

**CONCERNS REPORT HANDBOOK:  
PLANNING FOR COMMUNITY HEALTH**

Stephen B. Fawcett and Associates

Copyright, 1980  
April, 1993 edition

Do Not Duplicate without permission of the authors

**TABLE OF CONTENTS**

	<u>Page</u>
Preface .....	iii
Chapter 1	
Common Questions and Answers About the Concerns Report Method .....	1
Chapter 2	
Introduction to the Concerns Report Method .....	5
Chapter 3	
Characteristics to Consider in the Selection of Working Group Members to Choose Survey Items .....	15
Chapter 4	
Conducting a Meeting in Which Working Group Members Select Survey Items .....	21
Chapter 5	
Inviting Decision Makers to Submit Supplemental Survey Items .....	30
Chapter 6	
Preparing the Community Health Survey and Demographic Information .....	34
Chapter 7	
Distributing and Collecting Survey .....	38

Chapter 8	
Conducting Public Meetings . . . . .	52
Chapter 9	
Recording the Discussion of Identified Concerns . . . . .	65
Chapter 10	
Preparing the Report of the Public Meeting . . . . .	71
Chapter 11	
Preparing the Final Report . . . . .	78
Chapter 12	
Planning for Action . . . . .	82
Acknowledgments . . . . .	86

**LIST OF APPENDICES**

Appendix A

List of Categories for the Index of Community Health Concerns

Appendix B

Sample Survey of Community Health Concerns

Appendix C

Possible Selections for the Demographic Section  
of the Survey

Appendix D

Sample Brief Report of Community Health Strengths and Problems

Appendix E

Sample Summary of the Demographic Information

Appendix F

Sample Public Meeting Announcement

Appendix G

Sample News Coverage

Appendix H

Sample Final Report on Community Health Concerns

## Preface

Health Concerns, such as substance abuse or cardiovascular disease, pose high financial costs for society and terrible personal burdens for affected individuals and their families. With rising health care costs, states and communities show increased interest in health promotion and disease prevention. Community health initiatives, such as substance abuse coalitions or rural health campaigns, attempt to develop personal and environmental capacities to support healthy practices.

Community health initiatives involve citizens in planning and taking action on local health concerns. In our experience, obtaining information about the community health concerns of citizens is a critical first step in planning. Information about perceived strengths and problems in community health can help remove barriers to health promotion and assist in maintaining and improving the quality of services.

The Concerns Report Method is a tool for involving citizens in identifying and addressing community concerns. Its broad goal is to help citizens identify the perceived strengths and problems related to health in their community, to discuss specific alternatives for improvement, and to present this information to decision makers, advocates, and service providers in the community. This tool may be used to set agendas for community health initiatives.

This handbook consists of 12 chapters. Chapter 1 presents some common questions and answers about the Concerns Report Method. Chapter 2 provides a general overview of the

method. Chapters 3 through 12 provide a detailed description of how to implement the Concerns Report Method, from selecting survey items to disseminating and using information about concerns. The appendices provide examples of the products used in, and resulting from, the Concerns Report process.

The Concerns Report Method may be used to assess and report the specific concerns of citizens related to a variety of issues, such as substance abuse, adolescent pregnancy, injury control, or cardiovascular disease. It can be used to provide an overview of issues for a variety of concerns, or a more in-depth look at one area, such as substance abuse.

## CHAPTER 1

### Common Questions and Answers About the Concerns Report Method

#### 1. What is a simple way to describe the Concerns Report Method?

The Concerns Report Method is a tool for involving citizens in addressing community health concerns. Using a survey and public meetings, it produces an easily understood report of the major health-related strengths and problems of local communities--and ideas for addressing them--from the perspective of local citizens.

#### 2. Who is involved in producing a local Concerns Report?

Three groups are involved:

- a. The sponsoring organization, perhaps a community health council, local hospital, or other health advocacy organization.
- b. Health advocates or one or two people affiliated with the sponsoring organization who implement the Method.
- c. Staff from the Work Group on Health Promotion and Community Development who work with the advocates to implement the Method.

#### 3. What standards must be met for a report to qualify as an official Concerns Report?

The following must occur:

- \* You must obtain materials from and work with Work Group staff.
- \* Those citizens who will be invited to participate must be described clearly.

\* Working group members (who select items for the survey) must be representative of the entire group of citizens targeted by the survey.

\* The Community Health Concerns Index must be used to select survey items.

\* You must provide Work Group staff with the selected items so they can prepare the survey.

\* Work Group staff should be consulted if you need to reword or introduce new items to the survey.

\* Surveys should be distributed to all of the identified consumers.

\* People with visual impairments should be given an equal opportunity to participate.

You might assist respondents in filling out the survey, prepare taped materials in advance, or at the

public meetings.

\* All completed surveys should be returned to Work Group staff for data analysis.

\* A public meeting of all interested consumers must be held following the receipt of the analyzed data illustrating top strengths and problems. This meeting must result in some plan of action for addressing strengths and problems.

\* Work Group staff must collaborate with the sponsoring organization in preparing the final report.

\* Survey results must be disseminated to consumers, appropriate service providers, public officials, and the media.

\* Representatives of the sponsoring organization should send a cover letter to decision makers along with the final report and offer assistance in planning to implement the findings.

Please see Chapter 2 for more details on these standards.



#### **4. How long will the Concerns Report Method process take?**

The length of time will vary depending on the size of the application. Local applications can generally take from 3 to 6 months from start to finish, whereas statewide applications may take up to a year.

#### **5. How much will it cost?**

The cost of implementing the Method will depend on the number of participants. The Work Group will provide data analyses for the surveys (not exceeding 30 items) at cost (usually about \$.50 per respondent). The sponsoring agency will be responsible for the costs of photocopying and mailing the surveys and for costs incurred in conducting the public meeting.

For statewide applications or those with private organizations, the cost for implementing the Concerns Report Method will be negotiated.

#### **6. How can the data be used?**

Data from the implementation of the Method can be used in a variety of ways. Several of the more common uses are to set planning agendas for the sponsoring agency, to help justify maintenance or expansion of services, and to involve consumers in evaluating services and planning for their improvement.

#### **7. What is expected from the sponsoring organization?**

You will be expected to put together your mailing list, run a working group meeting to identify items for the survey, distribute the survey, return completed surveys to Work Group staff for data analysis, run the public meeting, and prepare a draft of the final report.

**8. What will be expected from the Work Group staff?**

Work Group staff will provide technical assistance and materials necessary to produce a local Concerns Report. The staff will prepare an original survey for duplication, conduct the data analysis, edit the final report, and otherwise assist in preparing a local Concerns Report.

**9. What can you expect from this handbook?**

This handbook provides virtually all the information required to implement the Community Health Concerns Report. Its chapters will describe how to put together a working group session, develop a concerns survey, distribute surveys, conduct a public meeting, and prepare a final report of the concerns identified in your applications.

## CHAPTER 2

### Introduction to the Concerns Report Method

Community health concerns, such as adolescent pregnancy or substance abuse, have led to citizen involvement in community coalitions and other health promotion initiatives. However, as with many community initiatives, there is a risk that the agenda will reflect narrow interests, such as those of service providers and not those of local citizens. Information about citizens' views of health concerns--and their ideas for improvement-- can assist in formulating a more responsive agenda that helps create and maintain citizen involvement in change efforts.

The Concerns Report Method uses surveys and public discussions to systematically identify the strengths and problems of local communities--and ideas for improvement--from the perspective of local citizens. Concerns Report data provides credible information about issues of importance to the constituents of key decision makers. Concerns report information can be used to affect decisions about programs, policies, and practices related to the group's mission.

Specifically, the Concerns Report Method involves community residents in selecting survey items relevant to local community health concerns. Representatives select survey items from an indices that contains about 300 possible concerns. The Index of Community Health Concerns includes such categories as injury prevention, heart disease, mother and child health care, teenage pregnancy, and other basic health issues. Each category of the index contains a number of specific items. For example, an item from the basic health issues category reads: "Communities sponsor free public health fairs offering cholesterol and blood pressure checks."

Citizens of a small working group choose approximately 30 items from the index. These items form the survey that is distributed to a representative number of identified citizens within the community.

Citizens rate each item, using 5 point-scales to assess the perceived importance of the selected issue and the citizens' satisfaction with the community's efforts on that issue. Work Group researchers use special computer programs to analyze the data. Average ratings are computed for "importance" and "satisfaction" for each survey item. Strengths--issues with high importance and high satisfaction ratings--and problems--issues with high importance and low satisfaction ratings-- are identified using this analysis.

Health advocates lead public meetings in which citizens, service providers, and leaders from other sectors of the community review and discuss identified problems and alternatives for addressing them. A final report is prepared describing the identified concerns and ideas for improvement. The report is then used in community health planning for the area.

The final section of this chapter provides a bit more detail on the Concerns Report process.

### **The 10 Steps in the Concerns Report Process**

The specific procedures used in the Concerns Report Method may be summarized in the following 10 steps:

- 1. Select/obtain members of a working group.** The health advocate creates a working group to select items for the local Concerns Survey. The working group, consisting of six to eight citizens, develops the Concerns Survey which forms the basis of the Method. Working group members must be representative of the entire group of citizens who will be completing the

survey. Relevant characteristics of working group members include age, gender, income, educational background, race and ethnic background, length of experience with the community, and other factors considered relevant by the citizen group. For example, if a substantial number of the area's citizens are low income or elderly, they should be heavily represented in the working group. (See Chapter 3 for more detail on selecting members of the working group.)

**2. Meet with the working group to select items for the community health survey.**

Members of the working group develop a 30-item survey by selecting items from the index, rewriting or combining items, or writing new items. The Index of Community Health Concerns contains several hundred items. The index lists issues that may be strengths and problems in the local community. Usually four to eight persons with health concerns are asked to review the index and to select approximately 30 issues that are important to them and to others in the group.

Health advocates lead a working group meeting in which "votes" for individual items listed in the index are tallied, and other important strengths and problems are identified and discussed. The working group meeting usually lasts approximately two hours and always results in a list of issues.

In some circumstances, health advocates may ask key decision makers to add items to a survey developed by a working group. For example, the director of the local health department, the mayor of a city, local health care providers, or members of the local hospital board might each choose a few items to appear on the surveys developed by citizens with health concerns. Thus, portions of the approximately 30 survey questions may be allocated to key decision

makers, perhaps enhancing their ownership of the resulting concerns agenda. (See Chapters 4, 5, and 6 for more detailed information.)

**3. Prepare the concerns survey.** Work Group staff then prepares a survey using the items specified by the working group in a standard format. The survey has two types of questions for each selected issue: one question inquires about the importance of the particular issue; the other, about the consumer's satisfaction with the community's efforts on this issue. For example, for an issue of the adequacy of basic health care services, a question might read as follows:

	Importance of the issue		Satisfaction with community's efforts	
	Not	Very	Not	Very
Basic health care services, such as regular check ups, are available and affordable.	0	1 2 3 4	0	1 2 3 4

**4. Administer the survey.** The local sponsor for the Concerns Report provides the prepared survey to as many local citizens as possible. Statistical sampling is usually inappropriate, since the goal of the Concerns Report Method is to involve as many citizens with health concerns as possible in the agenda-building process.

The survey is accompanied by a cover letter from the sponsors explaining the purpose of the process, indicating that participation is voluntary, that individuals' names will not be associated with the results, and that participants are free to withdraw at any time without threat of losing services. The average time to complete a 30-item survey is 15 minutes.

Several types of survey distribution have been used: Direct mailing, a drop box in service agencies, group administration, and individual administration by a health advocate. A variation of individual administration--door-to-door canvassing--has also been used for respondents who might have difficulty reading or using printed materials. In addition, adaptations are sometimes used for people with specific needs, such as people with visual impairments. The distribution method of choice will depend on the particular needs, resources, and return rate requirements of the participating group. Rates of return average about 10-20% for mailed surveys. (See Chapter 7 for more detail on administering the survey.)

5. Compute the results of the survey. Work Group staff enter data from the returned survey and verify data entry. The Work Group also prepares several kinds of data analyses with the assistance of computer facilities. The most basic data are the average percentage of importance and the average percentage of satisfaction that are reported for each survey item or issue. Importance and satisfaction ratings (i.e., 0, 1, 2, 3, or 4) are converted into percentage importance and percentage satisfaction ratings using the following formula:

$$\frac{4n(4) + 3n(3) + 2n(2) + 1n(1) + 0n(0)}{N(4)} \times 100 = \% \text{ Importance/satisfaction*}$$

\* The formulas used to compute percentage satisfaction/importance and to identify strengths and problems were developed by Don Bushell, Jr. based on his work with S.C.A.L.E. (School Clients Annual Local Evaluation).

