Community Assessment

Setting the Stage for Effective Programs
Welcome and Introductions
Learning Objectives

• Explain the benefits of conducting a comprehensive community assessment
• Define the three phases of a community assessment
• Identify your community assets and needs
• Determine factors that contribute to community health needs
Learning Objectives

• Locate secondary data for your assessment
• Identify and select appropriate data collection methods for your community assessment
• Analyze and prioritize data to inform your program goals and objectives
• Explore formats for presenting data to community
• Integrate findings from assessment in grant proposals
INTRODUCTION TO COMMUNITY ASSESSMENT

Defining community
What is Community?

A group of people

• Linked by social ties
• Sharing common perspectives or interests
• Who may or may not share a geographic location
Community Members

Community Members have characteristics in common such as:

• Common culture or ethnic heritage
• Where they live
• Similar age
• Speak the same language
• Religion

*Communities are not homogeneous and seldom speak with one voice*
A healthy community is a place where people provide leadership in assessing their own resources and needs, where public health and social infrastructure and policies support health, and where essential public health services, including quality health care, are available.

-Institute of Medicine, 2003
Healthy Community

- Clean, **safe** high quality environment
- **Stable** ecosystem
- Strong, **supportive** community
- High degree of **public participation**
- **Access** to a variety of experience and resources
- Diverse, vital, and innovative **city economy**
- Connection to past heritage
- Appropriate level of **access to public health**
- High health status
ACTIVITY 1:

PLANNING FOR YOUR COMMUNITY NEEDS ASSESSMENT

BEGINNING TO DESCRIBE YOUR COMMUNITY

What does your community look like?
Who is a part of your community?
What makes your community and its people special?
What is Community Assessment?

- A process by which community members gain an understanding of the health, concerns, and health care systems of the community by identifying, collecting, analyzing, disseminating information on community assets, strengths, resources, and needs.
Program Planning Model

- Community Assessment
- Goals and Objectives
- Program Planning
- Program Implementation
- Program Evaluation
- Dissemination of Results

Process Evaluation

Formative Evaluation
Why do a Community Assessment (CA)?

• Identify and set priorities based on the need

• Make decisions about how to improve the community or organization based on needs and available resources

• Outline goals and objectives of a program

• Provide standards for an evaluation of a program
Why do a Community Assessment (CA)?

• Identify outside organizations or agencies that may help meet the needs or provide resources
• To understand the determinants of a health issue
• Helps to decide how to best address a health issue
• Provide a systematic basis for which organizational decisions are made
• Serve as a public relations tool
• Create an awareness of a community concern or problem
Benefits to Conducting CA

- Strengthening community involvement in decision making
- Better use of resources
- Improved communication with the public and other organizations
- Improving data quality
- Sustaining health initiatives when resources decline
Challenges to Conducting CA

• Working across professional boundaries - tackling territorial attitudes preventing power or information sharing
• Lack of shared language between community sectors
• Lack of commitment from key stakeholders or team members
• Difficulties in accessing relevant local data
• Difficulties in accessing the target population
• Difficulties in translating findings into effective action
Critical to Understanding Communities

• Personal opinions, attitudes, risk or behavior assessment
• Ecological or contextual influences
• Resources, capacities, or assets available
Three-Phase Plan for Assessing Needs

Phase 1: Preassessment
Phase 2: Assessment
Phase 3: Postassessment
Preparing for a community assessment

IDENTIFYING ASSETS AND EXPLORING NEEDS
Assets

• Asset - a capacity that contributes to success

• Shift of focus from individual and community deficits or needs oriented maps
  • Crime
  • Unemployment
  • Poor housing

• Assets and capacities that can be tapped or mobilized to address community concern
Assets

• Individual Assets
  – Skills, talents, and experience
  – Individual businesses
  – Home-based enterprises
  – Personal income
  – Gifts of labeled people

• Organizational Assets
  – Association of businesses
  – Citizens’ associations
  – Cultural organizations
  – Communication organizations
  – Religious organizations
Roles for Individuals in Community Health

- Talents
- Leader
- Connector (gatekeepers)
- Giver
- Others
Private, Public and Physical Assets

• Private/Non profits
  – Higher education institutions
  – Hospitals
  – Social services agencies

• Physical Resources
  – Land, buildings, houses
  – Energy and waste resources

• Public Institutions and Services
  – Public Schools
  – Government agencies
  – Police/Fire/Safety
  – Libraries
  – Parks
Existing Information Resources in Your Community

• Chamber of Commerce
• Phone Book
• Internet
• Local Newspaper
• Previous Inventories (e.g., United Way, Guidestar)
Why do we need to assess community assets?

