Making Sense of All The Data to Create a Picture of Community Health

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University of Tennessee

Thursday, March 29, 2012
Making Sense of All the Data to Create a Picture of Community Health

Learning Objectives:

At the completion of the session participants will be able to do the following:

- Re-state the CHA/CHIP demonstration site project requirements for data synthesis.
- Explain the difference between data analysis and data synthesis.
- Use at least two methods to synthesize results and findings from across data collection activities and for different types of data.
- Describe methods for involving LPHS partners and community members in data synthesis.
- Describe strategies for considering data limitations when synthesizing data.
- Discuss how to begin data synthesis while continuing data collection in a manner that will ensure data still informs ultimate decisions on assessment findings.
- Explain how at least one community was successful in synthesizing data in a comprehensive CHA.
Making Sense of All the Data: Why does it matter?

- Without an understanding of what “the numbers” actually mean, it’s just numbers.
- Without a defined process for data synthesis the loudest voices will prevail, negating the data all together:

  “We want to make sure everyone has an equal voice and say in what issues we prioritize. We want to make sure the results of the assessment are driving the priorities.”
Making Sense of All the Data: Backing Up to Major Stumbling Blocks with the Data

- Issues pertaining to small numbers, big dominators
- Useful qualitative data
- Prioritizing *within* multiple assessments
Background: What is “Data Synthesis”? 
Background: What is “Data Synthesis”? 

(a) Frequency of CD4^+ subsets

- Uncommitted precursors (IL-2)
- T_{h0} cells (IFN-γ^+; IL-4^-)
- Naïve CD4^+ T cells (IL-2^-)
- Recently emerging thymocytes

(b) Primed for 1 week
- APC + OVA

(c) Stimulation 3 weeks
- APC + OVA

(d) Graphical representation of gene expression

- RORγt
- Foxp3
- T-bet
- GATA-3
Background: What is “Data Synthesis”?
Background: What is “Data Synthesis”?
Background: What is “Data Synthesis”?

Mixed Methods Research, Defined

- A mixed methods research design is a procedure for collecting, analyzing, and “mixing” both quantitative and qualitative research and methods in a single study to understand a research problem.
Triangulation Approach
Background: What is “Data Synthesis”?

**Funnel approach / FIGURE 1**

- Start with broad, open-ended questions to obtain maximum information.
- Use clarifying questions to “funnel” down to the missing information and to fill in the gaps.
- Use closed-ended questions to research specific points.
Background: What is “Data Synthesis”? 

The Knowledge Funnel

- Mystery
- Heuristic
- Algorithm
Background: What is “Data Synthesis”?

**synthesis**

noun (from gk. σύνθεσις)

1. The combining of separate elements or substances to form a coherent whole.
2. The act of combining separate ideas, beliefs, styles, etc.
What are we synthesizing?

Data Synthesis in MAPP
AACHI Community Health Assessment Toolkit

Step 3 Summary: Collecting and Analyzing Data

Once you define the audience, purpose, target population, and key subjects for your assessment, develop a data collection plan to answer the following questions:

- What specific information do you need?
- Does the desired information already exist in the form that you need it?
- Will new data be needed to answer some questions or to address gaps in information?
- Who will be responsible for collecting and analyzing the data?

Surveys, interviews, and focus groups are among the frequently used methods for collecting new, or primary, data. Consider examining comparative data as a part of your assessment, both to understand trends over time and to place your local data in the context of state or national figures.

Finally, consider collecting information on community assets, in addition to documenting health needs and deficits.

Time Drivers

Aspects of the process that may unexpectedly lengthen your timeline include:

- Deciding which data to collect
- Locating secondary data sources
- Waiting for data sources to provide requested data
- Extracting local data from larger data sets
- Collecting primary data, including designing and piloting data collection methods
- Analyzing collected data
- Conducting inventories of community assets

Budget Drivers

Data collection and analysis is the most resource-intensive part of the community health assessment process. Costs will vary according to the extent and nature of data collection. Aspects of this step that may have an impact on your budget include:

- Secondary data collection, including extracting local information from larger databases
- Primary data collection, including:
  - Designing survey and interview questions
  - Designing data collection methodology
  - Collecting data
  - Analyzing and summarizing data
- Collection of community asset information

Skills Needed

- Ability to evaluate data quality and usefulness
- Knowledge of social science research methods
- Survey design and implementation
- Focus group and interview design and implementation
- Quantitative and qualitative data analysis
- Database management

Task Checklist

The following tasks should be in progress or completed before moving to Step 4:

- Identify data needed to meet the goals of the assessment.
- Create a data collection plan for primary and secondary data.
- Collect primary and secondary data, including comparative data and information on community assets.
- Create a system for managing data.
- Evaluate data quality and validity.
- Analyze data.

www.assesstoolkit.org

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ACHI Community Health Assessment Toolkit

Step 3 Summary: Collecting and Analyzing Data

Once you define the audience, purpose, target population, and key subjects for your assessment, develop a data collection plan to answer the following questions:

- What specific information do you need to include in your assessment?
- Who will be responsible for collecting and analyzing the data?
- What specific data sources will you use to collect information to support your analysis?
- Who will be responsible for collecting and analyzing the data?

