Community Dynamics:

The discussion to this point may have suggested that the community is a rigid structure composed of a geographic location, a population, and a social system. Yet every community has a dynamic or changing quality.

Think of the diagram in Figure 18-2 as a wheel that turns as the community changes. Three factors in particular affect community dynamics:

1. Citizen participation in community health programs.
2. The power and decision-making structure.
3. Collaborative efforts of the community (Lynd, 1939).

Citizen Participation:

In some communities, citizens show little concern about public health issues and rely on health officials to take the entire responsibility. When such apathy abounds, Community health nurses need to promote community education and awareness.

One goal of a community nurse when working with families or groups is to encourage people to participate and take responsibility for their own health care. Community self-care is community health nursing's goal.

Power and Decision-Making Structure:

The second dynamic factors, the power and decision-making structure of a community, is a central concern to anyone who wishes to bring about change.

The description of the community as a social system may suggest that power and decision-making reside primarily in the political system, but this is not the case.

Community Collaboration Efforts:

The third component of a functioning community social system is the degree to which the community collaborates.

Community collaboration refers to the ability of the community to work together as a team of citizens professionals and lay people alike – to meet an identified need in the community.

There are several broad principles that underpin collaboration efforts.

1. Central to client and community well-being is a recognition that public policy issues are beyond the scope of any single person's or profession's jurisdiction and responsibility.
2. The community needs results-based accountability that emphasized programs "or projects" effectiveness as the goal.
3. Cultural competence is the norm. all programs (design, delivery, and evaluation) require respect of ethnic and linguistic identity.
4. Ethical behavior is fundamental to collaborative relationships.
5. People work in teams that cross traditional lines of programs, agencies, disciplines, and professions.
6. Funding strategies need to be decategorized to give more flexibility at the community level, thereby providing a better way of allocating resources where they are needed.

Types of Community Needs Assessment:

After considering the importance of community dynamics, the community health nurse is ready to determine the community’s needs.

Assessment is the first step of the nursing process. Assessment for nurses means collecting and evaluating information about a community's health status to discover existing or potential needs as a basis for planning future action (Heinemann & Zeiss, 2002).

Assessment involves two major activities. The first is interpretation of data.

Community needs assessment is the process of determining the real or perceived needs of a defined community.

The type of assessment depends on variables such as the needs that exist, the goals to be achieved, and the resources available for carrying out the study.

Familiarization or "Windshield Survey":

Familiarization assessment involves studying data already available on a community, and gathering a certain amount of firsthand data, to gain a working knowledge of the community. Such an approach, sometimes in community assessment courses and by new staff members in community health agencies.

Nurses drive (or walk) around the community; find health, social, and governmental services; obtain literature; introduce themselves and explain that they are working the area; and generally become familiar with the community.

This type of assessment is needed whenever the community health nurse works with families, groups, organizations, or populations.

Problem-Oriented Assessment:

A second type of community assessment, problem-oriented assessment, begins with a single problem and assesses the community in terms of that problem.

The problem-oriented assessment is commonly used when familiarization is not sufficient and a comprehensive assessment is too expensive. This type of assessment is responsive to a particular need. The data collected will be useful in any kind of planning for a community response to the problem.
Community Subsystem Assessment:

In Community subsystem assessment, the community health nurse focuses on a single dimension of community life.

For example, the nurse might decide to survey churches and religious organizations to discover their roles in the community.

Community subsystem assessment can be a useful way for a team to conduct a more thorough community assessment. If five members of a nursing agency divide up the ten systems in the community and each person does an assessment of two systems, they could then share their findings to create a more comprehensive picture of the community and its needs.

Comprehensive Assessment:

Comprehensive assessment seeks to discover all relevant community health information. A survey compiles all the demographic information on the population, such as its size, density, and composition.

Key informants are interviewed in every major system: education, health, religious, economic, and others. Then, more detailed surveys and intensive interviews are performed to yield information on organizations and the various roles in each organization.

A comprehensive assessment describes not only the systems of a community but also how power is distributed throughout the system, how decisions are made, and how change occurs (Plescia, Koontx, & Laourent, 2001; Williams & Yanoshik, 2001).

Because comprehensive assessment is an expensive, time-consuming process, it is seldom performed. Indeed, in many cases, such a thorough research plan might be a waste of resources and might repeat, in part, other studies. Performing a more focused study based on prior knowledge of needs is often a better strategy.

Community Assets Assessment:

The final form of assessment presented here is assets assessment, which focuses on the strengths and capacities of a community rather than its problems.

The previously mentioned methods are needs oriented and deficit based – in other words, they are "pathology" models, in which the assessment is performed in response to needs, barriers, weaknesses, problems, or scarcity in the community.

This may result in a fragmented approach to solutions for the community's problems rather than an approach focused on the community's possibilities, strengths, and assets.

This approach requires that the assessor look for the positive, or see the glass as "half full".
Community Assessment Methods:

Community health needs may be assessed by a variety of methods. Four important methods are discussed here:

1. Surveys
2. Descriptive epidemiologic studies.
3. Community forums or town meetings.
4. Focus groups.

Survey:

A survey is an assessment method in which a series of questions is used to collect data for analysis of a specific group or area.

1. Planning Phase:
   a. Select survey method or instrument to be used (e.g., interviews, telephone calls, questionnaires).
   b. Determine sampling size (e.g., a percentage of the total population in question).

2. Data Collection Phase.

3. Data Analysis and Presentation Phase
   a. Report results, including implications, recommendations.

Descriptive Epidemiologic Studies:

A second assessment method is a descriptive epidemiologic study, which examines the amount and distribution of a disease or health condition in a population by person (who is affected?), by place (Where does the condition occur?), and by time (When do the cases occur?).

Community Forums or Town Hall Meetings:

The community or town hall meetings is a qualitative assessment methods designed to obtain community opinions. It takes place in the neighborhood of the people involved, perhaps in a school gymnasium or an auditorium.

This method is used to elicit public opinion on a variety of issues, including health care concerns, political views, and feelings about issues in the public eye.

Focus Groups:

This fourth assessment method, focus groups, is similar to the community forum or town hall meeting in that it is signed to obtain grassroots opinion. However, it has
some differences. First, there is only a small groups of participants, usually 5 to 15 people.

The members chosen for the group are homogeneous with respect to specific demographic variables. For example, a focus group may consist of female community health nurses, young women in their first pregnancy, or retired businessmen.

Usually the group meets for 1 to 3 hours, and there be a series of meetings.

**Sources of Community Data:**

There are many places the community health nurse can look for data to enhance and complete a community assessment.

Data sources can be primary or secondary, and they can be from international, national, state, or local sources. Web sites for many primary and secondary data sources are included at the end of this chapter.

**What is a Healthy Community?**

The following descriptors can serve as a guide for assessing a healthy community. The healthy community:

1. Is one in which members have a high degree of awareness that "we are a community".
2. Uses natural resources wisely while taking steps to conserve them for future generations.
3. Openly recognizes the existence of subgroups and welcomes their participation in community affairs.
4. Is prepared to meet crises.
5. Is a problem-solving community; it identifies, analyzes, and organizes to meet its own needs.
6. Has open channels of communication that allow information to flow among all subgroups of citizens in all directions.
7. Seeks to make each of its systems' resources available to all members of the community.
8. Has legitimate and effective ways to settle disputes that arise within the community.
10. Promotes a high level of wellness among all its members.