- Get community involved!
- Discover resources for health planning
- Discover community settings and channels for health promotion
- Find individual or organizational leaders for partnerships
- Create assets inventory for action planning
### Individual Skills/Assets Inventory

**Inventory Tool 1A**

<table>
<thead>
<tr>
<th>Name ___________________________</th>
<th>Phone __________________________</th>
<th>Date ____________________________</th>
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<tr>
<th><strong>Health</strong></th>
<th><strong>Construction &amp; Repair</strong></th>
<th><strong>Food</strong></th>
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<tbody>
<tr>
<td>Caring for the Elderly</td>
<td>Painting</td>
<td>Catering</td>
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<td>Caring for the Mentally Ill</td>
<td>Plumbing</td>
<td>Preparing for Many People</td>
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<td>Caring for the Sick</td>
<td>Electrical</td>
<td>Serving to Many People</td>
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<tr>
<td>Caring for Disabled People</td>
<td>Carpentry</td>
<td>Operating Commercial Equipment</td>
</tr>
<tr>
<td>EMT or Emergency First Aid</td>
<td>Brick and Masonry</td>
<td>Baking</td>
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<tr>
<td>Nursing Experience</td>
<td>Wall Papering</td>
<td>Meat Cutting and Preparation</td>
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<tr>
<td>Nutrition</td>
<td>Furniture Repairs</td>
<td>Bartending</td>
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<td>Exercise</td>
<td>Locksmith or Lock Repairs</td>
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<td>Building Garages</td>
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<td>Dry-wall and Taping</td>
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<td>Cabinetmaking</td>
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<td>Welding and Soddering</td>
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<td>Concrete Work</td>
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<td>Heating and Cooling Systems</td>
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<td>Flooring and Carpentry</td>
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<td>Roofing</td>
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<td>Other____________________________</td>
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<th><strong>Office</strong></th>
<th><strong>Maintenance</strong></th>
<th><strong>Supervision</strong></th>
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<td>Typing (WPM______)</td>
<td>Floor Cleaning/Refinishing</td>
<td>Writing Reports</td>
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<td>Taking Phone Messages</td>
<td>Carpet Cleaning</td>
<td>Filling Out Forms</td>
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<td>Writing Business Letters</td>
<td>Household Cleaning</td>
<td>Working with a Budget</td>
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<td>Receiving Phone Orders</td>
<td>Lawn Mowing and Yard Work</td>
<td>Recording of Activities</td>
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<td>Operation Switchboard</td>
<td>Gardening</td>
<td>Writing Proposals or Grants</td>
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<td>Bookkeeping</td>
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<td>Planning Projects</td>
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<td>Computer Information Entry</td>
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<td>Supervising Projects</td>
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<td>Computer Word Processing</td>
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<th><strong>Supervision</strong></th>
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<td>Infant Care (0-1 yr)</td>
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<td>Child Care (1-6 yrs)</td>
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<td>Adolescent Care (7-13)</td>
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<td>Taking Kids on Field Trips</td>
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<td>Pre-school Care</td>
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Source: *Vitalizing Communities, Community Guide*, 1999, J. Allen, S. Cordes, and J. Hart, p. 28
## Association Asset Inventory Tool

<table>
<thead>
<tr>
<th>Community_______</th>
<th>Date______________</th>
<th>Page ____ of ____</th>
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<tbody>
<tr>
<td>Name of Association</td>
<td>Contact Person/Info</td>
<td>Mission</td>
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**Examples:**
- Business Association: Chamber of Commerce, neighborhood business associations, trade groups,…
- Charitable Groups/Drives: Red Cross, Cancer Society, United Way, Diabetes Association,…
- Youth Groups: 4-H Clubs, Future Farmers, Girl Scouts, Boy Scouts, YMCA, YWCA,…
- Civic Events: art fair, health fair, 4th of July, town festival,…

ACTIVITY 2:
COMMUNITY ASSET INVENTORY

What are your community’s individual assets?
What are your community’s association assets?
What is a Needs Assessment (NA)?

• A **systematic set** of procedures undertaken for the purpose of **setting priorities** and **making decisions** about program or organizational improvement and allocation of resources. The priorities are based on **identified needs**.
Community Needs

- *Need*: a discrepancy or gap between “what is” and “what is desired or should be”
Types of Needs

- **Normative:** need relative to some standard (e.g., Healthy People 2010 objectives)

- **Perceived:** felt needs of people

- **Expressed:** needs based on behavior (e.g., seeking of that need; met or unmet demand)

- **Relative:** needs relative to other communities/geography (e.g., county, state)
Levels of Needs

- **Primary stakeholders (Level 1):** service receivers-clients, patients, consumers

- **Secondary (Level 2):** service providers and policy makers-health care professionals, administrators

- **Tertiary (Level 3):** resources or solutions: buildings, facilities, supplies, technology
Other Considerations

Community needs assessment exist with external forces:

– Funding sources
– Physical environment
– Political factors
– Organizational mandates
Factors that Influence Need

• To understand a community, you must understand the factors that cause health disparities and health problems.

• There are health models that guide the process of diagnosing a community’s health and identifying needs.
PRECEDE Model for Community Assessment

• Planning is based on multiple disciplines: epidemiology; the social, behavioral, and educational sciences; and health administration

• Two fundamental propositions:
  
  • (1) health and health risks are caused by multiple factors (determinants)
  
  • (2) because health and health risks are determined by multiple factors, efforts to effect behavioral, environmental, and social change must be multidimensional or multisectoral, and participatory.
PRECEDE Assessment Steps

• Step 1: Social diagnosis
• Step 2: Epidemiological diagnosis
• Step 3: Behavioral and environmental diagnosis
• Step 4: Educational and Organizational Diagnosis
• Step 5: Administrative and Policy Diagnosis
Step 1: Social Diagnosis

