

Community Assessment and Diagnosis

Learning Objectives:-

1. Describe the meaning of community assessment.
2. Explain the meaning of community dynamics.
3. Compare and contrast five types of community needs assessment.
4. Discuss community needs assessment methods.
5. Describe four sources of community data.
6. Explain how a community diagnosis is formed.
7. Explain the characteristics of a healthy community.
8. Identify the components of the community assessment wheel.
9. Discuss the cultural variables needed for family and community assessment.

Community Assessment:-

❖ Basic concepts:-

1. **CHNs work at six levels:** individual, family, group, subpopulations, populations and communities. X
2. Working with communities is primary because the community directly influences the other levels, and because provision of health services mostly occurs at the community level.

❖ Community as a client:-

Refers to the concept of a community-wide group of people as the focus of nursing service.

❖ Barriers to the concept of community:-

1. **Individualism:** Most researchers, personnel and health care institutions focus on the care of individual illness rather than promotion of community health
2. **Myths:** focusing on locations rather than transferable skills, clinical skills only rather than a comprehensive body of knowledge (for e.g. biostatistics, epidemiology in analysis and measurement and anthropology in understanding phenomena, and focusing on individuals and families as clients more than on communities). XXXX

Community Assessment:- XXX

• Features of a community:

1. Location (geographic) health of community affected by:

- a. Location of health services.
- b. Geographic features.
- c. Climate.
- d. Plants.
- e. Animals.
- f. Human-made environment (resources vs. threats).



Community Profile Relating to location variables?

Boundaries (incidence of wellness and illness and spread of disease)

1. Where is the community located?
2. What is its boundaries?
3. Is it part of a larger community?
4. What smaller communities does it include?

Health services locations (availability and accessibility)

1. Where are the main health services?
2. Are there necessary health services outside the community? Where?

Geographic features

1. Major landforms near the community
2. What geographic features pose threats, opportunities for healthful activities?

Climate

1. Average temperature and precipitation? Extremes? What climatic features affect health and fitness?

2. Is the community prepared to cope with emergencies?

Flora and Fauna

1. What plants and animals pose possible threat to health?

Human- made environment

1. What are the major industries?
2. How have air, land, water been affected by humans?
3. What is the quality of housing?
4. Access to health institutions?

General

1. Do groups cooperate to identify threats?
2. Do health agencies cooperate to prepare for an emergency such as flood or earthquake?

Community Assessment-Population:-

2. **Population:** Not of a specialized aggregate but of all the diverse people who live within the boundaries of this community.

The health of any community is greatly influenced by the population that lives in it.



A healthy community has leaders who are aware of its population characteristics, know its needs and respond to those needs.

Population Variables:-

- **Size:** Affects number and size of health care institutions
 - Homogeneity of population and its needs
 - What is the population? Is it urban suburban or rural?
- **Density:** What is the density per square mile? Increased density increases stress. High and low density affect the availability of health services
- **Composition:** What is the age composition? Sex composition? Marital status? Occupations and %
- **Rate of growth or decline:** How has population size changed over the past two decades? Health implications of this change?
- **Cultural differences, social class:** refers to ranking groups by income, education, occupation, prestige or a combination of these factors.
 - **Educational level is** closely associated with social class and is a powerful determinant of health-related behavior.
 - **Generally,** health promotion and preventive health services are most needed by low-income groups.
 - **What subcultural groups populations exist in the community?** Any of them has unique health needs and practices?
 - **% of population in each class?** What do class differences suggest for health needs and services?
- **Mobility:** How frequently do members move in and out of the community? (seasonal swings, internal migration) Within the community? Are there specific populations (e.g. migrant workers that are highly mobile)?
 - How does pattern of mobility affect health of community?
 - Is the community organized to meet health needs of mobile groups?

Community Assessment-Social System:- XXX

3. Social system variables:

Health system
Family systems
Economic system
Educational system
Religious system
Welfare system
Political system
Recreational system
Legal system
Communication system

Community Dynamics:-

Dynamic = Changing quality

Three important factors affecting community dynamics:

1. Citizen participation in community health programs (CHN need to promote health education and awareness).

- Assessing type and extent of citizenship participation.
- Promoting self-care concept (empowerment based on the right to make decisions, have adequate information and consult widely about their own health).

2. Power and decision-making structure: Community self-care is CHN goal.

- Do not assume that what is known about one community will be true of another
- The leaders within the health system have different degrees of power and varying spheres of influence. Knowing these differences is a pre-requisite of your work in this community
- Power does not necessarily flow through the established bureaucratic channels. Locate the informal pattern of power and decision-making
- Beware of leaders who speak authoritatively on issues outside their sphere of power.
- Do not overestimate the support of key leaders or power cliques. Much organizational work needs to be done.

3. Community collaboration efforts

- Those leaders whose power is in the health system have a network of contacts with similar leaders in other systems
- Learn to distinguish between political, economic, and social power; use the combination needed to promote community health issues
- Try to encourage participation in the decision-making process at every level from citizen to key leader
- Leaders in one part of the community might be ignorant of needs and problems in other parts of the system. They will have to be educated in community health issues.

