Welcome to

Community Health Assessment Process

To listen to the audio portion of this training, please dial 1-877-351-4402 Passcode: 9481097, and when prompted, state your full name

Public Health Performance Management Centers for Excellence

www.doh.wa.gov/phip/perfmgtcenters/index.htm

iLinc Housekeeping

- Please mute your phone
- Please don't put this call on hold
- For discussions, we will ask you to unmute
- At the top of your iLinc window are some pull-down menus. You can "float" several different windows – the feedback window and the chat window, for example. We'll use the feedback window several times today, so please float it now.
- When the feedback window appears, please click in the radio button to make your selection
- If you are attending via iLinc with a group, please send us the names of the other attendees who are with you in your chat window.

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PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

Community Health Assessment Process

Presented by:

Lyndia Tye
Spokane Regional Health District
April 13, 2011

Public Health Performance Management Centers for Excellence

www.doh.wa.gov/phip/perfmgtcenters/index.htm

Learning Objectives

- Identify at least five common elements of various community health assessment processes
- Identify three resources to obtain secondary data
- List three different methods available to help a group prioritize issues
- Describe key components of an action plan that meets Washington State Public Health Standards requirements
- Identify resources available to develop strategies to improve priority areas
- Develop strong performance measures

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What is a community health assessment?

…both a product and a process

…a systematic way of identifying the needs, priorities, and resources of a community

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Why do a community health assessment?

I already know we have a high maternal smoking rate.

I know of this family that is homeless . . .

I have the data. Why do I need to pull a group together?

I don't have the staff to conduct an assessment.

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Reasons for Assessments

- Quantify problem
- Define target population
- Inform decision-making
- Establish priorities
- Increase partnerships and collaboration
- Proactive versus reactive
- Obtain resources (grants, access to services, staff)
- Improve public health services
- Provide service to community
- Increase community awareness of issues
- Other?

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Compiled results from 52 health assessments conducted in WA:

71% Health issues were identified
54% A new partnership to address a health issue was formed
50% Health priorities were established
46% New health strategies and/or action plans were developed
44% A grant was written using local data
37% A new resource to address a priority was obtained
33% A new health program/service was implemented
27% A health policy recommendation was developed, written, or modified
27% Budgeting decisions influenced
25% Internal agency programs were prioritized
25% A health program/service was modified
23% Strategic agency direction established or altered

Half of agencies reported additional outcomes under "other"

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How Assessments Get Started

- Community theme
- Staff think something is an issue
- A previous assessment identified an issue
- Need a comprehensive look at community to determine priorities
  - Look at all health issues (all determinants)
  - Look deeply into one issue

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Assessment Staffing Models

- Dedicated assessment staff
- Categorical assessment
- Contract with consultants
- Use students/staff from universities
- Other agencies willing to provide services
- Shared staff with other entities, like hospitals
- Regional LHJ assessment support
- Others?

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Workforce Competencies

- Assessment knowledge (or access to)
- Facilitation and problem-solving
- Community collaboration and relationships
- Resource awareness
- Project management
- Presentation skills (how to present data)
- Change management

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Workforce Resources

- LHJ assessment staff
- WA-Assess Listserv
- DOH program staff
- DOH epidemiologists

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Models for Conducting Assessments

- U.S. Dept of Health and Human Services, Healthy People 2020:
  - **M**obilize, **A**ssess, **P**lan, **I**mplement, **T**rack **(MAP-IT)**
- National Association of City and County Health Officials (NACCHO):
  - **A**ssessment **P**rotocol for **Ex**cellence in **P**ublic **H**ealth **(APEX*PH*)**
  - **M**obilizing for **A**ction through **P**lanning and **P**artnerships **(MAPP)**
  - **P**rotocol for **A**ssessing **C**ommunity **E**xcellence in **E**nvironmental **H**ealth **(PACE-EH)**
- North Carolina Department of Health and Human Services:
  - Community Health Assessment Process workbook
- University of Wisconsin, Population Health Institute, County Health Rankings:
  - **M**obilizing **A**ction **T**oward **C**ommunity **H**ealth **(MATCH)**

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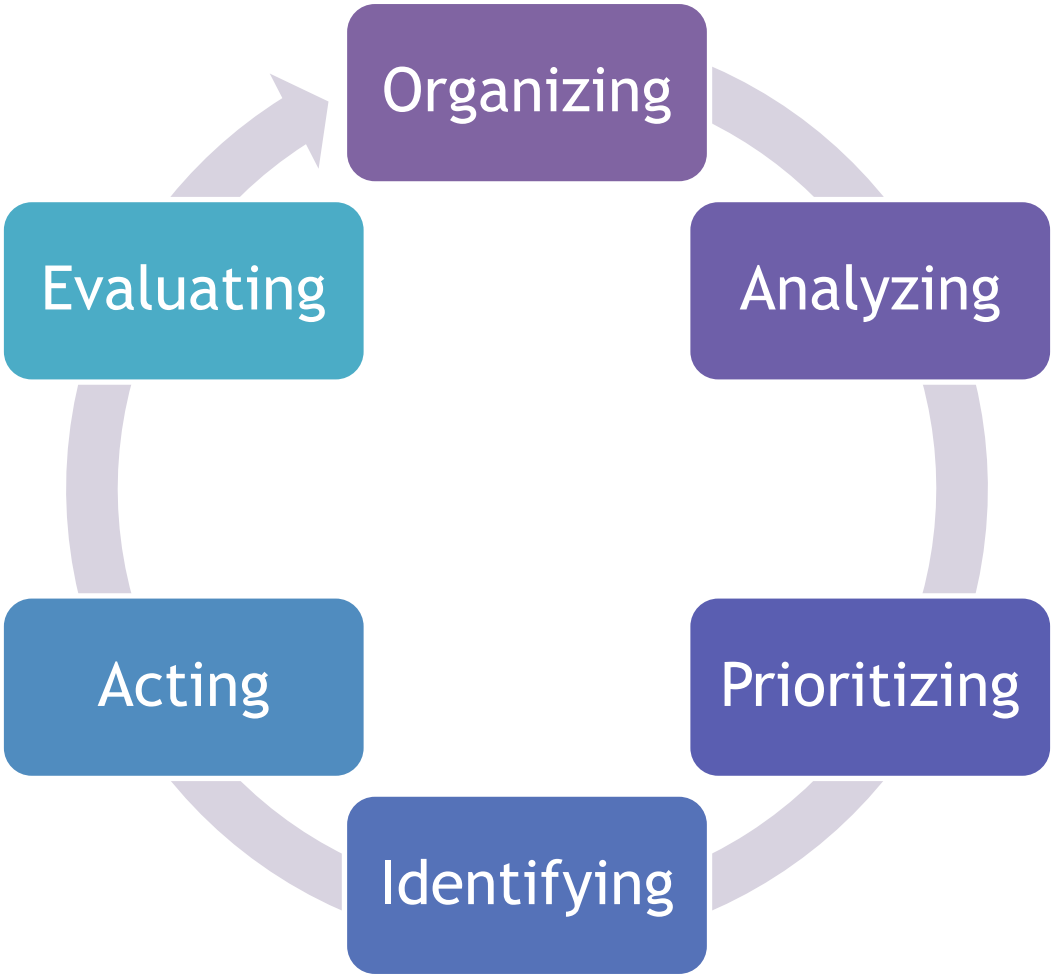
Planning Phases



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Poll

Question: Who has been involved in or conducted a complete community health assessment process that resulted in an action plan?

