How to use data to make decisions

Using data to make decisions relies upon establishing clear and agreed-upon criteria for making decisions. This section describes key decision-making criteria used in public health and a brief description of how to establish criteria for making decisions "out loud."

Decision-making criteria

In public health, many important health problems, and limited resources to address them, can make decision-making especially challenging. There are three key decision-making criteria which public health professionals and community leaders have used successfully to choose their priorities: 1) comparisons to national standards (or benchmarks); 2) unfair health differences based on racial and geographic factors; and 3) the overall size and scope of health concerns.

Examples of research findings

Even with this limited number of criteria, decision makers will feel a "push and pull" when deciding health priorities. For instance, health disparities most often affect racial minorities — by definition, "minorities" means that these individuals make up a smaller portion of the overall population. A disturbing racial health disparity, therefore, may not represent a very large number of deaths or diagnoses within the county's population. There are many other measurements of unmet community health needs. It is important to choose only a couple of decision-making criteria and stay focused on what you are trying to accomplish.

National standards and benchmarks

Healthy People 2010 was built using the best scientific knowledge and expert advice. Its objectives and benchmarks are designed to measure local and national progress in improving community health. These standards are also used to plan and evaluate many federally funded health programs. These standards allow us to easily compare the health of county residents to that of California and the nation as a whole. When we fail to meet a HP2010 locally, it means we have work left to do.

"Healthy People 2010 (HP2010) is the prevention agenda for the Nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats."

(Source: Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services at http://odphp.osophs.dhhs.gov/pubs/prevrpt/2000winpr/LeadingHealthIndicators.htm)

Health disparities

(Other words for "disparity" include inequality, unlikeness, disproportion, and difference.)
Disparities occur when certain population groups do not enjoy the same health status as other groups. Disparities are most often identified along racial and ethnic lines, showing that African Americans, Hispanics, Native Americans, Asian Americans, Alaska Natives and Whites have different disease or death rates. But disparities also extend beyond race and ethnicity. For example, cancer health disparities can involve genetic, geographical, environmental and behavioral factors, as well as differences based on income and education. This report often shows differences in death rates between communities that are greater than those found between racial groups.

Health care disparities are costly. Poorly managed care or missed diagnoses result in expensive and avoidable complications, not to mention unnecessary suffering. For example, end-stage renal disease may result from longstanding poorly controlled diabetes. This difficult and costly condition can often be avoided with timely access to health services and effective management of diabetes.

Why do racial and ethnic disparities exist? There is no single simple answer. Racial and ethnic minorities tend to receive lower-quality health care than Whites, even when insurance status, income, age and severity of conditions are comparable, says a 2002 report of the Institute of Medicine.

While health disparities have been framed historically as racial and ethnic differences, science now recognizes that race and ethnic classifications have been socially and politically determined and have no basis in biological science

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In other words, health disparities result from unfair treatment — when one group of Americans receives inferior care compared to another.
(Source: National Cancer Institute at http://crchd.nci.nih.gov/chd/racial_ethnic_disparities.html)

Large numbers

Some health problems are large in their size and scope. The local death rates may be similar to rates found at the State or National level, but because of the large number of Contra Costa residents affected, these health concerns deserve our attention.

Deciding "out loud"

Whenever you make a decision with another person or with a group, it's best to make your decision "out loud." Deciding "out loud" means taking the time to discuss and come to some agreement about your group's criteria for making decisions. This will include spending time talking about your individual values and hopes for success. Discussing individual and group values and opinions can be unfamiliar and sometimes uncomfortable, but it is a crucial step in any group planning process.

Here are seven practical steps to making decisions "out loud." By following these steps you can help focus your group's attention and resources, and make quick progress in your decision-making.

The 7 Steps to Deciding "Out Loud:"

1. Clarify the decision to be made
2. Form your group
3. Establish your decision-making criteria
4. List all your options
5. Collect the information you need
6. Rank your options
7. Reach agreement

Be clear about the task at hand (Step 1). As a group leader you'll need to describe your priority-setting process simply to other people. The best practice is to write a short goal statement, which outlines the "who, what, where, when and how" of the work ahead.

Choose your group members thoughtfully (Step 2). You will want to recruit group members with diverse background and opinions to enrich your planning process. Despite all their differences, you'll want each of your members to possess the same three qualities: enthusiasm, critical thinking and credibility.

Choosing decision-making criteria (Step 3) is the step most often overlooked. You need to decide how your group is going to decide. Will you pick a health concern with the highest death rates? The one that affects the greatest number of residents? Or will it be the one that generates the most community concern? The data in this report will not answer these questions; instead you need to look to the opinions and expertise of your fellow group members. Prioritizing decision-making criteria early on builds your planning group's sense of solidarity, purpose and commitment.

When asked, most people will say that they want to choose a project or activity that is important and feasible. Your group should come to agreement about what these words "important" and "feasible" mean. Try to be more specific. Could you explain your decision-making criteria to someone outside your group?

Next, list all your options (Step 4). Often groups create their own list through open discussion or brainstorming. Or sometimes the list is ready-made and comes from outside the group. For instance we have given you a list of health concerns in this report, or perhaps a government or charitable agency has provided you with a separate list of appropriate/acceptable activities from which you need to choose in order to receive their funding.
Once you've listed your options, the idea is to use data related to your decision-making criteria to fairly choose between them.

For instance, if you have decided to focus your efforts on **reducing unfair racial health differences, then you would read through this data report and collect the data you need (Steps 5)** related to health disparities.
Your group may have chosen a decision-making criterion that is outside the scope of this report. Fortunately, the Internet has made some local planning data much easier to obtain. *(See the end of this report for Sources of Additional Data.)*
You can use your criteria and relevant data however you like to make your choices, either through political deliberations, a vote or **through some sort of mathematical ranking process (Step 6)**. Although a "mathematical ranking process" sounds technical, it often makes decision-making easier, especially if you are trying to rate a long list of options. Ranking can be as simple as giving a score between one and five to five options you've listed for your criteria *(i.e., 5, 4, 3, 2 and 1, with no option receiving the same score).*

Although counting up scores can be a very efficient way to reach an answer, group members will still be held accountable for the decision, not for a tally sheet. So we recommend that the group **use the mathematical answers as part of the process of coming to an agreement (Step 7)**. Agree upon decision-making criteria and use those criteria to rank and choose between projects and activities. Deciding "out loud" with your group's values and rationale out in plain view of others is a crucial step towards public accountability.

For more information about Deciding Out Loud(tm) visit http://www.DecidingOutLoud.com or call (510) 435-5863.