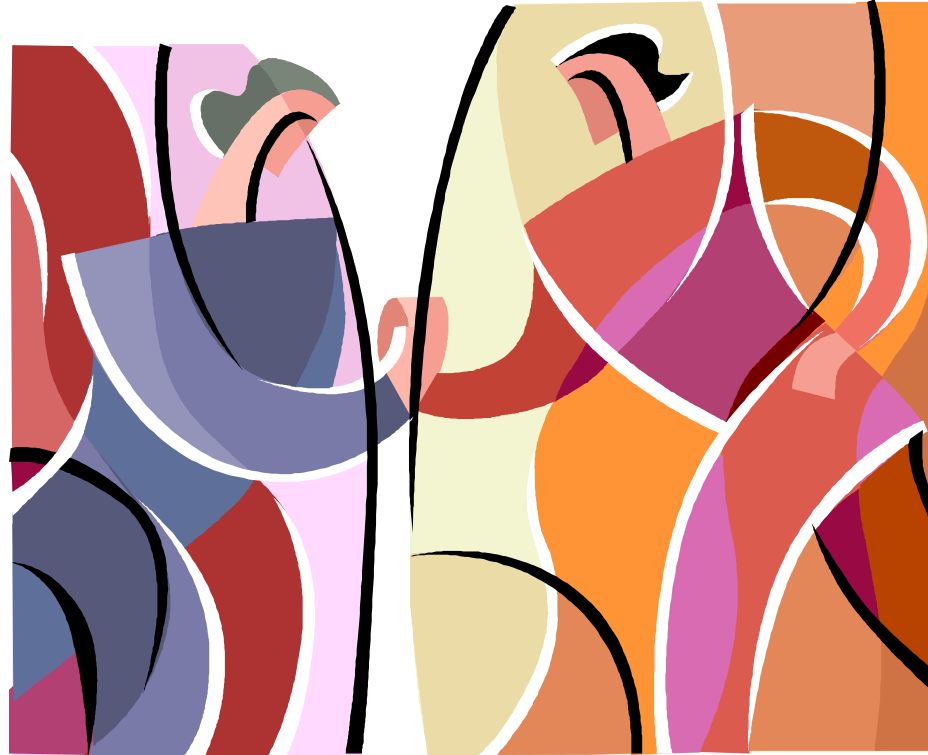




Community Assessment

Setting the Stage for Effective Programs

Welcome and Introductions



Learning Objectives

- Explain the benefits of conducting a comprehensive community assessment
- Define the three phases of a community assessment
- Identify your community assets and needs
- Determine factors that contribute to community health needs

Learning Objectives

- Locate secondary data for your assessment
- Identify and select appropriate data collection methods for your community assessment
- Analyze and prioritize data to inform your program goals and objectives
- Explore formats for presenting data to community
- Integrate findings from assessment in grant proposals



Defining community

INTRODUCTION TO COMMUNITY ASSESSMENT

What is Community?

A group of people

- Linked by social ties
- Sharing common perspectives or interests
- Who may or may not share a geographic location



Community Members

Community Members have characteristics in common such as:

- Common culture or ethnic heritage
- Where they live
- Similar age
- Speak the same language
- Religion

Communities are not homogeneous and seldom speak with one voice

Healthy Community

A healthy community is a place where people provide leadership in assessing their own resources and needs, where public health and social infrastructure and policies support health, and where essential public health services, including quality health care, are available.

-Institute of Medicine, 2003

Healthy Community

- Clean, **safe** high quality environment
- **Stable** ecosystem
- Strong, **supportive** community
- High degree of **public participation**
- **Access** to a variety of experience and resources
- Diverse, vital, and innovative **city economy**
- Connection to past **heritage**
- Appropriate level of **access to public health**
- **High health status**





ACTIVITY 1:

PLANNING FOR YOUR COMMUNITY NEEDS ASSESSMENT

BEGINNING TO DESCRIBE YOUR COMMUNITY

What does your community look like?

Who is a part of your community?

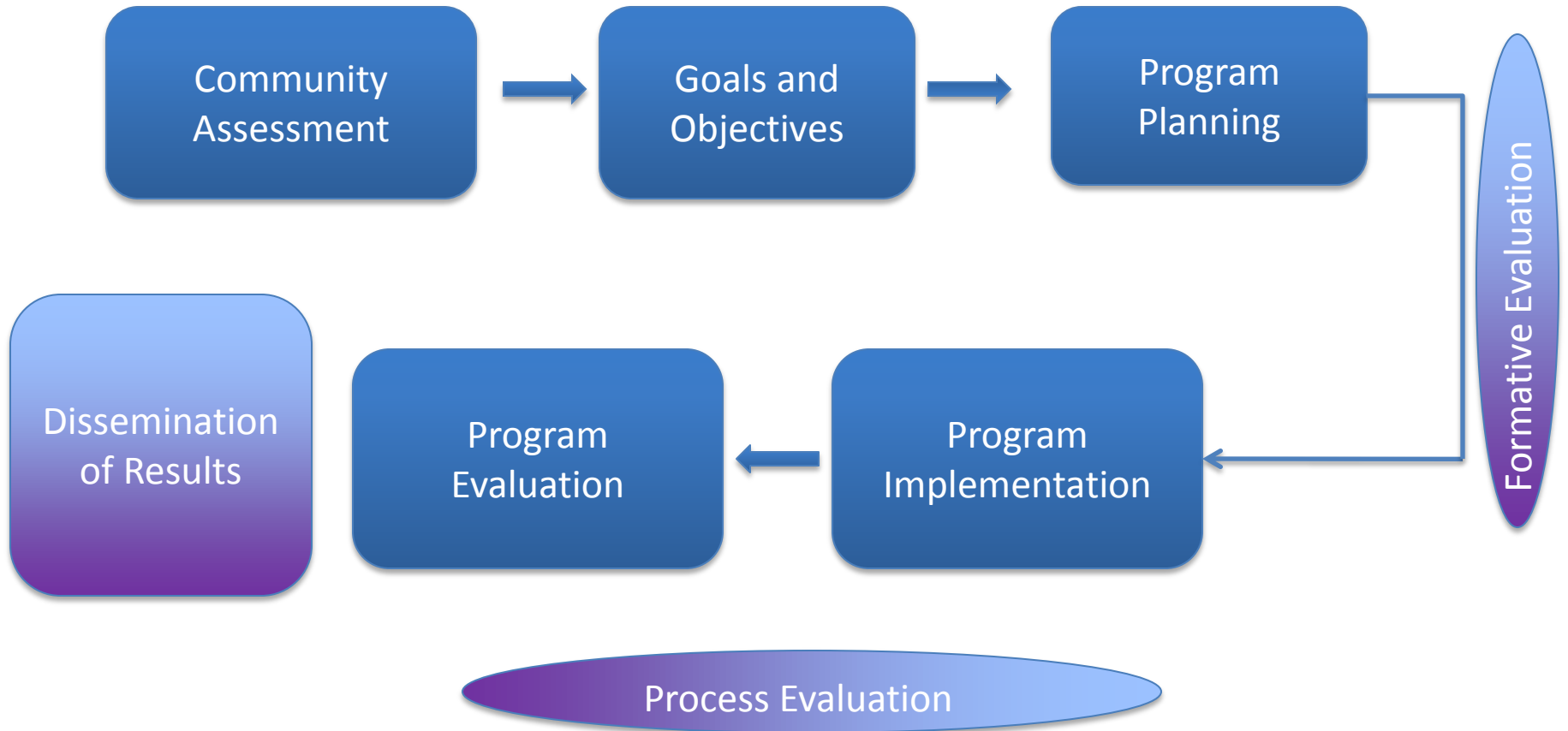
What makes your community and its people special?

What is Community Assessment?

- A process by which community members gain an understanding of the health, concerns, and health care systems of the community by identifying, collecting, analyzing, disseminating information on community assets, strengths, resources, and needs.



Program Planning Model



Why do a Community Assessment (CA)?

- Identify and set priorities based on the need
- Make decisions about how to improve the community or organization based on needs and available resources
- Outline goals and objectives of a program
- Provide standards for an evaluation of a program

Why do a Community Assessment (CA)?

