

# Community Health Needs Assessment: An Introduction

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# Objectives of this presentation

- Define community health assessment
- Articulate the components of an assessment
- Provide historical context
- Describe the paradigms that inform the scope, direction and components of an assessment
- Outline a process for involving stakeholders and prioritizing problems
- Describe the potential utility of an assessment

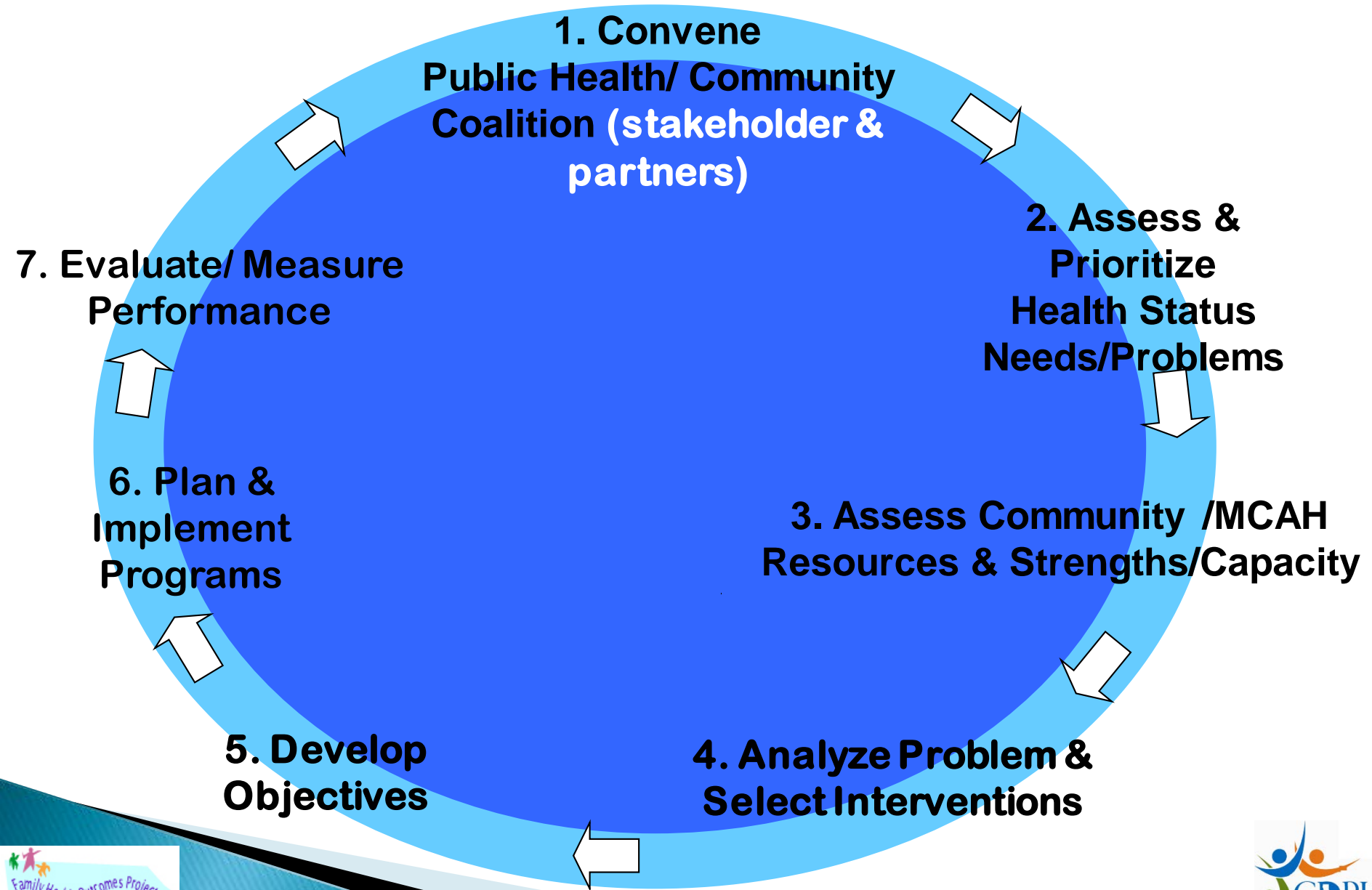
# What is a Community Health Assessment?

