COMMUNITY HEALTH ASSESSMENT GUIDELINES 2009

Manitoba

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The Community Health Assessment Guidelines have been updated from the original document published in 1997. The revisions reflect various published sources, as well as accumulated experience with community health assessment within the province of Manitoba.

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The appendices to this document are supplied on a CD attached to the inside back cover of this booklet. These appendices are working documents that are subject to change from time to time. Please consult **www.manitoba.ca/health** for the most up-to-date versions.

List of Acronyms

CCHS	Canadian Community Health Survey
CCMB	CancerCare Manitoba
CCWG	Community Consultation Working Group
CHA	Community Health Assessment
CHA-IRC	Community Health Assessment Indicator Review Committee
CHAN	Community Health Assessment Network
FWG	Funding Working Group
HIM	Health Information Management
MCHP	Manitoba Centre for Health Policy
MHHL	Manitoba Health and Healthy Living
PHIA	Personal Health Information Act
POPULIS	Population Health Information System
RHA	Regional Health Authority

Glossary of Selected Terms

Access	ability of clients or groups to obtain required or available services in the most appropriate setting and at the right time, based on their respective needs
Appropriate	a program or service that is suitable: takes into consideration the financial, cultural, racial, social and physical factors that may affect an individual's and/or community's ability to access services
Assets	skills, abilities and resources of value to one's self and others
Assessment	the process by which situations or characteristics, gifts and needs of clients, groups, populations, communities, or situations are evaluated so they can be addressed. The assessment forms the basis of a plan for service or action

Audience	the people you want to reach for the purpose of disseminating information, building partnerships to gather information, or getting feedback on specific issues
Capacities	the abilities, resources, assets and strengths that groups, populations, or individuals have and use to deal with situations and meet their identified needs
Community Health Assessment	a dynamic, ongoing process undertaken to identify the strengths and needs of the community, enable the community-wide establishment of health priorities and facilitate collaborative action planning directed at improving community health status and quality of life
Data	known facts or things used as a basis for inference or reckoning
Demographics	set of variables that illustrate the conditions of life in a community (ex: births, deaths, age, marital status)
Determinants of Health	factors that together contribute to the status of the health and well-being of a population or individuals
Effective	services, interventions or actions that achieve optimal results
Efficient	resources (inputs) are brought together to achieve optimal results with minimal waste, re-work and effort
Evidence	that which can be derived from research, experiential learning, indicator data and evaluation; evidence is used in a systematic way to evaluate options and make decisions
Morbidity	the relative incidence of disease
Mortality	the number of deaths in a given time or place
Policy	an umbrella term that includes activities to advance the interests of groups in the community by changes in the practices or rules at an institution, or changes in public policy

Source: NOR-MAN Regional Health Authority, Decision Support. (July 2006).

Executive Summary

A community health assessment (CHA) is a dynamic, ongoing process undertaken to identify the strengths and needs of the population and to enable the community-wide establishment of health priorities.

The purpose of a community health assessment is to collect, analyze and present information so that the health of the population can be understood and improved, and to provide evidence to inform health service planning. It provides baseline information about the health status of community residents, tracks health outcomes over time, and helps to identify opportunities for disease prevention, health promotion and health protection.

CHA is best understood and conducted within the population health perspective. Population health describes an approach to improving health that focuses on the health of communities or the population. From this point of view, the definition of health is adopted from the World Health Organization as a resource for everyday life. A population health approach provides a broad perspective of health and the health system in each health authority, by taking into account the various determinants of health, as well as some health system characteristics and issues of system performance. The population health approach is aimed at positively influencing conditions that enable people to make healthy choices and services that promote and maintain health.

All health authorities are bound by *The Regional Health Authorities and Consequential Amendment Act*, division 2, section 23 (2b), to "assess health needs in the health region on an ongoing basis," and are accountable to the Ministers of Health and Healthy Living for implementing the CHA process and reporting on CHA findings.

The CHA strives to ensure accountability in the health system by assessing the health of the community to determine how responsive health services are to need. As a foundation for health planning, CHA measures, monitors and reports on the health status of the population, while examining contributory factors to health or health disparity. It should be well integrated with the health planning cycle by informing strategic planning and operational health plans.

The CHA process is co-ordinated provincially by the Community Health Assessment Network (CHAN). CHAN is a province-wide, collaborative group composed of representatives from all regional health authorities (RHAs), CancerCare Manitoba (CCMB), Manitoba Centre for Health Policy (MCHP) (a research unit in the Department of Community Health Sciences, Faculty of Medicine, University of Manitoba) and Manitoba Health and Healthy Living (MHHL). Through its working groups, CHAN has enabled a co-ordinated approach to CHA that allows province-wide comparability on health issues within health authorities, while recognizing and respecting the diversity among health authorities.

To identify the health needs of people living in Manitoba, it is important for health authorities to be able to describe the health status of their residents and to track changes in health status over time. The health authorities, in collaboration with MHHL, have chosen indicators from regional, provincial and national sources that describe the health and burden of illness experienced by their residents and the way health services are used. The collection of a limited but manageable number of robust indicators is preferable to collecting data of variable quality on a large number of indicators. In an attempt to enhance consistency, yet manage regional variation in health issues, the CHA indicators have been divided into two categories: core (mandatory in the CHA report) and non-core indicators (optional for the CHA report).

Many community conditions are not reflected in the known data sources but are known or suspected by local planners, front-line workers or community members. Health authorities have found that consulting the communities they serve provides another means of obtaining valuable information. This qualitative information not only provides a context in which to understand the quantitative data that has already been considered (the story behind the numbers), but also provides rich information about the perceptions and priorities of those communities.

Engaging communities can create an environment where community issues are addressed collaboratively between stakeholders and health authorities. This public participation also allows health authorities to target underserved groups who may not otherwise have a voice and whose needs are not generally reflected in secondary data sources (for example, those who do not access preventative services are not counted and therefore not reflected in the numbers).

Once the data on health indicators and community feedback is gathered, the ultimate goal is to distil the information down to a manageable list of community health needs and community assets. This develops a profile that captures community characteristics, health perceptions and available resources.

A thorough analysis of the needs and assets of the community then leads to priority setting. Establishing priorities among the identified health needs is a complex matter requiring the collective wisdom of the RHA board of directors, staff members, health service providers and key community partners. Priorities are ultimately determined by each health authority. However, by assessing the needs against certain criteria and considering them in light of existing programs, a list of recommendations for priority action becomes more apparent.

It is essential to keep community members well informed throughout the CHA process. Then, as the picture of community health becomes apparent, it is important to validate the information with relevant stakeholders to ensure that their perspectives have been accurately reflected.

CHA findings can have many uses. Some examples of these uses are to provide the evidence to point to changes needed in program or policy direction, to highlight the need to focus on particular target populations, or to use findings for inter-sectoral collaboration in population health improvements.

Finally, evaluation of the activities, characteristics and outcomes of a community health assessment allows participants to identify strengths and areas for improvement. Evaluation may be designed to determine if objectives have been achieved, ensure accountability and assess the level of community, board, staff and professional satisfaction with the process. Evaluation is required to continually improve the CHA process.

This guide sets out a process with which to carry out a community health assessment. A well-planned and thorough CHA provides health authorities with evidence required to set priorities, choose actions and evaluate results. A comprehensive CHA will provide a base of evidence that describes current and future needs, capacities and community expectations within the health region. The results can then be used for more effective planning that will respond to the health needs of the population and draw on existing assets and resources within communities.

Introduction

The goals of community health assessment are:

- to understand the health of Manitoba's residents
- to be responsive to local issues
- to plan health services informed by evidence
- to track changes over time

Regional health authorities (RHAs) and CancerCare Manitoba (CCMB), collectively known as health authorities, are legislated to conduct a community health assessment (CHA) on an ongoing basis. This guide has been developed to support these health authorities in defining the health needs of their populations. It is a tool that provides useful information on community health assessment while setting out a process that can be used by health authorities when answering important questions about the health of their residents and how well the health system is meeting their needs.

