APPENDIX H

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H 1. Priority Setting Tool for the *Broome County Community Health Assessment*, 2013-2017

[Located on the pages that follow]

TO: Members of the CHA Steering Committee

FM: Yvonne Johnston, Broome County CHA Coordinator

DATE: Tuesday, April 30, 2013

RE: Setting Priorities for the *Broome County Community Health Assessment 2013-2017*

Attached below is a tool designed to assist in setting priorities for the Broome County Community Health Assessment. This tool was revised at the March CHA Steering Committee Meeting. Please refer to data documents and presentations from past meetings for information about which areas are health concerns for Broome County (e.g., "Indicators for Tracking Public Health Priority Areas"). Please let me know if you are having difficulty accessing any of these files.

The "SETTING PRIORITIES FOR THE BROOME COUNTY COMMUNITY HEALTH ASSESSMENT 2013-2017" tool lists various potential health priorities vertically down the left column and factors by which to rate their importance horizontally across the top row. The priority areas include the five (5) New York State Prevention Agenda Priorities. You are asked to complete this tool by placing a score (from 1 to 3) in each box. Each assigned score should reflect the weighted importance of that factor in relation to its corresponding priority focus/goal. A score of 1 indicates area of high concern (low performance); a score of 2 indicates an area of moderate concern (moderate performance); and a score of 3 indicates area of low concern (high performance). The factor scores will be summed across each row to obtain a total score for each priority area; thus each priority area can receive a maximum of 30 points. The total scores will then be ranked in ascending order (from lowest to highest) to determine the highest priority items. Responses based on data are preferred; where data is not available, the rating may be derived intuitively based on your knowledge and experience. If you don't know or are not sure of its importance, you may choose a score of "0" or leave the item blank.

The following **Rating Factor definitions** are provided for clarification purposes:

<u>Total Health Care Costs</u> – potential cost to the healthcare system. Potential costs include diagnostic and treatment expenses over the lifetime of affected Broome County residents (e.g., inpatient and outpatient costs including hospitalizations, medical office visits, medications, medical transport, durable medical equipment, and home care). These costs will be different if the priority area is an acute self-limiting episode versus a lifelong chronic condition. These costs are viewed as direct costs to the healthcare system.

<u>Absolute Number of Individuals Affected</u> – the total number of persons in Broome County affected by the priority area. This indicator reflects the public health burden or impact within the local (county) population.

<u>Worsening Trend over the Past 5 Years</u> – the extent to which there has been a significant or meaningful increase or decrease in the priority area resulting in a worsening pattern over the time period in Broome County.

<u>Work Time Lost or Disability</u> – this factor considers indirect costs representing the value of lost productivity for all affected Broome County residents.

<u>Underperforming US / NYS Health Goals</u> – the extent to which Broome County is not currently meeting Healthy People 2020 Goals and/or New York State 2013-2017 Prevention Agenda Goals in the priority area.

<u>Health Disparities Present</u> – the extent to which the priority area demonstrates evidence of age, disability, gender, geographic, racial, sexual orientation, socioeconomic status, or other types of disparities among residents of Broome County.

<u>Measurability – Indicators to Monitor Change</u> –the extent to which outcomes can be readily measured for local interventions directed toward achieving improvements in the priority area.

<u>Opportunity to Continue Prior Intervention Focus</u> – this factor considers prior work in an area based on selection during the previous Community Health Assessment.

<u>Feasibility for Potential Intervention</u> –the extent to which the priority area can be reasonably addressed by interventions at the local (county) level.

<u>Availability of Funding for Initiative</u> – reflects the extent to which public and/or private funding can be sought at the local (county) level for the priority area.

