



## Community Themes and Strengths Assessment:

### Mobilizing for Action through Planning and Partnerships

#### Background

The Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic planning framework for improving community health. MAPP was developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) to aid communities in devising creative solutions to public health problems in partnership with their local public health agency (NACCHO, 2010). The Lincy Fellowship supports a partnership between the fellow at the University of Nevada Las Vegas (UNLV) School of Nursing (SON) and the Southern Nevada Health District (SNHD) to complete one phase of this strategic planning process for improving this community's health. This phase is the Community Themes and Strengths Assessment (CTSA), which is intended to provide a deep understanding of the issues that residents feel are important by answering the questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

This report meets the first objective of the project: To complete a qualitative assessment of the community's perceptions of issues of importance, health related quality of life, and resources available to improve health.

#### Methods

To obtain the first phase of qualitative data, two large group meetings were held at the UNLV Student Union on April 12, 2011 (4 hour afternoon session) and April 13, 2011 (4 hour morning session), with either lunch or breakfast provided as appropriate. The SNHD provided in-kind assistance by assigning administrative personnel to send out e-mailed and faxed invitations to 350 people representing a cross-section of the community and a variety of community organizations and agencies.

During the large group meetings, the facilitator elicited not only themes of what is important to our community, but also an assessment as to how well the community is doing on each important theme. In addition, the facilitator conducted an exercise in

which participants moved in small groups to various stations to write names of assets under categories, such as History. One of the stations was a large map of Clark County, where participants used push pins to identify community assets. At the end of the exercise, a participant read each of the items listed at each station. The facilitator then conducted a group discussion on the findings. At the large group meetings, we asked attendees to complete a short written qualitative survey about quality of life in the Las Vegas area.

At the conclusion of the large group meetings, we identified sectors not represented and arranged focus groups or individual interviews to fill in gaps. We obtained UNLV Institutional Review Board approval for the interviews and focus groups.

### Sample

There were a total of 62 attendees at the large group meetings. We gathered focus group or interview data from an additional 12 persons.

Table 1: Community Sectors Represented\*

Community As Partner Framework		
Sectors	Representation	Gap
<i>Community Core:</i> Its people, history, values, and characteristics	Hispanic organizations African-American organizations Religious organizations Citizens	Native Americans Asian Americans
<i>Physical Environment:</i> Built and air, water, ground environment; climate	Foundation stewarding public lands Municipal government employees	Water supply/ treatment Land developers
<i>Health and Social Services</i>	Child health research/policy Hospitals Health care providers Homeless service providers Mental health providers Hospital nurses School nurses Social service agencies Social workers Lincy Institute	Physicians
<i>Safety &amp; Transportation:</i> Public protection, mobility resources	Metro police Fire departments Ambulance Transportation providers Transportation planners	
<i>Communication: Media</i>	Print/on-line news	Television, radio

Community As Partner Framework		
Sectors	Representation	Gap
<i>Government &amp; Politics.</i> Laws, policies, agencies, regulators	U.S. Senator U.S. Congressman Municipal government employees Health District employees State agency employees	Local and state elected officials Zoning boards
<i>Education.</i> K – 12, higher education	PTA UNLV and NSC CCSD	Technical schools Private higher ed.
<i>Economics:</i> Financial characteristics and effects	Businesses Unions	
<i>Recreation:</i> Organized or casual	YMCA	

\*See Appendix for more detail.

## Results

What is important to our community?

The following themes (listed alphabetically) emerged in both group meetings, as well as in focus groups/ interviews. The colors indicate how well (in general) participants think the community is doing on these themes: **Good**, **Okay**, or **Poor**.

1. Community engagement
2. Built environment
3. Diversified economy
4. Education (access, commitment, quality)
5. Healthcare (access, quality, continuity)
6. Public safety

The following themes emerged in one group meeting, as well as in focus groups/interviews.

7. Cultural opportunities
8. Family support
9. Good government
10. Recreation (second group included this under Built Environment)
11. Social services

The following themes emerged in the focus groups/interviews only.

- 12. Mental health services
- 13. Provision of public services at an adequate level
- 14. Synergy between education and economy
- 15. Healthy public policies
- 16. Partnership/communication among organizations
- 17. Leadership (as distinct from government)
- 18. Beauty in natural environment

The large groups on Day 1 and Day 2 wrote definitions of the themes. These are their unedited summaries.

*Community engagement:*

- Day 1. “In the arena of community engagement, a key characteristic of a healthy community is an organized collaboration of active dedicated volunteers as illustrated by meeting community needs, adequate volunteer resources, recruitment and training, increased sense of community, and an increase in grass root movements.”
- Day 2. “In the arena of community engagement, a key characteristic of a healthy community is an engaged public invested in their community as illustrated by volunteerism, parental engagement in education, public/private partnerships, and public dialogue.”

