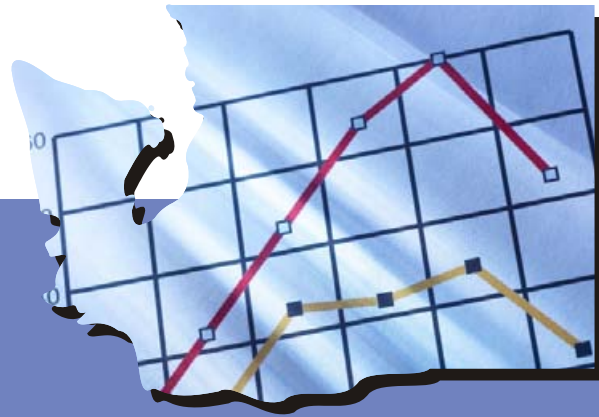


# Assessment in Action

Using Data to Make a Difference  
In Washington Communities



In 2002, the Washington State Department of Health received a five-year grant from the U.S. Centers for Disease Control and Prevention (CDC) to enhance and improve community health assessment practice in Washington. The grant supports a state-local partnership – Assessment in Action (AIA) – to improve community health assessment work through a variety of strategies, including creating and distributing this report to public health leadership, staff, and key individuals.

This publication was supported by CDC Award Number U82/CCU022378. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

## **Assessment in Action**

### **Steering Committee and Project Staff:**

**Roger Arango**

Grant County Health District

**Barbara Baker**

Public Health – Seattle & King County

**Cherie Berthon**

Washington State Department of Health

**Joe Campo**

Washington State Department of Health

**Carrie McLachlan**

Island County Health Department

**Melanie Payne**

Clark County Health Department

**Phyllis Reed**

Washington State Department of Health

**David Solet**

Public Health – Seattle & King County

**Christie Spice**

Washington State Department of Health

**Lyndia Vold**

Spokane Regional Health District

For additional copies of this document or to obtain a different format, contact:

Christie Spice, Community Assessment Liaison, (360) 236-4345 or [Christie.Spice@DOH.WA.GOV](mailto:Christie.Spice@DOH.WA.GOV)



# Using data to make a difference



## Public health in a changing world

Never have our communities faced so many urgent public health issues: new epidemics, such as West Nile Virus; threats of biological and chemical terrorism; re-emerging “old” diseases, such as tuberculosis; new environmental concerns, such as mercury; and personal health issues, such as obesity. These and a host of other threats to our health and well-being require our health system to be active in assessing health concerns, developing preventive measures and interventions, and responding to the health needs of both an aging and increasingly diverse population.

We face these growing needs to protect and promote the public’s health at a time when funding for public health agencies and programs is unstable. In the absence of sufficient resources to address all potential health threats, public health leaders are faced with difficult decisions. Local health officials need timely information to identify the leading health issues in their communities so they can target scarce resources where they can make the greatest impact in protecting health. And they need to demonstrate accountability for their decisions by backing them up with data and an understanding of their programs’ outcomes.

## What is community health assessment?

Community health assessment refers to the range of activities that our public health system performs to learn about the health of our communities and to plan responses to local needs. Public health agencies conduct assessment – the collection, analysis, and dissemination of information, including statistics on health status and community health needs and strengths. Through this work, they learn where, when, and how health threats are occurring. With these data, they can prioritize needs, generate resources, make service or program changes, and implement policies that improve public health.

Assessment is one of the three core functions of public health, as defined by national leaders in the 1980s. The core functions of assessment, policy development, and assurance are carried out to ensure that the basic mission of the public health system – keeping communities safe and healthy – is met.

*Assessment is an essential function of a public health agency, as essential as a fiscal coordinator. It’s about using data to make good decisions and wise investments of public dollars.*

**Torney Smith, Administrator**  
Spokane Regional Health District

# Using data to make a difference

Assessment helps public health leaders answer two important management questions:

## 1. Are we doing the right things?

- ◆ Are we providing the right complement of programs and services to address the leading health issues in *this* community?
- ◆ Should we accept this contract or grant?
- ◆ Should we continue to provide this program or service?
- ◆ Can someone else in the community better address this need?
- ◆ Are there important health issues that we aren't addressing?

### How do we know?

By monitoring community health indicators and conducting specific assessments of health issues.