Community Collaboration:-

• The ability of the community to work together as a team of citizens, professional and lay people alike, in order to meet an identified need in the community.

• Broad principles for community collaboration efforts:

1. Public policy are beyond any single person or profession's responsibility → community members need to be involved to change the status quo
2. Results-based accountability emphasizing program or project "effectiveness" as the goal
3. Cultural competence is the norm. Program design, delivery and evaluation must respect the local identity and cultural norms.
4. Ethical behaviour is fundamental in collaborative relationships



((Application of the Nursing Process)) Activities in Community Needs Assessment

1. *Assessment is the first step of the nursing process = To collect and evaluate information about a community's health status to discover existing or potential needs as a basis for planning future action*
 - *Two activities (overlapping and are repeated throughout the assessment):*
 - A. *Collection of pertinent data*
 - B. *Analysis and interpretation of data*

Community Needs Assessment XXX

- **Definition:** The process of determining the real or perceived needs of a defined community of people. X
- **Asset assessment:** Focuses on the strengths of the community and not its deficits.
- **Type of assessment ((depends on)):-**
 1. Needs.
 2. Goals to be achieved.
 3. Resources available.

Types of Community Needs Assessment

1. Familiarization or “Windshield Survey”

- It is the most necessary type.
- Nurses drive or walk around the community, find health, social and governmental services, obtain literature, introduce themselves as working in the area, and become familiar with the community.

2. Problem-oriented assessment

- Begins with a problem and then assesses the community in terms of that problem.
- Used when a familiarisation assessment is not enough and a comprehensive assessment is too expensive.
- Responds to a particular need.

3. Community subsystem assessment: CHN focuses on a single dimension of community life.

4. Comprehensive assessment: To discover all relevant community health information.

- Begins with a review of existing studies and all data available now in the community.
- Survey (demographics), **XXXXX**
- key informants interviewed in every major system;
- Then more detailed interviews and surveys to get more information on organizations and their various roles within.

NB: It is seldom performed because expensive and time consuming

5. Community Assets Assessment “focuses on the strengths and capacities of the community rather than the problems alone”

- It begins with what is present in the community
- Capacities and strengths of community members are identified, focusing on creating relationships among local residents, associations, and institutions to multiply power and effectiveness.

Three levels:

1. Inventory of specific skills, talents, interests and experiences of individual community members
2. Inventory of local citizens organizations and associations
3. Inventory of local institutions

Community Assessment Methods

- **Surveys:** Series of questions is used to collect data.

- **Three phases**

1. Planning phase: to determine sampling and tools for data collection

- Determine the what and why
- Determine precise data to be collected
- Select population (household, block, neighborhood)
- Select survey method / instrument (interview, telephone call, questionnaire)
- Sampling size (% of the total population in question)

2. Data collection phase

- Identify and train data collectors
- Pre-test and adjust instrument
- Supervise actual collection, planning for non-responses or refusals

3. Data analysis and presentation phase

- Organise data for tabulation and analysis
- Apply appropriate statistical methods
- Determine relationships and significance
- Report the results and include implications, recommendations and next steps, providing a feedback to the community surveyed through a community forum.

Community Forum / Town Hall meeting:-

- A qualitative assessment method designed to obtain community opinions
- Members are invited representing all segments of the community involved with the issue
- Inexpensive method and results are obtained quickly (Krueger 1994)
- Disadvantage: Power structure within community and vocal members are heard only.
- Used to elicit public opinion on a variety of issues
- TV programs with a “yes” or “no” vote on an issue

Focus Groups:-

- Designed to obtain grassroots opinions.
- It is a small group process (5 to 15 people)
- Members chosen for the group are homogeneous in terms of demographic variables.
- Leadership skills are used and small group process to promote discussion.
- The interviewer guides the discussion according to a pre-determined set of questions or topics.
- Group meets for 1-3 hours and may meet in a series
- Assessment data can be collected from several groups over a period of time
- Efficient and low cost method

