Foundations in Behavioral Health Prevention Webinar Series

Webinar 5: Understanding and Identifying Your Population Resource Guide

Iowa's Center of Excellence for Behavioral Health

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Summary

This resource document provides prevention professionals, behavioral health staff, and community stakeholders with a foundational understanding of how to define, identify, and engage those they are serving with behavioral health prevention initiatives. Resources on best practices for engagement and prevention planning are offered to assist in addressing the most pressing public health issues. As well, helpful information on data analysis tools are provided which are used to support prevention and monitor trends throughout the process of improving community health and achieving health equity.

Identifying Demographic and Social Factors

Data Driven Identification

Behavioral Risk Factor Surveillance System

- The Behavior Risk Factor Surveillance System (BRFSS) is a random-digit dial telephone survey that collects state-based data about adult residents regarding their health-related risk behaviors (including substance consumption), chronic health conditions, and use of preventative services. Annually, the BRFSS completes more than 400,000 interviews. These local- and state-level behavioral risk data are used to target and build health promotion activities.

Compare Counties | County Health Rankings & Roadmaps

- The County Health Rankings & Roadmaps website tool to compare data from counties within Iowa.

Data Sources - Healthy People 2030 | odphp.health.gov

- Healthy People 2030's list of 80+ data systems they utilize to monitor progress toward achieving objective targets over the course of the decade.

Data and Resources | County Health Rankings & Roadmaps

- The County Health Rankings & Roadmaps website's annual data release provides a revealing snapshot of how health is influenced by where we live, learn, work, and play. The snapshots provide communities with a starting point to investigate where to make change.

Key Resources and Tools for NSDUH | CBHSQ Data

- The National Survey on Drug Use and Health (NSDUH) provides nationally representative data on alcohol, tobacco, and illicit drug use; mental health issues; and utilization of health-related treatment services among the noninstitutionalized population aged 12 or older in the United States. These data are used to support prevention and treatment programs, monitor substance use trends, estimate treatment needs, and inform public health policy.

NHIS-Adult Summary Health Statistics

- The National Health Interview Survey (NHIS) displays data on anxiety, depression, and mental health care. Interactive Summary Health Statistics for Adults provide annual estimates of selected health topics for adults aged 18 years and over based on final data from the National Health Interview Survey.

National Syndromic Surveillance Program (NSSP) | National Syndromic Surveillance Program (NSSP) | CDC

- The National Syndromic Surveillance Program (NSSP) provides public health officials with a timely system for detecting, understanding, and monitoring health threats. By tracking symptoms and conditions reported by patients in emergency departments (EDs), public health officials can monitor trends in critical areas.

U.S. Census

- The Census Bureau is dedicated to providing current facts and figures about America's people and economy. One can access demographic, economic and population data from the U.S. Census Bureau, explore census data with visualizations and view tutorials.

Youth Risk Behavior Surveillance System

- The Youth Risk Behavior Surveillance System (YRBSS) measures health-related behaviors and experiences that can lead to death and disability among youth and adults. The results help monitor health trends, identify emerging issues, and plan and evaluate programs.

Identify Desperate Populations/Populations of Focus

Mobilization for Action Through Planning & Partnerships MAPP 2.0 Handbook

- The Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 Handbook created by the National Association of County & City Health Officials (NACCHO) was created to assists communities to complete a community-driven, multi-sector process to improve community health and achieve health equity.

CDC Field Epidemiology Manual Chapters | Field Epi Manual | CDC

- The *CDC Field Epidemiology Manual* is a definitive guide to investigating acute public health events on the ground and in real time. It offers current and field-tested guidance for every stage of a health-related investigation—from identification to intervention and other core considerations along the way.

Tobacco Where You Live: Mapping Techniques

- Tobacco Where You Live: Mapping Techniques by the U.S. Department of Health and Human Services, Center for Disease Control and Prevention focuses on how to create, share, and use commercial tobacco prevention and control maps. Mapping allows programs to focus their efforts where they can have the greatest impact.

Planning Prevention Interventions with Population of Focus in Mind

Focus on Prevention | SAMHSA Library

- This manual by SAMHSA helps communities plan and deliver substance use prevention strategies. It covers conducting needs assessments, identifying partners, and creating effective strategies for marketing and program evaluation. The manual also offers a sample timeline of tasks.

Power Primer-A Tool in Mobilizing for Action through Planning and Partnerships (MAPP) 2.0

- This Power Primer by National Association of County & City Health Officials (NACCHO) explains why and how to address power dynamics within MAPP, acknowledge societal power imbalances as a root cause of health inequities, and support building community power through MAPP and CHI.

MAPP 2.0 - NACCHO

- Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 is NACCHO's framework for community health improvement, updated in 2023. The folders contain all of the MAPP 2.0 materials.

Communities Talk: Quick Start Planning Guide

- SAMHSA created the Communities Talk to Prevent Alcohol and Other Drug Misuse planning and promotional materials to help entities of all shapes and sizes design and implement impactful, prevention-focused events and activities.

