Community Health Needs Assessment

An introductory guide for the family health nurse in Europe

Part 1: A pack for practitioners
Part 2: A pack for trainers

ABSTRACT

Governments across the European Region are faced with rising demands for health care, limited resources and increasing inequalities in health. Community health needs assessment has a central part to play, enabling practitioners, managers and policy-makers to identify those in greatest need and to ensure that health care resources are used to maximize health improvement. It is a vital health care planning tool to be used at the level of families, communities and populations. This document describes the ways in which health needs assessment can identify priority health needs, target resources to address inequalities and involve local people. The process of undertaking health needs assessment is described and the important contribution of nurses explored. The document also includes a pack for training the trainers in the use of the assessment tool.

Keywords

CONTENTS

Part II: A pack for trainers

Foreword

HEALTH21, the health policy framework for the European Region of WHO, introduces a new type of nurse – the family health nurse – who will have a key role in addressing the needs of the family within the context of the community. Family health nurses will play a role throughout the life course and along the entire health–illness continuum, with particular reference to the needs of the most vulnerable groups in society. They will have in-depth knowledge of the determinants of health, and will base their practice on primary health care and public health principles.

To enable them to carry out this role effectively and to plan their work accordingly, they will need to have a thorough understanding of the community and its needs. They will also require the necessary competencies to assess families and individuals with their health and related needs, so that their care can be jointly planned. To this end, they will need to be competent to undertake community, individual and family needs assessment. This document offers a comprehensive tool to assist the family health nurse in doing just that.

The authors of the document, who are themselves grounded in community practice, take the practitioner systematically through the health needs assessment process in a very precise way. They clearly point out that health needs assessment is not a one-off exercise but an ongoing process that allows us to plan health care and public health programmes. Subjects such as profiling the population, deciding on priorities, planning public health and health care programmes, implementing planned activities and evaluating health outcomes are each addressed in some depth and the practitioner is provided with know-how in each area. An appendix provides a very useful framework for assessing the health needs of individual families.

The second section of the document is a training pack that can be adapted by individual countries to their needs. It will be of particular use to those countries that are introducing the family health nurse concept and wish to ensure that such nurses have easy access to a training programme in community and family needs assessment. Nevertheless, needs assessment and the follow-up action are the responsibility of *all* nurses working in community health practice, and this practitioner's and trainer's pack will thus be a very important tool in this context.

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Part I

A pack for practitioners

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Acknowledgements

Introduction

Purpose of the pack

This pack provides practical help and guidance to a nurse[1] undertaking community health needs assessment. It provides information and advice on the stages of needs assessment, enabling the nurse to complete the process realistically within her/his everyday work. This pack does not assume any prior knowledge of the subject.

What is a community health needs assessment?

Community health needs assessment is a process that:

- describes the state of health of local people;
- enables the identification of the major risk factors and causes of ill health; and
- enables the identification of the actions needed to address these.

A community health needs assessment is not a one-off activity but a developmental process that is added to and amended over time. It is not an end in itself but a way of using information to plan health care and public health programmes in the future.
The steps of community health needs assessment are as follows.

- *Profiling*
  - the collection of relevant information that will inform the nurse about the state of health and health needs of the population; and
  - analysis of this information to identify the major health issues.
- *Deciding on priorities for action*
- *Planning public health and health care programmes to address the priority issues*
- *Implementing the planned activities*
- *Evaluation of health outcomes*

Why do it?

Needs assessment will enable the nurse to:

- plan and deliver the most effective care to those in greatest need;
- apply the principles of equity and social justice in practice;
- ensure that scarce resources are allocated where they can give maximum health benefit; and

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[1] The term "nurse" is used as a generic term throughout this pack to cover all nurses, midwives and public health nurses.

- work collaboratively with the community, other professionals and agencies to determine which health issues cause greatest concern and plan interventions to address those issues.

Concepts and principles of health needs assessment

Defining "health" and "need"

This pack uses a holistic model of health, emphasizing the social, economic and cultural factors that affect health as well as individual behaviour. The concept of "need" used in this pack incorporates those needs felt and expressed by local people as well as those defined by professionals. It moves beyond the concept of demand and takes account of people's capacity to benefit from health care and public health programmes.

Factors affecting health

Health is affected by a number of factors:

- the physical environment in which people live, such as the quality of the air they breathe and the water they drink;

- the social environment – the level of social and emotional support people receive from friends and/or family;

- poverty, a significant factor worldwide, which shortens and reduces enjoyment of life;

- behaviour and lifestyle – for example, smoking causes lung cancer and coronary heart disease so a reduction in this behaviour will reduce the disease; and

- family genetics and individual biology – if you come from a healthy family you have a better chance of staying well.

This pack will encourage the nurse to consider all these risk factors in relation to a community and make an assessment of their importance.

Involving the community

It is assumed that the nurse using this pack has responsibility for providing nursing services to a caseload of individual patients and a wider responsibility for improving the health of the community.

The pack also assumes that the nurse wishes to work in partnership with local people and will be looking for ways to involve others in her/his work. Community needs assessment incorporates many of the principles of community development (Appendix 1), which has been defined as: "…a way of tackling a community's problems by using the energy and leadership of the people who live there" (Thomas 1995).

Involving other professionals and agencies

If people feel involved in developing a local health plan they will be more committed to putting it into action. It is therefore important that all those who will be involved in using

the plan are also involved in the health needs assessment process. For the nurse this means collaborating with other professionals and the local community. Nurses will also need to agree with their employers on the flexibility and autonomy to change their work patterns according to the needs identified through the community needs assessment process.

Format of the pack

The pack takes a user-friendly approach to community health needs assessment, guiding the beginner through the process. Section One outlines the type of information a nurse needs to think about when creating a profile of the community. Reasons are given for the inclusion of each piece of information. Section Two gives practical advice on how a nurse might find this information. Section Three helps the nurse to analyse and use the information, decide on priorities and create action plans. By working through the pack, the nurse will gain a basic knowledge of the health needs assessment process and will be able to begin this task within his/her own work setting.

Before starting

1. The nurse should read through this pack to become familiar with the complete health needs assessment process.

2. Other key local people and professionals whom the nurse would like to be involved in the work should be approached. Ideally, these people will form a working group to develop the community health needs assessment together.

3. The scope and purpose of the health needs assessment should be decided on. Will this be a way of planning work for local community nurses, or will it identify health service needs on a wider scale and make recommendations to other providers of services? These decisions will influence the approach taken.

4. People who will be able to help with the community health needs assessment should be identified. These may be local community leaders, whose approval may allow greater access to communities, or local administrative staff who may have useful information. Access to someone with an understanding of epidemiology or statistics would also be helpful, but is not vital.

5. The nurse must decide how much time and resources he/she is realistically able to give to the work, and adapt each stage of the process to take account of this.

6. Consideration should be given to the ethical issues regarding ownership and use of information, confidentiality, raised expectations versus unmet needs, and the dangers of stigmatizing groups and communities.

Section One: Profiling the population

Think about what you want to find out about your local population. What information will help you define and describe the community and its health needs? You may find it helpful to ask yourself the following questions.

1. What are the key characteristics of the population?
2. What is the health status of the people?
3. What local factors are affecting their health and what impact do they have (good and bad)?
4. What services are currently being provided?
5. What do local people see as their health needs
6. What are the national and local priorities for health?

This section describes the type of information that you may find useful when answering these questions. What you choose to include in your profile is up to you and will depend on local circumstances and the availability of information. Do not be tempted to collect too much information; this is time consuming and makes it difficult to use the profile. It is more important to define clearly the questions you want to answer and spend the time acting on the information you have collected.

Characteristics of the population

A number of elements will enable you to describe the community you work in:

Geography: which area/population does this profile cover?

A description of a community includes its location. It is assumed that the community identified will coincide with the nurse's area of responsibility. You may be responsible for a village with distinct and recognizable boundaries, a section of a town with named roads marking the outer limits, or a refugee camp. If you are responsible for a population with no fixed location, such as nomadic or homeless people, describe the people themselves rather than the location. Defining the boundaries is necessary to identify who is included within a community and to aid information collection. If possible, match the boundaries you choose with administrative ones, especially if information is already collected on that basis or other local workers share responsibility for the same population.

Numbers: how many people?

The total number of people within the community should include all people from birth to death. This will show the number of people the community assessment is designed to cover.

Age distribution: what age are they?

It is important to examine the age distribution of a community because this will have a major influence on health needs. Most profiles divide the community into the following age bands:

- pre-school children
- school-age children and young people
- adults
- elderly people.

The old and young age groups in a population have greater health care needs. This does not necessarily imply, however, that a community that has a large dependent population (i.e. many children and elderly people) will use the majority of its resources to care for those groups. It may instead choose to invest resources in maintaining the health of adults, as their ability to work and function is key to maintaining the dependent groups.

Gender distribution: how many males and females?

The ratio of males to females in a community obviously also has a major bearing on the community's health needs. Gender distribution has some standard patterns on a large scale, such as more boys are born than girls and there are more women than men in the very old age group. It is important to know whether your community fits this pattern, as this will affect the range of services required. Gender is also important when looking at specific health issues, such as family planning, maternity services or diseases that are gender-specific, such as ovarian cancer.

Ethnicity and religion

Minority ethnic and religious groups can be marginalized within a community; a lack of awareness can result in a community health needs assessment that may not include the most vulnerable groups. Nurses need to be aware of the different ethnic and cultural groups within the community. Ethnic groups can be classified by racial origin, religion, colour or nationality. You may choose to use the national classification so that you can make comparisons with other areas. Different groups face different problems and require services that are sensitive to their cultural and linguistic background. This can be seen in diseases that are specific to one group such as sickle cell anaemia and thalassaemia. Religious groupings are useful to know, as they can have a powerful influence over people's lives and are often a source of community support and influence health behaviour.

Ethnicity and cultural background have a significant impact on health, and individuals, whatever their ethnic background, are entitled to equal access to health care. Even if the numbers are small, nurses should take action to ensure equality of access to health care and health programmes that are culturally and linguistically appropriate.

Population trends: patterns over a period of time

Population trends give an indication of patterns of disease and the need for services. The birth rate (Appendix 2) going up or down may suggest that a population is increasing or

decreasing, and may also indicate a need for service changes. The mortality rate (Appendix 2) can give information about the size of a population and its state of health.

Language and literacy

There may be one or many languages in use within the community, together with local or regional dialects. Language and literacy are essential for communicating health information and for accessing services. If literacy is a problem within the community, be sensitive to this and take account of it when deciding on methods of community participation. Knowledge of local minority languages is vital to ensure equity and to enable the whole community to become involved in the community health needs assessment process.

The health status of the population

There are different ways of finding out about the health status of the community:

- people's own views of their health

- statistical information

- qualitative surveys

- the knowledge of local health care workers and other agencies.

There are a number of measures commonly used to identify the health of a population.

Mortality data

This generally describes patterns of death in relation to age, gender and cause of death. It is a basic measure of epidemiology – the study of disease in populations. Information is collected nationally, regionally and sometimes at local level, usually from death certificates. It indicates deaths from disease, accidents, suicides and homicides, and the general health of the population in terms of life expectancy (Appendix 2). Mortality rates work best for large populations; in small communities a little change can produce large statistical distortions. A problem in using mortality rates is that they depend on a shared understanding of cause of death and do not describe the health of the living.

Morbidity data

This is information on types of illness and disability, their incidence and prevalence. It can be taken from a wide range of sources including hospital records, infectious disease notifications and disability registers, sickness records, general medical practice, child health records, census material and other surveys. Information collected in this way should be treated with care, as it may be a measure of health service activity rather than true disease patterns. It is a reflection of illness and not health.

Behaviour measures

These are often used as indicators of health. Smoking is one of the best examples. This is an activity proven to cause ill health, so if a lot of people smoke it shows a large potential for illness in the population. Breastfeeding is considered the best of all infant feeding

6

methods, so it is taken as an indication of good health. These measures should be treated carefully as they are about behaviour, yet are sometimes used as proxy measures for health.