Quality of life

Subjectively defined problems and priorities of individuals or communities

• Absenteeism
• Achievement
• Aesthetics
• Alienation
• Comfort
• Crime
• Crowding
• Discrimination
• Happiness
• Hostility
• Illegitimacy
• Performance
• Riots
• Self-esteem
• Unemployment
• Votes
• Welfare
Example of Step 1: Social Diagnosis

• Childhood obesity is rising in your community
Step 2: Epidemiological Diagnosis

Health

Identify specific health goals or problems that may contribute to social goals from Phase 1

- Disability
- Discomfort
- Fertility
- Fitness

- Morbidity
- Mortality
- Physiological Risk Factors
Example of
Step 2: Epidemiological Diagnosis

• How do you know it is a problem?
  – Number of children identified as overweight
  – Number of children identified as obese
  – Number of other chronic conditions (diabetes, heart disease)
Step 3: Behavioral and Environmental Diagnosis

Identify specific health-related behavioral and environmental factors

- Compliance
- Consumption patterns
- Coping
- Preventive actions
- Self-care
- Healthcare Utilization
- Access
- Affordability
- Equity
Example of Step 3: Behavioral and Environmental Diagnosis

• Behavioral conditions related to obesity
  – Eating habits
  – Physical activity

• Environmental conditions related to obesity
  – Availability of healthy eating in neighborhood
  – Convenience of fast foods
  – Places to participate in physical activity
  – Safety of outdoor areas
Step 4: Educational and Organizational Diagnosis

Examines conditions linked to health status to determine what causes them

**Predisposing factors:**
- Knowledge
- Attitudes
- Beliefs
- Values

**Reinforcing factors:**
- Attitudes of health personnel, peers, family members

**Enabling factors:**
- Availability of resources
- Accessibility
- Referrals
- Rules/Laws
Example of Step 4: Educational and Organizational Diagnosis

• Predisposing Factors: conditions that provide the rationale or motivation for a behavior
  – E.g. taste of fatty, high sugar, high calorie foods; wanting to be health and look attractive

• Reinforcing Factors: factors subsequent to a behavior that provide a reward or incentive
  – E.g. toys in fast food kids meals; colleague support of healthy eating habits

• Enabling Factors: antecedents to behavior that facilitate a motivation to be realized
  – E.g. Convenience of a drive through; menu labeling
Step 5: Administrative and Policy Diagnosis

Reviewing identified barriers and initiating organizational, regulatory and policy changes to overcome those barriers

 Assessment of:

- Resources needed
- Available resources
- Barriers to implementation

 Assessment of:

- Policies and regulations
- Political forces
Example of Step 5: Administrative and Policy Diagnosis

• Health Education: a coordinated school health approach for children that increases physical activity, decreases fat and caloric intake, and increases fruit and vegetable consumption

• Policy regulation/organization: Healthy school lunch programs and implementation of nutritional standards and regulations
Questions?

What are some examples of these steps for your topics?
Phase 1: Preassessment

Exploring and Organizing for Action
Phase 1: Preassessment

• Set up CA committee

• Investigate what is already known about the needs of the target group

• Determine the focus and scope of the assessment

• Determine specific data to collect and how data will be used
Stakeholders and Target Population

- **Stakeholders** – key contact and other key informants in the community, public health organizations and other related services, target population
  - Key agencies, participants, health professionals

- **Partners** – Coalition members, advisory board members

- **Target Population** – people directly affected by the needs assessment process (often termed *priority population*)
Questions?

Who would you include in the needs assessment?
Needs of Target Population

• What is already known about the needs of the target group?
  • Gather info, but don’t reinvent wheel
    • Use census bureau to gather demographics about a population, community, or city

• What other CA reports exist?

• Who else has conducted CAs?
Preassessment

• Interview key contact, stakeholders, and informants
• Conduct community analysis and review of literature
• Identify major areas of need for data collection instrument
• Gain commitment for all stages of the assessment
Set up CA Committee

- Include voices of the community:
  - Community members
  - Stakeholders
    - Key Organizations
    - Health professionals
  - Staff
  - Leaders from community organizations
Key Informant Interviews

• Held with people who are knowledgeable of the community, health topic or organization

• Interviews are interactive and allow open dialogue

• They are conversations with a reason between 2 people

• Helps to frame what topics to ask about during data collection
Interviewing Key Informants

• **Key informant**
  – A person in the community or target population
  – A person working with the community
  – A person who has access to information about the target population

• What are some interview questions that you would want to ask your key informants?
  • For community members
  • For service providers
  • For elected officials
Steps in Key Informant Interviews

• Develop the instrument
  – What do you want to measure?
  – Key topics for the semi-structured interview

• Develop a sample of individuals with personal knowledge about the population of interest, the target audience or the community
  – Purposive sampling instead of convenience
  – Need representation from range of sectors/perspective to avoid bias
  – Snowball sampling to get names of other potential interviewees

• Decide on methods
  – Face to face or phone
  – Number of interviewers
  – Taping vs. note-taking
Steps in Key Informant Interviews

• Conduct the interview
  – Introduce yourself and provide the purpose for the interview
  – Ensure confidentiality of the information provided
  – Take notes or tape the interview
  – **Listen and probe** for further information (very important!!)
  – Thank for interviewee

• Debrief and write out more notes to yourself
Successful Interviewing

- Keep the **goal** of the interview in mind
- **Practice**, practice, practice
- Have **small** talk to build rapport
- Be **professional** (look sharp and be on time)
- **Don’t stop at Yes or No** answers. Probe...
- Treat individual with **respect** (you are listening to their opinions)
Types of Questions

• What is his/her position or role?

