Douglas County
Kansas

Organizational Assessment Report

Prepared for the

Douglas County Community Health Plan Steering Committee

LAWRENCE-DOUGLAS COUNTY
Health Department

KU WORK GROUP FOR COMMUNITY HEALTH & DEVELOPMENT
The University of Kansas

July 17, 2017

Organizational Assessment

Background

The socio-ecological model reminds us that understanding health issues requires knowledge of how individuals, organizations, and communities are experiencing and addressing health issues. To better understand the eight issues identified in the initial phase of the community health assessment at the organizational level, staff conducted an organizational assessment to characterize the current context in which the issues are being addressed and describe the interest to prospectively address these issues through a community-wide effort.

Approach

Description of survey development

Based on work conducted in El Paso County, Colorado, staff adapted a survey aimed at assessing the extent to which community organizations address the eight issues, and the interest or additional capacity to address the issues. For the purposes of this survey, housing was separated from poverty and well-paying jobs, totaling nine issues addressed in the survey.

Description of survey administration and distribution

To administer the survey, staff created an online survey. Staff also identified a set of community organizations likely engaged in work to address the nine issues. Staff began by identifying organizations with which they were familiar. In addition, staff reviewed existing directories of organizations to identify additional organizations. It was noted that some organizations were large enough to require completion by different departments. A total of 90 organizations or departments were identified. The link to the survey was distributed via email to the 90 organizations or departments.

Survey Analysis

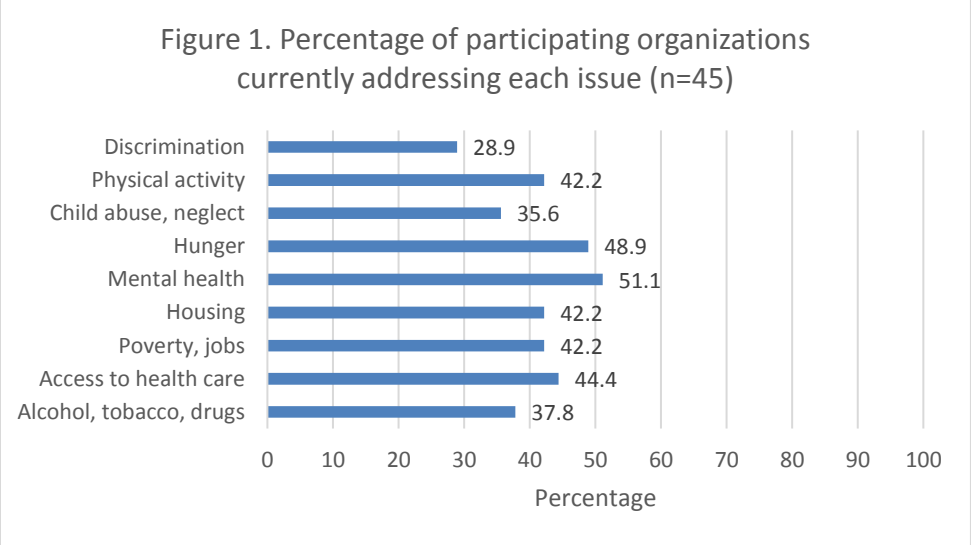
Descriptive statistics were prepared to describe the results of the survey.

