The Canadian Journal of Program Evaluation Vol. 11 No. 1 Pages 139–144
ISSN 0834-1516

APPLICATION OF NOMINAL GROUP TECHNIQUE TO EVALUATE A COMMUNITY HEALTH STATUS REPORT

Hyewon Lee-Han
John J. M. Dwyer
Ian L. Johnson
North York Public Health Department
North York, Ontario

Abstract: In 1992, the City of North York Public Health Department released the Community Health Status Report and Social Profile Report on the residents in North York, Ontario, Canada. These reports are a resource that is used by departmental staff to assess local needs, plan and evaluate programs, and assist in departmental strategic planning. This paper describes the application of the nominal group technique (NGT) among staff in a public health department to identify, discuss, and prioritize ideas to improve the reports.

Résumé: En 1992, le Département de santé publique de la ville de North York a publié un rapport sur l'état de la santé de la collectivité et un rapport sur le profil social des habitants de North York, en Ontario, Canada. Les rapports doivent servir à déterminer les besoins locaux en matière de planification et d'évaluation de programmes et aussi à aider au développement du plan stratégique départemental. Le présent document décrit l'application de la technique nominale de groupe (TNG) parmi le personnel d'un bureau de santé qui a permis aux groupes d'identifier, de discuter et de classer par priorité des suggestions afin d'améliorer les rapports.

Health agencies across Canada may use resource documents such as health status reports to plan and develop programs. Under the Ontario Ministry Mandatory Health Programs and Services Guidelines (1989), all local health units are required to produce a community health status report, which includes information on demographics, mortality rates, morbidity rates, reproductive outcomes, and risk factors, every five years. In 1992, the City of North York Public Health Department produced the North York Community Health Status Report and North York Social Profile Report,

Table 1
Suggestions to Improve Reports and Corresponding Rankings: Nominal Group Session 1

Suggestion	Ranking
Provide rationale for using particular health indicators and give their definitions whenever they appear in the reports	4, 4, 3, 2, 1
Put the graphs on the same pages that refer to the graphs	3, 3, 3, 1, 1
Integrate both the Community Health Status and the Social Profile Reports into one report	5, 4, 3, 1
Present information according to the categories in focus practice in nursing (e.g., children, 0–4 years; school-aged, 5–19 years; adult/elderly, 20 years and more)	5, 4, 2, 1
Use coloured paper to differentiate chapters so that the information will be more easily accessible	4, 2, 2, 1
Use different age categories (e.g., 1–4 years; 5–9 years; 10–15 years; 16–19 years; etc.)	5, 5, 1
Expand the community dental health section and put this last chapter elsewhere in the report (e.g., after the reproduction and infant health chapter)	5, 5
Cross-tabulate particular data (e.g., ethnic origin by education) and display it in graphs	5, 2
Put the reports in binders so the readers can extract the pages that they are interested in	5, 2
Integrate the lifestyle chapter and the age-specific chapters	4,3
Present information according to the health planning areas within North York	4, 3
Include an executive summary in the Social Profile Report and for each health planning area	3, 2
Put tabs on the pages to more easily find the sections	5
Identify the resources that are available in the community	4
Simplify some of the graphs to make them easier to interpret	4
Use more indicators that are oriented to positive health (e.g., quality of life) rather than disease, especially in the seniors' chapter	3
Put all the graphs at the back of the reports	2
Provide more information on breastfeeding	2
Include an index at the back of the reports	1
Structure the table of contents to make it easier to read (e.g., use bold and underline)	1
Expand the tuberculosis section and integrate it with the sexually transmitted diseases section	–
Focus on reporting the results of the data analyses and present less information on background information	–
Take steps to identify typos	–

Note. 5 = Most important suggestion; 1 = Least important suggestion. – = Suggestion was generated but not ranked by anyone.

Table 2
Suggestions to Improve Reports and Corresponding Rankings: Nominal Group Session 2

Suggestion	Ranking
Include information about nutrition	5, 4, 3, 2, 1
Specify the target audience for the reports	5, 4, 3, 2, 1
Include other health indicators that are not disease-oriented	5, 4, 4
Discuss community consultation and priorities (e.g., North York community health goals setting process)	5, 4, 3
Take steps to make the reports easier to read (e.g., quality of paper; typeface)	4, 3, 2
Write concisely	5, 3
State the purpose of the reports	5,3
Focus more on health behaviours	5, 2
Combine both the Community Health Status and the Social Profile Reports	5, 1
Add or increase the sexual health information in the age-group chapters	2, 2
Produce different reports for different target audiences (e.g., social service agencies; community residents)	1,1
Add colours and include pictures to enhance the appearance of the reports	1,1
Present information according to the health planning areas within North York	4
Discuss the health prevention programs that staff in the department deliver	4
Add mental health information in the chapter on children	3
Increase the coverage of mental health	3
Put tabs on the pages to more easily find the sections	2
Provide a more detailed literature review	2
Discuss family health issues (e.g., marriage, divorce)	1
Put the graphs close to the text that refers to the graphs	–
Put the graphs upright on the 8.5-inch (top of graphs) x 11-inch (sides of graphs) pages	–
Put the list of figures and tables in a different location than after the executive summary	–
Increase the size of the graphs	–
Discuss the resources that are available in the community	–
Provide definitions of terms that appear in the reports	–
Provide more information on acts that are mentioned in the reports (e.g., health protection and promotion act; immunization of school pupils act)	–
Integrate the vaccine-preventable diseases and sexually transmitted diseases sections	–
Discuss multiple births in relation to low birthweight in the reproductive health section	–
Use stronger binding	–

