

# Assessing the Community for Health Promotion: A Basic Overview

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## What is Community Assessment?

Community assessment is a systematic and organized effort to find out more about a specific community or target population within a community. It is a process that helps health educators, community developers and community members identify a community/population's resources, readiness for specific types of change, needs and problems, demographics, values and beliefs, behaviors, policies, social-economic-political relationships, image of itself and its goals, its past history, and recent changes. Community assessment is one integral part of the planning, implementation and program evaluation process. It is a tool we can use as we undertake our efforts to improve the health of the individuals, families and communities we work with. The product of a community assessment or analysis is a dynamic community profile.

In health promotion, there are three major assessment traditions which today tend to be blended together. These three traditions are the medical science approach, the health planning approach, and the community development approach.

The medical science approach is often associated with more traditional views of health as the "absence of disease." Medical science assessment reasoned that in order to reduce disease, there first had to be a record or mapping of disease occurrence and an attempt to associate those disease occurrences with demographic factors, environmental health hazards, and lifestyle habits. Discovering and/or mapping these associative patterns was the role of "experts" and there was no direct citizen involvement. However, the approach opened up the opportunity for broader and more inclusive approaches to assessment and disease prevention. The outcomes of these earlier epidemiological assessments gave rise to our understanding of the links between health status and lifestyle behaviors as well as the link between socioeconomic status and health disparities. From there we have come to recognize the link between community development and health as well as the role of ordinary citizens in shaping health promotion efforts that are most likely to affect lifestyle choices and health-related behavioral risk patterns.

Initially, the health planning approach tended to focus on issues related to the delivery of services. The 1965 Health Planning Act, which was terminated in 1987, established Health Service Agencies that were mandated to involve consumers. However, conventional authority resided in representatives of the medical service delivery system, and a good deal of emphasis was placed on access to advanced medical procedures and access to hospitals providing secondary and tertiary care. There was little emphasis placed on health promotion. Today, we better understand the link between primary care access and disease prevention. Assessments of access to care focus on more than the availability of medical care services. Rather, assessments examine a number

of cultural, financial and pragmatic barriers to the utilization of service as well as the availability of both primary and advanced medical services. The link between the availability of services and community economic development is often a topic for discussion. Therefore, as happened with the medical science assessment tradition, the roles of citizens and community development have become important to the health planning approach.

The community development approach looks at health in the broader context of socioeconomic issues and, as is described in documents of the Healthy People Healthy Communities Objectives for 2010, links overall quality of life to health. This means that assessing issues affecting health includes a broad set of questions and involves a broad group of citizens.

Currently, these three assessment traditions are often part of a broad assessment process that brings together secondary data collected and analyzed by epidemiologists, secondary data on health service delivery and utilization, and primary data collected by health education professionals and lay people in our communities.

Currently many community assessments for health promotion have five components:

1. a demographic, social and economic profile compiled from census or local economic development data resources,
2. a health risk profile (including behavioral, social and environmental risks),
3. a health/wellness outcomes profile (morbidity/mortality data),
4. a survey of current health promotion programs and health related services, and
5. special studies of target groups, awareness levels, perceived needs, organizational capacity, etc.

### **Why Conduct Community Assessment (Can't We Just Skip Over This Step!?)**

Community assessment is sometimes referred to as community diagnosis. Essentially, we conduct assessment because we want a foundation for making wise decisions and choices. Good physicians and medical care providers get to know their patients and make diagnoses before undertaking treatment; good health educators and community developers get to know the community and diagnose it before recommending actions or developing interventions designed to improve health.

Community assessment can help us understand the environment in which we will be working; it can help us describe health problems as well as grapple with root causes for those problems and identify resources and assets for tackling the problems. Community assessment can also help us learn how community members feel about issues and what they think needs to be done about it.