- A comprehensive picture of the health and well-being of a defined population of a particular geographic area (community) that reflects the expressed values and aspirations of the institutions and citizens of that community
- Tells a story using both quantitative and qualitative data that illustrates what is going well and what is not and points to the areas that should be addressed by those agencies and organizations that share the mission of improving the health of that community
- A required set of activities in the public health planning process

# Historical Context

- 1989 - OBRA required that federal MCHB monitor a set of HP 2000 indicators
- 1992 - Federal MCHB required all Title V funded state agencies to perform a 5-year needs assessment using a set of specifically stated indicators and to identify priorities for action
- 1998 - CA MCAH required local programs to monitor these indicators and incorporate them into their local 5-year needs assessment and plans due in 1999

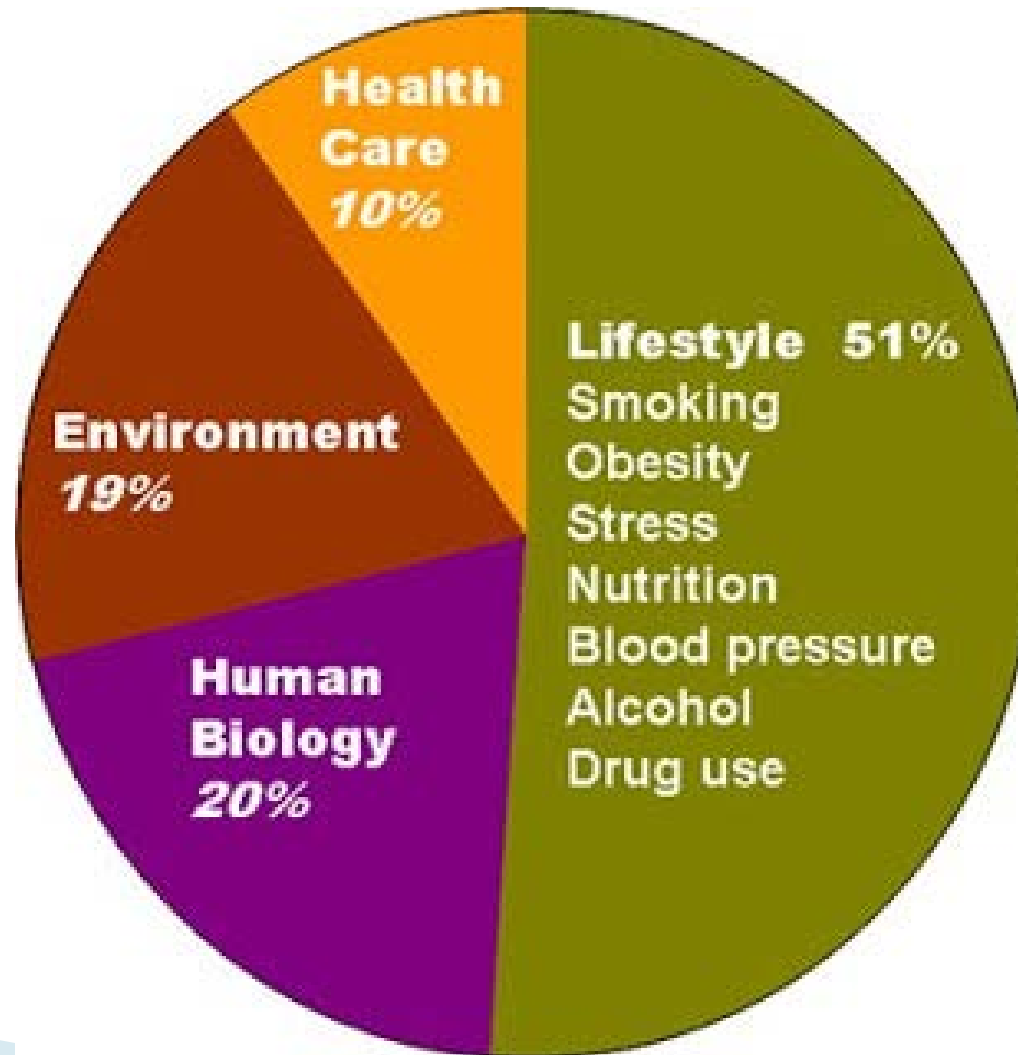
# Program Planning Cycle



# Paradigms for Understanding Persistent Disparities

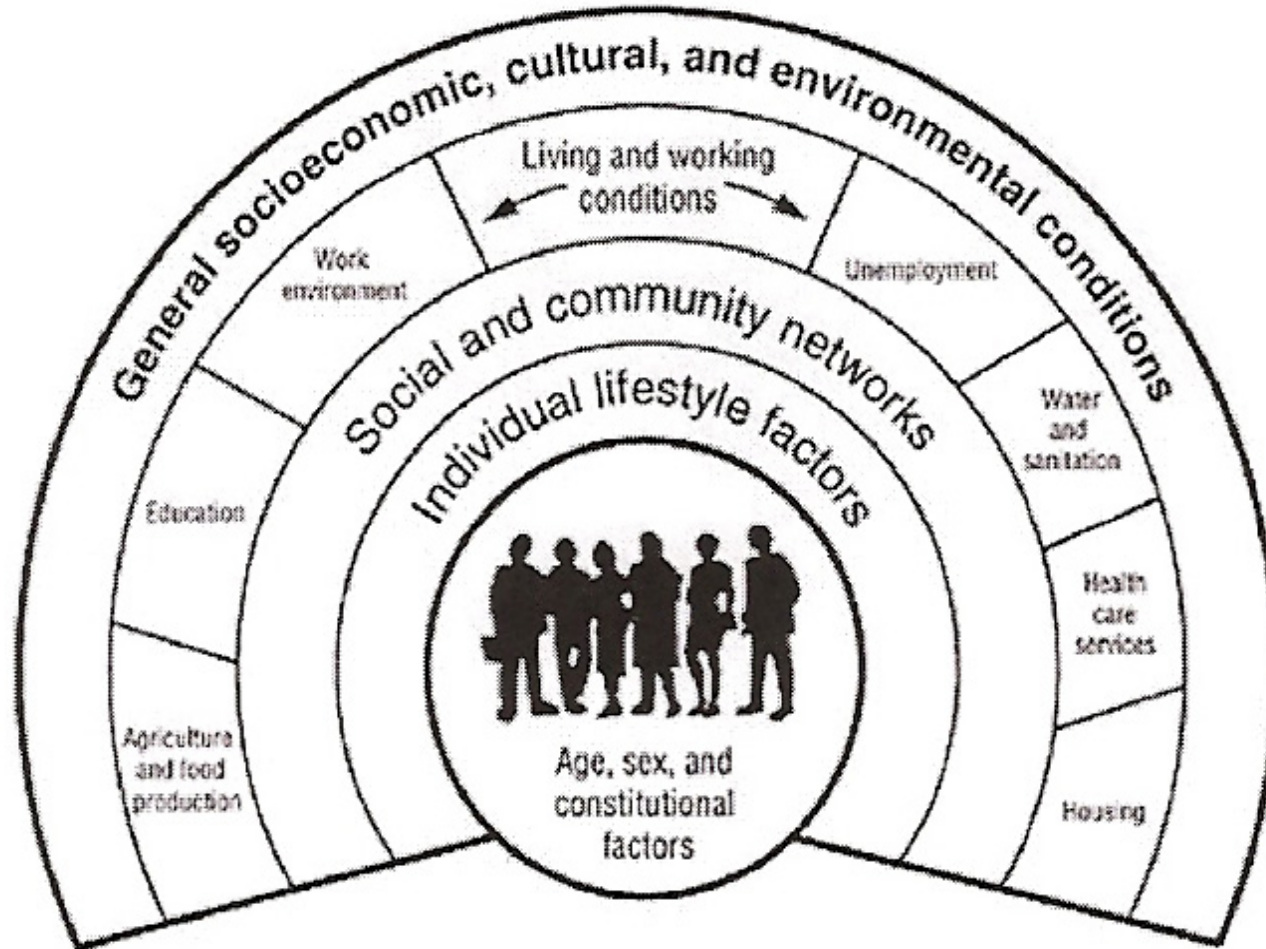
- Emerging evidence that traditional clinical and public health efforts targeting individuals have not reduced health disparities
- Results of multi-level analyses that demonstrate the significance of social determinants of health in explaining many of these disparities
- Re-emergence of the life course model that emphasizes the importance of prevention and intervention along the age spectrum

