**Establishing the Assessment Infrastructure (Step 1)**

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A thoughtful and strategic approach to community health needs assessment will facilitate a process that:

* Identifies and documents community health needs
* Takes into account input from persons representing the broad interests of the community
* Utilizes available assessment resources effectively
* Provides a foundation for creating an implementation strategy

Establishing an assessment "infrastructure" will ensure that you have the internal resources and support in place to set the stage for a successful assessment process. A strong foundation for a community health needs assessment process generally includes developing these key ingredients:

* Buy-in from key organizational leaders
* Project management support
* Financial, organizational, and community resources
* A general framework for the assessment that includes preliminary agreement about purpose, scope, and time frame

You might also consider forming an assessment advisory committee (see [Consider forming an assessment advisory committee](http://www.assesstoolkit.org/assesstoolkit/member/Infrastructure/form_committee_1e.jsp)), comprised of internal and potentially external organizational and community stakeholders, to provide guidance and assistance.

Once you decide to conduct a community health needs assessment, it is important to fully consider the time and resources that you need to ensure success. Community health needs assessments are full-fledged projects. Delays can occur at any point due to the complexities involved, and you may have only limited control over some aspects of the process. A number of tasks may or may not conform to your time line (e.g., aspects of data collection and analysis, priority-setting, and organizing information for the report). Be sure to build some flexibility into your time line to account for possible changes in schedule.

Each step in the Toolkit includes a list of Time Drivers that can influence the speed of your assessment. These can be found in the Step Summaries downloadable from the Step Essentials column to the right.

[back to **Assessment Process Guide**](http://www.assesstoolkit.org/assesstoolkit/introassessment.jsp#apg)

**Obtain Leadership Support**

Senior management/leadership support is necessary for a successful community health assessment process. Organizational leaders can:

* Lend their name to increase the credibility of the project
* Commit resources, including funding and staff support
* Attract potential assessment partners or external funding sources
* Help overcome any roadblocks that emerge along the way
* Champion the project among board members, policy-makers, and elected officials

A process that lacks leadership support, in contrast, can result in doubt about the value of the assessment and its use as a tool for health improvement strategies.

You can build support for community health assessments among senior management and other leadership by communicating the points found in [Defining the Purpose and Scope](http://www.assesstoolkit.org/assesstoolkit/member/Scope/index.jsp).

**Build the Staff Team**

The assessment's staff team provides the project management support that your process needs. The staff team generally fulfills critical responsibilities that keep the project moving forward and functioning as smoothly as possible, providing:

* Project oversight and operational management (e.g., monitoring timelines and budgets, contracting with consultants, managing staff)
* Data collection and analysis management and priority-setting facilitation
* Written reports and communications support
* Logistical and administrative support (e.g., sending out meeting notices, securing meeting sites and refreshments, photocopying)

Generally, look for the following skills among your staff team members, whether consultants or advisors:

* Project management
* Community or public health expertise
* Data collection and analysis
* Collaboration, group facilitation, and priority-setting
* Report writing and data presentation
* Communications and community relations

Skills for each step in this process are included in our Step Summaries, available to download in the right-hand column of this page.

**Identify and Obtain Resources**

Financial and in-kind resources are crucial to conducting a community health assessment.

The size of the budget and the nature of in-kind resourses will vary with the scope of each assessment. It is important to consider your needs early in the process to construct a budget, and to plan for securing your resources.  The [Resource Links](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Step%201/step_1_resources.html) for this step include sample budget templates, and the [Assessment Cost Ranges](http://www.assesstoolkit.org/assesstoolkit/member/Infrastructure/Files/ACHI-CHAT-costranges.pdf) document provides some dollar estimates.

In addition to staff time for project management, plan for the following major categories of expenses. Depending on your circumstances, you may have existing staff or hired consultants handle these functions:

* Assessment design (e.g., scope, objectives)
* Data collection and analysis
* Facilitation of collaboration, planning, and priority-setting exercises
* Report writing, production, and dissemination
* Operational expenses, including meeting supplies and communications costs

Look to your [assessment advisory committee](http://www.assesstoolkit.org/assesstoolkit/member/Infrastructure/form_committee_1e.jsp) members for assistance with funding and in-kind support. These stakeholders have an interest in the assessment results--to fulfill organizational or grant requirements or to inform their own organizations’ planning--and may be willing to share expertise or dollars to support the process.

**Consider Forming an Assessment Advisory Committee**

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If you elect to take a community partnership approach to your assessment, you might consider forming assessment advisory committee to provide a degree of guidance and to build buy-in. Consider what organizations and which individuals from your own organization and from the community you would like to invite. The committee might consist of participants who:

* Represent different community interests and sectors (e.g., health care and public health, human and social services, neighborhoods, city governments, local businesses)
* Bring different strengths and/or resources to the process to support the assessment (e.g., provide credibility, technical expertise, and financial or in-kind resources)
* Are energetic, committed, and willing to collaborate

As the committee is convened, define its specific roles and promote team-building among its members to enhance the committee’s ability to function effectively.  A person with facilitation and group process skills can help address these issues, which may include clarifying:

* The charge of the committee (e.g., advisory versus steering)
* Staff and committee members’ individual roles and responsibilities
* Committee participation guidelines, including any expectations related to time commitments, meeting frequency, and opportunities for lesser or greater involvement (e.g., subcommittee participation, assistance with specific tasks)
* Committee structure, including any leadership or chairperson responsibilities
* Decision-making processes and responsibilities (i.e., How will decisions be made? Who or what group makes final decisions?)