Data in the form of % importance and % satisfaction (where 100% is the highest possible percentage importance/satisfaction and where 0% is lowest) are easily understood by citizens.

Tables ranking the items by average importance and satisfaction are prepared and included in the final report.

A brief (one-page) report is also prepared. This consists of a summary of the strengths (i.e., items with high importance and high satisfaction ratings) and problems (i.e., items with high importance and low satisfaction ratings). Strengths scores are computed using the following formula:  $S = I \times S$  (where I is the importance score and S the satisfaction score). Problem scores are computed using the following formula:  $P = I(I-S)$ . The top strengths and problems are listed on a one-page brief report that serves as a concise statement of the issue agenda identified by citizens. An overall approval rating for the community is also reported; this is based on the average satisfaction score for all items. These data permit a comparison among communities on the perceived satisfaction of citizens with the issues that citizens with community health concerns define as important. A summary of the demographic data gathered will also be provided, as well as a one-page overall summary of the highlights of both the concerns analysis and the demographic data. The latter can be used as a basis for public meeting announcement, press release, or other publicity for public meetings.

Work Group staff return the results to the sponsoring organization for use in conducting public meetings.

**6. Conduct a public meeting.** The local sponsor arranges a public meeting in which citizens are invited to discuss the dimensions of each community health issue and to suggest alternatives for preserving the main strengths and for remediating the main problems that were identified.



Health advocates use the data displaying the items ranked by average satisfaction to focus discussion. Following a brief review of the main strengths and problems that were identified, advocates lead a separate discussion of the details of each important issue. The discussion focuses on two aspects: 1) the dimensions of the issue, and 2) the alternatives that might be used to enhance the strengths or alleviate the problems.

A staff member from the sponsoring organization serves as a discussion leader. After the meeting, a one-page narrative for each issue discussed by the group is prepared from notes recorded during the meeting. This narrative makes up the problem-solving discussion portion of the final Concerns Report. (See Chapters 8, 9, and 10 for details on conducting public meetings and preparing a report on what was learned.)

7. **Prepare the concerns report.** Health advocates collaborate with Work Group staff to produce a Concerns Report that summarizes the main findings and prompts action on identified concerns and consumer-generated alternatives.

The final report consists of several sections:

- a. *An executive memo.* This one- or two-page narrative is patterned after the issue papers prepared for executive decision makers. It summarizes the main strengths, problems and ideas for improvement from the perspective of citizens with health concerns.
- b. *A brief report.* This one-page data report (described later) summarizes the importance and satisfaction ratings for the main strengths and problems and includes a graphic display of the overall approval rating for the community.

- c. *A data table.* A table that displays the ranking of all items by average satisfaction is also included.
- d. *A problem-solving discussion report.* This section summarizes in outline form the discussion of the dimensions of the problem and ideas for solutions. Each issue that was discussed is summarized on a separate page.
- e. *Demographic data and other displays.* Demographic information such as gender or income of the respondents is presented to indicate who has responded to the survey. In addition, other displays, such as a copy of the complete survey and available test-retest reliability results are included.
- f. *Follow-up planning sheets.* This section contains questions that prompt action on each identified issue and each identified alternative.

The Concerns Report is designed to provide a blueprint for action for citizens with health concerns, health care professionals, advocates, administrators, policymakers, and others interested in facilitating improvements in community health. (See Chapter 11 for detailed instructions on preparing a final report.)

**8. Provide for open communication of the results.** The sponsoring organization disseminates copies of the Concerns Report to all interested parties through active and planned distribution. We recommend that reports be provided to the public library and to newspaper contacts who may prepare features or news stories that communicate key issues and ideas for improvement to the general public. The sponsoring organization and health advocates have a responsibility to those participating to communicate the findings to the general public and to

relevant decision makers such as agency executives, elected officials, and relevant advisory committees.

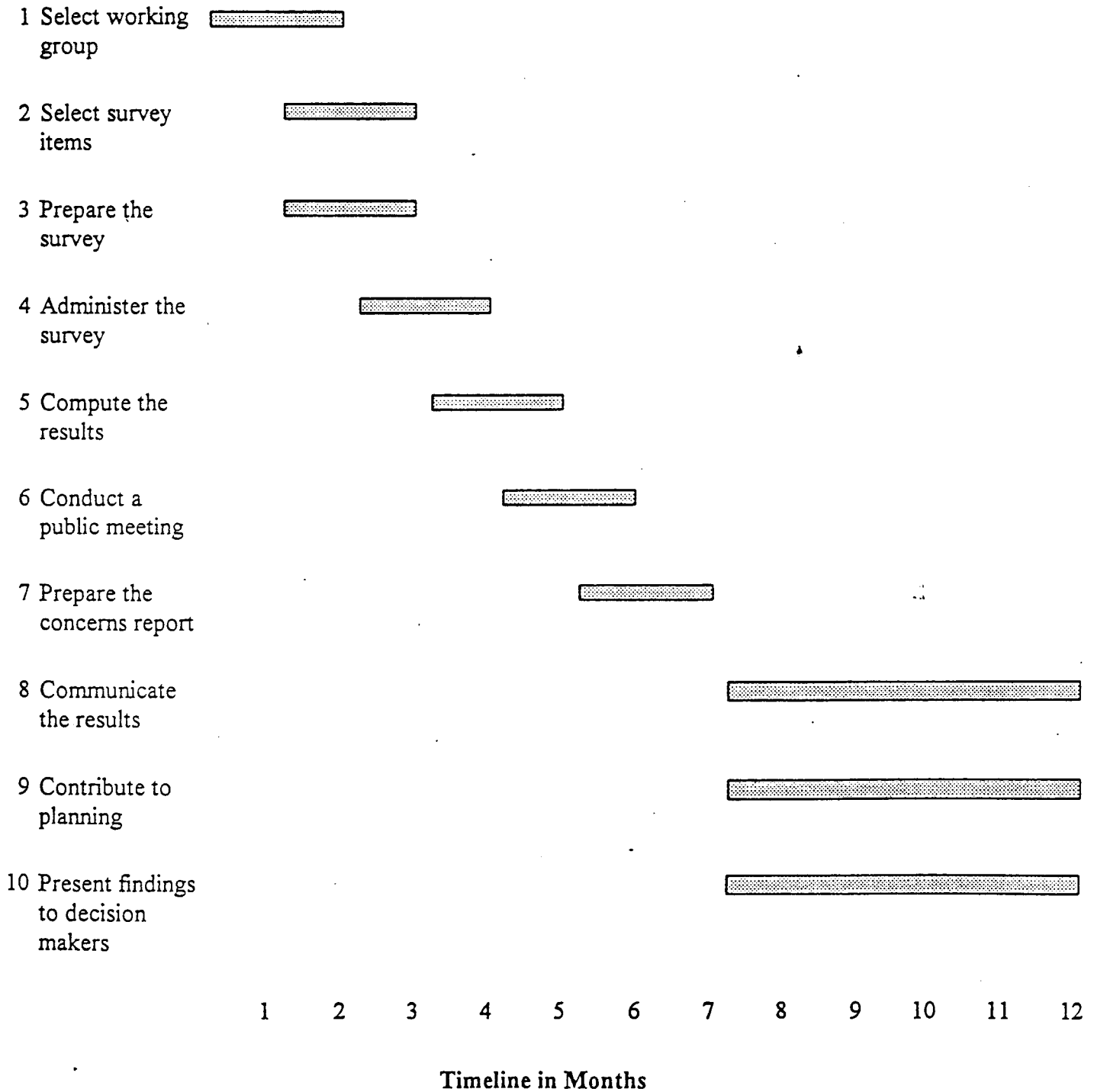
**9. Contribute to planning sessions for implementing the findings.** We recommend that a health advocate or other representative of the sponsoring organization send a cover letter to decision makers receiving the report. They may offer assistance in planning to implement the findings. (See Chapter 12 for a more complete discussion of the planning process.) The action planning sheets contained in the Concerns Report can provide a basis for subsequent planning for implementation of the findings.

**10. Present the Findings When Relevant to Subsequent Decisions.** Timely presentations of all or part of the findings may affect decisions about resource allocations. Concerns data have been used to affect decisions about the distribution of resources such as United Way funds, revenue sharing monies, Community Development Block Grant Funds, and city and county funds. Concerns Report information may also be used to affect policies such as those regarding enforcement of sales of alcohol to minors. It may also be used to support new programs such as the extension of home health care and hospice services. Sponsoring organizations have a responsibility to scan the environment for opportunities to have an impact on such decisions.

These 10 steps in the Concerns Report Method are designed to gather and apply information about community health issues from the perspective of local citizens. Reporting the data in a clear and simple form helps promote mutual understanding about shared concerns.

Active dissemination of the final report helps promote adoption of these concerns on the public agenda and encourages constructive actions by citizens. The chart on the following page provides an overview of the steps of the Concerns Report Method and approximate time lines.

## The Ten Steps of the Concerns Report Method





## CHAPTER 3

### Characteristics to Consider in Selecting Working Group Members to Choose Survey Items

This section describes important characteristics to consider in selecting members of the working group who will choose items for each community health survey. This information should help you select 6-8 representatives from the entire group of citizens with health concerns in the community. For statewide applications, a somewhat larger group might be assembled that represents different public agencies, geographic areas, and interest groups.

The working group will choose about 30 items for the survey from those listed in the index. To help ensure that relevant survey items are selected, working group members should be similar to, and representative of, the entire community. For example, if the community includes people who have experienced substance abuse or cancer, the working group should include members with these health conditions. Similarly, if a significant number of the community's citizens are African-American or low-income, these groups should be reflected in the working group. In this way, the working group may be able to select survey items that reflect the concerns and values of the broader community of citizens who will respond to the survey.

#### 1. Possible sources of working group participants.

- \* Suggestions from health advocates.
- \* Suggestions from the local health planning council or staff and/or administrators of health and human service agencies.

\* Volunteers from the agency's consumers or from other organizations whose mailing lists are going to be included in the study.

## **2. Characteristics to consider when selecting participants.**

\* Consider those characteristics that are descriptive of the entire group of citizens who will be asked to complete the survey. (Note: if a number of members of the community are low-income, this is an important, although less obvious, characteristic to select for.)

\* Select members who (collectively) represent the entire group in terms of health concern, income, sex, age, educational background, employment, living conditions, and community leadership. Your group may also see other demographic variables as relevant.

\* If you are unable to choose working group members yourself, you should review this list of characteristics with the person who does.

\* Select people who have experience living in the community and with the community health issues that will be addressed in the report.

\* Remember that participation in the working group is completely voluntary. No one can or should be forced to participate should he or she choose not to be involved.

## **3. Things to send participants of the working group.**

\* Once you have selected group participants, call or write a letter describing the purpose of the survey, and invite them to participate in a two-hour working group meeting.



\* Send a letter and a copy of the index to participants in the working group. Ask them to review the index of issues and to select no more than 20 items that may reflect to them an issue of concern. Stress the importance of selecting both problems and strengths of the community. (Note: Although we ask individual working group members for only 20 recommended issues, the final survey, with input from all group members, will include close to 30 items.

\* Send participants a copy of the Community Health Concerns Index and instructions at least 1 week before the meeting.

\* Include in your letter the time and day of the meeting and who to contact for questions. (See sample letter at the end of this chapter).

\* If a person with a severe visual impairment is participating in the working group, please send him or her a taped copy of the index and instructions.

#### 4. Things to get ready for the meeting.

\* If possible, arrange a snack (e.g., coffee, drinks, cookies) to have ready during the working group meeting.

\* If necessary, arrange transportation for working group participants.

\* Talk with working group members before the meeting to explain what will happen during the meeting. Remind them to bring a completed set of recommended issues to the meeting.

Emphasize again that, although many of the issues in the index may seem very important, they must select only 20 that they consider to be the most important to recommend at the meeting.

- \* Be sure you have a recorder to take notes at the working group meeting.
- \* Be sure to arrange accommodations for members with disabilities in the group.

**5. One or two days before the meeting:**

- \* Telephone the working group members to verify transportation arrangements, time and place of the meeting, and to remind them to have 20 items selected before the meeting.

