

Assessing Communities

Assessing a community's strengths and needs is a necessary first step in identifying opportunities for health improvement, as well as making and carrying out a plan of action. Health foundations use the results of community needs assessments for informing strategic plans, establishing new grantmaking priorities and initiatives, informing budgets and staffing plans, evaluating current efforts, setting the baseline for future evaluations, and creating data resources that can be used on an ongoing basis.

It can be challenging to gather and interpret information on a community's assets, needs, politics, competing priorities, and leaders. Many funders begin an assessment process by reviewing existing data on community health status, obtained from vital statistics or government surveys. Understanding what the data show, however, is not always straightforward. The limitations of the existing data may prevent drawing conclusions about important subgroups, for example. In some cases, the data simply do not exist.

There are several options for funders to address these obstacles. Funders are engaging communities in the assessment process through focus groups, key informant interviews, and listening sessions. They are collaborating with other stakeholders to spread the costs of data collection and analysis. They are also focusing energy, not just on what a particular community lacks, but on recognition of existing assets that can be deployed to create measurable improvements in health.

There are several benefits for involving community members in the assessment of community health status and the evaluation of health initiatives. First, seeking direct community input can generate rich qualitative data directly from community members most affected by the health concerns the funder hopes to address. Second, it can build trust and create more open communication. Engaging communities in assessment can also be valuable in shaping future actions, for example, the development of solutions that meet specific needs and are culturally acceptable. Communities that feel they are part of defining their own needs and assets are also more likely to take ownership of health issues and commit to changes developed in light of assessment findings.

It is not always easy for funders to get unfiltered information from community representatives. Moreover, if the focus is primarily on identifying deficits, such efforts can backfire. Advocates of asset-based community development, for instance, have noted "if one measure of effective leadership is the ability to attract resources, then local leaders are, in effect, being forced to denigrate their neighbors and their community

PRACTICAL QUESTIONS TO CONSIDER:

- How do we plan to use the results?
- What is the scope of the assessment?
- How long should it take to complete the assessment process?
- Do we need to collect primary data or are existing data sources sufficient?
- Who should conduct the assessment?
- What are the opportunities to seek community input?
- How much will it cost?
- How often should an assessment be repeated?

by highlighting their problems and deficiencies, and by ignoring their capacities and strengths" (Kretzman and McKnight 2005). Adopting a strategy that builds a mutual understanding of community health issues is thus critical to success.

Finally, funders embarking on community assessments need to be clear about their expectations. Will the results of the assessment become recommendations, proposed goals, baseline data for program evaluation, or an action plan? Looking ahead to how assessment information will be used can mean the difference in generating a report that sits on a shelf and one that truly informs the foundation's work.

OPPORTUNITIES FOR FUNDERS

Health foundations are using a variety of techniques to involve communities in the assessment process, collaborate with other stakeholders, incorporate assets in their exploration of community health, and create data resources that are available to communities to track health indicators over time.

► *Involving Communities in the Assessment Process* –

Many foundations formed as a result of the conversion of a nonprofit hospital or health plan have made community engagement an integral part of their assessment process, complementing quantitative data gathered from other sources. The Foundation for Seacoast Health, for example, conducted 40 focus groups within the foundation's catchment area, which spans the states of Maine and New Hampshire. The meetings helped ascertain public opinion about the populations most at risk and underserved, and the

perceived gaps in services. These focus groups were held at the same time that a local university was conducting a survey of unmet health needs.

Similarly, when the Foundation for a Healthy Kentucky began developing its focus areas, it convened 11 community planning workshops around the state, involving over 1,300 people. A consistent format and process was used to gather information that was then prioritized into recommendations for focus areas. Healthcare Georgia Foundation, Inc. conducted a statewide listening tour in 2002 to both foster open communication and get specific ideas on how the foundation could best serve the state's residents. The tour included 10 meetings in 9 communities, and included individuals and representatives from providers, community foundations, and other nonprofit organizations. This process resulted in a prioritized list of Georgia's top health concerns.

