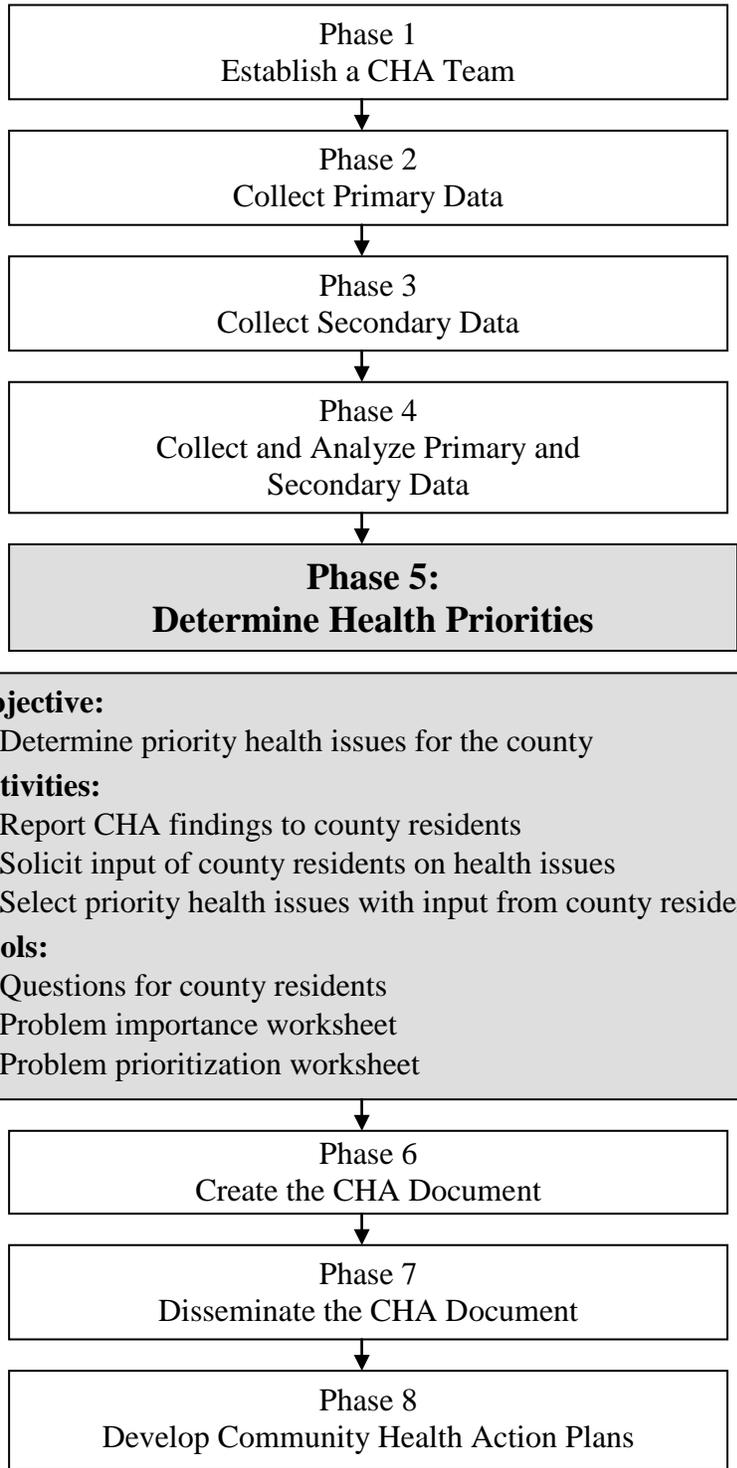


# NORTH CAROLINA COMMUNITY HEALTH ASSESSMENT PROCESS



**Essential Services #1** Monitor health status to identify community health problems

**Benchmark #1** LHD shall conduct and disseminate results of regular community health assessment

Accreditation Activity 1.1.k Identify leading community health problems

**Benchmark #11** LHD shall convene key constituents and community partners to identify, analyze and prioritize community health problems/issues

**Consolidated Agreement** List of community health priorities based on CHA findings

*Additional Accreditation Benchmarks may apply to the CHA (verify by Accreditation Site visit and LHD self-assessment instrument)*

## Phase 5: Determine Health Priorities

Once the CHA Team has gathered and analyzed primary and secondary data from a variety of sources, it is time for the Team to report these findings to county residents and determine the priority health issues to be addressed in the community health action plans (Phase 8). As a starting point, use the list of health strengths and problems developed in the *Putting It All Together Sample Worksheets* from Phase 4.

