The Critique of Bracht's Community Analysis

Paper 1: critique of assessment tool

Introduction

Community assessment is a critical step in understanding and analyzing a community's problems or needs before interventions are implemented. Using an appropriate assessment tool can help health care providers diagnose community problems and identify its resources available to solve the problems. Providers not only need to know how to use an assessment tool, but also understand the limitations and strengths of the tool, because a tool can shape the scope of their views toward a community. This analysis examines the strengths and limitations of Bracht's Community Analysis Tool. Bracht's community analysis is an assessment tool used in planning health promotion interventions in a community setting. The author, Neil Bracht, has been a faculty of the University of Minnesota with years of experiences in dealing with both national and international health promotion projects. The Community Analysis we will discuss later in this paper is adopted from his book "Health Promotion at the Community Level: New Advances" (second edition) published in 1999. This tool mainly focuses on seven components: (1) general community profile (i.e., socioeconomic data), (2) health and wellness outcomes profile (i.e., epidemiological indicators), (3) health risk profile (i.e., behavioral, social, and environmental risks), (4) community health promotion program survey, (5) specialized community studies (i.e., systemic surveys or key informants interviews), (6) study of community leadership, and (7) assessing readiness and capacity for change. According to Bracht (1999, p.60) these components are fundamental parts in an analysis tool. In the first edition of his book (1990), the first five components were categorized in quantitative data, and the last two components were in qualitative data; however, they were merged in the 1999 version.

Definitions

Community

A critical component of community assessment is to define community. Community has been defined as a locality based entity composing of systems of formal organizations reflecting social institutions, informal groups, and aggregates, which are interdependent and whose function is to meet a wide range of collective needs (Stanhope & Knollmueer, 2001). This definition depicts community as an entity which satisfies common needs of different systems. Community is also often referred to as a geographic area within specific boundaries or social areas, as defined in Bracht's tool (Bracht, 1999, p.60). His definition is based on two notions: first, "a community focuses an assessment on space or boundaries, social institutions, social interaction, and social control; second, a community can be identified by arbitrary geographical boundaries, by their social relationships, or through the exercise of collective political power" (Bracht, 1999, p.60). Compared with Stanhope and Knollmueer using a system framework for analysis, Bracht explains analysis in a way of social-oriented rather than system-oriented, because Bracht much considers the influences of social interaction on the outcomes of programs carried out in a community. An underlying assumption behind this perspective is that community analysis should be carried out with citizen's participations; further, decisions making should be in grassroots people's hands rather than experts' (Bracht, 1999, p.63). In fact, the belief of this assumption is that citizens should take the responsibilities of identifying and addressing their community problems themselves. In addition, his Community Analysis is based on community-focused rather than need-focused, emphasizing that a community is needed to be clearly defined before an analysis is made. After a community is specified, we will discuss about the meaning of community health and the purpose of a community analysis.

Community Health

The purpose of community assessment is to "identify problems and manage interactions within the community and between the community and the larger society, and meet needs; this process involves commitment, self-other awareness, clarity situational definitions, articulations, effective communication, conflicts containment and accommodation, participation, management of relations with the larger society, and facilitation of participant interaction and decision making " (Stanhope & Knollmueller, 2001). Needs are met is the essence of Stanhope and Knollmueller's definition of community health. Although in Bracht's tool, he did not directly explain what he considered as community health, he tends to illustrate it in way that suggests identified problems are solved.

Assessment

According to Novick and May (2001, p.296), assessment is a process of consistent, systematical data collection, analysis and giving out health information of a community to identify the unmet needs. The needs can be lack of certain services, or health problems in the population. Helvie (1998, p.208) states that "analysis is a study, examination, classification, summation, interpretation, and validation of data to write nursing diagnosis and establish priorities." Bracht's believes that community analysis is a process to identify community's problems, resources, and readiness for change. This analysis is designed to shed lights on problems and available resources for both experts and residents. During this process, analysis also arouses residents' awareness of community problems, and provides directions to search for key persons to involve in community intervention. According to Barcht (1999, p.63), this analysis should be participatory and involving community residents rather than completed by a panel of experts.

