

# Setting the Stage for MAPP – Organizing for Success Through Partnerships

## Kentucky Public Health Leadership Institute Scholars:

**Scott D Bowden; MPH, BS, AS**

*Disaster Preparedness Epidemiologist;*  
Northern Kentucky Health Department

**Carolyn M Burtner; BS**

*Health Educator;*  
Clark County Health Department

**Carol R Hisle; ASN, RN, CDE**

*Nurse Specialist;*  
Clark County Health Department

**Amy B Lacount; MS**

*Senior Health Educator;*  
Clark County Health Department

**Patricia G Poor; BS**

*Family & Consumer Sciences Extension Agent;*  
Cooperative Extension Service University of Kentucky

**Kristian K Wagner; MS, RD, LD**

*Health Educator Coordinator;*  
Clark County Health Department

**Mentor:**

**Bertie Kaye Salyer; MA, AME**

*Public Health Director;*  
Magoffin County Health Department

## EXECUTIVE SUMMARY:

The initial plan of our Kentucky Public Health Leadership Institute Change Master team project was to begin research and development for the Mobilizing for Action through Planning and Partnerships (MAPP) project for Clark County, with our goal being to identify and address the health care needs of Clark County. After several discussions, we realized a larger issue must be addressed before adequate or sound information about the health care needs could be obtained. Being aware that we did not have knowledge of or cooperation for the MAPP project within our own Health Department, we were certain that we could not successfully engage outside sources/resources. Therefore, we changed our problem statement to reflect what we believe to be a problem for every organization: To identify, engage and retain community partners. This project will support Essential Public Health Service #4: *Mobilize community partnerships to identify and solve health problems* as well as the Centers for Disease Control (CDC) goal: *Encourage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness.*

Our plan included the following:

- Educating and engaging/involving the Clark County Health Department (CCHD) staff
- Identifying prospective community partners
- Surveying those partners to raise their awareness as well as to learn if they have interest in potential partnerships with the CCHD
- Researching the many elements of identification of and retention of community partners
- Following up on surveys not returned
- Organizing a meeting for those who expressed interest in community partnerships
- Keeping the general public aware, through various media sources, of the need for their involvement in on-going partnerships with local agencies, including the CCHD

Our KPHLI team believes that by the time our project is completed, we will have a much greater awareness of which community partners are truly interested, how we can engage them to cooperate with us for the best outcomes, and how we can retain an on-going, stronger, and successful partnership with them. We believe and understand that every partner desires to know what is in it for them. We expect to convince them and demonstrate to them that there is something in it for all of us: to make us more efficient, more productive and more responsive to public needs; and that our involvement will make our community a better place because we established, maintained, and flourished with these partnerships.

## INTRODUCTION/BACKGROUND:

*“Never doubt that a small group of committed citizens can change the world; indeed it is the only thing that ever has!” —Margaret Mead.*

Historically, Public Health has taken the leadership role in determining the health status of our communities. “Throughout the 20<sup>th</sup> century, public health was seen primarily as a responsibility of government. Over the past several years, there has been a shift...concerning a change from an organizational to a community focus for public health. There has been an increasing engagement of nongovernmental partners in public health agenda for the 21<sup>st</sup> century.”<sup>1</sup>

Our team recognized the need for community-wide strategic planning. Identifying, engaging, and retaining community partners are issues not only for public health but for most agencies within a community. Establishing and maintaining effective community partners has a positive impact on a community. Working together for the good of the community closes the gap between services, thus, creating a healthier, safer, and well connected community.

Research on this topic indicates partnerships with community organizations increase the available resources and expertise for projects. As defined by Briana Zamora, partnerships allow organizations to cooperate and coordinate with each other to reach common goals while still maintaining their autonomy. A partnership can exist between at least two government entities or within the private sector of both profit and non-profit organizations. The purpose of partnerships is to eliminate duplication of work among agencies and organizations and to coordinate the resources available to them. Partnerships come in all sizes and shapes: formal and informal; with two or more members; for special projects or broad cooperation; with regular weekly meetings or infrequent ad hoc meetings. You can adapt a partnership to meet the particular needs and constraints of your organization (Zamora, Briana).<sup>2</sup>

Four employees from CCHD were sent to KPHLI with the task of completing Mobilizing for Action through Planning and Partnerships (MAPP). Although the plan was to conduct MAPP in Clark County two other KPHLI scholars joined the team. One, a regional epidemiologist with the Northern Kentucky Health Department, joined with MAPP experience and wanted to act as a resource. A University of Kentucky Cooperative Extension Agent was the second, with hopes were of gaining knowledge of MAPP for future use with community programs.

MAPP is a strategic approach to community health improvement created by National Association of County and City Health Officials (NACCHO) and Centers for Disease Control and Prevention (CDC). Community ownership is the fundamental component of MAPP. Because the community’s strengths, needs, and desires drive the process, MAPP

provides the framework for creating a truly community-driven initiative. Community participation leads to collective thinking and, ultimately, results in effective, sustainable solutions to complex problems.

Broad communication participation is essential because a wide range of organizations and individuals contribute to the public’s health. Public, private, and voluntary organizations join community members and informal associations in the provision of local public health services. The MAPP process brings these diverse interests together to collaboratively determine the most effective way to conduct public health activities.

MAPP includes two images<sup>3</sup> that illustrate the process communities will undertake. The MAPP Model (Phases) and the illustrated “Community Roadmap.”





To learn more about the MAPP process our team attended the Kentucky Rural Health Conference. There, Bertie Salyer, Public Health Director of Magoffin County Health Department presented the steps involved in MAPP. She also explained Magoffin County’s plan and the progress they had made. Due to her expertise Ms. Salyer was asked to speak to the internal partners at CCHD on the MAPP process.

Our KPHLI team met frequently and through many discussions our plan became disconcerted. We quickly learned that completing the MAPP process within the time period allotted for our project was not feasible. However, starting the MAPP process was attainable. A meeting with Andrew Weiner, Ed. D., College of Education, University of Kentucky, helped narrow our focus to organizing for success/partnership development.

During our meeting with Dr. Wiener we focused on Systems Thinking to help determine our KPHLI deliverable. “In systems thinking, every picture tells a story. From any element in a situation (“variable”), you can trace arrows (“links”) that represent influence on another element. These, in turn, reveal cycles that repeat themselves, time after time, making situations better or worse” (The Fifth Discipline Fieldbook).<sup>4</sup>

When applying systems thinking to our change master project we found that identifying, engaging, and retaining community partners is a reoccurring problem for many

organizations in many communities. Thus, our team decided to focus on step one of the MAPP process for our KPHLI deliverable: Organize for Success/Partner development.

Once our problem statement was established our efforts were much more productive. We discussed the importance of internal as well as external partners. To help facilitate communication it was decided to produce a newsletter for internal and external partners. The internal newsletter is sent to Clark County Health Department employees on a quarterly basis. The external newsletter is sent to community partners on a quarterly basis. Both newsletters helped to retain and engage partners.

A list of community partners and a survey were created. The survey was submitted and approved by the Cabinet for Health and Family Services, Institutional Review Board. The survey was sent to community partners in Clark County. The purpose of the survey was to gain information about our partner's thoughts on community collaboration and the MAPP process. Once completed surveys were returned, we entered the results into a database.

Later in our endeavour, we partnered with local city and county governments along with the School Board to host a community forum. The forum took place on March 17, 2007 to give Clark County residents a chance to voice their concerns for the community. The forum would assist in identifying strategic issues which will allow us to continue our project after KPHLI.

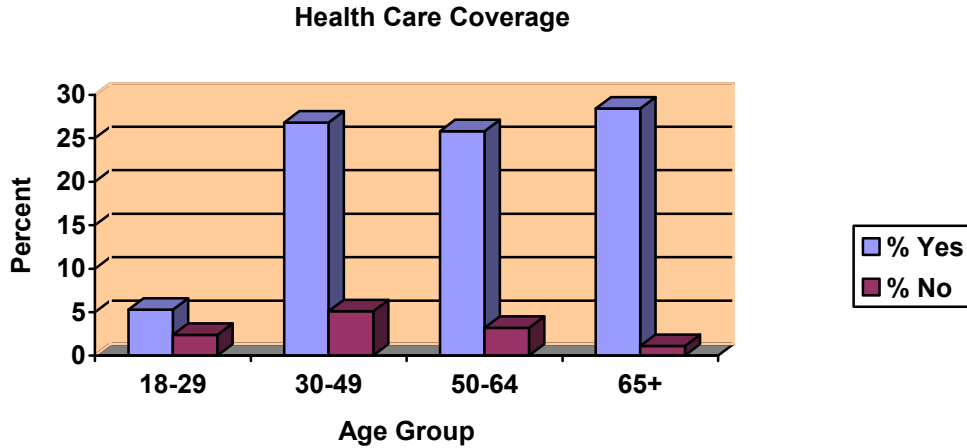
This project will not end with our deliverable for KPHLI. We will continue with the MAPP process in Clark County.

-----

The following graphs depict the results of the 2005 Behavioral Risk Factor Surveillance System (BRFSS)<sup>5</sup> telephone survey conducted in Clark County by the University of Kentucky based on 2003 BRFSS results. Of the households surveyed 26% provided responses therefore making this a valid survey.