## 2. Are we doing things right?

- ◆ Are our programs designed using evidence-based practices that support the outcomes we are seeking?
- ◆ Are we implementing our programs in ways that achieve their goals?
- ◆ Do our programs achieve their short-term and long-term goals?
- ◆ Are there ways we could improve program operation?
- ◆ Are we identifying and implementing these changes?

### How do we know?

By building logic models, gathering and reviewing outcome data, and making changes.

*Assessment is a tool for data-driven decision-making. It is a systematic approach with the community and public health staff to ensure that we are doing the right things and that we are doing them right.*

Nancy Goodloe, Administrator  
Kittitas County Health Department

In Washington State, the Public Health Improvement Partnership (PHIP) supports a common vision for the state's public health system that incorporates the core functions. The PHIP developed *The Standards for Public Health in Washington State*, the performance measurement system for Washington's state and local public health jurisdictions.

### The standards address five general areas:

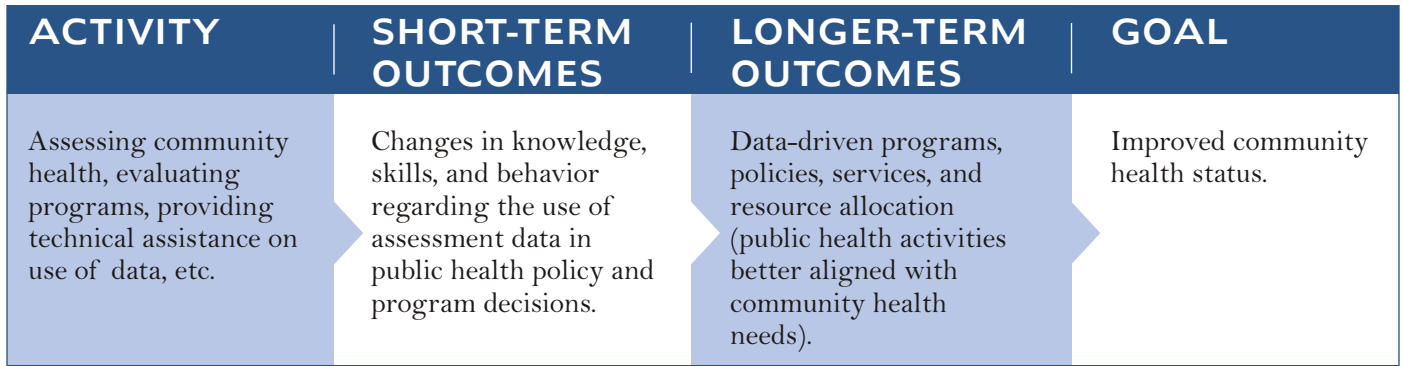
- ◆ Understanding health issues through data collection and analysis.
- ◆ Protecting people from disease through disease surveillance, case investigation, and control measures.
- ◆ Assuring a safe, healthy environment for people through food, water, waste, and other regulation.
- ◆ Promoting healthy living through locally focused health promotion activities.
- ◆ Helping people get the services they need through assessment, referrals, and some direct services.

To "understand key health issues" in a community, agencies must have assessment skills and tools in place; assessment information must be collected, analyzed, and shared; effectiveness of programs should be evaluated; and health policies should reflect assessment information.

## The goal of community health assessment

is to improve population health outcomes. If the activities of assessment are carried out effectively, they should contribute to data-driven public health decisions resulting in public health services that are aligned with the health needs of local communities.