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Step 1 Essentials

[Step 1 Summary (pdf)](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Files/Step1Summary.pdf)

[**Resource Links**](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Step%201/step_1_resources.html)

[Case Examples](http://www.assesstoolkit.org/assesstoolkit/member/examples.jsp)

**Task Checklist**

The following tasks should be in progress or completed before moving to Step 2:

* Obtain support from and educate senior leaders.
* Determine the staff team and assign project management roles and responsibilities.
* Create a workplan and time line.
* Develop a budget and determine other resources needed.
* Consider forming an assessment advisory committee.
* Establish agreement on advisory and decision-making roles for staff and advisors.

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**Defining the Purpose and Scope (Step 2)**

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The purpose and scope of an assessment are driven by the target populations you study, what you want to know about those populations, and the types and amount of data that are collected.

Determining what your organization or community partnership wants to learn is a key part of planning your community health needs assessment. It is useful to study previous assessments that may have been conducted in your community--or even in other communities--and to consider how well they served their stated goals.  Questions to consider include:

* Are there reasons to think that any conditions found in a previous local assessment have changed substantially?
* Did the previous assessment process raise new questions that could be answered through the current assessment?
* Are there issues that could be probed more deeply?
* Are there gaps in the information that should be filled?
* Are there important population groups, geographic areas, or health issues that were not included previously?

In addition, to focus the community health needs assessment and use your resources most effectively, the staff and any assessment advisory committee should work to answer the following questions:

* What is the overall goal of the assessment?
* What are the target populations and geographic areas?
* What is the range of health and social issues to be addressed?  (e.g., general health status or disease-specific information; health behaviors, knowledge, or attitudes; social or environmental conditions; availability of health services)
* What specific types of data are needed to learn what you want to know, and in what ways will you obtain the data? (See [Collecting and Analyzing Data](http://www.assesstoolkit.org/assesstoolkit/member/Data/index.jsp))
* Will the data be used to set priorities and plan programs?
* How will the assessment results be communicated, and to whom?

[back to **Assessment Process Guide**](http://www.assesstoolkit.org/assesstoolkit/introassessment.jsp#apg)

**Identify the Users and Audience**

As discussed in [Establishing the Assessment Infrastructure](http://www.assesstoolkit.org/assesstoolkit/member/Infrastructure/index.jsp), it is important for the lead organization(s) and any assessment advisory committee to clarify whether the assessment is intended primarily for use by one organization or by a broader set of community stakeholders.  The intended users and their expected uses of the assessment will help determine what populations and what topics are studied, how you prioritize the findings, and what kinds of reports and communications are created.

For example, a board of directors for a single organization might require a more targeted assessment of issues relevant only to the organization’s strategic plan, whereas a network of community organizations might seek a more comprehensive view of health needs that can be used in different ways by various partners.  Usually, the needs of individual organizations can be met while conducting a broader assessment in a partnership context.

Potential users and audiences of your assessment findings include:

* Hospitals and health systems
* Public health agencies
* Community health centers
* Other physical, behavioral, and mental health service providers
* Government agencies
* Funders
* Community organizations
* Collaboratives and partnerships
* Residents and neighborhood groups
* Academics
* Media organizations
* Policy makers and elected officials

**Define the Purpose**

Once you determine the users and audiences for the assessment, you can apply your choices to specify the intended purpose(s) of the assessment. If you follow the community partnership model, be sure to recognize the needs of all participants, while also preparing to compromise to ensure that the overall purpose of the assessment is manageable.

The purpose of the assessment will influence decisions about target populations, the types of data collected and analyzed, how the information will be organized and delivered, and how the assessment results will be disseminated and communicated.

Assessments can be conducted for a variety of purposes, including to:

* To establish a baseline of community issues that can be monitored over time
* To focus or prioritize program planning
* To evaluate programs, policies, or other initiatives
* To support policy development or advocacy
* To fulfill a legislative, regulatory, or funding requirement
* To support grant writing or fund development with data documentation

**Specify the Target Population**

Specifying the population characteristics and the geographic focus of the assessment will help you define the amount of data needed, which in turn can help you confirm or revise your budget and time line. It can also help determine who should be involved in conducting the assessment.

The geographic focus can include counties, cities or towns, neighborhoods, school or other governmental districts, or a collection of zip codes. While not all data are available for every geographic area, begin by defining the area of your primary interest.  Data collection tactics can be adapted to fit the chosen geography.

Populations of focus can be broad (e.g., all people in a defined region) or can meet specific criteria relevant to the assessment’s purpose.  Examples of population characteristics that can be targeted include:

* Age (e.g., children and youth, adults, seniors)
* Race and ethnicity
* Income level
* Education level
* Insurance status

It can sometimes be helpful to include a focus on small populations of interest (e.g., a particular minority group assumed to have special needs) to ensure that they are not disregarded in the overall assessment. Examples of target populations:

* All residents of a particular county, city or neighborhood
* Uninsured or impoverished adults in a specific city
* Students within a school district
* Specific racial or ethnic groups in a defined region
* Recipients of a particular service

Step 2 Essentials

[Step 2 Summary (pdf)](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Files/Step2Summary.pdf)

[**Resource Links**](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Step%202/step_2_resources.html)

[Case Examples](http://www.assesstoolkit.org/assesstoolkit/member/examples.jsp)

**Task Checklist**

The following tasks should be in progress or completed before moving to Step 3:

* Determine and document what you want to learn about the community.
* Define the primary users of and target audience for the assessment results.
* Clarify the purpose(s) and expected uses of the assessment results.
* Determine the assessment's geographic area and any target populations.