- ❑ Have conducted assessment without action plan
- ❑ Have conducted assessment with action plan or CHIP
- ❑ Have not done either

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Planning Phases

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Why work with other agencies, organizations, and individuals?

While public health agencies may bear responsibility for leading community health improvement efforts, their success hinges on their ability to establish and maintain effective partnerships.

The public health agency needs to identify and work with all entities that influence community health
– from other governmental agencies to businesses to not-for-profit organizations to the general citizenry.

-- Healthy People 2010 Toolkit

(http://www.health.gov/healthypeople/state/toolkit/default.htm)

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Who Should be Involved

Internal and/or external?

Opponents?

Directors and/or field staff

Target population?

Stakeholders

Number in committee?

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Structure

- Advisory group (reviewers)
- Work group (task driven)
- Facilitator/convener/organizer – key position
  - If possible, allocate .25 FTE during the assessment
- Chair of meetings – separate from facilitator

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Shared Purpose

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Organizing

- Write up agreed upon concept for assessment
  - Purpose
  - Objectives with strategies
  - Partners
  - Products and distribution methods
  - Timeline

Spokane Regional Health District
Community Health Assessment Program
2006 Senior Community Health Assessment Concept Paper

Purpose: Perform a comprehensive assessment of seniors (60+) in Spokane County with a comparison to Washington State in conjunction with Spokane United Way and Aging and Long Term Care of Eastern Washington (ALTCEW). The assessment will concentrate on issues that affect the health status of seniors and identify resources for senior related issues. Resources will be evaluated to predict future resource needs in the community.

Objective 1: Identify topics that impact seniors' health.
Strategy – Internet and literature search to identify topics.
Strategy – Hold sessions with SRHD staff to identify issues

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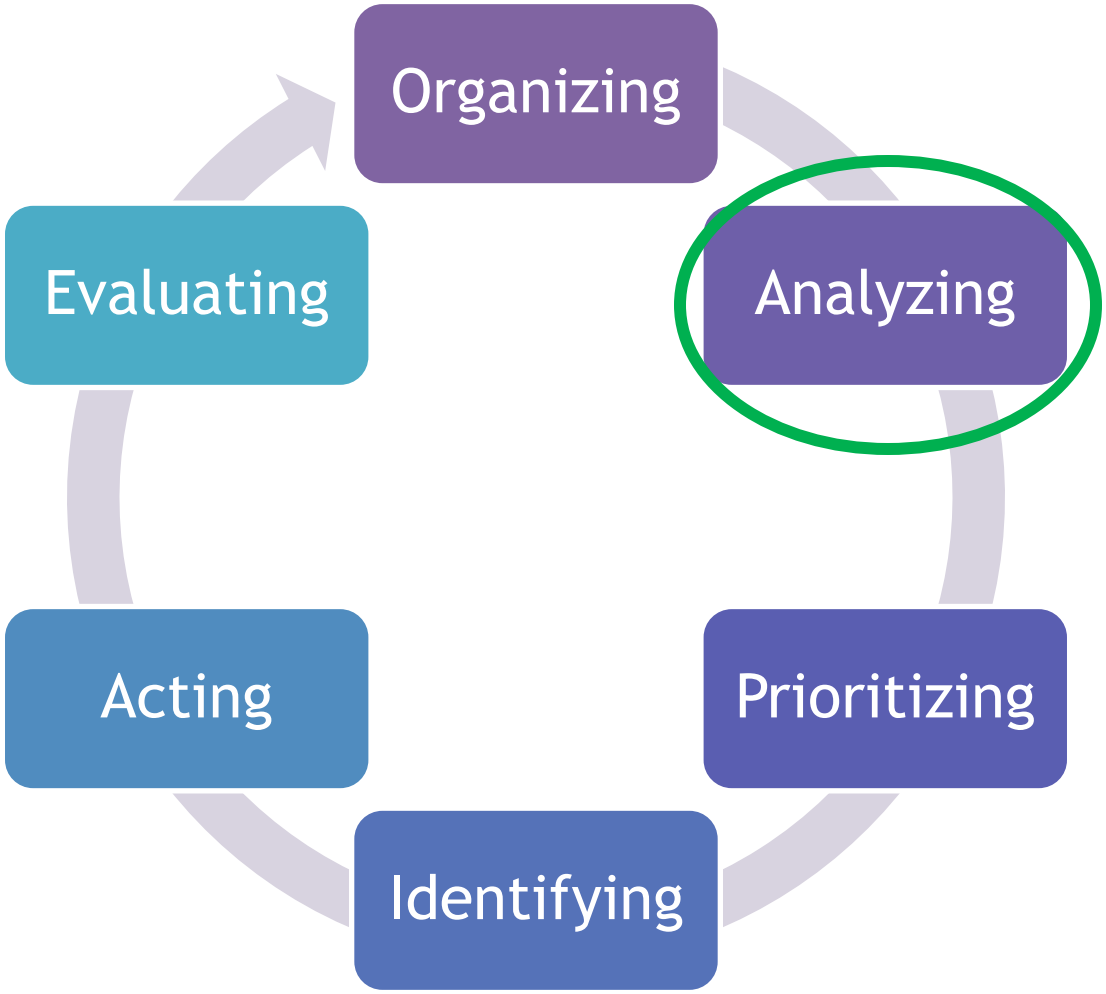
Planning Phases



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Data Compilation and Analysis

- What do you want to know?
- Where do you go for data?
- Who can help?

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Guidance on Selecting Indicators

- Start with a literature search
  - Comprehensive – Example: MAPP indicators
  - Topical specific – Example: MCH indicators
- Add those from the group discussions
- Hold focus groups, if needed
- Develop set of criteria to determine final data set

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Indicator Criteria Example

- ❑ Overall set gives a complete picture of health issue or community health
- ❑ Population-based - effects a lot of people
- ❑ Uses trend data, if available
- ❑ Comparable to local, state, and national data
- ❑ Scientific, research-based
- ❑ Measures service, behaviors, status, and/or outcomes
- ❑ Provides geographic and demographic detail, if possible

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A Word about Indicators

- Represents a health issue, doesn't describe the one issue completely
- A vehicle to understand and address community issues from an **outcomes-oriented** perspective
  - Doesn't describe the contributing factors to a health issue
- An **evaluation tool** to measure progress on steps taken toward improvement
- Useful only when **combined** with effective planning, advocacy, and action

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Data Clearinghouse

- Washington State Department of Health
  - Data Guidelines
    - http://www.doh.wa.gov/data/Guidelines/guidelines.htm
  - Health Data
    - http://www.doh.wa.gov/data/data.htm
  - AssessNow Clearinghouse
    - http://www.assessnow.info/
  - Local Public Health Indicators
    - http://www.doh.wa.gov/PHIP/khi/lphi/overview.htm

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Site Directory

- DOH Home
- Health Data
- Health Alerts

- Publications
- Data Analysis Guidelines

Access Washington®
Official State Government Website

Data Guidelines

Guidelines for:

- Address Matching and Geocoding Data
- Confidence Intervals for Public Health Assessment
- Human Subjects Review
- Population Denominators
- Racial and Ethnic Groups in Data Analyses
- Rates for Public Health Assessment
- Rural-Urban Classification Systems for Public Health Assessment
- Small Numbers

General Purpose

The Assessment Operations Group in the Washington State Department of Health is coord
guidelines for public health assessment. The guidelines are intended to promote good profe
staff involved in assessment activities within the Washington State Department of Health an
Jurisdictions. Our purpose is to summarize what we consider best practice to encourage al
be better users of assessment information.

