by the resource team to present to the Community Health Steering Committee at the first official meeting. The economic impact of the health sector assists the community in realizing the importance of the health sector to their local economy. The economic impact utilizes employment and income multipliers based on an economic input-output model (IMPLAN) to illustrate the overall impact of the health sector in terms of both employment and income (payroll dollars). This analysis is an excellent tool for gaining local community support.

Communities must fully understand their health care needs, as well as other factors that influence how health care services are provided, in order to make wise decisions in the planning process. To develop a community health plan, the Community Health Steering Committee will need information and data about the community and will need to communicate with the community. As specified in Figure 1, the Community Health Steering Committee will divide into five task forces, which include:

1. Publicity
2. Inventory
3. Survey
4. Data and Information
5. Health Resources Coordinating

The Publicity Task Force will provide news articles, radio announcements and other public notices, including meeting notices, for the Community Health Steering Committee. The Inventory Task Force will gather detailed information on all health services and facilities provided within the community. A result of this task force could be a directory of health services and facilities in the community. The resource team can be helpful in gathering the basic health services and facilities' data. However, the task force members will know the local services and facilities firsthand and will be critical in determining the accuracy and completeness of the directory.

The Survey Task Force will design a community health survey, have the survey conducted and analyzed, and will review the results of the survey analysis. This task force will determine the local community's opinions and needs related to the health care system by obtaining input and feedback from the community. The need for further community input could result in a community needs assessment with focus discussion groups. The Survey Task Force will review the community survey results to determine the need for further community analysis of specific needs. The resource team can assist with conducting and analyzing a survey and can assist with the determination of the need for further community analysis.

The Data and Information Task Force will gather and analyze current sources of data and information about the community and the community's health care system. Demographic, economic, and health/medical data and information are available from different secondary sources. The resource team can be helpful in gathering, presenting and analyzing this data and information.

The Health Resources Coordinating Task Force will be formed only if needed within the specific community. This task force will review the health resources and health care provider organizations within the designated health service area and look for optimal efficiency in provision of health care services to meet the community needs.

After the task forces (except for the Publicity Task Force) have completed their research and analyses, final reports, including each task forces' listing of health problems, needs or concerns, will be presented to the complete Community Health Steering Committee. The information from these four task forces will be reviewed and integrated with duplications eliminated. The Steering Committee will then determine the final points of emphasis to build a plan of action.

Research may be needed on some of the points of emphasis to determine what course(s) of action are feasible. The resource team can assist with developing further information related to specific points of emphasis. After all items have been thoroughly researched, the Community Health Steering Committee will review the final information. A proposed plan of action will be completed with a timetable and specific steps for implementation.

The proposed plan of action will be shared with the community through the news media. This allows the members of the community the opportunity to provide input and discussion of the plan. Every community member is invited to participate in the community health planning process and in the implementation of the plan at any time. After publicizing the proposed plan to the community and reviewing the input from the community members, the Community Health Steering Committee will then modify and revise the plan as appropriate. The final plan will include specific community assignments and timelines. A system for reviewing the results of the plan of action must be determined, and follow-up assignments and meetings are crucial for accomplishment of the plan.

The Community Health Steering Committee will start the entire community health planning process again at the end of the first year. The process is designed to be ongoing annually. The first year's plan of action will be in the implementation stage while the second year plan is

being initiated and the entire process begins anew. The second year will be less intense as the process will build on the first year's plan and much of the data will only have to be updated. The community involvement in the community health planning process is key to continuing the process on an annual basis.
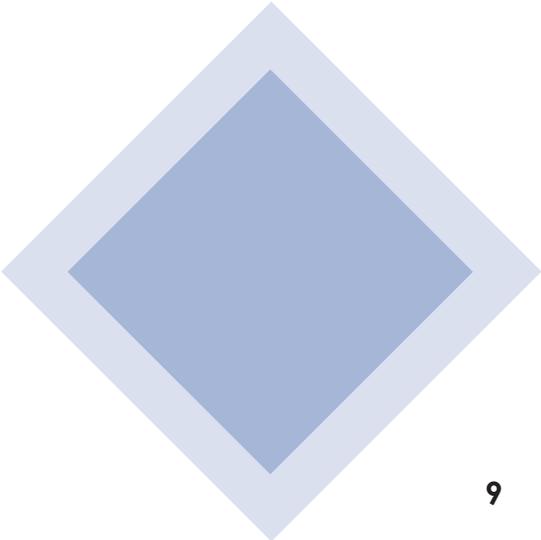
CHAPTER TWO
COMMUNITY HEALTH STEERING COMMITTEE