Experience from the Centers for Disease Control and Prevention's PATCH program has also provided evidence that the community assessment data gathering and analysis process is a primary source of local empowerment. While many communities spent up to a year gathering and analyzing local data, it assisted them in documenting the breadth and/or nature of their local health problems. This, in turn, enabled them to develop specific objectives around which citizens could gather and act. The information could be used to garner outside funding and resources or to galvanize action and resource commitments from within the community. Either way, the community felt a sense of success. The process of conducting and/or participating in an assessment often is the first opportunity to involve citizens in health promotion action and contributes to greater awareness and ownership of the program by local people. Community analysis can reveal areas affected by public policy and lead to a greater citizen engagement in the legislative and executive policy-making process.

On a more programmatic level, a good assessment increases our chances that we develop an appropriate prevention program or intervention. We are more likely to creatively guide our work so that it has a greater likelihood of positively affecting issues. Because there are usually more issues to deal with than are feasible simultaneously, community assessment can help us make decisions about priorities.

If done in a broadly participatory way, community assessment can benefit many people. Those experiencing problems can share their perceptions of their needs and the resources they would like to acquire and/or develop. They can learn of future opportunities to become involved in addressing their needs. Service providers can become more efficient and effective. Community leaders will have a better knowledge base to make better decisions and pursue more effective action, and you – as a member of the community – will benefit as assessment data is used to improve the quality of life for all citizens.

### **Who Should You Involve in Planning Your Community Assessment?**

Before you begin a community assessment, it is critical to get the “right” members of the community involved. “Right” means people who come to mind quickly but also those that we might have to “search out” and those that we might instinctively prefer not to involve because we know they hold different perspectives than ours.

Whom you involve may depend in part on how a small core group focuses the assessment. For instance, have you already decided that adolescent pregnancy is a focus because prior data documents it as a problem or because your organization is mandated to focus on that issue? Are you beginning a broad-based process of issue identification, or are you looking broadly across your community in order to choose focal areas?

Conversely, choosing an assessment focus will differ depending on who is making the decision. For example, sexually active adolescents may want to shape the data gathering/assessment process very differently than a group of adults who are only willing to focus on the encouragement of abstinence. Ideally, those involved in the assessment planning process will be representative of those who will be approached during the data collection phase. While realistically the time and resources at your disposal will affect whom you involve, it is important to bring breadth and diversity to the assessment planning process. Keep in mind a few adages such as: two eyes see better than one; perspective is everything; and location, location, location! Involving a gang member and a parent of a gang member on your assessment planning team is likely to lead you to a different set of questions than if your planning team only involved local police.

One way to frame your decision-making about who to involve is to think about who is affected by health promotion programs in your community such as those experiencing problems or at-risk for problems; service providers; community leaders; and community members who might participate in programs, volunteer in conducting programs, vote on policy related issues, etc.

You might think about various sectors of the community to involve (i.e., health care providers and facilities, educational institutions, government agencies, economic/commercial organizations, labor organizations, media, religious groups, voluntary and private organizations, social and human services). One of the very first assessment activities you may want to undertake is a leadership assessment to identify both recognized and under-recognized or non-traditional leaders. Then involve them in subsequent assessment planning activities.

The CDC PATCH Project approach, the National Civic League's Healthy Communities process, and the Community Solutions to Rural Health program each encourage the formation of a broad community group with a steering committee and a local coordinator to help plan and conduct community assessment. Practically speaking, a small group of three to six people may initiate a health promotion planning process. Community participation in planning and data gathering may grow to 100 people, but the steering committee of about six to 12 will give "shape" to the larger group interests and endeavors.

### What Do You Want to Know? What Do You Need to Know?

Careful planning is critical to a successful community assessment. Often we begin with a broad picture and an ambitious set of goals about what we want to know. However, those ambitions may have to be tempered in light of our available money, manpower and expertise. We will then have to prioritize and decide what we think we most need to know.

When deciding about the size and scope of your assessment, discuss the following seven considerations: 1) the likely scope of an intervention that will follow from the assessment, 2) the geographic or target area you want to work in, 3) the size of your planning group, 4) the available staff and expertise - but remember that you may be able to involve community members in helping with data collection, 5) available funding and in-kind support, 6) the potential difficulty or ease of data collection, and 7) the anticipated visibility or potential impact of the assessment.