Surveys, interviews, and focus groups are among the frequently used methods for collecting primary, or primary, data. Consider examining comparative data as a part of your assessment, both to understand trends over time and to place your local data in the context of state or national figures.

Finally, consider collecting information on community assets, in addition to documenting health needs and deficits.

Skills Needed:
- Ability to evaluate data quality and usefulness
- Knowledge of social science research methods
- Ability to design and implement surveys
- Qualitative data analysis
- Database management

Time Drivers
Aspects of the process that may unexpectedly lengthen data collection include:

- Extracting local data from larger data sets
- Collecting primary data, including designing and piloting data collection tools
- Analyzing data
- Conducting assets

Budgetary Issues
Data collection is the most resource-intensive part of the health assessment process. Depending on the extent and nature of data collection, the aspects of this step that may have an impact on your budget include:

- Secondary data collection, including extracting local information from larger databases
- Primary data collection, including:
  - Collecting survey and interview data
  - Data collection methodology
  - Data collection and summarizing data
- Collection of community asset information

Task Checklist
The following tasks should be in progress or completed:

- Collect primary and secondary data, including community needs and information on community assets.
- Create a system for managing data.
- Create a system for managing data.

DATA SYNTHESIS

Primarily Qualitative

Primarily Quantitative
Making Sense of All the Data: Stories from the Field

Northern Kentucky Health District

East Central District Health Department (Nebraska)

Knox County (TN) Health Department: Together! Healthy Knox
Michael T. Glenn, Ed.D.
2939 Affirmed Drive
Cincinnati, OH 45052
cell: 513-227-4923
home: 513-941-9674
e-mail: mglenn.odx@fuse.net
Web: www.mglenn-odox.com

Open Space Technology
Harrison Owen
Berrett-Koehler Publishers;
2nd edition (January 1, 1997)
Community Strategic Health and Social Issues Forum

Northern Kentucky Independent District Health Department

MAPP Leadership Team Monthly Meeting

May 12, 2009

Michael Glenn

The right people, armed with the right facts to focus and collaboratively align organizational resources through a common set of strategic issues, goals, strategies and measures for growth, performance and change.
Making a measurable difference in the health of the community

Local Public Health System Assessment
Community Health Status Assessment
Community Themes & Strengths Assessment
Forces of Change Assessment
CCHMC Child Health Assessment
Experience Expertise Intuition Commitment

Online Prework: Strategic Issues, Goals & Strategies
Draft 4-5 Strategic Plan including Accountability
Reality Test Strategic Plans w/Large Group
Next Steps; Elevator Speech Process Feedback

09:30 – 11:00
11:00 – 01:30

Jun 11-Jun 14
09:30-11:30
11:30–01:00
11:30–01:00
Data:
Assessments/Executive Summaries Distributed to Participants June
04 2009

Opening Remarks: Steve, Tim, Mike 09:40-10:00
Assessments Panel Discussion 10:00 – 11:00
1. Children’s health assessment / Community Health Status
2. Local P.H. System assessment
3. Community Themes and Strengths assessment
4. Forces of Change

Participants provided with reports ahead of time
QUESTION: Which issues suggested by the assessment findings must be addressed in order to achieve the Livable Communities Goal of Northern Kentucky being recognized, both nationally and internationally, as a great place to live?

A centrally focused question for moving from data to issues = SYNTHESIS
STRATEGIC ISSUE - BULLETIN BOARD IDEA GENERATION

A. DEFINITION: Strategic issues are the fundamental policy choices facing an organization's or system's vision, mandates, values, services, clients, resources, operations or talent.

B. QUESTION: Which issues suggested by the assessment findings must be addressed in order to achieve the Livable Communities Goal of Northern Kentucky being recognized, both nationally and internationally, as a great place to live?

C. ILLUSTRATION: How do we mobilize the community and link people to needed services to address “access to primary care” in the current economic environment?

D. CREATING: Record your recommendation for which you have a genuine passion and for which you take responsibility. Don't just consider good ideas that someone else might do or be interested in. Think of powerful ideas that really grab you to the point that you will take personal responsibility to make sure something gets done. (Please phrase as a question, print clearly and concisely – 25 words or less)

E. PROCESSING: As soon as you write your idea, raise your hand. Then (a) read your idea to the entire group, (b) sign your name, (c) attach a breakout team #1 post-it, and (d) tape your card to Bulletin Board space on the wall.