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**Collecting and Analyzing Data (Step 3)**

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

* What specific information will help you learn what you want to know and achieve the assessment’s purposes?
* Does the desired information already exist in the form that you need it, or can it be extracted from existing data sets (i.e., secondary data)? If so, are available data of high quality?
* Will new data be needed to answer some questions or to address gaps in information (i.e., primary data)?
* Who will be responsible for collecting and analyzing the data?

The data collection plan should include:

* The desired data, including specific statistics (e.g., self-reported health status and health behaviors, illness rates, percent uninsured)
* Sources for secondary data (e.g., public health departments, U.S. Census Bureau, original survey)
* Data collection instruments or methods for primary data (e.g., CDC’s Behavioral Risk Factor Survey, focus groups)
* Who will be responsible for data collection (e.g., hired firm, local university)

It is not always possible to obtain all of the data on your initial list, so you may revise the data collection plan periodically. Reasons that some data might not be available include:

* The data are available at the national and state level, but not for local geographic regions or your specific target populations.
* The data are available, but the sample size is so small that the data are considered statistically unreliable.
* The data are held by an organization that chooses not to release it.
* The cost to obtain the data is prohibitive.

[back to **Assessment Process Guide**](http://www.assesstoolkit.org/assesstoolkit/introassessment.jsp#apg)

**Determine Who Will Collect and Analyze Data**

Data collection and analysis is a time-consuming process, and often requires specialized knowledge and expertise. There are several approaches to consider for completing these crucial activities:

* Identify and utilize **existing staff at participating organizations**, to the extent feasible given their training and expertise.
* Work with a **college or university class** in public health, health administration, or a related field seeking a class project.
* Hire **undergraduate or graduate student interns** from a public health, health administration, or related program. A student intern may be available at little or no financial cost, but will require supervision. Depending on their level and specific course of study, interns may have considerable specialized knowledge.
* Identify and train **community volunteers** willing to help with surveys, interviews, or focus groups.
* Hire an **individual consultant or a consultant team**. Some researchers are particularly strong with quantitative data and can be helpful with collecting and organizing statistics, whereas others may prefer to plan, implement, and analyze focus groups or key informant interviews.
* Contract with a **professional research organization**. Professional research assistance can be costly, depending in part on the extent, scope, and methodological soundness of the research that you want. However, a professional team will generally have the expertise needed to design and implement collection and analysis projects for both primary and secondary data.  
    
  If resources are available to contract with a professional research organization, it is important to select one that has experience with community heath assessments and that can work in partnership with the assessment advisory committee.
* Leverage **partners’ existing contracts** with professional research organizations or subscriptions to databases.

**Collect Secondary Data**

There is a wealth of existing information (i.e., secondary data) that can be collected and included in a community health assessment. Data can be obtained from a number of different sources, such as:

* Local, state, and national health agencies
* Local, state, and national governmental agencies (e.g., the U.S. Census Bureau);
* Universities and other research institutions
* Local health and human service organizations (e.g., hospitals, clinics, United Way)
* Web sites that include published data sets

There are many different types of measures to consider for your community health assessment, such as:

* Demographics (e.g., race/ethnicity, age, poverty, income, housing)
* Birth and death characteristics (e.g., births to teens, infant mortality, prenatal care, leading causes of death among different age or ethnic groups)
* Disease incidence and prevalence (e.g., chronic disease, HIV, cancer, obesity, substance abuse, mental health)
* Health status and health behavior (e.g., self-reported health, physical activity, nutrition habits)
* Health care utilization (e.g., condition diagnoses, hospital length of stay or discharge information, access to care)
* Social and community issues (e.g., crime rates, homelessness, family or gang violence, quality of life)
* School and student population characteristics (e.g., student race/ethnicity, graduation rates, standardized-test results)

Existing data can be obtained both from small, informal studies and from larger-scale, validated research using formal data collection methods. There are advantages and disadvantages to each type of data.

**Small, Informal Studies and Reports**

Advantages include:

* These data provide valuable information and insights specific to a community.
* These data reduce duplication of data collection effort and facilitate building on existing work.

Disadvantages include:

* The population or geographic area studied may not be an exact match to your target population or area.
* Information may be more likely to focus on services provided or on populations served by specific agencies, rather than on community-wide needs.
* The quality of information needs to be evaluated relative to the methods used and the purpose and intent of the study.

**Larger-scale, Validated Studies**

Advantages include:

* Data are generally collected using standardized and tested research methods, which can provide greater assurance of data quality.
* Data are often available by census tract, zip code, or school district, enabling analysis of targeted geographic areas.

Disadvantages include:

* You are limited to the information that is collected, which may not be exactly what you want to know.
* The ability to extract the data for targeted geographic analyses still may not offer you meaningful information (e.g., if a zip code includes pockets of both poverty and wealth, or the numbers are too small to be reliable).
* Manipulating data from existing databases may require expertise.

**Data Quality and Validity**

Not all data are collected with equal rigor and attention to best practices in research methodology; additionally, results may not always reported with complete transparency. Some questions to consider when using secondary data include:

* Where did the data come from? Was it collected by a group that may have had a vested interest or specific agenda that could have influenced the findings?
* Have the data been peer-reviewed or published to assure that basic scientific research protocols were followed?
* Are the conclusions drawn appropriate to the methods used and reflective of the data presented?

**Comparative Data**

When available for quantitative data, comparative information is helpful for establishing benchmarks and placing data in a particular context. For data to be comparable, it should be expressed in ratios, rates, or percentages rather than as absolute numbers.