Before deciding on who you will collect data from or how you will collect data, it is important to identify the key topics you will focus on. If your program is already focused on a particular disease or illness or health-related problem, then it is helpful to develop an ecological framework based on what is already known from research and experience about what affects the problem. What do you need to know about the characteristics of your target population? What are some factors in the family, school and community context that might affect the target audience and/or the illness? Do you need to know more about local norms, values and beliefs that might effect the illness or risk behaviors you are considering in your educational efforts? How familiar are you with community resources? Are you clear in your mind that community resources are much broader than the formal health and human service sector? Are you sufficiently aware of public policies that bear on your areas of concern?

You can also use the five components of community analysis mentioned above as a framework for prioritizing your assessment topic areas, or you might think of your potential topic areas in the context of meeting basic needs for food, clothing, shelter, health and care; relationships between people; community decision-making structures and process; education and socialization; recreation; and beliefs/values/attitudes and perceptions.

Once you have decided the general areas of information desired, then you can begin to formulate specific questions. For instance, if you decided that you need more information on teens in your community, then some sample questions might be:

- ❖ What proportion of youth drop out of school?
- ❖ Are there certain schools with higher dropout rates?

- ❖ Do the schools with higher dropout rates experience higher rates of adolescent pregnancy?
- ❖ What is the number and proportion of all births to adolescents?
- ❖ What is the proportion of births to adolescents that are second births?
- ❖ At what grade level are fathers of children born to adolescent women dropping out of school?

The last question might be especially important if you think you might want to focus an intervention on adolescent males who are at greatest risk of impregnating young women.

Depending on how you see the potential scope of your intervention, you may want your assessment questions to focus on family and/or school and/or community context. You may know in advance that you will have no ability or opportunity to intervene with families but that you expect to be able to affect the school context. Then perhaps your core planning group will decide to focus on school-related factors as a topic area when developing questions. Sample questions within that topic area might be:

- ❖ Do attitudes about teen pregnancy differ among students who participate in different school extracurricular activities?
- ❖ What is the overall norm at a given school regarding adolescent pregnancy (i.e., is it “celebrated,” “hidden” or “scorned”)?
- ❖ Do teachers and students have similar explanations for high adolescent pregnancy rates in their school?
- ❖ What do students think can or should be done to reduce adolescent pregnancy rates in their school?

Alternatively, within the broad topic area of family, school and community context, you may be concerned about community leadership. Specifically, you might want to ask questions such as:

- ❖ Who are the people who will help this project?
- ❖ How will leaders want to participate?
- ❖ How does the target population perceive the leadership in their community?

Similarly, for different topical areas, specific questions will need to be formulated. The choice of questions will come from current research, from the experience of those involved in the early planning, from current data available for your community, etc.

Essentially this step of deciding what you want or need to know involves brainstorming, starting with what you know, deciding what you still need to

know, and finalizing the questions you will ask. A cautionary note about starting with what you know. BE CAUTIOUS. You may not “know” as much as you think. You or your sources might be wrong. Even experts can have their perspectives clouded by irrational opinions. Are the studies you have looked at recent? Sometimes new knowledge and new theories can make some studies outdated or inappropriate in a couple of years. Do NOT rely on “conventional wisdom,” but instead always keep thinking critically.

### **Who Can Provide Current Perspectives and Information Related to What You Want to Know?**

Some of your questions can be answered with currently available data referred to as secondary data. Discussion about sources of secondary data, uses for it, and its limitations is found in another section on this day.

When you are about to gather new data, think creatively and critically about who can provide you with answers and perspectives. Challenge yourselves to think of respondents, interviewees or participants that do not come quickly to mind. Think in terms of community members from diverse backgrounds (e.g., both formal and informal leaders). Do not immediately dismiss certain categories of respondents because you can’t think of a method that will easily be useable. For instance, do not exclude people with limited literacy skills. Maybe instead you can gather insights from them by conducting a telephone survey or conducting personal interviews or training others from their community to conduct face-to-face interviews. Be creative. Be familiar with a wide range of assessment methods. Realize that different methods will be suited to different questions and different audiences. Different methods will also be more or less appropriate depending on the formality and scope of your assessment. You certainly want your instruments and approaches to document what they claim to be documenting (validity). You also want to think that if you used the same approach again, with the same audience, in a similar time frame, that you would get similar results (reliability). But a wide variety of approaches will meet those criteria.

