

# **PART 3**

## **COMMUNITY ASSESSMENT AND DIAGNOSIS**



## FOCUS ON :

- how to acknowledge a community as a social and cultural unit of identity
- which is a CBPR principle
- How to conduct a community assessment



## THE OBJECTIVES FOR THIS PHASE ARE

- to gain entry to a community,
- observe and record the collective dynamics and functions of relationships in the community,
- observe and record the interactions between the community insiders and the outsiders who represent other structures,



## THE OBJECTIVES FOR THIS PHASE ARE

- promote the conditions and skills required for both insiders and outsiders to enlarge their roles and representation as research partners and program planners



**For a community to function as a full partner in community-based participatory research :**

**All involved** must view the community **as a social and cultural unit** of identity, not as a setting



- People within a community associate through multiple and overlapping networks, with diverse linkages based on diverse interests
- Community partners might be members of a local community, residents of a neighborhood or hamlet, or members of community-based organizations



Institutions and systems might be represented by university faculty, elected officials, or professional staff at a workplace, such as managers, supervisors, medical practitioners, and other health and human services workers



Enlarging the role and representation of communities as full research partners in taking action for social change and health status improvement is the particular emphasis of CBPR





# primary reasons that researchers need community partners

first, to gain entry into the world of the people who are experiencing the issue being studied and,

second, to instill accountability and responsibility for what researchers learn to see, hear, and experience



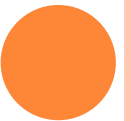
By examining the **multiple worldviews** that community partners can provide, **researchers can maximize** insider-outsider reciprocity during study design, the construction and validation of instruments, the planning of the intervention, and the interpretation and dissemination of findings



## CHAPTER FOUR

# Insiders and Outsiders Assess

# Who Is “The Community”



# PROFESSIONAL STRANGERS

Researchers who study groups or communities different from themselves



# PROFESSIONAL STRANGERS

They differ in social status, a status frequently characterized by race or ethnicity, age, gender, social class, sexual orientation, or some combination of these characteristics.



- As professional strangers, researchers do not have direct access to the insider's view, and in some communities with prior negative experiences.....
- Researchers can provide an etic, or outsider's, view of how people live
- Understanding how people live is fundamental to the mission of public health in the United States



# The public health aim in the US

Generate organized community effort to address the public interest in health by applying scientific and technical knowledge to prevent disease and promote health.



# The mission of public health

- Addressed by private organizations and individuals as well as by public agencies.
- But the governmental public health agency has a unique function: to see to it that vital elements are in place and that the mission is adequately addressed”





## 3 important implications for the field of public health

1- SDH : not only biomedical and behavioral but also social, political, economic, and cultural

2- A community assessment is essential :

pool their (resources to gain the views of both insiders and outsiders on the multiple dimensions of health and are to succeed in organizing collective action to improve these dimensions

3- AOCD :

procedures for conducting such a community assessment combine the principles and methods of scientific research with those of community organizing



# AOCD

## Action-Oriented community diagnosis

Origin :

Pioneering work of a small group of South African researchers at the Institute of Family and Community Health in South Africa from 1945 to 1959



# METHODOLOGY

Their methodology and their broad inclusion of social factors, such as poverty and discrimination, as determinants of health have been acknowledged as the fundamental work of the twentieth century in social epidemiology



## THE GROUP'S LEADER

Sidney Kark,

the psychologist in the group, with calling the researchers' attention to the importance of social networks and primary groups as community strengths and assets on which to build their work in community health education



Steuart trained health center staff in conducting a community assessment and using the findings to inform and incorporate new techniques into their daily practice at the health centers. The staff found that by engaging social groupings of people in a ten-week mutual exchange of discussion and decisions, as a natural extension of the staff's patient education activities, infant feeding practices changed in the desired direction



This group of South African researchers, trained as epidemiologists and behavioral scientists, considered gaining an insider's view from communities and blending it with their own outsider's view to be among the institute's most important work



Their work, however, came to an abrupt end in 1959, when a new South African government began to apply apartheid policy to the medical professions. The group members dispersed to Israel, Kenya, and the United States.



From 1970 to 1984, Steuart chaired the Department of Health Education at the University of North Carolina at Chapel Hill (UNC-CH) School of Public Health, where he refined his community assessment procedure





# AOCD

- The establishment of baselines from which objectives, intended outcomes, and measures of change are derived
- The selection of intervention methods and “units of practice” that are most appropriate to the natural networks of communication and influence
- A collaborative relationship between professionals and communities, who can begin “closing the gap between what we do not know and what we ought to know”



# The competencies relevant to following CBPR principles include proficiency in :

- Discovering and articulating a conceptual foundation for defining community, community participation, community capacity, and community competence
- Adopting an ecological orientation to health promotion theories and interventions
- Facilitating groups in consensus decision making and conflict accommodation



- Gathering and interpreting secondary data sources
- Interviewing, participant observation, and other forms of primary data collection and analysis in community settings
- Using empowerment education techniques and conducting program planning



# CASE STUDY RESEARCH DESIGN

data collection involving multiple sources of information rich in context, [which] include observations, interviews, audiovisual material, and documents and reports”



For AOCD, the case is a community



AOCD is conducted by a **team** of researchers and guided by one or two preceptors who are insiders, outsiders, or both.