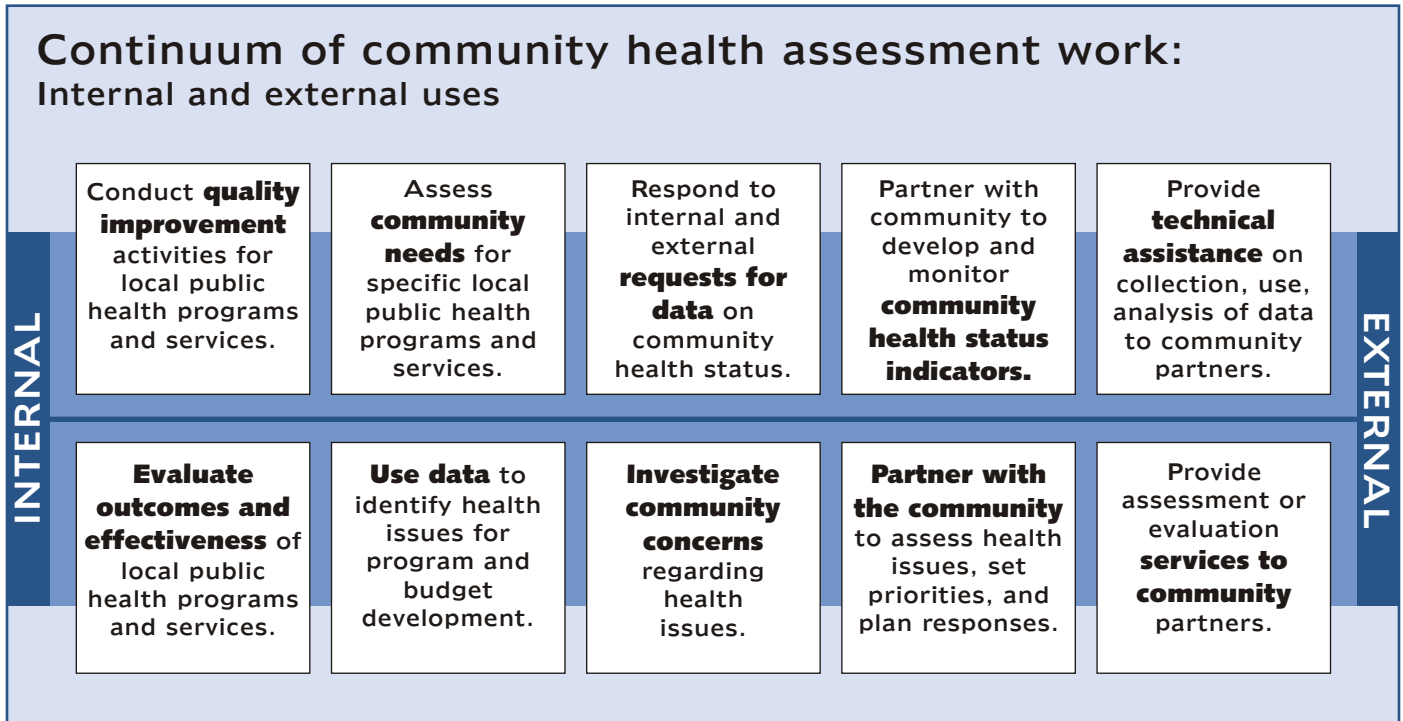
The following logic model captures this process:



## The focus of assessment activities

in local health jurisdictions range from the internal to the external.

The chart below shows this range of activities.



# The benefits: Outcomes of assessment work

**Assessment is about gathering and using sound qualitative and quantitative data on the community's health to inform public health decisions.**

What ultimately matters is not the numbers, charts, and reports but the actions that follow. As Washington State's local public health agencies have become more engaged in assessment activities in recent years, they have seen this work contribute to improved functioning of their organizations through:

**Better-informed decision-making**

**The ability to be more proactive**

**The ability to obtain resources**

**Improved public health services**

**Increased ability to establish agency priorities**

**Increased collaboration and cooperation**

**Improved community perceptions of public health agencies**

**Increased community awareness of public health issues**

As part of the Assessment in Action project, Washington's local health jurisdictions are generating reports of the impacts and outcomes of their assessment activities. The Washington State Department of Health is collecting these reports and will make them accessible to local public health agencies. Tracking the outcomes of assessment is a key step toward building understanding about assessment practices that are effective and replicable.

The next section of this report describes outcomes from some local assessment activities in Washington State with an emphasis on assessment work from smaller agencies. These reports are just a small sample of the many assessment projects being conducted throughout the state. The selected projects demonstrate a range of outcomes.

*I believe that community health assessment, prioritization, and action on identified health issues in the community are vital components and a primary responsibility of local health jurisdictions... the very essence of "public health," proactive versus reactive.*