## SAMPLE LETTER

To members of the Working Group that selects survey items

January 19, 1999

Dear (person's name):

The (name of sponsoring organization) will be conducting a survey of the community health concerns for citizens of (name of community). The purpose of this survey is to help our community identify both the community health strengths and problems in our community, organize to discuss issues identified in the survey, and plan ways to improve the community. We will present this information to decision makers and service providers. This information can then be used to improve services, remove barriers, and implement programs to help address health concerns.

We would welcome your help in putting this survey together. There will be a meeting on (date) at (location) at (time). We have enclosed a copy of the index listing possible items to use on the survey. At this meeting, a working group will discuss the items and decide which ones to use for the survey. If you would like to take part in this meeting (it will last approximately 2 hours), we ask you to look over the index and choose up to 20 items that are important to you and that you think would be important to other people in our community. You may change the wording of an item or add new items that are not in the index.

You may mark the index to choose, reword, or add items. If you add an item, add it at the end of the appropriate category. Remember to choose items representing strong points which are important to you as well as problem areas. Many items may seem very important to you, but you must choose only 20 to recommend for the final survey. There are (number) other members of the group, and we hope to have a final survey of manageable length in the 2 hours time we have set aside. If you cannot attend the meeting, you may give your marked index to (contact person), and your choices will be heard. But it is much better if you can come personally and speak for your own choices and ideas in the group discussion.

We look forward to working with you. If you have any questions or need transportation or other assistance in preparing for or attending the meeting, please call (contact person).

Sincerely,

(Contact Person)

## Self-Guided Checklist

### Getting Ready for the Working Group Meeting

(Check off each activity as you complete it.)

#### TASKS:

1. Select working group members. \_\_\_\_\_
2. Write letter to be sent to working group members. \_\_\_\_\_
3. Send cover letter and copy of Concerns Report Index to each working group member. \_\_\_\_\_
4. Reserve meeting room. \_\_\_\_\_
5. Arrange for refreshments. \_\_\_\_\_
6. Arrange necessary transportation. \_\_\_\_\_
7. Arrange for accommodations for people with disabilities. \_\_\_\_\_
8. Arrange for a recorder to take notes on the working group meeting. \_\_\_\_\_
9. Phone working group members 1 or 2 days before the meeting to answer questions and verify attendance and arrangements. \_\_\_\_\_
10. Remind members to select 20 items before the meeting. \_\_\_\_\_

## CHAPTER 4

### Conducting a Meeting in Which Working Group Members Select Survey Items

The purpose of this section is to provide some guidelines on how to run a meeting in which representatives select items for the survey of community health concerns. The meeting will be led by a member of the sponsoring organization. It will be attended by the 6 to 8 representative citizens who agreed to participate in the working group.

Here is a list of materials that are needed to conduct the meeting:

- \* One copy of the Index returned from each participant with noted item selections, edited items, and/or additional items they wish to add.
- \* One pencil or pen for each participant.
- \* One sample survey (see Appendices B & C).
- \* One sample one-page report (see Appendix D).
- \* One sample final report (see Appendix H).
- \* One private room with enough chairs, tables, or desks.
- \* A flip chart or chalkboard.
- \* Refreshments.

## Working Group Meeting Activities

1. **Introduce yourself and your partner.** For example, "My name is \_\_\_\_\_, I'm here tonight with my colleague \_\_\_\_\_. We'll be leading tonight's meeting to select items for the survey of community health concerns."

2. **Describe your affiliation with sponsoring organization.** For instance, "We are working with (name of sponsoring organization) to try to help identify strengths and problems in community health as seen by citizens."

3. **Explain the purpose of the method.** For example you might say, "The reason we are collecting this information is to better inform advocates and decision makers of strengths (community health aspects that should be preserved) and problems (community health issues that should be addressed). In addition, the results can be used to plan for improvements in community health that may benefit all local citizens."

4. **Introduce the survey development process.** To illustrate, "The way we plan to collect this information is through the use of a survey that will be distributed to all interested citizens in the community. However, unlike other consumer surveys or needs assessments that are developed by administrators or staff, this survey will be developed by you!"

5. **Describe the role of the working group.** Indicate that the job of the participants is to choose items for the survey. For example, "Tonight, we ask you to serve as representatives of

all the citizens who will receive this survey, to please select items that reflect important health issues from your experience. Choose important community strengths as well as problems. We will tally each of the 20 items you have selected. From the combined selection, we will discuss and select a final set of no more than 30 items that will appear on the final survey."

**6. Show and describe a sample survey.** Hold a copy of a sample survey (Appendix B), and describe the survey format. For example, "After you have selected survey items for the group, we will take the items and put them on a survey that will look like this (hold up survey). As you can see, the survey will ask about: a) the importance of the issues and b) your satisfaction with the community's efforts. (Read item #1 to illustrate how people will complete the two questions).

**7. Show and describe a one-page report.** Hold up a copy of a one page-report of community health concerns (Appendix D), and describe how strengths and problems are identified and discussed at the town meeting. For example, "In the survey results we get back, those items that get high importance and low satisfaction ratings will be described as relative problems. For example, (read a few problems from the one-page report). Those items that receive high importance and high satisfaction ratings will be described as relative strengths. For example, (read a few strengths from the report). These results will be first publicized in the form of an announcement for town meetings. The purposes of the town meeting are to allow local citizens a chance to discuss strengths and problems and their ideas for improving community health."

**8. Show and describe the final report.** Hold up and briefly describe the summary of the discussion (Appendix H). For example, "A final report will summarize the discussion of these items, provide copies of all distributed materials, and provide planning sheets for change. The final report will be made available to all interested citizens and later presented to each relevant group of decision makers."

**9. Describe the guidelines of the survey development process.**

\* State the maximum number of items that the group can select. In most cases, this will be 30 items. If decision makers are also invited to submit supplemental items (see Chapter 5), this number should be deducted from 30 to set a goal for the working group.

\* Invite participants to combine items or make new items to best represent their concerns and those of others in their community.

\* Remind participants to identify both strengths and problems.

\* Encourage participants to identify concerns of others who may have different concerns than those represented in the group.

\* Remind the participants (and yourself!) that you only have 2 hours to discuss all the marked items!

**10. List chosen items on a flip chart or writing board.**

\* Recruit a group facilitator or a member of the support staff to record chosen items on a flip chart or writing board.

\* Ask each member of the group for the 20 items selected.

\* Record the number of votes by category and item number.



**11. Discuss each item beginning with those that received the most votes.**

- \* Read the item to the group (start with the items with the most votes, and then continue with items for which there was less agreement).
- \* State the number of votes each item received.
- \* Ask if the item is important enough to be included in the survey.
- \* If yes, circle the item.
- \* If no, omit.
- \* Ask whether the item's wording captures the local concern, such as, "Does this item get at what's going on in our community?"
- \* If appropriate, modify the item to fit the local concern.

**12. Repeat the discussion process (step #11) with items receiving fewer votes until all items that received at least 1 vote have been discussed.**

- \* Be sure that every item that received at least 1 vote gets discussed!
- \* Provide an opportunity for members to defend and lobby for the inclusion of important items receiving only a few votes.

**13. Read the category titles from which no items were chosen**

- \* Point out that there are a number of topics that are not addressed by the items selected. Read category titles for which no items were chosen.
- \* Do not force the group to select items from these categories.
- \* If the group decides to add an item or two from these categories, add the resulting item(s) to the list of survey items.

14. **Option A:** If you now have approximately 30 items, proceed to step #16. **Option**

**B:** If you now have more than 30 items, reduce the number of items.

\* Remind participants that the longer the survey, the lower the number of people who will take the time to complete it. Try to keep only 30 items.

\* Review the list of items within a category, taking one category at a time.

\* Ask if some items are redundant within that category. Ask if they could be dropped.

\* Ask if some items overlap in content. Ask if they could be combined into one item.

(This is not a desirable alternative, since it may complicate later discussions of the issue.)

\* Ask if some items are less important. Ask if they could be dropped. \*

15. **Conduct a final check on the item selection.** Ask the group the following

questions:

\* Are the most important community problems included in this survey? If not, what must be added?

\* Are the most important community strengths included in the survey? If not, what must be added?

\* Are there any duplications? If yes, should we drop an item?

\* Is there more than one issue combined/confused in one item? If yes, how can we separate the issues into separate items?

\* Does the wording for each item accurately reflect the intended issue? If not, how can it be reworded?

\* Is each item clearly stated and easy to understand? If not, suggest an alternative wording and check for approval.

**16. Collect all materials from the group. Collect all Concerns Indices, pencils, etc.**

[IMPORTANT: Return all copies of the Community Health Concerns Index to the Work Group.

The Work Group will use them to improve the Index and make improvements in the survey process.]

**17. Thank the group for their participation and make closing comments.**

\* Inform the group that the formal typed community health survey will be mailed out to all interested citizens in approximately 4 weeks. If supplemental items will be added by decision makers (see Chapter 5), explain this to the group.

\* Ask working group members if they are willing to be involved in other phases of the process, including the distribution of surveys, planning the public meeting, or later planning sessions to address identified concerns. If they are interested, take their names and phone numbers for further contact.

Self-Guided Checklist

**Conducting a Meeting In Which Working Group  
Members Select Survey Items**

(Please check each activity after you have completed it.)

**Tasks:**

1. Introduce yourself and your partner. \_\_\_\_\_
2. Describe your affiliation with the sponsoring organization. \_\_\_\_\_
3. Explain the purpose of the Method. \_\_\_\_\_
4. Introduce the survey development process. \_\_\_\_\_
5. Describe the role of the working group. \_\_\_\_\_
6. Show and describe a sample survey. \_\_\_\_\_
7. Show and describe a one-page report. \_\_\_\_\_
8. Show and describe the final report. \_\_\_\_\_
9. Describe the guidelines for the survey development process. \_\_\_\_\_
10. List items chosen by each group member on a flip chart or writing board. \_\_\_\_\_
11. Discuss each item, beginning with those that received the most votes. \_\_\_\_\_
12. Repeat the discussion process (step #11) with items receiving fewer votes (e.g., 4 votes, 3 votes, etc.), until all items that received at least 1 vote have been discussed. \_\_\_\_\_

Self-Guided Checklist  
(Continued)

- 13. Read out the category titles from which no items were chosen. \_\_\_\_\_
- 14. Option A: If the group has approximately 30 items, proceed to step #16. \_\_\_\_\_
- Option B: If the group has more than 30 items, reduce the number of items. \_\_\_\_\_
- 15. Conduct a final check on the item selection. \_\_\_\_\_
- 16. Collect all materials from the group. \_\_\_\_\_
- 17. Thank the group for their participation, and make closing comments. \_\_\_\_\_

## CHAPTER 5

### Inviting Selected Decision Makers to Submit Supplemental Survey Items

The sponsoring organization may invite key decision makers to select items for the survey. A portion of the items--probably not more than 5 items total--may be chosen by one or more decision makers. Key decision makers may include the director of the local health department, administrators of local social service agencies, elected or appointed city or county officials interested in health concerns, business leaders interested in health issues, and representatives of boards that make decisions about local funds such as United Way or the Community Development Block Grant Advisory Board. The decision of whom to include may be based on factors such as the prospect for building partnerships among organizations interested in these issues or for gaining access to resources at the city, county, or state levels.

If key decision maker(s) are invited to select items, the following activities may be necessary:

- 1. Write a letter of invitation to key decision makers.** Send a letter to key decision makers, describing the process, its uses, and the intent of the survey. This may be an indirect way of informing them about the planning effort in community health promotion. Indicate that you will call to invite them to submit items for the survey.

- 2. Call the key decision makers and introduce yourself and your affiliation.**

Describe your involvement with the sponsoring organization.

**3. Describe the survey process briefly.** For example, "We are working with several citizens in the community to develop a survey of community health concerns. The survey results will yield a list of community health strengths, problems and ideas for improvement from the perspective of local citizens."

**4. Describe the usefulness of the concerns report method for the decision makers.** For instance, "This list of strengths and problems may be useful to interested decision makers, like yourself. The data can help guide our planning for positive change for a variety of community health concerns such as substance abuse or adolescent pregnancy."

**5. Ask the decision maker if they have any particular topics/concerns that they would like to have appear on the survey.** Encourage the decision maker to include items that he/she is especially interested in with regard to community health concerns. For example, "I'm calling to invite you to add an item or two to appear on the survey that will be distributed to citizens in the community. For example, if you are interested in decreasing the number of farm related injuries or the number of teen pregnancies, you may want to include a survey item reflecting these concerns."

**6. Adapt the chosen items using wording that corresponds to an item in the index.** Review the index to select an item that is similar to the issue of interest to the decision makers, so that it can be answered using the survey format (i.e., "Importance of the issue...." and "Satisfaction with the community's efforts...."). Create a new item only as a last resort.

