

# APPENDIX II-I

## FACILITATOR'S GUIDE TO PROBLEM PRIORITIZATION

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This guide has been developed to help you facilitate a group through a problem prioritization process. It breaks down the process of prioritizing problems into two steps: first, developing and reaching consensus on factors (criteria) with which the group will rank identified problems; and, second, using the criteria to determine, through a system of rating and weighting, how high a priority each problem is compared to the other problems. The italicized paragraphs are questions or prompts that may assist you in your facilitation. This is intended to be a generic guide and adjustments should be made as needed to fit the needs and dynamics of the group. Lead the group through the following steps:

### **STEP 1: REVIEW THE OVERALL OBJECTIVES AND PROCESS OF PRIORITIZATION**

Have the group members introduce themselves. Provide background and present the objective.

*Example objective: To prioritize, using an objective rational process, among problems identified in the health assessment those problems that will be addressed during the ensuing year(s) by MCH and those entities with which it may collaborate or partner.*

Describe the prioritization process and tell them you will be guiding them through this process.

Emphasize that it is important that members of the group leave their “special interest” hats at the door and enter into this process as objectively as possible.

### **STEP 2: SELECT PRIORITIZATION CRITERIA FOR THE RANKING OF PROBLEMS**

*We will, first, develop a list of criteria. Criteria are factors used to make a judgment – in this case to assist in setting priorities among the problems identified in an MCH assessment. What criteria can help you to make this decision?*

*Let's look at a few examples of possible criteria and then brainstorm and discuss the brainstormed criteria. The group should choose no more than 6-8 criteria.*

Be sure to make the point that selecting criteria *beforehand* is an important step in having an objective process for prioritization. Emphasize that, while many criteria may apply, at the end of this step the group will want to agree on those 6-8 criteria they consider the most important. As the group comes to consensus in selecting criteria, participants “buy-in” to an objective process for prioritization and become less attached to pushing their own agendas or biases. Discuss why this process of selecting criteria will help each participant individually and the

group as a whole to think systematically and thoughtfully about whether a problem is a high or low priority.

It can be helpful to bring in suggested criteria with which the group can begin. Sometimes, in the interest of time, a group may start off with a list put together before the meeting by staff or a subgroup of members. It is important, however, that the group reviews each criterion, and adds or removes from the list based on discussion and consensus.

If you have brought in a list, hand it out and write it on a board visible to the group. The following is an example of a list that might be brought in:

- Problem is amenable to intervention/intervention proven effective by research
- High incidence or prevalence
- Severe health consequences
- Community has identified need (perception of problem)
- Resources are available to address the problem
- Costly (in financial, social, psychological or other terms) treatment or consequences
- Problem is increasing

*Do you think criteria on this list will be helpful? Does everyone understand each criterion? Do you want to suggest others? Eliminate some? Let's discuss them.*

Expect discussion during the process of developing and selecting criteria. The discussion of the criteria is important; it should stimulate critical thinking. Discuss each criteria so that the entire group understands what each one means. Keep in mind this note from the University of North Carolina self-instructional manual:

“Although some criteria may initially appear to be non-controversial, they may have controversial aspects. For example, problems that have serious consequences are often considered more important than those with less serious consequences and problems that have been increasing in magnitude may be assigned higher priority than those that are decreasing. In the first case, the most serious problems may affect only a small proportion of the population. In the second situation, the rate of increase or decrease may modify conclusions about the trends.”

Examples of other points that often come up in discussions:

- **Amenable to intervention/intervention proven effective by research:** Even if an intervention has been shown effective by research, will it be effective in your community, with your population?
- **Community perception of problem vs. greatest need, as identified by data:** Sometimes the community will perceive that something is a problem, when there is no data to support this perception. If this issue arises, promote a plan to use the data in the health assessment as an educational tool to dispel misconceptions.

The group may add or delete criteria as a result of the discussion. It may, indeed, make changes to the criteria several times before reaching consensus on the final 6-8 criteria they will use.

