Community Health Needs Assessment:

Overview Engagement Strategies Utilized Across New York State

Prepared for AHI by

Abstract:
In order to provide Adirondack Health Institute (AHI) with options regarding community engagement methods to support the 2016 Community Health Needs Assessment (CHNA), the Center for Health Workforce Studies (CHWS) reached out to county health departments across the state. Of the 44 county health departments that CHWS attempted to contact, 38 responded for an 86% response rate. Results were documented, analyzed and represented to show most county health departments are using multiple methods for engaging the community. County health departments are using surveys more than any other method, followed by focus groups, and other outreach methods. Most county health departments have begun their data collection process, however there are three county health departments (8%), who remain undecided on how to engage the community.

This report was prepared by Rochel Rubin and Robert Martiniano and does not reflect opinions of HRI or the University at Albany School of Public Health.

Methods

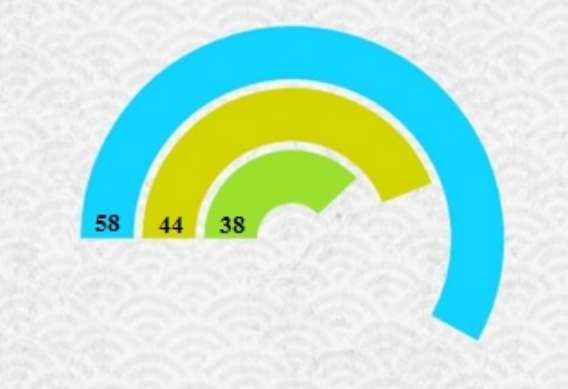
Of the 58 county health departments listed on the New York State Department of Health (NYSDOH) website (Local Health Department Contact List), 13 health departments were excluded from the analysis. Six county health departments were excluded that were associated with the Adirondack Rural Health Network (ARHN), another six were excluded that were associated with Healthy Capital District Initiative (HCDI) who CHWS staff contacted directly, and there was no contact made with New York City. Of the 44 remaining county health departments, five contacts were unavailable due to vacation or extended absence and one said an email should be expected, which was not received. The data was collected via telephone interviews and email correspondence.

Each county health department was asked three initial questions.

1. Which tools were used for the community engagement in 2013?
2. Which tools are the county health department planning to use for the 2016 report?
3. If a survey was used, would the county health department be willing to share the survey?

Content analysis was conducted on the data collected to understand the number of times county health departments mentioned 'surveys,' 'focus groups,' 'meetings,' etc. Percentages do not reflect 100 percent because county health departments often use more than one tool.

Figure 1: County of County Health Departments Contacted and Response Rate



2013 CHNA

Eighty–seven percent of county health departments utilized surveys for their 2013 CNA. Forty-five percent of county health departments included focus groups in their 2013 CNA, and 30% of county health departments utilized meetings, forums, and community conversations in their 2013 CNA. Community conversations are informal meetings with community members attending a town-hall like meeting to discuss concerns and to review data. Several county health departments collaborated in reaching out to the community and thus strengthened their community engagement.

2016 CHNA

Forty-five percent of county health departments that responded to the CHWS telephone survey are currently using survey methods for the community engagement aspect of their 2016 CNA (Figure 2). Thirty-two percent of county health departments are using focus groups, and 19% of county health departments are using other group measures such as meetings, forums and community conversations.

Figure 2: Summary of Types of Methods Used by County Health Departments for Community Engagement in 2016

	Survey	Focus Group	Other	Unsure
# of Counties	17	12	10	3
Percentage	45%	32%	26%	8%

For 2016, county health departments are choosing the method that best suits their county constituents based on time constraints, financial considerations, and on what has been done in the past. For example, one county is using meetings as means to guide providers and partners who are interested in contributing to the county health outcomes. Other counties are using forums and community conversations as ways to engage lay people. These county health departments find including feedback from lay people encourages effort in health outcomes and drives results through health outreach.

Survey methods were used most often for 2016. While some struggled with time and cost, others began the process as early as February, while some contracted survey companies to do phone surveys. Some counties developed the survey tool with county health partners.

One county health department is using the same methods as 2013 because the county health department found surveys and focus groups were the most effective and all-encompassing way to recruit information. One county created a steering committee which included leadership from two hospitals in the county, and hired a data specialists to conduct the data analysis. This county brought the data to the steering committee who identified 2 priority areas and have since been convening specialized groups around these priority areas to develop a plan. General community engagement was limited. This county says their efforts are not as broad as the previous CNA, and are focusing on these two priority areas. One county health department is working with the local hospital, using the hospital survey, and in conjunction with the hospital, is setting up prevention agenda meetings. Finally, one county health department is using DSRIP data as well as stakeholder meetings to identify potential need within the county.