The Community Health Steering Committee is key to the success of the community health planning process. The local community must realize the need for the community health planning process and make a commitment to the community health planning process. The initiating group starts with a small core of a few individuals (Figure 1). This initiating group must be thoroughly committed in order to "mobilize" the remainder of the community. The initiating group will introduce the community health planning process to key community leaders and organize the Community Health Steering Committee. A meeting of the resource team and the initiating group is held to provide them with information on the planning process and the information and tools to approach other citizens and community leaders to participate in the process. A proposed agenda for this first meeting with the initiating group is presented in Appendix A (pg. A3). Also included are copies of the overhead displays that are utilized by the resource team to present the process of community health planning to the initiating group (Appendix A, pgs. A7 - A17).

The Community Health Steering Committee will need to represent a cross-section of the community, including but not limited to health care providers, health care consumers, city, county, and state government, Chamber of Commerce, local businesses, education, civic organizations, churches, agriculture, banking, economic development, retail, social organizations, etc. It is important to have a variety of people on the Community Health Steering Committee to assist with the development of a community health plan as well as to assist with outreach to obtain communication and acceptance of the community health plan in the community. The committee members will represent not only the medical sector but the entire social and economic structure of the community as well.

The initiating group works with the resource team in selection of their Community Health Steering Committee. The initiating group can send a letter; a copy of a draft letter is attached in Appendix A (pgs. A4-A5). This letter should be modified to fit the community situation and the initiating group's ideas. A copy of a brochure developed by the resource team to assist the initiating group in soliciting community support and organizing the Community Health Steering Committee is presented in Appendix A (pgs. A24 - A25). This brochure should be personalized and utilized by the group, as appropriate. The initiating group can share this brochure with community members at civic, social, and church group meetings, at the coffee shops and restaurants, in company and organization break rooms, and any other appropriate communication avenue. The initiating group should stress the benefits of community health planning:

- better use of scarce resources,
- access to more services locally,
- improved coordination of health care services,
- increased cooperation between and among health care providers,
- increased public awareness of health care services,
- strengthened position of the community, and
- encouragement of forward-thinking.

A news release about the community health planning process and the first meeting of the initiating group and the resource team would also be useful in obtaining public awareness of the process and the need for community participation. When the initiating group is able to obtain

a commitment from approximately 25-40 community leaders to serve on the Community Health Steering Committee, the resource team will hold a meeting to present the process of community health planning, to present the economic impact of the health sector on the community, and to obtain a commitment to the community health planning process from the Community Health Steering Committee (agenda for this meeting in Appendix A, pg. A6). The objective of this meeting is to obtain the commitment and support of a representative cross-section of local community members to participate in the community health planning process.

An economic impact study of the community's health sector is prepared by the resource team and presented at this first Community Health Steering Committee meeting. The impact study demonstrates to the Steering Committee members the economic importance of the health sector to their community. A copy of the economic impact study for Community XYZ is presented in Appendix A (pgs. A27 - A41). The specific assignments of each task force will be discussed in the first steering committee meeting; the handouts on the tasks of the steering committee and the task forces are included in Appendix A (pgs. A12 - A17). The attendance sheets used for the steering committee meetings and the sign-up sheets for the task force assignments are also included in Appendix A (pgs. A18 - A24).

The community needs to be prepared to provide data gathering assistance and review and analysis of the data; decision making, input, evaluation, and acceptance of the community health plan; participation in implementation of the plan; and the continuation of the community health planning process annually. One important role of the Community Health Steering Committee is to determine the health care needs of their local community and to review the data and information presented by the resource team to confirm its accuracy and completeness.

The objective of the Community Health Steering Committee is to provide leadership and direction of the community health planning process. One of the major tasks of the steering committee is to assist with data gathering and data analysis through four of the task forces, which are:

      1. Inventory Task Force;
      2. Survey Task Force;
      3. Data and Information Task Force; and
   4. Health Resources Coordinating Task Force.