# What determines our health?





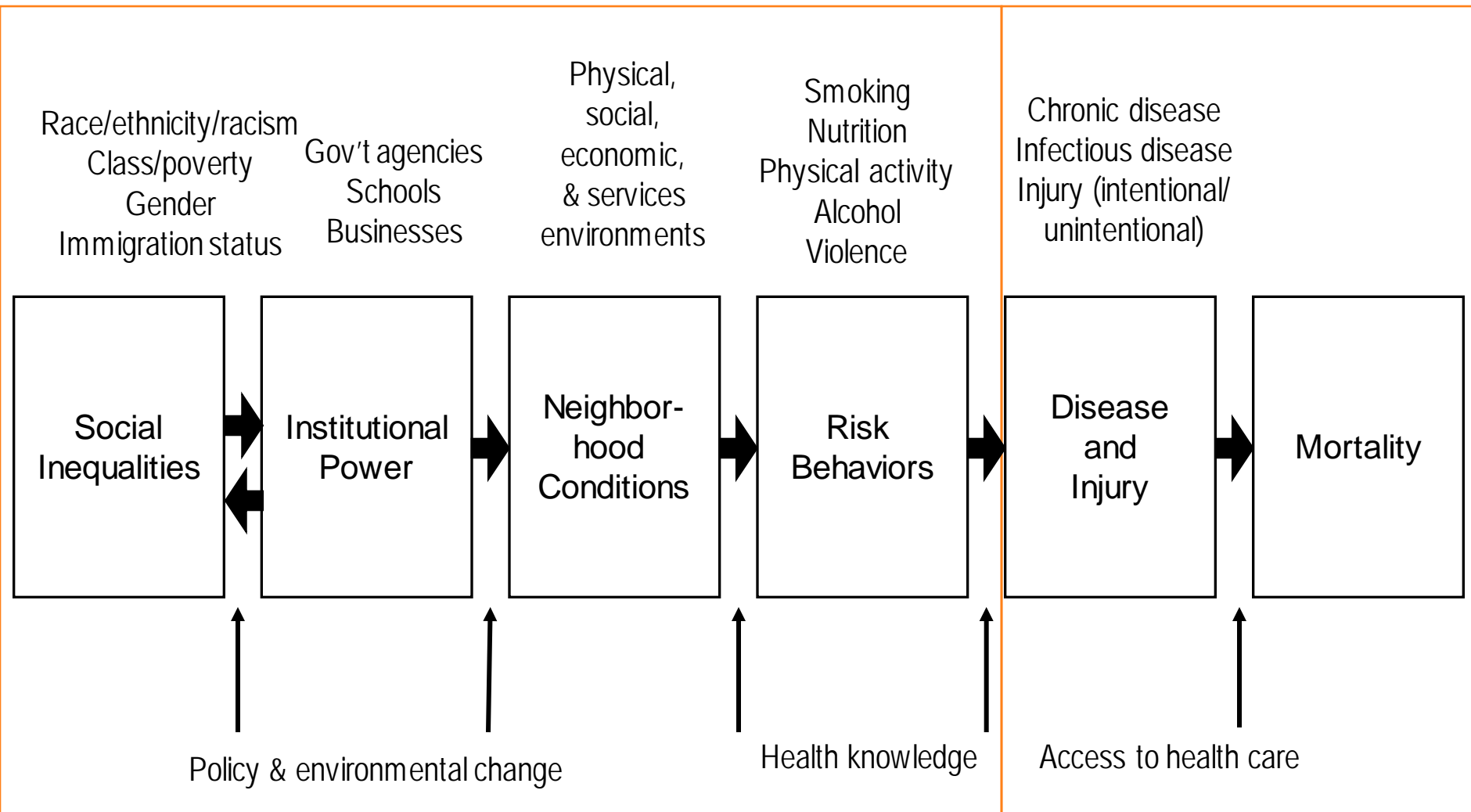
# Socio-Ecological Models



Reference: Institute of Medicine. (2003). *The Future of the Public's Health in the 21st Century*. Washington, D.C.: National Academies Press.

