



Grand County Public Health and Wellness Needs Assessment 2018

Prioritization Report

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PUBLIC HEALTH AND WELLNESS NEEDS ASSESSMENT 2018

PRIORITIZATION REPORT

NEEDS ASSESSMENT BACKGROUND

Grand County Public Health (GCPH) promotes and protects the health of Grand County residents and visitors. According to the Colorado State Demography Office, this rural county has gained 500 households since 2013 and is expected to gain 800 more households by 2023. Accompanying this population growth are changes in public health issues, needs, and capacity. For example, public discourse about opioids and health insurance are fundamentally different now than they were five years ago.

GCPH wants to ensure they are focusing their services to adapt to these changes and to achieve their mission. Additionally, GCPH is required by state policy to conduct a county-wide community health assessment and health issue prioritization process to update its health improvement plan. GCPH hired Corona Insights to guide the county through this process. This report documents all steps of the process and summarizes the results and discussion of a half-day prioritization summit held in Grand County on October 17, 2018.

PURPOSE, GOALS, AND SUCCESS MEASURES

The **purpose** of needs assessment is to understand public health and wellness needs and system ability and then to use that information, along with other knowledge, to strategically prioritize actions that GCPH and their partners can take to effectively promote and protect the health and wellness of residents for the next five years.

Goals

1. Elicit and document high-priority needs from the perspective of partners, health experts, and other stakeholders.
2. Identify the most pressing health needs from the perspective of Grand County residents.
3. Measure the gaps in services and barriers of access to public health services.
4. Understand changes in health needs, indicators, and capacity since 2012.

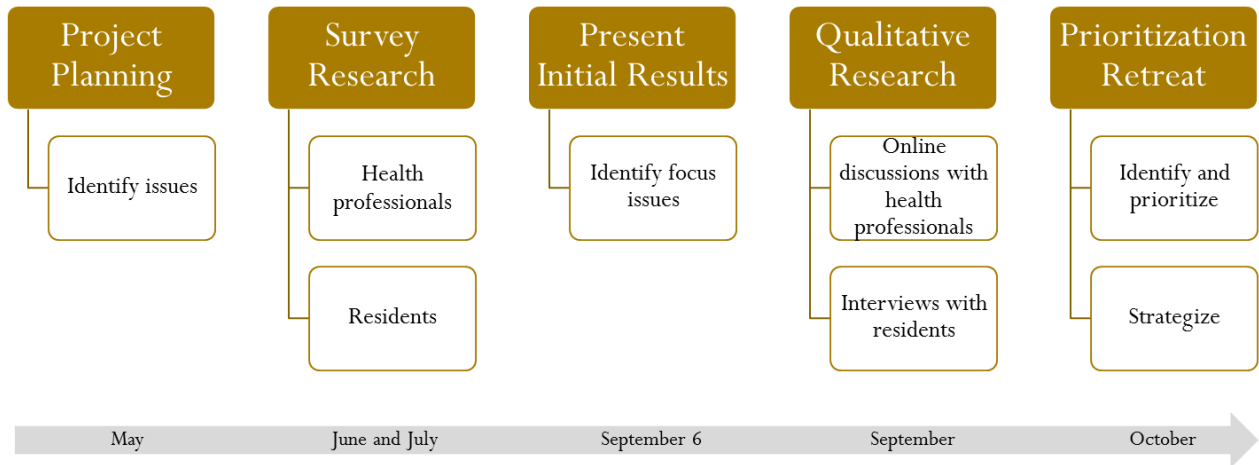
Success Measures

1. Public engagement facilitates equitable input from residents and stakeholders; collaboration and multiple perspectives are valued.
2. Research reveals findings and insights that inform strategic decisions and prioritize actions.

3. Quantifiable results represent the community, are reliable and defensible, and clearly document the degree of uncertainty (e.g., margin of sampling error).
4. Qualitative results are rich in description, show context, and recognize complexity.
5. The final report is readable and relevant to GCPH, local social service and health-care partners, county leaders, and interested residents.
6. GCPH is confident in the information they use to make decisions.
7. Requirements outlined under the Colorado Public Health Improvement Act are satisfactorily met.