**Behavioral Risk #1**

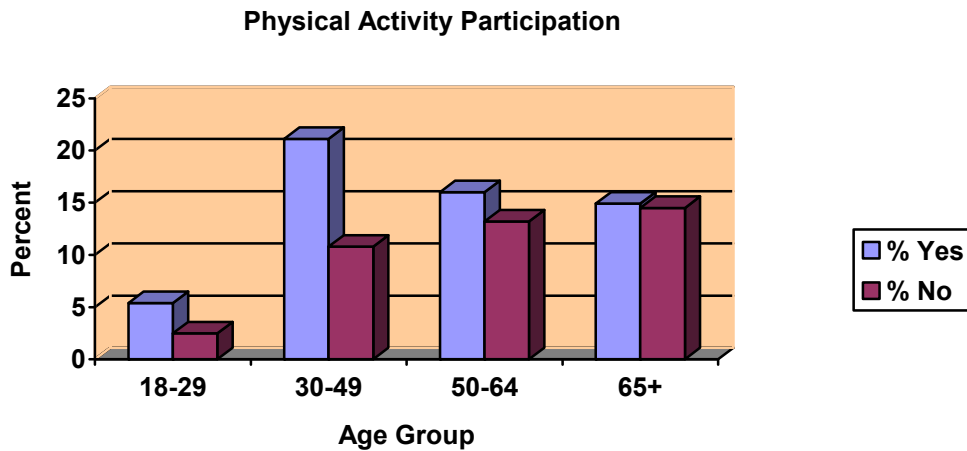
**Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?**



Of the respondents to the survey 87.4% indicated they had some form of health care coverage. Of those indicating no form of coverage approximately 70% were within the 30 – 49 and 50 – 64 year age groups.

**Behavioral Risk #2**

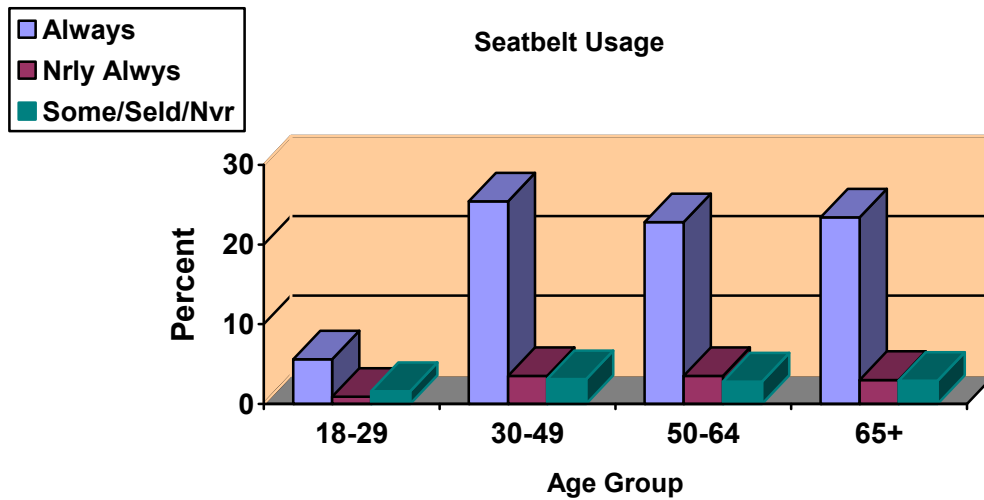
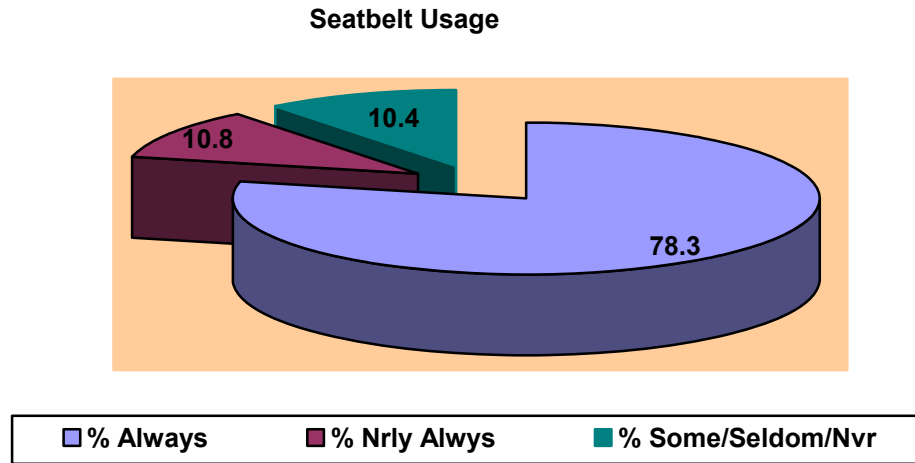
**During the past month, other than your regular job, did you participate in any physical activities or exercises?**



Of the 58.6% indicating they have participated in a physical activity, 5.3% were within the assumed most active age group of 18 – 29 year olds.

**Behavioral Risk #3**

**How often do you use seatbelts when you drive or ride in a car?**



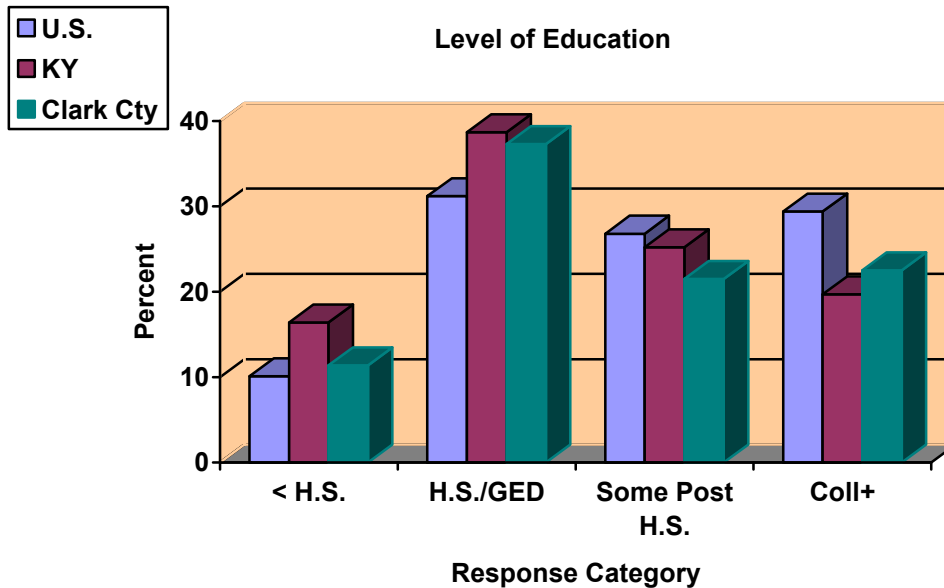
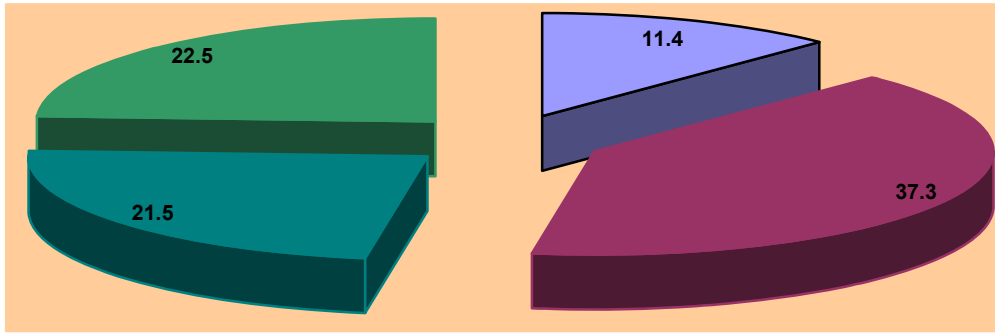
Of those who indicated always or nearly always using seatbelts 81.6% were in the age groups 30 – 49, 50 – 64 and 65+. Approximately 9% of those in the aforementioned age groups indicated they sometimes, seldom or never used seatbelts.



**Behavioral Risk #4**

**What is the highest grade or year of school you completed?**

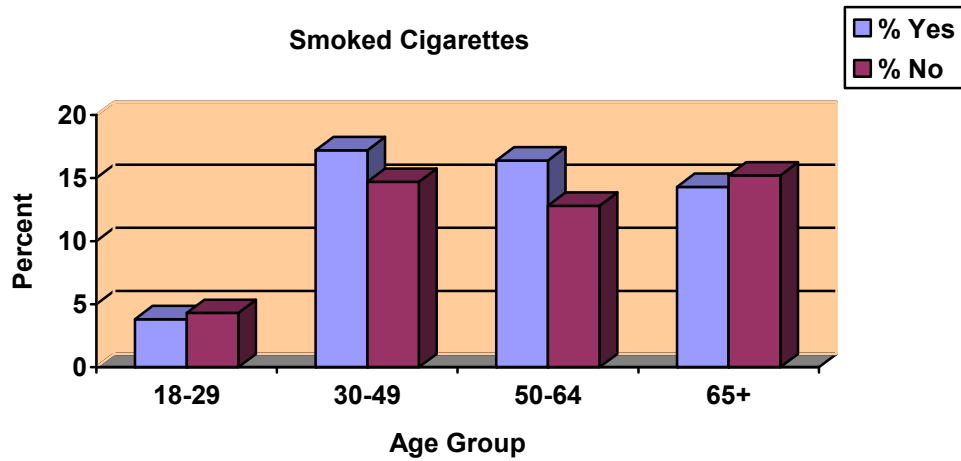
**Level of Education**



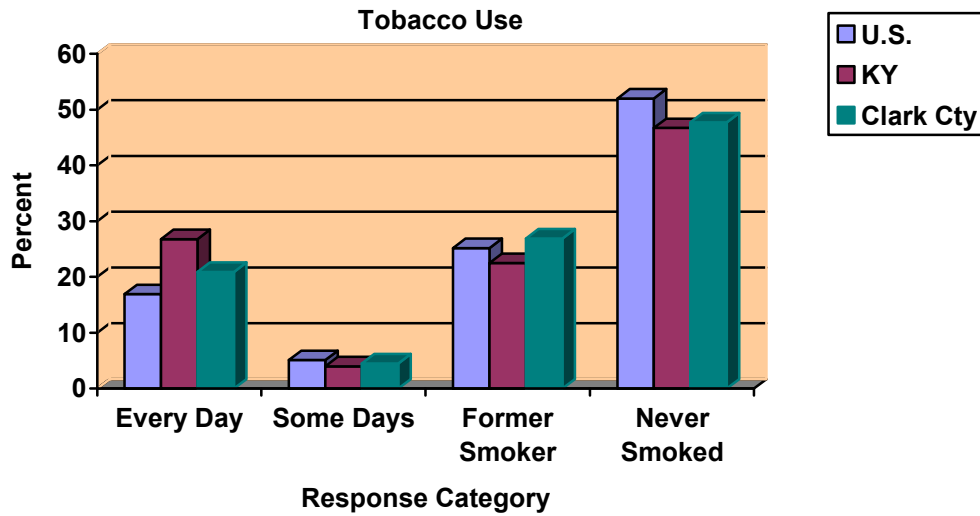
Of the 1173 Clark County residents who responded to the survey, 82.7% reported they received at least a 9<sup>th</sup> grade education. 37.3% had received a high school diploma or GED equivalent and 44.0% either attended or graduated with a college and/or professional certification. In Kentucky 44.9% had some post high school education and/or college degree and in the United States, these two areas were greater than 55%.<sup>6</sup> The education attainment level for Clark County and Kentucky reflects the out-migration of high school graduates to attend institutes of higher learning outside the Commonwealth, but also indicates the in-migration of those with at least a high school diploma/GED returning/moving to Kentucky at a rate less than those leaving, creating a presumed disparity.