Comparative data can include:

* Trends over time in a single population or community
* Comparisons of local data to county, state, or national data in the same time period
* Comparisons to national standards or benchmarks

**Collect Primary Data - Introduction**

In addition to identifying and collecting secondary data, you may decide that you need additional information for your assessment.  You may need to:

* Gain knowledge about issues not covered by the available secondary data sources
* Answer questions raised by analysis of the secondary data
* Understand the opinions, perceptions, and knowledge of specific population groups within your community

New information collected specifically for a project or assessment is called primary data. Most often, primary data collected in a community assessment is information that is asked directly of individuals (via surveys, interviews, or focus groups) who are members and/or leaders of your community.

Advantages of primary data include:

* The information collected can be tailored to the needs of your particular assessment.
* The population and geographic areas studied can be targeted to your needs.
* You have greater control over the quality of the data collection process.
* The process can increase local stakeholder support of the assessment and its findings.

Disadvantages include:

* Design and implementation of a new study requires technical expertise in research design and methods, including data collection instrument development and sampling.
* Some forms of primary data collection, such as random-sample telephone surveys, can be quite costly.
* Expertise is required to organize and analyze the data, whether qualitative or quantitative.
* Self-reported data by individuals is subject to some biases, although a well-designed, validated, and well-executed survey or focus group should minimize the potential for this problem.

**Collect Primary Data - Methods**

Several approaches can be used to collect primary data for your assessment, including surveys, interviews, and focus groups.

**1. Surveys**

Surveys can be completed by respondents on paper (e.g., mailed surveys), online (e.g., Web-based surveys), or with a survey-taker either in person or on the telephone. Surveys include a defined set of questions designed to elicit the knowledge, behaviors, or attitudes of the respondent.

Surveys are generally targeted to larger groups of respondents than are interviews, and thus usually include forced-choice questions, which provide quantitative data that is easier to analyze. Forced-choice questions require respondents to select one of a given set of possible responses, such as true/false, multiple choice, or a rating from 1 to 5.

Surveys can also include open-ended questions, which allow respondents to provide individualized, narrative responses. Responses to open-ended questions are qualitative and require a different type of analysis; for example, analyzing the ideas and themes found in the narratives.

**2. Interviews**

Interviews are completed one-on-one either in person or on the telephone. Interviews are generally conducted with a smaller pool of targeted individuals (e.g., hospital leaders, clergy, elected officials) and tend to include mostly open-ended questions, providing an opportunity to gather more in-depth information. Conducting and analyzing interviews can be a time- and labor-intensive process, but interviews yield qualitative information that is rich and nuanced.

**3. Focus Groups**

Focus groups are another approach to collecting primary data. Focus groups consist of 8 to 15 people who share some characteristic(s) (e.g., medically uninsured, service providers, residents of a specific community).  Focus groups are led by a facilitator who asks open-ended questions designed to elicit thoughtful responses and discussion. People are encouraged to listen to one another's comments and to share their own perspectives, whether or not they agree with others in the group.

We advise that you conduct two to three focus groups with each of your target populations, to identify both the common and the unique responses across the groups. Either the facilitator or, preferably, another nonparticipant should take notes, either written or audiotaped; these notes must later be analyzed using qualitative methods to discern patterns and themes of information.

Focus group input can be useful prior to constructing a survey to identify areas to address; or focus groups can be conducted after a survey to explore certain findings in greater depth.

**Primary Data Collection Considerations**

The development of these collection methods requires expertise to ensure that the primary data will answer your community’s research questions.  Above all, questions must be designed correctly to avoid bias and uncertainty. Conside these issues when constructing surveys, interviews, and focus groups:

* The verbal and written literacy level of respondents
* The primary language of respondents
* The cultural norms of the target population (including their receptivity to participating in surveys or focus groups)
* The expertise needed to analyze the data

**Sampling**

Sampling is the process by which people are selected to participate in a survey, interview, or focus group.

Sampling can be randomized (i.e., where all members of the study population have an equal chance of being selected to participate), resulting in findings that represent the population sampled. Random sampling is a sophisticated process requiring knowledge of research principals and technical expertise to properly conduct.

Alternatively, sampling can be nonrandomized, which can provide important or useful information but might not be generalized to a larger population group or community.

Surveys are frequently conducted using random sampling techniques, while interviews and focus groups generally use a nonrandomized, targeted approach to identify and select participants.

There are variations on random and nonrandom sampling techniques, as well, and it is best to consult someone with specific knowledge of the subject to ensure you select methods that will provide the best information.

**Analyze Data**

Once you have secondary and primary data in hand, staff and the assessment advisory committee will need to spend some time interpreting - or analyzing - the data to discern patterns and themes. As discussed above, data can be either quantitative (numeric) or qualitative (interpretive).

There are a number of strategies for analyzing quantitative data, ranging from such techniques as totaling responses and presenting frequency distributions (e.g., 32% indicated fair or poor health, and 68% indicated good or excellent health) to sophisticated statistical analyses that require dedicated software packages.

The former can provide what is known as descriptive information, while the latter may seek to assess the correlation or causality between, say, access to medical care and self-reported health status.  Typically, community health assessments use fairly simple descriptive statistics to describe the health and health needs of the population.

Analysis of qualitative data often includes identifying prominent themes that emerge from focus groups and interviews. These themes can point to important issues that may reflect community priorities within specific topics.

See the [Step 3 Resource Links](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Step%203/step_3_resources.html) for more detail about and insight into specific data analysis methods and tools.

**Develop a Data Management Process**

Developing a system to organize your primary and secondary data into computer files will make the information easier to use and analyze.  Data can be managed in commonplace spreadsheet or database software, or on customized systems designed for social research or even specifically for health assessments.

