

This report is presented as a resource document for the *Imagine Houston* process. Its contents are the result of almost a year of public discussion and represent the consensus of the focus group volunteers. While the Planning & Development Department provided support to the process, it did not screen, edit or modify anything contained herein.

Taking Care of Ourselves



March, 1995

Dear Fellow Houstonians:

The *Taking Care of Ourselves* Focus Group submits these recommendations of goals and actions for your consideration.

With the exception of our emphasis on small community structures tied into the larger world through on-line information networks, nothing we propose will appear strikingly new to anyone who has labored to make Houston a healthier city. Our process insured, though, that the professional insights of those involved in service delivery were balanced by the aspirations and concerns of consumers.

We had broad participation from health professionals, health educators, social activists, health advocates, and others, including seniors, adolescents, the physically impaired, and recent immigrants, with diverse health and human service concerns.

Early in our process, which began at the organizational meeting at the George R. Brown Convention Center in late March 1994, we recognized the importance of a dual focus. On the one hand, individuals and their support systems (families, neighborhoods, workplaces, and voluntary associations like churches) had to take responsibility for their own wellness. On the other hand, the community had to offer an affordable and accessible health care system to all its residents.

During our eight months together we came to understand how our dual focus could be addressed--not by dealing strictly with individual responsibilities and a system of services, but by organizing the larger community into "villages" of neighbors helping each other and by creating accessible, user-friendly networks to connect villages to each other and to connect individuals, through their villages, to community-wide resources.

We learned from each other, and many of us had fun in the process. A moment illustrating how much solidarity had evolved occurred when the group brought a birthday cake to surprise one of its members who had given up his birthday to attend a special meeting of the focus group.

Mention must be made of the staff that worked alongside us. They were integral to whatever success we had. While taking care to be facilitators rather than directors, they became equal partners in our work--and they became our friends.

The process was long and at times taxing. All works of citizenship are. They are also personally fulfilling. We hope that an experience that was so rewarding for us will, through our efforts and those of the other focus groups, extend its benefits to the city now and in years to come.

Respectfully,

The *Taking Care of Ourselves* Focus Group



Table of Contents

iii Preface

1 Section 1: Introduction

5 Section 2: Goals and Actions

13 Appendix A: Index of Actions

15 Appendix B: Resources

23 Appendix C: Acknowledgments

Preface

In March of 1994, Houstonians seized an opportunity created by Mayor Bob Lanier to help determine the future of our community. Over one thousand people participated in a three-day Imagine Houston forum, during which they identified the issues facing Houston and set the agenda for future discussions.

Imagine Houston is a community-wide visioning process designed to bring people together to share information, learn about each other's viewpoints and to develop a consensus on the issues, goals and opportunities that will shape Houston's future. It will result in a plan that public, private and not-for-profit organizations can use as guidance on how to structure programs, services and financing to the betterment of our community.

After the March forum, working groups called focus groups, were formed to deal with specific topics:

Community Safety
Fostering Our Cultural Resources
In Service to the Public
Learning For Life
Minding Our Natural Resources
Taking Care of Ourselves
Where We Live
Where We Meet
Where We Work

An additional group, the *Youth Focus Group*, was subsequently created to obtain ideas from Houston's young people on the issues facing them.

Membership in the focus groups was open at all times to anyone; nearly one thousand Houstonians participated in

discussions from March to December. The work completed by the focus groups is the result of those public discussions. Each group developed a vision statement and a list of goals and actions that can be taken to achieve the goals.

While each focus group concentrated on its respective topic, certain themes emerged as constants throughout the reports. They include:

economic competitiveness... with other cities throughout the world, internationalism, job growth and training, economic opportunity for all residents;
education... youth, education, preparing the leaders to lead, ensuring our future by ensuring theirs;
community building... self-defined "urban villages", the idea of belonging to a community, personal responsibility;
urban and natural resources... space and place, physical elements blending with the natural environment, a livable community;
celebrating diversity... through public art, cultural and educational training, and through equal access for all.

