

Appendix 5. “Community Assessments Impact” Fall 2006 Discussion Guide and Summary

Delegates are assigned to four breakout groups based on their organizational affiliation. Since there is less representation from health care, substance abuse, mental health, youth bureau, integrated county planning, we encourage representatives from these fields to stay within the assigned group. Below are described the issues for each of the four discussion groups, and some questions. Discussion group participants have to answer three broad questions, for at least three of the questions: (1) Do you agree with the issues, do you have something more to add?; (2) What is currently happening that is addressing this question?; (3) What would you like to see happen, and by whom?

<p>Data Issues</p> <ul style="list-style-type: none"> ▪ Figuring out what data to collect to present the problem is challenging and takes thought ▪ County level data is more available than sub-county data ▪ County-level health data has become more accessible over the last 10 years ▪ Health data from the state is sometime outdated and not current ▪ Having sub-county level data is essential to identify pockets of need and disparities ▪ There are many data gaps ▪ Depending on information from town meetings, for some work well, and for some can be disappointing 	<p>Measuring Impact Issues</p> <ul style="list-style-type: none"> ▪ Impact is measured in immediate benefits such as priorities identified, how findings are used ▪ Impact is also measured by change in organization policy or interventions e.g. more staff assigned, program outsourced ▪ Impact is not usually measured by linkages to behaviors or health status or to national indicators e.g. Healthy People 2010 ▪ At least in one instance, a federal agency that rates federal programs, has equated lack of valid performance measures as “non-performing” ▪ Measuring impact in terms of national indicators has implication for infrastructure, funding and outcomes. 	<p>Partnership Issues</p> <ul style="list-style-type: none"> ▪ Practitioners invest a lot of time in partnerships ▪ Partnerships are diverse and cross sectors – health, economic, substance abuse, mental health, youth, county government, education, faith, community-based organizations etc` ▪ The perceived value of partnerships are: <ul style="list-style-type: none"> ○ Getting buy-in ○ Reducing work load ○ Sharing scarce resources ○ Pooling resources ○ Increasing sustainability ○ Credible outcomes/findings 	<p>Training/Technical Assistance Issues</p> <ul style="list-style-type: none"> ▪ Follow-up of individual training/technical assistance opportunities with participants has usually implied they are utilizing knowledge and skills i.e. building competencies ▪ The survey, open-ended comments and interviews provided less information on the influence of training and/or technical assistance ▪ Among the folks who responded to the question on training:
<p>Data Questions</p> <ul style="list-style-type: none"> ▪ What is the role and relevance of town meetings in primary data collection? ▪ What are some strategies used by New York State Assessment practitioners in addressing data gaps? ▪ What are tips and strategies for framing issues? ▪ What strategies do you use to collect primary data when resources are scarce? ▪ How do you get resources for collecting data? 	<p>Measure Questions</p> <ul style="list-style-type: none"> ▪ How are community assessments linked to outcome/output measures? ▪ How is evaluating community assessments different from evaluating interventions? ▪ What lessons about assessment can current intervention/policy evaluations have to offer assessment practitioners? ▪ What are measures for evaluating impact of community health assessments? ▪ How can data/information be collected? 	<p>Partnership Questions</p> <ul style="list-style-type: none"> ▪ How do you choose partners? ▪ What are tools to measure partnership effectiveness? ▪ What works? ▪ What are similarities and differences in culture, words and settings? ▪ How do we share resources? ▪ What is the process used to clarify our relationships? 	<p>Training Questions</p> <ul style="list-style-type: none"> ▪ Where do we look to identify impact of training/technical assistance? ▪ How many assessment practitioners need to be trained for impact? ▪ What are some ways we can share resources? ▪ What are some ways for sharing training across sectors?

Partnership

This group marked their ideas as 1 or 2.

Under 1 are:

Sharing Resources

- Collaboration vs. competition
- Removal of silos
- Collaborative grant-writing
- Collaboration value

What works

- Recognize all members
- Open communication, data, stories, simple tools

How to choose partners

- Don't "force the fit"
- Remain open to new partners
- Remain open to partnership change

Under 2 are:

Sharing Resources

- Use of IT
- Matching strategies
- Good CHA
- Structures for sharing

What works

- Authority (clout) – Reassure Partners Win/Win (No Bad PR)
- Business case
- Food
- Leadership

How to choose partners

- Shared goal
- Expertise
- Resources
- Market the opportunity
- Use formal structure (reps from groups xyz)
- Stakeholder

September 28th “Community Assessment Impact” Conference Discussion Summary

Data

- Sub-county data: county-level data often does not tell whole picture

Strategies:

- Did own BRFSS
 - Small #s – combining certain counties that aren't similar
 - Utilize local college students to do survey/analysis
 - Partner with universities for grant \$
 - Partner with other agencies to collect data
 - Partner with schools to collect data
 - Advertise in Pennysaver asking for community input on what they think are the greatest needs in the county
 - Business showcase (town gathering) – ask people to vote on community priorities
- Lag in NYSDOH data
- Data Needs – Incidence data

Measures

- Process is the value of the CHA
 - How do you measure the value of process
 - Outcomes and measures may be difficult to see (internally) (long range)
 - Means toward an end – a continuum – with indicators. Along that continuum (long vs. short term goals)
 - Work with partners on development of indicators
- Measures, and agreement on those measures are part of/consequence of the intervention.
- Feedback on measures is important part of “fitting in” in the process.
- Benchmarks are different - Δ^s depending on stakeholders
- Measures – meaningful, based on definitions/common ground
- Translating/implementing data into process (???? In mind)
- Measures of “public” value
- Engage others in the community???? i.e. Schools seeing health
- Impact of partnerships/collaborations
- Quality of data is important
- Data-driven process verified
- Evidence-based
- Follow-up on how being used in the community
- Grant money??? As a result of CHA tool

Priority – Tools that assess impact of CHA.

Training

Impact

- Surveys/follow-up; use of data, grantsetc (? Silos)
- Outcome measurement
- Website hits (? Narrow in scope)

Who needs (assessment/planning) training?

- Everyone! (?)
 - Nurses may prefer “hands on”
 - Interpretation is often difficult
 - “Dangers” of misinformation
 - Training vs. daily use
 - Dictionary/terms/vocabulary/common language
- Format of use
 - Raw data
 - Benchmarks
 - Rates
 - Explanation – complete !
- Familiarity increases comfort of use.

What training is needed

- Geared to level of person’s need
- People sent should have relevance – not just who is available
- Ways to present data/utilize data that is limited to meet current need; not seen as a shortcoming
- Public health marketing; “selling” what you have; not just when something bad happens.
- How to present reports/data
- BT/ERP efforts; developing partnerships
- How to get the public involved; how to hold focus groups; how to keep them engaged.