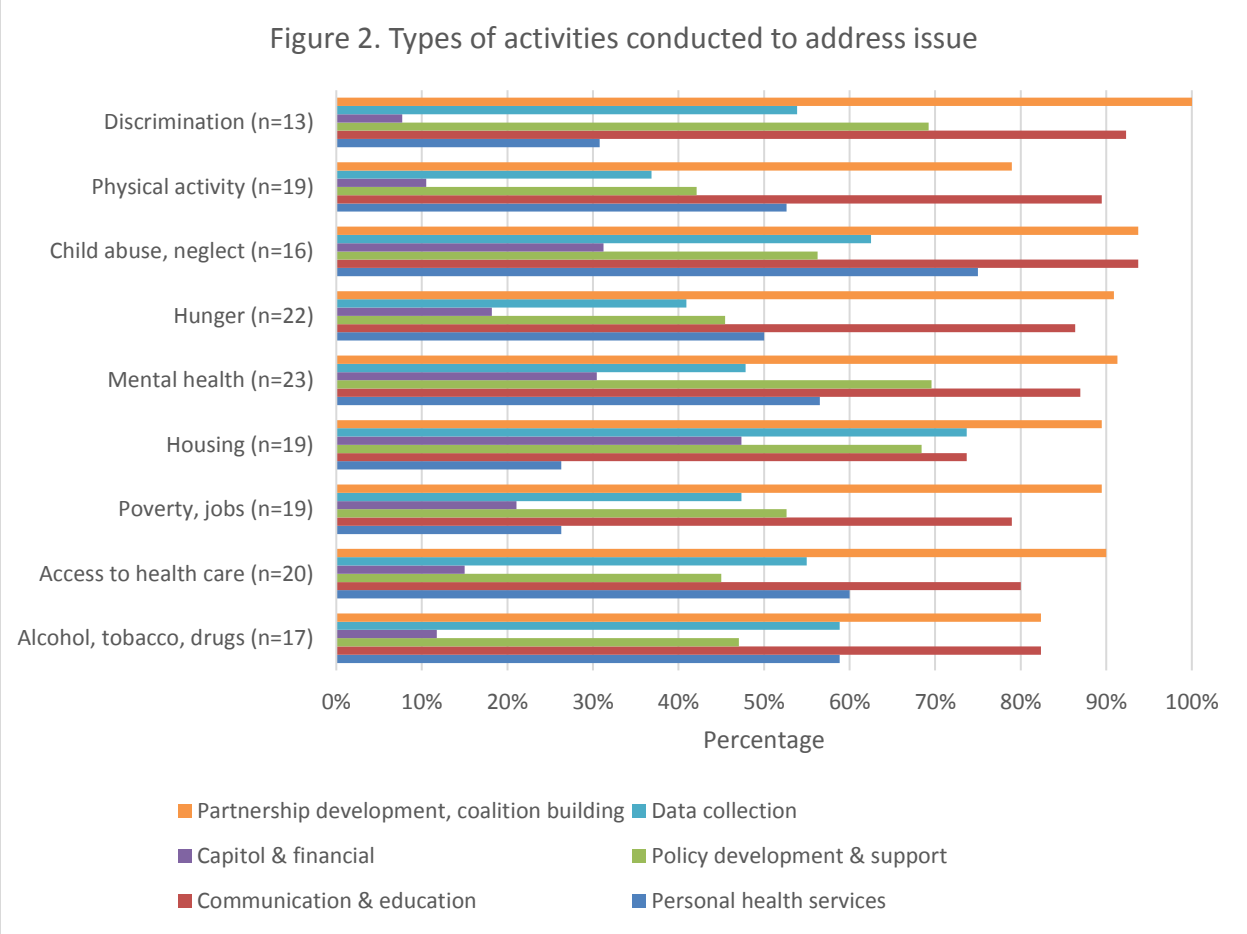
Findings

In total, 45 organizations or departments (50% of the original sample) completed the survey. Table 1 displays the organizations that completed the survey.

Table 1. List of participating organizations		
• Baldwin City Chamber of Commerce • Ballard Community Services, Inc. • Bert Nash Center • Catholic Charities • City of Lawrence • DCCCA, Inc. • Douglas County Dental Clinic • Douglas County Visiting Nurses Association • Douglas County, Kansas • Eckan • Eudora Chamber Of Commerce • Eudora Parks and Recreation Department • Family Promise of Lawrence • First Baptist Church • Harvesters--The Community Food Network	• Haskell Indian Health Center • Haskell Indian Nations University • Headquarters • Health Care Access • Heartland Community Health Center • Independence, Inc. • K-State Research and Extension - Douglas County • KU Child and Family Services Clinic • Lawrence Branch NAACP • Lawrence Community Shelter • Lawrence Douglas County Housing Authority • Lawrence Douglas County Metropolitan Planning Organization • Lawrence Farmers' Market	• Lawrence Interdenominational Nutrition Kitchen • Lawrence Memorial Hospital • Senior Resource Center for Douglas County • ST Luke AME Church • StopGap, Inc • Success By 6 Coalition of Douglas County • Sunrise Project • Tenants to Homeowners, Inc. • The Chamber of Lawrence, Kansas • The KU Center for Sexuality and Gender Diversity • The Sexual Trauma & Abuse Care Center • Trinity In-Home Care • USD 497 Lawrence Public Schools • Van Go, Inc • Willow Domestic Violence Center

Organizations were initially asked to describe their current work to address the nine issues. Figure 1 displays the proportion of organizations who indicated that they are currently working to address the nine issues. More than half (51.1%) of the organizations indicated they address mental health. Just less than half (48.9%) selected hunger or access to healthy foods. Conversely, only 28.9% indicated they wok to address discrimination. Representatives of organizations also indicated the types of activities conducted by their organization to address each issue. Figure 2 provides the percentage of organizations that indicated they engage in a specific type of work to address each issue.