A community can refer to all persons living in a certain region, or it might refer to groups of people with common characteristics or interests, for example: women, youth, seniors, cultural groups or those living with specific health issues.

This guide represents a review of community health assessment processes both nationally and internationally, and adapts the information to the Manitoba context. The suggestions are not meant to be prescriptive; rather, the guidelines are intended as a means to share information and resources. A set of guidelines such as this also allows for a certain level of consistency across the province.

This guide is intended as a resource for various audiences. For those conducting community health assessments, it stores key information in one place. For health planners, it will serve as a useful point of reference and a way to explain the community health assessment process to others. Community groups, students and others may also find it a useful resource as they adapt the concepts of community health assessment to their own needs.

What is a Community Health Assessment?

CHA identifies and measures the health status of the population of a given health authority. It is a dynamic, ongoing process undertaken to identify the assets and needs of the community, to enable the community-wide establishment of health priorities, and to facilitate collaborative action planning directed at improving community health status and quality of life.

CHA includes three dimensions:

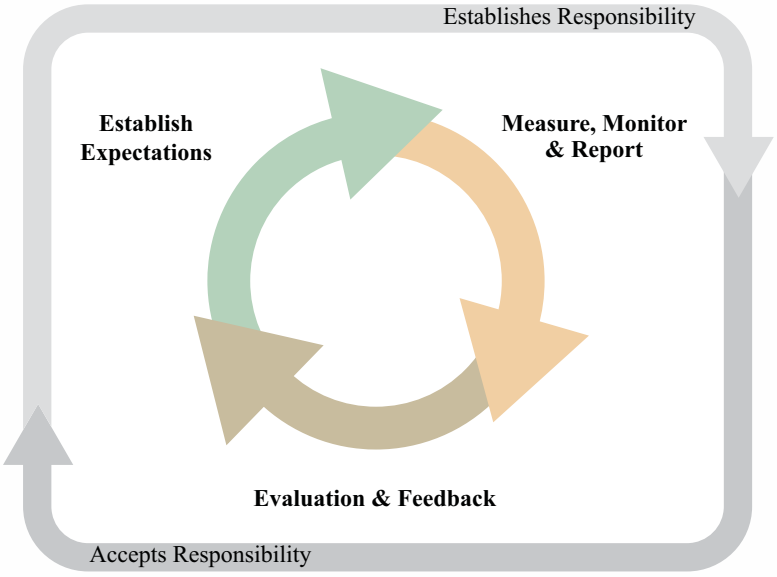
- It is a technical process, because it uses analytical tools and technologies to generate and evaluate evidence.
- It is a social process, because it invites participation from citizens and health care providers in decision making.
- It is an ethical process because it deals with issues of the worth of health and life, societal fairness and resource priorities.

(Ardall, Butler, Edwards, 2006)

CHA is an ongoing process that seeks to identify a community's strengths and needs to guide in establishing priorities that improve the population's health status.

CHA is a foundational process in our province. As a tool for health planning, and to ensure responsiveness, CHA activities involve measuring, monitoring and reporting on the health status of the population, while examining contributory factors to health or health disparity. CHA thus strives to ensure accountability in the health system.

MANITOBA HEALTH AND HEALTHY LIVING, ACCOUNTABILITY FRAMEWORK, 2009



Source: Manitoba Health & Healthy Living. Achieving Health System Accountability.

Population Health Perspective

CHA is best understood and conducted within the population health perspective. Population health describes an approach to improving health that focuses on the health of communities or population groups. It examines factors that enhance the health and well-being of the overall population. From this point of view, health is defined as:

> "the extent to which an individual or group is able to satisfy needs, realize aspirations, and to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is seen as a positive concept emphasizing social and personal resources, as well as physical capacities."
> (Ottawa Charter for Health Promotion, World Health Organization, Geneva, 1986)

The population health approach is aimed at positively influencing conditions that enable people to make healthy choices and services that promote and maintain health.

Determinants of Health

A person's health is as much a product of the degree of prosperity, opportunity and control people have in their lives as it is the medical services they receive. Many factors, such as socio-economic status, productivity, the health service system, environmental conditions and genetic endowment, influence the health of persons, families and communities. These factors are frequently referred to as the determinants of health. The determinants of health are described below (Public Health Agency of Canada, 2003).

Income and Social Status

This is the single most important determinant of health. Many studies show that health status improves at each step up the income and social hierarchy. Income also affects one's living conditions such as safe housing and the ability to buy sufficient healthy food. Societies that are reasonably prosperous and have an equitable distribution of wealth have the healthiest populations, regardless of how much they spend on health care systems.

Social Support Networks

Support from family, friends and communities is associated with better health. Some experts conclude that the health effect of social relationships may be as important as known risk factors such as smoking, inactivity and unhealthy eating.

Education and Literacy

Health status improves with higher levels of education. Education increases opportunities for income and job security, and equips people with a sense of control over life circumstances – key factors that influence good health. Education and literacy also enable people to access and comprehend health-related information.

Employment and Working Conditions

Those with more control over their work circumstances and fewer stress-related demands of the job are healthier. Workplace hazards and injuries are significant causes of health problems. Unemployment and underemployment are associated with poorer health.

Healthy Child Development

Prenatal and early childhood experiences have a powerful effect on subsequent health, well-being, coping skills and competence. Increasing evidence shows there are critical stages where intervention has the greatest potential to positively influence health. These stages are the period before birth, early infancy, the beginning of school and the transitions to adolescence and to adulthood.

Biology and Genetic Endowment
The genetic endowment of the individual, the functioning of various body systems, and the processes of development and aging are a fundamental determinant of health. Genetic endowment may predispose some people to certain health problems.

Personal Health Practices and Coping Skills
People's knowledge, intentions, behaviour and coping skills are key influences on health. Although individuals can choose to behave in ways that promote health, it must be recognized that the social environments in which they live also influence individual life choices.

Physical Environments
Physical factors in the natural environment, such as air, water and soil quality, are key influences on health. Factors in the human-built environment, such as housing, workplace safety, community and road design, are also important.

Health Services
Health services, particularly those designed to maintain and promote health and prevent disease, contribute to population health. An emphasis on prevention and primary care, as well as on the treatment of disease, is critical. Approaches that influence health decision-making and maintenance of health and independence are also important.

Gender
Gender refers to the array of socially-determined roles, personality traits, attitudes, behaviours, values, and relative power and influence that society ascribes to the sexes. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles.

Social Environment
A society's values and norms contribute to the health of its members. Risks to good health are lessened in communities where social stability, recognition of diversity, safety and cohesion exists.

Culture
Cultural factors are also a determinant of health. Dominant cultural values contribute to marginalization and stigmatization for some minority groups, including loss or devaluation of language and culture. For some, there is lack of access to culturally appropriate health care services.

Purpose of Community Health Assessment

The purpose of a CHA is to collect, analyze and present information so that the health of the population can be understood and improved and that health services can be planned according to evidence. The information from the CHA helps to:

- provide baseline information about the health status of community residents (i.e., the patterns of health, illness, injury and the differences – if any – from community, regional and provincial trends)
- encourage collaboration with community members, stakeholders and a wide variety of partners involved in decision-making processes within the health care system

A community health assessment provides a structured and ongoing process to link health needs with the resources available to achieve positive health outcomes.

- focus public discussion on health issues and expectations of the health system, and increase understanding about difficult choices that need to be made (ex: service priorities, resource allocation)
- provide insight into the fundamental causes and pathways of disease and ill health and provide population-based information to identify opportunities for disease prevention, health promotion and health protection
- influence evidence-informed decision-making and priority setting in the health system
- assess health outcomes and results in the longer term
- provide information on which to base funding allocations
- guide policy and program development
- assist in mapping out links and opportunities to collaborate with other sectors

CancerCare Manitoba - Our Story

Charged with reducing the burden of cancer in the province, CancerCare Manitoba's "region" includes all of Manitoba's communities.

CancerCare Manitoba's Community Health Assessment (CHA) included information on the patterns of cancer, its risk factors, and services in Manitoba. It demonstrated the importance of comprehensive risk factor surveillance in assessing the health of our communities which led to our subsequent investment in these initiatives. The pattern of disease information, especially for colorectal cancer, led to the development and implementation of the Manitoba Colorectal Cancer Screening Program – one of the first to be implemented in Canada. With a greater understanding of cancer and chronic disease-related risk factors (ex: obesity rates, inactivity rates, tobacco use and alcohol consumption) in Manitoba's population, we can then employ strategies to reduce cancer in our province. The information became vital in evaluating our treatment and support services, and in planning for the appropriate provision of services.

The CHA helps us to assess the services we provide today, as well as plan for future demands, so that we can continue to meet the needs of cancer patients and their families.

Chapter 2 - The Provincial Context

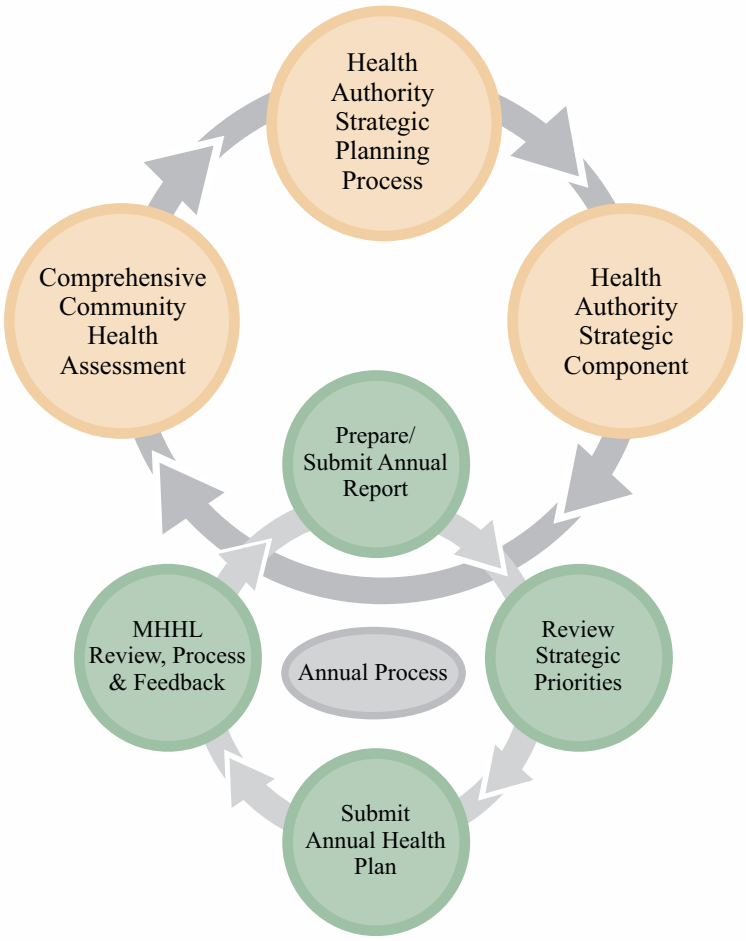
Community health assessment in Manitoba was formalized in 1997 when health care services were regionalized across the province. In accordance with division 2, section 23(2b) of *The Regional Health Authorities and Consequential Amendment Act*, health authorities are required to "assess health needs in the health region on an ongoing basis." Currently, 11 regional health authorities and CancerCare Manitoba adhere to the directive in this legislation. See Appendix A for a map of Manitoba's health authorities.

CHA is an ongoing process. To complement this process, each health authority publishes a comprehensive Community Health Assessment Report. The first comprehensive CHA reports were completed early in the regionalization process, with the subsequent reports scheduled to be produced every five years to align with the health authorities' health planning cycle.

CHA and the Health Planning Cycle

Community health assessment should be well integrated with the health planning cycle by informing strategic planning and operational health plans.

Health authorities are continually focusing on strategies to facilitate and improve the integration of CHA findings into health planning.



Community Health Assessment Network (CHAN)

CHAN is a province-wide, collaborative group that includes representatives from Manitoba Health and Healthy Living (MHHL), all regional health authorities and the Manitoba Centre for Health Policy (MCHP) (Department of Community Health Sciences, Faculty of Medicine, University of Manitoba).

CHAN was established to provide a forum for health authorities to work collaboratively and steer the CHA process for the province. The network develops a critical path to ensure that CHA is an ongoing process. CHAN meets three to four times per year, with the following objectives:

- to share information, ideas and concepts relating to CHA
- to work collaboratively on common issues/projects
- to oversee the development of a set of common indicators for the purpose of CHA at the regional level
- to explore opportunities for enhancement to resources for the CHA process at the regional level
- to develop and promote consistency where appropriate
- to collaborate on methods that support and ensure public engagement in the process
- to make recommendations on common issues/concerns across the province regarding CHA
- to host education and skill-building sessions on related topics

(CHAN terms of reference are available in Appendix B)

A number of working groups have been struck, through CHAN, to facilitate consistency in the approach to CHA across health authorities. The standing working groups, as well as ad hoc groups meet as necessary throughout the critical path of the CHA. Some examples of CHAN working groups include:

- CHA-Indicator Review Committee (CHA-IRC): to recommend a common and comparable set of health indicators for CHA
- Community Consultation Working Group (CCWG): to recommend approaches and methods that support and encourage public participation in CHA
- Funding Working Group (FWG): to assess funding requirements and explore funding opportunities to support the comprehensive CHA report

The work of CHAN has allowed for a co-ordinated approach to CHA which allows province-wide comparability on health issues within health authorities, while recognizing and respecting the diversity among regions.

The collaboration among health authorities through this network has allowed for the sharing of knowledge and resources. To continually develop the vitality of the network and others involved in CHA, knowledge and skill building activities are organized through CHAN and its working groups. The expertise developed through CHAN has also been valuable for other community organizations, beyond health authorities, that have adapted the principles of CHA to their own unique situations.

Manitoba Health and Healthy Living - Our Story

Community Health Assessment is supported and valued within Manitoba Health and Healthy Living, and incorporated as a major contributor to the health planning process. The department employs a small team of CHA consultants who support and co-ordinate the activities of CHAN. These consultants also play a role in promoting the use of CHA findings as evidence for departmental activities. In addition, other department branches are engaged in the CHA process and participate in CHAN and its working groups.

Ethical Considerations

Community health assessment is an ongoing process serving various purposes simultaneously and involving consultation with community stakeholders. When requesting that the public respond to issues related to the social good it is important to consider the ethical implications. The CHA process adheres to ethical principles while considering issues related to the worth of health and life, and of societal fairness. Several ethical questions are raised when an influential system requests input from its consumers:

- Are we raising expectations for change in issues over which we have no control or do not intend to change?
- Are we compromising the privacy of the participants?
- Are we choosing topics for discussion that are most relevant from the community's point of view, or from ours? Have we made that explicit?

CHAN has adopted a protocol and set of ethics guidelines to help ensure that the CHA process is an ethical one. (See Appendix C)