COLOR CODE: Red (1) = Area of High Concern (Low Performance)

Yellow (2) = Area of Moderate Concern (Moderate Performance)

Green (3) = Area of Low Concern (High Performance)

					R	ATING F	ACTOR	RS			
PRIORITY AREAS	INDICATORS	Total Health Care Costs	Absolute Number of Individuals Affected	Worsening Trend over the Past 5 Years	Work Time Lost or Disability	Underperforming US / NYS Health Goals	Health Disparities Present	Measurability - Indicators to Monitor Change	Opportunity to Continue Prior Intervention Focus	Feasibility of Potential Intervention / Initiative	Availability of Funding for Initiative
PROMOTE A HEALTHY AND SAFE ENVIRONMENT											
Focus Area 1: Outdoor Air Quality	# days Air Quality Index (AQI) unhealthy										
Focus Area 2: Water Quality	,										
Goal #1: Increase the percentage of State residents that receive fluoridated drinking water.	% residents with optimal water fluoridation										
Goal #2: Reduce potential public health risks associated with drinking water and recreational water.	[see HSE-AP, p. 11]										
Focus Area 3: Built Environment											
Goal #1: Promote healthy lifestyles, sustainability and adaptation to climate change.	% Climate Smart Communities % commuters using alternative modes of transportation % low-income population with low access to supermarket										
Goal #2: Improve home environment.	% homes in Healthy Neighborhood Tracking Program with fewer asthma triggers										
Focus Area 4: Injuries, Violence and Occupational Health											
Goal #1: Reduce fall risks among the most vulnerable populations.	Hospitalization rate d/t falls (ages 65+) ED visits d/t falls (ages 1-4)										
Goal #2: Reduce violence by targeting prevention programs particularly to highest-risk populations.	Assault-related hospitalization rate [racial/ethnic & income disparities]										
Goal #3: Reduce occupational injury and illness.	ED visits by adolescents (ages 15-19) for occupational injuries										

					R	ATING	FACTOR	RS			
PRIORITY AREAS	INDICATORS	Fotal Health Care Costs	Absolute Number of ndividuals Affected	Worsening Trend over the Past 5 Years	Work Time Lost or Disability	Underperforming US / NYS Health Goals	Health Disparities Present	Measurability - Indicators to Monitor Change	Opportunity to Continue Prior Intervention Focus	Feasibility of Potential ntervention / Initiative	Availability of Funding for nitiative
PREVENT CHRONIC DISEASES				\			_				
Focus Area 1: Reduce Obesity in Children and Adults											
Goal #1: Create community environments that promote and support healthy food and beverage choices and physical activity	% children & adolescents who are obese {WIC & public schools] % adults (ages 18+) who are obese % % adults (ages 18+) who consume ≥ 1 sugary drink per day % adults (ages 18+) who participate in leisure time physical activity # municipalities with Complete Streets										
Goal #2: Prevent childhood obesity through early child care and schools	[see PCD-AP, p. 6]										
Goal #3: Expand the role of health care and health service providers and insurers in obesity prevention	% children (ages 3-17) with appropriate assessment for weight [commercial & MMC]										
Goal #4: Expand the role of public and private employers in obesity prevention	[see PCD-AP, p. 8]			_							

					R	ATING I	FACTOR	RS			
PRIORITY AREAS	INDICATORS	Fotal Health Care Costs	Absolute Number of Individuals Affected	Worsening Trend over the Past 5 Years	Work Time Lost or Disability	Underperforming US / NYS Health Goals	Health Disparities Present	Measurability - Indicators to Monitor Change	Opportunity to Continue Prior Intervention Focus	Feasibility of Potential Intervention / Initiative	Availability of Funding for Initiative
PREVENT CHRONIC DISEASES			, –				_		<u> </u>		
Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure											
Goal #1: Prevent initiation of tobacco use by New	Prevalence of tobacco use by high										
York youth and young adults, especially among low socioeconomic status (SES) populations	school students % cigarette smoking among adults # municipalities that restrict tobacco marketing										
Goal #2: Promote tobacco use cessation, especially among low SES populations and those with poor mental health	Utilization of smoking cessation benefits in managed care										
Goal #3: Eliminate exposure to secondhand smoke	[see PCD-AP, p. 18]										

					F	RATING	FACTOR	RS			
PRIORITY AREAS	INDICATORS	Total Health Care Costs	Absolute Number of Individuals Affected	Worsening Trend over the Past 5 Years	Work Time Lost or Disability	Underperforming US / NYS Health Goals	Health Disparities Present	Measurability - Indicators to Monitor Change	Opportunity to Continue Prior Intervention Focus	Feasibility of Potential Intervention / Initiative	Availability of Funding for Initiative
PREVENT CHRONIC DISEASES											
Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings											
Goal #1: Increase screening rates for cardiovascular disease, diabetes and breast/cervical/colorectal cancer, especially among disparate populations	% women (ages 50-74) who receive breast cancer screenings % women (ages 21-65) who receive cervical cancer screenings % adults (ages 50-75) who receive colorectal cancer screening % adults (ages 18+) tested for diabetes in past 3 years										
Goal #2: Promote use of evidence-based care to manage chronic diseases	ED visits for asthma (ages 0-4, 5-64, 65+, all) Asthma hospitalizations (ages 0-4, 5-64, 65+, all) % adults (ages 18-85) with hypertension that is controlled Hospitalization rate for heart attack % adults (ages 18-85) with diabetes that is controlled % Medicaid managed care who receive all 4 screenings for diabetes Hospitalization rate for short-term DM complications (ages 6-17, 18+)										
Goal #3: Promote culturally relevant chronic disease self-management education	[see PCD-AP, p. 26]										

					R	ATING F	ACTO	RS			
PRIORITY AREAS	INDICATORS	Total Health Care Costs	Absolute Number of Individuals Affected	Worsening Trend over the Past 5 Years	Work Time Lost or Disability	Underperforming US / NYS Health Goals	Health Disparities Present	Measurability - Indicators to Monitor Change	Opportunity to Continue Prior Intervention Focus	Feasibility of Potential Intervention / Initiative	Availability of Funding for Initiative
PREVENT HIV/ STDS, VACCINE-PREVENTABLE DISEASE AND HEALTH CARE-ASSOCIATED											
INFECTIONS Focus Area 1: Prevent HIV and STDs											
Goal #1: Decrease HIV morbidity	New diagnosis HIV case rate										
Goal #2: Increase early access to and retention in HIV	% HIV(+) who are in care										
care	% HIV(+) who are virally suppressed										
Goal #3: Decrease STD morbidity	Gonorrhea case rate (ages 15-44) Chlamydia case rate (ages 15-44) Syphilis case rate (M&F) Congenital syphilis case rate										
Goal #4: Decrease HIV & STD disparities	New diagnosis HIV case rate [racial disparities] % HIV(+) who are virally suppressed [racial/ethnic disparities & MSM]										
Goal #5: Increase and coordinate HCV prevention and treatment capacity	[see HIV-AP, p. 4]										
Focus Area 2: Prevent Vaccine-Preventable Diseases											
Goal #1: Improve childhood and adolescent immunization rates	% children with immunization series (ages 19-35 mos.)										
Goal #2: Educate all parents about the importance of immunizations	[see VPD-AP, p. 18)										
Goal #3: Decrease the burden of pertussis	Tdap immunization rate										
Goal #4: Decrease the burden of influenza disease	% adults with flu immunization (ages 65+) % adults with pneumococcal immunization (ages 65+)										

		RATING FACTORS									
PRIORITY AREAS	INDICATORS	Total Health Care Costs	Absolute Number of Individuals Affected	Worsening Trend over the Past 5 Years	Work Time Lost or Disability	Underperforming US / NYS Health Goals	Health Disparities Present	Measurability - Indicators to Monitor Change	Opportunity to Continue Prior Intervention Focus	Feasibility of Potential Intervention / Initiative	Availability of Funding for Initiative
Goal #5: Decrease the burden of disease caused by	% adolescent females with 3-dose										
Human Papillomavirus	immunization (ages 13-17)										
PREVENT HIV/ STDS, VACCINE-PREVENTABLE DISEASE AND HEALTH CARE-ASSOCIATED INFECTIONS											
Focus Area 3: Prevent Health Care-Associated Infections											
Goal #1: Reduce Clostridium difficile infections	Hospital-onset CDI rate Community-onset CDI rate										
Goal #2: Reduce infections caused by multidrug resistant organisms	Hospital-onset MRSA rate Surveillance of MDR bacteria										
Goal #3: Reduce device-associated infections	Non-ICU central line infections Non-ICU catheter-associated UTIs										

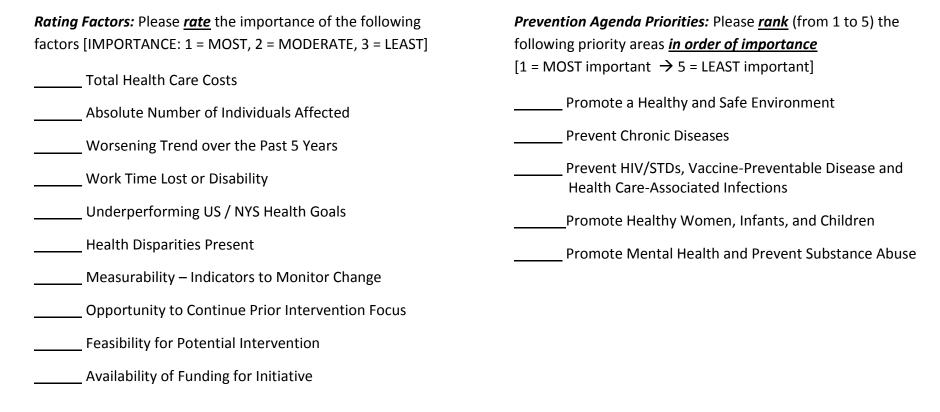
					F	ATING F	ACTOR	RS			
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PROMOTE HEALTHY WOMEN, INFANTS, AND CHILDREN		•			-						
Focus Area 1: Maternal and Infant Health											
Goal #1: Reduce premature births in New York State	% preterm births [racial/ethnic & MMC disparities] [see WIC-AP, p. 6]										
Goal #2: Increase the proportion of NYS babies who are breastfed	% infants exclusively breastfed in hospital [racial/ethnic & MMC disparities] [see WIC-AP, p. 15]										
Goal #3: Reduce rate of maternal deaths	Maternal mortality rate [racial disparities]										
Focus Area 2: Child Health											
Goal #1: Increase the proportion of NYS children who receive comprehensive well child care in accordance with AAP guidelines	% children with recommended # well child visits in government insurance (0-15 mos., 3-6 yrs., 12-21 yrs.) % children with health insurance (ages 0-19) [see WIC-AP, p. 28]										
Goal #2: Reduce the prevalence of dental caries among NYS children	% 3 rd grade children with untreated tooth decay [see WIC-AP, p. 37]										
Focus Area 3: Reproductive, Preconception and Inter-Conception Health											
Goal #1: Reduce the rate of adolescent and unplanned pregnancies in NYS	Adolescent pregnancy rate (ages 15-17) % unintended pregnancy among live births [see WIC-AP, p. 46]										
Goal #2: Increase utilization of preventive health services among women of reproductive age to improve wellness, pregnancy outcomes and recurrence of adverse birth outcomes	% women with health coverage (ages 18-64) % live births within 24 mos. of previous pregnancy [see WIC-AP, p. 56]										

					R	ATING F	ACTOR	RS			
PRIORITY AREAS	INDICATORS	Total Health Care Costs	Absolute Number of Individuals Affected	Worsening Trend over the Past 5 Years	Work Time Lost or Disability	Underperforming US / NYS Health Goals	Health Disparities Present	Measurability - Indicators to Monitor Change	Opportunity to Continue Prior Intervention Focus	Feasibility of Potential Intervention / Initiative	Availability of Funding for Initiative
PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE											
Focus Area 1: Promote Mental, Emotional and Behavioral Well-Being in Communities											
Goal #1: Promote mental, emotional and behavioral well-being in communities	[see MHSA-AP, p. 6, use of evidence- informed policies & evidence-based programs for healthy development of children, youth, and adults]										
Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders											
Goal #1: Prevent underage drinking, non-medical use of prescription drugs by youth, and excessive use of alcohol consumption by adults	% youth (gr 9-12) using alcohol on at least 1 day for past 30 days % youth (ages 12-17) using nonmedical use of painkillers % adults (ages 18+) binge drinking										
Goal #2: Prevent and reduce occurrences of mental, emotional, and behavioral disorders among youth and adults	% adults with ≥14 days poor mental health % youth (gr 9-12) who felt sad or hopeless										
Goal #3: Prevent suicides among youth and adults	% youth (gr 9-12) who attempt suicide ≥ one time in past year Suicide mortality rate										
Goal #4: Reduce tobacco use among adults who report poor mental health	Prevalence of cigarette smoking among adults who report poor mental health										

		RATING FACTORS									
PRIORITY AREAS	INDICATORS	Total Health Care Costs	Absolute Number of Individuals Affected	Worsening Trend over the Past 5 Years	Work Time Lost or Disability	Underperforming US / NYS Health Goals	Health Disparities Present	Measurability - Indicators to Monitor Change	Opportunity to Continue Prior Intervention Focus	Feasibility of Potential Intervention / Initiative	Availability of Funding for Initiative
PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE											
Focus Area 3: Strengthen Infrastructure across											
Systems											
Goal #1: Support collaboration among professionals	[see MHSA-AP, p. 22]										
working in fields of mental, emotional, and behavioral											
health promotion and chronic disease prevention,											
treatment, and recovery Goal #2: Strengthen infrastructure for mental,	[see MHSA-AP, p. 24]										
emotional, and behavioral health promotion, and	[[300 (Μ. 13/1-71) , μ. 24]										
mental, emotional, and behavioral disorder											
prevention											

NEW YORK STATE PREVENTION AGENDA – Action Plan Abbreviations

ACTION PLAN ABBREVIATION	PRIORITY AREA ACTION PLAN
HSE-AP	Promote a Healthy & Safe Environment Action Plan
PCD-AP	Prevent Chronic Disease Action Plan
HIV-AP, VPD-AP, HCAI-AP	Prevent HIV/STDs, Vaccine-Preventable Disease, & Health Care-Associated Infections Action Plan
WIC-AP	Promote Health Women Infants & Children Action Plan
MHSA-AP	Promote Mental Health & Prevent Substance Abuse Action Plan



Please note that the above ratings and rankings are intended to provide input and guidance to the decisions of the CHA Steering Committee and afford a rational basis for discussion and selection of priority areas. Please complete this tool by Friday, May 10, 2013 so that the results can be tabulated and distributed before the next CHA Steering Committee Meeting on May 21. The next meeting will consist of final selection of priority areas and we will begin strategic planning to develop goals and interventions.

Thank-you for your time and effort in completing this tool and for your continued commitment to the work of this committee.

COMMUNITY HEALTH ASSESSMENT 2013-2017 PRIORITY SETTING TOOL RESULTS

H 2. Partial Weights and Full Weights for Rating Factors by Assessment and Intervention Grouping

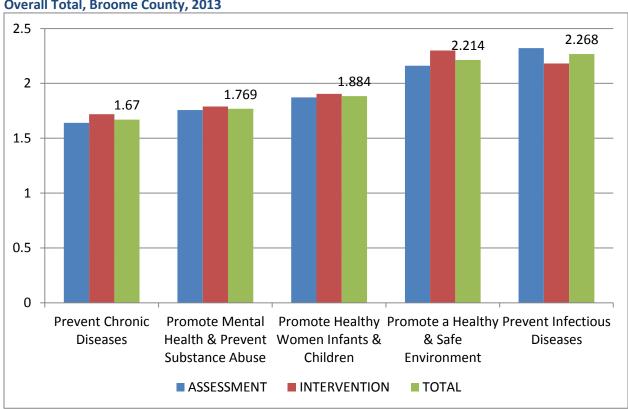
FACTOR GROUPING	RATING FACTOR	Partial Weight (%)	Full Weight (%)
ASSESSMENT FACTORS	Total Healthcare Costs	25	15
	Absolute Number of Individuals Affected	21	13
	Worsening Trend (over past 5 years)	15	9
	Work Time Lost or Disability	11	7
	Underperforming US/NYS Health Goals	14	8.5
	Health Disparities Present	15	9
	TOTAL	100	
INTERVENTION FACTORS	Measurability of Indicators to Monitor Change	24	9
	Opportunity to Continue Prior Intervention Focus	21	8
	Feasibility of Potential Intervention/Initiative	29	11
	Availability of Funding for Initiative	27	10
	TOTAL	100	100

H 3. Priority Area Rankings Based on Weighted Scores for Assessment Factors, Intervention Factors, and Overall Total, Broome County, 2013

PRIORITY AREA	ASSESSMENT SCORE	INTERVENTION SCORE	TOTAL SCORE
Prevent Chronic Diseases	1.640	1.719	1.670
Promote Mental Health & Prevent Substance Abuse	1.757	1.789	1.769
Promote Healthy Women Infants & Children	1.872	1.905	1.884
Promote a Healthy & Safe Environment	2.161	2.299	2.214
Prevent Infectious Diseases	2.321	2.182	2.268

SOURCE: Community Health Assessment Steering Committee Priority Setting Tool, 2013

Priority Area Rankings Based on Weighted Scores for Assessment Factors, Intervention Factors, and Overall Total, Broome County, 2013



H 4. Top Twenty Ranked Focus Areas / Goals Based on Weighted Scores for Assessment Factors, Intervention Factors, and Overall Total, Broome County, 2013

FOCUS AREA & GOAL	PRIORITY AREA	ASSESSMENT SCORE	INTERVENTION SCORE	TOTAL SCORE
Manage – CD	PCD	1.391	1.387	1.390
Well-child care	MCH	1.423	1.599	1.491
Screening – CD	PCD	1.452	1.601	1.509
Falls	ENV	1.492	1.737	1.586
Reproductive services	MCH	1.472	1.783	1.591
MEB disorders	MHSA	1.622	1.606	1.616
Tobacco use	PCD	1.588	1.686	1.625
Community Environment – OP	PCD	1.533	1.817	1.642
Dental caries	MCH	1.616	1.687	1.643
Infrastructure	MHSA	1.666	1.643	1.657
Professional collaboration	MHSA	1.718	1.631	1.685
Child care & schools – OP	PCD	1.713	1.680	1.700
Tobacco use	MHSA	1.725	1.672	1.705
Employers – OP	PCD	1.546	1.969	1.708
Tobacco cessation	PCD	1.719	1.743	1.728
Education – CD	PCD	1.895	1.528	1.754
Community MEB health	MHSA	1.668	1.988	1.791
Healthcare – OP	PCD	1.772	1.862	1.807
Secondhand smoke	PCD	1.791	1.917	1.839
Suicide	MHSA	1.976	1.766	1.895

ENV = Promote a Healthy and Safe Environment MCH = Promote Healthy Women, Infants, and Children

OP = Obesity Prevention
MEB = Mental, Emotional, and Behavioral

PCD = Prevent Chronic Diseases

MHSA = Promote Mental Health and Prevent Substance Abuse

CD = Chronic Disease

H 5. Priority Area Rankings Based on the Average Relative Rank Score, Broome County, 2013

PRIORITY AREA	AVERAGE RELATIVE RANK SCORE
Prevent Chronic Diseases	2.11
Promote a Healthy & Safe Environment	2.11
Promote Healthy Women Infants & Children	2.89
Promote Mental Health & Prevent Substance Abuse	3.33
Prevent Infectious Diseases	4.56

SOURCE: Community Health Assessment Steering Committee Priority Setting Tool, 2013

H 6. Summary of Priority Area Rankings Based on Total Score (Priority Setting Tool), Average Relative Rank Score (Priority Setting Tool), and Community Organizations Survey Score

Priority Area	Total Score	Priority Area Ranking by Total Score	Average Relative Rank Score	Priority Area Ranking by Average Relative Rank Score	Community Organizations Survey Rating Score	Prioritization by Community Organizations Survey
Promote a Healthy & Safe Environment	2.214	4	2.11	1	2.52	1
Prevent Chronic Diseases	1.670	1	2.11	1	2.69	2
Prevent Infectious Diseases	2.268	5	4.56	5	3.85	5
Promote Healthy Women Infants & Children	1.884	3	2.89	3	3.02	4
Promote Mental Health & Prevent Substance Abuse	1.769	2	3.33	4	2.92	3

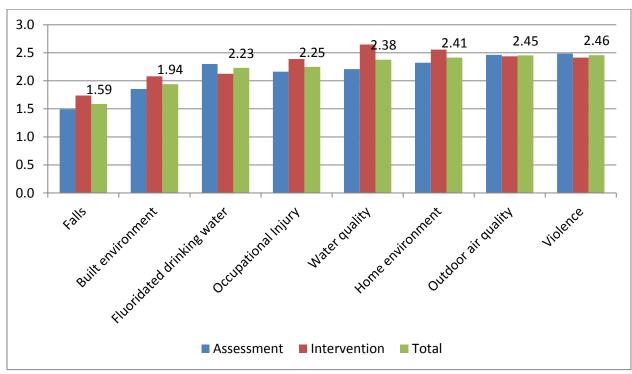
SOURCE: Community Health Assessment Steering Committee Priority Setting Tool, 2013; Broome County Community Health Assessment-Community Organizations Survey, 2013

H 7. Ranked Focus Areas for Promote a Healthy and Safe Environment Priority Area Based on Weighted Scores for Assessment, Intervention, and Total

FOCUS AREA	ASSESSMENT SCORE	INTERVENTION SCORE	TOTAL SCORE
Falls	1.492	1.737	1.586
Built environment	1.856	2.081	1.942
Fluoridated drinking water	2.299	2.125	2.233
Occupational Injury	2.163	2.389	2.249
Water quality	2.21	2.648	2.378
Home environment	2.322	2.558	2.413
Outdoor air quality	2.464	2.438	2.454
Violence	2.485	2.414	2.458

SOURCE: Community Health Assessment Steering Committee Priority Setting Tool, 2013

Ranked Focus Areas for Promote a Healthy and Safe Environment Priority Area Based on Weighted Scores for Assessment, Intervention, and Total



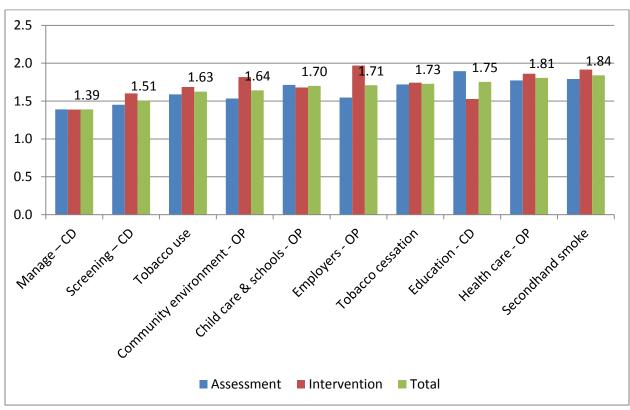
H 8. Ranked Focus Areas for Prevent Chronic Diseases Priority Area Based on Weighted Scores for Assessment, Intervention, and Total

FOCUS AREA	ASSESSMENT SCORE	INTERVENTION SCORE	TOTAL SCORE
Manage – CD	1.391	1.387	1.390
Screening – CD	1.452	1.601	1.509
Tobacco use	1.588	1.686	1.625
Community environment - OP	1.533	1.817	1.642
Child care & schools - OP	1.713	1.680	1.700
Employers - OP	1.546	1.969	1.708
Tobacco cessation	1.719	1.743	1.728
Education - CD	1.895	1.528	1.754
Healthcare - OP	1.772	1.862	1.807
Secondhand smoke	1.791	1.917	1.839

OP = Obesity Prevention CD = Chronic Disease

SOURCE: Community Health Assessment Steering Committee Priority Setting Tool, 2013

Ranked Focus Areas for Prevent Chronic Diseases Priority Area Based on Weighted Scores for Assessment, Intervention, and Total



H 9. Ranked Focus Areas for Prevent Infectious Diseases Priority Area Based on Weighted Scores for Assessment, Intervention, and Total

FOCUS AREA	ASSESSMENT SCORE	INTERVENTION SCORE	TOTAL SCORE
HIV morbidity	2.397	2.306	2.362
HIV care	2.144	2.149	2.146
STD morbidity	2.656	2.313	2.525
HIV/STD disparities	2.255	2.338	2.286
HCV prevention	2.527	2.465	2.503
Vaccination rates	2.061	1.699	1.923
Vaccination education	2.360	1.832	2.158
Pertussis	2.555	2.008	2.346
Influenza	2.264	2.389	2.312
HPV	2.264	2.205	2.242
C. difficile	2.279	2.255	2.270
MDR organisms	2.341	2.420	2.372
Device infections	2.063	1.990	2.035

HIV = Human Immunodeficiency Virus

HCV = Hepatitis C

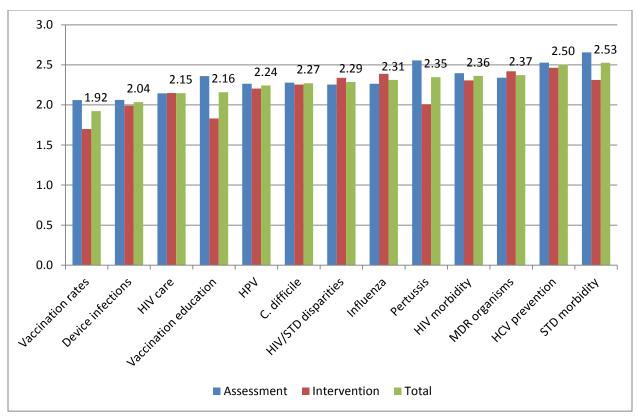
STD = Sexually Transmitted Disease

HPV = Human Papilloma Virus

 $\mathsf{MDR} = \mathsf{Multi-Drug}\ \mathsf{Resistance}$

SOURCE: Community Health Assessment Steering Committee Priority Setting Tool, 2013

Ranked Focus Areas for Prevent Infectious Diseases Priority Area Based on Weighted Scores for Assessment, Intervention, and Total

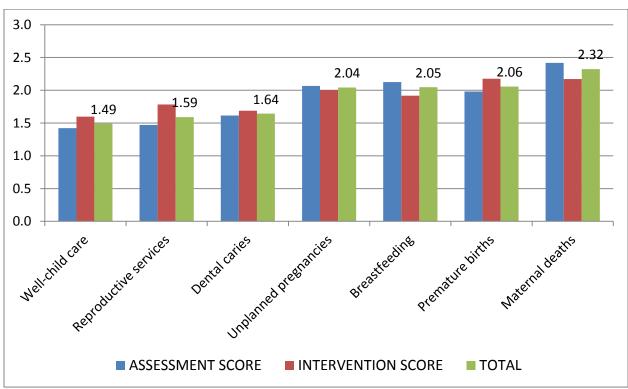


H 10. Ranked Focus Areas for Promote Healthy Women, Infants and Children Priority Area Based on Weighted Scores for Assessment, Intervention, and Total

FOCUS AREA	ASSESSMENT SCORE	INTERVENTION SCORE	TOTAL SCORE
Well-child care	1.423	1.599	1.491
Reproductive services	1.472	1.783	1.591
Dental caries	1.616	1.687	1.643
Unplanned pregnancies	2.066	2.000	2.041
Breastfeeding	2.125	1.918	2.046
Premature births	1.980	2.177	2.056
Maternal deaths	2.418	2.172	2.324

SOURCE: Community Health Assessment Steering Committee Priority Setting Tool, 2013

Ranked Focus Areas for Promote Healthy Women, Infants and Children Priority Area Based on Weighted Scores for Assessment, Intervention, and Total



H 11. Ranked Focus Areas for Promote Mental Health and Prevent Substance Abuse Priority Area Based on Weighted Scores for Assessment, Intervention, and Total

FOCUS AREA	ASSESSMENT SCORE	INTERVENTION SCORE	TOTAL SCORE
MEB disorders	1.622	1.606	1.616
Infrastructure	1.666	1.643	1.657
Professional collaboration	1.718	1.631	1.685
Tobacco use	1.725	1.672	1.705
Community MEB health	1.668	1.988	1.791
Suicide	1.976	1.766	1.895
Drug & alcohol use	1.923	2.221	2.037

MEB = Mental, Emotional, and Behavioral

SOURCE: Community Health Assessment Steering Committee Priority Setting Tool, 2013

Ranked Focus Areas for Promote Mental Health and Prevent Substance Abuse Priority Area Based on Weighted Scores for Assessment, Intervention, and Total

