(HEALTH EXTENSION SERVICE)
NTQF Level -III

Learning Guide -12

Unit of Competence: -	Collect, Maintain and Utilize Community Health Data
Module Title: -	Collecting, Maintaining and Utilizing Community Health Data
LG Code:	H LT HES3 M03 LO4
TTLM Code:	HLT HES3 M03 TTLM 0919V1

LO4. Take intervention measures accordingly

Instruction Sheet-4	Learning Guide #-4

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics –
- Key stakeholders
- Identifying health problems
- Consultation process
- Feed back

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, **you will be able to –**
- Make discussions with key stakeholders regarding the health problems
- provide briefing materials throughout the consultation process to identify and clarify issues of interest/concern to stakeholders and own organization
- provide feedback to the team leader or work team on the results of the consultation process
- are make positive contributions to activities that develop an understanding of the factors contributing to the health problem of the community
- collect further information and data when needed for better interventions

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 6.
3. Read the information written in the information "Sheet 1, Sheet 2, Sheet 3 and Sheet 4,---" **in page ---, ---, --- and ---** respectively.
4. Accomplish the "Self-check 1, Self-check t 2, Self-check 3 and Self-check 4" ,---" **in page ---, ---, --- and ---** respectively
5. If you earned a satisfactory evaluation from the "Self-check" proceed to "Operation Sheet 1, Operation Sheet 2 and Operation Sheet 3 " **in page ---.**
6. Do the "LAP test" **in page – ---**

Information Sheet-1	Key stakeholders in health care

1.1. Introducing the Key Stakeholders:

Key stake holders in health care are Patients, Providers, Payors, and Policymakers (the Four P's) and the roles they play in relation to each other (see Figure 1).
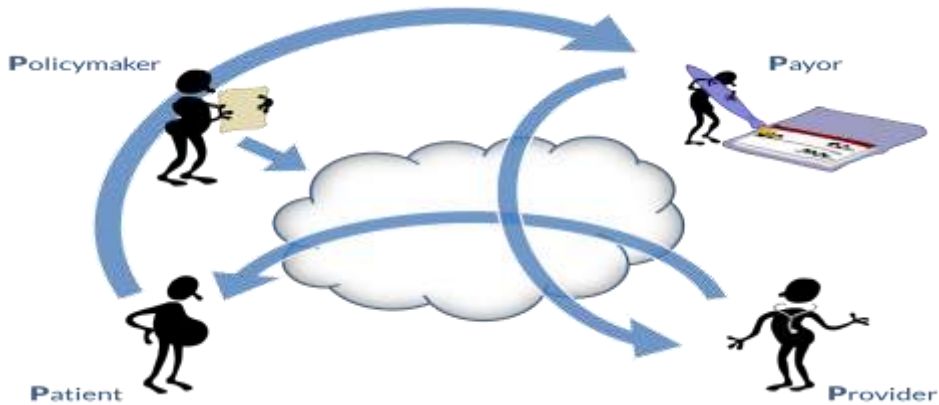

Figure 1. The stakeholders: patients, providers, payors, and policymakers

1. **Policymakers**. Policymakers establish the framework within which health care is provided to the country's citizens. In this book, "policymaker" is a synonym for "ministry of health" or whatever jurisdictional entity is responsible for the health of the population. The policymakers aggregate data from patients, providers, and payors to develop population-level metrics that inform their health and health economic policies. In this context, policies answer the crucial questions:
    o Who is eligible to receive care?
    o What care services are provided; how; where; by whom?
    o How are services paid for?
    o Are the services being delivered well? Are they accessible?
    o Are the needs of vulnerable or marginalized populations adequately served?
    o What health care concerns do we need to plan for next?
2. **Patients**. All of us—at one time or another—are patients. Patients are typically citizens, and voters, and sometimes taxpayers. Policymakers have a fiduciary duty to this population, and the country's policy framework is established to benefit patients. Patients receive care services from providers and are the beneficiary customers of the payors. Patients also may want to access information about their care via an electronic device (e.g., personal computer, mobile phone).
3. **Providers**. Providers operationalize care delivery within the policy framework. They provide health services to patients and maintain health information about them. The providers coordinate patient care with other providers as care team members. Many

providers are independent businesses that must manage their own operations and finances.