Across all issues, most organizations indicated they engage in partnership development or coalition building, as well as communication and education. The least prevalent activity conducted by organizations addressing these issues was contributing capitol or financial resources.

Figures 3 and 4 contains information about the extent to which organizations' clients or consumers are affected or influence each issue. In general, there was substantial variability between issues regarding the extent to which consumers are affected by each issue (Figure 3). For organizations addressing discrimination and poverty as part of their work, the issues affected more than half of their clients or consumers. Conversely, over half of organizations who address child abuse or neglect as one of the areas of their work reported the issue affected 25% or fewer clients or consumers.

Figure 3. Percentage of clients/ consumers affected by issue

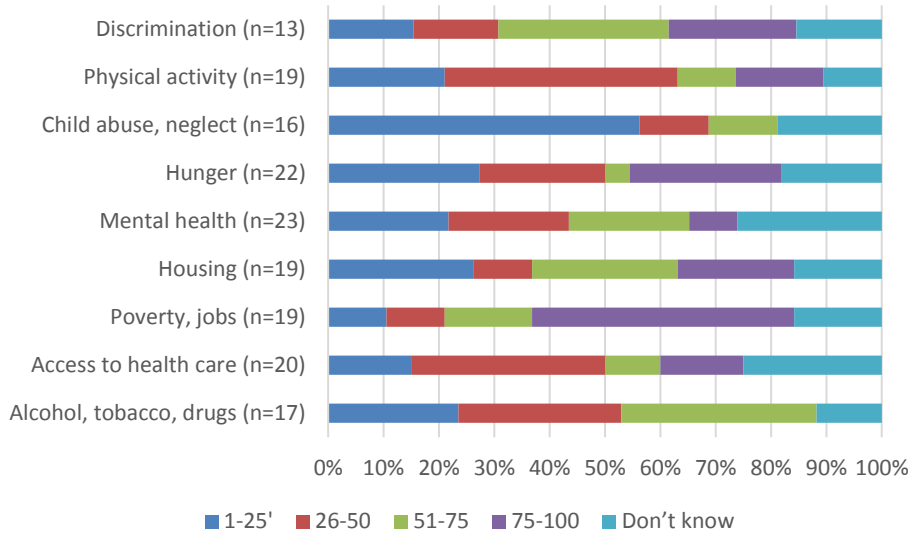
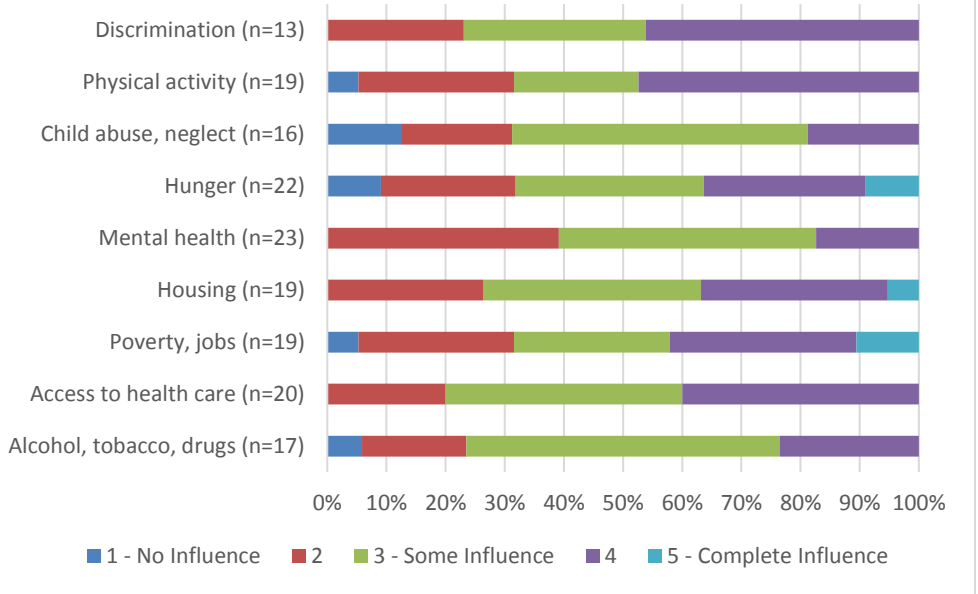
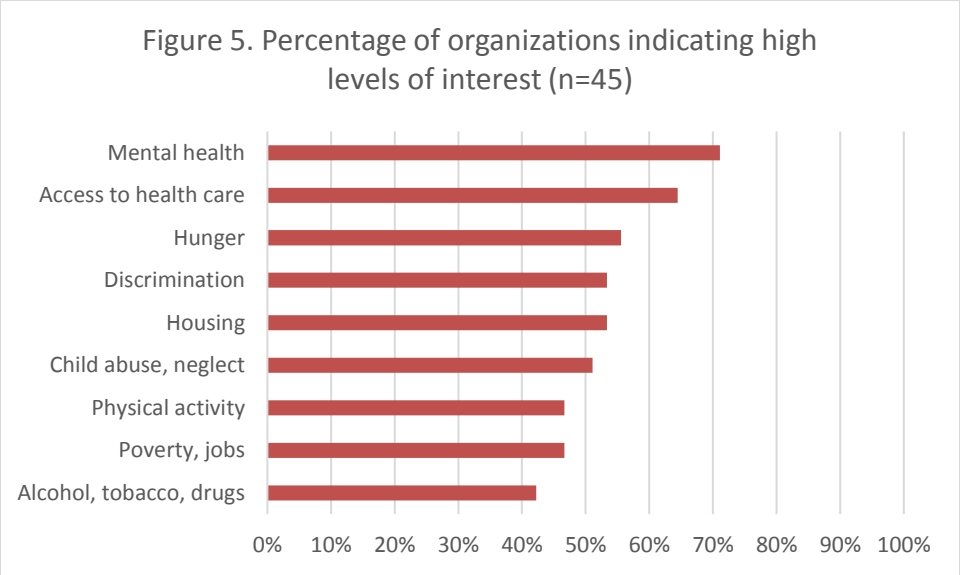