F. STRATEGIC ISSUE: ________________________________

__________________________________________________

__________________________________________________

__________________________________________________

____________________________________________________________________

F. Your Signature: _________________________________

G. Volunteers (your personal interest) for this 55-minute Strategic Intent meeting.

01. ________________________________ 02. ________________________________

03. ________________________________ 04. ________________________________

05. ________________________________ 06. ________________________________

07. ________________________________ 08. ________________________________

09. ________________________________ 10. ________________________________

NKIDHD 06-11-09

- Completed individually at tables
- Specific focus on question B
- Participants raised hands when completed, read to the group
- Signature: willing to contribute to framing the issue
Data:
- Strategic Issue – Bulletin Board Idea Generation Form
- List of Strategic Issues Captured by Keyboardist

Draft Strategic Issues 11:00 – 11:25
16 Issues Announced & listed in 2-column PPT table
1. Your 25-word or less recommendation (optional)
2. Phrased as a question
3. Assume responsibility for your idea (signature)
4. Volunteer sign-up space
Data:
- 2 Column Table with 16 Issues by Sally
- Ask members to go to table of choice—had 12 group pods
- 7/8 Issues Seated Round 1 | 5/8 Issues Seated Round 2

Marketplace Volunteer Sign-Up 11:25 – 11:35
1. Round #1 11:35a – 12:25p (box lunches distributed)
2. Round #2 12:25p – 01:20p

From 16 Issues to 12 Issues… voting with your feet!
Data:
Strategic Issues Team Report = One Page / Flip Charts
Two Keyboardists Prepared Reports Back at Office

Round Session #1 (45 minutes)
1. Why an issue?
2. Consequences of not addressing?
3. % of issue / % of time or resources?
4. Success in the past?
Data:
Strategic Issues Team Report = One Page / Flip Charts
Two Keyboardists Prepared Reports Back at Office

Concurrent Session #2 (45 minutes)
1. Why an issue?
2. Consequences of not addressing?
3. % of issue / % of time or resources?
4. Success in the past?
01. WHY IS THIS AN ISSUE? What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes makes this an issue?

02. WHAT ARE THE CONSEQUENCES OF NOT ADDRESSING THIS ISSUE? What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes makes this an issue?

Risk of Not Addressing: □ Catastrophic; □ Critical; □ Serious; □ Marginal; □ Negligible

03. TO WHAT EXTENT IS THIS ONE OF THOSE 10% ISSUES CONSUMING 90% OF OUR TIME/RESOURCE?

04. WHAT, IF ANY, ASPECT OF THIS ISSUE HAVE WE SUCCESSFULLY ADDRESSED IN THE PAST?
Data:
Live-Demo of Survey Process / Make Address Book
Strategic Issues Team Reports Electronically Sent
Survey Monkey Online Prework (June 11 – June 14)
Distribute Strategic Issues Reports via email (12 page doc)
Survey Window 2p June 12 to 2p June 14

Complete Online Prework Request (20 minutes)
1. Select Top Five Strategic Issues (#1 to #5)
2. Write Goal and Strategic for 1st Top Strategic Issue
3. Write Goal and Strategy for 2nd Top Strategic Issue

Took place between the two days of meetings

Between Day 1, June 11 and Day 2, June 15
From 12 Issues to 4 Issues

Work Day 2 June 15
Issue: K

*Goal 1*: People of all ages and backgrounds will demonstrate lifestyle choices that contribute to healthy, vibrant lives and ultimately a thriving community.
Issue: K

Measurement:
- Rate of smoking, obesity, lack of prenatal care,
  lack of oral health decline of X percent per year.
- # of new policies/legislation that address smoking, obesity, etc.

Team Members: Roseanne Nields - St. E
Will Lambeth - Vision 2015
Correy Eimer - United Way
Sue Davis - North Key
Sr. Margaret Stammeyer - Brighton Center
Tara Rapp - Care Net
Strategic Planning Output from Issue K Breakout Group

How can we best provide education/awareness activities to improve life style choices that impact health? i.e. smoking, nutritious foods, p.a., preventative or regular health care, prenatal care?

**Issue: K**

**Goal: People of all ages:**

*backgrounds will demonstrate life style choices that contribute to healthy vibrant living & ultimately a thriving community.

**Strategy 1-1:** Promote more positive healthy lifestyle choices in the media, (nutrition / exercise / smoking) healthy lifestyle choices with health care.

**Strategy 2:** Promote more positive healthy lifestyle choices with health care.

**Strategy 3:** An education campaign targeted at difficult demographics. Include the benefits societies provides to programs to promote a healthy lifestyle.

**Strategy 4:** Promote businesses, schools & day cares to encourage health programs for nutritional info. Allow use of public facilities to promote exercise & fitness.

**Strategy H:** Media

- Owners: NKHD
- **Dependencies:** Media support, community support, DHEC support, current school Seal of Excellence, community events, business associations, local businesses
- **Partners:** Health care providers, community leaders, local businesses
- **Resources:** Marketing campaign, local businesses

**Immediate Next Steps:**

- Gathering appropriate data (existing needed)
- Researching existing efforts & resources
- Create group to spearhead this goal, including community members
Data:
Photographed ~ 25 flip charts/one group input on data stick
Theatre Style Seating
K 12:38-12:57; H 12:57-01:07; C 01:07-01:16; A 01:16-01:25
Limited Time for Feedback to Teams

Strategic Plan Prez / Reality Test 12:35 – 01:26
1. PEARL MAPP Criteria
2. Positives / Concerns / Steps to Finalize Strategic Plans
3. Owners / Next Steps
### 1. STATE DECISION PURPOSE

Select the best identify the strategic issues from the four assessments data that will be needed to achieve the vision of “Thriving people living healthy lifestyles in a vibrant community”.

