Community Health Assessment
BEST PRACTICES
Definition

Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.

The ultimate goal of a community health assessment is to inform:

- community decision-making
- prioritization of health problems
- strategies to address the community’s health needs and identified issues

Definition

A variety of tools and processed may be used to conduct a community health assessment.

The most essential ingredients are community engagement and collaborative participation.

Common CHA Elements

- Mobilize a coalition/team
- Assess areas of need & assets
- Prioritize needs
- Develop strategic action plan
  - Disseminate & activate plan
  - Track progress/outcomes
Common CHA Elements

Mobilize - Assess - Plan - Implement - Track
Mobilize a Coalition

A coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal.

Together everyone achieves more.
Mobilize a Coalition

IDENTIFY KEY PARTNERS/STAKEHOLDERS

• Those most affected by the issue
• Formal and informal helpers
  – those charged with carrying out community functions related to the issue
• Policy Makers
• Community Opinion Leaders

START WITH PEOPLE YOU KNOW!
Identify Key Partners

- Schools
- Parents
- Youth
- Elected leaders
- SDPI
- IHS/Tribal Health Programs/Facilities
- Youth serving programs
- Local businesses
- Parks and recreation
- NB3
- Tribal Epidemiology Centers
- Universities
- State/County Departments of Health
Mobilize a Coalition

COALITION GUIDELINES

• Communicate, communicate, communicate!
• Be as inclusive and participatory as you can.
• Try to set concrete, reachable goals.
• Be realistic, and keep your promises.
• Acknowledge and use the diversity of the group
• Celebrate milestones, contributions and successes.

Albuquerque Area Southwest Tribal Epidemiology Center
ASSESS NEEDS & ASSETS

• Define the community/target population
• Identify key indicators
• Select indicators
• Collect/Gather Primary Data
• Collect/Gather Secondary Data
Define the Community

- Will guide data collection efforts.
- Community can be defined in a number of ways, and depends on the overall purpose of the CHA.
  - Geographic boundaries
  - Demographic traits
    - Gender
    - Age group
    - Tribal members
  - Health conditions
    - Diabetics
  - Others?
Identify Key Indicators

Source: Dahlgren and Whitehead, 1991
Individual-Level Indicators

- BMI
- Fruit and vegetable consumption
- Breakfast consumption
- Sugar-sweetened beverage consumption
- Physical Activity
- Food insecurity
- Screen time
- Knowledge, attitudes, beliefs
- Demographics (gender, age, grade, etc.)
- Others?
Other Indicators

- Healthy food access/cost
- PE in schools
- School lunch program
- Sugary beverage/soft drinks in schools/other community locations
- Afterschool programs
- Wellness center hours
- Nutrition labeling
- Food taxes/subsidies
- Recreational opportunities
- Community Capacity
- Exposure to unhealthy food marketing
- Gardening
- Cultural activities
- Nutrition/health classes
Selecting Indicators

- Relevance/importance
- Measurable
- Access to data sources
- Ability to monitor over time
- Resources
  - $
  - Time constraints
  - Primary vs. secondary
How would you measure?

Body Mass Index (BMI)
How would you measure?

Fruit & Vegetable Consumption
How would you measure?

Physical Activity
How would you measure?

Screen Time
How would you measure?

Knowledge, attitudes and beliefs
How would you measure?

Demographics
(gender, age, grade, etc.)
How would you measure?

Healthy Food Access/Cost
How would you measure?

PE in Schools
How would you measure?

School lunch program
How would you measure?

Recreation Opportunities for Youth
How would you measure?

Exposure to Unhealthy Food Marketing
Triangulation

The mixing of more than one type of data or data collection methods so that diverse viewpoints cast light upon a topic and strengthen confidence in the findings.
A comprehensive CHA brings together a variety of data such as:

**Multi-level indicators:**
- Individual
- Community
- System/Policy
- Environment

**Needs & strengths at each level**

**Multiple data types & sources**
- Qualitative/quantitative
- Primary/secondary
- IHS/Tribal/State

Albuquerque Area Southwest Tribal Epidemiology Center
Approaches to collecting data

Data Collection

Quantitative

Survey/Questionnaire
Pre-/Post-Tests

Qualitative

Mix method

Interviews
Focus Groups
Community Forum
Photovoice
Digital Storytelling
Secondary Data Sources

- LOCAL PROGRAMS, ORGANIZATIONS:
  - Tribal Special Diabetes Programs
  - Schools
  - IHS

- STATE HEALTH DEPARTMENTS:
  - Youth Risk and Resiliency Survey
  - Behavioral Risk Factor Surveillance System
  - Vital Records

- FEDERAL AGENCIES:
  - IHS
  - Centers for Disease Control
  - US Census
Primary Data Collection

- Survey
- Pre-Post Test
- Focus group
- In-depth Interviews
- Photovoice
- Participant Observation
- Community forum
Community Forum

• An open meeting or gathering where community members discuss important concerns.