**Behavioral Risk #5**

**Have you smoked at least 100 cigarettes in your entire life?**



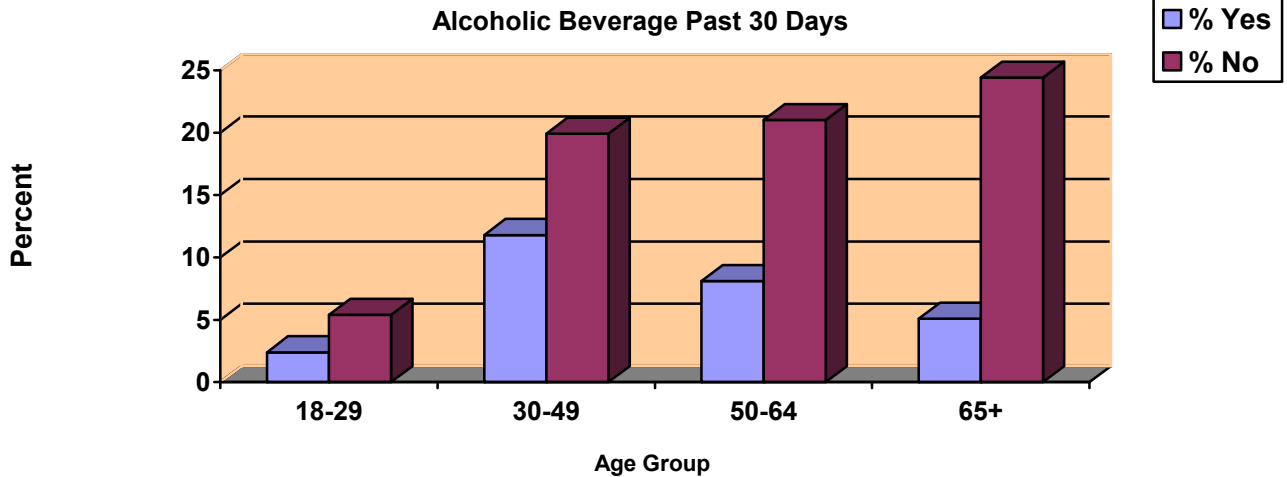
**Do you now smoke cigarettes everyday, some days, or not at all?**



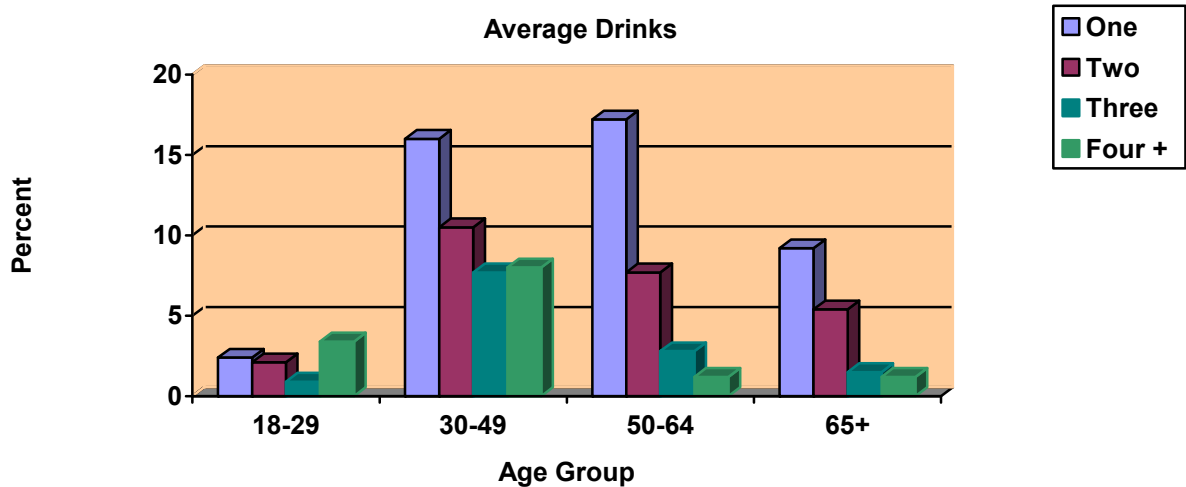
Of those in Clark County indicating they smoked every day 2.3% were between 18 – 29 years of age. In contrast the 2004 Kentucky Incentives for Prevention (KIP) Youth Risk Behavior Surveillance System (YRBSS) found 53% of 8<sup>th</sup> through 12<sup>th</sup> graders stated they had their first cigarette between the ages of 11 – 13.<sup>7</sup>

**Behavioral Risk #6**

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?



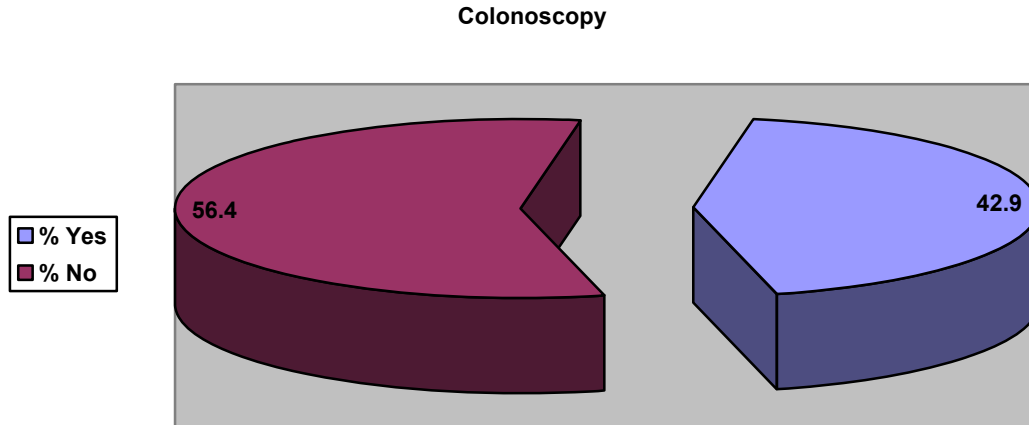
On the days when you drank, during the past 30 days, about how many drinks did you drink on the average?



Survey respondents between the ages of 30 – 49 comprise 11.8% of those who indicated “Yes” to drinking alcohol and consume two or more drinks about 8.0% of the time daily. In comparison, 77% of Middle School and High School students stated their first use of alcohol ( $\geq$  sip) was between 11 – 13 years of age.<sup>7</sup>

**Behavioral Risk #7**

**Have you EVER had a colonoscopy?**

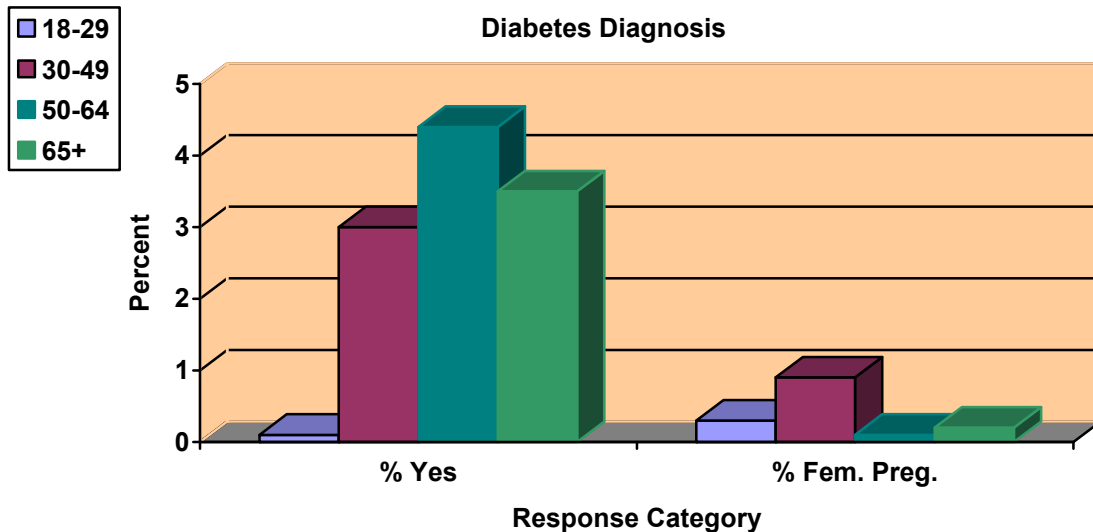


Of the 42.9% (503) who indicated they had a colonoscopy, 48.7% (245) were between the ages of 50 – 65 of which 82 (33.5%) were male. The 2003 incidence rate of colorectal cancer for Clark County was 58.9/100,000 population and for males 54.8/100,000. For Kentucky the overall 2003 incidence rate was 61.3/100,000 and for males 62.3/100,000.<sup>8</sup> Mortality rate for Clark County in 2003 was 20.6/100,000 and for Kentucky 23.0/100,000.<sup>9</sup>

In 2004 the incidence for Clark County was 55.2/100,000 total population and 48.0/100,000 men. The Kentucky 2004 incidence for the total population was 59.5/100,000 and for males 61.3/100,000. The mortality for the county was 20.3/100,000 population and 12.0/100,000 for males. In Kentucky mortality of colorectal cancer for total population was 20.7/100,000 and for men 19.8/100,000.<sup>8</sup>

## Behavioral Risk #8

Have you EVER been told by a doctor that you have diabetes?