Original source: Dahlgren G, Whitehead M. 1991. *Policies and Strategies to Promote Social Equity in Health*. Stockholm, Sweden: Institute for Futures Studies.

# Socio-Ecological Models - BARHII

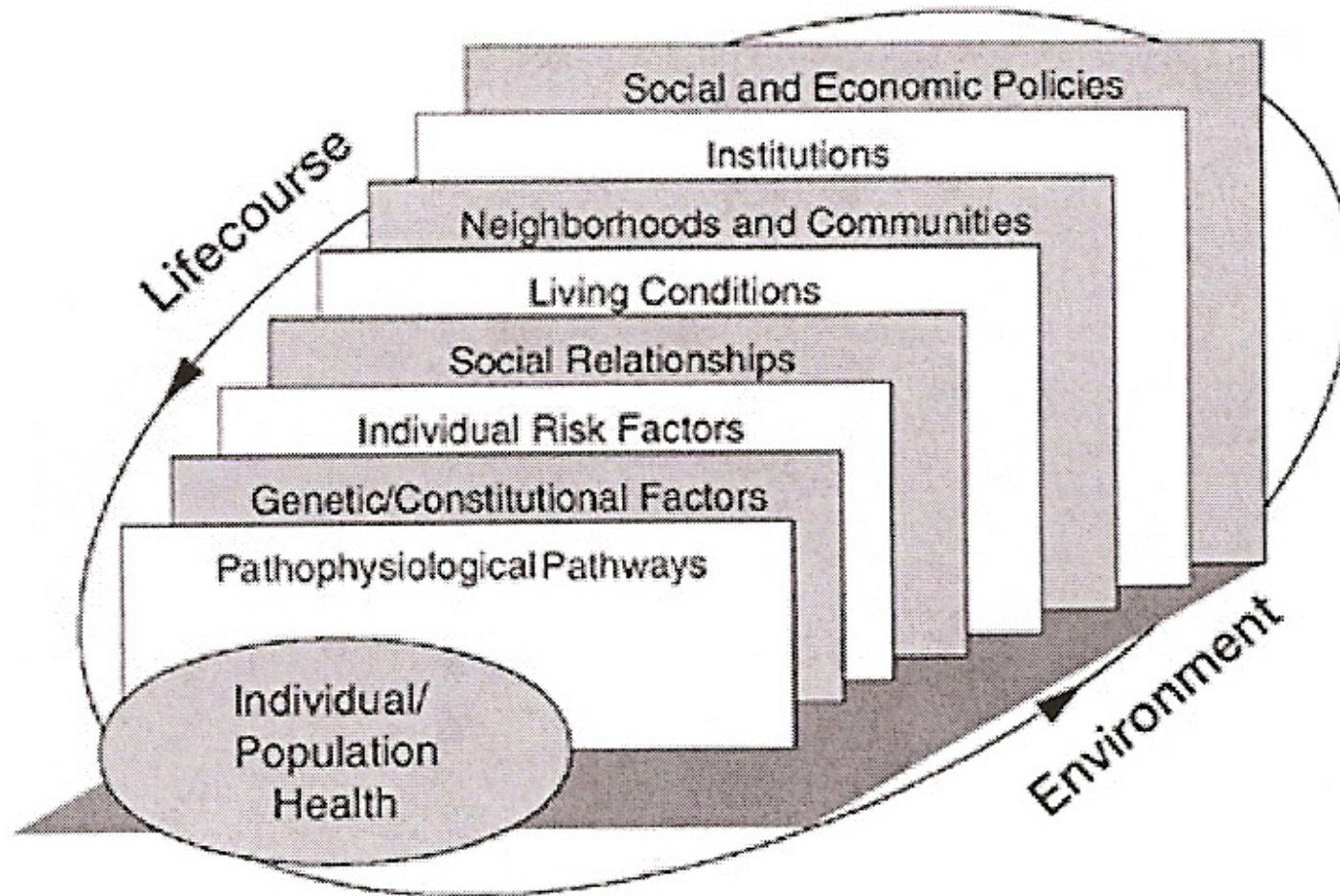


**Social-ecological framework**



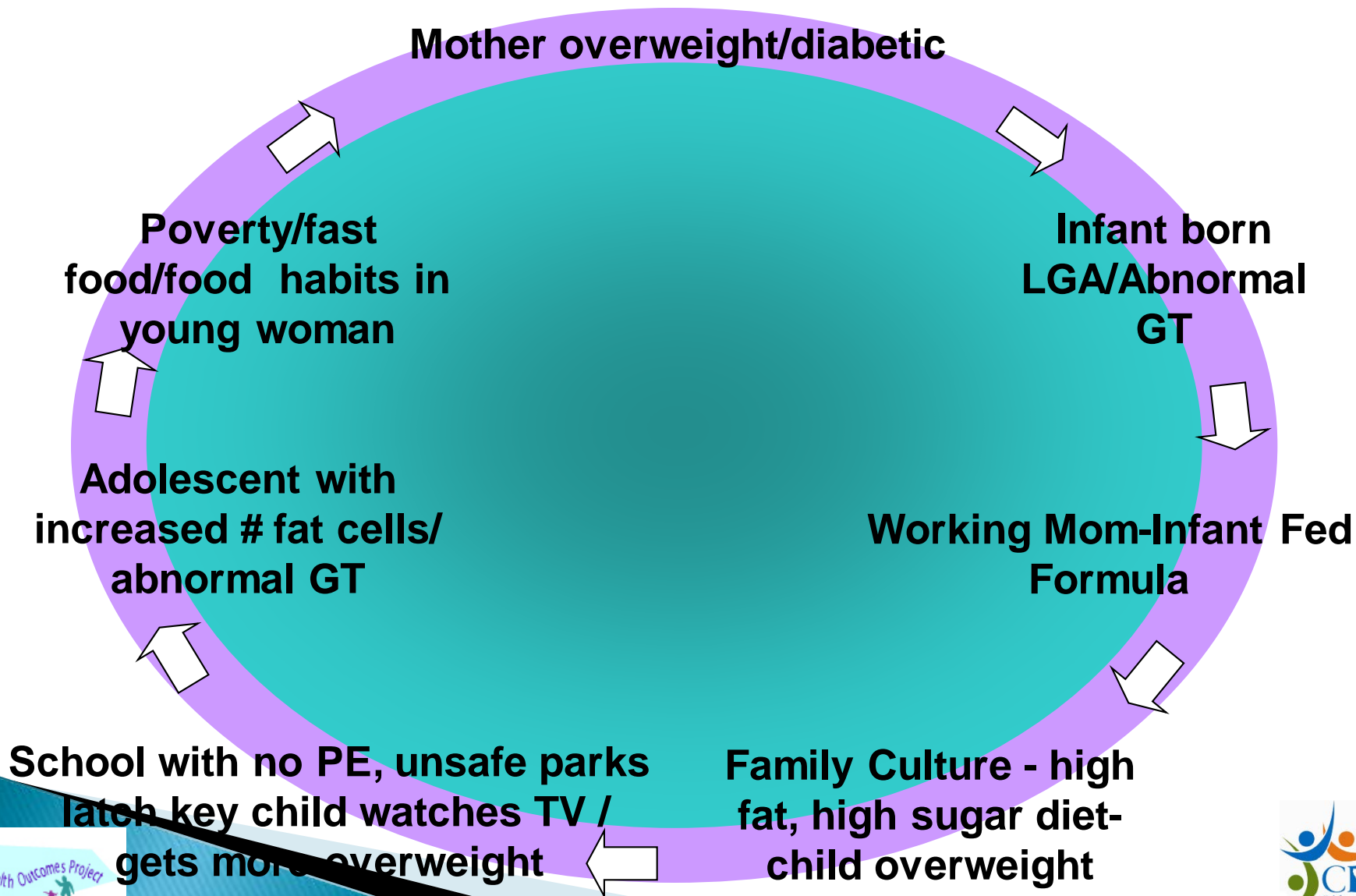
**Medical model**

# Lifecourse Model



Reference: IOM (Institute of Medicine). 2000. Promoting Health: Intervention Strategies from Social and Behavioral Research, p. 43. Washington, DC: National Academy Press.

# Lifecourse Model as a Cycle



How do we incorporate these  
New Paradigms into a  
Community/Public Health  
Assessment Framework ?