**Roger Case, MD, Health Officer**  
Island County Health Department

# The results: Examples of key outcomes

## The Healthy Community Project

### Grays Harbor County Public Health and Social Services Department

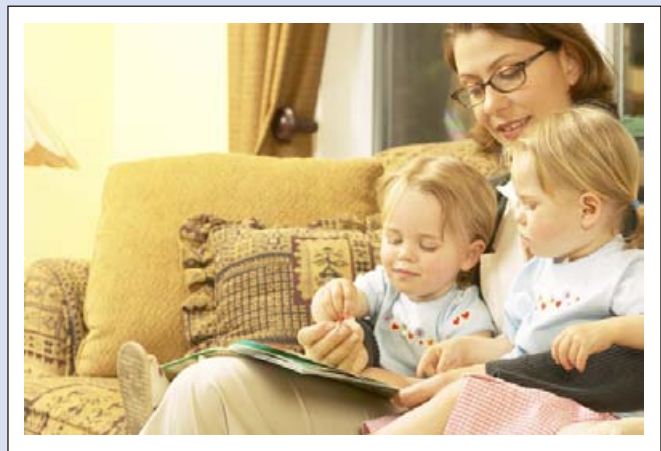
The Healthy Community Project in Grays Harbor County began in 2002 when public health invited local leaders – from business, labor, health care, the faith community, tribes, education, service clubs, and financial institutions – to participate in a Community Health Task Force. Public health provided the data the task force needed to identify and address local health problems and, on a continuing basis, evaluate project outcomes. The task force embarked on a six-month effort to establish community priorities and form “action teams” around them. Both the task force and action teams remain active.

In common with many public health planning activities, this one used a blend of funds to support the task force and action teams’ work. These resources include state Local Capacity Development Funds, support from the Washington Health Foundation, tobacco prevention and control resources, Preventive Health Block Grant funds, and resources provided by the Group Health Foundation and the March of Dimes.

The project identified three priority areas: lack of physical activity, preventing tobacco use among youth, and building parenting skills. This community-based work has brought together many partners, some non-traditional, to address these priorities. Two examples of the action teams’ work include:

- ◆ The Obesity and Physical Activity Team conducted a survey of primary health care providers in Grays Harbor County to determine their ability to distribute physical activity information and resources. The team is developing approaches to helping providers discuss physical activity with their clients.
- ◆ The Public Health and Social Services Department is in the third year of a partnership with Grays Harbor Community College to provide Childbirth Education classes on a sliding fee scale. The lack of availability of such classes in the county was identified by the Parenting Health Action Team as a key gap in parenting services.

The county’s public health manager notes that, **“Community leaders now view public health as the place to go for credible data.”**



### Key outcomes:

- ➔ Recognized as key data source
- ➔ Attracted funding for community priorities

# The results: Examples of key outcomes

## Shape Up Kittitas County

### Kittitas County Health Department

The Kittitas County Health Department routinely reviews indicators of community health to help the agency, partner organizations, and elected officials plan strategies to improve the health of county residents.

In 2003, assessment staff detected a disturbing trend in obesity rates that mirrored national developments. More than a third of adults appeared to be at risk for health problems due to lack of exercise. Additionally, survey data on adolescents revealed a lack of physical activity and poor nutrition that worsened as youth grew older.

The health department shared the assessment data with the Board of Health Advisory Committee, whose members identified prevention of childhood and adult obesity as a top priority for action. The committee recommended a sustained, community-wide approach to reversing the trends. The health department convened a coalition of interested partners – Shape Up Kittitas County – that reviewed evidence-based practices for obesity prevention and identified priority policies, activities, and programs for implementation. In July 2004, the Board of Health passed a resolution “to promote physical activity and good nutrition in Kittitas County.”

**The coalition, the Board of Health, and the health department successfully applied to the Washington State Department of Health for \$250,000 to halt and reverse the rise in obesity rates in the county.**

The grant focuses on creating policy changes in settings where there are opportunities to promote physical activity and good nutrition, such as schools, youth programs, child care programs, workplaces, and restaurants. The coalition is also working to integrate land use strategies that promote physical activity into the comprehensive planning processes of the county and city governments.

Objectives for subsequent years of the Shape Up initiative include continuing the community design work, promoting wellness policies to all county schools, and working with businesses and restaurants on policies and practices that promote activity and healthy nutrition.



### Key outcomes:

- ➔ Increased community involvement
- ➔ Developed data-driven policies and generated new resources

# Community Priority-Setting

## Jefferson County Public Health

*The 2003 Health of Jefferson County* report, produced by Jefferson County Public Health, led to a community priority-setting process in 2004 through which elected officials, hospitals, school boards, employers, and other policy-makers set priorities for the community. Drawing on information collected by a data steering committee that had contributed to the report,

**the work resulted in focusing health priorities from nine issues to three:**

- ◆ increasing the number of local jobs paying a wage that could support a family,
- ◆ reducing alcohol and drug abuse in the community,
- ◆ and strengthening services to families with children.