### 2. ESTABLISH DECISION CRITERIA (PEARL CRITERIA FROM MAPP p.84)

(Whatever we choose should...)

Consider this criteria as you select your top five strategic issues during the online prioritization process (June 11 to 12 p June 14)

<table>
<thead>
<tr>
<th></th>
<th>PROPRIETY – Is this strategic issue consistent with the essential services and public health principles?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ECONOMICS – Is this strategic issue financially feasible? Does it make economic sense to apply this strategic issue?</td>
</tr>
<tr>
<td></td>
<td>ACCEPTABILITY – Will the stakeholders and the community accept this strategic issue?</td>
</tr>
<tr>
<td></td>
<td>RESOURCES – Is funding likely to be available to apply this strategic issue? Are organizations able to offer personnel time and expertise or space needed to implement this strategic issue?</td>
</tr>
<tr>
<td></td>
<td>LEGALITY – Do current laws allow this strategic issue to be implemented?</td>
</tr>
</tbody>
</table>

### 3. STRATEGIC ISSUES OPTIONS FROM JUNE 11, 2009

(COMPARE OPTIONS TO PEARL CRITERIA)

<table>
<thead>
<tr>
<th>STRATEGIC ISSUE #x</th>
<th>STRATEGIC ISSUE #y</th>
<th>STRATEGIC ISSUE #z</th>
</tr>
</thead>
</table>

### 4. IDENTIFY AND ASSESS RISK OF BEST ALTERNATIVES

If…. Then… (degree of probability and seriousness)
Data:
Next Steps – Kara Clark
Closing Remarks – Mike Glenn, Alan Kalos

Retreat Close 01:26 – 01:29
1. Agreed Upon Next Steps
2. Elevator Speech / Closing Remarks
3. Process Feedback

End of Day 2
June 15
Example of final formulation of Strategic Issue # 1

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**STRATEGIC ISSUE TEAM REPORT**

Round 1 (11:40-12:25) Strategic Issue #1

How does the region improve access to primary care Mental Health Services, Substance Abuse Services & Dental Services to low income families in the most cost effective and coordinated manner? Are there opportunities for better integration? How to maximize the integration?

---

**01. WHY IS THIS AN ISSUE?**

What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes makes this an issue?

- Funding (lack of it)
- More people slipping through the cracks – yet need to access.
- Quality → when health services are integrated great outcomes are achieved at low cost. Needs to be integrated.
- Mental Health is primary issue – because MH is overloaded there is overflow in primary care.
- Not enough providers in Mental & Oral health and Primary Care (especially Grant & Boone Counties)
- Low income, uninsured population
- Lack of understanding from population on what good care is.
- Remuneration system rewards specialists more than primary care MD’s. Low for primary care MD’s and Dentists
- People are driven to use ER as primary care
- Lack of education
- Transportation is an issue for some of the population to access care if it was integrated would solve some of problem.
- Policy issue → Medicaid may not reimburse for multiple services received in one day.

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**02. WHAT ARE THE CONSEQUENCES OF NOT ADDRESSING THIS ISSUE?**

What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes makes this an issue?

- Dying population → increase mortality, decrease in productivity
- More cost due to longer waits
- Inefficiency of care → should not separate these services (dental, primary) to the degree they are.
- Spillover into other health issues.
- Lack of complete care
- Risk of not addressing this issue: □ Catastrophic; □ Critical; □ Serious; □ Marginal; □ Negligible

---

**03. TO WHAT EXTENT IS THIS ONE OF THOSE 10% ISSUES CONSUMING 00% OF OUR TIME/RESOURCE?**

- What % of population does this affect? Everybody. Broader than the lower socio economic population.
  - Drives up cost
  - Drives down accessibility
  - Getting people in medical homes could be a solution
  - Providing healthcare access drives down cost through prevention.

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**04. WHAT, IF ANY, ASPECT OF THIS ISSUE HAVE WE SUCCESSFULLY ADDRESSED IN THE PAST?**

Not much which is why it is a problem.
- We are providing some school based services & school based health centers.
- Community has attempted to collaborate
- Shortage of nurse practitioners
  - Collaborations (but have been isolated & temporary)
  - Dental vans

---

**6. VOLUNTEERS** (your personal interest) for this 55-minute Strategic Issue Meeting & Report

1. Dora Amin
2. Gary Godts (AUTHOR)
3. Rosanne Nielsd
4. Karen Donaschko
5. Jennifer Chubinski
6. Rhonda Schluefer
7. Maureen Kenner
8. Karrie Tackett
9. Tara Rapp
10. Mariene Wilmot Garding
11. Chris Godgard
12. Anna Stark
13. David W. Easley
14. Tricia Gieser
15. Margaret Stallmeyer
16. Beth Lange
17. Elaine Boite
18. David Ods

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NCDHDA 05-11-09 Strategic Issues Report - Retreat Day 1
STRATEGIC ISSUES

ISSUE #1
How does the region improve access to primary care, mental health services, substance abuse services and dental services to low income families in the most cost effective and coordinated manner?