### STEP 3: DEVELOP CRITERIA RATING SCALES

*We want to make this process as objective as possible. One way is to assure that each of you will be using the same, agreed upon rating system to score problems. Let's next develop a scale of scoring definitions for each criterion. We usually use a scale of 5 (as opposed to 2, 3, or 4) because this wider range of scores results in a ranking that is sensitive to degrees of differences, yet manageable. Using these scoring definitions, you will later answer the question "How do I rate this problem using the criteria we have agreed upon?"*

Before developing the scales, walk the group through an example, such as:

**Criterion**                      Severity of health consequences (The problem has severe consequences)

**Definition**                      The degree to which the problem causes death or functional impairment

- 1 = The problem is not life threatening or disabling to individuals or society
- 2 = The problem is rarely life threatening, but could be disabling
- 3 = The problem is moderately life threatening or there is moderate likelihood of disability
- 4 = The problem is moderately life threatening and there is strong likelihood of disability
- 5 = The problem has a high likelihood of death and/or serious disability

Now, develop a scale (1 to 5) for each criterion. See the "Example: Problem Prioritization Criteria and Scoring Definitions." Note that the scale definition needs to be worded differently for different criteria.

### STEP 4: WEIGHT THE PRIORITIZATION CRITERIA

*Are all of the criteria equally important?*

Anticipated answer: We already have discovered that not all the criteria are equally important to us. Some of the criteria are more important than other criteria.

*We can use a weighting system to adjust for the fact that some of the criteria are more important than others. For example, as a group you may decide that increasing rates or trend is considerably more important than the community's perception of a problem.*

Lead the group in understanding the weighting system. A range of weights can be used. Often groups use a scale of 1 to 3:

- 1 = important
- 2 = very important
- 3 = most important

Using this scale, the group should decide which criteria are weighted 1, which are weighted 2 and which are weighted 3.

## **STEP 5: REVIEW / DISCUSS THE INDICATOR DATA**

*We are now ready to look at indicator and other data that is organized by problem. Let's discuss the data. What does it tell you? Do you have questions?*

The group should have had the material in advance of the meeting and have reviewed it. It should be sent or presented to them in an easily understandable and concise format. Whenever possible and appropriate, breakdowns by race/ethnicity, age, specific subpopulations, geography, etc. should be presented. Trend data should also be presented. Local data should be compared to state or regional data, *Healthy People 2010 Objectives* or other benchmarks. Whenever possible, differences that are statistically significant should be indicated.

## **STEP 6: AGREE ON THE PROBLEM LIST**

*What problems should be considered for intervention in this year's plan? Let's develop (or review) a list of problems you think should be considered as MCH priorities? Are there any that we should eliminate from further consideration?*

After the group reviews the data and discusses the significance of any findings, it should identify a relatively short list of the problems to be considered.

Based on their review and analysis of the health problems identified in the community MCH assessment, staff may have prepared a proposed list of health and health access problems. The group may begin with this list. They may choose by group consensus to add, amend, combine or omit problems. Sometimes the group will decide it needs more data on a particular problem.

The group should agree on a final set of problems to address.

## **STEP 7: USE WEIGHTED CRITERIA TO SCORE THE PROBLEMS**

*Now it's time to prioritize the identified problems using the agreed upon weighted criteria.*

*We will be using a problem prioritization tool developed by the Family Health Outcomes Project at the University of California, San Francisco. (Hand out the tool)*

*We will use this tool to apply the weighted criteria to each of the health or health access problems on our list. Before you individually begin this process, let's walk through the process together.*

Before beginning, review the scoring definitions. Now, instruct the group how to use the prioritization tool as follows:

- a) Fill in the criteria the group has agreed upon.
- b) Fill in the identified community problems. Let's take an example. If the problem identified is a high rate of African American infant mortality. Write "African American infant mortality" in the "Problem" column.
- c) Fill in the agreed upon weight for each of the criteria. For example, in the box directly under column C1, write in the weight for criterion 1 agreed upon in step #4.

- d) Now, each participant should individually rate the problem (1, 2, 3, 4, or 5) using the criterion scale. Review the rating method (Step 3).

*For example, if problem #1 was infant mortality and criterion 1 is “severity of consequences”, decide how you will rate infant mortality on the “severity of health consequences” scale (1 to 5):*

- 1 = The problem is not life threatening or disabling to individuals or society
- 2 = The problem is rarely life threatening, but could be disabling
- 3 = The problem is moderately life threatening or there is moderate likelihood of disability
- 4 = The problem is moderately life threatening and there is strong likelihood of disability
- 5 = The problem has a high likelihood of death and/or serious disability

Ask the participants to write the score they gave it in the box corresponding to problem #1 and criterion 1 (C1).

- e) Next, each participant will multiply his/her rating (1 to 5) by the weight given each criterion (1 to 3) and write the weighted result in the scoring box. For example, if infant mortality is rated “Has a high likelihood of death or serious disabilities” (5 points) and the weight assigned the criterion “severity of health consequences” is 3, multiply  $5 \times 3 = 15$ .
- f) When finished scoring all the problems, the participant should add his/her weighted scores (across the row) for each problem, entering the sum in the Total Score for Problem column.

Walk the group through one problem, showing them how they would move between the data and the criteria rating system. For example, if one of the identified problems is teen pregnancy, ask them to look at the data and ask them questions based on the chosen criteria, such as: “Over the past five years has the problem been increasing? To what degree on our scale of 1 (decreasing) to 5 (significantly increasing)? Is this a serious problem in our community? How do our rates of teen pregnancy compare to those of the state or other counties similar to us? What are the cost consequences of this problem?” Ask if there are any questions on how to complete the tool.

*Each of you should now complete the prioritization process by rating each of the problems using the problem prioritization tool.*

Allow the necessary time for each person to complete the tool. Participants should do this individually. You do not want one or two people influencing others. This is not the time for a group process or group discussion. This time is devoted to individual scoring.

## **STEP 8: SUM PARTICIPANTS' SCORES / RANK PROBLEMS**

*Now we will summarize the results of the scoring and reach consensus on those problems to be addressed by the group.*

- Ask participants to give you their total score for each problem. Record each participant's total score in a Summary Ranking Table as shown below.
- Going across the row, add up the participants' scores for each problem. For example, in the table below, add the Participants' scores (65, 52, 68) and enter the total (185).
- Rank the problems in order of score. In the example below, "Disparity in infant mortality" would be ranked #1 (highest), Teen drug abuse #2 and Diabetes #3 (lowest).

*Example*

**SUMMARY RANKING TABLE**

| Problems                      | Participants  |               |               | Total | Rank |
|-------------------------------|---------------|---------------|---------------|-------|------|
|                               | Participant 1 | Participant 2 | Participant 3 |       |      |
| Disparity in Infant Mortality | 65            | 52            | 68            | 185   | 1    |
| Diabetes                      | 30            | 25            | 36            | 91    | 3    |
| Teen Drug Abuse               | 55            | 46            | 70            | 171   | 2    |

Note you can use an alternative process: If time allows, the facilitator might want to follow these steps:

Adjourn the meeting for the day. Take the participants' score sheets back to the office. From each participant's score sheet, enter the "Total score" for each problem into a *Summary Ranking Table* spreadsheet (Excel or Lotus is fine). Generate a total score from all the score sheets for each problem. Then rank the problems from the highest score to the lowest. Be ready to present the final ranking to the group at the next meeting. (The facilitator should bring the spreadsheet in case anyone has questions regarding the scores.)

## STEP 9: DISCUSS AND CONFIRM RESULTS

Discuss the ranking results as follows:

- Ask the group if they agree with the ranking.
- If there is disagreement, select one problem to review. Review the scores for each criterion for that problem.
- Look at the scores under the columns for criteria. How are they similar or disparate?
  - o similar scores — group agrees.
  - o disparate scores — people may have strong differences of opinion. A group discussion of a particular problem and how various people used the criteria to rank it might help people to understand one another better. The group should aim discussion at reaching eventual consensus, or at least acceptance.

The group will have successfully identified priority problems. Please keep in mind throughout the process with this, or any other, prioritization tool, that:

“This is not a mathematical tool to obtain a correct answer; it is a way of organizing a discussion to merge the opinions of different persons and groups.”<sup>1</sup>

## **EXAMPLE: PROBLEM PRIORITIZATION CRITERIA AND SCORING DEFINITIONS**

The following is a list of possible criteria for use in prioritizing community health problems. A group may wish to add to or delete from this list.