- ▶ **Collaborating with Other Stakeholders** – Local hospitals, the public health department, government agencies, the United Way, and others may share grantmakers' interest in community assessment. Conducting a collaborative needs and strengths assessment can be efficient and lead to more coordinated strategies to address identified needs. For example, the Orange County Health Needs Assessment is a community-based, nonprofit effort to collect and make available accurate and useful health data for Orange County, California. In 1997 it began when the Hospital Association of Southern California and the Orange County Health Care Agency agreed to jointly fund a countywide health needs assessment project that would meet the mutual needs of their members. This effort has since expanded to include 7 foundations, 27 hospitals, and 29 community clinics. The Collaborative Orange County Health Needs Assessment is thought to have facilitated greater community cooperation by generating a common understanding of priority health issues. In addition to collecting data, the collaborative helps its partners apply assessment findings. Activities include training for community nonprofits on how to use data; assistance with program design and evaluation, and consulting services such as grantwriting, marketing, and communications.
- ▶ **Assessing Community Assets** – Beginning in the early 1990s, a movement has been building based on the belief that nonprofit organizations are much more powerful when they are not exclusively focused on needs, problems, and deficiencies but are effectively connected to the resources or assets of the local community (Kretzman and McKnight 2005). Known as asset mapping or asset-based community development, this approach involves the community in making an inventory of assets and capacity, building relationships, developing a vision of the future, and leveraging internal and external resources to support the plan.

St. Luke's Health Initiatives (SLHI) in Phoenix, Arizona is operationalizing this approach through its new initiative *Health in a New Key*. Over the next ten years SLHI will

“consciously adopt, model, and promote the principles and techniques of *resilience* – the remarkable capacity of individuals and communities to bounce back from adversity and even thrive in a world of turmoil and change” (St. Luke's Health Initiatives 2005).

In the near term, SLHI is committing up to \$1 million in Community Partnership Grants to four to six communities that demonstrate the principles and techniques of strength-based development and resilience in addressing significant health issues. Smaller Explorer Partnership Grants (\$5,000-\$15,000) will be invested in eight to ten emerging community-based efforts to build community capacity and resilience to address significant health issues. Over the next five years, up to \$4 million will be invested to apply the principles and techniques of strength-based development and resilience in Arizona communities.

- ▶ **Using Assessments to Develop Community Indicators and Assure Accountability** – Some foundations are using the assessment process as the starting point in development of a set of community indicators that can be used to measure progress and foster accountability over time. *The Boston Indicators Project*, for example, has been working since 1997 to develop data and track progress in 10 key sectors: civic health, cultural life and the arts, economy, education, environment, housing, public health, public safety, technology, and transportation. A diverse group of 300 Bostonians worked for two years to develop a shared vision of a better city and recommend ways to measure progress.

The project draws upon data generated by the region's academic and civic institutions, public agencies, think tanks and community-based organizations. These are compiled in a biennial report with regular supplemental updates. The project also has an award-winning, interactive Web site (www.tbf.org/indicatorsproject) which provides even more detailed data than is included in the reports, and offers links to comprehensive data and research about the city, state, and region. The foundation has committed to supporting this work through the year 2030, Boston's 400th anniversary. The foundation has used data from the indicators project to inform *What's Next?* a seminar series that brings leaders together to craft long-term and short-term civic agendas as well as foster a diverse, active, intergenerational network of leaders to lay the groundwork for sustained action.

This article is part of GIH's portfolio, From the Ground Up: Improving Community Health, Inspiring Community Action. Each article focuses on an approach grantmakers are using to improve health in communities. The entire portfolio is available at the GIH Web site, www.gih.org.

SOURCES

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St. Luke's Health Initiatives, *Health in a New Key: A Pocket Guide to Developing Healthy, Resilient Communities* (Phoenix, AZ: 2005).