Surveys

A number of counties are surveying their community through the Internet or through a phone survey. One county health department is using Survey Monkey as a means to collect data for their 2016 CNA. This county also printed paper versions of the survey and distributed to hospitals, clinics, and specific populations of needs; such as the jail, the Amish population, and also included a Spanish translated version of the survey. This county health department has had two community conversations and plans to have at least four more before the end of the year, as well as one stakeholder meeting. Other means for letting the communities know about surveys include Facebook announcements, posters hung throughout various health departments, hospitals, health centers, supermarkets, pharmacy's, at their airbase – with tear off pieces at the bottom at multiple locations. This county used QRS codes on their fliers as well, so that individuals can access the Internet surveys on their cell phones.

CDC's MAPP tool is offered at no cost and provides the guide to complete a CNA. There are some questions offered in the MAPP tool, but mostly encourages counties to focus on the outcomes and work backwards to generate appropriate surveys. This MAPP tool is being used by two county health departments. Questions for the MAPP survey are based on four assessment question groups and are based on the following:

- community themes and strengths;
- local public health system assessment;
- community health status assessment; and
- the forces of change assessment.

One of these county health departments just became an accredited health department and is the third one in New York State with accreditation. This county has held a summit of community organizations and meetings with the public to hear about data and health priorities. Community partnerships in this county are very strong. This county health department chose the MAPP tool because they were looking to become accredited and this survey method is evidence based, and endorsed by NACCHO as the most engaging for community interaction.

Several county health departments contracted with survey companies for this year's CNA. These are usually more expensive but are also more rigorous in their methods for collecting and analyzing the data.

County health department surveys made available to the Center span a variety of health topics and behaviors (See Appendix B). Surveys include demographics, education, and health profiles. Topics also include health challenges, health commitment levels and motivators, health concerns, attitude toward healthy lifestyle and healthcare, sources of care (e.g. urgent care, PCP, etc.), accessibility to health information via social media, health coverage, physical health, mental health, and previous or current use of social services.

Focus Groups and Meetings

Focus groups and both stakeholder and community meetings are also being used in 2016 to collect information on community need. These types of meetings are less expensive than surveying, have better feedback on current conditions and health needs, but are generally less scientific. They also take less time to organize and ultimately run compared to surveying. Some counties use focus groups, stakeholder, and/or community meetings instead of surveys, while others conduct these meetings in conjunction with surveys or other data collection.

Focus groups have specific questions to address and are limited to 10 to 15 participants. In some cases, multiple focus groups are convened on one subject to gather as much data as possible. Whether it is one or multiple focus groups, time and diligence is necessary to create an appropriate representation of the community, ensuring that all segments of the population are heard. In many cases, focus groups include a presentation of data to give participants a framework for discussion. Approximately one-third of the county health departments that responded to our inquiry are using focus groups.

Stakeholder and community meetings are less structured than focus groups and have a larger number of individuals participating. In many cases, participants in these meetings are broken into smaller groups to discuss issues, and then brought back together near the end of the meeting to get consensus on the issue or issues. Like focus groups, these types of meeting can include a presentation of data to give participants a framework for discussion. While less attention needs to be paid to convening the groups, large group discussions are more difficult to control and may ultimately not achieve the intended goal. Approximately one-quarter of respondents are using stakeholder, community meetings, or other types of meeting.

Public forums are being used by one county health department in the summer to collect information. The local hospitals will be involved and the county will look back at its health assessment from the last period and compare that data to current data from the NYSDOH. This county health department found that "the 2016 process is simplified since we have been asked to 'reboot' rather than redo a new CHA." During these forums, this county health department will share updates on current CHIP, and related data, and solicit feedback on areas of focus to guide the remainder of the cycle ending in 2018.

Steering committee meetings are being used by several county health department that include different sectors of the community. This county health department is using data from a variety of sources to inform the steering committee, but ultimately, the steering committee will identify the needs to address. These steering committees also directed what data should be used for analysis and how this data was collected.

Finally, a few county health departments remain undecided on how to process the information that was collected. A community leader meeting is being used in one county health department that is still unsure of how to proceed.