Imagine Houston does not stop here. These ten reports form the foundation for the work of the **Imagine Houston** Steering Committee in creating a vision plan for Houston. The Steering Committee consists of members appointed by Mayor Lanier, a representative of each Council Member and a representative from each focus

group. The Committee recognizes the importance of continued public dialogue. When complete in Spring 1995, this Plan should serve for the next 20 to 30 years as the basis for actions by every segment of our community including individuals and public and private-sector organizations.

Imagine Houston is an extraordinary exercise in grass roots democracy. The committed citizens who participated have given our community insightful ideas to lead Houston into the next century. We are grateful for their efforts. We are hopeful about our future.

Section 1: Introduction

Vision Statement

All Houstonians have the incentive, knowledge, and resources to maintain the physical and mental health appropriate to their stage of life development

Executive Summary

The *Taking Care of Ourselves* Focus Group centered its attention on health maintenance and problem prevention rather than cure. Since barriers to achieving physical and mental health and socioeconomic integration vary with age and are heightened by physical, mental, linguistic, and cultural differences, the focus group identified barriers and challenges for various stages of the life cycle and for groups with special physical, mental, or social needs. The six groups for which visions and goals were developed are:

General population

Ensure that a comprehensive, coherent, and affordable quality health and human services delivery system, with an emphasis on preventive care and health maintenance, is accessible to all of us.

Infants and young children

Ensure that all children are physically, mentally, and emotionally ready to learn when they enter first grade.

Adolescents

Ensure adolescents have the opportunity and resources to reach full potential.

Seniors

Ensure that seniors find Houston a desirable place to live because their mental and physical health has been optimized and they are recognized as valuable community resources.

Persons with mental and physical disabilities

Ensure that persons with physical disabilities or mental challenges will have access to the resources they need to participate in economic, social, and civic life.

Recent immigrants

Ensure recent immigrants are able to become participating, productive, and contributing Houstonians because they have access to a multi-lingual, culturally sensitive network of advocacy, information, education, and services.

The focus group based its action plan on the belief that "it takes a village to raise a child." Although cities like Houston are too large to function as villages, discrete areas can be organized as cohesive living environments (See Appendix B-1, ***Building Base Communities***, Dr. Herb Rothschild, *Taking Care of Ourselves* Focus Group). Through this village structure individuals and small communities will be educated and empowered to assume greater responsibility for their own lives and for the well-being of their neighbors, to determine the needs to address as a village, to decide the best ways to access services and resources when they are available, and to create or demand new services when necessary. For example, one village might decide that a community garden would serve the needs of the hungry and would provide meaningful shared work for seniors and

youngsters alike. Another might concentrate on bringing community health services to the area elementary and high schools. One proposal that makes use of the village concept is found in Appendix B-2.

While the "villages" are the centerpiece of the focus group recommendations, the *linchpin* is an accessible, easy-to-use network of services, resources, and education/information. This network will provide information in a number of different formats and will be shared with village councils, caregivers and other service providers, and with individual people or groups in the community seeking education or services. People would be able to tap into the network at public libraries, multi-service centers, other "village" focal points (schools, churches, community centers, etc.), and at home. A more elaborate description of this network is contained in Appendix B-3.

Background

The *Taking Care of Ourselves* Focus Group was formed at the *Imagine Houston* Forum. On March 28, 1994, the focus group convened its inaugural meeting and outlined its goals, purpose, and tasks.

After several meetings, the focus group identified issues revolving around the goal of ensuring shelter, food, clothing, health, and safety for all persons living in Houston. The group emphasized the accessibility of quality health and human services enhanced through *integration, coordination, communication, prevention, education, and promotion.*

The *Taking Care of Ourselves* Focus Group's efforts concentrated on those aspects of life which promote good physical and mental health. Some aspects, such as health care and nutrition, were the primary responsibility of this focus group. Others, such as a physically safe environment, overlapped with the concerns of other focus groups. The group also recognized that many ways to improve health involved the schools and other institutions of the community that, in the division of labor of *Imagine Houston*, were not primarily the responsibility of this group.

