

ANALYSIS OF SELECTED TOOLS

FOR THE ASSESSMENT OF COMMUNITY HEALTH NEEDS

Authors: Supattra Srivanichakorn¹, Tassanee Yana¹, Pruksa Bookboon¹, Reongwit Nilakotra², Nattaphat Thongkham²

¹Office of Community Based Health Care Research and Development ²Asean Institute for Health Development, Mahidol University

Author's email: spsrivanich@gmail.com

Rationale:

1. Changes related to the community's mission needs assessment.
2. Community development is concerned with the broader political and social context, national policies on decentralization, community characteristics, available resources and problems encountered within the communities.
3. Numerous communities have experience in health and social development using different tools and approaches influenced by the issues, leadership and community decisions and contexts.
4. Assessment on practical tools, the model to be utilized, and measurement for community health needs assessment and empowerment.

Objectives:

1. Revisit knowledge on community health development, focusing on assessment aspects.
2. Identify selected practical tools and the models used for community health needs assessment and empowerment.
3. Synthesize the strengths and weaknesses of selected tools for community health assessment used with specific models.
4. To propose a set of indicators to measure empowered community.

Criteria for selecting tools:

- Be flexible and responsive to community needs and assess community health in many areas of health, community well-being. Enable community participation and promote community empowerment.
- Be usable by various members of the community, not only health professionals but also community leaders and local authorities at the sub-district level.
- Based on the work of original resource persons and references that are available and, at the same time, adapted to the needs of local projects and local contributors.

Study design and activities undertaken:

1. Literature review of tools for community health assessment focusing on project reports, lessons learned and state-of-the-art papers from various organizations
2. In-depth semi-structured interviews with experts and other experienced people about community health needs assessment
3. Peer review and conduct academic forums for researchers in community research clusters.
4. Conduct knowledge management workshop about practical tools, specific methods and lessons learned for practitioners and interested community members in the field.
5. Dissemination of the technical knowledge from the study to stakeholders.

Research outputs:

Technical knowledge

1. Analysis of selected tools: Strategic Route Map (SRM), community-based research and social mapping (TRF)/ (Thai Health), integrated tools with participatory action
2. Framework of analysis: principles, targeted users, practical methods of utilization, strengths and weaknesses, lessons learned, facilitating contexts for the effectiveness of using such tools.
3. Set of indicators to measure community empowerment

Scope of analysis of selected tools

1. CONTENT: principles, targeted users, practical methods of utilization, outputs
2. LESSONS LEARNED: strengths, weaknesses or limitations, facilitating conditions for effective use

Research findings: Analysis of selected tools

Strategic Route Map (SRM)

Principles: new strategic management tool for health development, shifting focus from providing services to problem resolution and promotion of sustainable community self-reliance

Targeted users: mostly used by health professionals with active participation of community and local authorities, endorsed by MOPH under THPH development policy, and often used together with community health funds (NHSO)

Practical methods of utilization: 7 key steps: 1) situation analysis; 2) statement on expected outputs-outcomes; 3) strategic planning and review; 4) strategic operational route map development; 5) definition/targeting/ indicators/ innovations/ community measures; 6) operational plan; and 7) actions and follow-up

Outputs: challenging agenda for the community, learning tools and involvement in community measures and public policy development, reference framework for various communities' decision-making on health interventions and improvement

Lessons learned:

Strengths:

- raises awareness of community concerns and participation
- promotes individual and group learning through the action concept
- can be applied in various contexts, with varying content and at different stages of development projects designed by/for the communities

Limitations:

- requires community participation and involvement: baseline context, updated information, critical analysis and team management

Facilitating conditions for effective use:

- role models in leadership positions, either individuals or community groups
- previous success and level of active participation
- ability of community to conduct self-assessment, implement change management

Community based research and social mapping (Thailand Research Fund)/(Thai Health)

Principles: a research and development tool for participatory community assessment and problem-solving, leading to empowerment

Targeted users: originally for community groups and organizations, then expanded to other sectors and widely adopted by local authorities technically and financially supported by TRF and Thai Health

Practical methods of utilization: participatory social mapping (identification of physical environment and natural resources, historical, political and economic context, kinship and social networks, health problems and available services, both formal and informal) and building of learning community networks for further community development

Outputs: community datasets, collective leadership, shifting balance of community leaders and members, body of knowledge, and community action to implement change

Lessons learned:

Strengths:

- acceptance of researchers as an external assessors to identify community functioning and to conduct research
- comprehensive tool, focused on the community rather than external persons or organizations
- evidence-based decision-making

Limitations:

- characteristic of community-based research: needs ownership of community proposal, active participation and interventions
- systematic design of social mapping may cause imbalances and vague information, be time-consuming and require large numbers of personnel
- community researchers may be biased or lack appropriate experience

Facilitating conditions for effective use:

- potential community groups with different sources of information and approaches (secondary information review, observation, interview, focus group discussion, etc.)
- appropriate (external) technical facilitators
- meaningful information not only studies, valued and used by community members, not funding agencies

Integrated tools adopted with participatory actions

Principles: used as a tool, focused on self-learning in order to understand community contexts of power, cultural, historical, and financial relations among community members. No fixed template design.

Targeted users: adopted by health professionals and community organization networks, especially in the northern region.

Practical methods of utilization: observatory and participatory assessment and action-reflection approaches for 1) community life cycles; 2) historical analysis; 3) relations among community components and factors; and 4) analysis of cost (measurable) and value (immeasurable) in the community

Outputs: creation of continuous self-learning and community review, experimental actions with integrated tools, promotion of capacity building, knowledge generation through action

Lessons learned:

Strengths:

- self-learning process, embedded in the community, with the ability to enhance community potentials
- high degree of flexibility in challenging contexts

Limitations:

- limited dissemination due to variations in context, learning contracts, approaches, and experience of users
- need of facilitators for continuous learning about the applications of appropriate tools in certain communities

Facilitating conditions for effective use:

- facilitators' abilities to access community perceptions, thoughts and surrounding environment.
- multi-disciplinary adoption, constructive and effective communication, and ability to think systematically

Research findings: Overall synthesis for each tool selected

Tools Issues	SRM	CBR AND SOCIAL MAPPING (funding approval)	INTEGRATED TOOLS
Organizational endorsement, adoption and dissemination	+++++	+++	+/-
Level of community assessment content	++	+++ (TRF) ++++ (Thai Health)	++
Introduction of tool use by stakeholders at the community level	++++	++	++
Enhancement of active community participation with proactive change agents	++++	++++	++++
Flexibility for use in various types of community development	+++	++++	+++
Visibility (for external views) of community outputs/ outcomes	++++	+++	++

Summary: Synthesis of selected tools

- Tool users are the most important factor.
- Content of the development, outputs/outcomes is varied to address the needs of each community and often related to the presence of key change agents/ leaders, including influence of technical support staff in field operations.
- Use of these tools is affected by: (1) Objective of using tool defined by community key change agents (2) Organizational endorsement of the tools adopted (3) Pattern and content composition of toolbox/handbook (4) Understanding of and past experience in using tools (principles, participatory processes, expected outputs) on the part of key leaders and community stakeholders

Research findings: Indicators to measure community empowerment

1. Different definitions have been proposed to reflect different perceptions, concepts of empowerment, and community contexts.
2. However, community members' definitions on community empowerment are of critical importance.
3. Set of indicators which reflect community empowerment can be categorized into 3 groups: Mechanisms, Contextual facilitating factors, Processes
4. The proposed indicators, which reflect community empowerment are:
 - 4.1 Availability of active groups, either formal or informal, in community.
 - 4.2 Existence of flexible learning processes inside the community; applicability to development of the participating community or that of other communities.
 - 4.3 Prominence given to community information and utilization management. Community information should be composed of:
 - Community background: historical, socioeconomic, ecological , cultural background and current situation in community.
 - Physical infrastructure, natural resources and environment.
 - Power relations in community (individual, family, groups, organizations, networks).
 - Potential abilities and functions of leaders, role models, important persons, managerial personnel in community.
 - External and internal persons of influence in concerned networks, units and organizations involved in community development.
 - Disadvantaged groups, people in need of health services and social welfare in community.
5. Changes in terms of outputs and/or outcomes in community that reflect community self-management via mechanisms already existing within community.
6. Sustainability in community can be preliminarily seen by:
 - continuous activities by various community groups.
 - strong commitment and contributions to the project by community members.
 - initiation of community problem-solving projects, measures, and public health policies.
 - increasing numbers of active persons/groups and improved mechanisms in community.

Keywords: Tools for evaluation and assessment; Community health needs assessment; Empowered community

Access: www.thaiichr.org