**7. Describe the upcoming phases in the process.** For instance, "Once the results of the survey are analyzed and discussed in public meetings, we will send a final report for your review and consideration."

**8. Make closing remarks.**

- \* Thank the decision maker for his/her participation.
- \* Ask if he/she would like a copy of the results of the survey of community health concerns.
- \* Request an opportunity to talk again.



Self-Guided Checklist

**Inviting Selected Decision Makers to Submit  
Supplemental Survey Items**

(Please check each activity after you have completed it.)

**Tasks:**

1. Write a letter of invitation to key decision makers. \_\_\_\_\_
2. Call key decision makers and introduce yourself and your affiliation. \_\_\_\_\_
3. Describe the survey process briefly. \_\_\_\_\_
4. Describe the usefulness of the Concerns Report Method for the decision makers. \_\_\_\_\_
5. Ask the decision makers if they have any particular topics/concerns that they would like to have appear on the survey. \_\_\_\_\_
6. Adapt the chosen items using a wording that corresponds to an item in the Index. \_\_\_\_\_
7. Describe the upcoming phases in the process. \_\_\_\_\_
8. Make closing remarks. \_\_\_\_\_

## CHAPTER 6

### Preparing the Community Health Survey and Demographic Information

The steps required to put together the survey follow:

#### 1. Prepare a list of chosen survey items.

- \* Please list the chosen items by category and item number.
- \* Note any new or modified items.
- \* The survey should not have more than 30 items unless otherwise negotiated with the

Work Group on Health Promotion and Community Development. Remember, if the survey has too many items, fewer people will complete it, and there will be an additional cost for data entry.

#### 2. Select demographic information to be included.

- \* Select items from the demographic "menu" that you want included on your demographic page (see Appendix C).

- \* Code the items, using one of the following optional formats.

Option A: For those items where individuals are to select only one of the answers provided (e.g., "Are you a registered voter?" or "male" or "female"), number each answer sequentially beginning with #1, 2, 3.....and so on.

Option B: For those items where individuals may select more than one answer you should number each answer with the #1.



3. Send the completed list of chosen items and demographic information to the Work Group. Once the completed item selection sheet and the demographic information are ready, please send them to the Work Group. The Work Group will review the items before inclusion in the final survey.

Once the working group and other decision makers have chosen the items, we are ready to put together the survey of community health concerns. The survey consists of two parts. The first part of the survey has the chosen 30 items. The second part of the survey consists of the demographics page. This information will provide the sponsoring organization with a profile of those citizens who answered the survey.

Self-Guided Checklist

**Preparing the Community Health Survey  
and Demographic Information**

(Please check each activity after you have completed it.)

**Tasks:**

1. Prepare a list of chosen survey items. \_\_\_\_\_
  
2. Select demographic information to be included. \_\_\_\_\_
  
3. Send the completed list of chosen items and demographic information to the Work Group. \_\_\_\_\_

## CHAPTER 7

### Distributing and Collecting Surveys

This chapter describes suggestions for distributing and collecting community health concerns surveys. Careful attention to these steps should increase the number of surveys that are returned. The health advocates should review relevant points with collaborating agencies and active members of the original working group.

The first section of this chapter reviews strategies and activities for distributing the survey. The second section includes methods for collecting returned surveys.

#### **Distributing the Survey**

There are several strategies for distributing surveys. After reviewing them, select the strategy or combination of strategies that best fits your circumstances. The most common strategy--distribution by mail--is described in more detail. Other strategies--using drop boxes in service agencies, group administration, door-to-door canvassing, and media distribution--are described more briefly.

#### **Distributing Surveys by Mail**

The most common strategy for distributing surveys is direct mailing to people whose addresses are known. The following materials are needed to do direct mailing:

\* Mailing labels or a mailing list. If for the entire community, city billing lists for water bills might be used. Mailing lists for relevant agencies are particularly useful. Good resources

might include citizens of the public health department, relevant United Way agencies, Salvation Army, or other agencies serving people with health concerns.

- \* Two business envelopes for each participant (one for outgoing mail and one for return of the survey).

- \* One copy of the typed survey, demographics sheet, and cover letter for each participant.

- \* Stamps and supplies for whatever outgoing and return postage methods are being used.

Here's a list of activities involved in distributing the survey by mail:

1. If client mailing lists are used, obtain permission from the director of the participating agency or group before mailing.

- \* Present a sample survey, demographic sheet, and cover letter that contains the informed consent statement.

- \* Invite any changes to further ensure protection of the agency's clients.

- \* Be sure that any citizen whose physical or mental health may be "at risk" by participating in the Concerns Report Method is excluded from the list. Rely on the discretion of the director or health advocate to decide. If a citizen is excluded, obtain an explanation for exclusion. Exclusion of persons critical of the agency's services should be viewed with skepticism.

- \* If you have additional questions, contact the Work Group staff.

2. Obtain a list of the names and addresses of citizens who might participate in the survey.

- \* If the agency does not have prepared mailing labels, take their available list, and make a copy for this purpose
- \* If necessary, have the list of available names and addresses typed onto mailing labels.
- \* Keep the copy in a locked file where no one will see it.
- \* Prepare 2 sets of mailing labels for each identified person.
- \* Be sure to cross off all names that are to be excluded from participating for reasons of risk to their physical or mental health.

3. Obtain mailing lists from other agencies (if desired).

- \* Contact other agencies who have clients with health concerns and obtain mailing addresses for these clients.
- \* Explain the Concerns Report Method to them (see Chapters 1 and 2).
- \* Request a copy of their mailing lists to use in the survey.
- \* If the other agencies are unwilling or unable (due to confidentiality) to provide you with their mailing lists, ask them if they will distribute surveys for your organization if you provide them with the necessary materials.
- \* If they agree, provide them with copies of the cover letter, surveys, envelopes, and stamps.
- \* Code the surveys with either number or letter codes so surveys can be traced to the agency or organization from which they were distributed.



- \* Arrange for each agency to keep a record of how many surveys they distributed and received.

- \* Provide instructions on how to distribute the surveys.

- \* Check with each agency occasionally to see how survey distribution is going.

- \* Collect undistributed and returned surveys from each agency on the return date and later as necessary.

4. Make enough copies of the survey and demographic sheet for each identified person. Put these copies with the mailing labels.

5. Code the surveys and the list of participants, if necessary.

- \* If you plan to collect information on test-retest reliability, it is necessary to code respondents by identifying number. To do so, number each name on the list (e.g., 001, 002, 003, etc.).

- \* Number each survey and demographic sheet with a corresponding number.

- \* Put the coded mailing list and coded surveys in a stack.

- \* Also code by area, if desired (e.g., Butte area, Helena area, Billings area, etc.).

6. Complete the cover letter.

- \* Refer to the following sample cover letter and adapt it for your use.

- \* Have the letter typed onto agency letterhead (If nonprofit mailing rates are to be obtained, this must be a nonprofit organization).

- \* Make enough copies for each participant on the mailing list.

- \* Hand write an opening greeting with each participant's name on a letter, such as

"Dear Mr. Jones."

- \* Sign the letter.

SAMPLE COVER LETTER TO GO WITH THE SURVEY  
(Use letterhead of sponsoring agency.)

WHOLESOME CITY NEEDS YOUR HELP!

Your opinion about the health concerns here in Wholesome City is important, so we are asking for your help. The information you can give us will be used to develop laws and policies and improve services which can benefit you. Please take 10 minutes of your time right now, and complete and return the enclosed survey.

This survey identifies community health issues that may be important to people in our community. If you need help reading or completing the survey, ask a friend or family member to assist you. You do not have to complete this survey to receive any services or benefits you get. It is completely voluntary on your part. Your answers will be kept confidential.

Instructions: In the first column, circle the number that shows how important each issue is to you. In the second column, circle the number that shows how satisfied you are with your community's efforts to address the issue. If you find an item that does not apply to you, leave both columns blank.

EXAMPLE:	Importance of the issue					Satisfaction with the community's efforts				
	not		very			not		very		
	0	1	2	3	4	0	1	2	3	4
1. Firearms are kept out of reach of children.										

In the example, the person filling out the survey saw the firearms issue as very important and was only somewhat satisfied with the community's efforts to address this issue.

Please read each of the (number) items in this survey, and circle the numbers to indicate the importance of each issue and your satisfaction with the community's efforts. The last part of the survey asks for information about you. Please return the completed survey.

Thank you for taking the time to complete the survey. We hope to use this information to improve the health of the citizens of Wholesome City. We appreciate your help.

Sincerely,

---

Health Advocate

**7. Prepare two business-size envelopes for each identified person.**

\* Address one of the pair of envelopes to each citizen, using the mailing labels and the sponsoring agency as the return address.

\* Address the second envelope using an address stamp for the sponsoring agency as the mailing address and the return address. These envelopes will be placed inside the other envelopes so that respondents can return their surveys by mail.

\* Place sufficient postage on each of these envelopes.

**8. Stuff the envelopes with all survey materials.**

\* Into each envelope place:

\* One cover letter, ideally with the name of the participant in the opening greeting.

\* One survey. (If coded surveys are used, be sure that the survey matches the name on the cover letter and on the mailing label envelopes).

**9. Stamp and mail survey envelopes.**

\* Note that reduced postage rates may be obtained for bulk mailing. Even lower rates may be available if the organization sponsoring the survey is nonprofit. Note that to obtain nonprofit rates, the letterhead of a nonprofit organization must be used. Check with your local post office for details.

**Other Strategies for Distributing Surveys**

Although direct mailing is a particularly effective strategy for distributing surveys, other approaches may be more appropriate for particular local conditions. For example, for agencies

with relatively frequent (at least once a month) contact with the majority of its clients, drop box in the agency may be quite appropriate. Several ways to distribute surveys in different settings are described below:

**1. Drop box in the service agency.** Agencies with relatively frequent contact with clients--perhaps once a month--may find it helpful to set up a drop box in their agency. For sponsoring agencies with an incomplete mailing list, this may also be a good option. This may also be a good way to contact clients of other health-related agencies who have little contact with the sponsoring agency.

Here are some of the major activities involved in using a drop box for distribution:

- \* Set up a box in the agency (or agencies) where completed surveys can be deposited.
- \* Place a sign in the agency to encourage individuals with health concerns to fill out a survey.
- \* Explain the purpose of the survey.
- \* After the survey is filled out, ask the individual to put it in the drop box.

**2. Group administration.** For sponsoring organizations that have large group gatherings, providing surveys to all citizens who attend a particular gathering may be an efficient form of distribution. Gatherings might include those of the WIC (Women Infants and Children) Program, immunization clinics, commodity food distribution sites, health fairs, and congregate meal sites for older adults.

There are several activities involved in group administration of the survey:

- \* Obtain permission to get on the agenda of the group (set date and time--allow about 15 to 30 minutes).
- \* Provide each individual with a survey.
- \* Explain the purpose of survey.
- \* Distribute the surveys, answer questions, and collect completed surveys.

**3. Door-to-door canvassing.** For individuals who cannot come to the agency and who have difficulty reading or using written materials, going to the home may be most appropriate. A sponsoring organization in a rural area with a number of clients who are illiterate found this distribution method particularly helpful.

There are several steps involved in this approach:

- \* Travel to the homes or institutions where citizens with health concerns live.
- \* The facilitator should provide any assistance needed filling out the survey (e.g., clarifying parts of the survey, answering questions, reading and/or explaining items to the individual).
- \* Collect all the completed surveys.

**4. Media distribution.** For sponsoring organizations with incomplete mailing lists or which have only moderate contact with citizens, media distribution through newsletters or newspapers might be considered. This might be particularly appropriate for new organizations

that are attempting to identify potential clients. Two common media approaches involve using agency newsletters or local newspapers.

Here's an overview of activities involved in each approach:

- \* For each agency newsletter, obtain permission to attach a copy of the survey, and prepare a brief explanation of the survey to be included in the newsletter.

- \* For a local newspaper or teleshopper advertising paper, negotiate a price for printing the survey and obtain the money (perhaps through sponsorship by local businesses) for it. The survey advertisement should include an explanation of what it is, who should return it, how and when it should be completed, and to whom it should be returned.

5. **Set up a booth downtown or at a shopping mall.** Public booths provide an opportunity to get some exposure for your organization. They will also permit some direct contact with citizens who would be appropriate to respond to the survey and who might also benefit from involvement with the organization.