• Also referred to as public forums or town meetings.
<table>
<thead>
<tr>
<th>Community Forum – Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify methods or strategies to reduce obesity among American Indian children</td>
</tr>
<tr>
<td>Community participation</td>
</tr>
<tr>
<td>Bringing people together from diverse backgrounds</td>
</tr>
<tr>
<td>Identify Facilitators/Barriers</td>
</tr>
<tr>
<td>Collective problem-solving &amp; planning</td>
</tr>
<tr>
<td>Linking your program with people who are able &amp; willing to help</td>
</tr>
</tbody>
</table>
Organizing a Community Forum

1. Schedule at a convenient time
2. Neutral & comfortable location
3. Publicize the forum widely (i.e., fliers, PSAs, press releases)
4. Personally invitations
5. Encourage participants to invite others
6. Serve refreshments
7. Hold forums at different sites to improve participation
10 Steps to a Productive Community Forum

1. Designate a discussion leader/facilitator & a recorder
2. Sign-in sheet (name, address, phone, email)
3. Begin with brief introductions
4. Agree upon ground rules
5. Keep forum to < 40 participants, or conduct 2 forums
6. Provide an overview of your mission and goals
7. Have facilitator lead the discussion with key questions
8. Record the discussion on each topic
9. Conclude with a summary of what was achieved – a preliminary plan for next steps and future meetings
10. Prepare a written summary of the ideas discussed, and mail with thanks to all participants. Include a list of opportunities for further involvement.
NOW WHAT?
Key Steps for Action Planning

- Reconvene your Coalition
- Prioritize Needs/Assets
- Develop Goals/Objectives
- Plan Activities
- Implement & Evaluate Plan
Prioritize Needs/Assets

- List all identified needs/assets
- Small work groups
- Identify common or overlapping needs/assets
- Use prioritization matrix to order needs/assets
## Prioritization Matrix

<table>
<thead>
<tr>
<th>MORE CHANGEABLE</th>
<th>MORE IMPORTANT</th>
<th>LESS IMPORTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS CHANGEABLE</td>
<td><strong>High Priority</strong></td>
<td><strong>Low Priority</strong></td>
</tr>
<tr>
<td></td>
<td>(Quadrant #1)</td>
<td>(Quadrant #3)</td>
</tr>
<tr>
<td></td>
<td><strong>Priority for</strong></td>
<td><strong>No Priority</strong></td>
</tr>
<tr>
<td></td>
<td>innovative programs**</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>(Quadrant #2)</em></td>
<td><em>(Quadrant #4)</em></td>
</tr>
</tbody>
</table>

*Behavioral matrix from Green and Kreuter’s PRECEDE-PROCEED model*
Prioritize Needs/Assets

Order items into a list, consider criteria such as:

– Should certain issues be addressed first?

– Are there issues with immediate consequences?

– Any upcoming events/time constraints that may help or hinder addressing an issue?

Address at least one simpler issue first in an effort to build momentum and teamwork for addressing more complex issues!
All objectives should always be linked to your goals(s)!
Goal

Goals are broad statements that . . .

– Describe the desired long-term impacts of what you want to accomplish in the future.

– Provide the overall direction of the program.

– Lay the foundation for the specific objectives and activities that will ultimately define the program.
Sample Goal Statements

• Increase physical activity among tribal youth to prevent future diabetes.

• Create a healthy school environment for all community youth.
A goal statement should describe a future condition you wish to achieve . . .

Not a specific activity or task!
Setting GOALS will:

- Give you direction
- Energize you
- Provide a challenge
- Make you think outside the box
Objectives

Objectives are . . .

– The specific measurable components of your initiative.

– Concise statements which offer specifics of how much of what will be accomplished by when.

– SMART
  • Specific, Measurable, Achievable, Relevant, Timed
Targets of Objectives

Three basic targets of your objectives:

1. Individual
   Changing knowledge, attitudes, beliefs, behaviors among individual people (e.g., increased physical activity, reduce body weight, etc.)