Figure 4 contains information about the extent to which clients or consumers have influence over efforts to address each issue. Very few organizations indicated clients and consumers had complete influence over efforts, which included those that address hunger/ access to healthy foods, housing, or poverty/ jobs. The most common response selected was "some influence."

Figure 4. Extent of client/ consumer influence over efforts

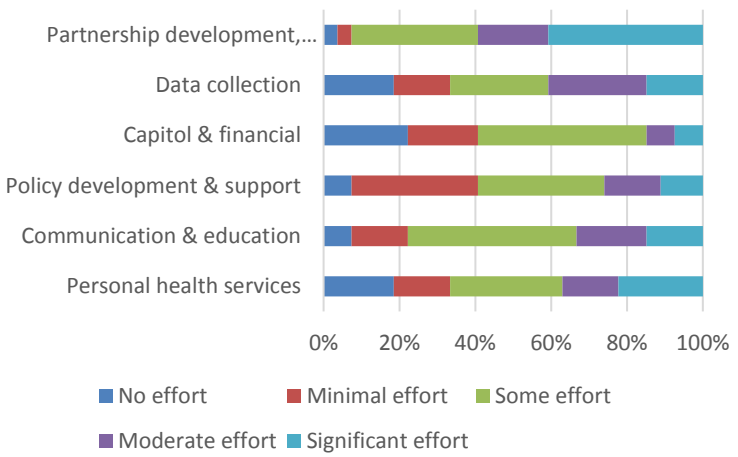


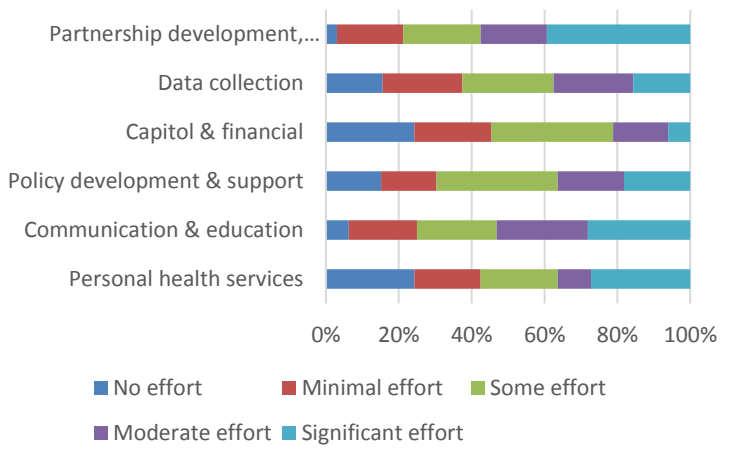
The second set of questions asked respondents to characterize the extent to which organizations would be interested in addressing these issues in the future. Figure 5 displays the percentage of organizations (n=45) who indicated high levels of interest in participating in a community-wide effort to address these issues in the future. More than 70% of participating organizations indicated high levels of interest in addressing the issue of mental health through a community-wide effort. More than half of the participating organizations selected preventive care, hunger/ access to healthy foods, discrimination, housing, and child abuse/ neglect as issues they would address through community wide efforts in the future.