4. **Payors**. Payors operationalize the financial elements of the policy framework. Payors enroll patients as beneficiaries. They procure care services from the providers on behalf of their patient beneficiaries. They also must take on the actuarial task of ensuring the financial sustainability of the care program. They report to policymakers.

Self-Check -1	True False Question

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Patient is not one key stakeholders in health care
2. Policymakers establish the framework within which health care is provided to the country's citizens
3. Providers operationalize care delivery within the policy framework
4. Payors operationalize the financial elements of the policy framework

Note: **Satisfactory rating - 3 points**   **Unsatisfactory - below 3 points**

Answer Sheet

Score = _____

Name: _____   Date: | Rating: _____

Short Answer Questions

1. _____
2. _____
3. _____
4. _____

Information Sheet-2	Identifying health problems

2.1. Introduction to identifying community health problems

Identifying and solving health problems in communities are very important to reduce or eliminate illness and disease. It is therefore very important at the outset to identify major health problems that exist in the target communities. These can be determined from the already established priorities and goals of the local health agency as well as from what community members feel are their needs for health services.

One way to organize this information is to develop a table listing, on one side, the conditions of poor health that exist in the community or region and, on the other side, specific primary health care services that should be provided to promote good health and eliminate these inadequate conditions.

2.2. Necessary information that should be collected to identify community health problems

1. Information about local community needs
   - What are the local health problems and their causes?
   - What other problems affect people's well-being?
   - What do people feel are their most important problems and needs?
   - What are the local beliefs, customs, and habits that affect health?

2. Information about social factors
   - What are the main family and social structures in the community?
   - Who are the leaders of the community, i.e., men, women, youth?
   - What traditional forms of healing and problem solving exist?
   - What kinds of relationships do people in the community have with each other?
   - Who has power over other people, and who owns resources?
   - What kinds of foods do people in the community traditionally eat?

3. Information about community resources
   - Which people in the community have special skills, such as leaders, healers, and teachers?

- What natural resources exist in the area, for example land, crops, sources of food, sources of fuel and water?
- How do people earn a living?

Self-Check -2	True False Question

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Identifying and solving health problems in communities are very important to reduce or eliminate illness and disease

2. communities local beliefs, customs, and habits that affect health are information not necessary in health problem identification

3. in community problem identification, What do people feel are their most important problems and needs

4. women or youth cannot be a leader of the community that can give us information about social factors

5. collecting information about community resource is not necessary to identify communities health problems

Note: **Satisfactory rating - 3 points**   **Unsatisfactory - below 3 points**

Answer Sheet

| Score = _____ |
| Rating: _____ |

Name: _____   Date: _____

Short Answer Questions

5.   _____
6.   _____
7.   _____
8.   _____

Information Sheet-3	Consultation process

3.1.   Introduction to Consultation process

The process of consultation is an extremely important concept in the context of managing an organization. Consultation is a process by which the management of the organization aims to better understand the needs, wants and expectations of stakeholders, so that value can be created. Consultation is an active process in which organization management opens formal and informal communication channels between the organization and its stakeholders.

3.2.   Formal and Informal communication channels for stakeholder consultation

These formal and informal communication channels might include:

- **Open meetings** e.g. stakeholders are invited to come to an open meeting or a series of meetings
- **Surveys** e.g. stakeholders are invited to complete a survey (paper or online type)
- **Focus group** e.g. a select cross-section of stakeholders, small in number, are invited to attend a meeting or series of meetings
- **Invitation to send a written response** e.g. stakeholders are invited to submit comments in writing on a proposal or plan
- **Informal meetings** e.g. organization management might mingle with people at an event a canvass certain ideas and see what response they get

3.3.   Purposes of consultation

The purpose of consultation is three-fold:

1. To invite stakeholders to provide advice to the management of the organization about their needs, wants and expectations. In other words, tell the organization what value it wants and how it can provide this value.
2. To invite stakeholders to comment on plans those have been created by organization management to provide this value requested by stakeholders.
3. To quell any criticism that organization management have not taken account of, or are not listening to the needs of stakeholders in developing strategic and operational plans.