Components of Assessment Tools

Assessment tools help to guide assessment process. An effective assessment tool provides parameters for organizing assessment data. Bracht's Community Analysis identifies seven aspects to examine when looking at a community. An additionally several analysis questions are listed under each of the first five profiles to help users to find critical community information. These questions provide a board framework for collecting community assessment data, some frameworks (Helvie, 1998, p.435-448; Nies & McEwen, 2001, p.101-103; Smith & Mauer, 2000, p.349-350; Stanhope & Knollmueller, 1997). The seven components of Bracht's tool are described as follows.

General Community Profile (socioeconomic)

This profile records a community's geographic, demographic, social, and economic data knowing this information helps to a community's characteristics. Demographic data include age, sex, and ethnic heritage; social data include family structure, education levels, martial status, divorce rates, immigration, voting participation, crime rates, and available quality-of-life measures; economic factors address such things as employment, labor force characteristics, poverty and related welfare and social security beneficiary rates, general business conditions, and major economic developments (Bracht, 1999, p.65). Source of these data come from census, local economic development, and social service data (Bracht, 1999, p.65). Although this profile is quite comprehensive, it leaves out the measurement of numbers and changes of a population over time, these data are valuable to know any fluctuations within a population in a period of time. Also, a community's dependence is important to know, because this helps to determine the ratio is. An increasing of the dependent population may point to an increasing need of preventive health service for infants and children, as well as long-term care for the elderly. Moreover, the income of a household, an indicator closely

related to poverty should be included in economical aspect, because low-income residents tend to be prone to illnesses. Other type indicators should be added, for example, insurance rates among children and the elderly, uninsured population which have difficulties in accessing care; medical resources (i.e. numbers of public and private hospitals, clinics, physicians and nurses supply), which can reveal any medical resources disparity existed in a community; emergent medical resources to transfer patients when nature disasters or outbreak of diseases occur, which tells us how a community reacts to these possible incidents.

Health and Wellness Outcomes Profile

This profile describes distribution of illness and well-being in the community by identifying local health indicator data (i.e., morbidity, mortality, unnecessary deaths, and potential years of life lost). Both community's strengths as well as needs should be identified. Data collection can be from County, State, or National health departments, or through a variety of other data sources (e.g., health survey, community forum etc.). Once collected, local data should be compared to national objectives (i.e. HealthyPeople 2010) and State data to understand the health status of community at a present time. Comparing data helps to identify how severe a community's health problems are (Helvie, 1998, p.209) and how healthy they are. Explaining data over time is also very useful, because all these data can point out emerging health problems. On the other hand, local health indictors, not included in HealthyPeople2010, are also important to examine in the analysis, as they might be pressing health issues than national indicators (Smith & Bazini-Barakat, 2003).

Health Risk Profile

Behavioral, social, and environmental risk (physical, chemical, and biological), affecting health, is the primary concern in this profile. Examples of behavioral factors are dietary habits, use of drugs, alcohol, and tobacco, and patterns of physical activity. Moreover,

individual or groups' self-care activities, perceived needs, and use of medical service and alternative health care programs are also be assessed under this profile. Assessing residents' perceived health needs and barriers to identify any unmet needs is consistent with Swinney, Anson-Wonkka, Maki, and Corneau's beliefs (2001). Social factors, like stress, positive health outcomes, and social support and network, associated with health (Heaney & Israel, 2002, p.189) are also included in this profile. Environmental risks, for instance, local quality of physical environment, i.e., water, soil, air, climate, and housing characteristics are additional parameters in this profile. Source of data can be obtained from local health screening surveys, past studies, state or national sources and registries for secondary data, and interviews with representatives of local agencies for firsthand data.

Community Health Promotion Program Survey

The purpose of this profile is to evaluate community health promotion programming, either past or current, to have background information on the type of health promotion programs, activities or evaluation strategies used in these programs and the extent of residents' participation. Having this information helps to develop future programs. Survey or interview with key community informants will be useful to identify what program opportunity available or not available for community residents. Bracht (1999, p.66) suggests the use of two instruments help to evaluate programs, which are the Community Resource Inventory (CRI) procedure and the Community Health Promotion Survey. Also, survey on community health promotion is beneficial to programs planning.