For the collection and analysis of primary and secondary **data**, preceptors connect the team with local agencies, community-based organizations, and special interest groups



# Important foundations of the collection process: data

Building relationships, developing trust, and fostering respect for the team's commitment to the community



# AOCD data sources are the following:

- Demographic data to describe population characteristics of the community
- Secondary data that represent professionals' perspectives on the community's social and health indicators
- Secondary data on the community's history and geography, including information on health and human service organizations serving the community





# CODING

A code is a category of meaning or a concept (for example, voice in government and politics) that is identified by reading through text from interview transcripts and secondary data.



- Field notes containing each AOCD team member's observations of the community and of the agencies that serve community residents
- Transcripts from interviews with key informants for outsiders' views
- Transcripts from interviews with key informants for insiders' views



## DEVELOP A LIST OF CODES

at least two researchers independently read through the initial data, come to a consensus on the name and definition for each code, and present the list to the rest of the team and the preceptors for final refinement



# Interpreting and disseminating AOCD findings:

preceptors help the team coordinate and integrate tasks across institutional boundaries for interpreting and disseminating AOCD findings.



# DISSEMINATION

forum planning committee that its purpose is to review, interpret, prioritize, and disseminate



**Committee determines** the content, format, and logistics for a forum to engage community residents and local service providers in interpreting the results, forging a consensus construction from the findings on the conditions necessary for a community to be in good health, and committing to the next action steps



written full report on the AOCD procedures, findings, and forum outcomes is produced by the team and approved by the preceptors

Hard copies and electronic files are distributed to local public libraries and other organizations determined by the AOCD team and the preceptors.



# DURATION

- it is important to realistically anticipate the time required to complete AOCD
- duration will vary according to the skills of the individuals on the team, the readiness of the community, travel distance, and other variables, it is realistic to estimate a **minimum of six to nine** months.





# VOICES OF EFLAND-CHEEKS(UVE)

## **UVE's mission:**

Improve the quality of life for children, youths, adults, and seniors in Efland-Cheeks, North Carolina, by providing a variety of educational, literary, scientific, and charitable activities



- Action-oriented community diagnosis conducted in Efland-Cheeks from October 2002 to April 2003
- Team of six graduate students while they were enrolled in a two-semester AOCD course sequence required for the MPH degree
- Two were from North Carolina, five were white, and one was African American.
- All were women




- Two preceptors simultaneously guided the students in applying their newly learned skills
- These preceptors were African Americans born and raised in Efland-Cheeks
- UVE president at that time (a retired man)
- During the six-month AOCD period, the team members met weekly, and with their preceptors every two weeks
- To communicate with the preceptors by e-mail or telephone more frequently




- Hard copies of the minutes, along with other AOCD documents, were placed in a locked, central file
- The teaching team also created a password-protected Web site for the AOCD team and the team preceptors to facilitate electronic file sharing.



# GATHERING SECONDARY DATA

- An initial broad brushstroke that revealed how the community was portrayed by outsiders in the health and human service professions, political arena, and elsewhere
  - Collected statistics from secondary sources and qualitative data, including U.S. and North Carolina census data and data from the Web sites of North Carolina and Orange County governmental agencies (for example, health departments, planning departments, school boards, departments on aging, chambers of commerce, transportation departments, and the Environmental Protection Agency)
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- Efland-Cheeks is an unincorporated community with no legally defined boundaries
  - Hence geographical boundaries are approximate
  - Data that are part of other data sets cannot be extracted easily, efficiently, or cost effectively from available sources.
  - Efland-Cheeks' population size of 500 to 600 families, of whom about one-fourth are African American, is also just an estimate.
  - The team had to extrapolate from county-level statistics and make interpretations, while avoiding generalizations about Efland-Cheeks, to prepare for entering the community.
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# Participant Observation and Gaining Entry

- Introducing themselves and explaining why they were there
- “We are a group of six UNC students collaborating with community members in Efland-Cheeks to learn about the strengths and concerns of the Efland-Cheeks community.”



- The AOCD team's first participant observation was a **windshield tour** of Efland-Cheeks and the surrounding area, guided by the preceptors
- It was important for each team member to record field notes systematicall on her reactions, thoughts, and feelings about what she saw and heard

