

# **Implementing Colorado Health Assessment and Planning System:**

## **El Paso County's Experience With Prioritization**

**Bernadette Albanese, MD, MPH**

**August 29, 2012**

# Topics

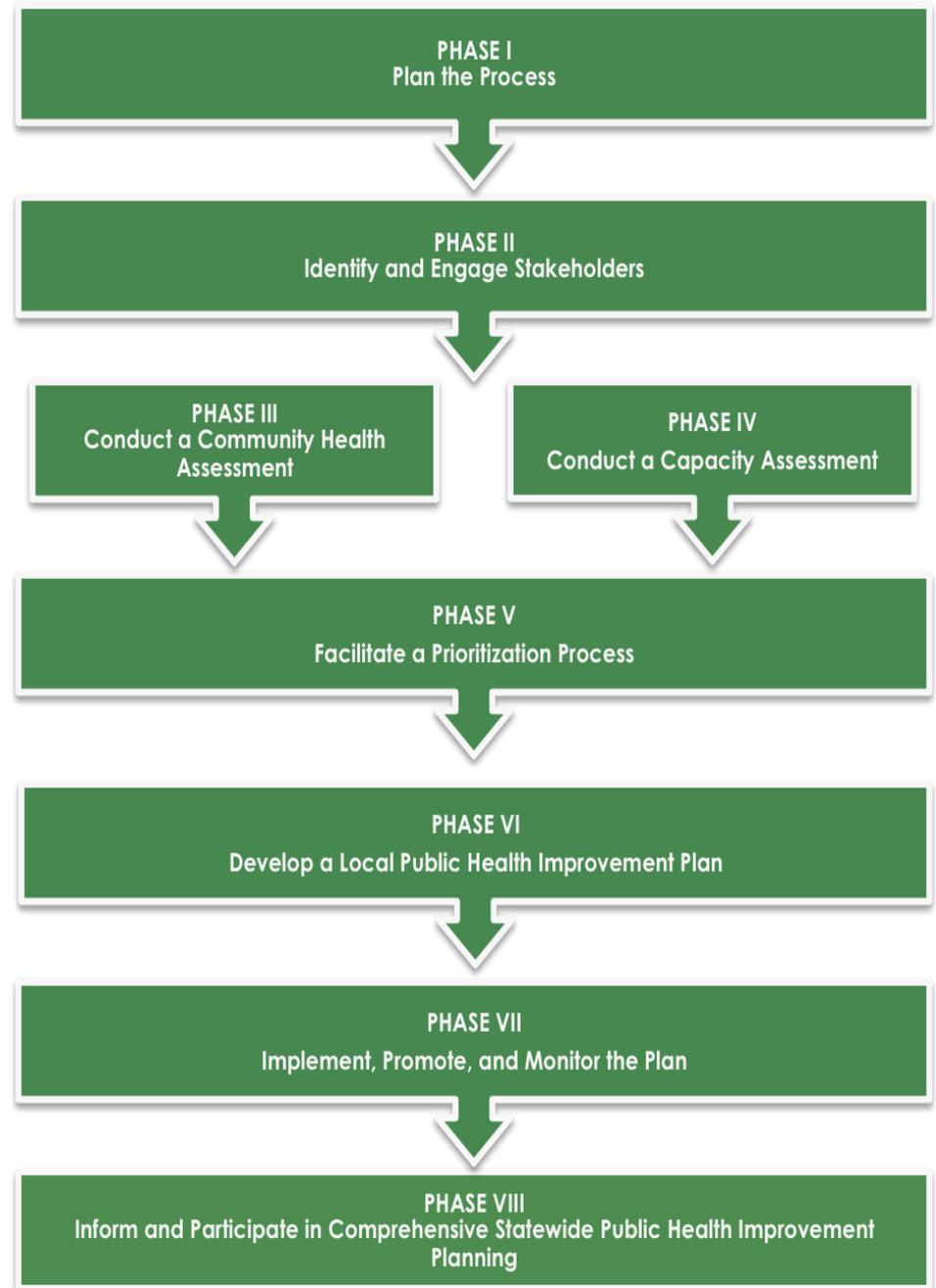
---

- Brief overview
  - ▣ Process leading towards prioritization
- Two phases of prioritization within CHAPS
  - ▣ Prioritization of population health focus area(s)
  - ▣ Prioritization of sectors (taskforces) within the chosen population health focus area
- Lessons learned

# Overview of CHAPS

El Paso County  
repeated  
Phases 4  
and 5

A capacity assessment (phase 4) and prioritization process (phase 5) was completed for identifying **population health areas**, and then again for selecting **taskforce sectors** within obesity prevention



# El Paso County CHAPS Process

## Community Health Assessment

**Stakeholders ranked the severity of impact that each area had on the health of our population**



## Capacity Assessment

**Identified existing and potential resources available to address each area**



## Prioritization

**Created a crosswalk of burden, capacity, and EBPs for each health area**

**Stakeholders identified which health area(s) would be our focus**



Phase V:

Choosing population health focus area(s)

# Inputs for Prioritizing Population Health Focus Area

- Population data on disease burden
- Results of capacity assessment from community partners
- Introduction to evidence-based practices within each health area

# El Paso County Health Indicators

- ❑ Socioeconomic description of El Paso County
- ❑ Morbidity and mortality
- ❑ Access to care
- ❑ Environmental health
- ❑ Food safety
- ❑ Healthy eating and active living
- ❑ Motor vehicle injury
- ❑ Oral health
- ❑ Tobacco use
- ❑ Unsafe sexual practices and teen pregnancy
- ❑ Vaccine-preventable infectious diseases

# Ranking the Population Burden of Each Health Area

- Prevalence
  - ▣ *How many people are currently affected?*
  - ▣ *How many people could be adversely affected?*
- Any disparate populations
  - ▣ *Who is affected and are any groups disproportionately impacted?*
- Severity of the impact
  - ▣ *What is the disability and mortality associated with this issue?*
  - ▣ *What are the associated economic and societal costs?*