# Community Health Assessment



# Scenario

- A local MCAH program is required to conduct a 5-year Title V needs assessment by the state funding agency
- Staff have developed a community profile and reviewed data provided by FHOP for a set of indicators required by the state and compiled additional local data as needed
- A community stakeholders group needs to be convened to review the data and recommend a set of priority areas
- The local MCAH director must be able to determine the purpose, scope and memberships of this group

# What is the purpose of Convening Community Stakeholders?



- To solicit community input on the health status, specific health problems and identify factors contributing to health in positive and negative ways
- Promote community ownership of identified problems
- Obtain community buy-in on interventions and funding recommendations
- Build a foundation of trust upon which to explore possibilities for collaboration and make difficult decisions critical to maximizing use of resources
- Create compatible objectives for health promotion activities and interventions among agencies working on a particular problem



# Key Areas Requiring Stakeholder Input

- Reviewing indicator data
- Providing input on capacity assessment
- Prioritizing health problems
- Analyze health problems by conducting a formal problem analysis (suggested)
- Identifying possible intervention strategies (suggested)

# How to Determine the Membership of the Stakeholders Group?

- Identify existing agencies or groups whose mission or activities involve/overlap promoting health in the MCAH population, including CYSHCN
- Identify individuals with key roles in administration and policy that affect the MCAH population, including local CCS Director
- Include experts on particular health issues that impact your community
- Include agencies and individuals with whom you have worked on previous projects
- Ensure diversity in age, gender and race/ethnicity, and consider including non-traditional partners

# Suggestions for potential CYSHCN Stakeholders

- County CCS Administrator
- Local Help Me Grow
- Local Family Resource Center
- Local support groups for CYSHCN families (e.g. autism, ADHD)
- Special education
- Early Start
- Local pediatrician caring for CSHCN
- Rep. from Regional Center
- Therapists from Medical Therapy Unit
- Parents Place
- Parents of CYSHCN

# Potential for Use of Existing Groups

- MCAH Advisory Board
- County children's council
- First Five groups
- Needs assessment coalition of a local not-for-profit hospital

# Define the Scope of the Group

- Is it an advisory group – one that will give information, vote on priorities and provide input on interventions but ultimate decisions will be made by staff, or
- A coalition in which people will participate in making joint decisions for selecting interventions, sharing resources, joint advocacy and fundraising, or
- A network of independent groups and members who share expertise and information but operate completely independently?

# Determining the Structure and Operating Procedures of a Stakeholders Group

- Determine the organizational structure of the group – tasks and roles
- Define/Identify resources necessary to support the group, e.g. meeting place(s), note taker, refreshments
- Defining how decisions will be made
- Define expectations – meeting frequency, use of sub committees, meeting type (phone, webinar or face-to face)
- Consider providing childcare, funds for transportation or stipends to consumer reps, especially for families of CYSHCN

# Convening A Stakeholder Group

- Develop a common context for the planning process- the why, when, and how
- Provide a well organized presentation of available data at the start of process in a format that is accessible to non-data people
- Develop a vision/mission statement and set of goals for the plan
- Institute an ongoing self-evaluation process



# Planning of Stakeholder Input: Logistical Considerations

- Schedule meetings well in advance, consider polling participants for availability
  - [Doodle: easy scheduling](#)
- Send reminders
- Specify time commitment and benefits of participation (e.g. data CBOs can use in grant applications)



# Scenario Two

- The Stakeholders group has reviewed the data presentation materials and have posed questions about related issues that the presentation hasn't covered
- The group has also identified new issues for which data is needed
- The group needs to develop a process to prioritize identified problems

# So what does an MCAH Director need to know to respond to the group?

- What additional local secondary data are available? How can you access these data?
- What do they tell you about the problem?
- Are the data accurate, representative, timely?
- Who has the data? Is there a cost?
- Do we need to collect new data and what will this cost?
  - Should it be quantitative or qualitative?
  - Who has the capacity to analyze the data?