PROJECT APPROACH

This needs assessment was completed in the steps outlined below. Results from the survey research and the qualitative research are presented in separate reports.



PRIORITIZATION SUMMIT

Upon completion of all research phases, key public health and wellness professionals held a meeting to discuss top issues that emerged from the research and to identify priority areas for the next five-year health plan.

MEETING ATTENDEES

- Abbie Baker, Grand County Public Health
- Brene Belew-LaDue, Grand County Public Health
- DiAnn Butler, Grand County Economic Development
- Amy Chamberlin, GCHS, Collaborative Management Program
- Ellen Cowman, Mindsprings Health
- Jen Fanning, Grand County Rural Health Network
- Robert Flake, Middle Park Health
- Kelly Friesen, Grand County Juvenile Services
- Susan Johnson, Mindsprings Health, Navigator
- Maegan Lokteff, Grand Beginnings
- Allie Miller, Grand County Juvenile Services
- Amy Miller, Horizons
- Jessica Rahn, Mountain Parks Electric
- Cathy Raible, Grand County Public Health
- John Reidel, Community
- Lee Staab, County Manager, Grand County
- Peg Vande Voort, East Grand School District RN, GCRHN

MEETING AGENDA

The assembly had three main agenda items over the course of a four-hour session.

- Review findings from previous research (i.e., resident and health professional surveys) and new research (i.e., resident interviews and online conversations with health professionals)
- Priority ranking exercise
- Discussion of ranking results and identifying priorities

PRIORITY RANKING EXERCISE

After hearing a summary of findings from previous and new research, Corona facilitated a priority ranking exercise. The purpose of this exercise was to understand the meeting participants' opinions of the top 20 public health and wellness issues that were identified from the resident survey and the health professional survey. A goal of the exercise was to identify the public health and wellness issues that ranked high across many criteria for many participants. Another goal was to spark discussion about which issues should become priorities for the health improvement plan.

PROCESS

Participants were asked to rank the top three health and wellness issues from 15 criteria. Each participant was given a worksheet that defined the criteria. After brief instructions and discussion to clarify the criteria definitions, participants were then given another worksheet that contained a grid, with the top 20 issues as the row labels and the criteria as the column labels. The issues were sorted in random order. Each participant was asked to rank the top three issues that they personally thought could be addressed based on each criterion alone.

For example, participants ranked the top three issues if the only criterion was “difficulty” (see definition below). Then they identified their top three issues if the only criterion was “person benefit,” and so on. The criterion “frequency” was pre-populated based on the results of the public survey, thus whereas participants ranked the issues for 15 criteria, 16 criteria were used to calculate the final weighted total.

CRITERIA

The following criteria were chosen to prompt participants to think about the many dimensions of each issue.

- **Difficulty**—Is this the right amount of difficulty we want to take on?
- **Person benefit**—How much of a benefit will this have on a person facing this issue?
- **Public benefit**—How much will improvements benefit all residents?
- **Vulnerable populations**—Will this help people who are most vulnerable?
- **Complementary**—Does reducing ____ also mitigate other priorities?
- **Ability**—Do we have or can we make the time and resources available to address _____?
- **Public will**—Is the public on board with this being a priority?
- **Stakeholder will**—Are leaders and practitioners on board with this being a priority?
- **Leadership**—Is there a champion(s) in the community for _____?
- **Investment**—Can we make an impact with a reasonable investment?
- **Strength**—Does this leverage one of our community's strengths?
- **Weakness**—Does this help us improve in one of our weak areas?
- **Momentum**—Do we already have momentum in this area?
- **Urgency**—How urgent is _____?

- **Permanency**—Can we make a long-term impact on _____?
- **Frequency**—What is the proportion of the population that is facing or experiencing this issue (based on results from the resident survey)?