In addition to existing data and other people as sources of information, also consider yourself as a participant observer. Community surroundings/environments can also be an important source of information.

### **How Will You Gather the Information?**

So what methods can you use? Whatever methods you use, keep in mind the community you are working with. Tailor your methods to the community’s style of communication. Do not start with an assumption that what you perceive as a problem is perceived by all parts of the community as a problem. Be careful with language or the way you term issues. You do not want to inadvertently offend anyone. For example, referring to people who do not take responsibility

for their own health may seem innocuous to you. But someone who is struggling to balance work and family with a desire to get more physical activity or to eat better may think you are insensitive to imply they are irresponsible. Especially in interview or participant observation situations, remember to ask questions that elicit other people's perceptions and do not make statements that reflect your own judgments.

Bear in mind that in the description of community assessment it was termed "systematic." Methods can be more or less structured, as long as they are systematic and do not cultivate bias. So, for certain circumstances, you can consider less structured methods such as windshield surveys or "what's on my neighbor's mind" listening sessions. You might want a more structured instrument such as a community climate survey, and if you are interested in comparing your local data to statewide or national data, you might want to consider an instrument such as the behavioral risk factor survey that is used across the country.

A windshield survey or neighborhood walking survey can be a useful descriptive approach. It is surprising how many dimensions of a community's life and environment can be detected through careful observation. The data collector may be new to the area or community, or he/she may be from some part of the community. Either way, it can be pretty easy to bring your own biases and preconceived notions to the observation. Therefore, it is critical to set those aside. Remember your main purpose is to describe and record or map what you observe. This is the data collection phase, and the meaning(s) or relationships that surround what you observe are more appropriately discussed as part of an analysis phase. It is important to involve a diversity of people in the observation and discussion phases of a windshield survey. You can record your observations in terms of your five senses. You can record your observations in terms of physical, social and economic characteristics of the area. You can combine your observation with active listening and/or interviews. Spend time in restaurants, stores and parks, at bus stops or laundromats, in upscale boutiques and beauty shops as well as barber shops. You are not trained as anthropologists (although you could involve an anthropologist on your assessment team), and you are probably not in a situation that enables you to be an ongoing participant observer for an extended period of time. However, what you gather doing short-term windshield surveys or neighborhood walks might surprise you and open your eyes to a new set of perceptions about a community's needs, resources, aspirations and struggles.

Another informal way of seeking valuable information from others is a strategy that Community Voices, a leadership development program for untapped natural leaders in predominantly underserved communities, terms "what's on my neighbor's mind?" As a leadership development program, they point out



that leaders not only need to have their own visions, but they must be in the habit of listening to the ideas and feelings of others. This is critical for helping to build a common vision, but it is also critical for understanding the dynamics of a community. Leaders are used to listening in meetings, but they need to actively involve community members in sharing their ideas. Really, this is a strategy that most politicians use pretty instinctively. If you have identified five to 10 people who are interested in health promotion or health improvement in your community, you can ask each of them to use this strategy with five to 10 of their friends or acquaintances. You will end up with 25 to 100 brief statements about what matters to a range of people in your community. This is not meant to be statistically representative. It is a qualitative approach that may help you discover themes you want to explore further in a more structured way or that open your core assessment team up to new perspectives. You can begin with a statement such as:

“I am on a team of people discussing how we might improve the health of our community. The other day we were talking about how we want our community to be in 10 years. It was interesting. It made me wonder what other folks envision for our community. What would you like our community to be like in ten years?”