If you hire a research firm or consultant for data collection, they generally will handle the data management.

Regardless of how you manage your data, ensure that your system includes:

* An organizational structure for computer files to hold your data
* Ease of data entry, as well as a way to verify that data has been entered correctly
* Preliminary or exploratory data analysis to provide a quick picture of the findings
* Documentation of data sources and files, plus notes about the data such as known problems, a contact person for collecting the data, and the frequency with which data is collected and available

**Consider Examining Community Assets**

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Community health assessments are often considered synonymous with "community health **needs** assessments" in that they frequently are focused on deficits and shortcomings in health. While this aspect of assessments is absolutely vital, there is something to be gained by also examining community health **assets** as a part of the assessment process.

The value of including community assets and strengths when assessing health and social well-being was first promoted by Kretzmann and McKnight in the early 1990s. Their work highlighted the limitations of viewing communities and their residents as poor, deficient, and fraught with needs. Using this perspective exclusively tends to result in the development of deficiency-oriented policies, programs, and services that create dependent clients out of community residents.

A natural alternative to the "needs" focus is to highlight the capacities, skills, and assets of any target population and its community environment. Understanding and utilizing the resources available to a community through its individuals, associations, organizations, and institutions can result in higher quality strategies and programs. Community assets are resources can provide financial and in-kind support, expertise, and increased credibility for your assessment and efforts to address its priorities.

When examining your community assets, you may want to include inventories of:

* Individuals’ and population groups' skills and strengths
* Local associations, including formal and informal citizen groups
* Local institutions and their resources (e.g., schools, hospitals, government offices)
* Community health resources, including who is served, services provided, and unused capacity
* Physical assets (e.g., parks, buildings, community centers)

Step 3 Essentials

[Step 3 Summary (pdf)](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Files/Step3Summary.pdf)

[**Resource Links**](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Step%203/step_3_resources.html)

[Case Examples](http://www.assesstoolkit.org/assesstoolkit/member/examples.jsp)

**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.

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**Selecting Priorities (Step 4)**

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Sufficient resources frequently are not readily available to address all the health concerns identified in a community health needs assessment.  Choices must be made about which issues to designate as priorities for action in the short to intermediate term (e.g., one to three years). The number of priorities you select will depend on your organization’s or partnership’s resources, as well as existing activity in your community.  In general, aiming for three to six priorities may be a reasonable number to move a community partnership to action.  For a single organization, two to three priorities may be a better target.

When multiple community stakeholders use a consensus process to set their priorities--particularly with health needs assessment data as the foundation--a greater commitment to action can result. Priorities should reflect the values and criteria agreed upon by the group designated to identify priorities, taking care to respect the missions, strategies and capabilities of each. Any such group might include assessment project staff, any assessment advisory committee, and possibly other interested community representatives with relevant knowledge or expertise. A neutral, skilled facilitator can assure an unbiased priority-setting process, and can keep the process moving forward.

**Whose priorities?**  Depending in part on whether your assessment is conducted by an individual organization or by a community partnership, multiple stakeholder groups may use the assessment data to set priorities, including:

* Individual organizations, such as hospitals, public health departments, and social service agencies
* An assessment advisory committee or other collaborative group, which may establish shared priorities for a broad community response to the assessment findings
* Partnerships of organizations that focus on a narrow or particular range of issues (e.g., only the mental health issues studied by the assessment)
* Policy makers or neighborhood organizations

Together, these different partners may help implement multiple efforts to improve community health, which can be more effective than any single approach.

**When should you select priorities?**  You can decide to select priorities before publishing and disseminating the assessment findings and can include them with the important data in the formal report.  Alternatively, you can produce a summary of assessment data without setting priorities, and then invite the relevant parties into a priority-setting process.

[back to **Assessment Process Guide**](http://www.assesstoolkit.org/assesstoolkit/introassessment.jsp#apg)

**Review the Assessment Data**

Before setting priorities, all participants who will participate in the process should become familiar with the community health assessment results and should have the opportunity to ask questions and engage in some discussion as to the meaning of the results.

The assessment's data findings can be presented verbally or in writing. In either case, visual representations of the data can be extremely useful. In presenting data to the priority-setting group for this review, it is important to share the data in adequate depth without overwhelming participants with details.

More information about methods for presenting data is included in [Documenting and Communicating Results](http://www.assesstoolkit.org/assesstoolkit/member/Results/index.jsp).

**Establish Criteria for Evaluating the Data**

Establishing criteria for evaluating the data creates a common, agreed-upon framework that reflects the priority-setting group’s vision and values.

Criteria can be used to help identify the most significant community health problems, as well as evaluate which problems make the most sense for the group to prioritize.  These problems can be different; the most significant issues are not always ones that a community is prepared to address. Conversely, some problems that you are equipped to act upon may not be as important as reflected in the data.

Criteria that can be used to identify the most significant health issues include:

* The magnitude of the problem (e.g., the number of people or the percentage of population impacted)
* The severity of the problem (e.g., the degree to which health status is worse than the national norm)
* A high need among vulnerable populations

Criteria that can be used to evaluate which health issues you should prioritize include:

* The community’s capacity to act on the issue, including any economic, social, cultural, or political considerations
* The likelihood or feasibility of having a measurable impact on the issue
* Community resources (e.g., programs, funding) already focused on an issue (to reduce duplication of effort and to maximize effectiveness of limited resources)
* Whether the issue is a root cause of other problems (thereby possibly affecting multiple issues)

**Set Priorities with a Consensus Process**

Obtain agreement on a clear priority-setting and decision making process prior to selecting priority issues. Identification of criteria, above, is the first part of this activity. Next is the process of discussing the assessment in light of those criteria, to choose priorities for action.