# Additional FHOP Data Resources on the Web

- Links to other relevant reports on children and women's health status <https://fhop.ucsf.edu/general-public-health-data-resources>
- Public health data links and CA MCAH links are available on many health topics <https://fhop.ucsf.edu/california-county-mcah-data-resources>
- Survey instruments for primary data collection and related software for analysis <https://fhop.ucsf.edu/assessment-tools>
- Archived trainings including both topic specific and on data collection methods

# Methodology for Problem Prioritization

- FHOP Planning Guide Chapter II contains step by step information on how to conduct this process
- LHJ Staff provide training on prioritization and elicit group consensus on using the process
- Group agrees on which problems to consider
- Group identifies criteria for assessing each indicator
- Group agrees on scale for criterion

# Example Criteria for Setting Priorities among Problems

1. Number of affected individuals
2. Severity of issue
3. Economic impact
4. Has indicator to measure and track
5. Impact on downstream issues
6. Degree of demographic disparities
7. Ease of addressing issue
8. Level of priority for the community

# Develop Criterion Scoring Scale

A numerical scale is developed for each criterion with an explicit definition for each value.

## Example Criterion: Severity of issue

- 1 = Not life threatening or disabling to individuals or society
- 2 = Rarely life threatening, but could be disabling
- 3 = Moderately life threatening or moderate likelihood of disability
- 4 = Moderately life threatening and/ or there is a strong likelihood of disability
- 5 = High likelihood of death or disability

## Resource/Optional Tool #4: MCAH Health Problem Prioritization Worksheet

You may use this tool to narrow your list of Problems. Given the local resources (e.g., funding, hiring freezes, political will) how realistic is it to focus on this priority?

Local Health Jurisdiction: \_\_\_\_\_

Problem	No. of Individuals Affected	Seriousness of Issue	Economic Impact	Has Indicator to Track & Measure	Impact on Downstream Issues	Degree of Demographic Disparity	Current Interventions Apply	Ease in Addressing Issue	Resource to Address Problem	Level of Priority for Community	Total Points	Priority Ranking
	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low	5=high 3=medium 1=low		

# Weights for the criteria?

- When developing criteria with your Stakeholder group, if group doesn't think each criteria should be given equal value, you can weight your criteria.
- Example:      Economic Impact (3)  
   Priority for the Community (2)
- See FHOP's Planning Guide for more info  
[http://fhop.ucsf.edu/fhop/html/prods/pg\\_cove\\_r.htm](http://fhop.ucsf.edu/fhop/html/prods/pg_cove_r.htm)



# Benefits of Formal Prioritization Process

- Provides systematic, fair and inclusive process
- Focuses decision-making if overwhelmed by many problems
- Challenges partners to critically review data
- Promotes rational allocation of resources
- Documents a rational decision-making process

# What should a well done Community Assessment do?

1. Provide persuasive evidence of a problem or need
2. Identify patterns and causal pathways of health and disease
3. Establish benchmarks for determining effectiveness in improving health status (use to develop SMART objectives)
4. Identify effective courses of action that can improve and sustain health status, change services, case mix, resources (choose among alternatives)
5. Assess the potential and willingness of the community to address health problems
6. Determine access to, availability, use and coordination of community health resources

# How can a good community assessment be used?

- To provide a blueprint for taking action to fulfill the mission articulated by the planning group
- To satisfy a government or nonprofit funding mandate (e.g. the Title V reporting requirement)
- To identify potential areas and potential intervention strategies to address key needs

# How can a good community assessment be used?

- To advocate for resources to address identified problems
- To justify the need to continue, discontinue or change a particular program
- To engage the community and community partners

# Characteristics of a well done Community Assessment

- Visionary: path toward a better future
- Conceptual: good problem formulation and analysis
- Comprehensive : addresses the new paradigms
- Systematic
- Resourceful/creative
- Pragmatic/Realistic
- Cohesive
- Action-oriented

# MCHB Needs Assessment Goals

Expectation of the Maternal and Child Health Bureau (MCHB) that the Needs Assessments conducted by the 59 States and jurisdictions will result in two ultimate goals

1. Improved outcomes for maternal and child health populations
2. Strengthened partnerships

# Comments and Questions?

# References

- [The Planning Guide: Developing an Effective Planning Process: A Guide for Local MCH Programs](#) (2003, 2<sup>nd</sup> Edition) by Oliva G, Belfiori J, Thind N, Ezrr S, & Gee J

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