- Identify outside organizations or agencies that may help meet the needs or provide resources
- To understand the determinants of a health issue
- Helps to decide how to best address a health issue
- Provide a systematic basis for which organizational decisions are made
- Serve as a public relations tool
- Create an awareness of a community concern or problem

Benefits to Conducting CA

- Strengthening community involvement in decision making
- Better use of resources
- Improved communication with the public and other organizations
- Improving data quality
- Sustaining health initiatives when resources decline



Challenges to Conducting CA

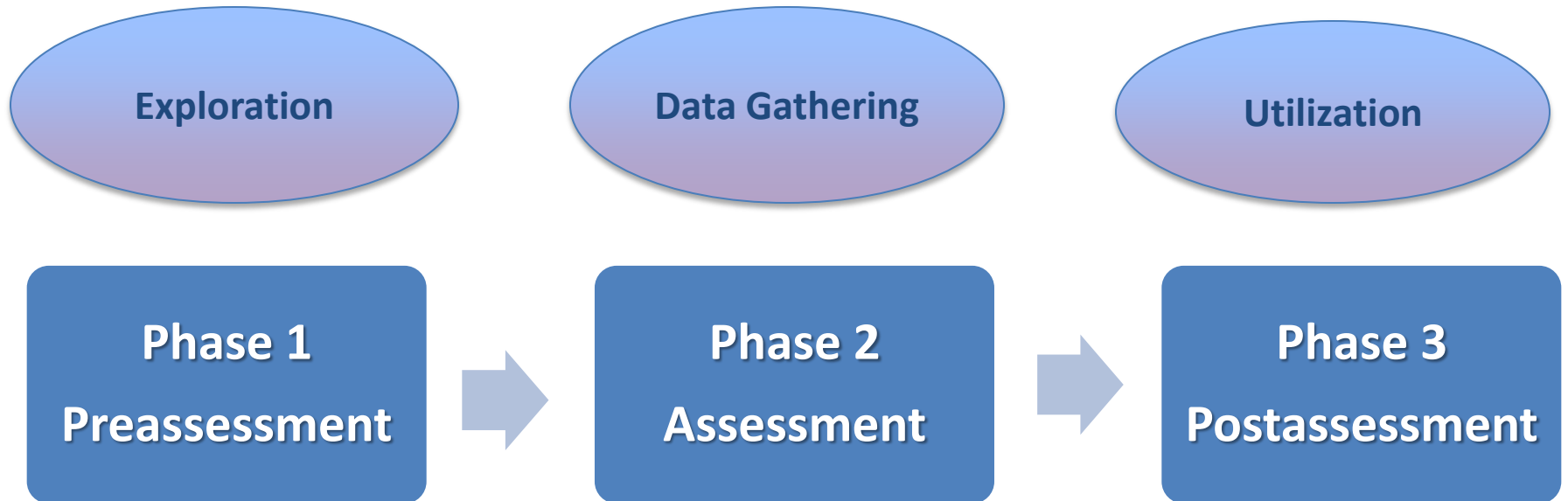
- Working across professional boundaries- tackling territorial attitudes preventing power or information sharing
- Lack of shared language between community sectors
- Lack of commitment from key stakeholders or team members
- Difficulties in accessing relevant local data
- Difficulties in accessing the target population
- Difficulties in translating findings into effective action

Critical to Understanding Communities

- Personal opinions, attitudes, risk or behavior assessment
- Ecological or contextual influences
- Resources, capacities, or assets available



Three-Phase Plan for Assessing Needs





Preparing for a community assessment

IDENTIFYING ASSETS AND EXPLORING NEEDS

Assets

- Asset- a capacity that contributes to success
- Shift of focus from individual and community deficits or needs oriented maps
 - Crime
 - Unemployment
 - Poor housing
- Assets and capacities that can be tapped or mobilized to address community concern



Assets

- **Individual Assets**

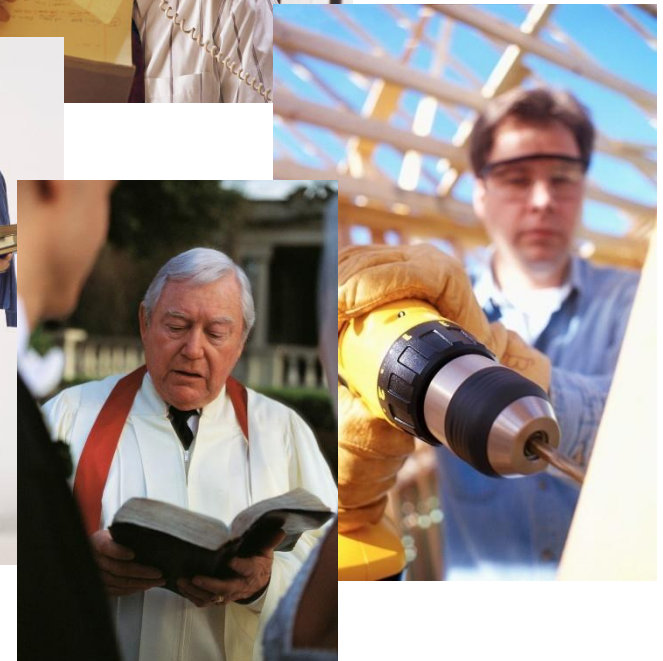
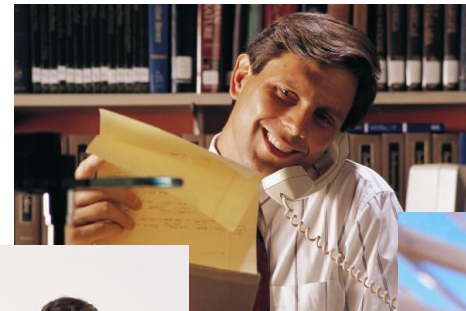
- Skills, talents, and experience
- Individual businesses
- Home-based enterprises
- Personal income
- Gifts of labeled people

- **Organizational Assets**

- Association of businesses
- Citizens' associations
- Cultural organizations
- Communication organizations
- Religious organizations

Roles for Individuals in Community Health

- Talents
- Leader
- Connector (gatekeepers)
- Giver
- Others



Private, Public and Physical Assets

- **Private/Non profits**
 - Higher education institutions
 - Hospitals
 - Social services agencies
- **Public Institutions and Services**
 - Public Schools
 - Government agencies
 - Police/Fire/Safety
 - Libraries
 - Parks
- **Physical Resources**
 - Land, buildings, houses
 - Energy and waste resources




Existing Information Resources in Your Community

- Chamber of Commerce
- Phone Book
- Internet
- Local Newspaper
- Previous Inventories (e.g., United Way, Guidestar)

Why do we need to assess community assets?

- Get community involved!
- Discover resources for health planning
- Discover community settings and channels for health promotion
- Find individual or organizational leaders for partnerships
- Create assets inventory for action planning

Individual Asset Inventory Tool



Individual Skills/Assets Inventory
Inventory Tool 1A

Name _____

Phone _____

Date _____

Health

Caring for the Elderly

Caring for the Mentally Ill

Caring for the Sick

Caring for Disabled People

EMT or Emergency First Aid

Nursing Experience

Nutrition

Exercise

Office

Typing (WPM _____)

Taking Phone Messages

Writing Business Letters

Receiving Phone Orders

Operation Switchboard

Bookkeeping

Computer Information Entry

Computer Word Processing

Other _____

Child Care

Infant Care (0-1 yr)

Child Care (1-6 yrs)

Adolescent Care (7-13)

Taking Kids on Field Trips

Pre-school Care

Construction & Repair

Painting

Plumbing

Electrical

Carpentry

Brick and Masonry

Wall Papering

Furniture Repairs

Locksmith or Lock Repairs

Building Garages

Dry-wall and Taping

Cabinetmaking

Welding and Soddering

Concrete Work

Heating and Cooling Systems

Flooring and Carpeting

Roofing

Other _____

Maintenance

Floor Cleaning/Refinishing

Carpet Cleaning

Household Cleaning

Lawn Mowing and Yard Work

Gardening

Tree and Shrubbery Care

Food

Catering

Preparing for Many People

Serving to Many People

Operating Commercial Equipment

Baking

Meat Cutting and Preparation

Bartending

Transportation

Driving a Car

Driving a Van

Driving a Bus

Driving a Tractor-Trailer

Driving a Commercial Truck

Operating Farm Equipment

Driving Emergency Vehicles

Supervision

Writing Reports

Filling Out Forms

Working with a Budget

Recording of Activities

Writing Proposals or Grants

Planning Projects

Supervising Projects

Other _____

Source: *Vitalizing Communities, Community Guide*, 1999, J. Allen, S. Cordes, and J. Hart, p. 28

Association Asset Inventory Tool

Associational Assets Inventory Inventory Tool 2				
Community _____	Date _____	Page ____ of ____		
Name of Association	Contact Person/Info	Mission	Audience/Population	Program/Services Offered
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Examples:
Business Association: Chamber of Commerce, neighborhood business associations, trade groups, ...
Charitable Groups/Drives: Red Cross, Cancer Society, United Way, Diabetes Association, ...
Youth Groups: 4-H Clubs, Future Farmers, Girl Scouts, Boy Scouts, YMCA, YWCA, ...
Civic Events: art fair, health fair, 4th of July, town festival, ...