A fifth task force will be formed, the Publicity Task Force, to assist with communications and news releases. The steering committee will divide into these five task forces (Figure 1). A series of 2-3 meetings will be held with each task force meeting in separate groups to complete their tasks. Each task force's specific tasks are covered in the next five chapters.

After the four task forces have completed their research and analyses, a final report with main points of emphasis from each task force will be presented to the Community Health Steering Committee. The steering committee, as a group, will evaluate the results of each of these four task forces with the information being reviewed, integrated, and duplications eliminated. The steering committee will then determine the main points of emphasis to build a plan of action.

Research may be needed on some of the points of emphasis to determine what course(s) of action are feasible. The resource team can assist with developing further information to address a specific solution to a problem. At times it may be necessary to seek additional revenue sources to support these research efforts. After all items have been thoroughly researched, the Community Health Steering Committee will review the final information. A proposed plan of action will then be completed including a timetable and specific steps of action for implementation.

The proposed plan of action will be shared with the community through the news media. This allows the members of the community the opportunity to provide input and discussion of the plan. Any community member is invited to participate in the community health planning process and in the implementation of the plan at any time, if they so desire. After publicizing the proposed plan to the community and reviewing the input from the community members, the Community Health Steering Committee will then modify and revise the plan, as appropriate. The final plan will include specific community assignments and deadlines. A system for reviewing the results of the plan of action must be determined and follow-up assignments and meetings are crucial for accomplishment of the plan. A performance evaluation system for reviewing the results of the plan must be determined and follow-up is important for accomplishment of the plan.

The Community Health Steering Committee will start the entire community health planning process again at the end of the first year. The membership of the Community Health Steering Committee may be altered at any time. The process is designed to be ongoing annually. The first year's plan of action will be in the implementation stage while the second year's plan is being initiated and the entire process begins anew. The second year will be less intense as the process will build on the first year's plan and much of the data will only have to be updated. The community's involvement in the community health planning process is key to continuing the process on an annual basis.
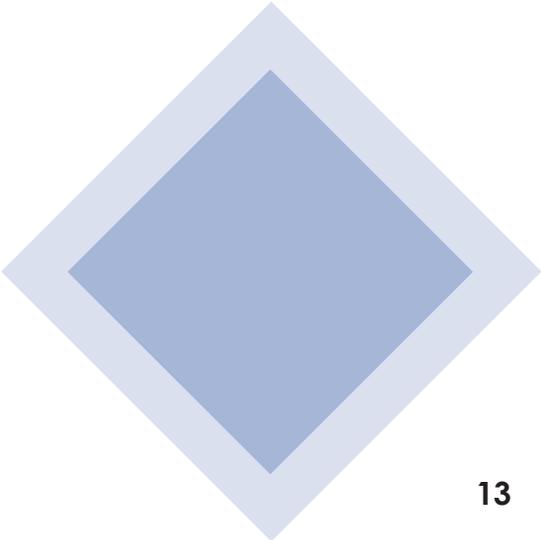
CHAPTER THREE
PUBLICITY TASK FORCE

The Publicity Task Force will work with the Community Health Steering Committee and the local news media to publicize the meetings and activities of the Community Health Steering Committee. This task force will also keep the community informed of the progress and results of the community health planning process. The activities of this task force are crucial as the community residents need to be fully informed of all health planning activities. The steering committee members and task force members and the community at large will respond to local correspondence and publicity rather than correspondence and publicity from resource team members. The resource team should work through the local Publicity Task Force on all publicity items, meeting notices or other communication items.

The Publicity Task Force will need to coordinate with the Survey Task Force to gain the participation and support of the community when the survey is being conducted. Examples of meeting notices, press releases and news articles are included in Appendix B (pgs. B1 - B20).

CHAPTER FOUR
INVENTORY TASK FORCE

The Inventory Task Force has the objective of reviewing and listing all current health resources, services and facilities. The resource team can be of assistance to this task force by obtaining the basic information from the yellow pages of the local telephone book(s). However, the task force members will need to "fill in the blanks" for those health care services that are not listed in the yellow pages. Community XYZ completed a directory of health resources, services and facilities in Appendix C (pgs. C1 - C15). This directory is for illustration purposes only.