ISSUE #2
How can we achieve a defined and measurable collaborative effort between businesses, governmental non-profit sectors to comprehensively address the interrelated issues facing our community?

ISSUE #3
How do we make “real” change in the nutrition and physical activity choices families make that affect their children’s health?

ISSUE #4
How can we best provide education and awareness activities to improve life style choices that impact health; i.e. smoking, nutritious foods, physical activity, preventative or regular health care, prenatal care?
DATA POINTS GAME
Making Sense of All the Data: Stories from the Field

Northern Kentucky Health District

East Central District Health Department (Nebraska)

Knox County (TN) Health Department: Together! Healthy Knox
Comprehensive Community Health Needs Assessment 2012

Boone, Colfax, Nance, and Platte Counties, Nebraska
The East Central Health District
2011 Comprehensive Community Assessment: Selected Results for Platte County

Schmeeckle Research Inc.
Joyce Schmeeckle, Ph.D.
Will Schmeeckle, M.A.
Lincoln, NE
402.477.5407
joyce@schmeeckleresearch.com
What are the Top Health Problems in our area?
What is in the CHNA?

30 Sources of data.
Nearly 500 Written Surveys
Nearly 500 Telephone Surveys
Six Focus Groups
Other Community Surveys
National Surveys:
BRFSS       Census
YRBS       Youth Protective
Synthesis of Data and Identification of Strategic Issues

- Each of the four MAPP Assessments resulted in identifying leading issues (District and County)
- Independent research firm hired to identify most prominent cross-cutting themes
  - Importance to the community
  - Measurable, not anecdotal
  - Outlier in comparison to state and US data
  - Whether community would get active and make a difference
- Process resulted in identification of 13 themes for the District, 7 for Platte County
### Table 3.1: Community Health Needs and Priorities for the East Central District

<table>
<thead>
<tr>
<th>Community Health Needs and Priorities</th>
<th>Rationale for Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death</td>
<td>High rates of unintentional, motor vehicle, and work-related accidental deaths as compared to the state.</td>
</tr>
</tbody>
</table>
| Aging Population                      | High percentage of the population is over 65 for the district.  
                                         | High percentage of elderly individuals report lacking a social network. |
| Cancer                                | The top perceived health problem in three of the four counties, and the overall top perceived health problem in both the Community Health Survey and the Community Themes and Strengths Assessment Survey.  
                                         | High instances of breast, colorectal, and prostate cancers district wide.  
                                         | High instances of cancer may be partly or largely attributable to the aging population. |
| Diabetes                              | Increases each year from 2007 to 2009 in percent of adults with diabetes.  
                                         | The number three perceived health problem in the district. |
| Drug and Alcohol Use                  | Alcohol abuse was the top perceived risky behavior in every county; drug abuse was second overall.  
                                         | High community perception of underage alcohol use as an issue that needs greater attention.  
                                         | High rates of youth riding with a driver who had been drinking.  
                                         | High rates of hospitalization for alcohol and tobacco related disease.  
                                         | Also a concern among focus group participants and community agencies participating in the *Forces of Change Assessment*. |
| Health Professional Shortages         | More individuals served per health professional for every health profession as compared to the state except for LPNs.  
                                         | Several areas with state and federally designated health professional shortages. |
| Mental Health Services                | High percentage of mental health patients seen at the Good Neighbor Center.  
                                         | Federally designated shortage of mental health professionals in every county in the district. |
| Health Screening                      | Low rates of health screening, especially among women for mammogram, clinical breast exam, and PAP exam as compared to the state. |
| Immunization for the over 65 Population| Low rates of immunization for pneumonia and influenza among the over 65 population as compared to the state. |
| Non-Sports-Related Activities for Children | Lack of activities for youth expressed by focus group participants and noted as a contributor to drug and alcohol use.  
                                         | Low community perception of the availability of non-sports-related activities for children in the Community Health Survey. |
| Obesity                               | A community-wide concern, noted especially in the *Forces of Change Assessment*, the *Obesity Summit*, and Community Themes and Strengths Assessment Survey.  
                                         | High rates of obesity for the overall population, and especially for the minority population.  
                                         | High percentage of youth overweight.  
                                         | A low percentage of leisure time devoted to physical activity as compared to the state.  
                                         | County-level data were not available for obesity. Thus, it has been selected as an overall community health need. |
| Rape and Forced Sexual Intercourse   | High rates of reported cases of rape as compared to the state.  
                                         | High rates of self-reported forced sexual intercourse by youth. |
| Teen Pregnancy and Sexual Activity    | The number two perceived health problem in the district, and the number one for the Hispanic population, among whom the teen birth rate is very high.  
                                         | Teens in the district are more sexually active than their peers in Nebraska.  
                                         | Also a concern among focus group participants and community agencies participating in the *Forces of Change Assessment*. |
## Health Needs and Priorities for Platte County