Source: Adaptation of: *Vitaling Communities, Community Guide*, 1999. J. Allen, S. Cordes, and J. Hart, p.31



ACTIVITY 2: COMMUNITY ASSET INVENTORY

What are your community's individual assets?

What are your community's association assets?



What is a Needs Assessment (NA)?

- A ***systematic set*** of procedures undertaken for the purpose of setting priorities and making decisions about program or organizational improvement and allocation of resources. The priorities are based on identified needs.

Community Needs

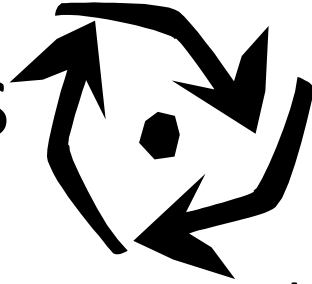
- *Need*: a discrepancy or gap between “what is” and “what is desired or should be”



Types of Needs

- **Normative:** need relative to some standard (e.g., Healthy People 2010 objectives)
- **Perceived:** felt needs of people
- **Expressed:** needs based on behavior (e.g., seeking of that need; met or unmet demand)
- **Relative:** needs relative to other communities/geography (e.g., county, state)

Levels of Needs



- **Primary stakeholders (Level 1):** service receivers-clients, patients, consumers
- **Secondary (Level 2):** service providers and policy makers-health care professionals, administrators
- **Tertiary (Level 3):** resources or solutions: buildings, facilities, supplies, technology

Other Considerations

Community needs assessment exist with external forces:

- Funding sources
- Physical environment
- Political factors
- Organizational mandates

Factors that Influence Need

- To understand a community, you must understand the factors that cause health disparities and health problems.
- There are health models that guide the process of diagnosing a community's health and identifying needs.

PRECEDE Model for Community Assessment

- Planning is based on multiple disciplines: epidemiology; the social, behavioral, and educational sciences; and health administration
- Two fundamental propositions:
 - (1) health and health risks are caused by multiple factors (determinants)
 - (2) because health and health risks are determined by multiple factors, efforts to effect behavioral, environmental, and social change must be multidimensional or multisectoral, and participatory.

PRECEDE Assessment Steps

- Step 1: Social diagnosis
- Step 2: Epidemiological diagnosis
- Step 3: Behavioral and environmental diagnosis
- Step 4: Educational and Organizational Diagnosis
- Step 5: Administrative and Policy Diagnosis

Step 1: Social Diagnosis

Quality of
life

**Subjectively defined problems
and priorities of individuals or
communities**

- Absenteeism
- Achievement
- Aesthetics
- Alienation
- Comfort
- Crime
- Crowding
- Discrimination
- Happiness
- Hostility
- Illegitimacy
- Performance
- Riots
- Self-esteem
- Unemployment
- Votes
- Welfare

Example of Step 1: Social Diagnosis

- Childhood obesity is rising in your community



Step 2: Epidemiological Diagnosis

Health

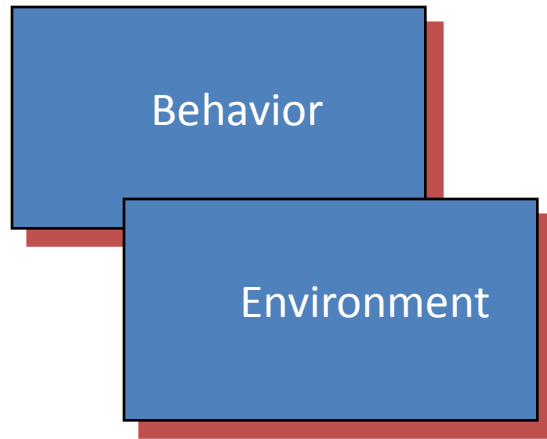
Identify specific health goals or problems that may contribute to social goals from Phase 1

- Disability
- Discomfort
- Fertility
- Fitness
- Morbidity
- Mortality
- Physiological Risk Factors

Example of Step 2: Epidemiological Diagnosis

- How do you know it is a problem?
 - Number of children identified as overweight
 - Number of children identified as obese
 - Number of other chronic conditions (diabetes, heart disease)

Step 3: Behavioral and Environmental Diagnosis



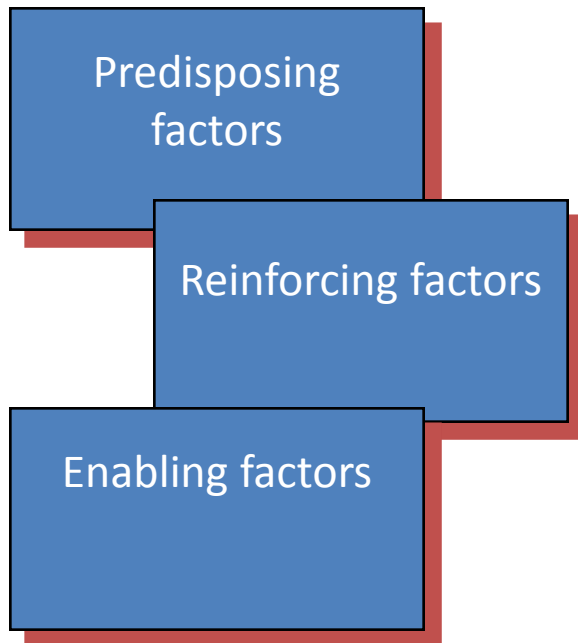
Identify specific health-related behavioral and environmental factors

- Compliance
- Consumption patterns
- Coping
- Preventive actions
- Self-care
- Healthcare Utilization
- Access
- Affordability
- Equity

Example of Step 3: Behavioral and Environmental Diagnosis

- Behavioral conditions related to obesity
 - Eating habits
 - Physical activity
- Environmental conditions related to obesity
 - Availability of healthy eating in neighborhood
 - Convenience of fast foods
 - Places to participate in physical activity
 - Safety of outdoor areas

Step 4: Educational and Organizational Diagnosis



Examines conditions linked to health status to determine what causes them

Predisposing factors:

- Knowledge
- Attitudes
- Beliefs
- Values

Reinforcing factors:

- Attitudes of health personnel, peers, family members

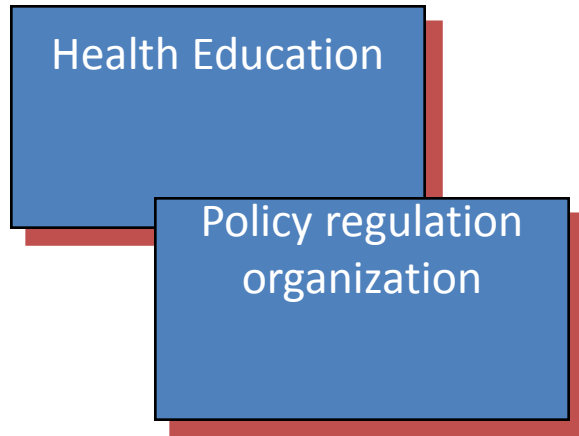
Enabling factors:

- Availability of resources
- Accessibility
- Referrals
- Rules/Laws

Example of Step 4: Educational and Organizational Diagnosis

- Predisposing Factors: conditions that provide the rationale or motivation for a behavior
 - E.g. taste of fatty, high sugar, high calorie foods; wanting to be health and look attractive
- Reinforcing Factors: factors subsequent to a behavior that provide a reward or incentive
 - E.g. toys in fast food kids meals; colleague support of healthy eating habits
- Enabling Factors: antecedents to behavior that facilitate a motivation to be realized
 - E.g. Convenience of a drive through; menu labeling

Step 5: Administrative and Policy Diagnosis



Reviewing identified barriers and initiating organizational, regulatory and policy changes to overcome those barriers

Assessment of:

Resources needed
Available resources
Barriers to implementation

Assessment of:

Policies and regulations
Political forces

Example of Step 5: Administrative and Policy Diagnosis

- Health Education: a coordinated school health approach for children that increases physical activity, decreases fat and caloric intake, and increases fruit and vegetable consumption
- Policy regulation/organization: Healthy school lunch programs and implementation of nutritional standards and regulations

Questions?