2. Community, System, Policy, Environment
   Changing many people, health system(s) or policy(s) (e.g. expanded healthy food options, more places to exercise)

3. Process
   The implementation of your program - provides the foundation necessary to achieve your other objectives (e.g., develop a partnership, number of contacts, establish written protocols/policies, hold a meeting, etc.)
Objectives are SMART

- **SPECIFIC** – Objectives should specify what they aim to achieve.
- **MEASURABLE** – Objectives must be measurable to assess achievement.
- **ACHIEVABLE** - Objectives should be achievable/attainable.
- **REALISTIC** – Objectives should be achievable with the resources you have.
- **TIMED** – Objectives should indicate timelines for accountability.
Writing Objectives

An objective statement should specify:

- **What will change?** (e.g., certain risk factors, behaviors, knowledge, awareness, etc.)

- **For whom?** (e.g., tribal members, leaders, health providers, etc.)

- **By how much?** (e.g. decrease body weight by 7%, 10% increase in wellness center attendance, 2 new policies implemented).

- **By when?** (e.g. by the end of the program, six-month follow-up, by the end of the year, etc.).
All objectives should always be linked to your goals(s)!
By September 2015, all tribal elementary schools will provide PE to students for one full class period at least 4 days per week.

*Specific, Measurable, Achievable, Relevant, Timed?*
Value of Goals & Objectives

– Keeps staff working towards the same long-term goals.

– Helps your agency to create specific and feasible ways in which to carry out your vision.

– Creates manageable timelines for a project.

– Allows you to track what your program has accomplished, and what still needs to be completed.

– Provides measurable outcome data to share with your agency, coalition, funders and the greater community that you are working with.
25% of youth will eat more fruits and vegetables.
By October 2013, the hours of operation at the wellness center will be increased from 4 hours to 6 hours on Sundays.
SMART Objective?

Reduce the percentage of youth who watch 3 or more hours of television after school
SMART Objective?

Increase the percentage of youth who had their physical activity level assessed & documented in the past 12 months from 25% at baseline to 40%.
The Goals & Objectives Tool

## The Goals & Objectives Tool: Getting to Outcomes

<table>
<thead>
<tr>
<th>Goal(s)</th>
<th>Objective Questions</th>
<th>Objective Answers</th>
<th>Objective Statement</th>
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<tbody>
<tr>
<td>1. Increase physical activity among tribal members with diabetes.</td>
<td>What will change?</td>
<td>Attainment of PA behavioral goals</td>
<td>By April 2014, at least 50% of diabetic tribal members enrolled in SDPI fitness intervention will meet at least one of their physical activity behavioral goals.</td>
</tr>
<tr>
<td></td>
<td>For whom?</td>
<td>Diabetic tribal members enrolled in SDPI fitness intervention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>By how much?</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>When will the change occur?</td>
<td>12 months after intervention begins</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How will it be measured?</td>
<td>Activity logs</td>
<td></td>
</tr>
<tr>
<td>2. Reduce risk factors among tribal members with prediabetes.</td>
<td>What will change?</td>
<td>Attainment of nutrition goals</td>
<td>25% of diabetes prevention program participants age 18 and over will achieve at least one nutrition goal by October 2013.</td>
</tr>
<tr>
<td></td>
<td>For whom?</td>
<td>Tribal members over age 18 with prediabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>By how much?</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>When will the change occur?</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
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<td>How will it be measured?</td>
<td>Tracking log</td>
<td></td>
</tr>
<tr>
<td>3. Improve community access to safe places for physical activity.</td>
<td>What will change?</td>
<td>Hours of operation</td>
<td>By October 2013, the hours of operation at the wellness center will be increased by at least 5 hours per week from a baseline of 40 hours per week.</td>
</tr>
<tr>
<td></td>
<td>For whom?</td>
<td>Wellness center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>By how much?</td>
<td>5 hours/week</td>
<td></td>
</tr>
<tr>
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<td>When will the change occur?</td>
<td>October 2013</td>
<td></td>
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<tr>
<td></td>
<td>How will it be measured?</td>
<td>Change from baseline survey</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What will change?</td>
<td>Instructor availability</td>
<td>By the end of 2013, at least two diabetes program staff members will become certified as Zumba instructors.</td>
</tr>
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<td></td>
<td>For whom?</td>
<td>SDPI program staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>By how much?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>When will the change occur?</td>
<td>End of 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How will it be measured?</td>
<td>Personnel files &amp; training certification</td>
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2009 YRRS RESULTS – SELECTED DISPARITIES

ITEM
AASTE
C SCHOO
LS NATI
ON
YRBS HEALT
HY PEO
PE 2010
TOBACCO
USE PAST
MONTH 31.3%
19.5%
16.0%
RODE WITH DRIVER WHO HAD BEEN DRINKING ALCOHOL PAST 30 DAYS 43.1%
28.3%
30.0%
PERCENT OF PARTICIPANTS WHO ARE OBESE 22.9%
12.0%
5.0%
VIEW 2 OR LESS HOURS OF TELEVISION ON SCHOOL DAY 58.9%
67.2%
75.0%
SUICIDE ATTEMPTS WITH INJURY 4.4%
1.9%
1.0%
CARRY WEAPON ON SCHOOL PROPERTY 7.5%
5.6%
4.9%
PARTICIPATE IN DAILY SCHOOL PHYSICAL EDUCATION 34.0%
33.3%
50.0%
More Action Planning . . .