In the case of focus groups and these community, stakeholder, and steering committee meetings, identification of participants is key. Discussion and interpretation of data can be skewed if the meetings include too many of similar service providers (e.g., all hospital CEOs or all private practitioners). Likewise, too broad of participation may diffuse discussion, thus limiting direction. Additionally, meeting organizers should ensure that both formal leaders (mayors, legislators, etc.) are involved as well as informal leaders, (ministers, community organizers, etc.) that may not have a formal leadership but the communities look to for

advice and direction. These types of meetings are also more productive if relationships have been previously built and participants work together on a regular basis to identify and solve community problems.

Data supporting these meetings vary. As indicated above, new survey data is used to supplement these meetings. Others are comparing 2013 NYSDOH data to 2016 NYSDOH data and identifying need based on change. Others are using data collected for other NYSDOH programs, such as DSRIP and PHIP or other NYSDOH data such as hospitalization or avoidable hospitalization data.

As indicated above, several county health departments are still unsure of their plans to engage the community. Appendix A outlines the different approaches by the county health departments for community engagement in 2016.

Summary

Of the 38 county health departments who responded to our inquiries, most county health departments plan to use surveys for community input. Many county health departments also plan to run focus groups. County health departments are also using other methods which include community conversations, forums, and stakeholder meetings. Many county health departments are replicating the tools they used in 2013. Surveys represent the most widely used tool, however, some county health departments are struggling to replicate surveys again this year due to time constraints.

Data collection varies from outreach to at-risk populations, translation, and survey distribution in popular locations, to analyzing data from other county health departments in the region. Expertise involved in community engagement includes hospital partners to lay people at meetings.

Data collection include Internet-based surveys, custom surveys created by research organizations, DSRIP-collected data, and MAPP. Some county health departments are also working together for a strengthened presence and partnership in the region.

Developing and administering surveys can be very expensive and time consuming. Staff developing the survey must understand how to write survey questions and how to interpret responses. Surveys are not useful when time frames are short.

Conclusions

Surveys

Survey questions used by other county health departments generally reflected similar data provided to AHI through other means, including information on health status, health behaviors, and health outcomes. In this case, a survey would seem superfluous. Effective tools for community engagement would be to include either focus groups, stakeholder meetings, or community discussions.

That being said, data provided to AHI was collected several years ago and may not represent current conditions. There may also be response biases to the surveys, with respondents answering the survey only if they have an "axe to grind" to providing "socially acceptable answers," possibly undercounting negatively viewed behaviors such as smoking and binge drinking.

Focus Groups

Focus groups comprise of very structured meetings, strict adherence to the agenda and questions being posed, and mostly include professionals and/or community leaders selected to represent their constituency. Focus groups can also be dominated by one or two people, not allowing others to fully express their opinions. Focus groups are most effective when their size is restricted to 10 to 15 individuals, thus limiting overall community input.

Stakeholder Meetings

Stakeholder meetings gather information from the service provider perspective. For stakeholder meetings, the organizing entity would identify stakeholders that could potentially participate. Stakeholder meetings can be run more of an open meeting, can be broken into groups, or run like a focus group. Success of these stakeholder meetings depends upon a number of factors, including the individual running the people, the organizations selected to participate, the size of the group, and the individual involvement within the group. Stakeholder meetings are much more successful when cooperative groundwork already exists. Stakeholder meetings with organizations that rarely communicate are much less successful than those with stakeholders that work together regularly.

Rather than stakeholder meetings, AHI in both 2013 and 2016 surveyed service providers asking them to prioritize what they believe were the biggest issues in their service area.

Community Discussions

Community discussions occur in a more relaxed environment with people from all aspects of the community participating. These community discussions welcome feedback from community members regarding health care challenges, anticipated changes, and commendable strengths in health care practices. In these community discussions, county health departments will provide background information to give context to the discussions. These discussions may include an exercise that involves prioritizing the issues at the end.

Use of Data

Other than current surveys, data being analyzed is generally three to four years old thus potentially giving an incomplete picture of current needs. Comparing 2013 to 2016 data most likely to show minimal changes in health care needs, and will not necessarily identify health behaviors. Finally, data collected for other programs such as DSRIP or PHIP may not collect all the data that is necessary to gain a full understanding of health care issues in the community.

Ultimately, a combined approach to data collection is necessary to ensure that a broad understanding of the issues is obtained and that the county health department and meeting participants have a basis for identifying need.