What are some examples of these steps for *your* topics?



Phase 1: Preassessment

Exploring and Organizing for Action

Phase 1: Preassessment



Exploration

- Set up CA committee
- Investigate what is already known about the needs of the target group
- Determine the focus and scope of the assessment
- Determine specific data to collect and how data will be used

Stakeholders and Target Population

- **Stakeholders** – key contact and other key informants in the community, public health organizations and other related services, target population
 - Key agencies, participants, health professionals
- **Partners** – Coalition members, advisory board members
- **Target Population** – people directly affected by the needs assessment process (often termed *priority population*)

Questions?



Who would you include in the needs assessment?

Needs of Target Population

- What is already known about the needs of the target group?
 - Gather info, but don't reinvent wheel
 - Use census bureau to gather demographics about a population, community, or city
 - What other CA reports exist?
 - Who else has conducted CAs?

Preassessment



- Interview key contact, stakeholders, and informants
- Conduct community analysis and review of literature
- Identify major areas of need for data collection instrument
- Gain commitment for all stages of the assessment

Set up CA Committee

- Include voices of the community:
 - Community members
 - Stakeholders
 - Key Organizations
 - Health professionals
 - Staff
 - Leaders from community organizations



Key Informant Interviews

- Held with people who are knowledgeable of the community, health topic or organization
- Interviews are interactive and allow open dialogue
- They are conversations with a reason between 2 people
- Helps to frame what topics to ask about during data collection

Interviewing Key Informants

- Key informant
 - A person in the community or target population
 - A person working with the community
 - A person who has access to information about the target population
- What are some interview questions that you would want to ask your key informants?
 - For community members
 - For service providers
 - For elected officials



Steps in Key Informant Interviews

- Develop the instrument
 - What do you want to measure?
 - Key topics for the semi-structured interview
- Develop a sample of individuals with personal knowledge about the population of interest, the target audience or the community
 - Purposive sampling instead of convenience
 - Need representation from range of sectors/perspective to avoid bias
 - Snowball sampling to get names of other potential interviewees
- Decide on methods
 - Face to face or phone
 - Number of interviewers
 - Taping vs. note-taking

Steps in Key Informant Interviews

- Conduct the interview
 - Introduce yourself and provide the purpose for the interview
 - Ensure confidentiality of the information provided
 - Take notes or tape the interview
 - Listen and probe for further information (very important!!)
 - Thank for interviewee
- Debrief and write out more notes to yourself



Successful Interviewing

- Keep the **goal** of the interview in mind
- **Practice**, practice, practice
- Have **small** talk to build rapport
- Be **professional** (look sharp and be on time)
- **Don't stop at Yes or No** answers. Probe...
- Treat individual with **respect** (you are listening to their opinions)

Types of Questions

- What is his/her position or role?
- Issues/needs Identification
 - What are the needs or issues in your community? Or Do you think X is a need or problem?
 - Who does the issue affect?
 - Why does the need exist?
 - What causes the problem
- How do people feel about [the need]?
- What would you like to see happen with [the need or concern]?
- What are the barriers to addressing the need?

Types of Questions



- What are potential ways to address the need?
- What resources (assets) are available to address the need?
- What would encourage more support around the issue/need in your community?
- Have we covered everything that is important?
- Conclude by asking “Is there anything important you think I missed?”
- Are there any other people you think
- we should talk to?

Types of Questions - Organization

- How would you describe the current status of the organization?
- What are you doing well? (start with assets)
- What are areas in your organization that needs improvement? (weaknesses)
- What issues or challenges does the organizations face?
- What are key unmet needs or issues of your participants?

Key Informant Interview Analysis

- Identify key themes
- Compare and contrast data from various interviewees
 - Are there similarities or differences in people's responses
 - Are perspectives on an issue similar across different groups (e.g., participants and providers)
- Seek additional interviews (perspectives), if needed



ACTIVITY 3: KEY INFORMANTS

Who are your key informants?
What questions would you ask?



Phase 2: Assessment

Gathering what you need

Phase 2: Assessment



- Prepare logistics for data collection
- Prepare, test, and pilot survey (or other methods)
 - Modify as necessary
- Administer survey (or other methods)
- Analyze data and prepare results
- Prepare results with tables, figures and graphics
- Discuss & share results with CA committee

Types of Data Sources

- Primary Data Sources- information collected directly by you or your organization
 - Example: community health concern survey
- Secondary Data Sources- information collected by someone else
 - Example: emergency room discharge records

Primary Data Sources

Quantitative:

- Surveys/questionnaires for key community members or audience of interest
- Methods:
 - Surveys
 - Direct observation of community or people

Qualitative:

- Professionals or community members who are knowledgeable about health issue or audience
- Methods:
 - Interviews
 - Focus Groups
 - Public meetings or forum
 - Windshield survey

Secondary Data Sources

- Reports about the community from schools, medical systems, health departments, or city governments
- Reports about health topics from Centers for Disease Control and Prevention that describe rates and who has diseases
- Literature review
- Websites
- Your agency (services, participation)

Reasons for Conducting a Literature Review

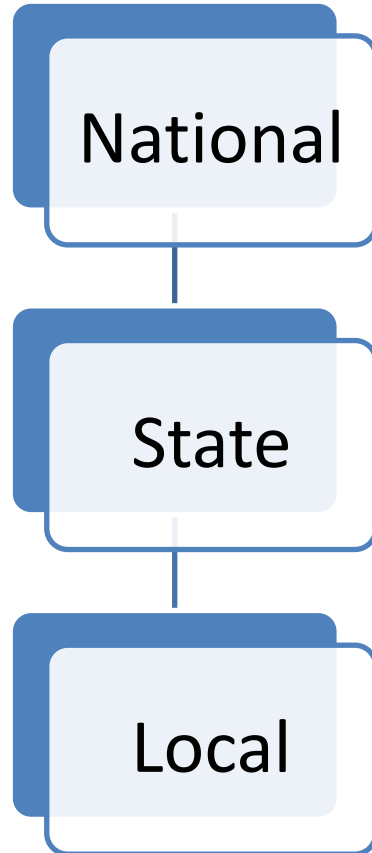
- Provide an understanding of the topic and its context
- Build on existing knowledge and ideas
- Highlight sentinel work or exemplary studies
- Identifies gaps in the literature

Literature Reviews

- Before you begin, ask yourself:
 - What is the specific problem or question I want to define?
 - What type of literature should I review?
 - What issues should I be looking at more closely?
- Journals versus magazines:
 - Peer review
- Web sites:
 - .gov, .org, and .edu versus .com
 - Editorial board
 - Update
 - Online databases



Levels of Data for Community Analysis



National Level



- U.S. Bureau of the Census (people)
- Vital Registration System (births, marriages)
- National Case Reporting System
 - Federal & State Reporting System
- National Health Surveys
 - Behavior Risk Factor Surveillance System (BRFSS)
 - National Health Information Survey
- National Health Organizations
 - CDC
 - American Cancer Society, etc.

State Level



- Bureau of Vital Statistics
- State Health Department
- State Department of Education
- State Department of Justice
- Office for Motor Vehicles
- Offices of Voluntary and Private Health Agencies
- Fact Books

Local Level



- Chamber of Commerce
- City, county, regional planning offices
- Newspaper Offices
- Public Libraries
- Insurance Companies
- School Systems
- Hospitals
- Public/Private Mental and Public Health Centers
- Community Residents
- Participants in Programs or Services
- Neighborhood leaders

Questions?



Where do you go for local data?

