

STORYBOARD

LOCAL HEALTH DEPARTMENT NAME:	<u>Siouxland District Health Department</u>
ADDRESS:	<u>1014 Nebraska Street, Sioux City, IA 51105</u>
PHONE NUMBER:	<u>712-279-6119</u>
SIZE:	<u>66 Employees</u>
POPULATION SERVED:	<u>Woodbury County – 103,000</u>
PROJECT TITLE:	<u>Creating a Community Health Profile</u>

PLAN

Identify an opportunity and
Plan for Improvement

1. Getting Started

Siouxland District Health Department conducted a community health needs assessment for Woodbury County in 2004. As a result of this needs assessment, community presentations were provided that showed the identified priorities for what was impacting the Quality of Life for Woodbury County Residents. The presentations did have some impact, but one item that was missing was a one page, front and back that reflects the health status and perceptions of the health status of Woodbury County residents. We needed to develop something that would encourage them to be aware of the data that was used in our health planning process and what our results or priorities indicated.

2. Assemble the Team

The "team" that was involved in these efforts is the Healthy Siouxland Initiative. This group is a collaborative group that was formed in 1998 and has been meeting monthly since then. Their focus is on health issues that are facing Siouxland Residents. The group is comprised of 40 different organizations that represent prevention, health care, social services, mental health, education, and community. With this broad perspective of health, they were the obvious choice for involvement and responsibility of looking at this issue.

3. Examine the Current Approach

Our previous approach had been to spend time in a data review of previously identified population based data sets. These were then provided to them in pre-determined categories for them to identify any trends that they may see. We also conducted a quality of life survey of a representative sample of Woodbury County residents to gather information related to their perceptions of issues that impact them and their well-being. This information was all merged into and compiled into our final report.

What we lacked was an analysis that combined what the numbers were telling us and what individuals from their separate professions were experiencing and to truly articulate what the combination of their "gut" instincts and the numbers were saying.

Previously these had been done in separate activities and then it was the responsibility of the Health Planner to merge their collective products. This placed a large burden upon this individual and did lead to some questions regarding the conclusions that were reached.

4. Identify Potential Solutions

1. Base all identified priorities on data alone and not include practical experience.

2. Redefine a process that includes the practical experience merged with the data review and priority identification.

3. Initiate the discussion with the vision of the end products that we will use for community education about our process and identified

priorities. Then with this in mind, proceed with our data reviews, perception survey and professional experiences to craft our priority health needs.

4. Review our previous identified health priorities and either remove or update to fit current situations. We could then add a few that may be identified through our review process.

5. Develop an Improvement Theory

To borrow a phrase from Stephen Covey "Begin with the end in mind." It was decided that we needed to look at creating a common understanding of what we were attempting to do. From this common understanding, we would then identify population data sets that would help us to verify the issues that face Woodbury County residents.

The group would be challenged to identify data sources that would meet these needs and the Health Planner would look at assembling trend and comparison data for them to use in their exploration.

We also wanted to build upon what we had been educated about over the past year on potential issues that were facing county residents. We could use our identified data sets to discount or verify what others had shared with us.

We decided that we needed to conduct our discussions and data reviews with the common question "What is the status of the Quality of Life for Woodbury County Families."

The theory that we developed was to chunk down our process into smaller, more doable sessions that would allow us the time and ability to modify our approach for achieving a plan that reflected the needs of county families.

The following are the determined steps for progress:

1. Group discussion of the end-products for development as a result of our planning process.
2. Common understanding of the purpose of the developed work products.
3. Defining what we mean when we say Woodbury County Families.
4. Identification of data sets to include within the scan/review.
5. Review/ scan the data and identify areas of concern that would impact the quality of life of a Woodbury County Family.
6. Continuously identify additional data sets for including in our planning process.
7. Outline what our final work products would look like which partners could use in community education settings related to our identified priorities.

DO

Test the Theory for Improvement

6. Test the Theory

To initiate the process, we began by providing an overview of the community health planning that we would be undertaking. We spent time discussing what we would use this for at a community level. We also discussed about how were ahead of the schedule outlined by the Iowa Department of Public Health and may need to do some adjusting during the next year to meet their needs and requirements.

We then identified three specific work products that we will be developing, an educational powerpoint, a health "report card,"

and a health profile. All three of these would be available for any partner to use in their educational efforts and for any planning they may be conducting.

The group then worked to develop a common definition for "family." The agreed upon language is "A Woodbury County Family is a group of people affiliated by a common ancestry or affinity or co-residence." Concepts to keep in mind: it can be a group or individual, a unit of support/non-support or dysfunctional (resilience/risk factors-strength based). If not provided by birth families then who provides this, sharing or pooling of common resources, 2.5 members per unit and very diverse.

With this stated we moved forward with our first data set. This was Infant//Family data. The group was challenged to review the data and in small groups share their observations of the data as presented. These small groups then shared their observations with the large group.

For a wrap-up, the group was polled to determine what would be a valid set of data to use at our next meeting. The group came to consensus they were interested in reviewing the demographic data for the county.

The collections of their observations were documented on large sheets of newsprint and with a scribe to record this. These sheets provided their key observations and suggestions about what may be impacting this data, such as community events, proposed/approved legislation, changes in organizations policies and practices or other extenuating circumstances.

This process was replicated over a series of two meetings of Healthy Siouxland Initiative. Time between meetings would allow for any minor adjustments that may be necessary to achieve our desired outcomes.

CHECK

Use Data to Study Results of the Test

7. Check the Results

The results of the summary of these discussions reflected data driven priorities and anecdotal information related to the data. This was reviewed at the following meeting, prior to moving forward with our next discussion for consensus.

Participants were then polled for suggested changes or modifications to the process that would support our efforts.

After completing two of these sessions, the group was challenged to begin to think about the type of data that should be included in a community health profile. This included preferred text, data sets, single year snapshot data or trend data and any other items they feel would be beneficial. This input will be reviewed periodically as we move through the process to determine accuracy and also to prioritize what will be included.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

-continuation of the trialed process that involves the group for identification of anecdotal information while reviewing data.
-increased input on priorities by the group.
-consistent review of the work products in development by the group.

9. Establish Future Plans

-to develop the three identified work products from this process.
-provide community education session.
-task forces will be designed and developed to develop health improvement plans to document progress on the priorities.