Prioritizing Need

The prioritization process will help the county health departments identify health care areas to focus their efforts on. There are three methods discussed below in which to prioritize needs; the Q-Sort, Weighted Prioritization, and Bidding methods.

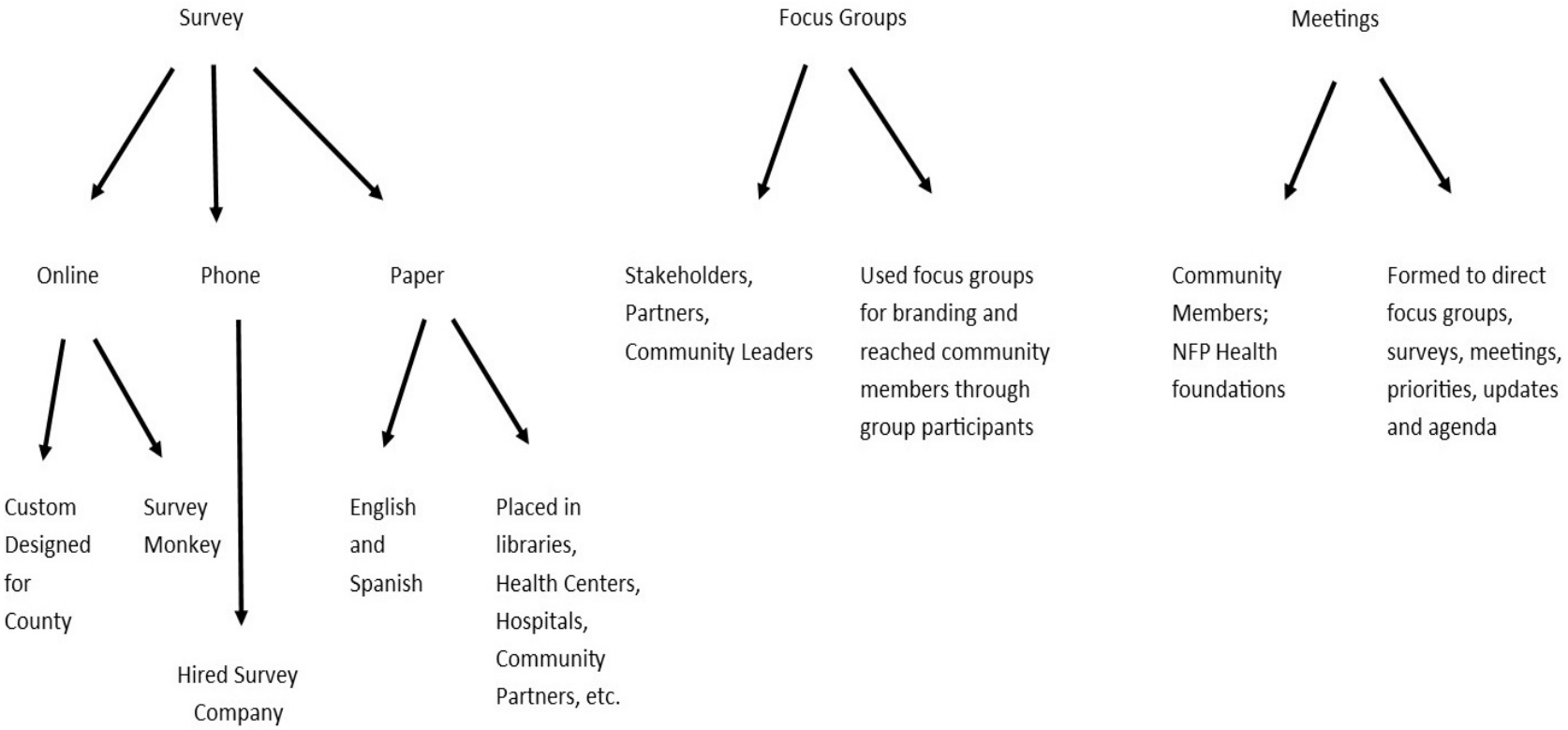
The Q-sort method in this situation would place variables or focus areas on cards and provide each member of the meeting with approximately 40 cards. The individual places the cards in order of importance. The group then provides each card with a number from 1 – 9 and places in a pattern beginning with a couple of cards in the first column, more in the second and so on. This Q-sort method provides a visually clear picture of variables needing prioritization regarding program expansion, maintenance, or contraction.