"Quality of life" measures

These are a means of assessing physical health, functional ability and psychological wellbeing. The assessment scales are based primarily on an individual's own assessment. These have been developed mostly in North America and the United Kingdom to measure health outcomes based on people's perception of their health. The reliability and validity of these tools vary, but they are still useful in providing people-based measures of health. Examples include the Barthel Index, the Nottingham Health Profile and the Index of Activities of Daily Living.[2]

Use of service information

This information can help build a picture of morbidity as it can describe the diseases that are being treated by the health services. It will cover both treatment, for example hospital admissions, and uptake of preventive services, such as immunization and screening programmes. Care may need to be taken, however, as some health problems may not yet have any services. In countries where access to services is limited through inadequate provision or an individual's ability to pay for treatment, this information will often be unreliable as an indicator of population health.

Health inequalities

It is essential to collect information, not only about health and disease but also about health inequalities. This applies to rich and poor countries alike. Most disease and illness patterns relate closely to economic circumstances, so that those in poverty suffer disproportionately high rates of poor health. Health statistics reveal that, even where death rates improve for a disease, this is less likely to be true for the poorer sections of the population. For this reason it will be important to record patterns of health inequality in your local population. When considering equity you may find it useful to ask yourself the following questions.

- Who is disadvantaged in this community?
- Why are they disadvantaged?
- What can I do about it?
- Who has unmet needs in this community?
- Who does not access care in this community?

Local factors affecting health

A number of local factors may affect health. In each community this will be different. You will need to think about collecting the following information for your profile:

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[2] BOWLING, A. *Measuring health: a review of quality of life measurement scales.* Buckingham, Open University Press, 1991.

Work and employment

Work and levels of employment and unemployment in a community are fundamental to health for the following three reasons.

Occupational diseases. All work affects health, both positively and negatively. However, some work is known to cause disease, such as silicosis in mine and quarry workers and machinery accidents among farm workers. New work-related illnesses are also being recognized, such as repetitive strain injury for keyboard operators.

Income levels. The amount of income people earn has an important influence on their health, affecting their ability to choose a healthy lifestyle and to access health services. Levels of income also have an impact on the local economy within a community.

Self worth. The status of an occupation affects how people feel about themselves. People's level of satisfaction at work contributes to their wellbeing. Many define people by their work or lack of it. The unemployed may feel excluded, and lack of paid employment has been shown to contribute to poor health.

Poverty and income

Poverty can be absolute (i.e. inadequate to sustain health) or relative (i.e. how poor one person is compared to another). In health terms, it is not only the level of poverty that counts but also the gap between richest and poorest. A large gap results in a big difference in health and life expectancy between rich and poor. This is known as health inequality. It is one of the most significant factors affecting health across the world and therefore information on this issue will be essential.

Environment

The surroundings we live and work in directly affect health. A number of factors should be monitored here.

Pollution. Pollution of air and water causes disease and death and this is evident throughout the world, whether it is lead in petrol or a chemical spill from a factory, or drinking-water contaminated by sewage.

Sanitation. Good sanitation eliminates some diseases such as cholera and dysentery completely, and where this breaks down gastrointestinal illnesses are quickly evident. In communities lacking basic sanitation, threats to health will arise from the contamination of water supplies by human excrement.

Housing. The lack of a home affects all aspects of health – shelter from the weather, an environment to sustain a family, a place to feel safe. The availability and type of housing will reflect local history, culture, the economy and political climate, with a wide range of housing existing across Europe such as tents in the Negev desert, tower blocks in cities, new housing estates, private housing, refugee camps and hostels. The type, quality and suitability of housing will have an important affect on health. Look for factors such as

overcrowding, dampness and poor heating, as these are significant factors affecting health. Also consider how far homes are from work, pharmacies, schools and shops.

Transport. Transport systems are important to record, as they can influence people's access to services, social support networks and employment. Transport may also have an impact on health through accidents, noise and air pollution.

Social cohesion

Social support is essential for the well being of a community. There are a number of elements that need to be taken into consideration when describing the extent of social cohesion in a community.

Networks. Family and friendship networks provide people with the emotional support that is fundamental to wellbeing. Social networks can be hard to describe and quantify. The best way is to ask local people. It may be possible for them to describe social networks through flow diagrams, maps, drawings, stories and drama. Match the methods you choose with local customs and educational experience.

Migration. Migration causes disruption to a population, as large numbers of people move location. It is often the younger working-age population who emigrate, and this is a loss to the population left behind while a gain to the community they move to. Migration of workers may be daily, weekly or longer. Population movements can be traumatic owing to the upheaval caused, especially if forced by armed conflict, threat of discrimination or severe economic necessity. Immigrants are usually poorer than the native population and may not be able to communicate because of language difficulties. They may also be marginalized socially, culturally and economically as a result of racism. All these experiences will significantly affect the health of a community.

Marginal groups. Marginal groups are outside the dominant community, yet may form a distinct population themselves. Some groups, such as religious sects, travellers and gypsies may choose to remain outside mainstream society. Others, such as the homeless, may be forced into that position. Access to health care is often more difficult for both these groups, who may have greater need for services.

Pleasure and leisure. The opportunities for non-work social activities are signposts that can be used to indicate the extent of social cohesion and support in a community. Such activities reinforce a community's identity and the emotional wellbeing of individuals.

Destabilizing factors

War, economic recession and natural disasters such as earthquakes, floods or drought affect health directly through their impact on mortality, disease patterns and lifestyle change. They also affect health indirectly by reducing the resources available for health services, increasing poverty and lowering the social and economic wellbeing of a population. They may radically lower population numbers and increase fear and mental ill health. For these reasons a record of destabilizing factors and their effects need to be included in a community health needs assessment profile.

Resources, formal and informal

All communities have existing resources and assets with which they respond to the needs of individuals, families or social groups. These resources may be formal services or informal networks. It is important to assess the extent of both types of resource as part of the profile information. It is too easy to focus on the problems and needs of a community; by ignoring the strengths there is a danger that existing assets can be undermined.

Informal. Families deliver the greatest part of all care services in the community. In these circumstances, the burden of care normally falls primarily on women and can have significant effects on their health status. State private and voluntary systems of care to a greater or lesser degree supplement the family or fill in where no family network exists. There may be a comprehensive welfare system or a patchwork system of charitable and voluntary organizations.

Formal. Formal services can be provided at a variety of levels and by many agencies. A health profile should assess how effective they are and how much of the population has been reached. How accessible are services to those without transport or who are disabled? These will include both health services and those provided by other sectors that have an impact on health. For example, WHO has highlighted links between women's literacy and improvements in family health, demonstrating that educational resources in a community are an important resource for health (Rifkin 1990). Many political and religious organizations also have resources that communities use to provide economic assistance and health and social care.

Current nursing work

The nursing work within the local community, either caring for the sick or maintaining the health of the well population, will be an important source of health information. By compiling the information contained in your nursing records you can gain additional insight into the current health status of the community. The following are questions you may like to ask yourself in relation to the community you work with.

- What illnesses do I see most of?
- What problems occupy most of my time?
- Do people I meet see themselves as sick?
- What do people tell me about their worries and health?
- What nursing interventions am I using and how well do they work?
- How many people are using the nursing services?
- Are they from across all sections of the community?
- Do I see those whose needs are greatest?
- What changes have I seen take place in the community and in the services I provide?

The nursing information is important because it is up to date and comes directly from individuals and families.

Local people's views of their health needs and health services

A central part of health needs assessment is gathering information on local people's views of their health needs and resources. Involving local people will ensure that any service developed will be based on need and be more likely to be acceptable to the population. There will always be a great deal of expertise and knowledge to draw on among the local population, in particular on what assets exist, the factors that influence their health, what is most important, local health beliefs and solutions to problems.

It is important that people are able to describe health problems and solutions in their own terms. This may involve using less conventional methods such as photographs, drawings or personal stories. Be flexible and ask the community which methods are most suitable. The community view or perspective is important to include, and involving local people initiates their involvement and participation in improving the health of their own community.

Local and national priorities

National priorities are often set by governments and influenced by the political and economic agenda. Local priorities will reflect national priorities as well as issues identified by local groups, practitioners and communities. When undertaking a needs assessment you will need to discover what these priorities are in relation to health. Sometimes there can be a conflict between the national top-down agenda and the needs identified locally.

Section Two: How do you find out?

Section One described the type of health information you may need in order to identify health needs; the next stage is to collect this information. The easiest way to begin to create your population health profile is to assemble the information that already exists. You may like to use the form at the end of this section to record the information, and the source, as you acquire it. The missing parts will then be clearer and you can then collect your own information to complete the profile.

This section provides simple guidelines on how to collect information. As information sources and types are so variable across Europe, it is only possible to give general advice on data collection. For more detailed help and support seek out local experts, such as other nurses, public health specialists, health researchers, and health service planners and providers.

Describing the community

Maps are good pictorial representations of a community's geography and are usually easy to obtain. Sometimes local people can draw their own map, this can also be useful in finding out what they think is important in the community as well as encouraging ownership of the needs assessment. The local administrative department should have access to census information, including births and deaths. If this is not available it may be possible to trace it through a local registration scheme. It will help to talk to people responsible for data collection, as they can reveal the strengths and weaknesses of the information, such as whether it includes all births and deaths, or the accuracy of the census information.

Local views

These can be obtained using a variety of methods that allow for different perspectives.

Approaching local individuals or groups

Try to ensure that a wide range of people are included, particularly minority groups, and try to have a schedule of topic areas for each group to consider. The key to accessing these groups is often through community leaders. Try to involve such people in the process as much as possible. Local individuals or groups, such as social clubs or self-help groups, also provide a good source of information. A structured approach such as questionnaires or surveys is useful when compiling this information – it will be more comprehensive and reliable. Appendix 3 gives a suggested interview schedule. If literacy is a problem, use pictures, flow charts, diagrams or taped interviews. Another approach is to ask local people to represent their view of local health issues through drawings or photographs.

Professional views

Other professionals working locally, such as teachers, dentists, pharmacists, social/community workers and religious leaders will also have views to give. Again, if the same methodology is used to collect the information it will make it easier to understand and analyse.

Local surveys

Surveys of local opinion may already have been done by statutory or voluntary agencies. For example, a disease-focused support group may have mapped the extent of the illness and care provision. Disease registers used for chronic illnesses, such as diabetes, can provide a database when conducting patient-based surveys, if confidentiality can be assured. It is important to remember when collecting local views that as far as possible the sample should reflect all of the population, and it may be necessary to seek out minority groups to find out about their concerns. This is also a good way of establishing contacts with a local community, and involving them in health care decision-making and public health programmes.

Newspaper reports

These are easily accessible and can show current issues of concern.

Measures of health and of health inequalities

To obtain a full picture of health, information about health should come from a variety of sources. A public health department is a good place to begin. This may be national or local. Some have very detailed information covering diseases, health service use and inequality in service provision, as well as mortality and morbidity rates. This information should also contain some analysis of national, regional and local information, providing a comparative picture. If it is not possible for you to obtain all the information you require, identify the gap and move on to collect what is available. Local health and social care managers may keep information for administrative purposes. However, this may be service-orientated rather than people-focused, providing information on services rather than health. Nevertheless, proxy measures like these are useful in the absence of other data.

Government departments are valuable sources of data regarding social and economic structures in the local community. Wherever there is a tax collection system there should be information about income distribution and wealth. Planning departments provide information about housing and public amenities, industry and local hazards. Welfare providers may collect information about the recipients of their services and these are usually specific to a group of people. This does not just apply to government agencies but also to charities and private agencies that provide services.

When looking at a small population do not rely too much on quantitative data as the numbers will be too small for meaningful comparisons. When in doubt seek the advice of experts in epidemiology.

Nursing information

This will be a significant section of any community health needs assessment that the nurse compiles. You can also draw on information from other members of the team.

Nursing knowledge

This is made up of three major strands.

Observations. Good observation is fundamental to all nursing assessments. It is a baseline for assessing the state of people's health and their progress. This information should not be difficult to obtain. At community level observation involves an informal nursing assessment of the wellbeing of the community. Simply walk in the local area and ask yourself the following questions:

- What am I seeing?
- What can I hear and smell?
- What, if anything, is missing?
- What is this telling me?