# Selecting focus areas

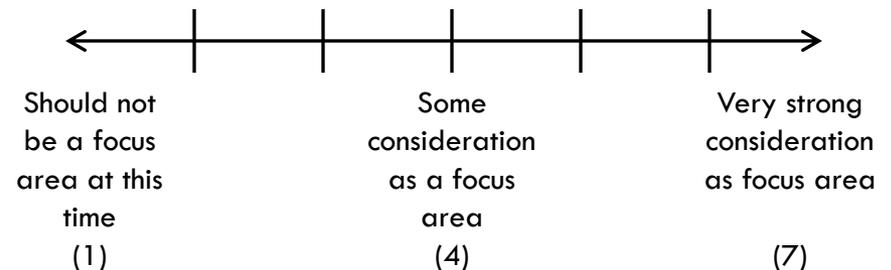
## The health issues

- Unsafe sexual practices and teen pregnancy
- Mental health
- Substance abuse
- Tobacco use
- Oral health
- Healthy eating and active living
- Motor vehicle injury

## The question

Based on burden of disease, HCC capacity assessment, and evidence-based practices:

*Rank to what degree each of these issues should be a focus area.*



# Using the Response Cards



- Answer options will be a numeric value between 1 and 7
- Green light indicates proper transmission of answer
  - **NOTE: after your selection is displayed, the screen will go blank**
- Can change answer at any time while polling is open
- One response per organization