Or you might want a more specific focus such as youth violence. Then you might begin by saying that you are part of a team of people discussing the health of young people. You can go on to mention that the other day you were talking about the issue of youth violence. Each of the members of your group decided you needed to hear more about what other folks think is contributing to youth violence. What does your friend, family member, acquaintance think? There are a few key critical considerations when using this approach. Use it at places in the community where you normally see people. Keep it informal. LISTEN and do not share your own ideas unless your friend or acquaintance asks you to and then not until after you have heard their thoughts. Only ask one or two people at a time so that you can remember what they say and then write it down accurately.

Especially if you anticipate that your health promotion project will entail cross-agency collaboration, or if your project will involve different leadership groups, you may want to be able to assess the current community climate for collaboration. One way to do that is to develop a community climate survey or a collaboration climate survey. You can develop a series of statements that ask people how satisfied they are with local decision making processes. You may also want to know how people feel about their community and its ability to support health. The climate survey can ask respondents' perceptions about how much influence certain leaders or organizations have. The climate survey can also be used to determine which public resources respondents find most

adequate/inadequate. Be sure to include demographic information on the climate survey so that you will know if perceptions of community or collaboration climate vary between groups of people.

The behavioral risk factor survey is a key part of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. It was developed in the 1980s as it became increasingly clear that personal health behaviors played a major role in premature morbidity and mortality. There was a perceived need to be able to document the prevalence of the major behavioral risks, the variations in prevalence among different socioeconomic groups and geographic areas, and changes in health behaviors over time. The basic philosophy was to collect data on actual behaviors rather than on attitudes or knowledge. By creating the surveillance system and a core set of questions that would be asked in the same way over time and across all the states, the Centers for Disease Control and Prevention have been able to collect behavioral data that have enabled them to see trends and geographical disparities. While some states have been able to stratify their samples to allow them to estimate regional prevalence, that is still not specific enough for neighborhoods, communities or even counties. It is useful at a state or regional level for planning, initiating, supporting and evaluating health promotion and disease prevention programs, but for a community-based project, you will need to collect that data locally and the exact same questions can be used as in the behavioral risk factor survey. Then you will be able to document changes in your community and compare them to changes across your state. The survey is a telephone survey, so your program will have to have the capacity to administer a telephone survey. It is important that the survey be conducted using a random sample and that it be administered consistently. For this reason, it is often recommended that you employ an outside consultant to assist you. More information on the behavioral risk factor survey is available on the Centers for Disease Control website at <http://www.cdc.gov> and/or through your state health department's bureau of health promotion or comparable bureau/department.

There are many methods available to community groups conducting assessments for health education and health promotion planning. The four described above are only a few ideas for collecting primary (new) data; they represent both qualitative and quantitative methods. A description of secondary data - its uses, limitations and sources - is included in unit two of this section. Further methods and approaches are described in another section. Beaulieu's section is reserved for a discussion of asset and resource assessment. This is a critical approach both for philosophical and pragmatic reasons and, therefore, is covered in more depth.

### **How (and Who) Will Analyze the Data? (So Now What Do We Do With All This Data!?)**

Ideally, you will have been keenly aware of your key questions and purposes for the data all along. You will have decided to collect only information that you knew how you would use. The questions and potential use should frame your data analysis. But, it can still seem overwhelming. Take a deep breath. Think of it as an adventure. Get excited about what you are soon to discover as you look at the data analytically.

Depending on the nature of the data you have collected, the resources at your disposal, and the training of the people on your staff, you may want to involve an outside person or consultant to help with the analysis. This is true of both quantitative data that you may want statistically analyzed and of qualitative data that will need to be content analyzed. You might find someone at a local community college or you might enlist the support of Extension specialists at your land-grant university. Just as it was important for data collection to be systematic, it is equally important for data analysis to be systematic. Therefore, an initial step in analysis is to organize the data by main topics or by questions. Review the data in terms of your current planning needs and identify themes and patterns. As you identify themes and patterns, you may find yourself developing new questions. Remember, you have to start somewhere and there will be ongoing opportunities to answer these new questions in the future.

As much as possible from the data, you will want to determine trends over time and variations between different sub-groups. With qualitative data you may also be able to identify underlying reasons for the themes that emerge.