<table>
<thead>
<tr>
<th>Community Health Needs and Priorities</th>
<th>Rationale for Selection</th>
</tr>
</thead>
</table>
| Crime                                                            | • High perception of the increase in gang activity and the impact of gangs on schools and child safety.  
• High rates of arrests for the adult population.  
• High rates of arrests and drug law violations for the juvenile population. |
| Mental Health Services                                            | • High rate of patients to the Good Neighbor Community Health Center with mental health issues secondary to the primary purpose for their health visit.  
• High rates of hospitalizations for self-inflicted injuries. |
| Rape and Forced Sexual Intercourse                               | • High reported cases of rape.  
• High rates of self-reported forced sexual intercourse by youth district-wide. |
| Recreation Opportunities                                          | • Low perceived availability of recreation opportunities.                               |
| Satisfaction with and Access to Health Care                      | • Relatively low satisfaction and perceived access to health care among participants in the *Community Health Survey*. |
| Teen Pregnancy                                                   | • High rates of teen pregnancy, notably among the Hispanic population.                 |
| Underage Alcohol and Marijuana Use                               | • Alcohol was the top perceived risky behavior in the county.  
• High rates of marijuana use, binge drinking, and driving under the influence. |
Synthesis of Data and Identification of Strategic Issues

- Platte County Strategic Planning retreat: 8 hours, 70 participants
- At each table: 260 page Comprehensive CHNA, 1-page on cross-cutting themes for the District and for Platte County (as identified by research firm)
- Overview slide presentation, with frequent stopping for organic discussion: surprises, insights, questions
- Revisited Vision, and asked

*If “Healthy Communities, Healthy Families” were the norm in Platte County, what behaviors, outcomes, policies, and community relationships would we see in place?*
Synthesis of Data and Identification of Strategic Issues

• Identification of top issues based on:
  • Multiple wins – catalytic actions
  • Root causes
  • Feasible, realistic
  • Measurable
  • Easy, short-term wins
  • Aligned with identified community health needs/priorities
  • Find underlying motivation for change
  • People power, passion
  • Research/evidence based
  • Sustainability – will last
  • Adaptability...respond to change
  • Focus-target population(s)

• Each person listed top 5 issues
• Table discussion resulted in top 5 issues
Synthesis of Data and Identification of Strategic Issues

- All issues from all tables grouped by common themes on board
- Resulted in identification of 10 Issue Arenas
- Table teams used the criteria for prioritization and rank ordered the 10 Issue Arenas that emerged from the clustering exercise
- Selected top 5 as final Strategic Issues for subsequent planning – goals, objectives, measures, etc.
<table>
<thead>
<tr>
<th>Strategic Issue</th>
<th>Goal</th>
<th>Measures</th>
<th>Lead Agency</th>
<th>Next Steps</th>
<th>Team Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>To decrease % of population defined as obese from 32.3% to 30% by Jan. 2015</td>
<td>By Dec 2013, ____ businesses/worksites will have adopted an employee worksite P.A. and nutrition program</td>
<td><strong>Occupational Health and Cardiac Rehab Wellness Committee at CCH</strong></td>
<td>Find a worksite wellness plan and make the contacts Recruit collaborators – possible UNMC (Carol), Physician’s offices, YMCC</td>
<td>**Alice Haenggi, **Roberta Miksch, Erik Hash, Mary Low Hohnberg, Sue</td>
</tr>
<tr>
<td>Access to Health Care</td>
<td>Gap analysis of health care providers (See grid for 5 other goals)</td>
<td>(see grid)</td>
<td></td>
<td>Patty will talk to her group</td>
<td>**Mike Hansen, **Patti, Jim Goulet, Linda Walline, Theresa Hilton, Nancy Jimenez, Dan Feilmeier, Gina Frerichs Ileana Jarecki, Nicole Pollema, Sachin Bagade, Doug Janssen, Amy Blaser, Senator Paul Schumacher</td>
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<tr>
<td>Family Support</td>
<td>Effective use of available resources to maintain family stability at all stages</td>
<td>Fewer families in crisis</td>
<td><strong>CC/CAHR A</strong></td>
<td>Parenting in the workforce, workforce buy-in, CAHRA</td>
<td>**Traci Nelsen, **Kristie Stricklin, Rosa Valeria, Susan Olmer, Bonnie McPhillips Tammy Bichlmeier, Joe Mangiandli, Jo Suess, Julie Baumgart,</td>
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</table>
| Mental Health Services | Establish a “pre-EPC” assessment and establish a protocol for intervention before EPC and for post EPC | Outcomes:  
1. Save money  
2. Decrease hospitalizations  
3. Protocol for MH crisis management | Buy-in from other agencies/stakeholders  
- Examine similar programs elsewhere  
- Examine funding resources  
- Tailor, implement & sustain | **Rhonda Somerhiser, **Carl K. Hart, Jr., Penelope Abegglen, Rosa Hardesty, Bill Gumm, Jamie Rodriguez |
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<tr>
<td>Substance Abuse</td>
<td>Reduce the overall use of substance abuse in minors – grades 6-12 (2015)</td>
<td>Decreased binge drinking, driving/influence, (30 day) riding with driver/influence (30 days), 30 day/drink at home with parental permission, levels at or below state average</td>
<td>Back to Basics</td>
<td>**Brenda Preister, **Kaise Recek, Heather Elton, Rosie Velasco, Marlene Engel, Mike Oglevie, Tim Kayl</td>
</tr>
</tbody>
</table>
Making Sense of All the Data: Stories from the Field

Northern Kentucky Health District

East Central District Health Department (Nebraska)

Knox County (TN) Health Department: Together! Healthy Knox

18
Mobilizing for Action through Planning and Partnerships

MAPP
STRATEGIC PLANNING MODEL

*Organize for Success
Visioning
Four MAPP Assessments
Identify Strategic Issues
Formulate Goals and Strategies
Evaluate Plan
Action
Implement
Community Health Status Assessment
Local Public Health System Assessment
Forces of Change Assessment
Community Themes & Strengths Assessment
VISION
Building a diverse, vibrant community that nurtures good health and quality of life.

