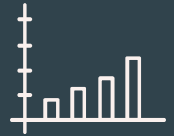


# COMPLETING A WELLNESS NEEDS ASSESSMENT WITH EXISTING DATA



## Overview

Research indicates that lifespans are shorter among individuals with mental and/or substance use disorders. Considering this, it is critical that the programs serving this population gather data to meet their needs, as well as to measure progress towards health and wellness goals. One way to meet the needs of this population is to assess the unmet needs, which can be accomplished by conducting a wellness needs assessment. A wellness needs assessment is a systematic set of procedures that are used to determine needs, examine their nature and causes, and set priorities for future action as it relates to wellness (Adapted from the U.S. Department of Education, 2001). Community wellness programs can conduct wellness needs assessments with existing data to learn about the gaps in services available for the target population, and help offer services and supports to improve health and wellness outcomes.

A Community Wellness Program is a community health promotion activity maintained by a health department or organization; and is an ongoing community health, wellness, and education policy intervention. Community Wellness Programs change aspects of the physical, social, organizational, and even political environments in order to eliminate or reduce factors that contribute to health problems or to introduce new elements that promote better health. (Adapted from Healthy People 2020)

Effective use of available data can help with the documentation and tracking of positive outcomes in mental health, chronic disease management, and well-being for individuals across the country. National data on mental health conditions, substance abuse, and chronic conditions, as well as on mortality rates of persons with these conditions, are essential for tracking progress made by communities to support the health and wellness of individuals with serious mental illness. It was noted by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Wellness Subcommittee on Data and Evaluation that programs that serve people with mental and/or substance use disorders must a) systematically gather data on health risk factors and other chronic health conditions (conduct a needs assessment); b) produce information on health status of people they serve; c) collect demographic variables (i.e. race, sex, income); and d) have the flexibility to be modified to add elements that reflect newer research and practice in wellness and recovery (2013). One way for states, tribes, communities, organizations, and providers to meet the recommendations of the Wellness Subcommittee is to utilize available public use data to examine needs in order to develop programs and track service outcomes.

## Public Use Data

Public use data include data systems, like survey results, that are made available for the public to track, analyze, or evaluate need and program outcomes. These data are valuable for completing a wellness needs assessment, allowing organizations to access and use large data sets with no costs or fees. Public use data can be used by organizations to establish benchmarks. This allows programs to compare their data and outcomes to census tract, county, state, and national outcomes. Systematically collecting and using data to target needs allows organizations to determine whether people they serve are making progress toward recovery, and achieving positive outcomes in mental health, chronic disease management, and well-being. Public use data provide a reference point for this progress. Public use data can also be used for writing grant proposals, proposing policy changes, and justifying program development. For example, a community wellness program





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can analyze public use data to determine that hypertension control services are needed in the community. Also, benchmarking wellness program outcomes against available public data can help develop a better understanding of the relationship between mental health and substance abuse, patterns of care, and mortality.

## Examples of Public Use Data Sources

The following list is a sample of available public use data sources that groups offering wellness programs can use, benefiting from benchmark data that has already been collected, to compare outcomes, fine-tune program offerings, and better understand the morbidity and mortality concerns facing individuals with serious mental illness. Anyone can access public use data, free of charge.

### 500 CITIES PROJECT

The 500 Cities project is a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation. The purpose of the 500 Cities Project is to provide city- and census tract-level small area estimates for chronic disease risk factors, health outcomes, and clinical preventive service use for the largest 500 cities in the United States, e.g.: mental health status, diabetes, high blood pressure. These small area estimates will allow cities and local health departments to better understand the burden and geographic distribution of health-related variables in their jurisdictions, and assist them in planning public health interventions.

<https://www.cdc.gov/500Cities/>

### BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

<https://www.cdc.gov/brfss/index.html>

### COUNTY HEALTH RANKINGS AND ROADMAPS

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program provides county-level health data, allowing users to compare counties and evaluate rankings. Measures are available on health behaviors, like smoking, physical inactivity, and excessive drinking. There is also data on clinical care, e.g.: mental health providers. Demographic, mortality, and socioeconomic data are also included.

<http://www.countyhealthrankings.org/>

### CENTERS FOR DISEASE CONTROL AND PREVENTION CHRONIC DISEASE INDICATORS (CDI)

The CDI are a set of surveillance indicators developed by consensus among CDC, the Council of State and Territorial Epidemiologists (CSTE), and the National Association of Chronic Disease Directors (NACDD). CDI enables public health professionals and policymakers to retrieve uniformly defined state and selected metropolitan-level data for chronic diseases and risk factors that have a substantial impact on public health, e.g., mental health, cardiovascular disease, tobacco.

<https://www.cdc.gov/cdi/>





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## NATIONAL CENTER FOR HEALTH STATISTICS (NCHS)

NCHS provides statistical information that guides actions and policies to improve the health of the American people. NCHS collects data from birth and death records, medical records, interview surveys, and through direct physical exams and laboratory testing. NCHS is a key element of our national public health infrastructure, providing important surveillance information that helps identify and address critical health problems. Users can find data on mortality, Medicaid enrollment, demographics, dietary data, and more.