True to its name, *Taking Care of Ourselves* Focus Group chose not to look merely at service providers and institutions, but to examine the ways good physical and mental health and socioeconomic integration could be influenced at the individual and small group levels. Taking care of ourselves has a community-wide dimension, but many (not all--for example, clean air and water) of the determinants of good physical and mental health are located at the individual and small group levels (such as family and neighborhood). This reality – and responsibility – becomes especially recognizable when attention is concentrated on maintenance of health and prevention of illness rather than cure.

The group highlighted health maintenance and problem prevention and emphasized the removal of barriers to achieving health and well-being. The group recognized that the challenges to physical and mental health at certain ages differ significantly from those at other ages, and also that the resources

needed to meet those challenges vary with age. Thus, infants, necessarily, must rely on caretakers, but adults usually can understand their requirements and access services as appropriate.

Therefore, the group established specific goals tailored to the needs found at different stages of the life cycle. The group also appreciated the differentiated challenges of special-needs groups such as immigrants or people who are mentally or physically impaired.

As the group thought about services, especially about professional health care, the emphasis was on accessibility. As with maintenance of health, the group believed it was appropriate to place responsibility on individuals and small communities to determine the best ways to access services. The focus was more on education about services and resources available, when services should be sought, and how to access those services currently available than on creating more/new services, though it was recognized that in some cases, such as services for persons with mental disabilities, current services fall short of need.

Thus, most of the focus group's recommendations do not carry a high price tag in dollars. They do ask for a willingness not only to ask people to assume responsibility for themselves and those in their care, but also to educate them and empower them to take care of themselves and others.

The focus group's leading recommendation for action--the formation of base communities or "villages" and creation of small area

councils--is a commitment to genuine empowerment, especially of people most at risk of poor physical and mental health. The group believes that if people are to be asked to assume greater responsibility for their lives, they must be provided education, thereby giving them greater power over their lives.

Therefore, this focus group's recommendation would transfer some power from the service providers to their service populations.

The villages will not; however, be independent, self-sufficient, isolated islands. They must interact and pool education/information and services. They must be connected to each other and to community-wide resources through an accessible, easy-to-use network. This is the glue that will fuse the community into a synergistic whole and will allow people truly to take advantage of the benefits of small close-knit villages as well as the vast assets of the fourth largest city in the nation.

Section 2: Goals and Actions

General Population

Goal 1:

Ensure that a comprehensive, coherent, and affordable quality health and human services delivery system, with an emphasis on preventive care and health maintenance, is accessible to all of us

Action 1.1: Formation and empowerment of "villages"

Based on the adage "it takes a village to raise a child," form and empower discrete geographic areas as "villages" to identify health and human service needs and determine methods of delivering services to the citizens of the village. As public policy, the village should first be fostered in neighborhoods undergoing economic and social stress.

Who: neighborhood and civic organizations, City of Houston.
Implementation support -- public health and human service departments (city, county, state), Harris County Hospital District, hospitals and clinics, public/private health and social service providers, other municipalities

When: *short-term* – organization; *medium-term and ongoing* - implementation

Funding: City of Houston, Harris County, other municipalities, grants including CDBG, foundations, volunteer contributions, United Way

Action 1.2: Assign "case manager"

Assign "case manager(s)" in every village to serve as liaison between the delivery system and those in need of health and human services.

Who: village administration

When: upon establishment and implementation of village

Funding: to be determined by village administration

Action 1.3: Multi-lingual, on-line directory

Develop multi-lingual on-line directory of health and social services and medical Hot-Line to provide information accessible and convenient to the public, (for example: information booths or kiosks in shopping malls, grocery stores, libraries, with touchscreen access; information on the Internet; and cable TV programming).

Who: village administration, public health and human service departments (city, county, state), Harris County Hospital District, hospitals and clinics, public/private health and social service providers, property management companies, universities, other municipalities

When: high priority, short-term

Funding: City of Houston, other municipalities, Harris County, state, private donations, volunteer contributions (possibly self-generating revenues through fees for participation in directory)

Action 1.4: "Healthnet" and "Tele-Medicine" system

Implement "Healthnet" and "Tele-Medicine" concept to provide health care providers with another method to make specialized care available to people in areas where the lack of particular "technical expertise" exists, for both diagnosis and treatment.