Internet
Start
Search Desktop
77%

Secondary Data Sources

- Vital Records
- Behavioral Risk Factor Surveillance System (BRFSS)
- Health Youth Survey (HYS)
- Comprehensive Hospital Abstract Reporting System (CHARS)
- Cancer Registry
- Department of Alcohol and Substance Abuse (DASA)
- Washington State Office of Financial Management (OFM)

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Washington State Department of Health

Health Data

You are here: DOH Home » Health Data

Site Directory

- DOH Home
- Health Alerts
- Publications
- Data Analysis Guidelines

Access Washington®
Official State Government Website

Health Data

The Table of Contents below connects you to pages that contain links to data tables or data you can query online
a specific publication, click on the **Publications** link in the menu on the left.

- Multi-Topic Health Data Sources
- Chronic Diseases
- Environmental Health
- Health Care Services
- Infectious Diseases
- Injury & Trauma
- Major Risk & Protective Factors
- Maternal & Child Health
- Oral Health

Detailed Table of Contents for Health Data Pages

Multi-Topic Health Data Sources

- Behavioral Risk Factor Surveillance System (BRFSS)
- Birth
- Death
- Geographic Information Systems Data
- Health of Washington State
- Healthy Youth Survey
- Hospital Data

Infectious Diseases

- Communicable Diseases
- Hepatitis
- HIV/AIDS
- Immunizations
- Sexually Transmitted Infections
- Tuberculosis

Garfield County Diabetes Report 2007

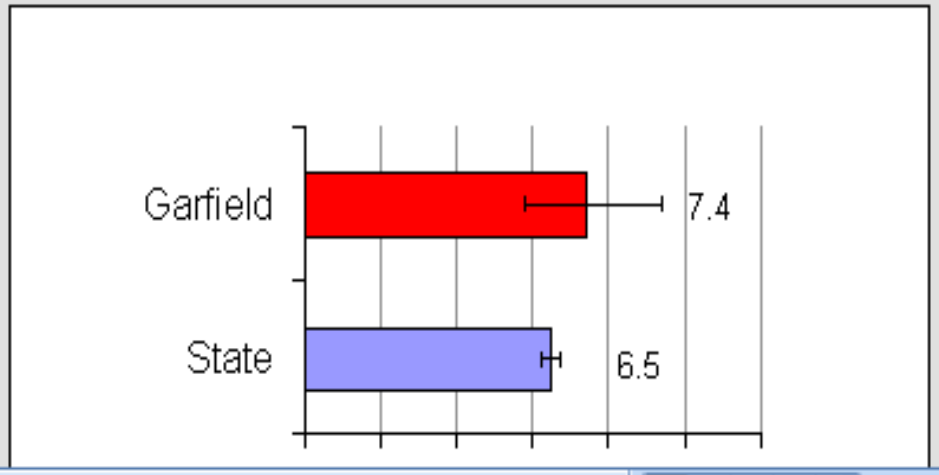
Diabetes Prevention & Control Program • PO Box 47836 Olympia WA 98504-7836 • (360) 236-3617

Diabetes is a serious chronic disease in which a person is unable to produce or utilize the hormone insulin, which plays a central role in the body's ability to use glucose. Diabetes now affects over 1.4 million Washington residents: more than 300,000 people (adults and youth) have diagnosed diabetes; almost 127,000 have undiagnosed diabetes; and nearly a million have pre-diabetes. Each year, $1.52 billion dollars in hospitalization charges alone are associated with diabetes.

This fact sheet about diabetes in Garfield County is intended to help people concerned about the health of their community to plan interventions and educate others about the importance of addressing this condition.

Prevalence

- 7.4% (95% confidence interval: 5.8-9.4%) of Garfield County adults have been diagnosed with diabetes.
- This translates into about 200 adults in the county diagnosed with diabetes.
- 6.5% (95% confidence interval: 6.2-6.7%) of Washington State adults have been



WASHINGTON STATE LOCAL PUBLIC HEALTH INDICATORS

DATA BY INDICATOR

Communicable Disease

- Reported Chlamydia infections
- Treated Chlamydia infections
- Influenza vaccination (65 years or older)
- Reported child immunizations NEW

Prevention and Health Promotion

- Years of healthy life expected at age 20
- Adult cigarette smoking
- Adult physical activity
- Adults overweight/obese
- Adult fruit/vegetable consumption
- Adult binge drinking
- Adults with diabetes
- Adult poor mental health

Environmental Health

- Solid waste facilities in compliance - *Under Development*
- Food service safety NEW
- On-site sewage system corrections NEW

Maternal and Child Health

- First trimester prenatal care
- Maternal cigarette smoking
- Teen birth rate
- Low birth weight
- Teen physical activity
- Teen cigarette smoking
- Teens overweight
- Teen alcohol use
- Childhood unintentional injury hospitalizations

Access to Care

- Adults with unmet medical need
- Adults with personal healthcare provider
- Adult dental care
- Adult preventive cancer screening - Breast
- Adult preventive cancer screening - Cervical
- Adult preventive cancer screening - Colorectal
- Adults with health insurance
- Children with health insurance NEW

GARFIELD COUNTY HEALTH DISTRICT

Category: **Prevention and Health Promotion**			**Jurisdiction**		**State**		**US**
Indicator Name	**Year**	**Unit of Measure**	**Estimate**	**95% Confidence Interval**	**Estimate**	**95% Confidence Interval**	**Estimate**
Years of healthy life expected at age 20[1] (Additional years a 20 year-old is expected to live in good, very good, or excellent health)	2006 - '07	number of years	52	(49, 56)	51	(51, 52)	48*
Adult cigarette smoking[2] (Percent of adults age 18 or older who smoked at least 100 cigarettes in their lifetime and are current smokers)	2007 - '08	%	23	(15, 34)	16	(15, 16)	19
Adult physical activity[2] (Percent of adults age 18 or older who report moderate physical activity (30 minutes a day, 5 times a week) or vigorous activity (20 minutes a day, 3 times a week) in work or leisure)	2007	%	72	(65, 79)	62	(61, 63)	59
Adults overweight/obese[2] (Percent of adults age 18 or older who have body mass index greater than 25)	2007 - '08	%	64	(57, 70)	61	(61, 62)	63
Adult fruit/vegetable consumption[2] (Percent of adults age 18 or older who report eating fruits and vegetables 5 or more times per day)	2007	%	20	(13, 29)	26	(25, 27)	25
Adult binge drinking[2] (Percent of adults age 18 or older who report binge drinking (5 drinks for men; 4 drinks for women) on at least 1 occasion in last 30 days)	2007 - '08	%	16	(9, 28)	16	(15, 16)	16
Adults with diabetes[2] (Percent of adults age 18 or older who have	2007 - '08	%	9	(7, 12)	7	(7, 7)	8

Overview

Data by Indicator

Data by Jurisdiction

Data Trends NEW

Technical Notes

Print Versions

Resources

Tools and Examples NEW

FAQ

Contact Us

RESOURCES AND RELATED LINKS

http://www.doh.wa.gov/PHIP/khi/lphi/resource.htm

Publications

- Health of Washington State
- Healthy People 2010
- Health United States

Data and Data Guidelines

- Washington State Department of Health
  - Health Data
  - Health Data Guidelines
  - Notifiable Conditions
- BRFSS online data query system
- Healthy Youth Survey online data query system
- Office of Financial Management, Research and Data Division
- AssessNow
- Northwest Area Foundation