*Education:*

- Day 1. “In the arena of education, a key characteristic of a healthy community is affordable, available, equitable, instruction that spans the lifetime and engages students, legal guardians, and the community as illustrated by appropriate class size, qualified teachers, access to current materials and technology, availability of career guidance, increased literacy rates, increased graduation rates, increased number of post graduates, variety of educational opportunities, and adequate support services.”
- Day 2. “In the arena of education, a key characteristic of a healthy community is access to quality and affordable education as illustrated by graduation rates and lifelong learning opportunities.”

*Built environment:*

- Day 1. “In the arena of built environment, a key characteristic of a healthy community is safe, multimodal, urban planning, mix of housing, transportation access, knowing and interacting with your neighbors.”

- Day 2. “In the arena of built environment, a key characteristic of a healthy community is affordable development for all income levels that promotes a connected community as illustrated by access to parks and trails, access to healthy and sustainable food, access to public transit systems, and access to nature.”

*Diversified economy:*

- Day 1. “In the arena of economy, a key characteristic of a healthy community is a diverse and sustainable economy and taxes are fair and stay in the state, as illustrated by adequate jobs, living wages, and a healthy business climate.”
- Day 2. “In the arena of economy, a key characteristic of a healthy community is a diverse business community as illustrated by low unemployment rate, job training and career planning, low poverty rate- job availability (living wage jobs) and diversity, quality of jobs, and opportunities for growth and improvement.”

*Health care:*

- Day 1. “In the arena of healthcare, a key characteristic of a healthy community is access to quality healthcare as illustrated by prevention, affordability, education, accessibility, comprehensive, and adequate supply of primary care providers.”
- Day 2. “In the arena of healthcare, a key characteristic of a healthy community is access to quality, affordable care as illustrated by affordable health insurance, primary care providers and specialists, mental health, comprehensive prevention and wellness, academic medical centers for training, patient safety/transparency, and accountability in healthcare industry.”

*Public safety:*

- Day 1.”In the arena of public safety, a key characteristic of a healthy community is police and fire protection awareness, education, and communication as illustrated by freedom from fear and public readiness.”
- Day 2. “In the arena of public safety, a key characteristic of a healthy community is to live and work in an environment protected from lawlessness through good relationships among neighborhood residents and public service personnel.”

*Cultural opportunities:*

- Day 1. “In the arena of culture, a key characteristic of a healthy community is the successful identification and promotion of opportunities as illustrated by increased participation community wide!”

*Family support:*

- Day 2: “In the arena of family support, key characteristic of a healthy community are access and availability of service and resources to fully participate in community activities; availability and access to wrap-around services for families (inclusive of elderly, disabled) as illustrated by youth programming is available, equal access (no barriers), business sponsorship (public-private partnerships, internships for students or adopt a school), and some funding by the state and county for youth services, family support health, etc.....’match funds.”

*Good government:*

- Day 2. “In the arena of government, a key characteristic of a healthy community is honest government, wise spending of tax dollars (\$\$) and integration of resources as illustrated by effective communication, transparency of government operations, sustainable tax resources, and wise government spending.”

*Recreation:*

- Day 2: “In the arena of recreation, a key characteristic of a healthy community is availability of parks and recreational facilities and programs for all ages as illustrated by parks, farmers’ markets, and community activity programs.”

*Social services:*

- Day 1. “In the arena of social services, a key characteristic of a healthy community is a variety of comprehensive social services for all ages backed with adequate funding as illustrated by programs and services for (both inpatient and outpatient): mental health, addiction, youth and families, and seniors.”

What are our community's assets?

Participants were able to identify long lists of assets in all of the categories: History, Future Plans, Informal Sector, Public Sector, Private Sector, Voluntary Sector, Environmental, and Map (see Appendix). Recurrent themes were good weather, demographic diversity, wealthy individuals, access to politicians, name recognition for Las Vegas, RTC, casinos, faith community, Three Square, Opportunity Village,

Southern Nevada Health District, Hoover Dam, Nellis AFB, and celebrities. Several participants identified the schools as assets because they are widely distributed and could be used to build social capital in neighborhoods. A focus group of school nurses identified themselves as public sector assets. The longest list of all was Voluntary Sector Assets, which in the group discussion following the activity, the participants concluded that residents created a result of state and local governments providing so few social and public health services.

The surface of the map after two days of asset mapping was covered with push pins, which identified parks and other recreational venues, schools, hospitals, the airport, tourist attractions, and Nellis Air Force Base.

What is our quality of life?

The results from this 12 question survey indicate that respondents ( $n=57$ ), on average, rated Southern Nevada as a 2.5 on a scale of 1 – 5 (worst to best) for achieving the benchmarks of a healthy community. The Cronbach's alpha coefficient for internal reliability was .85, indicating adequate reliability. Table 2 has a list of individual variables with the mean score for each.