Two important caveats about analyzing qualitative data: 1) it is advisable for several people to review and contribute to the analysis so that bias is kept minimal and 2) be sure that one or two vocal people do not overly influence the interpretation or conclusions. As with the process of deciding what questions to ask and who to involve, it is equally important in the analysis stage to involve a diversity of people and to make a particular point of involving people who may think differently from yourself or the core group of the assessment team.

### **Reporting**

The more people who have been involved in developing and/or responding to the community assessment, the more anticipation or curiosity you will have about your results.

Barbara Sugland [10] has identified four keys to success when reporting findings:

1. organize information around a few main points
2. present the information simply
3. choose the “right” people to present the information
4. prepare the information and materials to suit the needs and characteristics of the different audiences you will be sharing your report with.

Consider who are your most important audiences. Will the data have to be presented to a potential funder to ensure continued funding? Will your advisory council or community collaborators need the information so you can engage in collaborative planning? Do community members need the information so they can respond to it or become a greater support for program efforts? Do community leaders need the information? Do members of a specific population group at greater risk need the information before the media puts their spin on the information? Will the media be your ally in getting information out to the community in a timely fashion?

Think creatively about the method of presentation. A two page executive summary will be appropriate for some audiences. Others will want to see charts and graphs. Still others may not be able to easily decipher graphs, and a pictorial representation will be preferable; if you want your report to lead to community discussion, then consider incorporating the main points/findings into a play, skit or musical presentation. Even storytelling can be a way to convey the most important messages.

### **Concluding Comments**

Community analysis will take time and resources, and you might be tempted to skip the analysis all together. Before you decide to skip it, think about all the things you wish you knew to help you plan a more “on target” program, or remember the times when you wished you had challenged your own assumptions and knowledge base before you were in a situation of conflict or confusion. Always keep in mind the idea that everyone does not perceive things the same, and if you’re still tempted to skip the assessment, remember Catie Heaven’s [5] comment that “trying to improve the community without first understanding it is like trying to sell pocket protectors to ballet dancers!” It is better to understand the environment in which you will be working!!!

If you decide to undertake a community assessment, you may very well encounter, especially in certain communities or subpopulations, a resistance to

being “studied yet again.” Building trust is a critical step in community assessment. Involving community members as actors and decision-makers in the assessment process can help address these concerns. Ensuring that resources will be available to conduct an intervention after the assessment is important. Making a commitment to involving citizens in the analysis, development of conclusions, and reporting can also increase participation.

Most organizations and endeavors cannot conduct as thorough an assessment as they would like. It is critical, therefore, to make decisions about priorities and begin with a clear sense of the goals and objectives for the assessment. Be ambitious, but also be honest about the amount of skill, money and person power you will have to conduct the assessment. Be prepared to work with outside consultants. Involve as many organizations and citizens as is feasible; strive for a great degree of diversity of opinion and remember that when you think you have diversity, you need to push yourself one step further.

Bear in mind that community assessment is about more than methods. Familiarity with a repertoire of methods is critical if you want to involve a diversity of people and gather the most pertinent and valid information. You don’t want to find yourself in the situation of the young child who only had a hammer so tried to do everything with that hammer. Therefore, a later section provides you with an overview and brief description of a variety of assessment methods.

Community assessment is about more than documenting needs. Practically, it is critical that program planners are aware of the resources available to work within a community. Philosophically, it is critical that communities and specific populations in communities not see themselves entirely deficit. No community or population is entirely deficit. Identifying assets, resources and strengths can be the first step in moving forward in a proactive and empowering manner. Health educators, then, need to understand the asset model and strategies for determining assets. Beaulieu’s section provides you with an introduction to asset mapping.

As critical as it is, community assessment is only one part of the planning effort. And more often than not, the strength and success of your program will be directly related to the quality of the planning process that guided its development. While planning is not sufficient, it is essential; so make a concerted effort to find the time to undertake an inclusive and comprehensive planning-process before embarking on health promotion programs.

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