Contacts

- Washington State Department of Health
  - Non-Infectious Conditions Epidemiology
  - Local Public Health Jurisdictions Directory
  - Directory of LHJ assessment contacts (MS Word, 95KB)

GARFIELD COMMUNITY HEALTH DATA

Data Available at County Level:

Demographics
Population trends (by age group and gender)
Annual household income
Education
Employment
Marital status
Number of children in household
Child Support Services
Registered voters
Registered and not voting
Temporary Assistance to Needy Families (TANF)
State Family Assistance
Basic Food Program
Crime rates
Child abuse

School Performance
Graduation rate
Dropout rate
Washington Assessment of Student Learning (WASL) performance
Eligibility for free lunch or reduced lunch
Student race and ethnicity

Healthcare Access
Uninsured
No personal doctor
Needed a doctor but couldn't afford
Source of coverage for health insurance
Location of hospitalizations
Reasons for hospitalizations at local hospital

Mental Health
Mental health status
Depression
Planned a suicide
Completed and attempted suicide

Health Status
General health status
Physical health status
Asthma
Angina
Heart attack
Stroke
Diabetes
Obesity

Health Behaviors
Flu and pneumonia shot
Exercise and physical activity
Tobacco use
Alcohol use
Youth attending daily PE classes
Fruit and vegetable consumption
Family dinners
Seatbelt use
Riding with alcohol impaired driver

Morbidity and Mortality
Leading causes of hospitalizations
Leading causes of death

Maternal and Child Health
Maternal age
Use of WIC services
Prenatal care
Low birth weight
Unmarried mothers
Teen mothers
Premature births
Maternal smoking
Fertility rate

Data Not Available or Reportable at County Level:
Abortions
Demographics by racial/ethnic groups
Emergency room data
Food insecurity
Homeless population
Households using the internet
Immunization status
Infant mortality
Infectious diseases
Percent of seasonal workers
Maternal alcohol use
Maternal and childhood data by race
Sexually transmitted diseases

Compiling the Data

Why put it in a document?

Does it have to be fancy?

How technical should it be?

What should it include?

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Presenting the Data

- Keep it simple
- Point out the significant differences
- Don't interpret the data as to "why"
  - Let the committee provide the explanation
  - Or ask to explore further
- Rank the data

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Ranking Data

- Variety of methods
  - Formal to informal
  - Not easy . . .
  - Determine final number
- Regardless, use agreed upon criteria

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Ranking Data Method

One formula:

Each indicator is measured against each criteria and given a score of -1, 0, 1

All criteria scores are added together and divided by number of measures

- Trend direction
- Relation to state
- Relation to nation
- Relation to HP 2020 goals
- Magnitude
- Seriousness
- Health disparities apparent

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Ranking Data Example

Adult Obesity (Spokane County 27.7%)

Trend score	-1 worsening
State score	0 same
National score	0 same
HP 2010 score	-1 worse
Total	-2/4
Final score	-0.50

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Public Health Indicator Categories Ranked by Attainment of Goals

High score or meeting expectations

Physical activity
Infant mortality
Pregnancy outcomes
Tuberculosis

Intermediate score

Alcohol misuse
Nutrition
Health status (adult)
Vaccine preventable diseases
Life expectancy
Food or waterborne diseases
Weight status
Family violence
Mental health
Tobacco use

Low score or not meeting expectations

Cancer
Death
Sexually transmitted infections
Unintended pregnancies
Intentional injury
Illicit drug use
Oral health (children)
Chronic hepatitis C
Hospitalization
Unintentional injury

ISLAND COUNTY PUBLIC HEALTH
ALWAYS WORKING FOR SAFER AND HEALTHIER COMMUNITIES

Island County's
Health Status

SNOHOMISH HEALTH DISTRICT

Public Health Indicators of
Snohomish County:
Summary of Indicators with Statistically
Significant Comparisons or Trends

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BEHAVIORS	STATUS	OUTCOMES
Binge drinking - youth Illicit drug use - youth Smoker - youth Maternal smoking Youth Drug Use Tobacco	Food insecurity - youth Uninsured Obesity - adults Nutrition Physical Activity	Unintentional injury Suicide Child abuse Cancer Hospitalizations STDs Oral health - children Senior Falls
Illicit drug use - adult Smokeless tobacco - adult Smokeless tobacco - youth Physical activity - adult Physical activity - youth Smoker - adult Fruit/Vegetable - adult Fruit/Vegetable - youth	Put off health care due to cost Health status Uninsured - children Treatment gap for chemical dependency Obesity - youth	Depression - youth Death Domestic violence Vulnerable adult abuse Mental health - adults Hepatitis C Very low birth weight Vaccine preventable diseases Unintended pregnancy Food/water borne illness Pre-term birth Homicide
		Tuberculosis Life expectancy Alcohol-related MV fatalities Infant mortality

Ranking Leads to Prioritizing

- What to address first?
  - Multiple issues surrounding each health problem
  - Limited resources
    - Time and money
  - Focused efforts get better results
  - What does the literature say

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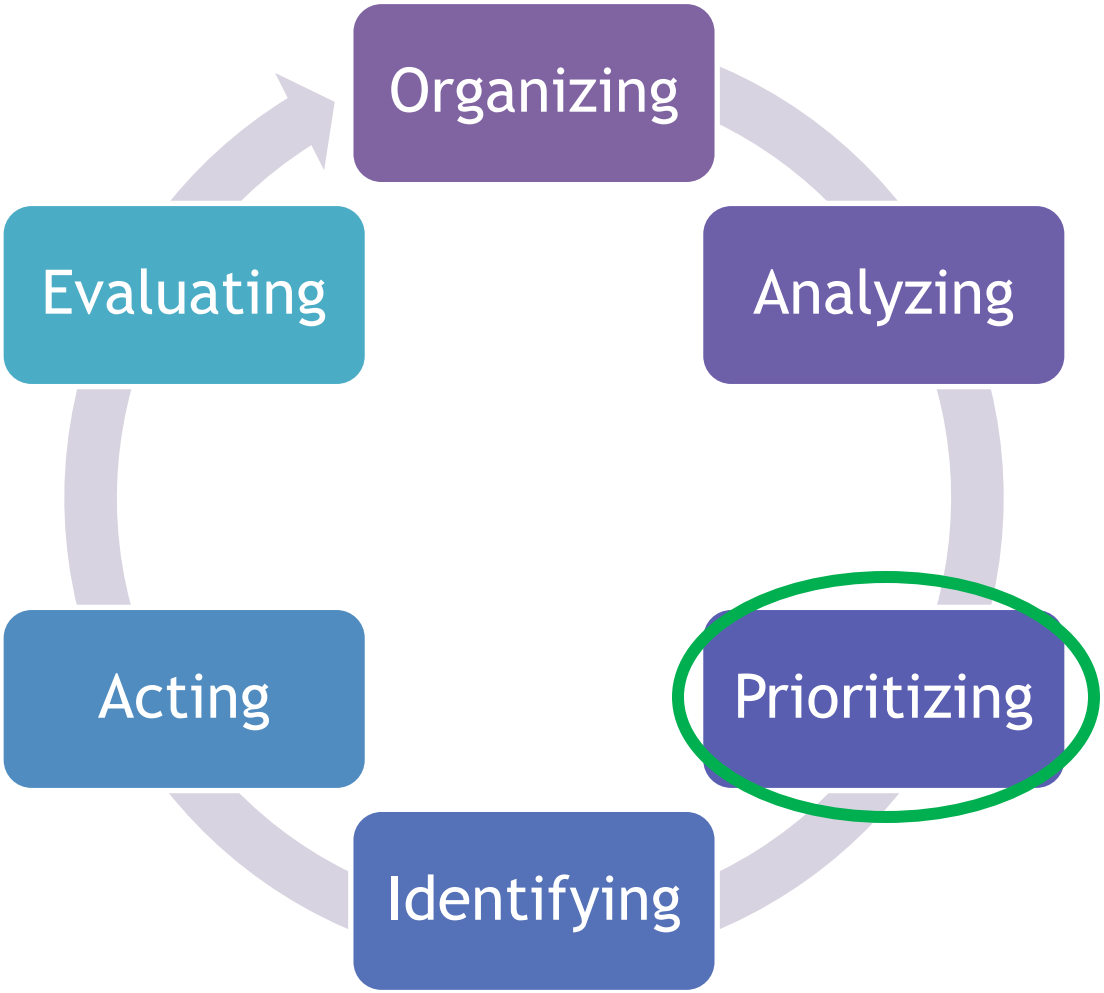
Planning Phases



