

Executive Summary

“Translating Data into Action” explores answers to five questions. They are:

1. What is the impact of community assessments in New York State?
2. What are factors that contribute to impact?
3. What measures are practitioners using to assess impact?
4. Who are the assessment practitioners?
5. How has training and technical assistance influenced practice?

By better understanding and documenting evidence of effective community assessments, practitioners will:

- Increase efficiency;
- Strengthen “evidence-based” decision-making;
- Facilitate likelihood of community support for selected interventions;
- Provide and/or utilize baseline data for monitoring and documenting success/challenges;
- Answer questions important to social policy decisions; and
- Apply lessons learned across diverse fields.

In April 2006, a “Community Assessment Impact” Planning Group was convened representing public health, health care, social services/integrated county planning, youth bureaus, and substance abuse/mental health.

As part of the process, 706 practitioners representing 386 organizations (public health, health care, substance abuse, mental health, youth bureaus, integrated county planning and United Ways) were invited to complete a survey in spring 2006. Of these, 149 assessment practitioners representing approximately 38 organizations completed the survey for a response rate of 21%. Of the 149 practitioners, 35% (n=52) were from local health departments and 31% (n=46) from hospitals. In all, 52 (74%) out of the 70 local health department staff completed the survey.

In addition, eight practitioners were contacted for a more in-depth interview, and community health assessment summary documents submitted by local health departments were reviewed. In September 2006, about 70 assessment practitioners discussed the findings at a conference in Syracuse, New York. As there were more issues to discuss than time available, this report should be viewed as “work in progress”. The conference discussion guide and summaries of participant feedback are included in Appendix 5. The main issues identified in discussions are included in the report. Due to time constraints, in-depth reviews of local health department community health assessments, review of community service plans submitted by hospitals and similar reports suggested by partners are not included in the report.

The New York State assessment practitioners were asked to identify process and systems impacts of community assessments. In all, 83 % of the respondents who responded to the question, perceived their community assessment process and

products to be moderately or very effective.

Community assessment impacts described in the survey responses were immediate, and short-term changes that related to policy or interventions. They are:

Immediate changes. Respondents provided examples of how the community assessments were used such as:

- o Press used report to write a series of articles.
- o Epidemiologist used report as a platform for other studies
- o Used to direct allocation of grant funds
- o 43 neighborhood bodies used the assessment information in conducting public hearing and setting priorities for use of federal anti-poverty funds. These priorities were reflected in the agency's Request for Proposals.

Organizational or systems changes. Respondents' comments provided an insight into direction of the organizational policy. Examples include:

- o Re-focused areas for staff training
- o Redirected how funds will be utilized
- o Justified continuation of existing programs
- o Re-directed marketing effort on different demographic group

Survey responses identified three major contributing factors that influenced the process or success of community assessments:

- o leadership;
- o quality of collaboration; and
- o staff dedicated to the community assessment process.

These factors are consistent with evaluations of community health assessments done in other states.

Responses related to "training/technical information" participation were low, leading to more questions but no conclusions.

Questions that remain to be explored are:

- How can long-term impacts, linking the assessment process to health behavior or status changes be tracked and monitored?
- What are strategies being used to address challenges of collecting and accessing of sub-county data?
- How can the influence of training and technical assistance, moving from short-term increased knowledge to longer-term outcomes such as changes in health status or behavioral outcomes or policies, be tracked?
- How can effectiveness of partnerships/coalitions be documented in health outcomes?

The next phase of the project is to identify and share strategies assessment practitioners use to achieve successful or learn from less successful outcomes.