

# Define, Analyze & Prioritize Community Health Problems

Kansas University Community Toolbox

<http://ctb.ku.edu/en;default.aspx>

## Chapter 17. Analyzing Community Problems and Solutions



COMMUNITY TOOL BOX

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# Define, Analyze, and Prioritize Community Health Problems

## Training Objectives

- Emphasize the critical link between community health data and community assessment and prioritization
- Expose HPS to the Community Tool Box, a resource for Community Health Improvement capacity building
- Introduce methods and techniques for analyzing health problems and prioritizing health problems.



# What is the nature of a health problem?

- A problem is the difference between *what is* and *what should be*.
- The cause of a community health problem may be inside or outside of that community.
- Problems occur with different levels of severity.



# Communities have health problems, just like people do

- Communities, like people, can work to reduce or eliminate their own health problems.
- Analyzing health problems helps to arrive at effective solutions.



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# Examples of Community Health Problems

- Accidental Injuries
- Asthma Hospitalizations
- Cancer
- Child abuse
- Diabetes
- Domestic violence
- Access to healthy food
- Heart Disease
- Hypertension (high blood pressure)
- Hypercholesterolemia (high cholesterol)
- Low Birth-Weight Babies
- Depression
- Obesity
- Teenage pregnancy
- Tobacco Use
- Substance Use (alcohol, drugs, tobacco)
- Suicide
- STDs
- Access to clean/safe drinking water



# Clarifying and defining the health problem requires data

- **Start with what you know about the problem** (*perception, opinion, inference*).
- Decide **what information you need**. (*factual information*)
- **Gather missing information** on the problem. (*perception, opinion, facts, inference*).
- **Define the problem**. (Using the “*But Why?*” technique

Ch.17, section 4 Community toolbox )

<http://ctb.dept.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main>

# The “But Why” Technique

- To identify “*underlying*” individual and social “*root causes*” of a community issue
- Technique reveals multiple and alternate solutions to a community health problem.

PROBLEM EXAMPLE: *Too many children in this community suffer from foot infections*

- Q: *But why?*  
A. They step on broken glass and sharp objects.
- Q: *Could that be prevented?*  
A. Yes.
- Q: *How?*  
A. *If children wore shoes.*
- Q: *But why don't children have shoes?*  
A. **Because the family can't afford shoes.**
- Q. *But why?*  
A. **The parents are not working .**
- Q. *But why?*  
(and so forth)

# When should you analyze a community health problem?

- When the problem lacks a clear definition
- When people are too quick to jump to “solutions”
- When little is known about the problem or its consequences
- When trying to improve the chances of a successful solution or intervention
- When trying to: 1) identify actions that best address the problem, and 2) identify best collaborative partners with whom to take action





# Why analyze a community health problem?

- To know the facts about this problem
- To credibly communicate this information to others
- To raise community awareness of the importance and seriousness of this health issue.
- To be able to compare the problem in your own county/small area/tribe etc. against the same problem in others.



# Health Problem Analyses Criteria

- **What is the problem?** (Achieve consensus on definition and problem statement)
- **Why does the problem exist?** (Finding Root causes)
- **Who is causing the problem?** (Individual, social, political causes)
- **For how long has the problem existed?**
- **To what *extent* is the problem occurring?** (Impact)



# Criteria for Assessing Problem Impact

- **Frequency** (How many are affected in your community?)
- **Duration** (For how long has the problem existed?) **Incidence, Prevalence & Time Trends**
- **Scope or range** (Who all in the community are affected? By age, gender, race/ethnicity, geography, income, etc.?)
- **Severity** (How serious or significant are the consequences outcomes of this problem in this community?  
(**morbidity/mortality/disability** from disease, injuries, accidents, violence & crime associated with this problem?)
- **Perceptions** (How does the community perceive this problem?  
**town halls, key informant interviews, focus groups & community surveys**)



# Prioritization Process

- Identify community problems . . . ✓
- Assess the impact of each problem on the community . . . . . ✓
- Prioritize the identified problems for action . . . . . ?



# Prioritization Criteria

- Magnitude of Impact?
- What Evidence-Based Strategies Target this Problem?
- Does the problem Impact other Community Issues? What are they?
- Community Control?
- Time and Resources required?
- Energy (social capital required)
- Timing? Long vs. short term strategy/action?
- Avoid Duplication
- Political Realities



# Criteria for judging the best strategy/solution to a problem

- Costs involved
- Time required
- People required
- Driving forces and obstacles to taking action
- Possible impact of taking action/not taking action
- Community preference of problem as a “priority”
- The likelihood for a successful solution



# Force-Field Analyses Technique

Memory Jogger, p.63

- Looks more broadly at a health problem and multiple forces surrounding the problem.
  - Begin with the existing problem definition
  - Draw a line down the center of the paper.
  - On the top of one /side, write "Restraining Forces"
  - On the other sheet/side, write, "Driving Forces."

## Driving Forces

Forces pushing situation toward +change

- Force 1
- Force 2
- Force 3
- Force 4

## Restraining Forces (barriers)

Barriers to +change

- Force 1
- Force 2
- Force 3
- Force 4



# Force-Field Analyses Technique

## continued

- **Brainstorm, list, compare Restraining and Driving Forces**
- **Rank & Prioritize the driving forces** that can be strengthened
- **Rank & Prioritize the restraining forces to target for elimination/reduction** to allow action for a positive change.