The weighted prioritization method was suggested to AHI for the 2013 CNA assessment. This method gave relative weights to questions (0.5 to 2) depending on how important the

question was to identifying potential need. Each question was then scored on a 1 to 5 scale, with 1 being low priority, 3 being medium priority, and 5 being high priority. The relative weight and the score were multiplied together to get a need score for each question, and the need scores were summed to get a total score. Questions were divided in 'need', 'feasibility', and 'impact' categories, and the higher the aggregate score, the higher the need.

The bidding method is similar to an auction. Committee members are given a number (e.g. 20) of stars. Each focus area is 'auctioned' and committee members place stars representing the importance of the focus area. Committee members have only 20 stars to use, once the stars are used committee members do not receive additional stars. This method ensures committee members critically contemplate a focus area and its prioritization. After the 'auction,' it becomes clear which focus areas need to be prioritized.

Community Engagement Concepts



Engagement Questions:

Most county health departments begin by asking whether respondent is a resident of the county and request zip code. We have excluded age, gender, race, education, income, etc. because this information can be found elsewhere.

Following are some sample questions from county health department surveys.

Demographics and Personal Information

1. Do you have health insurance?
2. If you go to the hospital, from which hospital do you or your family members get most of your care?
3. What sources do you use to get information about county decisions?
4. What is your marital status?
5. Do you know where to get information about the following services? (Testing, counseling, contraceptives, food stamps, HEAP, home care, hospice, Medicaid, etc.)?
6. How would you rate your overall health? (Excellent, good, fair, poor).

Health Behavior

1. Are you satisfied with your current housing situation?
2. In the future, what might help you, your family or your community make healthy changes in your life?
3. When you seek medical care, where do you usually go?
4. There are many reasons people delay getting medical care. Have you delayed getting PRIMARY CARE (going to your regular doctor) for any of the following reasons in the past 12 months?
5. Have you delayed getting DENTAL CARE for any of the following reasons in the past 12 months?
6. Have you delayed getting MENTAL HEALTH CARE for any of the following reasons in the past 12 months?
7. How would you describe your mood on most days over the past month?
8. Have you delayed getting help for drug, alcohol, prescription drug or any other substance abuse problem for any of the following reasons in the past 12 months?
9. How often do you use tobacco products?
10. In your life right now, what things keep you, your family or your community from being healthier?
11. In preparation for an emergency – like a winter storm – do you stockpile at least a two week supply of emergency food and supplies, such as canned food, bottled water and any medicine you take regularly?
12. How many hours of sleep do you think you get most nights of the week?
13. Do you and/or your children wear helmets when riding bicycles, skateboards, ATV's, snowmobiles, etc.?
14. What keeps you from eating more fruits and vegetables every day? Select all that apply: Time it takes to prepare; cost; lack of access to fresh fruits; don't like them; family doesn't like them; don't know how to cook them.
15. What is your drink of choice on MOST days? Water, milk, 100% juice, soda or pop, diet soda or pop, coffee (iced or hot), tea (iced or hot), juice drinks, energy drinks

(monster, red bull, etc.), sports drinks (Gatorade, Powerade, etc.), Kool-Aid/ Crystal Light, Beer/Liquor/Alcohol/Wine.

16. Where do you shop for food most of the time? Amish/Mennonite Store, Farmer's market, grocery store, neighborhood convenience store.

Health Opinion

1. When you think about your own health or the health of your community, which of the following issues are you most concerned about?
   (Many options were mentioned here including accessibility, behavior, disease focus areas).
2. Where did you hear about this survey?
3. Are there any of the following reasons why you are not satisfied?
4. Which of the following best describes your household telephone options?
5. We are interested in what you are proud of in your community. What are some existing services or characteristics in the community that support the health and well-being of you and your family? Tell us in the space below.
6. Which of the following health issues are you concerned about? (heart disease, cancer, etc.)
7. I would say that I have (More, Average, Less) energy compared to the average person.
8. Do you think that any of these environmental exposures are a problem? (agricultural chemicals, air pollution, carbon monoxide, contaminated water, disease transmitted by insects, food poisoning, lead, radon, septic systems, toxic exposures at home, toxic exposures at work, water pollution).

Resources

CDC's Assessment Initiative Cooperative Agreement: Community Health Improvement Process and Community Health Assessment Resources. Reviewed August 21, 2014. Retrieved from http://www.cdc.gov/ai/resources/popular/chip.html?_sm_au_=iVVNJ7MrS7qHPZR6

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