Record the observations made.

Interviews and questionnaires. If any piece of information is missing, it may be necessary to conduct a small piece of research yourself in order to obtain it. Questionnaires can be used on a large scale to investigate a specific aspect of a community's health status, such as the spread of a disease, or exposure to particular risks or health damaging behaviour such as smoking. Interviews are generally used to give deeper insight into why or how conditions or illnesses affect people.

Casework information. This is the information contained in nursing records. It may relate to disease patterns, wellbeing, social behaviour, uptake of services or social characteristics. This may only relate to a small section of the community or group, or it may be representational of a larger population. The nurse should make clear the relationship of her/his client group to the wider community. This can provide focused and detailed knowledge that is extremely relevant in identifying health needs.

The family health assessment

This is a nursing tool with three aims:

- to assess family health needs in partnership with the family;
- to enable the family to identify the services they need; and
- to gain information for assessing need at a community level.

An example of a family health assessment tool is given in Appendix 4.

Families' perceptions of health tend to differ from those of health professionals. Many people consider themselves healthy, even with chronic conditions, until there is a problem. The family health assessment covers physical, social, emotional and environmental health and is completed by the family members themselves. The outcomes of the assessment are discussed by the family and the nurse, and actions are agreed jointly.

A family health assessment made in partnership with a nurse can be empowering for a family. It can give them the means by which to demand or refuse services. Families have the right to make choices and this should influence local service provision. The information that families provide about their community at micro level is of good quality and can build into an overall picture of the community if a sufficient number of assessments are completed.

Profile information

1. Characteristics of the population

- Geography

- Numbers

- Age distribution

- Gender distribution

- Ethnicity and religion

- Population trends

- Language and literacy

2. Health status of the population

- Measures of health

3. *Local factors affecting health (positive and negative)*

- Work and employment

- Poverty and incomes

- Environment

- Social cohesion

- Destabilizing factors

- Resources, formal and informal

4. *Current nursing work*

5. Local people's views of their health needs and health services

6. Local and national priorities

Section Three: What to do with the information

A community health needs assessment is incomplete if nothing is done after the information has been collected. It must be analysed and used to plan, implement and evaluate health services. The process is cyclical and should be repeated, with the information updated so that it continues to reflect the needs of local people.

Section Two enabled you to collect the information you need to give you insight into the health needs of the community. Section Three will help you to analyse the information to identify the key health issues and plan actions to address them. This work, like all other parts of the process, should be undertaken collaboratively if at all possible. This would ideally involve a group of people working together, but could include one person undertaking the analysis and then consulting with others about the outcome, gaining their views and interpretations. Feedback can be given in many ways: through the local media, by attending local groups, by circulating a written report, or from a newsletter, videotape or audiotape summary. This collaboration acknowledges local people's contribution and encourages their continued participation.

What is the information telling you?

The way to approach the task of analysis is firstly to read the collected information as a whole and note the obvious. What are the issues that "jump off the page"? To make sense of the information you have acquired you need to:

- compare your population with a larger group to ascertain whether a health issue or disease rate is higher or lower than expected;

- compare current information with that collected in previous years to identify trends over time;

- identify significant gaps in the information;

- compare and contrast different types of information e.g. statistics, client and professional views, surveys and questionnaires; and

- look for positive features as well as problems; even the most disadvantaged communities have strengths that can form the building blocks for change.

It is important to seek the help and views of others as you undertake this process, ensuring that your personal views have not distorted the analysis. At the end summarize and make a list of the health issues you identify, as these will be the main conclusions to be communicated to others.

Deciding on priorities

By now you will have identified a number of health needs in the community. But resources are always limited and it will be necessary to determine which needs should be a priority. In order to reach agreement this process should be undertaken with others.

There are a number of considerations that will help you decide which needs should be a priority. Try to answer the following questions in relation to each health need or issue you have identified.

How many people are affected?

For example, coronary heart disease is a major issue in health care in the western world, because it is one of the main causes of death and disease. Its significance is due to the number of people who die prematurely from coronary heart disease and the number of people affected. Infectious diseases such as tuberculosis can have a profound effect because of the potential number of people who could be affected.

What is this information telling you about equity?

Are there disadvantaged groups with high needs for care? Are some people less able to access services? Are those whose needs are greatest receiving the services they need?

What is the impact on people's lives?

Some health needs may only affect a small number of people but the impact for those people may be so severe that a response is required. Significant minority groups, such as those with learning difficulties or with rare chronic diseases, would fall into this category. Minority groups such as the homeless or refugees, who have significantly greater health risks than average, should also be highlighted.

Are there appropriate and effective interventions?

Effectiveness means that an intervention does what it intended to do. Many health gains have been delivered through improvements in the standard of living, such as nutrition and sanitation, and not directly through health services. It may be necessary to look beyond health services when planning action to address a health problem. Where a health intervention is planned it is important to know that it will improve health. Sometimes you will find that research has been reviewed and summarized by others; alternatively it may be necessary for you to review research findings yourself or consult others for specialist expertise.

Health care interventions should not only be effective but should also be targeted at the right people and be acceptable to local people. It is necessary to think about the cost as well – any use of resources has to be justified in terms of cost and benefits to health.

Are the services adequate?

Asking whether services are adequate is a key question in community health needs assessment. Analysis of the information may highlight a lack of services or duplication in terms of treatment, prevention or services for a particular age or disease group. The population profile might describe a growing elderly population but the services might not have developed in response to this change.

Does the health need identified coincide with known priorities and strategies?

The national and local priorities and health programmes will influence whether a local health need will be acted on. It may be that action on an issue is already being taken as part of a national strategy, or it may be that local action is required by such a strategy.

Is the expertise and training available?

There may be people working or living in the community who have skills and knowledge that are not being used to the full. Skills and knowledge are just as much a resource as buildings and money, so knowing about these assets will help in deciding how to deal with needs raised through the assessment. For example, the "community mothers" scheme in Dublin, Ireland, was developed following the identification of the need for parenting advice and support. The skills and expertise of local mothers has been used to fill that need, i.e. an effective local solution was found to a problem by utilizing local skills.

Planning what to do

The final and most important part of the community health needs assessment process is planning and implementing the actions that will address the priority health needs you have identified. The measure of a good assessment process will be the success or failure of the actions taken to improve health. There are a number of important considerations to be taken into account when planning your interventions.

Being creative

When devising your action plan, try to think widely and creatively about potential solutions to the issues you are tackling. For example, if you wish to address the number of people with chronic diseases, you may need to consider not only their access to care, but also the needs of their informal carers. You may also need to think about their housing and economic needs and their access to local employment. The more people you involve in this process, the greater the scope for potential solutions.

Involving the community

A community health needs assessment belongs to the local community and those who work in it. These people will want to have a say in the process of planning local services. Involving the community will ensure that plans are appropriate and that people are committed to their implementation.

Collaboration

It will often not be possible for a single agency or individual to bring about change on his or her own. Work needs to be planned with others, agreeing who the key people are and deciding together what needs to be done and by when.

Health promotion

WHO defines health promotion as "the process of enabling people to increase control over and to improve their health" (WHO 1985). It is a model of empowerment for individuals and communities. Health promotion covers a range of activities:

- creating healthy public policies

- building supportive environments

- strengthening community action

- developing personal skills

- reorganizing health services

- addressing inequalities.

If undertaken with local people, community health needs assessment can be a way of practising health promotion. You might like to check whether your proposed actions are meeting the range of activities noted above.

Prevention

Actions to improve health will include both treatment and care of those who are ill, as well as activities that will keep the community healthy. Strategies for preventing ill health are usually put into the following three categories.

Primary prevention aims to stop the onset of a disease or a condition. Examples are pregnancies prevented by a contraception programme or coronary heart disease prevented by smoking cessation work.

Secondary prevention works by early detection and treatment of a disease or condition, usually through screening programmes. Examples are screening women for cervical cancer and the early treatment of first symptoms.

Tertiary prevention is the management of diseases to control symptoms or prevent recurrence of a disease or condition, for example, rehabilitation programmes.

Measuring success

Whatever the action plan agreed, it is necessary to monitor and record the changes that are taking place and evaluate successes and failures. These are a few simple guidelines that should help. Be clear about recording:

- where you are now (baseline measures)

- where you are going (aim and objectives)

- how to get there (action plan)

- how you will know you have arrived (evaluation/outcome measures).

Aim for small, achievable, measurable goals, as this increases the chance of success. Measure your progress against them regularly. Share and celebrate your successes with others. Where plans are not having the desired effect, consider them again and consult with others to develop changes.

You should now create your action plans. You might like to use the table provided at the end of the section to record your agreed plans.

Taking action

You should now put your plans into action. If the plans demand that you work differently in the future, think through with others how you will make this possible. Do you need further training? Have you the authority to change your working practices, or do you need to agree this with others? The community health needs assessment will demonstrate the need for change, so do not be hesitant about raising the issue. Planning your work on the basis of local health needs will ensure that you are using your skills and knowledge for the benefit of the community.

Record of action plans

HEALTH PROBLEM TO BE ADDRESSED	OBJECTIVES	ACTION TO BE TAKEN	WHO WILL DO IT?	TIME SCALE	EVALUATION MEASURES

Appendix 1: Community development

Community development is central to WHO's health for all principles and is reiterated in the HEALTH21 policy framework (WHO 1999), i.e. equity, community participation, empowerment, collaborative working and local primary health services. It involves working alongside local people to find ways of addressing the issues that they see as affecting their health, by generating local partnerships and action. The health worker establishes a basis of equality and collaboration in relationship to others, and works with a community when agreeing plans for local health care.

This approach works best in small defined areas such as villages or housing estates. It is important that the whole community is involved or represented. The priority health issues identified by the community may not coincide with those of the professionals, and it can be difficult to develop agreement. Nevertheless, if a community becomes involved in actions to protect the health of its own people, this will be a powerful force for change.

A community development approach, building up trusting relationships and developing the confidence of local people, can take time. For the nurse this can have exciting outcomes as she/he sees the growing potential of the community to address its own health needs.

Appendix 2: Health measures

Birth rate, i.e. number of live births for a population. The formula for calculating this is:

$$\frac{\text{All live births in an area during the year}}{\text{Total population in the area at mid-year}} \times 1000$$

Mortality rates are usually presented in one of three ways:

- *Crude mortality rates, i.e. number of deaths in an entire population. The formula for calculating this is:*

$$\frac{\text{All deaths during a specified period}}{\text{Total population at mid-point of the period}} \times k \text{ (usually 1000 or 10 000)}$$

- *Specific mortality rates, i.e. for a particular group of the population (e.g. children). The formula for calculating this is:*

$$\frac{\text{All deaths in the group in a specified period}}{\text{Total group population at mid-point of the period}} \times k \text{ (usually 1000 or 10 000)}$$

- *Standardized mortality ratios (SMRs), i.e. where the age and sex structure of the population has been taken account of (standardized) so that rates can be compared between geographical areas. The formula for calculating this is:*

$$\frac{\text{Observed number of deaths}}{\text{Expected number of deaths}} \times 100$$

An SMR of 100 indicates that the observed number of deaths is the same as the expected number. An SMR of more than 100 indicates a higher than expected number of deaths, and when less than 100 a lower than expected number is indicated. SMRs are especially used in international comparison.

Appendix 3: Example of an interview schedule when asking people their views of local health needs

A. How would you describe the health of the community?

B. What do you think affects peoples' health here?

The good things are:

The bad things are:

C. Which three things would you change here to improve people's health?

1.

2.

3.

D. What are the best things about the services you use?

E. What are the worst things about the services you use?

F. Who else do you think I should speak to?

Appendix 4: Example of a family health assessment tool developed by health visitors in Rotherham Priority Health Trust, United Kingdom

"A PICTURE OF HEALTH FOR YOUR FAMILY"

This booklet helps us to work together to build up a picture of your family's health.

It will help your family to recognize what being healthy means to you and to plan, with your public health nurse, ways of improving your health.

This is for you to keep.

Leave any questions you are not sure of.

