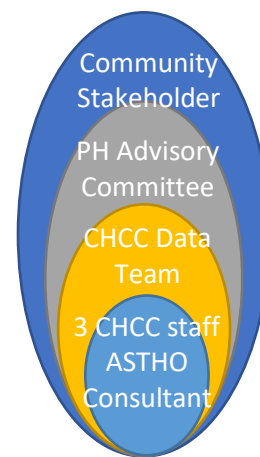


# Community Health Assessment in CNMI

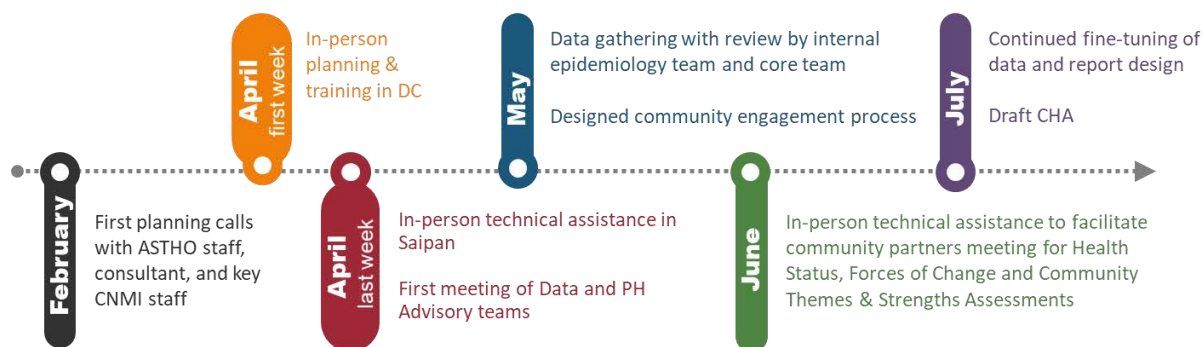
*Teamwork is critical to engaging stakeholders to assess health*

Community health assessments (CHA) are central to public health planning and improvement. This summary illustrates that using core planning principals and stakeholder engagement can add value to the assessment process and build a foundation for future improvement work. Together with its community, the Commonwealth Healthcare Corporation (CHCC) has made significant progress in updating the community health assessment for the Commonwealth of the Northern Mariana Islands (CNMI). Three key elements that led to productive community engagement during CNMI’s recent work are people, planning, and process.

**People:** From the start, the leadership team for CNMI acted on the value of engaging people and partners at several levels, using the [Mobilizing for Action through Planning and Partnerships](#) (MAPP) Circle of Involvement as a guide. The core team consisted of CHCC staff responsible for performance management and quality improvement with support from ASTHO staff and consultants. The data team included technical or information technology managers, as well as analysts assigned to specific programs such as immunization or maternal and child health. The Public Health Advisory Committee included key community partners from a broad range of sectors including schools, faith communities, commerce and economic development, aging services supports, and early childhood programs. This new advisory committee was created from existing partnerships (e.g., Preventive Health and Health Services Block Grant Advisory Group) to reduce coalition duplication. Across all four groups, key skills included planning and project management, data literacy and access, and public health and medical subject matter expertise.



**Planning:** This timeline highlights key milestones in the planning and engagement process:



**Data Selection** - The CHCC core team created a shared drive with folders and spreadsheets to collect existing primary and secondary health data. Organized using data categories adapted from the MAPP handbook (see box on next page), the team brainstormed which key statistics to include in the CHA. Team members with access to relevant data were asked to select three to five indicators most important to understanding the health status of the community. Their considerations when selecting these indicators included: number of people affected; severity of consequences; demonstrated inequity between groups; persistence of problem; implications over the long term; and proven implementable interventions. Once drafted, an epidemiologist and physician reviewed the data tables and charts to prepare for preliminary sharing with the community.

**Convening Stakeholders** - In many ways, a CHA event is like hosting a large party. The CHCC Quality and Performance Improvement Manager worked with multiple programs to secure a budget to support the venue and refreshments. The core team worked with program staff and the Public Health Advisory Committee to brainstorm a diverse guest list of over 60 people. CHCC sent email and paper letter invitations to promote maximum awareness. The confirmed attendees included nearly 30 internal and external partners who represented diverse sectors including parent navigators, schools, healthcare, environmental health, economic development, and more. Those present did express regret that many of the invitees were not able to attend and reflected on the limitations of their input.

**Process – Engagement and Input:** CHCC hosted two half-day community forums to discuss health status, both sharing and gathering data. By using an external facilitator, the forums allowed the stakeholders and public health professionals to bring valuable leadership and informed perspectives to the community dialogues.

**Data Walk** - The facilitator divided forum participants into groups to visit seven data stations each with a three to five key data points. At each station, they discussed and captured the following concepts: *what concerns or surprises you about these data? What else would you want to know to better understand these data? What assets do we have to improve health related to these indicators?*

**Forces of Change** – Participants chose among eight topic areas to engage in deeper analysis: social economic, political, technological, environmental, scientific, legal, and ethical. For each, they considered forces at play in the community and the threats and opportunities created by those forces. The impact of tourism and the October 2018 typhoon were common themes that quickly emerged.

**Community Themes and Strengths Assessment** – Dynamic guided table conversations and full room discussions elicited responses to questions such as: *What is the preferred future? What is the current reality? What are the gaps, leverage points, or strategic opportunities?*

## Results and Conclusion

Over the course of just six months, CHCC gathered rich, comprehensive quantitative and qualitative data, convened an umbrella Public Health Advisory Committee, and hosted a large, interactive community forum. Forum evaluations noted the determination to move beyond reviewing data and articulating the problem to transition to action. There was a community mindset that “we can be better” and agreement that understanding current health status provides the benchmarks to answer the question, “better than what?” Participants were eager to share the CHA report with many kinds of stakeholders. This represents continued opportunity for engaging people in the plan and process.

This experience reflects evidence-based public health planning as well as adaptation to local community priorities and context. Given the importance of planning to systems improvement and public health infrastructure, other jurisdictions should consider these lessons when designing planning processes.

*This report represents a collaboration between ASTHO, participating state and territorial health agencies, and the Center for State, Tribal, Local and Territorial Support (CSTLTS) within the Centers for Disease Control and Prevention (CDC). Funding for this effort is supported by cooperative agreement award number 6 NU38OT000317.*

### Categories of Data:

- Demographic characteristics
- Socioeconomic characteristics
- Social determinants of health
- Quality of life
- Environmental health
- Vital statistics
- Non-communicable disease
- Health and risk behaviors
- Social and mental health
- Maternal and child health
- Immunizations
- Communicable disease
- Injury and violence
- Sentinel events
- Access and linkages to care

“Discussions identified challenges and opportunities which advanced the issues.”  
– Forum participant