3.4.   Problems of planning without having consultation process

There is a widespread view that if a plan is conceived without proper consultation with stakeholders then it has far less chance of successful implementation. There is a clear need for anyone responsible for the formulation of a plan to consult with all persons who will be affected by the plan. For example, a budget for any area of organization operation should not be set without consultation with people who work in that area of operation. Likewise, management should not construct a plan for a new health program without consultation with people who likely are program users.

Setting an Operational Plan without consultation disadvantages the organization because:

- A lack of consultation fails to take advantage of all available knowledge and expertise
- A lack of consultation makes people feel left out and creates negativity toward the emerging plan.

Self-Check -3	True False Question

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. A process by which the management of the organization aims to better understand the needs, wants and expectations of stakeholders is called consultation

2. Consultation process include formal and informal communication channel

3. Invitation to send a written response for stakeholders cannot be included under consultation process channel

4. Informal meetings with a people at an event cannot be included under consultation process channel

5. Stakeholders tell the organization what value it wants and how it can provide this value through consultation process

6. A lack of consultation makes people feel left out and creates negativity toward the emerging plan

Answer Sheet

Score = _____

Name: _____   Date: _____   Rating: _____

Short Answer Questions

1.   _____
2.   _____
3.   _____
4.   _____
5.   _____
6.   _____

4.1. Introduction to Feed back

Feedback in health care can be defined as "any summary of clinical performance of health care over a specified period of time aimed at providing information to health professionals to allow them to assess and adjust their performance". In practical terms, health professionals, working either in a team or individually, receive feedback on their performance by reflecting on data derived from their routine practice. Audit and feedback are intended to enhance professional performance and thereby improve the quality of health care and patient safety. Although it seems intuitive that health professionals would be prompted to modify their clinical practice after receiving feedback showing that it was inconsistent with that of their peers or accepted guidelines, this has not been demonstrated consistently.

4.2. Using Feedback

Feedback can be delivered in different ways, categorized in terms of the recipients, formats, sources, frequency, duration and content. Audit and feedback mechanisms can be used alone or linked to other interventions

Different types of audit and feedback mechanisms can be used, including: different levels of responsibility and involvement; mandatory or voluntary approaches; approaches initiated and/or led by health professionals/professional organizations or by health authorities; different ways of monitoring or auditing practice; different recipients (e.g. individual or group); different sources of feedback (e.g. supervisor, senior colleague, professional standards review organization, representative of the employer or the purchaser, investigators); different feedback formats (e.g. verbal or written); different frequencies, durations and content (e.g. information about patients, such as blood pressure or test results, adherence to standards or guidelines, peer comparisons, or information about costs, or numbers of prescriptions or tests ordered).

Feedback of individual or group-level data can be supplemented with information about where individuals are and/or specific recommendations for changes to practice. Audit and feedback can be linked to economic incentives or to reimbursement schemes, e.g. result-based financing or pay for performance schemes. Audit and feedback may be a governance or regulatory arrangement, or used in accreditation or organizational assessments. Performance and outcome data can be made public.

4.3. Audit and feedback as an instrument to improve quality and safety of health care

Audit and feedback, as a system for improving both the quality and safety of health care, can be applied in many different ways.

Firstly, the aspects of performance that are being audited may vary, depending on the interests of those in charge of the audit, and the available information. An audit may, for

instance, deal with prescriptions for specific health problems, test ordering, preventive tasks, communication skills or compliance with disease-specific clinical guidelines.