Of the 11.6% of those in Clark County indicating “Yes” for being told by a doctor of having diabetes, 7.4% were in the age groups of 30 – 49 and 50 – 64 (3.0% and 4.4 %, respectively). For females diagnosed during pregnancy, 1.0% fell within the same age categories. A total of 1.4% of females were diagnosed with diabetes during pregnancy. This may seem low however the percentage for Kentucky was only 0.5%. The reporting and tracking of diabetes has changed since this survey was conducted in 2005 using 2003 data. Changes are as follows:

- An estimated 376, 000 Kentuckians have diabetes
- More than 109,000 of these individuals are undiagnosed.
- Kentucky ranks 7th in the nation for the highest percentage of the adult population diagnosed with diabetes (Ky Diabetes Prevention and Control Program-2005 *Fact Sheet based on BRFSS data*).

### **Diabetes Care American Diabetes Association: *Clinical Practice Recommendations 2007 (Supplement 1) January 2007*<sup>10</sup>**

Previously recommendations included screening for Gestational Diabetes Mellitus (GDM) performed in all pregnancies. New guidelines recommend not screening those women who are not at risk.

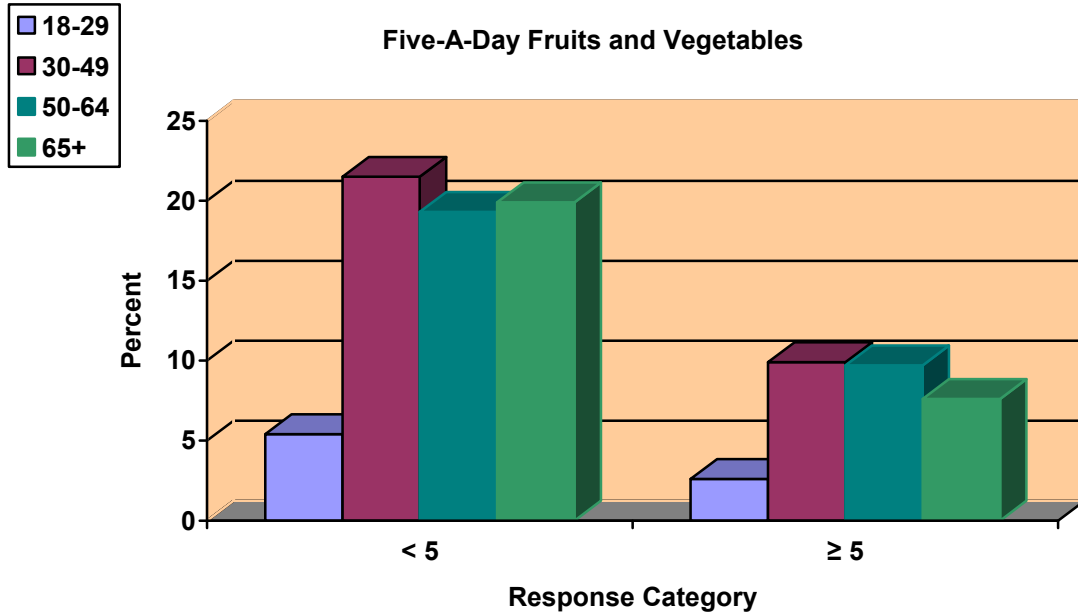
This low-risk group comprises women who:

- are < 25 years of age
- are a normal body weight
- have no family history (i.e. first-degree relative) of diabetes
- have no history of abnormal glucose metabolism
- have no history of poor obstetric outcome
- are not members of an ethnic/racial group with a high prevalence of diabetes (e.g., Hispanic American, Native American, Asian American, African American, Pacific Islander).

All others will be screened.

**Behavioral Risk #9**

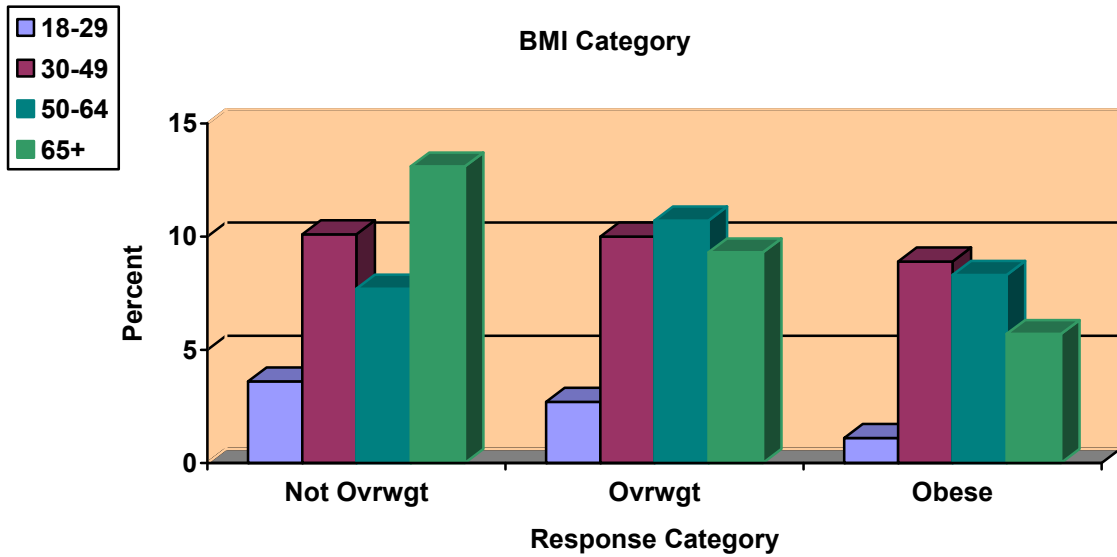
**On average, do you consume less than 5 fruits and vegetables per day or 5 or more fruits and vegetables per day?**



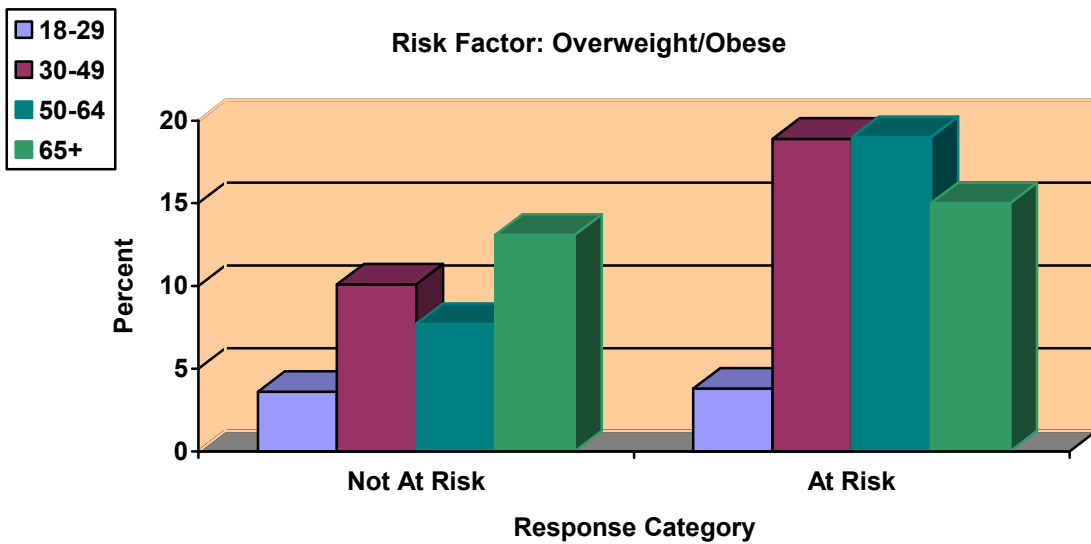
Of the 66.9% of the respondents indicating eating less than five fruits and vegetables daily, 21.5% were between 30 – 49 years of age, 19.3% from 50 – 64 and 19.9% in the 65+ age group. This indicates a need for continuing education related to risk factors associated with a healthy life style as shown in the following charts associated with Body Mass Index (BMI) and the associated risk by age group for being overweight and/or obese.