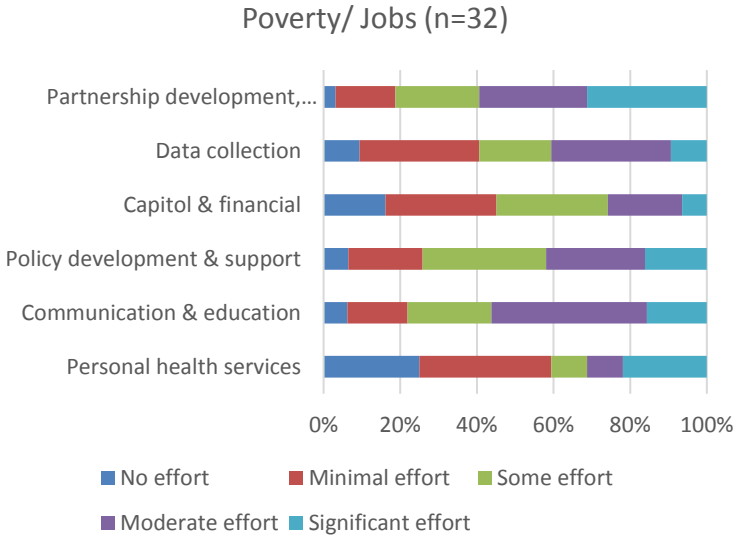


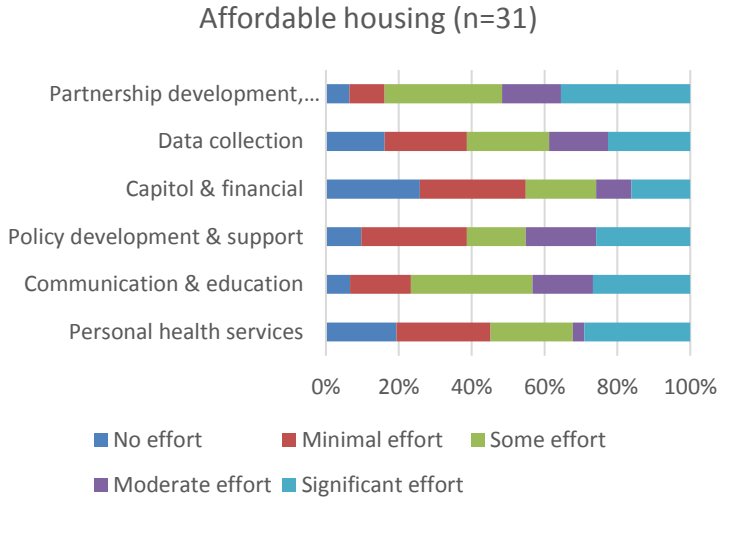
Participating organizations were also asked to describe a) the types of activities they could offer in future efforts and b) the amount of effort that could be devoted to each. Figure 6 displays the percentage of responding organizations who indicated specific levels of effort. Figure 7 combines information about the level of interest that organizations conveyed, and the level of effort across tasks they may being willing to commit to a community-wide effort to address the issue. In this figure the y-axis provides an overall score for level of effort across all of the possible activities. Higher scores relate to higher capacity. Level of interest was standardized across all nine issues to create separation across issues. Level of interest can be interpreted by the size of the data point (larger point reflects larger interest), as well as position across the x-axis (larger interest is on the right hand side of the figure). Figure 8 displays similar information, but introduces data taken from the issue survey to understand issues status according to relative problem. In figure 8, the standardized level of interest is reflected in size of the data point (larger point reflects larger interest in addressing through a community-wide effort), The y-axis provides an overall score for level of effort across all possible activities, in which higher scores reflect higher capacity. Lastly, the x-axis reflects standardized problem scores derived from the issue survey administered in phase one of the community health assessment. Larger problem scores indicate more of a problem.