Secondly, an audit can be based on routinely available data from electronic patient records or medical registries, or on data that are collected by the health professionals specifically for that purpose, as a kind of survey.

Other kinds of audit are based on video observations, direct observations, or structured observations done by peers or by "simulated patients".

Feedback can differ in terms of the recipients (individual or group), formats (verbal or written), sources (supervisor, senior colleague, professional standards review organization, representative of the employer or the purchaser, investigators), frequency, duration and content (information about patients, such as blood pressure or test results, adherence to standards or guidelines, peer comparisons, or information about costs, numbers of prescriptions or tests ordered). Audit and feedback mechanisms can be used alone or can be linked with other interventions.
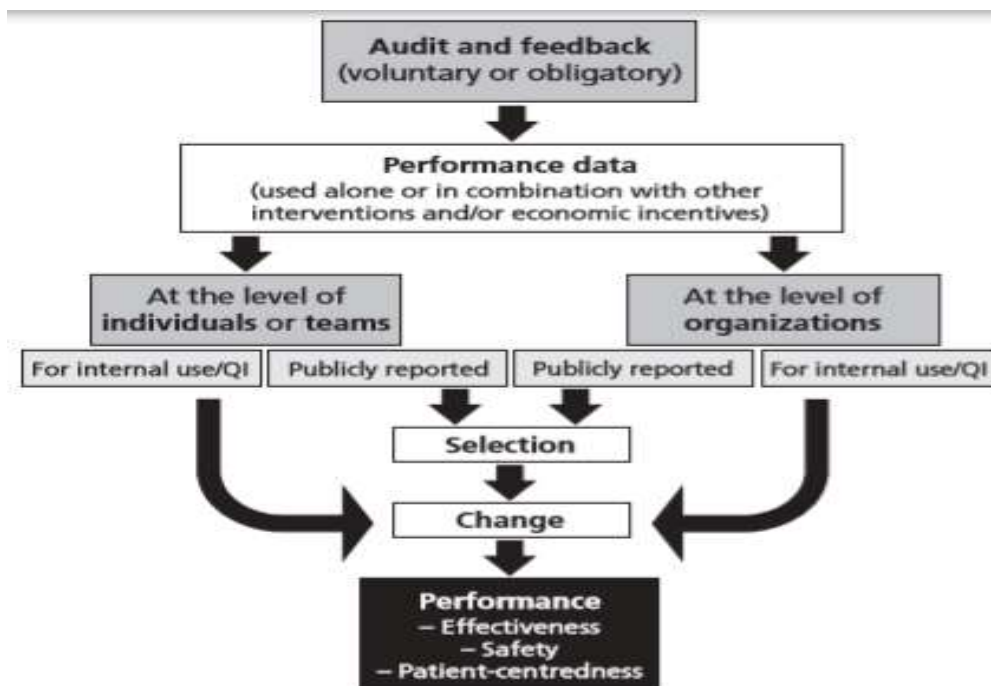

Fig. 1 illustrates different ways of organizing audit and feedback, and describes how the system might work.

Self-Check -4	True False Question

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. In practical terms, health professionals, working either in a team or individually, receive feedback on their performance by reflecting on data derived from their routine practice

2. Feedback format can be only written

3. Feedback of individual or group-level data can be supplemented with information about where individuals are and/or specific recommendations for changes to practice.

4. The aspects of performance that are being audited may vary, depending on the interests of those in charge of the audit, and the available information

Answer Sheet

Score = _____

Name: _____   Date: _____

Rating: _____

Short Answer Questions

1.   _____
2.   _____
3.   _____
4.   _____

Reference

1. https://www.who.int/diabetes/actionnow/consult/en/
2. Signe A *etal*, Using audit and feedback to health professionals to improve the quality and safety of health care https://www.google.com/search?client=firefox-b-d&q=feedback+in+health+care
3. https://apps.who.int/medicinedocs/en/d/Jh2940e/2.3.html

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