Table 2. Quality of Life Questionnaire (scale 1= worst to 5 = best)

Question	Mean
1. Are you satisfied with the quality of life in our community?	2.77
2. Are you satisfied with the health care system in the community?	2.14
3. Is this community a good place to raise children?	2.12
4. Is this community a good place to grow old?	2.56
5. Is there economic opportunity in the community?	2.21
6. Is the community a safe place to live?	3.03
7. Are their networks of support for individuals and families?	2.79
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	2.70
9. Do all residents perceive that they – individually and collectively – can make the community a better place to live?	2.32
10. Are community assets broad-based and multi-sectoral?	2.26
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	2.97
12. Is there an active sense of civic responsibility and engagement and of civic pride in shared accomplishments?	2.37

## Discussion

It was challenging for the facilitator and the focus group leader to keep participants on track to identifying community themes and strengths, as many wished to report

problems instead. However, we were able to limit such discussions by refocusing participants on the major questions and by assisting them to reframe negative observations as positives. For example, when participants made comments such as “The state doesn’t provide enough funding for education,” the moderator would respond, “So, you are saying access to education is important for a healthy community. Is that correct?”

In many ways, this was a visioning process, with participants describing the type of community they would find ideal and might look for if relocating. This was also an educational process for attendees who had little previous experience with community assessment. Although many participants had not previously heard of the concept of built environment, when a small group introduced it into the large group discussions, most embraced it as encompassing many of their desired community attributes, such as zoning that promotes exercise and interaction of neighbors, adequate parks and open space, options for public transportation, and access to healthy food sources, such as full service grocery stores. At the same time, this concept elicited some insight into the fact that the governments in the Clark County area have not managed its enormous, rapid population growth in the past twenty years in a way that benefits quality of life.

Participants were able to identify themes important to the community. However the best that the Las Vegas area ranked in any of these was “okay,” with most of them getting a “poor” ranking. As it is not possible to infer rank order for those most in need of improvement, the SNHD may consider structuring the other MAPP assessments to identify areas that need priority attention.

Participants ranked quality of life in the area as below average (2.5 out of 5), indicating the need to improve. The large number and variety of assets offer possible resources for community improvement. A focus group participant mentioned that even casino executives were beginning to recognize the value of improving the education level of residents, as a good school system helps them attract managerial talent to Las Vegas, while providing a labor supply better suited to an increasingly sophisticated clientele.

Although the convened groups ranked Southern Nevada as “okay” or “poor” on many aspects of community engagement, the list for Voluntary Sector assets was the longest. In education, many physical assets were listed, such as UNLV and CCSD, but there was no listing of adequate funding or community support for these public entities. Under private sector assets, the groups listed only “stroke centers of excellence,” which are associated with for profit hospitals. No hospitals other than UMC were listed, although several were identified on the asset map. Two separate focus groups identified the rich array of media in Southern Nevada, which some identified as possible assets for uniting and educating the community.



## Limitations

Due to the county's large population size (1.9 million), it was not possible to conduct a random sample survey that would be representative. Instead, the focus was on people and organizations that represent major sectors of this community. For various reasons, some sectors were not represented. For example, we were unable to interview physicians or members of the Moapa Band of the Paiute due to their non-response to repeated invitations. The Nevada Legislature was in session during the large meetings, with legislators in Carson City and unable to attend. On the day of the event, the lone elected official who had planned to attend called to cancel. Asians, in particular, were under-represented in the sample.

## Conclusions and Recommendations

A positive observation is that so many individuals were willing to invest many hours to participate in this process. They praised the ToP facilitator and the method used. They were pleased that the Lincy Foundation funded this project and that the SNHD was reaching out to the community. There was consensus that they would like to stay involved in the process and receive a report of findings. This core group represents an asset for community involvement.

In general, however, participants concluded that Southern Nevada falls short of the mark in many of the requirements important for a healthy community and desirable quality of life. The need for improvements in education, health care, the economy, and built environment dominated much of the discussion. One person interviewed identified wise government leadership as key to achieving improvements in these areas.

As a result of this CTSA, and in collaboration with SNHD leaders, we completed a Values and Visioning document. See document by that name attached to this email.

The next step is to structure the remaining MAPP assessments, based on data obtained from this assessment.

- The Local Public Health System Assessment (LPHSA) focuses on all the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system," and "How are Essential Services being provided to our community?"
- The Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"

- The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

The organizations that sent participants to the group meetings should be included in the LPHSA. In particular, some participants mentioned that there was duplication and lack of coordination among the various service providers (including the SNHD) when it came to providing essential services. The SNHD might consider its role in assurance, not only by looking at what is not provided but also in what is being provided by multiple organizations.

The Appendix contains a list of Future Plans that may be helpful for consideration in the Forces of Change Assessment. However, these are relatively minor events that will not have as much of an impact as stabilizing population, increasing Hispanic population, declining funding for public health, continuing unemployment (with loss of health insurance), and other larger forces affecting public health. Given the non-participation of elected state and local officials in the CTSA, the SNHD should ensure their participation in the Forces of Change Assessment.

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## References

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