# Rank to what degree mental health should be a focus area.

1 = Should not be a focus area at this time

2

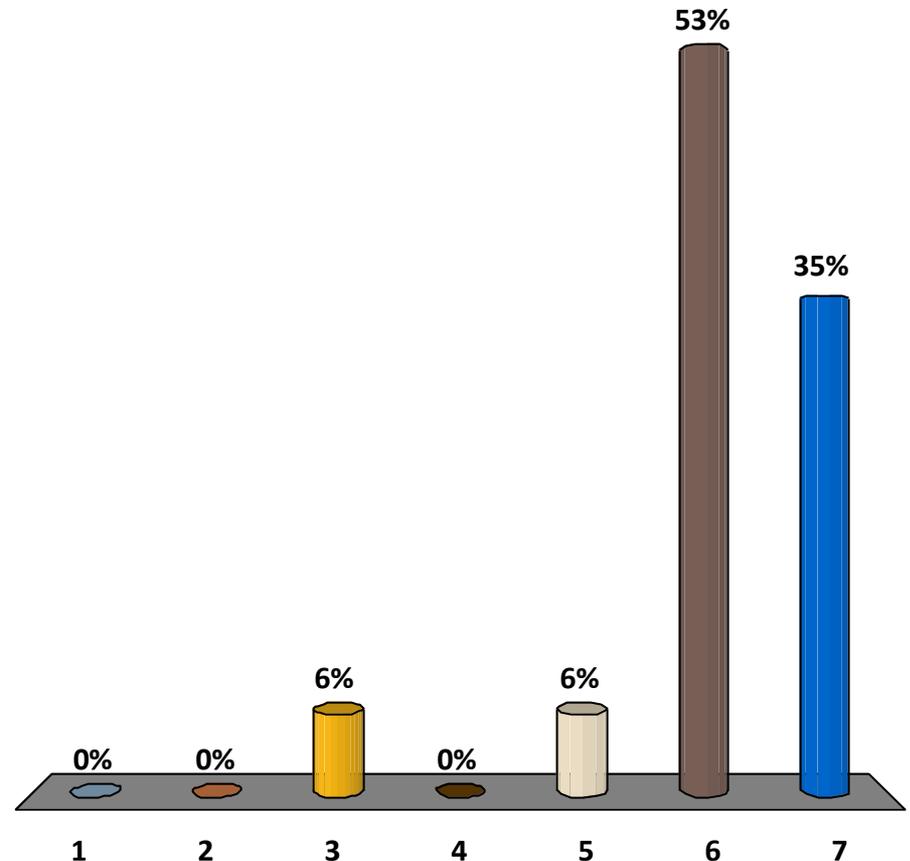
3

4 = Some consideration as a focus area

5

6

7 = Very strong consideration as a focus area



# Rank to what degree motor vehicle injury should be a focus area.

1 = Should not be a focus area at this time

2

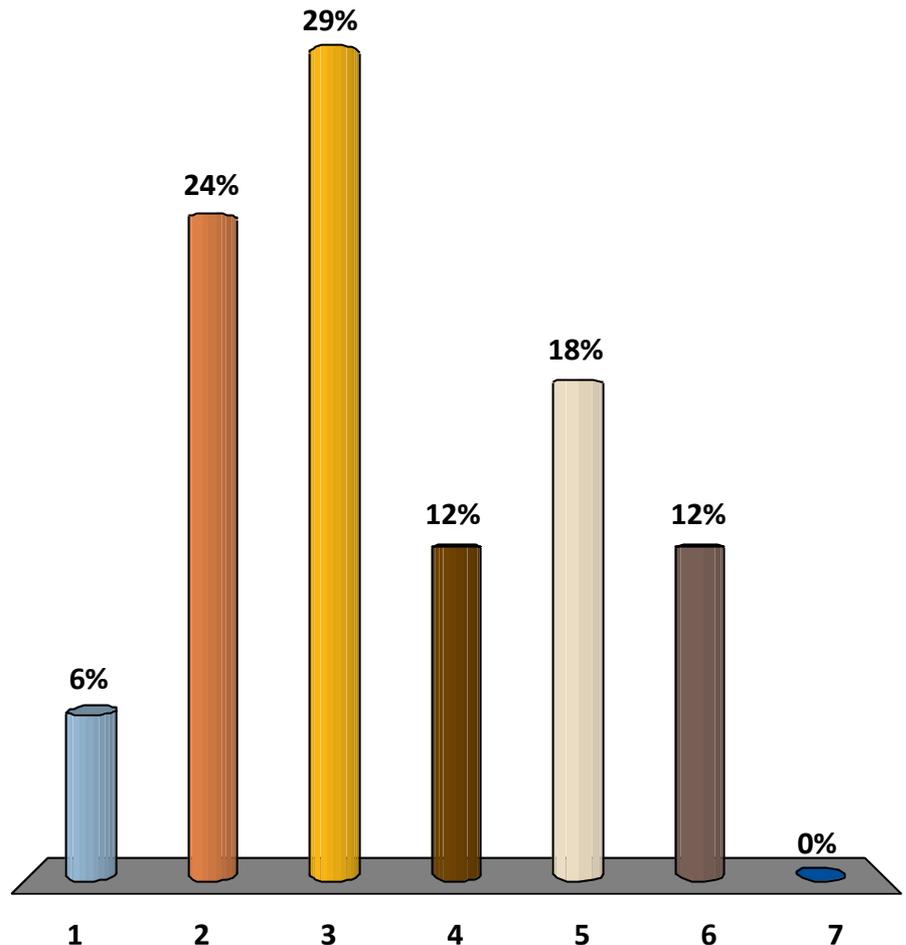
3

4 = Some consideration as a focus area

5

6

7 = Very strong consideration as a focus area



# Rank to what degree oral health should be a focus area.

1 = Should not be a focus area at this time

2

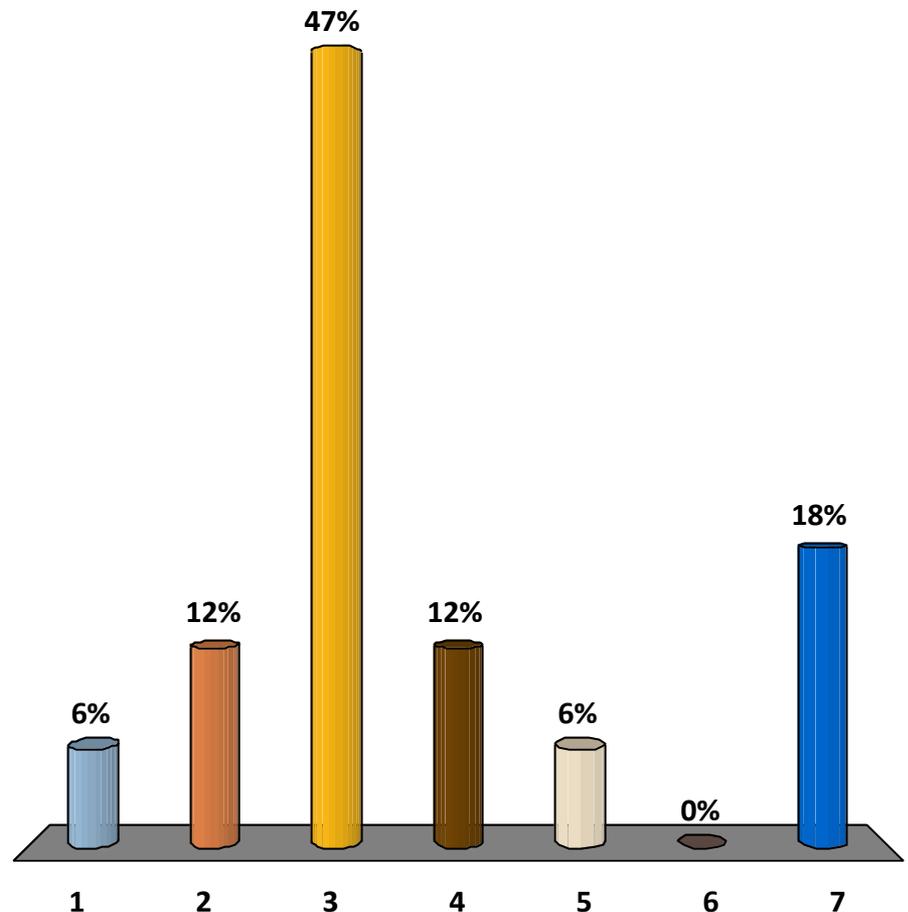
3

4 = Some consideration as a focus area

5

6

7 = Very strong consideration as a focus area



# Rank to what degree diet, physical activity, and healthy weight should be a focus area.

1 = Should not be a focus area  
at this time

2

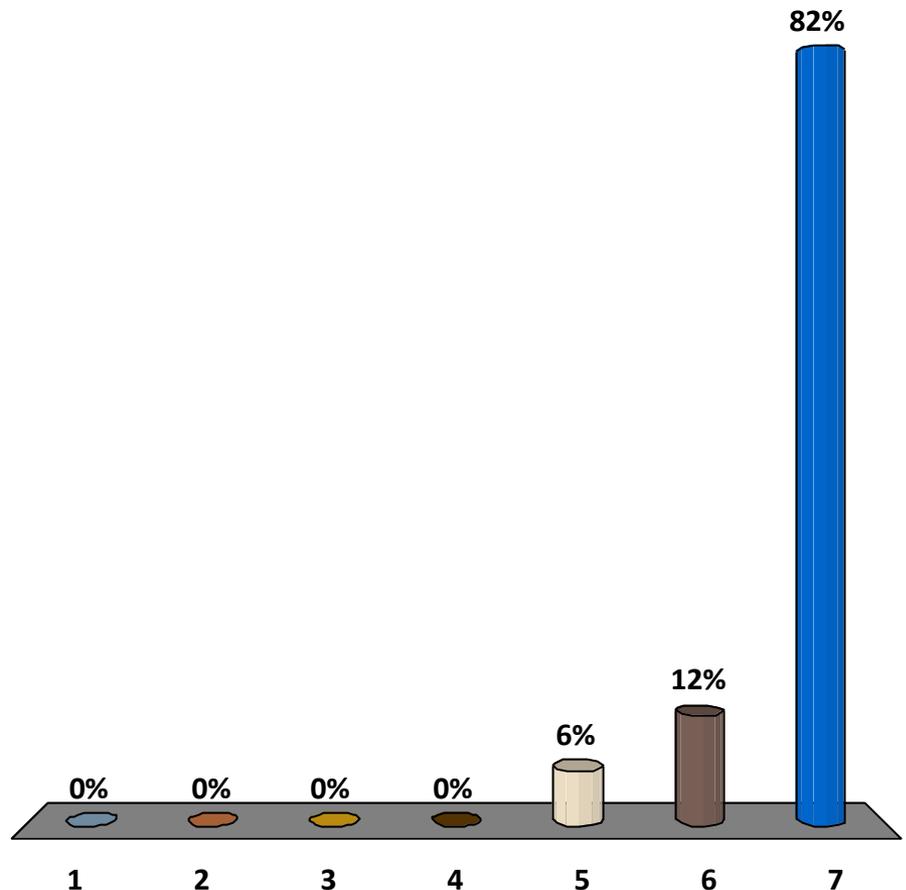
3

4 = Some consideration as a  
focus area

5

6

7 = Very strong consideration  
as a focus area



# Average Ranking\*

Health Area	Average Ranking
Motor vehicle injury	3.47
Oral Health	3.71
Unsafe sexual practices and teen pregnancy	4.12
Substance abuse	4.82
Tobacco use	5.18
Mental health	6.12
Diet, physical activity, and healthy weight	6.76