At the conclusion of the priority-setting process, the department redirected funding to implement targeted efforts to strengthen and support families with children through such programs as its Nurse Family Partnership, which provides intensive home visits to first-time mothers with identified risk factors.

## Key outcomes:

- ➔ Implemented new services
- ➔ Redirected agency funds

# Syringe Exchange Evaluation

## Cowlitz County Health Department

The Cowlitz County Health Department began operating a Syringe Exchange Program (SEP) in January 2000. Data collected from the program's participants have provided a mechanism to learn about local trends in injection drug use. These data allow the health department to determine who is using the SEP, what impact the program is making in the community, and whether reductions in blood-borne pathogen rates have occurred among SEP participants.

**Some findings from the program's evaluation are:**

- ◆ Trends in injection drug use in Cowlitz County have changed. While cocaine was previously the drug of choice by SEP clients, it is now methamphetamine, followed by heroin.
- ◆ The average age of program participants has increased; clients are now in their 40s and 50s.
- ◆ The health department has improved procedures for linking SEP participants into drug treatment programs. Outreach has increased and improved as evidenced by more individuals coming on their own to exchange syringes rather than having someone exchange for them.
- ◆ On-site HIV testing has been established at the exchange sites, and hepatitis B and hepatitis A or Twinrix vaccinations are a requirement for participants. HIV and acute hepatitis B and C rates have decreased as have the number of persons sharing needles and syringes.

The 2004 SEP evaluation is complete, and the department is studying ways to integrate similar evaluation work into all its programs and practices – as a routine part of doing business.

## Key outcomes:

- ➔ Changed program priorities and activities
- ➔ Established program evaluation as routine

# The results: Examples of key outcomes

## Dental Health Access Assessment

### Whitman County Health Department

Whitman, Garfield, Columbia, and Asotin counties, partnering with the grassroots action group, Community of Hope, wanted to learn about barriers to dental treatment for children enrolled in Medicaid. To find out, they conducted a dental health care access assessment in 2002 that collected qualitative information from providers in the region; administered a survey to low-income adults; and gathered available data, including Medicaid eligibility, demographics, and a geographic description of the region.

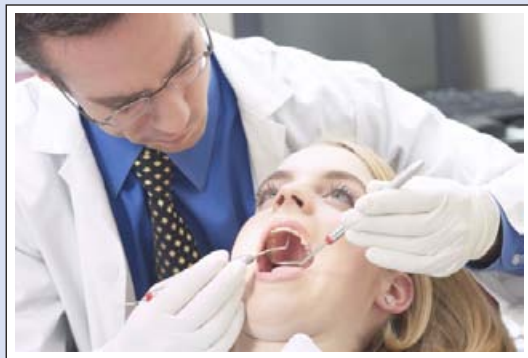
**The results gave the county partnership information to develop ways to resolve dental access issues from both the provider and client perspectives.**

The survey identified why dental providers were not taking Medicaid clients. The survey also revealed that in low-income families, children of all ages, and adults face barriers to care.

The survey results were used in grants to:

- ◆ obtain an initial program coordinator to screen and refer families for dental care,
- ◆ provide services for children ages 0-6 through the Access to Baby and Child Dentistry (ABCD) program, and
- ◆ recruit a dentist to work with low-income and uninsured families in the region.

The local Kiwanis and county commissioners contributed to provide dental access to children ages 6-18. Local churches and citizens helped to cover fees for families who cannot pay for restorative care. And other funding was received that helped support a partnership between primary care and dental providers with pediatricians providing oral health screenings and fluoride varnishes for children through medical offices.



The Whitman County Health Department administrator described the project as a true partnership between public health, non-profit community agencies, and health care providers. The Community of Hope coordinator said the assessment, “concretely identified dental health care access needs in the region by using all the available data that we could find. We worked to identify and address the needs of both dental providers and low-income families.”

### Key outcomes:

- ➔ Obtained resources to improve access
- ➔ Demonstrated successful multi-county partnership

## Improved Access to Health Care

### Lewis County Public Health Department

In 2002, Lewis County Public Health Department staff recognized that access to local medical, dental, and mental health services was worsening for people without health insurance. A key safety net provider was closing its doors, and remaining providers could not keep up with the growing need.