Generally speaking, processes that do not build consensus among participants (such as a single decision-maker or a majority-rules voting process) are more expedient on the front end, but may result in problems later if substantial numbers of community stakeholders do not feel ownership of the results and therefore do not participate in developing and implementing action plans.

A consensus-building process, alternatively, is most likely to produce outcomes that are mutually agreeable to all participants. These processes are more time- and labor- intensive initially, but participants are more likely to feel that they have a stake in the results and may be more willing to participate in addressing the issues.

There are many ways to facilitate a consensus on priorities. Three processes are summarized here:

1. **Gradients of Agreement**  
   Group members vote along a continuum of support, indicating to what degree they agree or do not agree with a priority. Discussion can be held around issues where there are only moderate degrees of support to create more consensus in those areas. (Kaner, S. et al. (2007). Facilitator’s Guide to Participatory Decision-Making, 2nd edition. San Francisco: Jossey-Bass)
2. **Rating and Ranking Health Problems**  
   Group members score each health issue from 1 to 10 on each of the identified criteria, then rank them according to their scores. Scores are added together to obtain the Problem Importance Index. The group selects the three to six priorities as appropriate to your community's resources, then discusses to determine whether there are any barriers to addressing these priorities. (Healthy Carolinians Community Assessment Guide Book.)
3. **Identify strategic issues**  
   Strategic issues are those fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision.  The process of identifying them includes: (1) brainstorming potential strategic issues, (2) developing an understanding of why an issue is strategic, (3) determining the consequences of not addressing an issue, (4) consolidating overlapping or related issues, and (5) ordering the list of issues. (Mobilizing for Action through Planning and Partnerships)

**Validate Prioritized Needs**

Once a list is generated, staff, the assessment advisory committee or priority-setting group may choose to present the priorities to other community groups for input, discussion, and validation.

This is an optional step that you may use if you feel that broader community input in the priorities will facilitate buy-in for action or if there are groups who have expressed concern about not being included in the assessment process.

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Step 4 Essentials

[Step 4 Summary (pdf)](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Files/Step4Summary.pdf)

[**Resource Links**](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Step%204/step_4_resources.html)

[Case Examples](http://www.assesstoolkit.org/assesstoolkit/member/examples.jsp)

**Task Checklist**

The following tasks should be in progress or completed before moving to Step 5:

* Determine who will review assessment data and help set priorities, beginning with the staff and any advisory committee.
* Prepare a written summary of the assessment findings for the priority-setting group.
* Review and discuss the assessment findings with this group.
* Consider selecting a facilitator to assist with the priority-setting process.
* Establish criteria for evaluating assessment data and for setting priorities.
* Identify the top three to six priorities.

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**Documenting and Communicating Results (Step 5)**

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Documenting your findings is important so that the results can be shared and the information can be discussed and used to improve your community.

A written record of the community health needs assessment process and its outcomes should be created and made available to key stakeholders and the general public in paper and electronic formats. The report should be easy to understand--written in accessible language free of jargon and technical terms--and should be visually appealing. The report's purpose and primary findings should be clear and comprehensible. We recommend that your report is reviewed by a communications or public relations specialist.

The report may be used for:

* Developing and implementing program plans to address key issues
* Promoting collaboration and partnerships within your community or region
* Writing grants
* Educating different groups about emerging issues and community priorities
* Supporting community advocacy or policy development
* Establishing baselines as a reference point for measuring progress over time
* Supporting community-based strategic planning

[back to **Assessment Process Guide**](http://www.assesstoolkit.org/assesstoolkit/introassessment.jsp#apg)

**Organize Information for Presentation**

How data are presented in the assessment report is of great importance. Your first step will be to review the information and determine the assessment's key themes; a good place to begin is with the top priorities identified by your group. Also consider patterns in the data, trends over time, and variations in the information across geographic areas or population groups. Keep in mind the audiences for your report and what issues will be particularly salient for them.

When you select a presentation format, take into account the type of data, the availability of comparison data, and the approach that will best communicate the results to the target audience. Some guidelines suggested in the PATCH Guide for the Local Coordinator *(out of print)* include:

* Present data in a simple, straightforward manner.
* Include a frame of reference for the data (e.g., comparison data).
* Explain any limitations of the data.
* Label and provide citations for all tables and graphs.
* Choose the graphic display most appropriate for the data and the message.

There are a number of mechanisms for reporting information, including narrative summaries, tables, maps, or graphic representations. Use these guidelines to determine when to use bar charts, pie charts, and line graphs:

* A horizontal bar chart focuses attention on differences among issues or groups (e.g., obesity rates among different age groups).
* A line graph is useful for plotting data at several points in time and displaying trends (e.g., comparison of low birth weight rates among different ethnic groups over time).
* Pie charts help highlight the distribution of different data values in terms of a percentage of the whole (e.g., the percent of different ethnic groups in a school district).

Tables can be an effective communication tool when you want to show a pattern in the data or illustrate a relationship among variables. Tables can also be used to persuade an audience that an argument you are making in the narrative is supported by hard data. Tables should not be used, however, when you only have three or four numbers to present, or if you are making a presentation projected onto a screen.

For more detailed guidance on presenting data, see [Indispensable Information: Data Collection and Information Management for Healthier Communities, pp.56-65](http://www.communityhlth.org/communityhlth/files/files_resource/DataCollection&Mngt-Mod7.pdf).

Finally, do not feel that it is necessary to present all of the data from your assessment. Select those data that are important to convey major points, leaving other data to an appendix or making it available to program planners or analysts who are most likely to use it. Too much information or too long a report can discourage its use.