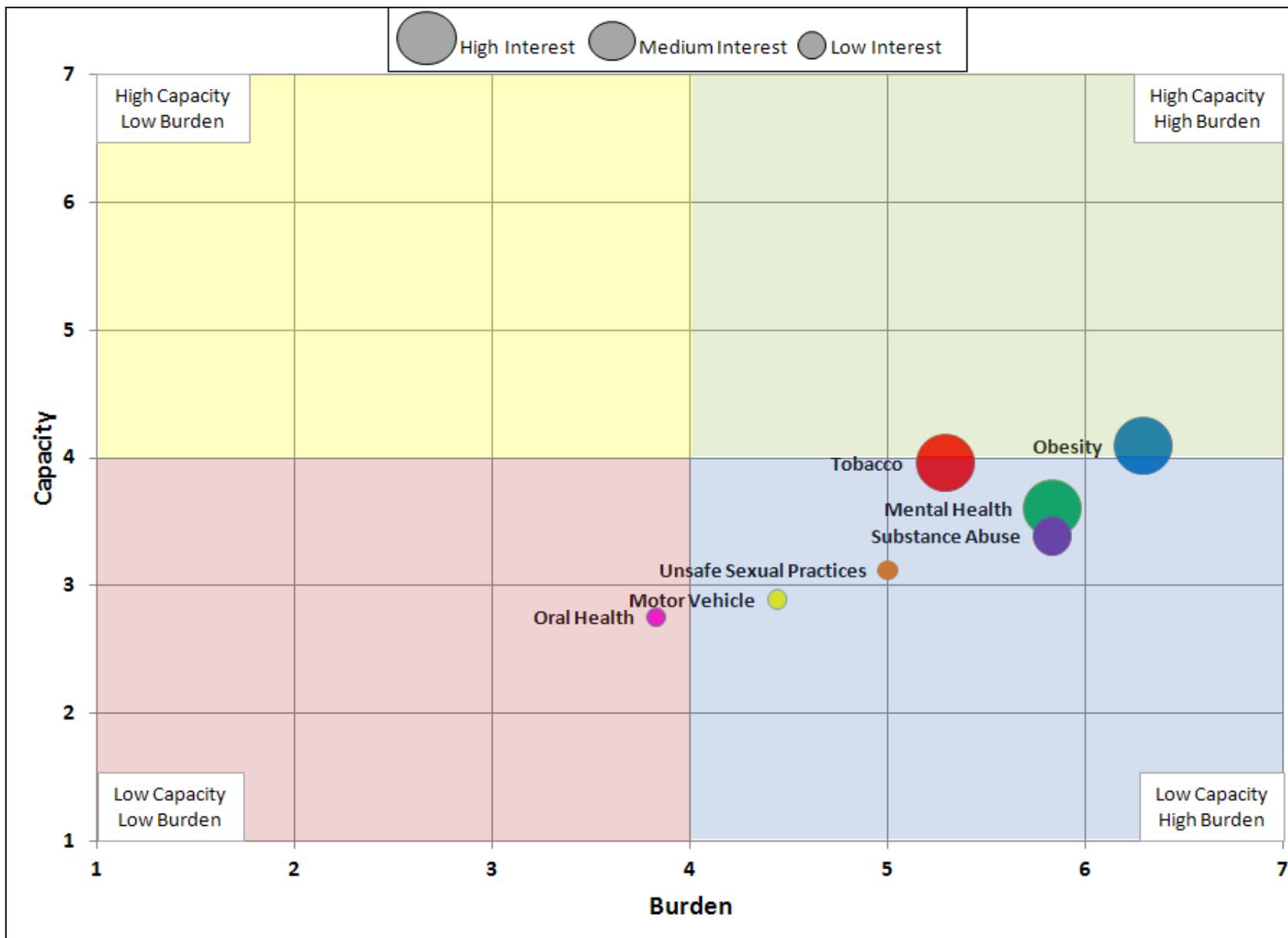
\*Scale is from 1 (low) to 7 (high)

# Average Ratings\* of Capacity and Interest (from low to high capacity)

Health Area	Average Capacity Score	Average Interest Score
Oral health	2.75	3.33
Motor vehicle injury	2.89	3.67
Unsafe sexual practices and teen pregnancy	3.12	3.67
Substance abuse	3.39	4.40
Mental health	3.60	5.60
Tobacco use	3.96	5.40
Diet, physical inactivity, and unhealthy weight	4.09	6.47

\*Scale is from 1 (low) to 7 (high)

# El Paso County Public Health & Healthy Community Collaborative: Population Health Burden vs. Capacity Assessment – Ranking Results



## Phase IV and V (again)

### Obesity Prevention:

What should the focus areas be for a  
Community Public Health Improvement Plan?

***Moving Towards Development of Community Health Improvement Plan for  
Healthy Eating and Active Living  
SELECTING TASKFORCE FOCUS AREAS***

- 9:00 Introductions, meeting objectives, introduce Steering Committee
- 9:10 Obesity prevention goal statement – review and discussion of draft prepared by Steering Committee
- 9:20 Review of process and inputs to be used to select focus areas for Taskforces
- 9:30 Review of obesity inventory results and evidence-based practices in the matrix
- 9:40 ‘Ranking’ criteria developed to evaluate evidence-based practices and potential for success in El Paso County. Presentation on results of applying ‘ranking’ criteria to each sector in the matrix. Discussion with HCC.
- 10:10 VOTE! Selecting which sectors will be focus of Taskforces and how many Taskforces are appropriate
- 10:45 Next steps – April 18<sup>th</sup> HCC meeting to organize Taskforce membership; training on workplans to be used for Taskforce; timelines, etc. Schedule for future HCC meetings.
- 11:00 Adjourn

