Reminder

This presentation is intended for **educational purposes only** and do not replace independent professional judgment. Contents presented are served as tools and resources. Participants can align concepts learned with the grants requirements and apply concepts to workplans.

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Prioritizing Mental Health and Substance Abuse Prevention Efforts

Why Prioritize?

- Limited **resources**
- Not enough **time**
- Inadequate **staff**
- Not enough **money**

Source: Centers for Disease Control and Prevention (CDC). Prioritize and Control Public Health Problems. Atlanta, Georgia: Centers for Disease Control and Prevention (CDC); 2013.

Prioritizing Concepts

1. Participatory planning
2. Consensus building

Source: Centers for Disease Control and Prevention (CDC). Prioritize and Control Public Health Problems. Atlanta, Georgia: Centers for Disease Control and Prevention (CDC); 2013.

Participatory Planning

Decisions need to involve all concerned and affected parties

❖ Stakeholder: A person or organization that has an interest, share, or investment in what you are doing

❖ Partner: A person or organization that is supportive of what you are doing (sub-set of stakeholders).

Consensus Building

A collaborative decision-making process that focuses on partnership, participation, involvement of appropriate leadership, and builds a foundation of trust.

Source: Centers for Disease Control and Prevention (CDC). Prioritize and Control Public Health Problems. Atlanta, Georgia: Centers for Disease Control and Prevention (CDC); 2013.

Criteria for Reaching Consensus

1. Everyone concerned or affected participates in discussions.

2. No one is forced to agree to an idea or the final decision.

3. Final decision must be one that everyone can accept, even if some support it more or less than others, and in alignment with the funding objectives.

Preliminary Preparations

Preliminary Preparations

- Coalition assessment
  - ✓ Determine strengths and areas for improvement to address

- Clarify objectives and processes
  - ✓ All team members must understand the goals and objectives and the chosen prioritization process

- Establish criteria
  - ✓ Avoid selection based on bias or hidden agendas
  - ✓ Ensure that everyone is 'on the same page'

Examples of the Criteria for Prioritizing Issues

❑ **Magnitude/Size**   How many people are affected?

❑ **Consequences**   Deaths, hospitalizations, disability

❑ **Trends**   Is it getting worse or better?

❑ **Disparity**   Are some groups affected more?

❑ **Evidence-based**   Is there a proven strategy?
  Strategies

❑ **Community**   Does our community care about it?
  Readiness

❑ **Capacity/Resources**   Build on current work – available $?

❑ **Others?**   Consumption, intermediate variables, root cause

Example of the Criteria to Identify Strategies

- Conceptual fit (relevant)
- Practical fit (appropriate)
  - Target population
  - Intervention setting
  - Culturally appropriate
  - Implementation supports
  - Feasible (culturally, politically, administratively, technically, and financially)
- Evidence of effectiveness

Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA). (2009). *Identifying and selecting evidence-based interventions: Revised guidance document for the strategic prevention framework state incentive grant program*. Retrieved from https://store.samhsa.gov/shin/content/SMA09-4205/SMA09-4205.pdf.

Four Prioritization Methods

1. Multi-voting Technique
2. Strategic Grid
3. Prioritization Matrix
4. The Hanlon Method

Multi-voting Technique

Used when a long list of options must be narrowed down to a top few

- Allows a health problem or an intervention which may not be a top priority of any individual but is favored by all, to rise to the top

Source: National Association of County and City Health Officials. Prioritizing Health Issues. Available at http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf.

Multi-voting Technique

1. **Round 1 vote**
   - Each participant votes for their highest priority items base on an established list of options
     - depending on the number of items on the list, a maximum number of votes per participant can be established
2. **Update list**
   - Choices with a vote count equivalent to half the number of participants voting remain on the list and all other choices are eliminated
3. **Round 2 vote**
   - Each participant votes for their highest priority items of this condensed list
     - Participants can vote a number of times equivalent to half the number of choices on the list
4. **Repeat**
   - Step 3 should be repeated until the list is narrowed down to the desired number of health priorities.

Multi-voting Practice Example

Intermediate variables for underage drinking	Round 1 vote total	Round 2 vote total	Round 3 vote total
Retail availability			
Social availability			
Enforcement			
Promotion			
Community norms			
Individual factors			

Strategic Grid

- Emphasis towards addressing issues that will yield the greatest results
- A thoughtful approach when limited in capacity and resources, and want to **focus on areas that provide 'the biggest bang for the buck'**
- Assist in transitioning from brainstorming with a large number of options to a more focused plan of action

Source: National Association of County and City Health Officials. Prioritizing Health Issues. Available at
http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf.

