

Applying National Prevention Strategy Principles to Community-Based Multisector Programming

The Mississippi State Department of Health uses Mayors' Health Councils to create infrastructure supporting multisector collaboration and adoption of strategies to improve health and increase health equity.

The Association of State and Territorial Health Officials (ASTHO) convened three states in a new learning community from July 2013 through May 2014 to work toward the goals and objectives of the [National Prevention Strategy \(NPS\)](#), “America’s Plan for Better Health and Wellness.” This learning community supported ongoing work that advances NPS goals and provided an opportunity for state information exchange.

As a participant in the learning community, Mississippi highlighted the [Mississippi Delta Health Collaborative \(MDHC\)](#), a CDC-funded program of the Mississippi State Department of Health’s Office of Preventive Health that focuses on promoting strategies to reduce cardiovascular disease and its related factors. Specifically, through the efforts of [Mayors’ Health Councils \(MHC\)](#), MDHC educates communities and collaborates with partners to implement policy, environmental, and systems-level change strategies at the municipal level. These evidence-based strategies are designed to reduce risk factors for heart disease and stroke within priority populations of 18 high-burden, underserved, rural counties in the Mississippi Delta.

The MHC project focuses specifically on increasing access to recreation and fresh and healthy foods and decreasing secondhand smoke exposure. Although the initiative’s work is centered on these three areas, its long-term goal is to dramatically and meaningfully alter the conditions for and social determinants of improved health in these communities. This work will also help Mississippi systematically address the National Prevention Strategy’s [four overarching strategic directions](#): empowered people, elimination of health disparities, community and clinical preventive services, and healthy and safe community environments.

- Since 2010, the Mississippi Mayors’ Health Councils program has reached 54 of 86 cities, towns, and villages in the Mississippi Delta region.
- The Mayors’ Health Councils focus on increasing access to recreation and fresh and healthy foods and decreasing tobacco exposure. However, their long-term goal is to dramatically and meaningfully alter the conditions for and social determinants of improved health—and health equity—in these communities.

Steps Taken

- The MHC initiative began in 2009, selected as an intervention to engage local governments and communities around adopting policies and making changes to the environment to promote

healthier living. The program proved to be a success and was continued with a second CDC cooperative agreement, which began in 2010.

- As more communities were engaged and provided input, the process for establishing councils was refined to provide the structure and technical support required by communities with little knowledge of the concepts behind policy, environmental, and systems change. Some MHCs begin with smaller-scale community efforts, such as neighborhood cleanups or new street signs, but in the long term their overall focus is on policy, environmental, and systems change and other sustainable approaches.
- After initial engagement of a mayor's office, the timeline for establishing a fully operational council ranges from six to eight weeks. A council's sustainability may vary based on the continued needs and context of the community; the council is designed to serve the community as long as needed. A local health council coordinator, appointed by the mayor, facilitates council work.
- The Mississippi State Department of Health (MSDH) Office of Preventive Health has supported the development of MHCs, which depend on a wide range of partners. A council's greatest asset is its variety of partners and existing relationships among them.
- MSDH has outlined a five-phase process for establishing and sustaining an MHC:
 - **Making the Case for Mayors' Health Councils (Phase I):** MSDH identifies and engages mayors who might have an interest in developing an MHC. This includes an initial face-to-face meeting explaining an MHC's purpose and potential impact.
 - **Community Engagement Process (Phase II):** MSDH works with the local mayor to develop partnerships and appoint council members that represent a broad swath of community interests, using a community engagement matrix. The matrix provides a checklist of types of partners to engage in the MHCs (including the local health department, hospitals, managed care organizations, primary care clinics, physicians, social service organizations, civic organizations, professional organizations, local businesses, neighborhood organizations, faith institutions, transportation providers, educational institutions, public safety agencies, environmental health agencies, non-profit organizations/advocacy groups, government officials, recreation, pharmacists, and other partners). In addition, MSDH provides supporting background information on MHCs and with county-specific health statistics and data.

Also during the second phase, MSDH helps engage the community, facilitating a discussion using the PBS program "[Unnatural Causes](#)" and accompanying educational materials, which use case studies to examine health equity in the United States. This uniform approach allows multisector partners to identify their own roles in the promotion of health in the community, as well as to begin to set priorities for their own council's work.