**Prepare a Written Report**

We suggest that you outline your report before you begin writing it. Consider organizing your report into these sections:

* The purpose of the assessment
* A summary of the process and methods, including community involvement, data collection and analysis, and priority-setting
* Key findings
* Priorities (if established before the report is prepared)
* Recommendations for action or a description of the action plan (if established before the report is prepared)
* An acknowledgement of those involved, including a description of the collaborative nature of the assessment, and how partners contributed

Additionally, consider when preparing your report:

* Organize the report by issue areas that people will readily understand (e.g., chronic disease, substance abuse) and include relevant supporting data, rather than organizing by data type or indicators (e.g., birth and death data).
* Avoid exaggerating or minimizing findings to support particular issues, programs, or assumptions.
* Describe any significant changes from previous assessments.
* Note and interpret discrepancies and weaknesses in the data.
* Review external contextual factors that facilitate or inhibit the ability to make an impact on various issues (e.g., public policies, funding).

**Publicize the Assessment Findings**

The community health assessment report should be easily accessible to the public, supported by a plan for disseminating it and its key findings and priorities. Elements of the dissemination plan can include:

* Sending copies of the report to groups that may be interested in the findings (e.g., funders, county or state health departments, community organizations, elected officials)
* Distributing copies in publicly accessible locations (e.g., libraries, community centers)
* Posting the report on your own Web site and as a link on other relevant sites

As part of the report's dissemination, create a communications strategy for releasing the assessment findings. It is important to be clear on the intent of these communications (e.g., to share information, to stimulate action). The communications plan can include such tactics as:

* Preparing and disseminating "issue briefs" that highlight specific findings of the assessment
* Presenting key findings to community leaders, elected officials, and other identified stakeholders
* Preparing press releases for print, online, and broadcast media
* Meeting with print media editorial boards to educate them about key report findings
* Including key findings in organizational newsletters

As the assessment findings are disseminated through various channels in the community, monitor how the information is being portrayed, and correct mistakes or misinterpretations. Expect that different people will have different responses to the findings and priorities, both within your organization and in the community at large. Not everyone will agree, but you can be clear about your purpose, how the data were collected, and the conclusions you draw from the data.

**Consider Promoting Community Dialogue on Findings**

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As discussed in the [Selecting Priorities](http://www.assesstoolkit.org/assesstoolkit/member/Priorities/index.jsp) step, community engagement with the assessment results can be a valuable part of the overall assessment process. Community engagement can help validate assessment results and create greater buy-in for action on the part of the community, in addition to your organization's own implementation strategy.

Community engagement can take place in a variety of ways. The most common may be holding one or more community meetings that include a presentation and facilitated discussion of the findings. Expect to answer questions about the issues identified, and also about opportunities and strategies for addressing those issues.

If you go this route, consider holding meetings for different segments of the community to ensure that you reach a variety of interested and affected parties. This may entail holding meetings in different locations, preparing materials in languages other than English, and partnering with local community institutions (e.g., schools, faith-based organizations) to help reach various groups.

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Step 5 Essentials

[Step 5 Summary (pdf)](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Files/Step5Summary.pdf)

[**Resource Links**](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Step%205/step_5_resources.html)

[Case Examples](http://www.assesstoolkit.org/assesstoolkit/member/examples.jsp)

**Task Checklist**

The following tasks should be in progress or completed before moving to Step 6:

* Review data and priorities to highlight key messages.
* Prepare a written assessment report that includes graphs and tables.
* Obtain approval for the report's contents, as needed.
* Publish the report on paper and electronically.
* Consider developing a community dialogue and communications plan.

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**Planning for Action and Monitoring Progress (Step 6)**

Once you have collected the data and established priorities, it is time to develop, implement, and monitor an action plan to address the priorities and improve community health. The action plan can include developing programs and policies run by one or several organizations. According to the CDC's PATCH Guide for the Local Coordinator *(out of print)*, a comprehensive intervention plan:

* Includes multiple strategies (e.g., educational, policy, environmental, programmatic)
* Uses various settings for the implementation (e.g., schools, communities, worksites)
* Targets the community at large as well as subgroups
* Addresses factors that contribute to the health issue

Identifying specific goals and objectives for the action plan will help focus the suggested interventions and provide a method for assessing the value of each option. If you examine the experiences of other communities or formal research, you can determine what is already known about how effective programs or policies can have an impact on your priorities. In addition, thinking up front about how the action plan will be evaluated will establish accountability and will enable you to make adjustments if results differ from expectations.

Action plans developed with community input are most likely to garner active support for implementation. An implementation committee can be formed that includes individuals who participated in previous phases of the assessment process, as well as new stakeholders who may emerge because of their expertise, resources, influence, or existing involvement related to the plan's focus issues.

Finally, involving members of the target population that will be affected by action plans is often important to assuring that plans are appropriate and culturally sensitive, and therefore more likely to succeed.

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**Conduct Research to Inform Goals and Actions**

Before creating an action plan with goals, objectives, and strategies, engage in some preliminary information-gathering and planning:

* Consider social, economic, or environmental factors to address that may be contributing to the health problem.
* Study how other communities have addressed similar problems by reviewing written reports (particularly research reports) and/or interviewing community representatives.
* Research evidence-based best practices that have been determined to be successful.
* Generate a list of possible actions in response to the priorities, and evaluate the financial and political feasibility of those actions.
* Identify existing partnerships and programs that may already be addressing some aspect of the assessment's health priorities.
* Identify local or external resources that may be available to help address the issues.