• Issues/needs Identification
  – What are the needs or issues in your community? Or Do you think X is a need or problem?
  – Who does the issue affect?
  – Why does the need exist?
  – What causes the problem

• How do people feel about [the need]?

• What would you like to see happen with [the need or concern]?

• What are the barriers to addressing the need?
Types of Questions

• What are potential ways to address the need?

• What resources (assets) are available to address the need?

• What would encourage more support around the issue/need in your community?

• Have we covered everything that is important?

• Conclude by asking “Is there anything important you think I missed?”

• Are there any other people you think we should talk to?
Types of Questions - Organization

• How would you describe the current status of the organization?

• What are you doing well? (start with assets)

• What are areas in your organization that needs improvement? (weaknesses)

• What issues or challenges does the organizations face?

• What are key unmet needs or issues of your participants?
Key Informant Interview Analysis

• Identify key themes

• Compare and contrast data from various interviewees
  – Are there similarities or differences in people’s responses
  – Are perspectives on an issue similar across different groups (e.g., participants and providers)

• Seek additional interviews (perspectives), if needed
ACTIVITY 3: KEY INFORMANTS

Who are your key informants?
What questions would you ask?
Phase 2: Assessment
Gathering what you need
Phase 2: Assessment

• Prepare logistics for data collection

• Prepare, test, and pilot survey (or other methods)
  • Modify as necessary

• Administer survey (or other methods)

• Analyze data and prepare results

• Prepare results with tables, figures and graphics

• Discuss & share results with CA committee
Types of Date Sources

• **Primary Data Sources** - information collected directly by you or your organization
  – Example: community health concern survey

• **Secondary Data Sources** - information collected by someone else
  – Example: emergency room discharge records
Primary Data Sources

Quantitative:
- Surveys/questionnaires for key community members or audience of interest
- Methods:
  - Surveys
  - Direct observation of community or people

Qualitative:
- Professionals or community members who are knowledgeable about health issue or audience
- Methods:
  - Interviews
  - Focus Groups
  - Public meetings or forum
  - Windshield survey
Secondary Data Sources

• Reports about the community from schools, medical systems, health departments, or city governments

• Reports about health topics from Centers for Disease Control and Prevention that describe rates and who has diseases

• Literature review

• Websites

• Your agency (services, participation)
Reasons for Conducting a Literature Review

• Provide an understanding of the topic and its context

• Build on existing knowledge and ideas

• Highlight sentinel work or exemplary studies

• Identifies gaps in the literature
Literature Reviews

• Before you begin, ask yourself:
  – What is the specific problem or question I want to define?
  – What type of literature should I review?
  – What issues should I be looking at more closely?

• Journals versus magazines:
  – Peer review

• Web sites:
  – .gov, .org, and .edu versus .com
  – Editorial board
  – Update
  – Online databases
Levels of Data for Community Analysis

- National
- State
- Local
National Level

• U.S. Bureau of the Census (people)
• Vital Registration System (births, marriages)
• National Case Reporting System
  – Federal & State Reporting System
• National Health Surveys
  – Behavior Risk Factor Surveillance System (BRFSS)
  – National Health Information Survey
• National Health Organizations
  – CDC
  – American Cancer Society, etc.
State Level

- Bureau of Vital Statistics
- State Health Department
- State Department of Education
- State Department of Justice
- Office for Motor Vehicles
- Offices of Voluntary and Private Health Agencies
- Fact Books
Local Level

- Chamber of Commerce
- City, county, regional planning offices
- Newspaper Offices
- Public Libraries
- Insurance Companies
- School Systems
- Hospitals
- Public/Private Mental and Public Health Centers
- Community Residents
- Participants in Programs or Services
- Neighborhood leaders
Questions?

Where do you go for local data?
Types of Health Data

- **Vital Statistics** - government database recording births and deaths
- **Mortality** - the number of deaths in a population
- **Morbidity** - the number of cases of a specific disease in a population
- **Incidence** - the number of new cases of a specific disease occurring during a certain period in a population at risk
- **Risk Factor** - variable associated with an increased risk for disease
- **Hospital Discharge** - number of hospital stays and the reason for hospitalization
Some Useful Web Sites

• U.S. Census Bureau: http://www.census.gov
• National Center for Health Statistics: http://www.cdc.gov/nchs
• American Cancer Society’s Facts and Figures: http://www.cancer.org/docroot/STT/stt_0.asp
• Online Analytical Statistical Information System (Oasis) http://oasis.state.ga.us/
Sources of Health Data

• National Center for Health Statistics (CDC)
• Healthy People 2010 (CDC)
• American FactFinder (Browse Census data)
• Georgia Department of Community Health, Division of Public Health
• Georgia Community Indicators
• Behavioral Risk Factor Surveillance System (BRFSS)
• National Health Interview Survey (CDC)
• OASIS
• Kids Count
• Kaiser State Health Facts
• Trust for America’s Health, Georgia State Data
• State Cancer Profiles
Sources of Health Data

