

Prioritization

COLLABORATIVE AND INCLUSIVE DATA-DRIVEN DECISION MAKING

Introduction

This toolkit includes information on how to select and develop prioritization methods, engage community members, and strategies to use that promote equitable engagement in the decision-making process. Prioritization that occurs in several different stages with input from subject matter experts, community members, data scientists, and leadership groups can engage community voices while remaining supported by data.

This toolkit was written based on the experiences of the Minnesota Needs Assessment team during the Title V Needs Assessment process. The information here is intended to support the work of other statewide Title V Needs Assessments taking place throughout the United States. Due to the scope and nature of this toolkit, the best practices, processes, and lessons learned could be applicable beyond Title V work to other needs assessments, evaluations, and public health programs.

Getting Started with Prioritization

Working closely with qualitative and quantitative data experts in addition to leadership can be helpful to guide prioritization work and determine methodology. Some initial questions to ask when developing a prioritization plan include:

- What methods make the most sense for our Needs Assessment? What are the pros and cons of each method that we could use?
- How can we engage families, communities, and stakeholders in prioritization?
- What criteria will we use for criteria-based ranking? How will the criteria be decided on?
- Who will manage the collection, cleaning, and analysis of data?
- What materials will need to be created for each prioritization activity?
- How many final priorities in each of the domains would we like to have?

Prioritization Activities

Determining Methods & Timeline

There are many different ways that prioritization activities can be designed and completed, therefore the timeline will be very unique to each state/assessment. Similarly, prioritization methods will be dependent on which sources of data are utilized by each organization.

Prioritization can be broken down into several distinct stages that engage different groups in different activities with goals in each stage to further narrow the identified priorities. The Minnesota Title V Needs Assessment Prioritization Stage was separated into three rounds following stakeholder-driven identification of priorities through the Discovery Survey and key information interviews (please refer to the Primary Data Collection toolkit for more information on these methods).

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Once the methods have been determined, a timeline that accounts for the time needed to collect data, clean and analyze data, create products needed for prioritization activities, and hold meetings should be developed.

The first round of prioritization involved the Needs Assessment Leadership Team and Maternal and Child Health Advisory Task Force. These leadership groups evaluated candidate cross-cutting priorities via criteria-based ranking in June of 2019 during a half day workshop facilitated by the needs assessment team. For Minnesota's criteria-based ranking scoresheet, see Appendix 1. The first round of prioritization involved the creation of 16 data briefs, 16 data placemats, and criteria-based ranking sheets on which people could record their choices.

Five community forums were held in-person during August and September 2019, along with four corresponding all-remote events, which comprised the second round of prioritization. A community voting process was utilized with a gallery walk of poster presentations of the data stories and voting using a scorecard. Participants completed rank voting where they identified their top 3 priorities within each of the 6 domains. The second stage of prioritization involved the creation of 26 data briefs and 26 data placemats, bringing the total to 42.

The third and final round of prioritization again involved the Maternal and Child Health Advisory Task Force and Needs Assessment Leadership Team completing criteria-based ranking for the population domain candidate priorities (maternal, infant, child, adolescent, children and youth with special health needs).

Voting Methods

When deciding on which method of voting to use, it is important to consider the audience that will be completing the voting. Different methods might be more appropriate for community members than public health professionals, and vice versa. Methods can include ranking, individual rating, most/least, paired comparisons, and criteria-based ranking.

Individual ranking of the top 3 priorities in a domain is a simple method that can be used to gather community input quickly. Please see an example of an individual ranking scorecard in Appendix 2.

Criteria-based ranking is more complex than individual ranking, but can provide a more comprehensive approach to prioritization by considering multiple different indicators. Criteria can include but aren't limited to: magnitude, trend, health equity, severity, preventability, resources allocated, capacity, political will, and acceptability. Within criterion, scoring can be unique to each specific criteria selected. For example, magnitude might have the following scoring:

- 1 = Low
- 2 = Moderate in some populations
- 3 = Moderate
- 4 = High in some populations
- 5 = High

Whereas health equity might have this type of scoring:

- 1 = No disparities
- 3 = Moderate disparities
- 5 = Persistent/high disparities

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When determining criteria for criteria-based ranking, the weight that each criterion will have must be determined as well. If it is the goal of a needs assessment to be equity-focused, then assigning a greater weight to health equity criterion might be appropriate. Conversely, if the focus on areas of improvement according to Healthy People 2020 goals, then perhaps prescribing more weight to a criterion focused on these national goals would be useful. An example of a criteria-based ranking sheet and weighting can be found in Appendix 1. Minnesota weighted the equity and stakeholder engagement scores in the needs assessment.

Analysis

Minnesota is currently in the process of writing up the methods and analysis of their needs assessment. If you would like more detailed information about the methods used to complete the analysis, please contact [Blair Harrison](#), the Title V Needs Assessment Coordinator. Below is an overview of how the prioritization event scores were combined in the final prioritization analysis.

