Welcome to CHA’s Webinar –
Community Benefit: Setting Priorities: Linking Assessment to Planning

April 3, 2012 | Noon – 1:30 p.m. ET

The webinar will start shortly. Thank you for joining us.

Reflection for Today’s Program

Creator, in this time of longer, warmer days, soft rains, and gradual greening, we recognize anew that we are surrounded by your gifts. Winter gives way to spring, darkness gives way to light, and dormancy gives way to new life. Hear our prayer of praise and gratitude, remembering especially those who cultivate the land, those who plant and gather, who feed our vast nation and peoples.
Best Practices for Community Health Needs Assessment and Implementation Strategy Development: Prioritization

Leslie M. Beitsch
Catholic Hospital Assoc. Webinar
April 3, 2012
Treasury Dept.-IRS Notice 2011-52

- Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

SECTION 3. ANTICIPATED REGULATORY PROVISIONS

- 3.08 Implementation Strategy
  ▲ Implementation strategy must be adopted
  ▲ Written plan
  ▲ Address health needs identified via CHA
  ▲ Plan may incl. collaboration with others
  ▲ Prioritization?????
PHAB Prerequisites

- Community Health Assessment
- Community Health Improvement Plan
- Agency Strategic Plan
- See www.PHAVBoard.org
Public Health CHA/CHIPS

- PHAB beta test
- ASTHO survey
- NACCHO profile
- Opportunities for synergy/collaboration

Overview

- What, who, why, and when do you prioritize?
- Select a method
  - Tools
  - Examples
- Summary/questions
CHA and Prioritization

- Health should be defined broadly
  - WHO
  - IOM
  - Not merely absence of disease
- Method(s) less critical than process
- Meaningful community engagement/involvement critical
- Meaningful community collaboration
  - Public health *system*

The Public Health System

Assuring the Conditions for Population Health

(IOM, 2003)
What is Prioritization?

- Placing a number of items in rank order based on perceived or measured importance or significance
- Assists organizations and groups in focusing limited resources
- We all do priority setting routinely (even if we do call it that)
- If everything is a priority, then…

Why Prioritize?

- Leadership direction
- Limited resources
- Urgency
- Competing health issues to address
- Program effectiveness/efficacy
- Program efficiency
- Performance improvement/quality improvement project identification
When Do You Do Priority-Setting?

- Prioritization occurs at many stages of program and project planning and implementation
  - Developing vision, mission, goals, etc.
- Have you done this before?
  - In a public health setting?
  - How different is priority setting for QI vs. other reasons (i.e., assessment and planning)?

Selecting a Method

- How rigorously objective do you want the process to be?
- What level of participation/number of participants is ideal?
  - Balance high participation / buy-in with manageability
  - Maintain awareness of biases
- How time/energy-intensive a process are you committed to?
Priority-Setting Methods

- ‘Dotmocracy’ method (aka ‘Quick and colorful’ approach)
- Nominal group planning
- Strategy map
- Simplex method
- Hanlon (PEARL) method
- Criteria weighting
- Prioritization matrix

‘Dotmocracy’ (aka ‘Quick and Colorful’) Method: Nuts and Bolts

- Group voting process
- Options identified and posted on wall, etc.
- Participants get selected number of votes (‘dots’/stickers)
- Review criteria for voting with participants
- Participants place ‘dots’ by their choices based on criteria discussed
Nominal Group Planning: Nuts and Bolts
- Through facilitated group process, brainstorm ideas
- List all items
- Review, organize, categorize, clarify
- Review final list
- Each participant votes or ranks
- Tally the ranking or votes
- Discuss and refine, if needed

Strategy Map: Nuts and Bolts
- Select criteria
- Create a grid with four quadrants
- Label quadrants
- Categorize and prioritize
- NPHPSP example
Simplex Method: Nuts and Bolts

- Develop a small set of close-ended survey questions
- Ensure all participants understand the options, the questions, and the process
- Ask participants to respond to the questions for each problem/intervention
- Average the responses
- Rank the items

Hanlon Method: Nuts and Bolts

- Rate Item based on:
  - Magnitude of problem (prevalence)
  - Seriousness of problem
  - Effectiveness of available interventions
- Apply “PEARL”
  - Propriety, Economics, Acceptability, Resources, and Legality
- Calculate Scores
- Rank based on Scores
Criteria Weighting: Nuts and Bolts

- Identify criteria
- Determine significance / value of criteria
- Score issues according to each criterion (e.g., 0-10, or low, med., high)
- Multiply significance by score
- Sum and divide by number of criteria
- Rank, discuss, and refine