RESULTS

After each participant completed their worksheet, the group took a break while the Corona staff tabulated the results. Top issues were ranked on a three-point scale with 3 as the top issue, 2 as the second-highest issue, 1 as the third-highest issue. All other issues were scored as 0.

Using this scale, all participants' issue scores were combined and summed. A weighted total summed the rankings for each issue for all criteria for all participants. Because the highest ranked issues were assigned a larger number (3) than the second—highest ranked issue (2), and so on. The highest sums represented the issues that ranked high across many dimensions for many participants.

The table below shows the score for each issue by each dimension and for the weighted total. The “Weighted Total” column shows the sum of each row. The issues with the highest weighted totals were transportation, housing, lack of social support, preventive health, and access to mental health. They are highlighted in blue.

The green cells represent issues that had a sum in the top five for that column (i.e., criterion). For example, anxiety, obesity, lack of social support, preventive physical health, and preventive dental health had the top five highest sums for the frequency criterion.

After looking at that the weighted total, it is also helpful to look at extremely high scores by the criteria. The issue of lack of social support summed very high for the criterion “leverages one of our community’s strengths.” The issue of access to mental health care summed high for “the right amount of difficulty we want to take-on,” “stakeholder will,” and “improve in one of our community’s weak areas.” The issue of housing summed relatively high for “urgency,” and the issue transportation summed high for “public benefit.”

Criteria and Weighted Total Scores for Each Issue

Issues	Frequency (score)	Difficulty	Person Benefit	Public Benefit	Vulnerable Population	Complementary	Ability	Public Will	Stakeholder Will	Leadership	Investment	Strength	Weakness	Momentum	Urgency	Permanency	Weighted Total
Alcohol abuse	7	10	5	4	2	3	7	5	6	0	4	0	7	5	8	2	75
Violence	1	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0	4
Anxiety	8	0	2	3	0	0	0	0	0	0	0	0	0	1	2	0	16
Depression	7	0	5	0	4	6	3	0	2	0	0	2	0	1	0	0	30
Obesity	8	0	0	1	1	2	0	0	1	0	0	2	0	0	0	3	18
Transportation	1	9	11	25	23	20	11	22	14	12	12	0	18	13	3	12	206
Tobacco use	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Housing	2	3	22	22	22	17	11	21	18	16	6	3	19	22	25	16	245
Lack of social support	11	17	7	11	8	19	15	10	7	4	19	35	4	4	2	10	183
Preventive health	12	8	4	1	0	4	17	0	4	10	22	22	3	13	2	13	135
Illegal drugs	1	0	0	0	0	1	0	1	1	0	0	0	0	0	2	0	6
Long-term care for seniors	1	2	1	3	5	0	3	4	2	11	2	11	9	6	8	11	79
Marijuana abuse	7	0	1	3	3	1	4	1	4	3	0	0	2	0	4	0	33
Uninsured	7	4	5	5	7	5	4	0	0	9	3	4	0	0	4	2	59
Access to mental health	4	35	19	10	14	16	15	22	34	29	26	12	32	28	28	25	349
Suicide	1	3	6	0	0	0	0	0	0	0	2	1	0	0	1	0	14
Opioids	0	3	3	0	1	0	4	2	4	3	3	0	0	0	6	0	29
Paying for health care	3	8	11	12	12	8	2	13	5	3	2	3	5	9	5	6	107
Preventive dental health	14	0	0	0	0	0	6	0	0	0	0	5	0	0	0	2	27
Impaired driving	3	0	0	2	0	0	0	1	0	1	1	0	3	0	2	0	13

GROUP DISCUSSION

The results table above was shown on a screen to all meeting participants. After ensuring that all participants understood the meaning of the scores, we facilitated a discussion about these results and how they could guide choices for issue prioritization. During this discussion, the group identified and generally agreed upon four priorities for the new health improvement plan: improving access to mental health care, improving or stabilizing housing, lessening transportation challenges, and helping residents who lack a local social support system.