6. **Support for Citizens Who are Deaf or Blind.** Clients who have severe hearing or visual impairments may have difficulty understanding and completing the survey. Interpreters should be available to explain and conduct the survey for interested people with disabilities. Such support might be available through your organization or as part of the program of regular meetings of disability organizations. Survey adaptations should be developed for special populations, such as developing audiotaped or Braille surveys for people with severe visual impairments.

**7. Combined methods for distribution.** These distribution methods may be combined or adapted as appropriate. If more than one distribution method is used, each survey should include instructions that each citizen should complete only one survey. The survey distribution method used will depend on the particular needs, resources, and return rate requirements of the sponsoring organization and its clients.

### **Collecting Community Health Concerns Surveys**

Soon after surveys are distributed, some of them will begin to arrive at the sponsoring organization. There are a number of provisions that can be made to ensure orderly collection and to prompt their return.

Some recommended activities follow:

#### **1. Gather incoming surveys collected at participating sites.**

\* A representative of the sponsoring organization should collect incoming surveys from participating sites. He or she should also call or drop by collection sites periodically and pick up any returned surveys.

#### **2. Review returned surveys**

\* Note surveys that are incomplete, completed in an identical way, or otherwise potentially problematic. Use the coded mailing list to attempt to identify and solve any problems resulting from improper distribution.

\* Note surveys returned for improper mailing address. If possible, find the correct address, and mail it out again.



**3. Secure a larger return, if necessary.** If less than 10% of the distributed surveys are returned, try to secure a larger return rate by using one or more of the following strategies:

- \* Send a reminder to all or a random sample of people on the mailing list.
- \* Contact the local newspaper and request an article on the survey, submit a letter to the editor about it, or publish an announcement about the survey. (Include the purpose of the survey, agency name, address, phone number, and contact person.)
- \* Contact the local radio station to run announcements inviting citizens to participate in the survey.
- \* Invite citizens to participate in the survey through announcements in local agency newsletters, consumer group meetings, and public community events.
- \* Invite active consumers and advocates to help distribute surveys and announce the survey through word of mouth.
- \* Post announcements of the survey in public places (e.g., public library, grocery stores).

**4. Collect and send off returned surveys to the Work Group.** Send all returned surveys to the Work Group staff.

Self-Guided Checklist

Distributing and Collecting Surveys

(Please check each activity after you have completed it.)

Tasks:

Distributing the survey

Distributing surveys by mail:

1. If client mailing lists are used, obtain permission from the director of the participating agency or group before mailing. \_\_\_\_\_
2. Obtain a list of names and addresses of citizens who might participate in the survey. \_\_\_\_\_
3. Obtain mailing lists from other agencies (or do steps 4-8, and give them enough surveys to mail themselves). \_\_\_\_\_
4. Make enough copies of the survey and demographic sheet for each identified person. \_\_\_\_\_
5. Code the surveys, if necessary. \_\_\_\_\_
6. Complete the cover letter. \_\_\_\_\_
7. Prepare 2 business-size envelopes for each identified person. \_\_\_\_\_
8. Stuff the envelopes with all survey materials. \_\_\_\_\_
9. Stamp and mail survey envelopes. \_\_\_\_\_

Self-Guided Checklist  
(Continued)

**Other strategies for distributing surveys:**

1. Drop box in the service agency. \_\_\_\_\_
2. Group administration. \_\_\_\_\_
3. Door-to-door canvassing. \_\_\_\_\_
4. Media distribution. \_\_\_\_\_
5. Set up a booth downtown or at a shopping mall. \_\_\_\_\_
6. Support for citizens who are deaf or blind. \_\_\_\_\_
7. Combined methods for distribution \_\_\_\_\_

**Collecting surveys**

1. Gather incoming surveys collected at participating sites. \_\_\_\_\_
2. Review returned surveys. \_\_\_\_\_
3. Secure a larger return, if necessary. \_\_\_\_\_
4. Collect and send all returned surveys to the Work Group staff. \_\_\_\_\_

## CHAPTER 8

### Conducting a Public Meeting

In the "town meeting" or public problem-solving session, citizens discuss the results of the survey. This is one of the most critical parts of the Concerns Report Method. In this well-publicized two-hour meeting, the health advocates lead a discussion of identified community strengths and problems. Citizens with health concerns interpret the results and discuss possible solutions to identified concerns. The transcript of their ideas about the dimensions of identified community health concerns--and what can be done to solve problems and preserve strengths--provides a basis for subsequent health planning.

This chapter outlines preliminary activities in arranging for a public meeting, materials needed, and steps in leading the meeting. This chapter should be studied carefully by the discussion leader for the meeting and the person who will record the discussion.

#### **Preliminary Activity:**

- \* Find a meeting room that is accessible and on neutral turf--perhaps at a local library or at the sponsoring agency.
- \* Reserve the room for two hours on the projected meeting date. (Make sure the data from the survey has been analyzed by that date.)
- \* Schedule the meeting time in the evening to permit more people to attend. We recommend approximately 7:00-9:00 p.m.
- \* Arrange for a recorder to take notes.

- \* Organize transportation.
- \* Prepare an announcement for a public meeting that includes lists of main strengths and problems and invites people to a public discussion (see Appendix F for an example).
- \* Distribute town meeting announcements to people on the mailing list, and post them on agency bulletin boards, in public libraries, etc.
- \* Send announcements and invitations to agency administrators, elected officials, health advocates, and other decision makers.
- \* Contact civic clubs and private businesses interested in health-related issues to see if they want to help sponsor the meeting.
- \* Contact the local newspaper to have an announcement published and to request media coverage by a newspaper reporter or feature writer.
- \* Contact the local radio station to announce the public meeting and to request coverage by a reporter.
- \* Contact consumer groups and other relevant organizations to help with the publicity.
- \* Mail out meeting announcements at least one week before the meeting date.

**Materials Needed for the Public Meeting:**

- \* One transparency for an overhead projector that shows the town meeting announcement with a summary of major strengths and problems. (Enlarge the type, if necessary, so that the items can be seen from the rear of the room.) If not possible, use a flip chart.
- \* One transparency that shows all the survey items ranked by satisfaction, and include the respective satisfaction and importance rating for each item. (Enlarge the type, if necessary.)

\* Several blank transparencies and two transparency pens to record ideas for improvement.

\* Private room with chairs, as required.

\* Overhead projector and screen.

\* Writing board or flip chart (optional ways of recording the discussion).

\* Refreshments (recommended).

### **Leading the Meeting:**

#### **1. Call the group to order.**

a. "Let's get started and use our time wisely."

#### **2. Provide introductions.**

a. "My name is \_\_\_\_\_, I am with \_\_\_\_\_."

b. Introduce your collaborators (e.g., the recording secretary).

c. Ask the participants to introduce themselves (e.g., "Let's go around the room and introduce ourselves." ) You may omit this part if the group is too large.

**3. Provide background information.** For example, "As you may know, the (sponsoring organization) has worked on the survey to identify community health concerns. Some members of the community (identify them) chose the issues that appeared on the survey. Many members of the community (give number of respondents) responded to the survey. Researchers from the University of Kansas analyzed the results."

**4. Describe the reason for the meeting.**

- a. "We are here to discuss the results of the survey."
- b. "The purpose of this session is to get your ideas about identified strengths and problems and what might be done to improve our community's health and make our community a better place to live."

**5. Introduce the secretary and explain the recording procedure.** For example,

"\_\_\_\_\_ is going to keep track of our ideas and summarize them at the end. If you find, when he/she reads the summary, that some ideas are missing, please let us know so that we can make any changes."

**6. Describe the group discussion rules.**

- a. "We have time to discuss about 10 items. We will try to spend a few minutes on each item. Brainstorming rules apply. All comments are acceptable. Let's go over the identified problems, and look for possible alternatives and actions to solve them. We'll also review the identified strengths and what might be done to preserve them."

- b. The time element is very important. Permit at least some time for all of the top problems and strengths. Some items of particular importance to participants may require more time than others, however.

- c. Note: Try not to break the flow of the discussion of an item in order to go to another item. Use long pauses as an opportunity to move to another item.

**7. Provide a brief overview of the results.**

a. Describe how results were obtained--that answers to survey questions were analyzed using a computer. An average rating for satisfaction and importance was obtained. The results are shown as the average percentage of satisfaction and the average percentage of importance for each item.

b. Display the major strengths. Show an overhead transparency and read the top strengths. "Some issues received ratings of high importance and high satisfaction. These are strengths in the community. Here are the possible strengths." (read them)

c. Display the major problems. Show an overhead transparency and read the top problems. "Some issues received high importance scores and low satisfaction scores. These are problems in our community. Here are the possible problems." (read them) "We will discuss them one at a time."

d. Note: These are relative strengths and problems. The highest "strengths" may show only modest satisfaction levels, for example. But, compared to other issues, these are relative strengths.

e. Note: In a few rare cases, the same item may appear both as a relative strength and a relative problem. This happens with items that have very high importance ratings and mid-range satisfaction ratings. Some people may see such items as strengths, others as problems. Ask the group to discuss how they are strengths, then how they are problems.

**8. Discussion of the identified problems.**

a. Discuss the top problems starting with problem #1 (the issue with lower



satisfaction and higher importance). Read the item and the average percentage of satisfaction and importance.

b. Ask questions to clarify why this is a problem. We recommend using a series of questions to prompt the discussion. Pause after each question to give group members a chance to answer.

We recommend use of these or similar questions:

- \* "Why do you think this is a problem?"
- \* "Why are you not satisfied with this?"
- \* "Who is affected by this problem?"
- \* "When are they affected?"
- \* "Under what conditions does this happen?"
- \* "Where does it happen?"
- \* "How are you affected by this?"
- \* "How frequently does this happen?"

c. Suggest other possible aspects of the problem/strength and check its accuracy to extend a complete discussion. For example, the discussion leader might ask: "Is it a problem of lack of information or lack of skill?" "What do you think?" "I know of another group that described a similar problem this way: \_\_\_\_\_." "Does that sound like a good description?"

d. Defer unrelated conversations until after the meeting. To participants who go off the subject, the discussion leader might say: "That's a good point, but right now we are talking about this problem. Could we discuss that after the meeting?"

e. Display a record of the discussion: Use an overhead projector, and write on transparencies to record brief statements of participants' ideas. If you don't have an overhead, use a writing board or flip chart. This should provide a check on your interpretation of what the group is saying and produce a tangible outcome of the participant's statement. It will also increase the chances that a speaker whose ideas are noted publicly will speak again and may provide encouragement for silent members to speak.

By recording descriptions and examples that are relevant, you may shape the group discussion into more productive forms.

**9. Check the completeness of description of the problem.**

a. For each item discussed, check for completeness of the description of the problem/strength.

b. Ask the recorder to summarize the group's discussion of why this was a problem/strength.

c. Check for accuracy, (e.g., "Does this summarize what you have said: \_\_\_\_\_.")

**10. Discussion of alternatives.**

a. Discuss alternatives after each problem is summarized. (e.g., "Now we need to look for possible solutions and actions to solve this problem.")

b. Ask questions to obtain descriptions of alternative ways to solve the problem (or to preserve or enhance a strength). We recommend using a series of questions to prompt

discussion, pausing after each question to give participants a chance to talk. We recommend using these or similar questions to generate possible solutions:

- \* "What do you think can be done?"
- \* "What are the alternatives?"
- \* "What action can be taken?"

c. Use questions to get more information about proposed alternatives. (These should be used only if there is sufficient time and if a solution appears to be particularly promising.)

- \* "What are some consequences of these alternatives?"
- \* "Are these alternatives realistic?"
- \* "Is this alternative already available?"
- \* "Who would be affected or benefited by this solution?"
- \* "Who is responsible for that, or who can start the action?"
- \* "Where is it going to be done?"
- \* "When can it be done?"
- \* "Let's break the action into steps."
- \* "Is it a long-term action or a short-term?" (Make sure the secretary takes notes

on what is said by citizens.)

d. Suggest other possible solutions (and check their appropriateness) to extend an incomplete discussion. For example: "I know that other communities have considered doing \_\_\_\_\_ to solve this problem. Does this sound like a good idea?"

e. Defer unrelated points until after the meeting. If a point describes other

problems or unrelated solutions (rather than alternatives to this problem) the discussion leader might say: "That's an interesting point. Could we discuss it after the meeting when there is more time?"

f. Display a record of the discussion on the overhead, writing board, or flip chart.

**11. Check the completeness for the list of alternatives.**

a. For each issue discussed, check for completeness of the group's description of solutions.

b. Read off the list of alternatives, and ask if it is complete.