1. PHYSICAL HEALTH

Think about each member of your family.

Write their names on the scale to show how healthy they are.

HEALTHY   **UNHEALTHY**
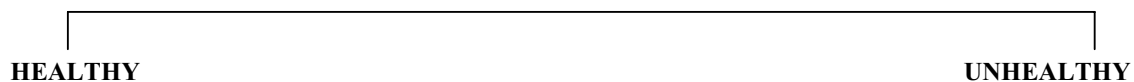
Do you or does any member of your family suffer from any illness or disability?

YES/NO

If yes, what?

2. SOCIAL HEALTH

Many things can affect your family's health.

Do you have any worries with the following that you would like to share?

Please tick the box.

Housing	☐	Exercise and leisure	☐
Finance	☐	Food	☐
Work, or lack of it	☐	Smoking	☐
Relationships	☐	Alcohol	☐
Women's health	☐	Drugs	☐
Men's health	☐	Anything else	☐

Support

Who helps and supports your family?

What do you do to relax as a family?

Do you feel you have time to relax and enjoy yourselves?

3. EMOTIONAL HEALTH

Ask each member of your family: HOW DO YOU FEEL?

And write their name on the scale

What things are affecting the way your family feels at the moment?

Family	☐	Where you live	☐
Friends	☐	Social life	☐
Work/unemployment	☐	School	☐
Money	☐	Health	☐

Anything else?

....
....
....
....
....

4. ENVIRONMENTAL HEALTH

Where you live can have an important affect on your family's health.

Do you have any concerns with the following? If yes, please tick the box.

Your home ☐
Your neighbours ☐
Crime ☐
Traffic ☐
Pollution (e.g. air, noise, smells) ☐

What are the facilities like in your neighbourhood, e.g. parks, shops, transport, groups, education, meeting places?

How easy is it to get to and use the health services in your neighbourhood, e.g. clinics, GPs, chemists?

DATE: **ACTION PLAN**

HEALTH NEEDS	ACTION BY FAMILY	ACTION BY HEALTH VISITOR

DATE: REVIEW

HEALTH NEEDS	REVIEW BY FAMILY	REVIEW BY HEALTH VISITOR

Guidelines for using the family health assessment tool

What is it for?

- To allow families to identify their own health needs

- To promote partnerships, participation and equality between families and health visitors (nurses)

- To provide a formal structure that will allow families' health concerns to feature on the public health agenda

- To encourage nurses to assess plan and evaluate their work with families

Who completes it?

The whole family, anyone in the family or with the nurse. It is best to leave it with the family so they can discuss the issues themselves and then talk about them with you later.

Literacy

Ask about the family's level of understanding and literacy – explain how to use the booklet.

Confidentiality

The family may not want information recorded in their assessment, but may want to talk things through with you. Think about how you are going to record this and share this information with families.

Health needs that you cannot meet

This is a fact of life, and it is important to openly acknowledge it. However, the family health assessment tool does provide the service with information that can be directly addressed through our public health work and those who manage and fund services.

Health needs that you see but the family does not

We often identify health needs that the family does not want to address, e.g. smoking. What you may see as a problem may be lower on the family's list of priorities. Supporting the family to address their own concerns will be necessary before moving on to other health problems.

How to use the family health assessment tool

1. Explain to the family what it is for

2. Allow them time to look at it

3. Let people decide for themselves who their immediate family is. It may be an individual or a large extended family, or non-related persons. It can be more than one household

4. Try to start without any preconceptions, even if you know the family well

5. Listen and talk to the family about any issues that arise

6. Don't worry of there are no health needs at this time or if there is nothing for you to do. This is surely a good sign.

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Part II

A pack for trainers

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[3] ROWE, A. ET AL. *Health profiling: all you need to know.* Liverpool, John Moores University and Premier Health NHS Trust, 1997.

Introduction

This pack has been written for teachers and trainers involved in teaching nurses how to assess the health needs of the community in which they work. It provides practical ideas and suggestions as to how the trainer can support and prepare nurses to undertake a health needs assessment of their local community.

It is designed to be used alongside the pack that was written for practitioners (*Community health needs assessment: an introductory guide for the family health nurse in Europe*). Both packs support the development of the family health nurse in Europe, for which one of the core competencies is to "identify and assess the health status and health needs of individuals and families in the context of their culture and community". It is also aimed at all nurses working in primary and community care to help them to work towards the WHO HEALTH21 targets[4] "to achieve full health potential for all". This pack is particularly concerned with strengthening the nurse's role within public health and primary care in Europe, in which assessing the health needs of the local community is a central activity.

Teaching health needs assessment

Health needs assessment is a complex activity. The tool described in the pack for practitioners may look simple, but the process is complicated and time-consuming. To carry out an assessment of a community's health needs, nurses have to understand concepts of health, community and need. They also need to know how to use, collect and analyse health data, how to prioritize needs, and how to plan and implement effective health programmes that address those needs. For these reasons, there are more than 30 activities in this pack to take nurses through this learning process.

The programme outlined in this pack should raise awareness among participants of their important role in public health and addressing inequalities in health. It may also challenge traditional ideas and ways of working, and lead to nurses developing a broader understanding of health, their role in health promotion and the basis on which they decide what they do, to whom and why.

Health needs assessment is a practical activity and cannot be taught in the classroom alone. This pack has therefore been designed to be delivered while the nurse plans and carries out his/her own health needs assessment. Much of the learning about health needs assessment will take place in the doing, with the teacher guiding, facilitating, encouraging critical reflection and providing information when required.

Health needs assessment is a multidisciplinary and multisectoral activity, and while the pack is written for nurses there is no reason why it should not be used for a mixed group of practitioners.

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[4] *HEALTH21. The health for all policy framework for the WHO European Region.* Copenhagen, WHO Regional Office for Europe, 1999 (European Health for All Series, No. 6).

It is recognized that across the European Region there are different levels of skills and knowledge amongst teachers and nurses, as well as a variety of teaching resources, facilities and methods. This pack can be used flexibly and should be adapted for local conditions and needs. You may find that the language, topics or cultural assumptions underlying this pack do not work in your locality, in which case feel free to adapt the activities as you wish to make them more relevant.

Drawing on our own experience, it is recommended that the following approaches be used in order to maximize learning:

- experiential methods are preferred, as health needs assessment is itself a practical activity;

- students should be asked to undertake an assessment of health needs activity in their work setting as part of the programme;

- as far as possible, students should be taught in a group to promote learning from each other, the sharing of experiences and mutual support;

- the ideal group size is 12–15;

- it needs to be undertaken within a supportive environment that allows individuals to discuss the issues that emerge as they go through the process;

- this pack uses group work methods as described in the WHO Training the Trainer package, as the most effective method for supporting learning.

The structure of the pack

The pack should be used with *Community health needs assessment: an introductory guide for the family health nurse in Europe* (hereafter referred to as the practitioner's pack), which takes nurses through the process of assessing the health needs of the community. This trainer's pack consists of activities and exercises that will give an understanding of the concepts underpinning health needs assessment and its role and use in health provision.

The pack takes the trainer through an incremental process of skills and knowledge acquisition. It has been divided into four sections, each covering a different aspect of learning and designed to be approximately 4–6 hours in duration, depending on how many of the activities you choose to do. The amount of material reflects the importance of health needs assessment in modern health care systems. Ideally, the programme should be delivered over four days, which can be spread over a number of weeks to allow participants to carry out practical activities between each session. This length of time will enable the group to explore the relevant issues in depth and allow the nurses to discuss their findings. The first three sections look at why and how to do a health needs assessment, while Section 4 uses the profiles made to identify priorities and develop action plans. If your group is not going to carry out a health assessment as part of the programme, then you may need to cover Section 4 in a different way or finish after Section 3.

The plans incorporate written information and individual exercises, which the trainer may choose to use. These exercises will help the individuals to work through the community

health needs assessment pack for practitioners. The exercises are not intended to be universal in their approach, but instead offer a framework from which the facilitator can plan the session based on the needs of the group he/she is working with.

Expectations of the trainer

This pack has been written for use by anyone acting in an educational or developmental role with nurses. The trainer is, however, expected to be familiar with the following:

- effective adult learning techniques;
- knowledge of the local health and other government systems;
- an understanding of health needs assessment and its value in nursing and health services;
- the role of the family health nurse;
- if possible, a knowledge of local and national health information sources; and
- how to access local experts who can provide input at various stages of the programme.

Definitions

Trainer The individual who is teaching and supporting the participants through the process. The trainer will ideally have experience of working with small groups, be familiar with the WHO Training the Trainer package and understand health needs assessment.

Participants Those nurses and health care practitioners intending to undertake a health needs assessment for the population they work with. While the focus of the pack is on a community, this can be applied to a workplace, school, institution (such as a hospital) or refugee camp.

Nurse A term used generically throughout this pack to cover all nurses and midwives.

Recommended teaching resources

For each of the sessions the following resources are recommended.

- The practitioner's pack
- Movable seating – this will help the group come together in a more informal manner
- Chalk board/white board or flip chart paper
- Marker pens
- "Post it" notes, cards, glue.

Outline of the programme

Session One – Introduction to health needs assessment

The aim of this session is to develop a supportive learning environment and for participants to understand what health needs assessment is and why they should do it.

Summary of the content

- Group introductions
- Setting the ground rules for the group
- Defining health needs assessment
- Why do a community health needs assessment?

Session Two – Principles and concepts of health needs assessment

The aim of this session is to explore the concepts underpinning health needs assessment and to learn how it should be done.

Summary of the content

- What is health?
- What is a "health need"?
- Factors that influence health
- What do we mean by equity in health?
- Ethical issues and health needs assessment

Session Three – How to do it

The aim of this session is to find out what health information is needed and how to collect and use health data.

Summary of the content

- How to do a community health needs assessment
- Exploring different types of health information
- Using and collecting health information
- Sources of information
- Involving local people
- Planning your own health needs assessment

Session Four – Using the health needs assessment

The aim of this session is to teach the participants how to interpret and use the health needs assessment that they have undertaken.

Summary of the content

- Presentation of the community or population profile
- Prioritizing health issues
- Action planning
- Evaluation

Session One: Introduction to health needs assessment

Session aims

- To develop a supportive learning environment.
- For participants to understand what health needs assessment is and why they should do it.

Summary of the content

- Group introductions
- Setting the ground rules for the group
- Defining health needs assessment
- Why do a community health needs assessment?

Group introductions

To help the group members learn from each other and share their views they need to get to know each other. An introductory exercise is a useful tool to help develop group cohesion and to get people talking in front of each other. To be successful in achieving this, the trainer must adopt a facilitative approach to the session.

There are a variety of different ways of introducing oneself, such as just saying one's name and job, or you can make it more interesting and create an informal atmosphere. Two examples that may be used as introductory exercises are outlined below.

Activity 1: Getting to know each other (5 minutes)

Prior to the participants arriving the seating is arranged in a circle.

- **The Name Game**

Starting with yourself, introduce yourself and say something about your name, i.e. why you were given it, what it means to your family, and any "nick-names".

Starting on your right, ask each member of the group to introduce him or herself in the same way.

This activity allows the participants to explain their name in a non-threatening manner and to remember each other's names.

Activity 2: Finding out about each other (20 minutes)

- **The shield**

Participants are asked to fill in the boxes in the "shield" below and then share what they have written with someone in the group that they do not already know. Each pair then introduces each other to the whole group.

| Current work | Work history |
| Home | What I want from this course |
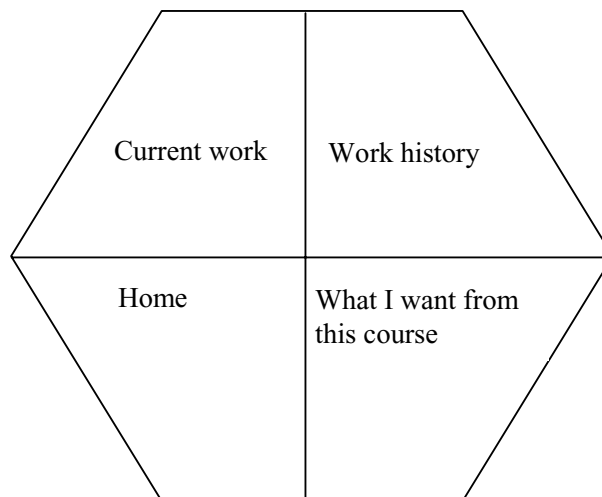
Setting the ground rules for the group

Collaborative approaches to learning, sharing and exploring ideas will help the participants to develop a clearer understanding of health needs assessment. This exercise will help participants to feel a sense of ownership of the group and the training programme, thus increasing their commitment and willingness to learn from each other. This will allow participants to discuss how they wish the group to be run to ensure that learning is effective and takes place in a supportive atmosphere.