Georgia Department of Community Health, Division of Public Health

- OASIS Health Statistics and Maps
- Behavioral Health (BRFSS)
- Chronic Disease
- Notifiable / Infectious Disease
- Perinatal / Infant Health
- Vital Statistics & Health Planning Reports
- Women’s Health
Sources of Health Data: OASIS

- Online Analytical Statistical Information System
- Georgia Department of Community Health, Division of Public Health
- Interactive, online tools to access health data for state of Georgia

  - Vital Statistics (births, deaths, infant deaths, fetal deaths, induced terminations)
  - Georgia Comprehensive Cancer Registry
  - Hospital Discharge
  - Emergency Room Visit
  - Risk Behavior Surveys (Youth Risk Behavior Survey (YRBS))
  - Behavioral Risk Factor Surveillance Survey (BRFSS))
  - STD
  - Population data

http://oasis.state.ga.us/oasis/index.aspx
Latest updates:

* Mapping Tool - New Interface and Better Response Time!
  - 06/10/2010.

* Mortality/Morbidity & ER Visit WebQuery: 2008 Hospital Discharge and ER Visit data added.

  - 08/20/2010.

OASIS Web Query Tool
Create tables of health statistics:
- Mortality/Morbidity
- Maternal/Child Health
- Infant Deaths
- Population
- Emergency Room Visits

OASIS Mapping Tool
Make maps of health indicators at the county or census tract level:
- Mortality/Morbidity
- Maternal/Child Health
- Infant Deaths
- Cancer Incidence

OASIS Animated Charting Tool
Animated county level population charts:
- Population Pyramids

OASIS WebQuery/Mapping Tool
Crash and current arbovirus information (e.g. West Nile Virus):
- Arboviral Surveillance

OASIS YRBS/BRFSS Query Tool
Make tables of risk behavior survey data:
- Youth Risk Behavior Survey
- Behavioral Risk Factor Surveillance Survey

Demographic Profiles
Neighborhood-level socio-economic status and health indicators:
- Demographic Profiles
- Life Stage Mortality
- Leading Causes of Death
- Vital Statistics Profiles

Geographic Information Systems (GIS)
Free GIS software and over 90 layers of spatial data:
- ArcReader
- Geocoding
- Spatial Data
- GIS at DPH

Suggested Citation
Need socio-economic data (e.g. unemployment, crime, education, labor) not currently on OASIS?
Try UGA's Georgia Statistics System.
Sources of Health Data: BRFSS

- Tracks health conditions and risk behaviors in the United States
- On-going since 1984
- Largest telephone health survey system in the world
- SMART: Selected Metropolitan/Micropolitan Area Risk Trends
  - Analyzes data according to county or city area, must have 500+ respondents

http://www.cdc.gov/brfss/
Turning Information Into Health

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. Learn More >

Interactive Databases

- Prevalence and Trends Database
- SMART City and County Database
- BRFSS Interactive Maps (GIS)
- Web Enabled Analysis Tool (WEAT)
- Chronic Disease Indicators (CDI)

Survey Data and Downloads

- BRFSS Annual Survey Data (1984-2009)
- BRFSS SMART Survey Data (2002-2009)
- BRFSS GIS Maps Data (2002-2009)
- Summary Data Quality Reports (1998-2009)
- Chronic Disease and the Environment Data (2001-2006)

Questionnaires

- English Language Questionnaires (1984-2010)
- Spanish Language Questionnaires (1997-2010)
- Optional Modules by Category (1998-2009)
- Questionnaires Background Information
- Questions Archive (1984-2009)

Learning Resources

- Publications and Research Reports
- BRFSS Bibliography
- Training Resources
- BRFSS Operational and User's Guide (PDF-1.7Mb)
Sources of Health Data: State Cancer Profiles

• National Cancer Institute Database
• Creates a cancer profile for the state according to cancer site (e.g. liver, brain)
• Information includes: death rates, prevalence, incidence, mortality, trends

http://statecancerprofiles.cancer.gov/
Sources of Health Data: For Youth

• Kids Count
  – Data Center provides state and community level data for health conditions and health risks for children
    http://datacenter.kidscount.org/

• Youth Risk Behavior Survey (YRBS)
  – Monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults
  – Includes national school-based survey conducted by CDC and local surveys conducted by state, territorial, and local education and health agencies
    http://www.cdc.gov/HealthyYouth/yrbs/index.htm
Sources of Community Data:

• Georgia Area Labor Profile
  – Georgia Department of Labor
    www.dol.state.ga.us

• County Snapshots
  – Economic and Educational Indicators
    www.dca.state.ga.us/CountySnapshotsNet/

• The Georgia County Guide
  – Calculates means/correlations
    www.countyguide.uga.edu

• State and County DFCS Data
  – TANF, Foster care, CPS, etc.
    www.dfcdata.dhr.state.ga.us

• Your City or County website
Use of Standards

Healthy People 2010
• [www.healthypeople.gov](http://www.healthypeople.gov)
• Objectives for the nation
• Targets that were met in the last decade

Healthy People 2020
• View the proposed objectives

• Select an objective that corresponds with your health topic
• Does your data support the objective?
Cancer

Select an objective to review.