### Share the CHA

Broad community involvement is important since many county residents may not have been contacted for their opinions and/or may not have heard about the CHA process. This broad involvement is important when choosing health priorities, developing community health action plans, and garnering community support for later decisions and actions.

Sharing the CHA information with county residents and gathering their feedback is a big job. It is a good idea to have a separate committee be responsible for publicity and community outreach. To be successful, this committee should include leadership from local stakeholder groups (hospitals, public health departments, recreation departments, human service organizations, colleges or universities, local industries, and elected offices). These people can get information and publicity materials out into their constituencies easily. The committee should also include people who represent diverse community groups, and who are skilled at different aspects of community outreach and publicity.

Use a variety of methods to report assessment findings to the community. Presentations, written reports, and public meetings are opportunities to meet with county residents to engage them in the CHA process, to report CHA findings, and to hear their opinions about health priorities.

Each member of the CHA Team and others who were involved in gathering information and opinions from the community should receive a data report. This helps county residents understand and become more engaged in the complete assessment process. Hopefully, it will encourage them to participate in collecting community data again.

**TIP:** The average citizen may not be familiar with statistical or technical terms. Educate community members before presenting them with health statistics or asking them to interpret assessment findings.

## Present the Data

Whatever method is used to report assessment findings to the community, the information needs to be adapted to the audience. Develop a basic set of information that includes the purpose of the assessment, a list of those involved, and a summary and analysis of the findings that can be modified depend on the method used and the audience. Decide if the purpose of the information is give the audience CHA information only or is the information part of a discussion on setting health priorities.

Written reports: The contents of a written report can vary depending on the audience. At a minimum it should contain the purpose of the assessment, a list of those involved, and a summary and an analysis of the findings. This information needs to be presented in words that the average county resident can understand. When developing a written report for the general community, present the information with a sixth to eighth grade reading level and use simple charts and graphs. Scientific words and complex graphs should be saved for an audience who are used to reading this type of information. Include a questionnaire about health priorities with these reports to get feedback from a wide variety of residents. Ask the readers to vote on the top five issues they think are priorities. This information can be the basis for the community assessment document discussed in Phase 6. Written reports can be distributed at locations across the county where it isn't practical to have meetings.

Oral Presentations: The CHA Team or someone else who is well known in the community should present the report in public meetings, especially to the segment of the community they represent. These meetings can consist of time on a civic club or community group agenda, an event organized for this purpose, or other venues. Presentations must be adapted to the audience and the length of time available and it is important to allow time for discussion and questions.

- Civic or Community Groups - Generally presentations to civic or community groups are part of an established agenda and the program time is limited to 20 to 30 minutes. Plan the presentation for 15 minutes to allow for discussion time. If reporting to a group or club that has a regular meeting, go to them. They will have completed all of the arrangements for the meeting. Be sure to check out the facilities if using a PowerPoint or slide presentation to be sure that the necessary equipment is available, that the room can be darkened, and that there are appropriate electrical outlets.
- CHA Public Meetings - Every citizen can benefit from knowing the CHA findings and every citizen counts when improving the health of county residents. Invite people from all parts of the county and people of all ages, races, cultures, classes, job classifications, etc. The presence of respected community leaders, businesspersons, faith leaders, or health providers is a plus, especially if their constituents are present. Since the presentation was planned specifically to present CHA findings, it can be longer and presented in more detail. Generally these meetings are one and a half to two hours long. The presentation should be no longer than an hour to allow time for sign in (if attendance information is important), welcome, introductions, and discussion time. Participants are always happy to get out early if discussion is finished before the published time.

PowerPoint is an effective way to present assessment finding. Create a short written summary of the data as a handout. Whenever possible, make the presentation interactive. Opportunities for interaction will keep people engaged in the event and start them thinking about

the information. Questions can be distributed on paper at the beginning of the meeting or presented as part of the presentation. Use questions such as,



- What do you think are the main causes of ... [mortality, for example] in our county?
- Do you find [this statistic] surprising, or is it what you expected?
- What do you think [this figure] means?
- How have you seen examples of ... [this problem or asset] in your community?