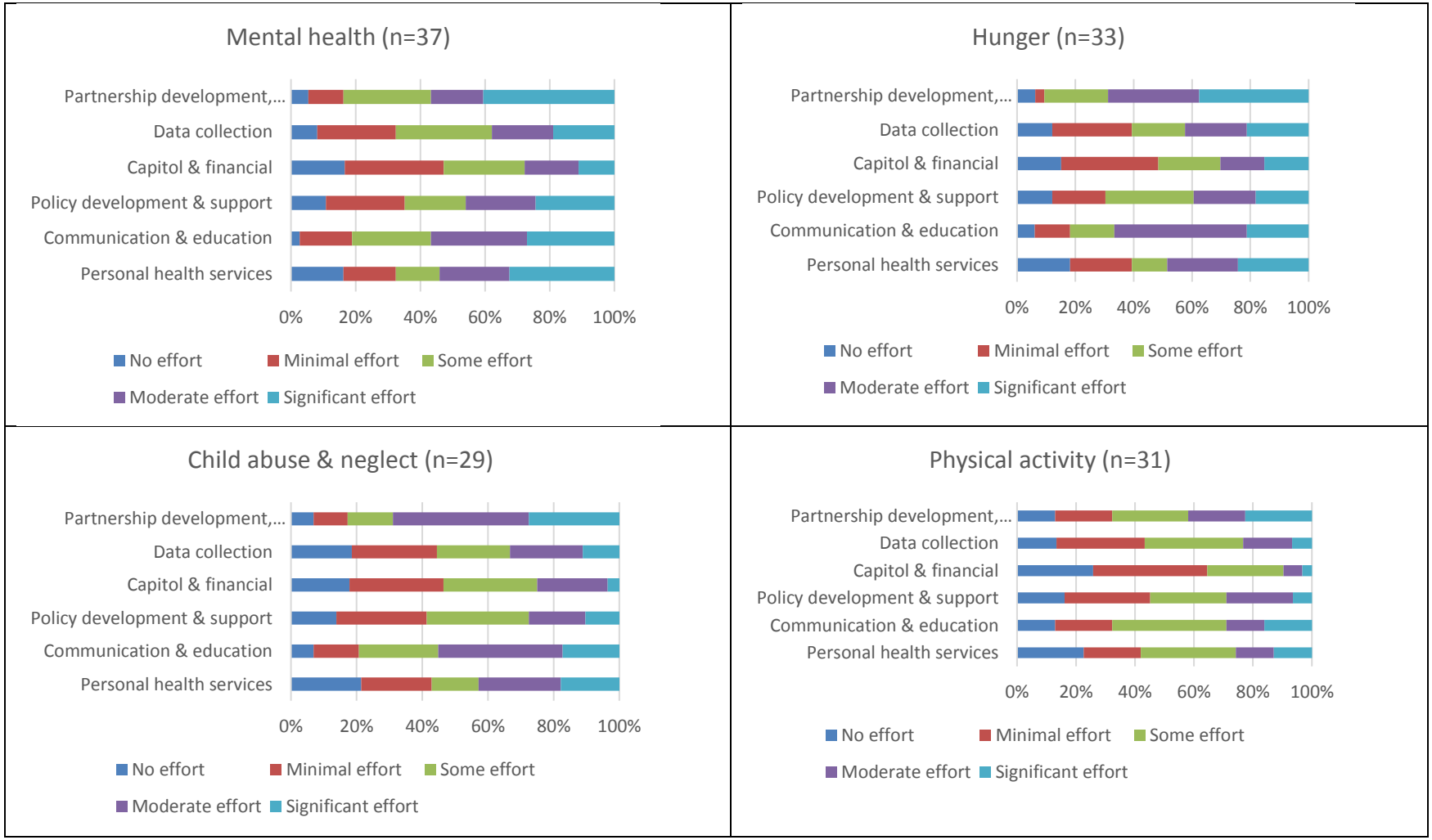
Figure 6. Responses indicating level of effort organizations may be able to commit to specific activities in support of a community-wide effort to address the issue.










Mental health (n=37)
Partnership development,...
Data collection
Capitol & financial
Policy development & support
Communication & education
Personal health services
0%
20%
40%
60%
80%
100%
No effort
Minimal effort
Some effort
Moderate effort
Significant effort
Hunger (n=33)
Partnership development,...
Data collection
Capitol & financial
Policy development & support
Communication & education
Personal health services
0%
20%
40%
60%
80%
100%
No effort
Minimal effort
Some effort
Moderate effort
Significant effort
Child abuse & neglect (n=29)
Partnership development,...
Data collection
Capitol & financial
Policy development & support
Communication & education
Personal health services
0%
20%
40%
60%
80%
100%
No effort
Minimal effort
Some effort
Moderate effort
Significant effort
Physical activity (n=31)
Partnership development,...
Data collection
Capitol & financial
Policy development & support
Communication & education
Personal health services
0%
20%
40%
60%
80%
100%
No effort
Minimal effort
Some effort
Moderate effort
Significant effort