Objectives Retained As Is From Healthy People 2020

- HP2020-1: Reduce the overall cancer death rate.
- HP2020-2: Reduce the lung cancer death rate.
- HP2020-3: Reduce the female breast cancer death rate.
- HP2020-4: Reduce the death rate from cancer of the uterine cervix.
- HP2020-5: Reduce the colorectal cancer death rate.
- HP2020-6: Reduce the oropharyngeal cancer death rate.
- HP2020-7: Reduce the prostate cancer death rate.
- HP2020-8: Reduce the rate of melanoma cancer.
- HP2020-9: Increase provider counseling about cancer prevention.
- HP2020-10: Increase the number of central, population-based registries from the 50 States and the District of Columbia that capture case information on at least 95 percent of the expected number of reportable cancers.
- HP2020-11: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis.

Objectives Retained But Modified From Healthy People 2020

- HP2020-12: Reduce the rate of sunburn.
- HP2020-13: Increase physician counseling about currently recommended screening for colorectal cancer (CRC).
- HP2020-14: Increase the proportion of women aged 15 years and older who receive a cervical cancer screening based on the most recent guidelines.
- HP2020-15: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.
- HP2020-16: Increase the proportion of women aged 40 years and older who have received a breast cancer screening based on the most recent guidelines.
Use of Relative Comparison/Trend Data

• Use tables & graphs to:
  – Show how your region compares to:
    • Other regions
    • State rates
    • US rates
  – Show how problem is getting worse
• Example: Obesity data for region & state of Georgia
ACTIVITY 4: CREATING A COMMUNITY PROFILE

Use the resources provided to create a community profile:
Community Background
Health and Social Systems
Health Status of Community
DATA COLLECTION METHODS

FOR PRIMARY DATA

Learn about the Community
Goals of Primary Data Collection

• Learn about assets and perceived needs
• Elicit voice of community
Data Collection Methods

Individual:
- Surveys
- Interviews
- Resource inventories
- Observational methods
- Windshield survey
- Tele/Electronic conferencing

Group:
- Focus Groups
- Community forums
- Nominal Group Technique
Individual Data Collection

- **Surveys and questionnaires** (mailed, telephone, or face-to-face): a form containing a set of questions sent/given to people to gain statistical information

- **Interviews**: in-depth (formal or semi-informal) questioning of people
Planning for Interview

• Determine the Purpose
• Construct Interview Protocol (instructions and questions)
• Select the sample
  – Key informants
  – Major stakeholders
  – Convenience, purposive or random sample of population
• Train interviewers
• Conduct the Interview
• Debrief
Key Points for Face-to-Face Contact

• Build rapport

• Build competence
  – you know the audience well
  – you have worked here for X years

• Use nonjudgmental responses
  – Okay or all right
  – Do not “Good” or “Excellent”

• Use engaging body language
  – Nod
  – Lean closer
Individual Data Collection

- **Resource Inventory**: The assessment of how resources currently are allocated to health, public safety, education, and human services.

- **Windshield Survey**: Description of the community using multiple data collection methods.
Resource Inventory

• Used to inventory community assets
• Identification of critical priorities
• Survey determining what resources exist
• Target scarce resources at high-priority needs
• Reduce duplication of effort by providers and funders in filling out forms with this information.
Windshield Survey

• Description of the community, geography and boundaries of the areas you are interested in

• Multiple Data Collection
  – Observation of key community sites
  – Photography of community
  – Written notes
Windshield Survey

- Housing and zoning
- Open space
- Boundaries
- Commons/hangouts
- Transportation
- Services/Stores

- Race/ethnicity
- Politics
- Media
- Schools
- Businesses
- Religious institutions
Windshield Survey

• Description of the community, geography and boundaries of the areas you are interested in

• Glance at the community from the investigator’s perspective
  – Ethnicities/culture
  – Ages
  – Hang outs
  – Services/stores
Group Data Collection

• **Nominal group process:** a group process technique to generate ideas from a team in a short period of time.

• **Focus group:** a qualitative research tool in which a small group of participants are brought together and asked to join in discussion of their opinions about topics, issues, or questions.

• **Community Forum:** a gathering of about 50 community members to discuss community issues or concerns or to gather votes.
Nominal Group Technique

Small group with limited interaction to generate and prioritize needs

- Start with small group (10-30)
- Brainstorm ideas independently
- Go around room and capture ideas
- Clarify all ideas
- Have individual rank order ideas in terms of importance

- Outcome is list of ideas and order of priority
Focus Group

- 6-12 people who share a common trait or interest
- Group responses to general issue
- Short protocol of questions facilitated by a trained moderator
- General questions related to the topic with probes
- Need to conduct 2-3 to insure data validation
- Consider how best to stratify participants by community characteristics
- Outcome is related to the topic of interest
Community Forum

• Purpose: to bring together members of the public who are interested in your mission and assessment’s focus.