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Prioritizing Issues for Health Improvement Planning Processes

Presented by:
Marlene (Marni) Mason
MarMason Consulting, LLC

April 13, 2011

Public Health Performance Management
Centers for Excellence

"If You Don't Know where You Are Going, Any Path Will Do."

The Cheshire Cat, in Lewis Carroll's *Alice In Wonderland*

One way to determine the road to better health in our communities is to use criteria to identify the issues we will work on together.

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Criteria for Prioritizing Health Issues

Rank topics/issues that are:

- Important/ relevant to population
- Extent of control or influence
- High-risk
  - Seriousness of health issue
- High-volume
  - Size of the health issue
- Feasibility of improvement
  - Effectiveness of interventions

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Control and Influence

- This is a conceptual tool to help give a team guidance on what to focus on when trying to pick a topic to improve
- They should focus where they have both control and knowledge
- In Public Health we may work more in the influence part of the circle or quadrant

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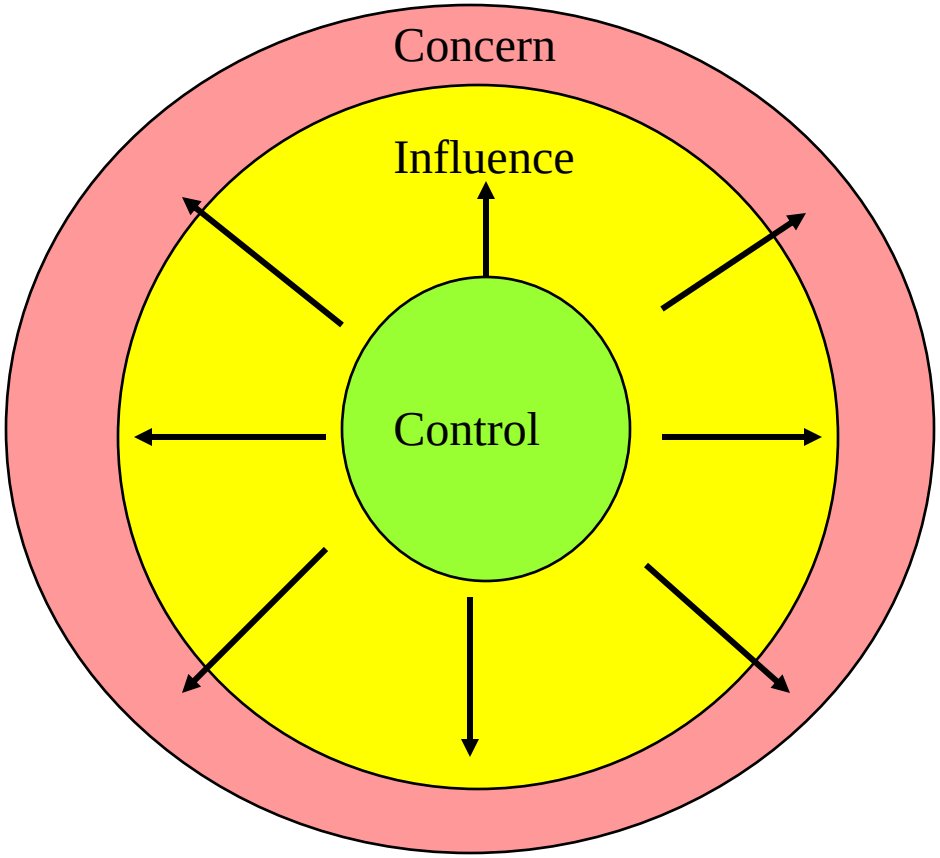
Control and Influence



Stephen R. Covey, Seven Habits of Highly Effective People

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	Control	No Control
Knowledge	Do It	Influence
No Knowledge	Get Help	Stay Away

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Control and Influence

- It helps to understand where:
  - we have control
  - we may need assistance
  - we can influence only
  - we should stay away from
- It also points out that we can expand our control area by becoming more knowledgeable, seeking assistance, and trying to be influential in areas beyond our control

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Rate the Seriousness of the Health Problem
(Hanlon Method for Prioritizing Health Problems APEXPH Manual)

Give each health problem a numerical rating on a scale of 0 through 10 . The table below is an example of how the numerical rating might be established.

How Serious a Health Problem is Considered	"Seriousness" Rating
Very Serious (e.g., very high death rate; premature mortality; great impact on others; etc.)	9 or 10
Serious	6, 7, or 8
Moderately Serious	3, 4, or 5
Not Serious	0, 1, or 2

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Rate the Size of the Health Problems

Give each health problem a numerical rating on a scale of 0 through 10 (reflects % of the local population affected by the particular health problem)

The table below is an example of how the numerical rating might be established.

Percent of Population with the Health Problem	"Size of the Problem" Rating
25% or more	9 or 10
10% through 24.9%	7 or 8
1% through 9.9%	5 or 6
.1% through .9%	3 or 4
.01% through .09%	1 or 2
Less than .01% (1/10,000)	0

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Rate Effectiveness of Available Intervention

It may be helpful to define upper and lower limits of effectiveness and assess each intervention relative to these limits. For example, vaccines are a highly effective intervention for many diseases; those diseases would receive a high "Effectiveness of Intervention Rating."

Effectiveness of Available Interventions in Preventing the Health Problem	"Effectiveness" Rating
Very Effective; 80% to 100% effective (e.g., vaccine)	9 or 10
Relatively Effective 60% to 80% effective	7 or 8
Effective 40% to 60%	5 or 6
Moderately Effective 20% to 40% effective	3 or 4
Relatively Ineffective 5% to 20% effective	1 or 2
Almost Entirely Ineffective Less than 5% effective	0

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Priority Setting Worksheet

Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A + 2B) C	E Rank
Incidence of CV Disease	8	6	6	120	1

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Criteria Matrix

	Importance			Control			Serious	Size	Effective Actions	Total
Health Issue	H	M	L	H	M	L				
1. Immunization Rate	3				2		5	6	10	26
2. Teen Pregnancy		2				1	7	3	4	17
3. Childhood Obesity	3				2		9	8	3	25
4. Low HS Graduation		2		3			4	6	3	18
5. Alcohol/Drug Use			1			1	8	3	2	15

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Prioritization Matrix-Weighing Your Options

- Use it to narrow down options through a systematic approach of comparing choices by applying criteria
- What does it do?
  - Quickly surfaces basic disagreements to resolve up front
  - Forces teams to focus on the best things to do
  - Limits "hidden agendas" by surfacing criteria as part of process
  - Increases chance of follow-through as get more buy-in
  - Reduces the chance of selecting someone's "pet project"