Types of Health Data



- Vital Statistics- government database recording births and deaths
- Mortality- the number of deaths in a population
- Morbidity- the number of cases of a specific disease in a population
- Incidence- the number of new cases of a specific disease occurring during a certain period in a population at risk
- Risk Factor- variable associated with an increased risk for disease
- Hospital Discharge – number of hospital stays and the reason for hospitalization

Some Useful Web Sites

- U.S. Census Bureau: <http://www.census.gov>
- National Center for Health Statistics:
<http://www.cdc.gov/nchs>
- State Cancer Profiles: <http://statecancerprofiles.cancer.gov>
(can be accessed through the Cancer Control PLANET Web site, <http://cancercontrolplanet.cancer.gov>)
- American Cancer Society's Facts and Figures:
http://www.cancer.org/docroot/STT/stt_0.asp
- Online Analytical Statistical Information System (Oasis)
<http://oasis.state.ga.us/>

Sources of Health Data

- National Center for Health Statistics (CDC)
- Healthy People 2010 (CDC)
- American FactFinder (Browse Census data)
- Georgia Department of Community Health, Division of Public Health
- Georgia Community Indicators
- Behavioral Risk Factor Surveillance System (BRFSS)
- National Health Interview Survey (CDC)
- OASIS
- Kids Count
- Kaiser State Health Facts
- Trust for America's Health, Georgia State Data
- State Cancer Profiles

Sources of Health Data

Georgia Department of Community Health, Division of Public Health

- OASIS Health Statistics and Maps
- Behavioral Health (BRFSS)
- Chronic Disease
- Notifiable / Infectious Disease
- Perinatal / Infant Health
- Vital Statistics & Health Planning Reports
- Women's Health

Sources of Health Data: OASIS

- Online Analytical Statistical Information System
- Georgia Department of Community Health, Division of Public Health
- Interactive, online tools to access health data for state of Georgia
 - Vital Statistics (births, deaths, infant deaths, fetal deaths, induced terminations)
 - Georgia Comprehensive Cancer Registry
 - Hospital Discharge
 - Emergency Room Visit
 - Risk Behavior Surveys (Youth Risk Behavior Survey (YRBS))
 - Behavioral Risk Factor Surveillance Survey (BRFSS))
 - STD
 - Population data

<http://oasis.state.ga.us/oasis/index.aspx>

OASIS

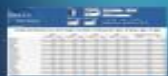
Online Analytical Statistical Information System

Web-Based Tools for Public Health and Public Policy Data Analysis

OASIS Web Query Tool

Create **tables** of health statistics.

- Mortality/Morbidity
- Maternal/Child Health
- Infant Deaths
- Population
- Emergency Room Visits



OASIS Mapping Tool

Make **maps** of health indicators at the county or census tract level.

- Mortality/Morbidity
- Maternal/Child Health
- Infant Deaths
- Cancer Incidence



OASIS Animated Charting Tool

Animated county level population charts.

- Population Pyramids



OASIS WebQuery/Mapping Tool

Crash and current arbovirus information (e.g. West Nile Virus).

- Arboviral Surveillance



OASIS YRBS/BRFSS Query Tool

Make **tables** of risk behavior survey data.

- Youth Risk Behavior Survey
- Behavioral Risk Factor Surveillance Survey



Demographic Profiles

Neighborhood-level socio-economic status and health indicators.

- Demographic Profiles
- Leading Causes of Death
- Life Stage Mortality
- Vital Statistics Profiles



Geographic Information Systems (GIS)

Free GIS software and over 90 layers of spatial data.

- ArcReader
- Geocoding
- Spatial Data
- GIS at DPH



Latest updates:

* Mapping Tool - New Interface and Better Response Time!

-09/10/2010.

* Mortality/Morbidity & ER Visit WebQuery: 2008 Hospital Discharge and ER Visit data added.

-07/27/2010.

* MCH WebQuery: 2008 Pregnancy & Fetal Death data added.

-06/30/2010.

WHAT IS OASIS?

WHAT'S IN OASIS?

WHAT CAN YOU DO WITH OASIS?

WHAT CAN OASIS DO FOR YOU?

SUGGESTED CITATION

Need socio-economic data (e.g. unemployment, crime, education, labor) not currently on OASIS? Try [UGA's Georgia Statistics System](#).

Sources of Health Data:

BRFSS

- Tracks health conditions and risk behaviors in the United States
- On-going since 1984
- Largest telephone health survey system in the world
- SMART: Selected Metropolitan/Micropolitan Area Risk Trends
 - Analyzes data according to county or city area, must have 500+ respondents

<http://www.cdc.gov/brfss/>



GENTE • SEGURA • SALUDABLE™

National Center for Chronic Disease Prevention and Health Promotion
Behavioral Risk Factor Surveillance System[BRFSS Home](#) | [Contact Us](#)


BRFSS

Turning Information Into Health

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. [Learn More »](#)

SPOTLIGHT

Save the Date: 
BRFSS 28th Annual
Conference
March 19-23, 2011
Grand Hyatt Buckhead
Atlanta, Georgia

[Sign up for CDC
email updates
from BRFSS](#) 

BRFSS CONTENTS

- [Prevalence and Trends Data](#)
- [SMART: City and County Data](#)
- [BRFSS Maps](#)
- [Web Enabled Analysis Tool \(WEAT\)](#)
- [Chronic Disease Indicators \(CDI\)](#)
- [About the BRFSS](#)
- [BRFSS Datasets \(downloads and documentation\)](#)
- [Chronic Disease and the Environment](#)
- [Questionnaires](#)
- [FAQs](#)
- [State Information](#)
- [Publications and Research](#)
- [Training](#)
- [Site Map](#)
- [Related Links](#)

**Interactive Databases**

- [Prevalence and Trends Database](#)
- [SMART: City and County Database](#) **NEW!**
- [BRFSS Interactive Maps \(GIS\)](#) **NEW!**
- [Web Enabled Analysis Tool \(WEAT\)](#)
- [Chronic Disease Indicators \(CDI\)](#)

**General Information**

- [About BRFSS](#)
- [27th Annual BRFSS Conference Archive*](#)
- [BRFSS FAQs](#)
- [BRFSS At A Glance Report](#)
- [Related Links](#)
- [Site Map](#)

**State Information**

- [BRFSS State Coordinators List](#)
- [State Publications Search Database](#)
- [BRFSS Data Use by States Examples](#)

**Survey Data and Downloads**

- [BRFSS Annual Survey Data](#) (1984-2009)
- [BRFSS SMART Survey Data](#) (2002-2009) **NEW!**
- [BRFSS GIS Maps Data](#) (2002-2009) **NEW!**
- [Summary Data Quality Reports](#) (1998-2009)
- [Chronic Disease and the Environment Data](#) (2001-2006)

**Questionnaires**

- [English Language Questionnaires](#) (1984-2010)
- [Spanish Language Questionnaires](#) (1997-2010)
- [Optional Modules by State](#) (1998-2009)
- [Optional Modules by Category](#) (1998-2009)
- [Questionnaires Background Information](#)
- [Questions Archive](#) (1984-2009)

**Learning Resources**

- [Publications and Research Reports](#)
- [BRFSS Bibliography](#)
- [Training Resources](#)
- [BRFSS Operational and User's Guide](#) (PDF-1.7Mb)

One or more documents on this Web page is available in Portable Document Format (PDF). You will need [Acrobat Reader](#) to view and print these documents.