Who: hospitals, clinics, medical and other health professions schools, public health and human service organizations, communications industry

When: medium-term

Funding: medical "megastructure," communications industry

Action 1.5: Collaborative network to link providers

Develop a collaborative network to link providers on the continuum of care from public health and preventive care to rehabilitation and long-term care in order to "triage" information so that caregivers (or interested friends) can evaluate health or behavioral symptoms and seek or advise appropriate care in a timely fashion. If health services are not "merged," they should at least be coordinated with one eligibility review system. Even if different groups have varying standards for eligibility, there should be one method of gathering and verifying pertinent data and one record which indicates the services for which the patient is eligible. If there is no merger, arrangements should be made to share facilities so that all services for a family are available in one place--near where the people live, work, play, and learn.

Who: hospitals, clinics, medical and other health professions schools, public health and human service organizations

When: medium-term

Funding: network participants

Action 1.6: Gun control measures

Promote tougher gun control measures to ensure a safer living environment.

Implementation could be achieved through banning the possession of hand guns within the city limits except by licensed security personnel and establishing facilities for gun storage.

Who: *policy development* - elected officials of local, state, and national governments; *implementation* -- entrepreneurs, public safety organizations

When: medium to long-term

Funding: policy -- government general funds; implementation private investment

Infants and Young Children

Goal 2:

Ensure that all children are physically, mentally, and emotionally ready to learn when they enter 1st grade

Action 2.1: Proper nutrition, prenatal, postnatal care

Promote proper nutrition, prenatal care, and postnatal care through proactive household-based information, personal instruction, and advisory programs.

Who: Texas Department of Human Services, Harris County Health Department, City of Houston Health Department, Child Abuse Prevention Network, Children at Risk, media

When: Short to medium-term

Funding: local, county, state, and private investment

Action 2.2: A toxic-free environment

Identify and focus on community need to provide a toxic-free environment. Provide parents education and information about household toxins and hazards so they may provide a safe physical environment for children.

Who: Environmental Protection Agency (E.P.A.), Harris County, City of Houston (through a designated task force), media, village councils

When: medium to long-term

Funding: City of Houston, other local governments, federal aid or grants, non-profit contributions, volunteer contributions

Action 2.3: Legislation to prevent exposure of children to toxins

Introduce legislation and ordinances to require elimination of toxins (for example, lead paint, asbestos, etc.) from structures inhabited and/or frequented by infants and young children, particularly single-family and multi-family residences, day care facilities, schools, etc.

Who: legislative elected officials for local and state governments; administered by public health agencies

When: medium to long-term

Funding: General Fund (local, county, state), possibly federal aid

Action 2.4: Child development monitoring

Emphasize early child development through monitoring and diagnosing developmental problems to assure children are referred to the proper agencies/organizations for appropriate care as physical/behavioral problems are detected. Institute methods to detect possible exposure to toxic products and substances, such as child physical examinations or inspections administering during various permitting or license renewal processes.

Who: health and human services departments (local, county, state), Children's Protective Services, family outreach centers, Mental Health and Mental Retardation Authority of Harris County, Parent Education Coalition

When: *short-term* -- convene all players, to examine and determine need; *medium-term* -- develop implementation plan; *long-term* -- implement plan

Funding: local, county, state governments, major health provider/prevention entities

Action 2.5: Programs for parenting skills

Provide programs that teach parenting skills and help couples become parents when they are ready. Build support organizations for "at-risk couples" encountering difficulties with parenthood to ensure that each child has a safe and caring environment.