MISSION
A community approach to better health.

VISIONING PROCESS
Accomplishments through January 2012

- Leadership Team: ~ 20 Community Members plus KCHD Facilitators/Staff

- Executive Leadership: Three Community Leaders plus KCHD facilitators/Staff

- All 4 MAPP assessments completed, printed, total of 400 pages

- 30 page summary provided to the Leadership Team

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In February 2011, the Together! Healthy Knox Leadership Team was divided into pairs, asked to meet on their own, look at the four summary assessment reports and pull out 7 to 10 data points that were, in their opinion, significant.

Significant = Things that stood out for you

Don’t try to synthesize data

KCHD offered facilitation to pairs
SIGNIFICANT DATA
Some examples of significant data identified by the Team:

• 52% of residents surveyed list obesity as the county’s top health problem.
• The Knox County public health system’s area of lowest performance is linking people to needed health services.
• Knox County’s public health system received a score of zero for its activity surrounding public health policy review.

• 25% of residents surveyed do not feel they have adequate economic opportunity.
• Lower income neighborhoods in Knox County have higher average food prices.
• The percent of adults in Knox County who smoke and have less than a high school education (39.3%) is six times higher than among adults who graduated college (6%).
Each significant data piece on a separate card, color-coded by assessment

Each pair placed significant data pieces in unique or common columns

March 3, 2011

After all pairs: everyone stood up and started grouping significant data pieces

~ 4 people at a time...very organic process

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<table>
<thead>
<tr>
<th>SIGNIFICANT DATA CATEGORIES</th>
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<tbody>
<tr>
<td>1. Disease</td>
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<tr>
<td>2. Adolescents</td>
</tr>
<tr>
<td>3. Inactivity &amp; Obesity</td>
</tr>
<tr>
<td>4. Tobacco Use</td>
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<tr>
<td>5. Substance Abuse</td>
</tr>
<tr>
<td>6. Environment</td>
</tr>
<tr>
<td>7. Crime</td>
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<tr>
<td>8. Hispanic Community</td>
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<tr>
<td>9. Distrust of Government &amp; Civic Engagement</td>
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<tr>
<td>10. Mobilizing Partnerships</td>
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<tr>
<td>11. Linkage to Care</td>
</tr>
<tr>
<td>12. Policy</td>
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<tr>
<td>13. Workforce Assessment &amp; Development</td>
</tr>
<tr>
<td>14. Aging Population</td>
</tr>
<tr>
<td>15. Preterm Births</td>
</tr>
<tr>
<td>16. Mental Health</td>
</tr>
<tr>
<td>17. Inequity</td>
</tr>
<tr>
<td>18. Policy, Systems &amp; Environment Change</td>
</tr>
</tbody>
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CONNECTIONS BETWEEN DATA & CATEGORIES

- Used Painter’s Tape to make connections between categories that were logically correlated

- Everyone stood up

- Could move categories around

- Expectation was that “hubs” would appear, and making impact into hubs would create a ripple effect across multiple categories

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CONNECTIONS BETWEEN DATA & CATEGORIES

April 7, 2011
CONNECTIONS BETWEEN DATA & CATEGORIES

April 7, 2011

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CONNECTIONS BETWEEN DATA & CATEGORIES

April 7, 2011

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P. 865 215 5549 / erin.read@knoxcounty.org
CONNECTIONS BETWEEN DATA & CATEGORIES

Vision: Building a diverse, vibrant community that nurtures good health and quality of life.

Mental Health
- Hispanic
- Marriage
- Linkage to Care
- Mobilizing Partnerships

Crime
- Preterm Births
- Adolescents

Inequity
- Workforce Assessment & Development

Substance Abuse
- Environments
- Policy

Preterm Births
- Tobacco Use
- Disease

Vision: A connected community.
CONNECTIONS BETWEEN DATA & CATEGORIES

Mobilizing Partnerships

Inequity

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Policy

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Executive Leadership Team met and drafted Strategic Issue statements for each of Three Hubs

Leadership Team reviewed wording and approved final Strategic Issues
How can we create a sustainable network of partnerships that effectively contributes to improved community health?

STRATEGIC ISSUES

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How can we achieve equitable health outcomes for all community members?
How can we position health as a consideration in community policy and planning decisions?
Community Meeting to unveil Strategic Issues

May 5, 2011

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Community Meeting to unveil Strategic Issues

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Making Sense of All the Data: Questions for Table Discussion (15 minutes)

1. Of the processes described, which have you had similar experiences with? What worked well? What would need improvement if used again?