PH Memory Jogger, pgs. 105- 115

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How to Use Prioritization Matrix

- Take topics/issues and ask:
  - Does X contribute more than Y in achieving the goal, based on our criteria?
- Once you have agreement on the answer, then decide how much:
  - 1 = equally important
  - 5= significantly more important
  - 10= exceedingly more important
  - 1/5 significantly less important
  - 1/10=exceedingly less important
- Assign agreed-upon value to the issue contributing more and the reciprocal score to the other
- Total the scores and prioritize the issues, highest to lowest

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Example of Prioritization Matrix (Each issue against importance criterion)

	1. Immu.	2. Engage Commu.	3. CHIP	4. Food	5. Family Planning	Row Total
1. Immu.		10	1	1	5	17
2. Engage Community	1/10		1	1/5	1/5	1.5
3. CHIP	1	1		1/5	1	3.2
4. Food	1	5	5		5	16
5. Family Planning	1/5	5	1	1/5		6.4

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Popcorn Exercise – Taste criteria

	Air Popped	Oil or butter	Microwave	Row Total
Air Popped				
Oil or butter				
Microwave				

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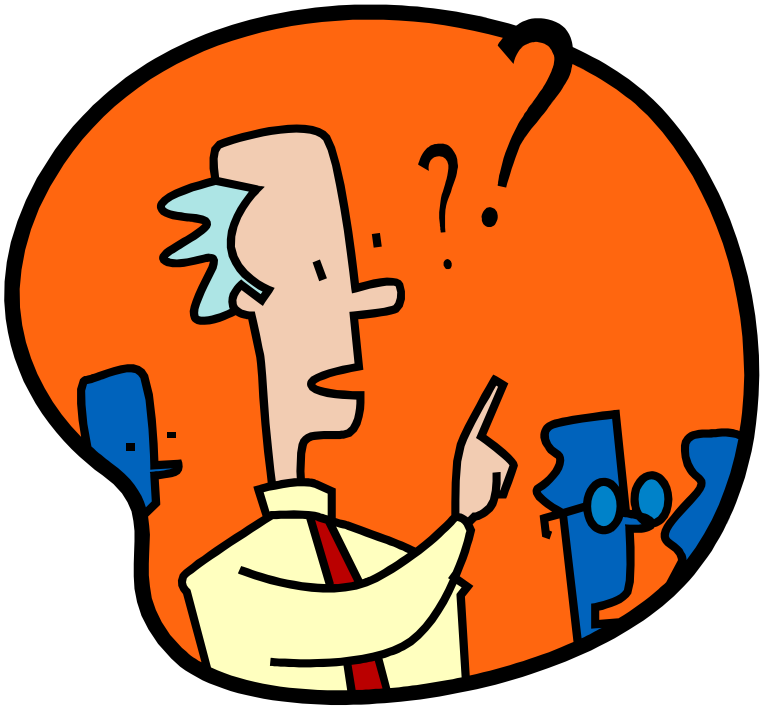
What questions do you have?



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- The more you know, the more you want to know
- What else do you need to know about this health issue?

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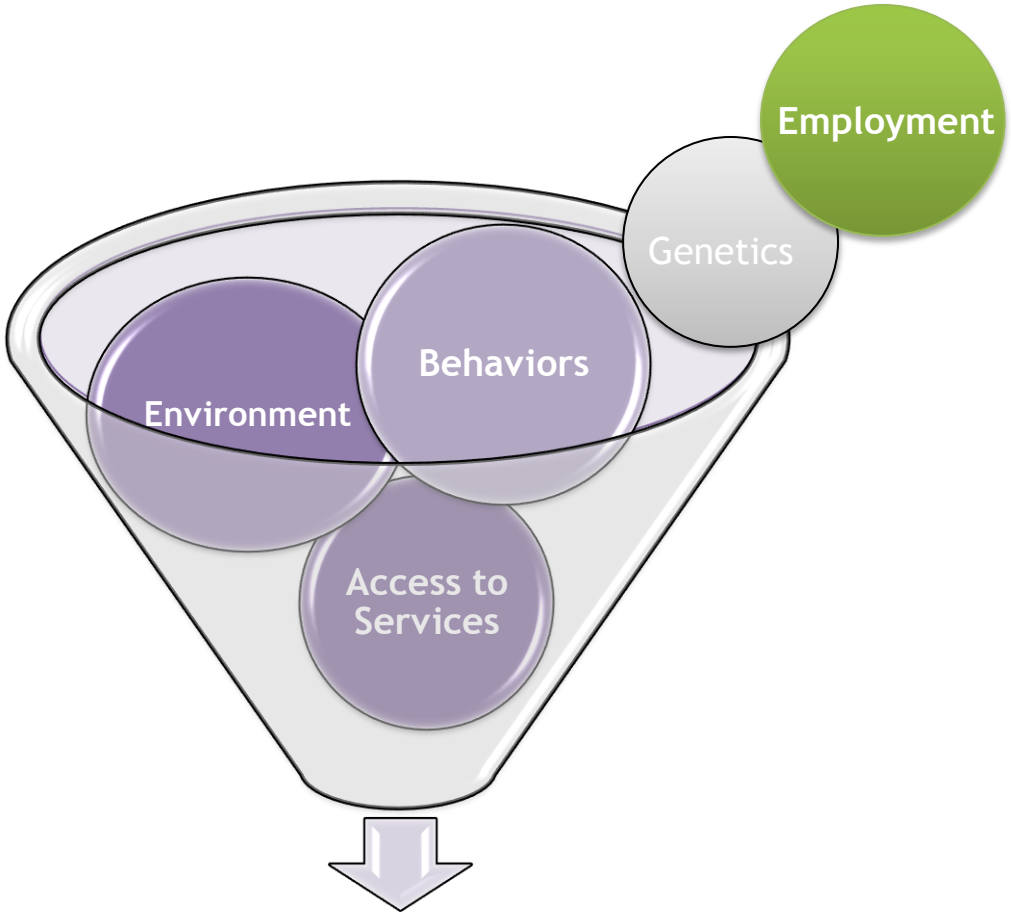
Contributing Factors



Health Outcomes

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Contributing Factors and Data Gaps

- Qualitative Information
  - Focus groups
  - Key informant interviews
- Primary Data
  - Surveys
- Literature review

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Possible Factors

High Percentage of Low Birthweight Babies

- ❑ Lack of prenatal care and delivery services
- ❑ Lack of transportation to care
- ❑ Unaffordable healthcare
- ❑ High percentage of teenage mothers
- ❑ Low education levels of mothers
- ❑ Smoking rates
- ❑ Other

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Break

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Public Health Performance Management Centers for Excellence

Planning Phases

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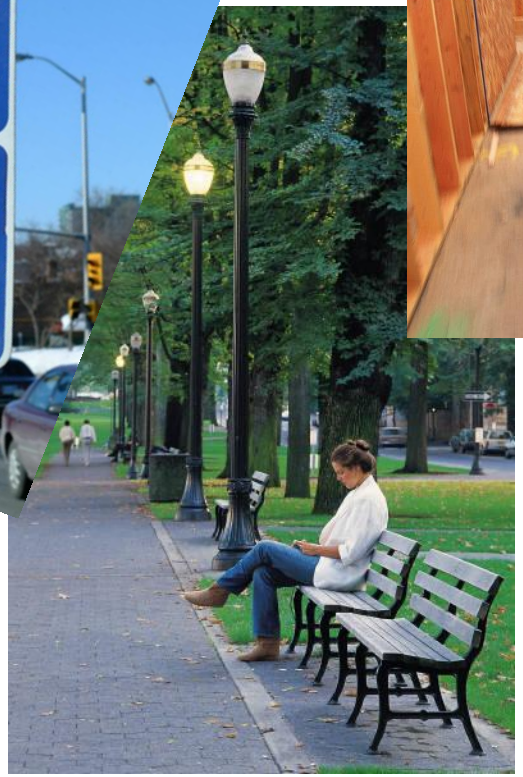
Public Health Performance Management Centers for Excellence