Activity 3: Setting ground rules for the group (30 minutes)

"It is the end of the course. Imagine you are going home and reflecting on why it was such a good course. What had happened to make the group such as success?"
Participants are asked to think about this and write a list, taking into consideration the behaviour of the people in the group (participants and facilitators), how the sessions were structured and what went on – the content of the course.

With another person, share what you have written and discuss how to make this happen in this group, and what is the most important. Ask each other difficult questions such as, "What do you mean by ...?" or "What would that look like in practice ...?" Try to break down words so they are specific. For example, you may want people to respect each other – how would you know you were being respected? Another example is that you may say you want to learn new things – what would help you learn best?

Feed back to whole group.
Agree a list for the whole group.
What will we do with this list? How will we make sure we stick to it?
Reflect on the process of doing this exercise.

Defining health needs assessment

The purpose of these activities are to assist the participants to explore what health needs assessment means, and to set it within the context of their own practice and the local health care system. This requires the participants to revise their knowledge of their own health care system and to identify the value of health needs assessment.

What is health needs assessment?

This activity is designed to draw from participants their existing knowledge and to think about what health needs assessment means.

Activity 4: Community health needs assessment word association (30 minutes)

Divide the participants into four small groups. Each group is given one of the following words to write in the middle of a piece of flip chart paper:

- Community
- Health
- Needs
- Assessment

They are asked to write down all the words that come into their head when they think of this word. After 5 minutes they pass their paper to the next group to add any other words until all ideas are exhausted, and then again until each group has had a chance to add words.

With the whole group together, put the pieces of paper on the wall and ask the group:

- What does this tell us?
- Any surprises, gaps, reflections, agreements or disagreements?
- For each key word, which do you think are the most important words?
- Pull these key words together to agree a group definition of "community health needs assessment".

Some useful statements about health needs assessment that you may like to use

"Health needs assessment is the process of systematically collecting information to enable the practitioner, team and policy-makers to identify, analyse, prioritize and meet the health needs of an individual, family or population."

" Information from health needs assessment is the basis for designing and implementing programmes of health and health care that are, as far as possible, acceptable and accessible to the local community and based on evidence of cost-effectiveness."

"Health needs assessment can be undertaken at the level of an individual and family when planning care and at the level of the community or district when planning health services and public health programmes to improve the health of the population."

"Community health needs assessment is a process that:

- describes the state of health of local people;
- enables the identification of the major risk factors and causes of ill health; and
- enables the identification of the actions needed to address these.

A community health needs assessment is not a one-off activity but a developmental process that is added to and amended over time. It is not an end in itself but a way of using information to plan health care and public health programmes in the future."

"Health needs assessment is an approach that helps nurses and others to provide services that tackle needs rather than just reacting to demands."

"Health needs assessment is not only about assessment but also about taking action to improve the health of the population."

"Community health needs assessment is the same process as carrying out a holistic assessment of an individual or family but covers a larger population and involves more people."

"It is not just about looking for problems and needs but also about assessing the strengths and resources/assets that promote wellbeing in the community."

Most nurses are familiar with assessing the health needs of individuals and families. This can be a helpful starting point when thinking about community health needs assessment, as the same principles are applicable to both.

Activity 5: Assessing health needs at an individual level (30 minutes)

This can be done as a whole group or in small groups.

Ask the participants: "When you are planning your care of a patient/client or family, what makes a good health assessment?"

Ask the group to shout out an element in turn and agree as a group a common framework.

The trainer should then make the link between individual and community health needs assessment.

The trainer may need to challenge the group's thinking and make sure that a holistic approach is taken by including the following:

- Patients' perception of their needs
- The views of carers and family members
- Social and psychological needs as well as physical needs
- Wider factors, positive and negative, that influence health (e.g. housing, income, employment)
- Involving other professionals in care.

It is also important that this framework follows a process of assessment, planning, implementation and evaluation/reassessment.

Why do a community health needs assessment?

It is important that participants understand the value of health needs assessment in their everyday practice and how it can help improve the health of the population that they are responsible for.

Revisiting the structure and organization of the health care system

The following activity is designed to enable participants to see how health needs assessment fits into their local health care system.

Activity 6: How is our local health system structured and organized? (30 minutes)

This section can be delivered in either a group discussion format or within a formal lecture style, but should address the following questions:

- How is the health system organized?
- How are health services funded?
- What are the health priorities locally and nationally and who decides what they are?
- What are the factors that influence these decisions?
- How do nurses decide what they do, to whom and why?
- What input do nurses have in deciding health priorities?

This exploration of the health system should raise awareness of how health priorities are decided nationally and locally. It may highlight that setting priorities is a political activity, perhaps dominated by one profession or social group and not based on the health of those with the greatest needs. The process of centralized decision-making within many health systems may not allow for variations between groups and population health needs. This discussion should also encourage the nurses to consider who determines their workload and whether this is done on the basis of the needs of the local population or by demand from other professional groups, themselves or politicians.

There may be a reluctance to undertake a health needs assessment of the community or scepticism about what it has to do with nursing. These activities are designed to help nurses to see how the process can benefit a range of people.

Activity 7: What are the benefits of health needs assessment for me? (45 minutes)

Divide the group into four small groups. Each group is asked to take on the identity of:

- The community
- The health care team
- The nurse
- The health service manager/policy-maker

Ask participants to imagine themselves in these roles, and in their small groups to complete the following question:

"As a result of community health needs assessment I want ..." Create a list of all the things this group of people would want.
Feedback to the whole group.

Discussion points

- Similarities and differences
- Are there any competing or compatible benefits?
- Are all these legitimate wants?
- Which are the most important?

If the participants are unfamiliar with health needs assessment, it may be useful to provide them with a list of benefits and for the group to decide what the most important reasons are for them. Alternatively, this exercise can be combined with the above activity using their list of reasons instead.

Activity 8: why do I/we want to do a health needs assessment? (30 minutes)

Give out a copy of the list below (Figure 1) and ask them to:

- add any benefits not already on the list;
- score between 1 (not important) and 4 (very important) for each benefit; and
- when completed, bring the group back together and add up the scores for each reason; you will then have the group's agreement on the strongest reasons for undertaking health needs assessment.

Figure 1. What do I/we want from health needs assessment?

Reason		Score (1 = not important to 4 = very important)
1.	To identify local health issues and needs	
2.	To use scarce resources most effectively and equitably	
3.	To work with others so they can help to meet health needs	
4.	To find out about health needs that I don't already know about	
5.	To improve team working	
6.	To show to others that we need more nurses	
7.	To involve local people in planning their services – make services more democratic	
8.	To make sure I use my time most effectively	
9.	To ensure that the needs of hidden or marginal groups are identified and met	
10.	To find out about and address inequalities in health	
11.	To provide services based on needs and not on the demands of those who shout loudest	
12.	To do something about the wider influences on health e.g. the environment	
13.	To identify gaps in local provision	
14.	To provide baseline health data against which we can measure the achievement of objectives and targets	
15.	To find out about other services and resources in the community that can be used	
16.		
17.		

At the end of this session the trainer should summarize the learning that has taken place. The following evaluation activities can be used to obtain feedback from participants at the end of every session.

Activity 9: Evaluating the session (5 minutes)

At the end of the session, go round and ask each person to say:

- the best thing about this session was ...
- something that could have been better was ...

The participants are asked to listen, but not to comment. The trainer may find it useful to write down their comments to use later when evaluating the whole programme.

Activity 10: Feedback board (5 minutes)

Give each participant two pieces of paper ("post-its" are ideal for this). Ask them to write on each piece:

- the best thing about the session
- something that could have been better

The trainer meanwhile sticks two large sheets of paper on the wall by the door headed: "the best things" and "things that could have been better". Ask the group to stick their piece of paper on these sheets as they leave the room. Once again, the trainer can use their comments to evaluate the programme.

Session Two: Principles and concepts of health needs assessment

Session aim

- To explore the concepts underpinning health needs assessment.
- To consider the ethical issues arising from health needs assessment.

Summary of the content

- What is health?
- What is "health need"?
- Factors that influence health
- What do we mean by equity in health?
- Ethical issues and health needs assessment.

What is health?

How the nurse defines health will influence how she/he carries out and uses health needs assessment. Prior to undertaking a health needs assessment it is crucial to examine the differing models of health. This examination allows the health needs assessment to be set within the culture of health locally. The comparison of different models of health will also enable the participants to investigate the wider influences on health.

Nurses in Europe are taught to see health holistically, using a social rather than a biomedical model of health. Nevertheless, the biomedical view tends to dominate health care services, and it is useful for nurses to revisit this important concept when thinking about health needs and what can be done to improve health.

As the trainer, you may wish to deliver this session in lecture format or through group work. The lecture format can be beneficial if the participants have only minimal prior knowledge of these concepts. To help you to make this decision you may wish to familiarize yourself with the curriculum for nurse training. If there is prior knowledge, then the use of group work for this session can enable the participants to explore these abstract concepts within the context of their own practice. You may wish to refer back to Activity 4 and the word association exercise on "health".

Activity 11: Different views of health (15 –25 minutes)

Divide the group into groups of 3–4. Give them the sheets below (Figure 2 or 3) to read and discuss the following questions.

- Which of these views do you agree/disagree with most?
- Which of these do you think your local populations would agree/disagree with most?
- Do specific populations have different views of what health is, e.g. refugees, religious groups, young people?
- What are the implications of this for your work as nurses?

Feedback and discuss as a whole group.

Agree a definition for the group that will be used to underpin their health needs assessment work.

Figure 2. Different views of health[5]

1. Body as a machine
This is a view that is common among health professionals. The body can either run smoothly if it is properly looked after or break down if it is not, and medicine is the way of mending it.

2. Body under siege
This is a view whereby a person is seen to be constantly at risk from germs and diseases, conflicts with other people and the stresses and strains of modern living. These act on the body through the way that the mind works and involve feelings of blame and guilt. There is a sense of helplessness and a reliance on outside (medical) aid to fight disease.

3. Health promotion account
Many people involved in health promotion have a view that focuses on health rather than illness and see it as a right. It is not a matter of luck but of lifestyle or behaviour and is particular to the individual.

4. Inequality of access
There are those who accept the benefits of modern medicine but who think that many people cannot get good access to its benefits. The government's influence in health service provision is seen as important in creating bad health, as is exploitation of working people by business.

5. Cultural critique
This is concerned with power over knowledge and resources. It is critical of medicine and the power of the health professionals. There are a number of different ways in which it is expressed, but they include a feminist version that explains the poor health of women as related to the power of men.

6. God's power
A number of religious people see the power of spiritual forces as being important. In the God's power account, God's care and prayer can lead to healing and the right way of living can protect the person from illness.

7. Will-power
Another very varied group of people see health as something that needs to be worked for and relates to the state of mind and self-healing properties of the body.

8. Robust individualism
The last account comes from people who were concerned with people's right to choose how to live their life. For some this robust individualism is a reaction to being told by "experts" how to behave, for others health is an "investment" to be "bought, sold, insured or squandered".

Source: LAUGHLIN, S & BLACK, D. *Poverty and health: tools for change.* Birmingham, Public Health Alliance, 1995, p.38.

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[5] Adapted from: Rogers, W.S. From psychometric scales to cultural perspectives. In: Beattie et al., ed. Health and wellbeing: a reader, 1993.