Prioritization Matrix: Nuts and Bolts

- Identify decision criteria
- Weight each criterion against others
- Compare all options relative to each weighted criterion
  - Develop a different matrix for each criterion
- Develop a summary matrix
- Compare each option based on all criteria combined.
- For example…
### Prioritization Matrix: Example

<table>
<thead>
<tr>
<th>Alternatives (1-10)</th>
<th>Criterion Weight (1-10)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost (8)</td>
<td>Effectiveness (10)</td>
</tr>
<tr>
<td>Improve existing playgrounds</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Remove soda from school vending machines</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Restrict use of food stamps for unhealthy foods</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Offer healthy lunch options in schools</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Increase number of playgrounds from three to five</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

### Priority-Setting

- Use priority-setting methods creatively
- Ordering priorities
  - Logical
  - Temporal
  - Impact
- Consider barriers to implementation
- Use data from assessments wisely
- Use within the context of a planning process
NPHPSP Example

NPHPSP Reports – Optional Assessments

**Optional Priority Rating Results (All 3 Assessments):**
What are potential areas for attention, based on the priority ratings and performance scores?

**Optional Agency Contribution Results (State and Local only):**
How much does the (Local Health Department/State Public Health Agency) contribute to the system’s performance, as perceived by assessment participants?
Priority Rating Results (Example)

Table 4: Model standard by priority and performance score, with areas for attention

<table>
<thead>
<tr>
<th>Essential Service</th>
<th>Priority Rating</th>
<th>Performance Score (Level of Activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quadrant I (High Priority/Low Performance)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>These important activities may need increased attention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2 Public Health Policy Development</td>
<td>9</td>
<td>25 (Minimal)</td>
</tr>
<tr>
<td>5.3 Community Health Improvement Process</td>
<td>10</td>
<td>25 (Minimal)</td>
</tr>
<tr>
<td><strong>Quadrant II (High Priority/High Performance)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>These activities are being done well, and it is important to maintain efforts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Maintenance of Population Health Registries</td>
<td>9</td>
<td>100 (Optimal)</td>
</tr>
<tr>
<td>6.3 Enforce Laws, Regulations and Ordinances</td>
<td>9</td>
<td>100 (Optimal)</td>
</tr>
<tr>
<td><strong>Quadrant III (Low Priority/High Performance)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Health Education and Promotion</td>
<td>7</td>
<td>100 (Optimal)</td>
</tr>
<tr>
<td>3.3 Risk Communication</td>
<td>6</td>
<td>100 (Optimal)</td>
</tr>
<tr>
<td><strong>Quadrant IV (Low Priority/Low Performance)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>These activities could be improved, but are of low priority. They may need little or no attention at this time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1 Workforce Assessment, Planning, &amp; Development</td>
<td>4</td>
<td>25 (Minimal)</td>
</tr>
<tr>
<td>8.2 Public Health Workforce Standards</td>
<td>6</td>
<td>25 (Minimal)</td>
</tr>
</tbody>
</table>

Priority Rating Results (Example cont.)

- **Quadrant I (High Priority/Low Performance)** — May need increased attention
- **Quadrant II (High Priority/High Performance)** — May be important to maintain efforts
- **Quadrant III (Low Priority/High Performance)** — May shift or reduce some resources or attention to focus on higher priority activities
- **Quadrant IV (Low Priority/Low Performance)** — May need little or no attention at this time

Figure 9: Scatter plot of Model Standard scores and priority ratings
Priority Rating vs. Performance

- **Quadrant I** — May need increased attention
- **Quadrant II** — May be important to maintain efforts
- **Quadrant III** — May shift or reduce some resources or attention to focus on higher priority activities
- **Quadrant IV** — May need little or no attention at this time

<table>
<thead>
<tr>
<th>Perceived Priority (1-10)</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>High Priority Low Performance</td>
<td>IV Low Priority Low Performance</td>
</tr>
<tr>
<td>II</td>
<td>High Priority High Performance</td>
<td>III Low Priority High Performance</td>
</tr>
<tr>
<td>Current Level of Performance (1 – 100)</td>
<td>Low</td>
<td>High</td>
</tr>
</tbody>
</table>

Source: NPHPSP User Guide

Summary Points for Priority Setting

- Collect background data and documentation
- Clarify goals and objectives at outset
- Establish criteria for ‘judging’ potential options
- Determine participants for the prioritization process
- Select appropriate method
- Have needed materials for the prioritization method selected
- Implement process, follow-up and follow-through!
Questions/Comments/Diatribes???

Leslie M. Beitsch, MD, JD
Center for Medicine and Public Health
Florida State University College of Medicine
850-645-1830
les.beitsch@med.fsu.edu