- *What* activity or event will occur to achieve our goals/objectives
- *Who* will carry it out
- *When* it will take place, and for how long
- *What resources* (i.e., money, staff) are needed to carry out the change
- *Communication* (who should know what)
Value of Program Planning?

- It provides an ongoing planning document that specifies who will do what, when and where.

- Ensures that you think about all of the necessary ingredients for a good program before diving in.

- Serves as a “to do” list to help keep everyone involved on the same page.

- Good planning can improve implementation, which in turn, can lead to improved outcomes!
Bad planning is buying a new saddle for an old horse!
# The Activity Planning Tool

**ACTIVITY PLANNING TEMPLATE: Getting to Outcomes**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activity</th>
<th>Scheduled Date</th>
<th>Location</th>
<th>Who is Responsible?</th>
<th>Collaborating Partners</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the relevant objective from your LHSAP</td>
<td>List each of the activities necessary to achieve your objective</td>
<td>When will the activity occur?</td>
<td>Where will you hold the activity?</td>
<td>Which staff will be responsible for each activity?</td>
<td>Identify the partners who will collaborate with you on this activity</td>
<td>What financial resources/supplies are needed to implement this activity?</td>
</tr>
</tbody>
</table>
Program Planning Elements

- Activities
- Timelines/Scheduled Date
- Who is Responsible?
- Collaborating Partners
- Resources
- Location(s)
Activities

• List each of the activities necessary to implement your program.

• These activities should be aimed to achieve your goals and objectives.

• Be sure to include activities such as recruitment of participants, staff training, meetings, & marketing.
Timelines

- When will the activities occur?
- By deciding on an approximate date for the completion of each activity, a helpful timeline will emerge.
- Use these dates to assess if your program is being implemented in a timely fashion.
• Decide which staff will be involved in the implementation of each activity.

• Identify who will be the leader/coordinator of the activity.

• Also list new staff or outside consultants who will be contracted for the activity.

• Avoid assigning one individual to lead all project activities.

Balance the responsibilities so nobody is overwhelmed!
Collaborators

- Identify any partners who will collaborate with you on this activity (e.g. IHS, school, AASTEC, DOH, university, etc.).

- Be sure to list the roles that each partner will play in the implementation of your program.

- Remember . . . collaboration can enhance the effectiveness of your program through a mutual sharing of resources, ideas, and expertise!
Resources

- Consider what resources are needed for each activity.
- Resources may be financial, service(s), equipment, transportation/travel, or specific supplies like food, markers, paper, etc.
- Be sure to indicate whether items will be purchased through program funds, donated from outside agencies, etc.
• Determine where you will hold the various activities you have identified.

• This is especially important for locations that require significant lead time to reserve.

• Keep in mind that the space available may determine the type of program or activity that can be conducted.
REACH GOAL!

STICK TO IT

GET TO WORK

MAKE PLAN

SET GOAL
Common CHA Elements

Mobilize  Assess  Plan  Implement  Track
Resources

Community Tool Kit
http://ctb.ku.edu/en

CDC
http://www.cdc.gov/stltpublichealth/cha/

MAP-IT

Community Guide
http://www.thecommunityguide.org/index.html

MAPP Framework
http://www.naccho.org/topics/infrastructure/MAPP/framework/index.cfm
Tribal Epidemiology Centers

Albuquerque Area Southwest Tribal Epidemiology Center
Website: http://www.aastec.net/

California Tribal Epidemiology Center
Website: http://www.crihb.org/ctec/

Great Lakes Inter-Tribal Epidemiology Center
Website: http://www.glitc.org/programs/epi-home

Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center
Website: http://itcaonline.com/tec

Navajo Epidemiology Center
Phone: 928-871-6254

Northern Plains Tribal Epidemiology Center
Website: http://www.aatchb.org/nptec/

Oklahoma Area Tribal Epidemiology Center
Website: http://www.ocaithb.org/

Urban Indian Health Institute
Website: http://www.uihi.org/
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