Toolbox - NACCHO

- NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 toolkit.

CHIP Strategy Bank - MAPP Network Community

- The Community Health Improvement Plan (CHIP) Strategy Bank is a repository of evidence-based, model, or otherwise vetted strategies submitted by MAPP communities and searchable by topic area for inclusion in a CHIP. It is our hope that you will explore this repository to gain insights into how other communities have addressed their most pressing public health issues.

Home - MAPP Network Community

- NACCHO's Mobilizing for Action through Planning and Partnership (MAPP) Network virtual community for individuals and organizations who are interested in using the Mobilizing for Action through Planning and Partnership (MAPP) framework for community health improvement (CHI).

Public Health Workbook to Define Locate and Reach Special Vulnerable and At-Risk Populations

- This document helps planners to define, locate, and reach at-risk populations. Additional tools are included to provide resources for more inclusive communication planning that will offer time-saving assistance for state, local, tribal, and territorial public health planners in their efforts to reach at-risk populations in day-to-day communication and during emergency situations.

Comm. 150, Prevention Supports

- Prevention Support services are available to Iowa Department of Health and Human Services (Iowa HHS), Bureau of Prevention, Treatment and Recovery Services prevention contractors.

Principles of Community Engagement—3rd Edition

- The Principles of Community Engagement, 3rd Edition, is the Agency for Toxic Substances and Disease Registry's (ATSDR) newest endeavor on the forefront of building strong science in community engagement. The third edition builds upon the previous two editions incorporating the latest science and places a strong focus on communities disproportionately burdened by health and exposure risks.

Social Determinants of Health (SDOH)

Social factors impacting the health of individuals are known as social determinants of health (SDOH) which are defined as conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Economic Stability

- Relates to how well one's income can meet their family's health and other needs. It is recognized that those with steady employment are more likely to be healthy without living in poverty.

Education Access and Quality

- Education access and quality includes the quality of education received and the range of informal education obtained outside of the formal education system.

Health Care Access and Quality

- Health Care Access and Quality includes how health care is both delivered and accessed by a population. Access to healthcare is defined by having "the timely use of personal health services to achieve the best health outcomes. Health care systems are typically evaluated by their quality, patient-centeredness and cost-effectiveness.

Neighborhood and Built Environment

- Includes one's community and surroundings that influence overall community health and individual behaviors that drive health.

Social and Community Context

- A person's interaction with and connectedness to family, friends, neighbors, and co-workers and others in their network can affect their health and well-being.

Social Determinants of health (SDOH) are **nonmedical factors** that reveal to us how health is affected, and how they play a significant role in influencing health	In enhancing the well-being of individuals and addressing disparities found among persons, **health practitioners** must make progress on social determinants of health.	**Addressing** the Social Determinants of Health (SDOH) can improve the health of populations and lead to better outcomes.

Sources: [1] **Social Determinants of Health (SDOH) | About CDC | CDC**

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A Multidimensional Approach

A proven multidimensional approach in public health includes 4 criteria based on which desperate populations can be identified to assist in guiding strategic choices within prevention planning. This framework includes:

Biomedical The Biomedical approach is looking at those who are at high risks and is characterized by concentrating specifically on a segment of the population through either risk behavior or biomarkers for example addressing smoking behaviors.	**Social** The distribution of health in various population segments according to a number of social determinants. Due to this, selected social determinants may be used through the social approach to identify a population segment for which tailored public health interventions should be directed.
Spatial The spatial perspective holds that a desperate population is demarcated by where they live. For example, in a neighborhood or municipality.	**Temporal** A focus on the various age phases ranging from fetal life and infancy to old age may guide selection of population segments for targeted public health interventions.

Having a focus in prevention work on "desperate populations" is asking "who should benefit from our efforts?" Desperate or "vulnerable populations," are defined as a subgroup or subpopulation who, because of shared social characteristics are at higher risk of developing a health condition.

Pros: The Biomedical approach addresses root causes of disease and may guide selection of desperate population segments.	**Pros: The Social approach** allows for selected social determinants to be used to identify a population segment for which tailored public health strategies can be directed.	**Pros: The Spatial approach** allows for an opportunity for a group of people living in the same local community to have a sense of community and interact within social networks, which may work as an asset.	**Pros: The Temporal approach** addresses the root causes of disease and may guide selection of target population segments.