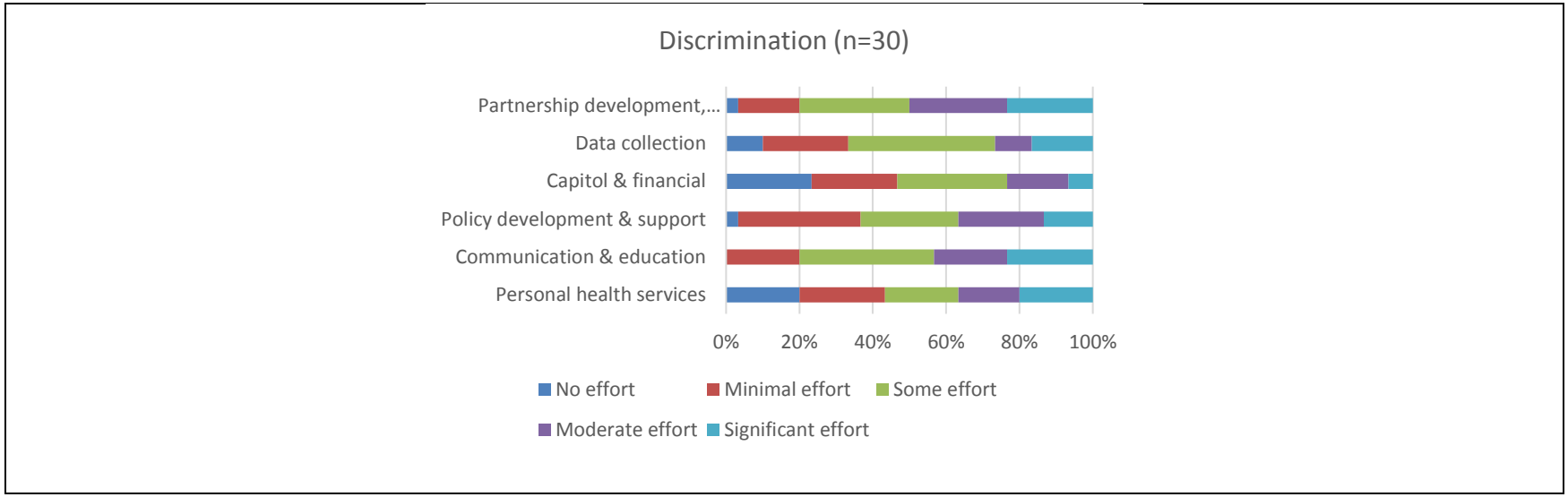

Discrimination (n=30)
Partnership development,…
Data collection
Capitol & financial
Policy development & support
Communication & education
Personal health services
0%
20%
40%
60%
80%
100%
No effort
Minimal effort
Some effort
Moderate effort
Significant effort