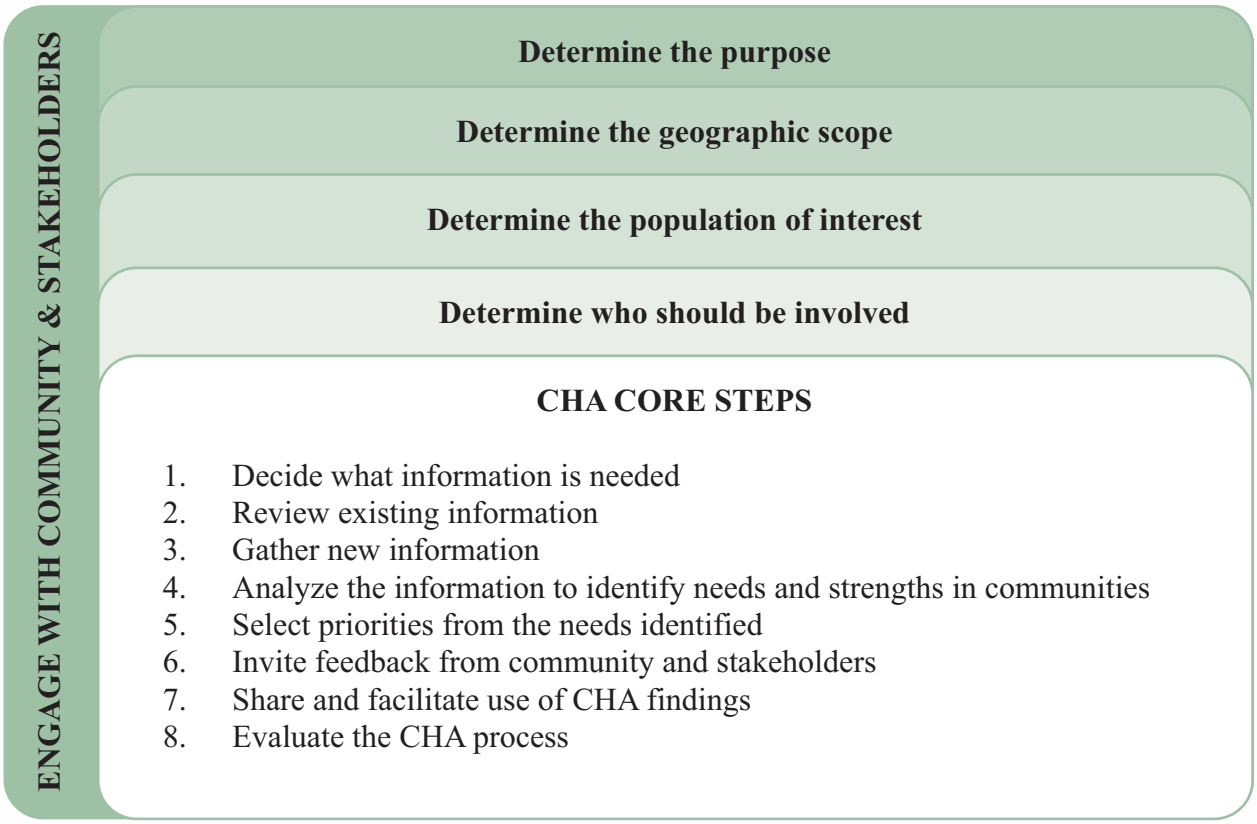
Chapter 3 - The CHA Process

A roadmap with which to navigate CHA is created by establishing a process for the activities. A process helps to ensure that the CHA can be accomplished within the available time and resources. Developing a CHA team with varied stakeholder involvement can be a key foundation to the process. Ensuring that appropriate people are aware of, and involved with, the process helps to increase the opportunities for CHA to be supported, and for findings to be integrated into the community/health region.

CHA consists of eight steps, which are in turn embedded in five contextual considerations. The entire model is predicated on the assumption that consultation with relevant stakeholders and community members occurs alongside these steps. For example, many health authorities set up Regional Community Health Assessment Committees with broad representation from various stakeholders.

Parkland Regional Health Authority - Our Story

The Parkland Regional Health Authority (PRHA) established a regional CHA Working Group to inform the Community Health Assessment process. The group consisted of representatives from each health sector (Acute, Long Term Care, Community Health Services and Corporate), and each geographic area (district) of the region. This ensured diverse expertise and allowed for connections to community through a variety of programs. The Working Group had a direct link to the PRHA Executive Management Committee. The group also sought input from external stakeholders to ensure the regional CHA Plan was appropriate and comprehensive. The CHA Working Group developed the regional process, reviewed reports, interpreted findings and supported community consultation activities. The PRHA will continue to utilize a regional working group, refining membership and activities to best meet the overall goals of CHA.



Source: adapted from Ardal et al. (2006). Assessing Need in *The Health Planners Toolkit*. Ministry of Health and Long Term Care, Ontario.

Determine the Purpose

The purpose of the CHA, guided by achievable goals and objectives, must be clearly articulated. Each health region has unique characteristics and needs, thus each may have a specific purpose in mind for the uses of their CHA.

Determine the Geographic Scope

The geographic boundaries of the CHA are primarily predetermined by the health authority, with the exception of CCMB. However, within that geographic scope, consideration must be given to geographic communities or sub-districts and other populations or jurisdictions within the region.

Other definitions of community to consider when planning CHA-related activities are the "community of interest," which may include communities that cut across geographic boundaries (ex: immigrant and refugee, persons with disabilities). It is important to consider the specific health planning needs when determining whether a "community" is defined as a geographic community or a "community of interest".

Determine the Population of Interest

The population of interest may be:

- those who live in a particular geographic community (inner-city, isolated rural)
- those who share a common social experience (age, gender, new arrival to Canada, Aboriginal)
- those who share a particular setting (youth in high school, workplace)
- those who share a common health condition (people with mental illness, cancer, developmental disability)

These groupings are not exclusive as people can belong to several populations at once. Identifying these populations helps focus the CHA to answer questions unique to each health authority.

Determine Who Should Be Involved

CHA is of interest to a variety of audiences and stakeholders, including health planners, boards, government, health care providers and members of the community. Participants in the CHA process are required at two levels of involvement:

- those who design, manage and oversee the CHA, and
- those who provide expert opinion, knowledge and consultation.

Multi-partner involvement requires good communication and can be achieved in part by using existing networks and councils. Careful attention to all of these levels of involvement is critical to the success of the CHA.

North Eastman Regional Health Authority - Our Story

In North Eastman, "CHA Champions" were created by forming various working groups consisting of regional health authority staff knowledgeable about specific programs, community partners and the North Eastman health districts. These RHA staff members received training in community consultation methods and population health indicator analysis, expertise they subsequently applied to the CHA process. They then promoted the findings from the comprehensive CHA report within their programs. As the CHA cycle drew to a conclusion, these "champions" chose representatives to create a new team called the Evidence Based Research Practice Team. Between cycles, this team received ongoing education about population health indicators, program evaluation, consultation and knowledge translation. These activities support the team's ability to transition back into a CHA advisory role with sustained knowledge, ability and vigour.

Engage Community and Stakeholders

Those who live and work in a community can provide valuable information about factors contributing to health problems as well as revealing strengths and assets in communities that might assist in future planning and collaborative problem-solving. Public participation in CHA also often leads to increased public awareness of the complexity and challenges of decision-making processes. Community engagement should be sought at all phases of the CHA process.

Winnipeg Regional Health Authority - Our Story

The Winnipeg Regional Health Authority (WRHA) is a large and complex health services organization serving a large and diverse population, with over 25,000 employees. Its size presents unique challenges in designing appropriate and inclusive community engagement strategies for CHA, and in supporting ongoing CHA for a variety of audiences. To respond to these challenges, the WRHA redesigned its Community Health Assessment process (Botting et al., 2008). Based on much discussion with stakeholders and eventual refinement of what is meant by "community" in CHA, the WRHA developed a multi-pronged approach with three major components:

1) Focused CHA Reports on specific populations and topics will be released once or twice a year between CHA comprehensive cycles. These reports address the needs and assets of non-geographically-defined communities and populations of interest (the first report will focus on Immigrant and Refugee Health).

2) Community Area Profiles will be developed iteratively and in partnership with health services managers and staff working in community areas, as well as community groups and organizations. Community Area Profiles address the geographic definition of communities within the Winnipeg health region, and include analyses of indicators and other data of relevance to planners working to provide neighbourhood-based services. The Focused CHA Reports and the Community Area Profiles not only provide analyses of data, but also guidance on interpreting the data. This guidance is woven into the text of the reports and profiles as well as through other means, such as workshops and symposia.

3) The CHA Comprehensive Report is the final report submitted to Manitoba Health and Healthy Living on a five-year cycle. This report will address the key priorities and themes that emerge over the course of the cycle in the Focused CHA Reports and in the Community Area Profiles, and will present an analysis of the core indicators selected for inter-RHA comparison.

The multi-pronged approach, informed by knowledge translation principles, facilitates the use of CHA findings in health planning and by community groups. A web-based resource has been launched to ensure that all the CHA activities, resources and components are accessible to a wide audience. Targeted dissemination strategies are being developed for underserved populations.