Who: health and human services departments (local, county, state),

Harris County Children's Protective Services, PAL program, Hope Center for Youth, Texas Youth Commission, Crisis Pregnancy Center, Planned Parenthood of Houston, The Baby Buddy Program

When: *short-term* -- examine and determine need by convening all players; *medium-term* -- develop implementation plan; *long-term* -- implement

Funding: local, county, state governments, non-profit organizations, health providers/family planning agencies

Action 2.6: Increase the number of day care services

Provide subsidies to increase the number of day care services available to financially disadvantaged families. Re-evaluate regulations and guidelines governing day care operations to ensure child safety, promote intellectually stimulating and emotionally supportive environments, and a continuity of primary caretakers

Who: Texas Department of Human Services, Texas Department of Protective and Regulatory Services (TDPRS), City of Houston Health Department, Houston Committee for Private Sector Initiatives, child care councils, day care providers, village councils

When: medium to long-term

Funding: state and local government, foundations

Adolescents

Goal 3:

Ensure adolescents have the opportunity and resources to reach full potential

Action 3.1: Adolescents access to counseling and mentoring

Establish village-level programs to provide adolescents access to appropriate counseling, mentoring, and modeling, focusing on each community's needs. Programs should provide problem solving and conflict resolution training and support for adolescents suffering from emotional, physical, and sexual abuse. The focus of the programs is to assist adolescents to achieve self-reliance and realize high self esteem.

Who: public health and human service departments (local, county, state), City of Houston Police (Child Abuse Unit), Texas Youth Commission, Greater Houston Area Council on Family Violence, Children at Risk, Child Abuse Prevention Network, child guidance centers, non-profit organizations, village councils

When: medium-term

Funding: local, county, state governments United Way, grants, foundations, non-profit organization funding

Action 3.2: Adolescents health education

Establish village-level programs to promote health education. These programs will address issues of adolescents pertaining to: understanding their own bodies and how they function; knowing the implications of sexual activity, teenage pregnancy, and sexually

transmitted diseases; and understanding consequences of alcohol and substance abuse.

Who: public health and human service departments (local, county, state), Mayor's Office/Houston Crackdown, Houston Council on Alcoholism and Drug Abuse, Planned Parenthood, Texas Youth Commission, Children at Risk, family outreach centers, non-profit organizations, village councils

When: medium-term

Funding: General Fund (local, county, state), United Way, grants, foundations, non-profit organization funding

Action 3.3: Legislation to control the use of tobacco

Encourage development of legislation to control the use of tobacco especially among minors. Increase the tax on tobacco products to discourage use by adolescents.

Who: elected officials of local, state, and national governments

When: medium to long-term

Funding: local, county, state governments

Seniors

Goal 4:

Ensure that seniors find Houston a desirable place to live because their mental and physical health has been optimized and they are

recognized as valuable community resources

Action 4.1: Counseling / interview sessions for retiring employees

Establish a program for contacting employers, churches, and other community groups to arrange interviews and counseling sessions with employees close to retirement to transition from active "corporate" life. The program would provide information about services and other opportunities available to seniors. During the interview, seniors' interests and skills are matched to the needs of the community, possibly for work within the villages and the community.

Who: public health and human service departments (local, county, state), Texas Employment Commission, Texas Rehabilitation Commission, Social Security Administration, volunteer coordination agencies, SCORE, AARP

When: medium-term

Funding: corporate donations, grants, foundations, non-profit contributions

Action 4.2: Recognition of seniors' experience and talents

Establish a central place for seniors to learn about opportunities for volunteering or part-time employment opportunities within the village which can use the seniors' experiences and talents. Programs can be offered to provide training and skills development to allow seniors opportunities to be productive during advanced stages of life.

Who: public health and human service departments (local, county,

state), Texas Employment Commission, Texas Rehabilitation Commission, Texas Veterans Commission, Equal Employment Opportunity Commission, Social Security Administration, Bureau of Apprenticeship and Training, Area Agency on Aging, churches and other religious institutions, private corporations, village councils

When: medium-term

Funding: corporate donations, grants, foundations, non-profit contributions

Action 4.3: Health information system for seniors

Develop system for providing seniors with physical and mental health information that will aid in prevention of avoidable ailments and in identifying signs and symptoms of potential problems, leading to early detection, diagnosis, and treatment.