# Obesity Prevention: Sector Descriptions

- ❑ **Childcare** — child care centers, Head Start programs, preschools, and family child care homes.
- ❑ **Schools** — educational institutions - particularly kindergarten-grade 12
- ❑ **Workplace** — physical location of work or employment
- ❑ **Health systems** — hospital or health care systems, healthcare providers, 1:1 direct patient care
- ❑ **Built environment** — man-made surroundings intended to support human activity (e.g., sidewalks, buildings, urban sprawl, mixed-use developments)
- ❑ **Community outlets** — churches, senior centers, and other community-based organizations such as the YMCA
- ❑ **Food systems** — includes every process and the infrastructure involved in feeding a population (e.g., farming, processing, labeling, marketing, consumption)
- ❑ **Media** — means of communication that reach or influence people widely (e.g., television, printed materials, social networking, radio)

EL PASO COUNTY PUBLIC HEALTH: OBESITY PREVENTION MATRIX

		Childcare	Schools	Workplace	Health systems	Built environment	Community outlets	Food systems	Media
What we eat - Food content	Fruit and Veggies								
	Processed and/or fast foods								
	Sweetened beverages/foods								
Too much caloric intake - Eating behaviors	Portion size								
	Healthy food sources								
	Cooking at home								
Not enough caloric expenditure - Physical activity/sedentary behavior	Exercise								
	Screen time								
	Recreational sources								
	Other sedentary activities								
Breastfeeding									

**Setting definitions:**

*Child care:* child care centers, Head Start programs, preschools, and family child care homes.

*Schools:* educational institutions - particularly kindergarten-grade 12

*Workplace:* physical location of work or employment

*Health systems:* hospital or health care systems, healthcare providers, 1:1 direct patient care

*Built environment:* man-made surroundings intended to support human activity (e.g., sidewalks, buildings,

urban sprawl, mixed-use developments)

*Community:* churches, senior centers, and other community-based organizations such as the YMCA

*Food systems:* includes every process and the infrastructure involved in feeding a population (e.g., farming, processing, labeling, marketing, consumption)

*Media:* means of communication that reach or influence people widely (e.g., television, printed materials, social networking, radio)

## OBESITY PREVENTION – CURRENT INITIATIVES

		Childcare	Schools	Workplace	Health systems (# direct patient care)	Built environment	Community outlets	Food systems	Media
What we eat - Food content	Fruit and Veggies	3	9	11	12 (5)	3	9	4	3
	Processed and/or fast foods	3	9	11	11 (4)	4	8	0	3
	Sweetened beverages/foods	3	7	8	8 (4)	2	5	1	1
Too much caloric intake - Eating behaviors	Portion size	2	7	10	11 (5)	3	8	2	4
	Healthy food sources	2	10	11	10 (4)	4	8	6	3
	Cooking at home	1	6	8	11 (5)	3	8	3	3
Not enough caloric expenditure - Physical activity/sedentary behavior	Exercise	3	15	11	12 (5)	7	10	2	3
	Screen time	3	8	7	9 (4)	3	7	1	3
	Recreational sources	1	4	7	5 (1)	2	5	0	2
	Other sedentary activities	1	6	5	8 (2)	3	4	0	2
Breastfeeding		1	1	2	9 (6)	1	3	1	1

**Number of initiatives (out of 42 total\*):**

0	
1-2	
3-5	
6-9	
10+	

**Sector definitions:**

*Child care:* child care centers, Head Start programs, preschools, and family child care homes.

*Schools:* educational institutions - particularly kindergarten-grade 12

*Workplace:* physical location of work or employment

*Health systems:* hospital or health care systems, healthcare providers, 1:1 direct patient care

*Built environment:* man-made surroundings intended to support human activity (e.g., sidewalks, buildings,

urban sprawl, mixed-use developments)

*Community:* churches, senior centers, and other community-based organizations such as the YMCA

*Food systems:* includes every process and the infrastructure involved in feeding a population (e.g., farming, processing, labeling, marketing, consumption)

*Media:* means of communication that reach or influence people widely (e.g., television, printed materials, social networking, radio)

\* 12 EPCPH WIC initiatives represented separately

**OBESITY PREVENTION – EVIDENCE-BASED PRACTICES**

		Childcare	Schools	Workplace	Health systems	Built environment	Community outlets	Food systems	Media
<b>What we eat - Food content</b>	Fruit and Veggies	Environment and policy self assessment and goal setting interventions	Physical activity and nutrition at school	1:1 counseling	1:1 counseling with goal setting		Environment and cultures/ practice	Community and school gardens; farmer's markets	Mass media to increase healthy eating
	Processed and/or fast foods	Modify food service practices		Increase healthy eating	Patient access to medical records		1:1 counseling with goal-setting	Access to supermarkets	Government regulation of industry marketing
	Sweetened beverages/foods				Electronic health records – Provider documentation		Diabetes prevention program	Tax on sugar sweetened beverages	Social marketing for health
<b>Too much caloric intake - Eating behaviors</b>	Portion size							Calorie menu labeling	
	Healthy food sources					Access to supermarkets		Farm to school	
	Cooking at home							Affordable healthy food in public service settings	
<b>Not enough caloric expenditure - Physical activity/ sedentary behavior</b>	Exercise	Environment and policy self assessment and goal setting interventions	Increased opportunity for physical activity during and after school	Point-of-decision prompts	1:1 counseling	Community scale land use policy	1:1 consultation		Mass media to increase physical activity
			Enhanced duration/ intensity	Increase physical activity		Aesthetic and safety of physical environment	Social support; buddy system		
		Staff education and physical activity training	Active commuting to/ from school	1:1 counseling		Open space preservation	Shared-use policies		
		Structured physical activity programs	Pedometers						
			Extracurricular physical activities						
		Shared-use policies							
	Screen time						Parent support for home activities		
	Recreational sources	Portable play equipment	Gender-based interventions (girls)			Creation of/ enhance access to places for physical activity			
Other sedentary activities					Transportation policy and access to public transit				
<b>Breastfeeding</b>				Baby friendly workplaces	Baby friendly hospitals				

