

**Prioritizing Community Health Needs for Wood County**

Review the data and information provided for the 22 health focus areas. List the 3 health areas (in any order) that are **most important to you** for each question. At the end of the worksheet, list the overall top 3 health areas in need of improvement.

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| **Health Focus Areas**Chronic DiseaseOral HealthCommunicable DiseaseMental HealthInjury ViolenceAlcoholDrugsPhysical ActivityHealthy EatingFood Security & HungerTobacco Reproductive and Sexual HealthEnvironmental & Occupational HealthAccess to CareHealthy Growth & DevelopmentImmunizationQuality of CareEducationEmploymentIncomeFamily and Social SupportOther (write in option) |  | **Which health areas have the largest community impact?***Consider which areas have a high number of people affected, which areas affect certain groups more than others, and how big the problem is in our community.*I think the 3 areas with the **largest community impact** are:1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_3. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Which health areas have the most serious impact?***Which areas result in disability, death, have long-term effects, or need immediate action? Is the problem getting worse?*I think the 3 areas with the **most serious impact** are:1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_3. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Which areas is our community ready to change?***Discussion: Will the community accept new or additional programs? Are new programs wanted in certain areas? Is change on a local level feasible?*I think the 3 areas with the **greatest community acceptance** are:1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_3. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **In which areas can changes be made over a reasonable timeline?***Discussion: Can change be accomplished in less than 5 years? Are there areas with longer timelines that need immediate attention?*I think the 3 areas **with a reasonable timeline** are:1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_3. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |