

BACKGROUND INFORMATION

Every four years, the Mecklenburg County Health Department (MCHD) conducts an extensive examination of community health indicators through a **Community Health Assessment (CHA)**. In addition to providing a picture of the community's health, the CHA meets requirements for state accreditation and funding. Findings from the CHA are used by the Health Department for strategic planning and to develop or support collaborative community action addressing identified priority issues. The Community Health Assessment includes a review of community health indicators, a community opinion survey, a community priority setting activity and action planning on leading priorities.

Examples of data used during CHA Process

- Demographic / Socioeconomic
- Substance Abuse
- Morbidity (hospital discharge)
- Mental Health
- Behavioral Data
- Injury Data
- Healthcare Access
- Air Quality
- Vital Statistics (births and deaths)

Community Opinion Survey

With guidance from the CHA Advisory Group, the MCHD Epidemiology Program developed a health opinion survey for Mecklenburg residents. Participants were asked about beliefs and barriers to healthy behaviors and opinions on nine identified health focus areas. Residents were asked to choose four focus areas that needed the most attention in their community.

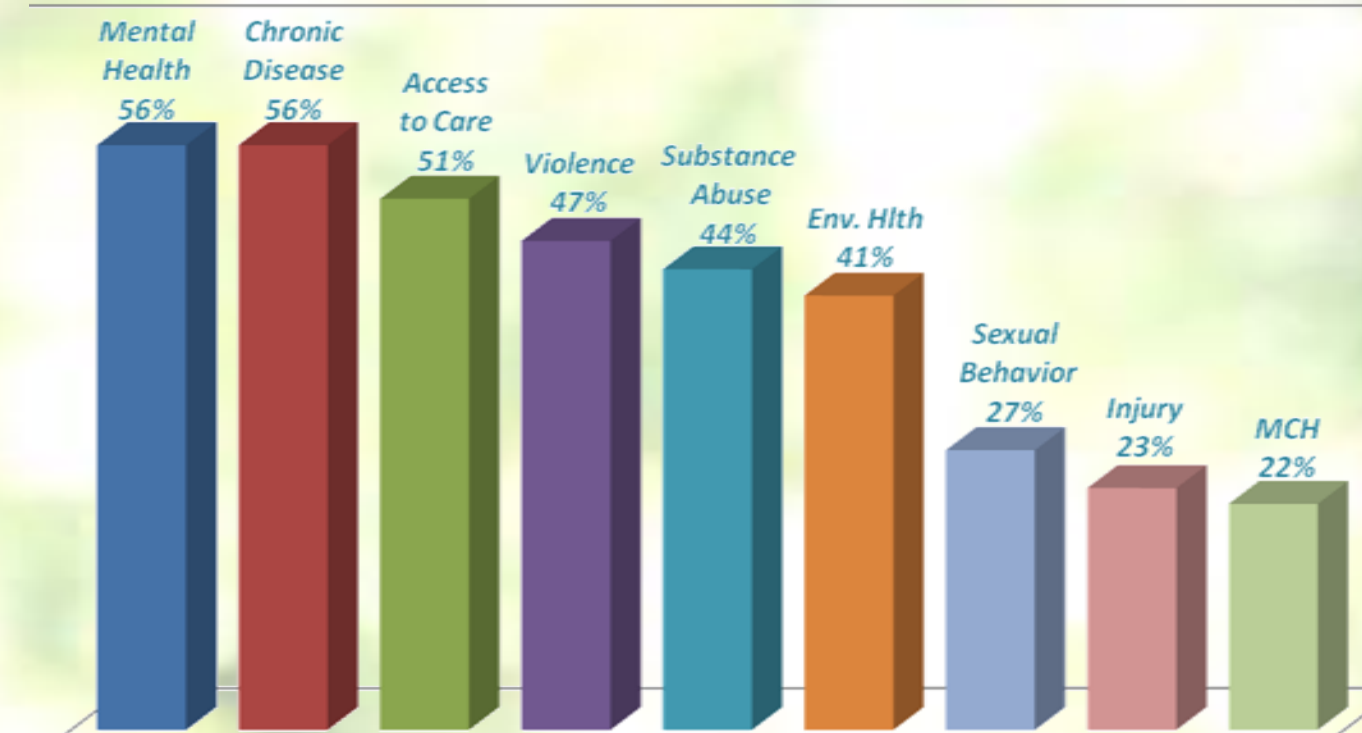
Methodology

- Survey Period : April 15 – June 30, 2013
- Administered electronically through SurveyMonkey™ and by paper
- Paper surveys used to target populations with limited access to computers
- 1,888 surveys were completed

Limitations

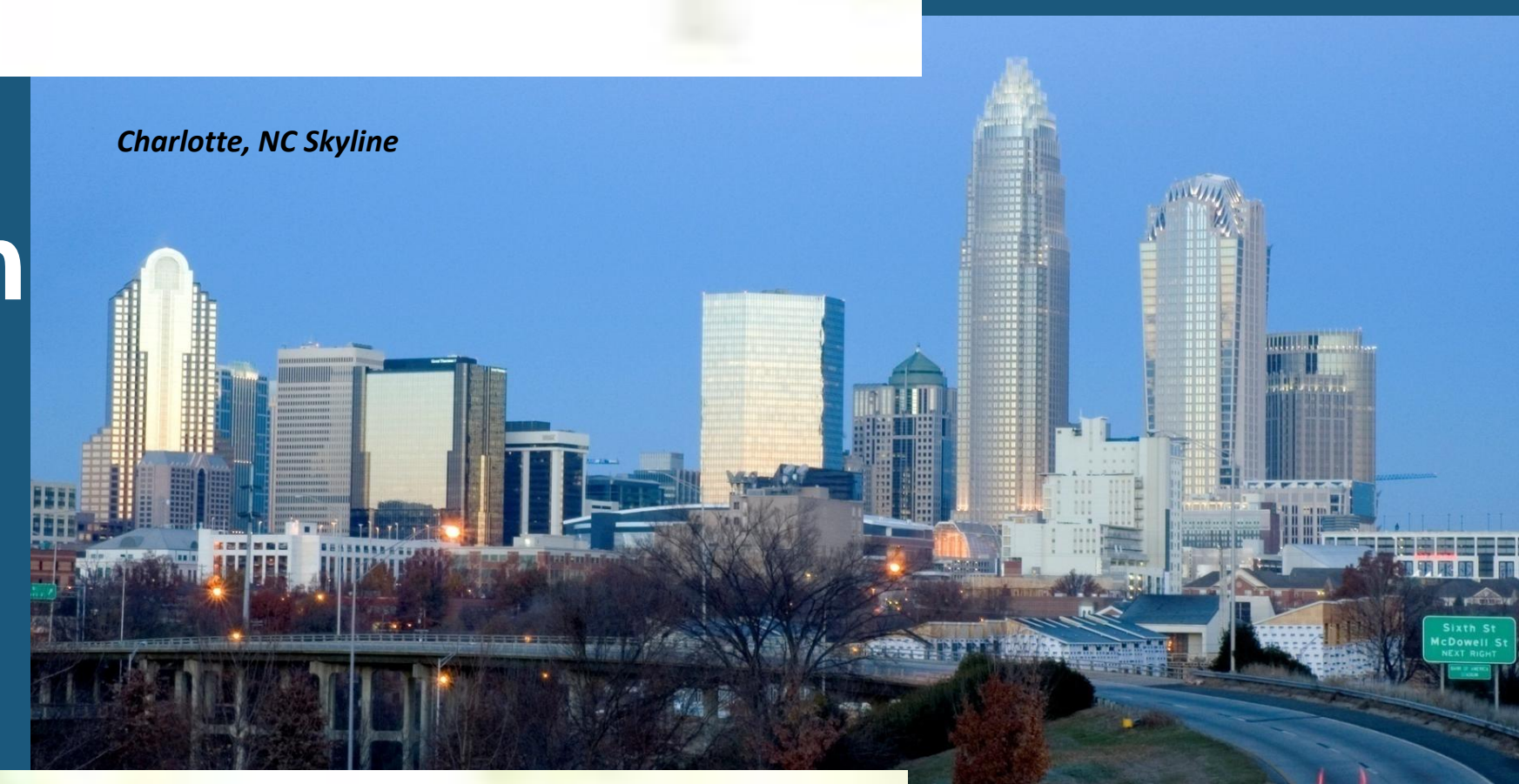
- Selection Bias: most surveys were completed online; invitations to participate in survey were through known contact lists and word of mouth.

2013 Community Health Opinion Rankings



- Every attempt was made to gather a representative sample of the county's population; however males and Asians were still underrepresented.

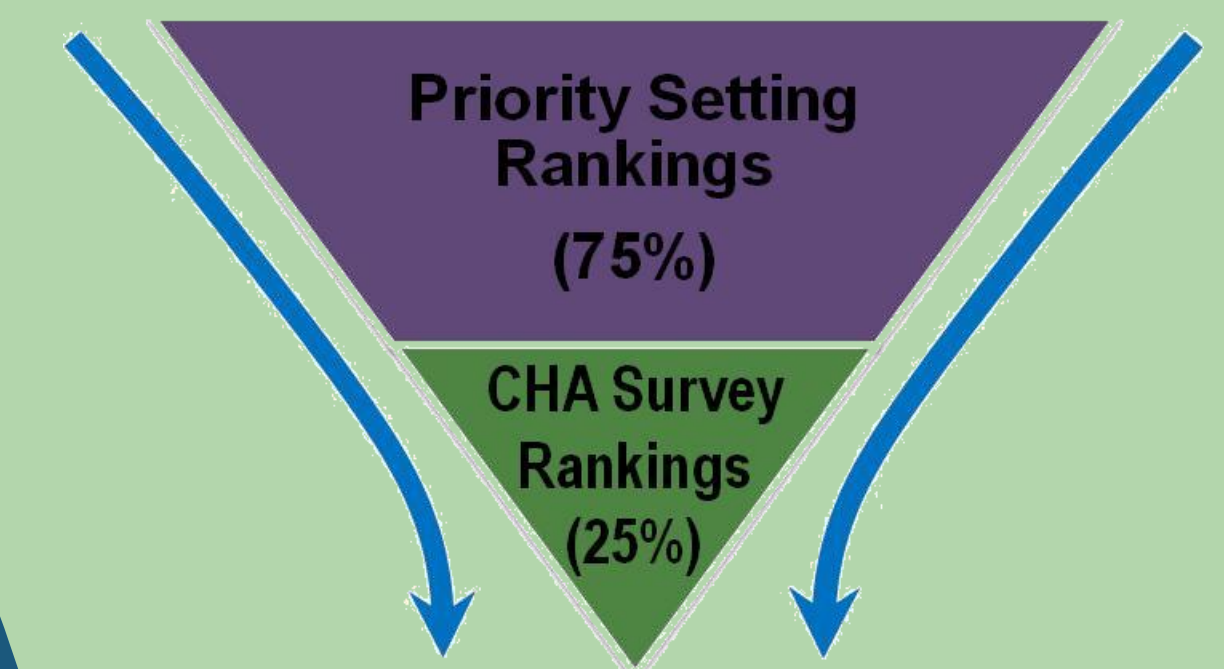
Charlotte, NC Skyline



COMBINED HEALTH RANKINGS: PSE AND CHA SURVEY

- Survey participants ranked the nine focus areas without benefit of data presentations or discussions as was the case during the Priority Setting Event (PSE).
- Survey participants were also not required to use the five criteria for rankings which may explain lower scores for each focus area.
- Weighting was employed to compensate for differences in methodology. PSE rankings were weighted 3 times that of Survey rankings.

Combined Health Rankings



Top 4 Priority Areas

1. Chronic Disease
2. Mental Health
3. Access to Care
4. Violence Prevention

Building a Healthy Community: Using The Community Health Assessment Process to Prioritize Major Health Concerns

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9 PRIORITY FOCUS AREAS (listed in alphabetical order)

- Access to Care
- Chronic Disease and Disability
- Environmental Health
- Injury
- Maternal and Child Health
- Mental Health
- Responsible Sexual Behavior
- Substance Abuse
- Violence

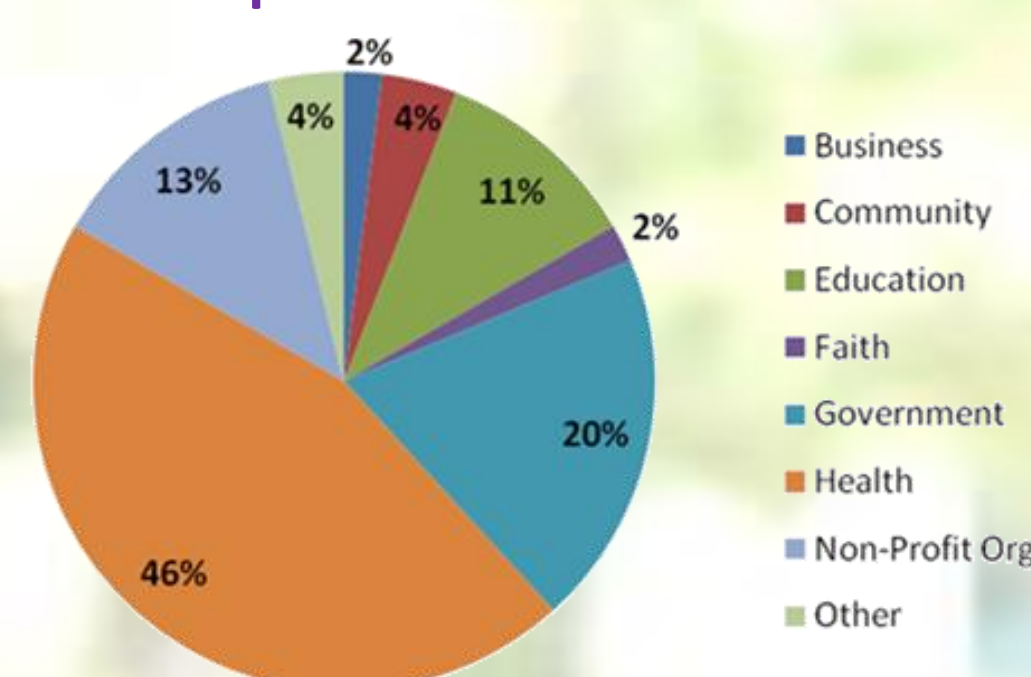
Priority Setting Event

The Priority Setting Event (PSE) took place on October 25, 2013. Over 500 invitations were sent to individuals representing a variety of community agencies, neighborhood associations, faith community leaders, colleges and universities, and local elected officials from the county and from the seven municipalities within Mecklenburg. A total of 117 people participated in the exercise.

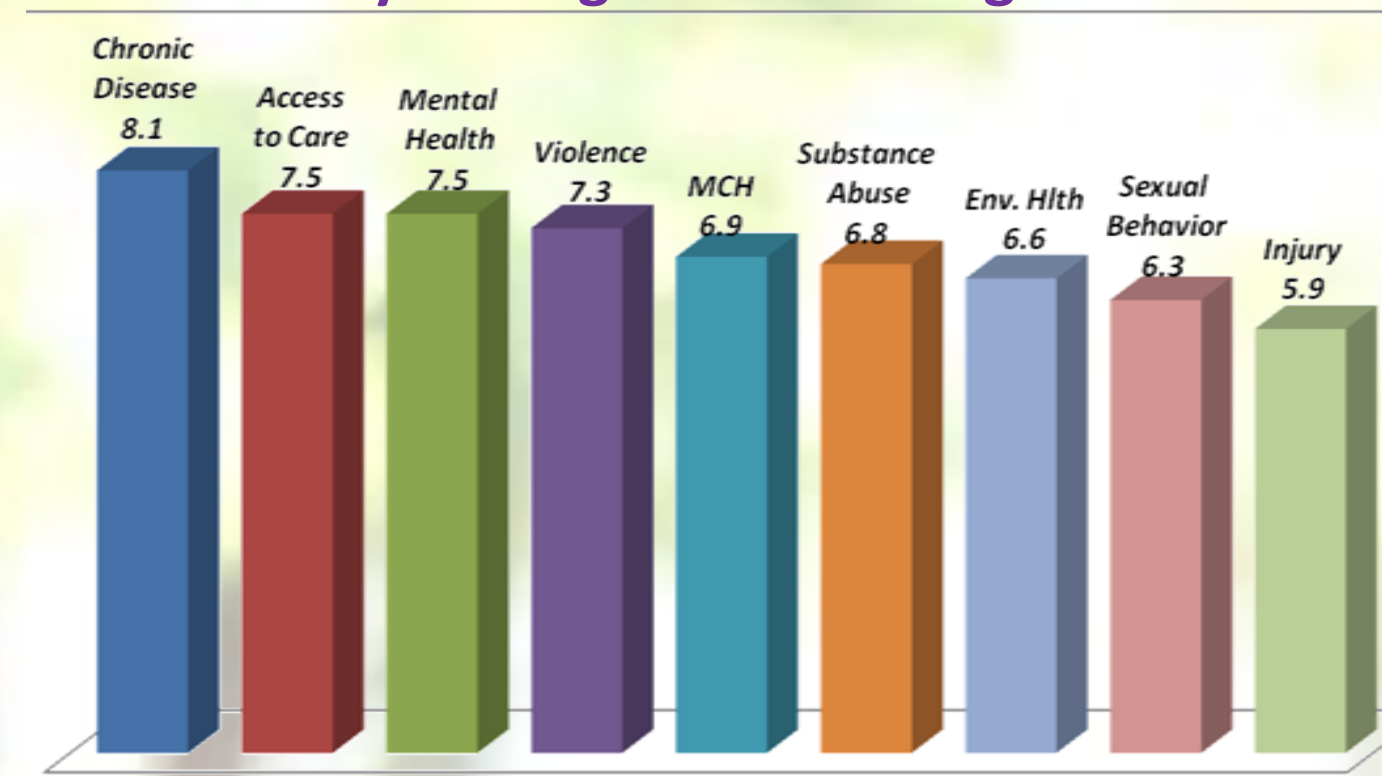
Methodology

- Participants were randomly assigned into groups and provided a 10 - 12 minute PowerPoint presentation by a field expert to summarize relevant health data for each priority health area.
- Participants were provided fact sheets to facilitate group discussions. Each participant ranked the priority area on a scale from 1 to 10 for: magnitude, severity, intervention effectiveness, public concern and urgency.

2013 Priority Setting Event Participant Distribution



2013 Priority Setting Event Rankings



To Learn More About The
2013 Mecklenburg County Community
Health Assessment, visit us online:
www.meckhealth.org

RECOMMENDATIONS / STRATEGIC PLANNING

During the community Priority Setting Event, when the rankings were announced, participants were asked to self-select into groups representing the four leading priorities and generate recommendations for addressing their priority of interest. These recommendations served as the foundation for community action planning which began in April 2014. Interested individuals from the priority setting event as well as community stakeholders were invited to attend meetings to develop goals, objectives and strategies for each priority area. Final Community Action Plans will be presented for approved to the County's Board of Health as a roadmap for achieving a healthier community.