The Lewis County Community Health Partnership, comprised of the health department, the hospital, primary care providers, and community stakeholders, responded by initiating an assessment process. With guidance and support from the local health department and the Washington State Department of Health, the partnership reviewed existing data and conducted community surveys, focus groups, and interviews with community leaders.

The assessment revealed severe barriers to health care services for Hispanics and families with low incomes. It also identified high rates of obesity, diabetes, and other indicators for chronic conditions.

**The partnership used the assessment data to apply for federal funding to support a community health center.**

The Valley View Community Health Center opened in July 2004, providing primary health and dental care and mental health referrals to Lewis County residents regardless of insurance or ability to pay.

### Key outcomes:

- ➔ Recognized health disparities
- ➔ Generated new resources

## Local Data on Health Behaviors

### Skamania County Health Department

Skamania County first obtained local data from Washington State's Behavioral Risk Factor Surveillance System (BRFSS) telephone survey in 2002 to learn about health conditions and health behaviors of its adult residents.

**From these data, a technical report was developed to guide decision-making and program planning.**

The Skamania County BRFSS revealed high rates of cigarette smoking and obesity rates and lower rates for health insurance and routine sources of medical care than other counties. Thus far, the data have assisted the Tobacco Free Coalition of Skamania County in directing local attention to tobacco prevention and cessation activities. The information has also confirmed the health department's focus on other behavioral risks to health. The health department has shared the information with numerous external partners.



### Key outcomes:

- ➔ Used local BRFSS data
- ➔ Established health priorities

# The results: Examples of key outcomes

## Aligning Services to Population Needs

### Grant County Health District

Grant Mental Healthcare, a county agency, contracted with the Grant County Health District to provide information on population trends to support the agency's strategic planning efforts.

**Their goal was to examine whether the agency was providing an appropriate menu of programs and counseling specialties to its community.**

The health district responded by developing population pyramids from the U.S. Census web site. The population analysis used the demographic variables of birth rates, death rates, and estimates of in- and out-migration to project population needs through 2009.

The main findings of the demographic analysis were:

- ◆ An influx of retirees contributes to a disproportionately older population in Grant County compared with other counties.
- ◆ A significant gender gap in the population 65 and older is occurring, with more women than men in the higher age cohorts.
- ◆ Within 10 years, an increasing number of Hispanics will join the 65 and older cohorts.

The Strategic Planning Committee then examined a 2004 distribution of services and counselor specialties for Grant Mental Healthcare. The agency would need to reduce services aimed at younger age cohorts and increase the number of counselors with geriatric skills – especially geriatric issues surrounding widowhood – as well as language skills. The agency director asked the health district to train its resident staff in analytical techniques to study population trends.



Since then, Grant Mental Healthcare leadership has embraced population-based analysis as a way to study a range of programs and skill requirements. The agency's human resources staff was directed to review qualifications and reformulate job descriptions and skill requirements for counselors. The agency has identified training programs to increase skills in dealing with aging clients, and it has reexamined options for increasing and delivering services to the projected population cohorts. The assessment has repositioned mental health services to do a better job of serving the needs of citizens of Grant County.

### Key outcomes:

- ➔ Revised services to meet emerging needs
- ➔ Recognized as credible source for data analysis

# Financing and staffing:

## How assessment work gets done

### Financing

Many public health officials value assessment as a tool for making informed decisions to improve the health of their communities. But the work can be time-consuming and costly. This presents a special challenge for Washington's public health agencies, which receive no dedicated source of government funding for this work.

Compounding the problem is the fact that most funding sources for public health are tied closely to categorical programs, leaving few discretionary dollars available for core public health activities, such as assessment.

Over the past decade, the most common reported funding source for assessment work conducted by local public health agencies in Washington has been Local Capacity Development Funds (LCDF). More than half (55%) of local agencies reported using this resource to support their community health assessment work in 2004. More than a third (39%) of local agencies use categorical program funds for assessment, and 32% use county or other local funds. The balance of funding sources includes a combination of external contracts and grants, in-kind contributions, and fees for services.

As LCDF and local funding sources come under greater strain and competition for their use, local public health agencies must find innovative strategies for funding assessment. For instance, one agency supports its assessment work as part of administrative overhead, using indirect funds gathered across all its programs.

### Staffing

Just as they must be creative in securing funding for assessment activities, agencies must be flexible and resourceful in using staff for this work. Some agencies are fortunate to have dedicated assessment staff supported by various revenue sources. Others draw from staff in categorical programs, contract with outside consultants, use students and staff from local colleges and universities, work with other government agencies that are willing to provide in-kind services, and form partnerships with hospitals to support shared assessment positions.