**12. Ask who is interested in taking action.** For example: "Who might be interested in taking action on this? Who might want to be part of a planning group for this concern?"

**13. Summarize the discussion.** After the discussion of a problem/strength or solution, the secretary should provide a short summary of all the ideas and alternatives proposed for each item.

**14. Repeat steps #8-13 for each identified problem.** The same procedure should be done for each of the top problems and other issues of particular interest.

**15. Repeat steps #8-13 for identified strengths.**

a. Use a similar process (see steps # 8-13) for the top strengths in the community.

Reserve about 15 minutes for this discussion.

b. We recommend using a series of questions to prompt a brief discussion of strengths:

- \* "Why is this a strength?"
- \* "What is good about this?"
- \* "Who is contributing to this strength? How?"
- \* "What can be done to preserve or enhance this strength?"

16. **Defer lengthy discussions, if necessary.** For example, "We've spent 20 minutes on this obviously important item. Let's discuss it for 1 more minute, then move onto the next item. Perhaps we can set a later time in which this can be discussed."

17. **Prioritize remaining items, if necessary.** If you have several items left to discuss and you're running out of time, Ask the group to select the most important remaining items for discussion and follow their choices. For example, "We still have 8 items to discuss and only 20 minutes left. Which of these remaining items do you want to discuss?"

18. **After all issues are discussed, state the value of the discussion.** For example: "This was a very good discussion. We have outlined some exciting ideas and suggestions. These ideas provide an agenda or blueprint for what we can do to improve programs, policies, and practices related to community health."

19. **State appreciation for help in the process.** For example, "We appreciate your help in this discussion and your help in answering the survey that made this project possible. We

hope that your effort has been rewarded by an excellent set of ideas for how to make this community even better."

**20. Invite participants to form planning groups.** Create planning groups to further discuss how to solve some of the identified problems. A single planning group might address all major issues, or separate groups might be formed for distinct concerns. Write down names, telephone numbers, and addresses of participants who indicate interest in participating in a planning group. Ask someone to volunteer to lead the first meeting, and set a date, time, and place.

#### **Tips for the Discussion Leader**

**1. When someone is talking, listen carefully.** Maintain eye contact, and provide support and approval.

**2. Support participation by encouragement.** For example: "That's a good idea." "Very important." If possible, ask individuals by name what they think.

**3. Encourage different members of the group to give opinions and to talk.** For example: "Sir, what do you think about \_\_\_\_\_?"

**4. Discourage long comments or too many comments from one member.** For example: "\_\_\_\_\_, we have only a few minutes left, and it looks like \_\_\_\_\_ has been waiting patiently to talk." "Let's give someone else a chance to talk."

**5. If someone talks about something that seems important, make sure that the secretary writes it down.**

**6. After each discussion of an item summarize what people said.** For example: "What we have said so far is that \_\_\_\_\_." "Summarizing, the majority thinks that \_\_\_\_\_ needs to be done."

**7. Include all input in the summary.** Although a group member's alternative solution may not be well accepted by the majority of the group members, it should be included in the summary of the session.

**8. Be flexible in the amount of time given to issues.** Let the flow of the group's discussion and your own judgment guide you!

Self-Guided Checklist

Conducting a Public Meeting

(Please check each activity after you have completed it.)

Tasks:

1. Call the group to order. \_\_\_\_\_
2. Provide introductions. \_\_\_\_\_
3. Provide background information. \_\_\_\_\_
4. Describe the reason for the meeting. \_\_\_\_\_
5. Introduce the secretary and explain the recording procedure. \_\_\_\_\_
6. Describe the group discussion rules. \_\_\_\_\_
7. Provide a brief overview of the results. \_\_\_\_\_
8. Discuss the identified problems. \_\_\_\_\_
9. Check the completeness of descriptions of the problem. \_\_\_\_\_
10. Discuss alternatives. \_\_\_\_\_
11. Check the completeness of the list of alternatives. \_\_\_\_\_
12. Ask who is interested in taking action. \_\_\_\_\_
13. Summarize the discussion. \_\_\_\_\_
14. Repeat steps #8-13 for each identified problem. \_\_\_\_\_
15. Repeat steps #8-13 for each strength identified. \_\_\_\_\_



Self-Guided Checklist  
(Continued)

16. Defer lengthy discussions, if necessary. \_\_\_\_\_

17. Prioritize remaining items, if necessary. \_\_\_\_\_

18. After all issues are discussed, state the value of the discussion. \_\_\_\_\_

19. State appreciation for participation. \_\_\_\_\_

20. Invite participants to form planning groups. \_\_\_\_\_

**Tips for the Discussion Leader:**

1. When someone is talking, listen carefully. \_\_\_\_\_

2. Support participation by encouragement. \_\_\_\_\_

3. Encourage different members of the group to give opinions and talk. \_\_\_\_\_

4. Discourage long comments or too many comments from one member. \_\_\_\_\_

5. If someone talks about something that seems important, make sure that the secretary writes it down. \_\_\_\_\_

6. After each discussion of an item, summarize what people said. \_\_\_\_\_

7. Include all input in the summary. \_\_\_\_\_

8. Be flexible in the time given to issues. \_\_\_\_\_

## CHAPTER 9

### Recording the Discussion of Identified Concerns

This chapter describes what to record during the discussion of community health concerns identified in the survey. Since the discussion of concerns provides many ideas for solving identified problems, notes taken during the meeting are very useful in subsequent planning for improvements. It is important that the recorder's notes, and ultimately the final report, present an accurate picture of what happened in the discussion. This chapter should be studied carefully by the discussion recorder who will work with the discussion leader during the public meeting.

The materials needed and steps in preparing to record and recording the discussion of the issues and alternatives are noted in the following sections:

#### **Materials Needed:**

- \* Pencils and one lined tablet on which to record.
- \* Writing Board or overhead projector with screen.
- \* Meeting room with enough chairs.

#### **Preparing to Record:**

1. Have a copy of the ranked survey results in front of you.
2. Write down the item name and number to be discussed on the top left hand corner of the page.

3. Divide the sheets in half horizontally. On the top half, write "problem"; on the bottom half, write "alternatives."

4. Use one sheet of paper for each discussion of the separate items.

**Recording the Discussion:**

1. On the top half of the sheet write down the participants' statements about the problem.

a. Identify the discussion leader's signal to begin discussing the problem. For example, "What seems to be the problem?"

b. Write descriptions or examples of the problem. For example, describe who is affected, how they are affected, when the problem occurs, and consequences of the problem.

c. Write short quotes that accurately describe the nature of the problem.

d. Write statements for which other group members show agreement.

e. Write statements that the discussion leader asks you to record.

2. On the bottom half of the sheet, write down participants' statements about alternatives.

a. Identify the discussion leader's signal to begin discussing alternatives for solving the problem. For example, "What are some solutions to this problem?"

b. Write examples or descriptions of a more ideal condition (regarding this particular problem only).

c. Write any concrete, immediate alternatives that could be acted upon quickly.

d. Note examples or descriptions of what other groups have done to solve similar problems.

- e. Note solutions for which there is a general consensus.
- f. List alternatives that the discussion leader asks you to record.

**3. Record the discussion of strengths.** The discussion leader will invite the group to discuss strengths. Record what may be a brief discussion as follows:

- \* Record the characteristics, descriptions of the strength, under a "strengths" heading.
- \* Record what can be done to preserve or maintain the strength under an "alternatives" heading.

**4. Use a separate sheet to record the discussion of each problem or strength.**

**5. Ask for an explanation or clarification if you get confused, don't understand a point, or lose track of a lengthy discussion. For example:**

- \* "Excuse me, could someone please restate the point regarding \_\_\_\_\_?"
- \* "How would you summarize this problem, based on this discussion?"

Restate your understanding of the point and ask for clarification:

- \* "Does this describe accurately what we've said: \_\_\_\_\_?"
- \* "Is this how we see the problem \_\_\_\_\_?"

6. After the group finishes the discussion of an item, summarize the discussion using your notes and check for completeness.

\* Ask for permission, read your notes, and request comments on the completeness, accuracy, additions, and omissions regarding your notes. For example, "Tom, before we go on to the next item, can I run through these recorded main points to be sure I got them all accurately?" (Read the points) "Does this capture the main points?"

7. Record the names and telephone numbers of those willing to participate in planning committees.

**Immediately After the Meeting Ends:**

1. Talk with group members about information such as quotes and examples that were not fully recorded.

2. Prepare the report for the public meeting, while the discussions are still fresh. (See Chapter 10 for suggestions for preparing the report).

Self-Guided Checklist

Recording the Discussion of Identified Concerns

(Please check each activity after you have completed it.)

Tasks:

Preparing to Record:

1. Have a copy of the ranked survey results in front of you. \_\_\_\_\_
2. Write down the item name and number to be discussed on the top left-hand corner of the page. \_\_\_\_\_
3. Divide the sheets in half horizontally. On the top half, write "problem"; on the bottom half, write "alternatives". \_\_\_\_\_
4. Use one sheet of paper for each discussion of the separate items. \_\_\_\_\_

Recording the Discussion:

1. On the top half of the sheet write down the participants' statements. \_\_\_\_\_
2. On the bottom half of the sheet, write down participants' statements about alternatives. \_\_\_\_\_
3. Record the discussion of strengths. \_\_\_\_\_
4. Use a separate sheet to record the discussion of each problem or strength. \_\_\_\_\_
5. Ask for an explanation or clarification if you get confused, don't understand a point, or lose track of a lengthy discussion. \_\_\_\_\_

Self-Guided Checklist  
(Continued)

6. After the group finishes the discussion of an item, summarize the discussion using your notes and check for completeness. \_\_\_\_\_

7. Record names and telephone numbers of those willing to participate in planning committees. \_\_\_\_\_

**Immediately After the Meeting Ends:**

1. Talk with group members about information not fully recorded. \_\_\_\_\_

2. Prepare the report for the public meeting, while the discussions are still fresh (See Chapter 10 for suggestions on preparing the report). \_\_\_\_\_

## CHAPTER 10

### Preparing the Report of the Public Meeting

This chapter describes how to prepare the report of the public meeting. It should help organize the discussion notes in a form that is understandable to others. This section will make up a significant portion of the final report. Since the final report is the only public record of the discussions, it is important that the report is accurate, understandable, and reasonably complete. This is particularly important since the suggestions and descriptions included in the report may provide decision makers with information useful in identifying and implementing needed improvements. This chapter should be studied carefully by the person responsible for recording the discussion and preparing the report.

#### Materials Needed:

\* Typewriter or microcomputer with which to type this section of the final report. Below are the steps to prepare each item for this section of the final report. Repeat these steps for each item that will appear in the report. An example of a completed discussion of an item (as it would appear in a final report) is provided at the end of this chapter.

To make them easier to read and discuss, preliminary and final typed drafts should appear in the following format:

- \* Begin each item on a new page.
- \* On the top of every page, type the item in all capital letters (with its average satisfaction and importance rating).



\* Make each point a new paragraph. Double space between each point; single space between each sentence regarding the same point (see the examples).

\* If possible, leave a little space between the problem discussion and the alternatives discussion.

More specifically, the sections of the report for each item and their specific elements are as follows:

1. **Prepare a one-page record for each item that is discussed.** Across the top of a clean sheet of paper, write the item number, the item statements, the importance rating, and the satisfaction rating for each item that you report.

2. **Prepare a "Discussion of the Problem" section for each problem discussed.** This section makes up the first of the two major parts of the report for each item. Please see example at the end of this chapter.

- a. A few lines below the item, write "Discussion of the Problem."
- b. Using full sentences, summarize the main points that were discussed about the concern.
- c. Under each main point, provide any examples or descriptions that may help illustrate the point.
- d. Include any quotes that may add to the depth or dimension of the concern, using quotation marks as needed.

e. Organize these points in order of sequence from more important to less important.

Present the more important points first, followed by the less important comments. Rank each point based on group members' reaction to comments during the discussion.

f. For each major concern, the summary of the discussion should take approximately one typed page. For less important concerns, it may take approximately one-half page.

g. If the problem summary is less than one-half page, then type the "Discussion of Alternatives" section below.

### **3. Prepare a "Discussion of Alternatives" section.**

a. Using full sentences, list and summarize the alternatives that were raised. Under each solution, provide any examples, elaborations, or quotes that may illustrate dimensions of the alternative.

b. Prioritize the alternatives based on the degree of utility or feasibility suggested by group members' comments.

c. For more complete discussions of alternatives, this section will cover approximately one page per issue. For some discussions, the summary of the discussion of alternatives should not take more than one-half of a typed page.