Who: public health and human service departments (local, county, state), Texas Rehabilitation Commission, Area Agency on Aging, hospitals and clinics, public/private health and social service providers, village councils

When: medium to long-term

Funding: local, county, state governments, corporate donations, grants, foundations, non-profit contributions

Persons with Disabilities

Goal 5:

Ensure that persons with physical disabilities or mental challenges will have access to the resources they need to participate in economic, social, and civic life

Action 5.1: Sensitivity toward persons with disabilities

Promote understanding among the general public, employers, public institutions, and service providers about the needs and challenges facing persons with physical and mental disabilities. Particular emphasis must be directed toward enhancing opportunities for and removing barriers to housing, education, employment, transportation and mobility.

Who: Houston Center for Independent Living (lead), human resource departments from major employers, Texas Rehabilitation Commission, Independent Living Research Utilization, Mayor's Office for Citizens with Disabilities, Mayor's Committee on Employment for Persons with Disabilities

When: *short-term* -- convene all players to develop implementation plan; *medium-term* -- implement pilot test; *long-term* -- fully initiate system

Funding: City of Houston (seed money), private corporations

Action 5.2: Services for persons with mental illnesses

Identify specialized needs to develop or enhance services required specifically by persons with mental illnesses. Included in this process is an examination of the proportion of state funding allocated to the Houston region and determination if lobbying to gain additional funding is required.

Who: "village" units, universities, Mental Health Association, Mental Health Mental Retardation Authority (MHMR), Alliance for the Mentally Ill, local elected officials, state legislature

When: *short-term* -- convene all players, to examine and determine need; *medium-term* -- develop implementation plan; *long-term* -- implement plan

Funding: state

Action 5.3: Link providers with consumers

Establish a collaborative agreement among "mega-structures" to link providers with consumers and persons with physical and mental disabilities for improved delivery of services. Create an information network accessible to both the consumers and providers about services and resources. The network will assist in educating and encouraging persons with disabilities to help themselves to the extent of their abilities.

Who: large hospitals, health departments (city and county), public and private service providers, medical and other health professions schools, TIRR, Texas Rehabilitation Commission, MHMR, Texas Rehabilitation Commission

When: *Short term*- convene all players to develop implementation

plan; *medium-term* -- implement pilot test; *long-term* -- fully initiate system

Funding: City of Houston (seed money), federal grants, consortium of hospital systems

Action 5.4: Train personal assistants

Create and coordinate programs to provide reliable and appropriately trained personal assistants for persons with physical and mental disabilities. Personal assistants carry out tasks or duties of varying levels of difficulty that persons with disabilities cannot accomplish independently.

Who: Attendant Services of Houston, Area Agency on Aging, State Department of Human Services, community colleges, volunteer organizations, Churches, Synagogues

When: *short-term* -- convene all players to develop implementation plan; *medium* -- implement pilot test; *long-term* -- fully initiate system

Funding: City of Houston (seed money), U.S. Department of Health and Human Services, fee for services, donations, foundations

Recent Immigrants

Goal 6:

Ensure recent immigrants are able to become participating, productive, and contributing Houstonians because they have access to a multi-lingual, culturally sensitive network of advocacy, information, education, and services

Action 6.1: Information network for immigrants

Expand access of immigrants to information network by documenting variety of ethnicities and languages within defined service areas. Upon determining prevalent languages in the area, identify and prepare appropriate multi-lingual media and encourage participation of bilingual residents to assist in translation of materials which will inform and educate residents about available activities and services.

Who: YMCA International, ethnic society groups (for example, Association for the Advancement of Mexican Americans, Latino Learning Center), Harris County, City of Houston, other area municipalities, communications companies

When: *short-term* -- convene all players to examine and determine need; *medium-term* -- develop implementation plan; *long-term* -- implement plan

Funding: City of Houston, Harris County, communications companies, donations

Action 6.2: Distribution of Information

Provide larger distribution of information among villages regarding agencies and services available to immigrants for transition into "Houston" culture.

Who: City of Houston and other local municipalities, YMCA International, ethnic society groups, community colleges

When: *short-term*- convene all players to examine and determine need; *medium-term* -- develop implementation plan; *long-term* -- implement plan

Funding: communication companies, local ethnic society groups, city/state governments

Section 3: Appendices