**Level of scientific evidence:**

Emerging	Established through on-going work, practice-based summaries, or evaluation works in progress
Promising	Established through written program evaluation without formal peer review
Likely effective	Established through peer review
Proven	Established through peer review via systematic or narrative review

# Criteria for Choosing Obesity Sector Taskforces

- **Likelihood of Population Impact & Reach**
- **Sustainability**
- **Political/Community Readiness**
- **Capacity to Implement**
- **Impact on Health Disparities**
- **Ability to Measure**
- **Cost**

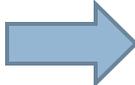
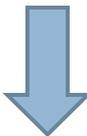
# Criteria Used to Assess Potential for Success by Sector

- ❑ **Likelihood of Population Impact** — The likelihood that a strategy will impact obesity-related indicators *at the population level*, if the strategy were carried out well in El Paso County. Also, consider whether or not a strategy has broad reach into the community.
- ❑ **Sustainability** — The extent to which a strategy will continue to impact public health in the absence (or reduction) of future funding. In general, policy implementation is considered sustainable while programs that are dependent on funding are less sustainable.
- ❑ **Political/Community Readiness** — The extent to which stakeholders, both internal and external to HCC and including communities where the strategy may be implemented, support the strategy and are ready to take action.
- ❑ **Capacity to Implement** — The extent to which HCC and any partners implementing the strategy collectively have, or can acquire, capacity (funding, leadership, staff expertise, and other resources) needed to implement the strategy. In addition, consider whether capacity may already exist and could be enhanced with some tweaking to a current program or strategy.

# Criteria Definitions (continued)

- ❑ **Impact on Health Disparities** — The likelihood that health disparity gaps would be narrowed by implementing the strategy in El Paso County.
- ❑ **Ability to Measure** — The extent to which indicators are available to measure results and the ability of the implementing organization to collect data accurately and conduct or participate in evaluation.
- ❑ **Cost** — The financial and opportunity cost (amount of time and energy spent by staff) to HCC and partners of implementing the strategy. Consider the extent to which the expected payoff (return on investment) is worth the cost of implementing the strategy. Also, the extent to which the strategy provides an opportunity for partners to pool resources and/or collaborate.

# Rating Scale for Criteria

- Each criteria is used to help determine a likelihood of success based evidence-based practices & existing capacity within each sector
  - Higher potential = 
  - Possible, more work/investigation to be done = 
  - Lower potential = 
  - Cost = higher, uncertain, lower

# Childcare Facilities

	Rating	Comments
<b>Likelihood of Population Impact</b>		Extent of population impact depends on where implemented, # of facilities, and # of children/families served
<b>Sustainability</b>		
<b>Political/Community Readiness</b>		
<b>Capacity to Implement</b>		
<b>Impact on Health Disparities</b>		Only if the children affected by EBPs are of lower socioeconomic status
<b>Ability to Measure</b>		
<b>Cost</b>	<b>Uncertain</b>	Direct and opportunity costs of implementing EBPs would vary.

# Schools

	Rating	Comments
<b>Likelihood of Population Impact</b>	↑	
<b>Sustainability</b>	→	Sustainable to the extent that policies are implemented that cannot be contraindicated by school board, CDE, or financial issues
<b>Political/Community Readiness</b>	→	Each school district is unique in its readiness
<b>Capacity to Implement</b>	→	Schools and school districts vary as to ability to implement
<b>Impact on Health Disparities</b>	↑	
<b>Ability to Measure</b>	↑	
<b>Cost</b>	Uncertain	Unclear what the cost impacts of EBP would be on schools or children and families

# Workplaces

	Rating	Comments
<b>Likelihood of Population Impact</b>		Extent of population impact depends on where implemented, # of workplaces, and # of adults/families served
<b>Sustainability</b>		Dependent on ability to workplace to implement over long-term
<b>Political/Community Readiness</b>		Would require a business case for support, a commitment from business leaders, and some political support
<b>Capacity to Implement</b>		Dependent on workplace and available expertise within business community, insurance plans, and healthy workplace advocates
<b>Impact on Health Disparities</b>		Only if the adults/families affected by EBPs are of lower socioeconomic status
<b>Ability to Measure</b>		Dependent on systems in place within workplaces
<b>Cost</b>	<b>Higher</b>	Upfront costs can be high and ROI is not seen for first few years

## OBESITY PREVENTION - CRITERIA RANKING

CRITERIA	Childcare	Schools	Workplace	Health systems	Built environment	Community outlets	Food systems	Media
Likelihood of population impact								
Sustainability								
Political/community readiness								
Capacity to implement								
Impact on health disparities								
Ability to measure								
Cost*								

### Rating scale

Higher potential	
Possible, more work to be done	
Lower potential	

Each criteria is used to help determine a likelihood of success based evidence-based practices & existing capacity within each sector

### Rating scale for cost

Lower cost	
Uncertain	
Higher cost	

# Thoughts on Selecting Sector Taskforces

- We are NOT selecting specific activities, programs or policies
- We ARE selecting the sectors in which we believe targeted efforts will have substantial impact and success in accomplishing our goal
  - “HCC will stop the upward trend of overweight and obesity in El Paso County within the next five years and reverse the trend in the coming decade.”
- Remember to take chances, explore new areas

# Voting Process

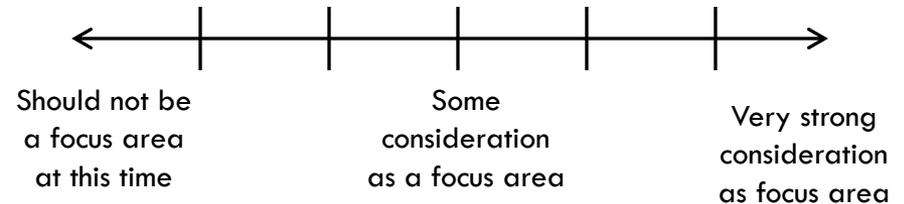
## Sectors

- Built environment
- Childcare
- Community outlets
- Food systems
- Health systems
- Media
- Schools
- Workplace

## Question

Based on capacity, evidence-based practices, and potential for success in meeting HCC goal:

*Rank to what degree each of these sectors should be a taskforce focus area.*



**Based on capacity, evidence-based practices, and potential for success in meeting the goal of HCC: Rank to what degree Built Environment should be a taskforce focus area.**

