Island County Health Department
Health Priorities Workshop Summary Report
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On February 8, 2016, Island County Public Health and the Community Health Advisory Board (CHAB) hosted the final *step* in the year-long Community Health Assessment—a Health Priorities Workshop. Fifty-six community members participated in the workshop, including leaders from each of our county's jurisdictions, the Board of Health, schools, businesses, and representatives from a variety of organizations and service sectors. Participants were pre-assigned to a table to ensure that each table had members with a range of perspectives. Decisions made at the workshop were expected to inform which topics move forward into the Island County Community Health Improvement Plan (CHIP) and how the CHIP process should be organized.

Morning Activity: Introduction

Laura Luginbill, Assessment and Healthy Communities Director, provided participants with an overview of the health assessment process to date. During 2015, Island County Health Department's Health Assessment office led a comprehensive review of health indicators for Island County. A wide range of topics were included in this analysis. After months of data collection through a variety of structured activities—including a review of 145 health indicators, 8 focus groups, and a survey which yielded 1100 survey responses—the list of 145 indicators were reduced to 39 indicators organized under 8 topics:

- Access to Care
- Housing
- Immunizations
- Mental Health
- Nutrition & Physical Activity
- Substance Abuse
- Unintentional Injuries
- Violence

These 8 topics were the basis for the next activity, the data carousel.

Morning Activity: Data Carousel

The first part of the "Community Health Prioritization Workshop" was a "data carousel" style activity led by the facilitator, Maureen Pettitt. The activity provided participants with an opportunity to review, discuss, and prioritize the data. Datasets (indicators), prepared by the Assessment and Healthy Communities, were presented at a separate data station for each of the 8 topics. Each table was labelled with a letter corresponding to a letter on a specific data station. Starting at their designated data station, the table members moved together from station to station around the meeting room over the course of the morning. All participants had the opportunity to review the data for all 8 topics.

Participants were asked to evaluate each topic as they reviewed the data based on two criteria: Significance and Control. These were defined as follows:

- Control: to what degree is the community able and willing to influence these results?
- Significance: What is the relatively "size" of the data or issue? How serious are the consequences of doing nothing about these results?

While table members shared their observations about each dataset, they evaluated the control/significance individually by using the grid below and inserting the sheet in a box designated for that topic.

High Significance/ Low Control	High Significance/ High Control
Low Significance/ Low Control	Low Significance/ High Control

Afternoon Exercise: Narrowing the Priorities List

During lunch, the results of the morning's "data carousel" evaluation were tabulated and shared with the participants. Based on the highest scores for high significance/high control, four topics were identified:

1. Mental Health
2. Housing
3. Immunizations
4. Access to Care

However, since the objective was to identify the top 3 priorities, participants engaged in further discussions about the data and the results of the evaluation. Participants noted that there was limited data available on certain topics – for example, opioids – making it a challenge to identify priorities. Participants were reminded that the 39 indicators were refined from a list of 145. If certain health indicators were not part of the review, it did not necessarily follow that those indicators were unimportant.

To help with narrowing the priority topics from four to three, "High Significance/High Control" and "High Significance/Low Control" scores were combined, resulting in theses top three priorities:

1. *Mental Health*
2. *Housing*
3. *Access to Care*

As a follow-up activity, participants engaged in lively and informed discussions about whether these were the "right" priorities and what concerns they had. Participants generally agreed that these seemed appropriate priorities, but they also had conversations about:

- these three topics and their relationship to other topic areas (for example, the impact of substance abuse on mental health),
- how to define control from the perspective of existing solutions,
- the ability and willingness of the community to exert control over various data indicators,
- looking at changes from the last health assessment to the present,
- determining what might be missing,
- identifying and networking with different groups and organizations to identify financial resources, political support and potential solutions, and
- ways of engaging the community.

Afternoon Exercise: Creating the CHIP

Each table was tasked with discussing and providing suggestions about what an effective Community Health Improvement Plan process might look like. While there was some variation in tables' responses to this task, in general participants identified the following as essential to the process:

- Identify and engage stakeholders, political allies, etc.
- Organize a work group for each topic.
- Review (and update, if necessary) all data points relevant to each topic.
- Identify and acknowledge data gaps.

The common elements of a planning process suggested by participants included the following:

1. Conduct root cause analysis for each topic.
2. Map root causes to identify where they intersect.
3. Review root cause analyses with stakeholders.
4. Prioritize the most important "root causes."
5. Identify and partner with agencies with existing resources and/or solutions related to root causes.
6. Set measurable, manageable goals/targets using indicators as baseline data.
7. Develop and implement action plan with strategies, pilot projects, responsibilities and timelines.
8. Measure progress/results.

Participants also noted that a both a communications plan and a community education component would be critical to a successful process. For example, participants could use their "circles of influence" to further educate the community and to generate ideas about how those groups might contribute to goal accomplishment. Another strategy suggested was to identify outside funding or grants to support this work.

Closing Session

Keith Higman, Health Services Director, summarized the work accomplished by the participants during the day, and applauded the significant contributions of the participants to creating a meaningful and comprehensive Community Health Improvement Plan.