Regardless of the staffing model employed, conducting effective assessment and evaluation work requires a specialized skill set. The Assessment in Action project has identified nine community health assessment competencies - the blend of knowledge, skills, and abilities needed to conduct assessment effectively.

### Staff competencies:

- 1 Understand the role of assessment in public health.**
- 2 Engage, support, and provide assistance on assessment and evaluation activities.**
- 3 Work effectively with diverse populations and communities on assessment and evaluation activities.**
- 4 Design community health assessments and evaluations using epidemiological principles and basic research methods.**
- 5 Collect, obtain, abstract, analyze, and interpret data.**
- 6 Organize, prepare, display, and present data.**
- 7 Obtain and evaluate published information.**
- 8 Provide and incorporate assessment and evaluation findings into public health planning and policy decisions.**
- 9 Engage in ongoing professional knowledge and skill development.**

# Workforce resources:

## How assessment work gets done

Not all public health staff who are hired to perform assessment and evaluation come to their positions fully prepared to do the work. The following workforce development resources are available to support on-going skill development for those working in community health assessment in Washington State.

### AssessNow

is a web-based information clearinghouse and learning resource for public health staff working in community health assessment. The site currently has links to local, state, and national assessment resources: publications, data sources, orientation materials, and a toolkit with links to information on many assessment-related subjects. AssessNow was developed through a joint project between the Washington State Department of Health and the University of Washington Northwest Center for Public Health Practice.

[www.AssessNow.info](http://www.AssessNow.info)

### The Community Health Assessment Mentorship Program (CHAMP)

is a one-year peer mentorship program, matching experienced individuals with those wishing to gain experience in specific assessment competency areas. CHAMP was developed for staff new to assessment, current assessment staff interested in increasing their skill levels, and local health officials interested in building assessment capacity in their agencies. With guidance from their mentors, participants increase their assessment skills through completion of a project.

### Regional assessment meetings

provide opportunities for local health staff to learn from each other about how to conduct assessment and use data in planning and decision-making. The meetings are held quarterly at three different locations around the state. The meetings often include training on various assessment-related topics. Announcements of the meetings are distributed on WA-ASSESS (see right).

### The technical assistance staff directory

is a resource to aid local health staff in accessing needed consultation on assessment. State and local public health staff listed in the directory are available for short-term technical consultation in their area of expertise. The directory is available through the Washington State Department of Health community assessment liaison, and it will be built into AssessNow in the future.

### The WA-ASSESS Listserv

is an electronic forum for the exchange of ideas and information about assessment work in Washington State. Members of the listserv are encouraged to post questions, announcements, ideas, and information that may be of interest to the public health assessment community.

### Web-based orientation for community health assessment staff

is a self-paced professional development tool designed for staff new to assessment and for existing assessment staff who want to build their skills. The orientation contains: assessment competencies (knowledge, skills, and abilities), a self-assessment tool used to identify learning needs, learning objectives, and a learning resource toolkit organized by competency area. The orientation materials are located on the AssessNow website at [www.assessnow.info/orientation/](http://www.assessnow.info/orientation/).



# Summary

**M**any local public health agencies are conducting community health assessment to inform policy choices and program decisions. This practice includes collecting, analyzing, and sharing data about the health status of the community, facilitating community partnerships to address identified health issues, creating efficiencies to improve programs and services, and establishing agency direction.

Local public health jurisdictions in Washington report a range of impressive outcomes from internal and external assessment activities, including:

- ◆ Securing new resources or effectively using current resources,
- ◆ Informing the development of policy at the organizational or community level,
- ◆ Identifying and prioritizing key issues or high-risk populations in the community,
- ◆ Formulating new partnerships and community action around priority health issues,
- ◆ Building a reputation as a reliable source for information, and
- ◆ Making programmatic and agency changes.

Washington's public health agencies have learned through experience how to conduct assessment.

## Among the lessons learned are:

- The value of leadership and vision in employing assessment data for the benefit of their communities,
- The benefit of helping local policy makers use data in their planning activities,
- The necessity of engaging community members and organizations as powerful partners in decision-making on health issues, and
- The importance of access to training resources and technical support.

Data can help direct limited public health funds to make the greatest impact on community health.