1 = Should not be a focus area at this time

2

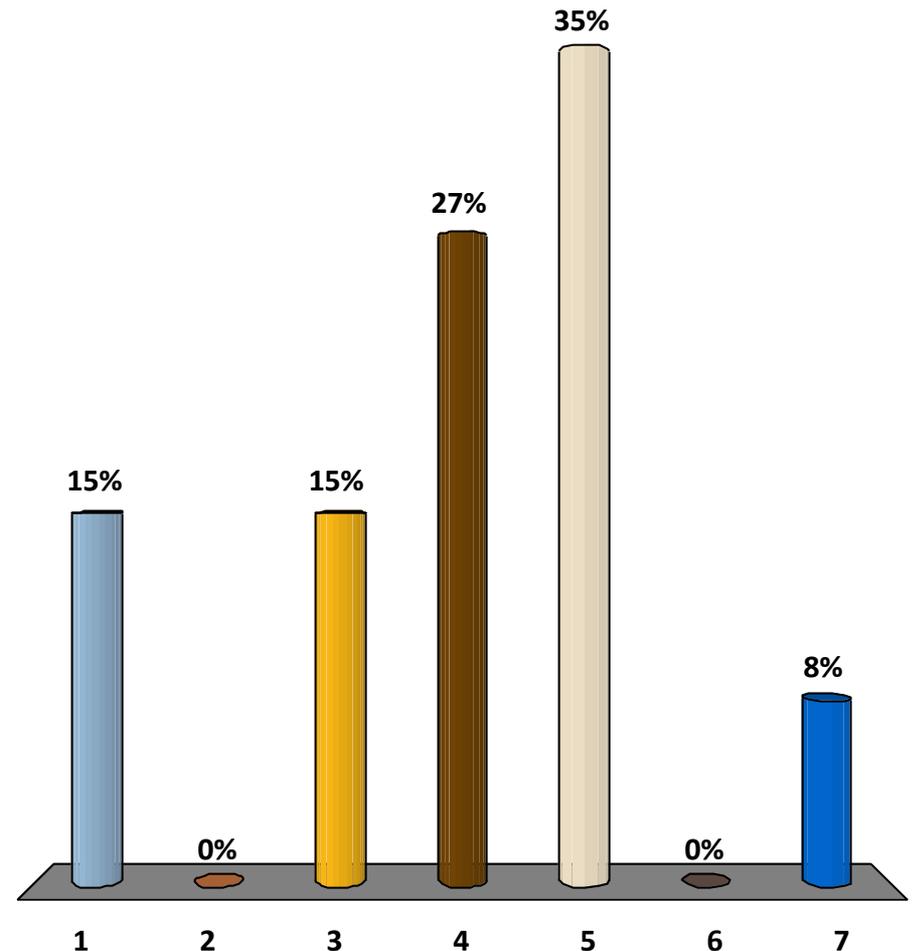
3

4 = Some consideration as a focus area

5

6

7 = Very strong consideration as a focus area



**Based on capacity, evidence-based practices, and potential for success in meeting the goal of HCC: Rank to what degree Health Systems should be a taskforce focus area.**

1 = Should not be a focus area at this time

2

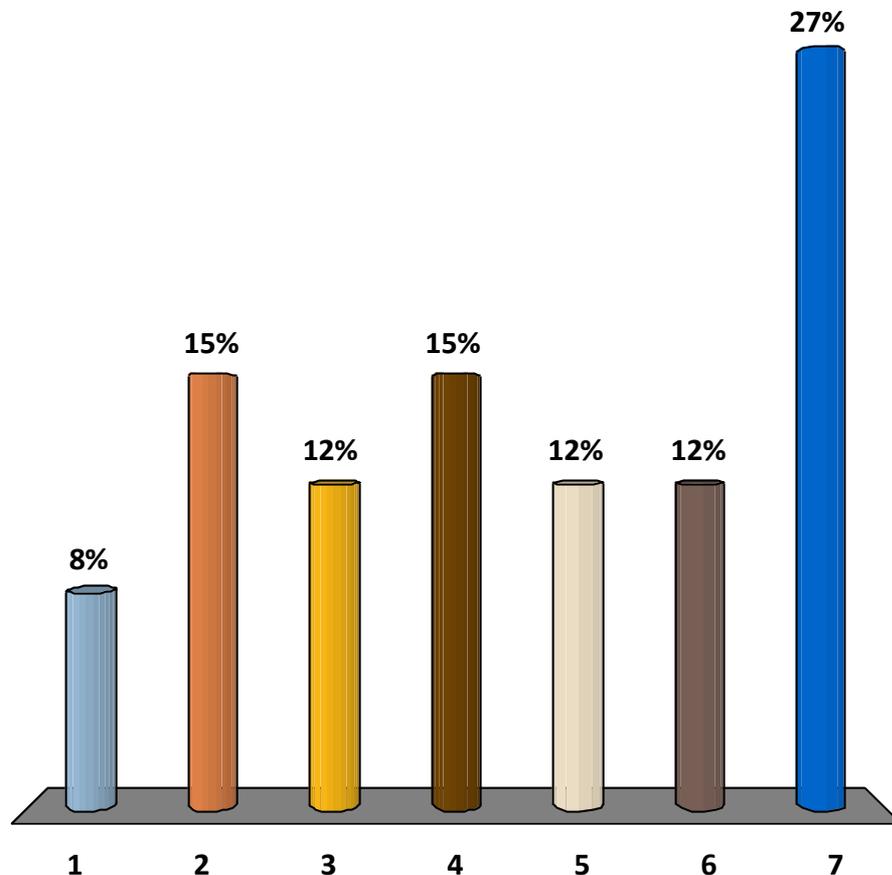
3

4 = Some consideration as a focus area

5

6

7 = Very strong consideration as a focus area



**Based on capacity, evidence-based practices, and potential for success in meeting the goal of HCC: Rank to what degree Schools should be a taskforce focus area.**