### **4. Prepare the "Discussion of Strengths" section.**

a. Prepare a heading for each item identified and discussed as a strength (see step #1).

A few lines below the heading, write "Discussion of the Strengths."

b. Using full sentences, summarize the discussion of that item as a strength. Include a description of why this is considered a strength, characteristics of this strength, and how it was created and maintained.

c. Include names of individuals, agencies, and other contributors to this strength.

d. Include alternative actions that may be done to preserve or maintain the identified strength.

e. Use a new page for each identified strength.

#### **5. Check the completeness of the report.**

a. After you have completed the prior steps for each of the items discussed and your draft is in a readable form, check the completeness of this section of the final report.

b. Give a copy of the draft of the final report to the discussion leader and another person attending the discussion meeting to obtain feedback regarding the completeness and accuracy of its contents. Encourage them to add any examples or descriptions that may add to, strengthen, or clarify the points.

c. Review the feedback and be sure you understand the recommended changes. If a point is unclear, check with the discussion leader before adding it to the report.

d. Incorporate the feedback into the report.

e. Give a copy of the revised final report to a naive reader who did not attend the discussions. Ask the reader to review the report and briefly summarize the description of the concern and alternatives for each item. Ask the reader to note parts of the report that are unclear.

f. Review the feedback and revise, to the naive reader's satisfaction, those points that were unclear or misinterpreted.

g. Refer to the original recording notes to include any additional examples, descriptions, quotes, or other information, to improve the clarity and completeness of the report.

h. If necessary, repeat the review process with the discussion leader and additional naive readers until the discussion report communicates clearly.

**6. Prepare a final typed version of the report.** After drafts of the final report have passed the completeness check, type the final report according to typing guidelines outlined on the first page. The example provided at the end of this chapter may also be helpful.

## SAMPLE CONCERNS DISCUSSION REPORT

<u>Item Number</u>	<u>Item</u>	<u>Average Importance Rating</u>	<u>Average Satisfaction Rating</u>
23	Health insurance is available and affordable to all people in this community.	88%	41%

### Discussion of the Problem:

More people cannot afford insurance than can afford insurance.

Even the best insurance in town is not absolute. It does not cover everything that it should or could.

Insurance plans are not broadly available.

Some people remain on welfare rather than get a low paying job because of the medical benefits.

There is too much red tape in the health care system.

Insurance is too expensive.

Coverage for a spouse is more expensive than coverage for many kids.

### Discussion of Solutions:

One option may be to purchase insurance through a broker to get less expensive health insurance.

Develop a group plan for the medically indigent. Florida has one.

Some Independent Living Center's also have them.

Get someone to sponsor insurance for someone else.

Monitor insurance companies to regulate prices.

Have the state subsidize doctors who treat low-income people.

Self-Guided Checklist

Preparing the Report of the Public Meeting

(Please check each activity after you have completed it.)

Tasks:

1. Prepare a one-page record for each item that is discussed. \_\_\_\_\_
2. Prepare a "Discussion of the Problem" section for each problem discussed. \_\_\_\_\_
3. Prepare a "Discussion of Alternatives" section for each problem discussed. \_\_\_\_\_
4. Prepare a "Discussion of Strengths" section for each strength discussed. \_\_\_\_\_
5. Check the completeness of the report. \_\_\_\_\_
6. Prepare a final typed version of the report. \_\_\_\_\_

## CHAPTER 11

### Preparing the Final Report

The final step in the Concerns Report process involves preparing the final report. The final report contains all the survey materials, results and analyses. This complete report may be used as a teaching and planning tool by advocacy groups, advisory groups, administrators, and other important decision makers. It may also be used to document concerns for applications for grant funds. As such, it is important that the report appears in a neat, well-organized format. This chapter should be studied carefully by those who prepare the final report.

While reading each step, refer to a sample final report (see Appendix H). When your final report is completed, each page should correspond to the format provided in the sample.

#### Activities:

1. **Complete the Executive Memo.** The Executive Memo is a brief summary of the highlights suitable for presentation to a busy executive. Its elements are patterned on the briefings provided to United States' presidents. Use the sample Executive Memo at the end of this chapter as a model in preparing one for this report. The Executive Summary should include the following information:

- a. Headings for the Final report: (put the names of the authors and their affiliation).
- b. Insert accurate dates and number of participants.
- c. List the top identified strengths.
- d. List the top identified problems.

e. List 3 or 4 promising alternatives to identified problems.

**2. Prepare a title page.**

- a. Fill in the name of the community
- b. Fill in the names of the authors and their affiliation.
- c. Fill in the current date.

**3. Prepare a copy of the "Table of Contents" page.**

- \* Prepare or make a photocopy, and insert behind the title page.

**4. Prepare a copy of a chronology of events and procedures.**

- \* Retype with appropriate corrections to include appropriate dates.
- \* Arrange the event/procedure section similarly to that shown in Appendix E.

**5. Insert a copy of the results ranked by satisfaction. Use the sheet provided by the**

Work Group staff.

**6. Insert a copy of the Brief Report (Appendix D) Use the sheet provided by the**

Work Group staff.

**7. Insert an entire copy of the Concerns Discussion Report section. Make a title**

page with appropriate dates, community, name, and number of community members in attendance, if needed.



**8. Prepare and insert an Action Planning Chart for each health concern .**

See Chapter 12 for information on developing action plans.

**9. Insert the demographics summary (Appendix E).**

**10. Insert a blank sample survey.**

**11. Insert a copy of the Public Meeting Announcement.**

**12. Have all materials typed and bound in this order.**

**13. Send a copy to the Work Group staff for review and final editing.**

**14. After final approval, print or photocopy enough copies to distribute to key agencies, organizations, and decision makers.**

Self-Guided Checklist

Preparing the Final Report

(Please check each activity after you have completed it.)

Task:

1. Complete the Executive Memo. \_\_\_\_\_
2. Prepare a title page. \_\_\_\_\_
3. Prepare a copy of the "Table of Contents" page. \_\_\_\_\_
4. Prepare a copy of a chronology of events and procedures. \_\_\_\_\_
5. Insert a copy of the results ranked by satisfaction. \_\_\_\_\_
6. Insert a copy of the brief report. \_\_\_\_\_
7. Insert an entire copy of the Concerns Discussion Report section. \_\_\_\_\_
8. Prepare and insert an Action Planning Chart for each mental health concern. \_\_\_\_\_
9. Insert demographic summary. \_\_\_\_\_
10. Insert a blank sample survey. \_\_\_\_\_
11. Insert a copy of the public meeting announcement. \_\_\_\_\_
12. Have all materials typed and bound in this order. \_\_\_\_\_
13. Send a copy to the Work Group staff for review and final editing. \_\_\_\_\_
14. After final approval, print or photocopy enough copies to distribute to key agencies, organizations, and decision makers. \_\_\_\_\_

## CHAPTER 12

### Planning for Action

The purpose of this chapter is to provide some guidelines for the planning groups that may form to follow-up on identified concerns. Planning initiatives may be taken by the sponsoring organization, relevant agencies, or other interested parties. All participants in the public meetings who showed some interest in addressing the issues should be invited to the planning sessions. This chapter outlines key considerations in planning. For a successful plan, the group must identify several things: what needs to be done; by when it needs to be done; who is responsible for implementing the actions; and the resource requirements (i.e., time, money). You may also want to include a list of contacts and resources that may be helpful in addressing the concern.

#### Resources Needed to Conduct Planning Sessions:

##### 1. Participants

- \* One discussion leader
- \* One recorder
- \* Clients, service providers, and others interested in addressing one or more of the issues discussed at the public meeting.

##### 2. Materials

- \* Copies of the final Report on Community Health Concerns.
- \* Extra copies of the Action Planning Chart provided in this chapter.

### 3. General Procedure (see chapter 8 for details)

- a. Call the group to order.
- b. Describe the purpose of the meeting.
- c. Introduce yourself.
- d. Invite participants to introduce themselves and explain why they are interested in this topic.
- e. Provide background information about what has happened to date.
- f. Review the identified Health Concerns (especially the problems), examining the data and the report from the public discussion.
- g. Invite participants to prioritize health concerns that they want to address.
- h. For each selected health concern, fill out the "Action Planning Chart" (see attached).
- i. Summarize the discussion.
- j. Defer lengthy discussion, if necessary.
- k. After all issues are discussed, state the value of the discussion.
- l. State appreciation for participation.
- m. Invite participants to return for next planning session, setting a tentative time and date.

Self-Guided Checklist

Using Planning Guides and Action Charts  
to Address Identified Concerns

(Please check each activity after you have completed it.)

Tasks:

General Procedure

- a. Call the group to order. \_\_\_\_\_
- b. Describe the purpose of the meeting. \_\_\_\_\_
- c. Introduce yourself. \_\_\_\_\_
- d. Invite participants to introduce themselves and explain why they are interested in this topic. \_\_\_\_\_
- e. Provide background information about what has happened to date. \_\_\_\_\_
- f. Review the identified Health Concerns (especially the problems), examining the data and the report from the public discussion. \_\_\_\_\_
- g. Invite participants to prioritize health concerns that they want to address. \_\_\_\_\_
- h. For each selected health concern, fill out the "Action Planning Chart" \_\_\_\_\_
- i. Summarize the discussion. \_\_\_\_\_
- j. Defer lengthy discussion, if necessary. \_\_\_\_\_

Self-Guided Checklist  
(Continued)

k. After all issues are discussed, state the value of the discussion.

\_\_\_\_\_

l. State appreciation for participation.

\_\_\_\_\_

m. Invite participants to return for next planning session, setting a tentative time and date.

\_\_\_\_\_

## Action Planning Chart

Issue, Concern, or Objective: \_\_\_\_\_

Date of Decision: \_\_\_\_\_ Place: \_\_\_\_\_ Participants: \_\_\_\_\_

ACTIONS	BY WHOM	BY WHEN	RESOURCES & SUPPORT NEEDED/AVAILABLE	POTENTIAL BARRIERS OR RESISTANCE	COMMUNICATION
What needs to be done?	Who will take action?	By what date will the action be done?	What financial, human, political and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?

## Acknowledgments

The Concerns Report Method has benefited from the insights of key collaborators over its more than ten-year history. Don Bushell, Jr. provided helpful insights on scaling and data analysis based on work with S.C.A.L.E. (School Clients' Annual Local Evaluation). Kay Schriener conducted the first application with low-income neighborhoods. Tom Seekins extended the applications to poverty families. Charles Muiu led an application with patients of adult psychiatric institutions. Paula Whang initiated and Yolanda Suarez-Balcazar refined this work in an extensive application with people with physical disabilities. Yolanda Suarez-Balcazar and Fabricio Balcazar led an international development application in a small community in Costa Rica. Adrienne Paine and Vincent Francisco led an application with at-risk, inner-city youth. Adrienne Paine led the initial application to community health concerns. Kristen Dunham provided able editorial assistance and support on the preparation of this version of the handbook.





## Appendix A

### LIST OF CATEGORIES FOR THE INDEX OF COMMUNITY HEALTH CONCERNS INDEX\*

1. AIDS and Sexually Transmitted Diseases
2. Alcohol and Drug Abuse
3. Cancer
4. Heart Disease
5. Injury Prevention - Home and Recreational Safety
6. Injury Prevention - Motor Vehicles
7. Injury Prevention - Occupational Safety
8. Injury Prevention - Public Safety
9. Mother and Child Health
10. Smoking and Tobacco Use
11. Teenage Pregnancy
12. Basic Health Issues
13. Domestic Violence

\* The complete index is available from the Work Group On Health Promotion and Community Development.

## Appendix B

### SAMPLE SURVEY OF COMMUNITY HEALTH CONCERNS

Instructions: In the first column, circle the number that shows how important each issue is to you. In the second column, circle the number that shows how satisfied you are with your community's efforts to address the issue. If you find an item that does not apply to you, leave both columns blank.

Please circle the importance and satisfaction for each of the items that follow.