Specialized Community Studies

Specialized community studies primarily target subpopulations or special groups in a community for the purpose of understanding their unique characteristics and identifying risk groups. Subpopulations may be composed by different ethnic, religion, sports, or recreation

groups. Each population has their unique characteristics and cultures, which affect intervention planning. For some community, religion and churches are pivotal in their lives. Swinney et al (2001) reported that more than 65 percent of people in the United States are associated with some types of faith community. Churches generate significant influence on the lives of people, and play an importance role in African American and other communities (Institute of Medicine, 2002). Bracht also stresses the importance of assessing other cultures rooted in the community. Different ethnic groups have different cultures and particular health needs (Bracht, 1999, p.67).

Study of Community Leadership

Understanding the leaders and community's leaderships is a key for successful programs, because formal or informal leaders can have influential impact on community residents. Types of leaderships in a community can be classified as positional, reputational, decision-making, and community-reconnaissance. Interview with community leaders is a way to find out what type of their leaderships and their perspectives to their community. Also, interview with key informants helps to verify and understand information and data, gain additional important information and access to other key community informants. In addition, interview is a good start to introduce programs into this community. Strategies to conduct an interview are: describe proposed programs, answer questions they might have, ask about past programs how they success or fail (Bracht, 1999, p.68). To have a general picture of past and current programs is helpful, but it may be difficult to determine how many interviews should be conducted. Bracht (1999, p.68) suggests how many interviews should be undertaken is determined by the size and complexity of a community.

Assessing Readiness and Capacity for Change

The readiness of a community can be known from assessing key leaders' expectation

and attitudes toward community's participation, as well as community residents' perceptions of needs and priorities for change (Bracht, 1999, p.68). Capacity of a community refers to past experience and available resources a community has. If residents' awareness is high, resources are sufficient, programs can be implemented.

On the other hand, several factors can impede the changes (Helvie, 1998, p.168), for example, lack of experience, disbursed resources, conflicting agendas, past leadership conflicts affecting delivery of a program and these can be barriers to implement changes. After data collection from these seven components, health care providers can determine what are the problems, strengths (supporting key informants), barriers (impeding residents) of an assessed community. The last step is not particularly specified in community analysis, and is a integrate part of complete community analysis, that is, synthesize data and set priorities. For this aspect, Bracht discussed it in the rest of his book, and did not cover in the community analysis. However, after going over all analysis steps, we should know how to make diagnosis of a given community; therefore, I introduce this component as follows.

Synthesize Data and Set Priorities

A report on community analysis will be ready after all data collection is completed. Health care providers should communicate community profile with residents, set plans based on the data, and involve residents in to decision-making of programs. Despite there are some barriers to impede plans or residents might resist to change, providers need to develop strategies to deal with obstacles existed.

Resources Required for Implementation

In Bracht's tool the most important resources needed for implementing an analysis are human resources, like, participation of residents, involvement of key informants, and input of experts (i.e. health care providers or community advisor committee). Substantial resources,

like social-economic status of a community, existing programs and activities, and intangible resources, like organizational capacity, readiness of community residents are important for implementing programs in a community (Bracht, 1999, p.64, p65). Therefore, when assessing a community, it is also necessary to identify these resources and include them into program planning.

Types of Data Collection Required

Several methods of data collection are discussed in the model. For example, use of secondary data from local and state health departments and census data is needed. For primary data, community residents and health care providers might use interviews with key informants or conduct a focus group to solicit different information about community and a population's specific values, norms, and historical data. Another method could be conducting survey to find out risk behaviors and perception of a specific population at risk such as teenage mothers. Bracht' Community Analysis (1999) did not discuss how complex or how much data is considered sufficient to make a diagnosis in depth in the tool. Helvie (1998) suggests that several factors can determine the depth and complexity of data collection. First, if the problem is unknown, data collection will be more extensive than a community already known health problem. Second, available time influences complexity of an assessment. Third, population size also affects an assessment, large population takes more time. Fourth, relationship between cost and perceived benefit might also limit the scope of an assessment. Lastly, the expertise of the person will also affect assessment process.