Figure 7. Interest (size) and Capacity Ratings

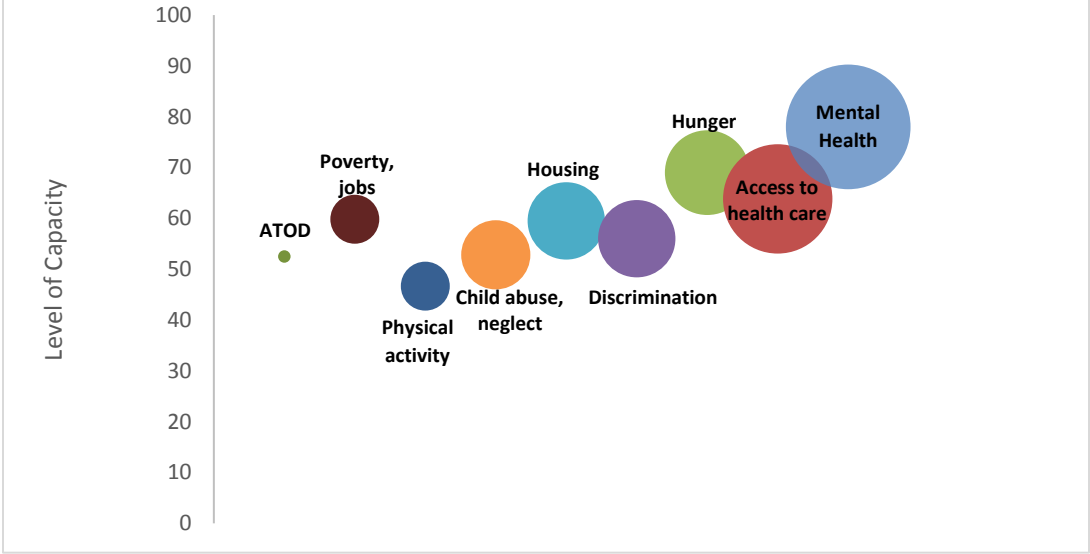
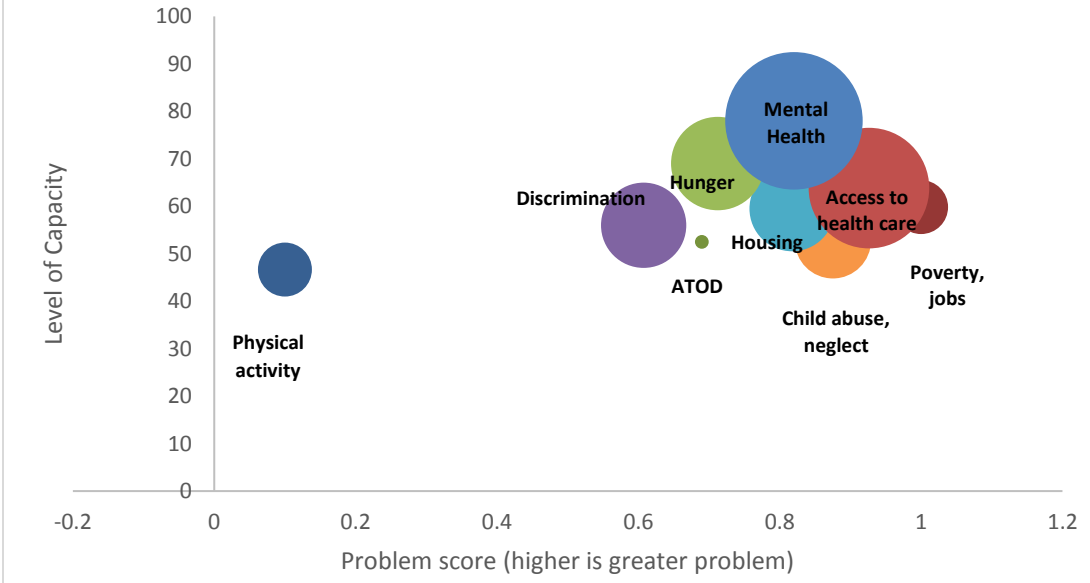


Figure 8. Interest (size), Capacity, Perception of problem



Conclusions

Organizational capacity and interest is an important part of understanding how issues are addressed in our community. The findings of this survey suggest that organizations devote significant effort to the eight issues identified for phase two of the community health assessment, across many types of activities. More than half of the organizations surveyed indicated high levels of interest in addressing many of the eight issues identified prospectively through a community-wide effort. In addition, the data provide information about the extent to which community organizations may contribute to future work through effort committed to specific tasks. These findings suggest that while organizations may be willing to devote effort to partnership development, data collection, policy development, and communication/ education, they may be less likely to contribute monetary resources or implement individual-level services. The combination of information regarding interest in addressing each effort through a community-level effort as well as capacity (number of tasks and effort devoted to each task) provides an opportunity to explore potential confluences of interest and capacity. The top three issues in which interest and capacity converge are mental health, preventive care, and hunger/access to healthy foods. Discrimination, housing, and child abuse and neglect are reflected in a middle category of similar interest and capacity. Lastly, physical activity, poverty/ jobs, and alcohol, tobacco, and other drugs reflect lower levels of interest and capacity.

The use of this method has a few notable limitations and strengths. An important limitation is the results are reflective only of the organizations who completed the survey, and may not reflect the most complete assessment of current work, interest, or capacity. It should be noted that a robust effort occurred to assure as complete data as possible. A strength of this approach is that 45 organizations or departments did complete the survey. These 45 organizations reflect a broad cross-sector of the community. Further, the use of a method to characterize interest and possible capacity to address potential issues provides an important opportunity to understand the landscape of creating a community health improvement plan to address these issues.

The organizational assessment provides a picture of the current efforts to address each issue identified for phase two of the community health assessment, as well as possible levels of interest and capacity for addressing these issues in a prospective, community-wide effort to address them. This information supports a better understanding of these issues at the organizational level of the socio-ecological model, just as information about health behaviors and status help promote an understanding at the individual level. Use of this information may support prioritization of issues in which interest and capacity converge and increase the likelihood of an effective community-wide effort.