

## Community Health Status Indicators Evaluation

### Focus Group Interview Guide

## Opening Remarks

Welcome and thank you for participating in this Community Health Status Indicators (CHSI) focus group. CDC has funded NACCHO to conduct an assessment of the CHSI online community health assessment tool. The overall purpose of this focus group is to better understand the use, utility, and benefits of the CHSI tool among local health departments (LHDs). You have been selected to participate in this focus group because of your awareness and experience with CHSI or other community assessment tools, and because of your role in community health improvement planning at your agency.

My name is [INSERT NAME] and I am a [INSERT NACCHO TITLE AND TEAM] at the National Association of County and City Health Officials (NACCHO). I will be facilitating this focus group and [INSERT NAME AND TITLE OF ASSISTING STAFF] will be assisting me with notetaking and logistics throughout this session. Your feedback today will be used to make improvements to the CHSI tool to better meet the needs of local health departments, so please answer as comprehensively and accurately as possible. If there are any questions or discussions that you do not wish to contribute to, you do not have to do so. However, please try to be as involved as possible.

Participating in this focus group is completely voluntary and takes approximately 90 minutes. There are no known risks or direct benefits to you from participating or choosing not to participate, but your responses will help CDC understand how CHSI can better meet the needs of local health departments. To ensure we capture all of the valuable information you provide, we would like to tape record this session. The tapes will be used strictly for capturing any information that may have been missed in the notes. Any results reported or shared with the public will be in aggregate form only. NACCHO or CDC will not publish or share your name or release any information that could identify you. Thank you for your agreement to tape record these sessions.

To ensure a productive session and to maintain a safe space for dialogue, please follow the ground rules:

- Only one person speaks at a time.
- There are no right or wrong answers.
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you.
- Everyone's perspectives will be heard and respected.
- Each participant will maintain the privacy of the participation and responses of others in the group.
- All cellular phone and pages are placed on silent. If you cannot and you must respond to a call, please do so as quietly as possible and rejoin us as quickly as you can.
- Because the session is being recorded, speak loudly and clearly.

Are there any questions before we begin? [*Pause for questions.*]

CDC estimates the average public reporting burden for this collection of information as 90 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

## Round Robin Introductions

We are going to kick things off with brief introductions. As we go around the room, please state your name, LHD, and position. [**Facilitate introductions.**] Thank you all again for participating in this session. We will now begin the focus group discussion.

## Description of CHSI

**[Provide the following description and distribute the attached handout prior to the start of the focus group questions]**

*Community Health Status Indicators* is an online community health assessment tool that produces health profiles for all 3,143 U.S. counties and the District of Columbia. CHSI 2015 is a new and updated resource that is managed by the CDC and builds on earlier versions of CHSI that were managed by HRSA.

The goals of CHSI 2015 are to assess community health status and identify disparities; promote a shared understanding of the wide range of factors that drive health; and mobilize multi-sector partnerships to work collaboratively to improve population health. CHSI 2015 includes over 40 core indicators that were selected based on evidence of their association with population health outcomes. CHSI 2015 compares the value of each county health indicator to the values for the U.S. median and Healthy People 2020 targets.

## Questions

**[Use the following questions to facilitate the conversation. Utilize the provided prompts and follow-up questions to acquire more details and clarification, as necessary.]**

### Awareness

1. Prior to this focus group, had you heard about the Community Health Status Indicators (CHSI) 2015 web-based resource?
  - a. If yes, how / where did you hear about CHSI 2015?
  - b. How do you suggest to best publicize this resource among LHDs?

### Use

2. What kind of resources and data sources has your LHD used for conducting a CHA or CHIP?  
[Assistant makes a flip chart list of sources; if participants do not mention CHSI 2015, leader should specifically ask about it.]
3. [For those who have not used CHSI]. Can you share reasons why you/your agency has not utilized the CHSI 2015 resource?
4. [Select a few resources from the list and repeat the following series of questions for each resource. Always include CHSI & CHR&R in this series of questions; add up to 2 more sources if

used by several participants. Selected resources should be ones that are similar in concept to CHSI (jurisdiction-specific information available electronically).]

- a. How many people have used [resource] in a CHA or CHIP? [show of hands]
- b. Can you give an example of how you used [resource] in your CHA or CHIP?
- c. Is there anything unique about [resource] compared to others that you use? If so, explain.
- d. Have you used [resource] for anything other than CHA or CHIP? If so, please describe. *[Specific prompts may include, monitoring of health indicators, identification of health disparities, increasing awareness among policy makers or public, developing partnerships, convening stakeholders, justification for funding]*

### **Benefits**

- e. What did you find beneficial about [resource]?

For example,

- Does [resource] include the health indicators that are important to your community?
- Do you feel that [resource] assesses a range of indicators, including social factors and the physical environment?
- Do you feel that [resource] is a useful for identifying population groups with health inequities? Why or why not.