Figure 3. Definitions of health

1. Biomedical model

Undoubtedly the most dominant views of health in our society are those held by professionals, and here the biomedical model supplies the dominant definition of health. Within this model health and illness are explained in terms of the mechanical systems of the body. A breakdown in any part leads to ill health, and thus "health" is merely "the absence of disease".

The definition and the models of care that result have been criticized for over-reliance on the biological impact on health, neglecting the wider psychological and social influences on an individual's health status.

2. Social model

Recognizing the inadequacies of the medical model's definition of health as early as 1946, the World Health Organization re-defined health in a more holistic manner.[6]

> "A state of complete physical, mental and social well-being and not merely the absence of disease"

Though a much quoted definition, the generality of the terms used has resulted in its failing to be adopted in practice. Nevertheless, the significance of this definition of health lies in its rejection of a purely medical model in favour of a social model of health. The definition acknowledges the impact of the wider social, economic and political environment on an individual's health.[7] Accepting the limitations of this definition, WHO has further refined the definition of health as:

> "The extent to which an individual or group is able on the one hand, to realize aspirations and satisfy needs and on the other hand, able to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal as well as physical capabilities"

This definition, though based on the social model of health, allows for the recognition that health should incorporate social interaction.

Both the WHO and the medical model's definition of health can be criticized for perceiving health as an absolute state; rather, health should be seen as a continuum.[8] This perspective identifies individual health as existing somewhere between a state of absolute health and ill health. This explanation allows for greater interpretation and individuality but it is still problematic as it views health as the opposite of disease.

3. A humanist view of health

The humanist view of health suggests that health can co-exist with disease if people have the capacity to overcome the effects of disease by coping positively with their situation. This

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[6] *Constitution of the World Health Organization.* Geneva, World Health Organization, 1985.

[7] JONES, L. *The social context of health and health work.* London, Macmillan, 1994.

[8] SEEDHOUSE, D. *Health: the foundation of achievement.* Chichester, Wiley, 1986.

view of health is strong among the lay public, many of whom regard health as the strength to overcome adversity. In this definition of health, the healthy individual is regarded as one who takes action to remove obstacles that undermine an individual's self worth or motivation.[9]

4. Lay perceptions of health

Value and importance are placed upon professional definitions of health, it is important that, as health professionals, we are aware that these definitions may bear little resemblance to how the public perceive their own health. Stimson & Webb[10] discovered that patients' *private* perceptions of health may be inconsistent with the *public* perception conveyed to the doctor. Realistically, it is unlikely that lay perceptions of health will ever be accorded the same standing as those official definitions, yet as health care professionals, it is important to understand the differing concepts and try to identify ways in which we can become aware of lay perceptions of health. Conflict between lay and professional definitions of health may lead to misunderstanding and lost opportunities to influence health.

Source. ROWE, A. ET AL. *Health profiling: all you need to know.* Liverpool, John Moores University and Premier Health NHS Trust, 1997.

The social model identified by the WHO is important in identifying the individual's capacity to participate in life, as a central tenet of health. The consequent magnitude of the concept necessitates that health professionals examine broader issues than physical health, with a resultant examination of the determinants of health.

Activity 12: A social model of health (15 minutes)

The definition of health by the WHO in 1984[11] offers a more comprehensive definition of health:

"The extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday living, not an object of living; it is a positive concept emphasising social and personal resources, as well as physical capabilities".

Give the participants a copy of this definition and ask them to identify key words and phrases and explain what they mean.

How does it relate to their own experiences of health?
What do they feel are the potential benefits of using this model of health?
What will this model of health mean to the people within your locality?

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[9] WILLIAMS, R. Concepts of health: an analysis of lay logic. *Sociology,* **17**: 185–204 (1983).

[10] STIMSON, G. & WEBB, B. *Going to see the doctor.* London, RKP, 1975.

[11] *Concepts and principles of health promotion. Report on a WHO Meeting.* Copenhagen, WHO Regional Office for Europe, 1984 (document ICP/HSR 602/m01).

What is "health need"?

Refer participants back to Activity 4 and the words they associated with "need". The concept of "need" used in the practitioner's pack incorporates those needs felt and expressed by local people and those defined by professionals. It moves beyond the concept of demand and takes account of people's capacity to benefit from health care and public health programmes. It is clear, therefore, that no one definition of need is sufficient, and participants need to be aware of different interpretations and the complexity of the concept.

Activity 13: Definitions of need (trainer input)

Bradshaw's Model of Need[12]

- *Normative Need*
  – defined by experts (e.g. medical definition of obesity)

- *Felt Need*
  – individual perceptions of variation from normal health (e.g. feeling that weight loss would be beneficial)

- *Expressed Need*
  – need translated into action (e.g. seeking advice about weight reduction)

- *Comparative Need*
  – comparisons between needs for severity, size, range of interventions, cost, (e.g. offering a service in weight reduction only to people over a certain weight)

Ask the group to comment on the strengths and weaknesses of each one. Which one currently influences what they do now?

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[12] BRADSHAW, J. A taxonomy of social need. *In*: McLachlan, G., ed. *Problems in medical care*. Oxford, Nuffield Provincial Hospital Trust, 1972.

Activity 14: Another definition of health need

Present the following definition of health need to the group

" the ability to benefit from health care"

Open up the discussion by discussing "How nurses can ensure that the population that they work with all have an opportunity to benefit from health care."

This discussion should raise issues of equality of access, definitions of health care, and how people can benefit from health care provision. As a trainer you can support this discussion with local references to inequality and variations in service provision. This discussion will lead the group to identify that they may not at the present time be working in a manner that delivers effective care to those in society who require it most. This discussion may be challenging for both the trainer and the participants, and as such should be drawn to a conclusion by examining mechanisms to meet health needs.

Factors that influence health

Health needs assessment is not just about identifying existing health problems and diseases. It is also about preventing ill health by tackling the factors that influence the health of the local population. For example, a higher than expected rate of diarrhoea among children may be due to inadequate sanitation, overcrowding, lack of clean water, poor hygiene practices in the local kindergarten, or lack of health knowledge among parents. Many factors influence health both positively and negatively, some of which are easier to address than others.

All individuals, families and communities have resources and strengths that protect and promote health. Focusing on negative factors can undermine people's confidence and self-esteem and there is a danger that local assets could be lost if they are not taken into account when planning health services. The kinds of resources a community will have include:

- knowledge and skills in caring for and promoting health;
- health carers (family and friends);
- social support networks;
- resources (money, shops, food, transport); and
- the ability to cope in often very difficult circumstances.

It is important that the whole range of possible influences is included, as some groups may limit their thinking to lifestyle issues and not see the wider determinants of health. Given the importance of a wider understanding of health and its determinants, trainers are advised to familiarize themselves with wider reading around this subject before the session commences.

Activity 15: Thinking about what affects our own health (15 minutes)

Group members are asked to think about what factors they think impact on their health and that of their family. Make sure that they think about things that promote health as well as those that cause ill health. They are asked to write each factor on a or card and put these into a box (this will ensure confidentiality). The box is then passed around the group and one piece of paper at a time is taken out and read out to the rest of the group. The factors are written on a piece of flip chart paper and, when they have all been listed, the trainer asks the group the following questions.

- How can all these factors be grouped together?
- Are there any that don't affect you but may affect other people, e.g. poverty, unemployment?
- Which from this list do you think are the three most important?
- What can be done about them, i.e. to prevent ill health and promote wellbeing?
- What can/cannot the nurse do to address these influences to promote health and prevent ill health?

<u>Activity 16: Factors that influence health[13] (30 minutes)</u>

Scenario 1

You are visiting a 16-year-old single mother with a 10-week-old child who weighed only 2.3 kg at birth. She lives with her parents and four brothers and sisters in a two-bedroom flat. She is withdrawn and uncommunicative when you visit and you are concerned that both she and her baby have bad coughs.

Scenario 2

A family of seven arrived in your local community from Kosovo. They are Albanian Muslims. Their ages range from 40 years to 10 months. They have no friends or relatives here; they have lost their home and have no money, work or health insurance. They are in temporary accommodation in the village hall with ten other families.

Scenario 3

The family doctor has referred an elderly couple to you. The wife has diabetes type 2 and Alzheimer disease. Her husband, who has cancer of the prostate, cares for her. The daughter lives 100 km away, has asked for help because she is worried that her father cannot cope and is not feeding himself properly.

Divide the group into three small groups and give each group one scenario. Ask them to list all the factors that will influence the health of these families in two lists: those factors that will promote and protect their health and those that will undermine their health.
Feed back to the whole group.
Trainer to ask them to group these influences – you may find the following headings useful.

- Economic, e.g. poverty, unemployment
- Environmental, e.g. poor housing, lack of transport, pollution
- Social, e.g. isolation, racism
- Genetics and individual biology, e.g. thalassaemia
- Lifestyle/behaviour, e.g. smoking, alcohol misuse
- Educational, e.g. knowledge of causes of disease

What do we mean by equity in health?

Target 1 of WHO's HEALTH21 policy framework is "to foster stronger equity and solidarity in health development between Member States of the Region and better equity in health among groups within each country". Health needs assessment is an important tool in identifying inequalities within the local population and in targeting services to reduce the gap between rich and poor. Nurses, therefore, need to understand the concepts of equity and inequity.

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[13] These scenarios are adapted from: *The family health nurse. Context, conceptual framework and curriculum.* Copenhagen, WHO Regional Office for Europe, 2000 (document EUR/00/5019309/13).

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<u>Activity 17: Equity in access to health care trainer input</u>

Equity in health is concerned with fair opportunities for people to experience good health.

Equity is concerned with creating equal opportunities for health and with bringing health differentials down to the lowest levels possible. This has been defined as:

- equal access to available care for equal need
- equal utilization of health care for equal need
- equal quality of care for all.[14]

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<u>Activity 18: Inequity in health (30 minutes)</u>

Ask the group to consider the following facts – if possible add a local example to make this activity more relevant to participants

A boy born in Sweden can expect to live until age 76 years. His counterpart in Kazakhstan cannot expect to live until retirement age[15]

In England men aged between 20 and 64 from the bottom social class are three times more likely to die from coronary heart disease and stroke than those in the top social class[16]

A baby born to a poor mother in rural Lithuania has a 20% greater chance of being still born than one born to an affluent city dwelling mother

Ask the group to debate why these differences exist.

Next ask the group to consider and discuss the following questions.

- Is it possible for everyone to enjoy the same health status?
- Are some differences in health status unavoidable? Think of some examples.
- Which differences in health status are fair and which are not?
- How should the health care system respond to inequity in health?

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The trainer should take the opportunity to raise the following issues during the discussion.

- *The ethical dimension of equity in health*

Concepts of fairness vary from culture to culture and over time. Opinions on whether differences in things such as income or employment opportunities are justified and

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[14] WHITEHEAD, M. The concepts and principles of equity and health. *International journal of health services*, **22**: 429–445 (1992).

[15] *Equity in health – closing the gaps. Report of the Fifth Annual Conference of the Regions for Health Network*. Copenhagen, WHO Regional Office for Europe, 1998 (RHN Conference Series, No. 5; document EUR/ICP/POLC 05 01 02(A)).

[16] SECRETARY OF STATE FOR HEALTH. *Saving lives: our healthier nation*. London, The Stationery Office, 1999.

therefore "fair" will differ in the group. Try to help the group to consider how concepts of fairness have developed and changed over time.

- *The impact of ill health on other factors that affect health*

Sick people and the elderly are generally less able to work and therefore often lose income and economic stability. Thus, natural and unavoidable variations in health status can have an impact on exposure to other factors that are unfair.

- *The relatively small number of unavoidable differences in health*

Only a small number of differences in health are generally considered to be fair, such as natural biological variations, age and hereditary factors. Most others are generally regarded as avoidable, and those that are not under the control of the individual are also mostly considered to be unfair and unjust.

- *The impact of other inequalities on health*

Poverty is the biggest risk factor for health, but there are also differences in health status between men and women and between different social groups based on ethnicity, religion, race and culture.