The Core Steps to CHA

STEP 1

Decide What Information Is Needed

Systematically assessing community health has the potential to provide valuable local information and data to inform decisions. Good planning and decision-making require good information. However, it is critical to be clear about what information is required, when, for what specific population, issue and time period. The most effective information will stay focused on key questions, or will allow for the tracking of important issues, trends and results. It is most efficient to collect the easily available information first, and then prioritize what data to collect next in terms of its importance and how easily it can be generated. Some community-level issues are not reflected in available data; these gaps should be kept in mind for alternative methods of data collection.

The health authorities, in collaboration with MHHL, have chosen indicators from regional, provincial and national sources that describe the health and burden of illness experienced by their residents and the way health services are used.

What are health indicators?

Health indicators describe or measure particular characteristics of a population, events or other factors that affect health. The use of health indicators to measure population health allows for tracking changes in health status over time for the same population and also for making comparisons with other populations.

Community Health Assessment – Indicator Review Committee (CHA-IRC)

As previously noted, the Community Health Assessment – Indicator Review Committee (CHA-IRC) is the working group of CHAN that decides on a common, comparable set of regional indicators for the comprehensive CHA process. (See Appendix D for CHA-IRC terms of reference.)

In order to thoughtfully consider the plethora of possible health indicators, CHA-IRC has adapted the Performance Measurement Dimensions Table, as a tool for organizing indicators. This table, informed by the Statistics Canada-endorsed health indicators framework, has application beyond the scope of CHA. However, it is a well-known tool across the health system, and thus provides a common lens through which to articulate population health and health system characteristics. Only dimensions that are considered relevant for the CHA are used.

Dimensions	Examples of categories
Population health	• Mortality • Functional status • Health and social conditions
Determinants of health and social well-being	• Health behaviours • Socio-economic conditions • Environmental factors
Governance	• Stewardship • Leadership • Accountability
Health System Performance	• Accessibility • Work life • Effectiveness
Health System Characteristics	• Demographics • Utilization • System capacity

With these dimensions as a guiding principle, CHA-IRC identifies potential indicators and determines their utility and feasibility. The collection of a limited but manageable number of robust indicators is preferable to collecting data of variable quality on a large number of indicators.

Criteria for Selecting and Analyzing Indicators

In this context, a key objective of CHA-IRC is the establishment of a prioritization process for indicator selection. In an attempt to enhance consistency, yet manage regional variation in health issues, the CHA indicators have been divided into two categories: core and non-core indicators. Core indicators are those that have been chosen as mandatory for reporting in the comprehensive CHA. Indicators in the non-core category represent the remaining broad range of data available for use by the health authorities.

All CHA indicators must meet the following set of criteria. Some of the indicators that are chosen by these criteria are optional for the CHA report:

- The indicator reasonably reflects efforts to reduce health risks and improve health status and health systems.
- The indicator must be currently collectable at both the health authority and provincial level.
- The data for the indicator must be accurate and consistently reported/available.
- The indicator must be understandable, relevant and useful to decision-makers and program planners.
- The indicator must be sensitive and reflect changes in the phenomena it is intended to measure.
- Priority will be given to indicators that are supported by evidence to motivate change (ex: health improvement).

The complete CHA indicator list is further refined to produce a **core** set of indicators. Core list indicators are mandatory in the CHA report, and must meet the following stricter criteria:

- The phenomena being measured are amenable to change.
- The indicator describes information needed for health planning.
- The indicator is scientifically validated.

- Data is available at the RHA level.
- The indicator describes a priority issue.
- The indicator is non-duplicative.

When more than one data source is available for a given indicator, the core indicator is identified from a single source. This consistently provides comparable data across health regions. Conversely, when no regional-level data source is found for an important indicator, it is recorded on a "gap list." This allows the issue to be tracked until the data may become regionally available.

The list of indicators chosen by CHA-IRC and approved by CHAN is not exhaustive; other data sets or sources of information may become available within specific regions. It is envisioned that new indicators may be added to this list as they become available. It is also anticipated that some regions may choose indicators that may not be comparable across the province, but may reflect key issues within a specific region or regions. (See Appendix E for CHA indicator List).

The CHA-IRC has developed a valuable resource that defines the CHA indicators as well as other regional data that may be of interest, and describes where this information can be found. This CHA Indicator Definitions Document (See Appendix F) provides a reference that facilitates the completion of the CHA report.

STEP 2

Review Existing Information

The next step is to review all the existing information and to discuss what is emerging. It may be appropriate to review findings from previous community health assessments at this time.

There are two basic types of information to consider: quantitative and qualitative. Both types of data are valuable for the community health assessment process. Using a combination of quantitative and qualitative methods enhances the scope of information for the CHA.

> Quantitative data refers to information that can measure differences consistently using robust statistical methods. An example of this would be cancer incidence, life expectancy and income status.
>
> Qualitative data refers to information that describes attributes or characteristics of what is being investigated. Qualitative data emphasizes peoples' perspectives on their experiences, relying on words and observable behaviours as the primary data. Examples include the community's perceptions of its primary health issues.
>
> Source: Porteous, Sheldrick, and Sheldrick and Stewart (1997); Marshall, Rossman (1995).

There are many sources to explore in reviewing quantitative information that is currently available for community health assessment. The following table describes examples of sources that provide national, regional and local data:

Data Sources						
Vital Statistics	Population Surveys	Hospital Discharge Abstract Systems	Medical Claims Processing Systems	Statistics Canada	Surveillance	Registries
Death Registration	Canadian Community Health Survey	Collected by facilities and sent to Canadian Institute of Health Information (CIHI)	Collected by fee-for-service physicians and submitted to MHHL for payment	Census	Health Canada and Public Health Agency of Canada Notifiable Diseases Online	Manitoba Cancer Registry
		CIHI reports		Community Profiles (demographic and socioeconomic information)	Manitoba Health and Healthy Living, CDC Branch	Manitoba Health and Healthy Living Population Registry
					National Diabetes Surveillance System	
					Manitoba Immunization Monitoring System	

A comprehensive data source document has been produced by MHHL to aid health authorities in locating relevant data. This document contains information about national, provincial and regional data sources, by report name and indicator listing, as well as links to these sources. To obtain copies of this document, contact the Health Information Management (HIM) Branch at MHHL.

The **Regional Profile** documents produced by HIM for each health authority's comprehensive CHA contain regional and provincial data based on a set of indicators developed collaboratively by the health authorities and MHHL.

The Health Information Management (HIM) Branch of Manitoba Health and Healthy Living is responsible for analyzing administrative health care data in the province and distributing valid, reliable, useful information to the health authorities and program areas within MHHL. HIM produces regional profiles for each of the health authorities to use during the comprehensive CHA. These regional profiles provide data on a large number of the chosen CHA indicators. The data in the profiles is obtained from existing MHHL data holdings, as well as through special agreements with partners such as Statistics Canada, the Manitoba Bureau of Statistics and CCMB. Staff members from HIM participate in CHAN, as well as in CHAN working groups, to inform the indicator selection process and ensure that the best information is available to produce the indicators that have been collaboratively agreed upon.

The Manitoba Centre for Health Policy (MCHP) has been another invaluable partner in the CHA process also providing data on a large number of indicators. MCHP is unique in that it contains anonymized copies of the administrative health data sets (Population Health Information System [POPULIS]), which can be linked for approved research projects. This allows MCHP researchers to study the health of Manitobans by examining patterns of illness in the population, and examining how health care services are used.

Manitoba Centre for Health Policy - Our Story

Partnerships among planners and researchers have proven to be of tremendous benefit to the CHA process. A key partnership in Manitoba has been with the Manitoba Centre for Health Policy (MCHP), a research unit in the Department of Community Health Sciences, Faculty of Medicine, University of Manitoba. MCHP conducts population-based research on health services, population and public health, and the social determinants of health. MCHP develops and maintains the comprehensive population-based data repository on behalf of the Manitoba government for use by the local, national and international research community. MCHP promotes a collaborative environment to create, disseminate and apply its research. The work of MCHP supports the development of policy, programs and services that maintain and improve the health of Manitobans. The key element in MCHP's contribution to the CHA process has been through the *Need To Know Team*, established in 2001 to create an effective partnership among regional and provincial planners and health researchers. Together, this award-winning team has transformed how health services research is created and used, with reports being produced on an ongoing basis. For more information, visit:
www.umanitoba.ca/faculties/medicine/units/mchp

Other stakeholder organizations also collect information that can be valuable for CHA. Developing partnerships with organizations such as CancerCare Manitoba, Addictions Foundation of Manitoba, Healthy Child Manitoba and First Nations communities may yield rich sources of data that support existing health care information. Some of these partners may have access to local data.

Through a partnership with the health authorities and MHHL, MCHP has produced the RHA Indicators Atlas to assist in preparing the information from the indicators list as developed by CHA-IRC. A staff member from MCHP participates in the CHA Network and working groups.

National surveys, such as the Canadian Community Health Survey (CCHS) provide information about the determinants of health as well as health conditions and utilization of health care services. "The CCHS targets persons aged 12 years or older who are living in private dwellings in the 10 provinces and the three territories. Persons living on Indian Reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions are excluded from this survey. The CCHS covers approximately 98% of the Canadian population aged 12 or older." (Source: Statistics Canada). Some of this information is available at the regional level.

Census information, also a national source, is collected on a regular basis, and demographic information is often available at a community level.

Regional information collected internally or by external partners, is essential for CHA. Many programs and services collect statistics that can be useful in determining utilization patterns and trends within individual health authorities. Any information gathered from ongoing community consultations should be reviewed as well.

What to consider when reviewing the available information:

1. Do the geographic boundaries coincide with the ones you are studying?
2. Have there been any changes in these boundaries?
3. Is the information current or is it becoming outdated?
4. Have there been any changes in the definitions used?
5. Is the information complete?
6. Does it provide all the information you need?
7. Does the organization that collected or produced the information have staff with the necessary skills? Is there any danger of bias?
8. Are the methods used to collect and analyze the data valid, reliable and appropriate?
9. Are the findings consistent with the information presented? Do you reach the same conclusions?

Adapted from Hawtin, Hughes and Percy-Smith in Payne, 1999

STEP 3

Gather New Information

Having reviewed the existing information, gaps or limitations in data may come to light. Many community conditions are not reflected in the known data sources but are known or suspected by local planners, front-line workers or community members. Based on these possible limitations in the existing data, it is necessary to develop plans and processes to address the gaps within available resources.

Health authorities have found that consulting the communities they serve provides another means of obtaining valuable information. This qualitative information not only provides a context with which to understand the data that has already been considered (the story behind the numbers), but also provides rich information about the perceptions and priorities of those communities. Engaging communities can create an environment where community issues are addressed collaboratively between stakeholders and health authorities. This public participation also allows health authorities to target underserved groups who may not otherwise have a voice and whose needs are not generally reflected in secondary data sources (ex: those who do not access preventative services are not counted and therefore not reflected in the numbers).

South Eastman Regional Health Authority - Our Story

South Eastman RHA has consulted extensively with communities over the years. Each consultation is built on sharing information gathered through CHA research, to inform participants about health in the region and provide the context for the consultation discussions. More than 800 (one in 50) South Eastman residents contributed their knowledge and experience to the CHA process. Over time, South Eastman communities have become increasingly sophisticated in their understanding and knowledge about health-related issues; as a result, community engagement in the CHA process will likely increase.

Health care providers are a segment of the community whose participation in the CHA process is also important. Front-line workers (ex: public health nurses, home care workers, allied health disciplines, doctors and others) are knowledgeable about the health needs and strengths that define the communities within which they work. Engaging providers in a meaningful way incorporates their skills and perceptions into the health planning process.

A vast array of community participation strategies are available to encourage engagement with the public, ranging from qualitative research to deliberative consultation strategies. Most commonly, focus groups, key informant interviews, community meetings and meetings with key stakeholders have expanded the picture for CHA.

The Community Consultation Working Group (CCWG), a working group of CHAN, helps to provide support and leadership to all health authorities in various community engagement strategies. (See Appendix G for CCWG terms of reference.) CCWG, along with other CHAN working groups, is also committed to ensuring that CHA is a continually evolving process. To that end, CCWG takes the lead in researching best practices and planning skill-building workshops for those involved in CHA to ensure their professional growth and development.

Churchill Regional Health Authority - Our Story

Community consultation is an integral part of the way the Churchill RHA functions. CHA research is used to inform the community and generate discussion on issues of health concern. The community values the opportunity to participate in the CHA process.

Principles for Effective Community Consultation

Make it timely: Participation should not be so late in the life of an issue that it is tokenistic, or merely confirms decisions already made. The timing should occur when citizens have the best chance of influencing outcomes. Give people enough time to express their views.

Make it inclusive: Participants should be selected in a way that is not open to manipulation, and should include a cross-section of the population - as individuals and as groups. Random selection offers the best chance of achieving this. For underserved or hard-to-reach populations, targeted sampling may be more effective.

Make it community-focused: Ask participants not what they want personally or what is in their self-interest, but what they consider appropriate in their role as citizens.

Make it interactive and deliberative: Avoid reducing questions to a simplistic either/or response. Allow consideration of the big picture, so people can really become engaged.

Make it effective: Consensus need not be the outcome. Be clear on how the decisions will be made so that participants know and understand the impact of their involvement. Make sure that all participants have time to become well-informed about, and to understand material with which they are unlikely to have been previously familiar.

Make it matter: It is important that there is a strong likelihood any recommendations that emerge from the consultative process will be adopted. If they are not, it is important that a public explanation is provided. Faith in the process is important by both the power holders and the participants.

Make it well-facilitated: It is important that all participants control the agenda and content because this will give the process more credibility. An independent, skilled and flexible facilitator with no vested interest is essential to achieve this.

Make it open, fair and subject to evaluation: The consultation method should be appropriate to the target group. Evaluation questions should be formulated in advance. Decide how the "success" of the consultation will be measured. Include factors beyond the adoption of recommendations. Feedback to the community after consultation is over is essential.

Make it cost effective: Some consultations will require a broader scope; others, a more targeted audience. Analyzing the data generated from community consultations will take considerable time. Costs will vary but whatever consultation method is chosen must be properly resourced.

Make it flexible: A variety of consultation methods exist. Try a variety of methods over time. Tailor consultation methods to reach various audiences, including those with special needs, or those who are typically underserved (for example, people with language barriers, people with disabilities, immigrant / refugee populations, Aboriginal, youth, women, seniors, etc.)

Source: New South Wales Department of Urban Affairs and Planning (Australia), 2001 in Health Planner's Toolkit, module 5, Ministry of Health and Long Term Care, Ontario

Interlake Regional Health Authority - Our Story

The IRHA used a wide variety of data collection methods during the last community health assessment. Among the most engaging were the "Community Forums" held throughout the region. The RHA incorporated information from the region's Mobile Wellness Program, the food station "Facts on Snacks," with indicators from our community health assessment to inform the public on a few specific topics. These forums are an opportunity to present information, engage communities and collect additional data.

STEP 4

Analyze the Information to Identify Needs and Assets in Communities

The next step in the community health assessment process is to analyze and interpret the data and information collected, and to ensure that this data is presented in a useable and accessible format with appropriate analysis for a variety of audiences. The ultimate goal is to distil the information down to a manageable list of community health needs and develop community profiles that capture the following:

A variety of health service providers, experts, users of the health system and community members need to be involved in identifying community health needs and strengths.

- characteristics of a community (may be geographic communities or communities of interest)
- health and health-related resources available
- health perceptions from the community

Both quantitative and qualitative analyses are important in determining a community profile.

The following are examples of some useful questions to consider when analyzing the quantitative information available through recognized data sources:

- What are the common health needs and issues identified across different sources?
- What are the leading causes of death or disability for each age group, gender, area or region? What are the trends?
- What are the most common diseases and injuries?
- What are the most common causes for hospitalization both in-region and out-of-region?
- What are the reasons for the use of emergency and outpatient services?
- What are some of the demographic trends, including population projections?

The following are examples of some useful questions to consider when analyzing the qualitative information obtained by narrative methods. This information about community values, experiences and capabilities can be determined and used to identify health needs.

- What are the major themes/concerns that came from the community discussion? Are those concerns consistent with the health needs identified by experts, professionals and health providers? If there are differences, what are they and why might they exist?
- Where are the opportunities to make substantial gains in health status by region? By target population? By community?
- What are the key areas to prevent disease and injury, and promote health and well-being?
- Are there health needs or issues being addressed by the community?
- What strategies are being used? Which strategies are working and why?
- What conclusions can be drawn about the needs and strengths of the region from the following basic information?

age categories	service use
income level	cultural background
education levels	geography
employment	environment
family structures	economy

Important Factors in Analyzing Information	
Validate Correlations Data may show that certain factors are related. However, to determine if they are correlated, they must regularly appear at the same time. For example, a high rate of lung disease may or may not be correlated to the number of smokers in a population. It is advisable to validate a correlation with stakeholders within the community.	**Representative Sampling** Typically, information is not gathered about the entire population because it is too costly and time consuming. Samples of the population are used instead. It is important to remember that samples must be reflective of the population and carefully selected before making generalizations and drawing conclusions about the entire population of the region.

Another way to understand the health of the community is to look at the impact of gender on health. Gender-Based Analysis (GBA) is a tool to help understand how the experiences of women and men are different, and how they are the same. Gender-based analysis illuminates the differences in health status, health care utilization, and health needs of men and women. Using GBA will often identify areas for further investigation and discussion (Donner, 2003).

As the data from a range of sources is assembled and the above considerations applied, the story of the health authority will begin to emerge. That story will suggest where changes may be required to improve the health of the population in question.

STEP 5

Select Priorities from Identified Needs

Once a thorough analysis of the needs and strengths of the community is complete, the next step is to prioritize the needs and consider all the possible solutions. Establishing priorities among the health needs identified is a complex matter requiring the collective wisdom of the health authority board of directors, staff members, health service providers and key community partners. Priorities are ultimately determined by each health authority. However, by assessing the needs against certain criteria, and considering them in light of existing programs, a list of recommendations for priority action will become more apparent.

The following criteria can be used to help assess the importance of the problem:

Criteria to Assess Importance	
Preventability	A number of health problems have serious impact on the health of a population, but there is little that can be done to reduce them. On the other hand, many health problems can be reduced or prevented through education, changes in policy or health promotion programs. High ratings should be given to health problems that can be prevented or substantially reduced.
Population potentially affected	Based on knowledge and the health information available, consider how many people are potentially at risk as a result of this problem. Are certain populations at greater risk? The higher the proportion of people potentially affected, the more important and urgent the problem (ex: determining what proportion of women living in the region are at risk for breast cancer).
Population actually affected	Knowing how many people are potentially affected must be combined with an estimate of the number of people who are actually affected. For example, although all women are at risk for breast cancer, comparisons among age groups and different parts of the region will provide a context to determine risk and give a better indication for the urgency of the problem.
Prevalence of premature death or years of potential life lost	Mortality rates can give a biased picture of which problems are most serious because they tend to emphasize problems that affect older people. Looking at the years of potential life lost gives a clearer picture of the leading causes of early death – and an indication of which issues need to be balanced to identify the most pressing concerns for the region to address.
Severity	Another measure that highlights the impact of a problem is the extent to which the problem limits people's choices and their ability to live their life the way they want to. If the problem severely limits people's choices and independence, it should be considered more important than problems that have only a small impact. Is the impact immediate? What is the risk to future generations?
Public concern	Which issue raised the highest concern by community members? Are there cultural diversity issues that need to be addressed? While issues raised may not be consistent with factual information, they reflect the public perception of leading health issues in their community. It is important to consider that perceptions may vary in different areas of the region. Is the problem of international interest? Does the burden of disease have the potential to reach epidemic levels?
Economic burden	Estimating the economic loss to the community that results from the problem is another important consideration. It is also important to consider the costs to the community to address the problem. For example, if it costs an average $20,000 in health care costs for every victim of a car accident and there are high incidences of accidents in a community, then the economic burden is high. Other factors to consider in the economic burden include loss of productivity and taxes as a result of premature death, and costs such as rehabilitation and support services.

A comprehensive review of the programs, services and initiatives that are already in place to address identified needs is a beginning step in identifying priorities. The purpose of this review is to identify those problems that have the greatest potential for solutions and match them with existing community resources.

Where new or redirected services could be put in place, consideration should be given to programs within the health authority, as well as opportunities to foster partnerships and collaboration with other partners in the community.

Questions to consider when determining possible solutions:

- What can be done to prevent this problem before it occurs? (primary prevention interventions)
- What can be done to detect the problem earlier and ensure prompt treatment? (secondary prevention interventions)
- What can be done to make the best of the situation or prevent the problem from getting worse?
- Are the proposed programs and services feasible?
  - Does the program/service fit within the guidelines to core health services identified by Manitoba Health and Healthy Living?
  - Does the program/service fit within provincial and regional priorities?
  - Is it affordable? For how long?
  - Is there legal authority to put the program/service in place?
  - Is staff with the right expertise available to implement the program/service?
  - Is it acceptable to the community (consistent with values and expressed needs)?
  - Is the program/service accessible (ex: language, cultural appropriateness)?

Central Regional Health Authority - Our Story

In Central RHA, the CHA highlighted that premature death by injury was the leading cause of death among adolescents. As well, a high prevalence of obesity and reduced physical activity in children pointed to future health issues. These concerns led the RHA Board of Directors to establish children's health as a priority. The board supported focus groups in several high schools in the region, gaining insights about issues from the students' perspective. These findings were relayed to the Child and Adolescent Team in the RHA for further development as part of the Regional Strategic Plan. The board continued to be active in pursuing ways to improve child health and made a presentation to a provincial task force examining the health of children and youth. This interest continued and became the focal presentation at the annual general meeting that year.

STEP 6

Invite Feedback from Community and Stakeholders

It is essential to keep community members well informed throughout the process; then, as the picture of community health becomes apparent, it is important to validate the information with relevant stakeholders to ensure that their perspectives have been accurately reflected. A variety of approaches can be used to reach this objective, including focus groups, consulting with district health councils, public meetings/open forums, and special sessions with interested parties. It is important to match the presentation style to the audience to best provide information that will build support for the health authorities' health plan and any subsequent actions.

It is critical to take into consideration the expectations of the community in planning a consultation process.

Consultation with community members can raise expectations that may not be feasible to meet. Any actions that were or were not taken as a result of community advice, along with supporting rationale, will have to be communicated back to the community. Also, the identified priorities and proposed actions must be assessed in light of the goals and objectives set in the health plan to ensure consistency.

STEP 7

Share and Facilitate the Use of CHA Findings

The results of the CHA process can be used in whole or in part in a variety of ways. The findings from the CHA are one of many forms of evidence that inform health services decision making. The CHA has the potential to contribute to long-term health planning through the RHA's strategic plan and to inform operational planning through annual health plans. The integration of CHA into planning is a complex process and many health authorities are working towards developing strategies to better integrate these two processes.

The results of the CHA should be shared in a thoughtful, planned way. The approach should reflect the different needs of communities and stakeholders in the region.

It is advisable to develop a list of groups within and outside the health region that will receive the information. This should be done in consultation with the intended audience where possible to ensure that the methods and results are relevant to the audience and will be used. The following are some presentation suggestions for different audiences:

Target Audience	Presentation Suggestion
RHA Board	Formal slide presentation accompanied by a summary of the report highlights
RHA Staff	Presentation of key results to targeted staff groups, report highlights in staff newsletter, lunch hour sessions to present key results, a copy of the report made available in the staff library/resource room, posting of report/report highlights on internal websites
Other health service providers	Group meetings to present findings, executive summary of report given to participants, formal report made available
Other community organizations and general public	Highlight reports prepared for use by media (ex: short video, a summary for insertion in the local newspaper, service club monthly newsletter, etc), a public forum to present the results of the CHA, a copy of the CHA report placed in the public library, school library and/or college/university library

Source: adapted from Alberta Health and Wellness

Various forms of media and thoughtful dissemination strategies contribute to the effective use of CHA findings. Examples of how the CHA results can be used include:

- To create a baseline for future assessments – CHA data can be used as a basis to measure changes in the health status of the population over time.
- To develop or change program directions – evidence from CHAs may validate current program directions. The information may also support redirection of resources. The process helps to identify community strengths that can be employed or developed to respond to the directions of the region.