Applicability of the tool

This tool guides the community assessment in using quantitative and qualitative data, as well as primary and secondary data as a comprehensive and useful instrument to present a community. Data are collected based on seven broad profiles instead of many detailed and

directive items, that suggest that the users of this tool must equip professional knowledge, like epidemiology or research method, to discern the data on their hands and exercise their judgment to determine the need to go further to collect data in order to address a problem. It might take much time to get all the information available; thus, it will be more time saving if providers can start with collecting secondary data first to have a basic understanding of an assessed community, and then proceed to interview with key informants, the interviews might be more productive. Overall, this tool is a valuable, explicit, and logical assessment guide for users.

Strengths and Limitations of the Tool

In terms of health, the health variables measured in Bracht's Community Analysis (1999) include demographic, morbidity, mortality, health indicators, risk factors, quality of life, community development, and health resources. The health risk profile, designed to assess behavioral, social, environmental risks to a population, helps to shed lights on the causes of a health problem and provides direction to help providers to track down factors contributing to a health problem. Regarding social interaction, this tool demonstrates three features, which are a) assessing community capacity for involvement, b) identifying potential barriers that exist, and c) evaluating community readiness for involvement. Community capacity and readiness are determinants of success to implement a program. With that information in mind, providers will be able to develop applicable interventions for a community.

Nevertheless, no information is given on what relationship exists between indicators (i.e., mortality or morbidity rate) and behavioral, social, and environmental risks. Neither does it include parameters of environment and safety. Although involving residents' and key informants makes an analysis more objective, community residents' might not fully realize how prevalent or serious their health problems are in their community and know how to solve

their problems; thus, they might offer limited information. Although it has included many key concepts in each profile, it has not considered that a community might have experienced an outbreak of disease or devastating earthquake, for instance, SARS outbreak, 921 earthquake in Taiwan, or even a terrorist attack in the community of New York. These incidents would bring significant changes in the structure of a community and, consequently, and cause new problems. When a community experiences a significant change, a community assessment should include these changes. Finally, this community analysis does not specify how its assessment might be different if it is applied on a high risk community, for example, a community having high percentage of infant mortality or communicable diseases, what aspects users should particularly pay attention to.

Recommendations

After reviewing this tool, five recommendations for this tool as follows. First, for General Community Profile, number of population and dependent population, income of residents should be added in to predict health problems or plan interventions are necessarily to be included. Second, for Health Risk Profile, it will be more helpful to users to organize their data and then draw a conclusion, if more information is offered on how indicators or how health problems relate to behavioral, social, environmental risks, and if there are other risks beyond these three are needed to be further assessed when a health problem is found. Third, for Special Community Studies, if this profile is come after Study of Community Leadership, meaning that collecting data on community leaderships first. Then providers can be more easily to identify subpopulation in a community. Fourth, assessment on community's medical resources on react to emergent incidents is needed in order to how preparedness a community has in response to diseases outbreak or natural disasters, like earthquake. Fifth, for Study of Community Leadership, the type of leadership of a community leader might not

difficult to obtain from interview or survey; nevertheless, users can gain information through observation when participating in community meetings or events. Overall, providers can use this tool more effectively, if this tool offers more details on how these seven components relate to each other and how to draw conclusion on analysis of a community.

Conclusion

This tool is a tremendously useful assessment tool in community setting, as it provides insightful concepts on data collection for each profile. This tool is valuable guide for health care providers; however, providers cannot fully reply on the data they have, they need to be aware of any new problems. Otherwise, the analysis will be driven by data rather than problems (Peterson & Alexander, 2001). Also, understanding the limits and strengths of this tool can remind us to pay attention to any problems might be overlooked in this tool. When implementing an analysis, we can discern if data is sufficient and comprehensive. Then, this tool can really assist us to plan further intervention.

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