

## ABSTRACT

Project Title: Community Integrated Service System/Community Organization Grants

Project Number: H25MC00203

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Grantee Organization: Arkansas Department of Health

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Project Period: 07/01/00 – 01/31/03

Total Amount of Grant Awarded: \$150,000

PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: CISS/COG program design enhances development of service systems at the community level by aiding in the physical, psychological, social well-being, and related needs of pregnant women, infants, and children, including children with special health care needs (CSHCN) and their families. During the project span, the Arkansas Department of Health (ADH) continued reorganization and strategic plan implementation (ASPIRE), with expansion of Hometown Health Improvement (HHI) throughout all five state public health regions. The MCH Services Block Grant is strengthened by the leadership and technical assistance provided through HHI, without dictating solutions for any given community.

GOALS AND OBJECTIVES: Arkansas' CISS/COG project goal was to increase the quality, availability, and effectiveness of educational and community-based programs designed to improve health and quality of life. Progress occurred through the following objectives: 1) development of community specific collaboration plans; 2) collection and analysis of baseline health risk information; 3) prioritization of identified health issues; 4) identification of strategies and resources; and 5) implementation of solutions and plans. These objectives were designed to improve knowledge of existing resources, increase ownership of local problems, develop local capacity for leadership and organization, and direct communities toward their identified goals and visions of healthier citizens.

METHODOLOGY: HHI, developed after extensive research into other community based health initiatives, solidified and expanded ADH's commitment and capacity in community health improvement and has become an agency guiding tenet in supporting the way communities approach health issues and initiatives at the local level. Local collaboration and partnership development is a concept that is promoted through almost every aspect of public health. Whether through technical assistance, program development, funding or maximizing resources, ADH is working with communities to promote healthier lifestyles and create innovative strategies to address challenges that affect the health of the state's citizens.

HHI state level coordination is provided through the HHI Leader, located in the Staff Services Business Unit in Little Rock. Regional level direction/support is provided by

HHI Regional Leaders/Coordinators, located in each ADH region. Each local health unit has an agency colleague designated as a local HHI leader.

EVALUATION: Workgroups were convened to work on identified issues. One defined the HHI continuum as three stages of community development: (1) Mobilization; (2) Planning; and (3) Implementing and Evaluating. A checklist was developed for completion at the local level to help determine where counties are on the continuum and includes measures of both short and long-term success. A second workgroup identified infrastructure needed for the community development process, and to this end developed a Local (community) Needs Assessment questionnaire.

RESULTS/OUTCOMES (POSITIVE & NEGATIVE): HHI's major result has been its phenomenal growth, both within the agency and across the state, with coalitions formed in more than 35 counties by the end of the project period. A positive outcome has been the numerous and sometimes non-traditional partnerships developed at the local level. The greatest challenge has been the difficulty to adequately support this rapid growth. HHI support staff who provide technical assistance and training to communities experience difficulty meeting the demand, while local HHI leaders find it difficult balancing the demands of HHI with the increasing demand of local emergency response and preparedness issues.

PUBLICATIONS/PRODUCTS: No CISS/COG funds were expended on publications or products. However, Hometown Health, as a whole, developed Guides for Community

Engagement available to coalitions and supported through technical assistance from HHI staff at all programmatic levels.

**DISSEMINATION/UTILIZATION OF RESULTS:** Two presentations were made at the national level regarding Hometown Health. Other avenues of information sharing occur through web pages, newsletters, radio spots, and newspaper articles.

**FUTURE PLANS/FOLLOWUP:** While considerable internal resources will continue to be directed toward the support of Hometown Health, ADH has a commitment to developing coalitions that are self-sustaining. Coalitions are supported through the provision of technical assistance in additional funding research, proposal formatting and editing, workshops designed to increase proposal writing and research skills, and program development.

**TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE:** Replication is possible in any state prepared to make a long-term commitment to community health. Resources needed for project support would depend partly on the population served. The organization must be flexible to allow communities to make decisions and must provide technical support by professionals trained in community development, as well as a local leader for each project with the ability to engage the community and build partnerships on a broad level. Funding for assessments, interventions and evaluations must be available.

## ANNOTATION

The goal was to increase the quality, availability, and effectiveness of educational and community-based programs designed to improve health and quality of life of our state's citizens. Despite the high quality of medical care available in Arkansas and favorable trends in several health indicators, the 2002 UnitedHealth Group State Health Ranking rated Arkansas 47<sup>th</sup> among all 50 states in the health of its citizens. Hometown Health Improvement provides an organized approach to community specific data collection while identifying and implementing effective community health strategies. This was accomplished through the expansion of the HHI model throughout all health regions; the provision of technical assistance and facilitation to communities; instructional guides/tools; assessments and data analysis; training; and resource development.

## KEY WORDS

Access to Health Care, Adolescent Risk Behavior Prevention, Coalition Development, Community Development, Community Integrated Service System, Community Participation, Local Health Agencies, Data Analysis, Data Collection, Healthy Start Initiative, Hospitals, Infant Mortality, Needs Assessment, Networking, Public Private Partnership, Robert Wood Johnson Foundation, Rural Health, School Nurses, State Systems Development Initiative