The purpose of the Inventory Task Force is to list every health care service and facility within the local health service area. It provides a current picture of the present health care delivery system. It is necessary to know exactly what a community currently has available in their health care system before planning for the future. This will assist in determining any duplication of services or any lack of particular services. The information can be organized in the form of a directory that could be printed and distributed in the community.

The Inventory Task Force will work closely with the Publicity Task Force to seek a local sponsor to publish the community health directory. Also, a method for distribution of the directory will need to be determined. A local contact person would be helpful to provide a contact point for future updates and revisions of the directory.

Upon completion of the listing of health services, resources and facilities, the task force will present this listing, with their analysis of health care needs and concerns, to the entire Community Health Steering Committee.

CHAPTER FIVE
SURVEY TASK FORCE

The objective of the Survey Task Force is to gain local input from the community as to their wants and needs from the health care system. A basic technique for accomplishing this is through a community health survey. The resource team assists the Survey Task Force in designing a survey instrument. The instrument is designed to obtain "first-hand" information and can be tailored to the community's specific needs. The resource team may assist with conducting and analyzing the survey. In the pilot communities, a telephone survey was conducted. This step can be costly in the community health planning process and may require financial resources to accomplish. If finances are not available, a less costly approach such as a mailed survey or focus groups may be necessary.

The survey is the instrument for the local community to express their concerns with or praises of the health care delivery system. It can provide insight into the perceptions, expectations, preferences or perceived barriers about a particular issue. The survey can be useful in defining health care needs and can be used to assess a community's receptivity to alternative plans of action. It is a way to get detailed information on unique problems or populations from the individuals, groups and organizations that have a vested interest in a particular issue. The survey provides a "snapshot" of current local conditions and citizens' subjective perceptions of an issue. The survey does not provide a look at trends over time. A copy of a sample survey is included in Appendix D (pgs. D1 - D17).

The Publicity Task Force is critical to obtaining the community support necessary for individuals to take the time to answer the survey accurately and completely. The survey methodology could include personal interviews, telephone or mail. The pilot projects utilized telephone surveys. The success of the survey depends upon randomly selecting your survey population. It is necessary to obtain representation from a cross-section of all citizens.

Upon completion of the survey, no individual survey answers are disclosed. The aggregate totals of the entire survey are analyzed and presented. A sample of an aggregate survey results and illustrations of the survey analysis are included in Appendix D (pgs. D18 - D73). The resource team may conduct the analysis and present the results to the Survey Task Force. The task force reviews the data and selects the points of emphasis.

At this point, the task force and resource team will need to determine if any additional community needs should be assessed. If the survey provides accurate insight into the community's health care system needs, no further needs assessments will be necessary. However, if the community survey does not produce viable results, it could be determined that an instrument for additional community needs assessment should be prepared. If it is determined that additional needs assessment should be accomplished, the resource team can assist the task force in determining focus discussion groups and organizing and conducting focus discussion group meetings. The results of these group meetings would then be organized and presented to the task force. The task force, upon review and summary, will present their results to the entire Community Health Steering Committee.

CHAPTER SIX
DATA & INFORMATION TASK FORCE

The Data and Information Task Force has the task of gathering and analyzing any and all current, relevant sources of data and information about the local community's health care system. This information includes demographic, economic, and health and medical data.

Specifically, the resource team accumulates relevant secondary data and prepares the data for presentation to the Data and Information Task Force. Some sources of data include the 1990 U. S. Census of Population and Housing, the State Health Department PLUTO Data, and the Regional Perinatal Health Program County Profiles. The data and information for Community XYZ, including "Community XYZ — Points of Emphasis from Statistical Demographic and Medical Information" and the data tables, are presented in Appendix E (pgs. E1 - E31). The Data and Information Task Force reviews the data to be sure it is accurate and that all relevant data are included. From the information and data presented, the task force determines the points of emphasis, summarizes their results and determines recommended courses of action. The Data and Information Task Force prepares a final report to present to the entire Community Health Steering Committee.

CHAPTER SEVEN
HEALTH RESOURCES COORDINATING TASK FORCE

The Health Resources Coordinating Task Force will be formed only if needed within the specific community. This task force will review the health services organizations within the designated health service area and look for optimal efficiency in provision of health care services to meet the community needs.