<https://www.cdc.gov/nchs/index.htm>

## NATIONAL COMORBIDITY SURVEY (NCS)

The NCS: Baseline (NCS-1) was the first large-scale field survey of mental health in the United States. The study determined that 45 percent of those with one mental disorder met criteria for two or more disorders. Study findings highlight the importance of integrating services for people with comorbid mental and substance use disorders, particularly among those with serious mental illness who may be less able to seek appropriate help.

<https://www.hcp.med.harvard.edu/ncs/>

## Collecting Wellness Program Data

It is important for organizations to consider the relevant measures they can collect from their target populations, and then begin to systematically gather that information from the individuals they serve. For example, a community wellness program may find that collecting data on mental status is beneficial, while another may find tobacco use to be a critical item to collect in order to monitor program outcomes and progress toward individual goals. There are opportunities for programs to undertake inexpensive self-evaluations of their wellness programs using simple measurement tools that are readily available.

When collecting data on wellness program participants, SAMHSA's Wellness Subcommittee on Data and Evaluation recommended that outcome instruments must, at a minimum, collect information on how an individual thinks and feels about her/his life and how she/he thinks about interactions with the social and physical environment. Further, this self-evaluation must include items related to mental, emotional, and physical well-being; as well as the perception of health. The Wellness Subcommittee further recommended that these measures be capable of collecting information on symptoms of psychological distress, mental illness, substance abuse, and other chronic health conditions; and that they incorporate key demographic variables and risk factors (2013).

Wellness activities can be one-time events, including but not limited to competitions, focused skills-based educational sessions, seminars or workshops, health screenings, etc., that are designed to help people maintain or improve their overall physical health and wellness. These activities or events can be offered in a community setting, at a providers' office, in a workplace, or other environment; and are designed to help people improve health-related behaviors, e.g.: eat or sleep better, lose weight, gain more energy, prevent or manage a medical or stress or trauma related condition, or address any of the other seven dimensions of wellness (occupational, spiritual, social, intellectual, emotional, environmental, financial).



SAMHSA's Program to Achieve Wellness | [paw@prainc.com](mailto:paw@prainc.com)  
<https://www.samhsa.gov/wellness-initiative/program-achieve-wellness>



## Sample Tools for Collecting Wellness Program Data

The following list is a sample of measurement tools available to the public that address the above recommendations, and can help organizations begin tracking programmatic outcome data. In addition to the instruments on this list, there are four basic questions wellness programs can ask participants to acquire basic yet essential data (CDC BRFSS, 2016):

1. Thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?
2. Thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?
3. During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?
4. Would you say that your general health is...(excellent, very good, good, fair, poor)?

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### 2016 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Includes questions on demographic characteristics, plus queries on current health behaviors, such as tobacco use and seatbelt use

<http://bit.ly/2tJOrAD>

### NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES)

Designed to assess the health and nutritional status of adults and children in the United States

<http://bit.ly/2veGzf6>

### PROMIS® INSTRUMENTS

Designed to assess patient-reported health status for physical, mental, and social well-being to reliably and validly measure patient-reported outcomes for clinical research and practice, such as pain, fatigue, physical functioning, and emotional distress

<http://www.healthmeasures.net/>

### WORLD HEALTH ORGANIZATION QUALITY OF LIFE (WHOQOL) -SRPB

Exists of 32 questions, covering quality of life aspects related to spirituality, religiousness and personal beliefs

<http://bit.ly/1INohD2>

## Putting It All Together

Completing a wellness needs assessment with existing data can help improve service offerings, helping to better meet the needs of individuals with mental and/or substance use disorders. The needs assessment process is first and foremost a collaborative process, and it emphasizes the value of data, as described below (Adapted from CSPNJ). Making use of available data and collecting organizational data can help states, tribes, communities, organizations, and providers make the case for programming, foster partnerships and collaboration, leverage opportunities for funding, support program outreach and promotion, and support capacity-building efforts.

### COLLABORATIVE PROCESS

The wellness needs assessment process should involve all stakeholders in defining what should be measured and how it should be collected, reviewed, shared, and the steps for acting on the findings.





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## DATA IS IMPORTANT IN ANY SYSTEMS-LEVEL INITIATIVE

On an individual level, people track their weight, blood pressure, savings account balance, etc. This tracking of data is just as important for a community- or systems-level initiative.

## DATA IS A KEY PART OF ACCOUNTABILITY

At some point, block grants, contract renewals, and other types of funding may likely be tied to health and wellness outcomes, achievements, and efficacy.

## SOCIAL RESPONSIBILITY

High quality data can support services with larger goals and missions to create an equal opportunity for all citizens to receive the highest quality of care. Armed with information about health disparities, there is a responsibility to explore and address health behaviors, such as tobacco use, substance abuse, trauma, and poverty; and to implement plans to improve outcomes in these areas.

## TRANSPARENCY

High quality data are needed to create well-informed communities of providers and the individuals they serve to increase trust and confidence in service systems, and assist in effective shared decision-making. It is through sharing information about health status of people living with mental and/or substance use disorders that the alarming health disparity trends were originally discovered.

## DATA IS COMPELLING

High quality data are intrinsically compelling, and can drive leaders to take action to create systemic and policy changes to improve health outcomes. Data are powerful in revealing opportunities to immediately improve what services are offered. For instance, low cost metabolic syndrome screening has not only revealed this as a public health epidemic, but can provide immediate feedback for individuals to take control for lifestyle choices and behaviors.

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