Ethical issues and health needs assessment

As with any aspects of nursing practice, students will need to consider any ethical and professional issues arising from health needs assessment. These activities have been written as scenarios designed to stimulate thinking and debate rather than to provide answers; these issues will need interpreting in the light of local professional standards and codes of conduct. You may wish to write your own or additional scenarios to ensure their relevance to local circumstances.

Activity 19: Scenarios (30 minutes)

1. Confidentiality

"Your health team has just completed its health needs assessment of a deprived population living in poor part of the city. You have found high rates of depression, crime and drug misuse but also strong social support networks. Your report has been widely circulated as part of the consultation process. The local newspaper has seen a copy and printed an article naming the estate and referring to the people who live there as "drug addicts and criminals". Local people are angry at being labelled in this way and have asked you to go to a meeting of their tenants' association."
Discuss:

What could you have done to avoid this situation?
What are the confidentiality issues involved here?
What would you do next?

2. Raised expectations

"You have involved the community in telling you what their needs are. They are now expecting something to change as a result of your work. However, you do not feel

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you can give them what they want and the local service planners decide that they have other priorities."
What could you have done to avoid this situation?
What would you do next?

3. Resource issues

Your local health services are demand led and you are all very busy meeting the demands of your patients/clients. Through your health needs assessment you discover that there is a group of people who are currently not having access to basic services but you have no time or resources to care for them. Your manager tells you that there are no extra resources available.
What do you do?

What is the advocacy role of the nurse for a community?
How could you have avoided this happening?

4. Access to information

"You are a public health nurse working in a local factory. Your health needs assessment has shown that the number of workers having accidents has increased over the last year. You wish to share this information with the workers as part of your accident prevention plan. The factory manager has seen your report but refuses to allow you to share the information with the workers, as he fears that they may take industrial action over safety conditions. He is also asking you for the names of the workers who have had accidents during the previous year."

What would you do?
What could you have done to avoid this situation?

A great deal of information will have been given during this session and a lot of complex issues covered. Spend time summarizing with the group what they have learnt and finish with an evaluation exercise (see Activities 9 and 10).

Session Three: How to do it

Session aims

- For participants to use the practitioner's pack and to help them to plan how to use it locally.
- To prepare the students to carry out their health needs assessment exercise before the next session.

Summary of the content

- How to do a community health needs assessment
- Exploring different types of health information
- Using and collecting health information
- Sources of information
- Involving local people
- Planning your own health needs assessment

How to do a community health needs assessment

Activity 20: The stages of health needs assessment (trainer input)

Community health needs assessment is a process that:

- describes the health of the population;
- permits the identification of the major risk factors and causes of ill health, and local resources and for health, and
- permits the identification of the actions needed to address these.

A community health needs assessment is not a one-off activity but a developmental process that is added to and amended over time. It is not an end in itself but a way of using information to plan health care and public health programmes in the future.

The steps of community health needs assessment are as follows:

- *Profiling*
  – The collection of relevant information that will inform the nurse about the state of health and health needs of the population
  – Analysis of this information to identify the major health issues

- *Deciding on priorities for action*
- *Planning public health and health care programmes to address the priority issues*
- *Implementing the planned activities*
- *Evaluation of health outcomes*

Activity 21 is important as it gets participants thinking about the practicalities of undertaking a health needs assessment exercise. Giving them a scenario from another country takes them out of their local situation and will allow them to think more freely about how to do it.

You may wish to adapt this scenario to ensure the exercise is relevant to your students and that the situation is unfamiliar to them.

Activity 21: Scenario (45 minutes)

Divide the group into small groups (5–8 participants) and give them each the following scenario:

> *"You have been asked by the government to go to another country that wants to set up a primary health care service. The country has few resources to spend on health care. To inform this process you have been asked to assess the health needs of a community of approximately 100 000 people living in a small town with a declining industry – what would you do, in what order and why?"*

Ask them to record their work on a flip chart.
Feed back to whole group.
During feedback the trainer should ask questions and challenge the groups to think about:

- Identifying the strengths and resources as well as the problems
- Involving local people
- Drawing on existing information
- What was learnt from this activity

As the trainer it is a good idea to take on the role of a local person, a government official or local health care professional to challenge the group with questions such as: "Why didn't you ask me?" "But that issue isn't important to us" "We look after each other here, we don't want health professionals taking over."

Having completed this activity the group needs to come back to the local situation and think about what is different and what can realistically be done locally. Activity 22 is designed to help them to refocus locally.

Activity 22: Applying this to the real world (10 minutes)

Using the work they have recorded for Activity 20 and the result of the discussion during the feedback from the previous activity, ask the group to comment on the following questions:

- What is different about where we work?
- What can and can't we do in our local community?
- What else can we do?
- What health needs assessment has already been done?
- What else needs to be done?

Exploring different types of health information

From the previous activities the group will have a list of the information it feels is needed in order to assess community health needs. The practitioner's pack suggests the following steps when deciding what information to collect.

1. What are the key characteristics of the population?
2. What is the health status of the people?
3. What local factors are affecting their health and what impact do they have (good and bad)?
4. What services are currently being provided?
5. What do local people see as their health needs?
6. What are the national and local priorities for health?

The pack includes the following table (Figure 4) to help nurses to structure the information they collect.

Figure 4. Profile Information

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1. Characteristics of the population
- Geography
- Numbers
- Age distribution
- Gender distribution
- Ethnicity and religion
- Population trends
- Language and literacy

2. Health status of the population
- Measures of health, for example:
    - mortality
    - morbidity
    - communicable diseases
    - low birth weights
    - breast feeding rates
    - uptake of preventive services
    - immunization rates
    - health behaviours, e.g. smoking,
    - health service use.

3. Local factors affecting health (strengths and weaknesses)
- Work and employment
- Poverty and income
- Environment
- Social cohesion/social support
- Destabilising factors
- Resources, formal and informal
- Current nursing work

4. The health concerns and priorities of the local community

5. Local and national priorities

Using and collecting health information

When planning this part of the session it may be helpful to bring in an outside person with expertise in local health information sources and knowledge of epidemiology. It is not necessary for participants to learn about statistics and the details of epidemiology but they will need to understand the following:

- what the commonly used public health measures are and what they mean, e.g. standardized mortality rate, infant mortality rate, deprivation index, prevalence and incidence;
- common pitfalls in health data and how to collect health information; and
- what information is available locally.

Much of the information you will need for this session is contained within the practitioner's pack and you are requested to refer to this for further information.

Activity 23: Key words and definitions (trainer input) (30 minutes)

The group needs to understand the meaning of words and measures commonly used in health needs assessment. The trainer can either refer to the WHO pack or a textbook on epidemiology for definitions of the following concepts.

Epidemiology
Qualitative data
Qualitative data
Incidence
Prevalence
Standardized mortality rate
Infant mortality rate
Morbidity
Index of deprivation

Activity 24: Rules for collecting and using health information (trainer input)

When undertaking a health needs assessment it is often tempting to draw conclusions from small pieces of information or to set about collecting new information if it is not already available. It is important that nurses have some understanding of the rules that make health information meaningful and safe to use. Figure 5 can be used as a handout or overhead for the trainer.

Figure 5. Key lessons when using and collecting data

- Get epidemiological advice when collecting data or using data for a small population.
- Be clear what definition you are using. For example, is a single parent someone who lives alone with children all, most or some of the time, or is unmarried or unsupported? What do you mean by hypertension?
- Have data to compare it with either over time (how does this compare to previous years?) or with other similar populations (how do my death rates compare with national or regional figures?).
- When comparing data are you comparing like with like?
- How easy is it to collect the data? Is it worth the time it will take?
- Why am I collecting it? Will it be useful?
- Is the data complete, e.g. if the primary health care team collects data on smoking are all patients included?
- Can you use proxy measures to assess need? For example, it is known that smoking causes lung cancer and coronary heart disease, so if smoking rates are high you can conclude that rates of lung cancer and coronary heart disease will also be high without having to measure them.

Activity 25: Applying these rules in practice (15 minutes)

Either select a health indicator from Activity 20 or use one of the following:

- breastfeeding rates
- low birth weight rates
- unemployment
- diabetes
- obesity

Divide the participants into small groups, and for each indicator ask them to complete the following grid.
Feed back with conclusions and key learning points.

Indicator	Is there a clear definition?	Are the data easily available?	Do I need to collect new data? If so how much effort is needed to find out?	Are there any comparable data?	Are they useful and why?	Can I do anything about the problem?	Is it statistically valid? If so, how do I know?

Sources of information

Each country and region will have different sources of information available to it. This part of the session relies on the trainer having knowledge of what there is locally.

Activity 26: What sources of information are available locally for nurses to use

The trainer, either alone or with input from an outside speaker, needs to ensure that participants are provided with the following information.

- What information does the local health department have?
- How local is the information, i.e. what size of population does it cover?
- What do practitioners themselves collect?
- Has any work been done to survey the local people and to gather their views
- What information is available regionally, nationally and internationally?
- How do we access this information?

Activity 27: Where would we go to find out? (15 minutes)

Divide the list in Figure 4 into the four main headings:
Divide the group into four small groups. Each group is asked, "Where would you go to find information about this?"
Feed back to the whole group.
The trainer should facilitate discussion by asking the following questions:

- Which information is the hardest to find and why do you think this is?
- Which is the easiest to find and why do you think this is?

Activity 28: Finding out what is available locally

Alternatively, the group could be asked to go out between sessions and find out what health information is available.
Divide the participants into small groups, give each of them one of the following sources, and ask them to go out and find out what information they have that could be used for health needs assessment.

- The local health department
- Local primary health care practitioners workload information
- The local hospital
- Local community organizations
- Local government (housing, employment, income)
- Any others?

At the next session the groups are asked to feed back what they have found out and to comment on any problems and the strengths and weakness of the information.

Involving local people

A central part of health needs assessment is gathering information on local people's views of their health needs and resources. The following activities are aimed at enabling students to think about why local people should be involved and how to do it. It is important to be realistic, given the limited time available for practitioners to carry out this work and the skills needed for some methods, such as running focus groups and using the media. When introducing this topic you may wish to begin by highlighting the different levels of involvement, i.e. informing, consulting, participating, controlling.

Activity 29: What do we mean by community involvement? (20 minutes)

Ask the group to brainstorm what "community involvement" means to them, then discuss the following:
"Community involvement is a process by which local people can have some say in the processes of prioritizing, planning, delivering and reviewing services. It also enables local people to have a more influential voice in defining the factors they feel are important in determining their community's health."

Questions to stimulate discussion:
- Does this happen already where you work? If yes, how? If not, why?
- Who are "local people"?
- Should local people be involved in every aspect of health care?

Activity 30: Why involve local people in health needs assessment? (30 minutes)

Ask the whole group to think about how a nurse would assess the health needs of an individual patient (refer back to Activity 5). What are the benefits of involving the patient (and family/carers) in identifying their needs and planning their care? Are there any problems that may arise?

Divide the students into two groups and give each group one of the following questions to answer.

"What are the *advantages* of involving the community in assessing their health needs?"

"What are the *disadvantages* of involving the community in assessing their health needs?"

After 15 minutes bring the groups back together, ask them to feed back, and discuss what can be done to strengthen the advantages and overcome the disadvantages.

You may need to prompt the group by suggesting some advantages.

- Services are more likely to meet their needs.
- Local people will have solutions to suggest as to how needs can be met.
- Being involved can increase people's self-esteem.
- Gives legitimacy to any changes to services.
- Recognize and use people's expertise and knowledge of health and local factors affecting health.

And disadvantages.
- There may be unrealistic expectations that we cannot meet.
- Different people will have different views.
- Takes time.
- Possible "political" problems.
- Local concerns may not match professional priorities.

Activity 31: Different methods of involving local people (30–45 minutes)

Ask the group to list all the different ways in which people can be involved in health needs assessment, or use the following (not exhaustive) list to lead the discussion.

Questions to stimulate discussion:
- Public meetings
- Focus groups
- Meeting with existing user and carers groups (e.g. breast cancer support group, cares of relatives with dementia)
- Meeting with existing community groups (local tenants, youth clubs)
- Questionnaires
- Interviews
- Using the media
- Using local people to find out
- Citizens' panels

Ask the participants to list the advantages and disadvantages of each one.