Strategic Grid

1. **Select criteria**
   - Choose *two* broad criteria that are currently most relevant to the agency (e.g. 'importance/urgency,' 'cost/impact,' 'need/feasibility,' etc.).
   - **Create a grid**
   - Set up a grid with four quadrants and assign one broad criteria to each axis

2. **Label quadrant**
   - Based on the axes, label each quadrant as either 'High Need/High Feasibility,' 'High Need/Low Feasibility,' 'Low Need/High Feasibility,' 'Low Need/Low Feasibility'

3. **Categorize and Prioritize**
   - Place competing activities, projects, or programs in the appropriate quadrant based on the quadrant labels

Strategic Grid: Practice Example
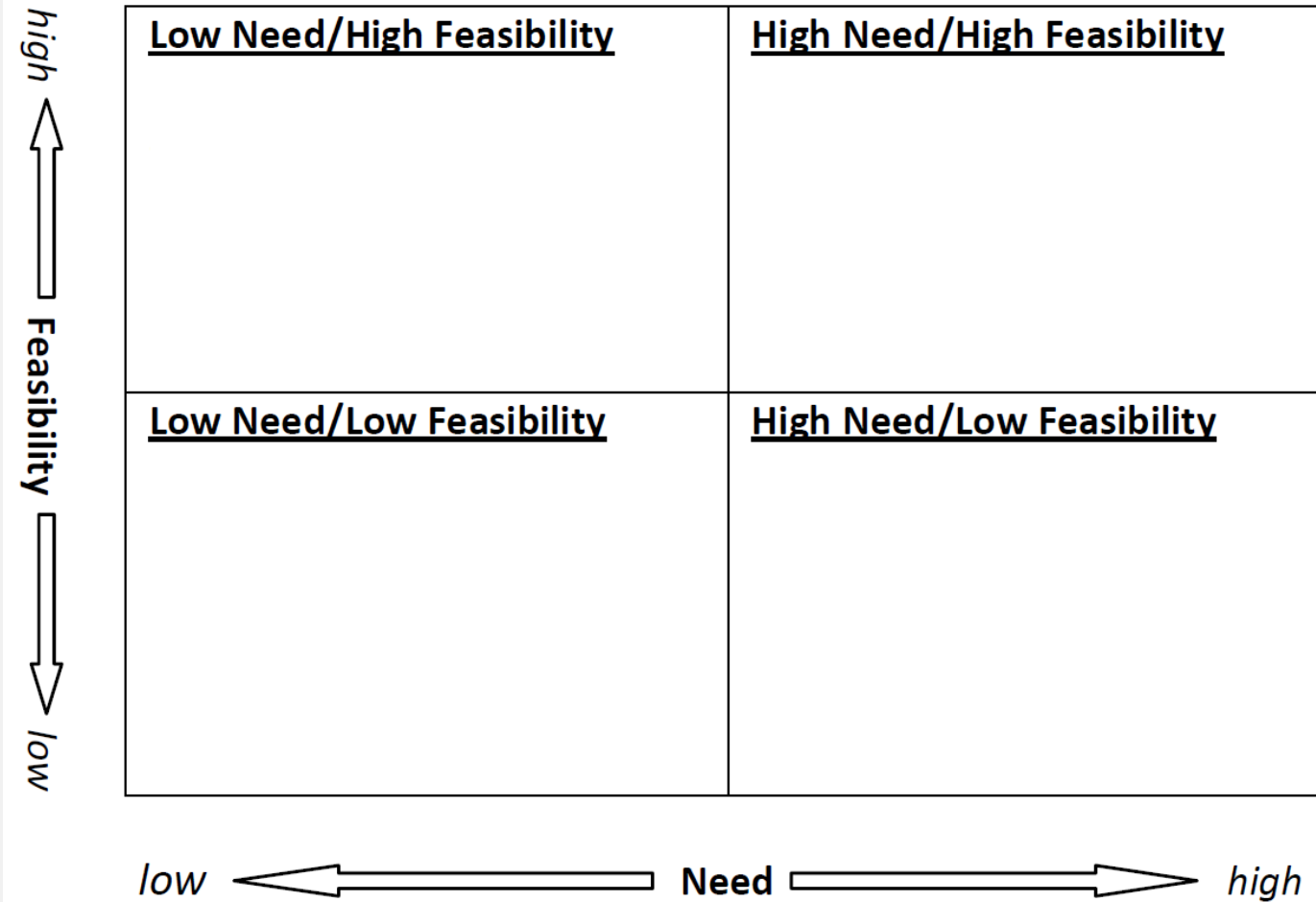
Prioritization Matrix

- One of the more commonly used tools
- Ideal when health problems/strategies are considered against a **large number of criteria**
- Ideal when an agency is **restricted to focusing on only one priority** health issue/strategy
- Provides a visual method for prioritizing and **account for criteria with varying degrees of importance**

Source: National Association of County and City Health Officials. Prioritizing Health Issues. Available at
http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf.