NACCHO Toolbox

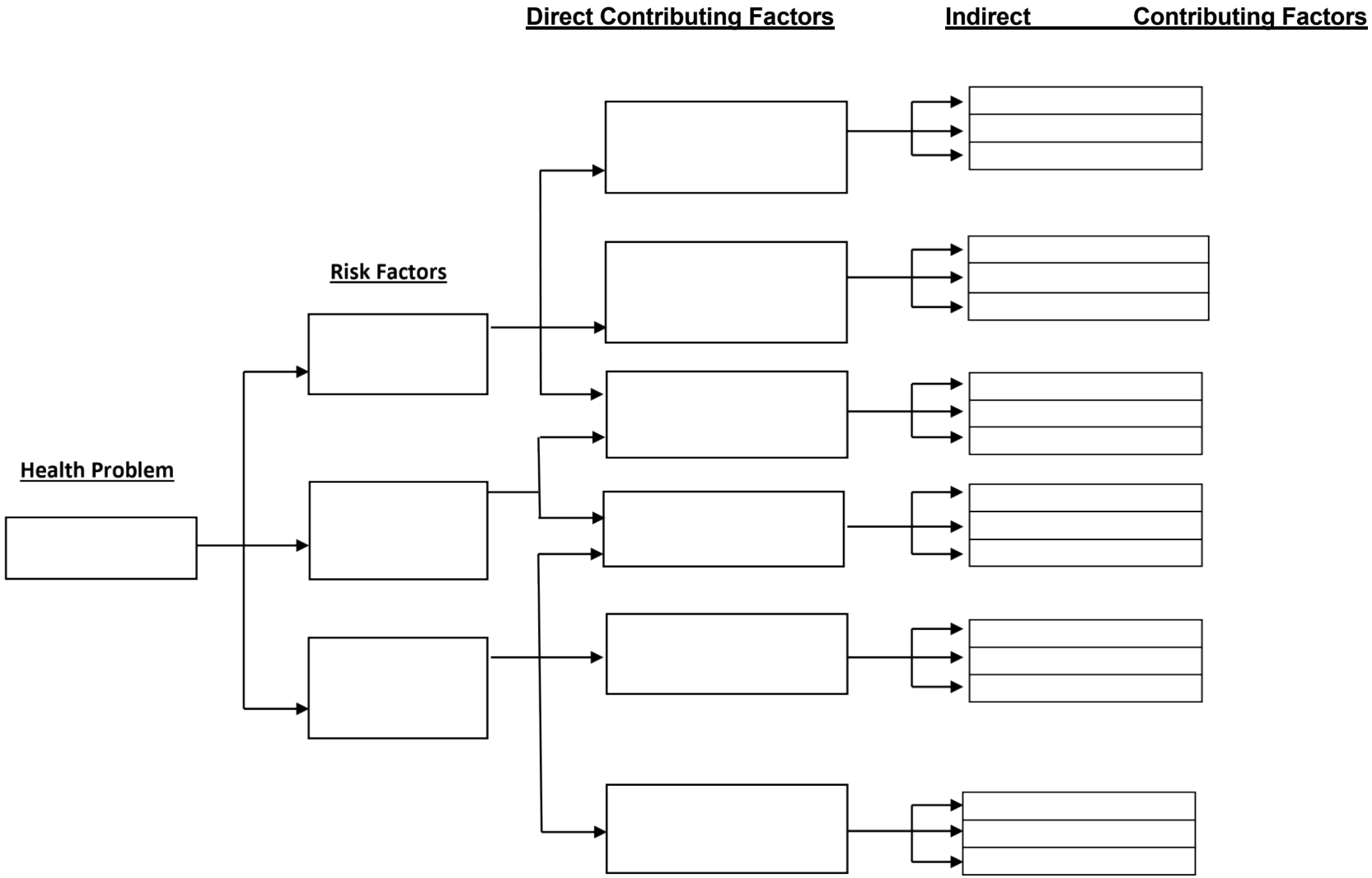
Health Problem Analysis Framework

The Health Problem Analysis framework allows one to think through multiple layers of a problem to identify interventions that can eventually reduce the impact of the health problem in the community. The four components of the analysis include:

- **Health problem** – a situation or condition of people which is considered undesirable, is likely to exist in the future, and is measured as death, disease, or disability
- **Risk factors** – scientifically established determinants which directly contribute to the magnitude of the health problem
- **Direct contributing factors** – scientifically established determinants which directly contribute to the magnitude of the risk factors
- **Indirect contributing factors** – community specific factors which relate directly to the magnitude of the Direct Contributing factors

The Health Problem Analysis Worksheet allows users to identify the *high level* root causes of a community-wide health problem. It is important to note that the various levels of risk factors are often interrelated, whereby some direct contributing factors may influence more than one risk factor and some indirect contributing factors may influence more than one direct contributing factor. To account fully for these interactions, some direct and indirect contributing factors may need to be included in several different locations on the worksheet. Generally, the factors that are less proximal to the actual health problem exist at a level where an impact can be made. Therefore, it is the indirect contributing factors where further analysis will need to be done to determine potential interventions.

Upon completion, the results of this worksheet may serve as a precursor to initiating quality improvement (QI) efforts. One can conduct a deeper root cause analysis to determine which indirect contributing factor is the most problematic and use other QI tools and techniques to identify potential interventions with measurements for improvement. The following pages include a completed example of the application of the health problem analysis worksheet along with a table demonstrating measurable objectives for each level of analysis. It is important to note that upon completion of the health problem analysis worksheet, additional QI tools and techniques will need to be used prior to choosing an intervention and establishing measurable objectives.


Direct Contributing Factors
Indirect Contributing Factors
Risk Factors
Health Problem