Activity 32: How to involve local people (30 minutes)

Give out copies of the attached case study for participants to read.
Discuss whether this type of activity could be undertaken where they work.

Choose one of the following or ask the group to think of a local health issue or population group, and plan how to involve them in assessing health needs.
- Workers at the local textile factory
- A group of single mothers on a run-down housing estate
- The local school
- Newly arrived asylum seekers living in a hostel
- Mental health users attending a day centre
- People with learning disabilities and their carers

When planning their work it may help to answer the following questions:
- What are you hoping to achieve?
- What do you want to find out; what is the focus?
- Whom do you wish to involve?
- Are there any particular factors that you need to take into account
  (e.g. language, literacy, location)?

- Who can help you?
- What methods will you use and why?
- What will you do with your findings?
- How will you feed back to the group?
- What skills do you need and what are your support needs?

Involving young people in reducing unwanted teenage pregnancy
A case study

Background

The local primary health care service covers a population of around 85 000 people. One of the local priorities is to reduce the rate of unwanted teenage pregnancy. A team of practitioners decided to involve young people living in the area in planning how to tackle this issue.

In involving the young people the team had two aims.

- to give young people some input into the development of their plan; and
- to develop an ongoing relationship with young people so that they could have input into a range of services that may affect them.

The team agreed that they needed help to do this work and brought together a range of people who were already working with young people, such as youth workers and service managers, to help plan and do the work.

What was done
1. Youth workers conducted focus groups with young people from across the area. These were designed to reflect the mix of young people in the area (age, gender, ethnic origin, disability etc.).
2. The results of these focus groups were written up as a report with recommendations, which was then given to the young people for comment.
3. Young people identified:
   - a need for better information on sexual health and local services;
   - the importance of confidentiality; and
   - the need for information and advice to be available in school and at the youth club rather than only in special health clinics.
4. The report was presented to the decision-making body of the local health service for comment and response.
5. Their responses were fed back to the young people at an evening meeting at the youth club. These included some ideas about service developments which planners were asking young people to be involved in, thus taking the work on to the next stage.
6. Some young people become involved in further developments to address some of the issues they had raised.

Outcomes
- As a result of this work some of the young people have formed a Health Forum to work alongside the health service in the future.
- Young people have been involved in:
  – developing a policy on confidentiality for health professionals working with young people; and
  – training front line health care workers who work with young people.

As a great deal of information has been covered in this section, the trainer will need to summarize the session and pull out the key learning points.

Planning our own health needs assessment

By the end of this session the group will have planned how it will carry out its own health needs assessment and will be ready to use the practitioner's pack in its local setting.

In Activity 33 the trainer will work with individuals to produce an action plan for doing this work in the local setting. It uses a series of questions that need to be answered by nurses, using the framework described in the practitioner's pack.

Activity 33: Planning profiling activity (1 hour)

Activity
The trainer will ask each individual to work through the following questions.
1. What is the focus? The nurse needs to identify who and what she/he is assessing. Rather than attempting to assess all the needs of a large population, the focus will need to be on one of the following.
   - A defined geographical population such as a village, a housing estate, a few streets, a school, a workplace or the caseload.
   - A population group such as the elderly, refugees, the unemployed or young people.
2. What **outcomes do we want?** What are the reasons for doing the assessment?
3. Who **should** be **involved and how will we involve them?** There will be other people who know about local health needs and strengths. Health needs assessment should not be done by the nurse working alone.
4. **How** will **we obtain a community perspective?** Which of the methods described in the practitioner's pack will be used?
5. **What do** we **know already?** The first step is to find out if any work has already been done in this area and to draw together existing health information.
6. **What do** we **want to find out?** Using the pack, the nurse will need to think about what health information she/he wants to collect.
7. **How will we do** it**?** When, what and how? Writing the action plan.

A great deal of information will have been given during this session, and a lot of complex issues covered. Spend time summarizing with the group what they have learnt and finish with an evaluation exercise (see Activities 9 and 10).

Session Four: Using the health needs assessment

Session aims

To teach the participants how to interpret and use the health needs assessment that they have undertaken since the last session.

Summary of content

- Presentation of the community or population profile
- Prioritizing health issues
- Action planning
- Evaluation

Presentation of the community or population profile

This session assumes that the group will have carried out a piece of work to assess local health needs, either individually or in groups. If this is not possible the trainer will need to use existing profiles or write a hypothetical example of a profile for them to work on.

Activity 34: How did it go?

Go round each individual asking him or her to feed back on the work done on health needs assessment since the group was last together. This can be done in small groups if people are less confident about feeding back in front of the whole group.

- What went well?
- What was most difficult?
- What have you enjoyed doing most?

Reflect on the process as a whole group and give positive feedback on whatever has been done. Health needs assessment is a complex and time-consuming activity. The group members will deserve praise!

Activity 35: Presenting work to the group

Individuals or small groups are asked to present the work they have done to the whole group. It is suggested that you ask them to do this in the following way

"Imagine that you are doing a presentation of your findings to either your manager, local health committee, primary health care team or community/users group. Choose one of these."

Depending on how many pieces of work there are to feed back, you may wish to limit the time available for presentations.

Give them 10 minutes to prepare their presentation.

Ask the rest of the group to act as the audience and to ask questions of the presenter.

Presentation to whole group and questions.

Trainer to facilitate a whole group discussion with reflections on:

- What do you feel about the work you have undertaken?
- What did you learn?

Are there ways that the process could be improved?

Prioritizing health issues

Having shared their profile findings, the participants will now be ready to prioritize the health issues identified in their profiles. The first stage of this process is to draw out what the information is telling them.

Activity 36: Identifying the health issues (45 minutes)

Divide the group into pairs. Ask each pair to work together to consider the profiles created in turn, and to identify as many health needs and issues as possible from them. This can be achieved by seeking answers to the following questions.

- What are the positive strengths of this community (resources, health and knowledge)?
- Which health issues are of concern to the population identified?
- Which health issues have significant impact on those affected?
- Are any significant disease patterns?
- Are there any significant health risks/factors influencing health?
- Are there any indications that population health status is improving or declining?
- Are there any significant gaps in the information collected?
- Do the different information types give similar or differing pictures of need?

When this process is complete, ask each pair to share its findings with another pair in the group and say why they selected these health concerns.

The participants will now have identified the health issues that arose from their profiling work. There will inevitably be too many to deal with, so they need to decide which are most important to do something about. The process of prioritizing involves applying a number of criteria to each of the health needs identified. The following activity takes participants through this process. To complete the activity they will need to familiarize themselves with the "Deciding on Priorities" section of the practitioner's pack.

Activity 37: Choosing the priority health needs
Working individually, or in pairs, participants are asked to number the health concerns selected in Activity 31.
Using the table below and the guidelines in the practitioner's pack, group members should apply the criteria to each health need in turn, assessing its importance. They are asked to score between 1 and 5 for each criterion, and the marks are then added up for each issue.
It may be that the group members are not able to answer some of the questions that will be raised by this activity. If this proves to be the case, you may like to encourage them to seek out others who have expertise in the area in question, and give them the necessary time and support for this.

Criteria (score between 1 and 5)	Health need 1, e.g. high rates of smoking in young people	Health need 2	Health need 3
Size of population affected (the bigger the population the higher the score)	3		
Impact on health of the population affected (score high for severity)	4		
Effectiveness of possible interventions (if yes, score high)	3		
Adequacy of services (if no, score high)	4		
Match to government priorities? (if yes, score high)	5		
Do we have the expertise to address this problem – is training available?	3		
TOTAL	22		

Having identified the issues with the highest scores, it is suggested that participants begin with one health need.

Action planning

Action planning is a complex activity and should be undertaken with others. The more people involved in drawing up action plans the more likely it is that the plans will be implemented. Groups of health care professionals, workers from other agencies and local people should all be considered as potential partners in planning what needs to happen.

Local people are especially valuable, as they will provide expertise on the acceptability of various proposals to the local community and can be advocates of any work planned. At this point participants should be encouraged to consider who else could work with them.

Action planning consists of the following stages.

- Preparation
- Agreeing the aims
- Describing the objectives
- Detailing the activities needed to meet the objectives
- Evaluation.

The following activity takes participants through this action planning process.

Activity 38: Action planning

Ask the group to think about the health need they have chosen in Activity 32 and to write down their answers to the following questions.

Preparation

- Do you know enough about this health issue? If not, what else do you need to find out?
- Do you know what is already being done to address this need?
- What do you know about effective actions that can be taken to address this issue?
- Do you have sufficient resources and time to carry out this work?
- If not what will you stop doing to address this priority?

Agreement of aims

- If you are successful, what will have happened? What are you trying to achieve?

Description of objectives

- What do you need to do to achieve your aim?
- What specific outcomes are you trying to achieve?

Activities needed to meet these objectives

- **What** is to be done?
- **Who** will do it?
- **When** will it be done?

When they have answered all of these questions, ask them to present their action plans to the whole group.

Discussion points

- How easy/difficult was this exercise?
- How does the process compare to planning your work with individual patients and families (see Activity 5)?

Activity 39: How will you know if you have been successful or unsuccessful? Trainer input

To help the group to think about evaluating its work it is suggested that the trainer guides the group in thinking about the following questions:

When planning an evaluation nurses need to think about the following points.

Who is the evaluation for?

Different people will potentially wish to know different things from any new activity. Ensure that you have addressed the concerns of all interested parties in your plans.

What do you really need to know from the evaluation?

There are two types of evaluation with different functions.

1. **Process evaluation** – this gives you information on the progress of the work as it proceeds allowing you to amend plans in accordance with its findings. It is undertaken while the programme is in progress.
2. **Outcome evaluation** – this measures whether the objectives of the programme have been achieved. It is undertaken at the end of the work.

How are you going to measure it?

What measures could be used to indicate progress or success? These may be quantitative measures (such as numbers receiving treatment, giving up smoking or attending groups), or qualitative (such as the views of those attending new services). Information from the nurses' work records, diaries or records of meetings can also provide evidence for evaluation. Consider whether you need to record baseline data before you begin your work in order to measure change.

How are you going to collect the information you need?

The group will need to plan what information it is going to collect at the beginning, middle and end of the work.

Having detailed their plans for action the group members are now ready to implement their plans. This is the most important part of the needs assessment process, as it concerns making direct improvements in services for the local community. It is therefore important that the course participants seek and obtain support for their work from other team members and their managers. This last activity will help the group to think about how they can get support for their work.

Activity 40: Doing the work

Divide the group into pairs and ask each pair to ask each other the following questions about the work they are going to do.

- Does your plan need the support of anyone else for you to do it? If so, who and what do you need to do to gain their support? List who needs to be informed of your plans.
- What are the resource and time implications of your plan?
- If you need additional resources or to divert resources from elsewhere in order to make this plan a reality, how will you make that happen?
- How will you maintain your enthusiasm and that of others for the work?

Evaluation

The group members are now ready to undertake the activities they have planned in this section. As course facilitator you should congratulate them on their success and as a final activity give them the opportunity to evaluate the course.

Activity 41: Course evaluation

You will probably have your own preferred method of evaluation, but if not the following form (Figure 6) may be useful, or Activities 9 and 10.

Figure 6. Health needs assessment programme: evaluation form

1. What I liked most about the course was …

2. What I liked least about the course was …

3. I have learnt about …

4. I would have liked to have learnt more about …

5. The session I found most useful was …

    Because …

6. As a result of this course I will …

Thank you for completing this form

Further sources of information on health needs assessment

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Governments across the European Region are faced with rising demands for health care, limited resources and increasing inequalities in health. Community health needs assessment has a central part to play, enabling practitioners, managers and policy-makers to identify those in greatest need and to ensure that health care resources are used to maximize health improvement. It is a vital health care planning tool to be used at the level of families, communities and populations. This document describes the ways in which health needs assessment can identify priority health needs, target resources to address inequalities and involve local people. The process of undertaking health needs assessment is described and the important contribution of nurses explored. The document also includes a pack for training the trainers in the use of the assessment tool.