For additional suggestions, see *Question for Community Members* in Phase 5 Tools.

## Organize Public Meetings

Meeting Site - Small groups can meet in someone's home. If planning an event for the community at-large, find a location which is large enough and convenient so the audience will be comfortable. Depending on the size of the county, several such events may be needed to make them more convenient for county residents. Suggestions of places to meet include schools, community centers, senior centers, churches, and businesses or government conference rooms.

The meeting site needs to be handicapped-accessible and have adequate, well-lighted parking if the meeting is scheduled after dark. The room needs comfortable seating and temperature with adequate lighting and restrooms nearby. Placing the chairs in a U shape so everyone can see each other works well for small meetings. Providing transportation and babysitting may improve attendance. Refreshments are always a good idea if they fit the budget; if not, at least provide drinking water. Remember to model healthy eating by selecting healthy refreshments. (See the Healthy Meeting Guide under Program and Tools at <http://www.eatsmartmovemorenc.com> )

Meeting Publicity - The publicity committee can use a variety of venues to let the people know about the public meetings. Always include information on the date, beginning and ending time, and place of the meeting including room location and parking, if appropriate. Let people know the CHA findings will be reported and that there will be time for discussion so that the CHA Team can hear their concerns and opinions. If transportation or babysitting is available, mention it in the publicity. Ideas for publicity include:

- Announcements on radio and TV stations including the local government channels
- Flyers in local supermarkets, health providers' offices, Laundromats, coffee shops, health department, county office buildings, and public libraries
- Notices for church bulletins and local newspaper
- Newspaper ad space or stories about the meetings
- Announcements for partners to use to inform their membership
- Invitations to local colleges and universities– faculty, staff, *and* students.
- Radio, newspaper, and TV including local government media coverage of the meetings

Word of mouth may be the most effective publicity – encourage CHA Team members to discuss the meetings among as many people as possible and issue personal invitations. TALK IT UP!

Meeting Protocol - Designate a person to greet people when they arrive to let them know the CHA Team is glad they came and give them a copy of the agenda and handout, if appropriate. Designate a moderator to run the meeting in addition to the speaker and start and end on time. The moderator should be experienced in handling open discussions so community members can share their thoughts and feelings. Report the information and analysis of the CHA findings

factually then have a discussion period to hear opinions from the audience. Ground rules for the discussion period should be reviewed before opening the floor to comments. These include asking participants to agree to listen to each speaker, to be respectful and not interrupt; to disagree with an idea, not an individual; and to allow everyone to participate. If people are reluctant to speak up, the moderator should encourage them. There may be particular topics that cause more dialogue than others. Be prepared for some topics to be controversial. *Question for Community Members* in Phase 5 Tools can be used to facilitate discussion.

## Select Health Priorities

The CHA Team should discuss and agree on the method to be used to make these decisions. The best way to determine priorities is one that involves as many CHA Team and community members as possible. People need a chance to deliberate, consider many factors, contribute thoughts and opinions, and have a say in the final decision. There are several different ways to rank or prioritize health issues. The ranking can be based on:

- Magnitude of the problem
- Seriousness of the problem
- Feasibility of a successful intervention

During the CHA process, communities frequently uncover a range of health problems that call for intervention. However, resources may not be available to address all of these problems. Communities must make choices about what to work on first and how to best use their resources. The first step is to check to see if another agency/organization is addressing the problem. It might be possible to join forces with them to address the problem and thus maximize resources.

There are many ways to set priorities—majority vote, consensus, rank or rating, or nominal group theory. Pick a fair, reasonable, and simple method that takes into account the information gathered and the realities of the county. Whatever method of priority setting is used, all priorities should be selected in the same manner and involve as many community members as possible.

Some methods of choosing health priorities call for the CHA Team and other interested people to come together and discuss the choices and resources. Local public health departments and community partnerships are encouraged to include county residents in establishing priorities, often as part of a public meeting. Other methods can be completed via the mail or e-mail. Some teams work together until they can arrive at a consensus where everyone agrees on the choices. Other teams choose by allowing the majority to rule. Choices may be influenced by what funds are available to address the problem or concern.

## Priority Setting Methods

Described below are two examples of a priority setting methodology. Both of these methods can be use at the conclusion of meetings designed to choose health priorities or at other appropriate meetings of county residents.

Hanlon Method - This is a modified version of a method developed by Hanlon and his colleagues (Hanlon & Pickett, 1990). While this method has several steps, it is a good method to use for setting priorities.

## ☞ Step 1: Rate Health Problems

The first step is to rate all of the selected health problems. Using the *Problem Importance Sample Worksheet* in Phase 5 Tools, create a separate worksheet for each health problem. List the health problem under consideration (e.g., heart disease, substance abuse, domestic violence) on the top of the form and add a brief summary of the data collected – how the community ranked this as a priority, the related secondary data, and any other information (for example, are agencies already addressing this issue? Has this been identified as a priority by Healthy NC 2020?). Three criteria that are useful in rating community health problems are:

1. **Magnitude:** How many persons does the problem affect, either actually or potentially?
2. **Seriousness of the Consequences:** What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?
3. **Feasibility of Correcting:** Is the problem amenable to interventions (i.e., is the intervention feasible scientifically as well as acceptable to the community?). What technology, knowledge, or resources are necessary to effect a change? Is the problem preventable?

The CHA Team may develop other criteria (e.g., the extent to which initiatives that address the health issue will build on community strengths and resources, the availability of local technical expertise regarding the health issue, or the probability of quick success). Whatever criteria are selected, use the scoring system described below.

The CHA Team (and others involved in the priority setting process) should agree as a group on a score of 1 to 10 for the criteria for each health problem. These scores should be noted in the appropriate boxes on the *Problem Importance Worksheet*. A problem with a score of 10 on each criteria would indicate that it is of the greatest magnitude, has the most serious consequences, and is most feasible to correct. In contrast, a score of 1 on each criteria would indicate that it is of the least magnitude, has the least serious consequences, and is least feasible to correct. Add together the scores for each health issue to obtain the Problem Importance Index. The summary score should be noted in the box on the lower right-hand corner on the *Problem Importance Worksheet*.

## ☞ Step 2: Rank Health Problems

To rank the health problems, list all of the problems according to their ranking on the *Problem Prioritization Worksheet*. The problem with the highest number should be listed first and subsequent problems listed in descending order. The CHA Team should review the scoring for each of the problems and reach consensus about the ranking. It is recommended that the most significant health problems addressed by the community be limited to the top three to six (i.e., the problems with the three to six highest scores). These problems will be the focus of the community health action plans in Phase 8. Various groups within the community may address the remaining problems in some fashion, but the primary problems should be limited at this point in order to ensure success. After analysis of the problems, the CHA Team may need to return to the ranking list to select other health problems if there are significant barriers associated with the first choices.

**Nominal Group Technique Method** - The CHA Team can use a modified version of the nominal group technique to set priorities. In this technique, each person states in-turn, without discussion, the issues he or she believes should be considered priorities. Once a list is complete, an anonymous vote is taken for the top three to five ideas. The votes are counted and those receiving the most votes are the chosen priorities. Because the problem list is already identified by the community and the data available, the CHA Team does not need to generate this list of problems. The CHA Team can review the list and add, delete, combine, or clarify any issues. They may vote on the importance of each issue, count the votes, and see the results.

Because each community is different, some teams may choose to set three priorities—others may choose six or more, if there are resources to devote to these concerns. Suppose the assessment has uncovered 10 health problems from which five need to be selected. Pass out index cards to each individual. Ask him or her to use the above three criteria (i.e., magnitude, seriousness, and feasibility of correcting) to score each of the 10 health problems. Collect the index cards. So all scores will be anonymous, ask the Project Facilitator to read each index card aloud and note each person’s score on each health issue on a flip chart or board. Calculate the average score of each health problem and select the top five (i.e., highest scoring) problems to be addressed in the community health action plans.

The following example is from a team of four people who have uncovered 10 (labeled A–J) health problems during the CHA process. (*Note: this is just an example, hopefully the CHA Team will have input from more than four people.*) Each problem is scored up to 10 points for each category: magnitude, seriousness, and feasibility of correcting for a possible total of 30. From this analysis, health problems A, B, D, F, and G are the top five problems that this hypothetical CHA Team will address.