Identifying: Community Resources and Model Practice



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Assets Inventory

- Comprehensive vs Targeted
  - Institutions – services and programs available
  - Associations – informal and formal groups
  - People – skills and strengths; interest
  - Physical – attributes

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Assets Inventory

- How?
  - Surveys
  - Interviews
  - Focus groups
  - Directories
  - Observations
- What?
  - Capacity vs need
  - Types of programming offered
  - Readiness to do something

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Poll

Question: Who has conducted a resource analysis to understand what is available and what are the gaps?

- ❑ Informal assessment
- ❑ Formal assessment
- ❑ Have not done one

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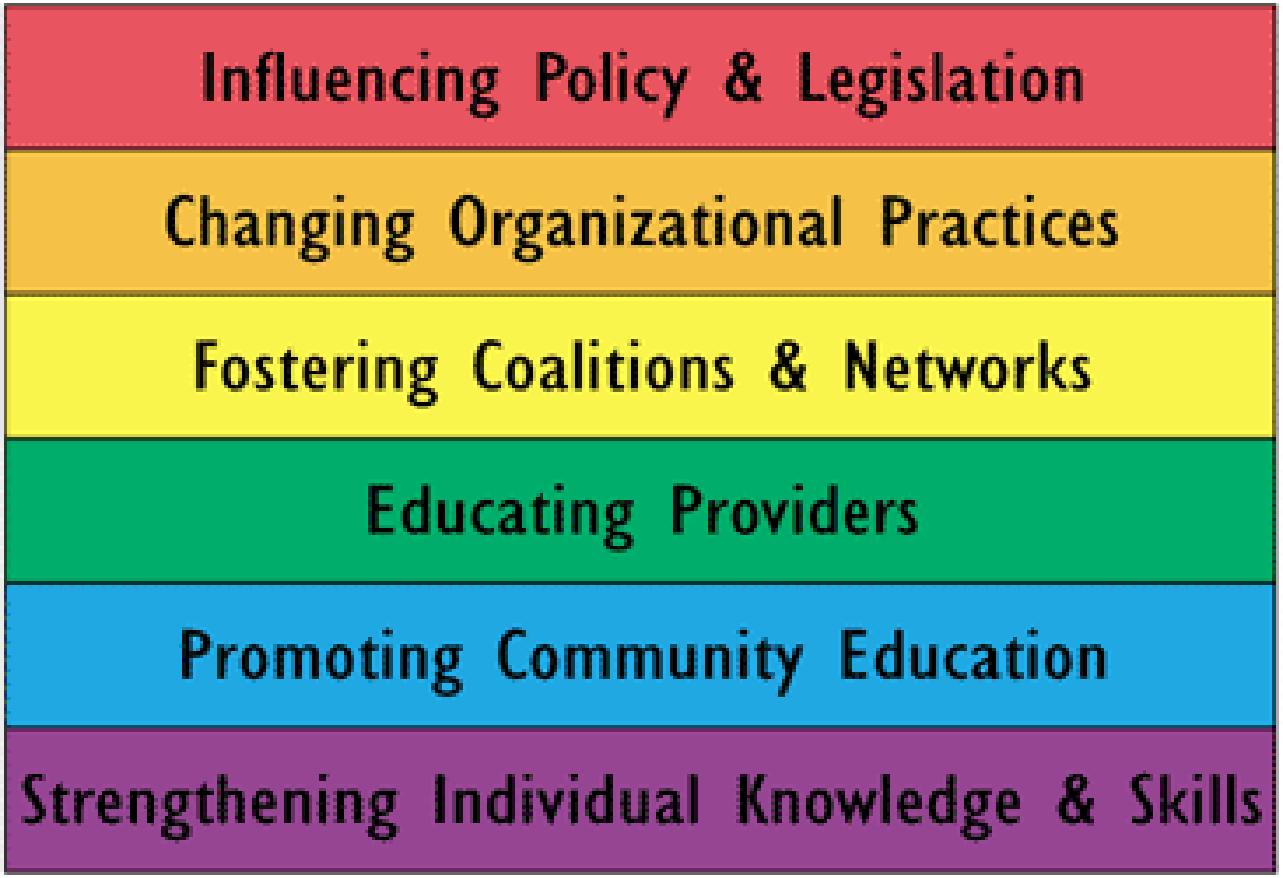
The Spectrum of Prevention



www.preventioninstitute.org

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Model Practice Definitions

- Terms are tossed about:
  - *Promising approaches, best practice, model practice, evidence-based programs, scientific standards, state-of-the-art*
- The Center for Best Practices defines a model program as:
  - *A "packaged" or very specific promising, evidence-based, or science-based practice that indicates or results in positive public health outcomes and must be carefully implemented to maximize probability of repeated effectiveness.*

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Model (or Best) Practice Definitions

- Promising Practice
  - Based on past practice showing positive effects
- Evidence-based Practice
  - Has been evaluated and shows some positive results
- Science-based Practice
  - Has undergone rigorous research
  - Replicable and shows positive results in various settings
- Exemplary Practice
  - Best of the best examples put forward for Standards

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Model Practice

Programs

- Nurse Family Partnership
  - Replicable?
- Know Your Status HIV Testing
  - Replicable?

Strategies

- Immunization Recall Cards
  - Replicable?
- Multi- component physical activity campaign
  - Replicable?

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Sources for Model Practice

Public Health Issues

- **Agency for Healthcare Research and Quality's National Guideline Clearinghouse**
  - http://www.guidelines.gov
- **National Association of County and City Health Officials, Model Practice Database**
  - http://www.naccho.org/topics/modelpractices/database/index.cfm
- **National Governors Association Center for Best Practices**
  - http://www.nga.org/center
  - Preset PubMed searches on public health topics or direct access to www.PubMed.org
- **Taskforce on Community Preventive Services, Systematic Reviews and Evidence Based Recommendations for Public Health**
  - http://www.thecommunityguide.org

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The Community Guide

- Sponsored by CDC
- 15 member taskforce
- Systematic review
- Analyze all available evidence
- Describe research gaps
- Assess the economic benefit
- Programs and policies for different settings

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GUIDE TO COMMUNITY Preventive Services

The Community Guide

What works to promote health

SEARCH

What is the Community Guide?

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

Learn more about the Community Guide, collaborators involved in its development and dissemination, and methods used to conduct the systematic reviews.

All Community Guide Topics

- Adolescent Health
- Alcohol
- Asthma
- Birth Defects
- Cancer
- Diabetes
- HIV/AIDS, STIs & Pregnancy
- Mental Health
- Motor Vehicle
- Nutrition
- Obesity
- Oral Health
- Physical Activity
- Social Environment
- Tobacco
- Vaccines
- Violence
- Worksite

Ways To Use The Community Guide

Policies

Legislation, organizational policies

Research

Identifying gaps, setting priorities

News & Announcements

Ignition Interlocks Recommended to Prevent Impaired Driving Re-Arrests

New publication features evidence-based recommendations to reduce alcohol-impaired driving.