Note. 5 = Most important suggestion; 1 = Least important suggestion. – = Suggestion was generated but not ranked by anyone.

which are used in assessing local needs, planning and evaluating programs, and departmental strategic planning.

The authors used the nominal group technique (NGT) to obtain staff suggestions to improve the next version or update of the reports. Some advantages of using this technique are that groups rather than individuals yield more ideas, differences in status of participants are neutralized, participants prioritize ideas, and it is easy to use (Moore, 1987). This paper outlines the application of the NGT to identify, discuss, and prioritize ideas to improve this resource document.

METHOD

Participants

A total of 17 departmental staff who had read both reports, excluding clerical and support staff, participated voluntarily in two separate NGT sessions (nine and eight staff in session 1 and 2, respectively). There was diverse representation from different job positions (management and front-line staff), divisions and units (Central Resources Section, Communicable Diseases Division, Community Dental Health Division, Environmental Health Division, Nursing Division [school-aged, healthy children, and adult/elderly foci], Dental Health Services Research Unit, and Community Health Promotion Research Unit), and offices (Central, East, West, and Talk Shop).

Procedure

The NGT protocol described by Moore (1987) was used. The first and second authors were facilitators in both $1^{1}/_{2}$ hour sessions. Participants sat around tables arranged in the shape of a U in a large conference room. The facilitators were positioned at the open end. Participants were given both reports as a resource that could be used during the session, writing paper, and a pencil. A facilitator started the session by emphasizing that the participants' comments will assist us in improving future reports and summarizing what will happen in the session.

In step 1, participants silently and independently spent 10 to 15 minutes writing their responses to the question "What suggestions do you have to improve both reports?" which was taped to the wall.

In step 2, a facilitator went around the table and asked each participant to briefly state one suggestion from their written list or from piggybacking on someone else's ideas. They were told to avoid duplicating suggestions. This procedure continued until all of the suggestions were expressed. A facilitator recorded each suggestion on a flip chart. Completed sheets were taped on the wall. In step 3, a facilitator read aloud each suggestion from the sheets and invited participants to clarify any suggestions. In step 4, each participant was given five 3-inch x 5-inch blank index cards. Each participant selected the five most important suggestions from the group list and wrote one suggestion on each card. Participants were then instructed to rank order their own five suggestions from most important (5) to least important (1). A facilitator collected and shuffled all of the cards and read out the contents of each card for the other facilitator to record on the flip chart. Then the results and interpretation were discussed during the session.

RESULTS AND DISCUSSION

It is necessary to consider both the number and magnitude of the rankings for each suggestion when interpreting the results. The number of persons who prioritized a given idea is first considered and then the number of 5's, 4's, and so on for that idea is taken into account. Table 1 shows the 23 suggestions generated by participants in session 1. The most prioritized suggestions were to give the rationale for and definitions of indicators and place graphs proximate to the text. Other important suggestions included combining both reports, using different age groupings (report used 1–9, 10–19, 20–44, 45–64, and 65 and over age categories), and using coloured paper to differentiate chapters. Table 2 displays the 29 suggestions generated by participants in session 2. The most prioritized suggestions were to include nutrition information and to specify the target audience. Other prioritized ideas were to use indicators that address positive health (versus disease-oriented) indicators, discuss community consultation, and make the reports easier to read (e.g., stack bars were not easily interpreted). A comparison of both tables reveals that a number of suggestions were prioritized in both sessions. Some suggestions were considered high priority in one session but less of a priority (or not a priority at all) in the other session.

The NGT was a valuable strategy to collect information on how to improve the community health status report. Staff had an opportunity to suggest changes to improve the reports. The technique was

simple to administer, and it provided immediate feedback to participants, who commented that the sessions were enjoyable. In contrast to focus group sessions in which participants with higher status level (e.g., management) may dominate the discussion, the NGT provided equal opportunity to both management and front-line staff to prioritize the ideas.

ACKNOWLEDGEMENTS

The authors would like to acknowledge the North York Public Health Department staff who participated and presented suggestions to improve both reports in nominal group sessions.

REFERENCES

Ontario Ministry of Health (1989). *Mandatory health programs and services guidelines*. Toronto: Queen's Printer for Ontario.

Moore, C.M. (1987). *Group techniques for idea building*. Newbury Park, CA: Sage.