	Importance of the issue					Satisfaction with the community's efforts				
	not		very			not		very		
1. The community's air is of good quality.	0	1	2	3	4	0	1	2	3	4
2. Treatment facilities for drug abusers are available and affordable.	0	1	2	3	4	0	1	2	3	4
3. Schools provide basic health care services to students.	0	1	2	3	4	0	1	2	3	4
4. Information is available about the safe use of farm machinery.	0	1	2	3	4	0	1	2	3	4
5. Nutrition education is provided from preschool through grade 12.	0	1	2	3	4	0	1	2	3	4
6. Adequate nursing homes are available for older adults who need them.	0	1	2	3	4	0	1	2	3	4
7. People know the warning signs for colo-rectal, lung, breast, and prostate cancer.	0	1	2	3	4	0	1	2	3	4
8. Kids do not have access to drugs or alcohol.	0	1	2	3	4	0	1	2	3	4

	Importance of the issue					Satisfaction with the community's efforts				
	not				very	not				very
9. Schools, churches, and community organizations provide appropriate family life and sex education courses.	0	1	2	3	4	0	1	2	3	4
10. People who need health care can get it.	0	1	2	3	4	0	1	2	3	4
11. Older adults can remain in their own homes as long as possible.	0	1	2	3	4	0	1	2	3	4
12. Adequate job opportunities are available.	0	1	2	3	4	0	1	2	3	4
13. People know how to reduce their risk for cancer and heart disease.	0	1	2	3	4	0	1	2	3	4
14. Restaurants have adequate non-smoking sections.	0	1	2	3	4	0	1	2	3	4
15. Quality childbirth education classes are available in the community.	0	1	2	3	4	0	1	2	3	4
16. Teens do not practice premarital sex.	0	1	2	3	4	0	1	2	3	4
17. Health insurance is available and affordable to all people in this community.	0	1	2	3	4	0	1	2	3	4
18. Students participate in daily physical fitness programs at school.	0	1	2	3	4	0	1	2	3	4

	Importance of the issue					Satisfaction with the community's efforts				
	not				very	not				very
19. Older adults (people over age 70) have adequate housing in Greenwood County.	0	1	2	3	4	0	1	2	3	4
20. Infants are born healthy.	0	1	2	3	4	0	1	2	3	4
21. Schools teach kids how AIDS is not spread.	0	1	2	3	4	0	1	2	3	4
22. Elementary schools provide effective and age-appropriate programs about alcohol and drug abuse.	0	1	2	3	4	0	1	2	3	4
23. Schools serve low-fat, high-fiber foods in their lunch programs.	0	1	2	3	4	0	1	2	3	4
24. Adults and children in this community take part in regular physical exercise.	0	1	2	3	4	0	1	2	3	4
25. Kids discourage each other from smoking and drinking alcohol.	0	1	2	3	4	0	1	2	3	4
26. The community's drinking water is of good quality.	0	1	2	3	4	0	1	2	3	4
27. Medical care is available and affordable for all pregnant women throughout their pregnancies.	0	1	2	3	4	0	1	2	3	4
28. Vaccinations are available and affordable.	0	1	2	3	4	0	1	2	3	4
29. Basic health care services, such as regular check ups, are available and affordable.	0	1	2	3	4	0	1	2	3	4

	Importance of the issue					Satisfaction with the community's efforts				
	not				very	not				very
30. The community's toxic wastes are disposed of safely.	0	1	2	3	4	0	1	2	3	4
31. Health educators know how to teach about human sexuality and the prevention of sexually transmitted diseases and unplanned/unwanted pregnancies.	0	1	2	3	4	0	1	2	3	4

**Appendix C**  
**Possible Selections for the Demographics Section of the Survey**

Please review these possible demographic items. Choose those to be included on your survey.

1. What is your county of residence? \_\_\_\_\_.

2. What is your gender?

Male 1

Female 2

3. What is your Race?

White 1

Black 2

Hispanic 3

Native American 4

Asian 5

Other 6

(specify) \_\_\_\_\_

4. Are you a registered voter?

Yes 1

No 2

5. Are you employed?

Yes 1

No 2

6. Please check your age group:

Under 18 1

18 - 24 2

25 - 34 3

35 - 54 4

55 - 64 5

65 or older 6

7. Please indicate your level of education:

No formal education 1

Eighth grade or less 2

Some high school 3

High school graduate or GED 4

Vocational or technical training 5

Some college 6

College graduate 7

Beyond high school 8

8. What is your Income?:

- Less than \$5,000 a year 1
- \$5,000 to \$10,000 2
- \$10,000 to \$15,000 3
- \$15,000 to \$25,000 4
- Over \$25,000 5

9. How many people does this income support?

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- more than 5 6

10. Source of income (Check all that apply):

- a. Earnings from job 1
- b. SSI or SSDI 2
- c. Retirement 3
- d. Other disability benefits, worker's compensation 4
- e. Sheltered workshop 5
- f. Self-employed 6

11. Please indicated which of the following best describes your interest in health care. (please check only one answer)

- a. I'm a member of the community. 1
- b. I'm a local health care provider. 2

**Appendix D**  
**Sample Brief Report of Community Health**  
**Strengths and Problems**

**Health Concerns Survey**

**Edwards County**

N=595

**CONCERNS BRIEF REPORT**  
**TOP STRENGTHS AND TOP PROBLEMS**

ITEM	SURVEY QUESTION	AVERAGE IMPORTANCE	AVERAGE SATISFACTION
<b>RELATIVE STRENGTHS</b>			
37	Vaccinations are available and affordable.	91%	81%
39	Edwards County sponsors free public health fairs offering cholesterol and blood pressure checks.	89%	83%
35	The drinking water in Edwards County is of good quality.	93%	74%
28	Emergency Medical Services are adequate in Edwards County.	92%	73%
2	The County's air is of good quality.	88%	76%
27	Infants are born healthy.	91%	73%
13	Older adults in Edwards County can remain in their own homes if they wish.	88%	69%
8	Adequate nursing homes are available for older adults who need them.	85%	72%



ITEM	SURVEY QUESTION	AVERAGE IMPORTANCE	AVERAGE SATISFACTION
38	Basic health care services, such as regular check ups are available and affordable.	89%	67%
29	Children know how to escape from their homes in case of fire.	90%	66%

### RELATIVE PROBLEMS

11	Kids do not have access to drugs or alcohol in Edwards County.	90%	35%
21	Health insurance is available and affordable to all people in Edwards County.	89%	38%
14	Adequate job opportunities are available in Edwards County.	87%	39%
20	Teens do not practice pre-marital sex.	84%	39%
10	People in Edwards County do not drink and drive.	87%	43%
15	Young men in Edwards County discourage their friends from using chewing tobacco.	74%	38%
34	Kids discourage each other from smoking.	87%	50%
5	Parents know how to talk to their kids about drugs and alcohol.	86%	53%
41	Financial help is available for people with chronic health issues.	86%	53%
30	Schools teach kids how AIDS is and is not spread.	90%	59%

ITEM	SURVEY QUESTION	AVERAGE IMPORTANCE	AVERAGE SATISFACTION
3	Treatment facilities for drug abusers are available and affordable.	70%	49%
40	In Edwards County, toxic wastes are disposed of safely.	92%	62%
36	Medical care is available and affordable for all pregnant women in Edwards County throughout their pregnancies.	85%	59%
26	Parents can give age-appropriate information about marriage and family life, physical development, and birth control.	81%	57%
31	Elementary schools provide effective and age-appropriate programs about alcohol and drug abuse.	88%	62%
16	People in Edwards County know the basic causes of cancer.	86%	61%
33	Adults and children in this community take part in regular physical exercise.	79%	57%

**Appendix E**  
**Sample Summary of the Demographics Information**

Health Concerns Survey  
Douglas County Coalition on Community Health Concerns  
N = 291  
Demographics

1. What is your county of residence? Douglas 100%
  
2. Gender:  

Male	16%
Female	84%
  
3. Race:  

White	75%
Black	12%
Hispanic	2%
Native American	6%
Asian	3%
Other	2%

 (specify) \_\_\_\_\_
  
4. Are you a registered voter?  

Yes	54%
No	46%
  
5. Are you employed?  

Yes	40%
No	60%
  
6. Age group:  

Under 18	1%
18 - 24	23%
25 - 34	43%
35 - 54	18%
55 - 64	11%
65 or older	5%

7. Education:

No formal education	0.4%	Some college	30.0%
Eighth grade or less	4.0%	College graduate	13.0%
Some high school	15.0%		
Vocational/technical training	9.0%		

8. Income:

Less than \$5,000 a year	38%
\$5,000 to \$10,000	32%
\$10,000 to \$15,000	17%
\$15,000 to \$25,000	12%
Over \$25,000	1%

9. How many people does this income support?

1	22%
2	17%
3	23%
4	22%
5	9%
more than 5	7%

10. Source of income (Check all that apply):

a. Earnings from job	70%
b. SSI or SSDI	20%
c. Retirement	5%
d. Other disability benefits, worker's compensation	4%
e. Self-employed	5%

**Appendix F**  
**Sample Public Meeting Announcement**

## A PUBLIC MEETING ON LOCAL HEALTH CONCERNS

The survey of the Community Health Concerns is complete! Come to the public meeting to share ideas on those issues that you identified as important!

**WHEN:** Monday, July 30, 1990. 6:30 p.m. - 8:00 p.m.

**WHERE:** Lawrence Public Library Auditorium  
707 Vermont  
Lawrence, KS 66044

Transportation and child care will be provided. Please call 864-0533 if you need transportation.

Below is a brief list of some of the relative strengths and some possible problems that you identified.

### STRENGTHS

- A 911 # is available to everyone.
- Parents know how to prevent injuries to their young children.
- People know the major causes of heart disease.
- Schools educate students about the effects of alcohol and drug abuse.
- All pregnant women have their food and nutritional needs met regardless of ability to pay.

### PROBLEMS

- Medical and dental treatment are available and affordable to everyone.
- Health insurance is available and affordable to all people in this community.
- State laws and law enforcement officials encourage appropriate disposal of toxic waste
- Quality day care is available and affordable
- Firearms are kept out of reach of children.

# Local health projects receive 'minigrants' from foundation

By TIM HOYT  
J-W Staff Writer

Four grassroots projects proposed by Lawrence citizens and aimed at bringing health care services directly to residents in need have been awarded grants through a program funded by the Wesley Foundation of Wichita.

In the first program of its kind in Kansas, "minigrants" totaling \$5,840 will create a teen-age pregnancy speakers' bureau, a nutrition program for women in a substance abuse recovery program and a program to bring breast cancer information to women.

A small amount of funding also was awarded the Citizens Advisory Council on Health Care Concerns, which is a group of Lawrence residents who meet regularly to identify and work out solutions to health care problems in Douglas County.

Proposals for minigrants were evaluated by the Douglas County Coalition of Community Health Concerns, a representative of the Wesley Foundation, and the Work Group on Health Promotion and Community Development, which comprises representatives of the Kansas University department of human development and family life.

THE WESLEY Foundation, which is a philanthropic organization concerned with health care issues, awarded \$10,000 to the United Way of

---

---

Major problems identified in the survey included the lack of affordable medical and dental treatment, health insurance and quality day care.

---

---

Douglas County for distribution to groups selected by the coalition. It is the first such grant program in Kansas.

Originally, there were 14 local applications for grant funding. Adrienne Paine, a member of the coalition and a graduate student in KU's HDFL program, said the remainder of the \$10,000 is expected to be awarded in the spring when additional grant proposals are sought.

The process leading to the minigrants began with a public meeting at which community members identified health care issues and possible solutions. The KU group then surveyed the community to identify strengths and weaknesses in area health care.

Major problems identified in the survey included the lack of affordable medical and dental treatment, health insurance and

quality day care.

THE CITIZENS Advisory Committee on Health Care Concerns actually received two grant awards.

Besides \$540 to cover the ongoing costs of holding group meetings to help solve health care problems, the group was also awarded \$2,300 to put together information and help women concerned about breast cancer.

Sharon Luka, spokeswoman for the advisory committee, said the group will concentrate on getting information about the need for women to have mammograms to aid in the early detection of breast cancer. She also said the group will put the information together in ways that the blind and the hearing-impaired can benefit from it.

A grant of \$1,000 was awarded the "First Step Nutrition" program at the First Step House in Lawrence, a reintegration program for women recovering from substance abuse.

LOU ANN Holl, director of First Step House, said the money will be used to provide books about nutrition to residents of First Step House. Money also will go toward hiring a dietitian to give talks to residents and help train the facility supervisor about nutrition.

Like the other projects, the teen speakers bureau will use grant money to bring information directly to people whom they hope to help.

Nancy Jorn, chairperson of the Teen Pregnancy and Parenting Network in Douglas County, said the \$2,100 award will be used to pay people who have experienced teen-age pregnancy to develop a program to tell teenagers how the pregnancy affected their lives.

By giving personal examples, Jorn said, the panel may help other teen-agers avoid pregnan-