Sources of Health Data: State Cancer Profiles

- National Cancer Institute Database
- Creates a cancer profile for the state according to cancer site (e.g. liver, brain)
- Information includes: death rates, prevalence, incidence, mortality, trends

<http://statecancerprofiles.cancer.gov/>

Quick Profiles

Area

Cancer

Comparison Tables



[Rate/Trend Comparisons](#)

set higher priority for cancer control when rates are high or rising
[learn more...](#)

- [Prioritize cancer sites](#) for a specific state or county
- [Prioritize states or counties](#) for a specific cancer site



[Death Rates](#)

for states or for counties in a state
[learn more...](#)



[Incidence Rates](#)

for states with high quality cancer registries
[learn more...](#)



[Prevalence Projections \(Breast Cancer only\)](#)

for counts, percents and age-adjusted percents
[learn more...](#)

Graphs and Maps



[5-Year Rate Changes](#)

in cancer mortality or incidence for all major cancer sites by user selectable criteria
[learn more...](#)



[Historical Trends](#)

compare trends in cancer mortality and incidence by user selectable criteria
[learn more...](#)



[Comparative Data Display \(Micromaps\)](#)

explore relationships across geography of mortality, incidence, demographics, or risk factors
[learn more...](#)



[Interactive Maps](#)

for states or for counties in a state - mortality and incidence maps
[learn more...](#)

Support Data



[Screening and Risk Factors](#)

prevalence percents by state from behavioral surveys
[learn more...](#)



[Demographic Data](#)

showing census data for counties and states - expanded data now available
[learn more...](#)



[Peer Counties](#)

identify counties that are comparable based on a user specified criteria
[learn more...](#)

[Cancer Control P.L.A.N.E.T. Home](#)

New Releases

[Release Summary](#)

[2007 Mortality Data](#)

[2009 Screening and Risk Factors](#)

2007 SEER Incidence Data (also released in the [Cancer Statistics Review](#))

[Breast Cancer Prevalence Projections](#)

Help & About

[About this Site](#)

[Quick Reference Guides](#)

[Tutorials](#)

[Interpret Rankings](#)

[Data Use Restrictions](#)

[Download State Cancer Profiles brochure \(PDF\)](#)

Note: This Web site is best viewed in [Internet Explorer](#) (version 6.0 or higher), [Mozilla/Firefox](#), or [Safari](#) (MAC Users) at a [screen resolution](#) of 1024 by 768 or more.

Links

[State Registry Contacts](#)

[US Cancer Statistics: 2006 Incidence](#)

Resources for Cancer Control:
[Cancercontrolplanet.cancer.gov](#)

[Cancer Progress Report - 2009/2010 Update](#)

[Annual Report to the Nation](#)

[CDC's National Program of Cancer Registries](#)

Sources of Health Data: For Youth

- Kids Count
 - Data Center provides state and community level data for health conditions and health risks for children

<http://datacenter.kidscount.org/>
- Youth Risk Behavior Survey (YRBS)
 - Monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults
 - Includes national school-based survey conducted by CDC and local surveys conducted by state, territorial, and local education and health agencies


<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

KIDS COUNT DATA CENTER

[HOME](#) | [DATA BY STATE](#) | [DATA ACROSS STATES](#) | [DATA BOOK/REPORTS](#) | [HOW-TO](#)

Georgia

Access profiles for many GA locations; rankings, maps, or trend graphs by topic; and raw data. Includes over 100 measures of child well-being, including the community-level data formerly in CLIKS.

[Compare this state to other states](#) | [Select another state's home page](#) 

Profiles

(Showing 5 Featured Indicators of [full set](#))

[View the Profile for This State/Territory](#)

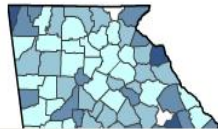
[View Community-Level Profiles](#)

Featured Indicators: Select an Indicator to Learn More	%, #, or \$
Low Birthweight (2008)	9.6%
Teen births, ages 15-19 (2008)	51.7
Students who graduate from high school on time (2009)	78.9%
Substantiated incidents of child abuse and/or neglect (2008)	10.8
Unemployment (2009)	10.2%

Rankings, Maps, or Trend Graphs by Topic

- [Featured Indicators](#) ?
- [GA KIDS COUNT Indicators](#) ?
- [National KIDS COUNT Key Indicators](#) ?
- [By Category](#)
 - Education
 - Economic Well-Being
 - Family and Community
 - Health
 - Safety and Risky Behaviors
 - Other Indicators

FEATURED DATA FOR GEORGIA



No Data

BIRTH OUTCOMES
[Low Birthweight](#) (2008)

Birth Certificate Records, Georgia

GEORGIA GRANTEE

Sources of Community Data:

- Georgia Area Labor Profile
 - Georgia Department of Labor
 - www.dol.state.ga.us
- County Snapshots
 - Economic and Educational Indicators
 - www.dca.state.ga.us/CountySnapshotsNet/
- The Georgia County Guide
 - Calculates means/correlations
 - www.countyguide.uga.edu
- State and County DFCS Data
 - TANF, Foster care, CPS, etc.
 - www.dfcsdata.dhr.state.ga.us
- Your City or County website

Use of Standards

Healthy People 2010

- www.healthypeople.gov
- Objectives for the nation
- Targets that were met in the last decade

Healthy People 2020

- View the proposed objectives
- <http://www.healthypeople.gov/hp2020/Objectives/TopicAreas.aspx>
- Select an objective that corresponds with your health topic
- Does your data support the objective?



Home > Healthy People 2020 > Proposed HP2020 Objectives

Proposed Healthy People 2020 Objectives—List for Public Comment

[Search Comments/Objectives](#) | [Log In](#)

[View General Comments](#)

Choose a topic area below to review proposed objectives and public comments for Healthy People 2020.

[Access to Health Services](#)

[Adolescent Health](#)

[Arthritis, Osteoporosis, and Chronic Back Conditions](#)

[Blood Disorders and Blood Safety](#)

[Cancer](#)

[Chronic Kidney Diseases](#)

[Diabetes](#)

[Disability and Secondary Conditions](#)

[Early and Middle Childhood](#)

[Educational and Community-Based Programs](#)

[Environmental Health](#)

[Family Planning](#)

- Home
- Consortium
- Secretary's Advisory Committee
- 2009 Public Meetings
- Past Comments
- HP2020 Proposed Objectives/Comments

- Reader's Guide**
- [Draft 2009 Objectives \(PDF - 561k\)](#)
 - [Framework](#)
 - [Objective Selection Criteria](#)
 - [Glossary](#)
 - [Objective Development](#)

Get the Word Out

Get E-mail Updates



Home > Healthy People 2020 > Proposed HP2020 Objectives > Cancer

Cancer

[Search Comments/Objectives](#) | [Log In](#)

[View Topic Area Comments](#)

- Home
- Consortium
- Secretary's Advisory Committee
- 2009 Public Meetings
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- HP2020 Proposed Objectives/Comments

- Reader's Guide**
- [Draft 2009 Objectives \(PDF - 561k\)](#)
 - [Framework](#)
 - [Objective Selection Criteria](#)
 - [Glossary](#)
 - [Objective Development](#)

Get the Word Out

Get E-mail Updates

Select an objective to review.

Objectives Retained As Is From Healthy People 2010

- C HP2020-1: [Reduce the overall cancer death rate.](#)
- C HP2020-2: [Reduce the lung cancer death rate.](#)
- C HP2020-3: [Reduce the female breast cancer death rate.](#)
- C HP2020-4: [Reduce the death rate from cancer of the uterine cervix.](#)
- C HP2020-5: [Reduce the colorectal cancer death rate.](#)
- C HP2020-6: [Reduce the oropharyngeal cancer death rate.](#)
- C HP2020-7: [Reduce the prostate cancer death rate.](#)
- C HP2020-8: [Reduce the rate of melanoma cancer.](#)
- C HP2020-9: [Increase provider counseling about cancer prevention.](#)
- C HP2020-10: [Increase the number of central, population-based registries from the 50 States and the District of Columbia that capture case information on at least 95 percent of the expected number of reportable cancers.](#)
- C HP2020-11: [Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis.](#)

Objectives Retained But Modified From Healthy People 2010

- C HP2020-12: [Reduce the rate of sunburn.](#)
- C HP2020-13: [Increase physician counseling about currently recommended screening for colorectal cancer \(CRC\).](#)
- C HP2020-14: [Increase the proportion of women aged 18 years and older who receive a cervical cancer screening based on the most recent guidelines.](#)
- C HP2020-15: [Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.](#)
- C HP2020-16: [Increase the proportion of women aged 40 years and older who have received a breast cancer screening based on the most recent guidelines.](#)



Use of Relative Comparison/Trend Data



- Use tables & graphs to:
 - Show how your region compares to:
 - Other regions
 - State rates
 - US rates
 - Show how problem is getting worse
- Example: Obesity data for region & state of Georgia



ACTIVITY 4:

CREATING A COMMUNITY PROFILE

Use the resources provided to create a community profile:

Community Background

Health and Social Systems

Health Status of Community



Learn about the Community

DATA COLLECTION METHODS

FOR PRIMARY DATA

Goals of Primary Data Collection

- Learn about assets and perceived needs
- Elicit voice of community



Data Collection Methods



Individual:

- Surveys
- Interviews
- Resource inventories
- Observational methods
- Windshield survey
- Tele/Electronic conferencing

Group:

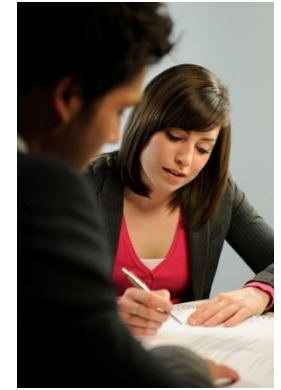
- Focus Groups
- Community forums
- Nominal Group Technique

Individual Data Collection

- **Surveys and questionnaires** (mailed, telephone, or face-to-face): a form containing a set of questions sent/given to people to gain statistical information
- **Interviews:** in-depth (formal or semi-informal) questioning of people



Planning for Interview



- Determine the Purpose
- Construct Interview Protocol (instructions and questions)
- Select the sample
 - Key informants
 - Major stakeholders
 - Convenience, purposive or random sample of population
- Train interviewers
- Conduct the Interview
- Debrief

Key Points for Face-to Face Contact

- Build rapport
- Build competence
 - you know the audience well
 - you have worked here for X years
- Use nonjudgmental responses
 - Okay or all right
 - Do not “Good” or “Excellent”
- Use engaging body language
 - Nod
 - Lean closer



Individual Data Collection

- **Resource Inventory:** The assessment of how resources currently are allocated to health, public safety, education, and human services
- **Windshield Survey:** Description of the community using multiple data collection methods

Resource Inventory

- Used to inventory community assets
- Identification of critical priorities
- Survey determining what resources exist
- Target scarce resources at high-priority needs
- Reduce duplication of effort by providers and funders in filling out forms with this information.



Windshield Survey

- Description of the community, geography and boundaries of the areas you are interested in
- Multiple Data Collection
 - Observation of key community sites
 - Photography of community
 - Written notes



Windshield Survey

- Housing and zoning
- Open space
- Boundaries
- Commons/hangouts
- Transportation
- Services/Stores
- Race/ethnicity
- Politics
- Media
- Schools
- Businesses
- Religious institutions



Windshield Survey

- Description of the community, geography and boundaries of the areas you are interested in
- Glance at the community from the investigator's perspective
 - Ethnicities/culture
 - Ages
 - Hang outs
 - Services/stores



Group Data Collection



- **Nominal group process:** a group process technique to generate ideas from a team in a short period of time.
- **Focus group:** a qualitative research tool in which a small group of participants are brought together and asked to join in discussion of their opinions about topics, issues, or questions.
- **Community Forum:** a gathering of about 50 community members to discuss community issues or concerns or to gather votes

Nominal Group Technique

Small group with limited interaction to generate and prioritize needs

- Start with small group (10-30)
- Brainstorm ideas independently
- Go around room and capture ideas
- Clarify all ideas
- Have individual rank order ideas in terms of importance
- Outcome is list of ideas and order of priority



Focus Group



- 6-12 people who share a common trait or interest
- Group responses to general issue
- Short protocol of questions facilitated by a trained moderator
- General questions related to the topic with probes
- Need to conduct 2-3 to insure data validation
- Consider how best to stratify participants by community characteristics
- Outcome is related to the topic of interest

Community Forum

- Purpose: to bring together members of the public who are interested in your mission and assessment's focus.
- Community forums provide a platform for an open dialogue to establish better coordination among the community members involved.



ACTIVITY 5:

PRIMARY DATA COLLECTION: METHODS AND PURPOSE

How will you collect data for your Community Needs Assessment?

Why did you choose these methods?



Deciding which methods to use

SELECTING THE COLLECTION METHOD

Designing the Instrument

- Fit with other data collection methods
- Kinds of questions that need to be asked based on preliminary data gathering
- Types of decisions that will be made from data
- Kinds of questions to elicit usable data
- Data analysis strategy is synergistic with other data collected

Designing the Questionnaire

- How does the survey fit with the other CA data collection tools?
- What kind of questions need to be asked?
- What types of decisions will be made from the data?
- What types of question will elicit usable data?
- How will the data be analyzed and synthesized with other CA data?



Types of Questions

• Demographics	How old are you? What is your race/ethnicity?
• Sensory	What are the most visually appealing aspects of your community?
• Knowledge	Second hand smoke can be harmful to those around me. True or False?
• Attitudes	Please rate your satisfaction with the dental services available in your community.
• Behaviors	How often do you wear a seat belt when riding in a car?
• Values	How important do you think it is to exercise 3 times a week?
• Environment	Do you feel safe walking alone in your neighborhood?
• Resources	What are the medical services available within your community?

Common Question Types



- Open-ended questions:
 - What is the role of your agency in addressing breast cancer prevention
- Partially Closed-ended (includes an Other category)
- Multiple choice
 - The level of services for families that need health care is:
 - a) Inadequate b) somewhat adequate c) very adequate
- Most and least importance:
 - From the health topics listed below, please check the 3 to 5 most important and least important issues for your community.

Common Question Types

- Rating Scale
 - Services for drug abuse among teens in Hall county are: 1 2 3 4 (poor to excellent)
- Ranking
 - From the list of 5 concerns, please rank the issues in order of importance.

Resources for Data Collection Questions

- Don't reinvent the wheel, questions can be taken from previously conducted questionnaires/surveys
 - Pros: These questions have been tested and have proven to be valid and reliable
 - Cons: You may not find a question that exactly addresses your problem, may have to adapt a question to your needs
- If adapting the question to your topic, maintain the basic structure and wording of the question

Sources of Health Questionnaires

- BRFSS Questions Archive
 - Records of questions used according to year and topic

<http://www.cdc.gov/brfss/>

- National Health Interview Survey (NHIS) Questionnaires

- Records of all past questionnaires

http://www.cdc.gov/nchs/nhis/nhis_questionnaires.htm

Sources of Health Questionnaires

- Youth Risk Behavior Survey (YRBS)
 - Questionnaires and Item Rationale
 - Provides list of questions for High School and Middle School, and rationale for question

http://www.cdc.gov/HealthyYouth/yrbs/questionnaire_rationale.htm
- Other studies in scientific journal articles
- Cite all sources – Adds credibility to your methods!



ACTIVITY 6:

SEARCHING FOR DATA COLLECTION QUESTIONS

Use the resources provided to find questions for your data collection methods.



Phase 3: Postassessment

Using what you collected

Phase 3: Postassessment

Decision-
making

- Conduct prioritization process
- Determine priorities
- List recommendations for organization/
stakeholders
- Prepare written report and presentation
- Communicate and disseminate report

Using Data to Inform Your Program

- Several priorities will exist as a result of CA

Take the following steps before setting your program's priorities.

- Synthesis of data
(thematic analysis)
- Triangulation of data
- Analyses of matrix
- Focus on Utilization



Triangulation of Data

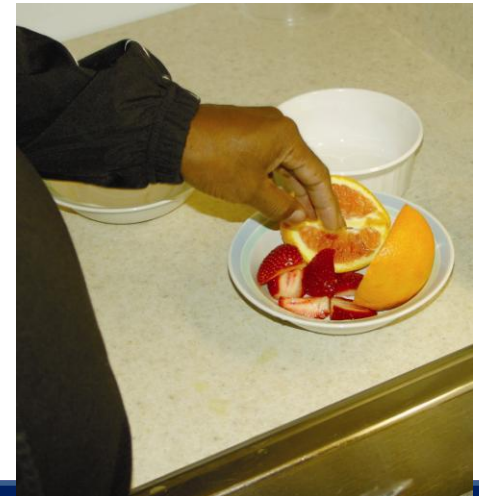
- Compare findings with those from other methods
 - Multiple qualitative methods (key informant interviews)
 - Comparison of results of qualitative methods with other data (interviews with community profile; community profile with data from instrument)
- Matrix of methods and key issues

Focus on Utilization of the Results

- Include data from each step of the analysis
- Refocus on definition of need
 - Presentation of “what is” (met)
 - Describe data on “what should be” (unmet)
- Perspective
 - What does the community need?
 - Key stakeholders’ perspective
 - From community member’s perspective
 - Overall, from everyone’s perspective

Focus on Utilization con't

- Interpretation not just Description
 - What do the results mean?
 - Judgment: what is good or bad about findings?
Relate it back to standards



CA Data for Grant Writing or Need Statement

- Background section of grant
 - Define health issues and causes
 - Description of current programs and services (identification of gaps)
 - Description of what is not known about the health issues in the community (research gap)
- Methods
 - Description of the population



CA Data for Need Statement

Overview of Community Needs

- Describe the community in which you will be working and clearly identify the target population. In your description, discuss the community-specific need(s) the proposed project will address, including local statistics.