2. Given the descriptions of data synthesis, what do you believe will be the main challenges for you to complete this process? How can those challenges best be overcome?

3. What additional information (from the three stories in the field) would be of use to you in planning efforts to complete data synthesis?
Learning Objectives:

At the completion of the session participants will be able to do the following:

- Re-state the CHA/CHIP demonstration site project requirements for data synthesis.
- Explain the difference between data analysis and data synthesis.
- Use at least two methods to synthesize results and findings from across data collection activities and for different types of data.
- Describe methods for involving LPHS partners and community members in data synthesis.
- Describe strategies for considering data limitations when synthesizing data.
- Discuss how to begin data synthesis while continuing data collection in a manner that will ensure data still informs ultimate decisions on assessment findings.
- Explain how at least one community was successful in synthesizing data in a comprehensive CHA.
Making Sense of All The Data to Create a Picture of Community Health

Paul C. Erwin

With Grateful Acknowledgements to:
Alan Kalos, Louise Kent, Michael Glenn for Northern Kentucky Health District
Becky Rayman, East Central Health District, NE
Erin Read, Stephanie Welch, Martha Buchanan for Together! Healthy Knox (TN)
PROJECT REQUIREMENTS & PHAB STANDARDS AND MEASURES: SYNTHESIZING DATA
Engage Community Members and LPHS Partners

“Community members must be engaged in a meaningful and substantive way throughout the CHA and CHIP processes, including indicator selection, data collection, data analysis, data presentation and distribution, issue prioritization, CHIP creation, implementation of CHIP, and monitoring of results.”

“Partners should be engaged in a strategic way throughout the CHA and CHIP processes, including gaining access to data, mobilizing community members, data collection, data review, issue prioritization, and CHIP implementation.”
Project Requirements: Data Synthesis

Address the Social Determinants of Health

“Consider multiple determinants of health, especially social determinants like social and economic conditions that are often the root causes of poor health and health inequities among sub-populations in their jurisdictions.”
Project Requirements: Data Synthesis

Required characteristics of the Community Health Profile:

- Data and analyses that do the following:
  - Describe the characteristics of the overall population (age distribution, race and ethnicity, socioeconomic status, etc.).
  - Demonstrate the use of a broad set of indicators of community health, well-being, and quality of life and multiple data sources.
  - Consider a range of issues that affect health directly and indirectly.
  - Incorporate data from a variety of sectors that influence health such as housing, education, transportation, etc.
  - Identify community members’ definition(s) of health and relationship to cultural needs and values.
  - Identify desired health and health-related outcomes from the perspective of community members.
  - Use federal, state, and/or local data as appropriate.
  - Use qualitative data as well as quantitative data. Include qualitative data on community perceptions, assets, priorities, and the community health context.
Project Requirements: Data Synthesis

Required characteristics of the Community Health Profile (cont’d):

- Data and analyses that do the following:
  - Demonstrate the use of indicators, data collection methods, and data analysis techniques that allow for the identification and examination of health inequities.
    - Choose indicators that represent a broad range of items that community members have indicated, or literature shows, may be inequitable.
    - Use data and data collection methods that can be analyzed and reviewed for health inequities (i.e., if a data source already exists for an indicator but the data cannot be analyzed for health inequities, consider using another data source or collecting new data on this indicator to fulfill this need).
  - Ensure that sample sizes are large enough, when appropriate, to allow for data analysis to examine health inequities between and among sub-populations.
- Show that both community assets/strengths and resources as well as needs/gaps were assessed.
- Compare jurisdiction data with that of neighboring jurisdictions, state, and/or the nation.
- Include a review of trends and sub-population specific data when possible (e.g., if sufficient data are available on health status, risk factors, etc. for different racial or ethnic groups, then the data presented should be stratified by race and ethnicity).
Project Requirements: Data Synthesis

Required characteristics of the Community Health Improvement Process Report:

- Summarize the major CHA findings and describe the process by which these were identified.
- Present a description of the process used to synthesize all of the data to arrive at the major CHA findings.
- Specify who was involved in synthesizing the data and identifying major findings.
PHAB Requirements: Data Synthesis

*Be sure to review the standards listed below to identify the measures and required documentation that PHAB seeks related to data synthesis.

Standard 1.1: Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment

Standard 5.2: Conduct a comprehensive planning process resulting in a tribal/state/community health improvement plan
PHAB Requirements: Data Synthesis

For example...

Measure 1.1.2 T/L: Complete a Tribal/local community health assessment

*Required documentation 1.c:* A general description of health issues and specific descriptions of population groups with particular health issues. [Guidance: A narrative description of the health issues of the population and the distribution of health issues, based on the analysis of data (see guidance for required documentation 1.a)].

Measure 5.2.1L: Completed community health improvement planning process that included...

*Required documentation 1c:* Issues and themes identified by stakeholders in the community. 
[Guidance: Evidence that stakeholder discussions were held and that they identified issues and themes. The list of issues must be provided as documentation.]