**Define Goals, Objectives, and Strategies**

Establish goals, objectives, and strategies for the action plan to give it focus and to help ensure that you make the best use of individual and organizational resources.

Goals, objectives, and strategies are defined in numerous ways in different planning texts. What is important is that you select the definitions you want to use for your action plan and apply those definitions consistently. The definitions offered here, provided in the [Healthy People 2010 Toolkit](http://www.healthypeople.gov/state/toolkit/default.htm), are fairly common and follow a logical progression from broad to specific. Also provided here are tips from the Healthy People 2010 Toolkit for developing goals, objectives, and strategies, plus some examples.

A **goal** is *what you want to happen*. It is a broad statement of general purpose to guide your planning.

* Use goals to clarify what is important within a priority area before drafting objectives.
* Begin with action words, such as *reduce, increase, eliminate, ensure, establish*.
* Focus on the end result.
* Consider whether a goal is for the whole community or a specific population.

Example goals:

* To increase regular exercise among older adults.
* To ensure that all children have access to health care.
* To eliminate secondhand smoke in public places.

An **objective** is *how you will know whether you have reached your goal*. It offers specific and measurable outcomes that you want to achieve by a particular date. Objectives narrow the goal by adding the "who, what, where, and when" and specifying "how much, how many, or how often."

* Consider a wide range of things that could indicate progress towards a goal (e.g., individual behaviors, professional practices, service availability, community attitudes, insurance status, policy enactment).
* Be specific about what or who is expected to change, by how much, and by when.
* Set short-term as well as long-term objectives.
* Be realistic about what can be achieved relative to the baseline data; find a balance between challenging yourself and setting yourself up to fail.
* Consider using the "SMART" acronym: **S**pecific, **M**easurable, **A**ttainable, **R**esources, **T**ime specific.
* Utilize or adapt national standards, such as Healthy People 2010.

Example objectives:

* By 2010, increase the use of safety belts and child restraints to at least 93% of motor vehicle occupants (baseline: 67% in 1997).
* By 2010, increase to at least 95% the proportion of people who have a specific source of primary care (baseline: 84% of adults in 1994).
* By 2015, increase to 100% the number of health plans that offer treatment for nicotine addiction (potential data source: state managed-care survey).

A **strategy** is *how the objective will be reached*. It specifies the type of activities that must be planned, by whom, and for whom.

* Generate a list of strategies that will engage different sectors of the community (e.g., businesses, volunteer organizations, schools, social services, faith communities, government agencies, citizens).
* Research intervention strategies that have been demonstrated to be effective.
* Consider strategies recommended by various state and national health projects (e.g., Healthy People 2010, [CDC Guide to Community Preventive Services](http://www.thecommunityguide.org/) ).

Example strategies:

* To expand access to primary health care by recruiting physicians and nurse practitioners, and helping to secure funding for a community health center.
* To increase the tax on cigarettes by at least 75 cents.
* To provide skills training to physicians on effective physical activity counseling.
* To enforce vending machine laws.

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**Create and Implement the Action Plan**

With goals, objectives, and strategies as its foundation, the action plan should include a detailed description of specific activities, roles, and time lines.

The following questions should be addressed:

* What specific, concrete actions need to be taken to achieve the stated objectives? What has been successful in the past? What does the research suggest? What is feasible to be implemented?
* What organizations or individuals will take the lead on each action step, and who will be responsible for assuring completion? Who else will participate, and what roles will they play?
* What is a realistic timeframe for the implementation of each step?

Once the action plan is established, it is time to implement its strategies and activities. Implementation may depend in part on funding from partners in the community health assessment or other sources. If this is the case, use the assessment's findings about health priorities and the commitment of partners to make a case for the needed resources.

The transition from planning to action can sometimes be difficult for group participants to make, as it requires a different type of involvement. Some community representatives prefer to participate only in planning, whereas others prefer to be involved in action. Respect these preferences and be sure to involve those most able to help implement the action plan.

We recommend that the implementation committee or team meet periodically as the project transitions into the action phase to assure progress, to hold one another accountable, and to troubleshoot any obstacles.

**Develop an Evaluation Plan and Monitor Progress**

An evaluation plan is key to help you measure progress toward your goals and objectives, as well as implementation of your strategies.  As part of the broader action plan, an evaluation plan identifies who will conduct the evaluation, specific metrics to collect and assess, and how it is being funded.

The evaluation should focus on the priority areas and their associated goals, objectives, and strategies, and communicate to what degree:

* The action steps are being implemented according to plan (process measures)
* Shorter-term impacts (intermediate outcomes) of the action plan are taking place, indicating progress toward the ultimate outcome objectives
* Longer-term community health status changes are taking place (outcome measures)

Project management staff, along with any volunteers working on implementation, should review the action plan's progress on a regular, periodic basis, and report back to organizational leaders, interested community members, and funders.

Step 6 Essentials

[Step 6 Summary (pdf)](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Files/Step6Summary.pdf)

[**Resource Links**](http://www.assesstoolkit.org/assesstoolkit/inc-atk/right_bar/Step%206/step_6_resources.html)

[Case Examples](http://www.assesstoolkit.org/assesstoolkit/member/examples.jsp)

**Task Checklist**

The following tasks should be completed before concluding your community health assessment process:

* Incorporate additional partners into the planning and action process, if warranted.
* Collect information on existing community efforts and on effective programs for identified priorities.
* Develop goals, objectives, and strategies as well as an action plan for top priorities.
* Begin implementation of the action plan.
* Develop an evaluation plan to monitor implementation and measure results.
* Meet periodically to monitor implementation and results.

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