Community Toolbox

http://ctb.ku.edu/en/dothework/tools_tk_2.aspx

- Mission: Promoting community health and development by connecting people, ideas and resources
- Provides information for a variety of actions for community health enhancement
 - Including Community Needs Assessments
 - Outline for conducting CNA
 - Resources
 - Examples of CNAs



The Community Tool Box

English | Español

Search the CTB

Go

Our Mission

Promoting community health and development by connecting people, ideas and resources

[Table of Contents](#) | [Do the Work](#) | [Solve a Problem](#) | [Use Promising Approaches](#) | [Connect with Others](#)

[Services](#)

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The Community Tool Box is a global resource for free information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement.

To get started, just click on one of the purple tabs at the top of the page or to the right under "What do you want to do today?"

We welcome you to sign our [Guestbook](#), visit [Facebook](#), [Twitter](#), our [Blog](#), [Contact Us](#), [Subscribe](#) to our



Out of the Box Prize

The Community Tool Box is sponsoring the Out of the Box Prize recognizing community innovations.

More than 300 applications have been received from dozens of countries around the world – from the Americas to Zambia.

Be sure to check back between 12/1/10 and 1/31/11 to view finalists and vote on your favorite Out of the Box Prize applicants to win the Grand Prize and Second Prize Awards!

Welcome!

From the Field...

How to engage the public...

Those of you interested in engaging the public — and that would include most Community Tool Box users — may want to check out the "Resource Guide to Public Engagement," publish...

A Woman's Determination Sparks A Global Movement

As the leaves begin to fall this October the world recognizes mothers, daughters, sisters, and friends who are both victims and survivors during Breast Cancer Awareness Month. Susan G. Komen for the C...

Blur Community Borders, Volunteer Abroad!

Wanting to make a difference? Interested in travel and new adventures? An international volunteering stint may be just for you! Every skill set can find an area to apply their passion and make a diffe...

UN Secures \$40 Billion for Women's and Children's Health

The Millennium Development Goal (MDG) framework for accountability has generated an unprecedented level of commitment and partnership in building decent, healthier lives for billions of



The Community Tool Box

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Do the Work

The Toolkits should help you get a quick start in doing key activities in community work. To find supports, click on the type of work that is closest to what you are doing to see key tasks, examples, and links to supports.

What kind of work do you want to do today?

1. [Creating and Maintaining Coalitions and Partnerships](#)
2. [Assessing Community Needs and Resources](#)
3. [Analyzing Problems and Goals](#)
4. [Developing a Framework or Model of Change](#)
5. [Developing Strategic and Action Plans](#)
6. [Building Leadership](#)
7. [Developing an Intervention](#)
8. [Increasing Participation and Membership](#)
9. [Enhancing Cultural Competence](#)
10. [Advocating for Change](#)
11. [Influencing Policy Development](#)
12. [Evaluating the Initiative](#)
13. [Implementing a Social Marketing Effort](#)
14. [Writing a Grant Application for Funding](#)
15. [Improving Organizational Management and Development](#)
16. [Sustaining the Work or Initiative](#)



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Assessing Community Needs and Resources

Understanding a community's concerns enables us to effectively characterize its needs and respond with appropriate interventions. In order to assess communities and create a community profile, we need to discover those things that matter to the community, what issues the community feels are most important to address, and what resources are available to bring about change. By interviewing community members, conducting listening sessions and public forums, and spending time in the place, we can develop an assessment (or profile) of the community that helps identify critical issues and plan future interventions. This part of the Community WorkStation helps support the preparation of a community assessment (or profile).

Available support includes:

- [Outline for Assessing Community Needs and Resources](#)
- [Outline with links to tools](#)
- [How-to information on Assessing Community Needs and Resources](#)
- [Example\(s\) of Assessing Community Needs and Resources](#)
- [Links to other online resources for Assessing Community Needs and Resources](#)

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Use of CA Report by Contact Agencies

- Information needed to make important decision
- Document needs and assets of the community
- Use of data for development of future programming
- Use of results for grant writing
- Facilitate cooperative action/partnerships

Conclusion of CA Report

- Conclusions
 - Key findings from CA results (existing resources, needs unmet, priorities identified by various groups)
 - Emphasize key gaps or type of need



Prioritization

- Identify areas of disclosed needs from community analysis findings where efforts can be initially focused
- As more resources are available, more issues can be addressed



Simple Approach to Prioritization

- Ranking of some type
 - Numerical
 - Qualitative (high, medium, low)
 - (Rank ordering data by importance, desirability, frequency selected, etc.)
- Selection of issues
 - Voice vote
 - Ballot
 - Consensus
 - Majority



Sork's Approach to Priority Setting

- Importance criteria: (rating from 1 to 5)
 - Number of individuals affected/impact
 - Contribution to organizational goal
 - Require immediate attention
 - Magnitude of the discrepancy
 - Instrumental value of addressing need
- Feasibility criteria:
 - Educational intervention
 - Availability of resources
 - Organization's willingness to change

Sork's Importance and Feasibility

Importance

Low

High

High

Low

Feasibility

Recommendations/Action Steps: What should be done?



- Recommendations
 - Specific programmatic or target group priorities for the agency
 - Should be *practical* and *possible*
 - Consider agency assets
 - Changes/improvements to address needs or issues
 - Summary of what your results suggest about priorities, needs for services, needs for action, etc
 - Lead to research gaps for grant writing

Guidelines for Recommendations

- Supported by CA findings
- Distinguish between different kinds of recommendations (e.g., program, other stakeholders, etc.)
- Consider the cost and risk associated with recommendations
- Focus on easier/changeable tasks first (importance-changeability matrix)
- Consider different types of recommendations
 - Planning and formative (i.e., consider, explore)
 - Behavior oriented (i.e., provide training, offer x services)

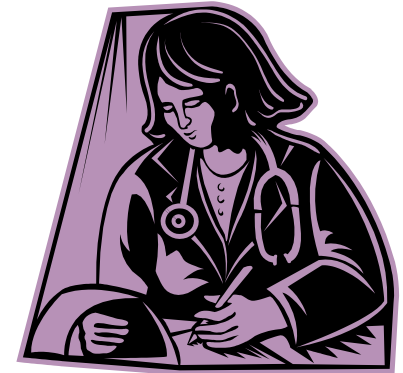
Example of Recommendations



- Because a number of key informants and staff members mentioned the televisions in the waiting rooms as a untapped resource, **it would be important to show Spanish- language health education videos on the televisions in the waiting rooms.**

Components of CA Report

- Front Matter
 - Title, Executive Summary, Table of Contents, List of Tables, List of Figures, List of Appendices
- Introduction and Background
- Community Assessment Purpose and Primary Data Collection
- Back Matter
 - References
 - Appendices are lettered (A, B, C)



Community Assessment Report

- Write reports that are understandable- avoid technical jargon
- Vary reports needed for different audiences
 - Policy board
 - Decision-makers
 - Managers
 - Staff
- Include graphic displays (charts and tables)
- Provide copy of instruments, protocols, and data analysis

Report Writing

- Use objective and non-judgmental language
- Respect the confidentiality of individuals and their responses (e.g., data in aggregate, no names attached)
- Use descriptive language
- Avoid jargon and define terms lay people may not understand or not have a common definition for; define terms
- Balance the needs with assets in the language chosen and space

Dissemination of Community Assessment Results

- Important to share data with stakeholders and community commonly with a written report
- Discuss methods to share data with stakeholders
 - Executive summary
 - 1 page summary
 - Presentation with graphs
- Make it a priority to share results and have dialogue about them and recommendations



Why Dissemination is Important

- Educates the audience about the findings and what is happening in the community
- Gets information in hands of people to plan for action
- Builds enthusiasm or passion for action and advocacy

Questions?



Have you shared your CA results in the past?