**Behavioral Risk #10**

**BMI Categories**



**Risk Factor: Respondents classified as overweight or obese (Derived from BMI)**



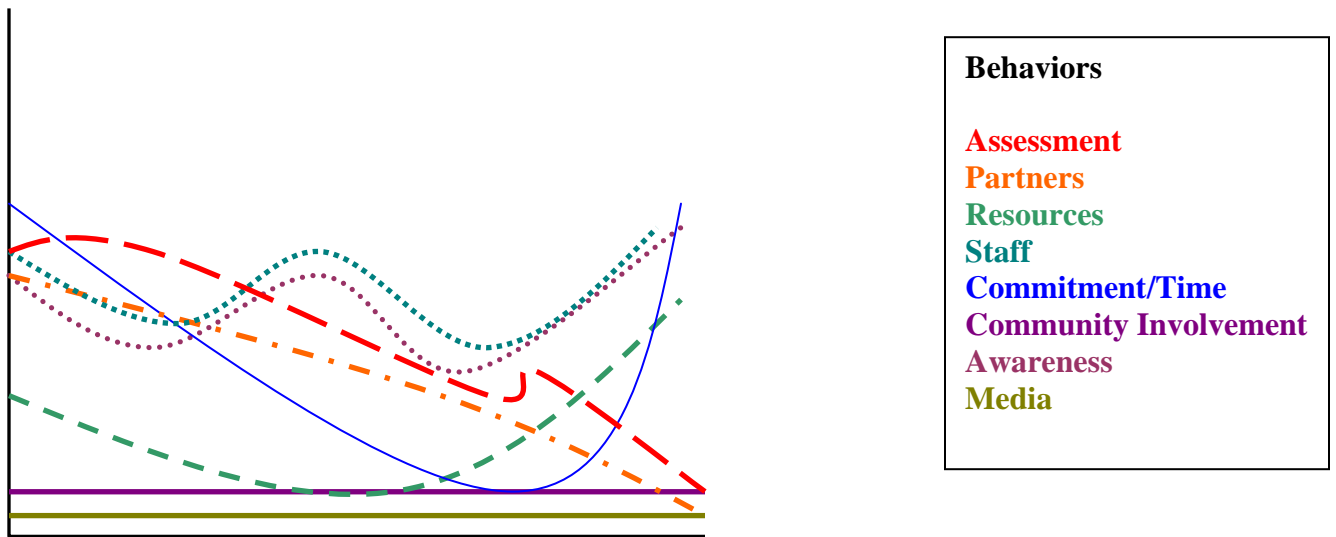
Of the 56.7% of the respondents classified as overweight and/or obese in a BMI category, 18.9% were between 30 – 49 years of age, 19.0% 50 – 64 and 15.0% 65+ age groups. The percentages within these age groups also indicate they are “At Risk” for developing acute or chronic health-related issues.

**Problem Statement:**

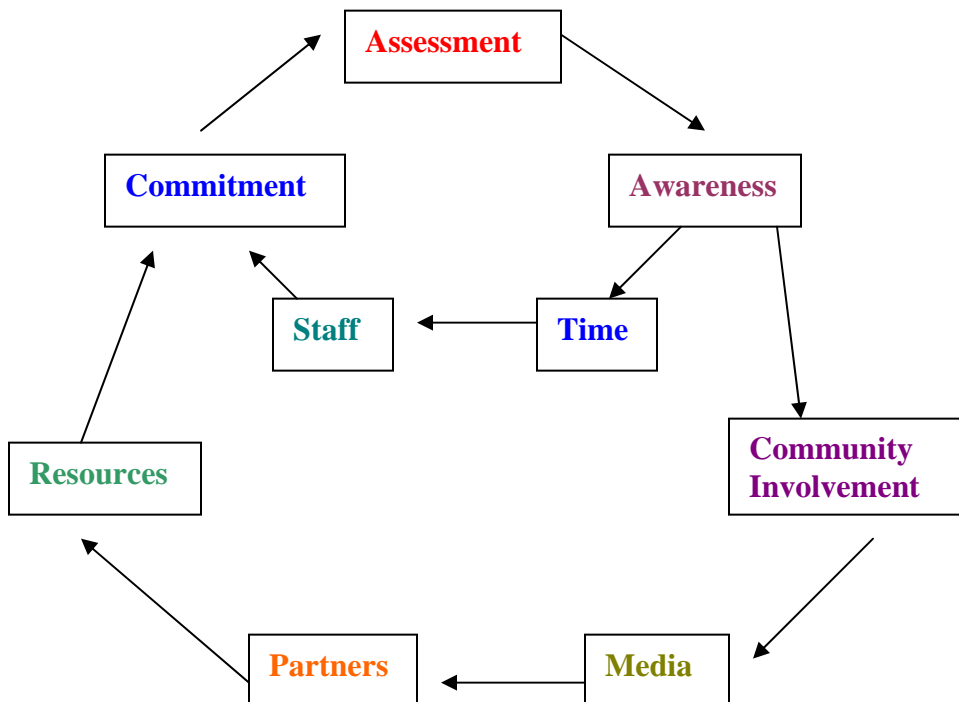
*To identify, retain, and engage community partners*

**Behavior Over Time Graph:**

Setting the Stage for MAPP – Organizing For Success Through Partnerships Timeline



**Causal Loop Diagram:**





## 10 Essential Public Health Services/National Goals Supported:

- 10 EPHS - #4 – Mobilize community partnerships to identify and solve health problems.
- CDC - Encourage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness.



**PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:**

- Identifying community partners through existing resources.
- Creating a community partner survey and mailing to identified partners.
- Writing news articles for local papers.
- Gathering and compiling survey results.
- Developing internal and external newsletters.
- Partnering with city and county community forums.

## **METHODOLOGY:**

The team compiled data from local, state and national statistics using the Behavioral Risk Factor Surveillance Survey (BRFSS) and Vital Statistics in order to begin to understand the demographics and issues facing Clark County. In April 2005 the University of Kentucky conducted a phone survey of Clark County residents regarding health related issues. The team analyzed and summarized the data, using *SPSS 11.5 for Windows*, to compare to state and national statistics. In order to further understand the climate of Clark County the team decided it necessary to survey potential partners in the community.

The list of potential partners consisted of the Clark County School System, local government, state legislators, medical professionals, public and private agencies, businesses, churches and the Board of Health members. Contact names and addresses were compiled with current contact lists through the CCHD, the City of Winchester and the Clark County Chamber of Commerce. A total of 471 surveys were mailed, with a self addressed stamped envelope, between January 5 and January 9, 2007. The accompanying letter requested the surveys be returned by January 31. Follow-up calls were made on January 30 to remind partners of the survey.

The team developed a survey for potential Clark County Community Partners. The survey was intended to identify those potential partners, evaluate interest in partnering, analyze if potential partners currently work with other entities and determine the level of knowledge of the MAPP (Mobilizing Action through Partnerships and Planning).

The Department of Public Health IRB approved the survey in December, 2006. The accompanying letter with the survey was signed by the CCHD Director and included information about the study and the purpose of the study.

The survey consisted of 10 questions and space for comments and optional contact information. Contact information was optional to protect confidentiality. Eight of the questions were based on a 5-point Lickert scale and 2 questions were yes and no answers. The questions were intended to determine how much collaboration is currently going on and to understand how partners felt about working together in the community. The yes and no questions included a question about the familiarity of the MAPP process and if the partner would be willing to work on a community assessment project.

In order to have optimal return rates follow-up calls were made to partners who had not returned the surveys on January 30, 2007. The survey responses were put into an Excel spreadsheet and analyzed using *Microsoft Excel 2003*, *Microsoft Access 2003*, and *SPSS 11.5 for Windows*.

In addition to the statistics gathered from local, state and national sources and the survey responses the KPHLI team also developed a Gantt chart to monitor progress on the project and help the team members to stay on target for the completion of the project.

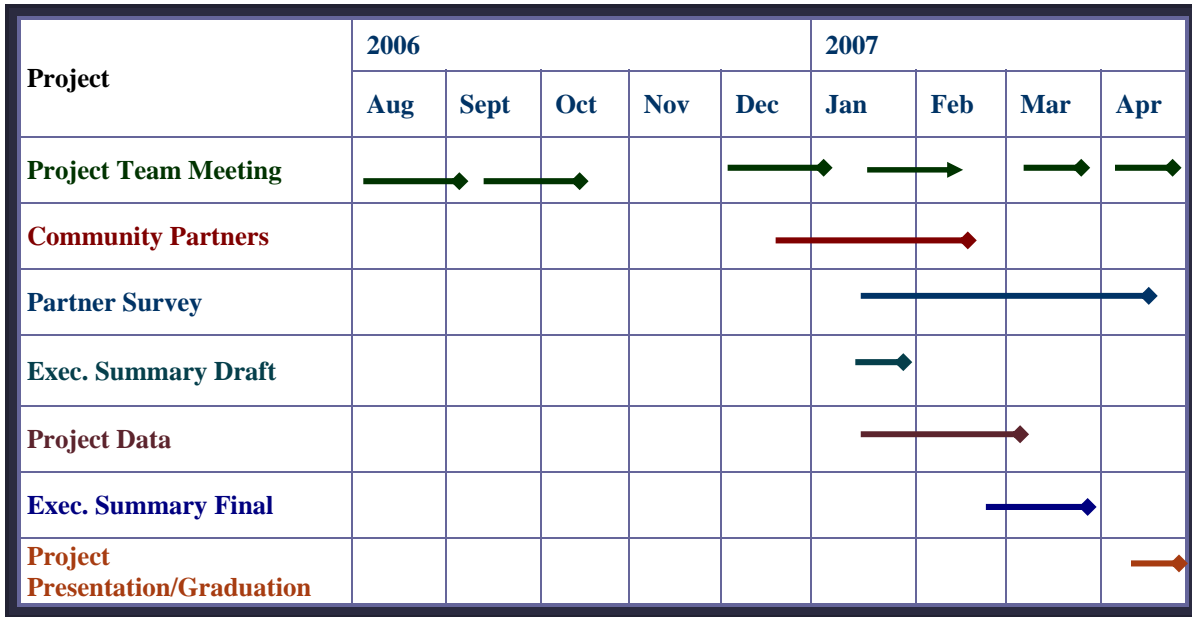
Team members attended the Clark County Community Forum on March 17, 2007. A committee comprised of the City Mayor, County Judge Executive and the Board of Education Superintendent developed a survey that was mailed to all Clark County Residents.

Our team will follow-up with the forum committee, will plan to help with sub-committees, and will continue to work with local officials as the MAPP process continues to unfold.

Several members of the team also attended Coalition Share-Fest 2007, March 22 – 23, 2007. A conference sponsored by:

- Kentucky Diabetes Prevention and Control Program
- Kentucky Obesity Prevention Program
- Kentucky Physical Activity Program
- Local Coalition Representatives

### Gantt Chart



### Gantt Chart Legend

<b>Project Team Meeting</b>	<b>Community Partners</b>	<b>Partner Survey</b>	<b>Exec. Summary Draft</b>
Mentor Presentation Hlth. Dept.	Letter Requirements	Spreadsheet	<b>Project Data</b>
Summit Meetings	Letter Finalized	Follow-up	<b>Exec. Summary Final</b>
Dr. Weiner	Letter Signed	Final Results	<b>Presentation/Graduation</b>
Refocus of Project	Information/Mailing	Survey Summary	
Exec. Summary Assign.			
Research			
Gantt Chart			

## Potential Partners for MAPP

Chamber of Commerce, Winchester First

City of Winchester

- City Manager, Mayor, City Commission

Clark Co. Government

- County Judge Exec., County Magistrates

PVA, Coroner, Jailer

Faith Community (Assoc. of Churches), FCA

Board of Education

- Schools, PTA's, Booster groups, etc., Community Ed, Migrant Program, Family Resource Ctrs, Retired teachers, Private Schools, Smoke Signals (GRC newspaper)

Medical community

- Hospital, Dr.'s, Nurses, Dentists, Pharmacies, Vets, any other Health Care Professional, etc., Retired nurses, Fitness facilities

Extension service

Clark County KY ASAP

Comp Care and DCBS

Police, Fire, Sheriff, Judicial offices/personnel, KY State Police

Parks/Recreation

YMCA

Industrial Authority

- HR people in industry

Day Cares

Elder Care facilities

- Generation Center, Rose Mary Brooks Place, Nursing Home, AARP local chapter, Nursing home ombudsman

Insurance Agents

Planning & Zoning

Media

- Newspaper, Christian radio, various newsletters, billboards, local access cable network, internet, school newspapers

Tourism

Restaurant Assoc.

Bluegrass ADD

Sen. R. J. Palmer

Rep. Don Pasley

Civic Groups

- Rotary, Civitan, Kiwanis, Women's Club, Retired Teachers, Lions, Lioness, etc.

Various Advocacy groups/Coalitions

- Physical Fitness, Tobacco Prevention, Rails to Trails, Diabetes, etc.

Military Groups

- Marine Corps League, American Legion, Am Vets, VFW, etc

Disaster Relief/ Preparedness groups, Rescue Squad

Library Board

General Community.....ANYONE interested

Retailers Assoc.

- WalMart, Kmart, Kroger, Pebbles, RiteAid, Nobles, Court St. Gifts, etc.

Banks

Community Foundations

- Clark Co. Community Foundation, Lykins Foundation

Clark County Campus—Lexington Community College

Employment services

STRIDE, Clark County Assoc. for Handicapped Citizens

RED CROSS, March of Dimes, American Heart Assoc., American Cancer Society,

United Way

Winchester Clark County Coalition United Against Drugs

Governor's Office of Local Development

US Senator and US Representatives ( their aides)

Office of Attorney General

Adult Learning Centers/ Literacy Council

Regional Epidemiologist

Director of Aging Services (Regional)

FBI



## CLARK COUNTY

400 Professional Avenue  
Phone: 859-744-4482

Winchester, KY 40391  
Fax: 859-737-2426

Dear Community Partner:

Clark County Health Department's Health Education Department is participating in Kentucky Public Health Leadership Institute (KPHLI). KPHLI promotes teams to work on Change Master Projects. We have chosen to focus our project on community partners. The benefit of our community working together could have tremendous outcomes.

Each community partner offers wonderful programs to our citizens. If we can bridge the gap between services our efforts will be much more effective. Your participation in this study will help community partners work together in coalitions, assessments, and other programs. We will share the information used with our partners so that we all may work together more successfully for the good of Clark County.

You are invited to participate in a research project designed to identify, engage, and retain community partners. If you agree to participate, you are asked simply to complete the enclosed questionnaire and return it in the self-addressed envelope provided. This should take no more than 10 minutes of your time.

Your participation in this research project is completely voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. The information obtained during this project will be treated as confidential, and any identifying information will be removed prior to sharing the results of this study. There are no foreseeable risks to you for participating in this study, and you may skip any questions that you don't want to answer.

If you have any questions about this study or your rights as a participant, you can contact the Principal Investigator, Amy LaCount at 859-744-4482 ext. 103, or the Project Sponsor, Kristian Wagner, at 859-744-4482 ext. 123 or [amyb.lacount@ky.gov](mailto:amyb.lacount@ky.gov) or [Kristian.wagner@ky.gov](mailto:Kristian.wagner@ky.gov). If you have any questions about your rights as a research subject, you may contact the Cabinet for Health and Family Services IRB at 502-564-5497 ext. 4102 or [bob.blackburn@ky.gov](mailto:bob.blackburn@ky.gov).

Sincerely,

A. Scott Lockard  
Public Health Director  
Enclosures: Questionnaire  
Self-addressed Stamped Envelope



## Community Survey

Please take a few moments to fill out the following information.

Please circle the answer on each aspect of the survey. 1 – Represents the lowest and most negative impression and 5- the highest and most positive impression. Choose N/A if the item is not appropriate or not applicable to your circumstance.

NA = not applicable 1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree

1. Working together for the good of the community is very important to my organization. N/A 1 2 3 4 5
2. Working as partners with other organizations is important to my organization. N/A 1 2 3 4 5
3. My organization would like to work more with others. N/A 1 2 3 4 5
4. I feel others do not want to work with my organization. N/A 1 2 3 4 5
5. My organization is willing to partner and share responsibilities with others on projects. N/A 1 2 3 4 5
6. I do not believe other organizations know what my agency has to offer. N/A 1 2 3 4 5
7. My organization would designate someone to be part of community efforts to work together. N/A 1 2 3 4 5
8. I would be interested in sharing what my organization does at a future meeting. N/A 1 2 3 4 5
9. Are you familiar with MAPP? Yes No  
MAPP: Mobilizing for Action through Planning and Partnership
10. Are you willing to partner with others on this project? Yes No

Additional Comments:

Name and address of organization (optional):

---

Contact info: \_\_\_\_\_

Thank You!

## RESULTS:

The results of the Community Survey are as follows.

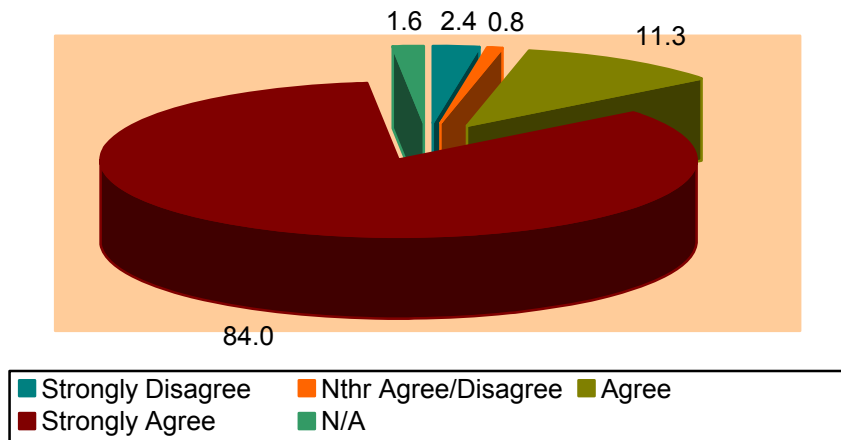
The following pie charts represent the results of the January 2007 Clark County Community Survey. The survey was comprised of 10 indicators using Likert Scale responses. For questions 1 through 8, the responses were N/A, Strongly Disagree, Disagree, Neither Agree/Disagree, Agree, and Strongly Agree. Questions 9 and 10 were a choice of “Yes” or “No” but also included “N/A” and “Maybe” as responses.

The following color codes were used to lessen any potential confusion and provide a better representation of the data. They would also include “Yes”, “No”, “N/A” and “Maybe”.

<b>Dark Red</b>	<b>Response most given</b>
<b>Dark Yellow</b>	<b>Second most response</b>
<b>Teal</b>	<b>Third most response</b>
<b>Sea Green</b>	<b>Fourth most response</b>
<b>Orange</b>	<b>Fifth most given response</b>
<b>Coral</b>	<b>Response least given</b>

### Indicator #1

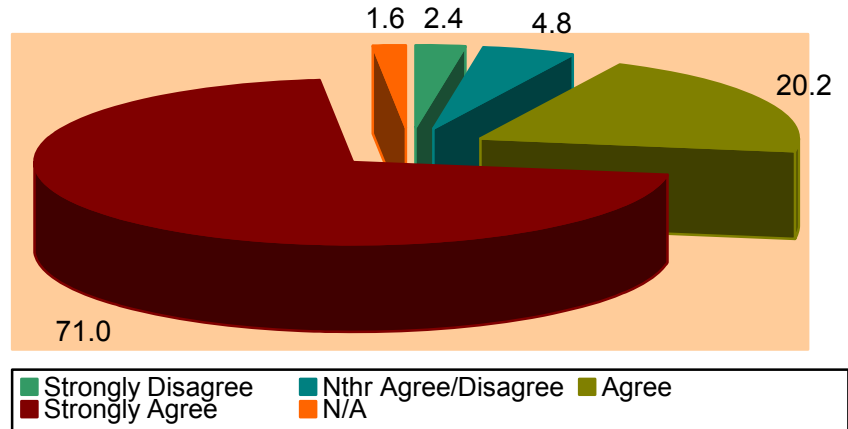
**Working together for the good of the community is very important to my organization.**



Ninety three (84.0%) of respondents strongly agreed and 2.4% strongly disagreed with this statement.