• Community forums provide a platform for an open dialogue to establish better coordination among the community members involved.
ACTIVITY 5:

PRIMARY DATA COLLECTION: METHODS AND PURPOSE

How will you collect data for your Community Needs Assessment?
Why did you choose these methods?
Deciding which methods to use

SELECTING THE COLLECTION METHOD
Designing the Instrument

• Fit with other data collection methods

• Kinds of questions that need to be asked based on preliminary data gathering

• Types of decisions that will be made from data

• Kinds of questions to elicit usable data

• Data analysis strategy is synergistic with other data collected
Designing the Questionnaire

• How does the survey fit with the other CA data collection tools?
• What kind of questions need to be asked?
• What types of decisions will be made from the data?
• What types of question will elicit usable data?
• How will the data be analyzed and synthesized with other CA data?
## Types of Questions

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td>How old are you? What is your race/ethnicity?</td>
</tr>
<tr>
<td>Sensory</td>
<td>What are the most visually appealing aspects of your community?</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Second hand smoke can be harmful to those around me. True or False?</td>
</tr>
<tr>
<td>Attitudes</td>
<td>Please rate your satisfaction with the dental services available in your community.</td>
</tr>
<tr>
<td>Behaviors</td>
<td>How often do you wear a seat belt when riding in a car?</td>
</tr>
<tr>
<td>Values</td>
<td>How important do you think it is to exercise 3 times a week?</td>
</tr>
<tr>
<td>Environment</td>
<td>Do you feel safe walking alone in your neighborhood?</td>
</tr>
<tr>
<td>Resources</td>
<td>What are the medical services available within your community?</td>
</tr>
</tbody>
</table>
Common Question Types

• Open-ended questions:
  – What is the role of your agency in addressing breast cancer prevention

• Partially Closed-ended
  (includes an Other category)

• Multiple choice
  – The level of services for families that need health care is:
    a) Inadequate  b) somewhat adequate  c) very adequate

• Most and least importance:
  – From the health topics listed below, please check the 3 to 5 most important and least important issues for your community.
Common Question Types

• Rating Scale
  – Services for drug abuse among teens in Hall county are: 1 2 3 4 (poor to excellent)

• Ranking
  – From the list of 5 concerns, please rank the issues in order of importance.
Resources for Data Collection

Questions

• Don’t reinvent the wheel, questions can be taken from previously conducted questionnaires/surveys
  – Pros: These questions have been tested and have proven to be valid and reliable
  – Cons: You may not find a question that exactly addresses your problem, may have to adapt a question to your needs

• If adapting the question to your topic, maintain the basic structure and wording of the question
Sources of Health Questionnaires

• BRFSS Questions Archive
  – Records of questions used according to year and topic
    http://www.cdc.gov/brfss/

• National Health Interview Survey (NHIS) Questionnaires
  – Records of all past questionnaires
    http://www.cdc.gov/nchs/nhis/nhis_questionnaires.htm
Sources of Health Questionnaires

• Youth Risk Behavior Survey (YRBS)
  – Questionnaires and Item Rationale
  – Provides list of questions for High School and Middle School, and rationale for question
    http://www.cdc.gov/HealthyYouth/yrbs/questionnaire_rationale.htm

• Other studies in scientific journal articles

• Cite all sources – Adds credibility to your methods!
ACTIVITY 6:
SEARCHING FOR DATA COLLECTION QUESTIONS

Use the resources provided to find questions for your data collection methods.
Phase 3: Postassessment

Using what you collected
Phase 3: Postassessment

- Conduct prioritization process
- Determine priorities
- List recommendations for organization/stakeholders
- Prepare written report and presentation
- Communicate and disseminate report
Using Data to Inform Your Program

• Several priorities will exist as a result of CA

Take the following steps before setting your program’s priorities.

– Synthesis of data
  (thematic analysis)
– Triangulation of data
– Analyses of matrix
– Focus on Utilization
Triangulation of Data

• Compare findings with those from other methods
  – Multiple qualitative methods (key informant interviews)
  – Comparison of results of qualitative methods with other data (interviews with community profile; community profile with data from instrument)

• Matrix of methods and key issues
Focus on Utilization of the Results

• Include data from each step of the analysis
• Refocus on definition of need
  – Presentation of “what is” (met)
  – Describe data on “what should be” (unmet)
• Perspective
  – What does the community need?
    • Key stakeholders’ perspective
    • From community member’s perspective
    • Overall, from everyone’s perspective
Focus on Utilization con’t

• Interpretation not just Description
  – What do the results mean?
  – Judgment: what is good or bad about findings?
    Relate it back to standards
CA Data for Grant Writing or Need Statement

• Background section of grant
  – Define health issues and causes
  – Description of current programs and services (identification of gaps)
  – Description of what is not known about the health issues in the community (research gap)

• Methods
  – Description of the population
CA Data for Need Statement

Overview of Community Needs

• Describe the community in which you will be working and clearly identify the target population. In your description, discuss the community-specific need(s) the proposed project will address, including local statistics.
Community Toolbox

http://ctb.ku.edu/en/dothework/tools_tk_2.aspx

- Mission: Promoting community health and development by connecting people, ideas and resources
- Provides information for a variety of actions for community health enhancement
  - Including Community Needs Assessments
    - Outline for conducting CNA
    - Resources
    - Examples of CNAs
The Community Tool Box

Our Mission
Promoting community health and development by connecting people, ideas and resources

Welcome!

Out of the Box Prize

The Community Tool Box is sponsoring the Out of the Box Prize recognizing community innovations.

More than 300 applications have been received from dozens of countries around the world – from the Americas to Zambia.