- **Community Assessment (Phase III):** MSDH provides additional technical assistance while the community assesses its potential needs and readiness to address them.
- **Community Action (Phase IV):** Following Phase III's initial assessment sessions, community focus groups identify common themes and develop action plans with SMART objectives.
- **Sustainability (Phase V):** This phase is currently being tested with cities and towns. MHCs adopt bylaws or an operational structure to facilitate continuation of the council's efforts. This includes electing officers such as a council chair, vice chair, secretary, and treasurer. All MHCs will create a sustainability plan, which connects with MDHC's long-term goals.
- MSDH health educators offer support throughout the process to maintain momentum as councils continue their work, including help with creating agendas, organizing and leading meetings, and writing grants for additional funding. This allows the councils to focus on their community-identified issues and desired approaches. MSDH has also convened these community leaders in two leadership institutes, in partnership with the Prevention Institute, designed to enhance local capacity and connections between leaders in these different communities.
- Other state-level initiatives and efforts support and amplify the MHCs' work:
 - The **Mississippi Advisory Board for Chronic Disease Prevention and Health Promotion** consists of public health professionals and chairs from statewide disease-specific coalitions and national associations (such as the American Heart Association and American Lung Association), whose activities support the mission of the MSDH Chronic Disease Bureau. This advisory committee's work supports the National Prevention Strategy through its goals of working across health status for those at all life stages, diagnosed and undiagnosed, healthy and unhealthy. At its first meeting in August 2013, members of the advisory board also created subcommittees using the four strategic direction of the National Prevention Strategy (Healthy and Safe Community Environments, Clinical and Community Preventive Services, Empowered People, and Elimination of Health Disparities).
 - MSDH is currently seeking **Public Health Accreditation Board (PHAB) accreditation**. The work of the Mayors' Health Councils supports this effort, particularly around PHAB requirements related to multisector collaboration, community health assessment, and the state health improvement plan.
 - Mississippi [House Bill 540](#), passed in July 2012, promotes shared-use agreements to allow the use of school property and facilities for public recreation and physical activity. MSDH and the Mississippi Department of Education collaborated on [a toolkit](#) to facilitate implementation of such agreements, helping school districts understand liability issues and build partnerships.

Results

- Since 2010, the MHC effort has reached 54 of 86 municipalities, representing 63 percent of the Delta region.
- Within the funded municipalities, there are now:
 - 26 shared-use agreements (12 formal, 14 informal).
 - 29 smoke-free air ordinances.
 - 10 corner stores providing fresh fruits and vegetables.
 - Eight farmers' markets accepting SNAP benefits.
- Currently, MSDH is working toward collecting baseline data to assess shared-use agreements' impact, track the use of SNAP benefits in farmers' markets, and assess smoke-free air ordinances' and healthy corner stores' impact.
- [The Office of the Surgeon General](#) highlighted MSDH's work on the MHCs in April 2014.
- MSDH is developing a marketing tool that highlights MHCs' purpose, potential impact, and successes. The tool will be disseminated to government and community leaders to foster interest and help them engage more local municipalities.
- MSDH is also developing an MHC toolkit and training curriculum that will be used internally by health educators to establish councils statewide and externally by local governments that are interested in establishing a council.

Lessons Learned

- It is important to begin where the communities are, with the needs that they find most pressing. In one community, for example, stray dogs were a primary reason why people felt they could not walk outside. Working with law enforcement to improve safety—and reduce stray dogs—demonstrated that the MHC was listening and could be trusted.
- Leaders should find a community-level champion to catalyze and maintain work.
- Local leaders and elected officials must be engaged and trained on the concepts behind policy environmental, and systems change. This foundation will help their efforts progress more effectively.
- Although communities' strategies and goals for health improvement should be rooted in grassroots needs and assets, technical assistance from the health department can be helpful in reinforcing community-level efforts.

State Story



- In small, rural communities, MHC membership sometimes overlaps with that of county planning and development councils, so leaders need to ensure that the MHC's focus remains on increasing access to recreation, healthy foods, and reducing tobacco use and exposure.

For more information:

Victor D. Sutton, PhD, MPPA
Director, Office of Preventive Health
Mississippi State Department of Health
victor.sutton@msdh.ms.gov

Julia P. Schneider, MPH
Director, Chronic Disease Prevention
Association of State and Territorial Health Officials
jschneider@astho.org