**Indicator #2**

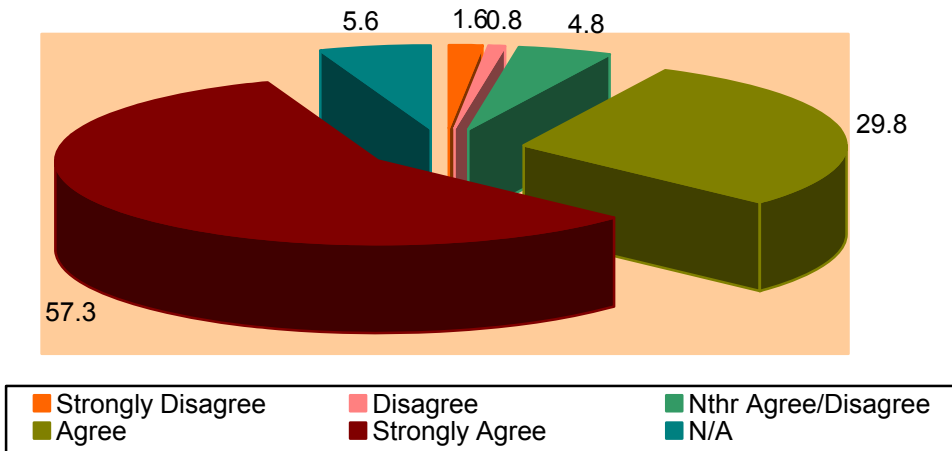
**Working as partners with other organizations is important to my organization.**



Greater than 91% (113) of those responding to the survey indicated it was important for partnering with other organizations.

**Indicator #3**

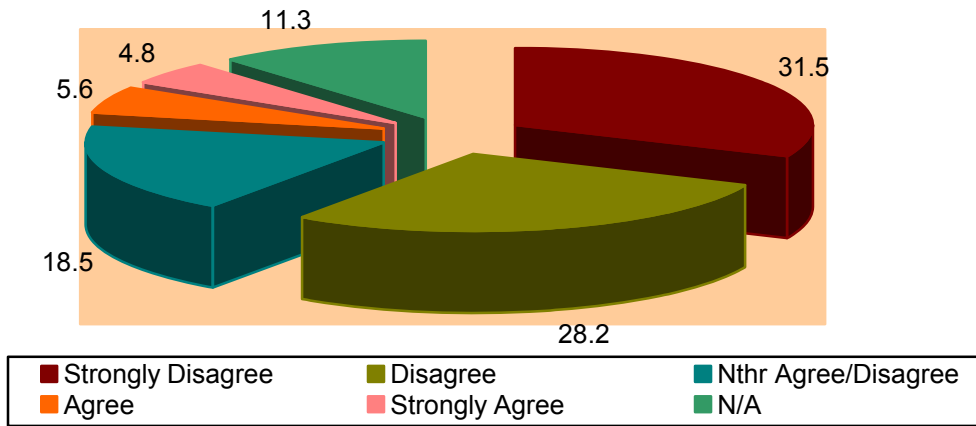
**My organization would like to work more with others.**



Approximately 57 percent of respondents strongly agreed with the statement but slightly more than 10% felt it was either not applicable or an issue not sure they could answer.

**Indicator #4**

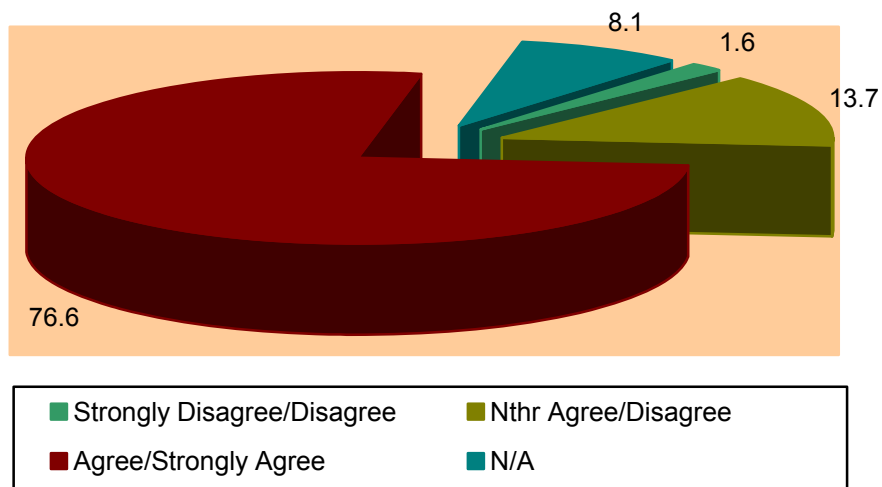
**I feel others do not want to work with my organization.**



Approximately 60% of survey respondents felt that others want to work with their organization and that 10.4% agree or strongly agree with the statement.

**Indicator #5**

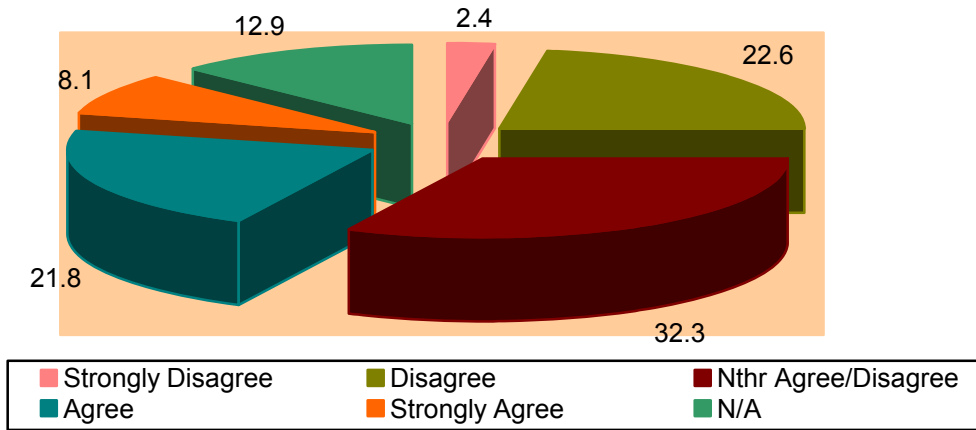
**My organization is willing to partner and share responsibilities with others on projects.**



Ninety-five (76.6%) of the respondents agreed (49) and strongly agreed (46) their organization is willing to partner and share responsibility on projects with others.

**Indicator #6**

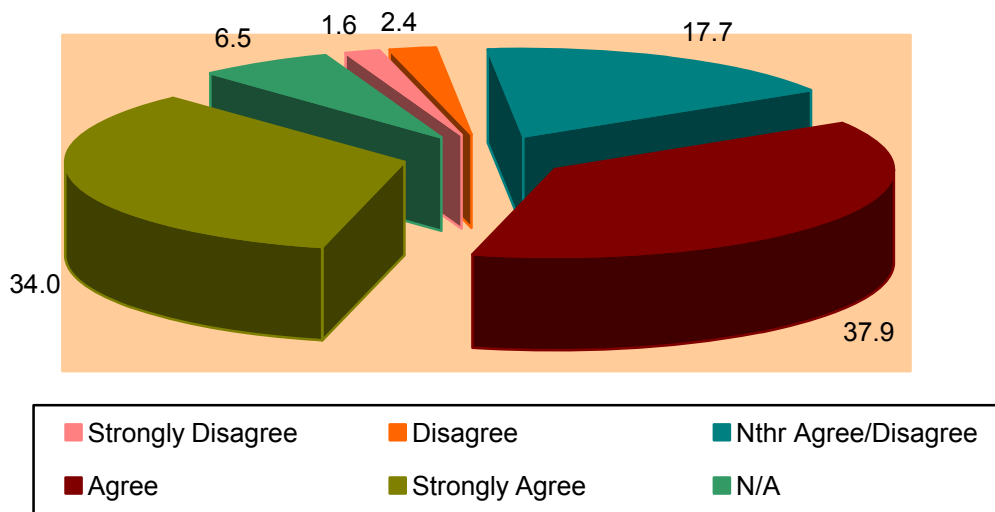
**I do not believe other organizations know what my agency has to offer.**



Ninety-five (76.6%) of those survey provided a “middle of the road” response. Fifty-five (44.4%) agreed or disagreed and 32.3% (40) were neutral on the issue. The data for this response emphasizes the need for organizations to work together for the betterment of the community.

**Indicator #7**

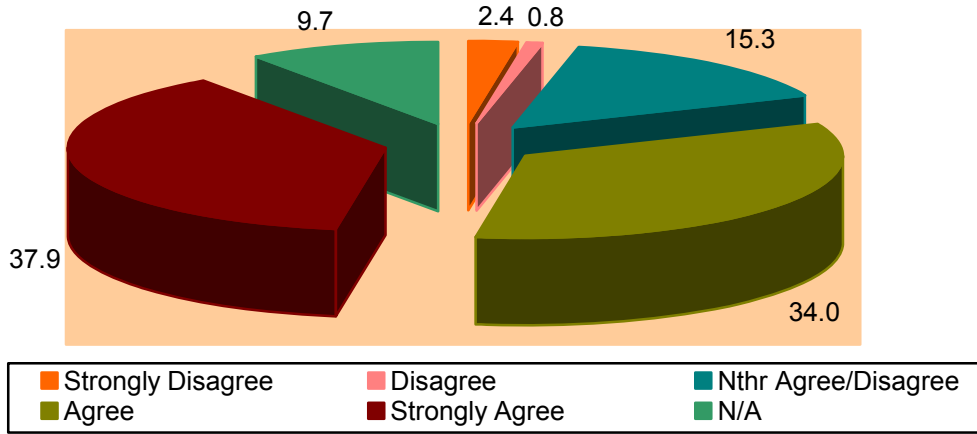
**My organization would designate someone to be part of community efforts to work together.**



Approximately 72% (89) of the respondents indicated someone from their organization would be designated to work on a community effort. This further emphasizes the responses provided in number 6.

