Our previous approach had been to spend time in a data review of previously identified population based data sets. These were then provided to them in pre-determined categories for them to identify any trends that they may see. We also conducted a quality of life survey of a representative sample of Woodbury County residents to gather information related to their perceptions of issues that impact them and their well-being. This information was all merged into and compiled into our final report.

What we lacked was an analysis that combined what the numbers were telling us and what individuals from their separate professions were experiencing and to truly articulate what the combination of their "gut' instincts and the numbers were saying.

Previously these had been done in separate activities and then it was the responsibility of the Health Planner to merge their collective products. This placed a large burden upon this individual and did lead to some questions regarding the conclusions that were reached.

4. Identify Potential Solutions

1. Base all identified priorities on data alone and not include practical experience.

2. Redefine a process that includes the practical experience merged with the data review and priority identification.

3. Initiate the discussion with the vision of the end products that we will use for community education about our process and identified priorities. Then with this in mind, proceed with our data reviews, perception survey and professional experiences to craft our priority health needs.

4. Review our previous identified health priorities and either remove or update to fit current situations. We could then add a few that may be identified through our review process.

5. Develop an Improvement Theory

To borrow a phrase from Stephen Covey “Begin with the end in mind.” It was decided that we needed to look at creating a common understanding of what we were attempting to do. From this common understanding, we would then identify population data sets that would help us to verify the issues that face Woodbury County residents.

The group would be challenged to identify data sources that would meet these needs and the Health Planner would look at assembling trend and comparison data for them to use in their exploration.

We also wanted to build upon what we had been educated about over the past year on potential issues that were facing county residents. We could use our identified data sets to discount or verify what others had shared with us.

We decided that we needed to conduct our discussions and data reviews with the common question “What is the status of the Quality of Life for Woodbury County Families.”
The theory that we developed was to chunk down our process into smaller, more doable sessions that would allow us the time and ability to modify our approach for achieving a plan that reflected the needs of county families.

The following are the determined steps for progress:

1. Group discussion of the end-products for development as a result of our planning process.
2. Common understanding of the purpose of the developed work products.
3. Defining what we mean when we say Woodbury County Families.
4. Identification of data sets to include within the scan/review.
5. Review/scan the data and identify areas of concern that would impact the quality of life of a Woodbury County Family.
6. Continuously identify additional data sets for including in our planning process.
7. Outline what our final work products would look like which partners could use in community education settings related to our identified priorities.

**6. Test the Theory**

To initiate the process, we began by providing an overview of the community health planning that we would be undertaking. We spent time discussing what we would use this for at a community level. We also discussed about how were ahead of the schedule outlined by the Iowa Department of Public Health and may need to do some adjusting during the next year to meet their needs and requirements.

We then identified three specific work products that we will be developing, an educational powerpoint, a health “report card,” and a health profile. All three of these would be available for any partner to use in their educational efforts and for any planning they may be conducting.

The group then worked to develop a common definition for “family.” The agreed upon language is “A Woodbury County Family is a group of people affiliated by a common ancestry or affinity or co-residence.” Concepts to keep in mind: it can be a group or individual, a unit of support/non-support or dysfunctional resilience/risk factors-strength based. If not provided by birth families then who provides this, sharing or pooling of common resources, 2.5 members per unit and very diverse.

With this stated we moved forward with our first data set. This was Infant/Family data. The group was challenged to review the data and in small groups share their observations of the data as presented. These small groups then shared their observations with the large group.

For a wrap-up, the group was polled to determine what would be a valid set of data to use at our next meeting. The group came to consensus they were interested in reviewing the demographic data for the county.

The collections of their observations were documented on large sheets of newsprint and with a scribe to record this. These sheets provided their key observations and suggestions about what may be impacting this data, such as community events, proposed/approved legislation, changes in organizations policies and practices or other extenuating circumstances.

This process was replicated over a series of two meetings of Healthy Siouxland Initiative. Time between meetings would allow for any minor adjustments that may be necessary to achieve our desired outcomes.