- f. What could have made [resource] more beneficial for your CHA or CHIP? (e.g., types of data, functionality).

5. CHSI 2015 includes a feature that compares indicator values for a selected county with those of “peer counties” across the U.S. grouped by similar demographic profiles. The peer county comparisons feature produces charts and graphs for each indicator that rank a county as “better” “moderate” or “worse” in comparison to their peer counties.

- a. Were you previously aware of this feature?
- b. How would you describe the benefit or value of this feature for your needs?

6. CHSI 2015 includes a feature that gives users the ability to compare indicator values for sub-population groups by sex, age, and race/ethnicity, where data are available.

- a. Were you previously aware of this feature?
- b. How would you describe the benefit or value of this feature for your needs?

7. CHSI includes a feature that gives users the ability to produce maps of selected social factors by census tracts which can help identify areas of vulnerable populations and potential health disparities within a county.
  - a. Were you previously aware of this feature?
  - b. How would you describe the benefit or value of this feature for your needs?
8. Is there any added benefit of using CHSI (for your CHA or CHIP) relative to County Health Rankings? Please explain.
9. Is there any added benefit of using CHSI (for your CHA or CHIP) relative to Community Commons? Please explain.

## Use

### **General Areas for Improvement**

10. Please describe your general experience with using the CHSI website.
  - o What do you like?
  - o What do you not like?
  - o What is missing?
  - o [*Probe: We want feedback on data and functionality (e.g., site navigation), if not provided already.*]

### **Concluding Questions**

11. What stood out to you the most during today's conversation?
12. As a reminder, the purpose of this focus group is to solicit feedback to improve the awareness, use, and benefits of CHSI for the work of LHDs.
  - o Is there any additional feedback on CHSI that we haven't yet discussed?

## **Conclusion**

This concludes today's focus group. I would like to thank you again on behalf of CDC and NACCHO for participating and offering your candid feedback.

[Handout]

Community Health Status Indicators is an online community health assessment tool that produces health profiles for all 3,143 U.S. counties and the District of Columbia. CHSI 2015 is a new and updated resource that is managed by the CDC and builds on earlier versions of CHSI that were managed by HRSA.

The goals of CHSI 2015 are to assess community health status and identify disparities; promote a shared understanding of the wide range of factors that drive health; and mobilize multi-sector partnerships to work collaboratively to improve population health. CHSI 2015 includes over 40 indicators that were selected based on evidence of their association with population health outcomes. CHSI 2015 compares the value of each county health indicator to the values for the U.S. median and Healthy People 2020 targets.

Added features of CHSI 2015 include charts for each health indicator that rank a county as “better” “moderate” or “worse” in comparison to “peer counties” across the U.S. grouped by their similar demographic profiles. CHSI 2015 also stratifies selected health indicators by age, race/ethnicity, and sex within a county and provides maps of selected social indicators by census tracts to help identify vulnerable populations and potential health disparities.

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## Community Health Status Indicators (CHSI 2015)

**CHSI** INFORMATION FOR IMPROVING COMMUNITY HEALTH  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR DISEASE CONTROL AND PREVENTION

-- Select State --  
-- Select County --  
[Start Now](#)

**CHSI 2015** is an interactive web application that produces health profiles for all 3,143 counties in the United States. Each profile includes key indicators of health outcomes, which describe the population health status of a county and factors that have the potential to influence health outcomes, such as health care access and quality, health behaviors, social factors and the physical environment.

The social factors and the physical environment are especially important because they represent the conditions in which people are born, work, and play. Neighborhoods with affordable healthy food, safe and accessible housing, and quality employment opportunities can positively influence behaviors and help to create healthy lifestyles. The World Health Organization and others call the living conditions that can affect health and quality of life the “social determinants of health”.

*Healthy People (HP) 2020* highlights the importance of addressing the social determinants of health by including as one of its four overarching goals, “Create social and physical environments that promote good health for all”. CHSI 2015 supports this goal by including a broad range of indicators, including multiple indicators related to the social and physical environment.

**CHSI 2015 Goals**  
**Improve the ability of stakeholders to:**

- Assess community health status and identify disparities.
- Promote a shared understanding of the wide range of factors that drive health.
- Mobilize multi-sector partnerships to work collaboratively to improve population health.

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**New Features**

**Summary Comparison Page** - “at a glance” graphic of how a county compares to those of its peers for all indicators.

**Distribution Bar Charts** of each indicator value benchmarked against peer counties, all U.S. counties, and *HP 2020* objectives, where applicable.

**Tract Maps and Indicators by age group, sex, and race/ethnicity** to identify potential health disparities.

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**CHSI 2015** includes many of the 42 most recommended health metrics for community health assessment.

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