

# Community Health Forum Summary

February 4, 2014

Billings Public Library, 11am-1pm

Invitation to attend this Forum was open to the public and announced via press conference, a business section advertisement, and on-line newspaper calendar listing. Focus group invitees were mailed an invitation and various community organizations such as United Way and Center for Children and Families were asked to distribute the invitation to their email lists.

Attendees consisted of a broad range of attendees including those currently engaged in Healthy By Design work, social and health service providers, legislators, economic development representatives, state, city and county employees, faith-based representatives, and the business community. In total 85 attendees, including facilitators were present.

The Forum began with an overview of the Community Health Needs Assessment process and results, focusing on key areas of opportunity. These were identified by Professional Research Consultants, the agency used by the Alliance for the past three assessment cycles. The results are a compilation of a population-representative phone survey, secondary data (vital statistics, Healthy People 2020, etc.) and key informant and south-side community focus group information. Following the overview, attendees were asked to review the 12 areas of opportunity and rank their top 3 priorities using the following criteria.

## Priority Setting Criteria

1. Cost and Return on Investment
2. Availability of solutions
3. Impact of problem
4. Availability of resources (staff, time, money, equipment) to solve problem
5. Urgency of solving problem (air pollution, H1N1)
6. Size of problem (number of individuals affected)

*Public Health Foundation criteria commonly used to identify priority problems as identified by the National Association of County and City Health Officials, <http://www.phf.org/infrastructure/priority-matrix.pdf>, accessed 2/9/10.*

Once ranked, participants then took part in a group activity to determine the top 6 priorities to be discussed in small groups. Using participants' #1 ranking, the top 6 (out of 12) were chosen for discussion.

| Topics chosen included:                        | 1 <sup>st</sup> choice ranking | 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> rankings |
|--|--------------------------------|--|
| 1. Mental Health                               | 23                             | 56   |
| 2. Substance Abuse                             | 15                             | 31   |
| 3. Access to Care                              | 13                             | 33   |
| 4. Nutrition, Physical Activity and Overweight | 11                             | 39   |
| 5. Infant Health and Family Planning           | 7                              | 11   |
| 6. Injury and Violence                         | 3                              | 10   |

To provide further information, for those who ranked any of the top 6 their 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> choice total votes were tallied, indicating there were few top three rankings for the other 6 topics.

Groups were then dispersed for facilitated discussion on these areas. The groups identified community resources/assets as well as barriers and opportunities within each topic area.

At the close of the session, **highlights** were shared from each group.

- **Mental Health**-coordination; develop common strategies; communication; access; stigma; youth resources
- **Substance Abuse**-promote payment for preventive measures; increase addiction education in schools; educate on how those who are addicted impact their environment; Policy around DUI; (looked at pyramid)
- **Access to Care**-address policy as a unit; identify ways where to enter the system-website, advocates, and navigators; navigator resource list (patient perspective); primary care-promotion
- **Nutrition, Physical Activity and Overweight**-Focus on children and address modifiable behaviors; food security
- **Infant Health and Family Planning**- preventing teen pregnancy; Improve education, consider high-risk/at-risk/impoverished populations, identify the right message and messenger and improve vehicle for messaging
- **Injury and Violence**-culture of safety-speak up; do something and just act; work collaboratively; consider appropriate policy; identify the right message focused on the "hard right" v. the "easy wrong"; interface with mental health and substance abuse

**Next Steps:** The collected information will be used to assist in setting priorities for the Community Health Improvement Plan.

**Follow up:** For the Community Forum attendees who noted interest in a specific topic area, we intend to follow up with you to hopefully provide an avenue for engagement related to your interest.

As a reminder, we would encourage all attendees and the community to embrace this information as your data to assist in informing others, encouraging dialog, developing strategies to respond to need, and increasing capacity. The 2014 Community Health Needs Assessment and Executive Summary are available at <http://www.healthybydesignyellowstone.org/aboutus/>.