The Health Resources Coordinating Task Force will consider optimal size and function of health service organizations given identified health needs, utilization patterns and financial viability. The task force will examine interrelationships among and between health care providers and health service organizations in light of potential benefits of cooperation — filling in gaps, eliminating duplications, and providing collaborative opportunities. This task force is seen as an effort to sustain the collaborative and coordinating relationships and interrelationships over the long-term. Upon completion of their analysis, the Health Resources Coordinating Task Force will report back health concerns and needs to the Community Health Steering Committee.

CHAPTER EIGHT
COMMUNITY HEALTH PLAN

After each of the four data task forces has completed the research and data analysis, a final report with main points of emphasis from each task force will be presented to the complete Community Health Steering Committee. The information from the four task forces will be reviewed, integrated and duplications eliminated. The steering committee will then determine the main issues to build a plan of action. It is recommended by the resource team that only one to three health issues should be identified for action in the first year. Other items may and should be addressed in subsequent years. The Community Health Steering Committee may want to use some type of point system to rank the issues and determine the top issues.

Research may be needed on the issues to determine what course(s) of action are feasible. The resource team can assist with developing further information related to specific issues. Appendix F contains an informational study prepared by the Oklahoma Cooperative Extension Service entitled, "An Analysis of Demand for General Practitioner Services in Shattuck, Oklahoma," February 1994 (pgs. F1 - F22). Two other studies are also found in Appendix F: (1) "Preliminary Analysis of the Feasibility of an Outpatient Rehabilitation Facility for Tahlequah, Oklahoma," AE-9693, September 1996 (pgs. F23 - F30), and (2) "Preliminary Analysis of the Feasibility of an Adult Day Care Center in Madill, Oklahoma," AE-96101, October 1996 (pgs. F31 - F69). These are samples of the type of information that the resource team could prepare to assist the steering committee in their analysis of an issue.

In analyzing and prioritizing the issues, certain questions should be considered:

      ℭ What do the different sets of data suggest about health care services in the area? Is there agreement or apparent contradiction?

      ℭ What does the community WANT?

      ℭ Is there a difference between needs and wants?

      ℭ What are the prioritized health services needed?

These questions are found in Appendix F (pgs. F70 - F71). Minutes from meetings at Community XYZ are also in Appendix F (pgs. F72 - F74) showing the points of emphasis from each task force and the final consolidated list of issues. This community used a voting system where each member of the steering committee was allowed three votes to identify their top three issues from the consolidated issue list. The issues with the most votes were then listed and discussed.

Community XYZ met again (minutes in Appendix F [pgs. F75 - F76]) to further discuss the prioritizing of the issues. Additional issues were noted and added to the list. The group finally decided on three issues to review in further detail. The three issues were nursing home availability, lack of health department and the need for health education. Assignments were made for particular steering committee members to research and follow-up on these three issues.

After all issues have been thoroughly analyzed, prioritized and researched, the Community Health Steering Committee will review the final information. The plan should cover the following areas:

      ଔ What does the community have to do to MAINTAIN existing services which are already meeting needs?

      ଔ What does the community have to do to DEVELOP needed services?

A proposed plan of action will need to be completed for each issue, with a timetable and specific steps of action for implementation for each issue.

The proposed plan of action will be shared with the community through the news media. This allows the members of the community the opportunity to provide input and discussion of the plan. Every community member is invited to participate in the community health planning process and in the implementation of the plan at any time. After publicizing the proposed plan to the community and reviewing the input from the community members, the Community Health Steering Committee will then modify and revise the plan, as appropriate. The final plan will include specific community assignments and deadlines. A system for reviewing the results of the plan of action must be determined, and follow-up assignments and meetings are crucial for accomplishment of the plan.

The Community Health Steering Committee will start the entire community health planning process again at the end of the first year. The process is designed to be ongoing annually. The first year's plan of action will be in the implementation stage while the second year's plan is being initiated and the entire process begins anew. The second year will be less intense as the process will build on the first year's plan, and much of the data will only have to be updated. The community involvement in the community health planning process is key to continuing the process on an annual basis.