Prioritization Matrix

	Criterion 1 (Rating x Weight)	Criterion 2 (Rating x Weight)	Criterion 3 (Rating x Weight)	Priority Score
Health Problem A	2 x 0.5 = 1	1 x 0.25 = 0.25	3 x 0.25 = 0.75	2
Health Problem B	3 x 0.5 = 1.5	2 x 0.25 = 0.5	2 x 0.25 = 0.5	2.5
Health Problem C	1 x 0.5 = 0.5	1 x 0.25 = 0.25	1 x 0.25 = 0.25	1

1. **Create a matrix**
   - Health issues/strategies vertically down the y-axis (vertical axis)
   - All the criteria horizontally across the x-axis so that each row is represented by a health issue/strategy and each column is represented by a criterion
   - Include an additional column for the priority score
2. **Rate against specified criteria**
   - Rate each health issue/strategy against each criterion
   - Example of a rating scale:

   3 = criterion met well 2 = criterion met 1 = criterion not met

Prioritization Matrix

3. Weight the criteria

- If each criterion has a differing level of importance, account for the variations by assigning weights to each criterion

- Multiply the rating established in Step 2 with the weight of the criteria in each cell

4. Calculate priority scores

- Add the scores across the row

- Assign ranks to the health problems/strategies with the highest priority score receiving a rank of '1.'

Source: National Association of County and City Health Officials. Prioritizing Health Issues. Available at http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf.

Prioritization Matrix-Practice Example

Strategies	Conceptual Fit	Practical Fit	Evidence of Effectiveness	Total Priority Score
	Does the candidate strategy target the identified problem and the underlying factors contribute to changes in the problem?	Is the candidate strategy appropriate for the target population?	Is there sufficient documented evidence or support for the effectiveness of the strategy?	
	Rating Scale: 1=Lowest 2=Low 3=Medium 4=High 5=Highest			
Retailer Education				
Youth Education Program				
Parental Education/ Parental Monitoring				
Restriction on Advertising to Youth				
Compliance Check/ Sobriety Check Point				

Note: The scales in Table are arbitrary models of how numerical scales are established and are not based on real epidemiological data; Agency should establish scales that are appropriate for the community being served.

The Hanlon Method

- Developed by J.J. Hanlon
- Useful when the desired outcome is an objective list of **health priorities based on baseline data and numerical values**

The Hanlon Method

1. **Rate against specified criteria**

    – on a scale from 0 -10, rate each health problem on the following criteria: *size of health problem, magnitude of health problem, and effectiveness of potential interventions*

    – this step requires the collection of baseline data

The Hanlon Method

Guiding considerations when ranking health problems against the 3 criteria	• Size of health problem should be based on baseline data collected from the individual community.	• Does it require immediate attention? • Is there public demand? • What is the economic impact? • What is the impact on quality of life? • Is there a high hospitalization rate?	• Determine upper and low measures for effectiveness and rate health problems relative to those limits. • For more information on assessing effectiveness of interventions, visit https://store.samhsa.gov/shin/content/SMA09-4205/SMA09-4205.pdf

The Hanlon Method: Sample Criteria Rating

Rating	Size of Health Problem (% of population w/health problem)	Seriousness of Health Problem	Effectiveness of Interventions/Strategies
9 or 10	>25% (STDs)	Very serious (e.g. very high death)	80% - 100% effective (e.g. vaccination program)
7 or 8	10% - 24.9%	Relatively Serious	60% - 80% effective
5 or 6	1% - 9.9%	Serious	40%-60% effective
3 or 4	.1% - .9%	Moderately Serious	20% - 40% effective
1 or 2	.01% - .09%	Relatively Not Serious	5% - 20% effective
0	< .01% (Meningococcal Meningitis)	Not Serious (teen acne)	<5% effective

Note: The scales in Table are arbitrary models of how numerical scales are established and are not based on real epidemiological data; Agency should establish scales that are appropriate for the community being served.

The Hanlon Method

2. Apply the 'PEARL' test

Propriety — Is a program for the health problem suitable?

Economics — Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?

Acceptability — Will a community accept the program? Is it wanted?

Resources — Is funding available or potentially available for a program?

Legality — Do current laws allow program activities to be implemented?

- Eliminate any health problems which receive an answer of "No" to any of the above factors

Source: National Association of County and City Health Officials. Prioritizing Health Issues. Available at http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf.

The Hanlon Method

3. Calculate priority scores

$$D = [A + (2 \times B)] \times C$$

Where: *D = Priority Score*
A = Size of health problem ranking
B = Seriousness of health problem ranking
C = Effectiveness of intervention ranking

*Note: Seriousness of health problem is multiplied by two because according to the Hanlon technique, it is weighted as being twice as important as size of health problem.

The Hanlon Method

4. Rank the health problem

- Health problems with the highest priority score (from Step 3) receiving a rank of '1,' the next high priority score receiving a rank of '2,' and so on.

Hanlon Method- Practice Example

Problem	Size/ Magnitude	Seriousness /severity	Effectiveness of Strategies	Total Priority Score	Rank
	Range across towns/region Burden – how many people affected?	Years of potential life lost, health, disability, economic, criminal, justice, or other cost			
Alcohol					
Marijuana					
Prescription Drugs					
Heroin					
Meth					

Note: The scales in Table are arbitrary models of how numerical scales are established and are not based on real epidemiological data; Agency should establish scales that are appropriate for the community being served.

Questions or Comments??

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Please complete the evaluation form

Oklahoma Department of Mental Health
and Substance Abuse Services

Our Mission: To promote healthy communities and provide the highest quality care to enhance the well-being of all Oklahomans.