More »

Task Force Releases New Recommendations and Findings

Topics include excessive alcohol use, vaccination rates, and health communication campaigns.

More »

Did You Know?

"Safety is NO Accident" is the theme for National Public Health Week 2011. The Task Force recommends interventions to increase the use of child safety seats and safety belts, and reduce alcohol-impaired driving.

More »

Other Key Information

- About the Community Guide
- Slides and Promotional Materials
- Collaborators

Text size: S M L

Email page

Print page

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Get email update

To receive email updates about The Guide to Communit Preventive Services enter your email address:

What's this? Subm

Task Force Meetin

2011

June 15-16

October 3-4

Contact Us:

Community Guid Branch
Epidemiology an Analysis Program Office (EAPO)
Office of Surveill Epidemiology, an Laboratory Servi

Community Guide Recommendations

- Informational
- Behavioral, social
- Environmental, policy
- Health system

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Any Health Issue

- What does the literature say works?
- What is recommended model practice?
- What would a multi-component approach look like for my community?
- How will I know if it's working?

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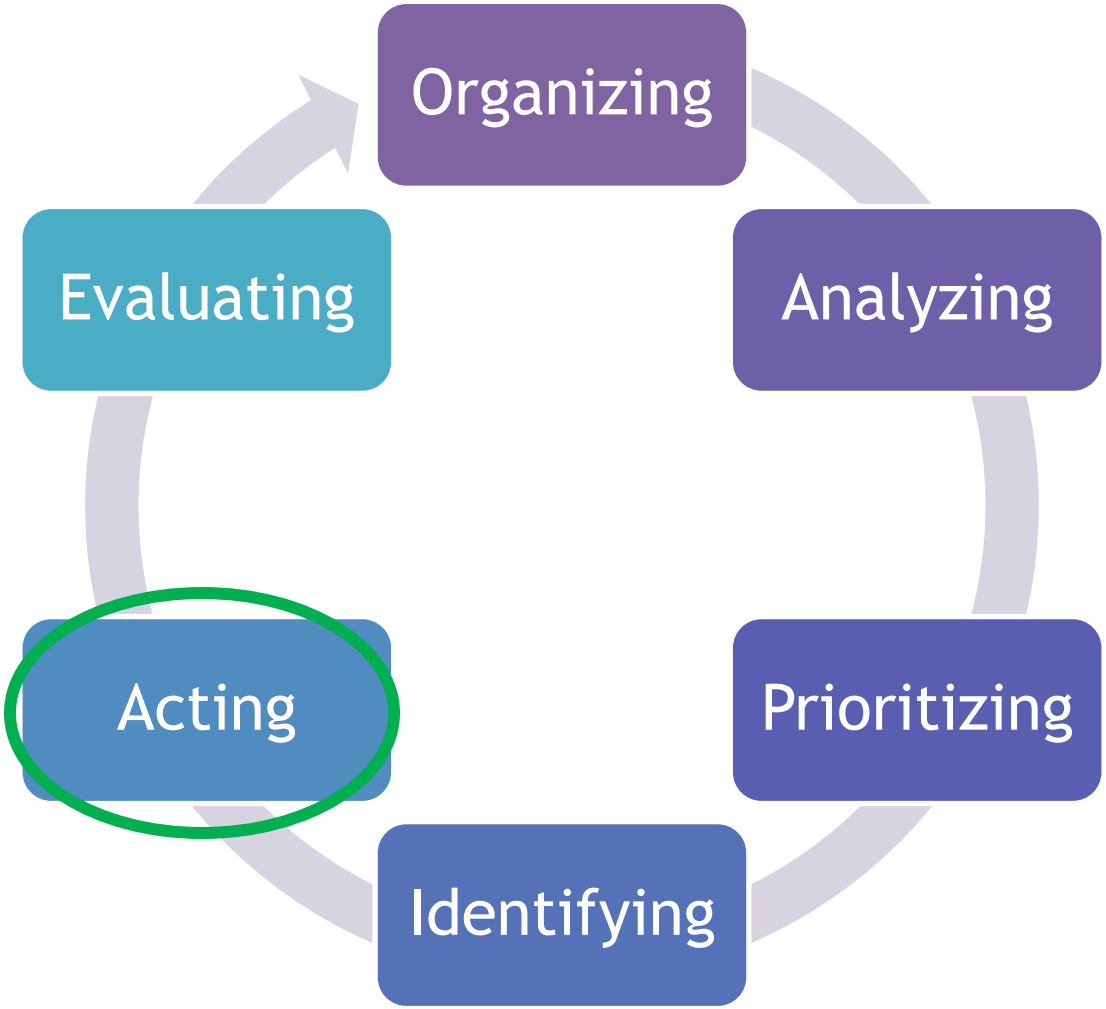
Public Health Performance Management Centers for Excellence

Planning Phases



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Community Action Plan

- Documentation of entire process and decisions
- Identifies goals, objectives, and performance measures
- Obtains commitment from stakeholders
  - WWW: Who's doing what by when

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Planning Phases

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Project Management Tools

- Logic Models with Data Collection Tools
  - Original data for monitoring
- Work Plans with Timelines
- Progress Reports
  - Performance measures

"However beautiful the strategy, you should occasionally look at the results."

- Winston Churchill

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Why Community Projects Fail

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Problem-Solving

- We don't understand the problem or goal.
- We don't know what to do to solve the problem.
- There is no clear direction or communication within the group.
- There is not enough community participation.
- There is not enough leadership.
- We are facing opposition or conflict.
- There is not enough action to promote change.
- There is not enough change in the community or system.
- We don't know how to evaluate our program or initiative.
- There is not enough improvement in outcomes.
- There are unintended or unwanted outcomes.
- Not enough money to sustain the program or initiative.

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The Community Tool Box

Our Mission

Promoting community health and development by connecting people, ideas and resources

The Community Tool Box is a global resource for free information on essential skills for building healthy communities. It offers practical guidance in creating change and improvement.

To get started, just click on one of the purple tabs at the top of the page or to the right under "What do you want to do today?"

We welcome you to sign our **Guestbook**, visit **Facebook**, **Twitter**, our **Blog**, **Contact Us**, **Subscribe** to our eNewsletter, or **Donate** to this global resource.

Any Questions?

Community Innovators

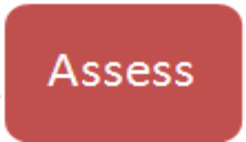
COMMUNITY TOOLBOX

The Community Tool Box is proud to highlight those taking action to improve community health and well-being, as identified by the Out of the Box Prize competition.

Learn more about our featured Community Innovators, **Genesee/Orleans Council's Drug Free Communities Coalition** and **Impact India Foundation's Community Health Initiative** or view all **Community Innovators**

Taking Action In Your Community

Below is a simple model for taking action you can use.



Question of the Week

The Question of the Week allows you to ask a community question that's on your mind and answer other users' questions as well.

Ask a question or share your experiences....

Learn more...

From the Field...

Question of the Week – Promoting Civil Discussion
A recent report (previously featured on our blog) spoke to the decline of civility in public discourse. People attack each other; voices are raised; emotions take over. We think there are ways to reve...

Question of the Week – Budget Cuts
In recent months, we've seen local budget cuts sweeping the nation. As the events in Wisconsin and Ohio have demonstrated, budget cuts are an emotionally charged issue and they affect many of u...

World Water Day