Sources of Community Data:-

XXX

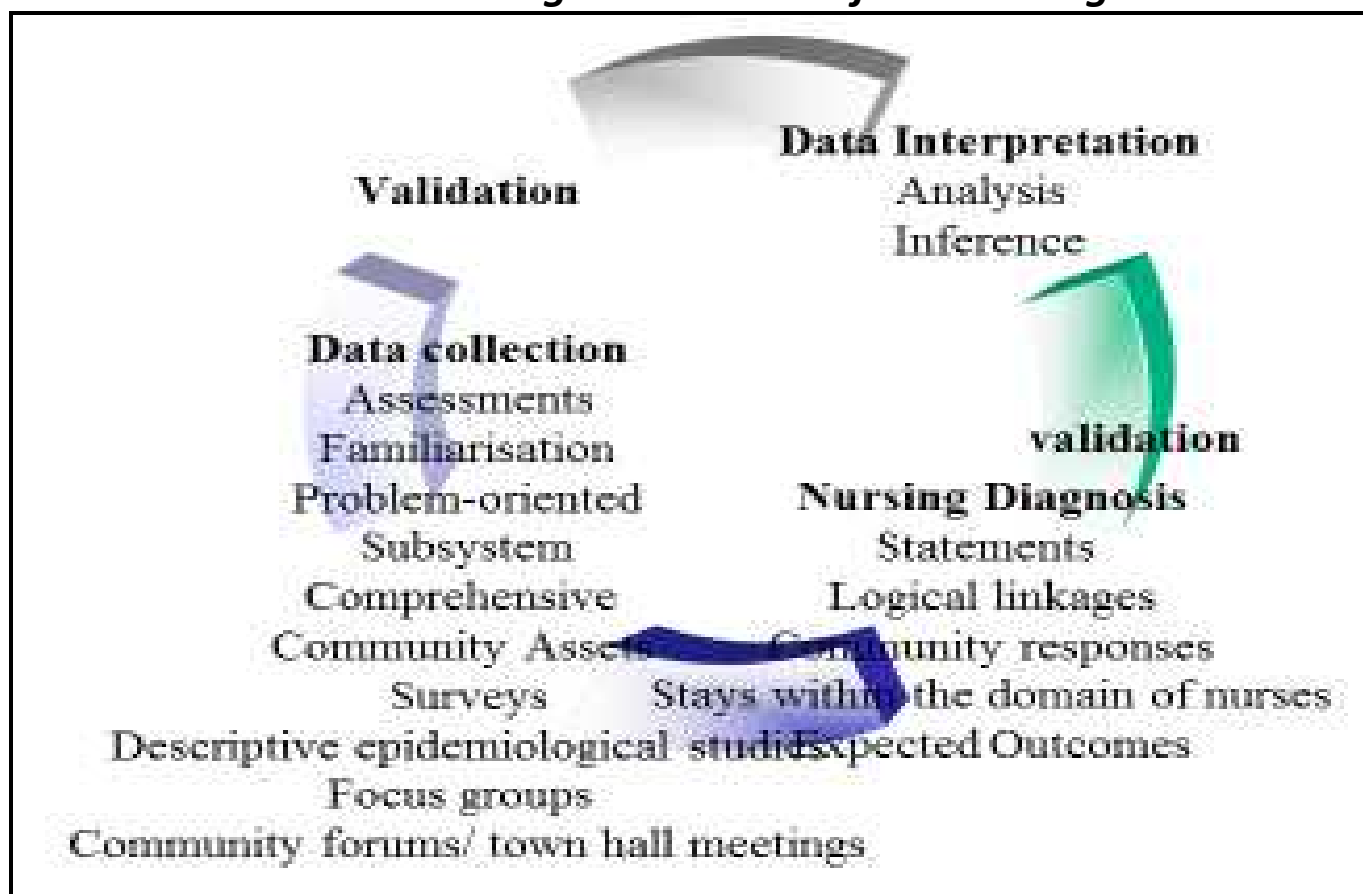
1. *Primary Sources: obtained directly from the community*
2. *Secondary source: health team members, client records, community health statistics, Census Bureau Data, reference books, research reports, community health nurses*
3. *International Sources WHO, UNICEF, Internet sources,*
4. *National Sources: MOH, Bureau of the Census, UNRWA (United Nations Relief and Works Agency)*
5. *Local sources: Chamber of commerce, hospitals, social service agencies, School districts, municipalities, universities or colleges,*

Data Analysis and Diagnosis:-

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- *Data must be validated: Are they accurate?*
- *Data can be rechecked by the community assessment team*
- *Can be rechecked by others*
- *Subjective and objective data can be compared*
- *Community members can verify the findings*
- *Validated data are categorized in physical, social and environmental sectors*
- ***Before making a diagnosis ALL assumptions must be validated!***

Assessment and Diagnosis Phases of the Nursing Process



Community Diagnosis:-

- *Is the community's ineffective coping ability and potential for enhanced coping?*
- **Statements should include:**
 - *Strengths, identifying sources of solutions, as well as community's weaknesses or problem areas*
 - *Diagnosis guide communities towards maximizing or improving their health, as they plan, implement and evaluate changes that will be measured by outcome criteria*
 - **Outcome criteria** *are measurable standards community members will use to measure their success as they work towards improving the health of their community.*
 - **Nursing diagnosis changes over time as it reflects the community health status, therefore they need to be periodically reevaluated and redefined**

What is a Healthy Community? XXX

Ten descriptors of a healthy community:-

1. *A healthy community is one where members have a high degree of awareness that "we are a community"*
2. *A healthy community uses its natural resources while taking steps to conserve them for future generations*
3. *A healthy community openly recognizes the existence of subgroups and welcomes their participation in community affairs*
4. *A healthy community is prepared to meet crisis*
5. *A healthy community is a problem-solving community*
6. *A healthy community has open channels of communication allowing information flow among all subgroups and in all directions*
7. *A healthy community seeks to make its systems resources available to all members of the community*
8. *A healthy community has legitimate and effective ways to settle disputes that arise*
9. *A healthy community encourages maximum citizen participation in decision-making*
10. *A healthy community promotes high level of wellness among all its members*