**Indicator #8**

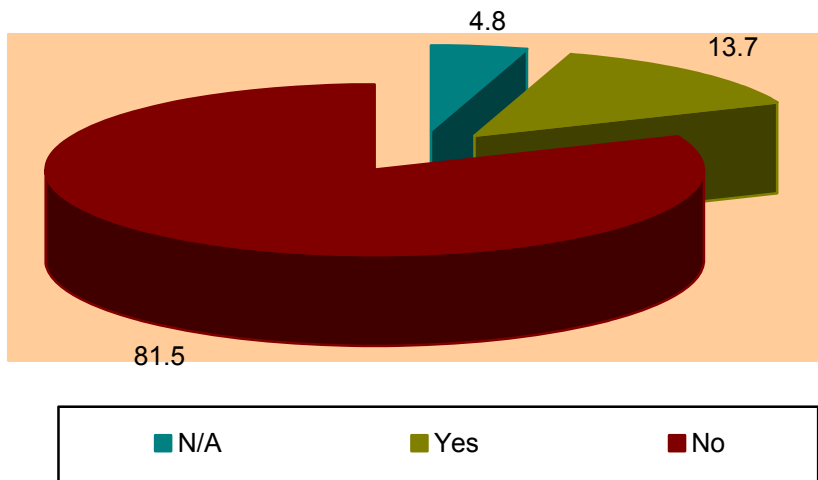
**I would be interested in sharing what my organization does at a future meeting.**



Eighty-nine (~72%) of those responding to the survey, agreed and strongly agreed in sharing what their organization does at a future meeting.

**Indicator #9**

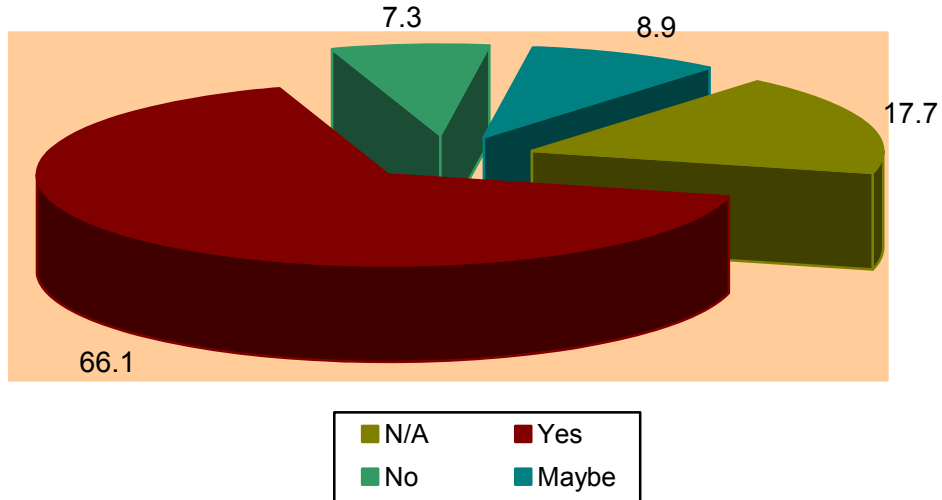
**Are you familiar with MAPP? MAPP: Mobilizing for Action through Planning and Partnership**



One hundred and one (81.5%) of the survey respondents are unfamiliar with MAPP.

**Indicator #10**

**Are you willing to partner with others on this project?**



Sixty-six percent of survey respondents indicated they would be willing to partner with others on this project.

The overall results of this survey provided the essential baseline for achieving our project goal: *Setting the Stage for MAPP – Organizing for Success Through Partnerships.*

## **CONCLUSIONS:**

Organizing for success is essential in any community effort if it is to be a successful endeavor. The KPHLI team has spent several months and countless hours to determine the best course of action for Clark County.

The CCHD certainly has many concerns regarding the health status of Clark County. When looking at the results of the Behavioral Risk Factor Surveillance System and the Youth Risk Behavioral Surveillance System there are certainly some alarming trends that require education of the general public. Educating the population to eat better and engage in physical activity can lead to healthier lives. This in turn saves on future health care dollars. By identifying, engaging and retaining partners the CCHD will be able to address many of the health issues in Clark County in a more efficient and consistent manner.

A comprehensive list of potential partners was carefully compiled. A total of 471 community surveys were mailed to those identified partners of which 26.1% (123) were returned therefore validating the results.

Results of the community survey indicate an interest in partnering on the MAPP project even though 81.5% of the respondents are unfamiliar with the concept. Furthermore, greater than 91% of those respondents indicate that it is important to partner with others. This is important because MAPP will be a long term project that will determine what the comprehensive needs are in the Clark County community.

At the forum participants were broken up into 6 committees. Many health related issues came out of these discussions including drug problems in schools and the community, physical activity and nutrition issues in the schools, a need for increased sidewalks and bike paths in existing and planned roads both downtown and on the bypass and the need for smoke-free workplaces. Several of these issues were considered important in the KIP YRBSS and BRFSS for Clark County.

There were two course objectives for Coalition Share-Fest 2007 which supported our Community Survey:

- Describe 3 ways to mobilize communities to work toward a common goal.
- Discuss one or more strategies to engage, retain and sustain collaborative participation stakeholders.

The KPHLI team has started the MAPP process by “Organizing for Success/Partnership Development.” Now it is up to the CCHD and community partners to work together and continue on the road to a healthier community.



## **LEADERSHIP DEVELOPMENT OPPORTUNITIES:**

### ***Scott D. Bowden, MPH, BS, AS***

KPHLI has provided me the opportunity to assess my leadership skills and what changes I needed to make. My leadership style was learned, honed and often rigid (20 year military career), with little or no time for empathy or infusing emotion in responses. If asked a pointed question my response would be succinct and often terse. Working with the Change Master Team and using results from the BarOn and 360 Feedback I am adapting to change and have started to implement empathy and emotion when dealing with direct reports and peers. I have also started a journal entitled: “The Journey Begins,” as this is the beginning. There is a song composed by Lee Holdridge “*World Anthem*” and sung by *The Ten Tenors* that has been an inspiration and driving force throughout this adventure. Working with this team has been great and would work with all of them again! It is often said “There is no “I” in *TEAM*, that is not true, because each individual brings their own strength to enhance the bond.

### ***Carolyn M Burtner; BS***

Understanding the importance of teamwork is a vital part of leadership. I feel that building the teamwork perspective within my Change Master Team as well as with health care and extension professionals across the Commonwealth has broadened my horizons, both as an individual and as a professional. I believe I have recognized some things about myself that I need to improve as well as realizing that I also have some good attributes that can improve an organization/collaboration. Even though it has been lots of work, stress, and rescheduling regular workloads, I am honored that I was given the opportunity to participate in KPHLI. I am especially pleased that we were able to work on a Change Master Project that I believe has been, is, and will always be a barrier to good leadership and public administration....Identifying, engaging, and maintaining community partnerships. I am hopeful that we have made progress on mobilizing this process in our Health Department, our Community, and the state of Kentucky, in order that we might have a greater foundation for health care preparedness in the future.

### ***Carol R. Hisle ASN, RN, CDE***

When I first attended the orientation for KPHLI, I was very impressed with the program and a little overwhelmed. The Change Master Projects were just outstanding and I wondered how I would measure up. It has been an honor to participate in the program and grow as an individual. I really do somewhat grasp *systems thinking, to my great surprise!* I most enjoyed the 360 and the BarOn, learning about myself, which was difficult sometimes, but helped me grow. I have worked with a great group of people and enjoyed meeting all the scholars.

***Amy B Lacount; MS***

KPHLI has been a great opportunity for me. I feel the insight and skills I have gained from this experience will help me tremendously—personally and professionally. I particularly enjoyed the 360 feedback and BarOn Assessment. The Change Master Team I worked with was excellent. Opinions were expressed feely and disagreements occurred on occasion. However, we always compromised and our openness to communicate allowed strengths from each group member to come forward. Every team member contributed equally to produce a project that I am truly proud of.

***Patricia G Poor; BS***

KPHLI has been a wonderful opportunity for me as an Extension agent. Many of my programs are health related and involve working toward a healthier community. This experience has truly expanded my knowledge of public health and its goals. I have also been able to identify areas of growth for myself that are already enhancing my abilities as a leader. Thanks to those at UK that allowed me to be part of this program.

***Kristian K Wagner: MS, RD, LD***

This year in KPHLI has given me the opportunity to work on leadership and interpersonal skills. The 360-degree feedback and BarOn were extremely useful to me. Trying to see myself as others see me as well as analyzing myself through self-reflection and the BarOn has been eye opening. My current goals from a leadership perspective include: Setting more challenging goals in order to increase confidence and increasing knowledge on complex systems in order to increase my ability to form direction and create strategy. Our KPHLI team has worked very well together and I am pleased with our project. KPHLI has a great experience!

## REFERENCES

1. Rowitz L, New Partnerships. *Public Health for the 21<sup>st</sup> Century: The Prepared Leader*. 2006; 167.
2. Zamora B, Building and Maintaining a Partnership. *Technotes Office of Community Development USDA*. OCD7-December 1996 website: <http://ocdweb.sc.egov.usda.gov/technotes/tn7.pdf>
3. National Association of County and City Health Officials MAPP website: <http://mapp.naccho.org>
4. Senge P, Ross R, Smith B, Roberts C, Kleiner A, The Language of Systems Thinking: “Links” and “Loops.” *The Fifth Discipline Fieldbook*. 1994; 113.
5. Clark County Behavioral Risk Factor Surveillance System Results, 2005. University of Kentucky
6. CDC National Center for Chronic Diseases and Health Promotion website: <http://www.cdc.gov/nccdphp>
7. Clark County 2004 Kentucky Incentives for Prevention, Youth Risk Behavior Surveillance System Results.
8. University of Kentucky, Kentucky Cancer Registry, website: <http://www.kcr.uky.edu>
9. Kentucky Cabinet for Health and Family Services, Department for Public Health, Surveillance and Health Data, website: <http://chfs.ky.gov/dph/surv.htm>
10. Diabetes Care American Diabetes Association: *Clinical Practice Recommendations 2007 (Supplement 1) January 2007; S46*