Be sure to check back between 12/1/10 and 1/31/11 to view finalists and vote on your favorite Out of the Box Prize applicants to win the Grand Prize and Second Prize Awards!

Welcome!
Do the Work

The Toolkits should help you get a quick start in doing key activities in community work. To find supports, click on the type of work that is closest to what you are doing to see key tasks, examples, and links to supports.

What kind of work do you want to do today?

1. Creating and Maintaining Coalitions and Partnerships
2. Assessing Community Needs and Resources
3. Analyzing Problems and Goals
4. Developing a Framework or Model of Change
5. Developing Strategic and Action Plans
6. Building Leadership
7. Developing an Intervention
8. Increasing Participation and Membership
9. Enhancing Cultural Competence
10. Advocating for Change
11. Influencing Policy Development
12. Evaluating the Initiative
13. Implementing a Social Marketing Effort
14. Writing a Grant Application for Funding
15. Improving Organizational Management and Development
16. Sustaining the Work or Initiative
Assessing Community Needs and Resources

Understanding a community's concerns enables us to effectively characterize its needs and respond with appropriate interventions. In order to assess communities and create a community profile, we need to discover those things that matter to the community, what issues the community feels are most important to address, and what resources are available to bring about change. By interviewing community members, conducting listening sessions and public forums, and spending time in the place, we can develop an assessment (or profile) of the community that helps identify critical issues and plan future interventions. This part of the Community WorkStation helps support the preparation of a community assessment (or profile).

Available support includes:

• Outline for Assessing Community Needs and Resources
• Outline with links to tools
• How-to information on Assessing Community Needs and Resources
• Example(s) of Assessing Community Needs and Resources
• Links to other online resources for Assessing Community Needs and Resources
Use of CA Report by Contact Agencies

• Information needed to make important decision

• Document needs and assets of the community

• Use of data for development of future programming

• Use of results for grant writing

• Facilitate cooperative action/partnerships
Conclusion of CA Report

• Conclusions
  – Key findings from CA results (existing resources, needs unmet, priorities identified by various groups)
  – Emphasize key gaps or type of need
Prioritization

• Identify areas of disclosed needs from community analysis findings where efforts can be initially focused

• As more resources are available, more issues can be addressed
Simple Approach to Prioritization

• Ranking of some type
  – Numerical
  – Qualitative (high, medium, low)
  – (Rank ordering data by importance, desirability, frequency selected, etc.)

• Selection of issues
  – Voice vote
  – Ballot
  – Consensus
  – Majority
Sork’s Approach to Priority Setting

- Importance criteria: (rating from 1 to 5)
  - Number of individuals affected/impact
  - Contribution to organizational goal
  - Require immediate attention
  - Magnitude of the discrepancy
  - Instrumental value of addressing need

- Feasibility criteria:
  - Educational intervention
  - Availability of resources
  - Organization’s willingness to change
Sork’s Importance and Feasibility

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance</td>
<td></td>
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<td>High</td>
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<tr>
<td>Low</td>
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</tbody>
</table>
Recommendations/Action Steps: What should be done?

• Recommendations
  – Specific programmatic or target group priorities for the agency
  – Should be *practical* and *possible*
  – Consider agency assets
  – Changes/improvements to address needs or issues
  – Summary of what your results suggest about priorities, needs for services, needs for action, etc
  – Lead to research gaps for grant writing
Guidelines for Recommendations

• Supported by CA findings

• Distinguish between different kinds of recommendations (e.g., program, other stakeholders, etc.)

• Consider the cost and risk associated with recommendations

• Focus on easier/changeable tasks first (importance-changeability matrix)

• Consider different types of recommendations
  – Planning and formative (i.e., consider, explore)
  – Behavior oriented (i.e., provide training, offer x services)
Example of Recommendations

• Because a number of key informants and staff members mentioned the televisions in the waiting rooms as a untapped resource, it would be important to show Spanish- language health education videos on the televisions in the waiting rooms.
Components of CA Report

• Front Matter
  • Title, Executive Summary, Table of Contents, List of Tables, List of Figures, List of Appendices

• Introduction and Background

• Community Assessment Purpose and Primary Data Collection

• Back Matter
  • References
  • Appendices are lettered (A, B, C)
Community Assessment Report

• Write reports that are understandable- avoid technical jargon
• Vary reports needed for different audiences
  – Policy board
  – Decision-makers
  – Managers
  – Staff
• Include graphic displays (charts and tables)
• Provide copy of instruments, protocols, and data analysis
Report Writing

• Use objective and non-judgmental language

• Respect the confidentiality of individuals and their responses (e.g., data in aggregate, no names attached)

• Use descriptive language

• Avoid jargon and define terms lay people may not understand or not have a common definition for; define terms

• Balance the needs with assets in the language chosen and space
Dissemination of Community Assessment Results

- Important to share data with stakeholders and community commonly with a written report
- Discuss methods to share data with stakeholders
  - Executive summary
  - 1 page summary
  - Presentation with graphs
- Make it a priority to share results and have dialogue about them and recommendations
Why Dissemination is Important

• Educates the audience about the findings and what is happening in the community

• Gets information in hands of people to plan for action

• Builds enthusiasm or passion for action and advocacy
Questions?

Have you shared your CA results in the past?