| <b>Health Problem</b> | <b>Person 1</b> | <b>Person 2</b> | <b>Person 3</b> | <b>Person 4</b> | <b>Average</b> |
|-----------------------|-----------------|-----------------|-----------------|-----------------|----------------|
| <b>A</b>              | 30              | 28              | 26              | 29              | <b>28.25</b>   |
| <b>B</b>              | 26              | 25              | 20              | 25              | <b>24.00</b>   |
| <b>C</b>              | 10              | 15              | 20              | 13              | <b>14.50</b>   |
| <b>D</b>              | 18              | 20              | 25              | 16              | <b>19.75</b>   |
| <b>E</b>              | 10              | 12              | 8               | 20              | <b>12.50</b>   |
| <b>F</b>              | 20              | 18              | 15              | 16              | <b>17.25</b>   |
| <b>G</b>              | 28              | 28              | 30              | 26              | <b>28.00</b>   |
| <b>H</b>              | 12              | 15              | 20              | 15              | <b>15.50</b>   |
| <b>I</b>              | 8               | 10              | 20              | 16              | <b>13.50</b>   |
| <b>J</b>              | 10              | 8               | 12              | 16              | <b>11.50</b>   |

### Review Priorities

After a desired number of priorities are chosen, the CHA Team may want to look over the list and ask the following questions. If the answer is no to any of these questions, revisit the process and consider making changes in the priorities.

- 
 • Are they pleased with the priorities chosen?
- 
 • Will the community support these choices?
- 
 • Will the CHA Team, with the help of the community, be able to develop a plan that will make a difference?

### Choosing Health Priorities: Key Issues to Consider

- ✓ There should be a clear determination of health priorities chosen by the community — community input is vital to the prioritization process.
- ✓ Determine the county's capacity to address health priorities—consider how to use the wide array of resources discovered in the community health resource inventory.
- ✓ Consider how amenable each health priority is to change—it is important to be realistic about the degree of change that the community may be able to bring about.
- ✓ Assess the economic, social, cultural, and political issues that might influence the community's ability to address health priorities.
- ✓ Identify community programs that may already be addressing the health priorities. It is important to avoid duplication of effort—developing partnerships with those who are already implementing a health strategy may be a more effective and efficient use of limited resources.

## CHECKPOINT

**Before leaving Phase 5, check to see if the following tasks are completed:**

- ✓ Reported the results of the CHA findings to county residents.
- ✓ Listened to and summarized the input from community meetings.
- ✓ Used the Problem Importance Worksheet to rate the county's health problems.
- ✓ Used the Problem Prioritization Worksheet to rank the county's health problems.
- ✓ Selected health priorities to address in the community health action plans.

## PHASE 5 TOOLS

### Questions for County Residents

Now that you've heard what we learned in our CHA process, I'd like to hear what you think.

- Do you think our community is healthy? Why or Why not?
- What do you think are the most important health concerns in our community?
- What factors keep us from being healthier?
- What are some examples of individuals or groups/organizations that are working in our community to improve the health of the community?
- What are some assets in our community that are not being used to their full potential?
- What would you like to see changed that would make our community healthier?
- Would you like to be involved in any effort toward improving the community's health?

### Problem Importance Worksheet

Complete a separate form for each health issue identified by the CHA Team.

**Health issue:** \_\_\_\_\_

*Brief review of input and data on this issue*

Check the appropriate box for each item and record the score under subtotal.

|  | 10<br>High | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1<br>Low | Sub-<br>total |
|--|------------|---|---|---|---|---|---|---|---|----------|---------------|
| <b>Magnitude</b>                                     |            |   |   |   |   |   |   |   |   |          |               |
| <b>Consequences</b>                                  |            |   |   |   |   |   |   |   |   |          |               |
| <b>Feasibility</b>                                   |            |   |   |   |   |   |   |   |   |          |               |
| <b>Other</b> (define criteria-add rows as necessary) |            |   |   |   |   |   |   |   |   |          |               |
| <b>Problem Importance Index (Sum of Subtotals)</b>   |            |   |   |   |   |   |   |   |   |          |               |

## Problem Prioritization Worksheet

List all of the problems identified in the Problem Importance Worksheet according to their ranking with the problem with the highest number listed first and subsequent problems listed in descending order.

| Problem | Problem<br>Importance<br>Index |
|---------|--------------------------------|
| 1.      |                                |
| 2.      |                                |
| 3.      |                                |
| 4.      |                                |
| 5.      |                                |
| 6.      |                                |
| 7.      |                                |
| 8.      |                                |
| 9.      |                                |
| 10.     |                                |