- Problem is amenable to intervention/intervention proven effective by research
- High incidence or prevalence
- Severity of health consequences
- Community has identified need (perception of problem)
- Resources are available to address the problem
- Costliness (in financial, social, psychological or other terms) of treatment or consequences
- Problem is increasing

Below are the scoring definitions. Each criterion is scored 1-5 as follows:

### ***Problem is Amenable to Intervention/Intervention Proven Effective by Research***

1. No known effective intervention exists
2. Intervention with a proven efficacy exists, but probably cannot be applied to the population in question
3. Promising intervention exists and can be applied to the population in question
4. Intervention with a proven efficacy exists; it is uncertain whether it can be applied to the population in question
5. Intervention with a proven efficacy exists and can be applied to population in question

### ***High Incidence or Prevalence***

1. Low incidence or prevalence
2. Moderate incidence or prevalence in some subgroups
3. Moderate incidence or prevalence in all subgroups
4. High incidence or prevalence in some subgroups
5. High incidence or prevalence in all subgroups

### ***Severity of Health Consequences***

1. Not life threatening or disabling to individuals or society
2. Rarely life threatening, but could be disabling
3. Moderately life threatening or there is moderate likelihood of disability

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<sup>1</sup> World Health Organization, Division of Family Health. *A Workbook on How to Plan and Carry Out Research on the Risk Approach in Maternal and Child Health Including Family Planning*. Geneva, Switzerland: WHO. 1984. pp. 87-91.

4. Moderately life threatening and there is strong likelihood of disability
5. Has a high likelihood of death and/or serious disability

### ***Community Identified Needs (Perception of Problem)***

1. Not perceived as a problem; efforts to address it would be opposed
2. Recognized as a problem; efforts to address it would be opposed
3. Recognized as a problem; efforts to address it would not be opposed
4. Recognized as a problem; efforts to address it would be supported by some
5. Recognized as a problem; efforts to address it would be welcome

### ***Resources are Available to Address the Problem***

1. No resources available
2. Minimal resources available
3. Moderate level of resources available
4. Many resources available
5. Very high level of resources available

### ***Costliness of Treatment or Consequences***

*(e.g., the problem results in high emergency room costs or repeated hospitalizations)*

1. No cost for treatment or consequences
2. Minimal cost of treatment or consequences
3. Moderate cost of treatment or consequences
4. High cost of treatment or consequences
5. Very high cost of treatment or consequences

### ***Problem is Increasing***

1. Rapid decrease in past five years
2. Moderate/slow decrease in past five years
3. No change in past five years
4. Moderate/slow increase in past five years
5. Rapid increase in past five year

## PROBLEM PRIORITIZATION TOOL

|                      |  |    |    |    |    |    |    |    |  |
|----------------------|--|----|----|----|----|----|----|----|--|
| <b>CRITERION #1:</b> | <b>CRITERION #5:</b>   |    |    |    |    |    |    |    | <b>Total<br/>Score<br/>For<br/>Problem</b> |
| <b>CRITERION #2:</b> | <b>CRITERION #6:</b>   |    |    |    |    |    |    |    |  |
| <b>CRITERION #3:</b> | <b>CRITERION #7:</b>   |    |    |    |    |    |    |    |  |
| <b>CRITERION #4:</b> | <b>CRITERION #8:</b>   |    |    |    |    |    |    |    |  |
| <b>Problem</b>       | In the line below each criterion number (e.g. C1), record assigned weight as decided by the group. Then, for each problem, score each criterion (use agreed upon rating scale) and multiply the score by the assigned weight. Add weighted criterion scores to obtain Total Score for Problem. |    |    |    |    |    |    |    |  |
|                      | C1   | C2 | C3 | C4 | C5 | C6 | C7 | C8 |  |
| 1.                   |  |    |    |    |    |    |    |    |  |
| 2.                   |  |    |    |    |    |    |    |    |  |
| 3.                   |  |    |    |    |    |    |    |    |  |
| 4.                   |  |    |    |    |    |    |    |    |  |
| 5.                   |  |    |    |    |    |    |    |    |  |
| 6.                   |  |    |    |    |    |    |    |    |  |
| 7.                   |  |    |    |    |    |    |    |    |  |
| 8.                   |  |    |    |    |    |    |    |    |  |
| 9.                   |  |    |    |    |    |    |    |    |  |
| 10.                  |  |    |    |    |    |    |    |    |  |