1 = Should not be a focus area at this time

2

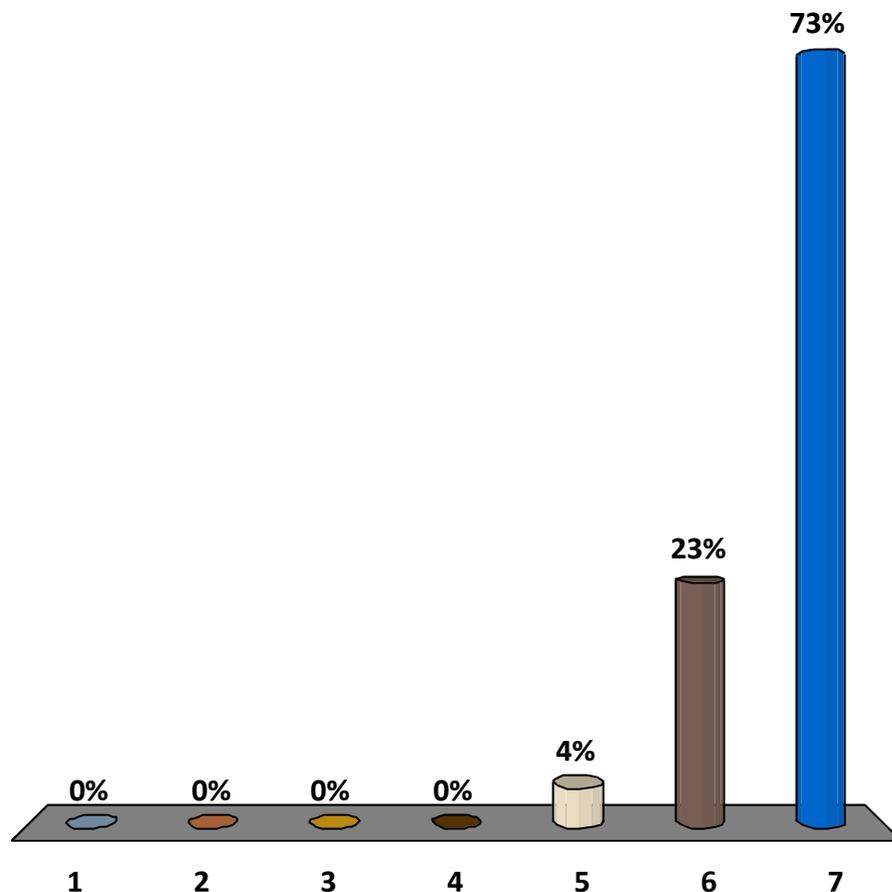
3

4 = Some consideration as a focus area

5

6

7 = Very strong consideration as a focus area



**Based on capacity, evidence-based practices, and potential for success in meeting the goal of HCC: Rank to what degree Food Systems should be a taskforce focus area.**

1 = Should not be a focus area at this time

2

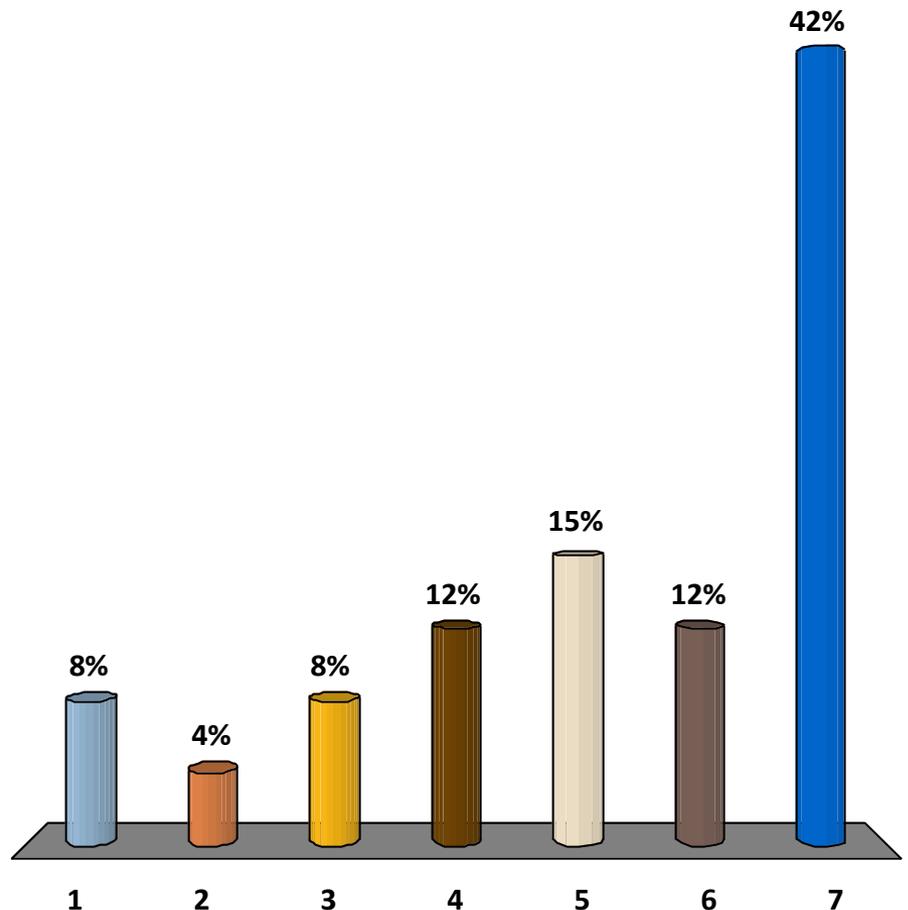
3

4 = Some consideration as a focus area

5

6

7 = Very strong consideration as a focus area



# Average Ranking\* For Sector Taskforces

Sector	Average Ranking
<b>Schools</b>	<b>6.69</b>
<b>Workplaces</b>	<b>5.88</b>
<b>Food systems</b>	<b>5.27</b>
<b>Community outlets</b>	<b>5.23</b>
Childcare	4.77
Health systems	4.50
Media	4.42
Built environment	3.96

\*Scale is from 1 (low) to 7 (high)

# Lessons Learned

- Heavy dependency on public health facilitation
- Be clear about process and expected outputs for each step
- Maintain interest of participants
- Use 360 feedback – summarize assessments and feedback and bring back to the collaborative
- Create tools/set criteria for decision making to move the process forward
- Dealing with evidence-based practices is challenging



# Discussion