Assiniboine Regional Health Authority - Our Story

The Assiniboine Regional Health Authority has used information from the Community Health Assessment to review the operation of some of its programs and services, particularly in the area of community health. It was discovered through the CHA that cervical screening rates were quite low in some areas. The lack of access to female physicians in the rural area was considered to be a barrier to cervical screening for some women. To address these concerns, the ARHA established women's health clinics, allowing women to have cervical cancer screening done by female health care providers close to home. Training nurses to perform breast and cervical cancer screening and hiring them to do mobile screening in these clinics has improved rural women's access to female health care providers.

- To highlight the need to focus on a target population, for example, adolescents or seniors.
- To inform other sectors in the community about the health of their population.

Brandon Regional Health Authority - Our Story

The Brandon RHA distributed copies of the last CHA report to a broad range of community agencies and organizations throughout the region. The report was also made available to the public through the Brandon Public Library, the Health Resource Centre at the Brandon Regional Health Centre, and online through the RHA website. Numerous requests for information followed the release of this report. For example, the City of Brandon Engineering Department requested general information about demographic trends in our community for planning purposes related to wastewater management. The Brandon Neighbourhood Renewal Corporation requested specific data for evidence-informed funding applications. The CHA process was a mechanism for local agencies and organizations to become more aware of the health of residents in the region, and the report proved to be a valuable resource for evidence-informed planning within the RHA and the broader community. It is anticipated that the use of data from subsequent CHA reports will increase significantly throughout the region.

- As a springboard for broader community development initiatives – possible solutions to improve the health status of the population must go beyond the health service system and embrace community-wide approaches.

Burntwood Regional Health Authority - Our Story

The Burntwood Regional Health Authority is located in Manitoba's north and is characterized by remote and sparsely populated communities, many of which are accessible only by air. There are wide health and economic disparities in the region and a high burden of illness on residents, the majority of whom self-identify as Aboriginal. The CHA found that Burntwood region has very high rates of a variety of risk factors for poor health. Rates of obesity are the highest in Manitoba; smoking rates are almost double the provincial average.

These findings have motivated action at the local level in geographically isolated communities, to engage in chronic disease prevention initiatives by encouraging healthier behaviour among the residents. Residents of Thicket Portage have started community gardens to grow vegetables that provide affordable, healthy food for the community. This initiative has also promoted a Healthy Eating/Nutrition program in the local school. Cross Lake has originated the Blue Light campaign. This campaign is simple in concept, but significant. For every home that is smoke-free, a blue light bulb is displayed outside the home. This signifies that the home is smoke-free and has significantly raised the issue of second-hand smoke and its effects on health. In Ilford, the Chronic Disease Prevention Initiative Committee has arranged to purchase a treadmill for placement in the health centre to promote physical activity as part of a healthy lifestyle. The committee is also planning to create a small park with benches as a place for people to relax, keeping in mind the mental health of community members. The findings from the regional CHA have given direction to the critical areas that need to be targeted from a prevention focus at the community level.

- To inform the provincial health department's strategic planning process and program and policy development.
- To leverage funds for regional and community programs.

NOR-MAN Regional Health Authority - Our Story

The NOR-MAN Regional Health Authority (NRHA) shared its second Comprehensive CHA Report widely in each NOR-MAN community as well as within the organization. The NRHA CHA Report is available in a number of different formats – web-based, print and CD format. Copies of the report were distributed to over 175 individuals, organizations and agencies with an open invitation to use the report – and specifically the statistical data – as background information to support new and ongoing projects.

To date the latest NRHA CHA Report has been used to secure funding for numerous projects at the community level as well as at the organizational level. The success stories include:

- numerous community-based ***in motion*** grants valued at $26,500 were received in one fiscal year to increase physical activity within the community
- The Pas Homeless Shelter received grants from both the federal and provincial governments valued at $ 799,995
- Play It Safer Network received grant funding from the Public Health Agency of Canada totalling $154,721 to the end of March 2007 – a proposal has been submitted for additional funding
- The Town of The Pas Wellness Centre received provincial government funding valued at $700,000
- NOR-MAN Breast & Women's Cancer Network received grant funding from the Canadian Breast Cancer Foundation Community Grant program valued at $39,945 for this fiscal year (2008-09) to deliver "Protect Your Pairs" throughout the NOR-MAN region
- NRHA Teen Health Clinic funding from Healthy Child Manitoba valued at $195,810 for a three-year period

- To inform evaluations for programs, services and policies.

> **"Institutions learn from studies, communities learn from stories"**
> John McKnight in Hancock and Minkler, 1997

STEP 8

Evaluation

Evaluation is an important part of the CHA process. This brief introduction to evaluation will provide basic information. For more detail, see Ardal *et al* or Porteous *et al*, listed in the references, or any good text on evaluation methods.

Evaluation of the activities, characteristics and outcomes of a community health assessment allows participants to identify strengths and areas for improvement. Evaluation may be designed to determine if objectives have been achieved, ensure accountability and assess the level of community, board, staff and professional group satisfaction with the process. Evaluation is required to continually improve the CHA process.

> Program evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming. (Patton, 1997)

Evaluation should be incorporated **early** in the planning of the community health assessment. As the resources and expertise required for evaluation are often under-estimated, planning to obtain resources for evaluation needs to occur.

Three questions need to be addressed to plan an evaluation of the community health assessment:

1. Who is the evaluation for?
2. What do you really need to know from the evaluation?
3. How will data be collected to answer the evaluation questions?

Who is the evaluation for?

Evaluation must be of use to all those involved with the CHA: those who make decisions about the quality and continuation of the process as well as those who utilize CHA in their work.

What do you really need to know from the evaluation?

There are two basic forms of evaluation: process evaluation and outcome evaluation. It is important to determine whether the scope of the CHA evaluation needs to include process or outcome evaluation, or both.

Process evaluation determines the congruence between the original implementation plan and how it was actually implemented. For example, provincially one might want to ask if the regions were adequately supported with necessary resources, capacity-building opportunities and co-ordination. At the regional level, one might look at whether key stakeholders were appropriately involved in the planning process, community consultation was completed, and needed data was available and accessible.

A process map, which graphically outlines the various steps and stages in the CHA, can be a useful tool in determining the specific areas of focus in a CHA evaluation.

Outcome evaluation focuses on the impact of CHA on such things as health planning, evidence-informed decision-making, community capacity and collaborative partnerships. This type of evaluation assesses the changes that may have occurred as a result of the CHA. In other words, this answers the "so what" question. Outcome evaluation is usually done after enough time has passed to assess changes.

How will data be collected to answer the evaluation questions?

Evaluation may involve collecting quantitative and/or qualitative data, using a variety of methods. Data is generated based on the questions being asked. Data sources utilized depend on available resources, ethical considerations and practical limitations such as funding and time. They may include:

- basic work records: notes or minutes of meetings, diary of activities or key events, budgets, or correspondence.
- information from those involved: surveys, interviews, group discussions
- previous evaluations or progress review reports
- relevant data bases: provincial or regional administrative data, MCHP Data Repository, Canadian Institute of Health Information (CIHI), Statistics Canada

The evaluation data must then be systematically collected and analyzed. The findings will be used to help make continued improvement to the CHA process, both provincially and regionally.

Conclusion

This guide has set out a process with which to carry out a community health assessment. A well-planned and thorough CHA provides health authorities with evidence required to set priorities, choose actions and evaluate results.

A comprehensive CHA will provide a base of evidence that describes current and future needs, capacities and community expectations within the health region. The results can then be used for more effective planning that will respond to the health needs of the population.

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