Community Rank Voting Methods

During community voting events, participants were asked to rank their top three choices in each domain, and when tallying scores weights were applied as follows: first choice (weight of 3), second choice (weight of two), third choice (weight of 1). Scores were combined and then multiplied by their weights.

Criteria-Based Ranking Methods (MCH Task Force Total Score)

Minnesota's Criteria-Based Ranking Prioritization Criteria included: Magnitude, Trend, Health and Health & Racial Equity, Impact/Severity, Perceived Preventability, Effective Interventions, Agency Capacity, and Political Will. Each criterion was scored from 1 (low priority) to 5 (high priority) based on their assessment of each candidate priority using data stories and data placements (and if needed, information beyond what is provided by the Title V Data Team) to inform their decision-making. During the analysis of results weights were applied to the two criterion that were determined by the Title V Leadership Team prior to the prioritization events (Health & Racial Equity and Stakeholder Engagement were given a weight of 2, while all other criterion have a weight of 1). MCH Task Force Total Score for each candidate priority were determined by taking the sum of the average score for each criteria with weights applied.

Stakeholder Engagement Score Methods (Stakeholder Engagement Score)

To assign a stakeholder engagement score, the community forum total scores were ranked highest to lowest in each domain and then by proportion (i.e. quintiles) were assigned a score of 1-5 (which corresponds with the criteria-based ranking score ranges). As this was a weighted criteria, the score was then doubled.

Total Score Methods (Total Score)

The stakeholder engagement score was combined with the MCH Task Force Total Score for the Total Score. In order to consider all elements of the scoring, scores have been presented on the front of this prioritization placemat in total, but also by community and task force rankings.

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Community Engagement

Engaging the community can be done in numerous ways dependent on the extent to which community input is desired, logistics of coordinating community events, and methodology used to collect community input. Community input can be gathered through in person events, electronically via webinars, or through a combination of the two.

Best Practices and Lessons Learned

- Many secondary data sources utilize national data only or do not have large sample sizes for state-level data. As the Title V Needs Assessment is focused on individual states, utilizing state-level data whenever possible when creating prioritization materials and ranking criteria is a best practice.
- If it is decided to host in-person events, all remote options should be scheduled as well to ensure that ability to attend and provide input is as equitable as possible.
- When planning for and identifying spaces to host events, consider hosting these events in under-represented communities to engage these community voices while also reducing barriers to participation.
- Enlisting the support of translators and advertising that translators will be present at events can help to reduce barriers to attendance experienced by non-English speaking or English language learning people.

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Appendix 1. Minnesota's Criteria-Based Ranking Scoresheet

Criteria	Criteria Explanation	Scoring	Possible Priority 1	Possible Priority 2	Possible Priority 3	Possible Priority 4	Applied Weight
Magnitude	The number of people who are impacted.	1 = low 2 = moderate is some populations 3 = moderate 4 = high in some populations 5 = high					1
Trend	A pattern of gradual change or general tendency of a series of data points to move in a certain direction over time.	1 = clear improvement 2 = some improvement 3 = no improvement 4 = some worsening 5 = clear worsening					1
Health and racial equity	Attainment of the highest level of health for all people. Inequities are differences (i.e. disparities) among different groups of people that are avoidable, unfair, and unjust.	1 = no disparities 3 = moderate disparities 5 = persistent/high disparities					2
Impact/severity	The impact/effects of the utilization of resources (financial cost), morbidities, comorbidities, and mortality.	1 = generally minor 3 = frequently moderate 5 = frequently severe					1
Perceived preventability	Able to be prevented, avoided, or stopped in its tracks.	1 = not currently preventable 3 = partially preventable 5 = preventable					1
Effective Interventions	Effective intervention or evidence-based/informed strategy is available (efforts will make a measurable impact in 2, 5, and 10 years).	1 = no known effective interventions 3 = at least 1 known effective interventions 5 = many known effective interventions					1
Agency capacity	The ability for Community and Family Health, in partnership with stakeholders, to dedicate resources to address strategies to improve priority.	1 = No dedicated or available resources 3 = No current dedicated resources but possible available resources 5 = Dedicated and available resources					1
Political will	The collective support from state administration, politicians, and the public.	1 = Support from none 3 = Support from at least one 5 = Support from all					1
Stakeholder Input	Contributions from community members, stakeholders, internal staff, and other partners throughout Needs Assessment process.	Score will be provided based on results from discovery survey, community forum, and subject matter expert meetings.*					2

Appendix 2. Example of a Community Forum Voting Scorecard

LET YOUR VOICE BE HEARD!

Thank you for participating in the community forum!

Please tell us what the **top 3 needs** are of children and adolescents in your community.

Please write different topics for your top three choices. If you write in a topic more than once it will only be counted one time during scoring.

1st: _____

2nd: _____

3rd: _____

Topics to choose from:

- Adolescent Suicide
- Boys and Young Men
- Bullying
- Childhood Trauma & Adversity
- Comprehensive Early Childhood Systems
- Foster Care
- Oral Health
- Physical Activity
- Teen Pregnancy and Childbirth
- Well Visits

